

Board Assurance Framework (BAF)			
Meeting	Board of Directors		
Date	02/12/2020	Agenda item	10
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Karen Lees Head of Corporate Governance		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>
Purpose			
The purpose of this paper is to provide the Board of Directors with the detailed information underpinning the principal risks that constitute the full Board Assurance Framework for 2020-21, for approval.			
Executive Summary			
<p>The BAF records the principal risks that could impact on the Trust achieving its strategic objectives and provides a framework for reporting key information to the Board of Directors.</p> <p>In March 2020, the Board considered the Board Assurance Framework for the new financial year including a new outcome focused structure.</p> <p>The Board has received papers during the year setting out details of the process for the development of the BAF for 2020-21, in August the revised structure for the BAF was agreed, and the principal risks were agreed at the meeting of the Board of Directors in October 2020. Following the approval of the principal risks, the tables detailing the controls and assurances underpinning each have been prepared by the Lead Executive and Non-Executive Directors and are presented to the Board of Directors for review and approval.</p> <p>The target and current risk ratings have been prepared for each principal risk, and in November the highest current risk ratings are for ID02 and ID06, which are rated 16.</p> <p>Six risks currently have a risk rating of 12, these are ID01, ID03, ID05, ID07, ID11, ID12 and ID13.</p> <p>The remaining risk ratings are ID04 risk of 6, ID08 risk of 8, and ID09 and ID10 have a risk of 9.</p> <p>As part of this review, and with the news of the development of a covid-19 vaccine, it is proposed that two of the principal risks are amended slightly:</p> <p>Principal risk ID04 to include the uptake of staff covid-19 vaccination programmes (when this becomes available) and principal risk ID11 to include Wirral's local Integrated Care Partnership as well as the regional Integrated Care System.</p> <p>NOTE: included in the Board meeting papers is the summary position. The full BAF with the supporting mitigation tables for each principal risk have been provided and are available as a separate PDF.</p>			
Risks and opportunities:			
<p>The BAF records the principal risks that could impact on the Trust's ability in achieving its strategic objectives. Therefore, failure to correctly develop and maintain the BAF could lead to the Trust not being able to achieve its strategic objectives.</p> <p>There are opportunities through the effective development and use of the BAF, to enhance the delivery of the Trust's strategic objectives and effectively mitigate the impact of the principal risks contained within the BAF.</p>			

Quality/inclusion considerations: Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No The quality impact assessments and equality impact assessments are undertaken on the work streams that underpin the BAF		
Financial/resource implications: The financial and resources implications are detailed in the BAF for each risk		
Trust Strategic Objectives Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.		
<input type="checkbox"/> Our Populations - outstanding, safe care every time	<input type="checkbox"/> Our People - enhancing staff development	<input type="checkbox"/> Our Performance - increase efficiency of all services
Board of Directors is asked to consider the following action		
The Board of Directors is asked to review and approve the fully populated Board Assurance Framework, including the proposed slightly amended two principal risks, set out in appendix 2.		
Report history		
Submitted to	Date	Brief summary of outcome
The Board Assurance Framework is reported to every meeting of the Board of Directors for discussion and assurance.	05/02/2020	The Board of Directors received the update and approved the reduced risk rating for ID01, ID09 and ID10 and noted that ID11 remained a high-level risk.
Board of Directors	06/05/2020	A verbal update on the management of risk during the Trust's response to COVID-19 was provided.
Board of Directors	10/06/2020	The Board received the year-end position for the BAF, and an update on the development of the BAF for the current year.
Board of Directors	05/08/2020	The Board received an update regarding the development of the Board Assurance Framework for 2020-21, for assurance and discussion.
Board of Directors	07/10/2020	The Board approved the principal risks as aligned to the priorities cited in the NHS Phase 3 response to COVID-19 letter.

Board Assurance Framework (BAF)

Board Assurance Framework Review 2020-21

1. In October the Board of Directors received and approved the proposed principal risks to be tracked through the Board Assurance Framework (BAF) for the financial year 2020-21 and beyond (if necessary). This paper provides the details of the controls and assurances underpinning each principal risk.

Principal risks in the context of Phase 3 COVID-19 response

2. The priorities outlined in the NHS Phase 3 response to COVID-19 have been carefully considered by the Board members during the summer and autumn, and given the second wave of the pandemic and the increase in cases locally, regionally and nationally together with the onset of the winter months, the priority for the NHS to respond to the requirements of the Phase 3 guidance was clear.
3. The Board approved the principal risks for the Board Assurance Framework in October 2020, which are aligned to the priorities outlined in the NHS Phase 3 letter. The BAF includes 13 principal risks which are set out in the summary table **appendix 1**, together with the nominated forum for on-going Board oversight e.g. Quality and Safety Committee.
4. Following the approval of the principal risks, the target risk rating and the current risk rating have been prepared for each risk. The risk appetite has been selected and the definitions are shown below, and these are a continuation of those used in the previous Board Assurance Framework:

Risk Appetite Definitions

Averse	Prepared to accept only the very lowest levels of risk
Cautious	Willing to accept some low risks
Moderate	Tending always towards exposure to only modest levels of risk
Open	Prepared to consider all delivery options even when there are elevated levels of associated risk
Adventurous	Eager to seek original/pioneering delivery options and accept associated substantial risk levels

Summary of risk ratings

5. The highest risks currently are ID02 - *Inability to measure equity of access, experience and outcomes for all groups in our community* and ID06 - *Failure to restore NHS services inclusively to protect the most vulnerable*, and both are rated 16.
6. Six risks currently have a risk rating of 12, these are ID01, ID03, ID05, ID07, ID11, ID12 and ID13. The remaining risk ratings are ID04 risk of 6, ID08 risk of 8, and ID09 and ID10 have a risk of 9.
7. The full Board Assurance Framework has been fully populated to include the controls and assurances as per the previously agreed structure detailed below.
8. **Please note** included in the Board meeting papers is the summary position. The full BAF with the supporting mitigation tables for each principal risk have been provided and are available as a separate PDF.

Risk ID	Structure	Process	Current Target Outcomes	External/Independent Assurance
	What systems are in place? <i>(i.e. assurance meetings, action plans, roles etc.)</i>	How are these systems tested? <i>(i.e. tracking systems, minutes from meetings etc.)</i>	How will we know? <i>(i.e. action plans completed, risk analysis etc.)</i>	What assurance or validation from outside of the organisation is there? <i>(i.e. audit opinions, NHS/ SOF ratings etc.)</i>

9. The current target outcomes for all the principal risks are the delivery of the priorities set out in the NHS Phase 3 letter, together with minimising the levels of COVID-19 infections in the communities we serve and in our workforce.
10. The controls and assurances for each principal risk have been developed by the Executive Lead and reviewed by the Non-Executive Directors with the lead for the areas of work.
11. From this review and with the news of the development of a COVID-19 vaccine, two of the principal risks have been amended slightly:
 - ID04 to include the staff COVID-19 vaccination programmes (when this becomes available)
 - ID11 to include Wirral's Local Integrated Care Partnership as well as the regional Integrated Care System

Board of Directors Action

12. The Board of Directors is asked to review and approve the Board Assurance Framework, including the two amended principal risks.

Alison Hughes
Director of Corporate Affairs

Karen Lees
Head of Corporate Governance

26 November 2020

Appendix 1

Board Assurance Framework 2020-21

Top Risks - as at November 2020

Risk ID	Executive Owner	Principal risk	C X L		Rating
ID02	Chief Nurse	Inability to measure equity of access, experience and outcomes for all groups in our community	4	4	16
ID06	Chief Nurse	Failure to restore NHS services inclusively to protect the most vulnerable	4	4	16
<p>The highest current risk ratings are ID02 and ID06 rated 16 and shown above.</p> <p>Six risks currently have a risk rating of 12, these are ID01, ID03, ID05, ID07, ID11, ID12 and ID13</p> <p>The remaining risk ratings are ID04 risk of 6, ID08 risk of 8, and ID09 and ID10 have a risk of 9.</p>					

Board Assurance Framework 2020-21

The Board Assurance Framework (BAF) focus only on the key strategic risks and for 2020-21 have also been purposefully aligned to the priorities of the NHS Phase 3 response to COVID-19. The current risk ratings are as at November 2020.

Summary Table

NOTE: Under emergency governance arrangements the weekly NED assurance meeting will maintain oversight of risks otherwise monitored through suspended committees.

Risk ID	Executive Owner	Principal Risk	Current Rating (CXL) Consequence x Likelihood = Rating			Target Rating (CXL) Consequence x Likelihood = Rating			Oversight via...
			C	L	Rating	C	L	Rating	
ID01	Chief Nurse	Delivery of sub-optimal quality services negatively affecting citizens health and wellbeing	4	3	12	4	1	4	Quality & Safety Committee
ID02	Chief Nurse	Inability to measure equity of access, experience and outcomes for all groups in our community	4	4	16	4	3	12	Quality & Safety Committee
ID03	Chief Nurse	Non-compliance with statutory, regulatory and professional standards	4	3	12	4	1	4	Quality & Safety Committee
ID04	Chief Nurse	Low uptake of staff flu and covid-19 (when it becomes available) vaccination programmes	3	2	6	3	1	3	Quality & Safety Committee
ID05	Chief Operating Officer	Failure to restore community services in line with the NHS Third Phase response including crisis responsiveness and discharge to assess processes	4	3	12	4	2	8	Quality & Safety Committee
ID06	Chief Nurse	Failure to restore NHS services inclusively to protect the most vulnerable	4	4	16	4	2	8	Quality & Safety Committee
ID07	Chief Nurse	Failure to deliver to the expansion of NHS111 First by agreed local timeframes	4	3	12	4	1	4	Quality & Safety Committee

ID08	Director of HR & OD	Inability to safely meet the requirements of the NHS Third Phase response due to lack of availability of staff and reduced staff motivation (due to on-going COVID-19 pressures)	4	2	8	4	2	8	NED assurance meeting
ID09	Director of HR & OD	Failure to fully implement the requirements of the NHS People Plan to include an effective system approach to workforce planning and transformation	3	3	9	3	2	6	NED assurance meeting
ID10	Director of HR & OD	Failure to effectively deliver on the Trust's Inclusion intentions (and those set out in the NHS Third Phase response) through lack of representation in the workforce of all communities we serve	3	3	9	3	2	6	NED assurance meeting
ID11	Chief Strategy Officer	Failure to establish and effectively manage the right partnerships to support the development of the regional Integrated Care System and Wirral's local Integrated Care Partnership	4	3	12	4	2	8	NED assurance meeting
ID12	Chief Finance Officer	A loss of funding and increased cost have a detrimental effect on the financial sustainability of the Trust post COVID-19	4	3	12	4	2	8	NED assurance meeting
ID13	Chief Strategy Officer	Failure to maintain effective cyber defences affects Trust reputation and causes IG breaches	4	3	12	4	2	8	Audit Committee NED assurance

Risk summary grid

		Consequence				
		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	5 Almost certain					
	4 Likely				ID02, ID06	
	3 Possible			ID09, ID10	ID01, ID03, ID05, ID07, ID11, ID12, ID13	
	2 Unlikely			ID04	ID08	
	1 Rare					

Whole system integration and response to Covid-19			
Meeting	Board of Directors		
Date	02/12/2020	Agenda item	11
Lead Director	Val McGee, Chief Operating Officer		
Author(s)	Various Contributors		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this paper is to provide an update to Board regarding the integrated response to COVID-19 during March - December 2020. The paper provides assurance regarding WCHC's and system partners commitment to ensuring the Health and Care needs of the Wirral Population have been met during unprecedented times			
Executive Summary			
<p>This paper describes a number of operational activities across the health and social care system which Wirral Community Health and Care NHS Foundation Trust (WCHC) are leading and supporting on in partnership with other system leads.</p> <p>The integrated activities included in this paper primarily reflect the national, regional and local Health and Care response to COVID-19. Despite unprecedented challenges integration across the Wirral system has been very positive, with shared purpose and outcomes. Integration has matured over the past few months, moving from reaction to learning, consequently development of sustainable plans.</p>			
Risks and opportunities:			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No Individual QIA's and EIA's have been completed for individual services. All are subject to internal and external governance arrangements			
Financial/resource implications:			
N/A			
Trust Strategic Objectives			
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.			
Our Populations - improving services through integration and better coordination	Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	
Board of Directors is asked to consider the following action			
The paper is to assure the Board of Directors of the commitment the Trust has to integration across a number of work streams and with key partners across the health and care system and the commitment to developing and enhancing out of hospital care.			
Report history			
Submitted to	Date	Brief summary of outcome	

Whole system integration & response to COVID-19

Introduction

1. This paper describes a number of operational activities across the health and social care system which Wirral Community Health and Care NHS Foundation Trust (WCHC) are leading and supporting in partnership with other system leads.
2. The integrated activities included in this paper primarily reflect the national, regional and local Health and Care response to COVID-19. Despite unprecedented challenges integration across the Wirral system has been very positive, with shared purpose and outcomes. Integration has matured over the past few months, moving from reactive activities to learning, consequently development of sustainable plans.

COVID-19 Response

3. On 17 March 2020 all NHS Community Trusts received National direction setting out how services were to operate during the COVID-19 pandemic.
4. The priorities for providers of community services during the pandemic were:
 - Support home discharge of patients from acute and community beds, as mandated in the new National Hospital Discharge Service Requirements, and ensure patients cared for at home receive urgent care when they need it
 - By default, use digital technology to provide advice and support to patients wherever possible
 - Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks
 - Apply the principle of mutual aid with health and social care partners, as decided through your local resilience forum.

Phase One:

5. Wirral Community Health and Care Trust (WCHC) established its Phase One response to COVID-19 through strict adherence to the following key policies.
 - COVID-19 Prioritisation within Community Health Services
 - COVID-19 Hospital Discharge Service Requirements
 - Novel coronavirus (COVID-19) standard operating procedure: Community health services
6. WCHC stopped; partially stopped or continued to deliver services in response to the crisis. Full delivery of services continued for adults, children and families with high risk clinical need and/or requiring safeguarding.

7. Appropriate workforce was reassigned internally and externally to support the local system.

Phase Two:

8. WCHC responded to the second phase letter issued on the 29 April 2020 within the WCHC Tactical Operations Cell. The focus of this cell was to:
 - Restart services back to business as usual wherever possible
 - Reset, the retention of 'Post Phase 1' best practice which has elevated our offer to the population of Wirral.
 - Continue to work to COVID-19 legislation where applicable
9. Phase 2 responses were also supported via assessment against requirements outlined within COVID-19 standard operating procedure for Community health services.
10. Also during this period, the following national requirements were issued:

3 June 2020
COVID-19 restoration of community health services for children and young people:
second phase of NHS response

1 June 2020
COVID-19 Resumption of Dental Services
11. Regular assurance reports have been provided to ELT. Phase 2 work has been shared across Cheshire & Merseyside Out of Hospital Cell, evidencing WCHC's commitment to working in partnership. WCHC has contributed and remained compliant with national and regional expectations, receiving positive feedback from regional leads.

Phase 3

12. The NHS Phase Three Response to COVID-19 has provided clarity by which services are to:
 - Accelerate the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter
 - Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
 - Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.
13. As part of Winter Planning and commitment to the wider system plan, WCHC's services have restarted albeit to varying levels. This is reviewed regularly in ELT for local context and need, and aligned to regional work to ensure WCHC works in partnership with other regional teams.

Winter Plan 2020 - 2021

14. The Wirral system Winter Plan ensures that the Wirral population have access to timely, high quality health and care services, maximising health outcomes during Winter 2020/21 and the ongoing Covid-19 Pandemic.
15. The overall winter plan has been developed in a collaborative approach across the health and care system including weekly 'Development Group' meetings with key representatives from stakeholder organisations.
16. Each provider has individual actions, however WCHC has developed joint plans, in particular with Wirral University Teaching Hospital (WUTH). These plans include:
 - Rapid Response Front Door Service
 - ED Triage / Streaming
 - Improved Cardiology Pathways
 - Respiratory service redesign
 - Point of Care Testing / Diagnostic Appointments
 - LLOS/RFD/DTOC Reduction (D2A/SPA)
(Long length of Stay, Ready for Discharge, Delays Transfer of Care)
17. A national winter plan for Social Care has been developed and embedded into local systems. Key aspects of the plan are being led by the local authority commissioners with support from WCHC.

Community Intermediate Care Centre - Clatterbridge

18. A key initiative that will support the reduction in the length of stay in hospital is the development of the Community Intermediate Care Centre (CICC) based at the Clatterbridge site. Initially this will see the development of a 22 bed ward known as the Bluebell Ward.
19. WCHC's CICC beds will be used to support adults with rehabilitation needs that cannot be delivered within their own home environment. The service is designed to support people to live more independently, achieve their own goals and have a better quality of life, underpinned by a strength-based approach.
20. The operating model will be supported through a Multi-Disciplinary Team (MDT) approach, consisting of Nursing, Social Workers, Therapist and HCA's, providing 24/7 care. Therapy and social workers will in-reach to those other step up/ step down sites still required for nursing and EMI provision, and where further assessment is required to support onward planning. The planned open date is 4 January 2021.
21. The Wirral system and Regional partners have worked together, sharing expertise, knowledge and resources to ensure that the introduction of the ward reduces system pressures, yet provides the highest quality of care for patients.

Admission Avoidance Programme

22. As the Wirral Health and Care system continues to work through winter pressures and the increasing demands that the COVID-19 pandemic, WCHC has considered and implemented a number of projects to support reducing unnecessary hospital admissions. This has been achieved through reconfiguration of service delivery, feedback from patients and partner's, BI data analysis, and learning from Covid. Although identified as a response to winter pressures, this work is intrinsically linked to new models of care which forms part of restoration and operational redesign plans.
23. Key initiatives within the programme of work are:
- **Enhancing Integrated community nursing pathways** - WCHC have identified opportunities to redesign community pathways to ensure that people receiving routine care are more easily stepped up into urgent or more specialist care in the community. By doing this, we will be able to respond more rapidly, prevent further deterioration wherever possible and utilise the range of skills available in the community.
 - **Supporting emergency bed provision** - WCHC provides enhanced MDT wrap around support across the emergency bed base provision (care homes) to support step down and step up health and care needs.
 - **Enhanced IPC support to care homes** - The Trust's IPC service are leading developments within Care Homes across the Wirral system to ensure patient flow between care environments both in and out of the hospital remains safe and effective, minimising transmission of Covid.
 - **Increased HCA's to support Hospital Discharges - Pathways 1 and 3** - In partnership with Wirral Borough Council (WBC), WCHC are currently recruiting temporary Health Care assistants to support discharges from hospital. The HCA's will enhance the existing Community Integrated Response Team arrangements to support with admission avoidance and patient flow out of the hospital. They will also 'bridge' the support needed for patients discharged from hospital and packages of care commencing.
 - **Falls prevention** - In recognition of the high rates of hospital admissions due to falls, WCHC have established a System-Wide Falls and Fracture prevention meeting to develop a consistent strategy for prevention across the health and care system. The group will be incorporated into the Healthy Wirral governance structure, reporting key quality outcomes including admission avoidance.

Hospital Discharge

24. WCHC are working in partnership with Wirral University Teaching Hospital (WUTH), Wirral Borough Council (WBC) and third sectors partners including Age UK and Health Watch to ensure all discharges from hospital are compliant with COVID-19 national legislation. WCHC have the lead role in discharges to the community.
25. Discharges from hospital reflect four pathways

3. Discharge to assess arrangements

3.1 The [discharge to assess pathways model](#), is based on 4 clear pathways for discharging people, as shown below. ^[footnote 2]

Discharge to assess model – pathways

Pathway 0

50% of people – simple discharge, no formal input from health or social care needed once home.

Pathway 1

45% of people – support to recover at home; able to return home with support from health and/or social care.

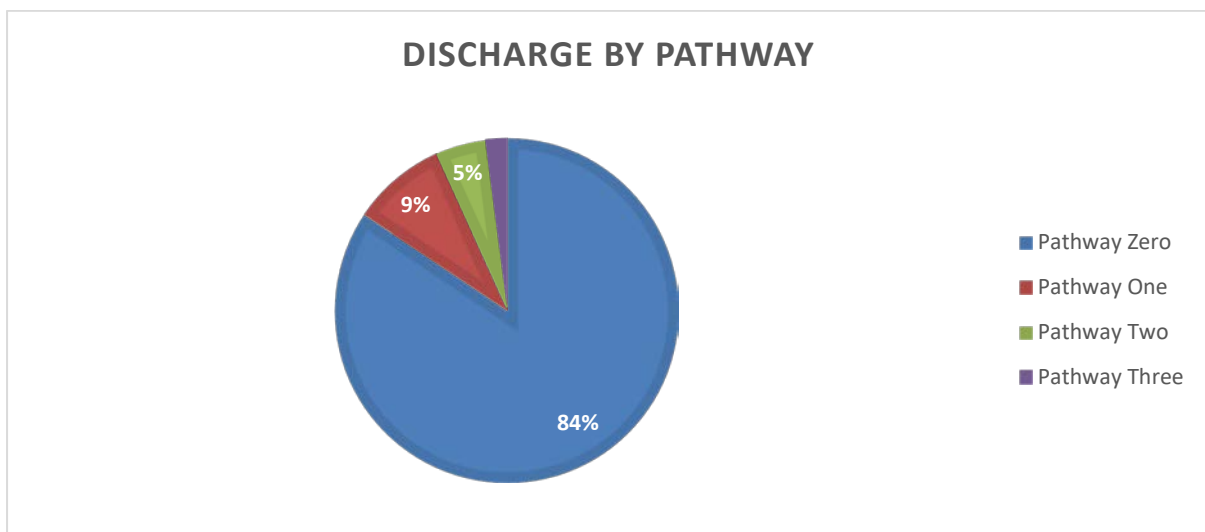
Pathway 2

4% of people – rehabilitation or short-term care in a 24-hour bed-based setting.

Pathway 3

1% of people – require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

26. Wirral's average performance against this prediction:



27. The management of discharges across Wirral has received positive national recognition. This is attributed to the integration of operational teams and redistribution of resources by partners, including commissioners. There is regular scrutiny and challenge operationally and through quality and safety frameworks. There are daily and weekly system assurance and monitoring meetings, over 7 days a week. These achievements reflect strong effective system leadership from executive level to frontline staff, all with a shared purpose and goal to ensure patients receive the ongoing health and care they need once they leave hospital.

Virtual Consultation/Digital

28. WCHC has been proactive in the use of Video Consultation for services across the trust both in response to Covid and as part of the broader digital programme set out in the NHS Long Term Plan.
29. In April 2020 WCHC successfully introduced the AccuRx system within Urgent Care and GP Out of Hours before enabling wider distribution across services. This was well received by staff and patients. As AccuRx works with a level of integrated functionality with SystmOne this widened the scope of use to other services. Attend Anywhere was also introduced and then later MS teams to support Group Work for which AccuRx and Attend Anywhere were limited.
30. The positive impact and confidence in using virtual consultations grew rapidly from 50 virtual contacts in April 2020 up to 650 contacts in June 2020. The virtual contact has consistently averaged 300 contacts per month since June, showing sustainability in use. Service audits have shown that staff access a range of communication methods to ensure patients' needs are met. This includes the continuation of face to face contacts when necessary.
31. The Tele triage service experienced a rapid but successful change in August 2020 due to the decommissioning of Skype moving onto the Attend Anywhere platform. WCHC were able to collaborate and communicate through the CCG Quality team to support & enable quick access into care homes teams thus minimising any disruption in service.
32. A project team has been established to review the long term solutions is now underway with the following objectives:
 - Review current virtual platform operational performance/ benefit realisation and adjust accordingly to service requirements.
 - Explore the unknown functionality of existing platforms to ensure we deliver to both corporate and clinical services the digital tools to enable them to work as high performing virtual teams.
 - Financial review (Assess efficiency & cost implication of both software and hardware required to support the VC operation.)

Telehealth/Virtual Ward

33. During winter there is an expected increase in hospital admissions due to Covid-19 positive patients. In response a number of Virtual Ward models have been implemented across England. Virtual wards provide preventative care for people in their own homes via the use of technology.
34. In September 2020 WCHC launched the telehealth service initially focusing on Heart Failure patients under the care of the specialist team.
35. Telehealth includes remote vital signs monitoring and quality of life indicators. Vital signs of patients with long term conditions are measured daily by devices at home and the data sent to a monitoring centre for response by a nurse or doctor if they fall outside predetermined norms. Telehealth has been shown to replace routine trips for check-ups; to speed interventions when health deteriorates and to improve quality of life by reducing stress by educating patients about their condition and promoting self-care.

36. In October 2020 WCHC extended the Telehealth Hub to support the system wide admission prevention strategy in response to the escalating COVID-19 pandemic and co-existing winter pressures on NHS services. The ask was to create a virtual ward to which persons with suspected/ proven Covid who were not unwell enough to need admission could have access to oximetry and potentially additional physical observations (Temperature, pulse, blood pressure and weight if diagnosed with heart failure) dependant on risk profile and co-existing long term conditions for a 14-day period. Patients on the virtual ward are supported by the Community Telehealth Hub team to report symptoms and act upon deterioration using a digital platform.
37. The aim of the Virtual Ward is to reassure patients at home by remotely monitoring their vital signs and reported symptom profile, supporting them to self-care and recover at home without accessing acute services. However, more importantly it is to identify patients who are showing signs of early deterioration in the community and where clinically appropriate escalate their care to provide better outcomes.
38. Telehealth and the Virtual Ward have acted as an enabler to a whole systems approach. The model is a positive example of integrated system working, across GP Federations, CCG, WUTH, NWAS and Wirral Borough council.

Enhanced palliative and end of life pathways ensuring people are cared for and die in their preferred place

39. Wirral BI data suggests that people are frequently admitted to hospital on more than one occasion during the last 3 months of life. WCHC recognises the role we play in ensuring people have access to excellent end of life care, ensuring that individual needs are met throughout that journey of care.
40. Currently the WCHC specialist nursing team sits separately to the WCHC community nursing teams. Both teams are working together to improve pathways focusing upon seamless transition of care.
41. This will enable place-based teams to proactively identify individuals who are in their last 12 months of life working with GP colleagues to ensure that all appropriate advanced care planning, including emergency care plans, are in place.
42. This work is extend to include pathways with the local hospice and other end of life care providers and commissioners. WCHC will continue to ensure this work is a priority across the system to deliver high quality end of life care.

NHS 111

43. NHS 111 First is a development of the current regional NHS 111 service and local remote triage and assessment services offering patients a different approach to the way they access and receive healthcare.
44. The model is as follows:
 - Asks patients thinking about attending an emergency department to contact NHS 111 First by telephone or online.
 - Encourages people to access remote assessment first, before attending any services.

- Enables patients requiring ED support to have a pre bookable appointment in ED, improving patient experience and the flow of patients into ED, reducing crowding the waiting area and supporting social distancing.
 - Enables patients appropriate for alternative management to be booked into a time slot wherever possible.
 - Makes best use of technology to enable direct referrals and support remote consultations.
 - Improves clinical outcomes by increasing the volume of patients with an 'Emergency Treatment Centre' disposition that are clinically validated by Clinical Assessment Service (CAS).
 - Aligns with the Integrated Urgent Care ambition through the development of local Clinical Assessment Services offering patients access to clinicians, both experienced generalists and specialists (such as Dental Nurses, Mental Health Nurses and Palliative Care Nurses).
45. WCHC have led the implementation of the programme, receiving national and regional recognition. With partners, WCHC have achieved all milestones, managing issues and risks appropriately. The service has been in place since 24th November 2020 and progress is monitored through weekly system meetings which includes regional leads. The NHS111 team are currently developing plans for phase 2, widening access to community services.

Target Operating Model development

46. The development of recommendations for a Wirral system Target Operating Model for services supporting people with severe frailty, as reported in February 2020, was paused in March 2020 due to the COVID-19 response.
47. Latterly, recommendations have been developed and presented to the Wirral system Clinical Advisory Group and Healthy Wirral Out of Hospital work stream (both on 12 Nov 2020), and will be presented to Wirral's Primary Care Council (planned for 3 Dec 2020)
48. The principles behind the recommendations comprise:
- Consistent approaches to identification and holistic assessment of severe frailty
 - Plan care based on understanding people's wishes
 - Share information effectively and involve the right individuals
 - Ensure professionals caring for the same people operate as effective teams with good relationships and coordination, working as true MDTs
 - Recognise the importance of all parts of our system - value and support consistent professional carers
 - Involve and support the family - recognise and build on their expertise
49. Supporting all of this, there is a core recommendation for development of a System Frailty Group to:
- Develop a vision and strategy for better supporting people with frailty in Wirral
 - Identify, prioritise and direct a programme of work as determined by these priorities

- Consider all levels of frailty, aiming to support people to be healthy and active for as long as possible and to maximise people's quality of life
 - Ensure safe provision of services and effective use of system resources
50. The Healthy Wirral programme structure has changed since the project was undertaken. The Deputy Directors of Nursing and Strategy have been working with the Healthy Wirral Programme Director to establish where this work may sit within the governance structure.

Development of Enhanced Health in Care Homes model

51. The national implementation of the Enhanced Health in Care Homes (EHCH) model began in May 2020. This was brought forward from October 2020 due to the pressure that Covid-19 placed upon care homes.
52. EHCH moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff.
53. It is a model that relies on both general practice and community services and both have contractual obligations to deliver it. However, the COVID-19 response has delayed finalising with commissioners the precise expectations regarding WCHC's level of input into the model locally; this is in progress.
54. WCHC has aligned its community nursing teams to both practices and care homes and work is ongoing to strengthen the relationships between these teams. We are working with PCNs on model development, particularly South Wirral and West Wirral PCNs through the NHSE/I facilitated Time for Care programme.
55. A key piece of work is defining, by PCN, the MDT model of care home support, both through day to day interaction between community teams, practices and care homes, and via structured meetings and information sharing.
56. Many of the most commonly community services used by care home residents are Wirral- wide services, e.g. continence, dietetics, speech and language. To support awareness of these service offers, we had 'Show and Tell' sessions with GP care home leads and care home representatives in September and October 2020.
57. In these sessions, service leads provided an overview of service offers (care and training). They were backed up by 'service on a page' slides that have been shared with care homes and GP care home teams. This approach was recommended by the coordinator of the care homes registered managers' network.

Anticipatory Care

58. Extending the discussion from EHCH to frailty more broadly, some of the PCN clinical directors have started to discuss potential models for better meeting the needs of people with frailty.
59. This links back to the implementation of Target Operating Model recommendations noted above. It is an opportunity for WCHC to strengthen front line relationships, information sharing and coordination at PCN level, taking into account both proactive and reactive care at individual and population level.

60. This approach will also be essential for meeting the expected requirements of the forthcoming Anticipatory Care element of the GP and community services contracts, which will take the principles from EHCH and apply them to non-care home settings.

Integrated Health and Social Care

61. During the COVID19 period, Adult Social Care (ASC) has continued to deliver care to the most vulnerable individuals and families in the community.
62. WCHC has worked in partnership with Wirral Borough Council and other partners to develop the Wirral ASC Winter Plan 2020/21. The Winter Plan 2020/21 prioritises the need to continue to:
- Prevent and control the spread of infection in care settings;
 - Collaborate across health and care services;
 - Support people who use receive social care, the workforce and carers and support the overall Wirral system.
63. As such, those individuals in need of support are able to access support in a timely, safe manner and individuals remain connected to essential health and care services, and are safeguarded. Supporting the sustainability of the Wirral Care Market has remained a key priority with adult social care operational teams retaining strong links with partners within the domiciliary and care home marketplace.
64. WCHC have continued to be represented at the North West Principal Social Worker Forum and the Adult Safeguarding Networks. This has provided an opportunity both to share best practice and to ensure the dissemination of the most up to date guidance for all adult social work practitioners. This work is supported by the Department of Health and Social Care COVID19 website alongside daily Covid updates for Social Workers. This stock of information has ensured an effective response to specific statutory guidance in relation to key areas of practice such as:
- Hospital discharges
 - Deprivation of Liberty Safeguards
 - Care Act 2014 Easements
 - Ethical Guidance for Social Workers during COVID-19.
65. As a member of these networks, WCHC has recently been involved in discussions to identify key work streams which will enable planned areas of transformation as we move forward into 2021. These include:
- Quality Assurance and Personalisation
 - Workforce Development
 - Safeguarding
 - Strength Based Practice
 - Value of Social Work in integration
66. WCHC will continue to ensure representation within these key work streams to ensure a continued quality improvement focus on skills for social work practice and professional development.
67. With a continued focus on digital innovation, WCHC has been working with Cerner Healthcare Integration and Information Technology supplier and colleagues from Wirral Council, to support the on boarding of social care data within the Wirral Care Record. In

October 2020, the WCHC co-hosted an online workshop with Cerner. The workshop was attended by a range of social care practitioners and partners to explore how a data set could be utilised moving forward to support: proactive case finding; risk stratification: reducing variation and inequalities; and improved commissioning decision. This work is planned to develop, through 2021.

68. In addition, WCHC has been working alongside WBC to develop a number of system improvements. This has included the development of an online financial assessment portal. This will improve communication and greatly speed up the financial assessment process for families receiving care; as well as reduce the number of individual complaints being received.
69. Furthermore, a review and redesign of the online Care Act (2014) assessment is due to commence in early 2021. This will be complemented by the implementation of an early intervention module within the Adult Social Care case management system Liquid Logic. This process will utilise a population health approach to improve individual outcomes.
70. WCHC staff have been working closely with both Wirral Commissioners, WBC's Housing Department and strategic Housing Partners to develop a new streamlined Extra Care Housing (ECH) Pathway. This pathway embraces a newly designed, developed and implemented IT system with a: on line ECH application form; ECH Panel acceptance process and outcomes accepted via a newly designed Brokerage function
71. WCHC staff working alongside Wirral CCG, CWP, MIAA Consultancy and Multi Health Professionals are prioritising, co-ordinating and facilitating the delivery of the Wirral CHC deferred assessments backlog project. There is an expectation that these reviews will be completed by 31 March 2022.

Children's services

72. Staff from Wirral 0-19 service have provided a wider system response to supporting children and families during Covid. This includes working with children's centres to distribute resources to support an alternative way of engaging families and identifying need at the earliest opportunities. This has included "welcome to the world" resources for families who have had a baby during Covid and Lockdown.
73. Plans to integrate further with maternity service were paused earlier in the year, however this has recently resumed to enable an integrated offer in the Midwifery shop in Birkenhead. This model offers support through pregnancy and birth and offers families the opportunity to "Walk in" to access support and guidance enabling a more accessible, responsive and visible service .
74. Children's services are embarking on a bid to develop a Family Wellbeing and Opportunity Centre in the town centre of Birkenhead in collaboration with partners. This will provide a welcoming, vibrant and accessible environment where a fully integrated network of public (children's services, health and education) and community organisations offer a space, activities and services to engage and support children, young people and families to improve their health, wellbeing and life chances.
75. Project objectives include:
 - Improving life chances
 - Improving health and wellbeing
 - Supporting sustainable employment

- Tackling the immediate impacts of poverty
- Increasing integration across public and third sector providers
- Stronger partnership with communities

Val McGee
Chief Operating Officer

27 November 2020