Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford

Minutes of the meeting held on 7 April 2014

Present:
Councillor E Newman –Chair
Councillor Lloyd – Vice Chair

Manchester City Council - Councillors M Murphy, Reid and Watson
Trafford Borough Council – Councillors Bruer-Morris, Lamb and Procter

Dr Mike Burrows, Director (North West) NHS England
Dr Nigel Guest, Chief Clinical Officer, Trafford Clinical Commissioning Group
Gina Lawrence, Director of Commissioning and Operations, Trafford Clinical Commissioning Group
Jim O'Connell, Interim Chief Operating Officer, University Hospital South Manchester
Dr Bob Pearson, Clinical Director, Central Manchester Foundation Trust

JHSC/14/04 Attendance

The Committee noted the apologies of Councillor Holden from Trafford Council and Councillors Ellison and Cooley from Manchester Council.

JHSC/14/05 Minutes

Decision

To approve the minutes of the meeting on 29 January 2014 as a correct record.

JHSC/14/06 Declarations of Interest

The following personal interests were declared:

- Councillor Lloyd declared a personal interest as an employee of the Stroke Association based at Salford Royal NHS Foundation Trust.
- Councillor Bruer-Morris declared a personal interest as a practice nurse at a GP practice in Trafford.

JHSC/14/07 Update – New Health Deal for Trafford

The Committee welcomed Dr Mike Burrows, Director (North West) NHS England, Dr Nigel Guest, Chief Clinical Officer of Trafford Clinical Commissioning Group (CCG), Gina Lawrence, Director of Commissioning and Operations of Trafford CCG, Jim O'Connell, Interim Chief Operating Officer of University Hospital South Manchester (UHSM) and Dr Bob Pearson, Clinical Director of Central Manchester Foundation Trust (CMFT) to the meeting. Dr Burrows, Mr O'Connell and Dr Pearson gave a presentation to the Committee which provided an update on the new health deal for Trafford. The key points were:

- Combined Accident and emergency (A&E) attendances at the three neighbouring hospitals for Trafford residents were 6% less than expected and

admissions were 2% less than expected in the period since Trafford A&E department had been downgraded;
- However, in the case of Wythenshawe Hospital there had been 215 more A&E admissions than expected during this period;
- Wythenshawe Hospital A&E did not meet its 4 hour performance target in 2013/14 (ie. 95% of patients to be seen, treated, admitted or discharged within 4 hours of arrival);
- In the first three months of 2014, its 4 hour performance had fallen to below 91%;
- On Monday, 31 March 2014 there had been 335 attendances at Wythenshawe Hospital's A&E, and UHSM recognised that a daily attendance greater than 300 was difficult to deal with;
- In response to their failure to build resilience for A&E winter pressures, which were exacerbated by the downgrading of Trafford A&E to an urgent care centre, UHSM introduced a number of changes that had led to improvements, though some concerns still remained;
- A key improvement at UHSM A&E was the introduction of a new performance management and monitoring system, which clarified demand and capacity;
- At CMFT, which took over the running of Trafford Healthcare Trust in March 2012, the rolling HSMR (hospital standardised mortality ratio) at both CMFT and Trafford had fallen since the acquisition, while Trafford's rolling crude mortality rates for non-elective admissions had fallen by 1%.

A member asked whether the lower than predicted A&E attendance and admissions had led to additional pressure on GPs. Ms Lawrence said there had been no significant increases in GP attendance, but there had been an increase of 10-15% in attendances at walk in centres, but they were able to accommodate this.

The Committee discussed long stay patients. Ms Lawrence clarified that there were two trigger points at which long stay patients were monitored: when they had been admitted for 14 days and at 28 days. She said not all patients in hospitals for these lengths of time were delayed in leaving and many still needed to be in hospital. Currently, UHSM had two long stay patients who were waiting for social services to find them an appropriate place to be discharged to. UHSM currently had 126 people who had been admitted for 28 days or more, 38 of whom were Trafford residents.

A member asked for more details on Alamac and what it was used for. Mr O'Connell explained it was a real time data performance dashboard, which enabled the hospital to manage patient flow. A meeting was held every morning to consider issues from the previous day and what actions were needed to address them. The Committee asked for details on all the additional funding and how it was spent, which included Alamac.

The Committee discussed the data which showed that UHSM was struggling with the additional pressures from the downgrading of the A&E department at Trafford General Hospital. Members noted the changes that were being introduced to successfully manage the increased pressures and asked why they had not been put in place before Trafford was downgraded and why UHSM A&E department were not meeting their targets. Members also noted that they needed to understand the improvements in more detail. Dr Burrows said that there had been a significant

amount of preparatory work carried out prior to the downgrading of Trafford, and NHS Greater Manchester was provided with assurances by UHSM at the time. UHSM was given additional funding so should have been able to meet its targets. He said the new team was in place to address these issues. Members expressed frustration that prior to the implementation of the change, the Committee had accepted assurances from NHS Greater Manchester that UHSM would be able to cope with the additional pressures, only to now find that their reservations were well founded.

The Committee discussed comments made by Dr Attila Vegh, Chief Executive of UHSM, at its previous meeting. He had said that admissions to UHSM had increased to 7-8 a day since Trafford A&E had been downgraded, and that UHSM required 22 extra beds to meet this demand.

He had also said that of the hospital's 38 long stay patients, 37 were Trafford residents. The Committee noted that Dr Vegh had subsequently written to the Chair concerned that his reference to the 37 long stay patients from Trafford may have been misinterpreted. He clarified that all 37 patients from Trafford with an extended length of stay had still been in hospital for clinical reasons and not due to a delayed discharge, and that 11 of them were still receiving care at Wythenshawe Hospital. He had apologised for any confusion or concerns his comments may have caused, as UHSM was proud of its excellent relationship with Trafford Council and Trafford CCG and appreciative of their support in ensuring prompt discharge planning.

The Committee felt that the pressures on admissions demonstrated that UHSM had not been able to prepare for this change adequately. Dr Burrows acknowledged the Committee's concerns, but said that the old system was not financially viable and changes would have had to be made, so comparing current performance with UHSM's performance prior to the downgrading of Trafford A&E was not a fair comparison. Dr Guest confirmed that admissions at UHSM A&E did briefly reach 7-8 a day, and UHSM was given additional funding to address this. He said the system in place had coped, as the problem was identified and subsequently managed.

A short discussion took place over whether or not it had been the right thing to do for UHSM to give assurances that it could cope with the additional patients arising from the downgrading of Trafford A&E, and why it had given those assurances. The Chair concluded that everyone accepted the increased pressure at UHSM was an issue. Members noted that, although the referral to the Secretary of State for Health had been unsuccessful in preventing the downgrading of Trafford A&E, the Committee continued to have a role monitoring the implementation of the decision. The Committee agreed that it wanted to see details of plans to make improvements to UHSM's A&E department and indicated that it may consider further representations to the Secretary of State if it was unhappy with progress.

Decision

1. The Committee agreed to:
   - note the content of the report and presentation;
   - reiterate its concerns over the downgrading of Trafford A&E to an urgent care centre and its impact on UHSM's Wythenshawe Hospital A&E department;

- note that the Committee expressed concerns about UHSM's ability to meet the increased demand when downgrading Trafford A&E was first proposed.

2. The Committee requested that the following be provided by the NHS for circulation to its members as soon as possible:
   - detail of the plans to improve the accident and emergency department at Wythenshawe Hospital;
   - breakdown of the additional funding streams which have been provided to UHSM to address the immediate issues at their A&E, and on what they have been spent, including on the Alamac company;
   - anonymised case studies on long stay patients;

3. The Committee asked for:
   - regular and frequent reports on the performance of UHSM's Wythenshawe Hospital A&E department.

4. The Committee indicated that should performance data for Wythenshawe Hospital A&E not demonstrate satisfactory improvement by the time of its next meeting, the Committee would be minded to consider making further representations to the Secretary of State for Health on this matter.