



**MANCHESTER  
CITY COUNCIL**

## **AGENDA PAPERS FOR JOINT HEALTH SCRUTINY COMMITTEE MEETING**

**Date: Tuesday, 10 November 2015**

**Time: 6.30 p.m.**

**Place: Scrutiny Committee Room, Level 2, Town Hall Extension, Albert Square,  
Manchester, M60 2LA.**

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<b>4. NEW HEALTH DEAL FOR TRAFFORD</b>		<b>1 - 8</b>

To consider a revised report from Trafford CCG and information requested from Trafford CCG at previous meetings of the committee.

Representatives from Trafford CCG, CMFT, NHS England and UHSM will be in attendance to provide an update to the Joint Committee on progress.

**THERESA GRANT and SIR HOWARD BERNSTEIN**  
Chief Executive                      Chief Executive

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### Membership of the Committee

#### **Trafford Council**

Councillors Mrs. A. Bruer-Morris, J. Harding, J. Lloyd (Vice-Chairman), Mrs. V. Ward and Mrs. P. Young

#### **Manchester City Council**

Councillors Ellison, Newman (Chairman), Reid, Teubler and Wilson

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Trafford System Urgent Care Overview: UPDATE

November 2015

Performance 2015/16

### Performance of Acute Trusts

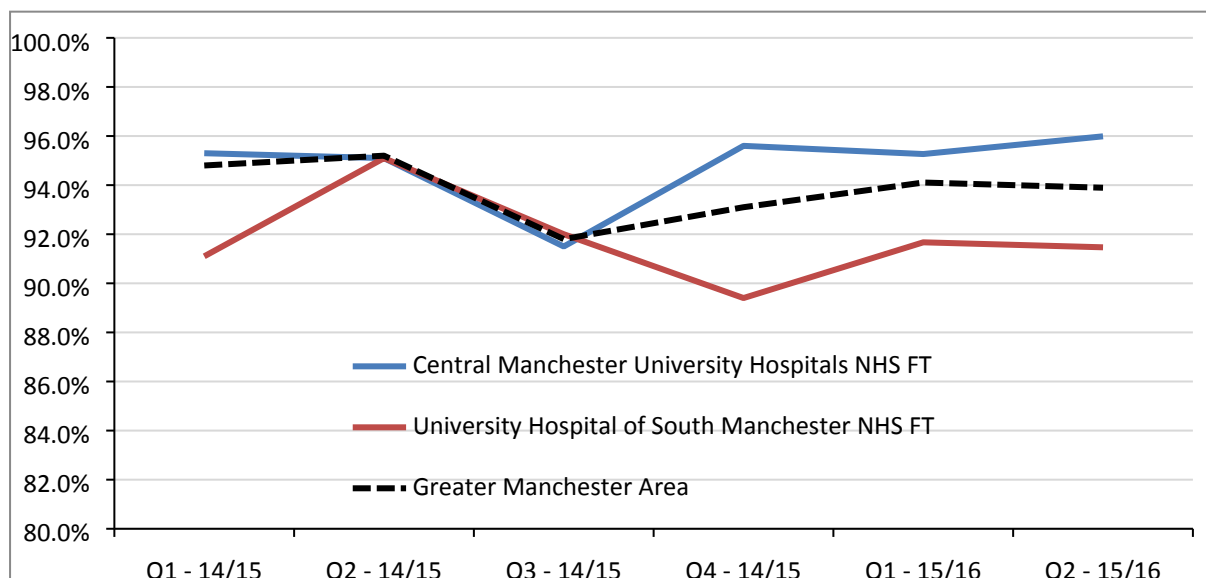
A&E performance against the 4hr target has been challenged across Greater Manchester in Q2 of the 2015/16 financial year, with overall performance of 93.89% against the target of 95%/

University Hospital South Manchester (UHSM) achieved 91.47%, and Central Manchester University Hospitals NHS Trust (CMFT) achieved 95.99%.

### 2015/16 Quarter 2 and Year end 4hr Performance for other Greater Manchester Trusts (ref NHSE)

	Q1	Q2	Q3	Q4	Year	Q1	Q2
	2014/15	2014/15	2014/15	2014/15	2014/15	2015/16	2015/16
<b>Bolton NHS FT</b>	95.70%	95.60%	89.90%	88.50%	92.50%	95.42%	95.78%
<b>Central Manchester University Hospitals NHS FT</b>	95.30%	95.10%	91.50%	95.60%	94.30%	95.27%	95.99%
<b>Pennine Acute Hospitals NHS Trust</b>	95.70%	95.10%	91.50%	92.20%	93.60%	92.60%	91.52%
<b>Salford Royal NHS FT</b>	92.70%	96.60%	94.80%	95.80%	94.90%	96.31%	96.33%
<b>Stockport NHS FT</b>	91.30%	95.30%	89.70%	84.10%	90.30%	93.39%	93.70%
<b>Tameside Hospital NHS FT</b>	95.60%	93.20%	93.40%	89.70%	93.10%	90.96%	90.53%
<b>University Hospital of South Manchester NHS FT</b>	91.10%	95.10%	92.00%	89.40%	91.90%	91.67%	91.47%
<b>Wrightington, Wigan and Leigh NHS FT</b>	93.30%	95.60%	94.20%	95.20%	94.60%	97.87%	96.07%
<b>Greater Manchester</b>	94.80%	95.20%	91.80%	93.10%	93.60%	94.11%	93.89%

### 2015/16 Quarter 2 4hr Performance for UHSM and CMFT (ref NHSE)



## Clinical Commissioning Group

### Impact of the New Deal for residents of Manchester and Trafford

Following the implementation of New Health Deal, Trafford CCG has been responsible for monitoring the activity against the original plan, which was signed off by all stakeholders. The latest information shows that the activity plan for UHSM, CMFT and SRFT remains in line with the original new health deal plan.

### The Local System

The National A&E standard sets out that all patients who are admitted to an A&E department will be seen with a 4 hour period.

### Performance Quarter 3 to date

UHSM current performance is indicating that they will not achieve the 95% standard in Quarter 3 of 2015/16 and there is a risk for the accumulated performance for the year.

CMFT is currently 93.86% for Q3, and has at no point been over 95% for the Quarterly position.

The table below shows the position by quarter 3 and year to date as at close of play on 29<sup>th</sup> October 2015 (ref Performance & Quality Team - Trafford & North, Central and South Manchester CCG).

#### CMFT (including Trafford WIC)

% Performance

*Average Daily Performance Required in Remainder of Qtr/Year to Achieve 95% Target*

2015-16 YTD	Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16
95.15%	95.27%	95.44%	93.93%	
94.80%			95.49%	

Week to date	Prev. week
93.49%	95.79%

#### UHSM

% Performance

*Average Daily Performance Required in Remainder of Qtr/Year to Achieve 95% Target*

2015-16 YTD	Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16
89.77%	91.27%	90.21%	83.49%	
> 100%			> 100%	

Week to date	Prev. week
83.30%	84.16%

### UHSM

Urgent care performance is monitored on a daily basis and UHSM have to investigate as to why the target is not achieved.

It is recognised nationally that patient flow is significantly impacted by the rate of unplanned admissions. A main reason as to why the 95% target has not been made in quarter 2 and quarter 3 to date has been due to the unavailability of beds at UHSM as a result of a reduced patient flow. Patient flow is required to ensure that patients are discharged in an efficient way once they are medically fit so to release the number of beds required for both elective and non-elective admissions. All parts of Trafford health and social care economy have and continue to work collaboratively to support the patient flow with discharge.

South Manchester & Trafford System Resilience Group have identified a number of priority areas to assist with improved performance; these include:

- Sustained delivery of 'frailty model'
- Increase bed capacity for both scheduled and unscheduled admissions
- Reduce the rate of admissions from A&E with alternative models of ambulatory care
- Improve patient flow by improving the discharge processes
- Increase Intermediate Care resource

An emergency escalation meeting took place with UHSM, and South Manchester and Trafford CCG's, Monitor and NHS England on 1<sup>st</sup> October 2015 to examine the particular pressures driving emergency care underperformance in South Manchester, and to understand what more needs to be done to secure the requisite sustained improvement.

NHSE and Monitor agreed that a significant amount of proactive and appropriate work is already underway by the UHSM, local commissioners and local authority. In particular we noted: the establishment of the frailty unit; the review of the efficacy of last year's winter schemes; the dedicated primary care input to nursing homes; and closer operational working between system partners. They also noted from the meeting that there are constructive and strengthening working relationships amongst the partners in the emergency care system.

A number of further actions were agreed to achieve a shared understanding of the challenges and hold system partners to account, and a representative from NHSE or Monitor will attend and observe the next SRG meeting in November 2015

### **Central Manchester Foundation Trust**

CMFT, along with partners across the Central Manchester health and social care economy, has reported an increase in demand in recent weeks, which partners feel represents seasonal variation.

This has contributed to pressures at CMFT. The Trust has also experienced bed pressures in the last week, particularly linked to flow through the hospital and coupled with on-going challenges around filling staffing vacancies (nurses).

In response to pressures, CMFT is working through its internal escalation procedures to:

- Manage capacity / escalation across the MRI & Trafford General sites
- Maintain the flow of minors in ED
- Manage its elective programme, with reductions where appropriate
- The implementation of plans to support an expected spike in respiratory presentations
- CMFT has had a significant international recruitment drive. Some newly recruited nurses (from Portugal) are now in post, but immigration arrangements for the majority of new appointees (from India) continue to impact on delayed recruitment. This presents a staffing capacity pressure as we move into winter

## **System wide Resilience plan for 2015/16**

All CCG's as part of their financial allocation have received money to support resilience for 2015/16. A full review of the services which were supported and funded for 2014/15 has been reviewed to identify what was successful and where further attention was required.

All provider organisations have submitted new schemes to support further improvement in performance. These schemes have been considered and prioritised by the System Resilience Group both for South and Central Manchester – with proposed KPIs to measure against performance. The plans will be monitored by South Manchester & Trafford SRG.

To ensure continued improvement and provide assurance for SRG against all plans, a weekly South Manchester & Trafford System Resilience Operational Group has been established with senior representation from both Trafford and South commissioning and all relevant provider organisations.

In Central Manchester, the existing SRG will continue to monitor performance and will be responsibility for agreeing and implementing any new schemes/ services changes.

A dedicated Urgent Care System Resilience Manager has been appointed for North, South, Central Manchester & Trafford CCGs to support partners in their delivery of improved performance and provide assurance to NHSE according to their winter reporting schedule.

Reports are submitted to NHSE weekly – with triggers for escalation aligned with performance against the 95% target in A&E.

Locally from 2<sup>nd</sup> November 2015 twice weekly whole system conference calls have been implemented with weekly meetings of the System Resilience Operational Groups – to add traction into the system and respond to challenges in the system in a timely manner.

## **Trafford Commissioners responsibility**

Trafford CCG and Trafford council are responsible for ensuring that appropriate services and levels of service are commissioned to deliver a quality of service to all patients. As part of delivering high quality services all patients should have a positive experience through their pathway and if these are met, then all hospitals will deliver against these national targets.

Commissioners manage the resilience forums both in south and central Manchester which includes monitoring performance, mitigate against risk and to support all partner organisations to deliver improvement. Improvement may be through delivering changes in existing services and or to commission new services.

With Trafford and as part of the Better Care Funds, Trafford CCG has a comprehensive programme which will reduce activity and demand on the acute hospitals. Trafford are working on schemes to deliver and implement during 2015/16 the following services all of which will support patients as part of a “Out of hospital” model. These include:

## **Clinical Commissioning Group**

- **Extending the number of intermediate care step-down beds from 5-18.**  
This will be on the existing model but will be supported by a new nurse led model. The intention was for this to be implemented in October, however due to recruitment issues for the nursing staff this has been delayed. Recruitment to the senior posts has been successfully completed. The timescales for the full nurse led model is to be January 2016. This new service is will be supported by a new primary care service to be provided by Washway Road Medical practice.
- The redesign of a new Falls Service – **phase 1 is to be part of the new Trafford Patient Care Co-ordination centre, to monitor referrals, capacity and current service provision.**
- Redesign of community nursing – **new specification have been signed off and shared with current provider Pennine Care has submitted their proposal to deliver new service model**
- Primary care service to residents in nursing and residential homes – interim solutions being developed for implementation. **This will be followed a full service specification to deliver a dedicated service to meet the needs of these residents.**

### **Other initiatives**

- **Trafford Patient Care Co-ordination centre.** This new service will enable all patients to be tracked which will deliver an improved experience for all patients, enable high risk patients to be monitored to ensure they receive the right treatment at the right time. This will deliver increased efficiencies across the system working with all partner organisations. UHSM are to lead the discharge management processes initially, working with the new provider of TCCC and the CCG. CMFT and SRFT will follow shortly after. Work is ongoing with all three acute Trusts.

### **Summary**

This paper provides information as to the current performance against the national targets for A&E departments. It also provides details of how the health and social care system are working together to deliver improvement.

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## The Joint Overview and Scrutiny Committee

**At the last committee there were a some actions which Trafford CCG were asked to follow up on behalf of the system.**

**To Take Out (TTO's) at UHSM**

**What changes and improvements have been made?**

**Update:**

The Trust has invested in a business case to support the turnaround of TTOs. This supports:

- Additional pharmacists and technician at weekends to enable the roll out of "Pharmacy on wheels" at weekends and deliver TTOs at ward level.
- IT infrastructure to enable pharmacy teams to enter the patients medication, and any associated changes, into their electronic record. At discharge, doctors will only have to select what drugs they wish to continue rather than having to enter all the information. A pilot showed that this significantly reduces the time taken to prepare the discharge prescription but also improves the accuracy of them. This then enables them to be processed more efficiently by the pharmacy teams.

The Trust is also engaging widely with Clinical staff to ensure that TTOs are written by 3pm the day before discharge and we are currently exploring options as to how this can be monitored.

The wards are also using their Smartboards to communicate with their pharmacy teams which patients are due to go home "today" or "tomorrow" to allow this work to be prioritised.

### **Orthopaedic Centre**

**Has the usage of the facility improved?**



**Update:**

There is a structured process in place to improve the utilisation of the Manchester Orthopaedic Centre. Support to MOC is now being provided by FourEyesInsight, an external consultancy with a strong track record of improving productivity in services of this sort. Following an initial four week diagnostic exercise, we are now about a month into a three month period of process improvement. This work is being undertaken in cooperation with the SRFT Orthopaedic services, with whom the MOC is jointly run. There is already evidence of improvement in some areas, particularly late cancellations of operations.

**Falls Service**

**Update on commissioners plan and intentions.**

**Update:**

This pilot will align the Single Point of Access with the TCCC. The proposed date for implementation of Phase 1, therefore, is linked to the go live date of the TCCC.

The pilot is for implementation in the following areas

- 1) For referrals management process via TCCC across all economy for falls. This includes data collection and analysis to inform future service development
- 2) An evaluation to be commenced three months post implementation. Report in January 2016 with recommendations as to options for the future falls service

Work has commenced with CSC who is the provider of the CSC jointly with Mastercall .

**Intermediate Care**

- New service provision
- Specification of service
- Staffing model
- Primary Care Model
- Timescales for delivery

Update: This information has been sent direct to Councillor Lloyd.

