

**Trafford System Urgent Care Overview**

**February 2016 Update**

**1. Performance 2015/16**

A&E performance is measured by the national 4hour target, and monitored on a daily basis by each acute Trust and local CCGs. The National A&E standard sets out that all patients who are admitted to an A&E department will be admitted or discharged within a 4 hour period. It is important to note that although the target shows performance within A&E, its achievement is dependent upon the whole urgent health and social care system, including primary, community and social care as well as hospitals operating efficiently and effectively.

A+E is only a symptom of the problem of urgent care, it is not the cause

Factors including ambulance performance, delayed discharges, and alternatives to both A&E attendance and hospital admission all impact on patient flow and the ability for acute Trusts to achieve their 95% 4hour target in A&E.

**1.1 Performance of Acute Trusts**

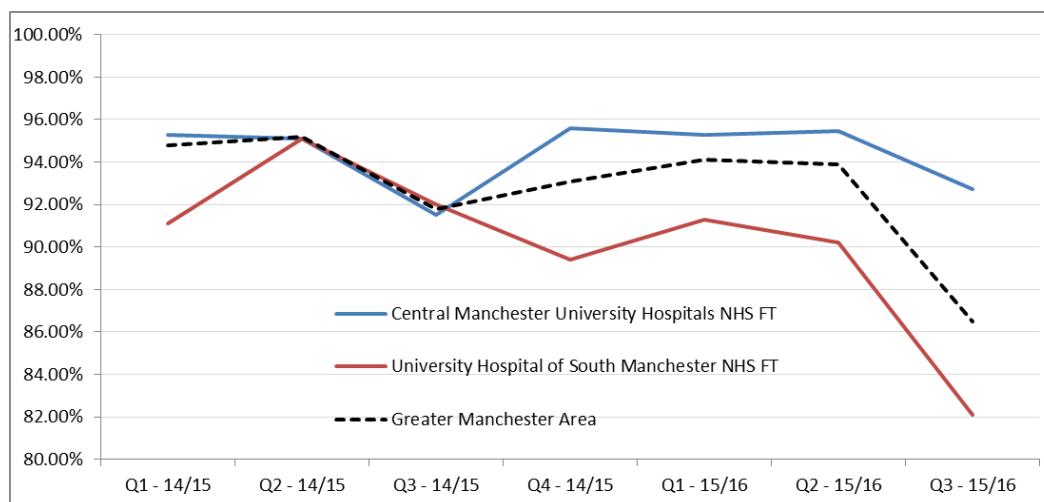
A&E performance against the 4hr target continues to be challenging across Greater Manchester in Q4 of the 2015/16 financial year.

**1.1.1 2015/16 4hr Performance (ref: NHSE / acute Trusts)**

	Q1	Q2	Q3	Q4	Year	Q1	Q2	Q3	Q4 to Date	Year to Date
	2014/15	2014/15	2014/15	2014/15	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16
<b>Bolton NHS FT</b>	95.70%	95.60%	89.90%	88.50%	92.50%	95.42%	95.78%	90.93%		
<b>Central Manchester University Hospitals NHS FT</b>	95.30%	95.10%	91.50%	95.60%	94.30%	95.27%	95.44%	92.72%	91.54%	93.88%
<b>Pennine Acute Hospitals NHS Trust</b>	95.70%	95.10%	91.50%	92.20%	93.60%	92.83%	89.68%	80.67%	79.19%	86.07%
<b>Salford Royal NHS FT</b>	92.70%	96.60%	94.80%	95.80%	94.90%	96.31%	96.33%	90.95%		
<b>Stockport NHS FT</b>	91.30%	95.30%	89.70%	84.10%	90.30%	93.39%	93.70%	80.65%		
<b>Tameside Hospital NHS FT</b>	95.60%	93.20%	93.40%	89.70%	93.10%	90.96%	90.53%	77.67%		
<b>University Hospital of South Manchester NHS FT</b>	91.10%	95.10%	92.00%	89.40%	91.90%	91.27%	90.21%	82.10%	74.19%	85.26%
<b>Wrightington, Wigan and Leigh NHS FT</b>	93.30%	95.60%	94.20%	95.20%	94.60%	97.87%	96.07%	93.99%		
<b>Greater Manchester</b>	94.80%	95.20%	91.80%	93.10%	93.60%	94.11%	93.89%	86.50%		

According to the Q43 to date data provided by NHSE, University Hospital South Manchester (UHSM) achieved 82.10%, and Central Manchester University Hospitals NHS Trust (CMFT) achieved 92.72%. Across Greater Manchester performance against the 95% target was 86.50%.

**1.1.2 2015/16 4hr Performance for UHSM and CMFT (ref: NHSE)**



**1.2 Impact of the New Deal for residents of Manchester and Trafford**

Following the implementation of New Health Deal for Trafford in November 2013, Trafford CCG has been responsible for monitoring activity against the original plan, which was signed off by all stakeholders. In general, there is a good match between the activity plans and the patterns of demand that have been seen since implementation. The Urgent Care Centre at Trafford General Hospital is functioning well, providing high quality care and seeing more than 99% of patients within four hours. However, there are difficulties with the staffing model and with financial sustainability. The staffing and service model for the Urgent Care Centre is now being reviewed, in keeping with the timescales set out in the original consultation, and the committee is to receive a separate presentation on this.

**2.0 The Local System**

**2.1 Performance Quarter 4 to date**

UHSM current performance of 74.19% indicates that they will not achieve the 95% standard in Quarter 4 of 2015/16 and as such there is a risk for the accumulated performance for the year.

CMFT is currently 91.54% for Q4, and the breach tolerance has become non applicable which suggests CMFT can no longer achieve 95% in year

**2.2 UHSM**

Urgent care performance is monitored on a daily basis and UHSM submit daily bed capacity updates to the CCG Urgent Care System Resilience Manager.

In line with South Manchester & Trafford SRG's Surge & Escalation plan, a weekly meeting of the System Resilience Operational Group, and weekly escalation local conference call has taken place with providers and commissioners of health and social care, NWAS and OOH providers, for escalation of any system pressures that may impact on performance.

## **Clinical Commissioning Group**

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 continues to be unachieved is the acuity of patients presenting at A&E, and the inability to maintain effective patient 'flow' – with a lack of available of beds at UHSM for unplanned admissions.

The high level key performance messages are:

- A&E attendance levels static
- Admission rates remain high
- Medical outliers remain high
- Delayed discharges remain high
- Mental health continues to underperform against 4hr target

All parts of Trafford health and social care economy have and continue to work collaboratively to support the patient flow with discharge. Despite the many actions being undertaken to address performance, results continued to show a deteriorating performance.

2016/17 recovery plans to improve 95% performance are being developed by UHSM and considered against impact and costs for – with revised trajectory agreed with Monitor.

### **2.2.1 Delayed Transfers of Care (DTOCs)**

DTOCs at UHSM continue to be a challenge. Integrated Discharge Team (IDT) was convened following a tripartite meeting between UHSM, South Manchester and Trafford CCGs in January 2016, where it was agreed to implement changes to support the A&E recovery plan at UHSM.

The main change agreed was to have an IDT on site at UHSM. The IDT began to meet on a daily basis from the 4th January 2016. Despite the many actions taken through Q3 & 4 to improve performance, results have continued to show deterioration.

A South Manchester Escalated DTOC meeting took place on the 11th February to consider immediate short-term actions to influence flow within admitted pathways. A number of actions were agreed including formalising the IDT membership, the function of the IDT and some short-term priority areas for escalation which formed the basis of the IDT's initial action plan. The team meet twice weekly on a Monday and Thursday to respond to the pressures in the system following and leading up to the weekend. The IDT have progressed actions, some are complete, some are on-going and actions have been added for new areas of work to aid patient flow with the aim to reduce the delayed discharges.

The CCGs have assurance regarding the processes implemented to manage the delayed transfers of care patients who typically equate to 10% of bed stock. The CCGs did not have assurance or were sighted on the management of the remaining 90% of total bed stock. A point prevalence review of admitted pathways at UHSM took place on 23rd February 2016 on behalf on South Manchester and Trafford CCGs to:

- Increase understanding of patient flow through all acute beds.
- Identify any bottlenecks and delay points associated with length of stay requiring the potential for commissioning support or service improvement. Findings and recommendations are to be presented to SRG in March 2016

Trafford General Hospital are continuing with receiving transferred patients when clinically appropriately to Trafford General from MRI. Also Trafford General is taking direct admissions to the Acute Medical Unit from MRI A&E where appropriate patients have been identified. This pilot if successful has potential to be rolled out to UHSM. This has the opportunity to prevent some of these

patients entering the other hospitals, therefore preventing the need for a transfer of care at a later stage.

### **2.2.2 Winter debrief for South Manchester & Trafford**

Two winter debrief meetings have taken place on 17th and 24th February 2016 to review the South Manchester & Trafford SRG 2015/16 Resilience Plans, to consider what added value to the urgent care system and to consider proposals in 2016/17 to deliver quality improvement and transformation and also any infrastructure to support surges in demand from a resilience perspective. Whilst delivery of the 95% A&E target remains a given for Acute Trusts to achieve, South Manchester and Trafford CCG are currently agreeing a local trajectory for performance of the target for 2016/17. The CCG's working with the Trust have proposed that CQUIN monies for 2016/17 be used for urgent care quality improvements and transformation in-line with associated poor performance metrics as routinely presented to the SRG. A number of schemes have been proposed and work continues associated with quality improvements aligned to the high level metrics, so agreement can be made to attribute the financial incentive accordingly across measurable objectives via the resilience agenda.

### **2.2.3 Key risks identified by South Manchester & Trafford SRG**

Risks to urgent care system resilience have been logged and rated according to likelihood of occurrence and consequence to resilience. The key risks are currently:

- Impact on A&E performance and delayed discharges due to a lack of recurrently funded mental health medical and liaison nursing staff
- Risk on patient flow and quality of care for patients with a length of stay of more than 14 days
- Nurse workforce capacity and agency locum cap impact on timely ability to open extra bed capacity
- Impact of Junior Doctor industrial action and impact on patient flow
- Current high level plan - ability to deliver against trajectory
- Although there has been an increase, there is still a lack of Intermediate Care Capacity both in beds and packages of care for Trafford patients resulting in delays and increased length of stay.

### **2.2.3 Other associated work by UHSM**

UHSM are undertaking a targeted piece of work internally re safer care bundles. Also they are to introduce a tracker process which will identify those patients where progress on their discharge is made on a daily basis. Patients where progress has been made will be identified as green and those where no progress has been made will be identified as red. Work is on-going to increase where clinical appropriately deflections into other part of the system.

## **2.3 CMFT**

CMFT, along with partners across the Central Manchester and Trafford 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 – particularly related to patient flow, medical bed availability and ambulance handovers.

In line with Central Manchester SRG's Surge & Escalation plan, a weekly meeting of Central Manchester's System Resilience Operational Group (SROG), and weekly escalation local conference call across Central & South Manchester localities (including Trafford) has taken place with providers

## **Clinical Commissioning Group**

and commissioners of health and social care, NWS and OOH providers, for escalation of any system pressures that may impact on performance.

A review of A&E attendance data according to demographics and GP practice has been completed. Central and Trafford CCGs are to arrange facilitated discussion with their own GP localities – focusing on outliers / local initiatives to reduce attendances / admissions, and to share learning across the areas.

### **2.3.1 Winter debrief for Central Manchester & Trafford**

As part of the assurance process for Central Manchester SRG, a winter debrief meeting took place on 24th February 2016 to review the Central Manchester SRG 2015/16 Resilience Blueprint, to consider what schemes added value to the 4hr target, and to agree proposals for what could be done differently in 2016/17 to improve resilience during surges in demand. Central Manchester and Trafford CCGs have also proposed that CQUIN monies for 2016/17 are utilised on improving the quality of care in our urgent care system to deliver quality improvement and transformation and also additionally from a resilience perspective.

### **2.3.2 Key risks identified by Central Manchester SRG**

Risks to urgent care system resilience have been logged and rated according to likelihood of occurrence and consequence to resilience. The key risks are currently:

- Ongoing challenges to successful and timely recruitment of medical and nursing workforce in order to provide additional capacity for winter resilience
- Infection control processes to manage CPE have resulted in a reduced ability to flex capacity during surges in winter demand
- Lack of agreement on plans to effectively deliver non recurrent funding for MH liaison at CMFT

## **3.0 NHSE assurance reporting**

In line with NHSE reporting requirements, a weekly update of the position of both Central Manchester's and South Manchester & Trafford's localities are submitted to NHSE.

For every week A&E 4hr performance fell below 95%, a weekly exception report completed by the acute Trusts – has been submitted in line with NHSE reporting requirements - detailing a breach analysis, and short/medium term plans to improve performance.

South Manchester & Trafford SRG continues to provide assurance and escalation level to NHSE via a weekly conference call and a daily status update and plans to maintain/improve performance to NHS Improvement Team.

Daily exception reporting of NWS handovers >2hrs and associated RCAs are submitted to NHSE in line with reporting requirements. Ambulance handover times continue to be challenged particularly at MRI and an ambulance task & finish group has been established to understand the issues and recommend possible solutions.

First draft of 2016/17 Operational resilience plans have been submitted to NHSE on 8th February 2016.

## **Clinical Commissioning Group**

System wide Easter Resilience Plans are being submitted to NHSE on 8<sup>th</sup> March 2016. Assurance plans from acute, community, Trafford & Manchester social care, mental health, NHS 11, GP, OOH and primary care providers – including Trafford CCG.

### **4.0 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.

Trafford CCG works collaboratively with the acute hospitals and Pennine the community provider to ensure a full system approach to resilience. Trafford CCG has made progress on their 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:

- **Extending the number of intermediate care step-down beds from the number of beds have been increased from 18-23.**
- **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, hopefully to commence April 2016.
- **Redesign of community nursing** – new specification to be implemented for 2016/17.
- **Primary care service to residents in nursing and residential homes – interim solutions implemented.**

### **Other initiatives**

- **Trafford Patient Care Co-ordination centre.** - Referral management implemented for YUHSM, full implementation programme to include referral management roll out, discharge management, coordinated care and enquiry management. Trafford CCG is leading on partner engagement which is prioritised for the 3 acute Trusts and Pennine Care. The directory of services is also been developed for the Trafford Locality.

### **5.0 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.