

## Joint Overview and Scrutiny Committee Report

### Trafford System Urgent Care Overview

January 2017 Update

#### 1. Performance 2016/17

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.

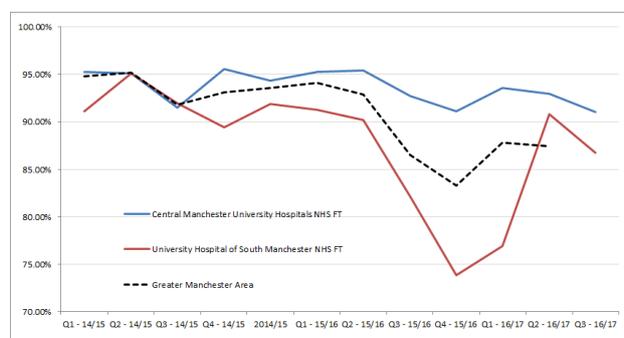
##### 1.1 Performance of Acute Trusts

A&E performance against the 4hr target continues to be challenging across Greater Manchester.

##### 1.1.1 4 hour performance across Greater Manchester April 2014 to December 2016 (ref NHSE)

	Q1	Q2	Q3	Q4	Year	Q1	Q2	Q3	Q4	Year	Q1	Q2	Q3	Year to Date
	2014/15	2014/15	2014/15	2014/15	2014/15	2015/16	2015/16	2015/16	2015/16	2015/16	2016/17	2016/17	2016/17	2016/17
Bolton NHS FT	95.70%	95.60%	89.90%	88.50%	92.50%	95.42%	95.78%	90.93%	80.03%	90.31%	82.30%	84.97%		83.63%
Central Manchester University Hospitals NHS FT	95.29%	95.10%	91.53%	95.60%	94.35%	95.29%	95.44%	92.72%	91.14%	93.61%	93.61%	92.98%	91.01%	92.29%
Pennine Acute Hospitals NHS Trust	95.70%	95.10%	91.50%	92.40%	93.70%	92.70%	89.68%	80.67%	78.28%	85.27%	85.71%	84.39%	79.68%	82.70%
Salford Royal NHS FT	92.70%	96.60%	94.80%	95.80%	94.90%	96.20%	95.22%	90.95%	90.86%	93.29%	92.24%	87.81%		90.04%
Stockport NHS FT	91.30%	95.30%	89.70%	84.10%	90.30%	93.39%	92.97%	80.65%	72.94%	84.88%	82.05%	76.69%		79.37%
Tameside Hospital NHS FT	95.60%	93.20%	93.40%	89.70%	93.10%	90.96%	89.59%	77.67%	81.27%	84.83%	90.40%	86.00%		88.21%
University Hospital of South Manchester NHS FT	91.10%	95.10%	92.00%	89.40%	91.90%	91.27%	90.21%	82.10%	73.81%	84.43%	76.89%	90.82%	86.74%	84.67%
Wrightington, Wigan and Leigh NHS FT	93.30%	95.60%	94.20%	95.20%	94.60%	97.87%	96.31%	93.99%	92.39%	95.12%	92.31%	91.17%		91.74%
Greater Manchester	94.80%	95.20%	91.80%	93.10%	93.60%	94.11%	92.90%	86.50%	83.32%	89.15%	87.79%	87.46%		87.62%

##### 1.1.2 Quarterly 4hr Performance for UHSM and CMFT (ref NHSE)



## **2.0 The Local System**

### **2.1 Performance Year to date 2016/17**

As a result of the underperformance at the beginning of the 2016 / 2017 against the 95% A&E 4 hour target it was agreed the A&E 4hour measure will be performance managed daily and monthly in terms of deviation from an agreed trajectory. The trajectory was agreed as a way of incentivising the Trusts to achieve an agreed sustainable and deliverable monthly trajectory resulting in entering the 2017/18 year in a much healthier position.

To the end of Quarter 3 2016/17, University Hospital South Manchester (UHSM) achieved 86.74% against a trajectory of 92.0% , and Central Manchester University Hospitals NHS Trust (CMFT) achieved 91.01% against a trajectory of 92.1%

### **2.2 System Resilience**

In line with South Manchester & Trafford SRG's Surge & Escalation plan, weekly conference calls commenced on 7<sup>th</sup> November 2016 with providers and commissioners of health and social care, NWAS and OOH providers. These will run through to the end of March 2017. Daily calls with the Acute Trusts will be initiated when there is significant pressure within the system and will form the basis of escalation.

The newly focussed South Manchester & Trafford A&E Operational Delivery Group, under the leadership of Manchester's Urgent Care Transformation & Delivery Board have agreed that as a collaborative system a key area of direction and focus is the development of the A&E Improvement Plan over the remaining months in the winter period to recover and sustain the A&E performance position and enter the 2017/18 year in a deliverable position.

South Manchester was assessed against the Greater Manchester Health and Social Care Partnership - Urgent & Emergency Care baseline tool, and provided a baseline RAG rating of key milestones in the A&E Improvement Plan according to A&E streaming, NHS111, Ambulance, Patient Flow and Discharge.

The Manchester Urgent Care Transformation & Delivery Board has also been successful in securing additional investment of £500k non recurrent funding for South Manchester & Trafford system. A number of proposals have been prioritised to support the development and further enhancement of areas needing additional stability.

For Trafford residents, a jointly commissioned scheme between Trafford Council and Trafford CCG to block purchase nursing home beds under the Rapid Hospital Discharge Scheme for patients requiring ongoing nursing care needs was approved.

### **2.3 Ongoing risks to performance**

It is recognised that despite significant investment there are still a number risks to achieving required performance across the South Manchester and Trafford Urgent Care System. The risks include:

- An inability to recruit medical and nursing workforce, and flex bed capacity during surges in demand
- Demand on acute bed stock
- Availability and flexibility of appropriate out of hospital capacity leading to increased delayed discharges

- Increased A&E attends and conversion rates to admission
- Increased ambulance handovers
- Poor mental health performance against the 4hr target

All of the risks have the ability to impact on the benefits realisation of resilience schemes.

Additional to the above resilience infrastructure, the Manchester's Urgent Care Transformation & delivery Board have agreed a number of Citywide work streams to improve performance across the City:

#### Resilience

- NWAS Performance – UHSM leading on behalf of the City
- Mental Health Performance – CMFT leading on behalf of the City
- Delayed Transfers of Care – Manchester LA leading on behalf of the City

#### Transformation

- First contact
- Urgent primary care
- Urgent community response
- Ambulatory care

## **2.4 Governance / Delivery of the AE improvement plan and monitoring of progress**

The CCGs' Urgent Care System Resilience Team will work closely with partners on behalf of the South Manchester & Trafford A&E ODG to ensure a comprehensive schedule is developed in order to manage and monitor progress against the 5 themes throughout Q3/4 2016 onwards. This will be complemented by our existing locality performance improvement plans, resilience and urgent care CQUIN schemes and the Manchester Urgent Care Transformation and Delivery Board work streams. Delivery of the plan will be monitored via:

- Monthly South Manchester & Trafford A&E ODG meetings
- Manchester Urgent Care Transformation & Delivery Board monthly meetings

Escalation of risks to delivery will be via the Manchester Urgent Care Transformation & Delivery Board in the first instance.

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

In July 2016, UHSM was the 5th worst performing Trust in England for Delayed Transfers of Care (DTOCs). High numbers of delayed transfers prevent the effective flow of patients through the hospital system and can affect a hospital's ability to achieve the 4-hour A&E standard. Achieving timely, safe and effective discharge from hospital requires effective partnership working between the ward, discharge team, MCC and Trafford social care and community services. The need for a system-wide approach to the DTOCs challenge at UHSM and it was agreed to identify a named Executive in each partner organisation across health and social care to whom blockages to discharge could be escalated, for action and feedback.

A member of the CCG Improvement team attends the daily delays meeting held at UHSM, identifying those patients where business as usual processes were not facilitating a discharge and escalating these to the appropriate Executive for specific action. Delays are primarily related to the availability of appropriate packages of care and both general and specialist dementia nursing home

places across Manchester and Trafford. Work is ongoing across the health economy to improve discharge processes and the availability of nursing and residential home capacity.

Across Trafford, senior representatives from Trafford Council, Trafford CCG and Pennine Care NHS Foundation Trust review the DTOC position and continuously review progress on a number of work streams including the commissioning of homecare packages, nursing and residential homes and the use of the voluntary sector.

During Quarter 3 2016/17 Mersey Internal Audit undertook a due diligence review of systems for reporting and managing DTOCs across the city of Manchester – including UHSM - in order to ensure there is a consistent approach as the Single Hospital Service develops. High level findings were reported to Manchester's Urgent Care Transformation & Delivery Board in December 2016 with the full report expected by the end of January 2017.

### **3.0 Intermediate Care**

In August 2016, Trafford CCG approved the expansion and development of Intermediate Care beds for Trafford residents at Ascot House. The unit has expanded to 36 beds with the potential for a further 9 beds. The unit is run jointly by Trafford Council and Pennine Care NHS Foundation Trust as part of the organisations' integrated care services.

The Ascot House team provides physiotherapy, occupational therapy and social care support as required to allow local people to be discharged from hospital sooner, or prevent them from being admitted altogether.

Ascot House prevents people from going into hospital by providing therapy for those who need help to retain or improve their mobility to remain well enough to stay at home.

It also provides short-term therapy and rehabilitation for people who are medically well enough to be discharged from hospital but not quite ready to return to their own homes.

It also has links with a GP practice and local community services such as nursing, podiatry, dietetics and speech and language therapy, so that extra care can be provided depending on a person's individual needs.

Since it began operating in October, more than 50 patients have been supported by Ascot House.

### **4.0 Summary**

Collaborative working across the health and social care systems is achieving performance improvements but there are risks to maintaining this. Ensuring there is robust system resilience will ensure continued service delivery.