

**Trafford System Urgent Care Overview
September 2015
Performance 2015/16**

Performance of Acute Trusts

University Hospital South Manchester (UHSM) did not achieve their A&E target in Quarter 1 of the 2015/16 financial year, achieving 91.67% against the target of 95%.

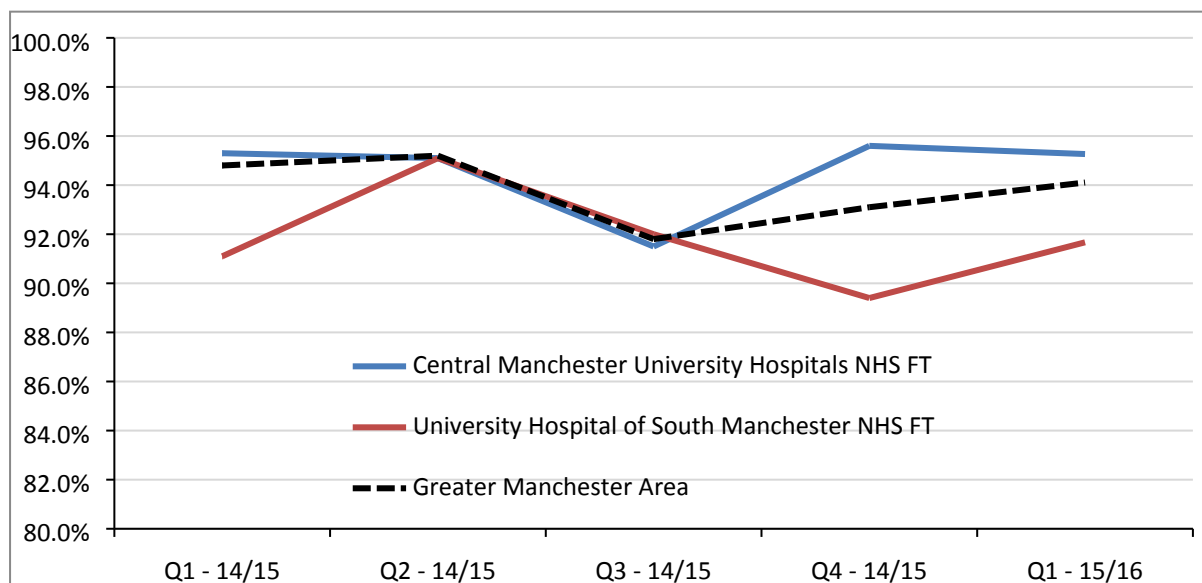
Central Manchester University Hospitals NHS Trust (CMFT) achieved the A&E target in Quarter 1 of the 2015/16 financial year achieving 95.27%.

Overall performance for all Greater Manchester is set out below; performance against the 95% target was 94.11%.

Table 1 201/16 Quarter 1 and Year end Performance for other Greater Manchester Trusts

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

UHSM and CMFT - 4 Hr Performance



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 2

UHSM current performance is indicating that they will not achieve the 95% standard in Quarter 2 of 2015/16 and there is a risk for the accumulated performance for the year. Performance against the standard at CMFT is presently being achieved for Q2.

The table below shows the position by quarter and year to date as at close of play on 18th September 2015.

CMFT (including Trafford WIC)	2015-16 YTD	Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16	Week to date	Prev. week
	% Performance	95.45%	95.27%	95.66%			94.62%
Average Daily Performance Required in Remainder of Qtr/Year to Achieve 95% Target	94.60%		89.65%				

Clinical Commissioning Group

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	Week to date	Prev. week
% Performance	90.82%	91.66%	89.85%			83.43%	80.07%
<i>Average Daily Performance Required in Remainder of Qtr/Year to Achieve 95% Target</i>	98.72%		> 100%				

UHSM

The following provides information as to why UHSM has not achieved its 95% target for A&E. The number of breaches is monitored on a daily basis and UHSM have to investigate as to why the target is not achieved.

- A main reason as to why the 95% target has not been made in quarter 1 and quarter 2 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. Health and social care commissioner's responsibility is to ensure there are step down services available to support discharge of patients and to respond to the health economy needs both in and out of hospital care.
- UHSM have identified the following of areas which are their priorities to assist with improved performance; these include:
 - High conversion rate – this is the number of patients within the emergency department who are admitted. All hospitals monitors their conversion rate and benchmarking with other hospital good practices suggests this to be 25% or less , UHSM rate is higher Q1 32.2% and Q2 to date 31.9%.
 - Each hospital has allocated beds for surgical patients and medical patients; currently UHSM has a number of medical patients using non-medical beds. (20 were reported as at 18th September 2015)
 - Number of Delayed Transfers of Care- this is due to social care packages in the main not been available at the time of discharge resulting in delays although the number of reportable NHS delays is below the agreed KPI threshold of 15 per day.
 - Low numbers of discharges by midday – this is partly due to an issue with 'to take out' medications from the hospital (TTOs) which the Trust is looking into.
 - Increasing the number of available beds for medical and surgical patients
- Patient flow processes are currently under review by UHSM and a number of improvements have been identified and will be closely monitored through the Systems Resilience Group. UHSM have implemented a number of internal changes which include:

Clinical Commissioning Group

- Ensuring robust processes in place in A&E to manage demand and prevent delays.
 - Holding internal specialty teams to account in adhering to the 30 minute standard to see in the ED once referred.
 - The introduction of 200 minutes principle to focus the pathway of patient.
 - The aim to maximise the use of Acute Medicine Receiving Unit (AMRU) in taking suitable bed bureau patients.
 - A frailty unit within the Acute Medical Unit (AMU) went live 07.09.2015 and there are Geriatricians now in the ED.
 - Increased usage of the Discharge lounge by proactively pulling patients from wards and A&E to create capacity on AMU from 8am.
 - There are plans to reconfigure F4 from 24 to 32 beds as quickly as possible; scheduled to be in October. This is a frail elderly ward.
 - Visible management support place in A&E in form of control room to manage and maintain a focussed performance.
 - A review of internal bed capacity and the split of beds between medical and surgical.
 - Review of capacity across the south locality
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- In South Manchester all partner organisations work in a collaborative way; all changes are discussed and agreed by the stakeholders at the South Manchester System Resilience Group (SRG). This new Group has taken over from the Urgent Care Board. This new group is chaired by the Senior Clinical lead from South CCG e responsible for Urgent Care. It membership comprises of senior representation from all organisations including Trafford and South Manchester CCG's, Trafford and Manchester Council, UHSM, Pennine Care, Out of Hours Providers, NWS and Mental Health Providers.
 - All hospitals are expected to test out new systems in a Perfect Week. UHSM has operated two perfect weeks during 2015/16; one of which was over the August Bank Holiday period – the main outcomes are set out below.

This series of exercises has provided the opportunity review any inefficient working practices and barriers to patient flows and to test out new ways of working. UHSM has committed to undertake a Perfect Week every quarter. The Trust shares the debrief with the SRG and key themes and areas to sustain the performance are discussed and actions identified.
 - UHSM has run a number of perfect weeks as an exercise to try out new ways of working. These weeks have resulted in improved performance of 95% + during the weeks that they have been run, the most recent perfect week has concentrated on reducing the number of delayed transfers of care as well as reducing the conversion rate in A&E, with good results being achieved in both of these areas.
 - UHSM, along with South Manchester and Trafford CCG's are meeting Monitor and NHS England to review performance at the start of October.
 - Pennine Care, the community service for Trafford is now in-reaching into the hospital to support patients as they are discharged into the community.

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).

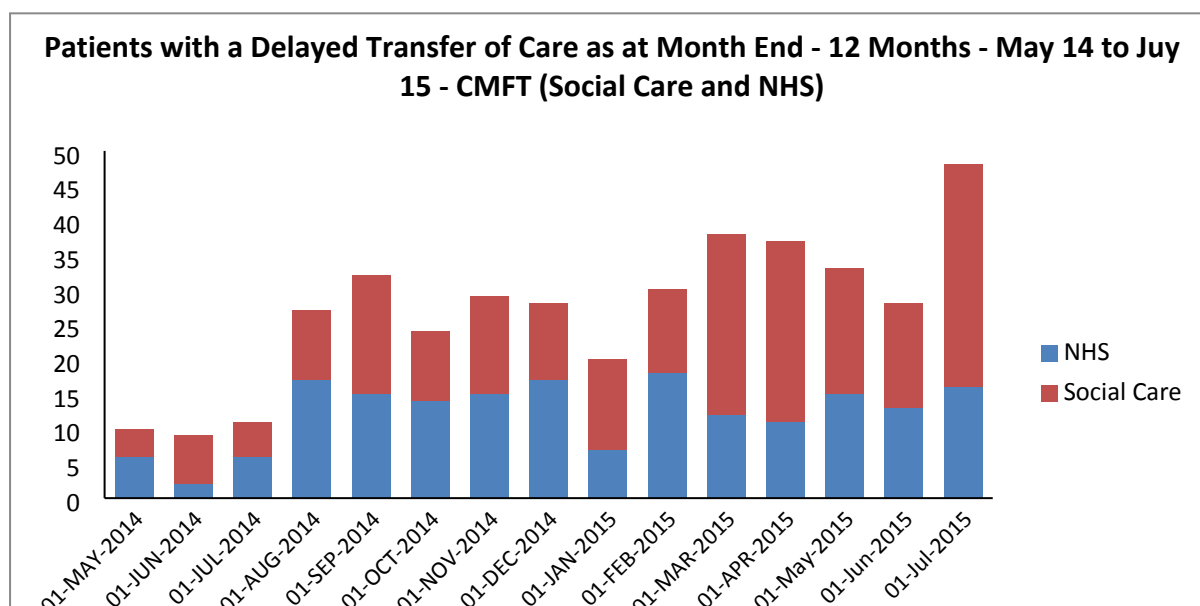
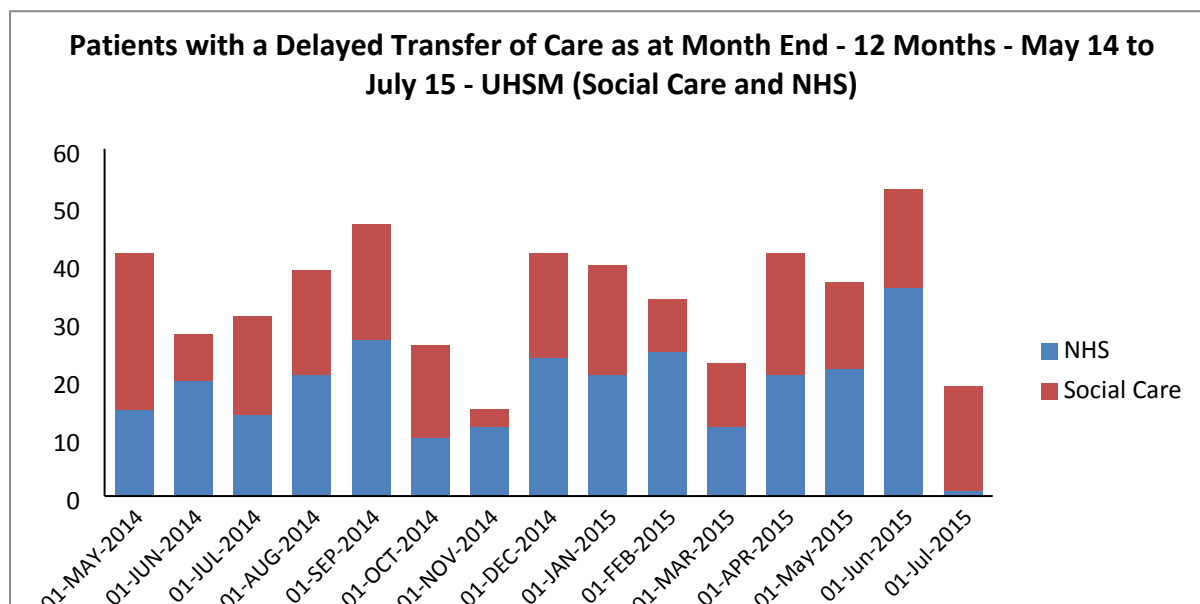
In response to pressures, CMFT is working through its internal escalation procedures to:

- 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
- Additional plans in place to respond to Freshers' Week in Manchester

In addition:

- Trafford social care is mobilised around the TGH site and will be linking in with the MRI site to expedite discharges where possible
- 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) are taking longer than expected. This presents a staffing capacity pressure as we move into winter

Graph 3 & 4 Average per day delayed transfers of care (social and NHS) at UHSM and CMFT



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 had a review to identify what was successful and where further attention was required.

The reviews were undertaken collaboratively with all partner organisations from across the health and social care economy. The focus of the events was to review on the following;

- 2014/15 performance against a range of Key performance indicators
- The effectiveness of winter resilience schemes for 2014/15 how these impacted on performance and service delivery.
- The system escalation processes.

In addition, all provider organisations were requested to submit new schemes which would support further improvement in performance. These schemes were considered and prioritised by the System Resilience Group both for South and Central Manchester. These were considered by Health Commissioners and the KPI's for these agreed schemes are just being finalised.

To ensure continued improvement, it was agreed that each locality required a work programme to develop improvement in year. Both South Manchester and Central Manchester health economies have held away-days to establish system-wide plans for the delivery of urgent care in 2015/16. These events had senior representatives from across the health and social care system with all organisations represented. This included clinical and corporate staff. The outcomes of these events included:

- A resilience **blueprint** (strategy) for 2015/16 for each area.
- Development of the **principals of a gold standard service**
- Expose gaps in service against the **landscape map**- (these are to be worked on by partnership working)
- Understand the **true cost of a resilient performing system**
- Recognise **risks** associated with delivery- (all parties to mitigate against)
- All health economies were asked to consider the following **8 High impact-interventions provided by NHS England**.
 - No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP.
 - Calls categorised as Green calls to the ambulance 999 service and NHS 111 should have the opportunity to undergo clinical triage before an ambulance or A&E disposition is made.
 - The local Directory of Services supporting NHS 111 and ambulance services should be complete, accurate and continuously updated.
 - SRGs should ensure the use of See and Treat in local ambulance services is maximised.
 - Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate.

Clinical Commissioning Group

- Rapid Assessment and Treatment should be in place, to support patients in A&E and Acute Medical Units to receive safer and more appropriate care as they are reviewed by senior doctors early on.
- Daily review of in-patients through morning ward or board rounds, led by a consultant/senior doctor, should take place seven days a week.
- SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC rate to 2.5%.

As a result of the away day, the South Manchester health economy has developed 6 high impact work-streams that will take forward a series of schemes to develop the urgent care system and develop a more resilient system for 2015/16. These work-streams will be managed, progressed and monitored through the System Resilience Group (SRG) in South Manchester. This new SRG will have a senior lead from each organisation and a lead will be nominated to progress each work stream. The lead will manage each project, set out any proposed changes and key performance indicators which will measure performance improvement. The work-streams are as follows;

1. Primary Care 7/7. Clinical Lead for Manchester, and Julie Crossley was confirmed the lead for Trafford.
 - Streaming GP / Hub with a single point of access from Emergency department.
 - Attendance and admission avoidance schemes
 - To be more proactive in primary care and through community services).
2. Social Care and Discharge. Integrated Community Lead – for Trafford.
 - Review of discharge processes and procedures.
 - Social Care Integration.
3. Community Capacity– Silas Nicholls as the lead
 - Mobilisation of Integrated Care model
4. Community Crisis Response - Teresa Emery (supported by Pennine) was confirmed as lead
 - Develop a wrap-around community crisis response service
5. NWAS/ Directory of Services (DOS) Operational lead from NWAS as lead.
 - Alternative to Transport (ATT)
 - NHS111 Hub
6. Informatics – Clinical Director from Trafford CCG as lead
 - Improve the sharing of information across organisational boundaries

Silas Nicholls (Chief Operating Officer/Deputy CEO, UHSM) has also agreed to liaise with the Emergency Care Intensive Support Team (ECIST) in order to be a participator with their buddy system. This is to allow comparison and learning from other health economies, identify best practice and investigate alternative models which could be adopted.

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

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 resilience to monitor 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:

- 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 to submit 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.**
- To review and enhance intermediate care services across Trafford for patients requiring intermediate care services. A new service for increase capacity to 18 to go live in October. The current risk is with the recruitment of the workforce. **Pennine currently developing a phased implementation plan.**

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 working with the new provider of TCCC and the CCG

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.