



**MANCHESTER
CITY COUNCIL**

AGENDA PAPERS FOR JOINT HEALTH SCRUTINY COMMITTEE MEETING

Date: Tuesday, 27 January 2015

Time: 6.30 pm

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

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Representatives from Trafford CCG and UHSM will be in attendance to provide an update to the Joint Committee on progress. This will include

- The impact of the New Health Deal for residents of Manchester and Trafford
- Progress in dealing with winter pressures
- Progress report from the Senior Management Team of UHSM on developments at the Trust
- Progress report on the A & E capital investment

An update on the University Hospital of South Manchester NHS Foundation Trust is attached.

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Joint Health Scrutiny Committee - Tuesday, 27 January 2015

Membership of the Committee

Trafford Council

Councillors Mrs. A. Bruer-Morris, J. Holden, J. Lloyd (Vice-Chairman), K. Procter and Mrs. P. Young

Manchester City Council

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

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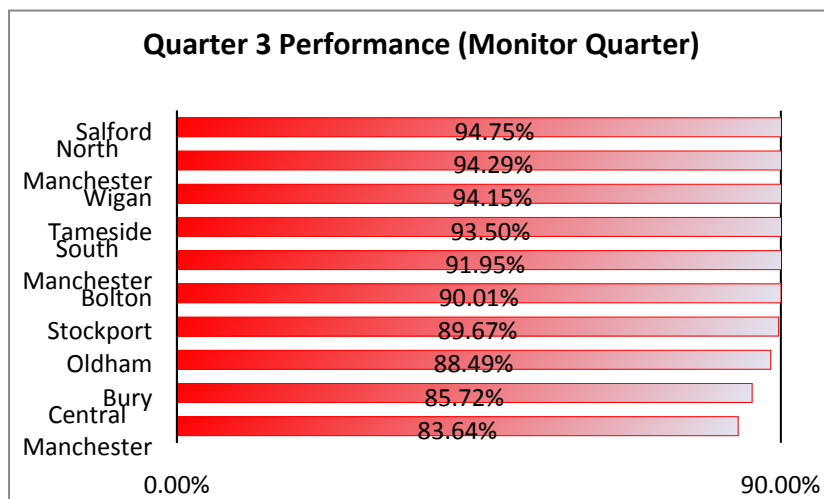
A&E Update - University Hospital of South Manchester NHS Foundation Trust

January 2015
Quarter 3 Performance 2014/15

University Hospital South Manchester (UHSM) narrowly missed achieving the A&E target in Quarter 3 of the 2014/15 financial year, achieving 91.95% against the target of 95%.

This level of performance was broadly in line with other hospital trusts in Greater Manchester as illustrated in Graph 1 below.

Graph 1 Q3 Performance against other Greater Manchester trusts



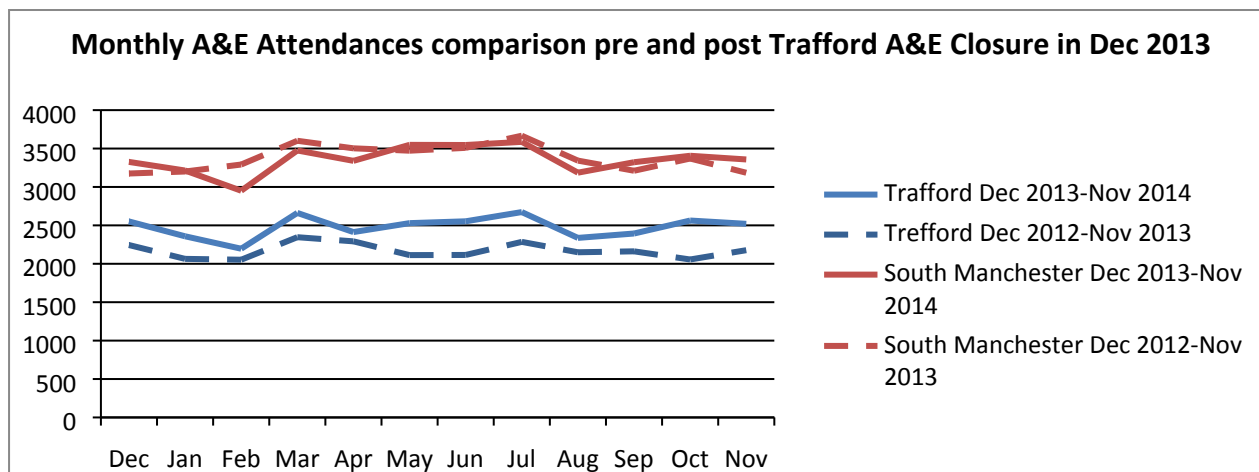
Nationally for Quarter 3 UHSM ranked 34th out of 141 hospital trusts for A&E performance.

Impact of the New Deal for residents of Manchester and Trafford

The activity which UHSM continues to receive for Trafford residents, on some days this is slightly above the New Health Deal plan, for the period of 0800-23.59.

Graph 2 below illustrates the pattern of demand for A&E services for residents from Trafford and Manchester. This shows that there has been an increase in the number of Trafford residents using the UHSM service, equating to a 14.2 % increase, when comparing year on year.

Graph 2 Patterns of demand for A&E services at UHSM



Trafford residents are a significant element of the UHSM activity making up 40% of the activity for the Trust. It also has to be noted that although the numbers presented are only until November 2014, all Trusts have experienced significant increases in A&E activity during November, December and through to the majority of the current month which has and remains a national pressure.

As part of this, UHSM has also experienced a number of delayed transfers of care and for Trafford and patients from other localities. To address this, the Trust has worked with Commissioners, Social Services leads and other health providers to work up a number of schemes to alleviate this problem. For South Manchester and Trafford this work identified the following areas where dedicated work was required to develop solutions to support UHSM over this period.

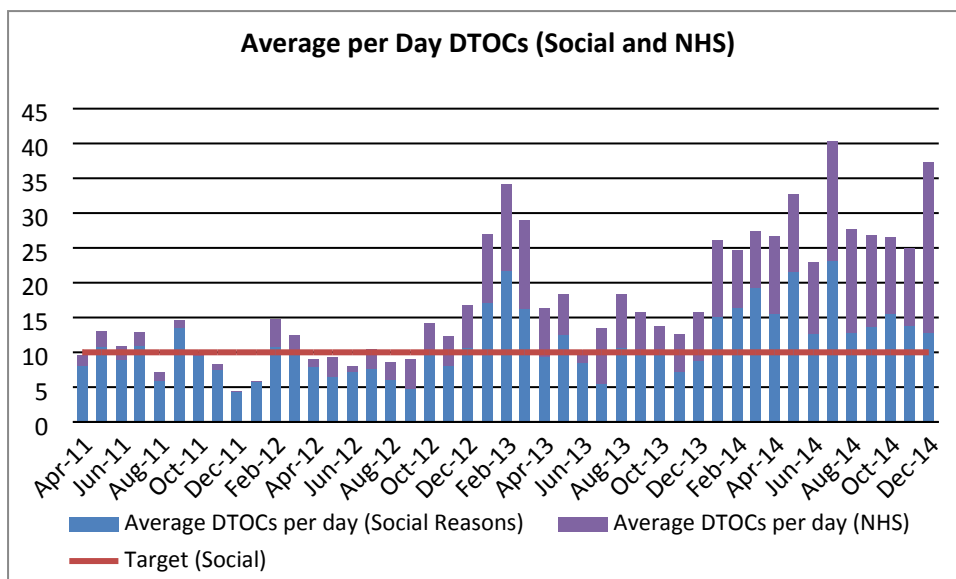
The following areas were identified as the key areas which required support, new ways of working and increased capacity where were used to prioritise the additional resources which each locality received. These included:

- Internal process within the Trust
- Increased intermediate care support
- Increased Social Care capacity.

For UHSM, there is a correlation between high numbers of delayed transfers of care and performance against the A&E target and this has reflected in the overall performance of the Trust.

This is illustrated in graphs 3 and 4 below.

Graph 3 Average per day delayed transfers of care (social and NHS)



This information was used to prioritise the resources and the outcome of this work has resulted in a number of schemes being introduced which were signed up through the new South Manchester and Trafford Urgent Care Board.

The Local System

UHSM, like the rest of the NHS over the Christmas and New Year period (as well as the immediate week afterwards) experienced intense pressures on A&E services. For UHSM the main point of pressure was not the overall numbers of A&E attendances but rather the availability of empty beds to move our patients into. The supply of empty beds being adversely affected by delayed transfers of care, some reductions in the number of ward rounds during the holiday period and ability to ensure the timely movement of patients to empty beds. The additional schemes as agreed by the Urgent care board together with the additional internal changes to UHSM were agreed and commenced to be implemented. .

A number of actions have been put into place to address these pressures.

Additional measures UHSM has taken and is going to take to improve patient flow

- Bed meetings scheduled for 09:00, 12:30 and 15:30 each day (routine) with additional meetings taking place at 17:00 for the Duty Manager and General Manager on-call along with Bed Manager and Head of Patient Flow
- Refocus of bed meetings to promote forward planning with regard to identified patients for same-day and next-day discharges
- Consistent approach to Board/Ward rounds within Unscheduled and Scheduled Care
- Early review of outliers undertaken, closely monitored to place in appropriate ward
- Use of Pharmacy on Wheels (POW) across three specific wards (twice daily) to facilitate early provision of discharge prescriptions and discharge
- Endeavour to produce discharge prescriptions the day prior to discharge for identified patients (both Unscheduled and Scheduled) for wards not using POW
- Command and control structure in place
- Site co-ordinator escalation process in place for all patient flow issues

- Single point of escalation for discharge queries in place

New additional schemes

1. Community Beds

- 20 beds open since Friday 9th January 2015
- Opening of remaining 8 beds is reviewed on a weekly basis in relation to organisation wide staffing levels
- Week commencing 5th January the percentage of patients that have been discharged within 4 weeks of their admission to Wellington House is 100%
- The overall average length of stay, for patients who have been discharged from Wellington House is 16.5 days (South Manchester CCG patients), 15 days (Trafford CCG patients) and 12.33 days (patients from all other CCGs)
- Good collaboration between Wellington House and Social Services

2. Geriatrician Service in A&E

- 671 patients seen between June and December 2014
- 37.3% admitted compared to 64.24% in the >80yr patients not seen by the Geriatrician Service
- 1.2 day shorter Length of Stay (LoS) for those admitted via the Geriatrician Service compared to admissions not been seen by them
- 4,576 bed days saved (21.4 beds)

Winter Pressure priorities and other schemes

It was agreed through joint working between UHSM and Commissioners from South and Trafford CCG that each scheme had to have key performance to ensure that these were delivering improvement to patients, to the hospital and to the whole system.

Each scheme is being monitored; any slippage is being redirected into other areas which will deliver further improvement.

As part of this key targets to measure improvement were set

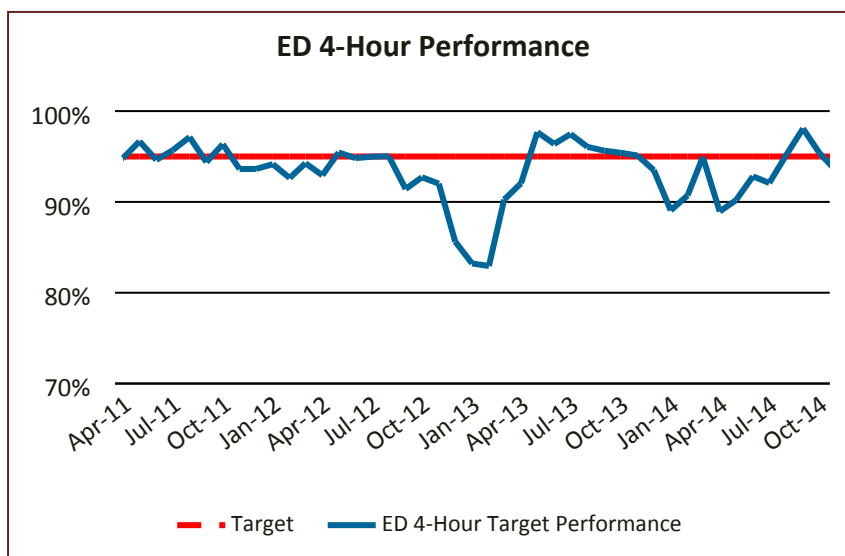
1. Delayed Transfers of Care – S Manchester remain within their 5 patient target and Trafford have reached their 5 patient
2. To reduce the length of Delayed Transfers of Care waits by :
 - Increase in number of Social Workers for South Manchester and Trafford
 - One Discharge Facilitator with a second being recruited to cope with high volume of referrals
 - Assistance for the Home Finder Nurse
 - 200 hours of reablement for Trafford
 - 3 x Assessment beds at Ascot House
 - 5 additional Nursing Home beds
3. Patient Flow and Admission Avoidance
 - Additional support within the patient flow team has increased evening and weekend cover

- Investment in A&E medical and nursing staff has improved flow and patient safety
- Development and staffing of Acute Medical Receiving Unit (AMRU) has reduced patient numbers in A&E and new pathways of care
- Additional nurse in Discharge Lounge and additional furniture has increased capacity
- Continuation of St John's Ambulance to facilitate discharges
- 'Discharge to Assess' capacity created at Wellington House
- Pharmacy on Wheels – trial in “perfect week” increased number of discharges by 11.00 am. Commenced in January 2015
- Additional medical staff in General Surgery, Respiratory and Acute Medical Unit (AMU)
- Specialist nursing support for Dementia and Parkinson's to support deteriorating patients in their home
- IT investment – laptops and computers on wheels.

UHSM- performance

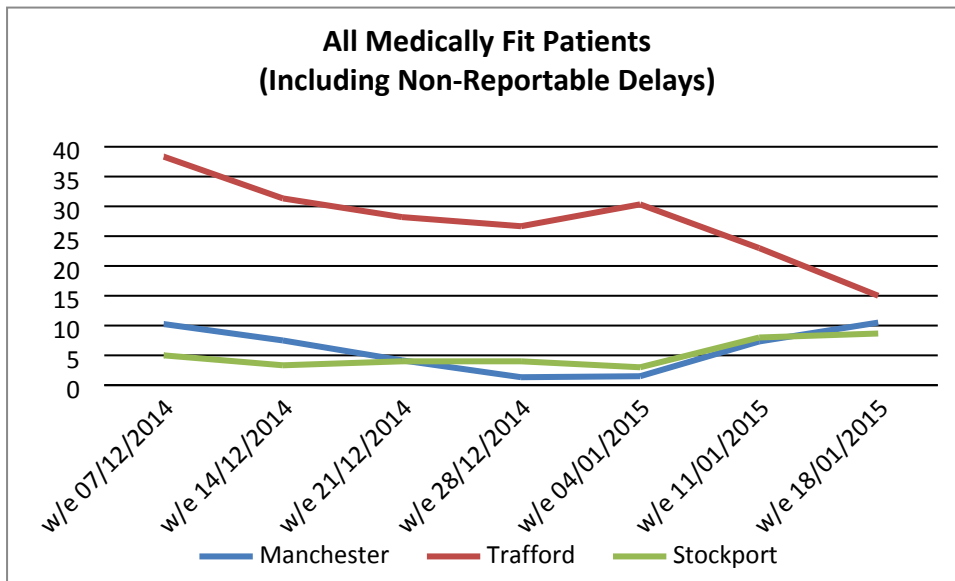
The following graphs summarise the performance of UHSM prior to these schemes and changes being introduced.

Graph 4 Emergency Department 4 hour performances



This forms part of the scrutiny and monitoring by the Commissioners jointly with the Trust to ensure that the range of measures which have been implemented are improving this position, the last two weeks have seen a reduction in the number of delayed Trafford patients. The challenge now is to maintain these improvements. Graph 5 below tracks the recent improvements in delayed transfers of care.

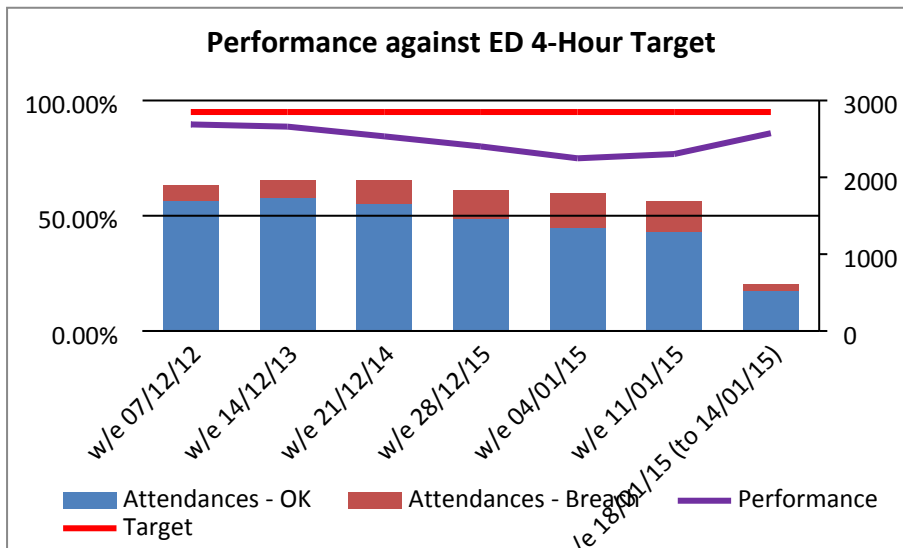
Graph 5 All Medically fit patients



Current performance against the A&E target

The Graph below shows the recent pattern of demand for A&E, and performance against the 4 hour target from the week ending 7th December 2014 up until the 14th January 2015.

Graph 6 Performance against 4 hour target



Silas Nicholls
Chief Operating Officer / Deputy CEO
University Hospital South Manchester NHS Foundation Trust