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SUPPLEMENTARY AGENDA PAPERS FOR

JOINT HEALTH SCRUTINY COMMITTEE MEETING

Date: Tuesday, 2 February 2016

Time: 6.30 p.m.

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

Access to the Scrutiny Committee Room

Public access to the committee room is over the bridge from level 2 of the old Town Hall building. **There is no public access from within the Town Hall Extension**.

The bridge has a moderate incline so if you have limited mobility you may wish to call 0161 234 3241 for information on alternative access.

A G E N D A **PART I** **Pages**

4. **NEW HEALTH DEAL FOR TRAFFORD** 1 - 20

To receive update reports on the New Health Deal for Trafford from representatives from Trafford CCG, UHSM and CMFT.

THERESA GRANT and SIR HOWARD BERNSTEIN
Chief Executive Chief Executive

Alexander Murray, Democratic and Scrutiny Officer
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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 Craig, Ellison, Newman (Chairman), Reid and Wilson

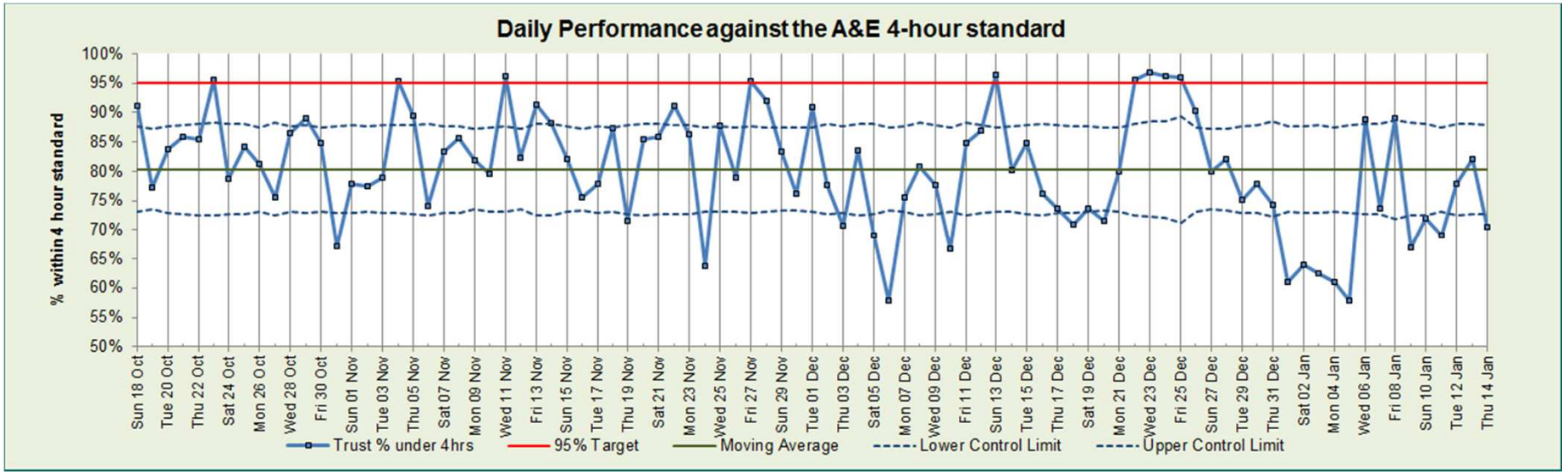
This agenda was issued on **01/02/2016** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford Manchester, M32 0TH.

Unscheduled Care
ED Performance vs 4 Hour Standard

Silas Nicholls, Acting CEO UHSM

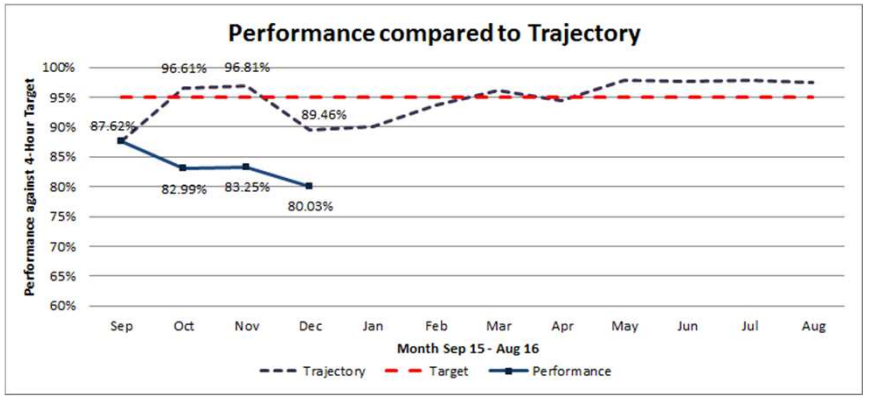
18th January 2016

Despite strong performance on some days, the full impact of our '95 in 15' Plan has not yet materialised in Q2 due to a number of factors affecting our A&E performance



The below shows performance against the revised trajectory shared in October 2015.

	2013/14	2014/15	2015/16	15/16 Trajectory	16/17 Trajectory
Q1	95.49%	91.26%	91.26%		96.6%
Q2	96.26%	95.18%	90.20%		95.8%
Q3	94.45%	91.50%	82.10%	94.2%	
Q4	91.06%	89.82%		93.4%	



SROG Action Plan

Group	Metric	Target	Week Ending 15/11/15	22/11/15	29/11/15	06/12/15	13/12/15	20/12/15	27/12/15	03/01/16	10/01/16	Trend	Trending Icon
KEY PERFORMANCE INDICATORS													
Performance & Attendances	A&E 4hr wait	>=95%, (amber 90-95%)	85.51%	82.02%	83.74%	75.00%	81.19%	75.78%	89.61%	71.02%	72.04%		
	Average number of ED Attendances per day	Activity Plan	270	258	271	260	254	262	242	259	239		NA
Additional UHSM Bed Capacity	Number of Additional Scheduled Care beds open to system (av per day)	Nov 15 - >=12.5 Dec 15 onwards - >=25	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Number of beds open on F4 (Total capacity 32) (av per day)	Oct 15 - >= 28 Nov 15 onwards - >=32	24	24	24	27	28	28	28	28	30		
	Opening of PITU (8 beds) (av per day)	Nov 15 - >=4 Dec 15 onwards - >=8	0	0	4	4	8	10	4	2	10		
	Additional Community beds (spot purchase)	Jan-16 - 10 additional UHSM community beds open											
	Additional Wellington beds	Average of 28 Wellington beds open / day (Oct 15)	28	28	28	28	28	28	28	28	28		
Medical Outliers	Average number of Medical Outliers per day	<15 per day, (amber 15-20)	29	24	19	24	22	20	20	40	39		
Wait for ED Doctor	Median wait for ED Doctor (Minutes)	<=60, (amber 61-75)	78	70	69	70	76	88	70	86	70		
25 in 50 days metrics	A&E Conversion Rate	<25%, (amber 25-28%)	28.9%	32.8%	32.3%	33.2%	32.8%	32.2%	32.8%	31.7%	31.9%		
	Average number of patients attending AMRU per day (Mon-Fri)	Average of 25 attendances per day (Mon-Fri), (amber 22-25)	23	17	17	17	20	19	19	23	21		
	Proportion of discharges taking place before midday (Trust)	>25%, (amber 22-25%)	16.55%	17.28%	13.43%	13.39%	15.64%	17.68%	16.32%	14.64%	17.29%		
	Proportion of discharges taking place before midday (Unscheduled Care)	>25%, (amber 22-25%)	21.52%	23.28%	17.53%	15.06%	20.67%	25.00%	20.69%	16.85%	21.59%		
	Proportion of discharges taking place before midday (Scheduled Care)	>25%, (amber 22-25%)	13.65%	13.54%	10.85%	12.46%	12.65%	13.31%	13.44%	13.24%	14.65%		
	Discharge Lounge Utilisation (Unscheduled Care)	>= 25% of discharges utilising DL, (amber 22-25%)	13.95%	12.97%	12.33%	10.17%	10.39%	13.01%	9.77%	6.64%	14.98%		
Occupancy Rate	Hospital Acute Bed Stock Occupancy Rate (average over period)	<=92.5%,(amber 92.5-95%)	100.60%	99.10%	99.13%	100.17%	102.39%	100.90%	91.78%	100.02%	101.53%		

Trending Icon Key
4-week trend
strong improvement
improvement
no change
deterioration
strong deterioration

UHSM Your Hospital

Progress against SROG Action Plan

Indicators	Target	Trend	Current	Comments
Performance	95%	↓	72%	Lower attendances , sustained number of admissions. Higher acuity (ED accommodation constraints) 100% bed occupancy, constrains flow Increased DTOC
Frailty - Proportion of patients discharged from AMU - Average length of stay - Conversion rates	>33% <10days <67%	↑ ↓ ↑	46% 12.33 46%	Positive Patient experience Enhanced medical expertise on AMU Will retain
Bed Capacity **Scheduled Care** - Converted A2 to day case 20 trolleys and chairs - A1 + 6 - F3 +8, > + 4 mid Feb **Unscheduled Care** - F4 +8 - PITU +28 (mid Feb) - Wellington 28	 20 6 12 8 28 28	 ↔ ↔ ↓ ↔ ↓ ↔	 20 6 8 8 14 28	Remodelled bed capacity over the year, net impact -80 based on same period last year. Success in the opening of the majority of beds as planned. Further capacity expected by mid-Feb. Delays due to nurse recruitment.
Medical Outliers	<15	↑	39	Monitor plan post BH 15% of acute beds

Progress against SROG Action Plan

Item	Target	Trend	Current	Comments
Conversion Rates - % of medical take seen in AMRU - Ave no. of patients in AMRU - Ave no. of new patients attends on AMRU - Ave no of BB in ED /day	<25% 25% 25 N/A <29	↔ ↔ ↑ ↔	31.8% 16% 21 15 32	Sustained no. of admissions although < attendances Expansion of referral criteria to AMRU not fully implemented. Impact of SACRU pilot to be established.
Patient Flow - % discharged before 12 - Discharge lounge utilisation - Acute occupancy rates (beds) - No NHS attributable DTOCS/day - No. of NHS DTOCs days	>25 >25% <92% <5 <5	↑ ↑ ↔ ↑ ↑	17.4% 14.9% 100% 19 579	Progress demonstrated overall TTO's remain a focus – amendment of job plans required to accommodate earlier ward rounds. DTOCs figures rebased in November LOS ≥ 14 days reduced by 64 to 194
DTOC's - Social care attributable DTOC's patients per day - No of social care attributable DTOCs days	<15 <450	↑ ↑	45 936	DTOCs figures rebased in November Accounting for 11% of medical bed-stock.

Dec-15
ED 4- Hour Target Performance
80.03%

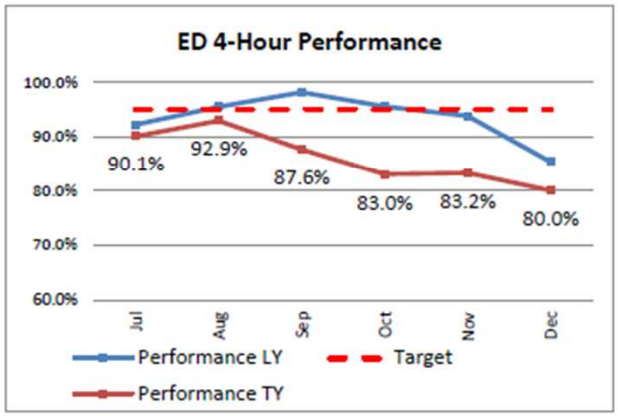
Monthly Patient Flow Dashboard
Key Performance Indicators

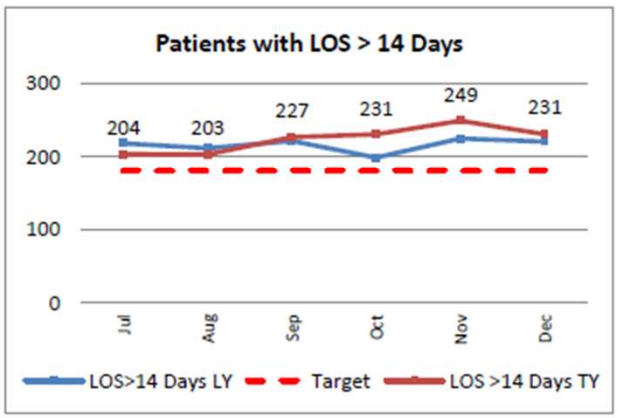
UHSM Your Hospital

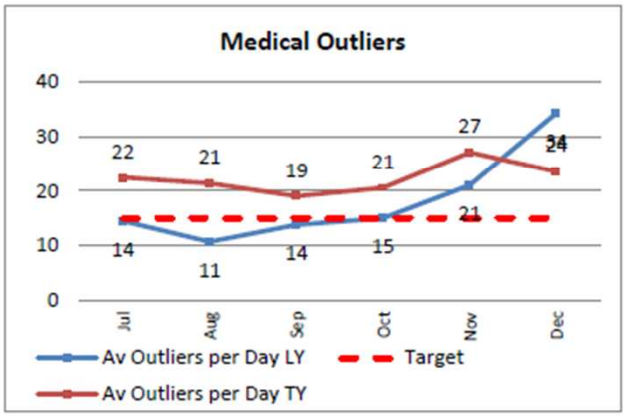
KEY PERFORMANCE METRICS: December 2015							
Time to ED Triage (Mins)	Time to ED Doctor (Mins)	Time to Specialty Doctor (Mins)	Time to Bed Allocation (Mins)	Time between Bed Allocation and Admission (Mins)	Av. Number of IPs with LOS> 14 Days	Number of Delayed Discharges from ICU	Number of Reportable DTOCs
9	76	72	128	43	231	10	58

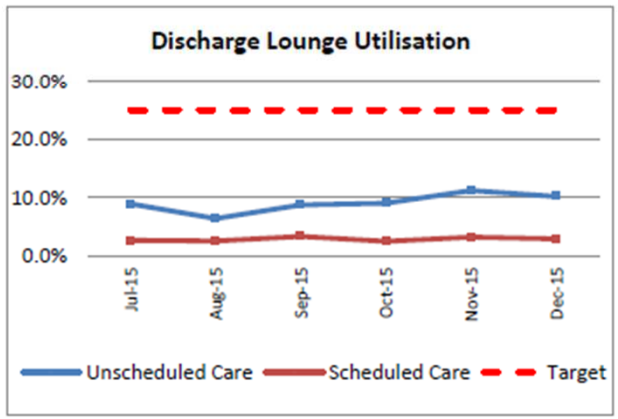
LY = Last Year TY = This Year

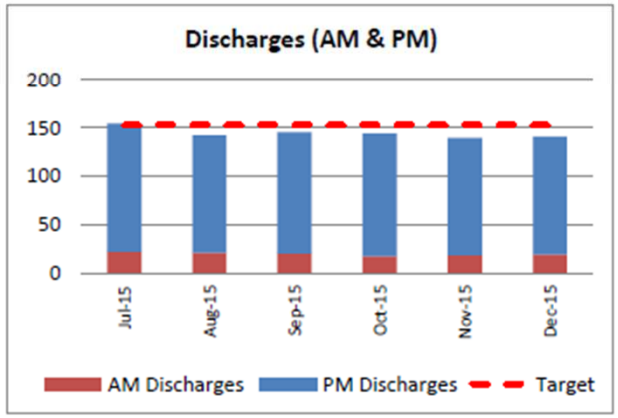
LAST 6 MONTHS	FROM: JULY	TO: DECEMBER

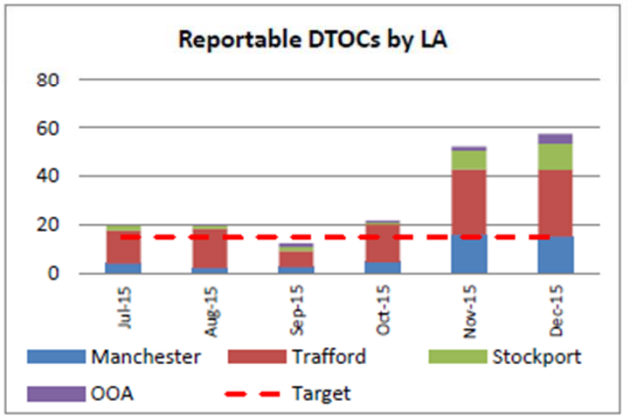












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Analysis of why we aren't improving?

- **ED Department Capacity**, increasing acuity + general pressures within health economy > impact of deflections.
- **Bed capacity, occupancy > 100%,** no flexibility and constrained by nurse recruitment (F4 still to open consistently +8 beds).
- **Conversion Rates**, plans for expansion of AMRU referrals in progress, with impact of ED Champions to be fully realised.
- **Admissions > Discharges**, capacity and timing.
- **> DTOC's**, capacity not matching demand, and lack of availability within the system to flex with requirements. Disparity of LOS per CCG.
- **SROG Plan not fully implemented**

Next Steps

Continue Existing Plan

- Expand bed capacity, aligned to plan – recruitment permitting.
- Continue with plans for nurse recruitment, building on strategy for nurse development
- Address the shortfall in social care capacity to improve DTOCs
- Implement MADE recommendations to reduce DTOC's supporting daily discharge rate 50% i.e. approximately 22 patients per day (almost one ward).

January

- Understand the outcome of expected UHSM bed capacity review
- Implement benefits of SACRU pilot from February.
- Initiate review of medical workforce, job planning.
- Advertise for long term gaps in medical workforce, currently filled with locums / agency.
- Begin dialogues with ED Champions, addressing changes required to referral criteria and recommendations for patients management in ED, including revision of existing protocols.

February

- Implement recommendations of ED champions.
- Establish acute in-reach within ED, and evaluate benefit in terms of medical conversion.
- Approve discharge nurse as "trusted Assessors"
- Increase flow from ED by direct bed allocation by bed managers into Complex and Medical Specialities
- Open remaining beds as part of the existing plan.
- Confirm Easter Plan

March

- Agree provision for "call-off" of homecare packages, supporting "home first" processes, by the acute discharge nurses to include weekends and bank holidays.
- Implement "Trusted Assessors" within UHSM ahead of Easter Bank Holiday, as per Easter Plan.
- Put in place the lessons learned by MADE for Easter Bank holiday.

Report to: Joint Health Scrutiny Committee

Date: 2nd February 2016

Report for: Information

Report of: Silas Nicholls
Deputy Chief Executive / Chief Operating Officer
University Hospital of South Manchester

Report Title

Wythenshawe Hospital – Emergency Department Redevelopment - Project Update

Summary

This paper provides an update for members of the Committee on progress with the new Emergency Department development at Wythenshawe Hospital.

Recommendation(s)

That members of the Committee note progress with the project and proposed next steps.

Contact person for access to background papers and further information:

Name: David Hounslea
Director of Estates & Facilities
University Hospital of South Manchester

Extension: 0161 291 5266

Background Papers: None

1. The Proposed Development

The proposed new emergency department (ED) at Wythenshawe Hospital will comprise:

- A significant new build extension to the front of the existing department, to provide new majors, minors and triage areas, a new main waiting area and reception.

- Substantial refurbishment and reconfiguration of the existing emergency department to provide expanded resuscitation facilities and paediatric department, and dedicated x-ray facilities

- An extension at first floor level to provide new staff facilities including offices, staff changing and seminar facilities

In order to keep our very busy ED safe and operational throughout the construction period, the project will be delivered as a phased development over approximately two years on site, with main works commencing during summer 2016 (subject to planning consent). The works will be phased in order to ensure that there is no reduction in patient treatment capacity within the ED at any point during the construction programme.

The major benefits to our patients of the proposed development will be:

- An increase in overall treatment capacity and greater flexibility of facilities, thereby assisting in reducing patient waiting times

- Larger, more modern facilities throughout the department, providing higher standards of comfort, privacy and dignity

- The design allows for better supervision and observation of patients by ED staff, improving patient safety

- Separation of walk-in and ambulance patient flows, and improved separation of adult and child patients

- Increased and more rapid access to diagnostic imaging, through provision of dedicated x-ray facilities within the department itself

- A significant improvement to the working environment for our staff, thereby helping us to recruit and retain good people

2. Actions to Date

In order to support the successful delivery of a properly planned, clinically-appropriate and value for money new ED at Wythenshawe Hospital, the following actions have been taken by UHSM:

- A formal Project Board has been established and meets monthly to review progress and sign off all necessary decisions related to the project. The Project Board membership includes the Clinical Director, Matron and Directorate Manager for the emergency department, to ensure that the senior clinicians who run the ED are fully engaged in all decision-making.

- The capacity plan underpinning the proposed new development has been reviewed by the ED clinical staff in conjunction with experienced health planners to ensure we provide a department which is adequately sized to deal with current and anticipated patient demand

- A highly-experienced design team has been appointed, led by IBI Architects. A project brief, schedule of accommodation and design at 1:200 scale has been formally signed off with the clinical users. Good progress is being made in signing off 1:50 scale room-by-room drawings and room data sheets. This has been supported by the development of a detailed operational policy for the new ED.

- Rider Hunt LLP, an experienced firm of project managers and cost advisors has been appointed and is supporting the Trust team through the design and procurement process

- A detailed and comprehensive business case for the project is being prepared, for approval by UHSM's Trust Board on 25th February.

- Initial enabling works have now commenced on site to provide a new access road and ambulance drop-off area, both of which are necessary to allow the main scheme to proceed without disruption to the operation of the existing department.

3. Next Steps

- The design process for the new emergency department will continue through to completion and sign-off of the detailed design

- A planning application for the revised scheme will be submitted to Manchester City Council for approval

- Enabling works will continue on site in order that the main scheme can proceed without delay, once approved

- UHSM will commence the procurement process to secure a suitable contractor to carry out the main works

- Negotiations will continue with South Manchester Healthcare Limited, UHSM's PFI partner, to ensure that all PFI contractual matters are resolved in order that the scheme can proceed

Silas Nicholls
Deputy Chief Executive / Chief Operating Officer
University Hospital of South Manchester

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NHS Trafford Clinical Commissioning Group

Trafford System Urgent Care Overview

January 2016 Update

1. Performance 2015/16

1.1 Performance of Acute Trusts

A&E performance against the 4hr target has been challenging across Greater Manchester in Q3 of the 2015/16 financial year.

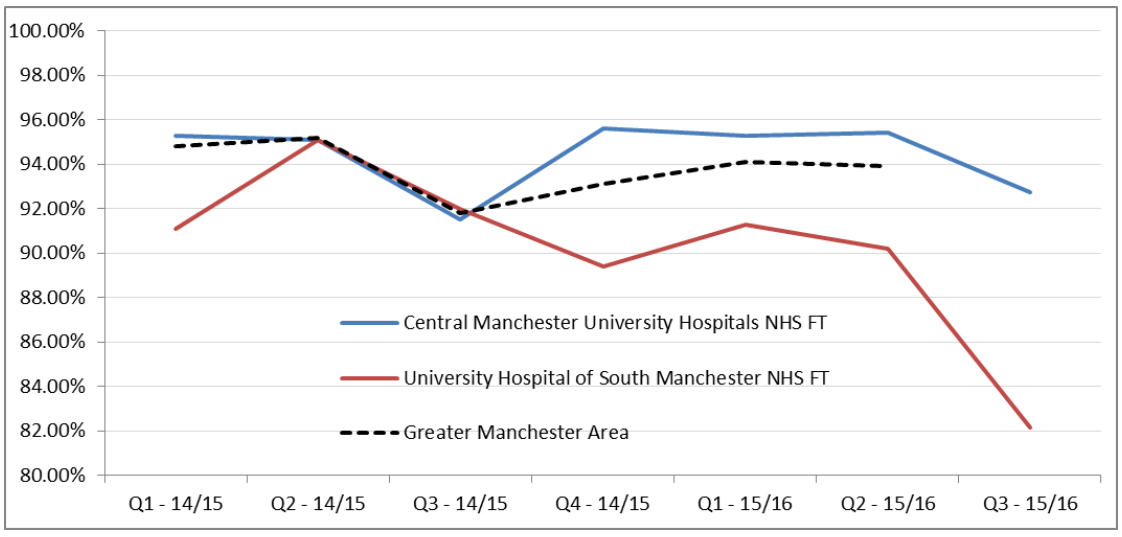
According to the Q3 data provided by University Hospital South Manchester (UHSM) and Central Manchester University Hospitals NHS Trust (CMFT), UHSM achieved 82.12%, and CMFT achieved 92.73% against a 4hr performance target of 95%.

1.1.1 2015/16 Quarter 3 and Year end 4hr Performance (ref: NHSE / Acute Trust daily returns)

Q3 data has been provided from Manchester's acute Trusts. Wider Q3 data is available from NHSE mid February 2016.

	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
Bolton NHS FT	95.70%	95.60%	89.90%	88.50%	92.50%	95.42%	95.78%			
Central Manchester University Hospitals NHS FT	95.30%	95.10%	91.50%	95.60%	94.30%	95.27%	95.44%	92.73%	92.89%	94.33%
Pennine Acute Hospitals NHS Trust	95.70%	95.10%	91.50%	92.20%	93.60%	92.83%	89.68%	80.68%	79.78%	87.09%
Salford Royal NHS FT	92.70%	96.60%	94.80%	95.80%	94.90%	96.31%	96.33%			
Stockport NHS FT	91.30%	95.30%	89.70%	84.10%	90.30%	93.39%	93.70%			
Tameside Hospital NHS FT	95.60%	93.20%	93.40%	89.70%	93.10%	90.96%	90.53%			
University Hospital of South Manchester NHS FT	91.10%	95.10%	92.00%	89.40%	91.90%	91.27%	90.21%	82.12%	71.64%	86.66%
Wrightington, Wigan and Leigh NHS FT	93.30%	95.60%	94.20%	95.20%	94.60%	97.87%	96.07%			
Greater Manchester	94.80%	95.20%	91.80%	93.10%	93.60%	94.11%	93.89%			

1.1.2 2015/16 Quarter 3 4hr Performance for UHSM and CMFT (ref: NHSE / Acute Trust daily returns)



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

Following the implementation of New Health Deal in November 2013, 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 NHD Trafford activity plan for A and E attendances are on plan for CMFT and SRFT and significantly under for UHSM. However, activity in the month of January is significantly over plan this is due increased activity across the health economy but also due to the fact that the activity plan is not phased to account for seasonal variation.

The NHD Trafford activity plan for Urgent Care Admissions is significantly over plan and has been for the first two years of the NHD. However the over performance is highest in SRFT and lowest in UHSM. All centres have been dealing with this level of activity for the last two years which should have offered the opportunity for hospitals to develop the capability to manage with this level of admissions.

2.0 The Local System

The National A&E standard sets out that all patients who attend an A&E department will been seen – and admitted or discharged - within a 4 hour period.

2.1 Performance Quarter 3 to date

UHSM current performance is indicating 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 92.89% for Q4, and plans to achieve performance in Q4.

The table below shows the position by quarter 4 and year to date as at close of play on 24th January 2016 (ref: Performance & Quality Team - Trafford & North, Central and South Manchester CCG).

"Year to Date" and "Quarter to Date" Performance

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	94.33%	95.27%	95.44%	92.73%	92.89%	92.73%	92.69%
Average Daily Performance Required in Remainder of Qtr/Year to Achieve 95% Target	*97.98%*				*95.76%*		

UHSM

	2015-16 YTD	Q1 15-16	Q2 15-16	Q3 15-16	Q4 15-16	Week to date	Prev. week
% Performance	86.66%	91.27%	90.21%	82.12%	71.64%	73.30%	73.65%
Average Daily Performance Required in Remainder of Qtr/Year to Achieve 95% Target	*> 100%*				*> 100%*		

2.2 UHSM

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

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. 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.

In November 2015, South Manchester & Trafford System Resilience Group identified a number of priority areas to assist with improved performance, with schemes prioritised in terms of anticipated impact on achievement of the 4hr 95% target. The revised high level plan was approved by NHSE on 13th November 2015 following attendance at South Manchester & Trafford SRG on 12th November 2015. The plan was supplemented by a UHSM led dedicated weekly monitoring plan

Despite the many actions being undertaken to address performance, results continued to show a deteriorating performance.

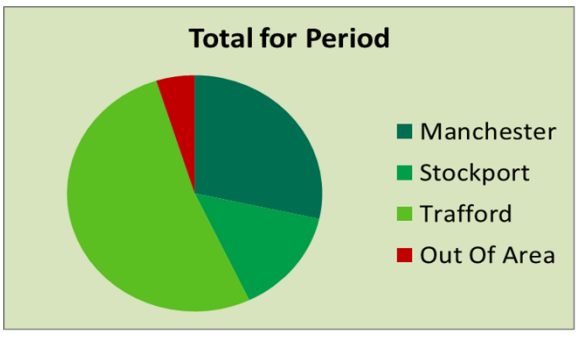
On 8th December 2015 following a South Manchester & Trafford CCGs, UHSM and MCC Executive meeting, it was acknowledged that although a significant amount of time and effort had been applied by all partners in an attempt to improve performance, it was necessary to consider different ways of working, reducing barriers and working more effectively with our clinical and financial resources. As such, a short to medium term recovery plan was agreed with key ticket items, identified resources and timelines to improve A&E performance at UHSM.

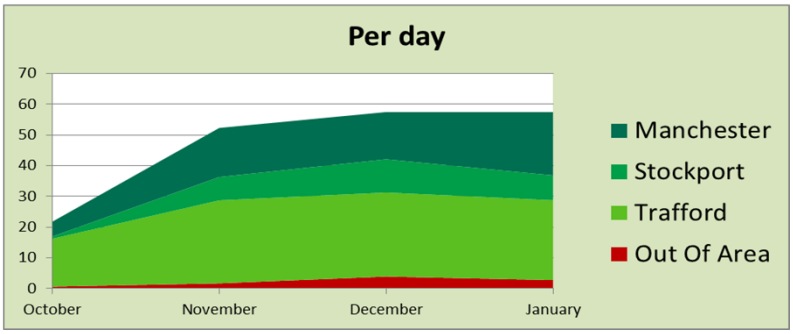
2.2.1 Delayed Transfers of Care (DTOCs)

As of 24th January 2016, 9.9% of UHSM's available bed-stock can be attributed to DTOCs. UHSM have noted a considerable growth in this percentage since October 2015 and current occupancy level does not afford the Trust any flexibility with regard to flow.

The data below for the period 1st October 2015 to the 10th January 2016 outlines the proportion of DTOCs within the Trust and the constraints this volume generates in relation to bed occupancy.

It is also worth noting however, that UHSM made changes to their reporting of NHS Delayed Transfers of Care in Nov 2015, with an expected growth in reported NHS delays. UHSM is now reporting in line with National guidance. UHSM have been working Emergency Care Improvement Programme (ECIP) which is a clinically led programme that offers intensive practical help and support to urgent and emergency care systems, leading to safer, faster and better care for patients





The initiation of a Multi-Disciplinary Accelerated Discharge Event (MADE) model / Integrated Discharge Team which has been established to support discharges commenced on the 4th January 2016. The initial focus has been to maximise daily discharges; and to consider flexible and innovative approaches to future discharges.
Daily reporting from MADE/ IDT has provided evidence of escalation needs and performance improvement. Previous concerns raised around social care providers supporting the hospital with regard to timely assessment and discharge has been exposed; allowing both Manchester and Trafford commissioners to prepare contract variations to existing social care contracts .Any outstanding issues requiring escalation are raised at the weekly System Resilience Operational Group (SROG). Delivering the change in discharge systems and processes aims to maximise the ability to reduce the overall numbers of current delayed discharges, and understand the requirements to achieve sustained low levels of delayed discharges.

Trafford General Hospital have started a pilot at MRI where they are 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 and SFRT. 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 point.

2.2.2 Key risks identified by South Manchester & Trafford SRG

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

- Lack of recurrently funded MH medical and liaison nursing provision
- Patients with LoS > 14 days impacting on bed capacity and patient flow
- Ability to recruit workforce to increase capacity of acute and intermediate care bed stock and packages of care
- Ability of current plan to deliver by Q1

2.2.3 Tripartite assurance

On 18th January 2016, NHSE, Monitor, UHSM and both Manchester & Trafford CCGs provided assurance against delivery of Q4 performance. A number of actions were agreed to improve current trajectory – including review of all unscheduled care bed capacity, a focus on UHSM staff recruitment and retention, build on the existing ambulatory care work-streams, review home care provision and reduce delayed transfers of care.

2.3 CMFT

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

A key deliverable has been the development of a system-wide Q4 Resilience plan that identifies schemes to sustain 4hr performance through Q4. This includes extra bed capacity from 18th January

2016 for demand (seasonal) and to manage CPE, maximising capacity in the Clinical Assessment Unit, and streaming of clinically appropriate patients to alternatives to A&E.

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. This details by exception: A&E performance, staff uptake on 'flu vaccine, and demand/capacity issues impacting on patient flow across acute Trusts, Primary care, OOHs, nursing & residential homes and NWAS.

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.

On 8th & 15th December 2015, Central Manchester SRG were represented on a Lancashire and Greater Manchester escalation conference call with NHSE, in line with NHSE reporting requirements if A&E 4hr performance falls below 95% for four consecutive weeks. South Manchester & Trafford SRG have continued to provide assurance on the weekly NHSE assurance call.

On 7th December 2015, detailed winter operational resilience plans for both Central Manchester's SRG and South Manchester & Trafford SRG were submitted to NHSE – detailing capacity and expected demand from 21st December 2015 to 15th January 2016 for UHSM, CMFT, Primary medical care, Pharmacy, Community care, Social Care, Mental health and Dentistry. The information submitted was used by NHSE not only to identify any areas of risk at a local level, but also to provide headline numbers of assurance and capacity available for ministers. Systems were also put in place to facilitate ongoing reporting of the urgent care system to NHSE across the Christmas and New Year weekends.

To support system resilience across Christmas and New Year plans were put in place to improve capacity by reducing UHSM and CMFT elective activity over the holiday period and ramping back up in early January 16. Dates for recommencement of Elective care activity were submitted to NHSE on 31st December 2015.

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.

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:

- **Extending the number of intermediate care step-down beds from 5-18.** In November 2015, Trafford CCG increased the number of intermediate care beds operated from Ascot House from 5 to 18. The model is focused on the provision of 'step-down' placements and is social-care led. Occupancy of the beds is high, and the service is currently running a waiting list. Plans are in place with Trafford Council and Pennine Care Foundation Trust to increase nursing provision within the Trafford intermediate care service, by implementing a nurse-led model of intermediate care. This will enable the service to meet the needs of a broader cohort of patients. This will include 'step-up' patients who meet the service referral criteria, with the aim of preventing hospital admissions. This development is currently subject to recruitment, and it is anticipated that the nursing led element within the service will be in place later in 2016**.**
- **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. Referral management has been implemented at UHSM and this is to be implemented across the other two acute hospitals. UHSM are to lead the discharge management processes initially, working with the new provider of TCCC and the CCG the clinical team from the TCCC will assist and work with the discharge team at UHSM to effective discharge patients, manage fast track CHC patients, manage referrals and discharges into and out from Ascot house. The TCCC with monitor all patients following the implantation of discharge management post discharge for 28 days. This will be to ensure these patients are appropriately supported by Primary Care and Community services. Discharge management in SRFT is being finalised and will be implemented within the next two months. The target is to reduce Trafford's inpatient stay to bring this down to compare to other localities. Currently the average length of stay of Trafford patients in SRFT is 3 days longer than Salford patients in SRFT with similar conditions.

- **Trafford New Health Deal.** The Urgent Care Centre is currently seeing very low numbers of patients after 8pm. The average number of patients in the department per hour between 8pm and midnight is 2 patients. A project manager has been appointed to explore the future options of providing the UCC service as per the original consultation. There have been significant difficulties at TGH UCC due to the national locum salary cap being introduced. The service previously relied on three middle grade medical positions who were locums and they can no longer be employed since the new guidance. This is due to the fact it is very difficult to recruit to these positions. This is causing significant risk issues to the UCC in maintaining appropriate staffing levels. To date all sessions have been appropriately staffed but this is becoming operationally more difficult to maintain.
- **Altrincham Walk In Centre.** The service in Altrincham is open 8am-10pm and can see Minor Injuries this is another service that gives residents in the South Trafford area an alternative to UHSM A&E. The information shows that the service currently has 1330 patients per month.

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.

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