SUPPLEMENTARY AGENDA PAPERS FOR

JOINT HEALTH SCRUTINY COMMITTEE MEETING

Date: Tuesday, 22 March 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 - 26

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

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Joint Health Scrutiny Committee - Tuesday, 22 March 2016

Membership of the Committee

Trafford Council
Councillors Mrs. A. Bruer-Morris, J. Harding, J. Lloyd, Mrs. V. Ward and Mrs. P. Young (Vice-Chairman)

Manchester City Council
Councillors Craig, Ellison, Newman (Chairman), Reid and Wilson

This agenda was issued on **Date Not Specified** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford Manchester, M32 0TH.

NHS Trafford Clinical Commissioning Group

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

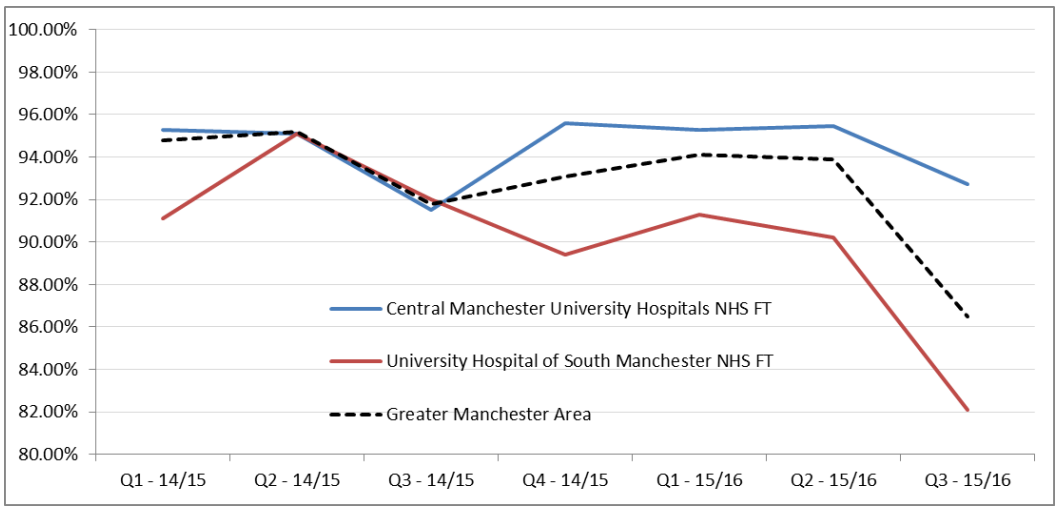
A&E performance against the 4hr target continues to be challenging across Greater Manchester in Q4 of the 2015/16 financial year.

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

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 identified as red. Work in on-going to increase where clinical appropriately deflections into other part of the system.

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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

and commissioners of health and social care, NWAS 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 NWAS 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.

System wide Easter Resilience Plans are being submitted to NHSE on 8th 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.

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Trafford New Health Deal

Review of Trafford Urgent Care Centre

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Context

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- In summer 2012 a comprehensive public consultation was undertaken on hospital services in Trafford, and in 2013 the changes were approved by the Secretary of State
- In November 2013 the following changes were made
  - A&E department changed to an Urgent Care Centre (UCC)
  - Hours of the new UCC were 8.00am – midnight
  - Discontinuation of emergency surgery
  - Change from Level 3 to level 2 critical care
  - Establishment of Manchester Orthopaedic Centre
- The consultation also outlined that the UCC would change to a nurse led minor injuries and illness model in 2-3 years

Presentation outline

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- Summary of activity modelling originally completed for the consultation and an updated version
- There has been two different approaches used when examining the data:
  - top down approach looking at the original modelling and applying that to 2015 data
  - bottom up audit of Urgent Care Centre records by clinicians, to give a clinical perspective on the patients currently being seen.
- What has changed at Trafford in the Urgent Care Centre since the original work and why?
- What does this tell us about what is required for the future model?
- Next steps

Objectives

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The Project Team has been established with representation from the three key hospital providers, Trafford Council, Pennine Care, Mastercall and Trafford CCG. The group has agreed the following objectives;

- Deliver an operationally safe and sustainable service
- Reduce operating costs across the health economy
- Offer patients one point of access to both the Urgent Care Centre and Walk In Centre on site at Trafford General Hospital
- To deliver on the move to Model 3 set out in the original consultation

Principles

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- To retain the capacity to see patients at the Trafford General Hospital site
- To provide local services which meets the needs of Trafford patients
- To have an efficient and effective workforce

Consultation Models

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- The options that were agreed at consultation were that Model 2b was the preferred model moving to Model 3 on a 2-3 year timescale.
- Model 3 proposed that the Urgent Care Centre would move from a medically led model to a nurse led model
- It was agreed that Integrated Clinical Redesign Board would put forward clinical criteria to be met in order for the changes to take place

Criteria to make the change to Model 3

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Criteria	Input	Outcome
Audit of A and E attendances at UCC in the last 12 months	• CMFT have undertaken 2 audits looking at the UCC patients and where they could be treated. One top down and another bottom up • A multi disciplinary team undertook an audit of UCC patients with representation from hospital providers, primary care and Walk In Centre.	169 patients done and all were suitable for treatment by an nurse with extended skills 300 patients audited and 1 patient needed to be seen by a member of medical staff
Measures of community services in Trafford effectiveness in delivering care out of hospital	Referrals from hospital providers into the services	5518 referrals into CEC 1983 referrals into community matron since December 2013
Define model 3 in detail –reference group led by Trafford CCG across Health economy and potentially use Healthwatch or an expert patient panel to	Project team formed, work stream for clinical model and workshop planned to bring together clinical stakeholders.	Next steps

What the data modelling tells us

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Original Modelling

- Anticipated 38,934 A&E attendances would reduce to **29,876** UCC attendances
- Anticipated attendances for the Model 3 service was **15,718**
- This would have meant 14,158 patients per year displaced into health system

Using Actual 2015 Figures

- **28,357** so modelling was reasonably accurate
- Using 2015 data that modelling would result in **19,118** attendances in the Model 3 service
- This would mean 9,239 patients per year displaced into health system

Predicted A&E attendances versus actual

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The monitoring of A&E attendances shows that at 2 years after NHDT

- CMFT shows 1446 (3%) over annual predicted plan
- UHSM shows 4100 (53%) under annual predicted plan
- SRFT shows 1349 (4%) under annual predicted plan

The monitoring of Urgent Admissions shows that at 2 years after NHDT

- CMFT shows 4147 (133%) over predicted annual plan
- UHSM shows 8819 (136%) over predicted annual plan
- SRFT shows 1616 (155%) over predicted annual plan

Clinical Audit of UCC Records

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- CMFT staff led an audit completed by senior nurses and a consultant of 2 days of patients attending the UCC in January 2016
- The conclusion was that all 169 patients could be seen safely by a Advanced Nurse Practitioner or a Emergency Nurse Practitioner
- At Integrated Clinical Redesign Board it was recommended that
  - bigger sample was audited
  - A more representational sample pf patients
  - The audit involved other organisations not just CMFT
- An audit took place in March 2016 following ICRB this audit involved clinicians from Primary Care Advanced Nurse Practitioners and GPs and secondary care clinicians. This audit looked at representational sample of patients from the last 12 months, compared the patients presenting conditions with the skill set of the Advanced Nurse Practitioner and the Emergency Nurse Practitioner and looked if they could be seen by one of them instead of a member of the medical team.
- The conclusion was that of the 300 patients audited, 1 patient need to be seen by a medical staff member and the rest could be seen safely by ANP or ENP.

What has changed and why?

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- The data shows that when the centre was an A&E 55% of patients were classified as Very Urgent or Urgent while not only 35% of patients are in that category.
- Patients being admitted through the A&E/UCC over a year has reduced from 7558 in 2010/11 (A&E department) to 2750 as an Urgent Care Centre
- Original modelling said we would lose a further 13,000 attendances
- 4,000 of these are explained by case mix changes that the more complex patients are not presenting at Trafford General Hospital

System Changes

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Other key services that have been implemented across the Trafford locality since 2013 are the community/primary care services that aim to prevent admission and keep Trafford patients at home, relieving pressure on the hospital system.

- Trafford Walk in Centre WIC)
  - This has experienced a huge increase in activity when looking at non registered WIC attendances activity has significantly grown
    - 2013/14 27,116 attendances
    - 2014/15 35,519 attendances
    - 2015/16 to date 35,427 attendances
- Admission Avoidance
  - Community Enhanced Care Team
  - Enhanced Primary Medical Services
- Right Care, Right Place
  - Pathfinder NWAS
  - Alternative To Transfer +
  - GP Direct Referrals to Trafford Acute Medical Unit

What does this tell us about what is required?

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- The nurse led minor injury and minor illnesses would lead to a considerable number of patients being displaced in the health economy
- This could have a significant impact on other hospitals A&E departments
- The proposal is to look at developing a more comprehensive model with nurses and other practitioners with extended skill to support the current patient case load would continue to be treated at UCC.
- This will mean that the 9,000 patients not accounted for by case mix changes will be able to remain at Trafford UCC.

Opening Hours

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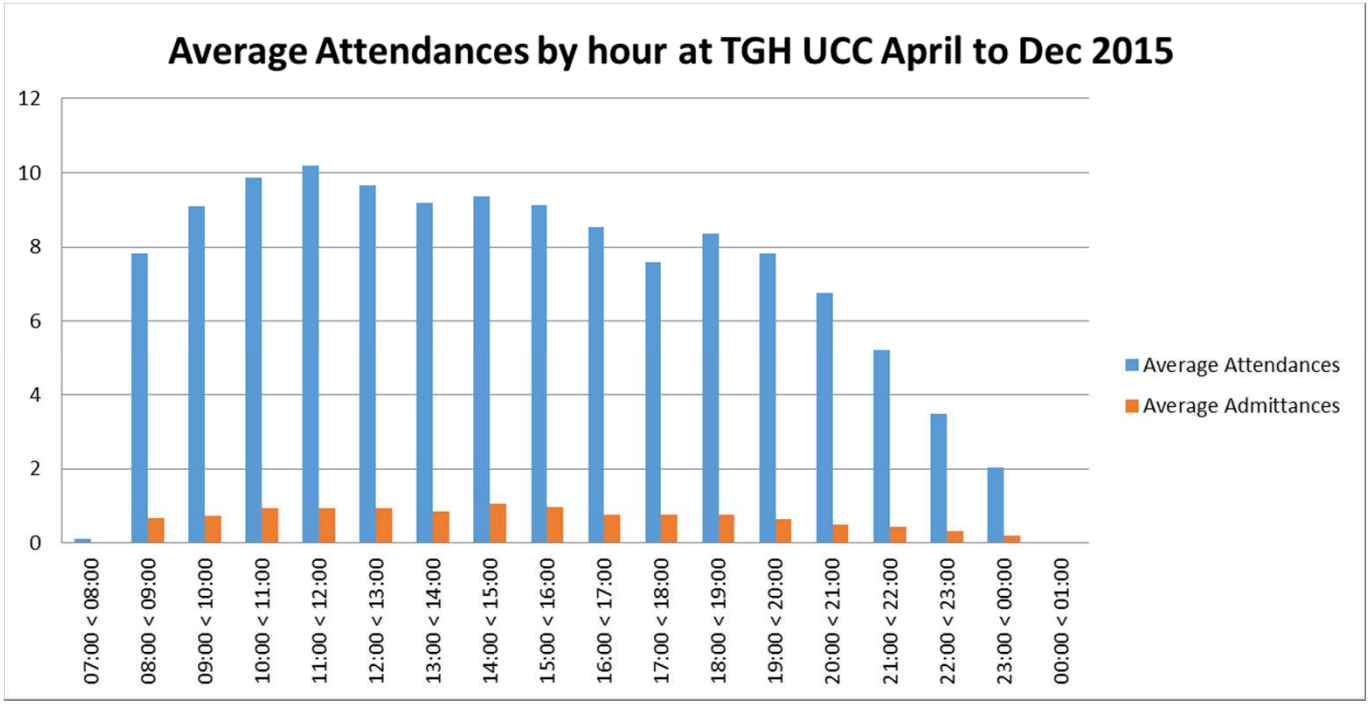
- Opening hours have been considered and small numbers of patients are attending after 8pm



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Opening hours

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- An audit has been undertaken on January 2016 patient attending after 8pm
- This audit shows small percentages of patients are admitted and patients attending after 8pm have less acute needs
- The clinicians undertaking the audit felt the majority of cases would be able to wait until morning.
- On average there are 3-4 patients attending per hour after 8pm
- The consequence of a department operating until midnight results in the shift for staff finishing at 2am

Highlights of after 8pm patient profile

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- Approximately 18 patients a week attended between 8pm and midnight for the calendar year of 2015
- When looking at the profiling of these patients there is no significant difference before or after 8pm in terms of ethnicity, postcode etc.
- The main difference is the age profile. 249 of the patients attending were over 60 years old. This means that only 26% of the patients attending were over 60. This indicates that the population coming into the UCC after 8pm are not predominantly the vulnerable and elderly.
- The majority of patients (688 patients or 72%) were categorised as being less complex.

Next steps

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We ask the Scrutiny Committee to

- Understand the data which has been presented
- Understand that the next stage of this work will be progressed through the ICRB as the appropriate body to oversee and approve the work of the Project Team
- For the recommendation of the clinical model to be presented to a future JHOSC

Governance Structure for information

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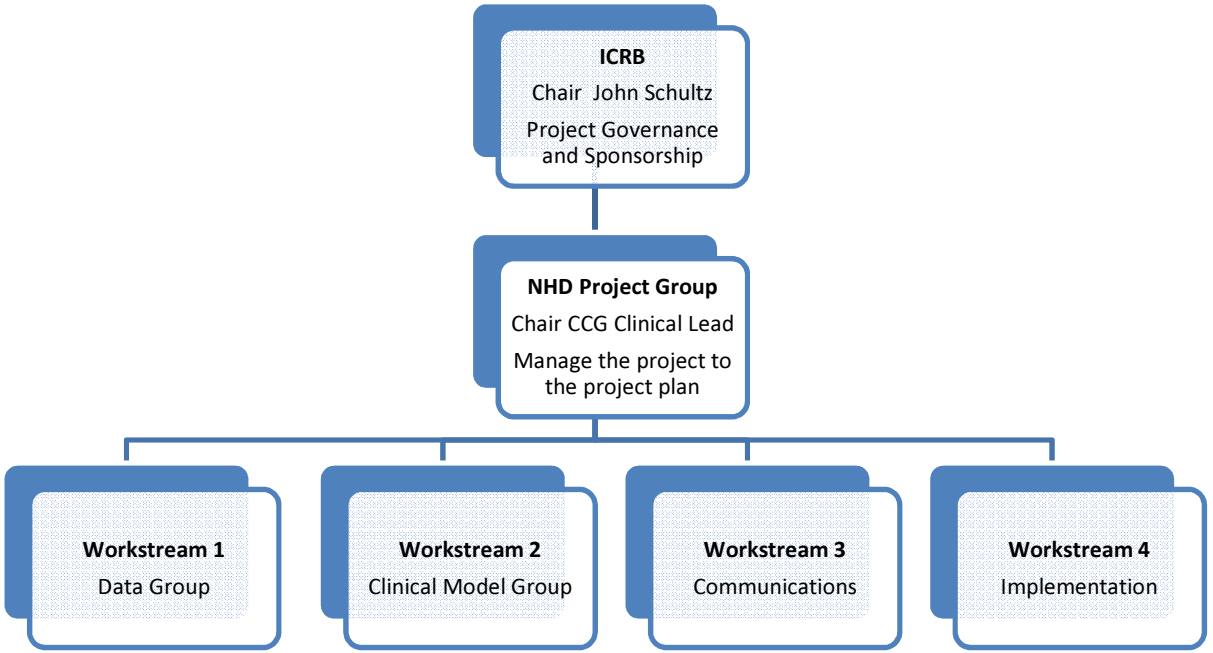

Acknowledgements

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- Thank you to a number of people for the provision of data and the clinical audit information in particular
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  - Dr Mark Jarvis and Dr Liz Clarke, Trafford CCG

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