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TRAFFORD
COUNCIL

AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH SCRUTINY COMMITTEE

Date: Wednesday, 12 October 2016.

Time: 6.30 p.m.

**Place: Committee Rooms 2&3, Trafford Town Hall, Talbot Road Stretford,
M32 0TH.**

A G E N D A	PART I	Pages
9.	HEALTHWATCH UPDATE To receive a report of the Chairman of HealthWatch Trafford.	1 - 12
10.	CQC INSPECTION OUTCOMES - WYTHENSHAW To receive a report of the Deputy Chief Executive, University Hospital of South Manchester.	13 - 14
11.	EXECUTIVE'S RESPONSE TO THE HEALTH SCRUTINY COMMITTEE'S REPORT ON DIGNITY IN CARE To receive a report of the Executive Member for Adult Social Services and Community Wellbeing.	15 - 18

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, Mrs. D.L. Haddad, A. Mitchell, K. Procter, S. Taylor, L. Walsh, Mrs. V. Ward and M. Young (ex-Officio).

Health Scrutiny Committee - Wednesday, 12 October 2016

Further Information

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This agenda was issued on **Tuesday, 4 October 2016** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

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**Activity report for
Quarter ending
30th September 2016**

Date published - 10th October



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Healthwatch Trafford narrative report for Quarter Two 2016/17

This is our report on the activities Healthwatch Trafford conducted over the course of the last three months. It is targeted at our commissioner Trafford Council and key committees such as Trafford Clinical Commissioning Group (CCG) Governing Body, the Health and Wellbeing Board and Overview and Scrutiny. A separate Highlight Report is circulated to the public and for use as promotional material at the various Trafford events in which we participate.

As with our previous report, Appendix 2 shows our progress against specific indicators from our work plan for the year, including Enter & View visits, engagement targets and surveys.

Continuing our focus on social care services, our volunteers have helped us to conduct two Enter & View (E&V) visits on care homes in this quarter. The report on the visit to Handsworth Care Home, carried out on the 26th July, has been finalised and published on our website and the report on the visit to Mayfield Care Home on 7th September will become available soon.

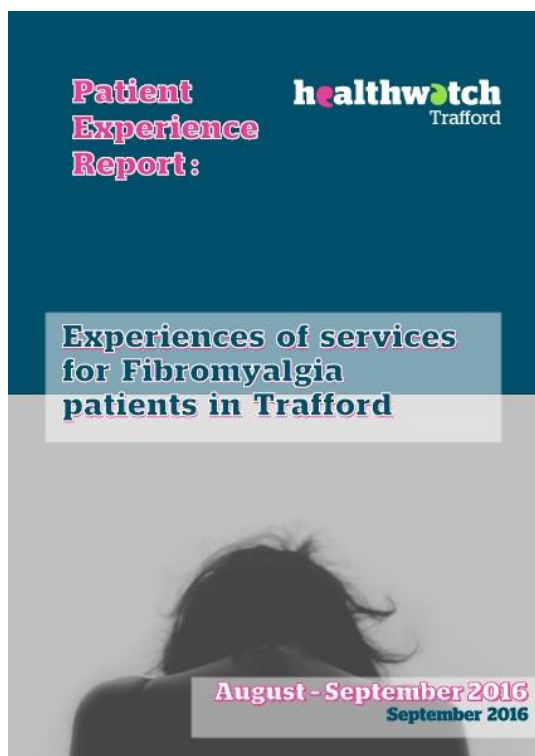
In addition, we have been working with Trafford Council on the 'Dignity in Care' award that is issued to residential care and nursing homes in the area that satisfy specified criteria. Healthwatch Trafford will conduct assessments of award holders' premises and combine this with gathering feedback on those services from residents and their families. We also attend the Homecare Service Improvement Partnership, with a view to increasing our involvement and understanding of domiciliary care with homecare providers. Our attendance helps to increase providers' awareness of our work which in turn helps us to share the best practice that we find on our E&V visits.

Also with the local authority, as well as local NHS services, we have been involved with the development and publication of a pharmaceutical needs survey, to find out from the public what they require from pharmacies, how they use them and their level of knowledge of the extra services that some pharmacies provide. This will help shape the future provision and design of pharmacy services in Trafford.

We have worked closely with Trafford Council and many other local partners in the development of an Adult Early Help Offer (known as Living Well) which is an online directory aimed at helping people to 'help themselves' or to assist supporting organisations to find useful information and contacts for people in the early stages of an issue. Based upon the Trafford Directory, it provides information on services that work in areas from smoking cessation and physical activity to mental health or help with finance or the law.

Healthwatch Trafford has also been heavily involved in the development of the new Joint Strategic Needs Assessment (JSNA) which helps local organisations to accurately model the needs of the local population based on their demographic characteristics, habits, geography and more. It is used by organisations as large as Trafford Council and Trafford Clinical Commissioning Group (Trafford CCG) to design service provision, as well as by many other organisations, such as community groups to provide evidence to back up bids for grants or care home providers to estimate demand. Rather than a linear paper document, the new JSNA will be an interactive online resource, with the ability to keep its information updated and tailor it to individual needs. It will be hugely important to the work of Healthwatch Trafford in the future.





Following a number of people expressing concerns and negative experiences of treatment of fibromyalgia, Healthwatch Trafford decided to undertake a project to find out what the situation in Trafford and Greater Manchester was like for those diagnosed with the condition. Awarded an internship from Manchester University, we took on Joanna Melville, a second-year psychology student at the University, on an eight week funded internship to work with us to carry the project out.

Learning from our ME/CFS project, we created a survey which was distributed on social media, to support groups, charities and to departments in the area that treat those with the condition. In total there were over 700 responses from around the country, plus a few from abroad, showing the strength of feeling on the topic for those that suffer with it. Focusing on the responses from Trafford and Greater Manchester, Joanna has

produced a report, which we are now finalising, which will be used to inform those that commission, design and deliver those services to make improvements. We would like to say a huge thank you to Joanna for her hard work.

Our public engagement this quarter has taken many forms. Our active team of volunteers has helped us to conduct three drop-in sessions to gather the views and experiences of those using services. These have been in Altrincham Hospital, Stretford Library and Trafford General Hospital and have given us the opportunity to speak to hundreds of people. We have also visited five different parent and toddler groups to find out the experiences of over 100 people using services for children and young families. We had a stall at the NHS Party in the Park, where we spoke to lots of people about Healthwatch and local health and social care and talked to other local organisations to find out more about them. We have gathered 193 patient experiences over the period. We also had an hour long interview on Trafford Sound radio, where our Chief Officer Andrew Latham fielded questions about everything from what Healthwatch is and does to how people can help improve the services they and their families use.

Where possible, we have been working with local commissioners and services in the development of their strategies, services and project to ensure that the people that will use the services have a say in their design. To that end, we produced an official and detailed response to the Children and Adolescent Mental Health Service (CAMHS) redesign and have been involved in the arrangement of stakeholder events to inform those most integral to the system of what is happening.

Our Chair, Ann Day, carried out an audit of those people that use the Trafford General Urgent Care Centre after the hours of 8pm to find out about their reasons for visiting, what their knowledge of other services is and what and how they find out information about local health care services. This was to find out what potential impact any changes to the service might have, the findings of which were fed back to the Integrated Clinical Redesign Board.





Working with Trafford Clinical Commissioning Group, we have continued the pilot project for Healthwatch Trafford to be the independent provider of information regarding Personal Health Budgets (PHBs) in Trafford. This involves being the first point of contact to ensure that those wanting to find out about PHBs are given all the information they need and know all the requirements for getting a PHB, as well as keeping an up-to-date list of all the relevant contacts so that people can be signposted to who they need to speak to. Responses, to date, have been low but efforts continue to deliver on this project work. The pilot is for an initial twelve-month period.

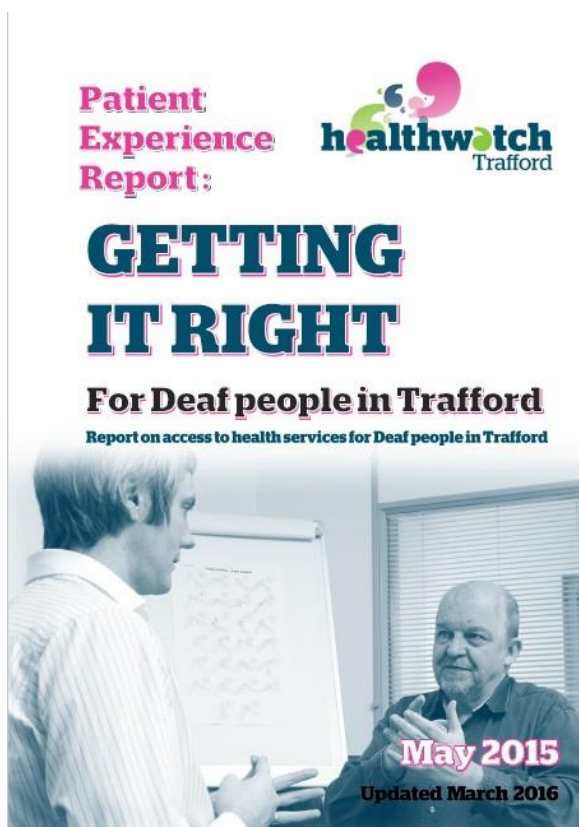
On the subject of signposting, we have just approved the design of our new Health and Social Care Signposting Directory. This will include the details of all GPs, dentists, pharmacies, care homes and other health and social care services in the Trafford area and will be distributed directly to each of them, as well as to local meals-on-wheels services, Trafford CCG, libraries and many other places. We will also be receiving a number of copies in our office, so if you require a copy then please let us know.

We have attended a number of events and meetings this quarter, including the NHS Expo at Manchester Central. There was a lot of useful information at NHS Expo and some interesting discussions and presentations. Of particular interest is the CCG Improvement and Assessment framework and how this will be aligned to the Sustainability and Transformation Plans (STP). We await the guidance from NHS England on STP and engaging with communities with interest and will seek to work with the CCG and other stakeholders on how that guidance is implemented within Trafford.

At a Greater Manchester level, we continue to work closely with the other nine local Healthwatch, particularly with regards to GM Devolution and the integration of health and social care across the GM footprint. We invited the Chief Executive of the Health & Social Care Integration Partnership (Jon Rouse) to our most recent GM Healthwatch meeting, to talk about how local Healthwatch can work closely with the partnership and its stakeholders, with particular emphasis on ensuring that the respective localities needs are appropriately considered within any service redesign.

We attended the GP Learning Event in September (as observers), which focussed on New Models of Care. This was an extremely interesting event and it is clear that there is an opportunity for GPs within Trafford to make significant changes under the New Models of Care programme that should benefit both patients and practitioners.

As a follow up to our 'Getting it Right for Deaf People in Trafford' and 'Manchester Royal Eye Hospital' reports and recommendations, we met with Steven Hodges (Head of Patient Services at CMFT). He informed us that there has been significant progress on addressing the recommendations within the 'Getting it Right...' report and that CMFT have continued





to liaise directly with both Trafford Deaf Partnership and Genie Networks. This is very positive news and we will continue to work with CMFT and other partners to publicise changes in service provision as and when they occur. CMFT have also issued a formal response and action plan to the MREH report and we are working with Steven on incorporating that into an updated version of the report to be published in Quarter Three.

We attended the Annual General Meetings of key stakeholders such as Trafford CCG and Pennine Care, where we felt it important to learn more about their work and future plans and for Healthwatch Trafford to continue to work to raise our profile.

In the last ten months the Care Quality Commission conducted inspections of 3 of the largest NHS Foundation trusts that serve Trafford. Each of these was followed by a Quality Summit where the CQC and representatives from the respective trust presented the findings of the inspection. Healthwatch Trafford attended the summits for both Greater Manchester West and CMFT and were encouraged to hear the positive reports on services in Trafford.

Our work on mental health continues in Trafford (where we meet with Moorside and attend Bluesci service user meetings) and across Greater Manchester where Trafford is represented on the Crisis Care Concordat and on the GM Health and Social Care Partnership Executive to contribute to the delivery of the GM mental health strategy.

Our young volunteers continue to help us connect to the younger members of Trafford's population. The Healthwatch Trafford Media Squad have been helping us design communications for younger people, running our young persons' social media channels as well as beginning to design a website specifically aimed at young people.

Our recent volunteer recruitment drive, with new promotional posters and revised role descriptions, is beginning to take effect - five new volunteers have joined our ranks during this quarter.

Ann Day
Chair

Andrew Latham
Chief Officer



Appendix 1: Analysis of Activities

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Activity	Target	Year to date	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
<i>Drop-ins</i>	8	6	1	1	1	1	0	2						
<i>Quarterly Highlight report</i>	4	1	0	0	0	1	0	0						
<i>Radio interviews</i>	2	1	0	0	0	1	0	0						
<i>Members of the public signposted</i>	N/A	23	Unavailable	Unavailable	Unavailable	4	8	11						
<i>Enter & View visits completed and reported on</i>	6	3	0	0	1	1	0	1						
<i>Volunteers recruited</i>	5	6	0	0	1	0	1	4						
<i>Number of complaints received</i>	N/A	16	3	4	1	3	3	2						
<i>Number of comments via feedback centre</i>	N/A	159	17	22	57	36	5	22						
<i>Hits on website</i>	N/A	7600	Unavailable	Unavailable	1059	1853	3079	1609						

Appendix 2: Outcomes as per the Healthwatch Contract with Trafford Council

Progress to date					
Communications Outcomes	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Comments/ Remedial Action
At least 2 drop ins within each locality per year ¹	Locality 1 = 2 Locality 2 = 0 Locality 3 = 1 Locality 4 = 1	Locality 1 = 2 Locality 2 = 0 Locality 3 = 1 Locality 4 = 0			Locality 2 to be targeted in Q3/4
Quarterly distribution of Highlight report to approximately 1,000 people	In production	Q1 Complete and on website			On track
Minimum of 2 radio interviews during the year e.g during mental health week	0	1 (Trafford Sound)			
HWT staff to respond to public enquiries within 48 hours	Complete and ongoing	Complete and ongoing			
Progress towards achievement of targets will be reported to commissioners via the monthly activity report which will be discussed at each HWT Board and then published within 1 week.	Complete and ongoing	Q2 activity report due October 2016			On track
Engagement Outcomes	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
All survey results to be incorporated into the monthly activity report which will be discussed at each HWT Board meeting, published within 1 week and shared with commissioners and participants via the HWT website.	Complete and ongoing	Q2 activity report due October 2016			

¹Locality 1 - Old Trafford, & Stretford, - Gorse Hill, Longford, Stretford and Clifford, Locality 2 - Sale - Bucklow St Martin's (Sale) Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's, Locality 3 - South Trafford - Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village, Locality 4 - Urmston & Partington - Bucklow St Martin's (Partington), Davyhulme East, Davyhulme West, Flixton and Urmston.

All outcomes included in the Annual Report and, if appropriate, provided to Trafford Council, Ofsted, Healthwatch England, Trafford CCG or CQC.	Complete	Complete			
6 Enter and View visits to be undertaken following consultation with commissioners and reports published within 6 weeks and sent to CQC, commissioners and providers.	1	2 (3 in total)			On track
Increase volunteer numbers from 15-20 by December 2016.	30	31 (total number)			
Half yearly analysis of complaints to ICAS - July and December 2016	No data received from ICA (CiL)	Q1 stats received from ICA, requested further detail			Awaiting data
A report from the Health and Social Care Steering Group on Phlebotomy Services - end September *Changes to service already made. Review need for further work.					
Governance Outcomes	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Director representation (and named Deputies) will contribute to the Health and Wellbeing Board, Trafford CCG, Clinical Advisory Board, Greater Manchester Healthwatches, any Social Care Forums and other key groups as agreed between the parties. Membership of forums and groups will be reviewed regularly to ensure that HWT is adding value.	Complete and ongoing	Complete and ongoing			
HWT will provide an Annual Report by 30 June 2016. This will report on work undertaken in accordance with the requirements of the Department of Health and will be circulated to the British Library, Companies House, Healthwatch England, Ofsted, commissioners and providers in Trafford. This will also be placed on the HWT website. HWT will routinely review its accounts and its Articles of Association. It will performance manage this work plan in accordance with HWT's contract with Trafford Council commencing 1 April 2016 for a one year period.	Complete	Complete			



Appendix 3: Summary of meetings attended in Quarter Two

1. Independent Complaints Advocacy - This contract is now held by Trafford Centre for Independent Living (CiL) and we met with the Trafford advocate, to discuss sharing progress and statistics on referrals to ICA.
2. Trafford Integrated Network Director, Pennine Care NHS Foundation Trust & Trafford Council - Healthwatch Trafford facilitated a presentation and Q&A session for third sector partners, to update them on progress with integration and to look at how third sector partners could be involved and help to shape the integration programme.
3. Trafford CCG - Associate Director of Corporate Services and Organisation Development. Healthwatch Trafford Chair and Chief Officer met with Trafford CCG to look at how Healthwatch could assist Trafford CCG in communicating the Trafford Locality Plan to the public. Further work was required at this stage; Trafford CCG communications department to liaise with Healthwatch Trafford.
4. Pennine Care NHS Foundation Trust - Follow up meeting specifically to look at progress on the recommendations from the School Nurse report. Pennine Care to draft a formal response to the updated Healthwatch Trafford report.
5. Programme Director, Single Hospital Service - Healthwatch Trafford met with the new Programme Director for the Single Hospital Service in Manchester to update on proposed timescales and to discuss concerns and opportunities for Trafford within the process.
6. Care Quality Commission quarterly liaison meeting - discussed the ongoing effect of the CQCs new inspection programme and issues such as concerns from residential homes feeling pressured to take inappropriate discharges from hospital (with regards to the ability of the homes to cope with increased complex needs). Also looked at the value of Healthwatch Enter & View reports acting as indicators of unseen issues within residential care facilities.
7. Advancing Quality Alliance (AQuA) - Experience and Engagement Network Meeting. A very interesting and well attended event that focused on Experienced Based Design. Experience based design is an innovative method of co-designing health services with patients and staff based upon real experiences of the service provided. Of particular interest was learning more about how partners within the delivery of health and social care services look at the same issue in different (but equally valid) ways, providing a greater understanding of how Healthwatch work contributes to the bigger picture.
8. GMCVO Voluntary Sector Assembly - Centered around a presentation from Jon Rouse (Chief Officer, Greater Manchester Health and Social Care Partnership) followed by a Q&A session. Jon Rouse expressed a commitment to working with the voluntary sector and involving the sector fully in the ongoing transformation of health and social care within Greater Manchester.





Appendix 4: Analysis of complaints, comments and compliments

Central Manchester University Hospitals NHS Foundation Trust (CMFT)

Altrincham Hospital

Most comments were positive, raising good service and staff as the main points. The negative comments were about waiting times for the blood service.

Sentiment: 82% Positive; 18% Negative; 0% Neutral.

Trafford General Hospital

Comments predominantly positive with staff attitude and treatment experience being the main points identified as being good. No themes identified from the two negative comments

Sentiment: 82% Positive; 12% Negative; 6% Neutral

Manchester Royal Infirmary

No comments or complaints were received about MRI in this quarter.

Sentiment: N/A

University Hospital of South Manchester NHS Foundation Trust

Wythenshawe Hospital

No comments received about Wythenshawe hospital this quarter other than a complaint about community midwifery.

Sentiment: N/A

GP Surgeries

Mainly positive comments about GP practices, with staff compliments being most common. Negatives were mainly focussed around waiting times - both waiting for an available appointment and being kept waiting for a late appointment mentioned most of all.

Sentiment: 74% Positive; 22% Negative; 4% Neutral

There were three negative comments about patient transport services. However, there was no pattern to these and we were unable to identify if it was the current (new) provider of the service North West Ambulance Service that was being described or the previous provider Arriva Patient Transport Services.

Experiences of other services were collected but were either too different to identify themes or were too few to make scalable comparisons meaningful.





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Title of Report	UHSM CQC inspection report and Strategy 2016/17- 2017/18
Date of Meeting	Trafford Health Scrutiny Committee - 12 October 2016
Author	Maryellen Dean, Deputy Director of Risk & Governance
Accountable Executive	Mandy Bailey, Chief Nurse and Executive Director of Risk & Governance
Purpose of the Paper • To Note	To Note

1. Background

The Care Quality Commission (CQC) published UHSM CQC inspection report July 2016. The report found the trust **requires improvement**

As such a UHSM CQC strategy has been approved and will ensure that the actions from the report are completed and for the trusts longer term vision to progress from requires improvement to good and beyond to outstanding. A paper describing the new UHSM CQC strategy has been approved by the Trust. The strategy will prepare the trust for the CQC's new process of inspecting by ensuring the trust is always 'CQC ready'.

The CQC report and recommendations have been discussed in the Quality Summit, August 2016. Following which the trust has sent the overarching CQC action plan to the CQC and CCG.

2. Summary of CQC findings

- The Trust has been rated overall as **requires improvement**.
- In Foundation Trusts where Monitor finds a failure to comply with licence conditions the overall trust rating will normally be limited to 'requires improvement' at best.
- There were areas of excellent practice. They rated the services for children and young people services, end of life and critical care as 'good'.
- The CQC declared that 'care' was delivered by a strong, caring and compassionate multidisciplinary team.
- However the report highlighted where improvement are required in both the 'safe and effective' domains in terms of never events, patient flow and staffing.

3. Assurance process

During the inspection the Trust was asked to take some immediate actions these have been completed and are closed.

The full CQC reports have been reviewed and a comprehensive action plan which outlines the actions that need to be taken by the Trust has been developed. The actions total 97 and are split into 'should do' (68), 'must do' (20) and 'requirement notices' (9).

A monthly report will be sent to the Improvement Board and CCG Quality Meeting which summarizes the progress for action.

4. Issues:

It must be noted that some of the actions are significant and are interdependent on other projects some involving the health economy (RTT, ED performance, Staffing, DToC) - it is therefore anticipated that assurance will be gained for these specific longer term, health economy work streams through their individual meeting processes.

5. Conclusion:

The Scrutiny committee is asked to review and acknowledge this paper and its contents.

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Report for:	Trafford Health Scrutiny Committee
Paper prepared by:	Jane Grimshaw, Head of Nursing
Date of paper:	October 2016
Subject:	Dignity In Care

1.0 Introduction

Following the Trafford Health Scrutiny Review of Dignity in Hospital Care, November 2013, Trafford Hospital, a division within Central Manchester University Hospitals NHS Foundation Trust continues to be committed to enhancing the patient experience and providing a safe and timely discharge from hospital.

The Trust has been invited to provide further feedback following the update report submitted in January 2016. This report provides feedback about recommendations made by the Health Scrutiny Committee on 15th March 2016 and a report to Health Scrutiny Committee by Healthwatch Trafford in February 2016.

2.0 Health Scrutiny Committee recommendations

1. The NHS Trust discharge procedures continue to be reviewed on an annual basis and refreshed when required.

The Trust updated the Discharge Policy for Adult Patients in March 2015 with a three yearly review date in line with standard Trust practice. As previously shared the policy provides clear guidance for staff to support the planning and timely discharge of patients. Letters within the policy are amended specific to the patient circumstances identifying timescales for care/residential home choices for families. The Discharge Team reports that most families engage fully in the discharge planning process, and that most delays are unfortunately due to lack of available residential / nursing home places.

At the time the report was written 10 patients were identified as delayed transfers of care at Trafford Hospital with daily reviews and plans to actively pursue a discharge package. This can rise significantly during holiday period due to delays in packages of care. The Discharge Team are currently liaising with social care to ensure plans are in place to manage the Christmas break.

2. The Trafford Council Adult Social Care, CMFT and UHSM work with Healthwatch Trafford in meeting the recommendations set out within their report.

Trafford Healthwatch visited Trafford Hospital on 2nd February 2016 undertaking a Discharge from Hospital review, commissioned by Trafford Overview and Scrutiny Committee. Trafford Healthwatch visited Ward 2, Complex Discharge Ward and spoke to one patient. There were no issues identified through patient feedback.

A number of issues were fed back to the team by staff on the unit relating to care/nursing home bed availability, family requests for specific residential placements and delayed packages of care.

3. That CMFT and UHSM discharge team managers meet on a quarterly basis in order to share best practice.

Developing a working relationship and referral pathways with the Trafford Care Co-ordination Centre and developing the newly appointed Discharge Team has been the priority over recent months. A meeting has taken place on 6th October 2016 where CMFT and UHSM discharge teams have had the opportunity to share best practice.

Going forwards, UHSM and CMFT are currently working together within the Single Hospital Service programme with the objective of bringing the two services together into one organisation, and it is anticipated that this will happen in 2017. The creation of one organisation managing hospital services in Trafford, South Manchester and Central Manchester will facilitate the development of unified teams across a wide range of service areas, and this will support the establishment of standardised discharge management arrangements.

4. That CMFT look into broadening the scope of their Patient Passport for Learning Disabilities with support from UHSM.

Over the last year Trafford Hospital has admitted less than 10 non elective patients with learning disabilities. Each patient on admission has a reasonable adjustment care plan which is completed by the ward staff. A referral is made to the Community Learning Disability team, and in conjunction with the team a traffic light document is completed to assist with the patient's individualised care plan if they had not brought one in to hospital with them. There have not been any complaints or incidents reported in the last year relating to the discharge of learning disability patients, and the traffic light document is well used within the Trust.

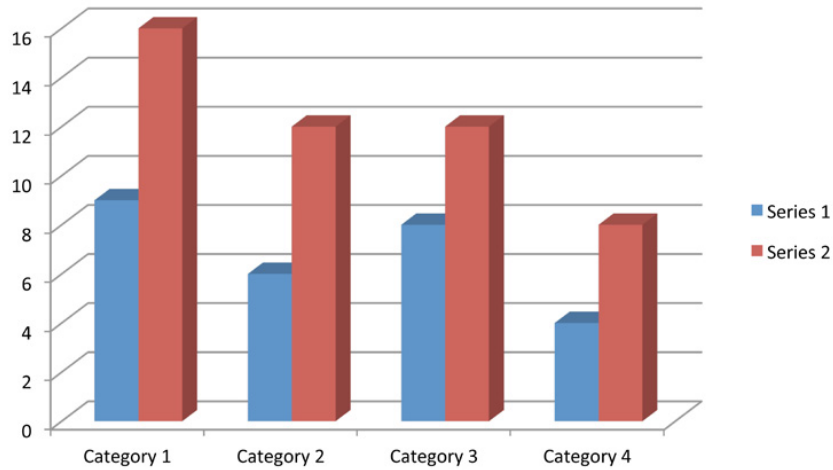
In light of the Single Hospital Service project and the formation of a new organisation between CMFT and UHSM all policies and practice are planned to be reviewed as part of the process which will provide an opportunity to reassess and standardise both Trusts' documentation.

3.0 Conclusion

Since the last Dignity in Care Trafford Health Scrutiny Committee presentation, the results of the CQC inspection of Trafford General Hospital have been published, and these show a Good rating overall, including a Good rating for Medical Care (including older people's care) which most directly relates to the issues around the management of discharge processes. Trafford Hospital continues to develop and refine the services to promote safe and timely patient discharges. The details below identified some of the recent developments:

- The Discharge Facilitator has met with all Care / Residential Home Managers and has developed an excellent working relationship, receiving positive feedback.
- Review of capacity assessment arrangements for discharge undertaken by Trafford Social Care resulting in Trust healthcare professionals being able to undertake capacity assessments, reducing unnecessary delays.
- Review and streamlining of discharge paperwork to eliminate duplication and reduce delays.
- Co-location of the Discharge Team and Social Care resulting in greater integration and improved working relationships.
- Focus on developing referral pathways with the Trafford Care Co-ordination Centre and third party organisations.

In respect of demand, the information given in the chart below illustrates the increasing number of discharges per week comparing November 2015 (series 1) and September 2016 (series 2).



Series 1: Complex Hospital discharges (patients with on-going health and social care needs in community)
 Average amount of patient discharges over a week November 2015

Series 2: Complex hospital discharge (patients with on-going health and social care needs in community)
 Average amount of patient discharges over a week September 2016

Category 1: Medical Assessment Unit.

Category 2: Ward 6 (Fragility fracture plus general rehabilitation).

Category 3: Ward 1 (Stroke rehabilitation).

Category 4: Ward 4 (Respiratory medicine)

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