

## JOINT HEALTH SCRUTINY COMMITTEE

31 JANUARY 2017

### PRESENT

Councillor Newman (in the Chair).

Councillors Ellison, Reid, Mrs. V. Ward, Wilson and Mrs. P. Young (Vice-Chairman)

#### In attendance

Gina Lawrence	Chief Operating Officer, Trafford Clinical Commissioning Group (CCG)
Dr Nigel Guest	Chief Clinical Officer, Trafford CCG
Jon Scott	Director of Operations and Performance, University Hospital of South Manchester (UHSM)
Mary Burney	Divisional Director for Trafford Hospitals, Central Manchester Foundation Trust (CMFT)
Stephen Gardner	Director of Strategic Projects, CMFT
Rob Bellingham	NHS England

### APOLOGIES

Apologies for absence were received from Councillors Mrs. A. Bruer-Morris, Craig, J. Harding and S. Taylor

### 13. MINUTES OF THE LAST MEETING

#### DECISION:

To approve the minutes of the meeting on 11 October 2016 as a correct record.

### 14. DECLARATIONS OF INTEREST

The following personal interests were declared:

Councillor Bruer-Morris declared a personal interest as a practice nurse at a GP practice in Manchester.

### 15. WYTHENSHAW HOSPITAL - EMERGENCY DEPARTMENT REDEVELOPMENT - PROJECT UPDATE

The Committee considered a report of Silas Nicholls, Chief Executive, University Hospital of South Manchester (UHSM) entitled Wythenshawe Hospital – Emergency Department Redevelopment - Project Update, which provided an update on the redevelopments at UHSM. Jon Scott, Director of Operations and Performance (UHSM) introduced the report across its main themes. He thanked the Committee for supporting the project. He explained that concern regarding the cost of the project had led to a cost evaluation exercise being carried out and was now resolved and construction would start in the next few months. Members

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welcomed the progress that was being made. The Vice Chair reported that a resident had praised the service they received at Accident and Emergency (A&E) at UHSM and that they were discharged within an hour.

The Chair raised members concerns that there had been some slippage in the timescales for the redevelopment as it had been reported to the October meeting of the Joint Health Scrutiny Committee that the works would be completed by 2018, whereas the current report stated February 2019. He sought assurance that the additional capacity would be in place by October 2018. In response to a member's query Jon Simpson advised that at present penalties for delays were not in place as the contract was not yet signed, but that this would be signed shortly. He added that significant delays were not expected beyond February 2019.

Members sought assurance that the works would cause minimum disruption to patients. Jon Simpson agreed that this was a consideration and whilst he could not provide assurance there would be none, it was intended that this would be minimal and ultimately the changes would enhance patient care. He explained that the bulk of the work would still be completed by October 2018 and the additional work between then and February 2019 was important for the running of the department but was of no consequence to patients.

Members asked whether the plans would be sufficient to meet demand over the next 10-15 years. Jon Simpson responded that based on current projections he believed that they were. He described the work ongoing with partners in commissioning to encourage patients to use other facilities.

**DECISIONS:**

1. To note the report
2. To retain Wythenshawe Hospital Emergency Department Redevelopment as a standing item on the Committee's agenda and request a further update at the next meeting.

**16. TRAFFORD GENERAL URGENT CARE CENTRE UPDATE**

The Committee received a report on the Trafford Urgent Care Centre which provided an update on its implementation, staffing, attendances, acute medical patients, governance and incidents since the Committee last met. Stephen Gardner, Director of Strategic Programs, CMFT introduced the report across its main themes. He explained that the Committee had been kept updated on the models for the provision of the Urgent Care Centre (UCC) and the chosen model was robust. He said the only difference now was attempts to work in collaboration with Mastercall and the care of patients at the Trafford Urgent Care Centre continued to be of an appropriate standard. He noted that the Acute Medical Unit was now receiving patients and explained work was being done to develop frailty services.

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Mary Burney, Divisional Director for Trafford Hospitals, Central Manchester Foundation Trust (CMFT) also commented on the report. She said the new arrangements with Mastercall had commenced at the beginning of October 2016. This hadn't impacted on the ability to deliver services but the numbers of doctors employed had reduced. She described the work that was ongoing to retain integrated teams in order that patients could present at any location and be triaged and signposted appropriately. She explained that governance was now done jointly with Mastercall with monthly governance meetings and weekly catch ups. Incidences at low and high level continued to be logged and everyone who attended after 8pm. Communications and signage around the closing times were currently being reviewed.

The Chair noted that Councillor Harding had requested more information on the types of transfers to other hospitals. She had also asked whether the information being collated by Helen Hurst, the Nurse Consultant for Frail Elderly on the new medical model for small hospitals could be shared with the Trafford Health Scrutiny Committee once it was available. Mary Burney explained that where patients were transferred was dependent on their condition. Patients with head injuries were transferred to Salford Royal Hospital, cardiac outpatients were transferred to University Hospital South Manchester (UHSM) or Central Manchester Foundation Trust (CMFT) and those with acute kidney failure to CMFT. She confirmed that the transfers were the same as those that would have happened prior to the change to an Urgent Care Centre. Mary Burney described the Small Hospitals Project that was being worked on at present. In response to a members query she advised that it was community focussed and that the results could be shared in time.

Members discussed patient flow. A member stressed the importance of whole system resilience. Members noted that there had been issues with delayed discharges nationally over the Christmas period. Members noted that within Greater Manchester UHSM, CMFT and Salford Royal had all cancelled elective surgery over this period as there were not enough beds. Members questioned what was being done to ensure that there were enough beds for those patients that needed them and enough care packages for those patients that could be discharged in order that their discharge was not delayed. A member asked whether the Urgent Care Centre could retain the 9,000 patients that were projected to be sent elsewhere due to the move to a nurse led model. Mary Burney advised that she was confident the 9,000 patients could be retained at Trafford noting there was a 13% increase in attendances that she was confident could be sustained. In response to members queries regarding whether patients could choose their own pathways she advised that evidence suggested they would choose the right services.

**DECISIONS:**

1. To note the report
2. To note that information on the new medical models for small hospitals being collated by Helen Hurst would be provided to Trafford Health Scrutiny Committee in due course.

3. To retain The Trafford Urgent Care Centre as a standing item on the Committee's agenda and request a further update on its performance at the next meeting.

## **17. NEW HEALTH DEAL FOR TRAFFORD**

The Committee received a report which provided an update on the performance of acute trusts across Greater Manchester, the local system including performance for the year to date 2016/17, system resilience, ongoing risks to performance, governance and delivery of the Accident and Emergency (A&E) improvement plan and monitoring of progress, delayed transfers of care (DTOC's), and intermediate care. Dr Nigel Guest, Trafford Clinical Commissioning Group (CCG) introduced the report across its main themes. He outlined the significant collaboration that was ongoing across Greater Manchester to improve system resilience and how the risks to this were being mitigated. He stated that in respect of DTOC national figures had been released following publication of the report which indicated that UHSM had 105 DTOC and Trafford General Hospital had 43 adding that Manchester and Stockport experienced issues with DTOC also. He added that there had been improvements in respect of intermediate care with increased collaborative working.

Gina Lawrence, Trafford CCG, said that in respect of whole systems resilience the issues were not unique to Trafford. She explained that officers were working to improve sustainability but that problems were experienced sustaining packages of care over holiday periods, in particular Christmas. In response to a members query she said that many casual workers were attracted instead to short term opportunities in retail over this period. She said that Trafford CCG were working with new providers to address this. One solution was the introduction of block contracts across nursing homes to ensure that sufficient beds were available. Gina Lawrence said that Ascot House was now fully operational running at full capacity and discussions were ongoing with Mary Burney and the Estates Team to employ more workers to provide intermediate care. It was a recognised problem that a large group of patients were re-admitted as their care had broken down leading to a cycle of repetition. A new Care Co-ordination Centre was planned which would deliver support services and care plans and take on 100 per week up to a 1000 maximum.

She stressed the importance of proactively managing patients prior to their presenting at A&E. She explained that since the primary care offer had been expended early intervention was required. Systems changes had resulted in increased capacity. She added that Trafford had an ageing population with complex needs and it was estimated that 130 beds would be required over the next 12 months in addition to those already commissioned.

Members sought clarification on whether Ascot House could be used if it was not at capacity and whether the current block contracts for nursing care included the additional 130 beds required. Gina Lawrence responded that an additional 130 beds were required to those already commissioned. In response to a member's query she advised that there was not a time limit on the nursing beds provided;

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patients admitted to Ascot House could stay there indefinitely should they choose to do so.

A member acknowledged that funding for health and social care was under pressure but asked what was being done in Trafford in particular to address DTOC. He added that further detail and a breakdown of the barriers faced by UHSM should be provided within a future report. Gina Lawrence said that work was underway to understand those hospitals which did not experience as high rates of DTOC such as North Manchester and Wigan. She explained it was difficult to translate this directly to Trafford as the demographics of residents differed, for example the average life expectancy of Trafford residents was ten years longer than in Wigan. She said that information was being collated on outlier ward delays at Trafford. She noted that although the number of DTOC had increased the time period that patients were delayed had reduced over the past twelve months. She described developments which helped such as personalised care packages and personal care budgets being a key focus to help patients' access care packages at home and which was working well but it was a slow process. She was happy to provide further information when it was available.

Members discussed the issues around recruiting healthcare staff. Officers described the shift to skilling up nurses and freeing up Drs to focus on more complex tasks. In response to a members query Stephen Gardener advised that work was ongoing by Greater Manchester Health and Social Care Devolution to look at the bigger picture, including the implications of the UK leaving the European Union (EU). He stressed the importance of a whole system approach adding that Lord Peter Smith had chaired a group working on a Greater Manchester Workforce Strategy which would be in place by May 2017.

The Chair reported that Councillor Harding had requested further detail on mental health performance and the results of the internal audit and requested this be provided to Trafford Health Scrutiny Committee. Gina Lawrence explained that the reference to mental health was in respect of those entering the A&E and they had the right amount of beds to meet demand. However, she acknowledged that Greater Manchester overall may experience high occupancy and that they were looking at different ways of commissioning these on a Greater Manchester footprint. Rob Bellingham, NHS England explained that a Greater Manchester Mental Health Strategy had been submitted to the Partnership Board and new commissioning arrangements would be implemented from April 2018 onwards.

**DECISIONS:**

1. To note the report with thanks.
2. To agree on the continued need to monitor the implementation of the New Health Deal for Trafford, in particular the performance of the Urgent Care Centre at Trafford General Hospital.
3. To re-iterate that the Committee does not at this point support the downgrading of the Trafford Urgent Care Centre to a Minor Injuries Unit.

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4. To request that should the NHS wish to make any further changes to the service provision at the Trafford Urgent Care Centre appropriate consultation is carried out with both the Joint Health Scrutiny Committee and Trafford Health Scrutiny Committee.
5. To request further detail on Delayed Transfer of Care (DTC) numbers and a breakdown of the reasons for this.
6. To note that further information on mental health issues and the internal audit would be provided to Trafford Health Scrutiny Committee at an appropriate time.
7. To request that Committee Support canvas members availability for a meeting of the Committee in March 2017. To delegate responsibility to the Chair and Vice Chair to confirm whether to proceed with a meeting at this time.

The meeting commenced at 6.30 pm and finished at 7.40 pm