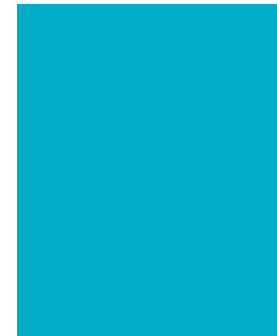


# Greater Manchester Area Team Joint Health Overview & Scrutiny Committee



# New Health Deal presentation

- Update on patient activity across local health system
- Performance of local A&Es
- UHSM update
- Improving patient outcomes
- Questions

# Patient activity in local health economy

CMFT	Plan	Since 28/11/13					Last 2 Weeks		
	Extra Per Day After NHDT	Last Year	Expected	This Year	Var. from Expected	% Var. from Expected	Last Year	Expected	This Year
Time and Arrival Mode									
00:00 to 07:59 Brought in by Ambulance	-5.9	662	-28	314	342	---	92	22	40
00:00 to 07:59 Other	-7.1	870	39	369	330	839%	121	33	44
08:00 to 23:59 Brought in by Ambulance	-4.6	2345	1807	1415	-392	-22%	297	233	142
08:00 to 23:59 Other	-5	15221	14636	14234	-402	-3%	1949	1879	1924
<b>Total</b>	<b>-22.6</b>	<b>19098</b>	<b>16454</b>	<b>16332</b>	<b>-122</b>	<b>-1%</b>	<b>2459</b>	<b>2167</b>	<b>2150</b>

A& E Attendances for Trafford Residents – 6% less than expected

UHSM	Plan	Since 28/11/13					Last 2 Weeks		
	Extra Per Day After NHDT	Last Year	Expected	This Year	Var. from Expected	% Var. from Expected	Last Year	Expected	This Year
Time and Arrival Mode									
00:00 to 07:59 Brought in by Ambulance	3.2	555	929	805	-124	-13%	69	114	94
00:00 to 07:59 Other	4.5	632	1159	665	-494	-43%	71	134	86
08:00 to 23:59 Brought in by Ambulance	2.5	1894	2187	2274	88	4%	230	265	257
08:00 to 23:59 Other	3.2	5594	5968	5370	-598	-10%	721	766	697
<b>Total</b>	<b>13.4</b>	<b>8675</b>	<b>10243</b>	<b>9114</b>	<b>-1129</b>	<b>-11%</b>	<b>1091</b>	<b>1279</b>	<b>1134</b>

- 122 fewer than expected at CMFT overall, but with less during the day and more during the night
- 1129 fewer than expected at UHSM
- 401 fewer than expected at SRFT, but with higher ambulance arrivals during the day

SRFT	Plan	Since 28/11/13					Last 2 Weeks		
	Extra Per Day After NHDT	Last Year	Expected	This Year	Var. from Expected	% Var. from Expected	Last Year	Expected	This Year
Time and Arrival Mode									
00:00 to 07:59 Brought in by Ambulance	2.7	47	363	201	-162	-45%	4	4	22
00:00 to 07:59 Other	2.6	29	333	105	-228	-68%	3	39	14
08:00 to 23:59 Brought in by Ambulance	2.1	159	405	516	111	28%	17	46	68
08:00 to 23:59 Other	1.8	296	507	384	-123	-24%	36	61	40
<b>Total</b>	<b>9.2</b>	<b>531</b>	<b>1607</b>	<b>1206</b>	<b>-401</b>	<b>-25%</b>	<b>60</b>	<b>151</b>	<b>144</b>
<b>Total</b>	<b>0</b>	<b>28304</b>	<b>28304</b>	<b>26652</b>	<b>-1652</b>	<b>-6%</b>	<b>3610</b>	<b>3610</b>	<b>3428</b>

Modelling on attendance broadly in line with the actual activity

# Patient activity in local health economy

CMFT	Plan	Since 28/11/13					Last 2 Weeks		
	Extra Per Day After NHDT	Last Year	Expected	This Year	Var. from Expected	% Var. from Expected	Last Year	Expected	This Year
Time of Admission									
Admissions 00:00 to 07:59	-3.4	610	212	321	109	51%	87	40	32
Admissions 08:00 to 23:59	-4	2742	2274	1715	-559	-25%	356	300	218
<b>Total</b>	<b>-7.4</b>	<b>3352</b>	<b>2486</b>	<b>2036</b>	<b>-450</b>	<b>-18%</b>	<b>443</b>	<b>340</b>	<b>250</b>

4.3 Direct Transfers

A& E Admissions for Trafford Residents; 2% less than expected

UHSM	Plan	Since 28/11/13					Last 2 Weeks		
	Extra Per Day After NHDT	Last Year	Expected	This Year	Var. from Expected	% Var. from Expected	Last Year	Expected	This Year
Time of Admission									
Admissions 00:00 to 07:59	2	777	1011	967	-44	-4%	91	119	124
Admissions 08:00 to 23:59	2.2	2595	2852	3111	259	9%	355	386	419
<b>Total</b>	<b>4.2</b>	<b>3372</b>	<b>3863</b>	<b>4078</b>	<b>215</b>	<b>6%</b>	<b>446</b>	<b>505</b>	<b>543</b>

- 450 fewer than expected at CMFT overall
- 215 more than expected at UHSM
- 170 less than expected at SRFT

SRFT	Plan	Since 28/11/13					Last 2 Weeks		
	Extra Per Day After NHDT	Last Year	Expected	This Year	Var. from Expected	% Var. from Expected	Last Year	Expected	This Year
Time of Admission									
Admissions 00:00 to 07:59	1.4	53	217	173	-44	-20%	1	21	23
Admissions 08:00 to 23:59	1.8	182	393	502	109	28%	22	47	68
<b>Total</b>	<b>3.2</b>	<b>235</b>	<b>609</b>	<b>675</b>	<b>66</b>	<b>11%</b>	<b>23</b>	<b>68</b>	<b>91</b>
<b>Total</b>	<b>-4.3</b>	<b>6959</b>	<b>6959</b>	<b>6789</b>	<b>-170</b>	<b>-2%</b>	<b>912</b>	<b>912</b>	<b>884</b>

Modelling on admissions broadly in line with the actual activity and getting closer

# Performance of local A&Es

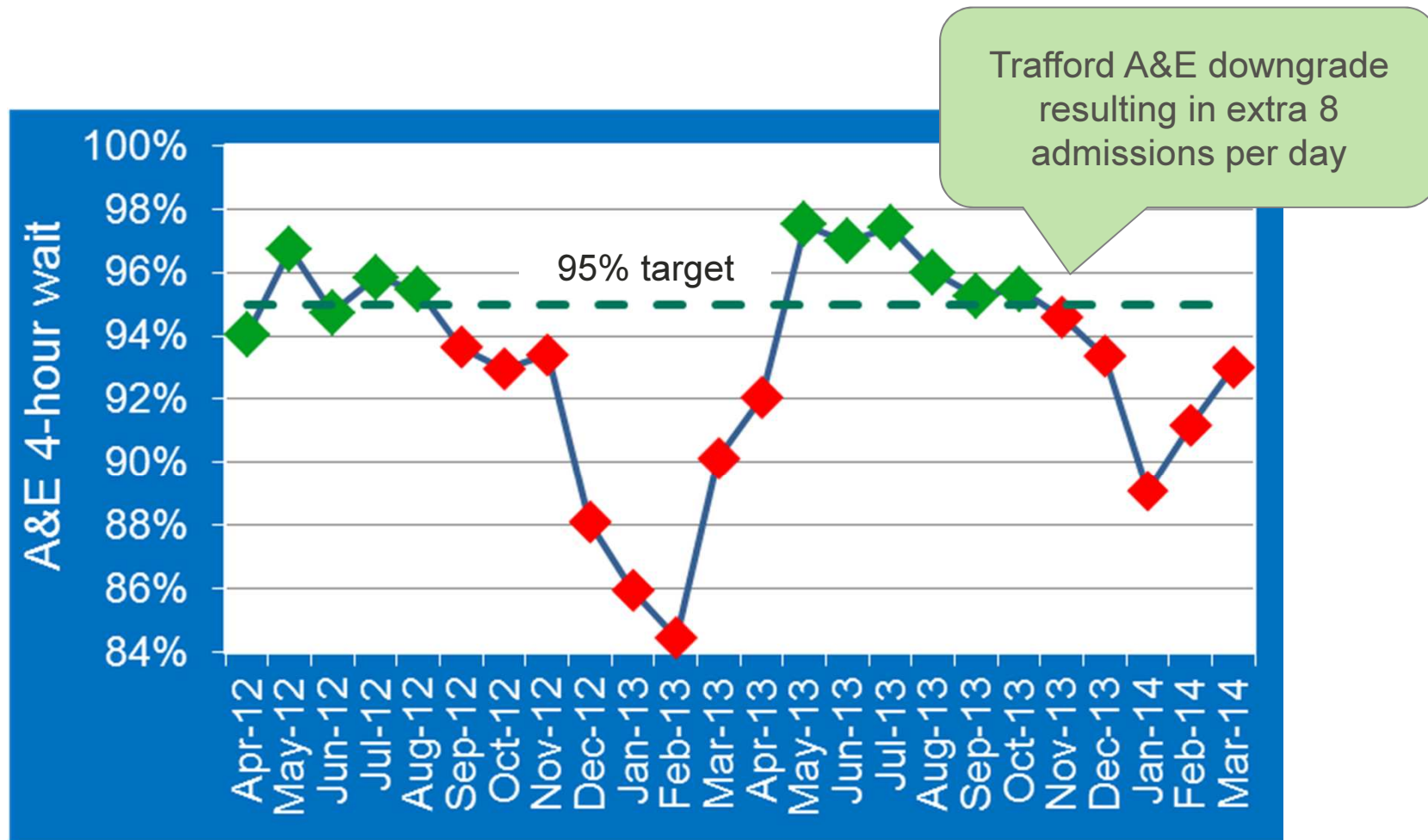
	Yearly		
	11/12	12/13	13/14
Bolton	94.7%	96.8%	96.4%
Central Manchester University Hospitals	95.4%	95.6%	95.1%
Pennine Acute Hospitals	95.4%	96.2%	95.5%
Salford Royal	96.0%	95.4%	95.9%
Stockport	94.3%	90.3%	92.9%
Tameside Hospital	96.2%	93.0%	94.6%
University Hospital of South Manchester	95.8%	92.3%	94.4%
Wrightington, Wigan and Leigh	96.8%	97.0%	95.7%
Greater Manchester	95.5%	95.1%	95.2%
North of England	96.4%	95.5%	95.7%
Standard	95%	95%	95%

**Briefing for meeting of the  
Joint Overview and Scrutiny Committee  
7th April 2014**

**Jim O'Connell  
Interim Chief Operating Officer**

# We failed to build resilience for A&E winter pressures exacerbated by the down-grading of Trafford

Performance 1<sup>st</sup> April 2012 to 25<sup>th</sup> March 2014



# We have renewed leadership and capacity to bring a fresh approach and to drive improvements

March 2013 – October 2013

- § Acute Physician Model Deployed
- § Ambulatory Care Pathway in place
- § Effective Discharge Group launched
- § Stroke Improvement Group formed
- § GP Assessment Unit initiated

## On-going concerns

- § Implementation of improvements patchy
- § Physical limitations in the department
- § Effective discharge processes not embedded
- § Trafford closure resulted in increased admissions

§ Appointed new leadership for re-refresh and delivery of Emergency Pathway Improvement Programme:

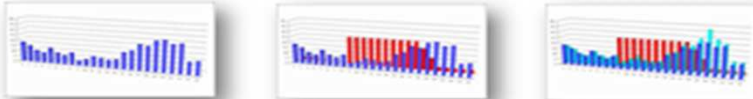
- § Chief Operating Officer (Interim)
- § Deputy COO (Interim)
- § Deputy Divisional Dir. of Operations (Medicine)
- § ED Directorate Manager
- § Company Alamac retained
- § Dr. Tom Hughes engaged to review and propose optimum Front Door Flow

- § Emergency Pathway Recovery Plan refreshed
- § Daily Breach Analysis with targeted actions
- § Focus on non-elective patients with a LOS over 14 days
- § Intermediate Care requirements being re-defined
- § Alamac 'Kitbag' in development
- § Alamac daily calls launched



# We have introduced a new performance management and monitoring system

These graphs are illustrative – not actual, (but typical?)



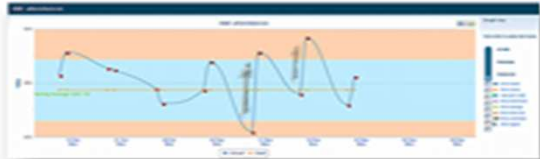
The pattern of A&E attendances over 24hrs

The 'tailor' capacity to match that demand!

On Monday's – due to 'whole system' this pattern is exaggerated

Often we have no breaches at 16:00 but 20+ by the morning . . .

The whole system needs to deliver the 4hr target . . .



A&E attendances at weekends – 9 out of 10 weekends there is a significant jump in attendances from Saturday to Sunday.

1. Is this designed this way or is it a default position?
2. R&HT's capacity does not match this trend
3. The 'whole system' can change this trend . . .


For example: Number of patients referred to ED from OOH's . . .

**% Patients referred to ED**  
– As seen from the graph this is very variable – this variability costs money . . .


What is good is that the red dotted line (the trend) is straight the number being referred remains constant . . .

Not at weekends!

Although we have been below average (green line) this trend (red dotted line) is at a considerable incline.



Another aspect . . . the 'medically fit' in R&HT . . .



'Medically fit' – We have 1% wards worth of patients who could and should be in a more appropriate setting.

This number is increasing and compromised the patient flow and 4hr target.

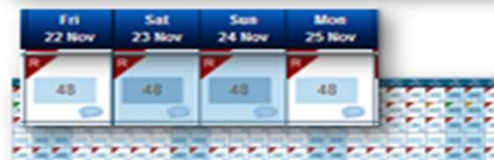
At weekends the number never changes . . . no ward rounds, no discharges, no in-reach . . .

**Acceptable?**

We have designed a system to get 'clogged'?


Often it is for 4 days (out of 7) that the number remains the same. (5 weeks out of 8.)

This is wholly unacceptable. (On one week the number reduced by '1' on the Monday. A patient became sick with pop/pot . . .)



The graph below illustrates the 'Patients sent to hospital as 999' from OOH's.

As we discussed on this week's call this is a default position that we need to rectify – nothing to do with OOH's themselves but aligned with the '111 Service'. The impact on R&HT and the 111 service is clearly visible on the graph . . . all the red peaks are on Sundays . . . (Default or design?)



# We will continue building resilience for the future by making significant investments

## Longer Term

- § £12m Capital Build at the Front Door
- § 29 Bedded Clinical Decision Unit
- § Creation of an Urgent Care Centre
- § Increased Resuscitation Capacity
- § Majors and Minors areas reconfigured

- Funding awarded by DH in support of Trafford closure
- Provisional delivery date of September 2015
- Further resilience via Recovery Programme (Length of Stay, etc)

## ED Performance at 26 March 2014

**Yesterday**                      **92.98%**

**Week-to-date**                      **89.66%**

**Last week\***                      **89.02%**

**March 2014**                      **93.01%**

**Quarter-to-date**                      **90.95%**

*\*week-ending 23<sup>rd</sup> March 2014*



# Joint Health Overview and Scrutiny Committee

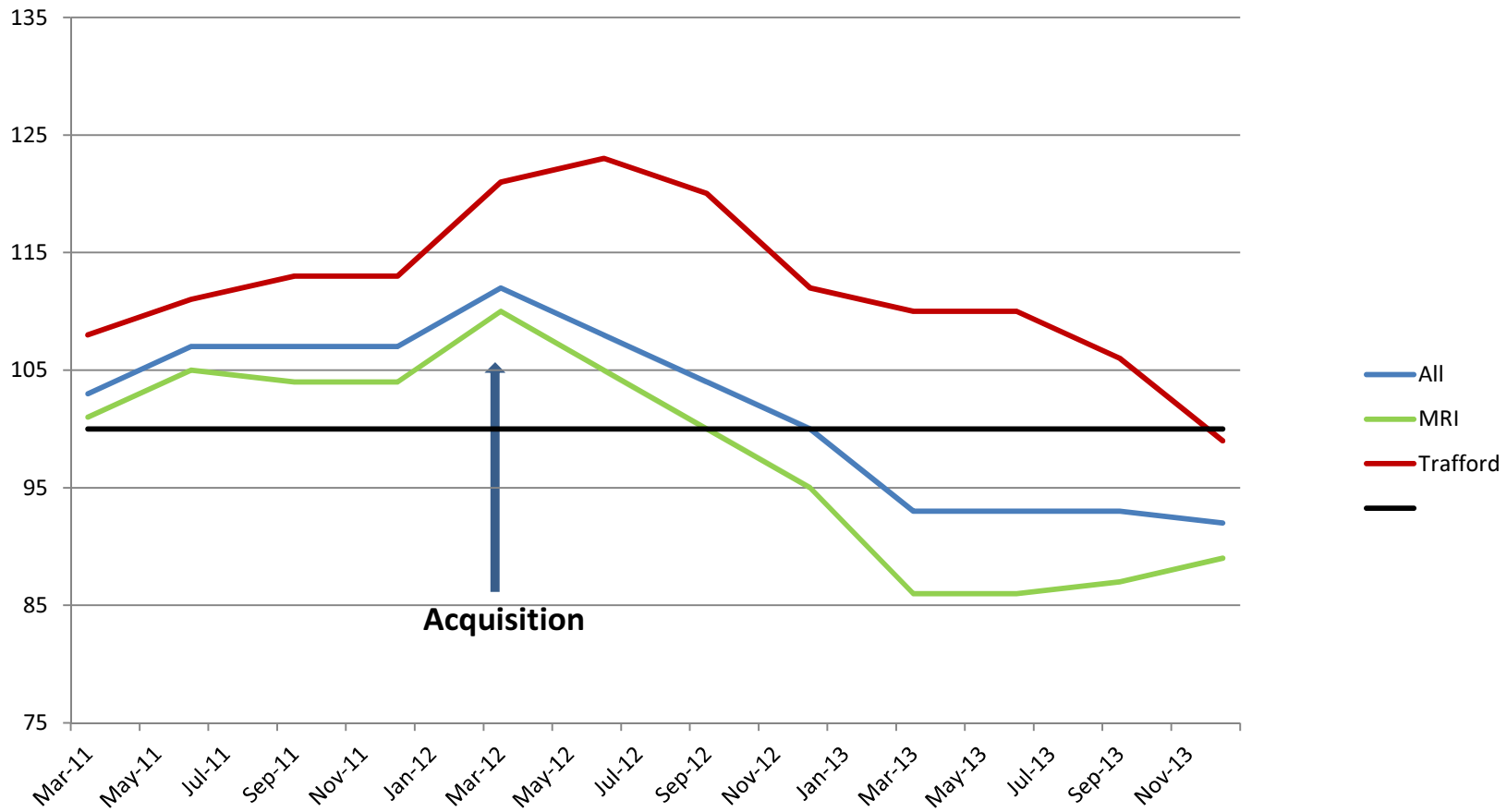
## Improving Patient Outcomes

April 2014

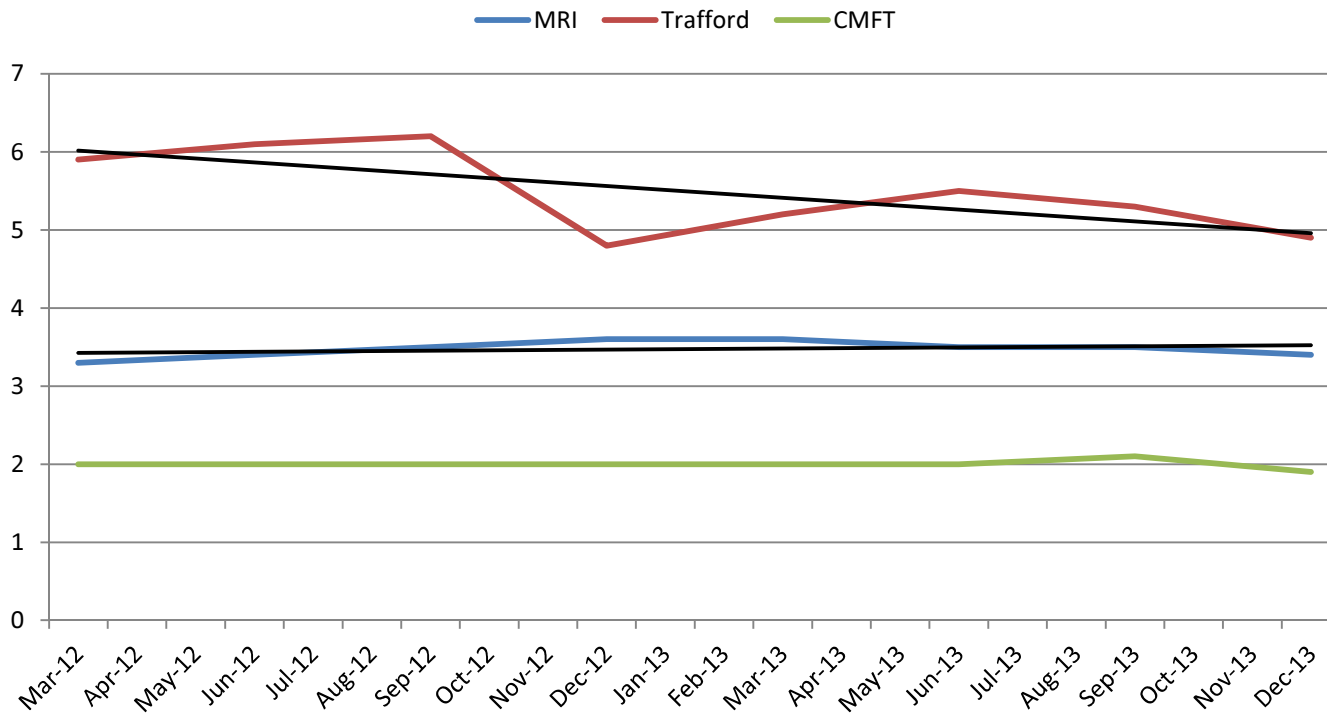
Dr. Bob Pearson, Medical Director



## Rolling HSMR (12month by quarter)



# Rolling Crude mortality rate by quarter (Non Elective admissions)



CMFT has lowest rate in GM

# Questions

7<sup>th</sup> April 2014

