

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 5 March 2019

**Subject:** Winter Pressures

**Report of:** Michelle Irvine, Director of Performance and Quality Improvement and Claudette Elliott, Director of Integrated Commissioning and Chair of the Manchester / Trafford Urgent and Emergency Care Board

---

**Summary**

This paper provides an overview of urgent care winter pressures for 2018/19. It contains information on the joint system-wide planning taken across the Manchester urgent care system, the surge and escalation approach taken in order to manage periods of pressure and the resulting impact on the 4 hour performance target in A&E.

**Recommendations**

To consider and comment on the information in the report.

---

**Wards Affected:** All

---

**Alignment to the Our Manchester Strategy Outcomes (if applicable):**

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	None
A highly skilled city: world class and home grown talent sustaining the city's economic success	Skilled multi-disciplinary health and social care workforce to be resilient meeting the demands of the city
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Working across boundaries to maximise capacity of all hospital and community based services to support system wide flow
A liveable and low carbon city: a destination of choice to live, visit, work	None
A connected city: world class	None

infrastructure and connectivity to drive growth	
---	--

**Contact Officers:**

Name: Paul Thomas  
Position: Urgent Care System Resilience Manager  
Telephone: 0161 765 4000  
E-mail: paul.thomas5@nhs.net

Name: Matthew Swanborough  
Position: Director of Corporate Resilience  
Telephone: 0161 701 5060  
E-mail: matthew.swanborough@mft.nhs.uk

Name: Marie Rowland  
Position: Associate Director of Performance  
Telephone: 0161 276 5789  
E-mail: marie.rowland@mft.nhs.uk

Name: Nick Gomm  
Position: Director of Corporate Affairs  
Telephone: 0161 765 4755  
E-mail: n.gomm@nhs.net

**Background documents (available for public inspection):**

None.

## 1.0 Introduction

- 1.1 A system-wide approach across health and social care was taken to 2018/19 winter pressures planning, co-ordinated by the system resilience team of Manchester Health and Care Commissioning to ensure that the urgent care system was well prepared for winter 2018/19. Whole system plans, communications and relationships are already well established and were complimented by additional resilience funded provision and the implementation of various new opportunities to trial new services. Furthermore, from an assurance perspective, the national agreed process for managing winter pressures known as the operational pressures escalation levels (OPEL) plan which is a system wide tool was utilised to manage periods of escalation, maintaining patient safety.

## 2.0 Winter resilience planning approach

- 2.1 A system wide winter resilience plan for Manchester was developed capturing all interventions and improvements made from all organisations, regional and national teams. The plan was developed through various workshops, meetings and collaboration across the Manchester urgent care system and engaged with commissioners and health and social care providers.

- 2.2 10 key interventions were agreed across our health and social care system for winter, including:

- **Patient flow** ensuring that robust discharge plans were put in place, so that when patients are ready to leave hospital they can be discharged quickly and safely, thus freeing up hospital bed capacity and reducing length of stay in hospital.
- **Manchester Local Care Organisation (MLCO)** community interventions with a key focus on admission avoidance reducing the need for people to be admitted to hospital.
- **Front door streaming pilot** at the Wythenshawe site supported streaming to alternative services either in or out of hospital reducing long waits within the A&E department and reducing admissions to hospital.
- **Additional primary care** extended opening hours in primary care through contracted additional GP appointments evenings and weekend providing greater access within the community reducing the need to attend A&E.
- **Flu programme** comprehensive local flu strategy supporting the national flu campaigns.
- **Operational pressures escalation levels (OPEL) plan** system wide escalation plans in line with the OPEL national process are agreed at an organisational level with defined triggers, actions and communication. This plan is triggered when pressure builds across the system and all organisations are accountable to deliver specific actions to reduce pressure within the hospital environment.
- **Urgent care hubs** GM urgent care hub operational across Greater Manchester to support all hospital sites with the ability to divert or deflect ambulances and support with the movement of patients across the city to the most appropriate place for their care, reducing length of stay in hospital.

- **Service level plans** agreed across health and social care providers, describing clear lines of escalation across our system in and out of hours.
- **Resilience funding** annual contract negotiations for 2018/19 with Manchester Foundation Trust and the North Manchester Care Organisation of Pennine Acute included the requirement that they would establish mechanisms to ensure their resilience throughout the year. This provides assurance of their capability to be flexible and manage system pressures accordingly.
- **System wide improvement plan** has been developed throughout 2018/19 and is aligned to the Greater Manchester (GM) programme areas of:
  - **Stay well** provide support to people to stay well, building community resilience and enabling citizens to access care and support in the community, reducing the need for escalation to A&E.
  - **Home first** to ensure that when citizens need access to urgent or emergency care that the right care can be accessed at home or as close to home as possible working with the whole local health and social care system reducing the need for escalation to A&E.
  - **Patient Flow** to facilitate flow through hospital by reducing length of stay, delayed transfers of care and through the development and utilisation of best practice methodology.
  - **Discharge & Recovery** to assist care systems across GM to safely transfer patients back into the community setting, supporting them to their normal place of residence.

### **3.0 Additional adult social care winter monies**

- 3.1 In November 2018 additional adult social care winter monies were made available to Manchester local authority to the value of £2.7m. The primary purpose of this investment was to support the flow of patients from the hospital setting into community services provision.
- 3.2 The mobilisation and monitoring arrangements for these schemes formed part of the overall Manchester Local Care Organisation (MLCO) winter plan and in order to provide accountability for effective delivery of these schemes, there is oversight by the MLCO Operational Management Group and the Manchester & Trafford Urgent Care Strategic Board.

### **4.0 Surge and escalation**

- 4.1 Well established surge and escalation processes were enacted over the winter period to ensure a co-ordinated system response to pressures. The operational pressures escalation levels (OPEL) provided the framework and robust communications were maintained through the winter period.
- 4.2 System wide winter tactical conference calls commenced daily from 21 December 2018 through to the end of January 2019, in order to support the system through the Christmas and New Year period. Key themes from the conference calls were:

- **Operational pressures escalation levels (OPEL)** - escalations were reported at the start of most weeks before returning to a steady-state later in the week.
- **Staffing issues** – hospitals reported at times agency cover for the evening and twilight shifts to be low.
- **Surge** - unpredictable surges in patients presenting at A&E resulting in increased wait to be seen times.
- **Demand** - increased year on year demand for acute hospital services, resulting in higher numbers of attendances and admissions.
- **Flu** - Lower than expected flu cases, with fewer hospital bed closures. Public Health England data shows that number of Influenza “A” cases has peaked later this winter.
- **Capacity** - hospital sites reduced their bed occupancy before Christmas in anticipation of increased demand. Escalation beds were utilised in order to response to the flow pressures due to higher acuity of patients. High bed occupancy results in pressures in the emergency department and impacts on patient safety.
- **Community support** - Manchester city-wide crisis response service went live in January 2019 and reported high numbers of referrals which helped deflect activity from hospitals and supported admission avoidance.

## 5.0 4 hour A&E performance

5.1 4 Hour A&E Performance has been challenging during the winter period.

Provider Name	Nov-18	Dec-18	Jan-19
Manchester University NHS Foundation Trust	84.9%	84.4%	81.7%
Pennine Acute Hospitals NHS Trust	83.7%	78.7%	77.5%
<i>Greater Manchester Total</i>	<i>84.3%</i>	<i>81.8%</i>	<i>79.0%</i>

*Source: NHS-I*

*Manchester University NHS Foundation Trust performance covers Manchester Royal Infirmary site hospitals, Wythenshawe, Trafford General, and Altrincham.*

*Pennine Acute Hospitals NHS Trust performance covers North Manchester General Hospital, Royal Oldham, Fairfield General and Rochdale.*

5.2 4 Hour A&E performance deteriorated month on month over the winter period, which is reflective of the pressures seen in relation to surges in activity, a seasonal increase acuity of patients, increased admissions and staffing pressures.

## 6.0 Urgent care recovery plan

6.1 Due to continued underperformance of the A&E 4 hour target at GM level, NHS England Regional Director (North), Richard Barker, has written to a number of GM organisations, including Manchester Health and Care Commissioning requesting sight of recovery plans to support improved performance. An urgent care plan has been developed with specific actions to deliver immediate improvements to recover performance in February and

March 2019 and a weekly 4 hour performance improvement trajectory has been agreed with our hospitals.

## **7.0 Delayed Transfers of Care (DTC) and stranded patients**

- 7.1 Through a reduction in bed occupancy before Christmas, all sites managed to reduce the number of DTC patients. After Christmas we experienced a steady increase in these numbers. Stranded patients (with a length of stay greater than 7 days) have also remained high.
- 7.2 Stranded patient reduction remains a key objective for the urgent care system, and we continue to work in partnership with all stakeholders in order to make improvements to ensure that patients are discharged in an appropriate and timely manner.
- 7.3 Local stranded patient reduction targets were assigned to the Manchester Local Care Organisation (MLCO) to achieve a reduction by March 2019. The MLCO are engaging in partnership working with the integrated discharge teams (IDT) through weekly priority discharge meetings, increased on site presence, and improving processes in tracking complex patients from date of admission.
- 7.4 As we have seen increased pressure since the Christmas period, as a system we have instigated a robust daily operational response, with colleagues from the MLCO having a daily presence on both Central (MRI) and South (Wythenshawe) hospital sites. The attendance of colleagues from the MLCO has seen contributions to discussions at the length of stay meetings assisting in the discharge of patients in facilitating and arranging their support post transfer from the hospital. This has resulted in a number of people with complex needs being supported through services and interventions such as:
- Community IV therapy.
  - Palliative and end of life support and advice.
  - MLCO team members working flexibly and creatively identifying innovative approaches to discharge people.
  - Intermediate care (Gorton Parks) providing additional evening staff during the evening and nights. Mobile staff who are able to escorted patients if required.
  - Flexible approach to community bed utilisation across the city.
  - Proactive discharge to assess.

## **8.0 Conclusion**

- 8.1 The 2018/19 winter season continues to be a challenging period for the urgent care system, with significant pressures placed upon performance due to demand, increased acuity and staffing issues. Through our governance structures we are closely monitoring the delivery of the improvement plan and the adult social care winter monies to ensure that the interventions put in place are delivering resilience to the system and sustaining improvements in urgent care services.