

Greater Manchester Health & Social
Care Partnership

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Ms Alison Mutch OBE
HM Senior Coroner

By email
Ref: 1629209
28 August 2020

Dear Ms Mutch

I would like to advise you that Dr [REDACTED] has left the Greater Manchester Health and Social Care Partnership which is why I am responding to your concerns in his stead.

I am writing in response to the Regulation 28 report you issued on the 13th July 2020, following the inquest into the death of John Cheetham at Stockport Hospital.

You raised a number of concerns and requested a response to confirm actions taken and any further proposed actions. I have responded to each of your individual points below.

Points 1 and 2 – high levels of demand and Emergency Department capacity

The national and local pressures on the urgent and emergency care system have been well publicised during the course of the last year, with Greater Manchester experiencing significantly higher levels of attendances during the winter months. Attendances were, on average, 9% higher than the previous year which is about an extra 9000 attendances per month across Greater Manchester. This also resulted in a higher number of patients requiring admission to acute hospital beds and therefore crowding and delays within Emergency Departments.

As a result of this, the Greater Manchester Urgent and Emergency Care (UEC) Transformation Board agreed a revised transformation plan in early January this year with two principle ambitions:

- To reduce attendances to Emergency Departments (ED) by improving access to, and utilisation of, primary and community-based services by rapidly developing and testing a GM 'UEC by Appointment' model
- By April 2022, we will reduce:
 - Ambulance attendances by 100 per day across GM
 - ED walk in attendances by 300 per day across GM

The onset of the COVID 19 crisis delayed the transformation programme until more recently where we have refreshed our planning work and agreed to rapidly implement new models of care during September and October this year (ahead of winter). The new approach will incorporate two elements:

- Implementation of the new national NHS 111 First Initiative, which will ask patients to call 111 prior to attending an Emergency Department
- A new pre-Emergency Department triage and streaming system

Both of these will help ensure patients are streamed or referred to the most appropriate service for their needs. This will include a wide range of community and acute-based services and will ensure only patients who need an Emergency Department go to an Emergency Department. A large proportion of patients will receive early local clinical assessment prior to being referred which will help ensure safety. We estimate that the new models of care will reduce Emergency Department attendances by around 900 per day across Greater Manchester.

It is also worth noting that GMHSCP has a Greater Manchester Urgent and Emergency Care Operational Hub, which is designed to provide real time support to local systems by monitoring and managing patient flow. The hub has a near to real time data feed from all acute hospital sites, which it uses to support decision making around deflection of ambulances to alternative destinations when a hospital emergency department is showing signs of pressure. The hub also supports the management of discharges from hospital and repatriations between hospital sites (in and out of the GM area). The hub is under constant development and is working closely with systems to develop more sophisticated methods of managing demand to reduce the likelihood of emergency department crowding even further and proactively managing flow to prevent blockages.

Point 3 – hospital bed capacity and the discharge of patients

As part of the initial COVID 19 response, Greater Manchester localities worked to rapidly develop updated Discharge to Assess Pathway Guidance, which were formally approved in late April and have now been adopted across all localities within Greater Manchester. The purpose of the guidance is to improve the flow of all patients being discharged from acute care and to help ensure patients' needs are assessed in the home or usual place of residence. The guidance is also designed to improve consistency across organisational and geographical boundaries, thereby minimising unnecessary delays for patients. To help improve the consistency and operation of the pathways at the interface between different organisations, it has been agreed that the following elements of the guidance are required to be implemented by all localities:

Adoption of a single GM Discharge to Assess Referral Form

- Triage of discharge to assess referrals within 30mins
- Adherence to the guidance for COVID 19 testing for discharge and PPE requirements
- The supply of 2 weeks medication supplies at the point of discharge from an acute hospital
- Operation of a next day follow up process following discharge (localities to determine how this is delivered)

The guidance is fully aligned with national policy and guidance and there has been significant additional community-based capacity created to support this. As a result, there has been a significant reduction in the proportion of long stay patients and acute hospital bed occupancy levels across all Greater Manchester sites. This has helped to improve flow from Emergency Departments and therefore helped reduce crowding. Bed occupancy is currently on average 83% across Greater Manchester, which is at least 10% lower than the same period last year.

Point 4- nursing workforce

Nurse recruitment and retention is a priority for the Greater Manchester system and work is underway with Greater Manchester service colleagues, NHSE/I and Health Education England, in order to maximise opportunities for improved nurse staffing in all localities. The GMHSCP executive workforce lead is planning to meet with the Stockport Trust HR lead over the next month and will agree any further support that is required.

I am also aware that Stockport Trust have recently recruited 30 nurses following an overseas recruitment exercise. These staff will be used to improve ward staffing levels which will also have a positive impact in terms of ongoing care and flow of patients. The national Emergency Care Intensive Support Team (ECIST) have also recently completed a review of Emergency Department Staffing and agreed a plan with the trust to make improvements ahead of winter.

Point 5 – risk assessment of patients in the Emergency Department


Ensuring patient safety and quality of care in Emergency Departments, particularly in times of increased pressure, is highly important in Greater Manchester. All of the acute trusts in Greater Manchester now utilise a patient safety checklist in their Emergency Departments. These checklists are time-based frameworks that outline clinical tasks that need completing for each patient in the first hours of their admittance to an ED. It ensures that assessments and tests happen in a timely way in order to improve patient satisfaction and reduce risks. These have been adopted from the national checklist template which was published in 2017 and which has been proven to improve clinical processes and reduce harm and serious incidents from unrecognised patient deterioration. In addition to this, clinical leads from Clinical Commissioning Groups

(CCGs) in Greater Manchester carry out regular walkrounds of their respective acute trusts and as part of these, usage of the checklist is monitored.

I hope this response is satisfactory and provides sufficient assurance on the work we have undertaken to help mitigate risks to patients in the future.

Your sincerely

A handwritten signature in black ink, appearing to be 'J. [unclear]', written in a cursive style.


Interim Chief Officer, Greater Manchester Health and Social Care Partnership