

Manchester City Council Report for Resolution

Report To: Overview and Scrutiny Mental Health Services Sub Group
Date: 26th May 2009
Subject: A&E mental health breaches
Report of: Debbie Nixon – Director of Commissioning
Craig Harris – Head of Mental Health and Joint Commissioning

Summary

The paper provides data analysis of mental health related A&E breaches across the 3 Acute Trusts in Manchester and offers some narrative to understanding the size and scope of the issue

Recommendations

1. To note the report.

Wards Affected:

All Wards affected

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1.0 Introduction

- 1.1 This paper gives an overview of mental health related A&E breaches across the city of Manchester throughout 2008/09, however there is not a full years worth of data. The paper highlights the differences across the localities, the different causes for the breaches and sets the context when comparing mental health and non mental health related breaches.

2.0 Background

- 2.1 An A&E breach in an acute hospital setting is when a patient attends A&E and does not have their A&E episode concluded within the 4 hour target. The target for acute hospitals is that 98% of all A&E attendees are seen and treated within 4 hours.
- 2.2 There was a discussion at the April Overview and Scrutiny Mental Health Subgroup regarding Section 136 patients attending A&E and the impact on the department in relation to breaches. Debbie Nixon agreed to consider the data and provide an update for the May Sub Group in relation to the wider mental health issues within A&E and the breaches that can be attributed to Manchester Mental Health and Social Care Trust.
- 2.3 The information has been provided by Manchester mental Health and Social Care Trust performance department

3.0 Data Analysis

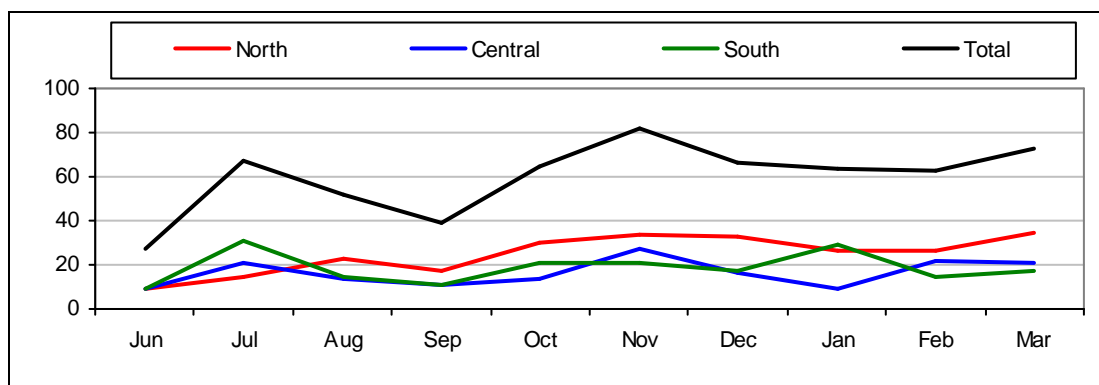
- 3.1 The table below is based on quarter 3 data and indicates each Acute Trusts performance, the total number of breaches and what the mental health contribution was to the overall figure.
- 3.2 The 3 key conclusions from the data that this paper highlights are:
- There are 213 MMHSCT breaches in quarter 3 and this equates to 0.15% of A&E attends therefore well within the 2% breach allowance
 - A significant number of mental health attendees do breach, in Q3 22% of all mental health attendee's breached
 - The number of section136 patients who breached in Q4 constituted 2.3% of the total number of mental health breaches

This is Quarter Three 2008/09 provider performance (*the Dept of Health have not released Quarter 4 data however from previous analysis there is little difference*)

Trust	Performance ¹	All breaches	MH Breaches
Pennine Acute Hospitals NHS Trust	92.6%	5103	97
Central Manchester University Hospitals Foundation Trust	96.5%	1827	57
University Hospital of South Manchester NHS Foundation Trust	95.0%	1008	59
Total		7938	213

3.2.1 Manchester Mental Health Social Care Trust receives figures for Mental Health breaches daily from North and South and weekly from Central. Classification as a mental health breach is decided by the acute trusts based on specialty applied on A&E system (North and South) or when referred to specialty (Central).

3.3 The graph below gives an overview of the 3 acute Trust mental breaches over a 10 month period. It is important to note though that these figures contain patients for whom the breach was not the responsibility of MMHSCT. The acute trusts themselves provide this further classification



4.0 Locality Breakdown

4.1 Tables below give monthly cause of breach in each locality for Quarter 4 (data on locality was only collected from December 2008 and therefore previous quarters is not available). Standardised reporting comments are MMHSCT analysis of key themes from the mental health breaches.

North Manchester:

Category	Reason	Dec	Jan	Feb	Mar
<u>Non-Mental Health</u>	Over 4hour in care of A&E				1
	Not referred to XRay within 2hour				1

¹ Figures obtained from Department of Health public data

	Not referred to Spec in 2hour	24	19	19	25
<u>Mental Health Cause</u>	Not discharged within 2hour of referral	2		3	1
	Not seen by Speciality within 1hour	2			
	Decision to admit not made within 1hour	2	4		2
	Not admitted within 2hour	3	3	4	5

4.2 Analysis of standardised reporting for Mental Attributable breaches:

- Majority of breaches are Out of Hours or changeover period (90%)
- Delay in assessment by SHO causing significant proportion (85%)
- Three breaches because of section136

Central Manchester:

Category	Reason	Dec	Jan	Feb	Mar
<u>Non-Mental Health</u>	A&E Delay	6	2	12	9
<u>Mental Health Cause</u>	Unavailability of bed			2	3
	Awaiting Psychiatric Assessment	4	5	8	7
	Awaiting Transport				1
	Data unavailable	6			1
	Clinical Reason		2		

4.3 Analysis of standardised reporting for Mental Attributable breaches:

- Even distribution of time of breach (46% In hours)
- Delay in assessment by SHO causing significant proportion (50%)
- Three breaches because of section136

South Manchester:

Category	Reason	Dec	Jan	Feb	Mar
<u>Non-Mental Health</u>	Late referral from A&E	1	2	2	3
	Awaiting Medical Assessment	3	2		
<u>Mental Health Cause</u>	Unavailability of bed	3	7	5	3
	Awaiting Psychiatric Assessment	7	14	6	11
	Awaiting specialty doctor	3	3	1	
	Bouncing Referral			1	
	Transfer problem		1		

4.4 There is no standardised reporting from South Manchester.

5.0 Conclusion

5.1 Initial analysis of the available data has raised further questions. To understand the scope and scale the mental health A&E related breaches a further piece of work will need to be conducted to ensure:

- The data is comparable
- There has been a data cleansing exercise
- There is an agreed performance management framework completed for commissioners to consider
- Regular monitoring of the information is available to complete a trend analysis
- A process mapping exercise is completed regarding the urgent care pathway.

5.2 Manchester Mental Health and Social Care Trust gave a commitment in September last year that there will be a zero tolerance of mental health breaches from June 2009. This is still a priority for all.

5.3 The reform of the urgent care agenda is a part of NHS Manchester's Strategic Commissioning Plan and has featured as a commissioning priority in the 2009/10 Heads of Term for the Mental Health Contract between NHS Manchester and Manchester Mental Health and Social Care Trust

6.0 Recommendation

6.1 For the committee to note the contents of this report.

Craig Harris
11th May 2009