

Greater Manchester Health and Social Care Partnership  
By Email

24 November 2020

Ms A Mutch OBE  
HM Senior Coroner  
Coroner's Court  
1 Mount Tabor Street  
Stockport  
SK1 3AG

Dear Ms Mutch

**Re: Regulation 28 Report to Prevent Future Deaths – Joseph Michael Cheetham, date of death: 22 January 2020.**

Thank you for your Regulation 28 Report dated 30 September 2020 concerning the death of Joseph Michael Cheetham on 22 January 2020. Firstly, I would like to express my deep condolences to Mr Cheetham's family.

The regulation 28 report concludes Mr Cheetham's death was a result of  
1a) Hospital acquired pneumonia; 1b) Reduced mobility on a background of left total hip replacement dislocation; ii) Vascular dementia, Paroxysmal atrial fibrillation, Aspiration pneumonia.

Following the inquest you raised concerns in your Regulation 28 Report to NHS England regarding

**Point 1 Transfer of patient to the Emergency Department despite GP booking direct admission to ward**

It is recognised that there are often cases where patients are booked directly by a GP to a hospital ward or department (often a medical assessment unit). Due to the higher levels of demand on hospitals, patients are often re-directed to attend the emergency department due to a lack of capacity on the wards. This places further pressure on often already busy emergency departments and can lead to extended wait times for admission to the receiving ward.

As part of the Greater Manchester Urgent Transformation Programme, we have developed and agreed a set of principles for all localities to adopt which will help to prevent a re-occurrence of this. The agreed principles are as follows:

1. All HCP referrals (self-presenting or by ambulance) are accepted direct by the speciality and only clinically unstable patients or those requiring a time critical intervention are advised to attend ED.
2. All clinically stable patients referred to a speciality are assessed by that speciality in a designated assessment area and not in the ED.
3. Same Day Emergency Care (SDEC) is provided across all major specialities, 12 hours a day, Monday – Friday. Weekend SDEC services, if not currently operational, should be modelled and developed to meet demand.

All localities within GM are now in the process of implementing these. In addition to this, further work is being undertaken to help reduce the numbers of attendances to emergency departments. As highlighted in previous correspondence, GM has agreed to a new approach which 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.

I can confirm that all localities within GM have now gone live during the last 3 weeks with their services. A new national campaign to promote 111 First will be launched in early December which will encourage patients to call 111 before deciding to attend an emergency department.

All hospital trusts in GM will also be implementing a new national data set for recording information which will help to monitor the impact of the agreed changes over the longer term (the Emergency Care Data Set – ECDS). Trusts are required to have this fully implemented by April 2021.

Stockport have also confirmed that they have recently submitted an Outline Business Case which will see a new three storey capital build able to receive referrals direct from primary care with an aim to care for 45% of patients within Same Day Emergency Care by the end of 2023/24.

## **Point 2 – delay in discharge due to waits for a package of care**

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 – not in the hospital. If it is not

possible to discharge the patient to their usual place of residence then they are now transferred to a discharge to assess bed within the community. To help reduce delays, and improve the operation of the pathways, 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. The additional capacity includes: reablement support, domiciliary care and community beds. Further work is underway to review community-based capacity to support discharges to ensure the correct types of capacity. There has since been a significant reduction in delayed transfers of care across GM from approximately 5% to less than 1%.

Stockport Trust have also implemented the following to help improve discharges:

- An Integrated Transfer Team that comprises nurses, ward trackers, mental health practitioner, Age UK and a virtual homeless practitioner.
- A Discharge to Assess hub with nursing and therapy staff
- A trusted assessor care home team
- Extra therapy staff in the Bluebell Discharge to Assess unit to provide enhanced therapy support and to improve flow.

I hope this response is satisfactory and provides sufficient assurance on the work we have undertaken to help mitigate the risk of future deaths.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely



Dr [Redacted]  
Chair of GM Medical Executive, GMHSCP