



Manchester University
NHS Foundation Trust

WELCOME TO THE COUNCIL OF GOVERNORS

Wednesday, 14th February 2018



Manchester University
NHS Foundation Trust

JULIA BRIDGEWATER

Group Chief Operating Officer

Manchester University NHS Foundation Trust

Urgent & Emergency Care: 17/18

Winter Pressures

Council of Governors

February 2018

Performance



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- **MFT is consistently the highest performing Trust in GM**
- Central site achieved required performance in Q1 and Q2
- Wythenshawe site achieved Q1 target and was marginally below in Q2
- **Q3 MFT Performance was 87.44%, compared to the GM performance of 82.1%**
- Strong performance against 30 minute ambulance handover standard
- **Nationally all Trusts are expected to achieve 95% in March 18**
- **Winter pressures is a risk to planned care access/ financial position – cancelled activity, waiting list increase, critical care bed capacity affecting cancer delivery**

	Q1	Q2	Oct	Nov	Dec	Q3	Jan
Wythenshawe	92.44%	89.10%	88.08%	85.54%	73.06%	82.29%	78.60%
Central/TGH	93.57%	93.3%	90.3%	89.33%	87.71%	89.13%	87.72%
MFT	93.29%	92.25%	89.75%	88.4%	84.07%	87.44%	85.47%

Key Factors impacting on Emergency Pathway: Manchester University NHS Foundation Trust

- **Demand** during the Christmas and New Year period **did not reduce as significantly** as experienced in previous years
- **Increased demand** through **all main A&E Departments**
- Increase in the number of days where **exceptionally high attendances** seen
- **Surges** in **demand** at times of the day
- Provision of **mutual aid to external partners**
- **MFT** places **least demand** on the system for **respite**
- In line with the national position, the **number of patients in beds the week prior to Christmas did not reduce** to the levels seen in previous years impacting on emergency flow.

Critical Actions



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- **Hospital Capacity Plans**
- All Hospitals have a **winter plan**
- £3m additional funding for **winter resilience schemes, 41 escalation beds, 3 community beds**
- Reducing ED demand – GP Streaming
- Improving use of **ambulatory care** and **minors performance**
- Improving **flow and discharge processes** i.e. SAFER Standards
- **Strengthened medical/nursing cover**
- **Reduction in elective programme** – protecting urgent, cancer, specialist activity
- **MRI day case facility** converted to short stay medical ward
- Outpatient follow up activity cancelled – **release staffing/hot clinics**
- **Increased GP access** i.e MRI AMU
- **Flu Management**

Flu cases have doubled in the inpatient population compared to last year, focused actions include:

- **Rapid diagnosis**
- **Management and isolation** of flu cases i.e. cohort wards/areas
- **Treatment** – management and vaccination of vulnerable patient groups
- **Prevention** – support staff and promoting the uptake of flu vaccinations
- **Communications** – raising awareness of the public and staff
- **National reporting** of flu cases

Despite the winter pressures experienced **in December:**

- **Both Complaints and PALS concerns reduced in month**, in line with normal variation
- **There was no reduction in Quality Care Rounds scores in Q3 compared to Q2**
- **Patient Experience Tracker – A slight reduction in overall quality score in November (87.8%) and December (87.7%) compared with October (89.1%)**
- **Friends and Family Test**
 - **inpatient score maintained (96-97%)**
 - **ED score maintained at 85-91% during Q3**

Patient Experience



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- **NHS Choices** – the number of **patient comments** posted to NHS Choices **reduced in December** compared to previous 2 months, in addition there were **less negative comments**. All patient comments are responded to and action taken
- **Safety Thermometer** – performance maintained at 97-98% during Q3 2017/18, **with best performance in December 2017**
- **Quality Improvement Activity** – a review of 25% of Improving Quality Programme portfolios suggests a reduced activity in December
- **What Matters to Me** continues to be embedded – Wythenshawe Hospital engagement sessions planned in February and March

Staff Wellbeing



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Focus on supporting staff to deliver the best care to our patients:

- **Senior executive support** to enable frontline teams to focus on delivery
- **Reduction in activity** to release staffing resource to care for the sickest patient and reduce burden on staff
- **Group CEO/Executive walk around's** – recognises work of staff and identifies any support needs
- **Regular communications** to ensure clarity of Trust plans
- Additional **nursing resilience workshops** taking place
- Professional Nursing Forum – **building staff resilience workshop** held 3/1/18, outputs are being taken forward

- **Promotion of existing staff support services, i.e. Employee Assistance Programme** introduced from 1st October enabling staff to seek support on a range of issues and 24/7 access to counselling
- **‘Take a break’ campaign** to commence end of January – supports staff welfare and ‘emotional labour’ which positively affect patient care
- Continuation of **employee Health and Wellbeing work programmes**
- Local department **team debriefs** at the end of shifts

Wider Organisational Development Interventions:

- **Leadership Development** programmes in place
- **Team development programme** – Aston High Performing Team Framework
- **MFT Values and Behaviors** Framework
- **Staff engagement** programme
- **Medical Productivity** Programme
- **Schwartz Rounds** (forum where all staff come together regularly to discuss aspects of working in healthcare)



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QUESTIONS ?



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ADRIAN ROBERTS

Group Chief Finance Officer

Manchester University NHS Foundation Trust

Financial stability in 2017/18



Results for first 9 months: April-December

- Year to date surplus of *£890k*

	£m
Income to date	1,158
Expenditure to date	<u>1,157</u>
Surplus	1

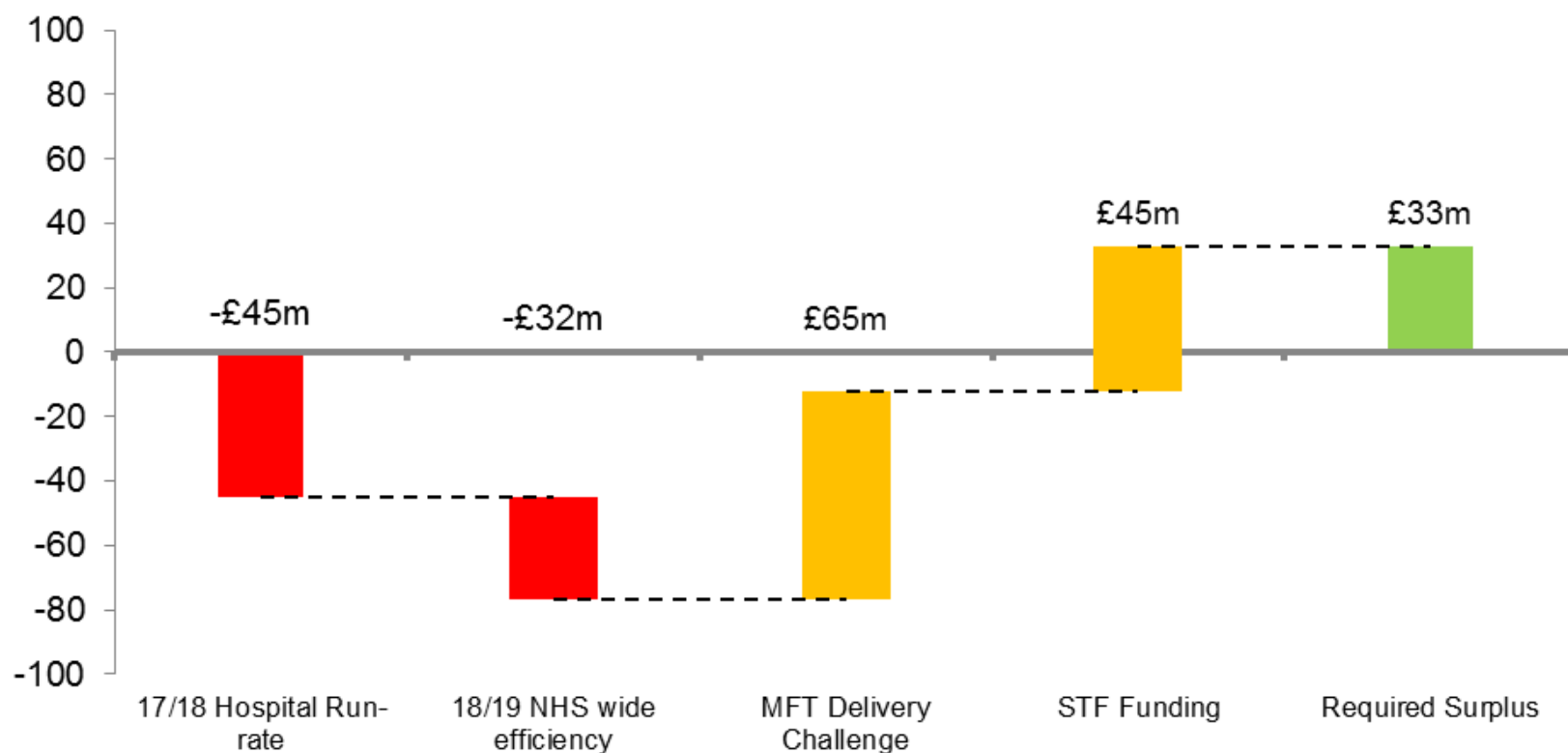
- This includes £14.9m of Sustainability Funding

Month 9 – Delivery Progress

- Clinical income has been hitting planned levels since early September
- But this has been offset by:
 - Overspends on medical agency and locums
 - Slippage in delivery of savings plans

2018/19 – the ‘Challenge’

MFT 2018/19 Delivery Challenge



2018/19

- Control total for 2018/19 is £32.8m surplus (compared to £18m in 2017/18)
- Sustainability Funding allocation is £44.9m

Responding to this challenge...

- We need to keep on doing what we are doing:
 - ✓ Getting patients treated on a more timely basis
 - ✓ Maximising our successful recruitment of permanent, substantive medical and nursing staff
 - ✓ Carry on being smart and sensible in what we are spending our money on



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QUESTIONS ?



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MARGOT JOHNSON

Group Executive Director of Workforce & OD

Manchester University NHS Foundation Trust

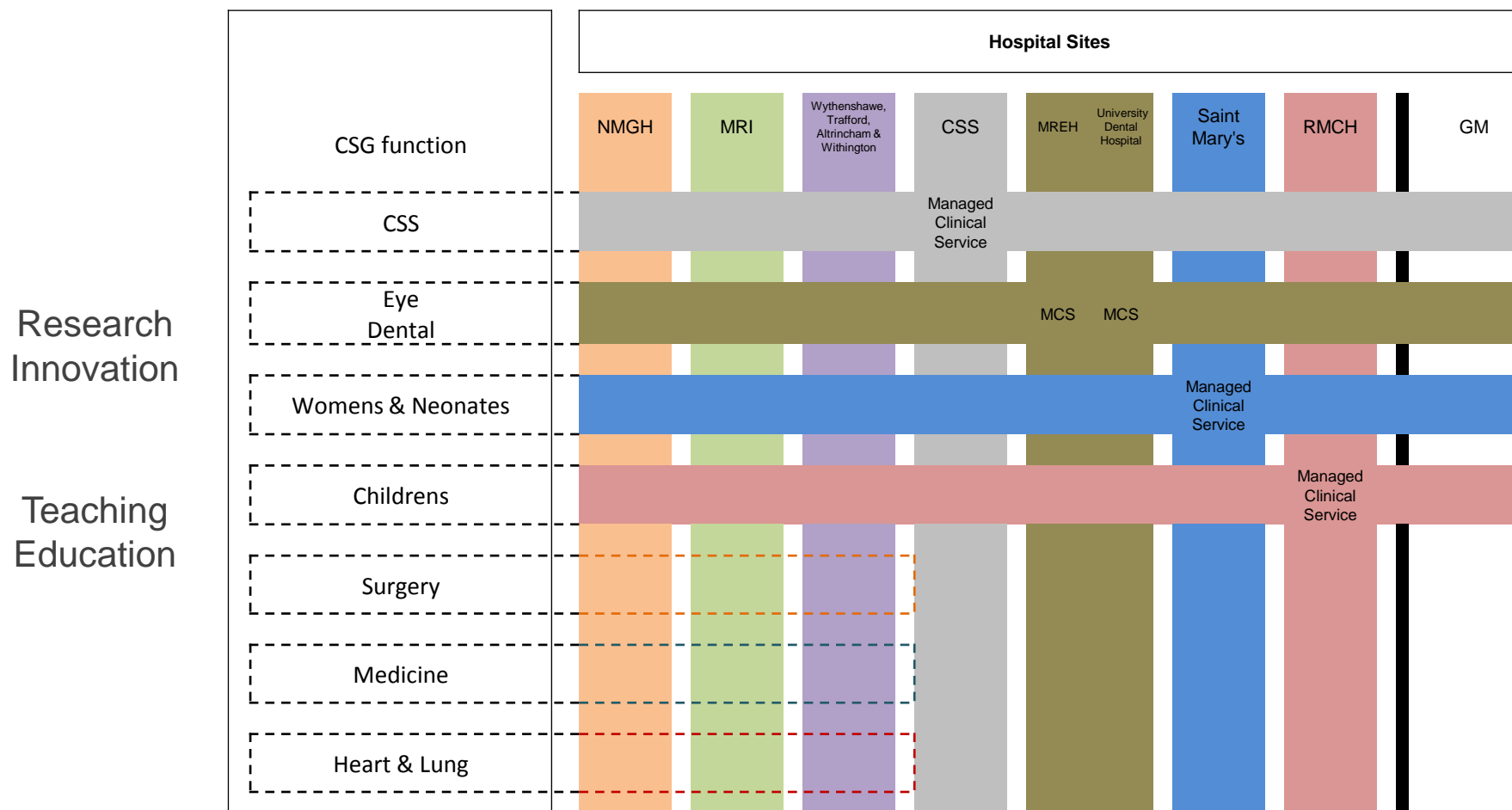


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Leadership Update for Governors

Organisational Structure

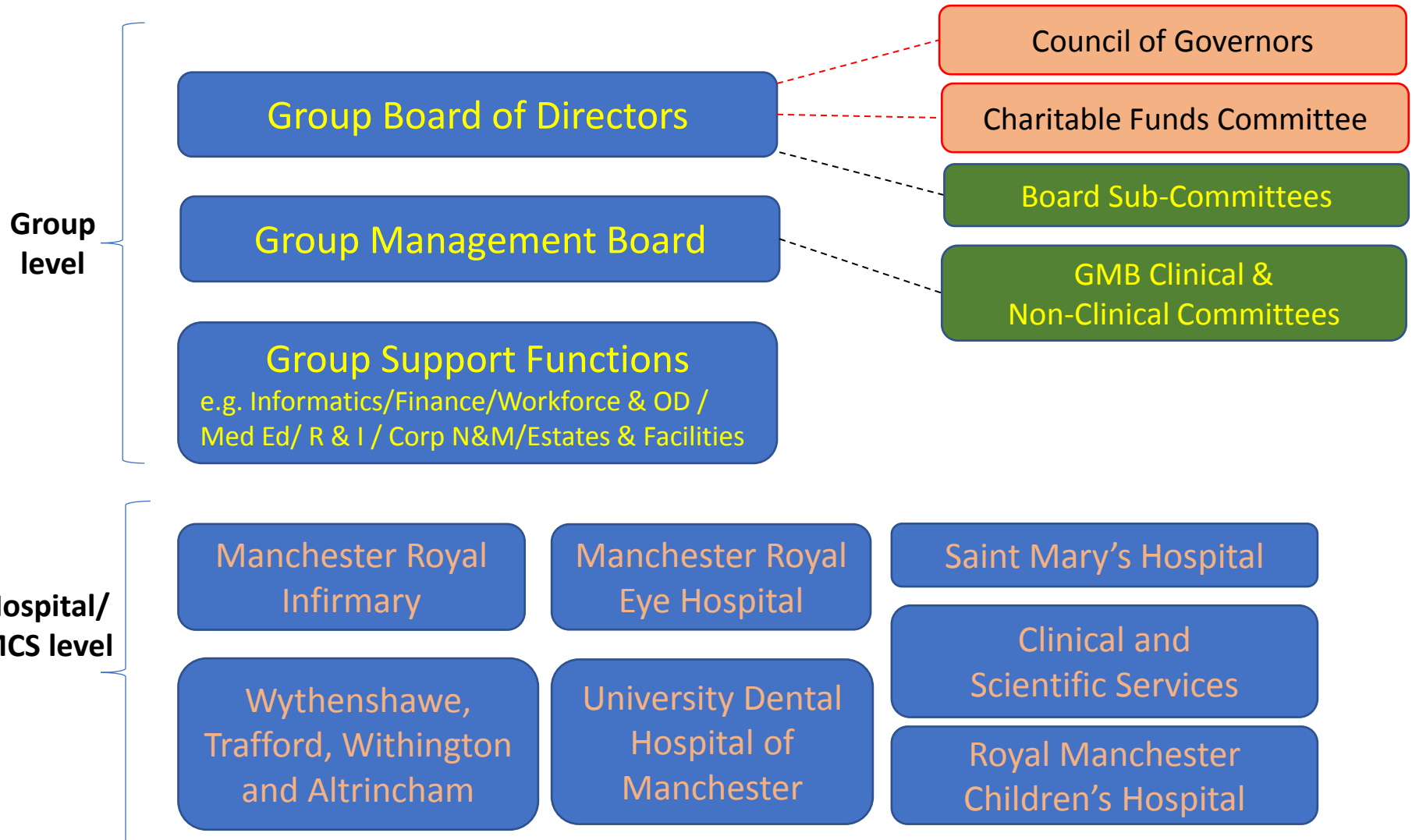
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Group and Hospital Structure



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Hospital Chief Executives



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Sarah Tedford

Manchester Royal Infirmary
(from 1st March 2018)



Mandy Bailey

Wythenshawe, Trafford,
Withington and Altrincham



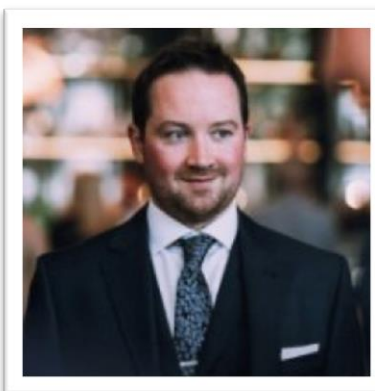
Dena Marshall

Royal Manchester
Children's Hospital



Karen Connolly

Saint Mary's Hospital



John Ashcroft

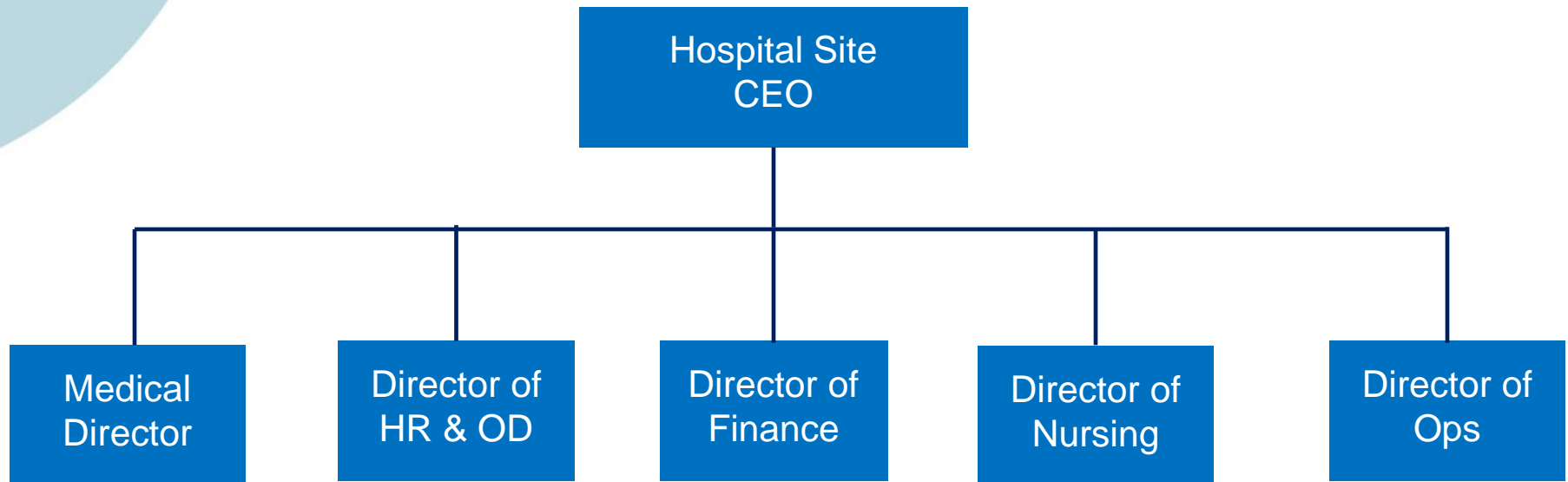
Manchester Royal Eye Hospital
& University Dental Hospital Manchester



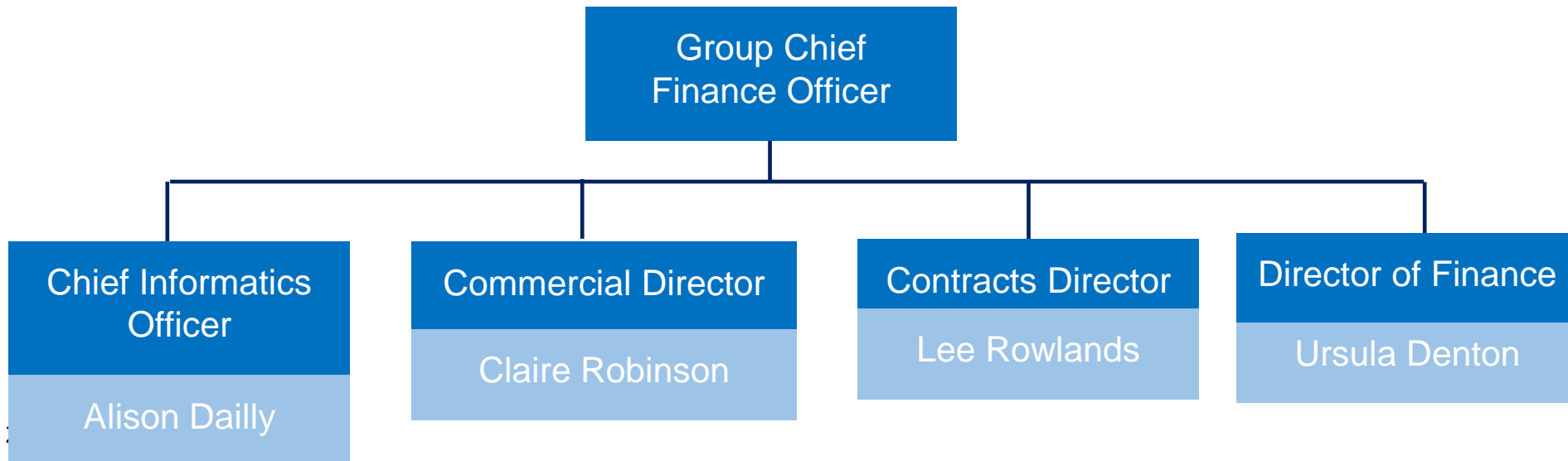
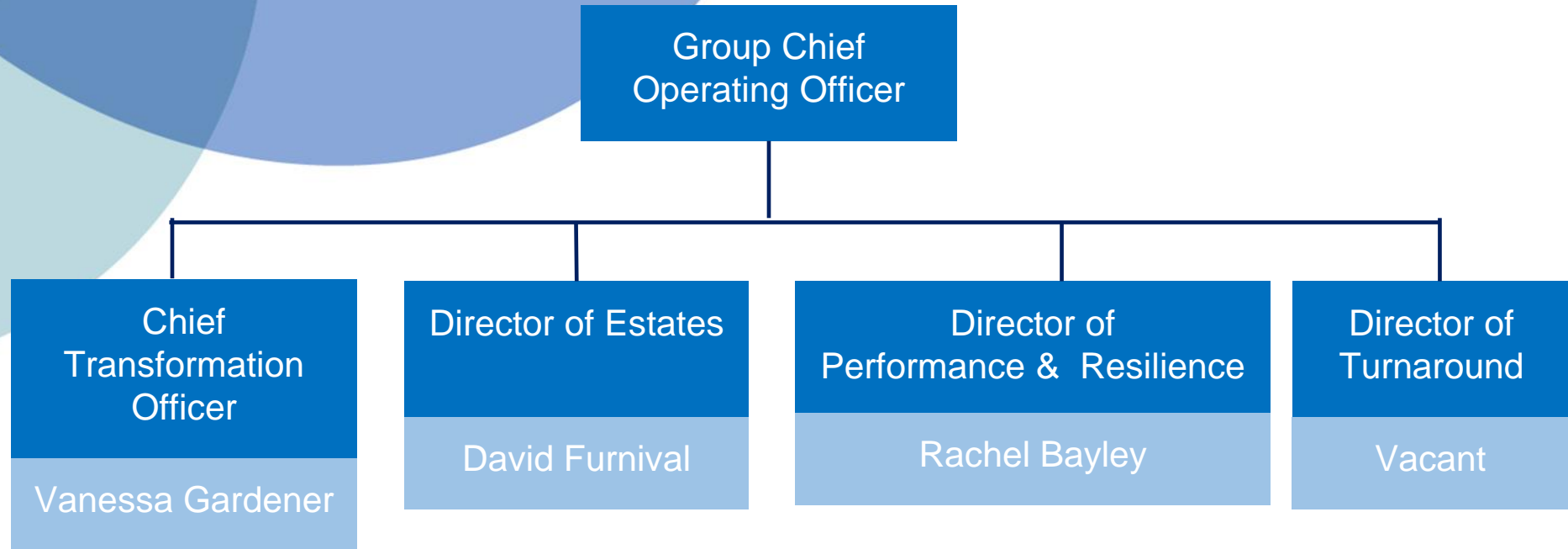
Ian Lurcock

Clinical & Scientific
Services

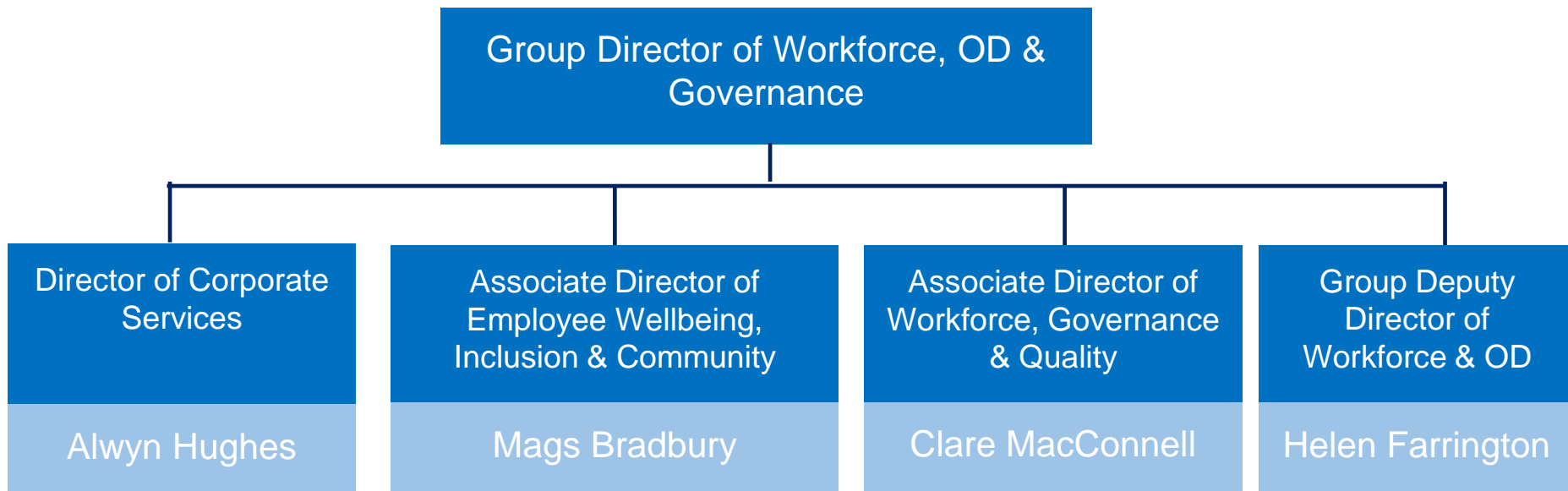
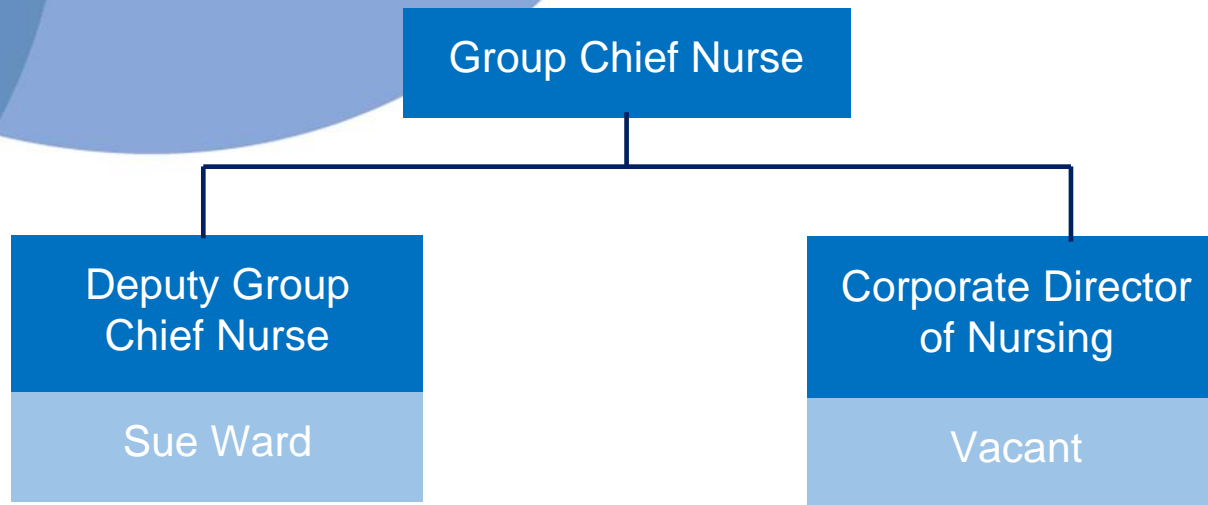
Hospital Site Leadership Team (illustrative)



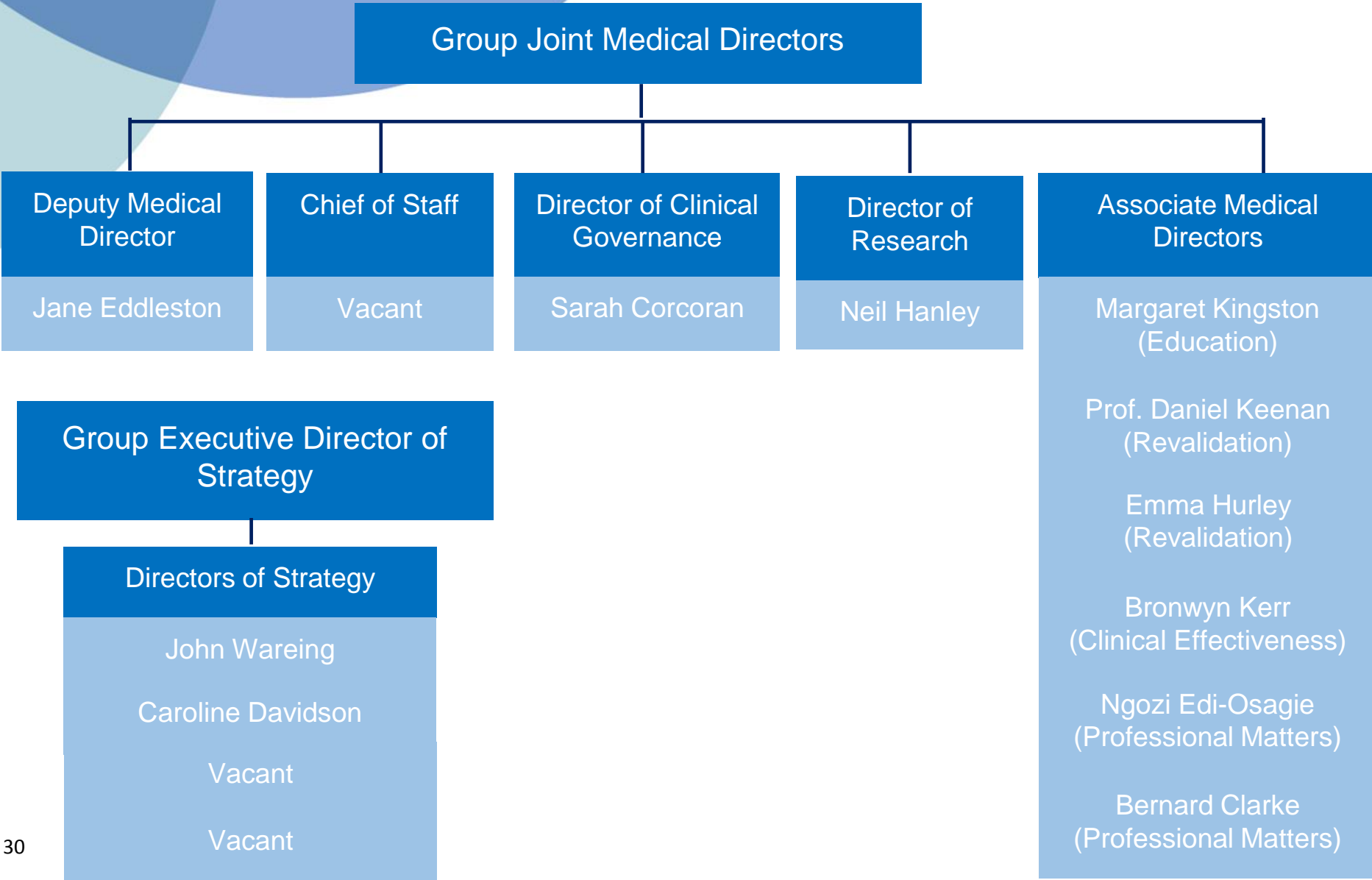
Corporate Leadership Team



Corporate Leadership Team



Corporate Leadership Team



Any questions?



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MICHAEL McCOURT

CHIEF EXECUTIVE OFFICER

Local Care Organisation

Leading local care, Improving lives in Manchester, With you



The Local Care Organisation for Manchester
MFT Council of Governors
14th February 2018



Manchester has:



Significantly lower life expectancy than the rest of the country.

8.2 years - men

6.4 years - women



More than double the rate of **alcohol-specific** hospital admissions than the England average.



The 2nd highest rate of **early death from respiratory diseases** in England.
More than 60% are considered to be preventable.



The highest number of **smoking-related deaths** in the country.

We need to:



- Route our public funds to the places where they can **make a difference**.
- Help neighbourhoods develop local plans, spending money on **local priorities**.
- **Support prevention and self-care**, to help people stay independent in their own homes - and be connected to local support, services and community groups.
- Shift the focus of care away from hospitals and **into our communities**.
- **Reduce inequalities** in experiences, access and care, in different parts of the city.
- Simplify the journey through our health and social care services - making it easier to access services **closer to home**.

We're working together to create a new public sector organisation.



Community health



Social care



Primary care



Mental health

Local care needs to be designed and managed by local people.
We're responsible for making sure they have the support they need.

- Providing citywide leadership, governance and business support services
- Supporting health and social care colleagues to design services for local people
- Overseeing 12 neighbourhood integrated teams – each with a local board and GP leadership at a local level - working with:
 - Residents, patients and carers
 - Housing, employment, transport, education providers
 - Commissioners, acute care providers
 - Voluntary organisations and community leaders
 - Homecare, residential and nursing providers
 - LGBT, youth, faith, sports and leisure groups

Introducing...

Manchester Local Care Organisation

Local

Noun

= from, existing in, serving, or responsible for, an area



Care

Noun

= the provision of health, welfare, support, and protection



Organisation

Noun

= a group of people working together, in an organised way, for a shared purpose



Taking charge of Health and Social Care



Greater
Manchester
Health and Social
Care Partnership



Manchester
Health and
Wellbeing Board

Manchester Transformation
Accountability Board

Locality Plan
Delivery Group

Our healthier Manchester
Our vision, your health

Manchester
Local Care Organisation

Single Hospital
System

Single commissioning
system



NHS
Manchester University
NHS Foundation Trust

 Manchester
Health & Care
Commissioning

12
Neighbourhood
Boards

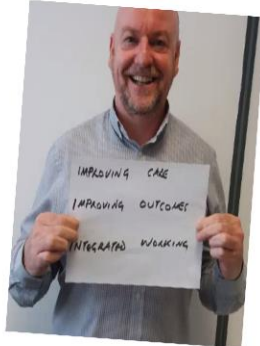
- Setting priorities based on local population health data
- Building on local assets and working with communities
- Making decisions in partnership with local people:
 - What's **important** to people in that area
 - What's happening in that neighbourhood
- Our neighbourhoods have different populations, trends, health and social care issues.



Our Interim Executive Team



**Michael McCourt –
Chief Executive Officer**



**Mark Edwards –
Chief Operating Officer**



**Ian Trodden –
Chief Nurse**



**Sohail Munshi –
Chief Medical Officer**



**Nicky Parker –
Director of Social
Care Development**



**Nigel Gloudon –
Director of Finance**

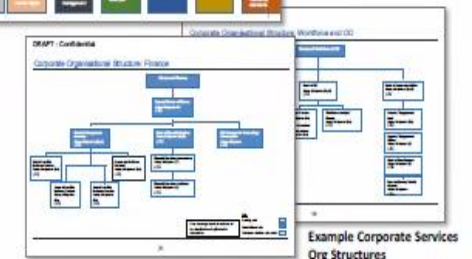
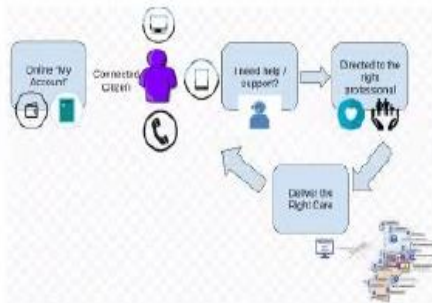
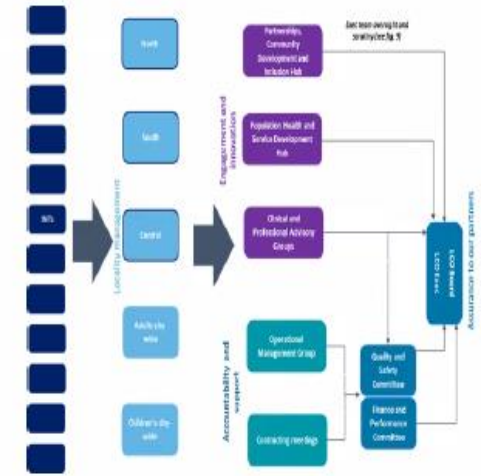
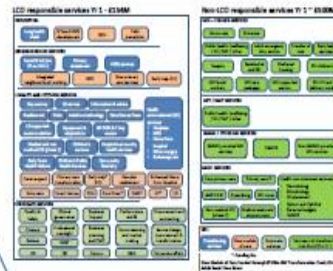
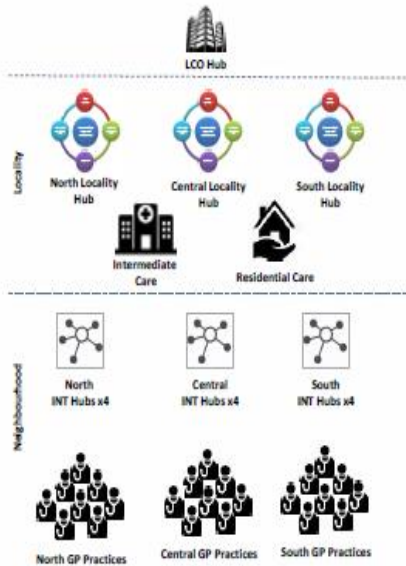


**Katy Calvin-Thomas –
Director of Strategy**



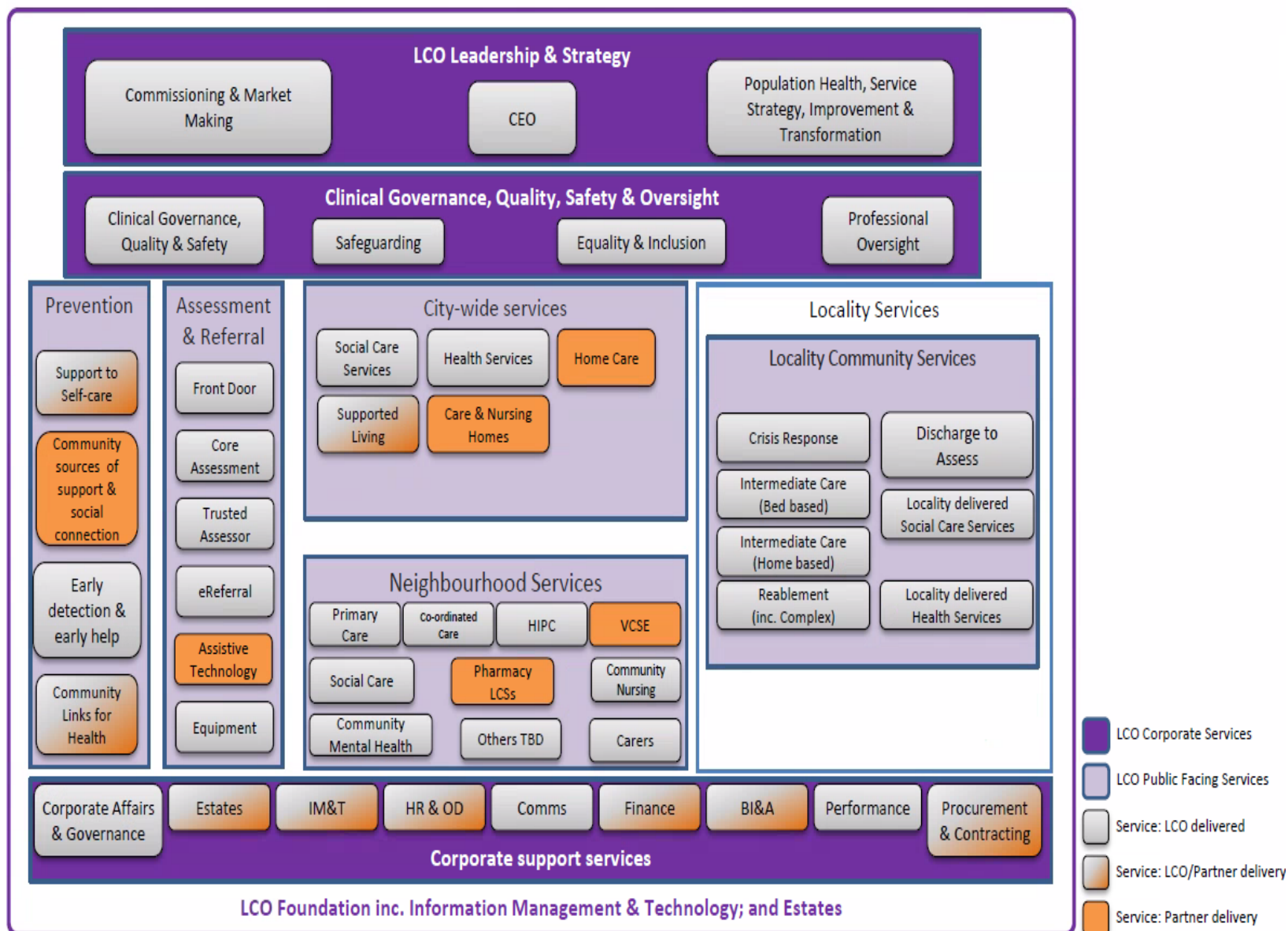
**Jon Lenney –
Director of Workforce**

Our Year 1 Operating Model establishes the elements required by the LCO to deliver Year 1 transitioned services and the new models of care



Our emerging Target Operating Model illustrates how we will deliver services

Locality Board & MHCC



Investing in the future

Places

- Extracare housing
- Making more of the buildings we use
- New-build multi-use community hubs

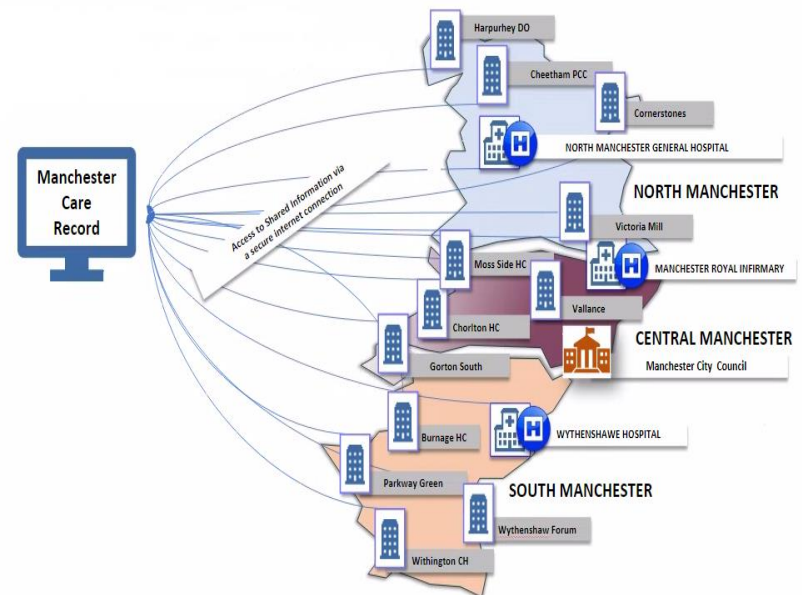
People

- Self-care, prevention and public health
- Attracting, supporting and retaining good people
- Supporting carers
- Working with local communities, groups and young people



Innovation

- Supporting the Manchester system – we're working to help relieve the pressure on our hospitals
- Working with our universities
- Assistive technology - 'Smart Homes'
- IT – shared care record
- Building new models of care



What's happening next?



We want the people of Manchester to:

- Have equal access to health and social care services
- Receive safe, effective and compassionate care, closer to their homes
- Live healthy, independent, fulfilling lives
- Be part of dynamic, thriving and supportive communities
- Have the same opportunities and life chances - no matter where they're born or live.





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