



Manchester University
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

PUBLIC PRESENTATION PACK

Tuesday, 5th November 2019 at 1.30pm

In the Ground Floor Meeting Room,
Nowgen Centre, Oxford Road Campus





Manchester University
NHS Foundation Trust

WELCOME TO THE COUNCIL OF GOVERNORS

Tuesday, 5th November 2019



EU EXIT



Manchester University
NHS Foundation Trust

Julia Bridgewater

Group Chief Operating Officer

Manchester University NHS Foundation Trust

Governance Arrangements

- **EU Exit Operational Readiness Guidance** - published 21 December 2019 – Focus on 7 areas:



- **Senior Responsible Officer** – Chief Operating Officer, Julia Bridgewater
- **MFT EU Exit Contingencies Group** - in place since January 2019, with representatives covering the above 7 areas
- **Risk Register** – Composite risk added to the MFT risk register since January 2019
- **National / Regional Workshops** – attendance by MFT to support EU Exit planning
- **GM Partnership Coordination** - of regional response and collaborative working across providers via the Local Health Resilience Partnership forum.
- **MFT Business Continuity** – Robust MFT process in place for Business Continuity Planning across all hospitals and Managed Clinical Services, places MFT in the best possible position.
- **MFT Emergency Preparedness, Resilience and Response (EPRR) Governance structure**

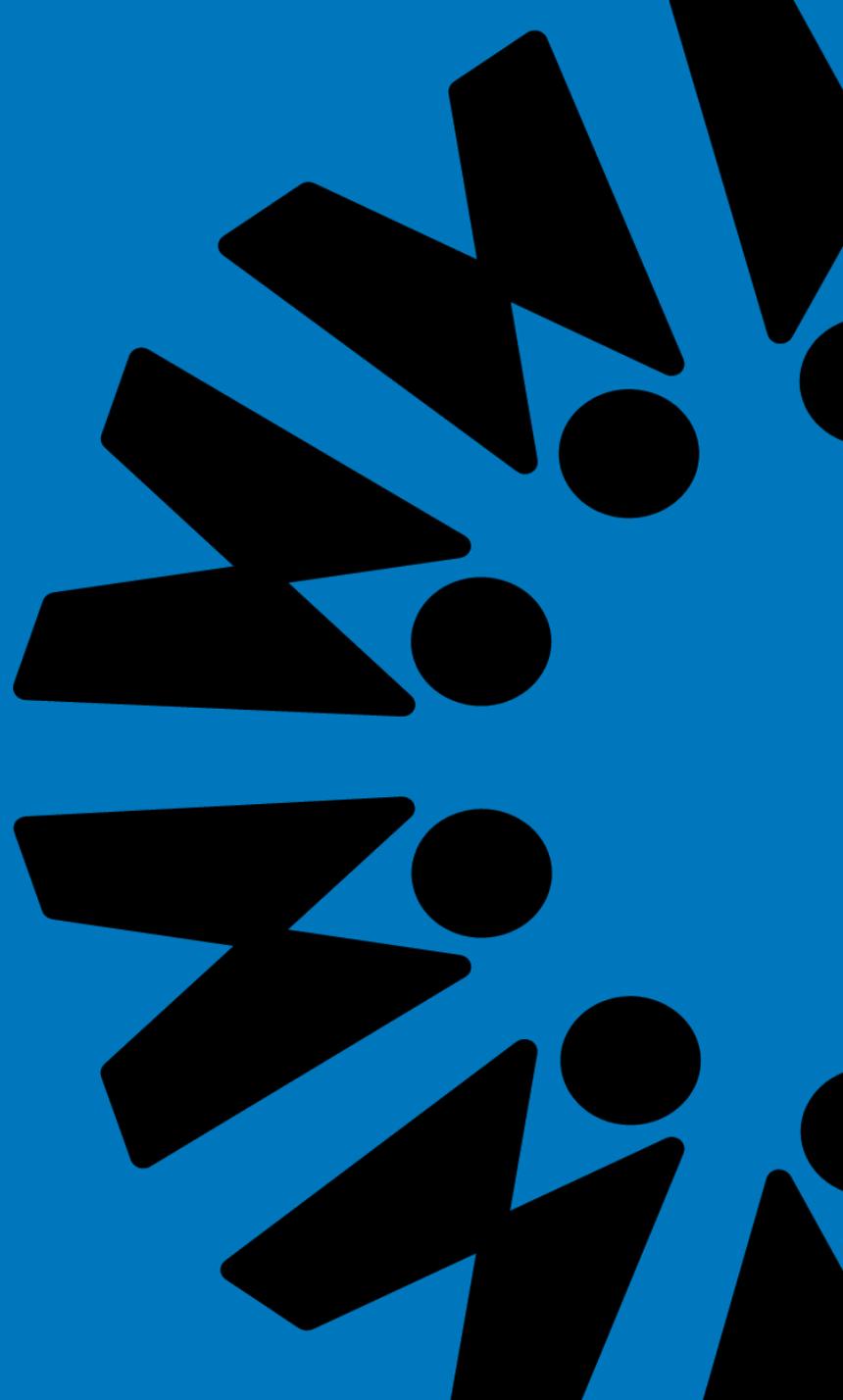
KEY MESSAGE:

- EU Exit scheduled to occur at the end of January, which inherently is more of a risk/challenge due to winter pressures.
 - If the current withdrawal agreement, or a revised one, is agreed and ratified during this time, the UK could leave the EU sooner than the 31/01/2020.
 - Organisation's to retain preparations over the next 3 months, and maintain compliance with national directives
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- Nationally there is assurance of NHS preparation, with lessons learnt being factored into ongoing planning and testing.
 - A number of national subgroups in place underpinning the 7 areas of EU Exit Operational Readiness - working directly with subject experts across providers.
 - Additional subject matter expertise within the national team will work with regions to mitigate issues as much as possible at a local level.
 - National team working with regions to focus on whole system resilience
 - Organisation's to maintain existing business / clinical practices i.e. no stockpiling
 - Intensity of preparations and communications through August – October and SITREP reporting, this has now been suspended due to the extension.
 - SITREP reporting to recommence in January

Current Position

Pharmacy	<ul style="list-style-type: none">• MFT compliant with the national guidance that local Trusts must not stockpile• NHS England (NHSE) additional stockpile to mitigate any short term delays.
Procurement	<ul style="list-style-type: none">• Routine stock reviews undertaken across wards.• Work undertaken by MFT procurement team with specific areas of higher risk to standardise and strengthen stock management processes.
Workforce	<ul style="list-style-type: none">• Settled status – choice of individuals to opt for ‘settled status’, currently no change to the requirements for evidence of right to work.• Communications and support to Trust EU staff• MFT Risk Register - identify any concentrated workforce risks across services.
Reciprocal Healthcare	<ul style="list-style-type: none">• Emergency and GP services will remain exempt from charges.• Visitors from the EU, Norway, Iceland, Liechtenstein or Switzerland will not be covered for healthcare in the same way they are now if there is a no-deal EU Exit.• Citizens from these countries living lawfully in the UK on or before exit day will still be eligible for free NHS care.• MFT processes in place to manage the changes to reciprocal healthcare.
Research	<ul style="list-style-type: none">• No new guidance at this point.
Data Sharing	<ul style="list-style-type: none">• Workshops took place in September• MFT compliant with guidance.

Questions?



Planning for the Winter



Manchester University
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Julia Bridgewater

Group Chief Operating Officer

Manchester University NHS Foundation Trust

Winter Planning Aims, Process and Governance Arrangements

The Winter Plan takes a Trust approach to address the demand for services through our acute and specialist hospitals and clinical services, the key aims of the plan are to:

- Keep patients safe and ensure the delivery of effective care
- Improve and manage patient flow, minimising delayed transfers of care and long length of stay
- Flexibly manage peaks in demand
- Support staff well-being
- Ensure timely escalation processes, internal and externally
- Maintain capacity to deliver clinically urgent, long wait and cancer inpatient activity

Winter Planning Process

- Learning from last years plan
- Reflects National Priorities
- Recommendations from external reviews
- Testing new models
- Benchmarking against other system plans
- Consultation with staff and stakeholders

Governance

- Hospital level daily bed meetings, length of stay reviews
- Hospital governance structures
- Group oversight arrangements led by Group Chief Operating Officer (COO)
- Reporting to MFT Committees
- MFT Representative on Locality Urgent Care Board and Operational Delivery Group
- Operational Pressures Escalation Levels (OPEL) GM system reporting
- National Situation Report (SITREP) Reporting to commence 02/12/19
- Performance Team point of contact for system escalation

National Priorities



- Urgent Care Treatment Centres
- GP Streaming
- Ambulatory Care / Same Day Emergency Care



- Maintaining flow
- Improving timely discharge
- Reducing Delayed Transfer of Care(s) (DToCs) and Long Length of Stay (LLoS)

MFT Group and System Plan

Organisation	Plans
System	<ul style="list-style-type: none"> • Manchester Health & Care Commissioning (MHCC) daily winter calls, coordination of system OPEL • Escalation of emerging risks to GM Urgent Care Board • Public Health Campaigns • Home First, supported discharge • GM Emergency Hub Repatriation Policy • Greater Manchester Police first line reversal of opiate overdose (OD), GP clinics on the street Friday afternoons • EPRR Adverse weather warnings
Group	<ul style="list-style-type: none"> • Flu vaccination programme • Staff recruitment, retention and wellbeing • Communication of Trust Plans with external partners • System escalation and reporting to Greater Manchester Partnership and Clinical Commissioning Group (CCG) • Continuation of governance arrangements between the Group and Hospitals • Urgent Care Delivery Board oversight of Managed Clinical Services (MCS) and Manchester Local Care Organisation (MLCO) • NHS Improvement (NHSI) Emergency Care Intensive support team across adult, paediatric Emergency Department(s) (EDs) and into MLCO • Review of elective programme
Provider Partners	<ul style="list-style-type: none"> • Mental Health – Core 24 recruitment Wythenshawe • North West Ambulance Service (NWAS) – Admission avoidance • MHCC – Bed for the Night

Highlights of the 2019/20 Winter Plan

The tables below provides the key elements of Hospital / MCS longer term plans to support resilience of urgent care, additional actions in response to pressures over Q2, and additionality for winter, which reflect the national priorities.

Hospital/ MCS	Improvement Schemes
Manchester Royal Infirmary	<ul style="list-style-type: none"> • Excellence in Flow Programme, supported by Emergency Care Intensive Support Team (ECIST) commenced in September to test new models of care • Weekly length of stay meetings • Focus on increasing weekend discharge • Safer Better Together designed to deliver sustainable improvement • 24 hour site management • Admission avoidance, frequent attenders • Extended hours for ambulatory care • Promotion and embedding SAFER standards • Manchester ward – focus on discharge to assess • Dedicated Major Trauma ward
Wythenshawe Hospital	<ul style="list-style-type: none"> • Development of Urgent Care Treatment Centre, with a focus on streaming • Ambulatory and assessment models – extension of Acute Medical Receiving Unit (AMRU) / Specialist Receiving Unit (SRU), frailty, speciality in reach • Focus on ambulatory majors • Overnight staffing • Standardise board rounds, embed SAFER standards • Weekly length of stay meetings • Working with British Red Cross
Royal Manchester Children's Hospital	<ul style="list-style-type: none"> • Implementation of Hospital at Night • Treat and Transfer to Starlight • Additional clinical fellows overnight • GP sessions in Paediatric Emergency Department (PED) • Potential opportunities for front door streaming

Highlights of the 2019/20 Winter Plan by Hospital site

Hospital/ MCS	Improvement Scheme
Clinical and Scientific Services	<ul style="list-style-type: none"> • Additional imaging lists and reporting, evenings and weekends • Pharmacy support to escalation wards • Additional Allied Health Professionals to A&E and wards • Rapid flu testing
St Marys Hospital	<ul style="list-style-type: none"> • Additional Emergency Department (ED) capacity following estates work • Agreement of escalation process and clinical criteria for MRI to access ring fenced beds
Royal Manchester Eye Hospital	<ul style="list-style-type: none"> • Additional staffing in Emergency Eye Department • Agreement of escalation process and clinical criteria for MRI to access beds
Manchester Local Care Organisation	<ul style="list-style-type: none"> • Additional investment agreed in October to implement an Integrated Discharge Team at MRI, recruitment in progress, full model expected end of January

Additional Physical Capacity

Hospital/ Community	Acute/Community/Transition	Number of Beds	Date Opened
MRI	Major Trauma	8	2nd December
MRI	Escalation	12	Q4
RMCH	High Dependency	8	Q4
MLCO	Discharge to Assess	10	Q3
MHCC	Care Home Beds	9	Q4
MHCC	Homeless transition flats	10	Q3
Total		57	Operational Q4

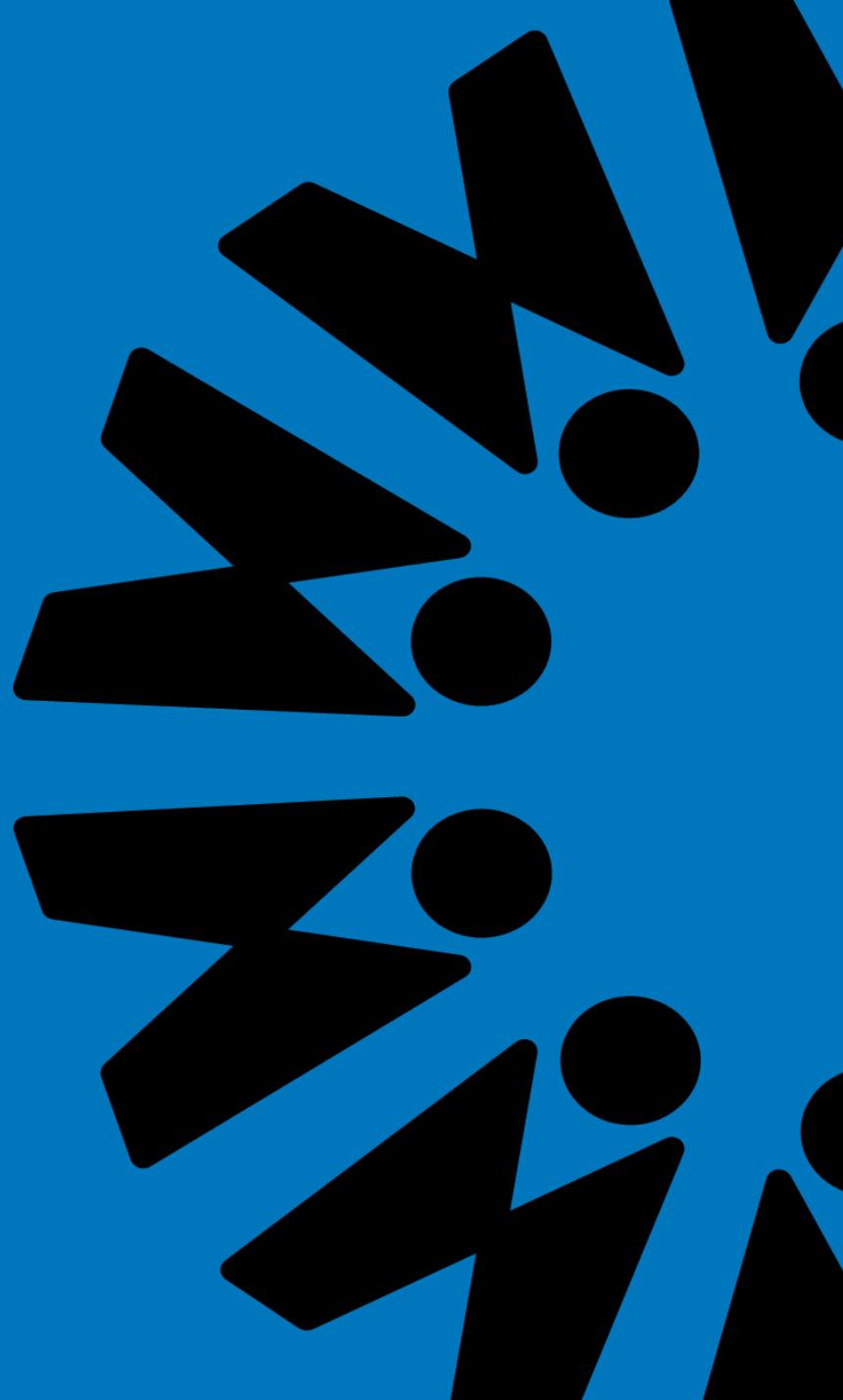
Key Risks

- Continued emergency demand increases - Q1/Q2 MFT experienced 4% (+8338) more ED attendances across all portals
- Mental Health demand, and bed availability
- Infection/ flu outbreak in community
- Delayed Transfer of Care(s) (DTOCs) and stranded volumes remain static – Trajectories and plans are in place but a stepped change improvement is required.
- Workforce – maintaining staff well being, availability of staff within acute and social care sector, ability to recruit.
- Resilience of the care home market
- EU Exit

Impact on Constitutional Standards

- **4 Hour Target** – Performance against the standard across Q1/Q2 has been significantly challenged, despite implementation of a number of additional actions the positive impact of these on performance has been offset by the exceptional peaks in demand that have been experienced. Therefore, demand management and deflection schemes are critical to supporting improvement in the 4 hour standard.
- **Elective Care Programme** – due to the urgent care pressures already experienced over the summer months the MRI elective programme has been reduced throughout September and October causing potential risks of: increased waiting times, potential breaches of the 52 week standard, rise in the waiting list, and increased cancelled operations.
- **Cancer**
 - Increased urgent care demand and higher bed occupancy is likely to impact on diagnostic demand for inpatients, this capacity is in competition with urgent referrals for cancer pathways. Timely access to cancer diagnostics is a key factor in underperformance against the 62 day standard.
 - Cancellation of cancer activity is only undertaken in extreme circumstances based on safety considerations, and based on discussions with clinical teams, with oversight from the Group COO.

Questions?



Michael McCourt

Chief Executive - MLCO

&

Tim Griffiths

Associate Director Corporate Services - MLCO



**Manchester Local
Care Organisation**

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Manchester Local Care Organisation (MLCO)

Progress 18 months into MLCO

October 2019

Powered by:



MLCO recap

- We are the organisation that runs NHS community and Adult Social Care services in the city
- So we are part NHS (through staff deployed from MFT) and part local authority (deployed from Manchester City Council) and responsible for much of the out of hospital health and care provided in the city
- These teams are now working together as one team for the first time – working with mental health services and GPs as well to better plan and coordinate care.



Our services

We have over 3,200 staff working in:

- Adult social care services
- Community health services for adults
- Community health services for children, young people and families
- Community dental services
- Community health inpatient services
- End of life care.

www.manchesterlco.org/services



Making a difference – some of the things we have done so far

Integrated neighbourhood teams

Early work from **Didsbury East & West, Burnage and Chorlton Park INT** early implementer has found:

- +** improved communication between health and social care teams
- +** better understanding of roles, speeding up of assessments and more joint visits
- =** **better coordinated care for local residents**

Keeping people out of hospital

Community crisis response - citywide performance

Nov 18 to Aug 19

3,292 accepted referrals from NWAS and the community

3,002 patients treated in community and avoided A&E /admission

Care for targeted groups

High Impact Primary Care

Outcomes for cohort in our three pilot areas include

- ↓ 24%** decrease in non-elective activity
- ↓ 14%** decrease in 111 calls
- ↓ 19.7%** decrease in A&E attendances and 16.6% decrease in costs
- ↓ £354k** equivalent cost reduction in emergency activity for patients discharged from HIPC

End of life care in the community

Working with Macmillan has secured

£5.2m

investment in palliative care and supportive service

- **3 hubs across the city**
- **Strengthened teams**
- **Multi-disciplinary approach**
- **Supporting people and providing best quality end of life care where needed.**

Strengthening social care in the city

Adult Social Care Improvement Plan

90 new social work posts recruited to across the city.

- strengthening support in Manchester
- delivering the MLCO integrated neighbourhood team approach and discharge/admission avoidance
- alongside major increases in reablement capacity and other services to keep people safe in the community.

Prevention as part of our offer

MLCO prevention approach



- Health development coordinators**
Strategic role in neighbourhoods - identifying challenges and working to build on strengths with community partners
- Care navigators**
Simplifying people's care journeys by working to help service users navigate through health and care services
- Partners**
Working with VCSE sector and partners like Buzz and Be Well for a better coordinated approach

Our 2019-2020 priorities

Five key priorities across our services to deliver better outcomes for the people of Manchester.

- **1 A population health approach**
Implement a number of targeted local programmes to systematically improve the health outcomes for people living in Manchester
- **2 Achieving integrated working in neighbourhood teams**
Ensure more people are treated in their communities and increasing targeted health offers for people with complex needs through our 12 Integrated Neighbourhood Teams (INTs)
- **3 Building strong relationships with primary care**
Create integrated offers for people in practices and place which support them to stay well in the community
- **4 Delivering better system resilience**
Effective use of out of hospital resources - increasing the number of people cared for in the community or their own home and reducing the number of people admitted to hospital
- **5 Achieving Phase 2 for MLCO**
Enabling service redesign and sub-contracting to become part of the integrated offer in Manchester.

Powered by:

Trafford Local Care Organisation



- **Trafford community healthcare teams transferred to MFT on 1st October following the dispensing of community services by previous provider, Pennine Care NHS FT.**
- 650 community health staff have been deployed to work with us at MLCO through the newly formed **Trafford Local Care Organisation** (formed through a new section 75 partnership agreement between MFT and Trafford Council)
- The exceptions to the transfer were Trafford Child and Adolescent Mental Health Services (which moved to RMCH) and Trafford Children's Health Information Service (which moved to Northern Care Alliance) to be co-located with other similar services
- Members of the MLCO executive team now carry out a joint leadership role across both MLCO and TLCO.



**Trafford Local
Care Organisation**

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Trafford services

Trafford services that are now part of Trafford Local Care Organisation are:



- Community physical health services for adults
- Community physical health services for children, young people and families
- End of life care
- Adult social care (through Trafford Council).

Full details at mft.nhs.uk/trafford-services



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Transformation across Trafford



**Trafford Local
Care Organisation**

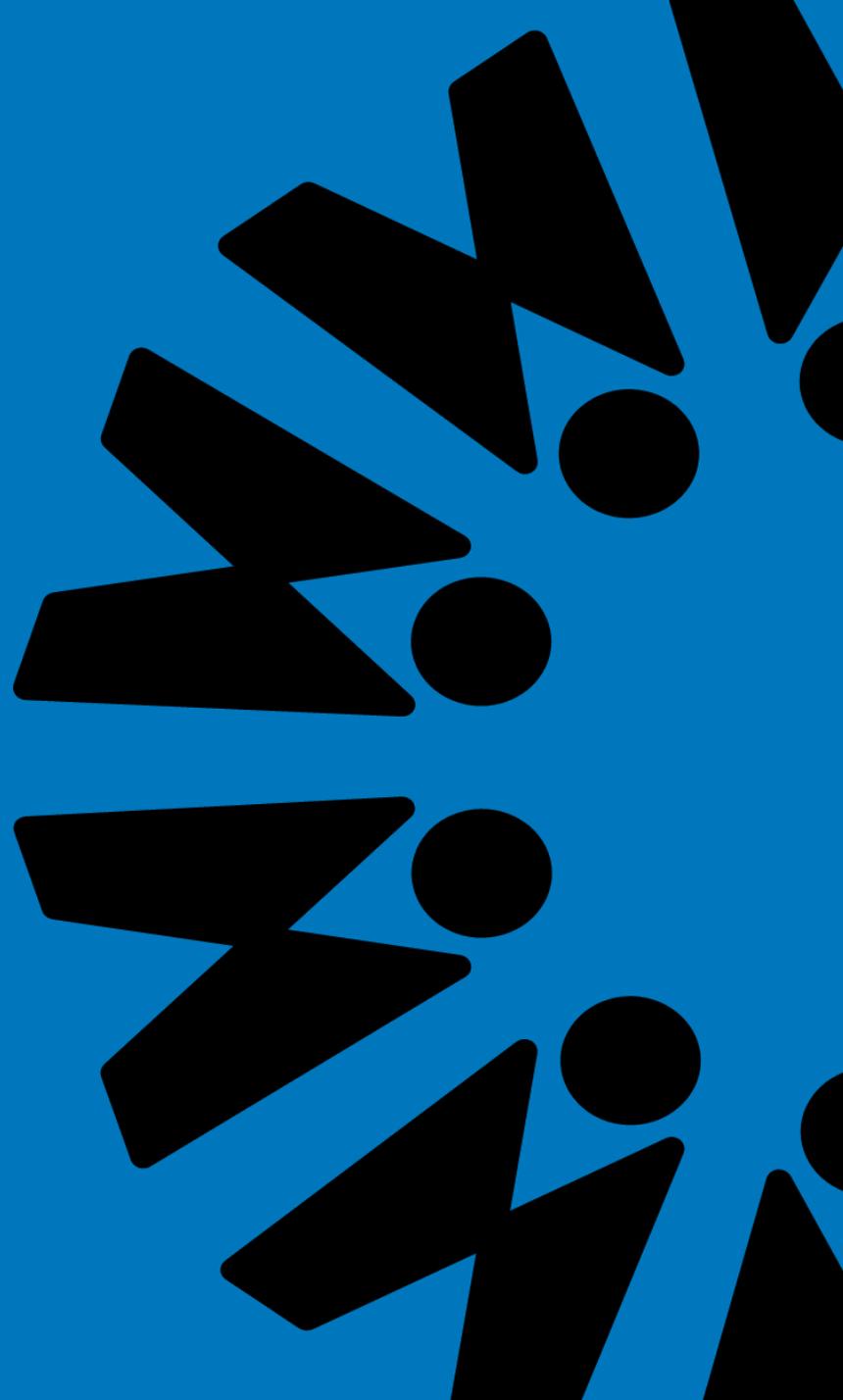
Leading local care, improving
lives in Trafford with you

Key elements to transformation work:

- **Post transaction implementation plan** – building on a safe start and aims to take us to business as usual by April 2020 with a focus on areas like governance, informatics, finance, HR, procurement
- **Rapid improvement plan** - around service priorities where improvement required: Start Well, intermediate care and musculoskeletal (MSK)
- **CCG priorities** – including diabetes, cardiology, respiratory, risk stratification and support for nursing home clinicians
- **Key strategic priorities** - Transformation of Urgent Treatment Centre (UTCs) at Wythenshawe and Trafford General and development for Trafford General Site Model.

Key opportunity to share best practice across Manchester and Trafford through our new model - and a real appetite to do this from our new colleagues.

Questions?



Darren Banks

Group Executive Director of Strategy

Manchester University NHS Foundation Trust

Annual Planning



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- Annual planning – process by which we develop our plans for the coming year that will enable us to achieve our performance, activity and quality targets and to make progress towards our longer term aims
- Outputs:
 - MFT Annual Plan
 - Operational Plan required by NHS Improvement (NHSI)
- The starting point for the planning cycle is to review the Trust vision and strategic aims

Vision and Strategic Aims

- Trust Vision and Strategic Aims set the context for all planning across the organisation
- MFT Vision and Strategic Aims are to be presented to the Board of Directors for approval in November

Our **Vision** is to improve the health and quality of life of our diverse population by building an organisation that:

- Excels in quality, safety, patient experience, research, innovation and teaching,
- Attracts, develops and retains great people, and;
- Is recognised internationally as leading healthcare provider.

Our **Strategic aims** are:

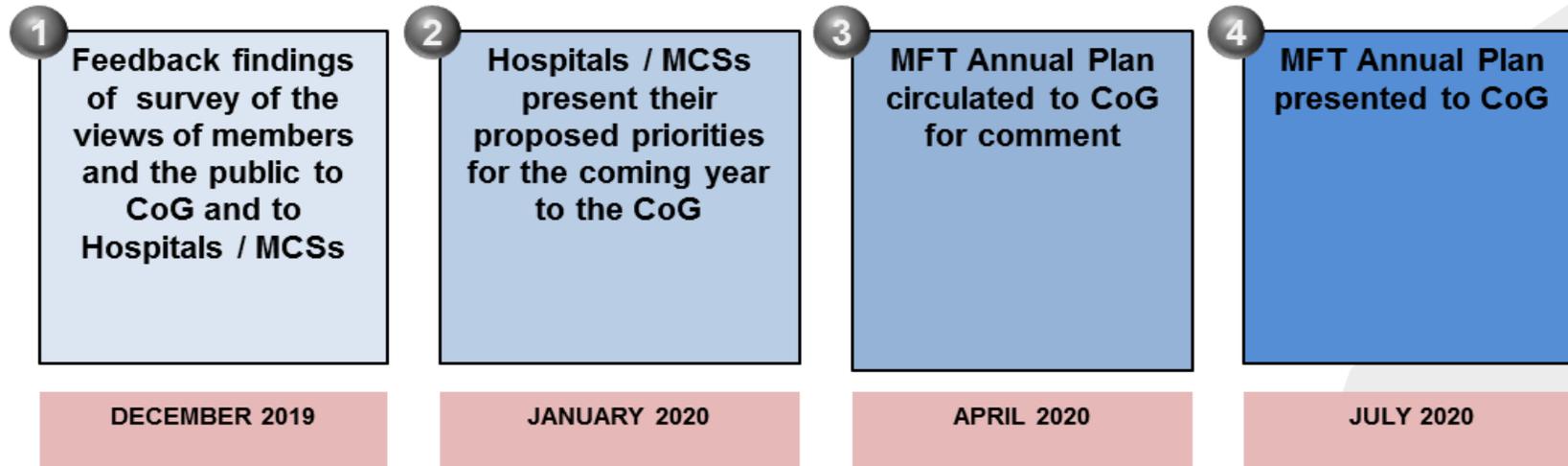
- To complete the creation of a Single Hospital Service for Manchester/ MFT with minimal disruption whilst ensuring that the planned benefits are realised in a timely manner
- To improve patient safety, clinical quality and outcomes
- To improve the experience of patients, carers and their families
- To develop single services that build on the best from across all our hospitals
- To develop our research portfolio and deliver cutting edge care to patients
- To develop our workforce enabling each member of staff to reach their full potential
- To achieve financial sustainability.

Roles and Responsibilities

- Preparation of the Trust's 'Forward Plan' is led by the Board;
- Board of Directors must have regard to the view of the Council of Governors;
- To present an informed and representative view, Governors should canvass the views of members and the public and feed back their views to the Board of Directors.

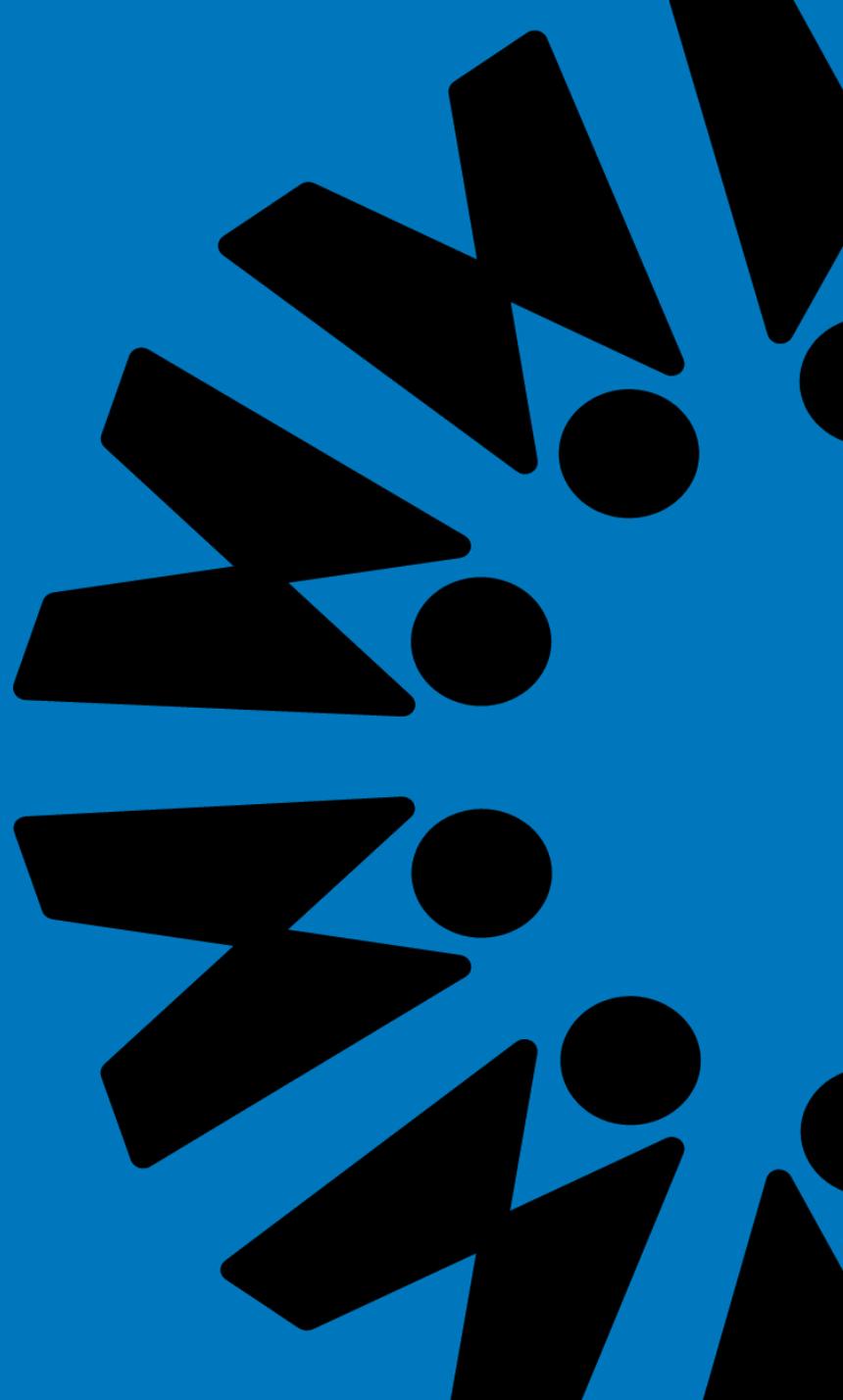
Council of Governors Involvement

- MFT Annual Plan



- NHS England/Improvement (NHSE/I) Operational Plan – timelines to be published - will be circulated to the Council of Governors for comment prior to submission

Questions?



Sarah Corcoran

Group Director of Clinical Governance

Manchester University NHS Foundation Trust

Purpose of the Quality Report



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- To present an account of the quality of our services for the year 2019 – 2020
- To do that in a way that is transparent – celebrating achievement but being open about where improvement is needed
- To communicate the priorities for 2020 - 2021

2019-20 Approach



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- Consultation
- Inclusive process
- Informed by the Care Quality Commission (CQC) inspection response
- Presenting the narrative as well as the figures and graphs
- Challenging timescales
 - December 19 content planning
 - January / February 20 draft content
 - March / April 20 external consultation and data lock down and insertion
 - May 20 – Audit and Monitor submission
 - June 20 – laying before Parliament

- **2019/20 Priorities**

Reduction in avoidable deaths

Effectively identify and manage quality and safety risks

Create a culture where people can speak up, report concerns and be open and learn when things go wrong

Eliminate Never Events

Eliminate avoidable infections

Reduce the number of falls that result in harm to patients

- **2020/21 Priorities**

Under discussion

- **Key Indicator for Testing**

For discussion

Content

- NHS Improvement (NHSI) mandated
- What would you like to see?
- How can we help you to decide?

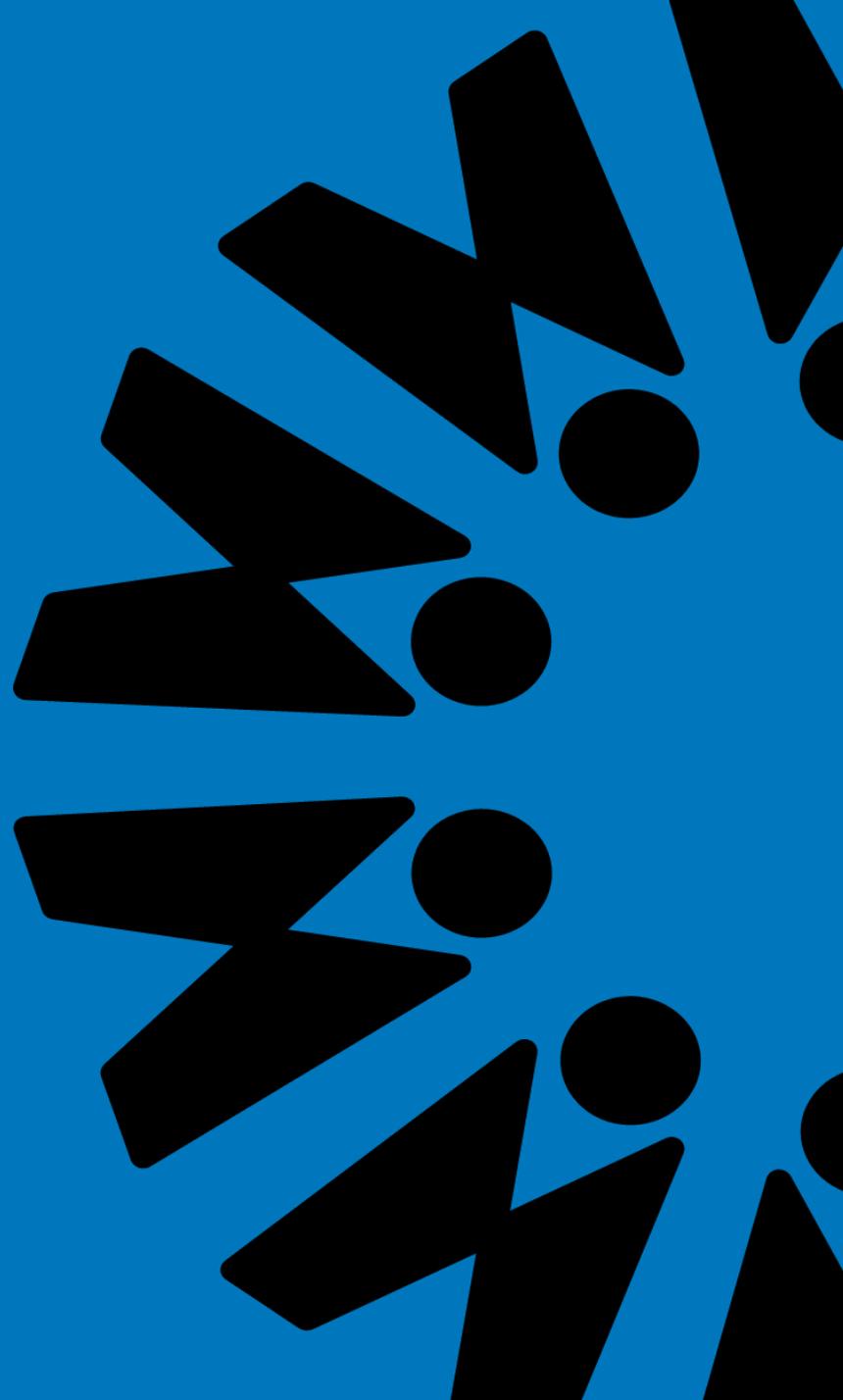
Suggestions:

- Patient safety
- Mortality
- Dementia Care
- End of Life Care
- Patient experience

Key Indicator for Testing

- Some mandated:
 - 18 Weeks
 - A&E 4 Hrs
 - 62 Day Cancer
 - 52 Weeks
- What do you want to test?
- How can we help you to decide?
- Suggestion:
 - Mortality metrics

Questions?





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