



Manchester University
NHS Foundation Trust

WELCOME TO THE COUNCIL OF GOVERNORS

Wednesday, 12th February 2020



Julia Bridgewater

Group Chief Operating Officer

Manchester University NHS Foundation Trust

Performance



National and GM Performance:

- The national position on average has been c. **86%** throughout 2019
- Sharp deterioration in national performance in November and December
- The reduction in national performance year on year has been significant c. **-7% in December**
- GM performance has followed a similar profile to the national position, with all providers experiencing a reduction in performance over the winter period.

	Q1	Q2	Oct	Nov	Dec	Q3	Jan
MFT 2019 %	84.3	84.7	81.5	80.8	78.1	80.2	80.8
MFT GM rank	3 rd	5 th	5 th	2 nd	1 st	2 nd	1 st
GM 2019 %	83.1	84.6	80.6	76.6	73.5	77.2	75.2
National	86.1	86	83.6	81.4	79.8	81.6	unavailable
MFT 2018 %	88.1	87.5	82.9	85.1	84.6	84.2	81.9
MFT Yr on Yr Variance %	-3.8	-2.8	-1.4	-4.3	-6.5	-4	-1.1

MFT Urgent Care Performance:

- **MFT has maintained safety** - no 12 hour trolley waits, limited corridor care delivery of ambulance handover standard
- **MFT has mitigated less reduction in performance** than the national and system positions during the winter period.
- **MFT performance ranking has improved** since Nov as a result of maintaining performance.
- **MFT is the only GM Trust achieving over 80% in January, ranked 1st in GM.**
- MFT has seen **c.14,000 (+5%) more emergency patients in Q1 – Q3 2019**
- **MFT has seen more patients within 4 hours (c.600)** than the previous year, due to the higher demand levels.
- MFT and MLCO jointly **need to improve Long Length of Stay** where MFT is an outlier compared to other providers, **and Delayed Transfers of Care** which are double the local standard. This has been a key area of focus with actions in place, and support from the National Emergency Care Intensive Support Team.

Planned Care

- Urgent Care Pressures typically impacts on delivery of other constitutional standards.
- Whilst **cancelled operations in December and January reduced** compared to the previous months, this was due to **pre-emptively reducing the elective programme** due to the pressures.
- Although there were less cancellations, for the cancellations that occurred it was more difficult to reschedule these within the **28 day standard** due to bed pressures, with an **increase in these during December and January.**
- **RTT delivery in December reduced to 78.57%**, in part due to the PAS upgrade, but also reduction of the elective programme.

Christmas & New Year Summary

Following the Christmas and new year period a detailed analysis was undertaken of the period, to assess the factors impacting on performance, which was shared at the Board of Directors in January.

Key Headlines:

- Trust **winter plans were robust** and worked well.
- **Response from the teams to go the extra mile was exceptional.**
- There is **no single factor** which has challenged performance, rather a compound effect of a number of issues including:
 - the **profile and demographics** of the demand,
 - **trauma** activity and **higher acuity** of patients,
 - **support provided by MFT to the system** to maintain safety.
- There was **no alleviation of pressures** in the run up to Christmas, and no headroom for the period.
- **Individual Pressures for the sites**
 - **MRI – bed pressures** due to high acuity, trauma and bed occupancy
 - **Wythenshawe – higher acuity** of patients and **workforce pressures**
 - **Flu** was high across all sites prior to Christmas.
- **MFT Hospitals provided mutual support** through diverting and flexible use of workforce when needed.
- In addition, **flexible use of capacity and escalation** areas to alleviate pressures was utilised.

Key Areas of Focus



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As reported to the Board there have been a number of short, medium and long terms actions taken over previous months to prevent further negative impact on MFT urgent care performance.

Key areas of focus for the Trust align to areas of national focus including:

- **Estates development** for MRI & PED
- Development of current type 3 EDs e.g. Walk in Centres into **Urgent Care Treatment Centres**
- Maximising **GP streaming** – with the principle of streaming into A&E
- Increasing the number of patients who go via an **Ambulatory Care Pathway**
- Provision of **frailty** services
- Improving **timely discharge** for patients – implementation of Integrated Discharge Team at MRI
- Reducing **Long Length of Stay** and **Delayed Transfers of Care**
- Continued working with NHSI / **ECIST** to provide challenge and support.
- In response to the continued demand pressures, MFT has also commissioned the **Health Innovation Manchester Utilisation Management Unit** to work with the MRI and Wythenshawe to undertake a **qualitative survey** of patients to understand any other factors that influence patients in choosing to attend the Emergency Departments.

Questions?



Response to system resilience

Wednesday 12th February 2020

Council of Governors



Powered by:

MLCO core priorities

- MLCO is the organisation that is responsible for delivering **NHS community services** (like district nursing, health visiting, school nursing, intermediate care and other teams) and **Adult Social Care services** across the city
- So we are an organisation that is part NHS and part local authority and responsible for much of the **out of hospital** health and care provided in the city
- Supporting system resilience is one of the MLCOs key delivery priorities in 2019/20 and will be in 2020/21.

1. PROMOTING HEALTHY LIVING

Helping people to stay well through prevention - supporting them to lead healthier lives and tackling health issues before they escalate.

2. BUILDING ON VIBRANT COMMUNITIES

Using all the resources available in the wider communities people live in and identify with in a true neighbourhood approach, improving population health and wellbeing.

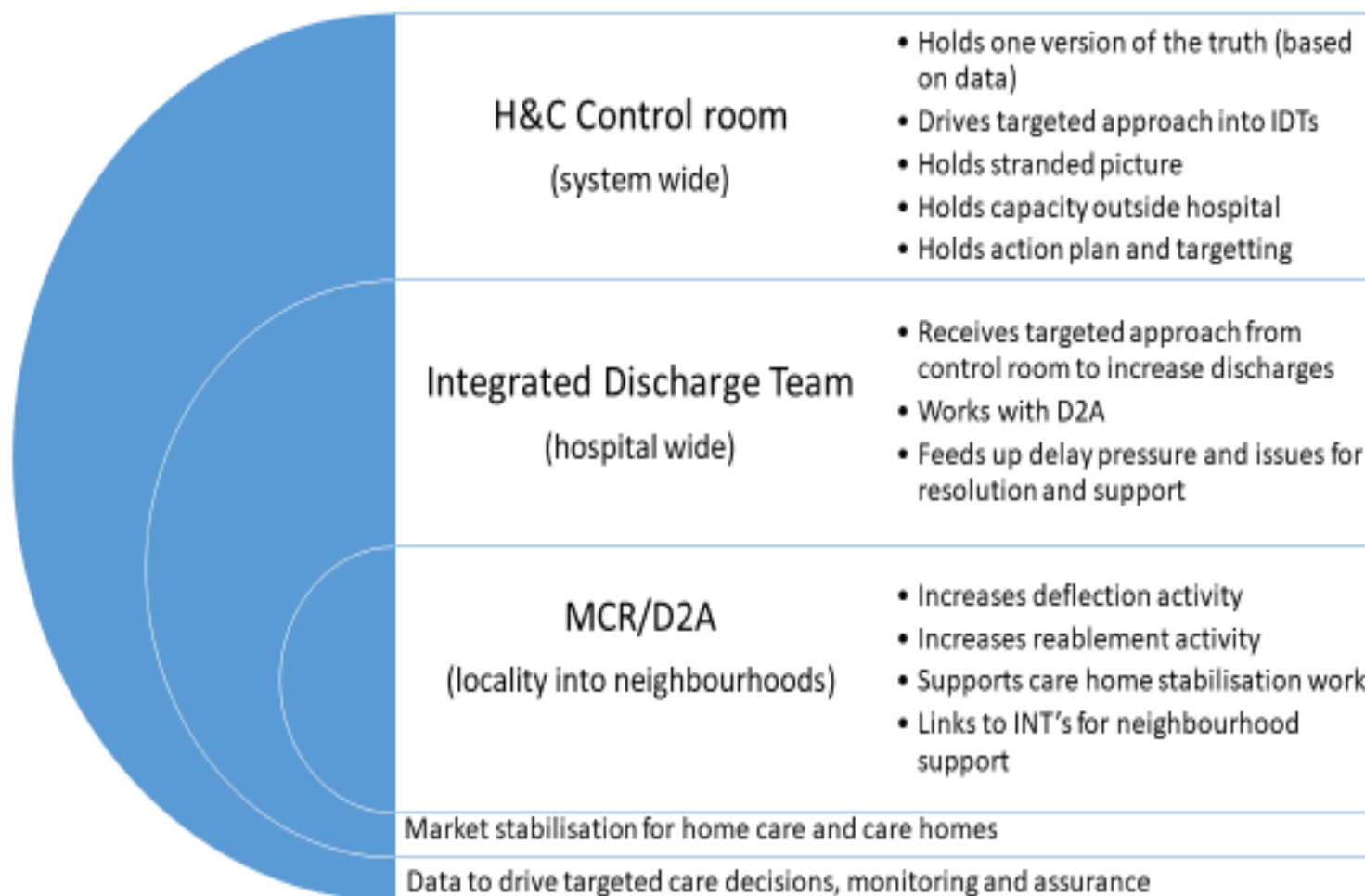
3. KEEPING PEOPLE WELL IN THE COMMUNITY

Helping people who have existing health needs and complex health issues to stay as well as possible in their homes through 12 integrated neighbourhood based teams and citywide services.

4. SUPPORTING PEOPLE IN AND OUT OF HOSPITAL

Ensuring community-based care helps people to avoid unnecessary hospital admissions; or to discharge them from hospital care, quickly and safely, as soon as they are ready if they do need time in hospital.

MLCO approach to resilience



Working together

We are...

- Working with hospital teams we jointly review all patients over 50 days. Weekly 'Length of Stay reviews' with weekly LOS review Senior Leadership escalation meeting.
- Working with ECIST (NHSi) to jointly review our processes
- Working with MCC to stabilise the care market including increasing the standard fees we pay
- Mobilising a different neighbourhood model of home care
- Securing immediate capacity in the social care market
- Better using information to respond effectively

All to get people home as quickly as possible

Manchester Community Response

Umbrella name for our short term support services. Three key aims are to help people:

- **avoid going into hospital unnecessarily**
- **be as independent as possible on discharge from hospital.**
- **from having to move into a residential home until they really need to.**

Includes crisis response (including NWS 999 deflection), intermediate care, Discharge to Assess, reablement and community IV

Community crisis response - citywide performance

Nov 18 to Dec 19

4,651

accepted referrals
from NWS and the
community

4,247

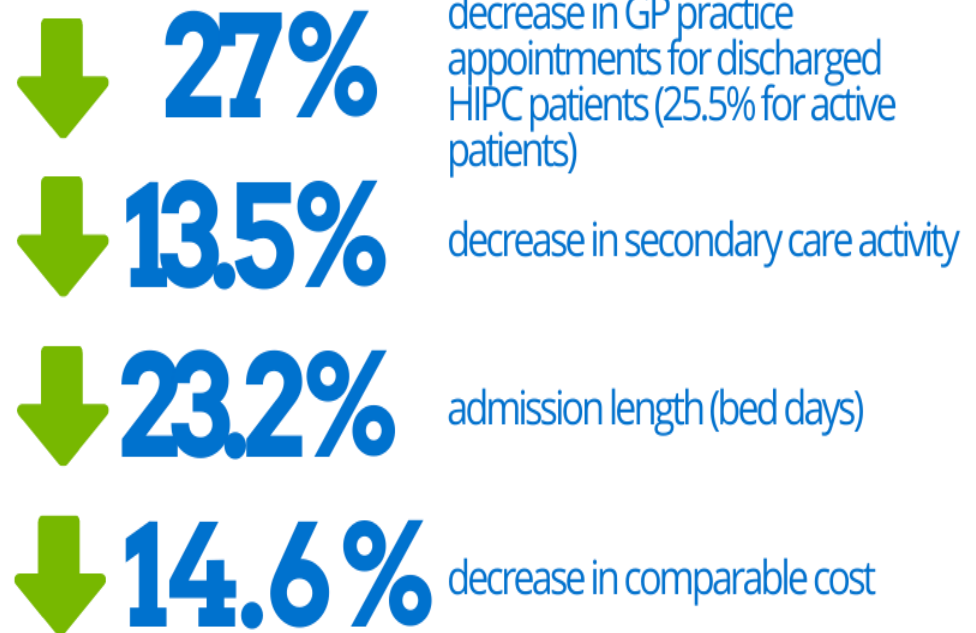
patients treated in
community and
avoided A&E
/admission

Manchester Case Management

Working with the most vulnerable residents, aims to reduce repeat visits to A&E and other acute services:

- Wraps care from community health and social care team around the person
- Piloted as High Impact Primary Care in three neighbourhoods, now being rolled out across all 12.

Outcomes for cohort in our three pilot High Impact Primary Care areas:



Source: Dec 2019 HIPC Monitoring Report. Based on 383 current patients and 887 discharged patients.

Questions?



Adrian Roberts

Group Chief Finance Officer

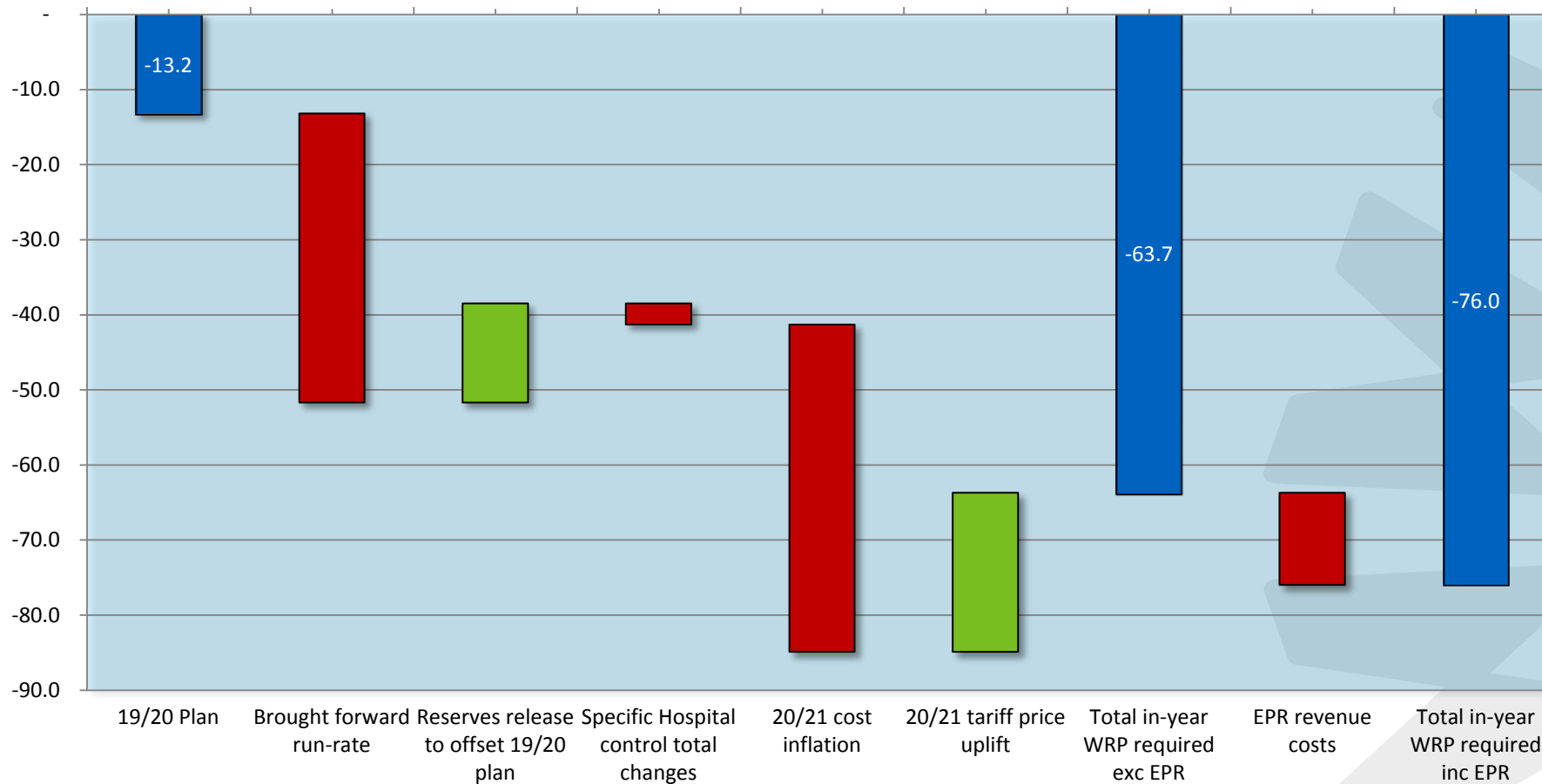
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Update on MFT Financial Position



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2020/21 Financial Delivery Challenge



“We will never solve the problem of cost and finance by focusing on cost and finance.”
Instead it will be resolved “by focusing on the design and redesign of healthcare and the improvement of its quality.”

Donald Berwick, MD, president emeritus and senior fellow at the Institute for Healthcare Improvement

Questions?



Briefing - 2019 novel Coronavirus

(situation report 12/02/20)



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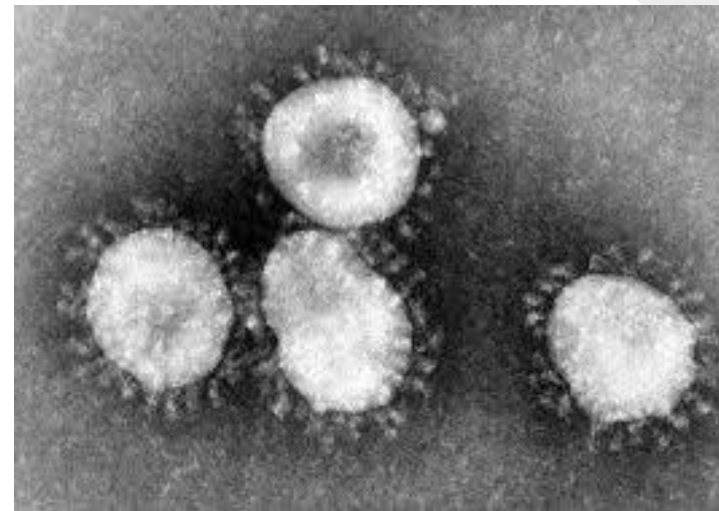
Professor Cheryl Lenney

Group Chief Nurse

Manchester University NHS Foundation Trust

Coronaviruses

- high consequence
 - Severe Acute Respiratory Syndrome (SARS)
 - Middle East Respiratory Syndrome (MERS)
 -and now 2019 nCoV



Seasonal coronavirus infection

- symptoms
 - fever
 - runny nose
 - headache
 - sore throat
 - malaise
- duration
 - 2-4 days



2019 novel coronavirus



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- Clinical presentation:
 - respiratory illness
 - pneumonia
 - Acute Respiratory Distress Syndrome
- Approx 1 in 5 cases are severely ill
- Transmission is predominantly respiratory
- Incubation period
 - Average 5-6 days (but up to 14)

Current global situation



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Coronavirus 2019-nCoV Global Cases by Johns Hopkins CSSE

Total Confirmed

43,138

Confirmed Cases by

- 42,667 Mainland China
- 135 Others
- 49 Hong Kong
- 45 Singapore
- 32 Thailand
- 28 South Korea
- 26 Japan
- 18 Malaysia
- 18 Taiwan
- 15 Australia
- 15 Vietnam
- 14 Germany
- 13 US
- 11 France
- 10 Macau
- 8 United Arab Emirates



Total Deaths

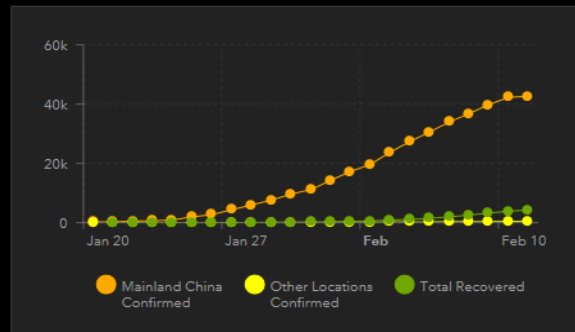
1,018

- 974 deaths
Hubei Mainland China
- 1 deaths
Guangdong Mainland China
- 7 deaths
Henan Mainland China
- 1 deaths
Hunan Mainland China
- 4 deaths
Anhui Mainland China
- 1 deaths
Jiangxi Mainland China
- 2 deaths
Chongqing Mainland China
- 1 deaths
Shandong Mainland China
- 1 deaths

Total Recovered

4,284

- 2,277 recovered
Hubei Mainland China
- 267 recovered
Zhejiang Mainland China
- 244 recovered
Hunan Mainland China
- 215 recovered
Hunan Mainland China
- 211 recovered
Guangdong Mainland China
- 127 recovered
Jiangxi Mainland China
- 105 recovered
Anhui Mainland China
- 93 recovered
Jiangsu Mainland China



Visualization: JHU CSSE. Automation Support: Esri Living Atlas team.
Data sources: WHO, CDC, ECDC, NHC and DXY. Read more in this [blog](#). [Contact US](#).
GitHub: [Here](#). Google Sheet: [Here](#). Time series table: [Here](#). Feature layer: [Here](#).
Point level - US, Canada and Australia; Province level - China; Country level - other countries.
Time Zones: lower-left corner indicator - your local time: lower-right corner plot - Eastern Time (GMT -5).

Current UK situation (as of 09.2.20)

- Total number of people tested: 792
- Total number of confirmed cases: 8

Treatment and prevention

- No vaccine yet (under development)
- No antiviral treatment

Current National objective

- Facilitate detection, immediate case management and isolation to prevent transmission in the UK.
- This is now being led by NHS 111
- Focus on home isolation for potential cases that are relatively well.

- Identify potential cases presenting to the Trust
- Robust pathway for triage, assessment and isolation of potential cases
- Pathway for ongoing isolation of potential cases while awaiting results (if cannot home isolate)
- Continue to work within the GM HCID pathway
- Escalation plans for increasing numbers and management of confirmed cases

Testing

- Now available at MFT as part of Public Health England Regional Laboratory in Manchester.
- Same day result for samples received by 10am.

Monitoring & oversight

- Weekly incident response meetings chaired by Chief Nurse /DIPC
- Clinical response led by Consultant Virologist, Clinical DIPC & Consultant emergency preparedness lead
- Weekly NHSE Webinars (attended by consultants , clinical leads and
- Guidance emerging on a daily basis in response to the evolving situation
- Working closely with PHE and GM/Trust EPRR team

Questions?



David Furnival

Group Director of Estates & Facilities

Claire Igoe

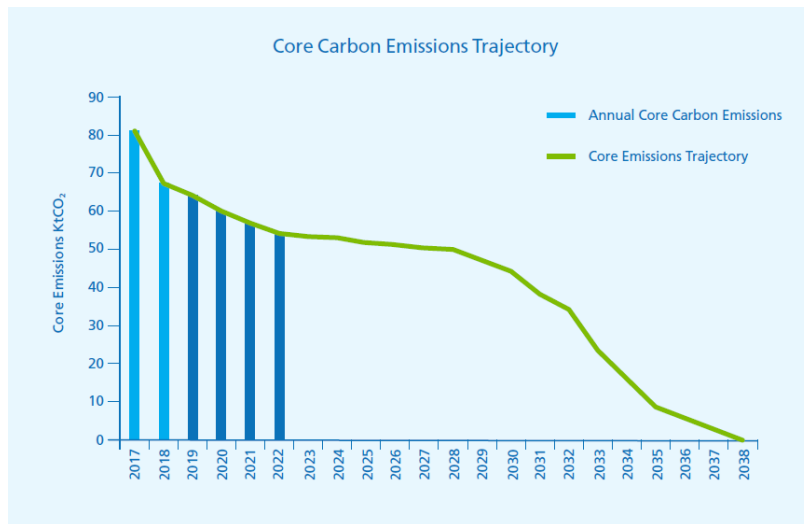
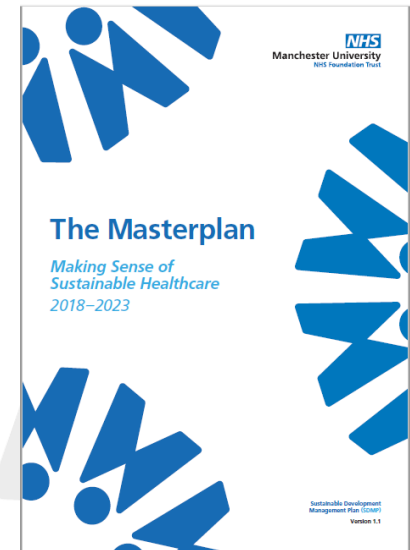
Head of Environmental Sustainability

MFT Environmental Sustainability



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- **Sustainable Development Management Plan (SDMP)**
 - Required by the NHS standard contract
 - Sets out our vision, objectives and targets to deliver sustainable healthcare
 - Updated in January 2020 to take account of changes to national legislation and GM policy
 - MFT's plan widely cited as sector leading



GOAL 1

To reduce our core carbon emissions by 33% by 2023/24 against the 2017/18 baseline, working within our carbon budget for the period of this plan, and influence reductions in carbon emissions from our supply chain and community.



- **Declaration made 4th November 2019**
 - Commit to **carbon neutrality by 2038** for our direct carbon emissions
 - **Fast-track the priorities** set out in our Sustainable Development Management Plan (SDMP)
 - **Embed sustainable healthcare principles**
 - Widely communicated our intention and shared learning
 - Updated our SDMP and Green Rewards Programme
 - Creation of a Climate Emergency Board inc. training
 - Suppliers and Contractors letter
 - Sustainability Impact Assessment (SIA) for business cases

**“Climate Change
is a health
emergency”**

Simon Stevens
Chief Executive of NHS England

MFT Environmental Sustainability



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- **For a greener NHS**
 - Launched on 25/01/20
 - To accelerate action towards a net zero NHS
 - Requires the support of NHS staff across the country
 - MFT sustainable travel case study featured in launch
- **Substantial changes to SC18 (sustainability) planned for 20/21 NHS standard contract**
 - Three main priorities – carbon reduction, improving air quality, and reducing single use plastics (mirrors LTP commitments)
- **Significant national focus on healthcare waste** – NHSE/I and Environment Agency
- **Supporting GM 5 Year Environment Plan** through our engagement with the GMHSCP Sustainable Development Steering Group and the various work programmes



- Carbon Energy Fund (CEF) £10.9M investment in new energy infrastructure across Wythenshawe and Withington Hospitals is well underway - due for completion November 2020. Over 9,000 new LED lights have already been fitted
- We have signed up to the NHS plastics pledge – to eliminate the purchase of single use plastic catering disposables, except where there is a specific medical need
- On the 13th January 2020 we introduced an additional shuttle bus route between Oxford Road and Wythenshawe on a 6 month trial basis
- Link to the SDMP: https://mft.nhs.uk/sdmp_refresh2020_final/

Questions?



Caroline Davidson

Director of Strategy

Manchester University NHS Foundation Trust

Role of the Governor....

Monitor's Reference Guide for Governors (2013)

- *In preparing the forward plan, **Directors must have regard to the views of the Council of Governors.** This means that Governors should have the opportunity to discuss the plan, but it can be implemented without their approval.*

Monitor's Code of Governance (2014)

- ***Governors should canvass the opinion of the Trust's members and the public,** and for appointed Governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors.*

Annual Plan (2020/21) – Next Steps

Process for 20/21....

Looking back – workshop held 18 December 2019

- Presentation of Hospital / MCS progress against 19/20 Annual Plan
- Presentation of results of members / public survey
- Table work on CoG views on output from survey

Looking forward – workshop held 29 January 2020

- Presentation of Hospital / MCS plans for 20/21

Next steps

- Circulate first draft Annual Plan 20/21 for comment - April
- Board approval – May
- Final plan to CoG - May

Questions?



Sarah Corcoran

Director of Clinical Governance

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2019/20 Quality Report



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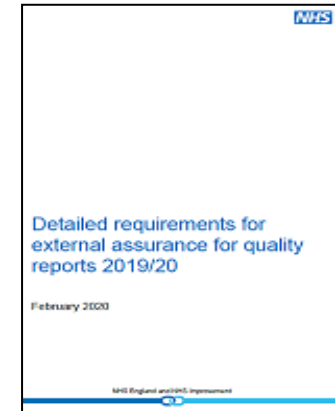
Indicators for Testing

Guidance arrived 9th February 2020

The principle is one of testing the accuracy on the data presented – not the performance

The indicator needs to:

- Be linked to one of the safe, effective and responsive domains;
- Cover a range of Services provided
- The data collection process needs to be auditable e.g. the National Annual Staff Survey would not be auditable as the data is held by an external independent company
- Sufficient sample size to investigate
- Add value e.g. some indicators may already be monitored and scrutinised by commissioners and so another external review would not add great value



Suggestions for Consideration

SAFE

- Falls with harm
- Patients leaving the ED without being seen

EFFECTIVE

- SHMI (did this last year so may not wish to do again)
- A&E re-attendances

RESPONSIVE

- Sickness and absence
- Cancelled Operations

Previously indices : VTE, SHMI, complaints and serious incidents.

Questions?





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