



Manchester University
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

PRESENTATION PACK

TUESDAY, 17TH JULY 2018
AT 1.30 PM

Lecture Theatre Two (2),
Education and Research Centre, Wythenshawe Hospital



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WELCOME TO THE COUNCIL OF GOVERNORS

Tuesday, 17th July 2018



MIKE DEEGAN

Chief Executive Officer

Manchester University NHS Foundation Trust



The Risk Management & Assurance Process:

- High Level risks are those risks scoring 15 or above on the Trust Risk Register. These are derived from each of the Hospital/MCS risk registers
- Full review undertaken at Group Risk Management Committee; mitigating actions agreed and reported to the Audit Committee and Board of Directors
- All High Level risks are linked to the Board Assurance Framework which is reviewed by the Audit Committee, Board of Directors & Scrutiny Committees



Assurance & Risk

Assessment of the anticipated length of time the risk will remain on the risk register at a high level:

- **S** Short term: 0-6 months
- **M** Medium term: 7-18months
- **L** Long term: 19 months +

RAG rating on progress:

Red	Amber	Green
Delay in implementation of action plan or unknown timescale. More assurance needed that planned action will fully mitigate the risk in an acceptable timescale.	Progress being made on mitigating action – anticipated that risk will be mitigated in the projected timescale but more assurance needed.	Good progress being made on mitigating actions – anticipated that high level risk will be reduced in the planned timescale.



Current High Level Risks – Scored 15 or above

Risk	Status on 16/05/18	Current Status (17/07/18)	Risk Term Short, Medium, Long
Timely Access to Emergency Services – Failure to deliver the 4 hour wait standard	A (20)	A (20)	M
RMCH Urgent Care & Emergency Care Capacity	A (16)	A (16)	M
SMH Obstetric Capacity	A (20)	A (15)	M
Delivery of the 6 weeks wait diagnostics target	G (16)	G (16)	S
Group delivery of the RTT 18 weeks standard	A (16)	R (20)	L
Timely access to Cancer Services (Delivery of the 62 day standard)	A (16)	A (16)	M

Current High Level Risks – Scored 15 or above

Risk	Status on 16/05/18	Current Status (17/07/18)	Risk Term Short, Medium, Long
Compliance with Regulations – Electrical	A (15)	A (15)	M
Compliance with Regulations – Fire Stopping	G (15)	G (15)	M
Central Site Management of Patient Records	G (16)	G (16)	M
Clinical Quality of Health Records	A (16)	A (16)	L
Cyber Security	A (15)	A (15)	L
Compound risk relating to the proposed acquisition of NMGH	A (20)	A (20)	L

Current High Level Risks – Scored 15 or above

Risk	Status on 16/05/18	Current Status (17/07/18)	<u>Risk Term</u> Short, Medium, Long
Communications of diagnostic test & screening results	A (16)	A (16)	L
Adult Congenital Heart Services	A (16)	A (16)	M
Financial Sustainability	R (20)	R (20)	L
Regulatory (CQC) Compliance Evidence	G (16)	G (16)	M
Appraisal Compliance	A (16)	A (16)	M
Critical Care Monitoring Station (RMCH)	G (15)	G (15)	S

QUESTIONS ?

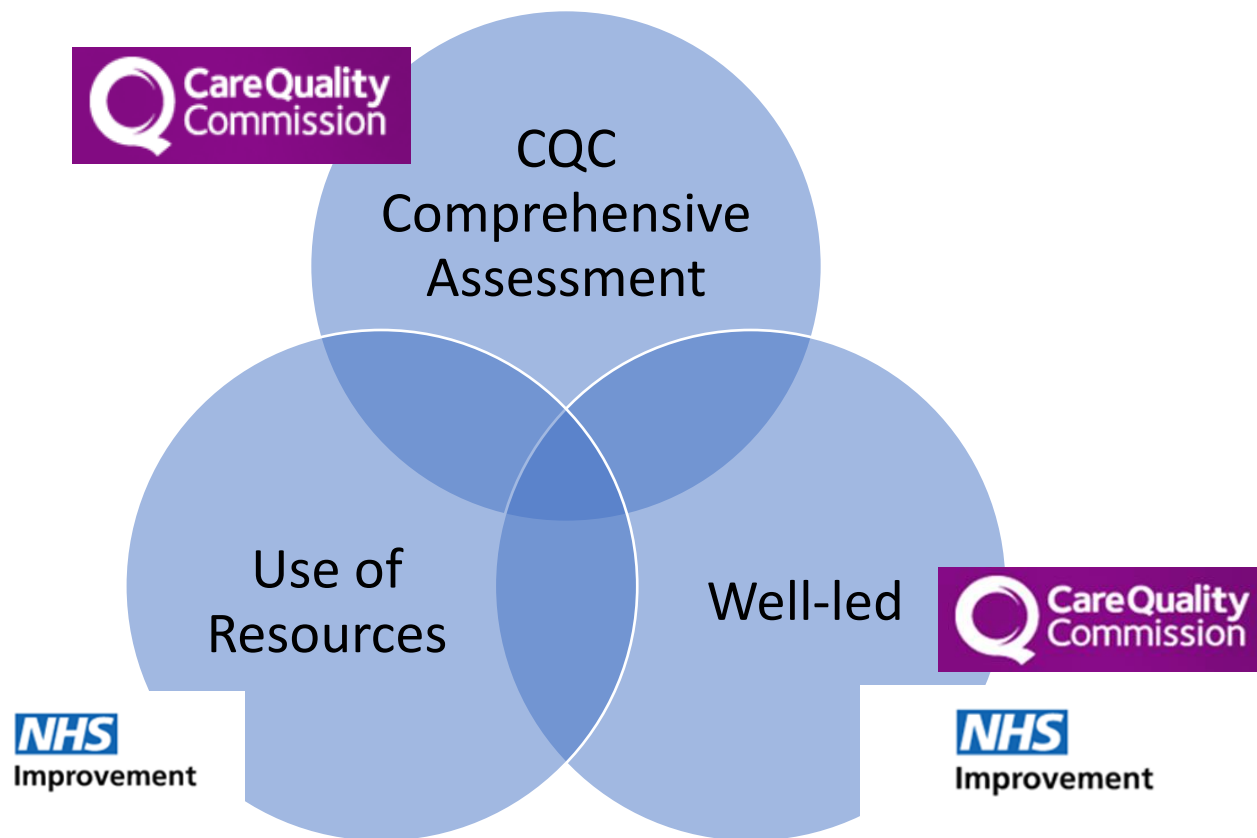


Continuing to Shine Preparing for a CQC Inspection

Sarah Corcoran, Director of Clinical
Governance



Assessment Types....



The Regulations



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Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 5: Fit and proper persons: directors

These regulations are part of the fundamental standards of care

Regulation 9: **Person-centred** care

Regulation 10: **Dignity** and **respect**

Regulation 11: Need for **consent**

Regulation 12: **Safe** care and treatment

Regulation 13: **Safeguarding** service users from abuse and improper treatment

Regulation 14: Meeting **nutritional** and **hydration** needs

Regulation 15: **Premises** and **equipment**

Regulation 16: Receiving and acting on **complaints**

Regulation 17: Good **governance**

Regulation 18: **Staffing**

Regulation 19: **Fit and proper persons** employed

Regulation 20: Duty of **candour**

Registered Activities

These are the activities (what it is we do) registered with the CQC that we undertake in our various premises and helps them understand what type of organisation we are.

They include activities such as:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures

Acute core services

Urgent and emergency services
Medical care (including older people's care)
Surgery
Critical care
Maternity
Services for children and young people
End of life care
Outpatients

Acute specialist core services

Neonatal services
Transition services

Mental Health Care in Acute Trusts

Community core services

Community health services for adults
Community health services for children, young people and families
Community health inpatient services
Community end of life care

Mental Health

Child and Adolescent Mental Health Wards
Specialist community mental health services for children and young people



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Core Services

Additional Services

Acute

Gynaecology
Diagnostic imaging
Rehabilitation
Spinal injuries

Community health

Community dentistry
Sexual health services
Urgent care



Registration and Ratings - Previous

MRI – MRI, REH, SMH, RMCH Good	Wythenshawe Hospital Requires Improvement
Trafford Hospital Good	Altrincham Hospital Good
Withington Hospital Good	Community Services Good / RI
Renal Satellites Good	University Dental Hospital Not Inspected

Registration - Current

Manchester Royal Infirmary	Wythenshawe Hospital	Trafford Hospital
Altrincham Hospital	Withington Hospital	Community Services – to include revised LCO arrangements
Renal Satellites	University Dental Hospital	Manchester Royal Eye Hospital
Royal Manchester Children’s Hospital	Saint Mary’s Hospital	

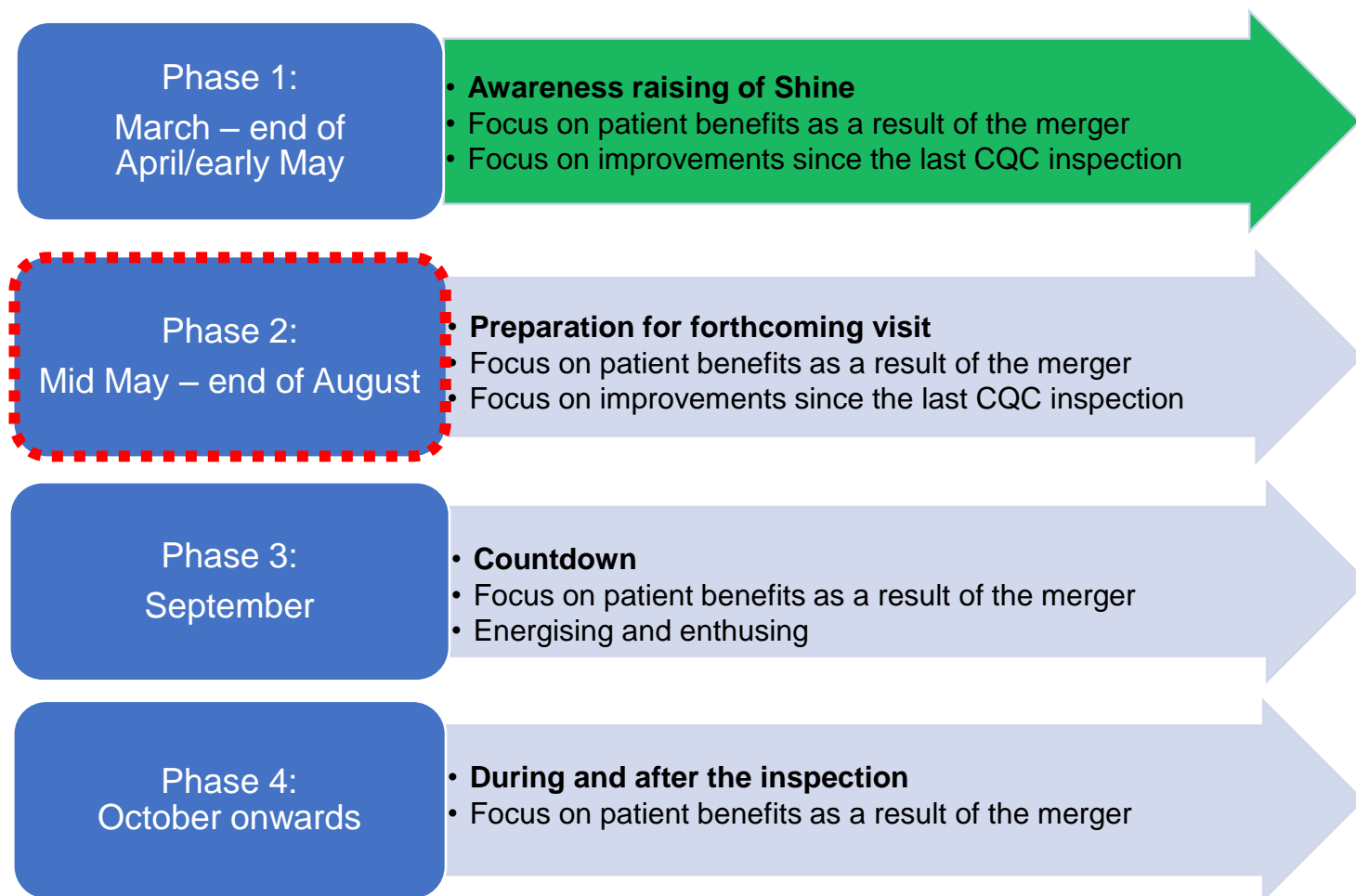
Where are we now?

- Comprehensive Inspection Self Assessment –completed – overall self assessment rating of **‘Good’**
- Well-led self-assessment – Completed and submitted to the Board in July - overall self assessment rating of **‘Good’**
- All action plans progressing with improvements being seen
- Regular engagement with CQC and other stakeholders e.g. Lead Commissioner
- CQC have undertaken walk rounds and focus Groups at a number of Hospitals
- Pre-inspection Request (PIR) part one received and submitted, part 2 received and in progress



Phased Communications Plan

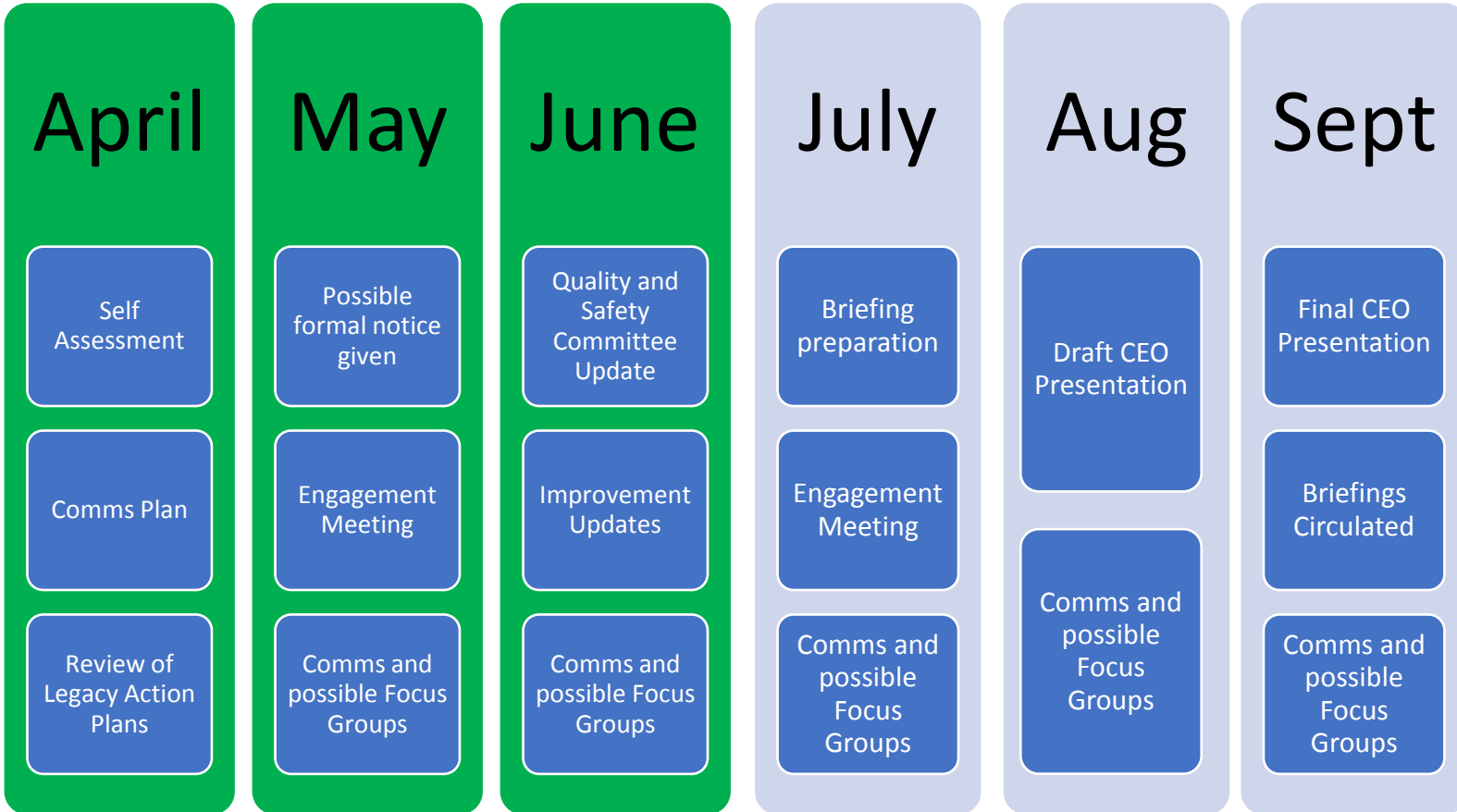
The plan will be phased into four focus areas around the CQC inspection:



Next Steps



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Discussion





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Well Led

Council Of Governors
17th July 2018

Margot Johnson
Group Executive Director of Workforce &
Organisational Development



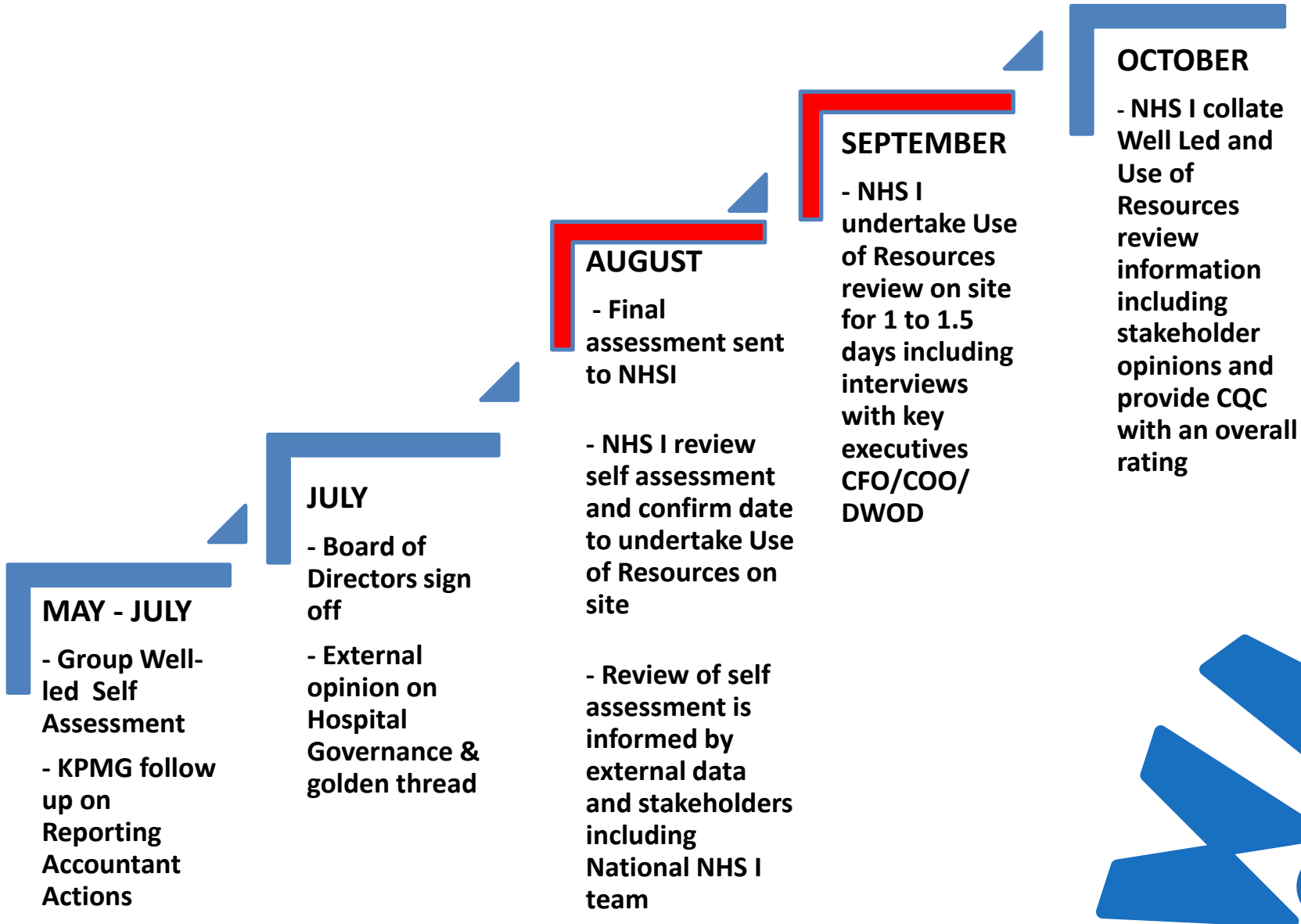
Well-led

By well-led, we mean that:

The leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.



Process and Timescale



Process and Timescale

May to July

- A desk top review of Group **Leadership and Governance** against the eight Well-Led KLOEs and NHS I supporting guidance (44 measures), signed off at executive level.
- KPMG to review progress made since the Reporting Accountant work undertaken in preparation for the merger. The focus of the work was around progress made at Group level in areas previously reviewed:
 - Putting in place effective leadership and governance arrangements
 - The establishment of Financial Reporting Procedures
 - Delivery of the post-merger integration plan

Plus 12 further areas in PTIP plans not previously reviewed



CQC Key Lines of Enquiry for Well Led

1.

Is there the leadership capacity and capability to deliver high-quality, sustainable care?

2.

Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?

3.

Is there a culture of high-quality, sustainable care?

4.

Are there clear responsibilities, roles and systems of accountability to support good governance and management?

5.

Are there clear and effective processes for managing risks, issues and performance?

6.

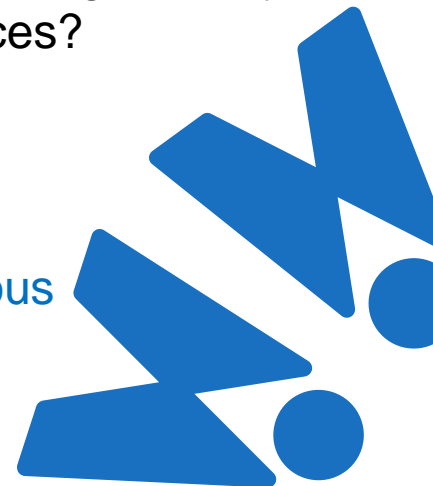
Is robust and appropriate information being effectively processed and challenged?

7.

Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

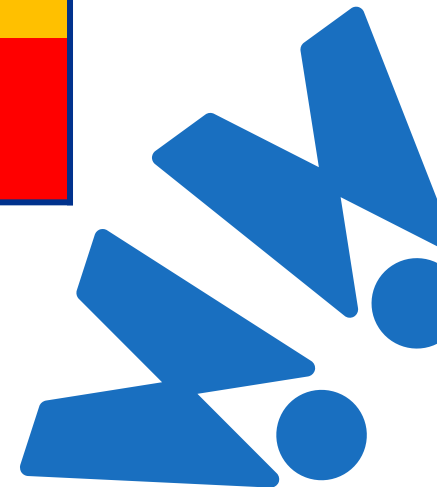
8.

Are there robust systems and processes for learning, continuous improvement and innovation?



Results of External Assessment Group Level

External Assurance Rating:	Findings	
Significant Assurance	39	9
Significant Assurance with minor improvement opportunities	5	3
Partial Assurance with improvements required	0	0
No Assurance	0	0



Process and Timescale

May to July

- A desk top review against the eight Well-Led KLOEs and NHS I supporting guidance undertaken at Hospital/MCS level

July

- BoD sign off Group Leadership and Governance self assessment and external review and Hospital/MCS level self assessment.
- External review undertaken of the Hospital/MCS/MLCO self assessments against three Well-Led KLOEs and NHS I supporting guidance:
 - KLOE 4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?
 - KLOE 5: Are there clear and effective processes for managing risks, issues and performance?
 - KLOE 6: Is appropriate and accurate information being effectively processed, challenged and acted upon?



Process and Timescale

August

- The complete package of internal self-assessment and external review reports submitted to NHS I on 14th August.
- NHS I will undertake an assessment based on this information and also evidence obtained from other sources.
- NHS I confirm date to undertake Use of Resources on site

September

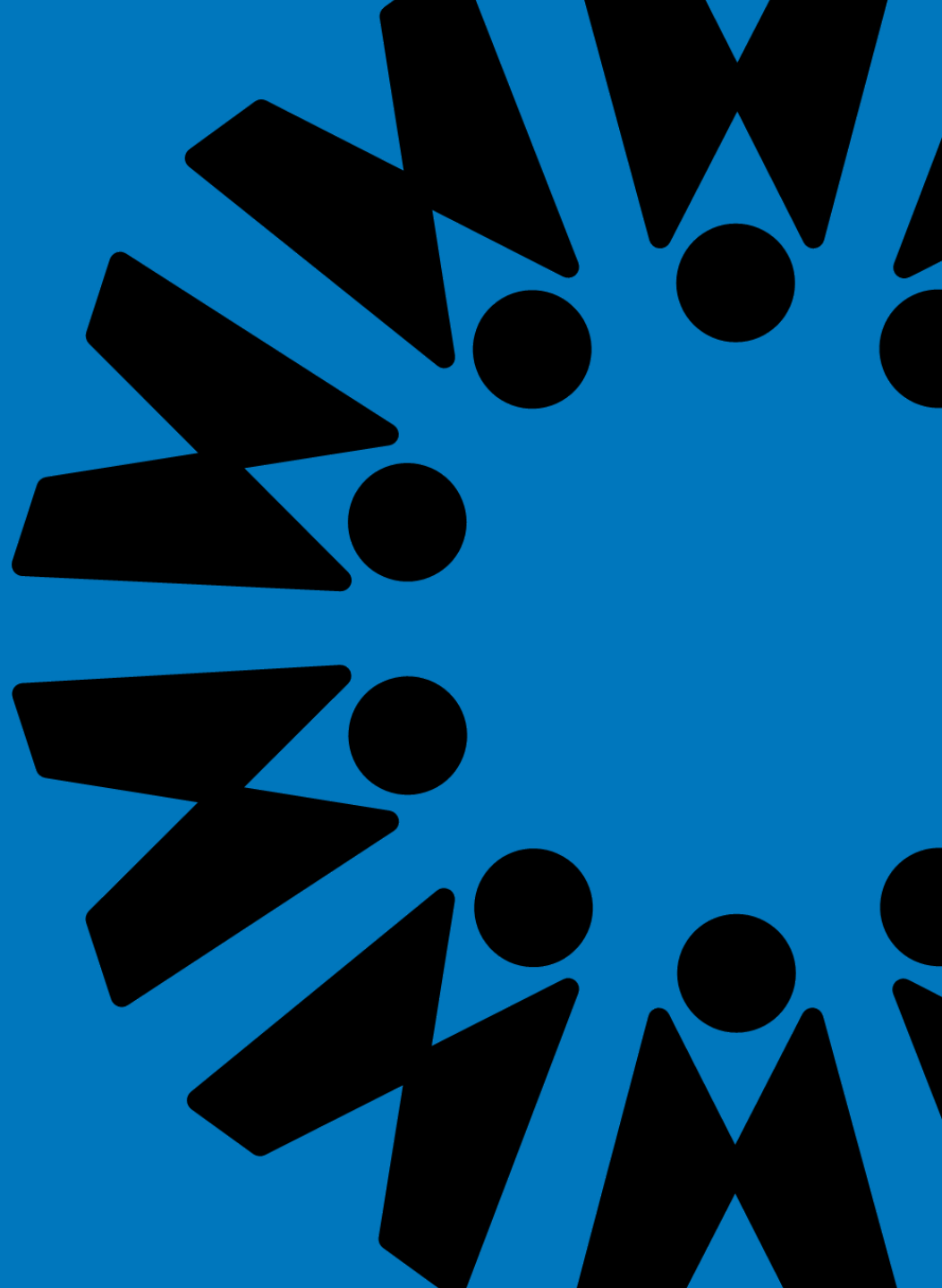
- NHS I undertake Use of Resources Assessment. Including an on-site visit of 1 to 1.5 days

October

- NHS I collate and review Well-Led and Use of Resources information including stakeholder feedback and provide the CQC with an overall rating.



Questions?





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