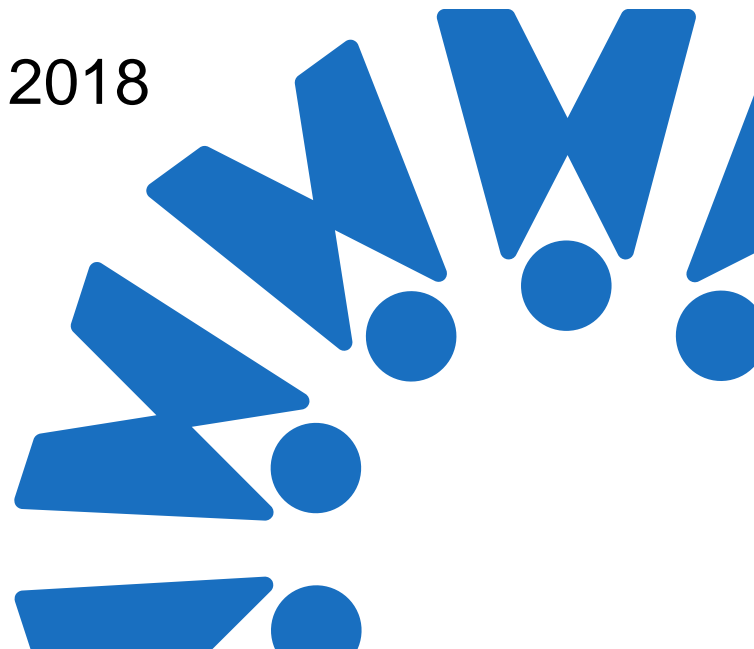




Manchester University
NHS Foundation Trust

WELCOME TO THE COUNCIL OF GOVERNORS

Tuesday, 13th November 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.



Risks Downgraded since 17th July 2018



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Risk Downgraded to less than Level 15	Status on 16/05/18	Status on 17/07/18	Current Status (13/11/18)	<u>Risk Term</u> Short, Medium, Long
Critical Care Monitoring Station (RMCH)	G (15) 3x5	G (15) 3x5	G (12) 4x3	S
<i>Likelihood (1 is Low; 5 is High) x Consequence (1 is Low; 5 is High)</i>				

Current High Level Risks – Scored 15 or above

Risk	Status on 16/05/18	Status on 17/07/18	Current Status (13/11/18)	<u>Risk Term</u> Short, Medium, Long
Timely Access to Emergency Services – Failure to deliver the 4 hour wait standard	A (20) 5x4	A (20) 5x4	A (20) 5x4	M
RMCH Urgent Care & Emergency Care Capacity	A (16) 4x4	A (16) 4x4	A (16) 4x4	M
SMH Obstetric Capacity	A (15) 3x5	A (15) 3x5	A (15) 3x5	M
Delivery of the 6 weeks wait diagnostics target	G (16) 4x4	G (16) 4x4	A (16) 4x4	M
Group delivery of the RTT 18 weeks standard	A (16) 4x4	R (20) 5x4	R (20) 4x5	L
Likelihood (1 is Low; 5 is High) x Consequence (1 is Low; 5 is High)				

Current High Level Risks – Scored 15 or above

Risk	Status on 16/05/18		Status on 17/07/18		Current Status (13/11/18)		Risk Term Short, Medium, Long
Timely access to Cancer Services (Delivery of the 62 day standard)	A	(16) 4x4	A	(16) 4x4	A	(16) 4x4	M
Compliance with Regulations – Electrical	A	(15) 3x5	A	(15) 3x5	A	(15) 3x5	M
Compliance with Regulations – Fire Stopping	G	(15) 3x5	G	(15) 3x5	G	(15) 3x5	M
Central Site Management of Patient Records	G	(16) 4x4	G	(16) 4x4	G	(16) 4x4	M
Clinical Quality of Health Records	A	(16) 4x4	A	(16) 4x4	A	(16) 4x4	L
Adult Congenital Heart Services	A	(16) 4x4	A	(16) 4x4	G	(12) 3x4	M
<i>Likelihood (1 is Low; 5 is High) x Consequence (1 is Low; 5 is High)</i>							

Current High Level Risks – Scored 15 or above

Risk	Status on 16/05/18		Status on 17/07/18		Current Status (13/11/18)		<u>Risk Term</u> Short, Medium, Long
Cyber Security	A	(15) 3x5	A	(15) 3x5	A	(15) 3x5	L
Compound risk relating to the proposed acquisition of NMGH	A	(20) 5x4	A	(20) 5x4	A	(20) 5x4	L
Communications of diagnostic test & screening results	A	(16) 4x4	A	(16) 4x4	A	(16) 4x4	L
Financial Sustainability	R	(20) 4x5	R	(20) 4x5	R	(20) 4x5	L
Regulatory (CQC) Compliance Evidence	G	(16) 4x4	G	(16) 4x4	G	(16) 4x4	M
Appraisal Compliance	A	(16) 4x4	A	(16) 4x4	A	(16) 4x4	S
<i>Likelihood (1 is Low; 5 is High) x Consequence (1 is Low; 5 is High)</i>							

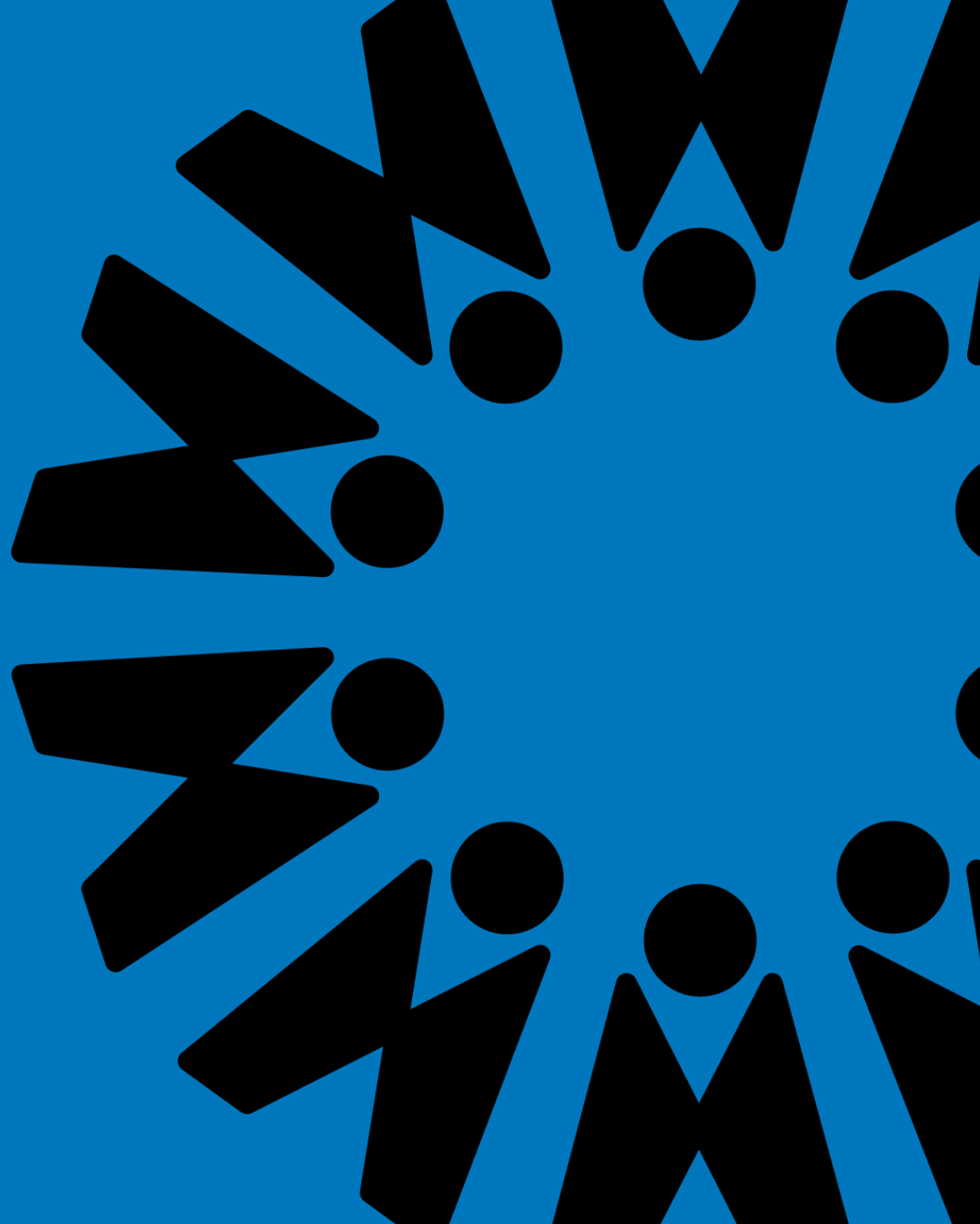
New Risks Since 17th July 2018



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New Risk	Current Status (13/11/18)	<u>Risk Term</u> Short, Medium, Long
Never Events	A (16) 4x4	S
Medicines Management and Security	A (15) 5x3	M
<i>Likelihood (1 is Low; 5 is High) x Consequence (1 is Low; 5 is High)</i>		

Questions?



Feedback from CQC Inspection

Council Of Governors
17th July 2018

Professor Cheryl Lenney
Chief Nurse

Margot Johnson
Group Executive Director of Workforce &
Organisational Development



Process

- Inspection over 6 weeks
- All Hospitals and the MLCO 2 Oct – 26 Oct
- Well-led 6-8 Nov
- Daily feedback
- Responsive briefings
- Additional information requests



Feedback

- Overall positive
- Welcoming and open staff
- Staff reported as very positive about the merger
- No breaches raised
- Very positive feedback on care
- Improvements seen since last inspection
- Example issues raised:
 - Equipment maintenance
 - Safe Surgery Checklist
 - Health records



Where did we Shine?



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- Well led and strong leadership at all levels
- No unknown significant risks raised
- Positive culture
- Management of merger
- Good governance processes
- Excellent examples of care seen
- Dementia care
- End of life care
- Neonatal care
- Critical Care
- Specialist Hospitals
- Medicines management
- Innovation – CSGs, MLCO



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.



Group Well-led High Level Feedback

Key Messages – What Went Well

- Overwhelmingly heard about the compelling vision for MFT
- Committed, strong & impressive leaders – at Group & Hospital/MCS
- Governance process are very strong & clear to all
- Merger change was delivered with consideration
- & received calmly
- CSG's are the bedrock of patient benefits
- Positive culture shift
- LCO impressed with concept, delivery to date & benefits for national learning



Group Well-led High level Feedback

Key Messages: Considerations

- Strong governance process – continue to develop complementary assurances processes such as the SLWR
- Strong stable executive team – continue to develop a culture that encourages diverse thinking
- How to ensure the narrative on merger benefits for patients/patient experience is heard

Key Messages: Follow up Questions

- BoD development in the context of the Group
- Consolidation of low level risks & risk focus
- Speak to community groups to test early impact of Group



Next Steps

CQC Timescale

- Reports over the coming weeks
- Final ratings – January / February
- Follow up visits going forward to individual core services
- Annual Well-led

MFT Actions

- Factual accuracy check and return
- Action on issues raised in the interim



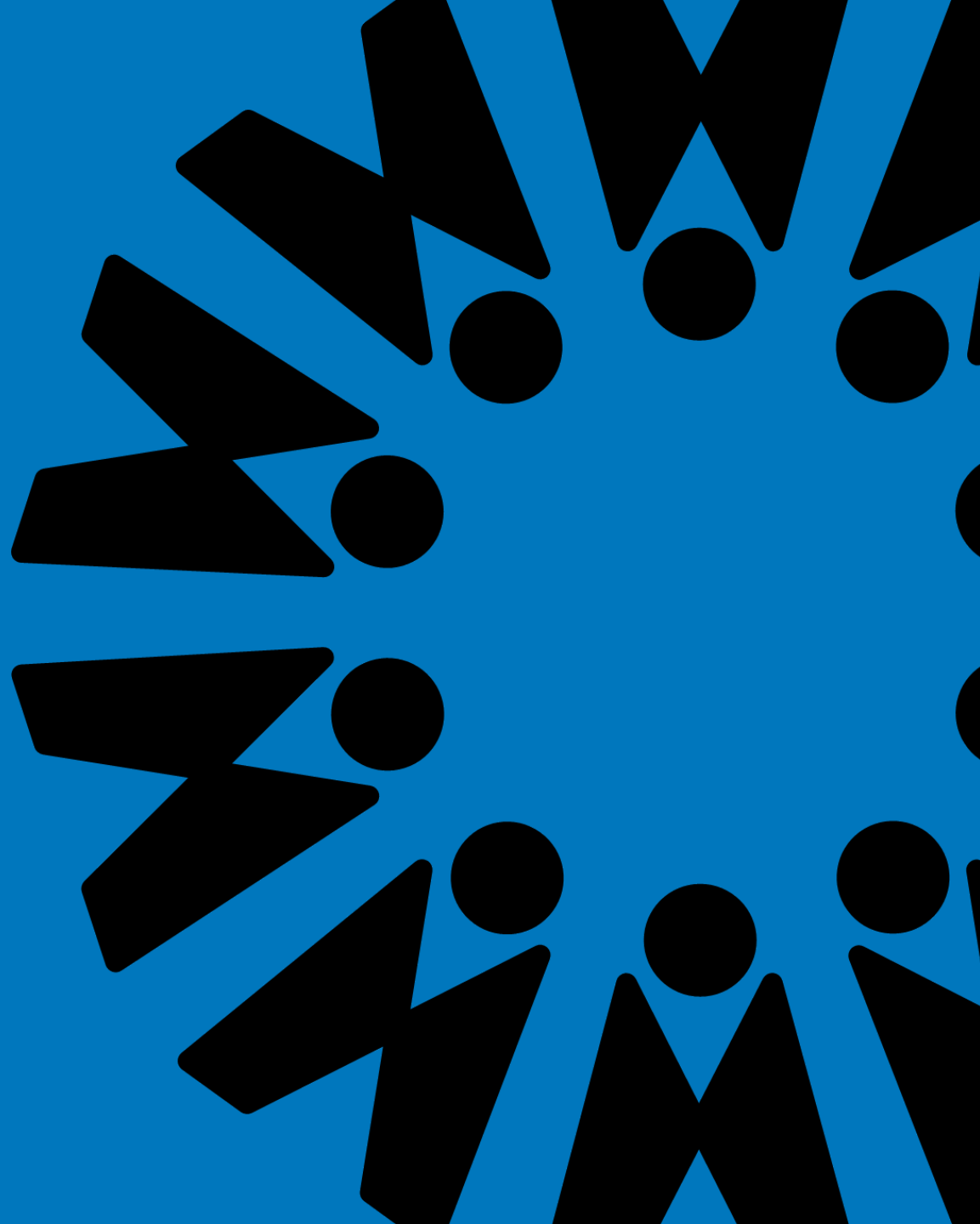
In Summary

- Inspection process has gone well
- Still work to do on the inspection process – further briefings and clarification to provide, CQC corroboration underway
- Where issues were raised responsive action and reporting is in place
- Good progress in a short time
- Staff at all levels and governors positive, open and welcoming
- No significant unknown safety concerns raised
- In final summing up CQC reported –

“A job well done”



Questions?





"I know how
to speak up
safely at MFT"



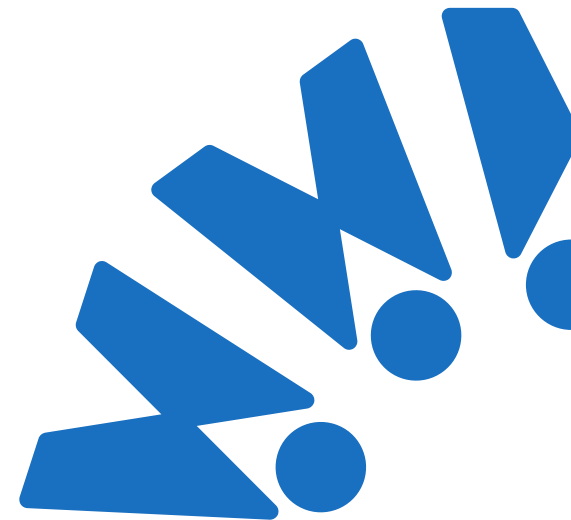
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Freedom to Speak Up Governor Update

**Margot Johnson, Executive Director of
Workforce & OD**

**Mags Bradbury, Director of Inclusion &
Communities**

November 2018





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Freedom to Speak National Context

“When staff raise concerns, they very often know where things are not working well and when care is not safe, so they can help enormously in improving and ensuring acceptable levels of patient care.” – ‘Freedom to Speak Up Review (2015)’



What is Freedom to Speak Up?

- National programme that supports staff, students volunteers, governors and patients to raise concerns
- Recommended by Sir Robert Francis' F2SU review (2015)
- Every Trust has an appointed Freedom to Speak Up Guardian
- F2SU Guardians are there to provide impartial advice and is there to:
 - Support and safeguard people who raise concerns
 - Ensure that managers and leaders take action to address concerns
 - Feedback on key issues and ensure that that the organisation learns and implements change
 - Support and encourages a culture of openness and honesty
 - Provides quarterly reports to the national guardians office



What can a concern be raised about?

- Concerns can be raised about a range of issues including: patient safety, risks, malpractice or wrongdoing that could harm the standard of services and potentially harm patients. Some examples of this might include, but are not restricted to:

Lack of
resources

Unsafe
working
conditions

Inadequate
induction or
training for
staff

Lack of, or poor,
response to a
reported patient
safety incident

Suspicious of
fraud

A bullying culture
across a team or
organisation

Freedom to Speak at MFT



MFT Day F2SU Journey

- Guardian in place from day 1
- Embedded into Patient Safety Training for all staff
- NHSi guidance issued in May 2018 used to review MFT approach
- Implemented changes in roles and engagement post the review



Roles & Responsibilities



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- **F2SU Guardian – David Cain (appointed August 2018)**
- **Executive & Non Executive Leads – Gill Heaton & Ivan Bennet**
- **Set out hospital roles and responsibilities in operating model**
- **Recruitment of F2SU Champions**
- **MFT policy on raising concerns**
- **Engagement plan**



"I know how to speak up safely at MFT"

MFT F2SU Champions

- Recruitment campaign launched in Aug 2018
- Interviews undertaken by Guardian and NED lead
- 18 Champions recruited
- 2 development days undertaken in September
- Launched in October as part of Freedom to Speak Up month
- Communications plan including MFT news, intranet, local posters, leadership briefings, features about champions



MFT F2SU – Monitoring & Embedding lessons learnt approach

- Developing an online tool to confidentially record cases for national reporting and help Guardian identify trends
- Working with clinical governance to build an approach to triangulate data from patient complaints, incidents and F2SU data
- KPI's set by the board for monitoring progress and impact of F2SU programme:



Indicator	Current Performance	RAG
Increase in number of people raising a concern through the F2SU programme	11 concerns raised since July (6months) 6 concerns have been raised October 2017 – July 2018 (9months).	
Staff reporting a positive result for the staff survey question – 18 b -I would feel secure raising concerns about unsafe clinical practice	CMFT 2017 – 69% UHSM 2017 – 67%	

MFT F2SU –Next Steps

- **Continue to build awareness of the Guardian**
 - Increase in contacts to the Guardian since August 2018
 - Work with regional network to benefit from best practice
- **Continue to build the F2SU Champions programme**
 - Development days for Champions
 - Communications and engagement
 - Recruitment
 - Reporting
- **Board assurance – board self review toolkit to be undertaken by MFT board in December 2018**
- **Develop a case study/lessons learnt approach**

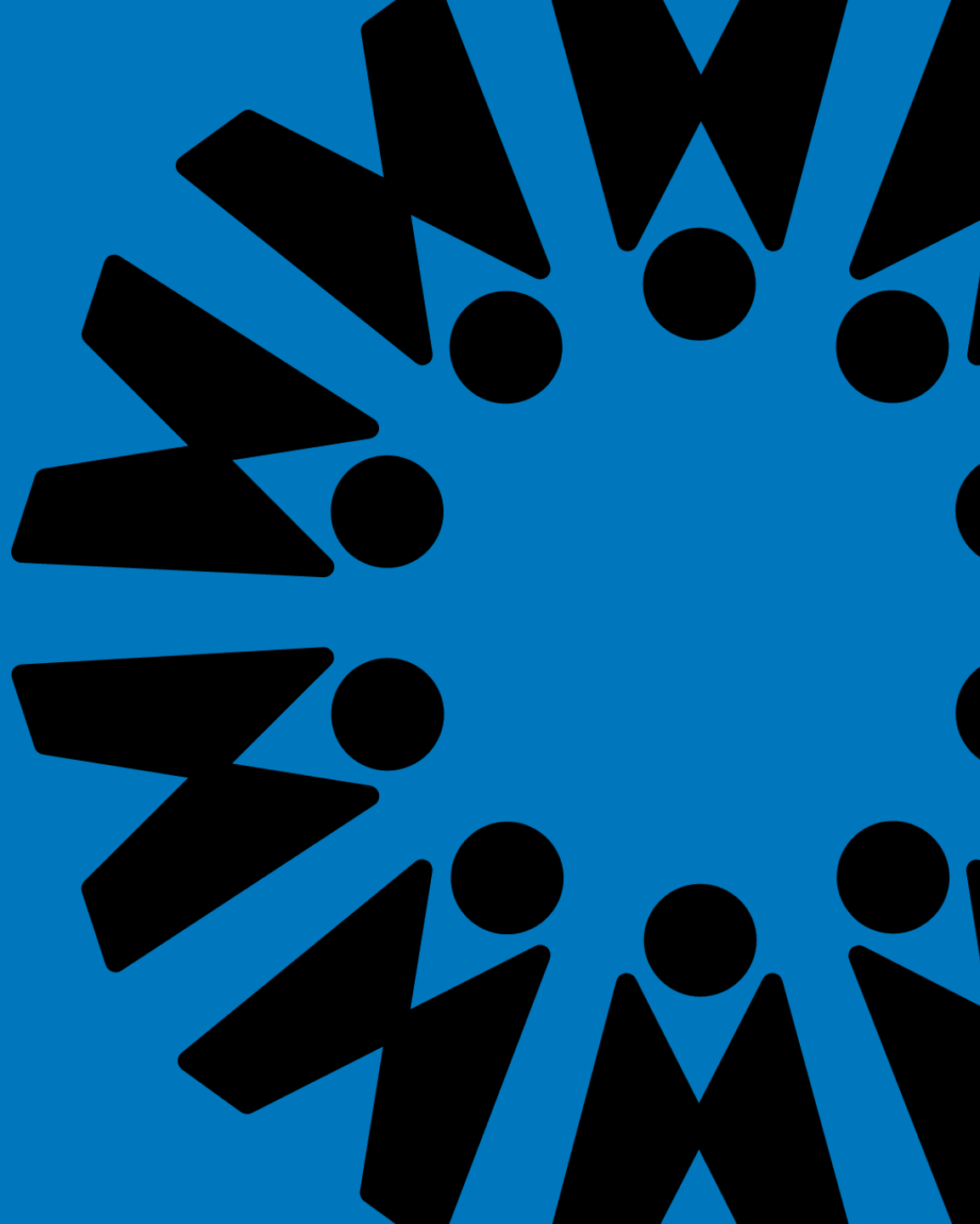


Contact details:

- Our MFT F2SU Guardian is David Cain, confidential email F2SUguardian@mft.nhs.uk or call 0161 276 6262
- You can also contact one of our Freedom to Speak Up Champions
- A full list of your F2SU Champions and their contact details can be found on the intranet



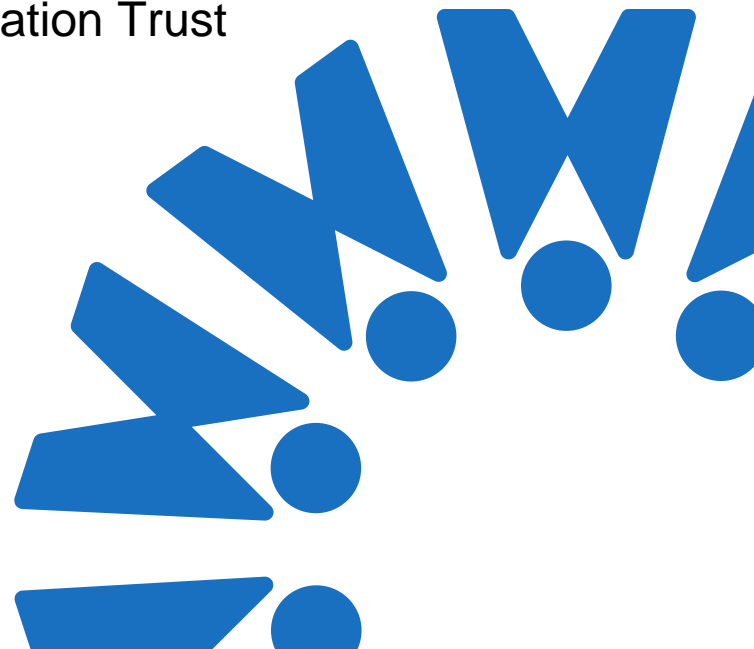
Questions?



DARREN BANKS

Group Executive Director of Strategy

Manchester University NHS Foundation Trust



Annual Planning



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Process to deliver:

**MFT Operational Plan required by NHS I
Individual Hospital/MCS Business Plans**

To date for 2019/20:

Received high level timetable from NHS I but little detail about specific requirements to date;

Required to submit a one year MFT Operational Plan for 2019/20

In addition an aggregate system wide plan and narrative for 2019/20 is required (to be co-ordinated at GM level)

A system wide five year strategic plan will also be submitted in summer 2019. The 2019/20 plans will create the year 1 baseline for the system plans

Detailed planning guidance is expected in December 2018

Developed MFT process for production of Hospital/MCS Business Plans

Process begins with approval of Trust vision and strategic aims

Vision and Strategic Aims

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.

This is underpinned by our strategic aims, which 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.

Annual Planning



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Timetable

	Internal deadline	External deadline
Initial CoG engagement	December 18	
First draft Hospital / MCS business plans	w/c 17 December 18	
Initial MFT plan submission to NHS I		14 January 19
CoG engagement	January 19	
Draft MFT plan submitted to NHS I		12 February 19
Second draft Hospital / MCS business plans	15 February 19	
MFT BoD sign off of NHS I submission	11 March 19	
Final MFT plan submission to NHS I		4 April 19

NB - System wide submission dates not shown above;

- Draft system plan - 19 February
- Final system plan - 11 April

Annual Planning



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Governor Session December 2018:

19th December 2018

Review of 2018/19

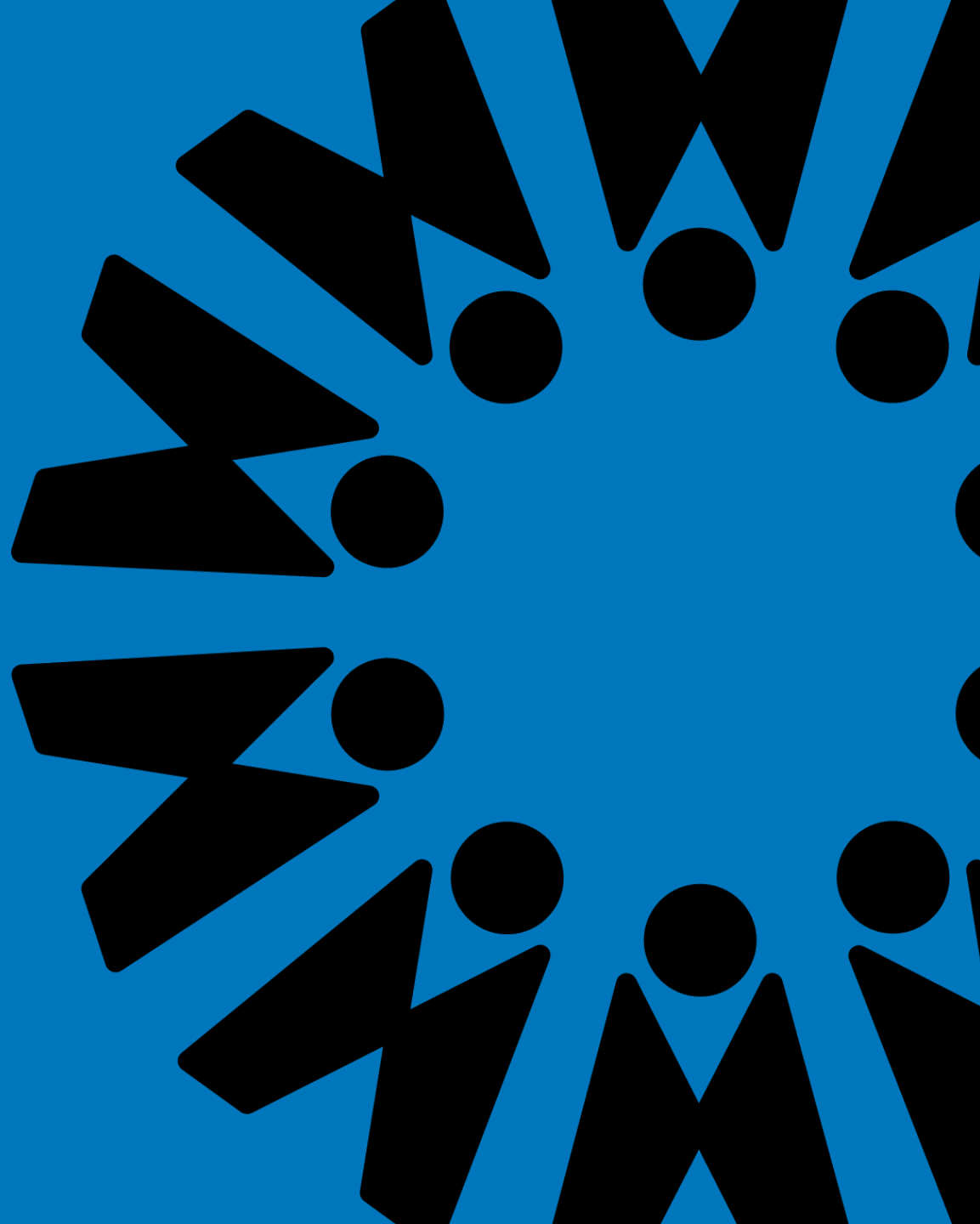
Forward look to 2019/20

Governor Session January 2019:

28th January 2019

Review of and input to high level plans

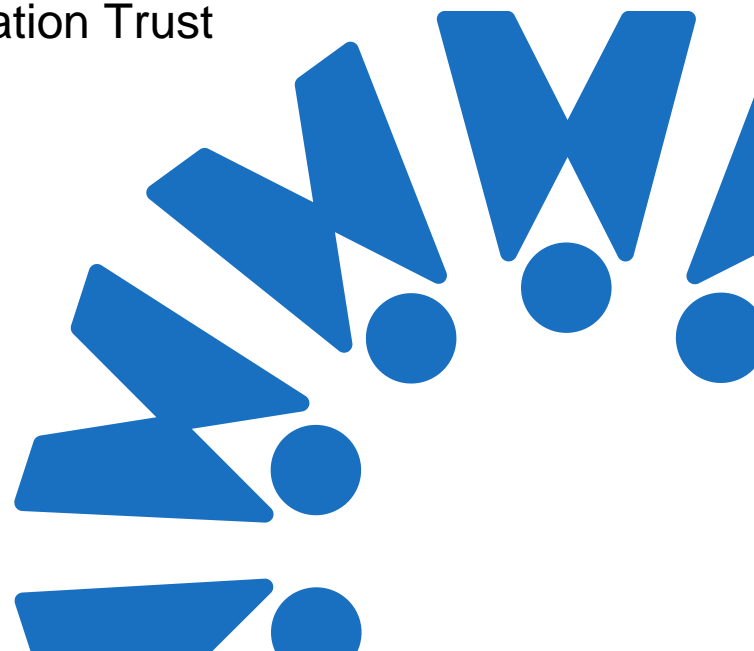
Questions?



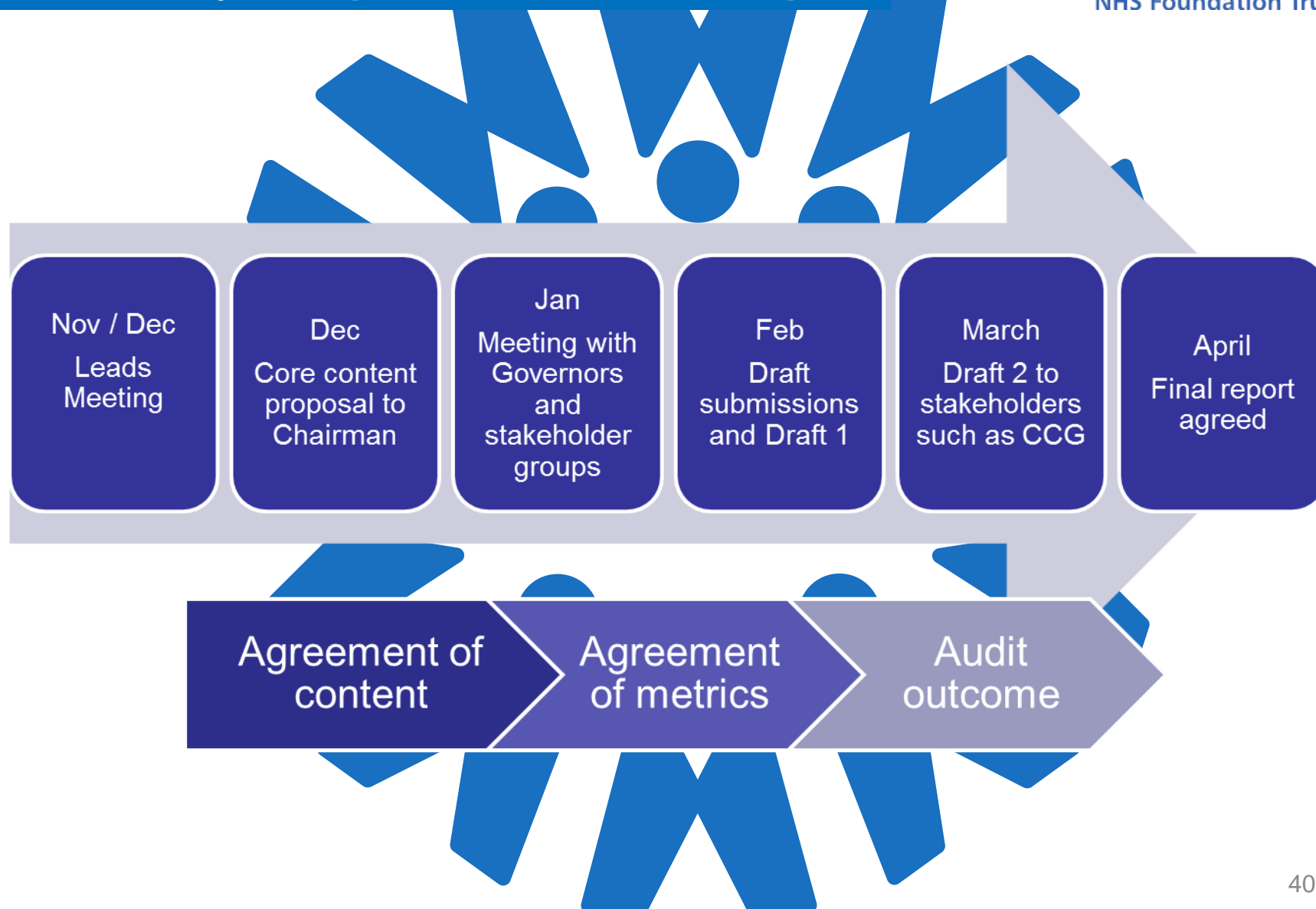
SARAH CORCORAN

Director of Clinical Governance

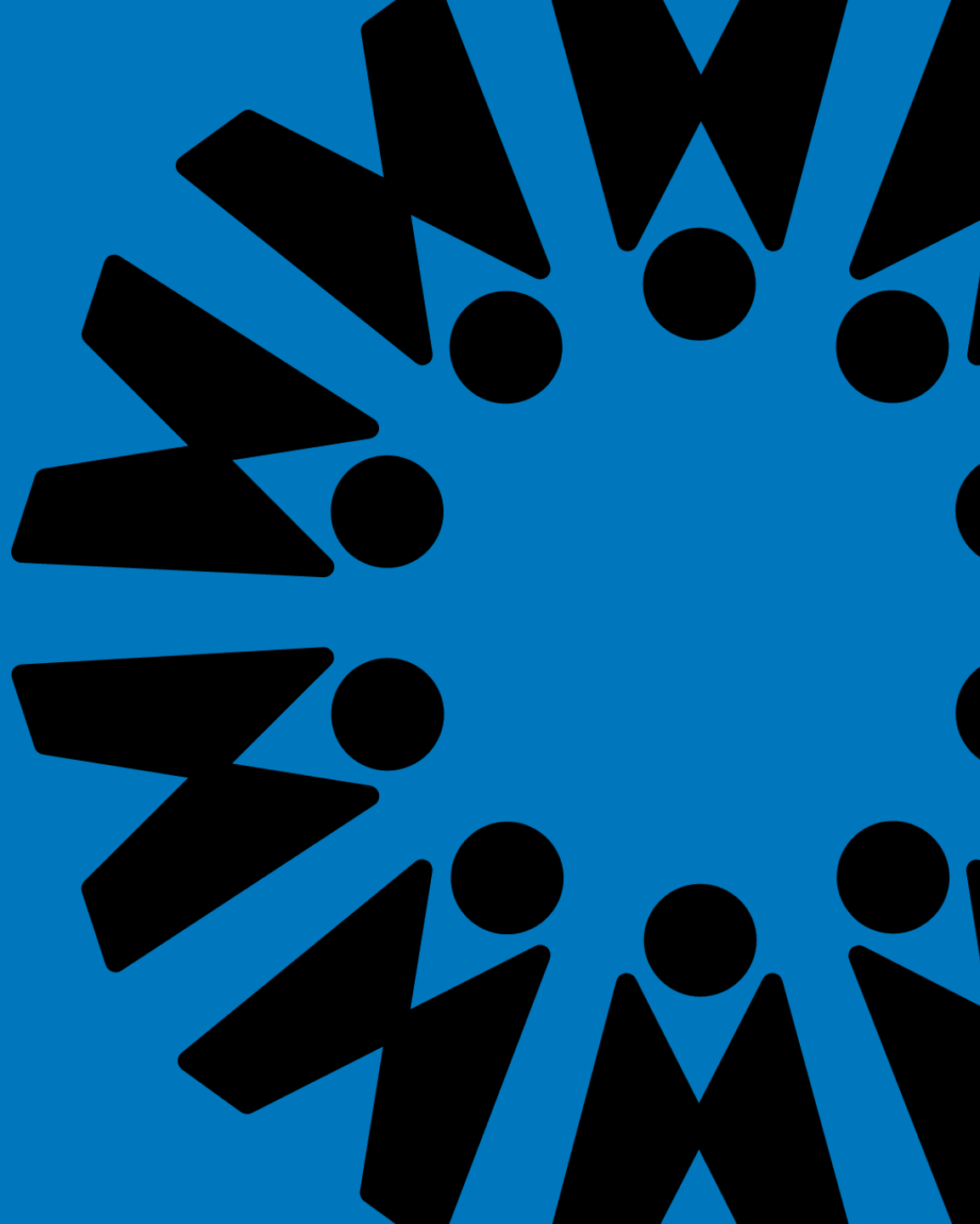
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Quality Report – Next Steps



Questions?





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COUNCIL OF GOVERNORS

Tuesday, 13th November 2018

