

# **COUNCIL OF GOVERNORS' MEETING**

## **PRESENTATION PACK**

**TUESDAY, 12<sup>TH</sup> FEBRUARY 2019  
AT 1.30 PM**

**Lecture Theatre 2, Ground Floor,  
Wythenshawe Hospital**





Manchester University  
NHS Foundation Trust

# WELCOME TO THE COUNCIL OF GOVERNORS

Tuesday, 12<sup>th</sup> February 2019



**MIKE DEEGAN**

**Group 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 17/07/18	Status 13/11/18	Current Status (12/02/19)	Risk Term 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	A (16) 4x4	A (16) 4x4	M
Group delivery of the RTT 18 weeks standard	R (20) 5x4	R (20) 4x5	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 17/07/18	Status 13/11/18	Current Status (12/02/19)	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
Never Events	<i>Not identified as a Risk</i>	A (16) 4x4	A (16) 4x4	S
Adult Congenital Heart Services	A (16) 4x4	A (16) 4x4	A (16) 4x4	M
Communications of diagnostic test & screening results	A (16) 4x4	A (16) 4x4	A (16) 4x4	L
Central Site Management of Patient Records	G (16) 4x4	G (16) 4x4	G (16) 4x4	M

*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 17/07/18	Status 13/11/18	Current Status (12/02/19)	Risk Term Short, Medium, Long
Cyber Security	A (15) 3x5	A (15) 3x5	A (15) 3x5	L
Regulatory (CQC) Compliance Evidence	G (16) 4x4	G (16) 4x4	G (16) 4x4	M
Compound risk relating to the proposed acquisition of NMGH	A (20) 5x4	A (20) 5x4	A (20) 5x4	L
Compliance with Regulations – Fire Stopping	G (15) 3x5	G (15) 3x5	G (15) 3x5	M
Compliance with Regulations – Electrical	A (15) 3x5	A (15) 3x5	A (15) 3x5	M

*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 17/07/18	Status 13/11/18	Current Status (12/02/19)	Risk Term Short, Medium, Long
Medicines Management and Security	<i>Not identified as a Risk</i>	A (15) 5x3	A (15) 5x3	M
Clinical Quality of Health Records	A (16) 4x4	A (16) 4x4	A (16) 4x4	L
Financial Sustainability	R (20) 4x5	R (20) 4x5	R (20) 4x5	L
Appraisal Compliance	A (16) 4x4	A (16) 4x4	A (16) 4x4	M

*Likelihood (1 is Low; 5 is High) x Consequence (1 is Low; 5 is High)*

## New Risks Since 13<sup>th</sup> November 2018

New Risk	Current Status (12/02/19)	Risk Term Short, Medium, Long
Neonatal Transport Service	A (16) 4x4	M
Orthopaedic Service Review	A (16) 4x4	M
<i>Likelihood (1 is Low; 5 is High) x Consequence (1 is Low; 5 is High)</i>		

**Questions?**



## **DARREN BANKS**

### Group Executive Director of Strategy

Manchester University NHS Foundation Trust

# NHS Long Term Plan

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- NHS long term plan published 7 January
- The plan covers:
  - 1. A new service model**
  - 2. Action on prevention and health inequalities**
  - 3. Progress on care quality and outcomes**
  4. The NHS workforce
  5. Digitally-enabled care
  6. Value for money
  7. Next steps in implementation

# 1. A new service model

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- Investment in primary and community services – dissolving the divide between primary and community services
- Redesign and reduce pressure on hospital emergency care
- People will get more control over their own health and more personalised care
- Mainstreaming of digitally-enabled primary and outpatient care
- Increasing focus on population health through Integrated care systems (ICS)

# 1. A new service model

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## ***Action for MFT...***

### ***Service provision***

- *Same Day Emergency Care – to be provided 12 hours a day, 7 days a week by the end of 2019/20*
- *Provide an acute frailty service for at least 70 hours a week, working towards achieving clinical frailty assessment within 30 minutes of arrival*
- *Avoid up to a third of face-to-face outpatient visits over the next five years*

### ***Working in partnership***

- *Further reduce DTOCs in partnership with local authorities*

### ***Structural change***

- *Integrated care systems (ICS) to cover every area by 2021 - a partnership of commissioners, trusts, primary care, local authorities, etc working together to achieve shared objectives*

## 2. Action on prevention and health inequalities

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- Priority areas:
  - Smoking
  - Obesity
  - Alcohol
  - Air pollution
  - Antimicrobial resistance
- Targeting a higher share of funding towards areas with high levels of health inequality



## 2. Action on prevention and health inequalities

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### *Action for MFT...*

- *Obesity*
  - *Strengthening of incentives for hospitals to offer healthier food options for staff*
- *Alcohol*
  - *Hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish Alcohol Care Teams (ACTs)*
- *Smoking*
  - *Supporting people in contact with NHS services to quit based on a proven model implemented in Canada and Manchester*

### 3. Progress on care quality and outcomes

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- Strong start in life for children and young people
- Better care for major health conditions – targeting prevention, primary and community services:
  - Cancer
  - Diabetes
  - Cardiovascular
  - Respiratory
  - Stroke
  - Mental health
- Short waits for planned care
  - Funding over 5 years to increase surgery to reduce waiting lists and times
  - Patients should have a wide choice of options including Independent Sector

### 3. Progress on care quality and outcomes

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#### ***Action for Saint Mary's...***

- *Accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury*

#### ***Action for RMCH...***

- *Begin to offer all children with cancer whole genome sequencing by 2019*
- *Paediatric critical care and surgical services will evolve so that children and young people are able to access high quality services as close to home as possible through networks*

#### ***Action for MREH and UDM...***

- *Improving care for children with learning disabilities – investment to ensure eyesight, hearing and dental services better meet the needs of this group*

# 3. Progress on care quality and outcomes

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## ***Action for MFT...***

### ***Cancer***

- *Roll out new Rapid Diagnostic Centres across the country from 2019*
- *Faster diagnosis standard for cancer - patients receive a definitive diagnosis or ruling out of cancer within 28 days by 2020*
- *Lung health check model will be extended by 2020*

### ***Waiting times***

- *Local NHS will be allocated funds over the next 5 years to grow the amount of planned surgery and cut long waits*
- *NHS will continue to provide patients with a wide choice of options for quick elective care, including making use of available Independent Sector capacity*

# Next steps

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Next steps for implementing the Plan are:

## Implementation

- Local health systems are to produce plans for implementing the Plan's commitments - local plans will be brought together into a national implementation programme in autumn

## Possible legislative change

- NHS I / E to consider legislative changes to support more rapid progress

## Engaging people

- NHS Assembly (third sector stakeholders, the NHS arm's length bodies and frontline NHS and LA leaders) to be established in early 2019 and will advise the boards of NHSE and NHSI and oversee progress on the Plan

## Overall themes...

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- Follows the direction of travel set out in 5 year forward view
- Focus on prevention, out of hospital care and integration of care – *funding for primary and community services is to grow faster than the NHS budget overall*
- New developments - digitally enabled care, in particular in relation to OP
- Development of Integrated Care Systems is central

**Questions?**



## **JULIA BRIDGEWATER**

### Group Chief Operating Officer

Manchester University NHS Foundation Trust



Department of Health & Social Care published at the end of December, *EU Exit Operational Readiness Guidance*, outlining actions that should be taken by the health and social care system to prepare for a potential 'no deal' exit.

## 7 Workstreams:

- Pharmacy
- Procurement – 2 workstreams
- Workforce
- Reciprocal Healthcare
- Research/clinical trials
- Data sharing, processing and access

In addition to these areas MFT is also focusing on Finance, and Estates and Facilities.

# Governance Arrangements

- GM Health and Social Care Partnership supporting coordination of GM activities.
- Internal Brexit Contingencies Group established to coordinate MFT response and to reflect on potential risks.
- Raised at Risk Committee in January, agreement to add to the Trust risk register
- Chief Operating Officer – Senior Responsible Officer for BREXIT
- Single point of contact to receive all communications via Trust emergency planning team

# Planning Arrangements



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- Working with the national team, particularly in relation to pharmacy and procurement.
- Working with local partners to support multi-agency preparations
- Working with the Hospitals / MCS to determine potential risks
- Robust Business Continuity plans place MFT in the best possible position

**Questions?**



**SARAH CORCORAN**

**Director of Clinical Governance**

Manchester University NHS Foundation Trust

- **Timescale**
- **Metric – Summary Hospital-Level Mortality Indicator (SHMI)**
- **Priorities:**
  - **Mortality**
  - **Quality & Safety Risks**
  - **Culture**
  - **Never Events (NEs)**
  - **Infection**
  - **Falls**

**Questions?**





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