

# WELCOME TO THE COUNCIL OF GOVERNORS

Wednesday, 16<sup>th</sup> May 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



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.





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





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





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



# **QUESTIONS?**



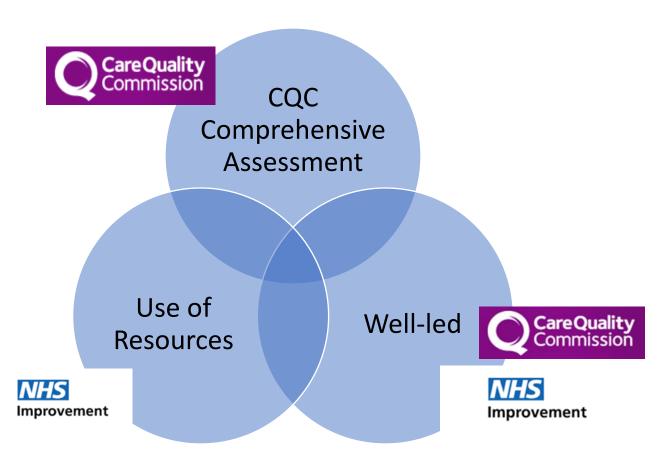
# Continuing to Shine Preparing for a CQC Inspection

Professor Cheryl Lenney, Chief Nurse





# **Assessment Types....**



# The Regulations



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



**Core Services** 



#### **Additional Services**

#### **Acute**

Gynaecology
Diagnostic imaging
Rehabilitation
Spinal injuries

#### **Community health**

Community dentistry Sexual health services Urgent care



# Registration and Ratings - Current

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 - Proposed**

Manchester Royal Infirmary

Wythenshawe Hospital

Trafford Hospital

Altrincham Hospital

Withington Hospital 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?

- Shine Group
- Comprehensive Inspection Self Assessment
   all Hospitals/ MCS / LCO and Corporate
   Services by end of May
- Well-led self-assessment Group and Hospital/MCS/LCO – Board of Directors – July 18
- Use of Resources self-assessment and report
- Regular engagement with CQC and other stakeholders e.g. Lead Commissioner





#### **Phased Communications Plan**

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

#### Phase 1:

March – end of April/early May

- Awareness raising of Shine
- · Focus on patient benefits as a result of the merger
- Focus on improvements since the last CQC inspection

# Phase 2:

Mid May – end of August

#### Preparation for forthcoming visit

- Focus on patient benefits as a result of the merger
- Focus on improvements since the last CQC inspection

#### Phase 3:

September

#### Countdown

- Focus on patient benefits as a result of the merger
- Energising and enthusing

# Phase 4: October onwards

- During and after the inspection
- Focus on patient benefits as a result of the merger

#### **Next Steps**



#### July April May June Aug Sept Quality and Possible Final CEO Briefing Self Safety formal notice Committee Assessment preparation Presentation **Draft CEO** given Update Presentation Improvement Engagement **Briefings** Engagement Comms Plan Circulated Meeting Updates Meeting Comms and possible Comms and Comms and Review of Comms \* and Comms and Focus possible possible **Legacy Action** possible Focus possible Focus Groups Focus Focus Groups Groups Plans Groups Groups

<sup>\*</sup>includes staff, governors and stakeholders



# Discussion





# **COUNCIL OF GOVERNORS**

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