

# COUNCIL OF GOVERNORS' MEETING

## PRESENTATION PACK

**WEDNESDAY, 15<sup>TH</sup> MAY 2019**  
**AT 1.30 PM**

**Ground Floor Meeting Room,  
Nowgen Centre, MRI**





Manchester University  
NHS Foundation Trust

# WELCOME TO THE COUNCIL OF GOVERNORS

Wednesday, 15<sup>th</sup> May 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 13/11/18	Status (12/02/19)	Current Status (15/05/19)	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	A (16) 4x4	A (16) 4x4	A (16) 4x4	M
Group delivery of the RTT 18 weeks standard	R (20) 4x5	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 13/11/18		Status (12/02/19)		Current Status (15/05/19)		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	A	(16) 4x4	A	(16) 4x4	A	(16) 4x4	M
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 13/11/18		Status (12/02/19)		Current Status (15/05/19)		Risk Term Short, Medium, Long
Cyber Security	A	(15) 3x5	A	(15) 3x5	A	(15) 3x5	L
Neonatal Transport Service	A	(16) 4x4	A	(16) 4x4	A	(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 13/11/18		Status (12/02/19)		Current Status (15/05/19)		<u>Risk Term</u> Short, Medium, Long
Medicines Management and Security	A	(15) 5x3	A	(15) 5x3	A	(15) 5x3	M
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 & Downgraded Risks Since 12<sup>th</sup> February 2019

New Risk	Current Status (15/05/19)	Risk Term Short, Medium, Long
'EU Exit' No Deal	<b>A</b> (15) 3x5	<b>M</b>
<i>Likelihood (1 is Low; 5 is High) x Consequence (1 is Low; 5 is High)</i>		

Downgraded Risk	Current Status (15/05/19)	Risk Term Short, Medium, Long
Regulatory (CQC) Compliance Evidence	<b>G</b> (12) 3x4	<b>M</b>
Orthopaedic Service Review	<b>G</b> (12) 3x4	<b>S</b>
<i>Likelihood (1 is Low; 5 is High) x Consequence (1 is Low; 5 is High)</i>		

**Questions?**



# 'Continuing to Shine' (CQC)



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**CHERYL LENNEY**

**Group Chief Nurse**

Manchester University NHS Foundation Trust

# MFT Shines



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- Trust rated as **Good** overall
- Trust rated as **Outstanding** for Caring Services overall
- University Dental Hospital of Manchester rated as **Outstanding**
- Manchester Royal Eye Hospital rated as **Outstanding**
- CAMHS rated as **Outstanding**
- Adult Critical Care services rated as **Outstanding**
- Paediatric Surgery rated as **Outstanding**
- 6 Hospitals and the MLCO rated as **Good**
- Wythenshawe Hospital moves from RI to **Good**
- A number of services move from RI to **Good** – End of Life Care at MRI, Surgery at Wythenshawe



# Summary Ratings



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Hospital / MCS	Key Lines of Enquiry					Overall
	Safe	Effective	Caring	Responsive	Well-Led	
Wythenshawe Hospital	Good	Good	Outstanding	Requires Improvement	Good	Good
Manchester Royal Infirmary	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Royal Manchester Children's Hospital	Good	Good	Outstanding	Good	Good	Good
Saint Mary's Hospital	Good	Good	Outstanding	Good	Good	Good
Manchester Royal Eye Hospital	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
University Dental Hospital Manchester	Outstanding	Outstanding	Good	Requires Improvement	Outstanding	Outstanding
Trafford General Hospital	Good	Good	Good	Good	Good	Good
Withington Community Hospital	Good	Good	Good	Good	Good	Good
Altrincham Hospital	Good	Not rated	Good	Good	Good	Good
Manchester Local Care Organisation	Good	Good	Good	Good	Good	Good
Child and Adolescent Mental Health Services	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

# Headline Detail



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Outstanding Practice	Areas Requiring Improvement
High level of leadership experience, capability, capacity and integrity	The health record
Outstanding ratings for 'caring' across many areas	Maintenance and management of medical equipment
A mostly positive response to the merger and new arrangements	Mandatory training compliance
A good safety culture with high levels of reporting and strong evidence of learning	Compliance with some clinical protocols such as the World Health Organisation Safety Checklist for surgery
Many examples of learning from complaints	Staffing in the Emergency Departments at MRI, Wythenshawe Hospital and Trafford Hospital
A compelling vision at core service and strategic level	Staffing in some other areas of the Trust
Clear statement on vision and values well understood by staff	Patients could not always access treatment in a timely way
Clear roles and responsibilities and sound systems to support good governance	Appraisal rates
Effective systems for the management of risk	Manchester Royal Infirmary – Urgent and Emergency Services, Surgery and Outpatients
Staff consistently stated that finance did not take priority over patient safety	Wythenshawe Hospital – Urgent and Emergency Services
Good examples of staff engagement	Trafford Hospital – Urgent and Emergency Services
Medicines were mainly managed well and stored safely	Withington Community Hospital - Outpatients
The environment was mostly clean	
Infection rates are low	
Care was effective and based on evidence / best practice	
MDT working evident across most areas	

# Next Steps



Going from Good to Outstanding

- **238 recommendations reviewed and action plan submitted April 22<sup>nd</sup>**
- **CQC will now monitor through their Engagement Meetings**
- **Governance arrangements for progress approved**
- **Oversight provided by the Chief Nurse**
- **Reports made to the Board via the Quality & Performance Scrutiny Committee**



Thank you – you  
truly did Shine!

**Questions?**



# The MFT Estates Strategy



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**David Furnival**

**Group Director of Estates & Facilities**

Manchester University NHS Foundation Trust

- **Why we need an Estates (and Facilities) strategy & the underpinning principles**
- **Estates capital context for 19/20**
- **Oxford Road Campus developments**
- **Wythenshawe developments & masterplan**
- **Trafford, Withington & Altrincham**
- **The future of facilities**

- **Each legacy organisation refreshed their estate strategy in 2017 pre merger**
- **MFT estates strategy will be written in 2019/20**
- **Built on a set of simple principles**
- **Focused over the long term – a 20 year view given building life & PFI contract lengths**
- **Builds on the clinical strategy – ½ a step behind**
- **Must work at a group and site and hospital level – each site will have a development control plan**
- **Is challenged by and will challenge capital affordability**

# Capital Context



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- **Challenging set of requests vs affordability for 19/20**
- **Prioritisation based on clinical need, contractual commitments and backlog requirements**
- **Potential to increase the programme in the event of improved financial position**
- **Clear focus for all hospitals & explicit links between performance & development capital**
- **Backlog monies protected at an appropriate level**

# ORC – Key Themes



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- **Maximising clinical space north of the boulevard**
- **Maximising commercial space south of the boulevard**
- **Delivering the clinical strategy & creating clinical expansion space**
- **MRI**
  - Theatre & ward decant
  - Helipad / Project RED / Diabetes
- **RMCH**
  - Project PED / iMRI
- **Saint Mary's Hospital**
  - CityLabs 3 and Old St Mary's – SARC & IVF
- **Dental Hospital replacement**

# Oxford Road Campus - Adult A&E & Theatres



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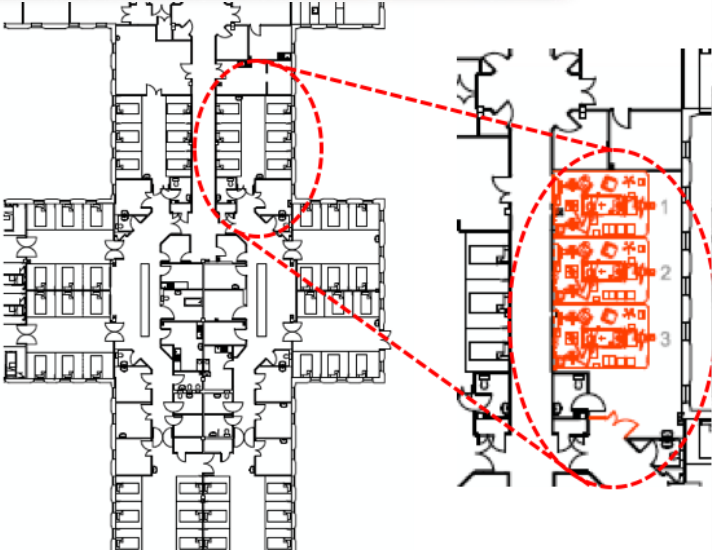




# Oxford Road Campus – Helipad & Healthier Together



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# Oxford Road Campus – iMRI & Paediatric ED



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# The Wythenshawe Site



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- **Short term**
  - Theatre decant
  - Ward decant
  - Creating operational capacity
- **Delivering the operational & clinical strategy**
  - The role of Trafford & Withington to create space at Wythenshawe
- **The Masterplan**



# Wythenshawe Master Plan – Existing Estate

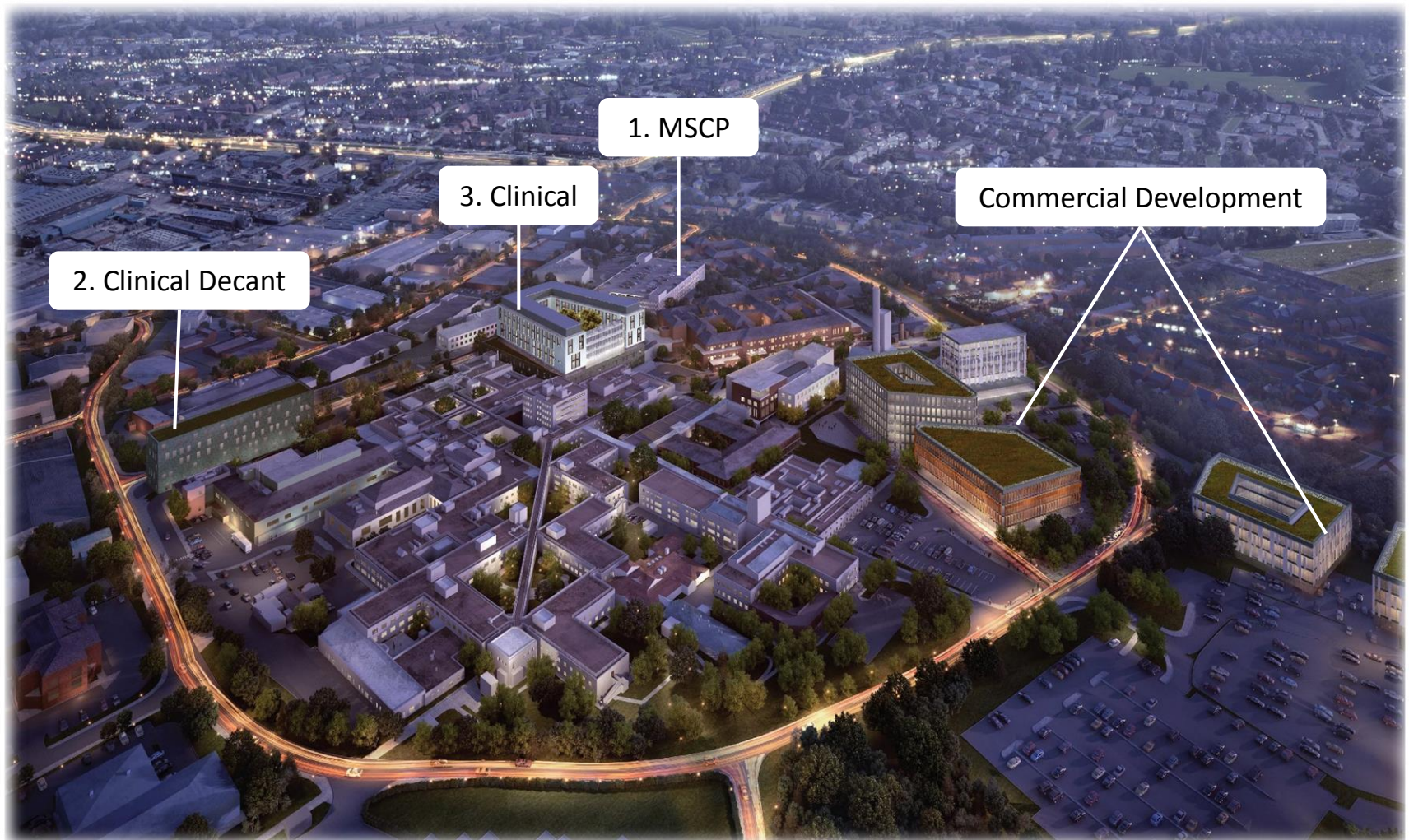


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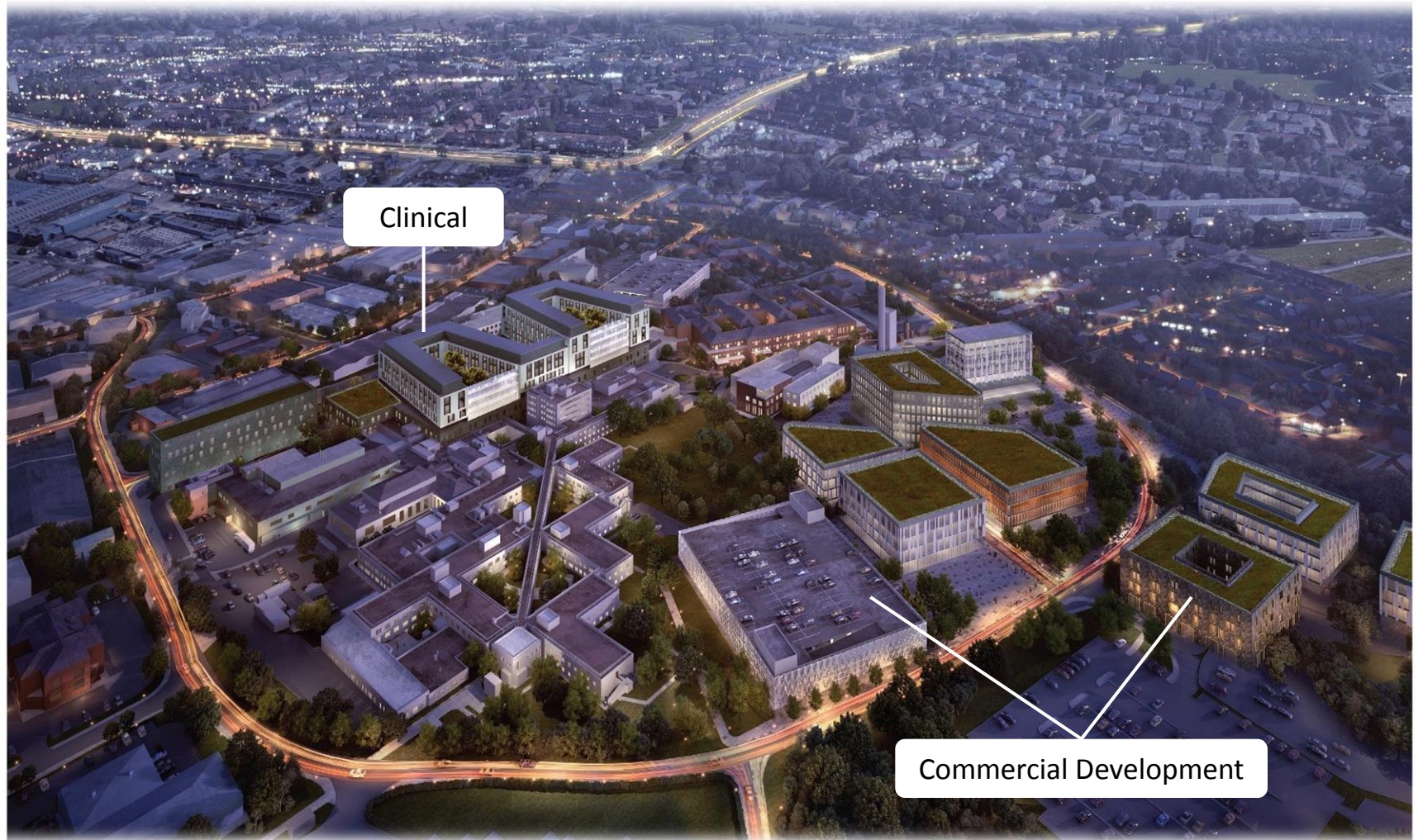


# Wythenshawe Master Plan – Phase 1





# Wythenshawe Master Plan – Phase 2





# Wythenshawe Master Plan – Phase 3



# Trafford, Withington & Altrincham

- **Support to hospital & corporate strategies – relocation of sub acute and administrative functions**
- **Significant investment in Trafford infrastructure over the next 3 years to support 30+ years of operation**
- **Offers the opportunity of delivering exemplary accommodation**





# The future of facilities

- **Limited interest in in the FM market – Sodexo and ISS are the only key companies**
- **Limited support for wholly owned subsidiary models within the NHS and key learning from recently established models**
- **MFT has 3 market tests in the next 4 years. Need to focus on the long term view of excellence in FM, not just cost minimisation**
- **Local opportunities to innovate and potential for mixed delivery models moving forwards**
- **Note that NMGH radically would change the balance of PFI vs in-house delivered FM services**

# Principles 1 / 2

- **The estate is an enabler of service delivery. The clinical strategy is the essential driver**
- **The estate must be maintained in an appropriate condition, be functionally suitable, comply with statute and adhere to healthcare standards and codes of practice**
- **The estate will be environmentally sustainable**
- **The PFI estate will be optimised in terms of utilisation and performance as a priority**
- **Leased estate should, as a priority, be disposed of where appropriate lease completion or break clauses exist.**

- **The estate must balance what is convenient for patients, what is practical and affordable for the Trust**
- **The estate must be developed to allow flexibility over the short term and must be adaptable**
- **Short term estates solutions or developments must not compromise the strategic long term vision**
- **Only value for money solutions, identified via a robust economic appraisal process will be pursued in developing the estate**
- **The Trust will work with local partners to optimise the public-sector estate, where ever possible**

**Questions?**



**Julia Bridgewater**

**Group Chief Operating Officer**

Manchester University NHS Foundation Trust

# EU Exit - Update

- Notification on 11/04/19 Government extension of the Article 50 period to 31 October 2019. National SITREP reporting stepped down.
- EU Exit preparations on hold, awaiting further guidance from NHSE.
- MFT EU Exit Contingencies Group for coordination of activities temporarily stepped down, but will reactivate as required.
- Leads for the key areas outlined in the Operational Readiness guidance (pharmacy, procurement, R&I, HR, Reciprocal Healthcare, Data/Information) continue to work with the national teams and respond to further guidance as required.
- Robust Business Continuity plans place MFT in the best possible position
- Risk on the MFT register remains in place, the composite score of 15 recognises a reflection of reassurance from the national team of plans in place, MFT action and plans in place for current known areas of risk.

Supply of medicines and vaccines	Supply of medical devices and clinical consumable	Supply of non-clinical consumables, goods and services	Workforce	Reciprocal healthcare	Research and clinical trials	Data sharing, processing and access
15	15	15	9	4	8	4

**Questions?**





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Wednesday, 15<sup>th</sup> May 2019

