

Quarterly Review Meeting Letter

Cheshire and Merseyside

15th September 2017

Wellington House
133-155 Waterloo Road
London SE1 8UG

Jane Tomkinson
Chief Executive
Liverpool Heart and Chest NHS Foundation Trust

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Dear Jane,

1. Following on from our meeting on 5 September 17 I am writing to confirm the outcome of our discussions. As you are aware the purpose of the QRM is to allow us to have a meaningful conversation about the current situation of the trust, the key challenges it is currently facing, and how these might be addressed, and to review the progress the trust has made over the past 3 months.

SOF segmentation

2. The trust is currently categorised as being in segment 1 of the Single Oversight Framework. This means that using the metrics that sit below the SOF, NHSI has determined that the trust has minimal support needs.

Quality Agenda

3. We are encouraged that the trust has completed its own mock CQC inspection and has been updated by the CQC on its new regime, with no areas of significant concern being identified. We note that the trust has been proactive in requesting a re-inspection of the critical care unit, as the trust's only RI rating related to MSA breaches in this area. The mortality alert that had been received was discussed and we note that the trust is working to understand with the local inspection team how it had been flagged and that the CQC is not planning any further action on this at the moment.
4. We note that the closing report on the well-led review action plan will be seen by the Board in October, and that the final piece of work remaining on the action plan is around the trust's accountability framework.
5. The trust noted that it had no significant concerns on its gap analysis for seven day services and as its A&E services were consultant led it would have no difficulty in this area. The one area which was flagged as a potential future issue was acute non-pulmonary thoracic surgery, due to the specialist nature of the service.
6. Staffing hotspots, including radiology, were discussed and it was noted that for the first time due to the gaps in the Junior Doctor rotation the trust has had to bring in a number of locums, although full recruitment should be in place by the end of September. The trust has ANPs in every speciality and is continuing to recruit. The

trust is working with the STP on workforce issues, particularly in relation to how resources can be pooled to create a single cardiology service for Liverpool.

7. We have received the RCA for the latest Never Event and note that the trust has revised its checking processes to reduce the scope for human error in this area. The trust advised that NHSE will be attending their upcoming quality meeting on 8 September to review these new processes.
8. The trust updated us on a whistleblowing report that had been received by the CQC. An allegation was made that a decision not to ventilate a patient was taken at an individual level. The trust noted that on review of the health record it was noted that the patient had requested not to be ventilated due to complications developed. The patient and their family had been fully informed and involved in the decision. The trust has raised with the coroner who has not seen a requirement for a post mortem. We ask that you send us a copy of the report for the CQC (**Action 1**).

Operational Performance

9. For diagnostics whilst performance is strong the trust's key risk is in relation to CT capacity, particularly given recent changes to guidance (CG95) that could involve significant growth. The trust is managing through use of mobile vans, although the single onsite scanner is also a single point of failure risk. The trust is working with cardiologists in the STP to gain consensus over implementation of CG95 and is developing a business case to increase capacity.
10. Cancer performance can be impacted by the very small patient numbers, although we note late referrals have improved. It was noted that the Alliance PET scanner contract was not delivering reports in the timeframes required and the wider capacity issue has been raised with NHS England.
11. The trust was compliant with the RTT standard in Months 4 and 5, albeit noting that it is experiencing an increased number of late referrals.
12. The trust noted it had received its latest report in relation to cardiac and thoracic surgery. The clinical driven report had been positively received with some areas for development identified on which the trust is already working.

Financial Delivery

13. We are encouraged to note that the trust is consistent with its plan at month 4 and is confident of achieving the control total – assuming that the current issue with Welsh commissioners paying HRG4+ tariff is resolved. The trust provided a very helpful short paper on its current position and noted that the below plan income in July was being caught up in August.
14. We were encouraged by the trust's progress on agency staffing, noting that the trust is significantly under its cap and is also below prior year spend. It was noted that due to the Junior Doctor issue discussed above the trust has had to increase use of

medical locums temporarily and will therefore not be able to reduce spend compared to the prior year where only £9k was spent.

15. The trust's CIP performance YTD is 77% and it is currently forecasting 87% recurrent achievement, which would be a £0.48m shortfall – non-recurrent mitigations are currently being identified.
16. The trust raised an issue in relation to its aged debt profile, noting that it has £2.5m outstanding over 90 days with other NHS organisations. We ask that the trust provide a list of these debtors to us (**Action 2**).
17. The trust's capital plans were discussed and it was noted that the Board has approved purchase of a surgical robot (£0.75m) subject to a fundraising campaign. This will enable the trust to reduce open surgery, improving LoS and patient outcomes and would mean the trust becoming the first UK centre to carry out cardiac work in this way.

Strategic Plans

18. The trust is leading work on the CVD work stream and whilst some workstreams are fully developed it is not clear at this point how consultation will be carried out. It was noted that whilst this is a significant piece of work and there are representatives from across the system, there is very little resource to deliver the work streams.
19. The potential impacts arising from the Royal's move to the new hospital and merger plans with Aintree were discussed, noting that in particular MR scanner capacity at the Broadgreen site was being discussed.

Any Other Business

20. The trust provided an update on upcoming changes to the Board where two new NEDs have been appointed to replace the two that have recently stood down. The trust also noted the appointment of nine new governors, with a senior governor due to be appointed by the beginning of October.
21. The trust noted the work it is doing with Northumbria and the Christie in developing plans with a Chinese company to open a hospital in Fujian province, and an MoU has been signed. The trust is currently looking at the principles and opportunities for international working and will move an internal individual to a Head of Business Development role.

Next steps

22. Our next meeting will be held on 11 December 2017. If you have any queries in relation to this letter please me on 0203 747 0474 or at becky.chantry@nhs.net

Yours sincerely,



Becky Chantry

Senior Delivery and Improvement Lead (Cheshire and Merseyside)

Trust attendees:	NHSI Attendees:
Jane Tomkinson, Chief Executive Claire Wilson, Finance Director Raphael Perry, Medical Director Sue Pemberton, Nurse Director Tony Wilding, Chief Operating Officer Mark Jackson, Director of Research and Informatics Lucy Lavan, Director of Corporate Affairs Joanne Twist, Director of Workforce Development	Becky Chantry, Senior Delivery and Improvement Lead Paul Swanwick, Senior Finance Lead Rebecca Maguire, Assistant Clinical Team Manager

Summary of Issues/Actions/Support

Issue	Proposed Actions	Action Owners	Predicted end of date of Actions
Quality of care			
• Action 1: Whistleblower	Trust to copy NHSI into report to CQC on the incident	Raphael Perry / Sue Pemberton	When available
Finance and use of resources			
• Action 2: Aged Debt	Trust to provide its aged debt counterparty list to NHSI	Claire Wilson	14 Sept 17