

Board of Directors (Public)**Item 4.3**

Subject: Chief Executive's Briefing
Date of meeting: 26th January 2016
Prepared by: Executive Team
Presented by: Jane Tomkinson, Chief Executive

| BAF Ref | Impact on BAF Risk rating |
|---------|---------------------------|
| 1- 8 | None |

1. Introduction

This briefing paper is an update of the CEO's regular report to the Board of Directors.

2. Strategic Partnerships Update

| Name of local Trust | Opportunity/Discussions | Progress |
|--|--|--|
| Wirral University Teaching Hospital | Joint posts to support Cardiology at Arrowe Park. Possible options around LHCH@ model and Cardiology GPST posts in the future. | The joint posts agreed between the two Trusts have been recruited to with the new EP consultant starting in February 2016 |
| Southport and Ormskirk Hospital NHS Trust | Opportunities to support the Southport Cardiology Service including discussions on rapid access chest pain and providing stress echo sessions. | Job descriptions and job plans have been produced and sent to the college for approval, following feedback some slight modifications have been made and they are back with the college for sign off. |
| St Helens and Knowsley Teaching Hospital NHS Trust | Joint posts | A joint PCI consultant has been recruited and currently there are no further developments planned. |
| Warrington and Halton Hospitals NHSFT | Discussions regarding Warrington setting up a local PCI service are on hold in anticipation of the specialist commissioner review of cardiac services in the North West. | Following the publication of the "Cardiac" review report by the specialist commissioners there has been no further discussions that we are aware of regarding this development. |
| Aintree University Hospital NHSFT | Joint posts, new models of care. | We are working with Aintree as a partner in the community respiratory service for Knowsley CCG and also as part of the Healthy Liverpool program looking at "one" pathway for cardiology patients. This is further |

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| | | developed in the separate section below on the “vanguard” proposal. |
| Alder Hey Children’s Hospital | Partnership opportunity with Alder Hey to provide a “Liverpool” model of care for ACHD patients. This partnership would also include the Liverpool Women’s Hospital and RLBUTH. | The next stage of the NHS England review of CHD services has begun with all providers being requested to carry out a self-assessment against the April 2016 standards and this needs to be submitted in early February to the commissioners. |
| Royal Liverpool and Broadgreen University Hospital NHS Trust – Upper GI Service Transfer | To transfer Upper GI cancer services to the Royal site. | Upper GI services have now been transferred to the Royal Campus. The Royal are also part of the Knowsley community respiratory service. |
| University Hospital South Manchester | Explore areas for potential collaboration. | A meeting has been held with colleagues from UHSM to discuss areas for potential collaboration between our two Trusts. |
| Knowsley Contract | Provision of Community Respiratory Services Tender | Work is on-going regarding the implementation of the new contract and there is a project team working on the IT aspects of the program. |
| Mersey Care | Collaboration between the Trusts to improve both the physical and mental health of our patients | A proposal on areas of potential joint working will be drafted working with the lead clinicians for both Trusts and next steps agreed. |

3. Sir Bruce Keogh Visit

Sir Bruce Keogh has been invited to officially open both Cherry and Mulberry Ward. A provisional date of 22nd February 2016 but this is yet to be confirmed.

4. Healthy Liverpool Programme and Vanguard

Strategic Options Appraisal

The Board of Directors, together with the Operational Board, held a session with clinical leads in November and agreed to undertake a formal options appraisal to examine the future direction of services and long term (5-10 years) options in response to the Healthy Liverpool blueprint and the vision for a for a centralised university teaching hospital campus delivered through centres of clinical & service excellence” and the impact this may have. This appraisal will consider our clinical and organisational strategy and the clinical links and interdependencies between services. It will also consider the key opportunities, risks and the critical success factors that each option presents.

To support us in this objective, Liverpool CCG has funded this strategic options appraisal as part of the wider Healthy Liverpool programme and LHCH has independently commissioned KPMG to work with us to develop a clear strategy and response to the challenges set out.

The starting point for this work is to:

- look at clinical delivery options for each service at sub specialty level
- consider the operational and financial impacts

- to assess whether any partnership and/or relocation options could bring greater benefits and/or reduce risks in relation to patient outcomes and experience, alongside the clinical, operational and financial sustainability of the Trust.

KPMG have now commenced work and will be on-site working with the Trust until April 2016, reporting to Debbie Herring. They will be engaging with both internal and external stakeholders and there will be a number of opportunities at key stages during the process for Board members to be involved. A report, detailing the journey and their findings, will be produced by the end of March 2016 and this will be presented to the Board at its meeting on 25th April.

Vanguard CVD Single Service

Following on from the Vanguard application, work has now commenced as part of the Healthy Liverpool Programme, with Liverpool CCG and our provider partners from the Royal Liverpool and Aintree hospitals to develop a unified cardiology service across Liverpool. The programme will develop care models for cardiology to improve equality of access and deliver the optimum health outcomes for the population of Liverpool with cardio vascular disease.

An Integrated CVD Steering Group has been established, with representatives from the three hospitals, chaired by the CCG which is meeting monthly. Debbie Herring is working with the Group as Executive Lead and Glenn Russell is the Vice Chair.

Five clinically led work streams, based upon clinical priorities have been agreed: -

- | | |
|------------------------------|-------------------------------------|
| • Palpitations and Syncopy | Led by Dr Mark Hall (LHCH) |
| • Breathlessness | Led by Dr Clare Hammond |
| • Chest Pain (including ACS) | Led by Aleem Khand or Clare Appleby |
| • Imaging and diagnostics | Led by Tim Fairburn |
| • Rehabilitation | To be decided |

The groups will be meeting within the next month and their first tasks will be to consider the following: -

1. Where are the quick wins in terms of improving the service?
2. Which areas are considered a priority?
3. What would the ideal model of care look like and where would this care best be delivered?

The Groups will be expected to report back with their responses to these questions by June 2016 although any immediate 'quick win' service changes that can be immediately implemented may happen sooner.

5. Regulatory Update

5.1 CQC Update

Preparation for the CQC inspection in April 2016 is underway and a Trust wide learning plan is in place.

5.2 Monitor Update

The technical planning guidance for 2016/17 has been published along with a call for collective action to manage the 2015/16 outturn position.

6. Workforce Update

6.1 Junior Doctors Industrial Action

Junior doctors working within the Trust and across the whole of England took part in a period of industrial action between 8am on Tuesday 12th January and 8am on Wednesday 13th of January 2016. The strike action is the result of a breakdown in the negotiations for a new Junior Doctors contract with a number of changes planned at improving seamless cover across the 7 day week. The Trust had plenty of notice of the strike and was fully prepared and therefore patient care was not compromised. A number of elective surgical procedures did however have to be cancelled as well as a number of outpatient clinics.

This was the first of three planned periods of industrial action with a further two to take place unless agreement is reached by the BMA and the Department of Health before then. The two further periods are as follows:-

Emergency care only between 8am on Tuesday 26th January and 8am on Thursday 28th January 2016 (48 hours)

Full withdrawal of labour between 8am and 5pm on Wednesday, 10th February 2016.

The Trust is continuing to plan to ensure minimum disruption to patients and their care.

7. Top Operational Risks

In accord with the Risk Management Policy, only risks scoring 15 or more are being presented to the Board.

Risks with an Increasing Score:

The risk around achieving the 18 weeks target on incomplete pathways for Q4 has been elevated from 16 to 20. This has been driven by the continued unavailability of a Consultant Surgeon, although a locum has been secured who will commence work in early February. This will allow the monthly position to improve but a failure of RTT in January affects the entire quarter. Industrial action by junior doctors has also had an impact on delivery of RTT.

The risk regarding the availability of sufficient junior medical staff to run a safe service and achieve waiting time targets has increased from 8 to 16 following the collapse of talks and the possible imposition of the contract. This risk is mitigated by good planning. The impact strike of 11th January was well managed but future strikes are threatening consequences for emergency cover.

Risk with a Static Score:

The risk around achieving the end of year financial plan remains at 16, driven by worse financial performance in year. Work is on-going to reduce staffing costs and improve income (see Director of Finance's report).

The 2015/16 cost improvement programme continues to underperform against plan. Schemes are currently being identified for 2016/17. The CIP Steering Group continues to review progress monthly.

Income for 2016/17 as a consequence of tariff reform is at risk. Recent clarification of tariff together with the removal of the specialist top-ups is predicted to lose the Trust £1.9m but the Trust will be re-joining CQUINS which will have a significant mitigating effect. The final impact of the tariff is under active review and will be clear by next month.

Workforce capacity remains critical to the Trust. Relentless and on-going local recruitment is being supplemented by recruitment drives in the Philippines and Singapore in January.

Timely delivery of outpatient care to patients with Adult Congenital Heart Disease is also at risk as a consequence of demand outstripping capacity. This is being mitigated through targeting appointments at patients most in need together with extra clinic provision.

Possible media interest as a consequence of the recent never event, should it occur, could threaten the Trust's reputation.

New Risks:

There are no new risks scored at ≥ 15 emerging this month.

Risks with Decreasing Score:

There are no risks initially scored at ≥ 15 that are reducing this month.

A summary of the risk, cause and consequence is showing in Appendix 1.

8. Recommendation

The Board of Directors is asked to note the report.

| Corporate Risk Register January 2016 | | | | | | | | | | | | | | | | | | |
|--|---|---|---------|---|---|--|--------|--|---|---|----|---|----|-----------------------|----|---|--|--|
| Risks scoring 10 or above | | | | | | | | | | | | | | | | | | |
| Risks with Increasing Score | What is at Risk? | Q3 2015/16 18 weeks target (C: S) | From 16 | To 20 | Below standard performance projection for January | Safe staffing and regulatory compliance (C: HR) | From 8 | To 16 | New contract talks collapsed. Possible imposure. | | | | | | | | | |
| | Causes? | Inadequate capacity, growth in nonelective demand, Consultant unavailability in Surgery and Industrial action by Junior Doctors | | | | Industrial action from Junior Doctors | | | | | | | | | | | | |
| | Consequences? | Delayed patient treatment, reduced patient satisfaction, and regulatory breach | | | | Reduced junior doctor medical cover on prespecified dates, including emergency cover, reduced activity and failed waiting time targets | | | | | | | | | | | | |
| Risks with a Static Score | What is at Risk? | 2015/16 cost improvement programme (C: S, CS - 12) | 16 | | | Timeliness of care to patients with ACHD (M) | 15 | | | Income for 2016/17 (C: F) | 16 | 2015/16 financial plan (C: F, M) | 16 | Trust reputation (C) | 15 | Adequacy of staffing to deliver activity (C: HR, PMO) | | |
| | Causes? | Slippage and schemes yet to be identified | | Increasing demand and fixed capacity in diagnostics and outpatients | | | | Tariff reform and implementation of a national procurement framework | Unplanned cost pressures, reduced activity against plan, underperformance on CIP | Recent never event | | Lack of proactive workforce planning, lack of personnel o recruit into hard to fill areas and poor recruitment systems and processes | | | | | | |
| | Consequences? | EBITDA, Financial Services Risk Rating, financial plan | | Delays in providing care to new and follow up patients | | | | Adverse impact on EBITDA, the Trusts Financial Services Risk Rating, and ultimate financial viability of the Trust | Financial Services Risk Rating < 2, undelivered financial plan, regulatory action | Adverse media interest, loss of public confidence and impact on future work | | Inadequate established workforce capacity, overreliance on premium rated sessions and bank & agency and a threat to achieving the Trusts financial plan | | | | | | |
| Risks with Decreasing Score* | | | | | | | | | | | | | | | | | | |
| * These risks will not be reflected on future presentations of the Corporate Risk Register if residual risk is < 10 | | | | | | | | | | | | | | | | | | |
| New Risks** | | | | | | | | | | | | | | | | | | |
| | Risks are categorised according to source risk register | | | | | | | | | | | | | | | | | |
| | Key:- | | | | | | | | | | | | | | | | | |
| | C Corporate | | | | | | | | | | | | | | | | | |
| | M Medicine | | | | | | | | | | | | | | | | | |
| | S Surgery | | | | | | | | | | | | | | | | | |
| | CS Clinical Services | | | | | | | | | | | | | | | | | |
| | HR Human Resources | | | | | | | | | | | | | | | | | |
| | I Informatics | | | | | | | | | | | | | | | | | |
| | MS Medical Secretaries | | | | | | | | | | | | | | | | | |
| | F Finance | | | | | | | | | | | | | | | | | |
| | PMO Programme Management Office | | | | | | | | | | | | | | | | | |