

Board of Directors (Public)

Item 4.5

Board Report

Subject: CEO's Report
Date of meeting: Tuesday 28th April 2015
Prepared by: Executive Team
Presented by: Jane Tomkinson, Chief Executive

Data Quality Rating	BAF Ref	Impact on BAF Risk rating
n/a	1-9	None

1. Introduction

The purpose of the CEO's Report is to inform the Board of Directors of on-going strategic and operational issues, regulatory updates and formal notification of top risks as listed on the Trust's risk register.

2. Listening Into Action (LiA)

LiA is about developing a culture where all individual members of staff have a voice in how the organisation is run, particularly in their own area of work and feel empowered to make changes to improve patient care and their own working lives. LiA is the vehicle the Trust has chosen to bring together a number of initiatives and involvement activities that are underway already to give a focus and overall direction and has seen to have delivered improvement in over 50 NHS providers to date.

The Trust has now started the initial 12 month LiA process. The LiA lead and the LiA Sponsor Group are now in place. The LiA lead is Dr Marga Perez-Casal who has been seconded 4 days a week to LiA.

The LiA Sponsor Group includes a mix of both clinical and non-clinical staff and is responsible for supporting decision making, removing barriers and monitoring the progress of LiA through these initial 12 months.

A 'big bang' launch is planned for beginning of May; following this, all staff will be asked to complete an online Pulse Check, 15 questions linked to staff satisfaction and morale. This will give the baseline for LiA and to which we will compare the results of another Pulse Check at the end of the 12 months.

A leadership scorecard to establish the baseline of our senior management style has been sent to all managers, band 8a and above in the second half of April. As with the Pulse Check, this will be again repeated at 6 months and at the end of the year.

Dates in May and June have been booked for the Big Conversations with Trust's staff to inform the process of service improvement and cultural change. These sessions will be by invitation. A cross-section of staff will be invited to the sessions. Each session will host 50 people and will last for 2 hours. The LiA lead is working with managers to ensure invited staff are released to attend the Big Conversations without impacting on service delivery.

The Trust's progress on the LiA journey will be monitored through the LiA tracker monthly

3. 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 GPSI posts in the future.	PCI Consultant post – Dr Ali started in November as a joint appointment. EP Consultant post agreed with WUTH, 60/40 split with the majority at WUTH. Job plan and advert currently being agreed. We are also delivering sessions for stress echo with one of our new imaging cardiologists.
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.	There is a clinical meeting arranged for the 20 th April to discuss the proposed service model for both a community CVD service and also there needs to be an agreed way forward for a sustainable Cardiology service at the Trust which will be down to having only one consultant cardiologist by November 2015.
St Helens and Knowsley Teaching Hospital NHS Trust	Joint posts	We are currently out to advert for a joint PCI post with interviews later this month. There are further discussions to be held regarding further development opportunities.
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.	We are currently awaiting the review report which was due to be published in January 2015 but is still awaited. There is a proposed date for a "workshop" in April 2015
Aintree University Hospital NHSFT	Joint posts, new models of care.	Initial meeting held with Aintree and a further meeting is planned. This also links into the on-going work as part of the Healthy Liverpool Cardiology group. We

		currently provide an EPS clinic at Aintree.
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 service model is currently being developed and we have a project board and working group structure in place. We have attended all the NHS England meetings and await a letter to be sent all Trust asking if they are prepared to collaborate on delivering the standards ahead of a competitive process. We have held an external "peer" review of our proposals with the ACHD Cardiologist from Birmingham and this has proven very beneficial in helping shape our response to the standards.
Royal Liverpool and Broadgreen University Hospital NHS Trust – Upper GI Service Transfer	To transfer Upper GI cancer services to the Royal site.	We have been given specialist commissioner approval to proceed however this requires further discussion on the model required to deliver the service.

4. Healthy Liverpool Programme (HLP)

Since the last report, no formal meetings have been held. Following a recruitment process, Dr G Russell will be seconded for 1 day per week to the HLP with effect from 1st July 2015, thus ensuring LHCH and our services are firmly represented at clinical forums.

5. Regulatory Updates

Monitor – Monitor is now paying closer attention to cancer pathway performance. It has been confirmed by NHSE Cancer Network that the 42 day breach reallocation policy will remain in place for 2015/16, but the Trust must continue to work with partners to reduce delays in the 62 day pathway. Monitor has requested a monthly update.

Monitor has published an update to the Well Led leadership framework. This will be circulated to Board Directors in this month's 'e pack'. The Board will undertake a self-assessment exercise in June 2015 and this will inform the Board development plan. The Trust's first external review will be commissioned in 2016.

Changes to Never Event List 2015/16

Changes have been made to the Never Event List for 2015/16. It has reduced significantly from 25 to 14 Never Events with some being removed and others being merged. Changes are to be implemented from 1st April 2015.

Those removed include;

- Maternal death due to post-partum haemorrhage after elective caesarean section
- Wrongly manufactured high-risk injectable medication
- Opioid overdose of an opioid/opiate-naïve patient
- Escape of a transferred prisoner
- Wrong gas administered
- Failure to monitor and respond to oxygen saturation
- Air embolism
- Misidentification of patients

Those merged include;

Wrong route medication, was;
Wrong route chemo
Wrong route oral/enteral treatment
Intravenous admin of epidural medication

Transfusion or transplantation of ABO-incompatible blood components or organs, was;
Transfusion of ABO incompatible blood components
Transplantation of ABO incompatible organs

Changes made to increase simplification and provide clarity.

Changes have been made to the Serious Incident framework from NHS England

The revised Framework has been developed in collaboration with healthcare providers, commissioners, regulatory and supervisory bodies, patients and families and their representatives, patient safety experts and independent expert advisors for investigation within healthcare. While the fundamental principles of serious incident management remain unchanged, a number of amendments have been made in order to;

- emphasise the key principles of serious incident management;
- more explicitly define the roles and responsibilities of those involved in the management of serious incident;
- highlight the importance of working in an open, honest and transparent way where patients, victims and their families are put at the centre of the process;
- promote the principles of investigation best practice across the system; and focus attention on the identification and implementation of improvements that will prevent recurrence of serious incidents, rather than simply the completion of a series of tasks.

In order to simplify the process of serious incident management, two key operational changes have also been made:

1. Removal of grading –incidents were often graded without clear rationale. This causes debate and disagreement and can ultimately lead to incidents being managed and reviewed in an inconsistent and disproportionate manner. Under the new framework serious incidents are not defined by grade - all incidents meeting the threshold of a serious incident must be investigated and reviewed according to principles set out in the Framework.
2. Timescale –a single timeframe (60 working days) has been agreed for the completion of investigation reports. This will allow providers and commissioners to monitor progress in a more consistent way. This also provides clarity for patients and families in relation to completion dates for investigations.

LHCH Incident Reporting policy has been updated with the changes and will go to Risk Management Committee on 27th April 2015 for approval. Although the timeframe for completion of investigations to the CCG has been extended to 60 days, the internal deadline is kept at 28 working days. This allows the organisation to ensure the investigation report is reviewed internally via Directorates and committees reporting to the Board. Lead investigators can request an extension to the 28 working day deadline if appropriate. This will still allow reporting externally to be within the 60 days as previously mentioned.

6. Top Operational Risks

The Top 5 risks currently on the corporate risk register to the end of March 2015 are presented in the table below.

The added sensitivity of the 5 x 5 matrix is leading to a more accurate assessment of the magnitude of the risks facing the Trust. The transition will be complete by the end of May 2015 and will bring into the risk register the results of a proactive analysis undertaken by the

Executive Team reflecting risks facing achievement of this year's strategic objectives and advising and correlating to the Board Assurance Framework.

Risk	Current Risk Score (impact x likelihood)	Mitigation
There is a risk to the delivery of the 15/16 18 weeks waiting time standard caused by inadequate capacity leading to delayed patient treatment, reduced patient satisfaction and regulatory breach.	4 x 5 = 20	Utilisation of additional external capacity. Provision of internal capacity. 18 weeks training. Patient by patient management & data validation.
Failure to deliver the 14/15 cost improvement plan	3 x 5 = 15	Overall impact is included in the month 12 position.
If we fail to recruit to the required numbers of staff due to staff turnover within Cedar ward then services and RTT may be affected	3 x 4 = 12	Active recruitment campaign: <ul style="list-style-type: none"> • Reassignment of staff • Bank and agency
If the systems used to manage referrals, both in technical terms OnBase – and administration systems are subject to error there is the potential for referrals to be delayed.	3 x 3 = 9	New quality assurance process implemented for admin function. Weekly validation and referrals.
If the shortfall in junior doctor staffing is not mitigated with an alternative, then patient care will be compromised.	3 x 2 = 6	Robust plan developed using alternative. Staff agreed and implemented.
If there is no agreed standard for the review of diagnostics before patients being listed for surgery then there is the potential for never events to occur and patient harm to happen.	4 x 1 = 4	Best practice confirmed by Deputy MD and communicated to all clinicians. Recent audit by MD confirmed no incidents.

7. Recommendations

The Board of Directors is asked to note the report.