

## Board of Directors (Public)

### Item 4.1

## Board Report

**Subject:** CEO's Report  
**Date of meeting:** Tuesday 26<sup>th</sup> May 2015  
**Prepared by:** Executive Team  
**Presented by:** Jane Tomkinson, Chief Executive

Data Quality Rating	BAF Ref	Impact on BAF Risk rating
n/a	1-8	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)

Work has commenced on the development of an overarching People Strategy which will bring together all of the workforce related strands including communication and engagement, leadership development, workforce planning, resourcing, education, learning and staff wellbeing. New governance arrangements will be developed to monitor implementation and progress against key deliverables. The draft strategy will be discussed in detail at the Board's strategic session on 16<sup>th</sup> June and brought to the Board meeting on 28<sup>th</sup> July for approval.

A total of 5 LiA Big Conversations are taking place between the 18<sup>th</sup> May and the 2<sup>nd</sup> June, with a representative cross-section of randomly selected staff attending each session. The aim is to get employees views on what is getting in the way and stopping us from achieving our objectives, what can be changed and how to go about it, how can they get involved and what will the result be.

In addition over a third of employees have completed the quick LiA Pulse Check which will highlight areas to work on and capture current engagement levels across the trust now that can be used as a benchmark for improvement.

Our first 10 clinical teams to use the LiA methodology to solving problems in their work areas have been identified including practical issues such as improved discharge planning, better utilisation of theatre sessions and reducing the time to hire new starters.

### 3. Strategic Partnerships Update

Name of local Trust	Opportunity/Discussions	Progress
Wirral University Teaching Hospital	Joint posts to support Cardiology at Arrowe Park.	PCI Consultant post – Dr Ali started in November as a joint

	Possible options around LHCH@ model and Cardiology GPSI posts in the future.	appointment. EP Consultant post agreed with WUTH, 60/40 split with the majority at WUTH. Job plan and advert have been agreed and we are out to advert for this post. 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.	We are currently supporting with some additional outpatient clinics to reduce a backlog of patients waiting appointments. We are also looking at options for two joint posts to support the inpatient Cardiology service at WUTH on an 80/20 split post basis and also developing a community CVD service to reduce pressure on emergency admissions at the main hospital.
St Helens and Knowsley Teaching Hospital NHS Trust	Joint posts	Interviews for this post were held on 18/05/15. 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 still awaiting publication of the specialist commissioner's review of Cardiology services which was planned for last November but there is still no confirmed date for when this will be released.
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 developed and we have a project board and working group structure in place to finalise some of the operational detail of the model. The next stage of the process has been to see what collaborative options there are to delivering the model ahead of the next NHS England board meeting in July. We are

		actively involved in these discussions and will be submitting a high level plan of our proposed model on 5 <sup>th</sup> June to the NHS England team.
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 with the transfer of the Upper GI service however this requires further discussion on the management of the transfer and how the contract activity will be managed.
University Hospital South Manchester	Explore areas for potential collaboration.	Provision of additional capacity to support reduction of LHCH waiting list (cardiac surgery).

#### 4. Healthy Liverpool Programme (HLP)

The HLP continues to progress with options for future configuration yet to be finalised. Glenn Russell will join the HLP clinical team ( PAs per week) from 1<sup>st</sup> July 2015 and will work to promote effective solutions for cardiology.

#### 5. Regulatory Updates

Monitor will be conducting an integrated review of Q4 2014/15 performance and 2015/16 Operational Plans. A meeting with the relationship team is scheduled to take place on 4<sup>th</sup> June 2015.

#### 6. Top Operational Risks

Following the external review of the Trusts risk management arrangements, the corporate risk register has been extensively revised in line with national best practice. The register reflects risks from the historical risk register, a proactive risk analysis undertaken by the Executive Team and critical / high scoring risks from external reviews.

The table below presents the inherent risk (the risk without the application of controls), the current risk score following application of the controls described, the target risk score (where we would like the final risk score to be once fully mitigated in accord with the Board appetite for risk), and any further planned mitigating actions to be implemented in the future.

The transition of the corporate risk register to a 5 x 5 matrix is complete. The challenge and integration of high scoring risks from the Divisions and corporate functions is underway.

Risk Description	Inherent Risk	Current Consequence	Current Likelihood	Risk Score	Current Controls	Target Risk Score	Further Mitigating Actions
There is a risk to the delivery of the Q2 2015/16 18 week waiting time standard caused by inadequate capacity, growth in non-elective demand and Consultant illness in Cardiology leading to delayed patient treatment, reduced patient satisfaction, and regulatory breach	20	5	3	15	Maximisation of use of internal capacity	6	
					18 weeks action plan to ensure improvements are coordinated		
					Performance meetings to ensure plan being delivered		
					PTL management to ensure each patient being managed appropriately		
					Validation of data to ensure patient timelines are accurately reported		
					Outsourced activity to Stoke and South Manchester to reduce demand		
There is a risk to the 2015/16 income to the Trust caused by potential tariff restructure leading to an adverse impact on EBITDA, COSRR and the potential to undermine quality of care	15	5	3	15	None	12	Rework financial model and identify additional CIP
There is a risk to patient safety caused by inadequate compliance with the sepsis bundle care leading to untimely delivery of antibiotics to patients with sepsis and the potential for an adverse impact on quality of care	20	4	3	12	Sepsis order set	3	Relaunch of sepsis campaign
There is a risk to the adequacy of staffing to deliver activity caused by lack of proactive workforce planning and lack of personnel to recruit into hard to fill areas leading to inadequate established workforce capacity and overreliance on bank and agency staff	16	4	3	12	Detailed workforce plan for each area aligned to activity plan to ensure workforce needs matched to service	6	Development and commencement of implementation of the Trusts workforce plan to ensure workforce capacity matched to demand
					In house recruitment service to ensure new staff in post as quickly as possible		Development and commencement of implementation of the Trusts People & Organisational Development Strategy to ensure future capacity and skills matched to demands
							Overseas recruitment to attract staff with necessary skills to achieve workforce capacity
					Staff management oversight by other areas of the Trust to ensure staff deficiencies are identified and filled		
There is a risk that the Trust is vulnerable to an outbreak of CPE infections or wider antibiotic resistance caused by the admission of infected patients leading to service disruption, possible ward closure and potential patient harm	15	4	3	12	CPE screening of admitted patients from all Trusts to ensure that all high risk patients are identified	3	Refreshed Infection Prevention Strategy
					Isolation of high risk patients to limit risk of outbreak		
					Hand hygiene processes and audits to ensure adherence to good infection prevention practice		
					Close involvement of Infection Prevention Team with admissions to ensure all checks completed and advance warning communicated		
					Education of staff to ensure the knowledge of all who may come into contact with a CPE patient knows what to do		
					Regular patient monitoring to ensure no outbreaks		
There is a risk to the delivering of the Trusts 2015/16 cost improvement programme caused by unidentified schemes and slippage leading to an adverse impact on EBITDA and subsequent impact on the Trusts CoSRR	20	4	3	12	Establishment of a Programme Management Office to ensure schemes are robustly defined and delivered	12	
					CIP plan to ensure sufficient schemes are identified to cover required savings		
					Progress meetings with Divisions to ensure delivery		
					CIP contingency reserve to mitigate underperformance against target		
There is a risk that the Trust is overly dependent upon premium rated staffing sessions and bank & agency staff to deliver its activity caused by inadequate workforce capacity leading to excessive service costs, adverse impact on EBITDA & CoSRR and the potential for patient harm	12	3	4	12		6	Development and commencement of implementation of the Trusts workforce plan to ensure workforce capacity matched to demand

There is a risk that the Trust is overly dependent upon premium rated staffing sessions and bank & agency staff to deliver its activity caused by inadequate workforce capacity leading to excessive service costs, adverse impact on EBITDA & CoSRR and the potential for patient harm	12	3	4	12		6	Development and commencement of implementation of the Trusts workforce plan to ensure workforce capacity matched to demand
There is a risk to the maintenance of current referral patterns to the Trust caused by failure to meet referrer service expectations leading to reduced activity and reduced income	12	4	3	12		6	Stakeholder meetings to assure referrers problems experienced are short term and future investment has been made to mitigate problems being experienced
There is a risk to patient safety caused by exposure of patients to Mycobacteria from heater cooler units during coronary artery bypass surgery. This could potentially cause an infection post-operatively.	16	4	3	12	Identify and review any patients with possible mycobacterial endocarditis	3	Sampling regime for water to be introduced
					Ensure cleaning and disinfection protocols of heater coolers are in line with manufacturer's instructions		

## 7. Recommendations

The Board of Directors is asked to note the report.