

Board of Directors (Public)

Item 4.2

Subject: CEO's Briefing
Date of meeting: 24th November 2015
Prepared by: Executive Team
Presented by: Jane Tomkinson, Chief Executive

Board Report

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 GPSI posts in the future.	The joint PCI consultant is now in post and we have advertised the joint EP post and we are interviewing on 19 th November 2015 and have 5 candidates for two posts.
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 have agreed the job plans and job descriptions for two joint posts and we are contacting the Southport team with a view to getting these out to advert ASAP.
St Helens and Knowsley Teaching Hospital NHS Trust	Joint posts	A joint PCI post has been recruited to and there are further discussions to be held regarding further opportunities to develop services. St Helens and Knowsley Teaching Hospital NHS Trust are a partner in our community respiratory service for Knowsley CCG.
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 it is clear that there will be no developments of new services without the support of the tertiary centre and a clear case showing a lack of current capacity within the service.
Aintree University Hospital	Joint posts, new models of	We are working with Aintree

NHSFT	care.	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.
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.	We are submitted our proposal to deliver the North West ACHD service on 9 th October 2015 and we are currently waiting for feedback on our proposals. The next national meeting has been cancelled in November with the next meeting now due on 9 th December 2015.
Royal Liverpool and Broadgreen University Hospital NHS Trust – Upper GI Service Transfer	To transfer Upper GI cancer services to the Royal site.	Agreement has finally been reached to transfer Upper GI services to the Royal campus with specialist commissioners and the transfer will be completed by the end of this financial year. The Royal are also part of the Knowsley community 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	The Trust in partnership with Aintree, the Royal and Whiston hospitals has won the tender to deliver the new enhanced respiratory service. This new service is an extension to the previous COPD service LHCH has delivered. The new contract runs for 5 years with the chance of a further extension of two years.
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. Healthy Liverpool Programme and Vanguard

Work continued to progress the recommendations of the HLP report with major focus on aligning hospital services. The Trust has submitted a bid to the CCG to support the production of a strategic options appraisal and we await the outcome of governance discussions.

The Vanguard programme for cardiology will progress led by LHCH’s Dr Glenn Russell; a programme group and governance structure are being established. The CCG will provide some project funding.

4. Regulatory Update

4.1 Price Caps for Agency Staff : Proposed Rules and Consultation

Monitor and the TDA are consulting on proposals to introduce caps on the total amount Trusts can pay per hour for all types of agency and bank staff. The deadline for responses was Friday 13th November and the Head of HR has submitted a response on behalf of the Trust. The consultation document will be provided to Board Directors for information, via the November e pack.

4.2 Special Measures

Monitor has published additional guidance on special measures. This will be included in the November e-pack.

4.3 CQC Update

The CQC will not be publishing any further iteration of Intelligent Monitoring reports for NHS Acute and Specialist Trusts.

The Intelligent Monitoring reports have been a key part of the CQC's new regulatory approach. Together with local insight and other factors, they have helped CQC to decide when, where and what to inspect, giving inspectors a clearer picture of the areas of care that need to be looked at. The CQC have stated that by March 2016, all NHS acute and specialist trusts will have had an inspection under the new regulatory approach, using the comprehensive methodology introduced in 2014. The CQC will continue to provide up-to-date intelligence, in the form of data packs, to inform the remaining comprehensive inspections.

The CQC are using their learning from the first round of hospitals inspections to review what developments and improvements should be made to their inspection approach for hospitals. This will include how they use intelligence to inform their approach.

The CQC recently published [Building on Strong Foundations](#), which forms the basis for developing their new strategy from April 2016. It sets out The CQC's current thinking and approach to the quality regulation of health and social care services in the future including the development of smarter monitoring and strengthening insight from data.

5. Workforce Update

5.1 Junior Doctors Industrial Action

The BMA have commenced a ballot process with affected members regarding potential industrial action. The ballot will run until 18th November 2015. Once the outcome is decided, any strike action, or action short of a strike (such as work to rule), must be undertaken within four weeks of the ballot. This could be extended to 8 weeks by mutual agreement. The BMA are required to provide seven days' notice of any action that is to be taken providing details of what it is and when it will take place.

A period of data gathering has now been completed within the Trust to obtain an understanding of how many Doctors will be affected internally which will inform the wider contingency planning process.

5.2 Annual Staff Survey and Flu Campaign

The staff survey closes on 30th November 2015 and the response rate as at 17.11.15 is 51%. With a view to reaching, if not exceeding last year's response rate (61%) the HR team are closely monitoring the response rates on a departmental basis. The Trust's weekly

communication is used to promote the survey and departmental league tables are being shared with managers to encourage participation.

The flu campaign commenced on Monday 5th October 2015 and has run throughout October and November. It is due to finish on Friday 20th November.

Take up initially was good, however the last few sessions has seen demand tailing off significantly. The running total to date stands at just under 60% of staff receiving the flu vaccine. Initiatives to improve uptake include a voucher for a free tea/coffee and muffin for all staff who have received the vaccine, and a shopping voucher for £50 if the 60% total is reached.

Along with daily bulletins on Flu nurse availability, a bleep system was introduced to improve access to the Flu nurse, which has proved to be popular. The Flu nurse has attended all areas in the hospital and is accompanied to ensure no areas are missed.

6. 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 Q3 has been elevated from 12 to 16. This has been driven by the unavailability of a Consultant Surgeon. A locum is currently being sought.

The risk around achieving the end of year financial plan has been elevated from 12 to 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).

Risk with a Static Score:

The 2015/16 cost improvement programme continues to underperform against plan. New schemes are being identified, and a due diligence review has been commissioned in Radiology. The CIP Steering Group continues to review progress monthly.

The delivery of future community services is at risk as a consequence of anticipated delayed delivery of the integrated electronic patient record to this service. An EPR project manager is being advertised and limited project planning without this resource is underway.

New Risks:

Income for 2016/17 as a consequence of tariff reform is at risk. The Chief Finance Officer is involved at a national level in lobbying for the services we provide.

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.

The threat of industrial action from our junior doctor workforce poses a threat to safe staffing. This is being mitigated through comprehensive planning.

Significant media interest as a consequence of the recent never event, should it occur, threatens the Trusts reputation as a provider of high quality care. On-going liaison with the family together with timely completion of the root cause analysis and immediate remedying deficiencies is underway.

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.

7. Recommendation

The Board of Directors is asked to note the report.

Corporate Risk Register November 2015													
Risks scoring 15 or above													
Risks with Increasing Score	What is at Risk?	Q3 2015/16 18 weeks target (C: M, S)	From 12	To 16	Unavailability of a Consultant Surgeon	2015/16 financial plan (C: F)	16	In year worsening financial performance					
	Causes?	Inadequate capacity, growth in nonelective demand and Consultant unavailability in Cardiology and Surgery				Unplanned cost pressures, reduced activity against plan, underperformance on CIP							
	Consequences?	Delayed patient treatment, reduced patient satisfaction, and regulatory breach				Financial Services Risk Rating < 2, undelivered financial plan, regulatory action							
Risks with a Static Score	What is at Risk?	2015/16 cost improvement programme (C: M, CS)	16			Delivery of future community services (M, I)	16						
	Causes?	Slippage and schemes yet to be identified		Lack of an integrated electronic patient record									
	Consequences?	EBITDA, Financial Services Risk Rating, financial plan		Duplication and fragmentation of patient records, rework and manual work arounds, as well as the inability to fulfil current and anticipated CCG service specifications									
New Risks~	What is at Risk?	Income for 2016/17 (C: F)	16			Timeliness of care to patients with ACHD (M)	15		Safe staffing (C: HR)	16		Trust reputation (C)	15
	Causes?	Tariff reform (e.g. risk sharing on devices) and implementation of a national procurement framework		Increasing demand and fixed capacity in diagnostics and outpatients		Industrial action from Junior Doctors			Recent never event				
	Consequences?	Adverse impact on EBITDA, the Trusts Financial Services Risk Rating, and ultimate financial viability of the Trust		Delays in providing care to new and follow up patients		Reduced junior doctor medical cover on prespecified dates			Adverse media interest, loss of public confidence and impact on future work				
~ New risks are emerging principally from increasing institutional adoption of the new electronic risk register													
Risks with Decreasing Score*	What is at Risk?												
	Causes?												
	Consequences?												
* These risks will not be reflected on future presentations of the Corporate Risk Register (risk scores < 10)													
	Risks are categorised according to source risk register												
	Key:												
	C	Corporate											
	M	Medicine											
	S	Surgery											
	CS	Clinical Services											
	HR	Human Resources											
	I	Informatics											
	F	Finance											