

Quarterly Review Meeting Letter

31 December 2018

Jane Tomkinson
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Dear Jane,

Following on from our meeting on 12 December 2018 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 three months.

SOF segmentation

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. The trust's progress against the metrics which inform the SOF are discussed following.

Quality Agenda

The CQC has now appointed a relationship manager for the trust and the trust is meeting them before Christmas. The trust confirmed that its Well Led Inspection dates had been set as 5 – 7 February and that it is looking to confirm whether there will be one or two unannounced visits. The findings from the trust's internal Well Led work indicated a small number of areas on which the trust is working, including administration processes following divisional leadership changes; dissemination of learning from deaths and complaints; and updates to the physical environment, particularly Willow suite on the Royal Liverpool estate. Other work that is ongoing includes the staff rest environment; medications flow and storage; staff competency frameworks; and space for bereaved families within the Cath labs.

The trust confirmed it has been in contact with the NHSI Outpatients team and that they will be visiting the trust in January. We thank you for agreeing to engage with this work.

The trust has recently reported a Never Event, involving a patient who was put on air, rather than oxygen, on a transfer from critical care to a ward, a period of c45 minutes. The patient did desaturate but has since recovered and no harm recorded. The trust is reviewing the issues behind this, particularly whether more could be done from an estates and equipment point of view and will provide its RCA report when complete (**ACTION 1**).

The trust has completed the board self-assessment for the Freedom to Speak Up process. The trust held its first quarterly FTSU summit in October where a deep dive was completed into referrals, looking in particular at anything that can be cascaded into organisational learning. The trust's FTSU guardian has direct access to the full board and reports on a quarterly basis.

The trust provided an update its Mortality Improvement work, noting the focus on MDTs for high risk cases and their impact on willingness to operate. The trust noted that of the two surgeons who were identified as outliers, one has returned to the expected levels; for the other the trust is looking at supervised practice. The trust can see from its real-time monitoring of performance that mortality has improved in the last few months.

The trust confirmed that it has implemented NEW2 alongside MEWS but is continuing to monitor key tests for its specialities, including urine output and levels of systolic blood pressure.

The aortic disease pathway across Cheshire and Merseyside has been rolled out across the wider North West footprint in response to the Coroner's Regulation 28 Notice and the trust will look to audit in the first half of 2019/20.

Operational Performance

The trust noted that the improvement in diagnostic performance seen in September was as a result of reduced referrals over the summer period. Performance has dipped again in October to 16.1% and the trust anticipates the trend to continue in November. There has been a delay in the CT and MR cases due to concern over costs which has delayed implementation by three months and will push back recovery of the standard into Q2 2019/20. The trust is working with RMS to understand the cost of them using scanners at the weekends. The trust also flagged that the current PET-CT issues would impact 14 of the trust's patients.

Cancer performance remains strong with the trust compliant with the 62 day standard in Q1 and Q2. The key risks include the PET-CT issue as the trust treats low volumes of patients over all so any breaches can have a significant impact.

The trust reported its November RTT performance as 92.25% and has seen an improvement in cardiac surgery waiting times, although additional pressures have been experienced in medicine – the trust has put in 1.4 additional consultant posts for August and September for EP.

The trust's winter plans include opening an additional 7-8 respiratory beds from 2 January; commissioning of a private ambulance service for patient transfers; and implementation of the early transfer protocol. The trust has had 7 day ACS in place for 18 months and will take ad hoc requests for staffing support. The trust's flu vaccination rate is 74%.

The trust provided an update on its operational productivity work, noting that its finance team is working with its divisions on the Model Hospital data. The finance team is looking to develop an action plan to take through the organisation, including structures and responsibilities for data collection. The trust's initial focus is on the top three areas for opportunities including Estates and Facilities; IT; and workforce, in particular nursing and AHP retention and nurse sickness absence. The trust agreed to share its approach (**ACTION 2**).

The GIRFT cardiology team has recently visited the trust, with productive conversations particularly around the role of the STP. The North GIRFT support team has also visited the trust with a focus on what future reviews are needed and the trust has submitted the respiratory data requested.

Financial Delivery

The trust confirmed that it remains on track both year to date and in its forecast year end position to deliver its control total, with a £5.3m surplus YTD at month 7. A key risk remains the Welsh HRG4+ tariff income; the trust confirmed it had not received a response following the joint letter to the Welsh Commissioners (cc Chair and Chief Executive of NHSI) which set out these concerns and we will pursue this (**ACTION 3**).

The trust is comfortably within the agency ceiling and on plan with its cash balances; although it flagged that it might need to reforecast its capital expenditure.

The trust has been careful with its transition to the national procurement for devices; it has a c£1m provision to manage the residual in year risk. The full year impact for 2019/20 will be £4m and this would require careful consideration in the context of next year's control total.

NHSI raised the importance of delivering 2018/19 capital forecast due to the national CDEL position. The trust is currently reviewing the impact of the likely delay in the CT capital scheme and will notify NHSI of any changes to its capital forecast.

NHSI noted the planned publication timeframes for the 2019/20 guidance. The trust had identified approximately one third of its CIP schemes for 2019/20 by the end of November and has weekly monitoring in place. There have been some early contract discussions to agree the parameters with commissioners.

Strategic Plans

The single cardiology and respiratory services workstreams for Liverpool have been brought together and the first joint meeting held in November. Within the programme there are 5 respiratory and 8 cardiology workstreams. There is a current focus on three key areas:

- Transient loss of consciousness clinics
- Community heart failure
- Pulmonary and cardiac rehabilitation

A pilot at Warrington with NWAS for very high and high-risk patients began on 4 November. This will be evaluated at the end of February. There are some concerns over the impact of plans to take primary pacing patients from Southport to either Aintree or the trust and this is being discussed with NWAS.

The trust is working with Liverpool CCG and NHS Digital on the Single Imaging platform plans with the Outcomes based specification to go back out before Christmas. Once a preferred supplier has been identified the detailed project plan can be developed.

In relation to CVD the detailed case for stroke is currently being written, including the impact on beds and staffing numbers. A significant element of the work involves rehabilitation. The case will be taken through the CVD programme board in January and the other assurance

forums including the acute sustainability workstream; the CEOs' forum; and the collaborative commissioning forum. There are potentially significant pathway implications and likely capital requirements as part of the five year plan for stroke and it is likely to require public consultation. The GIRFT stroke team has visited the trust.

Any Other Business

The trust confirmed that Tony Wilding is leaving at the end of December and that Jonathan Devlin will start as Strategy Director from January while Sue Pemberton will take over the operational role. Recruitment for the two new NEDs is in progress and the trust has received c75 applications.

Next steps

Our next meeting will take place on 13th March 2019. 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:

Raphael Perry, Medical Director
 Claire Wilson, Finance 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

NHSI Attendees

Becky Chantry, Senior Delivery & Improvement Lead
 Paul Swanwick, Senior Finance Lead

Summary of Issues/Actions/Support

Issue	Proposed Actions	Action Owners	End date
Quality of care			
Action 1: Never Event	Trust to provide RCA report	GP/SP	Before next QRM
Operational Performance			
Action 2: Operational Productivity process	Trust to provide an outline of its action plans for model hospital work	CW	Part of 19/20 planning
Finance and use of resources			
Action 3: Letter re HRG4+	NHSI to follow up response to trusts' letter	PS	January