<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>25 July 2012</th>
</tr>
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<tbody>
<tr>
<td>Title / Subject:</td>
<td>Chief Executive’s Report</td>
</tr>
<tr>
<td>Status</td>
<td>Public</td>
</tr>
<tr>
<td>Purpose:</td>
<td>The Chief Executive’s Report brings together items of note that the Trust Board should be aware of.</td>
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| Report of:      | Eric Morton  
                   Chief Executive |
| Prepared by:    | Jo Borthwick  
                   Assistant Chief Executive |
| Contact for queries: | Jo Borthwick  
                   Assistant Chief Executive  
                   (jo.borthwick@mbht.nhs.uk) |
| Action required / recommendation: | The Board of Directors are asked to  
  1. note the contents of this paper  
  2. approve the partnership agreement with Liverpool Women’s NHS Foundation Trust (Appendix 4) |
**Supporting Information**

<table>
<thead>
<tr>
<th>Background papers/ supporting agenda items (if applicable):</th>
<th>Not Applicable</th>
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<tr>
<td>Previously considered by (if applicable):</td>
<td>Not Applicable</td>
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<table>
<thead>
<tr>
<th>Link to UHMB’s objectives (select those objectives this paper supports):</th>
<th>Continuously improve the patient experience - becoming the provider of choice for excellence with safe and effective patient care</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Support and develop all staff to take responsibility for what they do and help them to do their best - getting staff truly engaged in how the trust works</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Encourage staff to be innovative when delivering and planning high quality and sustainable services - achieving long term financial sustainability</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Work with our partners to provide an integrated health service that meets the needs of the local population – providing local access, including to specialist services wherever that is feasible</td>
<td>No</td>
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<tr>
<td></td>
<td>Positively contribute to the well-being of the local community</td>
<td>No</td>
</tr>
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| Link to UHMB’s business plan: | |
| Link to UHMB’s Assurance Framework: | |
| Link to a Care Quality Commission standard(s): | All Standards |
| Identification of any statutory / regulatory implications for UHMB: | Not Applicable |
| Public and patient engagement: | Not Applicable |
| Equality Impact Assessed (if applicable): | Not yet assessed |
INTRODUCTION

1. The Chief Executive’s Report brings together and updates the Trust Board on items of note that they should be aware of. This report covers the following areas:
   a) Care Quality Commission Emergency Care Report
   b) Investors in People Update
   c) Monitor Reports – UHMB Authorisation Process
   d) Liverpool Women’s NHS Foundation Trust – Partnership Agreement
   e) Pathology Services Update
   f) Programme Management Office Progress Update
   g) Care Quality Commission Regulatory Visit – Community Dentistry
   h) Outpatient Harms Update
   i) Senior Management Changes
   j) Inquests

CARE QUALITY COMMISSION EMERGENCY CARE REPORT

2. The Care Quality Commission published the report on its investigation into emergency care services at the Trust on 13 July 2012 (Appendix 1). The report reflects the findings of an investigation that was carried out in January and February 2012.

3. The Trust Board accepts the findings in the report and sincerely regrets the way in which patients have been let down.

4. The Trust took immediate actions once concerns were raised. Changes have been made to governance structures, work has commenced on a new minor injuries unit at the Royal Lancaster Infirmary (due to open in the autumn 2012) and plans developed for a mobile operating theatre and modular building at the Royal Lancaster Infirmary to ensure emergency patients are seen as quickly as possible. Clinical staffing has also been reviewed and increased in a number of areas.

5. A major theme of the report was the disconnect between clinicians and management. The new clinical management structure which has been introduced has addressed this issue.

6. A new Trust Board has been established and the appointment of the Trust’s new Chief Executive, Jackie Daniel, was announced on 18 July 2012.
7. The Trust will continue to work with the Care Quality Commission and other partners to ensure that the services that the Trust delivers continue to improve.

8. The Care Quality Commission has confirmed that they will follow up this investigation in six months to ensure that the required improvements are being made.

INVESTORS IN PEOPLE UPDATE

9. An Investors in People assessment took place at the Trust on the 3rd and 4th July 2012.

10. Informal feedback received from the assessor indicates that the Trust does not meet all the indicators within the Investors in People standard. The assessor has highlighted a number of areas where further work is required to meet the standards. These include:
   a) staff feeling valued;
   b) staff feeling involved in decision making and able to challenge decisions

11. A formal report will be received shortly and the Deputy Director of Human Resources will meet with the assessors on 27 July 2012 to discuss this.

12. The Trust Board would like to thank all staff who participated in the assessment process.

MONITOR – LEARNING LESSONS FROM MORECAMBE BAY REPORTS

13. On 28 June 2012, Monitor the Independent Regulator of NHS Foundation Trusts, published an independent report by its internal auditor KMPG – Learning and Implications from University Hospitals of Morecambe Bay Foundations Trust (Appendix 2) and a management response (Appendix 3).

14. The independent report was commissioned by Monitor to establish what lessons could be learned and what action Monitor should consider from its authorisation of UHMB on 1 October 2010.

15. A similar report into Peterborough and Stamford NHS Foundation Trust was published on the same day. The Monitor Board has accepted all of the recommendations from both reports.
LIVERPOOL WOMEN’S NHS FOUNDATION TRUST – PARTNERSHIP AGREEMENT

16. The Trust is building a range of partnerships with other NHS providers who are recognised as delivering best practice in key areas of service areas. The focus of this approach to secure joint learning to enhance the quality and cost effectiveness of service delivery of the local populations served.

17. The Trust already has a partnership agreed with Blackpool Teaching Hospitals NHS Foundation Trust and has now negotiated a similar agreement with Liverpool Women’s NHS Foundation Trust to provide support in the provision of maternity services. The Trust is already working constructively with Liverpool Women’s but the agreement at Appendix 4 puts this on a formal footing looking specifically at the following areas:

a) Joint working in respect of the development of governance arrangements
b) Joint development of the clinical service models
c) Development of tertiary services

18. The Board is asked to approve the partnership agreement (Appendix 4).

UPDATE ON PROGRESSION OF STRATEGIC PATHOLOGY ALLIANCE

19. As previously reported to the Board the Trust has set-up a strategic pathology alliance with Blackpool Hospitals NHS Foundation Trust under the overarching partnership agreement.

20. Work streams to explore the options for change have been set-up with the clinical and operational leads identified. A formal programme induction event was held on 2nd July 2012 to brief the leads on the process.

21. The following work streams and their associated option reporting deadlines are shown below:

a) Blood Sciences (October 2012)
b) Microbiology (October 2012)
c) Blood Transfusion (October 2012)
d) Anticoagulation dosing and advisory services (ADAS) (September 2012)
e) Molecular Diagnostics (October 2012)
f) Cellular pathology (October 2012)
g) Community based services [Infrastructure e.g. logistics]

Staffing

22. In the interim, until the finalised options for service delivery are approved, any approved vacancies will be appointed by the organisations on the following basis:
a) Offered as secondment opportunities via internal advert;
Pathology Outsourced Contracts

23. Both Trusts currently send samples for testing to external/ specialist pathology services. A work stream has been formed to review alternative means of provision to improve cost effectiveness including:

a) Issued a joint tender for the provision of Immunology and Virology Analytical and Advice Services. The current provider has been informed of the intention to cancel the contract. The tender has been advertised and is expected to be awarded in late November 2012.

b) Reviewing other tests that can be repatriated to our local labs. The aim is to speed up the availability of results to clinicians and contribute to cost improvement.

Organisational Structure of Pathology Services

24. The programme work will also consider the best model for the future management of a joint pathology service from a range of options.

PROGRAMME MANAGEMENT OFFICE PROGRESS UPDATE

Programme Management Office Capability

25. The new Associate Director of Programme Management took up his appointment with UHMB in the week commencing 23 July 2012. The two Programme Managers and two Programme Support Officers have now all been recruited from within UHMB and will all start work with the Programme Management Office by the end of August 2012. This will conclude the work of establishing the UHMB Programme Management Office. The Interim Programme Director and colleagues from PricewaterhouseCoopers, who operated the Programme Management Office and established the Programme, will have handed over and left the Trust by the end of August 2012.

26. The Interim Programme Director has also facilitated the internal recruitment of Trust Project Managers to four fixed term (12 month) roles; these staff will be used to work on various projects across the programme and pick up valuable skills and experience as they do so. The first new Project Manager commenced work on the 16 July 2012, a further two will be in post by 1 September 2012, and the final appointment is subject to an imminent interview process.
Programme Scope

27. The current high level programme view or ‘Programme on a Page’ view of the ‘Transforming Morecambe Bay’ programme of work is shown at Appendix 5; it remains the same as that reported to Trust Board on 27 June 2012. This details the three pillars of the programme and provides a high level listing of the project groups. There are now some 21 high level categories of project activity; of these, 19 have been initiated by the Programme Board with only ‘vascular’ (awaiting a commissioning decision) and ‘workforce’ (which will follow-on from the strategic services redesign) yet to go live.

28. The more granular breakdown of the content of each of these project areas is provided in the Programme ‘Dashboard’ which remains the key assurance tool. The dashboard shows that there are now a total of 42 project lines within the programme of which 30 are being implemented while 12 are in development. A ‘pdf’ extract of the current dashboard is available at Appendix 6; the comments fields have been updated to reflect discussions held and decisions taken at the Programme Board Update Meeting of 16 July 2012.

29. All scoping of the additional projects identified to date has been completed.

Priority Projects – Summary

30. Appendix 7 is a Summary report of the ‘Priority Projects’ in the ‘Transforming Morecambe Bay’ programme of work; prepared in response to a request from the Chair of the Clinical Governance and Quality Committee. In recent meetings with the Programme Management Office, the view was expressed that previous programme update reports to the Trust Board did not provide sufficient information for Non-Executive Directors to be able to derive assurance of the progress of, and issues surrounding, the key projects. In summary, the ‘dashboard’ extracts that have featured in past reports do not provide a high level summary of each project and the progress against milestones.

31. The Programme Management Office concurred that this did represent a ‘gap’ in the assurance framework for the programme that needed to be addressed. The format of the proposed solution, comprising the pack of 15 slides at Appendix 7, has been discussed and agreed with both the Chair of the Clinical Governance and Quality Committee and the Executive Directors’ Group.

Programme Tempo

32. The ‘Transforming Morecambe Bay’ Programme continues to be updated on a weekly cycle by means of updates to each project workbook. The workbook is now becoming a more familiar document with a range of clinicians and managers across the divisions. The Programme Management Office continues to meet weekly, on a Monday, with the Executive Directors Group to review progress and deal with risks and issues on a ‘by exception’ basis.
The findings and actions from this meeting also facilitate an update to the programme 'Monday Messages' which goes out to all project teams and key stakeholders in order to start each week of programme activity. On a monthly frequency, the Executive Directors Group convenes as the full Programme Board; this allows for a closer scrutiny of each project line within a formal governance framework.

Programme Management Office Accountability and Programme RAG Ratings

33. The Interim Programme Director reports weekly and directly to the Chief Executive to ensure the maximum transparency and independence from core business reporting lines; this protocol has continued with the arrival of the new Assistant Director of Programme Management. Moreover, the Programme Management Office Team continues to hold project assurance meetings on a weekly basis and, using the output from these meetings, may adjust project RAG ratings may be changing at the same frequency. The RAG ratings are essentially assuring two dimensions: firstly, project progress in the purest sense in terms of achievement against milestones and measuring benefits; secondly, and cognisant of the PricewaterhouseCoopers Governance Review report dated 2 February 2012, each project's governance of its suite of activity is assessed.

34. The RAG ratings are being applied with rigour and consistently across the programme. While any red or amber rating is a cause for concern to the Programme Board - and weekly progress to resolution is demanded - the fact, of itself, that all audiences within the Trust now have an accurate RAG assessment across the programme, and that projects are keen to flag and resolve issues, is a distinct improvement on the findings of the 'Governance Review' of February 2012.

CARE QUALITY COMMISSION REGULATORY VISIT – COMMUNITY DENTISTRY

35. The Care Quality Commission undertook an inspection of community dental services in Lancaster on 5 July and visited Ashton Road Dental Clinic.

36. The review was coordinated by NHS Blackpool who commission this service to which we provide anaesthetic cover and a location. No concerns were raised following the review and the Care Quality Commission have found the serviced to be compliant

PATIENTS AFFECTED BY DELAYS IN FOLLOW-UP OUTPATIENT APPOINTMENTS

37. It was identified in 2011 that patients had experienced delays in receiving their follow up outpatient appointments at the Trust. Following a review it was identified that over 19,000 people had experienced delays to their outpatient
appointments at this time and the Trust ran an additional 1,100 clinics so that these patients could be seen as soon as possible.

38. All the patients involved have now had their follow-up appointment and their care is proceeding as appropriate.

39. On 11 July 2012 the Trust wrote to 663 patients affected by these delays to follow-up outpatients’ appointments to advise them that this delay may have had an effect on their care.

40. The Trust has offered each of these patients the opportunity to have an additional meeting with a consultant to explain how their care may have been affected in detail, face to face. A telephone helpline has been established to enable these patients to speak to a trained nurse if they have any immediate concerns.

41. The Trust is currently in the process of changing its outpatient booking system to ensure that the same issue cannot happen again. A system of booking hubs is being introduced and involves clinicians to a much greater extent. This programme of work is being managed using the Programme Management Office methodology.

SENIOR MANAGEMENT CHANGES

42. Andrew Higham and Colin Brown have been appointed as Divisional Clinical Directors for Non-Acute Medicine on a job-share basis.

43. John Coleman has been appointed Divisional General Manager Acute Medicine on an interim basis.

INQUESTS

Stephen Maguire

44. An inquest was held into the death of Stephen Maguire following his death on 9 March 2012. A verdict of Misadventure was recorded.

Kathleen Sayer

45. An inquest into death of Kathleen Sayer took place on 11 July 2012. A verdict of accidental death was reported.

E J Morton
Interim Chief Executive
18 July 2012
PARTNERSHIP AGREEMENT BETWEEN LIVERPOOL WOMEN’S NHS FOUNDATION TRUST HOSPITAL & UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

1. INTRODUCTION

1.1 Purpose of the agreement

1. This purpose of this agreement is to set out a framework to support the working relationship between Liverpool Women’s NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust.
2. The working relationship between Liverpool Women’s NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust is part of the provision of health services which promotes patient safety and high quality healthcare.
3. The agreement does not override the statutory responsibilities and functions of Liverpool Women’s NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust and is not enforceable in law. However, the Trusts agree to adhere to the contents of this agreement.

1.2 Why partnership?
Partnerships can be defined as a relationship between parties characterised by collaboration and responsibility, for the achievement of a specified goal(s). Effective partnership working will produce important benefits for both patients and staff. These include improved services through the collaborative working on specific services to meet the needs of individual patient groups. Partnership working will also ensure that the use of scarce health care resources are maximised through creating an environment of cooperation that drives the way in which services are delivered and organised.

1.3 What are the benefits for patients?
The combination of the individual Trusts’ knowledge and experience will result in the development of best practice care pathways and improved service delivery.

1.4 What are the benefits for Staff?
A modern partnership approach will provide a number of opportunities for staff including a wider scope of job opportunities as well as rotational experiences to ensure they are exposed to a broader range of activities.
2. **PRINCIPLES OF JOINT WORKING**

2.1 **Shared Vision**

1. All joint working must be for the benefit of the patients.
2. Both organisations are committed to developing innovative partnership plans to better serve the needs of the local patients.
3. The partnership recognises that each organisation has a unique contribution to make in the delivery of patient care.
4. The partnership will assist delivery of the vision and values of both organisations.

2.2 **Principles of cooperation**

LWH and UHMBT intend that their working relationship will be characterised by the following principles:

1. The need to make decisions which promote patient safety and high quality healthcare
2. Respect for each organisation’s independent status.
3. The need to maintain public confidence in the two organisations.
4. Openness and transparency between the two organisations as to when cooperation is and is not considered necessary or appropriate.
5. The need to use resources effectively and efficiently.

3.0 **HEADS OF TERMS**

As outlined above the intent behind the creation of such an agreement is a strong desire for closer working between the two organisations with the explicit aim of improving outcomes and experience for the patients we serve, maximising the use of scarce health care resource and creating an environment of cooperation that enables our staff to work constructively across the two organisations.

The agreement is made in furtherance of the principles of cooperation and competition and nothing contained herein is intended to contravene those principles. The Trusts are committed to developing this agreement in an open and transparent manner and as such this document has been shared with our host commissioner, presented to both Boards, is posted on the website of both partner organisations, and will be presented at forthcoming Council Of Governors meetings.
3.1 Formulation of Partnership

a) Commitment to establish a single Partnership Board with delegated authority from each Trust Board in agreed areas, to be established as a formal subcommittee of each Board.

b) Commitment to sharing of information and data where such an approach would support the goals of the partnership.

3.2 Phase 1 – Agreed Areas of Collaborative Working

The partnership agreement covers the Women’s Services and agreed areas of collaborative working are as follows:

1. Joint working in respect of the development of governance arrangements
2. Joint development of the clinical service models
3. Development of tertiary services

3.3 Phase 2 – Future Development Phase

The focus of the next phase of the partnership will be to look at clinical and non-clinical areas for collaboration that benefit our patients and staff.

3.4 Termination of the Agreement

Both parties to the partnership agreement enter into the agreement with the expectation of a successful long term partnership being established. However if a successful partnership cannot be established either party shall be able to confirm the rumination of the agreement given suitable notice.

Ken Morris      Sir David Henshaw
Chairman      Chairman
Liverpool Women’s NHS Foundation Trust   University Hospitals of
                                          Morecambe Bay NHS
                                          Foundation Trust
Programme Management Office – High Level Overview

‘Transforming Morecambe Bay’

’Building Excellent Governance’
- Integrated Governance Review
- Programme Management Office

‘Improving Patient Experience and Service Quality’
- Transforming Unscheduled Care
- Stroke Pathway Improvement
- Maternity and Paediatric Services
- Outpatients
- 18 Week RTT Compliance
- Mortality Review
- Safeguarding
- Elderly Care
- End of Life Care
- Discharge Improvement
- Medical Records
- Complaints and Patient Experience
- Pathology Partnership
- Vascular

‘Making Services Sustainable’
- Cost Improvement Plans
- Strategic Services Redesign
- Workforce
- Financial Recovery Plan
- Site Development

✓ = Project initiated and using PMO workbook
Scoping Underway
Appendix - 6

The Programme dashboard is issued as a separate pdf document

Appendix – 7

The Priority Projects – Summary is issued as a separate document

Programme Management Office Definitions

Some important distinctions for stakeholders to note include:

a) Transforming Morecambe Bay Programme
   i. The Programme covers the entire ‘recovery portfolio’ across the three pillars of: Governance, Quality and Sustainability;
   ii. It is for this reason that there is a Programme Board chaired by the Chief Executive and why Executive Directors sponsor every project that comprises the Programme.

b) Programme Management Office
   i. The Programme Management Office is the mechanism by which the Trust ensures that the entire Executive Team – whoever they are at any point in time - is held accountable for delivery.
   ii. The Programme Management Office designs the architecture and tools, and supports and guides the projects with project definition, planning, financials and Key Performance Indicators;
   iii. It also ‘governs’ through gathering evidence and RAG rating progress; and
   iv. Facilitates the Programme Board and creates overall reports.

c) Project ‘Executive Sponsorship’ means:
   i. Overall accountability for the delivery of the project;
   ii. Hold to account the Project Manager, Work-stream Lead and Clinical Lead for their role in delivery;
   iii. Approval of project scope and approach through workbook sign off;
   iv. Provide on-going leadership, direction and guidance; and
   v. Unblocking and resolution of issues where Executive support needed (e.g. senior decision making, stakeholder engagement, deployment of resources).