

## Operational Board

## minutes

### Minutes of the Operational Board (OB) meeting held on 25<sup>th</sup> November 2016

#### Present:

Jane Tomkinson  
Tony Bennett  
Steven Colfar  
Hayley Kendal  
Debbie Herring  
Mark Jackson  
Lucy Lavan  
John Morris  
Sue Pemberton  
Raph Perry  
Lisa Salter  
Nigel Scawn

Lindsay Vlasman  
Tony Wilding  
Robin Wiggs  
Claire Wilson

#### In Attendance:

Sandra Cudlip  
Harriett Franks  
Lesley Hughes  
Victoria McKay  
Dave Murphy  
Richard Williams

#### Apologies for Absence:

Aung Oo  
Jay Wright

Chief Executive (In the Chair)  
Divisional Head – Clinical Services  
Head of Nursing – Clinical Services  
Divisional Head – Surgery  
Director of Strategy & OD  
Director of Research & Informatics  
Director of Corporate Affairs  
Associate Medical Director - Medicine  
Director of Nursing & Quality  
Medical Director  
Head of Nursing – Surgery  
Associate Medical Director – Clinical Services  
Head of Nursing – Medicine  
Chief Operating Officer  
Divisional Head – Medicine  
Chief Finance Officer

Mersey Internal Audit Agency (MIAA)  
Graduate Management Trainee  
Executive Office Manager  
Cardiac Genetics Consultant  
Head of Digital Systems  
Consultant Cardiac Surgeon  
(in attendance for Mr Oo)

Associate Medical Director  
Clinical Lead for Research

	Action
<p><b>1. Apologies for Absence</b></p> <p>As noted</p>	
<p><b>2. Declarations of Interest Relating to Agenda Items</b></p> <p>None to declare.</p>	
<p><b>3. Patient Story</b></p> <p>Anthony's story was presented by way of a video.</p> <p>3.1 Overview of Complaints/Concerns</p> <p>SP reported on the complaints/concerns informing OB on the processes in place to address them. She reported on fluctuations across the year, the complexities of the complaints and the number reported in relation to clinical care. It was noted that meetings were being held with senior nursing staff, local safety huddles had been introduced and the pressures around patient flow were acknowledged. Despite recent training programmes the number of reported incidents had not increased. JT asked that this be reviewed and referred to the number of incidents being recorded either directly via e-mail or through the daily safety huddle therefore not being reported through the electronic system. MJ would re-visit the training needs.</p> <p>Meetings took place with patients and families in the early complaint stage to alleviate escalation.</p> <p>Richard Williams joined the meeting.</p>	<p>SP</p> <p>MJ</p>
<p><b>4. Delivering Our Strategy</b></p> <p>4.1 Draft Operational Plan</p> <p>DH tabled a copy of the draft Operational Plan with the main points being set out in the narrative. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Achievement of Control Total.</li> <li>• Templates on triangulation of activity, finance and workforce assumptions.</li> <li>• Due to limitations on timeline workforce assumptions and CIP to be revisited prior to the 23.12.16 deadline.</li> <li>• Seeking assurance that we are working to guidance on capacity and demand planning.</li> <li>• The change in outpatient planned activity for 16/17 of 87,143 against the 18/19 plan of 83,530 was noted.</li> <li>• Key risks and mitigations.</li> <li>• Potential pressures on diagnostics.</li> <li>• Reduce patient harm.</li> </ul>	

- Planning of patient discharge.
- Human factors approach to learning.
- 7 day service.
- Research and innovation.
- Utilisation of workforce.
- 7 day service.
- Reduction of sickness absence
- Improve vacancy fill rate.
- Reduction in turnover.
- Monitor workforce job planning.
- Changes to apprenticeship funding; maximise on levy.
- Changes to nursing roles.

CW referred to the capital programme and the number of commitments the organisation had compared to the funds available that would be the focus on the coming weeks.

Colleagues discussed the role of the organisation in the wider health economy, the changes across the region and how organisations work together and the opportunities for cross working.

It was noted that 2017 was a key year in terms of succession plans with the Council of Governors; Harriett Franks would lead on the election campaign for new governors.

An internal version of the Plan and summary for staff was proposed.

Victoria McKay joined the meeting.

#### 4.2 Genomics Strategy

Dr Victoria McKay was in attendance to present on the Trust Genomics Strategy for 2017-19. Her presentation and supporting report set out in detail the vision and plans for the organisation to be recognised as a leading provider of integrated cardiothoracic genomic healthcare, a flagship service which would bring many benefits for patients, staff and the organisation.

The key areas for development were:

- Education
- Up-skilling and the support of staff through social media, comms, video links.
- Patient and public involvement, patient literature.
- Clinical trials:
  - Breast cancer
  - Collaboration with The Royal Brompton and the British Heart Foundation
  - Collaboration with Professor Stuart Cook/Head of Cardiovascular Genetics & Genomics Group/Imperial College London.

Discussions followed in relation to the impact on workforce and its resource and the Divisional Heads asked that future Business Cases be

shared through their divisional performance meetings early in the process.

ALL

OB were informed that research was funding the majority of the costs and it was noted that medical personnel requirements had been included within the Business Case. Due to the timescales it was agreed that there was a need for a strong academic link to drive the strategy forward and this was supported by JT.

The project was cardiac led however OB were informed that this was becoming more integrated in the CT and aortic service. Discussions would be held with clinicians around the cancer service

Education and training were now linked into the strategy and genomics would be included within the new induction programme. A process was to be established with key responsibilities for each division around clinical excellence awards; this would be formalised as the project developed.

A comms would be circulated to all staff and the Trust's members. MJ referred to the work Allscrips were focused on for EP and how genetics could be made easy to understand in a clinical setting.

Victoria McKay was commended for her work. The OB supported the strategy and despite any constraints favoured its development.

Dave Murphy joined the meeting.

#### 4.3 IT Projects November/December

DM was in attendance to present on the planned digital systems team projects. His presentation set out the key activities:

- MCAP (clinical utilisation review) which was now set as a mandatory CQUIN
- Deployment of the Mindray observations machines, the outcome and impact on wards will determine the follow-on roll out plan.
- New operations list application
- Integrated catheter laboratory based system
- Urgent referrals web application pilot replacing the use of Zetafax for inpatient urgent referrals.
- Network and telephony replacement to commence December 2016.
- Upgrade to internet explorer 11.

The potential investment on EPR and alternatives would be discussed at the December 2016 meeting.

MJ

DM was thanked for his presentation and left the meeting.

#### 4.4 STP Cardiac Services Update

JT reported that the STP had been formally published. A number of Councillors were seeking to actively oppose the merger of the Royal

Liverpool & Broadgreen University Hospitals Trust, Aintree Hospital, The Liverpool Women's Hospital and would delay the process. The following was noted:

- Similar changes were noted for Wirral.
- The press article made no reference to LHCH.
- No cost cutting themes had been published.
- There was no information in the public domain relating to cardiovascular services.

The CVD Programme Board had been established and had held its inaugural meeting on 7th November 2016 with a cross section of colleagues and strong representation from the Trust. The meeting agreed priority schemes that produced long term benefits. The second Programme Board will be held on 13th December 2016 when a patient and social care representative would be in attendance.

Discussions followed on relationships with other sectors, the coronary services strategy noting that Marga Perez-Casal was leading on the research base.

#### 4.5 Consultant Surgeon of the Week

The Surgical Division presented on the implementation of a 12 month pilot involving a designated 'surgeon of the week' to provide an urgent cardiac service and set out the financial impact as well as the impact on activity and length of stay.

Discussions followed in relation to how costs were extracted, the increase in patients through Birch Ward and despite the positive report OB were informed that more recently there had been significant improvements in the bed availability on Birch Ward as patients were undergoing surgery within two weeks.

Backlog and patient transfer reductions were noted.

JT supported a 6 month review through OB and the principle of working out of hours.

#### 4.6 ANP Review

SC reported progress on the ANP setting out the three options which were calculated through the professional judgement model. Option 3 8:30 – 8pm 7 day service was preferred and all 16 training posts had been filled. The following was highlighted:

- 3 levels of Practitioner (Trainee, PGDip level and fully qualified)
- Training and competency plan in place including TTO and discharge summary
- All Practitioners are now ward based including trainees. Bleep system in place but need to include trainees as bleep holders
- Closer working between Medical Staff and ANPs
- Rotation plan in place
- 0.4wte backfill secured for all 7 trainees for duration of study and

all course fees paid

The rotation plan across the divisions was noted. The team was to full establishment with support structures in place.

There was an on-going assessment to consider the impact of the number of doctors and AP's who were fully trained but it was noted that the current establishment was likely to continue into 2017/18.

A joint Divisional agreement was also in place to allow the team to reach maturity and stability taking into account feedback from Deanery reviews.

The performance of the ANPs will be continuously monitored by Divisional Management Teams.

DHoOs

OB noted how work was on-going to retain staff and how the process would be reviewed year on year while the model would be flexed to suit needs going forward.

Colleagues discussed the junior doctors understanding of their roles, how their role in ward rounds required clarity and how they were potentially a valuable training resource.

#### 4.7 Robotics Case

HK presented the Robotics Business Case that had been developed to outline the proposed introduction of a robotic cardiac and thoracic surgery programme.

The document presented highlighted the vision, benefits to cardiac and thoracic surgery and how this would impact on the length of stay.

The OB discussed all aspects of the proposal and the following salient points were noted:

- Would enhance organisations reputation.
- Cutting edge of technology therefore would attract junior doctors
- Highly precise therefore less risk to patients.
- Link with research.
- Sits with innovation agenda.
- Fundraising: reliant on consultant support and contacts; engagement with clinical staff.
- Robot can be moved as required so no impact on theatre downtime.
- Opportunity to work with the Roy Castle Foundation.
- Support from Sir Bruce Keogh

The OB discussed the financial impact; the need for additional tariff, the introduction of HRG4+ and the investment required while mindful of CIPs. CW emphasised the benefits in relation to fundraising monies and tax implications. There was a need to negotiate the control total and allow flexibility on investment.

The OB agreed this was a significant decision for the organisation and

that while all members were in support of the robotics concept based on thoracic procedures (more work on cardiac to be explored but not mandatory) and the need to understand charitable options, further work was required before its findings were presented to the Board of Directors in January 2017.

Further discussions would be had at the December OB; HK to present as first item on the agenda.

HK

#### 4.8 Nursing CIP

LS presented the nursing review. All registered and unregistered nursing roles had been reviewed and the report set out those areas still for review (will be presented to OB March 2017).

SP

A detailed summary of findings were noted and the recommendation of two new matron roles and to release the CIP recurrently from specified nursing budgets in line with the appendices were supported.

LS was commended for the quality of the work and the level of detail within her report which was noted.

#### 4.9 Appraisal Process and Talent Management 16/17 Review

Details of a review of the 2016/17 appraisal process and introduction of a talent management programme were presented by DH. The document outlined the increase in the rate of appraisal completion from 63% to 88%, the drive and focus through manager training, the identification of a talent pool of 65 staff members and how this supported the Trust succession plan.

Further work would be undertaken to ensure appraisers were scoring consistently with information reported to the Executive Group of individuals who have the potential for development and introduce a rolling programme that can be tied in with future recruitment.

DH

NS reported on the negative feedback he was receiving from colleagues across all bands within theatre around the 7 day working and therefore supported the concept and timing of the talent management process.

DH also agreed to engage with the divisions and sense check the process to ensure clarity on comms. There was also a proposal to identify talent outside of the PDR process as it was agreed that some staff went above and beyond their roles but that this would not be captured through the appraisal process.

DH

#### 4.10 Private Patient (PP) Policy

TW presented the draft PP Policy following a review with Mersey Internal Audit Agency. The OB were informed that RW had agreed to take this forward.

Colleagues were requested to review the document and offer any amendments to TW by 02.12.16 as this was being presented to the BoD at its December 2016 meeting.

ALL

A further update would be presented to the OB in due course.

TW

#### 4.11 Update on SHMS/Radiology Alert

TB reported on the SHMA/radiology alert and how a review on outstanding records had been undertaken with the radiology and information teams. It was noted that backlog would be addressed and daily audits would be implemented with an alert dashboard being developed.

Issues were identified around clinicians being mis-grouped on GMC codes, training issues around access however work was being done to address this.

TB requested colleagues that used the system to access the on-line video that took staff through the process of how to access reports.

ALL

It was also noted that a considerable amount of work had been done with clinicians across the divisions.

MJ would review the audit and report the outcome to an Executive Group meeting where the alert system would also be discussed.

MJ

## 5. Ensuring Strong Performance

### 5.1 Divisional Reports:

#### 5.1.1 Strategic Objectives Dashboard

TW presented the performance report summary for 2016/17 highlighting the salient points:

- Delayed transfer of care stood at 7.55% compared to 4.17% on the previous month. The Trust was aware of the pressures on other organisations but were working to address the delays.
- Welsh targets reported red.
- Capital expenditure was reduced; expect to achieve the capital total.
- Overall the year to date position was good.
- Good performance on cancelled ops however YTD was reporting 2.04%

The remainder of the report was noted.

#### 5.1.2 Surgery (AO /HK/LS)

HK and LS presented the performance report for Surgery. The following points were highlighted:

- October RTT backlog stood at 75 with a forecast of 85 for November.
- RTT continued to underperform against plan; a plan was in place to address this.



- Mortality remained below target.
- Fall remained above target but there were actions in place to address these.
- All cancer targets had been met.
- Welsh 26 week backlog stood at 18.
- The directorate stood above cost plan and over performed YTD by £808k in cardiac and £8k in thoracic.
- Time to hire reported 62 in month compared to 64 actual YTD. A considerable number of staff had been recruited January – September.
- Staff turnover reported 12.4%.
- Absence rates reported 6.5% from 3.9% the previous month; this was being monitored and actioned appropriately with support from the HR team. The Ob were assured that agency spend was being targeted and a recruitment plan had been devised to address the use of agency.
- Cancelled ops: Operational issues caused an increase in October performance and November was expected to be high as well due to clinical cancellations experienced to date.
- A review of clinical issues for patients had been carried out; reporting red for November was expected.
- Medication errors: divisional review had discussed at length. Human factors; pressures on wards. Working to reduce and improve performance.
- OPD: activity underperforming against plan. Coding issues identified. Accurate year on year comparison information is now being provided. Systems in place to ensure clinics are fully booked.
- Working to reduce DNA rates. It was considered that patients with short notice periods could be impacting on DNA rates. Work had therefore commenced to book surgical clinics four weeks in advance; the team would then review the impact.

JT felt the division was clear on its pressures areas, had good focus on their risk register and acknowledged the difficulties that were faced during December so planning was crucial.

The remainder of the presentation was noted.

### 5.1.3 Medicine

RW, JM and LV presented the performance report for the medicine division and the following was noted:

- Activity was on plan YTD
- Income reported £545k ahead of plan.
- Expenditure ahead in month by 0.4% and stood above plan at £128k YTD.
- CIP delivery had increased to £729k YTD and stood at 94% of plan for the YTD.
- Contribution remained at 6%.
- Sickness fell from 4.6 to 3.6% in the month. This was being managed with 3 sickness absences reported at stage 4.
- One additional risk in month.

- RTT clear for both England and Wales.
- VTE Prophylaxis target not met; currently stands 66.7% in month against a target of 95% which remained a concern. Further investigation required.
- VTE risk assessment on admission stood 95.5% in month compared to the target of 95%.
- Mortality review; improved but remained below target. Work was ongoing to address this.
- Zero falls on Birch Ward following the implementation of an action plan.
- Pressure ulcers remained at zero.
- Further work to be undertaken around discharge before noon.
- 12 month turnover rate stood at 12.1% in the month. Further team building work to be undertaken with Knowsley admin staff.
- Cath lab agency reduced from 4 to 2. Work underway to retain staff within the department.
- Slight increase in sickness absence; key area Cherry Ward.
- Appraisal compliance was below target reporting 82% against the 90% target in month due to high level of maternity leave. DH recommended that maternity absence be deducted from their reporting figures as this did not reflect the true level of absence. LV to action through the monthly review with ward managers.
- Income over achieved by £545k YTD
- Expenditure ahead by £128k against a target of £91k.
- An over performance on contribution of £416k YTD with a small movement in month of £7k.
- Case mix down on angio and EP
- Significant over performance on pacing reporting £293k.
- TAVI over performance stood at £180k.
- Referrals remained static and 3% overall.

LV

CW referred to the high level of referral figures for Liverpool CCG; this would be picked up under the Finance Report section of the meeting.

- No changes in top risks in month.

RAP asked for confirmation that the Radiology SHM risk was on the Risk Register. RW would ensure this was included.

RW

Cath lab weekend ACS Lists:

- Consultation commenced, will close 22.12.16
- High level of engagement and positive response from staff.
- Review of feedback planned for Xmas period. Final proposals to be presented to staff on 3<sup>rd</sup> January 2017 30 days of implementation.
- Formal commencement early February 2017.
- Update to December OB.
- Plan to appoint clinical fellow who would work weekends with days off mid-week, timetable to be built in.

RW

The remainder of the presentation was noted.

#### 5.1.4 Clinical Services

TB, SC and NS presented the performance report for the clinical services division. The following was noted:

- 2 avoidable pressure ulcers reported. Improvement work into the procurement and training of appropriate slide sheets is in place.
- A new record of attendance was noted and now stood at 2.6% for the period.
- Turnover reported 11.75%, a slight increase in the month but no issues to report.
- Appraisal compliance reported 77% against the 90% target however the accuracy was questioned by all divisions. DH to review this and report outcome.
- OPD: Agent versus non agent calling to be analysed and results reported to December OB.
- Respiratory medicine DNA rates to be reviewed with information team.
- No new infections to report.
- Diagnostic performance for radiology stood at 100%.
- Continued good performance with no mixed sex breaches.
- Medical errors stood at 35 YTD. 6 incidents reported this period but no trends identified. Key learning was shared through safety huddles. Learning presented through human factors.
- Income currently £1.3m underachieving due to critical care bed down and OPD/radiology outpatient activity
- CIP behind plan by £16k.
- Non-recurrent staff savings had been included in the position to date. CW informed that these were not part of the CIP performance, from 1<sup>st</sup> April 2016 CIPs were based on recurrent only reiterating that a non-recurrent CIP is not a CIP.
- Performance against bank and agency was good.
- Top 5 risks remain. The previous days safety huddle had highlighted issues around beds and planning. This required further investigation and would be brought to the December OB meeting allowing time for options to be considered.

DH

TB

The remainder of the report was noted.

#### 5.1.5 Finance Month 7

CW presented the financial position to the end of October 2016 which presented the risks around the overall financial position, income, expenditure and CIPs. Income stood above plan with expenditure slightly behind. The control total update informed the OB that providers continued to have a target surplus/deficit set centrally. The original control total stood at £9m for 2016/17 however this had now been revised and stood at £8.2m due to an adjustment against upper GI. The Trust would continue to pursue further reductions.

The financial plan was submitted reporting a surplus of £3m for the next two years.

In summary the following was noted:

- The overall financial position in in line with the plan for the first 7 Months (£1.1m Deficit);
- Achievement of the financial plan is necessary to secure Strategic & Transformation funding of £2.2m;

However;

- The position included non-recurrent financial benefits
- Income profile for the next 5 months was higher than the first 7 Months.
- CIP remains a key risk for this year and future years.
- Underlying position is a deficit of £6.8m
- Tariff is incorrect for our service and is being corrected for next year.
- CIPs should have been delivered recurrently; need to be mindful of this going forward
- Identify what can move from recurrent to non-recurrent into next year.
- Focus over the coming weeks to be on CIP delivery.
- In negotiations with Commissioner on contracting.

CW reported on the CCG negotiations where an offer to pay early out turn position/forecast activity plus 1% growth but this is based on a block contract of elective and non-elective; activity above 1% would be a cost to the organisation therefore a risk. Divisions were asked for their views on projected activity figures and how prudent they were compared to likelihood and the need to consider that the risk would be across the whole organisation; the offer would need to be measured against the risk.

The divisions considered the proposal and overall a block contract created a considerable amount of caution. The OB felt that it was unreasonable to receive an offer with less than 24 hours to review and discuss with senior management notwithstanding the Board of Directors. The risk of transfer of patients was also highlighted and acknowledged.

## **5.2 Organisational Learning**

### **5.2.1 Medicine**

RW and LV presented organisational learning from their division highlighting the two significant clinical incidents during the past month; both of which had been externally reported and Duty of Candour implemented. They took the meeting through the process which was detailed within their slide presentation. Weaknesses had been identified and actions taken.

In addition to the actions taken, further processes had been put in place which ensured consistency of the process/documentation, the ID requirements strengthened, assurance to the Executive group that divisions were accountable and how incident investigation would be accountable to and linked with work within the divisions.

Organisational learning would be presented to the grand round later in the month.

SP questioned the learning from these incidents and highlighted the lack of administration processes. It was agreed that further debate would be had outside of the meeting.

RW/LV

The remainder of the presentation was noted.

NS left the meeting.

### **5.3 Governance**

#### **5.3.1 Minutes of Divisional Governance Meetings\***

Noted and updated membership approved.

#### **5.3.2 Minutes of Divisional Performance Meetings\***

Noted.

#### **5.3.3 Clinical Services Divisional Governance updated ToR**

Noted.

#### **5.3.4 Business Transformation Steering Group ToR**

Noted and approved.

### **6. Risk Management**

#### **6.1 Risk Register**

An increase was noted. Risks were covered during the course of the meeting therefore there was nothing further to report.

#### **6.2 Risk Management & Corporate Governance Group Minutes\***

Noted. There was nothing further to report.

#### **6.3 Reports from Risk Management and Corporate Governance Group**

Noted. There was nothing further to report.

### **7. CEO's Briefing**

JT reported on the recent HENW visit following enhanced monitoring. An action plan had been provided with minor improvements. A report was expected within the next 8-10 weeks with formal notification to remove LHCH from enhanced monitoring from June 2017.

### **8. Policy Review**

Nothing to report this period.

### **9. E-pack**

There were no issues to report.

## **10. Approval of Draft Minutes**

10.1 4 November 2016, Business Meeting

Noted and approved.

10.2 4 November 2016, Strategy Day

Noted and approved.

## **11. Action Log**

LL took the meeting through the action log and the following was noted:

- |   |    |
|---|----|
| 1. Was included as part of clinical services organisation learning.   |    |
| 2. Discharged.  |    |
| 3. Private patients' options appraisal would be reported to the December meeting.   | TW |
| 4. Main agenda item 4.5 referred. The item was therefore discharged and would be removed from the action log.   |    |
| 5. Review of Holly Suite would take place during 2017/18 – clarity on date and timescale was required. LV to action.  | LV |
| 6. The protocol for admitting cardiology patients from other Trust's had been addressed therefore the action would be removed from the log.                                   |    |
| 7. Agenda item 4.6 referred. The item was therefore discharged and would be removed from the action log.  |    |
| 8. Datix system: further training required. JT would pick this up with Helen Martin.  | JT |
| 9. Deferred to Decembers meeting.   | HT |
| 10. Agenda item 5.1.2 referred. The item was therefore discharged and would be removed from the action log.   |    |
| 11. Technology for fall prevention was incorporated into the A3 report and the falls action plan. The item was therefore discharged and would be removed from the action log. |    |
| 12. STP submission had been circulated. The item was therefore discharged and would be removed from the action log.   |    |
| 13. SWOT and corporate objectives would be circulated following submission to the BoD.  |    |

## **12. Date and time of Next Meeting**

Friday 23<sup>rd</sup> December 2016 8 am – 1.30 pm

ALL

