

Item 6.3d Operational Board Meeting

minutes

Date of Meeting: 27th January 2017
Time: 0800 – 1300hrs
Venue: LHCH Conference Room

Present: Raphael Perry (Chair)/Medical Director/Deputy Chief Executive
Lucy Lavan/Associate Director Corporate Affairs
Tony Wilding/Chief Operating Officer, Director of Strategy
Sue Pemberton/Director of Nursing and Quality
Jo Twist/Associate Director of HR
Mark Jackson/Associate Director of Research and Informatics
Claire Wilson/Chief Finance Officer
Hayley Kendall/Divisional Head of Operations (Surgery)
Tony Bennett/ Divisional Head of Operations (Clinical Services)
Robin Wiggs/ Divisional Head of Operations (Medicine)
Nigel Scawn/ Associate Medical Director (Clinical Services)
Aung Oo/ Associate Medical Director (Surgery)
John Morris/ Associate Medical Director (Medicine)
Steven Colfar/ Head of Nursing (Clinical Services)
Lindsey Vlasman/Head of Nursing (Medicine)
Jay Wright/Clinical Lead Research and innovation

In attendance: Helen Turner – Executive Assistant
Gill Gow – Chief Pharmacist
Mary Liley – Fundraising Manager

Apologies for absence: Jane Tomkinson – Chief Executive
Lisa Salter – Head of Nursing (Surgery)

1. Apologies for absence

As above

2. Declaration of Interest Relating to Agenda Items

None declared

3. Patient Story

Sue Pemberton read the patient story

4. Delivering Our Strategy

4.1 Pharmacy Organisational Change

Operational Board received a report and presentation on Pharmacy organisational change. An overview of the service was given which illustrated the additional services supported Liverpool Community Health, Woodlands, Marie Curie and St Josephs (291 beds), the licences and legal framework the team work with and under and the current staffing complement.

The driver for the options appraisal was the 2017 CIP target. Three options were given, illustrating the benefits, risks and mitigations

Option 1 - Do nothing

Option 2 Removal of two posts which would net a saving of £56K

- ❖ Pharmacist band 7 1wte for TTO
- ❖ Technician 0.4 wte Band 5

Mitigation would be through further prescribing responsibilities on ANPs / Jr Drs although a single day audit had highlighted a higher error rate and timeliness issue from this group of clinicians.

Option 3 – Removal of 4 additional posts to those in option 2 which would net a saving of £118K

- ❖ Pharmacist band 7 1WTE for TTO
- ❖ Technician 0.4 wte Band 5
- ❖ Pharmacist band 7 for training
- ❖ ATO band 2 – ward top-up, delivery etc

The 2017/18 Pharmacy CIP target was confirmed as £100K with £57K already identified through drug savings

Option 2 was the recommended approach and Operational Board discussed the presentation. Risk was discussed at length and in particular in the context of medication errors which were already a feature of performance reporting. Members were concerned with understanding whether the impact would be primarily a slower service or whether there was a substantial risk of increased medication error. Technology was a solution but there was a lack of confidence in the technology that already existed in the Trust and lack of

funding to upgrade to a better solution. Annual leave at 25% was discussed and it was suggested that aiming for the 13% target may achieve further savings, in this context the Board were asked to be mindful that hospital pharmacy was a hard to recruit to area.

Overall Operational Board felt that while achieving CIP targets was of prime importance the risk illustrated in all options was too great using the current pharmacy model and its potential to impact negatively on other areas as well. Therefore a refreshed and targeted improvement work on pharmacy and prescribing from a Trust wide perspective was requested, thinking about the real needs of the hospital. The Executive Team were tasked with providing the brief for this work through discussion at the 8 February 2017 meeting.

SP/RAP

4.2 STP Cardiac Services Update

Operational Board noted an update on progress against the STP cardiac services work stream. The contents of the CVD Clinical Summit agenda were shared, the purpose of the summit was primarily two fold, to share the work that has already happened and to get feedback on the direction of travel from clinicians and to pulse check that the work was Cheshire and Merseyside focussed and not just Liverpool.

The programme board was making good progress and at its third meeting there had been an extensive discussion on payment models and the inherent challenge to establish a model that wasn't a block contract or PBR.

Feedback on progress of the work stream was to be reported to the main STP group on 29th March 2017.

KPMG financial work and feedback on clinical summit will be presented at the next Operational Board

TW

4.3 Fundraising re capital campaign

Operational Board received an overarching presentation on the steps involved in running a successful capital fundraising campaign.

Points noted included

- Three stage approach to any campaign, Research, Private and Public
- Few fundraising cases at any time
- Robotics and ICECAP were the current focus and were to run in tandem
- Due to the shorter timescales than usual for the robotic fundraising – charitable trusts were the focus.
- As a back-up plan work was being done to establish what exchequer money is available for the robot
- Research of donors complete
- The Trust over the last 12 months has achieved a paradigm shift in fundraising

Operational Board also requested greater transparency on monies raised and

requested that there was a regular sharing of the accounts. A discussion was also had on the finance team restructure which would solve some of the issues raised.

CW

4.4 Recurrent CIP Delivery

4.4.1 Surgery

Operational Board received Surgery Divisions CIP plan for 2017/18 of which there is currently identified £692K of a target of 791K.

Points noted included:

- Nursing review - £203K removed from 1 April 2017
- Skill mix review/additional hours moved into weekly hours
- Perfusion staff – agency use significant reduction
- 80K from Divisional staff
- Management restructure - £10K
- Procurement biggest concern – ward savings still need to be identified
- Same day admission and Theatres unlikely to release cash but efficiency savings identified and further work needed.
- Theatres – confident will deliver the target of £150K although further evaluation required on products

4.4.2 Medicine

Operational Board received Medicine Divisions CIP plan for 2017/18.

Points noted included:

- 62% Green – schemes identified and moving forward
- 12% Amber - good level of confidence in the schemes but need to work them up
- 26% Red – possible but high level of risk and not worked up
- Nursing Review – £330K identified and actioned.
- CCU – reduced establishment at 1 nurse per shift
- Non-pay – 3 areas (more prudent management of budget) 1% from procurement; SLA consistency of clinical variation
- Pay schemes worked up in case of non-pay schemes failure but are challenging
- Community £106K identified but is a risk due to EPR and current administrative pressures
- Pacing – discussion needed with procurement and clinicians, acknowledged risk in future years due to incurred cost pressures
- Looking at Registrar banding if it fails

4.4.3 Clinical Services

Operational Board received Clinical Services CIP plan for 2017/18, target £917K

Points noted included

- Majority of CIP to be achieved through pay schemes
- £200K savings across Critical Care which equates to seven posts
- Reducing bank and agency spend further
- Anaesthetic (50K) and Radiology – efficiencies through job planning
- Pharmacy – drug savings and organisational review
- AHP – 2 posts removed
- 3% efficiencies target to all department (main area critical care)
- Pathology – order set compliance
- On-call savings
- Radiology maintenance contract to be reviewed but noted that current kit is 10 years old. Contracts need looking at in totality and understanding the levels of service.
- Concern raised on culture in Critical Care with lower nursing levels.

4.4.4 Corporate

Operational Board received the Corporate CIP plan for 2017/18, target £741K target

- Finance team restructure (removing 3 posts and implementing 2 new senior posts)
- Biggest risks are the EPR post and catering tender – savings to be made through reduction of menu choice.
- Largest CIP is the £150K estates to be achieved through outsourcing to Aintree

4.5 Deanery Report

Operational Board received an update on the HENW monitoring visit on surgical training and progress made by the Trust. While overall the report is satisfactory further work was asked for on

- ANPs
- Simulation training

It is expected that the enhanced monitoring by HENW will be lifted in the summer and the education team is confident in delivering the action plan before July when the next Junior Doctor survey is due.

4.6 Genomics Strategy

Following the presentation at the November 2016 meeting the Operational Board received and approved the genomics strategy in retrospect. It was confirmed that progress against recruitment targets was over in cancer and under in rare diseases in line with national trends. To mitigate the under recruitment in rare diseases the research team were targeting Adult

Congenital Heart Disease to redress the balance.

4.7 Guardian of Safe Working Report

Operational Board received the mandatory quarterly report on junior doctor safe working. Points noted included

- Annual review will go to the Board of Directors
- Exception reporting will happen as issues arise
- Clinical Leads will report back to divisional performance
- Reporting will increase as more junior doctors go on to the new contract.

Ensuring Strong Performance

5.1 Divisional Reports

5. 5.1.1 Strategic Objectives Dashboard

Operational Board received and reviewed the Strategic Oversight Framework (SOF) dashboard and the Strategic Objectives dashboard.

There were no further comments or questions

5.1.2 Surgery

Operational Board noted Surgery Division's performance report for Month 9.

Key points noted were:

- Red indicators were the 18 week RTT; falls, medication errors and sickness absence which had increased.
- Mortality review completion had increased to 50 % from 0% in month 8 and was being resolved through job planning agreements.
- 26 week RTT - although being dealt with the back log remained
- Overall Surgery is 5.61% above the YTD cost plan which total £1061K
- Contribution – £360K over plan
- Time to hire – a more accurate picture next month and streamlining project that will support the work
- Significant reduction in agency spend
- Sickness is higher than usual and a deep dive is happening into all cases. Cedar, Elm and Theatres
- Cancelled ops – improvement in December through better listing to improve overruns and monitoring of all the touch points.
- Mortality increase – trend has changed, reintroduce learning on deaths, the self-reflection will compliment Mortality Review Group.
- Management of attendance at meetings that run into the theatre day.
- Additional risk added – theatre consultation

- Key points and priorities over the last three months were noted

5.1.3 Medicine

Operational Board noted Medicine Division's performance report for Month 9

Key points noted were:

- Four falls in December and all were being investigated
- Medication errors continue to be in red and recognised as a Trust wide issue, although no harm to patients.
- VTE prophylaxis – EPR updated
- £603K ahead of plan
- Due to recruitment drive, no agency at all in Cath Labs from March
- The top risk is community administration which is an on-going issue; a detailed action plan is in place with a weekly review through the oversight meeting and reporting to Executive Group.
- New risk added - the Birch Ward overhang.
- Key priorities for the next three months were noted.

5.1.4 Clinical Services

Operational Board noted Clinical Services performance report for Month 9

Key points noted were:

- One new avoidable pressure ulcers – learning to be disseminated through critical care huddle.
- Diagnostic performance for Radiology was positive
- DNA rate remains the same and the OPD SMS reminder texting pilot has been paused due to lack of patient mobile phone records – action to resolve this will be taken through the wider patient administration review.
- Income currently £1.6m YTD underachieving against plan - mainly due to Critical Care Bed days and OPD /radiology outpatient activity
- Significant improvement in mixed sex breaches
- Excellent performance reducing agency spend
- CIP continues to be a pressure
- Medication errors below target but no harm recorded.
- No new risks were added to the risk register

5.1.5 Finance Month 9

Operational Board noted the finance month 9 report and that overall the Trust was on target to achieve its operational plan:

Key points noted were:

- Non-recurrent CIP schemes were supporting CIP under performance
- Expenditure is CIP biggest issue
- The Trust has been able to recover 75% of STF funding due to delivering on finance and performance targets.
- However the targets have been met due to lack of progress on investment plan.
- Good progress developing CIP 17/18 and 16/17 recovery but momentum must be maintained.

Operational Board discussed whether teams throughout the Trust were clear on CIP targets and concluded that while progress is being made there was still a culture shift to be made to new ways of working. Although revisiting the 'basics' for example waste on drugs could achieve significant savings.

5.2 Organisational Learning

**DHoOs/
AMDs**

Operational Board received a cross-divisional presentation on winter pressures and the Trust's response

The learning included:

- Trust wide understanding of its role in the wider health economy
- Importance to and to be seen to 'act as one'.
- Rapid learning of on-call language/systems used
- Protocol to cover stepped response
- Change of practice as network leader considered.
- Maintaining LHCH flow and activity, whilst supporting system
- Develop protocol/policy to cover stepped response for future use.

Operational Board congratulated the divisions on their presentation and approach to organisational learning.

5.2.1 Clinical Services

5.3 Governance

5.3.1 Minutes of Divisional Governance Meeting

Operational Board noted the minutes and asked for clarity on item 10.3 on missed doses and its escalation to Operational Board

5.3.2 Minutes of Divisional Performance Meeting

Operational Board noted the minutes and had no further questions or comments.

5.3.3 ¼ly Report from CCIO (deferred from December meeting)

Operational Board received and noted that there was good progress on IT

and IT infrastructure

5.3.4 Patient Pathway Group Report/Minutes

Operational Board noted the minutes and had no further questions or comments.

5.3.5 Business Transformation Steering Group Reports/Minutes

Operational Board noted the minutes and had no further questions or comments.

5.3.6 Digital Healthcare Terms of Reference

Operational Board agreed the updated Terms of Reference which reflected Carol Moss becoming a full member of the committee.

Risk Management

6.1 Risk Register

6.

Operational Board noted that a new risk on community administration had been added as identified in the Medicine presentation and were satisfied that all risks had been adequately covered in the divisional presentations.

6.2 Risk Management and Corporate Governance Group Minutes

Operational Board noted the minutes and had no further questions or comments.

6.3 Risk Management and Corporate Governance Report

As referred to in item 6.2

CEO's Briefing

7.

Operational Board noted and discussed the Chief Executive's briefing

Policy Review

None

8.

E-Pack

No further comments

9.

Approval of Draft Minutes of 23rd December 2016

Noted and approved

10.

Action Log

11. Actions 1- 3 complete
 Action 4,7,8, 9,11 complete
 Action 14 – 19 complete

Date and Time of Next Meeting:

12. 3 March 2017, 8am – 5pm – Strategy Day with Clinical Leads