

## Item 6.3c Operational Board

minutes

### Minutes of the Operational Board (OB) meeting held on 23rd December 2016

#### Present:

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

Tony Wilding  
Robin Wiggs  
Claire Wilson  
Jay Wright

#### In Attendance:

Helen Turner  
Dave Murphy  
Richard Williams

Paul Modi  
Joe Mills  
Derick Todd  
Rod Stables  
Mike Shackcloth

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  
Director of Nursing & Quality  
Medical Director  
Head of Nursing – Surgery  
Associate Medical Director – Clinical Services  
Chief Operating Officer  
Divisional Head – Medicine  
Chief Finance Officer  
Clinical Lead for Research

Executive Assistant  
Head of Digital Systems  
Consultant Cardiac Surgeon  
(in attendance for Mr Oo)

Consultant Cardiac Surgeon  
Consultant Cardiologist  
Consultant Cardiologist  
Consultant Cardiologist  
Consultant Thoracic Surgeon

#### Apologies for Absence:

Aung Oo  
Lindsay Vlasman  
John Morris

Associate Medical Director  
Head of Nursing – Medicine  
Associate Medical Director - Medicine

	Action
<b>1. Apologies for Absence</b>	
As noted	
<b>2. Declarations of Interest Relating to Agenda Items</b>	
None to declare.	
<b>3. Patient Story</b>	
Operational Board noted the patient story.	
<b>4. Delivering Our Strategy</b>	
<b>4.1 Robotics Presentation</b>	
Operational Board received a presentation from Paul Modi and his team on the case for introducing robotic surgery to the Trust; a shared strategic development between surgery and cardiology.	
Operational Board heard that the benefits to the Trust of introducing robotic surgery were:	
<ul style="list-style-type: none"><li>• Introducing a less invasive procedure to increasingly elderly, frail and complex patients would reduce potential for infection and therefore length of stay.</li><li>• More cost effective and a higher profit margin than OPCAB in higher risk patients.</li><li>• Savings realised by reducing stay in ICU; reducing stay in hospital overall and reducing cost of social care</li><li>• Opportunity to give the best integrated care in Europe.</li><li>• Enhance Trust's reputation through developing a European Centre for training.</li><li>• Attract the highest calibre consultants and trainees</li><li>• Unlimited research potential</li><li>• Enhance national/international referral stream</li><li>• Overall clear cut patient benefits</li></ul>	
The robot would cost £1.8 million with an annual service charge of £140K and a short term negative impact on case volume and waiting list pressures which would be mitigated by training another mitral	

surgeon.

However the robotics team stated that LHCH were ready and able to deliver due to the Trust's track record; its place as a research centre; the high volume of patients and the team training in Atlanta and Philadelphia.

Operational Board discussed the robotics case and the financial impact particularly in the context of a challenging financial climate. While it was acknowledged that investing in the robot could deliver the benefits outlined by Mr Modi and his team, it required a robust business case that not only described the financial implications but also the organisational changes specifically within the surgery division required to make the robot viable.

Operational Board challenged the evidence available on the efficacy of robotics and it was confirmed that the while evidence is minimal the practice is mature and this gave a significant research opportunity for LHCH.

Other points raised in the discussion were the high cost of the robot given it had been around for a significant length of time; lack of data on infection prevention; Leipzig's cessation of robotics and whether the Trust would have the scale of patients to do RCT.

In summary Operational Board were supportive of pursuing surgical robotics provided it was supported by a strong business case that included a refreshed way of working for the surgical division and was used jointly by the cardio and thoracic teams. While there were risks associated with the decision; not to pursue robotics also contained risks when viewed from the context of LHCH staying relevant given other centres were pursuing robotics and mergers to establish heart centres larger than the Trust.

Operational Board supported the development of a more detailed robotics business case by a multi-disciplinary team aided by finance and to pursue funding through charitable means.

HK/Paul  
Modi  
Mary  
Lilley/Claire  
Wilson

## **4.2 ICC Financial Case**

Operational Board noted and supported the proposal to expand the Inherited Cardiac Conditions (ICC) clinic from a fortnightly to a weekly clinic with dedicated consultant and specialist nurse support. This is required due to the increasing demand and excessive wait experienced by patients which is adding anxiety and risk to their lives. The expanded service would cost £427,343 with an expected additional income of £429,365 which would therefore contribute £2,022 to overheads. ICC is a growth area and rapidly expanding field that has significant potential for patient care.

DTodd/RW

Operational Board supported the investment of £427,343 and asked for a 6 month pulse check to monitor progress

### **4.3 STP Cardiac Services Update**

Operational Board noted the progress made on the STP cardiac services work stream which included

- All STP plans published
- CVD Board current focus has been on capturing what work has happened across the patch.
- A clinical summit has been convened for 10 February 2017 to confirm that the seven priorities are correct.
- There has been plenty of challenge from local authorities
- KPMG have been appointed to pursue payment reform

HT

December's programme Board notes to be circulated to Operational Board

### **4.4 Private Patients Option Appraisal**

Operational Board received and noted a presentation on the private patient options appraisal.

Progress was being made on option 3 - minimal change in service configuration but improvement in marketing and administration of the service.

RW

Options 4 and 5 were to be considered once market analysis had been undertaken and further updates to Operational Board in April 2017.

### **4.5 Digital Systems Work Plan**

Operational Board noted a paper and presentation from the digital systems team that outlined their short and medium term work plan.

Operational Board authorised the work plan as detailed in the appendices and congratulated the team on the progress made due to improved transparency and positive engagement with clinicians.

### **4.6 Budget Setting Process**

Operational Board received and noted an update on the budget setting for 2017/19 and the inherent risks in not delivering the financial plan.

The key risks to delivering the 17/18 budget were

1. CIP
2. Welsh commissioners have not confirmed HRG4+
3. Capital Programme Demands
4. CQUIN
5. Control Total

The contract has been signed with the Commissioners which is a very

positive sign so early in the year.

Outstanding issues that needed work were:

- Review of 2016/17 investment programme
- Finalise levels of medical staffing cover within critical care
- Detailed nursing model
- Full recurrent CIP programme
- Detailed costing of impact of junior doctor contract
- Where appropriate, transfer reserves into budgets for known pressures.
- Complete detailed review of each budget by budget holder - this work is partially complete.
- Reflect impact on income of final agreed contracts
- Review, prioritise and sign off of capital plans;
- Assess impact of any further changes to tariff based on final consultation tariff.

Operational Board noted that while significant progress had been made in delivering CIP more innovation was needed to reach recurrent targets. The Board were reminded that a plan based on income growth was a risky strategy with minimal money in the system and that the Trust's sovereignty was dependent on successfully delivering the financial plan thus this was not a viable strategy.

It was also noted that activity 1% above plan would not be paid.

The final budgets 2017/18 will be presented at the next Operational Board meeting for sign off.

CW

#### **4.7 Mortality Improvement Strategy**

Operational Board noted the mortality improvement strategy and progress made to date which included

- Improvement session with AQUA
- Improved mortality review completion time
- Organisational learning
- Changed the focus of the revascularisation MDT to a high risk MDT

#### **4.8 Operational Plan Final Submission**

Operational Board received and noted a presentation on the Operational Plan submitted on 23 December 2016 and its outstanding issues and noted the final updated vision, mission, SWOT, PESTLE and corporate objectives. There were no comments or questions and the final narrative will be circulated to Operational Board. Communications on the updated vision etc will be circulated to staff in Quarter 4

HT

#### **4.9 Agency Use Return**

Operational Board noted the report and the reduction in agency spend

and NHS's additional focus on agency expenditure and the Trust's progress contained in the checklist. There were no additional comments or questions

#### **4.10 CQC Action Plan**

Operational Board noted the action plan and had no further comments or questions

#### **4.11 Critical Care staffing**

Operational Board received a tabled report on increases to critical care staffing to accommodate the planned increased activity due to current need. Operational Board supported the proposal and the posts going to advert but asked for clarification on the interdependent risks of the staffing model.

SC

#### **4.12 Patient Flow**

The Operational Board received and noted the patient flow action plan and were supportive of the work and the necessity of standardising processes.

The Board asked that the pharmacy lead be involved in the project.

TB

### **5. Ensuring Strong Performance**

#### **5.1 Divisional Reports:**

##### **5.1.1 Strategic Objectives Dashboard**

Operational Board received and noted the strategic dashboard; there were no further comments and questions.

The Board welcomed the streamlining of future reports

##### **5.1.2 Surgery**

Operational Board received and noted Surgery division's Month 8 report.

Points to note were:

- Overall performance YTD is 210K above plan
- Four risks remain the same plus an additional risk added on 7 day working in theatres – Operational Board noted that the threatened work to rule has been called off.
- Operational Board asked that Surgery's risk scores be re-assessed
- Mitigation of the rise in falls continues and a meeting to look at prevention through innovation was scheduled for the new year.
- Completion of mortality reviews was 0% and Hayley Kendall and Professor Aung Oo were writing to the responsible

consultants.

- Over recruitment in some areas to mitigate gaps in time to hire.
- November was the highest month for surgical cancellations a more detailed piece of work will follow to include information on postponement as well as cancellation.
- Further work to follow on DNA rates including assessment of dental check-ups via LHCH.

HK/AO

### 5.1.3 Medicine

Operational Board received and noted Medicine division's Month 8 report.

Points to note were:

- Contribution YTD £549K ahead of plan
- 20 cases ahead of plan
- Mortality review 100% complete within 30 day target.
- VTE Prophylaxis remains at 50% but EPR changes implemented in January will positively impact.
- Falls on Birch ward have been investigated and no themes stand out.
- No themes to medication errors.
- Medicine predict a shortfall in CIP by £196k with a possible \$40k mitigation.
- No new risks or any upgraded in the past month. Four due to be downgraded to under 10 which include ACHD capacity; ACS delays; SPCT sessions and Maple Suite bathrooms.

### 5.1.4 Clinical Services

Operational Board received and noted Medicine division's Month 8 report.

Points to note were:

- Income is currently under plan by £1.2m YTD due to critical care bed days and OPD radiology outpatient activity. Operational Board noted that a consistent message was relayed to radiology on pay
- There is an overspend in pathology and clinical services management due to CIP failure.
- Overspends are offset by vacancy control
- Recurrent CIP not achieved.
- The Division is aggressively pursuing anaesthesia recruitments
- Operational Board asked that Bank staff be part of all Divisions dashboard and CIP is reported in a consistent manner from January 2017

RW/HK/TB

### 5.1.5 Finance Month 8

Operational Board noted that at Month 8 the financial forecast was in line with plan.

The presentation concentrated on the delivery of the recurrent CIP target and increased scrutiny in the remaining months of the financial year and the detailed work on the budget.

CW

Operational Board were informed of the NHSI communication that pledged to match Trusts who achieved above their control total, pound for pound.

## **5.2 Organisational Learning**

### **5.2.1 Surgery**

Operational Board noted the presentation circulated and requested an action plan to be presented at a future Operational Board

LS/SC

## **5.3 Governance**

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

Operational Board noted the minutes there were no further questions or comments

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

Operational Board noted the minutes; there were no further questions or comments.

### **5.3.3 Quarterly Quality Patient and Family Experience Minutes**

Operational Board noted the minutes; there were no further questions or comments.

### **5.3.4 Quarterly Report on Research and Innovation**

Operational Board received an update on Research and Innovation progress.

Points noted were:

- R&I had undertaken a financial review due to multiple pressures
- Often not paid for work
- Revised financial plan that excluded CRN income being developed to ensure financial sustainability.
- Focus on increasing income and the number of patients recruited.

### **5.3.5 BTSG Minutes/Report**



Operational Board noted the minutes; there were no further questions or comments.

#### 5.3.6 Patient Pathway Group Report/Minutes

Operational Board noted the minutes; there were no further questions or comments.

### **6. Risk Management**

#### 6.1 Risk Register

Operational Board noted the risk register and that any issues had been picked up during the Divisional reports. There were no new risks, no increases and three had been reduced which were:

- 2016/17 Financial Plan
- Out of Hours access to EPR
- Specialist Advice at End of Life

There were no further comments or questions

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

Operational Board noted the Chief Executive's report and there was feedback on HENW monitoring visit, that included:

- Positive feedback on surgical trainees
- Report will be received at the end of January 2017
- Enhanced monitoring to continue until June.

### **8. Policy Review**

Nothing to report this period.

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

There were no issues to report.

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

Noted and approved.

### **11. Action Log**

Actions 1, 5, 13 & 14 complete.

Action 6 – Discussion at executive meeting on 4 January 2017

Action 7 – To be presented at BoD

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

Friday 27<sup>th</sup> January 2016 8 am – 1pm

DRAFT