

Item 6.3.2b Operational Board

minutes

Minutes of the Operational Board meeting held on 3 March 2017

Present:

Jane Tomkinson

Lucy Lavan

Tony Wilding

Sue Pemberton

Jo Twist

Mark Jackson

Claire Wilson

Hayley Kendall

Tony Bennett

Robin Wiggs

Nigel Scawn

John Morris

Steven Colfar

Lindsey Vlasman

In Attendance:

Helen Turner

Tracey Graham

Apologies for Absence:

Jay Wright

Aung Oo

Lisa Salter

Chief Executive (Chair)

Associate Director Corporate Affairs

Chief Operating Officer, Director of
Strategy

Director of Nursing and Quality

Associate Director of HR

Associate Director of Research and
Informatics

Chief Finance Officer

Divisional Head of Operations (Surgery)

Divisional Head of Operations (Clinical
Services)

Divisional Head of Operations (Medicine)

Associate Medical Director (Clinical
Services)

Associate Medical Director (Medicine)

Head of Nursing (Clinical Services)

Head of Nursing (Medicine)

Executive Assistant

Deputy Divisional Head of Operations

Clinical Lead Research and Innovation

Associate Medical Director (Surgery)

Head of Nursing (Surgery)

1. Apologies

As above

2. Declarations of Interest

None declared

3.1.1 Strategic Objectives Dashboard

Operational Board received the Strategic Objectives Dashboard and Single Oversight Framework which gave a summary of performance in month and year to date. The presentation concentrated on the red indicators as per the front sheet of the report. The detail underlying the dashboard was reported in the divisional performance reports that followed.

Discussion ensued on the 19 deaths in January between Surgery and Medicine which were higher than the monthly targets but overall below year to date target and believed to be due to increased activity and complexity of cases. All cases will be subject to mortality reviews with surgical deaths being reviewed by Professor Aung Oo.

RAP/AO

3.1.2 Surgery

Operational Board received and discussed Surgery Division's Month 10 performance report.

Key issues and actions were:

- Mortality review remains below target but had improved – a focussed session with the Medical Director and AMD (surgery) was planned for April and would report to the Divisional Governance meeting.
- 18 week RTT back log remains in the mid 70s aiming to lower the backlog to 60 as per NHSE service line compliance
- 2 x Welsh referrals received already over 26 weeks – Division to feedback to Welsh commissioner
- Thoracic over-performing in December and January
- 15 cardiac surgery cases behind in February due to half term and sickness, action was taken to resolve but unsuccessful
- Staff sickness has risen in Cedar, Elm and Oak ward and is being well managed by HR but does include sensitive long term sickness.

HK/TW

- Bank has over spent in month but balanced out by underspend on Agency workforce.
- Cancelled operations – Mr Dimitrious Poussious national benchmarking work to identify themes and inform improvement work.
- Mixed sex breach in Cedar Ward is under review
- Medication errors have improved but still need further work and will be part of the Trust wide review
- Risk register remains the same with the biggest risk being the secure theatre doors which repeatedly require repair – a report from the company is expected imminently.

HK

Surgery confirmed their biggest risk over the next months were negative publicity linked to the heater cooler units. Following reports of potential infection by heater cooler units used in bypass surgery since 2013, 2200 patients treated by the Trust will be contacted between 20 March and 30 March 2017 to be informed that they may be at risk of infection. This is a nationwide issue and a communications plan throughout the organisation is being worked up, however more detail on mitigation of the infection was unavailable at this time.

3.1.3 Medicine

Operational Board received and discussed Medicine Divisions Month 10 performance report.

Key issues and actions were:

- Two falls on Birch ward – actions are in place
- Home before 12pm, data accuracy raised due to inclusion of ACS group of patients who never go home before 12pm.
- EP is the most significant underperforming group in Cardiology in terms of activity in part due to more restricted access to Theatre B. Action in place to mitigate this through closer working with surgical division.
- Mortality reviews, no cases in December and January
- VTE Prophylaxis remains red, however new EPR tool in use should see significant upturn,
- Upward trend in medication errors considered to be technical errors rather than harms to patients. However current reporting may be not clearly indicating where there are risks to patients. Mitigation of the upward trend throughout the Trust will be through the new Pharmacy strategy due to come to Operational Board in April 2017.
- Sepsis – Assurance given that the diagnosed sepsis patient was given antibiotics although did not meet the LHCH 'within one hour of diagnosis' target.
- Appraisal compliance, further work with ward managers to reach targets.
- No new risks and the ACS 7 day working risk to be reduced following the Risk Management Committee.

As per Surgery division Operational Board challenged Medicine division and asked for assurance on their biggest risk/challenge in the following months. Medicine confirmed this was Community EPR, the backlog of letters had been cleared and the first future state workshop with EMIS had been scheduled. The biggest challenge to the community EPR future state work was the EMIS interface and was recognised as a fundamental risk.

Further assurance was sought on sickness absence and recruitment in ACHD and it was confirmed that interviews for the 1.4WTE consultants were taking place in March and April. However the constraints on current capacity in the clinic were compounded by staffing difficulties with Central Manchester colleagues. Two clinics cancelled per week during sickness absence. A meeting between colleagues was requested to discuss and identify alternative care for patients.

As a primary focus of CQC, Operational Board requested that DNAs needed to be on the strategic dashboard with specific areas identified. DNA benchmarking data requested

3.1.4 Clinical Services

Operational Board received and discussed Clinical Services division Month 10 performance report.

Key issues and actions were:

- Outpatients not reaching stretch targets set but activity greater than last year.
- DNAs higher than target, mitigation through Community EMIS and text messaging reminders.
- Mixed sex breaches although showing zero on the performance report and managing them to the new guidelines there were still challenges.
- Medication errors are a Trust wide issue however the division reported two cases which could have resulted in harm to a patient. An RCA has been conducted into the medication checking process and learning to be disseminated throughout the organisation. A further case which involved the monitoring and management of insulin illustrated learning needs in the nursing establishment and an Elearning package is now mandatory for all nurses.
- Pressure ulcers – Five reported year to date mitigation will be through enhanced monitoring and surveillance of patients
- Sepsis, new national guidelines have been published but there was uncertainty whether they could be suitably adopted in critical care. Operational Board acknowledged that sepsis had been an on-going issue for the Trust for a long time and further work was needed.
- Meet to discuss Junior Doctors and Sepsis and actions

RW/TW/JT

MJ

**NS/Manoj
Kuduvalli/James
Greenwood**

Jo Twist

- Measurement of time to hire indicator is being reviewed and Operational Board requested assurance that there weren't unnecessary delays due to LHCH HR processes.

The biggest risks/issues for the division were:

- Pharmacy robot which required further detailed work on the business case
- Resolution of compliance on Secure Health Messaging
- Build indicator into dashboard wef April 2017 to monitor compliance.
- Anaesthesia – the division reported three potential recruits together with a plan to use ANPs to fill some of the anaesthesia gaps, however there are knowledge gaps and to mitigate this, the Trust is linking with other hospitals whom have specific ANP anaesthesia training schemes.

It was confirmed the money was held centrally for anaesthesia recruitment.

3.1.5 Finance Report – Month 10

Operational Board noted the month 10 finance report

Key issues and actions were:

- Overall the Trust is on course to achieve its annual plan with a planned deficit of £1.5 million
- February income figures needed.
- Excellent work on CIP, still further work on QIAs needed but in a good position to achieve the CIP plan 2017/18.
- The last two months of the year are a risk with high levels of forecast activity to be met.

Item 4 Minutes

Approved subject to the following amendment

Page 4 – remove bullet point that reads

- £50K moved additional

Item 5 Action Log

Items 1- 4 complete

Item 10(ii) complete

Item 10 (i) report to come to 28 April 2017 meeting

Date and Time of Next Meeting:

Friday 31 March 2017, 8am – 1.00pm

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