

Item 7.2.2

Operational Board

minutes

Minutes of the Operational Board meeting held on 31 March 2017

Present:

Jane Tomkinson
Lucy Lavan

Sue Pemberton
Jo Twist
Mark Jackson

Hayley Kendall
Tony Bennett

Robin Wiggs
Nigel Scawn

John Morris

Aung Oo
Lisa Salter

In Attendance:

Helen Turner
Karen Wafer
Harriet Franks

Apologies for Absence:

Jay Wright
Raph Perry
Steven Colfar
Tony Wilding
Lindsey Vlasman
Claire Wilson

Chief Executive (Chair)
Director of Corporate Affairs

Director of Nursing and Quality
Director of HR
Director of Research and Informatics
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)

Associate Medical Director (Surgery)
Head of Nursing (Surgery)

Executive Assistant
Cath Labs Manager
Graduate Trainee

Clinical Lead Research and Innovation
Medical Director/Deputy Chief Executive
Head of Nursing (Clinical Services)
Chief Operating Officer, Director of Strategy
Head of Nursing (Medicine)
Chief Finance Officer

1. Apologies

As above

2. Declarations of Interest

None declared

3. Patient Story

Sue Pemberton read the patient story and the improvements/learning from the story are to be brought back to Operational Board under the Organisational Learning item.

LS

Dr John Morris was also asked to lead on improvements in communications.

JM

4. Delivering our Strategy

4.1 5YFV Update – Payment Reform

The presentation was deferred until April's meeting due to the need for sense checking and explicit referral to the region's CVD activity.

TW

4.2 2017/18 Divisional Budgets

Operational Board were informed of the control total negotiations between NHSI and the Trust. The Trust declined the original offer of £8.1m and accepting a revised control total of a £6.9m surplus in 2017/18 to be delivered via

- STF funding
- Slippage
- Flex on the balance sheet

Accepting the control total delivers the following benefits:

- a) Access to an additional £2.5m cash in the form of the STF payment
- b) Exempt from contract fines

- c) Avoids loss of autonomy
- d) Allow access to additional funding if/when available

It was also noted that the total was non-recurrent and further negotiations were in progress to agree the 2018/19 total.

Following detailed discussions with the Divisions regarding their budgets Operational Board approved the final figures

4.3 Heater Cooler Units

Operational Board noted the update report. Additional points noted were:

- To recall the letters sent to surgical TAVI patients.
- Surgical Division are calling GPs to explain implications due to patients presenting with queries and being turned away.
- Lead cardiologists of affected patients have been contacted.

HK/RAP

4.4 Staff Survey Results

Operational Board received and noted the staff survey results.

The Board concentrated on the six areas where there had been a deterioration in the results and further focus was required:

- Support from immediate managers
- Staff motivation at work
- Staff experiencing physical violence
- Staff being able to contribute towards improvement in the workplace
- Staff satisfaction with level of responsibility and involvement
- Continue to encourage staff to report all errors and incidents

Next steps

- HR analysing data at departmental level to identify hotspots and then dissemination to Divisions to 'work up' action plans.
- Further work on the key areas will be Trust wide building on the LiA work through Big Conversations and other initiatives as per the staff engagement cycle.
- Analysis of data from an equality perspective.

4.5 Staff Engagement Cycle

Operational Board noted the draft staff engagement cycle and made the following comments:

- Leadership forum for Bands 5&6 but flexibility around banding focus in general
- Refresh the aesthetic of the cycle design
- Clear strategy for engaging medics

JTw

4.6 Delirium Strategy

Operational Board noted the work by Clare Quarterman on improving delirium across the Trust to

Changes planned to comply with Quality standards included:

- Significantly updated policy – approved and disseminated
- New drug management algorithm
- EPR changes
- Education plan including delirium as a mandatory training module for specific staff groups
- Intervention package within critical care
- New approach and documentation will allow regular audit and assessment of current practice

The Board felt the work was a positive move forward and will also support the work being undertaken to reduce staff experiencing violence from patients.

Operational Board requested a further update at its September 2017 meeting.

NS

5.1.1 Strategic Objectives Dashboard/Strategic Oversight Framework (SOF)

Operational Board noted the dashboard and the SOF. Exceptions noted were the serious incident, data loss through a third party error and a never event, currently under investigation; increase in mixed sex breaches in February which were due to increased pressures on beds. The falls target will not be achieved in 2016/17 and is a priority for 2017/18. Sepsis targets are still underachieving although when benchmarked nationally the Trust scores well, mitigation includes a Sepsis education programme.

5.1.2 Surgery

Operational Board noted the performance report and focused on the exceptions and actions arising

- Falls are still over target but there has been a reduction in month due to basing an HCA in each ward room. Work on falls will be presented at April's Operational Board.
- Mortality has risen by 14 cases of which there is a case mix – the Division is identifying trends in individual service lines.
- 18 week targets remain under pressure due to case cancellations during February due to increased bed pressures and half term week – action plan on surgical cancellations expected at Executive Group meeting in May
- Three Welsh cases referred after 30 weeks and the Division has written to the Commissioners.
- Sixteen surgical cases lost during half term week better scheduling of leave needed.
- Time to hire shows red but includes nurses who have been hired before graduating therefore not reflecting a correct picture, a review of this metric is to be undertaken.

Jo
Shaw/Tina
Kenny

The Division stated their biggest risks were:

Cardiac Surgery Service Provision - a paper will be presented to the Executive team on 19 April.

**Hayley
Kendall**

5.1.3 Medicine

Operational Board noted the performance report and focused on the exceptions and actions arising

- February 2017 was the poorest month in terms of performance and therefore 85K in month down on plan, 51 day cases behind in February but mitigating actions will see the Division be 30 day cases ahead in March.
- Falls on Birch Ward above target – mitigation will be picked up by the Trust wide falls plan led by Lisa Salter and to be presented at April's Operational Board
- Patients discharged by lunchtime is below target and the Trust wide patient flow work led by Joan Mathews is being undertaken in part to mitigate failure to discharge efficiently and promptly.
- In hospital deaths above target – all will undergo a mortality review and increase suspected due to increased levels of activity.
- VTE prophylaxis, despite EPR changes expected to impact on increased prescribing further IT system changes needed to resolve the issue.
- Medication errors above target however none that were classified as serious or near misses. Trust wide reduction in medication errors is being led by the pharmacy improvement work.
- Never event has been reported externally and whilst preliminary investigation has shown that it was an individual error rather than a system error, action is being taken to tighten system and processes.
- One new risk added – medication policy adherence; no other risks upgraded and three risks downgraded.
- Mitigation of the new risk by raising awareness to staff.
- Medicine also highlighted their two key current risks:
 - Community EPR due to delay in implementation of EMIS because of reorganisation of the company. The risk has been escalated to senior EMIS management therefore autumn will see the likely deployment of electronic records and interim use of the manual system continues.
 - Local ACHD clinics have been covered for the next three months with three clinics per week to see scheduled patients and the backlog of 330 patients from the recently cancelled clinics.

5.1.4 Clinical Services

Operational Board noted the performance report and focused on the exceptions and actions arising.

- Mortality reviews showed red however the reviews being undertaken were complex and timely.
- Sepsis – quarterly review by infection prevention committee to be implemented.
- Bank and agency usage has risen but this is due to acuity on critical care.
- Diagnostics – CT is showing red with three cases outside the 42 day target due to increased demand for the service in February.
- Medication Errors are up and mitigation is through adoption of new Trust prescribing guidelines
- The division is £2.3m behind plan mitigation through non-recurrent savings and the 2017/18 plan set at levels that do not include income from additional beds.

Operational Board received an update on the Learning from Deaths conference attended by the Director of Nursing and Quality an action plan and paper will be presented at the May Operational Board and an updated policy on deaths is due by September.

**Sue
Pemberton**

5.1.5 Finance – Month 11

Operational Board noted that overall income was down in Month 11 with greater levels of slippage used however Month 12 should mitigate this due to a good case mix and therefore the Trust's control total target should be achieved albeit by a narrow margin.

5.2 Organisational Learning

5.2.1 Clinical Services

Operational Board received two examples of organisation learning involving cross divisional learning, communication and engagement which secured savings for services.

Following the presentation it was agreed to revive the A3 service improvement walls which would further support a culture of service improvement and organisational learning.

5.3 Governance

5.3.1 Minutes of Divisional Governance Meeting

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

5.3.2 Minutes of Divisional Performance Meeting

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

5.3.3 1/4ly Patient and Family Experience

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

5.3.4 BTSG Minutes

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

5.3.5 Patient Pathway Group Reports/Minutes

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

5.3.6 Operational Board Business Cycle 2017/18

Operational Board noted the business cycle for 2017/18 and were asked to feedback any gaps/duplications

All

6. Risk Management

6.1 Risk Register

Operational Board noted that there were no further new risks nor had any risks increased. It was noted that the investment in the 16.3 version of Sunrise for EPR will see improvements and therefore should see reductions in various risks.

6.2 Reports/Minutes from Risk Management and Corporate Governance Group

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

7. Chief Executive's Briefing for BoD

Operational Board noted the following points

- The 5YFV work continues through the Programme Board and current work is to identify operational leads for seven work streams
- The relationship visit with the CQC went well and during the next year there will two inspections one announced and one unannounced on a service line and well led.
- The BoD has mandated the CQC action plan to be completed within the next six months.

8. Policy Review

No policies for review

9. E-Pack

Operational Board were asked to sign up to the NHSI bulletins to reduce E-Pack contents.

10. Approval of Draft Minutes of 3 March 2017

Minutes approved as a true record

11. Action Log

Actions 1, 4, 7, 10, 11,12, 14 and 15 closed

12. Date and Time of Next Meeting:

Friday 28 April 2017, 8am – 1pm

All