

Operational Board**minutes**

Date of Meeting: Friday 27th May 2016
Time: 8am – 1:30pm
Venue: LHCH Conference Room

Present: Jane Tomkinson, Chief Executive (Chair)
 David Jago, Chief Finance Officer
 Lucy Lavan, Associate Director, Corporate Affairs
 Mark Jackson, Associate Director, Research and Innovation
 Dr Raphael Perry, Medical Director
 Sue Pemberton, Director of Nursing & Quality
 Tony Bennett, Divisional Head of Operations (Corporate Services)
 Dr Nigel Scawn, Associate Medical Director (Corporate Services)
 Steven Colfar, Head of Nursing (Corporate Services)
 Ulrike Cope, Divisional Head of Operations (Surgery)
 Mr Aung Oo, Associate Medical Director (Surgery)
 Lisa Salter, Head of Nursing (Surgery)
 Robin Wiggs, Divisional Head of Operations (Medicine)
 Dr John Morris, Associate Medical Director (Medicine)

In attendance: Helen Turner, Executive Assistant
 Mr Richard Williams, Cardiac Surgeon
 Mr Neeraj Mediratta, Cardiac Surgeon
 Dr Velavan Periaswamy, Consultant Cardiologist
 Dr Glenn Russell, Director Medical Education/Clinical Stakeholder Lead
 Dr Martin Farrier, Wrightington, Wigan and Leigh

Apologies for absence: Tony Wilding, Chief Operating Officer
 Karen Wafer, Acting Head of Nursing (Medicine)
 Dr Jay Wright, Clinical Lead, Research

1. Apologies for absence

As given

2. Declarations of Interest

No interests declared

3. Patient Story

Operational Board noted the patient story as read by Sue Pemberton

4. Delivering Our Strategy

4.1 Cardiology Pathway update

Operational Board noted the update on the joint Cardiology Pathway Work and the current work which is to 'vision' a world class service single heart attack centre in order to reduce admissions. Debate ensued on whether a centre of this nature would provide the solution and the data to support this work was available and accurate. Emerging data from the Trust's work showed:

- Majority of patients stayed 0-1 day
- Appropriate diagnostics savings could be £1million plus
- 4 day 'referral to admission' costs could be saved but there could be costs associated with a quicker transfer
- Possible problems with recruitment – shortage of those trained in speciality roles
- Still need to accommodate a model that is co-located

It was agreed that as the Trust is a regional provider the work needed to be equitable and that the Trust should be leading the 'vision' and 'thinking' on the work.

While the starting point of the work was envisioning a 'world class service' the reality of the current environment and STP work was a focus on economics and that whatever the outcome of the work it had to garner savings.

Action - Form a working group to discuss heart attack centre and implications

RAP/JM/RW

4.2 Strategic Options Appraisal Outcomes and Next Steps

Operational Board noted the update on the Strategic Options Appraisal given by the Director of OD and Strategy and the approval from the Board of Directors at its meeting on 26 May 2016 of the recommendations to explore further the two options either to re-locate or expand services at the current location. Further work was also pending with Cardiology to explore a consensus on the service. The Trust was focused on being proactive and having a 'clear voice' and direction of travel in order to fulfil its commitment to take a lead role in the Healthy Liverpool work. Discussion ensued on the limits placed on re-location with the STP work focussed on savings and money unavailable for re-

location and a lack of appetite for PFIs.

4.3 Progress on STP submission

Operational Board noted the update and progress on the STP submission work. The Chief Executive reported that the 'treble merger' was moving at pace; the Women's Hospital pre-consultation business case will be released in the autumn with claims that the merger will save £6 - £10 million at LHCH.

It was noted that the STP submission's focus is to balance the Merseyside budget looking at a centralised systems solution and LHCH's role within it is as a collaborative partner that drives quality and efficiency.

4.4 Junior Doctors/ANP Strategy

Operational Board received a presentation on the Junior Doctor/ANP strategy from the Head of Nursing (Clinical Services) that addresses the short fall in the Junior Doctor allocation for 2016/17. It was confirmed that ANP recruitment was the primary solution however due to a national shortage of qualified ANPs a mixture of fully and partly qualified appointments had been made. Operational Board were assured that the combination of Junior Doctor and ANP cover was safe. As competence and numbers of ANP workforce improves over 2016/17, the Trust will be looking to phase out Trust appointed Junior Doctor cover to realise efficiencies.

4.5 Junior Doctors Contract Update

Deferred until 29 July Operational Board

4.6 Proposal to improve the Governance of Digital Healthcare

Operational Board received a presentation on the Governance of Digital Healthcare by the Director of Research and Informatics. It was noted that a 'huge amount' was expected of digital healthcare and therefore it was expedient to restructure to respond adequately.

While the costs, at this time, had not been calculated a net zero impact was expected in line with digital's purpose as an enabler of efficiency and quality.

Operational Board supported the following recommendations:

1. To consolidate the three elements Clinical Systems, IT and Informatics (Business Intelligence)
2. Associate CCIO roles approved in principle but a clear message is needed that the roles are consistent within SPA activity.
3. The IT and Clinical Systems teams are merged under the

leadership of the current Head of IT and assumes responsibility for the entire digital estate for a fixed 12 month period subject to review (as above).

4. The Head of IT job title is changed to Head of Digital Systems.
5. The Clinical Systems Manager job title is changed to the EPR Systems Manager
6. The Nursing Director assumes the role of the Chief Nursing Information Officer
7. Medical Director assumes the role of CCIO

Action – Standing agenda item at Operational Board to track progress

MJ

4.7 CQC Update

Operational Board noted the update on the April CQC inspection from the Director of Nursing and Quality which included:

- Further requests for information have been received
- Feedback has been positive
- Recognised that the areas in need of improvement are being addressed
- Concerns on chest opening have been resolved
- Developing an action log to address work from the CQC inspection with updates at Operational Board by the named responsible person.
- Guidance is being drafted for teams to accurately identify risks
- CQC will also be in attendance between the 7-10 June to inspect Clatterbridge's services delivered at the Trust
- Final report awaited

4.8 Continuous Improvement Projects

Fiona Altintas provided an update on improvements to patient flow and discharge in Critical Care driven internally through the staff survey and externally by the financially incentivised CQUIN target of reducing delays by up to 30% and reputational and regulator demands.

The Discharge Lounge Utilisation Group has been formed to solve the issues with the aim of all patients due for discharge moved to the lounge between 9am and 10am. Medication has been identified as the biggest challenge and to mitigate the problem a prescribing nurse will staff the lounge rather than an HCA. Further action to improve the service includes increasing beds in Mulberry to a total of 12 and opening the lounge seven days a week.

Further work aims to develop a culture of using the discharge lounge with opportunities recognised for Birch to utilise it.

Operational Board discussed the work and recognised that looking at what constituted a working day may be the way forward. The solution is

often to fit the work around the working day rather than address what sort of timeframe the work actually needs.

4.9 Mortality Reviews - opportunity for improvement

Dr Martin Farrier gave an overview on the mortality review work done at Wrightington, Wigan and Leigh Hospital, which in essence had contributed to resolving problems in the organisation that came from investigating deaths. Also in attendance to receive the information were Mr Williams, Mr Mediratta and Dr Periaswamy.

Operational Board noted the presentation, thanked Dr Farrier and commented that the work done had given the Board many ideas and opportunities for further review.

5. Ensuring Strong Performance

5.1 Divisional Reports:

5.1.1 Strategic Objectives Dashboard

Operational Board noted the dashboard and in particular the red rated indicators. While the Junior Doctor's action had contributed to the failure to meet some targets it was noted that under performance was unacceptable and that return on investment in capacity had to be realised. The Divisions committed to focussing on achieving all targets and communicating the message throughout the service lines.

5.1.2 Financial Performance Month 1

Operational Board noted the Month 1 position which delivered above the deficit plan but 58K below the CIP plan.

5.1.3 Reference Cost Submission Process 2015/16*

Operational Board noted the paper and had no further comments

5.1.4 Surgery

Operational Board received the Surgery Performance report and noted that

- Surgery made a positive financial contribution of £214K and will continue to deliver on both finance and targets.
- Falls are red rated and are being investigated further
- Positive moves on staffing and morale in theatre is much better
- Development of theatre staff skills programme still need and work will progress with Ruth Dawson
- Activity was low in April due to Junior Doctors strike
- Performed well against CIP
- 31 day subsequent treatment and 62 day urgent GP referral

- targets not met
- Target to clear backlog of cases was not met

Action – Trajectory for agency spend reduction

UC/AO/LS

5.1.5 Medicine

Operational Board noted Medicine Division's Performance Report which had changed format to give a more succinct overview of performance. Medicine reported that activity and income are over plan due to conservative estimates because of strikes and annual leave, other notable performance issues included:

- Expenditure, CIP and VTE Prophylaxis all red rated and action is in progress to address.
- 18 week Cardiology backlog increased by 15 patients over the March position, due to lost activity through industrial action by junior doctors.
- Deterioration on VTE prophylaxis performance - although assessment remains at target level.
- 3 falls on Birch ward in April all relate to one patient. All un-witnessed and possibly linked to complex domestic circumstances. No harm to patient.
- Referrals are down but possibly linked to general lower levels of activity at Warrington and Halton.
- The forward work programme focuses on the development of established service lines

RW/JM/KW

5.1.6 Clinical Services

Operational Board received the Clinical Services Performance report and noted that

- MRI performance has improved with 8am – 8pm working
- Collection of data on DNA and clinic cancellation within 6 weeks' notice to inform loss of income
- Positive message from the CQC meeting re: mixed sex breaches and a new template is to be produced with real time measures.
- Equipment causing pressure ulcers has been decommissioned
- Month 1 overspend in Critical Care mitigated in Month 2 through no agency use for two weeks.
- Critical Care nurse recruitment continues
- Replacement X-ray tube bulbs potential risk due to high cost
- Due to failure to meet CIP and overspend of £116k, the Division's contribution is £208k below plan
- The Division continues to mitigate the failure to meet its CIP target through a series of 121 conversations and road shows

Operational Board extended its congratulations to the Clinical Services

team on the reduction in agency spend.

5.1.7 Quarterly Report from CCIO

The Medical Director reported that he was confident that Clinical Systems would be turned around in 12 months, Allscripts 16.3 is to be purchased in September and resolve longstanding issues and the current priorities were:

1. Patient Safety
2. Cost Benefits
3. Clinical Engagement

Operational Board noted the report

5.1.8 CIP Steering Group Report

Operational Board noted that the May CIP Steering Group meeting was once again under attended with key influencers missing. Going forward Operational Board committed to ensure that all key personnel would be in attendance and that it was non-negotiable particularly with under performance of CIP in Month 1.

ALL

5.2 Divisional Governance

5.2.1 Minutes of Divisional Governance Meetings*

Operational Board noted the minutes and had no further comments

5.2.2 Minutes of Divisional Performance Meetings*

Operational Board noted the minutes and had no further comments

5.2.3 Quarterly Quality Patient & Family Experience Minutes*

Operational Board noted the minutes and had no further comments

6. Risk Management

6.1 Risk Register

Operational Board reviewed the register, noted the mitigations and noted that there were no new risks to report.

7. CEO's Briefing

Operational Board noted the report and had no further questions.

8. Policy Review (as required)

9. E-pack (All)

Operational Board noted the E-Pack and had no comments to make

10. Approval of Draft Minutes of 29 April 2016

Agreed as a true record

11. Action Log

Reviewed and updates given as per the action log submitted to 29 July 2016 meeting

12. Organisational Learning

Operational board noted Organisational Learning from Medicine Division which focussed on policy modifications.

1. The need to modify and formalise the organisational change policy to include pre-consultation engagement with wider stakeholders. The policy currently focuses on staff directly affected by the proposed changes.
2. The need to modify the Trust's zero tolerance of aggressive or violent behaviour policy following violent behaviour between patients and to strengthen and the need to review documentation for relatives/visitors involved in incidents. Current forms are focussed on patient incidents.

Coordination of follow up appointments also needed to be strengthened.

13. Date and Time of Next Meeting

Friday 1 July 2016 8.30am – 4pm – Strategy Day with Clinical Leads, LHCH Conference Room

