

Operational Board

Minutes

Date of Meeting: Friday 1 April 2016

Time: 8am -1.30pm

Venue: Conference Room

Present

Jane Tomkinson (Chair)
 Tony Bennett, Divisional Head of Operations (Clinical Services)
 Karen Wafer, Acting Head of Nursing (Medicine)
 Steven Colfar, Head Nursing (Clinical Services)
 Debbie Herring, Director of Strategy & OD
 David Jago, Director of Finance
 Mark Jackson, Director of Research and Informatics
 Aung Oo, Associate Medical Director for Surgery
 Sue Pemberton, Director of Nursing & Quality
 Raph Perry, Medical Director
 Robin Wiggs, Division Head of Operations (Medicine)
 Tony Wilding, Director of Operational Services
 John Morris, Associate Medical Director for Medicine
 Lisa Salter, Head of Nursing (Surgery)
 Johan Waktare, Clinical Lead for EPR & Caldicott Guardian

In attendance: Carole Coxhead, Lead, Organisational Development and Leadership
 Liz Pritchard, Head of Learning and Development
 Glenn Russell, Director Medical Education/Clinical Stakeholder Lead
 Steve Shaha, Principal Outcomes Consultant, Allscripts

Helen Turner, Executive Assistant

1	Apologies For Absence Hayley Kendall, Divisional Head of Operations (Surgery) Jay Wright, Clinical Lead for Research Nigel Scawn, Associate Medical Director Clinical Services Lucy Lavan, Director of Corporate Affairs Ulrike Cope Divisional Head of Operations (Surgery Acting)	
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	<p>OB commented that they were apprehensive about the potential for additional pressure on critical care beds. However the planned additional beds on Cedar Ward and Critical Care should mitigate the risk.</p> <p>OB were advised that 25% of the cost for extra equipment, resource, capacity etc would be paid by LHCH, the extra funds coming from the other bidding partners. As part of the agreement assurance was needed that all partners were legally committed to ensure no-one pulled out.</p> <p>TW stated that comments and actions from all four of the bidding partners BoD had to be taken into consideration.</p> <p>In summary while OB considered the partnership bid to be a risk it was considered to be a greater risk not to pursue it. OB supported and authorised:</p> <ol style="list-style-type: none"> 1. Partnership model 2. Risk and reward share principals 3. Next steps – Refine pathway Refine capital and revenue Agree financial arrangements 	TW
4.3	<p>Cardiology Pathway Update</p> <p>Glenn Russell updated OB on progress and challenges of the developing cardiology pathway.</p> <p>To ensure the aspiration of establishing the new pathway as quickly as possible, sub groups had been developed in chest pain; syncope; breathlessness; imaging and cardiac rehabilitation. Overall progress is pleasing as the group had “got stuck” for a long time. The 22 April CVD summit is intended to be a forum to consolidate ideas.</p> <p>OB discussed the challenges ahead and were aware of the risks to the pathway that the new Royal Liverpool hospital posed.</p> <p>Debbie Herring stated that the Royal and Aintree had also expressed an interest in hosting the Liverpool Community Health services; ECG; heart failure and community respiratory team and all three hospitals were being asked to meet to decide how to carve it up.</p> <p>Glenn Russell was asked to attend future OB to give updates on progress.</p>	GR
4.4	<p>Leadership Development</p> <p>OB noted the presentation on the Trust’s plans for leadership development and commented positively on progress made and asked for the following actions:</p>	

	<ul style="list-style-type: none"> • More detail on the planned curriculum for both Tier 2 and Tier 3. • Explore accreditation for leadership development. • Enhance the work on defining the clinical lead role and its accountability 	<p>Carole Coxhead Liz Pritchard</p> <p>Carole Coxhead/Liz Pritchard</p>
4.5	<p>Annual Planning 2016/17</p> <p>Debbie Herring updated Operational Board on feedback from Monitor of February's draft submission, the key highlights being the clarification on the activity assumptions and agency staff financial reduction targets. As well as the inclusion of CQuins and its delivery.</p> <p>OB noted that work is on-going to drive down agency costs not on the framework and agency costs. Work includes looking at other options such as offering overtime payment. It was confirmed that use of staff not on the agency framework was permissible as long as LHCH were able to articulate and justify its use.</p>	
4.6 & 4.6.1	<p>Financial Plan 2016/17 CIP Delivery 2016/17</p> <p>OB noted the financial plan presentation and CIP Delivery Plan by David Jago and the challenges presented in the 2016/17 financial year. OB agreed that in order to spread the message Trust wide of the challenges faced, presenting it in 'cash' terms was useful and easy to relate to.</p> <p>OB discussed communications and the necessity of informing and empowering staff of the Trust's financial position and their role in turning it around through delivery of the CIP target of £3.7 million.</p> <p>DJ stated that Month 11 had been delivered but the Trust had an actual deficit of £1.3 million, but an underlying deficit of £2.9 million. External threats were identified as Healthy Liverpool and the proposed Heart Attack centre.</p> <p>OB agreed that while a stark financial position was presented all were committed to turning it around.</p>	All
4.7	<p>Strategic Options Appraisal</p> <p>Debbie Herring reminded OB of the options coming out of the KPMG work. It was confirmed that BoD was supportive of progress and a further one item agenda meeting was taking place on 12 April to discuss the KPMG draft report to April BoD.</p> <p>OB noted that LHCH could look very different in three years' time through external policy decisions such as new thoracic guidelines and the growth strategy is essential to mitigation of those risks.</p>	
4.8	Month 11 Update	

	OB noted the item.	
4.9	An Overview of 2016/17 CQuins OB noted the presentation given by Mark Jackson on 2016/17 CQuins and the increased focus from Commissioners on delivering targets to realise income, critical to LHCH.	
4.10	Facilitating Improvements in Core Clinical Systems Steve Shaha, Allscripts presented to OB the potential of EPR clinical systems. OB noted the presentation and discussed the challenges and potential for real engagement with the system by clinicians and colleagues. It was agreed by all that EPR presented an opportunity to work in a more cohesive and efficient way and as such the Executive should develop a plan to bring added focus to IMT as a key enabler for health care.	MJ
5	Ensuring Strong Performance	
5.1	Divisional Reports:	
5.1.1	Corporate Overview OB noted the corporate overview.	
5.1.2	Surgery OB noted Surgery's performance for Month 11. Key highlights were Access <ul style="list-style-type: none"> Expected failure against the 18 week RTT position, although the Trust remained compliant. Surgery backlog at the end of February was 107. There was an improvement in the number of operations cancelled on the day of surgery in month – there have been no 28 day breaches in month. There have been 143 cancellations YTD. Cancer performance was compliant in month for the adjusted position. Finance and Activity <ul style="list-style-type: none"> Activity and income remain below plan with an in-month under performance across both service lines. Highlights for March <ul style="list-style-type: none"> Expected failure of the RTT access targets, due mainly to junior doctor industrial action Phasing of 16/17 figures to be released to division and weekly monitoring of activity in division to commence and plans to be 	

	<p>drawn up to reduce backlog.</p> <ul style="list-style-type: none"> • End of year there is a backlog of 110 cases with the next step to reduce to 70. 	
5.1.3	<p>Medicine</p> <p>OB noted Medicine's performance for Month 11. Key highlights were:</p> <ul style="list-style-type: none"> • Access: 18 & 26 weeks continue to be delivered, backlog reduced to 47. • Daycase: Rates continue to decline, no identifiable reason. Possible combination of a number of factors. Deep dive with information department underway. • Complaints: 4 new complaints. Investigations ongoing/complete. • VTE prophylaxis: 83%, highest rate this year. • Activity: +177 cases and +£223k YTD. A busy month - c£100k income improvement. • Contribution: £149k behind plan, CIP £340k ahead of plan. • Workforce: All measures delivered. • Risks: No significant new risks in month. <p>Finalise End of Life SLA</p>	RW
5.1.4	<p>Clinical Services</p> <p>OB noted Clinical Services performance for Month 11. Key highlights were:</p> <ul style="list-style-type: none"> • No Radiology breaches in Month 11 • Continued outpatient over performance • Workforce, Mandatory training and absence currently "Amber" • Finance Strong Performance. Contribution £33k above plan <p>Work continues on mixed sex breaches and delayed discharges</p> <p>Discharge work includes:</p> <ul style="list-style-type: none"> • Working with the consultant • Improved information • Reading the reporting system • Audit 	
5.1.5	<p>CIP Steering Group</p> <p>Operational Board noted the CIP Steering Group update as per item 4.6.1</p>	
5.2	Divisional Governance	

5.2.1	Minutes of Divisional Governance Meeting Operational Board noted the minutes	
5.2.2	Minutes of Divisional Performance Meeting Operational Board noted the minutes	
5.3	CQC	
5.3.1	Update on progress against key issues (Surgery) OB noted the progress made by Surgery in preparation for the CQC inspection. Surgery reported that the Division had welcomed the CQC mock inspection and asked that they continue. Progress in Theatres include: <ul style="list-style-type: none"> • Have not recruited to Theatre manager post – candidates not suitable, therefore will re-advertise. • Surgeon of the day established to counter theatre cancellations/emergency. • No more mixed CT lists to adhere to guidelines. Discussion was had on prolonged fasting and its impact on patient experience.	
5.3.2	Update on progress against key issues (Clinical Services) OB noted the progress made by Clinical Services in preparation for the CQC inspection. The Division reported that there was a professional and attentive approach to CQC by colleagues. Progress reported included: OPD – administration errors addressed and waiting times down by 12 minutes Delayed discharges and mixed sex breaches – strong action plans in place Establishing additional storage for the stock on show in Critical Care. AHP, intensivists, Doctors all engaged in CQC preparation.	
5.3.3	Update on progress against key issues (Medicine) OB noted the progress made by Medicine in preparation for the CQC inspection. <ul style="list-style-type: none"> • CQC key focus at Medicine business meeting • Pursuing Diabetes lead with assistance from Royal 	RAP

	<ul style="list-style-type: none"> • RAP to join Robin at Respiratory physicians meeting • Establish End of Life plan 	
5.3.4	<p>CQC Overview</p> <p>Sue Pemberton updated OB on the preparation meeting with the CQC that had taken place on 31 March 2016. The focus will be on inspecting the 6 Key Lines of Enquiry (KLOE) and each one will be rated individually.</p> <p>The inspection will begin on Tuesday 26 April 2016 in the afternoon with a presentation from Jane Tomkinson and other colleagues and conclude on Friday afternoon with a feedback session on initial findings.</p> <p>CQC confirmed they would interview Ward Managers, Divisional Team and use focus groups.</p> <p>Key to preparation over the next three weeks:</p> <ul style="list-style-type: none"> • Support colleagues • Examples of going above and beyond • Culture – manage areas of uncertainty 	All
6.	Risk Management	
6.1	<p>Risk Register</p> <p>Mark Jackson presented the Corporate Risk Register and OB noted that no new risks had emerged.</p>	
7	<p>CEO's Briefing</p> <p>Circulate the BoD Chief Executive briefing to OB</p>	HT
8	<p>Policy Review</p> <p>There were no policies to review.</p>	
9	<p>E-Pack</p> <p>Nothing to address.</p>	
10	<p>Approval of Draft Minutes of 22 January 2016 and 19 February 2016</p> <p>The minutes were approved by OB.</p>	
11	<p>Organisational Learning</p> <p>The Division's gave examples of on-going organisational learning which included the critical incident process; oxycodone errors; patient experience; service planning and cross sector learning and the outcomes from the process.</p> <p>OB noted the presentations and congratulated the Division's on their</p>	

	work.	
12	Date and time of Next Meeting Friday 29 th April 2016, 8am-1.30pm, Boardroom.	All

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