

Operational Board

Item 26a

minutes

Date of Meeting: Friday 7th November 2015

Time: 8.00 am – 1.00 pm

Venue: LHCH Conference Room

Present:

- Jane Tomkinson/CEO (In the Chair)
- Cath Barton/General Manager – C&CM
- Tony Bennett/General Manager – Clinical Support Services
- Ann Conley/General Manager – SACC
- Carolyn Cowperthwaite/ADNS – C&CM
- Gill Gow/Chief Pharmacist
- Klaus Irion/Consultant Radiologist
- Mark Jackson/Director of Research & Informatics
- David Jago/Chief Finance Officer
- Jonathan Kendall/Consultant Anaesthetist
- Lucy Lavan/Associate Director of Corporate Affairs
- John Morris/Consultant Cardiologist
- Sue Pemberton/Director of Nursing
- Raph Perry/Consultant Cardiologist
- Mark Pullan/Consultant Cardiologist
- Glenn Russell/Medical Director
- Lisa Salter/ADNS – SACC
- Nigel Scawn/Consultant Anaesthetist
- Michael Shackcloth/Consultant Thoracic Surgeon
- Johan Waktare/Consultant Cardiologist
- Martin Walshaw/Consultant Chest Physician
- Tony Wilding/Director of Operations
- Jay Wright/Consultant Cardiologist

In attendance:

- Darren Hargreaves/Programme Manager
- Lesley Heath/Executive Assistant
- Joan Mathews/Head of Governance
- Marga Perez-Casal/Head of Research & Innovation
- Andrew Smith/Senior Manager – KPMG
- Arran Thoma/Associate Director - KPMG
- Lyndsey Waktare/Clinical Systems Manager

Apologies for absence:

- Debbie Fryer/Director of Strategy & Organisational Development
- Aung Oo/Consultant Cardiac Surgeon

1. Apologies for absence

As given.

2. Declaration of Interests Relating to Agenda items

There were no interests to declare.

3. Patient Story

The Bethany Bowen story was played to the Board via a video link having been sourced from the Patient Story website.

4. Mutuals Pathfinder Programme

Jane Tomkinson welcomed Andrew Smith and Arran Thoma who were in attendance to present on mutualisation in the NHS.

Their presentation set out the definition of a mutual, outlining how this differed from the current Foundation Trust model, providing examples of mutual in the public sector and also setting out the 'Mutual Agenda'.

The key issues for consideration were also outlined incorporating the key benefits, its governance, challenges of implementation, potential risks and the importance of staff engagement.

Jane Tomkinson expressed the appreciation of the Board for their attention which enabled the broader background of the mutualisation scheme to be explained by experts. She explained how, after submitting a successful bid, funds had been made available allowing the organisation to explore the potential benefits and the Trust was now embarking on a wider process with a view to supporting its independence. Colleagues were then invited to pose questions and discussions followed in relation to exploring the benefits against the risks, the preferred need for commissioner engagement, staff engagements and incentives and the choices around full or partial commitment to the scheme.

4.1 LHCH Pathfinder Process:

Marga Perez-Casal was in attendance to present the Trust's approach to the Pathfinder Programme which followed an independent review by Professor Chris Ham on NHS staff engagement. Its purpose was to identify options for engaging and empowering staff allowing for better care that could result in lower mortality rates, an improved patient experience, less sickness absence and staff turnover.

The presentation set out the timeline which culminated in the contract for support commencing 1st January 2015. The delivery of the programme was set out through a project plan with an engagement, research and business plan also in place. The scope of the proposal and the benefits of the programme were also outlined

A Project Team had been identified with Debbie Fryer as Project Lead and Jay Wright as Clinical Lead. A communication plan would be put in place to ensure staff engagement and understanding.

5. Developing the Business/Business Cases for Approval:

5.1 Fundraising Appeal Update

Lucy Lavan presented the plans for the Trust to develop its fundraising potential in support of a young persons unit and the ambition to raise £1.5m to achieve this. The document gave an overview of Tarnside Consulting proposals following its workshop held on the 6th October 2014 with members of the Operational Board.

Lucy Lavan appealed to those present to link into their contacts and networks to assist in taking this forward.

ALL

6. Strategy/Performance:

6.1 Partnership Working Update

Upper GI: Tony Wilding updated the meeting on developments reporting that OSC had been granted. Work was now on-going to discuss finances with meetings being held with the Royal Liverpool & Broadgreen University Hospitals Trust to address liabilities, transition costs and IT requirements. The Operational Board were assured that there would be no additional financial risk to the Trust.

ACHD: The consultation period was until 8th December 2014. A public consultation meeting had been held at the Liverpool Cathedral with few patients and members of the local community present. Discussions were continuing with Alder Hey Hospital to progress a joint business case.

6.2 Operational Committees – Exception Reports:

The Operational Board noted the exception reports that were presented by the appropriate Executive Director. Each outlined the salient points from their Committees and the meeting noted the contents.

Jane Tomkinson referred to the RCA from January 2013 in which a patient died of a Pulmonary Embolism. The police had been asked by the Coroner via the family at the time to review the case and the Trust had recently been informed that this case has been passed to the CPS for consideration. She sought assurance that a robust action plan had been put in place and this was confirmed. Support was also being provided to the consultant concerned. In the meantime Glenn Russell, Daryl Chung and Johan Waktare would take the lead on this with Johan Waktare demonstrating the alert options. Risk assessments for patients had been developed and discussions followed around responsibilities and support from nursing staff.

6.3 Strategic Dashboard:

Mark Jackson presented the strategic dashboard reporting that the information provided was now compared by Directorate. He highlighted the

salient points in relation to falls, trials recruitment and service and innovation. It was also highlighted that the payroll and recruitment services of Capita has ceased and this was now being delivered in house and via St Helens NHS Trust.

Private patient activity was consistent while falls had increased standing at 57 against the forecast 114. 18 weeks admitted pathway stood below the target but was expected to be on target by 01.12.14. Cancelled ops stood above target and sickness absence had increased.

The remainder of the report was noted.

6.3.1 Directorate Led Reports on Exceptions and Risks

Exception reports, risks and mitigation.

6.3.1.1 Clinical Support Services

Tony Bennett presented the Clinical Support Services Exception report where staff turnover percentages and the work being done with the Learning and Development department was highlighted. He referred to the impact of reported figures in relation to staff where a high turnover was expected and how he was looking to address this to reduce the impact of negative reporting figures.

The meeting focused on the CIPs for the Directorate and the forecasted £100k deficit at year end Jane Tomkinson referred to the need for a robust plan to be identified that would provide assurance on how the outstanding balance would be delivered for reporting to the Board of Directors. She requested that December's presentation provide absolute clarity on how the target would be delivered non recurrently and recurrently.

TB

Discussions followed in relation to drug overspends and the re-dispensing of medicines, over performance within the outpatients department, recruitment and the motivation of staff.

6.3.1.2 C&CM

Cath Barton took the meeting through the cardiology and chest medicine directorate report highlighting the salient points in relation to activity, finance, workforce and waiting times and the points presented within the report were noted.

The Board were informed that a further £200k had been identified in relation to the invoicing of Commissioners against unbundling of echos. A notice had been served with the appropriate remuneration expected from 1st April 2014.

Meetings were being held with all budget holders to confirm and challenge on budgets.

David Jago gave assurance to the Board that the directorate had a strong performance in terms of activity however it was agreed that the level of

referrals needed to be considered for next year and managed effectively.

Jane Tomkinson asked that the Divisions provide clarify on their trading positions including CIPs and additional activity for the next meeting.

CB/TB/AC

Sickness absence: Improvements were expected by quarter four.

Carolyn Cowperthwaite also provided a report and presentation on staffing within CCU and the catheter laboratories. Each document presented set out the background, activity, options and recommendations and was noted by the Board. The Board also were informed of the work had been done on bed occupancy levels, challenge around shifts, the significance in the number of level three patients, maintenance of renal replacement therapy and the need to up skill staff while maintaining sufficient staffing levels; all of which were being addressed.

In relation to the catheter laboratories, issues were highlighted around the changes within the leadership staffing of the department and how this had impacted on its structure. It was noted that this had been addressed by the introduction of two new part time posts whose roles had become more operational therefore support for the roles was being sought going forward.

The remainder of the reports were noted.

6.3.1.3 SACC

Ann Conley presented the Directorates exception report and the contents were noted. The Board were also made aware that meetings were being held with Welsh Commissioners to improve on referral pathways; work was progressing in relation to a change in junior doctors hours and the identification of non-recurring CIPs. Jane Tomkinson asked that future reports distinguish the individual responsible and clarity on the directorates performance against its budget trading and CIP with clear actions identified.

AC

Lisa Salter also presented on staffing within Oak and Cedar Wards and theatres with a proposal to change the current structure to provide safe, excellent and compassionate care within these areas. The documents were supported by a presentation which set out their current status and the options available with a recommendation for each as follows:

Oak Ward:

- Increase in staffing to allow for an extra HCA on the early shift and an extra RN for the night shift at a cost of £100,045.00.

Cedar Ward:

- Increase in staffing to allow an extra RB on an early shift and 1 extra HCA on each night shift at a cost of £179,839.00.

Theatres:

- Extra 1.59 RN band 5 staff at a cost of £53,000.00.

The Board discussed the level of efficiencies in theatre and were informed that they were scrutinised on a weekly basis; how timings were reviewed to improve on the efficiency of procedures and how scheduling was reviewed twice weekly.

In conclusion the ADNs were asked to research cost pressures and provide options in relation to the further investment that had been identified while considering and identifying risks. It was noted that a quarterly nurse recruitment process would be held in November 2014.

CC/LS

Jane Tomkinson asked that a further proposal be brought back to the Operational Board allowing for a discussion on staffing to include service developments and changes so the full picture can be understood

CC/LS

In the meantime Carolyn Cowperthwaite and Lisa Salter were thanked for their excellent work to date on staffing within their areas.

The Directorates were thanked for their on-going work in delivering high quality care.

Mark Pullan highlighted that the EDMS progress was not included as part of the exception report and asked that the Risk Register be included within the papers circulated prior to the meeting.

6.4 Corporate Risk Register

Joan Mathews was in attendance to present the Corporate Risk Register reporting on the major 'red rated' incidents relating to the theatre checklist, referral management, CIP delivery and recruitment to Cedar Ward. It was noted that work was required to improve on the definition of the risk ratings and to compile a comprehensive risk register for circulating prior to the meeting.

JM

Ref 12/12/13V1.7 Executive RR: Health secure messaging and modification of alert in EP. Pilot to be rolled out the following week with alerts expected to commence from December 2014.

Ref 7/7/14 V1 SACC: Never Event - An SUI had been presented to the SACC Governance meeting and an on-going action plan was in place. An agreed protocol was awaited before the likelihood score of '2' could be re-assessed. Concerns were expressed in relation to the who checklist and the need for improvement within some areas and it was therefore agreed that the likelihood should remain at level 2 however at the request of Jane Tomkinson, significant progress was expected for the next meeting.

ALL

JM/JW

John Morris referred to the quality of angiography through Medcon and the lack of compatibility and poor image quality resulting in the cancellation of procedures. Johann Waktare asked that this be brought to the IM&T Programme Board for further consideration and action. In the meantime Joan Mathews and Johan Waktare would meet to assess the risk as this

JM/JW

was not included within the Risk Register that had been presented.	
Ref8/2014: SUI – potential for referrals to be missed. The referral system and the scanning of health records was under review.	ALL
The Board discussed the levels associate with likelihood and the impact of a level three and how this heightened awareness and vigilance. Colleagues were asked to ensure the appropriate actions had been put in place against all level three risks to reduce the likelihood scores for the next meeting.	
Joan Mathews left the meeting.	
Lucy Lavan informed the Board of the initial findings of the external risk management review undertaken by Paul Moore. A copy of the final report would be shared with colleagues in due course. In the meantime it was noted that some developmental work was required in relation to the definition of risks, capacity and capability for proactive risk management at Directorate level, the Risk Management Strategy and the consideration of an electronic system to support risk management.	ALL
The Executive Team would consider the findings and recommendations of the review and produce an action plan that would be presented to a future meeting of the Operational Board with master class workshop sessions being arranged.	
7. EPR Adoption	
Lyndsey Waktare was in attendance to provide a detailed presentation on the challenges faced through the implementation of the EPR system and the overall impact on the team, the issues raised and addressed and the benefits.	
Due to time constraints, colleagues were asked to raise any detailed operational issues outside of the meeting	ALL
Jane Tomkinson felt that there were a number of issues that had been highlighted which could deliver real benefits through team based conversations and collaborative working.	ALL
In conclusion the Operational Board were asked to provide support and assistance when required. It was acknowledged that there was a resource requirements within the team and those colleagues needed to comply with the information requirements of the system to reduce errors. Sue Pemberton agreed to work with Lyndsey Waktare and the nursing staff to ensure issues were resolved. Members of the Board were also asked to engage with their staff to provide more rigour and resolution.	ALL
The Board discussed prioritisation and it was noted that a process was in place to develop a dashboard to support this. Johan Waktare would circulate a copy of the Optimisation Plan that was presented to the September Board meeting for information.	JW

<p>The Board agreed that future changes to the EPR programme would be brought to the meeting for approval. The Board were also asked to work with the EPR team to ensure any issues were addressed.</p>	<p>JW ALL</p>
<p>A new approach to training had been introduced and would be led by the Learning and Development Team. An external review of EPR would ensure prioritisation of work and benefits.</p>	
<p>Lyndsey Waktare left the meeting.</p>	
<p>8. PMO Approvals & Ideas Generation:</p>	
<p>David Jago introduced Darren Hargreaves to the Board who provided a brief overview of the need for a PMO function and its processes and structures that would need to underpin effective governance.</p>	
<p>David Jago explained how and effective PMO would help to successfully deliver key benefits against difficulty and complex projects and was a positive move forward for the Trust.</p>	
<p>The Board would receive progress reports at future meetings.</p>	
<p>Strategic Planning:</p>	<p>ALL</p>
<p>9. It was noted that workshop sessions on capacity, workforce and financial planning would be scheduled for the 12th December 2014 meeting of the Operational Board.</p>	<p>ALL</p>
<p>10. Issues from E-Pack</p>	
<p>Not applicable.</p>	
<p>11. Minutes of meeting held on 5th September 2014</p>	
<p>The minutes from the previous meeting were accepted as an accurate record.</p>	
<p>12. Matters Arising</p>	
<p>There were no further matters to discuss.</p>	
<p>Copies of all presentations from today's meeting are available upon request.</p>	
<p>13. Evaluation of Meeting</p>	
<p>Board members are asked to reflect on the meeting; forward any comments or observations on how it had progressed and any suggested improvements to either Jane Tomkinson or Lucy Lavan.</p>	<p>ALL</p>
<p>14. Date and Time of Next Meeting:</p>	
<p>Friday 12th December 2014</p>	

8.00 am – 1.00 pm
LHCH Conference Room