

Operational Board Meeting

Item 26b

minutes

Date of Meeting: Friday 12th December 2014

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
- Johan Waktare/Consultant Cardiologist
- Tony Wilding/Director of Operations
- Jay Wright/Consultant Cardiologist

In attendance:

- Lesley Heath/Executive Assistant
- Matt Wainman/Cancer Manager and SLM Upper GI/Thoracic

Apologies for absence:

- Debbie Fryer/Director of Strategy & Organisational Development
- Aung Oo/Consultant Cardiac Surgeon
- Martin Walshaw/Consultant Chest Physician
- Michael Shackcloth/Consultant Thoracic Surgeon

1. Apologies for absence

As given.

2. Declaration of Interests Relating to Agenda Items

There were none to declare.

3. Developing the Business/Business Cases for Approval:

Planning Workshop:

3.1 Capacity, Workforce & Finance

David Jago and Tony Wilding presented the Operational Planning process for 2015/16 which sought to identify both long and short term risks and closer alignment between Commissioners and provider plans. Key issues will be focusing on FT resilience and sustainability.

Key issues were highlighted in relation to the need to strengthen the robustness of the planning process and understand activity and the key drivers.

The Operational Board (OB) considered the flexibility of capacity, workforce planning; the need to understand commissioning changes and build on relationships while understanding the potential changes to skill mix to protect patients and plan for recruitment, training and the development of the service.

Discussions followed in relation to pay costs, agency fees and the incentives and advantages of working within the NHS. A plan would be devised to understand how the service was likely to develop over the next 2-5 years that would identify the right skill mix of staff with reviews taking place bi-annually to accommodate changes.

The impact on service developments would be considered and a Radiology Business Case would be presented to the next meeting for consideration.

TW

CQUIN targets required clarification and Mark Jackson would meet with all clinical leads to establish this. OB members expressed the importance of data and how this should support discussions and engagement with external parties.

MJ

Activity would be reviewed at all points of delivery and there was a need to balance risk, maintain clinical income and understand initiatives and this was being addressed by the Service Line Managers over the next three months.

Cardiology & Chest Medicine (C&CM) would provide briefing notes in relation to cryo balloons and the potential full year activity of 150. The current baseline stood at 45 which provided £200k income against a potential £400k under current tariff consultation.

CB

The OB noted the importance of research and development and the ambitions of the Trust to considerably expand this over the next two years.

The presentation also set out the plans that would be assessed against criteria in relation to the robustness of the planning process, sustainability and the key initiatives; a plan for the delivery of financial projections and what Monitor would be looking for the Trust to achieve. The considerations in relation to rising costs, pay and pension pressures, the Better Care Fund and how these were being addressed through the divisions with plans to be completed by the end of February 2015.

The OB were asked to consider the need for a £22.4m cost reduction over the next 5 years and how the Trust could minimise cost pressures, the need to understand and challenge the cost base to deliver levels of efficiency required will be key to sustainability.

The remainder of the presentation was noted.

4. Delivering our Strategy:

4.1 Partnership Working Update:

Tony Wilding reported on the current discussions with NHS providers around potential partnership or collaborations to deliver patient services. The document set out the Trust and the opportunities/discussions being held and their progress to date.

Discussions followed in relation to the Upper GI service and the impact on the Trust's long term strategy and the risks associated with the model. The national profile of the Trust was also referred to which would help to underpin long term sustainability and was critical to its future. Johan Waktare expressed concerns in relation to information governance and the level of engagement from the Royal Liverpool & Broadgreen University Hospital NHS Trust. Tony Wilding agreed to raise this issue with them as a separate item.

TW

At the request of Mark Pullan, the OB would hold a discussion about an update on potential ACHD service at its February 2015 meeting.

TW

The remainder of the report was noted.

4.2 Operational Committees – Exception Reports

The OB 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.

The following was also highlighted:

Falls: There had been a further two falls from Birch and Cedar wards reported that morning. Although falls were reported as having had 'no or a minor harm' the psychological impact was also to be considered. The OB were assured that work was continuous on the prevention of falls. In the meantime Carolyn Cowperthwaite would investigate the recent incidents.

CC

Medication errors: Error analysis was still awaited. The largest increase related to counting errors on controlled drugs. Johan Waktare requested a copy of the report to identify priority areas.

SP

Consultant post in ITU: Nigel Scawn reported that a meeting had been convened with Aintree Hospitals Trust to agree a mutually advantageous part-time arrangement.

Safety Huddles: Ward Managers reported increased activity, bed shortages and staffing issues. Recruitment work was on going and Lisa Salter was

working with the Human Resource Department to establish a quarterly recruitment programme.

Discussions followed in relation to surgical patients and the need for a strategy of understanding to work within the directorates. Although there was a certain amount of expected activity there was a need to ensure sufficient staffing at each stage of the patient flow although the fluidity and difficulties in predicting surgical patients were acknowledged. The impact on shift in activity in respect of non-electives and electives was discussed and noted.

Jane Tomkinson invited the General Managers to all future safety huddles.

GMs

Information Governance: Mark Jackson informed the OB of a recent information governance breach by an external representative who had accessed EPR records. New standard operating processes would be introduced and the protocol formalised to alleviate this.

4.3 Strategic Dashboard

Mark Jackson presented the strategic dashboard highlighting the exceptions in relation to falls, medical errors, 18 and 26 week admitted and non-admitted pathways, cancelled ops, staff sickness and PDR compliance.

Discussions followed in relation to mandatory training and the number of modules required to improve on the percentage return. It was agreed that this needed to be reasonable and a more pragmatic approach was required to ensure mandatory training was undertaken whilst service pressures and peak times delivered.

GMs

The remainder of the report was noted.

5. Ensuring Strong Performance:

Directorate Lead Reports on Exceptions & Risks:

5.1 SHO Medical Staffing

A document setting out the current position in SHO recruitment for surgery and cardiology was presented by the clinical leads. The actions set out within the report were noted and this had been escalated to the Board of Directors, Trust's Risk Register and was considered to be the Trust's most significant risk.

The OB also noted the change in the TTO process which would assist in relieving pressures, the review of weekend working and the patient pathway, the number of administration processes and how to make the best use of staff and their time. There was some anxiety around the months of February to March 2015 and the need to get a model in place. The role of the co-ordinators was also being considered with twice weekly meetings being held between now and February 2015 which clinical leads were asked to attend to ensure there was complete engagement.

Clinical Leads

Glenn Russell would present an action plan for approval to the OB meeting in

GMR

January 2015 that would then be presented to the Board of Directors meeting.

5.2 C&CM

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

The OB were also informed that the new to follow up ratio were expected to improve from March 2015 due to better coding.

The RTT pathway performance was strong but held significant risks therefore pathways were being reviewed to ensure consistency.

The financial performance was strong with a contribution of £1m above plan mitigating CIP slippage.

A considerable amount of work was being done within Directorates around the cultural surveys and team building.

Jonathan Kendall enquired about the EP Business Case and was informed that this would be subject to review during the next three months planning process. Discussions followed in relation to the increase in device work which took place following the reduction in sessions and the need to build this into the following years business plan to maintain quality and achieve all standards. Cath Barton and Jay Wright would meet following the Christmas holidays to consider this further.

CB/JW

The OB also acknowledged the increase in catheter laboratory activity over the past 5 years despite working with fewer laboratories and less staff. Freed up capacity had been utilised and this meant there was a need to understand how the level of performance had been achieved.

The remainder of the report was noted.

5.3 SACC

Ann Conley took the meeting through the SACC directorate report highlighting the salient points in relation to performance and risks, capacity and finance and the key points presented within the report were noted.

26 week pathway targets for Wales had not been achieved for October however all cancer targets were being achieved. The extended wait time target for welsh patients was discussed with agreement that clinical need would take priority.

Overall the directorate reported a strong income position of £311k above target.

Sickness was being managed and there were reductions in staff turnover due to improvements in morale.

Mandatory training had been completed though pressure was noted in maintaining performance throughout December.

Members discussed the impact of single room accommodation against the increase in the number of unexpected falls but there was no definable pattern. A list of top ten tips had been identified which would be shared with the Patient Safety Group. Scoring mechanisms were in place to identify high risk patients and work had been carried out with patients in single rooms to minimise any risk; the main requirement being for additional auxiliary staff.

5.4 Clinical Support Services

Tony Bennett and Gill Gow took the meeting through the Clinical Support Performance report highlighting the salient points in relation to finance, workforce, turnover rates and the outpatient department; the key risks, issues and actions detailed within the report were noted.

PDR rates were now exceeding targets and mandatory training was on target.

The Directorate was working closely with all teams to ensure efficient flow within outpatients and the estate was fit for purpose.

GMs

Jane Tomkinson expressed her appreciation to the General Managers and their teams for the quality and clarity of the documents presented. She felt this sighted the actions and provided confidence against the recognised risks.

6. PMO Structure for Approval

David Jago updated the OB on the structure for the Project Management Office (PMO) following the attendance of Darren Hargreaves at the previous meeting. The presentation outlined the reasoning behind the establishment of a corporate PMO and how this would impact on targets and the financial performance of the Trust. An organisational structure was presented which demonstrated the flow of reporting from project groups, through the PMO who would then report directly with a progress report to the OB on a monthly basis. It was noted that additional resources would be required to assist in the delivery of the initiatives of the next three years.

The OB discussed the financial aspects of the PMO, admin support in general and noted that a review was to take place. Some concern was raised about the costs associated with the post and the fact that this was a permanent position and how this could be perceived by staff. Members were assured that objectives would be set and that a robust system would be in place around the project management and governance with full review of the effectiveness of the post.

Debbie Fryer would present a programme of work to the next OB meeting. A template would be developed in terms of programme management that would be tailored to the needs of the Trust.

DF

It was agreed that the process should have allowed for the Business Case to be brought to the OB meeting before the posts had gone to advert. However, if there was a view that the post was not achieving the necessary

DF

improvement then there could be scope to consider options around the terms of the contracts.

7. Risk Management:

7.1 External Review & Action Plan

Mark Jackson outlined findings of external risk review and the OB noted the limitations of the current risk management system; including scoring methodology, treatment of risk, clarity of the organisation's risk appetite, paper based recording, lack of visibility on operation risk at Board level.

The risk management process would be re-engineered to improve the quality of content of risk registers and introduce a 5 x 5 matrix. A comprehensive action plan would be presented to the Board of Directors.

MJ

Tony Bennett emphasised the importance of staff training while Johan Waktare felt there was a significant change needed in the mind set of staff.

8. Clinical Leadership Model

Glenn Russell informed his colleagues that he would be stepping down as Medical Director from June 2015 and planned to retire from his full-time consultant post in September. A job description would be finalised and the recruitment process commence after the Christmas period. Clinical leaders roles and responsibilities would be clarified to reflect the importance of their role and help develop a strategy to work with each of the divisions and service lines.

He also took the opportunity to review the challenges faced over his 10 years as Medical Director and how the organisation had developed and improved its services to patients providing quality care to the highest standard.

In the meantime Raph Perry asked that the roles be evaluated in relation to job plans and extra PA payments to provide equity.

**RAP/
DF**

9. Issues from E-Pack:

There were no issues to report.

10. CEOs Briefing:

Jane Tomkinson reported that the ECG Department had achieved advanced accreditation from the British Society of Echo Cardiology. The appropriate corporate communication would be circulated to all staff.

Lucy Lavan updated the OB on the new Non-Executive Director appointments and leavers. The following was noted:

- Mark Jones had been appointed Non-Executive Director from 2nd December 2014.
- Mark Fuller would leave his post on 1st February 2015.

- Ken Morris has been appointed an interim Non-Executive Director from 1st February until June 2015 when Julian Farmer would be available to take up his permanent post of Non-Executive Director and Audit Committee Chair.

Healthy Liverpool: Jane Tomkinson reported that a meeting had been convened for 23rd January 2014 requiring a strong representation from the Trust. A further meeting had been arranged with Dr Fiona Lemmens/ Liverpool CCG Urgent Care Lead and Chair of the North Mersey System Resilience Group to set out the Trust's perspective. Glenn Russell set out the sub-groups for Healthy Liverpool and it was agreed that the next meeting would devote time for a structured discussion. In the meantime Jane Tomkinson would explore whether Katherine Sheerin/Chief Officer, Liverpool CCG or Fiona Lemmens would be available to attend and present.

JT

Mutuals: Jane Tomkinson reiterated that funding had been secured from the Cabinet Office to support the pilot programme and therefore was no burden on resources. Marga Perez-Casal would be asked to attend the January 2015 OB to provide an update.

11. Minutes from the Previous Meeting Held on 7th November 2014

The minutes from the meeting held on 7th November 2014 were approved subject to a correction on page 6 which should read EDMS and not EDMA.

12. Matters Arising

Jane Tomkinson took the opportunity to thank everyone for their hard work; noting the significant pressures that were facing the Trust at the moment and wished all a happy Christmas.

ALL

13. Date and Time of Next Meeting:

Friday 9th January 2015 at 8.00 am – 1.00 pm in the Conference Room.

ALL

A working lunch will be provided.

Copy of the presentations delivered during the meeting are available upon request.