

Operational Board

Item 7.3b

minutes

Date of Meeting: Friday 9th January 2015
Time: 08.00 – 13.00
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
 Debbie Herring/Director of Strategy & Organisational Development
 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
 Aung Oo/Consultant Cardiac Surgeon
 Sue Pemberton/Director of Nursing
 Raph Perry/Consultant Cardiologist
 Glenn Russell/Medical Director
 Lisa Salter/ADNS – SACC
 Nigel Scawn/Consultant Anaesthetist
 Martin Walshaw/Consultant Chest Physician
 Michael Shackcloth/Consultant Thoracic Surgeon
 Johan Waktare/Consultant Cardiologist
 Tony Wilding/Director of Operations

In attendance: Jennifer Butterworth/Project Manager (Interim)
 Marga Perez-Casal/Head of Research & Innovation
 Lesley Heath/Executive Assistant
 Dr Fiona Lemmens/ Liverpool CCG Urgent Care Lead
 Joan Mathews/head of Governance
 Alexi Ness/Service Line/Deputy General Manager C&CM
 Kathrine Sheerin/Chief Officer – Liverpool Clinical Commissioning Group
 Matt Wainman/Cancer Manager and SLM Upper GI/Thoracic

Apologies for absence: Jay Wright/Consultant Cardiologist
 Mark Pullan/Consultant Cardiac Surgeon

1. Apologies for absence

As given.

Jane Tomkinson welcomed Matt Wainman and Alexi Ness to the meeting.

2. Declaration of Interests Relating to Agenda Items

There were none to declare.

3. Patients Story:

A video of Gina's story was played to Operational Board (OB) members. It was noted that this had also been circulated to other department heads and had been played at the Patient Safety Group; processes had been reviewed, improved and lessons learned as a consequence.

4. Healthy Liverpool (Kathrine Sheerin/Dr Fiona Lemmens in attendance)

Jane Tomkinson welcomed Kathrine Sheerin/Chief Officer – Liverpool Clinical Commissioning Group (LCCG) and Dr Fiona Lemmens/Liverpool CCG Urgent Care Lead to the meeting.

Kathrine Sheerin presented the vision of the Healthy Liverpool programme to transform health and social care in Liverpool that would be person-centred and how they would work closely with NHS England to build this over the next 18 months to ensure the vision was aligned.

The presentation set out the ambition to improve the health outcome and balance the health inequalities within Liverpool, providing a new model of care that would be sustainable. She also set out the case for change and the delivery of major prevention programmes while providing self-care for people with long term conditions. Better access to services to deliver the best hospital services over a 7 day period ensuring patient safety and experience.

Dr Lemmens referred to the duplication and fragmentation in current services and the need to address this giving women's services as an example. Clinical models would develop a list of options which would then be refined. She referred to the cardiology workshops and how, with clinical involvement, the next meeting would identify the options around this service.

The OB considered resources, collective working of clinicians and clinical relations being key to the process and how discussions were being had with Aintree Hospitals Trust focusing on high quality/specialised services and the best care for patients. The aim was to take competition out of services and to centralise services where appropriate, with some areas providing one service across two sites but overall a 'best approach' would be adopted for each individual service. The IT infrastructure was highlighted as key to the system and the OB were assured that this was being addressed.

The Knowsley CVD service and diabetes service were highlighted as an example of good models of care and collaborative working.

Raph Perry agreed to identify a representative for surgery to attend future clinical meetings. The invitation was also open to any clinical colleagues who

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wished to be included in the circulation for future meeting information and attendance.

Jane Tomkinson highlighted that the organisation also provided services to Isle of Man and Wales and was assured that this would be taken into consideration in future plans. She also acknowledged the need for change and how the organisation and colleagues would like a stronger presence in DGHs, primary care and communities.

Discussions followed in relation to partnership working, the difference in strategies within other areas and how the organisation was delivering excellent clinical outcomes. It was acknowledged that the uncertainty could be a concern and therefore a need to increase the decision making to ensure all organisations were included in the process embracing the good clinical outcomes. The Trust supported other organisations down to primary care demonstrating its ambitions to deliver better clinical outcomes.

The OB noted the six phased approach set out in the presentation with consultation expected April 2016 and a further phased implementation over a five year period after that.

Jane Tomkinson expressed the appreciation of the OB to Kathrine Sheerin and Dr Fiona Lemmens for taking the time to attend and deliver their overview for the Healthy Liverpool Programme.

Kathrine Sheerin and Fiona Lemmens left the meeting.

The OB considered the discussions; were confident that there were a number of opportunities for the organisation, that key relationships needed to be strengthened, increase collaboration between secondary and primary care providers and agreed that clinical input was paramount and would enable any future issues to be addressed and ensure the organisation was at the forefront ready to invest and maintain its status.

5. Developing the Business/Business Cases for Approval:

5.1 Radiology Business Case

Tony Wilding reported that the Radiology Business Case was due to be presented to the February 2015 meeting. However due to this date being the OB Development Day a decision would be made outside of the meeting.

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6. Delivering our Strategy:

6.1 Cardiology Strategy

Debbie Herring introduced Jennifer Butterworth who was working with the organisation on an interim basis to develop a five year strategy with Alder Hey Hospital in relation to adult congenital heart disease.

A document was tabled which reflected the work with the cardiology division setting out a five year plan which, if successful, would be replicated through

other divisions. The key points were a result of discussions with individuals.

There was a need to work in partnership across Cheshire and Merseyside supporting cardiology services while continuing to lead for primary PCI and the network and expand/develop services to meet the service model.

Meeting would be arranged over the next two weeks with Consultants to address any gaps in the previous questioning.

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Nigel Scawn joined the meeting.

It was also noted that meetings were being arranged with the Royal Liverpool & Broadgreen University Hospitals Trust (RLBUHT) and Aintree University Hospital to understand the issues within the region and joint working. The OB considered the Healthy Liverpool discussions and the success of the Knowsley model taking into consideration if there was anything within the strategy where the organisation could look to participate. Discussions with General Practitioner (GP) colleagues had highlighted how they would value our input within the community which would require additional workforce. The organisation would consider what could be done locally working in partnership with other organisations while not undermining the DGH consultants who work with GPs. The importance of data maintenance was also acknowledged.

Jennifer Butterworth left the meeting.

6.2 Operational Committee Exception Reports

The operational Committee Exception Report was presented by the relevant Directors and its key themes were noted.

6.3 Strategic Board:

Mark Jackson presented the Strategic Dashboard report month 8.

The OB noted that the organisation achieved all strategic objective measured for quality and experience, service and innovation, value and stakeholder.

Staff turnover and sickness reported red but was continually monitored by the Human Resource Department.

Performance reported red for a number of falls, medication errors, 18 week admitted and 26 admitted and non-admitted pathways, cancels ops and staff sickness.

Some slippage was noted on friends and family testing but this was an issue with the system and would be resolved for future reporting.

Debbie Herring expressed her appreciation to all for the improved appraisal position. A new and more efficient system would be in place for the next appraisal round.

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The staff survey results had been received and would be circulated in due course.

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The remainder of the report was noted.

6.4 Fundraising Update:

Lucy Lavan shared the fundraising report that had been produced by Tarnside Consulting following its review in November 2014. She asked colleagues to retain its confidentiality as this provided sensitive information and a considerable amount of intelligence on future prospects.

She informed the OB that a decision had been made not to pursue the young person's unit but that other potential fundraising opportunities would be explored.

The OB discussed the efforts of individuals who contribute towards charitable funds and the importance of their role, branding opportunities through the local professional football clubs and joint working with other charity partners. The need to communicate the key mission statements as a unique selling point, exploit opportunities, provide a focus and increase the organisations profile was paramount. Interviews would be arranged with key individuals to progress this further.

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The remainder of the report was noted.

6.5 CQC Update:

Sue Pemberton presented an updated on the preparation for the CQC inspection which set out the actions to date, namely:

- The establishment of a CQC Steering Group and its membership.
- Staff briefing sessions.
- The identification of 20 operational work streams.
- The agreement of operational leads being allocated within services.
- The collation of data information.
- Development of a CQC intranet site.
- The completion of self-assessment templates against the 5 key lines of enquiry.
- Work with End of Life Group, complaints team and well-led aspects of governance.

The presentation also set out the next steps which involved raising the awareness of CQC across all staff groups and what was required from the OB members to support; engagement, time, involvement and a response to information requests within the required timescales.

6.6 PMO Plan Sign Off:

Debbie Herring presented the PMO Dashboard which detailed each of the projects together with a brief description, the executive sponsor, project manager and various supporting categories and their current RAG rating and performance comments. Each project would be given a project citation document with the outcomes and who needed to be involved. The majority of

work was within divisions with the PMO team helping to support this.

Debbie Herring requested sign off of the programme informing colleagues that a Programme Lead had been appointed and would commence in March 2015; two additional posts had also appointed to providing support as the projects develop.

Progress reports will be brought to the OB on a monthly basis with a view to proving exception reports as the projects progress.

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Discussions followed in relation to achieving targets and how the PMO team would be evaluated against these. Colleagues were assured that the process would be reviewed during its first 12 months reiterating that this assurance had also been provided at the previous OB.

The remainder of the dashboard was noted and the OB approved the programme.

6.7 2015/16 Operational Plan:

Debbie Herring presented the Monitor Annual Planning process for 2015/16 which set out the framework for the development of strategy plans and the seven steps, their timelines and support required.

Following agreement of the Board of Directors, the Operational Plan would be refreshed to take into account the changes in the previous year and those required in the future. The OB development day scheduled for 6th February 2015 would review these in detail considering the implications of capacity, demand and cost pressures to ensure the organisation was sustainable going forward.

In the meantime the divisions were working with the colleagues reviewing the five year trend analysis.

7. Ensuring Strong Performance:

Directorate Lead Reports on Exceptions & Risks

7.1 SACC:

The SACC directorate reports on exception and risk were noted by the OB. Due to time restraints key issues were to be picked up directly with Ann Conley outside of the meeting.

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7.2 Clinical Support Services:

The Clinical Support Services directorate reports on exception and risk were noted by the OB. Due to time restraints key issues were to be picked up directly with Tony Bennett outside of the meeting.

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7.3 C&CM:

The C&CM directorate reports on exception and risk were noted by the OB.

Due to time restraints key issues were to be picked up directly with Cath Barton outside of the meeting.

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7.4 SHO Medical Staffing Plan:

Glenn Russell presented his document on the shortfall in SHO recruitment for surgery and cardiology which set out the shortfall of up to six posts due to the low recruitment. The previous Deanery visit in October 2014 had highlighted the lack of education associated with these posts. The document set out the crucial role of the SHO in relation to patient safety and business continuity and how the risk represented a risk to both areas. As a consequence a multi-disciplinary steering group had been established and a medical response team for both day and night had been formed; the differences between the teams were set out within the document.

Business continuity during normal working hours was also addressed and the appropriate actions put in place to improve the discharge process. A more efficient use of the electronic patient record (EPR) system and the current poor engagement of surgical staff with the EPR system would be addressed.

A second SHO would also be available to assist with admissions on Sundays together with a clinical nurse practitioner to assist with the high level of admissions.

Due to the requirement for blood tests on admission, the nurse ward managers would undertake this as part of the nursing care bundle. Also selected nursing staff would be authorised to order tests e.g. xrays and CT scans following the appropriate training while being mindful of their roles and extra responsibilities.

The document also set out the backfill of necessary tasks by alternative staff, the discharge process, communication issues and how the financial impact would need to be established now a member of the finance team had joined the steering group.

There would be difficulties in relation to prescribing however consultants will manage this responsibility.

Glenn Russell highlighted that the transitional period, commencing February 2015 would be a time of high risk. However the OB were assured that the steering group would have all systems and processes in place possible over the next few weeks to facilitate this. Staff were asked to be as flexible as possible and vigilant in order to maintain a safe hospital. Regular communications would be circulated to ensure colleagues support the process and understand the implications and the systems would be evaluated on an ongoing process.

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8. Developing Corporate Structure:

Tony Wilding presented on the divisional structure and leadership review and the options for a new medical leadership model with Associate Medical Directors leading the clinical divisions as clinical business units.

Four models had been put forward for further discussion by the Executive

Directors and each of the options was detailed within the presentation. The preferred option was to deliver a clinically led model with three clinical business units being led by an Associate Medical Director and supported by a General Manager and Assistant Director of Nursing. Radiology, critical care and anaesthetics would be moved to clinical support services.

Discussions followed in relation to communications through the current clinical leaders and their role within the OB which would be considered further. The appointments would be based on leadership skills and would not be restricted to within the divisions. Sufficient time would be allowed within their current roles to do this effectively while considering the impact on clinical activity.

Clinical leaders expressed their preferences in relation to radiology and anaesthesia but there was a need to address the imbalance between the size of the directorates and the preferred option would provide this.

It was noted that community services also needed to be considered.

The presentation also set out the next steps but it was agreed that a decision would be postponed and deferred to the February 2015 away day so this could be discussed further with the clinical leads and those not in attendance.

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9. Risk Management:

9.1 Corporate Risk Register for Approval:

Mark Jackson presented the Risk Register as the Executive Director now responsible for the risk management function and the following was noted:

Radiology Alerts: Results of pilot alerts were to be reviewed. Communications were received from the Medical Director when Consultants are identified as not actioning alerts

Diagnostic Testing: An agreed pre-operative standard had been developed to ensure all pre-operative diagnostics were reviewed.

Electronic Transfer: There was no agreed standard for the electronic transfer of diagnostic information from referral hospitals incurring delays. Joan Matthews met with Mark Pullan and Johan Waktare to consider new risks and discuss actions required mitigating the risk within one month. She would now take this forward with Dave McCreavy.

Clerking of Medication History(OMR): Process for clerking of medication history and subsequent conversion to an in-patient prescription was not utilised consistently then medication errors may occur. A training video had been produced and a more functional OPD document would be generated to facilitate this.

CIPs: The risk on CIPs had been mitigated. Staffing on Cedar Ward was being addressed through the recent recruitment of 6 staff. A large recruitment drive would commence 2nd February 2015. Staff retention would be of utmost importance.

The remainder of the Risk Register and actions were noted.

10. Mutuals Pilot: Progress and Next Steps:

Marga Perez-Casal provided a brief update on the mutual pilot informing the OB of the contract that was now in place with KPMG; the first meeting had taken place the previous day.

Two small strategic groups had been formed including staff engagement sessions. A panel meeting had been held in London and was attended by Monitor and NHS England where frequently asked questions had been provided to share with staff and other stakeholders. A further meeting was scheduled for two weeks' time, the outcome of which would be reported to the OB.

Engagement sessions had commenced with the patient group and staff from support services. The survey that was in circulated had received 100 responses to date with the main feedback themes being pension, terms and conditions and redundancy. The issues would be captured within a document and answers provided through an intranet page which would be updated as the project progressed.

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11. EPR key Issues & Progress with Optimisation

Johan Waktare presented a briefing on the key messages and issues relating to the clinical systems and information technology as detailed within the summary slide of his presentation.

Clinical leaders were invited to request information in relation to their colleagues usage of EPR.

The delays to upgrades were noted. Consequently the shortfall in resources was being addressed.

The remainder of the summary was noted.

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12. Issues from E-Pack

There were no issues to report.

13. CEOs Briefing

There was nothing further to report.

14. Minutes from the Previous Meeting held on 12th December 2014

Noted and approved

15. Matters Arising

There were no further matters to discuss.

16. Date and Time of Next Meeting:

Friday 6th February 2015, 08.30 – 5.00 pm at the LACE Centre.

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