

Board of Directors (Public)

Item 7.1.3.1

Subject: Report from Operational Board – Meeting held on 24.4.15
Date of meeting: 28th April 2015
Prepared by: Lucy Lavan, Associate Director of Corporate Affairs
Presented by: Jane Tomkinson, Chief Executive

| Data Quality Rating | BAF Ref | Impact on BAF Risk Rating |
|---------------------|---------|---------------------------|
| Bronze | 1-9 | None |

1. Executive Summary

This paper summarises the key items of business considered at the meeting of the Operational Board held on 24th April 2015.

The Board is asked to note the content of the report and to consider and monitor the effectiveness of the Operational Board in holding to account for the delivery of the Trust's objectives.

2. Meeting held on 24th April 2015 – Key Issues

i) Patient and Family Engagement Work

The Assistant Director of Nursing (Patient and Family Experience) attended and described the programme of patient and family engagement work and the way in which feedback is gathered at quarterly engagement events using the six steps of the patient journey. Feedback from the most recent event was shared along with the next steps in relation to action planning. One of the key actions in progress is review of the discharge process informed by mapping of the patient journey and identification of blockages in flow.

ii) Investment to expand capacity

The Chief Operating Officer presented on the output of the bed modelling work and investment requirements to support a stepped increase in capacity to ensure delivery of the 2015/16 activity plan and ongoing sustainability. It was agreed that the priority area was to progress with increasing the surgical bed stock. The revenue investment plans to meet additional staffing requirements for Surgery, Medicine and Clinical Services were approved. It was agreed that the Chief Operating Officer would document in a paper the detail of the agreed investments and set out the next steps and actions required to determine the recurrent need for resource and investment to deliver current and future work and to understand the implications of outsourced work. The paper is to be circulated to Operational Board members by 30th April 2015.

iii) Listening into Action (LiA)

The business case was reviewed and the Operational Board approved the proposed 2015/16 revenue cost budget to support the LiA work, noting that the 'ad hoc' expenses represented a contingency reserve aimed to pump prime improvement projects. The Operational Board approved the sponsor group and the selected topics and clinical teams that would begin the rapid cycle of listening, action and feedback. The concern around ability to backfill the Head of Research and innovation post was noted.

iv) Divisional Structure

It was reported that all three Associate Medical Directors were now in post; the Divisional Heads of Nursing appointed and ready to commence with effect from 1st May 2015 (interim arrangements in place to cover Clinical Services Head of Nursing during the appointee's notice period); Divisional Heads of Operations appointed and all due to be in post by 1st July 2015. Next steps will include defining the clinical lead role and appointing to the Clinical Lead structure, reviewing the membership and Terms of Reference for the Operational Board and standardising arrangements for managing Divisional governance and performance agendas, including consideration of the roles of the business partners.

v) Performance

The RTT action plan was discussed in detail together with the challenges to the meeting the planned trajectory (increasing urgent referrals), that will deliver sustainable compliance from 1st July 2015.

The Operational Board reviewed the strategic and operational dashboards and received presentations from each Division on the year end performance. The Chief Executive acknowledged the achievements, particularly in relation to quality targets including the reduction in pressure ulcers and performance in relation to infection prevention and control.

vi) Clinical Systems Update

The Chief Clinical Information Officer demonstrated the importance of the IT enabled healthcare agenda nationally and internationally and provided an update on adoption and performance management of clinical systems. Key issues included the impact of errors flow, uptake of full usage of clinical visibility boards and an overview of current activity being undertaken by the EPR team.

vii) 'Be the Best' Outcome Measures

The Director of Research and Informatics presented on the outputs from the previous workshop session which aimed to identify the outcome measures to support the vision 'to be the best'. The proposed priority outcome measures were supported and will be reflected in the 2015/16 Quality Improvement Strategy

viii) Junior Doctor Cover Update

The Medical Director thanked the Divisional staff for supporting the action plan and advised that the focus of future work would be on the development of a robust workforce plan for future medical staffing in surgery and for improving the training culture.

ix) Corporate Risk Register

The Operational Board received and noted the corporate risk register and it was confirmed that a training session on the new risk management processes would be re-scheduled for the next meeting.

x) Research and Innovation Strategy

The draft strategy was supported and will be considered for approval by the Board of Directors on 28.4.15. It was noted that the research nurses will facilitate implementation of the strategy at ward level.

xi) Operational Committees – Exception Reports

Report noted.

xii) Operational Plan 2015/16

It was noted that the Operational Board had been fully engaged in the development of the operational plan. Members were requested to provide feedback on the final document prepared for submission to Monitor by no later than 1st May 2015.

xiii) Re-admissions (Matter arising from the minutes of the previous meeting)

It was noted that the re-admissions indicator continues to be a flagged risk on the CQC Intelligent Monitoring Report. It was agreed that the Associate Medical Directors would nominate medical support to verify and clarify the findings of a case note audit of re-admissions to Aintree and Whiston hospitals conducted over a 3 month period, to inform an improvement plan.

xiv) CEO's Briefing

It was noted that the University of Liverpool had confirmed honorary professor status for both Mr Aung Oo and Dr Martin Walshaw. Mr Oo had also been awarded visiting professor status at the University of Sydney, Australia. Both were congratulated for these significant achievements.

3. Recommendation

The Board of Directors is asked to note the summary report of the meeting of the Operational Board held 24th April 2015.