

Operational Board

Item 7.1.3.2

minutes

Date of Meeting: Friday 6th March 2015
Time: 8.00 – 1.00
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
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
Jay Wright/Consultant Cardiologist

In attendance: Robert Johnstone/Interim General Manager - SACC
Alexi Ness/Service Line/Acting General Manager C&CM
Marga Perez-Casal/Head of Research & Innovation
Lesley Heath/Executive Assistant

Apologies for absence: Aung Oo/Consultant Cardiac Surgeon

1. Apologies for absence

As given.

Jane Tomkinson welcomed Alexi Ness, acting General Manager for Cardiology & Chest Medicine and Robert Johnstone, interim General Manager for Surgery to the meeting.

2. Declarations of Interests Relating to Agenda Items

In relation to agenda item 6.5 “EPR Optimisation Progress” Johan Waktare declared his membership of Hyland's Physician Advisory Board. This was an unpaid role, but had benefits e.g. paid travel to Board meetings.

3. Patient Story: Sams Story

The Operational Board (OB) members were presented with the video for “Sams Story” which had been compiled by the Kings Fund and demonstrated the shared vision for good integrated care by the use of pooled resources. OB members were asked to consider relationships outside of its catchment area due to the size of the geographical area.

4. Mutuals Pilot: Draft Report

Marga Perez-Casal was in attendance to update the OB on the research project and present the interim report for comment prior to submission. The report set out the results arising from the research work that had been undertaken to date. The Executive Directors would review the final submission at their meeting on 18th March 2015. The project was due to conclude on 31st March 2014 when the final report would be presented to the Board of Directors and subsequently the Cabinet Office.

The presentation set out the response of staff, their concerns and how the process identified ways in which the Trust could significantly improve on staff engagement to improve the quality of patient care and the efficiency and financial performance of the organisation.

The option appraisal set out the three choices and the costs, benefits and risks associated with each. The OB noted that the report would not seek a recommendation for the organisation to follow the model but would take this to a full staff ballot which; unless supported by the majority; would not progress further.

The OB discussed staff concerns and proposals, their views on the NHS pension scheme and the need for staff to identify personal benefits. It was agreed that benefits to staff should be outlined within the report.

The report and supporting presentation were noted.

CEOs Briefing

Jane Tomkinson informed the OB of the following:

Medical Director: Dr Raph Perry had been appointed Medical Director, effective 1st July 2015.

Associate Medical Director (AMD): Application deadline was 10th March 2015. An interview date was to be confirmed and details of the stakeholder group circulated.

Divisional Head of Operations: A considerable amount of interest had been received. The appointed AMDs would be involved in the interview process.

Resignation of Professor Ian Greer: The OB noted the recent resignation of Ian Greer/Vice Chancellor, Liverpool Health Partnerships who will take up the post of Vice President of the University of Manchester and Dean for the Faculty of Medical and Human Sciences. This was seen as a personal loss to the organisation who had a strong relationship with him and would also be a loss to the region.

Care Quality Commission (CQC): The CQC had contacted the organisation the previous day to report an anonymous whistle-blower in relation to Senior House Officer (SHO) cover within the Trust. A response would be compiled at their request by 10th March 2015. Although the CQC are aware of issues around the medical workforce their main concern related to patient safety and it was expected that this recent episode would result in an inspection. The organisation had reiterated the recent actions put in place to address SHO staffing and would outline this again in their response.

The OB discussed cover requirements and how patient safety was at the forefront of all action taken, continuously considered and was demonstrated through the daily safety huddles and discussions with trainees. Concerns were raised in relation to cover within ITU but this was being addressed by the involvement of Consultant medical staff.

5. Developing the Business/Business Case for Approval:

Organisation Change – Restructure of Nursing Leadership:

Sue Pemberton presented the restructure of nursing leadership following the review of the nursing structure and the new governance structure. The document set out the existing structure and the alternative options with a recommendation that option three creating four Head of Nursing posts, three for the divisions and one for corporate nursing banded at 8c. The Head of Governance role would be removed with the current post holder taking up the head of Nursing Corporate role. The OB noted that the preferred option provided a reduction in the overall cost.

The option three proposal was supported by the OB.

Gill Gow expressed concerns in relation to shortfalls within the Pharmacy staffing and was asked to report this formally through the next OB meeting.

GG

6. Ensuring Strong Performance:

Directorate lead Reports on Performance:

6.1 Strategic Dashboard Performance Overview

Mark Jackson presented the Strategic Dashboard overview. The OB noted the organisation was achieving all strategic objectives for quality and experience, service and innovation and stakeholder and the following was noted:

- On target to deliver the 10% improvement on the number of potential harm events.
- Service and innovation: looked to improve on the market share indicator on activity.
- Trials currently stood above plan.
- Value: Under discussion within Divisions as financial values were being driven by the lack of involvement on CIP plans.
- Workforce: turnover was inconsistent while there had been an improvement in absence rates. Further data was awaited so this may be revised.
- Mandatory training stood at 93%
- Stakeholders: NHS activity on inpatients to increase by 2%.
- Private patient activity continued to be strong.
- Friends and Family Test response rate data had been corrected.
- Medical errors: to be the focus of the next quarter.
- 18 weeks to admitted pathway reported high. This translated to Welsh patients.
- Cancelled ops had decreased but remained above target.
- Delayed transfers of care had exceeded the threshold.

Lisa Salter referred to the friends and family figures reporting that this stood at 55.3% for January 2015. The report would be corrected to reflect this.

MJ

Jane Tomkinson referred to the failed referral to treatment target and how this was one area of risk with the ability to destabilise the organisation as Monitor expected to see long waiters reduced. The lack of capacity would be addressed through the annual planning process.

The remainder of the report was noted.

6.2 SACC

Robert Johnstone/Interim General Manager for SACC introduced himself to the OB members informing them of his interim work over the previous six years and operational roles within surgery and critical care. He presented the performance to month 10 for the Surgical Directorate and the following was noted:

Increase in urgent referrals: additional theatre capacity had been identified however due to the impact of elective demand this was not sustainable. Improvements had been implemented to ensure referring Trusts were informed in relation to waiting times and agreed dates for surgery. Previously identified increase in referrals of 6% would be factored into the 2015/16 planning and adjusted to reflect trends. Patients pathways were being scrutinised on a weekly basis and an average of 4 patients per week were being transferred to Stoke on Trent (following review by Mr Aung Oo) to alleviate the backlog. Further mechanisms were being developed going forward.

Questions were raised in relation to efficiency and capacity and if the situation could have been predicted and it was agreed that the cause was down to both elements; that this was now being addressed. Robert Johnstone would meet with Aung Oo and Mike Shackcloth to discuss cancer targets to see how they

can be addressed.

The issue of inequality of payment system across the Trust was highlighted and examples given in relation to additional cases being carried out at no cost by some Consultants. This would be considered through the job planning process to ensure equity and consistency in remuneration.

Electronic theatre scheduling would commence on 13th April 2015 with two cycles of testing with the electronic system being run alongside the paper based system to ensure continuity.

All cancer targets were currently being achieved.

SACC stood above cost plan by £487k. CIPs stood £423k under plan. £85k in non-recurring savings had been identified reducing this to £338k. Meetings were being planned with clinicians to identify further savings. Clinical leaders were asked to encourage colleagues to attend. Discussions followed in relation to previous meetings, consultant engagement and the need to identify savings linked to personal performance however clinicians felt that information provided in advance of the meetings would be helpful.

Lisa Salter updated the OB on clinical quality within the division and the following was noted:

- Mortality within cardiac surgery remained below target.
- A review of falls on Oak Ward had been undertaken with no themes identified. There were regular comfort checks and safety huddles in place.
- Medication errors stood at 8 with no harm/minimal harm to patients. Staff had been reminded about the importance of raising concerns regarding medication where appropriate.
- PDRs stood at 82% compared to the target of 85%.
- Turnover remained high.
- Staff survey results were being correlated; all areas would be provided with feedback.

In relation to sickness and turnover it was felt there was a need for a better understanding of the workforce and their expectations. Leadership skills would be considered due to the excellence in some areas compared to poor turnover and sickness absence in others. Benchmarking work would be undertaken and additional support had been identified within Human Resources to support this.

The remainder of the performance report was noted.

6.3 Clinical Support Services

Tony Bennett presented the performance report for Clinical Support Services and the following was noted.

- Income, expenditure and contribution stood above plan.
- CIPs stood above plan by £99k.
- Workforce absence rate had improved and stood at 1.12%

- Turnover remainder high at 12.8% against a plan of 9%. Work was being done with the HR Business Partner to understand the reasons. Exit interviews were being implemented.
- Mandatory training had slipped but work was being progressed to address this.
- PDRs stood above target
- Advocacy was stable and consistent.
- Recommendation as a place to work had reduced slightly (80%) and work was being carried out to address this.
- Recommendation as a place to treat stood at 95%.
- OPD continued to over perform with high levels of additional activity in cardiothoracic and thoracic surgery, anaesthetics and respiratory medicine.
- Coding and clinic utilisation changes were on-going.

Jane Tomkinson acknowledged the strong financial management linked to income while noting the need to work closer with surgery.

The remainder of the report was noted.

6.4 C&CM (Cardiology & Chest Medicine)

Alexi Ness presented the C&CM performance report highlighting the key points. The following was noted:

- 18 week pathway continued to be achieved.
- Welsh 26 week target remained under pressure. Weekly meetings are taking place to try and address this.
- Welsh Commissioners focus on 36 week; all seen within this period.
- Day case rates stood above target.
- Cardiology new to follow-up ration remained above the Commissioner target.
- New to follow-up ratio for respiratory medicine has been achieved.
- Directorate above cost plan by £442k. Planning for next year would be more robust going forward.
- Year-end forecast against plan reported £-165k. Contributions were reported as £2,130k. Work continued with clinical leads to identify CIPs.

Carolyn Cowperthwaite reported on quality and the following was noted:

- Joint care working was being carried out with cystic fibrosis patients.
- 'Call don't fall; initiative in place with improvements being noted.
- Work progressing with nursing staff to ensure VTE compliance.
- Medical errors being scrutinised with lessons learned being reported to ward meetings.
- 'A place to work' band 5, 4 and 2 working group had been established.
- Working with SACC directorate looking at leadership and management.

Jane Tomkinson commended the directorate on its strong financial performance with learning to be shared across the organisation.

The remainder of the report was noted.

6.5 EPR Optimisation Progress

Johan Waktare presented to OB members on the clinical systems in relation to performance management and updated on the delivered and on-going projects.

The OB members noted the shortfall on staffing resources and how this did not allow for the systems full potential to be achieved. Discussions followed in relation to the structure and if it was fit for purpose, the engagement of colleagues, planning within ITU and theatres, the risks associated with this and how timescales had not been achieved. The recent SHO project work had demonstrated the effectiveness of the system but there was a lack of engagement and training. Training had recently been handed over to the training and development team who would drive the agenda forward. The potentials within the system were increasing however the lack of resources meant there was a need to manage expectations or invest further. Members noted the new projects which required funding and discussions would be had outside of the meeting to identify the 'big ticket' items and the required funding.

A particular important issue was the Trust has put itself in an excellent position by adopting EPR and other clinical systems. However, at present the Trust was failing to capitalise on the investment and realise the opportunities that the strategy has enabled.

The draft resource planner presented showed a systematic delivery against plan with existing resources.

The remainder of the presentation was noted.

7. Risk Management

7.1 Risk Management Systems & Processes

Deferred to April 2015 meeting.

8. Delivering our Strategy:

8.1 Operational Committees: Exception Reports

The OB noted the salient points of the Exception Report presented by the relevant Executive Directors.

9. Operational Planning 2015/16:

A number of presentations were given by the Executive Directors which incorporated a planning overview, activity changes, financials, objectives for 2015/16 and outcome measures. In relation to the high level financial planning, David Jago set out the two options confirming that following a detailed financial profile option B, the 2014/15 tariff deflator rollover had been the preferred option and Monitor had been notified accordingly. Workforce plans were being developed to deliver sustaining the high level of activity. A

workforce plan was being compiled incorporating open recruitment for other posts and recruitment and retention premiums. Clinical input was required to ensure the service was aligned with its targets, that these were deliverable and that all national requirements were being met. The following was also noted:

High Level Operational Plan:

Workforce:

- Improve education and training opportunities for junior doctors: other professionals also to be included.

Key Risks:

- It was noted that competition was not just within the network. The wording would be amended to reflect this.

Discussions followed around divisional priorities for the year and how these linked to risks. The importance of correct staffing levels, on-call payments, SLR delivery and challenging expenditure, patient flow and the benefits of EPR, the consolidation of devices and therefore the need for a strong clinical engagement was emphasised.

Tony Wilding talked about service and invocation, ACS transfers and the business case for MR and CT. The growth in EP and aortics and the challenges from Healthy Liverpool and the capital development in relation to Coronary Care Unit, Cherry Ward and the cardiology strategy.

The meeting discussed the overnight stays from day cases and how the Trust needed to demonstrate moving more towards a 7 day service where appropriate. Klaus Irion expressed his concerns about the availability of professionals to do this work and how this would require the recruitment of more cardiac radiologists and radiographers.

There was a need for movement on ACS work; consequently this would be included within the dashboard for quarter 4. Devices would be removed and TAVI included.

Discussions were being held within the region looking at services and how they can be provided across the area by joint working. Talks were progressing with Southport following their approach to establish a joint service and a meeting was being arranged with clinicians to agree a model.

There was a need to ensure the Trust delivered on all it set out to while making sure nothing would contradict what was being done regionally so as services develop opportunities could be seized.

Sue Pemberton presented the information around quality and experience and the targets to reduce pressure ulcers and falls. Targets would be set against medication safety following discussions with Paul Modi.

Build in capacity and capability in human factors; a meeting would be arranged

with the appointed safety lead at Aintree Hospitals Trust to address this.

Patients and families would be encouraged to speak out safely so any complaints could be addressed prior to discharge.

The introduction of the implementation of improving outcomes programme led by clinical leads was noted and was expected to improve outcomes.

The key risks from the swot analysis were noted. Mark Jackson presented the outcomes and processes to prioritise where:

- We 'are' the best
- We are 'nearly' the best
- We 'should' be the best

OB members were asked to break into groups to identify measure of service that exemplify 'being the best', how this was evidenced by use of a spread sheet which were reviewed. Each group were to validate the measures where the Trust 'was the best', identify two measured where we were 'almost the best' and three measures where we 'should be the best'. The outcome of the exercise would be used in communications and measures for improvement would be prioritised, the measurement system adopted into BAU and offered to Commissioners as CQUINS for 2015/16.

Mark Jackson would finalise the measures and present these to the next meeting.

MJ

Annual Planning:

Tony Wilding presented on demand and capacity planning for 2015/16 outlining the trends from the current year. The activity plan focused on a number of backlogs which were being addressed. A Task and Finish Group had been established to address the pressures within cardiology and options were being explored on the delivery of procedures through the use of theatre B on additional days. A meeting was also being held with the theatres team to discuss GA cases. Budgets on EP activity were being reviewed and the potential impact of ASD would be managed.

Staffing to deliver the additional activity had been considered and the requirements were set out within the presentation. The OB also noted the greater demand on anaesthetic time and the funding was under review. Discussions were also being held with Mr Oo to finalise the requirements around valve and cardiac surgery pre model. David Jago assured the OB that there was sufficient income at the moment but it was noted that the challenge would be how much was recurrent.

Finance:

David Jago presented the finance update highlighting the salient points. The detailed presentation demonstrated the challenges, the projected funding gap, risks, potential solutions and the draft Financial Plan for 2015/16.

The cost improvement programme set out each directorate and it was emphasised that efficiency around procedures, work around pathways and prevention, clinical engagement and identifying the top 10 items where savings could be achieved were the key elements.

A copy of all presentations would be made available to OB members after the meeting.

Issues from E-Pack

There were no issues to report.

Minutes of the Previous Meeting held on 9th January 2015

Noted and approved.

Matters Arising:

There were no matters to discuss.

Jane Tomkinson announced that Mark Pullan would be stepping down from his Clinical Lead role. The OB acknowledged his contribution during his term in post.

10. Date and Time of Next Meeting:

Friday 24th April 2015 at 8.00 am in the LHCH Conference Room.

ALL