

Operational Board

Item 7.2b

minutes

Date of Meeting: Friday 24th April 2015
Time: 8.00 – 1.00
Venue: LHCH Conference Room

Present: Jane Tomkinson/CEO (In the Chair)
Tony Bennett/General Manager – Clinical Support Services
Carolyn Cowperthwaite/ADNS – C&CM
Gill Gow/Chief Pharmacist
Debbie Herring/Director of Strategy & Organisational Development
Mark Jackson/Director of Research & Informatics
David Jago/Chief Finance Officer

Lucy Lavan/Associate Director of Corporate Affairs
John Morris/Associate Medical Director - Medicine
Aung Oo/Associate Medical Director - Surgery
Sue Pemberton/Director of Nursing
Raph Perry/Consultant Cardiologist
Glenn Russell/Medical Director
Lisa Salter/ADNS – SACC
Nigel Scawn/Associate Medical Director – Clinical Services
Johan Waktare/Consultant Cardiac Electrophysiologist &
Chief Clinical Information Officer
Tony Wilding/Director of Operations

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: Martin Walshaw/Consultant Chest Physician
Jonathan Kendall/Consultant Anaesthetist
Michael Shackcloth/Consultant Thoracic Surgeon
Jay Wright/Consultant Cardiologist

1. Apologies for absence

As given.

Jane Tomkinson welcomed Jim Davies, the newly appointed Deputy Chief Finance Officer to observe the meeting.

2. Declarations of Interests Relating to Agenda Items

3.	<p>None to declare.</p> <p>Patient Story:</p> <p>Jo Shaw/ Assistant Director of Nursing Patient and Family Experience and Safeguarding Lead was in attendance to present the evaluation following the 'Listening Event' that was held on 12th March 2015. A copy of her findings was presented and would be circulated for information to all Operational Board (OB) members.</p> <p>It was noted that some elements of the organisation learning were already being implemented while other elements were being considered to establish how they could be incorporated into the Divisions and acted upon, for example the requirements for a discharge lounge, delayed discharges and the work around the "home for lunch" target.</p> <p>Jane Tomkinson expressed the appreciation of the OB for her work to date noting the value of the listening events. An update would be provided at a future meeting.</p> <p>It was noted that the next patient event would be held in Llandudno on 12th June 2015.</p>	SP
4.	<p>Developing the Business/Business Case for Approval:</p> <p>4.1 Ensuring Sufficient Bed Capacity</p> <p>Tony Wilding informed the OB that a significant amount of evidence based analysis work had been carried out through the Information department collating a bed modelling tool to ensure clarity on bed days consumed and fluctuations and changes to ensure the delivery of the 2015/16 activity plan.</p> <p>A presentation was delivered which set out the procedures and bed days required against activity. Discussions followed in relation to inefficiencies and the need to model against certain criteria and how the information required the need to make some assumptions and judgements and "what if's". Other areas to take into account were the young person's unit and if this was still being considered; the need for single room accommodation with en-suite facilities to support isolated referrals (this was to be incorporated into future presentations), private patient activity and the need for a dedicated unit, theatre capacity and workforce requirements and as a consequence the presentation relating to 8.2 "Planned Investment to Deliver Capacity" was introduced.</p> <p>It was noted that discussions had taken place between Carolyn Cowperthwaite and Martin Walshaw in relation to cystic fibrosis (CF) patients. Information would be provided to the next meeting of the OB although it was noted that the impact on CF beds was expected to be minimal.</p> <p>Sue Pemberton stressed the requirements of the surgical assessment unit and the poor quality of accommodation requesting that this be made a top priority.</p> <p>Jane Tomkinson reminded the members of efficiency plans that had been</p>	ALL
		TW
		TW
		TW

under consideration for a considerable time without any impact stressing the need to make capacity decisions whilst this important work is progressing. The revenue investment plans to meet the additional staffing requirements for the directorates were approved. A report setting out the agreed investment and next steps required to deliver the current and future activity would be compiled and circulated by 30th April 2015.

TW

The planned investment to deliver capacity to support additional work including the backlog was noted. There were concerns in relation to staffing model and the need to understand what was required to deliver on an on-going basis while also acknowledging the need for a workforce plan which would incorporate all the elements. Discussions ensued in relation to the transfer of patients to Stoke on Trent and South Manchester, how this could be perceived by Commissioners, staffing issues, 7 day working option appraisal considering a phased approach, theatre planning, and consider the impact on clinical services. It was therefore agreed that a task and finish group be established with clear timeframes on what was to be achieved with regular updates would be delivered to the OB.

TW

The planned investment was supported by the OB.

At the request of the OB a summary report outlining the investment required identifying actions and the lead for each would be circulated by close of play Thursday 30th April 2015. In the meantime any further questions or observations were to be communicated direct to Tony Wilding.

TW

A meeting would also be convened between Tony Wilding, Alexi Ness, Carolyn Cowperthwaite and David Jago to consider the outstanding interstitial lung disease and heart failure nurse business cases.

**TW/AN
CC/DJ**

4.2 Divisional Structure – Update on progress

Tony Wilding updated the OB on the next steps around the divisional structure which were to finalise the clinical lead elements and the impact on OB membership, changes to Terms of Reference and the role of the clinical leads.

Johan Waktare asked that the CCIO and broader clinical systems be tied into the process of monitoring performance and enhancements to the informatics infrastructure to deliver in the future and was assured that this would be considered in future discussions.

Budget realignments would take place to support the structured changes.

The OB agreed the process.

4.3 Listening into Action (LiA)

Marga Perez-Casal was in attendance to present the LiA Business Case which had resulted from the recommendation on the work carried out as part of the Pathfinder Programme: Mutuals in Health where staff engagement was identified as an area for improvement.

While there were concerns around the ability to backfill the Head of Research

and Innovation post, the OB approved the finance to fund the admin support and other ad-hoc costs and would consider the longevity of the LiA approach and the requirement to create an LiA leader in the longer term.

The OB noted the remainder of the report and the salient points in relation to finances being provided through the financial planning process, the “Big Conversation”, the importance of clinical team involvement, internal comms, sponsorship groups and the request to complete the leadership score card that would be circulated later in the week.

A copy of the presentation will be available to OB members following the meeting with comments or observations to be communicated to Marga Perez-Casal.

Marga Perez-Casal left the meeting.

5. Ensuring Strong Performance:

Directorate Lead Reports on Performance:

5.1 Delivering RTT

Tony Wilding presented on the 18 week RTT performance to the OB which currently stood to fail in quarter one due to the issues with the surgical backlog. He reported that the Trust must return to a compliant position for quarter 2 and the presentation set out the actions in progress in relation to TAVI, consultant recruitment, management of surgical lists and how the consultant backlogs would be addressed through discussions with the newly appointed Associate Medical Directors. It was also noted that additional clinical or theatre sessions had been arranged along with a weekly in-depth review of the patient tracker listing by the Chief Operating Officer.

Jane Tomkinson expressed her concerns around the backlog during April stating this needed to be on track by July 2015. Tony Wilding reported that the backlog was expected to reduce in May and a series of actions were being implemented to achieve this. Concerns were expressed in relation to the impact of referral patterns, demands on aneurysm surgery and the limited number of trained surgeons to carry out this procedure, the requirement for practice changes and spare capacity for planning together with the increase in complex cases. Discussions followed around confidence in the accuracy of the RTT data and the work that had gone into improving the process, the transfer of patients and an acknowledgement of the management time that had been invested to ensure everything was being done to ensure the delivery of RTT. It was felt that a longer term resource plan was needed with a better understanding of the workflow throughout the year seeking assurance that the appropriate consultant cover was in place during the holiday periods and overtime requirements were addressed. Tony Wilding would work with Robert Johnston, Lisa Salter and Aung Oo to address this.

**TW/RJ/
LS/AO**

The remainder of the report was noted.

5.2 Strategic Dashboard Performance Overview

The OB reviewed the Strategic Dashboard which was presented by Mark Jackson. The performance summary reported that all strategic objectives were being achieved however staff turnover rate within the first two years and sickness were reporting red although Debbie herring is leading on work with the Division to improve this.

The performance summary set out the strategic objective measures for 2014/15 and was noted by the OB.

Discussions followed in relation to the assessment of VTE risk and it was agreed that this would be picked up by the VTE Group which John Morris and Johan Waktare would be invited to attend.

JM/JW

5.3 SACC

Robert Johnson and Lisa Salter provided an overview of the surgical directorate performance highlighting the salient points in relation to capacity, access and reporting all cancer targets being achieved albeit supported by the North West breach re-assignment policy. Sickness absence and staff turnover was being managed in conjunction with the HR Department. Discussions followed in relation to the turnover rates, measures to improve recruitment and the need to identify the reasons for staff leaving, although it was noted that there had been a number of band 5s recruited plus additional staff on Oak Ward, Cedar Ward and Critical Care.

The remainder of the report was noted.

5.4 Clinical Support Services

Tony Bennett presented the summary of performance for clinical support which was noted by the OB.

A business case for the re-design of the Outpatient Department would be presented to OB in due course.

TB

The OB noted that 2-3 service lines would be reviewed to tailor and improve efficiencies and throughput.

5.5 C&CM (Cardiology & Chest Medicine)

In the absence of Alexi Ness, Tony Wilding and Carolyn Cowperthwaite presented the C&CM performance report highlighting the key points set out within the presentation.

The remainder of the report was noted.

Jane Tomkinson congratulated the divisions on the excellent performances acknowledging their achievements during the reporting period relating to the quality targets including the reduction in pressure ulcers and infection prevention control.

6.5 Clinical Systems Progress

Johan Waktare presented to OB members on the clinical systems update demonstrating the importance of the healthcare agenda both nationally and internationally and the performance management of the clinical systems. He highlighted the key issues, namely the impact of errors, uptake of full usage of clinical visibility board and an overview of current activity being undertaken by the EPR team.

The OB noted the need for support for ward staff training and a review of the current processes around patient flow. Sue Pemberton and Johan Waktare would meet to discuss the involvement of a quality improvement group to drive forward the issues.

SP/JW

The OB would receive a progress report at its next meeting.

JW

The remainder of the presentation was noted.

6. Risk Management

6.1 Risk Management Systems & Processes

Deferred to May 2015.

MJ

6.2 "Be The Best" Outcome Measures

Mark Jackson referred to the benchmarking data that had been reviewed previously to identify outcomes where it was demonstrated as being the best and the intention of using them in future marketing. Also to identify outcomes and processes where we should be the best and using these as a focus for improvement. A number of performance queries had been identified and were set out in the report.

The OB were asked to review the measures that had been identified, confirm them as identifying the Trust as being the best or where improvements could be made if the measures were improved and support the plans for future improvements.

It was agreed that a meeting with the Associate Medical Directors would be convened to identify the improvement leads and bring a plan back that would tie into the Quality Strategy for the year.

**MJ/
AMDs**

The remainder of the report was noted.

6.3 Corporate Risk Register

Mark Jackson also presented the current Corporate Risk Register. The OB noted that following a review, the structure and process supporting the Corporate Risk Register was under review and therefore noted that there were two scoring systems in place during the transitional period from a 3 x 3 matrix to a 5 x 5 matrix for risk assessment.

The most significant risk to delivering 18 weeks waiting time standards caused by the backlog and inadequate capacity was being discussed at the next

meeting of the Board of Directors. At the request of Jane Tomkinson, the information would be circulated to OB members.

MJ

All identified risks were currently being managed through mitigation plans and the contents of the report were noted.

7. Delivering our Strategy:

7.1 Junior Doctor Cover Update

Glenn Russell updated the OB on the management of junior doctor cover. Improvements in training time and the impact on patient safety was noted; the support of the Pharmacy team and hospital co-ordinators was also acknowledged.

The importance of a workforce plan that was fit for purpose and a change in the training culture were essential to the continued improvement.

Jane Tomkinson took the opportunity to express her appreciation for the success of the work that had been undertaken to date and inform the OB of the lead medical education and training role Glenn Russell would be taking up following his change in roles from July 2015. The new role would ensure a continued momentum of the work to date.

7.2 Innovations & Research Strategy

Mark Jackson presented the Trust's research and innovation strategy for the next three years. The report set out the background and issues to be addressed for the organisation to become a market leader and identifies areas for improvement and would be presented to the Board of Directors for approval.

The OB noted the importance of the strategy and how this would be disseminated down to front line staff and how this would be a challenge to resources.

7.3 Operational Committees: Exception Reports

The OB noted the salient points of the Exception Report.

Operational Planning 2015/16:

8.1 Draft Operational Plan 2015/16

Debbie Herring presented the draft Operational Plan for information which would be presented to the Board of Directors at their meeting on 28th April and final submission to Monitor on 14th May 2015. Colleagues were asked to feedback any comments and observations by 1st May 2015.

ALL

8.2 Planned Investment to Delivery Capacity

Item 4.1 refers.

8. CEOs Briefing

Jane Tomkinson informed the OB and congratulated Mr Aung Oo on his Honorary Professorship post with Liverpool University. She also informed the OB and congratulated Dr martin Walshaw on his Honorary Professor post effective from October 2014.

Aung Oo reported that Sydney University had also offered an Honorary visiting Professorship.

Jane Tomkinson agreed to circulate the CEO report received by the Board of Directors as a summary of strategic and other key issues. **JT**

9. Issues from E-Pack

There were no issues to report.

10. Minutes of the Previous Meeting held on 9th January 2015

Noted and approved.

11. Matters Arising:

Readmissions: The findings around re-admission intelligence needed clarification and verification as this continued to be an identified risk on the CQC Intelligent Monitoring Report. The OB agreed that the Associate Medical Directors would identify support for a case note audit of re-admissions to Aintree and Whiston hospitals over a three month period. **AMDs**

12. Date and Time of Next Meeting:

Friday 22nd May 2015 at 8.00 am in the LHCH Conference Room. **ALL**