

Board of Directors (Public)

Item 7.3

Subject: Report from Operational Board – Meetings held on 19th June 2015 and 23-24 July 2015
Date of meeting: 28th July 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	1-8	None

1. Executive Summary

This paper summarises the key items of business considered at the meetings of the Operational Board held on 19th June 2015 and 23-24th July 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 19th June 2015 – Key Issues

i) Pharmacy Strategy

The output of follow up work after the previous meeting was presented along with options for increased investment to reflect the increase in pharmacy workload and staffing comparators with other Trusts. It was noted that additional investment had already been committed within the financial plan to support the additional capacity to meet activity plans for 2015/16 and that individual staff would be remunerated in accordance with AfC grading panel advice. Any further investment requirements would need to be considered through the planning round and in the context of broader options for provision of pharmacy services.

ii) Performance

Improvement work is primarily focused on RTT compliance, incident reporting (improved trend noted), recruitment and retention, patient flow, cancelled operations, financial management and CIP. Each of the Divisions presented their performance dashboards, highlighting exceptions. Divisions were asked to focus attention on forecasting and risk identification and mitigation.

iii) Clinical Systems

The CCIO updated on EPR adoption and benefits realisation and presented a draft business case to expand the capacity of the EPR team. This would be developed further in collaboration with users and clarity on priorities and deliverables.

iv) Risk

The corporate risk register was reviewed and it was noted that each Division will report its Top 5 risks to Operational Board from July 2015. Key risks discussed were RTT, CIP delivery and potential risk of post-operative infection for patients exposed to mycobacteria from heater cooler units during coronary artery bypass surgery.

v) Operational Committees - Exception Reports

The report was noted.

vi) Draft People Strategy

The document was received for feedback and comment.

vii) Listening Into Action

The report was noted.

viii) CQC Preparatory work

The Operational Report reviewed the outputs from the mock data collection exercise and noted areas where improvement action would be targeted. A four month work programme would be developed in collaboration with Divisions.

ix) TAVI

The Operational Board supported the new TAVI pathway, which aims to achieve an efficient, cost-effective programme providing high quality, timely care for the patients and allow an expansion of the Trust's aims for research and development. Further work on the supporting financial analysis was requested.

x) NCBC Benchmarking Data

The analysis was to be reproduced in order to correct an error in the original data submission. The benchmarking data will then provide a useful tool for comparing relative efficiency and evaluating use of resources.

xi) Readmissions and Outcomes

Associate Medical Directors were asked to nominate a Divisional representative to support the review of readmissions data.

xii) CEO's Briefing

The Operational Board were briefed on the outcome of the inquest into the death of Mrs BH in January 2013 and the circumstances of a recent whistleblowing alert to the Liverpool Echo.

Discussions with UHSM in relation to potential opportunities for joint working / shared services were noted.

3. Meeting held 23-24 July 2015

Members of the Operational Board participated in an extended event, off-site, to enable networking now that the new leadership and Operational Board membership is in place. This was successful and clearly demonstrated a new tone of discussion with Divisional teams focussed on proactive risk management and horizon scanning.

The session opened on the afternoon / evening of 23rd July 2015 with a discussion facilitated by the Chief Operating Officer on delivering better value in the NHS in the context of the financial challenges driving system change. It was agreed that the Divisions will seek to identify improvement champions to work alongside the PMO / Improvement Team.

The Operational Board then received stakeholder feedback from the survey work undertaken by Corporate Culture and discussed the opportunity for the Trust to submit a vanguard application, in collaboration with local partners, with tangible next steps being determined at the planned session the following day, led by Dr Pat Oakley.

On 24th July 2015, the Operational Board held its routine meeting which was abridged to accommodate time to focus on strategic options for LHCH going forward.

The key areas of business included:

- i) An update on new governance arrangements – the Associate Director of Corporate Affairs provided an overview of the key changes to the governance arrangements over the last 12-18 months and outlined the new structure that would be considered by the Board of Directors; this included the establishment of a new assurance committee, the People Committee and placed greater emphasis on Divisional accountability for performance. An assurance mapping exercise had been undertaken to support the cessation of the executive led functional groups (with the exception of Risk and Corporate Governance) in favour of Divisional led governance and business meetings. In addition, a new CIP Steering Group and Operational Planning Group (task and finish) would be established, subject to the Board's approval on 28.7.15. The proposed revisions to the Operational Board's Terms of Reference were supported. The reporting timetable is under review to ensure that timely informatics data is received by the Divisions to inform the monthly Divisional meetings.
- ii) EPR Business Case – a case for investment to increase the capacity of the EPR team was considered and supported subject to the articulation of a 3 year transformation plan with clear deliverables and timescales that will ensure full adoption and optimisation of the system. It was noted that the role of the Divisions in specifying needs, driving benefits and taking ownership of adoption will be crucial and a user group will be established to facilitate this work and ensure the engagement of system users.
- iii) Divisional Reports on performance and risk (by exception) with a new focus on Top 5 Risks and challenges / work plan for the next quarter.
- iv) Corporate Risk Register review.

The remainder of the day was devoted to a session facilitated by Dr Pat Oakley on the government's reform agenda and impact assessment for LHCH. The Operational Board confirmed its support to take opportunity to express an interest in the Vanguard work by submission of a bid around a networked cardiology service for Liverpool and to take forward work

to develop a stakeholder engagement strategy, taking account of the feedback from local stakeholders.

4. Recommendation

The Board of Directors is asked to note the summary report of the meetings of the Operational Board held on 19th June 2015 and 23-24th July 2015.