

Operational Board Item 7.3b

minutes

Date of Meeting: Friday 2nd October 2015
Time: 8am
Venue: Conference Room, Liverpool Heart and Chest Hospital.

Present: Jane Tomkinson (Chair)
Carolyn Cowperthwaite
Stephen Colfar
Debbie Herring
Hayley Kendall
David Jago
Lucy Lavan
John Morris
Aung Oo
Marga Perez Casal
Raph Perry
Lisa Salter
Nigel Scawn
Johan Waktare,
Robin Wiggs
Tony Wilding
Jay Wright

In attendance: Sarah Bradley – Note taker
Joan Matthews

Apologies for absence: Mark Jackson
Sue Pemberton

1	Apologies for Absence Apologies were noted as above.	Actions
2	Declaration of Interest Relating to Agenda Items The Operational Board (OB) had nothing to declare.	
3.	Patient Story The item was deferred to the November 2015 meeting due to technical difficulties.	
4.	CEO's Briefing The Chief Executive gave an update of this report which was noted by the OB.	

5.	<p>Delivering our Strategy</p> <p>5.1 Review of Critical Care Staffing.</p> <p>The OB was addressed by the Head of Nursing for Critical Care on proposed plans to reduce the amount of agency staff being used. The guidelines set by Monitor set at 3% agency cap. At certain times of the day Critical Care Area (CCA) was overstaffed and a review was underway to get the balance of staff and activity to its optimum efficiency to include the correct skill mix. Another factor taken into consideration was that Fiona Altintas would be taking over Cedar HDU on 5th October 2015.</p> <p>The OB was informed that many staff on CCA worked for agencies out of hours as opposed to the bank as they were paid weekly. Liverpool Heart and Chest Hospital (LHCH) had looked into the possibility of weekly pay being introduced however due to HMRC implications within the current financial year this could not be implemented until April 2016. It had been agreed that from November 2015 bank staff would be paid fortnightly and revised rates implemented to encourage evening and weekend bank shifts.</p> <p>St. Helens & Knowsley would be notified by Human Resources in mid October 2015 to alter pay for nursing bank staff to fortnightly and staff would be informed of this by their managers after finalisation.</p> <p>Rates of pay compared to other Trusts would be reviewed.</p> <p>E-rostering had been introduced making it more accessible for bank staff to book shifts from their phones or IPAD.</p> <p>Work was being carried out to understand why turnover in this area was high. It was understood that many nurses come to LHCH to gain experience and get a foot on the ladder but after a few years moved to other Trusts. A retention premium was being considered by Steven Colfar.</p> <p>It was noted that the new Absence Policy had been a useful aide to both managers and staff and sickness levels had been reduced.</p> <p>The preceptorship period required had been reduced from 10 weeks to 8 weeks and work would continue in this regard.</p> <p>Discussions took place regarding activity on CCA and early planning was of paramount importance. The OB were assured by Hayley Kendall that the weekly planning sessions are now minuted and the minutes were distributed to CCA to assist with weekly</p>	<p>DH</p> <p>SC</p>
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	<p>planning. Weekend work has an impact on this.</p> <p>Ninety members of CCA staff had been interviewed to discuss a recent whistleblowing event. The Board were assured by Steven Colfar that based on staff feedback, teams were satisfied with the current level of staffing in the area and commented on the improvement in morale and support.</p> <p>It was remarked by Debbie Herring that the Trust are not alone in staff whistleblowing and the majority of these incidents were due to an individual grievance. Staff in the Trust would be made aware of all ways to raise concerns and a note would be attached to the November's payslips advising them of these.</p> <p>There would be a review of staff in June 2016 and discussions with Sue Pemberton would take place in a fortnight regarding moving staff from one area to another and support mechanism for this.</p> <p>Discussions took place regarding staff morale and expectations of their work place and a suggestion was made that it would be a good insight to expose the CCA staff to work pressures in other Trusts. One idea was an open day where staff from other Trusts could visit the LHCH to discuss their roles.</p> <p>The Board were informed that the budget on CCA was stable with substantive staff cover for every shift including 30 RGNs. The ward manager was pursuing work regarding getting the balance of staff correct to reflect the acuity of patients.</p> <p>The usage of agency staff is not confined to CCA but also theatre and cath labs. Theatre planning should reflect when consultants are on leave to deliver greater efficiency and reducing patient cancellations should be avoided.</p> <p>5.2 Communications Update</p> <p>The OB was asked to note the contents of this paper presented by Lucy Lavan. Concerns were raised about staff having limited or no access to PCs and therefore not receiving the Trust's feedback. To address this notice boards had been put up throughout the LHCH for standard information to be displayed and would be updated monthly.</p> <p>A project was being undertaken by a student recruited from Liverpool John Moore's University to restructure the LHCH website. The OB were aware that PR and Communications do excellent work for the Trust with what limited resources they had</p>	<p>DH</p> <p>SP/DH</p>
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	<p>5.5 LiA Improvements Delivered.</p> <p>The OB were informed that since its trial in March 2015, 200 staff issues had been raised through 'Big Conversations'. Currently 10 projects were progressing. One item was pending (cath labs to engage in feedback with staff who requested more patient contact). Patient feedback for cath labs was very satisfactory.</p> <p>The main projects of focus were outlined by Marga Perez Casal eg recruitment and the time taken to advertise and approve vacancies. This had been addressed by removing Executive approval from the recruitment process to fill existing posts and a change in the number of references required. A new HR application (TRAC) had been implemented which was user friendly and allowed the recruitment process to be monitored from start to finish.</p> <p>The existing 10 projects would be completed by Christmas.</p> <p>It was acknowledged that from feedback LiA had proven to be very useful in addressing issues raised by staff within the Trust and provided assurance that their voices were being heard.</p> <p>Carolyn Cowperthwaite, commented she had used the concept LiA with her band 4 staff and this had been to good effect.</p> <p>Front line staff were crucial in identifying problems which were easily addressed and provided a high impact however it was vital to ensure the more difficult issues were also managed via the projects.</p> <p>The importance of staff being able to speak out safely was addressed. The OB was asked to note that Lucy Lavan was the Trust's Guardian for raising concerns and staff should be made aware of this.</p> <p>Managers should be conscious of the possibility of staff feeling aggrieved by management actions. Managers should be clear that consultation on changes will be required and skill mix should be taken into account when the reviews take place. Tony Wilding and Debbie Herring would provide support to managers who required guidance on this.</p> <p>Item 6:1 Strategic and Operational Dashboard Performance Overview.</p> <p>Tony Wilding presented the Dashboard to the OB.</p> <p>In addition the OB was informed that all LHCH departments must</p>	<p>ALL</p> <p>TW/DH</p>
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	<p>deliver an enhanced focus in achieving the CIP targets and all managers are requested to identify and pursue additional schemes recurrently and non-recurrently.</p> <p>Item 6.2 Divisional Reports</p> <p>6.2.1 Surgery</p> <p>Hayley Kendall outlined the position of surgery.</p> <p>The OB was informed that surgical specialities were likely to fail the 18 week RTT position, although the Trust remained compliant. In aggregate it was noted that nationally cardiothoracic has the longest waiting times confirming good performance on all quality targets.</p> <p>The surgical backlog position at the end of August was 88 and there were 4 reportable cancellations on the day of surgery but performance overall was positive. The length of stay performance was improved with a reduction in the length of stay for post-operative coronary artery bypass graft patients.</p> <p>The OB was assured that all cancer targets had been met. Hayley Kendall confirmed that a review of capacity was in progress with a focus on efficiency and minimising cancellations, recruitment to posts continued recognising the long lead for some posts. It was likely that outsourcing to Stoke would continue.</p> <p>HK confirmed that a review of capacity was in progress.</p> <p>Work would continue to review outpatient pathways.</p> <p>6.2.2 Medicine</p> <p>Robin Wiggs presented the Medical Directorate Report based on the position at month 5.</p> <p>TAVI services would be moved to cardiology in November and 60 cases were budgeted for at a £1K cost pressure per device used.</p> <p>The service was forecast to meet or exceed its contract volumes with the exception of angioplasty and PASD. The reduction in PCIs was assumed to be due to the increased number of primary PCIs being performed or changes in referral behaviour from other Trusts and this would be explored further.</p> <p>Anaesthetic services on Holly Suite needed to be enhanced as they were at risk to the Trust in meeting targets for RTT for a number of diagnostic procedures.</p> <p>Lack of community EPR was also addressed due to the risk to timelines of patients records.</p>	<p>RW</p>
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	<p>Carolyn Cowperthwaite confirmed delivery of the quality indicators. Assurance was given that plans are in place to reduce the CIP gap within the year not recurrent schemes.</p> <p>6.2.3 Clinical Services</p> <p>Nigel Scawn and Steven Colfar addressed the OB.</p> <p>Clinical services were slightly over plan for income and expenditure for August 2015 which was more than it should be given activity. An enhanced CIP plan was underway to look at improvement. Meridian are reviewing radiology services and were on site for a 10 week improvement programme which was expected to make a positive impact on finances as well as improved efficiency.</p> <p>Of note the CT scanner was out of action causing a number of cancellations. Mixed sex breaches in Critical Care were not an issue last month. Level 1 patients need to be moved out of Critical Care area within 4 hours of step down. SC is working on this to enhance patient experience and ensure no financial penalties were incurred.</p> <p>Clinical quality was good with falls at nil and only 1 reportable avoidable pressure ulcer.</p> <p>Risks to Clinical Services Were:</p> <ul style="list-style-type: none"> • Prescribing caused by lack of functionality of Multum Clinical Decision support module within EPR Leading to poor alerting of prescribers or lack of alerting whenever a medicine was not included in the dataset – this has been raised with Allscripts. • Patient & family experience, Critical Care activity and income, caused by a lack of ward capacity or staffing high activity patients. • Delayed discharges from the Unit and inappropriate use of level 3 beds • There was a risk to timely discharge of patients caused by poor TTO process within EPR leading to potential errors on the TTO which would be sent automatically to the GP. Dr. Gow and the EPR team are working to address this risk. <p>6.2.4 CQC Preparatory Work Divisional Feedback.</p> <p>The Divisions had questioned if staff knew what the Trust was planning in relation to the CQC inspections and OB were informed</p>	<p>HK</p> <p>SC</p> <p>TB</p> <p>SC</p> <p>GG</p>
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	<p>of a number of initiatives currently underway, including the CQC Mock Inspections with CQC progress fed back to teams by Heads of Nursing and Senior Nurses / Ward Managers.</p> <p>Other plans include</p> <ul style="list-style-type: none"> • Mini teams to promote awareness and raise the focus. • Introduce weekly monitoring • Regular feedback to Executive Director of Nursing and Quality and the Executive team <p>Known areas of concern being addressed were pain management, CCU and staff morale</p> <p>The Divisions provided assurance that plans were underway via the mini teams to address the risks and further updates would be received monthly by the OB.</p> <p>6.4 CQC Inspection Action Plan Update.</p> <p>The OB were informed that a CQC Mock Inspection was planned for the end of Oct 15 to provide the Trust with a realistic view of the inspections findings and feedback on areas of excellence and to flag any areas of concern. The outcomes would be reported to the Executives and via Divisions to the OB.</p> <p>The Operational Board received assurance that the Trust had a robust action plan to address the areas for improvement in readiness for the forthcoming planned CQC inspection.</p> <p>Work was also underway to provide evidence that the following areas were being addressed:-</p> <ul style="list-style-type: none"> • Juniors Doctors – work continues with a Deanery Visit planned in October. • Safeguarding. • The People Committee established and inaugural meeting held in September • Consultant job planning was proceeding • Consultant Supervision Policy. • Medical staffing issues in relation to SHOs and also TTOs were being addressed on Holly Suite • Review of Diabetes nurses planned throughout the organisation and also an evaluation of capturing information on EPR. • Community Tender for Knowsley due for renewal • Training problems. <p>The Listening into Action meetings would assist with monitoring progress and improvements in some elements of the above going forward.</p> <p>6.5 Quarterly Report on Research and Innovation</p>	<p>RAP/GNR J. Shaw</p> <p>DH RAP DH</p> <p>RAP</p> <p>DoN</p> <p>TW DH</p>
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	<p>A brief overview on research undertaken was provided by Jay Wright. A reduction in activity across the summer months due to staff annual leave was noted.</p> <p>All KPI's were on track.</p> <p>An extended presentation would be given at the next OB meeting.</p> <p>6.6 CIP Steering Group Report</p> <p>Performance against the CIP target was poor with significant slippage at month 5. This was not sustainable and managers were required to deliver agreed CIPs in full and find additional schemes.</p> <p>The contents of the CIP Steering Group Report was noted. Jane Tomkinson remarked that staff would need to identify new ways of working cost effectively and an award would be given for the best idea at the forthcoming celebration event.</p> <p>Debbie Herring was requested to look at the Carter review and identify where the Trust stood in relation to rostering.</p> <p>6.7 Learning from All Scripts Client Event</p> <p>Prior to Johan Waktare's presentation, Jane Tomkinson highlighted the potential use of the All Scripts system after having attended a demonstration event and seeing its benefits first hand. She stressed that it was mandatory that all staff familiarise themselves with Allscripts and ensure they are using it to its full potential as this was the way forward for the Trust.</p> <p>Johan Waktare continued the discussion by presenting the OB with an update on All Scripts. It was noted the EPR team work to make improvements and monthly updates to the system however noted that this had been detrimental to the wellbeing of the team as staff sickness was high in proportion to the team. Jane Tomkinson stressed to Johan Waktare that staff well-being must not be taken lightly and a risk review should take place.</p> <p>Out-patient notes need to be reviewed by the AMDS as at present these were not being used making it difficult to identify patients' attendance. If implemented and used by all this would remove the need for RTT forms with a clinical document. This would be addressed at the Division Meeting of Surgery on 23rd October 2015 to share the 'out-patient department note' and give a clinical demonstration. Feedback would be provided with comments. Once signed up training would be given. Johan Waktare offered to record a video demonstration. Engagement of the three divisions was required within 6 weeks.</p> <p>There were functional issues with patient flow on Birch Ward. It was noted this was a busy ward but the system had been in place</p>	<p>JW</p> <p>All</p> <p>All</p> <p>All</p> <p>All</p> <p>JWa</p>
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	<p>for 2 years and this should to be utilised routinely as it had a share in the organisations accountability. Understanding of ebbing and flowing was required in relation to housekeeping, staffing and portering services.</p> <p>Current EPR projects were reviewed, one of which was the Obs measurements which would send information directly to EPR. The Board considered whether this was fit for purpose as it had failed on the wards. Clarification was sought and Johan Waktare would review this with the team.</p> <p>A new governance structure had been discussed and was proposed for EPR eliminating one group. It was agreed that streamlining, decision making on EPR was a positive way forward.</p> <p>Work had been commenced on EPR in the community however the Knowsley contract was up for tender which delayed progress. This would be revisited and Johan Waktare would feedback to the Team.</p> <p>6.8 Anaesthesia Critical Care Action Plan.</p> <p>Nigel Scawn brought to the OBs attention the National Specification for Critical Care Services. The OB were informed of the risk in meeting this specification due to a lack of cardiac anaesthetists and Intensivists both in post and in training. The Association for Cardiothoracic Anaesthetists (ACTA) had responded to the consultation document and the Trust has responded to the Government that cardiac anaesthesia was different and the Trust cannot meet the service specification for General ITU. Recruitment would need to be considered from overseas to address this.</p> <p>In summary it would be unrealistic to be compliant with additional 2-4 consultants and 8 trainees for Critical Care. This would be identified as a risk within the organisation by CQC.</p> <p>A case would be produced for review by the OB at its November identifying the short and longer term options for additional senior and junior medical support.</p> <p>6.9 Closing Report from Clinical Quality and Patient Experience</p> <p>The Closing Report was read and noted by the OB.</p>	<p>JW</p> <p>RAP</p> <p>JWa</p> <p>NS</p>
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7	Risk Management 7.1 Corporate Risk Register The Corporate risk register was noted as being covered by the Divisional Reports.	
8	Policy Review There were no policies to review.	
9	E-pack	
10	Minutes from the Previous Meetings held on 24th July 2015 for approval The minutes were approved as an accurate reflection of discussions.	
11	Action Log	
12	Date and Time of Next Meetings 16 th October 08.00 – 17.00, LACE, Croxteth Drive, L17 1AA. Strategic Planning Session with Clinical Leads. 20 th November 2015 – Conference Room, Liverpool Heart & Chest Hospital.	QLL