Business Development and Engagement Committee

Key Summary Points from the Meeting held on Friday 19th September 2014

The Committee:

1. Discussed the membership of the Committee and the need to engage clinicians and other individuals who had a special interest in innovation and business development who would be good "horizon scanners" for their care group in terms identifying of clinical development opportunities. A number of potential names of individuals who may be interested in becoming clinical champions were mentioned. A discussion with the Medical Director prior to approaching individuals was agreed.

2. Discussed what inputs were needed to support the work of the committee in becoming thought leaders and engaging/accessing other thought leaders within the trust. The engagement of library services as knowledge managers who could support the horizon scanning process and production of monthly "vignettes" was suggested. The Chairman of the Committee to pursue this idea.

3. Received and discussed an initial "horizon scanning" document form the Head of Planning that for example:
    a. identified a number of ongoing commercial tenders
    b. outlined plans from neighbouring Trusts who have invested in surgical robots for the treatment of urology, general surgery and gynaecology cancers.
    c. highlighted new services being launched at Hereford Hospital (Radiotherapy) and Cannock Hospital (Elective treatment centre)

    It is expected that these regular reports will be broadened in scope as the committee extends its membership to the care group clinical representatives.

4. Reviewed individual members' views on the top three business opportunities and business threats to the organisation. A number of these themes will be used to update the Corporate SWOT analysis and taken forward into the meeting planned for November where care groups will be asked to present their business opportunities going forward. These discussions will then be fed into the business planning cycle for 2015/16 and particularly a planning workshop with the Board in February 2015.

Chair: Debbie Vogler; Director of Business and Enterprise

Paper 10

Quality and Safety Committee

Key summary points from the meeting held on Wednesday 12th November 2014:

The Q&S meeting this month focused on discussion with four clinical service teams about current issues of concern. Important quality and safety risks are addressed in a rather fuller summary than is customary.

Booking and scheduling enhancements

The Clinical Director and patient access manager described a series of substantial enhancements in the patient access centre over recent months. These include better arrangements for sending clinic letters, an SMS text reminder service, the development of effective internal performance monitoring based on a suite of key performance indicators and several technical enhancements to coding. They drew attention to the imminent implementation of a new outpatient scheduling module within the SEMA IT system to manage 18-week RTT monitoring and much enhanced tracking of all patients attending outpatient care pathways.

They drew attention to the importance of recording clinical outcomes following every outpatient consultation to inform the SEMA patient tracking pathways. The Clinical Director has redesigned the clinic outcome forms to help clinicians complete this vital task appropriately. The team has identified clinical services where improvements in these processes are required and are offering support.

Their hard work and progress in what is a marathon task is commended to the board.

Ophthalmology

We reviewed with managers and clinicians the pattern of serious incidents and complaints relating to patient experience in ophthalmology. The service sees about 1,000 patients in clinic each week. Ten substantive consultants plus an additional locum are at work. Clinic space has been under pressure and expansion is being commissioned at PRH and is at an advanced stage of planning in RSH, made possible by the relocation of some Women & Children's facilities to PRH.

The committee remains concerned about the number of delays experienced by patients, particularly in relation to time-sensitive treatment of macular degeneration, which can deteriorate quite rapidly. Effective treatment is a relatively new technology but we have not yet matched available clinical pathways to meet growing demand. Patient pathway monitoring through timely outpatient clinical outcome recording (*vide supra)* remains unsatisfactory and is now subject of intense remediation.

Review of National Cancer Patient Experience Data

We reviewed the recently published national cancer patient experience survey with service managers. This data was collected last spring, before the impact of the changes we have embarked upon following publication of data this time last year have had their full effect. The key areas for improvement relate to the perceptions patient have of the way people talk to them about their illness and treatment and the lack of privacy sometimes afforded to those difficult conversations. We are satisfied that the new management team understands the scope and scale

of the improvement they are putting in place and the committee's concern, which we have reinforced to them, to see patient satisfaction improve.

CQC Intelligent Monitoring: Nephrology Mortality Data

Analysis by CQC has identified renal causes of death as an area of concern in the Trust, highlighted in the CQC report in July 2014 and the draft report for December 2014. These provide analyses for data derived from 2013. Detailed examination, led by the Medical Director, was discussed with committee. All the patients who died who are part of the identified cluster related to the CQC data set have been subject of individual case note review. Whilst there was some clustering of deaths in two particular months in 2013, these patients had multiple illnesses and none of the deaths is considered to have been avoidable. Since the CQC warning systems are, statistically, set up to be sensitive to case clusters, we understand the validity of the alert, whilst also accepting that the detailed reviews it has prompted do not reveal systematic clinical issues. Assurance is strengthened because new alerting mechanisms from the laboratory, and care bundles for patients demonstrating acute kidney injury as part of their illness were introduced earlier this year. Discussions are also beginning, in clinical forums, to alert primary and community care staff to the earlier recognition of deteriorating kidney function before it becomes irreversible.

Simon Walford, Chairman
16th November 2014

The Shrewsbury and Telford Hospital NHS
NHS Trust

Risk Committee

Key summary points from the meeting held on 20th November 2014

The Committee:

- Recommended that a new risk be added to the Board Assurance Framework: "If CCGs do not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm." The impact of FTT has also been added to the gaps in control for the BAF strategic risks relating to Finance, Performance standards and Patient safety.

- Recommended that the risk of suppliers withdrawing goods and services due to delays in creditor payments be added as a potential impact to the BAF Finance strategic risk

- Ratified the proposed increased score by Operational Risk Group from 16 to 20 for the risk "Failure to recruit nurses to fill Trust-wide vacancies resulting in staffing issues" in recognition of the difficulties being experienced in recruiting nurses.

- Discussed the Trust's management of patients with fractured neck of femur noting that an ortho-geriatrician will be in post at PRH from December which should further improve the management of this group of patients. The Committee acknowledged that further improvements need to be made and noted that this will be discussed at the next meeting of the Quality and Safety Committee who will provide Board assurance. It is also likely to be included in the CQC Inspection Review report when published.

- Discussed the work which has been undertaken in response to the alert for nephrological mortality which has been highlighted by the Care Quality Commission's Intelligent Monitoring Report. The Committee acknowledged the work which has been carried out in this area and were informed that this was discussed at Quality and Safety Committee who will provide Board assurance

Chair: Peter Herring
20th November 2014