

Business Development and Engagement Committee

Matters to bring to the Attention of the Board from the Meeting held on Wednesday 17th June 2015

The Committee:

1. Received a presentation from Andy Elves, Consultant Urologist and Dr Sheena Khanduri, Oncologist about the Cancer Teams ambition to enhance peoples living and experience around cancer survivorship. Projections for cancer prevalence in Shropshire was for it to more than double by 2030 with a national shortfall of 320 oncologists projected by 2018 if we continue to do what we do now. There were opportunities to free up capacity through improving access to information, education and virtual contacts that would empower and educate patients, improve their experience giving more personal control of their pathway as well as reducing demands on outpatient services. The proposal is to deliver this through a web based portal for cancer patients to access the right information, advice and care plans and be able to gain the reassurance they need through contact with the relevant professional thus avoiding a service based around face to face follow up. The Committee felt this fitted well with the Boards priority around health and wellbeing and developing a sense of partnership with patients and the public in managing future demands on healthcare. The Cancer team were keen to develop a business case with full support of providers and commissioners to access health Foundation or other available funding. DV agreed to raise it with Executive colleagues and Board members.
2. Received a detailed paper outlining a proposal around the GP engagement priorities based on opportunities to increase market share. Market share information had been reviewed for all practices and for all specialties. Specific practices and specialties were highlighted in the paper where it was felt there was opportunities to repatriate activity that was going elsewhere currently. Part of that strategy was to implement a targeted account management approach. A modest view was presented however the scale of opportunity is linked to available corporate business skills and resource and clinician availability. The Committee supported the approach and added that delivering RTT and ability to accommodate more activity needed to be taken into account in setting priorities. A business case was being developed to take to Executive Directors.
3. Discussed the assurance role of the Committee in reviewing the effectiveness of business planning processes in the Trust. The Committee agreed that to look at any business development opportunities set out in the Care Group Plans for 2015/16 and whether they proceed or not to implementation and/or business case stages would be useful. There was a feeling that the current process possibly allowed a very ambitious and aspirational approach to setting out proposed clinical developments.
4. Noted that the Draft Radiology Strategy will be presented at the next meeting in September.

D Vogler
Dir. Business & Enterprise

Chairman: D Vogler, Director of Business & Enterprise

Finance Committee – Charitable Funds Committee

Key summary points from the meeting held on 26th May 2015:

Under its Terms of Reference the Finance Committee has considered matters relating to Charitable Funds on two quarterly occasions since last reporting to the Corporate Trustee.

From these considerations the Committee draws attention to:

- Income to the various funds is in a trend of gradual annual decline, although in 2014/15 this was reversed due to some significant legacy benefits. There is not, currently, a specific strategic focus for fundraising and developing such a focus could assist fundraising efforts. The temporary position of Fundraiser is now vacant with the postholder having left the Trust.
- Income continues to be “mostly of a restricted” nature and the policy of securing income on a non-restricted basis whenever possible has had little effect to date.
- Expenditure [including commitment approvals] in 2014/15 saw a net reduction in fund levels of approx £125k. This is in line with the Committee’s encouragement that fund resources be applied promptly whenever possible for patient benefit. The aggregate of fund balances at March 2015 was £1.294million.
- Whilst there are a small number of substantial individual Funds – geared to major investment in such as Renal or Cancer services on a multi-year basis – there are a significant number of small Funds with balances below £5000. Whilst these small fundholdings are valued in each ward / service area the scale of them means that they cannot secure “anything of financial significance” in terms of their use compared to the aggregated value that they could hold. Aggregation could thus bring benefit. But it would also be sensitive and previous suggestions to this effect have been strongly resisted by many fundholders. The Corporate Trustee may wish to reflect on this.

Name of Chair: Dennis Jones

Date report prepared: 28th May 2015

Finance Committee

Key summary points from the meeting held on 26th May 2015:

The Committee reviewed the month 1 2015/16 Finance Report

In summary the position was consistent with the trend in the latter months of 2014/15, namely:

- Income was in line with expectations,
- Pay expenditure was similar to that of the final quarter 2014/15. Within this agency and bank costs remained high, although slightly down on previous months,
- Non-pay costs were within the expected range, including the effect of the increased level of CNST payments in the new financial year.

The key issue is that of achieving the savings from the cost improvement plan. Little is profiled at the start of the year but two substantial elements [Nurse Escalation costs and Scheduled Care] remain red rated and, as at May, little to assure the Board that these will deliver savings to the levels planned.

The Committee asked for a specific focus to be given to the CIP programme at its June meeting including the status of Quality Impact Assessments on the various schemes.

Contract position 2015/16

At the time of the meeting this was still subject to mediation discussion and there was little change from the position last considered by the Board.

The Committee also reviewed reports in respect of:

- Reference Costs and the annual practice to develop these
- progress against internal audit recommended actions,
- payments over £100k.
- the latest summary of losses and special payments.
- updated its Terms of Reference with cosmetic changes only.

with nothing to draw to the Board's attention.

Name of Chair: Dennis Jones

Date report prepared: 28th May 2015

Quality & Safety Committee:

Summary from meeting 23rd April 2015.

Long waits for admission from Emergency Department

The committee considered the individual reviews of the care of all 19 patients who waited more than 12 hours for a hospital bed to become available. These reviews were properly conducted after the episode of care was complete and the outcome known. None of these patients suffered identifiable clinical harm as a consequence of the wait, clinical assessment had generally been timely and treatment started whilst waiting for the bed. We recognise that the experience of these patients was unsatisfactory and know that there are many patients who face delays of rather shorter duration whose experience is similarly compromised. These reviews demonstrate that the clinical care of these patients, in very difficult circumstances, has been carefully managed.

Benefits realisation in the Women & Children's Unit

Our site visit at PRH included the Neonatal Intensive Care Unit and the Post-Natal Ward. The physical environments are obviously vastly improved. Particularly impressive to us, was the strong sense of clinical cohesion and patient focus in the way the services are organised. Staff have settled well into the new configuration and are exploiting the facilities in the new building to best advantage of patients. Parental opinion is excellent with high participation in the family and friends feedback. This is an excellent qualitative assessment of realisation of the benefits of the investment.

Simon Walford
Chairman
23rd April 2015

Quality & Safety Committee:

Summary from meeting 18th June 2015.

Maternity Care: Learning from the Morecambe Bay Review

In March a report was published describing the failings in maternity and neonatal care in the Morecombe Bay area of South Cumbria. The report makes 44 recommendations for the Trust and wider NHS, aimed at ensuring the failings are properly recognised and acted upon. Our Head of Midwifery, Kathy Smith, presented the results of the multi-professional working party set up within the Women & Children's Group to benchmark our compliance against the report. The work has been endorsed by the care group and identifies some areas where improvements can be made. The overwhelming conclusion is, however, a high level of assurance. Particularly in the area of professional co-operation and communication between midwives, obstetricians and paediatricians, which was so dysfunctional in Morecombe Bay, S&TH is by contrast, working at the highest levels of professional teamwork.

West Midlands Quality Review Service

The WMQRS is a commissioner-led peer review system. Our CCGs asked us to cooperate with two reviews in May: The care of critically ill and critically injured children and Transfer from acute hospital and Intermediate care. Maintaining up to date certificates of resuscitation training amongst medical staff in the ED departments is the key issue to be addressed. The hospital transfer review raises more issues for the wider local health economy and may, perhaps help to resolve some of the familiar and worrying delays to safe and effective patient care.

TDA, Multi- Agency Infection Prevention and Control Peer Review Visit

The most recent peer review visit looking at infection control provided very positive and encouraging feedback (in contrast, perhaps, to some earlier visits). The sustained consistency in the effectiveness of our infection controls and our response to recommendations from earlier visits seems to have led to a growing expression of confidence in our infection control team and our clinical practice. Committee discussed the continuing concern about the arrangements for cleaning the busy ED departments out of hours, which may require additional resources.

Simon Walford
Chairman
19th June 2015

Quality & Safety Committee:

Summary from meeting 20th May 2015.

End of Life Care

The Committee received a report from Julie Lewis who is the very experienced specialist palliative care nurse who joined our team a few months ago. She described various initiatives now underway, including the introduction of ways to encourage feedback from bereaved families about their experience of our care. The emphasis on staff training both in how to recognise the fact that someone might benefit from access to our end of life care bundle and then how to initiate and deliver the most appropriate end of life care to them are the two key components. All new staff are exposed to this training as part of their induction and key care groups are being offered it on a ward by ward basis.

Committee welcomed these initiatives and encouraged the team to work as seamlessly as possible with the hospices and other groups offering support and care in this field.

Serious Incident and Never Event reporting

The Committee received a report from Samantha Carling who leads our reporting, about changes the NHS has made to the definitions of SI's and never events in an attempt to achieve greater consistency. It is likely that our recorded SIs may fall because we have been more uninhibited about reporting than the norm. Greater opportunity for reliable benchmarking and more consistent learning from events are the potential advantages of greater conformity within the service.

Simon Walford
Chairman
20th May 2015

Risk Committee

Key summary points from the meeting held on 21st May 2015

The Committee:

- Risk Committee Annual Report to be added to Trust Board Information Pack
- Undertook a high level review of the Board Assurance Frameworks (BAFs) for the local health economy to explore the congruence between the published documents as clearly many risks are shared between the different organisations, reflecting our partnership approach to health care in Shropshire and Telford & Wrekin. This highlighted gaps in risk sharing across the Health Economy, notably in relation to medically fit-to-transfer patients; and the Future Fit programme. A letter has been sent to our partner Chief Executives requesting consideration of these risks.

Chair: Peter Herring

21st May 2015

Organ Donor Committee: Annual Review

2nd June 2015

The Trust Organ Donation Committee meets twice a year to review all aspects of organ donation activity within the trust. The members represent a wide spectrum of clinical staff and care groups with clinical leadership provided by Dr Robert Law (Consultant Anaesthetist in Intensive Care).

The need for organ donation is clear with, for example, the average wait for a Kidney transplant of several years and more than 10,000 people in the UK currently needing a transplant. Of these three a day will die waiting as there are not enough organs available.

Audit of 2014 and current objectives

The NHS Blood and Transplant Authority carries out a comprehensive audit of potential and actual organ donations across the UK producing reports twice a year.. The Trust is a very active participant in this network and the data is reviewed at each committee meeting.

During 2013-14 the Trust identified six deceased donors whose organs were transplanted into 14 recipients. In the preceding year the figures were 4 and 6 respectively. The variation represents, approximately, the limits of fluctuations in recent years although there are some grounds to believe that recently revised organ donor policies, including early involvement of specialist senior nurses for organ donation will lead to consistently more effective identification of potential donors, higher rates of family consent and more treated recipients.

The Committee agreed the key objectives for the current year, which Dr Law proposed. Emphasis is on the consolidation of early SNOD involvement, further training in respect of the identification of potential donors and continued work in the local community, particularly targeting secondary schools, to raise awareness.

Enhanced Role of Senior Nurse; Organ Donation

The NHS Blood & Transplant Authority has led a major investment in the organ donor network by the development of a cadre of senior specialist nurses (SNODS) who are available to assist hospitals with the identification and family support to potential donors. It is clear from recent data that their intervention significantly increases the preparedness of families facing bereavement to agree to organ donation. They provide valued help to clinical teams in the hospitals here.

A memorial to donors' generous gifts of life-enhancement to others

The committee noted the particular appreciation received from families in other hospitals where a lasting memorial to the generosity of donors and enhancement to the lives of the recipients has been created. Knowing that here are some funds which might be used, the committee has encouraged Dr Law and his colleagues to explore how the trust might commission such a lasting tribute. We would welcome the Board's support, in principle, for this initiative.

Simon Walford
Chairman
June 2015.