



## **Minutes of Service Line Launch Meeting**

**Held at Clarence Room, Priory Roehampton**

**Monday 28<sup>th</sup> November 2011 at 11.00am.**

**Chairs:** Trevor Torrington, Chris Thompson

**Present:** Sam Rogers, Michele Paley, Ian Rajan, Peter Smith, Bruce Moore, Sonu Sharma, Adrienne Key, Paul Cowans, Susan Iles

**Apologies:** Helen Powell, David Scull, Hamilton McBrien

### **1. Introduction**

Trevor Torrington welcomed the group and talked about the new structure within the Healthcare division. He explained the market has moved drastically within the last six months and it is imperative that Priory should move with it. There are currently a number of issues around compliance and service delivery across a number of sites, which had been exposed by both CQC and commissioners, and it was imperative that these were addressed. We must re-evaluate how we present ourselves as an organisation as in some cases we had fallen behind our competitors.

TT explained that the aim of the new structure was to close the gap between Ops, Sales & Marketing and Compliance, which will give Priory the cohesion required to meet the challenges of the future.

In order to hit the ground running from the 1<sup>st</sup> of January, TT suggested that the respective SLDs and GMDs met before the end of the year to set out their strategy and agree on their Service Line Network teams and to liaise with Annabel to set up meetings for January.

CT explained that the Service Lines will become an integral part of Priory, focussing on how we manage inconsistencies, SDN's, staffing ratios, etc. We will be looking at improved integration, concentrating on Best in Class, the result of the SL Networks.

**ACTION- SLDs AND GMDs TO MEET AND SELECT TEAMS AND LIAISE WITH ANNABEL TO SET UP MEETINGS FOR 2012**

### **2. Terms of Reference**

TT referred to handouts - Terms of Reference, which describe the concept of the Service Lines. No further discussions around Terms of Reference.

### **3. Quality**

PS asked where the Compliance team fit into this new structure.

CT explained that by providing quality data to the Service Line Networks around benchmarking rates, complaints, incidents, etc - it will enable the SL to identify hospitals that need attention and will give us an indication as to whether or not we have missed anything.

BM stated there is a gap between clinical quality and what we actually measure as quality.

CT agreed that we need to classify a strategic matrix and we would look to the SL Networks to invent an effective in-house matrix.

CT added that we will be looking at the Networks to tell us what works and what doesn't work and what we need to do to fix it. He explained we need clear evidence around genuine quality care statistics and outcomes, good *and* bad.

TT agreed, currently we have different outcomes and different standards. He highlighted the point that we need to find and agree on a standard format and it is imperative that for each SL we agree specific benchmarks.

AK commented that there are a number of standards that some think are important and some don't. We don't necessarily measure what goes on in the units; the fine detail is becoming the defining feature.

PS stated that it was imperative that we met the base standards set out by the NCB and CQC, but also other standards such as QNIC and the Quality Network.

BM asked what resource will be available to the SL's to capture data. CT explained they will all have access to data through the Quality and Compliance team.

There was a discussion around the format of the SL's meetings going ahead and TT outlined the following;

- *Meetings are to be held quarterly*
- *They should be joint Chaired, as in today's meeting*
- *Representatives should be - Service Line Director, Group Medical Director, External Consultant, Service User and representatives from each site.*
- *If the Unit Manager cannot attend, it should be the HD, then CSM*
- *Each meeting should be minuted and there should be action points at all meetings*

CT told the group there has been a discussion at Board level and it has been agreed there needs to be an external consultant at each meeting who can attend without a conflict of interest. He referred to Claudette Neville and Elizabeth Allen, Department of Health. CT went on to say SL's can invite Commissioners as a guest to the meeting.

BM mentioned the external Consultant retainer. CT said Priory will pay for their expenses. CT also confirmed the definition of Service User as "*a current or recent user of services*". CT told the group they need to be clear about how they are choosing their representatives and that will need to be formalised across the Network.

TT noted that each SLN needed to benchmark and audit services across each site to identify skill mixes and deficiencies in order that every service met the standards of being able to provide a specialist service. Furthermore, actions needed to be implemented to ensure that training/supervision was in place to address skill deficiencies.

**ACTION - ALL SLD'S TO LIAISE WITH AU TO AGREE QUARTERLY DATES GOING FORWARD. SL'S NEED TO DECIDE ON COMPOSITION OF TEAMS QUICKLY.**

**ACTION - FOR RESPECTIVE SL NETWORKS, AT THEIR FIRST MEETING MUST DEVISE A QUALITY DASHBOARD TO INCLUDE ELEMENTS LISTED ON TODAY'S AGENDA.**

*There will be a follow up meeting in mid January 2012 to agree the key points for consistency.*

#### **4. Innovation**

TT said it was very important that Priory used its size and infrastructure to lead on innovation and gain a competitive edge within the market. Priory has a lot of data stored, which is available to assist with research and service development, along with the production of relevant and high quality marketing material. Ongoing pricing pressures made it imperative that each SLN was focusing on added value within each service by improving outcomes.

BM commented that data is routinely changed into marketing data and publications, which was an effective way of marketing and promoting services.

There was a discussion about how the Networks should pick up any links to research or universities courses and use as a standard agenda item at their meetings.

CT wanted to have equal access to courses as the NHS “as we provide the same service” and repeated the importance of attending courses to provide higher quality services.

SR highlighted that Priory is three times the size of our competitors and we should be able to use the size of the Group to get results.

AK suggested we need to approach leaders in the field.

CT agreed strongly and used his meeting with David Scuse re Autism research as an example. CT reiterated the importance of networking.

CT asked the group to identify criteria for selecting the Service User representative? He said Quality and Safety are doing a piece of work around this using the following and want to bring this together into the framework;

- Your Voice (Craegmoor publication)
- Service User – Anne Beales
- In-house systems

**ACTION – DEFINE RESEARCH AND TRAINING STRATEGY – CONSULT CT FIRST IF NEEDED.**

## **5. Marketing**

TT advised that once the marketing re-structure had been completed, there would be a Marketing Manager and two Product Managers appointed to Healthcare. There would be a PM for NHS business and one for the private business who would collate all the information and data within each SLN and produce good quality marketing and promotion literature. They would attend all the SLN meetings.

With regard to literature, SR made three points;

- Make the content data-driven
- Make it simple
- Make it targeted – what is the commissioner really looking for?

It was also important to be aware of what our competitors were saying so that we do not publish data or produce literature with inferior data and outcomes.

In terms of media advertising, only ATP would benefit from this medium of promotion and it was also important that we measured accurately the impact of such.

A discussion was held around conference attendance and the impact of not attending. Generally it was felt that the most effective way of promoting services was through internal seminars to which commissioners and other external professionals were invited.

CT said he feels the priority should be given to people giving a presentation at conferences rather than using exhibition stands.

AK suggested people who are presenting should take marketing material with them. The group agreed.

TT also suggested getting commissioners on site for meetings as great networking opportunities.

SI reiterated we need to let people know we are still in the business.

IR suggested using the list of conference attendees and targeting them with marketing materials.

**ACTION – EACH SLN TO LOOK AT HOLDING AT LEAST ONE SEMINAR NEXT YEAR**

**ACTION – EACH SLN LOOK TO DEVELOP NEW SETS OF PROMOTIONAL LITERATURE**

**ACTION – GATHER RELEVANT MATERIALS RE COMPETITOR INFORMATION**

## **6. Performance**

TT told the group that not only was it important for each site to achieve budget, but it was equally important that each service line achieved their respective budgets for the year. (The ADC targets for each Service Line were distributed). In order to work effectively, each Service Line needs to identify weak sites and ensure that the relevant input from the SLNs was put in place to assist individual sites to achieve budget.

There were a number of reports on demand that could be supplied to SLNs to monitor performance.

CT said we need to focus on;

- What data is available and from where?
- How do we control new projects i.e.; opening new services is always a potential risk and something we are not particularly good at.

**ACTION - SLNs TO PROVIDE LIST OF MANAGEMENT INFORMATION REQUIRED TO MONITOR PERFORMANCE**

## **7. Projects, Reporting, Strategic Review & Goal Setting**

TT told the group he has created a new Project Director post to remove the pressure from ODs as they focus on the day to day running of their regions. All new projects within the SLNs need to involve the PD to ensure that they are formalized to achieve their objectives within the agreed timescales.

SR told the group the Regional Ops team are doing an exercise at the moment around where the business will be in 3 years. They have their first meeting this afternoon and it will be financially target based. He told the group it is important that the SL Networks integrate with that. He suggests creating a strategic review for each Service Line and mapping it out. It was important in doing so to set ambitious goals that would drive growth and service development. TT added that every SL needed a vision for the next 3 years.

**ACTION - SR TO PROVIDE GROUP WITH TOOLKIT WITHIN TWO WEEKS. 1<sup>ST</sup> MEETING IN FEBRUARY 2012**

## **Any Other Business**

TT confirmed the Healthcare Conference on the 22<sup>nd</sup> – 24<sup>th</sup> February 2012. It will be held at Staverton Park Hotel, Daventry, Northamptonshire. More “workshop” focussed this year. Further details to be sent out in due course.

CT stated he has been running an Acute MD's Committee Meeting for some time now. With the new Healthcare SL structure in place, are these meetings still needed? Thoughts to be sent to CT.

## **OTHER ACTION POINTS:**

CT – Sally & Jacob to email SL's specific data set for meetings

SLDs - Review dashboard and feed into Jacob

CT - Formalise Service User JD

SLNs - Review protocols, policies and care packages at meetings going forward

**Close.**