

Business Development and Engagement Committee

Key Summary Points from the 1st Meeting of the Committee held on Thursday 17th July 2014

The Committee:

1. Discussed the Draft Terms of Reference and particularly the members' interpretation of "*strategic analysis of business development activities*" defined as the core purpose of the Committee. The focus was on understanding what analysis and intelligence the Board needed and what information the committee should receive in order to do that.
2. Discussed the importance of:
 - aligning the work of the Committee with the Business Planning Cycle
 - supporting the refresh of a number of key strategic inputs to the Business Planning Cycle eg SWOT and PESTLE
 - focusing on a scrutiny and assurance role of the Trusts business development and engagement activities
 - advising the board on business risks and opportunities
 - acknowledging the organisation is in a developmental phase and needs to be supporting and championing exemplar projects
 - nurturing the Care Group relationship with the Committee
 - receiving and reviewing market information that is meaningful
 - setting a specific focus around improving the customer interface
3. Discussed the proposed membership and whilst it was felt there was the right skills and knowledge and corporate functions represented on the committee, there would be benefits in having a Clinical Champion as part of the Group.
4. Discussed the contribution the Committee could make to the Trust's Stakeholder Engagement Strategy. It was proposed that the Committee should expect assurance that all priority business developments identified through the Trust's planning process should have a robust stakeholder analysis and engagement plan focused on:
 - Input engagement (e.g. needs assessment, patient and public engagement to inform the case)
 - Process engagement (e.g. co-production of plans to improve care and address risks)
 - Output engagement (e.g. information, awareness-raising, evaluation)

The role of the Committee would be to set out standards for this analysis and planning, and to review high level themes spanning priority business developments.

Name of Chair: Debbie Vogler; Director of Business and Enterprise

Quality and Safety Committee

Key summary points from the meeting held on 24th July 2014:

Reconfiguration of Women and Children's Services

The committee visited the Neonatal Unit at RSH; where we observed a well-managed, highly skilled team who are enthusiastic to move to better facilities. Clinical work on the unit is carefully audited in line with a national programme and demonstrates very good outcomes. We saw clear evidence of how using targeted approach to staff training has substantially reduced the risk of drug dosage errors. This is a particular problem of such units and the initiative they have taken to ensure that their mandatory training is firmly focussed on the needs of tiny babies and their families. The clinical team clearly understood the risks associated with the process of relocation and satisfied us that they were well planned and prepared.

The committee then received a presentation from Cathy Smith, the Care Group Director/Head of Midwifery, whom we had asked to address the Q&S aspects of the move. This confirmed to us the tremendous amount of work which has gone into the logistics of the move, the training and support of the 750 staff involved and showed that potential risks have been mitigated. We commend the work of all involved in this imminent move.

Commissioning for Quality and Innovation Payment (CQUIN).

The CQUIN programme for the current financial year has now been agreed with commissioners and implementation is to begin without delay.

Workforce Risks

The nursing staffing report is delivering the information we are now required to produce and the summary data reflects a robust position with clear strategy to deal with residual risk.

More serious, for the committee, is the risks attributed to the increasing vacancy factor for senior medical staff in front line specialties. The committee accepts the analysis; discussed with us by the Care Group Medical Director for Unscheduled Care, that our current facilities and configuration, together with the lack of a future investment strategy, makes Shropshire unattractive as a workplace to doctors in shortage specialties. Particularly when almost all our neighbouring hospitals have rationalised and renovated their facilities in recent years. The management and mitigation of these risks is, correctly in our view, is being addressed; however the committee wishes to bring to the Boards attention the urgency required to find a short term solution to reduce risk whilst medium term clinical configuration plans are taking place.

Dr Simon Walford
Chairman
24th July 2014