

Board Development Session

Thursday 27 October 2011

Summary of Issues Discussed

1. Ward and Department Visits

The Board received feedback from members who had visited wards and departments.

2. Presentation from Hewlett Packard

The Board received a very interesting presentation from Hewlett Packard on managed desktop services and developments in the use of electronic tablets by clinical staff and its dissemination securely via wireless technology. The presentation provoked much discussion about the benefits of investing in up to date technology and Robin Douglas noted the importance of engaging clinical staff in scoping our requirements. Chris Pocklington and Anna Anderson agreed that before significant further investment can be made the Trust needs to develop a vision for exploiting information technology.

Hewlett Packard had informed the Board that a scoping exercise is generally the first stage of any investment consideration, to determine what exists currently, how it is supporting practice and how we are using technology to enhance practice. The Chair agreed that the Trust will write to Hewlett Packard for further details of advisory support that is available to do this.

The Board considered the benefit of visiting hospitals that had made significant investments in IT to properly understand the benefits that can be attained and the issues that need to be considered.

JF asked that such research is deferred until the New Year given the current workload of Executive colleagues.

3. Performance Update

JF reported that improvements introduced into A and E are having a positive impact and he wished to thank CP for his contribution to this. The SHA's balanced scorecard was circulated in which he noted we were showing Red for MRSA but that this relates to the scoring system rather than our breaching the annual trajectory. No cases of c-difficile had been reported. JF noted there were problems with cancer waits which has informed a significant work-stream but that overall the indicators are more positive.

4. Finance Report

AA reported activity significantly above plan for inpatients and orthopaedics. CJ informed of the new method for calculating mortality and that the Trust is within acceptable limits and we are not an outlier. Our new figure is 107 (SHMI) and CJ noted we will be reporting the SHMI, CHKS and Dr Foster figures.

Staffing was discussed and there were concerns that the trend is upward and JF noted we are compelled to recruit more midwifery posts and to ensure full complement of appropriate grades of medical staff in A and E. All agreed the Vacancy Control Panel is exerting pressure.

5. Never Events

CJ presented details of the work in place to ensure that the likelihood of a never event occurring is reduced. CJ was concerned that the SHA reacts to such occurrences with a focus on disciplinary action and he noted that this Trust has an open culture which seeks to understand why the incident occurred. If on investigation it is found to be staff negligence then appropriate steps are taken, but many serious incidents happen as a result of system issues. CJ noted the importance of sustaining good relationships with the PCT and with the Primary Care Groups to ensure they understand our open but safe approach to reporting and investigating all serious and significant incidents. CJ explained that in future the Board would receive a Part 1 summary of serious incidents reported and a Part 2 with more narrative detail.

6. Deanery Visit

CJ updated the Board on the recent visit and the action plan in place to address the matters of concern raised. A progress report will go to the November Board.

7. Pathology Services

JF updated the Board on recent developments in the joint bid to run pathology services in response to the SHA's policy for rationalising provision.

8. Quality Governance Framework

LR took the Board through a re-assessment against the framework which would form the basis of a further review by Mike Gill. NF noted that although the performance report has increased its focus on quality more work is needed and the Board will be informed of output following a mapping exercise to be undertaken. RD wants there to be clear statement visible in public areas about why quality is important.

9. Equality Delivery System

NF updated the Board on the Equality Delivery System introduced by the DH to promote best practice in ensuring equality and diversity across 9 characteristics and that the Board will undertake a self assessment against the scheme during the December Development Day.

Patricia Duncan
Company Secretary