

## TRUST BOARD

Minutes of a meeting held at Devon House, Heartlands Hospital

on 29 May 2007

**PRESENT:** Mr C Wilkinson (*Chairman*)  
Ms M Coalter  
Mrs A East  
Mr A Okuyiga  
Prof J Perry  
Dr H Rayner  
Mr R Samuda  
Mr P Hensel

**IN ATTENDANCE:** Mrs F Baillie  
Mrs L Dunn  
Mr S Hackwell  
Ms A Hardy (for PACS item)  
Mr A Laverick (for PACS & EPR items)  
Dr L Morus (for PACS item)  
Mr A Stokes  
Dr S Woolley

The Chairman welcomed Dr Woolley to her first Board meeting as a member of the Trust Board.

### 1. APOLOGIES

Action

Apologies were received from Dame Jill Ellison, Mrs B Fenton, Mr M Goldman, Mr I Cunliffe, Mrs N Hafeez and Mrs C Lea.

### 2. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 24 April 2007 were amended to show that Dr Hopkinson was not present and to correct Ms Coalter's title. It was pointed out that the Health and Safety Executive Action had been discussed and the Board was happy with the course of action and this should have been minuted. The Chair drafted this minute with Dr Woolley and the minutes were approved as a correct record and signed by the Chairman.

The minutes of the meeting held on 30 April 2007 were approved as a correct record and signed by the Chairman.

### 3. MATTERS ARISING

There were no matters arising.

### 4. REPORT FROM CHIEF EXECUTIVE

Mr Laverick presented the business case for a Radiology Information System (RIS)/ Picture Archiving Communications System (PACS) to the Board. He explained the benefits of the system, including:

- Immediate access to diagnostic images and reports
- Aids 18 week diagnostic targets
- Improved image quality – aids diagnosis
- Improved turnarounds for appointments in Radiology
- Improving patients' experience of HEFT, making HEFT a centre of choice
- Making HEFT an employer of choice
- Improving HEFT's ability to compete for external business in diagnostics.

Mr Laverick explained that the Department of Health (DoH) required trusts to implement PACS and that HEFT had the option of procuring this service from the CfH Local Service Provider or from the open market. Mr Stokes explained the financial implications of each option. After detailed discussion the Board approved the PACS business case and agreed that HEFT would proceed with the open market option, rather than the LSP contract.

AL/AS

### **THIS MINUTE IS RESERVED UNDER SECTION 43 OF THE FREEDOM OF INFORMATION ACT 2000**

Mr Laverick then gave a short presentation to update the Board regarding the move towards Electronic Patient Records.

Mr Stokes summarised the Chief Executive's report, highlighting that HEFT's ratings for this year had been forecast to be "excellent" for both quality of services (rated as "fair" last year) and use of resources. It was forecast that the Trust would be scored as "underachieved" for the MRSA performance. Good Hope Hospital had been predicted to achieve "good" for quality of services (rated as "fair" last year) and "weak/fair" for use of resources.

The Chairman queried the post-operative mortality figures. Dr Woolley explained that it is not known how the data was collected and analysed by Dr Foster and the Strategic Health Authority had been trying to discover this information. Dr Rayner said that all Trusts in the region had higher than average mortality and as this is highly unlikely to be the case, this hints at some kind of coding being used by Dr Foster. The Board asked to be kept informed on this matter through a report from the Governance and Risk Committee.

Ms Coalter told the Board there had been 97 cases of long term sickness which she had been working on and some of these employees had now left the Trust or returned to work. Consultants have been working on helping Health Care Assistants to feel part of the team as a way to reduce sickness.

Dr Woolley presented her Combined Key Risk Report to the Board. The Board agreed that they needed less information and Dr Woolley proposed to trim down the report to the Board on strategic risk, with a monthly summary sheet and a quarterly detailed analysis. The Chairman raised the issue of the high number of apologies for the Governance & Risk Committee and highlighted that attendance at this meeting should be a priority.

Dr Woolley said that more risks might be highlighted at the next meeting and that the Trust needed to improve its ability to look ahead for future risks. Information on clinical incidents and operating risks would still be provided monthly.

The Chairman asked if the level of serious incidents was acceptable or whether the Trust had an issue regarding this matter. Dr Woolley said that this was being discussed and dealt with by the Governance and Risk Committee.

Dr Woolley drew the Board's attention to the case of an elderly lady who had received a higher dose of glucose than she should have done. This matter had been addressed and the large bags were no longer available, so a similar incident could not occur.

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Dr Rayner summarised the Operations Committee report regarding the Emergency Department Service Strategy. After some discussion, the Board approved the business case for investment in A&E at Heartlands Hospital.

Dr Rayner and Ms Coalter spoke about Modernising Medical Careers and retraining. The Chairman commented that in five years time the Trust would not be dependent on trainees to deliver LDP.

Mr Hackwell outlined the Medipark update, highlighting proposed changes:

- The proposed Phase Four development (which is adjacent to the Medipark) may no longer be necessary or could take a different footprint)
- The potential demand for the site needs to be more fully understood given the Trust's profile and commitment to research and development
- It may be possible to develop the scheme on a more commercial basis (using, for example, a commercial developer)
- There is a possibility that the Trust could purchase the land from the City Council
- The rental levels and construction costs proposed in the scheme may no longer be realistic.

Mr Hackwell explained that Donaldsons (a national firm of surveyors and property advisors) had been appointed to support the Trust in looking at the scheme.

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Mrs Dunn updated the Board regarding Governor elections, explaining that the elections would cover four constituencies. She had written to all members on 21 May 2007, inviting them to put themselves forward for election, and had received an excellent response which would result in a well contested election.

**5. BOARD COMMITTEE MINUTES/REPORTS**

- 5.1 *Finance Committee minutes – 23 April 2007*  
The minutes of the Finance Committee of 23 April 2007 were noted by the Board.
  
- 5.2 *Finance Report*  
The Board noted the contents of the Finance Report and Mr Stokes highlighted the proposal to optimise interest receivable, with discussions taking place with four banks. The Board endorsed the recommendations to invest surplus cash with banks, to amend the Treasury Management Policy and approve the proposed banking relationships.
  
- 5.3 *Governance & Risk Committee – 13 April 2007*  
The minutes were noted by the Board.

**6. ANNUAL BUSINESS PLAN**

The Annual Business Plan and Board Statements were approved by the Board and the Statements were signed by the Chairman and Dr Rayner.

**7. COMPANY SECRETARY’S REPORT**

Mr Wilkinson presented the Company Secretary’s report to the Board. The Board noted the use of the Seal and the forthcoming Audit Committee and Board meeting on 20 June 2007 to consider Good Hope Hospital’s accounts. The Board agreed to the changed format of performance reporting to streamline Board papers and noted the change to the Register of Directors’ Interests.

**7. ANY OTHER BUSINESS**

There was no other business.

**8. DATES OF NEXT MEETING**

- 6 June 2007
- 20 June 2007
- 26 June 2007

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**Chairman**