ROYAL BROMPTON & HAREFIELD NHS TRUST

Minutes of a Meeting of the Trust Board held on 22 June 2005 in the Boardroom, Royal Brompton Hospital

Present: Lord Newton of Braintree: Chairman
Mr C Perrin: Deputy Chairman
Mr R Bell: Chief Executive
Mrs I Boyer: Non-Executive Director
Professor T Evans: Medical Director
Professor M Green: Non-Executive Director
Mrs M Leadbeater: Director of Finance
Mrs S McCarthy: Non-Executive Director
Mr P Mitchell: Director of Operations
Professor A Newman Taylor: Deputy Chief Executive
Dr. C Shuldham: Director of Nursing and Quality

By invitation: Mrs M Cabrelli: Director of Estates
Mr R Craig: Director of Governance and Quality
Mr N Hodson: Project Director PHCD
Mr N Hunt: Director of Commissioning and Business Development
Dr. C Ilsley: Chairman HH Medical Committee
Dr. B Keogh: Chairman RBH Medical Committee
Ms J Thomas: Director of Communications
Mr T Vickers: Director of Human Resources
Ms J Walton: Director of Fundraising

In Attendance: Mr J Chapman: Head of Administration
Mrs E Schutte: Executive Assistant

The Chairman welcomed Mr Andrew Buchanan and Mrs Elaine Salmon, members of the Improving Working Lives Assessment Team who were visiting the Trust and members of the public and Trust staff to the meeting.

REF

2005/65 MINUTES OF TRUST BOARD MEETING ON 25 MAY 2005

The Board received the minutes of the meeting held on 25 May 2005. The following amendments were made;

(i) 2005/61: Comments from members of the public
The Chairman said his attention had been drawn to the omission of a key sentence from the Heart of Harefield input. The third paragraph on Page 11 should read,
"The Trust Chairman thanked Mrs Brett for the spirit of her response while reminding Mr Hodson of the challenging question on a land deal. Mr Hodson replied that there was no

agreement on a land deal with PDCL. Mrs Brett thanked him for his response."

Mrs Brett said it was accepted omissions could occur; the key sentence – "Mr Hodson replied that there was no agreement on a land deal with PDCL" having already been included within the minutes distributed to the public at the meeting, Heart of Harefield was content. Mr Chapman had kindly explained that the amended version would appear on the Trust website.

(ii) 2005/60: Paddington Health Campus Development
The second sentence of the first main paragraph on Page 6 should read,
"The Chairman said the Trust had always made clear that the PHCD involved the relocation of both Royal Brompton and Harefield Hospitals."

(iii) 2005/61: Comments from members of the public
The first sentence of the final paragraph on Page 6 should read,
"Of as great concern was that clinical priorities would be endangered had Paddington gone ahead."

(iv) 2005:64: Car Parking at Harefield Hospital
The first sentence should read,
"Mr Don Chapman, Vice Chairman of Harefield Hospital League of Friends, asked the Trust to provide machines which give change as the Friends' Pavilion was inundated with visitors asking for change."

The Board then confirmed the minutes.

2005/66 REPORT FROM CHIEF EXECUTIVE

Mr Robert Bell, Chief Executive, reported on three matters

(i) Paddington Health Campus Development
At a meeting on 21 June 2005 North West London Strategic Health Authority decided to withdraw the Outline Business Case for the Paddington Health Campus Development from the Department of Health and as a consequence the scheme as envisaged was not proceeding. The SHA had also agreed to commission an independent review to consider the lessons that could be learned from the Project. The SHA decisions had several implications for the Trust. It presented opportunities to focus on the Trust's immediate challenges and long-term needs. The Trust had significant strengths including a clear identity, a focus on serving populations throughout the UK and beyond, a sound record of delivering services in accordance with performance targets, passionate staff who continually

strive to achieve the best possible results, a recognised leading academic centre and a distinguished history.

As reported at the previous meeting, the SHA had also commissioned a review of services across North West London and a specific review of surgical services at Harefield Hospital which would take place in the summer months of 2005. The reviews would involve clinicians, members of staff, patients and members of the public and NHS partners and would assist with determining the Trust's future.

There would also be other challenges in the next year, notably in the process towards achieving Foundation Trust Status, securing further patient and public involvement, essential investment in the Trust's facilities and services in which the focus on maintaining excellence in cardiorespiratory care was a critical component.

(ii) Improving Working Lives

The Assessment Team was visiting the Trust on 20 June and would report its conclusions on Friday 24 June. The Executive Directors were committed to ensuring progress with the improved working lives project was embedded in the working life of the Trust.

(iii) Forthcoming Events

Mr Bell asked the Board to note four important events in early July; the Royal Brompton & Harefield Arts fundraising concert on 7 July, the staff summer ball on 8 July, the celebrations to mark the retirement of Dr. Rosemary Radley-Smith on 9 July and the 25th anniversary of the first heart transplant operation at Harefield Hospital on 10 July.

The Board noted the Chief Executive's report.

2005/67 PERFORMANCE REPORT

Mrs Mary Leadbeater, Director of Finance, presented a report on Trust performance up to 31 May 2005. The overall financial position showed a small surplus of £76,000. However, a surplus of £523,000 was planned and while the position was relatively satisfactory the surplus was not as large as was desired to offset adverse movements later in the year. Mrs Leadbeater briefly explained that there were a number of uncertainties in the Trust's income and expenditure position at the end of May which contributed to the cautious nature of the position reported. No service level agreements (SLA) had so far been negotiated with commissioners and the income position was therefore based on a rollover of the SLA 2004/5 budget. On expenditure the Trust had yet to finalise the 2005/6 budget and cost pressures in particular had yet to be determined. Pay costs were overspent by £270,000 largely through reducing overall pay budgets

in accordance with the financial stability plan. The private patient income budget had been reduced by £2.5mn from the 2004/5 plan and at the end of May showed a £204,000 surplus. Activity was being reported against interim levels until SLAs were agreed. At the end of May NHS activity was 7% above plan and private patient activity 9.5% above plan.

Mr Patrick Mitchell, Director of Operations, confirmed that the Trust had so far maintained activity at the 2004/5 outturn level and continued to focus on ensuring there were no breaches of performance targets.

Mr Robert Bell assured the Board that the financial position was being closely monitored. There were problems which could have significant repercussions if the financial stability plan was not in place soon.

The Board noted the report.

2005/68 GOVERNANCE AND QUALITY REPORT

The Board received a report on governance and quality and Mr Robert Craig presented the clinical governance report for the final quarter of 2004/5. Mr Craig drew attention to service-specific reviews covering clinical risk management and clinical audit that had taken place in adult cardiac surgery, transplantation and paediatric cardiac services. Thirty day survival rates for 2004/5 in transplantation and paediatric cardiac surgery were reviewed; the results in paediatric cardiac surgery were notable for excellence achieved in six benchmark procedures that were used to monitor all paediatric surgical centres in the UK.

Clinical audit of post-operative deep wound infection produced stable results throughout the year with a 3% rate at Harefield Hospital and a nil rate at Royal Brompton Hospital. Mr Craig also reported that the Public Accounts Committee of the House of Commons would publish a progress report on 23 June on efforts to reduce the risk of hospital acquired infection. The report would show a very low prevalence in Royal Brompton and Harefield Hospitals, which was in the top ten centres of lowest prevalence. Clinical risk management data showed a downward trend in the number of reported serious adverse events; currently about 15 serious adverse events were reported monthly.

The Trust received 26 complaints in the first quarter of the year making 98 in the year overall. Performance for the year as a whole showed a 9% improvement in response times to complaints. Mr Craig said four complainants in 2004/5 had referred complaints to the Healthcare Commission up to 31 May 2005.

Ms Josephine Ocloo, Chair of the Royal Brompton and Harefield Patient & Public Involvement Forum, observed a considerable difference between the number of reported adverse events and

complaints between Royal Brompton and Harefield Hospitals and asked if it was significant. Mr Craig said the difference could mostly be explained by the greater level of activity at Royal Brompton Hospital.

Ms Ocloo also commented that the National Patient Safety Agency (NPSA) had recently drawn attention to significant underreporting of adverse events and asked if patients and staff were aware they could report incidents confidentially. Mr Craig confirmed that staff are aware they can report adverse events confidentially within the Trust. Ms Ocloo asked whether the patients could be given this information in the new patient safety leaflet that was being developed within the Trust and which was discussed at the PPI meeting. Dr. Caroline Shuldham, Director of Nursing and Quality, confirmed that there had been a discussion in the PPI Group about producing a leaflet of this nature and indicated that Ms Ocloo's suggestion would be considered. The Trust accepted more could be done to make staff and patients aware of confidential reporting and that this would be pursued.

Ms Ocloo also asked if there was patient and PPI involvement in investigations into adverse events. Mr Craig confirmed that patients, relatives and carers were involved in incidents affecting them personally; there was no PPI involvement in the investigative process for adverse events.

The Board received a final report on implementation of the recommendations of an independent review of a complaint in September 2004. The review reported in October and the report was considered at a Part 2 meeting in November by reason that it related to the treatment and care of a named patient at Harefield Hospital in October 2002. Dr. Caroline Shuldham said that many of the issues that had given rise to the complaint had been rectified by the time the independent panel reported but the report presented an opportunity to review action taken and redress other shortcomings. Dr. Shuldham drew attention in particular to action taken to implement recommendations relating to the Patient Advice and Liaison Service, the Outreach programme for reviewing patients after they leave intensive care, development of an assisted discharge and homecare service, introduction of integrated care pathways, introduction of patient and public opinion on care as part of the Patient and Public Involvement Strategy and multidisciplinary medical notes.

The Board noted the report which would be sent to the complainant. Professor Malcolm Green asked if there were similar procedures for reviewing complaints that did not go to independent review. Dr. Shuldham said there was a group that reviewed all complaints with the objective of determining what lessons could be learned and what action should be taken to redress criticisms. The independent review process had changed in 2005 and it was intended to adopt the same

process of detailed scrutiny as that for all complaints that are referred to the Healthcare Commission.

Professor Tim Evans, Medical Director, asked the Board to note that a revised job description for the appointment of a consultant microbiologist at Royal Brompton Hospital had been approved by the Royal College of Pathologists and the Trust Senior Executive Committee and an advertisement had been placed.

2005/69 RACE EQUALITY SCHEME

Mr Tony Vickers, Director of Human Resources, presented the Race Equality Scheme (RES) to the Board for consideration and approval. The Scheme derived from the Race Relations (Amendment) Act 2002 and the statutory duty on all public bodies to have due regard to issues of race equality, to ensure there was no direct or indirect discrimination in the availability of or access to services and functions, to publish a race equality scheme framework setting out how they would meet the duty by 31 May 2002 and to review it within three years. Mr Vickers explained that the RES presented to the Board followed a structured review of race equality issues since 2002. It identified further developmental work and further defined the Trust approach to issues of race within the goals of diversity and equality in provision of services and in Trust employment. As required by statute, the RES was available by 31 May 2005 for review and comment. It was subsequently placed on the Trust intranet and Internet website as the focus for total commitment and support throughout the organisation.

Mr Vickers said the key issue from the RES was the need for a structured approach to ensure the Trust continued to fulfil its statutory obligations and equality and diversity is seen as a core value of the organisation. The IT infrastructure was in place to collect information on equality and diversity at all levels throughout the organisation and ensure the RES develops as a living document. The critical issues now were the appointment of a senior manager accountable to the Director of Operations to lead diversity and equality and ensure management systems are in place to monitor it in employment and ensure it is properly taken into account in planning services. Mr Vickers also drew attention to the action plan which, although challenging, was achievable with wholehearted support and commitment throughout the Trust.

Ms Josephine Ocloo, Chair of the Patient and Public Involvement Forum, said the Forum had commissioned a report from Trinity on the scheme approved in 2002 and drew attention to some of the conclusions. The report said there had been little or no progress in adopting or implementing Trust policies or procedures that demonstrated they identified with or were responsive to meeting the diverse needs of different groups and individuals within society. There was insufficient evidence that the Trust was meeting the

statutory duty to challenge race discrimination and promote race equality in service planning and delivery. The report highlighted there was no Black and Minority Ethic (BME) patient and public involvement in any of the Trust's Committees apart from Ms Ocloo's own involvement.

The report also noted that while the Trust employed a significant number of staff from BME backgrounds and also had a significant number of BME patients using Trust services the Trust Board was completely white and senior managers and clinical directors within the Trust were overwhelmingly white males. In response to Ms Ocloo's comments about the composition of Board Members, the Chairman said there would be a change shortly as a consequence of a forthcoming announcement from the NHS Appointments Commission.

Ms Ocloo said the report concluded that there was little evidence that any of the shortcomings highlighted in 2002 had been addressed or that there was any appropriate infrastructure to address them. Ms Ocloo also referred to learning and development within the Trust and said contrary to what she had been told previously about all staff receiving equality and diversity training the Healthcare Commission 's 2004 Staff Survey showed that very few staff members had received any form of diversity or harassment and bullying training and the Trust scored well below average in this. All of this demonstrated that to address the issues raised in the report impact assessments were essential in assisting public bodies to identify and remove hidden barriers to promoting race equality.

Mr Vickers said the Trust had completed impact assessments and would send them to Ms Ocloo. Mr Vickers further said the report from Trinity that Ms Ocloo had referred to was a draft and it had been agreed the Trust would await the final version before discussing it and responding to it.

Ms Ocloo said that given the issues raised by the Trinity report about the RES covering the period 2002-2005 and the fact that so little progress had been made in promoting race equality it was therefore vital that the new RES did not repeat the same mistakes. The current RES had been compiled without any consultation with the PPIF and the impact assessments were neither discussed with the PPIF nor carried out in consultation with them and other groups as the Race Relations Amendment Act required. Ms Ocloo therefore felt that these issues needed to be addressed before a new RES could be agreed.

The Chairman said that Ms Ocloo had raised several important issues which would require fuller scrutiny than was possible in a Board meeting. Mr Bell said it was therefore not appropriate to ask the Board to approve the RES. He would take a personal interest in

following up the issues Ms Ocloo had raised and bring an amended race equality scheme to the Board for approval at a future meeting. The Chairman asked the Board to agree the proposed scheme and the action plan as a draft for further discussion. This was agreed.

2005/70 DECLARATIONS OF INTERESTS

A paper giving details of the interests declared by Directors of the Board for 2005/6 was received. The Chairman said he had subsequently also been appointed as Chairman of the Honours Committee for Community, Voluntary and Local Services, which should be added to the interests he had declared.

The Board received and noted the declarations of interests.

2005/71 PADDINGTON HEALTH CAMPUS DEVELOPMENT

The Board received a report from Mr Nigel Hodson, Project Director of the Paddington Health Campus Development (PHCD). As reported by the Chief Executive, North West London Strategic Health Authority met on 21 June and decided that the Addendum to the Paddington Campus Outline Business Case (OBC) should not be endorsed and not submitted to the Department of Health for approval, that the OBC submitted to the Department of Health in December 2004 should be withdrawn formally from the Department of Health and that an independent review should be carried out on the PHCD to consider lessons that could be learned for the SHA. An independent expert would lead the review with terms of reference to be agreed in consultation with the Department of Health. Mr Hodson indicated that all planning and design work on the PHCD had ceased and the Project Executive Group had instructed that expenditure should be reduced in all appropriate circumstances pending the outcome of the meeting of the SHA Board.

The Board noted Mr Hodson's report.

2005/72 COMMENTS FROM MEMBERS OF THE PUBLIC

Mrs Jean Brett, Chair Heart of Harefield, said it had been expected that the Strategic Health Authority would not support the Addendum to the Outline Business Case. However, it had been a pleasure at the 21 June SHA Board meeting for Heart of Harefield to repeat its praise of the courage, integrity and intelligence shown by Royal Brompton & Harefield NHS Trust Board in refusing to approve the Paddington OBC Addendum on 25 May.

Mrs Brett also reminded the Board that in November 2000 Heart of Harefield made its submission on the Paddington Campus saying it was not acceptable. Following the implementation of patient choice it was now hoped that by working together a better future would be secured for both Harefield Hospital and the Trust.

On the Addendum to the OBC not being endorsed Mrs Brett commented that credit for this was due to the Royal Brompton &

Harefield NHS Trust Board decision. As for an independent review Andrew Lansley, Shadow Secretary of State for Health, had recently written to Sir John Bourn, Head of the National Audit Office, requesting an inquiry. The aim - to make accountable to the Parliamentary Public Accounts Committee those responsible.

Heart of Harefield's Chair queried whether the December OBC for Paddington could, as stated within Mr Hodson's report, be "withdrawn" from the Department of Health by the SHA. The 22 December letter of the Chief Executive of the SHA to the Department of Health had recorded the SHA approval of the OBC and had formally submitted it. This was the end of the matter apart from the Department of Health being unable to approve that December OBC so making the Addendum necessary. The same SHA letter said that the OBC had gone forward to the Department of Health and the Treasury but it had never reached the Treasury.

On lessons being learned in an inquiry Mrs Brett noted that in her November 2000 paper she had named St. Mary's as the main priority, saying that was what should be developed. It was not a case of our being wise after the event. Sir Leslie Turnberg had also advocated a more rational and equitable distribution of services.

The Chairman thanked Mrs Brett for the kind comments she had given to the Board and while he understood what Mrs Brett had said he believed most of the issues she had raised were directed to the SHA. Mrs Brett however said she was speaking on behalf of Heart of Harefield in putting on record its dissatisfaction with the SHA's attitude to patient and public involvement. Despite its nominally being superior to the Trust Heart of Harefield had no faith in it. Had the Royal Brompton & Harefield NHS Trust not refused to accept the Addendum to the OBC the SHA would have rubber stamped it, whereas had it been monitoring Paddington correctly the OBC would have been thrown out by the SHA in December 2004. There had been an absence of accepting the results of consultation with patients and the public from the Turnberg Review on. Any future changes in the reconfiguration of services would require full public consultation.

The Chairman of Dovehouse Street Chelsea Residents Association, said that he had written to the Trust over the past four years asking it to maintain the Royal Brompton Hospital buildings, especially the Chelsea Wing, but had been told there were insufficient funds and expenditure was being restricted as the Hospital was relocating to Paddington. Now that the Paddington Scheme was not proceeding he asked if the external state of the Chelsea Wing could be improved.

The Chairman said the Board was committed to improving the quality of the Hospital buildings but there were competing claims on both sites for the limited available funds. Among the claims was the restoration of the Mansion at Harefield Hospital, about which the

Chairman said he would be writing shortly to Mr John Ross. The Chairman said the Board would need time to reflect and determine what investment in its buildings was now appropriate.

Mrs E Hill, a member of Community Voice and a Heart of Harefield supporter, asked if the absence of a consultant microbiologist at Royal Brompton Hospital affected the accreditation of the Pathology Department. Professor Evans said in the absence of a consultant at Royal Brompton Hospital Dr. Anne Hall provided the service across both sites. An advertisement had been placed for the post at Royal Brompton Hospital. Accreditation of the Royal Brompton Hospital Department of Pathology was not at risk.

Mrs Hill also said she had written to the Chairman to ask for more information about Trust plans to rationalise pathology services. The Chairman said he had not received Mrs Hill's letter and would make enquiries. Mr Bell indicated that Mrs Hill was probably referring to proposals in the financial stability plan which were still under consideration.

Mr David Potter, Vice-Chairman of Heart of Harefield and Chairman of Re-Beat, a Patient's Charity, endorsed the compliments Mrs Brett had given the Board and the decision that it had taken not to approve the Addendum to the OBC. Mr Potter said the Board had conducted its business in the context of patient and public involvement far better than the SHA had. Mr Potter endorsed the Chief Executive's description of the Trust's assets and in respect of a passionate and dedicated workforce commented from the performance report which indicated that the staff vacancy rate at Royal Brompton Hospital over the past three or four years was 50% higher than at Harefield. This said much for the commitment and dedication of the Harefield staff.

Mr Potter then asked what as a consequence of the abandonment of the PHCD would be the position of the contingent liability which now stood at £13.8mn.

Mr Bell said the Trust was at present in discussion with its auditors over the nature of the contingent liability and as those who had attended the SHA 21 June meeting would have heard the liability related to payments which were subject to negotiation. Mrs Leadbeater said there were numerous professional accounting reporting standards as well as NHS accounting guidelines that had to be taken into account over the contingent liability. Mr Bell indicated that he was prepared to discuss the nature of the liability with Mr Potter and how it became a material liability.

Mr Kenneth Appell, a member of the Royal Brompton & Harefield Patient & Public Involvement Forum, asked the Board to give serious consideration in any further service plans to the merits of Harefield Hospital. Mr Appell said the Nuclear Medicine Department at

Harefield was the finest in the world, the operating theatres had been refurbished and there was a modern outpatient department. Mr Appell also congratulated the Board on the proposed RES action plan and commented that by taking the Hippocratic Oath the medical profession pre-supposed equality and therefore must give all patients the respect they deserve.

The Chairman said the Board would have no difficulty in agreeing with Mr Appell's comments and would be mindful of all its assets but over the SHA reviews it could not give any commitments for the future.

The Chairman concluded the meeting explaining that although the agenda provided for an exclusion motion there was no business to transact in a closed session without the public and the Press present.

Lord Newton of Braintree
Chairman