

ROYAL BROMPTON & HAREFIELD NHS TRUST

Minutes of a Meeting of the Trust Board held on 24 March 2004 in the Concert Hall, Harefield Hospital

Present: Lord Newton of Braintree (Chairman)
Mrs I Boyer: Non Executive Director
Dr. G Goodier: Chief Executive
Mrs M Leadbeater: Director of Finance
Mr P Mitchell: Director of Operations
Professor A Newman Taylor: Medical and Research
Director
Mr C Perrin: Deputy Chairman
Dr. C Shuldham: Director of Nursing and Quality

By invitation: Mrs M Cabrelli: Director of Estates
Dr. J Chambers: Associate Medical Director, HH
Mr R Craig: Director of Governance and Quality
Mr W Fountain: Associate Medical Director HH
Mr N Hodson: Project Director
Mr N Hunt: Director of Partnerships and Performance
Dr. C Ilsley: Chairman Medical Committee HH
Dr. R Radley-Smith: Associate Medical Director HH
Mr T Vickers: Director of Human Resources

In attendance: Mr J Chapman: Head of Administration
Mrs L Davies: Head of Performance
Ms J Thomas: Head of Communications
Ms S Wallis: Risk Manager, RBH

Apologies for absence were received from Mrs S McCarthy and Professor M Green, Non-Executive Directors.

REF

2004/26 CHAIRMAN'S COMMENTS

The Chairman opened the meeting and welcomed members of the public who were present. He regretted that it had not been possible to publish minutes of the previous Board meeting on 25 February 2004. Amendments had been necessary in order to include questions from the members of the public, so causing delay. He had received amendments from Mrs Brett and the minutes would be presented for adoption at the next Board meeting. The Chairman hoped Mrs Brett understood.

In response Mrs Brett said she did understand but reminded the Board that the current practice of Heart of Harefield assisting by checking the draft minutes had been mutually agreed. It had been working well and prevented a recurrence of earlier disputes on the accuracy of the Board's minutes until during the absence of Mr John Chapman draft minutes were produced which on public questions, including Paddington, needed almost complete rewriting. However, Mrs Brett realised the lateness of the minutes was due to special circumstances and, not wishing to be difficult, had so advised Heart of Harefield supporters. If the draft minutes could be sent earlier it would be much appreciated.

The Chairman thanked Mrs Brett for her reasonable approach.

2004/27 TRUST WEBSITE

The Chairman said that following comments from the public at the previous meeting the minutes of Board meetings in November and December 2003 and in January 2004 had been placed on the Trust website. The minutes of the November meeting included the record of Mrs Brett's presentation to the Board.

2004/28 REPORT FROM THE CHIEF EXECUTIVE

Dr. Gareth Goodier, Chief Executive referred to three matters in his report;

- (i) Risk Pooling Scheme for Trusts (RPST)
The Trust was assessed by the RPST on 3 March 2004 for Level One accreditation. The external reviewer had commented on the considerable progress the Trust had made in 2003/4 since the 2003 assessment and overall performance was rated as good. The reviewer had concluded that if the Trust could provide the remaining evidence to comply with the risk management training criterion Level One accreditation could be recommended.
- (ii) The CHI Staff Survey
The 2003/4 survey results were mixed. Participation in the survey was better than in previous years and there was positive feedback on training, staff appraisal and incident reporting. However there were concerns about the proportion of staff who reported bullying and harassment and the lack of team working. The Trust Joint Staff Committee and the Human Resources team were considering how to address these concerns. A detailed breakdown of responses to Trust-specific questions would be issued shortly.
- (iii) Consultant Staff
Job plans were being finalised for consultants in accordance with the new contract and offers would be made shortly. Job plans in excess of 44 hours would require approval from North West London Workforce Development Confederation.

The Board noted the report and thanked the Clinical Governance Team in particular for its contribution to the very satisfactory result of the RPST assessment.

2004/29 PADDINGTON HEALTH CAMPUS DEVELOPMENT

Mr Nigel Hodson, Project Director, presented a report on the Paddington Health Campus Development. Mr Hodson explained that Dr. Caroline Shuldham, Director of Nursing and Quality, had corresponded with Mr David Potter, Vice Chairman Heart of Harefield and Chairman of Rebeat, as a result of comments and questions at the previous meeting over Patient and Public Involvement (PPI) in the Development, notably, over whether a meeting on 13 February 2004 related to a PPI strategy, which he had referred to in his report to the February Board meeting.

Mr Hodson said he accepted that his report had misrepresented the situation and agreed the phrase "...and agreed the draft Patient and Public Involvement Strategy" should be deleted.

The Chairman responded that it was not possible to change existing documents but it could be recorded in the minutes that Mr Hodson had agreed it was open to misunderstanding.

Mr Hodson reported that the option appraisal for the Outline Business Case (OBC) had been sent in draft form to the Department of Health. The appraisal reconfirmed the Paddington Health Campus Development as the most desirable option. The Project Team was working with the Independent Review Team as part of the overall approach to updating the OBC. It was examining possible modifications to the Campus site. Joint clinical review groups were also considering modifications to the Scheme. The Joint Project Board had decided not to submit a new planning application to Westminster City Council (WCC) but to keep the matter under review. However it had agreed to take forward negotiations with WCC Planning Department to conclude the Section 106 agreement relating to the August 2002 Outline Planning approval.

Mr Hodson confirmed that in 2003/4 project costs were funded from NHS central strategic funds which were allocated through the Strategic Health Authority. New funding arrangements through PCT Commissioners would be implemented in 2004/5.

The Joint Project Board agreed the appointment of Christows as Project Communications Advisors on 16 March 2004 following competitive tendering.

Mr Charles Perrin, Deputy Chairman, said it was important the Board was aware of those who were involved in the scoring assessment for the option appraisal of the OBC update. An OBC Steering Committee

was formed for the process comprising the Acting Chief Executive of the SHA, the Chief Executives of Hammersmith Hospitals NHS Trust and Chelsea and Westminster Health Care NHS Trust, representatives of local PCTs as well as representatives of Royal Brompton & Harefield and St. Mary's NHS Trusts and Imperial College, who were a minority among the members.

The Board noted Mr Hodson's report.

2004/30 COMMENTS FROM MEMBERS OF THE PUBLIC

Ms Dara Galic queried why Mr Hodson was pursuing the Section 106 agreements with Westminster City Council (WCC) planning department on a Scheme which had a 20% space shortfall.

Mr Hodson said that negotiations were at an advanced stage with the intention of using them within the revised scheme.

Mr John Ross said that six of the eight criteria in the Section 106 agreements were specific to the former Scheme of August 2002 and its outline planning approval. Mr Hodson accepted this but said the Project Team thought it would be helpful to have a baseline agreement in place.

Mr Ross also said the former Project Director had agreed to withdraw the August 2002 planning application as was documented by the WCC planning letter to him of 13 February 2003. Mr Hodson said he was unaware of this and had no remit to withdraw.

Ms Galic referred to reported expenditure on the project in excess of £3 million by the end of March 2003 and asked how much had been spent up to March 2004.

Mr Hodson said he could only confirm expenditure that had so far been reported.

Mr Potter referred to two matters. The Chairman and Dr. Shuldham had been helpful in their responses on the controversy that had arisen at the previous meeting after Mr Hodson's PHC report had wrongly stated that there was patient and public involvement in the development, and a strategy for this. In the absence of both patient and public involvement or a strategy for it what had been written was incorrect and should be so recorded. Mr Hodson said he would accept the reference to patient and public involvement in the development, and a strategy for it was an error.

Mr Potter also said there was confusion over conflicting statements between what he had heard reported at a SHA meeting and what Mr Hodson had stated in his report on funding project costs. Mr Hodson

had stated the Project received 45% of its budget from the SHA but the SHA had stated all NHS funding came from PCTs.

Mr Potter further referred to the capped funding at 1.75% of the original capital cost of £360mn which amounted to £6.3mn. Incurred spending meant that over half of that had been spent already and it was near its cap.

Mr Hodson confirmed that the Project costs were funded by the London Capital Fund. As far as he was aware it was distributed through the SHA. The Chairman said the forthcoming changes in NHS funding of the Project budget were possibly the reason for discrepancies in information provided by Mr Hodson and by the SHA. He agreed to write to the SHA Chairman to seek clarification about current and future funding arrangements. Mr Hodson agreed that the scale of committed expenditure and the basis on which it had been calculated was problematic in the context of the revised capital cost. A new calculation would be necessary. The Joint Project Board was aware of expenditure and monitors it very closely.

Mr Ross raised two matters. The PHC Project website had recently been updated by Christows. However it included drawings and other material which were out of date and inaccurate. Mr Ross said such findings were an example of the waste of public money. Mr Ross also asked why three different architects were advising on the Project. Displaying copies of the earlier PHC plans, Mr Ross commented that Project Management pursuing Section 106 agreements on them when that planning application was no longer relevant was pointless.

Mr Hodson said the three architects performed complementary but different tasks.

Mrs Brett commented that while Christows' appointment to the Project as communications advisors was described as recent, the same firm had been employed by the Project since the Summer 2003 albeit then on a temporary basis. Employing the firm appeared to have been a mistake. Mrs Brett also commented that while the Trust had agreed to put her November 2003 presentation on its website, it was still not where it should be. As the PHC website also included a section on what people said about the Project, Mrs Brett thought it was odd, if not a mirage, that only comments favourable to the Project were on that website. It seemed necessary to raise this with the Chief Executive of St. Mary's and with Mr Basil Towers, Head of Christows.

Mrs Brett also referred to a presentation on the Project that took place at the House of Commons on 22 March 2004 which the Trust Chairs, the SHA Chair, the Trust Chief Executives and Medical Directors, Professor Green and the Dean of the Faculty of Medicine

attended. Mrs Brett asked if Christows organised it and whether Christows or the Project funds financed it. Mrs Brett suggested that Christows, if it had organised the presentation, should also organise one for Heart of Harefield.

Mr Hodson confirmed that Christows promoted the presentation at the House of Commons. Practical arrangements were undertaken by the Project Team. The Chairman said Christows worked to specific terms of reference as Project Communications Advisers. It was only possible to hold a function at the House of Commons through a Member of Parliament. The function Mrs Brett referred to was promoted by Karen Buck MP.

Mrs Brett commented that Karen Buck MP was married to the former Chief Officer of the now dissolved South West Hertfordshire Community Health Council. The CHC had stated in response to the consultation document on reorganisation of health care that if Harefield Hospital was closed this would lead to a diminution of care for patients in Hertfordshire. It was against this.

Mrs Brett then referred to the Parliamentary question put by Karen Buck to the Minister after the PHC Commons presentation. Karen Buck was promoting the Paddington Health Campus but Mr John Randall MP, in response said that seldom had so little been achieved by so many at such expense to the public purse.

The Chairman said there was nothing the Trust Board could do to prevent Members of Parliament asking questions, favourable or otherwise, to the Project.

Mr James Kincaid, Vice Chair of Community Voice expressed the support of Voice, which included 40 organisations, for Heart of Harefield. He questioned the expenditure of over £3 million on project costs and asked how much had been spent since March 2003. Mr Kincaid further asked if PCTs were aware that the future funding of the Paddington Project related to £800 million.

Mr Hodson said he could give no further information about expenditure on Project costs. The Chairman explained that another question on the subject had been put in the House of Commons and further information had, for commercial and confidential reasons, to await the Minister's answer. Mr Hodson also said rebasing Project costs relating to capital expenditure was under continuous review.

Mr Ken Appell, Trust Patients Forum and Re-Beat Member, expressed concern about patients and the public not being consulted over the Paddington Project and healthcare in London. The 180,000 petition signed by people opposed to relocating Harefield Hospital should have carried weight in decisions related to the Project. Each

Harefield patient was supportive of the Harefield Hospital and the care given there. The decisions taken were against Harefield, a centre of excellence, and represented only the London interest.

The Chairman commented that the Trust had service agreements with the majority of PCT Commissioners in England and although it was based in London and reported to one of the London SHAs the benefits of the Project had to be seen in a much wider context.

Professor Anthony Newman Taylor, Medical Director, said the high quality of clinical services and research at both hospitals was not questioned. The issue was how best to provide it in the future. The increasing complexity of patients' conditions and the age of patients, required immediate 24 hour access in their treatment to other DGH-based specialities, particularly renal services, neurology and gastro-enterology. Relocating the two Hospitals and the associated Research Institute adjacent to a major undergraduate teaching hospital and University School of Medicine was the most appropriate location for the future.

Mr Appell said there were other options including providing capital to improve the Harefield site.

Professor Newman Taylor said relocation to Harefield was not a feasible option. The cost of continued provision on two sites with capital investment was not much less than relocation to Paddington.

Mr Michael Dent, Harefield Supporter, said he had written to Mr Patrick Mitchell, Director of Operations, about the condition of the Mansion on the Harefield site. Mr Dent also asked how the freedom of patient choice on treatment would impact on the Trust.

Mr Mitchell said he would reply shortly to Mr Dent about the Mansion. The Trust was likely to be a net recipient of patients who wished to exercise their right to choose the place of their treatment. It was examining capacity issues.

2004/31 GOVERNANCE AND QUALITY REPORT: QUARTER DECEMBER 2003

Mr Robert Craig introduced the Governance and Quality Report for the quarter ending 31 December 2003 which contained six items.

- (i) CNST: Assessment Report and Action Plan
Sally Wallis, Risk Manager RBH, outlined the assessment report from the CNST visit in January 2004 and the resulting action plan. Level 1 accreditation was awarded again by the assessor but the Trust had raised the possibility of proceeding to Level 2 accreditation. This was possible in 2005/6 but as some criteria were almost Level 2 compliant the assessor was prepared to undertake an informal assessment in early 2005.

- (ii) **RPST Assessment Visit**
The RPST assessment took place early in March 2004 and the Chief Executive had reported the outcome. The Trust's overall score had risen considerably and Level 1 accreditation should be achieved.
- (iii) **Clinical Governance Report**
Sally Wallis gave a brief review of the report which included Trust-wide mortality information, adult cardiac surgery data and clinical risk management.

Dr. Caroline Shuldham, Director of Nursing and Quality, gave a summary of complaints received in the third quarter. There were 21 complaints making 64 so far in 2003/4. This compared with 73 from April to December 2002. It was noted that a third of complaints related to patient transport. This appeared to follow implementation of a new policy; availability of transport for some patients was now restricted.

Dr. Shuldham also briefly reported on the results of the National Survey of NHS Inpatients in the Trust. There was a 73% response rate compared to 62% for the previous 2001/2 survey; a 60% response rate is mandatory. A national report would be published later and would enable the Trust to compare its performance with others. Dr. Shuldham also asked the Board to note that CHAI will use information drawn from the survey for the NHS performance indicators and star ratings.

- (iv) **Information Governance**
Mr Robert Craig gave a brief review of information governance which the NHS Information Authority had developed to monitor and improve performance in managing information. The Trust had formed a steering group and the Board noted the terms of reference and membership. The steering group would report to the Risk Strategy Committee.

The group had developed an Information Governance Policy which was approved by the Board.

- (v) **Trust Assurance Framework**
The Board received an amended Assurance Framework which the Risk Strategy Committee had reviewed and revised following the previous Board meeting. The amended framework included a draft action plan and review and assurance measures. The Board noted the amended Assurance Framework.

- (vi) Annual Report on Risk Management – 2003/4
The Board received and noted the Trust Annual Report on Risk Management. The report would be completed following the end of the financial year

2004/32 RESEARCH GOVERNANCE

Professor Anthony Newman Taylor, Medical and Research Director, presented a report on research governance, the purpose of which is to assure the quality of research in NHS institutions. Research governance covered institutional and individual responsibilities, Trust responsibilities for research involving patients, registration of all research involving patients, the role of sponsors and annual reporting on standards.

Professor Newman Taylor also drew attention to changes that are taking place in the role of ethics committees. The role was to be restricted to ethical review of research projects. Current duties in peer review, research audit, review of adverse events in research trials would be undertaken by another body.

The Board thanked Professor Newman Taylor for an informative report.

2004/33 PERFORMANCE REPORT

The Board received a report on performance at the end of February 2004. Mrs Mary Leadbeater informed the Board that the Trust was overspent by just under £1mn. This was a £400,000 improvement on the position at the end of January and was the result of several favourable movements, notably in income and the measures taken by the Executive and Clinical Directors to achieve a break-even position by the end of the year. There were however some adverse movements in the month, notably through designated HRG reassessment. The pay position was also overspent by £500,000. Mrs Leadbeater advised the Board that it was still possible the Trust could achieve a break-even position by the end of March.

Mrs Lucy Davies, Head of Performance, reported briefly on waiting list activity and clinical indicators. The Board was assured that Trust performance was satisfying all the clinical indicators that would feature in star ratings for 2004. The Trust could also expect to comply with "balanced score-card" indicators that would feature for the first time in 2004. There was however some concern about whether the Trust would meet the criterion for the CHI staff survey as some aspects of performance were lower than in 2003.

Mr Tony Vickers, Director of Human Resources, gave the Board a brief report on progress with implementing the Consultant Contract and the European Working Time Directive for Junior Doctors.

- 2004/34 DRAFT BUSINESS PLAN FOR 2004/5
Mr Nick Hunt, Director of Partnerships and Performance, gave a report on the process and progress in the business plan and budget for 2004/5. The Trust was contributing to a generic template for the three-year local delivery plan. The second year had commenced and updates had been submitted to the SHA. Internal directorates and departments had been asked to produce a narrative business document and a costed budget setting template.
- Mr Charles Perrin, Chairman of the Finance Committee, said the Committee had reviewed the first cut of the budget for 2004/5. It believed next year could be more difficult for the Trust than 2003/4. A baseline deficit of £13.25mn had been posted, mostly comprising cost pressures, rising to £18.75mn inclusive of service developments amounting to 10% of the budget. The Finance Committee had agreed an interim budget for the first quarter but aimed to produce a balanced budget for the Trust Board meeting in May.
- 2004/35 MEETING OF THE FINANCE COMMITTEE – 24 MARCH 2004
Mr Charles Perrin gave an oral report following the meeting of the Finance Committee that day. The Committee had considered the Trust's current financial situation very closely and agreed that achieving a breakeven position was just possible. The Committee was particularly concerned over unexpected variables in financial reporting that had recently emerged and had said lessons had to be learned for 2004/5. Mrs Leadbeater asked the Board to note and record the duty of the Finance Committee, to monitor financial risks in this regard.
- The Finance Committee had also discussed the 34-day public sector payments position target and Trust performance which was less than satisfactory. Action had to be taken in April 2004 to ensure the target is met next year.
- 2004/36 MEETING OF AUDIT COMMITTEE – 27 NOVEMBER 2003
The Board reviewed and noted the minutes of the Audit Committee meeting on 27 November 2003.
- 2004/37 MEETING OF AUDIT COMMITTEE – 18 MARCH 2004
Mr Charles Perrin gave a brief report on matters considered by the Audit Committee at its most recent meeting. The Committee had reviewed risk management and details had been drawn to the Board's attention elsewhere in the meeting. The External Auditors had presented an interim report and a report on the use of resources.
- 2004/38 APPOINTMENT OF CONSULTANT IN CYSTIC FIBROSIS
The Board confirmed the recommendation of a meeting of an Advisory Appointment Committee to appoint Dr. Khin Gyi as Consultant in Cystic Fibrosis.

Professor Anthony Newman Taylor asked the Board to note that Dr. Mike Smith represented the Royal College of Physicians and not the Royal College of Radiologists on the Appointment Committee.

2004/39 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC

The Chairman proposed the following resolution which was adopted; "that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of business to be transacted, publicity on which would be prejudicial to the public interest"

(Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)

The next Trust Board meeting would be held on Wednesday 28 April 2004 in the Board Room, Royal Brompton Hospital.

Lord Newton of Braintree
Chairman