Royal Brompton & Harefield NHS
NHS Foundation Trust

Minutes of the Board of Directors meeting held on 24th March 2010 in the Concert Hall, Harefield Hospital commencing at 10.30 a.m.

Present: Sir Robert Finch (Chairman)
Mr R Bell, Chief Executive
Mr R Craig, Chief Operating Officer
Mrs C Croft, Non-Executive Director
Mr N Coleman, Non-Executive Director
Professor T Evans, Medical Director
Mrs J Hill, Non-Executive Director
Mr R Hunting, Non-Executive Director
Mr M Lambert, Director of Finance & Performance
Professor Sir Anthony Newman Taylor, Non-Executive Director
Dr C Shuldham, Director of Nursing & Governance
Mr D Stark, Trust Secretary & General Counsel

By Invitation: Ms J Axon, Director of Capital Projects and Development
Mr R Connett, Assistant Director – Head of Performance
Mr N Hunt, Director of Service Development
Mr D Shrimpton, Private Patients Managing Director
Ms J Thomas, Director of Communications
Ms J Walton, Director of Fundraising

Apologies: Mr N Lerner, Non-Executive Director

In Attendance: Mrs R Paton (minutes)

The Chairman welcomed everyone to the meeting and apologised for the late circulation of the Trust Board papers for this particular meeting. The Chairman said that if such unavoidable circumstances happened again (ie printer failure and/or non receipt of external papers via e-mail) we would ensure that all papers that we had would be sent out if not on the Thursday, certainly on the Friday before the meeting. Any outstanding papers should be forwarded by E-mail when ready and/or tabled at the meeting if absolutely necessary.

2010/17 MINUTES OF THE PREVIOUS MEETING HELD ON 27TH JANUARY 2010
The Board approved the minutes.

2010/18 REPORT FROM THE CHIEF EXECUTIVE
Mr Robert Bell, Chief Executive, updated the Board on the following items:

- Mr Bell had recently attended the AGM of the Harefield Residents Association (AGM) where he had given an outline of the future of the Trust and in particular Harefield Hospital, its links with the community, a summary of reviews taking place throughout NHS London and their possible impact on the Trust, together with general comments on the future state of healthcare funding. Mr Bell noted that in today's edition (24 March) of *The Harefield Gazette,* a report on the AGM stated there were plans to spend up to £50M of Trust funds to modernise Harefield Hospital facilities. Mr Bell agreed he had indicated at the AGM that a mixed development of facilities would be undertaken up to £50M which might include the sale of some of the land in order to generate capital. Mr Bell felt that three related commentaries had emerged from the AGM as follows. There was some agitation based on the

possible property agenda of the company *Comer Homes* who were currently clearing land adjacent to Harefield Hospital. A majority group at the AGM had been very supportive of the Trust's plans. There was another small minority group at the AGM who were anxious about the future of historic buildings and a further small minority group at the AGM who had some reservations of whether there was any possible Trust collaboration with *Comer Homes*. Mr Bell denied any such collaboration, reminding the AGM that the hospital land was one of the largest landholdings in the whole village, and that therefore the Trust had a huge interest in the property generally around the village. Mr Bell said the Trust would not be able to comment until the *Comer Homes* plans were publicly available but he had assured the AGM, the Trust would remain on the Harefield site and sought the support of the local community. The Chairman added that he had held a helpful meeting with Mr David Potter, Chairman - ReBeat, and Mr John Ross, Harefield Conservation/Heart of Harefield. The Chairman had confirmed that when a draft master plan became available, it would be discussed with the Harefield residents, who were vital stakeholders in the Trust's future. The Chairman emphasised that progress was needed in order to maintain a healthy future for Harefield Hospital and this would be financed from Trust funds, not NHS. The Trust was not currently willing and/or had any current intentions to borrow money when it had land assets at its disposal.

- Mr Bell continued: The National Specialised Commissioning Group (NSCG) had previously informed the Trust that Professor Sir Ian Kennedy had been appointed Chairman of a review panel to deliver recommendations for the future configuration of children's heart surgery services in England. A delegation would visit the Trust in early June 2010 to undertake an audit of current facilities and information NSCG currently required and/or requested was being forwarded to NSCG. Mr Bell said, however, that the on-going review of specialised paediatric cardiac surgery services being undertaken by NHS London under the chairmanship of Sarah Crowther (Chief Executive – NHS Harrow) seemed to be pre-empting the outcome of the NSCG review. Mr Bell reported he had seen a copy of the national review standards which indicated the basis for the designation for a paediatric cardiac centre, i.e. the centre should have a threshold of 400 cases per year and have a minimum of 4 cardiac surgeons. Only three centres in the country currently have more than 400 cases - GOSH, Birmingham and ourselves. We are one of only two centres in London with 4 paediatric cardiac surgeons on staff. The NHS London exercise sought to pressurise the Trust to agree to consolidate services on two sites but without the Trust currently being one of them. The Trust had agreed to look at the issues related to such a consolidation and there would be a meeting with Sarah Crowther and the CEOs of the other 2 London centres (GOSH and Evalina at Guys & St Thomas's) on 13 April. Mr Bell had already confirmed he believed in a clinical collaboration for paediatric cardiac surgery in London but felt there needed to be an understanding of collateral effects on paediatric cardiology, paediatric critical care and congenital heart disease should the move go ahead. Mrs J Hill, Non-Executive Director, strongly endorsed that the Trust remained committed to its original plan as per the January 2009 paper. Professor T Evans, Medical Director, reminded the Board that we had already previously made our position clear in such paper and had remained consistent in that approach since then. The Board enquired as to why this initiative had arisen. Mr Bell said that Sarah Crowther's proposal was that there should be one service north of the River Thames and one to the south. Sarah Crowther had proposed that because the rest of the country was rationalising services,

London should do likewise, and that failure to agree to this proposal could result in the process going out to tender and allowing the various commissioners to decide. Mr Bell confirmed that Trust personnel were involved in the working parties for this initiative but felt the idea was reactive, not rational or based on sound economics. Mr R Hunting, Non-Executive Director, asked to what extent the Trust was dependent on this type of paediatric patient. Mr Bell explained that London comes under 3 SHAs covering a wide area, so we are not looking at just a London issue. Mr Bell said the whole spectrum of paediatric services generally should be being assessed and could not understand why the focus was on paediatric cardiac surgery alone. Mr Bell felt the idea was being driven by certain clinicians who were using the committee system to achieve their own objectives. Professor Evans felt that the Trust would/could be challenged because it was not a paediatric hospital but we had already addressed this and recognised the need for increased numbers and the support services that go with them. Mr Lambert asked where our 400 cases would be looked after as the Evalina did not currently have the capacity and facilities to cope. Mrs J. Hill felt the Brompton Hospital could absorb the cases currently being dealt with by the Evalina. Mr Bell felt there should be collaboration between all three centres in line with the Trust's proposals since January 2009.

- Moving onto AHSC's Mr Bell reported a meeting had been held with the new Acting Rector of Imperial College (IC) and meetings would continue regularly in the future. The Chairman felt the meeting had been constructive with IC not being an exclusive relationship and discussions had included the current requirements and aspirations of IC and the Trust. The Chairman confirmed the Trust sought an association with a world-class institution such as IC, particularly in the cardiothoracic area. The Chairman thought ICT was grappling with financial issues of its own. Mr Bell said there was clearly a change in attitude from ICT who were now looking more positively at a joint structure and were talking about a "healthcare system". Mr Bell had sensed that ICT would have preferred their Chairman, Lord Tugendhat, to have been present at the meeting. Professor Newman Taylor, Non Executive Director, agreed with this and felt there had been a shift in ICT's outlook.

2010/19 <u>PATIENT SAFETY & OPERATIONAL REPORT FOR MONTHS 10 & 11: JANUARY/FEBRUARY 2010</u>

Mr M Lambert, Director of Finance & Performance, introduced the report for Months 10 and 11 and highlighted the following:

- The Trust's HSMR ratio was showing a 3-year average of 70.8 (National Index = 100).
- HCAIs: There had been no outbreaks of infection, safety SUIs, Never Events or IRMERs in the period as well as no cases of MRSA or C.Difficile.
- The SISS rate was 7.69% against a national average of 4.5%. Preliminary figures for February are at 1.32%. Professor Evans confirmed that a surgical review was being undertaken under the leadership of Mr Daryl Shore. He confirmed that everything had been put in place in order to combat infection but there might be a 3-4 month lag before results of recently implemented actions would be seen. Therefore it might be best to look at the situation again at the June Trust board. Professor Evans said it was difficult to know when to stop investigating and consistency between sites was an issue.
- Cancelled operations: the YTD position is 0.89%, and therefore just under-achieved against the CQC target of 0.80%, but noted that this is approximately a 50% improvement on last year.

- Patient admissions where the procedure was cancelled: underachieved at Month 11 with a variance of +21 from the PCT standard contract target
- Complaints: underachieved at -19.4% variance from target, but the process is improving under the guidance of the Director of Nursing & Governance.

Safeguarding of Vulnerable Adults (SGA) Annual Report of Activity 2008/9
Dr C Shuldham, Director of Nursing & Governance, introduced the report. Dr Shuldham confirmed that Felicia Cox, Senior Nurse Pain Management, was Trust lead for the initiative and chaired the SGA Steering Group which managed the initiative. A Trust policy had been developed in line with the Policy from the Royal Borough of Kensington & Chelsea and the City of Westminster. The document detailed the identification and management of potentially vulnerable adults, staff training and case review. In 2008/9 the Trust had reported eight alerts.

Safeguarding Children
Dr Shuldham explained that the Trust had to make a declaration on its website on the training requirements related to this initiative. Following a review of training, the number of staff requiring training at level 1, level 2 and level 3 had been clarified. Staff requiring Level 3 training had been identified and appropriate training organised. Dr Shuldham confirmed the Trust had met the targets on training and that she was happy to recommend declaration of compliance with the targets. Dr Shuldham wished to record her thanks to Mr R Connett, Assistant Director – Head of Performance, for all his work involved in this initiative.

Single Sex Accommodation. Declaration of Compliance
Mr R Connett, Assistant Director – Head of Performance, introduced the report. Mr Connett explained that Monitor required Foundation Trusts to make a declaration in respect of compliance with 'Delivering Same Sex Accommodation' (DSSA). The declaration is required to be published on the Trust web-site by the end of March 2010.

Mr Connett explained that the first part of the report followed the template provided by Monitor. The second part of the report detailed the evidence which the Trust had to support the declaration. This included a table showing results from the National Inpatient surveys of 2008 and 2009 and also local survey work carried out in February / March 2010. The surveys showed that compliance with DSSA had improved. Figures for patients, when first admitted, who shared a sleeping area with patients of the opposite sex had reduced from 18% in 2008 to 10% in February/March 2010; patients sharing the same bathroom or shower area as patients of the opposite sex had reduced from 36% to 19%. The Trust had introduced monitoring of any episodes of mixing which were recorded on a database and investigated by the Trust's single sex accommodation lead. This information is reported to the Trust Board via the Patient Safety & Operational Performance Report. The Trust monitoring system showed breaches where patients had been in a critical care area and the rate for those receiving Level 1 care. Breaches of the same sex accommodation pledge were very rare in Level 1 care, averaging < 1%. Mr Connett recommended the Board approve the declaration. Once approved, the declaration would be uploaded onto the Trust website by the Communications Team.

Mr N Coleman, Non Executive Director, felt the report demonstrated mixed information and conflicting numbers. Mr Connett explained that patients in critical care areas can sometimes be in shared 4 bedded bays, if this is

necessary in order to ensure that patients have access to specialist equipment or specialist care. The patients then step down to a Level 1 ward environment where they will be in single sex accommodation. Mr Bell confirmed that, of necessity, there would always be some sharing because of the type of patient we treat. For the purposes of the declaration, our report is bound by the demands of the Monitor template. Mr Connett pointed out that the Trust's declaration included the fact that sharing will only happen by exception, based on clinical need, and that the exceptions included critical care areas and children's wards. Mr Coleman felt the Trust had reached a sensible place with the initiative and the Board supported the declaration that the Trust had virtually eliminated mixed sex accommodation in both hospitals.

2010/20 FINANCIAL PERFORMANCE REPORT FOR MONTHS 10 & 11: JANUARY/FEBRUARY 2010

Mr Lambert introduced the report which included information for Month 11 and Month 10, as the Trust Board had not met in February. At Month 11 there was a surplus of £510K. Current YTD surplus was £3.3M, against a planned surplus of £3.2M. Month 10 had been disappointing with a loss of approximately £800K due to lack of activity over the Christmas/New Year period. Mr Hunting asked if this dip in activity had been due to lack of facilities or lack of patients wishing to be admitted at that time. Mr R Craig, Chief Operating Officer, felt it had been a combination of these reasons and that despite higher levels of occupancy there had still been a loss of approximately £1–1.5M more than the previous year and this needed to be understood. Mr R Craig agreed capacity could not be expected to be optimal during the holiday period but there had been a bigger dip this year than previously. Professor Evans said that the period had partially coincided with the ECMO service on the RB site. At this juncture, Mr Bell referred to service line reporting which would come later on the agenda and which would currently indicate profitability or otherwise in different areas. Mr Bell said the Trust was experiencing an erosion of revenue which had increased because the tariff had not increased and the Trust cost structure was fixed. The main elective activity in the Trust was surgery and this appeared to be a financial loser. In the Christmas/New Year period the Trust had not been producing activity that would underwrite costs of the cardiac surgery, e.g. cardiology. Mr Bell confirmed the Management Committee had emphasised that focus on surgery was necessary and any underlying efficiency and/or productivity issues that may need addressing by the Trust.

Mr N Coleman referred to the erosion of NHS income and how this related to the SHAs also appearing to be not happy about our over-performance - so enquired about what is going on in the negotiations on the tariffs? Mr Bell confirmed the Trust had agreed plans for next year with the three SHAs – on anticipated clinical growth. There is no negotiation on tariff, it is centrally imposed. North West London Commissioning Partnership (NWLCP) acts as a central commissioner on behalf of all commissioners. The Trust signs up with NWLCP and they effectively commission on behalf of all other commissioners. Mr Coleman further asked if our plan for next year was solid. Mr N Hunt, Director of Service Development, confirmed the Trust had signed up with its coordinating commissioner and therefore they have automatically been signed up. Monitor will expect our annual plan end of May this year – Monitor will not give a risk rating if not happy with the business plans with various PCT's we have signed up for. Mr Bell said the Trust needed to ensure the PCT's will pay up/ deliver these monies. If the PCT's do not – Monitor's advice is we should take them to court, if necessary.

Mr Lambert returned to the main report as follows.
The cash balance was £14.9M. Mr Lambert reported meetings were being held with the 3 SHAs to resolve concerns they had raised about levels of over-performance. He added that the East of England Specialised Commissioning Group intended to withhold £1.7M from its SLA payment in March 2010, saying the Trust had not resolved the ongoing dispute on coding of outpatient procedures. The Trust felt there was no clear contractual legitimacy in withholding such sum and was now subject to formal dispute resolution and this was process was ongoing.

With regard to the calculation of the Private Patient cap (PP) there was now a slight alteration following UNISON's challenge to Monitor at the end of 2009. There had been a change in the way the cap was calculated. The Trust was going through a process to recalculate the cap but it may well allow a small increase from the current 14.5%. The FT Network had indicated they thought that if the Conservatives were successful at the next Election they would remove the PP cap.

Mrs J Hill referred to the private patient market. She said the market was probably changing and thought it would be helpful if a paper on the background to this could be brought to the Board. Mr Bell agreed that a special paper on the subject of our PP business would come to the Board at a later date.

Mr Lambert turned to the Financial Stability plan (FSP) and confirmed that YTD £13M had been delivered with a forecast outturn of £14.2M against a target of £15.1M, which is very creditable. Mr Craig said he would have liked the target to have been reached and reminded the Board that targets had been redistributed in departments to try and offset some of the risk, following a review last summer. Some departments had over-delivered and this had helped to mitigate the situation. Mr Craig confirmed that the 94% of plan delivered was reasonable and Monitor was satisfied. Mr Lambert said that based on activity figures for this year, activity had been good in the first two weeks in March but there was an issue of securing money from the PCTs.

Mrs C Croft, Non-Executive Director, referred to the disputed debt item, particularly in relation to Heatherwood & Wexham Park Hospitals FT (H&W FT). Mr Lambert confirmed there were potential moves to re-finance H&W FT and that additionally the Trust was in preliminary negotiations to increase services towards them to offset the debt. The Board discussed the issue of accepting patients from a failing hospital and Mr Bell confirmed that as a hospital the Trust treats sick patients if they are referred, however in the future a decision would have to be taken as to whether we would enter into a contract with a failing hospital. RB&H and H&W FT are both foundation trusts and Monitor would expect us to have recourse to recovery of debt. Mr Bell said that H&W FT had a cardiac service that could not continue in its current form and H&W FT had already been in discussion with the Trust to be their preferred cardiac provider and such discussions were ongoing

2010/21 <u>NHS SAFETY GUIDELINES (MID STAFFS REPORT)</u>
Dr C Shuldham, Director of Nursing & Governance, introduced the report which had been compiled by herself and Dr E Haxby, Lead Clinician in Clinical Risk. Dr Shuldham confirmed the report was for the Board's information and had been based on authorised reports which had followed on from the reviews of the Mid Staffs NHS Foundation Trust. Two more reports were expected: a case review from the Staffordshire PCT of the patients involved and one by Robert Francis

QC on the involvement of commissioning, regulatory and supervisory bodies. There were a range of recommendations for the Board to consider which included standards of patient care and governance arrangements. The standards of care included privacy & dignity, personal hygiene and safety. Dr Shuldham confirmed the Trust wanted to take an analytical and measured approach on the aspects where recommendations suggested there could be improvements (these are already under way). Mr Bell confirmed that future engagement would be via the Governance and Quality Committee and the new Trust Board Risk & Safety Committee and any recommendations would come to the Board in due course.

Mr N Coleman, NED and Chairman of the ARC, confirmed the Trust would need to assess the recommendations, and make a decision on whether they held any relevance to this Trust and how then to proceed. He recommended this action be undertaken sooner rather than later.

Mrs J Hill said the role of the Board and the NEDs in understanding patient and staff views was very important. It was vital that the Governors and the NEDs should be very much involved.

Mr Hunting asked if there was anything from the Mid Staffs report that had direct relevance to our Trust. Dr Shuldham felt there were many different things in the reports and there were things the Trust could do better, but there was nothing critical to do immediately. She felt that there had been a huge amount of hype about Mid Staffs, and it should be remembered this was about one Trust only. The NHS needed to take notice but it was not failing as a service. Professor Evans confirmed the College of Physicians agreed absolutely with this view. He further commented that the situation at Mid Staffs had been the disengagement of the clinical leadership and emphasised that there was no such disengagement in this Trust. Mr Bell further wished to assure the Board that he could not recognise our Trust when reading the Mid Staffs reports, but agreed there was always room for improvement. Professor Sir Anthony Newman Taylor, Non Executive Director, also agreed and said that at Mid Staffs very poor information had been supplied to their Board and/or Governors and the Board and/or Governors had had no faith in the data, i.e. standard mortality rates. He said that transparency of information in this Trust was evident in the quality of information supplied in the papers to the Trust Board and also to the Governors' Council.

The Board noted the information provided.

2010/22 <u>2010/11 BUDGET SETTING / ANNUAL PLAN UPDATE</u>

Mr Lambert explained the Annual Plan was due for submission to Monitor by the end of May 2010. The paper before the Board set out the proposed starting budget position for 2010/11 together with what was currently being achieved. The Trust was challenged to find savings of £20M and, to date, £11.6M of FSP initiatives had been identified. The report detailed the changes in NHS income, including income possible under CQUIN, adjustments on PbR with regards to outpatient procedures, and reduction of the Market Forces Factor due to capping. Work is currently in progress and an update will be brought to the April Board meeting.

Mr Bell said he hoped the Board was content with the timing and process issues involved. There had been Board review and debate but we must ensure our Governors' views are taken into account on the annual plan before its final

submission by end of May to Monitor. Mr Bell noted that the next Governors' Council would meet on 12th May. Mr Bell commented that the business plan for the coming year was not radically different from the current business plan. If after the Governors' Council it was felt necessary that any changes needed to be further discussed by the Board, there would be a special Board meeting set up accordingly.

Mr Coleman referred to the base-case which was break even, and said the Trust needed a further £5-6M surplus to be on the safe side. He asked if Monitor would test the Trust on a downside scenario basis.

Mr Bell confirmed that Monitor would check that the Trust had completed the process and that we had the evidence to substantiate our current risk rating and had done the necessary challenge testing. Mr Bell said the Trust now needed to develop a 1-2% surplus position over and above any base-case. Our year-end position needed to be assessed with any surplus being carried forward to next year. Mr Bell confirmed that Project Diamond had injected £11.7M in the last financial year. Mr Bell felt there might be some additional grant because the tariff is a punitive one and hoped the SHA would declare at the end of April that the Trust would receive some of that grant.

2010/23 INITIAL CAPITAL BUDGET FOR 2010/11

Mr Lambert presented the budget to the Board for approval. Mr Lambert confirmed that the report set out the proposed initial Capital Budget for 2010/11 and had been approved by the Capital Working Group. The total budget for next year was £19,301M. £1.8M of accumulated resource had been applied into the budget for 2010/11 to fund three projects which were part of the long-term future plans of the Trust, being the St Jude Cath Lab, Harefield Thoracic Suite Conversion and Master Planning & Redevelopment.

The Board approved the budget.

2010/24 SERVICE LINE REPORTING: PROGRESS REPORT

Mr Lambert introduced the report which provided an update on the progress in achieving Service Line Reporting (SLR) and the planned timetable for the full rollout of SLR within the Trust. The report included a complete set of service line reports for 2008-09 and indicated that for RB surgery was not profitable, the most profitable areas being respiratory medicine and cardiology. At HH large profits had been delivered by Cardiology which had been offset by losses in cardiac and thoracic surgery and transplantation. Some initial analysis had been undertaken with cardiac surgery procedures being looked at. Mr Lambert confirmed that Project Diamond had demonstrated that all teaching hospitals in London (with the exception of one where the data was believed to be faulty) make a loss on the CABG service and our losses were at the higher end.

Mrs C Croft, Non Executive Director, asked what was the break-even level of theatre throughput. Mr Bell indicated that the Trust either needed to be more productive and/or needed more theatre discipline but certainly needed to be more integrated. Mr Lambert, Mr Craig and Mr McCleery were looking at theatre activity and productivity generally and would report back at a future Board meeting

Mr Hunting raised the issue of how other international health services utilised their theatre time. Mr Bell confirmed that other hospitals ran more productive theatres because they maintained a discipline on how theatres were utilised. Mr

Bell confirmed this was a Trust key improvement area for 2010/11. Professor Evans confirmed that in relation to this issue other trusts were being assessed as possible benchmarks. Professor Evans confirmed the scene was changing, that each care group would need to be assessed and theatre allocations would need to be made. Mrs Croft asked if throughput should/could be increased and Mr Bell felt this would/could be achieved when the Trust was more efficient and if there was a material cultural change within the Trust.

Mr Coleman offered his congratulations to the Executive in reaching this point in service line reporting.

2010/25 THERAPEUTIC SAFETY CLUSTER IN INFLAMMATORY RESPIRATORY DISEASE - CALL FOR PROPOSALS

Professor T Evans, Medical Director, alerted the Board to this new national initiative which had relevance to respiratory disease and the Trust's research activities. The Board endorsed the recommendation of the Research Management Committee that the Trust should submit a bid for this Government-led initiative. The bid would be made in collaboration with Imperial College London, the Trust's academic partner in the Biomedical Research Units, and the Imperial Academic Health Sciences Centre.

2010/26 RESEARCH SCORECARD

Professor Evans presented the report which sought to advance the Trust's research agenda. The report had been prepared by Dr A Cooper, Associate Director of Research, and outlined recent Trust research activities (November 2009 – February 2010).

The Board supported the activities.

2010/27 ANNUAL REPORT FOR TWO MONTHS ENDED 31 MAY 2010

Mr Lambert introduced the report which had been prepared by the Communications Department. He explained that there was a statutory requirement for an Annual Report for the last two months as an NHS Trust, ended 31 May 2009. This report represented a performance review for the Trust for the two month period1 April 2009 to 31 May 2009.

Mrs Hill felt there was something lacking in the second paragraph. She agreed to compile a sentence to insert in the report a few words to report on the Trust's values.

The Board approved the Report with such minor alteration.

2010/28 RECOMMENDATIONS OF ADVISORY APPOINTMENT COMMITTEE

The Board received the recommendation for the appointment of:

- Consultant in Adult Congenital Heart Disease with an interest in Intervention: Dr Anselm Sebastian Uebing.
- Consultant in Cardiology: Director of Echocardiography: Professor Roxy Senior
- Consultant in Adult Congenital Heart Disease: Dr Konstantinos Dimopoulous

The Board approved the appointments.

2010/29 DRAFT QUALITY ACCOUNTS 2009/10

Mr Lambert informed the Board that the Trust is required by the Act 2009 to

prepare Quality Accounts for publication on NHS Choices website by 30 June 2010. The report before the Board was the first draft which, once approved, would be submitted to the Governors, Hillingdon Borough Council Overview & Scrutiny Committee, LINKs and Commissioners. Monitor had also issued guidance on their requirements for the Quality Reports section of the Annual Report which they require to be published by 8th June 2010. The Trust can choose to produce either one set of quality accounts containing all requirements, or can produce two versions each meeting the requirements of the Department of Health regulations and the Monitor requirements. Notwithstanding the fact that the Trust had been an FT for only 10 months, the Act requires quality accounts for the full year although Monitor had agreed the Trust could use the full-year document to fulfil both requirements if the Trust so wishes. The draft Quality Accounts included all of the items required by the regulations and included the Statement from the Care Quality Commission (CQC) that the Trust is required to register with the CQC – a registration application has been made. Part 3 of the draft is the Quality Account Indicators, and allows some flexibility in that some of the content has been chosen by the Trust.

The Board discussed the fact that the report would be available to the public and that it was critical to get it right from the outset as it might be difficult to change in the future. It was understood that some of the contents were mandatory but the Board felt the content of the report needed to portray more positive information in relation to marketing Trust services. Mrs Hill recommended including information on the provision of on-going care and support for life-long patients. Also the Board wanted to know if there was a set order under Part 3 that had to be followed; Mr Lambert confirmed there was no set order and agreed to look at this together with the Communications Team and to prepare a further draft to reflect these issues and bring back to the Board at next meeting.

2010/30 FIRE SAFETY

Mr Craig introduced a report on recently identified deficiencies in compliance with fire safety regulations. Mr Craig said the Trust did not regard itself as at significant or immediate risk but it was an issue which might have consequences for current and pending declarations to regulators. Following changes to the Estates & Facilities management arrangements in mid-2009, third-party support was engaged to help inform work plans for several areas of the department's activity, including fire safety. Findings received in March 2010 identified a number of deficiencies in relation to existing regulations and that the Trust was not fully compliant with Firecode, which needed to be reflected in the annual DH return, as well as declarations to the CQC and Monitor. Mr Craig said the Trust could either declare "not met" or "insufficient assurance" against the relevant standard. He confirmed that all necessary action was being taken (as summarised in the action plan) to bring compliance to the highest standard as quickly as possible.

Mr Coleman, as Chair of the ARC, suggested the next ARC might look into any possible flaw in the process and to check if there had been any significant lapse as the Trust had declared compliance in previous years. Invited to contribute from the floor, Mr S Moore, Head of Estates & Facilities, said that he felt the Trust was now, in fact, better prepared than in the past, but that the identified areas needed to be addressed. Also in attendance, Mr R Ulliott, Estates Manager, said there had been *ad hoc* maintenance of systems but he wished this to be undertaken on a regular and more robust basis and had agreed to the target date of 31st July 2010 for correcting outstanding problems.

The Chairman noted that nothing in the list indicated that patients were at risk, but that work needed to be done to gain assurance. The Board debated the issue of whether the necessary work had not been undertaken, or had been undertaken but had not been assured. Dr Shuldham said a huge amount of work had been undertaken on fire safety in the past few years and the Trust was now at demonstrably less risk. A significant lapse would be about actual harm or serious risk to patients. If the issue was that equipment had not failed but that we needed to be clearer on maintenance, then the Trust was not sufficiently assured.

Mr Bell said that, in relation to its regulators, the Trust was dependent on the CQC definition (appended to the paper). In December we had declared compliance but had subsequently discovered that we were not. The Trust had promptly shared its concerns with the CQC. Mr Connett confirmed that he had been in contact with the CQC, who had that morning confirmed the Trust was registered in all other areas and was recommending registering the current situation as a "moderate concern" (not a condition on registration). Mr Connett said that therefore the CQC regarded this as an area of insufficiency of assurance.

The Board agreed the Trust declaration should be one of "insufficient assurance".

The Board urged that the Chief Operating Officer should be supported in the work towards gaining full compliance with current regulations.

Mr Bell reminded the Board that there was a second issue related to the next declaration to Monitor. Mr Connett confirmed that the next quarterly return would include core standards. The Firecode deficiency would be logged against the Compliance Framework; if no other concerns came to light for the quarter, the Trust would still be rated "green" for governance. It was agreed that the Trust would submit the action plan to Monitor alongside the declaration.

.

2010/31 <u>TERMS OF REFERENCE ARC SPLIT</u>

(i) Audit Committee – Draft Terms of Reference
(ii) Risk & Patient Safety committee – Draft Terms of Reference

Mr Coleman reminded the meeting that following Monitor's recommendation, the Board at its meeting on 27 January 2010 had decided to split the ARC into two committees and had asked Messrs Coleman and Lerner to draft Terms of Reference (ToR) for the two successor committees. Mr Coleman confirmed that revised ToRs had been devised and that Dr Shuldham had been involved in this from a patient safety point of view. The draft ToRs had been assessed by Board Directors, including the Senior Independent Director. Mr Coleman submitted the draft ToRs to the Board and said these could be amended in six months time. Mr Coleman reported that content on who served on which committee was outstanding and that the Chairman would liaise with the Chief Executive on this. The Chairman suggested that Mr Coleman should chair the Risk and Safety Committee and Mr Lerner the Audit Committee. Particular NEDs would be assigned to a particular committee but they could attend the other committee if they so wished. The issue of the length of committee meetings remained to be looked at. The draft ToRs would now be sent to the Governors for information and comment and the formal splitting of the ARC would follow after the next Governors' Council on 12 May.

Mr Bell referred to the title of the Risk & Patient Safety Committee. He felt the title should be more all-encompassing and suggested the title should change to the Risk & Safety Committee. The Board agreed to this amendment.

1010/32 QUESTIONS FROM MEMBERS OF THE PUBLIC

M K Appel, Public Governor, reported he had attended the recent Foundation Trust Governors (FTGA) meeting and that they had decided to reduce their membership fees from £3,700 to £3,300. At the FTGA meeting, Mr Appel had met the Chair of the Governors of the Mid-Staffordshire NHS Foundation Trust and had discussed with him their problems which were still on-going. Mr Appel felt that the Mid Staffs problems bore no relation to anything he could see in our Trust.

Mr Appel asked how good a customer Kuwait was to us. Mr D Shrimpton, Private Patients Managing Director, confirmed that Kuwait was the Trust's largest embassy customer and that debt had been addressed over the last few months.

Mr Don Chapman, Chairman – League of Friends, confirmed he was an FT member and asked if the Governors' Council was open to the public. Mr Stark confirmed the Governors' Council was a public meeting. Mr Stark confirmed he could let Mr Chapman have a list of dates for Governors' Councils. Mr Chapman said he would like to continue to receive a copy of Trust Board papers in future. Mr Chapman further commented he was maintaining a watch over the future of the Mansion building in the grounds of HH.

Mr Michael Dent referred to the current clearing of land adjacent to HH by *Comer Homes*. There was local understanding that there had been a covenant on this land which stipulated that any development there should be hospital/medical-related. Mr Dent felt there were conservation matters involved and that demolition of the greenery could lead to the site being designated as 'brown field'. There were no official plans available yet, but local people were concerned and wanted any development to be suitable for the village and the Trust. He asked the Trust to look into this issue. The Chairman confirmed the Trust would certainly look at any plans for development of the site and if these were prejudicial to Harefield hospital then the Trust would make representations to the planning authority against any such plan. The Chairman confirmed the Trust was aware of local concern and would be discussing any proposals with all its stakeholders, i.e. including the village of Harefield. Mr Bell referred to a possible pre-condition at the original sale of the land by the Trust and confirmed that he believed this may not stipulate development had to be connected to the hospital. Mr Bell was unaware of any kind of covenant but agreed to look into this matter if further details were supplied to the Trust. The Chairman assured the meeting that the Trust had no contractual relationship with the owners of the site and although he was aware the company had taken steps, he was not aware there was an application for planning yet. The Chairman recommended the villagers should contact the London Borough of Hillingdon if they wanted further clarification and/or details.

DATE OF NEXT MEETING

Wednesday 28 April 2010 at 2.00pm in the Boardroom, Royal Brompton Hospital