ROYAL BROMPTON & HAREFIELD NHS TRUST

Minutes of a Meeting of the Trust Board
Held on 26 March 2008 in the Concert Hall, Harefield Hospital

Present: Lord Newton of Braintree, Chairman
Mr R Bell, Chief Executive
Mr N Coleman, Non-Executive Director
Mrs C Croft, Non-Executive Director
Prof T Evans, Medical Director
Mrs J Hill, Non-Executive Director
Mr R Hunting, Non-Executive Director
Mr M Lambert, Director of Finance & Performance
Prof A Newman-Taylor, Non-Executive Director
Dr C Shuldham, Director of Nursing & Governance

By Invitation:
Mr R Connett, Head of Performance (Acting)
Mr N Hunt, Director of Service Development
Ms J Thomas, Director of Communications
Mr T Vickers, Director of Human Resources

Apologies: Ms M Cabrelli, Director of Estates & Facilities
Mr R Craig, Director of Planning & Strategy
Mr P Mitchell, Director of Operations
Cllr J Mills (Member, OSC on Health, RBK&C)

In attendance: Ms E Mainoo (Executive Assistant)
Mrs R Paton (Minutes)

2008/24 MINUTES OF THE PREVIOUS MEETING HELD ON 26 FEBRUARY 2008

The minutes of the previous meeting were agreed as a correct record with the following amendments:
Page 4, para.6, line 8, to read: …..to enable deep cleaning due to one case of VRE bacteraemia. (Amendment notified by Prof. T Evans)

Page 5, second para. Delete "The Board approved the Capital Budget" (repetition).

2008/25 MASTER PLAN PRESENTATIONS

a) Royal Brompton Hospital

Devereux Architects presented a master plan for the redevelopment of the Chelsea site. The strategy would ensure all agreed clinical services were accommodated into the Sydney Street site, maximising efficiency across the hospital and allowing the release of land for the new build. The project took account of the existing site plan and highlighted problems such as deliveries and the constraints of older buildings on modern medical care. Devereux had liaised with a leading company of healthcare planners and patient environment had been fundamental to the work. The potential development site is adjacent to Sydney wing, the plan bringing together the two buildings by means of a linking atrium. The functional content of the building had been identified in association with clinical staff. At ground level there would be improved main and service entrances, centrally placed affording approach to all main departments, together with a larger service yard. All high tech equipment departments would be

consolidated in one area and at the first floor level there would be a linking gallery. Locations for temporary decanting had been identified. The Fulham Road wing would be relocated into the new wing to allow its disposal together with the South Parade site. It was estimated the Project would take four years to complete.

Members of the Board asked about the siting of support services, e.g. administration, catering, storage, estates, etc. The Architect confirmed they were well aware of these issues and that further work was needed in relation to this. The Chief Executive confirmed there had been no compromise on clinical services support.

The majority of the site would be air-conditioned/ventilated and, in relation to this, Prof Evans, Medical Director, stressed that the critical care department environment had to be very tightly controlled.

The Chief Executive asked if the plan might accommodate other partners should they wish to come on site, e.g. possible collaboration with the Royal Marsden Hospital, and the Architect confirmed there was room to reconfigure the theatres and critical care space.

The rebuild would allow an increase in bed total to 320 beds and, in response to a question from Dr C Shuldham, Director of Nursing & Governance, about single room provision, the Architect said that ultimately they were working towards all single rooms.

Mr R Hunting raised the question of car parking, and the Architect said the decision had been taken to have no or minimal car parking, as cost of provision would be prohibitive and planning permission from the local authority probably unachievable. Mrs P Crawley, Harefield Residents & Tenants Association, pointed out the legal requirement to provide disabled parking, and it was confirmed there would be ambulance and disabled parking provision.

The Architects realised the whole site was in a very sensitive planning area. Mr N Coleman, Non-Executive Director, had noticed the current building facades at Dovehouse Street were to be preserved, and thought this would lead to loss of space which might accommodate more beds. The Architect explained it would be difficult to alter the building line which is set back by a couple of metres and determined with reference to the 'right of light' to houses opposite. He felt not much would be gained by altering this building line but the issue could be looked into.

The existing car park had been identified as a temporary decanting area but the Board felt the use of the Farmers Market might be contentious.

Mr D Potter, Chairman – Rebeat Club, asked if the £180m quoted for construction was a current-day figure and the Architect replied in the affirmative.

The Chairman thanked the Architects for their presentation and felt the plan was a very exciting vision of what could be achieved.

b) <u>Harefield Hospital</u>

Mr John Webster, AWW Architects, gave a presentation on possibilities for the Harefield Hospital site. His brief had been to look at the land holding, but not to undertake an in-depth internal review of the buildings.

The plan took the medium to long-term view, setting out a phase-by-phase redevelopment of an identified 'core hospital zone' together with a master plan for the whole campus which might include a residential care home, retirement village accommodation, sports & fitness facilities, private residential apartments and housing. A new additional vehicular access route would be created (near the existing entrance to the Medipark site) and the heliport would be retained. The existing site is approx 18 HA, the new 'core zone' requiring approx 6.7 HA. New buildings and a reduction in size of the 'core zone' would deliver economies and efficiency. The plan provides for a large car park, better related to the main entrance, scope for future expansion of plant, relocation of the boiler house (possibly with a new bio- boiler system), relocation of Parkwood House and building of a sustainable transport solution (such a company to be a tenant of the Trust which would provide a useful income when housing development planning permission was not achievable).

The plan outlined the phasing work for decanting, demolition and rebuilding, to allow the continuation of hospital services during the work.

Prof Evans felt this was a large development to support 130 beds, and the Architect said there was scope for the hospital to build on another storey - the plan had taken the international current outlook on healthcare and aimed to provide single bed/on suite rooms.

The Architect continued that the only listed buildings are the Mansion and a couple of adjacent estate buildings. The planning process would want to keep the hospital outlook, taking into account the conservation of the buildings. The Chairman thought it strange to replace demolished buildings in the same style, and the architect agreed but explained this was to allow for heritage views. The Chairman felt that where buildings are not listed, it made little sense to preserve what was not suitable for modern use.

The Chief Executive explained that this plan moves patient care away from the existing wings and that the functionality of the buildings was yet to be determined. He felt the issue was whether the 'core zone' concentration was sufficient to provide viability for a hospital with 130 beds without having a re-build on another part of the property. He also reminded the Board that we already have a process established to draw up a Strategic Outline Case for Harefield in-patient facilities.

The Chairman raised the issue of possible local reaction to the plans. The Architect felt this was a plan for the needs of the future; there was a need for housing accommodation and the proposed density would still allow for an attractive area. The semi-rural site had been taken into account and the good mix of types of accommodation and provision of sports facilities would be more acceptable to planning regulators.

Mr J Ross, representing Heart of Harefield and the Harefield Village Conservation Area Advisory Panel, reminded the meeting that the hospital grounds were within the Green Belt and Village Conservation areas and asked if the scheme had been discussed with the local planning authority. The Architect replied that the current work was an aspirational scoping exercise, which could be used as a basis but equally could be unpicked and started again. The proposed project would be less of a burden on the public purse. Mr Ross expressed his surprise that a Masterplan had been produced without discussion and reference to the Local Planning Authority.

Pauline Crawley, Chair – Harefield Tenants and Residents Association, raised the issues of who would manage parts of the estate not within the 'core zone', and whether the plans to form a further entrance at the Medipark site would compromise its future development. She said an item on housing development on the Medipark site had recently appeared on the Internet. The Architect replied he had no knowledge of this issue but, if the plan was to go ahead, it would be further investigated.

Mr D Chapman, Chairman – Harefield League of Friends, felt the exercise would not progress due to local authority restrictions.

The Chairman confirmed the local authority firmly supported the continuation of the hospital facility on the Harefield site. He thanked Mr Webster for his presentation on possible development of the Harefield site in conjunction with the redevelopment and modernisation of the hospital facilities.

2008/26 HAREFIELD UPDATE

Mr M Lambert, Director of Finance & Performance, reported that the digging of trenches for the main power supply is now underway.

2008/27 MAGDI YACOUB INSITUTE – SALE AGREEMENT

Mr M Lambert, Director of Finance & Performance, introduced the item and explained that the Trust owned the Heart Science Centre (HSC) Phase 1 and that the adjoining Phase 2 is owned by the Magdi Yacoub Institute (MYI). In 2004, in the light of possible transfer of Harefield Hospital to Paddington, MYI requested purchase of Phase 1, associated buildings and land. In January 2005 the Trust Board had recommended the sale proceed. However, in July 2005 the Trust ceased negotiations when it became clear that the Trust would not be moving to Paddington. There is a Memorandum of Agreement from some years ago, agreed between RB&H NHS Trust, Imperial College (IC) and the then Harefield Research Foundation, which talks about the intended future sale of Phase 1 but also certain land on either side of an access road to the hospital, adjacent to the MRS centre. Ms M Cabrelli, Director of Estates & Facilities, has opened discussions with the SHA Estates Strategic Advisor, who have confirmed orally that the proposed sale falls within the Trust's delegated limits, subject to adherence to the Estate Code.

A letter dated 13 February 2008 has been received from the MYI stating its disappointment at the lack of progress towards the sale of Phase 1, requesting completion of the purchase expeditiously.

The Board discussed the impact this sale might have on the recently commissioned Master Plan for Harefield (previously reported); there is a problem in that part of the MYI lies within the newly identified 'core zone' in that plan. The Board debated whether there were sufficient grounds for the Trust to refuse the items contained in the Memorandum of Agreement, and felt the Heads of Agreement was a declaration of intention but not a legal undertaking. Mr N Coleman, Non-Executive Director, said that now that planning for the Harefield Hospital site had changed and we are considering extensive redevelopment of the site, the sale of this land might restrict redevelopment of the hospital. He proposed a limited sale of land would be the wisest move rather than an extensive sale and that an alternative to the Heads of Agreement should be negotiated.

Prof A Newman-Taylor, Non-Executive Director, felt the buildings should be used to house science but was concerned about possible considerable revenue consequences; he confirmed there was money available to finance the land purchase but asked whether RB&H or IC would be responsible for future support costs and building maintenance. The Chairman said the new options needed to be negotiated together with the issue of the access road to the hospital which lies within the land required by MYI. Mrs J Hill, Non-Executive Director, stressed the need for a solution that can be integral with our new plans for Harefield.

The Chief Executive said the central issue was whether the intentions of the original Heads of Agreement were still current and, if not, renegotiation would be necessary to take into account the new Master Plan. Following five years of dialogue, were there any grounds to alter the agreement for the sale of land specified?

The Chief Executive felt we should confirm to MYI that the Trust is prepared to sell the land in order that they can fulfil their ambitions and that whatever land we want to sell them has not to cause any difficulty for us in the execution of a master site plan. The MYI will have to accept that the details of the previous Heads of Agreement have moved on and that the sale will not compromise any future plans for Harefield.

The Chairman summarised that on the basis of this discussion, the Board would authorise the Chief Executive to go back to the MYI and, in response to their Chief Executive's recent letter, indicate that we are prepared to sell them land subject to negotiations taking account of the possible Master Plan for the site. At the same time it is felt appropriate to review the Heads of Agreement to fit the new circumstances and to revisit on-going future costs. The Trust wishes to approach these negotiations in good faith, with a view to a satisfactory outcome.

A member of the audience asked if any of these proposed plans would affect the Harefield GP Surgery which was in close proximity to the MYI. The Chairman confirmed the Surgery was not based on Trust land.

2008/28 <u>SINGLE EQUALITY SCHEME (SES) FRAMEWORK</u>

Mr Y Fassil, Equality & Diversity Development Manager, introduced the paper to the Board. He explained that the Scheme incorporates the Race Equality Scheme, Disability Equality Scheme, Gender Equality Scheme, and extends to age, religion and sexual orientation, and includes a three-year strategy and action plan.

Over the past year the Trust had made significant progress on the introduction of equality impact assessment, with better understanding of staff on equality legislation through in-house training courses, and had prepared, consulted and published the Disability Equality Scheme and the Gender Equality Scheme. Consultation had been undertaken in liaison with disability groups, particularly in Kensington & Chelsea and Hammersmith & Fulham, who had advised on a disability audit in order to render all our facilities compliant with the Act. Equality & Diversity issues have now been included in staff and line management training, induction and mentoring. Collection of relevant data by our staff remains a challenge, together with appropriate implementation of the data. Progress is needed in public and user involvement with groups traditionally excluded and, in December, a successful event had been held which brought staff and patients together to assess how to involve under-represented groups. Mr Fassil continued that the Single Equality Scheme is an over-arching framework designed to bring the three public duties together. An action plan had

been formulated to enhance fairness in services and there is now a need to make the service more personal and mainstream equality and diversity as part of the Trust's policy and decision-making.
Mr R Hunting, Non-Executive Director, pointed out that patients might possibly feel questions about their racial background were intrusive. Mr Fassil agreed that this was a sensitive area but explained that ethnicity is now part of the Population Census; the data is used to improve patient care and although a patient can refuse to give this information, Mr Fassil felt that with careful explanation of the reasons for collection, patients were normally happy to acquiesce.
Mrs J Hill, Non-Executive Director, commented that the project had been well managed. The group had taken a wider perspective on the whole issue, taking into account the demographic profile of patients, which she felt would help with marketing the Trust.
The Chairman noted the document called for Board level commitment to ensure project success, a firm link with Trust strategic objectives, a clear action plan and a way of measuring progress and outcomes via integrated governance. The plan needs to be built into the Trust processes and be the subject of regular reports to the Board against measurable targets and the Chairman asked Mr Fassil how confident he was about achieving this. Mr Fassil replied that systems are in place, but the issue is one of how to measure progress.
The Chief Executive said the Board recognised the leadership provided by Mr Fassil in helping to provide understanding of the issues involved. There had been a huge awakening on how to cope with equality & diversity issues and the collation of all the schemes. He felt the Trust was already exceptionally diverse in terms of both staff and patients.

The Chairman, on behalf of the Board, thanked Mr Fassil and his team and the Director of Operations for all the work undertaken in this area. The Trust is a DH pilot in this area and this is a compliment to us.

The Board approved and supported the document.

2008/29 RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

The Board received the recommendation for the appointment of Mr Eric Lim as Consultant in Thoracic Surgery. The appointment was approved.

The Board received the recommendation for the appointment of Mr Richard Trimlett as Surgical Tutor & Consultant Adult Cardiac Surgeon. The appointment was approved.

2008/30 PERFORMANCE REPORT FOR MONTH 11: FEBRUARY 2008

Mr M Lambert, Director of Finance & Performance, reported that the Trust for Month 11 had made a surplus of £935k, giving a year-to-date current surplus of £4.5m. The Trust is still being held to a year-end control total of £2.4m by NHS London and is therefore currently over £2m in excess of this. He tabled a paper summarising possible solutions to the issue. A particular issue was the introduction of accrual accounting for work in progress (part completed spells) for 2007/08 by the Department of Health. The impact on the Trust is estimated to be additional income of some £3.4m as at February 2008. Most of this income actually relates to prior periods but the Trust's auditor has been clear that he considered this amount should all be taken into 2007/08. A ruling on the correct accounting treatment is expected from either the DoH or the Audit Commission.

Mr Lambert was concerned if all of the £3.4m has to be accounted for in

2007.08, then difficulties will be faced in achieving the SHA's required control total. He went on that in order to do so it may be necessary to revisit the carrying value of the Trust's operational and non-operational buildings.

In response to a query from Mrs C Croft, Non-Executive Director, on when guidance would emerge on accruing for work-in-progress, Mr Lambert replied that in a recent conversation with Nigel Johnson of Deloitte at Audit & Risk Committee, he had been told the guidance was imminent. Mr Lambert continued that the Trust has to submit draft accounts to the DH on 1st May.

Mr N Hunt, Director of Service Development, reported there was no unanimity on how to treat work-in-progress - some SHAs want to pay for it, others are refusing to change their position. Everyone is waiting for the audit ruling.

The Chief Executive informed the Board that this situation does not apply to FTs as they have freedom of decision-taking on this issue. There are other Trusts in the same situation.

Regarding the estate value, the Chief Executive said that, as far as HH is concerned, we do have redundant estate but can only realistically change value once.

In response to a question from Mr N Coleman, Non-Executive Director, Mr Lambert confirmed that he had signed the relevant forms to enable the Trust to draw its remaining PDC from the DoH.

Performance - Operations Report for Month 11

Mr M Lambert introduced the report and in the absence of the Director of Operations, asked Mr Hunt to comment on 18 week wait.

Mr N Hunt, Director of Service Development, reported that the Trust is currently on weekly reporting. The issue on which we will be judged is the number of patients coming in during March and being discharged in March having completed the 18-week target. Data collection is currently below 85% but improving every week – the more clock starts we get, the greater number we can account for. The final date for submission is 12th April giving us two weeks.

Dr Shuldham reported that the DH, in a series of measures aimed at improving hospital cleanliness, expects to increase the number of Matrons by May 2008. The Trust has already increased its number of Matrons who are able to report to the Board on matters of environmental cleanliness, infection control and improving clinical care standards, patient dignity and respect.

2008/31 2008/09 BUDGET

Mr M Lambert introduced the proposed budget for 2008/09 which he explained was consistent with the three year plan approved at the last Board Meeting for submission to NHS London.

Mr Lambert reported the receipt of a letter from the DH, dated 20 March 2008, confirming that the two full applications for NIHR Biomedical Research Units, submitted by the Trust in partnership with Imperial College, had been awarded funding of £1m p.a. for four years with £750k funding in the first year from 1st April 2008. Additional funding has also been awarded of £400k p.a. for four years to support revenue costs for the joint clinical research facility.

Both Mr Lambert and the Chairman, on behalf of the Board, congratulated everyone involved in this successful application. However, this news is confidential until formally announced by the DH in early April.

The Chairman asked for an update on the National Commissioning Group and its funding of the transplant programme. Mr Lambert reported that the Commissioning Group had said they would consider sympathetically any application for non-recurrent funding for the 2008/09 VAD programme if we reached an agreement with them by the end of February, which we have now done. We will be submitting a paper to them.

The Board approved the draft budget subject to the inclusion of the BRU status.

2008/32 ANNUAL HEALTH CHECK CORE STANDARDS – DRAFT DECLARATION

Mr M Lambert reported that the draft Declaration of Compliance for 2007/08 had been submitted to the Audit and Risk Committee yesterday, who had recommend to the Board that the Trust declares compliance in all core standards. The final declaration will be submitted to the April Board meeting for approval. Thames Audit had previously identified three areas of potential weakness which carried limited assurance:

- C4c Decontamination of Medical Devices: the NW London Decontamination Collaboration continues to monitor provision of existing arrangements to provide acceptable standards

- C11b Mandatory Training: further work has resulted in improved performance and an estimated 93.5% of staff will have undergone key mandatory training during 2007/08.

- C12 Research Governance: Information on research projects published in an article in the Spring Edition of the Patient Focus Newsletter provides evidence to support compliance with the standard.

The Chief Executive reported that for the first time we have received from the Healthcare Commission Comparative Indicator Sets. These confirmed that RB&H NHS Trust scored higher than average on four of the indicators and was rated the best in the country for both MRSA and C Difficile rates per 1000 bed days.

2008/33 STANDING FINANCIAL INSTRUCTIONS (SFI) UPDATE

Mr Lambert explained that the SFIs are required by ALE to be reviewed annually. The document before the Board today had already been reviewed by the Management Committee who recommended amendment to section 5, Banking Arrangements, to ensure suitable powers to implement “procurement cards”.

The Board approved the document.

2008/34 BOARD COMMITTEE ARRANGEMENTS

The Chairman proposed that:

1) Mr Nicholas Coleman, Non-Executive Director, became Chairman of the Audit & Risk Committee. .
2) Mr Richard Hunting became Chairman of the Finance Committee
3) Mrs Christina Croft became Chairman of the Charitable Funds Investment Committee

These proposals were agreed.

The Chairman undertook to look at the membership of the Finance Committee which might need further Board representation; currently Prof A Newman-Taylor is the only Non-Executive Director to be a member of the Finance Committee. The Chairman would report back on this issue to the next Board meeting.

2008/35 REPORT FROM THE CHIEF EXECUTIVE

The Chief Executive reminded the Board that for research and development we are receiving a transitional grant of £11.7m which is the final year we will receive this. This is to be complemented by expected BRU funding of £1.5m plus £400k which equals £1.9m for 2008/09. The Trust has close on £15m R&D funding this year whereas previously we received £24.6m. This shortfall will need to be addressed throughout the coming year.

The Chairman, on behalf of Board, wished to record its real satisfaction at the BRU success, congratulated and thanked all the people involved who put in such a massive effort to ensure success. He himself had attended the panel interviews and felt both teams did wonderfully well and fully deserved their success.

The Chief Executive reported that *The Independent* newspaper last week had described the Trust as 'the best heart hospital in Britain'.

The Chairman notified the meeting that the PPI Forum was to be disbanded at the end of March and its representation on all Trust committees would cease at that point. He acknowledged that PPI Forum was disappointed at this but wished, on behalf of the Board, to thank the PPI members for their process work on Trust committees. He had assured Ms J Ocloo, Chair - PPI Forum, that the Trust intended to continue its involvement in this area through the newly formed LINks group. The Chairman particularly wished to thank Mr K Appel (in his role as PPI member) for his assiduous attendance at Board meetings. Ms Ocloo had forwarded a three-page generic paper on PPI and this would be circulated to the Board.

2008/36 QUESTIONS FROM MEMBERS OF THE PUBLIC

Mr D Potter, Rebeat and Heart of Harefield, wished to congratulate Trust staff on the success of the BRU applications, not only for the resultant success in securing funding but for enhancing the general status and regard of research in the Trust.

Mr Potter also read out an extract from recent London SHA Board papers concerning FTs and assets which was germane to the debate about capital development.

2008/37 DATE OF NEXT MEETING

Wednesday 23 April 2008 at 2.00 pm in the Boardroom, Royal Brompton Hospital