Royal Brompton & Harefield NHS

NHS Trust

Minutes of a Meeting of the Trust Board
held on 26 November 2008
in the Board Room, Royal Brompton Hospital

Present:	Lord Newton of Braintree, Chairman Mr R Bell, Chief Executive Prof T Evans, Medical Director/Deputy Chief Executive/ Director of Research, Development & Academic Affairs Mr N Coleman, Non-Executive Director Mr R Craig, Director of Operations Mrs C Croft, Non-Executive Director Mrs J Hill, Non-Executive Director Mr R Hunting, Non-Executive Director Mr M Lambert, Director of Finance & Performance Prof Sir A Newman Taylor, Non-Executive Director Dr C Shuldham, Director of Nursing, Governance & Informatics
By Invitation:	Mr R Connett, Head of Performance Mrs L Davies, Head of Modernisation Mr N Hunt, Director of Service Development Ms C Johnson, Director of Human Resources Mr D Shrimpton, Private Patients Managing Director Ms J Thomas, Director of Communications Ms J Walton, Director of Fundraising
In Attendance:	Ms E Mainoo, Executive Assistant Mrs R Paton (minutes) Mrs E Schutte, Executive Assistant

The Chairman welcomed everyone to the meeting. He explained that, although his tenure as Chairman of the Trust had been extended to the end of the year, due to a prior engagement in December, this would be his last Board meeting as chairman.

2008/106 MINUTES OF THE MEETING HELD ON 22 OCTOBER 2008

The minutes of the October meeting were agreed as a correct record with the following amendment: Page 7, item 2008/104, Line 1 to read: Mr P Dodd, prospective FT governor, commented on the Strategic Outline Case for Harefield.

2008/107 REPORT FROM THE CHIEF EXECUTIVE

Academic Health Science Centres (AHSCs)

Mr Robert Bell, Chief Executive, updated the Board on the initiative. The DoH's closing date for AHSC applications was reported as late January/early February 2009 but this may be delayed due to Sir Alan Langland, Chair of the selection process, standing down to become Chairman of HEFCE.

The Trust had approached Imperial College and Imperial College Healthcare NHS Trust for their perspective on possible collaboration. Following a meeting, Sir Roy Anderson, Rector of IC, had requested nominations from the Trust for a joint working group.

Imperial College Healthcare NHS Trust had made clear that theirs was a merged trust between St Mary's and Hammersmith/Charing Cross Hospitals in partnership with Imperial College and they would support this as their model; therefore, anyone wishing to join would have to merge with them. As previously agreed, this Trust did not intend to follow this course of action and Sir Roy was looking to explore alternatives. Mr Bell asked the Board to consider whether the Trust should embark on an AHSC collaboration exclusively with Imperial or pursue other options.

One of the proposals for the working group was that neither Chief Executive should be involved. Representatives from IC had been agreed as Professor Michael Schneider, Dr John Green and Dr Rodney Eastwood – and Prof Newman Taylor's name had also been suggested, but subsequently withdrawn. Members proposed on behalf of the Trust were Professor Tim Evans, Professor Kim Fox and Professor Sir Malcolm Green. Mr Bell said he was cautious about the proposals. The Board agreed with the Trust nominations proposed and the non-involvement of Chief Executives or Chairs on the working party as the group would be reporting back to their respective Boards. Terms of Reference for the Working Group would not be formulated until the Working Group itself was established; however, it was felt reasonable to submit suggestions for inclusion in the terms. The Board agreed to the establishment of a working party and confirmed the need to explore all kinds of collaboration.

Professor Evans confirmed he would be delighted to take part in the review. He had already held meetings with other relevant groups and felt there was not yet a high level of engagement. He was not sure how committed Imperial College Healthcare Trust was to this initiative and said the team they submitted for involvement would be revealing.

Mr Mark Lambert, Director of Finance & Performance, then asked whether the Trust really wanted to be an AHSC and with whom. Mrs Jenny Hill, Non-Executive Director, said that Imperial would always be part of the landscape, whoever we joined – all parties should start thinking of future relationships and should be considering outcomes. Mr Richard Hunting, Non-Executive Director, supported the suggested membership and that we needed to negotiate our lines of independence.

Mr Bell said although the Trust had been invited to join the working party, he would like to see exploration of alternative forms of collaboration. He believed that Imperial's AHSC model was clear, and that if they continued with this model, the Trust had to realise it might decide not to be involved. We had to decide what AHSCs meant to us - there was limited time in relation to the DoH application so possible relationships with other needed to be explored. Alternatively, Mr Bell asked, should the Trust do nothing, and what would be the implications of this? The Trust was focused on becoming an FT and how much would this activity distract our focus from this?

The Board then discussed this 'do nothing' option. Mr Lambert said there was currently no funding attached to becoming an AHSC, but that it would be naïve to assume this would never change, and it would clearly be advantageous if the Trust had access to this. There was ambiguity as to opportunity for future applications. Mr Nick Coleman, Non-Executive Director, thought the base-case of 'doing nothing' was that the Trust pursue its FT

application, the attainment of which would allow us the freedom of our own strategy. We had approached Imperial because of historical links and its close proximity, but were we aware of anyone else who would be suitable and would afford us a higher degree of freedom to fulfil our own strategy? Mr Robert Craig, Director of Operations, supported Mr Coleman's viewpoint. He felt there was no disadvantage in appraising Monitor of our intention to keep abreast of developments in the research area, whatever these might be. Options should be kept open on how we position ourselves. We were not talking about changing the nature of the organisation - only where we were positioning ourselves. There was no weakness in keeping partnership options open, but there could be a weakness in readiness to change the kind of organisation we are.

Mr Bell stated that our vision of being the UK's leading specialist centre for heart and lung disease could be achieved as a stand-alone organisation and much research was already undertaken in conjunction with Imperial College. He thought that to "do nothing" did not fit with this ideal, that we needed academic partners and wondered if there was any precedent in having multiple versus single academic partners. Our excellent history with IC and NHLI had now been injected with an element of risk by the recent development of the AHSC of Imperial College Healthcare NHS Trust. Is that risk one we are prepared to do anything about, or to diminish by diversifying our relationships? He suggested the Trust needed multiple partners in place to achieve our mission. There was a partnership with Imperial which we wished to continue but not to the exclusion of others. At this juncture Mr Bell revealed that the Trust had recently been approached by another aspiring ASCH and he would report any developments to a future Board meeting.

Mrs Hill recommended any further information should be fed back to the next Board meeting, bearing in mind the dates for the FT process.

The Chairman confirmed the Trust would go forward with the Working Party with Imperial on the basis of the three names put forward and also endorsed the proposition to explore involvement with other potential partners.

Health Innovation & Education Clusters (HIECs)
Mr Bell reported the DoH had announced the process for designation of HIECs which was expected to provide £10M per unit. The Trust had now engaged in a high-level dialogue with Chelsea and Westminster, The Royal Marsden, IC and ICHT to consider a possible HIEC between them. The DoH was due to hold a briefing in early December. Professor Evans reported there was general enthusiasm for the HIECs, which would be created in three waves of five, with the model being constructed by those who applied. He felt it would be advantageous for the Trust to be in the first wave because the models would be set early on in the process. He explained that the HIECs would fit between academia and the local improvement programmes occurring at hospital level. Outline proposals were to be submitted by the end of January 2009. Chelsea & Westminster (host of the NW London CLARCH) would coordinate an application. The initiative was wide-ranging and afforded an opportunity for all in NW London to work together.

Dr Shuldham asked if any of the HIEC money would come from the education funds held by the SHA, as the Trust's own education grants were minimal and the Trust was currently very reliant on the SHA for a mixture of contracted course places and funding for non-medical staff. Mr Bell said he

understood the proposed funding to be recycled from existing educational budgets.

Professor Evans said there were many models for HIECS and there were opportunities for specialist clusters and he recommended the Trust become involved.

In response to a query from Mrs Christina Croft, Non- Executive Director, as to whether the Trust should become part of a specialist cardiac HIEC, Mr Bell replied there was a dilemma here in that a university partner would be necessary for this and the university available was not showing real interest. Mr Coleman asked if a dialogue should be opened with Papworth and Liverpool Heart & Chest. Mr Bell suggested that the Trust focus on its FT application at present; the HIEC embarked upon was going well and this should be continued. The Chairman confirmed that, in the light of what Mr Bell and Professor Evans had reported, the Trust would continue the work on a possible HIEC.

Visit by the Prime Minister

Mr Bell reported that on 21 November, The Rt. Hon. Gordon Brown, Prime Minister, and Ms Ann Keen, Parliamentary Under Secretary for Health Services, had visited Harefield Hospital. The Prime Minister had unveiled a statue at the Magdi Yacoub Institute to honour the work done by Sir Magdi. Ms Keen then visited HH and interacted with patients and staff. She visited the Transplant Unit and commented on the youth of the patients being treated there, and remarked on the excellent work undertaken by the staff. The Chairman added he had taken the opportunity to appraise the Minister of Harefield's future development issues.

Mr Bell highlighted the fact that the Prime Minister had now visited the Trust three times this year.

2008/108 FOUNDATION TRUST

Mr Craig, Director of Operations, presented the paper which gave a summary of current activity in preparation for the re-assessment of the Trust's application for Foundation status. He updated the Board on the following items:

- Historic Due diligence: Price Waterhouse Cooper (PwC) had just commenced its review and would focus on the Trust's historic financial performance. They would also look at the current assessment of the financial model and its projections for the next five years and associated elements of the emerging IBP. PwC would meet some members of the Board and management team.

- The Long-Term Financial Model (LTFM) confirmed the financial challenge for the next year. There were still a number of key assumptions that needed to be revised when further information became available and the LTFM would be updated to ensure compatibility with new accounting standards under IFRS when issued in December. DoH would issue the operating framework in December. There would be a large gap between income and expenditure for 2009/10, and the Financial Stability Plan (FSP) had to show we were bridging this gap and Mr Craig planned to update the Board on progress in December. He said there would be some difficult and unpalatable decisions to be taken.

- Governance Arrangements: A number of changes relating to the status of the Board Assurance Framework, risk register and committee structures were being proposed and the Audit & Risk Committee would focus on these at its forthcoming meeting.

- Integrated Business Plan (IBP) Work was continuing and views of individual Board members were being distilled into the plan. A full draft would come to the next Board meeting for final approval in January.

Mr Coleman confirmed the Audit and Risk Committee would forward to the Board information on the top risks facing the Trust, together with a refreshed Assurance Framework. The Chairman thanked everyone involved with this work.

In response to a question from Mrs Hill on whether there was anything significantly different in relation to the FT Constitution, Mr Craig felt there was not, although there would be some changes and anything of relevance would be referred to the Board for ratification.

Mr Craig also confirmed that any implications relating to the Financial Sustainability Plan (FSP) would come to future Board meetings. The first draft of the FSP would be ready by the end of the week and Mr Craig did not feel the Board needed to approve every element of the plan, with the majority of schemes capable of being taken forward by the management team.
Mr Bell confirmed that an £18M gap in funding in 2009-2010 had been identified and that R&D funding was not expected to return to historic levels. There were now also likely to be other changes in e.g. market forces funding and the Trust's work with KPMG had identified a range of options for possible mitigation against these; this involved measures valued at between £14 and £22M, therefore the Trust was facing substantial cuts in staff and clinical activity, etc. He confirmed that a modest rate of growth in clinical activity was forecast. Once the Board had agreed the IBP, some of the mitigating items would be enabled immediately. Mr Lambert confirmed that the gap had to bridged – FT or not – in order to prevent the Trust going into the red.

Mr Bell also reported that the new tariff had been sent out for "sense checking" – this new tariff could well be a further challenge to the Trust and could increase its potential losses.

2008/109 HAREFIELD REDEVELOPMENT UPDATE

Mr Craig, as Chair of the Harefield Redevelopment Oversight Board, said the Board needed to consider and form a view on the current position of the redevelopment proposals for HH in the context of the FT application and the refining of the Trust's Integrated Business Plan.

The paper tabled referred to work undertaken with *Matrix Research & Consultancy* in 2006/7 and *Care Consulting* in 2008. The Chairman felt a point had been reached when the Trust would carry out its plans regardless of the SHA's approval. Mr Craig confirmed the Board had commissioned and undertaken a lot of work at HH over the preceding 7-8 years and this would be continued, but further dramatic improvements would be difficult with the current financial resources.

Mr Bell confirmed that improvements already undertaken, e.g. ANZAC

centre, pathology, theatres and cath labs, equated in value terms to what we were proposing now to do and this had been accomplished without the approval of the SHA. We had felt empowered in the last five years to address the safety issues and we would continue to do this whether as an FT or not. There seemed to be no progress with SOCs and similar processes.

The Board recognised the extent of the improvements at HH, with heavy investment in fabric, new consultant staff, and much improvement in governance. It was felt the Trust had reached an 'evolutionary' state where much had already been achieved. Mrs Hill agreed that 'right-sizing' the problem was good and asked whether we would now go ahead with further 'piecemeal' development. Mr Bell reminded the meeting that for 18 months patients had been satisfactorily treated in high-quality temporary buildings whilst other areas were being upgraded and felt this might provide the answer. The Chairman cautioned that the Trust must always assess whether it could afford to go ahead. In relation to this, Mr Nick Hunt, Director of Service Development, reported that some substantive letters of support for the redevelopment of HH had been received from commissioners and other stakeholders (including e.g. London Ambulance Service).

Mr Coleman stressed that the Trust could not achieve its goals unless HH existed and Mr Craig agreed that HH was central, not incidental, to the Trust's plans and that this fact needed to be explicit in the IBP to the satisfaction of Board members.

At the October Board meeting, Mr Bell had said he would be meeting Malcolm Stamp, outgoing Chief Executive of the SHA Provider Agency, following the decision of the SHA Capital Management Group not to recommend the SOC to the Capital Investment Committee, but instead to refer it on to the SHA's Executive Management team. From the floor, Mr David Potter, ReBeat, asked what had been the outcome of this meeting. Mr Bell replied that the SHA felt the Trust had not given due consideration to all possible options, and that there was a view at NHS London that perhaps the HH redevelopment plan did not have the support of the Board as a whole. Mr Bell had informed Mr Stamp that the Trust needed to face realities and needed to get on with its improvements, with or without the SHA's support.

The Chairman thanked Mr Craig and confirmed the Board's agreement to proceed with further development at HH as outlined in the paper.

2008/110 RESEARCH STRATEGY

Professor Tim Evans, Research & Medical Director, presented the strategy for approval. He drew attention to the fact that this was the first written research strategy he had been aware of, and to section 11, the Programme of Research Strategy & Deliverables 2008-11; he sought Board approval for the goals and strategy summarised there.

The Chairman acknowledged the huge amount of work involved in preparing the strategy which had been greeted with real warmth by the Board. Professor Newman Taylor wished to reinforce this sentiment and pointed out that the strategy had been developed in collaboration with NHLI staff; he hoped this partnership would continue as he felt herein lay the path to success.

Mrs Hill asked about the risks inherent in this strategy. Prof Evans thought

risks might become evident according to how the external agenda progressed and the development of AHSCs, HIECs and partnerships, etc would have an effect. In the formulation of the strategy, he had tried to minimise risk not by quoting how the withdrawn £28M of funding might be restored. Instead, the strategy focused on the strengths of the hospitals. If these could be leveraged for research purposes, we would be in a strong position. Prof Newman Taylor agreed that the strengths were in such items as the Trust's cohort of well-characterised patients, imaging, tissue banks, partnerships such as the CF programme and its gene therapy centre, etc. He felt the risk would be in endangering partnerships which needed to flourish.

Mr Coleman asked what major choices had confronted the team in preparation of the strategy. Prof Evans replied that the arguments were set out in the paper but a major aspect had been to go through every project registered with the Trust to determine which were most aligned with the strategy and were capable of attracting NIHR and other relevant funding. These were to be aligned with the BRUs - anything outside this had to be self-sufficient and might not be supported. New items would be assessed as they emerged. Mr Coleman concluded that projects had been subjected to "stress-testing" and whatever had been non-congruent with the strategy had not been included. Prof Evans agreed.

Prof Evans went on to remind Board members of the Charity's historic support for research, and that support for the approved strategy would be sought. Mr Craig further reminded the Board that the Charity had provided support for the BRUs earlier in the year, subject to the approved strategy being brought back to show their place in the Trust's overall direction, and to access further investment. This was planned for January 2009.

Mrs Hill returned to likely areas of risk. Mr Bell confirmed that the Trust was pursuing research anchored in the BRUs which receive grants from NIHR. The focus of research was therefore to enable the hospital to apply advances to clinical practice. If the BRUs failed to achieve their objectives to sustain grants, or dissolved the partnerships – these all represented an inherent risk. The key was to demonstrate success, and measures were in place to deliver that outcome.

Mr Coleman confirmed that the Audit and Risk Committee would assess some of these items at its next meeting.

The Board approved the strategy.

2008/111 ROYAL BROMPTON HOSPITAL AND GREAT ORMOND STREET HOSPITAL COLLABORATION, TERMS OF REFERENCE

The Chief Executive reported that an independent Project Board had been set up to explore closer working across the two hospitals. Mr Charles Perrin had been appointed Chair of the Project Board and the Chief Executives of both hospitals were members (although not as representatives of their respective hospitals). It was expected that proposals on collaboration would be delivered at the end of February, allowing the Boards to consider the findings in March. There was an aspiration from both Trusts to find a way forward.

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In response to a question from Mr Coleman as to the main issue in the

collaboration, the chairman explained this was about the development of paediatric work currently undertaken by this Trust and that there was a need to address these services in London. Mr Lambert added that there was ultimately an issue of co-location of site but, for the purposes of the FT application, the Trust's paediatric income would be assumed to continue. Mr Bell said the initiative was to address the possible creation of something new and Prof Newman Taylor said it was important that any outcome should be of benefit to the patients of both organisations. The Trust had also been approached by Guy's and St Thomas' NHS Trust who might also become involved in the initiative.

2008/112 FINANCIAL PERFORMANCE REPORT FOR MONTH 7: OCTOBER 2008

Mr Mark Lambert, Director of Finance & Performance, reported that financially the Trust was still doing well. The Month 07 position showed a surplus of £235k, giving a YTD surplus of £2,212k. The Trust might now expect an additional impact from the recent change to VAT – the Trust had a substantial amount of irrecoverable VAT which would represent about £120K/month (in excess of £1M/year) which was not built into its current business plan. He continued that approval had been received for full funding of the VAD programme for 2009-10.

The Trust had a control total for 2008/9 of £2.4M and the Board discussed the best use of funds to benefit the Trust if the control total was exceeded. It was felt that various areas could be resourced around the Trust and projects could be brought forward to deliver the best possible situation for the coming year. It was felt all but impossible to come in within the control now, and Mr Bell confirmed the Trust was projecting a potential reportable surplus of £3.9M, possibly closer to £5M, as not all reserves to date had been taken into account. However, Mr Hunting felt that exceeding the total would help the FT application. The Chairman agreed we could not change the situation with the SHA but the acquisition of FT status would afford us greater financial freedoms.

Mr Lambert reported on the 2008/9 Financial Stability Plan and said the Trust was performed more strongly against this.

2008/113 OPERATIONAL PERFORMANCE REPORT FOR MONTH 7: OCTOBER 2008

Mr Lambert introduced the report and commented on the following items:

Activity: PP spell activity was incorrectly shown with a variance of -2.9%. In fact, the variance had come down to less than 1%.
Cancelled Operations were showing as 'underachieved'. The main contributory factor was the 'flow' through critical care beds on both sites. Mr Craig felt that the new clinical structure on both sites would help address the process of how work was scheduled into the capacity available – simply acquiring and staffing new ICU beds was not the answer. There was also a delicate balance involving achievement of 18-week targets. Mrs Hill emphasised the cancellation figures equated to quite a toll on the patients involved in cancellation of their serious operations. The Board noted the commitment to halve the number of cancellations by mid-2009.
Healthcare Acquired Infections: Mr Lambert reported that 2 patients had developed MRSA bacteraemia in November, one at each site (one patient had arrived with MRSA). However, the Chairman noted that the Trust had no cases at all for the whole of the previous year (Nov 07 – Oct 08).

18 Weeks: Mr Lambert congratulated Mr Craig and Mrs Lucy Davies (Head of Modernisation) and team for the current 18-week target position. In October the December targets for both admitted and non-admitted patients had been met, i.e. two months early. However, Mr Craig reported November figures would probably fall back because 'backlog' cases had been admitted whose breach dates had passed. He remained confident of meeting and sustaining the December targets thereafter.

2008/114 EXTERNAL REVIEW OF HEART TRANSPLANATION

The report and summary were tabled at the meeting.

Professor Evans presented the report and explained that following an extremely successful transplantation record from 2005, between January and August 2008 there had been 7 deaths, with 4 consecutive deaths within 30 days and 3 within (or slightly beyond) 90 days of a heart transplant procedure. The situation was duly alerted to the National Commissioning Group (NCG) and an external review organised. The review had found no systematic problems with any single item and commended the Trust's governance procedures. NCG felt the overall high risk-profile of patients had been the most important contributing factor. Recommendations made were outlined in the report and included issues around immediate pre-op, peri-op and post-op care. Prof Evans confirmed that strategic recommendations made would be taken on board.

In response to a question from Mr Hunting as to whether transplantation services had continued at the time of the review, Prof Evans replied in the affirmative (with the approval of the review team being required); and had undertaken lung transplantations with excellent results.

Mr Coleman requested an update be reported to the Board meeting in February 2009 (when updates were due to be fed back to NCG)..

2008/115 WASTE MANAGEMENT – RECYCLING INITIATIVES

In response to a previous request from the floor, Mr Steve Moore, General Services Manager, presented the report which had been compiled by the Director of Estates & Facilities. He said there was a general desire for the Trust to do more about recycling. The report outlined historical facts and showed the Trust was meeting current, stringent, legislative requirements whilst also concentrating on cost, space and risk implications. HH had a unique contract with Hillingdon Hospital which provided virtually "free" waste disposal until 2013. However space was a problem at HH where the buildings were not conducive to effective waste segregation and storage.

Mr Moore outlined a proposal, already approved by the management Committee, to set up a working party to consider future options for increasing recycling. The working party would be made up of representatives from Facilities, Estates, Modern Matrons, Infection Prevention & Control, Risk Management and PPI.

The Chairman thanked Mr Moore for his report and confirmed the Board's endorsement of the recommendation to form a Working Group as outlined.

2008/116 NEW POLICY: PRE- AND POST-EMPLOYMENT POLICY CHECKS

Ms Carol Johnson, Director of Human Resources, introduced the draft policy for ratification by the Board following its approval by the Joint Staff

Committee and the Management Committee. Ms Johnson explained the policy was a confirmation of what was already being undertaken in this area, including checking of staff identification, work permits, occupational health clearance, registration and qualifications and criminal records. These checks had to be completed before a person joined the Trust and any change of post within that employment would necessitate additional checks.

The Chairman noted the many Acts of Parliament which had to be taken into account and wished Ms Johnson and her Department success with the implementation of the policy.

Mrs Hill asked how effective the policy was. In relation to work permits, Mrs Johnson explained there might be a possible 10% of applicants who were not employable but these were mainly in the non-professional groups. Mr Lambert confirmed that risk items were checked with the Trust's own fraud team and a recent visit from the Auditors had cleared all queries.

Mr Coleman asked what had been the most difficult issues to address when compiling the policy. Ms Johnson felt this was the 'right to work' area because there were new regulations coming in which required more attention to work permits, with the employer having to apply for a licence to employ people. She continued that registrations are looked at monthly and action is taken when necessary.

The Board approved the policy and thanked Ms Johnson and her team for the amount of work undertaken.

2008/117 CORRESPONDENCE FOR INFORMATION

With reference to the Healthcare Commission Annual Health Check for 2007/08, the following correspondence had been circulated for information:
- Letter from DoH and HCC, dated 15 October 2008
- Letter from NHS London, dated 23 October 2008

2008/118 RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

The Board received the recommendation for the appointment of Dr Charlotte Fowler, Consultant in Cardiothoracic & Radionuclide Imaging at Harefield. The appointment was approved.

Mrs Hill reminded members that the supporting rationale for consultant appointments should accompany requests for ratification. Mr Craig agreed that a brief summary of the strategic context would be included again in future.

2008/119 ANY OTHER BUSINESS

Dr Shuldham informed the Board that the Trust had just undergone the Risk Management Standards Assessment. This was for NHS Litigation Authority (NHSLA) approval and assessed the Trust on 5 standards, amounting to 50 individual criteria. The Trust achieved 48 out of the 50 criteria involved. The two failed areas were: (1) supporting staff involved in an incident, complaint or claim – the assessor felt the policies did not include enough information. (2) clinical record keeping – the Trust was in the process of carrying out an audit but the assessor felt the audit should have been completed in time for their assessment. Dr Shuldham confirmed the outcome was good news in terms of credit for our Risk Management standard and thanked Mr Ray Sawyer, Head of Risk Management, and Mrs Carol Rayne, Risk Manager,

who had worked very hard on this initiative. This result had secured a 20% discount on the Trust's insurance premium, which equated to £200K.

Dr Shuldham then reported on the HCC inspection relating to the Hygiene Code undertaken at the Trust last August. A statement of findings and observations had now been received and the Trust had four days to check on its accuracy before receiving the final report.

2008/120 QUESTIONS FROM MEMBERS OF THE PUBLIC

Mr Ken Appel, prospective FT governor, referred to the issue of ICU and cancelled operations. He felt the problem might lie not in availability of beds but in the number of staff available. Dr Shuldham acknowledged that Board members often referred to 'bed availability' to denote both physical beds and staff to run them. She also explained that it was a delicate balancing act to manage. The Trust was looking again at the best way of configuring its critical care (intensive and high-dependency care) areas to offer the best mix of beds and staff.

Mr Appel then referred to fact that the Lord Newton was to soon relinquish his appointment as Chairman of the Trust. Mr Appel wished to thank him for his patient and courteous approach in dealing with issues raised and said he would be very much missed. On the same topic, Mr David Potter, ReBeat, remarked that although there had been differences in the past, particularly in relation to the Paddington development, he had latterly enjoyed his meetings with the Chairman and appreciated the courteousness and tolerance in his dealings with the public. The Chairman thanked Mr Appel and Mr Potter for their kind wishes.

2008/121 DATE OF NEXT MEETING

Wednesday 17 December 2008 at 10.30 a.m. in the Concert Hall, Harefield Hospital