ROYAL BROMPTON & HAREFIELD NHS TRUST

Minutes of a Meeting of the Trust Board held on 28 February 2007 in the Concert Hall, Harefield Hospital

Present: Lord Newton of Braintree: Chairman
Mr C Perrin: Deputy Chairman
Mr R Bell: Chief Executive
Mrs C Croft: 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 and Performance
Mr P Mitchell: Director of Operations
Dr. C Shuldham: Director of Nursing and Governance

By invitation: Professor M Cowie: Director of Research
Mr R Craig: Director of Planning and Strategy
Mr N Hunt: Director of Service Development
Mr T Vickers: Director of Human Resources
Ms J Walton: Director of Fundraising
Ms J Ocloo: Chair Royal Brompton and Harefield Patient and Public Involvement Forum

In Attendance: Ms L Davies: Head of Performance
Ms R Hughes: Media Relations Manager
Mr R Sawyer: Head of Risk

Ms M Loynes: Senior Assessment Manager, Monitor
Ms J Daplyn: Assessment Manager, Monitor

An apology for absence was received from Professor Anthony Newman Taylor, Non-Executive Director.

The Chairman welcomed members of the Trust staff, members of the public and staff from Monitor to the meeting.

REF

2007/16 MINUTES OF TRUST BOARD MEETING ON 24 JANUARY 2007

Correction to 2007/04 Future of Harefield Hospital and Services, Comments from Members of the Public (Page 6). Mr Philip Dodd, a member of Heart of Harefield, submitted the following correction to Paragraph 2 on Page 6 in writing:

"Mr Dodd also said that while a PFI scheme for the redevelopment of Hillingdon Hospital at the current site had been put forward there

was also a subsidiary option if the project was delayed to relocate the Hospital to the RAF Uxbridge site which was expected to be available in 2010. He asked if this option had been considered as part of the Hillingdon option. Mr Khan indicated that it would only really affect Hillingdon's ranking in relation to the Watford Hospital option."

2007/03 Report from the Chief Executive (Paragraph 7 Page 2 Line 4) replace "if" with "of" (Mr Richard Hunting)

2007/04 Future of the Hospital and Services Page 4 (end of paragraph 3) following sentence ending "….traditional rebuild would be less attractive" the following paragraph to be inserted; "Professor Evans indicated that the issues surrounding clinical separation had been addressed in large part since the SHA review. Renal, GI, neurological and psychiatric support was now available following the implementation of new contracts and agreements. The Trust was in the final stages of concluding an arrangement for 24 hour, seven day per week cover for general surgical services. However, it was recognised that the views of PCTs and other commissioners concerning their preferred location for Harefield services would have to be clarified."

2007/17 MATTERS ARISING

2007/05 Research and Development Report Page 8 Paragraph 2, Ms Josephine Ocloo, Chair of Royal Brompton and Harefield Patient and Public Involvement Forum, highlighted that this paragraph was not readily accessible to the lay reader. Professor Martin Cowie clarified that the latter part of the paragraph could be restated "…all aspects of research relevant to delivering high quality care from basic biological studies to primary care."

2007/10 Performance Report for December 2006, Comments from Members of the Public, Page 10, Paragraphs 4 and 5, Dr. Caroline Shuldham, Director of Nursing and Governance, had investigated the case raised by Ms Josephine Ocloo at the last Board meeting. Dr. Shuldham reported that she has been in touch with the Down's Syndrome Association and the patient's mother. The incident was appropriately documented and appropriately reported through the risk management process. Discussion had taken place with the patient's family and it had been difficult to establish causation of the injury. The information recorded on the risk management form, in the patient's notes and the mother's understanding were all consistent. There is an open invitation to the patient's mother to meet again, receive a written report, or other feedback in the format she chooses. The incident was formally reviewed in the Paediatric

Intensive Care Unit (PICU) clinical meeting and graded yellow. The grading has been reviewed and remained yellow.

Josephine Ocloo stated her main concern was to resolve the situation and thanked Dr. Shuldham for the information. She asked how the situation got to the point where the mother and Down's Syndrome Association wanted to make a formal complaint? Dr. Shuldham replied that a formal complaint has not been made; she believed the mother had contacted the Down's Syndrome Association as an organisation which could provide support to her. Dr. Shuldham felt that all the conversations which should have taken place have taken place, but there remains doubt about the causation of the injury.

Ms Ocloo said that the Down's Syndrome Association had felt frustrated when they contacted her, she believed her intervention stopped the issue going further. The Chairman thanked Ms Ocloo for raising the issue.

Ms Ocloo asked whether the various reviews undertaken on this case could be fed back to the Audit and Risk Committee. Dr. Shuldham stated that this yellow incident was being dealt with through the normal channels. Ms Ocloo asked that the various reviews on what had happened come to the appropriate committee so that she could participate in the discussion about learning. She suggested the Complaints Committee would be appropriate for this, given that the matter only avoided becoming a complaint because of her intervention. It was agreed this report would go to the Complaints Review Group. Mr Bell, Chief Executive, suggested that a report on the process rather than the individual patient circumstances be brought to the appropriate committee. It was agreed this report would go to the Complaints Review Group.

2007/18 <u>REPORT FROM THE CHIEF EXECUTIVE</u>

Mr Bob Bell, Chief Executive, drew the Board's attention to two recent celebrations at Harefield. On Friday 23 February 150 guests and supporters attended the inauguration of a plaque for the new multi-slice CT scanner at Harefield, also attended by the Chairman and Nick Hurd MP. The event was a great success and many comments of support and goodwill were received.

Yesterday staff celebrated Mr Asghar Khaghani's, Consultant Cardiothoracic and Transplant Surgeon 25th year at Harefield along with ex-patients and retired surgical and anaesthetic staff, some of whom had travelled from abroad. Both events demonstrated high morale at Harefield.

The Chief Executive updated the Board on the option appraisal for redevelopment of Harefield Hospital. The option appraisal had been submitted to the Strategic Health Authority with the Trust's wish to proceed to Outline Business Case on the preferred options. Nick Hurd MP has requested extensive information about the sub-projects making up the £25 million investment; this information has been provided. Nick Hurd is minded to pursue directly with Government support for the sub-projects. The SHA has been informed.

The Public Accounts Committee has issued its formal report on the Paddington Health Campus; the Chief Executive reported its conclusions. The Public Accounts Committee places collective responsibility for failure on the Department of Health, the Strategic Health Authority and the Trusts; Royal Brompton and Harefield and St. Mary's. There were failures in management, particularly project management. The project should have been terminated sooner. The report highlights lessons learned. The report points out that Royal Brompton and Harefield was the Trust who brought a halt to the project in May 2005 as a direct result of the decisions taken by this Board. The Trust is mindful of the recommendations of the Public Accounts Committee report and those of the preceeding report from the National Audit Office; the Trust has adopted much enhanced consultation processes, for example the work by Sir Michael Partridge and Mark Taylor.

In the past week the Chairman and the Chief Executive had a positive and fruitful meeting with Sir Richard Sykes, Rector of Imperial College and Professor Steve Smith, Principal of the faculty of Medicine at Imperial College. They endorse and support our application to become a Foundation Trust and undertook to put this in writing. This is strategically very encouraging.

The Chairman confirmed the support expressed at the CT scanner inauguration and reaffirmed the Trust's gratitude for £10,000 from ReBeat. The plaque also commemorated a large donation from Mr David Render.

The Chairman affirmed the positive meeting with Sir Richard Sykes and Professor Steve Smith.

The Chairman endorsed the Chief Executive's report of the Public Account Committee findings. There is a high degree of overlap between the findings of the Public Accounts Committee and preceding reports from the National Audit Office and Nigel Vince at the Strategic Health Authority. There are lessons for all involved and the learning is taking place.

Ms Ocloo suggested that the role of patient and public involvement groups in contributing to the decision not to go forward with the Paddington Scheme be recognised. The comment was noted.

2007/19 FUTURE OF HAREFIELD HOSPITAL AND SERVICES

Mr Patrick Mitchell, Director of Operations and Chairman of the Oversight Board, reported that the Trust has written to the Strategic Health Authority with the Board's recommendation following the Matrix Option Appraisal. The Trust wishes to proceed to Outline Business Case on the options of rebuilding at Harefield or at the Mount Vernon site. The SHA was asked for a response by April; none has yet been received.

Communication has been received from the Chief Executive of Hammersmith about the information used by Matrix Research and Consultancy. This request has been passed to Matrix.

Mr Mitchell reported that work continues with a group of four surgeons from four different hospitals to provide surgical cover to Harefield on a 24/7 basis through a chambers model. The detail is now being worked through and it is hoped the arrangement will be in place as soon as possible.

An advertisement has been placed for a locum psychiatrist while the substantive post (to be shared by the Mental Health Trust and Royal Marsden) is finalised and recruited to.

The Chief Executive stressed the dual track nature of progress following the option appraisal as a non-Foundation Trust. An Outline Business Case must be pursued via the Strategic Health Authority.

Mr Mitchell reported that Executive Directors visited Papworth Foundation Trust last week. The Trusts agreed to work together on raising our position on clinical separation in the public domain nationally.

2007/20 FOUNDATION TRUST APPLICATION

The Board received a report from Mr Robert Craig, Director of Planning and Strategy. Mr Craig made one correction to the paper as published; there is one further candidate for the Governor's Council, Mr Paul Green in the North West London Patient Constituency. Information on the website and in ballot papers will be corrected. Unfortunately it had not been possible to organise times when all staff governor candidates were available to participate in staff governor hustings on both sites. Instead there will be online

forums for the staff governor candidates and in other constituencies where all candidates are online.

Monitor's response to its consultation on changes to the compliance framework is awaited during March.

The Chairman noted the good response in terms of candidates for places on the Governor's Council.

2007/21 NHS LONDON PROVIDER AGENCY: DRAFT ANNUAL PLAN

Mr Mark Lambert, Director of Finance and Performance, set out the background to the plan. With our target Foundation Trust authorisation date of 1 May 2007, we will be a non-Foundation Trust for at least one month during the 2007/8 financial year. NHS London has set up the London Provider Agency, a regulatory organisation requiring a similar process of annual planning and compliance reporting to that of Monitor. This plan submitted is consistent with our submission to Monitor.

Mr Charles Perrin, Deputy Chairman, requested an update on the current contractual position with PCTs. Mr Nick Hunt, Director of Service Development, reported that our PCT contract portfolio is approximately £130 million nationwide, of which London SHA accounts for £52 million. The London contract has been signed, setting out the way the relationship will be conducted through the year. Individual PCTs will agree specific activity and income issues. The remaining issues are not sufficiently material to go to contract dispute resolution. The rest of the country does not recognise London SHA's strict adherence to the timetable and many PCTs are stating they are not yet ready to hold discussions with us. We have secured agreement of approximately £10 million for the rest of the country and are pursuing the remainder vigorously. The main outstanding point of contention is the calculation of work and income in relation to the achievement of the eighteen weeks waiting time.

The Chairman observed that the Trust was in a materially better position than at this time last year. The Chief Executive stated that the slower timetables outside London puts us in an awkward situation with regard to NHS London. It is incumbent on NHS London to work with other SHAs to bring conformity with rules and timetables.

Mr Mark Lambert gave an update on the position with NSCAG. NSCAG proposed to reduce our transplant income by £5 million over three years. Extensive communication has taken place between

NSCAG and ourselves and the Trust has offered a compromise solution.

The Chief Executive stated that the objective is to come to an agreement with NSCAG. NSCAG's approach has been unilateral. We have attempted to break down the reduction proposed by NSCAG to ascertain what value is attributable to factors such as the market forces factor, charges made by other transplant providers to PCTs, the cost of the LVAD programme. Progress has been made on this approach; this is an achievement. We can work from their statement that they commission at cost. The Chief Executive reminded the Board that negotiation with NSCAG is about a care process involving patients with life-threatening conditions. He was encouraged that we are in a better position with NSCAG today than at the time of the last Board report.

2007/22 RESEARCH AND DEVELOPMENT UPDATE

Professor Martin Cowie, Director of Research Development and Academic Affairs, presented his report. The situation had improved regarding income for 2007/8: a 20% rather than 50% reduction on last year's levy. Following an external review of our clinical trial activity by Oxford Management Consultancy it is concluded there is potential to increase the £3 million per annum currently received. This will require improvement to our processes, timelines and marketing in addition to establishing and meeting key performance measures.

Work is ongoing on our research strategy, with an important and healthy dialogue underway with Imperial College.

Mrs Jenny Hill, Non-Executive Director, asked whether we are applying the same principles of unbundling costs to our research monies as that being undertaken with NSCAG for example. Mark Lambert reported that work to develop service line reporting did include working with Professor Cowie to unbundle the research costs. The approach will then be rolled out to other income areas.

Professor Tim Evans, Medical Director, reported on a Department of Health meeting he had attended with the Director of Finance and Performance. It revealed;

(i) Our focus on unbundling costs is key
(ii) We must be able to respond much more rapidly to approaches to participating in research trials

(iii) Our research strategy must be congruent with our clinical strategy and with Imperial College this may involve adjusting our clinical groupings.

2007/23 APPOINTMENT OF CONSULTANT IN INTENSIVE CARE AND PULMONARY HYPERTENSION

The Board confirmed the decision of an Advisory Appointment Committee to recommend the appointment of Dr. John Wort as a Consultant in Intensive Care Medicine and Pulmonary Hypertension.

2007/24 APPOINTMENT OF CONSULTANT IN CARDIOTHORACIC ANAESTHESIA

The Board confirmed the decision of an Advisory Appointment Committee to recommend the appointment of Dr. Tuan Chen Aw as a Consultant in Anaesthesia.

2007/25 PERFORMANCE REPORT FOR MONTH 10: JANUARY 2007

Mr Mark Lambert, Director of Finance and Performance, presented a report for the ten months ending on 31 January 2007. The Trust had reported an accumulated surplus of income over expenditure of £2.9 million against a planned surplus of £3.7 million. The month's position shows a loss of £700,000 in January; £550,000 relates to PP income. We plan a surplus of £3.1 million at year end; there remains work to do to achieve this. The cash position is very positive with £8.7 million in the bank. This is in line with the cash position in the NHS generally. The financial stability plan is behind budget by £1.3 million with no further downside to come. There is a rapid upturn in capital expenditure during January. Continuation of the trend will ensure we hit our targets. Mr Lambert highlighted a correction to be made on Page 2 of the report: the Trust's working capital facility has been revised from £20 million to £16 million after discussion with Monitor and agreed with our banking partners.

Mr Patrick Mitchell, Director of Operations, reported that the Kuwaiti Embassy have committed to pay a significant proportion of their debt by close of play today with the likelihood of more by the end of March. All information requested by the Embassy has been provided to them. Mr Mitchell further reported that clinical activity is very busy except in Cardiology where the increasing proportion of electrophysiology (EP) work reduces activity at spell level as 1 EP case takes the Lab time of up to 8 angioplasties. This affects private patient capacity in Cath Labs and some cardiology PP work has been undertaken in the private sector. Additional lab capacity out of hours is planned.

The Chief Executive advocated caution against over-sensitivity to monthly fluctuations. While the January position was not welcome, our information has improved so that causation is rapidly pinpointed and action taken.

Mrs Jenny Hill, Non-Executive Director, asked how well we had planned for the 18 week wait requirement. Mr Mark Lambert replied that we project an additional 2,500 spells in 2007/8 to meet the target. This would bring revenue of approximately £19 million at 100% tariff. The current prudent working assumption is that we will incur full costs. Mr Mitchell stated that our 18 week assumptions include maintaining current PP capacity, by extending the lab/theatre day.

Mrs Christina Croft, Non-Executive Director, noted this was the second major dip in PP income during this financial year. The Chief Executive stated that our capacity was in our control. Tim Evans, Medical Director, noted that PP activity was prone to fluctuations. His benchmarking indicates generally low private patient demand in London in January. Patrick Mitchell noted that new consultant appointments made this financial year will generate additional private practice in time. He confirmed in response to a question from Christina Croft that maintenance and refurbishment is planned at seasonally quiet times. The Chief Executive noted strategic opportunities to use differing approaches between the Trust's sites to our advantage. He expected future PP activity to be delivered from additional sites. He stated that we do not plan to lose any more margin on a monthly basis and reiterated that caution should be exercised in relation to reacting to monthly fluctuations.

Mr Mark Lambert highlighted key points from the operational performance report. We have achieved a clear quarter with no breaches of the 62 day cancer wait. Lucy Davies, Head of Performance, commented that the clear quarter resulted from a combination of management action and fortuitous referrals. The low numbers of patients involved mean that just one breach per quarter would miss the target for that quarter. The Chairman observed that our performance on Quarter 2 productivity metrics was reasonably good compared to that of other Trusts.

2007/26 WORKFORCE ETHNICITY REPORT

Patrick Mitchell, Director of Operations and Board Diversity, reported that the Trust Race Equality Scheme had been reported to the Board in July 2006 and placed on our website. Ms Josephine Ocloo, Chair of the PPI Forum, had pointed out that the published document did not include all her comments, about which there had

been protracted correspondence with Mr Mitchell. Mr Mitchell concluded after reviewing the whole matter that the wrong version had indeed been published on the Trust website. Mr Mitchell wished to apologise for this mistake which was due to poor document control in the Equality and Diversity Team. He would take responsibility for improving this. Ms Ocloo said she was pleased that this matter had now been resolved, as the situation, as it had stood, had threatened to further compound tensions already existing about addressing issues to do with the Race Equality Scheme.

Mr Mitchell presented a report on workforce analysis and development initiatives on the race equality and diversity scheme. It is our intention to improve accessibility of staff diversity information such that managers can use it and set local targets. Overall 36% of the Trust workforce is from BME backgrounds compared to 29% in London. There are differences between Brompton and Harefield. The information demonstrates an issue at director level: this is a predominantly white group. In the next level – general managers and similar – ethnicity is more mixed and mentorship and other support schemes for these groups are planned in order to ensure BME staff are promoted to director level. Staff are more ethnically diverse in the lower banded groups.

There are no apparent issues in training attendance by ethnicity. More analysis remains to be done on recruitment to determine whether there is bias in the application/shortlist/recruitment process. Support for internal candidates with CV development and interview skills is planned. There are no apparent issues in the age profile analysis undertaken.

The Trust should be aware of the inclusion of new employment equality regulations on age, religion, faith and sexual orientation within equalities legislation. The Trust is a single equality scheme learning site and is working with Papworth and Liverpool Cardiothoracic Centre to develop our single equalities scheme.

Mrs Jenny Hill, Non-Executive Director, believed the Trust is quite ethnicity centric and would welcome a regular Board item on equality and diversity to cover the wider diversity agenda. Patrick Mitchell noted that this report was purposely focused on ethnicity as part of our race equality scheme. He would take forward a regular Board equality and diversity agenda item. Dr. Caroline Shuldham, Director of Nursing and Governance, observed that a large proportion of applicants are not interviewed and queried whether our approach could be improved. Patrick Mitchell stated that certain posts receive an enormous response rate.

The Chairman asked whether we intended to offer CV and interview support only to BME groups. Patrick Mitchell said that such support would be offered in general but that BME-specific mentorship schemes were planned.

Ms Josephine Ocloo commented she did not believe there is an over-emphasis on race equality issues. She was keen to see equality and diversity promoted across the board. She congratulated the team on the data in the report which allowed more meaningful debate of the issues. She noted the data showing that BME groups are under-represented at senior levels and over-represented at lower levels and the data showing that despite diverse groups applying to advertisements the numbers from BME groups interviewed and placed was relatively low. She said she looked forward to the Equality and Diversity Group discussing these matters more and setting targets to improve practice and to exploring how tools such as Positive Action (as opposed to positive discrimination) could be used to address the situation. She noted the mentorship, support and other initiatives set out in the report to address inequality, which were seen as positive steps and welcomed the report as a whole. The Equality and Diversity Group is working on setting targets to improve practice. Positive action (as opposed to positive discrimination) is to be welcomed; the mentorship, support and other positive action initiatives set out were positive steps forward, as was the report as a whole.

The Chairman thanked Patrick Mitchell and Yohannes Fassll, Quality and Diversity Manager, for the report.

2007/27 TRUST PROGRESS AGAINST NATIONAL SERVICE FRAMEWORKS

The Board received this report and noted good progress in general with areas for improvement in diabetes. Ms Ocloo noted with interest the lack of evidence of age discrimination given the level of age discrimination in society generally. Professor Tim Evans, Medical Director, reported the imminent appointment of two sessions of Consultant Diabetologist time jointly with Chelsea and Westminster.

2007/28 MINUTES OF AUDIT AND RISK COMMITTEE MEETING HELD ON 14 NOVEMBER 2006

The Board received the minutes.

2007/29 REPORT OF AUDIT AND RISK COMMITTEE MEETING HELD ON 30 JANUARY 2007

Mrs Christina Croft, Non-Executive Director and Chair of the Audit and Risk Committee, stated that this had been an additional meeting

held to agree the draft audit plan. The Committee had discussed the Auditor's local evaluation (ALE) assessment and the value for money section in particular. The score would seem dependant on the definition of "embedded".

Ms Ocloo expressed her concern that the comments reflected in the report of the committee did not reflect accurately what she had said. It was explained that these were not minutes of the committee, but interim notes. The minutes will be sent to Committee Members for ratification at the next Committee meeting. Ms Ocloo therefore asked to be able to send her corrections for the report presented to the Board. This was agreed.

2007/30 DECLARATION OF INTERESTS FROM MR RICHARD HUNTING, NON-EXECUTIVE DIRECTOR

The Board noted the declaration.

2007/31 COMMENTS FROM MEMBERS OF THE PUBLIC

John Ross, a member of Heart of Harefield, echoed the remarks of the Chairman and Chief Executive about the splendid inauguration of the CT scanner. This was a brilliant achievement by the Trust, patients and community, boding well for the future of the Trust. Heart of Harefield has thanked supporters through the local media.

Mr Don Chapman, a member of the League of Friends, stated there had been a lack of awareness in the village. The Chief Executive stated that it had been reported at November's Board meeting that the scanner was to be installed in January 2007.

Mr Kenneth Appell, a member of the Patient and Public Involvement Forum, stated that the public has a perception that hospitals cause infections. Mr Appell has been close to the workings of infection control in the Trust and there have been two outbreaks of infection which the public may think were caused by negligence. He stressed they were caused by patients bringing infection in on admission and noted that the outbreaks were dealt with in a most efficient and effective way. He requested that the Board record the good work of the Infection Control Team. The Chairman commented that the Trust has very low rates of infection compared to other Trusts.

2007/32 NEXT MEETING

The next meeting of the Trust Board would take place on Wednesday 28 March 2007 in the Concert Hall at Harefield Hospital commencing at 10.30am.

Lord Newton of Braintree
Chairman