

ROYAL BROMPTON & HAREFIELD NHS TRUST

Minutes of a Meeting of the Trust Board held on 29 June 2004 in the Board Room, Royal Brompton Hospital

- Present: Lord Newton of Braintree (Chairman)
Mrs I Boyer: Non Executive Director
Professor M Green: Non-Executive Director
Mrs M Leadbeater: Director of Finance
Mr P Mitchell: Director of Operations
Professor A Newman Taylor: Acting Chief Executive
Mr C Perrin: Deputy Chairman
Dr. C Shuldham: Director of Nursing and Quality
- By invitation: Mrs M Cabrelli: Director of Estates
Mrs C Champion: Director of Strategic Development
Mr R Craig: Director of Governance and Quality
Professor T Evans: Deputy Medical and Research Director
Mr W Fountain: Associate Medical Director, HH
Mr R Gorlin: Chairman Audit Committee
Mr N Hodson: Project Director
Mr N Hunt: Director of Partnership and Service
Development
Dr C Iisley: Chairman Medical Committee HH
Dr. R Radley-Smith: Associate Medical Director HH
Mr T Vickers: Director of Human Resources
- Observer: Miss M Greatorex: Chairperson Royal Brompton and
Harefield Patient and Public Involvement Forum
- In Attendance: Mrs L Davies: Head of Performance
Ms J Thomas: Head of Communications
- For Item 3: Ms J Archer: Senior Nurse Cancer Services
Professor D Geddes: Chairman Trust Cancer Services
Mr A Howlett: Lead Manager Cancer Services

Apologies for absence were received from Mrs Suzanne McCarthy, Non-Executive Director and Dr. Gareth Goodier, Chief Executive.

The Chairman referred to recent correspondence between Mrs Brett, Chair of Heart of Harefield and him, and with Mr Michael Dent on more Board meetings being held at the Royal Brompton than at Harefield. The issue had been raised previously. Apologising for this meeting not taking place at Harefield, the Chairman said that the imbalance had arisen due to seminar type meetings held at the Brompton, having later been transposed into public Board meetings. The need to change the venue should have been spotted but was not. While it had been hoped to alternate meetings between the sites difficulties with booking the hospital venue unless well in advance had resulted in this balance not being achieved. However, the December Board meeting had been rearranged to take place at Harefield which would result, if the August meeting did not take place, in

the calendar year as a whole, in six meetings at the Royal Brompton and five at Harefield. Next year's bookings by being made well in advance would achieve the alternating pattern.

Mrs Brett responded that the Board meetings had been arranged well in advance. They were listed by June and August 2003 and those lists had found their way to her. Some of the meetings at the Brompton were listed as Royal Brompton & Harefield NHS Trust Meetings, others as "Informal (Private) meetings," all being under "The Chairman had agreed the following dates...." The leaked lists showed that the Board meetings at the Brompton had been slotted in at intervals despite Heart of Harefield having been told that the only Board meetings were bi-monthly. Mrs Brett said that she would have much preferred that this had not happened. She was unhappy and disappointed that at a time when Heart of Harefield was hoping for a better attitude towards patient and public involvement, there was cause for complaint. There was no choice but to make clear that the explanation given was not satisfactory. In June and August 2003 when future Board meeting dates were finalised, there would have been no difficulty whatsoever in getting the Harefield venue. No attempt had been made.

REF

2004/67 MINUTES OF BOARD MEETING ON 26 MAY 2004

Mrs Brett explained that she was not objecting to the minutes as such but informed the Chairman that pages four and five were missing from the copies distributed to the public. Unfortunately, these were the pages which covered questions from the public and Mr Potter's and her own comments on the Paddington Health Campus. Following discussion, replacement minutes were organised and distributed to those present to be considered for approval at the next Board meeting.

2004/68 REPORT FROM THE CHIEF EXECUTIVE

The Chairman reported that Dr. Gareth Goodier, Chief Executive, was out of the country for family reasons and that Professor Tony Newman Taylor, Acting Chief Executive, would present the report on his behalf.

Before referring to the issues raised in the written report, Professor Newman Taylor reported on the recent sad death of Dr. Tony Rickards. Dr. Rickards had been a pioneering interventional cardiologist and would be much missed by colleagues. Dr. Charles Ilsley had represented the Trust at his recent funeral.

(i) New Senior Appointments

Professor Newman Taylor reported on the recent appointment of Professor Tim Evans to the post of Deputy Medical and Research Director and of Mr Daryl Shore, who is the new Director of Paediatric and Adult Congenital Cardiac Surgery. Professor Newman Taylor also reported on the appointment of

Mr Adeke Yumura who had recently arrived from Japan and is a highly experienced surgeon specialising in congenital heart disease.

(ii) Department of Health 2004 Health and Social Care Awards
Hayley Price Hawkins, Heart Failure Nurse Practitioner, had been named as London's "outstanding achiever of the year" award winner for nursing recently. The Board asked that Hayley Price Hawkins be written to with the Board's congratulations on this excellent achievement.

(iii) Acting Medical Director
Professor Newman Taylor reported that whilst he was taking on the responsibility as Acting Chief Executive, Professor Tim Evans had agreed in turn to take on the role of Acting Medical Director.

2004/69 ANNUAL REPORT ON CANCER SERVICES

Professor Duncan Geddes, Chairman of the Trust's Cancer Board, introduced the annual report. He also introduced Ms Jo Archer, Senior Nurse for Cancer, and Mr Andrew Howlett, Cancer Lead Manager.

Mr Howlett presented the report to the Board. In particular he drew the Board's attention to the two main objectives facing cancer services this year which were the development of a computerised cancer database and the development of palliative care services.

The Board thanked Professor Geddes, Mr Howlett and Ms Archer for their work, particularly on meeting all the relevant targets. Mr Mitchell reported that the Information Department would be putting more resources into developing the cancer database and that the Executive Directors were aware of the need to look into developing palliative care services.

Miss Greatorex asked whether any work had been done with local companies or other organisations in this field. Ms Archer said that a lot of work had been done particularly with hospices and Macmillan Cancer Relief, who were very supportive, but she would certainly look into making contact with other local organisations.

The Chairman said that the Board took sympathetic note of the Cancer Team's aspirations and that he was encouraged that the appropriate input would come from the Executive Team.

2004/70 PADDINGTON HEALTH CAMPUS DEVELOPMENT

Mr Nigel Hodson, Project Director, presented a report on progress with the Paddington Health Campus Development. The independent review report was now expected within days rather than weeks. Meanwhile the Project Team was continuing with work on refining

and evaluating the options around site configuration and the decanting of St. Mary's during construction.

Mr Hodson referred to the House of Commons adjournment debate which had been mentioned in the last Board meeting. John Randall, MP, and John Wilkinson, MP, had made the case for Harefield to be retained, with the Minister responding on the benefit of single speciality hospitals having access to other specialities. His paragraph on communications, Mr Hodson commented, would be noted by the Board.

2004/71

QUESTIONS FROM MEMBERS OF THE PUBLIC

Mr David Potter, Chairman of Rebeat and Vice-Chairman of Heart of Harefield, commented on the lack of information given in the report on the Paddington Health Campus. This also applied to the Strategic Health Authority. In its last meeting the expected report on Paddington was not given, due to the absence of the two Chief Executives concerned and the Project Director. Mr Potter asked if the RB&H Board ever discussed the Paddington Health Campus in open forum, as he had never heard them do so, or ask questions on it. Mr Potter then queried current expenditure on external consultants for Paddington, asking if it remained at £44,000 per month. On the projected 15% reduction in space overall at Paddington, Mr Potter said that it amounted to 80,000 square metres, all of which was supposed to come out of St. Mary's, making it a much higher percentage for that hospital. Clarification on how this would be done was requested. Mr Potter also asked what was the status of the new OBC within the NHS and what was being included in it. Finally, Mr Potter commented upon the lengthy non-appearance of the imminent report of the review and reiterated his concern about what he regarded as the lack of transparency in the Trust on discussion of the Paddington Project.

Mr Hodson confirmed that the current spend on external consultants for the Project was £44,000 per month. He also confirmed that the total space reduction for the Project had come down from 220,000 square metres to 190,000 square metres. A lot of work was still going on to work out how services would fit in this but he expressed his confidence that they would. He also confirmed that the majority of the reduction was for St. Mary's Hospital services.

Mr Potter responded that on space this was still more than 15% coming out of St Mary's. In simple terms this could amount to a 45% cut in St. Mary's, which would greatly concern many people. He understood that work on the new OBC was continuing but asked what progress had been made, as £44,000 a month was a lot of money and £6 million had been spent; neither had his question on when the Board discussed the Paddington Project been answered.

The Chairman replied that most current discussions were about the detail concerned with the OBC and that these took place as part of the continuing Project work overseen by the Joint Project Board, to which the Trust Board had delegated responsibility. There were also discussions in private about commercial considerations but, in the main, the Board was waiting for the outcome of the independent review and that until that was available there was not a lot to discuss. Mr Charles Perrin, Co-Chairman of the Joint Project Board, said that issues around the budget for the Project were discussed in Part 2 of the Board meetings and that expenditure was continuing to be monitored carefully.

Mr Potter repeated his astonishment that not one of the major protagonists had been present at the SHA meeting, despite it meeting only once every three months, to report on one of the biggest projects the SHA has to deal with. He found that absolutely amazing.

The Chairman replied that there was no question within the Strategic Health Authority about the Project as it was agreed policy. The Strategic Health Authority were in exactly the same position as the Trusts, that is they were waiting for the independent review to report. He added that the Strategic Health Authority was represented on the Joint Project Board.

Mr Potter asked again for an indication of how space saving would be effected at St. Mary's and for an assurance that the Brompton & Harefield element would not suffer cuts. Mr Hodson replied that he had already indicated that the greater burden of reduction fell on St. Mary's but it was certainly not the case that nothing fell on Royal Brompton and Harefield. He agreed to give some details in his next report.

Mrs Claire Champion, Director of Strategic Development, said that a reduction of 80 beds was proposed for St. Mary's Hospital. These were beds previously planned for patients with chronic diseases which the PCTs were now proposing could be managed better within the community. There were also reductions in non-clinical space, including Estates Offices, common sterile supply services and using more offsite accommodation. The remodelling of activity at the Royal Brompton and Harefield meant it had been able to reduce by two operating theatres and ten beds.

Mr Potter expressed further concern that shared services could be the beginning of a loss of identity and independence for the Brompton and Harefield. It had also become clearer that Paddington as planned was a mirage. It would end up with a second rate facility at a greatly inflated price.

The Chairman replied that the Board was absolutely opposed to any loss of identity but said that there were services, such as payroll,

which we could share without compromising independence and at the same time minimising costs so that more could be put towards patient care. He added that the proposals for the reductions in bed requirements for St. Mary's were coming from the PCTs. Health care was making many advances, with some former tertiary services becoming secondary services and many secondary services being able to be done at the primary care level.

Mr Potter responded that care in the community was not new, it went back four years to the consultation process. The reason the pressure was being put on now was that the team had failed to squeeze a quart into a pint pot.

Miss Marguerite Greateorex, Chairperson of the Patient and Public Involvement Forum, expressed concern about whether the resources were available to provide the level of care indicated in the community. Professor Newman Taylor said that it was very important that the PCTs were able to deliver services to patients with chronic diseases in order that they did not require hospital admission and this is a very important part of the Project but principally affected St. Mary's rather than the Royal Brompton and Harefield Hospitals.

Mr Kenneth Appell, a member of the Patients' Forum, raised concerns about cardiac investigations being undertaken in general hospitals, without, should anything untoward occur, the expert backup of the Harefield team. The Chairman responded that he noted the point but changes were part of the progress.

Mr John Ross noted that Mr Hodson had stated in his report that the Paddington website continued to be updated. Having visited it he had noticed Mr Hodson had a project team of 20 staff supported by others within the Trust and by external advisors. Mr Ross said this did not seem consistent with reducing costs to £44,000 per month. He asked whether Mr Hodson still had that large team working on the project. Mr Hodson replied that he no longer had 20 staff working on the project. Mr Ross also queried why Grace Gibbs was still listed when she had left. He was also puzzled by the Public and Patient draft strategy dated 17 June, as it was attributed to Grace Gibbs.

Dr. Caroline Shuldham replied that Grace Gibbs had left a range of papers on Patient and Public Involvement on which the Trust is currently consulting. She confirmed that Grace Gibbs had left but that her work was being undertaken jointly now between herself and her counterpart at St. Mary's, Susan Osbourne.

Mrs Brett said that she had sympathy with Mr Hodson's difficulties but the project reports appeared to be aimed at saying as little as possible. Mrs Brett wondered if the current report had been written by Mr Hodson because of the misleading paragraph in that report. Mr Hodson asked if this was the paragraph referring to the debate. Mrs

Brett agreed saying that she had copies of the debate with her, which could be distributed. The contrast in how the project report described the Paddington debate and how the media described it was striking. One influential publication's headline was "£800 million plan savaged in the Commons". Mrs Brett remarked that all of the media was similar.

Mrs Brett questioned how independent the review into Paddington was, saying that Heart of Harefield would have preferred it done solely by the National Audit Office. This was due to the Minister having said in the Commons that he was backing the Paddington Project, even before the independent review report had come out. Material in the possession of Heart of Harefield also shows the Minister, while the review was ongoing, reassuring a London MP lobbying for Paddington that the Secretary of State had written to the Treasury, urging that it go ahead. This gave the impression not of independence but of pushing Paddington through despite scandalous waste and mismanagement.

Seconding the concerns of Mr David Potter on the Paddington Project not being discussed by the Board, Mrs Brett pointed out that regulations governing Board meetings stressed that the right to discuss certain matters in public should not be abused to prevent open discussion and decision making. Remarking that there was a well of talent amongst the Non-Executive Directors Mrs Brett said she was not criticising them but reminding them of their duty to question and challenge.

Mrs Brett said she considered it unbelievable and illogical that the Board had not discussed either the six-page "Building" article critical of Paddington, which the Chairman had assured the Board had been given, or Mr John Randall's excellent debate. Yet nothing was said in public. Mrs Brett said that this was not acceptable as there was a Code of Openness. There was also a responsibility on the Board not to push things through but to advise the Minister of problems with the Paddington Project.

Commenting that when she had written to Lord Newton on this subject, on behalf of Heart of Harefield, she had made it clear that she did not blame the Non-Executive Directors, but had instead provided for all Board Directors the Health Service Circular which governed the conduct of Board meetings. She feared it had often been breached. Heart of Harefield was not happy about this.

Mrs Brett commented on commercial sensitivity being overworked to prevent open discussion when the Project had not even advertised for a PFI partner. Remarking that being critical was not the way she liked to work, Mrs Brett said that there had been no option, as many were angered. Mrs Brett preferred that the Board and Heart of Harefield worked together to find a solution.

Mrs Brett concluded by asking if Mr Hodson had written the Project Director's Report or whether it was written by Andrew Butcher or one of his colleagues. Mr Hodson responded he had made some amendments but it had been drafted for him. He took responsibility for it. Mrs Brett asked if this included the mistakes within the communications section. Mr Hodson responded that Christows had written that section. Mrs Brett thanked Mr Hodson for answering the question.

The Chairman said that in the interest of making progress with other business of the meeting he did not think it feasible to attempt to go over all the ground covered which had been discussed in earlier sessions. Mrs Brett indicated that she was content with that since her brief had been to put the various points on record.

2004/72 ANNUAL CLINICAL GOVERNANCE REPORT

Mr Robert Craig, Director of Governance and Quality, presented the draft Annual Clinical Governance Report 2003/4 to the Board. The report is due for submission to the Strategic Health Authority at the end of the month. Mr Craig asked for comments, adding that he had already received comments on the draft which he intended to incorporate in the final report. The changes would be that information on retained organs would be added to the research governance section, information on support provided to the Heart Science Centre would be added to the research section, the completed diabetes audit would be added to Appendix 4. The Chairman thanked Mr Craig for the draft report. Mr Gorlin asked about the number of red incidents in the Department of Anaesthesia and Intensive Care. Professor Evans replied that they were red because the patients ended up in Intensive Care Unit but that the question did raise the need to look at how we allocated responsibility for incidents.

Mr Perrin, in relation to the section on research governance, asked when next there was to be a separate research report to the Board. Professor Newman Taylor said that he would check.

Professor Malcolm Green asked if it would be possible to see comparative data in order to show whether matters had improved or not. Professor Evans explained that there were more reporting requirements than hitherto and so it was difficult to make comparisons. Most incidents involve no damage to individual patients but were still required to be reported. Mr Gorlin noted that an increase next year however would be a cause for some concern. Professor Evans confirmed that the SHA had requested a report over the last two years showing the shift in statistics from red to amber.

The Chairman noted the number of process errors that were being reported and expressed concern over the number of falls. Dr.

Shuldham said that we do now have a much better understanding of what goes wrong and that the numbers were not untypical.

The Chairman noted that trends over time would be of interest to the Board. This was the first year of collecting in this format and over time would become very informative.

Professor Evans reported that he would take up the issue of performance indicators with the Risk Committee.

Mr Craig commented that the key performance indicators on medical safety were monitored on a quarterly basis and that the National Patient Safety Agency (NPSA) had identified medical errors and patient falls as key areas and would be issuing some national benchmarks against which individual Trust performance would be measured from 2005.

The Chairman asked about the 91 incidents concerning lacking or defective equipment. Mr Craig reported that the current capital programme, if funded as planned, would address the risks associated with the 91 incidents.

Mr Gorlin asked for and received an explanation of the incident concerning extravasation of a contrast medium.

Mrs Isabel Boyer asked about staff incidents reporting and Mr Craig said there was a similar system recording staff incidents which would be contained within the Health and Safety report. Mr Vickers said that this would also be provided in the six monthly workforce report.

2004/73 DRAFT BUSINESS PLAN FOR 2004/5

Mrs Leadbeater gave a report on progress with the draft business plan. The next draft would be available for consideration at the next Trust Board meeting.

2004/74 REPORT FROM FINANCE COMMITTEE MEETING 29 JUNE 2004

Mrs Leadbeater gave an oral report on the recent Finance Committee meeting.

- (i) Good progress was being made with the year-end accounts with external auditors. The draft accounts would be available to the Audit Committee in the first week of July.
- (ii) Progress with finalising the budget was less swift. The principal focus of work at the moment was on obtaining clarity about capacity, agreeing PCT baselines and service level agreements (SLAs) and opportunities for additional income.
- (iii) There was a current gap of around £3mn after requiring a savings target of 2.5%. This gap was currently under consideration for resolution through an additional 1% savings target and additional income from taking on work from new referral sources. Mrs Leadbeater confirmed that the savings

would have to be delivered over nine months rather than twelve.

Mr Perrin noted that the accounts having been through the Audit Committee in the following week should be available in audited form by 23 July. He also noted that the Finance Committee would be seeing the proposed budget before it comes to the next Trust Board meeting.

Mr Gorlin commented that, in comparison with other Trusts, we had a relatively lower proportion of the new funding going into the NHS.

2004/75 CAR PARKING AT HAREFIELD HOSPITAL

Mrs Maria Cabrelli, Director of Estates, presented a briefing note to the Board on the recent tendering process for developing car parking for patients, staff and visitors at the Harefield Hospital site. She recommended that the Board accept the tender from NCP. Miss Greatorex asked whether the proposals took account of requirements for disabled parking. Mrs Cabrelli confirmed that disabled parking provision was in line with regulations and close to main entrances.

2004/76 COMMENTS AND QUESTIONS FROM MEMBERS OF THE PUBLIC ON CAR PARKING PROPOSAL

A number of comments and questions were raised by members of the public. These included a request for clarification over the parking fees, a suggestion that matting be put over the grass areas to provide cheaper parking, the fact that staff would not like the charges and that the Trust might incur a loss. The Chairman said that parking requires proper management and that the proposal would increase income over time.

Members of the public responded with further comments and questions. A concern was raised about what would be done to stop people parking on the street outside the Hospital as charging might force people to avoid parking in the Hospital grounds and whether the Trust would discuss parking restrictions outside the Hospital with the local authority.

Mr Don Chapman, Deputy Chairman of the League of Friends at Harefield raised the question of charging volunteers and asked if the League of Friends would be exempted. Concern was also repeated about whether disabled people would be expected to pay. It was stated that disabled parking at Watford and Hillingdon Hospitals was free. It was asked whether the Trust was following approved parking plan policy from the local authority. There was concern about lack of description of the project, whether it was multi-storey, single or concreting over grass areas. Some criticism was raised about the paper in that it did not appear to give enough information

for the Trust Board to fully appreciate what it was considering and the question was asked whether this was the first time the Board had been asked to consider the issue.

Mrs Cabrelli said the Trust was aware of the issue of overspill and was working closely with the Council to avoid problems associated with it. On fees for people with disabilities, Mrs Cabrelli said that different Trusts have different policies as disability was not a determinant of ability to pay or waive charges. She confirmed that volunteers would not have to pay and that other categories of the public who would be exempted were under consideration.

Mr Mitchell confirmed that the proposal met approved parking scheme policy. He also confirmed that the scheme would provide surface car parking and did not involve a major redevelopment. Mr Mitchell added that the paper invited the Board to approve a tender on a subject which had been considered a number of times in the last year.

The Chairman confirmed that there had already been extensive consultation at Harefield but acknowledged there were issues emerging that may need to be discussed further.

Mrs Brett stated that Heart of Harefield had not been consulted on how car parking at Harefield should be managed or on the scale of charges that would be made.

The Chairman commented that Heart of Harefield had been present at a previous Board meeting when a report was presented which included car parking at Harefield being reorganised.

Mr Mitchell stated that for the last two years Hillingdon Borough had been clear that parking needed to be managed as part of the associated work for the development of the Harefield Science Centre and the new Anzac patient services building.

Mr John Ross, Heart of Harefield, said that the question was raised as to what the Board was asked to approve; whether it was the principle of proceeding with a car parking project or approving the NCP tender, adding that it was difficult to see how a decision could be based on the available information.

Mrs Cabrelli and Mr Mitchell confirmed that the tender had completed all Trust processes in accordance with Standing Financial Instructions (SFIs). Mrs Cabrelli stated that six firms had been asked to tender, three had returned bids and a formal evaluation panel established. Mrs Leadbeater confirmed the process complied with Trust Standing Financial Instructions. The approved tender sum exceeded the Chief Executive's authorised level of expenditure and for this reason Board approval was sought.

Mrs Brett said the debate could have been avoided if patients had been consulted but the public would fight the proposals particularly on charging disabled people for parking. She said there should be a sliding scale of charges for staff and that no patients should have to pay. The Chairman responded that it was the norm for hospitals to operate parking with charges.

Mr Potter asked for more information about the proposals. He added that there appeared to be commercially sensitive information in the paper which was in contrast to the detail available about the Paddington Health Campus. He did not think the paper before the Board should be a public one, that it did not show the project management in a good light and that he thought the National Audit Office would have something to say.

After considering comments from members of the public it was agreed that the proposal could proceed in principle. The Board asked for a further report at a future meeting on the contract terms and conditions including categories of exemptions from charges and the implications for disabled people.

2004/77

DECLARATIONS OF INTEREST 2004/5

A paper was provided giving details in respect of the Directors of Royal Brompton & Harefield NHS Trust concerning business interests, position of authority in a charity or voluntary body in the field of health and social care and any connection with a voluntary or other body contracting for NHS services. The Board noted this report.

2004/78
PUBLIC

ADJOURNEMENT FOR QUESTIONS FROM MEMBERS OF THE

- (i) The Deputy Chairman of the League of Friends of Harefield Hospital asked for information on how many volunteers there were at Harefield Hospital. Dr. Shuldham agreed to supply this information separately.
- (ii) Mr Potter said that it was very important to keep the synergy between Mount Vernon Hospital and Harefield as it had one of the best scanning units in the UK and that this relationship should be maintained if the move to Paddington took place. He also added that the level of volunteers at Harefield Hospital was not replicated at Royal Brompton Hospital.

2004/79

DATE OF NEXT MEETING

The next meeting of the Trust Board will be held on Wednesday 21 July at 4.00pm in the Concert Hall at Harefield Hospital.

2004/80

RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC

The Chairman proposed the following resolution which was adopted;

“that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of business to be transacted, publicity on which would be prejudicial to the public interest.”

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

**Lord Newton of Braintree
Chairman**