

## **ROYAL BROMPTON & HAREFIELD NHS TRUST**

### **Minutes of a Meeting of the Trust Board held on 29 June 2006 in the Board Room, Royal Brompton Hospital**

Present: Lord Newton of Braintree: Chairman  
Mr C Perrin: Deputy Chairman  
Mr R Bell: Chief Executive  
Professor M Cowie: Director of Research and Academic  
Affairs  
Mrs C Croft: Non-Executive Director  
Professor T Evans: Medical Director  
Mrs J Hill: Non-Executive Director  
Mrs M Leadbeater: Director of Finance  
Mrs S McCarthy: Non-Executive Director  
Mr P Mitchell: Director of Operations  
Dr. C Shuldham: Director of Nursing and Governance

By invitation: Sir Michael Partridge: Independent Project Reviewer  
Mrs M Cabrelli: Director of Estates and Facilities  
Mr R Craig: Project Director Foundation Trust Status  
Mr N Hunt: Director of Service Development  
Ms J Ocloo: Chair Royal Brompton and Harefield Patient  
and Public Involvement Forum  
Ms J Thomas: Director of Communications  
Mr T Vickers: Director of Human Resources  
Ms J Walton: Director of Fundraising

In Attendance: Mr J Chapman: Head of Administration  
Mr A Howlett: General Manager Surgery and  
Transplantation  
Mrs S Ohri: Deputy Director of Finance  
Mr R Sawyer: Head of Risk  
Mrs E Schutte: Executive Assistant

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

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

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2006/75 MINUTES OF TRUST BOARD MEETING ON 24 MAY 2006  
The minutes of the previous meeting of the Board on 24 May 2006 were approved.

2006/76 REPORT FROM THE CHIEF EXECUTIVE  
Mr Robert Bell, Chief Executive, informed the Board that the annual SHA review of the Trust took place on 26 June 2006 and covered performance in provision of services for patients, financial performance, staff performance and Trust plans for 2006/7. The SHA complimented the Trust on its performance and achievements in the year and its contribution to the SHA's overall performance. The Chairman said a highly satisfactory review took place.

2006/77 REVIEW OF HAREFIELD HOSPITAL AND SERVICES  
Sir Michael Partridge, Leader of the Independent Project Review Panel, presented the report on the future of Harefield Hospital and services. Sir Michael referred to his letter to the Chief Executive which accompanied the report and confirmed that the report addressed the terms of reference set by the Trust Board. The reviewers had consulted extensively, meeting and receiving evidence from stakeholders, organisations and individuals and a considerable degree of consensus on the way forward had emerged. They had examined the recommendations of the SHA clinical governance review and the NSCAG review of transplantation services and had noted action the Trust Board had taken to implement them. They had also noted that the SHA had recently allocated capital funds to address immediate environmental risks identified in the two reports and provide safer conditions for Harefield Hospital patients.

Sir Michael explained to the Board that the principal recommendation of the review was that the Trust and higher NHS authorities should quickly establish a mechanism to agree a strategy for all heart and lung services in North West London by the end of 2006 that is resolutely based on patient needs in terms of quality of services and access to services. On the issue of the future location of Harefield Hospital and services, the reviewers had sought to identify a limited range of realistic options and recommended two for detailed consideration. These were relocation to Hillingdon Hospital and, with less certainty, relocation to Mount Vernon Hospital. They recommended that if neither of the two options were found by the

end of 2006 to provide a convincing and guaranteed solution to the future of Harefield Hospital and its services within a reasonable time the Trust should proceed with its plans to redevelop the Hospital on the Harefield site, which the reviewers understood would cost in the order of £20 million. The reviewers also recommended the Trust to reassess the configuration of its services at Royal Brompton and Harefield Hospital sites and to continue to explore the creation of a network of specialist heart and lung services across the United Kingdom.

The Chairman thanked Sir Michael and Mr Mark Taylor, member of the independent review panel, for an objective and coherent report which the Trust Board welcomed and supported. The Chairman said the report fulfilled a commitment the Trust had given the SHA and, with the agreement of the Board, would be submitted to the SHA and to London Strategic Health Authority when it came into operation on 1 July 2006.

Mr Patrick Mitchell, Chairman of the Harefield Services Redevelopment Oversight Board, tabled an outline of progress with implementation of the recommendations of the SHA clinical governance review and a letter from the SHA Director of Finance which set out conditions relating to the allocation of £2.3 million to address immediate environmental risks and provide safer conditions for patients. Mr Mitchell indicated that an advertisement would be published on 13 July for eight consultant appointments at Harefield Hospital. NSCAG had visited Harefield Hospital again on 16 June, was completely satisfied with action the Trust had taken since the review and indicated it would now visit the Trust twice yearly. Fire safety and evacuation training had been completed. Tenders were being drawn up following the SHA allocation and the capital scheme was planned to commence in the Autumn. Discussion had taken place with consultant surgeons in the Harefield area about providing general surgical support for Harefield Hospital patients through a direct contract with Royal Brompton & Harefield NHS Trust.

Mr Mitchell also tabled a draft response to the conditions the SHA had set to the £2.3 million capital allocation. The SHA sought firstly an assurance that the expenditure would adequately address short-term risks from the clinical governance review. Mr Mitchell said the Oversight Board was able to give the assurance required. The independent reviewers had also given their assurance that the planned work covered all short-term risks.

Secondly, the SHA required an option appraisal on the future of the Harefield site to be sent to London SHA within six months, by 31 December 2006. Mr Mitchell said the Oversight Board considered what an option appraisal would require and recommended the appointment of professional strategic planning consultants. The consultants would be commissioned to review all five options in the report of the independent review and conduct a feasibility study of the land available, operational and practical affordability and the timescale of all the available options.

Mr Mitchell updated the Board on discussion that had taken place with the neighbouring Trusts on the feasibility of the two relocation options. Hillingdon Hospitals NHS Trust had indicated it could identify land to sell to Royal Brompton & Harefield NHS Trust in order to build a new Harefield Hospital. Mount Vernon Hospital also had land available on which a new Harefield Hospital could be built but it had also introduced a potential scheme to relocate Mount Vernon Hospital on the Harefield site which could have scientific and clinical benefits for the NHS. Further discussion with Hertfordshire Hospitals NHS Trust confirmed operational difficulties existed with the proposed relocation of Harefield Hospital to Watford General Hospital. Land would be available but the viability of the scheme was far from certain. Mr Mitchell said the Oversight Board supported what the reviewers had written about the Hammersmith Hospital option. Sir Michael Partridge however forewarned the Board that it could expect considerable external support for the option even though, to the reviewers, there were many disadvantages from the Trust's perspective.

Mr Mitchell also briefly drew the Board's attention to two further conditions set by the SHA to the capital allocation. The SHA said the £2.3 million allocation was an absolute cap on capital expenditure. The Trust accepted it and recognised that any additional work would be funded from its capital programme in 2006/7 and 2007/8. The SHA had also said the Trust would have to satisfy the Capital Investment Unit and SHA Estates London that their unresolved issues had been addressed. Mr Mitchell referred to details in his report which set out action that was being taken.

Ms Josephine Ocloo, Chair of Royal Brompton and Harefield Patient and Public Involvement Forum, asked how important an external decision was on the future of heart and lung services in North West London in relation to the options presented by the independent reviewers. Mr Bell said the Trust was the major provider of specialist

heart and lung services in London but it could not make the decision on the future of Harefield Hospital and its services without the fullest support from higher NHS authorities, commissioners, stakeholders, patients and those who represented them. It was engaging with the SHA and opening dialogues with many others and intended to lead and influence the debate leading to the decision. Mrs Jennifer Hill commented that there were a great many stakeholders; Robert Craig, Jo Thomas and she were examining the best way to manage issues of reputation for the Trust with a range of expert companies in this field and would report to a future Board meeting.

The Chairman asked the Board to agree to proceed with commissioning strategic planning consultants to carry out the option appraisal and, with the addition of meeting patients' needs to the criteria for appraisal set out in Mr Mitchell's report, this was approved. Mr Bell said the Board would receive a report at the next meeting on the appointment of an externally-led panel to examine the Trust's clinical structures and how they could be taken forward following the independent review. The panel would be led by Professor John Wallwork, Professor of Cardiothoracic Surgery at Papworth Hospital.

#### Comments from Members of the Public

Mrs Jean Brett, Chair of Heart of Harefield, explained that confidence in the independence of the review carried out by Sir Michael Partridge and Mr Mark Taylor had helped to prevent a judicial review of the previous one carried out by the NW London Strategic Health Authority. Confidence in the reviewers had also enabled Heart of Harefield to persuade its strongest supporters that too many attending Board meetings to say "We told you so" re Paddington would distract from the harmony which was needed.

There were marked contrasts between the two reviews with the independent reviewers demonstrating openness, public probity, clarity of expression and a depth of knowledge of the subject. Their interviewing was broad-based covering 70 organisations/people. Sir Michael and Mr Taylor had delivered an admirably balanced report with Heart of Harefield commended.

What was important to Heart of Harefield were the wishes of Harefield's patients and clinicians. Keeping all its services intact on the one site and preserving the expertise of the teams remained the priority.

Heart of Harefield had also been asked to relay to the Board the link between finance dominating NHS policy for the next few years and information given by the Acting Permanent Secretary to the Department of Health to the 5 June 2006 Public Accounts Committee hearing. To prevent another debacle such as Paddington all PFI schemes over £75 million were being extensively scrutinised by the Department of Health, the yardstick being used was that the annual charge for the rebuild should not exceed 15% of a Trust's income. Trusts intending to pursue a PFI build together would be expected to merge.

In conclusion Mrs Brett stressed that the Trust's financial stability put it in a strong position to carry through its policy. There was also the February 2006 commitment given in the Commons by a Health Minister that consideration would be given to the independent review's proposals. Heart of Harefield supported the outcome of that independent review and the direction the Board was taking in building on the strengths of Harefield, for the benefit of the whole Trust.

The Chair of Heart of Harefield thanked the Chairman for being given time to express the views of her colleagues.

The Chairman thanked Mrs Brett for her comments and said he had noted what was said. Mrs Jennifer Hill, a Non-Executive Director, commented that what Mrs Brett had said was valuable but she would prefer a written submission in future as it had taken up time.

2006/78 GOVERNANCE AND QUALITY REPORT FOR QUARTER ENDING 31 MARCH 2006

Dr. Caroline Shuldham, Director of Nursing and Governance, presented the clinical governance report for the quarter that ended on 31 March 2006 and drew attention to the information it contained on clinical risk, clinical audit, infection prevention and control, feedback from patients on their experiences of treatment and care in the Trust and detailed information from the Anaesthesia and Critical Care, and Transplantation Directorates. Dr. Shuldham drew the attention of the Board to two deaths which had been given the highest risk rating, a power failure in Royal Brompton Hospital Sydney Street Wing and an error in a printout from the electronic patient record, all of which were being pursued through further enquiries. The report also gave further information on the national acute patient survey in October 2005, a summary of which the Chief

Executive gave the Board in his report to the previous meeting. Professor Martin Cowie, Director of Research and Academic Affairs, drew the Board's attention to the death of a patient who had consented to participate in a research trial which raised questions about research governance that were being pursued.

Ms Josephine Ocloo raised a number of points and in doing so asked the Board to appreciate that there is limited space on the agenda for contributions from a PPI perspective and therefore reasonable space should be allowed for this to happen. Ms Ocloo referred to issues she raised at the Trust Board meeting in March 2006 about patient safety issues. The first issue related to the exclusion of outpatients from the review of medicines information as part of the medicines management programme that was reported to the Board in July 2005. After much correspondence back and forth with the Trust, Ms Ocloo said she was pleased to report that Richard Goodman had now confirmed that Pharmacy has been developing an outpatient questionnaire to better inform the Directorate of patients' satisfaction with the service provided and that they were keen for the forum to have some input into the design of the final questionnaire. Ms Ocloo confirmed that the Forum would be happy to do so. The second issue related to the response received by Ms Ocloo about what action had been taken over the results of the NHS Outpatients survey in 2004/5, relating to problems of communication and patient understanding of their treatment and test results. The Trust response said, 'Department staff should inform patients that their test results should be discussed by the clinician at the patient's clinic appointment'. Ms Ocloo said that she believed the response should have been more definitive in stating that test results would be discussed. The Trust should also monitor compliance of this process. Lastly on the clinical risk issues identified in the audit of case notes documentation, Ms Ocloo said that she had been informed that Lucy Davies had been asked to assess improvement work in relation to medical records in association with James Hooper, Chair of the Clinical Records and Confidentiality Committee. Mrs Davies had also offered to meet the PPI Forum to update them on matters. Ms Ocloo said however that the Board should formally be made aware of progress on a regular basis and that this should be included in future clinical governance reports.

On the report Dr. Shuldham had presented, Ms Ocloo said 1400 adverse events had been reported in 2005 and asked what risk assessment took place, whether or not root cause analysis was undertaken and how the PPI could become involved in learning from

them. The Chairman intervened and referred to correspondence between the Trust and Ms Ocloo on issues she had raised and said this was a helpful way of maintaining dialogue between the Trust and the PPI Forum.

Ms Ocloo asked when she could expect a response to the issues she had raised on patient safety during the Board meeting and said the PPI Forum had to search for information in a piecemeal fashion. In response to the questions Dr. Shuldham asked that Ms Ocloo provide a written note of the questions to ensure the Trust's understanding and enable an effective response to be made.

Mrs Suzanne McCarthy said it was right Ms Ocloo brought the PPI's concerns to the Board but it would be preferable to submit them in writing so that an informed discussion could take place. Mrs McCarthy also said minutes of PPI meetings should be circulated to Board Members. Ms Ocloo said that all the issues that she had raised at the Board meeting had already been submitted in writing to the Board in some detail. She also raised the issue of not being properly informed about the date and location of the Audit and Risk Committee and receiving papers for Board and Committee meetings in time to properly consider them. She said that were this to happen she might then be able, where appropriate to submit if necessary any written comments in advance of the meeting. The Chairman said the Board would take note of what had been said.

The Chairman referred to the update given in the governance and quality report on the review of the failure of the Patient Administration System (PAS) as a result of the fire at Buncefield Oil Depot on 11 November 2005 and observed that a report would be presented on improving the resilience of the PAS network and communication between the Trust and Northgate Information Systems. Mr Bell said a North West London Information Systems Group was reviewing the issues that had arisen over continuity of service and of network resilience and the Board would receive a report later in the year.

The Board thanked Dr. Shuldham for her report.

2006/79

MEETING OF THE AUDIT AND RISK COMMITTEE ON 22 JUNE 2006

Mrs Suzanne McCarthy, Chairman of the Audit and Risk Committee, presented a report on the first meeting of the Committee on 22 June 2006 and asked the Board to take note of matters that were considered. Mr Charles Perrin, Deputy Chairman, drew attention to a



reference in the external auditors report to the existence of an interim budget in April 2006 and asked the Board to note an interim budget was also in existence in April 2005. Mr Bell said the external auditors' local evaluation report had accordingly been corrected and now gives the Trust an overall score of 2, representing adequate performance and this had been appropriately reflected in his statement of internal control for the year.

The Board noted the report.

2006/80 RESEARCH AND DEVELOPMENT REPORT

Professor Martin Cowie presented a research and development report for June 2006. The Department of Health had invited the Trust to submit a full application to become a specialist biomedical research centre in respiratory and cardiac procedures and associated critical care by 30 November 2006. Royal Brompton & Harefield NHS Trust was one of eight Trusts that had been invited to submit applications to become specialist centres. Six Trusts had been invited to become comprehensive biomedical research centres. The Department of Health had also indicated that it anticipated the Trust would bid for £3-6 million annually as a specialist biomedical research centre. Professor Cowie said the information the Department of Health required would be comparable to the Trust annual research report which would be issued and circulated to Board Members shortly. Mr Bell said that the invitation was a welcome response following approval of the preliminary application. The Department of Health had indicated that about £100 million was likely to be allocated annually for the biomedical research centres. The Trust currently received £28.3 million as a research subvention from the Department of Health and would have to bid separately for a further allocation.

Professor Cowie also updated the Board on progress with the business case for the EpiCentre which would be completed by 31 August. A progress report would be given to the Board at the next meeting. A research strategy would be presented to the Board later in the year.

2006/81 PERFORMANCE REPORT FOR MAY 2006

The Board received a report on performance up to 31 May 2006. Mrs Mary Leadbeater, Director of Finance, asked the Board to note that financial performance had been assessed against an interim budget. A surplus of £1.6 million was reported which reflected NHS activity that was slightly below plan. However, as not all service level agreements had been finalised it was difficult to assess fully

income performance of the Trust. Private patient activity was below plan especially in cardiology. Mrs Leadbeater also drew the Board's attention to risks at an early stage of the year which included overspending in some areas, undelivered savings and other reduced income. The Board noted the position. The Board also noted a report on patient activity and quality of care up to 31 May.

2006/82 AUDIT COMMITTEE MEETING ON 20 MARCH 2006  
The Board received and noted the confirmed minutes of the Audit Committee meeting on 20 March 2006.

2006/83 MEETING OF THE FINANCE COMMITTEE ON 22 MAY 2006  
The Board received and noted a report on matters considered by the Finance Committee on 22 March 2006.

2006/84 ANNUAL ACCOUNTS AND ANNUAL REPORT FOR 2005/6 AND LETTER OF REPRESENTATION

The Board received the annual accounts and annual report for 2005/6 and letter of representation that were reviewed extensively by the Audit and Risk Committee on 22 June 2006. Mr Charles Perrin, Deputy Chairman, said the Board should note what was written in the notes to the accounts on valuations of land and buildings. Mrs Mary Leadbeater tabled an amendment to the report of the Director of Finance for 2005/6 which was written as a result of changes the Audit and Risk Committee requested. Mr Perrin also reported further changes to the annual accounts and report as presented to the Board and Mr Mitchell reported changes requested by Mrs McCarthy.

Subject to the changes the Chairman recommended the Board to approve and adopt the annual accounts and annual report for 2005/6 and the letter of representation. This was given.

2006/85 STATEMENT OF INTERNAL CONTROL  
Mr Robert Bell, Chief Executive, tabled the statement of internal control which had been rewritten after the Audit and Risk Committee had considered the annual accounts and report for 2005/6. The Board agreed that Mr Bell, as accountable officer for the Trust, should sign it.

2006/86 REVISED TERMS OF REFERENCE FOR THE REMUNERATION AND TERMS OF SERVICE COMMITTEE

The Board received a report which recommended revised terms of reference for the Remuneration and Terms of Service Committee.

Mrs Jennifer Hill recommended the terms of reference should also include assurance of succession plans for the Chief Executive, other Executive Directors and senior officers. This was agreed.

The Chairman recommended adoption of the revised terms of reference as amended until such time as the Trust Board or the Board of Directors of the Foundation Trust consider it appropriate to change them. This was agreed.

- 2006/87 REGISTER OF DIRECTORS' INTERESTS  
The Board received a revised register of Directors' interests for 2006/7. Mrs Jennifer Hill added two interests to her entry, Deputy Chair Chelsea and Westminster Health Charity, and Consulting Director, Echelon Ltd. The Board then noted the declaration.
- 2006/88 FOUNDATION TRUST STATUS  
The Board received a progress report on the application for Foundation Trust status. Mr Robert Craig, Foundation Trust Project Director, said KPMG had commenced a due diligence review of the Trust. A preliminary meeting had indicated there appeared to be no obstacles which required attention before the Secretary of State's decision. Another seminar for Board Members on Foundation Trust status would take place in July.
- 2006/89 SEAL OF THE TRUST  
The Chairman counter-signed six entries in the Register of the application of the Seal of the Trust.
- 2006/90 MRS MARY LEADBEATER  
The Chairman said Mrs Mary Leadbeater, Director of Finance, was leaving the Trust on 30 June 2006 and the Board would wish to record its appreciation of all she had done over the past seven years. The Trust had a great debt to her for delivering balanced budgets and ensuring its financial standing in very challenging times, none of which could have been achieved without the guidance Mrs Leadbeater had given to the Board and her leadership of the Finance Directorate.

The Chairman said he had received a message from Professor Anthony Newman Taylor which he had asked to be read at the meeting. Professor Newman Taylor asked to have recorded his personal gratitude to Mrs Leadbeater, especially when he was Acting Chief Executive, for the advice and counsel she had given him.

The Chairman said the Board wished Mrs Leadbeater well for the future.

2006/91 NEXT MEETING

The next meeting of the Trust Board would take place on Wednesday 26 July 2006 in the Board Room at Royal Brompton Hospital commencing at 10.30am.

**Lord Newton of Braintree  
Chairman**