ROYAL BROMPTON & HAREFIELD NHS TRUST

Minutes of a Meeting of the Trust Board held on 29 March 2006 in the Concert Hall, Harefield Hospital

Present:	Lord Newton of Braintree: Chairman Mr C Perrin: Deputy Chairman Mr R Bell: Chief Executive Professor T Evans: Medical Director Professor M Green: Non-Executive 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 Professor A Newman Taylor: Deputy Chief Executive Dr. C Shuldham: Director of Nursing and Governance
By invitation:	Mr R Craig: Project Director Foundation Trust Status Mrs C Croft: Non-Executive Director (from 1 April 2006) Mr W Fountain: Assistant Medical Director Harefield Hospital Mr N Hunt: Director of Service Development Ms J Ocloo: Chair Royal Brompton & Harefield Patient and Public Involvement Forum Ms J Thomas: Director of Communications Mr T Vickers: Director of Human Resources Sir Michael Partridge: Independent Project Reviewer, up to 2006/38 Mr M Taylor: Independent Project Reviewer, up to 2006/38
In Attendance:	Mr J Chapman: Head of Administration Mrs L Davies: Assistant Director and Head of Performance Mr A Howlett: General Manager Surgery and Transplantation Ms C Kapufi-Morrison: Controls Assurance & Quality Coordinator Ms R Matthews: Senior Nurse User Involvement Mrs E Schutte: Executive Assistant

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

REF

2006/35 NON-EXECUTIVE DIRECTORS

The Chairman said Professor Malcolm Green was attending his final meeting of the Board as a Non-Executive Director of the Trust and thanked him for the most valuable contribution he had made to the governance of the Trust over the past five and a half years. The Board would take the opportunity to pay an appropriate tribute to Professor Green in due course.

The Chairman further informed the Board that Professor Anthony Newman Taylor would take up his appointment as a Non-Executive Director, which followed his appointment as Head of the National Heart and Lung Institute, on 1 April 2006.

The Chairman also introduced Mrs Christina Croft who would take up her appointment as a Non-Executive Director in succession to Mrs Sonya Bhatt on 1 April. Mrs Croft would take a special interest in Harefield Hospital matters.

2006/36 MINUTES OF TRUST BOARD MEETING ON 23 FEBRUARY 2006

The Board received the minutes of the previous meeting on 23 February 2006 and agreed the following amendments;

(i) 2006/22: Redevelopment of Harefield Hospital and its Services
Mr John Ross said the final sentence of the first paragraph should be recorded immediately following the end of his comments at the beginning of comments from members of the public.

(ii) 2006/26: Membership of the Audit Committee
Mrs Suzanne McCarthy said the second sentence should be rewritten to read that, "Mrs Suzanne McCarthy would become a member of the Audit Committee in March in the expectation that she would become Chairman of the Committee in June. Mr Charles Perrin would then revert to being a member of the Committee. This was approved by the Board."

The Board then confirmed the minutes of the previous meeting.

2006/37 REPORT FROM THE CHIEF EXECUTIVE

Mr Robert Bell, Chief Executive, drew attention to four matters

(i) Professor Malcolm Green

Mr Bell expressed his personal appreciation to Professor Malcolm Green for his immeasurable contribution to the Trust Board as both a Non-Executive Director of the Trust and as Head of the National Heart and Lung Institute and said he would be greatly missed at Board meetings and beyond.

(ii) Appointment of Deputy Chief Executive

Mr Bell said that he was delighted Professor Anthony Newman Taylor, through his appointment as Head of the National Heart and Lung Institute, would continue to make a valuable contribution to the Board as a Non-Executive Director of the Trust. Professor Newman Taylor's appointment as Head of the NHLI had created a vacancy for the duties of Deputy Chief Executive. Mr Bell recommended the Board to approve the appointment of Professor Tim Evans to the post. The Board confirmed the appointment.

(iii) Director of Research and Academic Affairs

Professor Newman Taylor's appointment as a Non-Executive Director also created a vacancy for the duties of Director of Research and Academic Affairs. Mr Bell asked the Board to approve the appointment of Professor Martin Cowie to the post. The Board confirmed the appointment.

(iv) National Audit Office Review of the Paddington Health Campus Development

The final report of the National Audit Office review of the PHCD was expected in the next two months. Mr Bell however informed the Board that following the review the Public Accounts Committee had called the Chief Executive of St. Mary's NHS Trust, himself and a representative of the Department of Health to appear before the Committee on 5 June 2006.

The Board noted Mr Bell's report.

2006/38 REDEVELOPMENT OF HAREFIELD HOSPITAL AND ITS SERVICES

Mr Patrick Mitchell, Director of Operations and Chair of the Harefield Services Redevelopment Oversight Board, presented a report on implementation of the recommendations of the North West London

Strategic Health Authority (SHA) clinical governance review of surgical services and the NSCAG review of transplantation services at Harefield Hospital which gave an account of progress since the Board considered the recommendations in November 2005. The Trust was addressing the six key recommendations of the SHA review and Mr Mitchell briefly explained decisions that had been taken to address clinical separation from specialist services required for Harefield Hospital patients, strengthening clinical leadership and implementation of the NSCAG report. NSCAG had visited Harefield Hospital again on 3 March, was satisfied with progress and would visit the Hospital again in September.

Independent fire and electrical safety reviews had taken place and recommended that about £2 million would be required to meet current safety standards. Instructions had been given to fire safety engineers and consultants to develop a planning brief to implement recommendations over the next year and a report would be given to the Board for consideration at the meeting on 24 May. The Trust would ask the SHA for a specific capital allocation to finance the works. The Trust had also made considerable progress in managing other estate issues that arose from the SHA review. The estate strategy and development control plan was complete. A robust regime of water testing, microbiological sampling and temperature monitoring had been implemented and following the 2005 asbestos survey approval had been given to remove the highest risk asbestos in 2006/7. Extensive refurbishment to the most dilapidated bathroom blocks, C East and B East wards had taken place.

The SHA was embarking on consultation on the future of acute and specialist services throughout North West London and there was a recognition that a long-term strategy was needed for cardiothoracic services across the SHA and in the neighbouring home counties. The Trust was committed to participating in the strategy and has appointed Sir Michael Partridge and Mr Mark Taylor as an independent panel to provide information to the Board to enable long-term decisions to be made about the future of Harefield Hospital while short-term site improvements are implemented.

Assuming retention of tertiary cardiothoracic services in Outer North West London is agreed by all stakeholders, five options had been identified. These were redevelopment of the services on the Harefield site with a suitable NHS or independent sector partner; relocation alongside Hillingdon Hospitals NHS Trust where a decision on a PFI development was currently awaited; relocation alongside

Watford General Hospital; relocation to the Mount Vernon Hospital site and relocation alongside Northwick Park Hospital. A new build option on another hospital site was estimated to cost in excess of £60 million and would have to be considered as a PFI scheme at this stage. Hammersmith Hospitals NHS Trust had indicated that it could accommodate the Harefield surgical and transplant programme in a short timescale with an outlay of £5 million capital. Mr Mitchell indicated that if a long-term option is secured and could be delivered within five years, by 2010 to 2012, the thoracic theatres at Harefield would still have to be replaced within that time. In addition a feasibility study of a medium-term option to rebuild inpatient facilities at Harefield Hospital including replacement of the thoracic theatres had been developed. The total capital outlay was estimated to be £21 million. The scheme would take two years from OBC agreement to commissioning and occupation of the new facilities.

Sir Michael Partridge informed the Board that the independent reviewers had undertaken extensive consultation with the main stakeholders, the SHA and NSCAG on the future of Harefield Hospital and had relayed views to the Trust which Mr Mitchell had incorporated into his report. The independent reviewers were concerned to have a long-term strategy for Harefield Hospital and its services in place in around eighteen months and the report was addressing it. Consultation with stakeholders and the public would be necessary but it should be noted that the timescale for implementation of the long-term strategy could not yet be determined. No local Trust was in a position to accommodate Harefield's services apart from Hammersmith Hospital which had said it could take some. This option presented significant risks to the viability of Harefield Hospital and the Royal Brompton and Harefield Trust as a whole and its services and should be studied critically. The major issue was whether Harefield services were inseparable to people in North West London and beyond.

Ms Josephine Ocloo, Chair of Royal Brompton and Harefield Patient and Public Involvement Forum, asked if the Trust knew the views of the SHA and the Department of Health on the option to relocate Harefield transplantation and surgical services to Hammersmith Hospital. Mr Bell said this proposal emerged less than a month ago but the SHA Chief Executive had previously said redistribution of specialist services across North West London is needed and Harefield Hospital services could be accommodated on other sites, of which Hammersmith is an option.

Professor Newman Taylor said Hammersmith Hospital had indicated clearly that it could accommodate the Harefield transplantation and complex cardiac surgical services within a short-term timescale for a modest capital outlay. However relocation of the services would not be coherent from the perspectives of patient care and the research strategy with Imperial College. It was inconceivable that Royal Brompton and Harefield Hospitals as an international centre of excellence with research in and treatment of people with heart and lung diseases could retain its major heart failure and cystic fibrosis research programmes without an active transplantation service. The relocation of Harefield services would have a serious impact on the comprehensiveness of the Trust clinical and research programmes and the overall strength to the NHS of a unique research-based institution. Mr Bell indicated that the Executive Directors recognised the incomparable value to the Trust in retaining Harefield Hospital services as an integrated entity and as a consequence this principle had to be a criteria against which any option for the future would be appraised. Safety issues however remained the Trust's foremost consideration. These would be finalised and the report prepared so that the independent reviewers could consult with stakeholders.

The Chairman thanked Mr Mitchell for a very comprehensive report. He asked the Board to approve the report and the emphasis on resolving the safety issues urgently. This was given. The Board would look forward to receiving the results of consultation with stakeholders when there would be an opportunity to consider what further decisions would need to be taken.

Comments from Members of the Public

Mrs Jean Brett, Chair of Heart of Harefield, congratulated Mr Mitchell on his report and endorsed the views expressed by Professor Newman Taylor and Mr Bell on the necessity of maintaining the entirety of Harefield's services to the benefit of all patients and the entire Trust. However the immediate priority was resolving the patient safety issues shown by the 2005 Harefield buildings survey. The deficiencies needed to be dealt with as quickly as possible. Mrs Brett also reminded the Board that the SHA Medical Director, when reporting on the clinical governance review in November 2005, had assured that the SHA would support any actions which the Board deemed necessary.

Mrs Brett said that the Hammersmith Hospital option was not new. It had been known as far back as the 1998 Turnberg review. However the problem with Hammersmith Hospital was its lack of

accessibility for patients. Furthermore, Hammersmith Hospital had reported a projected end of year deficit of £37 million. That financial problem needed to be dealt with rather than Hammersmith seeking to take on another hospital's services. Mrs Brett also commented that the North West London SHA with its £106 million forecast deficit had the highest deficit of any SHA. It therefore lacked any moral authority to decide on the future of services in North West London. The Royal Brompton & Harefield NHS Trust Board on the other hand, despite the problems of the Paddington Health Campus, had managed to stay in balance. Mrs Brett congratulated the Board on this and on its resolve to maintain the integrity of its services. Taking any service away would weaken the remainder including the Royal Brompton and so the entire Trust. Harefield Hospital services were also blessed by the existence of the Heart Science Research Centre on the same site where research and development to benefit patient care was taking place for implementation throughout the UK and beyond.

Mrs Brett also noted that the South West Hertfordshire Trust, of which Watford General Hospital is part, has a forecast deficit of around £30 million. This makes the possibility of any PFI partnership for a redevelopment of a new Watford General Hospital non existent, so ruling it out as a long term option for Harefield's relocation. All such options lacked reality for in future the only stakeholders who mattered would be the patients and they would choose Harefield for their treatment because of its reputation.

The Chairman thanked Mrs Brett for her kind and generous comments.

Mr Kenneth Appell, a member of the Patient and Public Involvement Forum, congratulated Mrs Brett on her comments and said the Trust services were financially driven. The Board had endorsed the excellence of Harefield Hospital services which should be marketed. This would help to strengthen their future on the Harefield site.

Mr Don Chapman, Vice-Chairman of Harefield Hospital League of Friends, asked the Board to be aware that other hospitals wanted Harefield's services because of its reputation and urged the Board to keep them together. Mr Chapman also asked if any decisions had been taken on the future of the Mansion. Mr Bell said the full estate strategy was being finalised and this would deal with the future of the Mansion. The strategy would be presented to the Board in due course.

Mr David Potter, Vice-Chairman of Heart of Harefield and Chairman of Rebeat, a patient's charity, congratulated Mr Mitchell on his report. For the first time the strengths of Harefield Hospital which the public had emphasised over the years were being recognised. As Mrs Brett had said the only stakeholders that mattered were patients and they would continue to want to be treated at Harefield Hospital.

2006/39 BIOMEDICAL RESEARCH CENTRE

The Board received an updated report from Professor Anthony Newman Taylor on the implementation of the new NHS research strategy. There remained insufficient information at present to be clear about the additional resources that would be required to prepare the Trust's application for designation as a biomedical research centre, grants for applied research programmes, membership of the Faculty of the National Institute of Health Research, technology platforms and clinical trials. However, it was clear that a full-time coordinator of the applications and a full-time finance officer would be required.

The Chairman commented that the Trust's retention of the Department of Health's current research and development allocation was critical and resources would have to be found to prepare the Trust's bids under the new strategy.

Professor Newman Taylor informed the Board that the Department of Health had issued the call for bids for the technology platforms and clinical trials and work was taking place with senior clinical staff and the NHLI to prepare it. The Department of Health had also recently informed the Trust that the subvention allocation in 2006/7 would be £28.5 million.

The Board noted Professor Newman Taylor's report.

2006/40 ANNUAL HEALTHCHECK 2006: DRAFT DECLARATION

Mrs Lucy Davies, Head of Performance, presented a report which set out the evidence gathered in relation to the core standards for better health which would support the Trust's submission to the Healthcare Commission under the annual healthcheck. The Board had to agree a declaration on compliance with each standard, indicating whether the Trust was compliant, whether there was insufficient assurance or whether the standard was not met. Mrs Davies explained the two elements of the performance rating mechanism, a quality element and a use of resources element and the scoring methodology. The

Board Members who had led a review of the seven domains which comprised of 44 standards then presented the findings and recommendations for the declaration on compliance.

Ms Josephine Ocloo asked Mrs Davies to confirm whether in establishing compliance with core standards the Trust had to look at the present position or the position over the whole year, 1 April 2005 to 31 March 2006. Mrs Davies said the Declaration would report the position at 31 March 2006.

Dr. Caroline Shuldham, Director of Nursing and Governance presented the review of Domain 1 on safety and said there was one area of concern which related to decontamination of devices. The Trust facilities were not fully compliant but it had taken all possible action to minimise risks. There were residual concerns about patient involvement in adverse event reporting and on providing information. However the Trust considered it was compliant with the domain.

Professor Anthony Newman Taylor presented the review of Domain 2 on clinical and cost effectiveness and said the Trust was compliant in all areas. There were residual concerns which related to the experience of junior medical staff and these were being addressed through clinical staff appraisal. Professor Tim Evans, Medical Director, drew the Board's attention to the benefits that were arising from systematic consultant appraisal and implementation of policies on clinical supervision.

Dr. Caroline Shuldham said there were minor concerns in relation to the implementation of the NSCAG and SHA clinical governance review and of the recommendations of a recent CNST review in respect of Domain 3 on governance. The greatest concern related to Standard C7 on challenging discrimination, promoting equality and respect for human rights. The draft declaration submitted in October 2005 stated the Trust was compliant but subsequent comments particularly from the PPIF indicated there was insufficient assurance of compliance. Considerable work had taken place in the past six months and the Board considered the matter again in January. A high profile strategy on diversity and equality existed and the Trust believed it was compliant with the domain. However others would have views and Mrs Suzanne McCarthy, the Board Member who had scrutinised the review, had indicated the declaration should recognise it.

Ms Josephine Ocloo said the PPIF would consider the declaration and as the PPIF Lead on Diversity and Equality had indicated at the Board meeting in January 2006 that the Forum was willing to work with the Trust on taking forward the issues regarding promoting Race, Equality and Diversity. Having said this, Ms Ocloo felt that the Forum was not being included as she would have liked and that she had brought this to the attention of Patrick Mitchell, the Board Lead on Equality and Diversity. Ms Ocloo further commented that she thought that the Trust statement of compliance was at variance with the statement on E&D made to the Board Meeting in January 2006, which acknowledged that an assurance could not be given to the Board that the Trust was compliant in meeting the Race Relations Amendment Act 2000. Ms Ocloo also thought that the Trust's declaration was at odds with a number of external reviews such as the Trinity Report, which had raised issues about promoting Equality and Diversity within the Trust, which would make it difficult to say the Trust was compliant in this area throughout the year 1 April 2005 to 31 March 2006.

Mr Bell said the Trust respected the views of the PPIF that certain elements of compliance were not satisfied. The PPIF would be consulted about the declaration and could submit its views to the Healthcare Commission. It was however the judgement of the Executive Directors that the Trust is at 31 March 2006 compliant and it is progressing to greater certainty of compliance.

Rachel Matthews, Senior Nurse User Involvement, who had led the review of Domain 4 on Patient Focus said there were no significant departures from the standards and was able to recommend compliance. Mrs Jennifer Hill, the Non-Executive Director who had scrutinised Domain 4, said the evidence presented should be suitable for developing customer care in the Trust. There was concern on the extent to which consent to treatment was always fully informed especially when it was sought by long-standing Trust staff. Dr. Shuldham said the Trust had made significant changes to the consent process over the past two years and the two lead clinicians in clinical risk were continuing to make improvements. However, the Board could be assured that the Trust is at 31 March compliant with the Domain.

Patrick Mitchell, Director of Operations who led the review of Domain 5 on Accountable and Responsive Care, said there were no significant lapses and recommended compliance with the domain. Mrs Mary Leadbeater, Director of Finance, who had scrutinised the

evidence said the draft declaration could be strengthened with specific examples where the Trust had responded to suggestions and implemented changes.

Lucy Davies presented the results of a review of Domain 6 on the Environment and Amenities in the absence of Maria Cabrelli, Director of Estates, who had led the review, and spoke briefly on the issues of health and safety, fire precautions and security. Mr Bell said element 1 of Standard C21 was cause for concern. The element referred to provision of care in well designed and well maintained environments and in October the Trust had decided that on account of the condition of the estate overall there was insufficient assurance to state that the standard was met. The Trust was however compliant over element 3 which related to care in an environment that meets the specification for clean NHS premises. The Executive Directors had considered this carefully and had with reluctance to conclude that the standard was not met. Mr Charles Perrin, Non-Executive Director who had scrutinised Domain 6, said the Trust should say the domain is not met in a specific respect. Mr Perrin also said that the evidence presented to support the declaration should refer to the Mansion at Harefield Hospital as being among the assets; and to the concerns over security which had been addressed.

Mr Nick Hunt, Director of Service Development and Lead for Domain 7 on Public Health, said the Trust was compliant in all areas. Mr Perrin suggested there could be more emphasis on narrowing health inequalities about which the declaration gave little information.

The Chairman thanked Mrs Davies and the performance team for all they had undertaken over the past six months to prepare the Trust's final declaration. The Board was pleased to know it was proposed to recommend that the Trust was compliant in all but one element of one domain and it hoped, following receipt of comments and confirmation of compliance from other organisations the Healthcare Commission would agree. Mrs Davies said the proposed submission would be presented to the Board at the next meeting after which it would be sent to the Healthcare Commission.

2006/41 CLINICAL GOVERNANCE REPORT

Dr. Caroline Shuldham, Director of Nursing and Governance, presented the Governance and Quality Report which contained the assurance framework and a report on clinical governance for the third quarter of 2005/6 that ended on 31 December 2005. Dr. Shuldham said the assurance framework took account of comments

made by the Board on previous versions presented in December 2005 and February 2006 and at the Risk Strategy Committee. It would need further development in the coming months to enable the Board to fulfil the requirement to have systems in place to monitor progress with objectives, assessment of risks and action taken. The clinical governance report contained information on clinical risk, clinical audit, infection prevention and control, patient feedback and summary reports from four directorates. Dr. Shuldham also drew attention to the consequences of the Buncefield oil depot fire on the Trust PAS system, the successful CNST accreditation, action on implementation of the SHA and NSCAG reviews and progress with the PPI strategy.

Ms Josephine Ocloo raised four matters, three of which related to previous clinical governance reports. Firstly, she asked what action had been taken regarding the results from the NHS Outpatient Survey 2004/05 relating to problems of communication and patient understanding about their treatment and test results. Secondly, what were the Trust's plans to address the issue of the exclusion of outpatients from the review of medicine information undertaken as part of the Medicines Management Programme. Thirdly, she asked why the clinical risk issues set out in the audit of the documentation of casenotes and action taken to address these matters were not coming to the Board and included in clinical governance reports, given that these matters were also raised in the Evans Report. The last issue concerned the NPSA document 'Being Open'. Ms Ocloo said that she would like to know how the Forum could be involved in the way that the Trust decided to implement the policy.

Dr. Shuldham said the report was referring to the action plan for outpatient services that was formulated between October 2005 and March 2006 and thus preceded the issues Ms Ocloo had raised. Mr Bell agreed to address Ms Ocloo's concerns in his report to the next Board meeting.

The Chairman expressed concern over the continuing disruption to the Trust PAS system as a consequence of the Buncefield oil depot fire. Dr. Shuldham said the operating system was recovered quickly but the training module and the back-up servers had still not been recovered. Mr Mitchell said he would report to a future Board meeting on the required Trust investment to secure its own systems.

2006/42 PERFORMANCE REPORT FOR FEBRUARY 2006

Mrs Mary Leadbeater, Director of Finance, presented the performance report for February 2006. The reported surplus of income over expenditure was £2.75 million and the year end forecast was a surplus of £3.115 million, an increase of £515,000 from January 2006. Activity was 6.4% above plan, the same as it was in January. Mrs Leadbeater however drew attention to risks within the reported financial position. There was another downturn in NHS activity in February which although planned had an impact on the level of over performance income. This downturn in income had been offset by the release of a provision held for additional clinical expenditure which had been over-estimated. Increased activity was planned for March and if this did not materialise it would have adverse consequences for the year-end position. There was still an adverse pay variance over funding Agenda for Change and an adverse variance over expenditure on pacing and diagnostic cardiac consumables. Initiatives to restrict expenditure in March to only the most essential items remained in force. Savings generated from the financial stability plan had increased and the variance from the target had therefore fallen to £470,000.

Overall the financial position was satisfactory and the Trust was moving closer to the £3.1 million target surplus. Mrs Leadbeater also informed the Board that the Department of Health gave the Trust a loan of £3 million in March to meet the PAYE liability and as a consequence payment was not deferred to April.

The Board noted the position.

2006/43 MEETING OF THE FINANCE COMMITTEE ON 29 MARCH 2006

The Board noted the Finance Committee had met earlier on 29 March 2006. Mr Charles Perrin, Chairman of the Committee, said it had considered the financial position very carefully and was satisfied with what was reported. Mrs Leadbeater advised the Board that the Committee had agreed the 2005/6 budget would be rolled over to 2006/7. An interim budget would be reported to the Board in April and the full budget in May.

2006/44 MINUTES OF THE AUDIT COMMITTEE MEETING ON 15 NOVEMBER 2005

The Board received and noted the minutes of the Audit Committee meeting on 15 November 2005.

2006/45 REPORT FROM AUDIT COMMITTEE MEETING ON 20 MARCH 2006

The Board received and noted a report on matters considered at a meeting of the Audit Committee on 20 March 2006.

2006/46 FOUNDATION TRUST APPLICATION

The Board received and noted a report from Mr Robert Craig, Foundation Trust Project Director, on progress with the application for Foundation Trust status.

2006/47 NEXT MEETING

The next meeting of the Trust Board would take place on Wednesday 26 April 2006 in the Boardroom at Royal Brompton Hospital commencing at 2.00pm.

Lord Newton of Braintree
Chairman