



A lifetime of specialist care

**Minutes of the Board of Directors meeting held on 25th April 2018 in the Concert Hall
Harefield Hospital, commencing at 10.30 am**

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| Present: | Baroness (Sally) Morgan, Chair | SM |
| | Mr Robert Bell, Chief Executive | BB |
| | Mrs Lesley-Anne Alexander, Non-Executive Director | LAA |
| | Mr Luc Bardin, Non-Executive Director | LB |
| | Mr Mark Batten, Non-Executive Director (part) | MB |
| | Mr Robert Craig, Chief Operating Officer | RC |
| | Mr Simon Friend, Non-Executive Director | SF |
| | Pr Kim Fox, Professor of Clinical Cardiology | KF |
| | Ms Joy Godden, Director of Nursing and Clinical Governance | JG |
| | Dr Richard Grocott-Mason, Medical Director/Senior Responsible Officer | RGM |
| | Mr Nicholas Hunt, Director of Service Development | NH |
| | Mr Richard Jones, Non-Executive Director | RJ |
| | Ms Kate Owen, Non-Executive Director | KO |
| | Mr Richard Paterson, Associate Chief Executive - Finance | RP |
| | Dr Andrew Vallance-Owen, Non-Executive Director | AVO |
| By Invitation: | Ms Lis Allen, HR Director | LA |
| | Mr Tim Callaghan, Programme Director Productivity & Transformation | TC |
| | Mr Richard Connett, Director of Performance & Trust Secretary (minutes) | RCo |
| | Ms Jan McGuinness, Interim Chief Operating Officer | JMcG |
| | Ms Jo Thomas, Director of Communications and Public Affairs | JT |
| | Mr David Shrimpton, Private Patients Managing Director | DS |
| | Ms Jo Smith, Chief Information Officer | JS |
| In Attendance: | Ms Penny Agent, Director of Rehab, Therapies and Lab Medicine | PA |
| | Dr Wajid Hussain, Consultant Cardiologist | WM |
| | Prof Toby Maher, Consultant Respiratory Physician | TM |
| | Dr Andrew Menzies-Gow, Clinical Director Lung Division and Deputy Medical Director | AMG |
| | Ms Gill Raikes, Chief Executive Royal Brompton & Harefield Hospitals Charity | GR |
| | Ms Jenny Rivers, Associate Director of Research | JR |
| | Mr Oliver Wilkinson, Deputy Head of Communications | OW |
| Governors in Attendance: | Mr Anthony Archer | AA |
| Apologies: | None | |
| 2018/28 | <u>WELCOME</u> The Chair welcomed all to the meeting. | |
| 2018/29 | <u>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</u> None | |
| 2018/30 | <u>MINUTES OF THE PREVIOUS MEETING HELD ON 28TH MARCH 2018</u> The minutes were approved. Board Action Tracking BD 18/22 Review reporting of serious incidents to the Trust Board. It was agreed that | |

following discussion at the Risk and Safety Committee, this action had been completed.

2018/31

REPORT FROM THE CHIEF EXECUTIVE

BB provided an oral report which covered the following items:

NHLI – Imperial College London

BB reported on discussions with Professor Sian Harding, Head of NHLI, and noted that the relationship between the Trust and NHLI had become more open in recent months. It had been agreed that Tom Lüscher would be appointed as a full Professor at Imperial College. BB reiterated that the Trust had every intention of remaining an affiliate of Imperial College London and of continuing its membership of the Academic Health Science Network (AHSN). At the same time, the Trust reserves its right to develop other relevant academic and clinical affiliations.

KHP RB&HFT

BB reported that progress was being made with the Feasibility Study and that it would be reviewed by the Partnership Board, chaired by Dr Peter Homa, at its meeting scheduled for 26th April 2018. The Feasibility Study will be considered by the Trust Board of Royal Brompton & Harefield NHS Foundation Trust (RBHFT) at a Part II meeting scheduled for 16th May 2018. BB said he was delighted that RC had returned from his period of convalescence and that he would be working with RBHFT and Guy's and St Thomas' NHS Foundation Trust (GST) to resolve issues and promote collaboration between the organisations.

2018/32

CLINICAL QUALITY REPORT FOR Month 12: MARCH 2018

RCo presented the M12 report noting that this being year-end he would speak about performance for the year as a whole, as it is presented in the Quality Report.

Infection control; there were no cases of MRSA at all throughout 2017/18. For *clostridium difficile*, 17 cases had been reported to Public Health England, 14 of these had been reviewed with one lapse of care identified. 3 cases are scheduled for review by NHS England on 26th April 2018 and the outcome of these reviews will be included in the Quality Report. There had been two outbreaks of infection in M12, making 4 in the year as a whole. The two outbreaks in M12 (influenza and adenovirus / rotavirus) had occurred in Paediatrics.

62 Day Cancer Target; performance for M12 was 75%, so the trajectory (70.7%) had been met. Performance for the year as a whole averaged 74.84%.

Referral to Treatment Time (RTT); M12 performance was 91.86% against the national target of 92%. Therefore, the target had not been met. In response to a question, RCo clarified that numbers could not be rounded. One patient had breached the 52 week waiting time in M12, which made a total of 5 patients who had waited more than 52 weeks during the year. Data quality concerns persist and RCo noted that a report on the position during the year with regards to data quality had been provided on pages 4 and 5 of the M12 Clinical Quality Report.

Serious Incidents; One serious incident had been reported in M12. This involved a patient who had sustained a fractured femur. All incidents involving fractures of long bones are required to be reported as a serious incident.

CQC Insight; Overall, the CQC still rate the Trust as stable although performance in surgery is shown as declining due to the inclusion of one never event involving a retained swab, and the inclusion of referral to treatment time numbers for surgical specialties.

There was extensive discussion both during and following the report. The approach taken by CQC was contrasted to that taken by NHSI and the inconsistency of data reported against the standards used by the different organisations was noted.

There was a discussion about RTT data quality. Board members wondered whether figures for 2017/18 would need to be restated. RCo said that he did not expect this would be the case as it was not possible to get to accurate numbers given the problems with data capture. Instead, he said that the real question was whether the Board had sufficient confidence in the data to continue reporting. JMcG said that she expected performance against the target to go down to 90% because of the number of open pathways showing as RTT pathways that should not be showing as RTT pathways. JMcG said that a Programme Director for RTT and Planned Care had been seconded to the Trust for a period of six months from the Intensive Support Team of NHS Improvement and that a paper on the subject would be brought to the Management Committee and the Trust Board over the summer. There was strong support from around the Board table for reporting to continue.

The M12 Clinical Quality Report was approved by the Trust Board for publication on the Trust web site.

2018/33

FINANCIAL PERFORMANCE REPORT FOR MONTH12: MARCH 2018

RP presented the M12 report. An additional £4.2m of bonus STF monies has been confirmed. The year-end position is now showing a surplus of £75m.

It is expected that the STF monies will be paid as cash in July or August. This will alleviate liquidity concerns.

The underlying position for the year remains a deficit position. The underlying deficit for M12 was £3.2m and the deficit position for the year as a whole was £34.9m.

The main reconciling items to get from the underlying position to the reported position are revaluation of investment property which showed a gain of £62m, and £51.1m of STF monies.

RP noted that in M12 the pay bill had been the highest for the year and Harefield Heart Division had underperformed, particularly on critical care income.

The Communications and Finance teams have prepared a statement for both external and internal communication about the year-end financial position, to be shared with NEDs.

The M12 Financial Performance Report was approved by the Trust Board for publication on the Trust web site.

2018/34

OPERATIONAL PLAN 2018/19

RP presented the Final Operational Plan for 2018/19. Since this was last reviewed by the Trust Board progress has been made with identifying Cost Improvement Programmes (CIPs)

and the exposure around the transplant service mitigated. Cost pressures of £17m have been absorbed within the plan and the contract gap with NHS England has been largely closed. The plan achieves the Control Total for 2018/19 – which is break even thereby qualifying in principle for £11.5m of STF monies, subject to performance.

AVO asked about £4.9m of CIPs that were not achieved during 2017/18. RP said that other ways and means had been found to fill the gap through the Darwin Programme and other initiatives. RC added that £4m of CIPs had been added to the 17/18 Operating Plan late in March 2017 in order to ensure that the plan met the Control Total for that year.

SF pointed out that the £18m of savings identified for 18/19 were phased and in a full year would deliver £21m of savings.

The Operational Plan for 2018/19 was approved by the Trust Board for submission on 30 April to NHS Improvement.

2018/35

NURSE STAFFING REVIEW

JG presented Paper D noting that the focus had been on recruitment and retention and that the performance metrics in the report showed that staff engagement was good. JG said that the majority of nurses are recruited from the UK and that initiatives such as having a rotation programme had been helpful and that retention of nurses who have undertaken a course has been good. The review was discussed and potential areas for international recruitment were explored. The ability to offer short term accommodation was noted to be an important factor when attracting staff. SM asked that the executive and the Charity, with support from housing experts, look at the wider issues concerning the provision of accommodation.

2018/36

RESEARCH UPDATE – RESPIRATORY MEDICINE

Dr Andrew Menzies-Gow, Dr Jenny Rivers and Professor Toby Maher provided an update which set out the current position with regards to research in the Lung Division.

AMG spoke about the case for change and in order to provide outstanding clinical care, involving both drugs and interventions with delivery of care moving as close to home as possible. He also spoke about the future vision for the research agenda which included the types of studies to be undertaken and the need to make key appointments such as that of a Clinical Trialist within the Clinical Research Facility (CRF) and the need to collaborate with external organisations.

JR presented the financial position following the loss of core infrastructure funding, £2m of costs had had to be absorbed during 2017/18 and this had been achieved with research making a net contribution to the Trust of £100k.

TM presented an overview of research in Respiratory Medicine and finished by setting out strategic goals for the future which included:

- Continuing to grow capacity to deliver clinical trials,
- Provide a forum for design & delivery of academically sponsored studies,
- Become the UK leader for delivery of complex early phase studies in respiratory disease,

- Deliver a balanced (and financially sustainable) portfolio of industry / academically sponsored studies,
- Improve translational research capacity and pull through from lab science,
- Identify and empower future clinical researchers.

The Trust Board discussed the matters raised in the presentation and it was concluded that JR, PMcC and LB would liaise with a view to developing an Innovations Strategy that would both benefit patients and create opportunities for income generation.

SM also reported that Health Education England had requested that one of the Non-executive Directors be appointed to lead on Education and Training for the Trust and that LB had agreed to take on this position.

2018/37

REPORT FROM THE AUDIT COMMITTEE

SF reported on the meeting held on 10th April 2018. The Committee had received reports from the internal auditors (KPMG) covering complaints management, the FT licence, expenditure approval and IT disaster recovery. The last of these reports had been rated amber / red and the main recommendations made were that the specific tasks to be performed needed to be documented more fully and that criteria should be set to clarify when a disaster should be declared.

Reports had also been received from the Counter Fraud Service (TIAA) and the external auditors (Deloitte).

The draft internal audit programme for 2018/19 had been reviewed and SF noted that the report from Deloitte had indicated that the external auditors were comfortable with the valuation of Chelsea Farmers Market in the accounts.

2018/38

REPORT FROM THE RISK AND SAFETY COMMITTEE

AVO reported on the meeting held on 10th April 2018. The main points covered had included:

- Cancer Services had achieved 74% against the 62 day cancer target across the course of the year. AVO congratulated John Pearcey on the work that had been undertaken to achieve this result,
- A report had been received from Anne Pike, the Freedom to Speak Up Guardian. AVO noted that the programme was proving successful with people using the service both formally and informally,
- Quality improvement presentations had been received on both the ECMO service and nutrition in the intensive care unit.
- A CQC update had been received from JG, the Trust expects to be inspected at some point during 2018,
- Risk reporting had been discussed and it had been concluded that risks should be reviewed by the most appropriate committee with the Risk and safety Committee retaining an oversight role,

- Serious incidents, AVO noted the issue raised by LAA which had been discussed at the committee and it had been concluded that the issue was one of timing where the first report to the Trust Board right at the start was understood to be a limited report pending investigation. The Risk and Safety Committee (RSC) would continue to review the outcomes of the investigations and these would continue to be reported back to the Board via the report from the RSC,
- Learning from Deaths, had been reviewed in the usual way,
- Quality Priorities, have been included in the Quality Report 2017/18

- 2018/39 REPORT FROM THE FINANCE COMMITTEE
The minutes from the Finance Committee were received and considered by the Trust Board.
- 2018/40 DRAFT NARRATIVE SECTION ANNUAL REPORT 2017/18
AND DRAFT QUALITY REPORT
It was agreed that members of the Board would send any comments on the narrative section to the Trust Secretary.

Authority to finalise the Annual Report 2017/18 and the Quality Report was delegated by the Board to SF, AVO, BB and RP. This would include finalising the financial narrative at the Audit Committee which is scheduled to be held on 22nd May 2018.
- 2018/41 CORPORATE GOVERNANCE STATEMENTS
The Corporate Governance Statements 2017/18 were approved by the Board prior to publication on the Trust's web site.
- 2018/42 CYBER SECURITY RETURN FOR NHS IMPROVEMENT
The Trust Board delegated the authority to finalise the return required by NHS Improvement to SF and NH. It was noted that KPMG is currently undertaking a review of cyber security and it was noted that it would be helpful to receive the outcome of this review before the return was made.
- 2018/43 RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE
The Board was presented with a ratification form relating to the appointment of a Consultant Histopathologist specialising in Thoracic Pathology. The interview panel had been chaired by AVO who presented the recommendation for appointment.

The Trust Board ratified the appointment of Dr Cecilia Brambilla as a Consultant Histopathologist specialising in Thoracic Pathology.
- 2018/44 ANY OTHER BUSINESS
RP noted that the business case for the new Imaging Centre would require consideration by the Board and the Governors over the summer. It was agreed that the Redevelopment Advisory Steering Committee would lead on the development of proposals which would be circulated to members of the Trust Board and to Governors for approval.

2018/45

QUESTIONS FROM MEMBERS OF THE PUBLIC

Anthony Archer (Public Governor, Bedfordshire and Hertfordshire) commented that Dr Peter Homa was an excellent appointment to Chair the Partnership Board and noted that the incorporation of the Provider Sustainability Fund (PSF) into tariff after 18/19 would be an important process, in which the Trust should seek to be involved. NH indicated that he would be paying close attention to the process.

NEXT MEETING Part II Meeting to be held Wednesday 16th May 2018 at 09.00 hrs, Boardroom, Royal Brompton Hospital