



A lifetime of specialist care

**Minutes of a meeting of the Board of Directors held in the Concert Hall,
Harefield Hospital, UB9 6JH
from 10.30am on Wednesday 27th March 2019**

- Present: Baroness (Sally) Morgan of Huyton, Chair
Mr Robert Bell, Chief Executive
Mr Luc Bardin, Non-Executive Director
Mr Mark Batten, Non-Executive Director
Prof Kim Fox, Non-Executive Director
Mr Simon Friend, Non-Executive Director & Deputy Chair
Ms Janet Hogben, Non-Executive Director
Prof Peter Hutton, Non-Executive Director
Mr Richard Jones, Non-Executive Director
Dr Javed Khan, Non-Executive Director
Mr Robert Craig, Director of Development & Partnerships
Ms Joy Godden, Director of Nursing & Clinical Governance
Dr Richard Grocott-Mason, Medical Director & Senior Responsible Officer
Mr Nicholas Hunt, Director of Service Development
Ms Jan McGuinness, Chief Operating Officer
Mr Richard Paterson, Associate Chief Executive - Finance
- Mr Neil Netto, Trust Secretary
- By Invitation: Mr Piers McCleery, Director of Strategy
Ms Jo Thomas, Director of Communications
Ms Lis Allen, HR Director
Ms Penny Agent, Director of Allied Clinical Services
Dr Rishi Das-Gupta, Chief Innovation & Technology Officer
Mr Oliver Wilkinson, Deputy Head of Communications
Mrs Truda Scriven, Interim Deputy Trust Secretary
Ms Gill Raikes, Chief Executive Royal Brompton & Harefield Hospitals Charity
- In Attendance: Mr John Clark, CNWL Foundation Trust Governor
Dr Mark Mason, Divisional Director, RBHT
Ms Charlotte Docherty, Thornbury Community Nurse
Ms Derval Russell, Divisional General Manager, RBHT
Cllr John Hensley, LB Hillingdon Appointed Governor, RBHT
Dr Elizabeth Haxby, Lead Clinician, RBHT
Dr Antonios Kourliouros, Consultant, Cardiac Surgery, RBHT
Dr Dinces Aktuerk, Special Registrar Trainee, RBHT
Dr Roland Rohano, Special Registrar Trainee, RBHT

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WELCOME

The Chair welcomed everyone to the meeting. The meeting was quorate and proceeded to business.

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NON-EXECUTIVE DIRECTORS

The Chair welcomed Dr Javed Khan and Professor Peter Hutton to their first Trust Board meeting as Non-Executive Directors.

It was noted that the Trust had its full complement of nine Non-Executive Directors.

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DECLARATIONS OF INTEREST

The Chair stated that the most recent Register of Interests had been included in the pack.

As a new Director of the Trust, Professor Peter Hutton had advised the Trust of the following interests:

- Edgbaston Health Ltd: Director
- Birmingham Museums: Patron.

As a new Director of the Trust, Dr Javed Khan had advised the Trust of the following interests:

- Barnardo's: Chief Executive
- Grenfell Recovery Taskforce: Independent Member
- JayKay Associates Ltd: Director.

Further, the Chair made a new declaration in respect of her:

- becoming Master Elect of Fitzwilliam College, University of Cambridge, with effect from 1st October 2019
- ceasing to be Vice Chair of the Council of King's College London by 31st July 2019.

The Chair stated that the new position at Fitzwilliam College was not a full-time position, and she would continue to fulfil her duties at the Trust.

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MINUTES OF THE PREVIOUS MEETING HELD ON 20th FEBRUARY 2019

The minutes of the previous meeting were approved.

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ACTIONS ARISING

In respect of the actions arising, it was noted that:

- Education & Training – the Trust's Director of Medical Education, Dr Jo Szram, would provide an update to the Board on 22nd May 2019.
- Hand Hygiene – Ms Joy Godden (Director of Nursing & Clinical Governance) had been previously asked whether the Trust's hand hygiene target should be increased, as we had been achieving it for the last two years. Following discussion with the Infection Control team, Ms Godden responded by confirming that the audits were an important process for maintaining focus on hand hygiene across staff groups and clinical areas, and also provides information that supports oversight from the Divisional Quality and Safety meetings. There is however no evidence that increasing targets improves practice, but may potentially increase auditor bias. The most important impact of the audit is the process itself which supports challenging and educating individuals on good practice at the time it is completed. In the context of low healthcare acquired infection rates, and rigorous review process for any serious infection cases, the recommendation was to maintain the current target. This recommendation was accepted.
- There were no outstanding actions.

REPORT FROM THE CHIEF EXECUTIVE

The Chief Executive, Mr Robert Bell, provided an oral report to the meeting and outlined various matters which included:

Department of Health & Social Care

It had just been announced by the Department of Health & Social Care, that NHS Improvement and NHS England no longer supported the Shaping a Healthier Future programme (which affected eight boroughs in North West London).

This meant (among other things) that plans to demolish and sell off most of Charing Cross Hospital and close the A&E departments at both Charing Cross and Ealing hospitals, would not happen.

In respect of the Shaping a Healthier Future programme, the Trust had not entered into extensive commissioning agreements with the eight Clinical Commissioning Groups (CCGs) in North West London.

It was noted that as a specialist Foundation Trust, 85% of the Trust's commissioning came from across the country and only 7% from North West London.

Request by NW London STP to amend the Trust's 2019/20 control total (financial target)

A letter had been received from the Chief Executive of Chelsea & Westminster NHS Foundation Trust, in her capacity as Senior Responsible Officer for the NW London, Sustainability and Transformation Partnership (STP). The letter requested a reduction of £8m in the Trust's 2019/20 target deficit to bring the control total to break-even. This reduction would in effect be transferred to other members of the STP to make their control totals correspondingly easier to achieve.

Mr Nicholas Hunt (Director of Service Development) explained that NHS England had created in excess of 40 STP areas each of which comprises a number of clinical commissioning groups (CCGs) and provider Trusts.

Following internal discussions, the Trust had formally replied stating that (a) it was not obliged to reduce its control total deficit by £8 million, and (b) if it did so it would be at risk of not earning incentive funding for achieving its control total. A loss of incentive funding would be detrimental to both the Trust and NWL STP. It could not, therefore, agree to the request.

There followed some discussion about the STP's request and Mr Bell explained that:

- Although the Trust is cognisant of the STP, attends meetings, and responds to data requests, the Trust does not really fit into the NWL STP profile.
- This is because the Trust provides specialist services principally commissioned nationally by NHS England specialised commissioning rather than by local CCGs.
- NW London STP commissions only 7% of the Trust's NHS activities.
- NW London's STP Chief Financial Officers' were due to meet shortly to discuss gaps in funding and further measures to minimise them.
- The Trust did not have a legal obligation to make the requested payment

The Directors agreed with the way the request for a reduction in the Trust's control total had been dealt with.

CLINICAL QUALITY REPORT FOR MONTHS 11

Ms Joy Godden, Director of Nursing & Clinical Governance, presented the Clinical Quality Report and matters which were outlined and noted included:

- **Nurse Staffing** – Nurse safe staffing levels had been maintained for M11 2018/19.
- **Cancer Targets, 62 Days to First Treatment** – There had been five patients who had not been treated within the 62-day target. Three of these patients had been treated within the Trust's 24-day referral to treatment window and the remaining two patients were due to patient choice.
- **NHS Safety Thermometer** – The care of 327 patients was audited in M11. This snapshot audit indicated that on average for the period patients had received 97% harm free care as defined by the audit tool (national average 94.1%).
- **18 Week Referral To Treatment Time** – The M11 provisional performance was 94.31%. This exceeded the national threshold of 92% and the Trust's threshold of 91.5%, which had been agreed with NHS Improvement during the annual activity planning exercise.
- **National Audit of Cardiac Rehabilitation** – Is a British Heart Foundation strategic project that aims to support cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for patients with cardiovascular disease, irrespective of where they live. The Trust was one of the 46 trusts certified as achieving compliance with all of the minimum standards for cardiac rehabilitation. The programme is a comprehensive exercise, education and behavioural modification programme. It aims to improve not only the physical, but also the social and psychological condition of patients.
- **Nutrition and Hydration** – An estimated three million people in the UK are affected malnutrition. As part of Nutrition and Hydration Week, the Trust dietitians had led a programme to support clinical teams to develop a greater awareness of the signs of malnutrition in patients. Clinical teams had been reminded of the signs of malnutrition.
- **Seasonal Flu Vaccination Campaign** – 55.99% of frontline staff had received a flu vaccination, which remains lower than most other acute providers, despite a detailed campaign in the Trust. Work on reviewing how this figure can be improved for next year continues.
- **Infection Control** – The Trust continued to comply with the Public Health England Mandatory enhanced MRSA, MSSA and Gram-negative bacteraemia, and Clostridium difficile infection surveillance. M11 post infection reviews were being undertaken. Outcomes and learning from those reviews would be presented to the Infection Control Committee and to the divisional quality and safety committees, who have oversight of the implementation of local action plans. A question was raised about whether the data could be provided with national benchmark information. Ms Godden responded that targets are set for each individual trust, rather than as a national rate, and looking at data comparing us to other relevant specialist centres identifies that our infection rates are comparable, although our case mix is significantly more complex.

The M11 Clinical Quality Report was approved by the Trust Board for publication on the Trust's website.

ACTION: Ms Godden to update the Risk & Safety Committee in respect of next year's flu vaccination campaign.

ACTION: Ms Godden to consider how benchmark data can be included within the Infection control annual report.

FINANCIAL PERFORMANCE REPORT FOR MONTH 11

The Associate Chief Executive - Finance, Mr Richard Paterson, presented the Financial Performance Report and outlined various matters which included:

- The result for M11 (February) had been disappointing, in part due to the absence of a number of key consultants on annual leave which had resulted in a shortfall of private patient income relative to plan. There had also been some one-off items in the month although these had partially offset one another.
- The Trust remained marginally ahead of plan year to date (YTD).
- Cash had reduced in-month by (£2.0m) to £19.1m. This reflected a third consecutive month where Embassy Private Patient payments received were below £400k.
- Negotiations were ongoing in respect of a bridging facility to proceed with the Imaging Centre.
- Pay had delivered above plan by £0.2m at £19.35m, but was a £250k increase compared to January. A reduction of agency expenditure by £100k had been offset by increases of £175k each for bank and substantive staffing. Agency expenditure was £850k in month, which was £200k above the ceiling set by NHS Improvement. This was being further reviewed.
- Progress continued on the Cost Improvement Programme (CIP). Delivery in-month was £1.35m against a plan of £1.55m. The Trust remained £1.25m behind plan in respect of the CIPs YTD target.
- Provider Sustainability Fund (PSF) had been earned and recognised for the first three quarters of the year. It was anticipated that the Trust would achieve its forecast underlying deficit. However, the achievement of the Trust's (a) control total and, as a result, (b) balance of its £11.5m allocation of base PSF (formerly Sustainability & Transformation Funding - STF), remained subject to a further £20m revaluation of Chelsea Farmers Market (CFM). The timing and extent of this are outside the Trust's control. Moreover, the draft valuation of CFM at 31st December 2018 had disclosed a downward adjustment of £7m. This is likely to be reflected in the year end position (subject to audit). On that basis, the Q4 PSF of £4m would also be lost and the total exposure is therefore c£30m relative to the planned outcome.
- Additional risks associated with achievement of the Trust's forecast plan and control total included:
 - a shortfall against the CIP plan, and
 - non-payment in full for all NHS activity.

Any risk of CIP shortfall should be mitigated by a pay underspend due to vacant posts in-year. Based on the strength of challenges for this financial year, and successful management of commissioner challenges in prior financial years, both the YTD and forecast financial positions assumed full payment for NHS activity.

FINAL OPERATIONAL PLAN 2019/20

The Associate Chief Executive - Finance, Mr Richard Paterson, presented the Final Operational Plan for 2019/20 and outlined various matters which included:

- The Final Operational Plan had to be submitted to NHS Improvement by 4th April 2019. The Final Operational Plan was an update of the draft previously sent to NHS

Improvement. This Final Operational Plan had been reviewed in detail by the Finance Committee on 19th March 2019.

- The Trust's 2019/20 control total has been confirmed by NHS Improvement as a deficit of £8.2m after receipt of a potential £20.8m of 'incentive funding' comprising:
 - Provider sustainability funding (PSF) of £5.6m
 - Financial recovery funding (FRF) of £14.8m
 - Marginal emergency rate tariff (MRET) of £0.4m (this element has no performance criteria).
- To receive the full incentive funding available:
 - Required the control total to be both accepted by the Trust and delivered
 - Gains on sales of assets may not be taken into consideration in arriving at financial results for control total purposes
 - There remained a question about whether gains on revaluations of investment properties qualify
 - It was unclear whether losses on both asset sales and investment property revaluations would be taken into account.
- The consultation on 2019/20 tariffs remained incomplete. However, it was not anticipated that this would result in substantive changes to the 'indicative' tariffs issued in December 2018.
- The impact on the position associated with the anticipated increase of employers' superannuation contributions to 20% for the NHS Pension scheme had not been reflected in the Plan as it would be funded centrally.
- The Plan did not attempt to reflect the potential impact of Brexit in any of its possible forms. To set up a further contingency for Brexit would mean the Trust being unable to accept its control total without making corresponding additional CIPs.

There followed some discussion and it was noted that:

- 2019/20 would be another challenging year for budget setting and planning.
- The Trust would have the benefit in 2019/20 of a potential £20m of incentive funding versus a maximum of £11.5m for 2018/19.
- The Trust's control total, after that funding, would be £8m less demanding.
- Such 'gains' approximately compensate for the Trust's notional £20m underlying deficit in 2018/19 (assuming this year's PSF had been earned in full).

The Operational Plan 2019/20 was approved by the Board for submission to NHS Improvement by 4th April 2019.

ACTION: Dr Richard Grocott-Mason to oversee the presentation of a research update to the Board.

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RECOMMENDATIONS OF THE ADVISORY APPOINTMENTS COMMITTEE

Following formal appointment panels, the Board, after due consideration, ratified the appointments of:

- Dr Imre Kassai as a Consultant Congenital Cardiac Surgeon with a Special Interest in Neonatal Surgery.
- Dr Anthony Barron as a Consultant Cardiologist in Heart Failure and Imaging.

There was also some discussion about consultant appointments including (a) the Trust having the necessary cohort of specialist surgeons, and (b) in time, the benefit of synergies arising from the King's Health Partners collaboration.

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BREXIT

Ms Jan McGuinness, Chief Operating Officer, outlined that:

- The Trust has complied with all of the recommendations the Department of Health & Social Care (DHSC) has made in respect of EU Exit Business Continuity (BC) planning in the event of a No Deal Scenario.
- The Trust (including its procurement function) had identified approximately 1700 unique RBHT suppliers outside of the NHS supply chain; each of those was reviewed to identify which were medium or high risk to BC – high and medium risk suppliers were contacted to ensure they had put in place BC plans in the event of a no deal EU Exit.
- A number of possible contingency arrangements had been put in place, such as the Trust being able to accept deliveries of supplies 24/7 and daily reporting centrally to NHS England's operations centre by site managers.

Further, HR had carried out a review of EU Exit staff related matters. Ms Lis Allen, HR Director, would provide an update to the Directors at a Board seminar.

The reality is that many consumables regularly used for patient care come from overseas suppliers within the European Union. The sort of difficulties which could arise would be common to most hospitals in the United Kingdom. The circumstances were beyond the direct control of the Trust, although serious issues could arise.

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RATIFICATION OF COMMITTEE APPOINTMENTS

Following the end of terms in office of Dr Andrew Vallance-Owen and Ms Lesley-Anne Alexander, and consultations with Directors, it was agreed that:

- Mr Simon Friend and Mr Richard Jones be appointed as members of the Nominations & Remuneration Committee with effect from 26th February 2019.
- Dr Javed Khan be appointed as a member of the Risk & Safety Committee with effect from 26th February 2019.

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REGISTER OF INTERESTS

As referenced by the Chair at the beginning of the meeting, the Register of Interests was noted.

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NEW GOVERNOR APPOINTMENTS

The Chair referred to the paper in the pack and it was noted that the Trust had two new elected Governors:

- Public, Rest of England & Wales – Rev Patrick Davies
- Public, South of England – Rt Hon Michael Mates.

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REPORT FROM THE AUDIT COMMITTEE

The Audit Committee minutes of its 5th February 2019 meeting were noted.

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QUESTIONS FOR THE DIRECTORS

The Chair asked if there were any questions for the Directors. Cllr John Hensley, LB Hillingdon Appointed Governor, requested that a discussion point on hand hygiene cross-infection control be added to the agenda of the Council of Governors meeting on 15th May 2019. This would be considered. There were no further questions.

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NEXT MEETING

The next Trust Board meeting would be held on Wednesday 22nd May 2019 at Royal Brompton Hospital.

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CLOSE

There being no further business, the Chair thanked everyone for coming and declared the meeting closed.

CHAIR