



A lifetime of specialist care

**Minutes of the Board of Directors meeting held on 28<sup>th</sup> March 2018 in the Board Room  
Royal Brompton Hospital, commencing 2.00 pm**

Present:	Baroness (Sally) Morgan, Chair	SM
	Mr Robert Bell, Chief Executive	BB
	Mr Richard Paterson, Associate Chief Executive - Finance	RP
	Dr Richard Grocott-Mason, Medical Director/Senior Responsible Officer	RGM
	Mr Nicholas Hunt, Director of Service Development	NH
	Ms Joy Godden, Director of Nursing and Clinical Governance	JG
	Dr Andrew Vallance-Owen, Non-Executive Director	AVO
	Mr Luc Bardin, Non-Executive Director	LB
	Ms Kate Owen, Non-Executive Director	KO
	Mrs Lesley-Anne Alexander, Non-Executive Director	LAA
	Mr Richard Jones, Non-Executive Director	RJ
	Mr Simon Friend, Non-Executive Director	SF
By Invitation:	Mr Richard Connett, Director of Performance & Trust Secretary	RCO
	Ms Jan McGuinness, Interim Chief Operating Officer	JMcG
	Mr David Shrimpton, Private Patients Managing Director	DS
	Ms Jo Thomas, Director of Communications and Public Affairs	JT
	Mr Piers McCleery, Director of Planning and Strategy	PMcC
	Mr Tim Callaghan, Programme Director Productivity & Transformation	TC
In Attendance:	Ms Gill Raikes, Chief Executive, Royal Brompton & Harefield Hospitals Charity	GR
	Mr Anthony Lumley, Corporate Governance Manager (minutes)	AL
	Ms Lyndall Brown, Web Editor	LB
	Mr Oliver Wilkinson, Deputy Head of Communications	OW
	Dr Vias Markides, Consultant Cardiologist	VM
Governors in Attendance:	Mr George Doughty	GD
	Mrs Brenda Davies	BD
	Mr Robert Parker	RP
Observer:	Ms Gemma Robinson, Senior Service Specialist NHS England	GR
Apologies:	Mr Robert Craig, Chief Operating Officer	RCr
	Pr Kim Fox, Professor of Clinical Cardiology	KF
	Mr Mark Batten, Non-Executive Director	SF
2018/17	<u>WELCOME</u> The Chair welcomed all to the meeting.	
2018/18	<u>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</u> None	
2018/19	<u>MINUTES OF THE PREVIOUS MEETING HELD ON 21<sup>st</sup> FEBRUARY 2018</u> The minutes were approved. <b>Board Action Tracking</b> BD 18/06 Update on Darwin Programme.	

The Chair said this would be discussed in the Part II meeting of the Board which is to follow this meeting.

BD 18/10 Comments from responses to questions in the Friends and Family Test.  
The Chair said this had been included in the Clinical Quality Report on this agenda.

2018/20

#### REPORT FROM THE CHIEF EXECUTIVE

BB gave a verbal update in which the following was raised:

#### **Visit by the Secretary of State for Health and Social Care, The Rt Hon Jeremy Hunt MP**

BB reported that the Secretary of State (SoS) had visited the Trust on 15<sup>th</sup> March 2018 and given a talk to Trust staff on his role and vision as SoS, his thoughts on the issues facing healthcare, and on his particular interest in patient safety. Some 250 staff had attended and they were invited to ask questions. Subsequently a letter from Mr Hunt had been received by BB and the Chair. In this he expressed his satisfaction and gratitude for the visit and had said he was confident that in the next inspection by the Care Quality Commission (CQC) the Trust's rating of Requires Improvement will change. Jo Thomas, Director of Communications and Public Affairs, has written to the office of the SoS inviting him to visit Harefield Hospital and tour the clinical facilities there.

#### **KHP RB&HFT**

BB reported that the collaboration was making progress and expected to conclude an initial draft of the Strategic Outline Case (SOC) feasibility study by the end of May 2018. NHS England (NHSE) had assigned a specialised commissioning officer to be a member of the working party, which was indicative of its commitment to the process.

2018/21

#### IMAGING CENTRE UPDATE

RP gave a verbal update and outlined the following developments:

- i) Planning Consent: An amendment to the planning consent is to be sought so that an extra floor can be added to the Imaging Centre. Discussions have been held with the Planning Department at RBKC and an amended application is intended to be submitted on 3<sup>rd</sup> May 2018. More than three objections are anticipated, so it is expected that the amendment will have to be considered by the full Planning Committee, probably when it meets in August 2018.
- ii) Funding: the plan had originally been to use the proceeds from the sale of Chelsea Farmers Market (CFM) to fund the build of the Imaging Centre, but the sale has been delayed by the safeguarding of the site by TfL for Crossrail 2. As a result the Trust now intends to borrow the necessary funds, the loan to be secured on CFM. Two institutions have been approached whose indicative terms appeared acceptable albeit with some issues over covenants to be resolved. Finance Committee and Board involvement would be required.
- iii) Business case: the Imaging Centre would be in the order of a £40m investment. There was now agreement amongst the clinicians about what would be in the Centre and clinical stakeholders would be asked to sign the drawings as evidence of that agreement. The Business Case would come to the next Board meeting (25<sup>th</sup> April 2018) after consideration by the RASG and Management Committee.

- iv) Contractor: Final interviews for three contractors under the P22 Framework had been held and one had stood out. The contract can be signed once the guaranteed contractual maximum price has been agreed and the contract is expected to be in place by September 2018. The contract will be subject to Board approval.

2018/22

CLINICAL QUALITY REPORT FOR MONTH11: FEBRUARY 2018

RCo presented the report. The Board noted that there had been two cases of *Clostridium difficile* in M11 and that these cases were awaiting review by the Trust's Infection Control team and NHSE. There had been no instances of MRSA. They also noted that the 62 Day urgent GP referral to first definitive treatment cancer target had not been met as performance was 62.5% against the trajectory of 70.3% for the month. One patient referred on day 25 had not been treated until day 94 owing to illness. This whole breach had been allocated to the Trust which had reduced performance for the month.

RCo said that the indicator for the 18 week referral to treatment (RTT) time was reported as 92.51% for M11. However, data quality concerns persist. A Programme Director for RTT and Planned Care, seconded from NHS Improvement's Intensive Support Team, had been appointed to lead on the management of elective care and would start on 3<sup>rd</sup> April 2018. Retraining of staff on how to enter information into the Lorenzo Patient Administration System (PAS) was expected to commence in April 2018. Delivery of the Action Plan is being overseen at twice monthly meetings by JMcG. JMcG said that a measure of clearance time was a useful metric and that this showed a reduction from 35 weeks to 28 weeks, which was encouraging. The Board noted that a qualified view of the RTT indicator was expected from the external auditors in the Quality Report 2017/18.

RCo reported that one Serious Incident (SI) had been reported to Commissioners in month M11 and was currently being investigated. The outcome of the investigation will be reported through the Governance and Quality and Risk and Safety Committees. LAA was concerned that the reporting of the incident had been so anonymised that it would be difficult to identify when it was discussed and reviewed by the Risk and Safety Committee. The Chair proposed that the reporting of SIs be reviewed. This was agreed.

**Action: Review reporting of Serious Incidents to the Trust Board (AVO/LAA/RGM/JG)**

RCo noted that patient comments had been included in the report as had been requested by the Trust Board. JG said, in response to a question from LB on patient feedback, that the Friends and Family Test scoring system was not particularly helpful overall, but did have value in terms of identifying hot spots and was useful at ward level.

In response to a comment from AVO that cancelled operations had shown an upswing in January 2018 JMcG said that reducing cancellations was part of improving patient experience and a focus for the Darwin Programme. More intelligent scheduling was being developed and data was being used to plan the day.

In response to a comment from SF on the adverse impact of late GP referrals on the 62 Cancer target the Board noted that, compared to a year ago, the picture was much better with fewer delays and that the 62 day wait patients were a minority of all cancer patients, the majority being part of the 31 day pathway.

JG clarified that the CQC insight dashboard was not part of the inspection process nor could it influence the outcome of an inspection. It was a monitoring process which could trigger an inspection and help identify areas of focus for the CQC.

The Board approved the report prior to publication on the Trust web site.

2018/23

#### FINANCIAL PERFORMANCE REPORT FOR MONTH11: FEBRUARY 2018

RP presented the M11 report which summarised the financial performance of the Trust to 28<sup>th</sup> February 2018. The Board noted the key headlines:

- Monthly income and expenditure: performance had been disappointing given that the Trust had been on plan or ahead of plan until M11 when the deficit in month had been £4m against a planned deficit of £2m. The main contributing factor had been Harefield Heart Division. The income line for private patients had been adversely affected by the absence of key consultants and there had also been a shortfall in critical care income. RP said that one poor month from time to time was not an issue, but two poor months would be a concern and three poor months would be a serious problem.
- Valuation of CFM: the auditors had indicated that they were happy with the valuation which had been carried out by a firm of independent valuers. RP explained that the uplift in value of investment properties would be seen in the Income and Expenditure account and that a substantial benefit from the revaluation would enable the Trust to exceed the planned outturn. This in turn would qualify the Trust to receive an incentive payment of £1 cash for each £1 the Trust reported above its Control Total. The cash will be paid in July / August 2018 therefore the liquidity risk in the financial risk register has been downgraded to amber with a further downgrade to green likely once the cash has been received.
- Cash: the cash position had deteriorated to £10m; therefore £10m had been drawn down from the working capital facility in March 2018.
- Kuwait: RP reported that as of that day, £800,000 had been received from Kuwait Health Office reducing the overall debt from this source.

AVO asked if the shortfall on the Cost Improvement Programmes (CIPs) would be made good this year. RP said that the focus was now on next year and the CIPs for 17/18 had been set down before the Darwin Programme and had therefore been superseded to some degree.

The Board approved the report prior to publication on the Trust web site.

2018/24

#### DRAFT OPERATIONAL PLAN 2018/19

RP presented the report which was an update on progress. The final Operational Plan would be brought back to the Trust Board at the end of April 2018 following discussion at Management Committee and Finance Committee. The Board noted that despite the scale of the challenge, there was a determination to deliver a plan that would meet the Control Total (break-even) for 2018/19 with a realistic prospect of achieving it. Agreeing the plan was proving to be very tough. There were risks which had been examined in depth by the Finance Committee as set out in the paper.

The Contract with NHSE would be signed later today. NHSE had also agreed to pay the Trust a further £1m on the block contract for transplant (for 2018/19) and to discuss a long-term funding solution for the following year and beyond.

RP said the removal of the pay cap should not impact the plan as it was expected to be centrally funded. He cautioned that with an underlying deficit of £18/19m in 2018/19 there would be a difficult starting position for 2019/20. It was understood that this would be the last year of the Provider Sustainability Funding (previously known as Sustainability and Transformation Funding) and if the Trust exceeded its plan next year there would no repetition of the £ for £ incentive reward.

RP concluded by saying that there had been some discussion of a 'financial reset' in the press and it looked as if the Government might be considering a sustainable long term funding plan for the NHS with details expected to follow.

2018/25

FINANCE COMMITTEE: MINUTES FROM THE MEETING HELD ON 27<sup>th</sup> FEBRUARY 2018

The minutes were noted. RJ confirmed that the risks in the 2018/19 operational plan had been discussed in detail. RP said the committee had looked at write offs of overseas NHS debtors (that is patients treated who had not been eligible for NHS treatment and had not been able to pay). Those with an individual value over £50k required Board approval. The committee was happy to recommend that all five debtor write offs over £50k should be approved by the Board. He added that they were all 'old' debts (2013-15), were already fully provided for and in total came to £800k.

The Trust Board approved the write off of these debts.

2018/26

RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

The Board was presented with a ratification form relating to the appointment of a Consultant Cardiologist in Heart Failure, Transplant and Mechanical Circulatory Support. The interview panel had been chaired by AVO who presented the recommendation for appointment.

The Trust Board ratified the appointment of Dr Fernando Riesgo Gil as a Consultant Cardiologist in Heart Failure, Transplant and Mechanical Circulatory Support.

2018/27

QUESTIONS FROM MEMBERS OF THE PUBLIC

George Doughty, Lead Governor, asked two questions:

- i) Would the Strategic Outline Case for KHP be presented to Governors at their meeting on 8<sup>th</sup> May 2018? BB said he could not give an exact date as the SOC would need to be reviewed by the Trust Boards beforehand. BB noted that the Trust Boards were due to consider scheduling of the necessary approvals at their next meeting which was due to be held on 26<sup>th</sup> April 2018. BB assured GD that Governors would be consulted.
- ii) When would Governors be able to discuss the Darwin Programme? SM said a briefing was due to be provided to Governors at their meeting scheduled on 8<sup>th</sup> May 2018.

NEXT MEETING Wednesday 25<sup>th</sup> April 2018 at 10.00am, Concert Hall, Harefield Hospital.