



A lifetime of specialist care

**Minutes of a meeting of the Board of Directors held in the Concert Hall,
Harefield Hospital, Hill End Road, UB8 6JH at 10.30am
on Wednesday 26th November 2018**

Present:

Baroness (Sally) Morgan, Chair
Mr Robert Bell, Chief Executive
Mrs Lesley-Anne Alexander, Non-Executive Director
Mr Luc Bardin, Non-Executive Director
Prof Kim Fox, Professor of Clinical Cardiology
Mr Simon Friend, Non-Executive Director
Ms Joy Godden, Director of Nursing & Clinical Governance
Dr Richard Grocott-Mason, Medical Director & Senior Responsible Officer
Mr Nicholas Hunt, Director of Service Development
Mr Richard Jones, Non-Executive Director
Ms Jan McGuinness, Chief Operating Officer
Mr Richard Paterson, Associate Chief Executive - Finance
Dr Andrew Vallance-Owen, Non-Executive Director

Mr Neil Netto, Trust Secretary

Apologies for:
Absence

Mr Mark Batten, Non-Executive Director
Mr Robert Craig, Director of Development & Partnerships
Ms Kate Owen, Non-Executive Director

Governors in
Attendance:

Mr John Hensley, Appointed Governor – LB Hillingdon
Mr Anthony Archer, Public Governor – Bedfordshire & Hertfordshire

By Invitation:

Mr Piers McCleery, Director of Strategy & Corporate Affairs
Dr Jo Szram, Director of Medical Education
Ms Anne Pike, Freedom To Speak-Up Guardian
Ms Jo Thomas, Director of Communications
Ms Lis Allen, HR Director
Ms Penny Agent, Director of Rehabilitation, Therapies & Laboratory Medicine
Ms Gill Raikes, Chief Executive Royal Brompton & Harefield Hospitals Charity

In Attendance:

Dr Kate Good, Anaesthetic Clinical Fellow RBHT
Dr Hisham Hosny, Anaesthetic Clinical Fellow RBHT
Dr Claire Boynton, SpR Trainee Consultant
Dr Laura Peltola, SpR Trainee Consultant
Dr Tina Khan, SpR Trainee Consultant
Dr Imre Kassa, SpR Trainee Consultant
Mr Ross Ellis, Divisional General Manager RBHT
Ms Derval Russell, Divisional General Manager RBHT
Ms Samantha Unamboowe, Librarian RBHT

2018/80

WELCOME

The Chair welcomed everyone to the meeting, including Governors Mr John Hensley and Mr Anthony Archer, and doctors Boynton, Peltola, Khan and Kassa (SpR Trainee Consultants). It was noted that apologies for absence had been received from Mr Mark Batten (Non-Executive Director), Mr Robert Craig (Director of Development & Partnerships) and Ms Kate Owen (Non-Executive Director). The meeting was quorate and proceeded to business.

2018/81

DECLARATIONS OF INTEREST

The Chair stated that the most recent Register of Interests had been included in the pack. Further, since the last Trust Board last meeting, Mr Mark Batten, had advised that he had been appointed:

- Chair (designate), Audit and Risk Committee and Non-Executive Director of Armour Holdings' UK regulated entities
- Chair (designate), Audit Committee and Non-Executive Director of Assured Guaranty Europe plc.

Also, since the last meeting, Ms Lesley-Anne Alexander, had advised that she had interests in:

- Big Society Capital, Non-Executive Director
- Institute for Apprenticeships – Social Care Route Panel Adviser
- Brevia Limited – Consultant
- Stanton Alexander – Owner.

The Chair asked if there were any other new declarations of interests, and there were no other declarations.

2018/82

UPDATE ON NEW NON-EXECUTIVE DIRECTOR APPOINTMENTS ETC

The Chair outlined that the Council of Governors had at its last full meeting (on 10th October 2018) approved the appointment of Ms Janet Hogben as a Non-Executive Director of the Trust with effect from 1st December 2018. Ms Hogben has extensive experience as a senior HR adviser and also has trustee experience.

The Chair also outlined that the Nominations & Remuneration Committee of the Council of Governors was carrying-out interviews for a:

- Non-Clinical Non-Executive Director, and
- Medical Non-Executive Director.

It was envisaged that the Committee would be able to make recommendations in respect of both Non-Executive Director appointments to the full Council of Governors meeting on 30th January 2019.

The Trust's new Chief Information Officer, Dr Rishi Das-Gupta, would formally commence work with the Trust on 2nd January 2019.

2018/83

MINUTES OF THE PREVIOUS MEETING HELD ON 26th SEPTEMBER 2018

The minutes of the previous meeting were approved.

There were no outstanding actions on the Trust Board action tracker.

2018/84

REPORT FROM THE CHIEF EXECUTIVE

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

Care Quality Commission

- The Trust had received a letter dated 27th November 2018 (which had been circulated previously to the directors) from the Care Quality Commission which provided written feedback on the preliminary findings of the inspection by the CQC.
- The letter was not particularly detailed and the Trust had requested further details from the CQC.
- A draft report would be sent to the Trust, probably during January 2019, and the Trust would have the opportunity to check the factual accuracy of the draft report.

There followed some discussion about the letter which included:

- There seemed to be the expression of a number of opinion based views, rather than evidence based factual statements.
- The Trust has a well-developed governance structure, with good information flows, which evidenced that matters such as risk were addressed and managed effectively by the Board.
- Factually, the Trust would further clarify a number of matters for the CQC.
- Patient feedback was consistently high and patients recognised the high quality of patient care.
- The Trust's core values of caring, respect and inclusiveness were clear for all to see.
- The Trust would respond as appropriate after the CQC's draft report had been provided to the Trust.

King's Health Partners Collaboration / Alternative Proposal

- The Trust had received an email on 27th November 2018 from Imperial College Healthcare Trust with a document which outlined an alternative proposal (in conjunction with Imperial College London and Chelsea & Westminster NHS Foundation Trust) for specialist respiratory and cardiovascular care in north west London.
- The alternative proposal was not endorsed or supported by the Trust Board, and the Trust's senior management team had not been consulted on the alternative proposal.
- The alternative proposal would involve the break-up of the Royal Brompton Hospital's services, undermine patient care, and result in the closure of the Royal Brompton Hospital (with corresponding damage to Harefield Hospital).
- Few details had been provided, but it seemed that adult services would re-locate to Hammersmith Hospital and children's services would be distributed across St Mary's Hospital and Chelsea & Westminster Hospitals. Congenital Heart Disease services and ECMO had not been included in the alternative proposal.

There followed some discussion which included:

- The alternative proposal defied logic, lacked credibility, and was not endorsed or supported by the RBHT Board.
- The Trust is a world-renowned centre of excellence in the investigation, treatment and research of heart and lung disease. It is also the UK's largest postgraduate specialist heart and lung centre.
- The Trust works on the basis of a lifetime of specialist care model, which is accepted as the best way in which to provide specialist care for heart and lung patients.

- It is fundamental to the Trust that we keep our expert teams together across children's and adult services to deliver a standard of patient care which was world-renowned.
- There were potentially huge funding issues to be resolved in relation to the alternative proposal (and subsequently significant consultation with stakeholders which necessarily would take much time).
- The alternative proposal would asset strip and break-up the Royal Brompton Hospital.
- The Trust is an autonomous corporate body, constituted in accordance with the National Health Services Act 2006, and the Trust Board exercises its powers.
- The Trust would seek legal advice and would reluctantly be prepared to take legal action as appropriate.
- The Trust's well-developed programme of work in relation to the collaboration should continue, including the joint submission with King's Health Partners in January 2019 of detailed input to NHS England's Pre-Consultation Business Case.
- NHS England plans to conduct public consultations on the King's Health Partners collaboration's detailed proposals during the spring/early summer 2019.
- The Trust remained of the view that its plans for a joint heart and lung centre of excellence based on the St Thomas' site would potentially transform heart and lung disease treatment and research in the UK, and reap the benefits of collaboration by working together across all cardiac and respiratory specialist services for adults and children

2018/85

CLINICAL QUALITY REPORT FOR MONTHS 6 AND 7

The Director of Nursing & Clinical Governance, Ms Joy Godden, and the Director of Strategy, Mr Piers McCleery, presented the Clinical Quality Report and outlined various matters which included:

- **Nurse Staffing** – Nurse safe staffing levels had been maintained for M6 and M7 2018/19.
- **NHS Safety Thermometer** – The care of 319 patients was audited in M5 and the care of 333 patients was audited during M6. This snapshot audit indicated that 97% of patients received harm free care as defined by the audit tool (national average 94.1%).
- **Eighteen Week Referral To Treatment Time** – The M7 provisional performance was 93.33% (exceeding the national threshold of 92% and the Trust threshold of 91% (agreed with NHS Improvement during the annual activity planning exercise).
- **Cancer Targets, 62 Days To First Treatment** – For M5, the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (70.7%) was met (NHS Digital Cancer Waiting Times). However, in M6 the trajectory target was not met. National Cancer Breach Allocation Guidance had advised that all cancer providers should use Day 38 as a maximum handover date to the treating trust when developing local breach allocation policies. Accordingly, there would be an allowance of 24 Days for the treating trust to meet the 62 Day target. It was envisaged that for future clinical quality reports to the Board, there would be a focus on reporting how well the Trust had performed against this 24 Day metric. Further, the Trust would continue to report to NHS Improvement on performance against the full 62 Day pathway metric.
- **Patient Comments** – Patient comments were on the whole very positive, for example: "Very well-run hospital clinics ... waiting time kept to a minimum ... very friendly staff". All comments were passed to the relevant service manager for review and if appropriate further action.

The M6 and M7 Clinical Quality Report was approved by the Trust Board for publication on the Trust's web site.

2018/86

FINANCIAL PERFORMANCE REPORT FOR MONTH 7: OCTOBER 2018

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

- The Trust had made a YTD deficit of £15.6m, £1.2m favourable to plan.
- EBITDA was positive £1.6m YTD (£1.6m favourable to plan).
- Performance against the control total was ahead of plan by £0.9m at £14.9m deficit.
- Cash had reduced in-month by £6.8m but remained healthy at £26.8m.
- It was anticipated that the Trust would achieve both its actual and underlying forecast deficit positions, as well as its control total and therefore qualify for £11.5m of provider sustainable funding (which has replaced sustainability and transformation funding for 2018/19), subject to the additional revaluation of Chelsea Farmers Market. This is contingent on the lifting of safeguarding by Crossrail 2 the timing of which is outside the Trust's control. If the £20m revaluation of the Chelsea Farmers Market cannot be recognised the Q4 provider sustainable funding of £4m would be forfeited so the total exposure would be £24m.
- Capital expenditure was £5.9m YTD behind plan due to slippage on the Imaging Centre. There had been discussion at a Finance Committee meeting of a possible bridging loan for the Imaging Centre. It may be that construction of the Imaging Centre would start by 31st March 2019 (rather than 31st January 2019).
- Private patient income – There had been continuing delays in receiving payment from certain Middle Eastern accounts. Mr Paterson and Mr David Shrimpton (Private Patients Managing Director) would be reviewing this with the Finance Committee.

The Finance Committee minutes of 23rd October 2018 in the Board pack were noted.

2018/87

REPORT FROM THE AUDIT COMMITTEE

The Audit Committee minutes of 4th October 2018 in the Board pack were noted.

As an indication of some of the work undertaken by the Audit Committee, Mr Simon Friend outlined that work was on-going in respect of counter-fraud matters and general data protection regulation issues.

2018/88

REPORT FROM THE RISK & SAFETY COMMITTEE

The Chair of the Risk & Safety Committee, Dr Andrew Vallance-Owen, provided an oral report of the Committee meeting on 21st November 2018 which included:

- **Emerging Issues** – Ms Jan McGuinness (Chief Operating Officer) had provided the Committee with an update on the revised arrangements for monitoring the Emergency Preparedness, Resilience and Response (EPRR). The Chair of the Audit Committee (Mr Simon Friend) had said that going forward the EPRR would be monitored through the Audit Committee. Further, there would be an annual report of assurance that would be presented to Risk & Safety Committee.

- **National Patient Survey** – The Committee had received a presentation on the results from the National Patient Survey. Overall the Trust was doing well in all areas, and the responses remained high in comparison with other Trusts.
- **Risk Register** – The Committee had received an update on the Risk Register including:
 - Failure to achieve expected standards of clinical care – Management of the deteriorating patient. This had been a topic of focus and commitment for the Trust, and incorporated into the Trust's quality priorities for 2018-19.
 - Good progress had been made in relation to engagement and training across the three areas of NEWS, sepsis and acute kidney injury. The next steps would be to review the process, appoint Trust leads to each of the three workstreams, and to progress the purchase of software to allow the recording of electronic observations, which will have many benefits (including helping to facilitate the management of deteriorating patients).
- **Serious Incidents** – The Committee had reviewed details of two serious incidents and one never event. Further details will be provided in the minutes of the Risk & Safety Committee on 21st November 2018 which will be included in the next Board pack.
- **Learning From Deaths** – Dr Richard Grocott-Mason (Medical Director & Senior Responsible Officer) had presented a new style report to the Committee on Learning From Deaths, which incorporated more detail on the learning.
- **Freedom to Speak-Up** – The Committee had received an update on the Freedom To Speak-Up programme from the Trust's Freedom to Speak Up Guardian, Ms Anne Pike (and Ms Pike was introduced by the Chair to the meeting). Overall, the programme was going well and providing additional support for staff outside of the more formal HR routes. The Chair added that having discussed such matters with Ms Pike, sometimes it was about offering support such that staff could sort out the problem for themselves. Ms Pike said that she also had direct access to the Chief Executive. The Committee had observed that more resources may need to be invested in the programme.
- **Reports** – Reports such as the Medicines Optimisation Annual Report 2017-18, Mental Health Services Annual Report 2017-18, Safer Working Hours Report, Quality Impact Assessments Report and Controlled Drugs Report had been presented to and reviewed by the Committee.

2018/89

RECOMMENDATION OF THE ADVISORY APPOINTMENTS COMMITTEE

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

- Dr Paolo Bianchi as Consultant in Anaesthesia & Critical Care Medicine.
- Dr Imogen Felton as a Consultant in Respiratory Medicine, with Expertise in Cystic Fibrosis and Chronic Lung Infection.
- Dr Anand Shah as a Consultant in Respiratory Medicine with Expertise in Cystic Fibrosis and Chronic Lung Infection.
- Mr Nizar Asadi as a Consultant in Thoracic Surgery.
- Mr Jonathan Finch as a Consultant in Thoracic Surgery.

2018/90

REVOLVING CREDIT FACILITY

Mr Richard Paterson (Associate Chief Executive – Finance) proposed that the Board approve an extension of the Trust's existing Revolving Credit Facility to 30th September 2019. The

accompanying Extension Agreement, Resolutions, etc had been reviewed in detail by the Finance Committee on 20th November 2018. The Finance Committee had recommended the proposed extension together with the accompanying Extension Agreement, Resolutions, etc to the Board. The Directors present re-confirmed their previously submitted declarations of interest. After careful consideration it was resolved that the Extension Agreement be approved and the requisite ratifications be provided. See Appendix 1 for full details.

2018/91

STANDING FINANCIAL INSTRUCTIONS

Mr Richard Paterson (Associate Chief Executive – Finance) proposed that the Board approve changes to the Trust's existing Standing Financial Instructions, including updates to the terms of the Scheme of Delegation to reflect new authorisation levels. The changes proposed had already been considered by the Finance Committee on 23rd October 2018 (and subsequently by Audit Committee members) and had been recommended to the Board. After careful consideration it was resolved that the proposed changes to the Standing Financial Instructions be approved.

2018/92

UPDATE ON MODERN SLAVERY

Mr Piers McCleery (Director of Strategy) outlined that the Modern Slavery Act 2015 had put in place a requirement that organisations with a turnover of more than £36m had to make a 'Slavery and Human Trafficking Statement' and publish the Statement on its website. The Trust looked to update this Statement annually and to provide assurance that the Trust, in particular the Trust's procurement teams, comply with the terms of this Statement. Revised guidance had been issued such that the Statement 'should aim to include information about' each of the six statutory categories (rather than it 'may' include such information). The Statement was duly considered and approved pursuant to the Modern Slavery Act 2015 for sign-off by the Chair and Chief Executive.

2018/93

MEDICAL TRAINING & EDUCATION UPDATE

Dr Jo Szram (Director of Medical Education) made a presentation to the full meeting which included details of:

- The Medical Education and Simulation Directorate.
- Health Education England's planned risk based review of the Trust on 13th December 2018.
- Library and Knowledge Services and Library Quality Assurance Framework.

There followed some discussion which included:

- High quality postgraduate medical education helped, among other things, to deliver high quality patient care and helped the well-being of all staff.
- Areas such as the provision of adequate experience and curriculum coverage needed to be further reviewed, and the Board needed to be updated as to progress.
- The patient population and type of presentation is different at the two Trust hospital sites, and which meant that the training experience differed. We will be considering ways in which more trainees can benefit with learning from the total range of patients treated at the Trust.
- A number of proposals to address areas which warranted attention would be reviewed with Health Education England on 13th December 2018.

- There may be further scope to involve Dr Szram in Project Darwin, including working with Mr Luc Bardin, Non-Executive Director, in respect of reviewing the long and medium strategy for medical training and education.

ACTION: Dr Szram (in conjunction with Dr Richard Grocott-Mason, Medical Director) to provide an update to the Board, as soon as practicable, in respect of medical education and training outliers and the action being taken to address them.

ACTION: Dr Szram (in conjunction with Dr Richard Grocott-Mason, Medical Director) to coordinate with Ms Joy Godden (Director of Nursing & Clinical Governance) and Mr Luc Bardin (Non-Executive Director) in respect of Project Darwin and related matters.

2018/94

QUESTIONS FOR THE DIRECTORS

The Chair asked if there were any questions for the Directors and there were no questions for the Directors.

2018/95

NEXT MEETING

The next Trust Board meeting was scheduled for 2.00pm on Wednesday 20th February 2019 in the Board Room, Royal Brompton Hospital, London SW3 6NP.

2018/96

CLOSE

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