



A lifetime of specialist care

Minutes of the meeting of the Board of Directors,
held via MS Teams videoconference on Tuesday 29th September 2020
commencing at 10.30am

Present: Baroness (Sally) Morgan of Huyton, Chair
Mr Robert Bell, Chief Executive
Mr Luc Bardin, Non-Executive Director & Senior Independent Director
Mr Mark Batten, Non-Executive Director
Mr Robert Craig, Director of Development & Partnerships
Mr Simon Friend, Non-Executive Director & Deputy Chair
Ms Joy Godden, Director of Nursing & Clinical Governance
Mr Richard Guest, Chief Financial Officer
Ms Janet Hogben, Non-Executive Director
Mr Nicholas Hunt, Director of Service Development
Prof Peter Hutton, Non-Executive Director
Professor Bernard Keavney, Non-Executive Director
Dr Javed Khan, Non-Executive Director
Dr Mark Mason, Interim Medical Director
Ms Jan McGuinness, Chief Operating Officer
Mr Ian Playford, Non-Executive Director

In Attendance: Ms Noreen Adams, Deputy Trust Secretary (minutes)
Ms Penny Agent, Director of Allied Clinical Sciences
Ms Lis Allen, Director of Human Resources
Mr Sam Armstrong, Trust Secretary
Mr Rishi Das-Gupta, Chief Innovation & Technology Officer
Dr Richard Grocott-Mason, Managing Director, RBH - KHP Partnership
Mr Piers McCleery, Director of Strategy & Corporate Affairs
Ms Gill Raikes, Chief Executive, Royal Brompton and Harefield Hospitals Charity
Mr David Shrimpton, Private Patients – Managing Director
Ms Jo Thomas, Director of Communications

Observing: Mr Anthony Archer (Trust Member)
Ms Aydan Bilal, Associate Director of Service Development
Ms Helena Bridgman, Patient Governor
Ms Sarah Clark, Communications, GSTT
Mr George Doughty, Appointed Governor
Mr Ross Ellis, Hospital Director
Ms Clare Elliott, Assistant Director of Communications and Public Affairs
Mr Gareth Howard, Assurance Manager
Ms Sharon Ibrahim, Head of Assurance
Ms Katherine Kamola, CQC
Rt Hon Michael Mates, Lead Governor
Mr Ian McGovern, Consultant, Harefield Divisional Director
Ms Derval Russell, Harefield Hospital Director
Dr Matt Clayton, SpR Trainee Consultant
M Amrit Lota, SpR Trainee Consultant
Mr Antonio De Demarvao, SpR Trainee Consultant

- 2020/68 **Notice of Meeting Given, Quorum and Apologies for Absence**
It was confirmed that notice had been appropriately given, the meeting was quorate. An apology was received from Ms Janet Hogben, Non-Executive Director.
- 2020/69 **Welcome**
The Chair opened the meeting at 10.30am and welcomed all present and in attendance.
- 2020/70 **Declarations of Interest**
There were no declarations made.
- 2020/71 **Minutes of the previous meeting held on 28th July 2020 and Action Tracker**
The minutes of the previous meeting were approved as a correct record.
- Action Tracker**
The Board was informed that the annual flu campaign commenced on Monday 28 September 2020 and, to date, 360 staff had received a vaccination. The plan was to conduct an intensive three-week period aimed at front-line staff; others would be provided with a vaccine afterwards.
- The Board approved the action tracker.
- 2020/72 **Chief Executive's Report**
In turning to the next item, the Chair informed the Board that Mr Robert Bell had advised her of his intention to retire from the Trust to take effect from 1st April 2021. The Board noted that there would be further opportunities before the proposed retirement date to acknowledge his long service, but thanked him for his leadership, and commended his achievements, commitment and valuable contribution to the Trust.
- The Chief Executive provided a verbal update on strategic matters.
- It was noted that the Trust was at the commencement of a second wave of Covid-19 activity, and it was prepared and ready to treat affected patients. In response to a question, it was confirmed that the Trust currently had sufficient stock of personal protective equipment (PPE). By November 2020, circa 70% of PPE was expected to be manufactured in the UK to meet demand. Drugs were under central control of NHS England but there was currently no cause for concern on the supply of them.
- In response to a question, the Board was assured that staff continued to be supported as far as possible by the Trust to ensure their safety and allay any concerns, and they were ready for the second wave of the pandemic. In response to a question, it was confirmed that the Trust had made progress recovering on delayed increases in waiting lists from the first wave, and was on track to achieve its operational targets by end November 2020. There was, however, some concern that the second wave could disrupt the Trust's successful recovery from the first wave.
- A global survey among tens of thousands of medical professionals for Newsweek magazine had ranked Royal Brompton Hospital in tenth position worldwide for

cardiology services - one of only two non-US hospitals. This was an independent professional review, and the Royal Brompton Hospital was the only UK hospital to appear in the list's top 50, with Harefield Hospital one of only eight UK hospital trusts to be rated in the top 100.

It was noted that NHSI had designated the proposed merger between the Trust and Guy's and St Thomas' NHS Foundation Trust (GSTT) as 'material' rather than 'significant'; this indicated a substantial level of confidence in the merger, and a low level of risk. The planned transaction date was 1st February 2021. It was noted that the merger was being positively reported externally e.g. the King's Fund had commented positively on the merger and its likely overall contribution to the future of the NHS.

The TUPE staff consultation process would be commencing on 1st October 2020 and continue for the following eight weeks. It was clarified that the TUPE process was not about approval for the merger from staff: it was instead designed to answer questions and offer information and assurance that staff's contractual rights would be protected. The Trust was also taking the opportunity to engage staff in discussions about the merger.

The Board noted the report.

2020/73

Clinical Quality Report

The Chief Nurse & Director of Clinical Governance, and the Chief Operating Officer presented the report.

It was noted that there had been three cases of c.difficile reported in quarter one; these were linked to Harefield Hospital ITU, however internal reviews had not identified any particular issues. Although no further cases had been identified, enhanced surveillance was being maintained, which included a focus on hand hygiene and the appropriate use of PPE.

There were no serious incidents identified and reported during months four and five.

It was noted that there had been an increase in 18-week RTT performance in month five, with the Trust treating 65.16% of patients within 18 weeks. The Trust had 15 patients waiting longer than 52 weeks for treatment, however, these patients were monitored by their consultant and treatment plans were in place for each of them.

Two cases of the coronavirus had been identified in staff members working within the Covid-19 testing centre at Harefield. A risk assessment was carried out and high-risk staff identified and isolated, and contacts were screened. No other cases were identified.

During the Covid-19 pandemic colleagues across both hospital sites developed the HUMA Medopad application for Cardiac Surgery. The purpose of this application was to allow surveillance of patients waiting for cardiac surgery or conditions that have deteriorated. It was noted that this application was well received and had improved communication between hospital clinicians and patients.

The Board noted the report.

Safe Staffing Report

The Chief Nurse & Director of Clinical Governance presented the Safe Staffing report.

The Board was informed that the annual report was delayed due to the Covid-19 pandemic and as a result the data presented had been extended to a 16-month period from April 2019 to July 2020.

It was noted that during the pandemic, the flexibility and commitment of the Trust nursing teams was a key part of the delivery of safe care for all Trust patients.

The Trust had utilised a number of indicators to monitor safe staffing levels, and the following were highlighted:

- an increase in vacancy rate was identified in April 2019, however, due to a number of initiatives, including the nursing recruitment plan, the international recruitment programme and ongoing work on local staff retention initiatives, there had been a reduction in vacancy rates, which remained low throughout the Covid-19 period;
- sickness levels remained relatively low pre-and-during Covid-19, and the Trust's sickness levels were lower relative to other trusts;
- staff stability rates were monitored and maintained through the nurse management structures and continued to be reviewed in detail each month at divisional level. Succession planning initiatives were also in place;
- patient feedback about nurses, from the national inpatient survey, had been very positive. There were also local thank you letters and cards and direct patient and family comments.

In response to a question, it was clarified that turnover tended to be higher at junior levels, however the Trust worked to retain all nurses, regardless where they were in their respective careers.

The Board was advised, as demonstrated in the report, that nurse staffing levels remained safe across the Trust.

The Board noted the report.

Financial Performance Report for Month 5 2020

The Chief Financial Officer presented the report.

It was noted that the Trust had received most of its "retrospective top-up" from the first four months of the year. The Trust had received £22.6m of its claimed £25m; the difference related purely to Private Patient increased bad debt provision, and a decision on this was still pending. At month five, the Trust had applied for £28.5m retrospective top-up. The Trust was anticipating a break-even position at mid-year.

The Trust was awaiting a decision from NHS England on Covid-19 capex reimbursement, which had been delayed. As a result, the Trust was at-risk on £3.3m. It was noted that the current financial regime was due to expire at the end of September, and the Trust was awaiting details of the new regime. It was likely to be

based on a block contract, with incentive arrangements around elective volumes. There was also indication that there would not be top ups for private patient income, however details on this remained unclear.

The Trust cash position remained good, due to the block contract being paid in advance; however, should this alter, the cash position may require managing.

The Board noted the report.

2020/76

Finance Committee Minutes from 21/07/2020 and 22/09/20

Mr Mark Batten, Chair of the Finance Committee, presented the minutes and provided a verbal update on the Committee's most recent meeting, and highlighted the following:

- the Trust was awaiting details from NHSE/I on future Covid-19 funding mechanisms. These remained unclear at present; however, it was thought that funding may be devolved to regional STP/ ICS level, with individual organisations having to apply to the STP for any shortfall.
- the Committee anticipated a different approach to budget setting and reporting requirements post-merger, which would need further discussion;
- negotiation was progressing with the bank to ensure timely funding for the imaging centre project.

The Board enquired about bad debt from international patients and was informed that this matter remained a concern; however, it was being monitored closely.

The Board noted the minutes and verbal report.

2020/77

Single Tender Waiver for Kaftrio drug and two SLA

The Chief Operating Officer presented the report.

The Board was advised that Kaftrio was a new treatment for Cystic Fibrosis. Assuming all eligible patients commenced and continued treatment with Kaftrio, the estimated total annual cost would be circa £42m. The waiver had been agreed under standing order 5.2, emergency powers and urgent decision, on the proviso that NHSE would fund in full the costs of prescribing Kaftrio. The Trust had commenced the prescribing at risk for the first month, as formal confirmation of NHSE funding was expected during it.

The Board was also advised that the managed service contract with Beckman provided the core analytical equipment for the Biochemistry and Haematology services across the Trust. This was an initial five-year contract from 2013-2018, and was extended for a further two years due to uncertainty surrounding service direction; this followed the announcement of the pathology network formations by NHSI in late 2017, and a recommendation that tendering for services outside of networks should not take place.

The proposed Trust merger with GSTT would move the Trust to a potential partnership within a different network. A further two-year extension, with a 12-month break clause, had been agreed operationally as the best solution to cover the time period while the Trust merger and subsequent integration took place. The proposed contract extension period commenced on 1st July 2020.

The contract was approved on 14th September 2020, under Standing Order 5.2, emergency powers and urgent decision.

The Board ratified the use of standing order 5.2 and approved the waiver for the prescribing of Kaftrio and the contract extension with Beckman.

2020/78

Risk & Safety Committee – Report and draft minutes from meeting on 15/09/20

Professor Peter Hutton, Chair of the Risk and Safety Committee, presented the minutes of the meeting held on 15th September 2020. The following key matters were highlighted:

- the Committee received the Safeguarding Adults and Children Annual Report. It was noted that there had been a 27% increase in referrals of adults, which was an indication that surveillance was effective during the Covid-19 period. There had been a significant amount of work with children in out-of-hospital situations, which amounted to significant multi-agency interaction and partnership working;
- the Committee received the Infection, Prevention & Control Annual Report, and noted that the Trust had exceeded the NHS ambition to reduce hospital acquired infections by 50%;
- The Committee received the Pharmacy and Medicines Optimisation Annual Report, and noted that the Trust had been working in collaboration with other NHS hospitals to help improve and strengthen medicines procurement;
- The Trust had a low number of complaints compared with other trusts.

The Board noted the report.

2020/79

Keeping Patients Safe

Professor Peter Hutton, Chair of the Risk and Safety Committee, presented the report.

The Board considered the report on the risk management of medical equipment and patient safety at the Trust. It was noted that patient safety was a managed function subject to continuous feedback from the workplace. The experience of the hospital during the recent Covid-19 pandemic demonstrated that the systems in place at the Trust were working well and were fit for purpose.

The Board noted the report

2020/80

Use of Seal

The Trust Secretary provided a verbal report.

It was noted that the Trust seal was recently affixed to agree the transfer of a company guarantee after the acquisition of a Trust supplier by a third party from the

present parent company. This related to the supply of sterile medical devices as part of the North West London Decontamination Project.

The transfer of ownership to the new parent company required a new parent company guarantee. There was permission granted to use the seal by standing order 5.2, emergency powers and urgent decisions in March 2020, however with the Covid-19 pandemic the completion of the signing and sealing by all NWL participants was delayed until now.

The Board ratified and noted the use of the Trust seal.

2020/81

Conflict of Interests Policy

The Trust Secretary presented the policy.

It was noted that the Conflict of Interest policy was due for review in October 2020. As the Trust was planning to enter into a merger with GSTT in the first quarter of the calendar year 2021, the policy was subjected to a light review and minor changes only were proposed. The changes aligned to the guidance from NHS England.

The Board approved the policy subject to receiving any feedback from senior clinical staff. The Board delegated authority to the Chair to agree any subsequent changes from feedback.

2020/82

Any Other Business

RECOMMENDATIONS OF THE ADVISORY APPOINTMENTS COMMITTEE

Mr Simon Friend, presented the report.

Following the recommendation of the Advisory Appointments Committee Panel, held on 4th August, for the appointment of a Consultant in Critical Care Medicine.

The Board ratified the appointments of:

- Dr Benjamin Garfield; and
- Dr Ana Francisco Caetan

Mr Mark Batten presented the report.

Following the recommendation of the Advisory Appointments Committee Panel, held on 19 August, for the appointment of a Consultant in Respiratory Medicine with Expertise in Cystic Fibrosis.

The Board ratified the appointment of Dr Emem-Fong Ukor.

Following the recommendation of the Advisory Appointments Committee Panel, held on 25 August, for the appointment of a Consultant in Respiratory Medicine with Expertise in Lung Failure.

The Board ratified the appointment of Dr Shruthi Konda.

2020/83

Questions from Members of the Public

There were no questions from members of the public

2020/84

CLOSE

The meeting was closed at 11.30am.

The next meeting was scheduled for 24th November 2020, venue to be confirmed.

The Trust Board resolved that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act 1960.