



A lifetime of specialist care

**Minutes of a meeting of the Board of Directors held in the Board Room,
Royal Brompton Hospital at 2.00pm on Wednesday 26th September 2018**

Present: Baroness (Sally) Morgan, Chair
Mr Robert Bell, Chief Executive
Mrs Lesley-Anne Alexander, Non-Executive Director
Mr Luc Bardin, Non-Executive Director
Mr Mark Batten, Non-Executive Director
Mr Robert Craig, Director of Development & Partnerships
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
Ms Kate Owen, Non-Executive Director
Mr Richard Paterson, Associate Chief Executive - Finance
Dr Andrew Vallance-Owen, Non-Executive Director

Mr Neil Netto, Trust Secretary

Governors in Attendance: Ms Brenda Davies, Patient Governor – Bedfordshire & Hertfordshire
Mr Mr Jeremy Stern, Patient Governor – North West London

By Invitation: Ms Lis Allen, HR Director
Mr Piers McCleery, Director of Strategy & Corporate Affairs
Mr David Shrimpton, Private Patients Managing Director
Dr Jo Szram, Director of Medical Education
Ms Jo Thomas, Director of Communications
Mr Oliver Wilkinson, Deputy Head of Communications

In Attendance: Ms Penny Agent, Director of Rehabilitation, Therapies & Laboratory Medicine
Ms Juanita Amorin, Office Manager RBHT
Ms Deborah Beach, Senior Sister RBHT
Mr Ross Ellis, Divisional General Manager RBHT
Dr Imogen Felton, Respiratory RBHT
Ms Gill Raikes, Chief Executive Royal Brompton & Harefield Hospitals Charity
Ms Sharon Ibrahim, Corporate Governance Manager
Dr Faisal Kamal, Respiratory RBHT
Dr Izn Khan, Care Quality Commission Inspector
Dr Ivor Lewin, Guy's & St Thomas' Anaesthetics
Ms Eve Mainoo, EA to CE & Chair RBHT
Mr Joao Moura, Charge Nurse RBHT
Ms Maricel Paguyo, Staff Nurse RBHT
Ms Claire Prendergast, Research Nurse RBHT
Mr Philip Purdy, RBHT Interim RTT Programme Lead

2018/64 **WELCOME**

The Chair welcomed everyone to the meeting, including Dr Izn Khan (the Trust's Care Quality Commission, Lead Inspector), Governors Ms Brenda Davies and Mr Jeremy Stern, and doctors Ivor Lewin, Faisal Kamal and Imogen Felton (SpR Trainee Consultants). There were no apologies for absence.

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DECLARATIONS OF INTEREST – GENERAL

It was noted that there had been no new declarations of interest in respect of matters coming before the meeting.

Also, following prior notification by Mr Richard Jones (Non-Executive Director), the Trust's Register of Interests had been updated to show that Mr Jones had advised that he had been appointed as an independent Investment Committee member of Henley FM Limited.

It was noted that in accordance with the Trust's practice, the Trust periodically included details of the Trust's Register of Interests in Trust Board packs and such details would be included in the next Trust Board pack.

2018/66

DECLARATIONS OF INTEREST – THE CHAIR

The Chair read out a statement in respect about the importance of good governance and personal probity as described in the Nolan Principles. The Senior Independent Director, Dr Andrew Vallance-Owen, outlined a process that had been followed by the Trust and the clear independent fact-based advice that had recently been received by the Trust. With the Chair taking no part, there was full agreement by the Directors that the independent advice re-confirmed the Trust's view on the matter. See Appendix 1 for full details.

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MINUTES OF THE PREVIOUS MEETING HELD ON 25th JULY 2018

The minutes of the previous meeting were approved.

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

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REPORT FROM THE CHIEF EXECUTIVE

The Chief Executive, Mr Robert Bell, provided an oral report which included a report on a meeting with NHS England during September 2018:

- The Trust had been invited to meet with the Trust's major commissioner NHS England.
- The Trust annually, during March/April, enters into a contractual binding agreement for the following year (the current agreement being for 2018/19).
- During the meeting, the Trust (represented by Mr Bell, Dr Grocott-Mason and Mr Hunt), was asked whether it could reduce the provision of services to patients across all areas.
- The Trust said that it had planned services for 2018/19 based on the current commissioning agreement with NHS England, and that it could not reduce its patient services (unless NHS England formally announced that it would not pay for the commissioned services).

There followed some discussion about whether other Trusts had similarly had such meetings with NHS England about reductions in contractual commissioning spends. It seemed that such reductions in contractual commissioning spend meetings with NHS England were not universal. Mr Bell said that the matter was left so that NHS England and the Trust would revisit commissioning spend during the next annual round of discussions in March 2019.

The Director of Development & Partnerships, Mr Robert Craig, presented the report and outlined various matters which included:

- Memorandum of Understanding – it was non-binding and outlined some of what was envisaged in the
- Memorandum of Understanding – was being considered by the constituent Foundation Trust Boards (and the Council of King's College London) for approval in September 2018. It had already been approved by the Board of King's College Hospital NHS Foundation Trust.

There followed some discussion:

- NHS England plans to conduct public consultation on the collaboration's proposals during the spring/early summer 2019 (informed by a Pre-Consultation Business Case to be completed by February 2019), to which collaboration partners are contributing.
- Necessarily the Trust must be among those consulted by NHS England.
- NHS England is making a contribution to programme team costs to acknowledge the additional and accelerated work required by their consultation process.
- Any counter proposals to the KHP / RBH proposal would have to be submitted to NHS England by 30th November 2018.
- The Strategic Case would have to be submitted by November 2019.
- NHS England is a commissioner of services and not the owner of services.
- The Trust could proceed in certain areas without the need for agreement by NHS England, for example in respect of service level collaborations in relation to services such as congenital heart disease.
- The Trust is not close to the point of no-return in respect of the transfer of services and the integrity of the combined work of the Trust remains.

Following due consideration, the Memorandum of Understanding was approved.

Mr Craig also outlined the proposal to explore membership of the King's Health Partners Academic Health Science Centre noting that:

- King's Health Partners has been an Academic Health Science Centre since 2009 (one of six so designated in the United Kingdom by the Department of Health, as is Imperial College AHSC).
- There is nothing in the terms of the Trust's membership of Imperial College AHSC, nor in King's Health Partners AHSC's membership terms, which precludes membership of another AHSC – although there are no other current instances of 'dual' membership.

There followed some discussion about the proposal to explore the benefits and any potential drawbacks of formal membership of the King's Health Partners AHSC. Taking into account these factors, the Board was supportive of this approach. If, subsequently, membership of the King's Health Partners AHSC is proposed, a formal proposal will need to be brought to the Board for consideration.

2018/70 **CLINICAL QUALITY REPORT FOR MONTH 5: AUGUST 2018**

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:

- The Trust had continued to exceed the target of 90% in the hand hygiene compliance audit.
ACTION: In respect of the internal hand hygiene compliance target, Ms Godden will discuss the question of raising the target with the Infection Control Committee and will report back to the Trust Board.
- The 62 Days To 1st Treatment metric was well below target. However, the Trust is currently challenging the allocation of responsibility in the case of at least two of the breaches, given that the pathways in question were complex and involved several investigations before the patients were ready for surgery. If the allocation is reversed then the Trust will meet this metric.
- On 3rd September 2018, Public Health England had confirmed a change in terminology for apportioning infections:
 - Trust apportioned had changed to Hospital-onset
 - Non-Trust apportioned had changed to Community-onset.
- Nurse safe staffing levels had been maintained for M4 and M5 2018/19.
- In respect of the Darwin transformation programme initiatives, examples included:
 - The new 'one stop shop' model of care had significantly reduced inpatient admissions, whereby Lind Ward now operates as a day-case only ward and no longer has inpatient beds. An example of patient feedback is: "I used to have to come and stay on the ward once every month or six weeks. Now I come every four weeks, get my jab, stay for a couple of hours and go home. Without the beds it's more spacious and more sociable, it really does make a difference."
 - A new medicines advisory service, using a triage process, had been implemented, whereby the service promptly directs specialist patient queries to the most appropriate pharmacist or pharmacy technician involved in a person's care. This change has enable the pharmacy team to provide a timely and more personal service for patients.

The M5 Clinical Quality Report was approved by the Trust Board for publication on the Trust's web site.

2018/71 **FINANCIAL PERFORMANCE REPORT FOR MONTH 5: AUGUST 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 £11.6m, £2.3m favourable to plan.
- EBITDA was positive £0.7m YTD (£2.5m favourable to plan).
- Performance against the control total was ahead of plan by £2.0m at £11.1m deficit.
- Cash had reduced in-month by £3.9m but remained healthy at £39.7m.
- Agency costs continued ahead of both the NHS Improvement cap and budget (although expenditure in August had reduced compared to July, returning to Q1 levels).

- 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.
- Sustainability and transformation funding had been earned and recognised year-to-date. 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.
- There were a number of variables in respect of Chelsea Farmers Market including the possibility of its valuation falling due to a softening in Central London property prices. Also, the Trust may not know the Crossrail safeguarding position by May 2019 when the Trust's accounts are due to be finalised.
- Private patient income was £0.1m behind plan YTD due to some degree of under-performance in months 3 and 4.

ACTION: In respect of private patient income being behind plan due to under-performance and with the continuing delays in receiving payment by overseas accounts, Mr Paterson (in conjunction with Mr David Shrimpton, Private Patients Managing Director) to review with the Finance Committee.

2018/72 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 17th September 2018 which included:

- There had been detailed discussions of the top Trust risks (both operational and strategic) including:
 - Failure to achieve expected standards of clinical care
 - Estates
 - Cyber vulnerability
 - Property re-development.

In addition, there was a more detailed review of risks relating to the workforce; there had been much discussion by the Committee about the potential impact of European leavers, high living costs in London, and the actions being taken to manage these by Ms Lis Allen (HR Director) and team.

- There had been a presentation on Improving The Culture In Theatres by a Divisional Senior Nurse which provided an overview of work undertaken in theatres to help improve team culture, reduce turnover; and provide greater levels of support to staff. Positive actions had included changes to nurse leadership roles, the introduction of Consultant mentors, and the provision of human factors training.
- In relation to the coming CQC inspections, mock inspections had taken place across the Trust and these had not identified any red flags. The inspections had indicated good staff engagement.
- Dr Richard Grocott-Mason (Medical Director & Senior Responsible Officer) had presented the National Reporting Tool on Learning from Deaths, which covered the period April 2017 – August 2018. The Committee was of the view that the template was not user friendly, and discussed with Dr Grocott-Mason the need to review how learning from deaths is reported and the need for the implementation of a more effective way of demonstrating lessons learnt from deaths and near misses.

- The Annual Report on Tissue Governance was presented covering the four Human Tissue Authority licences held by the Trust are:
 - Human application (Heart Valve Bank)
 - Research
 - Post mortem
 - Organ donation & transplantation.

The Committee accepted the assurances provided on the use of the post mortem element of the research licence to enable the move to no longer needing a separate post mortem license.

- In respect of the Freedom To Speak Up Self-Assessment, there had been some discussion and endorsement of future development work as set out in the self- assessment. Further the FTSU Guardian had been invited to attend the next meeting of the Trust Board on 28th November 2018.
- The Infection Prevention & Control Annual Report had been presented and the Committee had acknowledged the work that was being undertaken. Among other matters, there had been significant improvements in the percentage of staff who have completed their mandatory training for infection control.

2018/73 **REPORT FROM THE FINANCE COMMITTEE**

The minutes in the Board pack in relation to the Finance Committee were noted.

As an indication of some of the work undertaken by the Finance Committee, Mr Mark Batten outlined that there was a continuing focus on the Darwin transformation programme benefits being realised.

2018/74 **APPRAISALS & REVALIDATION: DOCTORS & CONSULTANTS**

Dr Richard Grocott-Mason, Medical Director & Senior Responsible Officer, presented the Appraisals & Revalidation Annual Report for Doctors & Consultants and Statement of Compliance and outlined various matters which included:

- The Trust continued to report good figures around engagement and completion of appraisals and revalidation.
- The Trust was responsible for the annual appraisals and revalidation of 415 doctors as of 31st March 2018:
 - 99% were either completed (368) or had approved postponements (43)
 - 1% (4) doctors had “non-approved” non-completion of their annual appraisal.
 - 51 were recommended for revalidation and 5 were requested as deferrals of revalidation due to doctors not meeting the Trust’s minimum revalidation requirements.
 - No major risks or issues had been identified since the last report to the Trust Board.
 - The Trust would be looking for continued improvement of these results and will target lowering the number of approved postponements.

There followed some discussion about, among other matters, the number of sampled appraisal portfolios deemed to be acceptable against standards. Dr Grocott-Mason said that numbers were improving. Further, General Medical Council legal requirements were being met.

Following due consideration and taking into account a number of factors, the Statement Of Compliance, confirming that the Trust, as a designated body, is compliant with the Medical Profession Responsible Officers Regulations 2010 (as amended), was approved.

It was noted the Statement of Compliance would also be submitted annually to NHSE England.

It was further noted that the contract for the Trust's current appraisal management system would come to an end in September 2019. Although alternative systems had been reviewed, following further review and discussion by the Revalidation Committee, the Revalidation Committee had recommended the renewal of contract with the current system. Following some discussion, the Board accepted the recommendation of the Revalidation Committee to continue with the current system. Subject to all requisite procurement matters being fulfilled, there was agreement that the tender process could start soon.

2018/75 **RECOMMENDATION OF THE ADVISORY APPOINTMENTS COMMITTEE**

Following a formal appointment panel, the Board after due consideration ratified the appointment of Dr Thomas Semple as a Consultant in Radiology.

2018/76 **ANY OTHER BUSINESS**

In connection with the Nominations & Remuneration Committee of the Board, a small amendment to that Committee's Terms of Reference was approved.

2018/77 **QUESTIONS FOR THE DIRECTORS**

In reply to a question from Mr Jeremy Stern (Patient Governor, North West London) about the numbers of permanent and temporary doctors engaged by the Trust, Dr Grocott-Mason explained that the figure of temporary staff includes significant numbers of trainee doctor who spend different periods at the Trust as part of their London training programmes.

2018/78 **NEXT MEETING**

The next Trust Board meeting was scheduled for Wednesday 28th November 2018 from 10.30am in the Concert Hall, Harefield Hospital.

2018/79 **CLOSE**

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