



A lifetime of specialist care

Minutes of the meeting of the Board of Directors,
held via MS Teams videoconference on Tuesday 24th November 2020
commencing at 11.00am

Present: Baroness (Sally) Morgan of Huyton, Chair
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
Dr Richard Grocott-Mason, Managing Director, RBH - KHP Partnership (Acting CEO)
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
Dr Rishi Das-Gupta, Chief Innovation & Technology Officer
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 Aravinth Pandian, Head of Information
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 Shammi Anand, Web Editor
Mr Gareth Howard, Assurance Manager
Ms Sharon Ibrahim, Head of Assurance
Ms Katherine Kamola, CQC
Rt Hon Michael Mates, Lead Governor
Cllr John Hensley, Governor
Ms Derval Russell, Harefield Hospital Director
M Amrit Lota, SpR Trainee Consultant
Mr Michael White, General Manager, HH
Sankari Nagarajan, Clinical Nurse Specialist in Apheresis, HH
Mr Ricardo Leal, Charge Nurse, AICU, RBH

Ms Kirsty Jarvis, Senior Sister, Transplant, HH
Ms Martina Simalova, Sister, AICU, RBH
Ms Rachel Stewart, Senior Sister, Cedar Ward, HH
Ms Sarah Oliver, Sister, Sir Reginald Wilson, RBH
Daliya Thomas, Practice Educator, Transplant, HH
Sari Sundin, Project Nurse, Nursing Development & Education, RBH
Ms Brigitte Gamble, Resuscitation Officer, HH
Ms Alexandra Wilson, Sister, Clinical Education, HH
Ms Catarina Lopes, MSc in Advanced Clinical Practice, observer
Mr Saad Elmor, Clinical Fellow
Mr Jonathan Behar, Locum Consultant in Cardiac Electrophysiology
Ms Julia Gregory, Public
Mr Steve Ettridge, Public
Mr Matt Tee, GSTT

2020/85

Notice of Meeting, Quorum and Apologies

It was confirmed that notice had been appropriately given and the meeting was quorate. An apology was received from Mr Robert Bell, Chief Executive.

The Chair informed the Board that Mr Robert Bell would be absent due to ill health and the Board approved that Dr Richard Grocott-Mason would be acting Chief Executive in his absence.

2020/86

Welcome

The Chair opened the meeting at 11.00am and welcomed all present and in attendance.

2020/87

Declarations of Interest

There were no declarations made.

2020/88

Minutes of the previous meeting held on 29th September 2020 and Action Tracker

The minutes of the previous meeting were approved as a correct record subject to a minor update to note that Mr Luc Bardin was also the Senior Independent Director (SID), and Ms Jo Thomas was the Director of Communications and Public Affairs.

Action Tracker

Board approved the action tracker.

2020/89

Chief Executive's Report

The Acting Chief Executive presented the report. He started by conveying the best wishes of the executive team for a speedy recovery to the Chief Executive.

In relation to Covid-19, it was noted the country had returned to level 4, the highest level of alert and subject to national command and control, but there was some optimism with the news that vaccines have been developed. The sad death of a leading cardiologist and academic, Professor Tony Gershlick from the University of Leicester, was noted.

The Medical Director reported that Covid-19 cases in NW London were stable, and East London currently had the highest level of the virus in the capital. ICUs at both

Royal Brompton (RB) and Harefield Hospital (HH) sites were busy with Covid-19 patients, ECMO cases and day-to-day activities. There were currently 10 ECMO patients at RB, of whom eight had Covid-19. In answer to a question, it was confirmed that the Trust had sufficient stock of personal protective equipment (PPE) for now.

Staff absence ranged from 3.8% to 5%. As part of the national programme, the Trust would be rolling out asymptomatic Covid-19 (lateral flow) self-testing kits (at home) for all 'patient-facing' staff. This initiative would lead to additional contact tracing.

It was noted that approx. 70% of staff have taken up the flu vaccination (compared with c55% in 2019). This was due to be completed by the end of November, when final figures will be collated, in readiness for the anticipated Covid-19 vaccination programme. In response to a question, it was noted that further information on the vaccine was awaited from NHS England and would be communicated to staff in due course. The vaccine could not be made compulsory, however records would need to be kept of those taking it and refusing it.

It was noted that the Aortic Dissection service previously provided jointly with Imperial College Healthcare was currently being provided by RB and HH alone, and this was likely to continue for the foreseeable future.

An update was provided by colleagues who attend the RBKC Adult Social Care and Health Select Committee on November 19th. Ms Helena Bridgman (governor) was commended on her testimony to the Committee of her experience as a patient at the Trust and her subsequent recovery. However, it was noted that some council members still had a number of misapprehensions about the merger and the Council remained opposed. The Committee Chair was expected to write to the Trust Chairman. The Council had also issued a draft supplementary planning document for the entire RB site to remain in medical and social/community use. Consultation was to close on 30th December 2020. In response to a question it was noted that a further briefing document on the merger would be shared with the Governors.

Mr Guest provided an update on the transaction process, it was noted that:

- the business case was almost complete and would be provided to the Board for consideration on 9th December and shared with the Governors.
- the integration plan was being reviewed
- the TUPE consultation was due to close on Thursday 26th November; and
- a governors' workshop on the merger Business Case was held on 16 November, and further workshops would be held.

In response to a question the target date for 'EPIC' (electronic health record system) to go live was April 2023. This solution for RB&H would be subject to Board approval and a business case, which would be brought forward in due course.

The Board noted the report.

2020/90

Clinical Quality Report for Month 6 and 7 2020

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

It was noted that formal complaints during the Covid-19 pandemic were low, however numbers were now returning to a more usual level. The Trust received 10 new formal complaints during M6 and 11 during M7. Each complaint was investigated in accordance with the Trust's Complaint Policy and learning shared across the Trust. A new system to gather feedback on the process from a complainant's perspective was being launched in December. This allowed feedback directly through a portal on the intranet, which was signposted on the complaint response letter. In response to a question about patient feedback, it was noted that the Trust also received high volumes of positive feedback, and management would consider how to best share this data.

It was noted during M6 and M7 there was a further increase in the number of patients who were seen and treated within 18 weeks of referral to treatment, with 70.14% of patients being seen and treated within 18 weeks during M7.

The Trust had 17 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.

The Board noted the report

2020/91

EU Exit Preparation

The Chief Operating Officer presented the report.

The UK exited the EU on 31 January 2020 and was now in a transition period until 31 December 2020. The government had indicated that whatever the outcome of negotiations, new border and customs procedures would apply from 11.00pm on 31 December 2020.

It was noted that the Trust's Operational EU Exit planning group met weekly to review the Trusts preparatory activity in advance of a no-deal EU Exit and continued to review the risks and engage with local, system and regional colleagues to share best practice about EU Exit preparedness.

The EU Exit Contingency Plan highlighted three areas rated red for impact, as follows:

- i) Disruption to supply chain for IT components and support services; would seriously impact BAU.
- ii) Disruption to the supply of clinical and non-clinical goods and services from the EU; dependent on length of disruption and type of goods or services; potential to seriously impact BAU.
- iii) Divergence in professional standards and lack of mutual recognition increasing costs of employing staff from EU Secretary; could potentially impact workforce recruitment from EU.

A full analysis of staff who operate in the Trust based on having obtained qualifications in European countries was being undertaken. However, staff accreditation would continue to be recognised by the UK for a further two years.

In response to a question the Board was informed that there were areas within the Trust control and the related suppliers were set out in Annex A. There was also a list of suppliers engaged centrally by Department of Health and Social Care (DHSC) Continuity of Supply Programme.

The Board noted the report.

2020/92

Financial Performance Report for Month 7 2020

The Chief Financial Officer presented the finance report.

It was noted that the Trust was operating in month 7 under the new financial regime, as such there was no retrospective top up. The Trust in-month deficit was £2.0m against a planned deficit of £2.1m. The YTD deficit was £2.65m against a planned deficit of £2.9m. The Trust received most of the retrospective top up requested for month 1-4, the only exception being £2.6m for the bad debt provision. The Trust continued to negotiate for this to be funded. Month 1-6 retrospective top-up claim was currently being audited by PWC on behalf of Regional NHSE/I. Payment for month 5-6 retrospective top up has not been received. National NHSE/I have held back payments for all providers to review all H1 claims in detail. NHSE/I indicated month 6 YTD Covid cost submissions will under-go greater scrutiny than previous months, and payment would be delayed.

The key financial risks highlighted were:

- The potential that staff may carry forward significant amounts of annual leave into next year, so there would need to be an accrual for this.
- There was no adjustment for the Elective Incentive Scheme (EIS) in the month 7 position. The Trust was awaiting confirmation of the baseline comparator from 2019/20, and EIS would be calculated on an NWL system, not individual provider, basis, so would depend on the performance of other trusts in NWL. Penalty maybe apportioned by the NWL STP according to the Trust's performance.
- Private Patients (PP) activity remains low despite extended days in theatres and cath labs, due to the impact of travel restrictions and the conversion of dedicated PP beds to NHS patients.

It was noted that the Trust's cash position remained healthy due to current pre-payment arrangements. However, when these unwind, and should the risks identified materialise, the Trust would need to take measures to mitigate the cash position.

The Board noted the report.

2020/93

Finance Committee Report and Minutes from 20/10/2020 and 17/11/20

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 committee deliberated the Private Patient (PP) shortfall and considered measures to increase income, such as utilising Harefield Hospital or a ward at Royal Brompton site
- The key risks to the finance business case remained the GSTT counterfactual case, which was dependent on significant growth and capital funding; and noted
- The funding regime for 21/22, was unlikely to be finalised until later in the year.

The Board noted the minutes and verbal report.

2020/94

Darwin Update

The Chief innovation & Technology Officer presented the report.

He updated the Board on the Darwin initiatives to support the Trust's activities since the onset of the pandemic. These included cross-site scheduling, remote non-admitted care and remote blood testing. In response to a question the Board was informed that any resistance to Darwin approach/changes to clinical pathways had receded. The Darwin approach had allowed capacity to be created for patients who critically needed it, and many trusts were trying to adopt a similar approach. The Darwin team was currently focusing on remote diagnostics for virtual pathways.

In response to a question relating to efficiency savings, it was anticipated that Darwin approach would align with the transformational changes ahead with GSTT.

The Board noted the report.

2020/95

Extension to temporary Standing Financial Instructions (SFI) changes

The Chief financial Officer presented the report.

The Board was requested to approve amendments to the SFIs associated with Delegated Authority to enhance the Trust's operational robustness relating to the financial governance arrangements for Covid-19 related expenditure. The proposal was to extend the arrangements put in place in March, with minor updates following an internal audit review of their effectiveness.

Following due consideration, the Board approved:

- Extension of the current changes to the SFIs for a further 6 months (or until the date of merger with GSTT, if sooner), and
- Support the re-issue of the Covid Financial Governance guidance as proposed.

The Board noted the report.

2020/96

Risk & Safety Committee – Report and draft minutes from meeting on 10/11/20

Professor Peter Hutton, Chair of the Risk & Safety Committee, presented the minutes and provided a verbal update on the Committee's most recent meeting, and highlighted the following:

- The Committee received an end of life presentation and noted within the Trust, there are proportionately a small group of patients who die in hospital.

The Trust is part of the National Audit of End of Life Care and reports into their data collection. Although the numbers are small, in most categories the Trust was above the national average.

- A new lead nurse was being appointed for palliative care.
- Learning from deaths - 2 medical examiners (one at each site) had been appointed.
- The existing set of strategic risks was being reassessed and updated to reflect both changes in the level of risk and the fact that following the merger, overarching accountability for the strategic risks will pass to the new organisation with local oversight. these risks which would be brought back for approval by the Committee.
- Flu vaccination - the flu vaccination programme will end in November, to prepare the Trust for a Covid-19 vaccination programme in December should one become available
- Work continues to strengthen the Board Assurance Framework (BAF), as requested by CQC. The finalised BAF would be presented to the Committee in January 2021.
- Staff wellbeing update – there had been substantially more psychological support put in place for staff and the Trust was working jointly on this with GSTT to ensure a common approach on the first day of the new organisation.
- Patient led assessments of the care environment - The Trust was above the national average in all categories.
- Annual report – older people and falls - The number of falls has increased slightly over the previous year but there were no 'red' category falls that led to death. In the management of dementia there is collaboration with the Dementia Alliance. The Trust is now part of the NW London falls group that plans to introduce 5 high-impact interventions and the Trust will report data to a national audit
- Annual report – mental health - The service has a new lead nurse and there are plans to employ a part-time adult psychiatrist.

The Board noted the report.

2020/97

The Trust Anti-Bribery Policy

The policy was taken as read and approved

The Board noted the report

2020/98

Any Other Business

Thoracic Oncology service - It was noted that in order to formalise and further improve and grow the joint service being provided by RBHT and the Royal Marsden a Memorandum of Understanding (MoU) between both Trusts was being finalised with inputs from senior clinicians and managers. GSTT colleagues have been informed and were supportive of the principles of the MoU. A more detailed and legally binding 'Heads of Agreement' would now be developed.

TUPE Process – The Board commended the work of all colleagues involved in robust putting together the TUPE process.

Audit Committee – A verbal report was provided on the recent Audit Committee meeting. Following review of the Infection Prevention and Control Board Assurance Framework (BAF), the KPMG internal audit reports significant assurance and minor improvements. The development of the BAF would be addressed via the Risk and Safety Committee. In relation to the external audit arrangements, it was noted that the merger with GSTT causes independence issue for Deloitte, and they have now resigned. Appointment of the external auditor is subject to Council of Governors (CoG) approval, a paper on external audit arrangement for 2020/21 would be presented to the CoG in due course.

2020/99

Questions from Members of the Public

In response to a question regarding staff aggression, it was explained that the aggression was directed to staff from patient and members of the public/families. It was noted that the Trust had a zero-tolerance policy on aggression towards staff and was taking positive and proactive actions.

2020/100

CLOSE

The meeting was closed at 12.15pm.

The next meeting was scheduled for Tuesday 9th December 2020 at 2.00pm via Microsoft Teams.

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.