



A lifetime of specialist care

Minutes of a meeting of the Board of Directors, 26 November 2019
held in the Boardroom, at the Royal Brompton Hospital, Dovehouse Street, SW3 6NP
commencing at 11.00am

Present: Baroness (Sally) Morgan of Huyton, Chair
Mr Robert Bell, Chief Executive
Mr Luc Bardin, Non-Executive Director
Mr Mark Batten, Non-Executive Director
Mr Robert Craig, Director of Development & Partnerships
Mr Simon Friend, Non-Executive Director & Deputy Chair
Ms Janet Hogben, Non-Executive Director
Mr Nicholas Hunt, Director of Service Development
Prof Peter Hutton, Non-Executive Director
Mr Richard Jones, Non-Executive Director
Dr Javed Khan, Non-Executive Director
Dr Mark Mason, Interim Medical Director
Ms Jan McGuinness, Chief Operating Officer
Mr Richard Paterson, Associate Chief Executive - Finance

Ms Noreen Adams, Interim Trust Secretary

Apologies: Ms Joy Godden, Director of Nursing & Clinical Governance
Prof Bernard Keavney, Non-Executive Director

Governors in Attendance: Rt Hon Michael Mates, Public Governor – South of England
Prof Claire Hogg, Staff Governor

By Invitation: Ms Penny Agent, Director of Allied Clinical Services
Ms Lis Allen, HR Director
Dr Rishi Das-Gupta, Chief Innovation & Technology Officer
Dr Richard Grocott-Mason, Managing Director, KHP / RB&H Partnership
Mr Piers McCleery, Director of Strategy & Corporate Affairs
Ms Gill Raikes, Chief Executive Royal Brompton & Harefield Hospitals Charity
Mr David Shrimpton, Private Patients – Managing Director
Ms Jo Thomas, Director of Communications

In Attendance: Ms Clare Elliott, Assistant Director of Communications and Public Affairs
Mr Simon Padley, Consultant Radiologist
Ms Sharon Ibrahim, Head of Assurance, RBHT
Ms Debbie Brookes, Deputy Sister, RBHT
Mr Russel Lukban, Deputy Charge Nurse, RBHT
Ms Nicola Nation, Senior Nurse, RBHT
Mark Bowers, Divisional Intervention Lead, RBHT
Dr Fuhazia Arif, SpR RBHT
Dr Kiran Chima, SpR, RBHT
Dr Jo Gan, SpR, RBHT

The meeting was quorate and proceeded to business.

2019/100 **WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

Apologies were received from Prof Bernard Keavney, Non-executive Director and Ms Joy Godden, Director of Nursing & Clinical Governance.

2019/101 **ACTION LIST**

The Board reviewed and noted that there were no outstanding actions on the Trust Board action tracker.

2019/102 **DECISIONS BETWEEN MEETINGS**

The Board reaffirmed approval of the written resolution circulated by email to:

- Appoint Prof Keavney to the Risk and Safety Committee; and
- The contract over £25m for the Vertex CF Drugs to single tender waiver.

2019/103 **DECLARATIONS OF INTEREST**

There were no declarations of Interest at the meeting.

2019/104 **MINUTES OF THE PREVIOUS MEETING HELD ON 25 SEPTEMBER 2019**

The minutes of the previous meeting were approved.

2019/105 **REPORT FROM THE CHIEF EXECUTIVE**

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

Academic Health Science Centre (AHSC)

Imperial College was preparing a bid for a further 5 years re-designation of AHSCs and the Trust would continue to identify as a partner in Imperial's AHSC application. It was also expected that the relevant work of the Partnership with GSTT/KHP would be reflected in the King's Health Partners application. Applications are due to be submitted to the National Institute for Health Research by 11 December 2019.

Biomedical Research Centre (BRC) Bid

The Trust was preparing a Memorandum of Understanding with Imperial for a Biomedical Research Centre (BRC) competition. The Trust's potential role would be as a sub-contractor partner in a bid to be led by Imperial College Healthcare Trust with the participation of Imperial College. The Trust also intends to participate in KHP's BRC bid.

Visit to Egypt

The second visit to Ain Shams University Hospital, Cairo, by clinicians and executive members, was successful and has received favourable media attention in Cairo. This was an excellent opportunity for the Trust to share professional expertise and expand its global brand. A Memorandum of Understanding setting out terms has not yet been agreed. The Board would be updated on progress at its next meeting in February 2020.

2019/106

GSTT & KHP COLLABORATION

Mr Robert Craig presented his report on the GSTT & KHP Collaboration.

The Board was informed that the Partnership Strategic Framework (PSF) has been produced. The PSF was not a business case and does not require formal Board approval, however; it summarises progress to date and sets the framework for business cases in 2020 and beyond. Good progress continues with early initiatives and joint working, guided by the integration framework appended to the report. Additionally, at the last Trust Board meeting it was mentioned that NHS England (NHSE) planned to conduct a formal public consultation on the proposal in early 2020. This may not now be required; the Trust continues its engagement with the NHSE on this initiative.

The Board discussed at length the report and PSF document and acknowledged the uncertainty due to the imminent General Election.

The Board **noted** the report on the GSTT and KHP Collaboration; and **noted** the planned detailed Part II discussion.

2019/107

CLINICAL QUALITY REPORT MONTH 7: OCTOBER

The Clinical Quality Report Month 7: October was presented by Dr Mark Mason.

He reported that a number of cancer pathways had not achieved target, however, these occurrences were due to the complexity of the clinical conditions of the patients or inherited. Ms Jan McGuinness reported that the Referral to Treatment performance for the month was 92.79%, which exceeded target.

The Board discussed the report and welcomed the focused drive to improve Infection Prevention and Control mandatory training. It was noted that the Trust received excellent results in the Children and Young People survey 2018 but received lower scores for wifi, parent facilities and noise at night. A number of quality improvement initiatives was being utilised to address these issues, particularly the noise at night. It was commented that this was a widespread issue for all hospitals.

The Board was advised that there were a number of initiatives happening across the Trust to maintain high standards of clinical care, including:

- Children and Young People Survey 2018;
- Cystic Fibrosis clinical trials award; and
- Your Healthy Heart.

The Board considered and **approved** the Clinical Quality Report publication on the Trust website and to external commissioning partners.

2019/108

FINANCIAL PERFORMANCE REPORT MONTH 7: OCTOBER

Mr Richard Paterson presented the Financial Performance Report.

He informed the Board that performance year to date was marginally ahead of plan, although the in-month deficit was £1m behind plan. This shortfall was due to the high activity resulting in restricted income under the block contract with NHS England Specialised Commissioning. The cash position has decreased in-month: the cashflow plan anticipated that the Trust by the end of month 7 would have drawn-down £10m against its bridging loan facility in order to

finance the new imaging centre, but this had not been required. The cash position has been mitigated through slippage on capital expenditure, especially on the imaging centre itself. The Trust has instead drawn down the £10m in November.

The YTD deficit was better than plan due to over performance on Private Patient income and under-spend on pay. He explained that the most significant risks to achieving full year plan were a possible devaluation of Chelsea Famers Market, non-delivery of the full CIP plan and the Trust exceeding the block contract with NHSE resulting in restricted income.

The potential impact on the Trust finance due to non-payment from overseas debtors was previously queried. The Board was informed that the Trust has no significant record of non-payment, and performance for month 7 shows a significant reduction in overseas debt.

The Board reviewed the Finance Risk Register (Register) and queried the risk level assigned to certain risks. Mr Paterson, reaffirmed the information provided and assured the Board that scrutiny and rigour were applied when assessing the Register. The Register was scrutinised by the Finance Committee and the full Risk Register was overseen by the Risk and Safety Committee. It was proposed that the full Risk Register be presented to the Board at a future meeting.

The Board **noted** the Financial Performance Report.

2019/109

FINANCE COMMITTEE MINUTES FROM THE MEETING ON 22/10/2019

Mr Mark Batten presented the minutes from the Finance Committee meeting on 22 October 2019, and highlighted the following:

- The Committee's review of the month 6 financial performance report;
- Noting the changes to the Overseas Debtor policy;
- Update on the Interim Trust Long-term 5 Year Plan, and reaffirming support of the Trust's position submitted on 18th September in dealings with the STP and NHSE/I; and
- Approval of delegated authority (capped) for small compensation claims in relation to the imaging centre, that would be kept under Committee's scrutiny.

The Board **noted** the report and minutes from the Finance Committee meeting on 22 October 2019.

2019/110

FINANCE COMMITTEE REPORT FROM THE MEETING ON 19/11/2019

Mr Batten provided an oral report from the Finance Committee meeting held on 19 November 2019. He reported the two matters discussed by the Committee, the month 7 performance report and an updated report on the Trust's interim Long-Term plan.

The Board **noted** the oral report from the Finance Committee.

2019/111

INFORMATION GOVERNANCE UPDATE

Dr Rishi das Gupta presented the report on Information Governance (IG). He reported that the Trust's new IG service, which replaced the previous outsourced arrangement with Guy's and St Thomas' (GSTT) was now in place. The Board considered the report and noted that in

April GSTT had given notice that they were ending the provision of an IG service to the Trust. Following due diligence, senior management decided that the preferred model was to recruit an in-house team and develop IG collaboration opportunities with other specialist trusts. The budget for the former outsourced IG service was used to recruit new roles and to deal with the increased workload. Overall the outcome of the transition was cost neutral.

There was a query about discontinuing the arrangement with GSTT, which felt counter-intuitive given the GSTT & KHP Partnership collaboration. The Board was informed that the Trust rigorously evaluates joint service opportunities with other bodies, and for IG services in the current circumstances it was decided an in-house team was the preferred model. Other collaborations with GSTT such as the integration of the technology platform and digital initiatives continue.

The Board **noted** the report and **agreed** that formal oversight of Information Governance be **delegated** to the Audit Committee.

2019/112

RECOMMENDATIONS TO AMEND THE TRUST CONSTITUTION

Mr Piers McCleery presented the proposal to amend the Trust constitution. The Board was advised that the Council of Governors at its meeting on 15th October 2019, agreed that:

- i) Annex 3 and 4 to the Trust Constitution, the 'Elsewhere' Patient member constituency be renamed 'Rest of the United Kingdom & Overseas';
- ii) Article 20 of the Trust Constitution should include an amendment to the effect that '*The Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Board of Directors. Travelling expenses will only be paid for travel that is necessary and within the United Kingdom; and*
- iii) Annex 8, the Governors' Code of Conduct be amended

Following due consideration, the Board **approved** the amendments to Article 20 and to Annexes 3, 4, and 8 to the Trust Constitution.

2019/113

LEARNING FROM DEATHS REPORT

Dr Mark Mason delivered the Learning from Deaths report. The Board considered the report and noted that the number of deaths in the Trust, remains constant. Mr Mason reported that the Trust maintains scrutiny of deaths, and lessons learnt from each death were disseminated to all staff concerned. Continuous improvements were being made, and following a review of previous deaths in hospital three key themes have been identified for 2019/20:

- Consent to examine and treatment - trust wide audit of consent was in progress
- Identification of patients with learning difficulties during admission and death
- Completion of discharge summaries for patient who have died

He advised the Board that a new Medical Examiner (ME) system was being rolled out nationally by NHS Improvement (NHSI). This requires an independent medical examiner to oversee scrutiny of the certification of all deaths. The Trust anticipates some challenges implementing the ME system, and was concerned that implementation does not lead to delay in issuing the medical certificate cause of death - MCCD, and cause postponements in burial. This matter would be kept under scrutiny by the Risk and Safety Committee.

The Board **noted** the Learning from Deaths report.

2019/114

7DS CLINICAL STANDARDS - BOARD ASSURANCE FRAMEWORK

The report on the Seven Days (7DS) Clinical Standards, for autumn 2019 audit period was presented by Ms Penny Agent. She reported that the 7Ds Clinical Standards submission was a biannual requirement for NHSI/E. There was four priority 7DS clinical standards measurements, and following assessments of the Royal Brompton and Harefield sites, all four 7DS clinical standards priorities have been met on both sites.

The Board discussed the report and noted the initiatives introduced for continued improvement in clinical standards summarised as follows:

- The launch of the Trust-wide patient experience and engagement strategy,
- A 2- months pilot of 6 days specialist dietetic service for critical care; and
- Increased mental health provision for adults and staffing provision.

Additionally, the out of hours emergency consultant psychiatric service for adults, which provides clinical advice from a consultant psychiatrist within one hour of referral by Cognacity Ltd continues 24/7. The Pharmacy service, currently a weekday service, would be extended to a 7DS service commencing January 2020 for critical care, transplant and paediatrics.

The Board **approved** the 7DS Clinical Standards for submission to NHSI/E.

2019/115

AUDIT COMMITTEE REPORT AND DRAFT MINUTES FROM THE MEETING ON 12/11/2019

The Chair of the Audit Committee, Mr Simon Friend, provided an oral report from the Committee meeting held on the 12 November 2019, including:

- An update on Estates Risk for the Royal Brompton and Harefield sites
- Estates hold detailed risk registers for all aspect of Estates management
- Significant capital investment had been made overall over several years
- Electrical and generator testing was considered a principal risk for Estates
- Demands on electricity were increasing, with the additional new sub-station a risk mitigation

A presentation on Fire Evacuation Exercise for EXMO ICU patients, highlighted:

- The success in reducing the evacuation time for an ECMO (Extra Corporeal Membraneous Oxygenation) patient from 40 minutes to three minutes
- The team is sharing its leanings with other hospital trusts

The Board **noted** the Audit Committee report and draft minutes from the meeting on 12 November 2019.

2019/116

RISK & SAFETY COMMITTEE REPORT FROM THE MEETING ON 12/11/2019

The Chair of the Risk & Safety Committee, Prof Hutton, provided an oral report from the Committee meeting on 12 November 2019, including:

- No risk had been added or upgraded on the risks register
- A positive update from the Freedom to Speak Up Guardian
- Update on the mortuary facilities – Harefield Hospital mortuary was recently refurbished and fit for purpose, Royal Brompton mortuary facilities would be refurbished in Spring next year
- Sustainability, including climate change, was to be added to the Committee's scrutiny.

A deep dive presentation on cybersecurity in relation to patient risk and safety

- Due to the pace of change of digital technology and increasing sophistication of attacks, a rolling programme of replacement and improvement was proposed.

A quality presentation from the nutrition strategies 2019, highlighted:

- Nutrition champions on each ward
- A nutrition steering committee has been established
- The transfer of nutritional products onto the medical chart
- Progress on separating out adult and children's nutrition, menus and volumes

It was mentioned that although the Trust Nutrition Lead would be leaving the Trust, nutrition remains under the Committee's scrutiny.

The Board **noted** the Risk & Safety Committee oral report.

2019/117

RECOMMENDATIONS OF THE ADVISORY APPOINTMENTS COMMITTEE

Following the Advisory Appointment Panel meeting, the Board ratified the appointments of:

- Dr Breda Cushen, Consultant in Respiratory Medicine with expertise in Severe Asthma
- Dr James Allinson, Consultant in Respiratory Medicine with Expertise in Chronic Obstructive Pulmonary Disease

The Board was informed that another candidate was considered appointable, however, the candidate was awaiting CCT. Therefore, the proposal and rationale for ratification of a further appointment would be presented to the Board at a later date.

2019/118

UPDATED REGISTER OF INTERESTS

The Board reviewed and **noted** the Register of Interests.

2019/119

ANY OTHER BUSINESS

Retirement from The Board

The Board was notified that this was the last Board meeting for Mr Richard Paterson – Associate Chief Executive (Finance), who retires from the Trust at the end of January. The Board thanked and commended Richard for his service, commitment and valuable contribution to the work of the Trust.

The Chair informed the Board that Mr Richard Jones's tenure expires on 24 February 2020 and would be invited to attend the next Board meeting on 25 February.

Questions from members of the public

There were no questions for the Board.

CLOSE

There being no further business the Chair thanked everyone for coming and declared the meeting closed at **12.30pm**

Date of next meeting - the next Board meeting is scheduled for Tuesday 25 February 2020.