

**Minutes of the Board of Directors meeting held on 24th July 2013
 in the Board Room, Royal Brompton Hospital, commencing at 2.00pm**

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| Present: | Sir Robert Finch, Chairman | SRF |
| | Mrs Jenny Hill, Senior Independent Director | JH |
| | Mr Robert Bell, Chief Executive | BB |
| | Mr Robert Craig, Chief Operating Officer | RCr |
| | Pr Timothy Evans, Medical Director & Deputy Chief Executive | TE |
| | Pr Kim Fox, Prof of Clinical Cardiology | KF |
| | Mr Neil Lerner, Non-Executive Director | NL |
| | Mr Richard Paterson, Associate Chief Executive - Finance | RP |
| | Dr Caroline Shuldham, Director of Nursing & Clinical Governance | CS |
| | Mr Richard Hunting, Non-Executive Director | RH |
| | Ms Kate Owen, Non-Executive Director | KO |
| | Mrs Lesley-Anne Alexander, Non-Executive Director | LAA |
| | Mr Richard Connett, Director of Performance & Trust Secretary (minutes) | RCo |

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| By Invitation: | Ms Joanna Axon, Director of Capital Projects and Development | JA |
| | Mr Richard Goodman, Director of Pharmacy | RG |
| | Ms Carol Johnson, Director of Human Resources | CJ |
| | Ms Surjeet Kaur, Senior Nurse / Service Manager AICI & PICU | SK |
| | Ms Joanna Smith, Chief Information Officer | JS |
| | Ms Jo Thomas, Director of Communications & Public Affairs | JT |
| | Mr David Shrimpton, Private Patients Managing Director | DS |
| | Mr Nick Hunt, Director of Service Development | NH |

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| Apologies: | Dr Andrew Vallance-Owen, Non-Executive Director | AVO |
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2013/52 MINUTES OF THE PREVIOUS MEETINGS HELD ON 22 MAY AND 17 JUNE 2013

The minutes of the meetings were approved.

2013/53

REPORT FROM THE CHIEF EXECUTIVE

BB noted that he had circulated a written summary of his report.

1. **NHS England – Review of Congenital Services**

BB reported that the JCPCT process is over. NHS England has been asked by the Secretary of State to look at the issue and report back to the Secretary of State by the end of July 2013. Bill McCarthy (National Director of Policy at NHS England) met with BB and CEOs of other provider Trusts on June 21, 2013. BB noted that he had previously circulated a copy of a worthwhile letter sent by the Medical Director of the Leicester unit.

NHS England is most likely to propose a way forward with a changed focus on Congenital Heart Disease Services (both Adult and Child) which is likely to be proposed to the Secretary of State next week. This is a more realistic and comprehensive approach which the Trust has always advocated. It is likely to involve assessment against commissioning standards. BB noted that the 2 other London centres appeared not to be reconciled to the fact that the JCPCT process is over.

It is anticipated that NHS England will be expected to have developed a reconfiguration plan in 12 months' time.

2. **Discussions with Chelsea & Westminster NHS FT (C&W) re: Paediatrics**

There is strong clinical enthusiasm for this proposition. However, the management at C&W are looking at the issue in the context of several other major strategic issues facing C&W. RBHFT has indicated to C&W that an answer will be needed by the end of this calendar year.

RBHFT planning advisors have indicated that planning application(s) by RBHFT for their development proposals and a planning application by C&W for the redevelopment of Doughty House should not be linked. The C&W proposals around Doughty House are complex in planning terms and could introduce delay of up to 3 years. The planning frameworks should therefore remain separate, progress will be reported in October 2013.

NL asked what the plan would be if paediatric services at the Royal Brompton could not be joined at C&W. BB replied that Children's Services would remain at the Royal Brompton Hospital site, all other partnership options having been explored.

TE concurred that the clinicians on both sites (RBHFT and C&W) were keen on the proposals, but that the attention of management at C&W appeared to be split between competing issues.

3. **Redevelopment of Chelsea Campus**

The Trust continued to pursue plans to develop their estate in Chelsea in a manner which would allow the Trust to dispose of properties surplus to operational requirements. The proceeds of sale would be reinvested in new hospital facilities. The Trust has been meeting with the Royal Borough of Kensington and Chelsea (RBKC) to take forward the planning process to obtain the relevant consents. A Supplementary Planning Document (SPD) will be devised to navigate the planning process with the aim of undertaking public consultation by Q2 2014. The SPD will cost £200k in order to reimburse RBKC for additional resources used and activities undertaken.

On affordable housing; the planning policy requirement is 50%, with 20% often being the experience in practice. RBKC has itself advanced the proposition that a 'zero rate' may be applied in this case on the premise that the purpose of the scheme is the building of a public facility for the provision of hospital services.

JH observed that this was a significant deviation from normal policy. BB said that the issues would be reconciled during the SPD process. KF asked about commercial activities. BB said that these were not a point of discussion and that NHS Trusts were entitled to carry out commercial work by legislation.

BB said that there could be 6 separate planning applications, covering the properties of the Trust and the Charity and they would all be considered concurrently. SRF noted that, following review by RBKC, the Thamesbrook nursing home would not be considered as part of this process. JH noted that the Council members are separate from the planning officers. BB responded that the proposals overall were in line with Council policy and that the consultation process would ensure alignment.

SRF noted that the above issues had been considered by the Property Committee on 23rd July 2013, along with issues concerning the Mansion at Harefield (see minute 2013/63 below).

4. **The NHS in context**

BB pointed to the current media frenzy about the NHS and said that despite the past 1-2 years of finger pointing, this Trust is moving forwards and thriving and not in a state of distress. The evidence for this can be seen in patient satisfaction surveys, staff satisfaction surveys, positive clinical outcomes, positive financial results and risk ratings.

BB went on to set out 4 reasons why the Trust is different:

- i) A passion for doing what is in the best interests of patients
- ii) A track record of results
- iii) Clarity of the Trust's mission and direction
- iv) The Trust's global talent pool

These 4 factors add up to an equation which works.

LAA thanked BB for his update on the patient environment and commented that it was good to hear the issues in the press placed in context. She said that she felt the Trust was standing on a firm platform and asked whether there was any appetite to combat negative publicity and put the other side of the debate. BB said that the Trust's results from NHS commissioned surveys showed high scores. KO observed that the Trust was in a position of relative strength and was currently stable and that this autumn would be a good time to review strategic options / risks. BB said that this was planned for the autumn. SRF observed that plans for private practice should be looked at in the context of other issues.

2013/54

CLINICAL QUALITY REPORT FOR MONTH 3: JUNE 2013

Presenting the report RCo highlighted the following from Month 3.

Monitor's Compliance Framework:

- 2 attributable case of *Clostridium difficile* in June 2013, making 3 in total for Q1 – on track to remain just within the Monitor de minimis of 12 for the year.
- The 62 Day Cancer target has been met following agreement of the Hillingdon Hospitals breach repatriation request. The margin is very narrow, 79.2% against a threshold of 79%. Two further breach repatriation requests with West Herts NHS Trust remain outstanding.

[Secretarial Note: - Following the meeting, confirmation was received that all three requested 'repatriations' had been agreed, giving a Q1 score of 88% against the threshold of 79%].

Incidents:

- Safety SI's (Serious Incidents): 2 SIs were reported in each of May and June. Both of the May SIs related to pressure ulcers, one of the June cases was connected with cardiac surgery and the second with an unexpected death, post-discharge, of a patient who had refused further investigation.

NHS Standard Contract:

- Urgent operations cancelled for a second time; this new metric for 2013/14 was discussed and 2 breaches of the standard in Q1 were noted.
- Breaches of the '28-day readmission' guarantee as a percentage of cancelled operations; the change in reporting of this indicator was noted. The denominator represents the metric previously reported to the Board under cancelled operations, while the numerator counts whether those whose operations were cancelled, were treated within 28 days. Performance on the 28 day readmission standard was noted to be 100%.
- 18 Weeks 'Admitted' pathways: the 90% target was reported to have been failed at the 'other' national specialty level.

- Friends and Family Test; the overall net promoter score for the Trust for June was 87 with a response rate of 22.5% which is more than the required minimum (15%).
- Commissioning for Quality and Innovation (CQUIN); for 2012/13 98.23% of income was received. £88k of income was foregone due to failures in Q4 against the targets for dementia and VTE (venous thromboembolism) assessment.

RH asked about the '62-day' cancer target and whether other Trusts experienced the same pressures and might therefore be reluctant to agree breach repatriations. RCo explained that the national standard represents performance against all different tumour types and that most other trusts would provide a range of cancer services, some of which would have much shorter pathways than for the lung cancer treatments provided by RBHFT. Hence other trusts may be under less pressure and able to agree the repatriation request without this leading to them failing the target.

NL said that while the outcome of the Friends and Family Test (FFT) was pleasing, he wondered if anything was being done to address the matters raised in the negative comments. CS replied that she recognised the comments made by the patient 'extremely unlikely' to recommend and had been involved in reviewing these. CS pointed out that the negative comments were from just 3 patients out of all those surveyed and that she felt future reports should reflect the overall balance of comments made. JH commented on the relatively low scores of Victoria and Foulis wards. CS said that the reporting was somewhat misleading because those wards with higher response rates tended to get the lower scores. BB said that he was not surprised because the two wards were adjacent in the Fulham Rd building and could not provide an appropriate physical care environment.

TE reported on the Hospital Standardised Mortality Rate (HSMR), the headline figure being provided on page 2 in the dashboard section of the report. He noted that HSMR had been discussed in more detail at the Risk and Safety Committee earlier in the day. The metric as reported by Dr Foster has increased from 101 to 112 over a period of time which coincided with the extension of primary angioplasty services at Harefield to patients who have experienced an out of hospital cardiac arrest before their admission to Harefield Hospital. This had increased the numbers of emergency patients admitted with a poor prognosis. However, further work was being undertaken to understand the data in detail and its implications for our practice. Further details will be reported to future meetings of the Risk and Safety Committee.

The Board noted the report.

2013/55

FINANCIAL PERFORMANCE REPORT FOR MONTH 3: JULY 2013

Introducing his report RP highlighted the following performance in M3:

- The cumulative surplus for the year to date is £0.6m
- This compares to a budgeted deficit at M3 of £0.9m and an actual deficit of £0.7m at M3 in the previous year
- The Trust is therefore currently £1.5m ahead of plan

The position is driven by high in-patient activity; with both NHS and PP being ahead of plan. Costs are close to plan.

The cash position has deteriorated somewhat at the end of M3, largely due to difficulties experienced in collecting monies from PCTs that are winding down and CCGs which are taking over their role.

Capital expenditure is on plan and within the Monitor range. Provisions are unchanged from the figures reported at the beginning of the financial year. £500k has been allocated to cover the costs of work on the Mansion at Harefield Hospital. Further and better particulars are awaited on the extent and cost of work required to the Mansion. The currently planned expenditure will enable the situation to be stabilised.

Monitor Financial Risk Rating (FRR) – FRR of 3 is reported and it is recommended that the Board make the usual statement in respect of anticipating that an FRR of 3 will be achieved over the next 12 months.

Notwithstanding this, RP noted that, following Monitor's proposal and consultation period, the FRR is expected to cease to operate as the regulator's assessment of FTs' financial strength from October 2013 and that it is planned to be replaced by the Continuity of Services (COS) Rating from that time onwards. RP noted that the COS Rating will be more binary than the FRR, with a greater focus on liquidity.

The Board noted the report.

2013/56

RESEARCH UPDATE

TE reported that the recent RAND (Research ANd Development Corporation) Europe analysis, commissioned by the National Institute for Health Research in support of Academic Health Science Centre designation, had shown that the Trust continued to 'punch above its weight' in respect of research output and continued to be a leading organisation for highly-cited publications in its specialty areas.

Recruitment of patients to portfolio studies has improved and 2 new NIHR Senior Investigator awards have been made, bringing the Trust total to 8. TE said that Dr Angela Cooper, Associate Director of Research, was to be congratulated for the Trust's improvement with respect to the NIHR Metrics.

KF commented upon the Trust's pre-eminence in research in cardiovascular disease, respiratory medicine, critical care and cardiology.

JH asked that if a reputation index were to be constructed, what would the reference markers be for research? KF responded that it depended on the audience. If a university, the reference marker would be grant income, if the quality of science was being measured, the metric would be highly-cited publications.

BB commented that he perceived some threats to the research activities of the Trust over the next 5 years, and the Trust would need to understand how these could be mitigated. He said that the hospital needs a research organisation which excels in applied research that changes the way clinical care is delivered. KF agreed that threats existed and made reference to the national Research Excellence Framework (REF) exercise which is to be carried out in 2014. In this context it should be realised that the quality of the research activities of the Trust is greater than that of any other element of the Faculty of Medicine at Imperial College.

BB noted the perceived weakness of relevant research during the JCPCT process, and that this had been contradicted by the testimonials received from around the world subsequently. KF said that the change of focus to congenital heart disease should position RBHFT as the most outstanding institution in Europe.

The Annual reports from the 2 BRUs to NIHR were noted by the Board.

2013/57

MODERN MATRONS' REPORT: APRIL – JUNE 2013

Surjeet Kaur (SK) presented paper D, highlighting:

- Root cause analysis had been undertaken with regards to the two cases of MRSA bacteraemia and pre-operative wash practices have been changed.
- Recent testing of the isolation rooms in Sydney St has proven unsatisfactory, and a working group has been established to plan refurbishment and upgrade.
- Patient-Led Assessments of the Care Environment (PLACE) were undertaken in May (replacing the Patient Environment Action Team (PEAT) inspections of previous years) and the overall view of the Trust was that was of a pleasant and clean environment for patients, although some maintenance issues were raised. The outcome of this national process will be reported in September 2013.
- Hand hygiene compliance, though improving, was noted to still be less than 90% and CS said that it was everyone's responsibility to improve on this

KO asked about the meaning of preceptorship, and SK and CS explained that there was a national expectation of 6 months' supervised training and practice for newly-qualified staff to bridge the transition from training to the workplace.

2013/58 SAFEGUARDING CHILDREN AND YOUNG PEOPLE REPORT 2012/13
CS presented Paper E, noting that this area is the focus of much media attention and that safeguarding concerns applied to children who visited admitted patients as well as to children who are patients themselves.

The Board noted the report.

2013/59 CONTROLLED DRUGS GOVERNANCE AND ACTIVITY JAN 2013 – MARCH 2013

Richard Goodman (RG), Director of Pharmacy, presented Paper F. He noted that sildenafil and tadalafil are no longer treated as controlled drugs.

NL commented that it was helpful to understand the context of the report. He noted the 2 incidents in ITU at Harefield Hospital. RG said that there were 3 incidents in the quarter at Harefield, but that this did not reflect any change in the underlying position and that the reports should be viewed in that context.

RH asked what would be considered good by a layman? RG acknowledged that benchmarking would help with this, particularly in the area of paediatrics, and that it was planned to progress this through the London Chief Pharmacists' Group.

CS observed that the more open the culture of an organization, the more incident reports one would expect to see.

SRF asked whether there was any reason for concern? RG replied that as the Trust's designated Accountable Officer for Controlled Drugs, he is required to express any concerns to the NW London intelligence network and he reported that for the last quarter no concerns had been expressed. He noted that 1 concern per quarter was reported on average.

NL said that the trend in incidents appeared to be going in the right direction. RG said that fewer reports did not necessarily mean fewer incidents and that it would be a reason for celebration if the no. of reports went up and all were green (i.e. minor or no impact).

2013/60 Q1 MONITOR DECLARATIONS 2013/14

(i) GOVERNANCE DECLARATION

RCo presented Paper G, and the Board approved the Governance Declaration for Q1.

(ii) FINANCIAL RISK RATING

The Board approved the declaration in respect of the Financial Risk Rating.

2013/61

AUDIT COMMITTEE

(i) MINUTES FROM THE MEETING HELD ON 21ST MAY 2013

Good progress in dealing with recommendations outstanding was noted, this included those relating to the work of the previous internal auditors. NL observed that many of the outstanding recommendations related to IT and anticipated that the contribution of the new Chief Information Officer to resolving these would be most welcome.

(ii) REPORT FROM MEETING HELD ON 24TH JULY 2013

NL drew attention to the paper presented by the external auditors with regards to Board assurance over quality governance and said that more work would be needed in this area before there could be comfort for the Board in respect of the quality governance statements required by Monitor.

2013/62

RISK AND SAFETY COMMITTEE

(i) MINUTES FROM THE MEETING HELD ON 23RD APRIL 2013

The minutes were noted.

(ii) REPORT FROM THE MEETING HELD ON 24TH JULY 2013

There had been a vigorous debate about the action taken following a serious incident at Harefield Hospital. The relevant clinicians at Harefield Hospital had decided to amend practice for a period following this incident.

There had been a detailed presentation of the invited Royal College of Surgeons Review of cardiac surgery at Harefield Hospital. NL noted that the recommendations from this review will be followed up, and that there were no matters of material concern.

NL said that CS had provided an update on progress with implementing the recommendations of the Francis Report and that there would be further follow up early next year and a review by the internal auditors.

NL also reported that the Top Trust Risks had been reviewed by the Risk and Safety Committee and that the downward trajectory of the main risk, that of decommissioning paediatric cardiac surgery, had been noted.

2013/63

PROPERTY COMMITTEE

SRF reported on the meeting of the Property Committee held on 23rd July 2013. DP9 and EC Harris have provided advice with respect to the planning process for the Royal Brompton Hospital and it is hoped that there will be an agreement by March / April 2014. There will be 6 separate planning applications in all. BB said that the Supplementary Planning Document (SPD) will be completed between April and June 2014. Strong advice has been given that the planning application should not be joined with C&W 's plans for Doughty House.

The Property Committee had also discussed the Mansion at Harefield Hospital. RCr reminded members that the Mansion was 300 years old, a Grade 2* listed building and located at the heart of the Harefield Estate. It

had not been used for 10 years and has fallen into serious disrepair, which has accelerated markedly since the last survey in 2011. A structural survey undertaken in May 2013 has recommended urgent protective work. £500k has been set aside to cover the initial financial commitments, including £200-£250k in the immediate future to prevent further deterioration with further expenditure anticipated over the next 1-2 years. A conservation architect will be appointed shortly, and discussions pursued with interested parties (e.g. English Heritage, LB Hillingdon, local Conservation Panel) about its longer-term future. The building will be covered, and may take 2 - 3 years to dry out. SRF said all steps would be taken immediately in order to protect the building. The Board agreed with these proposals.

LAA asked whether the National Trust will be consulted about future use of the building and about sources of funds? SRF replied that the Trust did have connections that could be used in this regard.

KF asked whether the Trust was legally obliged to keep the building? RCr replied that it was. SRF said that all steps a sensible Board should take would be made. RCr said that the historical significance of the Mansion to the history of Harefield should be recognised.

2013/64

RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

KO reported on the appointment of a Consultant Transplant and Heart Failure Cardiologist with a special interest in Mechanical Circulatory Support. KO noted that the quality of the candidates was exceptionally good. The appointment of Dr Hans Lehmkuhl, from the Berlin Heart Institute, was ratified by the Board.

2013/65

QUESTIONS FROM MEMBERS OF THE PUBLIC

Mr Chapman thanked the Board for what it was about to do to the Mansion and reminded the Board of the need to keep an eye on the other 2 buildings (outhouses of the Mansion) which form part of the complex, and which are also in a poor state. SRF reassured Mr Chapman that these 2 buildings would also be taken into consideration and safeguarded.

Mr Gordon asked about the debate at the London Assembly concerning Accident and Emergency services, which are being reviewed in Lewisham and Woolwich. BB answered that the Board were aware of the issues, but not directly involved as the Trust does not provide Accident and Emergency services. He also noted that the London Assembly had been supportive of the Trust during the Safe and Sustainable Review.

NEXT MEETING

Wednesday 25th September 2013 at 10.30 am, in the Concert Hall, Harefield Hospital.