A lifetime of specialist care

Royal Brompton & Harefield NHS
NHS Foundation Trust

Minutes of the Board of Directors meeting held on 25th January 2017 in the Boardroom, Royal Brompton Hospital, commencing at 2.00pm

Present:	Baroness Sally Morgan, Chair	SM
	Mr Robert Bell, Chief Executive	BB
	Mr Richard Paterson, Associate Chief Executive - Finance	RP
	Dr Richard Grocott-Mason, Medical Director/Senior Responsible Officer	RGM
	Mr Robert Craig, Chief Operating Officer	RCr
	Mr Nicholas Hunt, Director of Service Development	NH
	Ms Joy Godden, Director of Nursing and Clinical Governance	JG
	Mr Neil Lerner, Deputy Chairman & Non-Executive Director	NL
	Mr Luc Bardin, Non-Executive Director	LB
	Mr Philip Dodd, Non-Executive Director	PDd
	Ms Kate Owen, Non-Executive Director	KO
	Mrs Lesley-Anne Alexander, Non-Executive Director	LAA
	Pr Kim Fox, Professor of Clinical Cardiology	KF
	Mr Richard Jones, Non-Executive Director	RJ
By Invitation:	Mr Richard Connett, Director of Performance & Trust Secretary	RCo
	Mr David Shrimpton, Director Private Patients	DS
	Ms Jo Thomas, Director of Communications and Public Affairs	JT
	Ms Joanna Smith, Chief Information Officer	JS
	Ms Jan McGuinness, Dir. of Patient Experience & Transformation/Interim HR Dir.	JMc
In Attendance:	Mr Anthony Lumley, Corporate Governance Manager (minutes)	AL
	Ms Gill Raikes, CE Royal Brompton & Harefield Hospitals Charity	GR
Apologies:	Dr Andrew Vallance-Owen, Non-Executive Director	AVO

2017/01 DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING

None.

2017/02 MINUTES OF THE PREVIOUS MEETING HELD ON 30th NOVEMBER 2016

The minutes were approved.

2017/03 REPORT FROM THE CHIEF EXECUTIVE

BB gave a brief verbal report and said that with respect to the Congenital Heart Disease (CHD) Proposals it was business as usual for the Trust. Appointments for new CHD surgeons would be considered next week and there was a local and an internal candidate. SM commended colleagues who had presented at the all-party parliamentary group on heart disease on 18 January 2017 and said they had been were very lucid and did very well.

BB reported that the exhibition showing designs for Royal Brompton's proposed new respiratory wing and modernised imaging centre had opened this week. The feedback so far had been positive. On the 30 March 2017 the application for planning consent would be considered by the Royal Borough of Kensington & Chelsea's Planning Committee. All was proceeding well.

In response to a request from RJ for an update on Kuwait BB said DS had been in Kuwait last week but the contract had not yet been signed. A new minister had taken office just before Christmas and the new government was in the process of settling in. The primary client remained committed to the project. The CEO of the Sabah al Ahmad Cardiac Centre had said that he was not minded to push the minister for signature at this juncture. BB said that he still thought that the project was viable. SM asked if there was a window in which the project should be delivered. BB said that in the business planning it had been pencilled in to commence six months into 2017/18. He could not say with certainty that the contract would be signed in that timeframe.

2017/04 COLLABORATION WITH CHELSEA & WESTMINSTER NHS FOUNDATION TRUST (C&W)

RCr introduced the report. The Board noted the key points including that the feasibility study had not as yet been implemented and that dates were subject to slippage but the ambition of a joint service between the two Trusts in a single building if possible was still in place. The Board also noted the summary of the potential extension of the collaboration with Imperial College Healthcare NHS Trust (ICHT) and that this was a 'work in progress'.

BB gave the context and further information. The three organisations had met with Will Huxter, Regional Director of Specialised Commissioning (London) at NHSE and also Senior Responsible Officer for the CHD Review just before Christmas 2016. A follow up meeting had been planned for later this week. He cautioned the Board to heed the shifting intentions of commissioners, the different standards emerging from the reviews and the tensions between clinicians at C&W and at St Mary's Hospital (part of ICHT). His view was that there was no agreed reason for RB&HFT to get together with ICHT. The partnership with C&W was a going concern and it was characterised by more intensity of engagement, though the approach was constantly to explore other prospects.

RP highlighted that any initiative would need support identified for it in the Sustainability and Transformation Plan (STP). BB said a dialogue and exchange with the Specialised STP should only occur when there was an outline business case - it was noticeable that paediatrics did not currently feature in it despite the CE of ICHT leading it. RCr said that there was an awareness amongst all three parties of the relationship with the STP.

NEDs asked questions and made comments about the potential weakening effect of engaging with a third partner on the current partners (LB); the impact of major investment by ICHT in St Mary's and whether this could be used to push for an ICU shared service between RB&HFT and C&W (KF); the importance of the timing in an engagement with a third partner (LAA); and whether there was an inherent weakness in the financial proposition (RJ). They noted the responses of BB and RCr respectively that the prospects of a full three-way collaboration were limited, but that staying as we are was not an option. BB added that his role was to inform the Board of what was happening and to represent the best interests of the Trust.

LB said that should an option become viable the Trust should push it to happen in the simplest way possible.

The Board noted the report.

2017/05 PATIENT EXPERIENCE

The Board welcomed this report, noting the excellent outcomes of the Trust's ECMO (Extracorporeal membrane oxygenation) service, and discussed the format of the paper and the potential future topics that might be included under this item. SM said that she agreed that infection control would be a good topic to cover at future meetings and that wider use might be made of the subject matter including publishing reports on the Trust web site as part of a rolling programme. KO said that she had found the report helpful and that it had brought the topic to life. KO agreed that it could be used more widely while LAA said that showcasing patients earlier in the agenda was the right thing to do. NL said it was excellent but could be even more compelling if other more dynamic methods of presentation could be explored.

Referring to the national procurement exercise for ECMO and the Trust's intention to bid with Guy's & St Thomas' NHS FT, BB said that this case presentation was an excellent testimonial to the quality of service delivered by the Trust.

2017/06 CLINICAL QUALITY REPORT FOR MONTH 9: DECEMBER 2016

RCo presented the report. The Board noted that there was assurance that the infection control indicators were being met. NL congratulated RCo and the Board echoed this view.

SM invited Board members to ask questions.

PDd said that while he noted that although overall 18w RTT had been met it had not be achieved in cardiac surgery at both sites. He asked what had caused this. RGM said part of it was matching demand to capacity. The challenge was how to make the pathway as smooth as possible. In response to a supplementary question from PDd on whether the capacity issue was related to redevelopment at HH which was delayed RGM said this was taking longer than originally foreseen. RCr said that fundamentally this was dependent on NHSE and what they would be prepared to pay for. Previously the Trust had undertaken work in private hospitals and it had been paid for. This option could not be afforded again. He added that new capacity was coming in 2017/18 which would help and moreover was on track.

RJ said asked if anything could be done to remove the breach which had occurred because a patient had delayed the treatment. RCo confirmed that nothing could be done. RCr said that, in theory, the tolerance gap between the target and 100% took account of this.

The Board noted the report.

2017/07 FINANCIAL PERFORMANCE REPORT FOR MONTH 09: DECEMBER 2016

RP presented the M09 report which summarised the financial performance of the Trust to 31 December 2016. The Board noted the key headline that a deficit of £5m had been recorded, the main drivers being shortfalls on NHS income and Private Patient (PP) income. The PP M09 and YTD shortfalls reflected Kuwait (yet to start), Wimpole Street and, for M09, the continuing PP business. RP said he was cautiously optimistic that in M10 performance would revert to trend. He added that looking ahead, up to and including M08, he had been reasonably confident that the Trust would achieve its 2016/17 financial control total target but this confidence had been dented. However, NHSI had offered Trusts an incentive for exceeding their Control Totals by rewarding any overachievement on a £ for £ basis. RP added that he had submitted a paper to the Finance Committee earlier in the month which included ideas on how this might be done but with the recommendation that the Trust await

the results of M10 before proceeding. He stressed that these proposals constituted accounting changes, not underlying performance, but the presentation remained prudent and had been shared with the Trust's auditors.

NL confirmed that the Finance Committee had supported the proposal pending clarity on a couple of issues. He emphasised that these were one offs which could not be repeated.

In response to a question from KO on whether there were grounds for optimism for PP apart from Kuwait DS acknowledged that M09 had been disappointing. Action had been taken to increase the number of consultants using Wimpole Street. There was a lack of flow from the Middle East and this was a tough environment.

The Board noted the report.

2017/08 MEDIUM TERM FINANCIAL CHALLENGES AND ACTIONS

RP presented the report. The Board noted the severity of the challenge ahead, the actions set out in the paper to address the 'burning platform' and that *prima facie* the Trust appeared to compare unfavourably at both income and cost levels with other providers. On the income side NH had convened a group of key Trust representatives with the task of optimising NHS income from 1 April 2017 when HRG4+ would be introduced. It was not seen as an issue with the coders whose standards are high: rather any improvement would likely come from completing patient notes and discharge summaries in the necessary format.

SM said that AVO had emailed her to say he strongly supported the proposals.

NH said the focus was on optimising HRG4+ tariff. He was proposing an agent per division to review patient notes before they were sent to coders. An education and training element was critical to success. Importantly, the divisional directors were committed to a successful outcome. If there were rewards to be reaped they would be reaped.

On the cost side, RP stated that the Trust was hiring outside consultants to carry out a diagnostic review and make 'transformation' recommendations for lowering the cost base: these were likely to be clinically based. The subsequent implementation phase might be done in house or with outside support depending on the outcome of the diagnostic study. RP added that earlier in the week the Trust had interviewed candidate consulting firms and made a selection subject to a meeting with Bob Bell. Noting that there would be additional costs for the Trust on top of the cost for external consultants NL said the Board would need to learn more about these in due course.

BB cautioned against comparisons with other Trusts. Papworth and Liverpool Heart & Chest Hospitals differed from the Trust in that they were on single sites, were unencumbered by an academic mission, had only two MRI (magnetic resonance imaging) scanners (compared to six at RB&HFT) and were exclusively adult services.

The Board noted the proposals.

2017/09 CARE QUALITY COMMISSION (CQC) REPORT

SM said the Board had considered the CQC Report at the Board Seminar. The subject would be brought back for discussion and monitoring of the response to the CQC to track actions. JG said the summary in the covering paper highlighted next steps and action plans

which would be shared more widely when completed. SM said the Trust should be clear publicly on its response.

2017/10 REGISTER OF DIRECTORS' INTERESTS

RCo said the paper was included to provide details of the Chair's interests. RCr commented that he was unsure what 'relevant interests' encompassed.

Action: It was agreed that RCo would send out guidance to members of the Trust Board to assist them with understanding what should be declared.

2017/11 RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

The Board were presented with a ratification form for the appointment of consultant medical staff. This related to the appointment of a Consultant in Radiology and had been chaired by LAA who presented the recommendation for appointment.

The Trust Board ratified the appointment of Dr Carol Ridge as a Consultant Radiologist.

2017/12 NW LONDON SUSTAINABILITY & TRANSFORMATION PLAN

NH reported that in line with the national deadline for contracts to be signed by 23 December the Trust had agreed on time. However, on 19 January 2017 the Trust had received this document (NWL STP Area Overall Approach to Contracting) and a letter saying it would be included in the contract. An exchange of correspondence with the leadership of group of the NWL STP had occurred saying we would not be including in the contract as currently written. The paper was also discussed at Management Committee which endorsed the view that the Trust did not wish to see it included in the contract. NH added that he had been summoned to meet with three Clinical Commissioning Group Chief Executives next Wednesday to explain the Trust's actions. He proposed that the Trust state that it could not agree with the current wording in the paragraphs under the section 'Support from regulators' about risk sharing ('a risk pool') and about the accountabilities of Chief Executives, Chief Officers and Boards. The wording in the latter paragraph ('might be changed') was unacceptable.

The Board agreed that while it supported the intention for health and social care being combined it did not support what appeared to be an attempt to get the Trust to sign up to some joint and several liability. They indicated that this was the position NH should adopt at the meeting while emphasising that it would be cooperative and that it supported the recommendations from the Carter review of operational efficiency in acute hospitals. The Board noted BB and the Chair's comments that there could be some strong letters to them from NHSE. BB said there could be some assurance that the Chief Executive of NHS Improvement would take a more realistic stance and that there was no power for NHSE to impose the STP on the Trust. SM said it was the case that they could, *de facto*, decommission activity from us but that this would take some time and could potentially be subject to legal pushback.

2017/13 QUESTIONS FROM MEMBERS OF THE PUBLIC

None present.

NEXT MEETING Thursday 30th March 2017 at 10.30am, Concert Hall, Harefield Hospital