



A lifetime of specialist care

**Minutes of the Board of Directors meeting held on 26th April 2017 in the Boardroom,
Royal Brompton Hospital, commencing at 10 am**

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
	Dr Andrew Vallance-Owen, Non-Executive Director	AVO
	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
	Ms Lis Allen, Director Human Resources	LA
	Ms Jo Thomas, Director of Communications and Public Affairs	JT
	Ms Joanna Smith, Chief Information Officer	JS
	Ms Jan McGuinness, Director of Patient Experience and Transformation	JMc
In Attendance:	Mr Anthony Lumley, Corporate Governance Manager (minutes)	AL
	Ms Gill Raikes, Chief Executive Royal Brompton & Harefield Hospitals Charity	GR
	Pr Jonathan Weber, Director of Research Imperial College London	JW
	Ms Angela Cooper, Programme Director for External Partnerships ICL	AC
Governors in Attendance:	Mr Anthony Archer	AA

2017/30 WELCOME AND APOLOGIES
The Chair welcomed attendees to the meeting. There were no apologies.

2017/31 DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING
No new declarations of interest were reported by Board members.

2017/32 MINUTES OF THE PREVIOUS MEETING HELD ON 30th MARCH 2017
The minutes were approved.

Matters arising: Board Action Tracking

BD16/92 Reducing Agency Expenditure: Workforce Planning.

It was agreed that a paper should come to the Board in July 2017 though it was noted that the timing would be reviewed. It was noted that workforce planning was integral to the work

being undertaken by the Boston Consulting Group.

2017/33

REPORT FROM THE CHIEF EXECUTIVE

BB gave a verbal update in which the following was raised:

- Since the General Election was announced, the Congenital Heart Disease (CHD) consultation led by NHS England (NHSE) scheduled to finish on 5 June 2017 had been deferred in order to comply with regulations restricting comment by publicly-funded bodies during the pre-election or 'Purdah' period. The new closing date had yet to be announced. The Trust would continue to challenge NHSE on the issue of colocation and was continuing to work with Chelsea and Westminster NHS Foundation Trust (C&W). At a meeting with their senior team on 25 April 2017 C&W had requested a refresh of the Memorandum of Understanding. In the meantime, alternative options for the Royal Brompton and Harefield NHS Foundation Trust (RB&HFT) were still being considered such as 'lifting and shifting' the Royal Brompton Hospital site.
- The planning application for a new respiratory wing and modernised imaging centre had been deferred again by the Royal Borough of Kensington and Chelsea and had been rescheduled to 1st June 2017.
- An upswing in the mood of staff: the pessimism of the summer had somewhat abated and there was now more confidence. Certain activities had contributed to this – work by the communications team; public support, and the protest march which had rejuvenated staff. There had also been an excellent response by staff to the consultation meeting.

2017/34

ACADEMIC HEALTH SCIENCE CENTRE (AHSC)

Pr Jonathan Weber (JW), Director of Research Imperial College London (ICL) gave a presentation. The Board noted that staff at both sites had received the same talk and that a seminar series was now in place. A detailed discussion followed and the Board noted that there was considerable good will on the part of the AHSC partners to make the collaboration work. BB assured the Board that the Trust was getting value and that its own contribution to date had been to endorse and support the direction of travel. JW emphasised the importance of informatics and private sector support and said that the involvement of a specialist Trust was a vital component in an AHSC as it helped address isolation while allowing a pooling of resources.

Board members expressed their thanks to JW and invited him to update them in a year's time.

2017/35

CLINICAL QUALITY REPORT FOR MONTH 12: MARCH 2017

RCo presented the report. The Board noted that the 62 Days to First Treatment Cancer Target had not been met and that the Trust was anticipating the introduction of a new 28 day faster diagnosis standard from April 2018 which was an improvement on the current standard for referrals and would benefit the Trust. The Board were assured that punitive financial measures for missing the cancer target from NHSI were not anticipated and that the Risk and Safety Committee had asked for a new plan. The Board also noted that all the targets had generally been green for the last three meetings which was welcome.

BB said NHS Improvement (NHSI) had send him a letter on Monday about the plan to introduce a new target to reduce locum expenditure by £150m. The Trust's part of this total was £50,000 which gave a sense of perspective to the Board.

The Board noted the report.

2017/36

FINANCIAL PERFORMANCE REPORT FOR MONTH 12: MARCH 2017

RP presented a tabled replacement report for M12 which summarised the financial performance of the Trust to 31 March 2017. Year-end accounts had been filed with NHSI on 26 April 2017. The Board welcomed the (unaudited) surplus of £11.1m for the year and the somewhat improved underlying performance for M12 but noted that the former was largely the result of realised and unrealised revaluation gains on investment properties, together with cash contributions from (i) the Sustainability and Transformation Fund, for achieving and surpassing the Trust's control total target, and (ii) the Charity. After a detailed discussion the Board noted that although the Trust's cash position was strong and gave some breathing space, underlying financial performance remained a major challenge and productivity transformation was urgently required.

The Board noted the report.

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AUDIT COMMITTEE (AC)

(i) REPORT FROM MEETING HELD ON 25 APRIL 2017

NL provided Board members with a verbal update of the work by the Audit Committee. They were informed that the internal auditors had provided an unqualified opinion and that external audit had also provided reassurance that there was nothing to be unduly concerned about.

AVO said that going concern appeared to be a significant risk. The Chair noted that some reassurance could be taken from the auditors' use of language to describe this risk. *[Secretarial note: a paper on going concern will be considered by both Audit Committee and Board at their respective meetings in May 2017]*

2017/38

RISK & SAFETY COMMITTEE (RSC)

(i) REPORT FROM MEETING HELD 25 APRIL 2017

AVO provided Board members with a detailed verbal update of the committee's work. The Board noted that:

- A decision on the ECMO tender was still pending though it was hoped that this would be announced in the week commencing 1 May 2017.
- The laboratory medicine clinical reporting risk assessment was a severe high clinical risk and the difficulty was in knowing if reports were being read. The main action point was about better systems, but these would take a long time and in the meantime all doctors would be reminded of the importance of checking results and recording that this had been done.
- The appointment of Anne Pike as the local Freedom to Speak Up Guardian. AVO had been designated as the NED with responsibility for this area and a report would come to the Board once a year. The Board welcomed this appointment and noted that that Anne was already being approached by staff.
- The Care Quality Commission action plan had been produced covering all the issues raised by the inspection and would be kept under review. The Board noted progress on the WHO surgical check list and that work continued to embed the five steps to safety and also to gain a better understanding of the processes in place.

(ii) UNCONFIRMED MINUTES FROM THE MEETING HELD ON 21 FEBRUARY 2017

The Board noted the minutes.

2017/39

AOB

a) BB updated Board members on the appointment of Thomas F. Lüscher, Professor and Chairman of Cardiology at the University Hospital Zurich. Imperial College London had not been prepared to offer an academic post to him. Pr Lüscher would be starting on 1 September 2017 and there was a working arrangement that could go forward. The other candidate, Michael Frenault, was also joining the Trust. KO said she had interviewed Pr Lüscher and said he would be an excellent appointment.

b) The Chair said that there would be an update on establishing the Finance Committee as a formal sub-committee when a replacement NED with finance and audit experience had been recruited.

2017/40

QUESTIONS FROM MEMBERS OF THE PUBLIC

Anthony Archer, Public Governor for Bedfordshire and Hertfordshire, congratulated the Trust for being able to navigate tricky waters during a roller coaster year. That the surplus made was entirely non-operational did not make it any less valid as a result. The Trust was not properly being paid for the work it was doing and should be commended for its handling of this.

NEXT MEETING Wednesday 24th May 2017 at 10 30 am, Concert Hall, Harefield Hospital