



A lifetime of specialist care

**Minutes of the Board of Directors meeting held on 26th July 2017 in the Boardroom,
Royal Brompton Hospital, commencing at 14.00hrs**

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
	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:	Ms Penny Agent, Director of Rehabilitation and Therapies	PA
	Ms Lis Allen, Director of Human Resources	LA
	Mr Richard Connett, Director of Performance & Trust Secretary (minutes)	RCo
	Mr Piers McCleery, Director of Planning and Strategy	PMcC
	Ms Jan McGuinness, Director of Patient Experience & Transformation	JMcG
	Ms Gill Raikes, Chief Executive Royal Brompton & Harefield Hospitals Charity	GR
	Ms Joanna Smith, Chief Information Officer	JS
	Mr Oliver Wilkinson, Deputy Head of Communications	OW
In Attendance:	Dr Boris Sajin, Specialist Registrar Management Training Programme	
	Dr Olga Patey, Specialist Registrar Management Training Programme	
	Dr Jessica Webster, Specialist Registrar Management Training Programme	
	Mr Adam Kelly, Nursing Management Training Programme	
	Ms Vijay Lutchmee, Nursing Management Training Programme	
	Ms Jackie Evans, Nursing Management Training Programme	
	Ms Anja Kollmann, Nursing Management Training Programme	
Governors in Attendance:	Mr Timothy Mack, Lead Governor	
	Ms Elizabeth Henderson, Staff Governor	
	Mr Stuart Baldock, Patient Governor	

2017/57 WELCOME AND APOLOGIES
There were no apologies.

2017/58 DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING
None

2017/59 MINUTES OF THE PREVIOUS MEETING HELD ON 24th May 2017
The minutes were approved

Matters Arising
None

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REPORT FROM THE CHIEF EXECUTIVE

BB gave an oral update in which the following was raised:

- The Royal Borough of Kensington and Chelsea (RBKC) met to consider the Trust's planning application for a new respiratory wing and modernised imaging facility on 1st June 2017. The Committee had voted to approve the application, which was now subject to review by the Greater London Authority (GLA). The GLA are due to meet on 7th August 2017 and will review the affordable housing provisions within the application (s. 106 Town and Country Planning Act 1990). The options open to the GLA are to refuse the application, call it in for review, or to refer it back to RBKC. Following conclusion of the GLA process and the signature of the s.106 agreement by RBKC, TfL and the Trust, there will follow a 6 week period during which a Judicial Review could be initiated.
- BB said that the Trust would make plans to market Chelsea Farmers Market during the current fiscal year, and to implement plans for the construction of a new Imaging Centre with an expected capital spend of £30m.
- CHD Consultation; BB reported that the Trust had submitted a robust defence of the current successful service configuration with Chelsea and Westminster NHS FT. The response had also included a proposal to work collaboratively with Guy's and St Thomas' NHS FT as part of long term redevelopment plans.
- BB also reported that a review was due to take place in August which would look at the collateral impact of the CHD proposals on respiratory services.
- BB concluded his report by saying that he did not expect to hear any outcome from the consultation process until late autumn / Christmas 2017.

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CLINICAL QUALITY REPORT FOR MONTH 3: JUNE 2017

RCo presented the report. He focused on what the performance metrics meant for people, and in particular for those patients who were having surgical treatment for lung cancer.

RJ asked about the 18 week referral to treatment (RTT) target, and in particular the performance for people waiting for cardiac surgery which was consistently below the target. RGM responded saying that both critical care and ward bed capacity at Harefield Hospital would be increased shortly and that work was being done through the Darwin Programme to optimise the patient pathway, reduce cancellations and improve theatre utilisation. He added that a cultural change was also required as the current view of consultants was that particular consultants must operate on particular patients. RC added that this pathway was the longest and most complex pathway within the 18 week RTT target.

Action: It was agreed that an analysis should be undertaken to show how performance against the 18 week RTT target for people awaiting cardiac surgery had varied over time. RC / RCo

RJ went on to point out that the Month 3 Clinical Quality Report showed the 31 day cancer targets achieving 100%. He asked what actions the Trust was taking with regards to maintaining performance against the cancer targets. RCr said that the Trust expected the 31

day targets to be met. AVO noted that the Trust had joined the RM Partners Cancer Vanguard and that the Risk and Safety Committee (RSC) had received a paper at its last meeting which set out the current actions being taken. LAA said that she felt a corner had been turned.

Action: it was agreed that the Cancer Services Action Plan Update would be circulated to the members of the Trust Board. RCo

The Board approved the report for publication on the Trust web site.

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FINANCIAL PERFORMANCE REPORT FOR MONTH 3: JUNE 2017

RP presented the M03 report which summarised the financial performance of the Trust to 30 June 2017.

RP said that the Trust had been ahead of plan for all three months of the current financial year and was now £2.5m ahead of plan, albeit that the deficit at the end of M03 was £10m. Within these figures, total income was close to plan, although income from private practice was behind plan and on the cost side both pay and non-pay costs were below plan. The Trust is below the NHS Improvement cap on agency costs.

RP reminded the Board that the plan is back end loaded with £21m of the underlying deficit accruing in the first half of the year and £12m in the second half. He noted that the £9m difference between these figures is equivalent to the level of unidentified cost improvement plan items and that he was not expecting a big dividend from the Darwin Programme this financial year. RP drew the attention of the Board to the Risks and Mitigations at Annex L of the report which highlighted the importance of the investment property sale. BB added that revaluation may be possible if the sale is delayed.

RP reported that cash reserves were £20m at the end of June 2017, since when a further £12m of STF funding (for meeting 2016/17 financial targets) has been received. However, these reserves are being eroded because of the underlying operating loss, loan repayments and the extensive programme of capital expenditure.

AVO asked a question about pay costs noting that those associated with junior doctors were overspent in month by £0.2m. RCr said that he expected the overspend would continue because of doctors leaving and problems recruiting replacements which led to gaps which were filled with agency staff.

SM said that the Finance Committee had decided to examine started to look at the private practice at Harefield Hospital, where new beds would be opening, and that this would be a helpful contained example for further review at committee and Board level. RP added that £2m was included in the plan for additional private practice work at Harefield Hospital in the second half of the year resulting from the planned opening of the new hospital facilities.

LB asked about STF funding for 2017/18 and RP said that £8m had been included in the plan for the year. He noted that the quarter four payment would depend on the outcome of the plans for selling Chelsea Farmers Market.

There was a discussion about the state of the market for private practice. It was noted that income from the proposed Kuwait hospital management contract was not expected this financial year; income from diagnostic activities at Wimpole Street had improved, but that

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generally referral levels from overseas had reduced. AVO pointed out that LaingBuisson had reported an increase in the home insurance market for the first time in 10 years.

RISK & SAFETY COMMITTEE (RSC): REPORT AND DRAFT MINUTES FROM THE MEETING HELD 11th JULY 2017

AVO congratulated the Trust on the progress made overall and he reported on the following points in particular:

- the award of the ECMO contract for a period of 3 years
- the risk relating to Laboratory Medicine results, which had previously been discussed, had been reviewed again by the RSC with the result that it had been re categorised at a lower score of 9.
- the RSC had received a presentation on Compassionate Care Leadership
- the RSC had received a report on the safety reviews that the Trust had undertaken following the Grenfell Tower fire
- the RSC had received an update on actions relating to the CQC inspection, focusing on NEWS charts and the safer surgery checklist.
- The RSC had also received an update on the work being done in preparation for the new reporting requirements on Learning from Deaths which would be coming into force in the near future with requirements to report specified information to the Board.
- The RSC had also received the Patient Experience Annual Report for 2016/17.

Action: It was agreed that the Patient Experience Annual Report 2016/17 would be circulated to members of the Board. RCo

RJ asked about progress with the CQC actions and in particular, how the audit was going with completion of NEWS charts and the Safer Surgery checklist. JG said that audits would be undertaken regularly, but that compliance was not yet fully embedded.

The draft minutes were noted.

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RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

The Board were presented with ratification forms for six consultant appointments.

All six appointments were ratified by the Board.

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AOB

SM voiced her thanks to PD, who was attending his last Board meeting. SM said that she knew he was a strong supporter of the Trust and thanked him for 3 years of service as a Non-executive director, which had followed 6 years of service as a Governor. SM said that she knew PD had strong links with Harefield Hospital and hoped that he would continue his long association with the Trust. PD said it had been an honour and a privilege to serve the Trust.

QUESTIONS FROM MEMBERS OF THE PUBLIC AND GOVERNORS

None

2017/66 NEXT MEETING Wednesday 27th September 2017 at 1030 hrs, Concert Hall, Harefield Hospital