A lifetime of specialist care

Royal Brompton & Harefield NHS
NHS Foundation Trust

Minutes of the Board of Directors meeting held on 26th November 2014 in the Concert Hall, Harefield Hospital, commencing at 10.30 am

Present:	Sir Robert Finch, Chairman	SRF
	Mr Robert Bell, Chief Executive	BB
	Mrs Lesley-Anne Alexander, Non-Executive Director	LAA
	Mr Robert Craig, Chief Operating Officer	RCr
	Mr Philip Dodd, Non-Executive Director	PD
	Pr Timothy Evans, Medical Director & Deputy Chief Executive	TE
	Pr Kim Fox, Professor of Clinical Cardiology	KF
	Mr Nicholas Hunt, Director of Service Development	NH
	Mr Richard Hunting, Non-Executive Director	RH
	Mr Richard Jones, Non-Executive Director	RJ
	Mr Neil Lerner, Deputy Chairman & Non-Executive Director	NL
	Ms Kate Owen, Non-Executive Director	KO
	Mr Richard Paterson, Associate Chief Executive - Finance	RP
	Dr Caroline Shuldham, Director of Nursing & Clinical Governance	CS
	Mr Andrew Vallance-Owen, Non-Executive Director	AVO
	Mr Richard Connett, Director of Performance & Trust Secretary	RCo
By Invitation:	Ms Carol Johnson, Director of Human Resources	CJ
	Mr Piers McCleery, Director of Planning and Strategy (part)	PM
	Ms Sian Carter, Interim Director of Communications & Public Affairs	SC
	Ms Joanna Smith, Chief Information Officer	JS
	Ms Joanna Axon, Director of Capital Projects and Development	JA
	Mr David Shrimpton, Managing Director	DS
	Dr Aleksander Kempny, GUCH Research Fellow	AK
	Dr Lilian Mantziari, Cardiology Registrar	LM
	Dr Stephen White, Cardiology Registrar	SW
In Attendance:	Ms Gill Raikes, CEO, The Royal Brompton & Harefield Hospitals Charity	GR
Apologies:	None	

2014/95 DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING

None.

2014/96 MINUTES OF THE PREVIOUS MEETING HELD ON 22nd OCTOBER 2014

The minutes were approved subject to the following amendments:

Page 2, Chelsea & Westminster (C&W) Collaboration, second sentence 'This [the MoU] awaited endorsement by the two chairman.'

Page 6 Audit Committee, Report from Meeting held on 14th October 2014, fourth sentence:
'These reports had provided the AC with significant assurance, in line with management expectations, with recommended improvements accepted by management. The AC had also received a presentation from the Counter Fraud expert. The Trust's counter fraud procedures were audited by NHS Protect. All

areas were green (the highest rating). NL concluded his summary saying the Audit Plan of Deloitte was received and discussed.'

2014/97 REPORT FROM THE CHIEF EXECUTIVE

Chelsea & Westminster NHS Foundation Trust (C&W) Collaboration

BB said that there had been no progress with the draft Memorandum of Understanding (MoU) since the last meeting of the Trust Board and that nothing had as yet been signed. BB noted that in the intervening period the Chief Executive of C&W had resigned. RCr said that he had contacted Lorraine Bewes, Chief Financial Officer (and Project Lead) at C&W, who had confirmed their continuing commitment to the collaboration. It was noted that Elizabeth McManus, Director of Nursing, is filling the Interim Chief Executive role at C&W.

Director of Nursing at RBHFT

BB reported that KO had led the selection and 2 individuals from Canada had been identified. One of these had been more suitable for the Board level role, but on further discussion had not been prepared to undertake the new requirement to re-register with the Nursing and Midwifery Council. The second candidate had spent a further week at the Trust exploring the potential for filling a second role focused on patient services and patient experience. This prospect was developing favourably and discussions were ongoing. BB concluded by saying that CS had extended her contract and alternatives for the future Board level appointment were being considered. SRF thanked CS for continuing to cover this position.

Chelsea Campus Redevelopment

BB said that this had been the main strategic issue since October. BB reported a surprising development. The Royal Marsden Hospital (RMH) has submitted a planning application for Fulham Wing without prior reference to either the Trust or NHS England. The implications of this will be the subject of a Part II Board meeting to follow immediately after this meeting of the Trust Board. BB noted that the report on potential areas of collaboration between the Trust and RMH was still expected to be published by NHS England on 12th December 2014 and that following a meeting with RMH yesterday both Trusts had agreed to continue this work. AVO agreed with BBs stated intention to maintain the moral high ground.

2014/98 CLINICAL QUALITY REPORT FOR MONTH 7: OCTOBER 2014

Monitor; Risk Assessment Framework:

- Cancer 62 day urgent GP referral to 1st Treatment target;
  RCo reported that the outcome of Monitor's assessment of Q2 was still awaited following a recent teleconference with Monitor at which the performance issues had been discussed.

Care Quality Commission (CQC):

RCo noted that the Trust has been reviewing the Intelligent Monitoring Report which the CQC is due to publish on 3rd December 2014. This report is currently showing the Trust in band 4, which is a lower risk band than in the previous report published in July 2014 when the Trust was in band 3. Three out of the 52 applicable indicators have flagged, including In-hospital mortality for Cardiological conditions and procedures which is showing as an elevated risk. A review of this data is underway.

Notification to the Board of any new incidents:

RCo reported two new serious incidents, one of which was classified as a never event where unfortunately a guidewire had been left in situ. He also reported one new radiation safety incident noting that the report requested by Non-executive directors had been prepared by the Radiation Safety Committee and would be

presented to the Governance and Quality Committee shortly following which it would be taken to the Risk and Safety Committee for review by members of the Board.

Exception reports covering indicators contained in the NHS Standard Contract:
RCo noted that the 18 week referral to treatment time target for admitted patients for the national specialty 'other' which includes cardiac surgery had not been met. However, he pointed out that the Trust is continuing to commission capacity in the independent sector and the number of patients who have waited more than 18 weeks continues to fall.

NH added that with regard to the Cancer 62-day urgent GP referral to 1st Treatment target, NHS England had sent the Trust a contract query letter and that all of the details of the Trust's contractual responsibilities would need to be followed. There was a risk that up to 2% of the total monthly value of the contract might be withheld if the target is not achieved. The contract query was being challenged.

NL asked for clarification of the reporting of the indicators for urgent operations cancelled for a second time and cancelled operations which show as met, but where there had been breaches. RCo explained that the NHS Standard Contract requires monthly assessment of performance, the indicators were met for the most recent month, month 7, but in each case there had been breaches earlier in the year hence the year to date performance against an indicator with zero tolerance is shown with an adverse variance in the report.

PD asked about progress with the action plan in relation to the Cancer 62-day urgent GP referral to 1st Treatment target. TE replied that progress was being made with the appointment of a consultant to lead the lung cancer service at Harefield Hospital, and also with Mount Vernon Hospital with respect to the radiotherapy and chemotherapy elements of the patient pathway. There have also been a series of meetings between managers and clinicians of the Trust and referring hospitals. TE said that he had also written to the National Clinical Director for Cancer, Mr Sean Duffy, inviting him to review the action plan and requesting his advice regarding implementation. TE pointed out that he had also written to the national lead for lung cancer services Professor M Peak.

LAA asked a question concerning the outcome for the individuals involved in the serious incidents and for the never event in particular. It was agreed that RCo would follow this up with LAA following the meeting. **Action: RCo**

BB reported that the Parliamentary and Health Service Ombudsman was about to publish a report which would show that the Trust had received 65 complaints of which 14 had been referred to the Ombudsman with 2 of the 14 complaints being upheld. KO asked how the number of complaints compared to other trusts and BB replied that the Trust was amongst the lowest for the number of complaints received.

The Board noted the report.

2014/99 FINANCIAL PERFORMANCE REPORT FOR MONTH 07: OCTOBER 2014

RP reported the following performance in M07:

- **I&E account**: There were 23 working days in October, which is the highest number in month and that because of the correlation between working days and income a correspondingly high target of £1.4m budget surplus had been set. Against this, a surplus of £0.4m had been achieved. Of the £1.0m shortfall £0.5m was due to capital donations not being received from the charity during the month, because of delays to key capital projects. This was a timing difference which would catch up over time. The other £0.5m of shortfall was due to capacity restrictions in paediatrics (beds closed due to infection) and refurbishment of respiratory facilities. Year to date (YTD), the cumulative deficit was £0.9m against a planned surplus of £0.8m. This means that the Trust is currently £1.7m behind plan. Of this £1.5m is due to the cumulative shortfall in capital donations. Looking at EBITDA, which is a better measure of the underlying trading position, performance is £11.5m against a plan of £11.7m; so the Trust is only £0.2m behind plan at EBITDA level.

- **Balance Sheet**: There has been an improvement in the Trust's cash position since M6. The third tranche of the loan from the Independent Trust Financing Facility (ITFF) has been received. Some headway has been made with reducing high level private practice debtors, and there is still more to do.

- **Capital Expenditure**: This is close to the Monitor tolerance in month, and the position needs to improve by quarter end when the position is reported to Monitor.

Work is currently underway to reforecast outturn of the cash and I&E positions and this will be followed up through the Finance Committee.

RP also reported back on the recent NHS Providers Conference at which Simon Stevens (Chief Executive, NHS England – SS) had delivered a speech in which he commented on the special deals and benefits enjoyed by specialist trusts which tended to have positive EBITDA positions and/or declared surpluses. It is not clear at this stage what the implications might be for Project Diamond and top-ups for specialist services. It is expected that SS will make an announcement on these matters shortly.

RJ asked a question about the refurbishment of the respiratory facilities and whether this had been planned. RCr replied that it had been planned 3-4 months in advance, but that it had not been anticipated at the time when the financial plan had been struck (i.e. March 2014).

NL commented on the length of the Board papers, and said that his comment was generic, making particular reference to the research paper. He said that it was important that the Board received the information it needs to fulfil its fiduciary duties and not simply be presented with copies of documents prepared for management. BB commented that he agreed with NL on the basis of governance and efficiency, but noted that the NHS was subject to particularly high levels of scrutiny. Recent experience of Care Quality Commission (CQC) inspections at other organisations has shown that the Board is expected to review certain information in detail. TE added that with respect to the research

papers, the National Institute for Health Research (NIHR) expected the Trust Board to receive the report in full.

SRF noted NL's comments and asked that RCo and NL liaise to agree a way forwards, taking BB's views into account.

Action; RCo to review the length of reports coming to the Trust Board.

2014/100 RESEARCH UPDATE

TE presented Paper C which summarised in 3 pages research activities for the period July to September 2014. He said that the Trust was favourably placed and mentioned that the Medicines and Healthcare Products Regulatory Agency (MHRA) had recently inspected research governance at the Trust. He noted that the Trust had self-reported a breach of research governance to the MHRA in September 2014, although this was not raised by the MHRA during the inspection. The full MHRA report following the inspection is currently awaited. TE noted his thanks to Sian Carter, Interim Director of Communications and Public Affairs, for the positive media attention resulting from the work of her team.

RJ asked about the trend with respect to new awards. TE said that this was going up overall and was ahead of budget for the year. Commenting on the feedback from NIHR with respect to the Biomedical Research Unit (BRU) annual reports, RJ said that this was generally very positive and asked about the number of parties the Trust was working with. TE replied that NIHR were keen to see commercial contracts developed and that this was happening in the Respiratory BRU, but was less well developed in the Cardiovascular BRU. RJ observed that recruitment to studies was very positive and wondered why this was? TE said that there had been a particular focus on improving recruitment.

AVO asked whether NIHR feedback was ever anything other than positive and also what had been the outcomes of the research? TE said that although the NIHR style was rather neutral, it was not necessarily so positive for other Trusts. With regards to outcomes and translation to benefits, these were best evidenced through the media publications.

BB said that in 2006/07 when the Trust Biomedical Research bid was denied, NIHR had been much more negative about the Trust but that since the advent of the BRUs this had changed for the better. He observed that NIHR focused on metrics that justified spend on medical research. KF added that the same metrics were used by the Higher education Funding Council (HEFC) when assessing the performance of universities.

The Trust Board noted the Annual Reports for 2013/14 from the two Biomedical Research Centres.

2014/101 WIMPOLE STREET UPDATE

RP reminded the Board that authority to execute documents had been delegated to a group of directors by the Board at its meeting in September 2014. The finance documents have now been executed.

DS added that it is hoped that the lease will be signed shortly. There has been some delay awaiting satisfactory completion of building works. The associated

snagging list is expected to be completed shortly with the building being handed back from the builders to Howard Walden Estates tomorrow. It is hoped that the lease will be signed by the end of the week.

RJ asked whether the lease would be signed on the condition that planning permission is forthcoming and this was confirmed.

2014/102 CAPITAL INVESTMENT PROGRAMME UPDATE

RCr reminded the Trust Board that in April 2014 it had approved a 2-year capital programme with a total value of £71m. The total value had now risen to £80m due to the change in nature of the Wimpole Street development, as reported to the September Board meeting.

In July 2014, capital expenditure was re-forecast with £34m to be spent in 2014/15 and the remainder in 2015/16. This expectation is currently under review and a report will be made to the Finance Committee. It is likely that total capital expenditure for 2014/15 will be in the order of £30m.

RCr reported on progress with the major estate development schemes. The Hybrid Theatre (RBH) is scheduled to be commissioned in October 2015. At Harefield planning consent is being sought for schemes to enhance Harefield's capacity and capability (6-bed ITU extension; Level 1 ward; interim scanning centre). This had been expected to be granted before Christmas, but extra information has been requested by the London Borough of Hillingdon which will require further survey work and may move the date by which planning consent could be achieved back to February / March 2015.

PD observed that in Annex G of the Finance Report, the capital spend on one or 2 items was below budget, particularly that on IT. He asked whether there had been any operational difficulties associated with this. RCr said that there had not been any particular operational difficulties associated with this significant investment, but that the balance between IT capital expenditure and I&E spend was changing and would be re-forecast.

2014/103 REGISTER OF DIRECTORS' INTERESTS

The register has been updated and entries for Philip Dodd and Nicholas Hunt have been included. The Trust Board noted the updated register.

2014/104 RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

The Board were presented with two ratification forms for the appointment of consultant medical staff.

The first related to the appointment of a Consultant Vascular Surgeon with an interest in Endovascular Techniques applied to the Thoracic Aorta and had been chaired by RH who presented the recommendation for appointment and commented that it had been unusual from several aspects. TE explained that the UK was unusual in continuing to train cardiothoracic surgeons when modern practice around the world was centred on cardiovascular expertise. He said that this appointment would help to bring the Trust up to date as it had lacked cardiovascular capability since the 1990's. The specialty also complemented the Hybrid Lab. NL asked whether it was unusual that the vacancy had only been

advertised internally. TE said that the individual recommended for appointment had already been providing paid sessions on site through an honorary contract and as such were applying for their own job. The appointment process had been followed to formalise the arrangement.

The Trust Board ratified the appointment of Professor Nicholas Cheshire as a Consultant Vascular Surgeon with an interest in Endovascular Techniques applied to the Thoracic Aorta.

The second related to the appointment of a Consultant Paediatric and Congenital Cardiac Surgeon with a special interest in neonatal paediatric cardiac surgery. KO presented the recommendation. There had been 5 good candidates and the recommendation was that 2 appointments be made, therefore two ratification forms were presented to the Board for approval. TE spoke about the importance of strengthening the Trust's capability in the neonatal area and noted that one of the appointments would be proleptic in nature with the surgeon remaining in New York for the coming year. NL asked whether the current locum had applied and TE said that they had, but had not been successful. BB observed that bringing the strength of congenital heart disease surgeons up to 5 would make the Trust the second largest unit in England.

The Trust Board ratified the appointment of Mr David Kalfa and Mr Guido Michielon as Consultant Paediatric and Congenital Cardiac Surgeons with a special interest in neonatal paediatric cardiac surgery.

2014/105 QUESTIONS FROM MEMBERS OF THE PUBLIC

Mr Kenneth Appel asked whether the appointment of a cardiovascular surgeon would enable the Trust to expand its service to include the abdominal aorta. TE replied that it certainly would and that this would make the Trust only the second place in the country to cover the whole of the aorta from top to bottom, the other centre being Liverpool.

Mr Appel went on to ask, when the Wimpole Street facility would open. It was confirmed that the unit was still expected to open by September 2015.

Mr Appel also noted that with regards to the breach of the Cancer 62 day urgent GP referral to 1st Treatment target the country lagged behind Europe and America with regard to outcomes and asked what influence the Trust could have on other people? TE replied that the Trust was going out to DGH's to try to influence them to refer earlier in the pathway, and that he had also written to the National Clinical Director for Cancer.

Dr Lilian Mantziari asked what the key criteria had been when selecting the 2 paediatric and congenital cardiac surgeons? It was agreed that TE would follow this up with her following the meeting.

NEXT MEETING Wednesday 28th January 2015 at 2pm in the Boardroom at the Royal Brompton Hospital