A lifetime of specialist care

Royal Brompton & Harefield NHS
NHS Foundation Trust

Minutes of the Board of Directors meeting held on 27th September 2017 in the Concert Hall, Harefield Hospital, commencing at 10.30am

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 Simon Friend, Non-Executive Director	SF
	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 Jo Thomas, Director of Communications and Public Affairs	JT
	Ms Lis Allen, Director of Human Resources	LA
	Ms Jan McGuinness, Director of Patient Experience & Transformation	JMcG
	Mr Tim Callaghan, Programme Director Productivity & Transformation	TC
	Ms Joanna Smith, Chief Information Officer	JS
	Mr Oliver Wilkinson, Deputy Head of Communications	OW
In Attendance:	Mr Anthony Lumley, Corporate Governance Manager (minutes)	AL
	Ms Gill Raikes, Chief Executive Royal Brompton & Harefield Hospitals Charity	GR
Governors in Attendance:	Mr Timothy Mack, Lead Governor	TM
	Ms Elizabeth Henderson, Staff Governor	EH
	Mrs Brenda Davies	BD
	Mr John Hensley	JH
	Mr Robert Parker	RP
	Dr Laura Price (part)	LP
Apologies:	Mr Luc Bardin, Non-Executive Director	LB

2017/67 DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING

None.

2017/68 MINUTES OF THE PREVIOUS MEETING HELD ON 26th JULY 2017

The minutes were approved subject to the following amendments:

BD 17/62 Financial Performance Report Month 3. Page 3, para. 8, third sentence: replace 'BMI' with 'LaingBuisson'.

BD 17/62 Financial Performance Report Month 3. Page 3, para. 8, second sentence: insert after 'from' and before 'Kuwait', 'the proposed' and after 'Kuwait' and before 'was not expected' insert 'hospital management contract' ('income from the proposed Kuwait hospital management contract was not expected').

Board Action Tracking

BD 17/61 Analysis.

Analysis of performance against the 18 week RTT. RJ said this was informative and suggested it was circulated to all Board members. This was agreed.

Action: circulate to all Board members (RCr)

BD 16/92 Reducing Agency Expenditure.

The board noted that this broader piece of workforce planning would be considered in early 2018 to take account of the impact of Darwin initiatives.

2017/69 REPORT FROM THE CHIEF EXECUTIVE

BB updated the Trust Board on the current position with respect to the Congenital Heart Disease (CHD) Review. He said that at NHS England's (NHSE) board meeting held on 26 September 2017 the process of making a decision had been deferred to 30 November 2017. The Trust was aware of two recent communications. Firstly, a letter sent by John Stewart, NHSE's lead director for the review to Justine Greening, Secretary of State for Education - 'we have noted with interest the joint Royal Brompton and Harefield NHS Foundation Trust (RB&HFT) and Guys' and St Thomas's Hospital (GST), and King's Health Partners project to meet all the standards with a joint CHD service at the Westminster Bridge Campus and are presently considering this proposal'. Secondly, at a recent London Borough of Hillingdon Oversight Committee meeting an NHSE official had stated that the 'joint proposal between GST and RB&HFT is a game changer'.

The Board reaffirmed the Trust medium term strategy to provide CHD services in conjunction with Chelsea and Westminster Hospital NHS FT, and to develop a proposal with Guy's and St Thomas' NHS FT for the long term.

2017/70 CLINICAL QUALITY REPORT FOR MONTH 05: AUGUST 2017

RCo presented the report noting that it contained information relating to both M4 and M5 there having been no meeting of the Trust Board during August. The Board noted that there had been one lapse of care with regards to the *Clostridium difficile* target and that cancelled operations target had not been met. One patient had not been treated within 28 days of the original cancelled operation. There had been two breaches of the 52 week target during M4 and one of these patients had breached this standard again in M5. One Serious Incident (SI) had occurred in Month 4 which had also been classified as a Never Event. RGM assured the Board that they would receive full assessments of the impact of the extended wait on the patients and informed the board that the scheduled operation for Patient 2 was due to be carried out today (27 September 2017). JG assured the Board that there would be learning from the SI and the report would be received by the Risk and Safety Committee. The patient was doing well.

LAA said that on the whole she was pleased to note the improved content of the report with regards to patient focus, but that it would have been helpful to include learning points that had come out of the investigation into the *Clostridium difficile* case which had resulted in a lapse in care. It was agreed that learning points would be included in future reports.

[Secretarial note: the learning point from the above case involving a lapse in care was that patients with suspected infectious diarrhoea should be promptly isolated]

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

2017/71 LEARNING FROM DEATHS

RGM presented Paper B which documented the Trust's policy and approach to the guidance on Learning from Deaths which had been published by the National Quality Board.

The Trust's Mortality Review Policy was in the process of being formalised and would be reviewed at the next Governance and Quality Committee (12th October 2017) and at the next Risk and Safety Committee (17th October 2017).

RGM and AVO were the nominated Board Executive and Non-Executive leads respectively.

The Board discussed the current focus on avoidable deaths and noted that it should be recognised that sometimes, dying is ok.

Responding to a comment from SF that the impact of avoidable deaths could be felt in law suits and the financial outlay following settlements, AVO and RP assured the Board respectively that the RSC looked at full reports on litigation once a year. RP added that our Trust was covered by a scheme run by NHS Resolution (NHSR).

2017/72 FINANCIAL PERFORMANCE REPORT FOR MONTH 05: AUGUST 2017

RP presented the M05 report which summarised the financial performance of the Trust to 31 August 2017. The Board noted the key headlines: that the month just recorded had been consistent with the first four months of the year; that the recorded deficit (£2.9m) was £0.6m better than plan (£3.6m); and that this was still a substantial deficit which meant the Trust was living beyond its means. Year-to-date (YTD) the deficit was £16m which was £3.5m better than plan. The planned full year underlying deficit was £32m. The second half year was usually slightly better than the first so the Trust was more or less on track on underlying performance although achievement of the planned outturn and control total was still subject to a substantial gain on the sale or revaluation of Chelsea Farmers Market. Board members also noted that:

- Income and expenditure: YTD NHS income was slightly ahead of plan. Private Patient (PP) income was £3m behind plan YTD caused by both the departure of several consultants who had been generating substantial income; and an apparent reduction in activity from the Middle East: because staff and facilities were largely shared with the NHS service, the PP income shortfall had essentially been reflected in the bottom line. Pay was £4m better than plan. Agency spend was within the NHSI established cap.

- The second half of the year would see a ramp up in the planned outcome with a £2m monthly deficit; there were £7m of unidentified cost improvement programmes; and only a modest return from Darwin was expected in the current year.

- Balance sheet: after holding steady at c. £30m for the first five months of the year, cash would decline sharply in the second half. This was because of the underlying deficit, the back-ended capital programme; and loan repayments to the Independent Trust Financing Facility (ITFF). The Board noted that without mitigating actions cash would turn negative in early 2018/19; the Finance Committee had considered ideas such as

bridging finance; and the sale of Chelsea Farmers Market – not now expected until 2018/19 - would help the cash position although the related Section 106 agreement would mean that the sale proceeds will go into a ring fenced account over which there would be controls.

The Board were informed that there may be a way through but that 'all the ducks needed to be in a row' and, above all, the sale of Chelsea Farmers Market realised. The Board noted that the financial risk in Annex K 'failure to maintain adequate liquidity' would be reported as a red risk from M06.

SM asked that the paper on private patients presented to the Finance Committee be circulated to all Board members.

Action: circulate paper on private patients to Board members

The Board noted the report.

2017/73 APPRAISALS AND REVALIDATION ANNUAL REPORT FOR DOCTORS AND CONSULTANTS

RGM presented the report which was for information and contained data on appraisal take-up and quality assurance as presented in the nationally mandated templates in the document. Copies of the accompanying Statement of Compliance, which would be signed by BB with the Board's agreement, were tabled.

Although presented for information only, the Board sought assurance on firstly, the number of appraisal portfolios deemed to be acceptable against standards (which appeared to be low); and secondly, on whether private practice was captured as there appeared to be a low number of doctors registering concerns (7) out of the total number of completed appraisals (349). On the first point, RGM acknowledged the Trust could do better and that the main deficiency was in the documentation of personal reflections on practice. He assured Board members that the variation was down to some extent to the difference in practice and culture between younger and older members of staff around the recording of conversations and documentation generally. KO added that there was a lot of rigour, and said it was a learning process. On the second point, RGM said that all doctors were required to include their whole scope of practice in their annual appraisal, and that the onus on raising and discussing concerns from external private practice rested with the doctor him or herself. It was a GMC requirement to include this in the supporting information. Doctors were required to provide evidence from external hospitals of the lack of concerns. The low figure of concerns referred to those doctors in a more formal process with GMC including some doctors who may not be permanent employees and it did not all necessarily relate to patient safety or clinical matters.

The Board confirmed that the Compliance Statement could be signed and returned.

2017/74 REGISTER OF DIRECTORS' INTERESTS

The Board confirmed the accuracy of the report. The Chair reminded members of the Trust Board to inform RCo of any changes.

2017/75 STANDING ORDERS OF THE BOARD OF DIRECTORS

Presenting the report RCo said that the Standing Orders had been updated to reflect the change from Monitor to NHS Improvement and to make provision for a Finance Committee as a committee formally established by the Board.

The Board approved the changes to the Standing Orders.

2017/76 RATIFICATION OF APPOINTMENTS TO COMMITTEES OF THE TRUST BOARD

The Board ratified the appointments to committees of the Trust Board.

2017/77 AOB

i) KO reported that RJ and herself had a very constructive meeting with Governors just before the meeting of the Trust Board and had looked at ways that people could contribute collectively and individually. TM confirmed that the four Governors working on this had made good progress. He was confident that value was being added to each of the four process and substance areas he had described at the Council of Governors Annual General Meeting on 19 July 2017 (NEDs/Governors working better together; engagement, values, staff survey responses; reassurance on NED appraisals; and a planned Risk and Safety Committee and Governors seminar in October 2017 on hygiene and weekend discharge of inpatients, including Cystic Fibrosis and pharmacy delays respectively). A good session had been held with all the charities and governors had supported the CHD action day.

ii) SF asked what impact the new blood test at King's College London highlighted in the media today for heart attacks would have on the Trust. RGM said that while very welcome it would have less impact on the Trust than it would in acute Trusts with A&Es. Its value appears to be in ruling out a cardiac cause for chest pain when the diagnosis was not clear, and therefore allowing patients to be safely discharged rather than admitted for a period of observation. BB added that RB&HFT was a centre that receives heart attacks diagnosed elsewhere.

2017/78 QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

NEXT MEETING Wednesday 25 October 2017 at 2.00pm, Boardroom, Royal Brompton Hospital