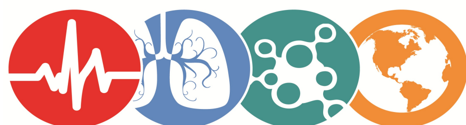

Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Minutes of the Board of Directors meeting held on 29th January 2014 in the Board Room, Royal Brompton Hospital, commencing at 2.00pm

Present:	Mr Neil Lerner, Deputy Chairman & Non-Executive Director	NL
	Mr Robert Bell, Chief Executive	BB
	Mr Robert Craig, Chief Operating Officer	RCr
	Pr Timothy Evans, Medical Director & Deputy Chief Executive	TE
	Pr Kim Fox, Prof of Clinical Cardiology	KF
	Mr Richard Paterson, Associate Chief Executive - Finance	RP
	Dr Caroline Shuldham, Director of Nursing & Clinical Governance	CS
	Mr Richard Hunting, Non-Executive Director	RH
	Ms Kate Owen, Non-Executive Director	KO
	Mrs Lesley-Anne Alexander, Non-Executive Director	LAA
	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 Nick Hunt, Director of Service Development	NH
	Mr Piers McCleery, Director of Planning & Strategy	PM
	Ms Joanna Smith, Chief Information Officer	JS
	Sian Carter, Interim Director of Communications & Public Affairs	SC
	Richard Goodman, Director of Pharmacy	RG
In Attendance:	Mr Anthony Lumley, Corporate Governance Manager (minutes)	AL
	Ms Gill Raikes, Director The Royal Brompton & Harefield Hospitals Charity	JR
Apologies:	Sir Robert Finch, Chairman	SRF

2014/01 DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING

None.

2014/02 MINUTES OF THE PREVIOUS MEETING HELD ON 27 NOVEMBER 2013

The minutes were approved.

2014/03 REPORT FROM THE CHIEF EXECUTIVE

BB noted that he had circulated a written summary of his report.

Chelsea Redevelopment

BB reported that the Supplementary Planning Document (SPD) process with the Royal Borough of Kensington & Chelsea (RBK&C) had recently experienced a major challenge. The Royal Marsden Hospital (RMH) and Institute of Cancer Research (ICR) were objecting to the proposed reclassification of the Fulham Block from D1 (hospital use) to residential. The Trust required this re-classification in order to raise the necessary capital funds to re-provide the hospital facilities on a more modern integrated campus at Sydney Street. The Trust was invited to a meeting at the request of the Leader of the RBK&C along with representatives from

RMH and The ICR. BB had attended the meeting with RH, there in his capacity as Chair of the Charity, and RP.
BB said that the Trust's official position, at what had been a 'difficult' meeting, had been clearly stated. The Fulham Block would remain a fully functioning hospital building until such a time that the Trust was able to re-provide these hospital facilities in a new build. The building of the new hospital facilities was contingent upon the realisation of sufficient capital values through the re-classification of the Fulham block to enable this development to happen. As such, the Royal Brompton & Harefield NHS Foundation Trust (RB&HFT) currently did not have any building for sale or disposal. The Trust had not submitted a Planning Application for any of the sites and would not do so until the SPD process was concluded and the Trust was enabled with new planning policy direction to supplement the existing planning policy.

The meeting concluded with the following understanding: the RBK&C would continue the SPD process as expected; the Trust would invite RMH and ICR to engage with it in liaison meetings to determine whether their space needs and issues can be accommodated within RB&HFT's proposed redevelopment scheme; and RBK&C would co-ordinate an on-going liaison meeting with all the parties concerned to take into account any progress or development. BB invited RH and RP to add their observations from the meeting.

RH said he had been impressed that the borough would continue with the timetable though this did not imply support for the Trust or pre-judge issues. It was evident that it would have been necessary for RBK&C to hold the meeting anyway.

RP said he had noted that the SPD process would continue despite attempts to derail or block it. However, 1 or 2 Councillors had made comments that 'we have to find a compromise'.

BB reiterated that as the Trust had a duty to provide on-going care for its very sick patients and maintain functioning buildings it would not move until it could occupy a safe and operational site. It could not envisage this until the capital has been raised. This point had been misunderstood by others.

AVO asked if there was any history of RMH owning this property? BB said there was none.

LAA asked what RMH's capital position was? BB said RMH had proposed a valuation of £30m for the Fulham Wing, someway off the Trust's valuation in the region of £130m. LAA said the logic was if RMH want the site so badly the Trust should sell it to them at the market price. NL pointed out that the market value of the site as a hospital was not the same as its value for development as residential property.

TE said there would be a political fallout. RMH had a powerful image and there would be pressure to collaborate. The Trust would not be permitted to view it as a binary decision. NL characterised it as a long chess game and BB was right to see that it was not the time to play the end game. BB said the Fulham Wing's market value of its current classification was not significant. It clearly needed reclassification to enable the Trust to redevelop.

KF asked if it was known that RMH was supported by others? BB said the Trust had to stick to the known facts. For many years the public agenda of some of the higher echelons of the NHS had been to prevent the Trust's redevelopment. RMH's position appeared to be motivated by a need for space, while the ICR seemed to be concerned that access could be compromised RB&HFT had space issues. The situation was concerning and the Trust had been blighted for 9 years with public convenience and safety now unacceptable. Space constraints had increasingly been imposed by commissioners' requirements and regulation requiring the Trust to improve the facilities.

NL said the Property Committee had met in December 2013 to discuss its role. It was agreed that it should look at strategic rather than operational issues. The committee's Terms of Reference had been redrafted would be put to the March 2014 meeting of the Committee and, if approved, to the Board. The intention was to hold meetings aligned with issues of a strategic nature, but meetings occur no less than once a quarter. He asked RCo to set the date for the meeting in March.

Action: RCo to inform Property Committee members of the date of the meeting in March 2014.

Collaboration Agreement with Chelsea & Westminster (C&W)
BB said he still believed that this opportunity was worth pursuing. However, he was concerned that progress might not meet the Trust's project timeline objectives and planning issues. C&W need to acquire the lease to the adjacent Doughty House which would enable the expansion of their clinical services. The aim was to secure this by the end of March 2014. The Trust had indicated before that there should be clarity by April 2014 in order to inform the Trust's own planning and space requirements. He invited RCr to brief the Board.

RCr said a steering group comprising clinicians, estates, finance and operations had been meeting since October 2013 in order to develop a proposal. An Outline Business Case was due to be considered at the Board's next meeting. Currently C&W were still involved in acquiring Doughty House, partnership discussions with West Middlesex University Hospital Trust (WMUH) and the outcome of the North West London Reconfiguration process. However RCr said that he felt that C&W saw the potential collaboration with the Trust as a strategic priority.

KO asked if C&W's decision on WMUH would be protracted? RCr wasn't aware of the details, but this risk had been discussed with C&W who said it need not affect progress on this collaboration.

KF asked if C&W would have planning policy challenges similar to RB&HFT's? BB said the Trust had pointed out the need for good planning advice. If acquired, Doughty House might not be ready for clinical use until 2019 which was why he was not confident that timelines would be met. He reminded the Board that the Trust had begun its own planning process back in 2009.

2014/04 I & T STRATEGY

JS gave a presentation on the I&T strategy and 3 Year Plan which is currently out for review and is expected to be approved by the Management Committee before the end of the fiscal year. She invited Board members to comment and ask questions.

NL asked how governance would be managed? JS said the I&T Committee, which comprised herself, RCr, Cliff Morgan and directors and divisional managers provided oversight and approval for all IT investment. Proposals that required funding outside of existing budgets go then went to the Capital Working Group. The I&T Committee reported to the Management Committee.

KO said she was impressed by the vision and congratulated JS for the readiness of the plan. She asked JS if she felt she had the support of the whole of the organisation? JS said she was impressed by the level of support from colleagues and the investment the Trust was making. The I&T Strategy would need to be aligned with the evolving Clinical I&T Strategy. This could take a couple of years and the change management element would be significant and would need support from the Communications and Human Resources departments.

LAA congratulated JS on the presentation which was very clear. She asked how data quality issues would be handled? JS said the £1m Clinical Data Warehouse (CDW) project had industry leading tools for data cleansing and these were already in place meaning that data would be cleansed and collated before being passed to the CDW. The cleansed data could also be passed back to the originating system if required. The CDW project has also created a Data Quality workstream, led by Dr Cliff Morgan, to address the data entry aspects.

AVO asked what was the capacity for capturing real time information? JS said the planned infrastructure would support data access and entry whenever and wherever necessary. The strategy was, wherever possible, for solutions to be device and operating system agnostic.

KO said the presentation was very helpful and was pleased it had come to this Board meeting as she had originally requested it was heard before the strategy away day (due in March 2014).

2014/05 CLINICAL QUALITY REPORT FOR MONTH 9: DECEMBER 2013

NL said the papers could be taken as read.

RCo highlighted the following:

- *Clostridium difficile*: the recommendation was that the target was declared to be met Q3 8 cases having been reported up to the end of Q3.
- The 62-Day Cancer target was subject to agreement of 2 breach repatriation requests. One of these has been received and the Royal Free London NHS Foundation Trust had verbally agreed as well. A letter was due to come through before Friday 31 January 2014. This would give a quarter to date and year to date score of 79.48% which meant the Trust would pass the threshold by 0.48%. A detailed report on this target had been given in the paper as the issue was very current. The final position on Q3 targets would be published by Open Exeter on 6 February 2014. All Trusts inputted data into the system. RCo confirmed, in response to a question from NL, that if a another Trust does enter data which affects the pathway they would not necessarily inform the affected Trust. It was agreed that the target would be declared met on the basis of the best information available to the Trust Board at the present time.

TE said that from the clinical side and Management Committee's perspective there was concern about cancer waits. Both this Trust and the RMH had planned to take a root and branch look at the whole pathway. NL asked what the timescale was for this review? TE said he had asked for Terms of Reference to be agreed within the next 2 days. A progress report would be given at the next Board meeting (2 April 2014) with a formal presentation at the subsequent board meeting (30 April 2014).

NL asked if the breaching the Monitor de minimis value of 12 for *Clostridium difficile* was a real risk? RCo said he had early information on M10 (January 2014). There were 4 new cases,1 at Harefield Hospital (HH) and 3 at Royal Brompton Hospital (RBH). Therefore, it was likely that the year would finish with a breach of this target in Q4. LAA asked what the scale of sanction could be? RCo said it was potentially a fine in the order of c £200k.

- Incidents - Safety SI's (Serious Incidents): 3 SIs in December 2013 with 1 also classified as a Never Event. The other 2 SIs involved patients with pressure ulcers. RCo added that there had also been 1 SI in M8 (November 2013) which involved the unexpected death of a patient following repair of an Atrial Septal Defect. LAA said the Risk and Safety Committee (RSC) had looked at these SIs really carefully but it had been difficult to pin down the causes. NL suggested that the Board noted the SIs and the RSC looked in detail then reported back to Board. This was agreed.

- NHS Standard Contract: 18 Weeks RTT met at all aggregate and specialty levels.

NL asked for the background to the cancelled operations and whether the recent rise in numbers was a trend or short-term? RCr said that while some cancelled operations were unavoidable, operations were never cancelled lightly, given the impact on each patient. He pointed out that the year to date (YTD) figure of 190 compared very favourably with a figure of approximately 270 at the same time last year. There had been pressures in HH in ICU in the last quarter of 2013 as a result of the number of VAD and Transplant operations performed in a short period. This restricted the number of intensive care beds available each day for 'routine' cardiac surgery and led to a higher number of scheduled cases being cancelled and re-arranged. RCr did not believe that the recent Harefield experience was evidence of a trend. NL acknowledged that performance had improved year on year but the report still showed an increase over the previous quarter. RCr suggested that a longer period (e.g. comparing one year with the next) could be presented, and TE proposed including a denominator of the total activity performed – both elective and non-elective. This was agreed.

AVO welcomed the report on Friends and Family Test (FFT) which showed that the response rate was going up. NL asked if any messages from this data were being passed to the low performing wards? CS said that not much should be read into this and cautioned against seeing it as an accurate measure of which wards needed to improve their care. The more responses were collected the lower the score. In other words smaller numbers may not have picked up the very small number of patients who were dissatisfied.

NL acknowledged that lessons for wards that had a lower performance score could not be gleaned from the FFT statistics. CS said that, notwithstanding this point, all wards did have comments fed back to them.

The Board noted the report.

Action: RCo to amend cancelled operations report to include year on year comparison of numbers of cancelled operations, and rate of cancellations relative to total activity.

Action: RCo to confirm final outcome of commissioners review of *Clostridium difficile* performance

Action: RSC to look in detail at SIs and report back to Board.

2014/06 FINANCIAL PERFORMANCE REPORT FOR MONTH 9: DECEMBER 2013

Introducing his report RP highlighted the following:

- M09 had been a disappointing month with activity lower than normal. This had been planned for but the Trust had, it appeared, been insufficiently pessimistic. This could be ascribed to Christmas and New

Year both falling mid-week. M09 had recorded a deficit of £1.4m against a planned deficit of £0.6m. Notwithstanding this performance the Trust was still slightly ahead of plan with a surplus Year to Date of £1.4m against plan of £1.3m.

- Balance sheet – cash. Difficulties of collecting funds from Clinical Commissioning Groups (CCGs) and NHS England (NHSE) for over-performance had continued. RP said that the Trust had hoped to recover most of this in January 2014 but this had not materialised. However, yesterday (Tuesday 28 January 2014). NHSE had indicated they would be making a payment of £2m. Cash was nonetheless still slightly better than reforecast target. The Trust had taken on two temporary staff to collect money from CCGs. On the plus side, it had been confirmed that £8.1m in Project Diamond funding would be received when the Trust had conservatively budgeted for less
- Continuity of Service (CoS): RPa said he was confident that the Trust would continue to maintain a CoS rating of at least 3 for the next 12 months and recommended that the Board support the In Year Statement required by Monitor (see Agenda Item 10. Q3 Monitor Governance Declaration). For the most recent quarter, the COS rating of 4 could be declared.

NL asked if the Annual Plan would come to the April Board and would it support the Governance Statement? RP confirmed this was correct in both instances.

LAA asked if it was true that other specialist Trusts were facing similar delays in payments by CCGs? RP said this was correct.

The Board noted the report.

2014/07 SERVICE LINE REPORTING (SLR) UPDATE

RP gave a presentation and then answered questions from Board members.

LAA welcomed the presentation and said it had illustrated questions she had asked about profitability. Quality of outcome should be an added dimension. RP said SLR would be refined to give more granularity.

AVO said outcome over cost gave value. BB said the Trust was already regulated on outcome measurement. SLR would give the Trust a tool to engage with commissioners and the data would demystify some issues and misconceptions, for example that certain lines are favoured such as cardiac surgery. On the reverse side, it showed the ‘money losers’. Paediatrics, for instance, was not very profitable. KO said this demonstrated the connection to other things. BB agreed and said that was why the Trust fought to keep its services. A hospital was not a business but a public entity. The challenge was how could the Trust turn this information into improving services.

NL asked if SLR could be used to show where changes to tariffs were needed? BB said it could be used to show commissioners why their price

schedules were inadequate. As tariffs were too low, Project Diamond's need was demonstrated. NL said the Finance Department had made great strides to get here. It was agreed that RP would provide an update report in 12 months' time.

The Board noted the report.

2014/08 SAFEGUARDING ADULTS ANNUAL REPORT 2012/13

The Board noted the report.

2014/09 Q3 MONITOR DECLARATIONS 2013/14: (i) GOVERNANCE DECLARATION (ii) CONTINUITY OF SERVICE (CoS) RATING

RCo presented Paper E. RCo noting that that the 2 week wait cancer target performance had been assessed there being more than 5 referrals in Q3.

The Board agreed that the following governance statements are made:

For Finance, that the board anticipates that the trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months.

For Governance, that the board is satisfied that plans in place are sufficient to ensure: on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards. (Dependent upon 62 day cancer target performance).

Action: Upload declarations to the MARS portal before 4pm Friday 31st January 2014 to ensure compliance with Monitors' reporting requirements.

2014/10 RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

LAA reported on the appointment of 2 Consultant Paediatric Intensivists at RBH. There had been a strong field of candidates and the panel was very satisfied with the candidates selected. The appointments of Anke Furck and Angela Aramburo were ratified by the Board.

2014/11 SFI DEROGATION REQUEST

NL said that after KPMG had finalised its Internal Audit report, the Audit Committee should look at it and then it would come to the Board. KO asked that the Trust include procurement as part of the internal Audit Plan.

The Board approved the derogation from the Trust's SFIs as requested and agreed that it should include procurement as part of the Internal Audit report for 2014/15.

2014/12 QUESTIONS FROM MEMBERS OF THE PUBLIC

Mr Kenneth Appel said he was concerned that planning should be based on what is in public interest and providing appropriate living accommodation.

NL replied and said politics did have a habit of being involved in planning. BB clarified the process. The question being consulted on was whether there could be a change to planning policy.

KA said he noted that the PALS team had a diminishing number of complaints. The only complaint he had heard recently was that you had to have a heart attack to get in.

BB thanked KA for his kind comments. Any complaint was one too many and the Trust would continue to examine them thoroughly to respond to them as best as possible.

Michael Gordon asked if the Trust had a parking policy for disabled drivers at HH and for patients who need to attend frequently or visitors for long stay patients?

RCr said the Trust did not have a written policy but site services will always do their best to accommodate requests.

Michael Gordon commented that the Finance report showed the Kafkaesque nature of NHS funding when NHSE were the Trust's biggest debtor but hasty to challenge Trusts to save money.

Richard Burgess said he appreciated that the public were allowed in and made the following comments about the Trust's redevelopment plans. He had lived Chelsea for 40 years. So many of the assets had been left derelict for decades. He asked what was the cost to the Trust so far of the consultation process including payments to architects, planning consultants and PR consultants and who paid for that? He also asked for the overall cost and likely projected cost.

BB said the projected cost was £8m paid by the Trust from its operating incomes. To date the Trust had been required by RBK&C to pay £200k plus VAT for a Planning Performance Agreement to produce the SPD. All cost issues were on public record having been discussed at Board meetings. Before the Trust could consider disposing of property assets it would expend about £8m from its operating income. To date £3m had been spent over 3 years. RP added that £8m were also over 3 years. The Trust has selected all consultants following the standard contested procurement process and was EU compliant in terms of competition rules. In terms of benchmarking although it appeared to be a lot of money the figures looked competitive. NL said the Property Committee had satisfied themsleves that due process had been followed in the selection of advisers. BB said that as the Accountable Officer he was satisfied that value for money was being obtained and that if the Trust became dissatisfied with the value for money of services provided it would discontinue them.

Noting that previous plans to move to White City, St Mary's and Cambridge had fallen through, that the 3 recent public meetings had been poorly attended and that the consultation was flawed Anthony Burgess asked if the Trust had a plan B?

BB said there was no plan B. He suggested that Mr Burgess express his points of anger to the borough. The Trust was a participant in the borough's process and this was structured by the borough.

Anthony Burgess asked what the impact of the Cross Rail compulsory purchase of Dove House Green and the Fire station would have. NL said questions from members of the public should be limited to those relevant to the Trust's business.

NEXT MEETING

Wednesday 2nd April 2014 at 10.30 am in the Concert Hall, Harefield Hospital.