



A lifetime of specialist care

**Minutes of the Board of Directors meeting held on 29th November 2017 in the Concert Hall,
Harefield Hospital, commencing at 10.30am**

Present:	Baroness (Sally) Morgan, Chair	SM
	Mr Robert Bell, Chief Executive	BB
	Mrs Lesley-Anne Alexander, Non-Executive Director	LAA
	Mr Luc Bardin, Non-Executive Director	LB
	Pr Kim Fox, Professor of Clinical Cardiology	KF
	Mr Simon Friend, Non-Executive Director	SF
	Ms Joy Godden, Director of Nursing and Clinical Governance	JG
	Dr Richard Grocott-Mason, Medical Director/Senior Responsible Officer	RGM
	Mr Nicholas Hunt, Director of Service Development	NH
	Mr Richard Jones, Non-Executive Director	RJ
	Mr Richard Paterson, Associate Chief Executive - Finance	RP
	Dr Andrew Vallance-Owen, Non-Executive Director	AVO
By Invitation:	Ms Lis Allen, Director of Human Resources	LA
	Mr Richard Connett, Director of Performance & Trust Secretary	RCo
	Pr Thomas F. Lüscher, Director of Research Education and Development	TL
	Mr Piers McCleery, Director of Planning and Strategy	PMcC
	Ms Jan McGuinness, Interim Chief Operating Officer	JMcG
	Pr John Pepper, Director of Clinical Research	JP
	Dr Jenny Rivers, Associate Director of Research and Development	JR
	Ms Joanna Smith, Chief Information Officer	JS
	Ms Jo Thomas, Director of Communications and Public Affairs	JT
In Attendance:	Ms Gill Raikes, Chief Executive Royal Brompton & Harefield Hospitals Charity	GR
	Mr Anthony Lumley, Corporate Governance Manager (minutes)	AL
Governors in Attendance:	None	
Apologies:	Mr Mark Batten, Non-Executive Director	MB
	Mr Robert Craig, Chief Operating Officer	RCr
	Ms Kate Owen, Non-Executive Director	KO
2017/90	<u>WELCOME AND APOLOGIES</u> The Chair welcomed Jan McGuinness (JMcG) to the meeting and explained that she would be covering the service element of the role of Chief Operating Officer while Robert Craig was recuperating. A Part II Board meeting would take place following this meeting.	
2017/91	<u>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</u> None	

2017/92

MINUTES OF THE PREVIOUS MEETING HELD ON 25th OCTOBER 2017

The minutes were approved subject to the removal of the duplicate entry for SF in the list of attendees.

Board Action Tracking

BD 16/92 Reducing Agency Expenditure

The Chair said that in addition to this item being held for the February 2018 meeting there would also be an agenda item covering Strategic Risks.

2017/93

REPORT FROM THE CHIEF EXECUTIVE

BB thanked JMcG for accepting the challenge of taking on the Acting Chief Operating Officer role at short notice.

KHP RB&HFT Announcement

BB reported that on Tuesday 21st November 2017, the Trust, along with King's Health Partners, had issued a joint press release announcing a collaboration to revolutionise cardiovascular and respiratory services for patients through a partnership between Royal Brompton & Harefield NHS Foundation Trust and King's Health Partners. He said that work would now begin to develop the partnership in a structured way.

Congenital Heart Disease (CHD) Review

BB reported that the Board of NHS England would be meeting on Thursday 30th November 2017 in order to discuss the recommendations made by the CHD review team. He advised there should be no speculation on the outcome of this meeting and that the Trust should wait until the outcome was known before making any comment.

BB also updated the Board on the following:

- The s106 agreement has been signed by all parties and planning consents have been granted. The Trust can now move forwards with its plan for land disposal.

RP reported that the Trust would engage with the Royal Borough of Kensington and Chelsea to agree some variations to the planning consents and had instructed Savills and Knight Frank to put Chelsea Farmers Market (CFM) on the market in January 2018 with the intention of completing the sale during 2018/19. He noted that safeguarding of the CFM site for Crossrail 2 remained in place and that a structured sale was envisaged, contingent on the lifting of safeguarding. He expected there to be two tranches of proceeds from the sale.

- NHS Resolution (formerly the NHS Litigation Authority) had settled a claim, brought by a patient and his family, for a significant sum.

2017/94

RESEARCH/EDUCATION UPDATE

The Board received presentations from Professor John Pepper, Director of Clinical Research (JP) and Dr Jenny Rivers, Associate Director of Research and Development (JR). RGM introduced Professor Thomas F. Lüscher (TL) to the Board, the newly appointed Director of Research Education and Development for the Trust. Professor Lüscher also gave a short presentation.

JR gave an overview of current research activity and strategy and cardiovascular research in 2017/18. JP focused on the close interaction and integration with the care groups led by Trust consultants and described in outline the Trust's cardiovascular research objectives. TL gave a summary of his experience to date.

The Board welcomed the presentations and the Chair thanked JR, JP and TL for attending. It was agreed that TL would update the Board a few months from now to show how the research agenda was progressing.

2017/95

CLINICAL QUALITY REPORT FOR MONTH 7: OCTOBER 2017

RCo presented the report. The Board noted that there had been no cases of *Clostridium difficile* or MRSA bacteraemia in M7, no Never Events and that the 31 Day Cancer targets had both been met with 100% patients seen on time.

RCo said that the indicator for the 18 week referral to treatment time was reported as 94.08% for M7. However, he pointed out that data quality concerns persist. The PAS (Lorenzo) Implementation Group continues to oversee work-streams on the quality of data and reporting. Standard Operating Procedures have been updated and an associated training programme is due to commence soon. The Trust has undertaken a DQ self-assessment as part of a national NHS Improvement programme with resulting recommendations for further targeted pieces of work. The Trust has asked the NHSI Elective Care Intensive Support Team (IST) to get involved in our work to take forward the report's recommendations and this will commence with a visit to the Trust by the IST on 5th December 2017.

There had been one cancellation of an urgent operation for the second time. This had occurred at Harefield Hospital and had been due to transplant activity. There had also been one breach of the pledge to offer a binding date within 28 days of the cancellation. This had been due to staff not being available on the day followed by a delay caused by the need to wait until specialist personnel based in the United States were back in the UK.

The Board noted that the Care Quality Commission (CQC) Insight report had been updated on 11th November 2017 and continued to rate the Trust as either stable or improving.

Following a request from RJ for some background information to explain the spike in cancelled operations; JMcG said the rise in cancellations in October was related to: an increase in emergency and urgent cases driven by transplant activity at Harefield Hospital (HH) and cardiac catheter laboratory activity at Royal Brompton Hospital (RBH); complex cases running long and an over ambitious list; and limited bed capacity (ICU beds at RBH and ward beds at HH the latter down 12 beds net). RGM added that remedial work on Oak Ward was being carried out and once completed a full complement of beds would be in place.

The Board approved the report prior to publication on the Trust web site.

2017/96

FINANCIAL PERFORMANCE REPORT FOR MONTH 7: OCTOBER 2017

RP presented the M7 report which summarised the financial performance of the Trust to 31st October 2017. The Board noted the key headlines:

- Monthly income and expenditure: M7 had been the best performing month of the year so far and had been £500k better than plan. He noted that there had been a one off benefit in M7 from a catch up in coding and private patient income had improved.
- Deficit year-to-date (YTD): was c. £20m which was c. £3m better than plan.

- The plan was now ramping up by £1.0m a month which would make achieving plan more difficult for the remainder of the year.

RP said that the underlying deficit was £32m, with £20m having been accrued during the first seven months of the financial year. The target deficit for the final five months of the year was therefore £12m (£2.4m per month). He thought this would be achievable.

RP reported that now planning consents have been achieved subject to the expiry of a six week judicial review period, independent valuers would be engaged to revalue CFM. He anticipated that with this revaluation, the Trust would not fall short of its control total. He noted that there would be a similar scheme to last year at year end and that for every £1 the Trust reported above its control total, £1 of STF monies would be received.

- Cash: in spite of pressure on the forward cash position this was holding up well with measures such as paying suppliers on the due date, and not before, conserving cash. As the proceeds from the sale of Chelsea Farmers Market could only be deposited into a ring-fenced bank account the position would not be relieved at first, hence the importance of the Darwin programme in achieving cash savings and the tougher management of working capital.

RP also reported that an application had been made to the Independent Trust Financing Facility for a bridging loan. He noted that the Financial Risk Register carried a red risk for failure to maintain adequate liquidity.

The Chair said that the Board would receive further updates on the work of the Darwin Programme in the new year.

The Board approved the report prior to publication on the Trust web site.

2017/97

REGISTER OF DIRECTORS' INTEREST

The Chair said the paper was included on the agenda to provide details of the newly appointed Non-executive Director, Mark Batten.

The Board confirmed the accuracy of contents of the report.

2017/98

RATIFICATION OF APPOINTMENTS TO COMMITTEES OF THE TRUST BOARD

Presenting the paper the Chair said this had been updated to ensure that all of the vacancies on the Committees of the Trust Board were filled.

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

2017/99

MATTERS RESERVED TO THE BOARD / CHIEF EXECUTIVE'S SCHEME OF DELEGATION

RCo apologised for the fact that the Matters Reserved to the Board had not been included with the papers for the meeting and had had to be tabled.

He explained that the Matters Reserved to the Board had been updated to include the Finance Committee and the advent of the Competition and Markets Authority to replace the Office of Fair Trading. The Chief Executive's Scheme of Delegation included the Accounting Officer Memorandum, which had been updated since the document was last reviewed by the Board.

RP highlighted that the Matters Reserved to the Board included at 14.2 provisions around insurance which could more appropriately be delegated. It was agreed that these provisions would be moved to the Chief Executive's Scheme of Delegation and included within the remit of the Associate Chief Executive – Finance.

The Board approved the Matters Reserved to the Board and the Chief Executive's Scheme of Delegation subject to the amendment noted above.

2017/100

OTHER BUSINESS

a) The Board noted a letter from NHS Blood and Transplant, tabled by RGM, which congratulated the Trust for its contribution to the national drive to increase numbers of donated organs. Performance could be improved even further if the availability of specialist nurses could be improved.

b) RP gave a verbal update on bad debts recently reviewed by the Finance Committee. Three of these each had a value over £50k and to comply with Standing Financial Instructions (SFIs) required approval from the Trust Board. The Board approved the write-off of these bad debts.

2017/101

QUESTIONS FROM MEMBERS OF THE PUBLIC)

Ken Appel (KA) asked three questions:

- i) Whether bed blocking was a problem at the Trust? RGM answered that it was not a major factor because the hospitals did not have Accident and Emergency Departments.
- ii) What was the position with Wimpole Street and political problems in Kuwait? BB said Wimpole Street was not a financial problem, but an opportunity and that it was not connected with the proposed hospital management contract in Kuwait.
- iii) He noted the clinical excellence awards evident in the research presentation and wondered if it would be appropriate to publicise the success in this area? BB said that the Trust was dedicated to helping staff develop and achieve their potential and this was reflected in the clinical excellence awards made to Trust staff.

NEXT MEETING Wednesday 28 February 2018 at 2.00pm, Boardroom, Royal Brompton Hospital