A lifetime of specialist care

Royal Brompton & Harefield NHS
NHS Foundation Trust

Minutes of the Board of Directors meeting held on 30 April 2014 in the Board Room, Royal Brompton Hospital, commencing at 2pm

Present:	Sir Robert Finch, Chairman	SRF
	Mr Neil Lerner, Deputy Chairman & Non-Executive Director	NL
	Mr Robert Bell, Chief Executive	BB
	Pr Timothy Evans, Medical Director & Deputy Chief Executive	TE
	Mr Robert Craig, Chief Operating Officer	RCr
	Pr Kim Fox, Professor of Clinical Cardiology	KF
	Mr Richard Paterson, Associate Chief Executive - Finance	RP
	Dr Caroline Shuldham, Director of Nursing & Clinical Governance	CS
	Mr Andrew Vallance-Owen, Senior Independent Director	AVO
	Mr Richard Hunting, Non-Executive Director	RH
	Ms Kate Owen, Non-Executive Director	KO
	Mrs Lesley-Anne Alexander, Non-Executive Director	LAA
	Mr Richard Jones, Non-Executive Director	RJ
	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
	Ms Joanna Axon, Director of Capital Projects and Development	JA
	Ms Sian Carter, Interim Director of Communications & Public Affairs	SC
In Attendance:		
	Mr Anthony Lumley, Corporate Governance Manager (minutes)	AL
	Ms Gill Raikes, CE, Royal Brompton & Harefield Hospitals Charity	GR

2014/29 DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING

None.

2014/30 MINUTES OF THE PREVIOUS MEETING HELD ON 2 APRIL 2014

The minutes were approved.

NL noted that for 2014/18 Research update he had subsequently received an update from RCo which clarified the difference in numbers of patients recruited to studies in 2012/13 in comparison with 2013/14. It was agreed that a 'Note to the minutes' would be added with the following wording:

"Note to the minutes: The recruitment target is based on an agreement between the NIHR CLRN and the Trust about predicted recruitment for the forthcoming year based on the number of known studies (which change from year to year), their

recruitment targets and previous performance. Hence in 2013/14 (and without knowing final outturn for 2012/13 which can accrue several months after year end) the Trust expected a similar recruitment to 2012/13. We have yet to see final year recruitment figures for 2013/14 which may exceed 1500 (although it is not expected to reach 1800). It is a result of the nature of the studies that we had open to recruitment during 2013/14 compared to 2012/13."

Actions Update

BD 14/05 (Outcome of commissioners review of *Clostridium difficile*): RCo said this was on-going and would be discussed at the next meeting with commissioners scheduled for 7th May 2014. .

BD 14/05 (RSC to look in detail at SIs and report back to the Board): AVO said it was his recollection that the RSC should always try and look at these before they come to the Board.

2014/31 CLINICAL QUALITY REPORT FOR MONTH 12: MARCH 2014

RCo highlighted the following:

Monitor Risk Assessment Framework

- *Clostridium difficile*: there were 3 cases in M12, 16 in total against the Monitor de minimis target of 12 – therefore the target is 'not met' for Q4. The M12 cases had all occurred in different locations - i.e. separate buildings - Harefield Hospital (HH), Sydney Wing at Royal Brompton Hospital (RBH), and the South Block - which meant there was no question of cross infection.
- 62-Day Cancer target: RCo informed the board that this had improved from 65.38% in the report to 69.3% as of today. However as this was still below the threshold, the recommendation remained that the Trust report to Monitor that the target was not me. Out of 10 breach reallocation requests, 3 had been agreed, 3 declined, 1 shared, 1 wholly HH and 2 had not been responded to.

RJ asked, firstly, if all the reallocations requests been agreed would the Trust have been compliant and, secondly, if all reasonable requests had been made in line with the London Cancer Alliance protocol and were subsequently still not agreed was there a process of adjudication (or appeal)? RCo said it was correct that if all the requests had been agreed the Trust could declare the target as being met. In reference to his second question RCo said that the Monitor process required evidence of

agreement between chief executives. BB added that he understood RJ's query to be about whether there was a mechanism for reconciling opposing positions. The simple answer was no. A Trust could either share with another Trust, or reallocate a breach or take full responsibility. AVO sought to add some reassurance – noting that the Risk and Safety Committee would be receiving a report which would provide a review of the lung cancer pathway.

Key Performance Indicators

- Incidents - Safety SIs (Serious Incidents): 2 SIs in M12. Firstly, an 18 month old female patient who suffered a pericardial effusion and subsequently died. Secondly, an 80 year male patient who had a fall and suffered a fractured femur.

Standard Contract: – use RCO's report.

- Cancelled operations – 28 day readmissions: RCo reported that there were 16 breaches of this standard during Q4. This was made up of 3 breaches in January 2014, 4 in February, 9 in March. Of the 9 patients where the standard was breached during M12, 7 had had their operations and 2 patients now had dates for admission to the Cromwell Hospital.
- The 18 Weeks 'Admitted': the 90% target had been missed at the 'other' national specialty level (86.78%). The 18 RTT by National Speciality – Incomplete Pathways: the 92% target had also been missed at the 'other' national specialty level (90.17%). These pressures were all connected with cardiac surgery.

RJ pointed out that the FFT (Friends and Family Test) Results section was a repeat of the paper from 2 April 2014 Board report and only the month (from 'February to March') had been changed. It was agreed that RCo would check.

NL pointed out that the trend for cancelled operations was of concern. RCr agreed and confirmed that he had personally written to all 16 patients affected by the 28-day readmission breach to apologise that the service delivered had not been of the standard that the Trust sought to achieve. The figures reported for March 2014 were as expected (from problems in February) so the position had not worsened in that respect. He noted 2 actions: firstly the Trust had commissioned additional capacity at the Wellington Hospital and the Cromwell Hospital. This had commenced just before Easter and 4 patients had been treated to date (as had occurred with 60 patients under a

previous initiative). Secondly, thrice weekly meetings of all parties had started in April to address communication problems. Early indications of performance for April 2014 were that the number of cancellations had significantly reduced and was expected to be around 25 which was in line with historic performance – but with more work to do. A further 3 patients were expected to breach the 28-day readmission standard.

The Board noted the report.

Action: RCo to check FFT section and update with correct figures for March and April at the next Board meeting (21 May 2014)

2014/32 Q4 MONITOR DECLARATIONS 2013/14: (i) GOVERNANCE DECLARATION (ii) CONTINUITY OF SERVICE (CoS) RATING

Presenting the paper RCo said that for the Governance Declaration the Board was recommended that it make the 'Not confirmed' declaration though it could also make the third declaration ('Otherwise') as no exception reports had been necessary in this quarter.

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 – Not confirmed.

Otherwise:
The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 21, Diagram 6) which have not already been reported.

Action: Upload declarations to the MARS portal before 4pm Wednesday 30 April 2014 to ensure compliance with Monitor's reporting requirements.

2014/33 FINANCIAL PERFORMANCE REPORT FOR MONTH 12: MARCH 2014

RP said the M12 report was, as last year, shorter than others because the Finance team was currently focused on producing the Annual Report and Accounts for 2013/14. However, the key points had been included which in summary were these:

- M12 had achieved a £1m surplus which represented one of the better months of the last financial year. With year end adjustments accounted for, a year-to-date surplus of £4.5m was reported which was almost double the budgeted surplus. The figures should be viewed by Board members with caution. A number of the closing adjustments to provisions were judgemental and remained subject to audit so subsequent adjustments could not be ruled out. However, he was confident that the final figures would be better than plan even if this were the case.
- Balance sheet – cash. This was £7m behind plan at the end of March 2014. The majority of this shortfall was due to the debtors' position. Whereas substantial inroads had been made, substantial over-performance payments from NHS England (NHSE) and Clinical Commissioning Groups remained outstanding as well as Private Patients (PP) debtors.
- Borrowing: this was recorded as 'nil' at 31 March but RP reported that the first £2.5m tranche from the Independent Trust Financing Facility had been drawn down on 28 April 2014.
- Capital expenditure: the Trust had undershot planned expenditure but was still within Monitor's tolerance (target monitoring range).
- Financial risks (Ref 7): RP said Board members may have noticed a difference in the scoring of the risk that Project Diamond money is not received in full per the M12 finance report in comparison with that in the Trust Risk Report (see Minute 2014/xx Agenda item 12) - he explained that this was due to the timing difference in putting each report together.
- Financial risks (Ref 14 – Change of regulation in VAT recovery): RP reported that this change had recently been deferred for a further 12 months which meant that a downgrading from 'moderate' to 'low' could now be considered.
- Monitor declaration: Continuity of Service risk rating (CoSRR): a new financial rating of 4 which was the best available would be declared for Q4 2013/14). The Trust Board would also be able to report that it anticipated the Trust maintaining a CoSRR of at least 3 over the next 12

months, reflected in the two year Operating Plan submitted to Monitor early in April.

2014/34 REPORT FROM THE CHIEF EXECUTIVE

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

NHS England – New Congenital Heart Disease Review

On Friday 2 May 2014, a team from NHS England (NHSE) would be visiting RBH, led by Professor Deidre Kelly. The objective of their visit was to learn about the Trust's existing services and approach to the treatment, diagnosis and research into Congenital Heart Disease (CHD). The team would also explain their review objectives. The team would meet patients and hear presentations. BB said he was confident both that the Trust would tell them a compelling story - RBH is a leading CHD centre not only in this country but in Europe – and that the visiting team would be impressed.

RCr said in relation to the review itself the process remained the same. The intention was to develop national service standards for people with CHD, with a final specification informed by those standards to be published early in 2015 and an 'implementable solution' to be taken forward by commissioners in 2015. He added that how commissioners would take this forward with provider Trusts was as yet unclear.

BB said the team was coming to learn and emphasised that, unlike the team Sir Ian Kennedy brought during the Safe and Sustainable review, whose report was used by the Joint Committee of Primary Care Trusts, this was not a designation or inspection process.

Chelsea Campus Redevelopment

On 16 April 2014 at the behest of the Royal Borough of Kensington & Chelsea (RBK&C), the Trust and The Royal Marsden (RM) issued a press release following a joint meeting held on 8 April 2014. The Trust has provided RM with all the detailed information pertaining to various studies (to date) about the Royal Brompton & Harefield NHS Foundation Trust's (RB&HFT) redevelopment options, cost estimates, valuations and plans for last 3 years. At the meeting earlier in April the RM had indicated that they had a way to help us forward. To date the Trust had not received anything. In the meantime, the leader of RBK&C and Councillor Timothy Coleridge, chairman of the Planning Committee, had invited him to attend a follow up session with Cally Palmer, Chief Executive of RM on 20 May 2014 at Kensington & Chelsea Town Hall. In conclusion BB said

that the Royal Borough had extended the deadline for the Supplementary Planning Document (SPD) process from 10 April to 30 April 2014.

SRF said Councillor Sir Merrick Cockell, former leader of the Royal Borough had asked him to attend a meeting on 1 May 2014 in attendance with: himself, the Chairman of RM (Ian Molson), the Chairman of the Institute of Cancer Research (Luke Johnson), and Jon Moynihan representing local residents' groups.

Executive Recruitment

BB said the firm of Perrett Laver had been selected to assist with the recruitment of an Executive Director to replace Caroline Shuldham. The post was being re-structured around a broader role as a Director of Patient Services and Nursing. KO had agreed to chair the selection panel which would make a recommendation of a final candidate to the Remuneration and Appointments Committee of the Board. BB said he expected this to take place in the third if not the fourth quarter of 2014.

AVO said he would like to be included in the consultation (selection panel?) group. This was agreed.

2014/35 AUDIT COMMITTEE (AC)

(i) REPORT FROM MEETING HELD ON 28 APRIL 2014

NL gave a verbal update and summarised the key points and subjects discussed at the meeting. There were presentations from the internal auditors with progress against plan set out. This was satisfactory. Their report implementation of outstanding recommendations was also satisfactory. NL thanked RP's team in this regard. KPMG also presented a draft of plan for 2014/15. The plan for future years had not been fully fleshed out. A revised presentation would be brought back to the AC meeting in May 2014. A counter fraud presentation had been received which was also satisfactory and a draft Counter Fraud and Corruption Policy & Response Plan was presented. The external auditor's progress report was satisfactory and the committee also received a presentation on recent developments in the health sector. NL also reported on the tender process for the External Audit appointment. SRF said the Trust would not be in a position to reappoint at the joint Council of Governors' AGM and the Annual Members' Meeting; however RP pointed out that the timetable provided for approval of the appointment at the Governor's meeting on 21 July 2014.

KO said that during the item on the internal audit programme, the NEDs agreed with BB that it was difficult for them to discuss and agree priorities without an update on the strategic priorities and the risk register. This would provide a link to the Risk committee and would also be relevant for a full Board discussion.

2014/36 RISK AND SAFETY COMMITTEE (RSC)

(i) REPORT FROM MEETING HELD ON 28 APRIL 2014

AVO gave a verbal update and summarised the key points and subjects discussed at the meeting. An emerging issue was the review of cancer services and the committee was glad to note this was under way. In response to a question from RH about whether this was being lead internally or externally TE said it was both. It was external in the sense it that one of the 2 consultants involved was a Royal Marsden Oncologist Radiotherapist.

AVO continued and said the committee had also received a report on the Estates General Maintenance Backlog risk and it had been proposed to reduce the risk score from 25-20. The committee then looked at how the Trust could improve clinical audit work and heard about actions taken (for example in relation to pressure ulcers) and new actions for next year. The RSC had also received a paper on staffing and nursing establishment/vacancy rates which was coming to the Board as well.

CS said there were 2 reports prescribed by the National Quality Forum and the Department of Health. The first would address staffing establishments and would include information on patient safety and would be discussed by the Board at its May meeting. The other paper was about vacancy rates and would examine factors such as maternity leave and turnover. All Boards are required to do this by the end of June 2014, and then report 6 monthly on establishments and monthly on staffing and cover of shifts. It must also be published on the Trust's website with a link to NHS Choices. CS added that there was now a great deal of activity around the issue of nurse staffing and the Care Quality Commission would also not shirk from asking for evidence of our work during their inspections.

AVO continued his update and said that the committee had heard an excellent presentation on wound surveillance. It was about working out which patients are most likely to be at risk and targeting them with appropriate interventions. The Trust had identified a system to do this and was delivering on it and the

results would drive improvement. It was good quality academic and evidence-based work. TE added that was a national prize winning piece of work.

AVO said he had attended the Trust's symposium on patient safety and quality improvement in acute cardiac care on 24 April 2014. He had noted this had been very much lead by the Trust and the event had been attended not just by London Trust representatives but others countrywide. The Board endorsed AVO's comments and his commendation of the team that had worked on the symposium.

AVO concluded his report by referring to a recent meeting of NEDs from the RSC with Patient and Staff Governors. This had worked very well and it was agreed that a joint meeting could be held again in 6 months time.

2014/36 REGISTER OF DIRECTORS' INTERESTS

SRF asked Board members to update their interest as soon as possible so RCo could change the record and bring it to the next Board meeting for noting.

2014/37 RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

The Board were presented with 4 ratification forms for the appointment of consultant medical staff by AVO for a Consultant Cardiologist in Adult Congenital Heart Disease (RBH) and by JH for the appointment of three Consultants in Anaesthetics at HH.

AVO said that while there had only been a single candidate for the post at RBH, an outstanding individual had been appointed. TE said he was also delighted with the appointment.

JH said the panel she presided over had considered 4 candidates and had been able recommend that 3 of them be appointed. One of these, Dr Marco Scaramuzzi, was outstanding and his appointment had taken immediate effect. The other 2 appointments were locums and they would now follow an extended development programme over 6 months before they formally commenced their posts at HH. TE endorsed KO's comments. The 2 locums were going to Papworth Hospital plus 2 other centres which would enhance their experience. SRF asked if there was any dilution of quality? TE said not at all. The nature of the work the Trust does meant it would get senior and focused staff - the consequence of which was there was an obligation to meet their development needs as well.

The Board ratified the appointment of:

- Dr Raphael Alonso-Gonzalez as Consultant Cardiologist in Adult Congenital Heart Disease (RBH);
- Dr Anne Sigel as Consultant in Anaesthetics (HH);
- Dr Grainne McDermott as Consultant in Anaesthetics (HH) and;
- Dr Marco Scaramuzzi as Consultant in Anaesthetics (HH).

2014/38 TRUST RISK REPORT

CS said the report had been reviewed by the RSC in February 2014. She highlighted the following risks:

- Failure to achieve expected standards of clinical care (2896): this had been a top risk for some time but had recently been completely reviewed and there was now a great number of things the Trust was doing to ameliorate it.
- Two Estates risks (2895 and 2846) about the maintenance of current buildings and future estate: these 2 risks were of the highest concern to the Trust. Steve Moore, Head of Estates and Facilities had attended the last RSC meeting. The committee had been reassured by the great work he and his team were carrying out behind the scenes and often unheralded (for instance on asbestos, legionella and fire). The net result was the Trust was a lot safer and the committee had reduced the target scores accordingly.
- Finance risk of non receipt of Project Diamond (PD) money (3315): this pre-dated the discussion earlier in this meeting in the Finance Report (see item 2014/33). PD funding for 2013/14 had been received.

RJ said that 2 of the risks in the report did not have risk owners assigned to them. CS assured the Board this was in hand and would be updated.

KO thanked CS for a very helpful and comprehensive, which was also an improvement on the previous Board report. She suggested that, in order to align reporting with the thinking from the Board's strategic away day, an update on the strategic priorities in the risk register be added and which would show progress and changes to the risks. This was agreed.

NL asked what was the timetable of work since the strategic away day? BB said it would not be before the summer but probably later (September/October 2014). He reminded the Board that specific to this were the 4 'lines of endeavour' agreed, primarily around services to NHS and defining the business model.

Action: CS to add strategic commentary to risks to Trust Risk Report.

2014/39 RATIFICATION OF APPOINTMENTS TO COMMITTEES OF THE TRUST BOARD

SRF said the Board was being asked to approve the appointments as set out in the report.

All existing appointments were ratified and additional appointments for the Nominations and Remuneration Committee of the Trust Board (NRCTB) and Finance Committee were discussed. RJ was appointed to the Finance Committee and LAA to the NRCTB. It was noted there was one vacancy to the RSC which would be filled in due course.

2014/40 AOB - PRIVATE PATIENTS

SRF indicated that there was one further items of business to be discussed. BB said the new private outpatient clinic for PPs at 75/76 Wimpole Street should become operational in October 2014. The space was being sub let to the Trust by TDL. The recruitment of core staff was in progress. The Trust had also begun a property search in the same locality for an imaging centre. In this instance the Trust's preference was not to sub contract for many clinical and business reasons. This would unlikely to be established until sometime in 2015.

It was noted that TE and SRF were conflicted in discussion of this item as they were both shareholders in the company the Trust planned to sub-let part of the space at Wimpole Street to.

2014/41 QUESTIONS FROM MEMBERS OF THE PUBLIC

Jane Dorrell (JD), Vice Chairperson of the Dovehouse Street Residents Association said she was pleased the Trust and RM were now talking to each other. She asked if the results of the petition gathered by RM with over 6,000 signatories asking for the Fulham Wing (FW) not to be sold for redevelopment for private residential use would have an ameliorating effect on RB&HFT's intentions.

SRF said that the previous lack of dialogue between the two Trusts had not come from unwillingness on the part of RB&HFT. The FW was not for sale to the RM and would be required by RB&HFT for many years to come. The Trust had only become aware of RM's interest in the FW by chance. He added that of course the Trust would listen to the Royal Borough. JD said that local residents had known of RM's interest from May 2012.

William Dorrell (also from the Dovehouse Street Residents Association). said that he believed the Trust had discussed the sale/transfer of Fulham Wing to RM at different times over the last few years. He also asked if the Trust had considered moving away from Chelsea?

In reply SRF said categorically that the Trust had not discussed the sale/transfer of FW to RMH at any point. RCr said he understood part of Mr Dorrell's question was about the Trust moving away from our site. SRF then asked Mr Dorrell to clarify his question. Mr Dorrell said that he understood the planning application was scheduled to go in July 2014 and asked, in the light of the current dispute, if the application would be postponed, or the SPD would need to be rewritten? SRF replied that the Trust had made no planning application but would reflect on the nature of SPD when it is published by RBK&C.

BB said that with respect to the petition in support of RM the Trust had chosen not to do one in response. RB&HFT position was that this was not about petitions but about the SPD and responding to that once there is clarity from the Royal Borough. He added (and in response to JD's comment that the future of the FW had been discussed by both Trusts over 10 years ago) that in his 10 years as Chief Executive he had never had a discussion with RM about the FW and he could not be held to account for the period before that. The Trust would continue using the FW until it found replacement facility. The Trust needed a new facility and to realise that it needed capital. If this was not realised and until that was known the FW would remain the part of RB&HFT and would not be available to anyone else. He added that the Trust treated some of its sickest patients in the FW and had a duty to them and to find a replacement suitable for providing them with appropriate care.

JD said she found it confusing as to whether proposals included a change of use for FW to residential use. BB said there was no intention to mislead local residents. To date he had not received any proposition from RM either formally or informally. The only discussion he had had with RM was in 2009 when the feasibility of a 40,000 square feet facilities for PPs on the Sydney Ward was examined. This had been initiated by RM.

Mr Dorrell asked if the Trust would be willing to give the residents (specifically the representatives of the Dovehouse Street, Chelsea Square and Astell Street residents'

associations) more information about its plans over the next month or so and before a planning application was submitted?

SRF replied and said he would be inviting the Chairman of the Dovehouse Street Residents Association to workshops where the Trust would present its plans and proposals and he would be delighted if he could come. BB added that the Trust would be keen to hear from the Dovehouse Association about what it perceived the 'omissions' on the Trust's part to be. He invited the association to put this in writing. In that way, the Trust as a public benefit corporation could respond in good faith. The Trust had already held one public exhibition and there would be another in June 2014. His door was open for residents to come and express their views.

Richard Burgess (Kings Road Residents Association) asked if the Trust was aware that 2 planning QCs had said that the SPD decision process might be deemed unlawful and that the Royal Borough had misinterpreted the planning guidance (2008) and had misrepresented fundamental issues. As this suggested the SPD process would become bogged down for some time Mr Burgess also asked if the Trust had a 'Plan B' and if not, why not?

SRF said that while he was not aware of the QCs' opinion, with all due respect this was a matter for the Royal Borough. He added that where the Trust was absolutely certain of its own ground was that it was essential to modernise its assets and bring them up to date. The Trust was not prepared to hold up this process of modernisation.

NEXT MEETING

Wednesday 21 May 2014 at 10.30am in the Concert Hall, Harefield Hospital