

**Minutes of the Board of Directors meeting held on 30th January 2013 in the Board Room,
 Royal Brompton Hospital, commencing at 2 pm**

- Present: Sir Robert Finch, Chairman SRF
 Mrs Jenny Hill, Senior Independent Director JH
 Mr Robert Bell, Chief Executive BB
 Mr Robert Craig, Chief Operating Officer RCr
 Pr Timothy Evans, Medical Director & Deputy Chief Executive TE
 Mr Richard Paterson, Associate Chief Executive - Finance RP
 Dr Caroline Shuldham, Director of Nursing & Clinical Governance CS
 Mr Neil Lerner, Non-Executive Director NL
 Ms Kate Owen, Non-Executive Director KO
 Mr Richard Hunting, Non-Executive Director RH
 Mr Nicholas Coleman, Non-Executive Director NC
 Mr Richard Connett, Director of Performance & Trust Secretary RCo
- By Invitation: Ms Jo Thomas, Director of Communications & Public Affairs JT
 Ms Carol Johnson, Director of Human Resources CJ
 Mr Nick Hunt, Director of Service Development NH
 Ms Joanna Axon, Director of Capital Projects & Development JA
 Mr Piers McCleery, Director of Planning & Strategy PM
 Mr Richard Goodman, Director of Pharmacy & Medicines Management RG
 Ms Joanne Shackleton, Matron/Clinical Nurse Specialist Infection Prevention JS
- In Attendance: Mr Anthony Lumley, Corporate Governance Manager (minutes)
 Ms Alison Kelleher, Consultant Anaesthetist
 Ms Shareen Chatfield, Head of Media Relations
 Ms Katherine Denney, Head of Marketing Communications & Web Editor
- Apologies: None.
- 2013/1 MINUTES OF THE PREVIOUS MEETING HELD ON 28 NOVEMBER 2012
 The minutes of the meeting were approved.
- 2013/2 REPORT FROM THE CHIEF EXECUTIVE
 BB gave verbal updates on the following items:
- a) BB introduced Joanna Smith, newly appointed Chief Information Officer.
 - b) The Care Quality Commission were conducting an unannounced inspection. This could mean that some Board members may have to leave the meeting.
 - c) It was expected that the report into Mid Staffordshire NHS Foundation Trust by Robert Francis would be released on 6 February 2013. A huge amount of commentary on the NHS was to be expected. The Trust will continue to be very diligent.

2013/3

CLINICAL QUALITY REPORT FOR MONTH 9: DECEMBER 2012

Presenting the report RCo highlighted the following from Month 9:

- Monitor's Compliance Framework:
 - o *Clostridium difficile*: there had been 2 cases in November and 1 in December to give a total of 3 for Q3 and 16 YTD. Therefore both the Department of Health (DH) Objective (7) and the Monitor de minimus value (12) were not met. However the rate was lower than earlier in the year so the Monitor conditions for continued application of the over ride had been met. NHS London have issued a letter notifying the Trust of continuation of the *Clostridium difficile* objective of 7 for 2013/14, so the Director of Performance and Trust Secretary has written to NHS London to place on record that the Trust continues to dispute this objective. This letter also requested clarification of the process for taking this dispute forwards. Recent conversations with Monitor have indicated a change in tone and an assurance has been given that their regulatory response will be proportionate. SRF asked if other Trusts were in a similar situation. TE replied that Chelsea & Westminster Hospital NHS Foundation Trust's (C&W's) threshold had fallen from 31 to 13. TE added that all of the 3 local Trusts were in a similar situation.
 - o Cancer pathways: 62 days' wait to first treatment. All of the breach repatriation requests made had been agreed which brings this indicator within the compliant range for Q3 albeit by a small margin.

NL asked RCo to clarify the sources of assurance which lay behind the recommendation that the Board declare compliance with the learning disability indicator. RCo stated that the Trust had a working group entitled 'Healthcare for All' which kept track of work streams associated with the 6 elements of this indicator. RCo pointed out that these elements, which included identification of people with learning disabilities, provision of information, provision of support for carers training, representation of people with learning disabilities and audit of practices for patients with learning disabilities; consisted largely of qualitative measures. Unlike other metrics presented in the Clinical Quality Report these did not lend themselves to monthly updating, but had been the subject of review by Internal Audit.

RCo continued his report.

- KPIs: One Never Event had been reported to commissioners.
- NHS Standard contract:
 - o 18 weeks: there had been a further failure to meet this target at speciality level. The Trust was planning recovery against the target in Q1 2013/14. This was important because if 2 failings were followed by a third this would trigger a red governance rating. The Trust was therefore aware of the danger and was closely monitoring. NC asked what else would be done to ensure that there would be no breach in Q1? RCr said that there had

been a plan in place throughout the whole year and the breach in Q3 had been anticipated. It was likely that in Q1 the Trust would be compliant in Q1 as long as the referral rate did not change radically. He added that there had been progress and the numbers of those who had waited too long had been reduced. He was therefore confident that the underperformance would be addressed.

- Mixed-sex accommodation: 13 further breaches caused by a delay in step down from level 2 HDU care to level 1 care. SRF asked why this was continuing? RCo said it was to do with capacity at the Harefield Hospital (HH). RCr reminded the Board that this problem at HH had been occurring since autumn 2012. Inside rooms which had affected it had been removed. He added that in January 2013 to date there had been no breaches.

NL asked for assurance that the testing of *Clostridium difficile* was appropriate? CS said many people had *Clostridium difficile* and each case that was identified through testing was being examined to establish whether there had been appropriate clinical reasons to do the test. There was a balance to be struck between over-testing which may identify asymptomatic carriage which adds to the numbers reported and under-testing which would lead non-identification of cases putting patients at risk. Also patients in the Trust's specialties were often given a lot of and varied antibiotics for valid clinical reasons and were therefore at a higher risk for *Clostridium difficile*, hence appropriate antimicrobial prescribing was an important aspect in the management of *Clostridium difficile*.

Noting that the number of cancelled operations included in the M8 Board report had been updated from 17 to 23 in this report, NL said that he felt that more detail was needed on what was being done to address the issue. He asked why the figures had been reported incorrectly. RCo said the cancellations may be put down to changes in personnel and insufficient training. Apologising for the oversight, RCr said he would follow this up.

RCo concluded his report.

- National Friends and Family Test: he highlighted the response of 87.8% of patients to date who had said they were extremely likely to recommend the Trust's hospitals to friends and family.
- Monitor's pilot indicators. The Trust would be reporting on 5 new indicators at the end of January 2013. The regulator was considering adding these to other national standards used to assess the governance of Foundation Trusts. NL asked if there was anything that might cause concern if it was used in 2013/14? RCo said the Trust may have potential issues with the readmission indicator. The figure reported for the pilot happened to be high and he did not think this was a problem when setting the baseline.

Action: RCr to look into misreporting of cancelled operations.

2013/4

FINANCIAL PERFORMANCE REPORT FOR MONTH 09: DECEMBER 2012

Introducing his report RP highlighted the following performance in M09:

- December had yielded a deficit of £0.4m against a planned deficit of £0.9 m. As there was a low number of working days in M09 the target had been a modest one. The figure had been flattered by a £1.1m credit from capital donations from the Charity. This had been a steady credit before a recent change in accounting principle, the effect of which was to make results 'lumpy' by recognising in income the full donation on its receipt. To smooth future results the Trust planned to invoice the Charity each month and collect amounts due in the following month
- Year-to-date (YTD): there had been a surplus of £1.5m marginally ahead of plan (£1.3m) for the first 9 months.
- There had been the same patterns of performance on patient income pay costs, non pay costs and private patient income as reported previously.
- Liquidity and cash performance: cash had been falling but was still above the threshold of Monitor's target. There had been no need to draw on Working Capital Funding. Liquidity was above plan.
- In February 2013 the Trust would receive Project Diamond transitional funding of £7.6m. This was c.£3m above the figure in the plan which had been set conservatively.

RP reported that the Trust's Q3 performance had been sufficient to report to Monitor an FRR rating of 3 for the quarter. RP reminded the Board that each quarter it is required to make a declaration to the effect that 'the Board anticipates the Trust will continue to maintain a Financial Risk Rating (FRR) of at least 3 over the next 12 months'. He was comfortable that an FRR of 3 would be maintained in Q4. Beyond that he had no clear picture of performance but budgets were being developed to achieve a 3 rating. His recommendation therefore was that the Board confirmed the declaration.

NL said the declaration presented a recurring problem of giving an indicator in advance of the figures. Could caveats be added to the submission? RP said this was not allowed. The process was binary - the Trust could only state whether it could confirm or not confirm. NL asked if at his next meet with Monitor RP could highlight that this was a difficulty. RP agreed to this suggestion.

The Board agreed that the Trust could report an FRR of 3 for the quarter to 31 December 2012 and declare that the Board anticipates the Trust will maintain an FRR of at least 3 over the next 12 months.

The Board noted the report.

Action: RP to report the Board's concern about the difficulty of endorsing a risk rating when the figures are not finalised.

Action: submit Declaration to Monitor stating Board anticipates FRR3 will be maintained over the next 12 months

2013/5

MODERN MATRONS' REPORT

The report was presented by JS. Compliance with hand hygiene standards was assessed on a regular basis. The current rate was 80.3%. It was acknowledged by the Matrons and Departmental Managers that the Board would like 90% but progress was being made. In some areas, such as respiratory, 90% had been achieved. For *Clostridium difficile* the focus was on assessment first rather than screening.

SRF asked if the Matrons were liaising with other Trusts to check their practises for *Clostridium difficile*? JS said they were. Failure to meet the compliance target was a national failure.

NL asked how the appointment of Dr Khalid Alshafi as Consultant Microbiologist would make a difference? CS said it would lead to the use of antibiotics for the right length of time. The fact a new member of staff would be focusing on that was good.

RP said that he noted that it had been stated that performance had been at 83% but some particular strong performances in excess of this figure had been highlighted. This meant presumably that that there was some poor performing areas which had resulted in the figure being as it was. JS acknowledged this point but said that overall there had been an improvement month on month and the Trust was working towards a decrease.

The Board noted the report.

2013/6

SAFEGUARDING POLICY UPDATE

CS gave a verbal update. Following the revelation of a large number of safeguarding incidents involving James Savile the Trust had reviewed its Safeguarding Policy. Although the Trust's safeguarding policies were robust it had been made clear that unsolicited access was prohibited and that celebrities need supervision and would under no circumstances be given unfettered access.

The Board noted the report.

2013/7

MONITOR DECLARATIONS 2012/13 – Q3

(i) GOVERNANCE DECLARATION

RCo reported that failure against 2 indicators (*Clostridium difficile* and 18 week referral to Treatment Time) would result in Amber/Red rating. This was forecasted in the 2012/13 Annual Plan submitted to Monitor.

The Board agreed the following declarations.

For governance, that:

The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance 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 Compliance Framework page 17 Diagram 8 and page 63) which have not already been reported.' **CONFIRMED**

Action: submit statement, and send to Monitor via the MARS portal.

(ii) FINANCIAL RISK RATING

RP reported that the Trust's Q3 performance had been sufficient to report to Monitor an FRR rating of 3 for the quarter.

2013/8

CONTROLLED DRUGS GOVERNANCE AND ACTIVITY JULY-SEPTEMBER 2012

RG presented the report.

JH asked what were the reasons for the continued poor performance in paediatrics? RG acknowledged that the results of the quarterly audits had not changed despite action plans being in place. Since the last report to the Board the Trust's controlled drugs policy and procedures had been reviewed and approved. RG had also provided training on it in the last few weeks but the benefits of this would not be seen until the Q4 2012/13 Board report. He anticipated that these actions would in time improve the audit outcomes.

JH asked if benchmarking against other children's hospitals was possible? RG said it was difficult to do this as there are no standardized audit tools to compare practice so these would have to be designed. RG outlined a 2010 report of a study which compared inpatient paediatric medication errors in five London hospitals. The report identified a 13% prescribing error rate and an administration error rate of 19% suggesting that medication error is a problem in many paediatric centres. RG stated that notwithstanding this known issue the team were not complacent and were about to relaunch a group to focus on improving medication safety in paediatrics. He would also look into ways of comparing practice across London.

NL said the table showing the number of incidents by drug reported was difficult to interpret. He asked if there might be a better way of doing it which would place the drugs in context? RG acknowledged there was a context issue. He would look into improving the table and share this with NL prior to publishing his next report.

The Board noted the report.

Action: a) RG to look into comparisons with other Trusts on the reporting of Controlled Drugs b) RG to look at improving the table on number of incidents by drug reported

2013/9

RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

The Board were presented with 5 ratification forms for the appointment of consultant medical staff by JH for a Consultant in Paediatric Respiratory Medicine (with interest in Chronic Suppurative Lung Disease) and the appointment of a Consultant in Structural Heart Disease Intervention, by NL for a Consultant in Inherited Cardiac Conditions and Paediatric Arrhythmia, and by RH for two Consultants in Paediatric Intensive Care.

JH said the appointed candidate for a Consultant in Paediatric Respiratory Medicine (with interest in Chronic Suppurative Lung Disease) had been a good fit for the department.

NL said there had been a single candidate for the Consultant in Inherited Cardiac Conditions and Paediatric Arrhythmia. He confirmed that the candidate had been appointed not just because she matched the person specification but because she was also a good candidate.

NC asked if the 2 candidates appointed as Consultants in Paediatric Intensive Care had worked in the Trust as locums? TE said this was true. However, one had applied before and had not been selected so it was not true that the Trust was only appointing its own candidates. NC acknowledged this point and said he had noted that the Board had been carefully examining this issue at the last Board meeting when he had been unable to attend.

JH said the chosen candidate for a Consultant in Structural Heart Disease Intervention was outstanding.

TE confirmed that he had endorsed all of these appointments.

SRF added his thanks to all who had participated and noted that even in paediatrics the Trust was still making important appointments.

The Board ratified the appointment of:

- Dr Siobhan Carr as Consultant in Paediatric Respiratory Medicine (with interest in Chronic Suppurative Lung Disease);
- Dr Olaf Frazen as Consultant in Structural Heart Disease Intervention;
- Dr Ferran Roses Noguera as Consultant in Inherited Cardiac Conditions and Paediatric Arrhythmia;
- Dr Lidia Casanueva as Consultant in Paediatric Intensive Care and;
- Dr Nitin Shastri as Consultant in Paediatric Intensive Care.

2013/10

PROPERTY COMMITTEE

(i) REPORT FROM THE MEETING HELD ON 14 JANUARY 2013

SRF said the committee had agreed to amendments of the minutes from the previous meeting which had been chaired by NL. Work continued on the 2 site options, White City or developing the RBH site. The committee was examining where the risks lie and these would be considered in a Part II session after this Board meetings. The committee had looked in detail at the options summary. These would come through in the business case in due course. The committee had been given an outstanding presentation by Robert Wilson, Clinical Director Lung Division. SRF said this should be given to the Board and the intention was either to include it on the agenda for the Board in April 2013 or discuss it at a Board seminar. KO asked if the report could be circulated to Board members? SRF said all Property Committee papers were circulated to all Board members. TE and NC expressed their wish that a special presentation be made.

JH said that medical strategy was discussed by the Governance and Quality Committee but it did not have a conduit in the Board and sub-committees. She suggested that there could be a sub committee. TE said this was a good suggestion. Three of the new appointments showed that clinical strategy is there and it is also discussed in Management Committee. BB said the Board had discussed clinical strategy on 5/6 occasions and that clinical strategy was a regular feature of board seminars. KO said she felt it still merited discussion. JH thought that an away day may be the right place to consider it. SRF cautioned against too great a focus on strategy.

It was agreed that a seminar or presentation to the Board be given by Robert Wilson.

2013/11

FINANCE COMMITTEE

(i) REPORT FROM THE MEETING HELD ON 18 JANUARY 2013

NL said this had largely been covered in the Financial Performance Report. In addition the committee with RP and his team were looking at developing some KPIs to look at performance in 2013/14 and were also considering the private medicine challenge.

2013/12

INDEPENDENT REVIEW PANEL SUBMISSION AND MEETING

NL commended PM for an outstanding and compelling piece of work. SRF asked if the panel could be expected to read it? BB said they will. CS added that the panel were clearly impressed when they had been taken around the hospital.

2013/13

AOB

a) RCr reported that the prosecution brought by the Health & Safety Executive (HSE) had been heard in court on 16 January 2013. He reminded the Board that this was a breach reported to the Board in 2011 concerning a vial containing Tuberculosis bacteria which had been dropped. No one had been hurt, and there was no risk but the investigation identified weaknesses in control and maintenance. Faced with charges for 3 offences the Trust had pleaded guilty to 2, and the other charge was dropped. The Trust had been fined £12, 515 and told

to pay £25,000 of costs. The HSE had asked for £34,000 costs to be paid. SRF asked if he could say with confidence that the lessons learned would be put to good practice? RCr said this was his hope. The judge had been impressed by the mitigating circumstances and had noted that where the Trust had identified gaps it had taken steps to close them.

- b) SRF asked if the Board agreed that the new Non Executive Director, Andrew Vallance-Owen could attend the next meeting of the Risk and Safety Committee (RSC) on the 19 February 2013 as an observer? The Council of Governors was not due to meet till the end of February 2013 to approve his appointment. NC said he had asked Governors and they were content. The Board agreed that Andrew Vallance-Owen could attend the meeting of the RSC.

2013/14

QUESTIONS FROM MEMBERS OF THE PUBLIC

Donald Chapman said he was a very satisfied customer of the Trust. SRF thanked him for his kind words. Mr Chapman said he had read the report about the Harefield Mansion that JA had sent him and asked what would now be done about it?

JA replied and said that an appraisal would be undertaken and costed. This will go to the Capital Working Group for consideration of funding in the same way as other capital projects.

DATE OF NEXT MEETING

Wednesday 27th March 2013 at 10.00am in the Concert Hall, Harefield Hospital.