A lifetime of specialist care

Royal Brompton & Harefield NHS
NHS Foundation Trust

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

Present:	Sir Robert Finch, Chairman	SRF
	Mr Robert Bell, Chief Executive	BB
	Mr Robert Craig, Chief Operating Officer	RCr
	Pr Timothy Evans, Medical Director & Deputy Chief Executive	TE
	Mr Neil Lerner, Deputy Chairman & Non-Executive Director	NL
	Mr Richard Paterson, Associate Chief Executive - Finance	RP
	Dr Caroline Shuldham, Director of Nursing & Clinical Governance	CS
	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
	Ms Sian Carter, Interim Director of Communications & Public Affairs	SC
	Mr Nick Hunt, Director of Service Development	NH
	Mr Piers McCleery, Director of Planning & Strategy	PM
	Mr David Shrimpton, Private Patients Managing Director	DS
In Attendance:	Mr Anthony Lumley, Corporate Governance Manager (minutes)	AL
Apologies:	Pr Kim Fox, Prof of Clinical Cardiology	KF
	Mr Richard Hunting, Non-Executive Director	RH

2013/78 DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING

None.

2013/79 MINUTES OF THE PREVIOUS MEETINGS HELD ON 25 SEPTEMBER 2013

The minutes of the meetings were approved subject to the following amendments:

- Page 3, item 2013/70, second para., first sentence: after ‘should’ and before ‘be’ delete ‘be not’.

- Page 4, item 2013/70, second para., first sentence: delete ‘2013’ and replace with ‘2014’.

Matters arising

KO said that there had been much discussion around ‘future options’ and proposed that the Board should hold a discussion on this topic. It was agreed that this would be timely and a session would be organised.

In response to a query from SRF, NEDs confirmed that they had received an invitation to Schwartz Rounds.

Action: Board discussion on ‘future options’ to be organised.

2013/80 REPORT FROM THE CHIEF EXECUTIVE

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

NHS England – Review of Congenital Heart Disease Services (CHDS)

BB said his report had included a document outlining the Scope and Interdependencies which was considered by NHS England (NHSE) at their Board meeting on 29 October 2013. He had also circulated an organisation chart which outlined the structure of the review process. Board members may be concerned that some of the individuals involved in the Safe and Sustainable (S&S) process were also involved in the CHDS review. This emphasised the need for the Trust to track and monitor this process very judiciously. Unlike S&S, this review was unlikely to decree who would/would not provide services. Instead, the CHDS review would be about service standards and commissioning according to those standards. BB said he believed that there was still hostility to the Trust’s service model in certain circles. Governors at their meeting on 23 October 2013 had discussed how the Trust’s clinicians could be more actively engaged but he felt that, while this was important, it was unlikely to be effective. The Trust would most likely face institutional opposition. Trust clinical representatives could be the ‘eyes and ears’ but would not be able, realistically, to act as people of influence. It could take a generation to alter such a dynamic.

Invited by BB to update Board members RCr said he would report on 3 elements: structure, standards and scope.

- Structure: a sub-committee of the board of NHSE was meeting monthly, chaired by Prof Sir Malcolm Grant. A Programme Board was reporting to it chaired by Bill McCarthy, NHSE’s National Director of Policy. A Clinical Advisory Panel had been established chaired by Sir Michael Rawlins, former Chairman of the National Institute for Health and Clinical Excellence (NICE), informed by 3 “Engagement” Groups: the Clinicians’ Group, the Provider Group and the Patient and Public Group. On the Clinicians’ Group, the Trust’s nominee, Dr Lorna Swan was sitting; on the second RCr was himself sitting; it was not yet known who had been invited to sit on the third Patient and Public Group. Initial meetings for all these groups were scheduled in November 2013.
- Standards: this was focused on developing standards for people with CHD. Professor Sir Bruce Keogh, Medical Director of NHSE, served on the Programme Board and the Clinical Advisory Panel and was encouraging the development of ‘ideal’ service standards... NHSE had said it expects to publish draft standards for consultation by January 2014, and a final specification informed by those standards by July 2014. They would then view this as an ‘implementable solution’ to be taken forward by specialist commissioners.
- Scope: NHSE had sought commentary from all parties via their website on the final scope of the review. The Scope and Interdependencies document was nuanced and made clear that the review would consider a spectrum of services which CHD patients use rather than rule certain

services ‘in’ or ‘out’ of scope. Intensive care services would be considered.

SRF asked if the Trust was sufficiently represented? RCr said it was too early to tell, but that the Trust was focused on ensuring representation. To date, notes and minutes of meetings had been published. Referring to the organisation chart for the review, BB said the Trust was involved in ‘Engagement’ groups, but not in the ‘Advisory’ or ‘Decision Making’ groups.

KO asked, given the Trust’s concern about the attitude of those involved in S&S, were those people in the Advisory and Decision Making groups likely to be more open minded? BB said the ideologies and dogmas about how medical services should be delivered were unchanged. The process was not transparent. AVO asked if a Trust physician was on the Clinical Advisory Panel? BB said this was not the case but 2 individuals who work at Great Ormond Street Hospital were.

Noting that inherited heart disease was out of the scope AVO asked if this was valid and whether it affected the Trust? TE said it had been an area of controversy in S&S as it split surgeons’ workload but, broadly, it was correct and fair to leave it out this time.

BB said nothing deterministic will happen before 2015. The Trust should focus on appropriate positioning in relation to standards. TE commented that the provision of transplantation / cancer services through a standalone specialist hospital model was still a live issue. BB said other groups did have representation. NL said while he noted that the Trust’s lack of influence could not be cured overnight, addressing it should be in the longer range plan. AVO agreed and said that those who can influence should still try to do so. Alain Fraisse, whom he had interviewed for the post of Director of Paediatric Cardiology Service had said the Trust’s model was unique.

Planning Application: Royal Borough of Kensington & Chelsea (RBK&C)

BB said an inaugural meeting of the Royal Brompton Hospital Liaison Group was held on 28 October 2013 at the Old Chelsea Town Hall. The meeting was hosted by RBK&C and chaired by Councillor Timothy Coleridge, Cabinet member for Planning Policy. In attendance were also two other Councillors: Councillor Sir Merrick Cockell (a former Leader of RBK&C) and Councillor Will Pascall. Presentations were made by BB, Paul Davis + Partners and representatives of the RBK&C Planning Department which was represented by four officials. Six individuals representing Amenity Groups and Residents Associations were also in attendance. They raised several questions and expressed views about issues and priorities. The RBK&C planning staff had outlined a schedule of events in the preparation and completion of the SPD. BB added that this schedule was acceptable and encouraged Board members to attend some of these meetings.

BB said he was very pleased with the support from Councillor Cockell. Councillor Coleridge also appeared very satisfied with the initial scheme presented by Paul Davis + Partners. This was the first meeting of many. Most of the comments from the local groups were about facades rather than substance. He had emphasised that the Trust is a working hospital.

Invited by BB to comment, RP agreed that it had been a sympathetic hearing. BB and Paul Davis + Partners had made a good presentation and the presentation from RBK&C's Planning Department was also balanced. The process so far was moving in the right direction.

Secretary of State: visit to Royal Brompton Hospital
BB reported that Jeremy Hunt, Secretary of State (SoS) for Health, at the invitation of the BRU genetics laboratory, would be visiting the Trust on 5 December 2013. The SoS had indicated that he wanted to spend 2 and a half hour on the ward with staff.

SRF asked in Board members were content with the new format of this agenda item? LAA said she felt there should be more connection. For example, it would be useful to hear BB's reaction to other items currently in the news in his report. BB said his report was dealing with exceptional strategic and significant issues. As a Board member he would raise his views as and when other agenda items were discussed. LAA said that the press briefings NEDs received every day included a whole range of issues it would be useful to hear his views on. KO said she preferred to ask BB questions directly on items. BB said he appreciated this approach which was more constructive.

2013/81 CLINICAL QUALITY REPORT FOR MONTH 6: SEPTEMBER 2013

Presenting the report RCo highlighted the following:
Monitor's Compliance Framework (CF)

- The position at month 6 of Q2 was that all CF targets had been met and the forecast for Q2 2013/14 was a Green governance rating.
- There was 1 case of *Clostridium difficile* in September 2013, making 6 in total for the Year to Date (YTD).
- No MRSA in M06
- The 62 Day Cancer target had been met. Currently, 8 requests for breach repatriations had been made, 3 of which had been agreed and 1 refused. There was sufficient headroom so the Trust would pass the target come what may. The London Cancer Alliance has agreed a breach repatriation protocol, for the London area, which would make it easier to agree breach repatriations for patients referred to a specialist centre after day 42. Commenting on the single repatriation that had been refused, LAA asked who refereed repatriations? RCo said the rules were if a referring organisation said a case was too complex it was not obliged to take it back. The process, if a repatriation was challenged, was a letter exchange between CEOs. There was no third party review process.

Care Quality Commission (CQC) Registration – discussion of this part of the report was deferred to the item on 'CQC Inspection Report'.

Clinical Outcomes

- Hospital Standardised Mortality Rates (HSMR): this was 118.9 which is above the national benchmark. SRF noted that the report said the cumulative effect over the 12 months to July 2013 represented 332 deaths against an expected number of 280. TE said the rise was confined to interventional cardiology at HH. In other areas deaths were as expected. The best explanation at this stage was: firstly, there had been more cases of patients with cardiac arrest outside the Trust who were then admitted; secondly, the Trust had one of lowest palliative care coding. Patients having palliation were removed from the rate. Typically this was between 2.5 and 7% for District General Hospitals, but 0% for the Trust. TE added that the Trust will be looking at its practices. While he felt there were no areas to be concerned about the Trust would remain alert. AVO concurred and said it had been discussed in detail at the Risk & Safety Committee. He did not believe that the Trust did not have at least some patients who came in for palliation.

Incidents:

- Safety SI's (Serious Incidents): 1 SI - two Grade 3 Pressure sores reported in September 2013.

NHS Standard Contract:

- 18 Weeks 'Admitted' pathways: the 90% target was reported to have been failed at the 'other' national specialty level (87.2%).
- 18 RTT by National Speciality – Incomplete Pathways: the 92% target had failed at the 'other' national specialty level (90.43%).
- 18 RTT by National Speciality – Non Admitted: the 90% target had failed for National Specialty Cardiology level (93.8%). Extensive validation work had begun to look at the incomplete and non admitted targets. LAA noted that the failures were all very close to meeting the targets. The red/green rating appeared a brutal measure especially as there was no amber rating. This meant it was only 1 or 2 people causing the Trust to be in the same bracket as some organisations where it could be as many as 20-30 people. RCo said that target measurement was absolute, and there was no rounding. RCo clarified that the target failures were associated with the NHS Standard Contract metrics, rather than the Monitor metrics. He said that it was unclear what actions commissioners night take at the end of the year. RCr agreed but added that the consequences were that there may be a fine. It was always in the Trust's patients' interests that their waits were as short as possible.

Friends and Family Test (FFT)

- Current Month Reporting: the overall Net Promoter Score (NPS) for the Trust for September was 84 with a response rate of 21% which is

more than the required minimum (15%). RCo said CQUIN income was dependent on achieving a response rate of 20% for Q4. LAA asked what a 'good' NPS equated to? RCo said 84/85 was good when benchmarked. LAA asked if complaints correlated with FTT? CS said this was not the case as FTT comments were too general.

The Board noted the report.

2013/82 CQC INSPECTION REPORT: ROYAL BROMPTON HOSPITAL

RCo introduced the report in which the findings of the inspection team was set out. All 8 of the standards inspected were met. CQC had highlighted the following in their report:

- overall patients had a positive experience and were treated with dignity and respect.
- patients' privacy and dignity were respected.
- a patient said the care was 'absolutely brilliant'.
- CQC said they had discussed the 18 week 'referral to treatment' target time and had noted the Trust's plans to address the failure of the non-admitted target.
- positive comments about food and drink. RCo said the comments by the CQC that they saw 'patients with red trays assisted to eat and drink' and 'protected mealtime' were very important as these were areas that were often a major failure in other hospitals.
- cleanliness and infection control was effective
- staffing is sufficient and a patient had commented 'there is always a nurse dedicated to looking after me'.
- quality of service provision: it was noted that Board members visited wards
- records were kept securely, staff trained in Information Governance and outpatients had told them that all their records were available for appointment. RCo added that the CQC had looked at 5 sets of medical records which again demonstrated their thoroughness.

RCo said that on 24 October 2013, CQC published information about every registered hospital. Information from the evaluation of more than 150 indicators was collated to produce their first Intelligent Monitoring Report. Hospitals were grouped into one of 6 bands with band 1 being the highest risk organisations and band 6 the lowest risk organisations. The Trust was in band 3. The report set out the count of 'Risks' and 'Elevated Risks' for the Trust. There was 1 item scored as a 'Risk' – NHS Staff Survey- KF7. % staff appraised in last 12 months and 2 items scored as 'Elevated Risks': i) Composite indicator; in-hospital mortality – Cardiological conditions and procedures and ii) Whistleblowing alerts.

To put this report in context, RCo said that of the 2 other Trusts which are regarded as benchmark organisations; Papworth Hospital was also in band 3 and the Liverpool Heart and Chest Hospital was in band 6. The algorithm behind this scoring was not transparent. In relation to the elevated risks, the in hospital mortality for cardiological procedures was thought to be associated with the out of hospital cardiac arrest admissions to Harefield

Hospital. The Whistleblowing alerts referred to 2 incidents: one concerning 18 week waits at Harefield Hospital and the second concerning issues associated with the performance of a medical secretary in the Heart Division at Royal Brompton Hospital. Both alerts had been reported via the Governance & Quality Committee and the Risk & Safety Committee. BB added that both incidents had been investigated by the Trust and that appropriate action had been taken.

Board members were unanimous in considering it to be nonsensical that a Trust should be given an apparently negative report when procedures had been followed correctly. The Board debated whether to invite Professor Sir Mike Richards, the CQC's new Chief Inspector of Hospitals to explain the matter. TE said he was already coming to the Trust on 26 November 2013 as the Trust was hosting a Specialist Trusts Federation meeting here. CS said she knew of another Trust which had had positive visit from the CGQ but were put in band 2.

AVO congratulated RCo and CS on the CQC inspection report. CS said it was the whole organisation that should take the praise.

2013/83 FINANCIAL PERFORMANCE REPORT FOR MONTH 6: SEPTEMBER 2013

Introducing his report RP highlighted the following:

- M06 had been a satisfactory month following a disappointing performance in M05 though this showed that each month should not be taken in isolation. M06 had recorded a surplus of £0.4m against a planned deficit of £0.1m. All divisions had met their targets. The Trust has a surplus Year to Date of £1.4m against plan of £0.3m, and was also £1m ahead of where the Trust was 12 months ago..
- Cash: debtors - difficulties with collecting debts from CCGs, NHSE and PPs. RP said that further to his meeting with Paul Baumann, NHSE's Chief Financial Officer, reported to the last Board meeting, he had written to him about the CCGs who had said they could not, or would not, pay: some had cited the reason as being that it was not clear whether CCGs or NHSE should be commissioning specialist services. He had received a reply from Paul Baumann in which he apologised and said NHSE and CCGs had now agreed how such services should be commissioned. This was helpful although as yet the debtor position remained problematical.
- Looking ahead there were a number of challenges: the timing and amount of Project Diamond (PD) funding; trade debtor collections; and subsidising the capital expenditure programme required before the redevelopment of RBH begins.
- As M06 marked the end of quarter 2 for 2013/14 the Trust would be reporting a Financial Risk Rating (FRR) of 3 for the last time before moving to the Continuity of Service (CoS) rating. On the latter basis the Trust was maintaining a shadow rating of 4, the best available. RP said cash and performance had been modelled 12 months out, and he was therefore comfortable that the Trust could anticipate maintaining a

minimum CoS rating of 3 for the next 12 months and asked the Board to endorse that statement in the Monitor Q2 return to be filed on 31 October.

The Board agreed that the Trust should report an FRR of 3 for the quarter to 31 September 2013 and declare that the Board anticipates the Trust will maintain a CoS of at least 3 over the next 12 months.

SRF asked if, long term, the Board should be concerned about PD funding? RP said that currently there were indications of a movement away from Payment by Results (PbR) to other forms of payment. He believed that somewhere in this process PD would be picked up, perhaps being consolidated into new payment mechanisms. NH said NHSE had published some commissioning intentions for the next year. This had intimated that the process would be that designated lead contractors would receive cash and then sub contract to other providers. NH said he thought that Simon Stevens, the new Chief Executive of NHSE, would row back from this. NHSE was expected to publish new tariffs in December 2013. He added that he did not think changes to PD funding would be made for next year.

BB said he did not think that PD funding would necessarily happen again after 2013/14. He said that the amount reflected in the budget for this year was potentially at risk. RP said he hoped the Trust would receive more PD funding than was in the budget. However, it was necessary to be thinking of the implications for 2014/15 now. There was some comfort to be drawn from Paul Baumann's comment at the meeting that he did not want to 'upset the apple cart'. He therefore agreed with NH that fundamental changes might not happen next year. It was clear though that PD was a year by year discussion.

The Board noted the report.

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

2013/83 WORKING CAPITAL FACILITY (WCF)

RP introduced the report and said the Trust was intending to partially replace with immediate effect the WCF arrangement which had ended on 30 September 2013 with a twelve month £10m committed facility to bridge any short term cash requirements. This had been discussed and considered by the Finance Committee. RP added that specifically this was not for capital expenditure. He anticipated that the Board would be asked to consider borrowing for capital in the New Year.

BB asked if the new WCF was a requirement of Monitor? RP said it was not but it was a sensible measure that would show the regulator that the Trust was planning appropriately for cash dips. It was unwise to wait until a WCF was actually needed and then attempt to negotiate terms.

RP pointed out that the draft WCF directors' certificate incorrectly disclosed the facility limit and that the correct figure of £10m would be in the signed certificate.

There was produced to the meeting a document containing the commercial terms of a revolving credit facility (the Facility Agreement) from Barclays Bank PLC (the Bank) to the Foundation Trust setting out the terms and conditions upon which the Bank is prepared to make available to the Trust a facility (the Facility) in the maximum principal sum of £10m.

IT WAS RESOLVED

1. That the borrowing by the Foundation Trust of up to the full amount of the Facility on the terms and conditions set out in the Facility Agreement is in the interests of and for the benefit of the Foundation Trust and is in the interests of and for the members as a whole and that such terms and conditions be and are approved and accepted.

2. That the Foundation Trust has used £512, 000 of its borrowing facilities and has the capacity to enter into a revolving credit facility agreement in the maximum principal sum of £10m, which is equal to or more than the Facility.

3. That by entering into the Facility, the Foundation Trust will not be in breach of its obligations pursuant to section 44 of the National Health Services Act 2006, and that the Foundation Trust will not use the Facility in such a way that will cause itself to breach its obligations, pursuant to section 44 of the National Health Services Act 2006, or any condition of its Licence.

4. That Mr Richard Paterson, Associate Chief Executive – Finance; and Mr Robert Craig, Chief Operating Officer, be and are hereby authorised to sign the Facility Agreement and the Directors' Certificate on behalf of the Foundation Trust, in their capacity as board members, to indicate acceptance of the terms and conditions.

5. That the Bank is authorised to act in all matters concerning the Facility upon instruction from the Foundation Trust signed in accordance with the Bank's mandate for any of the accounts of the Foundation Trust held with the Bank current from time to time.

Certified to be a true extract from the minutes of a duly convened meeting of the Board of Directors validly held on the date shown above.

……………………………… Trust Secretary 30th October 2013
Richard Connett

……………………………… Chairman 30th October 2013
Sir Robert Finch

2013/85 Q2 MONITOR DECLARATIONS 2013/14: GOVERNANCE DECLARATION

RCo presented Paper E, and the Board approved the Governance Declaration for Q2.
The Trust is currently showing the highest CoS rating of 4 under the new regime.

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

2013/86 AUDIT COMMITTEE

(i) MINUTES FROM THE MEETING HELD ON 24 JULY 2013
The minutes were noted.

(ii) REPORT FROM MEETING HELD ON 21 OCTOBER 2013

NL said the committee had reviewed internal audit, external audit, and Fraud risk assessment. External audit had included a paper on sector development which would feed into the review of the appointment of external auditors. There were no matters of material concern.

2013/87 RISK AND SAFETY COMMITTEE (RSC)

(i) MINUTES FROM THE MEETING HELD ON 24 JULY 2013
The minutes were noted.

(ii) REPORT FROM THE MEETING HELD ON 21 OCTOBER 2013
AVO said that in addition to the usual key issues discussed, the Committee had considered a new area – insurance claims both clinical and other. It was noted an increasing number of clinical claims were being made both generally against providers and specifically against the Trust. Payments made by the NHS Litigation Authority (NHSLA) in respect of claims made against the Trust now substantially exceeded the cost of the Trust's contributions to NHSLA's clinical negligence scheme and future increases in the Trust's CNST contributions were probable. NL asked if this would have an impact in 2014/15. RP said this was not known as yet but would be by the time the 2014/15 budget has been decided.

AVO said they had looked at national audit, mixed sex bathrooms and actions to address this, and a comprehensive complaints review. In addition they had considered if any minor changes to the role of RSC were needed. It was agreed that anything that was a clinical risk should come to the RSC first.

SRF asked about safer neuraxial connectors and for more background on the decision to keep the alert open? CS said this had been thoroughly debated by the Governance & Quality Committee. It was agreed that the Trust's approach had always been to be straight and this meant the alert should remain. As soon as the necessary equipment had been manufactured, the Trust would acquire it.

2013/88 RECOMMENDATIONS OF ADVISORY APPOINTMENTS COMMITTEE

NL reported on the appointment of a Consultant in Cystic Fibrosis. NL noted that this was a narrow niche speciality not treated elsewhere in Europe in the way the Trust treated it. Although there had only been one candidate the selection process had been rigorous and there had been an absolute consensus to appoint. TE said the Trust's practise was actually broadly followed in the UK so it was possibly a concern more applicants had not come forward. The appointment of Dr Andrew Jones was ratified by the Board.

AVO reported on the appointment of a Consultant in Paediatric Cardiology and Director of Paediatric Cardiology Service. There had only been one candidate, possibly as result of the uncertainty caused by the S&S process. However, Alain Fraisse was an excellent candidate. TE said he was delighted with the appointment and concurred with AVO as the former head of cardiology had left because of S&S. The appointment of Alain Fraisse was ratified by the Board.

2013/89 AOB

BB said that Independent Reconfiguration Panel published its advice on 'Shaping a healthier future' and the proposals for changes to NHS services in North West London. The Secretary of State had responded in Parliament today. He had accepted the recommendation that 5 A&E units should stay open. These included Ealing Hospital, Charing Cross Hospital and Chelsea & Westminster Hospital but the closure of A&E at Hammersmith Hospital and Central Middlesex Hospital was confirmed. The closure of Charing Cross's A&E would have some effect on the Trust and he had noted that Ealing's A&E was effectively downgraded from a 24/7 service to 5 days a week.

2013/90 QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

NEXT MEETING

Wednesday 27th November 2013 at 10.30am in the Concert Hall, Harefield Hospital.