

**ROYAL BROMPTON & HAREFIELD NHS TRUST**  
**Minutes of a Meeting of the Trust Board**  
**held on 26 October 2005 in the Concert Hall, Harefield Hospital**

Present: Lord Newton of Braintree: Chairman  
Mr C Perrin: Deputy Chairman  
Mr R Bell: Chief Executive  
Professor M Green: Non-Executive Director  
Mrs M Leadbeater: Director of Finance  
Mr P Mitchell: Director of Operations  
Mrs S McCarthy: Non-Executive Director  
Professor A Newman Taylor: Deputy Chief Executive  
Dr. C Shuldham: Director of Nursing and Quality

By invitation: Mrs M Cabrelli: Director of Estates  
Mr R Craig: Director of Governance and Quality  
Mr N Hunt: Director of Commissioning and Business  
Development  
Mr T Vickers: Director of Human Resources  
Ms J Walton: Director of Fundraising

In Attendance: Mr J Chapman: Head of Administration  
Mrs L Davies: Head of Performance  
Ms S Ohri: Deputy Director of Finance  
Mrs E Schutte: Executive Assistant

Apologies for absence were received from Mrs Sonya Bhatt, Mrs Isabel Boyer, Professor Tim Evans and Ms Josephine Ocloo.

The Chairman welcomed members of the public to the meeting. He also reported that Mrs Isabel Boyer would cease to be a Non-Executive Director of the Trust at the end of November when her second term of appointment comes to an end. The NHS Appointments Commission had appointed a successor and an announcement would be made shortly.

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2005/108 MINUTES OF TRUST BOARD MEETING ON 28 SEPTEMBER 2005

The minutes of the previous meeting of the Trust Board which was held on 28 September 2005 were confirmed.

2005/109 INDEPENDENT REVIEW REPORT ON LESSONS LEARNED FROM THE PADDINGTON HEALTH CAMPUS PROJECT: SEPTEMBER 2005

The Board received the final report to North West London SHA from the Independent Review Panel on "Lessons Learned from the Paddington Health Campus Project." The Chairman explained that the report was intended for the Board's consideration and discussion, particularly the recommendations which related to the Trust. He had also agreed to Mrs Brett's request as Chair of Heart of Harefield that she should speak on the report.

Mrs Brett provided Board Members with a file of relevant material on the Paddington Project including a chronology from 2000-2005. The Board was reminded that when she had last addressed it two years ago she had warned that Paddington was not viable and that therefore the Non-Executive Directors should be mindful of their duty to challenge and question. The facts were that Paddington had escalated in cost from £360m to over £1billion, was supposed to be operational in 2006 but instead had stagnated without planning permission or a proper business case. However Mrs Brett thought it wise to consider whether the Executive and Non-Executive Directors had been supplied with all the necessary information, a point which the Lessons Learned Report had not explored.

In particular the Lessons Learned Report criticised the Non-Executive Directors for not implementing the recommendations of the Gateway Review of November 2003, but if this had not been made available to them it would not have been possible for them to act upon it. Mrs Brett had asked the then Chief Executive for a copy of the November 2003 Gateway Review which he had refused. If the Non-Executive Directors had not seen it she sympathised.

As important to the Board was sight of the 19 January 2005 letter from Peter Coates, Deputy Director of Finance at the Department of Health, to Dr. Goodier, Chief Executive of the SHA. This DoH letter pointed out that experience had shown that schemes with a cost in excess of £1billion proved unaffordable. In the light of his grave reservations on the Project's viability Mr Coates formally asked that the SHA and Trusts considered withdrawing it. Mrs Brett said it was extraordinary that after such a definite DoH letter the principals continued with the Paddington Project. In a SHA meeting Mrs Brett had asked Dr. Goodier to make public Mr Coates' letter. His refusal was on the grounds that it was cynical and jaundiced but Heart of Harefield considered Mr Coates' letter to be realistic. Mrs Brett said that by the end of 2004, as the Lessons Learned Report makes clear,

(page 31, point 7.7) the Project could have been terminated on six occasions, which was why the Lessons Learned Report is laden with severe criticisms of the Project's governance, mismanagement and inappropriate use of consultants. Heart of Harefield having also warned in meetings with the Trust's Chairman that Paddington was not viable now hoped that the Board would listen and learn.

In every way the Independent Review was damning on the Paddington Project. Of concern therefore was accountability being evaded due to the second term of reference of that review set by the SHA. It states that it is not part of the reviewers' brief to allocate or apportion blame to any individual or organisation. This was disgraceful. The NHS Codes of Conduct and Accountability lay down three crucial public service values, accountability, probity and openness, which must underpin the work of the NHS. These core standards had been breached by the second term of reference. The Department of Health should not have agreed to this.

Mrs Brett commented that while no one could be named as culpable in the Report due to that terms of reference, who had refused to be interviewed was significant. They were Mr John Hutton, a Health Minister, Dr. Stephen Ladyman, his Junior Minister, and Ms Karen Buck MP. All had spoken strongly in favour of the Paddington Project in adjournment debates. Sir Nigel Crisp, Chief Executive of the NHS, also declined to be interviewed. Heart of Harefield did not find this acceptable. There should have been a willingness to admit mistakes, to apologise and to learn from them.

In this context (page 30 point 7.4) the Lessons Learned Report refers to Ministerial interference in this Project. Mrs Brett referred to a December 2003 letter from Mr John Hutton to Ms Karen Buck MP, which assured her that he was confident that the Project had been well managed, that he was in favour of it, and that it would go to market in Spring 2004. However the Minister should have been observing impartiality because a review of Paddington's problems by the NAO/Treasury and Department of Health had just started. It did not report until 2004.

Mrs Brett said that eventually the Trust Board withdrew its support for Paddington citing amongst other reasons finance. But the crux of the problem was the constrained site. It was known three years earlier that NHS standards for patient care were rising. NHS Estates was aware and allocated significant funds to refurbish open wards. Despite this the Paddington Project went ahead without allowing for

the new standards and consequently the August 2002 OBC became obsolete. Mrs Brett said she believed Mr Eric Sorensen, then Project Director, knew that a problem existed and the opportunity should have been taken to stop and reassess the Project. Instead those managing the Project searched for additional land which resulted in desperate deals and more bizarre schemes. Even when the Paddington Project was eventually abandoned searches for a solution to the land problem were still continuing. The Board could hardly be surprised in these circumstances that people were asking what was going on, what was wrong with them, the Scheme was not viable and rarely had so little been achieved with so much money. The SHA had included the second item in the Independent Review's terms of reference so that it could not be blamed. Mrs Brett explained that the file she had given to Board Members included lists of the names of those on the management groups responsible for governing the Paddington Project. Included were NHS Chief Executives, Chairs and Finance Directors.

Mrs Brett said that Heart of Harefield believed it was time for admissions and apologies from those responsible for the mistakes, not least for not having listened and learned earlier. Particular criticism remained of the SHA however which appeared determined not to learn to the extent of still trying to close Harefield Hospital. Such change could only come about after full consultation with the public and in respect of Harefield Hospital the SHA would fail.

Mrs Brett concluded by reiterating that it was possible that all Board Members had not seen the relevant documentation on Paddington. However in the light of Heart of Harefield's long term warnings on Paddington and the need to discuss the Lessons Learned Report it would have caused a problem if her request to speak had been refused or if the Report had remained as the last item on the Trust's agenda. The final words from Heart of Harefield on the Paddington Project had to be, "We told you so."

In reply to Mrs Brett the Chairman said the Board accepted the report of the Independent Review and was considering the lessons to learn, many of which were beyond the Trust. The SHA had agreed to produce an implementation plan for consideration at its meeting on 20 December and the plan would be considered by the Trust Board at its meeting in January 2006. The Trust would look carefully at what it said. The Chairman also indicated that he had received comments from a director who was unable to be present at the meeting, notably on what the report had said about project

management, consultation with the public and threats to the Trust's autonomy, which would be considered carefully.

Mr Charles Perrin, Deputy Chairman and Co-Chairman of the Project Management Board, said he did receive a copy of the report of the Gateway Review and the letter from Mr Coates to the SHA Chief Executive and he understood and agreed with some of the comments Mrs Brett had made. However it was not the case that the Board did not listen, there were also other factors to consider, for example, shortly after the letter was written Westminster City Council offered to facilitate a resolution of the land problem. The Department of Health was aware of this and wanted the Trust to explore it. The Department of Health had said a careful approach was necessary but a further event then intervened. It was not that the advice was ignored.

Mr Robert Bell, Chief Executive, thanked Mrs Brett for her address. Not having the benefit of knowing the full history of the Paddington Health Campus Development (PHCD) Mr Bell said he had given the report his very close attention. The report made 43 recommendations; 14 related specifically to the Department of Health, 6 to the SHA, 22 to the SHA and the Trust and one to the NHS Appointments Commission. The recommendations would inform any future project development.

Mr Bell further referred to a statement at the beginning of the report which said the PHC Project started in 1999 as a solution to a problem, how to re-provide outdated facilities in St. Mary's Hospital and Royal Brompton and Harefield Hospitals. Today most of the facilities were no better and in some respects they were worse. The Trust had a duty to fulfil the responsibilities entrusted to it and to follow its mission to achieve its goals. Mrs Brett had identified accountability and responsibility. Mr Bell gave an assurance as the accountable officer of the Trust and its Chief Executive that as the Trust progressed with plans to redevelop services at both sites it would give the closest attention to the report. This should be seen as an acknowledgement that the Trust would learn lessons from it.

Mrs Pauline Crawley, Chairman of Harefield Tenants and Residents Association and a former Non-Executive Director of Hillingdon Health Authority, asked if all the Trust's Non-Executive Directors received a copy of the Gateway Review. The Chairman said it was his understanding that all the Board Non-Executive Directors at the time

received a copy of it and he undertook to ask those who were still in office if this was the case.

Mr David Potter, Vice-Chairman of Heart of Harefield and Chairman of Re-Beat, a Patients' Charity, said learning lessons frequently proved expensive but in the case of the PHCD it was necessary as £14mn had been spent on consultancies and associated project costs and £100mn on opportunity costs such as diverting Trust staff from other duties and replacing them within the Trust and the cost of delays. There were also consequential increases to capital costs. On accountability Mr Potter said the Board should hang its head in shame over what Heart of Harefield had said was a culture of opportunism that had existed. The land acquisition Westminster City Council had offered to facilitate was a last desperate opportunity in which the Board was grasping for success despite seven occasions that had shown the PHCD was not viable. Mr Potter said someone should be held accountable. In private industry heads would have rolled long ago.

The Chairman noted what Mr Potter had said. The theme of the report was learning lessons rather than focusing on blame, an issue he understood the SHA Chair had stressed at the recent SHA Board meeting.

Mr Potter referred again to the £100mn that had been spent on opportunity costs and said he warned the Board several times how much the PHCD was costing. The Chairman said there was uncertainty about how these opportunity costs had been calculated and to assert that it all rested with the Trust Board was inappropriate.

A member of the public quoted from the statement of internal control in the SHA annual performance review and accounts for 2004/5 which the Chief Executive had signed and said in relation to responsibility for the PHCD the SHA Chief Executive had taken none at all. The member of the public also said that when Mrs Brett had spoken to the SHA Chief Executive it was as if she was speaking to an open window. She received no response whatsoever. The Chairman said the remarks were directed to the SHA and he was in no position to comment on them.

The member of the public said his point was that the public had no respect for the SHA as it was unwilling to accept any responsibility.

The public also held similar views over the Trust Board especially with £100mn having been spent on opportunity costs.

The Chairman said the Board accepted responsibility for judgements and decisions it had made at the time. They had been taken in the context of the agreed decision to replace outdated buildings and facilities. It was also the Trust Board that finally decided the PHCD could no longer be supported and the member of public should take it into account as an example of how the Board accepted responsibility for all decisions it had made.

2005/110 ELECTROPHYSIOLOGY, PACING AND CARDIAC IMAGING

The Chairman informed the Board that following discussion at the previous meeting the Trust and Imperial College would later in the week be discussing with the British Heart Foundation the possibility of a grant to assist in the development of an electrophysiology and imaging centre. Professor Kim Fox, Specialty Director of Cardiology, and Professor Dudley Pennell, Speciality Director of Imaging, had therefore been invited to give a presentation to the Trust Board on the development.

Professor Fox explained that the Imperial College of Medicine strategy for cardiovascular medicine and surgery had identified Royal Brompton & Harefield NHS Trust as the centre for tertiary and quaternary services with a focus on research into and treatment of people with heart failure and atherosclerosis. Electrophysiology and cardiac imaging were of pivotal importance to this. The Trust imaging services were recognised as a European leader and among the best internationally and electrophysiology services were a national leader. The interaction between electrophysiology and imaging through the development of an electrophysiology and imaging centre therefore offered an unsurpassable prospect for the Trust to become a true international leader with unrivalled opportunities in diagnosis and treatment of cardiovascular disorders.

The proposal envisaged a development in two stages, for which Board approval would be sought, with the first commencing in January 2006. Two catheter laboratories would be fully equipped for state of the art electrophysiology at Royal Brompton Hospital. The Trust Charitable Funds Management Committee would be approached to provide £300,000 to help develop the new centre. Concurrently there would be optimal use of the catheter laboratories at Harefield Hospital where the focus would be on diagnosis and

treatment of people with acute coronary artery disease and transplantation services. An academic professor, a clinical professor and two consultants in electrophysiology would be appointed in 2006 to develop the integrated department of electrophysiology and imaging across the Trust. In the second phase the electrophysiology and imaging centre would be constructed at Royal Brompton Hospital.

Professor Pennell outlined the current strengths of electrophysiology and cardiac imaging in the Trust, how expansion of electrophysiology services with links to basic science would create research potential for the benefit of current and future patient care and how the interaction of electrophysiology and cardiac imaging was contributing to new imaging methods including MR-guided electrophysiology, multi-slice computed tomography, positive emission tomography and XMR, all of which were safer imaging procedures than conventional X-ray.

Professor Green said the proposal fulfilled the Imperial College School of Medicine mission to be a national centre for excellence in medical research and development and teaching and to improve patient care by providing a wide range of multi-disciplinary medical and scientific skills, research and innovation. At Harefield Hospital it would build on the strengths of the Heart Science Centre and take forward the work of Professor Sir Magdi Yacoub in molecular genetics and physiology that underpinned cardiovascular disease. The focus at Royal Brompton Hospital would be in translational aspects of electrophysiology and cardiac imaging. Recruiting medical and research staff with the appropriate clinical and scientific skills was vital to it. The proposal had strong support from the Imperial College and the National Heart and Lung Institute

Professor Newman Taylor welcomed and supported the proposal which was of essential importance to the future of the Trust and its association with the National Heart and Lung Institute. The Trust constantly had to identify innovative research and treatments for investment and future development. The electrophysiology and imaging centre presented an outstanding opportunity to address the health needs of an ageing population in which complex and chronic cardiovascular disorders were more prevalent and of an increasing number of young people with congenital heart disease who were surviving well into adult life.



Mrs McCarthy commented that the Board had no information about the context of the proposal, how it was positioned in relation to other possible developments and what other funding sources might be pursued if the grant application was not successful. Professor Green stated that the development was an integral part of the Imperial College of Medicine strategy for academic cardiology. Funding was likely to be pursued on several fronts and from a number of potential donors, in addition to the commitment from the Imperial College.

Mr Bell said the Board should recognise the development as consistent with the vision for the future of the Trust that had emerged since the Paddington Health Campus Development was abandoned. Professor Fox and Professor Pennell had made a convincing case for the development and the Board should give it its fullest support. A business plan would be presented for consideration when more was known about funding sources.

The Chairman thanked Professor Fox and Professor Pennell for an informative presentation and said the Board would look forward to further details on how the development would proceed in due course.

2005/111 ANNUAL HEALTH CHECK: DECLARATION OF COMPLIANCE WITH CORE STANDARDS

Mr Robert Craig, Director of Governance and Quality, presented a report on the draft declaration of compliance with the 24 core standards defined by the Department of Health for the new Healthcare Commission assessment regime for NHS organisations which is to replace star ratings from 2005/6 onwards. The report explained the process and timetable for the submission of the draft declaration. Board Members and senior staff had reviewed the evidence and assessments and comments from London Borough of Hillingdon Overview & Scrutiny Committee, Royal Borough of Kensington & Chelsea Overview and Scrutiny Committee, Royal Brompton and Harefield Patient & Public Involvement Forum and North West London Strategic Health Authority. Following the review a general statement of compliance had been drafted and was tabled at the Board meeting. The statement indicated the Trust was compliant with 23 of the 24 standards. It was not compliant with Standard C21, "that health care services are provided in environments which promote effective health outcomes by being well-designed and well-maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises". Mr Craig indicated that while the Trust had a strong

record in maintaining cleanliness in its premises the buildings were not designed to achieve optimum health outcomes and effective care.

Mrs Suzanne McCarthy, Non-Executive Director, drew attention to a reference in the general statement of compliance on the review of the draft declaration by the Trust Risk Strategy Committee and recommended the first sentence should be revised to refer to "standards considered at risk of non-compliance". This was agreed.

Mr Charles Perrin commented that the general statement referred to the opinion of the Patient & Public Involvement Forum that it was not possible to say the Trust is meeting Core Standard C7 on challenging discrimination, promoting equality and respect for human rights. The Trust however believed and contended that it met the standard.

Mrs Jean Brett explained that due to the Trust ignoring warnings on Paddington during the last five years Heart of Harefield had written to the Chairman expressing concern about the Trust's attitude to patient and public involvement. It did not appear to be in line with Healthcare Commission standards. While it was understood the Trust officially did not have to include this she trusted the point had been made. Mr Bell said that although the Trust had no duty to take comments from Heart of Harefield into account in the general statement of compliance Board Members and senior staff had considered the letter and had taken note of it.

Mr Perrin said that, subject to the amendment requested by Mrs McCarthy, the general statement of compliance set out the Trust's considered position in a balanced way and recommended the Board to adopt it. This was agreed.

The Chairman thanked Mr Craig and Mrs Lucy Davies, Head of Performance, for all they had achieved in having the standards reviewed, the evidence compiled and in bringing the draft declaration to the Board for approval within the required timetable.

2005/112 REPORT FROM THE CHIEF EXECUTIVE

Mr Robert Bell, Chief Executive, reported that the SHA Clinical Governance Review of Cardiothoracic Surgery at Harefield Hospital had been completed and the Chairman of the Review Panel had been invited to present the review findings to the Trust Board at the next meeting on 23 November. The NSCAG review of transplantation

services at Harefield Hospital had also been completed and Professor Tim Evans, Medical Director, would report to the next Board on proposals to carry forward the findings.

2005/113 REPORT FROM THE FINANCE COMMITTEE MEETING ON 26 OCTOBER 2005

Mrs Mary Leadbeater, Director of Finance, gave an oral report from a meeting of the Finance Committee earlier in the day. The Committee had reviewed the current status of the financial stability plan, the income and expenditure and cash position and incompleteness of agreements with SLA and shortfall of payments from Primary Care Trusts at the end of September. It had also considered the position over liabilities in the accounts, notably the £3.2mn liability to Partnerships UK, and a property matter in respect of the Heart Science Centre at Harefield Hospital. The Committee also considered a letter from the SHA about the £1.6mn it had asked the Trust to contribute towards the Authority's target deficit for 2005/6. The Committee had also taken note of the unfunded impact of implementing Agenda for Change, been informed of the funding model for Foundation Trust status and reviewed the Committee's terms of reference.

Mr Charles Perrin, Chairman of the Finance Committee, said the Trust financial position was still cause for concern. The Committee however noted progress over the past month and supported every effort that was being taken to achieve break-even in 2005/6.

2005/114 PERFORMANCE REPORT FOR MONTH 6 – SEPTEMBER 2005

The Board received a report on performance up to 30 September 2005. Mrs Leadbeater said there was an adverse variance of £1.092m at the end of the month. NHS and private patient activity had been sustained and while private patient income was therefore above target NHS activity was 6.3% above plan which presented a risk of over-performance which might not be funded. There was still incomplete achievement of the financial stability plan with delivery of £977,000 savings remaining to be defined. An increase in bank and agency staff costs, mainly in nursing, had also occurred in September. The Board noted the position.

2005/115 CONSULTANT APPOINTMENT IN INTENSIVE CARE MEDICINE AND PERIOPERATIVE ECHOCARDIOGRAPHY

The Board confirmed the recommendation of an advisory committee to appoint Dr. Susanna Price as a Consultant in Intensive Care Medicine and Perioperative Echocardiography.

2005/116 SUPPLEMENTARY REPORT ON THE MANSION AT HAREFIELD HOSPITAL

Mrs Maria Cabrelli, Director of Estates, presented a report the Board requested from her at the previous meeting on costs that would be incurred to make the Mansion at Harefield Hospital secure and water-tight. The report indicated that to increase security and prevent unauthorised access would cost up to £87,400 inclusive of fees and VAT. To undertake repairs that would render the building water-tight would cost up to £151,575 inclusive of fees and VAT.

Mrs Cabrelli indicated that the Estates Department considered neither of the approaches were affordable within the Trust's 2005/6 capital programme. Public safety was the most pressing issue and it was proposed to put up a substantial steel fence around the periphery of the building and undertake all necessary repairs to boarding and windows at a cost of £17,500. Mrs Cabrelli confirmed the expenditure would not render the Mansion water-tight. Further, the Board should be aware that there were a number of other buildings that were occupied for Patient Services that were sustaining water ingress including Royal Brompton Hospital Sydney Wing. The Board confirmed the proposed expenditure on the Mansion. The Chairman said further expenditure would have to be considered in the context of the Trust's priorities next year.

Comments from Members of the Public

Mr John Ross, an Executive Member of Heart of Harefield, said he understood the issue of priorities for expenditure on Trust buildings but the state of the Mansion was due to the Trust's neglect over the years. The Trust's decision to limit expenditure to £17,500 on fencing would make the Mansion far more expensive to repair later. The Mansion was continuing to deteriorate and the Trust should take action to halt it.

The Chairman said the Trust shared Mr Ross's concerns but expenditure on the Mansion had to be seen in the context of the condition of other Trust buildings. The Mansion was not used for patient care.

Mr David Potter, Vice-Chairman Heart of Harefield and Chairman of Rebeat, a Patients' Charity, asked if the Trust had paid Cushman & Wakefield Healy & Baker for the review and report on the future of

the Mansion. Mrs Cabrelli confirmed the Trust had paid the Consultant's fee which amounted to £3,500.

Mrs Brett said that Heart of Harefield was sympathetic towards the financial problems of the Trust but that did not alter the fact that over the last four years while three Chief Executives were in post the Mansion had turned from an asset into a liability. Replacing the fencing surrounding the building would have no effect on halting the deterioration through water damage via the roof. Mrs Brett also expressed concern from the angle of the liability about advice given to the Trust to use barbed wire on top of a security fence. The Trust taking legal advice on this seemed necessary.

2005/117 ATTENDANCE OF THE CHAIR OF THE PATIENT AND PUBLIC INVOLVEMENT FORUM AT PART 2 BOARD MEETINGS

As Ms Josephine Ocloo was unable to attend the meeting the Board deferred consideration of the attendance of the Chair of the Patient and Public Involvement Forum at Part 2 meetings to the next Board meeting on 23 November 2005.

2005/118 ITEMS FOR INFORMATION

The Board received and noted papers on the following items which were presented to the meeting for information;

- ❖ A report from the Director of Governance and Quality which included the Infection Control Annual Report for 2004/5 and the programme for 2005/6, results of Trust-wide clinical risk assessment, a report on tissue governance in 2004/5 and a report from the Risk Strategy Committee meeting which was held on 11 October 2005;
- ❖ Correspondence between the London Borough of Hillingdon and the Trust Chief Executive;
- ❖ A letter from Royal Borough of Kensington and Chelsea to the Chief Executive.

**Lord Newton of Braintree  
Chairman**