

## ROYAL BROMPTON & HAREFIELD NHS TRUST

### Minutes of a Meeting of the Trust Board held on 23 February 2005 in the Boardroom, Royal Brompton Hospital

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

By invitation: Mrs M Cabrelli: Director of Estates  
Mrs C Champion: Associate Director of Operations  
Mr R Craig: Director of Governance and Quality  
Mr N Hodson: PHCD Project Director  
Mr N Hunt: Director of Commissioning and Business Development  
Dr. R Radley-Smith: Associate Medical Director HH  
Mr T Vickers: Director of Human Resources  
Ms J Walton: Director of Fundraising

In Attendance: Mr J Chapman: Head of Administration  
Mr M Chachamu: Information Manager

An apology for absence was received from Ms J Ocloo, Co-Chair Royal Brompton and Harefield Patient and Public Involvement Forum.

The Chairman welcomed members of the public and members of the Trust staff to the meeting and referred to a note from Mr John Chapman, Head of Administration, which was attached to the papers to explain the delay in dispatching them. The delay was caused by a major IT systems failure on 17 February 2005 which resulted in the temporary loss of information critical to some Board papers and necessitated retyping the minutes of the previous meeting of the Board. Mr Patrick Mitchell, Director of Operations, would present a report.

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#### 2005/13 IT SYSTEM FAILURE

Mr Patrick Mitchell, Director of Operations, presented a report from Mr Graham Everson, Head of Information, on the failure of the FSI server in the afternoon of 17 February 2005. The Information Services Department in seeking to improve network speed restarted a core network router, a normal rectifying routine. This however shut down a server that held considerable management data which included

financial information, spreadsheets and Board reports and additionally halted a crucial back-up server. Unexpectedly the Information Systems Department was unable to restart the server and the data could not be made available. Contract engineers were called but despite attention throughout the weekend were unable to rectify the problems. A new server was therefore installed on 21 February. It was then discovered that there was no backed-up data later than 10 February. Data had therefore to be recovered from the old server and another company was called to provide a solution to this commencing on site today.

Three lessons had been learned. The IS Department would review all back-up policies and procedures and the effectiveness of third party support. Business continuity and disaster recovery capabilities would be strengthened in 2005/6. When operational changes to information systems take place the potential risks to clinical and management systems had to be considered more robustly.

Mrs Suzanne McCarthy, Non-Executive Director, asked if there was a similar risk over loss of clinical information. Mr Mordechai Chachamu, IS Information Manager, said the Patient Administration System was hosted externally and a service agreement with the company guaranteed continuity of data and a backed-up supply. Other clinical information systems had similar contingency operations to ensure continuity of data. However, resource constraints affected the extent to which backed-up data could be available.

Mrs McCarthy asked if the system failure would be reported to the Risk Strategy Committee. Mr Mitchell said a detailed report would be given to the next meeting of the Committee and the outcome would be reported to the Board.

The Board thanked Mr Chachamu and Mr Everson for the huge effort they and their staff gave to rectify the problems and the consequences over three days from 17 February. The Chairman also expressed thanks to John Chapman and Ruth Bulger, PA to Caroline Shuldham, for keeping the Board informed and distributing the papers for the meeting at a time of considerable difficulties.

Mrs Jean Brett, Chair Heart of Harefield, said Heart of Harefield understood the problem and the difficulties which can occur in any organisation and which were impossible to prevent. Heart of Harefield hoped as much as possible would be learned from it.

2005/14 MINUTES OF TRUST BOARD MEETING ON 26 JANUARY 2005

The Board received and noted the minutes of the meeting on 26 January 2005. Mrs Jean Brett, Chair Heart of Harefield, requested some **minor** amendments which she agreed to give Mr John Chapman who would then notify the Chairman before placing the minutes on the Trust website.

Subject to this the minutes of the 26 January 2005 were approved.

2005/15

REPORT FROM THE CHIEF EXECUTIVE

The Board received a report from Professor Anthony Newman Taylor, Acting Chief Executive, which referred to three matters.

- (i) Paddington Health Campus Development  
North West London SHA had submitted the Outline Business Case for the Paddington Health Campus Development to the Department of Health and a formal response was still awaited. Concerns had been raised in both the SHA Board and the Trust Board over aspects of the land transactions and recently Westminster City Council (WCC) had proposed to simplify them for both acquisition of land and disposal of surplus sites at an agreed minimum price which would give rise to capital savings of £60mn to the NHS. The Trust had discussed the proposal with the SHA and the Department of Health and was exploring the implications for costs and site configuration with NHS partners and Imperial College. The outcome would be submitted to the Department of Health as an addendum to the Outline Business Case by 15 March. This would be considered either by a sub-group empowered to report to the Board at the next meeting or by an extraordinary meeting of the Trust Board.

Professor Newman Taylor also briefly reported on an Adjournment Debate on Hospital Services in Paddington in the House of Commons on 10 February 2005 in which Karen Buck, MP for Regent's Park and Kensington North, and Mark Field, MP for the Cities of London and Westminster, spoke with Dr. Steven Ladyman, Parliamentary Under Secretary of State for Health, replying. In his response Dr. Ladyman expressed support in principle for the Project. He referred to the new land deal, full details of which would shortly be with the Department and would be worked through as quickly as possible.

- (ii) Financial position  
The financial deficit at the end of the year was forecast at the end of January 2005 (Month 10) to be £1.7mn. NHS and private patient income were again below target and unmet savings continued. However, the exact position was uncertain as the introduction of a single Patient Administration System across the Trust had delayed provision of complete information to calculate the true financial position on 31 January. The Executive Directors continued to work with directorates to pursue all possible action to achieve break-even by the end of the year.

Professor Newman Taylor said that if the Trust failed to break even the deficit would be carried forward to 2005/6 and Directors were considering a strategy to rectify it, should it become necessary.

- (iii) **Surgical Mortality League Tables**  
The Trust had published surgeon-specific mortality data for adult cardiac surgery over the past three years following a request for the information from a national newspaper. Crude and risk-adjusted data were provided to enable recognition of the influence of factors such as age, sex, disease severity and co-morbidity have on cardiac surgery outcomes and to enable appropriate comparisons to be made with other cardiac surgery centres in the UK and elsewhere. The Trust data brought credit to the quality of surgical care to patients. However, it should be recognised that high quality care is a reflection of the work of the entire multi-disciplinary team including nurses, perfusionists, cardiologists, anaesthetists and intensivists.

The Board welcomed the data which marked the beginning of a process to bring clinical information into the public domain.

2005/16 GOVERNANCE AND QUALITY REPORT

Mr Robert Craig, Director of Governance and Quality, presented a report which contained four matters.

- (i) **Assurance Framework**  
The Board had approved an assurance framework in March 2004 which was being revised to reflect progress in the past year and would be submitted for approval to the next Board meeting. Mr Craig requested comments from Board Members by 1 March 2005. A progress report on the action plan on gaps in controls assurance for 2004/5 and a list of assurance and review matters reported to the Board during the year was attached.
- (ii) **Clinical Governance Reporting Schedule**  
The proposed service-specific reporting schedule for 2005/6 was noted.
- (iii) **Adult Cardiac Surgery Survival Rates**  
The report contained the detailed data that Professor Newman Taylor had referred to in his report.
- (iv) **Integrated Care Pathways**  
In response to the Board's decision at the previous meeting the report contained a discussion paper providing more detailed information on the development of integrated care pathways

within the Trust. The paper had been referred to a number of groups within the Trust and to the NHLI and would be considered by cardiologists and respiratory physicians at "away days". Comments from Board Members would be welcomed.

Professor Newman Taylor said the Executive Directors were giving very full support to the development which was a logical method of supporting patient care throughout the Trust. The Executive Directors however understood that linking finance to the pathways when resources were committed to patient care across several directorates presented a considerable challenge. A complete restructuring of reporting accounts would be necessary.

The Board welcomed and gave full support to the development.

#### 2005/17 FINANCIAL MATTERS

The IT system failure had disrupted the provision of financial information and the Finance Committee meeting on 23 February was cancelled. A year-end forecast and recovery plan report for 2004/5 and a performance report could not be written. Mrs Mary Leadbeater, Director of Finance, therefore gave the Board an oral report.

Up to 17 February 2005 the Finance Department had estimated the Trust's income position as it was not confident the new software for the single Trust patient administration system had matched activity to all contracting PCTs. SLA activity and private patient activity were below plan in January. On the other hand pay expenditure was £850,000 lower than in 2003/4 and savings were continuing on agency staffing and in non-pay expenditure including non-pay savings plans. Very provisionally a deficit of £1.75mn was forecast for the end of the year. The Executive Directors were making every effort to achieve break even.

Mrs Mary Leadbeater also reported an immense effort was being made to pursue debtors, including NHS debtors. There was however a cash shortage in the NHS which was causing other NHS organisations in a similar position to delay payments. The Trust was also encountering slippage in the capital programme and a major effort was being made to resolve it by 31 March.

The Chairman informed the Board that he had informed the SHA Chairman of the Trust position and that while every effort was being made to reach break-even the Board was not confident it would be achieved. Professor Newman Taylor said he had written to the SHA Chief Executive to make him aware of the very considerable risk that the Trust would not break even by 31 March.

The Board noted the position and gave its continuing support for all action that could be taken to break even.

2005/18

PERFORMANCE REPORT

Mr Patrick Mitchell, Director of Operations, gave an oral report. The Trust continued to meet all activity targets that would achieve three star status for 2004/5. Waiting lists were monitored weekly to ensure there were no breaches at 31 March; all surgical waiting list cases relevant to the targets had scheduled admission dates up to 31 March. Mr Mitchell also reported that eleven transplant operations had taken place in 2005 with only one other operation cancelled.

Mr Tony Vickers, Director of Human Resources, gave a brief report on mandatory training for junior medical staff. Some difficulties had recently been encountered over attendance. The Human Resources Department had therefore reminded junior medical staff of the importance of attending mandatory training which was for their benefit.

2005/19

REPORT FROM DIRECTOR OF OPERATIONS

Mr Patrick Mitchell, Director of Operations, presented a report

- (i) Car Parking at Harefield Hospital  
The Estates Department had received 300 applications from staff for parking permits. The implementation of car parking controls had commenced and improvements in traffic flow and parking arrangements for disabled drivers had been observed. The main roads in the Hospital were now largely clear of parked cars.
- (ii) PEAT Inspection  
The Trust had undertaken an assessment of its premises for the Department of Health Patient Environment Action Team and had reviewed the state of cleanliness, access to buildings, fabric of buildings and the quality of food. Senior nurses and members of the Infection Control Team participated with members of the Estates and Facilities Department to carry out the review. Mr Kenneth Appel and Ms Anne Laugani, members of the Royal Brompton and Harefield Patient and Public Involvement Forum, acted as independent assessors. The resulting scores were again higher than in previous years and had been reported to the Department of Health and would be assessed by its inspectors.

Mr Kenneth Appel informed the Board that he found Harefield Hospital exceptionally good in spirit and in every respect that the Trust assessors examined.

Dr. Caroline Shuldham, Director of Nursing and Quality, also informed the Board that the Department of Health had

designated Monday 28 February as “think-clean day” and inspection by the Trust Estates and Facilities Department would take place at Harefield in the morning and at Royal Brompton Hospital later in the day.

- (iii) The Mansion  
Atis Real, Trust Property Advisors, had visited the Mansion and associated buildings at Harefield Hospital and the Trust had commissioned a survey and option appraisal for their use and development. The Advisors would discuss proposals with Hillingdon Borough Council Planners.
- (iv) Process Improvement Initiative  
The report gave a brief explanation of the process improvement initiative, details of which were provided in the Governance and Quality report.
- (v) Primary Angioplasty Service  
The SHA had been awarded a national project to pilot a community-wide primary angioplasty service. From April 2005 Harefield Hospital would extend its current service to include patients living within London Borough of Harrow. Royal Brompton Hospital would provide a service on a rota basis with Hammersmith Hospital and St. Mary’s Hospital for patients living in the inner London boroughs within the SHA.

The Board thanked Mr Mitchell for an informative report.

The Chairman informed the Board that three members of staff at Harefield Hospital including Mrs Jill McNally who presented the petition had written to the Acting Chief Executive to ask the Trust Charity for a subsidy to meet the annual cost of staff car parking charges as a benefit for those working at Harefield Hospital. The Chairman said the request raised difficult issues and would be considered by the Charitable Funds Management Committee at its meeting on 24 February.

Mrs Jean Brett, Chair Heart of Harefield, said that they had been kept informed of developments on car parking, due to the excellent links within the Hospital of her Vice-Chair David Potter. Concern remained about the effect on staff morale of seeking to charge for car parking. It was therefore hoped that a diplomatic way through would be found. However Mr Mitchell’s report on the primary angioplasty service at Harefield being extended was welcome news, including its financial implications for the Trust.

Mrs Brett also said that she had received a letter from Councillor Higgins concerning his 10 January meeting with Professor Newman Taylor and Mr Mitchell to discuss car parking charges. Mrs Brett read out the letter. Unfortunately Mr Higgins had not been told in the

meeting about the Harefield staff petition against car parking and he was concerned that staff would instead park on adjacent roads. Councillor Higgins also regretted the omission of this information as he supported the excellent staff and recognised the impact charging would have on them. Despite not having been told Councillor Higgins recalled questioning why the Trust needed to employ such a large organisation as NCP. He also commented that at Harefield there was no shortage of space and asked Heart of Harefield to keep him informed of developments.

In the light of the letter Mrs Brett suggested that rather than dwell on it – a small group be formed and use a conciliatory attitude to resolve this matter.

The Chairman said he took note of the letter. Professor Newman Taylor said as he had not seen the letter he could not comment. Mrs Brett gave Professor Newman Taylor a copy of Councillor Higgins' letter.

2005/20 COMMENTS FROM MEMBERS OF THE PUBLIC

Mr Kenneth Appel referred to the adult cardiac surgery tables and said he was aware of national guidance that the public should be informed as much as possible but in this case the public was not being informed, it was being misinformed by the way the tables were published. Mr Appel requested this aspect could be put forward to the Secretary of State for Health in order that more useful and informative guidance could be given on further publication of the data which had been unfair to many practitioners.

Professor Newman Taylor said he had expressed concerns at meetings with the Department of Health over the past three years about the presentation of the data. Professor Tim Evans, Acting Medical and Research Director, said he had also made representations to the Department of Health and had taken up the issues with the Society of Cardiothoracic Surgeons. The Society had similarly made representations to the Department of Health. It was now obtaining a collective view on behalf of all cardiac surgeons but this would take time to collate.

The Chairman assured Mr Appel that Board Members would take note of his concern. The question was how to best ensure the concerns were communicated.

Mrs Jean Brett commented that the Daily Telegraph which had published the information had praised the excellent figures on survival rates, in a subsequent article. It could only be to the credit of the Trust that its figures were published. It was often the excellent surgeons who undertook the most difficult operations. Heart of Harefield welcomed the tables and understood and appreciated what Professor Newman Taylor had said that the survival rates were a



reflection of the work not solely of the surgeons but all those involved in care of surgical patients. The tables were a great credit to the Trust.

2005/21 REGISTER OF THE SEAL OF THE TRUST

The Chairman counter-signed seventeen entries relating to documents recorded in the Register of the Seal of the Trust.

2005/22 PADDINGTON HEALTH CAMPUS DEVELOPMENT

Mr Nigel Hodson, Paddington Health Campus Development Project Director, presented a report. After the previous Board meeting Westminster City Council (WCC) offered to simplify the arrangements for purchase of land for the Paddington Health Campus Development (PHCD) and the disposal of future surplus sites. In the proposal WCC offered to broker the land transactions which would reduce the complexity and costs of the Scheme, improve value for money and thus save £60mn, increase the capital surplus and reduce steady state operating costs and contingent liabilities. The offer had been discussed with the SHA and the Department of Health had been informed. The WCC proposal was being considered urgently and it had been agreed that it did not alter the principle thrust of the PCHD submitted in the Outline Business Case (OBC) in December 2004. An addendum to the OBC would therefore be submitted to the Department of Health in March to enable the Department to commence evaluation of the OBC.

Mr Hodson showed a diagram to the Board of the site implications of the WCC proposal and drew attention to the configuration of buildings that would follow. Key worker accommodation would be provided at the north west corner with the St. Mary's Hospital and the Maternity and Children's Unit next to it. The Royal Brompton and Harefield building would be south of St. Mary's. Corporate services for Royal Brompton and Harefield would be in a separate building south of the Hospital and south of the corporate building a footbridge over the Grand Union Canal would lead to the new Imperial College building. Mr Hodson said clinical groups in both Trusts had considered the revised configuration and had indicated it was generally acceptable and an improvement over the service configuration proposals in the OBC.

Professor Newman Taylor said the financial implications were critical and although a preliminary review showed the capital and revenue consequences were improved informal opinion on value for money was being sought from the District Valuer. Capacity issues would also have to be reviewed although this was more a matter for the full business case. The improved site configuration was recognised. Royal Brompton and Harefield Hospital would be situated adjacent to St. Mary's north of the canal with the footbridge to the new Imperial College building bringing the NHLI back on to the Hospital Campus.

Professor Malcolm Green as Head of the NHLI said the WCC proposal was imaginative and Imperial College considered the revised site configuration that would follow was a significant improvement on the OBC. Imperial College welcomed and supported the amendments.

Mr Hodson's report also summarised the Adjournment Debate in the House of Commons on 10 February 2005.

The Board thanked Mr Hodson for this report and the explanation of the proposed changes in configuration of buildings on the Paddington Health Campus. Mr Hodson said a diagrammatic map of the revised configuration would be given to Board Members.

#### Comments from members of the public

Mrs Jean Brett, Chair Heart of Harefield, said that they were delighted that the new Outline Business Case for Paddington had not been passed by the Department of Health. Heart of Harefield had expected the new OBC to be rejected despite it having been approved by the Trust Board. There was a conflict of interest between the public service values of the NHS and the link with private business interests as shown in the proposed land deal with the Paddington Development Corporation Limited. This included severe financial risks to the NHS, as the owners of the needed land for the Paddington Project were intent on extracting the maximum profit. The Outline Business Case should not have been approved by the Trust Board. It was a desperation deal which should have been rejected.

Heart of Harefield also knew that there had been a meeting on the Paddington Project on 11 January 2005 at the Department of Health. Those involved were the Chairs of the Strategic Health Authority, the involved Trusts and the Rector of Imperial College. Peter Coates of the DoH was also present. His role is to prevent similar problems occurring to those of the Guy's Phase 111 development. It was therefore of interest to hear the Chief Executive of the Strategic Health Authority in its last meeting, describe Mr Coates' opinion of the New Business Case for Paddington as "cynical and jaundiced". Heart of Harefield has therefore asked that the correspondence between the SHA and Mr Coates be put in the public forum.

Mrs Brett said Heart of Harefield wanted everything about the PHCD out in the open and therefore would have welcomed seeing the site configuration plans that Mr Hodson had shown before the meeting. It naturally expected, in the public interest, to see the addendum, which is really a new OBC, before the next Board meeting. The previous had not been an Outline Business Case because if the Paddington Health Campus did not have the land, it had nothing. Heart of Harefield expected the addendum to come to the Board and be given to them in good time before the meeting. Mrs Brett also pointed out that on the addendum the Trust was working with Westminster City Council, another public body, and therefore it was incumbent on them

to put everything in the open. The Trust would not be able to rely on using, misusing or abusing commercial confidentiality.

On the Adjournment Debate, referred to by Mr Hodson, Mrs Brett remarked that anyone could quote selectively. It was a pity that John Randall's debate had not been given as much space in the Project Director's report. What Heart of Harefield had noted was that a junior minister had responded instead of John Hutton. This suggested that the Government was distancing itself from the Paddington Project.

Dr. Stephen Ladyman had also balanced his reply. He said that, "In 2000 the original Outline Business Case estimated the cost of this redevelopment at £325mn. However in 2003 it was recognised that the price of the Project had escalated beyond the original OBC approval figure to £800mn. Given this rise in the costs a review of the OBC and the management of the Project was necessary and this was undertaken later in 2003."

The ensuing report from the National Audit Office, the Treasury and the Department of Health slated the Project. Before that the Gateway review had been equally critical. Mrs Brett said that she did not know how many times Heart of Harefield had attended Board meetings only to be told that this was the newest Paddington reconfiguration, which is better than the previous one. The time had come to admit that the Paddington Project was over. Land deal costs were outside the Outline Business Case out-turn figure of over a billion, yet for that there were only 799 NHS beds.

The Minister had said that this project was supposed to be up and running by the early months of 2006. However the Project was still in the position that it had not got a planning application in. The Trust also needed to be wary of the involvement of Westminster City Council as it did not know the full facts. Heart of Harefield was concerned about the errors of fact within Karen Buck's speech. Rather than patients' organisations giving support to the Paddington Project, the main patients' groups of Hamsters and Re-Beat were against it.

It was also puzzling that Karen Buck, who is married to Barrie Taylor, Chair of the Westminster Overview Health Scrutiny Committee, appeared unaware of all the opposition. This included the 180,000 public petition, the Parliamentary petition and the objections of four Community Health Councils, including the one of which her husband was Chief Officer. Heart of Harefield had the CHC letter in which Mr Taylor said that Paddington would lead to a diminution in patient care, with his response to John James being the opposite of what Ms Buck had said. Should Mr Taylor have changed his mind, as a Westminster Councillor dealing with health matters, he still had a duty to make clear his previous opposition. This included stating that Harefield should be developed and that his CHC could not support the

Paddington Project as the welfare of the patients had not been taken into account.

Mrs Brett said that promoting the Paddington Project had become a face saving operation. It would take courage to say enough was enough. For even should an addendum be tacked on to the OBC and be pushed through the Paddington Project would be back to square one. Similarly the original Outline Business Case had been passed as had the Point Scheme and the recently rejected new Outline Business Case. This was not acceptable when public money provided the payment of the executive officers of Boards. The 2006 Paddington Health Campus Development Project was a figment of the imagination. Westminster City Council had confirmed that no planning application was in nor did it know when one would be submitted.

Mrs Brett concluded that what Mr Hodson had shown the Board was the eighth plan in four years. What would have been best was a viable and affordable plan at the outset. The Chairman said that there was nothing the Board could say on the points made on Karen Buck's adjournment debate and the connection with her husband. Possibly it could be taken up with them direct. However Mrs Brett pointed out that this connection had already been raised in Parliament in John Randall's debate. It was therefore appropriate and the Board needed the knowledge. The Chairman responded that he took note of what Mrs Brett had said. Mr Hodson said he had listened carefully to what Mrs Brett had said and had nothing to add.

Mr David Potter, Vice-Chairman Heart of Harefield and Chairman of Rebeat, reiterated Mrs Brett's comments relating to what Dr. Gareth Goodier had said about Mr Peter Coates who was Head of the PFI Unit at the Department of Health. Mr Potter suggested that for the first time in six years someone was being realistic as opposed to jaundiced. He asked how the comment sat with a comment Professor Newman Taylor had made that if the Department of Health had concerns about the OBC it was surprising it had not communicated them to the Trust. Already Heart of Harefield was hearing that there was a possibility, if not more, that capacity was being revisited. Mr John Hutton in the House of Commons had indicated there would be 1088 NHS beds. This was reduced already to 799 beds in the OBC. Heart of Harefield had maintained for years that the NHS was squeezing a quart into a pint pot which is precisely what it is now doing. Of course WCC wanted the PHCD, it was a benefit to the Council, to the local population and to St. Mary's Hospital which should have been progressed far more quickly. Once again doubts were being cast before beginning to look at the other conditions imposed by the Secretary of State in respect of key worker housing, accommodation for staff and relatives, none of which had been approached in a satisfactory manner.

Mr Potter also queried Karen Buck's assertion in her debate that patients' organisations were in favour of Paddington, when as Mrs Brett had stated both Harefield's substantial patients' organisations were against it. He asked who had briefed Karen Buck for the debate and which organisations she had spoken with. Mr Potter said he was also deeply concerned to know from yesterday's SHA meeting that it still had not begun recruitment for a patient and public lead on Paddington, despite the SHA having categorically stated in its September minutes that recruitment had started.

The Chairman said Mr Potter was asking the Board to comment on what others, including the SHA, had said. They were matters for the SHA.

Mr Potter said he understood the Chairman's point but if he had been in the MP's position he would have looked to the PHCD Project Director for an update on the Project. Mr Hodson said he had not briefed Karen Buck and had not met her for about a year. Mrs Brett said that Mr Stephen Peacock had been at the House of Commons to advise on the previous Paddington debate. The Chairman commented that although he could only speculate about Karen Buck's briefing, she had no doubt been in touch with St. Mary's as an MP whose constituency had a very strong interest in that hospital. It was perfectly legitimate for Mr Potter to say that different views were held by people not directly connected with St. Mary's. Mr Potter said clearly St. Mary's patients' groups must be in favour of its development which was being held up by this grandiose scheme.

On capacity, the Chairman said there were questions about almost all NHS activity in North West London. Length of stay was mostly longer than elsewhere and there was therefore considered to be room for efficiency and capacity savings. This was a view expressed by the SHA. The impact of this on the Trust and St. Mary's Trust was less clear. St. Mary's may provide the workload that is being compared adversely with hospitals in other parts of the country. Professor Newman Taylor said on that basis issues around capacity across the Hospitals in North West London and in primary care are being looked at.

Dr. Caroline Shuldham commented that the Trust did not know what the SHA's current position was over the appointment of a PPI Lead for the PHCD. She assured Mr Potter that as far as she was aware the position was unchanged since she last discussed the matter with him, that it had been put on hold until the outcome of current developments in the OBC were known.

Mrs Brett said she was under the impression Mark Field is the MP for Westminster. Karen Buck is the MP for Regent's Park and Kensington North and St. Mary's Hospital is within the Cities of London and Westminster constituency. The Chairman said that if his knowledge of

the constituencies was accurate Mrs Brett was correct. That said, Karen Buck has consistently taken a very strong interest in the importance of St. Mary's Hospital to her constituents.

On the comment that the ministerial response to Karen Buck was made by a junior minister, the Chairman said that one suggestion he had heard made was that in anticipation of a general election a redistribution of the duties of Ministers had taken place within the Department. However any Minister replying to a debate speaks on behalf of his or her department and is briefed by department officials.

Mr Don Chapman, Vice Chairman of Harefield Hospital League of Friends, referred to the comments on the adjournment debate raised by Mr Hodson's report. Mrs Brett's comments on this had helped as it was his understanding that a debate should be between parties with differing views. The Chairman explained that an Adjournment Debate was a particular form of Parliamentary discussion that in most circumstances occupies the final thirty minutes of business of the day in the House of Commons. Normally there are only two speakers, the first being the MP selected by ballot or chosen by the Speaker for a subject they wish to raise, and the responding Minister. There can be more than two speakers if the MP whose name appears on the order of business agrees to share some of his or her time. Mr Chapman said his immediate reaction was that instead of this being a debate it was instead a "back patting" exercise which was why Heart of Harefield and others were interested in what MPs were saying and thinking. The debate had been a waste of time. The Chairman said he could tell what they were saying but not what they were thinking or who they had spoken to before the debate.

Mr John Ross, an executive committee member of Heart of Harefield, pointed out that Karen Buck's debate was being discussed because it was within the Board papers. Mr Ross observed that Mr Hodson had an A3 copy of the proposed PHCD site configuration and asked for a copy. Mr Hodson agreed to give a copy to Mr Ross.

Mr Kenneth Appel said the Royal Brompton and Harefield PPIF had followed the PHCD carefully and had decided at this stage to hold a watching brief rather than intervene but on accessibility, from the point of view of patients and the public, Paddington was not ideal whereas Harefield is. Harefield is accessible to all major roads in the UK except the M2. The rest of the country has access to Harefield which is of great importance to the public and patients who want to use the facilities such as are planned.

The Chairman said Mr Appel's comments led to ground that had been covered on previous occasions on what the Board regards as the desirability of carrying out the current work at Harefield in a different location.

Ms Dara Galic, a Heart of Harefield supporter, said the WCC website referred to a land swap whereas the meeting was being told that the new proposal amounted to land brokerage and in view of the forthcoming addendum to the OBC asked for further information. Mr Hodson confirmed that the land deal was essentially a land swap arrangement and while his report did not say so directly the original land deal was referred to as a swap and was inferred as that in his report. Ms Galic thanked him for confirming that it was a land swap.

Professor Newman Taylor said there was a misunderstanding. The land swap, as he understood it, was between PDCL and WCC. The Chairman said it would be better for the Board to reflect on Ms Galic's question rather than attempt to give any further answer because any information the Trust gives for itself may be information that is also being given for others and their interests and the positions of all the parties had to be considered.

Mrs Brett said that the projected land deal was outside the capital cost of over a billion and asked Mr Hodson to confirm that this was so. Mr Hodson confirmed that Mrs Brett was correct. Mrs Brett noted that even had the land deal been within a possible £60million saving on a £1billion plus scheme was a drop in the ocean. Neither did Mrs Brett think that Westminster City Council was aware of this.

The Chairman then proposed to conclude this part of the meeting but there was an outstanding issue of how to handle approval of the addendum to the OBC given that it would be submitted to the Department of Health before the next Trust Board meeting. St. Mary's NHS Trust had agreed to delegate authority to scrutinise the addendum to a group comprising the Chairman, Deputy Chairman, Chief Executive and Director of Finance. Professor Newman Taylor suggested that if the Board proceeded in this way Professor Green, Professor Evans and clinical representatives from Royal Brompton and Harefield should be included in the group for the Royal Brompton & Harefield NHS Trust. If the Board agreed to delegate authority to review the addendum and to submit it before the next Board meeting it should be brought back to the Board for formal approval.

Mrs Brett expressed disapproval that no public or patient involvement in the process was proposed. There had been so many problems with the PHCD yet everything Heart of Harefield had said over the past four or five years had been proved right. The Board now appeared to be going through vested interests to get the addendum through which would be very unfortunate and to Heart of Harefield it looked like another closed shop. It was not acceptable; it would be much better to find a sensible way through it. There should be a normal meeting of the Trust Board for which Heart of Harefield should be given the addendum. Heart of Harefield would go through it. The Board should consider it and discuss it democratically. The question of notice to hold an extraordinary meeting of the Board was raised and

Mr Chapman agreed to check standing orders for an extraordinary Board meeting.

The Chairman asked the Board for approval to delegate authority to the sub-group, which was given, but in view of Mrs Brett's comments he indicated he would discuss the position with the Deputy Chairman and the Acting Chief Executive and look carefully at holding an extraordinary Board meeting. The Chairman commented that it may be necessary to hold an open and a part II meeting to consider the addendum to the Outline Business Case.

2005/23 RESOLUTION TO EXCLUDE MEMBERS OF THE PUBLIC

The Chairman proposed the following resolution which was adopted; "that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of business to be transacted, publicity on which would be prejudicial to the public interest"

(Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)

The Chairman indicated that the Board would consider four further matters; the minutes of two Part II meetings in December 2004, the sale of land owned by the Trust and a commercially confidential matter relating to the Paddington Health Campus Development.

**Lord Newton of Braintree  
Chairman**