

ROYAL BROMPTON & HAREFIELD NHS TRUST

Minutes of a Meeting of the Trust Board held on 23 November 2004 in the Concert Hall, Harefield Hospital

- Present: Lord Newton of Braintree: Chairman
Mrs I Boyer: Non-Executive 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
Professor T Evans: Acting Medical Director
- By invitation: Mrs C Champion: Associate Director of Operations
Dr. J Chambers: Associate Medical Director, HH
Mr R Craig: Director of Governance and Quality
Mr W Fountain: Associate Medical Director, HH
Mr N Hodson: Project Director
Mr N Hunt: Director of Commissioning and Business Development
Dr. C Ilsley: Chairman Medical Committee, HH
Dr. R Radley-Smith: Associate Medical Director HH
Ms J Thomas: Director of Communications
- Observer: Ms J Ocloo: Co-Chairperson Patient and Public Involvement Forum
- In Attendance: Mr J Chapman: Head of Administration

An apology for absence was received from Mr Charles Perrin, Deputy Chairman.

The Chairman welcomed members of the public and Trust staff to the meeting.

REF

2004/126 MINUTES OF THE MEETING ON 27 OCTOBER 2004

The minutes of the meeting of the Board on 27 October 2004 were received and the following changes were made;

- (i) Ms Ocloo said she had presented her apology for absence from the meeting
- (ii) Mrs McCarthy asked the end of the first sentence on Page 12 in Minute 2004/123 to be amended to record
"...recommended a note should be brought to the next Board meeting on the programme for improving the risk register and reviewing it."

This was agreed. Mrs McCarthy said the matter had been included in the Governance and Quality report.

- (iii) On Minute 2004/116(v) Professor Newman Taylor indicated that while he had met with Hammersmith Hospitals NHS Trust to discuss research and development levy funding no meeting had taken place with the Rector of Imperial College.
- (iv) Mrs Jean Brett, Chair Heart of Harefield, referred to Minute 2004/125 and the record of the comments made by Mrs Pauline Crawley, Chair of the Harefield Residents Association. Mrs Brett said the second sentence should read
"An assurance had been given by the Minister of Health of a health use for the Harefield site and an assurance that this was not the end of consultation."
Mrs Brett said this change was exactly as she had written it in the amendments to the draft minutes she had submitted to the Trust.
This was agreed.
- (v) Mrs Leadbeater asked that the words "differences in costs" replace "market values" in the first sentence of the final paragraph on Page 17 in Minute 2004/115.
- (vi) Mrs Leadbeater also asked that the words "signed contract" replaced "contract values" in line 4 of the first paragraph on Page 18 in Minute 2004/115.

The Board then confirmed the minutes, as amended.

2004/127 DISPATCH OF PAPERS FOR BOARD MEETINGS

Ms Josephine Ocloo, Co-Chairman Royal Brompton & Harefield Patient & Public Involvement Forum, said she only received her papers for the Board meeting two and a half days before it was taking place. She asked if papers could be dispatched much earlier. The Chairman indicated the Trust had a duty to ensure Board Members received the papers three clear working days before the meeting but said Trust staff were under great pressure to comply with it. Professor Newman Taylor said he would give thought to Ms Ocloo's request.

2004/128 REPORT FROM THE CHIEF EXECUTIVE

Professor Anthony Newman Taylor, Acting Chief Executive, presented a report and referred to five matters;

- (i) Paddington Health Campus Development
Work was continuing on the evaluation of the opportunities provided to the Paddington Health Campus by the inclusion of surplus land to the north of Paddington Basin. A presentation had been given to the Department of Health on 19 November.
- (ii) The Trust's financial position
The Trust was facing a very difficult financial situation which was largely the result of a fall in private patient income and a shortfall so far in achieving savings plans. The Executive Directors continued to meet Directorate Managers weekly to

ensure capacity was optimised and the recovery plan is achieved. Achieving break-even at the end of the year remained a substantial challenge.

(iii) Cardiac services

The pattern of the Trust's cardiac services was changing rapidly. Fewer patients with coronary artery disease were being referred for surgery and those that are had greater co-morbidity. The trend was to treat coronary artery disease in major acute hospitals so that the work of Royal Brompton & Harefield was becoming increasingly specialised. Royal Brompton & Harefield were also becoming more responsive to demands in North West London for rapid treatment of acute coronary events. The primary angioplasty service at Harefield and the 48-hour inter-hospital transfer service with Chelsea and Westminster Hospital were examples.

Professor Malcolm Green said the changing pattern of cardiac services required a strategic view and asked if any further planning seminars would take place. Mrs Claire Champion, Associate Director of Operations, said the last seminar had agreed further discussion would be pursued in smaller groups which had identified Directorate care pathways. These were under review by the Directorates and their recommendations would be presented to the Board.

(iv) RB&H Arts

The staff and patient exhibition had opened within the past week and would run until January 2005. Professor Newman Taylor asked the Board to record its gratitude to Victoria Hume for another successful exhibition and for her work to improve the quality of the environment in both Hospitals.

The Chairman asked Professor Newman Taylor to thank Victoria Hume for her achievements.

(v) The Mansion

Professor Newman Taylor reported that the partner Mr Patrick Mitchell had referred to at the previous meeting considering the restoration of the Mansion at Harefield Hospital concluded it was not financially viable and had withdrawn. The Trust Property Advisors had agreed to undertake a full option appraisal on the future of the building which was now to be sealed and secured.

The Board noted Professor Newman Taylor's report.

Mrs Mary Leadbeater, Director of Finance, presented a further report on budget setting for the current financial year. A summarised year-end forecast and recovery plan were appended to the report. The forecast deficit based on Trust performance up to 31 October 2004 was £4.4mn, the main components being shortfalls in income, high non-pay costs and un-met savings targets, offset to an extent by underspending in pay budgets and some price gains on NHS income through the Trust's case mix. A range of recovery plans had been identified by the Executive Directors and based on an assessment of risks there was confidence that the forecast deficit could be reduced to £2.29mn at the year-end. Mrs Leadbeater said further work was taking place to identify additional measures that could be taken to achieve financial balance. The SHA were informed of the current position and the recovery plan was sent to the Authority on 18 November.

The Board noted the position with concern and several questions were raised about expenditure on services that exceeded the budget estimates including drug-eluting stents, patient transport costs and staff recruitment costs. Changing patient referral patterns had resulted in increased patient transport costs. The use of drug-eluting stents was consistent with NICE protocols. The increased usage in the current year together with the increased severity of disease, increased costs which were not fully funded. A major recruitment campaign in the summer months had increased costs although vacancy rates had fallen. Lower expenditure on advertising was likely for the remainder of the year.

Mrs Leadbeater said the Trust's income position was still difficult and was compounded by shortfalls in both private patient and NHS activity.

Mrs Leadbeater said the Finance Committee would hold an extraordinary meeting in December to consider the financial position. The Chairman urged the Executive Directors and the Finance Committee to do all they possibly can to achieve a break-even position for the end of the year.

2004/130 PERFORMANCE REPORT

The Board received a report on performance at the end of October 2004. Mr Patrick Mitchell, Director of Operations, reported that despite the very difficult financial position the Trust was achieving all the other performance targets.

2004/131 MINUTES OF THE AUDIT COMMITTEE MEETING ON 21 SEPTEMBER 2004

Mrs Isabel Boyer presented the minutes of the meeting of the Audit Committee that was held on 21 September 2004 and gave a brief account of matters that were considered.

The Board noted the minutes.

2004/132 REPORT OF THE AUDIT COMMITTEE MEETING ON 16 NOVEMBER 2004

The Board received a report from the Audit Committee which summarised matters considered at the meeting on 16 November 2004.

Professor Malcolm Green drew attention to the revised directions from the Secretary of State on countering fraud which included the requirement to nominate a Non-Executive Director to take specific responsibility for promoting the issue. The Committee considered the matter and was not fully convinced it was an appropriate role for a Non-Executive Director.

The Chairman indicated that he would bring the concern to the attention of the Chairman of the NHS Appointments Commission. He had however asked Mrs Suzanne McCarthy to undertake the role.

2004/133 EXTERNAL AUDITORS LETTER: NOVEMBER 2004

The Board received the Audit Letter from Deloitte & Touche LLP which summarised the results and conclusions from their work as external auditors to the Trust in 2003/4. The Auditors expressed strong support for the Trust's 3 star rating, achievement of all the statutory duties and the quality of the Charity accounts. The letter noted the risks payment-by-results presented the Trust.

The Chairman welcomed the report and asked Mrs Leadbeater to convey the Board's gratitude to the external auditors for their services in the past year.

2004/134 GOVERNANCE AND QUALITY REPORT

The Governance and Quality report containing three items was received.

(i) Final report on the implementation of the recommendations of the Independent Paediatric Inquiries

Dr. Caroline Shuldham presented the final report on the implementation of the recommendations of the independent inquiries into Paediatric Cardiac Services at Royal Brompton and Harefield Hospitals. A Trust Board Sub-Committee, chaired by Mr Charles Perrin, was set up to oversee implementation of the 119 recommendations of the inquiries, which was scheduled to require two years with a third year for consolidation and review. Implementation had taken place throughout the three years since 2001, had been reviewed by the Sub-Committee and the Parents Liaison Group (PLG) and

subjected to audit scrutiny. Action had been taken on all the recommendations except two which were no longer considered relevant. Of those within the control of the Trust 88 had been implemented in their entirety, a further six required evidence of improved compliance and five were still in progress as part of long-term Trust business.

Dr. Shuldham said implementation had required significant commitment from staff and additional resources for paediatric services and the benefits were clear. They included additional consultant surgical staffing, establishing the cardiac liaison nursing team, enhanced support for patients with neurological injury, enhanced psychological support for patients, parents and carers and extended information. It was proposed to transfer responsibility for continued monitoring of implementation to the Paediatric and Governance and Quality Directorates. Parents would continue to be involved through the Patient and Public Involvement Forum. The Board Sub-Committee and the associated PLG would be disbanded.

Ms Josephine Ocloo commented that she was disappointed that she had not been asked to contribute to the report as she had participated in implementation of the Inquiries' recommendations as Chairman of the Patient and Public Involvement Forum. Ms Ocloo said the Inquiries examined more than concerns and anxieties that parents had expressed about paediatric cardiac services. Like her, some parents had lost their children and had referred issues such as sub-standard care, discrimination and even negligence to the Inquiries. Many families considered they did not obtain justice from the Inquiries but Ms Ocloo, from her perspective, believed it had been worthwhile to participate in implementation over the past three years. She intended to write to the Inquiries Chairman to inform her of her unique experience with the PLG as it was important with increasing partnership working in the future.

On the report, Ms Ocloo said members of the PLG were unable to comment as they were not involved in audit and evaluation and were not conversant with the associated evidence. It was however important that lay involvement in clinical governance continued and this had been raised by the Patients Forum. Ms Ocloo said the Trust should recognise the diversity issue. Patients were not an homogenous group and the report recognised the requirement to look at the diversity in different patient groups. The PLG had expressed a view that there was insufficient evidence available to be confident that the diversity work had been completed.

The Chairman thanked Ms Ocloo for her comments and for her contribution through the PLG to implementation of the

Inquiries recommendations, which had been shown three years on to have benefited the Trust. Dr. Shuldham confirmed that she had discussed the issues Ms Ocloo had raised with her. Mr Robert Craig, Director of Governance and Quality, indicated that he was preparing a proposal for lay involvement in clinical governance.

The Board thanked Dr. Shuldham for her report which was accepted. The Chairman thanked Dr. Shuldham and all the Executive Directors for their work in the implementation of the Inquiries recommendations.

(ii) Health & Safety Policy

The Board received and approved a health & safety policy replacing the previous policy that was adopted in 2002. Mr Robert Craig said he had received comments from Mrs Isabel Boyer which would be included in the final version.

(iii) Risk Register

Mr Robert Craig's report gave details of how the Trust's Risk Register could be improved to provide the Risk Strategy Committee and the Board with adequate assurance about ongoing management of the Trust's risks. The Board would be required to consider, review and update the Trust's assurance framework before the end of March 2005. The Risk Strategy Committee would meet in January and March 2005 and the Board would be kept informed.

2004/135 ORGANISATIONAL DEVELOPMENT REPORT

Mrs Isabel Boyer, Chairman of the Organisational Development Committee, presented a report which set out the terms of reference and Committee structure for the Trust and an action plan for organisational development over the next three years. The intention was to develop a broader concept beyond human resources issues for organisational development in the Trust which would be ingrained within business strategy and corporate governance.

Mrs McCarthy expressed considerable reservations about the terms of reference and the proposed position of the Organisational Development Committee, which with functions of oversight, monitoring and direction, appeared to be taking on duties of the Trust Board. This appeared to be beyond the brief given by the Board at the meeting in May 2004.

Ms Josephine Ocloo commented that the proposed terms of reference were very broad and if this is to be the case then equality and diversity would be central to organisational development and must be written specifically into the terms of reference. Developing a patient-centred culture with diverse patient groups should also feature in the terms of reference.

Professor Malcolm Green referred to the Trust's mission which included not only clinical excellence but also research and teaching excellence and which appeared to be missing from the terms of reference of the Organisational Development Committee. The terms of reference should also refer to a commitment to long-term benefits to patients through research and development.

The Chairman thanked Mrs Boyer for her report and said important concerns had been raised. He asked Mrs Boyer, Mrs McCarthy and Mr Tony Vickers, Director of Human Resources, to review the proposed terms of reference and to report back to a future meeting of the Board.

Mr Tony Vickers reported on the other issues in the Organisational Development report. A full-time Project Manager for implementation of Agenda for Change had taken up duties and the process of gathering and clustering all job descriptions was proceeding. A Trust template for job descriptions had been circulated and over 50 staff had been identified, interviewed and trained as job evaluators.

The Trust now had almost 100% compliance for both EWTD and New Deal requirements in the employment of junior doctors. Only two consultants had finally opted to proceed to mediation to resolve issues over job plans in their new contracts.

The Acting Chief Executive had agreed a new Trust policy on personal and familial relationships at work.

2004/136 ANNUAL WORKFORCE REPORT FOR 2003/4

Mr Tony Vickers presented and briefly explained the Annual Workforce Report for the period from October 2003 to September 2004. There was no overall increase in the number of staff employed in the year. The overall vacancy rate declined marginally, the overall turnover rate increased by 4.5%, the nurse vacancy rate increased by 2.2% and the sickness absence rate hardly changed at all. Mr Vickers drew the Board's attention to the achievement of the learning and development targets, improved coding of the ethnic origin of staff, significantly high sickness absence among administrative and managerial staff and the number of staff who were exceeding the upper limit of hours worked without a waiver under the European Union WTD.

Ms Josephine Ocloo asked to know what percentage of middle and senior management staff were from the black and minority ethnic community and when the Board would reflect the Trust's patient and staffing profile. Ms Ocloo said the term minority ethnic was preferred to ethnic minority as it reflected that everyone was from an ethnic group, some majority and some minority.

The Chairman said the composition of the Board was a matter for the NHS Appointments Commission. It was aware of the issue Ms Ocloo had raised. The Board currently had a vacancy for a Non-Executive Director and it was hoped the recruitment campaign would commence very shortly. Mr Vickers said a report to the next meeting of the Diversity Steering Group would provide information on middle and senior management staff who were from the black and minority ethnic community.

2004/137 STAFF PETITION AGAINST CAR PARKING CHARGES AT HAREFIELD HOSPITAL

Ms Jill McNally, Cardiology Department Secretary, accompanied by two other members of staff, presented a petition to the Trust Board signed by 534 members of staff at Harefield Hospital against the implementation of charges for car parking. Mrs McNally indicated that the staff felt very strongly about the matter.

Mr Ed Barnett, one of the staff who had presented the petition to the Chairman, said he was also speaking as a member of a local church, a voluntary worker at the school and a member of the public. He was very concerned that the result of charging for car parking at the hospital would be increased parking on the village streets. This disturbed him personally more than paying the charges. Villagers had asked him to inform the Board that they do not want yellow lines all over the village roads and had campaigned against this. Others objected to payment for car parking.

Mr Kenneth Appell asked if the Board realised that the result of implementing car parking charges for staff amounted to a pay cut. The Chairman indicated that the Trust had been constrained to spend a substantial sum to improve the Hospital's car parking arrangements, effectively as a requirement of the Borough Council's planning consents for the Anzac Centre and Phase 2 of the Heart Science Centre. Everyone present at the meeting would know of the Trust's current financial position. If the expenditure on car parking is not met by implementing charges it would have to be found from some other source or it would make the financial deficit much worse. Professor Newman Taylor said a meeting with staff took place the previous day and several very constructive comments were made which the Executive Directors had agreed to consider.

Mrs Pauline Crawley, Chairman of Harefield Residents and Tenants Association, reiterated Mr Barnett's views on the impact on the village, from the resulting parking overspill. The Residents Association wished to be a good neighbour to the Hospital and asked that the Hospital also be a good neighbour to them.

Mrs Jean Brett, Chair Heart of Harefield, said that the staff were the Hospital. Therefore anything which upset and angered the staff concerned Heart of Harefield. It could also have an adverse effect on

recruitment. While being fully supportive of the staff's petition objecting to paying for car parking, Heart of Harefield had taken every care in checking that the information given was correct. For it was not its intention to advance its cause through the discomfiture caused the Trust by this matter having been so badly managed. Mrs Brett had been contacted by someone who thought that she was the Chairman of the Trust and therefore responsible for implementing a policy which would upset patients and the staff, many of whom were not financially well off.

Mrs Brett referred to the staff having been asked to sign an authorisation for car parking charges to be deducted from their salaries, which included the possibility of those charges rising. She agreed with Mr Appell that such charges amounted to a pay cut. Neither was it acceptable to be told that if the staff did not pay the charges the Trust could not provide as much treatment. This should be ignored as it was the responsibility of the Trust, not the staff, to pay for infrastructure improvements. Neither should the Board or staff be misled by the references to Hillingdon Borough Council and planning permission for the Anzac Centre. The Council had not told the Trust to charge the staff, patients or visitors for parking.

Mrs Brett gave the example of the Vice Chair of Hamsters, a heart transplant patient, who had recently been an inpatient for some time. It would have been disgraceful if the staff who treated him, his wife and visitors had faced the additional burden of parking charges at that time. The financial problems of the Trust should not be passed on to staff and patients. It was unethical. However Mrs Brett admired the reaction of Harefield's staff and the way it had followed correct procedures.

Mrs Brett said that the intention to charge staff for car parking contrasted sharply with nearly £7 million for external consultants, having been poured down the drain on the Paddington Project. This was apart from the Project Director's salary and that of his 15 strong team, yet on parking charges Harefield's staff were being told to pay up.

Mrs Brett referred to a letter the Trust Chairman had written on 19 October 2004 to Mr David Potter, Vice Chairman of Heart of Harefield, who was also Chairman of Rebeat, a patients' Charity. Mr Potter was very unhappy to see patients being charged for car parking at the Hospital. The Chairman had said in the letter, "I should also mention that the Corporate Trustee had met on two occasions recently to consider a request for the Paddington Project that it should commit £10mn from charitable funds at the appropriate time to provide equipment on the proposed campus."

Mrs Brett said that it was amazing that for Paddington, which may never come to fruition due to its site problems (or at the earliest

2014), an approach to charitable funds had been made for £10mn. A way had to be found out of the car-parking dilemma regardless of whether or not the Trust had signed a contract with NCP. This was the Trust's problem, as before signing a contract any human resources problem caused by introducing charges should have been evaluated.

On the Trust's human resources undertakings Mrs Brett referred the Board to the Trust's induction documentation for staff of May 2004, which she had checked. It stated that free parking was available. Once an organisation gives an inducement and staff accept employment on the basis of that inducement, erasing this inducement from later documentation does not alter what the organisation had earlier entered into.

Mrs Brett stressed that her criticism was constructive in that if it £10mn could be promised to Paddington there must also be a way of solving the charging for parking problem. It was important to keep the staff happy because retention was as important as recruitment. It had been pointed out earlier in the meeting that recruiting staff through advertisements was very expensive. In conclusion Mrs Brett made it clear that she was speaking on behalf of Heart of Harefield, and in support of Harefield's staff, the village and the two patients' charities.

In response the Chairman made two points. He indicated that he did not say that if car parking charges were not introduced financing the scheme would have to come out of patient care funds. If charges were not introduced funds would have to be found from another source. On the alternative use of the £10mn the Charity had agreed to put towards the Paddington Development, the Chairman doubted that funding car parking would be a proper use of Charity funds. At present the Charity was not spending any funds on Paddington. The Charity had given a commitment to purchase new equipment for Paddington at the appropriate time as it had done over the years in funding equipment at the two Hospitals.

2004/138 THE MANSION

Mr Don Chapman, Vice-Chairman Harefield Hospital League of Friends, referred to the withdrawal of the partner with whom the Trust had pursued the possible renovation of the Mansion at Harefield Hospital and the decision to seal and secure the building against vandalism. Mr Chapman asked if it included making the building waterproof.

Mr Patrick Mitchell said the windows of the building had been secured and once the building had been completely vacated further measures would be taken to make it fully secure, including prevention of water ingress. Estates staff would make regular checks on the condition of the building.

Mr Chapman said the NHS was responsible for the deterioration of the Estate and even if the Mansion was sealed up there would be a danger that it would fall into further disrepair and would have to be demolished. The Mansion was a Grade II listed building, the law required it to be maintained, in this case by the NHS, which was the Trust or another NHS organisation. Mr Chapman drew the Board's attention to the Lodge which was boarded up, fell into disrepair, was vandalised and was destroyed within weeks.

The Chairman indicated it was doubtful that any other NHS organisation would be able to allocate funds to renovate the Mansion. Royal Brompton & Harefield NHS Trust was unable to allocate capital funds to renovate the building without putting into jeopardy other capital schemes including some at Harefield. Mr Mitchell said English Heritage had been informed of the position. It was aware the Trust is looking for support and wanted to secure the future of the Mansion for the future of the Hospital site and for the village. The Trust's priority was to secure the building, to monitor it, to preserve its condition and prevent what happened to the Lodge. Additional measures were being taken including security, within the Harefield site, which would be permanent from April 2005.

The Chairman reiterated that the Trust was aware of the concerns about the future of the Mansion. It did not wish to see a fine building collapse but with competing demands for capital difficult choices had to be made over expenditure of large capital sums. The Trust had recently committed significant capital to repairs on the Hospital roof.

Mr John Ross, a member of the Executive Committee of Heart of Harefield, said third party involvement was a positive approach and was preferable to the measures taken by the Trust to secure the building and prevent further damage and disrepair. The involvement of a third party with funding had enabled a former Ministry of Defence building to be restored as a very fine property for an international company. Mr Mitchell said that was the approach that had been pursued with the third party over the future of the Mansion but it had decided to withdraw as the proposed restoration would have cost £3.5mn and was not financially viable. The Trust was now involving property advisors in evaluating proposals for the future of the Mansion.

2004/139 PADDINGTON HEALTH CAMPUS DEVELOPMENT

Mr Nigel Hodson, Project Director, presented a report and referred to three current matters with the Paddington Health Campus Development. Westminster City Council had recommended the Project to consider the use of surplus land to the north of Paddington Basin for the Health Campus Development. This would enable the Project to locate all clinical services north of the Basin, reduce space requirements and increase efficiencies through more tightly

developed clinical buildings. A revised scheme had been formulated for submission to the Department of Health with the aim of incorporation of the revised Outline Business Case by the end of the year. Mr Hodson also reported that the London Communications Agency had replaced Christows as Communications Advisors to the Project.

Mr Hodson also referred to the 28 September 2004 planning letter from Westminster City Council to the architects and the minutes of the previous Board meeting (2004/118) in which he was recorded as saying that he did not think there would be any difficulties over taking account of all the issues the letter raised. Mr Hodson explained that what he meant to say was that most issues would not give rise to difficulties. Since the previous meeting Mr Hodson said he had come to the view that most of the issues could be resolved by the WCC land proposal. The Chairman asked Mr John Chapman to check the taped record of the meeting and to substitute an amendment to the minute, if appropriate.

(Note: The tape record has been checked and substantiates what the minute has documented Mr Hodson said on 27 October)

Mr Hodson referred to a letter from Mr Peter Rogers, Chief Executive to Westminster City Council, to Mr Ian Robertson, dated 19 November 2004 and briefly explained the content. The letter indicated WCC believed the PHCD provides compelling clinical, community and economic benefits and for those reasons it offered surplus land to facilitate the best possible outcome. The letter reiterated the vital role that WCC saw the PHCD playing in not only providing a global centre of medical excellence, bringing local and national benefits, but also as the catalyst for further regeneration of that part of London. The letter asked all those involved to recognise the scale of the challenge and confirmed WCC's support for taking the masterplan to completion. The letter concluded with a commitment to working to deliver the proposal within the Council's planning framework.

The Board noted Mr Hodson's report. The Chairman said the letter was consistent with comments senior WCC officials had made in recent meetings.

2004/140 COMMENTS FROM MEMBERS OF THE PUBLIC

Mrs Jean Brett asked for a copy of the letter from the WCC Chief Executive. Mrs Brett observed that Mr Hodson no longer referred to his reports as progress reports as there was no progress with the development. It was now November 2004 and there was still no OBC and the Project still could not submit an outline planning agreement whereas four years ago in November 2000 there was an OBC which had been approved and in June 2000 the first outline planning agreement had been submitted to WCC. The Project Director's

reports were shorter at every Board meeting and what they said could be incorporated into a single paragraph. What the report was saying now was that the split site development had been dropped.

Mrs Brett was pleased Mr Hodson had corrected what he said at the previous meeting which was that there would be no difficulties in meeting the criticisms in the WCC planning letter of 28 September 2004 because there were huge difficulties. The letter was scathing. As a result of this a revised masterplan had been submitted. This was the third masterplan. Mrs Brett was wary of NHS vocabulary and such terms as "exciting", "a vision" or "a masterplan" whereas all that one needed to know was whether a scheme is practical or viable because the current scheme was not. Heart of Harefield would like to see the PHC 19 November submission to the Department of Health due to the DoH having indicated that it wanted to see any new proposals first.

Mrs Brett referred to the 28 September letter to Sir Terry Farrell in which the WCC planners had recommended the Project should look at the community school and the post office sites. Despite having done this there was still no OBC because the land questions had not been resolved. Mr Hodson's report described the land negotiations as being at a critical stage. These had been critical for six weeks. In real life matters did not stay critical; a critical situation was one that needed to be resolved quickly one way or the other. Heart of Harefield was tired of money going down the Paddington drain.

Mrs Brett referred to the argument that a specialist hospital cannot stand alone which had been preached in meeting after meeting, particularly by Mr Andrew Woodhead as Paddington's Acting Project Director. Mr Woodhead's argument was that patients were becoming older, developed other diseases and so needed the accident and emergency services and specialisms in other hospitals for their treatment. However Mrs Brett informed the Board that Mr Woodhead was now Chief Executive of the Royal National Orthopaedic Hospital at Stanmore, a stand-alone specialist hospital. Shortly after taking up his appointment Mr Woodhead had submitted a plan for a PFI rebuild of over £120mn, to improve the specialist stand alone hospital on that site. On the same list is also a £148mn PFI scheme for Papworth Hospital, "a sister" specialist cardiothoracic centre, thus the old argument that Harefield Hospital could not be developed on its current site was flawed.

Mrs Brett also pointed out that on 11 November 2004 Hillingdon Borough Council again totally reaffirmed, in full Council, its unanimous all party support for Harefield Hospital. Mrs Brett read from a letter she had received which said that the Council placed on record its thanks to her and Heart of Harefield and the campaign against the closure of Harefield Hospital. The Council noted with grave concern that by the end of March 2004 over £6.2mn of NHS

money had been spent on consultancy fees by the Paddington Project. The Council called on the Secretary of State to draw an end to this sorry episode of incompetence and waste of resources and to recognise the logic of building on success by refurbishing Harefield Hospital. Mrs Brett said this was the way forward for Harefield Hospital. She was personally a great admirer of the primary angioplasty work that had been taking place as a pilot scheme at Harefield. It was nonsense to say that general hospitals in the area can do the work they sent their patients to Harefield. There is therefore a case for Harefield Hospital and for expanding it.

With reference to the financial problems the Trust faced Mrs Brett suggested that it would improve its position by ceasing disparaging its own product, by wrongly inferring that Harefield Hospital was unsafe. This attitude did not encourage private income. Mrs Brett extended Heart of Harefield's warmest compliments to the staff. The reason Heart of Harefield worked tirelessly to stop Harefield Hospital was the wonderful work done by the clinicians and all the staff throughout the organisation. Mrs Brett concluded by informing the Board that Hillingdon Borough Council's support was not only in words. Shortly after the motion of support for Heart of Harefield was passed Heart of Harefield received a further cheque for £5,000.

The Chairman inferred from the tenor of Mrs Brett's concluding remarks that her comments were for the Board to bear in mind rather than to enter into a debate. Mrs Brett agreed that it was not appropriate to prolong a debate but as there was Part 2 business she asked the Chairman to give an indication of matters that would be discussed so that members of the public could be assured that no business would be transacted that it would be proper to consider when the public was present.

The Chairman indicated that the Part 2 meeting would consider a report of the independent review panel on a complaint about the care of a patient at Harefield Hospital and a report on the exclusion of a specialist registrar from employment. The Board would also discuss commercially confidential matters relating to the Paddington Health Campus Development. There was however no written report on Paddington for the Part 2 meeting.

2004/141 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)

**Lord Newton of Braintree
Chairman**