ROYAL BROMPTON & HAREFIELD NHS TRUST

Minutes of a Meeting of the Trust Board held on 25 May 2005 in the Concert Hall, Harefield Hospital

Present:	Lord Newton of Braintree: Chairman Mr C Perrin: Deputy Chairman Mr R Bell: Chief Executive 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: Deputy 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 Dr. J Chambers: Consultant in Clinical Governance Mr R Craig: Director of Governance and Quality Mr W Fountain: Associate Medical Director, HH Mr N Hodson: Project Director PHCD Mr N Hunt: Director of Commissioning and Business Development Dr. B Keogh: Chairman RBH Medical Committee Ms J Thomas: Director of Communications Mr T Vickers: Director of Human Resources Ms J Walton: Director of Fundraising
In Attendance:	Mr J Chapman: Head of Administration Mr P McGinity: PHCD Project Mrs E Schutte: Executive Assistant

Apologies for absence were received from Professor Tim Evans, Medical and Research Director, and Ms Josephine Ocloo, Chair, Royal Brompton & Harefield Patient and Public Involvement Forum.

The Chairman welcomed members of the public to the meeting. The Board would consider the Addendum to the Outline Business Case for the Paddington Health Campus Development later in the meeting and the Chairman indicated that he would ensure as full a discussion as possible while members of the public were present. However, there was a matter relating to the acquisition of land for the Development which would require consideration in a closed session. The Board would then reconvene in public to consider a decision on the Addendum.

REF

2005/54 MINUTES OF TRUST BOARD MEETING ON 27 APRIL 2005

The Board received the minutes of the previous meeting held on 27 April 2005. The following amendments were made;

(i) 2005/47
The word "Fund" was deleted from the third sentence.

(ii) 2005/49
Twenty staff had been identified for job evaluation and not external evaluation. The standard working week would be 37 ½ hours and not 27. The Board also thanked Mr Robert Parker for his role as Chairman of the Staff Side and not as Chairman of the Terms and Conditions Group.

(iii) 2005/51
The word "occurred" was replaced with "incurred" in the penultimate line of the second sentence of Paragraph 4 on Page 11.

The Board then approved the minutes.

2005/55 REPORT FROM CHIEF EXECUTIVE

Mr Robert Bell, Chief Executive, gave an oral report and drew attention to two matters.

(i) Strategic Issues
The Trust, as a national and international heart and lung centre, had a special and unique role through collaboration with its partner, Imperial College, in translational research from basic sciences to health care. This was of the utmost importance to the NHS agenda of enhancing community care, improving health service performance and quality, which should be the Trust's primary focus. The Respiratory Medicine Directorate had over the past 30 years developed specialist and sub-specialist services making Royal Brompton Hospital a place of excellence in care of people with lung diseases and was renowned for its national and international role. Cardiac services however were going through realignment with treatment and care increasingly closer to where people live. The Trust's services would have to focus on greater sub-specialisation, for example in treatment of people with heart failure and congenital heart disease. The development of new imaging techniques had a vital role.

(ii) Future Configuration of Health Authorities in London

The SHA notified the Trust on 24 May that a review, led by Carolyn Regan, Chief Executive of North East London Strategic Health Authority, of the configuration of health authorities had been set up. The aim was to ensure a patient-led NHS. The target date for implementation of the recommendations of the review was 1 April 2006. North West London SHA had commissioned a review and reconfiguration of services in its sector.

(iii) Future Configuration of Services in North West London
The Chief Executive stated that the North West London SHA had commissioned a sector strategy review and reconfiguration of its services.

The Board noted the Chief Executive's report.

2005/56 FINANCIAL OUTTURN FOR 2004/5

Mrs Mary Leadbeater, Director of Finance, presented a report on the Trust's year-end financial position for 2004/5 which was reported to the Department of Health and North West London Strategic Health Authority on 13 May. The position was subject to review by the Trust's external auditors. The Trust had achieved financial balance with a surplus of £7,000 and had met the external financing limit, the capital resource limit and the cost of capital absorption rate.

In achieving financial balance the recovery plan had generated savings of over £4million; underspending on pay budgets had generated £1million. Other improvements in the financial position that enabled financial balance to be achieved were the result of stock adjustments, depreciation and a surplus in financial provision for Agenda for Change.

Mrs Leadbeater stressed that most of the benefits from the recovery plan and all the adjustments were non-recurrent so that a significant underlying financial problem still existed and significant cost pressures were carried forward to 2005/6 which were compounded by new year and full year effect pressures.

The Chairman expressed the Trust's unequivocal gratitude to Mrs Leadbeater and members of her team for the huge effort that it enabled the Trust to achieve financial balance. Mr Charles Perrin, Chairman of the Finance Committee, also expressed the Board's gratitude to the Directors, Senior Managers and clinical staff who had implemented the recovery programme to achieve the necessary savings. He repeated however that the Board should recognise that significant further action still had to be taken to address the many recurrent issues represented in this ongoing financial shortfall.

2005/57 FINANCIAL STABILITY PLAN

The Board received a paper from Mrs Leadbeater on the financial stability plan for the Trust which focused on five key areas to secure financial viability in the medium term. The initiatives would refocus the organisation on the NHS agenda of patient choice, short waits and Payment-by-Results. Mrs Leadbeater said the plan was expected to deliver £11million savings through income gains, procurement changes, technological development, better use of capacity and application of benchmarks in use of resources. The £11million savings target was consistent with the estimated financial shortfall the Trust faced in 2005/6.

The Chief Executive said implementation of the plan required a highly disciplined approach. He had assigned responsibility to Patrick Mitchell, Director of Operations, for weekly monitoring and reporting on an accountability basis and had asked him to report action being taken throughout the management structure. Mr Mitchell gave brief details of eight workstreams through which the plan would be implemented.

Mrs Isabel Boyer said a marketing strategy would be required to maximise income from all sources. The Chief Executive said this would be reported to the Board at a future meeting. The strategy would address the critical issue of how the Trust could protect and expand income from non-NHS patient care sources; currently this amounted to 40% of total Trust income.

2005/58 BUDGET SETTING AND BUSINESS PLAN FOR 2005/6

Mrs Leadbeater presented a report on budget setting and the business plan for 2005/6. A performance report for Month 1 up to 30 April 2005 had not been compiled as it was difficult to draw conclusions on the financial position as a result of issues that had to be resolved in confirming the 2004/5 year-end position and the absence to date of a balanced plan for 2005/6.

Mrs Leadbeater indicated that to date reviews of cost pressures and corporate income indicated an income and expenditure deficit of £10.8million before any benefits from the financial stability plan. The review of cost pressures would be completed by the end of May and signed SLA proposals would be received over the next three months. A clear framework for managing activity according to plan would be set up. The SHA had issued its requirement for financial balance which had to be reported at Month 6 (September) and Month 9 (December).

The Trust business plan was ready for finalising as a draft and would be presented to the Board on completion of the budget and stability plan. A detailed capital programme currently amounting to £5,352,000 had been developed. There were significant pressures that the Trust currently did not have funds to meet.

The Board noted the report.

2005/59 REPORT FROM DIRECTOR OF OPERATIONS

Patrick Mitchell, Director of Operations, presented a report and drew the attention of the Board to three matters.

Following the retirement of Dr. Rosemary Radley-Smith, the Great Ormond Street Hospital Paediatric Team had commenced working in the Children's Clinic at Harefield Hospital. Adolescent patients would be transferred to the Harefield Transplant Team when they reach sixteen years of age.

A new surgical high dependency unit at Harefield Hospital would open in June providing nine dedicated beds and three isolation cubicles. This would bring all Level 2 critical care beds into one unit enhancing the clinical environment and providing the appropriate number of intermediate beds between intensive care and the surgical wards.

The primary angioplasty service at Harefield Hospital had been extended to serve people living in the London Borough of Harrow. Royal Brompton Hospital would provide the service for residents of the Royal Borough of Kensington and Chelsea from June 2005. North West London Cardiac Network Group would review the service over the next three months. The aim was to extend the service across Inner West London.

The Board noted and welcomed the report.

2005/60 PADDINGTON HEALTH CAMPUS DEVELOPMENT

The Board received a report from Mr Nigel Hodson, Project Director of the Paddington Health Campus Development (PHCD), which referred to the Addendum to the December 2004 Outline Business Case (OBC), responses to questions from the Department of Health about the OBC and information on responsibility for the Project budget from April 2005. The Addendum with appendices accompanied the report.

Mr Hodson gave the Board a presentation on the Addendum and showed a plan of the Campus site based on Appendix 4 highlighting the differences in site configuration from the site plan in the December 2004 OBC. The Addendum had taken into account the offer of land from Westminster City Council (WCC), referred to as the North Westminster Community School Site, which reduced by half the requirement of land owned by Paddington Development Corporation (PDCL). This was a much improved land deal over the acquisition proposed in the OBC. The Royal Brompton and Harefield headquarters was located in a separate building and the outpatient building had been removed and these services integrated into each of the Trust's clinical buildings.

Mr John McKenna, a Harefield resident, interrupted Mr Hodson to say that he had referred only to Royal Brompton Hospital and had not mentioned the loss of Harefield Hospital in the site development. The Chairman said the Trust had always made clear that the PCHD involved the relocation of both Royal Brompton and Harefield Hospitals. He also said that the speaker should be allowed to give his presentation without interruptions. Mr Charles Perrin, Deputy Chairman, commented that it should be understood that everything highlighted at this meeting was addressing changes in the Project since December. The OBC in detail had not changed except where described today and in the Addendum.

Mr Hodson explained that the Addendum was not based on Heads of Terms but reflected conservative assumptions for acquisition of land through WCC based on information received from the parties to the negotiations. The overall land requirement was similar to that set out in the December OBC; there was no change in clinical space requirements which remained at 184,000m² of space. The capital cost was reduced although this was offset by an increase in rental values which had not been capitalised. Value for money was as good as the OBC and, in terms of acquisition of land, better. Clinical services and planning assumptions were unchanged.

The land transaction had a number of benefits over the proposal in December. The Trusts' agreement was between two public bodies and not with a private sector organisation; the amount of land which would be purchased from the private sector was less. Overage payable would be reduced; there would be no premium payment to land owners or developers. Land values were based on market valuations. The contingent liability on a failure to proceed was reduced. Mr Hodson concluded by saying that in order to proceed in negotiations with WCC the two Trusts required approval from the Strategic Health Authority and the Department of Health that the assumptions described were a basis for proceeding to contract with WCC, subject to the risks being satisfactorily addressed.

Mrs Mary Leadbeater drew the Board's attention to the economic appraisal and affordability of the proposed Development, which were based as previously on the Department of Health model. She noted that the update to the Addendum was based on the PHC lead land negotiator's view of the possible status of negotiations between WCC and the land owners. The review of affordability took account of conventional funding and Payments by Results, the funding regime of the future. Optimism bias had also been included in order to ensure appropriate caution in all capital and revenue calculations.

Mrs Mary Leadbeater said two different assumptions had been made since the December OBC. The first related to national adjustments over transitional relief, which recognised that commissioning major

new schemes creates a step change in capital costs. The second took account of local adjustments proposed by PHC which recognised that income tariffs for NHS activity should reflect the upward movement seen in average national capital costs between 2003/4 and 2004/5 of 0.66 on a cumulative basis throughout the commissioning period. This was not secure.

The position for the Project under conventional funding now showed in the first full year of operation a surplus of £749,000. The Royal Brompton and Harefield surplus is £835,000. Under Payments by Results a surplus of £15.4million was projected for Royal Brompton and Harefield whereas a deficit of £18.2million was projected for St. Mary's. Thus, in the first full year of operation the Project was forecast to be in deficit by £2.8million.

Professor Anthony Newman Taylor, Deputy Chief Executive, recalled that the Board agreed to refer the OBC to the SHA after prolonged discussion at Trust Board meetings in December, subject to four caveats. These concerned firstly the financial consequences of the land deal in the transitional period which were not accepted. This was recognised by the SHA which also passed on the concern to the Department of Health. Secondly, there was a caveat over the imbalance in affordability; this was less clear in December 2004 in relation to Royal Brompton and Harefield tariffs than it appeared to be now. Thirdly, there were concerns over the provision of specialist services particularly, although not exclusively, paediatrics; a meeting between the Paediatric Directors at Royal Brompton and St. Mary's took place on 16 December to ensure appropriate provision. Finally, there were concerns over the absence of adjacency of the Royal Brompton and Harefield building to the new Imperial College building.

Professor Newman Taylor confirmed that the intervention of WCC in February 2005 with a new offer of land has improved the overall layout of the Campus but there were still major issues to be addressed before the Trust could consider entering into contractual negotiations.

Firstly, the Addendum included a land deal that was thought to provide the basis of a contractual agreement between WCC, PDCL and the Trusts. It was not a Heads of Agreement. There were therefore concerns and uncertainty over the nature of the deal and the financial consequences which could have major implications for the Trust.

Secondly, affordability was very problematic. The financial evaluation under Payments by Results showed (post transition) a surplus for Royal Brompton & Harefield NHS Trust of £15.4million and a £18.2million deficit for St. Mary's despite the inclusion of the assumption in respect of cumulative uplifts of £10.7million. The

Trust Board had maintained that if the Campus is to work both Trusts must be independently viable. Therefore, the risks of St. Mary's affordability had to be addressed. In so doing our clinical staff would be concerned over the continuing provision of clinical services in St. Mary's, which might be eroded. This had to be seen in the context of the North West London SHA review to reconfigure clinical services which the Chief Executive had referred to earlier.

Thirdly, in order to proceed the Trust would have to enter into a contractual relationship with WCC and PDCL, through which it would undertake long-term contractual obligations within months. The Trust therefore had to address these issues before the contractual obligations come into force.

Mr Perrin shared the concerns Professor Newman Taylor had raised. The Board of St. Mary's NHS Trust was meeting as the Royal Brompton & Harefield NHS Trust Board Meeting was taking place. He understood it was likely that St. Mary's would suggest that it could address the financial concerns through economies rather than service reductions; that the operation of Payments by Results affects every NHS Trust, adverse consequences were likely to be a system problem and should not in their view cause too much concern at this stage. And the Department of Health would have to opine on the land deal, affordability and clinical issues around a major hospital campus in North West London.

Mr Perrin said the Royal Brompton & Harefield NHS Trust Board had stated unequivocally in December that the nature and quantum of the land deal financial risks do not fit appropriately within any single Trust balance sheet. The affordability issue arose particularly over very significant and progressive changes in the financial regime between consideration of the Outline Business Case and the Addendum now. It might be agreed that some shortfall could be expected at this stage but the extent was a real concern on the grounds of prudence. If the solution was that St. Mary's services would be reduced significantly the concept of the PHCD could be called into question and this would also question the whole campus concept for research purposes. Mr Perrin reiterated that, in this case (but unusually for PFI redevelopment) the land deal would entail a substantial property commitment within months, before the Full Business Case has even been developed; the issues Professor Newman Taylor had expounded had therefore to be addressed now.

Professor Malcolm Green, as Head of the NHLI and Vice Principal of Imperial College, said Imperial College supported all its partners in taking forward the research agenda and would respect and support whatever decision the Board made on the Addendum and the Paddington Health Campus. It was however becoming anxious about the timescale for the Development and potential planning blight. Imperial College was totally committed to heart and lung research,

which was one of its strategic themes. Research and development had to be undertaken internationally in the 21st century in appropriate purpose built facilities. Imperial College was therefore committed to driving forward the replacement of relatively dated premises so that Royal Brompton and Harefield research could continue at world-class levels. Because of the importance of heart and lung research it was unable to wait longer for relocation of the NHLI and had committed £5million to refurbishment of the Guy Scadding Building, Phase 1 of which commenced in April 2005.

Professor Green said Imperial College supported all its partners in taking forward the research agenda and would respect and support whatever decision the Royal Brompton & Harefield Trust Board made over the Addendum to the OBC.

In concluding comments from Board Members Mr Perrin commented that the assumptions in the Addendum had been fairly stated but there was a significant matter to report over the provision of single beds in the Royal Brompton and Harefield building. Department of Health guidelines were changing rapidly. Currently the requirement was for 50% of beds in single rooms. The costings in the Addendum allowed for 25%. Mr Hodson confirmed that 50% provision would substantially increase the costs and operational consequences.

Mrs Leadbeater advised the Board that the version of the Addendum being considered was not the final version and an errata slip was needed but the points did not affect the comments or views made at the meeting.

The Chairman then invited comments or questions from members of the public.

2005/61 COMMENTS FROM MEMBERS OF THE PUBLIC

Mrs Jean Brett, Chair of Heart of Harefield, congratulated Professor Newman Taylor on his salient and perceptive comments on the concerns the Board faced over the Addendum to the Paddington Outline Business Case. In December 2004 Heart of Harefield had been much encouraged by the prolonged time the Board had taken before agreeing the new OBC for Paddington. It took courage and integrity for a Board to retreat from an established position on Paddington. Mrs Brett considered the Board had shown both these qualities due to the concerns voiced on the Addendum.

Mrs Brett added that despite prior knowledge from London that a change in attitude to Paddington was likely, Heart of Harefield had been cautious. Due to the very late delivery of the PHC Addendum to Heart of Harefield (which was not the fault of the RB& H Administration) an in depth study of that Addendum had been prevented. This happening on an important document was a breach of the NHS standards governing public and patient involvement.

However Board speakers had helped considerably by highlighting areas of concern on the Addendum.

Assuring that it had never been Heart of Harefield's intention to be confrontational should conciliation be an option, the Chair of Heart of Harefield said that should the Board refuse to approve the Addendum it would underline its ability and intelligence. Her organisation had been aware for a long time of concerns within St. Mary's about the viability and lack of progression on Paddington after it having been planned for completion by early 2006.

Despite only a day having been given for study of the Addendum, it was clear that the outturn costs were higher than in the December 2004 OBC. The Addendum could not therefore be said to be more economic. The outturn figures were £1,109,476,000 and £1,127,917,000 respectively. On top of that was a huge annual unitary charge of £88.9mn at March 2004 prices. Months ago a PFI expert had advised Heart of Harefield that the final likely unitary charge figure for the Paddington Health Campus was nearer £100mn per annum.

Mrs Brett repeated her praise of the cogent criticism of the May Addendum to Paddington by Professor Newman Taylor, particularly on the uncertainty of any land deal. The land deal with the Paddington Development Corporation Ltd was in fact an impossibility as that company had other plans for its Grand Union Site; half of which was needed to provide sufficient land for the Paddington Development Campus.

PDCL had not been posturing when it withdrew from its agreement with Paddington Campus management at the beginning of March 2005. Following the failure to agree a land deal for Paddington after an international competition PDCL had appointed Perkin & Wills, a Chicago firm of architects, to plan the redevelopment of the whole of its Grand Union site. The PDCL press release stated that the Grand Union site would be for residential and commercial purposes. Without half of the Grand Union site the PHC could not go ahead.

Of as great concern was that clinical priorities wild be endangered had Paddington gone ahead. Suggested service cuts at St. Mary's would cause the work of the Royal Brompton and Harefield Hospitals to be impeded, although no one could have foreseen this in 2000. Heart of Harefield had always maintained that St. Mary's should be developed separately as a priority. Had this been heeded the refurbishment of St. Mary's would already have been completed.

Mrs Brett also commended Mr Perrin's knowledge of the 50% single room requirement in all NHS builds for which the Addendum lacked costing by working on only 25% single rooms.

Mrs Brett pointed out that that due to the deficiencies in the Addendum to the Paddington OBC, only a foolish Board would approve it, which was not the case with the Royal Brompton & Harefield NHS Trust. No land deal was in place neither had a planning application to Westminster City Council been submitted. Mrs Brett concluded by asking Mr Hodson, the Paddington Project Director, to inform the meeting if a land deal with PDCL was in existence.

The Trust Chairman thanked Mrs Brett for the spirit of her response while reminding Mr Hodson of the question on a land deal with PDCL. Mr Hodson replied that there was no agreement on a land deal with PDCL. Mrs Brett thanked him for his response.

Mr Kenneth Appell, a member of the Royal Brompton & Harefield Patient & Public Involvement Forum, reiterated Mrs Brett's comments in congratulating Board Members on their frankness when speaking about the Addendum to the OBC. Mr Appell referred to it being a fine scheme but the location was not ideal for patients. The concerns of the PPIF were that London hospitals were built where most of their patients lived near them. People who now lived beyond London did not find travelling to London for treatment satisfactory, as was evidenced by the 180,000 who signed the petition opposing the relocation of Harefield Hospital to Paddington. He noted the change for outpatient arrangements and that the geographical position of Paddington was a constraint to a changing NHS, being restricted in a heavily developed area. This would not be the case if Royal Brompton and Harefield was located in a place more accessible for patients and the public. The Addendum proposed to restrict car parking places in an area that would be part of the congestion charge zone. This would restrict accessibility. Key worker accommodation was insufficient to house the number of staff who would require close access to their place of work and others for whom the cost of accommodation in Central London made purchase of property unaffordable.

The Chairman said the Board would consider Mr Appell's comments.

Mr David Potter, the Vice-Chairman of Heart of Harefield and Chair of the Patients' Charity Rebeat, endorsed Mrs Brett's comments on the Addendum, particularly on the lack of affordability. There was no allowance for the increase from 25% to 50% of single rooms plus the Royal Brompton & Harefield rented administrative block was outside the PFI build. The key worker housing was also well below DoH requirements. Car parking provision had also been reduced and there was no mention of patient relatives' stay provision. These hidden costs would further worsen affordability.

Mr Perrin commented that the revenue costs of rented accommodation for Trust management had been included in the Addendum.

Mr John Ross, an Executive Member of Heart of Harefield, agreed with the comments made by Mrs Brett and Mr Potter. He stressed that the new Addendum was worse than the December 2004 OBC by having no agreed land deal with PDCL. His opinion was that the odds were further stacked against the Paddington Project.

The Chairman said the Board would bear in mind the issues Mr Ross referred to.

Comments from members of the public then concluded.

2005/62 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 commercially sensitive matters relating to the Addendum. The Board would then reconvene in open session to give its decision on the Addendum to the OBC.

2005/63 RESOLUTION ON THE ADDENDUM TO THE OUTLINE BUSINESS CASE

The Trust Board reconvened with members of the public present. Professor Green and Mrs McCarthy, Non-Executive Directors of the Board, were not present, having left before the meeting reconvened. The Chairman invited Mr John Chapman, Head of Administration, to announce the terms of the resolution the Board proposed.

"The Board of Royal Brompton & Harefield NHS Trust has given careful consideration to the Addendum to the Outline Business Case to the Paddington Health Campus Project. In this the Board has had regard for its responsibilities to maintain the highest standards of patient care, to advance world-class research in collaboration with its partner, Imperial College, and to maintain the Trust's position as the leading heart and lung centre in the UK.

The Board reviewed the terms of the issues noted when it considered the outline business case in December 2004, and the changes which have since occurred. Against this background, three particular concerns were noted today:

- The current absence of certainty about a suitable land deal and its acceptability;
- The affordability gap for the campus and in particular for St. Mary's NHS Trust under the payments by results regime, after transitional funding has ceased, with potentially serious implications for the strategic coherence and original vision of the campus;
- The work being undertaken in North West London towards improving efficiency of service delivery raises fundamental issues about the capacity and configuration of services in the sector with further potential implications for the campus as originally envisaged.

The Board further notes that, while the development of the business case is often an iterative process with time to resolve such concerns over an extensive period, in this case there is a need to sign contracts for the disposition of land within the next months.

In the light of these considerations the Board does not feel able to recommend the Addendum to the Outline Business Case for approval by the SHA until the concerns set out above have been satisfactorily resolved."

The Board duly adopted this resolution.

Mrs Jean Brett, Chair of Heart of Harefield, congratulated the Board on its decision and said it showed the Board understood the concerns that had been expressed.

The Chairman thanked Mrs Brett for her response and thanked all members of the public who had been present for the spirit in which they had listened to the Board's deliberations and given comments.

Mr Kenneth Appell also congratulated the Board on behalf of the Patient & Public Involvement Forum and asked if it could be involved in future planning of any scheme. The Chairman confirmed that the Trust wished to work with the PPIF but would have to reflect for a time on the future direction.

2005/64 CAR PARKING AT HAREFIELD HOSPITAL

Mr Don Chapman, Vice Chairman of Harefield Hospital League of Friends, asked the Trust to provide parking machines which give change machines as the Friend's Pavilion was inundated with visitors asking for change of large notes. Mr Chapman also asked for clarification of the Trust's position on clamping cars on the Harefield site in the light of recent legislation forbidding clamping on private property. The Chairman suggested that the Trust's Estate Manager, Mrs Maria Cabrelli, should meet Mr Chapman to discuss these matters. Mrs Cabrelli agreed.

Lord Newton of Braintree
Chairman