

that parents on that Unit were not given the priority intended and I had to undertake hard negotiations to enable the six bedroomed house to be handed over for families on the Cardiac Surgery Unit. This was another example of the lack of co-operation between the two sites.

23. The Heart Circle continued to keep these houses in good maintenance although later the two smaller houses were little used by the Children's Hospital as the Heart Circle had been instrumental in the provision of two purpose built blocks of bedrooms and the refurbishment of other accommodation in the Children's Hospital itself. However, the largest house continued to be used for parents on Ward 5 until the transfer. We also negotiated the provision of two bedrooms along the corridor from the Unit for parents at the time of surgery and again all costs were undertaken by the Heart Circle.
24. Although this accommodation was meant to enable families of children with heart conditions who came from distant parts to stay near the hospital this was not always the case. It was understood that as the houses were hospital property there could not be exclusive use: as it was also important that the occupancy rate was high: but because they were funded by the Heart Circle, and our families had particular problems, they would be given some priority. This was the original agreement under which the Heart Circle funded these rooms but regular changes in their management at Bristol Children's Hospital meant that this principle was not followed and this caused concern.
25. Prior to the provision of these rooms families stayed in bed and breakfast accommodation, some a long distance from the hospitals and