

**ANGLIA AND OXFORD REGIONAL OFFICE
PROPERTY ADVISORY BOARD**

STOKE MANDEVILLE HOSPITAL, AYLESBURY

PURPOSE OF PAPER

To advise the Board of amendments to the previous disposal strategy and to agree a revised arrangement.

BACKGROUND

The Property Board, at its April 1998 meeting, agreed the recommendations set out in Paper PC81/98 (attached) for the disposal of the land in the Secretary of State ownership at Stoke Mandeville Hospital, Aylesbury.

The agreed approach was to:-

- Conclude a negotiated disposal at OMV of all surplus residential land. This required relocation of some staff residential accommodation and some student nurse accommodation to be viable.
- Market the southern part of the site for use as a food superstore. The retailer to make the planning application and probable appeal. This could require the relocation of some Trust operational facilities (pharmacy, cook chill, etc) to be viable.

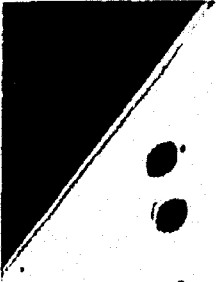
The Trust on gaining a full understanding of the above proposal was concerned that the non-availability of the SoS land may have a detrimental affect on their PFI redevelopment project on the main site. They argued that to include the SoS land would make their development more attractive to PFI bidders

As the Regional Office is very supportive of the need to rationalise and improve the SMH site, it was agreed that the Trust will have the benefit of offering the potential retail site, unencumbered, to potential PFI bidders. The offer would be made subject to the PFI bidder returning the eventual value of the land to the SoS.

REVISED DEVELOPMENT STRATEGY

The revised strategy is now to:-

- Establish the future needs for staff residential accommodation and student nurse accommodation.



- Prepare a development plan for the whole of the SoS land based on residential use. This provides for the situation whereby retail permission is not achieved and/or the Trust's operations are not relocated.

- Obtain a planning consent for residential development for the north part of the site, excluding the potential retail site.
- Sell the residential site to Persimmon Homes on an open book value which will include the provision of the needed staff accommodations.
- Offer the opportunity to prospective PFI partners to include the potential retail site in their plans. Should the PFI contract not include this land, then it will be returned to the SoS for disposal as previously intended.

JUSTIFICATION FOR A NEGOTIATED SALE TO PERSIMMON HOMES

The Property Board agreed a negotiated sale to Persimmon for the following reasons, which are still valid:-

- There are considerable uncertainties about the level of staff and nursing accommodation required. Persimmon have offered the use of housing units on their adjacent site on a temporary or permanent basis.
- Persimmon agreed to withdraw from a retail development on their own site on the understanding that they would purchase the SMH site on a negotiated OMV basis.
- Considerable flexibility will be needed to develop the site as there is uncertainty about the vacation dates for each zone. Also, there needs to be a co-ordinated approach to the possible residential development of the whole site if the retail development should fail.
- Values for existing buildings cannot be well established until detailed surveys have been completed. The negotiated approach reduces risks for Persimmon and we should therefore achieve better values.
- The negotiated approach allows for early tranches to be developed which produce income in this financial year. This income is vital to support Bucks HA interim strategic support to SMH.
- There are several residential sites in Aylesbury and comparable values for the Stoke Mandeville site are readily accessible.

RECOMMENDATIONS

- The Board is asked to note the revised development strategy, which supports the Trust's PFI intentions and to reconfirm the intention to enter into a negotiated contract with Persimmon Homes for any residential development land in the SoS's ownership.

Nick Crowley
Property Development Manager (Oxford)

9th September 1998

Property Board Meeting 1st October 1998

Stoke Mandeville Hospital, Aylesbury

1 Introduction

During the last few weeks there have been a series of meetings with Stoke Mandeville Hospital Executives and Non Executives to discuss the principles and consequences of the issues described in the attached paper. This culminated in a meeting between Bob Ricketts, Director of Performance, and Joanna Sheehan, Performance Manager and the Trust Board on 1st September when Non Executive Directors of the Trust raised their concerns.

2 Concerns of the Trust

The Trust Board have expressed their concerns regarding the decisions made at the last Property Board meeting and the action proposed in the attached paper.

Their concerns are:

that whilst being pleased to offer part of the North site land in their PFI bid, any plans for the redevelopment of the remainder of North site land may prejudice the future redevelopment of the land in their PFI bid by the placing of planning restrictions. The Trust Board are keen to ensure the early application for planning permission for part of the site does not jeopardise later applications.

whether the decision to offer part of the North Site land to Persimmon Homes meets the requirement to obtain best value for money for the Health Service,

that the Hospital should be involved in discussions regarding the resiting/ rebuilding of accommodation for staff and students who are currently living in accommodation on the plot of land to be sold to Persimmon Homes. The future location of accommodation is of significance in respect of recruitment and retention of staff and the smooth running of the hospital.

The Trust were given the opportunity to raise their concerns in writing to the Property Board, however, following the meeting on September 1st, they did not feel it necessary to take up this opportunity, on the understanding that their views and concerns would be brought to the attention of the Property Board.

The Regional Office and NHS Estates are working closely with the Trust and Health Authority to take forward the actions outlined in the attached paper.

Mr Bob Ricketts wishes to ensure that the Property Board is aware of the issues raised by the Trust particularly as joint working between all parties is essential to progress the action outlined and the redevelopment of the hospital.

John Nicholas
Chairman
Buckinghamshire Health Authority
Verney House
Gatehouse Road
Aylesbury
HP19 3ET

RECEIVED BY
19 MAY 1998
PERFORMANCE DIRECTORATE

5th May 1998

Our Ref: PK/CJD

Dear John,

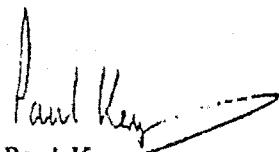
Interim Strategic Support

Thank you for your letter of 24th April 1998.

I should say at the outset that the question of the capital receipts was not raised at a very constructive meeting I had with Chris Daws and Mary Leadbeater on 16th April. My letter of 20th April, therefore, reflected the discussion which Chris agreed to discuss internally with colleagues in the Health Authority. As our letters crossed in the post, my letter of 20th April was in no sense a reply to hers of 17th April.

Be that as it may, I remain committed to seeking a solution which does not place an unfair burden on Buckinghamshire's finances, and have attempted to talk to Chris about some further possibilities. I hope that by the time this reaches you we may have something more positive to propose.

Yours sincerely,


Paul Kemp
Director of Finance



INVESTOR IN PEOPLE

0\FINANCE\WRVORD\PAUL\1998\MAY\NICHOLAS.LTR



FROM THE CHAIRMAN

**BUCKINGHAMSHIRE
HEALTH AUTHORITY**

Mr Paul Kemp
Director of Finance
NHS Executive Anglia & Oxford
6-12 Capital Drive
Linford Wood
Milton Keynes
MK14 6QP

Verney House, Gatehouse Road
Aylesbury, Buckinghamshire, HP19 3ET
Tel. 01296 310000 Fax 01296 25392

24th April, 1998

Dear Paul,

Interim Strategic Support

Christine has shown me a copy of her 17th April letter to you, referring to the Authority's Resource Strategy approved at its March Board Meeting.

I was therefore surprised when I saw your letter to her of 20th April, which suggested that the HA should meet the cost of a shortfall in ISS funding to Stoke Mandeville for a period of 3½ years, out of a loan from the Regional Office, until the hospital site is redeveloped.

RO and both boards have known about this potential funding gap for some while. Indeed, we had expected a solution to come from the capital receipts arising from the redevelopment.

In the light of our responsibility to continue to offer a balance of services to residents across the whole county, for the time being, our strategic priorities will continue to be, to fund learning disabilities and meet the shortfall in capitation funding in North Buckinghamshire.

It would therefore not be prudent for the HA Board to consider the arrangement you propose.

Over to you, I'm afraid,

Yours,
John Nicholas

Copy: BHA Chief Executive & Finance Director



**BUCKINGHAMSHIRE
HEALTH AUTHORITY**

Verney House, Gatehouse Road
Aylesbury, Buckinghamshire, HP19 3ET
Tel: 01296 310000 Fax: 01296 310121
Direct Fax: 01296 310069

DEPARTMENT

17 April 1998

Paul Kemp
Regional Director of Finance
NHS Exec Anglia & Oxford
6-12 Capital Drive
Linford Wood
Milton Keynes
MK14 6QP

Dear Paul

RESOURCES STRATEGY FOR BUCKINGHAMSHIRE

At our meeting yesterday, I agreed to let you have a copy of the paper I took to the Health Authority Board meeting in March outlining the key areas of investment over the next few years, (attached).

You will see that it includes the issues I went through yesterday about the need to invest in Learning Disability services and the level of resources we need to direct to Milton Keynes each year. The growth in the population in Milton Keynes means that the current capitation shortfall will worsen if we invest less than 0.5% more in this locality.

Your suggestion that we may get more growth money in the next year or so, thereby giving us the ability to correct these issues more quickly, is welcome news. Given our current experience, however, where additional resources are so tightly limited to specific targets, we are unable to achieve any of our objectives for funding. Indeed, given the imperative of reducing waiting lists at Stoke Mandeville as well as elsewhere across the County, we may have moved Mid Buckinghamshire further above target.

When we have received additional resources we have sought to improve equity, but imposed targets mean that we cannot neglect the large part of the County that is not Milton Keynes. As I explained yesterday, some of the winter pressures money will have to be directed to the middle, and in particular to the south, of the County to alleviate the shortfalls arising from the closure of Booker Hospital and the £3m reduction in Social Services' budget.

Continued

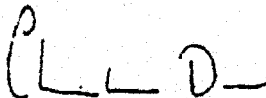
Page 2
Paul Kemp
17 April 1998

contribution

You asked me to propose to the Board that Buckinghamshire HA accept a loan for the first 2 of the 3½ years when ISS funding is withdrawn, and for the HA to meet the remaining years from its own ISS contribution. Unless we have been able to take care of our other priorities from growth funding before then, I cannot believe the HA will support this proposal. I hope that the paper attached gives you a better understanding of the scale of the investment that is required in both Learning Disability services and in Milton Keynes before we could contemplate using ISS for another service area. It looks unrealistic, given also that resources are being allocated with targets. I shall discuss this next week with the Chairman in advance of the HA meeting the following week.

One area we did not explore yesterday was the question of capital, and capital receipts attached to the Stoke scheme, to provide a solution to the ISS shortfall. Mary and I discussed this on our journey to see you, and this could prove an acceptable alternative to the one you proposed. We may need to discuss this further.

Yours sincerely



CHRISTINE DAWS
Director of Finance & Acute Services
Direct Dial: 01296 310038

Copy Mary Leadbeater

BUCKINGHAMSHIRE HEALTH AUTHORITY

HEALTH AUTHORITY MEETING PAPER FOR NOTE

RESOURCE STRATEGY

1 INTRODUCTION

- 1.1 This paper examines the current distribution of healthcare resources within the County and identifies the direction of travel for the next few years. Further detailed work will be necessary over the next few months in order that a resource framework can be developed for inclusion in the Health Improvement Programme (HIP).

2 TYPES OF RESOURCES

- 2.1 The Health Authority manages four principal funding streams. GMS cash limited (£11m) provides for GP Practice staff, premises and computers, and out of hours payments to GPs. The practice staff element has been distributed to GPs on a capitation basis for a number of years. GP drugs budgets, are GMS non cash limited funds, which have also been distributed using a capitation formula for several years. The drugs budget for GPFH is cash limited (£35m) and becomes part of the overall budget for fundholding and can therefore be transferred to Hospital and Community Health Services (HCHS) funding. Non cash limited funds (£40m) are payments on demand to primary care practitioners and include items of service claims for GPs, payments to opticians and salaried dentists. The final stream of funding, HCHS, (£260m) is used to purchase healthcare services for the population of the County. Approximately £50m is transferred to GPFH for this purpose, the remaining funds are managed by the HA. It is this funding stream that will be analysed in most detail in this paper.

3 CURRENT EXPENDITURE PROFILE

- 3.1 The current spending has been analysed by comparing the use of resources by different locality groups within the County, and also examining the spend on different care groups, comparing Buckinghamshire with other Health Authorities.

Care Group Analysis

- 3.2 For the past three years the Health Authorities in the Anglia and Oxford Region have been completing a resource map which splits by care group, an authority's HCHS expenditure. Not all service groups are directly comparable due to different styles of providing healthcare, but some clear messages have emerged for this HA over that period.
- 3.3 In every year from 1994/95 through to the most recent map for 1997/98, Buckinghamshire has had the lowest proportion of resources spent on those with a Learning Disability across the nine Health Authorities in this region.

- 3.4 This low level of investment in these services is also evident in the Audit Commission's analysis of 1996/97 data comparing Buckinghamshire with a cluster of 23 other Counties from across the Country that have similar population characteristics. In the analysis, BHA has the lowest expenditure per head of population for these services, spending £17 per head of weighted population compared with an average of over £30 per head.
- 3.5 Some preliminary analysis of the figures within the Region shows that some of the difference is explained by the lower level of Old Long Stay patients in Buckinghamshire. (These are defined as individuals who were receiving inpatient care since before 1971 and who continue to be the responsibility of the NHS. These individuals are funded separately over and above the HA capitation funding.)
- 3.6 Historically Buckinghamshire County Council has spent more resources in this area than other Social Services Departments and this may also account for the lower level of investment by the NHS.
- 3.7 In 1994 BHA also had the lowest proportion of investment in mental health services. This has changed over time with the investment in the mental health strategy, but BHA still spends less per head of weighted population than the average across the region and also less than the average of its cluster HAs in the Audit Commission's analysis.
- 3.8 The acute and medical services are more difficult to compare as there are differences in styles of provision. For example, Buckinghamshire has a low level of spend on geriatrics but is high in general medicine. By combining groups where there may be overlap, other results from the regional comparisons suggest that BHA spends more on surgery, and more on medical and geriatric services combined, than the average of the region.
- 3.9 Spend on women's services is also higher than the region's average, but this is not shown in the Audit Commission's analysis, where BHA spends less per head of population than its cluster average for maternity services.

Locality Analysis

- 3.10 Over the past two years the HA has been developing a model that distributes resources within the County in an equitable way, taking account of the different social characteristics of the three main areas of population. When compared with current expenditure (1996/97), the model showed that £4m more resource should be applied to North Buckinghamshire residents, £1m more to South Buckinghamshire, and that funding in Mid Buckinghamshire should be reduced by £5m. Further work with the community trust in Aylesbury revealed a number of additional Old Long Stay Patients, who had not been previously identified. The cost of their care totals £536k. The exclusion of these patients from the analysis has resulted in the target reduction in spending in Mid Buckinghamshire being reduced by £0.5m.
- 3.11 When the expenditure in each locality was examined in more detail, the areas where spending was higher in Mid Buckinghamshire, were surgery, (particularly plastics and ophthalmology), mental illness, palliative care and direct access services.
- 3.12 The investment in services for those with a learning disability in North Bucks is particularly low compared with the other localities. Other areas where investment needs to be targeted in North Bucks includes mental health and elderly/medical care.

4 LOOKING TO THE FUTURE

- 4.1 Over the next five years the HA will be seeking to address the inequalities in resource distribution across the County and to invest in care groups where current expenditure appears low.
- 4.2 Buckinghamshire as a County was within 1% of its capitation target following the allocations for 1998/99. It would therefore be unwise to plan on the basis of large increases in funding over the next few years. The national allocation formula is being reviewed and is likely to target resources on populations with greatest social need. BHA's target allocation is therefore unlikely to increase.
- 4.3 The population of the County is growing each year. In particular, Milton Keynes is growing very rapidly with a projected 7% increase between 1997 and 2001. In the light of this population change the HA will be hoping to see a year on year growth in resources of 1%.
- 4.4 Without additional resources, rolling forward current expenditure patterns would result in North Buckinghamshire moving further away from its capitation target. With the growth in population, the locality would have moved a further £3m from target by 2001/02. Were the County to receive growth of 1% each year and this be applied to North Bucks, the move to equity would be achieved by 2002/2003. A 0.5% increase applied to North Bucks would not move North Bucks any closer to its capitation share, but the relatively higher population growth in Mid Bucks over South Bucks would result in South Bucks going above target.
- 4.5 The White Paper, "The New NHS" heralded the introduction of Primary Care Groups (PCGs) to commission services for local populations. Each PCG will have available their population's share of the resources for HCHS, drugs and other GMS expenditure. BHA would wish to use its capitation model to distribute resources to the newly formed PCGs, but there may be a directive to use a new national formula. The distribution pattern of the BHA model is unlikely to show much difference from such a national model.
- 4.6 In addition to looking at population growth and the redistribution of resources there are a number of service strategies to be developed and implemented over the next few years. The move to an equitable distribution of resources will need to be balanced by the pressures from these service strategies.
- 4.7 The adult mental health strategy is being reviewed and policies developed to address the needs of the elderly mentally ill, mentally disordered offenders and children and adolescents with a mental health problem. These strategies are likely to identify the need for further investment, particularly in light of the comparative position of the authority.
- 4.8 In 1998/99 implementation will commence on a strategy for learning disability services, and in particular the re-provision of Manor House Hospital in Aylesbury. The HA is receiving £3m of Strategic Change Funding from the Regional Office over the next two years to facilitate this change. The balance of NHS investment and the sharing of responsibilities with Social Services will also need to be addressed in identifying the level of investment in these services.

4.9 The acute services strategy confirms the need for three acute hospitals within the County, but working in partnership rather than independently. In order to meet the demands for additional resources in this sector, particularly with the costs of new technology, all the County acute hospitals will be expected to meet common performance targets (e.g day case rates, lengths of stay). Detailed work in this area has been carried out with Stoke Mandeville, as part of the Strategic Outline Case for development at the hospital, and this will be extended to the other Trusts.

4.10 The PFI document at South Bucks Trust and the proposed development at Stoke Mandeville are both due to deliver savings for investment in other care groups.

5 NEXT STEPS

5.1 The analysis of locality and care group spend will be shared with Trusts and representatives of PCGs. The HA will work with these groups to develop a four year profile for the distribution of resources within the County, and provide for the Health Improvement Programme a framework within which resources will be utilised.

6 RECOMMENDATION

6.1 The Board is asked to note the results of the analysis, to date, and the proposed action for the development of a resource framework.

CHRISTINE DAWS
Director of Finance & Acute Services

CD/
/resstrat
17/3/98

23 February 1996

Forbes & Son
8/10 Half Moon Court
Bartholomew Close
London EC1A 7HE

280 ZXE
003 02
3 AY 164

Our Ref: JCP/AS
Your Ref: CL/CJH

Estates Property Department
Direct Dial [REDACTED]
Fax: [REDACTED]
Ask for [REDACTED]

Subject to Contract
Subject to Board Approval

Dear Sirs

**YOUR CLIENT - MR SAVILL
LUDWIG GUTTMAN SPORTS CENTRE, AYLESBURY**

I refer to your letter of 7 December and Mr Crowley's response of 12 December.

Subsequently, I have received a telephone call from Mr Savill, making a further offer for the freehold of the Sports Centre of £200,000.

I am now able to advise that the Regional Health Authority will give serious consideration to a disposal of the Freehold subject to the following:

- i) The sale price to be £250,000 (two hundred and fifty thousand pounds) for the freehold of the Sports Stadium and adjacent Olympic Village Complex.
- ii) Consultation with the British Wheelchair Sports Foundation.
- iii) Consultation with Stoke Mandeville NHS Trust
- iv) Appropriate variations to the two existing conterminous leases to ensure security of tenure for the Foundation e.g. removal of landlords option to break the lease after 60 years.
- v) Appropriate covenants to protect the long term development plans of the Regional Health Authority and the Stoke Mandeville Trust
- vi) The Stoke Mandeville Trust is close to finalising a major hospital redevelopment scheme. The area marked in blue on the attached plan, currently leased to the Sports Foundation, would be usefully incorporated and would straighten an unsatisfactory boundary line. However I envisage that this would raise considerable objection from the Sports Foundation unless there was adequate re-provision of the existing facilities in this part of the stadium.

DH/Cantd
Document 01. Page 14

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280 ZXE
003 02
3 AY 164

vii) The Regional Health Authority and the Stoke Mandeville Trust are also committed to providing a public cycle way on the route shown which will link into an existing public right of way on the leased land.

I enclose a site plan, which identifies the land holdings affected.

I look forward to hearing from you, once you have taken your clients instructions.

Yours sincerely


Property Surveyor

Enc. - site plan

280 ZXE
003 02
3 AY 164

[REDACTED]
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Bucks
HP21

Estates Department

Tel: [REDACTED]
Fax: [REDACTED]
Your Ref: [REDACTED]
Our Ref: [REDACTED]
Ask For: [REDACTED]

9 August, 1993

Dear [REDACTED]

BRITISH PARAPLEGIC SPORTS SOCIETY LTD

I refer to our conversation regarding the above at our recent Trust meeting. Having looked at the lease relating thereto it would appear that you are obligated to use reasonable endeavours to maintain a supply of cold water to the premises coloured purple on the attached plan and also to use reasonable endeavours to supply electricity thereto, but that this supply shall not be used for the purposes of heating.

There is no obligation in the leases to whether the Sports Society should pay for this but on that basis I would certainly try and obtain some money for any services that you do supply. They also have a right to sewage and any other services existing to the premises.

You however are entitled to use the building coloured brown as shown on the attached plan until you are given six months notice by the Society.

Should you require any further information please give me a call.

Yours sincerely

[REDACTED]
Property Surveyor

Enc:

1. ~~Copy to~~
~~John Baker~~

RESTRICTED - POLICY

NHS

Executive

Headquarters

Department of
Health

Quarry House

Quarry Hill

Leeds LS2 7UE

Tel 0532 545000

Ken Cunningham
Chief Executive
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Bucks
HP21 8AL

15 April 1994

STOKE MANDEVILLE BUSINESS CASE - LETTER FROM HM TREASURY

We spoke earlier in the week about the telephone conversation I had had with the Treasury. As promised here is their letter.

General response

While there may be some disappointment that they have not immediately approved the plans I think this is a good letter. Paragraphs three and four can, I think, be seen as an indication of their intent to approve it once the further information they request has been provided, and confirmed the gist of my telephone conversation with them. That they have not asked to visit is also a good sign. They would only request that as a good use of their time if they felt they needed to do that to be more convinced of the case.

I am particularly gratified at their warm remarks about the business case document itself which is a tribute to the hard work and thought you and your colleagues have put into it.

Detailed Points

Now to the points they raise. I have numbered them on the copy for ease of reference.

Points 1-3 - these are connected and link to 4. Any problems with providing more detail?

Point 4 - I assume this is also because of the time lag before the capital development plan that any savings to be made. Can we pray other CIPs will be providing other reductions in financial requirements for the same case? You may want to get a line from...

Point 5 - I assume this is also as they say.

Point 6 - This may be too far to accept to test the way in context. I hope I did not go too far. I recalled from an earlier conversation your hope to be able to treat non-spinal patients there. I assume the NHS is taking

its own steps to win business and we can describe those. Can we put a more positive spin on your hopes to persuade SJS to move? Can we also say the business case is not critically affected by this?

Point 7 Can you give some examples of how flexible it is - some hypothetical illustrations?

Point 8 - I am not an expert on PDC - can you or the Outpost advise?

In putting this material together particularly points 1 - 5 you need to check there are no hidden pitfalls in it before sending it. If there are we need to anticipate them and cover it in the reply.

Timing and Process

If we can get a reply to them by the end of next week we might get an agreement by the end of the month. Can you get me the final by Friday am of next week? If you can do it by Weds e. better (I am out of the office Thursday) but that may be a little tight.

So far as any eventual announcement goes I have already mentioned the likely constraints of the local elections. It looks very much as if we will be unable to announce any such decisions (several have already been held back) until after the local elections on 5 May. Given the timescale with Treasury that may not amount to any real delay.

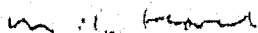
In between now and then all concerned need to avoid any risk of a leak that an announcement is imminent or that a decision has been made as that would not only embarrass our ministers but also make things needlessly awkward with Treasury (who need to clear the terms of such announcements) with whom we have made an excellent start - more than a start I feel.

I am copying this letter to Barbara Stocking, Maggie Donovan at the east Outpost and to Danny Gabay and John Guest here at the NHS Executive.

(John is in the newly set up capital schemes unit who will now handle centrally all approvals and discussions with Treasury for capital schemes. They were content to allow us to continue to completion with this Business Case given its advanced stage.)

Please contact me if there are any difficulties or you need further advice from the centre.

Yours Sincerely


Mike Horah



BY FACSIMILE

Mike Horah
Performance Management Directorate
NHS Executive
Department of Health
Quarry House
Quarry Hill
Leeds LS2 7UE

Dear Mike,

BUSINESS CASE: STORE MANDEVILLE HOSPITAL

Thank you for your letter of 16 March, enclosing a business case for capital development, which I received on my return from leave before Easter.

Firstly, thank you for the background information on the Hospital and your assessment of the main factors relevant to this business case. This sort of analysis is very useful particularly, as here, when I am coming fresh to a case. I hope that similar covering letters from the new Capital Investment Unit would contain this information - perhaps you could mention this to Steve Saunders.

The business case is, on the whole, well argued and presented and clearly represents a great deal of work and I am satisfied that the correct options have been evaluated in the light of strong purchaser support for a general hospital facility on the current site.

Overall, I concur with the thrust of your analysis, namely that the Hospital urgently needs to reduce its costs and prices, and improve operational efficiency, if it is to retain contracts with its principal purchasers under the internal market (figures given in paragraph 1.5.3). I note that all options would generate substantial revenue savings and that the preferred option would lead to an overall reduction in prices of around 9 per cent.

Before granting approval, however, I would like to clear up a few points. Firstly, I would like a clearer exposition of current income and expenditure (in 1993-94) and how the development strategy (options 1 and 2) and changes due to weighted capitation affect the income and expenditure position in a realistic future years (1994-95 to 1997-98). I was a little concerned to read in paragraph 7 of the Executive Summary, that even the preferred option would require revenue and capital support of £2.2 million and £4.5 million respectively over three years.

5 Second, the analysis in Section 4 and Appendix 5 shows that the NPV's for Option 1 (the 'do minimum') and Option 2 are virtually identical based on an evaluation over 25 years and the ranking of these options is very sensitive to different assumptions on the variables. I would normally expect to see such calculations performed over 60 years, which corresponds to the projected lifetime of the capital assets and with no explicit provision being made for subsequent maintenance.

I would therefore like to see an analysis of the discounted cash flows for Options 1 and 2 performed over a 60 year horizon, which judging by the text in paragraph 4.3.10 has already been done. I am also not clear why capital costs have been included in year 25 in the tables in Appendix 5. I assume this relates to some maintenance provision, but I would be grateful if you could confirm that this is what has been done.

6 Third, I note the comment in your letter that the Spinal Unit's facilities are under-utilised. The business case points out that there has been a linkage in the Unit's contract base as other regions have developed specialist expertise and that the reduced incidence of spinal cord injury could further reduce bed requirements.

On the basis of this analysis, I think that we need to do rather more than work to gradually convince (Mr Saville) that the unit's facilities could be made available for non-spinal patients. I would like to know what plans the Unit has made to market its existing bed-space more widely and increase its operational efficiency.

7 Fourth, are you satisfied that the proposed phasing of the development, which loads the bulk of the capital cost into Phase I, is sufficiently flexible?

8 Finally, I am not clear how the proposed development is to be funded. Is there likely to be a requirement for PDC, and if so, how much?

I would be grateful if you could get back to me on these points

Yours sincerely,

[Redacted signature]

Economic Adviser
Health Expenditure Division

from Mr. J.A. Lusher

Friday.

1 DEC 1993

Dear Barbara,

In advance of an discussion
next week I thought you should have sight
of the enclosed.

I have today written to all
members of the "Shadow" Board regarding my own
position as Chairman. It would be appropriate
to make the announcement next week - about
Wednesday.

Sincerely,
Andy.

cases and long waiters required to achieve the Patients' Charter standards. I discussed my personal concerns with Mike about his approach to contracting for 93/94 in the car coming back to Stoke Mandeville.

During the remainder of March we (Sue, Mike and myself) met with the BHA (Colin Price, Jackie Haynes and Maeve Gribbon) on several occasions to attempt to bridge the gap between us. On one evening, which went on until about 8pm, we thought we had succeeded in reaching agreement only to be told in the morning that the A&E component of the contract was not included. As the 31 March approached, the pressure was on BHA to sign off agreements for 93/94. It would have been very embarrassing for a DHA to have no agreement with their home provider unit particularly as we were directly managed by them. As a directly managed unit, we were subject to open book accounting by BHA finance staff and had no room for manoeuvre or negotiation which may have been available as a Trust.

I had a two days booked annual leave from 31 March (Thursday and Friday) till 4 April and went with you to the International Hospitals Group meeting in London on the Monday and Tuesday (4 and 5 April) returning to the office on Wednesday 6 April. On my return I was told that a compromise had been reached and that three schedules were signed with BHA for a volume of activity which would satisfy the purchaser's efficiency index requirements. It was clear however that this was an accounting agreement which ignored our understanding of the minimum requirements as detailed above. (Increased day cases at low cost coupled with fewer in-patients at high cost!). The second schedule (II) was the most unusual as this was for 839 elective cases at 40% of full cost. I have always believed that marginal deals were not to be agreed unless additional capacity was identified during the year and all fixed costs were covered. I challenged this with the BHA but was unable to undo the agreement. This agreement would have worked in theory if we had been able to recover fixed costs from ECRs and fundholders (category B). As we now know, the anticipated category B income was set too high and was never realistic. Mike did have some grounds for taking this approach as the previous year we had been instructed by the

5 December 1993

Dear Andy,

Following last Tuesday's Board meeting (30 November 1993), we talked about my involvement in the contract setting process for this year and you suggested I put on paper my version of events.

Clearly the present position with Buckinghamshire Health Authority (BHA) is worrying and we need to resolve, as a matter of urgency, the Board's position in respect of this issue.

In December 1992, we began the process of meeting with purchasers to negotiate contracts for 1993/94. This culminated in a gathering of all providers and purchasers within Oxford Region on 4 and 5 March in a hotel outside Northampton to agree final prices and volumes of activity. At this meeting it was obvious to me that our private concerns about Mike Schofield were justified. Our prices were changing by significant percentages from meeting to meeting and we failed to resolve outline contracts with Northampton (for Plastic Surgery), Oxfordshire and Bucks. We identified a potential problem of several hundred thousand pounds between the BHA's declared affordable position and our opinion of the minimum levels necessary to meet the emergency cases, maternity cases, urgent elective cases and long waiters required to achieve the Patients' Charter standards. I discussed my personal concerns with Mike about his approach to contracting for 93/94 in the car coming back to Stoke Mandeville.

During the remainder of March we (Sue, Mike and myself) met with the BHA (Colin Price, Jackie Haynes and Maeve Gribbon) on several occasions to attempt to bridge the gap between us. On one evening, which went on until about 8pm, we thought we had succeeded in reaching agreement only to be told in the morning that the A&E component of the contract was not included. As the 31 March approached, the pressure was on BHA to sign off agreements for 93/94. It would have been very embarrassing for a BHA to have no agreement with their home provider unit particularly as we were directly managed by them. As a directly managed unit, we were subject to open book accounting by BHA finance staff and had no room for manoeuvre or negotiation which may have been available as a Trust.

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regional finance team to assume the difference between total capacity and category A income would be achieved in category B (rather than close beds). The region were to make up the difference from reserves. In November we closed 72 beds on the basis of affordable capacity for 1993/94. The third wave of fundholders and the deregulation of Spinal Injuries from block regional contracts has pushed category B income from about 12% to 18%.

As the year has unfolded, we have seen the predictable shortfall in category B income and the over activity within the elective in-patient element of the BHA contract. In saying that, we can demonstrate that considerable restraint has been exercised by the surgeons in admitting BHA patients when comparing this year with last (see charts).

For my part, I attended the BHA public meeting in July and stated that we could not be expected to continue to treat patients without full payment from the BHA. I was instructed (as per BHA Press Statement) to treat within contract and that no more money was available. This was despite an additional £200K which had been identified as missing from the original contract. (It bought off 152 medical emergency episodes.)

In August the Clinical Management Board (with the backing of the Shadow Trust Board), agreed to reduce the revenue budget of the unit by about £1M to reflect a revised category B target. Other action was taken including strict vacancy control and control of overtime and bank nurses. In addition we secured more income from other purchasers and from income generation as well as generating further cost improvement measures. Despite these measures, the gap between our outturn prediction and breakeven remains around £400K. If schedule II of the BHA contract was at full cost they would owe us about £500K! (Steve Barker can give exact figures)

I have to accept that I should have interrogated Mike Schofield's income plan closer and resisted the contract with BHA. It is no excuse to say that the Trust Application and Capital Development Plans were top of my agenda but I did believe that my Finance Director could make sensible judgements about affordable budget plans. The contracts with BHA were, in my mind, a sham; put in place by accountants to satisfy a regional directive to meet efficiency targets. I know Sue regrets signing off the Schedules in my absence and I do not hold her responsible. As manager of last resort for finance, Colin Price should have assured himself that the package was deliverable.

I know we have all learned a great deal as a result of this. Mike has gone and the message from that is not lost on the rest of the senior managers and finance staff. The Shadow Board was in its infancy and could not have been expected to react to the situation sooner than it did. It is my belief that the Board should now make a sustained protest to the BHA about the 93/94 contracts and if it fails to get satisfaction, take the matter to the Region. In the meantime I am meeting with the regional officers and Julian on Wednesday to discuss this and I intend to demonstrate that the work being undertaken on behalf of BHA is clinically unavoidable and should be paid for at full cost as per any other purchaser.

I trust you will support me in this approach.

with best wishes,

Ken

Handwritten notes:
1.12.93
1.12.93



Oxford Regional Health Authority

PRESS RELEASE

Chairman-elect to stand down

Mr Andrew Lusher, Chairman-elect of Stoke Mandeville Hospital, which is to become an NHS Trust Hospital on April 1, 1994, has decided not to take up the post of Chairman of the new hospital Trust.

His decision has been made for personal reasons.

Chairman of Oxford Regional Health Authority, Dr Stuart Burgess, CBE, said: "I am sorry that Mr Lusher has decided not to accept the invitation from the Secretary of State to be Chairman of the new hospital Trust. He has had a key role throughout 1993 as Chairman of the Stoke Mandeville Development Board.

During this time the hospital has been granted Trust status by the Secretary of State, and has implemented a major redevelopment, which will lead to substantial improvements in buildings and facilities at Stoke Mandeville. I would like to record my warm appreciation for all he has done for the hospital."

Mr Lusher will continue in his capacity of Chairman-elect, until a new Chairman has been appointed for the hospital Trust.

ends

For further details please contact:

Ken Cunningham,
Unit General Manager,
Stoke Mandeville Hospital.

(0296) 316600

Issued by Oxford Health Public Relations December 16 1993.

David Liddington Esq MP
House of Commons
London
SW1A 0AA

27 September 1993

You will be pleased to hear the Oxford RHA approved Stoke Mandeville's capital restructuring proposal last Friday. It now goes to Ministers for approval which should take no longer than six weeks (and I know Tom Sackville is sympathetic to the project).

It has been a long haul to get it to this stage but Stoke have had to demonstrate that with this investment they could become a viable Trust. This they have now done and I have recommended to Virginia Bottomley that their Trust application be approved.

File 2



Oxford Regional Health Authority

Mr K Cunningham
General Manager
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
HP21

9 JUN 1993
ACK
FAX TO
1

Tel: [Redacted]
Fax: [Redacted]
Ref: MS/bm/141024

7 June, 1993

Dear Ken

I wrote to you on 29 March informing you of the RHA Board's consideration of the Trust applications, following our tripartite discussions, and said in that letter that the regional subsidy required for Stoke Mandeville to achieve a recurring balance must be clearly recognised, and acknowledged, and clear plans agreed to: not exceed the agreed deficit and eliminate its necessity as soon as possible.

I would be grateful for your response in the near future, please, as preparations have to be made for recommending final support, or otherwise, to the Secretary of State. I would appreciate a response to this information request by mid June. Please contact me personally if this is a problem.

Yours sincerely

Mike Sykes
Executive Director
Operations and Performance Management

cc: Brian Hughes
Jenny Wright
Mike Biddle
Barbara Stocking
Muir Gray

Mr Ray Charman
District General Manager
Aylesbury Vale Health Authority
Ardenham Lane
Aylesbury HP19 3DX

19 February 1993

Dear Ray

I have reviewed the correspondence between the Region and yourself in the light of what appears to me to be confusion about the Region's decision about Stoke Mandeville Hospital, and I write to clarify the position.

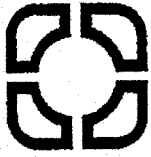
In a letter written to you following the December Board meeting, Bob Nicholls said that Approval in Principle had been given to the project. The term "Approval in Principle" we are now reserving for the formal DoH Approval in Principle (AIP). Our Board approved the concept of the proposal, thus approving the release of funds for design work and the support of a project team which would lead to a paper that could be submitted to the Department of Health for Approval in Principle. At this stage in the development of the project it is imperative that every major capital concept should be fully researched to ensure that various capital spend options are being considered.

The Board will need to see the full capital proposal before Final Approval for Construction is given because the Department's approval is, as it clearly states, Approval in Principle and the Department looks to the Board to make final decisions about major capital investment, knowing that we are in a better position to see not only the individual project that they have Approved in Principle but also the broader pattern of services throughout the Region.

I hope this clarifies the position.

Yours sincerely

J A Muir Gray MD FRCP(Glas) MRCP FFCM
Acting Chief Executive



Oxford Regional Health Authority

Sir James Savile Kt, OBE,
c/o Spinal Unit,
Stoke Mandeville Hospital,
Mandeville Road,
AYLESBURY,
Bucks HP21 8AL

10 August 1992

Dear Sir James,

Knowing of your close connection with Stoke Mandeville Hospital, I thought you would like to hear about our current thoughts on its future.

Stoke has an excellent reputation and is a clear candidate for Trust status. However, putting together a viable business plan (never an easy exercise) will perhaps be more difficult for Stoke Mandeville than for some other prospective Trusts. We have therefore decided to set up a Trust Development Board which will help guide the Hospital through the process to a successful application.

I discussed these ideas with Dr Brian Mawhinney, the Minister of Health, this week and we decided to go ahead on this basis and invite Mr Andy Lusher, who is a director of Marks & Spencer, to be the Chairman of the Development Board. He will be taking up his duties in September.

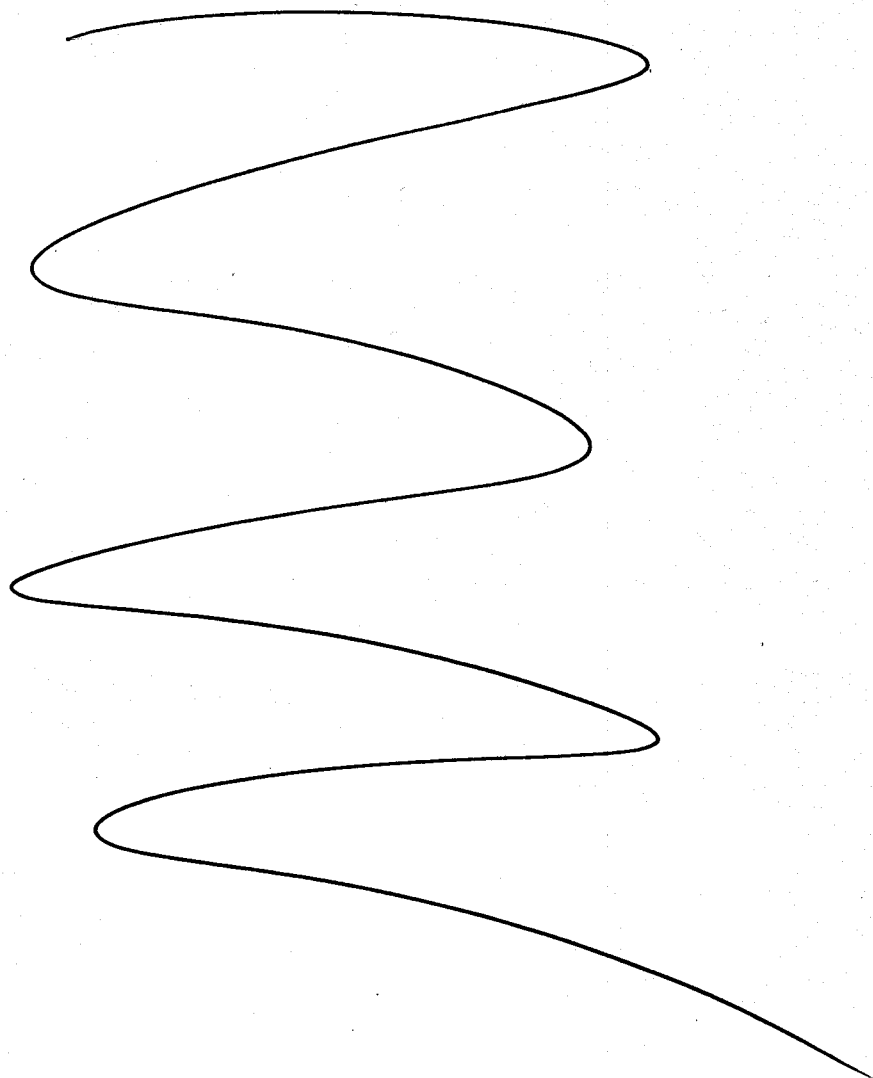
I am sure Mr Lusher will want to meet you and get your thoughts on how we can ensure Stoke Mandevilles's successful future.

Yours sincerely

Stuart Burgess

Stuart Burgess
Chairman

BLANK PAGE



Dr S. Burgess

Executive Director: Mike Bliddle

Management Executive

1 July 1993

Midlands

Mrs B Stocking
Chief Executive
Oxford Regional Health Authority
Old Road
Headington
OXFORD OX3 7LF

The War Memorial Hospital
Chipping Norton
Oxon OX7 5AJ
Telephone 0608 645108
Fax 0608 645102

Dear Barbara

STOKE MANDEVILLE TRUST APPLICATION

I have now visited Stoke Mandeville's management team and its prospective Chairman, and as promised write to you to advise you of my view of what needs to be done in Stoke Mandeville in order that it can become a successful 4th wave Trust.

1. STRATEGY

1.1 The Unit management team and its prospective Chairman agree that if Stoke Mandeville is to be a successful Trust, it needs a clear service and estate strategy. It is their opinion that the capital requirements of the site will produce operational difficulties, mainly as a consequence of the Region's view that they should replace what they currently have. They claim that they have put this to the Region and have been advised that they are required to be able to provide a full range of services including Accident and Emergency, Plastic Surgery, and Burns. I think that we should review the situation as a matter of urgency as the capital requirement of some of these highly specialist services within the Trust's Financial Regime is presenting problems to them in terms of continuing viability.

*to the
the
view?*

1.2 I have taken soundings in the Department of Health for a view of the outline Approval in Principle submission, and these indicate that in general terms there are insufficient options considered in detail with particular regard to these strategic issues.

*me
to be
in fact*

2. PURCHASING INTENTIONS

2.1 Assuming that this high level review retains the existing configuration, it will, in my view, be necessary for the Regional Health Authority to indicate how the specialist services will be purchased in the future and how Stoke can have a reasonably secure income stream over the next three to five years.

2.2 In addition, I would expect to see some firm resource assumptions given to Stoke by the Bucks Health Authority. Incidentally, it does seem to be a problem with existing Trusts. In the case of Stoke Mandeville it is

✓

essential, given their vulnerability to the market place, in order that the market risk can be properly assessed.

3. FINANCE

✓ 3.1 The financial situation as reported to me is that there is a price subsidy in the current financial year amounting to £1.3m. However, in addition, there are payments from the Regional Health Authority of £300,000 in regard to direct access and £400,000 with regard to Accident and Emergency top slice. It is essential that the policy of the Region is made clear on the continuation or otherwise of all of these subsidies so that the Unit can produce a firm Financial Plan.

✓ 3.2 In addition, the capitation position as the Unit currently understands it is a loss in capitation terms of £1.6m over this year and next year. Therefore, there is an additional £800,000 problem in 1994/95 which will need to be addressed in the next financial year.

4. SYSTEMS AND CONTROL

4.1 Activity is still not well-controlled and this is partly as a consequence of inadequate systems. They do not as yet have in place any Theatre Management or Bed Management Systems that would enable them to control their activity by contract, rather than simply in total.

4.2 Financial systems are able to relate activity to expenditure, but are not geared to relating income to either the activity or expenditure levels. In essence, they are still running separate systems. The costing systems they have are therefore inevitably rudimentary and need significant development if this Unit is to become a Trust in the 4th wave.

5. ACTION REQUIRED TO ESTABLISH STOKE MANDEVILLE AS A 4TH WAVE TRUST

5.1 I was impressed by the ability of the prospective Chairman who, if we cannot get Stoke Mandeville into the 4th wave, we will lose, and I personally believe that we should make every effort to ensure that it becomes a Trust, and therefore the following recommendations are geared towards ensuring a successful outcome:

5.2 Region should review its strategic requirements of Stoke Mandeville, which in provider terms all the key players feel to be unsustainable. I have already discussed a possible way forward with Ray Charman.

5.3 Risk assessment must be conducted to define Stoke Mandeville's market segment. This should be supported by a market analysis which actually assesses the risks.

5.4 A clear, documented plan of how they would manage those risks should be produced.

It is my feeling that most of the data is available to do this, and with some consultancy assistance this should be achievable relatively quickly. Particular emphasis should be placed on what flexibility they have to manage the risk.

agreed
The next step is to determine income stream (removing Regional subsidies and accounting for capital charges) and hence affordable expenditure; only then can the necessary capital expenditure be agreed.

- 5.5 Stoke Mandeville can then produce a Revenue Plan, a Manpower Plan, and an Estates Plan in detail that demonstrates for these three elements how the service will be run at the affordable expenditure level.

This will then allow a view to be taken as to whether a viable service can be delivered in terms of medical technology, staffing levels, and money.

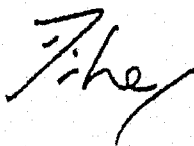
3/20
In terms of finance, a clear and unequivocal statement is required from both the Region and the Bucks Health Authority with regard to their financial inputs to Stoke Mandeville over the coming years, both in terms of recurrent purchasing and transitional support.

- 3/20*
5.6 Region should also urgently provide the finance and support required to allow Stoke Mandeville to implement basic systems of Theatre Management, Bed Management and costing, which again could be achieved with consultancy assistance. In my view, it is also essential that, depending on who is appointed as Finance Director, additional financial consultancy support is given to Stoke Mandeville in order that the appropriate systems and analysis can be put in place urgently.

6. CONCLUSION

My conclusion is that we should make every effort to make Stoke Mandeville a viable 4th wave Trust. The change in that Hospital over the last year has been dramatic. We must not lose the capabilities of the prospective Chairman, and with good solid support from both the Region and the Outpost, I think this can be delivered.

Yours sincerely



Mike Biddle
Executive Director

PS

Not connected with the Stoke Mandeville application: two issues were reported, which from a purchasing perspective, if true, are important to the Region. Firstly, it is claimed that some 1,000 unfunded emergencies are arriving at Stoke Mandeville - approximately 700 from Aylesbury Vale and 300 from Wycombe. Secondly, the closure of RAF Halton will release 4,000 episodes into the system which are currently a free good. What concerned me greatly about the second of these is that some 800 of the 4,000 episodes for Aylesbury Vale relate to Renal Dialysis, which in strategic terms could pose a significant problem for the Region. I am merely reporting this - I have no evidence as to whether this is true. It may well be that you have this in hand.

check

*Similar clear assessment of problem and
actions needed for NDC.*



Oxford Regional Health Authority

Mr J A Lusher,
Marks & Spencer PLC,
Michael House,
Baker Street,
LONDON W1A 1DN

6 May 1992

Dear Andy,

As I mentioned to you last week, Stoke Mandeville Hospital has decided to postpone its Trust application by one year and it will now be part of the fourth wave with a start-up date of 1 April 1994. The hospital is reappraising its future in the light of the expansion of Milton Keynes Hospital and a potential reduction in funding to Aylesbury Vale District Health Authority, Stoke Mandeville's principal customer. Both of these changes mean a drop in local revenue to Stoke. The hospital needs to decide what services it should offer (and on what scale) to be viable and revise its business plan accordingly.

I had a similar situation last year with the Horton Hospital in Banbury. In that case I appointed a Trust Development Board to run the hospital in embryo Trust form until it was ready to apply formally for Trust status. I should like to do the same for Stoke Mandeville. I would be delighted if you would be its Chairman to guide Stoke through this transition and stay on as Chairman when Stoke becomes a Trust.

Although, theoretically Stoke Mandeville will still report to a District Health Authority (by April next year this should be a combined District covering the whole of Bucks), it will be the only non-Trust unit in Bucks and for all practical purposes therefore it will behave as a Trust.

I hope you will agree to take on this role.

2.

Depending on your availability, I would like the assignment to start fairly soon. It would help morale at the hospital to see this evidence of support and commitment to its future.

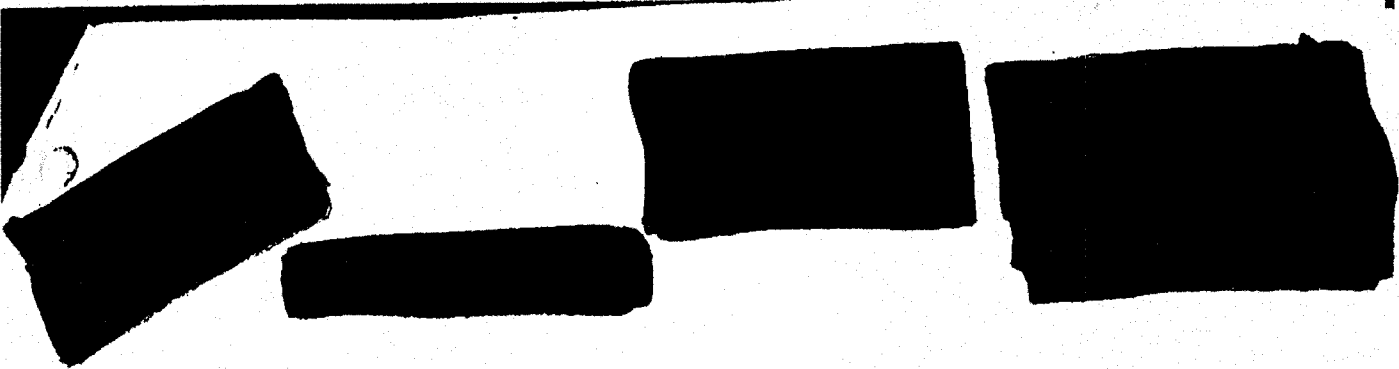
Gillian Miscampbell is the Chairman of Aylesbury Vale DHA and also Chairman of Bucks County Council. As I mentioned, she would rather like to take on Stoke Mandeville herself but I think it would be better to have someone with your background. I have told her of my preference. She is a strong supporter of Stoke Mandeville and a valuable ally to have.

I look forward to hearing from you when you have seen Gillian.

Yours sincerely

Stuart

Stuart Burgess
Chairman



18 March 1992

Dear Dr. Burgess

As you will see from the enclosed the visit to Stoke Mandeville was highly successful. The scale of the problems would make it a great and enjoyable challenge if the political circumstances are appropriate after April 9th.

I look forward to hearing from you.



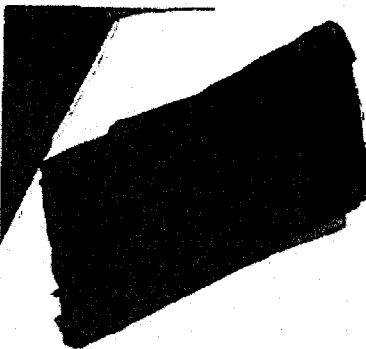
With kind regards,

*Yours sincerely,
Analy hester.*

Dr. S. Burgess
Oxford Regional Health Authority
Flint Barn Court
Church Road
Old Amersham
Bucks

most fascinating
and I hope that
f service. In
d Spencer
our IT

Mr. K. Cunningham
Stoke Mandeville Hospital
Stock Mandeville
Bucks



18 March 1992

Dear Mr. Cunningham

Many thanks for your courtesy on Tuesday last and a most fascinating tour of the hospital. It certainly opened my eyes and I hope that at some point in the future I might be able to be of service. In the meantime if there are any parts of the Marks and Spencer organisation you would like to visit, for instance our IT activities, please do not hesitate to ask.

With kind regards,

Yours sincerely,

Analy Lester.

Mr. K. Cunningham
Stoke Mandeville Hospital
~~Stock Mandeville~~
Bucks

Solicitors

COLE
COLE

EX 1800 7000

Mr N Crowley
NHS Executive
Anglia and Oxford
Estates Property Department
Old Road, Headington
OXFORD OX3 7LF

OXFORD
Buxton Court
3 West Way
Oxford
OX2 0SZ
Telephone (01865) 262600
Fax (01865) 721367
DX 96200 Oxford West

Your Ref
Our Ref **JC.65359.KJ**
Date **13 November 1996**

Dear Nick

Stoke Mandeville NHS Trust

Further to our telephone conversations and my research into the files, at the time of the transfer of assets to Stoke Mandeville NHS Trust I have identified how the questions relating to the Post Graduate Centre and the Spinal Injuries Unit were dealt with on the transfer of assets. The position is as follows:-

Post Graduate Centre

Please see the extracts from the minutes marked 1 and 2 attached.

It was clear that the title to the land (and therefore to the building which stood on the land) belonged to the Secretary of State at the time of the transfer of assets and was therefore transferred with the Land Registry transfer of the hospital. In earlier minutes it had been thought that the land would transfer subject to a 99 year lease back to the Secretary of State but this route was not taken as a result of the discussions with the Post Graduate Centre as recorded in the minutes.

Spinal Injuries Unit

Please see the extracts from the minutes marked A, B and C as attached.

Again the view was taken that transfer of the land (and therefore the building) would transfer from the Secretary of State to the Trust. As far as I can recall it was recognised that there may be some claim by Jimmy Savile or his Trust in respect of the ownership of equipment but it was thought that it would not be appropriate at that time to raise any doubt in the mind of Jimmy Savile as to whether the assets were owned by the Trust or not.

The same view was taken in relation to a couple of rooms and a garage occupied by Jimmy Savile personally. As I mentioned to you on the telephone I believe that there is a file of documents and

Partners

John Moisson
Ronald Russell
Christopher Lewis
John Cole
Andrew Leadbitter

Paul Rippon
Paddy Roche
Joe Pilman
Barbara Simpson
Charles Graham

Hugh Buchanan
Richard Hornsby
Sue Cleave
Karen Kirk
Sue Ashlany

David Isaac
Bruce Potter
Iain Tenquist
Sheila Cater
Richard Route

Emma Chamberlain
Manon Rickman
Ian Johnson
Christopher Findley
Martin Billings

Stephanie Walls
Robert Breedon
Neil Forsyth
John Howard
Hugh Jones

Helen Goss

DH Document 03. Page 2

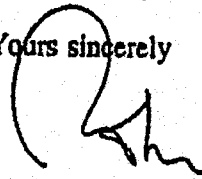
Mr N Crowley / 2
Stoke Mandeville NHS Trust

correspondence which Ken Cunningham has which establishes some of the history of the Spinal Injuries Unit. I do recall seeing that during the course of the progress of the transfer of assets but I do not have it now and I think that it was handed back to Ken Cunningham. I would be very happy to have a look at this again because I know that at the time I took the view that Jimmy Savile's claim was not likely to succeed. We did discuss whether we should take Counsel's opinion but as it was decided not to raise the issue with Jimmy Savile at that stage, this was not done.

I shall look forward to hearing from you when you have had a chance to consider this.

With kind regards.

Yours sincerely

A handwritten signature in black ink, appearing to be 'John Cole', written over the typed name 'Yours sincerely'.

John Cole

enc.

OXFORD REGIONAL HEALTH AUTHORITY

FOURTH WAVE TRANSFER OF ASSETS

STOKE MANDEVILLE NHS TRUST

Minutes of meeting of 25 October 1993

**PRESENT: OXFORD REGIONAL
HEALTH AUTHORITY**


S Viner

TRUST

K Cunningham
D Clay
Ron Leigh

COLE AND COLE

John Cole


ACTION

1. MINUTES OF LAST MEETING

Agreed as an accurate record.

2. MATTERS ARISING

2.01 1 & 3 SELKIRK AVENUE

 to check if Clarks have the deeds. It is possible that a statutory declaration may be required. If the property has a registered title the title number can easily be chased.

2.02 SCHOOL OF NURSING

[redacted] is the principal and is concerned about Harrington House. This is a residential block specifically built with students and learner nurses in mind. This block will be allocated for their use. There is no other land to transfer to the School of Nursing, save the access. This building actually runs at a loss, the rent charged being less than the rental value of the property. This is an initiative for Region to discuss. The accommodation would be rented from the Region. The School of Nursing will have a 99-year lease with full repairing obligation as well as a capital charge rent. Use will be restricted to nurse training. Notice will be one year. The Trust are to find out if the property is metered or if it can be or services are to be apportioned. A reversion clause will also have to be inserted to say that useful alternative accommodation will be provided if the Trust have to move the School of Nursing on.

DC

2.03 STAFF ACCOMMODATION

The Trust want to lease back most residential properties apart from Harrington as paragraph above on a short-term basis of five years; policy is to be confirmed by the next meeting. This would involve Ashendon, Bledlow, Chiltern Grange and houses to the rear. They want to give six months notice. All have their own localised boilers which [redacted] will confirm. All flats are on short shorthold tenancies and under these tenants will have to yield up the property with vacant possession. There is a debate on the period of residential occupation. As above KC is to speak to Board and get decision for next meeting.

DC

KC

KC

[redacted] suggested that the policy should perhaps be tied up with a local housing association who would probably want nomination rights in return. [redacted] can provide contact names if required. New property north corridor demise ok as agreed.

ACTION

2.04 NORTH CORRIDOR

Demise as agreed.

2.05 LEAGUE OF FRIENDS

They will want provision for a shop in the new development; they are happy to relinquish the canteen which was actually a donated asset.

**2.06 MIDLAND BANK/GPO/
CITIZENS ADVICE BUREAU**

When this is relocated it will be within three to four years and will not be relocated by 1 April 1994. They are actually paid to provide their service and therefore have no statutory rights.

2.07 THE NURSES LIBRARY

Nursing are keen to move their library into the unit with teaching accommodation. On 1 April 1994 they will still be in occupation. The lease is to be instated with a mutual six month notice period. It will be a five-year lease to the Secretary of State with the capital charge rent. The library is actually on the first floor and so DC will provide floor plans and will note rights of access etc. is to check that this is okay with nursing.

DC &

2.08 MAN.MED

This will be a 21-year lease.

2.09 POSTGRADUATE CENTRE

KC has discussed with the Postgraduate Centre their future. The Postgraduate Board are happy to become part of the hospital. KC will provide a letter from the Postgraduate Director's representative ie the Clinical Tutor.

KC

①

2.10 WHEELCHAIR SPORTS

This is still to be excluded. The heli-pad facility may still be used as under the lease.

2.11 SPINAL INJURIES

(A) Jimmy Saville seems to have dropped claim on outstanding ownership but wants to keep control of the Trust fund. Trust don't want to write a letter laying out their claim to the property as they may well later want to lay claim to the residue of the Trust fund. They merely wish to transfer the Spinal Injuries Unit into Trust status.

2.12 SOCIAL CLUB

[REDACTED] has unofficially resolved to close it. However, there is a problem in that there is a £70,000 extension which has been put on the property by the brewery. There is however no paperwork nor accounts for this but it would appear that the Health Authority has guaranteed the loan. The legal document from the brewery is probably with Colin Price. JE to ensure that no liability transferred just the building. JE will discuss the matter with [REDACTED]

2.13 THIRD PARTY OCCUPANTS**a. Mencap**

They currently pay a rent of £2,000 per annum. There is a written agreement. DC is to copy this to [REDACTED] and JC.

DC

b. **Friends of Florence Nightingale House Hospice**

There is no money changing hands for this and it is done on a grace and favour basis; best not formalised.

c. **Jimmy Bayville Rooms**

gai no fo s dA

d. **Mediclean**

This is formalised via a service arrangement and is covered by a management agreement.

e. **WRVS**

Again no money changes hands here but some of the profits may be donated. This sum is not a fixed sum and there is no agreement in place. This will not be formalised.

f. **CHC**

Here there is not even capital charge contribution. Again not to be formalised.

g. **SMILE**

No money changing hands. Stoke Mandeville actually pay the capital charge. DC to see if excluded from re-charges.

h. **Midland Bank**

See point 2.06 above.

3

j. British Red Cross

There is no charge. Stoke Mandeville pay them.
No formal agreement required.

k. Social Services

This is full-time occupation.

2.14 LIBRARY AGREEMENT IN COMMUNITY TRUST

The agreement here is to be established and reported
back to KC.

**2.15 ROOMS RENTED IN BUCKINGHAM HOSPITAL
FOR CLINICS OUTPATIENTS**

This is done on most days and is run not just in this
location but also many others. These potentially will
have to be documented and DC will check this with
the other Trusts concerned.

DC

2.16 AMBULANCE STATION

There is a pre-emption here to the Secretary of State.
This will now be transferred from the
Secretary of State to Stoke Mandeville Trust.

Harrington House required by the School of Nursing.
to clarify.

2.03 Staff Accommodation

The strategy has now been agreed, details of which were on a handout, policy is going to the Board tomorrow.

2.04 North Corridor

Five-year lease, capital charge rent. The Trust will maintain the property wind and watertight. They will also pay all costs, rates and insurance. There is to be no assignment and no alterations. Landlord and Tenant Act will be excluded. There will be a right to break after three years with six month notice. The possibilities of demolition were also voiced to avoid capital charges.

2.05 The Nurses Library

DC has floor plan. The lease will be a five-year lease excluding the Landlord and Tenant Act. Access rights are to be general.

2.06 MANMED

This will be a lease back; a twenty one year lease capital charge rent. Tenant is responsible for internal and external repairs. Landlord will insure and recharge accordingly. Tenant can assign to outside the NHS but if it does so, the rent becomes a market rent. KC wants use to be restricted to pharmaceutical production as existing to write to JC.

2.07 Postgraduate Centre

This is to be taken into Trust. It has been agreed by KC with the Clinical Tutor and the Head of the Postgraduate Directorate

②

ACTION

2.08 **Spinal Injuries**

(C) KC wants to change the use maybe in the future with Board backing. Trust funds are being dealt with through the Charity Commissioner. There will be no reference to Trust Fund in the Asset Transfer document as it is an external arrangement.

2.09 **Social Club**

This is to close. [redacted] to ensure no obligation passes to the Trust regarding the loan. [redacted] and JC will discuss this issue. Building will hopefully be demolished prior to 1 April.

JE/JC

2.10 **Third Party Occupiers - Mencap**

The Agreement is unfortunately a formal tenancy with rent paid of £2,000 per annum. Best to let lie.

2.11 **SMILE**

KC wants to manage unit and so it is best formalised under a management agreement. KC to charge for capital charge and running cost. DC will provide a plan. KC will meet with AVCNHST to discuss and report back in the New Year.

DC

2.12 **Library**

The property is the Trust's. There is one member of staff who is managed by the Health Authority; no lease required.

2.13 **Clinics**

DC to establish whether service agreements exist.

3.0 CONTRACTS

JE is to send through the Transfer Agreement and get comments. Personnel are in the process of identifying all split and inter service contracts and are in contact with the Trade Unions. Letters are to be issued in January.

3.01 Service Contracts

DC spoke to [REDACTED] re building contracts and also security.

3.02 Asset Register

This will be required early in the New Year.

3.03 Intellectual Property Rights

KC will forward a letter to [REDACTED] regarding the spinal unit.

NEXT MEETING

The next meeting Friday 7 January at 2 pm, Stoke Mandeville Board Room.

FROM: Nick Crowley

TO: Ken Cunningham

DATE: 18.5.93

CC: Barbara Stocking
Andy Lusher
John Holmes

STOKE MANDEVILLE : SPINAL INJURIES UNIT

Following Barbara Stocking's conversation with Andy Lusher I have been asked to arrange for her to get some more of the background details surrounding the disputed ownership issues.

In view of the complexities and uncertainties which surround this subject we will be well advised to seek Counsel's opinion as to the real legal position.

As you know we have already consulted solicitors and have passed to them copies of various correspondence written at the time the unit was conceived. Their view is that although there is uncertainty surrounding the precise legal question of the ownership, nevertheless the property can be transferred to your Trust subject to whatever rights and "ownership" are now enjoyed by the Charity. However unless the issues are resolved the problems is sure to persist as a running sore.

Now that we are about to embark on the process of transferring legal title of the hospital to your Trust this is the time to get to grips with the problem once and for all. I recommend that we should seek Counsel's opinion on the ownership issues straight away. At the same time it may also be appropriate to seek an opinion on the management issues and how the NHS and Charity should be organised at their interface. I am not sufficiently familiar with any of this detail but it may be that these two issues inter-relate and could conveniently be tackled together.

I will get solicitors moving on an appropriate brief to Counsel on the title issue. May we discuss the management issue if you think it would be appropriate to try and kill both birds with one stone.

I look forward to hearing from you.

BNC

BNC SMH.jam(w4)

DEP/

• Contents of green folder

DH Docu

FILE OFFICE (REGISTRY NUMBER) REGISTERED
 Z X G
 2/50/

relate to Trustees / setting up and £ held by HA for a period plus evidence of JS appointing architects and OMS involvement re funding

15 Trust

ELECTRONIC FILE DETAILS

General.

RELATED PAPERS

BEGINS DATE 12/09/97 ENDS DATE 10.05.00

Title of FS			TRANSIT MARKINGS				RECORD MATTERS
BRING FORWARD MARKINGS ONLY			Referred to	Date	Referred to	Date	Use spare space for changes/notes
Bf Date	To Whom	Doc. Date					
			CLOSED				

The Branch Review Decision box below must be completed before despatch to Dept. Record Office

Branch Review Decision

Options

1) DESTROY IN (any date 2 to 15 years after LAST paper)

SPECIFY

Month 05 Year 2015

2) RETAIN FOR SECOND REVIEW IN (25 years from FIRST paper)

SPECIFY

Year

Boldly delete inappropriate option

Signed *[Signature]*

Name *[Name]*

Pay Band *[Band]*

(IP2/B) or above *[Band]*

Branch *LONDON*

Date *14/7/03*

Index noted (in title)

Clarks Solicitors

Great Western House Station Road Reading RG1 1SX

Telephone Reading (0734) 585321

Hugh Williams Christopher Ward Frank Parkinson Michael Sippitt Peter Clark Thomas Howell
Richard Lee David Few Peter James Simon Drmmick David Clark Jane Gunnell
Associates Jolyon Barton Fiona Richards
Antony Morris Phyllis Bennett Derek Ching

DX 54700 READING 2
Fax Reading (0734) 604611

Mr J W H Holmes
Head of Estates
Oxford Regional Health Authority
Estates Dept
Old Road
Headington
OXFORD OX3 7LF

Our Ref 9/AF/754
Your Ref JWHH/jam
Date 5 April 1993

BY FAX: 0865 226910
NO. OF PAGES: 3

Dear John

"OWNERSHIP" OF SPINAL INJURIES UNIT STROKE MANDEVILLE

Thank you for your letter of 22 March with enclosures. I have had a chance to consider the matter now that the year end transactions are largely out of the way.

As you say, the papers show that the charitable trust raised the money but handed over the building to the NHS on its completion.

In particular:

1. The letter from Mr Collier of the DMS (one of the trustees) to Sir Gordon Roberts of 30 December 1980 contains the following paragraph:

"First you will wish to know that Ashurst, Morris & Crisp have been asked to prepare a trust deed and they are in touch with the Charity Commissioners. The intention is to empower the trustees, without undue restriction - in lay language to build a new National Spinal Injuries Unit, to be handed over on completion to the appropriate Health Authority."

We do not seem to have a copy of the trust deed but there is nothing in the papers to suggest that this intention was altered.

2. The letter from Mr Rainbird of the Fitzroy Robinson Partnership to Sir Gordon Roberts of 13 July 1981 contains the following statement:

"The Trustees also thought it more appropriate if they entered into a contract with Trollope & Colls for the New Spinal Unit and took full responsibility for building it. It was thought, however, that when the building was completed, it would be commissioned by the ORHA, and the Trustees would like to be sure that you are content with this."

3. Mr Collier's of 22 July 1981 to the Chairman of Buckinghamshire AHA contains the following:

"We are well on our way towards our target and as Trustees we feel confident that we will provide you a good unit, sensible and easy to run, and within a good timetable. And we do of course intend that, when the physical building is completed, it should be handed over to the NHS to be commissioned and run."

4. The later correspondence shows that the building was to be handed over on the issue of the certificate of practical completion on 18 April 1983.

On this evidence the position is, to my mind, clear. The fund raising was carried out not by the health authority but by an independent charity. The evidence is that the purpose of that charity was fulfilled by constructing the building and handing it over to the health authority on completion. Although there is no specific reference to ownership, the building was constructed on NHS land and, from a legal point of view, forms part of the land. There is no trace in the correspondence of any legal restriction on the health authority's freedom to use and deal with the building gifted to it.

The written material which your colleagues have been able to unearth does, of course, give a very incomplete picture. For example:

1. There may be evidence in the trust deed or elsewhere to support the contention that the building was not intended as an outright gift to the NHS as Exchequer property. There could, for example, be some indication as to the use of the building which would limit the health authority's freedom of action.
2. The continued involvement of the Charity in the running of the Unit could on its own give the Charity an interest, most obviously as tenant. A tenancy could not, however, arise, unless the Charity has exclusive occupation. You mentioned that most of the staff employed in the Unit are NHS, suggesting that the Trust does not have exclusive possession. This is an aspect which needs to be investigated.

Mr T Howell
Clarks Solicitors
Great Western House
Station Road
Reading
RG1 1SX

Estates Department

Tel: (0865) 226831
Fax: (0865) 226910
Ref: JWHH/jam
Ask for John Holmes

22 March 1993

Dear Tom

"OWNERSHIP" OF SPINAL INJURIES UNIT, STOKE MANDEVILLE

Further to our recent discussions, we have searched through files and I attach copies of some reasonably relevant documents. They appear to me to confirm that the charitable Trust was to raise the money and be responsible for construction but to then hand over the building to the NHS.

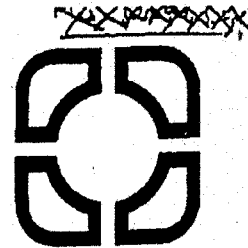
I would appreciate your advice.

Yours sincerely

J W H Holmes
Head of Estates

cc: Rodney Hill - SMH

Oxford Regional Health Authority



Old Road, Headington, Oxford OX3 7LF. Telephone 0865 64861 Please ask for

extension

your reference

our reference **P/3/418 NE SG/NMC**

TO:- District Administrator, Mr R Titley
District Works Officer, Mr C Meyer
Regional Planning Officer *~ P/3/418*

18 April 1983

Dear Sir

SCHEME: STOKE MANDEVILLE HOSPITAL
NATIONAL SPINAL INJURIES UNIT

The Certificate of Practical Completion for the above scheme in respect of the complete works:

comprising 5 Spinal Patient Wards, a Spinal O.P. Department, Gymnasium, Kitchen, Pre-home Flat and Departmental Administration offices and Covered Corridor Link to South Corridor wards and the New Wing Building

was issued by Fitzroy Robinson & Partners on 18 April 1983.

As from the completion date referred to above the whole of the above mentioned works is handed over to your Authority, subject to the satisfactory completion of the items as listed on the schedule during or at the end of the defects liability period. A copy of the schedule will be forwarded to you in due course.

The responsibility for these works and their maintenance is now transferred to your Authority.

Yours faithfully

A. J. H. Robinson

for Regional Administrator

cc. Mr C Meyer. District Works Officer

Mr D Hallam
Mr P Gomez

S J Gillian

368

P/3/418 NE. SJG/NMC

The Fitzroy Robinson Partnership
77 Portland Place
LONDON W1N 4EP

29 March 1983

For the attention of Mr N Warner

Dear Sir

STOKERMANDEVILLE HOSPITAL - SPINAL INJURIES UNIT
PRE-HANDOVER MEETING

I write to confirm that I have arranged with the District Works Officer, Mr C Meyer that you and the Consulting Engineer for the S.I.U. will be holding a meeting on Site at 10 00am on 14 April 1983 to enable the District Works Officers and the Regional Works Officers to informally inspect the building works prior to you issuing the Certificate of Practical Completion for these works.

The District Works Officer will require from the Trustees the anticipated date that the responsibility for the building will be handed over to the District, together with any information you have concerning the programming of making good defects or the completion of any outstanding items of works specifically excluded from the Certificate of Practical Completion.

I look forward to receiving written confirmation of your anticipated programme for the practical completion of this project.

Yours faithfully

h-g

for Regional Architect

Mr Ecclestrahl W/98/410

REC'D 10/10/81
WZA 738
Copy to LTC
Ch.

BUCKINGHAMSHIRE AREA HEALTH AUTHORITY

Telephone:
AYLESBURY 748111
This matter is being dealt with by

Area Headquarters:
PEVEREL COURT,
PORTWAY,
STONE, AYLESBURY,
BUCKS., HP17 8RP

..... Mr. Walker
extension... 42.....
Your ref.:
Our ref.: KGW/DL/P/3/45

15th October 1981

Mr. P. M. Cooke,
Regional Administrator,
Oxford Regional Health Authority,
Old Road, Headington,
OXFORD.

[Signature] 17.10.81

CONFIDENTIAL

Dear Mr. Cooke,

JIMMY SAVILE SPINAL BUILDING APPEAL FUND

Further to my letter of the 9th October 1981 and to the discussion at the RTO/ATO meeting on 12th October 1981, I enclose for the information of Mr. Roberts and the RTO two copies of the letter which Lady Mallalieu has sent to Mr. James Collier. It was agreed at the RTO/ATO meeting on the 12th October that a letter from Lady Mallalieu to Mr. Collier would be the appropriate action to be taken.

I will keep you informed of the response when received.

Yours sincerely,

[Signature]
K. G. WALKER,
Area Administrator.

Encs.

Mrs. M. I. Martin
Mr. K. G. Walker
Dr. I. G. Yule
Mr. R. E. Titley
Mr. G. Roberts ✓
Mr. P. M. Cooke

Lady Mallalieu

HRM/DL/H1/3

15th October 1981

Mr. A. J. Collier,
Deputy Secretary,
Department of Health and Social Security,
Alexander Fleming House,
Elephant & Castle,
LONDON. SE1 6BY

Dea. James.

**NATIONAL SPINAL INJURIES UNIT -
STOKE MANDEVILLE HOSPITAL, AYLESBURY.**

I wrote to you on the 7th August 1981 following your letter to me of the 22nd July, in which you told about the appointment of the four Trustees of the Jimmy Savile Spinal Building Appeal Fund.

Towards the end of that letter I said that we would await further word from you about the financial arrangements which you and your fellow Trustees proposed to make.

As you will know, the first of the Architects' Certificates authorising payment to the contractors has now come in. It is in the sum of £70,600.

Mr. Bearn our Area Treasurer has told me that he sought and obtained an oral request from you and from Jimmy for that payment to be made from the funds held by the Area Health Authority. I did say in my letter of the 7th August that my members were quite happy to act as the Trustees for the monies received at the hospital itself until such time as you decided how to operate the Trust Account.

The Treasurer reports monthly in Committee to the members of the Area Health Authority the total sum held in the Appeal Fund because the members are continuing for the time being to be the Trustees of those monies. The amount which is held locally now has almost reached £3m.

Now that the time has come for payments to be made out of that fund, the members wish there to be a written request to them from the four Trustees to make payments against Architects' Certificates to the contractors during such time as they continue to hold monies on behalf of the Appeal.

At the request of the Trustees the members of the Area Health Authority would be quite happy to continue to hold the monies received at the hospital itself, ask the Area Treasurer to invest them in the short term money market, and authorise the Treasurer to make payments against Architects' Certificates up to the amount held locally. One point which my members have stressed is that in making these payments they would in no way be assuming the role of "client" for the building contract.

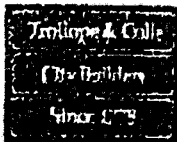
When all this was reported to the Area Health Authority at its last meeting the members indicated that it would be helpful if the AHA received a copy of the Trust Deed and also knew the arrangements for the management of the building contract.

When you reply to this letter I suggest it will be helpful if your reply can be phrased in such a way that the arrangements which you are asking the AHA to undertake can easily and without further ado be assumed by the Aylesbury DHA upon reorganisation.

Yours sincerely,

(Signed) R. A.

Chairman.



Trollope & Colls Limited

Trocoll House, 25 Christopher Street, London EC2A 2BR. Telephone: 01-377 2500 Telex: 8814525

BB/SWN

29th September, 1981

Your Ref: 1SH/MDH.

District Planning Officer,
Aylesbury District Council,
Planning Division,
Fowler Road,
Aylesbury, Bucks.
HP21 8QX.

gsw
RFB
30 SEP 1981
W/95/418
PLANNING

Dear Sirs,

re: Stoke Mandeville New Spinal Unit

We refer to our letter dated 14th September, 1981 and the letter already received by you from the Oxford Regional Health Authority dated 18th September, 1981.

We are still of the opinion that as this development is on Crown Property, we are exempt from any planning permission or consents.

We are also aware that a circular 7/77 submission was made for this scheme by the Oxford Regional Health Authority in the normal way. If, however, the Planning Committee still feel that all aspects of the development have not been properly covered, we will approach the Oxford Regional Health Authority through our Architects to submit a further circular 7/77 to cover those aspects of the development that you consider not included previously.

In order to ameliorate this situation, we would be quite prepared to attend your Offices, in conjunction with our Architects, to discuss this matter further should you so desire.

Copies:
Oxford Regional Health Authority ✓
Fitzroy Robinson & Partners

Yours faithfully,
For: TROLLOPE & COLLS LTD.

B. BARBER
SENIOR CONTRACTS MANAGER

Directors P R Maxwell, FCIQB (Chairman) H H Reeves, FCIQB, (FR) (Managing Director)
K E V Butler, MAIC (Chair), FICE, MINS (Asst Managing Director) A W Uth, RD, MAIC (Chair) C E Mansfield, ERD, MICE A E Moore, FCIQB
I S F Fisher, FCIQB, A G Lillie, BSA (Eng), MICE A H Beatty, MICE (MHLE) C Viner, FCIQB R J Hirst, MICE (MHLE) W Taylor, FCIQB

C.C. Crauman & Co

R.M. Barker



Oxford Regional Health Authority

Old Road, Headington, Oxford. OX3 7LF Telephone 0865 64861 Please ask for

extension

your reference

our reference
DPE/BR

File W/95/418.

G L M Rainbird Esq
Fitzroy Robinson Partnership
77 Portland Place
London W1N 4EP

31 July 1981

Dear Mr Rainbird

STOKE MANDEVILLE SPINAL INJURIES UNIT

I refer to the recent discussion between Mr Warner and Mr Barker regarding Architects Instructions on this scheme and whether or not copies of Instructions should be issued to the Region.

As the Region is not a party to the contract, and will not be involved in the running of the contract, I do not consider there is any need for the Region to receive copies of the A.Is. It will be your responsibility to ensure that the scheme is built in accordance with the agreed design layouts and ~~not to permit any changes~~ - either emanating from the Design Team or from requests by Users - ~~without first obtaining approval from the Region.~~

As you are aware, it is the intention of the Region to obtain, within the next few months, formal agreement by the Joint Planning Team to the scheme design including the detailed room layouts. At that stage the brief and scheme will be frozen and no changes will be permitted unless exceptionally approved by the Region.

Will you please ensure that all members of the Design Team, including Towco Gratte, are made aware of these matters.

Yours sincerely

D P Eccleshall
Regional Works Officer

MK ECCLESHALL

The Fitzroy Robinson Partnership

77 Portland Place London W1N 4EP 01-636 8033
Cables Fitzrob London W1 Telex 21807
also at
3 Grays Inn Square WC1R 5AH 01-8316656
47 High Street Trumpington Cambridge CB2 2HZ
Cambridge (0223) 841411

H Fitzroy Robinson BA(Arch)FRIBA
A B Warner Dip Arch(Hons)FRIBA
G L M Rainbird ARIBA
J G McLeish Dip Arch ARIBA
K R Dwyer BA(Arch)ARIBA
D E Leader Dip Arch ARIBA
L C Blicheno Dip Arch ARIBA
W Mc Guinness Dip Arch(Dist)FRIBA
S J Snow RIBA ACI Arb
G T West BA(Arch)FRIBA

Recd 16/8/81
*Copied to
DRE
11/11/81*

Our Reference GLMR/DCO

Your Reference

Date 31st July 1981

G. J. Roberts, CBE, JP, Esq.,
Chairman,
Oxford Regional Health Authority,
Old Road,
Headington,
Oxford OX3 7LF.

10.8.

Dear Mr. Roberts,

STOKE MANDEVILLE SPINAL INJURIES UNIT

Many thanks for your letter dated 27th July ~~concerning the agreement of the Regional Health Authority to the contract proceeding on August 1st 1981.~~ I will ensure that the conditions form part of the contract between the Trustees and the contractors, and should there be any queries we shall be in touch with Mr. Eccleshall.

During the course of the contract I will from time to time keep you posted as to our progress.

I hope that if I can be of any assistance you will not hesitate to contact me.

Yours sincerely,

G. L. M. Rainbird
THE FITZROY ROBINSON PARTNERSHIP

Senior Associates R F Gildersteeve MSAAT A J W North FIAS AFS FRSA FFB J Badham Dip Arch AR BA Dip TP L F Barber Dip Arch ARIBA C A Christmas
H E Couzens B Arch A R Goodden Dip Arch ARIBA L C Mead ARIBA L M Schofield AR BA JA West RIBA P C Freeman NDD R H Dickens ARIBA
Associates G Sasin LIOB P S Deakin B Arch RIBA J T Hedges Dip Arch ARIBA J K M Hennessy BA(Arch)ARIBA N M G Hennessy Dip Arch ARIBA
D W Steel ARIBA AADip D R Stewart MA(Cantab)RIBA P F Thompson Dip Arch ARIBA R P Vadgama PhD B Arch Mrs D Alexander BA(Hons)
R G Booth Dip Arch MA MSc RIBA RTPI P J Browns B Arch(NUI)RIBA ACI Arb(MRIAI) K Dash ARIBA E Fraser Dip Arch
R B Grimsey Dip Arch ARIBA AIAA M Hempstead J M O Toole J N Saunders B Arch RIBA N Warner Dip Arch RIBA
T F Weston BA(Arch)RIBA M Whiffin RIBA

c.c. Mr D P Eccleshall ✓

28 JUL 1981

Al 31/7/81

27 July 1981

Dear Mr Rainbird

STOKE MANDEVILLE SPINAL INJURIES UNIT

I was very pleased to receive your letter of 13 July advising me that the Trustees for the Stoke Mandeville Spinal Injuries Unit had now met, and informing me that a letter of intent had been given to Trollope & Colls Limited for the main contract of the development.

I am pleased to give the formal agreement of the Regional Health Authority to this contract proceeding on 1 August 1981, subject to the usual conditions for occupation of a hospital site (a copy of which I attach). If the contractors wish to clarify any points regarding this criteria then the Regional Works Officer, Mr Eccleshall will be pleased to meet them. I would ask that these conditions are part of the contract which the Trustees arrange with the contractors. I am, of course, content that the Regional Health Authority and the new District Health Authority will be responsible for commissioning the new building when it is completed and I am glad to hear that you and your colleagues have been given every assistance from the officers of this Authority and by the staff at Stoke Mandeville Hospital.

Yours sincerely

Chairman

G L M Rainbird Esq
The Fitzroy Robinson Partnership
77 Portland Place
London W1N 4EP

PART TWO: CONTRACTORS SITE CONSTRAINTS

1 ACCESS

- 1.1 All contractors vehicles to use hospital entrance No 4.
- 1.2 The use of entrance No 2 will be permitted after the new link road has been completed.
- 1.3 Contractor to provide directional signs at hospital entrances and throughout site.

2 TRAFFIC MOVEMENT

- 2.1 From entrance No 4 to compound and site area; all contractors vehicles to leave the hospital road at the roundabout and travel across the site of the new car park.
- 2.2 In constructing the new road link; contractor to use existing hospital road around the new wing (phase 1).
 - Access via entrance 2 (past OT and PGMC) not permitted.
- 2.3 After completion of the new road link (and closure of the existing road past OT and PGMC) the contractor will be permitted to use the existing road between entrance 2 and the new site.
- 2.4 Further consideration to be given to short-term use for specified periods for the service road adjacent to theatres (phase 1).

General use of this road will not be permitted.
- 2.5 Contractors traffic will not be allowed on the road between Wards 17/18 and the new geriatric unit, or the road between the geriatric unit and YDU.

3 CONTRACTORS COMPOUND AND CAR PARKING

- 3.1 Contractors compound to be the area of land between new wing (phase 1) and the YDU.
- 3.2 The contractor to erect fencing around the whole of the compound area.
- 3.3 Existing footpath from the roundabout to the new wing to be maintained at all times.
- 3.4 The contractor to provide for comment a layout of the compound area showing proposed location of all site huts/stores etc; and in particular identifying areas where any dangerous/flammable materials will be located.
- 3.5 Contractor to provide all mess/canteen/sanitary facilities within the compound area.

None of these facilities will be available from hospital services.

- 3.6 Contractor to arrange for all temporary services connections (electricity/water etc) for the compound and for the works.

Metered supplies will be available from existing hospital services subject to agreement with the hospital works department (Mr D Pridgeon). Payment to be arranged between the hospital and contractor.

The electrical connection to be 3-phase.

- 3.7 Contractor to make his own arrangements through the Post Office for telephones, mail, etc.

- 3.8 Contractor to make arrangements to receive, off-load and store all goods and materials for the works. The hospital will not accept any goods or materials delivered to the contractor at any time.

- 3.9 Before starting work on the new car park, the contractor to lift all existing trees and hand to the hospital works department.

- 3.10. The new car park to form part of works Package A and to be jointly used by contractors vehicles and hospital staff and visitors.

No parking will be permitted on hospital roads.

4 SITE AREA, AND WORKING ARRANGEMENTS

- 4.1 Site area to be the area of land required by the new building together with an agreed working space around the new building.

- 4.2 Contractor to erect fencing around the whole of the site area..

- 4.3 The contractor will be required to comply with all codes regarding plant noise, and to carefully consider the location of plant.

Any particular circumstances of exceptional noise levels disrupting hospital activities to be dealt with by Mr D Clay (Senior Administrator).

- 4.4 Mr Clay confirmed that arrangements were being made for resident staff on night duty to be transferred from South Home during the period of the new works.

- 4.5 Arrangements to be agreed with the contractor for maintaining existing access routes to the new wing at the theatre and X-ray corridors, including links from these corridors to the new covered way.

- 4.6 Contractor not to permit any sub-contract labour to work on site unless under his supervision and control.

- 4.7 Contractors normal working day to be from 0800 to 1800 hours (Monday to Friday) with $\frac{1}{2}$ -day Saturday.

- 4.8 Consideration to be given to access and location of tower crane if required.
- 4.9 The contractor to take instructions only from the architect (except for exceptional circumstances of emergencies).
- No person employed by the hospital/District/Area/RHA will have any authority over any contract matter.
- 4.10 The architect to issue a plan showing access, traffic routes, compound and site area, etc.



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE
LONDON S.E.1

TELEPHONE: 01-407 4422 Ext 7607

Mr Eccleshall

*Recd 27.7.81
Copied to RTO
HMCN.*

Mrs H R Mallalieu JP
Chairman
Buckinghamshire AHA
Peversel Court
Portway Road
Stone
Aylesbury
Bucks HP17 8RP

22 July 1981

31.7.81

Dear Rita

I am conscious that it is a long time since I convened a meeting of the Liaison Group about the ~~Stoke Mandeville Spinal Unit Project~~. I suspect that rumours will have reached you, but that is of course not good enough. And I am writing therefore to try to pick up for you the salient points of what has happened.

2. First of all, on the Trust itself: four Trustees have been appointed (Jimmy Savile, Victor Matthews, Geoffrey Rednair and myself) and we expect the Trust finally to be registered within the next couple of weeks. We have yet to decide whether to concentrate within the Trust Account all the money which has been raised (at the Hospital itself, by the Daily Express and in other places) or whether to leave things as they are at the moment. I hope that you would be content, if that seems sensible, for your Area Treasurer to continue his most admirable work on our behalf.

3. As you will have seen, the initial enabling work has been done and we expect work to start on site on 1 August, under the general aegis of Trollope & Colls. I may say that we rather jumped the gun by issuing a Letter of Intent to Trollope & Colls before we had the formal agreement of the RHA to building on that site. Hopefully they will be willing to overlook that!

4. The design, as I hope you have been told, has been modified in detail since the original plans but is generally accepted by those who will have to run the Hospital. I am glad to say that the overall cost of the Unit will be within Departmental cost limits. We are well on our way towards our target and as Trustees we feel confident that we will provide for you a good Unit, sensible and easy to run, and within a good timetable. And we do of course intend that, when the physical building is completed, it should be handed over to the NHS to be commissioned and run.

5. I am sending a copy of this letter to Gordon Roberts and I would of course have no objection to your letting your Authority see copies of it on a confidential basis.

Lawrence
James

A J COLLIER

Keed 20/7/81
Copied to
RTO

77 Portland Place London W1N 4EP 01-638 8033
Cables Fitzrob London W1 Telex 21807
Also at
3 Gray's Inn Square WC1R 5AH 01 831 6656
47 High Street Trumpington Cambridge CB2 2HZ
Cambridge (0223) 841411

The Fitzroy Robinson Partnership
Mr Eccles Hall
H Fitzroy Robinson BA(Arch)FRIBA
A B Warner Dipl Arch(Hons)FRIBA
G L M Reinbird ARIBA
J G McLeish Dipl Arch ARIBA
K G R Blythe BA(Arch)ARIBA
D E Leader Dip Arch ARIBA
L C Bicheno Dipl Arch ARIBA
W Mc Guinness Dip Arch(Dist)FRIBA
B J Snow RIBA ACI Arb
G T West BA(Arch)FRIBA

Handwritten initials and notes:
A.K.B.
3 B.I. for
Chairman

Our Reference GLMR/DCO

Your Reference

Date 13th July 1981

G. J. Roberts, CBE, JP Esq.,
Chairman,
Oxford Regional Health Authority,
Old Road,
Headington,
Oxford.

Dear Mr. Roberts,

STOKE MANDEVILLE SPINAL INJURIES UNIT

Following the first meeting of the Trustees on 2nd July 1981, my fellow Trustees, Jimmy Savile, Victor Matthews and James Collier, have asked me to clarify a number of outstanding points concerning the new Spinal Unit.

A letter of Intent dated 24th June 1981 has been given to Trollope & Colls Limited, the main contractor, a copy of which I enclose. Trollope & Colls Limited have of course been working on the site, carrying out enablement works under a direct contract with the ORHA. We hope that the main contract will commence on August 1st 1981, and we would be pleased to receive your formal agreement to the main contractor taking possession of the site as from that date. I am sorry that we did not seek your formal agreement to this at an earlier stage; we felt it right to wait until the Trustees were officially in post.

Handwritten notes on the left margin:
R.B.
2/12
all offered
Examine
3 documents
12/1/81
building
immediately
services
Access to
26/1/81
commence
1 completed
not project
4 N. 113

The Trustees also thought it more appropriate if they entered into a contract with Trollope & Colls for the new Spinal Unit and took full responsibility for building it. It was thought however that when the new building was completed, it would be commissioned by the ORHA, and the Trustees would like to be sure that you are content with this.

No doubt these decisions will raise a number of queries and if it would be helpful James Collier and I would be very pleased to meet you in order to deal with the details.

Senior Associates R F Gildersteeve MSAAT A J W North FIAS AFS FRSA FFB J Badham Dip Arch ARIBA Dip TP L F Barner Dip Arch ARIBA C A Christmas
HE Couzens BArch A R Goodden Dip Arch ARIBA LC Mead ARIBA LM Schofield ARIBA JA West RIBA PC Freeman NDD R H Dickins ARIBA
Associates G Bastin LIOB P S Deakin BArch RIBA JT Hodges Dipl Arch ARIBA J K M Hennessy BA(Arch)ARIBA N M G Hennessy Dipl Arch ARIBA
DW Steel ARIBA AAO D R Stewart MA(Cantab)RIBA P F Thompson Dip Arch RBA R P Budge BA(Arch)ARIBA M D Alexander BA(Hons)
R G Booth Dip Arch MA MSc RIBA RPI P J Browne BArch(NUI)RIBA ACI Arb(MRIAI) DH DOR (1981) 04 Page 20
R R Grimshaw BA(Arch)ARIBA RIBA M Hammett LM O'Toole I N Saunders BArch RIBA N Warner Dip Arch RIBA

G. J. Roberts Esq.

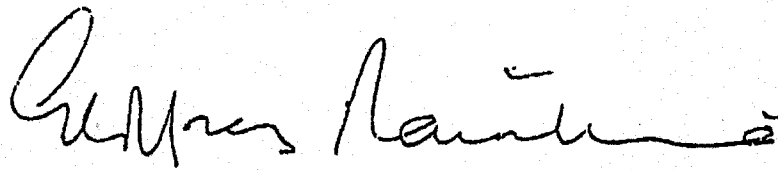
. 2 .

13th July 1981

I am pleased to be able to report that the design development has been progressing steadily and smoothly, so much so that we are confident that continued building progress will be achieved following the start on site in August.

The help and assistance we have received from your own engineering and architectural departments has been invaluable and we are indebted to everyone at the ORHA and at Stoke Mandeville Hospital who have given us their support.

Yours sincerely,



G. L. M. Rainbird
THE FITZROY ROBINSON PARTNERSHIP

Enc.

The Fitzroy Robinson Partnership

77 Portland Place London W1N 4EP 01 636 8033
Cables Fitzrob London W1 Telex 21907

also at
3 Grays Inn Square WC1R 5AH 01 631 6656
47 High Street Trumpington Cambridge CB2 2HZ
0223 841411

H Fitzroy Robinson BA/Arch/FRIBA
A B Warner Dip Arch/Hons/FRIBA
J G McLeish Dip Arch/ARIBA
G L M Rambird ARIBA
K G R Blythe BA/Arch/ARIBA
D E Leader Dip Arch/ARIBA
L C Bicheno Dip Arch/ARIBA
W McGinness Dip Arch/Dist/FRIBA
L R Grimpel ARIBA ARAIA
B J Snow R BA/ACI/Arb
G T West BA/Arch/FRIBA

Our Reference GLMR/DCO

Your Reference

Date 24th June 1981

Trollope & Colls Ltd.,
Trocoll House,
25 Christopher Street,
London EC2A 2BR.

Dear Sirs,

STOKE MANDEVILLE SPINAL INJURIES UNIT

We are authorised by our Clients (The Stoke Mandeville Trust Fund) to inform you that the proposed new Extension to the Stoke Mandeville Hospital may be commenced on the 1st August 1981.

Our Client intends to enter into a Fixed Fee Prime Cost Contract with you based on the JCT Fixed Fee Form of Prime Cost Building Contract 1967 Issue (October 1976 Revision) and we attach the Appendix which will form part of the Contract.

In order that you may now start on your programme and organise the works before completion of the Contract Documents you may accept this letter as a Letter of Intent subject to:-

- (a) the satisfactory conclusion of negotiation with the Quantity Surveyors
- (b) the completion of Contract documentation
- (c) the signing of the Contract

The Client reserves the right to withdraw (for any reason whatsoever) up to the signing of the Contract. Should he so do then costs reasonably incurred by yourselves will be reimbursed subject to checking and agreement with the Quantity Surveyors.

Sub-Contractors who we intend to nominate under the proposed contract will be given separate "Letters of Intent" and you will be required to contact and agree programme details with them in the pre-contract period, after which you will enter into a sub-contract with them.

./.

It is intended that Clause 16 shall be deleted and that an amended Clause be inserted similar to Clause 20(a) of the Standard JCT Form whereby the Contractor insures the Works (including Professional Fees) in the joint names of the Employer and Contractor.

Yours faithfully,

G. L. M. Rainbird
THE FITZROY ROBINSON PARTNERSHIP

c.c. K. White, Travers Morgan & Partners
P. Headland, Wakeman Trower and Partners
T. Battle, Towco Gratte Ltd.
Dr. R. H. McNeilly, Oxford Regional Health Authority

APPENDIX

Defects Liability Period (if none other stated is 6 months from the day named in the Certificate of Practical Completion of the Works)

Clause 11 and 27 Twelve months from the day named in the Certificate of Practical Completion of the Works

Insurance cover for any one occurrence or series of occurrences arising out of one event.

Clause 15(1)(a) £ 1,000,000

Date of Possession

Clause 17 1st August 1981

Date of Completion

Clause 17 18TH FEB. 18th January 1983

Liquidated and Ascertained Damages

Clause 18 at the rate of £ NIL : per

*Period of Delay:
(i) by reason of loss or damage caused by any one of the contingencies referred to in Clause 16(A) (if applicable).

Clause 22 Three Months

(ii) for any other reason

One Month

Period of Interim Certificates (if none stated is one month).

Clause 27(1) One Month

Period for Honouring of Certificates (if none stated is 14 days from presentation).

Clause 27(1) Fourteen days from presentation

*Retention Percentage (if less than five per cent).

Clause 27(4) Three per cent

Period of Final Ascertainment of Cost (if none stated is 6 months from the day named in the Certificate of Practical Completion of the Works).

Clause 27(6) Twelve months from the day named in the Certificate of Practical Completion of the Works

*Footnote - It is suggested that the periods should be (i) three months and (ii) one month. It is essential that periods be inserted since otherwise no period of delay would be prescribed.

xFootnote - The Percentage will be five per cent unless a lower percentage is specified here.

243/110

1/95/413 ✓
243/110

3 July 1981

Midland Oak Construction Ltd
Camden House
St John's
Kenilworth
WARWICKS

Dear Sirs

STOKE MANDVILLE HOSPITAL - REGIONAL SPINAL INJURY CENTRE

Thank you for your letter of 29 June 1981.

The scheme for the new spinal injury centre at Stoke Mandeville Hospital is the subject of a public funding appeal organised by Mr Jimmy Saville.

The regional health authority has not been involved with the contracting arrangements but I understand a contractor has already been appointed to these works.

Yours faithfully

for Regional Architect

cc Mr N. Barker

Mr E. H. Barker

311

/95/118 ✓
113/211

2 July 1981

Fitzroy Robinson Partnership
77 Portland Place
LONDON W1N 4EP

FOR THE ATTENTION OF MR N BARNER

Dear Sirs

STOKE LANDDEVILLE HOSPITAL - NATIONAL SPINAL INJURIES CENTRE

I write with reference to the Circular 7/77 Planning Submission to the Local Authority for the revised scheme.

I am now advised by the Mylesbury Vale District Council that the Planning Committee has no objections to the revised scheme proposals.

Yours faithfully

for Regional Architect

The Fitzroy Robinson Partnership

77 Portland Place London W1N 4EP 01-638 8033
Cables Fitzrob London W1 Telex 21807
also at
3 Gray's Inn Square WC1R 5AH 01-405 8711
47 High Street Trumpington Cambridge CB2 2HZ
Cambridge (0223) 841411

H Fitzroy Robinson BArchFRIBA
A B Warner Dip Arch(Hons)FRIBA
G L M Rainbird AR BA
J G McLeish Dip Arch ARIBA
K G R Blythe BArch ARIBA
D E Leader Dip Arch ARIBA
L C Blitcho Dip Arch ARIBA
W McGuinness Dip Arch(Dist)FRIBA
B J Snow RIBA ACI Arb
G T West BArchFRIBA
S P Miodzianowski Dip Arch RIBA
J Badham Dip Arch ARIBA Dip TP
K D Dash B Arch ARAIA
P F Thompson Dip Arch RIBA

Our Reference NBW/MB/1663

Your Reference

Date 7th April 1983

Oxford Regional Health Authority,
Old Road,
Headington,
Oxford OX3 7LF.

11 5
ACTION
KLB
SG
11 APR 1983
FILE No.
PREPARED FOR FILING

For the attention of S.J. Gillian Esq

Dear Sirs,

Stoke Mandeville Spinal Injuries Unit

Further to your letter dated 29th March 1983, we can confirm that the date fixed for the official handover of the centre is 18th April 1983. The Practical Completion Certificate will be issued with lists of outstanding items of work which will include both defects and works not complete. Other items will be postponed until mid-July to avoid any unnecessary damage and theft during the Fitting Out Contract.

The Trustees have agreed to maintain Brian Barber of Trollope & Coils and a working party to complete these works and to help where necessary the Stoke Mandeville Commissioning team until the Royal Opening on 3rd August 1983.

I trust this answers the questions raised in your letter and I look forward to the site meeting on Thursday 14th April.

Yours faithfully,

N.B. Warner,
for THE FITZROY ROBINSON PARTNERSHIP

Senior Associates R F Gildersleeve MSAAT A J W North FIAS AF5 FR5A FFB L F Barber Dip Arch(Hons) ARIBA C A Christmas H E Couzens B Arch
A R Goodaan Dip Arch(Hons) AR BA L C Mead ARIBA L M Schofield ARIBA J A West RIBA P C Freeman NDD R H Dickins ARIBA
R G Booth Dip Arch MA MSc RIBA R1Pl R Currie M Arch R BA J T Hedges Dip Arch(Hons) AR BA
G Markson ARIBA M Sutcliffe Dip Arch RIBA N B Warner Dip Arch RIBA
Associates G Bastin LIQB J K M Hennessy BA Arch AR BA N M G Hennessy Dip Arch ARIBA D W Steel AA Dip ARIBA D R Stewart MA(Cantab) RIBA
Mrs D Alexander BA(Hons) P J Browne B Arch(Hons) R BA ACI Arb(MRI) J E Fraser Dip Arch(Hons) RIBA AIAA
M Hempstead S M O Toole J N Saunders B Arch(Hons) R BA T F Weston BA Arch RIBA B K Steller B Arch ARAIA

c.c. Mr C Meyer, District Works Officer

Mr D Hallam
Mr P Gomez

J Gillian

368

W/3/419 NZ. SJG/NMC

The Fitzroy Robinson Partnership
77 Portland Place
LONDON W1N 4EP

29 March 1983

For the attention of Mr N Warner

Dear Sir

STOKERMANDEVILLE HOSPITAL - SPINAL INJURIES UNIT
PRE-HANDOVER MEETING

I write to confirm that I have arranged with the District Works Officer, Mr C Meyer that you and the Consulting Engineer for the S.I.U. will be holding a meeting on Site at 10 00am on 14 April 1983 to enable the District Works Officers and the Regional Works Officers to informally inspect the building works prior to you issuing the Certificate of Practical Completion for these works.

The District Works Officer will require from the Trustees the anticipated date that the responsibility for the building will be handed over to the District, together with any information you have concerning the programming of making good defects or the completion of any outstanding items of works specifically excluded from the Certificate of Practical Completion.

I look forward to receiving written confirmation of your anticipated programme for the practical completion of this project.

Yours faithfully

Lg.

for Regional Architect

7/35/113 ✓

RMB/CMT

The Aylesbury Vale District Council
Planning Division
Fowler Road
Aylesbury
Bucks

2 February 1981

Dear Sir

STOKE MANDEVILLE HOSPITAL - NATIONAL SPINAL INJURY CENTRE
NOTICE OF PROPOSED DEVELOPMENT BY OXFORD REGIONAL HEALTH AUTHORITY IN ACCORDANCE
WITH CIRCULAR 7/77

The Oxford Regional Health Authority proposes to build a new National Spinal Injury Centre on the site of the existing hospital at Stoke Mandeville. The new Centre will comprise of ward units providing a total of 120 beds, out-patients department, x-ray, rehabilitation gymnasium, peripheral kitchen and dining room and other patient activity areas.

The new Centre will be of single and two-storey construction and constructed of traditional materials with facing bricks to walls and tiles to pitched roofs.

In accordance with the procedure outlined in Circular 7/77 I enclose four copies of this Notice, together with copies of Form LL1, together with four sets of the drawings which illustrate the scheme.

Will you please let me know whether your Council concur with the proposed development or wish to make any comment.

Yours faithfully

or Regional Architect

OXFORD REGIONAL HEALTH AUTHORITY

Internal Memorandum

From: Tony Leahy

To: Mr P Cooke

Date: 30.12.81

IN CONFIDENCE

TL/JH

MLG 5.1.81

STOKE MANDEVILLE

With reference to the draft notes of the RTO meeting on 23 December (T.394/80) the Planning Division has been advised by Dr McNeilly that at a recent meeting between the Chairman, himself and the Minister, DHSS has agreed to make available an additional £2m to enable the Spinal Injuries Unit at Stoke Mandeville to proceed, whereby £750,000 is set aside for road works/ link corridors etc consequent of the Spinal Injuries development and £1,250,000 is made available for replacing (most of) South House residential block.

Dr McNeilly said that this information should be kept confidential.

This news will obviously have a significant bearing upon our capital programme - not only for the Spinal Injuries Unit enabling works but also assisting in bringing forward the new operating theatres and surgical wards. Would you please advise me if RPT will be receiving any official confirmation of this good news and if we will be receiving formal notification from the Department. I cannot see how we can keep this news confidential during our ensuing discussions with our Area and District colleagues.

TL

cc: Mr Eccleshall
Mr Gomez

~~MK CCLC LESTATE DPC~~

Recd 5/11/80



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

ALEXANDER FLEMING HOUSE

ELEPHANT AND CASTLE

LONDON S.E.1

TELEPHONE: 01-407 5522

Copied to KTO

Gordon Roberts Esq CBE JP
Oxford Regional Health Authority
Old Road
Headington
OXFORD
OX3 7LF

30 December 1980

Dear Gordon,

As you know, Trollope and Colls stand ready to start the "enabling work" (road, services etc) very early in January. They will of course need a letter of intent from the "client" before they start work. We have spoken about the implications of this, and I am writing to record informally the way I see it (speaking both as a Trustee-designate and for the Department).

First, you will wish to know that Ashurst, Morris and Crisp have been asked to prepare a Trust Deed, and they are in touch with the Charity Commissioners. The intention is to empower the Trustees, without undue restriction - in lay language to build a new National Spinal Injuries Unit, to be handed over on completion to the appropriate Health Authority.

Before the main re-building can start there has to be some preliminary work, ie the "enabling work" to which I have referred. I understand that this will cost approximately £750,000. In addition there will be a need, consequential on the building of the Unit on its agreed site, to provide residential accommodation (part of which has to be demolished to make room for the Unit, part to replace accommodation which, though not being demolished as a direct consequence of the Unit rebuilding, will become of even poorer quality as the Unit is built).

The building of the Unit would progress more quickly if, in addition to the "enabling work", the whole of the residential accommodation could be vacated (ie and then demolished).

The nurses could, I understand, be found temporary accommodation for a time, but it would obviously be important to proceed as quickly as possible with providing new residential accommodation - at a cost, I understand, of between £1½/2 million.

You told me that meeting the cost of the "enabling work" would be the RHA's contribution to the scheme. We are naturally most grateful for that. The RHA would also meet the cost of the new residential accommodation. You told me however, that you could see little prospect of the RHA being able to make available the resources for this in accordance with the necessary timetable; I agreed to discuss this with your people - there are various options, but you can take it that we must and will succeed in enabling you to find the £2½ million, in one way or another.

I hope that this will permit you to go ahead with the "enabling work" and the decanting of the residential accommodation. If you were able now to indicate to Trollope and Colls your intention to invite them to be responsible for the "enabling work" they could start very early in January and the project would be on course. I see no difficulty in your going straight to Trollope and Colls for this purpose, without going to open tender; we regard them as undertaking the whole project, from "enabling work" to completion, and we would see the commissioning by the RHA of the "enabling work" as your contribution to the total project (and as this would be the RHA's responsibility we would expect your officers to exercise the usual cost control).

Yours
James
A J COLLIER

W/95/418/NE

Recd 4/11/80



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE
LONDON S.E.1
TELEPHONE: 01-407 5522 Ext 7607

Copied to 210

M. Ascha

2 July 1980

G Roberts Esq CBE JP
Chairman
Oxford RHA
Old Road
Headington
Oxford
OX3 7LF

[Handwritten signature]

STOKE MANDEVILLE SPINAL UNIT

I said that I would write to confirm our understanding about next steps, in advance of the appointment of Trustees for the Spinal Unit Appeal. The Liaison Group agreed, when we met on 19 June, that they were prepared to move matters forward in the interim so that we can build on the excellent start which the Project Team have made.

2. The Group clearly want the planners and designers to have as much freedom as possible to create the new unit, subject only to agreement on functional content and estimated revenue consequences, to remaining within the capital sum identified in the fund-raising target, and to locating the unit satisfactorily within the overall plan for the site. They have accepted the clinical functional content of the scheme described in the design brief, and proposals for two research laboratories and some enabling external works, but have urged that the Project Team should look at the scope for some sharing of other accommodation, for example, offices; seminar rooms and dining facilities. The Group saw this as a way of helping to reduce running costs and ensuring that staff are not too widely dispersed, so that the team spirit that exists in the present unsatisfactory buildings will not be lost in the new unit. You undertook to ask the Project Team to look at the brief again from this point of view.

3. In addition to service provision, the design brief refers to the development of a research unit at Stoke Mandeville, and suggests that this might be either a free-standing building or an additional floor superimposed on the service block. The 2-storey alternative has advantages - the research/service relationship would be well served by a single building. But there are powerful disadvantages too. A combined building would take considerably longer to plan and commission, and it would well be that more money would be needed in the bank to be confident that construction work should start. There must also be very serious doubts about the wisdom of adding upper floors to buildings once patients are housed in them. And there is a "psychological" case for easing the free movement between service and research. We need to think very seriously about the case for and against building the service and research blocks in separate free-standing phases. As a first step you undertook to ask the Project Team and Works staff to produce options and to cost them urgently for us.

7. I am copying this letter to other members of the Liaison Group, to Harry Reeves and Geoffrey Rainbird, and of course to Jimmy Savile.

Handwritten signature

A J COLLIER

MR A L ARSCHAVIR

STOKE MANDEVILLE HOSPITAL - SPINAL INJURIES UNIT

Note of a meeting held on 8 May 1980, to discuss the development of the Spinal Injuries Unit.

ACTIC
20 JUN 1980
W/95/418/NE

Present:

- | <u>DESS</u> | <u>RHA</u> | <u>BUCKS AHA</u> |
|--------------|-------------------------|------------------|
| Mrs P Petrie | Mr Arschavir | Mr R Titley |
| Mr J Burnett | Mr T Leahy | Mr M Bailey |
| Mr R Crowley | Mr E M Jones | |
| Mrs J Sutch | Dr R Pollock | |
| | Dr H McNeilly | |
| | Mr C Howard | |
| | Mr R Baker <i>Burke</i> | |
| | Mr P Gomez | |
| | Mr J Reay | |

RELATIONSHIP BETWEEN THE JIMMY SAVILE FUND, DESS, RHA AND AHA

- Mrs Petrie offered some thoughts on what the relationships would be: The Trustees of the fund, who still had to be appointed, might be the clients; they would sign all formal documents and carry all capital financial responsibility. A secretary to the Trustees was expected to be appointed.
- The RHA would act as agent for the Trustees, in advising on contract, project management and satisfactory standards, the system of building control to be followed, and assessing the adequacy of the brief for the needs of the project.
- DESS would call for minimal assurances from the RHA on building controls.
- The Stoke Mandeville Liaison Group (Mr Collier, Mrs Petrie, Mr Roberts, Dr Rue, Lady Mallalieu, Mr Titley, Dr Frankel) would advise in the event of significant differences of view between the project team and the authorities.
- The building would be handed over by the Trustees to the NES after completion, but the possibility remained that the Trustees would stay in being for fund-raising purposes.

2. Jimmy Savile was reported to be arranging for a symbolic start to demolition in June as a means of achieving more publicity for the appeal. Before the demolition took place, the Area Supplies Officer would discuss with the contractors the removal of building supplies from the site which could be re-used by the Area.

3. It was agreed that an overall timetable for demolition and construction would be required, and a definition of the site boundary was necessary. The contractor would then be responsible for this area whilst the building was in progress.

4. It was felt that there was a need to ensure the equipment for the new unit was compatible with regional supplies, and an equipment specification would be prepared for this purpose.

PHASING

1. It was agreed that the project should be dealt with in two stages; the first, the service element, would consist of a 120-bed unit with two rooms for research work. If the Appeal received sufficient support, a Research Institute might form a second stage. The current design brief would cover only elements of the first stage.

TENDERING

1.

OXFORD REGIONAL HEALTH AUTHORITY

Internal Memorandum

From: Mr R M Barker

To: Mr E J Jones ^{EMJ}

Date: 8 April 1980

RMB/BRJ

cc Mr G E Webster
Mr J Reay
Mr P Gomez
Dr H McNeilly

./95/418 ←

STOKE MANDEVILLE HOSPITAL
NEW SPINAL INJURIES UNIT

I attach for your information Notes of Meeting held Wednesday 2 April.

Following our discussion of Thursday 3 April, I confirm that I will be acting solely in an advisory capacity to the Architect on this scheme. I have advised the Architect accordingly.

My advisory role will not include any briefing or monitoring of the Architect and I shall not be required to provide a link between the Architect and the Briefing Team.

Also, subject to discussions with the DECS, the Architect will not be required to make any formal submissions to the RHA Works Department for any stages of the scheme or to comply with any of the RHA pre or post-contract procedures.

I understand that I shall be required to give technical advice to the Project Team during the course of this scheme.

R M Barker
RMB

11 11 11 11 11 11 11 11 11 11

RMJ

I agree with this - do you?

Emj 12 4 80

*Yes
RMJ*

21.4.80

Seen RMB 22/4/80

file.

OXFORD REGIONAL HEALTH AUTHORITY

STROKE MANDEVILLE HOSPITAL
NEW SPINAL INJURIES UNIT

Diary Note of Meeting held Wednesday 2 April 1980 at ORHA

PRESENT:	G L M Rainbird	-	Fitzroy Robinson & Partners
	A L Arschavir	}	
	G Pratt		
	J Reay		ORHA
	R H Barker		
	Dr H McNeilly		(part)

The purpose of the meeting was to make contact between Mr Rainbird and RHA Technical Officers and to discuss matters related to this scheme.

The following matters were recorded:

1. Mr Rainbird explained the action taken by Mr Saville in setting up a team for the appeal and for the scheme:
 - 1.1 The scheme would be financed by non-exchequer monies from an appeal launched by Jimmy Saville.
 - 1.2 The team would be headed by Mr V Mathews, chairman of Trollope and Colls.
 - 1.3 Mr Mathews had nominated Mr H Reeves, managing director of Trollope and Colls, to be in charge of the contract.
 - 1.4 Fitzroy Robinson and Partners (Mr Rainbird) had been appointed architects for the scheme.
 - 1.5 An approach had been made to Messrs TOCON-grat for the design and build package for M & E services.
(TOCON-grat are a smaller version of Mathew Hall)
 - 1.6 The contractors for the scheme will be Trollope & Colls and TOCON-grat.

Details of the contract arrangements were not discussed.

The proposal is that material and component suppliers will be approached by the contractors to supply/donate their products for the new unit.

The scheme will be designed (building and engineering) to incorporate the donated materials/components/fittings etc.

1.7 It was intended that work would start on site in August 1980.
Therefore briefing information was required immediately.

2 Dr McNeilly explained that the brief was in course of preparation but would not be completed for a further 6-8 weeks.

The requirements for the scheme were complex and it was not possible to produce the brief in a shorter period of time. The critical matters being considered were:

2.1 120 beds

The average length of stay for this type of unit was 180 days. Therefore the unit needed to be non-institutional whilst at the same time meeting the clinical needs.

Also the range of care was from highly intensive to self-help, and included the full range of medical and surgical needs.

The break-down of bed numbers and the size of nursing units was still under discussion.

The bed numbers may also include single private wards.

2.2 Supporting facilities

These would include physio and occupational therapy, consulting and outpatient facilities.

The briefing team was also looking at theatre and X-ray provision, although these may be a requirement of a later phase.

It would be necessary for the new unit to include covered links to the existing X-ray and theatre departments.

Provision would also be required for a large day area, "quiet" patient areas and possibly a visitors/occupational kitchen.

The policy for catering services to the new unit were also being considered.

2.3 Briefing information would include a statement of functional content together with operational policies, schedule of accommodation and room data sheets.

3 The meeting discussed the role of HA technical liaison officers, and the requirement for standard Capricode procedures.

3.1 Mr Arschavir recorded that a meeting was being arranged by DHSS to discuss procedures and contract arrangements.

- 3.2 It was agreed that the Regional Engineer would arrange to meet representatives from TOCOW-grat to discuss the particular requirements of M and E services in hospital buildings. However, this meeting not to take place until architect confirms appointment of TOCOW-grat.

It would be necessary for the Regional Engineer to advise details of existing engineering services on the site to ensure that the external engineering services formed an integral part of the overall engineering strategy for the site.

- 3.3 The architect was handed a copy of the hospital site plan on which the site of the new unit was identified.

- 3.4 Mr Arschavir considered that RHA liaison officers should act in an advisory capacity to the Design Team to ensure as far as possible that the new spinal injuries unit is designed to standards acceptable to the NHS.

It was confirmed that professional responsibility for the new unit would remain with the Design Team.

DISTRIBUTION: Mr Rainbird - Fitzroy Robinson & Partners

A L Arschavir

E M Jones

G M Pratt

J Reay

R H Barker

P Gomez

Dr H McNeilly

1/95/

-11-10/11-

OXFORD REGIONAL HEALTH AUTHORITY

Internal Memorandum

From: Dr. R.M. Pollock

To: ✓ ^{AUA} Mr. Arschavir
Mr. M. Jones
Mr. G. Pratt
Mr. C. Howard
Mr. T. Leahy
Mr. P. Gomez
Mr. C. Reynolds

Date: 27.3.80

RMP/sam

Attached is a brief statement of the outline strategy in the development of Stoke Mandeville with a broad indication of the likely timetable.

THE DEVELOPMENT OF STOKE MANDEVILLE

Phase I of the new hospital is already open. The next developments proposed for the site are the relocation of The Spinal Injuries Unit in new purpose-built premises to be funded from non-exchequer sources (Phase 2) and a further phase (Phase 3) to group the surgical disciplines together and to provide almost all of the requirement for Children and also a small further increment for medicine. Phase 3 construction should begin in 1984 and the phase be operational in 1987. The Spinal Injuries phase is likely to precede this by one or two years.

The site selected for the Spinal Injuries Unit lies between Phase I and that part of the old hospital housing hydrotherapy and occupational therapy.

This part of the site is at present occupied by residential accommodation. As this is of low quality its replacement is in any event desirable.

The first development therefore must be the replacement, decanting and demolition of this portion of residential accommodation. (As part of the new residential accommodation would serve Spinal Injuries part of the replacement cost would be met by the Spinal Unit appeal funds; the remainder would be met from exchequer funds). This should desirably take place in the immediate future, so as to permit site clearance to proceed for a start on the Spinal Injuries phase in about 1982-83 and the subsequent 1984 start on the dominantly surgical phase.

The likelihood that Spinal Injuries (Phase 2) will precede the surgical/childrens phase (Phase 3) creates the requirement to make the additional theatre and X-ray elements of Phase 3 (or at least part of them) available earlier than the remainder of the phase. (Thus of the 2 X-ray rooms and 3 theatres proposed in Phase 3, at least one theatre and one X-ray room, would have to be available to coincide with the opening of the 'beds' element of the Spinal Injuries phase - this might imply bringing forward all of the theatre and X-ray elements).

It is proposed that Phase 3 (operational 1987) should make provision for general surgery, gynaecology and an additional small element of medicine. It is also hoped that we will be able to provide a childrens unit thereby grouping together all the childrens provision with the exception of Plastic and Burns children (which unit may possibly have the site altogether for Milton Keynes), and the Ophthalmic children who would remain in the Ophthalmic Unit.

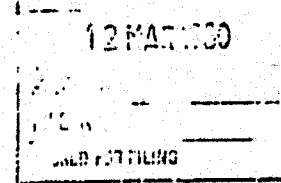
W. Arshaw Chairman's Copy
 Recd 12/15/80

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**NOTE OF A MEETING OF THE STOKES MANDEVILLE LIAISON GROUP
 HELD ON 27 FEBRUARY 1980 AT EUSTON TOWER**

Those present:

Mrs P Petrie (In the Chair)
 Dr H. Frankel
 Lady R E Mallalieu
 Mr G Roberts
 Dr R Rue
 Mr R Titley
 Mrs J Sutch (Secretary)



Apologies were received from Mr Collier who had been called away at extremely short notice.

1. Opening Remarks

On Mr Collier's behalf Mrs Petrie explained that the Liaison Group had been set up at the Minister's request to ensure that communication was maintained at all levels of the Department and the NHS to keep in touch about the Spinal Unit Appeal, to coordinate planning activities, and to act in an advisory capacity as necessary.

2. Progress

Mr Titley reported that the Appeal total stood at about £300,000 to date. The hospital was aware of a great many local fund raising activities, as well as others organised throughout the country. A number of gifts in kind had been promised or were under negotiation.

Mrs Petrie reported that the Minister had approached the clearing banks for their support. He intended to follow this by letters to selected commercial concerns, to individuals, and to the governing bodies of various sports. Dr Frankel suggested that foreign embassies whose nationals were cared for at Stoke Mandeville might also be approached.

Members felt that it would be helpful to receive a brief report of firm progress on a Confidential basis. Mrs Sutch undertook to provide this periodically.

Given the substantial sum of money already collected, and the size of the Appeal target, the Authorities felt that the time was ripe for the establishment of a Trust and the transfer of existing Appeal Funds from the AHA endowment fund. The trustees should include an individual able to advise on financial management including investment. Mr Savile and Mr Collier had also recently considered the question of such a Trust. The Group agreed that the Department should investigate the procedures required by such a course, and to take matters forward in consultation with Mr Savile.

3. Project Planning and Building Procedures

1. Dr Rue explained that the Region's Project Planning Group was working at two levels with a view to producing a development control plan for the site, and operational policies and a design brief for the Spinal Unit. The Group expected to complete its initial work by the middle of March. One optional location for the Spinal Unit involved prior demolition and replacement of some staff accommodation. The Liaison Group were advised that neither Regional nor

Central funds would be available to replace this accommodation within the envisaged time scale, but Mr Roberts pointed out that the team would be looking at several siting options and would need to take such factors into account.

The architectural firm of Geoffrey Rainbird which had been responsible for building the Post Graduate Medical Centre at Stoke Mandeville was in touch with Jimmy Savile about the Spinal Unit project. The firm was willing to undertake the project and would want to handle contracting and payment arrangements themselves in the hope that they could persuade some contractors to waive or reduce their fees.

Because of the need to coordinate development between the Unit and the hospital as a whole, the Regional Works Officer intended to designate an RHA architect to liaise with Geoffrey Rainbird. The question of responsibility for the formal appointment of project architects and contractors required clarification as did the extent to which normal building procedures would apply to the Spinal Unit project. Mrs Sutch undertook to follow this matter up in consultation with the RHA.

ii. Scale of the Unit. Doctors Frankel and Rue agreed that it was desirable for children with spinal complaints to be cared for in the Spinal Unit and that the Unit should be planned in a way that also provided convenient access to the Children's Department in the DGH.

4. Future Work of the Liaison Group

A further meeting would be held in early summer when more would be known about the siting implications and likely costs of the new Unit. Mrs Sutch had been asked to act as Secretary to the Liaison Group and make the necessary arrangements.

5. Any Other Business

Arrangements were being made for the Minister for Health to meet the volunteers engaged on the Appeal at Stoke Mandeville, to thank them for their work.

OXFORD REGIONAL HEALTH AUTHORITY

General Memorandum

From A L Arschavir

To Chairman & NTO

Date 6 2 80

STOKE MANDEVILLE

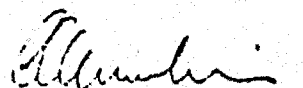
Mr E M Jones and I saw Mr Rainbird of Fitzroy Robinson & Partners yesterday, the architect nominated by Jimmy Savile for the work on the Spinal Injuries Unit.

Fitzroy Robinson & Partners are a firm of architects whose practice is chiefly geared to developers requirements. They are a competent firm and have produced some good office blocks and, of course, the Stoke Mandeville Postgraduate Medical Education Centre, but Mr Rainbird readily admits to having no hospital experience. He has already prepared a very simple block plan for the Spinal Injuries Unit based on a discussion with Jimmy Savile and which includes 3/40 bed units, physiotherapy/gymnasium space, and kitchen, and costed at about £2M. It takes little account of relationships with the rest of Stoke Mandeville and certainly no account of any future developments on that site - chiefly, I assume, because he has no knowledge of the problems which exist. His approach is somewhat simplistic in that he seems to expect a very firm brief with details of siting and then to be allowed to get on with it. He does not seem to anticipate being required to contribute to formulating a solution to the wider problems but just to prepare a design to a very firm and definite brief.

I understand that Jimmy Savile sought Mr Rainbird's help in contacting likely contractors to secure their services as a contribution to the project as part of the fund raising exercise. Mr Rainbird has already approached the Managing Director of Trollope & Colls and I think a meeting is being arranged between them and Jimmy Savile. John Laing Construction Ltd have also approached Mr E M Jones expressing their interest in the work and when Jimmy Savile was told of this he thought it might be possible to arrange a "dutch auction" between interested contractors.

Mr Rainbird also suggested that if the professional and contractual services required for this project were to be on a cut price basis he would be prepared to work with a firm of mechanical and electrical contractors, like Matthew Hall, who would undertake the design. There are dangers in adopting this method of working. Reducing initial capital costs inevitably presents problems later. Matthew Hall prepared the heating installation for the main block of the RHQ building on that basis.

Fitzroy Robinson & Partners appear to assume they will be asked to undertake this scheme and though I consider them to be capable of providing a good solution it will be necessary to give them a lot of help and guidance on all aspects of hospital design and to ensure that their solution meets the NHS requirements in every respect. If there was a free choice I would prefer to suggest a firm with hospital experience so that they could be given their head without too much RHA involvement.



OXFORD REGIONAL HEALTH AUTHORITY

STOKE MANDEVILLE HOSPITAL - SPINAL INJURIES UNIT

Notes of meeting held on Monday, 28th January 1980 at 2.30 p.m. in the Green Room, Stoke Mandeville Hospital.

12 FEB 1980

Present: ORHA

Bucks AHA/District

Dr. E. R. Rue
Dr. R. H. McNeilly
Miss M. Davis
Dr. J. Queenborough
Mr. P. N. Gomez
Mr. G. Davie

Mr. R. E. Titley
Dr. I. Yule
Mr. I. Nuseibeh
Mr. G. D. Shaw
Mr. D. Clay
Mr. C. Meyer
Mr. R. Catterson
Miss R. Denny
Mrs. E. Rogers

ACTION

1. Dr. Rue explained that the general planning for the whole of the Stoke Mandeville Hospital site was proceeding and that this was the first meeting of the sub-group concerned with the Spinal Injuries Unit. She went on to say that following national discussions she had met representatives of the DESS and two other Regions when it was agreed that the new unit at SMH should have 110-120 beds. This figure assumed units at Stanmore and Odstock shortly, and a further unit at Sidcup in the long term. Any adjustment to bed numbers in the northern part of the country would not affect the SMH unit.
2. Mr. Nuseibeh asked whether the proposed number of beds related solely to acute beds, as a number of beds were currently used for out-patients and if these patients were to be accommodated in the 110-120 beds proposed, this would result in a net reduction in the acute bed numbers.
3. Dr. Rue stated that the proposed numbers were based on the survey carried out here, and that when Operational Policies were being formulated it would be necessary for the users to define the number of beds required in each care group. The upper figure of 120 included all beds for spinal injuries specialist purposes but these would continue to be YDU and 'hotel' beds on the site which spinal injuries patients might use.
4. Dr. Rue said that in order to set about planning the project it would be necessary to develop enough information on where to site the unit and what would be required within it. This could be brought about in three parallel stages: 1 define accommodation; 2 agree Operational Policies; 3 agree interdepartmental relationships.
5. Mr. Gomez then explained the purpose of the paper which had been circulated, the questions posed and the schedule of accommodation which could form the basis of that to be provided. It should be used as a first draft within cost limit parameters - a check list during the development of operational policies.
6. Mr. Nuseibeh pointed out that he had not had the opportunity of discussing the paper with his colleagues in the Spinal Injuries Division, but that he would do so to enable him to report to the next meeting of this group.

Mr. Nuseibeh

Preliminary discussions had commenced on both medical and nursing networks. As far as the latter was concerned the operational policy would depend upon whether progressive patient care was to be produced, and also on the staffing situation. What was agreed, however, was the need for Acute Nursing Care rather than Intensive Care and the subsequent care of patients by the same staff throughout their length of stay.

7. Dr. Rue stressed the need for the users to bring forward a good practical clinical proposal for the unit, not just a clinical policy. Dr. McNeilly was anxious that the needs of the patient be borne in mind, and Mr. Clay advised that a number of ex-patients had been invited to take part in the preliminary discussions. Dr. Rue suggested that the use of 'mock-ups' could prove useful to try out original ideas. It had, however, to be remembered that even though free monies would be used to build the unit, the Department would still require to sanction the project on account of the revenue consequences.
8. Mr. Gomez reminded the meeting of the need to bear in mind the unit's relationship to the services it would utilise in the existing hospital and in future phases, particularly as far as Theatres and X-ray were concerned. As the next major phase of development was not due until 1984/85, the Spinal Injuries Unit could be in existence before that date.
9. Mr. Nuseibeh thought there was no particular need for the unit to have its own theatres and x-ray. Only 4-5 operating sessions were required, although use of an x-ray screening room was essential. Whatever the arrangement, the travel distances from the unit to these facilities should be minimised.
10. Mr. Gomez asked for some clarification of the needs of the Unit in relation to Remedial Therapy. Mr. Nuseibeh said that physio and OT should be easily accessible from the unit, as should the existing pool which was relatively new though some covered corridor to it would be required. It was pointed out that this might not be easily achieved on account of the existing roadway network and Dr. McNeilly said that thinking on what was required where should not be constrained by a relatively new pool.
11. Dr. Rue said that what was required from the users was a description of the range of Remedial Therapy facilities required - those which were essential within the unit, others which could be located elsewhere. It would also be necessary for a written policy on catering to be provided. A written statement on 1. Patients; 2. services, etc. should be provided by the users before the next meeting of this group.
12. Mr. Nuseibeh confirmed that these matters would be put to the Spinal Injuries Division for consideration. Mr. Clay asked if it would be possible to be provided with a check list to ensure that all elements of the operational policies were taken account of. It was agreed that Mr. Gomez should draw up this check list with Dr. Rue's assistance.
13. Dr. Rue reminded the meeting that another essential requirement was to ensure correct departmental relationships. To this end a chart should be drawn up indicating the priority of each department's proximity to the Unit.

Users

Users

Users

Mr. Gomez/
Dr. Rue

Users

14. It had been previously suggested that the group should visit the Unit before the Operational Policies were drawn up. After some discussion it was agreed that no formal visit should be arranged, but that individuals should make arrangements with particular disciplines to spend some time studying the role of that discipline in relation to the function of the Unit. Volunteers would report on their visits in about a month.
15. As Dr. Rue was about to introduce the item on the Public Appeal, Mr. Jimmy Savile, who had launched the Appeal, came into the meeting. At Dr. Rue's invitation, Mr. Savile explained that since the Appeal had been launched the previous Wednesday, he had received a firm commitment of £300,000, and was currently engaged in discussions to secure further cash commitments from firms etc.
16. After Mr. Savile left the meeting Dr. Rue stated that whatever sum was raised, the amount spent on the building would be that which would provide a unit capable of being run on the existing revenue monies. Any surplus cash could be used to improve finishes, furnishings, etc., or to establish a Research Institute. If monies were used for this latter purpose it would be necessary to endow some of these funds to run the Institute.
17. Mr. Nuseibeh confirmed that his Division would be very much in favour of creating a Research Institute and said that this should be provided on the SME site.
18. Mr. Gomez reminded the meeting of the need to provide replacement residential accommodation to enable existing accommodation to be demolished, this being the only practical solution to the siting of the new Unit. Such work would have to be funded from the Appeal monies.
19. Dr. Rue reported that she had discussed with the Department the involvement of officers in the Appeal, as such activities were not normally permitted. The Minister, having given his backing to the Appeal, had confirmed the acceptability of officer involvement in this case.
20. As there was a considerable amount of paperwork to be completed before the next meeting it was agreed that about six weeks should be allowed.
(The date agreed upon was Wednesday, 12th March at 2.30 p.m. at Stoke Mandeville.
21. In response to a question from Dr. Yule, Dr. Rue stated that a start on site could not be anticipated before Autumn 1981.
22. On the question of lines of communication between users and Region, it was agreed that contact should be on the administrative network, i.e. Mr. Clay and Mr. Gomez.

DISTRIBUTION: Those present
Miss J. R. Hart
Mr. M. Davies
Mr. C. Petrokofsky
Mr. D. Edge
Mr. J. Reay
Mr. T. Leahy
Mr. C. Reynolds

FIX-11 CAMF VIGNER LOOKS TO 10m TARGET

JIM SLIPS IN ON HOSPITAL APPEAL

Handwritten initials/signature

DJ to boost fund

JIMMY SAVILE'S £10 million appeal to rebuild the spinal injuries unit at Stoke Mandeville Hospital is going to be announced publicly on January 23.

And once the news is out, given by Health Minister Dr Gerard Vaughan to national Press and television reporters, the celebrated DJ hopes the cash will start rolling in.

In an exclusive pre-conference interview this week, Mr Fixit told the Advertiser that he intends to devote most of his time in the next two years to the £10 million campaign.



By MAURIEL CATO

... Since then he has been extremely busy, laying the foundations for the appeal launch, donating some of the proceeds from his Round Britain Walk last October to start it off. Some money has already flowed in, including one anonymous cheque for £200.

And he is already thinking that some kind of celebrity-walk sponsored walk might be one way in the future of swelling funds.

Once everyone knows about the campaign, he hopes they will offer donations and volunteers to adopt it for their own fund-raising events.

And he is keeping his fingers crossed that a bill due to go before Parliament will get through, enabling local authorities such as area and regional health authorities to be come involved in fund-raising.

"If we can manage this within two years it will be a miracle," he said. "It is an awful lot of bread."

This ever-popular DJ still works about every ten days as a porter in the hospital, staying for two to three days at a time.

"It is one of the thrills in my life sitting in the porters' room and taking part in the hourly dramas in the life of a hospital. Porters have such a tremendous wide variety of jobs," he said.

In fact he was talking about the hospital ever less in the Social Services Secretary of State, a few months ago when the £10 million was first mentioned.

"We were talking about the proposals to close wards in the unit, and Patrick Jenkin did a deal with me — he said he would see the unit was kept open, if I got him the £10 million."

Bucks Advertiser
11.1.80

*Copied to CR
RT10
RS
JE*

cc
Mr. Arschauer

Mr. Roberts ✓
Mr. Bearne
Miss Lindars
Dr. Yule
Mr. Titley

Recd 3.12.79
Gpcol to ETO

Lady Mallalieu
51

HRM/EAK/H1/3

29th November, 1979

Mr. A. J. Collier,
Deputy Secretary,
Department of Health and Social Security,
Alexander Fleming House,
Elephant and Castle,
LONDON, SE1.

**NATIONAL SPINAL INJURIES UNIT
STOKE MANDEVILLE HOSPITAL, AYLESBURY**

I think the enclosed two papers speak for themselves. This is an exceptional offer which I am sure you will be very happy to receive.

I do not know when you intend to call the first meeting of the Steering Committee which Dr. Vaughan discussed with Mr. Roberts and myself but I would hope that you will be able to reply officially to Mr. McMinn and his Accountant accepting his offer on the terms which he has laid down.

Mr. Douglas McMinn is a well known Chesham resident who, having made an appreciable sum of money in business, is now disposing of it to projects which he deems to be worthy and the health services in Buckinghamshire already have cause to be extremely grateful to him.

If you would like more background information about Mr. McMinn we can provide it.

HYLESBURY AND MILTON KEYNES HEALTH DISTRICT
(BUCKINGHAMSHIRE AREA HEALTH AUTHORITY)

MEMORANDUM FROM DISTRICT ADMINISTRATOR

To: Lady Mallalieu,
Chairman,
Bucks. A.H.A.,
Peverel Court.

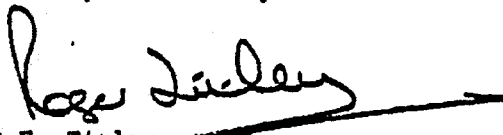
Your Ref:

Our Ref: RET/PG

Date: 26th November, 1979

Offer of donation from Mr. Douglas McMinn for the rebuilding
of the National Spinal Injuries Centre

I enclose a copy of a memorandum from Mr. Trimble to me together with a copy of my reply to Mr. McMinn's Accountant. This seems to be a matter which must be referred in the first instance to the steering committee which, I understand, you and Mr. Roberts are to serve on at national level, and in view of the second of Mr. McMinn's three provisos, may I please leave it to you to take up the matter with Mr. Collier at the Department as you think fit.


R.E. Tisley
District Administrator.

C.c. Mr. K.G. Walker.

DEPARTMENT OF HEALTH

(REGISTRY) NUMBER 280	REGISTERED NUMBER 2x4 / 7 / 179	VOL 2	SUBJECT - Stone Mandeville Hospital - General correspondence
ELECTRONIC FILE DETAILS			
RELATED PAPERS			
BEGINS DATE 09/02/99	ENDS DATE 21/12/99		

Title of FS	TRANSIT MARKINGS				RECORD MATTERS
1.	Referred to	Date	Referred to	Date	Use spare space for changes/notes
2.					
3.	BRING FORWARD MARKINGS ONLY				
BF Date	To Whom	Doc No.			
<div style="font-size: 48px; opacity: 0.5; transform: rotate(-45deg); position: absolute; top: 50%; left: 50%;">CLOSED</div>					

The Branch Review Decision box below must be completed before despatch to Dept. Record Office

Branch Review Decision

Options

1) DESTROY IN (any date 2 to 15 years after LAST paper)
 SPECIFY: Month 12 Year 2004

2) RETAIN FOR SECOND REVIEW IN (25 years from FIRST paper)
 SPECIFY: Year.....

Boldly delete inappropriate option

Signed PHL
 Name PHL 2004 SIGN
 Pay Band 100

(P20) or above:
 Branch REC
 Date 18/12/02
 Index noted (initials)

To: [REDACTED]

From: Bob Ricketts

Date: 7 December 1999

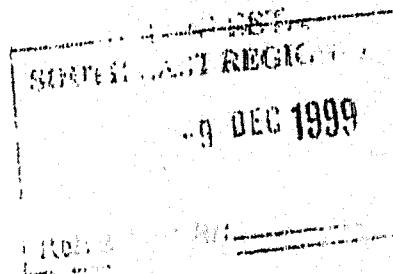
Copies; B. Stocking
Sir William Wells
P. Chapman

Stoke Mandeville: Sir James Savile

As you will see from the attached press cuttings, ~~Sir James has publicly backed down~~
~~on the issue of ownership~~ of the Spinal Centre. It is also the first public coverage of
any ~~interest/intervention from the~~ Charity Commissioners. Ken Cunningham has
promised to send us copies of the exchange of correspondence between solicitors
(Janet - please chase) after which you need to do a short note to Private Office
confirming that the issue has been resolved without recourse to legal action.

Many thanks.

Bob Ricketts
Performance
SBRO
Ext. 32719



Stoke Mandeville

→ Bob
Jimp
Jant

never wanted to sue 'stoke'



Margaret Smith

bitter war of words between Jimmy Saville and Stoke Mandeville Hospital chiefs about who owns the National Spinal Cord Centre is at an end, an exclusive interview with Bucks Herald, the chairman of board of Stoke Mandeville, Ian Miscampbell, and hospital executive Ken Cunningham said in documents they said the trust owned the place. They had been driven to distraction by Sir Jimmy's outspoken opinions about his claimed ownership of the spinal unit and the closure of the servery there - and it had been enough was right.

festerday (Tuesday) irrepressible Sir Jimmy said he did not care about ownership. He had never really argued about the issue and had never really wanted to go to court. He said: "It doesn't matter who has title so long as it's going to the National Spinal Cord Centre."

But he had wanted to guarantee the future of the centre for the next 30 years. This had been done and he was happy. Mrs Miscampbell received a letter from lawyers on Friday which said the freehold of the centre was held in the NHS. Sir Jimmy and the trustees did not have proprietary rights to any of it and the fact it was paid for by public subscription did not give rise to any legal objections over its management use by the NHS trust.

Mr Cunningham said patients had been fed rumours about the future of the spinal unit. "There is a shadow of truth in any of them. I would much rather have done this publicly but given the statements in the press I have no option,

for the sake of the staff, but to put the record straight," he said.

The private firm which will rebuild the hospital and lease it back to the trust will not take over the spinal centre, or any other units in the hospital built by fund-raising, such as the cancer care centre and Florence Nightingale House. Mr Cunningham said: "Local people gave time and efforts to this and it is right that we keep ownership."

The spinal unit was set up in 1944 and Sir Jimmy raised £12 million for a new building 16 years ago. The question of its ownership came to a head when the Stoke Mandeville board decided to close the servery at the unit in order to save money. Sir Jimmy said they had no right to do it because they did not own the unit.

"We got everything we wanted and don't have to fight any more"

However a 1983 letter from the regional health authority to Aylesbury Vale Health Authority, which ran Stoke Mandeville, said: "The whole of the works is handed over. The responsibility for these works and their maintenance is now transferred to your authority." And a Land Registry document of 1995, when Stoke Mandeville Hospital Trust was set up, also put the spinal unit in the middle of the trust's property.

Mr Cunningham said: "There is no argument about this. It is absolutely crystal clear. It has been a great shame we have had to do this. We always wanted to encourage Jimmy's contribution but we have to manage the hospital."

Unrepentant Sir Jimmy said he had not been far from the idea he had made the centre might have been passed over to the hospital's private developers who might have considered it suitable for a block of flats.

"Now we have got everything we wanted and we don't want to fight any more. I was never going to sue them."

NO MORE FIGHTING: Sir Jimmy Saville at the spinal unit

with vandalism. It over the weekend a team of workers called their bluff and believed to have rammed a new the centre's brick support near the car park. The workers are appealing for witnesses to help find the culprits. A struck sometime between 1 on Saturday and 8am on Sunday.

It appears to have been caused by a car ramming the brick into the brick wall," said a spokesman. "It has caused the drainage system on the roof to be broken." The contact Aylesbury Police on 96 396000 with any information.

Errol in site deal

UNCERTAINTY over the future of the Princess Estate in Princesborough appears to be at an end with the expected sale of the site to furniture-makers Errol. The High Wycombe company has signed contracts last week with owners The Hampton Trust and the 21 acre site. The price has been disclosed.

Errol plans to relocate to Princesborough and build a new 1,000 sq ft capacity factory on the present 300,000 sq ft development.

Errol's agent for The Hampton Trust, Mr. Stephen, said: "Errol are taking themselves a new factory when they move from High Wycombe. The existing building, although serving a function, are getting close to their 40-year-old, although I understand the new owners may well plan some of the buildings."

which about the issue and had never really wanted to go to court. He said: "It doesn't matter who has title to it, as long as it's going to be the National Spinal Unit's Centre."

All he had wanted was to guarantee the future of the centre for the next 30 years. This had been done and he was happy.

Mrs. Miscalampbell received a letter from lawyers on Friday which said the freehold of the centre was treated in the NHS. Sir Jimmy and his charities did not have proprietary rights to any of it and the fact it was paid for by public subscription did not give rise to any legal restrictions over its management and use by the NHS trust.

Mr. Cunningham said patients had been fed rumours about the future of the spinal unit. "There is no shadow of truth in any of them. I would much rather have done this amicably but given the statements made in the press I have no option,

don't have to fight any more'

Manderville, said: "The whole of the works is handed over. The responsibility for these works and their maintenance is now transferred to your authority." And a Land Registry document of 1995, when Stoke Mandeville Hospital Trust was set up, also put the spinal unit in the middle of the trust's property.

Mr. Cunningham said: "There is no argument about this. It is absolutely crystal clear. It has been a great shame we have had to do this. We always wanted to encourage Jimmy's contribution, but we have to manage the hospital."

Unrepentant Sir Jimmy said had it not been for the fuss he had made the centre might have been passed over to the hospital's private developers who might have considered it suitable for a block of flats.

"Now we have got everything we wanted and we don't want to fight any more. I was never going to sue them."



NO MORE FIGHTING: Sir Jimmy Saville at the spinal unit

Sir Jimmy's latest bombshell

SIR JIMMY revealed to The Bucks Herald yesterday that he would sue money in the form of a grant from the Charity Commission's quizzing him about the amount of money his charities were building up in the centre.

The people to benefit would be mostly young men severely injured and wheelchair-bound after motorcycle and car accidents. Young men form a high proportion of the patients taken to the spinal injuries centre.

Mr Cunningham, who yesterday was discussing plans for the Jimmy Saville Trust to pay for intensive treatment to fit the hospital's hydrotherapy pool, out of action for a year.

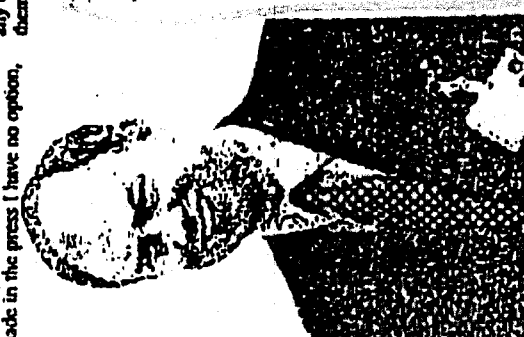
However running costs could be a problem as Stoke Mandeville already has to find £2 million savings this year. Mr Cunningham said a young disabled centre might not be viable, but added immediately: "I don't want to be negative. It's a very exciting idea. It is extraordinary."

Sir Jimmy said: "We are about £7 or £8 million short of what we need. I would like to rebuild the Young Disabled Unit at the hospital. It has been my plan for the past 20 years."

The original unit had been closed and he said at the moment a young person in a wheelchair who no longer needed intensive care often had to stay in hospital because the local authority had not yet adapted their home. "That means they are taking a bed someone else might need," he said.

ABC's film selection

Monday: *The Untouchables*
 Tuesday: *The Untouchables*
 Wednesday: *The Untouchables*
 Thursday: *The Untouchables*
 Friday: *The Untouchables*
 Saturday: *The Untouchables*
 Sunday: *The Untouchables*



SURPRISE: Ken Cunningham

Please telephone 051919
 Finance

HADO
 Huge a ?
 We now
 • Price
 "You will with-y
 - WE WC
 Rem Silly F
 Haddock's
 Quarry
 Haddock's
 Club 5157
 Crystal Day

FAIR MILE HOSPITAL, BRIGHTWELL HOUSE, READING ROAD, CHOLSEY, OXON OX10 0HH

CAPITEC

Part of NHS Estates

Fax

To: JO SHEEHAN

From: NICK CROWLEY

Fax: [REDACTED]

Fax: [REDACTED]

Tel: [REDACTED]

Pages: Including this one 6

Date: 20.7.99

REMARKS

- Urgent
- For review
- Reply ASAP
- Please Comment

*Code & code dual that transfer
 John Cole. now or again code - Short
 work T/S. f. others ? f 1980*

27 APR 11

Clarks Solicitors

Great Western House Station Road Reading RG1 1SX

Telephone Reading (0734) 585321

Hugh Williams Christopher Ward Frank Parkinson Michael Sippln Peter Clark Thomas Howell
Richard Lee David Few Peter James Simon Oimnck David Clark Jane Gunnell
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Fax Reading (0734) 604611

B N Crowley Esq
Property Developments Manager
Oxford Regional health Authority
Old Road
Headington
OXFORD OX3 7LF

Our Ref 9/AF/754
Date 5 April 1993

BY FAX: 0865 226910
NO. OF PAGES: 4

Dear Nick

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Thank you for your letter of 17 March.

As you are no doubt aware, John Holmes subsequently sent me copies of the paper work which your colleagues had been unable to unearth.

I enclose a copy of my letter to him.

Yours sincerely

T G HOWELL *hw*

Enclosure

Howell

May I see a copy please.

John Holmes has been taken for reference

*TGC
15.4.93*

Wicks Solicitors

at Western House Station Road Reading RG1 1SX

Telephone Reading (0734) 585321

Stephen Williams Christopher Ward Frank Parkinson Michael Sippitt Peter Clark Thomas Howel
Richard Lee David Few Peter James Simon Dimmick David Clark Jane Gunnell
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Mr J W H Holmes
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Our Ref 9/AF/754
Your Ref JWHH/jam
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Clarks Solicitors

-2-

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07/1999 10:57

0865-226910

A&O RHA ESTATES DEPT

PAGE 05

0865 226910

arks Solicitors

-3-

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Yours sincerely

T G HOWELL

CAPITEC

Part of NHS Estates

Brightwell House,
Fair Mile Hospital,
Reading Road,
Cholsey,
Wallingford,
Oxon OX10 9HHTelephone
Facsimile**MEMORANDUM****TO:** Jo Sheehan
c.c. John Herbert**FROM:** Nick Crowley**DATE:** 20**STOKE MANDEVILLE: SPINAL INJURIES UNIT**

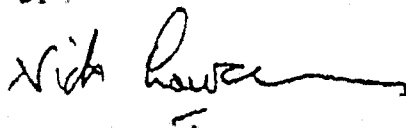
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The position appears to:



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6. We have no evidence of any lease in favour of the Charity nor any evidence to contradict the original intention which I refer to above.
7. The Charity do of course still have control of the residue of the Trust Fund.
8. In 1993 I was keen that we should obtain Counsels opinion on the subject so that it would be resolved prior to the Trust being formed. This proposal was not pursued, as Ken Cunningham wanted to maintain a low profile with Jimmy Savile, with the long-term possibility of perhaps also getting control of the Trust Fund residue.

I am enclosing a copy of Tom Howell's letter dated 5 April 1993 which sets out more detail.

Please let me know if you need anything more. I have asked him to search his archives for the missing papers.



Nick Crowley

Brightwell House,
Fair Mile Hospital,
Reading Road
Choisey
Wallingford,
Oxon OX10 9HH
Telephone 
Facsimile 

FREE ESTATES
SOUTH EAST REGIONAL OFFICE
22 JUL 1999
Ref: 280/ST/11

with compliments

Head office: 1 Trevelyan Square, Boar Lane, Leeds LS1 6AE



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c.c. John Herbert

FROM: Nick Crowley

DATE: 20.7.99

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27 APR 1993

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Maxine.
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John Holmes has this paper for reference
TVC
15.4.93

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arks Solicitors

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M I E C E S W U X



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE
LONDON S.E.1

TELEPHONE: 01-407 4133 Ext 7507

Recd. 27.7.81
Copied to RTO
HLEN.

Mrs H R Mallalieu JP
Chairman
Buckinghamshire AHA
Peveler Court
Portway Road
Stone
Aylesbury
Bucks HP17 8RP

22 July 1981

31 7 81

Dear Rita

I am conscious that it is a long time since I convened a meeting of the Liaison Group about the Stoke Mandeville Spinal Unit Project. I suspect that rumours will have reached you, but that is of course not good enough. And I am writing therefore to try to pick up for you the salient points of what has happened.

2. First of all, on the Trust itself; four Trustees have been appointed (Jimmy Savile, Victor Matthews, Geoffrey Rainbird and myself) and we expect the Trust finally to be registered within the next couple of weeks. We have yet to decide whether to concentrate within the Trust Account all the money which has been raised (at the Hospital itself, by the Daily Express and in other places) or whether to leave things as they are at the moment. I hope that you would be content, if that seems sensible, for your Area Treasurer to continue his most admirable work on our behalf.

3. As you will have seen, the initial enabling work has been done and we expect work to start on site on 1 August, under the general aegis of Trollope & Colls. I may say that we rather jumped the gun by issuing a Letter of Intent to Trollope & Colls before we had the formal agreement of the RHA to building on that site. Hopefully they will be willing to overlook that!

4. The design, as I hope you have been told, has been modified in detail since the original plans but is generally accepted by those who will have to run the Hospital. I am glad to say that the overall cost of the Unit will be within Departmental cost limits. We are well on our way towards our target and as Trustees we feel confident that we will provide for you a good Unit, sensible and easy to run, and within a good timetable. And we do of course intend that, when the physical building is completed, it should be handed over to the NHS to be commissioned and run.

16:53

FAX NO. :

IMAGE 378

P. 003

5. I am sending a copy of this letter to Gordon Roberts and I would of course have no objection to your letting your Authority see copies of it on a confidential basis.

*Lawrence
James*

A J COLLIER

COPY FILE

Clarks Solicitors

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08 JUL 1993

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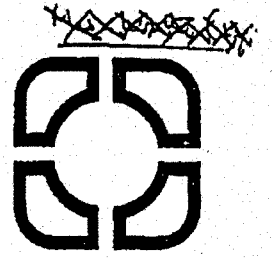
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Yours sincerely


T G HOWELL



Oxford Regional Health Authority

Old Road, Headington, Oxford OX3 7LF. Telephone 0865 64861 Please ask for

extension

your reference

our reference **8/3/418 NE SG/NMC**

TO:- District Administrator, Mr R Titley
District Works Officer, Mr C Meyer
Regional Planning Officer *~ P. H. J.*

18 April 1983

Dear Sir

SCHEME: STOKE MANDEVILLE HOSPITAL
NATIONAL SPINAL INJURIES UNIT

The Certificate of Practical Completion for the above scheme in respect of the complete works:

comprising 5 Spinal Patient Wards, a Spinal O.P. Department, Gymnasium, Kitchen, Pre-home Flat and Departmental Administration offices and Covered Corridor Link to South Corridor wards and the New Wing Building

was issued by Fitzroy Robinson & Partners on 18 April 1983.

As from the completion date referred to above the whole of the above mentioned works is handed over to your Authority, subject to the satisfactory completion of the items as listed on the schedule during or at the end of the defects liability period. A copy of the schedule will be forwarded to you in due course.

The responsibility for these works and their maintenance is now transferred to your Authority.

Yours faithfully

Fitzroy Robinson

for Regional Administrator

c.c. Mr C Meyer. District Works Officer

Mr D Hallam
Mr P Gomez

S J Gillian

368

W/3/413 NE. SJG/MNC

The Fitzroy Robinson Partnership
77 Portland Place
LONDON W1N 4EP

29 March 1983

For the attention of Mr N Warner

Dear Sir


STOKERMANDEVILLE HOSPITAL - SPINAL INJURIES UNIT
PRE-HANDOVER MEETING

I write to confirm that I have arranged with the District Works Officer, Mr C Meyer that you and the Consulting Engineer for the S.I.U. will be holding a meeting on Site at 10 00am on 14 April 1983 to enable the District Works Officers and the Regional Works Officers to informally inspect the building works prior to you issuing the Certificate of Practical Completion for these works.

The District Works Officer will require from the Trustees the anticipated date that the responsibility for the building will be handed over to the District, together with any information you have concerning the programming of making good defects or the completion of any outstanding items of works specifically excluded from the Certificate of Practical Completion.

I look forward to receiving written confirmation of your anticipated programme for the practical completion of this project.

Yours faithfully


for Regional Architect

Jim set to fix hospital bosses over cutbacks

BY RICHARD PALMER

33

SIR Jimmy Saville threatened to sue Stoke Mandeville Hospital for £300,000 yesterday over cuts in services to paralysed patients at the national spinal injuries unit.

The furious TV star consulted lawyers after discovering that hospital managers have closed the restaurant in the 120-bed state-of-the-art unit, built with £12million of donations, including £4.5million raised by Express readers.

Builders yesterday began ripping out a serving area in the £300,000 kitchen and put in vending machines to replace the three staff who provided counter service for patients and visitors. Hospital managers said the cuts were designed to save £100,000 a year.

But Sir Jimmy said: "You can't feed patients who are in wheel-

chairs in that unit for an average of seven months on slot machine food. It just won't work. Hospitals are so paranoid about saving money that they've lost the plot on how to spend wisely."

"They tried something like this at Stoke Mandeville 11 years ago and it didn't work. They had to return to the old system and they'll have to do the same again. But the management weren't around then and they won't listen."

Sir Jimmy, whose trust owns the deeds to the unit and pays £200,000 a year in maintenance costs, complained that he had not been told of the decision.

"I'm talking to my lawyers about suing for compensation for damage to equipment and the cost of replacing it. We know from experience that they will have to find money to reopen the kitchen."


Ken Cunningham, the hospital's chief executive, said Stoke Man-

deville had reluctantly been forced to close the restaurant. He said: "Jimmy's not happy, but he does know that this was proposed. I don't want to upset him because he has been a great friend to us, but we don't see this as necessarily taking away a service."

He insisted that patients at the world-renowned unit would still be served hot food in a dining area or on their wards.

Visitors would now have to buy food from vending machines or from the restaurant in the main part of the hospital. But critics said many visitors were ex-patients still in wheelchairs and receiving day treatment.

The presenter, who launched the campaign for the unit in 1980, has since raised £17million. In 1981 the Express owners helped when one of their companies, Trollope and Colls, built the centre without taking a profit.

For Ted Griggs / John Harber Time _____
 From Garry Little Associates Date 2/7
 of _____
 Tel 01483 301661 Fax _____
 Message re: Univ of Surrey student-teacher
Practical Completion Inspection is 
on Tues 6/7 @ 2pm @ Bill Avenue
Please Contact Stuart Hornand
on 01483 301661

John
 In your letter dated
 2/7/99 you mention the
 inspection of the
 7/19
 building which is
 what I am interested in
 as I am not at all
 sure of the details
 of the inspection
 I would be grateful
 if you could advise
 me on this.

Reselected Will ring back returned your call called to see you please call Urgent