

From: P Simpson
Director of Operations

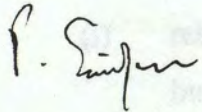
Date: 6 November 1992

cc PS/Secretary of State (B&L)
Secretary
Mr Hunter
Mr Lynch ✓
Mr Downey ✓
Mr Hunter

PS/Lord Arran

MUSGRAVE PARK HOSPITAL - MILITARY WING

1. The Minister asked me yesterday for a draft submission to the Secretary of State, following the unsuccessful outcome of his meeting with Lord Cranborne. I attach a draft which the Minister has said he would like to study over the weekend.
2. Please arrange for it to be faxed to him urgently.



P SIMPSON

3. HQ(M) made it clear from the outset that they preferred option (i), but MOD are insisting on option (ii) on the grounds that it is cheaper and can be completed more quickly. In fact the costs to MOD of both options is broadly similar at about £4.5m. To option (ii) however, must be added the cost of relocating the civilian facilities, which has been estimated at 1.6m. Regarding fire escapes, the Army

DRAFT

cc PS/Secretary of State (B&L)
PS/Mr Mates (B&L)
PS/PUS (B&L)
PS/Mr Fell
Mr F A Elliott
Mr Hunter

Secretary of State (B&L)

MUSGRAVE PARK HOSPITAL - MILITARY WING

1. You will recall that, as a result of a terrorist attack on 2 November 1991 on the military wing at Musgrave Park Hospital, two soldiers were killed and 5, including a five year old child were injured. Extensive damage was caused both to the military wing and to nearby civilian wards.

2. An option appraisal concluded that there were two options for restoring full military hospital facilities:
 - (i) rebuilding the damaged section of the military wing with some additional building

 - (ii) taking over the rest of the building in which the military wing is housed (the Nuffield Block) and relocating civilian facilities which are presently located there.

I attach plans of both which show the proximity of the military wing to civilian wards.

3. HQ(NI) made it clear from the outset that they preferred option (ii), but MOD are insisting on option (i) on the grounds that it is cheaper and can be completed more quickly. In fact the costs to MOD of both options is broadly similar at about £4½m. To option (ii) however, must be added the cost of relocating the civilian facilities, which has been estimated at £4m. Regarding timescales, the Army

claims that option (i) could be completed by June 1994. Option (ii) would not be completed until October 1994 at the earliest. The Army believes that October 1995 is more realistic and their technical people and ours are currently examining how the timescale for option (ii) might be reduced.

4. There is no question in my mind that option (ii) is the preferred solution and I note that in response to an earlier brief on this subject from Security Policy and Operations Division, you indicated (on 28 July) that you also felt that it made sense for the Army to take over the whole of the Nuffield Block. The obstacle to achieving this is, I am afraid, the lack of resources. The entire cost of relocating the civilian facilities, at £4m, cannot be met from within my Department's capital programme, which is currently under severe pressure, largely as a result of last year's moratorium on capital, which resulted in a loss of £10m, and a PES baseline cut of £2.5m. ✓ yes.

5. Despite these pressures, I have been prepared to make a significant contribution to the cost of relocating the civilian facilities. I met Lord Cranborne, Parliamentary Under Secretary of State for Defence, on 5 November and proposed that I would meet £2.5m of the cost if MOD were to find the remaining £1.5m. I regard this as a very modest price for giving the Army access to the entire Nuffield Block and in effect doubling the space available for the military hospital. However I have to say that, regrettably, my offer was rejected.

6. I have looked very carefully at whether option (i), which involves rebuilding the damaged section of the military wing, could be acceptable. I had been aware of increasing concern on the part of medical and other staff at Musgrave at the possibility that the damaged section might be rebuilt and I therefore invited the Army to put its proposals to senior medical staff representatives at a meeting which I chaired on 4 November. The medical staff representatives made it absolutely clear that rebuilding the damaged section was totally unacceptable in terms of the risk to patients and staff. In their view rebuilding would force them to vacate the 3 civilian wards nearest the military wing. Since no other ward space is available this would reduce the hospital's bed capacity by 90, at a time

when there is a major effort underway to reduce waiting lists for orthopaedic surgery. Musgrave Park is the regional centre for orthopaedics and is the largest orthopaedic centre in the United Kingdom. It has an international reputation for the quality of its work, to which I can testify personally, and it has provided an invaluable expert service over the years to members of the security forces in the military wing requiring orthopaedic surgery.

7. I am very concerned that the Army has not fully recognised the extent of the damage which will be caused to its previously good relations with staff at the hospital if it continues to argue for option (i). Many staff have complained about the additional security measures which have been taken following the bomb incident and some are becoming increasingly nervous about continuing to work in the civilian section of the Nuffield Block. Some have indicated that it would be better if the Army were to locate the military hospital elsewhere.

CONCLUSIONS

8. I have looked most carefully at option (i) and I have concluded that it would be extremely difficult to persuade medical staff to accept it. If it were known more generally that this option was being pursued I have no doubt that local MPs and community representatives would also object in the strongest possible terms. The outcry in Newry some months ago in relation to the relocation of an Army checkpoint near a primary school provides some measure of the likely public reaction to the possibility of putting patients, including children, at risk.
9. Option (ii) is clearly the most sensible solution and I feel that I have gone as far as I can in meeting the additional £4m cost involved. A contribution of £1.5m from MOD seems to me to represent a very good deal for the Army, which would get in return greatly expanded facilities, a measure of separation from the civilian hospital which will make security easier from its point of view, and continued access to the expertise of Musgrave Park, particularly in the field of orthopaedic surgery.

10. I have been unable to resolve the problem with Lord Cranborne and I believe you should take the matter up with the Secretary of State for Defence as a matter of urgency.
11. I would like to discuss the matter with you as soon as possible and to consider the form and content of the approach we should adopt. If you wish to write to Mr Rifkind in the first instance I will be happy to provide a draft.

THE EARL OF ARRAN

... at the base will be connected by a ... the clinicians have found the present ... one year ago the quality of the area has deteriorated so that ... are frequent, staff have been terrified at night, armoured vehicles ... and it is clear that the Army base has a much increased ... the accommodation of Army hospital staff ... the use of the base of ... will have to be built on the west side of Widens ... do not see the proximity of the Army hospital and the ... are very worried about the proximity of the base to the north end of ...

4. The clinicians are very supportive of the concept of the Army hospital on the site and they are eager to ... They appreciate, probably more than any other specialty, the problems of ... in the security population. They also appreciate the difficulty of ... to a highly specialised civilian orthopaedic facility and would wish to ... with their Army colleagues in the care of their patients.

... of Orthopaedic Division, Morningside Park Hospital

number 3 of 3 copies.

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Withers and the aftermath of the bomb.

1. Rebuild of the spur which has been bombed is unacceptable to the provision of patient care in the Withers block. The Army Hospital is an IRA target and it is too close to be safe for the patients and staff.

2. If the plan is to focus the Army hospital in the Nuffield building, any civilian plant in the Nuffield block would have to move because of the fact that it would be an IRA target. In addition, security requirements of the Army precludes safe evacuation of the civilians in an emergency. This requires the relocation of an Xray department and a Central Sterile Supply Department. Clinicians would not accept that patients should have to be taken to the Nuffield block for Xray, and that they would be transported either outside over a roadway or in an underground passage.

3. It is assumed that the Nuffield block and the accommodation at the base will be connected by a protected roadway. Withers block faces that roadway and the clinicians have found the present arrangements unacceptable. Since the bomb one year ago the quality of the area has degenerated to that of a high security area. Security patrols are frequent, staff have been terrified at night, armoured vehicles have frequent near misses with civilian cars, and it is clear that the Army base has a much increased activity which is no longer simply to protect the accommodation of Army hospital staff. The Army must have a separate access to civilian hospital staff. The communication between the accommodation and Nuffield will preclude the use of the front of Withers to civilians, thus new frontage will have to be built on the west side of Withers. In a competitive health market the clinicians do not see the proximity of the Army hospital and the surveillance base as an advantage. In the medium term the clinicians are very worried about the proximity of the base to the North end of Withers[20 yards].

4. The clinicians are very supportive of the concept of the Army hospital on the site and they are eager to help their Army colleagues. They appreciate, probably more than any other speciality, the problems of treating trauma and locomotor disease in the security population. They also appreciate the difficulty of the Army specialists working so close to a highly specialised civilian orthopaedic facility and would wish to continue to be closely associated with their Army colleagues in the care of their patients.

R.A.B. Mollan

Prof. R.A.B. Mollan, on behalf of Orthopaedic Division, Musgrave Park Hospital.