

MN/SF

22nd December 2011

Andrew Mitchell MP
House of Commons
London
SW1A 0AA

Dear Andrew

Thank you for your letter dated 20th December which I received on the 22nd. I think the first thing is to reassure your constituent that there is currently a great deal of ongoing investment in Good Hope Hospital. The new Ward Block One that has recently been formally opened cost in excess of £20m, and I think all would agree is a great asset to the hospital, bringing as it does a brand new intensive care unit, a stroke unit, an acute care of the elderly ward, a cardiology unit, and a purpose designed facility for care of the elderly patients on a day basis. The A&E Department which your constituent refers to is certainly not two or three years away, indeed work commenced on the unit several weeks ago. It is due to be finished in nine or ten months. Finally, there is a third major project due to commence shortly which is a new day surgery unit, comprising of a specialist facility associated with two purpose designed day surgery operating theatres.

In addition to these three very major schemes, there is an ongoing programme of ward refurbishment, as I think your constituent could see if he or she were to visit the newly refurbished orthopaedic wards on the ground floor in Richard Salt Unit. We will continue with a rolling programme of ward refurbishment, the limiting factor being not money but ability to empty the ward in order for the work to take place. Finally, we have also invested on the non-building side in equipment fairly extensively, and in to a dedicated senior management team for Good Hope Hospital. Sue Moore took up her post in September, and her commencement means that Good Hope not only has a managing director to lead a hospital team comprising of a nurse, a doctor and a manager, but also that Good Hope has a seat on the Board of Heart of England NHS Foundation Trust. This change in staffing not only gives greater operational control over the hospital, but ensures that the hospital is much more strongly represented within HEFT.

The final point is around Private Finance Initiative agreements. There are no PFI buildings on the Good Hope site, all of the buildings are built out of the funds within the Trust, and indeed are funded out of the annual surpluses that we are required to achieve as an NHS Foundation Trust. This means that we avoid the very heavy and lengthy repayment periods that your constituent refers to.

I do hope this brief response reassures your constituent. I would venture to suggest that the investment in Good Hope currently probably outstrips any that he or she would be able to find in any similar size hospital within the NHS currently. I am very pleased indeed as CEO to continue to support the development of the hospital, because there is certainly truth in the comments your constituent makes regarding ongoing maintenance. I do feel that the ongoing spend on the estate at Good Hope has been less than it would ideally be, hence my strong support for the measures described above to ameliorate this.

With very best wishes to both yourself and to your constituent for a happy and fulfilling festive season.

With kind regards

Yours sincerely

DR MARK NEWBOLD
Chief Executive