

Minutes

Meeting RIBA Health Client Forum
Date March 8th 2005
Venue Harrogate Majestic Hotel
Present
Richard Burton (RB) Ahrends Burton and Koralek
David Ellison (DE) Amec
Martin Evans (ME) St Marys NHS Trust
Chris Farrah (CF) NHS Estates
Richard Griffin (RG) Shepherd Robson Architects
Bill Murray –Chair (BM) NHS Estates
Mike Nightingale (MN) Nightingale Associates
Ann Noble (AN) Ann Noble Architects/ Architects for Health
David E Noel (DEN) RIBA
Chris Potter (CP) P& HS Architects

In attendance

Jane Crossley (JC) NHS Estates
Professor Roger Ulrich (RU) NHS Estates

Apologies/ absentees

Andrew Barnett (AB) Michael Hopkins & Partners
Arnie Dunn (AD) Campbell & Arnott
Neil Cadenhead (NC) Llewelyn Davies Architects
Tony Cowles (TC) Royal College of Radiologists
Ann Dix (AD) Health Service Journal
Rosemary Granville (RG) MARU
Bob Horner (BH) Metier Healthcare
Paul Hyett – Convenor (PH) RyderHKS
Malcolm McKillop (MK) Mid Essex NHS Trust
Ralph Murray (RM) Amec
Philip Masterton-Smith (PMS) Royal College of Physicians
David Parr (DP) East Kent Community NHS Trust
David Pokora (DP) Independent Consultant
Alan Prigmore (AP) NHS Estates
Clare Rainier (CR) The Patients Association
Dr John Rees (JR) West Norfolk PCT
Hugh Townsend (HT) BMA

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1.0

Matters Arising

BM welcomed the group. Acknowledging the short notice of the meeting date and venue, he remained concerned with the turnout. He encouraged members to suggest methods of increasing the attendance of future meetings.

2.0

February 14th Conference

The members agreed that the February conference was successful in attracting the right audience. A number of delegates were design champions of NHS Trust. Of the seventy delegates over 50% were non-architects and over 45% worked for non-architectural organisations. Approximately 15% of the delegates were working on new PFI projects. The presentations by Cherry Knowle Mental Health Trust and Swindon hospital are available to view online.

3.0

Themes for Future Workshops

Reiterating the aims and objectives of the forum, BM suggested future workshops should explore areas such as mental health, diagnostic treatment centres and Primary Care Trusts. Masterclasses conducted by members of the forum and invited speakers should follow.

It was agreed that the forum's profile should be raised through further participation in conference programmes organised by other organisations such as the Princes Foundation. Moreover the forum should be involved in the health components of other RIBA events. The group recognised that numerous health seminars exploring the same issues take place throughout year. Members questioned whether all are worth attending.

The group agreed that workshops must have a clear purpose and address the gap between desire and what is being achieved in improving health building design.

Client Forum masterclasses should be very focused and informative. A directory of consultant practices and experts in related fields should be made available.

To assist the forum in achieving modest and attainable goals members advocated changing the format of future events. Conferences and workshops should include break out sessions exploring design issues in smaller and more intimate groups. Clinicians must also be involved in

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future programming.

If the idea is to promote best practice the forum should organise workshops for inexperienced trust executives. Members agreed that many executives are building for the first time and there remains an assumption that every trust knows what they need to do. This was identified as an issue for new Foundation hospitals. LIFT and PCT's with less expertise are required to simply execute the task at hand. This is not exclusive to NHS Trusts. Pharmaceutical companies also find themselves in this predicament.

Roles identified for the forum include assisting where possible to the briefing process and to champion option appraisals since clients are not advised to do this. In developing its role forum should explore the concept of 'valuation by design' the role of strategic health authorities, and a holistic approach to treatment (working with education community stakeholders)

Through the development of the capital planning process, skills exist but are not being used. A centralised resource exploring issues such as capital control planning, feasibility studies and sustainability needs to be established to assist trusts in their delivery health buildings. The forum believe that designers need to have a high level of skills with regards to clinical, community, landscape, architecture and general masterplanning issues.

4.0 **Public Sector Comparitor- PCT**

Members questioned the role and effectiveness of the Public Sector Comparitor - is it becoming a business brief to make each outline business case stand up?

Members propose further research on the delivery of LIFT programmes. Workshops should highlight the need for project management and planning in connection to the community.

It was argued that trusts do not have enough funding to get enough advice on planning. For example, patient-isolation is growing issue. Trusts will need assistance in designing fit for purpose rooms in sustainable quality designed buildings.

5.0 **Workshops for New PFI Trusts**

NHS Estates, through the design review process, with support from ministers has developed twelve key principals over the last two years. The next series of forum workshops should explore these principals.

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Sir Liam Donaldson, Chief Medical Officer and Christine Beasley Chief Nursing Officer should be invited as the keynote speakers.

RU suggested the forum have sessions with clinicians and key groups. One problem facing trusts was the life cycle of executives. The tenure of most Chief Executive Officers is short. Therefore projects are often obsolete and abandoned.

The following issues were identified as subjects needing to be discussed:

- Trust executives are inexperienced in assessing value for money, affordability, and fit for purpose buildings
- NHS Trust CEOs are taking on too much work. Will this be the role of another executive member and who will pay for this?
- Will the NHS build quality-designed hospitals if PFI/PPP partner will not match building costs?
- The Public Sector Comparitor is not owned by anyone
Each brief should be developed and owned by a trust.
- Further revision of the PFI process to meet future needs.
- Assessment of European methods- Design Competition (brief and cost) in Northern Ireland led by John Cole, French Italian process

6.0 **Date of Next Meeting**

To be confirmed