Integrated Mental Health Rehabilitation and Low Secure Centre

NHS Lothian

Initial Agreement

Project Owner: Nickola Jones

Project Sponsor: Alex McMahon

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Version History

Version	Date	Author(s)	Comments
1.0	13/05/2021	Nickola Jones	Initial draft, pulling together progress to date
1.1	18/09/2021	Mike Holligan/Andy Wills	Review and update case
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1.14	19/07/2021	Nickola Jones	Review and update case
1.15	20/07/2021	Nickola Jones and Laura Smith	Review and update case, update of financial sections of case
1.16	22/07/2021	Nickola Jones	Review and update case
1/17	05/09/2021	Nickola Jones	Review and update case following Edinburgh IJB feedback

Contents

1. Executive Summary

1.1 Purpose

This Initial Agreement makes the case for providing Low Secure Mental Health Rehabilitation within NHS Lothian for those currently receiving care out of area and to improve facilities for adults receiving general mental health rehabilitation. It sets out the case for a 60 bedded integrated rehabilitation centre that encompasses psychiatric rehabilitation in both low secure and open environments. This would be made up of 24 beds for Low Secure care and 37 beds for Mental Health Rehabilitation.

This is an innovative approach that aims to support people to spend the least possible amount of time in secure care by making the transition to open settings, and onto the community, as easy as possible. Building a unit with layers of shared, rehabilitative spaces that people can transition to as they build their recovery journey will allow that. The relationships built with all members of a person's network including both statutory staff and wider supports will be maintained as people are accommodated in the least restrictive environment. The integration proposed will embed a recovery and rehabilitative focus throughout all areas of the unit, and allow this to be maintained throughout a person's stay.

A new facility would address all of the current issues described throughout this case and would provide the best possible space to enable optimum rehabilitation and recovery for patients. Additionally, this proposal suggests that the inpatient bed numbers should reduce and the funding transferred to support community alternatives for those currently in rehabilitation wards who have significant needs, but who are not benefitting from active rehabilitation. Thus supporting the ambition to shift resources from acute hospitals to community based resources.

1.2 Background and Strategic Context

This IA follows on from the implementation of Phase 1 of the Royal Edinburgh Hospital campus re-development. It seeks to build on knowledge gained from the first phase and to provide high quality facilities for those receiving Mental Health Rehabilitation and Low Secure care.

The case aligns with all current Scottish Government and local strategies and has been included in the four Lothian IJB Strategic Plans for 2019-2022.

Mental Health Rehabilitation and Low Secure care are delegated functions in Lothian, which means that the four Lothian IJBs are responsible for setting the direction for the future. Therefore, the Royal Edinburgh Project Board has worked closely with colleagues from across the four Lothian IJBs to create a joined up plan for Adult Rehabilitation and Low Secure care.

The IJBs have agreed on a reduced bed number for Mental Health Rehabilitation from a current funded capacity of 64 beds to 37 beds. The breakdown across the IJBs is as follows:

IJB Area	No. Of MH Rehabilitation Beds Commissioned
West Lothian	0
East Lothian	3.5
Midlothian	3.5
Edinburgh City	30
Total	**37**

The IJBs have also commissioned 23 beds for Low Secure care to facilitate the flexible model of care described above and to deliver people's care as close to home as possible. The breakdown per IJB area is as follows:

IJB Area	No. Of Low Secure MH Beds Commissioned
West Lothian	6
East Lothian	1
Midlothian	1
Edinburgh City	15
Total	**23**

1.3 Need for Change

The 'Independent Review into the Delivery of Forensic Mental Health Services – What we think should happen'[1], published in February 2021, expressed surprise that NHS Scotland as a whole spends millions of pounds a year in cross-charges for accommodating people out of area. These out of area placements place people further away from their support networks. The Review advised that Low Secure care should be provided locally and this case seeks to deliver on this recommendation. There are currently 17 Lothian patients receiving care out of area at a cost of around £200,000 per person. Receiving care out of area has a significant detrimental impact on people's ability to get better and to maintain links to and support from family and friends.

The Adult Mental Health Rehabilitation wards on the Royal Edinburgh Hospital (REH) campus are currently delivered from significantly outdated accommodation. There are a number of issues described in this case which makes the inpatient wards not fit for purpose for this patient group, namely; the lack of single bedrooms with en-suite facilities, the lack of access to outdoor space if patient's require and escort, lack of access to appropriate therapeutic space, lack of access to quiet spaces, poor environment which is not robust and is easy to damage, lack of space to store belongings and various other challenges.

1.4 Investment Objectives

The Investment Objectives for this case are:

- End out of area secure psychiatric care for people in Lothian
- Shift the balance of care by reducing inpatient beds and developing pathways to support people with complex needs in residential settings
- Establish a high quality, safe and robust inpatient services which meet care standards such as providing single rooms with en-suite bathrooms
- Establish high quality facilities which are robust and maintainable
- Have a facility which meets the current standards for energy efficiency and sustainability
- Provide an inpatient environment designed to meet patient and staff safety.
- Provide integral and secure gardens to each rehabilitation and low secure ward areas.
- Provide therapeutic areas that can be accessed with ease by all.
- A clinical environment which supports rehabilitation national evidence based clinical practice.
- Realistic and sustainable workforce model using the whole multidisciplinary team (MDT)

[1] Independent Review into the Delivery of Forensic Mental Health Services – What we think should happen https://www.gov.scot/groups/forensic-mental-health-services-independent-review/

1.5 The Preferred Option(s)

The preferred option is for a New Build facility on the Royal Edinburgh Hospital Site.

This preferred option has been reached following an options appraisal conducted by key representatives of the service and project teams. The Economic Assessment Table below shows that the option to build a new facility is the best ranked option and provides best cost per benefit point.

Option Appraisal	Option 1	Option 2	Option 3	Option 4
Weighted benefits points	245	610	745	1000
NPV of Costs (£k)	118,340	198,898	209,600	269,714
Cost per benefits point (£k)	483	326	281	270
Rank	**4**	**3**	**2**	**1**

1.6 Readiness to proceed

A benefits register and initial high level risk register for the project are included in Appendix 3: Benefits Register and Appendix 4: Risk Register. Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.

NHS Lothian is ready to proceed with this proposal and is committed to ensure the necessary resources are in place to manage it. Section 6.2 outlines the governance support and reporting structure for the proposal and section 6.3 details the project management arrangements.

1.7 Conclusion

This proposal is a significant priority for NHS Lothian and the four Lothian IJBs as it realises national advice to provide Low Secure locally and will improve the quality and dignity of care for patients receiving mental health rehabilitation.

At the centre of this case is a desire to provide the best quality of care to those who require mental health care in NHS Lothian. Having to receive care out of area is detrimental to our patient's wellbeing and recovery, as is receiving care in a poor quality environment. Additionally, staff should be delivering care from environments that they are proud to work in, not from environments that they have to work around. This case provides an opportunity to create an innovative facility which is able to provide the flexibility required to care for patients in the least restrictive way possible.

This IA makes a compelling case for investment which would further the Scottish Government's ambition to provide parity between physical and mental health care and to provide care as close to home as possible.

2. The Strategic Case

2.1 Existing Arrangements

Adult Mental Health Low Secure

A forensic service comprises of 3 different levels of security: high, medium and low. Whilst high secure is provided at the State Hospital in Carstairs, the Orchard Clinic at the REH provides medium secure forensic care. There is currently no step down / low secure acute forensic provision in NHS Lothian and no capacity to deliver this service within existing arrangements. As a result, Lothian patients either receive this service when required out of area or worst case are unable to access this service at the most clinically appropriate time and their length of stay in medium secure is longer than necessary. The current model of care for low secure services relies on outsourcing to a variety of units with varying care models. The average cost of an out of area low secure placement is approximately £200,000 per person per year.

Patients requiring Low Secure rehabilitation are all detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or Criminal Procedures Act (Scotland) 1995. This patient group has diverse needs and many will share similar experiences and symptoms of the Mental Health Rehabilitation group described below. Most will have a history of offending behaviour and present significant risks to self and others. This group are likely to have had previous treatment and care in a medium secure psychiatric environment or placed in private secure care as their local NHS board has not had the resources to care and treat these patients with the safety and security that they had required. There is a greater need for environmental, relational and procedural security compared to the mental health rehabilitation and the goal of the inpatient unit to allow patients to continue their recovery journey safely.

The Unplanned Activity (UNPACS) budget has been used to fund 20 low secure places for NHS Lothian patients in recent years. These have been mainly at private facilities in Ayr and Glasgow, however several patients who have specialist needs due to brain injury or sensory impairment have been placed in private and NHS facilities in England.

Demand predictions for low secure beds are based on the following:

- As of March 2020, there are 17 patients with outsourced care
- An estimated 6 patients from Medium secure may be appropriate to accommodate in low secure facilities
- System changes mean there is now the ability for patients to appeal against the need for medium secure facilities, which may increase demand for low secure care.

Adult Mental Health Rehabilitation

The Mental Health Rehabilitation Service is delivered by NHS Lothian from the Royal Edinburgh Hospital site and specialises in working with people whose long-term and complex needs cannot be met by general mental health services. Services are delivered to anyone in Lothian requiring mental health rehabilitation; however, the majority of patients are from Edinburgh City as there is only small demand from East Lothian and Midlothian and there are local mental health rehabilitation provisions in West Lothian.

Who might need a mental health rehabilitation service?

People who require inpatient mental health rehabilitation may have a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder. Typical difficulties include:

- problems with organising and planning daily life – finding it hard to plan and actually carry out plans
- symptoms of mental illness, such as hearing voices that are distressing or make it difficult to communicate with other people
- being exploited or abused by others
- behaving in ways that other people find difficult or threatening - this can lead to contact with the police or courts
- harmful use of alcohol and non-prescribed ("street") drugs.

People may have these difficulties because:

- standard medications do not work well for them
- the illness affects peoples concentration, motivation and ability to organise themselves
- they also suffer from depression and anxiety
- they may struggle to manage everyday activities – like self-care, budgeting, shopping, cooking, managing your money.[2]

People who are admitted into these units are over the age of 18 and there is no age cap on who may benefit from the model of care offered. Older people, with higher levels of frailty may not be accepted though, due to the limitations of the built environment. Due to the impact of the illnesses on their understanding of their difficulties almost all the patients are detained under the Mental Health (Care and Treatment)(Scotland) Act 2003 and many will be subject to provisions under the Adults with Incapacity (Scotland) Act 2000.

The patient group admitted to this service will be highly symptomatic, have several or severe co-morbid conditions and most will have significant risk histories. Usually people in this group have had difficulty in engaging and maintaining contact with medical and support services in non-hospital-based care and have exhibited limited therapeutic treatment responses to pharmacological and/ or other treatments. A history of coping with trauma will impact on the care and treatment of a substantial proportion of the patients.

When are people referred to rehabilitation services?

- Usually after a few years of mental health problems - and a number of hospital admissions. However, it can sometimes be helpful if you are trying to get over a first episode of illness.
- If you can't be discharged from an acute ward, but are unlikely to get any better there.
- If you are moving to a placement with less support and supervision. This can happen if you are leaving a forensic or secure service, or if you are moving from residential care to a more independent home in the community.
- If you might benefit from the structured environment and intensive therapeutic programmes that are available on a rehabilitation unit.[3]

Most people admitted to the rehabilitation wards will have a history of spending substantial periods of time socially and economically disadvantaged e.g. homeless and without work. For most it is predicted that they will require a protracted length of inpatient stay to build a secure base from which they can continue their recovery journey out of hospital. In-patient rehabilitation services are eight times more likely to support these people with complex needs, including psychotic illnesses, to live independently in the community long-term when compared to standard mental health services.

[2] Royal College of Psychiatrists – 'Mental Health Rehabilitation Services' https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/mental-health-rehabilitation-services
[3] Royal College of Psychiatrists – 'Mental Health Rehabilitation Services' https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/mental-health-rehabilitation-services

What are the aims of mental health rehabilitation?

The rehabilitation wards adopt a holistic bio-psycho-social formulation centred on what is appropriate for the individual, built on evidence-based approaches. The strength is the multidisciplinary team approach, with the individual in the centre. Shared environments and therapy spaces are key to delivering suitable interventions to enable rehabilitation. Patients may be aiming to:

- learn or re-learn life skills.
- get their confidence back.
- cope better without so much help.
- achieve the things they want to, like living in their own flat, getting a job or building family relationships.
- feel independent and comfortable with their life.

The ethos and the basis of the care model is relationships. Clinical staff build relationships with patients over time, through interaction, discussion and interventions/ activities. Trusting relationships that maintain hope are key for promoting recovery in the units. Patients also build relationships with one another, and often enjoy activities which bring them together, building a sense of community e.g. North Wing have regularly organised coffee mornings.

Many patients have had a long history of contact with Mental Health services with over 90% having had multiple episodes of inpatient care in the general Mental Health wards alongside extensive MDT efforts to support them in the community. Patients often need the structure of how the unit functions to help stabilise them; the rehabilitation wards offer a routine and rhythm that allows them to build the confidence that may have been lost over a number of years in care. Many also have high levels of need for personal care due to either physical or mental health. This support can be complicated by issues with patient engagement and capacity, requiring a sophisticated range of MDT skills to overcome these challenges.

What treatments and support are provided?

The service provides specialist assessment, treatment, interventions and support to help people to recover from complex mental health problems and to gain the skills and confidence to live successfully in the community. The inpatient unit works in partnership with other agencies that support patients' recovery and social inclusion including third sector and social care agencies in the provision of accommodation, education, employment, advocacy and peer support services. Central to the service's function is a recovery orientation that places collaboration with patients and carers at the centre of all activities.

Treatments may include:

- Medication.
- Talking therapies (e.g. cognitive behaviour therapy and specific work with families and carers).
- Guidance on healthy living (e.g. diet, exercise and stopping smoking).
- Help to reduce or stop alcohol and street drug use.
- Support to manage everyday activities such as personal hygiene, laundry and more complex living skills such as budgeting, shopping and cooking.
- As people get better, they will spend more time in the community. They may do some sport, go to the cinema, do a course, learn some skills for work, or start to get a job.
- Help with accommodation and social security benefits.
- Sometimes legal advice.

Rehabilitation services aim to support patients to regain skills for community living, with the same opportunities as anyone else. The Royal College of Psychiatrists state that ‘Rehabilitation units should

provide a safe and homely space where you can feel comfortable, safe and are able to have safe relationships with other people'[4] – this is the ambition of the current units and for any future plans.

Current Ward Establishment

The breakdown of existing funded capacity of 63 beds is as follows:

Crammond	Mixed	14 beds	Single rooms, shared dormitories, shared toilets
Myreside	Female	15 beds	Single rooms, shared dormitories, shared toilets
North Wing	Male	15 beds	Single rooms, shared dormitories, shared toilets
Craiglea	Male	15 beds	Single rooms, shared dormitories, shared toilets
Margaret Duguid Unit	Mixed	4 beds	Single room, en suite

Currently, due to the demands of the service, there are an additional 3 beds being used across the four wards. There are currently 67 inpatients, although the service's funded capacity is 64.

Patient Activity 2018 - 2021

	2018/19	2019/20	2020/21
No. Of admissions	28	48	1
No. Of Discharges	31	49	1
Average Length of Stay	512	195	266

2.2 Drivers for Change

The following section expands on the need for change as identified in the Strategic Assessment (included in Appendix 2) and describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.

Low Secure

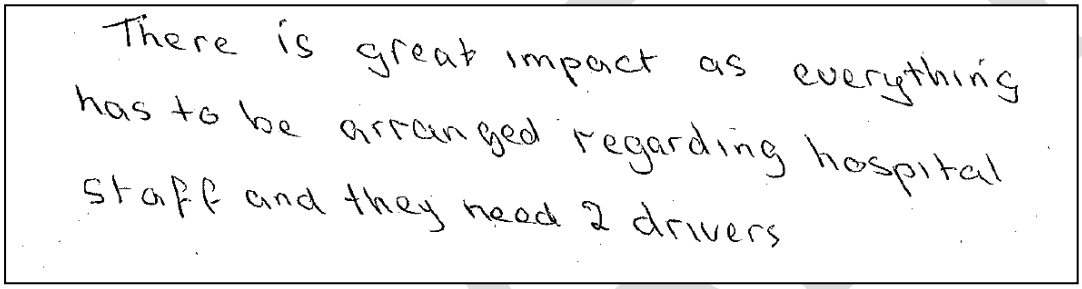
There is currently no low secure provision in the Lothian area. Patients are receiving care far from home which means that connecting with family members becomes even more challenging than it would be normally for this patient group. In addition to this, out of area low secure placements currently cost NHS Lothian approximately £3.2million per year.

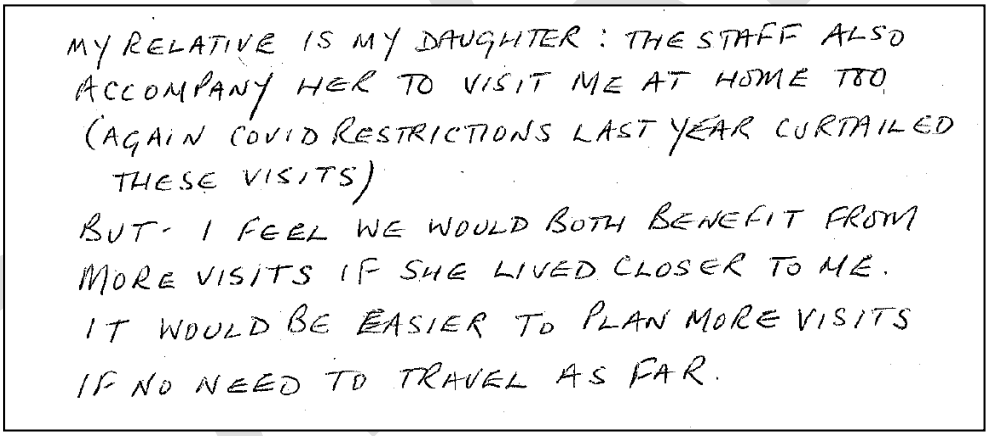
[4] Royal College of Psychiatrists – 'Mental Health Rehabilitation Services' https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/mental-health-rehabilitation-services

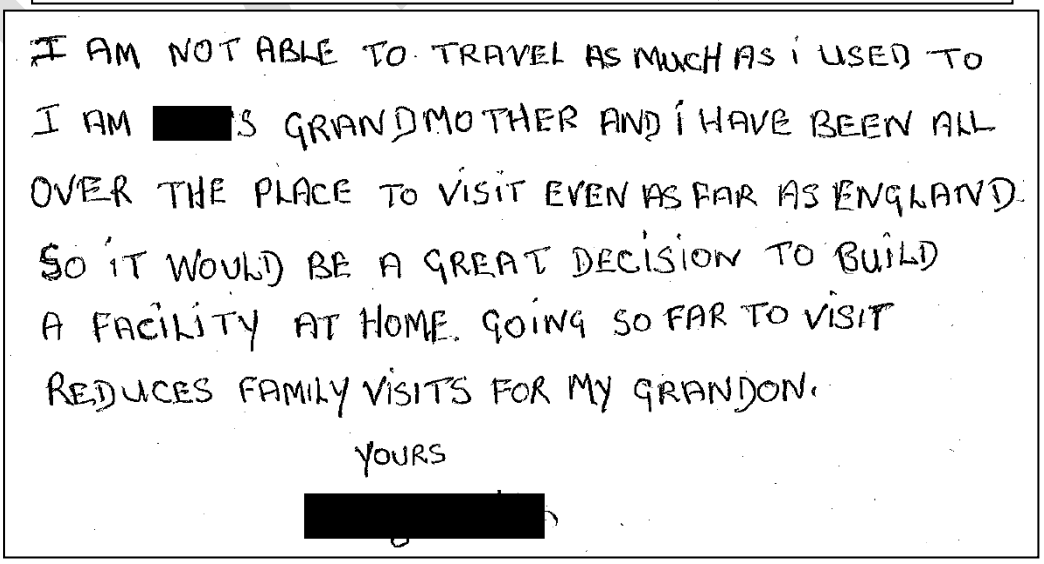
An exercise to gain feedback from patient's currently receiving low secure care out of area and their families was conducted in early 2021. Some of the quotes from this exercise are listed below, which clearly demonstrate some of the challenges currently experienced:

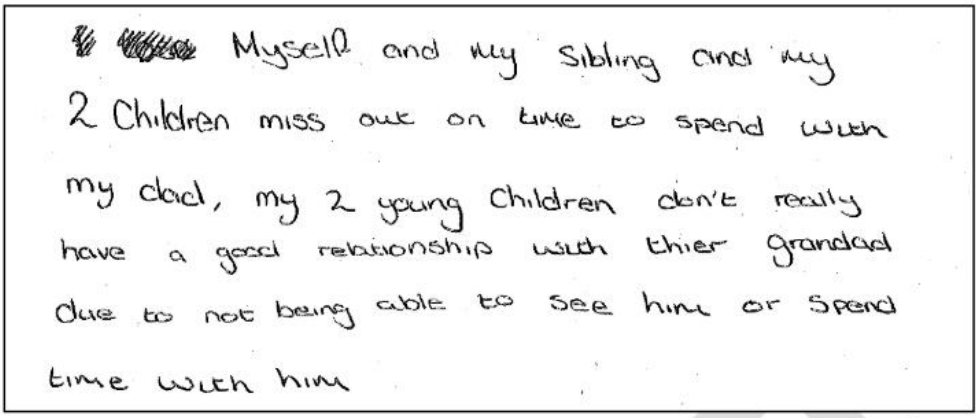
> *'I am from here, why do I need to be sent away? That is not going to make be better'* Low Secure Patient
>
> *'I have not seen my third grandson since he was born, if I was in Edinburgh I would have the chance to meet with him.'* Low Secure patient
>
> *'The day it was decided that my son had to move to a different hospital was the worst day of my life. I just couldn't see how I could help him get back to living a life again from the other side of the country'* Relative of low secure patient

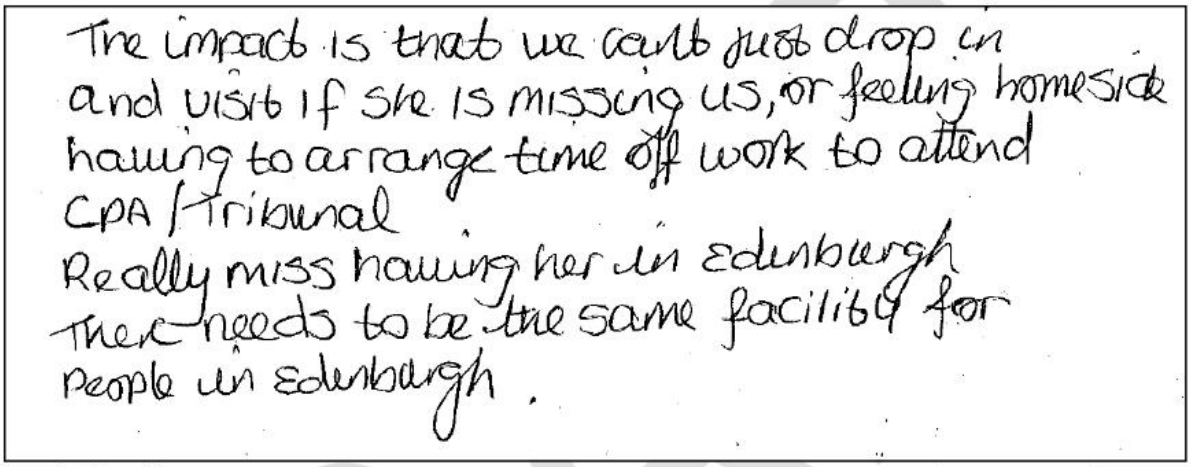
Some of the written responses are shown below:

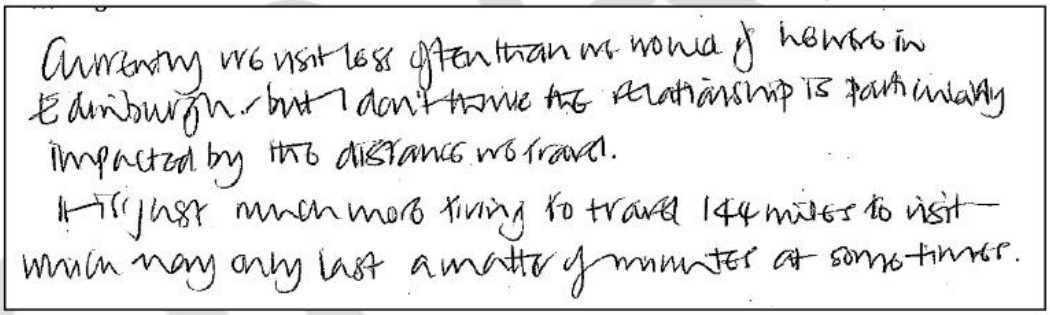

There is great impact as everything has to be arranged regarding hospital staff and they need 2 drivers


MY RELATIVE IS MY DAUGHTER : THE STAFF ALSO ACCOMPANY HER TO VISIT ME AT HOME TOO (AGAIN COVID RESTRICTIONS LAST YEAR CURTAILED THESE VISITS)
BUT I FEEL WE WOULD BOTH BENEFIT FROM MORE VISITS IF SHE LIVED CLOSER TO ME.
IT WOULD BE EASIER TO PLAN MORE VISITS IF NO NEED TO TRAVEL AS FAR.


I AM NOT ABLE TO TRAVEL AS MUCH AS I USED TO
I AM [redacted]S GRANDMOTHER AND I HAVE BEEN ALL OVER THE PLACE TO VISIT EVEN AS FAR AS ENGLAND.
SO IT WOULD BE A GREAT DECISION TO BUILD A FACILITY AT HOME. GOING SO FAR TO VISIT REDUCES FAMILY VISITS FOR MY GRANDON.
YOURS
[redacted]


Myself and my sibling and my 2 Children miss out on time to spend with my dad, my 2 young Children don't really have a good relationship with thier grandad due to not being able to see him or Spend time with him


The impact is that we can't just drop in and visit if she is missing us, or feeling homesick having to arrange time off work to attend CPA / Tribunal
Really miss having her in Edinburgh There needs to be the same facility for People in Edinburgh.


Currently we visit less often than we would if he was in Edinburgh - but I don't think the relationship is particularly impacted by the distance we travel.
It is just much more tiring to travel 144 miles to visit - which may only last a matter of minutes at sometimes.

The psychological impact on families on taking patients out of their community and support structures can have huge impact of their mental health wellbeing. It can have a significant detrimental impact on people's capacity to recover as they do not have their normal support structures or any access to their local community. It can also cause clinicians to feel they have let down both the patient and their family by not being able to provide care and support them within their local community.

Concerns regarding the adequacy of provision of low secure mental health rehabilitation in Scotland have been raised by a number of sources. This was identified in the Mental Welfare Commission's Intensive Psychiatric Care in Scotland report and from contacts with individual patients and hospitals by the Mental Welfare Commission, and it was noted that NHS Lothian currently do not have local provision for low security services. The 'Independent Review into the Delivery of Forensic Mental Health Services – What we think should happen'[5], published in February 2021, expressed surprise that NHS Scotland as a whole spends millions of pounds a year in cross-charges for accommodating people out of area. These out of area placements place people further away from their support networks.

[5] Independent Review into the Delivery of Forensic Mental Health Services – What we think should happen https://www.gov.scot/groups/forensic-mental-health-services-independent-review/

The review also heard that clinical teams could be inflexible about the timing of these meetings, making it difficult for family members to attend, especially if the person was being cared for out of area. Recommendation 30 of the review states that individual Health Boards should put in place a system to reimburse travel expenses to those family members (or other carers) who have travelled to visit a person receiving forensic mental health services out of area. This additional cost will require to be met by NHS Lothian until further notice.

There are also significant capacity pressures on Medium Secure services, which could be improved with the development of a Low Secure Unit on the Royal Edinburgh Hospital site due to improved flow between services.

Mental Health Rehabilitation

The buildings in which rehabilitation services are currently situated are not fit for purpose. Despite two rehabilitation wards recently moving to new accommodation in the Andrew Duncan Clinic to clear buildings which require demolition in order to progress works on the site, the wards continue to fail to meet requirements such as having single, en-suite rooms. The remaining three wards are delivered from significantly out dated accommodation, the impact of which will be described in the following paragraphs and are shown in the pictures included in Appendix 1.

A 'Residential Environmental Impact Scale' (REIS) was recently conducted by a Specialist Occupational Therapist in two of the rehabilitation wards (Crammond and North Wing). These reviews indicated a number of issues for patients and staff posed by the current ward environment; they also made it clear that environmental changes were on hold due to the expectation that a new facility for these wards was going to be made available. The outcomes of the review have informed the following paragraphs, as well as information gathered from staff and patients on ward rounds conducted in July 2021.

Shared bathroom and shower facilities

The rehabilitation wards do not have en-suite facilities, with the exception of the 4 bedded Margaret Duiguid Unit. The other wards have between four and six toilets for 15 patients, and two to four showers.

This does not meet modern care standards and can have a particularly detrimental impact on this patient group. Some patients may have a lack of inhibition due to their condition and may therefore leave toilet doors open. This means that they are not granted the dignity and respect of a private place to go to the toilet. It may also be difficult emotionally for some patients to use shared bathroom facilities due to a history of abuse.

Nurses also reported that the bathroom facilities were old and that the toilets clogged very easily.

The provision of single rooms with en-suites would give the rehabilitation service greater flexibility in terms of gender separation, which will support flow through the hospital as demand for these services is high.

Shared Living Spaces

In all of the rehabilitation wards, with the exception of the newly refurbished Margaret Duguid Unit, there is at least two shared dormitory bedrooms. This means that two patients are sharing one sleeping space. This presents a number of significant issues for patients and staff. Firstly, patient's report that sharing bedroom space makes them feel unsafe and they worry about their belongings, a patient stated "I don't feel safe sleeping with others in my room". Patients can feel very vulnerable at night and are easily disturbed by other patients moving around the bedroom. Patients may feel frightened if the person they are sharing a room with becomes unwell and exhibits distressed behaviour. For the person exhibiting the distressed behaviour, there is no private and safe space which can feel like their own for staff to support them in or to

enable them to have the privacy to spend some time alone. Additionally, patients can be intimidated or bullied by other patients and may be coerced to hand over cigarettes, money or other valuables. They may also be influenced by the person they are sharing a room with, which could have further detrimental impact on their recovery.

For staff, the shared living spaces can present challenges for managing patients and providing meaningful rehabilitation. As would be expected, not all patients get on and sometimes patients need to be moved room because they have fallen out with the person they are sharing with. Sharing a room may make some patients frustrated and more likely to exhibit the behaviours they are trying to move away from as part of the rehabilitation process – this then delays their rehabilitation and can increase their length of stay. Additionally, when a new patient is being admitted to the ward, Charge Nurses need to consider where is best to place them in the ward. Due to the shared living spaces, admitting this new patient could require 3 or 4 other patient moves. Considering the wards are people's homes for a significant period of time, this frequent need to move can make patients feel that they are being uprooted again and further delay their rehabilitation progress as they are distracted by the trauma caused by the move. One Senior Charge Nurse said that they felt that it was 'difficult to get on with the task of rehab as people are preoccupied with trying to survive in the environment'.

Access to Outdoor Space

Patients and staff express frustration at the lack of safe, contained outdoor space for the ward. There is no direct access to outside space due to current location of 4 out of the 5 wards. Many patients will require an escort to leave the ward at various points during their admission based on clinical risk. This means that they cannot leave the wards without staff accompanying them. Since there is no safe, contained space linked to the ward, this means that patients need to wait for staff to be available in order to go outside. One patient stated "For long periods of times I'm unable to go outside", another stated "Why should I have to ask staff and be escorted when all I want is a bit of day light and fresh air?"

Wheelchair Accessibility

The ward is not wheelchair accessible and is difficult to access independently for those with other mobility issues such as the use of walking stick. The ward is situated on the first floor and the lift often breaks down which affects wheelchair users being able to leave the ward and access outdoor space. Wheelchair users also struggle with the heavy doors, lack of turning space and small shared toilets. Staff commented that the shared toilets affect the wheelchair users privacy and dignity and the shared bathroom/toilet space is too small for adaptive equipment. The dining room area is also not set up to meet the needs of those in a wheelchair, the height of the kitchen cupboards and the lack of door handles on cupboards make the cupboards difficult to access for all residents.

Storage of Belongings

There is very limited storage available for each patient in the ward. One patient stated "My belongings are not safe from others in my room and I have don't have enough storage to keep my personal things". Patients in current Rehabilitation service have been in hospital for a considerable period of time and in some cases several years and have accumulated large amounts of personal belongings, which cannot be securely stored within the ward environment.

Lighting and Temperature

There are challenges with the lighting and the ward temperature. Staff stated that patients complain about the heat on the wards 'all of the time'. Staff commented that the ward temperature is difficult to control i.e. some bedrooms are very cold at times and when the weather is warmer the whole ward is uncomfortably hot. The windows in the current wards are a unique design which means they do not let very much air into the wards.

Some of the corridors are dark and staff reported that it was not nice for them to work in 'dark, dingy places'. The current environment is having a detrimental impact on staff wellbeing which adds to the challenge of recruitment to nursing posts.

Physical Structure

In order to accommodate this patient group, the ward environment must be robust and able to withstand some stress caused by patients. In North Wing, for example, the door to one bedroom has been slammed so many times that the supporting wall is becoming cracked and therefore unsafe. Repairing this damage will come at significant cost to NHS Lothian and in a newer building, walls would be made more robust and re-enforced to ensure similar damage could not happen.

Lack of Therapeutic Space

There is very limited access to private space across all of the rehabilitation wards. This has been particularly challenging during the Covid-19 pandemic as there has not been space for patients to sit on their own and it has been challenging to distance patients as their only leisure spaces are shared. One patient stated "When feeling unwell I sometimes like to be alone but there is no escape from a noisy and busy ward".

Additionally, there is very little private space for one to one conversations and support, so often when a therapist meets with a patient, this is in shared, communal spaces which may not feel private and may lead to a less open conversation which could delay progress. Group work also takes place in communal areas, meaning patients cannot use the TV or the space while the group is taking place.

There is also no therapy kitchen in some of the wards, which limits patients ability to practice cooking, which is a key skill to prepare for going home. There are shared kitchens in communal spaces, but this means that cooking sessions are interrupted by other patients making cups of tea etc.

Combined Treatment room and Dispensary

The room where treatment and dispensary takes place is very small. If a patient is in the room receiving treatment, it is difficult and invasive for nurses to go in to dispense medications. It is also distracting for patients to receive treatment in a room which is also used for dispensing medications and also contains medical supplies.

A Vision for the Future

This IA sets out the case for an integrated rehabilitation centre that encompasses psychiatric rehabilitation in both low secure and open environments. This is an innovative approach that aims to support people to spend the least possible amount of time in secure care by making the transition to open settings, and onto the community, as easy as possible. Building a unit with layers of shared, rehabilitative spaces that people can transition to as they build their recovery journey will allow that. The relationships built with all members of a person's network including both statutory staff and wider supports will be maintained as people are

accommodated in the least restrictive environment. The integration proposed will embed a recovery and rehabilitative focus throughout all areas of the unit, and allow this to be maintained throughout a person's stay.

A new facility would address all of the issues described above and would provide the best possible space to enable optimum rehabilitation and recovery for patients. Additionally, this proposal suggests that the inpatient bed numbers should reduce and the funding transferred to support community alternatives for those currently in rehabilitation wards who have significant needs, but who are not benefitting from active rehabilitation.

Mental Health Rehabilitation and Low Secure care are delegated functions in Lothian, which means that the four Lothian IJBs are responsible for setting the direction for the future. Therefore, the Royal Edinburgh Project Board has worked closely with colleagues from across the four Lothian IJBs to create a joined up plan for Adult Rehabilitation and Low Secure care.

Proposed Bed Numbers

Working through the Royal Edinburgh Hospital Campus Project Board, all 4 Lothian IJBs have agreed on a reduced bed number from a current funded capacity of 64 beds to 37 beds. The breakdown across the IJBs is as follows:

IJB Area	No. Of MH Rehabilitation Beds Commissioned
West Lothian	0
East Lothian	3.5
Midlothian	3.5
Edinburgh City	30
Total	**37**

The reduction in Mental Health Rehabilitation beds will be facilitated by a transfer of investment from current hospital based services to alternative services in the community. The new model of care will help to facilitate a reduction in the length of stay in the rehabilitation wards, which will improve flow through the wards and enable NHS Lothian to stay within the reduced bed base. This will be further supported by community based developments such as the recent re-tendering of the Edinburgh support contract which will enable providers greater flexibility which should further improve flow through community support services.

The IJBs have also commissioned 23 beds for Low Secure care to facilitate the flexible model of care described above and to deliver people's care as close to home as possible. The breakdown per IJB area is as follows:

IJB Area	No. Of Low Secure MH Beds Commissioned
West Lothian	6
East Lothian	1
Midlothian	1
Edinburgh City	15
Total	**23**

The Low Secure provision will be across three wards, one for people with higher levels of frailty, one for females and one for males.

This proposal is therefore for a 60 bedded facility which provides Mental Health Rehabilitation and Low Secure care within the same building, benefitting from flexibility for patients and staff.

Alignment with National and Local Strategy

National Strategy

1. *Mental Health Strategy for Scotland 2017-2027*

   The Scottish Government's 2017-2027 Mental Health Strategy has the vision of "a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma". The strategy aims to provide parity between mental and physical health services and to ensure equal access to the most effective and safest care and mental health treatment. This campus redevelopment supports this goal by replacing existing poor quality facilities with high quality facilities.

2. *National Health and Wellbeing Outcomes Framework 2015*

   The development of new rehabilitation facilities will be supported by a model of care which is aligned with the PANEL principles[6], supporting flow through the system to ensure people are only in hospital when they require that level of care. This is aligned with a focus on human rights which is promoted throughout the existing review of mental health legislation.

3. *Forensic Mental Health Services: Independent Review 2021*

   The current configuration of forensic mental health services for inpatients developed from principles set down by the Scottish Executive in its letter HDL (2006)48 to NHS CEOs in July 2006. There are three different levels of secure hospital provision as described by the Forensic Network in its Security Matrix and each has been developed at a different national, regional or local level. In general:

   - High secure is provided at a national level.
   - Medium secure services are provided at a regional level; and,
   - Low secure services are provided at a local level.

   The review states "People recognised that flexibility to respond to local need was necessary to deliver person-centred care. However, the differences in services highlighted to the Review were experienced more as inconsistencies, inequalities and frustrations by the people for whom these services were provided and the staff delivering them. Such differences mean that people's experiences and outcomes are affected by factors that are not related to their care needs or risk management requirements. There were calls for a more integrated approach to service development and resourcing rather than what was described as a 'postcode lottery' affecting care and treatment."

   This proposal meets the review's recommendations to provide Low Secure care at a local level, and to ensure there is consistent and high quality care for people requiring care in the forensic system.

   The Review also states that there is a pressure on Medium Secure facilities across Scotland. Having Low Secure provision on site would help NHS Lothian to manage flow through its medium secure service.

4. *National Clinical Strategy for Scotland*

   The National Clinical Strategy describes the rationale for an increased diversion of resources to primary and community care. This proposal supports this direction of travel by proposing a reduction in the inpatient bed base and a transfer of resource to community based services. This caso also advocates for improved therapeutic spaces for patients to gain skills they require to be discharged

[6] National Health and Wellbeing Outcomes Framework – Description of PANEL principles - https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/9/

to the community. The new facility would build upon established relationships with third sector providers, both on and off the REH site.

5. *2020 Vision*

   The 2020 Vision is for more care to be delivered at home or in a homely setting. This case builds upon decades of work within mental health services to shift focus from hospital based services to community services. However, it also advocates for the highest possible standard of care when someone does require admission to hospital, which should minimise the amount of time people need to receive care in a more restrictive, inpatient setting. Bringing Low Secure care to NHS Lothian also helps to meet the aim of delivering care more locally.

6. *The Healthcare Quality Strategy for NHS Scotland 2010*

   This proposal supports key priorities stated in the Healthcare Quality Strategy such as clean and safe environment, continuity of care and delivering clinical excellence. Specifically, providing low secure care on the REH site is more person centred as it improves people's ability to maintain links with their family and local community, it is also more efficient in terms of time and money both for the health service and for families visiting patient's in low secure care.

7. *Public Health Priorities for Scotland*

   Priority one is for 'A Scotland where we live in vibrant, healthy and safe places and communities' It advocates asset-based approaches and the importance of changing the places and environments where people live so that all places support people to be healthy and create wellbeing; strategic approaches to greenspace, community gardens and developing walking and cycling networks are given as examples. Greenspace is important to the recovery of patients within rehabilitation services and would be incorporated into any design going forwards.

8. *The Sustainable Development Strategy for NHS Scotland*

   The strategy includes actions in relation to facilities management (promoting greenspace and the outdoor estate as a healthcare facility), community engagement (engaging local people in the design and use of the outdoor healthcare estate and promoting access to it) and travel (ensuring health services can be accessed by good quality footpaths and cycle routes, and encouraging people to make active and sustainable travel choices). The site development, including this proposal, has these actions at the forefront of planning and will incorporate the existing strong links with third sector services on site which host some of the important green spaces such as the Community Garden and Glass Houses.

Local Strategies

1. *NHS Lothian Hospitals Plan*

   The Lothian Hospitals Plan describes the Royal Edinburgh Hospital as one of the four key strategic planning priorities for NHS Lothian alongside the 4 Lothian IJBs and Borders IJB. NHS Lothian's property and asset management strategy (2015 – 2021) states that NHS Lothian's vision is for major hospital services to be focused around four main sites, one of which is the Royal Edinburgh Hospital Campus.

2. *NHS Lothian Quality Strategy*

   REAS has been at forefront of implementing the quality management approach in NHS Lothian and staff across services have implemented over 100 tests of change. The improved environment proposed in this case would give staff more time to focus on improvement work without being

distracted by environmental concerns.

3. *Our Health Our Care Our Future: NHS Lothian Strategic Plan 2014-2024*

   The NHS Lothian strategy states a commitment to re-developing the Royal Edinburgh Hospital site and to developing community services to support inpatient services. This proposal aims to realise this ambition.

4. *Greenspace and Health Strategic Framework for Edinburgh & Lothians*

   The NHS Lothian board has made a commitment to make development of green spaces across NHS Lothian a priority. This will be included within any design proposals for this case.

5. *IJB Strategic Plans*[7][8][9][10]

   The four Lothian IJBs strategic plans state the intention to support the redesign of the REH campus alongside the development of broader care pathways for people with mental health conditions. This broader piece of work is focused on ensuring people have access to treatment outwith an acute hospital environment when possible, which requires reducing numbers of acute beds and increasing investment in community service. The reduction in bed numbers described in this IA aids the realisation of these local aims.

6. *Property and Asset Management Strategy*

   A key part of NHS Lothian's service delivery is ensuring best use of estate in supporting operational and corporate delivery. To achieve this, the Board has in place a Property and Asset Management Strategy (PAMS). NHS Lothian's current strategy reflects its commitment to improving the healthcare environment whilst reducing the number of hospital and other sites it currently manages, to reduce property expenditure. The Royal Edinburgh Hospital site is a major part of this strategy and its retention has been predicated on the aim to maximise its development potential. This decision has been reviewed through various updates to the site masterplan (most recently in 2019) and it continues to be viable.

   The Scottish Government's commitment to deliver a greener, zero carbon Scotland will be pursued through a focus on sustainability in this new development. In this way NHS Lothian will continue to maximise the sustainability of its estate.

7. *AEDET*

   A multi-stakeholder AEDET review has been used to set a benchmark score for the existing facilities highlighting their limitations.

[7] Edinburgh IJB Strategic Plan 2019 - 2022 - https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
[8] East Lothian IJB Strategic Plan 2019 – 2022 - https://www.eastlothian.gov.uk/downloads/file/28278/east_lothian_ijb_strategic_plan_2019-22
[9] West Lothian IJB Strategic Plan 2019 – 2022 - https://westlothianhscp.org.uk/media/33786/West-Lothian-IJB-Strategic-Plan-2019-23/pdf/West_Lothian_IJB_Strategic-Plan_2019-23.pdf?m=636917136505370000
[10] Midlothian IJB Strategic Plan 2019 – 2022 - https://www.midlothian.gov.uk/info/1347/health_and_social_care/200/health_and_social_care_integration

The table below summarises the need for change, the impact it is having on present service delivery and why this needs to be actioned now:

Table 1: Summary of the Need for Change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
There is currently no low secure provision in the Lothian area	Patients are receiving care far from home which means that connecting with family members becomes even more challenging than it would be normally for this patient group. Out of area low secure placements currently cost NHS Lothian approximately £3.2million per year	Reduction in out of area spend will support NHS Lothian to shift resource from hospital to community, aligning with its strategies as well as those of the 4 Lothian IJBs
Existing buildings are not fit for purpose and the majority cannot efficiently be converted into single bedroom ward accommodation	The organisation is failing to meet requirements such as having single, en-suite rooms. Backlog maintenance for the REH is £16 million. This is made up of fire precautions and infrastructure including plant. Part of the reason this figure is so high is because the buildings in current use are older.	The redevelopment is required now to provide a safe, financially sustainable and high quality environment to those requiring inpatient care for a long term mental health illness
Existing buildings have poor energy efficiency	Current facilities incur high facilities costs and have poor energy efficiency which is not aligned with the national aim to decrease carbon footprint	Spending on energy is higher than it could be because it is not efficient or sustainable
Existing building has poor environmental patient safety measures.	Current anti-ligature strategy coherence is poor and difficult to address in current building.	Existing building has poor environmental patient safety measures.
Patients unable to access fresh air.	Due to lack of direct and safe outdoor space many patients who due their mental health condition and mental health act status are unable to access fresh air unless escorted by staff.	Lack of compliance with mental health act. Lack of compliance with human rights.
Patients with physical disabilities unable to access centralised therapeutic rooms.	Main therapeutic area for current patients has no lift, and current infrastructure of the building unsuitable to provide one, No practical other space available,	Lack of compliance with the Equality Act 2010 DDA
Current building does not support services care model.	Prolonged waiting times to access rehabilitation services from other clinical areas such as acute / admission mental health wards and low secure provision currently out of Lothian.	Difficulties in accessing local mental health acute inpatient services when required / referred,
There are significant workforce challenges, particularly within nursing	High vacancy rate across mental health services	The proposed bed reduction in MH Rehabilitation will enable the recruitment of staff for the new Low Secure wards.

2.3 Investment Objectives

The assessment of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below:

Table 2: Investment Objectives

Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
Care far from home - Patients are receiving care far from home which means that connecting with family members becomes even more challenging than it would be normally for this patient group. Out of area low secure placements currently cost NHS Lothian approximately £3.2million per year	End out of area secure psychiatric care for people in Lothian
Shifting resource from hospital to community - The proposal set out within this IA is to reduce the number of beds within the adult mental health rehabilitation service and transfer investment into community services.	Shift the balance of care by reducing inpatient beds and developing pathways to support people with complex needs in residential settings
Quality standards - The organisation is failing to meet requirements such as having single, en-suite rooms.	Establish a high quality, safe and robust inpatient services which meet care standards such as providing single rooms with en-suite bathrooms
Backlog maintenance - Backlog maintenance for the REH is £16 million. This is made up of fire precautions and infrastructure including plant. Part of the reason this figure is so high is because the buildings in current use are older.	Establish high quality facilities which are robust and maintainable
Facilities costs - Current facilities incur high facilities costs and have poor energy efficiency which is not aligned with the national aim to decrease carbon footprint	Have a facility which meets the current standards for energy efficiency and sustainability
Ligature risks - Current anti-ligature strategy coherence is poor and difficult to address in current building.	Provide an inpatient environment designed to meet patient and staff safety.
Poorly designed space to manage patient safety - Building requires numerous exit and entrances for the building to operational work, however, creates patient and staff safety concerns ranging from entry of unauthorised persons to staff being aware of patient whereabouts.	

Lack of outdoor space - Due to lack of direct and safe outdoor space many patients who due their mental health condition and mental health act status are unable to access fresh air unless escorted by staff.	Provide integral and secure gardens to each rehabilitation and low secure ward areas.
Lack of access to main therapeutic area - Main therapeutic area for current patients has no lift, and current infrastructure of the building unsuitable to provide one, No practical other space available,	Provide therapeutic areas that can be accessed with ease by all.
Prolonged waiting times - Prolonged waiting times to access rehabilitation services from other clinical areas such as acute / admission mental health wards and low secure provision currently out of Lothian.	A clinical environment which supports rehabilitation national evidence based clinical practice.
High vacancy rate - High vacancy rate across mental health services	Realistic and sustainable workforce model using the whole multidisciplinary team (MDT)

2.4 Benefits

A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

- Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability

The above investment objectives and the Strategic Assessment (see Appendix 2) have informed the development of a Benefits Register (see Appendix 3). As per the Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan will be developed at OBC stage.

A summary of the key benefits to be gained from the proposal are described below:

1. A new integrated mental health rehabilitation /low secure centre will make the environment in which patients receive care and treatment more dignified and respectful of human rights by providing single bedroom with en-suite facilities and direct access to secure outdoor green space. This will promote patient independence and improve patient outcomes, enabling patients to leave hospital with more clearly defined needs and more able to manage their mental health and living skills independently.

2. Low secure care will be provided in NHS Lothian, preventing patients from having to receive care out of area. Provision of low secure facilities will improve continuity of care, maximising the ability of patients to engage in activities through fluctuations in their mental health. Integration of low secure and open rehabilitation will reduce secure care to the minimum time necessary further improving patients' ability to maintain links to friends, family and the local community for those now able to receive low secure care in Lothian.

3. A well-designed building which has had input from clinical staff, patients, and carers will assist in the reduction of violence and aggression, self harm behaviours, missing persons and use of illicit substances. In addition, provision of adequate secure storage for personal belongings will result in

lower incidence of items going missing.

4. The creation of a mental health rehabilitation and low secure service on the Royal Edinburgh Site will provide more educational opportunities on site as well as enhancing skills through working within different care environments. This will make this centre in NHS Lothian a more attractive place to work and will help to support the staff we already have to enjoy their roles and continue to work in Lothian

5. The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff recruitment and retention

6. Patient outcomes will be improved due to increased access to spaces where therapeutic activity can be delivered and where they can spend time with family and friends and the improved ability of staff supported by improved access to health technology which provides continuity of care in one setting.

7. A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site

2.5 Strategic Risks

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 3: Strategic Risks

Theme	Risk	Safeguard
Workforce	Staff will need to be recruited to deliver low secure on the REH site. Currently, there are challenges recruiting to nursing within mental health.	The general risk surrounding nursing recruitment has been escalated to the Nurse Director. The low secure posts should be attractive to current and new nursing staff. Additionally, the reduction in rehabilitation bed numbers should make some nursing capacity available. Also, the clinical team will explore how a multidisciplinary team approach could mitigate this challenge.
Funding– Capital	NHS Lothian is aware that there is a high level of demand for capital funds across Scotland, therefore there may be challenges securing capital funding	The IA presents a convincing case for investment. The project team have worked to ensure the proposal presents best value.

Funding - Revenue	IJBs will be required to issue directions to both reduce the bed base and to fund the staff required for rehabilitation	The project team has worked closely with IJB colleagues to ensure the proposal is supported by all four Lothian IJBs
Capacity	This proposal is for a reduced bed base for rehabilitation. The model of care and community provision to support this can be delivered out with this case, however, if not delivered, there is a risk that there will not be enough beds when the new facility is built	The four Lothian IJBs are already working to identify community alternatives for those with complex needs currently in hospital. There are plans to recruit a project manager to focus on this commissioning. Additionally, Edinburgh IJB are re-tendering their mental health support contracts and the new contracts will include more flexibility for providers which should support flow through support in the community.
Training	Low secure will be a new service so training will need to be undertaken to up skill staff	Medium secure care is already delivered on the site so there is local expertise that can be shared
Greenspace assets on site	Green space is an important element of rehabilitation for people receiving care on the site. There is a risk that this is compromised as development happens on the site.	The project team are working to ensure there is as minimal disruption as possible as works go forward. Green space is an important consideration within the design of the build and will be incorporated into any plans.

A register of strategic risks is included in Appendix 4. This was developed by a group of key stakeholders at a workshop held on Thursday 15th July 2021. A full risk register will be developed for the project at the OBC stage.

2.6 Constraints and Dependencies

The key constraints to be considered are:

- Workforce availability is a key constraint for this case. The availability of sufficient multidisciplinary staff, particularly nursing, for the Low Secure facility is dependent on the reduction in bed numbers in Mental Health Rehabilitation
- Capital availability may also be a constraint due to a high demand on Scottish Government Capital Finance

The key dependencies to be considered are:

- The proposal to reduce the bed numbers in Mental Health Rehabilitation is dependent on community-based developments as alternative places of care for those currently in hospital, these developments will require extensive partnership working with support providers as the level of support required is higher than they currently deliver.

3. Economic Case

3.1 Do nothing/baseline

The table below defines the 'Do Nothing 'option. This is based on the existing arrangements as outlined in the Strategic Case.

Table 4: Do Nothing

Strategic Scope of Option	Do Nothing
Service provision	Low secure would continue to be delivered out with Lothian at high cost. Rehabilitation would continue to be delivered from unsuitable accommodation.
Service arrangements	Low secure would continue to be delivered by private providers. Move to a more intensive, shorter length of stay model for MH Rehabilitation.
Service provider and workforce arrangements	Private Services in Ayr and Glasgow for Low Secure. Service and workforce for MH rehabilitation would continue to be provided by NHS Lothian.
Supporting assets	Low secure would continue to be delivered out of area by private providers and rehabilitation would continue to be delivered from the outdated, non-compliant wards on the Royal Edinburgh Hospital site.
Public & service user expectations	People within low secure and their families would continue to have the challenge of being out of area. People within rehabilitation wards would continue to be cared for in poor quality environments with shared bathrooms.

3.2 Engagement with Stakeholders

The table below summarises the stakeholders impacted by this proposal and the details of the engagement that has taken place with them to date and notes their support for this proposal.

Table 5: Engagement with Stakeholders

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal

Patients/service users	Patients and service users affected by this proposal include patients receiving care out of area in low secure, patients receiving care within rehabilitation and the families of these groups. Their involvement in its development includes being involved with the development of the clinical model through the Patients Council and Carers council. The impact that this has had on the proposal's development includes additional evidence to support a move towards en-suite bathrooms to promote privacy. They have also been asked to provide feedback about services to provide evidence for support of this case.	Patient / service user groups were consulted on the final version of this Initial Agreement by [*method*], on [*date*]. Their feedback was [*outline*] which has been incorporated into this proposal by [*outline any direct changes*].
General public	The general public will not be directly affected by this proposal. There has been public consultation in relation to the masterplan to redevelop the campus and the proposal to develop low secure and rehabilitation has been included in the Strategic Plans of the four Lothian IJBs, which have undergone extensive public consultation.	Outcomes from consultation have not affected this proposal thus far. Further public consultation will be undertaken as the business case develops.
Staff/Resources	Staff affected by this proposal include all of the multidisciplinary team required to deliver care within the proposed wards. Their involvement in its development includes being involved with developing the clinical brief and informing the strategic case.	Staff representatives were consulted on the final version of this Initial Agreement by [*method*], on [*date*]. Their feedback was [*outline*] which has been incorporated into this proposal by [*outline any direct changes*].
Other key stakeholders and partners	Other key stakeholders identified for this proposal include health and social care partnerships, IJBs and hub. Their involvement in the development of this proposal includes being members of the Project Board.	Confirmed support for this proposal has been gained through the IA being presented to the four Lothian IJBs following support from the Project Board.

3.3 Long-listed Options

The table below summarises the long list of options identified:

1. **Do minimum**

   There are fire risks associated with the current wards and therefore works would be required to bring them up to specification. There are also backlog maintenance works required to be undertaken with an estimated cost of £5-7million.

2. **Refurbishment of existing facilities for Rehabilitation and continue to provide Low Secure out of Lothian**

   Work has already been undertaken to improve facilities for rehabilitation patients; however, these still do not meet care standards such as providing en-suite bathrooms. There is no alternative venue available on the site which could be refurbished for this patient group.

3. **Transfer services to wards on an existing NHS Lothian Acute site**

Accommodate the Rehabilitation and Low Secure wards on another of NHS Lothian's sites – the Western General Hospital, the Royal Infirmary of Edinburgh, St Johns Hospital, East Lothian Community Hospital

4. **Transfer services to alternative wards on REH site**

   There is no alternative venue available on the site which could be used for this patient group.

5. **Refurbishment of existing facilities for both Rehabilitation and Low Secure**

   Identification of accommodation on site which could be refurbished to provide 60 beds for both low secure and rehabilitation. There is no alternative venue available on the site which could be refurbished for this patient group.

6. **Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure**

   Identification of accommodation on site which could be refurbished to provide 37 rehabilitation beds and a new build for the 23bed Low Secure service. There is accommodation on REH site which could be refurbished and there is a piece of unused land available for the Low Secure service.

7. **New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site**

   The Astley Ainslie Hospital site is also located in Morningside and currently provides rehabilitation services, including the SMART centre. There may be land on this site which could be used for a new build facility.

8. **New Build for both Rehabilitation and Low Secure on REH Site**

   There is a piece of unused land in close proximity to the current Royal Edinburgh Building and Orchard Clinic (Medium Secure) facilities which can be used to build a bespoke Rehabilitation and Low Secure Centre inpatient unit with sufficient capacity to include the required additional facilities such as therapy space, family room, educational suite, administration and the potential to provide secure outdoor space

9. **Provide no inpatient beds for either low secure or general rehabilitation in NHS Lothian**

   Transfer of all resources to community based teams and have no inpatient provision. Unlikely to meet statutory duties, but being considered as part of long listed options.

The following options were not taken forward for assessment as detailed below:

- Option 2 as does not meet the requirement set by Scottish Government, NHS Lothian, Mental Welfare Commission, Forensic Network, and the 2021 Independent review that Low Secure services should be provided in the patients local area
- Option 3 was discounted due to the existing capacity pressures on the acute sites in NHS Lothian
- Option 4 was discounted as there is no alternative accommodation on the REH site available that would meet the needs of this patient group
- Option 9 was discounted as the four Lothian IJBs have commissioned the beds required after extensive strategic planning to determine bed numbers required. There are also minimal bed numbers required to ensure there are safe places for people to be admitted to in an emergency.

Table 6: Long Listed options (not discounted above)

Strategic Scope of Option	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
Service provision	Low secure would be delivered on the REH site alongside rehabilitation, from mostly unsuitable accommodation	Low secure would be delivered from high quality facilities which have appropriate therapeutic and private space. Rehabilitation would be delivered from mostly unsuitable accommodation	Low secure would be delivered outwith the REH site alongside rehabilitation, from high quality facilities which have appropriate therapeutic and private space	Low secure would be delivered on the REH site alongside rehabilitation, from high quality facilities which have appropriate therapeutic and private space
Service arrangements	Low secure and rehabilitation would be delivered by NHS Lothian on their dedicated mental health site. Move to a more intensive, shorter length of stay model	Low secure and rehabilitation would be delivered by NHS Lothian on their dedicated mental health site. Move to a more intensive, shorter length of stay model	Low secure and rehabilitation would be delivered by NHS Lothian outwith their dedicated mental health site. Move to a more intensive, shorter length of stay model	Low secure and rehabilitation would be delivered by NHS Lothian on their dedicated mental health site. Move to a more intensive, shorter length of stay model
Service provider and workforce arrangements	NHS Lothian for both Low Secure and MH rehabilitation	NHS Lothian for both Low Secure and MH rehabilitation	NHS Lothian for both Low Secure and MH rehabilitation	NHS Lothian for both Low Secure and MH rehabilitation
Supporting assets	Rehabilitation and Low Secure would be delivered from adequate accommodation	Low Secure would be delivered from high quality, top specification accommodation. Rehabilitation would be delivered from adequate	Low Secure and rehabilitation would be delivered from high quality, top specification accommodation	Low Secure and rehabilitation would be delivered from high quality, top specification accommodation

Strategic Scope of Option	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
		accommodation		
Public & service user expectations	Service user and public expectations would be met to an extent, because low secure care will be delivered on the REH site from refurbished accommodation	Service user and public expectations would be met to an extent, because low secure care will be delivered on the REH site from new accommodation	Service user and public expectations will be met to an extent, but services will not be delivered from a dedicated mental health site, therefore no benefitting from this co-location	Service user expectation would be met because there would be high quality, bespoke services which are delivered as close to home as possible

Initial Assessment of Options

Each of the options taken forward have been assessed for their advantages and disadvantages, and the extent to which they meet the investment objectives (as outlined in the Strategic Case) to identify the preferred solution(s).

Table 7: Assessment of options against investment objectives

	Do Minimum	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
Advantages (Strengths & Opportunities)	Smaller costs associated with this option.	The rehabilitation patients' service is refurbished to meet current standards and statuary requirements.	The rehabilitation patient's service is refurbished to meet current standards and statuary requirements Provision of low secure within REH estate.	Newly build Integrated centre comprising of mental health rehabilitation and low secure. Ending out of area care for low secure. Meets Scottish Government health building requirement for the provision of single bedroom with en-suite facilities. Consistent with the benefits register.	Newly build Integrated centre comprising of mental health rehabilitation and low secure. Improving flexibility of the service(s) and patient flow. Ending out of area care for low secure. Meets Scottish Government health building requirement for the provision of single bedroom with en-suite facilities. Consistent with the benefits register.

	Do Minimum	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
Disadvantages (Weaknesses & Threats)	The current building is over 50 years old. Non-compliance with several current standards and statutory requirements. .e.g. minimal ventilation therefore unable to control air changes, electrics and heating in excess of 50 years old - parts now obsolete. The costs of maintenance over the next 5-7 years are estimated £5m to £7m Out of area care for those patients requiring low secure continues	To undertake refurbishment is estimated to take 12months plus. The rehabilitation service and patients would require to be decanted during this and there is no current decant facility. Low secure provision would remain out of area. The current building would not be able to be refurbished to provide individual bedrooms with en-suites. The therapeutic basement of the current building would remain non-compliant with EA regulations as the structure cannot accommodate a lift. The cost of the refurbishment is estimated	As per option 5 for rehabilitation service The threat would be that there is no Suitable accommodation within the REH campus site to allow low secure provision to take place.	Lack of co-location with other mental health services which would reduce safety and increase staffing levels required. Would not align with NHS Lothian's hospitals plan to move services away from the Astley Ainslie Hospital site and focus on the Royal Edinburgh Hospital. Patients often go from acute wards to rehabilitation wards, so there would be less continuity of care if they were transferred to another site which may be detrimental to their rehabilitation. Lack of capital funding.	Lack of capital funding.

	Do Minimum	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
	The current masterplan for the campus assumes that the existing building is demolished.	to cost in excess of 10 million. Retaining the current building does not fit with the current master plan for the campus.			
Investment Objective 1	No	Fully	Fully	Fully	Fully
Investment Objective 2	Fully	Fully	Fully	Fully	Fully
Investment Objective 3	Partial	Partial	Partial	Fully	Fully
Investment Objective 4	No	Partial	Partial	Fully	Fully
Investment Objective 5	No	No	Partial	Fully	Fully
Investment Objective 6	No	Partial	Partial	Fully	Fully
Investment Objective 7	No	No	Partial	Fully	Fully
Investment Objective 8	No	No	No	Fully	Fully

	Do Minimum	Option 5 – Refurbishment of existing facilities for both Rehabilitation and Low Secure	Option 6 – Refurbishment of existing facilities for Rehabilitation and New Build for Low Secure	Option 7 - New Build for both Rehabilitation and Low Secure on the Astley Ainslie Hospital Site	Option 8- New Build for both Rehabilitation and Low Secure on REH Site
Investment Objective 9	No	No	No	No	Fully
Investment Objective 10	No	No	No	Partial	Partial
Are the indicative costs likely to be affordable? (Yes, maybe/ unknown, no)					
Affordability	Yes	Unknown	Unknown	Unknown	Unknown
Preferred/Possible/Rejected	Possible	Possible	Possible	Rejected	Preferred

3.4 Short-listed Options and Preferred Way Forward

3.4.1 Shortlisted options

From the initial assessment above the following short-listed options have been identified:

Table 8: Short Listed Options

Option	Description
Option 1	Do minimum
Option 2	Refurbishment to existing facilities for both rehabilitation and low secure
Option 3	Refurbishment of existing services for Rehabilitation and new build for low secure
Option 4	New Build

3.4.2 Non-financial benefits assessment

Each of the shortlisted options was assessed against the benefits included in the benefits register in Appendix 3: Benefits Register and Non-Financial Benefits Assessment. Each of the identified benefits was weighted by a group of stakeholder representatives and following this each of the shortlisted options was scored against its ability to deliver the required benefits. The full assessment is contained in Appendix 3: Benefits Register and Non-Financial Benefits Assessment.

The results of the benefits assessment are summarised below:

Table 9: Results of Non-Financial Benefits Assessment

#	Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4
1	A new integrated mental health rehabilitation /low secure centre will make the environment in which patients receive care and treatment more dignified and respectful of human rights by providing single bedroom with en-suite facilities and direct access to secure outdoor green space	25	3	5	6	10
2	Low secure care will be provided in NHS Lothian, preventing patients from being required to travel out of area. Provision of low secure facilities will improve continuity of care, maximising the ability of patients to engage in activities through fluctuations in their mental health	25	0	8	10	10
3	A well-designed building which has had input from	10	5	6	7	10

#	Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4
	clinical staff, patients, and carers will assist in the reduction of violence and aggression, self harm behaviours, missing persons and use of illicit substances					
4	The creation of a mental health rehabilitation and low secure service on the Royal Edinburgh Site will provide more educational opportunities on site as well as enhancing skills through working within different care environments	5	0	6	7	10
5	The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff retention	15	4	6	7	10
6	Patient outcomes will be improved due to increased access to spaces where therapeutic activity can be delivered and where they can spend time with family and friends and the improved ability of staff supported by improved access to health technology which provides continuity of care in one setting	15	4	6	7	10
7	A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site	5	0	3	6	10
Total Weighted Benefits Points		**100**	**245**	**610**	**745**	**1,000**

From the table above it is noted that the option that will deliver the most benefits is Option 4

3.4.3 Indicative costs

The table below details the indicative whole life costs associated with each of the shortlisted options. For further detail around the determination of the costs see the Financial Case.

The additional assumptions associated with the calculation of the NPV of costs are:

- A discount rate of 3.5% has been used in line with Government guidelines.
- A useful life of 29 years for refurbishment projects (Options 2 and 3), as this is in line with the remaining useful life of the Royal Edinburgh Buildings, a useful life for a new build has been determined as 50 years (Option 4).
- The base date for the proposal is September 2022.
- Phasing of the costs reflects the useful life and the programme of works as identified in the Commercial Case.

Table 10: Indicative Costs of Shortlisted Options

Cost (£k)	Option 1	Option 2	Option 3	Option 4
Capital cost	12,265	29,548	41,354	49,750
Whole life capital costs	9,941	23,948	33,514	40,291
Whole life operating costs	108,399	174,950	209,600	269,714
Estimated Net Present Value (NPV) of Costs	**118,340**	**198,898**	**243,114**	**310,005**

3.4.4 Overall assessment and preferred way forward

The table below show the weighted benefit points for each shortlisted option, the NPV of costs and the calculated cost per benefit point. This calculated cost per benefit point has been used to rank the options and identified the preferred way forward.

Table 11: Economic Assessment Summary

Option Appraisal	Option 1	Option 2	Option 3	Option 4
Weighted benefits points	245	610	745	1000
NPV of Costs (£k)	118,340	198,898	209,600	269,714
Cost per benefits point (£k)	483	326	281	270
Rank	**4**	**3**	**2**	**1**

The preferred solution was identified as Option 4: New Build for Both Services on REH Site. This was identified as the preferred option because it ranked the highest it both the Non-Financial and the Economic Assessment. Option 4 delivers a greater number of the benefits that have been set out as the criteria for achievement from this project.

It is recommended that NHS Lothian proceeds with this option to Outline Business stage where the implementation of the solution shall be further developed and tested for value for money.

3.5 Design Quality Objectives

Design quality objectives have been developed for the preferred strategic / service option by taking the following steps:

1. An AEDET review of existing property arrangements has been undertaken to set a benchmark score from which change is needed.

2. A second multi-stakeholder AEDET review has been undertaken which has identified the main features the new proposal will need to focus on and has set a target score from which design expectations can be measured

3. Design objectives that explain what the design needs to achieve to improve on the existing arrangements have been outlined in the NDAP[11]Design Statement (see Appendix 5).

The AEDET worksheets provided in Appendix 5 demonstrate how the target for improvement has been set against the existing arrangements.

[11] NDAP is the mandated NHSScotland Design Assessment Process.

3 The Commercial Case

4.1 Procurement Strategy

The indicative cost(construction only) for the preferred option at this stage is £49.8m including VAT. It is anticipated that the procurement of the project will be led by NHS Lothian supported by Turner Townsend (technical advisers), Thomson Gray (cost advisers), and Burness Paull (legal advisers).

The project will be delivered in accordance with NHS Scotland construction procurement policy and it is anticipated that it will be undertaken in conjunction with Hub South East Scotland Ltd acting as NHSLothian's development partner.

4.2 Timetable

A detailed Project Plan will be produced for the OBC. At this stage the table below shows the proposed timetable for the progression of the business case and project delivery milestones:

Table 12: Project Timetable

Key Milestone	Date
Initial Agreement approved	October 2021
Hub appointed	November 2021
Outline Business Case approved	July 2022
Planning permission in principle obtained	In place – expires March 2022 – would require extension
Full Business Case approved	December 2022
Construction starts	February 2023
Construction complete and handover begins	June 2024
Service commences	July 2024

4 The Financial Case

5.1 Capital Affordability

The estimated capital cost associated with each of the short-listed options is detailed in the table below. Construction costs were provided by independent quantity surveyors.

Table 13: Capital Costs

Capital Cost (£k)	Option 1: Do Minimum	Option 2 : Refurbishment of existing facilities for Rehab & Low Secure	Option 3: Refurbishment of existing facilities for Rehab and New Build for Low Secure	Option 4: New Build for both services on the REH Site
Construction	7,000	14,226	19,909	25,892
Inflation	280	500	700	910
Professional Fees	-	1,724	2,413	3,138
Furniture, Fitting & Equipment	218	532	745	969
IT & Telephony	73	177	248	323
Contractor Contingency & Risk	-	1,293	1,810	2,354
Optimism Bias	2,650.00	6,459	9,039	8,396
Total Cost (excl VAT)	**10,221**	**24,911**	**34,864**	**41,982**
VAT	2,044	4,982	6,973	8,396
VAT Recovery		(345)	(483)	(628)
Total Capital Costs	**12,265**	**29,548**	**41,354**	**49,750**

The assumptions made in the calculation of the capital costs are:

- Construction costs for Option 4 have been provided by independent quantity surveyors, their costs have then been used to estimate the costs for Options 2 and 3, which were given as a range, the upper of which has been assumed. Costs for option 1 were provided from the NHS Lothian Estates Manager for the Royal Edinburgh site.
- An inflation allowance of 4%, provided by NHS Lothian's external cost advisors, has been included using a base date of September 2022 and the construction timeline detailed in the Commercial Case. This allowance will need to be further refined as the project progresses due to the volatility in the market currently. **Table 14** includes a sensitivity analysis on Inflationary amount only due to this level of uncertainty.
- Professional fees are assumed to be 10% of the total Capital costs provided or estimated.
- Furniture, Fitting & Equipment has been estimated at 3% of total costs, based on another recent project. This has been included in Option 1 also as it would be expected that these items would also need replaced/upgraded in a 'Do Minimum' scenario.
- IT & Telephony has been estimated at 1% of total costs, based on another recent project. This has

been included in Option 1 also as it would be expected that these items would also need replaced/upgraded in a 'Do Minimum' scenario.

- Contractor Risk is included at 7.5% as advised by the independent quantity surveyors.
- Optimism bias calculated in line with SCIM guidance, it has been calculated and 25% for Option 4, and 35% for all other options due to the level of design already carried out for Option 4.
- VAT has been included at 20% on all costs. Recovery has been assumed on Professional Fees only – no further VAT recovery has been assumed. VAT recovery will be further assessed in the OBC.

Inflation

Over the last twelve to eighteen months there has been a decline in the Tender Price Index (TPI) but a sharp rise in the Building Cost Index (BCI). This reflects the difficult economic conditions. This impact was initially felt by main contractors with fixed price contracts and, the cumulative pressure due to increased material prices. The knock-on effect has been transferred to the client side as contractors look to correct or offset the reduction in margin on existing contracts. When pricing new projects, contractors are inflating their prices (or are qualifying tenders) in order to return their margin to a manageable position and to offset the increase in building costs and risk. This will ultimately result in a rise in the TPI which will need to increase to a position above the BCI which could represent a large jump in inflation. It is unknown how long this fluctuation will last and what impact this will have on inflation.

The impact of the COVID-19 pandemic on future projects is still relatively unknown, the capital costs presented do not have an allowance for a programme extension. It would therefore be prudent to consider a possible impact on costs, should the programme have to be extended.

The sensitivity analysis below aims to set out the possible impact on the total project costs should inflation rise or reduce as well as an extension to programme.

Table 14: Inflation & Programme Extension Sensitivity Analysis

	Total Capital Costs			
Sensitivity Scenario	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Scenario 1: no changes (4%)	12,265	29,548	41,354	49,750
Scenario 2: inflation percentage doubles (8%)and programme extended (10 weeks) *	11,795	30,696	42,804	55,549
Scenario 3: inflation percentage halves (2%)	11,137	28,856	40,382	52,518

** Programme extension and costs are estimated based on details provided by external advisors for another project.*

5.2 Revenue Affordability

The estimated recurring revenue costs associated with each of the short-listed options are detailed in the table below. These represent the total revenue costs required to support the project.

Table 14: Incremental Revenue Costs

Revenue Cost/Funding (£k)	Option 1: Do Minimum	Option 2 : Refurbishment of existing facilities for Rehab & Low Secure	Option 3: Refurbishment of existing facilities for Rehab and New Build for Low Secure	Option 4: New Build for both services on the REH Site
MH Rehab Community Costs	5,694	2,064	2,064	2,064
Inpatient Costs		7,092	7,092	7,092
Supplies Costs		216	216	216
OOA Costs		460	460	460
Facilities Costs		1,179	1,179	1,179
Depreciation Costs	-	1,094	1,530	1,154
Total Annual Revenue Cost	**5,694**	**12,105**	**12,541**	**12,165**
Rehab Service Budget Release	4,310	4,310	4,310	4,310
Facilities Budgets	1,384	1,384	1,384	1,384
NHS Lothian Depreciation Budget	-	1,094	1,530	1,154
Total Annual Revenue Budget	**5,694**	**6,788**	**6,788**	**6,788**
Funding Gap	**0**	**(5,317)**	**(5,317)**	**(5,317)**

The assumptions made in the calculation of the revenue costs are:

- Inpatient costs a detailed bottom up exercise has been conducted with the Chief Nurse/General Manager and professional leads based on workforce requirementsfor the commissioned level of beds.
- Community costs are currently included as a proxy estimate equivalent to the bed reductions for rehabilitation (24 places at wayfinder model grade 5) however as the project progresses to OBC these will be refined as community services move to a detailed commissioning stage.
- Non pay costs are based upon the current Braids ward non pay costs (rehabilitation ward within REB).
- Facilities costs are based on the Royal Edinburgh Phase 1 building.
- Rehabilitation funding (existing ward budgets) Depreciation is based on a useful life of 29 years for Option 2 and 3, and 50 years for Option 5 and assumed to be funded from the existing NHS Lothian Depreciation funding allocation. Depreciation excluded in Option 1 as already forms part of Depreciation cost for the Royal Edinburgh Buildings.

Additional one-off revenue costs associated with commissioning of the project have yet to be identified and costed. One off costs are likely to relate to start-up costs for community accommodation commissioned by Integration Joint Boards. Discussion is ongoing in partnership with Integration Joint Boards around potential solutions to support the community start up costs. One such action is the potential application of the community living change fund against these double running costs. The community living change fund totals £3.1m of non recurring funding across the Lothian Integration Joint Boards and was allocated by Scottish Government to support the discharge from hospital of people with complex needs.

Funding has been identified for the additional revenue costs from the NHS Lothian out of area budget. Although the financial model shows a gap of £5.3m against available funding there is a £5.9m

planned release from the out of area budget in total which has not been included. The release from the out of area budget is achieved from the creation of a Low Secure Mental Health facility on the Royal Edinburgh Campus. However this planned release underpins both planned developments on Campus - Learning Disabilities and Mental Health Low Secure and Rehabilitation. Overall both initial agreements present a joint financial gap of £5.9m which is equivalent to the planned release from the out of area budget. In totality once the out of area budget has been released both initial agreements are affordable on a recurring basis.

If the Learning Disabilities project progresses first there will be a challenge around release of the out of area budget as patients will still require to be placed out of area for Low Secure Mental Health inpatient care. Current projections for the out of area budget forecasts a £0.6m underspend for the next few years so if Learning Disabilities progresses ahead of the Mental Health and Low Secure and Rehabilitation case the underspend on the out of area placements can be used to balance the Learning Disabilities financial model. This has been agreed with Chief Officers from each of the Lothian Integration Joint Boards.

Revenue affordability has been reviewed and agreed by the Finance Business Partner (Hamish Hamilton, Finance Business Partner (interim) REAS & West Lothian HSCP). These costs have been reviewed in detail with the Chief Finance Officers of each Lothian Integration Joint Board and Chief Officers also receive regular updates on the financial modelling associated with this initial agreement.

Revenue costs will continue to be refined through the OBC process.

The estimated recurring incremental revenue costs associated with each of the short listed options are detailed in the table below. These represent the additional revenue costs when compared to the 'Do Nothing' option.

5.3 Overall Affordability

The capital costs detailed above are predicted to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and each of the four Lothian Integration Joint Boards and the estimated costs noted above are included in the NHS Lothian Property and Asset Five Year Investment Plan.

Funding has been identified for the additional revenue costs from the out of area budget and these have been reviewed and agreed by the Finance Business Partner (interim) Hamish Hamilton and agreed in partnership with Chief Finance Officers of each Lothian Integration Joint Board. The joint projected gap of £5.9m across this initial agreement and the Learning Disabilities project can be funded in full through the release of the out of area budget. In the scenario that Learning Disabilities progresses first the operational financial risk can be mitigated from the existing out of area budget.

All costs will continue to be refined through the OBC process.

5 The Management Case

The purpose of the Management Case is to demonstrate that NHS Lothian is prepared for the successful delivering of this project.

6.1 Readiness to proceed

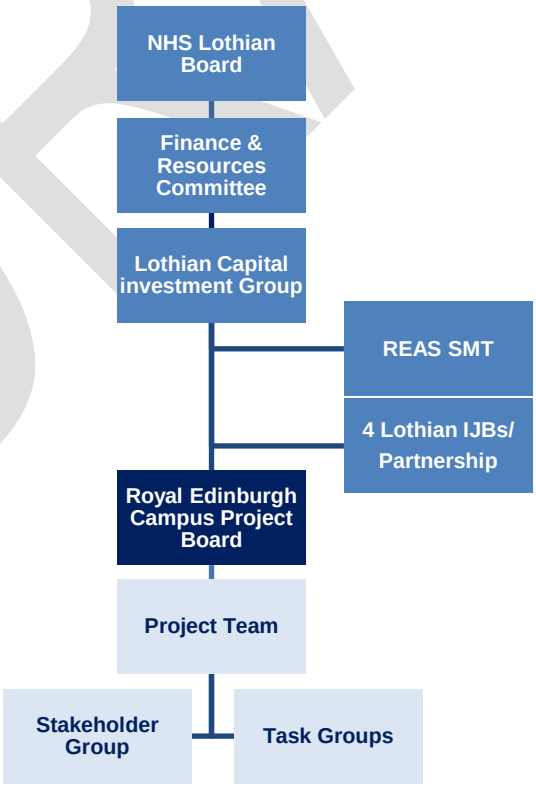
A benefits register and initial high level risk register for the project are included in Appendix 3: Benefits Register and Appendix 4: Risk Register. Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.

NHS Lothian is ready to proceed with this proposal and is committed to ensure the necessary resources are in place to manage it. Section 0 outlines the governance support and reporting structure for the proposal and section430details the project management arrangements.

6.2 Governance support for the proposal

Stakeholder engagement is detailed in the Strategic Case and includes information on how members of the proposal's governance arrangements have been involved in its development to date and will continue to support it.

The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.



6.3 Project Management

The table below identifies key members of the project team and the REH Programme Management Board that will be responsible for taking the project forward; the table includes details of individuals' capabilities and previous experience.

Table 15: Project Management Structure

Role	Individual	Capability and Experience
Project Sponsor and Project Management Board Chair	Professor Alex McMahon Executive Director, Nursing, Midwifery and Allied Healthcare Professionals Executive Lead, REAS and Prison Healthcare	Starting his career as a qualified nurse in 1986, Alex has worked in both the public and private sectors, including time with the Royal College of Nursing and as Nursing Advisor for Mental Health and Learning Disabilities in the Scottish Government. In 2009 he received an Honorary Chair from the University of Stirling for his work in mental health and nursing. Alex chairs the REH Programme Management Board and is ultimately responsible for the project and its overall business assurance i.e. ensuring that it remains on target to deliver the outcomes that will achieve the anticipated business benefits and that it is delivered within its agreed budget and timescale tolerances
Senior User and Project Management Board Deputy Chair	Tracey McKigen, Services Director, Royal Edinburgh and Associated Services	As Senior User Tracey is accountable for ensuring that requirements have been clearly defined in the Clinical Brief and that the proposed development is fit for purpose and fully meets user needs. Following the principles of PRINCE2, the Senior User has primary responsibility for quality assurance and represents the interests of all those who will use and operate the new facilities. As REAS Service Director, Tracey has a deep understanding of the clinical and support needs of the services delivered from the REH. She has also held a number of other senior management roles in the NHS
Strategic Planning	Nickola Jones, Strategic Programme Manager	Previous experience of NHS capital projects

Role	Individual	Capability and Experience
Project Manager	Steve Shon, Senior Project Manager, Capital Planning	Steve has worked within NHS Capital Planning since 1998 managing and co-ordinating all aspects of the procurement of major new health facilities, from preparation of business cases through to commissioning. In terms of procurement, he has been involved in traditional, D&B, and PFI schemes and is now working on Hub developments, including the redevelopment of the Royal Edinburgh Hospital. Previous projects have ranged from small Learning Disabilities houses, through Care of the Elderly facilities, to the redevelopment of the State Hospital at Carstairs
Capital Finance Support	Laura-Jane Smith	Experience supporting capital investment projects
Finance Business Partner	Hamish Hamilton	Previous experience at Senior Manager level in similar projects
Service Lead	Andrew Watson	Associate Medical Director for the Royal Edinburgh Hospital and Associated Services
Service Lead	Karen Ozden	Chief Nurse for the Royal Edinburgh Hospital and Associated Services
Partnership Representative	To be confirmed	Dependant on appointee

The project's external advisers are:

- Turner and Townsend- Technical Adviser
- Burness Paull - Legal Adviser
- Thomson Gray - Cost Adviser

6 Conclusion

This proposal is a significant priority for NHS Lothian and the four Lothian IJBs as it realises national advice to provide Low Secure locally and will improve the quality and dignity of care for patients receiving mental health rehabilitation.

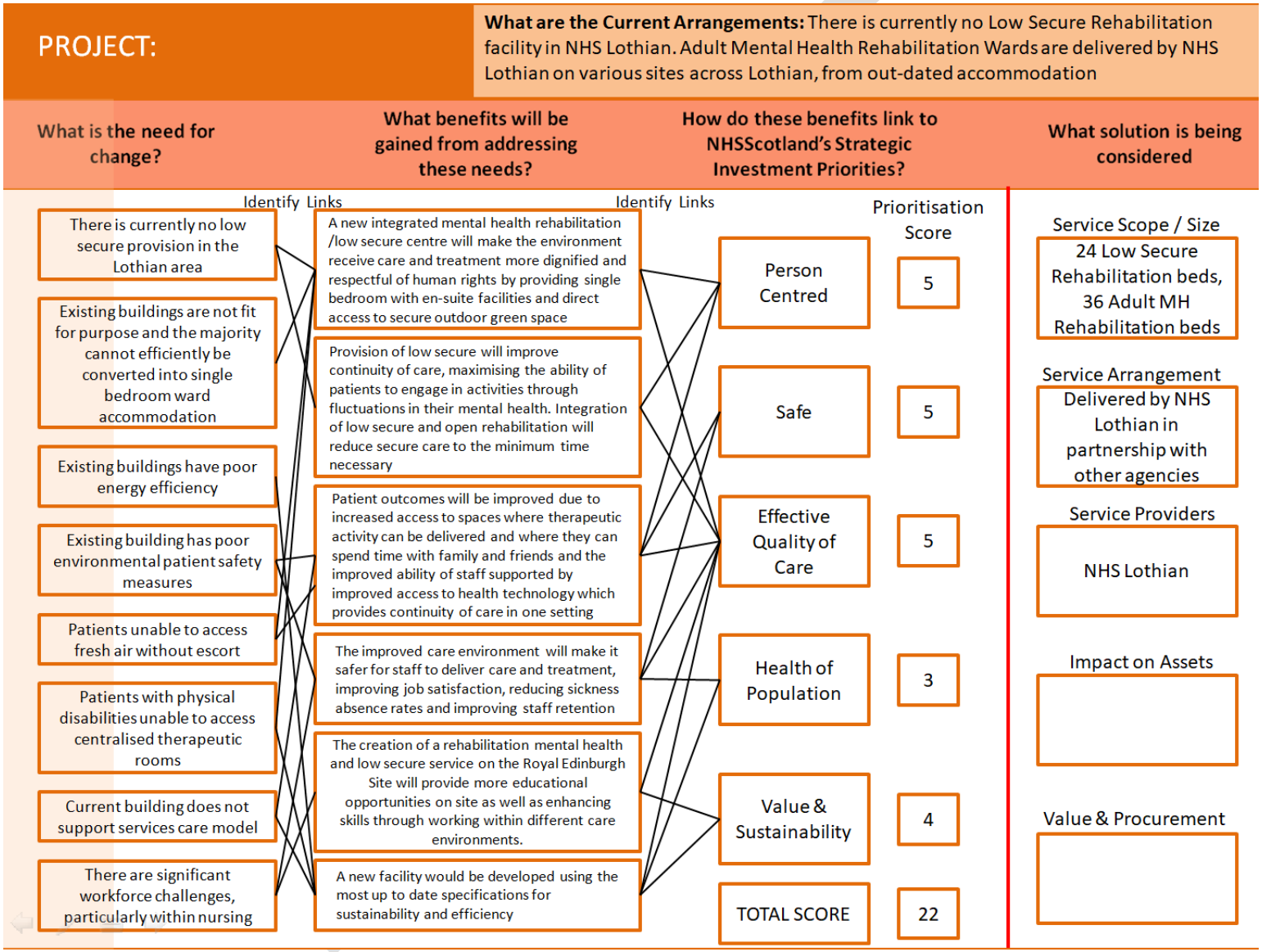
At the centre of this case is a desire to provide the best quality of care to those who require mental health care in NHS Lothian. Having to receive care out of area is detrimental to our patient's wellbeing and recovery, as is receiving care in a poor quality environment. Additionally, staff should be delivering care from environments that they are proud to work in, not from environments that they have to work around. This case provides an opportunity to create an innovative facility which is able to provide the flexibility required to care for patients in the least restrictive way possible.

This IA makes a compelling case for investment which would further the Scottish Government's ambitions to provide parity between physical and mental health care and to provide care as close to home as possible.

Appendix 1: Pictures of Current Mental Health Rehabilitation Wards

Provided as a separate document due to file size.

Appendix 2: Strategic Assessment



Appendix 3: Benefits Register and Non-Financial Benefits Assessment

Benefits Register

Project Name						
1. Benefits Register						*2. Prioritisation*
Ref No.	**Benefit**	**Assessment**	**As measured by**	**Baseline Value**	**Target Value**	**Relative Importance**
1	A new integrated mental health rehabilitation/low secure centre will make the environment in which patients receive care and treatment more dignified and respectful of human rights by providing single bedroom with en-suite facilities and direct access to secure outdoor green space	Quantitative	% of bedrooms with en-suite bathrooms	6%	100%	5
2	Low secure care will be provided in NHS Lothian, preventing patients from being required to travel out of area for treatment. Provision of low secure facilities will improve continuity of care, maximising the ability of patients to engage in activities through fluctuations in their mental health	Quantitative	No. Of patients out of area for Low Secure care	23	3	5
3	A well-designed building which has had input from clinical staff, patients, and carers will assist in the reduction of violence and aggression, self harm behaviours, missing persons and use of illicit substances	Quantitative	Average number of Datix incidences per month	60	30	4
4	The creation of a mental health rehabilitation and low secure service on the Royal Edinburgh Site will provide more educational opportunities on site as well as enhancing skills through working within different care environments	Quantitative and Qualitative	Staff feedback	Limited appropriate space for education	Staff say they have good opportunities for learning and development	3
5	The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff retention	Quantitative and Qualitative	% Of staff vacancies, sickness absence rate	Vacancies = 40%, Sickness rate = 10%	Vacancies = 5%, Sickness rate = 5%	4
6	Patient outcomes will be improved due to increased access to spaces where therapeutic activity can be delivered and where they can spend time with family and friends and the improved ability of staff supported by improved access to health technology which provides continuity of care in one setting	Quantitative	Average Length of stay (days)	317	TBC	4
7	A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site	Quantitative	Monthly cost of maintenance and energy	TBC	TBC	3

Non Financial Benefits Assessment

#	Benefit	Weighting (%)	Option 1	Option 2	Option 3	Option 4
1	A new integrated mental health rehabilitation /low secure centre will make the environment in which patients receive care and treatment more dignified and respectful of human rights by providing single bedroom with en-suite facilities and direct access to secure outdoor green space	25%	3	5	6	10
2	Low secure care will be provided in NHS Lothian, preventing patients from having to recieve care out of area. Provision of low secure facilities will improve continuity of care, maximising the ability of patients to engage in activities through fluctuations in their mental health	25%	0	8	10	10
3	A well-designed building which has had input from clinical staff, patients, and carers will assist in the reduction of violence and aggression, self harm behaviours, missing persons and use of illicit substances	10%	5	6	7	10
4	The creation of a mental health rehabilitation and low secure service on the Royal Edinburgh Site will provide more educational opportunities on site as well as enhancing skills through working within different care environments	5%	0	6	7	10
5	The improved care environment will make it safer for staff to deliver care and treatment, improving job satisfaction, reducing sickness absence rates and improving staff retention	15%	4	6	7	10
6	Patient outcomes will be improved due to increased access to spaces where therapeutic activity can be delivered and where they can spend time with family and friends and the improved ability of staff supported by improved access to health technology which provides continuity of care in one setting	15%	4	6	7	10
7	A new facility would be developed using the most up to date specifications for sustainability and efficiency. This means that ongoing costs of maintenance and energy use would be reduced, as well as reducing the carbon footprint of the REH site	5%	0	3	6	10
	Total Weighted Benefits Points		**245**	**610**	**745**	**1,000**

NHS Lothian

Appendix 4: Risk Register

1. Identification			2. Assessment				3. Control		4. Monitoring	
Risk No	Risk Grouping	Risk Description	Financial / Non-Financial / Unquantifiable	Consequence (1 - 5)	Likelihood (1 - 5)	Risk	Proposed Treatment / Mitigation	Action Taken	Risk Owner - Type	Risk Owner - Individual
1.1	**Business risk**	If new build then - Impact of build on capacity – occupancy, clinical space, patient mix		2	5	**High**	Traffic management throughout site, sound barriers			
1.2	**Business risk**	If refurb then - Impact of build on capacity – occupancy, clinical space, patient mix		5	5	**Very High**	Consider decant facilities and relocation of patients to reduce impact on patients. Traffic management throughout site, sound barriers			
1.3	**Business risk**	Poor stakeholder involvement results in a lack of support for the project		4	1	**Medium**	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project			
2.1	**Reputational risk**	Poor communication ignores stakeholder interests		4	1	**Medium**	Ensure that the project communication plan covers issues of public perception / consultation feedback / media interest / parliamentary interest / organisational reputation, etc	Communication plan in place which was agreed by project board. Project update newsletters were shared and will start again		
3.1	**Demand risk**	Demand for the service does not match the levels planned, projected or presumed		2	2	**Medium**	Carry out sensitivity testing of assumptions behind service demand projections to understand and manage any underlying risks. Existing facilities could be used if demand was higher than planned, with revenue costs associated. NHS Lothian funding Braids			
4.1	**Occupancy risk**	Patient discharges to reduce to new bed base – availability of robust community placements that are sustainable		4	3	**High**	Work ongoing to identify alternative community provision to reduce bed numbers.	Edinburgh work on supported accomodation		
4.2	**Operational risk**	IJB strategic direction may change – they may decide to provide elsewhere or change numbers – may make the project not viable – need project board to collectively own and absolutely agree the final bed numbers		5	2	**High**	IA will be agreed across all areas, which should mean future changes are limited			
4.3	**Operational risk**	Potential changes to delegation schemes of IJBs – may change decision making		3	3	**Medium**				
4.4	**Operational risk**	Recruitment to the units		4	4	**High**	Have added the Low Secure unit into the projected nurses required for nurses in training to government colleagues. Currently exploring how to skill make to make best use of qualified staff. Reduction in rehab bed numbers should create some nursing capacity			
4.5	**Operational risk**	Low secure will be a new service so training will need to be undertaken to up skill staff		3	1	**Low**	Medium secure care is already delivered on the site so there is local expertise that can be shared			
5.1	**Planning risk**	Local community objects to the project		4	1	**Medium**	Engage with local communities to gain their support for proposals re new site developments. Planning permission in place until March 2022			

1. Identification			2. Assessment				3. Control		4. Monitoring	
Risk No	Risk Grouping	Risk Description	Financial / Non-Financial / Unquantifiable	Consequence (1 - 5)	Likelihood (1 - 5)	Risk	Proposed Treatment / Mitigation	Action Taken	Risk Owner - Type	Risk Owner - Individual
6.1	**Design risk**	The design does not meet the Design Assessment expectations.		4	1	**Medium**	Get the building specifications right and the contractors decisions to make the building fit for purpose, both in terms of robustness and the physical environment – risk to patients. This will be captured in the clinical brief. The design team need to engage with the Design Assessment team from early design planning stages onwards to avoid confusion over expectations. Robust learning from previous projects	Pathfinder work is already underway for this project, with a focus on meeting energy and carbon aims		
7.1	**Procurement risk**	Availability of contractors to complete the project		4	2	**Medium**	Procured through Hub - experienced contractor in place			
8.1	**Construction risk**	Critical programme dates are unrealistic		4	2	**Medium**	A realistic project programme will be developed with Hub - however, there may be an impact of the Covid-19 pandemic			
8.2	**Construction risk**	Unforseen issues with grounds		4	1	**Medium**				
9.1	**Funding risk**	The project estimate is poorly prepared and inaccurate		5	2	**High**	High optimism bias built in to cost estimates, worked closely with Hub to develop			
9.2	**Funding risk**	The project becomes unaffordable		5	2	**High**	The affordability of the project should be tested at IA stage and further explored as part of the OBC and FBC stages of the project			
9.3	**Funding risk**	Capital Availability – at SG level – having robust alternative options		5	4	**Very High**	Work with SG			
9.4	**Funding risk**	Revenue affordability – if more beds required, increased costs for staffing, availability of staffing. Costs of out of area if we do not have enough beds – and out of area budget being used to cover costs of the revenue relating to the IA		3	1	**Low**	Model developed across Lothian to support bed base. Linkwith IJBs to establish process if demand is higher. UNPACS budget used to offset additional costs of bringing people back from out of area			
10.1	**Economic risk**	Inflation costs rise above those projected		5	2	**High**	The likelihood of this occurring is considered as part of the Financial Case. Optimisim bias within estimated costs includes an allowance for increased inflation			
11.1	**Policy risk**	Changes to non-legislation policy affects project cost or progress		3	2	**Medium**	The likelihood of this occurring should be considered as part of this risk register			
12.1	**Legislative risk**	Changes in legislation or tax rules increase project costs		5	1	**Medium**	Most recent legislative changes relating to carbon included in initial design			

Appendix 5: AEDET (Achieving Excellence Design Evaluation Toolkit) Evaluation Summary

Provided as a separate document due to file size.