

**Borders NHS Board**



## **EAST/WEST BRIGS WARD RELOCATION BUSINESS CASE**

### **Aim**

To seek approval of the full business case for the relocation of Mental Health Rehabilitation inpatient services currently provided within East/West Brigs Ward on the Galavale site in Galashiels to Crumhaugh House in Hawick.

### **Background**

The preferred relocation option for the ward is the ground floor of the currently vacant Crumhaugh House in Hawick.

The Business Case recommends re use of the property which has previously been declared surplus by the Board but which, despite being actively marketed, remains unsold. Plans to relocate services to the top floor of the property are being progressed.

The preferred option addresses the patient safety risks (prevention and management of aggression and violence and patient observation) identified by the Mental Health Clinical Board which exist at the current service location on the Galavale site in Galashiels. In addition the preferred option, due to the single storey accommodation available, meets the requirement for the delivery of care to an ageing patient group.

As part of the Estates Rationalisation Programme, the planned relocation of services from the Galavale site is intended to enable the release of this site for sale.

### **Summary**

The Full Business Case details:

- The Case for Change and fit with the Board's Clinical Strategy
- The Project Development Process
- The Option Appraisal process
- The outcome of the Financial and Economic Appraisal
- The Stakeholder Communication and Engagement Strategy
- Recommended Preferred Option

The financial appraisal details an estimated capital investment of £1.86m with recurring revenue costs of £15k per annum. Non recurring costs relating to change of base mileage for the ward staff have been estimated.

Capital Funds to support the reprovision have been included in the final Local Delivery Plan submitted for the 5 year period 2015/16 to 2019/20.

## Recommendation

The Board is asked to **approve** the full business case to relocate the Mental Health Rehabilitation inpatient service to Crumhaugh, House, Hawick

<b>Policy/Strategy Implications</b>	The above complies with current policies and strategies, specifically NHS Borders Estates Rationalisation plan.
<b>Consultation</b>	A wide range of internal and external bodies have been consulted with. This is detailed in the engagement and communications plan included as an appendix to the business case.
<b>Consultation with Professional Committees</b>	N/A
<b>Risk Assessment</b>	Robust arrangements for risk assessment and management will be in place as part of the overall project management arrangements.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	A full Equality & Diversity Impact Assessment has been completed for this project. The Impact Assessment summary form has been included as an appendix to the business case.
<b>Resource/Staffing Implications</b>	Capital funds required have been included in the Local Delivery Plan for 2015/16 to 2019/20. Additional recurring revenue costs of £10k per annum. Staffing model will remain unchanged in the new location.

## Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

## Author(s)

Name	Designation	Name	Designation
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**NHS Borders**  
**East/West Brigs Ward Relocation**  
**Full Business Case**

**July 2015**

**Version 5**

## Version Control

<b>Revision Date</b>	<b>Revisions / Review</b>	<b>Version</b>
11 March 2015	<ul style="list-style-type: none"><li><input type="checkbox"/> Inclusion of Project Team comments</li><li><input type="checkbox"/> Inclusion of E&amp;D Impact Assessment Summary Form</li><li><input type="checkbox"/> Inclusion of Communications &amp; Engagement Summary Section</li></ul>	V2
22 April 2015	<ul style="list-style-type: none"><li><input type="checkbox"/> Updated Communication &amp; Engagement Strategy within appendix 6</li></ul>	V3
2 July 2015	<ul style="list-style-type: none"><li><input type="checkbox"/> Updated timescales within Procurement Strategy &amp; project plan</li><li><input type="checkbox"/> Updated implementation plan within appendix 6</li><li><input type="checkbox"/> Updated Communications &amp; Engagement Summary Section</li><li><input type="checkbox"/> Updated revenue information with Financial and Economic Appraisal section</li></ul>	V4
21 July	<ul style="list-style-type: none"><li><input type="checkbox"/> Incorporate comments from Scottish Government Informal Review - Prior to submission to the Scottish Government Capital Investment Group</li></ul>	V5

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# **Executive Summary**

## **Introduction**

The aim of this business case is to present a preferred option for the redesign and reprovision of Mental Health rehabilitation inpatient services currently provided within East/West Brigs ward on the Galavale site in Galashiels.

The business case explains the context and drivers for change, the work undertaken to identify the preferred option, risk assessment and financial framework.

## **Strategic Objectives**

This proposal fulfils a number of strategic objectives relevant to NHS Borders and aims to:

- Improve the ward accommodation to provide a safer and more therapeutic environment for patients
- Assist in the commitment to reduce the estate footprint by 20%

In addition the business case has been developed in line with a number of the NHS Borders Clinical Strategy Key Principles, namely:

- Services will be safe, effective and high quality
- We are committed to working in Partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve
- Services will be delivered efficiently, within available means

## **Developing Service Options**

A detailed option appraisal has been undertaken for the project covering non financial benefits, the financial costs including an economic appraisal. Representative groups of users and stakeholders were involved in this process.

## **Preferred Option**

The outcome of the economic and non-financial benefits option appraisal process resulted in the following option being the preferred option for the relocation of East/West Brigs ward.

Development of Option 5, relocate to Crumhaugh site in Hawick. This site allows for a designed layout addressing the patient safety aspects of patient observation, prevention and management of aggression and violence and supporting an ageing patient group in fit for purpose accommodation with increased therapeutic and living space.

## **Financial Appraisal**

The preferred option will cost £1.86m in capital resource across financial years 2015/16 and 2016/17.

The preferred option for this project is affordable in terms of capital investment as detailed in the 5 year 2014/15 - 2019/20 Local Delivery Plan Capital Plan.

Investment in recurring running costs of the unit is required to cover the increase in domestic staffing and the property maintenance and utility costs of heat, light and power. The total additional recurring investment in these areas is £15k per annum.

Non recurring costs of excess travel in relation to staff change of base are estimated to cost £187k over 4 years (terms and conditions).

The preferred option is therefore affordable in terms of capital and revenue.

## **Project Management**

A robust project management framework has been in place to date and will be further developed to ensure that the project can be taken forward within agreed timescales and with the appropriate governance, control and management of risk.

## **Procurement Strategy**

The Project Team scoping and subsequent works on the service requirements and floor plan layout of the options considered are at an advanced stage. The Project Brief and accommodation schedules, together with feasibility construction cost estimates, have been prepared based on the current approved floor plan layouts at each of the sites.

Following Board approval the scoping works will be progressed by appointment of a design consultancy team utilising the NHS Scotland HFS Frameworks Scotland 2 procurement pathway to support the design development together with a construction partner for the build project through to the commissioning stages.

The use of the NHS Scotland Frameworks Scotland 2 procurement pathway will support the Board in the delivery of best value.

### Frameworks Scotland 2

Framework Scotland 2 is a construction procurement route set in place by Scottish Government, to provide a strategic and flexible partnership approach to the procurement of publicly funded construction work. It provides Boards with the ability to readily appoint accredited Principal Supply Chain Partners



(PSCP's) and Professional Services Contractors (PSC's) facilitated through a pre-agreed commercial arrangement, utilized by the NHS in Scotland on most medium to large scale projects. In the Framework procurement route the PSCP will develop a Guaranteed Maximum Price to deliver the project.

The PSCP's differ from traditional contractors as the supply chains which are available to Boards contain a wide range of expertise from construction professionals through to specialist members. This provides Boards with the unique opportunity of engaging the PSCP to undertake a wide variety of duties from initial brief and design development through to completion and handover.

It is important to note that from the out-set there will be the need to appoint the key participants tasked with the responsibility to take forward and deliver the project utilizing the principles of the Scottish Capital Investment Manual (SCIM) and liaison with Architecture + Design Scotland. The procurement route is in line with the Board agreed Standing Financial Instructions as detailed in the Code of Corporate Governance.

The scheme has been progressed thus far from its initiation through feasibility stage by the use and joint input of Camerons Architects and Hardies (Cost Advisors). Further financial commitment and design development of the project is dependent on Board approval to this Business Case.

#### Timescales

In order to realize the project construction completion target date of the end of summer 2016, the importance is highlighted of early engagement of design team consultants and PSCP personnel to move forward respective appointments; this will require key participants being in place immediately following the anticipated Board approval of this Business Case of August 2015.

#### **Recommendation**

It is recommended that approval be given to the preferred option for East/West Brigs ward to relocate to the Crumhaugh House site in Hawick (Option 5), with

- a capital cost of £1.86m,
- an annual recurring revenue investment of £15k,
- non recurring costs of staff change of base excess mileage and
- that this project be delivered during 2015/16 and 2016/17.

It is recommended that approval be given to the preferred relocation option for East/West Brigs ward to allow the detailed design and procurement processes to be undertaken to deliver the project.

# 1 Strategic Overview

## Introduction

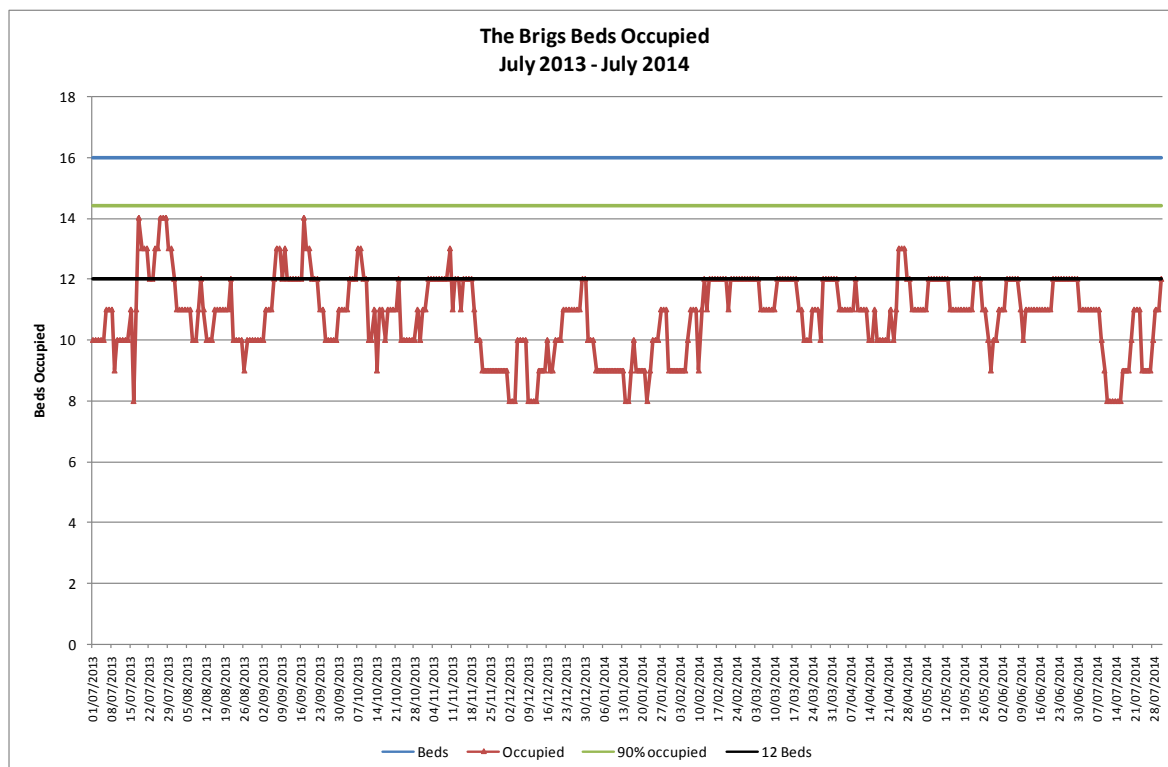
- 1.1 The current year 2014/15 Capital Plan includes feasibility and project management resource to support the Mental Health Clinical Services to develop a business case which will support the potential release of the Galavale site.
- 1.2 The Galavale Reprovision Project has been separated over two phases of work. Phase 1, which is covered by this business case, is concentrating on the East/West Brigs ward relocation and the second phase of work will concentrate on the relocation of remaining services located on the Galavale Site.
- 1.3 East/West Brigs ward in its current location has been assessed as carrying a high level of patient safety risk reported to the Mental Health Clinical Board. The ward layout is split over two floors and across two buildings resulting in challenges to effective patient observation, prevention and management of aggression and violence and for suitability of use by an ageing patient group. The buildings also lack sufficient therapeutic space which can impact on the level and effectiveness of rehabilitative care provided. Looking at potential relocation options for the ward aims to address these issues and improve the quality of care for patients receiving care within the ward.
- 1.4 A Project Team was established in July 2014 which includes representation from the ward, partnership, unions, human resources, service users, advocacy services, public and the Scottish Health Council. Meetings are being held fortnightly throughout the duration of the project.
- 1.5 In order to establish the most suitable relocation option for this Mental Health rehabilitation inpatient unit, the following options were considered:
  - Remaining on the Galavale site (status quo)
  - Remaining on the Galavale site (status quo with development)
  - Relocating to Crumhaugh House, Hawick (building currently vacant)
  - Relocating to the ward area within The Knoll, Duns
  - Relocating to the ward area within Kelso Community Hospital
- 1.6 The project team worked through each of the options to ensure that a comparable level of detail was available for each site to enable all options to be scored equitably during the options appraisal session. Information gathered included comparisons on accessibility of the locations, availability of community activities/resources and distance to other Mental Health support staff.

- 1.7 A local architect was appointed to assist with producing layout drawings for each site which detailed how the agreed ward requirements could fit into each location. The ward accommodation requirements were agreed through discussions at the Project Team meetings. The plans were used during the options appraisal to assist with the scoring process.
- 1.8 Key members of the project team are also meeting with the Communications Manager and the Public Involvement Manager on a monthly basis throughout the duration of this project to ensure appropriate communication and engagement with relevant key stakeholders at all stages.

### **Current Service Provision**

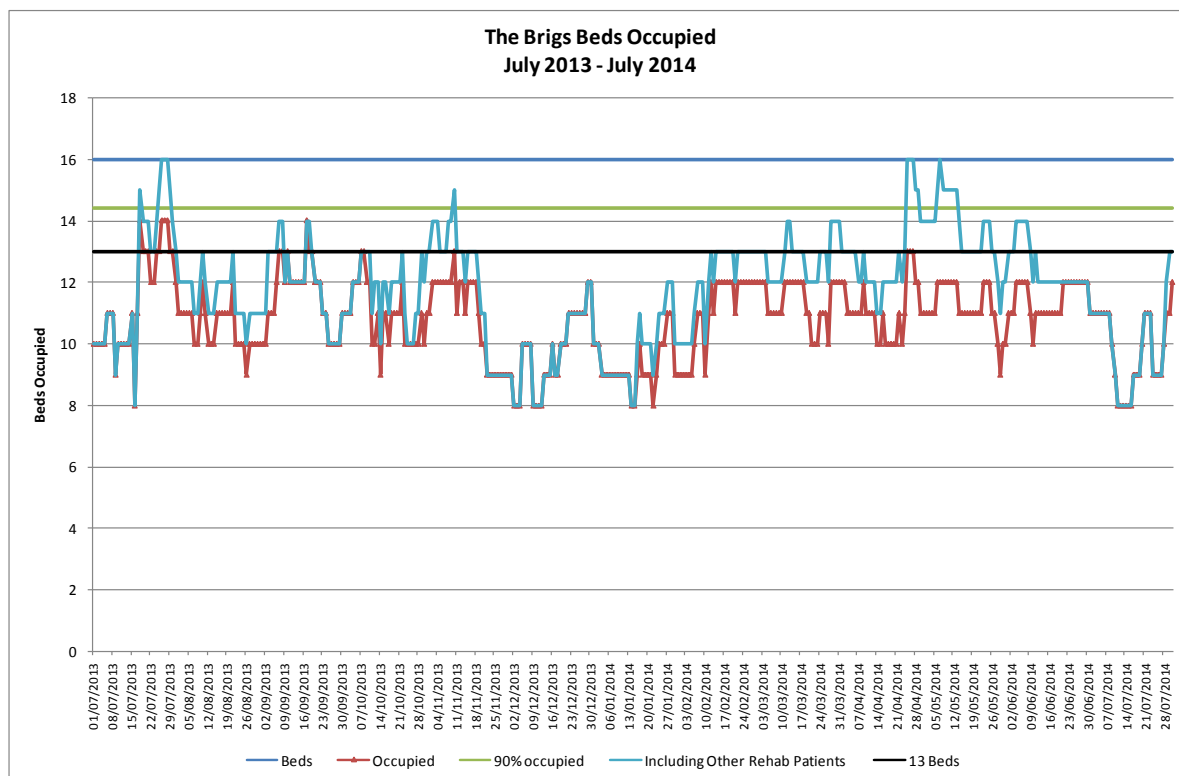
- 1.9 East Brig Ward is a Rehabilitation in-patient unit for people aged over 18 with severe and enduring mental health problems. The unit is currently running with 12 beds in use (out of a maximum 16), however it has been agreed that if relocated and if space would allow 13 beds would be the optimum number. This resulting in an 85% bed occupancy level. East Brig offers specialist care to patients during various phases of their recovery. Most of the patients will have a diagnosis of Schizophrenia and many will never be symptom free. The unit also manages patients who use both legal and illegal substances.
- 1.10 Patient's length of stay varies, some will be from 2-3 weeks and others may be 2-3 months. Some of the patients will be admitted under the mental health act for their treatment and stay.
- 1.11 East Brigs patient mix can include patients who are experiencing an acute relapse of their illness and require intensive nursing treatment. Often patients being receiving care require a safe and non stimulating environment to allow them to be unwell.
- 1.12 The ward also cares for patients who need to be in hospital for slow stream rehabilitation prior to living in the community setting. Generally patients will have little insight and require small goals and a lot of input to allow them to achieve some independence to live in the community with support.
- 1.13 Patients who are requiring a specific piece of intervention for example a change of medication, relapse prevention; etc will also be admitted to the unit.
- 1.14 Bed occupancy levels in the Brigs have been reviewed for the period July 2013 to July 2014. There are currently 16 beds available split across the 2 buildings on the Galavale site. The graph below shows the number of beds used each day during this period. The complement of 16 beds is shown also marked is the 12 bed level and the 90% occupancy level (14.4 beds).

Figure 1.1 Brigs Beds Occupied By Day



- 1.15 The above graph shows that for 94% of the 13 months analysed the unit worked within 12 beds with only 23 days, or 6%, of the time up to 14 beds have been used. All averages show 11 beds as the most utilised per day.
- 1.16 At the last Continuing Care Census on the 31<sup>st</sup> March 2014 there were 2 patients in the ward that required Continuing Care and 1 further patient with a stay of over 365 days. Of these 3 patients only 1 remains an inpatient requiring Continuing Care.
- 1.17 The Project Team asked for a further analysis of the bed occupancy data from July 2013 to July 2014 to identify what the bed occupancy rates would be for a compliment of 12 and 13 beds. This is indicated in the graph below. Based on a bed compliment of 12 beds over this period, a bed occupancy rate of 94% would be achieved and for 13 beds, 83% would have been achieved. The actual occupancy rate for the current provision of 16 beds was 67%. The Project Team agreed that we should progress with the reprovision of 13 beds for the service going forward.

Figure 1.2 Brigs Bed Occupancy Data



### Fit with Local and National Strategic Context

- 1.18 NHS Scotland has a national Property and Asset Management Strategy<sup>1</sup> that covers the management of land, buildings and other assets. This strategy aims to “optimise the utilisation of assets in terms of service benefit and financial return.”
- 1.19 The current valuation of NHS Scotland’s asset base is £5bn. The majority of this value is accounted to the estate (land and buildings).
- 1.20 In line with the national strategy, NHS Borders have produced a local Property and Asset Management Strategy which has the following objectives in relation to our property:
- To optimise the space utilisation of operational properties, facilitating alternative effective use or temporary/permanent release of accommodation.
  - To reduce the gross internal area of the Property Portfolio and/or numbers of properties held by NHSB by 20%, within the period 2011-2015. The review will include all owned/operated and leased accommodation which through necessity will result in more effective services being provided from fewer sites.
  - To operate with a Property Portfolio containing only essential buildings, fit for purpose and energy efficient.

<sup>1</sup> A Policy for Property and Asset Management in NHS Scotland, Scottish Government, September 2010

- 1.21 The relocation of East/West Brigs ward from the Galavale site will allow for progression of the relocation of other services currently located on the site. This will in turn allow for the organisation to release this property and assist the goals of our Property and Assessment Management Strategy as detailed above.
- 1.22 The options considered, and the recommended preferred option, for the relocation of the East/West Brigs Ward from the Galavale site is aligned to the national and local Property and Asset Management Strategy principles.

## 2 The Case for Change

2.1 The case for the relocation of East/West Brigs ward is based on a number of key issues, including the need to:

- Improve the ward accommodation to provide a safer environment for patients
- Increase therapeutic space available to patients
- Increase living space available to patients

2.2 Some of the problems with the current facility include:

- East Brig building is split over two floors which results in challenges to effective patient observation and also presents difficulties for patients with physical frailties
- Ward accommodation is split across three buildings; West Brig is in a separate building to East Brig and the physiotherapy treatment room and gym are provided within the main Galavale building
- East Brig has narrow corridors which
  - do not support effective and safe prevention and management of aggression and violence
  - create noise reverberation which is an issue within the building
- Lack of sufficient therapeutic space for patients

2.3 The following section sets out the short-listing for the project and the option appraisal of the short-listed schemes.

### **3 The Option Appraisal**

#### **Introduction**

- 3.1 The Design Team (Camerons Architects, Galashiels) were given briefs based upon the accommodation requirements (as detailed in Appendix 1) developed with the Project Team.
- 3.2 The schemes have been developed with the involvement of the users and other stakeholders including public and patient representation and there has been a dynamic review of the brief as site constraints and costs have required. The minimum requirements of the original brief defined in the PID have been maintained but with the agreement and involvement of the users some desirable elements of the accommodation schedule have been excluded or reduced in scope.
- 3.3 Outline Design Drawings of all options have been reviewed by the stakeholders and the Project Team. It must be stressed that the progress to date forms an outline design process with illustrative and indicative design drawings. The next stage of the process will focus on detailed design. There will be ample opportunity for users and stakeholder involvement in the detailed design process.
- 3.4 This part of the business case contains details of the option appraisal areas covered. The option appraisal consists of two elements:
- The scoring of benefits – this is described below
  - The combination of the outcome of the benefits appraisal with financial information to provide an economic appraisal which assesses the value of each option in terms of cost per benefit point.

#### **Objectives and Benefits Criteria**

- 3.5 The overall purpose is to ensure the delivery of safe, sustainable, affordable and high quality care.
- 3.6 A number of common benefits criteria and weights were agreed for the East/West Brigs scheme which has allowed the Project Team to develop a methodology to make an assessment of the options. Scoring was based on Safety, Timeliness, Effectiveness, Efficiency, Equity and Person-centeredness, in line with NHS Scotland's Quality Strategy and NHS Borders Clinical Strategy. These are set out in the table below. No benefits criteria are related to the value for money objective. This is assessed later in the process by combining the benefits and economic appraisals. The benefits criteria had been assigned a relative weighting from a maximum of 100%. Each of the options was then scored against criteria on a scale of 1



to 6 by facilitated groups representing all key stakeholders. In the case of East/West Brigs the numbers of stakeholders who attended the option appraisal event necessitated 3 groups to be formed. Individual scores were obtained from each member from each of the 3 groups for each statement within each criteria for all of the options.

*Table 3.1: Criteria for the Option Appraisal*

<b>Criteria</b>	<b>Description</b>	<b>Score (1-6)</b>	<b>Weighting</b>
<b>Patient Safety</b>	<ul style="list-style-type: none"> <li>No increased risk for patients or lowers any existing risks</li> </ul>		30%
	<ul style="list-style-type: none"> <li>Provides safe and effective monitoring/observation of patients</li> </ul>		
	<ul style="list-style-type: none"> <li>Provides appropriate individual space to avoid psychological tensions and interpersonal conflict</li> </ul>		
<b>Equity of Service</b>	<ul style="list-style-type: none"> <li>Provides a service for all Borders patients as required</li> </ul>		15%
	<ul style="list-style-type: none"> <li>Service delivered in the most appropriate clinical and therapeutic environment</li> </ul>		
	<ul style="list-style-type: none"> <li>Provides the same model of care</li> </ul>		
<b>Ability to deliver a quality service</b>	<ul style="list-style-type: none"> <li>Provides increased and improved therapeutic space</li> </ul>		20%
	<ul style="list-style-type: none"> <li>Provides adequate support from linked Mental Health Services (e.g wards, supported accommodation, Community Rehab)</li> </ul>		
	<ul style="list-style-type: none"> <li>The quality of care has a positive effect on the patient, family and carer</li> </ul>		
<b>Accessibility</b>	<ul style="list-style-type: none"> <li>Provides suitable and appropriate access</li> </ul>		15%
	<ul style="list-style-type: none"> <li>Patients have access to locality and community services and outside therapeutic space</li> </ul>		
	<ul style="list-style-type: none"> <li>Provides a managed position on interface with other site users</li> </ul>		
<b>Resource Utilisation</b>	<ul style="list-style-type: none"> <li>Effective use of staff</li> </ul>		10%
	<ul style="list-style-type: none"> <li>Delivers objectives of the estates rationalisation programme</li> </ul>		
	<ul style="list-style-type: none"> <li>Effective use of capital resource for</li> </ul>		

	longer term gain		
<b>Ability to Deliver</b>	<ul style="list-style-type: none"> <li>Is this option sustainable and will it allow the service to meet future demands</li> </ul>		10%
	<ul style="list-style-type: none"> <li>Can this option be delivered within the agreed timescale</li> </ul>		
	<ul style="list-style-type: none"> <li>Does this option meet the Clinical Strategy Key Principles</li> </ul>		

Table 3.2: Scoring Guide

Score	Description
1	Not compliant / consistent with criteria
2	Only limited compliance with criteria or significant limitations / compromises
3	Partial compliance with criteria, but with some limitations / compromises
4	Compliance with criteria, although with some minor limitations / compromises
5	Fully compliant with criteria
6	Exceeds criteria

- 3.7 A written guide to the event was issued to all participants prior to the event, this as agreed by the Project Team to support stakeholders who had never attended an option appraisal exercise. This included information relating to the external environment and the locality for each of the options (as detailed in Appendix 2).
- 3.8 At the Option Appraisal events the facilitator presented the options and printed copies of the indicative floor plans were provided. It was stressed (and questions were asked about minor changes) at each event that the plans tabled were indicative illustrations of the opportunities in each option and that final plans would be produced in consultation and partnership with the users prior to procurement. It was however emphasised that the scope would be subject to funding and resource availability as agreed in the Board approval of the Business Case and would be about layout and ensuring a working design rather than fundamental re-design.
- 3.9 The chosen list of options considered were agreed prior to the commencement of this project. The five options considered (as highlighted in the table below) were the only viable options available at this point in time. Only two of the four community hospitals were considered as options. The reason for this was that both Hawick and Haylodge have had significant recent investment and are considered fit for purpose. Both Kelso and The Knoll serve the eastern Borders, by considering these as relocation options would ensure equity of service across the Borders, with potentially one location in each of eastern Borders, Haylodge in northern and Hawick in southern Borders. Although Crumhaugh House has been declared surplus by the

Board and remains on the open market, it remains unsold so was also brought in as one of the relocation options.

- 3.10 Discussions were also held with Scottish Borders Council Estates Department to establish if they could offer suitable accommodation that could be considered as an option. Unfortunately, they were unable to offer accommodation that would fit with the ward requirements.

*Table 3.3: Short-listed Options for East/West Brigs ward*

<b>Option</b>	<b>Title</b>	<b>Description/Detail</b>
1	Status Quo	Do nothing and remain on current Galavale site
2	Status Quo with development of accommodation	Remain on the Galavale site with minimum works to provide additional space/improved layout
3	Relocate to Knoll Community Hospital in Duns	Relocate to Knoll Community Hospital using a re-developed ward space
4	Relocate to Kelso Community Hospital	Relocate to Kelso Community Hospital using a re-developed ward space
5	Relocate to Crumhaugh site in Hawick	Relocate to Crumhaugh site

A total of 33 people took part in the Option Appraisal on 27 October 2014. Scoring from a public representative unable to attend on the day was also included along with a submission received on behalf of the Access Panel which accounts for 6 people. Therefore 35 separate individual score sheets were included in the assessment. After an initial introduction from the Chief Executive, facilitators described the 5 options. Three groups were then formed and separately discussed the merits of the options. All individuals then scored the schemes in the same order.

- 3.11 Table 1.4 below sets out the summary appraisal of the short-listed options with weighted scores.

Table 3.4: Summary Appraisal of Short-listed Options for East/West Brigs ward

Option	Title	Criteria					
		Patient Safety	Equity of Service	Ability to deliver a quality service	Accessibility	Resource Utilisation	Ability to deliver
1	Status Quo	8.91	12.06	10.77	12.29	7.20	10.25
2	Status Quo with development of accommodation	11.96	12.81	13.30	12.68	7.45	10.43
3	Relocate to Knoll Community Hospital in Duns	10.62	9.63	7.78	6.21	10.37	9.68
4	Relocate to Kelso Community Hospital	13.48	11.17	10.05	9.96	11.94	12.19
5	Relocate to Crumhaugh site in Hawick	16.19	12.88	11.62	11.80	11.66	13.26

Table 3.5: Ranking of options in East/West Brigs ward Option Appraisal with weighted scores

Ranking	Option	Name	Weighted Score
1	5	Relocate to Crumhaugh site in Hawick	77.42
2	4	Relocate to Kelso Community Hospital	68.79
3	2	Status Quo with development	68.64
4	1	Status Quo	61.47
5	3	Relocate to Knoll Community Hospital, Duns	54.29

3.12 The outcome of the non financial Option Appraisal is clear, with a relocation to Crumhaugh being considered better than the remaining four options. It is also noted that the margin between the second and third ranked options is very small (less than 1%).

## 4 The Financial and Economic Appraisal

### Introduction

- 4.1. The financial appraisal is the ultimate determinate of affordability whilst the economic appraisal determines the value for money provided. Value for money is demonstrated by measuring the ratio of overall costs to non-financial benefits for each option. It does not always follow that the option offering the best value for money will be affordable; hence the need to consider affordability as a parallel assessment criteria.
- 4.2 Table 4.1 below shows the results from the financial and economic appraisal. The outcome is not as clear as the non financial appraisal with only a £15 difference in the cost per benefit point (less than 1%) between the two highest ranked options which are options 2 and 4.

Table 4.1: Economic Appraisal

Galavale East West Brigs Relocation Options Appraisal					
Economic Appraisal		Galavale Reconfigured	Knoll	Kelso	Crumhaugh
	Baseline	Option 2	Option 3	Option 4	Option 5
Economic Capital Cost to NHS Borders	£0	£1,369,078	£1,191,844	£1,378,378	£1,906,438
Equivalent Annual Cost Discount Factor		0.0483	0.0483	0.0483	0.0483
Estimated Life of Capital (Years)		35	35	35	35
(a) Equivalent Annual Cost	£0	£66,137	£57,575	£66,586	£92,095
(b) Net Revenue Cost	£94,609	£98,762	£105,481	£97,634	£104,513
Total Annual Cost (a) + (b)	£94,609	£164,899	£163,056	£164,220	£196,609
Weighted Non-Financial Indicators		68.64	54.29	68.79	77.42
Cost per Benefit Point		£2,402	£3,003	£2,387	£2,540
Rank		2	4	1	3

- 4.3 The results from the financial and economic appraisal were presented to the Project Team for consideration. Following discussion, the Project Team did not feel able to support taking forward option 4, a relocation to Kelso Community Hospital as the preferred option due to there not being a significant difference between the cost per benefit point between the first two top ranked options, particularly as the second ranked option was the status quo site with an element of reconfiguration. Returning such similar scoring to the preferred option, the existing site would result in a number of highlighted patient safety risks could not be eliminated but would continue to be recorded through the risk register and essentially managed by the staff. The risk management arrangements would therefore continue to require resource which if addressed in terms of environment would release those staff to deliver care and rehabilitative input to the patient group. Despite some significant reconfiguration works, the footprint of the

East/West Brigs building does not allow for all observation concerns to be removed, for example the main ward accommodation would remain over two floors in addition the width of corridors does not enable all prevention and management of violence and aggression issues to be addressed.

- 4.4 The overall scoring of the options were presented to the Mental Health Clinical Board in November 2014 for approval. The Mental Health Clinical Board did not support the preferred option. This due to the preferred option not clearly demonstrating additional benefit against the existing site reconfiguration which would retain the highlighted and risk managed patient safety risks.
- 4.5 The Clinical Board requested that a review was undertaken of the previously agreed list of ward requirements to ensure that what was required accurately reflects the needs of the ward. This work was taken forward by a small group of managerial and clinical representatives. This review particularly focused in terms of the patient safety concerns relating to observation, prevention and management of violence and aggression and ease of use by an ageing patient group.
- 4.6 Additions were made to the list of requirements in line with the Clinical Board direction (see appendix 5) and a meeting was then held with Camerons Architects to revise the indicative floor plans for each of the options. Updated costs for each option were then revised by the cost advisors.
- 4.7 Once the revised floor plans and costs were received, these were presented to the Project Team before the financial and economic appraisal process was repeated.
- 4.8 The architect was unable to produce a revised set of floor plans for option 2, status quo with development of accommodation as the building footprint does not allow for the additional ward requirements to be achieved. For example, one of the additional requirements was to ensure the corridor widths in the buildings are 1.8m in width, this to meet the prevention and management of violence and aggression aspects. To achieve this at East/West Brigs would result in approximately 50% of the useable space being reduced which would compromise the amount and size of usable accommodation. As a result of the inability to meet these core requirements, the Project Team removed the reconfiguration on the existing site, option 2, from the short list of options being considered.
- 4.9 The result of the revised financial and economic appraisal is shown in Table 4.2 below. The preferred option being option 5, relocate to Crumhaugh site in Hawick:

Table 4.2: Revised Economic Appraisal

<b>Galavale East West Brigs Relocation Options Appraisal</b>					
<b>Economic Appraisal</b>		Galavale Reconfigured	Knoll	Kelso	Crumhaugh
	<b>Baseline</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 4</b>	<b>Option 5</b>
Economic Capital Cost to NHS Borders	£0	£0	£1,560,708	£1,553,998	£1,616,474
Equivalent Annual Cost Discount Factor		0.0483	0.0483	0.0483	0.0483
Estimated Life of Capital (Years)		35	35	35	35
(a) Equivalent Annual Cost	£0	£0	£75,394	£75,070	£78,088
(b) Net Revenue Cost	£94,609	£0	£427,664	£283,081	£291,734
Annual Cost (a) + (b)	£94,609	£0	£503,058	£358,151	£369,822
Weighted Non-Financial Indicators			54.29	68.79	77.42
Cost per Benefit Point			£9,266	£5,206	£4,777
Rank			3	2	1

- 4.10 The changes in the rankings of the options from that detailed in table 4.2 above are as a result of the revised list of ward requirements in terms of the capital cost associated with the required reconfiguration works at both Kelso and The Knoll increased to deliver the required observation and corridor width aspects. There was however a slight reduction in the costs associated with works required at Crumhaugh following the review of the agreed floor layout plan.
- 4.11 A further factor contributing the ranking of the options resulted from the revised valuation for the Crumhaugh site which was received in early January 2015. The valuation has been received from the Board's Independent Professional Property Advisor and is in response to the very limited level of interest in the property from the open market.
- 4.12 The Board's Property and Asset Management Strategy 2014/15 includes details of the backlog maintenance costs for the preferred option of Crumhaugh House at a total of £22,600. The backlog maintenance elements relate to Interior and Exterior decoration and are rated at low risk.

### Capital and Revenue Costs

- 4.13 The main elements covered within the financial appraisal to determine the preferred option were:
- Cost of capital reconfiguration, upgrade and new build works across the options considered.
  - Capital costs were based on the configured floor plan layouts and were given by an appointed independent professional cost advisor. The cost advisor estimate is viewed as

being representative of the procurement pathway required for this project. Tendered prices will be available following completion of the detailed design development and market testing as part of the Frameworks 2 process.

- A provision sum for moveable furniture and equipment has been included.
- Inclusion of an element for optimism bias to recognise that at this stage in the design development not all factors can be fully detailed and therefore this element recognises a level of risk to the costs available.
- An estimate of the level of professional fees required (including for example the design team, quantity surveyor and cost advisor), this linked to the scale and scope of the project.
- Inclusion of an estimated land purchase price for option 5, to pay back the Board Capital Plan for the lost opportunity of the Sale Proceeds from the disposal of Crumhaugh, this sum based on the professional property advisor site valuation currently held by the Board.
- Recurring revenue costs have been calculated from existing annual property running costs scaled in line with each option's floor areas.
- Non recurring revenue costs of 'Change of base excess mileage costs' have been estimated over the 4 year period. This cost will be reviewed and reduced where possible.

Table 4.3: Financial Appraisal

<b>Galavale East West Brigs Relocation Options Appraisal</b>					
<b>Financial Appraisal</b>		Galavale Reconfigured	Knoll	Kelso	Crumhaugh
	<b>Baseline</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 4</b>	<b>Option 5</b>
<b>Capital Cost</b>					
Reconfiguration and Construction Cost	£0	£0	£1,640,080	£1,632,980	£1,619,740
Site/Decant/Removal Costs			£10,000	£10,000	£85,000
Furniture & Fittings			£160,000	£160,000	£160,000
<b>Total Capital Cost</b>			<b>£1,810,080</b>	<b>£1,802,980</b>	<b>£1,864,740</b>
<b>Recurring Revenue Cost</b>					
General Services	£63,230		£67,082	£61,304	£65,355
Rates/Water/Property Maintenance & Utilities	£31,379		£39,980	£37,082	£39,361
Capital Charges	£45,396		£108,942	£108,668	£110,300
Patient Advocacy Costs			£5,000	£5,000	£5,000
<b>Total Recurring Revenue Cost</b>	<b>£140,005</b>		<b>£221,004</b>	<b>£212,054</b>	<b>£220,016</b>
<b>Additional Recurring Revenue Cost</b>			<b>£80,999</b>	<b>£72,049</b>	<b>£80,011</b>
<b>Non Recurring Revenue</b>					
Change of Base Excess Travel Costs (Cost over 4 year period)			£321,000	£185,000	£187,000
<b>Total Non Recurring Revenue Costs</b>			<b>£321,000</b>	<b>£185,000</b>	<b>£187,000</b>



## **Affordability**

### **Capital**

4.14 The preferred option will cost £1.86m in capital resource across financial years 2015/16 and 2016/17. The preferred option for this project is affordable in terms of capital investment as detailed in the 5 year 2014/15 - 2019/20 Local Delivery Plan Capital Plan. The Board is required to formally approve the capital costs of the preferred option.

### **Revenue**

4.15 The total additional annual recurring revenue consequences of the preferred option is £80k. This includes £65k for capital charges which are already included within the revenue plan as priority schemes agreed by the Board. The balance, £15k per annum, of additional annual recurring revenue costs cover domestic services, property maintenance and utility costs of heat light and power.

4.16 The staffing model will remain unchanged in the new location.

4.17 The relocation of the ward will incur non recurring excess staff travel costs. An assessment has been made at the potential cost of these which would apply to the nursing and administration staff. The total estimated cost of staff excess travel is £187k payable over 4 years as per staff terms and conditions. This cost has been included in the Financial Appraisal calculations in table 4.3 above. Review will be completed on this element of cost.

4.18 The relocation of the ward to Hawick may also incur additional recurring costs relating to the excess travel required by the Borders Independent Advocacy Service. This is currently held as a provision for the project approximated at £5k per year.

4.19 The preferred option is therefore affordable in terms of capital and revenue.

## **5 The Preferred Option**

- 5.1 The preferred option is development of Option 5, relocate to Crumhaugh site in Hawick. This site allows a fit for purpose floor layout with separation between living, therapeutic and bedroom spaces. A safer living environment for patients is therefore achieved as a result.
- 5.2 In order to assist the patients rehabilitate back into the community prior to discharge, being located in close proximity to a number of community facilities is important. Crumhaugh as a locality offers easy access to community facilities such as the town centre, swimming pool and local gym. These factors were considered as part of the non financial options appraisal scoring.

### **Key Issues**

- 5.3 Increased number of therapeutic areas available to patients to enhance patient experience during their inpatient stay.
- 5.4 All ward accommodation is provided in the one building on a single storey. This reduces potential isolation for staff and/or patient groups and more effective patient observation can be achieved as a result. This will also assist with the treatment of patients who have physical frailties. Working from one building on a single storey maximises the resources available from the staffing model to enable dedicated resource to be made available to support the rehabilitation aspects of the care being delivered.
- 5.5 Increased corridor width and a better ward layout supports the prevention and management of aggression and violence and reduces noise reverberation within the building.

## 6 Risk Appraisal and Risk Management

### Risk Appraisal and Risk Management Strategy

- 6.1 This project has been subject to on-going risk review and risk management through the production of formal Risk Logs and Issue logs. These have been considered at the Project Team meetings. The issue of the need to further refine drawings before tendering and the constraints of allocated budget and site have been explained to the Project Team which has agreed the production of indicative plans at this stage.
- 6.2 The Project Team meetings have agreed actions and strategies to mitigate risk, wherever possible.
- 6.3 The project, subject to approval of the business case, is now entering the implementation phase with a shift in emphasis in risk management from the early development stages to detailed design, procurement and constructions stages. It is envisaged that the approach adopted to date will form the basis of the risk management process and will form a key aspect of the project management and project reporting processes.
- 6.4 The project will have risks and a risk profile.
- 6.5 In general terms there will be a need to manage risks covering:
- Costs – capital and revenue – affordability and availability of funding
  - Procurement process – efficient and effective process needed to minimise risk
  - Planning – avoiding delay and protracted processes
  - Technical – design processes need to be well controlled to ensure that user needs are met in line with demand and capacity requirements and technical guidance.
  - Engagement with external bodies. E.g. Scottish Borders Council
  - Services – ensuring continuity during construction
  - Resources required to deliver the projects
  - Stakeholder expectations
  - Communications
  - Project slippage
  - Site conditions.
- 6.6 Robust arrangements for risk appraisal and management will be in place as part of the overall project management arrangements for the next phase of the project. An initial risk register has been compiled with agreement from the Project Team. The risk register will be regularly reviewed and updated as part of the project management framework arrangements.

## 7. Project Management

7.1 It will be essential to ensure that the East/West Brigs Ward Relocation Project can progress effectively to ensure successful delivery and outcomes within agreed timescales. This will require the implementation of an agreed project management framework which can:

- Produce detailed project plans for agreement by the Board
- Identify tasks, timescales, roles, responsibilities and accountabilities in the delivery of the project
- Monitor and report on progress to the Board
- Highlight risks, slippage and problems to the Board
- Take day to day operational action to manage processes and ensure that tasks are achieved on time and within budget.

7.2 Whilst the project is not huge, in financial terms, it is strategically and operationally important to NHS Borders and in political terms there is a need to be seen to be delivering successful outcomes.

7.3 Given these factors, it is envisaged that the project framework will require a combination of:

- Key decision making by the NHS Borders Board
- Involvement and support from the Board Executive Team
- Appointment of a Project Director
- An overarching Project Board to deal with issues for the project and ensure a consistent approach, whilst ensuring progress against the project plan
- Nominated Project Manager for the project who will have day to day responsibility for the management of the project
- Effective representation of users and stakeholders in the development of the project designs and procurement processes
- Key inputs from strategic planning, technical, financial, legal and human resources professionals as required to ensure the benefits of the project, as captured in this business case are realised, and that suitable expertise is available to support the users and stakeholders in the development and implementation of the project.
- Good communication throughout the organisation and with partner organisations.

7.4 NHS Borders has successfully implemented this type of approach in the past for projects delivered as part of the Capital Investment Plan, for example, Ward 6 Surge Capacity, Outpatients and Huntlyburn Ward.

## **NHS Board and Board Executive Team (BET)**

7.5 Throughout the lifespan of the project, the NHS Board and the Board Executive Team will take ultimate responsibility for delivery of the project and retain overall decision-making authority. Its role will include:

- Approval of project framework and project plans;
- Review of progress and decisions on resources;
- Confirmation of approaches and processes;
- Confirmation of preferred bidder(s);
- Approval of Full Business Case;
- Award of contract/financial close.

## **Project Director**

7.6 The Project Director's role will be to:

- Advise on the project framework and project arrangements
- Ensure adequate resources are made available to the project;
- Identify problems and resolve difficult issues;
- Provide overall internal and external leadership for the project, liaising with other agencies and bodies;
- Oversee the project as a whole, including all relevant public financed procurements;
- Ensure that benefits are identified and that benefit realisation plans are produced;
- Manage stakeholders' interests in the project, providing decisions and direction on their behalf, embracing direction from the Project Board;
- Act as a direct link to NHS Borders Board, the Board Executive Team, Project Board and all external organisations;

## **Project Board**

7.7 The Project Board will take responsibility for all delegated decision-making throughout the process and for the referral of key decisions to the Board / BET.

7.8 The Project Board will meet on a regular basis to monitor progress of the project and role of the **Project Board** will be to:

- Take responsibility for decision making and leadership within agreed delegated limits;
- Approve the project plan;
- Monitor and approve any changes to the project;
- Provide a framework for service redesign;
- Ensure projects establish linkages with clinical, management and organisational practices;
- Direct the work of the project team;

- Monitor service standards and quality;
- Maintain public involvement and the continuation of partnership working;
- Manage internal and external communications;
- Ensure the exercise of overall financial control;
- Exercise delegated authority, on behalf of the NHS Board to ensure that the project delivers:
  - The clinical benefits detailed in the business case;
  - Contract agreement that offers the best way for the scheme objectives to proceed to a project conclusion;
  - A legal framework, which ensures the protection of the Boards' positions and future.

7.9 In addition, the Project Board will be supported by:

- A link and regular updates to the Board Executive Team which will ensure that the necessary senior managers and clinicians maintain regular involvement in the project, ensuring the necessary ownership at the most senior levels in the organisation;
- A Project Team will provide dedicated project support including finance, estates and project administration and support.

### **Project Team**

7.10 A project team will be created who will guide the work on a day to day basis and will take responsibility for management of the process and all relevant documentation. This team will meet more frequently than the Project Board. This team will ensure the Project Board is aware of any risks which will impact on the project including:

- Monitoring progress against the agreed project plan;
- Approval of actions at key stages of the project. e.g. cost plans, work content, work arrangements;
- Monitoring costs against cost plans;
- Allocation of resources to ensure that tasks can be achieved;
- Review and revision of tasks as appropriate;
- Providing reports on progress, costs and other key issues to the Project Director, Project Board and NHS Borders.

### **Project Manager**

7.11 A Project Manager will be appointed to co-ordinate the day to day work of the Project Team. This will include the planning, financial, technical and other advice necessary to deliver the project and this role will encompass:

- Setting up the project in a controlled environment, implement a regime of sound project management and advise the Project Director as to progress on time, cost and quality;

- Manage the Project Team;
- Monitor against project execution plan and ensure corrective action is taken if needed;
- Agree project monitoring procedures and documentation;
- Review and monitor spend against the project budget;
- Report progress to Project Director and to the Project Board.

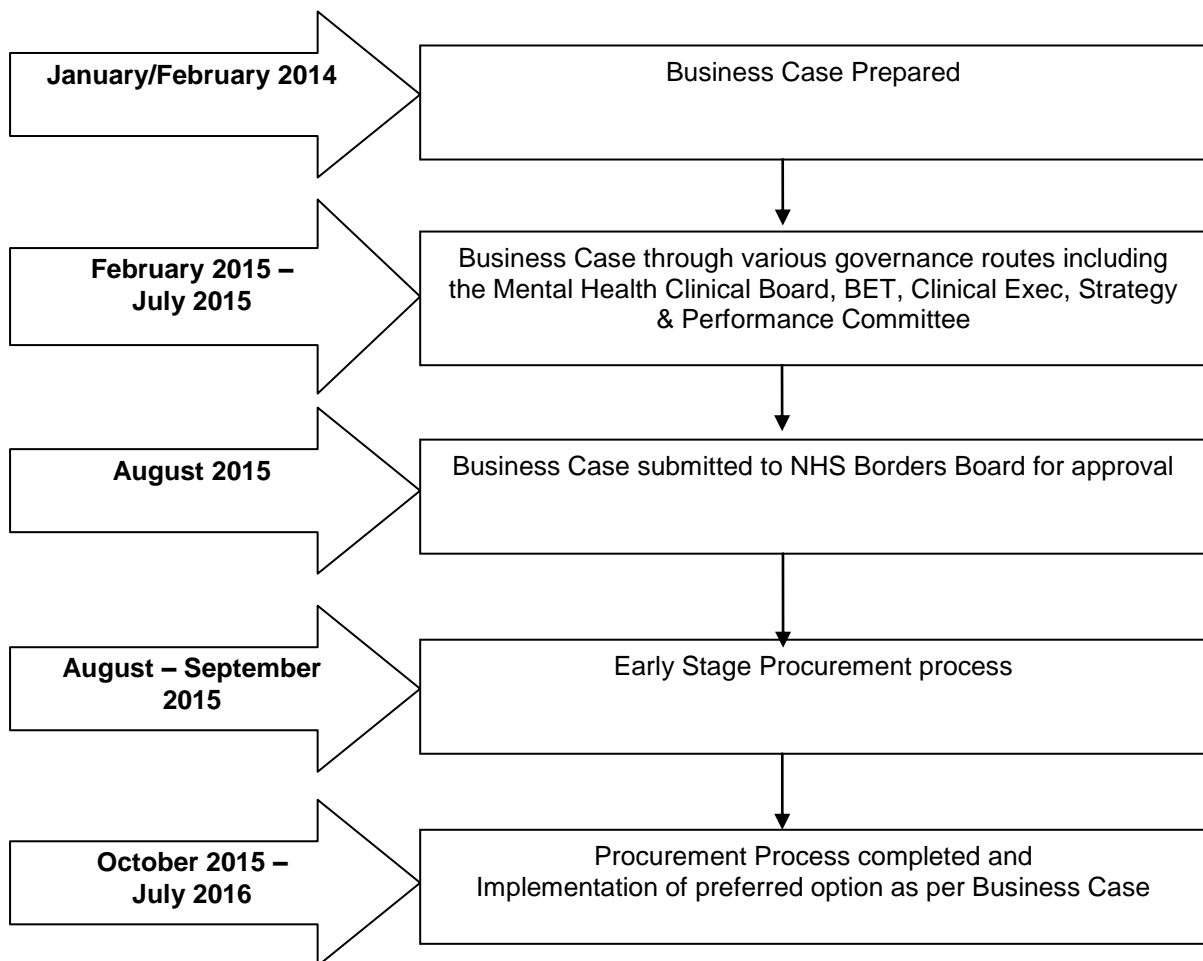
### Stakeholder Involvement

7.12 Stakeholders have already been involved in the Project and their input will continue during the next phase of the Project. Both the Project Board and Project Team will have representation from Patient/Public Involvement and NHS Borders Staff Partnership group as and when this input is required. Input will be received from the Equality and Diversity Team.

### Project Timetable

7.13 A detailed project plan will be produced following approval of the Full Business Case and agreement of the procurement strategy.

### Outline Project Plan



## **Project Evaluation**

- 7.14 Delivery of the benefits for the patients of this ward as detailed in this Business Case is a priority for NHS Borders.
  
- 7.15 The project management framework will ensure full evaluation is completed for the project to evidence the delivery of the remitted objectives. This evaluation process will be supported by the Patient Advocacy Representative and other users and stakeholders as part of the Project Team.



## **8. Communications and Engagement Summary**

- 8.1 The Project Team has developed and continually updated a Communications and Engagement Strategy. This is attached as Appendix 6
- 8.2 The Project Team includes representatives from the affected services, partnership, unions, human resources, service users and the public.
- 8.3 Project Team members and a wider representation from all affected sites and services were represented at the option appraisal.
- 8.4 Key members of the Project Team are meeting with the Communications Manager and the Public Involvement Manager on a monthly basis throughout the duration of this project to ensure appropriate communication and engagement with staff and the public.
- 8.5 Regular discussions are being held with the Scottish Health Council and their Local Officer is also in attendance at project team meetings. Communications have also been made with members of the Scottish Health Council's national team. Completion of the SHC Major Service Change documentation has been completed and concluded that this project is a service relocation and is not considered a major service change.
- 8.6 Partnership, Human Resources and union representatives are members of the project team who are available to support and offer guidance to staff who may be affected by the ward relocation.
- 8.7 NHS Borders Public Reference Group will be kept updated on the project process throughout.
- 8.8 The following external bodies have been engaged with:
- SBC Elected Members and representatives – responded positively
  - Teviot Area Forum – responded positively
  - Community Councils – no responses received
  - Local MP's/MSP's – one request for additional information received
- 8.9 The Project Team service user representative is engaging with both current and potential service users. Feedback from these communications have been taken into account and an information/frequently asked questions sheet has been produced to share with the service users.

## **Equality and Diversity**

8.10 An Equality Impact Assessment has been conducted and identifies no significant issues. The Board's lead officer is content and a copy of the summary is at Appendix 4.

## **9 Recommendations**

- 9.1 It is recommended that approval be given to the preferred option for East/West Brigs ward to relocate to Crumhaugh House site in Hawick (Option 5) with a capital cost of £1.86m, with investment in annual recurring revenue costs of £15k, non recurring costs of staff excess mileage totalling £187k over the 4 year period, and that the project commences construction in 2015/16 completing in 2016/17.
- 9.2 It is recommended that approval be given to the preferred relocation option for East/West Brigs ward to allow the detailed design and procurement processes to be undertaken.

## APPENDIX 1

### EAST/WEST BRIGS WARD RELOCATION REQUIREMENTS

En-suite bedrooms (13)
Interview Rooms
Self catering Kitchen x 2 with lockable cupboards
OT assessment kitchen
Therapy/Group Room
Dining Room
Large Clinical Room
Staff Room
Enclosed garden and discreet smoking area outside
Gym
Physio Treatment Room
Relaxation Room
Laundry Room
Visitors Room
2 x Separate Sitting Rooms
Assisted Bathroom
Changing Rooms
Games Room
TV Room
Pantry
SCN Office
Ward Sec Office
Nurses Station
DSR
Storage

## APPENDIX 2

### EXTERNAL ENVIRONMENT AND LOCALITY INFORMATION

#### External Environment

##### Distance to Nearest Community Facilities

	<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso</b>	<b>The Knoll</b>
Library	1.1 miles	1.1 miles	0.2 miles	0.7 miles
Swimming pool	1 mile	1.2 miles	0.1 miles	1.1 miles
Fitness classes	1 mile	0.2 miles	0.6 miles	1.1 miles*
Fitness suite/gym	1 mile	0.2 miles	0.6 miles	1.1 miles*
Shops	0.2 miles	0.1 miles	0.5 miles	0.5 miles
Supermarket	0.8 miles	0.9 miles	0.7 miles	0.6 miles
Takeaway/sandwich bar	0.5 miles	1 mile	0.5 miles	0.5 miles
Cafe/restaurant	0.5 miles	1 mile	0.5 miles	0.5 miles
Public house	0.5 miles	1 mile	0.3 miles	0.5 miles

\*not on public transport route

##### Other Available Community Facilities

	<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso</b>	<b>The Knoll</b>
Ice rink/curling	No	No	Yes	No
Golf	Yes	Yes	Yes	Yes
Rugby	Yes	Yes	Yes	Yes
Bowling	Yes	Yes	Yes	Yes
Football	Yes	Yes	Yes	Yes
Council Contact Centre	Yes	Yes	Yes	Yes
Hairdresser/barber	Yes	Yes	Yes	Yes

##### Population Statistics (2011)

<b>Hawick</b>	<b>Galashiels</b>	<b>Kelso</b>	<b>Duns</b>
14,294	14,994	5,639	2,753

#### Bus Services

##### Distance to nearest bus stop

<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso</b>	<b>The Knoll</b>
0.02 miles	0.1 miles	0.1 miles	0.3 miles

##### Towns accessible by bus from Hawick – number of buses running each day

	<b>Mon to Fri</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Edinburgh</b> Route X95	26 outward 24 return	23 outward 23 return	11 outward 12 return

<b>Duns</b>	No direct buses		
<b>Galashiels</b> Route X95	35 outward 32 return	30 outward 30 return	17 outward 17 return
<b>Jedburgh</b> Route 120	13 outward 11 return	11 outward 11 return	No direct buses
<b>Kelso</b> Route 20	9 outward 9 return	9 outward 9 return	4 outward 4 return
<b>Peebles</b>	No direct buses		
<b>Selkirk</b> Route 71 & X95	38 outward 36 return	31 outward 30 return	17 outward 17 return

**Towns accessible by bus from Galashiels – number of buses running each day**

	<b>Mon to Fri</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Edinburgh</b> Routes X62 & X95	68 outward 69 return	60 outward 60 return	32 outward 32 return
<b>Duns</b> Route 60	13 outward 13 return	6 outward 6 return	6 outward 5 return
<b>Hawick</b> Route X95	32 outward 35 return	30 outward 30 return	17 outward 17 return
<b>Jedburgh</b> Route 68	7 outward 8 return	7 outward 8 return	2 outward 2 return
<b>Kelso</b> Routes 66 & 67	16 outward 17 return	15 outward 15 return	6 outward 6 return
<b>Peebles</b> Route 62	31 outward 34 return	28 outward 29 return	13 outward 13 return
<b>Selkirk</b> Routes 72 , 73 & X95	60 outward 63 return	57 outward 55 return	22 outward 22 return

**Towns accessible by bus from Kelso – number of buses running each day**

	<b>Mon to Fri</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Edinburgh</b> Route 51/52	10 outward 13 return	11 outward 13 return	5 outward 5 return
<b>Duns</b>	No direct buses		
<b>Galashiels</b> Routes 66 & 67	17 outward 16 return	15 outward 15 return	6 outward 6 return
<b>Hawick</b> Route 20	9 outward 9 return	9 outward 9 return	4 outward 4 return
<b>Jedburgh</b> Route 20	9 outward 9 return	9 outward 9 return	4 outward 4 return
<b>Peebles</b>	No direct buses		
<b>Selkirk</b>	No direct buses		

**Towns accessible by bus from Duns – number of buses running each day**

	<b>Mon to Fri</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Edinburgh</b>	No direct buses		
<b>Galashiels</b> Routes 60 & 160	14 outward 14 return	6 outward 6 return	5 outward 6 return
<b>Hawick</b>	No direct buses		

<b>Jedburgh</b>	No direct buses
<b>Kelso</b>	No direct buses
<b>Peebles</b>	No direct buses
<b>Selkirk</b>	No direct buses

**Locality Information**

**Distance to nearest Mental Health Team/Ward**

	<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso CH</b>	<b>The Knoll</b>
<b>Nearest Ward</b>	Huntlyburn, Cauldshiels, Lindean & Melburn – 18.8 miles	Huntlyburn, Cauldshiels, Lindean & Melburn – 3 miles	Huntlyburn, Cauldshiels, Lindean & Melburn – 16 miles	Huntlyburn, Cauldshiels, Lindean & Melburn – 25 miles
<b>Nearest Community Team*</b>	South CMHT – 0.8 miles	Community Rehab Team & Borders Addiction Services – 0 miles  East CMHT – 1.6 miles	MHOAS East & South – 0 miles	MHOAS East & South – 15.7 miles
<b>Nearest Day Unit*</b>	Westport DU – 0.8 miles	Gala Resource Centre – 1.3 miles  Gala Day Unit – 1.5 miles	Poynder View Resource Centre – 0 miles	Poynder View Resource Centre – 15.7 miles

\*based on current location of services, e.g. does not allow for possible co-location of other services should space at chosen site allow

**Distance to nearest Day Service**

<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso CH</b>	<b>The Knoll</b>
New Horizons – 1.4 miles	Gala Resource Centre – 1.3 miles New Horizons – 1.3 miles	New Horizons – 0.6 miles	New Horizons – 0.2 miles

**Distance to A&E**

<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso CH</b>	<b>The Knoll</b>
18.8 miles	3 miles	16 miles	25 miles

**Distance to Nearest Police Station**

<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso CH</b>	<b>The Knoll</b>
1.3 miles	1.5 miles	0.5 miles	0.5 miles

### Distance for Duty Doctor to travel

<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso CH</b>	<b>The Knoll</b>
18.8 miles 33 minutes	3 miles 8 minutes	16 miles 28 minutes	25 miles 40 minutes

### Distance to Supported Accommodation

<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso CH</b>	<b>The Knoll</b>
18.1 miles	1.4 miles	18.8 miles	27.9 miles

### Response Time for Scottish Ambulance Service\*

<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso CH</b>	<b>The Knoll</b>
1 hour	1 hour	1 hour	1 hour

\*Advised by Scottish Ambulance Service that response time is based on urgency of medical need rather than location.

### Site Information – services/departments co-located\*

<b>Crumhaugh</b>	<b>Galavale</b>	<b>Kelso CH</b>	<b>The Knoll</b>
No other services (first floor currently vacant)	Borders Addictions Service	MHOAS East & South	Knoll Health Centre
	Community Rehab Team	Poynder View Resource Centre	NHS Day Hospital
	Physiotherapy	Social Work	Physiotherapy
	Mental Health Tribunal Service	Physiotherapy	Occupational Therapy
	Music Therapy Service	Occupational Therapy	Speech & Language Therapy
		NHS Day Hospital	Podiatry
		SBC Day Centre	
		Information Governance	
	Moving & Handling		
	Speech & Language Therapy		
	Medical Records		
	Podiatry		
Vacant space = approx 812.29m <sup>2</sup>	Vacant space = approx 543.79m <sup>2</sup>	Vacant space = approx 78.95m <sup>2</sup>	Vacant space = approx 170.57m <sup>2</sup> (based on plans provided by Camerons that does not use existing ward area in its entirety)

\*based on current location of services, e.g. does not allow for possible co-location of other services should space at chosen site allow or possible relocation of services from chosen site



**Travel Comparison to ICU, St John's Hospital, Livingston**  
**Based on information provided by [www.rac.co.uk/route-planner](http://www.rac.co.uk/route-planner)**

	<b>Route 1</b>	<b>Route 2</b>	<b>Route 3</b>	<b>Difference to shortest existing route (Galavale Route 1)</b>
<b>Crumhaugh</b>	A68 1 hour 32 minutes 71.11 miles	A7 1 hour 33 minutes 64.91 miles	A72 1 hour 52 minutes 69.5 miles	Route 1: +25minutes, +22.91 miles Route 2: +26 minutes, +16.71 miles Route 3: +45 minutes, +21.3 miles
<b>Galavale</b>	A7 1 hour 7 minutes 48.2 miles	A68 1 hour 9 minutes 57.1 miles	A72 1 hour 32 minutes 56.07 miles	N/A
<b>Kelso CH</b>	A68 1 hour 14 minutes 58.55 miles	A7 1 hour 36 minutes 63.65 miles	N/A	Route 1: +7 minutes, +10.35 miles Route 2: +29 minutes, +15.15 miles
<b>Knoll</b>	A697 & A68 1 hour 16 minutes 60.95 miles	A1 1 hour 18 minutes 66.76 miles	N/A	Route 1: +9 minutes, +12.75 miles Route 2: +11 minutes, +18.56 miles

# APPENDIX 3 SITE PLAN DRAWING



(Net floor area = 684M<sup>2</sup>, measure to internal face of external walls)

Provisional Drawing For Discussion Purposes

Option 1: PROPOSED GROUND FLOOR PLAN 1:100@A1  
Galavale Relocation - (OPTION 1) Crumhaugh, Hawick  
Scottish Borders  
Date: 12/08/2024  
Scale: 1:100  
Drawing No: 100-01

12/08/2024  
Crumhaugh  
Galavale  
Relocation  
Option 1  
Ground Floor Plan  
1:100@A1  
Drawing No: 100-01  
camerons

**APPENDIX 4  
EQUALITY & DIVERSITY IMPACT ASSESSMENT**

**Equality Impact Assessment (EIA)  
SUMMARY (Publishing Form)**

<b>Title of Policy/Function/Service:</b>	Galavale Re provision (Phase 1: East/West Brigs Ward Relocation) Project	
<b>Directorate/Department: Head of Service:</b>	Capital Planning Team, Estates Department. Carol Gillie, Director of Finance & Capital Planning	
<b>Telephone No: Email Address:</b>	01896 825501 carol.gillie@borders.scot.nhs.uk	
<b>Names/ Job titles of Assessors</b>	Karen Maitland – Project Manager Steph Errington – Head of Planning & Performance	
<b>Summary of Policy / Service /Function aims:</b>	Improve the Mental Health Rehabilitation inpatient ward accommodation to provide a safer and more therapeutic environment for patients. Release Galavale site for potential sale.	
<b>Strands Impacted:</b>  <b>Please note:</b> If you leave any box blank in this section you will have decided that your proposed service or function has no impact on that particular strand.	Age <input checked="" type="checkbox"/> Disability <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Race <input type="checkbox"/> Religion or Belief <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Poverty/Social Exclusion <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/>	
<b>Summary of key issues arising and decisions made</b>	Project Group agreed a list of ward requirements that would need to be provided at each of the option sites in order to: <ul style="list-style-type: none"> <li>• Cater for a future ageing client group</li> <li>• Provide increased living and therapeutic space for patients</li> <li>• Provide a safer ward environment for both patients and staff</li> </ul>	
<b>Summary of key recommendations</b>	Crumhaugh House as the chosen relocation option provides: <ul style="list-style-type: none"> <li>• Ward accommodation over a single storey to ensure no accessibility restrictions</li> <li>• Increased living and therapeutic space for patients</li> <li>• Safer ward environment through increased corridor widths, reduction in blind spots/corners, all ward accommodation provided within one building</li> </ul> <p>Advice to be sought from specialist Mental Health architect on fixtures and fittings to be provided in new ward design.</p>	
<b>Agreed by</b>	Name: Karen Maitland	Date:25 February 2015

## APPENDIX 5

### ADDITIONS TO EAST/WEST BRIGS WARD RELOCATION REQUIREMENTS

No blind spots/corners
Elimination of ligature risks
Adequate corridor width to allow for 3 people to walk side by side
DDA compliant (particularly access, corridors and bedrooms with en-suites)
Single storey (no staircases)
Potential to separate vulnerable groups
Specification based on that used for Huntlyburn Ward refurbishment
Quality external space

## APPENDIX 6

### Communications and Engagement Strategy



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## ENGAGEMENT & COMMUNICATIONS PLAN FOR EAST/WEST BRIGS RELOCATION PROJECT

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**Key messages**

**Audiences**

**Engagement and Communication methods**

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## **EAST/WEST BRIGS RELOCATION PROJECT ENGAGEMENT & COMMUNICATIONS PLAN**

This plan sets out the key actions to be undertaken to communicate with all stakeholders regarding the East/West Brigs Relocation project.

### **AIMS**

NHS Borders recognises it is essential to communicate, engage and involve a range of stakeholders around the East/West Brigs Relocation project as it progresses.

This document outlines the communications and engagement activities planned to inform stakeholders of the proposals, ensure open dialogue and offer opportunities for stakeholders to contribute.

### **BACKGROUND**

NHS Borders has committed to reduce their estate footprint by 20%. The current year Capital Plan includes feasibility and project management resource to support the Clinical Services to develop a business case which will support the potential release of the Galavale site.

East/West Brigs Ward (situated on the Galavale site) is a rehabilitation inpatient unit for people aged 18-69 with severe and enduring mental health problems. The ward in its current location carries some patient safety risks. The ward layout is split over two floors and two buildings resulting in challenges to effective patient observation. The buildings also lack sufficient therapeutic space which can impact on the quality of service provided to the patients.

Potential relocation options for the ward have been considered in order to address these issues and improve the quality of care for our patients. This work has been taken forward and led by a Project Team which was established in July 2014. The Project Team membership includes representatives from the affected services, partnership, unions, human resources, service users and the public.

Key members of the project team have been meeting with the Communications Manager and the Public Involvement Manager on a monthly basis throughout the duration of this project to ensure appropriate communication and engagement with staff and the

public. Regular discussions are being held with the Scottish Health Council and their Local Officer is also in attendance at project team meetings.

A formal option appraisal process was undertaken to establish the most suitable relocation option for this Mental Health rehabilitation inpatient unit. Options that were considered were:

1. Remaining on the Galavale site (status quo)
2. Remaining on the Galavale site with developments
3. Relocating to Kelso Community Hospital
4. Relocating to The Knoll, Duns
5. Relocating to Crumhaugh House, Hawick (building currently vacant)

Project team members and a wider representation from all affected sites and services were represented at the non financial option appraisal which took place on 27 October 2014.

Following a non financial appraisal, a financial and economic appraisal was undertaken. The result of this identified the preferred option as a relocation to Crumhaugh House, Hawick.

Crumhaugh was previously utilised as inpatient accommodation by Mental Health and Primary and Community Services but this was vacated in the summer of 2012. The property was placed on the market in July 2013 but a buyer has never been identified. Crumhaugh also housed Huntlyburn Ward (Mental Health acute inpatient unit) for a temporary period from December 2012 to August 2013 whilst refurbishment works were carried out to their existing premises.

## **OBJECTIVES**

Accurate identification of stakeholders and the appropriate use of communication and engagement tools and processes are essential to ensuring high quality engagement and communication.

Stakeholders need to know what changes are planned, why they are happening and how they can contribute to the decision making process.



Our objectives are:

- To ensure that staff and the public feel listened to and that their views can influence decisions
- Where difficult decisions are needed, a clear and robust case will be communicated.
- To help ensure consistent messages within NHS and amongst wider stakeholder groups
- To ensure stakeholders have opportunities to be engaged and involved in the work of the project
- To ensure that views gathered from stakeholders are reflected in the business case where appropriate

## **KEY PRINCIPLES**

With the support and agreement of both the Scottish Health Council and Public Involvement Team, NHS Borders will promote the National Standards for Community Engagement as the core principles of all activities throughout the project.

## **KEY MESSAGES**

The key message themes are:

- Patient Safety
- Quality of service
- Clinical drivers
- Financial efficiencies

Key messages need to develop at each conversation stage to ensure risk stakeholders do not disengage with the process.

The messages have been agreed by the Project Team (Galavale Reprovision Phase 1: East/West Brigs Relocation Project Group), Communications and Public Involvement at each stage with advice and support of the local Scottish Health Council and reflect the feedback received from stakeholders.

## **AUDIENCES**

To help ensure public engagement and communications is meaningful and appropriate, a stakeholder analysis helps ensure we identify all relevant stakeholders and use the most appropriate methods of communications and engagement.

Particular efforts will be made to make sure we communicate and engage with stakeholders in a method that is suitable to them, and to communicate and engage with 'hard to reach' groups.

The following stakeholders have been identified:

- Patients
- Public
- Staff
- NHS Borders Board, Advisory Committees and Non-Executives Directors
- Public Involvement Network including Public Partnership Forum
- Scottish Borders Council
- Local Community Groups, Area Committees
- Scottish Government
- Scottish Health Council
- MSPs / MPs
- Media
- Borders community groups
- Third Sector (voluntary groups/organisations)
- Commissioned service providers
- Joint service providers
- Public Governance Committee



## **CRITERIA TO CONSIDER**

NHS Boards have a statutory responsibility to involve patients and members of the public in how health services are designed and delivered. To help NHS Borders staff plan Public Involvement in a consistent way there is the **NHS Borders Process for Co-ordinating Public / Patient Engagement**, which has been adhered to throughout our consultation.

## **IMPLEMENTATION PLAN**

<b>TIMESCALE</b>	<b>AUDIENCE</b>	<b>METHOD/ACTIVITIES</b>	<b>REASON FOR ATTENDANCE</b>	<b>LEAD</b>	<b>STATUS</b>
July 2014 onwards	Public Involvement	Monthly meetings with Public Involvement Manager	To inform, update & seek guidance	Susan Swan/Steph Errington/Clare Oliver/Karen Maitland	Ongoing
July 2014 onwards	Brigs Relocation Project Group	Fortnightly meetings with service, partnership, unions, HR, public & service user representation	To support & lead the project	Karen Maitland	Ongoing
28 July 2014	Scottish Health Council	Meeting to brief on project	To inform & update	Karen Maitland/ Clare Oliver	Complete
12 August 2014	NHS Borders Area Staff Side	Discussion and brief on PID ahead of Strategy Group	To inform & update	Karen Maitland	Complete
14 August 2014	NHS Borders Strategy Group	Presentation and discussion on PID	For approval	Susan Swan/ Karen Maitland	Complete
Ongoing	BET	Progress updates within Comms Update	To update	Clare Oliver	Ongoing
Early Sept 2014	Staff groups at Galavale Site	Presentations & group discussions to seek views and address any concerns on the project	To update & gather information	Service Leads	Complete
27 October 2014	Options Appraisal	Project group members including service, partnership, unions, HR, public & service user representation plus additional affected staff/publc representation	Carry out non-financial option appraisal	Karen Maitland	Complete
6 November 2014	Strategy & Performance	Update on process followed, level of engagement & stages of project still to come	To inform & update	Susan Swan/Steph	Complete

	Committee			Errington	
17 November 2014	Public Reference Group	Update on process followed, level of engagement & stages of project still to come	To inform & update	Karen Maitland/Lisa Clark	Complete
17 & 24 November 2014	Brigs Relocation Project Group	Advise on outcome from non financial and financial option appraisal	For discussion		Complete
11 December 2014	NHS Borders Strategy Group	Advise on outcome from non financial and financial options appraisal	To update	Susan Swan/Karen Maitland	Complete
22 January 2015	Brigs Relocation Project Group	Advise on outcome from revised financial appraisal	To inform & update	Susan Swan/Karen Maitland	Complete
23 January 2015	Affected staff	Briefing statement advising on preferred option and next steps	To inform & update	Karen Maitland	Complete
28 January 2015	Mental Health Board	Advise on outcome from revised financial appraisal	To inform & update	Susan Swan/Karen Maitland	Complete
5 February 2015	Board Development Session	To update on project, preferred option and the proposed engagement strategy	To inform, update & seek guidance on any additional engagement required	Susan Swan/Steph Errington	Complete
16 February 2015	Public Reference Group	To advise on preferred option	To inform & update	Karen Maitland	Complete
23 February 2015	Brigs Relocation Project Group	Draft business case for approval	For approval	Project Group	Complete
25 February 2015	Mental Health Board	Presentation & discussion on business case	For approval	Cliff Sharp	Complete
10 March 2015	Equality & Diversity	Completion of impact assessment process	To give consideration to any potentially impacted groups	Karen Maitland	Complete
24 March	BET	Presentation and discussion on business case – update	For approval	Susan	Complete

2015		on comms & engagement plan requested only.		Swan/Karen Maitland	07/04/15
3 April 2015	Elaine Torrance, Susan Manion, David Robertson, & Jeanette McDiarmid	Meeting to advise on details of project and gather any comments	To inform and engage	Susan Swan/Steph Errington/ Karen Maitland/ Cliff Sharp/ Simon Burt	Complete (Susan M & David R only attended from SBC)
9 April 2015	NHS Borders Strategy Group	Presentation and discussion on business case	For review and comment	Susan Swan/Karen Maitland	Complete
10 April 2015	Capital Investment Group	Submission of business case	For approval	Susan Swan	Complete
20 April 2015	Public Reference Group	To update on engagement plan	To inform and seek feedback	Karen Maitland	Complete
22 April 2015	SBC Corporate Management Team	To advise on details of project, engagement plan and gather any comments	To inform and engage	Susan Swan/Karen Maitland/Cliff Sharp	Complete
30 April 2015	Affected staff	Updated briefing statement	For information	Karen Maitland	Complete
7 May 2015	Strategy & Performance Committee	To update on engagement plan and seek approval to temporarily remove Crumhaugh as declared surplus property pending Board approval in August	For review and comment	Carol Gillie	Complete
14 May 2015	SBC Leadership Group	Meeting to advise on details of project and gather any comments	To inform and engage	Susan Swan/Susan Manion/Brian Paterson	Complete
18 May 2015	Elected Members for Hawick area (in attendance Cllrs Turnbull,	Meeting to advise on details of project and gather any comments	To inform and engage	Susan Swan / Karen Maitland/ Cliff Sharp/Susan	Complete

	Marshall, McAteer & Paterson)			Manion	
18 May 2015	Elected Members for Galashiels area (in attendance Cllrs Aitchison & Mitchell)	Meeting to advise on details of project and gather any comments	To inform and engage	Susan Swan / Karen Maitland/ Cliff Sharp/Susan Manion	Complete
19 May 2015	Teviot Area Forum	To advise on details of project and gather any comments	To inform and engage	Cliff Sharp/Carol Gillie/ Karen Maitland	Complete
From 20 May 2015	East/West Brigs Ward Service Users (inpatients & outpatients)	Drop in sessions, 1:1's, questionnaires, letters, telephone interviews, visit to new location	To inform and engage	Lina Folan	Ongoing
20 May 2015	Media release	To advise on area forum presentation & offer wider public engagement	To inform and engage	Clare Oliver	Complete
20 May 2015	Community Councils	Letters to be sent to advise on details of project and request comments to be submitted within 6 weeks	To inform and engage	Clare Oliver/Karen Maitland	Complete 25/05/15
29 May 2015	Affected staff	Updated briefing statement	For information	Karen Maitland	Complete 25/05/15 (email update)
29 May 2015	MP's/MSP's (Calum Kerr MP & Jim Hume MSP)	Comms brief updated to include information on project for their meeting with Jane Davidson	To inform and engage	Clare Oliver/Karen Maitland	Complete 02/06/15 (letter sent)
1 June 2015	Yvonne Summers & Jim May,	Business case for comment	To inform and engage	Karen Maitland/Steph	Complete 01/06/15

	Performance Management, Scottish Government			Errington	
8 June 2015	Wider Mental Health staff groups	Update paragraph provided to Mental Health for inclusion in latest version of their Corporate & Team brief	To inform and engage	Karen Maitland	Complete 08/06/15
10 June 2015	Mental Health & Wellbeing Partnership Board	Presentation and discussion on business case	For information	Cliff Sharp/Karen Maitland	Complete
19 June 2015	MP's/MSP's (David Mundell MP & John Lamont MSP)	Comms brief updated to include information on project for their meeting with Jane Davidson	To inform and engage	Clare Oliver/Karen Maitland	Complete 02/06/15 (letter sent)
Mid June 2015	Scottish Health Council	Submission of potential service change paperwork & business case	To ensure sufficient engagement	Karen Maitland	Complete 02/07/15
25 June 2015	Neighbours of Crumhaugh	Site visit of grounds to establish any potential neighbour concerns and information provided on patient group	To inform and engage	Cliff Sharp	Complete
30 June 2015	Affected staff	Updated briefing statement	For information	Karen Maitland	Complete 02/07/15 (email)
1 July 2015	Community Councils response	Consideration of any community council feedback	Engagement	PI & Comms Sub Group	Complete (no feedback received)
2 July 2015	Wider NHS Borders staff groups	Inclusion in Corporate & Team Brief	For information	Comms Team	Complete 02/07/15
Mid July 2015	Scottish Health Council feedback	Action of any additional recommendations	To ensure sufficient engagement	PI & Comms Sub Group	
31 July 2015	Affected staff	Updated briefing statement	For information	Karen Maitland	



6 August 2015	NHS Borders Board	Presentation and discussion on business case	For approval	Susan Swan/Steph Errington/ Karen Maitland	
6 August 2015	Media release	To advise on outcome of Board meeting	For information	Clare Oliver	
6 August 2015	Affected & wider staff groups	To advise on outcome of Board meeting	For information	Karen Maitland	