



Ministry
of Defence

Headquarters Surgeon General Secretariat
Coltman House,
Defence Medical Services Whittington,
Lichfield,
Staffordshire
WS14 9PY

Ref: FOI2015/09332

E-mail: SGSecFin-SecGpMailbox@mod.uk

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Dear

Thank you for your e-mail of 23 October 2015 in which you said the following:

"I wish to make a request under the Freedom of Information Act for access to information supporting the decision announced in July 2014 to transfer the Defence Military Rehabilitation Centre away from Headley Court.

Specifically I would like to see:

- Any business case providing an assessment of the fitness for purpose of the facilities at Headley Court;*
- Any assessment of the risks associated with the closure of Headley Court and the transfer of the facilities to the planned new site at Stanford Hall."*

This is being treated as a request for information under the Freedom of Information Act (FOIA) and the Ministry of Defence (MOD) can confirm that it holds information within the scope of your enquiry.

In March 2014, a Business Case for the Defence and National Rehabilitation Centre (DNRC) was submitted to the MOD Investment Approvals Board, prior to the Ministerial announcement in July 2014 of the decision to relocate the Defence rehabilitation facility to Stanford Hall. Two of the three options proposed in the Business Case summarise the arguments for keeping the rehabilitation facility at the Defence and Medical Rehabilitation Centre (DMRC) Headley Court (HC). These two options of the Business Case are relevant to your request and are provided at Annex A as is, for context, the third option (to establish a DNRC).

The MOD maintains a full risk register for the DNRC programme using specialist Active Risk Manager software. The register is therefore not available in a shareable format.

When the Defence rehabilitation facility relocates to Stanford Hall in 2018, the Headley Court site will be handed back to its owners – the Trustees of the Headley Court Charity – in accordance with the lease agreement. We understand the Trustees are currently exploring future options for the site. The MOD is maintaining a close dialogue with the Trustees about the handover of the site and there are no significant risks associated with this issue.

Regarding the transfer of the rehabilitation facility to Stanford Hall, four of the top five risks to the DNRC programme (as at 14 October 2015) relate to personnel not relocating from Headley Court to the DNRC. This was recognised as a risk even before the move to Stanford Hall was announced in 2014. There are a number of ongoing mitigation actions and activities in place to address these risks, including staff engagement, and retention and recruitment strategies.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact the Headquarters of the Surgeon General in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Deputy Chief Information Officer, 2nd Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the FOIA. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.org.uk>.

Yours sincerely,

Headquarters of the Surgeon General

Option 1 [Maintain HC using current support mechanisms]

16. In 2010 it was agreed with DG Finance that a “do nothing” option was not a realistic proposition and that an appropriate baseline would be a “de minimis” option. This option includes planned investments in HC, but does not include additional facilities or “betterment”. The present HC site is limited by physical capacity to expand, the age and utility of the infrastructure, and limitations on planning permission because of green belt location. An investment of £24M was made in 2008, but this only addressed immediate needs of Campaign casualties and infection control. Substantial further investment will be required to maintain the existing capability, particularly the fabric of the infrastructure. This is reflected in the IA. In addition, the existing HC site lacks the flexibility and scalability to be able to accept future developments in rehabilitative techniques and equipment. It is unlikely that HC in its present form will be able to continue to meet Defence’s rehabilitation needs for the next 30 years plus. **Therefore, Option 1 is not recommended.**

Option 2 [Enhance HC]

17. Option 2 considers providing ‘betterment’ of capability at the HC site, equivalent to that which would be provided by the DNRC. The option is a ‘should cost model’ to provide a value for money comparison for Option 3. Because of the physical and planning limitations on site, it is recognised that this option can not be delivered in the form presented as this option. **Therefore, this is not a viable option for implementation.**

Option 3 [Establish a DNRC].

18. Option 3 considers the relocation of DMRC to a new purpose built facility; a DNRC located in the Midlands. Substantial work has been conducted to date on the development of this option by Black Stork including identifying and purchasing a location, Stanford Hall, and developing designs to Royal Institute of British Architects (RIBA) Stage E with MOD subject matter expert input. This option will provide ‘better’ rehabilitation facilities with improved clinical adjacencies, including additional medical diagnostic and treatment equipment. In addition, this option, because of the increased space available and newly built facilities, will be flexible and scalable, able to accept changes more easily in throughput and developments in rehabilitative techniques and equipment. Therefore, such a new facility will provide a greater level of timely and maximum clinical outcomes for patients. **Therefore, this option is recommended.**