

THE STATE HOSPITALS BOARD FOR SCOTLAND

INITIAL AGREEMENT

CAPITAL SCHEME: Provision of fit-for-purpose accommodation to support the provision of appropriate therapeutic care at the State Hospital.

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The State Hospitals Board for Scotland is a Special Health Board within the NHS and is the sole provider of special secure mental health services for Scotland and N. Ireland.

National policy and the strategic context in services for mentally disordered offenders is set out in MEL(1999)5 and describes the vision for the future of a network of services that would involve national, regional and local planning to ensure that patients are in the right place and at the right time. Progress however has been slow in many areas and only one of four planned medium secure units has been commissioned (The Orchard Clinic, Edinburgh). The impact on the State Hospital therefore has been a continuing difficulty with ensuring only patients who require high levels of security are treated at the hospital. The Health Plan defines the key strategic aims of the State Hospital viz:

- To deliver expert, high quality treatment and care by multi-professional teams in safe and secure settings;
- To provide patient treatment and care pathways that are focussed on achieving timeous and appropriate admission, treatment and transfer of patients;
- The maintenance of public, staff and patient safety.

CHANGES IN SERVICE PROVISION REQUIRED TO MEET THE BOARD'S STRATEGIC OBJECTIVES

External factors

The State Hospital will continue to be the sole provider of high or special secure care for mental health services. However, as the network develops and appropriate elements of the service at different levels of security are established, it is expected that the number of patients currently treated at the State Hospital will fall. Over the next 5-10 years this could mean a decrease of about 100 beds from 240 to around 150. This is based on the estimate of the number of patients currently at the State Hospital who either no longer require such a high level of security or who are wrongly placed due to the lack of appropriate provision elsewhere.

Internal factors

The services at the hospital have, over the last 10 years, moved away from the old, custodial form of care to a multi-disciplinary and patient focussed service. Alongside the closure of the East Wing site, three new wards were built in 1976 along with some ward upgradings to the old 1948 buildings. Whilst the new wards operate well, there has never been an integrated property strategy and master plan for the site's services. This has resulted in unco-ordinated development and patchy maintenance. This lag in supporting the clinical changes with a physical strategy now means that the services are severely constrained in their ability to deliver modern psychiatric care. In particular, there is

- Severe overcrowding within wards and excessive waiting times for therapies in other areas;
- No flexibility for individual or group therapy on wards;
- Little privacy or dignity due to the lack of toilet and bathing facilities giving the hospital an overly institutionalised feel.

In terms of the condition of the estate, the Property Strategy describes each of the buildings (Appendix 1 and 2). In summary, the estate scores poorly in all aspects of conditions surveying:

- The buildings are not functionally suitable for purpose. Patients are, in the main, occupying bedrooms that are 6sqm; sometimes a toilet is included within this overall space. Some bedroom lights are operated only from outside the rooms.
- The physical condition of the buildings is assessed as good but they are not suited to their current purpose. The management centre, a temporary building requires to be replaced in this capital programme year (2003/4) because of its physical condition (category D).
- In space utilisation terms there is significant overcrowding.
- There is little or no mandatory compliance and this is being dealt with where possible through the capital programme this year and next.
- There is extremely poor environmental performance.

BOARD APPROVAL

The State Hospitals Board for Scotland has approved this initial agreement, subject to affordability.

OPTION APPRAISAL

The Property Strategy is based on the business objectives of the Service and supported by a review of the current estate as described above. With approval to proceed to Outline Business Case, a full option appraisal analysis would be carried out to explore how best to provide for the future of this national resource and the part it will play in the eventual comprehensive network of services. The Property Strategy proposes three options based on the urgent need to replace some wards and to deliver the required multidisciplinary, patient centred services appropriate to the 21st century.

The options that would be explored are:

Do Minimum: Upgrade for statutory/mandatory compliance
 Upgrade where possible for functional suitability
 Improve environmental performance and physical condition
 Replace management centre (temporary construction)

Part Refurbishment/Part Rebuild

Upgrade for statutory/mandatory compliance
 Upgrade all retained buildings (1970's-1990's construction)
 New build functionally unsuitable wards (original build 1948)
 New therapies/patient activities departments
 Replace essential services outside perimeter fence
 Replace management centre in decanted ward

New Build Single site total rebuild

SCALE OF INVESTMENT

The option appraisal within the OBC will fully explore the costs in both capital and revenue terms. The scale of the capital investment in construction terms could be but this is based on benchmarking to other psychiatric hospital builds and ignores the special security aspect of the site.

In revenue terms the Board's allocation is indicative. Although there are likely to be some growth monies available, the redesign of services should identify savings in current practice which can be employed in the new scheme to improve service provision.