

ROWANBANK CLINIC: MEDIUM SECURE FORENSIC PSYCHIATRY UNIT

Recommendation:

The Board is asked to:

- Approve, on the recommendation of the Capital Planning Group, the submission of the Outline Business Case for the expansion of Rowanbank Clinic to the Scottish Government Capital Investment Group in October 2017.
- Approve the project proceeding onto the Full Business Case stage to maintain the programme of work.

Purpose of Paper:

The purpose of this paper is to provide a summary overview of the current challenges associated with the provision of medium secure forensic psychiatry services. The paper offers an overview of the key patient flow challenges, patient experience issues, the options that were considered in the outline business case, and a précis of capital and revenue costs.

Key Issues to be considered:

The key issue to be considered is giving approval for the Outline Business Case to be submitted to the Scottish Government Capital Investment Group for consideration.

Any Patient Safety /Patient Experience Issues:

There are clear advantages to the patient experience noted within this paper. The advantages relate mainly to developing sufficient capacity within the West of Scotland to meet the needs of medium secure forensic psychiatric care.

Any Financial Implications from this Paper:

There is a capital cost associated with this development in the region of £9.86m. The capital is however already allocated within the NHSGGC capital plan.

There are recurring revenue costs associated with this paper in the region of £3.02m per annum, and a one off non recurring revenue cost of £205k. Further discussion with West of Scotland Directors of Finance will be required as the Full Business Case develops.

Any Staffing Implications from this Paper:

There will be a need to increase the staffing profile within Forensic Psychiatry Services in the period 2019/20, if the FBC is successful and the project proceeds to full realisation.

Board Official

Any Equality Implications from this Paper:

None known

Any Health Inequalities Implications from this Paper:

West of Scotland patients under the care of Forensic Psychiatry Services will be advantaged by the creation of additional medium secure capacity for the West of Scotland.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:

All risk assessments discussions with other Scottish providers indicate support for the expansion of medium secure forensic psychiatric capacity in the West of Scotland.

Highlight the Corporate Plan priorities to which your paper relates:

Better Health; Mental Health Strategy
Better Care
Better Value

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1. HDL (2006) 48: Forensic Mental Health Services

'HDL (2006) 48: Forensic Mental Health Services' offered guidance to NHS Boards on the configuration of medium and high security forensic psychiatric care within NHS Scotland. The HDL defines clear expectations in relation to national, regional and local service delivery.

In summary those expectations are:

National: High Security Male Mental Disorders
High Security Male Intellectual Disability
Medium Secure Female Mental Disorders
Secure Child and Adolescent Services

Regional: Medium Security Male Mental Disorders
Medium Secure Intellectual Disability
Low Secure Female Mental Disorders

Local: Low Security Male Mental Disorders
Low Security Intellectual Disability
Community Services

2. Current National and Regional Forensic Psychiatry Estate in NHS Scotland

There are three medium secure inpatient forensic psychiatry clinics in NHS Scotland. These are: Rowanbank Clinic in Glasgow, Rohallion Clinic in Perth and Orchard Clinic in Edinburgh. Each unit provides inpatient medium secure care for the West, North and South East regions of Scotland. The main sources of admission to medium secure inpatient forensic psychiatry in Scotland is from The State Hospital, Carstairs, the Scottish Prison Service, Community and general adult psychiatry.

The State Hospital, Carstairs is one of four high security hospitals serving the population of the United Kingdom and Northern Ireland. The remaining three high security hospitals are located in England (*Broadmoor, Ashworth, Rampton*).

3. Forensic Psychiatry Estate: West of Scotland Issues

Rowanbank clinic currently has 74 medium secure beds comprising of:

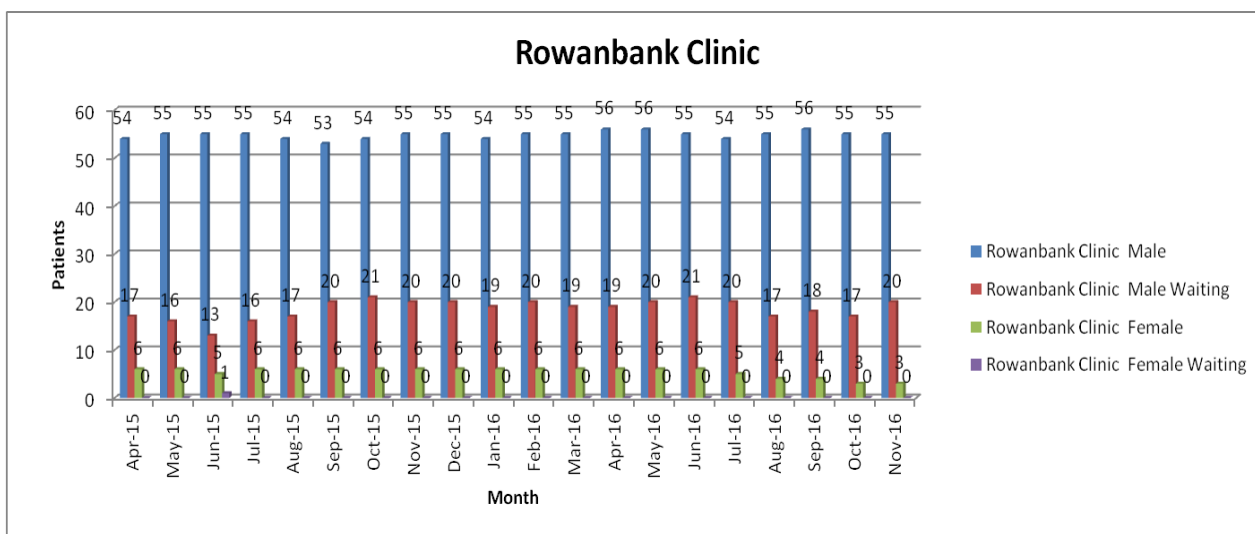
- 56 Male Mental Illness (MMI)
- 6 Female Mental Illness (FMI)
- 12 Intellectual Disability Beds (ID) (8 male / 4 female)

Pressure on medium secure forensic estate in Scotland remains a cause for concern, particularly for the West of Scotland. Capacity issues over the last four years have led to regional and national dialogue in order to consider solutions that may alleviate increasing demand on the West of Scotland. A key factor in driving demand was a change to the Mental Health (Care and Treatment) (Scotland) Act 2003 (section 264) which enabled patients in High Security to appeal against the level of security that they were placed under. Excessive security appeals at The State Hospital, Carstairs commenced in May 2006. That process has led to patients successfully appealing security restrictions and transferring to medium secure care earlier in their clinical treatment pathway.

The population of The State Hospital, Carstairs has fallen by an average of five patients each year since 2009.

4. The Case for Expansion of Rowanbank Clinic, Glasgow

Chart 1 below demonstrates the occupancy and number of patients waiting by month for the period April '15 to November '16 for Rowanbank Clinic, Glasgow:



The original business case for Rowanbank Clinic used a planning assumption based on an average length of stay of 8 months (273 days). In reality, since the opening of Rowanbank in 2007, the actual average length of stay is 36 months. A small number of patients have spent more than 48 months in Rowanbank Clinic. It is likely that the increased length of stay is attributed to patients transferring earlier in their clinical pathway from The State Hospital, Carstairs. The revised predictions contained within the OBC are based on the current actual length of stay.

The most recent 'forward-look' needs assessment process, undertaken by the management team at Rowanbank Clinic indicated that the current position is unlikely to improve in the foreseeable future. The clinical model can be difficult to accurately predict. The reason for this is that the Integrated Care Pathway (ICP) for each patient is different and based on the individuals needs. ICP are based on risk assessment and risk management which is based on the ongoing individual needs of the patient and their ongoing risk and mental state.

It is likely that the number of discharges will not exceed the required capacity for the service. In previous years an average of 12 patients leave Rowanbank Clinic per annum.

There are currently 16 patients awaiting admission; this is similar to the trend that has been experienced over the past three to four years.

It is likely that a further 8 patients will require medium secure accommodation in the next 12 month period and a further 13 patients in the 12-24 month period. These patients are currently in The State Hospital, Carstairs.

Based on previous year trends, there is likely to be around 10 admissions from the Prison, Court and General Adult service.

Board Official

This situation presents a number of significant challenges for the existing service and for patients themselves:

- Notwithstanding any successful excessive security appeals, West of Scotland patients in The State Hospital, Carstairs are waiting lengthy periods for transfer to medium secure care.
- For many patients in The State Hospital, Carstairs there remains significant uncertainty about whether they will be transferred to Rowanbank Clinic or whether, due to the bed pressures, they will have to move instead to an out of area medium secure bed at Orchard or Rohallion Clinics. Despite intensive bed management and liaison with other services, such decisions frequently need to be made just prior to transfer due to ever changing bed availability across the remainder of the medium secure estate. Planning a smooth patient care pathway with multiagency input then becomes highly problematic.
- Both issues can have a detrimental impact on continuity of care as well as patients' mental health and engagement.
- Sub-optimal patient mix often exists within Rowanbank Clinic including for example patients who are ready to move to a medium secure rehabilitation ward having to remain in the acute admissions ward for prolonged periods.
- There can be an increased pressure on low secure services to accept patients at an earlier stage in order to maintain flow.
- The service is unable to respond flexibly to acute demand. For acute referrals to Rowanbank Clinic, including urgent referrals from prisons, the courts and general adult mental health services, the likelihood of a bed being available is extremely low. This generally results in undesirable delays until eventually transfer to another setting can be arranged (this can include transfer to The State Hospital, Carstairs under the 'exceptional circumstance' agreement)
- Clinical time is increasingly being spent on liaison with services accommodating out of area patients and in Tribunals when patients launch appeals against transfer.

5. Patient Experience Issues

Under the 2003 Act, NHS Boards are required to find suitable medium secure accommodation for patients within a maximum period of 4-6 months. Failure to do so creates the real risk of adverse judicial sanction on NHS Boards following a successful excessive security appeal process.

The case to increase the number of medium secure beds presented in the Initial Agreement (IA) summarised a review of the existing and projected pressures on the medium secure estates in the West of Scotland. The IA identified risks associated with:

- Patients being placed in The State Hospital, Carstairs under exceptional circumstances;
- Patients being placed in out of area medium secure clinics;
- Increased average lengths of stay due to earlier admission to medium secure care following excessive security appeals;
- Cost pressures on continuing to fund out of area placements;
- Potential for judicial actions in regard to appeals against excessive security;
- Future potential increased patient demand

6. Outline Business Case Rowanbank Clinic, Glasgow

NHSGGC developed an Outline Business Case (OBC) to address the ongoing pressures on medium secure inpatient forensic psychiatric care. The OBC has been endorsed by the West of Scotland Regional Planning Group, the West of Scotland Directors of Finance, the National Forensic Inter-Regional Leads Committee and the individual medium secure and high secure service providers across NHS Scotland. The OBC was approved by NHSGGC Capital Planning Group on 12th June 2017.

The aim of the OBC is to:

- Mitigate West of Scotland male mental illness medium secure bed demand and the over reliance on placing individuals in out of area placements;
- Mitigate increasing pressure to provide additional medium secure male ID beds;
- Seek a reduction in the NSD commissioned medium secure ID beds at Northgate, Tyne & Wear, Newcastle;
- Address the implications of the Mental Health (Care & Treatment) (Scotland) Act 2003 amendments in May 2006 and November 2015; sections 264 & 268; the provision to appeal being detained in conditions of excessive security;
- Mitigate and protect the West of Scotland NHS Boards from provisions within the Mental Health (Care & Treatment) (Scotland) Act 2003 which could see NHS Boards fined or face judicial action for failure to comply with an order made under Section 264 or 268 of the Act.

From a patient perspective, the overall objective of the OBC remains the promotion and provision of safe, effective and patient centred care in providing a range of services (including health, criminal justice, social care, housing, education, employment and benefits advice) to meet the individual needs of mentally disordered offenders, whilst protecting the public's interests:

- With a quality of care and proper attention to the needs of the individual patient;
- Under conditions of no greater security than is justified by the degree of danger that the patient presents to themselves or others;
- In such a way as to maximise rehabilitation and the chances of sustaining an independent life; and as near as possible to the patients' own home or families if they have them.

6a. Main Business Options and Preferred Option

A long list of options were identified through the IA process and considered in relation to regional and national assessments of medium secure care opportunities. Options that were considered in the long list comprised of the following:

- a. Do nothing – maintain the status quo
- b. Relocate the National Learning Disability Medium Secure Service for male patients to Rohallion
- c. The creation of 8 additional beds at Rowanbank Clinic
- d. The relocation of 8 national male ID beds to available capacity in Leverndale Hospital
- e. The relocation of 8 national male ID beds to Dykebar Hospital
- f. The relocation of 6 GGC female mental illness and 4 national female LD beds to Leverndale Hospital

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- g. The relocation of 6 GGC female mental illness and 4 national female LD beds to Dykebar Hospital
- h. Build a standalone 12 bed unit adjacent to the current site
- i. Refurbish existing office area to create 12 bed unit and re provide office and administration accommodation elsewhere (refurbishment or new build)
- j. New build integrated extension creating 12 bed unit
- k. New build integrated extension creating 12 bed unit (amendments to existing site – loss of 2 beds, net gain 10 beds)
- l. New build integrated extension creating 12 bed unit plus extension of ward creating a further 6 beds (amendments to existing site – loss of 2 beds, net gain 16 beds)
- m. New build integrated extension creating 12 bed unit, plus the extension of a ward creating a further 8 beds including some flexibility to offer accommodation for a service to be developed for further national capacity for with people with ID. Note loss of 2 beds, therefore overall gain of 18 beds)

Following a short listing process, which involved scoring the options presented above, it was agreed that the following three options would be taken forward for detailed appraisal into the OBC process for further analysis:

- i. Do nothing – maintain the status quo
- ii. New build integrated extension creating 12 bed unit plus extension of ward creating a further 6 beds (amendments to existing site – loss of 2 beds, net gain 16 beds)
- iii. New build integrated extension creating 12 bed unit, plus the extension of a ward creating a further 8 beds including some flexibility to offer accommodation for a service to be developed for further national capacity for with people with ID. Note loss of 2 beds, therefore overall gain of 18 beds)

A further scoring process and assessment was undertaken. The result of that process was a preferred option for the expansion of Rowanbank Clinic:

New build integrated extension creating 12 bed unit, plus the extension of a ward creating a further 8 beds including some flexibility to offer accommodation for a service to be developed for further national capacity for with people with ID. Note loss of 2 beds, therefore overall gain of 18 beds)

The distribution of the additional beds is demonstrated in the following table:

Rowanbank	Current Capacity				Proposed Capacity				
	Total Beds	NHS GG&C Use	West Regional Use	National Use	Total Beds	NHS GG&C Use	West Regional Use	National Use	Additional LD capacity
Male Mental Illness*	56		56	-	68		68	-	
Male ID**	8	-		8	8	-		8	
Female ID**	4	-	-	4	4	-	-	4	
Female Mental Illness***	6	6	-	-	6	6	-	-	
Further ID capacity NSD repatriation of Northgate service and future requirement****					6				6
Totals	74	6	56	12	92	6	68	12	6

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**All male mental illness beds are for Regional use. The same model is proposed going forward. There was no agreement needed on the Board split of beds as these were to be allocated on a needs basis. There are currently 52 Glasgow and Clyde patients in Rowanbank and 4 other West of Scotland patients.*

***The national Intellectual Disability service is a national service, comprising of 12 beds.*

****The female mental illness beds are Glasgow and Clyde beds. If a patient from a West of Scotland Board area requires a bed, this is allocated on a cost per case basis with the provider Board covering the cost.*

*****The additional 6 beds for further ID and NSD capacity would comprise of male patients. There are currently 2 ID male patients in Northgate, Tyne and Weir, and 2 ID male patients in Calderstones, Birmingham.*

Impression of the extension to Rowanbank Clinic (in the foreground), Stobhill ACH in the background:



7. The Financial Model for the Preferred Option

The Financial model complies with the Board's accounting policies and with the relevant applicable accounting standards. Compliance with accounting standards relating to the NHS Scotland Annual Accounts Manual and the Capital Accounting Manual were followed.

Impact on Operating Costs:

The preferred option will result in recurring revenue costs of £3.02m. Further discussion is required through the West of Scotland Directors of Finance in relation to the share and apportionment of costs.

Depreciation:

This has been calculated using the straight line method and amounts to £347,000 per annum.

For Buildings, an estimated life of 34 years has been used to calculate the depreciation charge. This has been derived based on the current life of the existing facility, as assessed by the District Valuer, adjusted to the date of construction completion.

Board Official

Equipment is 7 years and IT is based on a 5 year life.

Property Lifecycle Costs:

Our Cost Advisors have supplied estimated costs based on the scenario where the PFI provider continues with full responsibility for maintenance and repairs as they have for the current building. These have been calculated from existing information available and will be further refined during the preparation of the Full Business Case.

Inflation:

Construction inflation of 2.5% has currently been provided for.

Taxation:

All relevant UK government taxes (VAT, PAYE and National Insurance Employers' contributions) have been included.

Proposed method of capital financing and any associated charges:

It is proposed that this scheme will be delivered as a capital variation to an existing PFI contract and will therefore utilise core capital funding.

The current funding assumption reflected in the OBC is that central funding will be available to support the project and initial exploratory discussions on the availability of central funding have taken place with SGHSCD colleagues. These will continue as part of developing the Full Business Case.

However in the meantime, given the essential nature of this scheme, an allowance for the full capital cost has been made within NHSGGC's extant capital plan pending final agreement.

Final arrangements will be confirmed in the Full Business Case.

8. Capital and Revenue Impact of the Preferred Option:

The indicative **overall capital cost** of the extension to Rowanbank Clinic is **£9.86m**. A summary of those costs are as follows:

Capital Costs:	Total £000s	Funding		
		Existing Resources £000s	Partner contri- butions £000s	SG Additional Funding Requirmnt £000s
Building & Engineering works	5,590	0	0	5,590
Location adjustment	0	0	0	0
Quantified Construction Risk	284	0	0	284
<i>Additional itemised costs</i>	0	0	0	0
Total Construction costs	5,874	0	0	5,874
Site acquisition	0	0	0	0
Other enabling works	195	0	0	195
PFI Provider Costs	300	0	0	300
Total other construction related costs	495	0	0	495
Furniture	421	0	0	421
IT	55	0	0	55
Medical Equipment	0	0	0	0
<i>Additional itemised costs</i>	0	0	0	0
Total furniture and equipment	476	0	0	476
Additional Quantified Risk	200	0	0	200
Total estimated cost before VAT and fees	7,045	0	0	7,045
VAT	1,644	0	0	1,644
Professional Fees	537	0	0	537
Total estimated cost including VAT and fees but before optimism bias	9,226	0	0	9,226
Allowance for optimism bias	635	0	0	635
Total estimated cost	9,861	0	0	9,861

Year	Total Capital Spend £000s	Existing Resources £000s	Partner contributions £000s	SG Additional Funding Requirement £000s
2016/17	87	0	0	87
2017/18	1,438	0	0	1,438
2018/19	8,336	0	0	8,336
Total	9,861	0	0	9,861

Funding Assumptions:

This project has been discussed at the West of Scotland Regional Planning Group. It was agreed that a bid for central capital funding should be progressed with SGHSCD to ascertain the level of central funding that may be available to undertake the project. Initial exploratory discussions on the availability of funding have taken place with SGHSCD colleagues and these will continue as part of developing the Full Business Case.

Board Official

The indicative **overall revenue cost** of the extension to Rowanbank Clinic is **£3.02m**. There is a one off revenue cost of £205k in calendar year 2019.

The detailed recurring revenue profile of staff costs, non clinical costs and building related costs are shown as follows:

NHS Greater Glasgow & Clyde			
Rowanbank Clinic Extension			
Recurring Revenue Profile Required		WTE	COST
Medical		1.10	£136,131
Nursing		43.00	£1,685,294
AHP		2.00	£83,692
Psychologists		2.00	£116,992
Total Staffing		48.10	£2,022,109
Total Clinical Non Pay			£47,629
Total Non- Clinical Non Pay			£86,817
Non Pay Total			£134,446
Total Clinical Costs			£2,156,556
Property Maintenance			£44,657
Estates Life Cycle			£31,898
Security			£615
Utilities			£36,842
Telecoms			£1,025
Cleaning			£51,815
Portering			£35,430
Catering			£44,176
Laundry			£7,490
General Services			£25,791
Rates			£38,097
PFI Unitary Charge increase			£195,000
Capital Charges			347,000
Total Building Related Non Pay			£859,836
Total Recurring Revenue Cost			£3,016,392

Board Official

The one off revenue cost of £205k is detailed as follows:

NHS Greater Glasgow & Clyde			
Rowanbank Clinic -Appurtenance			
Non Recurring Revenue Profile		WTE	COST
Clinical Costs :			
Staff Orientation /Training			£29,248
Staff Uniforms			£5,000
Staff Recruitment			£10,000
Clinical Costs Total			£44,248
Facilities Costs Total			£8,950
Demolition Costs*			£150,000
Post Project Evaluation Costs			£2,000
Total Non- Recurring Costs			£205,198

*There are costs included for a building which will be demolished to make way for a car park as the facility is extended.

The non-recurring clinical costs identified reflect a 3 month commissioning period in which staff will receive training and orientation, and the non-clinical costs reflect power, utility and additional campus signage costs required in the period.

An amount has also been added for Post Project Evaluation (PPE) costs that will be incurred on the completion of the project.

Affordability Issues and Solutions:

Discussions should continue with WoS Boards on the most appropriate funding model.

The West of Scotland Boards require to agree how to split the costs going forward, i.e. all boards pay a share based on upon split; or based on usage over a 3 year period or, pay on a cost per case basis. This ongoing work will be undertaken in line with the submission of the Full Business Case and in conjunction with West of Scotland Directors of Finance.

9. Risk Management:

A risk register was established in October 2016 at the project initiation stage. Since then a risk register review has formed part of the agenda for core team meetings ensuring its contents are regularly reviewed and updated as required. A risk management report is included within the Lead Advisor's monthly report which highlights the high risks, risk mitigation progress and any new risks within the period.

The current risk register has been reviewed by the core team which includes the appointed PSCP (Principal Supply Chain Partner). Following PSCP appointment further risks related to design development, construction and overall project programme have been added along with associated control measures. At this stage further information has been added to record the risks potential impact on time and cost as well as recording the risk owner and manager. Additional comments are now included allowing for reporting on progress with mitigation measures and any change to the approach.

10. Summary

The Board is asked to note the opportunity to improve the overall patient experience for individuals who require access to medium secure psychiatric care in the West of Scotland. The NHS Board is asked to:

- Approve, on the recommendation of the Capital Planning Group, the submission of the Outline Business Case for the expansion of Rowanbank Clinic to the Scottish Government Capital Investment Group in October 2017.
- Approve the project proceeding onto the Full Business Case stage to maintain the programme of work.