

NHS Greater Glasgow and Clyde

Board Meeting
Tuesday, 26 October 2010

Board Paper No. 10/49

DIRECTOR MENTAL HEALTH PARTNERSHIP

Modernising and Improving Mental Health Services in West Dunbartonshire Implications of Christie Ward Fire – 11th July 2010

1. Recommendations

Board Members are asked to

- Receive a further report in 8 to 10 months time identifying the impact on Community Services on Adult Acute Mental Health bed usage for the West Dumbarton, Helensburgh and Lochside area.
- Agree that for the time being beds for this area should be provided from Gartnavel Royal Hospital.

2. Background to Clyde Mental Health Strategy

- 2.1. In August 2008 the Board as a consequence of a full consultation exercise on Clyde Mental Health Services endorsed a series of significant service change proposals relating to South Clyde for submission to the Cabinet Secretary.
- 2.2. In light of the feedback received from the West Dumbarton, Helensburgh and Lochside areas the Board agreed to consult on a vision for the future of the Vale of Leven and to include Mental Health Services in that process.
- 2.3. In February 2009 the Board considered the outcome of this further round of consultation on Mental Health Services and agreed to approve the closure of Christie Ward with the transfer of this service to Gartnavel Royal Hospital. A timescale of 12-18 months was identified for this move and it was agreed that there would be careful monitoring of the impact of community and primary mental health services during this period. The Board also agreed that the reports on impact should be to the Clyde Modernising Mental Health Programme Board and the Mental Health Partnership Committee.
- 2.4. On 15th July the Cabinet Secretary responded to the Board's submission of 20th March 2009 which set out the Board's proposals to develop and improve services at the Vale of Leven Hospital (**Appendix 1**). The Cabinet Secretary in her letter noted "the Board's prediction that given the additional provision and uptake of community based services locally – demand for bed numbers at Christie Ward will reduce to 12 beds or less in the next year or so". She went on to say "I agree that this position would mean it was not possible for the Board to maintain a high quality, efficient service. However you will appreciate that I want to be sure of the position before formally agreeing the Board's proposal. As such, I intend to reconsider your proposal in 12-18 month's time – or sooner, should the demand for beds fall more rapidly – informed by a further report on the actual levels and trends in demand that are experienced".
- 2.5. The Cabinet Secretary also stated that a Monitoring Group was to be established to oversee the development and delivery of the service change plans. The Monitoring Group was to be "involved in the preparation of the additional report on demand for adult inpatient mental health services".

3. The Vale Monitoring Group

- 3.1. The Vale Monitoring Group met for the first time on 23rd November 2009. Its remit and membership is given at **Appendix 2**. The Group is chaired by Bill Brackenridge, Chair of the Argyll and Bute CHP.
- 3.2. The Group has met on 8 occasions and at each meeting has received a report on mental health activity. In addition to the standard monitoring report detailed reports have been provided on:-
 - Investment in Community Services
 - The Shape of Community Services
 - The Organisation and Delivery of Inpatient Care
 - Sustainability of Service's
 - The Evidence Base for Community Service Models
- 3.3. At the meeting of the Vale Monitoring Group held on 7th June 2010, it was identified that bed usage at Christie Ward was dropping steadily and that it was anticipated that a report would be submitted to the October Health Board Meeting indicating that 12 or less beds were being utilised and that a report should be submitted to the Cabinet Secretary supporting closure and transfer of the beds to Gartnavel Royal Hospital.
- 3.4. The July meeting of the Vale Monitoring Group took place on 26th July 2010. Prior to this on 11th July 2010 a patient set fire to their room in Christie Ward causing extensive damage to the ward. This necessitated the rapid movement of all patients who were temporarily accommodated that night at the Vale of Leven. On Monday 12th July 2010, 12 patients were moved to Gartnavel Royal Hospital. One patient went to the IPCU at Stobhill Hospital.
- 3.5. At their July meeting the Monitoring Group received a monitoring report and an initial report on the consequences of the fire. It was agreed at the meeting that the Chair would write to the Cabinet Secretary (copy at **Appendix 3**). Members of the Monitoring Group, reflecting the concerns of the lay members of the group, identified the following:-
 - 3.5.1. The Board in taking a decision on Christie Ward options take account of the views of the Monitoring Group on all options, and that the group be given the opportunity to propose further options.
 - 3.5.2. The Monitoring Group had come to the conclusion that the whole issue of the provision of inpatient mental health beds needed to be re-visited, and suggested "that the elements of the vision relating to mental health inpatient provision be set aside and that your [The Cabinet Secretary's] qualified approval for the closure of Christie Ward be set aside".
- 3.6. The Cabinet Secretary responded on 16th August 2010 to the Chair's letter (**Appendix 4**). In this letter she states:-
 - 3.6.1 That the Board has been sharing data on local demand for inpatient mental health services with the Monitoring Group since its inception.
 - 3.6.2 That in recent months this has been around 12 beds, which she had previously acknowledged as being clinically unsustainable in the longer term.
 - 3.6.3 She was not minded to ask the Board to revisit the Mental Health Strategy.
 - 3.6.4 That the local demand for inpatient beds should be monitored for a longer period to identify a meaningful trend.

- 3.6.5 A period of 8-10 months is suggested for this further monitoring.
- 3.6.6 The Cabinet Secretary also expresses the view that “having carefully considered the clinical, financial and logistical impediments involved, I am of the view that interim repatriation of the service is not in patients’ or local people’s interest”.
- 3.7. A special meeting of the Vale Monitoring Group was held on 30th August 2010 to consider two issues:-
 - 3.7.1. The detailed monitoring information on inpatient activity trends.
 - 3.7.2. The implications of the fire in Christie Ward on 11th July 2010 which had necessitated the move of all patients who were accommodated in Gartnavel Royal Hospital.
- 3.8. Papers on the following were submitted to the meeting on 30th August 2010
 - 3.8.1. An overview report
 - 3.8.2. Bed Modelling, the basis for projecting bed requirements and the evidence base underpinning the strategic approach
 - 3.8.3. Christie Ward Fire Damage and Implications for provision of Adult Acute Assessment beds at the Vale of Leven
 - 3.8.4. Activity Monitoring Report
 - 3.8.5. West Dunbartonshire Mental Health Development
 - 3.8.6. Staff deployment and staff survey findings
 - 3.8.7. Sustainability and Risk issues
- 3.9. The discussion at the meeting was extensive and a range of further information was requested of officers as a consequence of the detailed debate. The most significant issues were:-
 - 3.9.1. Conflicting views were expressed regarding bed usage and subsequently Argyll and Bute Councillor V. Dance and MHP Medical Director, Dr L. Watt, met to clarify the acute bed usage at Gartnavel Royal Hospital.
 - 3.9.2. Concerns had been expressed about the sustainability of services over the longer term. The initial thinking on sustainability measures was discussed and it was agreed that officers would consider how this might be populated.
 - 3.9.3. After debate it was agreed that officers would endeavour to create a simpler monitoring report for a subsequent meeting.
- 3.10. The Vale Monitoring Group met next on Friday 1st October 2010. The following papers were presented to the group which devoted most of the meeting to these papers.
 - 3.10.1. The organisation and delivery of inpatient care
 - 3.10.2. Reconciling inpatient activity at Gartnavel Royal Hospital
 - 3.10.3. Bed capacity at Gartnavel Royal Hospital
 - 3.10.4. Daily Inpatient activity summary
 - 3.10.5. Changes in bed use over time
 - 3.10.6. Expenditure on service developments
 - 3.10.7. Development and refinement of the Monitoring Framework
 - 3.10.8. Adult Mental Health Inpatient and Community Activity Trends (regular monitoring report)
 - 3.10.9. Board paper 10/24 – Proposed Capital Plan 2010/11 – 2012/13

- 3.11. Once again the discussion at the meeting was wide ranging and detailed. A significant proportion of the group's time was devoted to the consequences of the fire in Christie which is dealt with later in this paper. In relation to activity monitoring the group wished to see the following:-
- 3.11.1. The outcome of the review of crisis services which is part of the Mental Health Partnership Savings Plan for 2010/11. It is envisaged that this will have no impact on day to day provision of crisis services since the aim of the review is to protect existing levels of service activity to users whilst reducing the overall cost by reconfiguring teams to cover larger geographical areas. This will enable a saving to be made in staffing costs.
 - 3.11.2. Information regarding the boarding of patients from Gartnavel Royal Hospital to other parts of Greater Glasgow and Clyde. The Monitoring Group have expressed concerns since their inception about the possibility of boarding across Greater Glasgow and Clyde as a consequence of absorbing 12 beds from Christie into Gartnavel Royal Hospital. It was agreed that a detailed report on this would be presented to the next meeting and it was also noted that boarding across Greater Glasgow and Clyde from other Boards to Greater Glasgow and Clyde and vice versa had always been a factor in the provision of Mental Health Services. Levels of boarding for Vale patients are currently lower than their historic levels since 2007.
 - 3.11.3. The discussion about the consequences of the fire concluded with the lay members of the Monitoring Group agreeing a motion for submission to the NHS Board, this being:

“Considering the role of the group to ensure the implementation of the Vision for the Vale, and specifically for the benefit of patients and their families, the Vale of Leven Monitoring Group recommends the reinstatement of the Christie Ward and/or equivalent at Vale of Leven Hospital, with funding allocated and work commencing in the current financial year.”
 - 3.11.4. Following on from the meeting on 30th August the chair wrote to the Cabinet Secretary advising her of this motion.
- 3.12. A special meeting of the Vale Monitoring Group was held on 11th October to review the draft of this Board paper. The Director of the Mental Health Partnership fed back to the Monitoring Group on the presentation she had made to the recent Board Seminar on the implications of the Christie fire. Members of the Monitoring Group expressed considerable concerns about the recommendation in the draft report that the beds remain at Gartnavel Royal and continue to be monitored. A strong view was expressed that capital should be allocated immediately to allow reinstatement of Christie Ward to commence as quickly as possible. It was agreed that a letter be sent to all Board members to this effect and this is attached at **Appendix 6**.
- 3.13. This very brief summary of the number of meetings and some of the activity issues debated by the Vale Monitoring Group cannot fully reflect the extent and detail of the discussions which have taken place at the meetings to date. The Group have sought extensive assurances on the sustainability of services and are concerned that further savings targets may impact adversely on the balance of care for this client group. This summary does however provide the context within which the Monitoring Group discussions on the interim arrangements for inpatient services to the Vale catchment have been taking place.

3.14. Christie Ward – Fire Implications

- 3.14.1. A paper was presented to the meeting of the Vale Monitoring Group on 30th August 2010 on the implications of the fire in Christie (see **Appendix 5**)
- 3.14.2. Rather than rewrite the paper it is presented to the Board as submitted to the Monitoring Group. The Monitoring Group have discussed both the options report and this draft paper and their views are detailed at Appendix 6.
- 3.14.3. The options originally identified with indicative costs are as follows:-

Option 1

North Wing Reinstatement £344k+VAT
East and West Wing cleaning and minor repairs

Option 2

Utilising East and West wings only – 7 beds (with balance of beds provided elsewhere) £119k+VAT

Option 3

Utilise bed space in Katrine (Elderly Ward) No longer a feasible option

Option 4

Occupy the vacant ward in Care of Elderly Block (Ward 16) £1.5m+VAT

Option 5

Reoccupy with limited refurbishment East and West wings and complete refurbishment of North wing £996k+VAT

Option 6

New build on Vale of Leven site £3.1m+VAT

- 3.14.4. All options have a capital implication from a do minimum option (1) of £119k+VAT to a new build option on Vale of Leven site at an indicative cost of £3.1m+VAT. The Board's current Capital Plan is over committed by £17.9m in the current year and further slippage of £31.8m anticipated in the 2011/12 indicative plan to achieve balance. The Board has been asked by the Health Department to review all schemes not legally committed in this year pending the outcome of the Spending Review. This review may signal a further reduction in the Board's capital allocation for 2011/12. The Board has still to confirm how it will achieve the full amount of slippage of £17.9m in the current year. It should also be noted that each option will have a lead time for delivery. For example option 1 would require tendering and with lead in and reinstatement works it is anticipated that it would take 6 to 7 months to deliver.
- 3.14.5. The Board will also wish to note that one member of the Monitoring Group suggested that the revenue saved from the current closure of Christie Ward could be utilised to offset the costs of implementing option 1. The Mental Health Partnership is currently working on cost savings proposals for 2011/12. At this stage it has been assumed that the revenue savings from Christie will be required in full to contribute to the delivery of the Board's financial plan for 2011/12.

3.15. Patients and Staff Views

- 3.15.1. An initial survey of patient and carers' views was undertaken after the fire and before the Monitoring Group met on 30th August 2010. Generally patients were comfortable with their care both with, the linkages to local Community Mental Health Services and with the facilities at Gartnavel Royal Hospital. All acute mental health inpatients at Gartnavel Royal Hospital have single room ground floor ensuite accommodation, garden access and extensive recreation/therapies facilities. Whilst relatives were happy with the facilities provided, some found the journey to Gartnavel Royal Hospital more difficult than to the Vale of Leven. Carers have been provided with information on transport. Inevitably journeys do take longer. A further patient and carer survey will take place in the next 1 to 2 months and the outcome will be reported to the Monitoring Group.
- 3.15.2. Staff have been accommodated at both Gartnavel Royal Hospital and Vale of Leven Hospital as part of an initial staff deployment exercise. Most of the untrained staff were accommodated locally. An exercise will take place shortly in partnership with Trade Union Representatives to interview all staff and formally redeploy them to substantive roles with the proviso that should these beds be reinstated on the Vale of Leven site then all staff who worked in Christie on 12th July 2010 can move to Vale of Leven if this is their preference at that time.
- 3.15.3. Staff were given the opportunity to express views on the options paper submitted to the Monitoring Group. As of 7th October 2010 only one member of staff had formally expressed a view on the move of patients to Gartnavel Royal Hospital and the bed options. Their view was that West Dunbartonshire patients deserve the highest standard of accommodation currently available in Greater Glasgow and Clyde and any less solution would be detrimental to their care. For most individuals inpatient care is a rare though important occurrence.

3.16. Clinical Arrangements

- 3.16.1. Current services and inpatients have retained their links with local staff in West Dumbarton/Helensburgh. Existing medical staff continue to manage patients' care whilst they are in Gartnavel Royal Hospital. All clinical staff have adjusted to a new way of working which has maintained continuity of care for patients and their carers. First assessments continue to be made by the local teams.

3.17. Conclusion

- 3.17.1. In reaching a decision on the way forward regarding adult acute inpatient services for West Dumbarton, Helensburgh and the Lochside the Board will wish to take account of the following:-
- 3.17.2. The very strong views expressed by the Monitoring Group that capital should be made available in this financial year to allow the reopening of Christie Ward.
- 3.17.3. The views expressed by the Cabinet Secretary. She requests a further period of monitoring and expresses her view that repatriation of patients back to the Vale of Leven would not be in their or their carers' best interests.
- 3.17.4. The fact that bed usage for this area was running at around 12 on average, a level which is considered to be clinically unsustainable.

- 3.17.5. The high quality of accommodation and facilities provided at Gartnavel Royal Hospital.
- 3.17.6. The significant gap in the Board's Capital Plan for this year and next.
- 3.17.7. The arrangements which have been made to ensure continuity of clinical care for patients.
- 3.17.8. In conclusion Board members are asked to:-
- Receive a further report in 8 to 10 months detailing the impact of community services on acute bed usage for the West Dumbarton/Helensburgh/Lochside area.
 - Agree that, for the time being, beds for this area be provided from Gartnavel Royal Hospital.

Deputy First Minister & Cabinet Secretary for
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Nicola Sturgeon MSP

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Chairman
NHS Greater Glasgow and Clyde
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GLASGOW
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15 July 2009

Dear Andrew

I am writing in response to your submission of 20 March 2009 setting out your proposals to develop and improve services at the Vale of Leven Hospital in Alexandria.

I have carefully considered your *Vision for the Vale* proposals which were approved by the Board of NHS Greater Glasgow and Clyde on 24 February 2009. In doing so, I had to be convinced that the plans are in the best interests of patients; that key local services would be safeguarded and improved; that the Board had credible and viable plans for the hospital's future; and that the proposals are consistent with national policy, frameworks and guidance.

Having carefully considered all the available information, I am content to approve the Board's proposals (as outlined on pages 1-2 of your 20 March covering letter) that: whilst independent experts have concluded that anaesthetics cover is not sustainable at the hospital, a new consultant-led unscheduled care model will ensure that at least 70 per cent of unscheduled care services will be retained; that alternative arrangements be made for the provision of local rehabilitation services; that elderly acute mental health services be retained at the Vale and integrated with continuing care services from Dumbarton Joint Hospital; and that some 18,350 planned care attendances be repatriated to the Vale alongside the future development of a palliative care service. In all these cases, I am content that the proposed changes are consistent with national policy and will provide a modern, fit-for-purpose service for the benefit of patients.

With respect to the Board's proposal to close the Vale's Christie Ward and transfer adult inpatient mental health services to Gartnavel Hospital, I have noted the Board's prediction that – given the additional provision and uptake of community-based services locally – demand for bed numbers at the Christie Ward will reduce to 12 beds or less in the next year or so. I agree that this position would mean it was not possible for the Board to maintain a high quality, efficient service. However, you will appreciate that I want to be sure of the position before formally agreeing the Board's proposal.

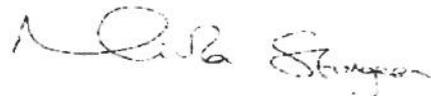
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As such, I intend to reconsider your proposal in 12-18 months' time – or sooner, should the demand for beds fall more rapidly - informed by a further report on the actual levels and trends in demand that are experienced. My officials will work with the Board to agree the key questions which this report will need to address. I expect the monitoring group, mentioned below, to play a full part in this process.

I recognise that the Board's approach to this review of services, and the associated consultation process, took full account of the previous Clyde Independent Scrutiny Panel commentary, and has been endorsed by the Scottish Health Council. In making my decision on the *Vision for the Vale* proposals, I also wish to ensure that the Health Council's two specific recommendations are implemented: that the Board carries out a promotion exercise of the current and new services to be provided from the Vale, ensuring that local people know what services are and will be available, and how these can be accessed; and that a monitoring group be established, including representation from the local public, to oversee the development and delivery of the service change plans. This group should be kept apprised of the development of the Vale capital investment plan; should include representatives of local mental health users and carers; and should be involved in the preparation of the additional report on demand for adult inpatient mental health services. The Scottish Government will provide a remit and working criteria for the group, and will work with the Board to ensure that the membership of the group reflects the interests of local stakeholders as far as possible.

I am grateful to the Board for the considerable efforts that have been made to put an end to the uncertainty which has surrounded the Vale of Leven Hospital for a decade; and to assure local people that the hospital site has a significant part to play in the delivery of local healthcare services in the long-term future. I know the Board will appreciate the need to ensure that local people continue to be kept fully informed and involved in the future development and delivery of these services.



NICOLA STURGEON

Appendix 2

Membership – Vale Monitoring Group:

Chairman	Bill Brackenridge
Argyll & Bute CHP	Derek Leslie Mike Hall Stephen Whiston Anne Helstrip
West Dunbartonshire CHP	Keith Redpath Alison Wilding
NHSGG&C	Jane Grant
NHSGG&C Mental Health Partnership	Anne Hawkins
MSP	Jackie Baillie
Argyll & Bute Council	Al Reay George Freeman Vivien Dance
West Dunbartonshire Council	Ronnie McColl David McBride George Black
Argyll & Bute PPF	Mairi Harvey Margaret Cameron
West Dunbartonshire PPF	Anne Ferguson Lily Kennedy
Helensburgh & Lomond Patients Gp	David Bruce
Hospitalwatch	To be confirmed
United Campaigns Group	Jackie Pollock
West Dun Mental Health Forum	Harry McCormack
Acumen	David Harrison

Appendix 3

NHS Highland

Argyll & Bute CHP
c/o Hartfield Clinic
Latta Street
Dumbarton
G82 2DS



Nicola Sturgeon MSP
The Scottish Parliament
Edinburgh
EH99 1SP

Date 6 August 2010
Your Ref
Our Ref WB/LF

Enquiries to Lorna Fitzpatrick
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Email lorna.fitzpatrick@gqc.scot.nhs.uk

Dear Cabinet Secretary

The Vale Monitoring Group met last week. It received a detailed report on the fire at the Christie Ward earlier in the month. No doubt you will also have been fully briefed.

The Group gave considerable consideration to the future provision of in-patient mental health beds at The Vale of Leven Hospital.

Importantly, it believes that it must have all the options for re-provision set out for it, that it must be afforded the opportunity to propose further options (and have them rigorously explored), to be allowed to comment on all the options and to have its views fully taken into account by the Board of Greater Glasgow and Clyde Health Board when it takes any decision on the subject. It follows that The Group takes no decision before the Group is able to express its comments upon all the options.

It would be very helpful if you would encourage The Greater Glasgow and Clyde Health Board to take this approach.

However, through discussion The Group came to the conclusion that the fire, having effectively destroyed the current Christie Ward, the whole issue of the provision of in-patient mental health beds for people in the Vale's catchment area needs to be re-visited. The lay members of The Group therefore believe that the issue should be approached from a new beginning, that the elements of *The Vision*, relating to mental health in-patient provision be set aside and that your qualified approval for the closure of the Christie Ward be set aside.

The lay members believed that this fresh approach would allow for the identification of a safe, sustainable and affordable way forward for the provision locally of in-patient mental health services.

Working with you to make Highland the healthy place to be



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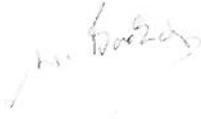
Chair: Garry Coutts

Chief Executive: Dr Roger Gibbins BA MBA PhD

Highland NHS Board is the common name of Highland Health Board

The Group asks that I invite you to agree that this "fresh approach" is the best way forward and to ask Greater Glasgow and Clyde to take this approach. In this way, it is very possible that some good will come out of a very unfortunate incident.

Yours sincerely

A handwritten signature in black ink, appearing to read 'W Brackenridge', written in a cursive style.

W Brackenridge
Chairman
Vale Monitoring Group

Deputy First Minister & Cabinet Secretary for
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Mr Bill Brackenridge
Chairman
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c/o Hartfield Clinic
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G82 2DS

Your ref: WB/LF

16 August 2010

Thank you for your letter of 6 August on behalf of the Vale of Leven Monitoring Group concerning the next steps in relation to the future of local inpatient mental health services, in light of the recent fire at the Christie Ward. I remain grateful to the members of the Monitoring Group for their continuing efforts to represent local stakeholders during the implementation of the important *Vision for the Vale*.

I was, of course, shocked and deeply saddened to learn of the fire at the Christie Ward on 11 July. I wrote to the ward staff shortly afterwards to pay tribute to their calm but rapid actions which I understand were instrumental in avoiding potentially very serious consequences; and ensured the safety of local patients.

The fact that the ward is no longer operational will clearly affect the way both the Greater Glasgow & Clyde NHS Board and Monitoring Group take forward their roles in relation to providing me with a further report on local demand for inpatient mental health services. I can therefore fully understand why the Group has asked you to write to me on their behalf. I would certainly agree that the Board should be prepared to discuss all reasonable options with the Monitoring Group in the first instance.

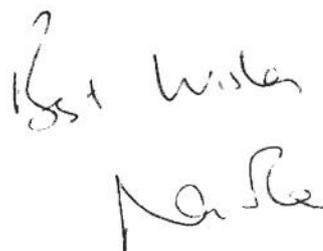
I am aware that the Board has been sharing data on the local demand for inpatient mental health services with the Monitoring Group since its inception; and that, in recent months, this has been at or around the level of 12 beds that I had previously acknowledged as being clinically unsustainable in the longer term. I should be clear that I remain of this view and am not minded to instruct NHS Greater Glasgow & Clyde to fully revisit their mental health strategy. I do, however, think it is reasonable for the Group to expect that the local demand for inpatient beds continues to be monitored over a longer period in order to establish a meaningful trend. I also think such an extended period, of around 8-10 months, would allow the Group to monitor the efficacy of the enhanced community-based services put in place by the Board.

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I acknowledge that this extension in monitoring timeline will result in some calls locally for inpatient mental health services to be re-established at the Vale in the interim. The Board will be presenting further information on what this would involve to the Monitoring Group at the meeting on 30 August. NHS Greater Glasgow & Clyde has already shared the results of its initial feasibility studies with the Health Directorates and, having carefully considered the clinical, financial and logistical impediments involved, I am of the view that there are compelling arguments to support the view that the interim repatriation of the service is not in patients or local people's interests. The Monitoring Group will, however, wish to talk all of this through with the Board at the 30 August meeting.

I am happy to reiterate my expectation that the NHS Board fully involve the Monitoring Group as this work is taken forward and would like to once again thank the Group for their continuing efforts.



NICOLA STURGEON

CHRISTIE WARD FIRE DAMAGE AND IMPLICATIONS FOR PROVISION OF ADULT ACUTE ASSESSMENT BEDS AT THE VALE OF LEVEN

1. BACKGROUND

- 1.2 An item to the Vale Monitoring Group's July meeting provided a briefing in relation to the fire at Christie and indicated that work was ongoing to assess the full implications of the fire, and an update of the emerging issues would be provided to the next meeting of the Monitoring Group Meeting.
- 1.3 This report provides an update of the emerging issues giving an indication of the work in progress. The NHS Board have not yet taken a decision on these issues which we would envisage should be reached within the next month following further detailed exploration of the issues, and discussion with the relevant stakeholders, including the Monitoring Group, practitioners and managers.

2. PURPOSE

- 2.1 To set out:
 - An assessment of the damage
 - Preconditions for clinically safe and functional ward areas
 - An exploration of options for the provision of interim ward accommodation to deliver an adult acute assessment service to the Vale catchment population
 - Further work to engage with staff stakeholders and form a final definitive view in relation to interim arrangements

3. ASSESSMENT OF DAMAGE

- 3.1 The Christie ward comprises 3 wings.
The North wing, where the fire started has been seriously damaged by heat and smoke such that the internal spaces would in effect have to be gutted and reinstated:
 - A significant proportion of the internal services are now beyond repair and require full replacement
 - The external wall at the fire source will require reinstatement
 - The internal area of the room where the fire occurred, and the immediately adjacent corridor, will have to be taken back to the wall and reinstated completely
 - Fire alarm and on call alarm systems for the 3 wings were located in the North wing & would need to be upgraded and reinstated
- 3.2 To reinstate North Wing providing HAI scribe work, fire prevention works and external fabric works an estimated cost of £344k plus VAT had been identified. Additionally if East and West wings are to be reoccupied the estimated cost if £119k plus VAT – making £463k plus VAT in total for this option
- 3.3 East and West wings suffered smoke damage and would require:

- Walls to be cleansed from smoke damage
- Range of minor repairs and redecoration
- Renewal of flooring and furnishings to the entrance reception areas
- Replacement of the fire alarm system to current standards

4. CURRENT INTERIM SERVICE LOCATION

- 4.1 In order to provide an immediate response to patients and sustain a service in the interim the Vale catchment adult acute assessment inpatient activity is now being provided from the Gartnavel Royal Hospital. This accommodation is within the new hospital accommodation which provides high quality single room ward accommodation fully compliant with the preconditions for clinically safe and functional ward accommodation set out in para 5 below.
- 4.2 As has previously been indicated there have been longstanding plans to develop a further specialist addictions inpatient ward for the South & West Glasgow and Clyde catchment. The recent opening of the Specialist Addictions Beds on 16th August have now released 6 assessment beds at Gartnavel Royal Hospital, which are being used as adult assessment beds.
- 4.3 Overall, 10 beds have been released back to adult acute assessment purposes. These beds will ease pressures on adult acute beds generally and facilitate a reduction in levels of boarding out associated with the unplanned rapid absorption of the Vale catchment beds in the Gartnavel service.

5. EXPLORATION OF OPTIONS FOR REINSTATEMENT OF ADULT ACUTE ASSESSMENT BEDS ON THE VALE OF LEVEN SITE

Preconditions for clinically safe and functional ward areas

- 5.1 Guidance on standards for clinically safe and functional ward areas has been developed and set out through a range of bodies including:
- NQIS Best Practice Statements
 - Healthcare Acquired Infection standards
 - Guidance on hospital design and building specifications
- 5.2 Taking this range of guidance into account it is likely that the following space requirements would be the pre requisites for the provision of clinically safe and functional ward spaces for an acute mental health ward.
- 5.3 Bed spaces (ideally single room but existing ward areas may include a mix of single room areas and shared “bed bay” areas) 2 Day rooms to enable one women only day room and one mixed sex day room (in a scenario of a single sex ward this might be reduced to 1 day room)
- Therapeutic room
Treatment Room/Pharmacy area
Dining room

Interview room
Toilets
Access to external space

- 5.4 Additionally there are a range of detailed design requirements to reduce suicide risks or facilitate the management of challenging or violent behaviour (eg detail of window design and fixtures, ligature points, 2 way door opening, the relationship of the physical layout to assist observation of ward activity). There are also a range of issues in terms of providing discrete protected areas for women which can have implications for the way that bed spaces and day spaces can be deployed in mixed sex wards.
- 5.5 In considering the options for reinstating provision of an adult acute ward on the Vale of Leven site there is therefore a need to explore the degree to which available space areas can deliver the prerequisites of clinical safety & functionality set out above.

Therefore exploring the range of options for retaining a mental health acute admissions facility on the Vale of Leven site, the following options have been identified

Utilisation of the East & West wings of the Christie ward whilst isolating these from the more fundamentally damaged North wing.

- 5.6 Reinstatement of the East & West wings is less challenging than reinstatement of the more fundamentally damaged North wing, and discussions have started to explore this option. The option does not however provide a straightforward solution as it requires the need to balance a range of factors and considerations which require further more detailed exploration:
- If the preconditions for space and functionality set out above are to be fully met, then it is likely the maximum number of beds that could be provided would be 7 beds operating with only one day room
 - The combined impact of operating with only one dayroom and the options for the configuration and deployment of beds in ways which protect single sex spaces may effectively require the ward to operate as a single sex ward (i.e. probably male given higher proportion of male patients)
 - Staffing for a 7 bed ward would be the same as that for a 12 bed ward and would be disproportionately expensive, almost doubling bed costs, and could probably not be justified for anything other than a short term transitional measure
 - Further Vale catchment activity would still require to be “boarded out” to other locations
 - There would still be commitment of capital expenditure for a service whose long term future is uncertain
 - Finally it should be noted that if work were to be undertaken on the North wing it is likely that there would be a need to decant patients to another location for the period of the building works given the proximity of the 2 wings to the North wing.

- 5.7 However there is a need for more detailed exploration and engagement with relevant practitioners in relation to both the minimum preconditions for clinically safe & functional ward spaces, and the degree to which further refinement of the detail of the options can mitigate the issues summarised above. Only after those issues have been more fully explored can a final view be taken in relation to the feasibility of this option.
- 5.8 The staff from the Christie ward have currently been temporarily redeployed into other mental health service areas on the Vale site or in Gartnavel hospital. Recruitment to these posts has been put on hold given the redeployment of the Christie staff group. If there is an eventual decision to transfer the Christie activity to Gartnavel keeping these posts without permanent recruitment would increase the options for redeployment of the Christie staff group. However if these staff were redeployed back to the Christie ward pending a permanent decision on the long term location of the beds it is likely that deferring recruitment to these posts may become unsustainable.

Use of bed space in Katrine ward

- 5.9 Katrine ward has been developed to enable the development of a discrete ward space for older people with a functional mental illness. The rationale for this development was to respond to concerns raised by the Mental Welfare Commission about the patient mix within Christie in which the older adolescent, adult and elderly age range were inappropriately co located in a single ward area. The use of Katrine ward to absorb some of the displaced adult mental health acute activity would see a return to those arrangements, which is not clinically desirable.

Utilisation of other accommodation within the Vale of Leven site

- 5.10 The Facilities Directorate have been asked to explore whether there may be options to provide temporary accommodation from another location at the Vale of Leven site.
- 5.11 The Facilities Directorate have advised:
- There is no accommodation available within the campus at present that would be compliant with the preconditions for clinical safety and functionality as described earlier in the paper
 - There is one vacant ward in the Care of the Elderly Block (ward 16) that to reinstate to the required standards would cost circa £1,509,000m plus VAT. This option would include provision of single rooms.

Reoccupation and limited refurbishment of East and West wing together with complete refurbishment of North wing

- 5.12 The capital cost for this option is £996k plus VAT and it would be difficult to justify that level of expenditure pending clarity on the long term future location of

the Christie beds. The separate correspondence from the Cabinet Secretary has indicated her view that the Monitoring Group should monitor the position over a further 8-10 months to more fully assure itself of the robustness of community services in sustaining the bed use levels. It is therefore unlikely that there would be clarity about the long term position of the Christie ward until cMay/June 2011 at the earliest. The separate overview report to the 30.08.10 Vale Monitoring Group has set out the Cabinet Secretary's' preconditions for further consideration of the location of the Christie ward beds at the point that sustainable operation at 12 beds has been reached, and the process for assessing the degree to which the preconditions have been met.

- 5.13 Pending the outcome of that process (circa June 2011), it would not be possible to justify commitment to that scale of expenditure. Additionally the Board's capital funds are already fully committed, National allocations having been repeatedly reduced, and any consideration of committing capital to the Christie ward could only be achieved if this received higher priority than the range of existing capital commitments

New Build ward on Vale of Leven site

- 5.14 If the Vale catchment activity were to be retained on the Vale of Leven site to the full standards of contemporary modern mental health ward accommodation (i.e. compliant with the preconditions set out in para 5 above, single room accommodation, and contemporary good practice guidance) the costs of such a development is likely to be £3.1m with a lead time of 2 to 3 years to become operationally available.

6. SUMMARY

- 6.1 This report has sought to provide the Vale Monitoring Group with an insight into the work in progress to explore options for reinstating the provision of adult acute beds at the Vale of Leven site pending completion of the process to assess the degree to which the Cabinet Secretary's' preconditions have been met as set out in the separate report on this agenda.
- 6.2 The information is provided as work in progress and emerging issues and is not intended as a definitive or final view on any of the issues summarised. The report does however highlight the emerging issues and the considerable challenges to be overcome and further explored before any particular option can be seen as acceptable and feasible.

7. NEXT STEPS

- 7.1 This report was developed following discussions with a range of staff which informed its content. However the recent completion of the report means that whilst the report has now been circulated to staff there is a need to discuss the completed report more fully with staff to inform a final definitive assessment by the NHS Board.

7.2 We would anticipate bringing a further report back to the Monitoring Group prior to final formal decision making by the Board in relation to the interim position.

Doug Adams

Head of Planning and Performance

19.08.10

Appendix 6

NHS Highland

Argyll & Bute CHP
c/o Hartfield Clinic
Latta Street
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G82 2DS



To All Board Members
Greater Glasgow & Clyde Health Board

Date 12 October 2010
Your Ref
Our Ref WB/LF

Enquiries to Lorna Fitzpatrick
Direct Line 01389 812334
Email lorna.fitzpatrick@ggc.scot.nhs.uk

Dear Board Members

**Re Vale of Leven Monitoring Group
Modernising and Improving Mental Health Services in West Dunbartonshire
Implications of Christie Ward Fire – 11 July 2010**

At a special meeting of the Vale of Leven Monitoring Group held on 11 October 2010, the Group recorded that they rejected the proposal contained in the draft Board Paper “Modernising and Improving Mental Health Services in West Dunbartonshire, Implications of Christie Ward Fire – 11 July 2010” and asked that the motion passed at the meeting of the Monitoring Group held on 1 October should be re stated in full to board members.

“Considering the role of the group to ensure the implementation of the Vision for the Vale, and specifically for the benefit of patients and their families, the Vale of Leven Monitoring Group recommends the reinstatement of the Christie Ward or its equivalent at the Vale of Leven with funding allocated and work commencing in the current financial year.”

Yours faithfully

**W Brackenridge
Chairman
Vale Monitoring Group**

cc Nicola Sturgeon, Cabinet Secretary for Health & Wellbeing

Working with you to make Highland the healthy place to be



Headquarters: Assynt House, Beechwood Park, INVERNESS IV2 3BW

Chair: Garry Coutts
Chief Executive: Dr Roger Gibbins BA MBA PhD
Highland NHS Board is the common name of Highland Health Board