

**THE VALE OF LEVEN MONITORING GROUP  
FRIDAY 1 OCTOBER 2010, 9.30AM  
VICTORIA HALLS, HELENSBURGH  
DRAFT MINUTE**

<b>Present</b>	David Harrison	Acumen
	Grant Archibald	NHSGGC
	Keith Redpath	West Dunbartonshire CHCP
	George Freeman	Argyll & Bute Council
	Al Reay	Argyll & Bute Council
	George Black	West Dunbartonshire Council
	Anne Harkness	NHSGGC
	David Bruce	Helensburgh & Lomond Patients Gp
	Vivien Dance	Argyll & Bute Council
	David McBride	West Dunbartonshire Council
	Jackie Baillie	Scottish Parliament
	Lily Kennedy	West Dunbartonshire PPF
	Alison Wilding	West Dunbartonshire CHCP
	Keith Redpath	West Dunbartonshire CHCP
	Jane Grant	NHSGGC
	Anne Fergusson	West Dunbartonshire PPF
	Eileen Gory	WD Mental Health Forum
	Mairi Harvey	Argyll & Bute PPF
	Bill Brackenridge	Chair
<b>In Attendance:</b>	Garry Fraser	Scottish Ambulance Service
	Ally McLaws	NHSGGC
	Grant Archibald	NHSGGC
	Lorna Fitzpatrick	Minute

**1. Chairman's Welcome**

The Chairman welcomed members to the meeting and before business commenced, Al Reay requested an adjournment to allow members of the group time to read the papers. The Chairman agreed and the meeting reconvened at 10.00am.

**2. Apologies**

Apologies were received on behalf of Ronnie McColl, Harry McCormack, Jacqueline Pollock, Anne Fergusson, Anne Helstrip and Derek Leslie.

### 3. **Minute of Meetings of 26 July and 30 August 2010**

On page 3 after the motion statement, Jackie Baillie advised of the following amendment:

"Jackie Baillie believed that the matter should be resolved quickly and that there was another view of events leading up to this position and ultimately that Jim Moohan should be part of the Group."

On Page 12

"Jackie Baillie noted that funding had only been approved for this year and future funding would be subject to the approval of the full Business Case."

The Minute has been adjusted to include these amendments and otherwise the Minute was accepted as an accurate record.

30 August Minute

Vivien advised that she had received two versions, one of which had been amended by the mental health partnership. She asked if it was normal practice for all attendees to see the draft Minute before resubmitting them. The Chairman advised that as both he and Keith Redpath had been on holiday, the minute had been submitted to Anne for checking.

David Bruce proposed that a vice chair be appointed and the chairman was able to confirm that the Scottish Government had already indicated that the group should not have a vice chair.

On the list of those present Anne Hawkins' name should appear only once and Anne Helstrip and Anne Fergusson should be included. In addition, two comments within the body of the minute are attributed to Anne Hawkins rather than Anne Ferguson and this has been amended. Otherwise the minute was accepted as an accurate record.

### 4. **Matters Arising**

Page 6 – acute services update. Jackie Baillie asked whether nursing posts would be cut and asked for figures for nursing posts in April 2006 and for each April thereafter up until the current day. Grant Archibald agreed to have that discussion outside this meeting.

The review of the management arrangements of mental health crisis services is still outstanding and an update should be available by the end of November.

Vivien Dance asked about a review of transport to hospital and return journeys and she sought assurance that patients were not being abandoned.

Grant Archibald advised that a discharge and pickup point has been established at the RAH, near to the front door of the hospital.

Garry Fraser also confirmed that return journeys are automatically pre booked when a patient is driven to any facility. The difficulty can arise when a patient is released at a different time than expected. The PTS needs to be kept informed of any delay.

The Chairman asked for Vivien and Garry to work together to produce a paper that describes the service in full detail.

**Action: V Dance and G Fraser**

Grant Archibald also undertook to produce a report describing public transport services and the wider question of transport

**Action: G Archibald**

5. **Feedback from Membership**

In view of the complexity of the agenda, it was agreed to postpone membership feedback.

6. **Adult Mental Health**

Anne presented her papers which covered the following:

- Organisation of Inpatient Beds
- Reconciling Inpatient Activity at GRH
- Changes in levels of bed use over time
- Expenditure and Service Developments
- Development and Refinement of Monitoring Framework

Anne introduced the first paper which describes the organisation and delivery of inpatient care. This came out of the meeting that Vivien and Linda Watt had after the meeting on 30 August. Anne drew attention to paragraph 2.5 which clearly describes the five distinct patient groups. In addition there are four eating disorder beds which is a new service designed for Greater Glasgow and Clyde and is outwith the SLA

for Mental Health covering Helensburgh and the Lochside.

The second paper described the reconciliation of inpatient activity at Gartnavel Royal. The daily inpatient activity for the Vale catchment area is described with a reconciliation of the numbers.

Para 2.2 – immediately before the fire, Christie Ward was functioning as an adult acute assessment short stay. The paper goes on to describe subsequent activity.

The paper describes the types of mental health beds provided at Gartnavel Royal and outlines all Vale catchment inpatient activity at Gartnavel hospital for all bed types, broken down by bed type. All of the different information sources are being reviewed to try to clarify exactly where the earlier misunderstanding around numbers arose.

Eileen Gorie asked if the two patients in the rehab beds and one in IPCU had accessed these beds from Christie Ward and Anne agreed to check.

The fact that Vale patients are currently using 25% of capacity at Gartnavel is explained by the general drop in the use of inpatient beds and the opening of the new addictions ward which freed up an additional six beds.

Jackie Baillie asked about capacity and asked that there were 13 and 14 people using the bed space but given that we are planning on a number of 12 what happens when we have more than 12. To appreciate the impact that the Vale activity has on the Gartnavel activity, there are people who would normally be seen in Gartnavel being transferred into other hospitals including Parkhead Hospital.

Anne responded that people do move around the system. If there is no particular bed available and it is appropriate to move them somewhere else.

Vivien Dance felt she was struggling to do her job that day the papers being so late. She also believed that the weight of what The Group was being asked to do was enormous. She believed that the one thing that had come out (and on which The Group must focus) is that (as indicated in appendix 1), the Group had been dealing with averages which have skewed all the figures. She noted that in the month of August, there were only 7 days in which the ambition of 12 beds was achieved.

The Chairman contradicted Vivien Dance noting from the paper that in the "all bed types" are the Christie equivalent beds. On 21 days in August there were 12 or less in Christie type beds.

David Bruce asked if in fact there was displacement, then it is obviously a considerable inconvenience to Gartnavel. He thought there was spare capacity but it now appears that there is actually a great deal of displacement. Anne Hawkins agreed to bring back information about boarding both prior and after the Christie fire. But she stressed that there is a deal of flexibility around admission.

Anne Hawkins advised The Group that bed usage has dropped right across Greater Glasgow and Clyde as community services have improved.

Vivien Dance reiterated her problem in that she is still not convinced that the drop in bed numbers means that patient needs are being met. It may mean that patients are just not being admitted.

Al Reay has also struggled with the data which he felt was insufficient. The initial aims of this work were to ensure that facilities provided by Christie continue to be provided in the community.

Jane Grant advised that it is very difficult in all parts of healthcare to make accurate and precise predictions; there are peaks and troughs. It is important to consider matters over a reasonably long period.

Anne Hawkins then went on to present her paper describing the changes in levels of bed use over time.

There was concern expressed about how bed utilisation came down from 18.2 beds to 12.4 beds for the three months to May. The new services were described in the paper and all of these changes have meant Christie has become much more focussed on adult acute admissions. The paper described the longer stay patients who were discharged to more appropriate non acute settings with six patients being discharged between December 2009 and May 2010 – the paper contained a table summarising details of these.

Eileen Gorie expressed concern over the details of the six patients who were discharged. She finds it curious that it took

a period of two years to accumulate these patients and asked what triggered the movement of these patients.

Anne Hawkins reported that while it was disappointing that someone had such a long and inappropriate stay in hospital, the Vision did concentrate attention on the use of the Christie Ward. Concern was expressed about the monitoring group having any operational influence.

Anne Hawkins introduced the final paper describing the development and refinement of the monitoring framework. It asks how do The Group takes the figures and puts them in a format that is useful

The Chairman left the paper in abeyance and hoped to have a more substantive discussion at the next meeting.

Two further papers were tabled – the first describes the proposed board paper for the next NHS Board Meeting in October and a copy of the Capital Plan was also circulated.

Jackie Baillie welcomed the opportunity to comment on a draft paper but advised that this paper is not a draft board paper. She has reservations that The Group still doesn't really understand capacity. She also recorded her disappointment at not knowing the outcome of the review of any community services. She is very clear that GG&CHB officials should be arguing for the retention of Christie.

After a discussion on the capital plan, Anne Hawkins explained that there is an over-commitment to capital schemes and there has to be slippage as described in the paper at Table 3.

Jackie Baillie asked for a further paper which makes the financial position abundantly clear and asked for sight of the draft Board paper which will be ready shortly after the seminar.

The majority of the lay members of the group are of the view that Christie Ward should be retained and reinstated. David Bruce proposed the motion:

**“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 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.”**

This was seconded by Vivien Dance. There was a show of hands around the table and the Chairman noted that every officer present disagreed with the content of the motion.

Anne Hawkins agreed to share this view with at the Board Seminar on Tuesday and to make a copy of the slides she will present at the seminar available to the members of this group.

David Bruce referred to the first Minute of the Monitoring Group in which the Chairman referred to cabinet responsibility and emphasised that once a decision has been taken by the group it is not just for members to support it, they have to advocate it.

After discussion, **it was agreed to hold a further private meeting of the monitoring group on 11 October at Hartfield** in order to have a full discussion of the draft Board Paper which will be made available to members of the group on Friday 8 October on the understanding that it is embargoed until after the Board Meeting. It was agreed that this short timescale is acceptable.

The Chairman was requested to write to the Cabinet Secretary expressing the views of the monitoring group around reinstating the Christie Ward on the Vale of Leven site.

**7. Acute Services update**

While the full discussion of the papers was deferred to the re-convened meeting planned for 25<sup>th</sup> October, Jane Grant did confirm that plans were now being put in place to commence the new model of unscheduled care with effect from mid November and on that basis the publicity activity detailed below at item 9 was also being taken forward.

The group note the planned operational date for the new service model.

**8. Activity monitoring Update**

Deferred

**9. Communication Plan Update**

Ally McLaws presented the proposed fliers on how to contact local services and advised that a Royal Mail time slot has been

booked which will get the information into all households in the Vale catchment area. The final versions will be circulated to the group and comments invited.

10. **Out of Hours Service**

Paper tabled – item deferred.

11. **Alexandria Health and Care Centre Update**

Deferred.

12. **Scottish Ambulance Service**

Deferred.

13. **AOCB**

There was a brief discussion on lay members being able to claim expenses for attendance at monitoring group meetings and the Chairman agreed to find out the appropriate method for claiming.

14. **Proposed Schedule of Meetings for 2011**

Item Deferred.

15. **Date of Next Meeting:**

An additional meeting has been arranged for Monday 25 October in Helensburgh to deal with the carried forward items from today's agenda.

**The next full meeting is:**

Monday 29 November 2010