



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: MORAY MENTAL HEALTH SERVICE: WARD 4 LIGATURE STATUS

BY: INTEGRATION SERVICE MANAGER, MENTAL HEALTH AND DRUG AND ALCOHOL RECOVERY SERVICES

1. REASON FOR REPORT

- 1.1. To inform the Committee about the status and risk of ligatures at Ward 4, Dr Gray's Hospital.
- 1.2. To update the Committee about Option Appraisal of solutions to be considered for Ward 4 ligature compliance.

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee notes:

- i) the Optional Appraisal outlined at Section 4 of this report; and
- ii) the risks and conclusion associated with the Option Appraisal

3. BACKGROUND

Health and Safety Executive (HSE) Notice of Contravention

- 3.1 Work requires to be undertaken at Ward 4, Dr Gray's Hospital in response to the HSE Contravention Notice Letter and HSE Improvement Notice to NHS Grampian, in relation to Adult In Patient Admission Wards dated 12 June 2017:

"You have failed to ensure that the risks to the safety of patients who have been assessed as being at risk of self-harm or suicide have been reduced to as low a level as is reasonable practicable in that you have failed to remove or adequately control environmental ligature risks within both the private and communal areas of the wards.

To comply with this Notice you should:

1. Carry out an assessment of the ligature points present within your wards in order to identify their location **and**

EITHER

2. Remove all potential ligature points from the private and communal areas of the wards

OR

3. Where it is not reasonably practicable to remove all potential ligature points, implement control measures, consistent with the findings of your risk assessment, which are effective in reducing the risk of self-harm or suicide to as low as reasonably practicable.

The measures that you take should be consistent with the General Principles of Prevention as outlined in Regulation 4 of the Management of Health and Safety at Work Regulations 1999”.

Impact

- 3.2 NHS Grampian has set up a process to address the HSE Improvement Notice, via a NHS Grampian Ligature Programme Board, to oversee and ensure their acute mental health wards are ligature free. Royal Cornhill Hospital has had all 7 inpatient wards modified to be ligature free. This work concluded in October 2021.
- 3.3 Ward 4 at Dr Grays requires to be assessed in relation to the Improvement Notice and action taken to comply with the notice in relation to 1, and 2 or 3 as outlined above. This is based on the premise that NHS Grampian could not comply with the Improvement Notice if all in patient acute mental health wards were not of the same ligature compliance standard.
- 3.4 At the outset of the work of the NHS Grampian Ligature Programme Board, Ward 4 at Dr Gray’s Hospital was identified as the highest risk adult acute in-patient environment and an options appraisal was undertaken to establish a decant option for the work to be carried out at Ward 4. A decant option could not be established and one of the key issues was that Ward 4 could not be moved to a less ligature compliant setting than what it was already operating within.
- 3.5 Ward 4 has had some ligature reduction work undertaken as part of *Notice of Contravention* improvement work. This has resulted in new flooring and beds, and modifications to wardrobes, door handles, curtain rails, soap and towel dispensers.
- 3.6 However, significant ligature points remain within the fabric of Ward 4 – particularly in bathrooms with shower and tap fittings and some door fittings – and most significant of these ligature points are the suspended ceilings throughout the ward areas.

3.7 A further option appraisal has now been undertaken and the original options revisited, learning from the ligature work completed at Royal Cornhill Hospital and other Boards of NHS Scotland.

4. OPTION APPRAISAL

4.1 At the NHS Grampian Ligature Programme Board in January 2022 it was decided that Ward 4 will require a service decant in order to complete the ligature compliance work.

4.2 Each ward at Royal Cornhill Hospital has taken between 1 year and 18 months to complete – mainly due to noise and access to installations (electricity, water) shared jointly on the RCH site and the proximity other wards.

4.3 From this knowledge, impact assessment has been undertaken on the Dr Grays site and it was established that a full service decant will be required to complete the ligature compliance work at Ward 4.

4.4 The following options are considered:

1. Relocate Ward 4 to Muirton Ward, Buckie
2. Consider alternative NHS Grampian premises, including a decant to a ligature compliant ward at Royal Cornhill Hospital in Aberdeen.
3. Consider a decant to New Craigs Hospital In Inverness
4. Consider a decant to alternative Moray Council Premises
5. A New Build
6. Carry out ligature reasonably practicable works at Ward 4 to bring it up to a standard that reduces the risk of suicide or self-harm
7. Reduce reliance on inpatient beds at Ward 4, Dr Gray's Hospital
8. Do nothing

4.5 The option appraisal considered to date are summarised below:

1. Relocate Ward 4 to Muirton Ward, Buckie

- This has been considered. Ruled out previously on the grounds that the unit will be isolated and other risk controls cannot be managed safely. Ruled out by Police Scotland on capacity grounds (remote response and missing patients etc.). Lack of response from other supports (emergency and security) currently available on the Dr Grays site.

2. Consider alternative NHS Grampian premises, including decant to a ligature compliant ward at Royal Cornhill Hospital in Aberdeen

- Several discussions have been held with NHS Grampian Asset Management. To date no alternative NHS Grampian premises have been identified for Ward 4 decant.
- There is a ligature compliant ward available from October 2021, however this has been designated for RCH use due to high bed occupancy on the RCH site.
- A further option appraisal of the Dr Grays site has been undertaken. No wards or departments on the Dr Grays site have been identified as a decant option. Space is at a premium on the Dr Grays site and

Ward 7 is currently relocated due to ongoing water system improvements.

- Positive considerations and reconfiguration of the Dr Grays site were assessed with Dr Grays General Manager and leadership team - but none of these are practical. Significant ligature compliance work would be required prior to a decant of Ward 4 to another setting on the Dr Grays site.

3. Consider at decant to New Craigs Hospital In Inverness

- This is currently being discussed with NHS Highland. Discussions are at the initial stages and a meeting is being set up to discuss this more formally.

4. Consider a decant to alternative Moray Council Premises

- None have been identified. For in-patient mental health, the Mental Health Act requires that detention has to be undertaken in a care setting *designated as a hospital*.

5. A New Build

- Has been considered as part of the Dr Grays site plan around 2019/20. This will be a much longer term consideration with no absolute agreement as yet – previously ruled out on the grounds of cost. (£10m).

6. Carry out ligature reasonably practicable works at Ward 4 to bring it up to a standard that reduces or eliminates ligature risk.

- It was already anticipated that the ligature compliance work could be undertaken on a room by room basis, building on the experience of undertaking Green Notice of Contravention Work. That this would need to be costed including the simultaneous replacement of Ward 4 windows.
- This work was in the middle of being planned and a design team appointed when the NHS Grampian Ligature Programme Board ruled this out as an option at their meeting in January 2022.

7. Reduce reliance on inpatient beds at Ward 4, Dr Gray's Hospital.

- Current bed occupancy: Ward 4 has reduced its inpatient bed footprint from 24 to 18 beds through development of community infrastructure and commissioning of Tier 2 support in the form of in reach to people at home to support them and in reach to Ward 4, also evidenced in reduced length of stay. Ward 4 bed occupancy illustrates high turnover and high bed occupancy. In addition, at times there is requirement for Ward 4 to admit overspill from Royal Cornhill Hospital in Aberdeen and New Craigs Hospital in Inverness. Ward 4 at times has to surge to 19 or 20 beds in order to provide acute inpatient beds locally, across the North of Scotland and across Scotland as a whole, which are at an all time high pressure on occupancy.
- Redesign to no inpatient beds in Moray: It would not be possible to move to no adult acute inpatient beds in Moray – there would need to be an environment to stabilise people or for people to wait if they were to be decanted to another facility; or for place of safety in line with the mental health act. This would require ligature compliance. This option would also require patient, carer, public engagement and engagement

with people with lived and living experience of mental illness and in patient care needs.

- Reduce the Moray inpatient beds further: A further reduction in inpatient adult acute inpatient beds at Ward 4 could be planned with the development of more specialist crisis outreach teams in Moray – however this would need to be developed and at the moment there are workforce shortages and recruitment challenges that would prevent this work being undertaken and or successful; in addition ligature compliance work would still require to be undertaken to address the issues outlined in bullet point above.

8. Do nothing

- This is not an option. There is a legal requirement for NHS Grampian to respond to the HSE Improvement Notice.

Risks

4.6 Workforce Risks: Moray mental health service currently has a number of vacancies in nursing, medical, OT and psychological therapy. These posts are proving difficult to fill in a challenging labour market. In line with a service decant a full workforce deployment plan will be required – any decant option will require to be resourced with workforce due to significant workforce and recruitment challenges at Royal Cornhill Hospital and New Craigs Hospital. Human Resources and Staff side / Partnership personnel will need to be opted in to any discussions at the outset.

4.7 Finance Risks: Funding will need to be identified by NHS Grampian in order to fund the ligature compliance at Ward 4, the service decant option and staffing costs; and any initial works required to improve ligature compliance for any service base to be retained in Moray for stabilisation, wait, or place of safety during the ligature works being undertaken.

4.8 Property Risks: as discussed in the Options Appraisal outlined at Section 4 above.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

- Growing, diverse and sustainable economy: improving mental health of the population;
- Building a better future for our children and young people in Moray: service development for mental health and wellbeing and support for family wellbeing;
- Empowering and connecting communities: mental health planning and delivery as part of locality planning;
- Changing our relationship with alcohol.

(b) Policy and Legal

- Good Mental Health for All in Moray Strategy (2016-2026).
- NHS Scotland Mental Health Strategy 2017-2027).
- Scottish Government Mental Health Transition and Recovery Plan (2020).

- Recovery Orientated Systems of Care (ROSC)
- Draft Moray Alcohol and Drugs Partnership ADP self-assessment against COSLA Recommendations linked to the Partnership Delivery Framework for Alcohol and Drug Partnerships and Scottish Government Priorities. Due between October and December 2021. A template from the Scottish Government is pending.
- Rights, respect and recovery: alcohol and drug treatment strategy. 2018
- Medically Assisted Treatment (MAT) Standards 2021
- Transforming Nursing, Midwifery and Health Professionals' (NMaHP) roles: pushing the boundaries to meet the health and social care needs in Scotland, 2017
- A range of underpinning Mental Welfare for Scotland reports, guidance and legislation.

(c) Financial implications

As outlined at 4.7 of this report.

(d) Risk Implications and Mitigation

As outlined fully at Section 4 of this report. This risk is recorded on DATIX ID 2865 categorised as High Risk.

(e) Staffing Implications

As outlined at Section 4 of this report.

(f) Property

As outlined at Section 4 of this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because this is a progress report. Integrated mental health service and drug and alcohol recovery services continue to deliver and there are plans in place to mitigate against identified risks.

(h) Climate Change and Biodiversity Impacts

None directly arising from this report.

(i) Consultations

Moray Mental Health Leadership Team

Making Recovery Real Moray Group (includes peers and 3rd Sector Organisations)

NHS Grampian Ligature Programme Board

NHS Grampian Mental Health and Learning Disability Transformation Board, on behalf of Chief Officers.

6. CONCLUSION

- 6.1.** The Clinical Care and Governance Committee is asked to note the options outlined at Section 4. These will be put forward to the NHS Grampian Ligature Programme Board at the end of February. Future updates will be provided to the Committee in due course regarding the progress and outcome of these option discussions.

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Background Papers:
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