

Proposed Development:
Ambulance Station at
Victoria Infirmary,
Helensburgh

ATKINS

HEARING STATEMENT

Scottish Ambulance Service

February 2010

Plan Design Enable

Proposed Development of an Ambulance Station at Victoria Infirmary, Helensburgh

Scottish Ambulance Service

‘Hearing Statement’

26 February 2010

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1. Introduction

This 'Hearing Statement' is submitted to Argyll & Bute Council Committee Services Local Review Body (LRB) on behalf of the Scottish Ambulance Service (SAS) regarding the proposed development for the erection of an ambulance station at Victoria Infirmary, 93 East Kings Street, Helensburgh.

This Statement should be read in conjunction with the 'Grounds of Review' report submitted to the LRB on 23 November 2009, the 'Comment on Representations' report submitted to the LRB on 23 December 2009, and the 'Comment on 'Note of Further Information' submitted to the LRB on 26 February 2010, as part of the planning appeal for the above development.

In accordance with The Planning etc (Scotland) Act 2006, The Town and Country Planning (Schemes of Delegation and Local Review Procedure) (Scotland) Regulations 2008, and Argyll and Bute Council's (A&BC) Form AB15, Schedule 1 Rule 1(2), the 'Hearing Statement' addresses the four 'Specific Matters' which will be considered by the LRB at the hearing to be held at 1p.m. on 11th March 2010 in Pillar Hall, Victoria Halls, Helensburgh.

Form AB15 confirms that the LRB will **only** consider the four following 'specified matters' stated below at the Hearing.

1. **Details of the parking provision within the site;**
2. **Why must the ambulance station be in this position;**
3. **The justification for the need to be on the particular site and the reasons why the ambulance station must be located in Helensburgh; and,**
4. **Details of the proposed materials to be used in construction of the ambulance station.**

On behalf of SAS the parties who will appear at the hearing are listed in Table 1.1 below.

Table 1.1: Parties Appearing at the Hearing

Name	Contact Details	Category
Mr Garry Fraser SRPara DiplIMC RCSEd Scottish Ambulance Service	Tipperlinn Road, Edinburgh EH10 5UU	Applicant
Miss Corinne MacDougall MA (Hons) MRTPI Principal Planner	Atkins Ltd 200 Broomielaw Glasgow G1 4RU	Agent
Miss Jénon Stewart Bachelor of Architecture Architectural Assistant	Atkins Ltd 200 Broomielaw Glasgow G1 4RU	Agent

The following additional documents will be referred to and relied on during the presentation of this Hearing Statement:

1. ***Refusal of Planning Permission Ref No. 09/00790/DET*** – 10 August 2009
2. ***Argyll and Bute 2009 Local Plan***
3. ***Grounds for Review*** - Atkins, November 2009
4. ***Comment on Representations*** – Atkins, December 2009
5. ***Note of Further Information*** – Atkins, February 2010
6. ***Response to Representations / Further Information - dated 12 February 2010 Provided by Ross McLaughlin, Development Manager, Argyll & Bute Council*** – Helensburgh and Lomond Councillor George S. Freeman, 20 February 2010

As agreed at the Hearing Site Visit on 17 February 2010, a Front Elevation illustrating the apex of the proposed ambulance station within the context of the Category B listed building – Victoria Infirmary - is attached at Appendix A.

2. Specified Matters

2.1 Details of the parking provision within the site

Note: For purposes of clarification it is herewith understood that A&BC's reference to 'the site' in Specified Matter 1: 'Details of the parking provision within the site' refers to the wider infirmary site given that the proposal is for the relocation of the ambulance station within the hospital grounds.

2.1.1 *Existing Ambulance Response Route*

Currently ambulances are stationed at the far north-east corner of the Infirmary site, after they have dropped off patients at the Main Building. This is effectively the furthest point within the site from the main emergency access point at East King Street, and consequently the ambulances have to currently travel the entire length of the site to reach East King Street. The Existing Ambulance Vehicle Route drawing attached at Appendix B shows the location for ambulance parking.

In responding to an emergency an ambulance is required to leave from its parked station and head southwards along a narrow access road, past the Out Patient Department to arrive at the south-west corner of Victoria Infirmary. It then travels westwards along the access road in front of Victoria Infirmary arriving at a small fork junction. At the junction the ambulance turns left to travel southwards through the hospital grounds thereafter exiting on to the main road - East King Street.

2.1.2 *Existing Parking Provision*

The various functions and activities undertaken in connection with the Infirmary are placing a high demand on the existing parking provision within the Infirmary grounds. This has resulted in dangerous parking by a number of on-site users who are parking on pavements and the narrow internal access roads as well as along Granville Street.

Due to the ad hoc parking throughout the hospital grounds there are now pinch points and these are seriously impeding the ambulances speed of travel and subsequently their ability to quickly respond to an emergency. Photograph 2.1 below highlights the existing problem. The pinch points are highlighted on the Existing Ambulance Vehicle Route at Appendix B.

Photograph 2.1: Hospital access road to the west of the existing garden area



As referred to in Section 5.1, page 9 of Atkins 'Ground of Review', Health Building Note (HBN) 44: Accommodation for Ambulance Services (1994) clearly states that the NHS Act 1997 places a duty on the Secretary of State to provide ambulance services capable of meeting all reasonable requirements.

“Any person may request the services of an ambulance, usually by making a ‘999’ call, for accidents or sudden illness anywhere. An ambulance must be dispatched immediately in response to such a call.”

(HBN 44, Section 2.1, Page 4, 1994)

2.1.3 Proposed Parking Provision

The new ambulance station proposes 18 no. additional parking spaces. The breakdown of parking is outlined in the Car Park Plan (Drawing No. 5084539 GLA A/P/00/010 Rev 1) submitted with the planning application, and is as follows:

- 4 no. Infection Control;
- 3 no. Ambulance Vehicles;
- 2 no. Patient Transfer Service (PTS);
- 1 no. Disabled;
- 1 no. Rapid Response;
- 1 no. Urgent Tier;
- 1 no. Officer Response Vehicle; and,
- 5 no. Staff Spaces.

Parking is required for on-site staff, who work on a shift basis, and in most cases are unable to use public transport during night shifts. The provision of additional and adequate car parking facilities located at the proposed ambulance station, towards the front of the hospital grounds, will assist in alleviating the current problem as well as assist in the freeing up of the existing pinch points. As referred to in Section 6.4, page 15 of Atkins 'Ground of Review', A&BC's Roads Department raised no objection to the proposals. They firmly acknowledged that the various activities currently carried out within the hospital grounds are placing a high demand on the existing car parking provision and support the improvements the proposals will bring to the current situation.

In accordance with Policy **LP ENV 1 (Development Impact on the General Environment)** of the adopted Argyll & Bute Local Plan (2009), the proposed development addresses the relationship of the location of the proposed ambulance station to the road and public transport network, means of access, particularly access for emergency services, parking provision, and likely scale and type of traffic generation. By siting the ambulance station at the front of the other hospital buildings, ambulances will be able to reach East King Street without having to negotiate the parked vehicles stationed along the internal access road of the Infirmary. As such, a speedier response will be produced therefore providing a better service to the public, in accordance with Policy **LP COM 1 (Community Facility Development)** and Government Healthcare policy.

2.1.4 Summary

SAS is failing to meet statutory call out targets due to the severe parking issues affecting the grounds of Victoria Infirmary which are impeding ambulance response times. The need to improve this situation is now an urgent requirement for the SAS if they are to continue to have a much needed facility in Helensburgh and the Lomond area as well as accord with healthcare legislation.

Through the provision of additional car parking facilities the proposal will:

- **relieve the issue of ad hoc parking which currently exists within the Infirmary site;**
- **assist in alleviating the restricted movement of emergency vehicles thus significantly improving ambulance response times to emergency calls;**
- **cater for on-site staff, who work on a shift basis, and in most cases are unable to use public transport during night shifts.**
- **accord with policies LP ENV 1, LP COM 1 and HBN 44.**

2.2 Why must the ambulance station be in this position?

2.2.1 *Improved and sustained presence within Helensburgh and Lomond Area*

The current ambulance station building does not suitably accommodate the eleven existing staff, and has no potential to increase staff numbers by an additional six, which are required in order to meet response requirements. The lack of ability to accommodate any expansion not only compromises the quality of ambulance service in the area, but also means that future initiatives by the NHS Trust for the local community are also compromised.

The development of the proposed ambulance station will improve and extend the lifetime of this vital public service by approximately 35 years. This is in direct accordance with policy **LP COM 1** which supports improved community facilities. It also accords with the Scottish Government's agreed Vision for the Vale of Leven Hospital (refer to Appendix C) which the SAS is integral in delivering and which is a material consideration of the development proposal.

“ . . . the SAS to put in place the additional resources required to ensure adequate blue light ambulance services and Patient Transport Services (PTS) in taking forward the Vale Vision. This includes the provision of 24/7 Paramedic response units at the Vale of Leven Hospital and in the Helensburgh Ambulance Station.”

(para.2.12, Vale of Leven Vision: Update on Implementation, February 2010)

2.2.2 *Provision of on-site infection control*

The provision of health care in Scotland is enshrined in law. The first is the NHS Act 1997, which places a duty on the Secretary of State to provide ambulance services capable of meeting all reasonable requirements. HBN 44 Accommodation for Ambulance Services (1994), which is detailed in the 'Grounds of Review' report, clearly states that within the NHS Act 1997:

“Any person may request the services of an ambulance, usually by making a '999' call, for accidents or sudden illness anywhere. An ambulance must be dispatched immediately in response to such a call.”

(Page 4, Section 2.1)

The second is The Public Health etc. (Scotland) Act 2008 which assists Scottish Ministers with meeting their obligations under the International Health Regulations. 'Protecting public health' for the purposes of the Act means:

'The protection of the community (or any part of the community) from infectious diseases, contamination or other such hazards which constitute a danger to human health.'

(Part 1, Section 1.2).

In line with the Public Health etc. (Scotland) Act 2008 is Scottish Health Facilities Note (SHFN) 30: Infection Control which aims to ensure that the prevention and control of infection issues are identified, analysed and planned for at the earliest stage of a project.

There are no facilities for infection control at Helensburgh ambulance station and instead this essential function has to be carried out at the next nearest station, which is the Vale of Leven ambulance station. Consequently, whilst an ambulance is deported to the Vale of Leven for infection control it is out of the Helensburgh and Lomond area which further

effects response times, as detailed earlier. This is an unacceptable position for SAS to be in as the ambulances subsequently have to respond from some 35 minutes away to reach patients in the Helensburgh and Lomond area.

The effective decontamination of medical devices is essential in reducing the risks to patients from healthcare associated infection. When designing clinical accommodation, consideration should be given to providing adequate and appropriate storage for centrally provided sterile supplies. If sterile supplies are stored inappropriately, then sterility can be compromised and contamination can occur.

Infection control of ambulances and the equipment on the ambulance is essential to ensure patients are treated in as sterile an area as possible. Recently it has been widely covered in the media the impact of healthcare acquired infections (HAI) where patients have died due to an unrelated infection acquired whilst in the health care system. No case attracted more publicity than patients dying in the Vale of Leven hospital after an infection outbreak on the wards.

2.2.3 Unavailability of alternative sites

Having tested the feasibility of the four sites suggested by A&BC (after the planning decision was made) as well as attended the site visit (2 September 2009) with Planning Officers and NHS officials to consider the alternative sites, the SAS remain of the view that the proposed site is the most suitable position for the new ambulance station, within the Infirmary grounds.

Furthermore, as stated in Section 5 of Helensburgh and Lomond Councillor George S. Freeman’s ‘Response to Representations / Further Information’ dated 20 February 2010, Argyll & Bute Community Health Partnership officials have also confirmed that the four alternative sites *“were all far too small and in one case, further into the site than existing location, and none of them addressed the ambulance parking and decontamination requirements.”*

Table 2.1 below confirms the reasons of unsuitability for the alternative sites. Attached at Appendix D is Drawing No. AP(SK)101 Rev 02 - Location Options which locates the four alternative sites within the hospital grounds.

Table 2.1: Alternative Sites

Site	Description	Reasons for Unsuitability
A	Located west of the front access.	<ul style="list-style-type: none"> • Restriction in space as it only allows one of the eight vehicle parking spaces required; • Restriction in space for a full ambulance turning circle; • Close proximity to the site’s western boundary creating privacy issues with adjacent land; and, • No parking for infection control purposes.
B	Located south of the existing management base. The site is currently used as car parking for	<ul style="list-style-type: none"> • NHS Highland would lose seven valuable car parking spaces; • The Conservation Area Officer states in the Council’s Further Representations (12 February 2010) <i>“A saving grace is that some good specimen trees remain, alluding to the hospital’s former grounds.”</i> Development of this

Site	Description	Reasons for Unsuitability
	the hospital.	<p>site would require the felling of at least two mature specimen trees.</p> <ul style="list-style-type: none"> • The geometry of the site means that there would be no ambulance parking for infection control immediately adjacent to ambulance station; and, • Access / egress would still be an issue with vehicles parking along the road/pavement beside the existing garden, still restricting the movement of emergency vehicles. Contrary to HBN 44: Accommodate for Ambulance Stations. • The Conservation Area Officer states in the Council's Further Representations (12 February 2010). "<i>The Community Building to the north west is sited well-clear of the listed building. . .</i>" The further addition of a building at this location would therefore compromise the setting of the listed building.
C	Located to the north-east of the existing OPD building, and forms part of the hospital ground's flat grassland.	<ul style="list-style-type: none"> • NHS Highland would lose eight car parking spaces; • Access/egress will continue to be a problem; • No parking for infection control; • Required proximity between vehicles and station cannot be attained; and, • Conflicts with future expansion plans of NHS Highland.
D	Located to the south of the existing Jeanie Deans Unit.	<ul style="list-style-type: none"> • NHS Highland would lose ten car parking spaces; • No parking for infection control; • The Conservation Area Officer states in the Council's Further Representations (12 February 2010) "<i>A saving grace is that some good specimen trees remain, alluding to the hospital's former grounds.</i>" Four mature specimen trees will require felling; and, • Proposed building would block the natural light of Jeanie Deans Unit building.

It is also important to note that two of the alternative sites (B and C) to the rear of the proposed site may also have reduced response times out of the site as the ambulance will have to travel through the site encountering parked vehicles. A station on the main road would best meet the requirements of a quick response to emergency calls. In the last few weeks there have been initiatives such as the mobile breast screening clinic in the grounds of this NHS site. This mobile unit is parked on site for a week at a time and is the size of a 40 ton lorry trailer which takes up a considerable number of parking spaces in the grounds. This initiative has further exacerbated parking problems for all staff and patients coming to this site. With the political strategy being that patients have the right to

access services locally this type of mobile unit for a range of services may be implemented and be a regular feature at smaller hospitals in Scotland. Therefore, the station being at the rear of the site may be subject to this type of situation more frequently.

None of the four alternative sites could accommodate the number of parking spaces required to serve the ambulance station directly. The resultant lack of parking spaces would cause further strain and danger to the inadequate parking provision within the Infirmary site. On this basis, it is unlikely such alternative sites would be supported by the Council's Roads Department, as this would be in direct contradiction to the comments made on this current application.

2.2.4 Setting of the Listed Building

Policy **LP ENV 13a (Development Impact on Listed Buildings)** outlines that development affecting a listed building or its setting shall preserve the building or its setting, and any features of special architectural or historic interest that it possesses. Where development would affect a heritage asset or its setting the developer will be expected to satisfactorily demonstrate that the impact of the development upon that asset has been assessed and that measures will be taken to preserve and enhance the special interest of the asset.

The Council has previously stated that the principal viewpoint of the listed building is on entering the site from East King Street, and that the garden area to the front creates a sense of open space which gives open views of the listed building.

Whilst it is accepted that this is the principal viewpoint of the building it is important for the LRB to note that the setting of the listed building and this principal viewpoint are compromised by the visual pollution, mixed building styles, an informal garden and mature landscaping which exist in front of the building.

The visual pollution includes: signage, railings; daily on-site parking; the Jeanie Deans Unit; and, the further addition the conservatory to the Jeanie Deans Unit. The mature specimen trees which align the southern boundary of the site also restrict the views of the listed building from East King Street as does the mature landscaping associated with the patients garden area. The eastern and western wings of the listed building are single storey with shallow roof pitch and a small percentage of the central part of the building is two storey. In this respect, the open view of the listed building's ground floor facade is subsequently impaired by the height of these trees and landscaping.

Photographs 2.2 to 2.6 below demonstrate the extent of the visual pollution which affects the setting of the listed building.

Photograph 2.2: Conservatory added to Jeanie Unit



Photograph 2.3: View of conservatory/Jeanie Deans Unit looking north-east from E. King Street



Photograph 2.4: On-site parking



Photograph 2.5: Signage in front of the listed building



Photograph 2.6: Ex. Council Housing on East King Street, facing the main access to Victoria Infirmary



It is strongly argued that the original setting of the listed building has been compromised (a fact acknowledged by A&BC's Conservation Officer), by the siting and design of a number of other hospital buildings, parking areas and the recently created garden area.

The Conservation Officer's comments in A&BC's Further Submissions state that despite the town's proscribed layout, the overall impression is relaxed and gentle and the spaces between and around buildings take on a particular importance, which is a driving factor in the consideration of the application. Given that the original openness of the site associated with the Listed Building has been lost to the development of various new healthcare buildings, which furthermore have no architectural cohesion, the officer's comment is refuted. The ex council housing which exists both to the north and south of the site is also completely unsympathetic to the wider built environment (see photograph 2.6), where it is clearly apparent that little consideration has been given to the spaces between and around the buildings.

The site is not located within a Conservation Area. This exclusion from the Conservation Area indicates that a clear decision was taken by the Council when the boundaries were set to exclude the infirmary building and grounds.

In this respect whilst the proposal is not directly in accordance with policy **ENV 13a) (Development Impact on Listed Buildings)** there are a number of other material considerations which outweigh the degree of visual impact which will be caused.

2.2.5 Relationship between the proposed ambulance station and listed building

The building would be 'set down' into the site, taking advantage of the topography, with a shallow roof pitch to enable the higher parts of the listed building to be retained in views from the south-west. The proposed shallow pitch roof is considered most appropriate to achieve the lowest possible building height, and therefore minimise its potential visual impact of the ambulance station as well as maintain existing views to the upper front elevation of the listed building. Any other use of roofing materials, such as traditional tile, could necessitate a steeper roof pitch and thus increase in the proposed ambulance station's building's overall height. The use of effective landscaping around the ambulance building, as proposed, will further mitigate concerns regarding the impact on the setting of the listed building, which has already been comprised as discussed in section 2.2.4 above.

“ . . . although Victoria Infirmary is Category B listed, it is a poor quality building and the introduction of the proposed ambulance station would not have an adverse impact on the setting of the listed building. Indeed, the importance of this proposed ambulance station, with the reduced response times that this will bring about, cannot be over emphasised and I would hope that this would outweigh any minimal impact that the proposal would have on a the listed building”.

(Helensburgh and Lomond Councillor, G.S. Freeman, 02 August 2009)

2.2.6 Relocation of the Patients Garden

The position of the proposed ambulance station is on the garden in front of the listed building created on an informal basis by previous patients and opened in 1999. NHS Highland proposes to relocate the garden to another part of the hospital grounds in order to mitigate the loss of this space. Its removal and re-location elsewhere in the hospital grounds was not in itself a matter for concern to the Council when refusing the application. It is concluded therefore that the existing garden area itself has no intrinsic

historic value, and therefore the loss of the garden itself would not compromise the setting of the listed building.

2.2.7 Retention of Mature Specimen Trees

The siting of the ambulance station would not result in the loss of any mature specimen trees as would be the case if the suggested Alternative Sites B and D should be developed. This supports the Conservation Area Officer's comments in Section 4 of Further Information provided by A&BC on 12 February 2010, which states:

"This [listed building] initially occupied a generous site, in keeping with its use and status, but, over time this has been developed much to its detriment. A saving grace is that some good specimen trees remain, alluding to the hospital's former grounds."

2.2.8 Summary

The position for the proposed building and associated parking, which is supported by NHS Highland, was considered to be the most appropriate location for the SAS in terms of:

- ***Accordance with policy LP COM1 (Community Facility Development);***
- ***Improved and continued presence of the ambulance station within Helensburgh and the Lomond Area, which accords with local planning policy and government healthcare policy;***
- ***Significant improvement to ambulance response times thus fulfilling the requirements of HBN 44;***
- ***Provision of on-site infection control in line with HBN 44: Accommodation for Ambulance Services, The Public Health etc (Scotland) Act 2008 and SHF Note 30: Infection Control;***
- ***Unavailability of alternative suitable sites. There is no ideal site within the Infirmary grounds however the proposed site is the least worst option given that it would secure benefits to the SAS, reduce parking constraints and minimise the impacts to the setting of the listed building;***
- ***It is unlikely the alternative sites suggested by the Planning Department would be supported by the Roads Department, as they would be in direct contradiction to the comments made on this current application;***
- ***It is unlikely the alternative sites B and D suggested by the Planning Department would be supported by the Conservation Area officer as they would result in the loss of mature specimen trees;***
- ***Restricted impact on the principal view of the listed building;***
- ***Relocation and safeguarding of the patients garden; and,***
- ***Retention of mature trees.***

2.3 The justification for the need to be on the particular site and the reasons why the ambulance station must be located in Helensburgh

2.3.1 *Need*

The need for an ambulance station has come about due to:

- This is the only ambulance station in the Helensburgh and Lomond area. If the ambulance station is not located in Helensburgh all ambulances would have to respond to emergencies from the Vale of Leven or Paisley. This would have severe implications on ambulance response times;
- The need to improve the current situation which sees emergency vehicles on a regular basis being blocked in by parked cars. The proposed location of the new ambulance station would play a key role in speeding up ambulance response times as well as provide additional accommodation for SAS to carry out infection control duties on site in Helensburgh, negating the need for a round trip to Vale of Leven or Paisley; and,
- The current ambulance station building does not suitably accommodate the eleven existing staff, and no potential to increase staff numbers by an additional six, which are required in order to meet response requirements. The lack of ability to accommodate any expansion not only compromises the quality of ambulance service in the area, but also means that future initiatives by the NHS Trust for the local community are also compromised.

2.3.2 *Significance of Helensburgh*

The development of an ambulance station, and more importantly its retention within the hospital grounds would take advantage of certain common services and the building of a close working relationship between ambulance staff and the staff of hospital departments. Both the NHS Board and Ambulance Board could achieve joint working which is a Scottish Government objective.

Policy **STRAT DC 1 (Development with the Settlements)** of the Structure Plan states that encouragement shall be given to developments within the Main Towns (i.e. Helensburgh) which serve a wide community interest.

The Local Plan supports the need to campaign to retain adequate health facilities throughout Argyll & Bute. It states that there is a need to reduce and ameliorate the effects of peripherality due to the creeping centralisation of services by facilitating and encouraging the expansion of local facilities throughout A&B policy **LP COM 1 (Community Facility Development)** favours improved community facilities.

Since the submission of the planning application and its subsequent refusal, there has been ongoing community support for this important and life saving development. Section 5.3 and Appendix B of Atkins 'Grounds of Review' details the level of support for the development by the Helensburgh and Lomond Councillor, the Convenor of the Lomond LHCC Patients Group and an article in the Helensburgh Advertiser. These points are all valid material considerations, and should be taken into account when assessing the proposed development.

2.3.3 Summary

- *Will not compromise NHS Highland's future expansion plans for the hospital, in line with its own development plan.*
- *Accords with the Scottish Government's policy for Vale of Leven Hospital in which the SAS, within the Helensburgh and Lomond Area, is integral in delivering; and,*
- *Strong community support*

2.4 Details of the proposed materials to be used in construction of the ambulance station

During the application process SAS attempted to discuss materials with the LPA, but they received little help and guidance from the Council on what they would consider to be appropriate for the development. Prior to commencement of the development the SAS has stated their willingness for compromise on the issue of a materials palette in agreement with the Council, thus it is unreasonable that the planning application was refused on the grounds of an inappropriate materials palette. This could easily have been agreed with the SAS prior to the determination of the application and subsequently dealt with by condition.

Part of the reason for refusal states that the ambulance station building “*finishes are modern including a grey panelled roof and brick cladding.*” It is disputed that the use of brickwork for the external walls constitutes a ‘modern material’. The brick cladding for the walls is believed to be an appropriate material for a building of this type in this location, and is a reflection of nearby buildings. The Out Patients Department building adjacent to Victoria Infirmary has brick facing, as indeed does the extension onto the eastern gable end of the listed building.

Summary

As confirmed at the recent LRB site visit the Applicant is willing to agree a palette of materials with the LRB by way of planning condition. Appendix D contains a list of proposed conditions.

Appendix A:

Main Elevation from East King Street,
Drawing No. AP(SK) 111 Rev 01

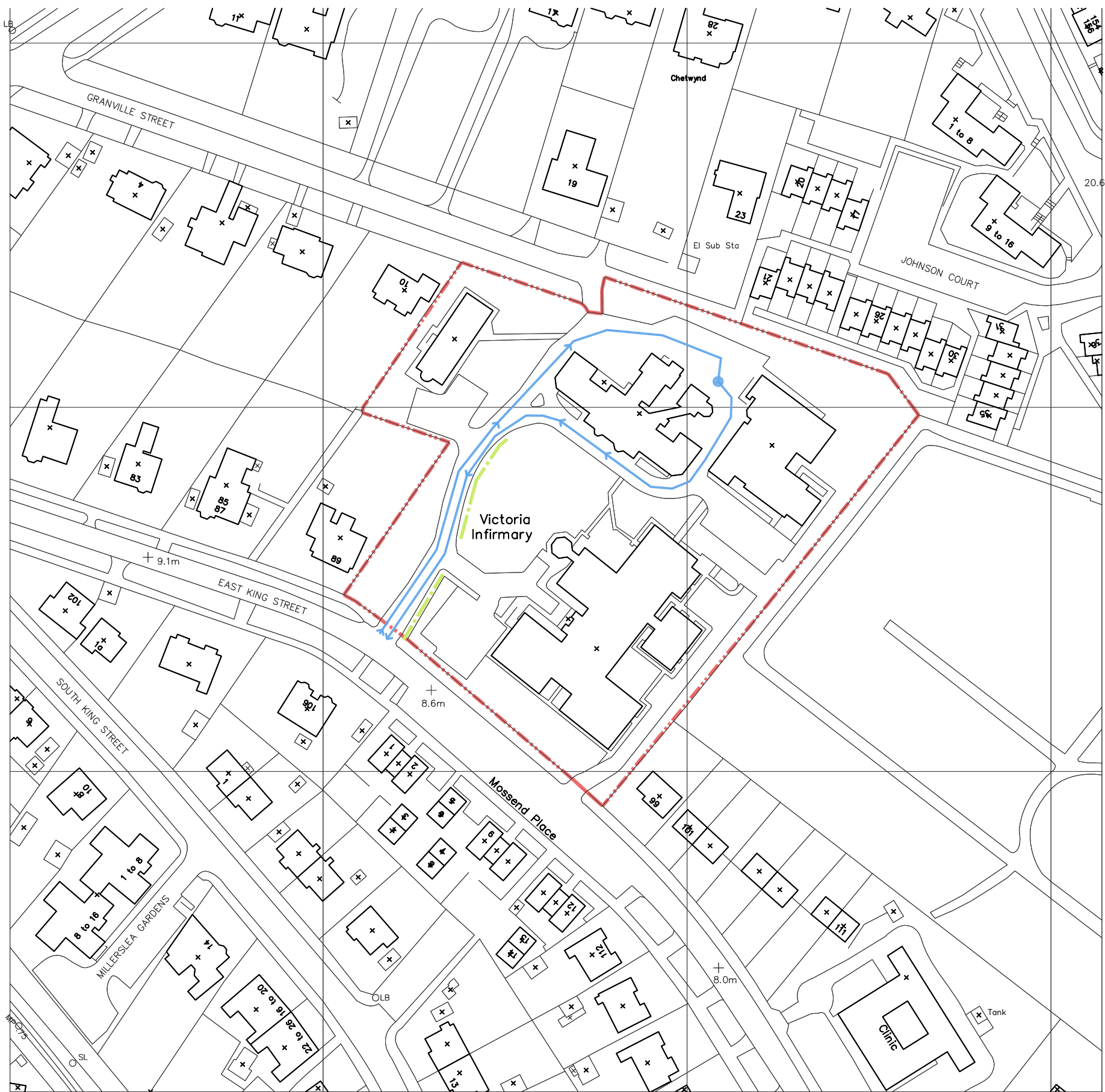


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Project HELENSBURGH AMBULANCE STATION NEWBUILD, 93 EAST KING STREET			
Title ELEVATION FROM EAST KING STREET			
Original Scale	Drawn	Checked	Authorised
1:200	JS	DOR	DOR
	Date 25.02.10	Date 25.02.10	Date 25.02.10
Drawing Number 5084539			Rev 01
Job	Dept.	Sub	Unique No.

A3

Appendix B:

Existing Ambulance Vehicle Route,
Drawing No. AP(SK) 012 Rev 01



- - - Site boundary
- Denotes existing route of Ambulances
- Denotes Ambulance Stop Zone
- - - Denotes pinch points

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Project
 HELENSBURGH AMBULANCE STATION
 NEWBUILD, 93 EAST KING STREET

Title
 EXISTING AMBULANCE VEHICLE ROUTE

Original Scale	Drawn	Checked	Authorised
1:1250@A3	JS	JS	DOR
	Date 25.02.10	Date 25.02.10	Date 25.02.10

Drawing Number	Rev
5084539	A/P/SK/112 01

Job Dept. Sub Unique No.

A3

Appendix C:

Vale of Leven Vision: Update on Implementation

NHS GREATER GLASGOW AND CLYDE

NHS Board Meeting
16 February

Paper No. 10/03

Director of Acute Services Strategy, Implementation & Planning

Vale of Leven Vision: Update on Implementation

Recommendation

Board Members are requested to receive an update on progress with implementation of the Vision for the Vale of Leven Hospital.

1. BACKGROUND AND CONTEXT

1.1 Following a period of formal consultation from November 2008 to January 2009 and Board's decision in February 2009, the Board's Chair submitted a recommendation on the Vision for the Vale of Leven Hospital to the Cabinet Secretary in March 2009. In July 2009, the Cabinet Secretary set out her acceptance of the Vision in a letter to the Chair and:

- Approved the Board's main proposals;
- Reserved final decision on the future of the Christie Ward pending a further report from NHSGGC confirming levels of admission in 12-18 months' time;
- Set out the requirement for NHSGGC to carry out promotion of current and future services provided from the Vale; and
- Requested the appointment of a Monitoring Group to oversee development and delivery of the service change plans.

1.2 In August 2009, a paper setting out how the Vision was to be implemented was presented to the Board.

1.3 This paper sets out progress with implementation of the Vision.

2. UPDATE ON PROGRESS WITH IMPLEMENTATION OF THE VISION

Structures to Oversee Progress

2.1 A number of fora have been established / utilised to ensure progress as follows:

- A Board wide group, with the relevant organisational entities involved, chaired by the Board's Chief Executive. This group met 6 weekly for the first 4 months and thereafter it has been agreed that meetings should occur every 3 months.
- An Acute Division / Acute Planning Group chaired by the Chief Operating Officer. This group met fortnightly for the first 4 months and thereafter it will meet bi-monthly with implementation now well underway as set out below.

EMBARGOED UNTIL DATE OF MEETING.

- The Mental Health Partnership meetings chaired by the Director of Mental Health Partnership. This group discusses progress on implementation at meetings on a regular basis.

Progress on the Main Components of the Vision

Unscheduled Care / Rehabilitation Models

Unscheduled Care Model

- 2.2 Work is underway to finalise the unscheduled care model which will be Consultant led with GPs in support as key partners. Meetings are underway with Consultant Physician and GP Colleagues to agree the various components of the model which have been positive. Under the Vision, the following model is proposed:

Cover During the Week:

- Physician of the week on site Monday 9am to Friday 5pm;
- Physician of the week will see all admissions in previous 24 hours;
- Daily Physician ward rounds with every patient being seen at least twice per week;
- Patients requiring sub-specialty input will be transferred to Royal Alexandria Hospital (RAH).

Weekend Cover:

- 2nd on RAH Consultant will see all Vale admissions in previous 24 hour period on both Saturday and Sunday following the RAH morning ward round.

On-Call:

- After 5pm the On-call Physician will be on call for both RAH and Vale simultaneously.

Rehabilitation Model

- 2.3 Work is underway to finalise the rehabilitation model with the Acute Physicians and GPs.
- 2.4 The service at the Vale of Leven will support post-admission care of appropriate patients admitted through the acute medical service in Vale of Leven and will also provide near to home rehabilitation for patients admitted initially to the RAH via Acute Medicine and Medicine for the Elderly. Orthopaedic rehabilitation will also be provided following transfer from the RAH as is currently the case. Day Hospital and outpatient services will also be provided.

General

- 2.5 There are a number of underpinning factors crucial to the successful implementation of the unscheduled care and rehabilitation models including:
- Consultant recruitment which is well underway with a number of appointment committees scheduled throughout January, February and March.
 - Junior medical staffing - the plans for the allocation of junior medical staffing at both the Vale of Leven Hospital and at the RAH to support the increased in flow of activity to this site are nearing completion.

EMBARGOED UNTIL DATE OF MEETING.

- Nursing staff - the organisational change process for nursing staff affected by implementation of the Vale of Leven vision is now well underway. There have been open meetings for nursing staff in December and one to one meetings are being conducted for all nursing staff affected by these changes.
- Capital development to ensure an adequate numbers of beds on both the RAH and Vale sites – the level of capital required has been identified in the Board's capital plan and work is currently underway to ensure completion of necessary capital works.

Planned Care Model

2.6 The Vision set out that in planned care there would be significant levels of repatriation of activity to the Vale of Leven Hospital:

- From August 2009, this process started in Orthopaedics, with active management of all patients with a Vale of Leven catchment postcode being repatriated to clinics at the Vale of Leven where clinically appropriate. The repatriation of clinics to the Vale will continue to be delivered on a phased basis over 2010. Complex specialist conditions continue to be treated at the RAH;
- A new Consultant Urologist has been appointed who, as part of their job plan, will serve the Vale of Leven. This will enable the full repatriation of urology patients as clinically appropriate, to be in place by end March 2010;
- General surgery patients continue to be seen at the Vale for all except complex specialist conditions requiring attendance at RAH;
- Ophthalmology repatriation will commence with the completion of the new outpatient facilities in Ward 4 from May 2010;
- Clinic expansion in Rheumatology is subject to ongoing physician recruitment.

Mental Health Update

2.7 For Adult Mental Health, a monitoring framework has been provided for the Monitoring Group (see section 4 below), which aims to demonstrate the point at which patterns of inpatient and community activity are consistent with sustainable and ongoing bed use at the lower level of 12 beds. This will then trigger the submission to the Cabinet Secretary to further review the proposal to transfer this adult mental health inpatient activity from Christie Ward at the Vale of Leven to Gartnavel Royal.

2.8 The monitoring framework has been agreed by the monitoring group and provides the basis to assess the before and after impact of the developments in community services (2007) on patterns of inpatient bed use. The monitoring framework demonstrates that the current position, compared to the position before the developments in community services, has to date seen modest reductions in bed use as follows:

- Admissions reduced (particularly last 3 months 13 per month baseline now 10 per month last 3 months);
- Occupied bed days reduced by 1.5 beds, but using 16.7 beds which is above 12 bed target level;
- Delayed discharges not reduced and particular issues in last 3 months;
- Readmissions reduced;
- Length of stay static except last 3 months which have seen this rise from 43 days to 55 days (compared to 30 days average in Greater Glasgow).

2.9 In summary, the picture is mixed with movement downward in overall bed use but with some way to go to achieve bed use of 12 beds. However, if the length of stay issues are resolved and brought down to Greater Glasgow averages, bed use would then fall to nearer 10 beds, i.e. below the 12 bed projected level.

Mental Health Services for Older People

- 2.10 In relation to elderly mental health, the Vale vision set out the plan to enable elderly people with mental health problems to be cared for in an elderly ward (Fruin Ward) with distinct space for functional patients and separately for organic patients. Elderly people with functional mental illnesses are currently managed in the predominantly adult oriented Christie ward. In order to implement the transfer of the 6 beds from the Christie Ward to Fruin Ward, a programme of minor improvement works to Fruin Ward commenced in January and is due for completion at the end of March. This will allow the transfer of the beds and patients to be achieved during April 2010. Existing staff have been identified to transfer with the beds.

Alexandria Health Centre

- 2.11 An Outline Business Case (OBC) for the Alexandria Health Centre was submitted to the Scottish Government Capital Investment Group in March 2009. As yet, there has not been agreement to the OBC because of concerns about the perceived centralisation of dental services in the Health Centre. Discussions are ongoing to resolve this issue.

Scottish Ambulance Service

- 2.12 Agreement has been reached with the Scottish Ambulance Service (SAS) to put in place the additional resources required to ensure adequate blue light ambulance services and Patient Transport Services (PTS) in taking forward the Vale Vision. This includes the provision of 24/7 Paramedic response units at the Vale of Leven Hospital and in the Helensburgh Ambulance Station.

Capital projects

- 2.13 The capital required to underpin delivery of the Vision has been agreed and is in the Board's Capital Plan. Capital works are currently underway at both the RAH and Vale.

3. COMMUNICATION AND PUBLICITY PLAN

- 3.1 As noted in section 1 above, the Cabinet Secretary requested that the Board publicise services at the Vale of Leven.
- 3.2 Work is underway to progress development of the Communication and Publicity Plan which will include the following components:
- A leaflet to be shared with all householders in the catchment area (to be published once the models are finalised);
 - A patient's leaflet to be set out with appointment letters;
 - Creation of a website;
 - Advertising in the local media;
 - Community engagement in high footfall areas;
 - Ongoing communication and engagement with staff.
- 3.3 The draft communication and publicity plan was shared with the Monitoring Group at their 2nd meeting held on 25 January 2010 and comments made will be taken on board.

EMBARGOED UNTIL DATE OF MEETING.

- 3.4 The communication and Publicity Plan for the Community Midwifery Unit (CMU) is well established with regular Marketing Steering Group meetings being held, Chaired by the CHP. Work has included:
- Audit and analysis of the reasons women chose not to give birth at the CMU (both qualitative and quantitative). This has found that 60% of women could not give birth at the CMU even if this was their choice because of background health issues or complications;
 - Leaflets and posters created;
 - A website created;
 - Schoolbag drop;
 - Briefings and displays.
- 3.5 Local Midwives have a central role in promotion of the CMUs and talk with women and families about options and preferences.
- 3.6 It should be noted that in recent months, activity levels, in terms of numbers of births, at the CMU have increased. The full range of ante-natal and post-natal services continue to be provided at the CMUs.

4. CREATION OF THE MONITORING GROUP

- 4.1 The Vale of Leven Monitoring Group met for the 2nd time on 25 January 2010 with meetings scheduled to occur every 2 months. The meeting is Chaired by Bill Brackenbridge, Chair of Argyll and Bute Community Health Partnership (CHP). There is wide membership with local groups, CHPs, Councils across West Dunbartonshire and Helensburgh and the Lochside represented. There is also senior representation from the two Boards.
- 4.2 Emphasis has been placed on each member feeding back to and from the groups they are representing into the Monitoring group.

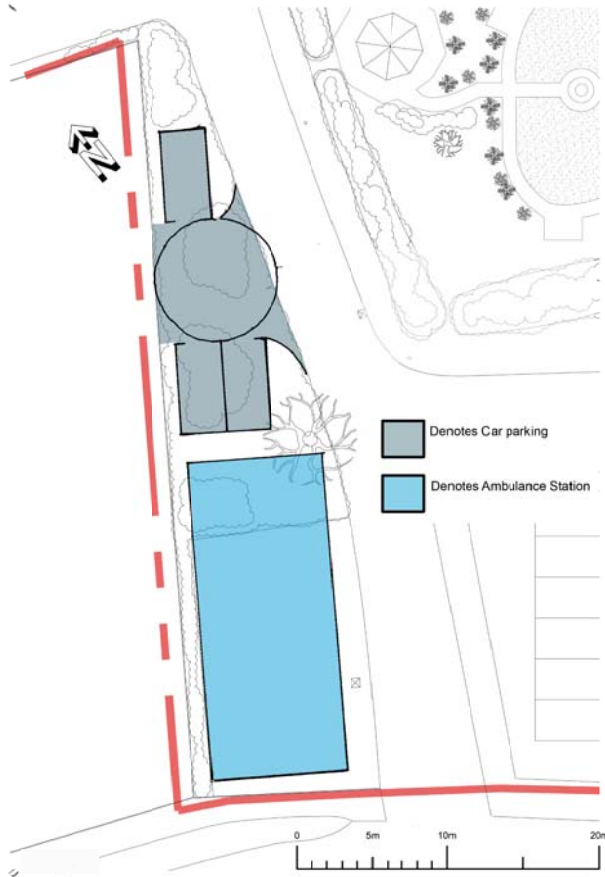
RECOMMENDATION

Board Members are requested to receive an update on progress with implementation of the Vision for the Vale of Leven Hospital.

Helen Byrne
9 February 2010

Appendix D:

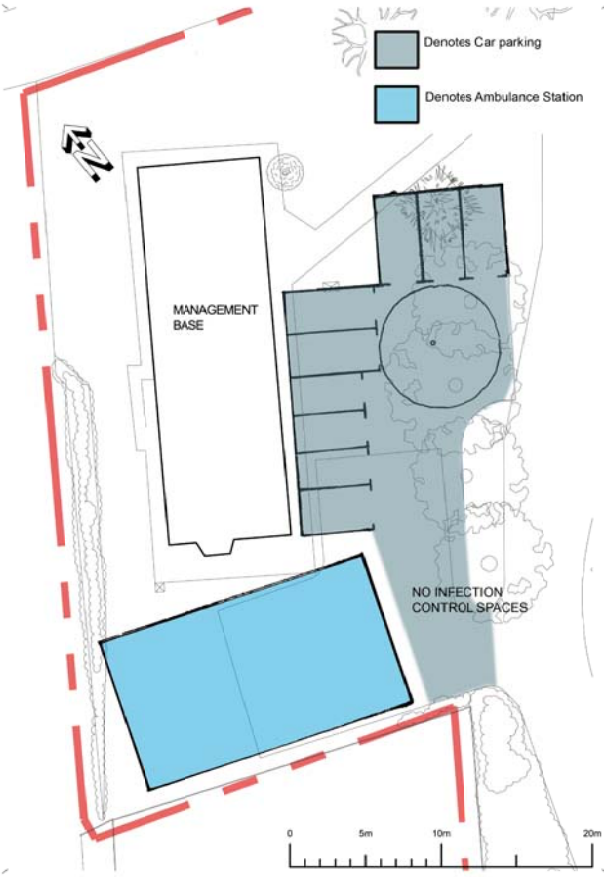
Location	Options,	Drawing	No.
AP(SK)101	Rev 02		



- Only 3 No. of the 10 No. required vehicle spaces.
- Not enough space for ambulance turning circle
- Very Close to site boundary eliminating possibility for windows to east facade.

Denotes Car parking
Denotes Ambulance Station

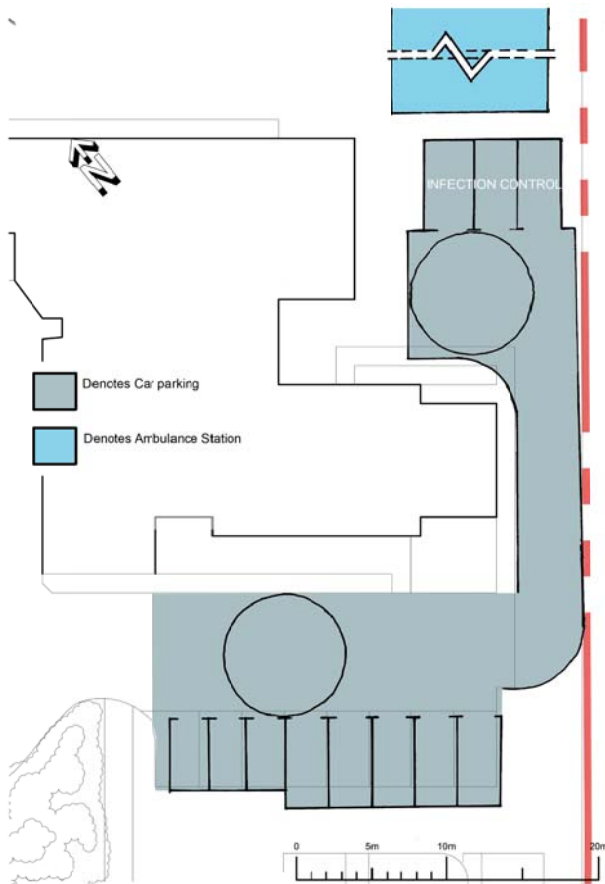
SITE 'A'



- NHS Highland loosing 7No. valuable car parking spaces.
- Cutting down at least 2 No. mature trees
- Geometry of site means that there is no ambulance parking for infection control immediately adjacent to Station
- Access/ egress will be a problem with vehicles that park along the road/ pavement beside the garden.
- The Conservation Area Officer states in the Council's Further Representations (12 February 2010). "The Community Building to the north west is sited well-clear of the listed building. . ." The further addition of a building at this location would therefore compromise the setting of the listed building.

Denotes Car parking
Denotes Ambulance Station

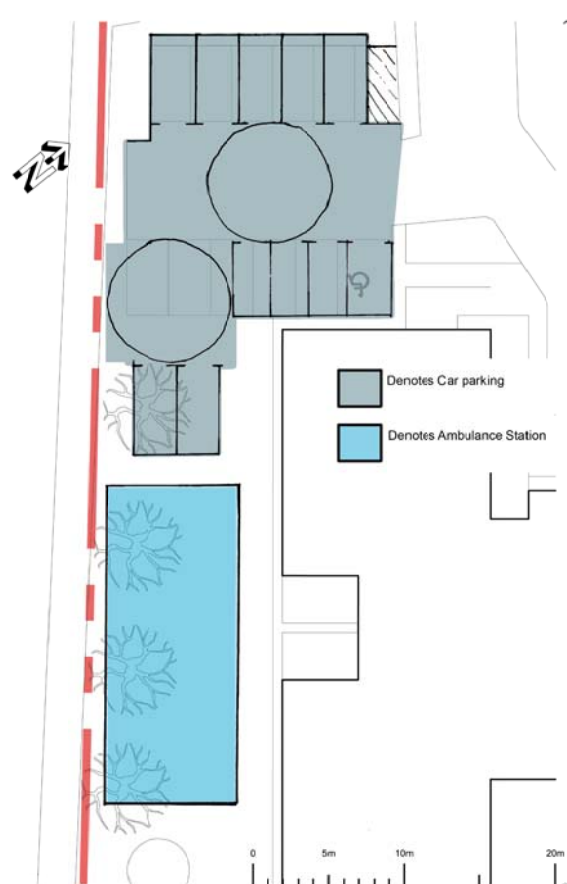
SITE 'B'



- NHS Highland will be loosing 8 No. car parking spaces
- Access/ egress will be a problem, as it is at the moment
- Required proximity between vehicles and station cannot be attained.
- Only space for a one way road
- Conflicts with future expansion plans of NHS Highland

Denotes Car parking
Denotes Ambulance Station

SITE 'C'

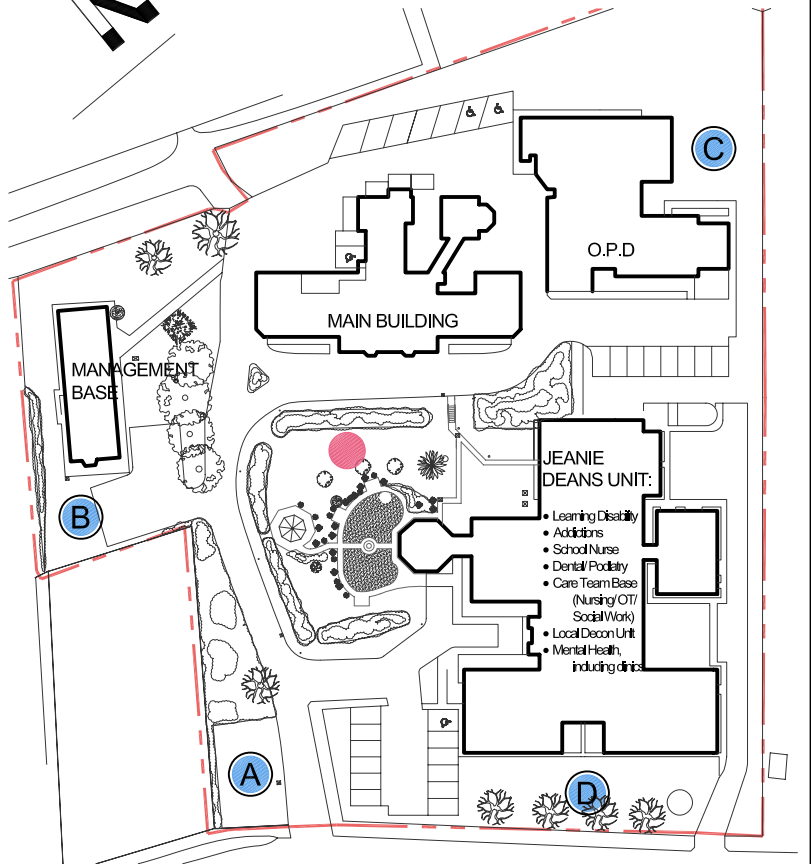


- NHS Highland loosing 10 No. valuable car parking spaces.
- Cutting down 4 No. mature trees
- Building close to and blocking natural light of Jeanie Deans building

Denotes Car parking
Denotes Ambulance Station

SITE 'D'

PROPOSED SITE
ALTERNATIVE SITES



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Client



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www.scottishambulance.com

Project

HELENSBURGH AMBULANCE STATION NEWBUILD
93 EAST KING STREET

Title

LOCATION OPTIONS - KEY

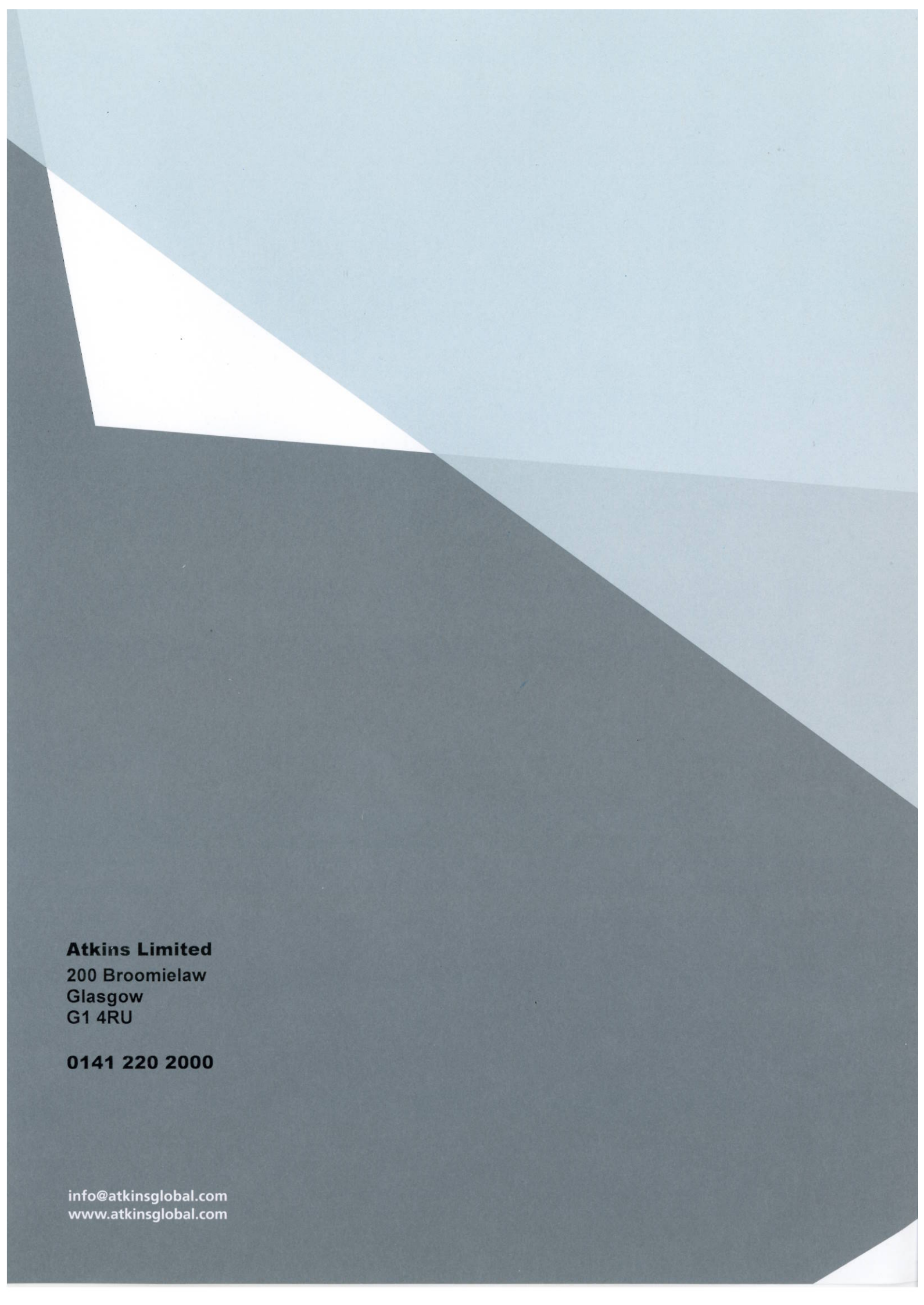
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Job Dept. Sub Unique No.



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