

PE1471/Z

Lothian NHS Board

Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG
Telephone 0131 536 9000
Fax 0131 465 5789



www.nhslothian.scot.nhs.uk

Date 10 October 2013
Your Ref T3.40
Our Ref SE/EO
Enquiries to Sally Egan
Extension 35550
Direct Line 0131 465 5550
Email sally.egan@nhslothian.scot.nhs.uk

Public Petitions Committee
Scottish Parliament
Edinburgh
EH99 1SP

Dear Sir

CONSIDERATION OF PETITION [PE1471](#)

Calling on the Scottish Parliament to urge the Scottish Government to establish specific young people's wards or rooms in hospitals for adolescents, and to ensure that staff receive adequate training to support young people's mental and emotional needs in hospital.

Further response to the Scottish Parliament Public Petitions Committee PE1471

Questions:

- What are the reasons for the decision not to include a dedicated adolescent ward in NHS Lothian's new hospital?

I have discussed further with the RHSC new hospital commissioning team and the RHSC Clinical Management Team.

The background to the decision to move from a dedicated adolescent ward to having adolescent facilities within the new hospital is based on current specialty specific activity projections which suggests very small numbers of young people overall requiring admission to hospital and includes :

- 1) The need to ensure capacity and flexibility to admit adolescent patients as and when required



INVESTORS
IN PEOPLE



Healthy
Working
Lives

Headquarters
Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG

Chair Brian Houston
Chief Executive Tim Davison

Lothian NHS Board is the common name of Lothian Health Board

- 2) The ability to ensure the correct expertise is available 24/7, in terms of nursing, AHP and medical staffing, to care for them which would be very difficult in a single mixed ward with such small numbers.

On reviewing the activity data for adolescents from 2007/8 to 2012/13 it was found that although the numbers of patient who would potentially be admitted to these facilities have stayed constant, the occupied bed days have reduced. This means that they are spending less time in hospital. The current numbers require circa 10 -12 beds allowing for fluctuations in occupancy and this is across a range of conditions including general surgery, general medicine, respiratory, orthopaedic, spinal surgery, neurosurgery, gastrointestinal disease. Ensuring specific expertise for such a broad range of conditions on each shift in a small ward would not be possible.

Small wards make it difficult to manage variation in admissions as there is little headroom for expansion and so a solution was sought which would cope with the fluctuations.

The current plan is to situate the specific adolescent facilities between the medical and surgical wards allowing young people from both wards to access these. This gives the benefit of having dedicated space for adolescents as well as allowing the appropriate medical and nursing care by experienced practitioners in the main ward areas. It also gives flexibility to manage peaks and troughs in numbers by flexing further into the ward as required.

There will also be an inpatient teenage cancer area within the haematology/cancer inpatient ward providing 3 single rooms with en-suite facilities, a kitchen, lounge/ social space and a quiet study room which will be staffed by nurses and doctors experienced in cancer services.

As previously indicated it is expected that the adolescents would, if this is their preferred choice, occupy single rooms during their stay.

I hope this is sufficient information for your needs please do not hesitate to contact me if you require any additional information.

Yours sincerely

SALLY T EGAN
Associate Director and Child Health Commissioner