Review of Adult Mental Health Services in Tayside

7–9 December 2017
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Contents

Background .................................................................................................................. 4
How we carried out the review ..................................................................................... 5
Context .......................................................................................................................... 6
Key findings ................................................................................................................... 8
Areas of strength and areas for improvement .............................................................. 12
Next steps .................................................................................................................... 14
Background

1. In January 2014, Healthcare improvement Scotland carried out a review of general adult psychiatry (GAP) inpatient services in NHS Tayside, following a call to the national confidential alert line. Following the review, a report and improvement action plan were produced. The report and improvement action plan were published on Healthcare Improvement Scotland’s website in July 2014.

2. In 2015, the Chief Executive of NHS Tayside provided Healthcare Improvement Scotland with a progress report and supporting evidence, based on the findings from the previous review and the recommendations outlined in the improvement action plan. Healthcare Improvement Scotland was satisfied that progress had been made and no further assurance activity of mental health services was carried out.

3. The Sharing Intelligence for Health & Care Group provides a forum to identify potential or actual risks to the quality of health and social care and, where necessary, initiates further action in response to these risks. The group includes representation from six national organisations:
   - Audit Scotland
   - the Care Inspectorate
   - Healthcare Improvement Scotland
   - the Mental Welfare Commission for Scotland (MWC)
   - NHS Education for Scotland (NES), and
   - Public Health & Intelligence.

4. At a Sharing Intelligence for Health & Care Group meeting in August 2017, information was shared about GAP inpatient services in Tayside. This included:
   - weaknesses in communication between staff groups
   - concerns about junior doctors’ access to training and supervision, and
   - the high number and turnover of locum psychiatrists currently employed by NHS Tayside.

5. The MWC carried out a visit to inpatient wards in the Carseview Centre in November 2017. They shared their findings with us ahead of our review visit.

6. Following concerns raised from various intelligence sources, Healthcare Improvement Scotland carried out a focused review visit of GAP services across NHS Tayside and Tayside’s three health and social care integration partnerships from Thursday 7 to Saturday 9 December 2017.

About this report

7. This report sets out the findings from the Healthcare Improvement Scotland review visit to adult mental health services in Tayside, with a specific focus on:
   - GAP inpatient services within the Carseview Centre in Dundee, and
   - Adult community mental health services and crisis support for residents in the local council areas and localities of Angus, Dundee and Perth & Kinross.
How we carried out the review

8. The review team was made up of a senior inspector and three clinical experts, with support from a programme manager and project officer. The senior inspector led the team and was responsible for guiding them and ensuring the team members agreed on the findings reached.

9. Before the review visit, the review team analysed the report and improvement action plan produced by Healthcare Improvement Scotland in 2014. We also reviewed the progress report, and supporting evidence, provided by NHS Tayside and the three health and social care integration partnerships following the 2014 review. In preparation for this focused review visit, we also requested additional evidence based on the concerns raised by various intelligence sources.

10. We carried out the focused review of adult mental health services in Tayside from Thursday 7 to Saturday 9 December 2017. During the review visit, the review team observed the quality of care provided to patients, spoke with members of staff and patients, and reviewed care plans and other documentation such as daily records and incident reports.

11. We visited the following GAP inpatient services in the Carseview Centre:
   - intensive psychiatric care unit (IPCU)
   - the Mulberry Unit (acute assessment and admissions)
   - ward 1 (adult acute psychiatry), and
   - ward 2 (adult acute psychiatry).

12. We also visited the following community areas and teams:
   - community mental health team in Angus
   - community mental health team in Dundee, and
   - the Crisis Resolution and Home Treatment Centre (Crisis team).

13. During the review visit, we spoke with:
   - patients
   - ward staff
   - community-based staff
   - health and social care staff
   - senior managers
   - operational managers, and
   - community managers.

14. We held drop-in sessions to allow staff, of all disciplines, to speak with members of the review team individually. A dedicated email inbox was also created to allow members of staff to share their thoughts and opinions in confidence.

15. We would like to thank NHS Tayside and in particular all staff at the Carseview Centre and Angus, Dundee and Perth & Kinross health and social care integration partnerships for their assistance during the review visit.
Context

Service overview
16. NHS Tayside and the three health and social care integration partnerships: Angus, Dundee and Perth & Kinross, provide a wide range of mental health and learning disability services. This includes inpatient, outpatient and community-based support. Mental health covers a range of services, including:
   - general adult psychiatry
   - psychiatry of old age
   - local low and regional medium secure forensic services
   - learning disabilities
   - child and adolescent mental health services (CAMHS), and
   - substance misuse.

17. NHS Tayside and Perth & Kinross health and social care integration partnership are re-designing adult mental health and learning disability inpatient services as part of its Mental Health and Learning Disability Services Redesign Transformation Programme. A public consultation on the proposed design of mental health services in Tayside concluded in October 2017. We were told Perth & Kinross health and social care integration partnership were to reach a decision on the preferred option at the integrated joint board meeting in January 2018.

GAP inpatient facilities
18. In Tayside, GAP inpatient facilities are provided across two sites: Murray Royal Hospital (Perth) and the Carseview Centre (Dundee). Perth & Kinross health and social care integration partnership are the host partnership responsible for mental health in-patient services in Tayside.

19. In February 2017, the GAP inpatients beds, which had previously been available in Angus (Mulberry Unit), were temporarily moved to the Carseview Centre. This decision was taken to ensure mental health services in Tayside could safely deliver care following a shortage of junior doctors.

Community mental health teams
20. In Tayside, community mental health teams provide support for residents in all three health and social care integration partnerships. Each team provides different approaches to the care delivered. This can result in variations in the type and frequency of services that patients can have access to and receive.

21. Dundee and Perth & Kinross have a separate specialist intensive home treatment (IHT) team in place. The main remit of this team is to support patients to remain at home as an alternative to hospital admission, or to facilitate early discharge from hospital by providing intensive home support. Patients are provided with short-term, time-limited intensive care packages within their community which usually last between 4–6 weeks. Face to face intervention is delivered to patients between the hours of 08:00–20:00, 365 days a year. The team can visit a patient up to twice daily, or more, if needed.

22. In Angus, there is no separate specialised home support team. Patients requiring additional intensive support will receive care from their local community mental health team. However, this service is not provided 7 days a week.
23. Tayside’s crisis resolution and home treatment team (CRHTT) provides a 24 hour, 365 days a year service. This service is for individuals who are experiencing an acute mental health crisis that is so severe that, without intervention from the service, would require the individual to be hospitalised. The CRHTT covers the Tayside geographical area encompassing Angus, Dundee and Perth & Kinross.
Key findings

Focus group discussions

24. During our discussions, it was clear that staff are striving to ensure patients receive the best possible care. We saw evidence of good working relationships and respect between all staff disciplines.

25. Staff told us there was clear and visible leadership within the inpatient areas. The senior management team are cohesive and have a clear view in providing high quality care whilst accepting challenges in relation to finance and resource.

26. During our review, we observed the daily telephone huddle. The daily huddle brings together community-based and inpatient staff to identify available GAP beds, discuss staffing issues and planned patient discharges. This positive initiative has been introduced to improve communication across all services.

27. During our discussions, staff highlighted some concerns. This included uncertainties around staff roles and the loss of professional identity following the introduction of health and social care integration.

28. Some staff in the Mulberry Unit described the difficulties in adjusting to the move from Angus to the Carseview Centre. We were told that staff partnership and professional leads were aware of these concerns and were working closely with staff to address them. This included increasing staff support services and implementing a staff newsletter.

29. Community-based and inpatient staff described difficulties in being released to attend training events and complete mandatory training requirements. There did not appear to be an established recording system to monitor staff learning and training. Staff we spoke with were not aware of how their training activity was monitored or recorded.

30. We were told that there are plans to move to a new electronic record system, and the move to the new system will commence in 2018. We were told would improve communication for inpatient and community staff and within the written records.

Locum psychiatrists

31. During our review, it was clear that there was an inconsistency in medical staff provision as high numbers of locum psychiatrists were being employed in inpatient facilities and the community. Staff told us that this has resulted in some patients seeing up to four consultants during their stay in hospital. The use of locum psychiatrists is challenging for both clinical staff and patients who use the services.

32. Senior management told us that they were attempting to address the medical staff shortfall by developing a transformation model of care. This will include creating a clinical/academic post. An associate medical director (development) has also recently been appointed to inform this wider design and development work.

33. In the community areas, we were advised that, due to the high turnover of locum psychiatrists, many of the mental health nurses were following independent practice and critical thinking and were involved in high levels of decision-making. This was reflected in the number of charge nurses (Band 6) and senior charge nurses (Band 7).

34. We were told that the large volume of locum psychiatrists reduced the opportunity for medical learning and minimised the opportunities for medical leadership to evolve.
Clinical psychologists
35. During our review, we were told that patients had difficulty accessing psychological therapies. We were advised that waiting times for access to a clinical psychologist had exceeded 18 weeks.

36. We were told that there is limited provision of formal psychological therapies provided by nurses, allied health professionals or formally trained psychological therapists. However, senior staff advised that some psychological interventions are available from nursing staff and allied health professionals who have completed computer-based cognitive behavioural therapy (CBT) training. In Dundee, three members of staff are due to begin a diploma in CBT, which will enhance this provision.

Community mental health teams
37. The community mental health teams we visited had good working relationships. There was also evidence of mutual respect between staff disciplines, with clear roles and responsibilities in place.

38. In Angus and Dundee, the community mental health teams had a high number of charge nurses (Band 6). We were told that this was appropriate for the level of experience, skills and decision making required to carry out the role.

39. The IHT provides support to teams in Dundee and Perth & Kinross and has a caseload of approximately 25 patients. The team consisted of medical and nursing staff only, with no psychology or allied health professional input.

40. Staff in Angus and Dundee told us that their main concern was the use of locum psychiatrists. This had an impact on patient experience as different locum psychiatrists had different approaches to care. However, the nursing teams did provide continuity and stability for patients.

41. In Angus, 7-day intensive home treatment support was not available for patients. This could result in patients being admitted to hospital unnecessarily as no support was available during weekends. This could also have an impact on patients being supported to return home.

Crisis resolution and home treatment team (CRHTT)
42. During our review, we observed the CRHTT. We found the team to be busy but organised and well resourced. There was a strong emphasis on the importance of collecting meaningful data to enable the team to make informed decisions to improve the quality of care provided.

43. The CRHTT sees all out-of-hours crisis assessments of adults in Tayside. This includes assessments from Police Scotland. We found that the majority of nursing staff were at charge nurse level (Band 6). This was appropriate for the level of skill and decision making required to carry out the role.

44. We were told that one of the biggest challenges in the CRHTT was engaging with community mental health teams in different localities, which offer different services. Senior management had recently established an ‘acute community interface group’ to help address some of these issues and to improve communication.

45. We were advised that the CRHTT charge nurses (Band 6) are required to act as the senior charge nurse for inpatient services at NHS Tayside on nights and weekends. The skill mix of the CHRTT was not equitable with other areas and teams. We were told that there is only one senior charge nurse (Band 7) to 16 charge nurses (Band
6). As a result, some charge nurses told us that they were providing managerial supervision for other nursing staff of the same band level. Some staff we spoke with said they were concerned that their band level did not reflect the demands and requirements of the role they are undertaking.

46. We were told that a ‘mental illness partnership project’ is in place between NHS Tayside and Police Scotland. This inter-agency scheme was established in March 2017. Since then, more than 75 police officers have received training from mental health professionals to help them support people in times of need.

**GAP inpatient services**

47. From our discussions with staff about clinical care delivery, we were told that patients are highly involved in their care planning and staff adopt a strengths-based approach. This approach helps staff identify the patient's strengths to inform support and intervention approaches which help the patient to take ownership of their own recovery. This approach can help patients retain feelings of control and empowerment.

48. The majority of patients we spoke with were positive about their care experience. However, some patients did express specific frustrations in relation to a lack of routine access to outdoor spaces.

**Environment**

49. During our review, we found the inpatient ward areas to be warm and welcoming for patients, visitors and staff. All wards have good signage and readily available, up-to-date information leaflets for patients and visitors.

50. In wards 1 and 2, we saw restricted visiting times in place for visitors. We recommend that this is reviewed to comply with national guidance. The general ward environment was good, however, some bedrooms were sparse and lacked basic comforts such as a work surface or writing area.

51. Two bedrooms we visited had been changed from two-bedded rooms to single-bedded rooms. These rooms were particularly unwelcoming due to the large 'void-like' space, which may make patients feel insecure or unsafe.

52. Patient beds are of a solid, robust build and include a recessed area to hold the mattress. The bed structures are heavy and low, which could be difficult for staff to move safely. Current guidance states that patients should not be restrained on a bed surface. Staff told us that patient beds have to be pushed aside to allow enough space on the floor to safely restrain a patient. This could have implications for staff safety.

53. In the Mulberry Unit, the care principles were clearly displayed. Clear and practical patient information was also available on topics such as patient wellness and recovery. A patient safety medication board was on display with a section specifically for ‘frequently asked questions’ about safety and practice. The patients we spoke with said it was ‘empowering’ to be able to ask relevant questions about their care. There was a well-situated, up-to-date activity board in the ward area and a spiritual care room for patients.

54. In the Mulberry Unit, we were advised that current practice states the unit doors should be locked at all times. This raised concerns that patients may be restricted from leaving the ward area against their will. Staff told us that the unit doors are kept locked as it is positioned next to a public walkway. We were assured that anyone
wishing to leave, who was not subject to any condition under legislation, can do so by asking a member of staff to unlock the door.

55. From our observations of the Mulberry Unit, we did not see any patients being delayed when wishing to leave the ward. However, the procedure for unlocking the door can be time-consuming for staff who have to repeatedly attend to the door. This could interfere with staff capacity to care for patients. The unit could consider introducing electronic slow doors, which are set with timers to allow them to open slowly. These are supported by a viewing mechanism which would be positioned at the nurses’ station. The slow doors allow staff the time to intervene when someone, who is restricted from leaving the ward area, attempts to do so.

56. Some wards are situated on the upper floors of the building. These wards have limited access to a secure outside garden space within the inner quadrant of the building. We were told that access to the garden space is through a downstairs exit. However, this is through a female-only bedded area. This may mean that staff are required to escort patients to the garden space. From our observations, we found that alterations could be made to external fencing which would result in easier access to the garden without passing through the female-only bedded area.

Risk management
57. Staff and patients told us that risk assessments and care planning were carried out on an individual basis. This allowed a multidisciplinary approach to care and person-centred care planning.

58. We were told that psychiatrists made the final decisions about a patient’s health status, risk management plan and approval for patient discharge. However, we were told that psychiatrists and junior doctors did not document risk assessment details or contribute to patient’s care plans. This could weaken the consistency of care approach or interventions.

59. We were advised that the windows in the patient bedrooms have to be kept closed when the patient is in the room. This was due to the presence of fixed ligature points. We were told that a risk assessment had been carried out. There are plans to remove the fixed bar structure from the windows, which can cause risk to patients.

60. During our review, we found that some of the NHS board’s policy information was out of date, for example the psychiatric emergency plan. NHS Tayside should review its policies and procedures to ensure they are all current and relevant.
Areas of strength and areas for improvement

Areas of strength

61. We noted areas where adult mental health services in Tayside are performing well:

- Staff we spoke with were well motivated with a recovery-focused and person-centred approach to care.
- The senior management team appeared to be cohesive, with a view to provide high quality care to patients whilst reviewing challenges in relation to finance and resourcing. Staff told us that leadership was clearly visible in the ward areas.
- Many of the community mental health nurses were following independent practice and critical thinking and were involved in high levels of decision making. This was reflected in the number of charge nurses (Band 6) and senior charge nurses (Band 7) in post. These community mental health nurses also had the opportunity to develop their skills further.
- The ‘mental illness partnership project’ between NHS Tayside and Police Scotland was a good example of inter-agency working. We were told that over 75 police officers have received training from mental health professionals to help them provide support to people in times of need.
- The crisis resolution and home treatment team was organised and well resourced. There were clear and established processes for collecting meaningful data to enable the team to make informed decisions to improve the quality of care they provided.

Areas for improvement

62. We noted areas where adult mental health services in Tayside could make improvements:

- With regards to ensuring that clinical staff maintain the necessary knowledge and skills to deliver high quality care, we were told NHS Tayside is developing a training strategy that reflects both current need and considers future demands aligned to the Transformational Nursing Agenda. This is a national approach reflecting how nursing, as a profession, will need to evolve including consideration to the development and professional positioning in an integration Health and Social Partnership context. We acknowledge that the partnerships have significant challenges in recruiting and retaining psychiatrists, however we were told that efforts are being made to establish posts that offer clinical and academic combined opportunities.
- There was inconsistency with regards to psychiatric consultants. High numbers of locum psychiatrists are employed in the inpatient facilities and community areas. We were told that this has been challenging for staff and those who use the services. Patients told us that they were frustrated by the number of different psychiatrists they were in contact with. This can cause problems in building therapeutic relationships and trust.
- The consistent use of locum psychiatrists has reduced the opportunity for medical learning and minimised the opportunities for medical leadership to evolve.
- Although the general environment in the Carsview Centre was good, improvements and adjustments could be made. Making adjustments will ensure patients are cared for in a less restrictive environment, whilst ensuring appropriate levels of safety and encouraging recovery.
- There was an inequity of service for patients who live in Angus. For example, patients in this area do not receive 7-day intensive home treatment support.
some instances, patients have had to be admitted to hospital as no support was available at the weekend. This could also have an impact on the support needed by patients when they are discharged from hospital.

- The Angus health and social care partnership should review their current provision and consider a 7-day service for patients in Angus.
- Psychiatrists and junior doctors did not document risk assessment details or contribute to patients’ care plans. This could weaken the consistency of care approach or interventions.
Next steps

63. A public consultation on the proposed design of Tayside’s mental health and learning disability services concluded in October 2017. We were told Perth & Kinross Health and social care integration partnership were to reach a decision on the preferred option at the integrated joint board meeting on 26 January 2018.

64. We appreciate that Tayside is going through a period of change which will look at reshaping and developing mental health services. We understand that, until this consultation exercise is complete, there are limited changes which can be made.

65. From feedback discussions following the review, we understand that senior management at NHS Tayside have acknowledged our findings and are working to make improvements. Positive steps have already been taken to address some of the issues raised through the appropriate governance structures.

66. Healthcare Improvement Scotland will continue to work with NHS Tayside and the three health and social care integration partnerships and will request a progress update following publication of this report. The review team will also arrange a follow-up visit to Tayside to review the changes made to mental health and learning disability services.