

OFFICIAL



**Item No. 13**

**Meeting Date Wednesday 8<sup>th</sup> February 2023**

**Glasgow City  
Integration Joint Board  
Finance, Audit and Scrutiny Committee**

**Report By:** Dr Martin Culshaw, Deputy Medical Director, Mental Health and Addictions  
Jacqueline Kerr, Assistant Chief Officer, Adult Services

**Contact:** Jacqueline Kerr

**Phone:** 0141 314 6250

**Mental Welfare Commission Local Visits 2022**

<b>Purpose of Report:</b>	The purpose of this report is to present to the IJB Finance, Audit and Scrutiny Committee the findings from the Mental Welfare Commission Local Visit reports, to mental health inpatient wards in Greater Glasgow and Clyde, published during the period 1 <sup>st</sup> January 2022 to 31 <sup>st</sup> December 2022.
<b>Background/Engagement:</b>	<p>The Mental Welfare Commission was originally set up in 1960 under the Mental Health Act. Their duties are set out in current Mental Health Care and Treatment Act. The Commission carry out their statutory duties by focusing on five main areas of work. They have a programme of visits to services who deliver Mental Health Care and Treatment to assess practice, monitor the implementation of mental health legislation, investigations, offering information and advice, and influencing and challenging service providers.</p> <p>The Mental Welfare Commission undertake local visits, either announced or unannounced and visit a group of people in a hospital, care home or prison service. The local visits; identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the Mental Welfare Commission have concerns, and may investigate further; and provide information, advice and guidance to people they meet with.</p>

OFFICIAL

**OFFICIAL**

<b>Governance Route:</b>	<p>This paper has been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/> (please note below)</p> <p>Mental Health Services Clinical Governance Group.</p> <p>Not Applicable <input type="checkbox"/></p>
--------------------------	--

<b>Recommendations:</b>	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) Note the contents of the report; and</p> <p>b) Note the recommendations of the Mental Welfare Commission and the Services' response at Appendix 1.</p>
-------------------------	--

<b>Relevance to Integration Joint Board Strategic Plan:</b>
<p>These services are integral to the IJB's strategy for delivering high quality care and effective outcomes for the city's most vulnerable adults and older people.</p>

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcomes:</b>	<p>This report relates to:</p> <p><b>Outcome 1</b> - People are able to look after and improve their own health and wellbeing and live in good health for longer.</p> <p><b>Outcome 2</b> - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p><b>Outcome 3</b> - People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p><b>Outcome 4</b> - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p><b>Outcome 5</b> - Health and social care services contribute to reducing health inequalities.</p> <p><b>Outcome 6</b> - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</p> <p><b>Outcome 7</b> - People who use health and social care services are safe from harm.</p> <p><b>Outcome 9</b> - Resources are used effectively and efficiently in the provision of health and social care services.</p>
---	--

<b>Personnel:</b>	None
-------------------	------

**OFFICIAL**

## OFFICIAL

<b>Carers:</b>	None
<b>Provider Organisations:</b>	None
<b>Equalities:</b>	None
<b>Fairer Scotland Compliance:</b>	None
<b>Financial:</b>	None
<b>Legal:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	Recommendations from Local Visits could imply that people are not receiving good quality care and outcomes. There are also reputation risks to the Health and Social Care Partnership as the local visit reports are published on the Mental Welfare Commission website.
<b>Implications for Glasgow City Council:</b>	None
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Mental Welfare Commission recommendations for in-patient services managed by NHS Greater Glasgow and Clyde / Health and Social Care Partnerships have a direct impact on the public perception of NHS Greater Glasgow and Clyde and the Health and Social Care Partnerships. The report confirms detailed action plan responses to the recommendations of the Mental Welfare Commission.

### 1. Purpose

- 1.1. The purpose of this report is to present to the IJB Finance, Audit and Scrutiny Committee the findings from the Mental Welfare Commission Local Visit reports, to mental health inpatient wards in Greater Glasgow and Clyde, published during the period 1<sup>st</sup> January 2022 to 31<sup>st</sup> December 2022.

OFFICIAL

## OFFICIAL

### 2. Background

- 2.1 The Mental Welfare Commission undertake local visits, either announced or unannounced; and visit a group of people in a hospital, care home or prison service. The local visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the Commission have concerns, and may investigate further; and provide information, advice and guidance to people they meet with.

### 3. Process

- 3.1 During local visits the Mental Welfare Commission review the care and treatment of patients, meet with people who use the service and also speak to staff and visitors.
- 3.2 Local Visits are not inspections, and the Mental Welfare Commission's report details findings from the date of the visit.
- 3.3 The Mental Welfare Commission provides recommendations and the service is required to provide an action plan response within three months, providing detail of the actions and timescales for completion.

### 4. Local Visits Reports 2022

- 4.1. The Mental Welfare Commission published a total of **34** [Local Visit Reports](#) during the reporting period.
- 4.2. The Mental Welfare Commission visited; adult, older adult, child and adolescent inpatient wards; forensic wards; learning disability services; intensive psychiatric care units (IPCU); and rehabilitation wards. Of the **34** local visits undertaken **31** were announced and **3** were unannounced. A total of **124** recommendations were made.
- 4.3. There were no recommendations made following an announced local visit to [Broadford Ward, Stobhill Hospital](#) (Adult Acute) on 3<sup>rd</sup> August 2022.
- 4.4. Details of the reports which received recommendations are outlined in the undernoted table. The recommendations and action plans are detailed at Appendix 1 which are accessible by selecting the page number:

	Mental Welfare Commission Local Visit	Date of Visit	Action Plan
1.	<a href="#">Claythorn House, Gartnavel Royal Hospital</a> Specialist Learning Disability Services	19 <sup>th</sup> October 2021	<a href="#">Page 17</a>
2.	<a href="#">Netherton Unit, Glasgow</a> Specialist Learning Disability Services	3 <sup>rd</sup> November 2021	<a href="#">Page 18</a>
3.	<a href="#">North Ward, Dykebar Hospital</a> Older People Mental Health (complex care)	10 <sup>th</sup> November 2021	<a href="#">Page 18</a>

**OFFICIAL**

	<b>Mental Welfare Commission Local Visit</b>	<b>Date of Visit</b>	<b>Action Plan</b>
4.	<a href="#">Ward 4, National Child Inpatient Unit, Royal Hospital for Children</a> Child Mental Health Services	16 <sup>th</sup> November 2021	<a href="#">Page 20</a>
5.	<a href="#">Blythswood House, Renfrew</a> Specialist Learning Disability Services	26 <sup>th</sup> November 2021	<a href="#">Page 21</a>
6.	<a href="#">Mother and Baby Unit, Leverndale Hospital</a> Specialist Mental Health Services	29 <sup>th</sup> November 2021	<a href="#">Page 21</a>
7.	<a href="#">Glenarn Ward, Dumbarton Joint Hospital</a> Older People Mental Health (complex care)	30 <sup>th</sup> November 2021	<a href="#">Page 22</a>
8.	<a href="#">Rowanbank Clinic, Stobhill Hospital</a> Medium Secure, Forensic Services	9 <sup>th</sup> December 2021	<a href="#">Page 23</a>
9.	<a href="#">Willow Ward, Orchard View, Inverclyde Royal Hospital</a> Older People Mental Health (complex care)	14 <sup>th</sup> December 2021	<a href="#">Page 26</a>
10.	<a href="#">Balmore Ward, Leverndale Hospital</a> Older People Mental Health (organic)	6 <sup>th</sup> January 2022	<a href="#">Page 27</a>
11.	<a href="#">East Ward, Dykebar Hospital</a> Older People Mental Health (complex care)	25 <sup>th</sup> January 2022	<a href="#">Page 29</a>
12.	<a href="#">Wards 5 and 6, Campsie, Bute and Boulevard, Leverndale Hospital</a> Low Secure, Forensic Services	23 <sup>rd</sup> February 2022	<a href="#">Page 30</a>
13.	<a href="#">Appin Ward, Stobhill Hospital</a> Older People Mental Health (complex care)	2 <sup>nd</sup> March 2022	<a href="#">Page 35</a>
14.	<a href="#">Ward 37, Royal Alexandria Hospital</a> Older People Mental Health (organic)	15 <sup>th</sup> March 2022	<a href="#">Page 36</a>
15.	<a href="#">Skye House, Stobhill Hospital</a> (unannounced) Adolescent	23 <sup>rd</sup> March 2022	<a href="#">Page 38</a>
16.	<a href="#">Isla Ward, Stobhill Hospital</a> Older People Mental Health (functional)	12 <sup>th</sup> April 2022	<a href="#">Page 40</a>
17.	<a href="#">Ward 3A, Leverndale Hospital</a> Adult Acute	2 <sup>nd</sup> May 2022	<a href="#">Page 42</a>
18.	<a href="#">Ward 4A, Leverndale Hospital</a> Adult Acute	5 <sup>th</sup> May 2022	<a href="#">Page 43</a>
19.	<a href="#">Ward 4B, Leverndale Hospital</a> Adult Acute	5 <sup>th</sup> May 2022	<a href="#">Page 46</a>
20.	<a href="#">Arran Ward, Dykebar Hospital</a> (unannounced) Rehab and Recovery Unit	25 <sup>th</sup> May 2022	<a href="#">Page 48</a>
21.	<a href="#">Armada Ward, Stobhill Hospital</a> Adult Acute and Adult Eating Disorder Service	1 <sup>st</sup> June 2022	<a href="#">Page 50</a>
22.	<a href="#">Intensive Psychiatric Care Unit, Leverndale Hospital</a> IPCU	16 <sup>th</sup> June 2022	<a href="#">Page 52</a>
23.	<a href="#">Ward 39, Royal Alexandria Hospital</a> Older People Mental Health (functional)	22 <sup>nd</sup> June 2022	<a href="#">Page 54</a>
24.	<a href="#">Wards 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital</a> Older People Mental Health (organic and functional)	7 <sup>th</sup> July 2022	<a href="#">Page 56</a>
25.	<a href="#">Cuthbertson Ward, Gartnavel Royal Hospital</a> Older People Mental Health (organic)	16 <sup>th</sup> August 2022	<a href="#">Page 58</a>
26.	<a href="#">Rowanbank Clinic, Stobhill Hospital</a> Medium Secure, Forensic Services	24 <sup>th</sup> August 2022	<a href="#">Page 59</a>

**OFFICIAL**

	<b>Mental Welfare Commission Local Visit</b>	<b>Date of Visit</b>	<b>Action Plan</b>
27.	<a href="#">Clyde House, Gartnavel Royal Hospital</a> Adult Long Rehab / Complex Care	12 <sup>th</sup> September 2022	<a href="#">Page 61</a>
28.	<a href="#">McNair Ward, Gartnavel Royal Hospital</a> Adult Acute	14 <sup>th</sup> September 2022	<a href="#">Page 61</a>
29.	<a href="#">Blythswood House, Renfrew</a> Specialist Learning Disability Services	22 <sup>nd</sup> September 2022	<a href="#">Page 63</a>
30.	<a href="#">Portree Ward, Stobhill Hospital</a> Intensive Psychiatric Care Unit	28 <sup>th</sup> September 2022	<a href="#">Page 64</a>
31.	<a href="#">Willow Ward, Inverclyde Royal Hospital</a> (unannounced) Older People Mental Health (complex care)	29 <sup>th</sup> September 2022	<a href="#">Page 69</a>
32.	<a href="#">Rehabilitation Ward, Leverndale Hospital</a> Rehabilitation, Adults	3 <sup>rd</sup> October 2022	<a href="#">Page 69</a>
33.	<a href="#">Iona Ward, Gartnavel Royal Hospital</a> Older People Mental Health (complex care)	11 <sup>th</sup> October 2022	<a href="#">Page 70</a>

4.5 The undernoted local visits also took place in 2022 and reports will be published in 2023:

- 26/10/2022 - Rutherford Ward, Gartnavel Royal Hospital
- 02/11/2022 - Banff Ward, Leverndale Hospital
- 03/11/2022 - Ward 3B, Leverndale Hospital
- 08/11/2022 - Balmore Ward, Leverndale Hospital
- 17/11/2022 - South Ward, Dykebar Hospital
- 21/11/2022 - Kelvin Ward, Gartnavel Royal Hospital
- 24/11/2022 - Netherton Unit, Glasgow
- 29/11/2022 - Ward 4, National Child Inpatient Unit, Royal Hospital for Children
- 08/12/2022 - Jura Ward, Stobhill Hospital
- 13/12/2022 - Ward 37, Royal Alexandria Hospital

## 5. Mental Welfare Commission recommendations

5.1 When local visits are undertaken the Mental Welfare Commission (MWC) review:

- Care, treatment, support and participation;
- Use of mental health and incapacity legislation;
- Rights and restrictions;
- Therapeutic activity and occupation; and
- The physical environment.

5.2 The number of recommendations made per category as a proportion of the total 124 recommendations are outlined below:

<b>Recommendation Category</b>	<b>Number</b>	<b>Percentage</b>
Care, treatment, support and participation	66	53%
Use of mental health and incapacity legislation	14	11%
Rights and restrictions	11	9%

**OFFICIAL**

Therapeutic activity and occupation	12	10%
The physical environment	16	13%
Other	5	4%
<b>Total</b>	<b>124</b>	<b>100%</b>

5.3 A summary of the recommendations under the related headings are as follows:

5.3.1 **Care, Treatment, Support and Participation:**

There were *sixty-six* recommendations made from twenty-six local visits. The majority of recommendations were regarding care plans, with *twenty-two* recommendations in relation to these. Recommendations included the audit of care plans on a regular basis to ensure that the interventions are person centred and that care plans are updated following evaluations to reflect any changes in the patients' needs, and of the effectiveness of interventions. Also to ensure that care plans were updated to reflect any change to legal status.

There were *four* recommendations made regarding care plans for patients who experience stress and distress, to ensure that these were person centred and identified individual triggers and strategies for de-escalation. There were *nine* recommendations regarding multi-disciplinary team (MDT) meetings, including the recording of these and of patient and relative participation. There were *three* recommendations regarding treatment forms for psychotropic medication. There were *three* recommendations regarding risk assessment and being accessible to staff. There were *three* recommendations made regarding 'Getting to Know Me' documentation ensuring that this was completed as fully as possible and that life history information is recorded and follows the patient when they move to a further care placement.

Examples of recommendations and services responses are detailed below:

<b>MWC Recommendation</b>	<b>Service Response</b>
Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patient's progress towards stated care goals and that recording of reviews are consistent across all care plans. ( <i>Ward 3A, Leverndale Hospital</i> )	Care plan audits are completed monthly to monitor the content and standards to ensure they are person centred. These are fed back to nursing staff via nurse line management. This timescale allows nursing staff time to implement any changes and for quality assurance.
Managers should ensure that there is person centred plan of care for patients who experience stress and distress. This should include information on the individual's triggers and strategies which are known to be effective for distraction and de-escalation and should be regularly reviewed and updated.	Staff to be reminded of importance of documenting in the stress and distress formulation. Discussions at supervision will take place if staff member noted to be omitting this in record keeping. Care need reviews will be implemented to reflect changes in presentation and Senior Charge Nurse will audit quarterly as well as discussing at supervision with staff. Staff to sign completed

## OFFICIAL

<i>(Baltimore Ward, Leverndale Hospital)</i>	formulations to ensure good communication with the team. Two day stress and distress training sessions for trained staff and essential training for untrained will be rolled out when staffing levels allow.
Managers should review recording and practice of MDT meetings across the wards to improve consistency, recording and patient participation. <i>(Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit, Leverndale Hospital)</i>	The Digital Champions Group has already requested additional training on EMIS functionality. Original training varied greatly with some areas not being notified about MDT recording sheets and other EMIS tools. Local peer audits to be reintroduced to aid streamlining across wards and inpatient service.
Managers should review the records system to improve functionality and ensure that all Named Person paperwork is consistently recorded across all wards. <i>(Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit, Leverndale Hospital)</i>	There is currently a transition on to EMIS electronic record keeping. A Short Life Working Group has been set up to ensure training on the use of this and Digital champions identified in each ward to take this forward. Local peer audits to re-commence to ensure that all wards are streamlined across the service.
Managers and medical staff should ensure that all psychotropic medication is legally and appropriately authorised on both a T2 or T3 form, where required, and a system of regular auditing compliance with this should be put in place. <i>(Arran Ward, Rehab &amp; Recovery Unit, Dykebar Hospital)</i>	A weekly ward Audit drawn up by Clinical Governance and implemented and audited by the Practice Development Nurse (PDN) team, results of weekly Audit to be forwarded to PDNs each week. A warning entered on to the HEMPA (Hospital Electronic Prescribing and Medicines Administration) which will automatically flag up each time the patient is accessed on the system, giving notice that the patient has current T2/3 in place. Check sheet introduced to be used during weekly MDTs, this will direct the team to check if patient has a current T2 or T3 and the expiry date.

### 5.3.2 Use of Mental Health and Incapacity Legislation:

There were *fourteen* recommendations made from thirteen local visits. There were *four* recommendations specific to individual sites. Of the recommendations, *ten* were in relation to recording practices, of which *two* were regarding medication treatment forms, *five* regarding power of attorney or guardianship and *three* regarding Section 47 certificates.

Examples of recommendations and services responses are detailed below:

**OFFICIAL**

<b>MWC Recommendation</b>	<b>Service Response</b>
Managers should review staff training around the use of the different areas of the Adults with Incapacity (AWI) (Scotland) Act 2000. <i>(Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit, Leverndale Hospital)</i>	Training is ongoing for staff through the GG&C Learnpro modules and specific to AWI. As part of the Newly Qualified Nurses induction, and available to those that need refresher, AWI is included as part of the staff awareness around the Act. Information folder regarding AWI available for staff. Contact Legislation Advisor to discuss specific learning needs for AWI.
Managers should ensure that where there is a Power of Attorney (POA) or guardianship in place, copies of the powers granted are held on file. <i>(East Ward, Dykebar Hospital)</i>	Staff are contacting relatives/medical records to ensure all POA or guardianship is in place. When received all paperwork to be placed in files.
Managers should carry out an audit of consent to treatment forms to ensure these are up to date and cover all prescribed medication. <i>(Rowanbank Clinic, Stobhill Hospital)</i>	Initial audit to be carried out to find baseline standard. Already in place is the Ward 'champion' list in each clinical area with staff assigned to have responsibility over the diarising of expiry dates of T2/T3 documents whilst having an overall awareness that the prescribed treatments are concordant with current permissions. They should highlight and query any discrepancies with the MDT. Core Assurance Standards System in development to replace Mental Health Services core audits.

### 5.3.3 Rights and Restrictions:

There were *eleven* recommendations made from eight local visits in relation to Rights and Restrictions. Of the recommendations, *four* were regarding visiting arrangements, *two* regarding the promotion of Advance Statements, *one* recommendation was made at an individual site but relates to all adult and old age psychiatry inpatient wards and *four* recommendations were regarding specific issues at individual sites.

Examples of recommendations and services response are detailed below:

<b>MWC Recommendation</b>	<b>Service Response</b>
Managers should ensure that visiting arrangements are in line with current Scottish Government Guidance. <i>(Ward 4A, Leverndale Hospital)</i>	Staff followed NHSGGC guidelines on visiting due to covid transmission rate within Glasgow to safeguard our vulnerable patient group. The person centred visiting lead is currently carrying out an audit across all areas to ensure person centred visiting is imbedded in to routine practice.

**OFFICIAL**

## OFFICIAL

Managers should ensure that a programme of training is supplied to all staff in relation to advance statements which should be promoted in the ward and these discussions be clearly documented in the patient's clinic notes and care plan. <i>(IPCU, Leverndale Hospital)</i>	Staff will promote advance statements for patients within IPCU although recognise that whilst within IPCU this may not be appropriate to complete but will encourage and promote pathways where advance statements should be discussed.
Managers should review bed provision across adult and old age psychiatry to ensure there is adequate capacity within each service to meet demand. <i>(Ward 39, Royal Alexandria Hospital)</i>	The provision of beds will be discussed twice daily at the service Huddle, whilst taking into consideration GG&C Bed Management Policy. Discussed at Senior Management level and identified on the Health and Safety Risk Register.

### 5.3.4 Therapeutic Activity and Occupation:

There were *twelve* recommendations made from ten local visits regarding therapeutic activity and occupation. Of the recommendations *four* were regarding access to activities; *four* regarding recording of when a patient accepts or declines to participate in an activity; and *three* in relation to activities being person centred.

Examples of recommendations and services response are detailed below:

MWC Recommendation	Service Response
Managers should ensure that patients have access to meaningful activity and occupation seven days per week. <i>(Ward 4A, Leverndale Hospital)</i>	Ward has dedicated time from Patient Activity Co-ordinator and Recreational Therapy staff during core hours. Ward staff also provide input to meaningful activity 7 days per week.
Managers should ensure that when a patient accepts or declines activities offered, this is noted in the patient's file. <i>(Ward 3A, Leverndale Hospital)</i>	Staff meetings / handovers taken place to discuss that all staff should be clearly documented on a daily basis when patients have been offered activities and any patients refusing to participate should also be documented. Patient Activity Co-ordinator and Therapeutic Activity Nurses also document daily any participation of ward based activities.
Activity care plans should be reviewed to include person-centred information about the individual's hobbies, skills and interests. <i>(Appin Ward, Stobhill Hospital)</i>	Therapeutic Activity Nurses to review care plans to ensure they are person centred and are created with the individual. Care plans to be audited weekly. Senior Charge Nurse to liaise with Practice Development Nurse in regards care plan training sessions.

### 5.3.5 The Physical Environment:

There were *sixteen* recommendations made from thirteen local visits regarding the physical environment. Of the recommendations *four* were in relation to

OFFICIAL

## OFFICIAL

ensuring that the environment is fit for purpose and addresses the needs of patients; *three* recommendations were regarding consideration of single room accommodation; *four* regarding maintenance/improvement work; and *five* recommendations were regarding specific issues at individual sites.

Examples of recommendations and services response are detailed below:

MWC Recommendation	Service Response
Managers should undertake a main sitting area environmental audit and develop an action plan to deliver an environment that is fit for purpose and supports staff to meet the complex needs of this patient group. (North Ward, Dykebar Hospital)	Liaising with Occupational Therapy department and Art Therapist exploring ways to improve the main sitting area, including the purchase of wall murals and paintings. New furniture purchased for sitting area and wall decals mounted. Patients also encouraged to make use of the "pop-up bar area" which has a TV and patio doors that open out into the garden. Nursing and Occupational Therapy engage in activities with patients in this room and staff make use of the patio area with the patients in warmer weather.
Managers should consider ward refurbishment to provide single room accommodation to ensure privacy and maximum benefit to patients. (Arran Ward, Rehab & Recovery Unit, Dykebar Hospital)	NHS Greater Glasgow & Clyde are in the process of implementing their Mental Health Strategy. Part of this work involves bed-modelling, with a proposal for a reduction in Rehab beds to fund the development of community rehab services. Subsequent reconfiguration of the inpatient estate will include opportunities to remove older and less suitable wards for the patient population.
Hospital managers should undertake a review of the available meal options for young people, eliciting the young persons, their families and staff feedback as part of that review and explore with catering managers whether there is scope to improve the meals provided, especially in relation to the nature and range of vegetarian options. (Skye House, Stobhill Hospital)	We will undertake a feedback session with a group of young people on their views on the available food. We will seek their views on what they would like to see available. We will share our findings with the hospital catering service and seek their agreement to adjust.

### 5.3.6 Other comments:

There were *five* recommendations made from five visits. Of the recommendations, *two* were regarding food provision; *two* recommendations relating to staffing at two sites; and *one* regarding providing information on care decisions and progress of patients to relatives.

## OFFICIAL

Examples of recommendations and services' response are detailed below:

MWC Recommendation	Service Response
Managers should discuss with catering managers the issues raised in regard to the food provision as a matter of urgency and report back progress to the Commission within two months of publication of this report. <i>(Rowanbank Clinic, Stobhill Hospital)</i>	Clinical Service Manager is in dialogue with hotel services regarding the ongoing issues with menus and food delivery. High turnover of hotel services staff impacts on the way in which completed menus are gathered from the wards for onward processing. Right Patient, Right Meal, Right Time policy review currently underway. Ward has taken over fruit delivery for our own area. We now can order fresh fruit that patients order instead of receiving a random selection once per week. This has improved uptake of fresh fruit and reduced waste. Our directorate Dietician meets with the Catering Manager quarterly to highlight issues and collaborate on solutions. The portion or size of the meals has been an ongoing complaint – these portions are calorie counted, nutritionally balanced and meet the dietary requirements of the generic patient group. Individuals requiring a modified diet as part of dietetic intervention are catered for. Senior Charge Nurse attends the Food, Fluid and Nutrition Group for Mental Health Partnerships to represent Forensic services.
Managers should take action to ensure staffing levels are adequate at all times to ensure patient safety and care. <i>(Glenarn Ward, Dumbarton Joint Hospital)</i>	Each shift requirements are monitored by nurse in charge. There is a contingency plan, including escalation protocol in place that supports safe staffing.
Managers should ensure that staff are proactive in providing information on care decisions and progress of patients to relatives. <i>(Ward 39, Royal Alexandria Hospital)</i>	Discussed at nurse line management the importance of follow up face to face discussion at visiting times with appropriate relatives/carers.

## 6. Themes

6.1 The themes from the Local Visit reports and recommendations are as follows:

- care plans - ensuring that care plans are person centred and reflect patients' goals;

## OFFICIAL

- recording of the use of Mental Health and Incapacity Legislation; including treatment forms for psychotropic medication and power of attorney or guardianship;
- recording of multi-disciplinary team meetings;
- access to and recording of activity provision;
- the physical environment;
- visiting arrangements; and
- staffing challenges.

### 6.2 Work undertaken to address the issues include:

- **Care Plans**

The Quality Improvement Sub-Group of the Mental Health Services Clinical Governance Group is reviewing care plan standards and discussing improvement work in this area, taking the Mental Welfare Commission's [Good Practice Guidance](#) on care plans into consideration as well as reviewing good practice from other inpatient wards. Furthermore, nursing priorities include person centred assessment care planning, involving patients, carers and relatives in all aspects.

- **Recording of Use of Mental Health and Incapacity Legislation**

#### Treatment Forms

Treatment forms for psychotropic medication (T2/T3 forms) assurance audits were carried out within Mental Health Adult inpatient wards in 2022 and an action plan developed. An audit was then undertaken in Community Mental Health Teams. Weekly audits in all mental health wards in GG&C have been implemented and are part of the core audits. Peer audits take place on a six monthly basis and these have also been added to the nursing Combined Care Assurance Audit Tool. A Pharmacy led audit is undertaken annually. A Seven Minute Briefing on 'Treatment forms for use under the Mental Health Act' has been developed as a learning tool and was circulated widely to staff in November 2022. (Appendix 2)

#### Power of Attorney or Guardianship

A boardwide action for improvement has been identified of the recording of patient Proxy information in patient records and to ensure that this is accessible. The action will be taken forward by Inpatient Service Managers.

- **Recording of Multi-disciplinary Team (MDT) meetings**

An inpatient MDT template is held on EMIS Web which is required to be completed. A Board-wide communication from the Deputy Medical Director, Mental Health and Addictions was issued regarding MDT recording, the communication included a reminder to staff that MDT discussions should only be recorded on the MDT templates held in EMIS.

- **EMISWeb Health Care System**

Work is currently being undertaken to progress the mental health inpatient estate to be as paper-lite/paperless as possible. Preparatory work has been completed which included the gathering of copies of paper documentation used within inpatient wards and the development of draft

## OFFICIAL

versions of these within EMIS Web. A short life working group was established consisting of frontline staff across mental health services to review, pilot and roll out the templates within agreed timescales. It is expected that this work will be concluded by June 2023.

- **Activity Provision**

It is acknowledged that activity provision has been impacted upon by the Covid-19 pandemic, including the absence of community based activities. Staff have supported patient activity creatively on wards, through examples such as, in South Glasgow, the development of therapeutic person centred activity packs tailor made to meet individual needs. In Forensic Services Occupational Therapists developed Safe Boxes which contain specific "What Matters to You" information. SPARKS (Sharing, Problem Solving, Achieving, Resilience, Knowledge, Strengths) groups for the ADHD community have been successfully run, which has helped with the ADHD waiting list initiative and will have elements of activity. In Inverclyde Journey Through Dementia, an occupational therapy activity based programme, has been rolled out. Home Based Memory Rehab for people with mild cognitive impairment under 65 years and people over 65 years with either mild cognitive impairment or Dementia has also continued to be delivered. Activity provision is now generally improving.

Recording of activity participation was an issue reported in the recommendations; service responses advise that staff have been reminded to clearly document participation or when a patient declines to participate in an activity.

- **The Physical Environment**

The majority of recommendations are site specific issues and local actions will be implemented. Environmental issues will also be factored into strategic proposals, including during the review of the older people mental health estate. The move to single room accommodation is supported, however is subject to financial agreement.

- **Visiting Arrangements**

It is acknowledged that visiting arrangements have been impacted upon across all sites due to the Covid-19 pandemic. Visiting arrangements were mentioned in twenty-three of thirty-four reports, however of these there were five recommendations. Services have followed guidelines on visiting which have included restrictions during the course of the pandemic. Some changes to visiting included booking systems being implemented to accommodate visiting, limitations on the number of visitors and duration of the visit, use of technology for virtual visits and also utilising outdoor space. Ward staff recognise the importance of family involvement and support this where possible. Some comments from the Local Visits referred to the environment where visits take place on some sites and lack of privacy due to communal areas being utilised. A relative at two sites expressed concerns/felt that the visiting booking system was unnecessarily restrictive. Some positive comments reported that there were no issues in accommodating visits, of visiting hours being extended during restrictions, and that these arrangements had continued following positive feedback from visitors. Visiting is returning to near pre-pandemic

## OFFICIAL

## OFFICIAL

arrangements, however this is subject to review and responding to current circumstances.

- **Staffing**

Mental Health Services continue to experience significant pressures across both inpatient and community settings due to staff vacancies and absence. GG&C Mental Health Services are fully engaged with the Scottish Government's Mental Health and Wellbeing Workforce Advisory Group and are holding local stakeholder engagement events to assist with national workforce planning. There have been one hundred and nine Newly Qualified Nurses successfully recruited in 2022 for GG&C. A rolling centralised recruitment advert for nursing posts continues and recruitment events have taken place. A recruitment drive is also being undertaken for medical staff within General Adult and it is hoped that some vacant posts will be successfully filled by Spring 2023.

## 7. Good Practice

7.1 The Mental Welfare Commission may opt to include in each report good practice noted at the visit. Examples of good practice from the reports published in 2022 included:

- The work that the clinical team has undertaken in developing child friendly care plans to promote inclusion of the child inpatients in their care and to ensure their care plans take cognisance of their views. The high quality of the care planning and record keeping in general within the ward made within the constraints of the EMIS system to support efficient navigation of notes and records. The MWC also commended the attempts made by the clinical team to provide opportunities for Mental Health Officers in training to learn about the use of compulsory measures in the under 12s which can be a complex area at times. (*Ward 4, National Child Inpatient Unit*)
- A number of life story books which have been developed by the patient activity co-ordinator and occupational therapy staff in collaboration with the patients and their families. These were hard backed albums which contained information about the individual's family, school and work life and interests. Relatives and staff used these to stimulate conversation and reminisce with the patients, and these go with the patient when they transfer to other settings, providing valuable information about the person for their care team. (*Willow Ward, Orchard View, Inverclyde*)
- The quality of the note keeping for the multidisciplinary team meeting was of a very high standard and reflected areas of good practice in the service. The dedication and commitment of staff from all parts of the unit to support the young people's care during what has been very challenging times during the Covid-19 pandemic and lockdown. (*Skye House, Stobhill*)
- The clinical team have proactively engaged with Adult Support and Protection procedures led by the local Health and Social Care Partnership. The recording of these meetings was fully evidenced in patient files and formed part of their care planning, risk assessment and management. (*Arran Ward, Rehab & Recovery Unit, Dykebar*)
- The service has gained Accreditation for Inpatient Mental Health Services (AIMS) around the patient journey. A significant amount of focussed work had taken place to achieve this. (*Blythswood House, Renfrew*)

## OFFICIAL

### 8. Governance Arrangements and Shared Learning

- 8.1 Governance arrangements are in place to ensure the robust monitoring of the Local Visit Reports. As Chair of the Mental Health Services Clinical Governance Group (MHSCGG), the Deputy Medical Director for Mental Health and Addictions takes a summary report to each meeting of the NHSGGC Board Clinical Governance Forum which occurs bi-monthly.
- 8.2 Where local HSCP or Care Group governance committees consider that there is learning or issues to be shared with the wider Mental Health Service, or advice to be sought, then this is reported to the MHSCGG.

A reciprocal arrangement exists with the MHSCGG disseminating learning and guidance, or seeking information from local HSCP or Care Group governance committees. Feedback from the MHSCGG should therefore feature on the standing agenda of local HSCP and Care Group governance committees.

Board wide awareness/learning is implemented/shared via a number of mechanisms:

- Email alerts/notifications
- Staffnet
- Patient Safety Bulletin
- MyPsych App
- Seven Minute Briefings

Board wide actions may also be delegated to the following groups to implement in conjunction with Heads of Service and other operational managers:

- Quality Improvement Sub-group
- Mental Health Policy Steering Group

- 8.3 An End of Year meeting took place with the Mental Welfare Commission on 9<sup>th</sup> December 2022, with representatives from the six Health and Social Care Partnerships. The meeting had a focus on the local developments and issues that arose from local visits to services and the recommendations. An Action Log has been developed in response to issues raised.

### 9. Recommendations

- 9.1. The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the content of the report; and
  - b) Note the recommendations of the Mental Welfare Commission and the services' response at Appendix 1.

## Appendix 1

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
19/10/2021	<a href="#">Claythorn House, Gartnavel Royal Hospital</a>	1. Managers should urgently review the care plan documentation and ensure all nurses are aware of how to complete these appropriately.	MWC Care Planning Guidance session will be included in Continuous Professional Development (CPD) calendar for nurses. This will include detail on how to complete a review including signing and dating and making sure reviews include robust and full updates identifying patient progress and impact of nursing intervention. Guidance to be included in care plan audits, and discussed during Multi-disciplinary team meetings (MDTs) and nurse supervision sessions.	July 2022	All staff had face to face training on completion of care plans. Presentation was provided by Practice Development Nurse. Care plan audits have been completed and staff have regular 1:1 with senior staff to discuss care plans. MWC care planning guidance referenced in these discussions.
19/10/2021	Claythorn House, Gartnavel Royal Hospital	2. Managers should follow-up with estates services to ensure a replacement bath is acquired as soon as possible.	Contact estates in writing seeking urgent replacement of bath.	January 2022	Bath replaced in March 2022

[Return to summary table](#)

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
03/11/2021	<a href="#">Netherton Unit, Glasgow</a>	1. Managers should audit the review process and documenting of care plan reviews to ensure they contain appropriate information that benefits the individual patient detailing their progress since last review.	MWC Care Planning Guidance session will be included in CPD calendar for nurses. This will include detail on how to complete a review including signing and dating and making sure reviews include robust and full updates identifying patient progress and impact of nursing intervention. Guidance to be included in care plan audits, and discussed during Multi-disciplinary Team (MDTs) and nurse supervision sessions.	July 2022	An audit tool was developed and completed for nursing care plans. As part of that process there was a focus on reviewing if patient goals and outcomes were noted and achieved. Nursing care planning guidance sessions were held as part of face to face development days for registered nurses. These sessions incorporated information on the MWC person centred care plans guidance.  MWC person centred care plans guidance is discussed regularly with all staff at supervision and senior nursing staff have participated in group reflective supervision on care planning.
10/11/2021	<a href="#">North Ward, Dykebar</a>	1. Managers should review staffing arrangements to ensure that patients have access to the full range of professionals required to meet their needs.	<ul style="list-style-type: none"> <li>• The vacant Clinical Psychology post has been recruited to and will be filled once the candidate completes all necessary checks.</li> <li>• Renfrewshire Mental Health Services have an ongoing recruitment drive to fill vacancies in all areas.</li> </ul>	September 2022 Completed	The Clinical Psychologist is now in post and is working with patients in North Ward. Recent recruitment of registered and unregistered nursing staff has reduced the number of vacancies within North Ward. Further adverts to

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
					recruit to the remaining posts is underway.
10/11/2021	North Ward, Dykebar	2. Managers should undertake an audit to ensure the powers granted to proxy decision makers are held on file.	<ul style="list-style-type: none"> <li>• Audit completed.</li> <li>• Families of patients with missing paperwork contacted to provide a copy of this for files – awaiting some paperwork to be provided.</li> </ul>	June 2022 Completed (still awaiting some documentation from relatives)	North Ward have received most copies of the required paperwork from carers. They will be contacting the remaining carers again in January 2023.
10/11/2021	North Ward, Dykebar	3. Managers should undertake a main sitting area environmental audit and develop an action plan to deliver an environment that is fit for purpose and supports staff to meet the complex needs of this patient group.	<ul style="list-style-type: none"> <li>• Currently liaising with Occupational Therapy (OT) department and Art Therapist exploring ways to improve the main sitting area, including the purchase of wall murals and paintings.</li> <li>• New furniture purchased for sitting area and wall decals mounted.</li> <li>• Patients also encouraged to make use of the “pop-up bar area” which has a TV and patio doors that open out into the garden. Nursing and OT engage in activities with patients in this room and staff make use of the patio area with the patients in warmer weather.</li> </ul>	Completed  February 2022  Completed	The Art Therapist worked with the ward staff to purchase wall murals/decals and pictures for the ward. These have now been installed. The pop-up bar is used for several activities by the Occupational Therapist and nursing staff.
10/11/2021	North Ward, Dykebar	4. Managers should undertake a review of the current system for managing laundry.	<ul style="list-style-type: none"> <li>• Staff have been informed to ensure all patient clothing labelled correctly and sent to laundry in relevant labelled laundry bag.</li> <li>• Ward Domestic Staff have been asked to alert Nursing Staff if patient clothing has not returned from laundry.</li> </ul>	Completed  Completed	New staff are informed of the guidance on patient laundry during the induction.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
16/11/2021	<a href="#">Ward 4, National Child Inpatient Unit</a>	1. Hospital managers should explore cover arrangements for MHOs for the unit to ensure there is clarity and agreement regarding the responsibilities for MHO provision to the unit for those situations when the respective MHO team may be too geographically distant to attend the ward in an appropriate time frame. Additionally, consideration should be given to expanding the multidisciplinary team to include social work expertise to support children and their families as inpatients and support liaison with local authorities at the time of discharge.	<p>We have explored Mental Health Officer (MHO) cover and we can access a MHO employed by Glasgow City Council who is based at Skye House.</p> <p>In terms of Social Work access we can access Hospital Social Work for advice and support in first instance.</p>	<p>Complete</p> <p>Complete</p>	<p>Complete - MHO cover accessed from Glasgow Council</p> <p>Complete – Social Work access from hospital services</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
26/11/2021	<a href="#">Blythswood House, Renfrew</a>	1. Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patients' progress towards stated care goals and that recording of reviews are consistent across all care plans.	MWC Care Planning Guidance session will be included in CPD calendar for nurses. This will include detail on how to complete a review including signing and dating and making sure reviews include robust and full updates identifying patient progress and impact of nursing intervention. Guidance to be included in care plan audits, and discussed during MDTs and nurse supervision sessions.	July 2022	An audit tool was developed and completed for nursing care plans. As part of that process there was a focus on reviewing if patient goals and outcomes were noted and achieved. Nursing care planning guidance sessions were held as part of face to face development days for registered nurses. These sessions incorporated information on the MWC person centred care plans guidance.  MWC person centred care plans guidance is discussed regularly with all staff at supervision and senior nursing staff have participated in group reflective supervision on care planning.
29/11/2021	<a href="#">Mother &amp; Baby Unit, Leverndale Hospital</a>	1. Managers should explore with relevant IT personnel the options to adapt functions within the EMIS, the electronic note system, to facilitate the recording and review of care planning documentation.	Recent meeting with programme leads from EMIS to explore uploading documents that currently remain as paper document in the patients notes including care plans. Senior Charge Nurse has been invited to be part of a short life working group to look at making all the current paperwork into templates specific to perinatal.	September 2022 for templates to be composed.  June 2023 for the templates to be made live on EMIS.	Action completed 26/05/2022  Work is continuing and the aim is to be paper-free/paper-light by 09/06/2023.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			<p>This is also a Greater Glasgow and Clyde issue that is effecting many of the acute sites.</p> <p>A list of all the templates required to be made paper free on EMIS will be taken to the short life working group.</p>		
29/11/2021	Mother & Baby Unit, Leverndale Hospital	2. Managers should arrange for review of access policies to the ward for family members, including parents to the ward, during the Covid 19 pandemic to ensure any restrictions are proportionate to the risks, consistent with wider practise, justified and necessary in their scope and function.	For a significant period of time there has been restriction on visiting during the Covid pandemic to all hospitals. We have for the most part been able to continue with two named visitors and this had been in a designated area within the ward. We have recently at the beginning of May been able to move forward so that one person (father/partner/carer) have been able to visit in an unrestricted manner to the patient area which has been previously been restricted. We hope in the coming months to be able to further review the visiting arrangement and hope to be able to further reduce any restrictions.	Ongoing review of visiting both within the West of Scotland Mother and Baby Unit to reflect GGC wide visiting guidelines but also reflecting the unique ward environment.	Action complete since the 26 <sup>th</sup> September 2022.
30/11/2021	<a href="#">Glenarn, Dumbarton Joint Hospital</a>	1. Managers should engage with their social work peers to ensure that social work input is available when required.	Referral pathways in place that support a client of Glenarn Ward who required a social work assessment and intervention.	Completed	Actions complete
30/11/2021	Glenarn, Dumbarton Joint Hospital	2. Managers should take action to ensure staffing levels are adequate at all	Each shift requirements are monitored by nurse in charge. There is a contingency plan, including escalation protocol in place that supports safe staffing.	Completed	Actions complete

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
		times to ensure patient safety and care.			
09/12/2021	<a href="#">Rowanbank Clinic, Stobhill Hospital</a>	1. Managers should review records and Kardex system to improve functionality.	<ul style="list-style-type: none"> <li>• This project is already underway. Digital Champions group set up looking and transferring the final parts of paper care plan onto EMIS.</li> <li>• Review of care plan documentation in tandem with transfer across to EMIS.</li> </ul>	Anticipated full completion to electronic records 12-18months	Service continues to work alongside eHealth with the development of EMIS.
09/12/2021	Rowanbank Clinic, Stobhill Hospital	2. Managers should review recording and practice of MDT meetings across the wards to improve consistency, recording and patient participation.	<ul style="list-style-type: none"> <li>• Digital Champions group has already requested additional training on EMIS functionality. Original training varied greatly with some areas not being notified about MDT recording sheets and other EMIS tools.</li> <li>• Local peer audits to be reintroduced to aid streamlining across wards and inpatient service.</li> </ul>	<p>March meeting cancelled due to COVID. Dates for further meetings and roll out of training dates to follow</p> <p>Local peer audit calendar to be revisited by Professional Nursing Group and Nursing Development Group</p>	Meetings continued bi-monthly, however Forensic Services now in line with Mental Health Services and all meetings cancelled until the New Year. Digital Champions identified with a view to picking up and linking in with other services to support full roll out throughout the beginning of 2023.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
09/12/2021	Rowanbank Clinic, Stobhill Hospital	3. Managers should carry out an audit of consent to treatment forms to ensure these are up to date and cover all prescribed medication.	<ul style="list-style-type: none"> <li>Initial audit to be carried out to find baseline standard.</li> <li>Already in place is the Ward 'champion' list in each clinical area with staff assigned to have responsibility over the diarising of expiry dates of T2/T3 documents whilst having and overall awareness that the prescribed treatments are concordant with current permissions. They should highlight and query and discrepancies with the MDT.</li> <li>Core Assurance Standards System (CASS) in development to replace Mental Health Services core audits.</li> </ul>	<ul style="list-style-type: none"> <li>Completed by 01/04/2022</li> <li>Reviewed monthly</li> <li>Anticipated implementation June 2022</li> </ul>	<p>Wards maintain own monthly review and take to MDT.</p> <p>Peer audit schedule being developed by Professional Nurses Group (PNG) to include T2/T3's</p> <p>Liaison with Chief Nurse and Mental Health Services to support development of CASS standards for Forensic services held up June 2022 roll out. Implementation date set for 04/01/2023.</p>
09/12/2021	Rowanbank Clinic, Stobhill Hospital	4. Managers should discuss with catering managers the issues raised in regard to the food provision as a matter of urgency and report back progress to the Commission within two months of publication of this report.	<ul style="list-style-type: none"> <li>Clinical Service Manager in dialogue with hotel services regarding the ongoing issues with menus and food delivery. High turnover of hotel services staff impacts on the way in which completed menus are gathered from the wards for onward processing.</li> <li>Right Patient, Right Meal, Right Time policy review currently underway.</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly review</li> <li>End 2022</li> </ul>	<p>Complaint submitted to Advocacy services by patient group which then seen Hospital managers and Advocacy link together to meet with Hospital Catering.</p> <p>Continue to await NHSGGC publication of the reviewed 'Right meal' Right Time, Right Place'.</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			<ul style="list-style-type: none"> <li>• Rowanbank has taken over fruit delivery for our own area. We now can order fresh fruit that patients order instead of receiving a random selection once per week. This has improved uptake of fresh fruit and reduced waste.</li> <li>• Our directorate dietician meets with the catering manager quarterly to highlight issues and collaborate on solutions.</li> <li>• The portion or size of the meals has been an ongoing complaint – these portions are calorie counted, nutritionally balanced and meet the dietary requirements of the generic patient group. Individuals requiring a modified diet as part of dietetic intervention are catered for.</li> <li>• Senior Charge Nurse attends the Food, Fluid and Nutrition group for Mental Health Partnerships to represent Forensic services.</li> </ul>	<ul style="list-style-type: none"> <li>• Completed</li> <li>• Quarterly meetings.</li> <li>• Complete</li> </ul>	<p>Agreement made to recommence sending cold meats bread etc. for a supper. Discussion to add 'finger food' options to 4 weekly food rota.</p> <p>Meeting organised for end December for Catering services to meet with patient group for them to feedback themselves. Also, to give Catering services an idea of Forensic Services and how it is unique from the other services that they provide food to.</p> <p>Review of menu submissions and changes to ensure menus are being received on time, meaning less substitutes being provided over food ordered.</p> <p>Bi monthly meetings agreed.</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
14/12/2021	<a href="#">Willow Ward, Orchard View, Inverclyde</a>	1. Managers should audit care plans to ensure these reflect current needs and reviews are meaningful.	Mental Health Combined Care Assurance Audit Tool (MHCCAAT) completed 28/04/2022. Outcome Result - 98% of patients have appropriate ongoing assessment of their care needs documented throughout their admission to hospital. Care plan review discussed as part of Nurse Line Management.	Action complete	Actions taken were immediate and ongoing monitoring will be conducted via the MHCCAAT tool.
14/12/2021	Willow Ward, Orchard View, Inverclyde	2. Managers should ensure MDT notes contain information on decisions taken and actions required.	Mental Health Combined Care Assurance Audit Tool (MHCCAAT) completed 28/04/2022.	Action complete	Actions taken were immediate and ongoing monitoring will be conducted via the MHCCAAT tool.
14/12/2021	Willow Ward, Orchard View, Inverclyde	3. Managers should undertake an audit to ensure that where there is a proxy decision maker, a copy of the powers granted are on file.	Mental Health Combined Care Assurance Audit Tool (MHCCAAT) completed 28/04/2022 Outcome Result 96% of Patient in hospital who are subject to legislation have accurate records ensuring all those looking after them provide the least restrictive, person centred care. Where appropriate, there was evidence of the authority to treat without consent (i.e. is there evidence of AWI or MHA application). Where patients had an appointed Power of Attorney/Guardian, a copy of the documentation was available.  The Mental Health Combined Care Assurance Audit Tool will be completed	Action complete	Actions taken were immediate and ongoing monitoring will be conducted via the MHCCAAT tool.

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			twice yearly and provides ongoing monitoring of compliance with recording and storage of all patient records.		
06/01/2022	<a href="#">Baltimore Ward, Leverndale Hospital</a>	1. Managers should ensure that 'Getting to Know Me' documentation is completed as fully as possible and life history information is recorded and follows the patient when they move to a further care placement.	Family complete the document and some patients do not have family members which makes gathering of information difficult. Families to be encouraged to complete and staff will explain the importance of this. Information on life story from care homes filed beside Getting to Know Me (GTKM). Encourage Nursing Assistants and all disciplines to add information on likes/dislikes and life story to GTKM document. Weekend staff will review GTKM documents weekly. Documentation to be explored to capture this information.	By 30 <sup>th</sup> October 2022	Completed 29/08/2022 Continue to encourage Health Care Support Worker to write in GTKM document and weekend staff asked to review GTKM. Communication book introduced to capture relevant information.  Simplified documents developed.
06/01/2022	Baltimore Ward, Leverndale Hospital	2. Managers should ensure care plans are person-centred and updated following evaluations to reflect changes to the patients' needs and the effectiveness of interventions.	Communication to be sent to staff and continue to alert staff to the standards required and comment on the changes in needs and review of the interventions that are in place as well as adding new interventions as appropriate. Care planning sessions to be arranged by Professional Development Nurse.  Awareness raised during supervision with minimum quarterly review on content of care plans by senior nurses.  Senior Charge Nurse will raise awareness	By 30 <sup>th</sup> October 2022	Monthly audit results are emailed to staff with changes needing made. Care plans are discussed at each supervision session.  Care planning sessions are taking place for staff week beginning 29/08/2022 all staff should be seen with the exception of staff on nightshift. Dates in the future to be made for them.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			to staff of need to ensure Allied Health Professional input with patients is documented in care plan.		
06/01/2022	Baltimore Ward, Leverndale Hospital	3. Managers should ensure that there is person centred plan of care for patients who experience stress and distress. This should include information on the individual's triggers and strategies which are known to be effective for distraction and de-escalation and should be regularly reviewed and updated.	<p>Staff to be reminded of importance of documenting in the stress and distress formulation. Discussions at supervision will take place if staff member noted to be omitting this in record keeping.</p> <p>Care need reviews will be implemented to reflect changes in presentation and Senior Charge Nurse will audit quarterly as well as discussing at supervision with staff. Staff to sign completed formulations to ensure good communication with the team.</p> <p>Two day stress and distress training sessions for trained staff and essentials training for untrained will be rolled out when staffing levels allow.</p>	By 30 <sup>th</sup> October 2022	<p>Information for staff displayed in ward to aid recording of stress and distress.</p> <p>Training programme developed with regular training available in Leverndale and other hospital sites.</p> <p>Formulations are readily available for staff to read. Supervision sessions for all staff take place fortnightly for Stress and Distress.</p>
06/01/2022	Baltimore Ward, Leverndale Hospital	4. Managers should ensure that activity care plans are person centred reflecting the individual's preferences, interests and abilities and that activity participation is recorded and evaluated.	<p>Occupational Therapy (OT) staff to advise Therapeutic Activity Nurse (TAN) and other staff on where to find PAL (pool activity level) assessment and OT intervention plans. Printed copy of these will be added to care plan</p> <p>TAN has a folder for activities and will also ensure information is available for all staff. Nursing assistants also to be made aware</p>	By 30 <sup>th</sup> October 2022	<p>Access to info improved and TAN writing in EMIS.</p> <p>Folder in each office and staff encouraged to input information.</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			of the importance of the small tasks or communication methods that make a positive outcome for individual patients and will be asked to capture that information to add valuable information to person centred care planning and evaluation. Versions of GTKM are available with activity checklist. Options for roll out of this version will be explored.		
25/01/2022	<a href="#">East Ward, Dykebar Hospital</a>	1. Managers should review their audit processes to improve the quality of mental health care plans to reflect the holistic care needs of each patient, and identify clear interventions and care goals.	1. Charge nurse / senior charge nurse review of audit process for care planning. 2. Care plans to reflect holistic needs with clear goals/interventions. 3. New Combined Care Assurance Audit Tool (CCAAT) has been introduced to all mental health wards in NHS GGC. Care planning is one aspect of this.	June 2022 - Completed	The new CCAAT audit tool is now in use in East Ward. Care plans are reviewed as part of line management supervision, with an emphasis on person centred plans and clear goal setting.
25/01/2022	East Ward, Dykebar Hospital	2. Managers should ensure that there is a clear person centred plan of care for patients who experience stress and distress. This should include information on the individual's triggers and strategies which are known to be effective for distraction and de-escalation and be regularly reviewed.	1. East Ward manager attending a series of Short Life Working Group meetings focusing on Stress and Distress. 2. All staff have attended training in Stress and Distress Pre-Pandemic. Some new members of staff booked in for stress and distress training. 3. Standard recognised that all older adult patients will have stress and distress care plans completed within 2 weeks of admission to an assessment ward. 4. Senior Charge Nurse recognises that East Ward do not admit but may inherit patients from assessment wards that do	June 2022  New staff trained by August 2022 Ongoing  Continuous  Care plans to be completed by August 2022	The Clinical Psychologist for the ward is working with the nursing staff on stress and distress care plans. There is a full year's timetable of Stress and Distress training available for staff to attend. The SCN books all new staff onto this as part of their induction.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			not have a stress and distress care plan. 5. Senior Charge Nurse's having twice weekly meetings as able to go over paperwork and devise stress and distress care plans for all patients.	In place by August 2022	
25/01/2022	East Ward, Dykebar Hospital	3. Managers should take action to ensure that psychology provision is reinstated.	New Psychologist is due to commence in August.	In place by August 2022	In place by August 2022
25/01/2022	East Ward, Dykebar Hospital	4. Managers should ensure that where there is a POA or guardianship in place, copies of the powers granted are held on file.	Staff are contacting relatives/medical records to ensure all POA or guardianship is in place. When received all paperwork to be placed in files.	For completion June 2022	The ward staff have contacted all carers for patients with POA or Guardianship in place for copies of the paperwork. The ward now has most of these within patient's files and will re-contact any carer who has still to send these in by January 2023.
23/02/2022 and 24/02/2022	<a href="#">Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit, Leverndale Hospital</a>	1. Managers should identify a timescale for the re-opening of previous on-site facilities to aid with patient rehabilitation.	<ul style="list-style-type: none"> <li>• Unfortunately over the pandemic on site facilities were closed as part of the prevention of the spread of Covid. These have not reopened and are part of the Leverndale site rehabilitation provision so not run by Forensics services but we do utilise them. At this time there is no plan for these to reopen but we continue to link in with the hospital site for any further discussion of future rehabilitation facilities.</li> <li>• Our Acorn project is under review as the premises were no longer fit for purpose and there are future plans to reinstate a garden project once funds are secured.</li> </ul>	<p>Minimum of monthly liaison with Mental Health Services for progress updates.</p> <p>Endowment bid submitted.</p>	<p>Mental Health Services have started to open these services slowly, however not for use by Forensic patients currently. Awaiting update.</p> <p>Bid successful December 2022. Occupational Therapy now devising a plan on how best to utilise/maximise the</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
					space for the patient benefit. Endowment must be spent by the end of March 2023.
23/02/2022 and 24/02/2022	Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit, Leverndale Hospital	2. Medical staff should ensure all patients are clear on their in-patient journey and discharge plans.	<ul style="list-style-type: none"> <li>• Responsible Medical Officer meets with patients weekly to discuss ongoing journey and future discharge plans.</li> <li>• Care Programme Approach meetings planned to enable all agencies involved to discuss needs and plans for future discharge.</li> <li>• Patient key worker also meet 1:1 with patient to discuss on going plans.</li> <li>• Throughout the pandemic access to support workers and community supported accommodation was put on hold. Providers are now recruiting to posts for supported accommodation and access to these has recommenced in the past few months. This provision will increase as progress is made and staff are in post and patients will commence on their staged rehabilitation plans.</li> </ul>	Effective immediately	Maintenance through Senior Charge Nurse monitoring on ward whilst peer audit schedule being reviewed and developed.
23/02/2022 and 24/02/2022	Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit, Leverndale Hospital	3. Managers and medical staff should regularly review the suitability of all patients placed in Campsie House to ensure that the ward continues to meet their needs.	Campsie is a small environment with limited scope to develop beyond the existing floor plan. Capital planning has been involved at looking at any alterations that could be possible to increase floorplan and suitability of the area. The dining room area was extended previously to allow for further space and a smaller day area created to help increase quiet space for the patients. A quiet	Review of ward and how space is being utilised with MDT and Falls Coordinator.	<p>Amendment to flooring. Nursing team reviewing current use/changes to how space is used.</p> <p>Nurse Consultant leading on an EQIA (equality impact assessment) on Campsie Ward.</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			sensory room is available for patients to use for additional quiet space. An option that could be explored is the feasibility of a temporary creation of a further quiet area that was previously a bedroom will be considered.		
23/02/2022 and 24/02/2022	Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit, Leverndale Hospital	4. Managers should review recording of MDT meetings to improve consistency and ensure patient participation and views are evident on the forms.	<ul style="list-style-type: none"> <li>• Digital Champions group has requested additional training on EMIS functionality. Original training varied greatly with some areas not being notified about MDT recording sheets and other EMIS tools.</li> <li>• Local peer audits to be reintroduced to aid streamlining across wards and inpatient service.</li> <li>• Future plans for EMIS are looking at electronic technology that will allow for the patient to add in their views and evidence their participation.</li> </ul>	<ul style="list-style-type: none"> <li>• Bi-monthly Digital champions meeting to take forward future plans and evidence training. Further meetings and roll out of training dates planned through coming year.</li> <li>• Local peer audit calendar to be revisited by Professional Nursing Group and Nursing Development Group</li> </ul>	<p>Meetings continue with next one planned for February 2023.</p> <p>Professional Nurse Group (PNG) and Nursing Development Group (NDG) to bring back plan for audit in February 2023.</p>
23/02/2022 and 24/02/2022	Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit,	5. Mangers should review the records system to improve functionality and ensure that all Named Person paperwork is consistently recorded across all wards.	There is currently a transition on to EMIS electronic record keeping. A Short Life Working Group (SLWG) has been set up to ensure training on the use of this and Digital Champions identified in each ward to take this forward.	A SLWG has been set up to ensure training on the use of this and Digital champions identified in each	Roll out of EMIS across Forensic and Mental Health Services to recommence together in January 2023.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
	Leverndale Hospital		Local peer audits to re-commence to ensure that all wards are streamlined across the service.	ward to take this forward.  Peer audit schedule to be discussed at Professional Nursing Group	Scheduled to be brought to Professional Nursing Group meeting 2 <sup>nd</sup> February 2023
23/02/2022 and 24/02/2022	Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit, Leverndale Hospital	6. Mangers should review staff training around the use of the different areas of the Adults with Incapacity (AWI) (Scotland) Act 2000. <b>and</b> 7. Managers should ensure all staff understand and appropriately manage patient funds ensuring consistency for those subject to Part 4 of the Adults with Incapacity (Scotland) Act 2000.	Regular meetings are held with Patients affairs as part of the MDT to ensure that all funds are managed appropriately.  Training is ongoing for staff through the GG&C Learnpro modules and specific to AWI.  As part of the Newly Qualified Nurses induction, and available to those that need refresher, AWI is included as part of the staff awareness around the Act.  Information folder regarding AWI available for staff.  Contact Legislation Advisor to discuss specific learning needs for AWI.	6 monthly meetings with Patient Affairs department.  Staff supported with protected time to achieve module completion.  Available on ward for ease of access/quick reference	Monthly updates of compliance shared widely.  Maintenance at Ward level  Time diaried every day in every ward for protected time for staff on duty.  AWI Champion maintains this folder. Updating and renewing as new guidance is published alongside linking in with Patient Affairs/Legislation team
23/02/2022 and 24/02/2022	Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure	8. Mangers should hold regular discussions with commissioners and Social Work Managers in the local Health and Social Care Partnership to improve the	Community Placements were kept running during the pandemic on a reduced basis so that everyone attending did get a regular session.  Forensic services are linked in to the	Meetings bi-monthly with current providers and Forensic services represented on this	Planned presentation to the NHSGGC Moving Forward Together group in first meeting of 2023.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
	Unit, Leverndale Hospital	provision of community activities for patients.	<p>Employability pathway review with our OT colleagues looking at structured and meaningful activity for mental health across the GG&amp;C board.</p> <p>A paper has been written by the Forensic Directorate in regard to commencing our own services and this has been presented at the Moving Forward Together group, looking at structured placements for our patients as they transition to the community.</p>	group.	
23/02/2022 and 24/02/2022	Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit, Leverndale Hospital	9. Managers should address the concerns raised by patients regarding the current restrictions relating to the serving of lunch in Ward 5 and 6.	<p>Patients are encouraged to attend at all meal times to ensure that dietary and food, fluid and nutrition needs are being met. Meals are calorie calculated and nutritionally balanced and meet the dietary requirements of the patient group. Mealtimes used to educate round a balanced diet.</p> <p>Integrity of the ward area is also required at these times to ensure that all cutlery items are accounted for before and after mealtimes.</p>	Senior Charge Nurse will discuss options with patients at ward meeting and take forward ideas from the patient group about how best to take this forward and what best suits at these times.	<p>Raised at Community meetings within Ward 5 and 6 with no one forth coming with issues or potential changes that could be supported. Teams continue to find the issues and support change to benefit patient group.</p> <p>Continue to wait on the reviewed and renewed publication from NHSGGC.</p>
23/02/2022 and 24/02/2022	Wards 5 and 6, Campsie, Bute and Boulevard, Low Secure Unit,	10. Managers should continue address patient concerns with regard to the food on offer in Wards 5 and 6.	<ul style="list-style-type: none"> <li>• Clinical Service Manager in dialogue with hotel services regarding the ongoing issues with menus and food cycle</li> <li>• Right patient, Right Meal, Right Time policy review currently underway.</li> <li>• The portion size of the meals has been</li> </ul>	Quarterly reviews in place	Advocacy involvement has commenced to support taking action forward. Dietician due to return from leave January 2023 and meeting of full team alongside Hospital Catering team in March 2023.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
	Leverndale Hospital		<p>an ongoing complaint – these portions are calorie counted, nutritionally balanced and meet the dietary requirements of the generic patient group. Individuals requiring a modified diet as part of dietetic intervention are catered for.</p> <ul style="list-style-type: none"> <li>• Senior Charge Nurse (SCN) attends the Food, Fluid and Nutrition Group for Mental Health Partnerships to represent Forensic services.</li> <li>• Senior Charge Nurse attends Food, Fluid and Nutrition Group for Regional Services to represent Forensic Services.</li> </ul>		<p>SCN continues to attend bi monthly meetings and shares developments.</p> <p>Lead Nurse continues to attend monthly meetings and shares developments through Forensic Governance structures.</p>
02/03/2022	<a href="#">Appin Ward, Stobhill Hospital</a>	1. Multidisciplinary team (MDT) minutes should include a record of those in attendance.	Nursing staff will remind medical staff /staff completing MDT to ensure an accurate record of those in attendance is completed.	With immediate effect. Action completed on 03/10/2022.	Documentation has significantly improved.
02/03/2022	Appin Ward, Stobhill Hospital	2. Managers should audit care plans on a regular basis to ensure the interventions are person centred and care plans are updated following evaluations to reflect any changes in the individuals care needs and legal status.	Care plan audit checklist implemented and Senior Charge Nurses/Charge Nurses will audit care plans on a weekly basis. Senior Charge Nurse to liaise with practice development nurse regarding care plan training sessions.	With immediate effect. Action completed on 03/10/2022.	<p>Care plans being audited weekly.</p> <p>Care planning training sessions useful.</p>
02/03/2022	Appin Ward, Stobhill Hospital	3. Care plan reviews should include adequate information on patient presentation, impact of interventions and progress towards the care goal.	SCN to liaise with Practice Development Nurse regarding care plan training sessions.	With immediate effect. Action completed on 03/10/2022.	Care plans being audited weekly.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
02/03/2022	Appin Ward, Stobhill Hospital	4. Managers should audit S47 certificates to ensure that consultation with proxy decision makers is recorded.	To audit on a weekly basis, whilst completing care plan audits.	With immediate effect. Action completed on 03/10/2022.	All Section 47 certificates being audited on weekly basis.
02/03/2022	Appin Ward, Stobhill Hospital	5. Activity care plans should be reviewed to include person-centred information about the individual's hobbies, skills and interests.	Therapeutic Activity Nurses to review care plans to ensure they are person centred and are created with the individual. Care plans to be audited weekly. Senior Charge Nurse to liaise with Practice Development Nurse in regards care plan training sessions.	With immediate effect. Action completed on 03/10/2022.	Therapeutic care plans completed for all patients.  Getting to know me forms completed.
02/03/2022	Appin Ward, Stobhill Hospital	6. Managers should review the positioning of the safes for potential ligature risk.	Senior Charge Nurse to liaise with Health and Safety and Operations Co-ordinator and take appropriate action regarding risks.	Actioned immediately.	Awaiting removal of same.
15/03/2022	<a href="#">Ward 37, Royal Alexandria Hospital</a>	1. Managers should, as a priority, review their audit processes to improve the quality of mental health care plans to ensure these are person-centred and updated, to accurately reflect the patient's current needs, planned interventions and legal status.	Senior Charge Nurse to carry out weekly reviews of care plans and liaise with associate nurses to keep up to date.  Band 6 Nurse will be responsible for care plan audits.  Person centred care planning guidance emailed to all staff.  Nurse Line Management 6/8 weekly to discuss any issues regarding care planning with staff and if further support is required.	6 months – June 2023	Actions in progress.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
15/03/2022	Ward 37, Royal Alexandria Hospital	2. Managers should, as a matter of urgency, ensure that there is a clear person-centred plan of care for patients who experience stress and distress, which incorporates the information from their Newcastle formulation, where this exists. This should include information on the individual's triggers and strategies which are known to be effective for distraction and de-escalation and be regularly reviewed.	To have all trained staff completing the 2 day stress and distress training.  Ongoing essentials in dementia training for Band 3 Health Care Support Worker – help identify triggers and patterns in patients stress/distress. Staff have started to complete and liaising with psychology and families to complete stress and distress Newcastle model for their allocated patients.	6 months – June 2023	Actions in progress.
15/03/2022	Ward 37, Royal Alexandria Hospital	3. Managers should audit section 47 certificates to ensure that consultation with proxy decision makers is recorded.	Weekly AWI (adults with incapacity) checks completed by Senior Charge Nurse.  Incorporate AWI checks at weekly MDT meetings with family involvement	6 months – June 2023	Actions in progress.
15/03/2022	Ward 37, Royal Alexandria Hospital	4. Managers should ensure the current review delivers an outcome which addresses the provision of an environment that is fit for purpose and supports staff to meet the complex needs of this patient group as a priority.	All repairs reported to estates as soon as possible. Repairs list kept up to date and chased up if not completed.  Building is not fit for purpose and does not meet the complex needs of patients. This is an ongoing discussion at higher management level.	Continuous action	Continuous action

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			NHS Greater Glasgow & Clyde are in the process of implementing their Mental Health Strategy. Part of this work involves bed-modelling, with a proposal for a reduction in Older People Mental Health (OPMH) beds to fund the development of community OPMH services. Subsequent reconfiguration of the inpatient estate will include opportunities to remove older and less suitable wards for the patient population.	A decision on the final bed model is expected in 2023.	A decision on the final bed model is expected in 2023
23/03/2022	<a href="#">Skye House, Stobhill Hospital</a>	We ask that Hospital Managers undertake a review of nursing care plans and implement changes to improve their content and their use to better reflect patient care and treatment overall with greater synchronicity between the weekly MDT notes and nursing care plans in particular.	Ensure care planning part of the induction process for new staff. Review of the use of the EMIS Nursing care plan. Review of feedback from nurses and wider MDT of current process. Consideration of change of process to improve and options appraisal. Test of updated process.	March 2023	Included in induction - Care plan audit completed in relation to EMIS – this includes nursing and MDT - Young people's meetings developed bi-monthly so that young person can input into Care plans

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

<b>Date of Visit</b>	<b>Local Visit</b>	<b>Local Visit Recommendations</b>	<b>Action Plan Response to Recommendations</b>	<b>Timescales for implementation of Actions</b>	<b>Update</b>
23/03/2022	Skye House, Stobhill Hospital	We recommend that any infection control testing and isolation policy which might impact on self- isolation in bedroom spaces and/or the freedom of movement of young people around the ward be clearly discussed with each young person to ensure that young people are clear about its voluntary nature and of the alternatives available to them. We recommend any verbal discussion is supported by written documentation outlining the policy and entering a copy of this into patient records following the discussion, clearly documenting in the notes what has been discussed and what has been understood. Similar records reflecting the discussion of the impact of any infection control testing and isolation policy on the relationship between parents and their children should also be clearly documented.	We will discuss in the charge nurse meeting for cascade to all staff to undertake the following: - Inform all staff of need to have and document discussion - Ensure all staff understand where to get up to date information on the Boards policies - Consider with staff contingencies that may be applied if the young person refuses and importance of documenting same.	October 2022	Complete – staff reminded regarding documentation and updated on infection control procedures

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
23/03/2022	Skye House, Stobhill Hospital	Hospital managers should undertake a review of the available meal options for young people, eliciting the young persons, their families and staff feedback as part of that review and explore with catering managers whether there is scope to improve the meals provided, especially in relation to the nature and range of vegetarian options.	<p>We will undertake a feedback sessions with a group of young people on their views on the available food.</p> <p>- We will seek their views on what they would like to see available</p> <p>We will share our findings with the hospital catering service and seek their agreements to adjust.</p>	October 2022	<p>Engagement with catering regarding poor supply and choice especially regarding vegetarian options, agreement that orders can be from wider range of menus</p> <p>- Young person's community group to be asked regarding their views on food</p>
23/03/2022	Skye House, Stobhill Hospital	We recommend that on the occasions when multidisciplinary team staff are required to provide duties such as meal time management that would ordinarily be undertaken by ward nursing staff that these are clearly documented and audited to ensure oversight of this practise to support future planning of staff provision.	<p>MDT staff, for some disciplines, would see as core to role.</p> <p>Included in induction of staff</p> <p>- in workforce planning the number of hours per patient is measured for tasks so as to capture staffing requirement</p>	October 2022	<p>Included in induction</p> <p>- 7 hours per patient for ED is planned into staffing at present</p> <p>- Completed</p>
12/04/2022	<a href="#">Isla Ward, Stobhill Hospital</a>	1. Managers should audit MDT notes to ensure these are clearly identified as such on EMIS and contain a record of those present, detail of the decisions taken and a clear action plan.	Discussed actions with all MDT members of the ward team. All aware of the requirement to clearly record in EMIS the names of all those who attend an individual patients MDT discussion and the rational for decisions taken regarding the individual's care and treatment plan.	<p>Discussions to take place with MDT ward members by end June 2022</p> <p>SLWG to meet by end June 2022</p>	<p>The MDT SLWG has been held monthly since June – the group have been exploring different issues raised regarding MDT practice and how to improve this as a site.</p> <p>The site is now looking to</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			To promote consistency across the mental health campus a MDT Short Life Working Group (SLWG) was initiated to ensure delivery of above.	Audit of MDT notes to be completed by end July 2022 and repeated in November 2022	establish MDT rooms which will facilitate virtual attendance and funding has been granted for this. The group has also developed a site timetable for MDTs to better facilitate MDT working and provided guidance to nursing and medical staff on use of the MDT templates in documenting discussion and actions. An audit of MDT practice on Isla ward conducted by the Quality Improvement Nurse demonstrated improvement.

[Return to summary table](#)

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
12/04/2022	Isla Ward, Stobhill Hospital	2. Managers should audit care plans on a regular basis to ensure care plans are updated following evaluations to reflect any changes in the individuals care needs and legal status.	Senior Charge Nurses/Charge Nurses to review 1 x patient care plan per week to ensure care plans are updated to reflect any agreed changes, including changes within an individual's legal status. 2x charge nurses employed, named nurse system implemented. Care plan audit on a weekly basis. Outcomes discussed during line management supervision.	Audit of Care Plans to be completed by end November 2022 to demonstrate improvements in practice are ongoing	Isla ward now has an established Named Nurse system to facilitate more consistent review of care-plans. The patient group is split into two groups lead by the Charge Nurses and each patient is assigned a named nurse and associate nurse. The ward has also recently developed a group diary for monitoring required reviews of care plan paperwork. The Senior Charge Nurses/Charge Nurses are auditing care-plans on a weekly basis to monitor practice and a site audit is to be conducted in December 2022 by the Quality Improvement Nurse.
02/05/2022	<a href="#">Ward 3A, Leverndale Hospital</a>	1. Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patient's progress towards stated care goals and that recording of reviews are consistent across all care plans.	Care plan audits are completed monthly to monitor the content and standards to ensure they are personal centred. These are fed back to nursing staff via nurse line management. This timescale allows nursing staff time to implement any changes and for quality assurance.	31 <sup>st</sup> October 2022	Line Management Supervision utilised to offer support to Named Nurses regarding person centred approach to Care Plans. Charge Nurse audit/monitor same. Collaborative Care Plan reviews carried out routinely and reflect progress or in relation to goals set collaboratively with

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
					patient/carer/staff documented via EMIS.
02/05/2022	Ward 3A, Leverndale Hospital	2. Managers should ensure that visiting arrangements are in line with current Scottish Government Guidance.	Staff followed NHSGGC guidelines on visiting due to covid transmission rate within Glasgow to safeguard our vulnerable patient group. Person centred visiting lead is currently carrying out an audit across all areas to ensure person centred visiting is imbedded in to routine practice.	31 <sup>st</sup> October 2022	Person Centred Visiting in place.
02/05/2022	Ward 3A, Leverndale Hospital	3. Managers should ensure that when a patient accepts or declines activities offered, this is noted in the patient's file.	Staff meetings / handovers taken place to discuss that all staff should be clearly documented on a daily basis when patients have been offered activities and any patients refusing to participate should also be documented. Patient Activity Coordinator and Therapeutic Activity Nurses also document daily any participation of ward based activities.	21 <sup>st</sup> October 2022	All staff providing activity – whether Patient Activity Coordinator, Therapeutic Activity Nurses, Health Care Support Worker, Recreational Therapy or Allied Health Professionals documenting patient participation, or refusal via EMIS.
05/05/2022	<a href="#">Ward 4A, Leverndale Hospital</a>	1. Managers should ensure that for patients who have particular dietary requirements, there is range of healthy and varied options.	Catering department routinely audit menu choices, taking account of dietary requirements and patient feedback.	October 2022	Menu choices available. Catering department monitor same based on audit/feedback.
05/05/2022	Ward 4A, Leverndale Hospital	2. Managers should ensure that during religious festivals there is specific provision for patients to observe and have access to services that support their cultural needs.	Spiritual service available to all patients. Senior Charge Nurse to raise profile of this service to staff and patients within Ward 4A. Chaplain onsite who can support access to support patients cultural needs.	November 2022	Profile regarding Spirituality service raised – responsive service to all patients facilitating spiritual needs.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

<b>Date of Visit</b>	<b>Local Visit</b>	<b>Local Visit Recommendations</b>	<b>Action Plan Response to Recommendations</b>	<b>Timescales for implementation of Actions</b>	<b>Update</b>
05/05/2022	Ward 4A, Leverndale Hospital	3. Managers should ensure that care plans address the specific needs of individual patients.	Senior Charge Nurse and Charge Nurse team supporting Named Nurse process to ensure specific needs of individual patients are addressed.	November 2022	Line Management Supervision utilised to offer support to Named Nurses re person centred approach to Care Plans. Charge Nurse audit/monitor same. Collaborative Care Plan reviews carried out routinely, documented via EMIS.
05/05/2022	Ward 4A, Leverndale Hospital	4. Managers should ensure that risk assessment documentation is updated accordingly and accessible to all staff.	Craft risk assessments updated in line with NHSGGC policy. This is accessed via patient records on EMIS. Accessible to all staff who work with the individual patients.	August 2022	Evidence that CRAFT risk assessments and management plans updated as indicated – available on EMIS.
05/05/2022	Ward 4A, Leverndale Hospital	5. Managers should work with Health and Social Care Partnerships to ensure timely discharge for patients.	Leverndale Hospital have a dedicated Hospital Social Worker who supports timely discharges. Leverndale Hospital have an Integrated Discharge Team who meet regularly, identifying barriers to discharge and looking at solutions. NHSGGC are in process of reviewing discharge processes.	October 2022	Integrated Discharge Team, inclusive of hospital based Social Work continue to support MDT with timely discharge planning. MDT participate in Ward 4A bed management meeting as well as huddle to explore potential barriers to discharge.
05/05/2022	Ward 4A, Leverndale Hospital	6. Managers should ensure medication records are reviewed for patients requiring forms (T2 and T3) authorising treatment under the Mental Health Act and ensuring s47 certificates are completed appropriately.	NHSGGC have implemented a board wide action plan to address this.	August 2022	Most recent T2/T3 compliance audit supports this.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

<b>Date of Visit</b>	<b>Local Visit</b>	<b>Local Visit Recommendations</b>	<b>Action Plan Response to Recommendations</b>	<b>Timescales for implementation of Actions</b>	<b>Update</b>
05/05/2022	Ward 4A, Leverndale Hospital	7. Managers should ensure that visiting arrangements are in line with current Scottish Government Guidance.	Staff followed NHSGGC guidelines on visiting due to covid transmission rate within Glasgow to safeguard our vulnerable patient group. Person centred visiting lead is currently carrying out an audit across all areas to ensure person centred visiting is imbedded in to routine practice.	October 2022	Person Centred Visiting in place.
05/05/2022	Ward 4A, Leverndale Hospital	8. Managers should ensure that patients have access to meaningful activity and occupation seven days per week.	Ward 4A has dedicated time from Patient Activity Co-ordinator and Recreational Therapy staff during core hours. Ward staff within Ward 4A also provide input to meaningful activity 7 days per week.	August 2022	Patient Activity Coordinator, Activity Recreational Therapy, in reach and activity and events available at Recreational Therapy Department. Allied Health Professional activity Psychological Therapy Groups where indicated. Nursing Staff providing socialisation activity at evenings and weekends – notice boards utilised to communicate same.
05/05/2022	Ward 4A, Leverndale Hospital	9. Managers should ensure that when a patient accepts or declines activities that are offered, this is noted in the patient's file.	Senior Charge Nurse highlighted this to all staff who undertake activities to document each time a patient if offered activity but declines.	October 2022	All staff providing activity – whether Patient Activity Coordinator, Therapeutic Activity, Health Care Support Worker, Recreational Therapy or Allied Health Professionals documenting patient participation, or refusal via EMIS.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
05/05/2022	<a href="#">Ward 4B, Leverndale Hospital</a>	1. Managers should ensure that during religious festivals there is specific provision for patients to observe and have access to services that support their cultural needs.	Spiritual service available to all patients. Senior Charge Nurse to raise profile of this service to staff and patients within Ward 4B. Chaplain onsite who can support access to support patients cultural needs.	October 2022	Profile regarding Spirituality service raised – responsive service to all patients facilitating spiritual needs.
05/05/2022	Ward 4B, Leverndale Hospital	2. Managers should ensure that for patients who have particular dietary requirements, there is range of healthy and varied options.	Catering department routinely audit menu choices, taking account of dietary requirements and patient feedback.	October 2022	Menu choices available. Catering department monitor same based on audit/feedback.
05/05/2022	Ward 4B, Leverndale Hospital	3. Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patients' progress towards their stated care goals and where a recording of reviews is consistent across all care plans.	Senior Charge Nurse and Patient Activity Co-ordinator have met in focus groups with Patients to identify what a person centred care plan means to them. Ward 4B is piloting a document that patients have worked on. This will be reviewed three months in to the process to ensure it meets patient needs and goals.	December 2022	Line Management Supervision utilised to offer support to Named Nurses re person centred approach to Care Plans. Charge Nurse audit/monitor same. Collaborative Care Plan reviews carried out routinely and reflect progress or in relation to goals set collaboratively with patient/carer/staff documented via EMIS.
05/05/2022	Ward 4B, Leverndale Hospital	4. Managers should work with Health and Social Care Partnerships to ensure timely discharge for patients.	Leverndale Hospital have a dedicated Hospital Social Worker who supports timely discharges. Leverndale Hospital have an Integrated Discharge Team who meet regularly, identifying barriers to discharge and looking at solutions. NHSGGC are in process of reviewing discharge processes.	October 2022	Integrated Discharge Team, inclusive of hospital based Social Work continue to support MDT with timely discharge planning. MDT participate in Ward 4B bed management meeting as well

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
					as Huddle to explore potential barriers to discharge.
05/05/2022	Ward 4B, Leverndale Hospital	5. Managers should ensure that risk assessment and MDT recording is robust and available to all staff as required.	Craft risk assessments updated in line with NHSGGC policy. This is accessed via patient records on EMIS. Accessible to all staff who work with the individual patients.	October 2022	Evidence that CRAFT risk assessments and management plans updated as indicated – available on EMIS.
05/05/2022	Ward 4B, Leverndale Hospital	6. Managers should ensure that visiting arrangements are in line with current Scottish Government Guidance.	Staff followed NHSGGC guidelines on visiting due to covid transmission rate within Glasgow to safeguard our vulnerable patient group. Person centred visiting lead is currently carrying out an audit across all areas to ensure person centred visiting is imbedded in to routine practice.	October 2022	Person Centred Visiting in place.
05/05/2022	Ward 4B, Leverndale Hospital	7. Managers should ensure that when a patient accepts or declines activities that are offered, this is noted in the patient's file.	Senior Charge Nurse highlighted this to all staff who undertake activities to document each time a patient is offered activity but declines.	October 2022	All staff providing activity – whether Patient Activity Coordinator, Therapeutic Activity Health Care Support Worker, Recreational Therapy or Allied Health Professionals documenting patient participation, or refusal via EMIS.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
05/05/2022	Ward 4B, Leverndale Hospital	8. Managers should ensure that patients have access to meaningful activity and occupation seven days per week.	Ward 4B has dedicated time from Patient Activity Co-ordinator and Recreational Therapy staff during core hours. Ward staff within Ward 4B also provide input to meaningful activity 7 days per week.	October 2022	Patient Activity Coordinator Activity, Recreational Therapy in reach and activity and events available at Recreational Therapy Department. Allied Health Professionals activity. Psychological Therapy Groups where indicated. Nursing Staff providing socialisation activity at evenings and weekends – notice boards utilised to communicate same.
25/05/2022	<a href="#">Arran Ward, Rehab &amp; Recovery Unit, Dykebar Hospital</a>	Managers should ensure that all DNACPR (do not attempt cardiopulmonary resuscitation) decisions are reviewed and there is a consistent system to ensure that all staff members are aware of the DNACPR status of every patient on the ward.	<p>DNACPR expiry date entered on to EMIS warning system, this will flag up each time any member of staff accesses the patients on EMIS, the warning must be acknowledged before staff member can continue.</p> <p>DNACPR will be clearly marked in patient paper notes and paper work contained therein.</p> <p>DNACPR will be clearly marked on white board in staff office.</p> <p>DNACPR expiry date recorded on white board in office.</p>	<p>3 months - Completed</p> <p>3 months - Completed</p> <p>3 months - Completed</p> <p>3 months - Completed</p>	<p>All DNACPR expiry dates are now on the EMIS warning system.</p> <p>Copies of the DNACPR paperwork are now in place for all appropriate patients.</p> <p>DNACPR expiry dates have now been added to the patient at a glance boards.</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			Check sheet introduced to be used during weekly MDTs which will direct the team to check if patient has a current DNACPR and expiry date.	3 months - Completed	The MDT check sheet is now in place.
25/05/2022	Arran Ward, Rehab & Recovery Unit, Dykebar Hospital	Managers and medical staff should ensure that all psychotropic medication is legally and appropriately authorised on both a T2 or T3 form, where required, and a system of regular auditing compliance with this should be put in place.	A weekly ward Audit drawn up by Clinical Governance and implemented and audited by the Professional Development Nurses (PDN) team, results of weekly Audit to be forwarded to PDNs each week.	3 months - Completed	The SCN or Charge Nurse completes a weekly audit of all T2 and T3 paperwork and informs the medical staff of any required changes.
			A warning entered on to the HEMPA (Hospital Electronic Prescribing and Medicines Administration) which will automatically flag up each time the patient is accessed on the system, giving notice that the patient has current T2/3 in place.	3 months - Completed	HEPMA is now in place within the ward, which alerts staff to existing T2 and T3 paperwork.
			Check sheet introduced to be used during weekly MDTs, this will direct the team to check if patient has a current T2 or T3 and the expiry date.	3 months - Completed	
25/05/2022	Arran Ward, Rehab & Recovery Unit, Dykebar Hospital	Managers should ensure that staff have good awareness in relation to advance statements which should be promoted with patients in the ward and these discussions be clearly documented in the	Check sheet introduced to be used during weekly MDTs which will direct the team to check if patient has a current Advance Statement and if not, to discuss whether it's appropriate to offer this to the patient at this time, details of discussion to be recorded on patient's notes on EMIS.	3 months - Completed	Advance Statements are now discussed at the MDT to increase their use.
			Named nurse to discuss advance statement with patients who do not	3 months - Completed	The Senior Charge Nurse and Charge Nurses discuss Advance Statements with

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
		patient's clinic notes and care plan.	presently have one explaining rational behind them during 1:1 monthly care plan reviews and document discussion in EMIS.		the staff at line management supervision.
25/05/2022	Arran Ward, Rehab & Recovery Unit, Dykebar Hospital	Managers should consider ward refurbishment to provide single room accommodation to ensure privacy and maximum benefit to patients.	NHS Greater Glasgow & Clyde are in the process of implementing their Mental Health Strategy. Part of this work involves bed-modelling, with a proposal for a reduction in Rehab beds to fund the development of community rehab services. Subsequent reconfiguration of the inpatient estate will include opportunities to remove older and less suitable wards for the patient population.	A decision on the future Adult Mental Health Rehab bed model for NHS GGC is expected to be agreed in 2023.	There has been some improvements made to the aesthetics of the ward, with new furniture for the public rooms and bedrooms. Raised flower beds and new seating have been added to the atrium. The Rehab sub group, as part of the NHS GGC Mental Health Strategy group, continue to meet to discuss bed modelling and future improvements to the service.
01/06/2022	<a href="#">Armadales Ward, Stobhill Hospital</a>	Managers should ensure that section 47 treatment plans are completed, available and correctly filed in accordance with the AWI Code of Practice (3rd edition).	A checklist to monitor practice in completing and storing Section 47 Certificates will be added to the ward weekend checklist to ensure that care plans are being reviewed and all relevant paperwork is in date.	With Immediate Effect – September 2022	Checklist is in place as part of the weekend checks and also added as part of weekly care plan reviews. Senior Charge Nurses and Charge Nurses will continue to monitor and review weekly.
01/06/2022	Armadales Ward, Stobhill Hospital	Managers should ensure that when a patient accepts or declines activities offered this is noted in the patient's file.	Ward staff will liaise with Therapeutic Activity Nurses and create a diary that can be shared for recording and planning activity. Staff will document clearly who was invited and who declined to attend activities throughout the day. This will,	With Immediate Effect – September 2022	Diary is in place and is being used frequently – an audit in October by the Quality Improvement Nurse demonstrated improvements.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			also, be documented on EMIS in the daily notes.		
01/06/2022	Armadale Ward, Stobhill Hospital	Managers should ensure that a system is in place to ensure maintenance requests are responded to in a reasonable time frame.	Ward staff will report all maintenance issues via the Facilities Management service desk taking note of reference numbers and date reported. Staff will liaise with the Operations Manager who will review outstanding requests on a weekly basis. The Operations Manager will liaise with Estates to ensure repairs are carried out in a timely manner.	With Immediate Effect – September 2022	Maintenance diary is in place and being used consistently by staff. Any outstanding repairs are escalated weekly. An audit in October by the Quality Improvement Nurse demonstrated improvement.
01/06/2022	Armadale Ward, Stobhill Hospital	Managers should ensure that the garden area is maintained to provide a safe, pleasant and easily accessible area for patients and visitors.	Ward staff will ensure that the garden area is inspected weekly and fit for purpose and any damaged furniture is quickly reported via the Facilities Management system. Staff will liaise with the Operations Manager to escalate any reports where required.	With Immediate Effect – September 2022	Maintenance diary is in place and being used consistently by staff. Any outstanding repairs are escalated weekly. An audit in October by the Quality Improvement Nurse demonstrated improvement.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
16/06/2022	<a href="#">IPCU, Leverndale Hospital</a>	Managers must ensure the prescribing of 'as required' medications is in line with NHSGGC policy and best practice guidelines to ensure dosages, routes of administration and maximum daily dose are clear.	<p>Full discussion regarding medication at MDT.</p> <p>Ward Management Team will reinforce policy/guidance via various communication forums.</p> <p>Senior Management Team reiterate policy/procedure, provide Significant Adverse Event Review (SAER) feedback.</p> <p>Ward Pharmacist delivering training for Registered Clinicians in IPCU regarding use of IM (intramuscular) Medication – with discussion re de-escalation, oral medication options.</p> <p>HEPMA implementation.</p> <p>Audit of discretionary medications to ensure administration and maximum daily dose are adhered to.</p>	This will be a continuous monitoring process. Communications have been sent out via email, reinforced at handovers and nurse line management supervision.	
16/06/2022	IPCU, Leverndale Hospital	Managers should ensure there is patient and staff participation in care planning and that this is evidenced in the care file.	<p>Senior Charge Nurse initial review of Nursing Care Plan Documentation</p> <ul style="list-style-type: none"> <li>- Professional Development Nurse (PDN) deliver Care Plan Support Sessions -</li> <li>- Named Nurse role to be highlighted – includes collaboration with all Patient and Carers</li> <li>- Senior Charge Nurse/Charge Nurse ongoing Care Plan audit regarding Nurse Care Plan/Named Nurse role following</li> </ul>	November 2022	A further visit has taken place and formal feedback will be received once the final report is issued.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			PDN support session - Newly Qualified Nurses/new staff to have access to this support		
16/06/2022	IPCU, Leverndale Hospital	Managers should ensure regular participation and engagement with the patient, their families and named person at multidisciplinary team meetings.	MDT audit completed - Senior Charge Nurse review of MDT framework in IPCU (intensive psychiatric care unit) - Carers/relatives to be invited to MDT – aware of contact options outwith MDT - Named Nurse regular contact with carer/relative and prior to every MDT – follow up contact also arranged	November 2022 Will be audited to ensure adherence	A further visit has taken place and formal feedback will be received once the final report is issued.
16/06/2022	IPCU, Leverndale Hospital	Managers and medical staff should ensure that all psychotropic medication is legally and appropriately authorised on either a T2 or T3 form, where required, and a system of regular auditing compliance with this should be put in place.	T2/T3 action plan implemented. Seven Minute Briefing issued.	Communications sent out and reinforced in July. Regular audit processes continue	A further visit has taken place and formal feedback will be received once the final report is issued.
16/06/2022	IPCU, Leverndale Hospital	Managers should ensure that a programme of training is supplied to all staff in relation to advance statements which should be promoted in the ward and these discussions be clearly documented in the patient's clinic notes and care plan.	Staff will promote advance statements for patients within IPCU although recognise that whilst within IPCU this may not be appropriate to complete but will encourage and promote pathways where advance statements should be discussed.	November 2022	A further visit has taken place and formal feedback will be received once the final report is issued.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
16/06/2022	IPCU, Leverndale Hospital	Managers should ensure that reviews of enhanced levels of observation take place and are recorded in line with Improving Observation Practice guidelines.	<p>MDT framework in IPCU setting reviewed – all enhanced observations discussed via MDT, reviewed in line with current policy</p> <p>- robust care planning re enhanced observations</p> <p>Enhanced observations discussed at each handover to ensure staff are fully aware of patients status, risks and level of observation</p> <p>Nurse in charge to ensure staff adhering to current policy</p> <p>- PDN team to deliver In-House training sessions regarding Safe &amp; Supportive observations 13<sup>th</sup> September, 16<sup>th</sup> September, 6<sup>th</sup> October ensuring all staff have attended.</p> <p>- Policy Implementation Group roll out of Continuous Intervention Policy</p>	Senior Charge Nurse and Charge Nurse continue to reinforce adherence to current policy.	
22/06/2022	<a href="#">Ward 39, Royal Alexandria Hospital</a>	Managers should review visiting arrangements to ensure the ward provides a pleasant and positive experience for visits and that arrangements are in line with national guidance.	The ward will ensure visiting arrangements are followed in line with MH GG&C Covid Discussion Forum and Greater Glasgow and Clyde NHS.	Completed	Visiting is available from 10am until 9pm. There is protected meal times. However, visitors assisting a patient with their meal may visit during these times.
22/06/2022	Ward 39, Royal	Managers should review bed provision across adult and old age psychiatry to ensure	The provision of beds will be discussed twice daily at the service Huddle, whilst taking into considerations GG&C Bed	Completed	The twice daily local huddle continues to look at bed pressures to ensure optimal

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
	Alexandria Hospital	there is adequate capacity within each service to meet demand.	Management Policy. Discussed at Senior management level and identified on the Health and Safety Risk register.		and appropriate use of the bed establishment. Where there are issues that prevent this, these are escalated to senior management for consideration.
22/06/2022	Ward 39, Royal Alexandria Hospital	Managers should undertake an audit of the environment and develop a plan to address the identified issues of lack of suitable shower/bathing facilities, limited facilities for activity provision and visiting and the absence of access to a therapeutic kitchen.	NHS Greater Glasgow & Clyde are in the process of implementing their Mental Health Strategy. Part of this work involves bed-modelling, with a proposal for a reduction in Older People Mental Health (OPMH) beds to fund the development of community OPMH services. Subsequent reconfiguration of the inpatient estate will include opportunities to remove older and less suitable wards for the patient population.	2023	An environmental audit has been completed in Ward 39, using the Kings Fund audit tool. NHS GGC Older People's Mental Health Services review is ongoing and will consider ward environments. It is anticipated that the review will publish its recommendations in 2023.
22/06/2022	Ward 39, Royal Alexandria Hospital	Managers should ensure that staff are proactive in providing information on care decisions and progress of patients to relatives.	Discussed at nurse line management the importance of follow up face to face discussion at visiting times with appropriate relatives/carers.	30 <sup>th</sup> September 2022	Nursing staff are now proactively providing information regarding care with carers during visiting times.
07/07/2022	<a href="#">Ward 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital</a>	Managers should audit MDT notes to ensure these are clearly identified as such on EMIS and contain a record of those present, detail of the decisions taken and a clear action plan.	MDT preparation guides and application to EMIS templates provided to nursing staff. Discussion with Consultant and guidance to medical staff on use of MDT template. Preparation of MDT template has been incorporated into the weekly work schedule.	Completed 01/12/2022 and will remain ongoing	Completed 01/12/2022 and will remain ongoing

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
07/07/2022	Ward 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital	Managers should put in place the necessary support and audit processes to ensure that 'Getting to know me' documentation is fully completed and that life history information is recorded and follows the patient when they move to a further care placement.	Occupational Therapy will continue to gather information as part of initial interview process which will be uploaded to EMIS This can be used to help inform 'Getting to know me' documentation.  6 weekly audit at MDT – Senior Charge Nurse has formulated a checklist to conduct check. Patient Activity Coordinator collating information for Getting to know me and What matters to me.	Completed 01/12/2022 and will remain ongoing	Completed 01/12/2022 and will remain ongoing
07/07/2022	Ward 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital	Managers should ensure that there is a clear person-centred plan of care for patients who experience stress and distress. This should include information on the individual's triggers and strategies which are known to be effective for distraction and de-escalation and be regularly reviewed.	Occupational Therapy staff will continue to attend and contribute to Stress and Distress meetings led by Psychology. Process of supporting staff to formulate person centred stress and distress if appropriate for the patient 14 days from admission.	Completed 01/12/2022 and will remain ongoing	Completed 01/12/2022 and will remain ongoing

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
07/07/2022	Ward 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital	Managers should review their audit processes to improve the quality of care plans to ensure these are person centred and updated to accurately reflect the patient's current needs and planned interventions.	Occupational Therapy (OT) lead carries out 6 monthly documentation audit to ensure OT documenting is completed to a high standard.  Discussion between Senior Charge Nurse and nursing staff to complete care plans as per the MWC Person Centred Care Plans good practice guidance.  All care plans reviewed at nurse line management supervision.  CCAAT tool for 6 monthly peer and yearly Professional Development Nurse audit keeping provides further quality assurance.	Completed 01/12/2022 and will remain ongoing	Completed 01/12/2022 and will remain ongoing
07/07/2022	Ward 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital	Managers should, as a priority, provide line management and have the practice development nurse support the ward to ensure that the above recommendations are implemented.	Senior Charge Nurse/Charge Nurse to provide nurse line management to staff.  Discussed with Professional Development Nurse and audit of care plans requested.	Completed 01/12/2022 and will remain ongoing	Completed 01/12/2022 and will remain ongoing
07/07/2022	Ward 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital	Managers should ensure that where a power of attorney or guardianship is in place, copies of the powers granted are held on file.	Managers audit 6- 8 weekly at MDT to ensure all appropriate paperwork within notes. Discussion with medical staff/consultant and nursing staff on admission and on Adults with Incapacity (AWI) application to request copy of paperwork.	Completed 01/12/2022 and will remain ongoing	Completed 01/12/2022 and will remain ongoing

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
07/07/2022	Ward 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital	Activity care plans should be reviewed to include person centred information about the individuals' hobbies, skills and interests.	Occupational Therapy (OT) will utilise 'Activity checklist' where appropriate and upload to EMIS ensuring information is considered in OT treatment plan.  Care plans are reviewed at nurse line management – support and discussion from Professional Development Nurse to formulate person centred care plan. Professional Development Nurse audit at MDT 6-8 weekly.	Completed 01/12/2022 and will remain ongoing	Completed 01/12/2022 and will remain ongoing
16/08/2022	<a href="#">Cuthbertson Ward, Gartnavel Royal Hospital</a>	Risk assessments should be located in the assessment section of EMIS for ease of access and review.	<ul style="list-style-type: none"> <li>Ward team will link in with eHealth to ascertain how to transfer from consultation to assessment section</li> <li>Once this has been identified the ward management team will circulate a Standard Operating Procedure detailing how to do this</li> <li>Routine audit will ensure practice has been bedded in</li> </ul>	End February 2023	Action in progress
16/08/2022	Cuthbertson Ward, Gartnavel Royal Hospital	Managers should review their audit processes to improve the quality of care plans to ensure these are consistently person centred, reviews are undertaken and care plans updated to accurately reflect the patient's current needs and planned interventions.	<ul style="list-style-type: none"> <li>Care plan audit is via peer led Combined Care Assurance Audit Tool system thus ensuring objectivity.</li> <li>The above is supplemented by local audit/system modification which includes:               <ol style="list-style-type: none"> <li>Care Plan Checklist: this extrapolates the key elements of person centred care and acts as an aide memoire for staff and the basis of the local weekly audit.</li> </ol> </li> </ul>	End March 2023	Action in progress

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			2. Weekly audit: to implement above. This will be conducted by the 2 Charge Nurses for their respective teams. <ul style="list-style-type: none"> <li>Recirculate the MWC Guidance on person centred care planning.</li> <li>Allocate protected care plan time so staff can balance their challenging priorities.</li> </ul>		
16/08/2022	Cuthbertson Ward, Gartnavel Royal Hospital	Managers should regularly audit the "Getting to Know Me" documentation to ensure this is fully completed and life history information is recorded and follows the patient when they move to a further care placement.	<ul style="list-style-type: none"> <li>See above.</li> <li>Ward team have constructed a weekend checklist to ensure there is no slippage on audit/action.</li> </ul>	End March 2023	Action in progress
16/08/2022	Cuthbertson Ward, Gartnavel Royal Hospital	Managers should ensure that where a power of attorney or guardianship is in place, copies of the powers granted are held on file.	<ul style="list-style-type: none"> <li>Included in initial assessment, care plan front page and MDT document thus ensuring it has been requested and adhered to.</li> <li>The aforementioned audit process will monitor adherence to this.</li> <li>Key Worker has responsibility to engage with families to obtain copy, if in their possession.</li> <li>Familial non-engagement with this request will be discussed at MDT meeting and actioned.</li> </ul>	End March 2023	Action in progress
24/08/2022	<a href="#">Rowanbank Clinic, Stobhill Hospital</a>	Managers should review patient attendance at MDT meetings across the wards to improve ease of access for	Review of 4 weeks of Multi-disciplinary Team (MDT) records for all inpatients revealed evidence that three of the eight wards in the clinic had patients attend	Complete	Complete

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
		all patients who wish to participate.	<p>MDT meetings either regularly or occasionally.</p> <p>Clinical teams report that no concerns about patient access to MDT's raised by their patient group. Similarly there have been no complaints either informal/formal raise with managers regarding this.</p> <p>In order to evidence patients perspective is represented there was a joint scoping exercise undertaken by Interim Lead Nurse and Circles Advocacy.</p> <p>Brief questionnaire on the MDT meeting preferences was circulated to the patient group. Findings were collated and distributed to clinical teams and the Clinical Governance Group.</p> <p>The ability to accurately evidence patient involvement with MDT meetings alongside other aspects of their care has been raised with the Digital Champions forum. As patient files move to EMIS, it has become increasingly challenging to evidence active patient involvement as EMIS is not a patient facing system.</p>	<p>Outcome/findings to be discussed at Governance meeting and Professional Nurse Group (PNG) meeting with Senior Nurses, in January 2023.</p> <p>Digital Champions aim is to have all necessary forms online by July 2023.</p>	<p>Action due January 2023.</p> <p>Action due July 2023.</p>
24/08/2022	Rowanbank Clinic, Stobhill Hospital	Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patient's	Care plan audit completed and feedback to senior staff in the clinical areas.	<p>Complete</p> <p>Continuous action</p>	<p>Action complete</p> <p>Continuous action</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
		progress towards stated care goals and that recording of reviews are consistent across all care plans.	<p>Ongoing involvement in forums in relation to the transition to electronic patient records.</p> <p>Peer review schedule being reinvigorated following the completion of the augmentation of the Acute Care Assurance Standards (CAS) to meet Mental Health Services standards.</p>	<p>Deadline for CAS 01/01/2023. Peer review schedule for implementation thereafter.</p>	Action in progress and will be rolled out by February 2023.
12/09/2022	<a href="#">Clyde House, Gartnavel Royal Hospital</a>	Managers should ensure that the ward environment is welcoming, fit for purpose and provide the Commission with an update on the programme for refurbishment, including timeframes.	<p>Hospital management have implemented a number of refurbishments since the last visit. This has meant that there been improvements in the ward environment as well as the garden area. The refurbishments are listed below:</p> <ul style="list-style-type: none"> <li>- Group room has been refurbished to include; new flooring, painting and furniture.</li> <li>- All flooring replaced to all communal and clinical areas.</li> <li>- New ventilation system in kitchen area.</li> </ul> <p>Senior Charge Nurse will meet regularly with Inpatient Service Manager/Operations Coordinator and prioritise work taking in to account facility/Healthcare Associated Infection/Healthcare Environment Inspectorate audits and patient and staff opinion.</p>	<p>Completed.</p> <p>Continuous action</p>	Completed.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
12/09/2022	Clyde House, Gartnavel Royal Hospital	Managers should plan to provide single room accommodation to ensure privacy and maximum benefit to patients.	The review of the NHSGG&C rehabilitation service remains ongoing. To enable a refurbishment of the ward to be undertaken to include the provision of individual en-suite facilities would require capital investment. This would not be within the scope of the hospital manager's role to progress a project of that magnitude however the recommendation has been highlighted via our line-management structure and escalated to appropriate decision authority making level which is out with Gartnavel Royal Hospital.	The review of the NHSGG&C rehabilitation service remains ongoing.	The review of the NHSGG&C rehabilitation service remains ongoing.
14/09/2022	<a href="#">McNair Ward, Gartnavel Royal Hospital</a>	Managers should regularly audit care plans to ensure they are person-centred, include all the individual's needs, ensure individuals participate in the care planning process and are given opportunities to engage in care plan reviews.	Care plans are audited by the Team Leaders on a fortnightly basis and this is supplemented by a peer audit. The Team Leaders focus on person centeredness' and processes but struggle with the hybrid system currently in operation which means they move between paper and electronic records. Evidencing patient involvement is not helped by this. It is anticipated that we will re-engage with accreditation via AIMS (Accreditation for Inpatient Mental Health Services) soon which addresses and assists in formatting process which demonstrates involvement (which we think is taking place) is a slightly more smooth and sophisticated manner. Staff will ensure to document on identified needs if patient is not willing to engage in signing	One month - end December 2022	Ongoing audits by ward management team ensure that recommendations and actions are carried out.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			so as to evidence that involvement with this has been attempted/encouraged.		
14/09/2022	McNair Ward, Gartnavel Royal Hospital	Managers should ensure all one-to-one sessions between a patient and nurse are clearly documented in a patient's file.	The report comments on clear evidence of the nursing staff being on top of the patient's care and history and this can come about having 1:1's and structured assessment and re-assessment. Nursing staff will ensure to differentiate on EMIS when a one to one session has taken place rather than record all entries under progress notes. Nursing reassessments will also take format of having a care plan review which will highlight each identified need being discussed with the patient.	One month - end December 2022	System in place to ensure one-to-one sessions take place and clearly documented in patient's electronic file as such. A system is also in place to ensure that re-assessment dates are recorded.
22/09/2022	<a href="#">Blythswood House, Renfrew</a>	Managers should ensure that patient activity is prioritised and that clear plans are in place for each patient throughout the week to participate in meaningful activity. This activity should be recorded in the daily notes.	<p>Utilise Activity Nurse via Bank three times weekly to increase both group and individual activities both on and off site.</p> <p>Review of individual and group activities to be carried out by activity nurse and Occupational Therapy.</p> <p>Audit of activity levels to be carried out by Occupational Therapy and Medical Trainee in January.</p>	<p>Commenced December 2022. Will be reviewed 31<sup>st</sup> January 2023</p> <p>31<sup>st</sup> January 2023</p> <p>31<sup>st</sup> January 2023</p>	<p>Commenced December 2022. Will be reviewed 31<sup>st</sup> January 2023</p> <p>31<sup>st</sup> January 2023</p> <p>31<sup>st</sup> January 2023</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			All staff to ensure activities are recorded on EMIS notes.	Service Manager will review 31 <sup>st</sup> January 2023	Service Manager will review 31 <sup>st</sup> January 2023
22/09/2022	Blythswood House, Renfrew	Service and estates managers should ensure that improvement works are carried out promptly to the benefit of the patients.	<p>New furniture purchased (complete).</p> <p>Agree redecoration programme for all pods including bedrooms.</p> <p>Soft and wall furnishings to be purchased for pods.</p> <p>Named nurses/patient/family to ensure suitable personalisation of bedrooms.</p>	To be completed by 28 <sup>th</sup> February 2023.	To be completed by 28 <sup>th</sup> February 2023.
28/09/2022	<a href="#">Portree Ward, IPCU, Stobhill Hospital</a>	Managers should ensure that a clear rationale and communication is offered and recorded to ensure that patients understand why they remain suitable for care in an IPCU.	<p>The Senior Charge Nurse (SCN) and Inpatient Operational Nurse Manager will liaise with the Consultant Psychiatrist regarding documentation of Multi-disciplinary Team (MDT) discussion to ensure rationale for place in IPCU (intensive psychiatric care unit) is being discussed, documented and reviewed regularly with the patients. This will be further supported by work undertaken by the MDT short life working group.</p> <p>The SCN and Charge Nurses (CN) will ensure nursing staff are developing care plans which detail progress towards transfer to an open ward environment –</p>	<p>January 2023</p> <p>December 2022</p>	

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			<p>the SCN and CNs will continue to conduct ward audits of care plans to monitor this.</p> <p>The Inpatient Operational Nurse Manager will attend MDT discussion at Portree Ward at least once a month to ensure discussions are occurring regarding patient ongoing suitability for IPCU.</p> <p>After each MDT a nominated staff member will email the Bed Manager to inform them of any patients who are identified for transfer to a Locality (Open) ward so that a bed can be identified and transfer scheduled and realised.</p> <p>Audit to be scheduled for early February to ascertain if rational has been documented re: continued IPCU care, patient awareness of plan and if email was sent to Bed Manager.</p> <p>Repeat audit to be scheduled for early March to ascertain if rational has been documented re: continued IPCU care, patient awareness of plan and if email was sent to Bed Manager.</p> <p>Third and final audit to be scheduled for early April to ascertain if rational has been documented re: continued IPCU care,</p>	<p>January 2023</p> <p>December 2022</p> <p>February 2023</p> <p>March 2023</p> <p>April 2023</p>	<p>Attended MDT 04/01/2023</p> <p>Achieved in practice</p> <p>Action due February 2023</p> <p>Action due March 2023</p> <p>Action due April 2023</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			patient awareness of plan and if email was sent to Bed Manager.		
28/09/2022	Portree Ward, IPCU, Stobhill Hospital	Managers should ensure there is patient involvement and participation in care planning which is personalised, to ensure that this is evidenced in each care plan.	<p>The SCN will raise the need to actively encourage individuals to participate in collaborative care planning to improve and evidence personalised and person care and treatment. This will be discussion at the next ward team meeting which will be attended by the Inpatient Operational Nurse Manager and Quality Improvement Nurse.</p> <p>The SCN and CNs will ensure staff are receiving regular Line Management Supervision to identify any gaps in training or additional support required.</p> <p>The SCN and CNs will continue to conduct ward audits of care plans to ensure improvement is being maintained.</p> <p>The Senior Charge Nurse will liaise with the Advanced Nurse Practitioners (ANPs) and Professional Development Nurses (PDNs) regarding additional training for staff in terms of care planning.</p> <p>The Quality Improvement Nurse will conduct service audits of care plans to ensure improvement is being maintained.</p>	<p>January 2023</p> <p>December 2022 and ongoing action</p> <p>January 2023</p> <p>January 2023</p> <p>First audit February, 2<sup>nd</sup> Audit March and 3<sup>rd</sup> April 2023</p>	<p>December 2022 and ongoing action</p> <p>First audit February, 2<sup>nd</sup> Audit March and 3<sup>rd</sup> April 2023</p>

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
			The ward has recently altered the Named Nurse system and will ensure patients are assigned to a Named Nurse Group in order to encourage peer-support among staff and ensure care plans are reviewed.	December 2022	
28/09/2022	Portree Ward, IPCU, Stobhill Hospital	Managers should ensure that all young people who are subject to care in the IPCU, should be able to freely access education without any barriers, if they are well enough to participate in education activity.	<p>Inpatient Operational Nurse Manager will liaise with CAMHS services regarding this and ensure there is a pathway to enable young people to access education without any barriers whilst an inpatient in IPCU.</p> <p>Staff awareness of pathway to be delivered.</p> <p>SCN and CNs will ensure there are care plans devised to address educational needs for adolescent patients – devised in collaboration with CAMHS services.</p>	<p>January 2023</p> <p>January 2023</p> <p>January 2023</p>	
28/09/2022	Portree Ward, IPCU, Stobhill Hospital	Managers should ensure regular participation and engagement with the patient, their families and named persons in regard to multidisciplinary team meetings.	<p>The ward will continue to ensure family and carers are regularly offered an appointment to attend MDTs – this is advertised on the ward.</p> <p>Senior Charge Nurse / Inpatient Operational Nurse Manager in conjunction with Mental Health Network will create a questionnaire to ascertain from family and named persons to identify any potential barriers that prevent attendance at MDTs.</p>	<p>December 2022</p> <p>February 2023</p>	Action due February 2023

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
28/09/2022	Portree Ward, IPCU, Stobhill Hospital	Manager should ensure that patients have access to advocacy services at all times whilst subject to any provisions of mental health legislation.	<p>The ward will continue to utilise the new Named Nurse Group system to ensure that staff are supporting each other in ensuring patients are engaged in discussion of advocacy services and referrals are completed where appropriate.</p> <p>The Inpatient Operational Nurse Manager has arranged a meeting with Advocacy Services Planning and Performance Officer to discuss advocacy input on the wards and how to improve this.</p>	<p>December 2022</p> <p>December 2022</p>	Advocacy Services Planning and Performance Officer and Quality Improvement Nurse met on 30/12/2022 and have agreed a plan to improve Advocacy input into ward.
28/09/2022	Portree Ward, IPCU, Stobhill Hospital	Managers should ensure that a programme of training is supplied to all staff in relation to advance statements which should be promoted in the ward and these discussions be clearly documented in the patient's clinical notes and care plan.	<p>The Quality Improvement Nurse will link in with the Mental Health Network regarding their programme for advance statements.</p> <p>The Quality Improvement Nurse will link in with the PDNs and ANPs regarding local training for ward staff.</p>	<p>January 2023</p> <p>January 2023</p>	Advanced Statements - Quality Improvement Nurse has contacted the Mental Health Network (MHN) to provide input into the Ward. Advocacy Services Planning and Performance Officer will also follow up with MHN as part of contract monitoring.
28/09/2022	Portree Ward, IPCU, Stobhill Hospital	Managers should ensure that all maintenance and improvement works are carried out urgently to meet the basic standards of care for the benefit of all patients.	The ward will continue to utilise the Maintenance Diary in place to record any repairs reported, incident number and date. The ward staff will monitor this and ensure any overdue repairs are escalated to the Operations Coordinator who will liaise with Estates to ensure these are being addressed in a timely manner.	December 2022	Action achieved.

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
29/09/2022	<a href="#">Willow Ward, Orchard View, Inverclyde</a>	Managers should review their audit processes to ensure care plans are updated to accurately reflect the patients' current needs, planned interventions and legal status.	<ol style="list-style-type: none"> <li>Care plans will be reviewed as part of the Multi-disciplinary Team (MDT) meetings to ensure they are accurate and reflect the patients' current needs, planned interventions and legal status.</li> <li>Staff should clearly document any changes to the care plan and ensure this is communicated effectively to the MDT.</li> <li>Care plans will be reviewed by the Named Nurse as a whole on a monthly basis and any changes communicated effectively to the MDT.</li> <li>As part of GGC Care Assurance System (CAS) process, all patient documentation including the patient care plan will be self-audited by the ward bi-monthly and bi-annually by peer audit utilising the Combined Care Assurance Audit Tool (CCAT).</li> </ol>	<p>Immediate/ongoing</p> <p>Immediate/ongoing</p> <p>Immediate/ongoing</p> <p>Bi-monthly &amp; Bi annually.</p>	Actions complete and will be ongoing.
03/10/2022	<a href="#">Rehab Ward, Leverndale Hospital</a>	Managers should ensure regular contact with the local general practitioners to ensure that, at a minimum, annual health checks are undertaken for each patient.	Action plan not yet due – due March 2023.		
03/10/2022	Rehab Ward, Leverndale Hospital	Managers should undertake a review into the need for therapeutic activity nurse provision to support for the ward.	Action plan not yet due – due March 2023.		

[Return to summary table](#)

**OFFICIAL**

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
03/10/2022	Rehab Ward, Leverndale Hospital	Managers should ensure that the ward environment is upgraded to create a conducive setting for rehabilitation and that consideration be given to single room accommodation.	Action plan not yet due – due March 2023.		
11/10/2022	<a href="#">Iona Ward, Gartnavel Royal Hospital</a>	Managers should audit care plans to ensure there is consistent use of appropriate language.	Discussions have taken place with staff with regards identifying that consistent, appropriate language is used when formulating care plans. The care plans will be audited and those which reference violence and aggression will be reviewed and re-written to acknowledge the stress and distress that may be the cause of underlying behaviours.	Completed on 7 <sup>th</sup> December 2022	Actions complete
11/10/2022	Iona Ward, Gartnavel Royal Hospital	Information on the locked door policy and how to gain access or exit the ward should be displayed in the vicinity of the ward entrance.	The policy is now displayed at the front door of the ward and staff offer an explanation to relatives and visitors the rationale behind utilising this policy.	Completed on 7 <sup>th</sup> December 2022	Actions complete

[Return to summary table](#)

**OFFICIAL**

# TREATMENT FORMS FOR USE UNDER THE MENTAL HEALTH ACT

## 1. Introduction

Part 16 of the Act sets out the conditions under which a person subject to compulsory treatment can be treated without consent if he/she is incapable of consenting or refuses to consent. There are safeguards for some treatments which require an independent opinion from a Designated Medical Practitioner. For 2 months after detention, medication can be administered with consent. If no consent or person incapable of consent, then medication can be administered using the best interests test and documented as such.

## 2. When to complete a T2- patient consents

- 1) Patient consents to treatment and has received any medication as treatment for a mental disorder under Part 16 MHA for **>2 months** (T2b)
  - 2) Prior to the use of the following treatments: ECT, vagal nerve stimulation (VNS) and transcranial electromagnetic stimulation (TMS) (T2a)
  - 3) Medication to reduce sex drive (T2b)
  - 4) Artificial nutrition (T2c)
- All require written consent from the patient to be documented and attached to the T2 form.** Note ECT, VNS and TMS cannot be given when patient is capable of refusing to consent and refuses it.

## 3. When to complete a T3- no consent/incapacity

- 1) After a period of 2 months, if a patient is found to lack capacity or refuses to consent to medication, a T3 needs to be completed by a DMP and confirmation documented that the treatment is in their best interests. (T3b)
- 2) Artificial nutrition/medication to reduce sex drive (T3b)
- 3) In the event of incapacity to consent and it is deemed in a patient's best interest, ECT, VNS or TMS and can be given if in the person's best interests. Reasons need to be recorded in writing. (T3a)

## 4. Other treatment forms

Emergency treatment under the 2003 Act should be recorded on form **T4**. This will include:

- 1) Treatment that is urgently necessary but is not covered by a consent or best interest statement under section 242.
- 2) Treatment subject to special safeguards, but urgently necessary before DMP opinion can be arranged.
- 3) Treatment not covered by an existing treatment plan for treatment given over a period of time.

**T1 Neurosurgery-** only if deemed necessary and with patient consent. Needs DMP and MWC approval.

**T5** For children under 16 and not subject to detention, certain safeguarded treatments require completion of a T5 by doctor.

## 5. Advance Statements

In making an advance statement, the person is making a competent, informed choice about treatment which will apply in the future when they have lost the capacity to make that decision. If anyone gives or authorises treatment that is in conflict with an advance statement, then section 276 (8) of the Act requires the reason to be given in writing. This record should be kept in the person's case record and also given to the person who made the statement; the named person or welfare attorney or guardian and MWC.

## 7. Useful Resources Guidance:

<https://www.gov.uk/government/publications/treatment-forms-for-use-under-the-mental-health-act>  
<https://www.gov.scot/publications/mental-health-law-forms/>  
**MWC - GOOD PRACTICE GUIDE - Consent to Treatment: A guide for mental health practitioners.**  
<https://www.gov.scot/publications/new-mental-health-act-guide-consent-treatment-information-service-users-carers>

## 6. Further information

T2 and T3 are **statutory** forms- any errors/omissions could be legally challengeable. Witnessed verbal consent is not deemed legitimate.

T2 and T3 forms are generally valid for **3 years** in the absence of other changes.

**Clozapine** needs specific reference to blood tests/monitoring.

Use of force to administer treatment is only authorised **in hospital**.

Treatment for physical illness is not included under the Act. This includes e.g. procyclidine, methadone and anticonvulsants for epilepsy. Patients can have treatments authorised under both a T2 and T3 at the same time depending on what they are consenting to.

