



Item No. 13

Meeting Date Wednesday 5th February 2025

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

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Mental Welfare Commission Local Visits 2024

Purpose of Report:	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 and Community Mental Health Teams in Glasgow City, published during the period 1 st January 2024 to 31 st December 2024.
Background/Engagement:	The Mental Welfare Commission was originally set up in 1960 under the Mental Health Act. Their duties are set out in the 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. 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.

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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☒ Mental Health Services Clinical Governance Group. Not Applicable ☐
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the contents of the report.
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Relevance to Integration Joint Board Strategic Plan:
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.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcomes:	This report relates to: Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer. Outcome 2 - 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. Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected. Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. Outcome 5 - Health and social care services contribute to reducing health inequalities. Outcome 6 - 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. Outcome 7 - People who use health and social care services are safe from harm. Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.
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Personnel:	None
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Carers:	None
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Provider Organisations:	None
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	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.
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	Mental Welfare Commission recommendations for in-patient and community mental health 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 that detailed action plan responses are in place 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 and Community Mental Health Teams in Glasgow City, published during the period 1st January 2024 to 31st December 2024.

2. Background

- 2.1 The Mental Welfare Commission (MWC) undertake local visits, either announced or unannounced; to a group of people in a hospital, care home or prison service. In 2024 the MWC also began undertaking local visits to Community Mental Health Teams (CMHTs) across NHS Greater Glasgow &

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Clyde (NHSGGC). The 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 The visit process involves the Mental Welfare Commission (MWC) arranging visits in accordance with their local visit programme. The service is notified of announced visits and arrangements are made with local services. For unannounced visits the MWC will arrive at the ward and report to the nurse in charge/Inpatient Service Manager to inform them of the unannounced local visit.
- 3.2 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. The MWC review the care of patients through meeting patients and reviewing patients' files.
- 3.3 Local Visits are not inspections, but the Mental Welfare Commission's report does detail findings from the date of the visit.
- 3.4 The Mental Welfare Commission can provide recommendations, and the service is required to provide an action plan response within three months of receiving the final report, providing detail of the actions and timescales for completion. The services also advise how they have shared the local visit report with the individuals in the service, and the relatives/carers that are involved.

4. Local Visit Reports 2024

- 4.1 The Mental Welfare Commission published a total of 33 local visit reports during the reporting period across NHSGGC sites. 19 of these visits relate to Glasgow City Mental Health Hospital wards and one Community Mental Health team.
- 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); rehabilitation wards; and to a Community Mental Health Team. Of the 33 local visits undertaken 25 were announced and 8 were unannounced.
- 4.3 A total of 94 recommendations were made from 32 NHSGGC local visits. No recommendations were made following a local visit to McNair Ward, Gartnavel Royal Hospital on 12th September 2024.
- 4.4 The Glasgow City visits undertaken are detailed in Appendix 1, with links to the Mental Welfare Commission reports. A small number of local visits took place at the end of 2024; these reports will be published in 2025 and included in the next annual report. These will also be included in the quarterly Clinical and Professional Quarterly Assurance Statement to the Committee.

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- 4.5 Action plans are developed and submitted to the Mental Welfare Commission for each of the local visit reports that receive recommendations. Actions are monitored locally, and services are accountable for local actions. Actions that are identified as board-wide or for escalation are accountable to the Mental Health Services Clinical Governance Group.
- 4.6 The services also advise the Mental Welfare Commission how they have shared the local visit report with patients, and the relatives/carers that are involved. Examples of ways in which these reports were shared include discussing a report with patients at their community meetings, copies of the relevant report being made available in ward for patients, one site developed a poster with the recommendations for display on the notice board, a link to a report was included in the regular carers' newsletter, and copies of a report were placed on noticeboards across a site.

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 94 recommendations are outlined below:

Recommendation Category	Number	Percentage
Care, treatment, support and participation	31	33%
Use of mental health and incapacity legislation	28	30%
Rights and restrictions	8	8.5%
Therapeutic activity and occupation	6	6.3%
The physical environment	17	18%
Other	4	4.2%
Total	94	100%

- 5.3 Some examples of recommendations and service responses from Glasgow City visits are highlighted in Appendix 2.

6. Themes

- 6.1 The themes identified from the Local Visit reports published in 2024 and from the recommendations made were in relation to:
- Care Plans;
 - Treatment Forms;
 - The Physical Environment; and
 - Staffing.

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6.1.1 Care Plans

- 6.1.2 Within the category 'Care, Treatment, Support and Participation' 19 of the recommendations were regarding care plans; these were from 16 local visits. Recommendations included the need to ensure that care plans were person centred; with participation of the individual; are reviewed regularly; reflect the patient's progress towards stated care goals; and of the recording and storage of care plans.

6.1.3 Treatment Forms

- 6.1.4 Under the category 'Mental Health and Incapacity Legislation' there were 11 recommendations, from 11 local visits, regarding medication treatment forms, to ensure that all treatment is lawfully authorised. In all cases certificates were in place; recommendations were made regarding recording of information on the form; and there were cases of discrepancy as to what was recorded on the form and what was prescribed. The MWC raise any issues on the day of the visit, to allow these to be followed up by the Responsible Medical Officer.

6.1.3 The Physical Environment

- 6.1.4 There were 17 recommendations, from 15 local visits, regarding the physical environment. 7 of the recommendations were for Glasgow City inpatient wards. Recommendations received were regarding repairs and decoration works; providing a conducive environment for patients; that the environment is fit for purpose and meets the needs of the patient group; upkeep of wards and also outdoor space; use of dormitory accommodation and lack of single room accommodation; lack of ensuite facilities; and patient privacy and dignity. The MWC continue to provide recommendations in relation to the environment and in particular older estate which is not fit for purpose.

6.1.5 Staffing

- 6.1.6 The MWC have acknowledged staffing challenges in relation to recruitment and retention throughout their local visits.

7. Good Practice

- 7.1 In addition to making recommendations the MWC local visit reports also describe good practice across a number of areas, which are contained in the body of the reports. There is often good feedback from the MWC on improvement actions and changes made since their previous visit. Reports also often contain very good patient feedback on the care and treatment they receive.
- 7.2 The MWC additionally highlighted the undernoted areas of good practice and other positive comments in the reports published in 2024:
- Retention and recruitment of staff is a key priority across the service, with NHSGGC using their own bank staff as opposed to agency staff. Senior Charge Nurses (SCNs) advised that this has helped maintain consistency of staff. Newly qualified nursing staff, told the MWC they felt supported by SCNs, and this was a reason for remaining in post. The consultant also commented on good nursing care and teamwork across both wards. Given

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the many positive comments made by individual's during the visit the MWC were impressed by the care provided by staff in Ward 4A and Ward 4B. (*Wards 4A and 4B, Leverndale Hospital*)

- Considerable work had been undertaken to improve the standard of care planning since the last visit. The ongoing work around management of stress and distress, particularly around the development of the flashcards. (*Baltimore Ward, Leverndale Hospital*)
- Throughout the visit the MWC met with enthusiastic staff members who were committed to providing good care and treatment, working with other professionals in their team and who interacted with respect, positivity and care with individuals, families, and carers. (*Glenkirk Centre, Glasgow*)
- Relatives being given the opportunity to have their voices heard and views expressed. This included a questionnaire being supplied to engage meaningfully with relatives about what works best for the individual in the care of the ward. (*IPCU, Gartnavel Royal Hospital*)
- The ward staff remain committed and work hard to deliver improvements in individual care. Ongoing initiatives include training and development of trauma informed care and support for further specialist training in infant feeding. Work is ongoing into the development of recovery journal's to support individuals in their recovery and recent developments have included a project to review the multi-disciplinary team process to better support people and also the development of a Father's Partner's and Carers pathway to help ensure their appropriate inclusion during an admission. At the recent Scottish Mental Health Nurse Forum, the Mother and Baby Unit (MBU) was given an award for all the recent quality improvement works and the MBU was also nominated for the Royal College of Nursing, Nurse of the Year for its work with mothers and young parents. (*Mother and Baby Unit, Leverndale Hospital*)
- The current leadership within Struan ward has helped to develop person-centred practice in the service. The MWC observed files to have auditing checklists and heard from the Senior Charge Nurse (SCN) and Charge Nurse how care plan audits are consistently carried out during supervising sessions. Support from the quality improvement nurse, and wider staff training, has ensured care plans are meaningful and individualised with involvement of the person as well as their carer and/or family. (*Struan Ward, Stobhill Hospital*)
- The MWC received positive comments from individuals that their cultural and dietary needs being met while on the ward. They described the provision of halal menus, access to interpreters and quiet space for prayer. (*Portree Ward, Stobhill Hospital*)

8. Improvements

8.1 Care Plans

- 8.1.1 Although care plans is a theme in the reports published in 2024, progress has been made since the last annual report, in which 32 recommendations were made regarding care plans, with almost all reports receiving a recommendation (*29 of 32 reports*). Of the reports published in 2024, approximately half (*16 of 33 reports*) received a recommendation on care plans.

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- 8.1.2 As care plans are a recurring theme from the recommendations from the local visit reports, an action was generated by the NHSGGC Mental Health Services Clinical Governance Group for quality improvement work to be undertaken. A short life working group was established, and person centred care plan templates were developed; these were tested and then officially rolled out across inpatient and community mental health sites on 1st July 2024. The person centred care plans are in place for both inpatient areas and community mental health teams and are live on EMIS (the electronic management information system).
- 8.1.3 The content and quality of the person centred care plans is monitored within the combined care assurance audit; and is also monitored by nurse line managers as part of the Nurse Line Management Supervision process.
- 8.1.4 Some early feedback from the MWC on the new person centred care plans has been positive; and it is hoped that the results of the quality improvement work undertaken will be recognised further in future local visit reports. The services are also currently working on feedback from carers and relatives on the new person centred care plans.

8.2 Treatment Forms

- 8.2.1 Treatment forms have been recognised as a recurring theme from the recommendations from previous local visit reports. Improvement work was identified and embedded across all sites. Weekly audits are in place to ensure compliance; and reviews take place at multi-disciplinary meetings. Recommendations have been received for minor discrepancies; this will continue to be monitored. The MWC raise any issues on the day of the visit, to allow these to be followed up by the Responsible Medical Officer.
- 8.2.2 The Scottish Government have provided Recovery and Renewal funding since 2021/22 (now recurring) specifically for mental health pharmacy services. This funding, supplemented by local investment, has been used to develop and test new models of pharmacy practice including integrating pharmacy prescribers into ten community mental health teams across a range of specialties. These tests of change have proved very successful, allowing a shift of prescribing activity from medical staff to pharmacists thereby creating additional medical capacity within teams.
- 8.2.3 A recent evaluation report has demonstrated the benefits these roles have brought to patient care and clinical practice within the test sites. The inclusion of pharmacy within the CMHT workforce and model of practice will be a key development going forward.

8.3 The Physical Environment

- 8.3.1 Local actions have been undertaken where possible and redecoration, improvement works, and repairs made. There has also been work undertaken to the inpatient estate through the work of the Suicide Risk and Design Group to remove known ligature points from inpatient areas. In relation to older estate and estate that is not fit for purpose this will be addressed as part of the implementation of the Mental Health Strategy.

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8.4 Staffing

- 8.4.1 Work continues to respond to staffing challenges and to improve recruitment and retention. In 2024, a cohort of Newly Qualified Nurses commenced in NHS GG&C across inpatient services and CMHTs. There has also been a significant reduction in the use of Agency staff and an increase in the number of staff employed through the Mental Health Staff Bank, with staff being used where possible who are familiar with the wards. A Mental Health Bank Staff Governance (Induction) process has successfully been established to ensure all new Nurse Bank staff are afforded the same opportunity of support, to successfully complete induction, as substantive staff. The Practice Development Nurse team verify successful induction completion.
- 8.4.2 Medical staffing pressures are currently particularly prevalent in Older People's Mental Health Services especially in non-Glasgow City areas and in older adult liaison services. This is reflective of a national trend as outlined in the Royal College of Psychiatry State of the Nation Report 2023.
- 8.4.3 There is a focus on use of high-cost Medical Consultant Locums. Mitigations that are being put in place include the development of a Certificate of Eligibility for Specialist Registration (CESR) portfolio training pathway and appointment of up to six CESR Fellows and adherence where possible to Health and Care Staffing (Scotland) Act 2019 legislation guidance on maximum rate of pay for locum posts.
- 8.5 Pre-emptive work to identify issues before these are raised by the MWC is undertaken by a number of methods, including through the regular monitoring of local visit reports, which assists in identifying potential issues and themes and allows quality improvement work to be developed. A further methodology is also being aware of future developments; the end of year meeting with the MWC also provides insight on the areas they will be focusing on in the upcoming year.

9. Escalations

- 9.1 There were no escalations from the local visits to the Health Board by the MWC.

10. Governance Arrangements and Shared Learning

- 10.1 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 NHS GG&C Board Clinical Governance Forum which occurs bi-monthly.
- 10.2 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.

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- 10.3 Board wide awareness/learning is implemented/shared via a number of mechanisms, including:
- Email alerts/notifications
 - Staffnet
 - Patient Safety Bulletin
 - MyPsych App
 - Seven Minute Briefings (7MB)
 - MWC Good Practice Guides and Advice Notes
- 10.4 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; and
 - Mental Health Policy Steering Group.
- 10.5 An annual End of Year meeting takes place with the Mental Welfare Commission, with representatives from NHSGG&C and the six Health and Social Care Partnerships. The meeting has a focus on the local developments and issues that arise from local visits to services and the recommendations.

11. Recommendations

- 11.1. The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the content of the report.

	Mental Welfare Commission Local Visit	Date of Visit
1.	Portree Ward, IPCU, Stobhill Hospital Intensive Psychiatric Care Unit (IPCU)	11 th September 2023
2.	Ward 4A and Ward 4B, Leverndale Hospital Adult Acute	2 nd November 2023
3.	Ward 3A; and Ward 3B, Leverndale Hospital Adult Acute	28 th November 2023
4.	Baltimore Ward, Leverndale Hospital Older Peoples Mental Health (organic)	29 th November 2023
5.	Banff Ward, Leverndale Hospital Older Peoples Mental Health (functional)	19 th December 2023
6.	Glenkirk Centre, Glasgow, Community Mental Health Team Learning Disability Services	24 th January 2024
7.	Intensive Psychiatric Care Unit, Leverndale Hospital IPCU	31 st January 2024
8.	Iona Ward, Gartnavel Royal Hospital Older Peoples Mental Health (continuing care)	1 st March 2024
9.	Intensive Psychiatric Care Unit, Gartnavel Royal Hospital IPCU	12 th March 2024
10.	Timbury Ward, Gartnavel Royal Hospital Older Peoples Mental Health (functional)	13 th March 2024
11.	Henderson Ward, Gartnavel Royal Hospital Adult Acute	15 th April 2024
12.	Mother and Baby Unit, Leverndale Hospital Perinatal Mental Health Services	1 st May 2024
13.	Struan Ward, Stobhill Hospital Adult Acute	9 th May 2024
14.	Elgin Ward, Stobhill Hospital Adult Acute	5 th June 2024
15.	Cuthbertson Ward, Gartnavel Royal Hospital Older Peoples Mental Health (organic)	6 th June 2024
16.	Portree Ward, Stobhill Hospital IPCU	30 th July 2024
17.	McNair Ward, Gartnavel Royal Hospital Adult Acute	12 th September 2024
18.	Isla and Jura Wards, Stobhill Hospital OPMH functional and organic	24 th October 2024
19.	Appin Ward, Stobhill Hospital Older Peoples Mental Health complex care	4 th November 2024

Appendix 2

MWC Recommendation	Service Response Self-Evaluation (where we are at currently in relation to this recommendation)	Activity (what do we need to do to meet this recommendation)	Audit (how will we know we have met this recommendation)	Timescales for implementation of Actions
Managers should review care plan documentation to ensure that it supports effective care planning with clearly defined person-centred outcomes, how these will be implemented and the monitoring and review of progress. <i>(Glenkirk, Glasgow CMHT)</i>	Care plans are regularly completed by nursing, however further work is required to improve the quality of what is documented as well as improving the care plan document itself.	1. Learning Disability (LD) Practice Development Nurse is holding a local learning session for nursing staff, with a focus on completion of care plan documents. 2. There is ongoing work at a wider Learning Disability Service level regarding care planning. A new care plan template has been developed for Mental Health Services across GG&C. There is a short life working group within Learning Disability nursing which will review this template and consider adopting this or adapting this for use within LD services.	Nursing staff undertake audits of their caseloads and completion of care plan will be included in this audit plan going forward.	1. Training session arranged for 11th June 2024. 2. Ongoing.
Medical staff should ensure that, where a T3 certificate is required, all medication prescribed is appropriately authorised on this. <i>(Timbury Ward, Gartnavel Royal Hospital)</i>	Weekly ward level T2/T3 audit has been started and is undertaken by nursing staff who feedback any discrepancies to medical staff at first opportunity. Responsible Medical Officers (RMO's) have	Continue to ensure these weekly audits are completed.	No further lapses.	Already in place.

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MWC Recommendation	Service Response Self-Evaluation (where we are at currently in relation to this recommendation)	Activity (what do we need to do to meet this recommendation)	Audit (how will we know we have met this recommendation)	Timescales for implementation of Actions
	also stated they will do audits along with their trainees.			
Managers should ensure where individuals are unable to consent to their care and treatment in hospital, legal safeguards are fully considered, including the use of the Mental Health Act, to ensure rights are protected and treatment is legally authorised. <i>(Elgin Ward, Stobhill Hospital)</i>	At point of admission and every multi-disciplinary team (MDT) meeting the status of a patient is reviewed.	Going forward MDT will document that the status of a patients is discussed and reviewed at every MDT.	SCN audits and feed back to MDT where this has not been completed.	Fully implemented and reviewed on 3 months to ensure effectiveness.
Managers should work with the interpreting services to meet language needs for all individuals in the ward. <i>(Portree Ward, Stobhill Hospital)</i>	If it has been difficult to obtain a particular interpreter face to face due to a limited amount for a particular language, nursing staff will use the telephone interpreting service instead.	Guidance for interpreting services is now in front of the ward diary. If there is an issue with gaining access to interpreter nursing staff will escalate this.	This will be audited during auditing of individual care plans.	Ongoing action.

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