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Item No. 17

Meeting Date Wednesday 7th February 2024

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

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Mental Welfare Commission Local Visits 2023

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 in Greater Glasgow and Clyde, published during the period 1 st January 2023 to 31 st December 2023.
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Background/Engagement:	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. 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:	This paper has 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; and b) Note the recommendations of the Mental Welfare Commission and the Services' response at Appendix 1.
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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
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 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 1st January 2023 to 31st December 2023. A small number of visits took place at the end of 2023 and reports will be published in 2024; and included in the next annual report to the Committee.

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2. Background

- 2.1 The Mental Welfare Commission (MWC) 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 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, and the Mental Welfare Commission's report details findings from the date of the visit.
- 3.4 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 2023

- 4.1. The Mental Welfare Commission published a total of **35** [Local Visit Reports](#) during the reporting period. There were a number of combined reports for joint visits to wards; and some visits are undertaken on a two yearly basis, therefore were not included in the 2023 programme of visits.
- 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 **35** local visits undertaken **26** were announced and **9** were unannounced. A total of **107** recommendations were made.
- 4.3. There were no recommendations made following local visits to:
- [Ward 4, National Child Inpatient Unit, Royal Hospital for Children](#) on 29th November 2022;
 - [Mother and Baby Unit, Leverndale Hospital](#) on 24th January 2023; and
 - [Fruin and Katrine Wards, Vale of Leven Hospital](#) on 8th March 2023.

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- 4.4. Action plans have been developed for each of the local visit reports which received 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.
- 4.5. 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.	Rutherford Ward, Gartnavel Royal Hospital Adult Acute	26 th October 2022	Page 17
2.	Banff Ward, Leverndale Hospital Older People Mental Health (functional)	2 nd November 2022	Page 18
3.	Ward 3B (Renfrewshire HSCP), Leverndale Hospital Adult Acute	3 rd November 2022	Page 19
4.	Baltimore Ward, Leverndale Hospital Older People Mental Health (organic)	8 th November 2022	Page 20
5.	South Ward, Dykebar Hospital Adult Acute	17 th November 2022	Page 21
6.	Kelvin Ward, Gartnavel Royal Hospital Rehabilitation	21 st November 2022	Page 22
7.	Netherton Unit, Glasgow Specialist Learning Disability Services	24 th November 2022	Page 28
8.	Jura Ward, Stobhill Hospital Older People Mental Health (organic)	8 th December 2022	Page 29
9.	Ward 37, Royal Alexandria Hospital Older People Mental Health (organic)	13 th December 2022	Page 29
10.	IPCU, Leverndale Hospital (unannounced) Intensive Psychiatric Care Unit	18 th January 2023	Page 31
11.	Elgin Ward, Stobhill Hospital Adult Acute	18 th January 2023	Page 33
12.	Henderson Ward, Gartnavel Royal Hospital Adult Acute	25 th January 2023	Page 34
13.	Langhill Clinic, Inverclyde (unannounced) Adult Acute and Intensive Psychiatric Care Unit	1 st February 2023	Page 35
14.	Low Secure Forensic Wards, Leverndale Hospital (unannounced) Low Secure Forensic Services	8 th February 2023	Page 36
15.	Timbury Ward, Gartnavel Royal Hospital Older People Mental Health (functional)	9 th February 2023	Page 40
16.	Tate Ward, Gartnavel Royal Hospital Adult Acute	15 th February 2023	Page 42
17.	Ailsa Ward, Stobhill Hospital Rehabilitation Services	2 nd March 2023	Page 45

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	Mental Welfare Commission Local Visit	Date of Visit	Action Plan
18.	IPCU, Gartnavel Royal Hospital (<i>unannounced</i>) Intensive Psychiatric Care Unit	20 th March 2023	Page 47
19.	Skye House, Stobhill Hospital Adolescent Mental Health Services	28 th March 2023	Page 48
20.	Struan Ward, Stobhill Hospital Adult Acute	18 th April 2023	Page 51
21.	Oak Ward and Willow Ward, Orchard View, Inverclyde Royal Hospital (<i>unannounced</i>) Older People Mental Health (complex care) and Adult Continuing Care	19 th April 2023	Page 52
22.	Isla Ward, Stobhill Hospital Older People Mental Health (functional)	9 th May 2023	Page 54
23.	Glenarn Ward, Dumbarton Joint Hospital (<i>unannounced</i>) Older People Mental Health (continuing care)	31 st May 2023	Page 55
24.	Ward 2, Leverndale Hospital Adult Continuing Care	31 st May 2023	Page 56
25.	North Ward, Dykebar Hospital Older People Mental Health (complex care)	14 th June 2023	Page 57
26.	Claythorn House, Gartnavel Royal Hospital Specialist Learning Disability Services	22 nd June 2023	Page 59
27.	Ward 4A and 4B, Larkfield Unit, Inverclyde Royal Hospital Older People Mental Health (organic)	11 th July 2023	Page 61
28.	IPCU, Leverndale Hospital (<i>unannounced</i>) Intensive Psychiatric Care Unit	18 th July 2023	Page 64
29.	Ward 39, Royal Alexandria Hospital (<i>unannounced</i>) Older People Mental Health (functional)	2 nd August 2023	Page 65
30.	Rowanbank Clinic, Stobhill Hospital (<i>unannounced</i>) Medium Secure Unit, Forensic Services	24 th August 2023	Page 66
31.	McNair Ward and Rutherford Ward, Gartnavel Royal Hospital Adult Acute	29 th August 2023	Page 70
32.	Armada Ward and Broadford Ward, Stobhill Hospital Adult Eating Disorder and Adult Acute	16 th October 2023	Page 72

4.6 The undernoted local visits also took place in 2023 and reports will be published in 2024:

- Portree Ward, IPCU, Stobhill Hospital on 11th September 2023;
- Wards 4A and 4B, Leverndale Hospital on 2nd November 2023;
- Wards 3A and 3B, Leverndale Hospital on 28th November 2023; and
- Balmore Ward, Leverndale Hospital on 29th November 2023.

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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 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.

5.3 The number of recommendations made per category as a proportion of the total 107 recommendations are outlined below:

Recommendation Category	Number	Percentage
Care, treatment, support and participation	55	51%
Use of mental health and incapacity legislation	19	18%
Rights and restrictions	8	7%
Therapeutic activity and occupation	6	6%
The physical environment	19	18%
Total	107	100%

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

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

There were **55** recommendations made from 30 local visits.

A recurring theme from the recommendations was in relation to care plans. This was a recommendation in 29 of the local visit reports; 32 recommendations were made in total, with 3 reports each receiving 2 recommendations in this area. The main issues from the recommendations for care plans were regarding ensuring that these were person-centred; include all the individuals' needs; ensure that individuals participate in the care planning process and are given opportunities to engage in care plan reviews; and that reviews fully reflect the patients' progress towards goals; and are integrated and reflected in the current care plan.

In response to the recommendations regarding care plans, quality improvement work was identified by the Mental Health Services Clinical Governance Group. Further detail is provided at section [6.2](#) of the report.

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There were 9 recommendations received from 9 local visits regarding multi-disciplinary team meetings. Recommendations included, ensuring that meetings are goal focused; that patients are invited to attend; recording of the discussion, outcomes, actions and progress; and recording of staff and patient attendance, or if a patient declines to attend.

There were 14 recommendations regarding specific issues at individual sites. Recommendations received were in relation to: review the suitability of all agency staff deployed to the ward; recording of as required medication; recording of drug allergies; recording of life history information; review the use of the mental health combined care assurance audit tool (MHCCAAT); recording of one to one sessions; the level of physiotherapy input; review the process for involving families and consulting proxies and ensure involvement is documented; recording of minutes; staffing levels/challenges; and regarding training needs.

Examples of recommendations and services responses are detailed below:

MWC Recommendation	Service Response	Update from Service
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 given opportunities to engage in care plan reviews. (Henderson Ward, Gartnavel Royal Hospital)	• Care plan audit is via peer led CCAAT (combined care assurance audit tool) system thus ensuring objectivity. • The above is supplemented by local audit/system modification which includes: 1. Weekly/2 weekly audits: this will be conducted by the two Charge Nurses for their respective teams and concentrate on the themes identified within the recommendation. 2. Recirculate the MWC Guidance on person centred care planning to all Registered Nurses. 3. Utilise Nurse Line Management Supervision to review care plans and ensure person centeredness. 4. Allocate protected care plan time so staff can balance their challenging priorities. 5. Explore methods in which patients are demonstrably seen to participate in the care planning process. 6. If patient declines to participate in care planning	1. Care plan audits are taking place by two Charges Nurses and new Charge Nurse that has recently started will start to undertake audits. 2. MWC guidance circulated and recirculated due to new staff starting. 3. Nurse line management being completed and future dates identified. 4. Where possible this takes place utilising early starts or late finishes for this. 5. Ongoing process. 6. Email sent out to remind staff to document patient declining activities offered.

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	process ensure this is documented and revisit if appropriate.	
Multidisciplinary review records should include a record of decisions made and actions required. (Baltimore Ward, Leverndale Hospital)	Communication to be sent to all medical and nursing staff to ensure accurate record of decisions at multi-disciplinary team (MDT) are recorded. Communication to be sent to Nursing staff from both Older People Mental Health wards attending MDT to follow up with accurately recorded nursing actions.	Action completed with recent MWC verbal feedback from announced visit on 29 th November 2023 is pleased that previous recommendations have been actioned.

5.4.2 Use of Mental Health and Incapacity Legislation:

There were **19** recommendations made from 15 local visits.

There were 7 recommendations regarding treatment forms, to ensure that all treatment is lawfully authorised. Of the other recommendations, 4 were regarding recording in accordance with the Adults with Incapacity (AWI) Code of practice; 3 recommendations were regarding recording of patient proxy information/consultation.

Other recommendations were received for specific issues at individual sites, including; training for staff and promotion of advance statements; ensuring that training and education is available to staff to promote and enhance their knowledge and understanding of the Adults with Incapacity (Scotland) Act 2000; access to advocacy services; recording of prescriptions of as required medication; and to consider multidisciplinary training in the application and use of specified person's regulations.

Examples of recommendations and services responses are detailed below:

MWC Recommendation	Service Response	Update from Service
Managers should put an audit system in place to ensure that all medication prescribed under mental health or incapacity legislation are properly authorised. (Isla Ward, Stobhill Hospital)	Current audit system in place, where nursing staff check T2/T3 certificates on a weekly basis. Medical records also complete their checks and upcoming requirements.	T2/T3 checks are part of weekend work; therefore completed every weekend.
Managers must ensure that where a patient lacks capacity in relation to decisions about medical treatment S47 certificates, and where necessary, treatment plans are completed in accordance with the AWI Code of	All Clinical Teams and Responsible Medical Officers to review and complete Section 47 treatment plans regarding individuals treatment needs for all patients being currently managed under Adults with Incapacity guidelines.	Implemented and reviews taking place with Responsible Medical Officer and multi-disciplinary team. Individual needs managed and AWI monitoring ongoing. Yearly audit will be undertaken in December 2023.

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practice and cover all relevant medical treatment the individual is receiving. (Low Secure Forensic Wards, Leverndale Hospital)	Audit schedule to be considered to ensure that all relevant information is in place.	
Managers should ensure that staff have an understanding of the AWI act, in relation to proxy decision makers and should ensure that where a proxy decision maker this is recorded and a copy of the powers are held in the patients file. (Banff Ward, Leverndale Hospital)	• Template letter to be developed and will be sent to Power of Attorney formally requesting paperwork. • Add reminder to checklist for weekend staff if paperwork not received within two weeks of admission to prompt letter being sent by staff member completing checklist. • EMIS recording processes agreed and information circulated to staff. • Online training on Adults with Incapacity (AWI) to be circulated to staff.	The actions are complete.

5.4.3 Rights and Restrictions:

There were **8** recommendations made from 6 local visits in relation to Rights and Restrictions.

Of the reports, 2 received a recommendation to ensure that patients had access to advocacy services. The other recommendations were regarding specific issues at individual sites and were not common themes. Recommendations were regarding ensuring that reviews of enhanced levels of observation took place and were recorded in line with guidelines; of the appropriate completion of reasoned opinions for specified persons; advance statements - training for staff and promotion to patients and documentation of this; that DNACPR (do not attempt cardiopulmonary resuscitation) decisions are reviewed and staff are aware of patient status; and that Mental Health Officers are allocated for all patients whilst subject to the Acts.

Examples of recommendations and services response are detailed below:

MWC Recommendation	Service Response	Update from Service
Managers should ensure that patients have access to advocacy services at all times whilst subject to any provision of mental health legislation. (McNair and Rutherford Wards, Gartnavel Royal Hospital)	Senior Charge Nurse has requested further leaflets and posters to be visible on the ward. As part of the weekly care plan audit, it will be reviewed to ensure that patients have been advised of the availability of the advocacy service and how to access this.	Service response was submitted at the end of December 2023 and timescale to complete is one month.

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	Nursing staff will document in the care plan where advocacy has been discussed, offered and if service has been refused.	
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. (IPCU, Leverndale Hospital)	Local training regarding Advanced Statements arranged for IPCU Team.	Training on advanced statements delivered. 7 minute briefing shared among all staff including documentation at MDT of discussion.

5.4.4 Therapeutic Activity and Occupation:

There were **6** recommendations made from 5 local visits regarding therapeutic activity and occupation.

There is no recurring theme across the recommendations received. Recommendations were regarding issues at individual sites. There were recommendations in relation to equity of access of activities across the site; supporting the ongoing development of activity provision; having a structured timetable in place; auditing activity care plans to ensure that these include person-centred information; and to record patient participation and outcome in notes.

Examples of recommendations and services response are detailed below:

MWC Recommendation	Service Response	Update from Service
Managers should ensure a structured activity timetable is available for all patients. Patients who have restrictions placed upon them and are unable to attend activity out with the ward should be provided with activities based upon their area of interest or need. (Tate Ward, Gartnavel Royal Hospital)	- Tate Ward does not have an identified Patient Activity Co-ordinator within the ward. Utilising a Band 5 staff nurse within the ward's current staffing compliment, we have recently developed a role that would allow for all patients to be offered structured activities and therapies both within and out with the ward. - Our volunteer co-ordinator also offers activities such as visiting musicians which complement the activities offered on the ward. - There is Occupational Therapy involvement who offer: Walking groups,	We have a band 5 nurse who has done an excellent job in creating activities on the ward for patients with very positive feedback. The nurse meets with patients individually when admitted to discuss and assess their individual needs and makes a structured activity timetable. We now have a therapist session, a music group and an Art group weekly.

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	chess/board games, shopping/cooking activities. Group and 1:1 activities.	
Managers should ensure equity of access to the recreational therapy on the Leverndale site across all wards and no patients should be disadvantaged. <u>(Ward 3B, Leverndale Hospital (Renfrewshire))</u>	Ward 3B is currently a Dykebar hospital ward off site in Leverndale Hospital. There have been initial discussions regarding this issue of Ward 3B not having access to the recreational therapy facilities on site. Due to the on-going precautions of Covid-19 relating to cleaning of the therapy room between ward visits, there is reduced time available within this space. This has meant that there is a reduced timetable for this space and this is currently fully booked by Leverndale wards. If there are changes in the future these discussions will be revisited by the service managers of the hospitals. Ward 3B does have Art Therapist and Occupational Therapy staff based on the ward who provide a wide range of activities and outings out with the ward.	Ward 3B now has full access to the Recreational Therapy service within Leverndale Hospital.

5.4.5 The Physical Environment:

There were **19** recommendations made from 15 local visits regarding the physical environment.

There were 8 recommendations regarding works to update and maintain the environment to ensure that it provides a conducive setting for patients, including within wards and the garden areas.

Of the recommendations, 6 were regarding safe/secure environments within wards. The recommendations were regarding, fencing in a garden area; magnetic partial doors; when implementing a new policy because of health and safety concerns, the wider impacts of any change are fully considered and consulted on; review of windows in a ward; to minimise blind spots in a ward; and to undertake a safety and environmental audit of the ward, with special focus on the day/dining space and the bathroom to ensure it is fit to meet the needs of the patient population.

There were 5 recommendations in relation to specific issues at individual sites. Recommendations included; to fix a broken control panel; continue the review of the available meal options for young people; that the intended work to

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soundproof and better manage noise levels in the ward continues to be prioritised; plan to provide single room accommodation to ensure privacy and maximum benefit to patients; and to undertake a review of the current system for managing personal laundry.

Examples of recommendations and services response are detailed below:

MWC Recommendation	Service Response	Update from Service
Managers should develop a programme of works to update the current environment to ensure that it provides a conducive setting for patients. <u>(IPCU, Leverndale Hospital)</u>	Inpatient Services Manager liaising with Estates Managers to scope out plan of achievable works – including replacement of all windows within the ward. Capital Planning SBAR (situation, background, assessment and recommendations) completed regarding full refurbishment of IPCU ward.	IPCU has been identified as priority area for upgrade. Capital planning accepting of SBAR process.
The health board 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 within a reasonable timeframe. <u>(Ward 39, Royal Alexandra Hospital)</u>	NHS Greater Glasgow & Clyde is in the process of implementing its refreshed 5 year Mental Health Strategy. Part of this work involves bed-modelling, with a proposal for a reduction in Older People Mental Health beds to fund the development of enhanced community services. Subsequent reconfiguration of the inpatient estate will include opportunities to remove older and less suitable wards for the patient population.	Action is ongoing.
Managers should ensure that the garden area is cleaned and maintained to a reasonable standard. <u>(Ailsa Ward, Stobhill Hospital)</u>	• New bins have been requested by the Senior Charge Nurse (SCN) for smokers and a designated area of the garden has been chosen where smoking is permitted. • SCN has requested that contractor returns for a clear up of the garden area. • SCN is working with Hospital Befrienders Services around	The actions are complete.

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	volunteers who have offered input to wards to brighten up garden spaces, plant and tend to flowers.	
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6. Themes

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

- Care Plans
- The Physical Environment
- Multi-disciplinary team meetings
- Treatment Forms
- Staffing

6.2 Work undertaken to address the issues include:

- **Care Plans**

Recommendations regarding care plans is a recurring theme across all sites and specialties. It is important to highlight that there are also examples of good practice within areas, which has been recognised by the MWC.

A boardwide action for quality improvement work for person-centred care plans was agreed. A new template has been devised to capture the person centred aspects of care within Care Planning. This is currently being tested in selected Mental Health settings for inpatients and community. Feedback from the testing will be captured in a 'Plan Do Study Act' Template for learning on what is working/what needs adapted further; initial feedback has been positive. The Template will then roll out into further sites across the settings in spring 2024. Training and support is being offered initially to staff in the testing sites by the Quality and Transformation Team. Good practice from our services has been used in the development of the new Template.

- **The Physical Environment**

A recommendation which was escalated to the Health Board previously was in relation to the physical environment at Wards 37 and 39 at the Royal Alexandria Hospital. The MWC have indicated for a number of years that the environment is not fit for purpose. The Estates department confirmed in 2019 that Ward 37 and Ward 39, Royal Alexandria Hospital were at 'end of life'. All possible local mitigations have been undertaken and there are no further local actions that can be implemented. The issue is being addressed as part of the implementation of the Mental Health Strategy.

Local actions have also been undertaken across sites in response to recommendations. Some examples include, planned refurbishment of IPCU, Leverndale Hospital; review of the en-suite magnetic doors; ongoing discussions with catering team regarding food provision, and seeking views of young people through community meetings; garden tidy up and volunteers assisting with garden upkeep; redecoration programme; and works to improve ward safety.

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- **Multi-disciplinary Team Meetings**

Recording of Multi-disciplinary Team (MDT) meetings was a recurring theme in the reports published in 2022. There were 9 recommendations made in the reports published in 2023. 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 previously regarding MDT recording, the communication included a reminder to staff that MDT discussions should only be recorded on the MDT templates held in EMIS.

- **Treatment forms**

Treatment forms was a recurring theme from the recommendations from local visits undertaken in 2022. Improvement work was identified and embedded across all sites. Weekly audits are in place to ensure compliance. A small number of recommendations were received in the 2023 reports. This will continue to be closely monitored.

- **Staffing**

The MWC have acknowledged the staffing challenges throughout their local visits. Work is ongoing to respond to staffing challenges and to improve recruitment and retention. In 2023, a cohort of Newly Qualified Nurses commenced in NHSGG&C across inpatient services. There has also been a reduction in the use of Agency staff and an increase in the number of staff employed through the Mental Health Staff Bank.

- 6.3 Preemptive 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, such as the extension to include Community Mental Health Teams in the MWC local visit programme, and our intelligence around this. The end of year meeting with the MWC also provides insight on the areas they will be focusing on in the upcoming year.

7. Escalations

- 7.1 A recommendation which was escalated to the Health Board previously was in relation to the physical environment at Wards 37 and 39 at the Royal Alexandria Hospital. The MWC have indicated for a number of years that the environment is not fit for purpose. The Estates department confirmed in 2019 that Ward 37 and Ward 39, Royal Alexandria Hospital were at 'end of life'. All possible local mitigations have been undertaken and there are no further local actions that can be implemented. The issue is being addressed as part of the implementation of the Mental Health Strategy.

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.

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- 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 7th December 2023, 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
26/10/2022	Rutherford Ward, Gartnavel Royal Hospital	Managers should carry out an audit of the nursing care plans and reviews to ensure they fully reflect the patients' progress towards stated care goals and recovery and that recording of reviews are consistent across all care plans.	The ward has local audit processes in place. These are carried out monthly to ensure that care plans are person centred and reflect progress. The audits are carried out by the ward management team who then disseminate the outcomes/actions to the named nurses. CCAAT (combined care assurance audit tool) audit is carried out by peer review. The ward management team have recirculated to the named/associate nurses the MWC Guidance on person centred care planning to aid consistency when recording reviews. Ward management team will endeavour to allocate protected time for staff to allow them to review care plans The ward management team will also endeavour to roster protected time to ensure care plans can be audited	Audits are ongoing	Care plans are audited regularly are person centred and reflect progress. Positive feedback on care plans received from last MWC visit on August 2023. CCAAT audit ongoing. MWC guidance on person centred care planning circulated by SCN. Named/associate nurses provided with protective time to review care plans.
26/10/2022	Rutherford Ward, Gartnavel Royal Hospital	Managers should ensure that there is a clear record of the attendance at the MDT, the decisions made and who will be responsible for updating the patient and/or their relatives and	Nursing staff in attendance will be reminded to communicate with medical staff at the beginning of each individual MDT (multi-disciplinary team) in order to clearly document all those in attendance. Nursing staff in attendance at the MDT will confirm that actions and outcomes are	1 month	Consistent MDT recording and communication process discussed with nursing/medical staff. Clear documentation on

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		carers if they had not been in attendance.	documented on EMIS and follow up with patients and their relatives/cares if not in attendance.		EMIS prioritised and patient/carer involvement valued.
26/10/2022	Rutherford Ward, Garthnavel Royal Hospital	Managers should provide appropriate security for patients in their care, in this case by erecting appropriate fencing to prevent intrusion of the garden area from others.	Fencing and gates have been installed between the boundaries of each of the 3 admission wards. There is a further boundary fence to be installed.	1 month	Fencing and gates installed.
02/11/2022	Banff Ward, Leverndale Hospital	Managers should provide support and training on person centred care planning. There should be a regular audit of care plans to ensure that the interventions are person centred, and care plans are updated to incorporate information on changes in individual patients needs and interventions following reviews.	Further roll out of training planned on 1x1 in order to capture all staff. • Line management supervision – ensure care plan discussions and audit of same during supervision • Audit checklist to be developed and shared with individual staff members at supervision • Psychology, Occupational Therapy (OT) and Physio currently use electronic records. They will be asked to contribute to the paper copy of care plans to ensure accurate info is gathered.	30 June 2023 31 October 2023 28 February 2023 28 February 2023	Actions complete. Practice Development Nurse staff assisting with training roll out and some staff still to complete but plans in place to ensure this is prioritised.

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02/11/2022	Banff Ward, Leverndale Hospital	Managers should ensure that staff have an understanding of the AWI act, in relation to proxy decision makers and should ensure that where a proxy decision maker this is recorded and a copy of the powers are held in the patients file.	• Template letter to be developed and will be sent to POA formally requesting paperwork • Add reminder to checklist for weekend staff if paperwork not received within 2 weeks of admission to prompt letter being sent by staff member completing checklist • EMIS recording processes agreed and info circulated to staff • On line training on AWI to be circulated to staff	31 January 2023 31 January 2023 31 January 2023 31 January 2023	Actions complete.
03/11/2022	Ward 3B, Leverndale Hospital - Renfrewshire HSCP	Managers should carry out an audit of the nursing care plans and reviews to ensure they fully reflect the patients' progress towards stated care goals and recovery and that recording of reviews are consistent across all care plans.	1. Charge nurses have been allocated nursing teams that are responsible for a designated number of patients. The Charge Nurses have been tasked review their teams care plans weekly and also reassess all relevant assessments. 2. The Senior Charge Nurses throughout Dykebar have planned a series of meetings with Charge Nurses to ensure that the standards contained within the Good Practice Guide for Person Centred Care Plans are fully implemented and maintained. 3. As part of the standards of ward management and line management supervision the Senior Charge Nurse will audit a sample of care plans	1. This has already been implemented 2. August 2023 3. This has already been implemented	Care plans are reviewed during regular line management supervision. The CCAAT audits are completed regularly throughout the year and action plans are devised from these to improve documentation, including care plans. The MWC Good Practice Guidelines have been shared

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			using the Person Centred Care Planning Audit Tool from NHS Tayside Mental Health Standards. The Senior Charge Nurse will feedback audit results and any care plan deficits to the Charge Nurse and address any issues directly with staff		with all registered nursing staff.
03/11/2022	Ward 3B, Leverndale Hospital - Renfrewshire HSCP	Managers should ensure equity of access to the recreational therapy on the Leverndale site across all wards and no patients should be disadvantaged.	Ward 3B is currently a Dykebar hospital ward off site in Leverndale. There have been initial discussions regarding this issue of 3B not having access to the recreational therapy facilities on site. Due to the on-going precautions of Covid- 19 relating to cleaning of the therapy room between ward visits, there is reduced time available within this space. This has meant that there is a reduced timetable for this space and this is currently fully booked by Leverndale wards. If there are changes in the future these discussions will be revisited by the service managers of the hospitals. 3B does have Art therapist and OT staff based on the ward who provide a wide range of activities and outings out with the ward.	Timescale dependent on Covid situation and changes to guidance.	Ward 3B now has full access to the Recreational Therapy service within Leverndale Hospital.
08/11/2022	Balmore Ward, Leverndale Hospital	Multidisciplinary review records should include a record of decisions made and actions required.	• Communication to be sent to all medical and nursing staff to ensure accurate record of decisions at MDT are recorded • Communication to be sent to Nursing staff from both OPMH wards attending MDT to follow up with accurately recorded nursing actions.	31 January 2023 31 January 2023	Action completed with recent MWC verbal feedback from announced visit on 29 th November 2023 is pleased that previous recommendations have been actioned.

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08/11/2022	Baltimore Ward, Leverndale Hospital	Managers should ensure there is a regular audit of care plans to ensure that the interventions are person centred, and care plans are updated to incorporate information on changes in individual patient's needs and interventions following reviews.	• Further roll out of training planned on 1x1 in order to capture all staff. • Line management supervision – ensure care plan discussions and audit of same during supervision • Audit checklist to be developed and shared with individual staff members at supervision • Psychology, OT and Physio currently use electronic records. They will be asked to record to the paper copy of care plans to ensure accurate info is gathered.	30 June 2023 31 October 2023 28 February 2023 28 February 2023	Action completed and recent MWC verbal feedback from announced visit is pleased that previous recommendations have been actioned.
17/11/2022	South Ward, Dykebar Hospital, Renfrewshire	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.	1. All the Charge Nurses in South ward have been allocated staffing teams and the Charge Nurses are responsible for a designated number of patients. The Charge Nurses have been tasked with ensuring that Registered Nurses review their patients care plans weekly and also reassess all relevant assessments. 2. There are a series of planned meetings with Charge Nurses to ensure that the standards contained within the Good Practice Guide for Person Centred Care Plans are fully implemented and maintained. Additionally, Charge Nurses are attending a development day in which care planning will form a significant part of the day. 3. As part of the standards of ward management and line management supervision the Senior	1. This is being reviewed and updated and will be finalised end April 2023 2. August 2023 3. This has already been implemented	CCAAT audits have been completed using a peer auditing structure. These are also completed by the Professional Nurse Lead Team at intervals. There are regular reviews of the care plans by the Senior Charge Nurse and Charge Nurses as part of Line Management Supervision.

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			Charge Nurse will audit a sample of care plans using the Person Centred Care Planning Audit Tool from NHS Tayside Mental Health Standards. The Senior Charge Nurse will feedback audit results and any care plan deficits to the Charge Nurse and address any issues directly with staff.		
17/11/2022	South Ward, Dykebar Hospital, Renfrewshire	Managers should ensure that copies of all treatment forms - T2, T3, section 47 certificates and treatment plans and covert medication pathways - are stored with the drug prescription sheet until the phased transfer of prescription details to HEPMA.	This is now being audited on a weekly basis by the registered staff in the ward and this forms part of the weekend work. The relevant treatment forms are also reviewed at the wards multidisciplinary meetings to ensure they remain accurate. HEPMA is now fully implemented throughout the ward.	Already implemented	There is a dedicated folder for all documentation and forms relevant to T2 and T3s, Section 47 certificates and treatment plans, which is stored with the HEPMA laptop.
21/11/2022	Kelvin House, Gartnavel Royal Hospital	Managers should ensure there is consistency in the recording of attendance, participation and engagement of the patient, their families and named person at multidisciplinary team meetings.	All patients attending or declining to attend will be recorded at point of entering MDT or not as the case may be, by a member of MDT. As a secondary prompt contact EMIS to request section to show attendance or no attendance to mirror section relating to staff attendance at each MDT.	Immediate effect regarding recording in MDT document. Allow 2 month period for EMIS consultation as secondary evidence.	The MDT electronic template completed at the weekly MDT meeting asks for a record of those professionals involved which is completed by medical staff. In addition, our Responsible Medical Officer (RMO) routinely notes if the patient is in attendance at the

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					point at which they join the meeting and this is clearly documented within the text although there is not a formatted box for this. Whilst carers/ Named persons are welcome to attend MDTs, they generally do not expect to attend weekly to the MDT as their relative or loved one is often in the ward for very prolonged periods. When a patient is admitted to Kelvin House, the carer is routinely contacted and their wishes for communication and engagement are discussed and recorded at this time. In addition, there is regular documented contact from named nurse. We have a multidisciplinary

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					review at 6 weeks after admission and 3 monthly thereafter to which carers/ Named person are routinely invited and frequently in attendance. These are minuted and clearly state attendees. Carers and named persons are involved heavily in care planning and in addition, we involve families by offering Behavioural Family Therapy where appropriate.
21/11/2022	Kelvin House, Gartnavel Royal Hospital	Managers should ensure that there is a consistency in the recording of when advance statements have been offered and refused by patients in their notes.	All patients advanced statement status and relevant discussion will be discussed at each MDT. Status be the recorded by member of MDT. All relevant legal documentation will be completed and sent to appropriate area for recording formally. As a secondary prompt, contact EMIS to request section to show attendance or no attendance to mirror section relating to staff attendance at each MDT.	Immediate effect regarding recording in MDT document. Allow 2 month period for EMIS consultation as secondary evidence.	Each patient has a clearly documented advanced statement status on EMIS, located on first alert portion of each patients' digital records. This is also documented on the alert section of written notes. As a rehabilitation area our length of stay is

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					significantly longer than general acute admission areas, therefore discussions around advanced statements etc. are not carried out weekly but monthly to 3 monthly outwith the weekly MDT. Each patient has a comprehensive 3 monthly review to include all MDT, patient, named person/NOK (next of kin). It is at this point we discuss in full areas such as advanced statement with the patients. This update is recorded as noted above at the alert area of EMIS digital recording. If a patient declines this is also recorded as a decline not refusal. As each patient gears up for transition to community, this then

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					is led by Rehabilitation Liaison Charge Nurse. We are aware of the importance of safe guarding.
21/11/2022	Kelvin House, Gartnavel Royal Hospital	Managers should ensure that the ward environment is fit for purpose with a regular maintenance programme in place with clear timescales for improvements.	Hospital management have implemented a number of refurbishments since your last visit. This has meant that there been improvements in the ward environment as well as the garden area. The refurbishments are listed below: 2 rooms fully refurbished - MDT office and disabled toilet. All flooring replaced excluding 8 bedrooms. This includes all communal and clinical areas. New ventilation system in kitchen area. All enclosed back garden area refurbished with new seating and outdoor eating areas, fences painted and all communal paths upgraded. New beds and mattresses for unit. New toilet facilities in 2 bedrooms. Fully upgrade on Wi-Fi connection. Various furnishings replaced to include lighting. New cooking appliances within therapeutic kitchen. Senior Charge Nurse will meet regularly with Inpatient Service Manager/Inpatient Operational Nurse Manager/Operations Coordinator and prioritise work taking in to account	Completed Ongoing action Ongoing action	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. The ward however have implemented a

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			facility/Healthcare Associated Infection/Health Environmental Inspection audits and patient and staff opinion. Implementation for a regular maintenance programme sits with the Head of Integrated Services and this report/recommendation will be shared with them.		number of refurbishments since the last visit. This has meant that that there been improvements in the ward environment as well as the garden area. The refurbishments are listed below: 2 rooms fully refurbished - MDT office and disabled toilet. All flooring replaced excluding 8 bedrooms. This includes all communal and clinical areas. New ventilation system in kitchen area. All enclosed back garden area refurbished with new seating and outdoor eating areas, fences painted and all communal paths upgraded. New beds and

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					mattresses for unit. New toilet facilities in 2 bedrooms. Fully upgrade on Wi-Fi connection. Various furnishings replaced to include lighting. New cooking appliances within therapeutic kitchen. All patient soft furniture seating within main communal area ordered for replacement. All dining room seating and chairs replaced.
24/11/2022	Netherton Unit, Dykebar Hospital	Managers should audit the review process and documenting of care plan reviews to ensure they contain appropriate information detailing progress since last review.	Staff development day carried out on 18th January 2023. Session focussed on care planning review and incorporated MWC good practice guide. Service Manager will conduct an audit of Care plan reviews following development day and meet with staff to provide feedback. A further audit will then be conducted one month later to ensure practice has been maintained. This is in addition to the regular care plan audits which will be routinely undertaken by Senior Nursing staff in Netherton.	18th January 2023 Audits will be conducted by Service Manager on 02/02/23 and 16/03/2023.	Staff development day completed on 18 th January with a focus on care planning. A further three staff development days have been completed in November 2023 which included sessions on care planning. All Registered Nurses, Learning Disability in

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					Netherton have accessed this training. Audits have showed an improvement in records.
08/12/2022	Jura Ward, Stobhill Hospital	Managers should carry out an audit of the nursing care plan reviews to ensure all care plans are reviewed on a regular basis and updated as required.	All staff aware of the care plan reviews to be completed weekly on the ward – staff training session was provided for staff following the MWC visit – as for some individuals it was a training/skills need to show examples of care plan reviews- Practice development nurses also been involved and this has been supported with Nurse line management reviewing staff's care plan reviews. Senior staff audit care plans and ensure weekly reviews are completed for all patients.	3 months - July 2023	Continued support from Practice Development Nurses, Jura Ward currently piloting new Person Centred Care plan which on initial feedback appears to be going well, staff are maintaining weekly care plan reviews and senior staff are maintaining monthly care plan audits and discussing during Nurse Line Management.
13/12/2022	Ward 37, Royal Alexandra Hospital	Managers should audit care plans to ensure that where they are required person centred care plans for stress and distress they are in place.	Senior Charge Nurse will carry out weekly reviews of care plans and liaise with named nurse. Charge Nurse's will review care plans and reviews by named nurses and take appropriate steps if not being carried out. NLM to be used during the process. All trained staff to complete the 2 day Stress and	6 months (November 2023) Completed	Ongoing review of care plans. CCAAT audit beneficial for identifying area's for improvement. Three new Health Care Support Worker's (HCSW's) to be

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			Distress training. All Health Care Support Worker's (HCSW's) to attend Essentials in Dementia training to help identify triggers and patterns in patients Stress and Distress. Staff to continue to liaise with psychology and families to complete Stress and Distress Newcastle Model for patients.	Ongoing action Ongoing action	booked for essentials training when dates for next year are available. Staff continue to attend information sharing sessions to enable appropriate formulation.
13/12/2022	Ward 37, Royal Alexandria Hospital	Managers should undertake an audit to ensure that where there is a proxy decision maker, a copy of the powers granted are on file.	SCN will carry out weekly checks of patient records of who have a Named Proxy Decision Maker. Incorporate discussion regarding Named Proxy Maker during MDT meetings. Trained staff will request copies of paperwork for patients who have a Named Proxy Makers, ensuring this is in the patient's notes.	6 months (November 2023)	Ongoing checks continue, discussed at MDT. Paper work requested from relatives on admission or if/when new powers are granted.
13/12/2022	Ward 37, Royal Alexandria Hospital	The Health Board needs to take urgent action to address the unacceptable environment.	NHS Greater Glasgow & Clyde is in the process of implementing its refreshed 5 year Mental Health Strategy. Part of this work involves bed-modelling, with a proposal for a reduction in Older People Mental Health beds to fund the development of enhanced community services. Subsequent reconfiguration of the inpatient estate will include opportunities to remove older and less suitable wards for the patient population. HEI audits have been completed in the ward and highlighted the issue of the showers/bathing facilities. This will be one of the areas considered as part of the Bed Modelling work for the GGC	Ongoing action Ongoing action	NHS Greater Glasgow & Clyde is in the process of implementing its refreshed 5 year Mental Health Strategy. Part of this work involves bed-modelling, with a proposal for a reduction in Older People Mental Health beds to fund the development of

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			Older People's Mental Health. All repairs reported to estates. Repairs list reviewed on a regular basis to ensure completion of work.		enhanced community services. Subsequent reconfiguration of the inpatient estate will include opportunities to remove older and less suitable wards for the patient population.
18/01/2023	IPCU, Leverndale Hospital	Managers should review the suitability of all agency staff deployed to the ward and whether all agency staff are meeting the requirements to provide safe care.	Board wide oversight of current use of supplementary staffing. Professional Nurse Lead/Professional structure working alongside Nurse Bank re standards expected re inpatient services. Nurse Bank Escalation Process in place – identify all issues associated with Agency Staff working in ward areas. Weekly workforce planning meetings commenced April 2023 – efforts to reduce supplementary staffing – specifically Agency use. Scrutiny re rota management, workforce challenges etc. Most recent report shows reduced Agency bookings.	Ongoing action Ongoing action Ongoing – dates planned for whole of 2023	There are no agency staff within IPCU. SCN ensuring robust rostering and escalating to weekly workforce meeting any deficits to look across hospital site.
18/01/2023	IPCU, Leverndale Hospital	Managers should ensure prescriptions of 'as required' medication are recorded as specific dosages with frequency of administration and daily maximum dose made clear. This is	Lessons learned/Significant Adverse Event Review (SAER) Report Feedback with all members of MDT re prescribing of as required medication. Staff Training programme re administration of medication to manage acutely disturbed behaviour, including effects of medicines used	May 2023 Ongoing – access to training for new members of team	Pharmacy continuing to offer training to new staff. PDN team supporting Newly Qualified Registrants in administration of

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		necessary for safe prescribing.	and vital monitoring delivered by Pharmacy PDN offering support re individual.		prescribed medication and monitoring of this.
18/01/2023	IPCU, Leverndale Hospital	Managers should ensure that drug allergies for all patients are specifically referenced in the patients notes and their medication record.	Lessons learned/SAER Report Feedback with all members of MDT re prescribing of as required medication. Staff Training programme regarding administration of medication to manage acutely disturbed behaviour, delivered by Pharmacy "Weekend Work" tasks include checking of prescriptions and medication recording.	May 2023 Ongoing – access to training for new members of team	Audit processes in place to ensure all prescriptions and medications accurately recorded.
18/01/2023	IPCU, Leverndale Hospital	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 given opportunities to engage in care plan reviews.	As part of Scottish Patient Safety Programme (SPSP) Charge Nurses carrying out regular audit of Nurse Care Plans to ensure they are person-centred in line with current guidance. CCAAT Regular Care Assurance Audit will demonstrate aspect of Person Centred Care.	Ongoing re SPSP participation Ongoing as per Practice Development Nurse Audit Schedule	IPCU involved in Scottish Patient Safety Programme where person centred care plans identified as improvement sustained.
18/01/2023	IPCU, Leverndale Hospital	Managers should ensure that access to advocacy services is easily accessible for all patients.	Advocacy Information/resources available on ward. Local Advocacy Awareness sessions arranged for IPCU Team.	September 2023	Further training from advocacy service being arranged for new staff.
18/01/2023	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	Local training re Advanced Statements arranged for IPCU Team.	September 2023	Training on advanced statements delivered. 7 minute brief shared among all staff including documentation at MDT of discussion.

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		documented in the patient's clinic notes and care plan.			
18/01/2023	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.	MDT working reviewed re regular and timely review of enhanced observations. - Training re Observation Practice being attended by all members of staff – Training covers importance of timely/regular review. - Policy Implementation Group currently developing Training/awareness re Continuous Intervention Policy.	Complete July 2023 Ongoing	Review of enhanced observations timeous. Reduction in patients on prolonged observations evident on recent unannounced visit from MWC.
18/01/2023	IPCU, Leverndale Hospital	Managers should develop a programme of works to update the current environment to ensure that it provides a conducive setting for patients.	Inpatient Services Manager liaising with estates Managers to scope out plan of achievable works – including replacement of all windows within the ward. Capital Planning SBAR completed re full refurbishment of IPCU ward	Ongoing action	IPCU has been identified as priority area for upgrade. Capital planning accepting of SBAR process.
18/01/2023	Elgin Ward, Stobhill Hospital	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.	Scheduled reviews of care plans with a strong focus on patient centred approach. Charge Nurse will support by offering education on this to staff nurses and include in Personal Development Plan. This will be further supported by Quality Improvement Nurse carrying out audits.	3 Months – August 2023	No further update on action.
18/01/2023	Elgin Ward, Stobhill Hospital	Managers should ensure all one to one sessions between a patient and nurse are clearly	Education on corrects format of one to ones and frequency. Audits will be carried out by SCN with additional support from quality improvement.	3 Months – August 2023	No further update on action.

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		documented in the care records.			
25/01/2023	Henderson Ward, Gartnavel Royal Hospital	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 given opportunities to engage in care plan reviews.	• Care plan audit is via peer led CCAAT system thus ensuring objectivity • The above is supplemented by local audit/system modification which includes: 1. Weekly/2 weekly audits: this will be conducted by the 2 Charge Nurses for their respective teams and concentrate on the themes identified within the recommendation. 2. Recirculate the MWC Guidance on person centred care planning to all Registered Nurses. 3. Utilise Nurse Line Management (NLM) Supervision to review care plans and ensure person centeredness. 4. Allocate protected care plan time so staff can balance their challenging priorities. 5. Explore methods in which patients are demonstrably seen to participate in the care planning process. 6. If patient declines to participate in care planning process ensure this is documented and revisit if appropriate.	3 months - July 2023	1. Care plan audits taking place by 2 charges nurses and new charge nurse that has recently started will start to undertake audits. 2. MWC guidance circulated and recirculated due to new staff starting. 3. NLM being completed and future dates identified. 4. Where possible this takes place utilising early starts or late finishes for this. 5. Ongoing process. 6. Email sent out to remind staff to document patient declining activities offered.

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25/01/2023	Henderson Ward, Garthnavel Royal Hospital	Managers should ensure all one to one sessions between a patient and nurse are clearly documented in the care records.	1. SCN and deputies to communicate with all the ward team with regards the expectation to clearly identify when 1-1 sessions are taking place. 2. Monitor adherence to this via the methods described in recommendation.	3 months - July 2023	Email sent out and addressed due care plan audits and nurse line management.
01/02/2023	Langhill Clinic, Inverclyde	Managers should ensure that for patients who have particular dietary requirements, there is range of healthy and varied options.	Food users group forum meetings recommenced, ward link nurse identified to raise any concerns. Transition to electronic document to identify specific dietary needs, reviewed weekly and audited monthly.	1 month - end June 2023	Awaiting further dates for Food users group (1 meeting held), ward representative identified, food, fluid and nutrition template active on EMIS.
01/02/2023	Langhill Clinic, Inverclyde	Managers should regularly audit care plans across the service to ensure they are up to date and are person-centred and includes all the individual's health and care needs.	Copy of MWC 'Person centred care plans' good practice guide circulated by email to all registered nurses. 2 weekly audits commenced to be undertaken by SCN and charge nurses. Additional support from practice development nurse (PDN) to be requested if required.	2 months - end July 2023	Person centred care plan document circulated, nurse line management in place to discuss case load and expected standards.
01/02/2023	Langhill Clinic, Inverclyde	Managers should ensure that patient areas are welcoming and homely. They should have regular maintenance and upgrading to ensure that patients care is in a therapeutic and safe environment.	A rolling programme of redecoration works is under way. SCN and all staff to liaise with Service Manager and Estates regarding environmental issues/repairs. All staff to ensure environment is clutter free and well-lit at all times. SCN to audit daily/weekly cleaning schedules. Health Improvement Scotland conducted an unannounced Infection Prevention Control inspection on 26/04/2023. A number of recommendations have been made regarding the environment, which aligns with the views of the	1 month - end June 2023	Redecoration work now completed within Langhill clinic. New lounge furniture received. Hourly environmental checks completed by staff.

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			MWC and subsequent re- decoration plan for the unit. Report awaited and an action plan will be submitted.		Daily/weekly cleaning schedules part of weekend HAI quality assurance checks by SCN/CN. IPCU application for new furniture for patients TV lounge submitted to League of Friends, daily and weekly cleaning schedule undertaken with subsequent audit inspection.
01/02/2023	Langhill Clinic, Inverclyde	Managers should ensure that any outside area that is accessed by patients is welcoming, maintained and safe.	SCN and service manager have secured funding for upgrading ward garden, discussions ongoing regarding its design and function which will incorporate outdoor gym equipment and make it more user friendly/adaptable. SBAR submitted to Capital planning.	6 months - end November 2023	Garden works application ongoing in consultation with Capital planning group, no timescale provided for conclusion.
08/02/2023	Low Secure Forensic Wards, Leverndale Hospital	Managers should ensure that patients are invited to the weekly MDT meeting. Patient and staff attendance should be recorded on the MDT meeting form alongside a summary of any discussion with the patient. If a patient declines to	All Clinical Teams were asked to review how their MDTs considered patients' views and how these views were communicated for review to the team. Patients within Low Security had the opportunity to attend but there was no formal process to evidence this. Clinical teams raised no concerns regarding patient attendance at Ward MDT and were	Outcome/findings were discussed at weekly MDTs in March/April with all professions. This has now be implemented into the weekly meetings for patients from 24 th	Now implemented into weekly MDTs and patients can have their specific views/requests discussed by MDT.

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		attend the meeting, the reasons for this should be recorded.	unaware that it had been raised by their patient group as a concern. No complaints have been raised with managers or nursing staff regarding this. There are some concerns over privacy in one clinical area, therefore MDTs will be conducted over TEAMS until this is addressed and a suitable venue identified. In order to facilitate patient attendance at MDTs all patients were asked if they wished to attend the Ward MDT and Ward meetings were conducted to communicate this information out to everyone. Some patients have indicated that they do not wish to attend the Ward MDT, their attendance will be considered weekly in order to ascertain there preference to attend or not. 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. In the interim patients can notify staff if they wish	April 2023 Venue will identified and in place in June 2023 Patient meeting 24th April 2023. Commenced. This will be addressed weekly with the patients. Facility now available on EMIS to record patient attendance/ participation. Due to the	Implemented and MDTs are now taking place face to face weekly in an identified appropriate room. Now implemented and patients invited to attend MDT meetings if they wish to do so, invited each week if they wish to attend. EMIS updates are regularly taking place, any advice and new templates disseminated through Mental Health EMIS electronic patient records (EPR) meetings. Forensic Mental Health (FMH) now has a designated person who attend meetings and pass on all relevant information. Now implemented.

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			to attend by way of a sign-up sheet or speaking to staff members to express their wish to attend. If patients do not wish to attend or are unable to do so they can ask for any requests to be raised on their behalf, be seen timeously by the consultant either on the same day or a day within the week that suitable for all.	appointment of new consultant within one Clinical Team this will now be reviewed and the process put in place in June 2023	Consultant sees patients after their MDT to speak about any outcomes. Consultant also attends a day during the week for those that are not available for feedback after MDT.
08/02/2023	Low Secure Forensic Wards, Leverndale Hospital	Managers should regularly audit care plans to ensure reviews are taking place on a consistent basis, that 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 plan audits in progress and feedback to senior staff in the clinical areas. Involvement in forums in relation to the transition to electronic patient records. A working group linked to a Mental Health Strategic Person Centred Planning Group are developing a person centred care plan template to allow staff to record specific details in relation to the person's needs and preferences. The Combined Care Assurance Audit Tool (CCAAT) will be updated to review person Centred Care Planning as part of the peer and corporate CCAAT schedule. Work commenced on Care Assurance Standards (CAS) with a working group set up with SCNs,	Commenced April 2023 Ongoing meetings programmed through the year. Peer review schedule has been agreed with Professional Nurse Group (PNG) and has been in place since April 2023. CAS pilot will be completed and fed	Now implemented as part of Directorate peer audits schedule and are carried out across Low Secure as part of ongoing audit schedule. FMH now has a representative who attend the Mental Health EMIS EPR forum where new templates discussed. CAS pilot now underway with pilot sites in Low and

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			Lead Nurse, Nurse Consultant and Deputy Chief nurse. Pilot sites were identified across Forensic services to implement the use of Care Assurance Standards (CAS) and to revise document to reflect standards for Forensic Mental Health Services.	back for August 2023. Testing of a person centre care plan Template August – Nov 2023. Thereafter will be Live document within Peer review schedule and reviewed monthly at PNG.	Medium Secure. Audit now carried out twice by SCNs and feedback to PNG, audit tool will now be reviewed to reflect more mental health needs. Ongoing. Working group set up and still in progress to review standards.
08/02/2023	Low Secure Forensic Wards, Leverndale Hospital	Managers must ensure that where a patient lacks capacity in relation to decisions about medical treatment Section 47 certificates, and where necessary, treatment plans are completed in accordance with the AWI Code of practice and cover all relevant medical treatment the individual is receiving.	All Clinical Teams and Responsible Medical Officers (RMOs) to review and complete Section 47 treatment plans regarding individuals treatment needs for all patients being currently managed under Adults with Incapacity (AWI) guidelines. Audit schedule to be considered to ensure that all relevant information is in place.	Commenced. Complete by August 2023. Annual review Met with Medical Records Manager regarding possible implementation of reminders. This will be done by end of June 2023.	Implemented and reviews taken place with RMO and MDT. Individual needs managed and AWI monitoring on going. Yearly audit will be undertaken in December 2023.

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08/02/2023	Low Secure Forensic Wards, Leverndale Hospital	Managers should ensure specified persons procedures are implemented with the appropriate completion of reasoned opinions for all patients.	Ensure patients have continued access to Circles Advocacy Services for support and information on their rights whilst within Low Secure Services Implement and carry out audit process for all clinical areas to ensure that specified persons paperwork is appropriate to each individual patient. Ensure that RMOs have also made an entry on EMIS (patient record system) outlining their decision with regard to Specified Persons paperwork relating to each individual patient.	Commenced. Circles Advocacy support has been ongoing for a number of years giving patient's advice and support with any issues that arise. Commenced. Peer audit schedule in place from April 2023 and reviewed monthly at PNG.	Circles Advocacy remain active and maintain regular input with patients and ensure that support is available when required. Weekly drop ins continue on ward, as well as being able to offer 1;1 support for issues. Implemented and FMH Digital champions Representative attends monthly mental health meetings for any electronic updates. Now Implemented Audits on specified person part of FMH peer audit schedule.
09/02/2023	Timbury Ward, Gartnavel Royal Hospital	Managers should audit MDT review notes to ensure a list of staff in attendance is consistently recorded.	Senior Charge Nurse (SCN) has created a document that will enable an audit of staff attendance recording at Timbury Ward's multi-disciplinary team (MDT) reviews.	The audits will be carried out over the course of a month (May-June) and intermittently	Most recent audits carried out demonstrate steady improvement in this field of practice.

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				thereafter to ensure adherence to the need to record attendees.	
09/02/2023	Timbury Ward, Garthnavel Royal Hospital	Managers should audit care plans to ensure that these are updated to reflect changes in care needs identified within reviews.	SCN will advise Band 5 nurses that some discrepancy was found between information gathered during patient care updates and their active care plans, and to be mindful of keeping care plans relevant. Charge Nurses will check at their Nurse Line Management meetings if care plans reflect the patients current care needs. This is supplemented by GG&C system of peer audit which reports in to both operational and professional structures.	Ongoing action	Recent audits have shown care plans to be contemporaneous and pertinent. There have been real challenges due to Registered Nurse sickness and knock on impact on Registered Nurse at work in the delivery of Nurse Line Management (NLM). This will continue to be monitored.
09/02/2023	Timbury Ward, Garthnavel Royal Hospital	Managers should consider creating a patient activity co-ordinator post to support the ongoing development of activity provision within the service.	This does not sit within the realms of Inpatient Service Manager's influence to resolve and indeed had been escalated prior to the MWC visit and recommendation. This has been escalated as follows: SCN - Inpatient Service Manager - Head of Service - Assistant Chief Officer. There are planned meetings to look at harmonising staffing structures across GG&C Mental Health inpatient services.	Completed	This matter has been raised via all available fora which as of yet have not delivered on this need.

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15/02/2023	Tate Ward, Gartnavel Royal Hospital	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 meaningful care plan reviews.	• There is a peer led CCAAT audit carried out which would identify any issues or deficits with the care plans. The ward management team would be made aware of any issues regarding the care plans which they would then address either collectively or individually with the rest of the ward team. • As well as the CCAAT audit, Tate Ward also have a local audit system in place, namely that care plan audits are completed by team leaders 2 weekly. SCN/CN completes audits through NLM. • Recirculate the MWC Guidance on person centred care planning to all Registered Nurses. • Utilise Nurse Line Management (NLM) Supervision to review care plans and ensure person centeredness. • The ward management team will endeavour to allocate protected care plan time so staff can balance their challenging priorities. • They will also endeavour to factor in protected time that would allow comprehensive audits of care plans locally to take place. • The MDT will encourage patients to participate in the planning of their own care and document participation within the care plan. If patients decline to participate then this should also be evidenced within the care plan.	3 months - September 2023	Care plan audits are completed on a 2 weekly basis along with audits within the NLM. CCAAT Audit reflected person centred care plans which included all individual needs to the patient. Named nurse guidance circulated and discussed. Patients are involved with their care plans

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15/02/2023	Tate Ward, Gartnavel Royal Hospital	Managers should ensure prescriptions of as required medication are recorded as specific dosages with frequency of administration and daily maximum dose made clear. This is necessary for safe prescribing.	• There is a weekly local audit system in place for T2 & T3 paperwork as well as AWI paperwork. The relevant medical teams would then be made aware of any issues identified within this audit that require to be actioned	3 months - September 2023	Continue with T2/T3 audits weekly and discuss at MDT if any changes to medication are made. Escalate to Clinical Director if findings of audit not acted upon by Responsible Medical Officer.
15/02/2023	Tate Ward, Gartnavel Royal Hospital	Managers should ensure a structured activity timetable is available for all patients. Patients who have restrictions placed upon them and are unable to attend activity out with the ward should be provided with activities based upon their area of interest or need.	• Tate Ward does not have an identified Patient Activity Co-ordinator within the ward. Utilising a Band 5 staff nurse within the ward's current staffing compliment, we have recently developed a role that would allow for all patients to be offered structured activities and therapies both within and out with the ward. • Our volunteer co-ordinator also offers activities such as visiting musicians which complement the activities offered on the ward • There is OT involvement who offer: Walking groups, chess/board games, shopping/cooking activities. Group and 1:1 activities.	3 months - September 2023	We have a band 5 nurse who has done an excellent job in creating activities on the ward for patients with very positive feedback. They meets with patients individually when admitted to discuss and assess their individual needs and makes a structured activity timetable. We now have a therapist session, a music group and an Art group weekly.

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15/02/2023	Tate Ward, Gartnavel Royal Hospital	Managers should consider installing equipment to minimise any blind spots and consider reconfiguration and additional security measures of the non-clinical areas to ensure appropriate safety and security of the patients and staff.	A convex mirror has been purchased and will be installed at the rear end of the ward, on one of the buildings support pillars. It is hoped this will allow staff to have to have a clearer view of a blind spot located in the vicinity.	6 weeks or sooner, depending on product availability. (mid July 2023)	Convex mirror is now in place and has minimised blind spot in the ward.
15/02/2023	Tate Ward, Gartnavel Royal Hospital	Managers should undertake a review of the windows in Tate ward to ensure the safety, security and privacy for the patients and staff.	Two bedrooms shall have their windows replaced with a window or screen that is anti-pass through, Hence allowing ventilation but not facilitating an actual opening. Options are being considered now with a contractor. The site was visited on 23/05/2023 to review options. The products would require to be custom made to fit the space. Two bedroom windows would be considered if the aforementioned was suitable. Once we are aware of options and cost we will assess if the benefit of installing these outweighs the risk. The Suicide, Risk and Design Group (SRDG) identified the windows as a risk and to be replaced. With Anti Pass Mesh - Anti pass mesh fixed into the frame. Anti-tamper and reduced-ligature 1.5mm thick stainless steel mesh. Double pressed for better vision and smoother finish. Black 9005 PPC finish as standard.	6 weeks or sooner depending on product availability for screens. Or three to four months for full replacement windows. (mid July or September/October 2023)	Windows have been measured for privacy screens/frosting to be fitted. The remodelled windows have been identified as a possibility. A proposal will be submitted to Senior Management Team for consideration to replace a few windows, as the costs are prohibitive to replace all windows. This proposal is being drafted now (December 2023).

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			Operational Estates will get a cost for window frosting for all bedroom windows which would be appropriate to maintaining the privacy and dignity of patients in their bedrooms.		
02/03/2023	Ailsa Ward, Stobhill Hospital	Managers should ensure that MDT meetings are goal focused and that patients are clear on the summary of any discussions. This includes any progress they are required to make to ensure progress and discharge plans.	The ward management team have devised a discharge indicator tool which lists readiness indicators for the MDT and patients to work towards and meet the goals set within. This will be reviewed during MDT meetings with the patients, as a clear and tangible goal focused plan for discharge preparation, and will clearly show any progress that is still required. Named Nurses will also use this tool during 1:1 sessions to highlight goals achieved and progress still to be made towards discharge.	Complete	Completed
02/03/2023	Ailsa Ward, Stobhill Hospital	Managers should regularly audit care plans to ensure reviews are taking place on a consistent basis, that 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.	Nursing Care Plans are reviewed monthly by SCN and CNs. We also have regular care plan audits carried out by the site Quality Improvement Nurse who is independent from the ward. Named Nurses will strive to encourage the patient to be active participants in care planning processes, we will clearly record in EMIS care planning reviews when the patients has declined to take part.	Complete	Action complete. Quality Improvement Nurse and ward Charge Nurses completing regular audits on Care Plan contents and 1:1 sessions in particular. Some patient continue to be difficult to engage in 1:1 sessions or their own care plan, some patients unable to as a result of the degree

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					of their illness and its effect on their participation. Named Nurses continue to record when sessions are declined.
02/03/2023	Ailsa Ward, Stobhill Hospital	Managers and medical staff should ensure that where a patient lacks capacity in relation to decisions about medical treatment s47 certificates, and where necessary, treatment plans are completed in accordance with the AWI Code of practice and cover all relevant medical treatment the individual is receiving.	Our GPs have been working on completing Section 47 (S47) certificates for the patients whom they consider to lack capacity around decisions on their medical treatment.	Complete	Completed
02/03/2023	Ailsa Ward, Stobhill Hospital	Managers should ensure that the garden area is cleaned and maintained to a reasonable standard.	New bins have been requested by the Senior Charge Nurse (SCN) for smokers and a designated area of the garden has been chosen where smoking is permitted. SCN has requested that contractor returns for a clear up of the garden area. SCN is working with Hospital Befrienders Services around volunteers who have offered input to wards to brighten up garden spaces, plant and tend to flowers.	September 2023	Completed

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20/03/2023	IPCU, Gartnavel Royal Hospital	Managers should regularly audit care plans to ensure reviews are taking place on a consistent basis, that they are person-centred; include all the individual's needs and ensure individuals participate in the care plan reviews.	Care plans are audited every 2 weeks, minimum, to ensure that care plans are up to date and that they are patients centred. Staff encourage each patient to participate in the formulation of their care plans. There is an additional peer audit that takes place and these findings are reported back via operational and professional structures.	Completed	Care plans audited every two weeks as described in the action plan.
20/03/2023	IPCU, Gartnavel Royal Hospital	Managers should identify a system of auditing consent to treatment forms in order to ensure any errors are immediately rectified so that treatment given is legally authorised.	Consent to treatment forms are audited by nursing staff weekly. Any action that requires to be addressed is discussed with medical staff and actioned immediately.	Completed	Consent and treatment forms are audited by nursing staff weekly. The results are send to the Responsible Medical Officer; discussed at the MDT and actioned as required.
20/03/2023	IPCU, Gartnavel Royal Hospital	Managers should ensure that the IPCU receives dedicated activity provision commensurate with that provided to other wards on the hospital site.	Gartnavel Royal does not have a funded, patient activity service therefore this recommendation is factually incorrect. All AAU's have converted a Band 5 code for this purpose which reduces the RN provision on these wards. There is no funded patient activity model that goes in to OPMH or. The IPCU has a Patient Activity Coordinator for a small part of the week which is funded. They also have OT and a range of volunteer driven activities as well as a furnished and maintained gym.	Completed	IPCU utilises the funded Patient Activity Coordinator and Occupational Therapy service that we have.

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			With regards the funded provision of a Patient Activity model within GRH, this has been escalated to the Assistant Chief Officer via the Head of Service.		
28/03/2023	Skye House, Stobhill Hospital	Hospital Managers should undertake a review of nursing care plans and implement changes to improve their content and their use to more accurately reflect the patient care and treatment provided overall and ensure synchronicity between the regular MDT notes and nursing care plans. To support this 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.	The team have been working on improving the quality and completeness of care plans and have recognised the lack of cohesion in terms of the young person's view, how this connects to the professional meeting and then translated to a final care plan. The Practise Development Nurse (PDN) has met with the MDT to also work on ensuring the care plan is inclusive of all plans. We anticipate measurable progress in this area by the three month review. Once we have consulted and agreed on the new process we will operationalise this more fully (draft in progress), which will also allow us to audit both completion and quality of completion. We will also engage with Adult Mental Health Professional Nurse Leads to contribute to the board wide review of the use of care plans across mental health services. Skye House PDN has met with young people directly and advocacy are also supporting us to elicit their views to keep them woven through developments. Action: Project manager and PDN will support work ongoing in this area.	March 2024	Project Manager has consulted wider team and young people and process developed which will be submitted for Clinical Governance Executive Committee in December 2023 with implementation and audit cycle January – March 2024.

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28/03/2023	Skye House, Stobhill Hospital	Hospital managers should audit practise to ensure that printed up to date copies of relevant T2 and T3 forms providing legal authority for treatment are routinely available to nursing staff at the time of dispensing of medication. Additionally audits of treatment authority should take place on a regular basis to ensure that authority for treatment is secured with particular attention paid to the authority for intramuscular as required medication, the prescribing of clozapine separately to other antipsychotics and authority for the use of melatonin.	The current process is that once the RMO has completed the documentation it is sent to medical records who upload it to EMIS, from there the nurses can access it. However a paper copy is returned to the ward, which nurses store in the treatment room. Depending the time it takes for the paper copy to be returned staff should review the upload on EMIS. EMIS is available to all staff involved in the administration of medication. GGC Adult colleagues have sent their audit process and the proposal is that we will use the pharmacy meeting to ensure that any medication that is changed is updated on T2/T3. In relation to the Consent to Treatment recommendation, there will be weekly audits by nursing staff of T2/3 forms versus HEPMA. The RMO has primary responsibility here for ensuring these forms are created/amended prior to the treatment being prescribed. And, as MWC has noted, we shouldn't have any intra-muscular medication prescribed with just a T2 form. We recognise that a T3 form/Designated Medical Practitioner assessment is required for this. We recognise that the RMO has primary responsibility for ensuring that T2/3 forms are created or amended prior to the treatment being prescribed. In addition, Skye House staff discuss T2/T3 at their business meeting on a Tuesday where we can ensure that the RMOs are aware of anything that is out of date or needs updated.	Complete	Agreed process with audit cycle built in by pharmacy and escalation to clinical director as required.

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			Action: The PDN, Clinical Director and Service Manager will work on the process around this.		
28/03/2023	Skye House, Stobhill Hospital	Hospital managers should consider multidisciplinary training in the application and use of specified person's regulations. Managers should also review practise within the unit and consider how practise (including the use of individual care plans) may support the use of regulations with specific details of when and how regulations may restrict an individual's access to specified items. This should correspond to documentation of the reasoned opinion in the patient's notes by the relevant RMO.	MDT Training – specified person. We have held specified person training and shared the 7 minute briefings with the team. We will convene a short life working party to take this work forward. The reasoned opinion is an RMO duty and from there we will create a specified person care plan that can be populated with the reasoned opinion but provides a framework for any changes to levels of restriction within the care plan. We will also work on a clearer process when the restrictions are no longer in place, in this case the care plan should make this clear, and this should be shared with the young person and their named person and family. Action: PDN and Project Manager to convene short life working group and lead on work related to specified person care plan with nursing staff and RMO.	Complete	Distributed Seven Minute Briefing on Specified Persons and internal specified process which details roles.

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28/03/2023	Skye House, Stobhill Hospital	Hospital Managers should continue their 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.	Catering is, as noted by the commission an area we continue to work on. We offer the young people the option of choosing across menus (halal vegan, vegetarian etc.) to introduce as much choice as we can. We have introduced the deli cart at lunch time which means young people can have fresh food prepared. This is well received. There have been widespread issues across NHS with patients complaining about quality, repetition and quantity of food served and today we attended a meeting to learn that later in the year a) food will be delivered to and served from Stobhill Hospital and b) there will be a trial of electronic menus which should extend the range of options to choose from and reduce error. Action – ongoing discussions with catering team. Seek views of young people through community meetings.	In progress	Awaiting catering dietitian to do a tasting session with young people.
18/04/2023	Struan Ward, Stobhill Hospital	Managers should ensure care plans are person-centred, and patients participate in the care planning process and are given opportunities to engage in care plan reviews.	Senior Charge Nurse has approached the Quality Improvement Nurse to ask for an audit tool to be devised for the use of auditing care plans to ensure they are truly person centred and that there is evidence of patient participation in the care planning process and that the patients are given opportunities to engage in care plan reviews and that this is clearly evidenced. The Quality Improvement Nurse will carry out on-going audits and feedback the audit results to the SCN. The SCN will ensure the audit results are	6 weeks (from 21/06/2023)	No further update on action.

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			shared with nursing staff to discuss positive care planning and areas which require improvement, this will aim to ensure the recommendation is met.		
18/04/2023	Struan Ward, Stobhill Hospital	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.	SCN of Struan Ward has approached the Quality Improvement Nurse to ask for an audit tool to be devised for the use of auditing care plans to ensure they fully reflect the patients progress towards stated care goals and that recording of reviews are consistent across all care plans. The audit tool will be shared and discussed with the Inpatient Service Manager and Operations Manager. The Quality Improvement Nurse has been asked to carry out regular audits of patient care plans and feedback to the Senior Charge Nurse with the audit results. Positive results will be discussed with all nursing staff during Line Management Supervision. Any need for improvement will be discussed following the audit and during Line Management Supervision. The Senior Charge Nurse and Charge Nurses will complete regular audits of the care plans to ensure the recommendation is met.	6 weeks (from 21/06/2023)	No further update on action.
19/04/2023	Oak Ward and Willow Ward, Orchard View, Inverclyde	The level of physiotherapy input should be reviewed to ensure this is adequate to meet the clinical need and provide maximum patient benefit.	Physiotherapy to continue to attend MDTs with ongoing assessment of patient needs. Where required there is a multidisciplinary approach to meet complex patients' needs e.g. physio, OT, moving and handling and psychology.	Immediate Paper submitted awaiting decision refunding.	Funding has been agreed to recruit a Band 6 Physiotherapist and an advert will be out

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			A paper has been submitted to the HSCP to request additional physio resource that is equitable with other areas in NHS GGC.		before the end of December 2023.
19/04/2023	Oak Ward and Willow Ward, Orchard View, Inverclyde	Managers should regularly audit care plans to ensure they are person-centred; address all the identified risks and needs, contain accurate information and are meaningfully reviewed on a regular basis.	Nurse Line Management (NLM) Supervision is carried out as per NHSGGC policy, the standard of once every two months (or monthly if a newly qualified nurse). Records of these supervision sessions are kept securely by the Senior Charge Nurse. During NLM supervision patients records are audited to ensure records are being maintained appropriately. Wards operate a Named Nurse system, all registered nurses are Named Nurse's for the patient group. The core audit tool is utilised when NLM Supervision is being carried out for registered nurses in order to review Named Nurses delegated patients' record keeping and associated documentation such as risk assessments and care plans. This enables the supervisor and supervisee to identify and agree on any actions which may be required. The MWC good practice guide to Person centred care plans has been reissued to all staff. Person Centred Care Plans. Named Nurse Guidance developed by the Practice Development Nurse Team will be distributed as standard across all wards.	Ongoing August 2023 October 2023	Named nurse guidance has been finalised and shared with Senior Charge Nurses for immediate implementation. Ongoing review of role including documentation conducted via Nurse Line Management Supervision and MHCCAAT.

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19/04/2023	Oak Ward and Willow Ward, Orchard View, Inverclyde	The use of the MHCCAT should be reviewed and training provided to ensure consistency and accuracy in the peer audit process.	The Practice Development Nurse Team will facilitate training and support to SCNs regarding the Mental Health Core Care Assurance Audit Tool and peer review process. The MHCAAT Peer Review schedule will be agreed prior to peer review being undertaken. Peer review and improvement action planning will be supported by the Practice Development Team. Peer review results will be monitored and reported through Nursing Care Assurance process.	October 2023 October 2023 October 2023	Training provided 11/09/2023 Further reviews September 2023 and Corporate reviews as per schedule via the Quality and Transformation Team.
19/04/2023	Oak Ward and Willow Ward, Orchard View, Inverclyde	Medical staff should audit to ensure that all prescribed medication and treatment is properly authorised under the relevant act.	T2/T3 checks are carried out weekly and reviewed in the MDT on a weekly basis, with the inclusion of the new Pharmacist for the service.	Ongoing action	T2/T3 checks continue to be conducted weekly.
09/05/2023	Isla Ward, Stobhill Hospital	Managers should regularly audit to ensure care plans are meaningfully reviewed on a regular basis.	New care plan groups have been set up, with both charge nurses now leading both groups. This also interlinks without line management supervision.	Immediate	Care plan groups have been redesigned. Involving all members of nursing team. Charge nurses are group leaders and discuss care plans at line management supervision.

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09/05/2023	Isla Ward, Stobhill Hospital	Managers should put an audit system in place to ensure that all medication prescribed under mental health or incapacity legislation are properly authorised.	Current audit system in place, where nursing staff check T2/T3 on a weekly basis. Medical records also complete their checks and upcoming requirements.	Immediate	T2/T3 checks are part of weekend work. Therefore completed every weekend.
09/05/2023	Isla Ward, Stobhill Hospital	Managers should review the decision to replace en-suite doors with the magnetic partial doors.	Senior Charge Nurse have since met with the design company and health and safety. Requirements for this specific ward, were advised, awaiting feedback from design company.	Ongoing - awaiting update for design company.	Remains ongoing awaiting update for design company.
09/05/2023	Isla Ward, Stobhill Hospital	Managers should ensure that when implementing a new policy because of health and safety concerns, the wider impacts of any change are fully considered and consulted on.	Health and safety policies are introduced to reduce incidents of harm and are fully considered and investigated prior to being implemented. Local managers will ensure that when these policies are put in places that they do not affect patient care as much as possible and will look at ways of ensuring Health and Safety policies are carried out without impacting on this as much as possible.	Ongoing	Ongoing with regards any Health and Safety issues / implementations.
31/05/2023	Glenarn Ward, Dumbarton Joint Hospital	Managers should audit documentation to ensure that consultation with proxies or relatives is documented on S47 certificates.	Senior Charge Nurse will audit documentation ensuring proxies or relatives where present will be visible on S47 certificates as opposed to Patient EMIS Notes.	January 2024	Action in progress - due for completion January 2024.

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31/05/2023	Ward 2, Leverndale Hospital	Managers should regularly audit care plans to ensure these are current, that care plan reviews are taking place on a consistent basis, that they are person-centred and include all the individual's needs in care plan reviews.	Quality Improvement Nurse carrying out care plan audits to ensure consistent person centred approach. CCAAT audits also undertaken via peer to ensure quality assurance.	November 2023	Complete
31/05/2023	Ward 2, Leverndale Hospital	Managers should ensure that the minutes for all patients subject to the Care Programme Approach (CPA) are recorded on file.	Senior Charge Nurse to ensure all CPA minutes are uploaded on to EMIS.	June 2023	Complete
31/05/2023	Ward 2, Leverndale Hospital	Managers and medical staff should ensure that where a patient has an appointed welfare guardian a copy of these orders are stored within the patient records.	Placed within patient records.	June 2023	Complete
31/05/2023	Ward 2, 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 clinical notes and care plan.	Boardwide training approach to advance statements and recording this on to EMIS.	October 2023	Complete

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31/05/2023	Ward 2, Leverndale Hospital	Managers should ensure an audit of all DNACPR forms is urgently carried out to ensure that, where relevant, all DNACPR decisions are reviewed and consider implementing a system to ensure that all staff members are aware of the DNACPR status of every patient on the ward.	Immediate discussion in MDT to ensure DNACPR (do not attempt cardiopulmonary resuscitation) decisions made and clearly documented on patient board within duty room.	June 2023	Complete
31/05/2023	Ward 2, Leverndale Hospital	Managers should plan to provide single room accommodation to ensure privacy and maximum benefit to patients.	Work currently being undertaken under Rehab review of their services and accommodations.	Ongoing - all visits to rehab wards have been undertaken awaiting outcome of findings.	Ongoing - all visits to rehab wards have been undertaken awaiting outcome of findings.
14/06/2023	North Ward, Dykebar	Managers should continue to review the staffing levels in the ward to ensure that the staffing resource is adequate to meet the clinical needs of patients.	Staffing to be examined at the local morning and afternoon huddles, shortfalls to be put out to bank and escalated to agency if unfilled. There is a continuous recruitment cycle to address all vacancies. At present North Ward has two Band 5, Registered Mental Health Nurse vacancies, which are out to advert.	Ongoing	Completed and ongoing. There are two Huddles each day in Renfrewshire Mental Health In-Patient Services which, consider the staffing requirements of all wards. The continuous recruitment process remains in place.

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14/06/2023	North Ward, Dykebar	Managers should audit care plans to ensure are updated following evaluations to reflect any changes in patient need.	Care plans reviewed at weekly MDT meetings and updated accordingly. Care plans also to be reviewed 6 weekly at nurse line management. CCAAT peer audit is completed every 6 months and is also completed by the Professional Nurse Lead Team randomly across all wards.	Ongoing	MDT and Nurse Line Management review of care plans is ongoing. The CCAAT audit has recently been completed within North Ward and an action plan is being completed.
14/06/2023	North Ward, Dykebar	Managers should undertake a safety and environmental audit of the ward, with special focus on the day/dining space and the bathroom to ensure it is fit to meet the needs of the patient population.	Remedial work was carried out on the bathroom previously to widen the door space, no further issues were raised by staff until the MWC visit. This is being discussed at a senior management level to find solution to the current issues.	Ongoing	A meeting was arranged between the SCN, Psychologist, OT, Physio and Operational Management Team to discuss the ward environment. A number of actions have been agreed. Operational Management are in discussions with the Estates Department for a solution on how to make the bathroom more accessible.

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22/06/2023	Claythorn House	Managers should review care plan documentation to ensure that patient care plans reflect good practice guidance.	Professional Nurse Lead and Practice Development Nurse will review care plans, identify any learning and then develop and deliver development sessions to registered staff. Practical examples will be included in the session. Care plans will be re-audited following awareness sessions and any issues addressed. Care plan templates and accompanying documentation to be considered by Practice Development Nurse and Professional Nurse Lead to ensure that good practice guidance is followed. Any identified changes to be discussed at Inpatient Clinical Governance.	January 2024	Practice Development Nurse has delivered Care Plan development sessions to all registered staff (3 sessions offered in October and November 2023). Professional Nurse Lead and Practice Development Nurse plan to meet with Senior Nurses to review care plans in detail and agree improvement actions (2 dates will be offered to Claythorn Senior Nurses before March 2024).

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Date of Visit	Local Visit	Local Visit Recommendations	Action Plan Response to Recommendations	Timescales for implementation of Actions	Update
22/06/2023	Claythorn House	Managers should ensure that care plans provide a clear rationale regarding any limits or restrictions placed on patients as part of risk assessment and management strategies.	Professional Nurse Lead and Practice Development Nurse will review care plans and accompanying documents, identify any learning and then develop and deliver development sessions to registered staff. Practical examples will be included in the session Care plans will be re-audited following awareness sessions and any issues addressed. Care plan templates and accompanying documentation to be considered by Practice Development Nurse and Professional Nurse Lead to ensure that good practice guidance is followed. Any identified changes to be discussed at Inpatient Clinical Governance.	January 2024	Practice Development Nurse has delivered Care Plan development sessions to all registered staff (3 sessions offered in October and November). Professional Nurse Lead and Practice Development Nurse plan to meet with Senior Nurses to review care plans in detail and agree improvement actions (2 dates will be offered to Claythorn Senior Nurses before March 2024).
22/06/2023	Claythorn House	Managers should ensure that the intended work to soundproof and better manage noise levels in the ward continues to be prioritised.	Continue to progress with soundproofing. Funding has been approved. Survey has now concluded and plans are imminent.	April 2024	Awaiting start date of work.
22/06/2023	Claythorn House	Managers should urgently review the broken control panel, which allows the nursing team to manage	Estates have confirmed that panel is unable to be repaired. Estates can be contacted 24/7 to isolate any power or water as required.	October 2023	All staff aware that they should contact estates to isolate

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		electrical and water supply to individual rooms to ensure patient centred care.			power and water if required.
11/07/2023	Ward 4A and 4B, Larkfield Unit, Inverclyde	Managers should audit MDT notes to ensure these contain a record of those present, detail of the decisions taken and a clear action plan.	1. Discussed with new Consultant and current medical staff have been provided with guidance on use of MDT template. 2. Preparation of MDT template by nursing staff as part of weekly work schedule. 3. Nursing staff reminded to ensure MDT template is being used as preparation and within MDT and recorded on EMIS. 4. Quality assurance of all nursing documentation will be carried out during a programme of scheduled Nurse Line Management supervision (NLMS).	Completed 28/11/2023 Ongoing action	Completed Actions are ongoing, no further update.
11/07/2023	Ward 4A and 4B, Larkfield Unit, Inverclyde	Managers should undertake a review of the process for involving families and consulting proxies and ensure that family and proxy involvement is fully documented.	1. Discussed with new Consultant to ensure that all meetings with families/support are recorded on EMIS. 2. Nursing staff/Named Nurse to ensure that families and consulting proxies are invited to MDTs.	Completed 28/11/2023 Ongoing action	Completed Action is ongoing, no further update.
11/07/2023	Ward 4A and 4B, Larkfield Unit, Inverclyde	Managers should ensure that 'life history information is recorded and follows the	OTs and Patient Activity Coordinator will assist with gathering life history information from patients and their carers/families to help inform	Ongoing action	Action is ongoing, no further update.

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		patient when they move to a further care placement.	care plans, ensuring that they are person centred and assist future care provision.		
11/07/2023	Ward 4A and 4B, Larkfield Unit, Inverclyde	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. Ward staff, OT and Psychology meet once per month to discuss patients that require stress and distress interventions and formulate a person-centred care plan to support this. 2. Agreement with Psychology that named nurse of all new admissions will contact Psychology to work together to formulate appropriate stress and distress care plans for each individual. 3. Care plans to be reviewed weekly, ensuring any changes are updated as required. 4. All staff to attend appropriate Stress and Distress training consistent with their role.	Ongoing actions	Actions are ongoing, no further update.
11/07/2023	Ward 4A and 4B, Larkfield Unit, Inverclyde	Managers should undertake regular audits of the care plans to ensure these are person centred and updated to accurately reflect the patient's current needs and planned interventions.	1. Monthly audits of care plans will be carried out by SCN to ensure the content is person centred and reflects current care needs. 2. Checklist in place to conduct checks. 3. Quality assurance of care will be carried out during a programme of scheduled NLMS. 4. MHCCAAT tool for 6 monthly peer and yearly Practice Development Nurse (PDN) audit keeping provides further quality assurance. 5. SCN will re-circulate the MWC Person Centred	Ongoing actions	Actions are ongoing, no further update.

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			Care Plans good practice guide. 6. Practice learning sessions on Person centred care planning to be arranged with PDN team for all registered staff.		
11/07/2023	Ward 4A and 4B, Larkfield Unit, Inverclyde	Managers should, as a priority, address the training needs of the nursing team and provide dedicated practice development nurse support alongside line management support to the ward to ensure that the above recommendations are implemented.	1. Staff training needs will be discussed via NLMS. 2. SCN will assist staff to identify training and development needs through on going Practice Development Plan (PDP). 3. Staff will be encouraged to attend all new training and refresher training when available. 4. SCN will discuss specific training needs with PDN where training is not directly available.	Ongoing actions	Actions are ongoing, no further update.
11/07/2023	Ward 4A and 4B, Larkfield Unit, Inverclyde	Managers should audit activity care plans to ensure these include person-centred information about the individuals' hobbies, skills and interests.	1. OT will use 'Activity checklist' and upload to EMIS to ensure information is being considered in OT treatment plan. 2. Patient Activity Co-ordinator (PAC) will discuss "Getting to know me" and documents with patients and their carers/families to ascertain hobbies, interests and skills in order to implement activities and to record these within the activity care plan. 3. Activity care plans will be monitored by the SCN as part of the monthly care assurance audit.	Ongoing actions	Actions are ongoing, no further update.

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11/07/2023	Ward 4A and 4B, Larkfield Unit, Inverclyde	Activity participation and outcome should be recorded in patient's chronological notes, managers should ensure this is done for each patient.	1. Discussed with PAC and OT staff to advise that all activities carried out with patients and the outcome of participation are documented on EMIS. 2. PAC and OT should also provide verbal handover to nursing staff as to outcome of patient participation in activity.	Completed 28/11/2023 Ongoing action	Completed Action is ongoing, no further update.
11/07/2023	Ward 4A and 4B, Larkfield Unit, Inverclyde	Management should undertake a review of the current system for managing personal laundry.	1. All new staff have been informed of guidelines for marking of patients' belongings and recording in patients clothing book and a copy given to the patient/family. 2. Staff are aware of the required actions for sending patients' clothing to the hospital laundry. 3. Staff have been informed where and how laundry is stored. Instructions for same have been provided for staff to read. 4. Staff should be mindful of any supplementary staff's unfamiliarity of the laundry process and ensure they are offered support and assistance with the task.	Completed 28/11/2023 Ongoing actions	Completed Actions are ongoing, no further update.
18/07/2023	IPCU, Leverndale Hospital	Managers should ensure that mental health officers are allocated for all patients whilst subject to the Acts.	Raised with Head of Service to look at ensuring equity of service for all our patients.	January 2024	No further update to action.
18/07/2023	IPCU, Leverndale Hospital	Managers should ensure that access to advocacy services is prioritised for all patients.	SCN in contact with Mental Health network to deliver more training to new staff within IPCU.	November 2023	No further update to action.

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18/07/2023	IPCU, Leverndale Hospital	Managers should develop a programme of works to update the current environment to ensure that it provides a conducive setting for patients.	This has been raised by deputy Medical Director and has been flagged as high priority area for upgrade. Capital Planning aware of priority.	Raising profile on an ongoing basis until works and funding actioned.	No further update to action.
02/08/2023	Ward 39, Royal Alexandria Hospital	Managers should regularly audit to ensure care plans are updated to reflect any changes in care needs and legal status.	Senior charge nurse will sample care plans to ensure accurate reflection of the patient's current care needs. Charge nurses as part of NLM will audit care plans every 6-8 weeks and discuss any inaccuracies with the named nurse and the importance of maintaining up to date care plans. This is included in all Registered Mental Health Nurses current TURAS.	3 Months – end 2023	Nurse Line Management continues within the ward and care plans are discussed with staff at these. The CCAAT audit was completed recently within the ward and an action plan is being completed.
02/08/2023	Ward 39, Royal Alexandria Hospital	The health board 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 within a reasonable timeframe.	NHS Greater Glasgow & Clyde is in the process of implementing its refreshed 5 year Mental Health Strategy. Part of this work involves bed-modelling, with a proposal for a reduction in OPMH beds to fund the development of enhanced community services. Subsequent reconfiguration of the inpatient estate will include opportunities to remove older and less suitable wards for the patient population. HEI audit have been completed in the ward and highlighted the issue of the showers/bathing facilities. This will be one of the areas considered as part of the Bed Modelling work for the GGC Older People's Mental Health Review.	Ongoing	Action is ongoing.

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24/08/2023	Rowanbank Clinic, Stobhill Hospital	Managers should address the ongoing staffing challenges in the clinic to minimise any impact upon patient care, suspension of detention, access to activities, to the community centre and the wider community.	The multidisciplinary clinical leads and will continue with the already established multi-faceted recruitment campaign which includes to date: <u>Nursing</u> Active involvement in the NHS GGC Newly Qualified Nurse (NQN) recruitment for 2023. This has tripled this year's intake of nurses in comparison to 2022 NQN programme with a total of 21 initially recruited to join the medium secure service. Bespoke Forensic specific recruitment days undertaken on site. Participation in both Corporate and Mental Health specific recruitment days. Rolling programme of business as usual	Ongoing. Establishments and vacancies reviewed monthly. This group is active from April till October each year. 2 recruitment events have taken place in the last 12 months, 02/12/2022 and 19/05/2023. Arrangements currently underway for a further event early in the new year. Forensics service has participated in 3 of these open events in the last 12 months; 18/11/2022, February 2023, 09/10/2023. Ongoing on an 8-12	Ongoing. Establishments and vacancies reviewed monthly. Recruitment events continue to be organised. Low Secure 12/01/2024 and Medium Secure 19/01/2024 alongside in reach work with the Universities. Practice Development Nurse recruitment paperwork awaiting sign off at finance to then proceed to recruitment.

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			recruitment for band 3 and band 5 posts In-reach work into HEI via guest lecture spots to raise the profile of Forensic Nursing as a speciality. Creation of dedicated recruitment teams within the service who are proficient in the administrative tasks that accompany the recruitment process. Review of establishment and skill mix for the clinical areas. Introduction of new roles to help free up nurses for more clinical time. Roles such as a band 7 Practice Development Nurse and SCN Administrative assistants. The above mentioned recruitment streams have seen a total of 59 staff recruited to post in nursing roles across the FDMH since the start of the financial year in April 2023 till October 2023. Of this 1 Band 7 SCN, 18 Band 5 Staff Nurses and 12 Band 3 Health Care Support Workers have commenced within Rowanbank. <u>AHP (Allied Health Professionals)</u> Use of social media for advertising the posts, forensic AHP and Occupational Therapy	week basis. Next planned date 14th December 2023. Completed February 2023 Completed in August 2023 Aiming for advertising posts early January 2024. Ongoing action	SCN administrative assistants currently paused. Awaiting update from Chief Nurse. Rolling recruitment continues. Band 3's paused on this round to allow revisiting numbers and skill mix across the service.

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			presentations and videos created to promote on social media about the forensic roles available in NHSGGC. Establishment of regular virtual “meet the forensic AHP team events” where interested staff and students can logon to a MS Teams meeting and listen to a presentation and have any questions answered about working in forensics. In reach at HEI's - The OTs have actively attended student sessions at University and have submitted forensic case studies for use within the BSc Hons OT teaching programme to encourage new graduates interest in working in Forensic environments. Since April 2022 there has been 6 AHP's recruited to the service. <u>Psychology</u> The department successfully recruited to the professional lead post in May this year which undoubtedly has had a positive effect on overall recruitment. Since then all posts across the service are now fully recruited too. For Rowanbank in particular, 2 new consultants have been recruited too - 1 for female service /Learning Disability (LD) and other for the male service are about to start in post.	Ongoing action Ongoing action Complete Ongoing	Medium Secure Vacancies now filled (last new OT started 15/01/2024) recruitment continues with the posts being readvertised for Low Secure/ Community vacancies. In-reach with universities has begun and will continue over the coming months. Consultant Psychologists in post as of December 2023.

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			The service continues to have forensic aligned trainees on placement as a way to promote this area of clinical psychology working. In reach with HEI's - At the start of clinical training (Glasgow University) during induction week, presentations are given to 1st years about forensic psychology services in GGC. Members of the department teach every year on the Glasgow and Edinburgh courses so we continually engage with trainees and promote the forensic clinical psychology pathway. Continued involvement in recruitment events despite no current vacancies to consistently promote the service. Advertisement of all posts via the forensic network as well as the Scottish group of forensic clinical and LD psychologists. Since April 2022 there have been 2 medical and 5 psychology staff recruited to the service.	Ongoing action Ongoing action Ongoing action	Remains current
24/08/2023	Rowanbank Clinic, Stobhill Hospital	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	Review of the nursing care plans with feedback provided directly to senior teams for the wards. A review of care plans with Person Centred Health Care representative was carried out on the current care plans in use with Forensic Mental Health Services. The review concluded	Completed Completed	Completed Completed

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		consistent across all care plans.	the care plans to be comprehensive and person centred and suggested the audit tool be reviewed and updated and shared with the nursing team. Following this review the senior nursing team in Forensic Mental Health have created of a short life working group across both medium and low inpatient sites to review and update current nursing care plan audit tool to include qualitative measures and review dates.	Anticipated completion of full review Jan-Feb 2024	Feedback due to Professional Nurses Group March 2024
29/08/2023	McNair and Rutherford, Gartnaveil Royal Hospital	Managers in McNair should ensure there is a regular audit process of individual's notes in place, which includes ensuring that the care plan is person-centred, reflects and details interventions that support the patient towards their care goals. Also that the summative nursing care plan review and evaluations are integrated into the current care plan.	Recent increase from 2 to 3 Charge Nurses will allow the ward management team to comprehensively review the audit process and to include the following: • Divide the named nurses into teams with each charge nurse taking a team leader role. This will ensure that care plans will get audited on a weekly basis. • Person-centred care plans will be reviewed through audit/Nurse Line Management supervision. • Escalation to Senior Charge Nurse (SCN) if any issues identified through above processes. • Named nurse role will be cascaded to all trained staff • Peer review carried out through CCAAT audit process. • Weekly re-assessments to review and update identified needs and risks.	3 months	Actions in progress, due by April 2024.

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			Recirculate the MWC Guidance on person centred care planning to all Registered Nurses.		
29/08/2023	McNair and Rutherford, Gartnavel Royal Hospital	Managers in Rutherford and McNair wards should ensure that the notes from the MDT meeting contains information on outcomes: decisions taken and actions required.	McNair - SCN will meet with medical teams to discuss roles and responsibilities in documenting outcomes/decision taken and actions required. This will be audited as part of the weekly care plan audit and escalated to relevant disciplines as appropriate. Rutherford - Nursing Staff complete pre MDT sheet as close to MDT as possible after discussion with patient/carer (if applicable). Medical staff then complete MDT plan, highlighting decisions taken and who will be carrying out actions. Nursing staff update pass plan on EMIS system.	1 month Immediately	Actions in progress, due by February 2024. Actions implemented.
29/08/2023	McNair and Rutherford, Gartnavel Royal Hospital	Managers in McNair ward should audit consent to treatment documentation to ensure that all treatment is lawfully authorised.	Consent to treatment documentation is currently audited by nursing staff on a weekly basis. Following audit any actions are then escalated to the relevant medical teams. Further escalation point to be added to audit process when actions are not completed by the medical teams. This will now be escalated to the Clinical Director/hospital management team for action.	1 month	Actions in progress, due by February 2024.
29/08/2023	McNair and Rutherford, Gartnavel	Managers should ensure that patients have access to advocacy services at all times whilst subject to any	SCN has requested further leaflets and posters to be visible on the ward. As part of the weekly care plan audit, it will be reviewed to ensure that patients have been	1 month	Actions in progress, due by February 2024.

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	Royal Hospital	provision of mental health legislation.	advised of the availability of the advocacy service and how to access this. Nursing staff will document in the care plan where advocacy has been discussed, offered and if service has been refused.		
16/10/2023	Armadales Ward, and Broadford Ward, Stobhill Hospital	For both Armadale and Broadford, managers should introduce an audit of care plan reviews, ensuring that that individual progress and changes documented in the reviewing process, are integrated and reflected in the current care plan.	Action plan response not due until March 2024		
16/10/2023	Armadale Ward, and Broadford Ward, Stobhill Hospital	Managers in Armadale ward should ensure that the notes from the MDT meeting, consistently document who attends the MDT team meeting.	Action plan response not due until March 2024		
16/10/2023	Armadale Ward, and Broadford Ward, Stobhill Hospital	Managers and medical staff in Armadale ward should audit consent to treatment documentation to ensure that all treatment is lawfully authorised.	Action plan response not due until March 2024		
16/10/2023	Armadale Ward, and Broadford Ward,	Managers in Armadale ward should ensure that section 47 treatment plans are completed and available and correctly filed in	Action plan response not due until March 2024		

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	Stobhill Hospital	accordance with the AWI code of practice (3rd edition).			
16/10/2023	Armadale Ward, and Broadford Ward, Stobhill Hospital	For both Armadale and Broadford wards, managers should ensure that training and education is available to staff to promote and enhance their knowledge and understanding of the Adults with Incapacity (Scotland) Act 2000.	Action plan response not due until March 2024		

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