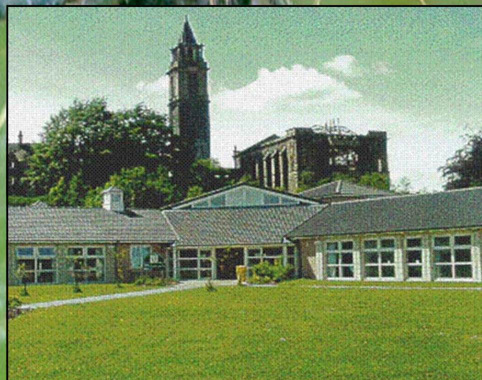
NHS Greater Glasgow

South Sector Annual Report

April 2003 - March 2004



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1. Executive Summary

The South Sector provides a range of Community and Hospital based mental health services to a population of 382 thousand people in South Glasgow. In the last year we have been referred over 5000 patients to our community services and have cared for 1,480 patients admitted to our in-patient services. As a Sector Team, we have continued to modernise and develop our services while seeking to deliver these within a challenging financial framework. Of particular significance this year was the extensive refurbishment of Florence Street Resource Centre which is due for completion in September 04 and promises to provide a spacious and modern environment for both staff and patients attending the service.

Our thanks go to all of the staff who have worked long and hard over the last year to ensure that we continue to provide an excellent service to our clients and carers. Their contribution is captured in the reports from each of the wards and departments attached to this Sector Report.

2 Description Of Services

2.1 Demography of South Glasgow

South Glasgow has a total population of around 382 thousand people. Of those, 325 thousand are aged 16 – 64 and 57 thousand are 65 years and over. The sector comprises a mixture of communities that have moderate to high levels of socio-economic deprivation, such as Govan, Pollok, Nitshill and Govanhill with more affluent communities such as Newlands, Cathcart, and Eastwood.

2.2 Service Profile

The Sector has a range of in-patient, intermediate and community based services operating from 2 hospital, 5 partnership and 12 community locations. Our community based services comprise of 7 adult CMHTs and 5 older peoples teams. In addition to this, we have an intermediate service team who are based at Brand Street with Day Facilities at Florence Street.

Community Services

Adult Services (with the exception of Eastwood), are GP attached and take referrals based on the patients GP. A breakdown of the teams by location and number of GPs is given below in Table 1. Further information on attachment by GP practice

Table 1 Adult CMHTs

Adult CMHTs			
Resource Centre	**GP Practices**	**GPs**	**Local Authority Area**
Brand St	11	39	South West Glasgow
Rossdale	16	43	South West Glasgow
Pollokshaws	9	24	South East Glasgow
Castlemilk	12	31	South East Glasgow
Eastvale	13	33	South Lanarkshire
Eastwood	13	42	East Renfrewshire

Elderly Services work to boundaries which are defined by the patient's postcode. There are currently 5 teams as summarised in table 2 below.

Table 2 Elderly CMHTs

Elderly CMHTs			
CMHT	**Postal Areas**	**Population 65+**	**Local Authority Area**
Shawmill	G42, G43, part of G44	10,561	South East Glasgow
Elderpark	G41;G51;G5	9,517	South West Glasgow
Pollok	G52, G53, G46.7	11,388	South West Glasgow
Eastvale	G73, G72, G45, G76.9 part of G44.5	11,526	South Lanarkshire
Eastwood	G46.6, G46.7, G76.0, G76.7, G76.8, G77 and part of G44.3	9,901	East Renfrewshire

Intermediate Services

Intermediate services were introduced in 2002 and are composed of an Intensive Community Treatment Team (ICT) based at Brand Street and an Acute Day Services element based in Florence Street. Both components of the service serve the South Sector as a whole.

In-Patient Services

Table 3 summarises our in-patient facilities which include 224 NHS beds and 221 partnership beds. Over the last year we have reduced our bed compliment by 2 partnership beds and 36 NHS beds. 30 beds were closed in Balloch Ward and 6 beds in Ward 2 allowing the transition to a mixed sex continuing care ward as per Modernising Mental Health strategy.

Table 3 In-Patient & Partnership Beds March 2003

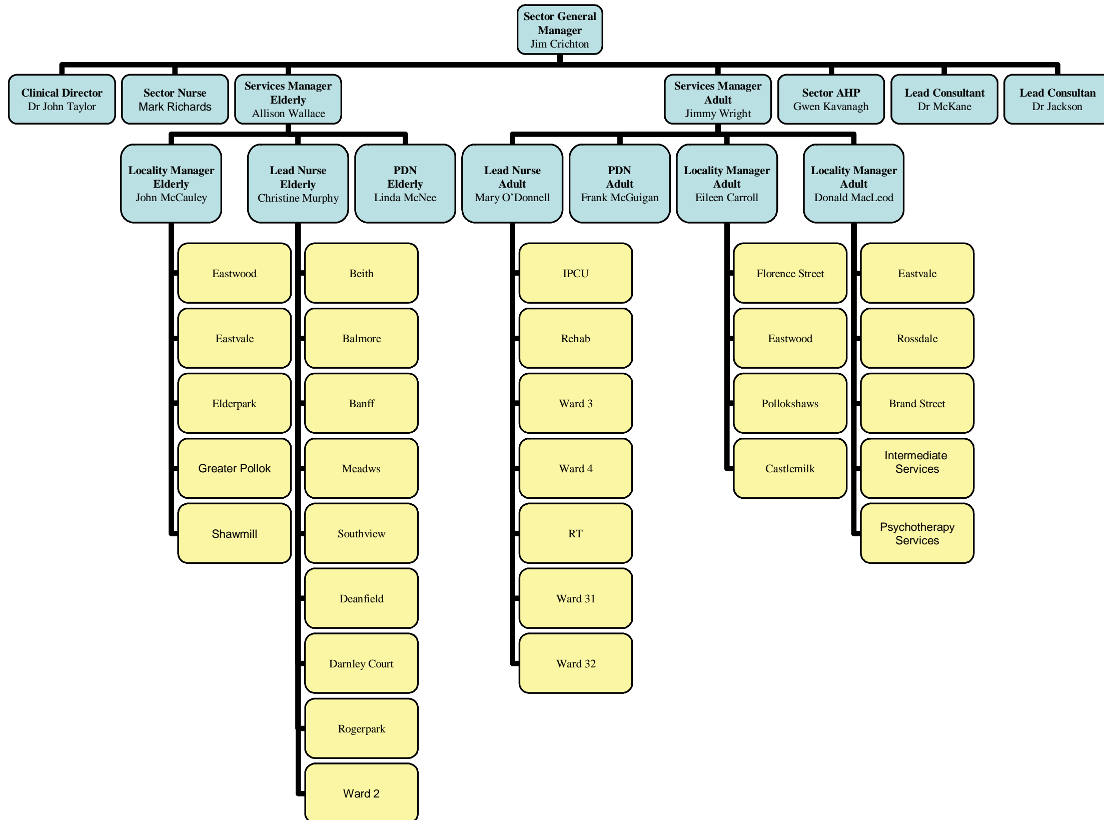
Adult Services			
Ward / Unit	**Category**	**Location**	**Beds**
Ward 1	IPCU	Leverndale	12
Ward 3	<65 SS	Leverndale	30
Ward 4	<65 SS	Leverndale	30
Ward 31	<65 SS	SGH	30
Ward 32	<65 SS	SGH	20
Rehab	Rehab	Leverndale	20
Ward 2	<65 CC	Leverndale	24
Southview	<65 CC	Cambuslang (P)	40
Meadows	<65 CC	Moshen NH (P)	30
		Total Adult Beds	**236**

Elderly Services			
Balmore	>65 SS	Leverndale	18
Banff	>65 SS	Leverndale	24
Beith	>65 SS	Leverndale	16
Deanfield	>65 LS	Carrick Care (P)	1
Carmichael	>65 LS	ANS Darnley (P)	30
Fleming	>65 LS	ANS Darnley (P)	30
Stonelaw	>65 LS	Care First (P)	30
Woodburn	>65 LS	Care First (P)	30
Woodside	>65 LS	Care First (P)	30
		Total Elderly Beds	**209**

2.3 Management Structure

Though there have been some changes to the management team over the last year due to the need to support major projects such as the Adult Integration Agenda, the Mental Health Act and Consultant Contract Implementation, the core structure remains the same. We welcomed both Christine Murphy to the Elderly Lead Nurse position and Christine Gilmour to the Sector Operations Co-ordinator role.

Figure 1 The South Sector Management Structure



3 Resources

3.1 Finance

South Glasgow has a total operation budget of £25.832 Million. Figure 2 sets out the budget split between staffing costs / supplies / travel & training in a pie chart. It can be seen from the chart that the biggest part of the budget £18 million is aligned to staff salaries, followed by £8 Million on supplies and £460 Thousand against travel and training.

Figure 2 The South Sector Budget 2003 / 2004

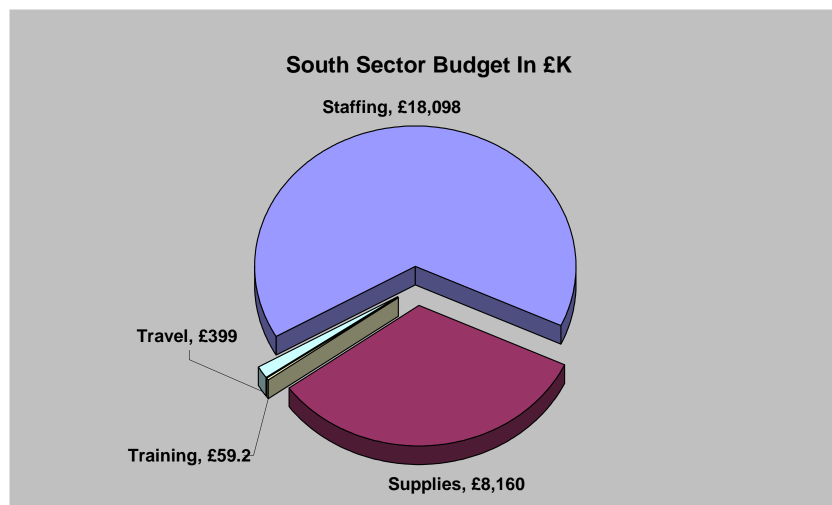


Table 4 sets out a summary of our financial performance against budget for the financial year 2003 – 2004. Overall we exceeded our budget allocation by £235K. This was primarily aligned to additional staffing costs in in-patient services of £183K. The additional staffing costs relate both to the cost of absorbing staff from the ward closure programme over time into the funded complement and to funding additional staff for clinical activity. This significant pressure was partially offset by under spend in adult and elderly community services.

Table 4 Table of Expenditure Against Budget 2003 - 2004

	Salaries (£k)	Sal Var. (£k)	Suppliies (£k)	Sup Var. (£k)	Total (£k)	Variance (£k)
Inpatient Services	10,084.6	-219.1	5,875.5	-356.7	15,960.1	-575.9
Adult Community	4,353.8	153.6	1,527.3	52.4	5,881.1	205.9
Elderly Community	1,562.4	30.2	300.8	5.5	1,863.2	35.7
Medical Services	2,097.6	98.6	30.0	0.3	2,127.6	0.1
Total Salaries	18,098.3	63.3				
Total Supplies			7,733.6	-298.6	25,831.9	-235.3

Though the final sum of £235.3K remains a substantial overspend it represents a significant improvement on last years position of -£993K. With the assistance of the MHSMT the Sector Management Team anticipate moving to a balanced budget position in 04/05.

3.2 Staffing

The Sector has a total of 708 staff. Table 5 breaks this down into the various staff groupings with a comparison against this time last year. An interim moratorium was placed on the recruitment of staff to in-patient services over the course of 03/04. This was due to the closure of Balloch Ward and the need to absorb the staff into funded posts. This process is almost complete and recruitment has recommenced for trained staff.

Table 5 Staff Compliment

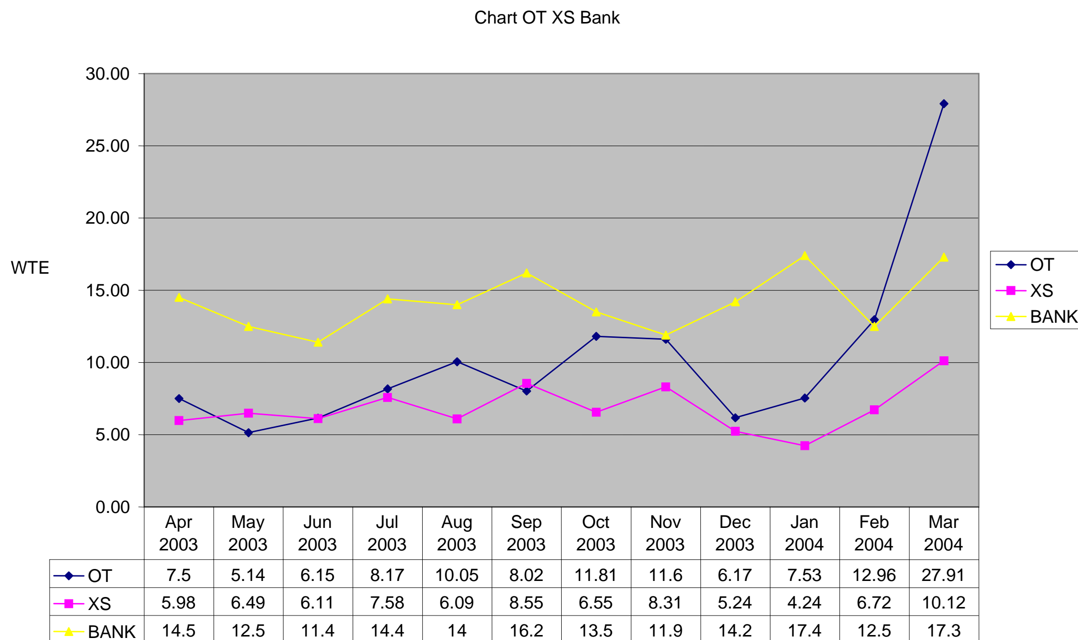
Staff Group	April 04	April 03	Variance
Nursing In Patient Trained	163	182	-19
Nursing In Patient Untrained	172	191	-19
Nursing Community Trained	127	119	+8
Nursing Community Untrained	49	44	-5
AHPs	58	43	+15
Medical	64	61	+3
Total Staff	709	711	-2

In common with the rest of the Division, we retained the Investors In People Award which reflected our commitment to staff training and development in all areas. All wards and departments continue to implement staff appraisal and personal development programmes.

3.3 Manpower Activity

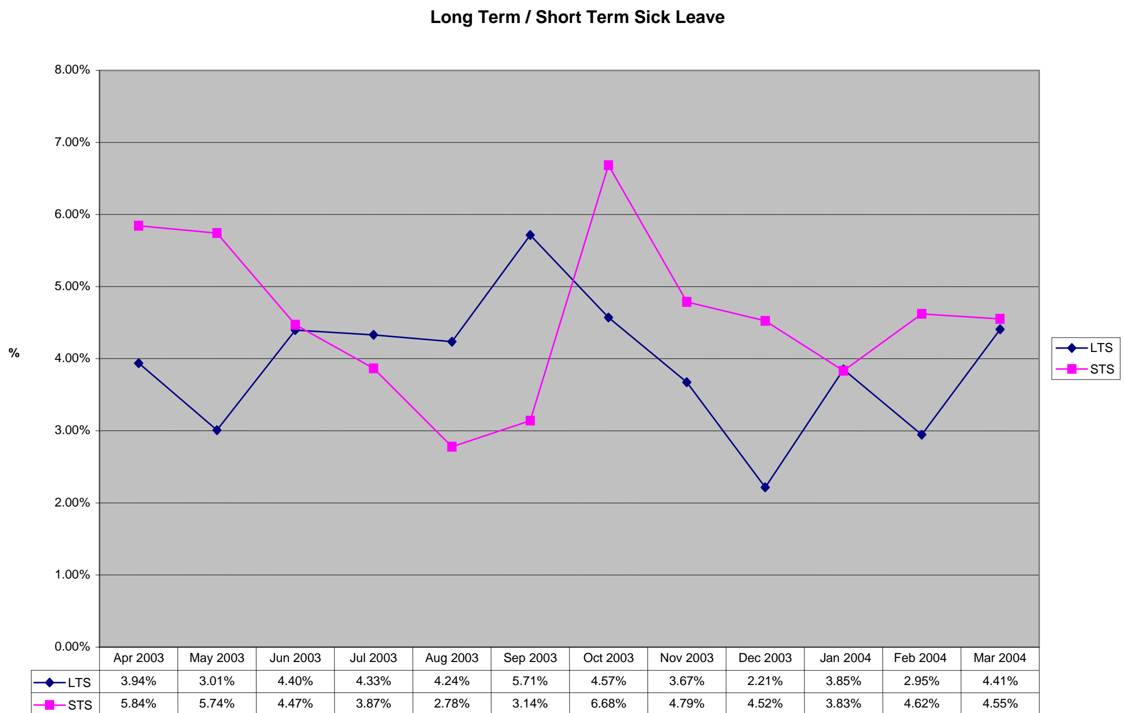
Figure 3 charts three of the key indicators of manpower activity over the last 12 months, Overtime, Excess Hours and Bank. The figures show an average overtime rate of 9.6WTE per month. This equates to a 50% reduction on the previous years figures. In March 03 however, the rate peaked at 28WTE. The average Excess Hours usage was 6.83WTE and the average use of Bank Nurses 14.9WTE. Figure 3 demonstrates the reliance on bank nursing as the major source of additional staff to meet high clinical activity and staffing pressures. This contrasts with the 02/03 period when Over Time was the main source of additional staffing.

Figure 3 Manpower Activity



	Apr 2003	May 2003	Jun 2003	Jul 2003	Aug 2003	Sep 2003	Oct 2003	Nov 2003	Dec 2003	Jan 2004	Feb 2004	Mar 2004
OT	7.5	5.14	6.15	8.17	10.05	8.02	11.81	11.6	6.17	7.53	12.96	27.91
XS	5.98	6.49	6.11	7.58	6.09	8.55	6.55	8.31	5.24	4.24	6.72	10.12
BANK	14.5	12.5	11.4	14.4	14	16.2	13.5	11.9	14.2	17.4	12.5	17.3

Figure 4 Sick Leave



	Apr 2003	May 2003	Jun 2003	Jul 2003	Aug 2003	Sep 2003	Oct 2003	Nov 2003	Dec 2003	Jan 2004	Feb 2004	Mar 2004
LTS	3.94%	3.01%	4.40%	4.33%	4.24%	5.71%	4.57%	3.67%	2.21%	3.85%	2.95%	4.41%
STS	5.84%	5.74%	4.47%	3.87%	2.78%	3.14%	6.68%	4.79%	4.52%	3.83%	4.62%	4.55%

Figure 4 indicates sickness absence trends over the same period. On average our Sickness / Absence ran at 8.5%. This represents an increase of 1% on last year's trend.

4 Service Activity

4.1 Clinical Activity / In-Patient Services

Service activity within in-patient services is reflected in both the numbers of patients admitted for care, the average length of their stay in hospital and in the levels of staff time spent on special observation levels. Over the course of last year, there were 1,481 admissions to our in-patient beds. The details are summarized in Figure 5. Significantly we have seen a 12% reduction in the number of adult admissions since last year. This may reflect the activity of the Intermediate Services over this period.

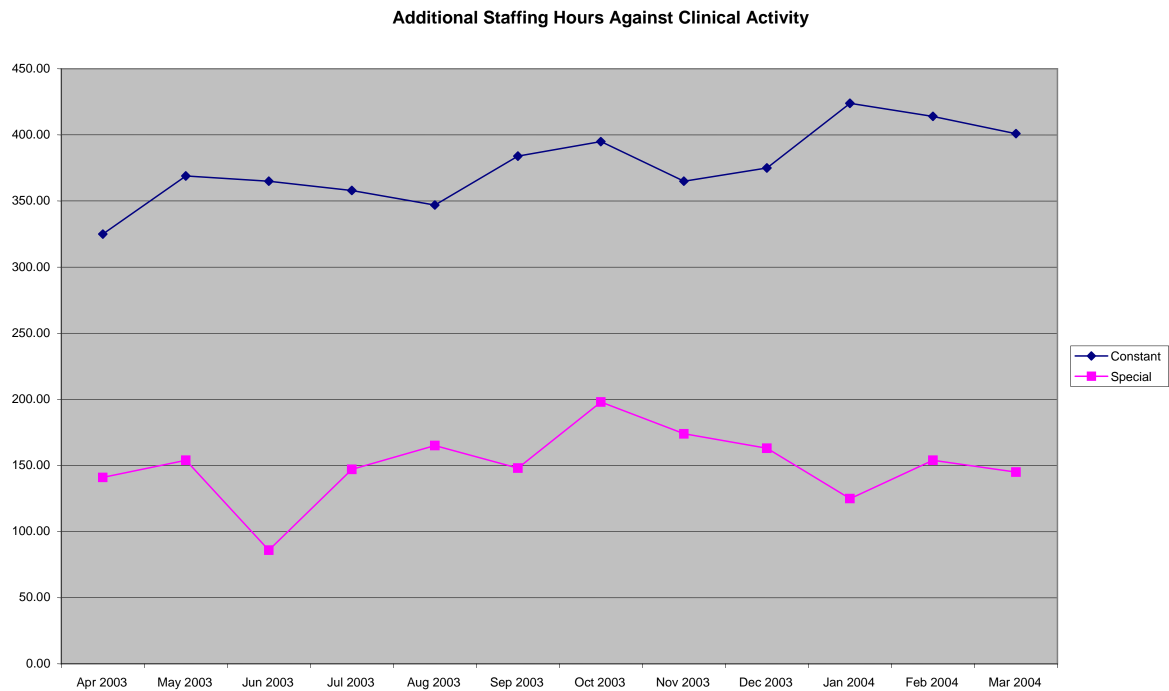
Bed occupancy was on average 90.8%. Adult bed occupancy was particularly high at 96.6%. A bed management group has been established within the Sector to make sure that the various components of the network are interfacing effectively to reduce admissions and average length of stay.

Figure 5

	Admissions	Discharges	Average LOS	% Occupancy
Elderly Services	271	273	60.8	78.2
Adult Services	1210	1211	41.3	96.6
Totals	**1481**	**1484**	**44.9**	**90.8**

Figure 6 indicates the additional hours incurred in whole time equivalents to cover the levels of constant and special observation for patients. Over the course of the year, activity was generally high.

Figure 6 Additional Staffing Hours Against Clinical Activity



4.2 Clinical Activity In Community Services

Figures 9 and 10 below set out referrals and discharges to Adult CMHTs over the last 12 months as recorded on the PiMS system. *(It should be noted that activity not recorded on PiMS will not be represented in these figures).* In total there were 3,957 referrals to adult CMHTs, an increase of 10% on last year.

Figure 7 Adult CMHT Activity – Managed By Eileen Carroll

South Sector Adult Referrals and Discharges By Month April 2003 - March 2004													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Castlemilk CMHT													
Referrals	18	20	23	21	24	22	24	21	20	20	31	26	270
Discharges	14	14	12	62	10	38	43	14	8	157	16	13	401
Eastwood Adult CMHT													
Referrals	54	44	45	46	40	54	41	52	66	54	55	44	595
Discharges	39	57	61	23	41	39	38	36	36	30	57	23	480
Gorbals Govanhill CMHT													
Referrals	73	81	76	70	80	62	69	62	54	65	84	82	858
Discharges	58	85	89	74	48	77	55	61	55	70	68	82	822
Pollokshaws CMHT													
Referrals	28	30	34	31	19	22	23	18	21	29	18	22	295
Discharges	23	35	9	22	30	27	50	23	8	28	50	20	325

Figure 8 Adult CMHT Activity – Managed By Donald MacLeod

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Brand St CMHT													
Referrals	54	56	65	53	65	76	67	54	47	52	61	65	715
Discharges	15	33	58	58	48	27	145	55	62	259	104	77	941
Eastval Adult CMHT													
Referrals	28	32	56	46	56	44	62	47	60	37	48	77	593
Discharges	60	34	44	42	111	49	59	38	48	39	37	77	638
Rossdale CMHT													
Referrals	23	30	30	56	63	55	83	78	47	51	47	68	631
Discharges	18	33	21	27	59	39	59	65	35	85	37	80	558

Figure 9 summarizes these for Elderly CMHTs. In total these came to 1,523 referrals. an increase of 5.7% on last year. *(It should be noted that activity not recorded on PiMS will not be represented in these figures).*

Figure 9 Elderly CMHT Activity – Managed By John McCauley

South Sector Elderly Referrals and Discharges By Month April 2003 - March 2004													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Eastvale Elderly CMHT													
Referrals	17	28	32	30	26	34	44	36	21	38	26	40	372
Discharges	26	10	20	13	42	49	29	25	17	32	21	11	295
Eastwood Elderly CMHT													
Referrals	26	31	33	24	37	35	44	36	43	39	43	32	423
Discharges	16	23	23	13	16	27	31	18	19	18	21	15	240
Shawmill CMHT													
Referrals	21	14	21	28	24	25	11	23	32	20	26	28	273
Discharges	11	18	18	14	8	15	9	27	10	10	13	8	161
Elderpark CMHT													
Referrals	9	7	11	7	10	11	18	11	14	17	19	18	152
Discharges			1	1	1	1	8	24	5	34	4	12	91
Greater Pollok CMHT													
Referrals	11	5	26	14	29	26	16	25	22	24	20	26	244
Discharges					1	2	5	14	8	39	21	12	102
South West Elderly CMHT													
Referrals	15	7	20	7	6	3				1			59
Discharges	32	24	61	26	22	33	16	1	1		1		217

5 Service Developments

Service developments, as always, were a combination of large centrally driven initiatives under the banner of Modernising Mental Health Services and Capital Planning, alongside more local and smaller scale initiatives arising at a local level. The following section tries to capture something from both of these areas.

5.1 Perinatal Services

A new 6 bedded Perinatal Unit is being built at the Southern General to provide an in-patient service both to Glasgow and a range of other Health Boards in Scotland. The service also has a community component which has already been established. The service will align itself with the South Sector Management Team for operational support and management.

5.2 Florence Street Resource Centre Refurbishment

Work began on the £1.5 million refurbishment of Florence Street Resource Centre towards the end of 2003. The majority of services have continued to operate from Florence Street through a phased development programme. The upgraded building will greatly improve facilities for both service users and staff and will include a large training room, spacious reception area and improved access for disabled visitors.

5.3 Redesign Of Ward 2

With the closure of Balloch Ward in December 03, significant investment was made in redesigning Ward 2 as a mixed sex Continuing Care Unit. The ward reduced from 30 beds to 24 beds and an all female area was designed to accommodate up to 6 female patients with the choice of female only or mixed sex environments.

5.4 Future Development Plans

There are a range of significant development plans which will impact within the forthcoming year:

- Therapies Review: A local review of therapy provision and co-ordination will be undertaken to ensure a better targeted and more co-ordinated approach to social, recreational and occupational therapies. This is essential with the forthcoming Mental Health Act and the need to meet the principle of reciprocity for patients who are admitted for a period of in-patient care.
- Service Integration: The Sector will be working with Local Authority partners to implement the integration agenda within adult mental health services. Social Work Practice Care Teams will co-locate with Adult CMHTs over the coming months and a process of joint working arrangements being developed and implemented.
- Mental Health Act: The Sector be working to implement the new MHA within the service and supporting staff to attend training sessions on the new Act. We will also developing Tribunal Accommodation within the Hospital and Community settings for appeal hearings.
- Roll out of PiMS: The patient information system PiMS will be extended to include medical staff. This will greatly improve our information on clinical activity and allow us to support medical staff with improved information.

6 Clinical Governance

6.1 Introduction

Within the South Sector, activity related to clinical governance continues to inform and influence the quality and the development of services. There has been a high level of activity over the past 12 months, with several key milestones reached in supporting and progressing clinical governance activity. This report will complement the individual annual reports that have been produced across the South Sector, which also detail area specific clinical governance activity and outcomes.

The report highlights areas of good practice that have been noted when gathering the evidence for this report, and covers activity across Medicine, Nursing, Psychology and the Allied Health Professionals. Clinical governance activity in the South Sector is reported and monitored through the South Sector Clinical Governance Committee. There is also a feedback loop that has been built into the Sector Management Team meeting and the Clinical

Executive Group. More recently, the group has benefited from the Division's Clinical Governance Manager as a regular attendee.

This report will comment on the following key areas of clinical governance activity within the South Sector:

- Clinical effectiveness
- Complaints
- Critical incidents
- Quality monitoring
- Details of audit and research undertaken in the preceding year
- Proposals for future activity
- Other clinical governance activity.

6.2 Clinical effectiveness

There continues to be evidence of steady progress being made within the Sector in the area of clinical effectiveness. The use of evidence based guidelines, evidence-based practice education, dissemination and application of best practice statements, integrated care pathway development and the use of clinical audit are all examples of clinical effectiveness activity within the Sector.

The Sector continues to contribute to the work of the Division's clinical guidelines group, which has produced a series of evidence-based clinical guidelines over the past year. The Service's Clinical Policy Co-ordinator is now in a substantive post and is based within the Sector. Sector staff are actively contributing to the current service wide review of clinical policy and guidelines that is being undertaken.

Sector staff have been involved in the steering group that developed the Schizophrenia Integrated Care Pathway. A South Sector ICP steering group has also been established and is currently progressing the benchmarking of the initial, in-patient and review phases of the pathway. This activity has been backed up by the production and dissemination of written information and by the delivery of information sessions.

Within nursing, core audit activity has been developed, focusing on the areas of healthcare associated infection, clinical support and record keeping. The Sector Clinical Governance Committee has produced a continuing care audit tool which has been utilised in the three continuing care areas across the Sector. This audit was based on the findings of the Mental Welfare Commission report into continuing care facilities in Scotland and covered issues ranging from compliance with the Adults with Incapacity Act through to access to fresh drinking water.

The introduction of the Tidal Model has been another major initiative in the Sector in the past 12 months. A significant amount of audit data was collated prior to the implementation of this model in order to inform the evaluation of the effectiveness of this model of care. Data captured included the frequency/severity of critical incidents and the views of service users (and their carers) on the care that they have received.

Other examples of clinical effectiveness activity over the past 12 months include:

- Review of clinical observation practice prior to the launch of the revised observation policy and guidelines.
- The delivery of an evidence based 'training the trainers' programme on medication concordance. The Sector is now cascading these interventions to other staff.
- The continued use of 'patient stories' as a quality review mechanism within older adult in patient services. This has been employed as a clinical effectiveness mechanism following Ward Manager attendance on the RCN clinical leadership programme.
- The introduction of the Glasgow Risk Screen clinical risk assessment tool and associated audit activity related to the use of this tool.

- Using clinical effectiveness funding, the Sector has delivered a series of research awareness workshops to 10 staff. 7 of these staff are now interested in continuing their research activity through identification of research questions.

Finally, the Sector hosted a highly successful clinical governance event in May 2004, which provided a platform for all disciplines of staff from across the sector to share good practice around clinical governance activity. This event featured a combination of formal presentations and poster presentations on topics such as medicines resource management, developing clinical supervision and clinical audit. Some photographs from this event are shown below.

6.3 Comments on complaints

Complaints management is closely monitored through the Sector Management Team, particularly the timescales for response and resolution. The dissemination of learning from complaints has been an issue that has been addressed by the Clinical Governance Committee within the Sector in the same manner as the learning from critical incidents.

There has been evidence of practice changes that have resulted from learning from complaints that we have received. A few examples of this are illustrated below:

- In one area, regular meetings with service users have been re-established as a quality monitoring mechanism.
- The issue of staff not being easily identifiable in areas where uniforms are not worn was raised as a complaint and led directly to staff being re-issued with identification badges and the introduction of monitoring to ensure that these are worn at all times.
- Staff competence in caring for learning disabled patients was the theme of one complaint that led to the development of a collaborative education programme between mental health and learning disabilities services.
- The quality and quantity of information received at the point of admission was highlighted in a complaint that flagged up issues relating to open access to ward areas within the intensive care environment. Changes were subsequently made to ward information leaflets to be more explicit about practices to support safety within acute in-patient areas.
- In response to concerns from staff working in CMHTs, the system for supporting community patients who receive ECT has been changed. A revised training programme has also been introduced for qualified and unqualified staff to develop their competence in providing a support role to the nurses working in the ECT department.
- In one complaint, it was clear that there had been wrong information given out to a patient. This led to ensuring that all CMHT's in South are referring to correct information for the 7 Day Service.

The Sector's performance against agreed complaints targets is discussed routinely at Sector Management Team meetings and is also reported into the Service management team report.

Comments on critical incidents

Maximising learning from critical incidents and associated reviews has been one of the priority areas for the Clinical Governance Committee in the Sector over the last year. The Sector was aware that it was effective in investigating incidents and in generating recommendations, but

that it was less effective in monitoring the implementation of agreed actions, and of assessing the impact of these actions. To address this, the Sector has implemented two key actions.

Firstly, a revised critical incident reporting template has been developed and implemented that captures critical incident data in an agreed format and within agreed domains. This template is used by all disciplines to report critical incidents. Secondly, a critical incident database has been introduced. This database is aligned with the information fields in the critical incident reporting template and is maintained on a day to day basis by the Sector Management Team Administrator. The Sector Clinical Governance Facilitator routinely pulls reports from the database for consumption by the Sector Management Team and Sector Clinical Governance Committee. Information that can be produced includes incident themes and trends as well as progress reports on actions that have been agreed following incidents. Through time, this should support the Sector in learning from adverse incidents.

A number of critical incidents have been reviewed using this process with the recommendations being communicated within the sector also to the divisional critical incident review group.

Examples of recommendations and changes in practice following on from this process include:

- Following an outbreak of Pulmonary Tuberculosis (PTB) that centered on Ward 31 at Southern General Hospital, a review was completed in partnership with one of the NHS Greater Glasgow Public Health Consultants. Actions identified included reviewing bed spacing, ventilation and also information on PTB provided to staff during induction to the organisation.
- Following two critical incidents at the Eastwood Centre a re-design of the reception area to increase the safety for administrative staff is being progressed.
- Changes to protocols regarding the safe use of interview rooms in Ward 31 at the Southern General Hospital have been made.
- Improved patient information is being developed in Wards 31 and 32 at the Southern General Hospital.
- Protocols for interviewing ‘higher risk’ patients within CMHTs have been reviewed, which now identify the potential need for 2 members of staff to be involved in an assessment interview.
- Changes to the way information is provided to contractors when building works are being undertaken within or near in-patient areas, following incidents when patients had scaled scaffolding that had been erected near in patient facilities.
- Information related to requesting 999 ambulances has been updated following an incident in which there was a significant delay in accessing an emergency ambulance.
- Implementation of audit activity associated with the use of the Glasgow Risk Screen after incident reviews suggested patchy implementation of this tool.

The dissemination of learning from critical incident reviews at Service level has been managed by the Sector Clinical Governance Committee. The Committee reviews recommendations generated at Service level and communicates this via a Sector bulletin, which details any local actions to be taken.

6.4 Quality monitoring

The South Sector Clinical Governance Committee is well established and attended by medical, nursing, Allied Health Professionals, locality management, pharmacy and psychology representatives. This group is held monthly and is chaired by the Sector Nurse.

The Sector has completed a review of the draft NHS QIS Healthcare Governance Standards. A cross referencing exercise was completed, comparing the Healthcare Governance Standards with the previous CNORIS risk management standards.

The Sector has recently established a Schizophrenia ICP steering group. Planning for the benchmarking phase of this project is well under way and a launch event was recently held within the Sector. The Sector is also linked into the Service ICP steering group.

NHS QIS Food, fluid and nutritional care in hospitals, Audit Scotland catering reports and NMPDU Best Practice Statements on Nutrition have been reviewed to compile an action plan that will ensure compliance with all of the standards for nutrition. The Sector has representation on the Service level group that is driving this activity.

Responding to the NHS QIS Healthcare Associated Infection standards has been another piece of on-going activity. Audit activity has been completed in respect of these standards and a member of the Clinical Governance Committee sits on the cleanliness 'champions' steering group at Divisional level.

Work has recently commenced on quality assurance processes for nursing. This work has focused on defining standards for ward management, which are complemented by a user focused approach to quality assurance. This is also captured in this report under the future activity section.

6.5 Details of audits and research undertaken in the preceding year by the clinical area

There is evidence of audit and research activity across the South Sector, and being completed by all disciplines. Some of this audit activity has been illustrated below in order to represent the depth and breadth of this activity.

- A CPN at Eastvale resource centre has continued his PhD research study into the use of advance statements from service users with dementia, which will detail their care wishes when unable to state these due to mental deterioration.
- An audit of significant incidents was completed prior to the introduction of the Tidal Model of care into Ward 4. This will help inform the planned evaluation of the impact of the Tidal Model.
- A health improvement benchmarking template was designed and implemented within the wards who have been involved in the Health Promoting Health Service (HPHS) activity. Future audit activity is planned to assess the impact of the HPHS on patient care.
- Infection control audits have been completed as part of the Sector's response to the NHS Quality Improvement Scotland Healthcare Associated Infection standards. Each area within the Sector completed an initial baseline audit and they now all have local audit schedules, informed by action plans stemming from the initial audit.
- South OTs were involved in a multidisciplinary audit of life skills assessments carried out in community mental health teams and the first stage of the audit had identified a 98% compliance with the national standard.
- Occupational Therapy staff within the Sector continue to be involved in carrying out a research project in examining nutrition care for young men suffering from schizophrenia who live independently.
- Audit activity identified that multidisciplinary teams found the Assessment of Motor and Processing Skills (AMPS) assessment useful and highlighted a need to train more occupational therapists in the assessment.
- Practice support for nursing staff has been introduced in eight in patient areas. A benchmarking audit of practice support activity has been completed across the Sector.
- An audit of nursing record keeping has been completed across the Sector.
- An audit of the use of the Glasgow Risk Screen was completed which indicated gaps in its use. Required actions to address this were communicated by the South Sector Clinical Governance Committee.
- Intermediate services are involved in the pan-Glasgow group looking at ongoing service evaluation.
- The Mental Welfare Commission report 'Greater Expectations' has been reviewed by the South Sector Clinical Governance Committee and has formed the basis of continuing care audit, which has been completed in the three continuing care areas within the Sector.

- Elderly Community Teams participated in a Division wide audit looking at the impact of Single Shared Assessment.

6.6 Proposals for future activity

The South Sector Clinical Governance Committee will continue to work to mirror service level priorities over the next 12 months, and also to address locally identified priority areas. With the new Clinical Governance Facilitator in post, we expect to see further progress in enabling local clinical governance activity. The recently established critical incident database will provide a robust system to monitor activity and actions stemming from critical incident reviews and lead to more meaningful dissemination of learning. The Clinical Governance Facilitator will also have a key role in working with individuals and clinical teams to develop local clinical governance activity, particularly around learning from adverse events. Other drivers that are expected to influence clinical governance activity within the Sector over the next 12 months are:

- Healthcare Governance Standards.
- Review of local application of clinical risk assessment.
- Continued development of local post incident review systems.
- NHS QIS Healthcare Associated Infection standards.
- Implementation of the Schizophrenia ICP.
- Staff appraisal and development in the context of Agenda for Change.
- Responses to Mental Welfare Commission visits/action plans.
- Developing shared quality assurance processes in line with integration.
- Integration focused leadership development for Sector Management Team members.
- The need to develop robust quality assurance processes in nursing that define minimum organisational standards as well as capturing user's experience of care.
- Implementation of the new Mental Health Act.
- Activity associated with the roll out of the Tidal Model to other wards in the Sector.
- The need to better meet the support and development needs of bank nursing staff.

6.7 Other clinical governance activity within the South Sector

Leadership development has been an ongoing area of development over the past 12 months. The Sector ran a successful in house leadership development programme for Ward Managers and Night Charge Nurses to support the further development of leadership skills and behaviours. The majority of the SMT participated in a 6 month leadership programme which resulted in enhanced individual and team leadership skills. Members of the SMT have also engaged in the Community Health Partnership leadership programmes that have been running across the city.

A new core induction and preceptorship pack has been written and has been introduced within the Sector. This pack covers the first 4 months in post from the perspective of inducting individuals into new areas or roles, but should also ensure that their support and development needs are met. This pack represents only core activity and is intended to complement any local systems that are in place.

A new caseload weighting system has been developed and is currently being piloted in a number of adult community teams within the Sector. This system will support the consistent management of Community Psychiatric Nursing caseloads and also help guide decision making around individual and team caseload capacity.

Quality assurance in nursing has been a major focus of activity of recent months. The Sector is working towards introducing a set of core standards for Ward Management as well as developing service user focused assurance systems that will support the monitoring of the quality of service delivery.

In partnership with the Forensic Directorate, a CPR training programme has been developed and introduced. This training is supported by a workbook, which takes programme attendees through a variety of practical responses to medical emergency situations that may arise in practice.

In the South/East locality, a significant development in improving the flow of information across in patient and community services has been the introduction of administrative staff using a shared drive for all correspondence. This means that clinical staff can now access information at any base regarding their patients.

A further award of continuing professional development (CPD) money from the Scottish Executive has enabled nursing staff within the Sector to pursue a wide variety of development opportunities.

Sector Allied Health Professionals have accessed a share of £10,000 which was secured from the Divisional Clinical Training Group. This will be utilised to support targeted continuing professional development activity.

Sector nursing staff have been involved in the review of clinical policies for the Service, and have taken a lead role in producing revised clinical policies.

7 Concluding remarks

As a management team, we look forward working with our staff over the coming year to build on last year's successes, and to continuing to improve health care for the people of South Glasgow. We would like to thank everyone who has been involved in producing local reports and the management team who have helped pull together the information within this report. It was a considerable task that again demonstrates the depth, breadth and quality of activity within the South Sector.

Jim Crichton
General Manager

Annual Report
South Sector Services
2003/04

Donald MacLeod
Locality Manager

South Sector
Brand Street Resource Centre

Introduction
Brand Street Resource Centre is based within the Festival Business Centre in Ibrox the team was established well over 10 years ago
Area served
Govan/Ibrox locality.

Catchment areas
G41.1 South Kinning Park, G41.2 Strathbungo, G41.3 Shawlands, G41.4 Pollokshields, G41.5 Dumbreck, G51.2 Ibrox, G51.3 Govan.

Population size

Postcode Population 18-65 29770
Practice Population 18-65 32284

Deprivation scores

There are very high levels of deprivation for the locality with an average Jarman score of 6.8

User / Care involvement

The area is an active member of the South Sector Network group. This encourages full participation of user and carers in the planning and implementation of services. There are named users and carer groups attached to the Resource Centre, who attend and have regular meetings with the locality manager. There has been an active group within the locality, Govan Mental Health Forum, Plat-forum, Govan Mental Health Project and a range of others who all have formal links with Brand Street.

Joint working / community involvement
Much of the area is a Social Inclusion Partnership area. There are regular developmental meetings with join partners within Social Work and the LHCC.
Finance
The current budget for the department excluding consultant medical staff is £832068. The department is currently under spending.

Facilities / equipment
The team are based within the festival business centre in Brand Street in Ibrox. There are major constraints on space within the base and most of the activity for the team, out-patient clinics, depot clinics and individual consultations, have to take place out with the base. The lease for the premises is due to expire in 5 years time and a more suitable, secure and modern facility will have to be built or found.

Staffing
The current breakdown of resources for each discipline is as follows.

Non Consultant Medical	66574
Nursing Trained	349562
Nursing Other	63857
AHPS	120807
ADMIN & Clerical	43547

Supplies
Current supplies allocation £168282
Training
Current allocation £2200
Recruitment issues
There has been a significant turn over in staff in Brand Street in the past year. There are currently vacancies for, Staff Grade Psychiatrist, 2 Nursing posts and 3 AHP. There are currently no Psychologists based within the team, due to maternity leave and vacancies.

Sick Leave
Average monthly sick leave for the team is 2%.
PDPs
All team members are encouraged to develop areas of specialist interest, augmented by individual personal development plans. The focus for the team has been on recruitment and retention.
Team Learning
The team completed SPIRIT training in the past year.

Service Developments
A new consultant has been appointed to the team. This will enable a greater community focus for some of the team's activities. This year has seen the development of the Govan Employment Project. This appointment has allowed the team to refer patients, who have the potential to be supported back in to mainstream employment and/or education.

Proposed Developments
The coming year will see closer integration of Primary and Secondary care at both a health and social care level. There will be a re-alignment of the team to develop a clinical leadership role within the team.

Service Activity: From PIMS Information
There are large information gaps at present due to not all disciplines recording to the PIMS system.

Team	Caseload	Referrals	Discharges	Contacts
Brand St	393	637	904	6250

Waiting times. There is a duty system within the team, which allows referrals to be prioritised and seen that day. Emergency referrals can also be seen on the same day. Where required the duty doctor system at SGH is also accessed. Urgent referrals are assessed within 3 working days. Routine referrals within 10 working days.
Medical referrals within 6 weeks.
Psychology referrals: There are currently no Psychologists within the team. This is due to a combination of maternity leave and vacancies. All patients requiring Psychological services are currently re-directed to the direct access service within Leverndale/SGH.

Clinical Governance Issues
There are major pressures within the system in relation to Psychological therapies and high demands made on that element of the service, has led to long waiting times to be seen. In an effort to ensure a quality service the team has been focusing on it's priorities for service provision, namely severe and or enduring mental health cases. This year has been used to communicate the team's priorities with all local referrers.

Critical incidents
There have been no major critical incidents within the team.

Complaints
There have been no major complaints around services within Brand Street. Dr Barnes/Graham continue to complain that, due to the relocation of the practice from Hillington Road South to Crookston Road, that they should receive their services from Rossdale Resource Centre. Negotiations around this re-alignment are on-going.

South Sector
Eastvale Resource Centre

Introduction
Eastvale is the longest established adult community mental health team in South Glasgow, having being established for over 12 years. It is part of the South Lanarkshire catchment area and relates to South Lanarkshire council for it Social Care support and to Camglen LHCC. It is part of and was integrated with the recently built Rutherglen Primary Care Centre.

Area served
Rutherglen/Cambuslang

Catchment areas
G72.7 North Cambuslang, G72.8 South Cambuslang, G73.1 North Rutherglen, G73.2 West Rutherglen, G73.3 East Rutherglen, G73.4 South West Rutherglen, G73.5 South East Rutherglen, G76.9 Carmunnock.

Population size

Postcode Population 18-65 38467
Practice Population 18-65 34798

Deprivation scores

There are mixed levels of deprivation for the locality with an average Jarman score of 4.25

User / Carer involvement
Despite the service being established for some time, there is little user/carer involvement in direct mental health service planning. In the formative days of the service establishment there was a fairly active service users planning group. This is now largely achieved via the Social Care Team within Eastvale.

Joint working / community involvement
Strong links are in place at both Camglen LHCC planning forums and within LPIG with Social Work, Housing and Voluntary providers. There has been an integrated Social Work Team within Eastvale for some years. There is also a member of the Money Matters advice service, who plays a major role in advocating on behalf of patients to provide support in obtaining additional benefits.

Finance
The current budget for the department excluding consultant medical staff is £687,605. The department regularly contributes an underspend to the over-all South Sector financial position.

Facilities / equipment
As described the team are based in a purpose built unit, adjacent to the largest 'health centre' in the area. The centre was originally designed to accommodate the adult services only. But since the opening, it has had to accommodate the Older Person's Services team also. This puts major constraints on space within the building. This has led to the situation where one of the locality consultants can not be accommodated, and has to carry out his out-patient surgeries some distance from the catchment population.

Staffing
The current financial breakdown of resources for each discipline is as follows.

Non Consultant Medical	55596
Nursing Trained	239037
Nursing Other	66215
AHPS	106441
ADMIN & Clerical	51156

Supplies
Current supplies allocation £169160
Training
Current allocation £2200

Recruitment issues
There has been significant turn over in staff in Eastvale in the past year. There are currently vacancies for, 2 Nursing posts and 3 AHP. There is currently only a part-time Psychologists based within the team.

Sick Leave
Average monthly sick leave for the team is 1.4%.

PDPs
All team members are encouraged to develop areas of specialist interest, augmented by individual personal development plans. The focus for the team has been on dealing with the large number of

referrals to the locality, and establishing more meaningful links with the GPs and Primary Care Teams within the area.

Team Learning

The team have recently completed SPIRIT training, in conjunction with the relevant in-patient ward and the department of Psychological medicine. There is a regular monthly team education seminar. There has been several team building ½ or full days over the past year.

Service Developments

The team has reorganised itself internally, this allows for a greater focus on direct patient interventions and less time on carrying out large amounts of assessments. The team has a more generic function in which team members carry out a range of functions within the team.

Service Activity: From PIMS Information

There are large information gaps at present due to not all disciplines recording to the PIMS system.

Team	Caseload	Referrals	Discharges	Contacts
Eastvale	790	632	644	4358

Clinical Governance Issues

The team has strived to provide a quality, evidence based service by focusing in on severe and enduring mental health issues within the locality. This has been reinforced with major referrers.

Critical incidents

There have been 4 patient suicides within the team within the past 12 months.

Complaints

There have been no major or unresolved complaints within the locality.

South Sector

Rossdale Resource Centre

Introduction

Opened officially in August 1993 Rossdale Resource Centre represented a further development of comprehensive multi-disciplinary services within South West Glasgow.

Area served

Pollok and Cardonald Locality

Catchment areas

G51.1 North Kinning Park, G51.4 Shieldhall, G52.1 Craigton/Mosspark, G52.2 N.Cardonald/Hillington, G52.3 South Cardonald, G52.4 Penilee, G53.5 Pollok, G53.6 Nitshill, G53.7 Hurlet/S.Nitshill/Darnley

Population size

Postcode Population 18-65 48,438
Practice Population 18-65 38,543

Deprivation scores

There are high levels of deprivation for the locality with an average Jarman score of 5.25

User / Care involvement

The area is an active member of the South Sector Network group. This encourages full participation of user and carers in the planning and implementation of services.

Joint working / community involvement

The area has been designated as a SIP area and there is regular contact with a range of user and carer groups. There is also regular attendance at LHCC planning groups and Joint Working and implementation forums.

Finance
The current budget for the department excluding consultant medical staff is £704,928. The department regularly contributes an under spend to the over-all South Sector financial position.

Facilities / equipment

The service is housed in a stand alone, purpose built facility in Haughburn Road in Pollok. There are local medical staff concerns, in relation to the open plan environment on entering the building. There is a plan to enclose the reception area which has not yet been approved by the capital planning group. The rest of the building conforms to Royal College of Psychiatry requirements in relation to staff security.

Staffing
The current breakdown of resources for each discipline is as follows.

Non Consultant Medical	60,824
Nursing Trained	260,775
Nursing Other	16,060
AHPS	160,775
ADMIN & Clerical	56,228

Supplies
Current allocation £100,562

Training
Current Allocation £8,500

Recruitment issues
There are currently no vacancies within Rossdale and the Team is up to full complement.

Sick Leave
Average monthly sick leave for Rossdale is very low being 0.9%

PDPs
All team members are encouraged to develop areas of specialist interest, augmented by individual personal development plans. There was significant investment in individual training over the year, including CBT courses, advanced nursing modules etc.

Team Learning
The team completed the SPIRIT training initiative over the past year and are currently applying for second phase training within the same initiative. There has also been two team away days over the past year to examine team and clinical practices and set team priorities for the coming few years. There is also a current initiative within the team that individual team members ‘act up’, to give them experience of functioning at a higher grade within their respective discipline.

Proposed Developments
The coming year will see the re-location of out-patient activity from Southern General Hospital. Rossdale will become the focus for all medical out-patient activity for the locality.

Service Activity: From PIMS Information
There are large information gaps at present due to not all disciplines recording to the PIMS system.

Team	Caseload	Referrals	Discharges	Contacts
Rossdale	491	640	644	6829

Waiting times: There is a desk duty system within the team, which allows referrals to be prioritised. Emergency referrals are directed to the Duty Doctor at SGH. Urgent referrals are assessed within 3 working days. Routine referrals within 10 working days.

Medical referrals within 6 weeks.
Psychology referrals >25 weeks.

Clinical Governance Issues
There are major pressures within the system in relation to Psychological therapies and high demands made on that element of the service, has led to long waiting times to be seen. In an effort to ensure a quality service the team has been focusing on it's priorities for service provision and has used this year to communicate the team's priorities with all local referrers.

Critical incidents
Nil of note
Complaints
There have been no major complaints of note this year in regard to Rossdale.

South Sector
Intermediate Services ICTT&ADS
(Intensive Community Treatment Team & Acute Day Services)

Introduction
South Glasgow Intermediate Services were developed from Modernising Mental Health Services some 4 years ago. The ICT Team are currently based within the Festival Business Centre, but will shortly co-locate to Florence Street to be more functionally aligned to Acute Day Services.

Area served

The service is a Pan Sector service and serves the entire adult population of South Glasgow.
User / Care involvement

The teams have active involvement with the South Sector network group at both an operational and strategic level. There is active input and evaluation of both elements of the service via the Modernising Mental Health planning group meetings.

Finance
The current budget for the service is £851028.The department regularly contributes an under spend to the over-all South Sector financial position.

Facilities / equipment
The services will shortly co-locate to Florence Street and the ADS will move internally to the newly refurbished building.

Staffing
The current breakdown of resources for each discipline is as follows.

Medical Staff	146033
Nursing Trained	364332
Nursing Other	34549
AHPS	169384
ADMIN & Clerical	48527

Supplies
Current allocation £88203
Training
Current Allocation £5100

Recruitment issues
There is currently 1 nursing vacancy, 1 AHP vacancy. There has been a fairly high turn over of staff within the service, particularly the ICT Team.

Sick Leave
There has been a significant increase in sickness levels particulary within the ICT Team, mainly long-term sickness. Monthly average sickness is 14.9%.

PDPs
All team members are encouraged to develop areas of specialist interest, augment by individual personal development plans. There was significant investment in individual training over the year, including CBT courses, advanced nursing modules etc.

Team Learning
There have been regular team building sessions within the service. There are monthly education forms in both areas.

Proposed Developments
Both services will move to a 9.00am till 9.00pm configuration, within the next 6 months. Homelessness staff will also be integrated within the ICT Team to provide services to those patients who require intensive home support. The ADS team will also extend the numbers of acute patients being accepted into the service and a home support model will be developed.

Service Activity: From PIMS Information
There are large information gaps at present due to not all disciplines recording to the PIMS system.

Team	Caseload	Referrals	Discharges	Contacts
ICT	56	29	13	N/A
ADS	140	199	128	N/A

Complaints
There have been no complaints of note this year in regard to Intermediate Services.

South Sector
Ferguson Roger Psychotherapy Day Services

Introduction
Based within The Southern General Hospital and operating in conjunction with the Psychotherapy out-patient department, FRDS have been established for many years.

Area served

The service is a Pan Sector service and serves the entire adult population of South Glasgow.

Finance
The current budget for the department excluding consultant medical staff is £133250

Facilities / equipment
Based within the Southern General, the department was recently extensively decorated and could be considered to be of good quality accommodation.

Staffing
The current breakdown of resources for each discipline is as follows.

Nursing Trained	86980
AHPS	45227

Supplies
Current allocation £1043

Training
Current Allocation £400

Recruitment issues
Is has not been possible to recruit to the AHP component of the team. This has been supplemented by additional nursing posts.

Sick Leave
Figures not available

PDPs
All team members are encouraged to develop areas of specialist interest, augment by individual personal development plans. There was significant investment in individual training over the year, including CBT courses, counselling courses and drama therapy training.

Team Learning
There are weekly supervision and support sessions which have a significant educational component.

Service Developments
The team continue to provide outreach support to South Sector CMHT's. There are continued outreach clinics within a number of Primary Care Clinics.

Proposed Developments
In conjunction with future proposed service developments. The Psychotherapy Service has devised a sector strategy, for the treatment of Borderline Personality Disorder. This will be taken forward in the coming year

Service Activity: From PIMS Information

Team	Caseload	Referrals	Discharges	Contacts
FRPD	49	118	108	1511

Clinical Governance Issues
The waiting time for the team is an average of 4 weeks for the day service and approx 12 weeks for the outreach counselling service. The team have continued to expand their remit to a wider client base within South Glasgow.

Critical incidents
Nil of note.

Complaints
There have been no major complaints of note this year in regard to Psychotherapy Services

ANNUAL REPORT 2003/2004

ADULT COMMUNITY MENTAL HEALTH SERVICES

SOUTH EAST LOCALITY

Eileen Carroll
Locality Manager

Contents

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1. EXECUTIVE SUMMARY

This report provides information on the four Adult CMHTs in the South East Locality – Castlemilk, Eastwood, Florence Street and Pollokshaws. Each team has its own special identity and presents the locality manager and corresponding team with their own unique set of challenges. There are asylum seekers living in three of the four areas and there are a high number of people from ethnic minority backgrounds in two of the four localities. The community teams face the challenges of joint working with social work and improving links with the corresponding wards.

I wish to thank all those who have supported me in the past year and also those who have helped me put this report together.

Over the course of the year the Teams have participated in new developments, audited current services and assisted in informing capital developments in Florence Street, Eastwood and Pollokshaws.

The capital situation within this locality continues to improve and more facilities are meeting the DDA requirements.

2. DESCRIPTION OF SERVICE

CASTLEMILK
This community mental health team provides mental health services out of their purpose built Resource Centre which is called The Stewart Centre. The team comprises of two Consultant Psychiatrists and a multidisciplinary team. The Consultant Psychiatrists and their secretaries are based at Leverndale Hospital and out patient clinics take place at the Resource Centre and Victoria Infirmary.
The team provides a service for eleven practices, two of which are based within the local Health Centre in Castlemilk. The other practices are located throughout the area in Kingspark, Cathcart, Battlefield and Croftfoot.

The population includes a number of asylum seekers. The area is split between Castlemilk and Croftfoot/Cathcart and the health and social indicators vary quite significantly between the two areas. There is also a higher than average number of people from black and ethnic minority backgrounds in the Cathcart area.

EASTWOOD
The Eastwood Team was established six years ago and comprises of one full time and one part time Consultant Psychiatrist and a multidisciplinary team. This Resource Centre is shared with the Elderly Team and space is at a premium. The Centre has expanded into the adjacent premises and the teams now have additional offices and interview rooms. This team operates by postcode and provides a service for those clients living in the G77, G76, G46 and G44 areas.

This area is one of the most affluent areas within Scotland and unemployment is low.

FLORENCE STREET
The Resource Centre has been a poor state of repair and a capital plan to the value of £1.5million has begun and will be completed in the following financial year.
The acute day services will be based within the complex when the capital work is completed. The ESF project moved to a facility in Acorn Street to enable the work in the Resource Centre to go ahead.

This Resource Centre has been established for over ten years and two discrete teams comprising of three Consultant Psychiatrists and their multidisciplinary teams are based here.
The Gorbals teams covers six practices, four of the practices are based within Gorbals Health Centre. Three of the practices have satellite practices closeby and the fourth practice has a satellite practice in the Eastwood catchment area.
The Govanhill Team also covers six practices, three of which are based within Govanhill Health Centre. The other two practices have surgeries within the Govanhill area.

Both areas have a high level of deprivation and asylum seekers. The Govanhill area has one of the highest populations of black and ethnic minorities in Glasgow.

POLLOKSHAWS
The team is based within the Pollokshaws Clinic and has been established since 1996. The team comprises of two part time Consultant Psychiatrists and a limited multidisciplinary team. The medical staff and their secretaries are based at Southern General Hospital. The team covers eight practices in the Shawlands and Pollokshields areas.

Two of the practices have satellite practices in Cathcart and Merrylee areas.

This area has a high level of deprivation and accommodates a high number of asylum seekers. The Pollokshields area has one of the highest population figures of ethnic minorities in Glasgow.

3. LHCCS

SOUTH EAST LHCC
The Castlemilk and Florence Street teams work with the SouthEast LHCC which is the third largest LHCC in the Trust. The Locality Manager works closely with this LHCC and is a co-opted member of the South East Implementation Group.

GREATER SHAWLANDS LHCC
The Pollokshaws team works with the Greater Shawlands LHCC. This LHCC straddles three Social Work Area Teams. The Locality Manager and a G Grade Community Psychiatric Nurse work with this LHCC.

EASTWOOD LHCC
The Eastwood CMHT is virtually co-terminous with the LHCC and Social Work Department.

4. SOCIAL WORK LINKS

CASTLEMILK
Unfortunately the Social Work staff have experienced a significant level of sickness and have still been unable to move into their accommodation within the Resource Centre.
The CMHT links well with the social work staff and no significant problems have been encountered over the past year.

EASTWOOD
The CMHT has been working closely with the East Renfrewshire Social Work Department and have jointly produced a single shared assessment for both the Levern Valley and Eastwood CMHT's. The Locality Manager attends the Joint Planning Group and is involved in a Mental Health Forum which includes input from voluntary organisations and the LHCC. Social Work staff attend the allocation and review meetings but unfortunately are not based in the Resource Centre.

FLORENCE STREET
The CMHT works with Social Work staff from Gorbals Area Team. There are two Social Work staff now working within the Resource Centre. Secretarial cover for this staff group is provided at Florence Street.

POLLOKSHAWS
This team has close links with the Gorbals area team, however, there were no social work staff allocated to this team in the planning process.

Regular meetings take place with the Social Work Department and the CMHT's and there are good working relationships in each area.

5. USERS/CARERS

The involvement of users and carers in the four CMHT's is patchy. There are users groups operating in Pollokshaws, Cathcart, Castlemilk and Shawlands but no activity in the Gorbals,

Govanhill and Pollokshields areas. More recently there has been representation at the Gorbals Link Club and it is hoped to increase this involvement. A carers group runs monthly in the Stewart Centre.
There has been input to the Users Forum in Eastwood but this has fallen away recently. It is intended to re-introduce this.

6. RESOURCES

FINANCE

	STAFFING BUDGET (000)	SUPPLIES (000)	TRAVEL /TRAINING (000)	TOTAL (000)
CASTLEMILK	386	82	26	494
EASTWOOD	422	73	34	529
FLORENCE STREET	756	270	37	1063
POLLOKSHAWS	307	27	22	356

The year end spend for the four areas identified cost pressures in the medical budget for the Eastwood Team and supplies budget for the Florence Street Team. The pharmacy costs were fully funded which affected the overspend for all areas.

STAFFING

	Castlemilk	Eastwood	Florence Street	Pollokshaws
Medical*				
Consultant Psychiatrist				
Staff Grade	0.50	0.7	1.00	0.70
Psychology				
Grade B	0.50	1.00	1.00	
Grade A		0.50(vacant)		0.50
Nursing				
H	1.00			
G	4.00	3.00	4.80	3.00
E	2.00	3.00	5.00	3.00
B	3.00	3.00	2.60	2.00
OT				
Head III				
Senior I	0.78	1.00	1.00	
Senior II	1.00	1.00	2.00 (1*vacancy)	
Basic Grade			1.00 (vacancy)	
A&C				
Grade 6		1.00		
Grade 4		1.00	1.00	1.00
Grade 3/4	1.00	1.50	4.00	
Grade 3			0.89	
Grade 2	1.00			
Primary Care Counsellors			2.30	

* Budget is with In-patient services.

The main recruitment issue has been to attract clinical psychologists to vacant posts.

7. SICKNESS ABSENCE MONITORING

There are no staff members in any of the CMHT's who have had any significant episodes of sick leave.
Where required referrals have been made to Occupational Health who have assisted individuals back to work.

8. TRAINING

Due to the financial constraints within the Trust, there has been limited training opportunities for externally run courses however, the internal courses have accommodated this shortfall using our own staff's skills and experience to train other colleagues. The training plan has been developed through the appraisal process and trust initiatives.

Current training initiatives using external facilities include:-

MPhil – Art Therapy – Florence Street
BA Management - Locality Manager
Diploma in Healthcare Management – Eastwood Team
SVQ III Care – Pollokshaws Team, Eastwood Team
SVQ Assessor Course – Florence Street
AMPS Training for OT staff – Florence Street
Venapuncture training
Nurse Training (Healthcare Assistant secondment) - Florence Street
BSc in Community Nursing – Eastwood Centre

The teams are also involved in the Trust training programmes, which include:

Diversity Training (All Teams)
SPIRIT training (Eastwood, Gorbals and Pollokshaws Teams)
Glasgow Supervisory Programme – Eastwood and Castlemilk Teams
Awareness Training for Domestic Abuse of new guidelines
Various in-house seminars including case presentations and journal clubs
Health Promotion Training
Medication Management Training for Trainers – to be cascaded throughout all teams
Computer Skills
Management of Aggression
Food Handling

The appraisal system is in place and all senior staff have been appraised by the Locality Manager and appraisals of junior staff is also being carried out. This will inform the current training and development plan.

9. SERVICE DEVELOPMENTS

CLINICAL SERVICE DEVELOPMENTS
New groupwork has been developed in the Stewart Centre, Eastwood and Florence Street.

Clozapine Clinics are now operational in Eastwood, Florence Street and the Stewart Centre.

All staff have taken part in Team Awaydays to discuss the CMHT's position regarding their team objectives for the year. Reports were produced for each day and action plans have been developed.

Representatives from each CMHT have taken part in a South wide group to look at the seven day service that operates out of Brand Street. The operational policy has been updated and agreed.

The Primary Care Counsellors have now joined the new Primary Care Mental Health Team.

Audits of clinics and other services have been carried out in all areas and will be published at a later date. It is hoped to set this work out on a database so that all the teams in the South can access the information and share action plans etc.

There is a southwide team looking at referral guidelines and all CMHT's now have a standardised approach to inclusion and exclusion criteria. This group also looks at exchanging good practice and will develop a caseload weighting tool for teams to use in conjunction with referral guidelines.
Health and Well Being Clinics for clients on long term medication have been developed in the Eastwood and Stewart Centres.

ADMINISTRATIVE DEVELOPMENTS
The administrative staff have been working together throughout the year to develop a single reference manual for all Resource Centres. This manual details every administrative task required and enables staff exchange to take place as smoothly as possible.
PRIMARY CARE MENTAL HEALTH TEAMS
Extensive multidisciplinary and multiagency meetings have taken place in South East, Greater Shawlands and Eastwood LHCC's with the objective of developing Primary Care Mental Health Teams for these areas. The development of the teams have followed the recommendations proposed in the Primary Care Division's Direction Statement. The Teams will provide care and brief therapies for people suffering from mild to moderate mental illness using cognitive behavioural therapy and counselling services.
The Teams are jointly managed by Locality Manager and LHCC General Manager.

SAINSBURY CONSULTATION
The Teams were involved in the focus groups and consultations interviews with the Sainsbury Centre for Mental Health regarding integration of Social Work and Health Services. The consultation process has not yet been finalised and will have to now take recognition of the development of the new Community Health Partnerships.
The draft report proposes a hybrid of management arrangements that will feed into the Community Health Partnership Structure.

COMMUNITY HEALTH PARTNERSHIPS
The Scottish Executive has produced a paper introducing the concept of Community Health Partnerships which will provide local areas a full opportunity to take part in the planning and delivery of services for their own area. The partnerships will be multiagency and have a robust user and carer representation at planning level. This locality will support three CHP's – South East, Greater Shawlands and Eastwood.
Discussions are taking place at regular intervals to develop the plans and mental health services are represented at all meetings.

10. SERVICE ACTIVITY

The caseloads for each team are as follows:

South Sector Adult Caseloads By Discipline as at August 2004

Castlemilk CMHT		**Gorbals Govanhill CMHT**	
Medical	68	Medical	548
Nursing	248	Nursing	387
OT	59	OT	96
Psychology	40	Psychology	77
Total Patients	**306**	**Total Patients**	**815**

South Sector Adult Caseloads By Discipline as at August 2004

Eastwood Adult CMHT		**Pollokshaws CMHT**	
Medical	392	Medical	63
Nursing	275	Nursing	221
OT	66	Psychology	17
Psychology	214		
Total Patients	**740**	**Total Patients**	**286**

Diagnoses are illustrated below.

South Sector Adult Diagnoses By Base at August 2004

Castlemilk CMHT

F0	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**F7**	**F8**	**F9**	**Other**	**Blank**	**Total**
0	3	109	113	15		1			1		66	**308**

Eastwood Adult CMHT

F0	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**F7**	**F8**	**F9**	**Other**	**Blank**	**Total**
4	8	75	267	108	12	5	1		5	1	291	**777**

Gorbals Govanhill CMHT

F0	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**F7**	**F8**	**F9**	**Other**	**Blank**	**Total**
10	36	271	273	99	9	24	2			1	217	**942**

Pollokshaws CMHT

F0	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**F7**	**F8**	**F9**	**Other**	**Blank**	**Total**
	3	63	35	8							189	**298**

REFERRALS AND DISCHARGES

South Sector Adult Referrals and Discharges By Month April 2003- March 2004

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Castlemilk CMHT													
Referrals	18	20	23	21	24	22	24	21	20	20	31	26	**270**
Discharges	14	14	12	62	10	38	43	14	8	157	16	13	**401**
Eastwood Adult CMHT													
Referrals	54	44	45	46	40	54	41	52	66	54	55	44	**595**
Discharges	39	57	61	23	41	39	38	36	36	30	57	23	**480**
Gorbals Govanhill CMHT													
Referrals	73	81	76	70	80	62	69	62	54	65	84	82	**858**
Discharges	58	85	89	74	48	77	55	61	55	70	68	82	**822**
Pollokshaws CMHT													
Referrals	28	30	34	31	19	22	23	18	21	29	18	22	**295**
Discharges	23	35	9	22	30	27	50	23	8	28	50	20	**325**

And finally the contact figures. This is not an accurate account of all activity as not all medical or psychology staff are using PiMS system.
It is hoped to address this issue in the coming year.

South Sector Adult Contacts Report from April 2003 to March 2004

Castlemilk CMHT						
	Actual	**Planned**	**DNA**	**Canc**	**Wrong**	**Totals**
	4723		**488**	**419**	**14**	**5644**

Eastwood Adult CMHT						
	Actual	**Planned**	**DNA**	**Canc**	**Wrong**	**Totals**
	5611	**146**	**398**	**382**	**110**	**6647**

Gorbals Govanhill CMHT						
	Actual	**Planned**	**DNA**	**Canc**	**Wrong**	**Totals**
	6427	**148**	**1366**	**776**	**42**	**8759**

Pollokshaws CMHT						
	Actual	**Planned**	**DNA**	**Canc**	**Wrong**	**Totals**
	2398	**213**	**417**	**249**	**146**	**3423**

11. CLINICAL GOVERNANCE

Audits have been carried out on a number of elements of the service to demonstrate effectiveness including assessment clinics, seven day service activity levels.
There have been two critical incidents at the Eastwood Centre and it is hoped to re-design the reception area to increase the safety for administrative staff.
Complaints have been received in Florence Street and Eastwood Resource Centres and in all cases suitable resolutions have been reached. In one case it was clear that there had been wrong information given out to a patient and this led to ensuring that all CMHT's in South are referring to correct information for the 7 Day Service.
One of the staff at Eastwood is involved in carrying out a research project in examining nutrition care for young men suffering from schizophrenia who live independently.

There are staff from the CMHT's who are taking part in the sub groups responsible for implementing the Integrated Care Pathway for Schizophrenia.
A significant development in improving the flow of information across in patient and community services has been the introduction of administrative staff using a shared drive for all correspondence. This means that clinical staff can access information at any base regarding their patients. A satisfaction survey has been carried out and the response has been positive in all cases.

Eileen Carroll
6 August 2004

Annual Report 2003/04

South Glasgow
Elderly Community Mental Health Services

John McCauley
Locality Manager

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Executive summary

Another very busy year for all the teams has shown the hard work and dedication of all disciplines and grades of staff. Despite the financial pressures and delays in recruiting the teams have all pulled together to ensure the continuing delivery of high quality, responsive and multi-disciplinary services to our patients.

The teams have worked hard to deliver the requirements of the 'Joint Future' agenda and ensure partnership working benefits the patients and their carers.

We are now in the process of redesigning our services to ensure a close fit with the new CHPs and we look forward to another year of change.

Description of service

Target population of residents within these areas who are aged 65 years and over.

Areas covered are	**G5, G41, G42, G43, G44, G45, G46.6, G46.7, G51, G52, G53, G73, G72, G76.0, G76.7, G76.8, G76.9, and G77.**
Population ≥ 65 years of age	**56,283**

ECMHTs are split into 5 teams.

Consultant

Vacant	**G41, G51, G5** Pollokshields, Shawlands, Dumbreck, Govan, Ibrox, Gorbals Population: - 65 Years+ **9,392**
Dr. Julia Gray	**G46.6, G46.7, G76.0, G76.7, G76.8, G77 and part of G44.3.** Giffnock, Thornliebank, Eaglesham, Clarkston, Busby, Mearnskirk, Newton Mearns. Population: - 65 Years+ **10,378**
Dr. Graham Jackson	**G73, G72, G45, G76.9 part of G44.5.** Rutherglen, Cambuslang, Castlemilk, Carmunock. Population: - 65 Years+ **12,615**
Dr. Alison Mitchell	**G42, G43, part of G44** Toryglen, Govanhill, Battlefield, Pollokshaws, Newlands, Cathcart, Kings Park, Croftfoot. Population: - 65 Years+ **12,284**
Dr. Liz Quinn	**G52, G53, G46.7** Mosspark, Craigton, Cardonald, Penilee, Pollok, Nitshill, Darnley. Population: - 65 Years+ **11,614**

The team's link closely with Beith, Banff, Balloch and Balmore wards in Leverndale hospital with regular attendance at ward meetings and direct feedback from Medical staff. Consultants are responsible for beds in Deanfield, Darnley and Rogerpark nursing homes.
Teams are multi-disciplinary and offer services as part of Community Mental Health Team resources.

Total 52,893 (N.B All above figures are based on 2001 Census)

Hours of Service

Services can be accessed 24 hours a day 7 days a week.

Each centre is open Monday to Friday 9am to 5pm.

Monday to Friday 5pm to 9pm, Saturday and Sunday and Public Holidays 9am to 5pm, a '7 day Service' is provided centrally based in Brand St. Resource centre covering all of South Glasgow.

Out-with these times a CPN is accessible through the Out of Hours service based within Cowglen Hospital.

Council Areas

The Locality covers 3 council areas. South Lanarkshire, East Renfrewshire and Glasgow City. Relationships are very good and planning towards meeting the requirements of the Joint Futures agenda are well advanced in each area.

Locality Manager attends 'Joint Futures Groups' for the 3 council areas and the 'Health and Care' and 'Joint Planning Groups'.

LHCC s

The locality relates to 5 LHCCs: - South West LHCC, South East LHCC, Greater Shawlands LHCC, Camglen LHCC and Eastwood LHCC.

The Locality Manager Attends LHCC executive and planning groups for 2 LHCCs currently

The locality Manager attends the LHCC professional advisory group as a voting representative of South East LHCC

LPIGs

The locality manager attends LPIG meetings for South Glasgow, South East Glasgow (meet as one at present), Greater Pollok and South West Glasgow. These groups have been working to establish the 'bottom line' requirements laid out by the Scottish executive under the Joint Future agenda and are jointly planning local services.

Similar work has been carried out with the East Renfrewshire council and South Lanarkshire council using a different set up but with the same goals.

Financial information April 2003-March 2004

Total Budget: - **£1,863,156k** Year end variance: - **£35.7k**

£16k equipment overspends in Darnley Court and Rodgerpark care homes are included in overall budget.

Staffing costs: **Budget**: **£1.562k** **Actual spend: - £1.532k**

Supply costs: **Budget**: **£301k** **Actual spend: - £295k**

A total of **£5.7K** was spent from the locality budget on external training in the last financial year.

A full breakdown of finances associated with the locality is available from Stephen Tucker, Management Accountant, Gartnavel Royal.

SOUTH GLASGOW
(*= works for more than one base in South Elderly)

	Mental Health Elderly Community Staffing			
	August 2004			
	Locality Management		**Grade**	**WTE**
*	John McCauley	Nurse	I	1.00
*	Janette Hendry	Admin	4	1.00
	Total			**2.00**
	Eastwood CMHT			
	Julia Gray	Medical	Consultant	0.80
*	Alistair Coull	Medical	St. Grade	0.50
	Rotational post	Medical	SHO	1.00
	Fiona MacDonald	Nurse	G	1.00
	James Cranston	Nurse	G	1.00
*	Fiona MacIntosh	Nurse	G	0.50
	Moira McLean	Nurse	E	1.00
	Elizabeth Kennedy	Nurse	E	1.00
	Vacant	Nurse	E	1.00
	Erica Laurie	Nurse	B	1.00
	Rebecca McPhee	Nurse	B	1.00
	Helen Rice	Nurse	B	1.00
	Emma Walker	OT	Senior 1	1.00
	Andrew Kelly	OT	Tech 1	1.00
*	Alice Landrock	OT	Basic	0.50
*	Rachel Edwards	Psychologist.	A	0.50
	Margo Martin	Admin	4	1.00
	Lorraine Rutherford	Admin	3	1.00
	Total			**15.80**
	Eastvale CMHT			
	Graham Jackson	Medical	Consultant	1.00
*	Diana Roy	Medical	St. Grade	0.80
	Robert Boyd	Nurse	G	1.00
	Fergus Maitland	Nurse	G	1.00
	Theresa O'Brien	Nurse	G	0.50
	James Bradley	Nurse	E	1.00
	Michael Rooney	Nurse	E	1.00
	Theresa Coyle	Nurse	B	1.00
	Vacant	Nurse	B	1.00
	Melissa Brown	OT	Senior. 1	1.00
	Patricia McKenzie	OT	OT Ass	0.20
*	Rachel Edwards	Psychologist.	A	0.50
	Anne Wilkinson	Admin	3/4	1.00
	Carol Cleugh	Admin	2/3	1.00
	Total			**12.00**

	Eastvale Day Hospital			
	Rosemary Wilson	Nurse	G	1.00
	Carole Willson	Nurse	E	1.00
	Helen Murphy	Nurse	E	0.60
	Irene Barrowman	Nurse	E	1.00
	Vacant	Nurse	E	1.00
	Ann McCall	Nurse	B	0.60
	Fiona Thompson	Nurse	B	1.00
	Total			**6.20**
	Elderpark Clinic			
	Vacant	Medical	Consultant	1.00
*	Alistair Coull	Medical	St. Grade	0.50
	Andrew Billingham	Nurse	G	1.00
	Linda Matheson	Nurse	G	1.00
	Diane Hamill	Nurse	E	1.00
	Richard Hill	Nurse	E	1.00
	Linda Dool	Nurse	B	1.00
	Matthew Taylor	Nurse	B	1.00
	Edwina Gray	OT	Senior. 1	0.67
*	Elizabeth Smith	OT	Tech. 3	0.30
*	Nicola Baillie	Psychologist	A	0.25
*	Katrina Gordon	Admin	3	0.25
	Total			**8.97**
	Greater Pollok			
	Elizabeth Quinn	Medical	Consultant	0.80
	Rachel Clarke	Medical	Clin. Asst.	0.56
	Nora Mall	Nurse	G	1.00
	Vanita Dowlul	Nurse	G	1.00
*	Marion Boyle	Nurse	G	0.50
	John Gilmour	Nurse	E	1.00
	Fiona Gilroy	Nurse	E	1.00
*	Andrew Pauline	Nurse	E	0.50
*	Christine Ann McCourt	Nurse	E	0.50
	Sharon O'Hara	Nurse	B	1.00
	Pat Orr	OT	Senior .1	0.58
*	Elizabeth Smith	OT	Tech. 3	0.31
*	Nicola Baillie	Psychologist	A	0.25
*	Katrina Gordon	Admin	3/4	0.25
	Total			**9.25**

	S/W Day Services			
	Vacant	Nurse	G	1.00
*	Marion Boyle	Nurse	G	0.50
*	Andrew Pauline	Nurse	E	0.50
*	Christine Ann McCourt	Nurse	E	0.50
	Linda Ross	Nurse	B	0.64
*	Irene Parker	Nurse	B	0.40
	Vacant	Nurse	B	1.00
*	Muriel Buchanan	Admin	3/4	0.20
	Total			**4.74**
	Shawmill Centre			
	Alison Mitchell	Medical	Consultant	1.00
*	Dr D Roy	Medical	St..Grade	0.20
*	Fiona McIntosh	Nurse	G	0.50
	Lorraine Faulds	Nurse	G	1.00
*	John Harty	Nurse	G	0.50
	Hazel Robertson	Nurse	E	0.80
	James Graham	Nurse	E	1.00
	Esther Cornfoot	Nurse	B	1.00
	Marion Deed	Nurse	B	1.00
	Leslie McKelvie	OT	Snr. 1	0.64
	Vacant	OT	Tech. 1	1.00
*	Marjorie Small	OT	Tech 111	0.50
	Susan Cross	Psychology	Gr. B	0.30
	Niall Broomfield	Psychology	Gr. A	0.50
	Muriel Buchanan	Admin	3/4	0.34
*	Katrina Gordon	Admin	3/4	0.50
	Total			**10.78**
	Shawmill Day Hospital			
*	John Harty	Nurse	G	0.50
	Susan High	Nurse	E	0.60
	Vacant	Nurse	E	0.40
	Cathie McCabe	Nurse	E	1.00
*	Irene Parker	Nurse	B	0.60
	Lynda Eccleson	Nurse	B	1.00
	Total			**4.10**
	TOTAL WTE			**73.84**
	TOTAL HEADS			**80**

Comments on General Recruitment

- No budget had been identified for psychology services for South West area and this resulted in no psychology service being available to patients in this area. Following discussions between lead psychologist and Locality Manager an A grade psychologist was recruited. This post still has no funding attached and has been supported by using a vacancy factor on all posts as they become available. Discussions between Locality Manager and lead psychologist have failed to identify funding to support this post. Post will not be replaced when vacated. Lead psychologist is concerned that diluting the psychology resource to cover gaps will lead to an inadequate service throughout South Glasgow. A 0.5WTE grade A psychologist in Shawmill was given access to higher spine points to ensure his retention in the team for a few years.

- Discussions have taken place with Sector Nurse, Clinical Staff and Locality Manager regarding the potential for funding an H Grade CPN post allowing a professional structure for supervision and support of G Grade CPNs. It was not felt to be acceptable to upgrade an existing G Grade as this would remove clinical time available to the team the H Grade was based in as they would have a large role in supervision and acting as the nursing team leader.

- Agreement has been reached to secure funding for a part time Head III OT. Unfortunately due to financial pressures we have been unable to commit these funds to the post. This post is now removed from the profile.

- The rotational basic Grade OT previously recruited with a 0.5 WTE to in-patient services and 0.5 to the Eastwood CMHT has been redesigned. The post is now 0.5 WTE Eastwood and 0.5WTE Eastwood. This has helped to create a full professional structure for OTs within the locality.

- An E Grade staff nurse in Eastvale Day Hospital has been recruited as a 0.4 WTE G grade with the multi-cultural team to work in their one stop clinics. The 0.4 WTE vacancy this created was combined with a long term 0.6 WTE staff nurse vacancy and was recruited to.

- If all posts in the current profile were to be filled there would be an overspend of **£84k.** Locality manager was instructed to remove posts from the profile to achieve a break even at full employment. Posts to be removed from the profile are 1.0 WTE Locality administrator (protected grade 6), 0.5 WTE A grade psychologist, Head III OT, 1.0 WTE Grade E staff nurse (was hoped to recruit to improve acute hospital liaison but funding was not given).

- Vacancy factors over the last year have been applied throughout the locality. All posts which have been deemed by locality manager as essential have been passed by the Mental Health Services Management Team. Posts where vacancy factor is being applied at present : -

Eastvale Day Hospital : -	1.0 E Grade, Till April 2005. 0.4 B Grade, Till April 2005.
Eastvale CPNs: -	1.0 B Grade, Till April 2005.
Shawmill Day Hospital: -	0.4 E Grade, Till April 2005.
South West Day Services: -	1.0 E Grade, Till April 2005.

Training

Katrina Doyle A&C Shawmill completed her Certificate in Management Studies.

Further update training was available on Acetyl cholinesterase Inhibitors.

Robert Boyd CPN is completing his thesis as part of a PHD at Glasgow University.

Update training was available to all clinical staff on Lewy Body Type Dementia.

Eastvale and Eastwood ECMHTs completed SPIRIT training

Helen Murphy and Irene Barrowman E Grades in Eastvale CMHT both completed part time CMHN degree/honours course.

Day hospitals and community teams have continued to host degree, diploma and staff nurse conversion students, have continued to facilitate the Day Hospital Managers Forum, and have continued to offer training to local voluntary and statutory groups.

Carers' events have been organised in all areas with an educational component as decided by carers.

Training input to Care Homes occurs in each area

All teams use systems of supervision including personal supervision and case load supervision.

Appraisal and the formation of personal development plans are carried out for all levels of staff using the system introduced by the Primary Care Trust.

PIMS 'champions' have been identified for each base and have been trained to enable them to offer support to team members on PIMS issues.

All nursing and OT staff have attended local training on single shared assessment.

Locality manager attended 'change in a joint future' seminars

Locality manager attended project management training

Locality manager is currently participating in CHP leadership programme.

Statutory Training

All staff have attended or plan to attend appropriate levels of training provided by the Management of Aggression Team.

All staff has attended or plan to attend CPR training.

All staff have attended or plan to attend Manual Handling Training.

Fire Safety updates are arranged by each local base at a minimum of once per year.

A total of £5.7K was spent from the locality budget on external training in the last financial year. Other training had no direct associated costs or was funded from elsewhere. Nursing staff training was supported by Professional Development Planning budget administered by Mark Richards Sector Nurse

SERVICE DEVELOPMENTS

Elderpark Clinic housed not only the Older Peoples Co-located Team in Govan but also the Community Mental Health Team for Older People for the South West of Glasgow. It is ideally placed for the Teams to work co-operatively. The CMHT had to move out during renovations. The teams previously joined together in Elderpark have separated. Elderpark team covering G41,G51 and G5 and Greater Pollok Team, based in Leverndale Hospital, covering G52, G53 and G46.7. The plan was for an investment of **£1500K** to build a joint facility with Social Work day services based in Househillwood road and **£500k** to build a mental health facility on to Elderpark Clinic. Unfortunately Social Work were unable to confirm finance for the development. The latest plan is to put **£1000K** to the Elderpark redevelopment to house Pollok and Elderpark ECMHTs and South West Day Services.

John Harty 'G' Grade has been working with social work dept. and the Archdiocese of Glasgow in joint review of the client group and advocating for clients with no next of kin. He has also forged close links with the care homes in his area

Liaison arrangements with care homes are well established in each area.

Liaison arrangements with acute hospitals are being improved following investment from Greater Glasgow NHS Board. The overall capacity of ECMHTs is being increased and a new team will be formed. Service improvements as a result of the investment have been agreed. Meetings are planned to develop operational procedures and service standards.

A carer's education course was jointly facilitated with Govan Dementia Project which carers evaluated positively.

Budget for CPN input to Community Older Person's Teams (COPT) for South, South East and Camglen areas have been pooled and a CPN is now directly employed by COPT with professional supervision available from locality manager. The Eastwood team will continue to input to their local COPT. Elderpark and Greater Pollok teams liaise closely with the COPT based in Elderpark.

Joint assessment training is complete in most areas with updates planned. The training in use of SSA for South Lanarkshire is being carried out. East Renfrewshire have revised the Combined Assessment form and are piloting it. Training will be planned for the roll out of Indicator of Relative Need (IRoN) which replaces Resource Use Model (RUM).

Eastwood CMHT are part of the early implementation site within East Renfrewshire for the Resource Use Model (RUM).

Away days for each team are to be arranged to identify service development needs and to enhance Team Building.

A South Sector Newsletter has been published as a platform for information exchange. Funding is being sought for printing further issues.

Educational talks and support for staff from Residential and Nursing Homes will be developed further. This will be continually evaluated.

Locality Manager now attends the CARENAP E practitioners' group for Glasgow and the Care Management sub group. Training in care management has yet to be planned

PIMS champions have been supporting teams and providing reports to locality manager on PIMS compliance. Excluding medical and psychology staff from figures all teams are well within 80% compliance target for HONOS 65 and ICD10.

As a result of a previous carers' education course, a small number of carers have formed an informal support group which has maintained contact with staff and have been willing to consult and advise on various projects throughout the year. One member has continued to attend the elderly PIG for user and carer involvement

All teams have excellent links with carer organisations and offer support and training to them. Carers support groups are provided in each area with yearly seminars provided and funded by the locality budget with support from endowment funds.

Elderpark Team have supported annual forums with Nursing and Residential Homes, facilitated by Linda Matheson G Grade.

Locality Manager produced a paper looking at reconfiguring the ECMHTs to fit with CHP boundaries. This is currently being discussed locally before being shared with partners.

Joint working

All staff have undergone Single Shared Assessment training and it is being used as routine paperwork by nurses and OTs.

Shawmill continue to link with Greater Shawlands LHCC and have provided training to LHCC staff on Depression and Anxiety. Future training has been arranged on Dementia

Elderpark CMHT liaise closely with the Govan Dementia Project, Greengairs Road G51 which provides a Day Care service.

Clinical Governance

Fiona McIntosh is a member of the primary care and mental health sub group developing primary care services for mild-moderate mental health problems

Away days continue to be arranged to identify service development needs and: -

- proposals for future audits and research (the teams will examine opportunities for further work)

Staff have been involved in substantiating their nursing practice as evidence based.

Eastvale has is part of the RCP's ongoing nationwide research programme to establish an evidence base for day hospital interventions.

Robert Boyd CPN is working towards a PHD is researching into the use of a statement of wishes from people with early dementia as to how they wish to be treated when unable to state these views due to mental deterioration.

ECMHTs have continued to host degree, diploma and staff nurse conversion students, have continued to facilitate the Day Hospital Managers Forum, and have continued to offer training to local voluntary and statutory groups.

Elderly Day Hospitals have continued to develop and change, which is a necessary part of being a Needs Led Service.
Ongoing attendance at the day hospitals has continued to diminish. This is due to an increase in day care placements available for both functional and organic patients in our catchment area, and due to our Community Psychiatric Nurses facilitating discharge at the earliest opportunity through follow up of patients both at home and at drop-in groups. Day Hospital staff participated in a city wide audit of services. Awaiting analysis and feedback.

A Care Plan Audit group looking at the Service and Organisational Standards has carried out audits of care plans in each base. A further audit is planned by practice development nurse and locality manager.

John Harty continues to lead the 7 day service steering group and plan the rota for the service.

The early dementia support group in Eastvale Resource centre has been written up by University of Stirling Dementia Development Resource Centre as a model of good practice and was presented at Alzheimer's Scotland Action on Dementia Annual Conference

Mental Health information is recorded on PIMS (Patient Information Management System). The system is used for diagnoses and outcome measures and also to share risk assessments with our 7 day and out of hours services. Levels of sharing electronic information with other agencies have been agreed. Medical and Psychology information is now being captured on PIMS. PIMS 'champions' have been identified for each base and have been trained to enable them to offer support to team members on PIMS issues. Case records are kept by each discipline, as Multi-disciplinary records are difficult to use due to the widespread nature of the area.

The teams have been working together with Glasgow City Council and LHCCs to develop and implement joint assessment tools. Staff have been trained and use the tools regularly to access services for patients. Supporting documentation has been developed to allow the Mental Health Service to incorporate joint assessment tools in all its patient assessments.

Teams in Glasgow City boundaries have developed Carenap-E as the joint assessment tool in conjunction with other agencies.

Eastwood area have developed a combined assessment form which has been validated by the Scottish Office and is widely used by all local agencies.

Eastvale use CARENAP E with patients resident in City of Glasgow area and the newly developed Single shared assessment tool for residents of Rutherglen/Cambuslang. Training continues.

Shawmill completed a Research project with Psychology and CPN input on sleep clinic.

Shawmill are proposing a development to formalise a database to meet Schizophrenia standards and audit tool for same

Shawmill OTs developed a letter to inform all patients' GPs that light exercise may be part of an individual's programme while attending OT groups. This was developed in response to an incident in a group situation while carrying out exercise.

OTs have introduced audits to all new groups.

Jarman Score by Resource Centre

Resource Centre(Pop)	Sector Postcode(Jarman/SMR)	Jarman Score
Elderpark	G41 1	53.8
Elderpark	G41 2	34.17
Elderpark	G41 3	17.09
Elderpark	G41 4	-14.33
Elderpark	G41 5	6.75
Elderpark	G51 1	44.65
Elderpark	G51 2	38.5
Elderpark	G51 3	68.81
Elderpark	G51 4	25.02
Castlemilk	G44 3	-13.61
Castlemilk	G44 4	8.95
Castlemilk	G44 5	0.08
Castlemilk	G45 0	47.43
Castlemilk	G45 9	34.11
Eastvale	G72 7	20.28
Eastvale	G72 8	17.07
Eastvale	G73 1	39.67
Eastvale	G73 2	14.95
Eastvale	G73 3	6.83
Eastvale	G73 4	2.97
Eastvale	G73 5	22.63
Eastvale	G76 9	-0.51
Eastwood	G46 6	-21.18
Eastwood	G76 0	-6.48
Eastwood	G76 7	-18.19
Eastwood	G76 8	6.76
Eastwood	G77 5	-25.12
Eastwood	G77 6	-1
Florence St	G42 0	8.93
Florence St	G42 7	42.97
Florence St	G42 8	37.4
Florence St	G42 9	22.36
Elderpark	G5 0	40.43
Elderpark	G5 8	43.93
Elderpark	G5 9	39.05
Pollok	G52 1	3.68
Pollok	G52 2	7.05
Pollok	G52 3	9.92
Pollok	G52 4	9.95
Pollok	G53 5	21.04
Pollok	G53 6	26.12
Pollok	G53 7	45.71
Pollokshaws	G43 1	9.89
Pollokshaws	G43 2	-10.59
Pollokshaws	G46 7	-2.88
Pollokshaws	G46 8	31.54

Standardised Mortality Rate by Resource Centre	Sector postcode	Smr Score all
Elderpark	G41 1	141.1
Elderpark	G41 2	115.4
Elderpark	G41 3	101.4
Elderpark	G41 4	129.7
Elderpark	G41 5	112
Elderpark	G51 1	116.6
Elderpark	G51 2	130.9
Elderpark	G51 3	145.3
Elderpark	G51 4	134.3
Castlemilk	G44 3	97.9
Castlemilk	G44 4	104.8
Castlemilk	G44 5	95.3
Castlemilk	G45 0	134.7
Castlemilk	G45 9	131.9
Eastvale	G72 7	121.6
Eastvale	G72 8	99.2
Eastvale	G73 1	138.2
Eastvale	G73 2	107.8
Eastvale	G73 3	109.5
Eastvale	G73 4	126.9
Eastvale	G73 5	107.9
Eastvale	G76 9	85.9
Eastwood	G46 6	101.1
Eastwood	G76 0	78.3
Eastwood	G76 7	86.5
Eastwood	G76 8	75.5
Eastwood	G77 5	93.4
Eastwood	G77 6	86.3
Shawmill	G42 0	113.9
Shawmill	G42 7	126.2
Shawmill	G42 8	116
Shawmill	G42 9	108.7
Elderpark	G5 0	133.4
Elderpark	G5 8	MISSING
Elderpark	G5 9	137.2
Pollok	G52 1	104.7
Pollok	G52 2	106.8
Pollok	G52 3	120.5
Pollok	G52 4	111.4
Pollok	G53 5	117
Pollok	G53 6	145.1
Pollok	G53 7	215
Shawmill	G43 1	97.8
Shawmill	G43 2	94.8
Pollokshaws	G46 7	85.2
Pollokshaws	G46 8	130.5

Neighbourhood Type by Resource Centre		
Resource Centre	**Sector Post Code**	**Neighbourhood Type**
Brand St	G41 1	6
Brand St	G41 2	6
Brand St	G41 3	3
Brand St	G41 4	1
Brand St	G41 5	3
Brand St	G51 1	6
Brand St	G51 2	8
Brand St	G51 3	8
Brand St	G51 4	8
Castlemilk	G44 3	1
Castlemilk	G44 4	3
Castlemilk	G44 5	2
Castlemilk	G45 0	7
Castlemilk	G45 9	7
Eastvale	G72 7	5
Eastvale	G72 8	3
Eastvale	G73 1	6
Eastvale	G73 2	3
Eastvale	G73 3	3
Eastvale	G73 4	4
Eastvale	G73 5	5
Eastvale	G76 9	1
Eastwood	G46 6	1
Eastwood	G76 0	1
Eastwood	G76 7	1
Eastwood	G76 8	2
Eastwood	G77 5	1
Eastwood	G77 6	1
Florence St	G42 0	4
Florence St	G42 7	8
Florence St	G42 8	6
Florence St	G42 9	5
Florence St	G5 0	8
Florence St	G5 8	6
Florence St	G5 9	8
Pollok	G52 1	4
Pollok	G52 2	3
Pollok	G52 3	3
Pollok	G52 4	4
Pollok	G53 5	7
Pollok	G53 6	7
Pollok	G53 7	6
Pollokshaws	G43 1	4
Pollokshaws	G43 2	1
Pollokshaws	G46 7	1
Pollokshaws	G46 8	6

Neighbourhood Description

Large owner-occupied housing; Mainly professionals and non-manual workers

Mainly owner-occupied housing; Families with young children, professional and non-manual workers

Mixed tenure accommodation; High proportion of families with no children, single persons and students

Mainly inter-war local authority housing with ageing and elderly population

Mainly post-war local authority housing with young families and skilled workers

Mixture of small rented furnished and owner-occupied households with shared amenities; Single persons, students, immigrants and high unemployment

Post-war local authority housing with young families, high unemployment and mainly unskilled workers

Mixed tenure-type but mainly local authority, vacant properties and small overcrowding households sharing amenities. Ageing population with few children and high unemployment, mainly unskilled workers.

Appendix

ANNUAL REPORT 2003 – 2004

ELDERPARK CMHT

A
Description of Service:

(i)

- **Area served**
  Gorbals, Pollokshields, Shawlands, Dumbreck, Kinning Park, Ibrox, Govan and Drumoyne
- **Catchment Areas G5, G41, G51**
- **Population size – 10 K - approx**
- **Age Banding – Clients over 65 years**

There are a small percentage of clients under 65 with cognitive impairment who our generic colleagues feel would benefit more from referral to our service.

(ii)

Users/Cares involvement - Joint Carers Education Course (CMHT & Voluntary Sector) for Carers of people with Dementia currently on hold.

(iii)

Joint Working

- **This has significantly improved due to the Team's return to the Elderpark Building. The ease of dialogue between the CMHT and Cops Team makes for excellent cooperative working.**
- **Edwina Gray – represents mental health services in the South in the *Joint OT's/ Single Shared Assessment* meetings pilot project for Primary Care and Mental Health Services.**
- **Ongoing use of CarenapE – trickle of CarenapE formatted referrals coming to the Team. Slight increase in referrals going from the CMHT in that form. CarenapE front sheet has now replaced "Personal Data Sheet".**
- **Joint working with the Govan Dementia Project continues**
- **B. Staffing:**

Occupational Therapy	**Community Psych. Nursing**	**Community Psych. Nursing**
Edwina Gray (Senior 1) **0.6 W.T.E.**	Linda Matheson "G" grade **1.0 W.T.E.**	Andrew Billingham "G" grade **1.0 W.T.E.**
Elizabeth Smith (Technical Instructor) **0.3 W.T.E.**	Richard Hill "E" grade **1.0 W.T.E.**	Diane Hamill "E" grade **1.0 W.T.E.**
	Matt Taylor "B" grade **1.0 W.T.E.**	Linda Dool "B" grade **1.0 W.T.E.**
Clinical Psychologist	**Consultant Psychiatrist**	**Other Medical personnel**
Dr Nicola Baillie **0.25 W.T.E.**	Dr Gilbert Shaw-Dunn **0.5 W.T.E.** (Locum)	Dr Alistair Coull, Staff Grade Psychiatrist **0.4 W.T.E.**
		Dr Norman Poole Hospital Practitioner **? W.T.E.**

Outstanding Staffing Issues:

- **Need for head OT for the South/Care of the Elderly**
- **Training – currently the Training Budget is not in place. Training therefore limited to in-house courses.**
- **Medical Staffing is now very depleted. At the beginning of 2004, Dr Shaw-Dunn retired from his full-time Consultancy, but returning in a part-time Locum capacity.**

P.D.P

- **Supported by individual PDP with limited outcomes due to financial constraints. Individual appraisal takes place every 6 months.**
- **Team Support – Regular Staff Meeting in place.**

C. <u>Service Developments:</u>

- **Annual forums with Nursing and Residential Homes , facilitated by Linda Matheson with team support**
- **Newsletter – South Newsletter for users, carers, and staff throughout the South sector Care of Older People. Linda M. and Vanita D. lead the editorial Team**
- **Diane Hamill – has in the last few months been working alongside Dr Shaw-Dunn's Out-Patient Clinic, where she can be available to carry out initial cognitive testing on newly diagnosed clients with Alzheimer's Disease who are to be commenced on Cognitive Enhancement Medication.**

Service Activity

- **Reminiscence Group – facilitated by Edwina Gray and Elizabeth Smith. This group is designed to benefit clients with early cognitive impairment. This group is currently run by Pat Orr.**
- **Use of Community Resource Group – facilitated by Edwina Gray & Elizabeth Smith**
  This group is for clients who are and can be socially isolated.
  Beneficial for clients who are and can be socially isolated.
  Beneficial for clients with depressive illness or anxiety state.

(This group not currently running).

- **Men's Group – facilitated by Richard Smith and Matt Taylor, supervised by Andrew Billingham**
- **Men's Interest Group – facilitated by Edwina Gray and Elizabeth Smith for gentlemen with early cognitive impairments. It is not time-limited.**
- **Cinema Group – is suitable of clients with early memory impairment. Run by Edwina Gray O.T. and Sharon O'Hara H.C.A.**
- **Dr Alistair Coull – Tuesday – Roving Clinics to Nursing and Residential Homes**
- **All 17 Care Homes in area covered by a CPN.**

Future Proposals

- **It is hoped that basic requirements such as business cards can be made available to the Team.**
- **Planning and Architectural preparations are moving forward toward a building extension for the ECMHT. This should address the current need for suitable clinical space and office accommodation.**
- **Continue in-house Training for all staff**

Annual Report Eastwood Elderly Community Health Team

Training

All team completed SPIRIT training.

Staff Changes

- Linda walker G Grade left to start up new team at 'Jewish Care' for adults with Mental Health needs
- Raymond Thompson E Grade moved to Eastvale adult team.
- Elizabeth Kennedy started as E Grade
- Fiona MacIntosh G Grade joined the team 0.5WTE
- Margot Martin, Medical secretary joined the team from Florence St. adult
- Fiona MacDonald was promoted to G grade November 2003

Nursing and OT staff continue to take students from all over Scotland to support development.

Walking group, drop in, younger people with dementia and carer's support group continue to be successful groups.

SHAWMILL DAY HOSPITAL

Shawmill Resource Centre
35 Wellgreen
Pollokshaws
G43 1RR

Hours

8.30-5.00pm

Days

Tuesday and Fridays

Staffing

1 x 0.5 G Grade (Manager)
1 x 0.6 E Grade Staff Nurse
1 x 1.0 D Grade Enrolled Nurse
2 x 1.0 B Grade Health Care Assistant

Profile

This is a specialist CMHT which covers both Day Hospital and Community Caseload. The patient groups have complex mental health needs, which require both Community and Day Hospital Assessment. The number of places available depends on the current needs within the catchment area.

Referral Criteria

All referrals are via Consultant Psychiatrist.

Therapeutic and Maintenance Groups

Various groups exist in the Community, which are managed by Senior 1 Occupational Therapists, Occupational Therapy Staff and CMHT Health Care Assistants. These are flexible and depend on current needs. Referrals via Senior 1 Occupational Therapist.

Cognitive Assessment Clinics and Out Patient Clinics: these are managed by Day Hospital Team from the same premises. They are multi-disciplinary clinics with input from:

Medical Staff
Nursing Staff
Psychology Staff
Pharmacy Staff
Occupational Therapy Staff.

Eastvale Annual Report 2004

Eastvale covers the following areas:

G73, G72, G45, G76.9 part of G44.5
Rutherglen, Cambuslang, Castlemilk, Carmunnock.

It is intended that later in the year that Eastvale will lose G45 (Castlemilk) with the appointment of a new consultant and community team and subsequent reconfiguration of catchment areas. It is envisaged that Eastvale staff will continue to see existing patients within Castlemilk area to offer continuity of care and cease taking on new referrals. At present Castlemilk is serviced by Glasgow city council, but with the change in catchment area Eastvale will only liaise with south Lanarkshire social work department.

Population

Population: - 65 Years+ **12,709** (1991 Census)

User / Carer involvement

We currently refer into support groups run by both Rutherglen and Cambuslang community carers. Within Castlemilk services are provided by Alzheimer's Scotland and locally based carer support groups.

Advocacy

Joint working / community involvement

The early dementia support group continues to be jointly run and staffed by Rutherglen Community Carers and Eastvale. Lottery funding finishes in 2005 and an application has been put into Lloyds TSB for additional funding.

All trained staff have completed modules one and two of single shared assessment. Further training sessions have been organised. There are ongoing meetings with interested parties regarding the evolution of the Single Shared Assessment within South Lanarkshire.

The single shared assessment was implemented in March 2003 as the main document to assess patient's needs.

Marie Cunningham attends the multidisciplinary meeting to represent South Lanarkshire social work department and takes referral at this meeting.

Two social events have taken place at Eastvale and South Lanarkshire council to allow staff to discuss any issues related to joint working and to allow staff to generally get to know each other.

Finance

- Facilities / equipment
- Staffing
- Supplies
- Travel & Training

Current staffing

Eastvale CMHT			
Dr Diane Roy	Medical	Staff Grade	0.80
Robert Boyd	Nurse	G	1.00
Fergus Maitland	Nurse	G	1.00
Theresa O'Brien	Nurse	G	0.50
James Bradley	Nurse	E	1.00
Michael Rooney	Nurse	E	1.00
Theresa Coyle	Nurse	B	1.00
Fiona Thompson	Nurse	B	1.00
Anne Wilkinson	Admin	3	1.00
Carol Cleugh	Admin	2	1.00
Melissa Brown	OT	Senior 1	1.00
Rachel Edwards	Psychologist	A	0.50
Eastvale Day Hospital			
Rosemary Wilson	Nurse	G	1.00
Carole Wilson	Nurse	E	1.00
Helen Murphy	Nurse	E	1.00
Vacant	Nurse	E	0.60
Ann McCall	Nurse	B	0.60
Irene Barrowman	Nurse	E	1.00
Alice Landrock	OT	Basic Grade	0.40
Patricia McKenzie	OT	OT Assistant	0.20

- Current staffing
- Recruitment issues
- Sick Leave
- Training
- PDPs
- Team Learning
- Peer review
- Professional development plans

Statutory Training

All staff have attended or plan to attend appropriate levels of training provided by the Management of Aggression Team.

All staff have attended or plan to attend CPR training.

All staff have attended or plan to attend (as appropriate) Manual Handling Training and Food Handling Training.

All trained staff have attended modules one and two of single shared assessment training.

Eastvale CMHT completed SPIRIT training

Helen Murphy and Irene Barrowman E Grades in Eastvale CMHT completed part time CMHN degree/honours course

James Bradley has completed the first year of CMHN degree

Robert Boyd CPN is working towards a PHD at Glasgow University.

Theresa Coyle is currently working towards a certificalte in Mental Health Care.

Service Developments

- Early Dementia support group continues
- Positive ageing group run by OT and nursing staff aims to address issues related to ageing e.g. changes in health, status, finances, social networks, ageism, and ageing well.
  By looking at coping and problem solving skills, goal planning, activity levels, healthy living and community resources.
- A community computing group has been established by Alice Landrock which aims to, develop an interest in IT, develop social skills, form social relationships, develop confidence, build self esteem and develop use of own initiative.
- A drop in group has been established in Cambuslang on Fridays.
- A walking group takes place on Friday mornings (weather permitting).
- Proposed Developments

Service Activity

- Service activity figures
- Out-patient activity
- In-patient activity
- Waiting times

Clinical Governance Issues

- Clinical effectiveness
- Critical incidents
- Complaints
- Quality monitoring
- Audits
- An evaluaiton was carried out on the Ealy Dementia Support Group by Charlie Murphy, a researcher from Stirling Univesity. The report was very positive and the information will be shared with staff in September 04.
- Research
- A research awareness programme consisting of six 1 ½ hour sessions was developed by Robert Boyd and co facilitated by Dr Andi Nyggard a researcher based at Glasgow University. Ten staff from with in the locality attended, with an average of eight at each session. The group plan to meet again at the end of August to discuss ideas for a research project as the group want to go through the process of conducting research.
- Robert Boyd has now completed the field work for his research and is in the process of analysing the data.

Eastvale

CASELOAD

Allocated Discipline	Caseload Count
(MHE) Community Psychiatric Nursing	294
(MHE) Day Hospital	9
(MHE) Occupational Therapy	30
(MHE) Psychiatry of Old Age	552
(MHE) Psychology	17

CONTACTS by New & Follow Up - Apr 2003 - Mar 2004

New

Discipline	Actual	Planned	DNA	Canc	Incorr	Total
(MHE) Community Psychiatric Nursing	22					22
(MHE) Day Hospital	16					16
(MHE) Occupational Therapy	29		1	3		33
(MHE) Psychiatry of Old Age	216		17	14		247
Total	283		18	17		318

Follow Up

Discipline	Actual	Planned	DNA	Canc	Incorr	Total
(MHE) Community Psychiatric Nursing	3941		234	32		4207
(MHE) Day Hospital	654		64	4		722
(MHE) Occupational Therapy	169		16	4		189
(MHE) Psychiatry of Old Age	643		76	55		774
Total	5407		390	95		5892

Eastvale (Cont.)

DIAGNOSIS

Diagnosis	F0	F1	F2	F3	F4	F6	None
Number	152	3	23	66	19	2	448

REFERRALS AND DISCHARGES

Month	Apr	May	Jun	Jul	Aug	Sep
Referrals	17	28	32	30	26	34
Discharges	26	10	20	13	42	49

Month	Oct	Nov	Dec	Jan	Feb	Mar	Total
Referrals	44	36	21	38	26	40	372
Discharges	29	25	17	32	21	11	295

Eastwood

CASELOAD

Allocated Discipline	Caseload Count
(MHE) Community Psychiatric Nursing	213
(MHE) Day Hospital	2
(MHE) Occupational Therapy	56
(MHE) Psychiatry of Old Age	420
(MHE) Psychology	20

CONTACTS by New & Follow Up - Apr 2003 - Mar 2004

New

Discipline	Actual	Planned	DNA	Canc	Incorr	Total
(MHE) Community Psychiatric Nursing	23					23
(MHE) Occupational Therapy	37	3	5	1		46
(MHE) Psychiatry of Old Age	81					81
Total	141	3	5	1		150

Follow Up

Discipline	Actual	Planned	DNA	Canc	Incorr	Total
(MHE) Community Psychiatric Nursing	3583	31	107	113	6	3840
(MHE) Occupational Therapy	582	18	62	21		683
(MHE) Psychiatry of Old Age	502		31	9		545
Total	4667	49	200	143	6	5068

Eastwood (cont.)

DIAGNOSIS

Diagnosis	F0	F1	F2	F3	F4	F7	F9	G2	None
Number	204	2	4	88	5	1	2	1	290

REFERRALS AND DISCHARGES

Month	Apr	May	Jun	Jul	Aug	Sep	
Referrals	26	31	33	24	37	35	
Discharges	16	23	24	13	17	30	
Month	Oct	Nov	Dec	Jan	Feb	Mar	Total
Referrals	44	36	43	39	43	32	423
Discharges	32	18	19	18	22	16	248

Shawmill

CASELOAD

Allocated Discipline	Caseload Count
(MHE) Community Psychiatric Nursing	197
(MHE) Day Hospital	50
(MHE) Occupational Therapy	41
(MHE) Psychiatry of Old Age	446
(MHE) Psychology	24

CONTACTS by New & Follow Up - Apr 2003 - Mar 2004

New

Discipline	Actual	Planned	DNA	Canc	Incorr	Total
(MHE) Community Psychiatric Nursing	493		31	3		527
(MHE) Day Hospital	2					2
(MHE) Occupational Therapy	41		6			47
(MHE) Psychiatry of Old Age	162		14	32		208
Total	698		51	35		784

Follow Up

Discipline	Actual	Planned	DNA	Canc	Incorr	Total
(MHE) Community Psychiatric Nursing	3950		151	67		4168
(MHE) Day Hospital	1615		41	33		1689
(MHE) Occupational Therapy	504		5	11		520
(MHE) Psychiatry of Old Age	448	1	32	39		520
Total	6517	1	229	150		6897

Shawmill (Cont.)

DIAGNOSIS

Diagnosis	F0	F1	F2	F3	F4	None

Number	206	7	29	86	24	226

REFERRALS AND DISCHARGES

Month	Apr	May	Jun	Jul	Aug	Sep	
Referrals	21	14	21	28	24	25	
Discharges	11	18	18	14	8	15	
Month	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Referrals	11	23	32	20	26	28	273
Discharges	9	27	10	10	13	8	161

South West (Elderpark and Greater Pollok)

CASELOAD

Allocated Discipline	Caseload Count
(MHE) Community Psychiatric Nursing	413
(MHE) Occupational Therapy	48
(MHE) Psychiatry of Old Age	10
(MHE) Psychology	16
(MHE) Day Hospital	24

CONTACTS by New & Follow Up - Apr 2003 - Mar 2004

New

Discipline	Actual	Planned	DNA	Canc	Incorr	Total
(MHE) Community Psychiatric Nursing	1395	40	60	27	12	1534
(MHE) Occupational Therapy	77			2		79
Total	1472	40	60	29	12	1613

Follow Up

Discipline	Actual	Planned	DNA	Canc	Incorr	Total
(MHE) Community Psychiatric Nursing	4209	33	149	32	72	4495
(MHE) Day Hospital	2					2
(MH) Elderly Psychiatry	1					1
(MHE) Occupational Therapy	278	9	2	8	4	301
Total	4490	42	151	40	76	4799

South West (Elderpark and Greater Pollok cont.)

Diagnosis	F0	F1	F2	F3	F4	F6	K7	None
Number	190	11	28	58	33	4	1	80

Month	Apr	May	Jun	Jul	Aug	Sep	
Referrals	35	19	57	28	45	40	
Discharges	32	24	62	27	24	36	
Month	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Referrals	34	36	37	42	39	44	456
Discharges	29	39	14	73	26	24	410

52 Week Manager Datacoll Report

Manager: J MacAULEY

Date		Inpost	Actual	Total	Heads	Overtime	Wte	Overtime	Extra Wte	Overtime	TOTAL	Excess	Wte	Extra Wte	Excess	Agenc	yWte	Extra Wte	TOTAL	Augme
06-Apr-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	1.99	0.60	4.4%	1.36	2.3%	0.00	0.00	0.00	3.95	6.7
13-Apr-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	1.99	1.43	5.8%	1.09	1.8%	0.00	0.00	0.20	4.71	7.9
20-Apr-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	1.99	1.76	6.3%	5.43	9.2%	0.00	0.00	5.93	15.11	25.5
27-Apr-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	1.99	0.40	4.0%	6.56	11.1%	0.00	0.00	6.00	14.95	25.2
04-May-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	1.99	0.00	3.3%	1.20	2.0%	0.00	0.00	0.00	3.19	5.4
11-May-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	1.99	1.00	5.0%	2.20	3.7%	0.00	0.00	6.40	11.59	19.5
18-May-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	1.99	0.00	3.3%	4.00	6.7%	0.00	0.00	0.00	5.99	10.1
25-May-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	0.60	0.80	2.4%	4.59	7.7%	0.00	0.00	0.00	5.99	10.1
01-Jun-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	0.00	0.40	0.7%	4.13	7.0%	0.00	0.80	3.40	8.74	14.7
08-Jun-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	1.00	1.7%	4.57	7.6%	0.00	0.00	0.00	5.57	9.2
15-Jun-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	1.20	2.0%	4.13	6.8%	0.00	0.00	0.00	5.33	8.8
22-Jun-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	0.00	2.20	3.6%	3.57	5.8%	0.00	0.00	0.40	6.17	10.1
29-Jun-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	0.00	1.40	2.3%	7.64	12.5%	0.00	0.00	0.00	9.04	14.7
06-Jul-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	0.80	0.80	2.6%	9.55	15.6%	0.00	0.00	0.00	11.15	18.2
13-Jul-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	0.00	1.59	2.6%	6.85	11.2%	0.00	0.40	0.00	8.84	14.4
20-Jul-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	0.00	0.00	0.0%	7.99	13.0%	0.00	0.00	0.00	7.99	13.0
27-Jul-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	0.00	0.00	0.0%	11.10	18.1%	0.00	0.60	7.69	19.39	31.6
03-Aug-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	0.00	1.00	1.6%	8.75	14.3%	0.00	0.20	0.99	10.93	17.8
10-Aug-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	0.00	1.99	3.2%	10.06	16.4%	0.00	0.00	0.00	12.05	19.6
17-Aug-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	1.20	2.0%	8.90	14.8%	0.00	0.00	0.00	10.10	16.7
24-Aug-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	1.19	2.0%	5.88	9.7%	0.00	0.00	0.00	7.07	11.7
31-Aug-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	2.79	4.6%	2.60	4.3%	0.00	0.00	0.00	5.39	8.9
07-Sep-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	2.00	3.3%	6.20	10.3%	0.00	0.00	0.00	8.20	13.6
14-Sep-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	2.16	3.6%	5.00	8.3%	0.00	0.20	0.00	7.36	12.2
21-Sep-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	4.00	6.6%	1.80	3.0%	0.00	0.00	0.00	5.80	9.6
28-Sep-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	1.00	3.20	6.8%	1.73	2.8%	0.00	0.00	0.00	5.93	9.7
05-Oct-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	1.00	0.60	2.6%	3.40	5.5%	0.00	0.00	0.00	5.00	8.2
12-Oct-03	61.3	66	0.00	0.00	0.00	0.00	0.00	0.0	0.00	61.3	0.00	1.96	3.2%	4.15	6.8%	0.00	0.00	0.00	6.11	10.0
19-Oct-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	2.80	4.6%	6.43	10.7%	0.00	0.00	0.00	9.23	15.3
26-Oct-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	1.00	1.7%	1.40	2.3%	0.00	0.00	0.00	2.40	4.0
02-Nov-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	3.60	6.0%	1.40	2.3%	0.00	0.40	0.40	5.80	9.6
09-Nov-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	0.80	1.3%	5.76	9.5%	0.00	0.00	0.00	6.56	10.9
16-Nov-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.40	2.60	5.0%	2.68	4.4%	0.00	0.40	0.00	6.08	10.1
23-Nov-03	60.3	65	0.00	0.00	0.00	0.00	0.00	0.0	0.00	60.3	0.00	1.68	2.8%	3.69	6.1%	0.00	1.00	0.00	6.37	10.6
30-Nov-03	59.3	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.3	0.00	0.98	1.7%	3.20	5.4%	0.00	0.00	0.00	4.18	7.1
07-Dec-03	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	1.20	2.0%	3.99	6.7%	0.00	0.00	0.00	5.19	8.8
14-Dec-03	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	1.59	2.7%	1.60	2.7%	0.00	0.00	0.00	3.19	5.4
21-Dec-03	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	2.17	3.7%	2.00	3.4%	0.00	0.60	0.20	4.97	8.4
28-Dec-03	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	2.00	3.4%	2.58	4.4%	0.00	0.40	12.00	16.98	28.7
04-Jan-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	3.00	5.1%	10.02	16.9%	0.00	0.20	14.40	27.62	46.7
11-Jan-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	1.00	1.40	4.1%	1.80	3.0%	0.00	0.40	0.00	4.60	7.8
18-Jan-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	1.60	2.7%	0.80	1.4%	0.00	0.40	0.00	2.80	4.7
25-Jan-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	0.48	0.8%	3.00	5.1%	0.00	0.00	0.00	3.48	5.9
01-Feb-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	0.60	1.0%	2.89	4.9%	0.00	0.00	0.00	3.49	5.9
08-Feb-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	1.80	3.0%	2.00	3.4%	0.00	0.40	0.20	4.40	7.4
15-Feb-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	1.60	2.7%	4.57	7.7%	0.00	0.40	0.20	6.77	11.4

	Actual Inpost	Total Other Heads Leave	Overtime All leave Wte Leave	Overtime All leave Extra Wte WTE	TOTAL Overtime %	Excess Wte	Excess Extra Wte	Agency Wte	TOTAL Extra Wte	Augmented	Long Inpost	Short Sick	All Sick	Annual %	Annual Leave	Mat Leave	Study Leave			
22-Feb-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	3.00	5.1%	5.18	8.8%	0.00	0.40	0.60	9.18	15.5
29-Feb-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	0.00	2.60	4.4%	3.31	5.6%	0.00	0.00	0.00	5.91	10.0
07-Mar-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	1.00	1.00	3.4%	5.89	10.0%	0.00	0.40	0.00	8.29	14.0
14-Mar-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	1.00	1.60	4.4%	2.20	3.7%	0.00	0.00	0.20	5.00	8.5
21-Mar-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	1.00	3.49	7.6%	4.40	7.4%	0.00	0.00	0.00	8.89	15.0
28-Mar-04	59.2	64	0.00	0.00	0.00	0.00	0.00	0.0	0.00	59.2	1.00	2.30	5.6%	7.08	12.0%	0.00	0.00	0.00	10.38	17.5
TOTAL				0	0	0	0	0	0	0		23	82		232		0	8	59	
AVG	60	65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.0	0.44	1.57	3.4%	4.47	7.5%	0.00	0.15	1.14	7.76	11

MENTAL HEALTH SERVICES – SOUTH GLASGOW

Allied Health Professionals Annual Report 2003-04

Gwen Kavanagh
Sector AHP

1.0 Introduction

Allied Health Professionals within South Glasgow are well established within multi-disciplinary teams and throughout the year have contributed to the development of local service delivery. In relation to the annual report therefore, AHPs will have been involved in the compilation of service-level annual reports with local teams.

This summary provides an overview of some of the major achievements and highlights some of the good practice developed in the period of 2003-2004.

2.0 Current Workforce & Recruitment & Retention

Five AHPs continue to be employed in South Glasgow:-

- Occupational Therapists
- Physiotherapists
- Podiatrists
- Dietitian
- Art Therapists

Occupational Therapists account for the majority of the AHP workforce. Turnover tends to be high within the profession due to career opportunities. Fortunately, most of these opportunities are sought within Glasgow Mental Heath Services and, in this case, from a service perspective, retention has been good.

Staffing profiles within other professions have remained consistent. Need exists to develop speech & language therapy posts, particularly within older people's services. This is being addressed via the Older People's Service Development Rehabilitation Sub Group, facilitated at Dalian House.

Financial pressures have caused vacancies to be placed on hold for periods of time throughout the year. This has required existing staff to work creatively to ensure that core service delivery is maintained. A number of effective partnerships have been developed to ensure continuity.

For example:-

- OTs at Florence Street developed a community group with in-patient colleagues at Leverndale Hospital to promote continuity of care upon discharge from hospital. Clients are screened using the Model of Human Occupation Screening Tool (MOHOST) to provide evidence of change upon completion of the group. The group is currently run on a 10-week basis and clients are involved in setting the agenda and community resources are accessed each week.
    - An OT from Carstairs provided input to Psychotherapy Department.

- Basic grade OT at Florence Street became involved in Asylum Seekers'
  Liaison Team and co-facilitated a 10 week programme for men. The group is run using the rehabilitation model and has a strong focus on the use of activity. This overcomes language difficulties and assists the men in managing their feelings of role loss and promotes physical activity. The men are then linked into community resources or can be reintroduced to the group for a further 10 weeks.

3.0 Training & Development

All AHP staff work within the PDP model and through supervision and appraisal system have identified learning needs. All OTs participate in a city-wide grade specific training programme which incorporates both support and training elements.

In addition to participation in local team & profession-specific training, some of the training undertaken this year includes:-

- Senior OTs involved in Glasgow Supervisory Management Programme
- Senior I OT undertaking Diploma in Healthcare Management
- OT involved in Assessment of Motor Process Skills (AMPs)
- Domestic Abuse Training Awareness Training undertaken by AHPs
- Art Therapist completed MPhil
- Art Therapists attended their first away day (half day) on 23 January 2004. The outcome of the meeting was as follows:-
    - An audit questionnaire to gather information of all creative interventions throughout the Trust was designed
    - A patient and referrer information leaflet updated and designed. Current users of the art therapy community and in-patient service will now review the draft copy
    - An exhibition to profile the practice of art therapy across the Trust will be organised over the coming months
- Support staff undertaking Community in Mental Health Care Course
- Dietitian involved in learning session on achalasia and attended course on weight management
- Podiatrist involved in job matching training in relation to Agenda for Change
- Funding received via the Clinical Training Group allowed AHPs to participate in modules at Glasgow Caledonian University in relation to vocational rehab, psychosocial intervention and clinical resource skills.
- Sector AHP has also been involved in a study which will map put AHP needs in relation to assessment of drug and alcohol issues.

Positive links continue to be developed with training venues, with a consistent flow of AHP students. There are 10 active OT Fieldwork Educators in South Glasgow. The Sector AHP has also been involved in the validation process of the BSc in OT at Glasgow Caledonian University and participates in the introductory session with participants in the MSc – OT.

4.0 Service Developments

- **Partnership with Projectability**

  Collaboration between Projectability, Patient Activity Co-ordinators and OT developed weekly art sessions in both Ward 4 and the Stewart Centre. The sessions have been evaluated with positive results. A summary of the project has been submitted as publication to Therapy Weekly.

- **Achieving Better Nutrition – A Blue Print for the Nutrition & Dietetic Service in Primary Care**

  As a result of the above document, work is being carried out by dietitians in the city. Changes to paperwork, methods and practice will be carried out throughout the service. Changes will be staggered in their implementation.

- OT at Eastvale (Elderly) CMHT has set up a community-based computing group using facilities at local library for patients who have difficulty accessing community resources.

- **OT Integration**

  OTs in the South, along with colleagues in other parts of the Mental Health Service, Acute & Glasgow City Council, have been involved in mapping out the details of integrating the Occupational Therapy Service in Glasgow. A consultation document has been produced. South OTs were particularly involved in identifying the care pathway in mental health service from in-patients, through ICT and transfer to CMHT.

- **Perinatal Service**

  Consideration has to be given to the need for AHPs within developing services. The Perinatal Service being developed with South Glagow have predicted the need for AHP service. AHPs within the South are now undertaking a benchmarking exercise with a service in England to scope out the detail around the need for AHPs and the cost involved.

5.0 Clinical Governance

South occupational therapy links with the national clinical effectiveness networks have been strengthened by appointing a representative to link with the national project. All occupational therapy staff have agreed to identify a clinical effectiveness goal as part of their professional development review and a log of the projects will be held by the Practice Development Head OT in the North and East.

- **Standardised Assessment**

  OT Pilot complete and report circulated January 2004. Identified that multidisciplinary teams found the Assessment of Motor and Processing Skills (AMPS) assessment useful and there is a need to train more occupational therapists in the assessment. To be taken forward within the OT professional learning plan.

- **QIS Schizophrenia Standards**

  South OTs were involved in a multidisciplinary audit of life skills assessments carried out in community mental health teams and the first stage of the audit had identified a 98% compliance with the national standard. HONOS assessments indicate that between 27 – 35% of patients require further specialist assessments, however only 18% of patients with an F2 diagnosis have been seen by occupational therapy. Stage 2 of the audit will target access to OT services.

- **QIS Nutrition Standards**

  QIS Food, fluid and nutritional care in hospitals, Audit Scotland catering reports and NMPDU Best Practice Statements on Nutrition have been reviewed to compile an action plan that will ensure compliance with all of the standards for nutrition.

6.0 Staff Governance

- **Monitoring of Registration**

  Regulation of Allied Health Professionals transferred to the Health Professions Council in April 2004. An audit of all Allied Health Professionals was undertaken in partnership with Locality and Service Managers and ensured all qualified Allied Health Professionals are state-registered.

- **Professional Structures & Supervision**

  The current professional structure is included in Appendix 1. Some gaps continue to exist within the planned professional structure for AHPs. The financial pressure has restricted this development, although there is commitment from managers to retain this issue within the agenda. All AHPs have access to regular AHP communication forums and professional supervision.

- **Workforce Planning**

  Workforce planning for the future is an important aspect of development for AHPs. The AHP strategy has raised the profile of the professions and predicts an increased need for AHPs in the future. AHP links have been

established with the mental health workforce planning group and the Pan-Glasgow AHP Group which, in turn, feeds into the national workforce plan.

7.0 AHP Strategy – Building on Success

AHPs in the South have been involved in various aspects of the action plan for the AHP Strategy.

- **Workforce planning**

  Development of mentoring scheme and AHP leadership courses and development tools to assist career development

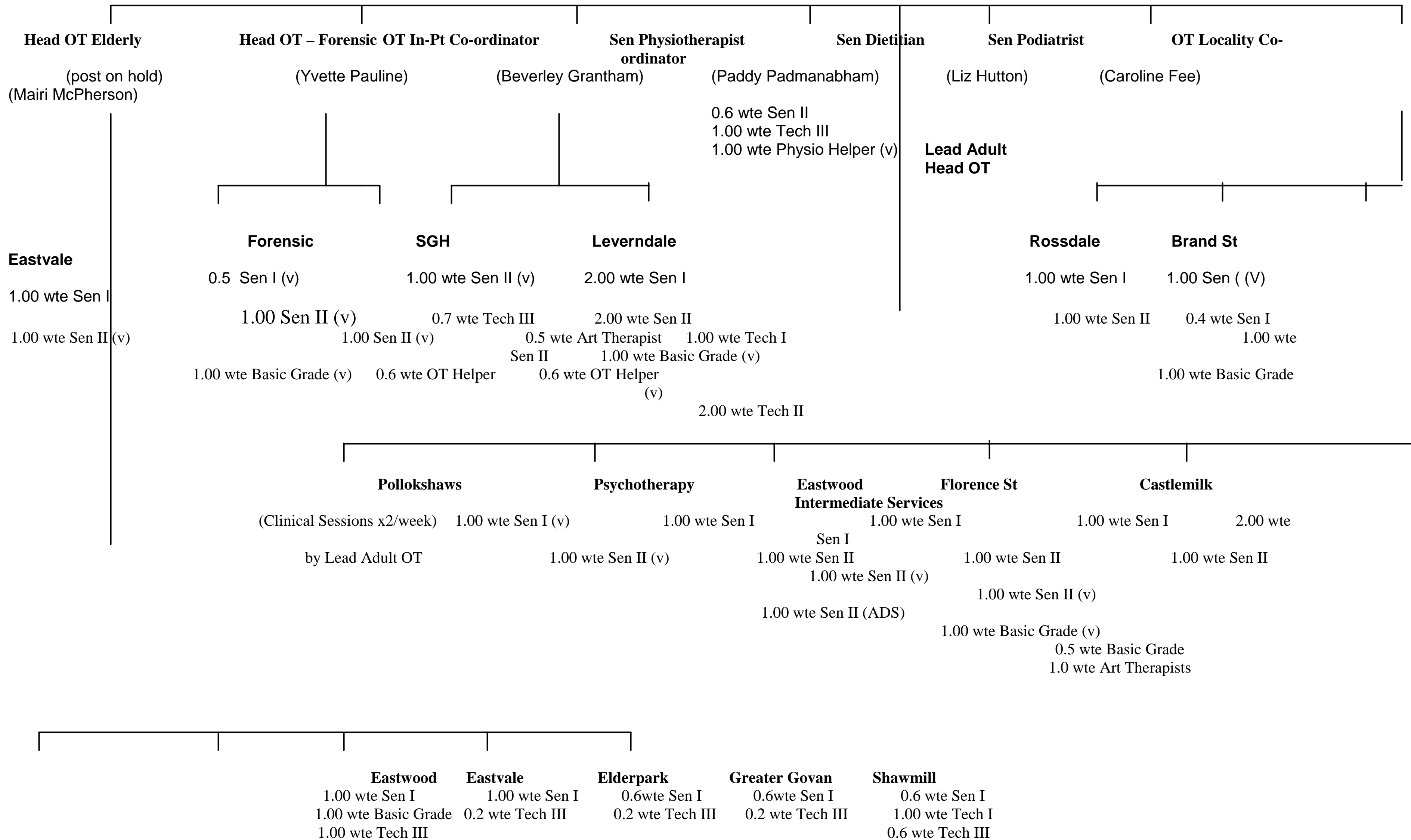
- **Patient Focus & Public Involvement**

  AHP audit of user involvement in decision making identified user perceived decision making to be the domain of the therapist. Therapists tended to portray themselves ad decision makers in care. Strategies to develop user involvement include drivers of reflective practice, mentoring of staff, review of patient information leaflets, explore use of decision boards to assist patients in making decisions about treatment, regular and ongoing use of the audit questionnaire for peer review, and listening to patients' stories to facilitate user involvement at an individual level

- **Research**

  Questionnaire compiled and distributed to all AHP staff in the city to scope the number of clinicians that are research active and identify the supports they require. Data will be collated next year and used to develop a Building Capacity strategy for AHPs.

Gwen Kavanagh – Sector AHP/Lead Adult Head OT



PATIENT FOCUS & PUBLIC INVOLVEMENT

SOUTH GLASGOW - ANNUAL REPORT

8.0 Introduction

South Glasgow now has an established PFPI working group. The group meets monthly and links with mental health service (MHS) priorities via representation at the MHS group.

Membership is wide-ranging and covers both clinical and managerial staff for adult and elderly services, service users and the Mental Health Network.

The meeting provides an opportunity to report on mental health service priorities, e.g. Patient Survey, and to share good practice, both national and local. In addition, a standing agenda has been developed which includes:-

- Race Equality
- Carer Activity - Both specific events and the co-ordination of regular training
- Complaints Monitoring - Local managers share anonymised information in relation to complaints which have a PFPI focus
- Developments in support services

The group presented some of their major achievements in poster displays at the Annual Sector Clinical Governance Event in May 2004. This report provides an overview of these achievements.

9.0 Identifying Local Need

Probably the biggest achievement of the Sector PFPI group was organising 2 separate events to engage staff and service users with the PFPI agenda. The events were held in local communities and were organised around the 4 key priorities set by the MHS PFPI group:-

1. Patient Information
2. Training
3. Communication
4. Monitoring & Evaluation

Staff and service users provided their ideas and suggestions in relation to what needs to be achieved with the 4 areas. An independent evaluation was also undertaken at each event and this information, combined with staff and service user ideas, has been translated into an action plan which the South group will implement in the coming year.
For example:-

- Staff & service users unanimously agreed the need to develop PFPI Champions in each of the localities. Attendees agreed the need to map out the role and remit of these champions and identify clear communication systems to capture developments
- Service users identified a training need to learn more about the NHS system, who works where, how communication is disseminated, how decisions are made, etc.

- Need identified to develop directory of service users' groups in order that the South PFPI Group can link with them and encourage capacity for future development

3. South Glasgow involvement in the National Inclusion Project: Towards a Healthier Lesbian Gay Bisexual and Transgender (LGBT) Scotland

The Inclusion Project, working for Lesbian, Gay, Bisexual & Transgender (LGBT) Health, was launched in October 2002, a partnership between Stonewall Scotland, representing Scotland's LGBT communities and the Scottish Executive Health Department. The development of this project follows on from a series of meetings between LGBT organizations, the Scottish Executive's Equality Unit and the then Health Minister, Susan Deacon, which identified key priorities and issues that impact on LGBT people's health and wellbeing.

The Inclusion Project is undertaking a wide range of activities to evidence the health needs and service experiences of Scotland's LGBT communities and identify ways of improving accessibility and appropriateness of services for this population. This necessarily includes identifying what work is currently undertaken by NHS Boards to target the needs of LGBT people and what support is required by NHS staff and organisations to take this agenda forward.

Five pilot sites exist as part of the national demonstration project. South Glasgow Mental Health Services is one of these.

Work within South Glasgow in the past year includes:--

- The establishment of a steering group which includes key representation from INCLUSION and South Sector staff
- Identification of a microcosm of staff to participate in the training. The microcosm includes 80 staff from one locality, a multidisciplinary group of in-patient and community
- Production of an agreed training plan, including identified outcomes
- Raising awareness of the agenda throughout the Trust. Presentations have been undertaken at MHS PFPI Group, South Sector Management Team. Stonewall have produced a poster which was exhibited at the Mental Health Division Clinical Governance Event and will now be uses within a local South event.

Training is provided by the Family Planning Association (FPA) and is facilitated over a 2-day period within one week. The training is participative with a range of materials used to facilitate discussion. To date, over 50 members of staff have been trained and the evaluation is being completed by FPA.

4. Patient Involvement Empowerment Information Conference - May 2003 Church House, Westminster, London

Two members of the South PFPI Group, along with representative from the Mental Health Network and GAMH attended the above Conference.

Key learning points noted were:-

- Need to create a culture of "doing with service users" rather than "doing to them"
- Being creative in how we involve service users – go to their environment rather than expecting them to "come to us"
- Link in with complainants, encourage them to identify solutions
- Effective PFPI needs to be a continuous process and not just a series of "one-off" events with little or no sustainability
- Don't just 'do' PFPI for the sake of it. Consider the information required and review the best way of collating this. Questionnaires can be tricky. Need to ask the "right" questions

5. Relating Patient Focus & Public Involvement to Community Mental Health Services in South Glasgow – Are We Ready?

This small research project was undertaken during 2003.

In order to assess knowledge in relation to PFPI in mental health services within the then Greater Glasgow Primary Care NHS Trust (GGPC NHS Trust), an anonymised questionnaire was distributed to community mental health staff within South Glasgow. In particular questions related to '*involving users of the NHS within the review and planning of services'.*

The questionnaire focused on 5 main areas:
1) Staff knowledge and attitude
2) Stocktake of current PFPI agenda
3) Benefits within the PFPI agenda
4) Barriers within the PFPI agenda
5) Support and training needs of staff and service users

Conclusions and Recommendations of the Study

The study proved that there is a strong commitment to the PFPI agenda and evidence of a variety of PFPI activity currently being undertaken. However reporting structures are weak. This, combined with a lack of a clear definition in relation to PFPI, and minimal reassurance for staff that their current practice is in line with Scottish Executive principles, limits the potential development of the agenda.

Recommendations of the study include the need to undertake a similar study with service users, a requirement to develop a clear reporting structure, a training schedule and a GGPC NHS Trust definition of PFPI.

Details of the study were shared at the South staff and service user events and recommendations will be incorporated into the South PFPI Action Plan.

6. Links with the National Picture

The South PFPI Group receive regular updates from the Involving People Team based at the Scottish Executive. This allows access to "up-to-date" information and has allowed South Staff to attend half-day seminars.

For example:-

- Involving Hard to Reach People – October 2003

- Implications of the Mental Health (Scotland) Act 2003 for PFPI –
- November 2003

7. Conclusion

Much has been achieved over the past year and the South group feel positive about developments. However, this optimism should not be misinterpreted as complacency. Much still requires to be done, not least implementing the action plan identified from the staff and service user events. Communication systems which gather information in relation to PFPI activity need to be created in order that we can confidently report on all achievements. In the future PFPI should not sit as a separate agenda, but should be integral to all aspects of service development.

Involving service users, carers and the general public is an ongoing challenge in order the people feel "a part" of the service, rather an "apart" from the service.

Ward One

Annual Report 2004

Gordon Stockman
Ward Manager

Introduction

Ward one is twelve bedded intensive psychiatric care unit. It is a mixed sex ward which can house three female patients at any one time.

The ward is approximately 6 and a half years old and was purpose built as an IPCU.

The ward staff had input from the planning stages and many ideas put forward by nursing staff were implemented when building the unit, these included:

Pinpoint Alarm System
Safety Features i.e. doors, windows.

The ward receives patients from the South Side of Glasgow, regardless of post code, GP or Consultant. This is due to the ward one being the only Intensive Psychiatric Care Unit in the South of Glasgow. The ward has no age limit and we have nursed 15 year olds to the over 60's.

The Advocacy provision to the ward is ongoing. Nursing Staff advocate strongly on behalf of patients.

Staffing

Day Duty

1 G Grade WTE Trained 23.7
1 F Grade
5 E Grades
10 A Grades – full time WTE Untrained 10.8 WTE
1 A Grade - 0.8 wte

Day Duty 17.8 WTE

Night Duty

2 E Grades WTE Trained 3.8
1 E Grade – 0.8 wte
1 D Grade – Enrolled Nurse

1 B Grade (currently long term sick) WTE Untrained 2.06
2 A Grades (2 X 0.53 wte)
Night Duty Total WTE 5.9

Total D/D N/D = 23.7

Recruitment Issues

The ward is greatly understaffed and this is being addressed.

At the beginning of the year the sick time in the ward was the highest it has ever been. Fortunately, through targeting this problem, it has fallen dramatically. No sickness at present on day duty, 2 x WTE on LTS on night shift.

The ward Consultant is Dr Michael Taylor who looks after all patients admitted to IPCU unless a patient's Consultant wishes to continue to treat him/her during her stay in the IPCU.

Training

All day duty staff have ongoing annual appraisals. One A Grade Nursing Assistant attended the Communication Advisors meeting at the IPP Department.

All staff have the opportunity to discuss their own Personal Development and each has identified their own training needs for the coming year.

Most staff have completed Management of Aggression Training but are urgently in need of further training and updates.

1 X F Grade had the opportunity to complete the SVQ Internal Verifier Course.

Future Proposals

To introduce Clinical Support Meetings for staff.
To review the operational policy to help improve the service offered. This will include admissions, transfers and discharge protocols.

To offer staff of all grades appropriate training opportunities to enhance their skills.

To ensure that staff are updated on changes being made trust wide.

To establish and enhance links with other departments and wards to improve the individual programmes developed for patients.

To introduce a local ward based IPCU Forum. This is currently ongoing.

To introduce a gardening group in IPCU. This has been financed by the Lottery.

The use of the "Blue Room" within the IPCU is being looked at as part of effective management of incidents within the acute areas – for crisis management in a safe environment.

Service Developments

The ward has an Occupational Therapist which has been identified as essential to the ward.

Patients can easily become bored and restless, especially when nursing staff are engaged in clinical activity. This may lead to an increase in incidents of aggression or violence. We feel that with the introduction of the Occupational Therapist that the IPCU has a more therapeutic environment, where a programme of individualised activity is not only planned but carried out and maintained. It is felt that by the introduction of an activity nurse this would improve patient care.

Service Proposals

Attached is a breakdown of admissions, discharges and transfers and hours of special/constant observations. Clinical activity has increased in the ward and the challenging nature of the patients presents with increased aggression and violent behaviour. More patients are likely to be under the influence or alcohol or drugs. More patients are likely to be in possession of weapons on admission.

There has been a marked reduction in special and constant observation hours used compared to previous years.

Clinical Governance

Ward staff are members of the IPCU Forum and NAPICU.

Currently audits are being carried out in the ward, looking at nursing issues such as:-

The use of Emergency Medication.
The use of Special and Constant Observation.

Attached are:-

IPCU - Core Purpose
IPCU - Philosophy of Care
IPCU – Admissions, transfers, discharges.
IPCU - Observation Levels

Ward One - IPCU

Philosophy Of Care

To provide a safe and therapeutic environment within which a holistic model of care is adopted to meet the individuals physical, psychological and social needs and does not in any way compromise the safety of the individual.

To respect the individuals social and cultural beliefs and strive to meet each persons needs through assessment, planning, implementation of the plan and evaluating. The treatment plan will take into account the opinions of the patient and where appropriate, their carers or advocates.

To provide a secure, therapeutic environment for assessment of disturbed/acutely ill patients until they are well enough to be cared for in an open ward.

To provide a safe, secure environment for patients transferred from high/medium to enable adequate assessments and diversional therapy until they are deemed settled enough to be nursed in an open environment.

Core Purpose.

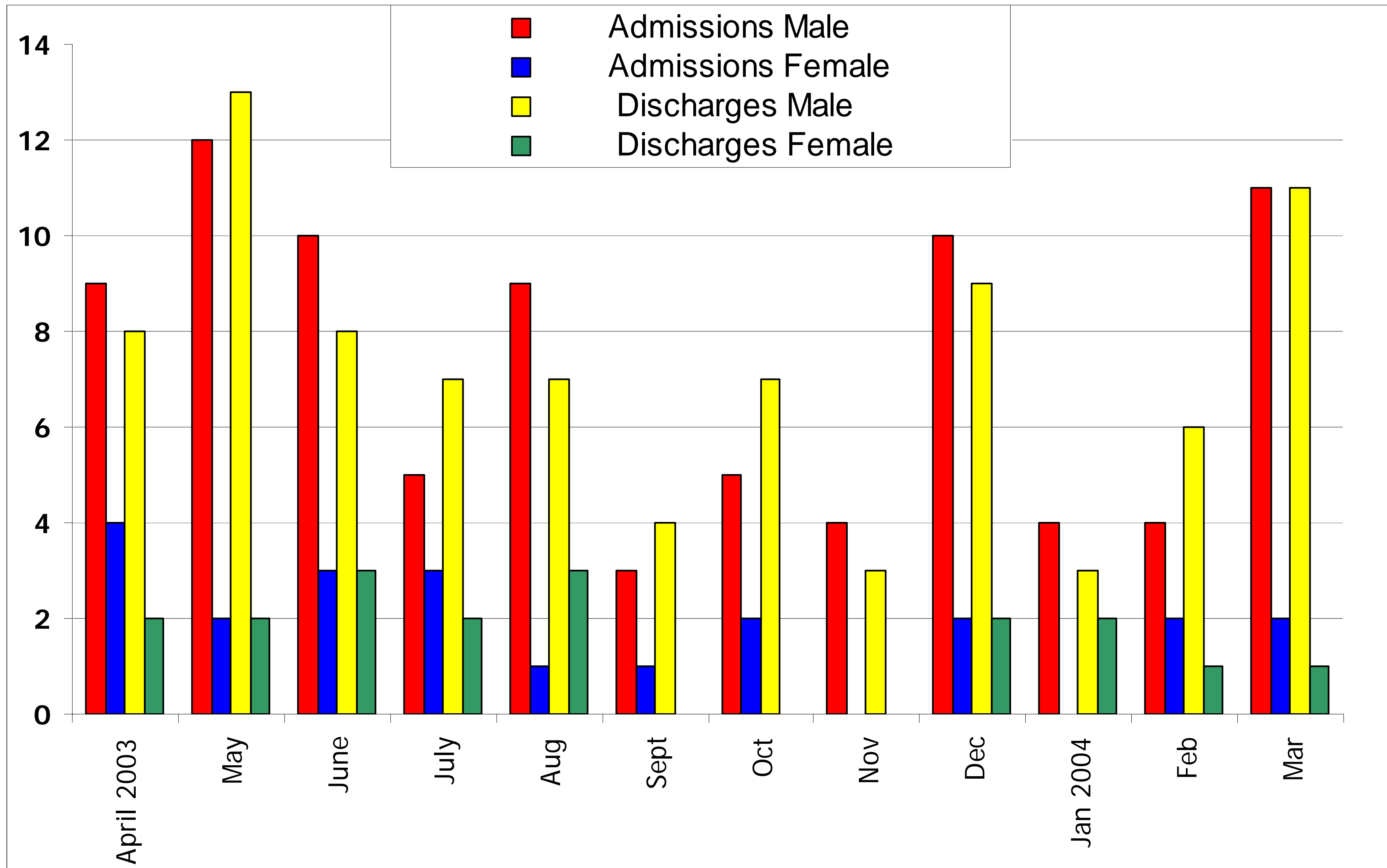
To provide a safe and secure environment for patients who are too acutely ill to be cared for in an open ward or those who require low security surroundings prior to to moving onto an open ward.

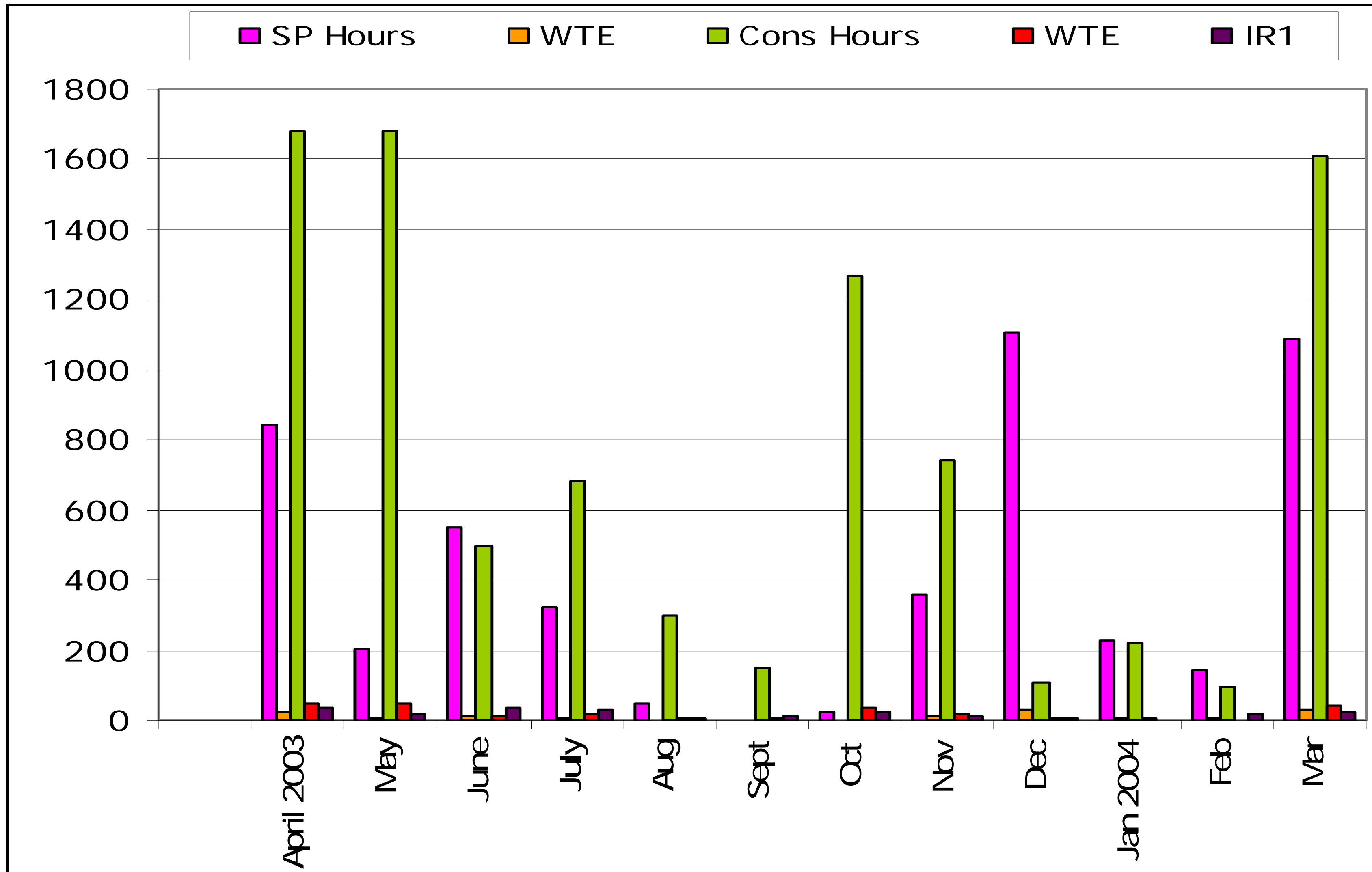
Values.

Service users can expect to be nursed in a safe, secure but non threatening environment. They will bee treated with respect as individuals and have a right of access to the members of the multi-disciplinary team.

Service users can expect to be introduced to a 'named nurse' and associate workers who will strive to meet the needs of the individual, taking into consideration their mental state, abilities and capabilities and cultural / religious beliefs.

Staff can expect to have their skill and expertise recognised and appraised.
Their contribution to the service user will be valued. They will be a member of a multi-disciplinary team to ensure the delivery of consistent treatment and audit of service users needs


Admissions Male
Admissions Female
Discharges Male
Discharges Female
14
12
10
8
6
4
2
0
April 2003
May
June
July
Aug
Sept
Oct
Nov
Dec
Jan 2004
Feb
Mar


SP Hours
WTE
Cons Hours
WTE
IR1
1800
1600
1400
1200
1000
800
600
400
200
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April 2003
May
June
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Aug
Sept
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Jan 2004
Feb
Mar

WARD 2
ANNUAL REPORT
April 2003 - March 2004

Introduction

The ward was opened in December 1997 and was originally designated as an intensive continuing care Ward.

Ward 2 is now a 24 bedded intermediate stay rehabilitation ward catering for both male and female patients with severe and enduring mental illnesses. The wards internal structure, bed capacity and client group have changed considerably this year. At the beginning of the financial year ward 2 was an all male 30-bed ward, which has been transformed into a 24 bed ward with a population comprising of 18 males and 6 females with a varied age group, legal status and complex mix of diagnosis.

The ward underwent some refurbishment to enable it to comply with the guidelines and research material on mixed sex accommodation in Scotland.

Ward 2's client group comes from the south side of Glasgow and come into the ward by transfer via Leverndale and Southern General Hospitals Psychiatric Admission areas. Ward two catchment area encompasses the entire south sector.

The age range for the ward is Adult up to 65yrs but for period April 2003 to March 2004 this has changed due to the transfer of patients from Balloch ward. The current age range is up to 85yrs of age.

Staffing

Day Duty:
1 'G' Grade (Ward Manager acting lead nurse from 08/09/03 to 17/05/2004
1 'F' Grade (Deputy Ward Manager)
2 'E' Grade Staff Nurses
2 'D' Grade Nurses (1x Registered Nurse and 1x Enrolled nurse)
8 'A' Grade Nursing Assistants (Full Time)
5 'A' Grade Nursing Assistants (Part Time...3x 30hrs, 1x 22.5hrs and 1x 15hrs)

Night Duty:
2 'E' Grade Staff Nurses
3 'D' Grade Enrolled Nurses
2 'A' Grade Nursing Assistants.

Interim Placement Staff Awaiting Re-Deployment

Day Duty
1 'G' Grade Ward Manager
1 'A' Grade Nursing Assistant

Night Duty
2 'D' Grade Enrolled Nurses (Full Time)
2 'D' Grade Enrolled Nurses (1x 30hrs and 1x 20hrs)
2 'A' Grade Nursing Assistants (Full Time)
W.T.E. = 23. 4 ward staff
Sick Leave for the period 01-04-03 to 31-03-04 = 10.01%

Recruitment Issues and Training Development

No major recruitment issues were identified for the year 2003 – 2004

Venepuncture
1x 'G' grade and 1x 'D' grade have completed their venepuncture training on the ward to benefit patient care.

4 Nurses from other wards in the South Sector have visited the ward to carry out their supervised venepuncture practice.

Conversion course 1x 'D' grade undergoing conversion course
Cognitive therapy 1x 'E' grade studying cognitive behavioural therapy, advanced issues in mental health and alcohol & drug prevention policies.

Health Promotion 1x 'D' grade involved in health promotion issues.

Service Developments

The independent living skills initiative,(I.L.S.) in partnership with the occupational therapy dept. remains an important factor in identifying patients care needs with view to possible discharge to supported accommodation.

At present we are working with the O.T. staff, to review the ILS programme to accommodate the full range of patients needs with the change in ward population The Independent Living Skills (ILS) Programme was devised, based on the Trust's Occupational Therapy

Activities of Daily Living Assessment.

This is a graded rehabilitation style programme, where the nursing and occupational therapy staff work in tandem to improve and maintain the patient's life skills...i.e. shopping, cooking, safety and using public transport. A varied programme of life skills, leisure and creative activities, horticulture and art groups as well as recreational pursuits are included in the programme

Ward 2 Clozaril Service:

This clinic continues to be held in Ward 2. The service continues to take blood samples from Hospital patients, satellite patients and out-patients. This year 609 bloods have been taken by nursing staff. All of the patients who are on clozapine have a health checklist which is completed every three months. The eC.P.M.S. (Electronic Clozaril Patient Monitoring System). is up and running now making provision for out of hours ordering of any forms and blood sample packs and obtaining/checking blood results- it also allows for the reporting of blood results direct to the Clozaril patient monitoring service..

High Dose Antipsychotic Therapy (HDAT)

The Multidisciplinary review team has identified 14 Patients over the last year, who receive a combination of anti-psychotics, whose daily dosage based on the sum of the percentage B.N.F. maximums.
Nursing Staff responsibilities:

- Arrange ECGs on a regular basis,
- Take blood for monitoring U & Es + LFT's. this is carried out 1 month after commencing therapy and at 3 monthly intervals thereafter,
- Temperature check,
- Blood pressure check
- Document high dose status in nursing notes,
- Check that monitoring sheet is being completed and bring to Medical staff attention if check has not been done.
- Ensure that high dose is discussed at review.

Service Activity

Ward 2 in conjunction with support agencies have in the recent past been able to facilitate the discharge of a number of patients previously considered to be long-term patients into the community.

This year a further two patients were discharged to supported accommodation and with the continual commitment of staff and other agencies it is hoped that further patients may be able to progress to supported accommodations

DISCHARGES INTO THE COMMUNITY	=	2
DISCHARGES POSTUMOUSLY	=	1
TRANSFERS TO REHAB UNIT	=	2
TRANSFERS TO LONG STAY	=	3
TRANSFERS IN FROM LONG STAY WARD	=	5
TRANSFERS IN FROM LONG STAY		

Clinical Governance

Audits:

- Clinical Waste – 3 monthly,
- Mattress audit, – 6 monthly,
- Prescription audit – weekly,
- Care Plan Audit – 3 monthly,
- Named Nurse Audit – 3 monthly,
- Incapax meetings – twice yearly
- Clinical observation audits,
- Fire Awareness - monthly,
- Environmental Audit
- Control of infection – Yearly

Multi – Sensory Environment:

No further advancements have been made in this area. This requires further research for this client group.

Incident

Ward Two had one patient test positive for TB. This issue was dealt with in conjunction with the infection control nurse.

Balmore Ward
Annual Report
April 2003 – March 2004

Introduction
Balmore is sited in a four ward elderly care unit within a hospital setting. It is an 18 bed, mixed sex, admission ward, for people over the age of 65 who are suffering from an acute phase of an organic illness irrespective of the aetiology.

Out catchment area covers South Glasgow which is split into 5 zones, each with its own medical and community nursing teams.

***G72/73/45/76/G9**	Referrals are received from –
***G44**	Nursing and Residential Homes,
***G42/43**	GP's, Community teams, other
***G51/41/G5**	Hospitals and via home visits by
***G52/53/46**	area Psychiatrists. Admission being arranged only after all community input has failed.

During the period of admission further input is available from Occupational Therapy / Physiotherapy / Dietetics / Social Work / Advocacy Service / Podiatry / Dental / Pharmacy / Catering / Domestic / Chaplaincy / Portering and Works Departments.

Our function is in being able to provide appropriate assessment and treatment in a safe environment during the acute phase of the illness, thereafter working in conjunction with carers and other disciplines to find the most therapeutic placement for each individual.

Environment.
Balmore provides 6 single rooms and 2 six bed dormitories. Each bed area has toilet and hand washing facility, in addition each dormitory has it's own shower facility. The main ward area provides a further 2 shower rooms, a bathroom, 3 toilets, pantry, treatment room linen room, store room, disposal room, office, smoking room, 2 living rooms each incorporating it's own dining area, multi-purpose visiting-meeting-activity room, reception area, landscaped garden area, staff changing rooms and tea-room.

Statistics.

Admissions - **99**
Discharges - **99**
Average length of stay – **50.7 days**.
% bed occupancy rate – **75%**

Ward Based Activity.

There are three occupational therapy sessions each week. Each session is of approximately 1 hour duration, they may cover activities involving reminiscence, news, paper discussion and baking. A regular schedule of games is held within the wards on Tuesday and Thursday mornings and Wednesday afternoon.

Other activities carried out include one-to-one and group work which may focus around giving out patients both physical and mental stimulus.

A wide variety of outings, social evenings, art and music sessions, are organised by nursing staff on a weekly basis (dependent upon daily clinical activity levels in the ward). These activities are generally well received by the patients.

Physiotherapy sessions are organised on an individual basis as the need arises.

Staffing

There are currently 29 staff assigned to Balmore of which 22 are day duty (inclusive of 1 clinical liaison nurse) and 7 are night duty.

A minimum staffing of 6 for a.m. shift of which 2 must be R.M.N.

A minimum staffing of 5 for p.m. shift of which 2 must be R.M.N.

A minimum staffing of 3 for night shift of which 1 must be R.M.N.

The remaining complement of staff consisting of 'A' grade nursing assistants.

One exception however is the Clinical Liaison Nurse 'D' grade, who is concerned with the organisation of and participation in, the escorting of patients to and from other areas e.g. transfers, discharges, clinical tests/treatments (on behalf of the hospital as a whole).

Of the other 28 staff - **9 R.M.N.**
- **1 Enrolled**.
- **18 Unqualified**.

W.T.E. – 19.8 day shift (+ 1 clinical liaison).
W.T.E. – 6.4 night shift.

Staff Movement.

OUT - 1 'E' grade staff nurse (day duty).
- 1 'A' grade assistant (day duty).
- 1 'D' grade enrolled nurse (night duty).
- 1 'A' grade assistant (night duty)

IN - 1 'E' grade staff nurse (day duty).
- 1 'D' grade enrolled nurse (day duty)
- 1 'A' grade assistant (night duty)

TOTAL OUT - 4
TOTAL IN - 3

Staff Sickness.

Staff sickness is managed as per policy. There are currently three members of staff being seen by Lead Nurse.

The Clinical Liaison Nurse will terminate employment due to retirement after a long absence.

Staff Training. (List Of Courses Attended).

Moving and Handling, refresher day - **8 staff**
Dementia Care conference - **2 staff**
Infection Control study day - **1 staff**
Age Concern, community planning - **1 staff**
Infection Control Awareness
~M.R.S.A - **2 staff**
~Infestation - **2 staff**
~Blood infections - **2 staff**
~Hygiene - **3 staff**
Fire Lectures - **4 staff**

Staff Areas Of Interest (P.D.P.).

- Palliative Care.
- Pain Management.
- Wound Care / Tissue Viability.
- Control of Infection.
- In-house Staff Education.
- Computer Studies.
- Care Needs Assessment Tools specific to Dementia Care.

Service Developments

Proposed Development

Environmental

- Re Provision of ventilation system in ward office (dismantled during re-design work in 2000).
- Protection system for walls around bed areas required.
- Require Emergency Call System as current system does not cover entire ward area and does not offer a personal alarm facility.

  (Personal alarms are available to staff but are not part of any pinpoint type system)

Clinical

- Full staff attendance at Moving & Handling.
- C.P.R. Training.
- Staff attendance at First Aid Training.
- Aggression Management Refresher and Breakaway techniques
- S.V.Q. In Health Care.
- Pursue staff rotation system day / night shifts.
- Provision of uniforms for all staff.
- Attendance at courses / seminars related to
  * cause-course-effects of specific dementia types.
  * care provision for those people suffering from an organic illness.
- Implement assessment tool specific to dementia care.
- New admission information pack for carers, Liaising with community teams to make this available to the carers prior to admission.

Recent Developments

- Nutritional assessment tool has now been introduced.
- Canard risk assessment tool and hip protector request forms have now been introduced.
- Introduction of multi-disciplinary meeting recording sheet and relative/carer communication sheet into care plan system.
- Visit received from staff in Dementia unit in Oldham looking for our comments/suggestions on re-design work to take back with them to their own area.
- Balmore has now taken on role as holder of out of hour's supply of Emergency Medication for the Hospital site.

Clinical Governance

Money has been secured to provide staff training / education in topics specific to Dementia care. This was organised and delivered in conjunction with Stirling University Dementia Care Services.

BEITH
ANNUAL REPORT
2003/2004

WARD MANAGER: JEAN RUBCZAK

Introduction

Beith ward is a 16 bedded Male/Female admission ward, which provides care for people of 65 years and over, with mental health problems which necessitate admission to hospital. Assess, plan, deliver and evaluate a high standard of nursing care in accordance with the key work system.

Involve patients and their carers/relatives in the planning of their care wherever possible.

Encourage good communication channels with nursing staff, patients, relatives, carers and all other professionals involved in the dealing of patient care.

We endeavour to meet all our patients' religious and cultural beliefs.

Ensure that patients who are discharged have appropriate follow up and packages of care.

Ensure that all patients are treated with respect and that their dignity is maintained at all times.

Ensure that education is promoted for all grades of staff.

The catchment areas covered are:
G45, G46, G72, G73, G76 and G77.

This incorporates Rutherglen, Cambuslang, Castlemilk, Clarkston, Eaglesham, Giffnock, Newton Mearns and parts of Thornliebank.

Medical Input to the ward is provided by:

Dr Graham Jackson - Consultant Psychiatrist
Dr Julia Gray - Consultant Psychiatrist

Another member of the medical team is Cortini Nor, who is a specialist Registrar, working under the supervision of Dr Jackson.

NURSING STAFF.

DAY DUTY

Grade	Full Time	Part Time	Part Time Hrs
G	1		
F	1		
E	5		
D(Registered)			
D(Enrolled)	1		
C			
B			
A	6	2	54

NIGHT DUTY

GRADE	FULL TIME	PART TIME	PART TIME Hrs
G			
F			
E		3	80
D(Registered)			
D(Enrolled)		2	40
C			
B			
A		2	60

STAFFING DEVELOPMENTS.

Changes to the ward staffing compliment in the past year have been:

- 2 Nursing Assistants on Night Duty retired.
- 1 Nursing Assistant transferred to Southview Nursing Home.
- 1 Nursing Assistant joined Ward team as a replacement.

SICKNESS/ABSENCE MANAGEMENT.

Overall, sickness/absence levels have been higher than expected this year; however, all absences have been supported by medical certificates. These are managed as per policy

STAFF TRAINING/STUDY LEAVE.
Combined total of days for all grades of staff throughout the year is 16 days which consisted of:

Ward Manager Development Days 6 Days

Ward| Manager Away Days 3 Days

Life Support Skills 3 Days

Scottish Electroplexy Audit Network 2 Days

Bowel Management 1 Day

TRAINING/STUDY DAYS BY GRADE.

- G 9 Days
- F Nil
- E 5 Days
- D 1 Day
- A 1 Day

In addition to routine ward/clinical duties, several members of ward staff have taken the lead in the following which is incorporated into personal development plans which all trained and untrained staff have.:

Ward Manager - Jean Rubczak.
Patient Support Group Meeting Co-ordinator
Sickness Absence Management
Care Plan Auditor

Deputy Ward Manager - John Foster
Training Co-ordinator
Care Plan Auditor

Staff Nurse - Gail McKinlay
E.C.T. co-ordinator

Staff Nurse - Sarah Campbell
Deputy E.C.T. Co-ordinator

Staff Nurse - Lindsay Coyne
Health Promotion Nurse
Core Team Member of E.C.T. Staff

Staff Nurse - Angela McShane
Core Team Member of E.C.T. Staff

Staff Nurse - Jane Owen
Activity Programme Co-ordinator
Risk Assessment Co-ordinator

Enrolled Nurse - Linda Sheerin
Tissue Viability Nurse
Bowel Management Co-ordinator

Nursing Assistants - Angela Keenan
Graham Fik
Yvonne Keenan

Core Members of E.C.T. Team

SERVICE ACTIVITY

ADMISSIONS	**104**
DISCHARGES	**90**
TRANSFERS (IN)	**5**
TRANSFERS (OUT)	**12**
DEATHS	**1**
AVERAGE LENGTH OF STAY	**38 Days**
AVERAGE LENGTH OF BED OCCUPANCY	**67.6%**

Each consultant has a multi-disciplinary team meeting each week, which is held in the ward and is attended by the following staff:

Medical Staff
Ward Based Nursing Staff
Community Nursing Staff
Occupation Therapist
Physiotherapist
Pharmacist

In addition to the multi-disciplinary team meeting, each consultant also has several ward rounds during the week. Beith Ward links up with Eastvale and Eastwood Resource Centres, whose staff provide community follow up care to in-patients of Beith Ward on discharge.

QUALITY MONITORING/CLINICAL GOVERNANCE

Care Plan/Key Worker system	audited bi-monthly
Fire Awareness	audited monthly
Blocked Beds	audited monthly
Mattresses	audited six monthly
N.M.C. Registration check	audited weekly
Finances	audited monthly
Clinical Waste	audited 3 monthly
Sickness/Absence	audited weekly

Future Developments

Next year we are changing the way in which staff appraisals will be done. Ward Manager and the Deputy Ward Manager to appraise Trained Staff and Staff Nurses to appraise Nursing Assistants within their 'Key Worker Groups'.

We propose to work through Nursing Assistant training packages with several staff.

We will continue to maintain and deliver high standards of nursing in all aspects of patient care within Beith Ward.

We shall also continue to encourage staff to take forward their personal development plans and continue to work as an efficient Ward Team.

In conclusion, the ward has run smoothly and efficiently throughout the year. There were no critical incidents and no complaints were put forward by either patients or relatives.

Jean Rubczak
Ward Manager

ECT
ANNUAL REPORT
2003/2004

ECT CO-ORDINATOR: GAIL McKINLAY

ECT Suite

Beith ward provides the 'core' staff for ECT sessions. On treatment days there are always 2 trained staff (E grades) and 1 untrained, however this changes pending on patient numbers. If 4 or more patients then 2 trained and 2 untrained staff are required.

Number of inpatients attended: 40
Number of treatments administered: 258

Number of outpatients attended: 7
Number of treatments administered: 32

One outpatient attends for maintenance treatment administered fortnightly: 27 treatments administered.

Number of Priory patients: 1
Number of treatments administered: 7

One patient has a port-a-cath in situ and when not receiving treatment attends every 3 – 4 weeks to have port flushed. This is an aseptic technique carried out by the anaesthetist.

Throughout the year we receive one patient from Gartnavel Royal Hospital as they had no anaesthetic cover. This was unexpected and unusual occurrence and was fully discussed with ECT consultants and anaesthetic staff prior to proceeding.

Special Incidents

Incident report forms completed on four occasions this year:

25/04/2003 Patient required restrained post ECT in recovery due to agitation.

28/11/2003 Patient suffered sinus arrest stabilised shortly after.

24/12/2003 Patient required restrained post ECT in recovery.

06.01.2004 Patient required restrained in recovery.

Events Throughout Year

Training

Four classes of diploma/graduate students from Caledonia University have attended a tutorial and attended allocated sessions to view practices of ECT.

Clinical audit training was attended by S/N McKinlay and S/N Campbell.

Yearly update sessions was attended by the untrained staff of the 'core' team.

MADRS training was attended by new medical staff intake and nursing staff from inpatient and outpatient services. This was held on two separate days in June.

ECT Database

Scottish ECT audit network seminar attended in Perth. Involves networking with other ECT providers and setting standards throughout Scotland. Update information of database.

ECT Forum

Four meetings were attended this year by existing Glasgow sites. Although fewer staff present due to amalgamation, it has been discussed to open the group to other providers in other health boards.

The Glasgow forum participation in compiling documentation for the nurses role in ECT for the Royal College of Psychiatrists Handbook which is due for publication 2005.

Other Visits

ECT Suite was visited by Mental Health Services Team on 24/06/2003.

Mental Welfare Commission visited whilst attending to visits in ward area.

Committee Meetings

Meetings have not been regular throughout year due to DR Lyons leaving to take up post at Mental Welfare Commission.

New Consultants put in place by February 2004, Dr, Chyene and Dr Quinn.

Future Developments

ECT link nurse system to be discussed and put in place. This would replace Community staff and ward staff escorting patients.

Immediate life support training for trained staff (update).

Identify interested trained staff who would like to establish a core team.

Staff would like to attend Royal College Training Day, unfortunately funding available established too late. Provisional interest noted for this year.

Further clinical audit training.

Establish ECT Committee meetings

Gail McKinlay
ECT Co-ordinator

Banff Ward
Annual Report
April 2003 - 2004

Description of Service
Banff ward at Leverndale Hospital is a 24 bedded mixed sex ward. It is an acute admission ward for over 65 year old people with functional problems. The ward currently has 3 Consultant Psychiatrists:
- Dr Mitchell who covers - G42, G43 and G44 areas,
- Dr Quinn who covers – G52, G53 and G46,
- Dr Shaw Dunn who covers – G51, G5 and G 41.

Dr Shaw Dunn recently retired, but has returned due to lack of consultant cover. During his brief retirement his areas were split between the other two consultants. Since Dr Shaw Dunn's return they have continued to look after those patients but any new patients have been placed under Dr Shaw Dunn's care.

Banff ward collaborates closely with 2 main community teams. Those being Shawmill Resource Centre staff, Elderpark and Crossmyloof staff. Each of these areas has a day hospital facility. This facility is used by patients prior to and after discharge, if part of their treatment plan.

Service User and Carer involvement
Banff Ward operates the **Named Nurse system**. Named Nurses are encouraged to meet regularly with their individual patients and where possible patients and or carers are involved in the planning, implementation and evaluation of their care. Relatives and Carers can also make an appointment to see the Named Nurse, Nurse in Charge, Ward Manager or Deputy. We, in Banff set aside time at each visiting particularly for relatives and carers should they wish to consult us. (Notices to this effect are around the ward). Patients are also asked randomly about their Named Nurse, as part of the Named Nurse Audit. See also audits for other areas of patient/carer involvement.

Patients are always consulted on their views with regard to service provision, they are asked about their care and treatment, hotel services. This is done on a one to one basis by different staff. Questionnaires are completed for hotel services. Suggestions/Comments cards are made available for patients and relatives to use. There is also a complaint system, Banff has had no adverse complaints in recent years.

Relatives are encouraged to meet with medical staff to discuss care and treatment and future plans.

Banff ward recently received a letter from a relative who had nominated us to the health council for an award. Unfortunately, we have not heard from the health council regarding this.

Carers Project
This project was set in the elderly admission wards, input was from various Glasgow carer's projects and ward staff.

This work has continued and John McCue Staff Nurse has remained the link between carer networks and the ward.

Staff continue to have objectives encourage information sharing regarding this issue to carers/relatives. The notice board for carers is situated between Beith and Banff and is updated by both wards.

Advocacy

We await further information regarding this. We hope to access awareness sessions for staff.

List of Current Staffing

Day Duty

1 'G' grade	-37.5 hours
1 'F' grade	- 37.5 hours
1 'E' grade	-37.5 hours
1 'E' grade	-30 hours
1 'E' grade	- 22.5 hours
2 'D' grades	– 37.5 hours
1 'D' grade	– 30 hours
4 'A' grades	– 37.5 hours
3 'A' grades	– 30 hours
2 'A' grades	– 24 hour
1 'A' grade	– 22.5 hours

Night Duty

2 'E' grades	– 30 hours
2 'E' grades	– 20 hours
2 'D' grade	– 37.5 hours
2 'B' grades	– 30 hours
2 'A' grades	– 37.5 hours

Staffing = 15.48 WTE and 6.46 WTE night duty = total of 21.94 WTE

Students at various stages of their training are also placed within Banff from Caledonian University.
Enrolled nurses are now accepted as mentors. The 3 Enrolled nurses within the ward now have training dates for mentorship.

Recruitment/Retirement and Leavers

Banff currently has a new member of staff, 1 female full time nursing assistant, due to the redeployment of Balloch ward. This nursing assistant has been in Leverndale for many years. One of our full-time Staff nurses recently moved out of the ward and took up post in ward 3. This was a development opportunity. We are currently requiring a replacement.

Attendance/Sickness

We have one Enrolled nurse full-time on long term sick leave. Our lead Nurse continues to see those members of staff with 4 absences or more.

Personal Development Plans

All staff within the ward have their appraisals done at least twice yearly and every member of ward staff has a development plan which they are responsible for. Ward Manager and Deputy meet with ward staff to ensure they are on target and offer support.

Ward Manager Development Days

Due to a drive by the trust Ward Managers were allocated 9 Days with 3 Away Days to follow through current priorities. (Last year we also received about a week). I was able to take 8 and managed the 3 Away Days.

The priorities set were those of Clinical Support, Clinical supervision, Clinical Governance, risk Assessment, Observation Policy, and Training.

Ward Managers were asked to complete specific result areas regarding these and then share with their lead nurse.

Training

Please refer to clinical governance issues.

Recent Service Developments

There have been no current developments

Resources

Banff ward currently has 3 six bedded dorms, 1 male and 2 female, there is also 6 single rooms. Dorms have an adjacent toilet and shower area. Each side room has a toilet. 1 dorm is empty as we reduced from 30 beds to 24 and this room has now been almost fully converted. A kitchen has been installed for patient use. We await new furnishings and require to meet the recognised fire regulations. This area will also be used for in- house training. The ward NA programme and staff presentations of recent training events they attended are ongoing.

We await resources to complete our activity area. We have applied for funding. This does not affect our ability to provide therapeutic/rehabilitative activity.

Service Activity

Monday, Tuesday and Wednesday mornings Consultants carry out weekly MDT meetings. Thursday mornings are set aside for routing escorts for Chest X-Ray and ECG's. Patients are escorted by the escort nurse or ward trained staff. ECT takes place on Tuesday and Friday mornings.
Banff has an admission/discharge protocol. Named nurses /Associates carry out assessment in conjunction with patients and their families. There are 4 named nurses who have 6 patients within their group.

Ward staffing is 6/5 Monday to Sunday when patient numbers are 20 or above. Below 20 staffing is 5/5. When levels of observation are required the first level is absorbed at 6/5 . For the ward skill mix please refer to current staffing. Recently due to the financial position the ward is trying to work on 5/5 this dependant on clinical activity.

Admissions/Discharges

Admissions 84
Discharges 89
Deaths 1

Recent Service Developments

There have been no current developments.

CLINICAL GOVERNANCE ISSUES SPECIFIC RESULT AREAS

1.Clinical support

The ward manager provided information during supernumary days. This was discussed with staff. All trained staff assigned to meet each other 4-6 weekly. Ward staff already discuss Clinical practice with each other on an ongoing basis.

2. Clinical Supervision

Supernumeray days allowed me to stand back and observe practice. This provided support to staff. I discussed with staff any areas where they felt I could support them. Checked on appraisals and PDPs. Able to provide information of courses and chase same up. Supervision during report times. Named Nurse Audits also carried out and fed back.

3.Risk Assessment

This is now 3 fold:

a. Glasgow Risk Screen

Staff have now implemented this tool. On Admission the duty doctor completes this it is then reviewed at the first MDT and a date set for further review. Nursing staff ensure that this is brought forward.

b. Ward Risk Assessment

This has been fully completed by my Deputy ward Manager and myself. This information has also been shared with the lead nurse and any issues requiring attention have been referred to the operations co-ordinator.

c. Environmental Risk Assessment

As you are aware this exercise was completed last August. We recently received feedback. However, due to this I decided to redo the assessment to benchmark where we are now. Only a few issues remain unresolved and a couple are entirely out with our control i.e., sinks with mixer taps required throughout the ward. Cleaning of ward Fans, curtains, upholstery are all the responsibility of another service.

4. Observation Policy

Awareness sessions were provided over 3 days, but many staff have still to attend same and we await more of these.

5.Training

Staff have accessed a number of training events this year. Again some staff have attended moving and handling. Clinical practice carried through most of last year and a few places have been secured again. Break away training is not forthcoming and yearly updates are required and this should have been completed.

Again I was able to focus on co-ordinating the above for staff.

List of all training events and staff attendance this year (not including night staff):

CPR and Anaphylaxis	5 staff (2 attended Basic Life Support)
Moving and Handling	10
Breakaway	Unable to access this year
Wound Care	1
Fire awareness	11
Carer Awareness, joint with social work	5 Await more staff to attend
Glasgow Risk Screen Awareness	4
PACE Nutrition for trainers	1
Erectile Dysfunction	2
Mentorship	2
Resperidol Consta	4
Clinical Audit	2
Venepuncture	1

Ward Manager Days	11
Clinical Practice	4
Care Pathways – Alcohol	1
Incapacity Act	4
Observation policy awareness	6
Organisational Development	1
Elderly COSLA conference	1
Palliative Care	2
Neuro-malignancy Syndrome awareness	2
Infection Control	7
Cannard Risk Assessment	2
Male Catheterisation	2

6. Current Training

CPR

Two staff from the ward attended Basic Life support training at the SGH, other trained members of staff still to attend. The practice development nurse is co-ordinating this and is arranging some in-house awareness of CPR for staff throughout the hospital. Those trained in BLS will provide assistance.

The Deputy Ward Manager continues to run practice CPR sessions with the ward for all ward staff. (CPR link nurse). Banff continues to be one of the two emergency response wards on site.

Our ECT link nurse has left and this role will possibly be taken over by someone else. A new protocol is currently being developed which will involve other wards. Tissue viability nurses and have accessed training this year. 2 Health promotion link nurses, 1 whom has been nominated to become a trainer for PACE, unfortunately this training is still awaited and no further nursing assistants have been trained. The Ward Manager continues to act as training co-ordinator.

One member of staff has already attended a sexual abuse workshop and she is keen to attend a day on domestic violence.

One Enrolled Nurse day duty completed a study module which leads onto conversion course. One Enrolled Nurse night duty is still doing conversion course.

Banff ward continues to operate the Trust appraisal system. Staff members highlight their development plans here. The team learning plan stems from statutory requirement and personal interest which is appropriate to our area.

Peer review takes place at unit meetings for ward managers. On the ward all trained nurses review each others practice. Regular discussion takes place at ward reports which lasts 45 – 60 minutes during the day. Clinical support is now up and running and a register is kept of meetings between staff.

7. Future Proposals for training

Training within relevant elderly general nursing fields and community mental health. Visits to similar services. Ward Manager would like to visit the Nursing and Midwifery practice development unit. Also awaits negotiation skills training later in the year.

To follow up on what is on offer presently:
Disability Equality Training, Joint Carers' Awareness (for those who did not attend), Domestic Violence, Pre-therapy and mental health nursing including the Tidal Model.

I have been unsuccessful in getting places for bereavement training; only one member of staff has attended this.
Find out about more training events for nursing assistants.

We are in the process of a new system of co-mentoring for student learners. Student learning pack still in the process of being developed.

Talks to be arranged with other relevant groups such as infection control and medical staff. Male staff attended male catheterization study day, a couple of female staff are now interested.

8. Communication

E-Mails, Memos, Team Brief, new policies are communicated to staff via the Ward Manager verbally and in writing, information can be entered into the communication book and placed on the notice board. Ad hoc meetings are held when needed. Unit meetings are held monthly and info is fed back to staff. A larger ward meeting is held every 3 months and minutes. The Annual Report is completed Yearly.

The ward information leaflet has been reviewed but no support is available to type same.

Evidence of effectiveness can be seen in the budgetscan re: management of annual leave and the low use of OT.

Audits:

Clinical Waste Audit	- 3 monthly,
mattress audit,	- 6 monthly,
Prescription audit	– weekly,
CarePlan Audit	– 3 monthly,
Named Nurse Audit	– 3 monthly,
Incident reporting,	
Outstanding repair Audit	– 6 monthly,
Blocked Bed audit	– 6 monthly,
Hotel Services Survey	– Yearly,
Incapax meetings	– twice a year for each RMO.
Clinical observation audits,	
Fire Awareness	- monthly,
Environmental Audit, Risk Assessment Control of	– Yearly.

Unit Meetings also take place monthly and 1; 1 supervision meetings with Lead Nurse for the Ward Manager.

9. Standards/Quality

- To keep abreast of Clinical Standards, NMPDU standards, SIGN Guidelines and NMC requirements.
- To maintain the highest possible standards of care.
- To update all patient information annually.
- To act on suggestions and complaints and change practice where/when required.
- To carry out yearly observations of care, to carry out all relevant audits and participate in relevant research.
- To utilize the activity space to the full and to seek patient/carer views regarding service provision. (See also service user involvement).

Recently completed hotel services audit and had a visit from them to this end. It is disappointing that standards set for hotel services fall short.

During my ward manager days I kept a diary of my objectives for each day, who I had spoke to, about clinical support, offering support also at these times.

The days did provide good opportunity for **clinical supervision** of practice. I t allowed be to step back whilst staff got on with their daily work.

The only complaint I feel I have about the provision of these days is that they continue to be given out without proper planning and consultation. I know some of us feel we would welcome a day a month to ease our administrative workload which always seems to be expanding.

10. Medication

There had been a couple of errors in the giving of medication. Nursing Staff have addressed these promptly via the IRI route and lead nurse. This has led us as a group to look at ways of tightening our work systems which should improve practice.

11. Future Proposals

- To maintain and even progress on the high standards of nursing care we already strive to deliver.
- To attend as many training events which are relevant as possible.
- To support every member of staff, to enable staff to maximize their potential and benefit the organization.
- To visit any areas of excellence which may increase our knowledge, standards and aid in practice development.
- To invite specialists in clinical practice where patient care necessitates it.
  The Dermatology liaison nurse continues to visit our ward regularly.
  Staff from the hospice are also here regularly when required.
- To maintain targets set in specific result areas for the ward.
- To continue to follow through on team and individual objectives.

Loraine Farrell

Ward Manager

May 2003

Meadows
Annual Report 2003-2004

Introduction

The Meadows is a 30 bed unit serving the needs of patients from the Glasgow south area, with severe and enduring mental illness that requires continuing in patient care.

At present there are 19 male patients and 11 female patients and their ages range from 44yrs to77yrs.

Schizophrenia is by far the most common diagnosis for the patient group with 20 suffering from the illness, 5 patients are diagnosed as having Korsakoff psychosis. 2 suffer from Bi-polar affective disorder, 3 other patients have organic disorders as their primary diagnosis.

User / Carer Involvement

Relatives and friends of patients are encouraged to visit as often as possible or otherwise contact the ward for updates on the patients' condition. If the patient and relative want, encouragement is given to involve the relatives in the planning of care for the individuals. Staff will always endeavour to contact relatives / friends when the condition of the patient changes or, to keep them appraised of any special activities being undertaken by the patient e.g. holidays / outings.

Patients are also involved in the planning of care and activities as discussions are held with them prior to the arrangement of special activities and changes to their care being made.

Advocacy

There are posters detailing the Advocacy service in the unit and patients / relatives are encouraged to make use of the service. Nursing staff are also willing to be the patients advocate if necessary.

Community Involvement

The Meadows, after five and a half years, is now well integrated into the local community. At Christmas many of the patients receive cards and send cards to local shop- keepers. If those living and working locally have any concerns about the patients when they are out and about the area, they will contact staff in the Meadows. Several of the ancillary staff live locally, which may help with integration.

Facilities / Equipment
Most of this is provided by Mohsen. After the recent fire in Rosepark Nursing Home particular attention is being paid to ensure fire safety equipment is in place and in full working order.

Staffing
Ancilliary staff (domestic, catering and maintenance) are employed by Mohsen. The nursing and medical staff are employed by GGHB,as from 1/4/04

Supplies
Medical and nursing supplies are made available through GGHB. Catering and domestic requirements are meet by Mohsen.

Staffing

Day Duty

1 'G' grade,
1 'F' grade,
1 'E' grade,
2 'D' grade, Second Level Nurses
8 'A' grade, (3 part time)

Night Duty

2 'E' grade, 30 hours
1 'E' grade, 20 hours
1 'B' grade, 20 hours
3 'A' grade, 30 hours

One 'A' grade member of staff from day duty retired at the end of June 2003. Tragically, a few weeks after retiring Ina passed away.

In December a part time 'A' grade joined the Meadows and appears to be settling in well. Also in December the 'D' grade RMN left to join the Community team at Brand Street in a promoted post.

At present the Meadows is adequately staffed and no recruitment issues are foreseen in the near future.

Sick leave is at a manageable level, rarely requiring overtime to be utilised.

Training

Statutory:

All staff have attended Fire lectures in the past 12 months. Only 2 day staff and one night staff have yet to attend a Moving and Handling course which will enable them to meet the statutory requirements. It is hoped that the remaining staff will attend Moving and Handling training at the earliest opportunity. Other training undertaken by Meadows staff in the last 12 months is as follows.

Risk Assessment Training	1 'F' grade; 3 'E' grades; 2 'D' grades 7 'A' grades
Observation Policy Awareness	1 'F' grade
South Sector Nursing Strategy	1 'G' grade

Those completing the Nutrition in the Elderly course in 2002 are still awaiting feedback from the course organisers for the work they submitted.

The 'F' grade nurse attended the clinical Leadership course organised by the Trust in 2001, received the attendance certificate in January 2003 finally received a pass mark in September 2003 for work submitted.

Glasgow Caledonian University continue to place student nurses in the Meadows. In past year there have been 3 students all of whom have enjoyed their experience and gained a valuable insight into the care of those with severe and enduring mental health problems.

Personal Development Plans

Staff appraisal is carried out at regular intervals allowing staff to prepare their P.D.P.s and assess the progress being made towards achieving their objectives.

Several nursing assistants have, for over a year, expressed a keen interest in participating in the SVQ programme and the deputy ward manager is willing to become an assessor if required. This interest has been conveyed to the unit Lead nurse and the SVQ

Co-ordinator, Charles Allan. Positive feedback is keenly awaited.

Service Provisions

The patient population is unchanged this year (2003 - 2004).
They are all suitably placed and enjoy living at the Meadows, although one lady is being considered for supported accommodation through SAMH

The Meadows provide a very comprehensive programme of activities within and out- with the ward. There is a regular programme of ward- based diversion and recreational activities as well as men only and women only groups. Participation is tailored to suit the patients' needs and capabilities. There are regular outings for lunch bingo or the cinema. Patients enjoy parties at Christmas, Halloween and St Valentine's. Every patient receives £5 and a card on their birthday. Relatives and carers are welcome at all the celebrations.

Four separate holidays were provided in 2003

Ayr	8 patients
Lake District	7 patients
Edinburgh	2 patients
Blackpool	2 patients

This coming year, three holidays are planned

Ayr	6 patients
Spean Bridge	8 patients
Blackpool	2 patients

A party celebrating five successful years at the Meadows was held in August. This was well attended by staff and patients and as well as being very enjoyable provided an opportunity to reflect on the achievements made in the Meadows. Murals displayed some of the activities that had taken place.

Service Activity

Occupational therapy provides 4 sessions a week at Leverndale and the recreational therapy department, take patients on outings occasionally.

The priest, Monsignor Coakley celebrates Mass once a month and Sister Doreen provides a small, spiritual meeting monthly. Mrs McDonald, the deaconess, visits regularly and provides a service monthly.

The hairdresser attends monthly and some patients attend hairdressers outside the ward. Chiropody and dental treatment, as well as physiotherapy, are provided at Leverndale routinely and on an ad hoc basis. They will come to the Meadows if a patient is unable to

attend Leverndale. Patients use the services of Visioncall for spectacles and eye -care; - this is a new service and is proving to be of high quality.
Two patients attend the Clozaril clinic at ward 2, Leverndale on a regular basis

High Dose Anti-psychotic Therapy

There are currently 8 patients receiving anti-psychotic treatment above the recommended levels. To minimise possible adverse side-effects nursing staff ensure that E.C.G's, therapeutic blood monitoring and blood pressure monitoring are carried out on a regular basis. Labels indicating the high dose status of the patients are attached to the medicine kardex.

Clinical Governance

All staff are aware of CNORIS and continue to stay abreast of developments.

The ward manager attended "Away Days "to discuss the previous years activities and their implications for the future.

There have been no critical incidents this year or complaints from relatives or carers. The users voice their opinions at the two monthly patients meetings.

Careplans are monitored 6 monthly. Staffs have taken onboard risk assessment and await further developments in procedure.

Staff meetings are 2 monthly and on an ad hoc basis. There are monthly meetings with Mohsen managers and the ward manager, lead nurse and consultant meet 4 monthly. There is a patient review meeting with Dr Summers fortnightly though the junior is available during office hours and comes to the ward twice weekly. A MRDT meeting is held six monthly

Staff are currently working in a multidisciplinary team in conjunction with social work to identify patients who may through a thorough assessment programme be able to move on to supported accommodation

Audits:

- Clinical Waste – 3 monthly,
- Mattress audit, - 6 monthly,
- Prescription audit – weekly,
- CarePlan Audit – 3 monthly,
- Named Nurse Audit – 3 monthly,
- Incapax meetings – twice yearly
- Clinical observation audits,
- Fire Awareness - monthly,
- Environmental Audit
- Control of infection– Yearly

Southview

Annual Report 2004

Southview Care home is a 40-bedded Unit for Care of Long Term Residents. It is a Partnership with Mental Health Primary Care Division and Thistle Healthcare Limited. There is no specific age banding for Southview, the youngest resident being 35 years and the oldest being 84 years.

Many of the Residents were originally in Long Term Wards in Leverndale. Referrals for new residents come through the consultant and usually from blocked admission beds within Leverndale Hospital

The function of the Unit is to nurse Residents who have a chronic mental illness and are unable to look after themselves independently in the community, but who may have a better quality of life by helping them under supervision to integrate and join in the community of Cambuslang.

Southview has one Consultant Psychiatrist who visits the ward weekly. There is also a G.P from Rutherglen Health Centre who visits the unit on a daily basis.

For Out of hours the staff then rely on Medicare 24.

Our catchment area is: G45, G46, G72, G76, G77. All of which incorporates Rutherglen, Cambuslang and Eastwood districts.

STAFFING

There are currently 32 staff assigned to Southview of which 24 are day duty and 8 are night duty.

Minimum staffing of 8 for a.m. shift of which 3 trained.
" " " 6 for p.m. shift of which 2 trained.
" " " 4 for night " " 2 "

Remaining compliment consisting of 'A' grade nursing assistants.

GRADE	FULL-TIME	PART-TIME	PART-TIME HRS
G	1		
F	3		
E	4	1	30
D 1st level	1		
D enr	4		
A	7	11	

RECRUITMENT ISSUES

IN - 1 'E' Grade (Day Duty)
4 'A' Grade (Day Duty)

OUT - 1 'E' Grade (Day Duty)
1 'A' Grade (Day Duty)
1 'A' Grade (Night Duty)

TOTAL OUT - 3
TOTAL IN - 5
Presently 1 full-time F post is vacant.

MANAGEMENT OF SICKNESS/ABSENCE

Sickness is dealt with as per policy with accurate recording and involvement with OH and Senior Management when required. At present there are 3 Untrained Nurses' having regular meetings with the Senior Nurse.

PERSONAL DEVELOPMENT

Ward manager will appraise all trained staff and the F Grades will appraise the untrained staff.
Ongoing.

STAFF TRAINING

Several in-house training sessions have taken place. These include:

Incontinence management
Diabetes
Fire safety
Pain management

Staff are all up to date with the statutory training. Staff records of training are up to date.

At Southview we have a Training Co-ordinator, who communicates all new training available, venues and dates

There are various members of staff who are involved in personal development;

K Veeramootoo	***G Grade***	***Clinical Leadership***
M Burke	F Grade	Training Co-ordinator
L Behan	**F Grade**	**Communications Advisor**
P Peters	F Grade	Nursing Degree
S Kelly	E Grade	Activity Nurse
S Burns	E Grade	Care Plan Reviews
A McLeod	E Grade	SOSS
R Barlow	D Grade	Wound Care
F Hunter	D Grade	First Aid
M Smyth	D Grade	Wound Care

PEER GROUP REVIEW

This year the MWC have made 2 visits, 1 unannounced visit in January and the other visit through appointments made by Residents when they were at Leverndale.

The Care Commission also visited Southview in March.
As well as attending Unit meetings within Leverndale, Southview also hold regular Protocol Meetings attended by the Trust, Thistle Healthcare and Nursing Staff.

SERVICE ACTIVITY

There are many community involvements within Southview; community eyecare, local dentists, opticians, church services.

There is now only 1 occupational therapy sessions per week, 2 physiotherapist sessions per week and only 1 recreational therapy sessions per week, although some of these sessions are combined.

Residents have also been on several holidays with Staff. Staff provides several activities; pictures, pantomime, outings and football matches for particular residents hobbies, requiring the use of the minibus driven by Staff.

There is the usual group work and social evenings organised by Staff, throughout the week.

STATISTICS

From 01/04/03 –31/03/04
Transfer In - 2
Transfer out – 2
Death - 2
% Bed Occupancy Rate – 98%

SERVICE DEVELOPMENTS
Recent Developments:

Refurbishment of communal areas, such as smoke rooms and dining rooms.

Improved landscaping and outdoor seating areas.

PROPOSED DEVELOPMENT
- Some Staff to complete Venepuncture.
- Seeking funding for improved decking area for disabled residents.
- Ongoing holidays for Residents.
- Designated and Recognised Ward Activity Nurse.
- Designated Pharmacist specific to Southview.
- Seek funding for Unit Booklet in conjunction with Thistle Healthcare.

CLINICAL GOVERNANCE ISSUES

Care plans and key-worker systems	Monthly
Financial audit	Monthly
Fire awareness	weekly (in partnership with Thistle)
Repairs/maintenance	daily (thistle Healthcare)
Infection control	Monthly
Hotel services	Monthly
Mattress audit	Monthly

Future Proposals
Continue audits as above.

Clinical Incident
Room 32 was badly damaged as a result of a fire. The occupant was in his room at the time and nursing staff acted swiftly to avert further damage. The incident was unpredictable; no deficits in unit practice were identified. The nursing staff that were present should be commended for their actions in evacuating the unit and ensuring the safety of all other residents. It should be noted that although the damage to the room was extensive it was also confined to the room only and no other areas were affected.

CONCLUSION
Partnership between Division and Thistle Healthcare is running smoothly.

Residents appear very happy with the overall environment and service delivery.

Kris Veeramootoo
Unit Manager

ANNUAL REPORT

2003-2004

REHABILITATION UNIT

Janice Gillan
Ward Manager

REHABILITATION SERVICES

A 14 bedded unit based in Leverndale hospital which offers intensive rehabilitation to inpatients, outpatients and day-patients, including outreach work to discharged individuals who have completed a Rehabilitation Programme and to our community project (West of Scotland). The unit's beds are available for use by male and female service users from the hospital and the community, and are available to all users within the South Sectors' catchment area. There is no upper age limit although service users are generally under 65 years.

DAYCARE

The unit's day care service provides 5 full time places in total; over the last year these have been allocated on a sessional basis to suit individual users.

WEST OF SCOTLAND

The unit is also responsible for managing and supporting the West of Scotland project. The project houses ex-hospital residents who have been discharged from the unit. The project initiated by Leverndale hospital is based in 2 blocks, each containing 4 houses, with each house having the capacity to accommodate 2 persons. The project can house 16 in total. A staff member from the rehabilitation unit is key worker to these service users, offering support 2 days per week and unit based staff for emergency support if required. They are also supported by the West of Scotland management committee, based at Leverndale and where required by the units medical, occupational therapy and psychology staff.

THE REHABILITATION UNIT IS PART OF THE INTERMEDIATE SERVICES FOR SOUTH GLASGOW

This consists of:

- Enhanced Rehabilitation Services
- Intensive community treatment team
- Acute day services

USER/CARER INVOLVEMENT

Is central to the unit's philosophy. With users agreement all carers are invited and actively encouraged to participate in all review/future planning meetings.
Carers are also encouraged verbally and by posters situated within the unit, to approach staff if they would like to discuss their relative's condition or wish education and/or support. Relative induction is available.

The unit is in the process of developing basic family work involving medical, psychology and nursing staff.

Active encouragement is given to use advocacy services, same included in the unit's.

Induction for users.
With users permission advocates are involved with them and the team in planning of care and discharge arrangements.

JOINT WORKING

Has been in the furnishing of all information for community care assessments and in working with the voluntary organisations during placement of residents with a pro- active educational and supportive role. Due to the nature of the client group this has been a large part of both ward based and outreach staffs role, to ensure smooth and lasting transition to these identified places.

STAFFING (24hrs)

G Grade Ward Manager 1 W.T.E. F Grade Deputy Ward Manager 1W.T.E.
E Grade Staff Nurses 3.86 W.T.E. D Grade Staff Nurse 1W.T.E.
B Grade Assistant 0.8 W.T.E. A Grade Assistants 3.6 W.T.E.

D Grade post replaced September 2003 after being vacant for 2 years.

1 E Grade post has remained vacant for the last 15 months with no agreement to date to recruit.

1 E Grade on secondment from September 2003, no backfill.

2 x 30 Hour A Grade Nursing assistants redeployed to the unit, 1 to replace a full time day shift, and one to replace a 24 hour night duty post which had not been replaced for the last few years.

These vacancies have left the unit reduced in trained and permanent staff numbers which has repercussions in maintaining standards and on further developments.

TRAINING COMPLETED

Breakaway 2 days x
Communication event ½ day x 2 staff
Medication Management 5 days x 1 staff
p.c.p.training

Mental Health Legislation x2
Clinical information systems x 1
Medication and psychosis x 1
Medication Mood stabilisation and anxiolitics x 1
Clinical supervision x 1
Eating Disorders x1
Finding health info on the net x1
Affective disorders x 1
Personality disorders X 2

S.V.Q. Supervision being looked at by C.R.N. N/A undertaking same.
Food & Hygiene Training x 3
Co –Morbidity training 5 days
Breakaway (2 DAYS) X 1

TRAINING OUTSTANDING

Risk Assessment
Food & Hygiene x 1
Statutory training Updates for moving and handling, Control and restraint, & Breakaway.

UNIT IN-SERVICE (Topics Explored)

Changes to team working, MDT working, discipline specific roles.
Specific Assessments.
Away Day follow- up list compiled.
Visits to other units arranged.

Proposals from medication management training and agreement to implement lunsers global rating scale and for development of a physical assessment tool to highlight the areas within this training.

OUTCOMES OF TRAINING UNDERTAKEN

Increase and/or update in staffs' knowledge base affording increased competence when working with the service users.
Sharing of good practise.
Adherence to statutory training requirements.
Staff skills development.
Implementation of new systems of team working and concurrent paperwork.
Implementation of new assessment tools e.g. Lunsers and Physical assessment
Development of new skills in negotiation and concordance strategies.
Training pack on enhancing medication concordance made for use.
Safety.

PERSONAL DEVELOPMENT PLANS

Staff encouraged to use self directed learning to achieve personal goals. With negotiation for study available and support for application for bursaries given.
Structured clinical support and/or supervision offered to all staff, all choosing to use Co-ordinators support for clinical issues and as required.
Plan is to restore the profile of Staff Appraisal and Personal Development Plans which will be driven by the unit's objectives for 2004/205.

TEAM LEARNING PLAN

Development of key staff is on going.
Addressed within the development of the service, with emphasis on M.D.T. team training using new treatment methods, increased intervention skills and development of evidence-based clinical competencies.
Unit referral re-organised to suit team presentation, to accommodate information required and to align to new care plan initial assessment format.
M.D.T. review recording sheets for use by all team members and for inclusion in care plan were identified as evidence of MDT collaborative working. Nursing Record keeping guidelines highlighted for adherence to same.

HOUSE KEEPING STRATEGIES

Introduction of contacts diary
Safety.
Earlier off duties
Re-organisation of patient board.
Introduction of contacts sheets/meetings.
Assessment checklist/audit of service.

All house keeping strategies very difficult due to time factors, non-attendance and individual's prioritisation of commitments have resulted in returning to previous system of co-ordinator pursuing assessment and communication of contacts at M.D.T meeting and in conjunction with keyworker.

REFERRAL FORM and database being looked at.

REHAB. STRATEGY GROUP

Several team members were part of the trust group looking at the vision of REHAB in the future, despite many hours hard work this has come to no fruition.

WARD MANAGER/ O.T MEETINGS initiated to look at roles/staff interactions.

WARD MANAGER/ C.R.N meetings initiated to look at timetable, roles etc., joint working and outreach work.

NEW OPERATIONAL POLICY

Outreach policy and procedures still continue to be worked on.

M.D.T.

The unit benefits for the input of an active Multi-disciplinary team receiving input from Consultant Psychiatrist - 4 sessions per week - 1 session for MDT.

Review meeting 3 sessions to include patient interviews, specific assessments, referrals, out-patient appointments, management, rehab development and education meetings.

Junior Doctor-(SPR)-4 sessions per week- 1 Session for MDT. Review meeting. Three sessions to include as above. Also contactable as required.

Consultant Psychologist- 4 sessions per week -1 Session for MDT. Review meeting. Three sessions to include as above.

Occupational Therapist - Senior- 5 sessions per week -1 session for MDT.

Review meeting. 4 sessions to include specific assessments, ongoing assessment, referrals, outreach follow-up and/or assessment, management, rehab development and education meetings.

Occupational therapist - Basic grade -5 sessions per week- 1 session for MDT.

Review meeting. Four sessions to include specific assessments, ongoing assessment, outreach follow-up and/or assessment and education meetings.

Pharmacist- 1 session per week for MDT. review meeting and as required for patient information and medication reviews.

RE-organisation of clinical meetings and recording have been looked at several times throughout the year.

PEER SUPPORT

Has recently been commenced for the trained nursing staff.

SERVICE DEVELOPMENTS

Have pivoted on our active participation in steering and development of the enhanced service. Allocation and agreement, reached on implementation of new assessments, evidence-based mental health interventions and use of outcome measures.
BPRS & extended Mini Mental State by medical staff, HONOS and short CANSS by nursing staff. Social functioning scale by O.T. or Psychology all agreed.
ASSESSMENT CHECKLIST MADE TO AUDIT THIS.

FUTURE PROPOSALS

Include further development of outreach work to facilitate the current client group joint working with outreach post staff, with an emphasis on Health and Social activity

New Ward Booklet and leaflet being compiled, group, set up.

Authorisation from Division sought to put standard statement regarding referral into case note and care plan.

NURSING ASSISTANTS

Training Package for further development.

REHABILITATION OUTREACH POSTS

These posts have been invaluable to the service focusing on engagement with users referred to the unit, especially users based at the Southern General or in the community, and in offering intensive support to clients discharged from the unit and education, guidance and support to voluntary organisations and supported projects.

SERVICE ACTIVITY/CLIENT GROUP

Client Group – on average 65% Male 35% Female

Predominantly young to middle age males with Risk Assessments which show combinations of e.g. History of violence, drug/alcohol misuse, and previous requirement for I.P.C.U. care or protracted continuing care, severe cognitive impairment and vulnerability.

40% of the clients are of detained status.
30% are of Adults with incapacity status for monies.

PROGRAMME

Adapted to include more creative activities, such as art and creative writing with more emphasis on use of community resources to suit client group.

AVERAGE length of stay in the unit is 12.1/2 months
AVERAGE length of stay in hospital is 2. 1/2 years.

ADMISSIONS: 16 in total. From acute L'Dale-7 S.G.H.-3 Continuing care-3 Community-3

DISCHARGES: 9 in total. To supported accommodation-5 Family home-2 Own home with support package-1 Midway-1.

On average 4 USERS AWAITING PLACEMENT AT ANY ONE TIME, blocking beds.

TRANSFERS from the unit 3 Patients returned to acute beds after 2-4 weeks.

REFERRALS: in total 41.
SERVICE OFFERED TO 37. In-patient x 3, Day care x 23, Engagement sessions x 8 D.N. A. x1 Discharged x 1, on hold x 2. Pending x 3.

VACANT BEDS ON AVERAGE 1 W.O.S ON AVERAGE 3 VACANCIES.

CLINICAL GOVERNANCE

The unit uses the Clinical Governance framework to bring together our existing quality assurance and audit processes and strives to build on and co-ordinate further improvements. Quality elements currently in place:

User's evaluation: Monitoring of complaints: Clinical supervision: Peer support: Reflection: Annual report :Sharing Information sessions: Patient Involvement: Adherence to local and National policies. Infection control audit.

Implementation of evidence based interventions- Team education and agreed practise-ongoing. Use of H.o.n.o.s., Short Camberwell assessment of needs, and Lunsers- ASSESSMENT/CHECKLIST- to be used as auditing tool for multi-disciplinary agreed assessments.

FUTURE PROPOSALS

Patient/Relative education development- ongoing.
Team looking at more specific training Packages, possibly using computer with guidelines. To ensure that information being offered is the most recent and accurate.

OTHER POINTS FOR NOTE

OTHER DEVELOPMENTS

Patient induction / orientation updated to accommodate new policies.
Implementation of small orientation format for relatives.
Staff involvement in pilot of specific paperwork for care plan as adjustments/add-ins for rehab.

Flexibility to accommodate other disciplines to community meetings has been limited in its success, due to M.D.T. member's attendance.

Leisure group initiated by Occupational therapy and supported theoretically and by additional staffing from unit.

SUPPORT SERVICES

Major repairs/replacement remaining an issue with un-hygienic kitchen status for over a year. Units only bath cracked for 2 months. Replacement/repairs to
furniture very slow. Despite push for all information to be conveyed via E-Mail and distributed to staff without access we had no printer for over 3 months.

W.O.S

LEASE AND TENANCY AGREEMENT REMAIN UNRESOLVED.
REQUIRED CHANGE TO REPAIRS PROCEDURE/ REPLACEMENT/ REFURBISHMENT UNRESOLVED.

FUNDING

For monies for groups, outings, outreach work was a problem for first half of the year.

OFFICE SPACE

No accommodation provided to date for Outreach Team.   Very limited space in unit.

QUALITY/STANDARDS

Trust infection control environmental audit tool completed. Once again no consideration has been made to our situation as a Rehabilitation unit in a Psychiatric Hospital, comments to reflect forwarded to Lead Nurse and Infection Control Team. Action plan and audit as deemed appropriate in place.

Recreational Therapy Dept

Annual Report

2004

Brian Reid
Department Charge Nurse

Recreational Therapy Annual Report 2004

Recreational Therapy (RT) is a sector wide service offering an extensive, diverse range of activities for clients from within hospital settings and community based locations. Facilities utilised include the following:

The RT Department at Leverndale
Inpatient Areas
Various Sports and Leisure Facilities
Resource Centres
Community Halls

Clients are referred from all areas of clinical responsibility in adult psychiatry.

SERVICE AIMS

RT is devoted to promoting the following:

Provision of a professional, clinical service in an atmosphere that helps clients feel comfortable, motivated and valued.

Resources which are flexible and responsive to meet individual needs.

Service delivery which is provided in a normalised and intimate environment as possible.

Staff are committed to reducing unnecessary barriers concentrating on quality relationships with the client group.

Crucial to the effectiveness of RT service provision for people with psychiatric disability is:

Generation of hope

Facilitation of relationships

Meaningful activity

Better outcomes for service users and their carers

AIMS OF THE RT PROGRAMME

The focus of our programmes is to promote and encourage the following:

Prevention of social isolation

Reduction of the debilitating effects of mental illness

Development of social skills

Confidence building

Development of self-esteem and self worth

Improved motivation

Broadening of social networks

Increased opportunities to learn, maintain and develop skills

Improved physical, social and emotional functioning

Enhancement of coping strategies that promotes independence

A higher quality of life for the individual and their friends and family

Prevention of hospitalisation

Less dependence on community psychiatric services

RT ACTIVITIES

The RT programme is person centred and offers clients the opportunity to be involved in all aspects of recreation at varying levels of participation. We promote a something for everyone policy with the emphasis on educating and assisting clients to utilise their time in a positive and constructive way.

RT offers a wide and varied range of possibilities for our attendees including the following examples:

Basic Activities
Active Programme
Team Activities
Group work
Learning Support Group
Social Events
Theatre and Cinema Outings
Walking
Horse Riding
Fishing
Sports Centre/ Leisure Facilities
Spectator Sports
What's on
Holidays

RT SERVICE PROVISION

RT service provision is multi-facetted and flexible to cater for the needs of clients and the changing structure of care provision. The following is an attempt to briefly highlight the three main aspects of the RT programmes of care and how they interrelate.

INPATIENT SERVICE

This is based in the RT Department at Leverndale Hospital and on specific ward areas. Some activities are carried out in conjunction with ward staff, Patient Activity Nurses and OT's. With the major changes in the hospital population and recent closures the delivery of service to specific client groups is presently under review.

PROGRAMMED ACTIVITIES

Open Door Policy
Coffee Lounge Group
Bingo
Acute Wards Welcome Group
Acute RT Group
IPCU Group
Southview Group
Social Events

DAY ATTENDER SERVICE

This service is based within the RT Department at Leverndale. The 40-50 clients accessing the Day Attendee Programme weekly are from sector wide locations and present with varying degrees of disability. Many present with acute symptomatology and challenging behaviour and have often utilised other sector wide resources prior to RT referral.

PROGRAMMED ACTIVITIES

Clients access RT varying from all day contact 3-5 days per week to one or two sessions per week. The focus of all activities is embodied in the main aims for the RT Service noted previously.

The following are examples of the RT programme and delivery of service for Day Attendees:

Open Door Policy

This is a user-friendly essential aspect of service provision. RT not only provides an organised programme for individuals and groups, but also is a point of contact. Patients who are discharged or have been irregular service users know that we are available and often appear when experiencing difficulties or are unwell. They know they do not need to make an appointment and will always be welcomed, regardless what else may be ongoing in the Department that day. The lifestyle of the psychiatric patient is chaotic and unpredictable and prevention of admission can be down to a single contact with support and advice from staff in a service like RT. This was a point lost to those who closed or reduced other day services, like the SGH Day Care. Many of the clients displaced there now seek out RT.

Active Groups

Attendees are expected, as part of their programme, to get involved in at least one physically challenging activity per week. This is dependent on the individual and the reasons for referral to RT. Active groups which take place weekly are:

- ✓ KEEP FIT GROUP
- ✓ SHAWLANDS GOALS FIVE-A-SIDES
- ✓ SWIMMING

For those who are less physically able or elderly we promote indoor and outdoor bowling and participation in Pool League activities as "get active" groups. The main drive of these activities is the relationship between good physical health and mental well being.

Day Attendees Group

A core group of more dependent clients come together on a weekly basis and take part in activities ranging from utilising community resources to confidence building group work. The emphasis is on the support provided by the group for each individual and extending and enhancing their experiences. Clients who have attended for some time site this and other like groups as giving a purpose to their day and we have found it nurtures a sense of belonging which aids us in helping clients build their confidence levels and their self esteem.

Department Meeting

This has been founded since 1984. It is a client/staff meeting that provides a forum for people to express their thoughts, feelings, complaints and suggestions. It was previously a weekly activity but is more effective and efficient as a twice-monthly session. News items are announced, up and coming events/outings planned and organised, and the previous month's activities and achievements are discussed and applauded (e.g. how the

bowling, pool or football teams have performed in their fixtures). Clients enjoy this forum and attendance is always good. It is important to acknowledge clients participation and achievements and this is an effective way of communicating this.

Other Activities

The Day Attendees are heavily involved in RT's activities that are open to all clients. In some activities they create opportunities for inpatients and more dependent clients which wouldn't exist due to lack of numbers or interested parties required to make the activity viable and therapeutic. Regular activities include walking, Glasgow Fives League, 10 pin bowling, etc. as well as a programme of evening events including socials, outings and interest visits.

There is unlimited scope to what we try as we often enlist specialist input from professional agencies. This would include contacts for canoeing, horse riding, climbing, archery etc...

Tuesday Football at Shawlands "Goals"

The football session is accessed by Day and Inpatient Services and Outreach clients. Clients from Eastwood, Eastvale, Rossdale, Florence Street, Pollokshaws and Brand Street localities all access this session, as well as some from beyond the sector. Numbers vary from week to week but it is not unusual for 15 to 20-plus clients to attend. Focus is on pleasure and enjoyment with the added benefits of increased fitness and ability.

11-a-side Football

This is a regular activity involving clients from across all sectors. The RT also organises a Southside select as well as running a basic RT attendees. The potential for Glasgow wide or National activities is under development.

COMMUNITY OUTREACH

The RT Service has been heavily involved in community-based activity since 1987. Many of the activities have been RT led, but the emphasis has been firmly on creating services that are jointly organised with other agencies and disciplines. RT regularly meets with staff from all disciplines from different localities involved in provision of our joint projects. Once again this further establishes staff networking, sharing of information and the development of new or fresh strategies for care provision and staff support.

Castlemilk Time Out

This group has been established since 1990. It is run in conjunction with Castlemilk CPN's and has taken place in a variety of settings in Castlemilk, including the Community Education Centre and the Birgidale Complex. The group now meet in the new Stewart Centre. Severe and enduring, dependent and socially isolated clients are the group's priority referrals. The group has been involved in many diverse activities including musical recordings, computer classes, mosaic productions as well as the regular varied programme.

Pollok Community Group

This is the most recent of our community developments and involves joint working with the Rossdale Resource Centre nursing staff. The group were previously the Southern General Day Care Group and Clifford Street Church. Due to an alteration in available community resources and staffing issues, the group meets for 2 sessions at RT presently.

The members are extremely varied in age and abilities but have a strong sense of group identity and support. Many of the clients access the extended RT activities such as walking, social events, football etc. There are presently 15 places allocated.

Eastvale Tuesday Night Group

This group has been established since 1996 and was set up jointly by RT and the Eastvale Resource Centre staff, including CPN's and OT's. The group has developed into a male group with great emphasis on utilising local resources. Many of the group members are vulnerable, actively ill clients in dire need of social contact and structured activity. Clients are often referred following recent discharge from hospital. There is a maximum of 12 places available for clients from the Rutherglen and Cambuslang areas.

Glasgow Fives League

Presently, after 6 years of high attendances and active participation from groups from all over Glasgow, there has been a sudden drop in attendance. Some suggestions have been staff shortages, staff movement to other areas and other organisational difficulties. It is hoped this is temporary and the event will be reviewed at the end of season 2004.

As well as being one of the driving forces in the Steering Committee, RT have a major organisational role: booking facilities, organising all necessary equipment, setting up documentation required for the day, compiling the rules, compiling the league results, producing a booklet etc.

For staff we have a twice-monthly opportunity to get together and share information and advise and support each other in activities and subjects well beyond the specific remit of the GFL.

For patients it is an opportunity to broaden social networks and get involved in a challenging and demanding physical activity.

Glasgow Pool League

RT was heavily involved in the inception and realisation of this activity and continues as active members of the Steering Committee. For staff it is another chance to share good practice and evolve programmes of care.

For patients there is an opportunity for less physically able clients to enjoy the benefits that the challenge of competition brings as well as the broadening of social networks.

Therapeutic Recreation Association

RT has been members for over 40 years in the various guises of this organisation. The membership is currently under review but includes organisations from all over Central Scotland who provide recreation from hospital and/or community locations.

The pooled resource of information and experience within this group is remarkable. Monthly meetings ensure regular updates on various activities and events and a diverse and wide-ranging programme is organised for almost 50 weeks of the year! As well as the Indoor and Outdoor Bowling Leagues, seasonal activities include: dances, Quiz Nights, Race Nights, photography, fishing, cycling, walking, holidays etc. RT is heavily involved in the Steering Group which includes service users.

RT STAFFING

G grade Charge Nurse x 1

E grade Staff Nurse x 1 WTE Total = 7.6

D grade Enrolled Nurse x 1

B grade Nursing Assistants x 4

B grade part-time Nursing Assistant x 0.6

1 B grade part time Nursing Assistant vacancy.

Recruitment

Presently we are a part-time member of staff short. This post is critical to the Learning Support Group activities and the development of future projects. It was hoped that the two part time WTE's could have been forged into one WTE.

Training

1 x D Grade is presently undertaking first level nurse qualification.

1 x E Grade and 1 x D Grade have completed SVQ A1 Assessor Award.

1 x B Grade and 1 x E Grade have completed a Basic Expedition Leadership Award.

Unqualified staff at RT are undergoing SVQ qualifications.

1 x E Grade has completed the Medication Management Training Course.

1 x B Grade has undertaken football coaching certificates.

2 x B Grades have enrolled a group of clients for another computer course at College.

Recreational Therapy Walking Group are undertaking intensive program for all levels of ability as part of a walking to fitness campaign.

1 x B Grade Nurse has enrolled himself on Mental Health Course at College.

Recreational Therapy Department urgently require First Aid Training.

RT ATTENDANCES 2003 - 2004

For no obvious reason the attendance levels at RT vary wildly throughout the year. Even on a week to week basis there can be massive fluctuations.

The following is the combined attendances for the year:

COMMUNITY DAY ATTENDERS	9497
COMMUNITY GROUPS	3336
CONTINUING CARE / REHAB	5115
ACUTE WARDS	1421
FORENSIC WARDS	864
ELDERLY	305

TOTAL ANNUAL ATTENDANCES = 20, 538

This would suggest that RT still has an appeal for large numbers of service users from both hospital residents, community day attendees and outpatients who access jointly run community based activities.

See Graph Overleaf

Personal Development Plans
Ongoing with staff and updated annually.

Recent Developments

Introduction of a walking group and sports group on alternative weeks.

Cardonald College Computer Group introduced to clients weekly.

Smoking in the Department is being addressed as an ongoing issue in relation to Health and Safety of all.

Future Developments

Outreach group to the Southern General Hospital Wards to be introduced.

Clinical Governance Issues

Patient involvement actively encouraged under Patient Focus Public Involvement. This is very much a recognised function of the Recreational Therapy Dept.

Quality Monitoring

Group Audits conducted – weekly audit of groups ongoing.

Ward Three

Annual Report 2004

Mary Duncan
Ward Manager

Introduction

Ward three is a 30 bedded mixed sex ward for those under 65 years old.

Our catchment area covers

Rutherglen, G72
Cambuslang G73
Gorbals G5
Govanhill G44

User/Carer involvement

Carers are actively encouraged to participate with users in treatment and care planning. Named nurse contact with day to day communication with carers is recorded in the patient's care plan.

Our Patient Activity Co-ordinators regularly offers carers information evenings and stress busting days.

Our local Pharmacist, Occupational Therapist and Physiotherapist offer support and information for carers.

Information Boards on the ward inform user and carers of service expectations and awareness of Health Promotion.

Advocacy Service is available via Simon Porter at Leverndale Hospital.

All patients and carers on admission are offered the contact number and advised to seek added support. The Advocacy Service plays an active role in the development of Mental Health Promotion.

Joint Working Community Involvement

Improvements have been made in developing links with local community mental health teams. As a manager, I continue to forge links, visiting resource centres at present only two or three times a year.

Florence Street

Improving links with Resource Centre Staff at Florence Street, Eastvale and the Stewart Centre looking at assessment tools and sharing resources to improve relationships.

ADS Team

The Acute Day Service facilitate early discharge.

ICT Team

Assessment program remains long, i.e. five to seven weeks. Four patients have been referred this year and continue to be supported. Service withdrawn for four months due to sickness and absence, recruitment issues for staff.

We are continuing to develop links but have been dissatisfied by new service development and lack of continuity.

Presently, Florence Street and Eastvale Resource Centres have offered eight places for SPIRIT Training for Level one nurses.

Eight staff have successfully participated in this education package along with community staff resulting in improved working relationships and an appreciation of each other's roles.

Multi-disciplinary Team Meetings are working in practice and offer continuity and consistency in approach, enhancing the transition from community to hospital and discharge from in patient care.

Multicultural support services continue to develop. As a team, we have direct links with the Refugee Council and Asylum Seekers Association. We also continue to forge links with the developing of the Trust Interpreter Service which is easily accessible and effective. An individual Advocacy Service has evolved from Multi-cultural demand of ethnic minority patients within the inpatients settings. Further developments have been made in improving this service.

Social Work involvement is represented at Multi-disciplinary meetings and are still struggling to meet the individual needs of patients who have no carers to attend to the day to day requirements, i.e. Following emergency admissions:-

1. Collection of clothing from home.
2. Collection of allowance books from home.
3. Ensuring the security of patient's home to alleviate anxiety.

The Rehabilitation Service provided on site at Leverndale Hospital now user led offering engagement and outreach services to patients in their care.

Staffing

WTE Total Day/Night Duty 22.9

Day Duty

1 x G Grade	WTE Trained Day Duty 9
1 x F Grade	Untrained 6.72
5 x E Grade	
2..06 x D Grade	WTE Total Day Duty 15.7
1 x B Grade	
5.72 x A Grade	

Night Duty

2.8 x E Grade	WTE Trained Night Duty 4.6
1.8 x D Grade	Untrained Night Duty 2.6
1.8 x B Grade	
0.8 x A Grade	WTE Total Night Duty 7.2

Recruitment Issues

One D Grade post filled in September 2004.
One E Grade post outstanding.

One E Grade Patient Activity Co-ordinator post had been vacant for over two years with increasing demands on this service for proposed introduction to Tidal Model.

One A Grade male post is outstanding affecting skill mix requirements.

Two A Grade female nursing assistants were successful in accessing a Nurse Training Course.

Staff Training

SPIRIT Training 1 G 3 X E
Complaints Training 1 x E
Control & Restraint 2 x A - 5 day course
Moving & Handling 2 x A - 2 day course
Co Morbidity Training 1 x G 1 x E

Clinical Skills Course 1 x G, 1 x F, 4 x E
BSc Nursing 1 x E
M D Awareness 1 x E
Autism in Workplace 1 x G, 1 x E

Awareness Training 1 x G, 4 days (ward manager)
Computer Training 1 x G, 1 x E

Clinical Supervision 1 x G, 1 x F, 4 x E

Sharing Practice (Scotland) 1 X G, 1 X F

Immediate Life Support 1 X G
ECT Recovery Nurse Training 2 x A

Personal Development Plan

Appraisal

All staff have had an initial appraisal at the beginning of the year and follow-up. Unfortunately, due to increased activity coupled with an increase in sickness and recruitment issues, particularly trained staff did feel frustrated at not having time to complete study aligned to action planning.

Appraisal highlights more opportunity for specialized training and support i.e.

1 Developments/Research on Suicidal Patients.
2 Co-morbidity in the work place.
3 Learning Disability.
4 Adolescent Management in Acute Admission Setting.

Clinical Supervision is proving difficult and although still committed as a manager, I feel frustrated at not being able to fulfill agreed promise to staff to slot in time for this due to sickness, staff activity and recruitment issues.

Few opportunities this year for any team building activity as all our efforts are required in practice, due to high levels of staff sickness.

Service Developments

Recent Developments

Staff continue to team and develop skills with Adults with Incapacity Act.

Continue to follow developments with Mental Welfare Directions.

Awareness of Agenda for Change.

Introduction and monitoring of Risk Assessment.

Monitoring of Adult Care Plan.

Introduction of Clinical Observation.

Introduction of Guidelines and Policy relating to:-

Complaints Procedure
Bullying and harassment in the workplace.
Monitoring of staff attitude, dress and conduct.
No Smoking Policy
HAI Guidelines – Infection control.
Standing Financial Instructions.
Escort Policy
Locked Door Policy.

Proposed Development

Development of Tidal Model approach in Ward 3.
Enhance joint working and work towards joint assessment.
Introduction of New Mental Health Act and review of Practice.

Service Activity

Admissions	151
Discharges	198
Transfer in	88
Transfer out to Speciality	1
Transfer out to Other area	39
Occupancy	1171
On Pass	803

Average length of stay = 46.4 days.

Pass beds are being used to full capacity.

Average length of stay has doubled since last years report.

Bed occupancy has increased and pass beds use has increased.

Clinical Observation and the waiting for assessment of patients has increased demands on
ward based staff and any level of activity has to be absorbed to aswell as ongoing in patient clinical activity.

This year we have had up to four patients at a time awaiting admission, all having to be assessed within different areas of the ward creating demand on already over stretched resources. Level of care for thirty patients can be affected by number of patients requiring assessment for admission, who often require to be boarded out to another hospital within the provision of nurse escorts from the existing staff compliment.

2003-2004
Isn't it time we considered some kind of triage service out with the in patient area
it would reduce staff injury and risk assessment issues.

Service Activity

Hotel Services Integrated Services

Cleaning

This remains unsatisfactory due to level of sickness.
The cleaning needs of the ward are being addressed.
Carpets and upholstery cleaning is a welcome service to the ward.

Trustwide Transport
Occasionally it can meet the needs of the service but on the whole there is an increase in taxi usage.

Pharmacy

There is a good service offered by Pharmacy that meets the patient's needs.

Patient Affairs

There is no service for patients who are not well enough to collect their own money – this has a direct affect on nursing resources.

Estates
Estates service is good and provide service when manpower is available.

Clinical Governance

The ward continues to develop the Schizophrenia Standards expected but as yet has not been
able to monitor the affects of same.

Evidence based practice regarding awareness of information offered and recorded in individual care plan of policy and development of service.

Care plan monitoring.
Administration of Medication every two weeks.
Patients monies daily.
Mental Health Act Documentation.

Development of staff attitude and skills continues. Standard of dress and professionalism continues to be monitored.

Annual Report

Ward four

2003-2004

Rosemary Sweeney
Ward Manager

Introduction

Ward four is a 30 bedded admission ward for those suffering from acute mental illness. Age range under 65 years old.

Exceptions to the above age group:

1. Adolescents under eighteen in a crisis situation are admitted if there are no beds in the adolescent unit at Gartnavel Hospital. This is an agreement from consultant to consultant as a boarding arrangement until a bed becomes available in the adolescent unit.

2. When a consultant has an arrangement with an individual patient to keep the patient on who may be over 65years of age.

Our Catchments area covers:-

Pollokshaws	G43
Castlemilk	G45
Cathcart	G44
Eastwood	G76
Busby	G77

Current Staffing

Total WTE = 27.6

Day staff Trained = 10			Night staff trained = 5.3	
1 G grade	1.0 wte			
1 F grade	1.0 wte		1 F grade	1.0 wte
5 E grade	5.0 wte		2 E grades	2.0 wte
1 D Grade	1.0 wte		2 E grades p/t	1.33 wte
3 D Grade	1.0 wte		1 D grade p/t	1.0 wte
Total =	10.0	+	=	5.3 wte trained

Day staff Untrained			Night staff untrained	
1 B grade	1.0 wte		1 B grade	1.0 wte
4 A grades	4.0 wte		1 B grade	0.8 wte
6 A grades p/t	4.6 wte		1 A grade p/t	0.8 wte
total =	9.6	+	=	2.6 wte untrained

Day staff total 19.6 WTE + Night staff 2.6 = 27.5 total WTE

Recruitment issues

Ward four has recruited 1 x D Grade Posts.

1 D Grade commenced July'04

Training

Tidal model of nursing	All grades completed training
Domestic abuse training	All grades completed training
Clinical practice training	D grades and above Training Ongoing
Schizophrenia outcome studies training	2 E Grades
Spirit training	2 E Grades
Community certificate mental health	1 A grade completed
Ethnic Minority training	1 B Grade completed
Basic life skills	1 G grade completed 1 E grade completed
Control and restraint training	2 A grades completed
Control and restraint refresher two hours x 3 monthly	ongoing for all staff
Moving and Handling training	3 A grade completed 1 G grade completed
Computer training (basic)	F grade completed G grade completed
ECDL Training	1 G grade ongoing
Cognitive behavioural therapy training	1 E grade completed
BSc nursing studies	1 E grade ongoing
Self harm training	1 G grade completed 1 E grade complete
In-service education program	ongoing for all staff
In-service CPR training	ongoing for all staff
E C T recovery nurse training	2 A grades completed

Personal Development Plans

Personal Development plans are ongoing. However, less than 50% are completed.
Best plans are disrupted by clinical activity and staff resources. I am hopeful once staff vacancies are filled that PDP's will be high on the priority to be programmed into the working schedule.

Service Developments

The implementation of the Tidal Model of care in our nursing practice has been positive. The patient focused model has allowed patients to see clinical staff in other ways as not only professionals but as humans who participate in group work and can share concepts of life experiences.

Working with patient's in group settings, allows patient's to feel that they are not inferior and they can see that a member of staff are not always the expert. It encourages trusting relationships and gives the patient confidence to work with staff to help them through their recovery period while they are in hospital.

The down side to the model is that staff resources cannot always ensure the continuity of the model of care. We require at least three RMN's on each shift excluding multidisciplinary meeting days were we would be looking for four RMN's to have the Tidal Model for care running at all times. At present we are concentrating on the group work with all members of staff participating in these groups.

The intensive one-to one sessions and individual work cannot be met within the model as staff resources do not meet this demand. It is unfortunate that the model cannot be implemented as a 'complete' concept but we will continue to strive for staff resources.

All staff have been involved in domestic abuse training. This has been positive, bringing awareness to all grades of staff, being sensitive to the needs of patient's who have been through financial, emotional, physical and sexual abuse in their life experience. Offering these victims 'a way out' is possible and offering support and referral routes are realistic.

In-Service educational programme is an ongoing development plan to meet the needs of our staff. Outside agencies, trained and untrained staff participate in this programme which runs on a monthly basis.

Ongoing carers support and educational afternoons/evenings continue. The patient activity nurses coordinate this program. See attachment.

Clinical support groups have been initiated within the ward but again is subject to clinical activity and staff resources.

Team building has been initiated, two programmed events have been successful. This was practical only for two hours x 2 sessions incorporated into the working day. They were held on the hospital site at the Beresford centre.

I would like to extend the team building to medical staff and other disciplines that work in the ward area. It is difficult to arrange staff cover for in-patient services, therefore an afternoon/early evening session would be practical.

Funding is always our stumbling block. I would like our establishment to support these events in the future as an incentive to motivate staff in good healthy relationships within the team.

We would be looking for a venue out with the hospital and for food to be provided at the venue as staff would be working extended hours.

Proposed service developments

To fully implement the Tidal model of care.

To continue with in-service education program and further develop same.

To further develop carer's days. Funding is usually a stumbling block.

Funding has been applied for in the past to provide alternative therapy for promoting well being for our patient's. Carers /patient/staff pampering days have been arranged but have been provided by the good will of Langside College and the stress clinic.

Stress at work has been addressed through stress busting days and through offering staff relaxation and alternative therapies. Unfortunately all require support financially and again we would be looking for funding to continue to promote same.

We will continue to build our library of books, DVD's, videos , audio cassette tapes and board games for patient occupation. The use of personal CD players and tape/radio cassette with headphones continue to be popular.

Service activity

The use of pass beds over the weekend period is proving to be unacceptable. Pass beds are being used when a patient is due back within 24 hours. This is bad practice and causes the patient distress when they return to the ward. If nursing staff manage to contact them prior to returning to the ward they are advised by telephone to ask if the are able to stay out for another night. This has medication issues and often agree reluctantly.

In many incidences, the patient returns early from pass early due to an inability to cope at home. Two people could be in this one bed. Nursing staff /medical staff have to look at asking some other patient to go home. Patient belongings are moved around and are often go missing due to bed movement.

Patient's placed on the waiting list are not admitted to hospital. They become extremely unwell and are admitted as an emergency case. The waiting list does not work.

Patient's are boarded out to other hospitals due to the bed crisis.

Blocked beds remain an issue, mainly patient's who require long term placements who are not suitable for nursing home or residential care. Social work department are sill taking 6-8 weeks before allocating a case to a social worker.

Hotel services

Ward cleanliness is of the highest importance. Unfortunately due to annual leave, recruitment problems and sick leave, the continuity of our allocated domestic is compromised. The hotel services manager will argue that they still provide the hours but in actual fact the quality is of a poor standard in the absence of our regular domestic.

Walking the job as a manager is an important role, this does not happen unless there is a specific problem highlighted by the ward manager.

Catering services

Meals continue to be monitored by nursing staff. Complaints are dealt with speedily. However limited choices remain the problem. The menu is very repetitive. The patient has limited choice of three dishes available at any one sitting. However if a patient would like a fish dish, the fish may be finished by the time he is served. The only way around this problem is to have individual tray service from the kitchen area.

I would like to see the head chef coming to the ward on a weekly basis to monitor the meals and discuss pertinent problems with the service. This was positive in the past for improvements in the service and also to answer questions that the patients may have that nursing staff would be unable to answer.

Estates

The pharaoh system is a logging system. It is not an active service. A blocked toilet in a dormitory area that houses 6 patient's is an urgent repair. It could take two or three days to get a plumber to unblock the toilet. Nursing staff do not allow this to happen therefore they make another phone call to the estates manager who is not aware of the toilet being blocked and haven been reported as urgent. He duly sends a plumber down to unblock the toilet.

Unfortunately nursing staff can get wrapped up in the other activity of the day and a blocked toilet could get missed if it is not followed up by the nurse who reports it.

The hospital has been running on low manpower in this department for some time. Plumbers, electricians, engineers and joiners are scarce.

Service activity figures

Staff bed 10,980
Occupied beds 11,532
Temporary beds 631
Percentage bed occupancy 99.3%
Pass beds 1,989
Transfers in from another specialty 3
Transferred in from other wards same specialty 77
Total number transferred in 7,367
Discharges 279
Direct admissions 297

Death 1
Transferred out to another specialty 6
Transferred out to another ward same specialty 85
Total out 371

Enc

Patient activity nurse development program. See attached PAC report.

WARD 31

ANNUAL REPORT

Robert Brown
Ward Manager

INTRODUCTION

Ward 31 is a 30 bedded acute admission ward for male and female clients within the age group of 16 to 65 experiencing mental health problems. These individuals are identified by their General Practitioner locality in the south of Glasgow, covering catchment areas of Shawlands G41, Arden G46, Pollokshields G51, Hillington G52 and Pollok G53.

The ward is made up of 15 male beds, 14 female beds and a side room that can be used by both male and female patients.

The purpose of the ward is to provide a short stay in-patient service with the focus on full assessment leading to a diagnoses and treatment of the individuals mental health problems.

STAFFING

Day Duty

Ward Manager G Grade	WTE Trained Day Duty 10.8
Ward Sister G Grade	Untrained Day Duty 6.95
Acting F Grade	
Staff Nurse E Grade 3 full time	Total WTE Day Duty 17.75
Staff Nurse E Grade 1 part time	
Staff Nurse D grade 1 full time	
Nursing Assistant A Grade 4 full time	
Nursing Assistant A Grade 5 part time	

Night Duty

E Grade Staff Nurses	2.0	WTE Trained Night Duty 4.8
D Grade Nurses	2.8	WTE untrained Night Duty 5.56
B Grade Nursing Assistant	1.5	
A Grade Nursing Assistant	4.06	Total WTE Night Duty 10.36

RECRUITMENT

In the process of recruiting 2 Staff Nurses D Grade and 1 Staff Nurse E Grade.

A ward clerk post is also to be recruited to.

TRAINING

All Staff attended 2 day Lesbian, Gay, Bisexual and Tran-sexual Training at Rossdale Resource Centre.

Moving and Handling Course was attended by 2 staff.

All new staff nurses will undergo Preceptorship Course.

Management of Aggression was attended by 4 staff.

Tidal Model was attended by 1 E Grade Staff Nurse.

Spirit Training was attended by one F Grade and one E Grade.

PROFESSIONAL DEVELOPMENT PLANS

All staff are encouraged during their appraisal to identify their training and development needs.

TEAM LEARNING/PEER REVIEW

This is ongoing and needs have been identified through supervision and issues raised during staff meetings.
Clinical Supervision fully implemented by night duty staff.
Plans to introduce to day staff in the near future.

SERVICE DEVELOPMENTS

CCTV installed to enhance security to Unit.

Due to the design of the ward the size of the duty room was far too small for the ward needs and therefore the duty room was resited. Unfortunately this means at the current time the ward is left without a patients quiet room although this will hopefully be resolved soon.

Due to lack of Patient Activity Co-ordinators, I have introduced a Ward Activities Programme run by Nursing Staff. With resiting of the duty room, working conditions have improved slightly.

Overall, the ward remains overcrowded with high incidents of violence. This is being looked at by Senior Management.

Ward Staff and Dr Burley, Consultant Psychiatrist for Learning Disabilities are in the process of developing and implementing the Protocol for Learning Disabilities Admissions.

Proposed Developments

SERVICE ACTIVITY

Admissions 281
Discharges 276

As ward 31 is an Acute Admission ward there is no waiting list.

CLINICAL GOVERNANCE

HAI Audit completed.
Quality monitoring audits are carried out by our professional development nurse Mr McGuigan.

Any issues raised are action planned and monitored by Deputy Ward Manager

P.D.P.'s

All the staff on day duty are in the process of developing their Personal Development Plans.

Team Learning

This is ongoing and needs identified and actioned.

Another avenue utilised for team learning is through ward meetings and clinical supervision.

Future Proposals 2004-2005

1 Implement Tidal Model.

2 Introduce Theatre Nemo Group for patients.

3 Introduce weekly activities programme.

4 Implement key-worker support/supervision group.

5 Introduce Learning Disabilities Training Pack for Trained and Untrained staff.

6 Re-decoration and redesign of ward.

7 Re-introduce patient information leaflet.

8 Look at reducing bed numbers.

9 Look at developing closer links with Resource Centre ICT ADS.

Ward 32
Southern General
Hospital

Annual Report

2004

George Cumming
Ward Manager

Introduction

Ward 32 is a 20 bedded ward situated in the Southern General Hospital caring for Male and Female Patients under the age of 65 years.

We offer a service to the population of Ibrox/Govan (G51), population size 18,560 and part of Pollokshaws (G43) population 12,500, also Shawlands (G41), Arden (G46), Hillington/Cardonald (G52), Pollok (G53).

The ward works in connection with resource centres at Brand Street and Rossdale.

With regards to Advocacy, the ward works in conjunction with statutory and voluntary organisations and are in fact being utilised at this present time.

Staff, particularly key workers are encouraged to accept role of Advocacy where necessary and/or appropriate and we have found patients are often very comfortable with this.

Information regarding Advocacy is freely available and accessible in the ward.

Ward 32 has established close working links with Brand Street Resource Centre and staff frequently attend this on a Friday Morning for the multi-disciplinary Team Meeting.

The key workers maintain strong links with the client group community Nurse and share regular updates and information regarding patient's progress.

A regular meeting has been initiated to improve communications and service between Rossdale Resource Centre and the Southern General Psychiatric Wards. We are hoping in the following year to improve upon this, as with the change in Consultants recently, which has required a period of adjustment and settling.

Staffing

Day Duty — Total WTE 24.6

Grade WTE

Grade	WTE	
G	1	Total WTE Trained Day Duty 8.1
F	0.8	Untrained Day Duty 7.5
E	3.5	
D R	1	WTE Day Duty = 15.6
D E	1.84	
A N/A	7.5	

Night Duty

Night Duty

Grade WTE

Grade	WTE	
F	0.8	Total WTE Trained Night Duty 3.6
E	1.8	Untrained Night Duty 5.4
D E/N 1		
B	3.6	WTE Night Duty = 9.0
A	1.8	

Recently, we have lost 3 very experienced E Grade Staff Nurses, 2 from day duty and one from night duty.

One post has been filled by a recently qualified Registered D Grade, and we are awaiting feedback on the other positions.

With the level of activity in the ward, particularly clinical observation and the very high admission/discharge rate, we would hope these posts be filled in the near future.

Staffing has also been affected by long term sickness this year, which is now being managed by senior staff. However, it has had quite an impact particularly recently on staffing resources.

Extra responsibilities also has an impact on staffing resources. For various reasons ward 32 staff are usually page holders for the unit throughout the day.

They are not super numery to the staffing numbers. However, this duty can often be time consuming and a nurse in charge of the ward can find themselves spending lengthy periods of time attempting to staff the unit whilst the 2nd trained nurse in the ward is often left unassisted.

Presently, we also have the responsibility of staffing the out patient clinic
during Annual Leave or periods of sickness.

Training

Training opportunities have been limited due to the inability to free staff and funding issues within the Trust. However, staff have participated in Venepuncture Training and Statutory Training:- Moving & Handling and Management of Aggression.

Future opportunities are planned, including nurses participating in Education Forums in the Mother and Baby Unit.

Personal Development planning is ongoing, although due to staff shortages, it can be difficult to pursue same.

Regular groups are held within the ward and include monthly ward meetings, professional support groups and looking at practice and discussing same.

The Ward Manager has attended Leadership Training Course. The Deputy Ward Manager will be attending self harm study days.

Service Developments

This is a forum where key workers can share difficulties with each other and discuss problem solving.

The Ward Manager is presently engaged providing educational input to Strathclyde Police Department in Mental Health Issues.

Recent Developments

Due to reduced PAC and Occupational Therapy input, staff have introduced nurse led activity programme.

Proposed Developments

Review of patient activities and plan of action.

Introduction of ward clerkess.

Establish links with the Mother and Baby Unit.

Pursue Educational Developments with Mother and Baby Unit.

Service Activity

Admissions 427 from April 03 to April 04

Discharges 356

Bank Nurses 83.44 weekly average 1.64

Boarders

Special Observation 52.53 weekly average 1.03

General Observation 273.11 weekly average 5.36
Boarders remain a significant problem.

Our commitment to patient activity remains high. However, this has been compromised by our reduction in Patient Activity Co-ordinators.

Presently we have one part time activity nurse, as opposed to 4 full time PAC's, and although ward staff do attempt to engage patients in diversional activities, plans are often thwarted by the crippling demands of clinical observations.

Activities are also severely curtailed by the staff shortages within the occupational therapy dept. These are in the process of being addressed and hopefully by the appointment of a new occupational therapist.

Due to the demands placed upon the ward, the recreational therapy staff and lack of transport, patients are not utilising the recreational therapy dept to its full potential. It is hoped that the Recreational Therapy Department can develop and utilise more opportunities within the Southern General Hospital Campus.

Clinical Governance Issues

Clinical Effectiveness

Critical Incidents
One critical incident re staff assault.

Complaints
Nil at present.

Quality monitoring
Ongoing – monitoring of care plan documentation.

Audits

HAI Audit completed.

Regular ward audits are undertaken with regard to care plans and to help gauge clinical effectiveness.

Research
Member of staff involved in study of Olanzapine and weight gain.

Future proposals

We would be keen to research the benefits of short/lengthy admission periods and subsequent re-admission rates.