NorthEast Sector

Annual Report

2003 – 2004

The new Arran Centre

The new Easterhouse Community Health Centre – incorporating Auchinlea Resource Centre and the previous Health Centre

Section 1

EXECUTIVE SUMMARY

The last year within the North East sector has been another period of significant activity. In comparing the prospective developments from last year's report, much has been achieved and this introduction will cover some of these achievements later on.

Firstly though it is worth recalling that the driver for the production of Annual Reports came from what was then the Divisional Clinical Governance Committee. The North East Sector received very positive feedback when the sector report was presented to the committee last year and also by written feedback in the form of a standard evaluation report.

Looking back over the past year and the targets that were set then, the following key milestones have been achieved:

- Wyndford Lock Nursing Home has been closed and patients have been accommodated in alternative forms of accommodation. All staff have been redeployed to alternative posts.

- A new North East addiction Unit is about to open at Stobhill which will mean that Ruchill Hospital will at last benefit from improved patient activity space and staff will have some changing facilities. It will also result in a reduction of admission beds in each ward from 30 to 24, creating much needed patient activity space at Parkhead.

- A new North East IPCU will open within the next few weeks at Stobhill which will have dedicated Consultant and Staff Grade Psychiatrist cover. This will also increase the amount of much patient activity space at Parkhead Hospital.

- The replacement Arran Centre has been successfully commissioned and has been operating for some months now.

- The upgrading work to Easterhouse Health Centre incorporating significant improvements to Auchinlea Resource Centre has been completed.

- A significant programme of refurbishment at Birdston Nursing Home is well underway which will result in an improved model of care and patient mix.

- Intermediate services across the North East have been evaluated with very positive results and we are in the process of further reviewing the model associated with the East part of the sector.

- The service for Asylum Seekers (COMPASS) has been fully implemented within the North East and is now well established. The challenge for the next year is to secure a more permanent source of funding for this very valuable service.

- The North East Sector has been chosen as the pilot site for the implementation of the Integrated Care Pathway (ICP) for Schizophrenia and this activity is well underway, with the clinical focus being provided by the ESTEEM Team.

- Following a pilot period last year, the sector has managed to secure funding to provide a dedicated money advice service for patients at Parkhead hospital. This takes the form of weekly surgeries within the hospital provided by qualified benefits staff and it is held in very high regard by patients and referring staff.

- For another year the level of training within the sector has been significant supported by a very robust training log maintained on a live data base. The details around the level and type of training will be discussed later on in the report.

- A system for Critical Incident Reporting is now well established and supported by a system of regular meetings with the Clinical Director and senior management to ensure that targets for completion are regularly monitored.

- The sector has continued to receive favourable reports from the Mental Welfare Commission as part of their annual review of services.

- The East has seen the development of a Clinical Discharge and Re-settlement Team whose primary focus is to provide a dedicated service to the homeless population receiving mental health services. Initially their attention will be towards the patients who have come from Hostel accommodation to support the decommissioning of hostels in line with health Board strategy. In time the team will provide a service to the wider homeless in-patient population across all sectors.

These are only a few of the highlights over the past year and the report will go on to detail many more achievements. None of these successes could have been achieved without the support of all the staff whether directly or indirectly involved in the areas of activity identified.

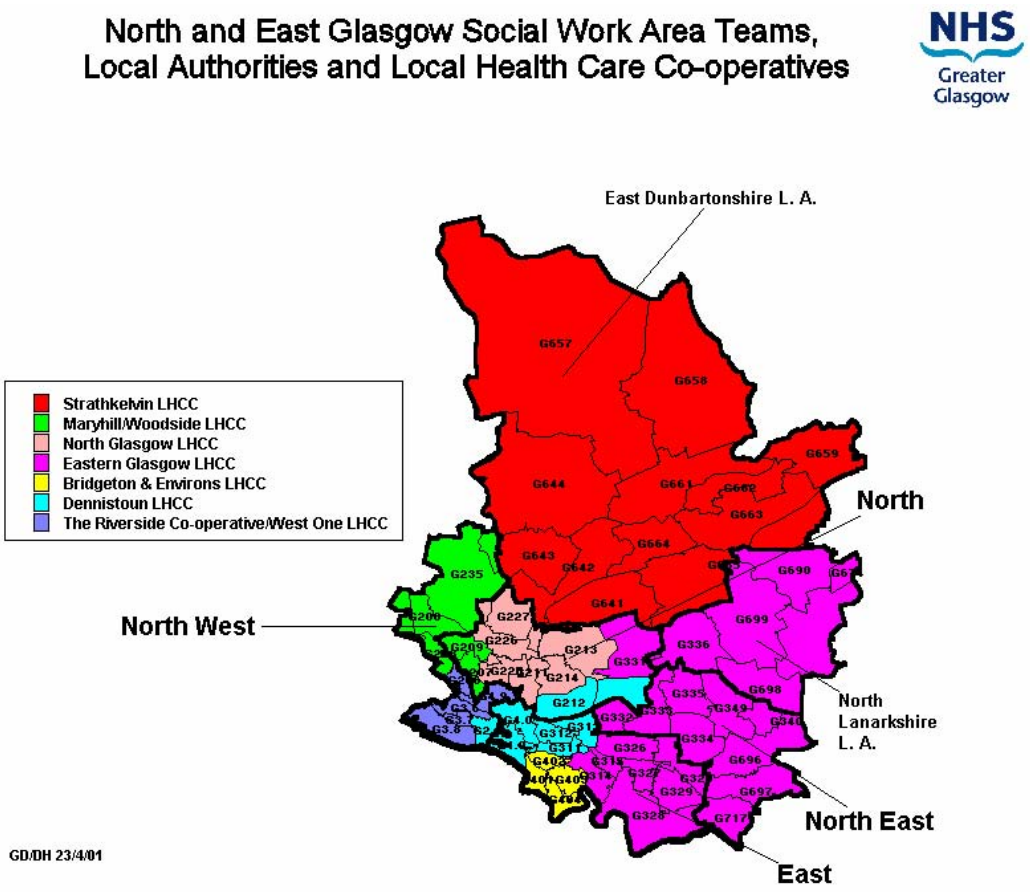
The next year will no doubt represent another period of significant activity and whilst by no means exhaustive, the following list gives a flavour of the agenda ahead.

Development of the integration agenda and the management structure to support this.
The introduction of Social Work Practice Teams to Resource Centres
Development and implementation of Community Health Partnerships as they relate to the North East.
Implementation of TIDAL model of care
Implementation of ICP within the sector
Implementation of the new Mental Health Act and in particular, awareness training of all appropriate staff, provision of tribunal accommodation and a review of required clinical documentation.
Securing of plans for the re-provision of Shawpark and Bridgeview Resource Centres.
Implementation of Standards for Ward Management throughout the sector in –patient facilities.
Further development of services for the homeless in the form of enhanced community and in-patient nursing staff.
Associated development of Trauma services for Homeless
Integration of Psychology to Sector Management Teams
Development of Psychological Therapies Plan
Implementation of Older People's Development Plan

SECTIONS 2 & 3 DESCRIPTION OF SERVICE AREA PLUS CATCHMENT AREAS

All of the data has been taken from the 2001 Census with the exception on the Deprivation scores which are from the 1991 Census.

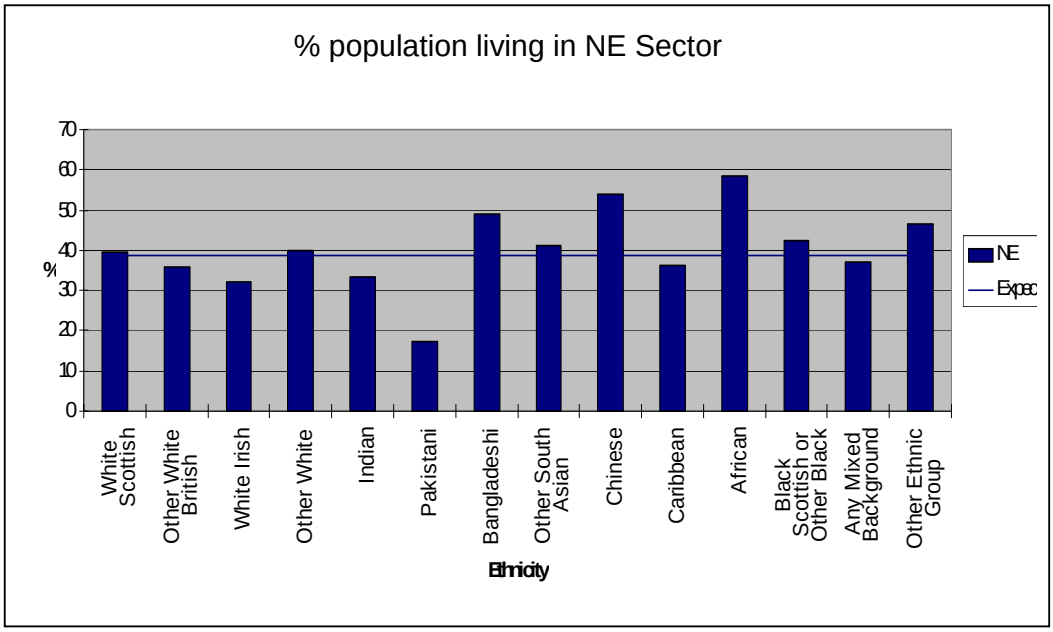
Below is the area covered by the North East mental health sector, divided into LHCC's by colour and also Social work areas by bold boundaries.



39% of Glasgow's population (337000 of 867000) live in the North East of Glasgow. The weighted average deprivation scores (Carstairs) reflect more deprivation in the NE than in Glasgow on average. There are more than 300 GPs and more than 100 GP practices in the NE sector and more than 33900 voluntary carers, which works out at approximately 39% of the carers in Glasgow, which is as expected.

The North East has less of an ageing population than other sectors, with only 35% of the 75-84 year olds and only 33% of the over 85s. More than 43% of the unemployed persons in Glasgow live in the NE, this shows an uneven distribution of the unemployed towards the NE sector. Similarly, of those in Glasgow with a limiting long term illness, more than 42% of them live in the NE.

The ethnic breakdown is very different from the greater Glasgow picture and best described in a graph:

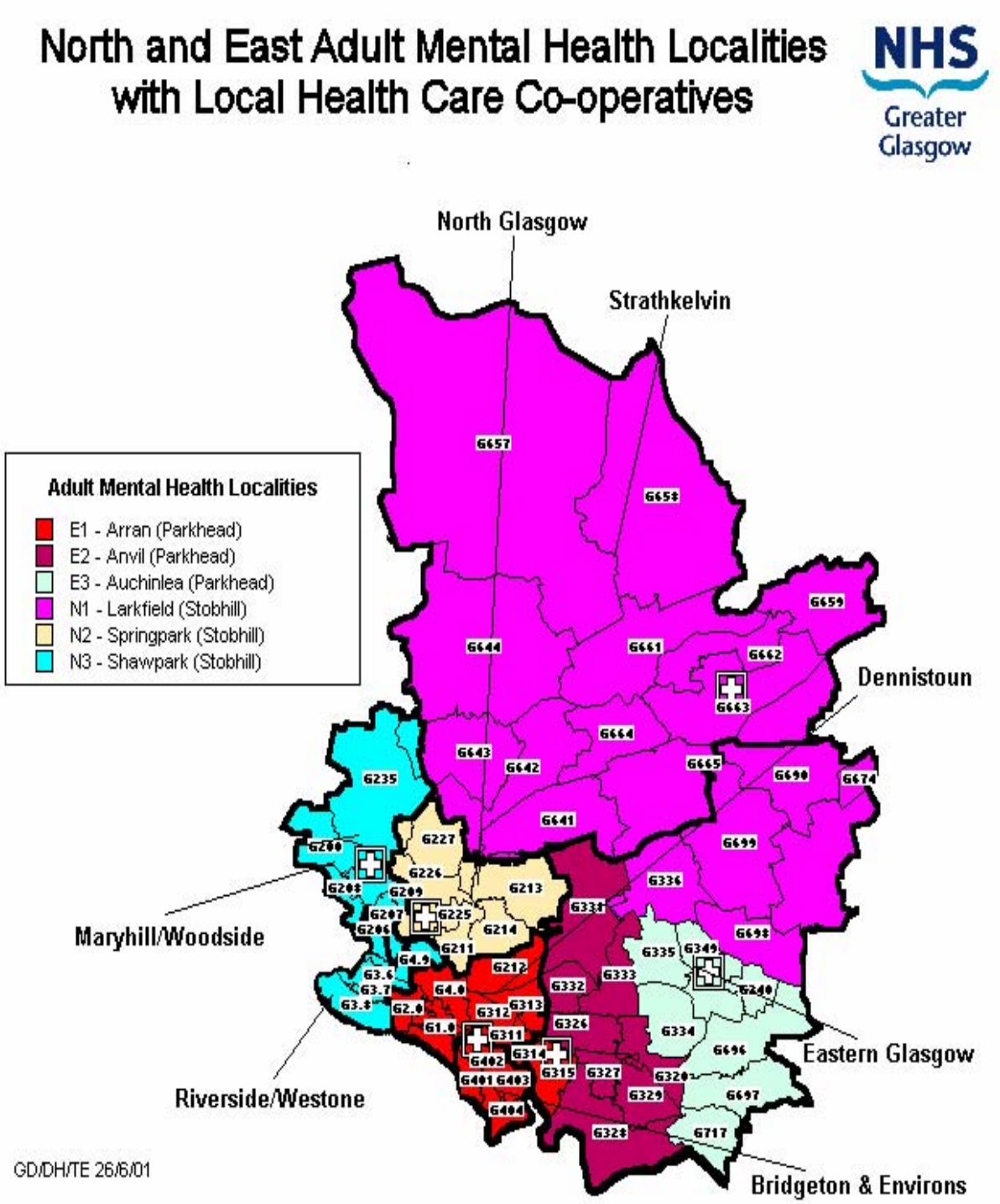


Note that 'Expect' simply indicates where 39% is (if the distribution of people in Glasgow were even then 39% of each ethnic group would reside in the NE, this is clearly not the case).

The North area is bigger than the East area, with more than 55% of the people that live in the NE staying in the north. The weighted average deprivation scores indicate less deprivation in the North of Glasgow than the East, with the North falling into 'No level of deprivation' and East into a 'low level of deprivation' as a whole.

Adult CMHTs, Populations compared

The NE sector covers 6 Adult CMHTs of varying size as seen in the map below:



Looking at the age profile, Shawpark has the largest proportion of working aged people, and a small proportion of both the elderly and the young. Anvil has the smallest proportion of working age, and also the greatest number of elderly residents. Auchinlea has the largest proportion of children and few elderly:

AREA	Total	% < 15	% 15-64	% > 64
SPRINGPARK	45088	19	64	17
SHAWPARK	56410	13	75	12
LARKFIELD	87832	19	67	14
AUCHINLEA	40692	22	66	12
ARRAN	51313	14	70	16
ANVIL	59042	18	63	19

Auchinlea has the fewest number of GPs per person. Arran has the most GPs per person.

Springpark has the highest unemployment rate (5.21%), Larkfield has the lowest (2.34%) and Glasgow's average is 3.49%.

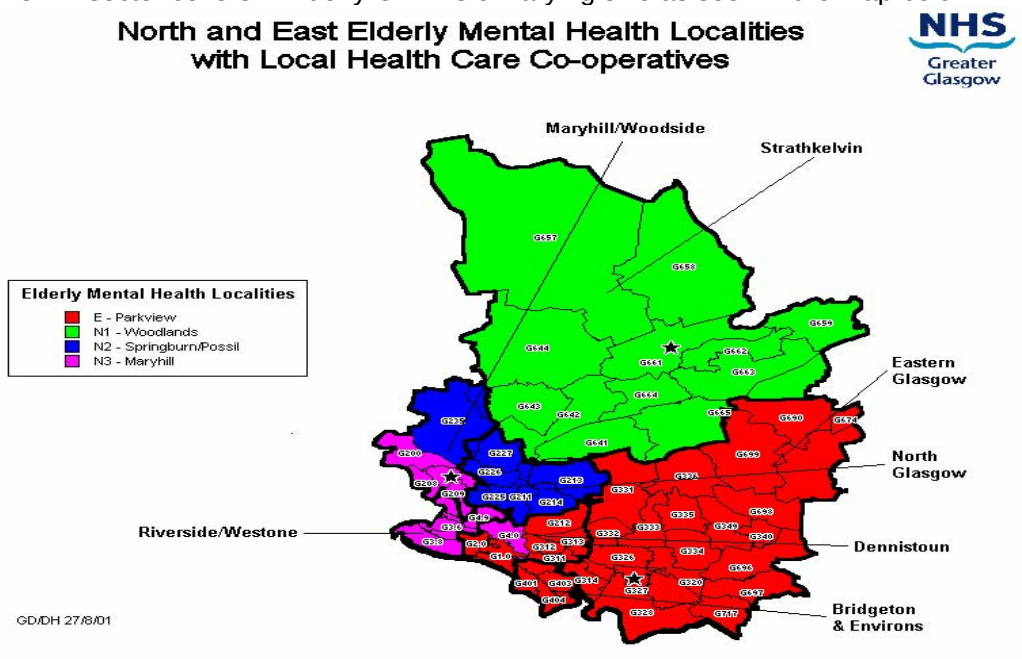
Arran has the highest deprivation score, and Larkfield has the lowest:

Larkfield catchment area covers the largest population with Auchinlea covering the smallest population.

AREA	1991 JARMAN	Deprivation Level
SPRINGPARK	31	Low
SHAWPARK	35	Low
LARKFIELD	3	None
AUCHINLEA	26	None
ARRAN	41	Medium
ANVIL	20	None

Elderly CMHTs

The NE sector covers 4 Elderly CMHTs of varying size as seen in the map below:



Parkview catchment area covers the largest population with Springburn / Possil covering the smallest population.
Looking at the age profile, Springburn / Possil has the greatest proportion of elderly residents and Maryhill has the smallest proportion of elderly residents, but in terms of actual numbers, Parkview catchment area hold about the same number of elderly people as the other three areas added together:

AREA	Total	Number >64	% >64
MARYHILL	56328	7336	13
PARKVIEW	161106	24650	15
SPRINGBURN/POSSIL	52252	8596	16
WOODLANDS	67663	9768	14

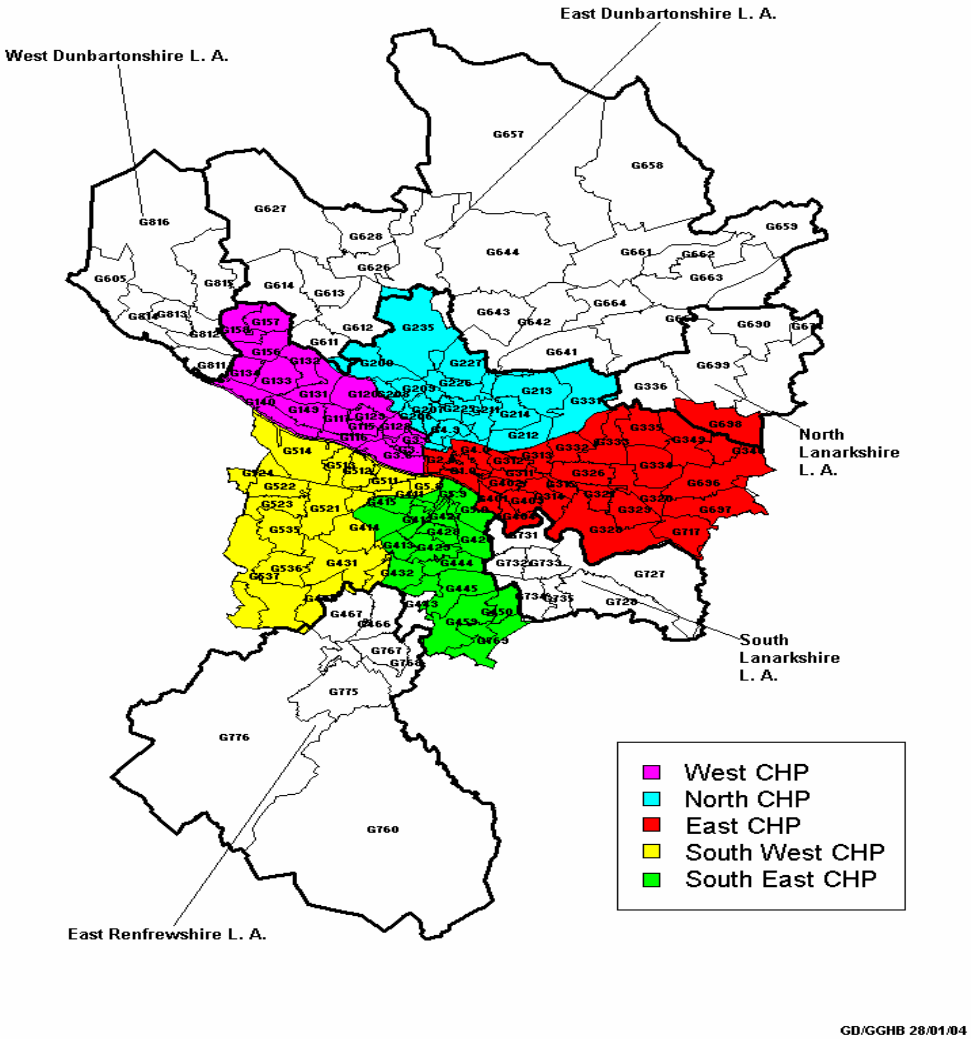
Woodlands has the fewest number of GPs per person. Maryhill has the most GPs per person.

Springburn / Possil has the highest unemployment rate (4.95%), Woodlands has the lowest (2.24%) and Glasgow's average is 3.49%.

Maryhill has the highest deprivation score, and Woodlands has the lowest:

AREA	1991 JARMAN	Deprivation Level
MARYHILL	36.89	Low
PARKVIEW	25.95	None
SPRINGBURN/POSSIL	28.50	None
WOODLANDS	-0.73	None

The proposed map of the CHP boundaries across the city is noted below.



The white area at the top of the map, East Dunbartonshire, will make up one CHP (called a Community Health and Social Care Partnership) It lies predominately in the Sector, however the western most part falls within the West Sector.

North East vs Greater Glasgow											
AREA	NO. GP PRACTICES	NO. GPs	TOTAL POPULATION	0-4	5-14	15-64	65+	UNEMP NUMBER	UNEMP %	NO. OF FEMALES	NO. OF MALES
NorthEast Sector	110	328	337349	58867	40880	228132	50350	13114	3.89	160238	177111
Greater Glasgow	266	792	867049	124137	106150	573056	136555	30271	3.49	409451	457598
NE%	41.35	41.41	38.91	47.42	38.51	39.81	36.87	43.32	higher	39.13	38.70
North Area	60	186	186302	32111	22267	127826	26365	6616	3.55	88615	97687
East Area	50	142	151047	28457	18613	100306	23985	6498	4.30	71623	79424

AREA	White Scottish	Other White British	White Irish	Other White	Indian	Pakistani	Bangla-deshi	Other South Asian	Chinese	Carib-bean	African	Black Scottish or Other Black	Any Mixed Backgrou nd	Other Ethnic Group
NorthEast Sector	303400	11264	4985	5407	2198	3113	145	998	2646	132	806	115	969	1171
Greater Glasgow	767259	31382	15529	13565	6564	17960	295	2417	4912	366	1379	271	2623	2527
NE%	39.54	35.89	32.10	39.86	33.49	17.33	49.15	41.29	53.87	36.07	58.45	42.44	36.94	46.34
North Area	163456	7870	2868	3353	1721	2400	128	744	1606	66	559	86	663	782
East Area	139944	3394	2117	2054	477	713	17	254	1040	66	247	29	306	389

AREA	INPATIENT MH SECTOR	COMMUNITY SECTOR	CMHT ADULT	CMHT ELDERLY	LHCC	CHP	SW DISTRICT	1991 CARSTAIRS	WITH LIMITING LONG-TERM ILLNESS	NUMBER OF VOLUNTARY CARERS
NorthEast Sector	2 x Inpatient Sectors	NORTH EAST	6 Adult CMHT'S	4/5 Elderly CMHT'S	7 LHCCS	5 CHPS	6 SW Districts	5.19	87577	33936
Greater Glasgow	NorthEast, West, south	3 SECTORS	17 Adult CMHT'S	13 Elderly CMHT'S	15 LHCCS	10 CHPS	15 SW Districts	4.63	205912	87595
NE%	50.00	33.33	35.29	38.46	46.67	50.00	40.00	higher	42.53	38.74
North Area	North	NorthEast	Larkfield, Springpark, Shawpark	4/5 ELDERLY CMHT'S	5 LHCCS	5 CHPS	4 SW Districts	4.52	43410	18388
East Area	East	NorthEast	Arran, Anvil, Auchinlea	Parkview, Maryhill	Eastern, Bridgeton, Dennistoun	EAST, NORTH	4 SW Districts	6.04	44167	15548

Carstairs

Carstairs Scores for Scottish Post Code Sectors
Made up of 4 variables:

Unemployment -	unemployed male residents over 16 as a proportion of all economically active male residents aged over 16.
Overcrowding -	persons in households with 1 and more persons per room as a proportion of all residents in households.
Non car ownership -	residents in households with no car as a proportion of all residents in households
Low social class -	residents in households with an economically active head of household in social class IV or V as a proportion of all residents in households

Carstairs Weighting
All four variables are standardised using Z scores and the overall score for each post code is simply the un-weighted combination of the scores

Description of Ward/Locality Services North East

NORTH						
Ward	**Function**	**Beds**	**Locality/ Resource centre**	**Consultant/s**	**Locality Manager**	**Ward Manager**
Broadford	Adult Acute	20	Maryhill/ Shawpark	Dr Byrne Dr Al Mousawi Dr Patience	David McCrae	Jim McFadyen
Armadale	Adult Acute	20	Possilpark/ Springpark	Dr Brown Dr Ward Dr Taylor	David McCrae	Alison Deeley
Struan	Adult Acute	20	Strathkelvin/ Larkfield	Dr Ball Dr Turner	Derek Barron	Gillian Letford
Portree	IPCU	12	North Sector	Dr Patience	N/A	Derek Robertson
43	Elderly Acute Organic	10	North Sector	Dr McKnight Dr Brown	Kate Roberts	Anne Krikken
44	Elderly Acute Functional	20	North Sector	Dr McKnight Dr Brown	Kate Roberts	Donna Quinn
EAST						
One	Adult Acute	30	Arran/City Centre	Dr Roghati Dr Brodie Dr Misra	Derek Barron	Gordon Mason [Acting]
Three	Adult Acute	30	Auchinlea/Mid Sector Anvil/Mid Sector	Dr Anderson Dr Mason Dr McCaffrey	Liz McMillan	Cathy Tobin
Four	Adult Acute	24	Arran/City Centre	Dr Bennie Dr Jauhar (Addictions)	Derek Barron	Lorraine Currie
Two	Elderly Acute Organic	16	East sector	Dr Ritchie	Kate Roberts	Harry McLaughlin
Six	Elderly Acute Organic	21	East sector	Dr Flannigan	Kate Roberts	Fiona McMillan
Phoenix	Rehab	8	East sector	Dr Williams	N/A	Robert Baillie

The continuing care services for the north of Glasgow are detailed in the table below.

Ward	**Function**	**Beds**	**Consultant/s**	**Ward Manager**	**Location**
Orchard 1	Elderly continuing care	30	Dr Flannigan	Christine Scott	Ruchill Hospital
Orchard 2	Adult continuing care	30	Dr Ball	William Davidson	Ruchill Hospital
Orchard 3*	Adult/Elderly continuing care	24	Dr Brodie Dr Ritchie	James Cranston	Ruchill Hospital
Birdston	Adult/Elderly continuing care	60	Dr Brown	Sharon Nedley Brendan Pryszcz	Milton of Campsie

- The beds in Orchard 3 are associated with the East sector of Glasgow

SECTION 4 USER CARER INVOLVEMENT

Patient Focus Public Involvement

The Sector arrangements for PFPI have been incorporated into the Clinical Governance Structure and are reported on as a standing agenda item at the monthly sector Clinical Governance Committee.

The Sector is represented on the divisional PFPI group by the Sector Nurse and the Adult Services Manager.

Below is a flavour of the activities that the sector has been involved in with regard to user carer involvement:

- As part of the local PFPI agenda the sector carried out a patient survey on the use of the Discharge Summary Forms to Patients implemented across the division some three years ago. Approximately 60 patients from the North East were surveyed about their experience at discharge in relation to preparation and information. Although the results were generally positive, the results have provided the sector with enough feedback to repeat a similar exercise this year supported by an improvement action plan.

Patient responses to the questionnaire varied:

- Staff were helpful and pleasant
- Feeling better on leaving hospital this time, found the Lifeskill Staff and Ward Staff very helpful

- The North Sector produced and distributed Information leaflets to all wards within MacKinnon House as a result of lengthy involvement with Advocacy over the past year. These leaflets provide information on the ward, the services provided, illness specific information and details of the key staff involved in their care. Funding for this came from divisional Clinical Governance.

- "Helpful, you know your rights"
- "Difficult to understand in parts"
- "Better understanding of named nurse, know where to come for information on observation, legal status"

quotes from patients

- " Core information booklet shown and explained to patient on admission, some patients have then come straight to the nurse requesting more information on observation level and legal status" –

quote from a nurse

- The Sector Management Team meet regularly with user carer representatives to update them on services provided and to afford them the opportunity to become involved in areas of service change/development. As part of this process the sector funded the printing of the `Health 4 Men` magazine produced by a local service user-led community based project in Kirkintilloch which offers social and recreational activities to men recovering from mental ill health.

> "It's good to get an opportunity to meet with management regularly to get an update on where things are."
>
> "We are keen to get involved in the planning of services and hopefully this meeting will help that".
>
> *Quotes from members of above group*

- In conjunction with Advocacy and patient feedback, the sector funded the creation of a Money Advice project for patients within Parkhead Hospital. As one of the most socially deprived areas in Glasgow, the issue of debt management is a regular component of patient presentations and this service in the form of weekly surgeries provided by qualified staff is now seen as a valued component of the package of care offered to patients.

> "I didn't seem to get anywhere with my Benefits – I was waiting for money and it never arrived. The worker was very approachable and dealt with all the phone calls – she made it easier. It was good to talk to someone who was so knowledgeable. It also made me feel better to talk to someone who would keep my business private, she let me know that it was confidential. If you have mood problems, worries about money makes it much worse. I feel better knowing that I can ask to see her if there are any more problems, even when I've gone home. That's when you feel even more alone and you wonder if you can cope. I will be able to get help from someone who already knows me".
> *Quote from user*

- In conjunction with Alzheimer Scotland, Social Work and carer representatives, the Elderly service within the East Sector produced a Dementia Care Pathway and Service Directory for the east end of Glasgow. This document is widely available within all clinical areas and now forms a part of the package of care on offer to patients and carers.

It has received a positive response with comments such as:

- Didn't know these services existed within East End of Glasgow.
- More confident at seeking advice or services
- Wish I had been given this kind of information at beginning of my Father's illness
- Helps me understand my Mother's illness better

Quote from carer

- In conjunction with Social work and the Health Board, Birdston Nursing Home has introduced a Life Story Book Initiative. The rationale for introducing the Life Story Book is that it focuses on the individual experiences, their life milestones and the events that have contributed to who they are. The document can be used to by staff and carers to enhance the care through increased knowledge of the patient.

- " the Life Story Book has been really worthwhile, I use it to help jog my husband's memory when we discuss family events".

Quote from carer

- As part of the local implementation for TIDAL within the sector, user carer representation has been present throughout the membership of the local committee. As TIDAL is about removing the jargon and concentrating on the patient perspective, it has been invaluable having this representation throughout the process.

> - "Learned to talk more and listen to other people"
> - "Encourages you to speak to others"
> - "Very good, beneficial to have time with nurses I can break down with"
> - "Good, helpful, creates a good relationship between staff and patients. Makes it less like them and us, it gives you a good perspective of your own disorder"
>
> *quotes from patients*
>
> - "Good because you can sit with patients, find out more about them, it is their time, less likely to be interrupted."
>
> *Quote from a Nurse***.**

- The north Sector is the pilot site for the Integrated Care Pathway for Schizophrenia. An initial planning day was represented by users and carers which in turn influenced the content of the implementation plan and their presence and input will be a continued requirement on how this development is implemented locally.

> - "High level of service"
> - "More involved, families more involved"
> - "Very satisfied with the service"
>
> *Quotes from patient satisfaction survey*
>
> - "Responsive to individuals needs and individual families needs"
>
> *Quote from a nurse*

- The Mental Health Network, North Forum has been involved in the early work of the ICP and a representative has volunteered to become part of the implementation group. The East Forum is part of the North East Sector Implementation Group

- The North Glasgow Accident and Emergency/ Mental Health committee met twice during the year to co-ordinate and improve psychiatry provision in Stobhill A&E. During the year representatives from a voluntary agency and a user movement with a history of attending A&E with deliberate self harm joined the committee.

SECTION 6 STAFFING

Medical Staff:

Medical staff budgets are held centrally due to the split of responsibilities between the wards and the resource centres. However the table below represents the current medical staff categorised by locality and speciality.

NORTH SECTOR

CONSULTANTS	STAFF GRADES	S.H.O's
The Psychotherapy Clinic		
Dr. Alison Haggith		Dr. Lisa Wooton
Dr. John Shemilt		
Shawpark Centre		
Dr. Geraldine Byrne		Dr. Sadia Mohammed
Dr. Douglas Patience	Dr. James Loudon [SpR]	
Dr. Matt Al-Mousawi		Dr. Craig Masson
Springpark Centre		
Dr. Deborah Brown	Dr. James Ewing (Staff Grade)	Dr. Robert Affleck
Dr. Ruth Ward		Dr. Ian Mitchell
Dr. Mark Taylor		Dr. James Allen
Larkfield Centre		
Dr. Derek Ball	Dr. Roisin Dunn (Staff Grade)	Dr. Linda Dickens
Dr. Martin Turner	Dr. Perminder Sihra (Staff Grade)	Dr. Jennifer Murphy
	Dr. Fiona Duncan	
Old Age Psychiatry		
Dr. Derek Brown (Bridgeview R.C. Unit 8C, The Quadrangle)		Dr. Adam Daly
Dr. Ashley Cochrane [Woodlands Centre, 15-17 Waterloo Close, Lenzie]	Dr. Ian Fergie	Dr. Tom McPhee
Addictions		
Dr. Scott Wylie	Dr. Anupam Agnihotri	Dr. Julie Gibbons
Co-Morbidity Team		
Dr. Fraser Shaw	Dr. Adam Brodie (Staff Grade)	
Child and Adolescent Psychiatry		
Dr. Anne Greer		Dr. Ewen Douglas
Liaison Psychiatry		
Dr. John Mitchell		Dr. Pavan Srireddy
ESTEEM		
Dr. Alison Blair [21-23 Hyde Park Business Centre, Springburn]		Dr. Ian Mitchell
COMPASS		
Dr. Anne Douglas [34-35 Hyde Park Business Centre, Springburn]		

EAST SECTOR

CONSULTANTS	STAFF GRADES	S.H.O's
The Psychotherapy Clinic [Carswell House, 5/6 Oakley Terrace, Dennistoun]		
Dr. Mark Cohen [Psychotherapist]		Dr. Julie Arthur
Dr. Mike O'Neill [Psychologist]		
Arran Centre		
Dr. Peter Bennie		Dr. Preeti Patil
Dr. Rosemary Moore	Dr. Gordon Lehany [Staff Grade]	
Dr. Sandrya Misra		
Anvil Centre		
Dr. Deborah Mason		Dr. Genevieve Burke
Dr. Jacqueline Anderson	Dr. Kim Hickey [SpR]	Dr. Imrie Seeger Dr. Imran Al-Haq
Dr. Rosemary McCaffrey		Dr. Katherine McElroy
Auchinlea House		
Dr. Peter Williams		Dr. Vincent Choong
Dr. Kathryn Sowerbutts		Dr. Katherine Paramore
Old Age Psychiatry [Parkview Resource Centre]		
Dr Peter Flanigan	Dr. Rolland Vartikovski	Dr. Avril Glen
Dr. Stuart Ritchie		Dr. Gordon Barclay
Addictions		
Dr. Jauhar	Dr. Alan Russell [SpR]	Dr. Evonne Shek
Homeless Health Services [55 Hunter St.]		
Dr. Edit Pusztai		Dr. Prathima Apurva
Homeless Addiction Services [James Duncan House, 331 Bell St.]		
Dr. Iain Mackay		Dr. Neelotpal Apurva
Liaison Psychiatry [Ward 2, Medical Block, Glasgow Royal Infirmary]		
Dr. Dallas Brodie		Dr. Graham McMillan
Child and Adolescent Psychiatry [90 Kerr St. Bridgeton]		
Dr. Michelle Thrower		Dr. Ian Mitchell

Recruitment:

Due to the development of Specialist Community Services both within the Sector and throughout the Division, many staff from mainstream community services have left to take up promoted posts. As a consequence, staff from inpatient services have, in turn, migrated to backfill those vacancies. Backfilling to the vacancies created within inpatient services has at times proved problematic, particularly to the lower graded posts. Recruitment to vacancies at present however, is on hold due to redeployment of staff from the recently closed Garscube House and from a surplus of staff we require to absorb from the Learning Disabilities division.

Hospital based staff:

STAFF GROUP	IN-POST (WTE'S 2003]	IN-POST (WTE'S 2004)
NURSING TRAINED	241.4	252.84
NURSING UNTRAINED	209.2	181.56
PAM	18.85	
PHARMACY	8.6	
ADMIN & CLERICAL	32.2	
TRADESMAN	1.5	
TOTAL	**511.75**	

The following table represents a comparison from 2002 to 2004 of the nursing resource* employed within inpatient services in the North East sector.
Percentage figures for sickness and overtime are based on an average of the totals for a 52-week period preceding the respective dates.

Adult	**Inpost [wte]**	**Heads**	**Sickness**	**Overtime**
March 2002	212.1	219	8.3%	7.72%
March 2003	220.6	231	9.3%	7.58%
March 2004	219.5	227	9.3%	6.39%
Elderly	**Inpost [wte]**	**Heads**	**Sickness**	**Overtime**
March 2002	231.8	252	11.2%	7.02%
March 2003	230.0	247	9.1%	5.60%
March 2004	214.9	231	10.5%	4.64%

***** Excluding Nursing Administration & nursing staff working within therapy and activity departments.

Additional 15.21 wte nursing resources are employed within nursing administration. This includes Lead Nurses and Lead Nurse Supports, Practice Development Nurses, Electro-convulsive Therapy Co-ordinators, Night Charges, Project Nurses and Manpower Co-ordinators.

7.93 wte nursing staff are employed within Therapeutic activity Teams.

Community Services:

176.06 wte nursing staff are employed in Community services. This represents an increase from 158.76 wte this time last year. These services include Resource centres, Day hospitals and Specialist services

SECTION 7 SERVICE DEVELOPMENTS

HOMELESSNESS SERVICES

Services for the Homeless population will be developed within the sector in the following ways:

- Patients who have been admitted from Hostel accommodation are largely within the Parkhead catchment area. To take account of the specific and usually complicated needs of this group of patients, the sector has developed a Clinical Discharge and Resettlement Team. Multi –disciplinary in its make-up its function will be to link with various agencies to co-ordinate a more focussed package of care that bridges the in-patient experience with support for the process of returning to the community sooner than is currently the case.

- Acknowledging that patients can become homeless although not associated with hostels, their needs can nonetheless be significant. Such patients present in all in-patient areas and it is hoped that this team will develop their service to provide a resource across all relevant sectors.

- As the hostels throughout Glasgow will be decommissioned, the services for homelessness should become part of the wider mental health network rather than a stand- alone service. To support this strategy, targeted CMHT's will receive extra CPN resources to support them in providing packages of care for homeless patients who have been located in their locality.

- The Discharge and Resettlement team will provide an in-reach service to the in-patients and in an effort to enhance the in-patient experience by providing a more focussed package of care, investment in ward nursing levels will be developed at Parkhead.

- Further investment for homelessness services will be provided to target the specific and challenging needs of homeless patients who have suffered significant psychological trauma. This will be primarily a psychology led service and the sector has been heavily involved in planning this service.

- Options for Consultant Clinical Leadership for the Homeless Mental Health Team are currently being reviewed within the sector following the post having recently become vacant.

ELDERLY LIAISON

Over the past year the sector has developed a liaison service in the form of a liaison nurse covering the East part of the sector. Over the next year, a further post will be created to cover the North part of the sector and on a sector wide basis a half time Consultant post will be created to lead the service.

HUNTINGTON'S CHOREA

Funding was secured to create 2 sessions of Consultant time to develop services for patients and families experiencing Huntingtons Chorea. This has been supported by a half time nurse post and has been developed through working with the Huntington Association.

ELDERLY IN-PATIENT WARDS

Wards 43 and 44 at Stobhill Hospital have reviewed the pattern of admissions against emerging need and as a result will change bed configurations to improve the mix of patients. This will result in a change from one ward with 20 beds and the other with 10, to both wards having 15 beds.

NURSING HOME SUPPORT

Riddrie Knowes Nursing home in the East was commissioned to support the closure of Gartloch Hospital some 10 years ago. As patient turnover took place over the years, direct input to the unit reduced. However, more recently there has been a need to review the level of input and as a result, a more robust model of clinical support will be developed over the next few months. In the meantime one programmed activity of consultant time has been incorporated into the job plan of an Anvil Centre Consultant.

MENTAL HEALTH ACT REVIEW

As part of the implementation of the new mental health act a review of existing services will be carried out to identify whether there is a need to further develop or enhance current provision.

INTEGRATION

In relation to the integration agenda the sector localities are currently liaising with Social Work over the arrangements to accommodate Practice Teams within resource centres. It is hoped that the next year will see social work services integrated within the CMHT network.

MEDICAL STAFF

A review of all medical staffing was undertaken in preparation for job planning and the New Contract. This involved building on the appraisal process, local consultant discussions of workloads and the dividing up of shared tasks, supported by a monthly sector activity report.

Awareness sessions on the new contract in April for all sector consultants were followed by one to one meetings between all consultants and line managers – either lead clinicians, CD or Divisional Medical Director. Individual job plans were then created on British Medical Association templates and passed to HR to be included in formal new job contract offers.

Consultants have widespread anxiety about the process, which involves a more specific description of what an individual does, where and when and recognises only work done within the job plan time allocated. Consultants have the right of mediation and then appeal if they disagree with the offer being made to them. The process however has been helpful in clarifying what consultants do – identifying opportunities for service reorganisation and areas of pressure. The outcome will be a more equitable and transparent system.

Senior House Officers and the New Deal – on call banding was able to be reduced to 1C for new SHOs (1.5 x basic salary) in both North and East schemes. With the European Working Time directive coming in August, the Primary Care Division set up a group to explore new possible models of SHO on call that perhaps will involve a full shift pattern.

The 2nd on SHO in North Glasgow will cease in August as a result of the move of Orchard 4 at Ruchill.

Training - Consultant psychiatrists developed personal development plans as part of new Trust annual arrangements for peer review and appraisal. Opportunities created within the sector for medical staff through the year consisted of Root Cause Analysis training, aggression management, risk assessment and the use of the Glasgow Risk Screening Tool, Tidal model training and deliberate self harm assessment.

Regular teaching of medical students and trainee psychiatrists and other junior doctors happened through the year co-ordinated by under and post- graduate tutors in North and East Divisions. Specialist CPD was attended by consultants on a monthly basis organised by the RCPsych. CPD co-ordinator and Glasgow University.

The sector has been successful in filling the Clinical Director post and Lead Consultant posts for North and East adult and elderly services.

Training

The past year has seen unprecedented levels of training for staff and in particular ward based staff. An increase in Clinical training funding has allowed ward managers to be released from ward establishments for in excess of 3000 hours.

Another major investment has been around the TIDAL model of nursing care, which has seen staff released for training for 470 man hours.

An up to date training log is maintained based on Study Leave forms submitted. In total 1684 separate entries for training was recorded representing 11,448 man hours invested.

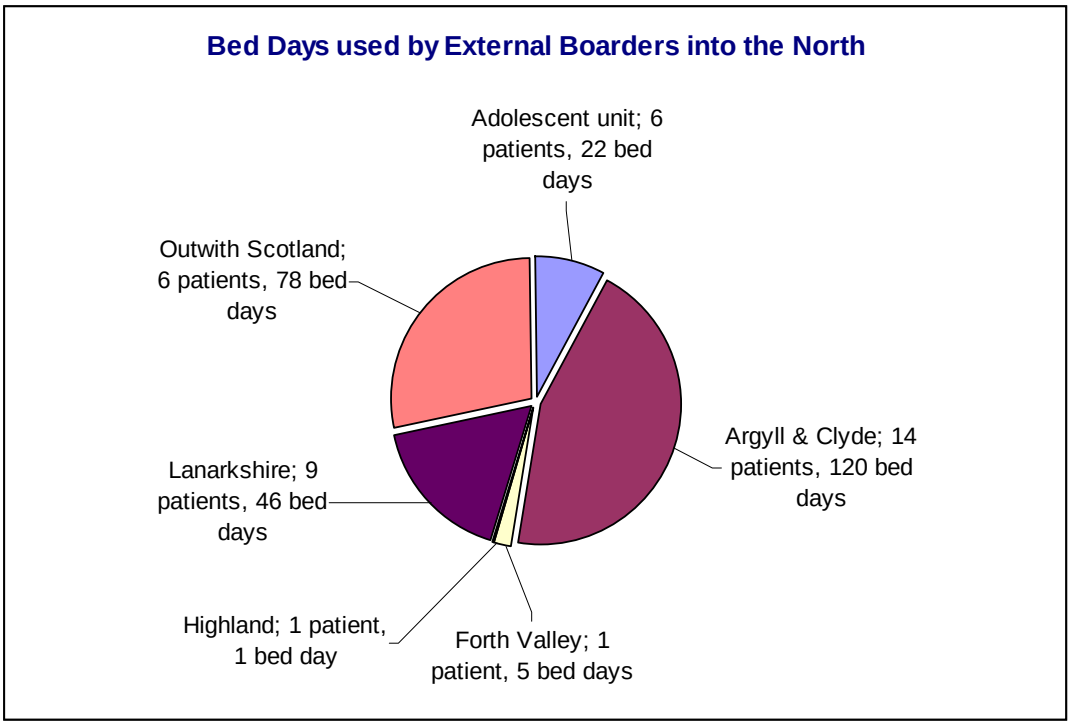
This years learning plans have already been produced by each of the localities and in-patient services which reflect the various professional and service priorities.

SECTION 8.1 – SERVICE ACTIVITY

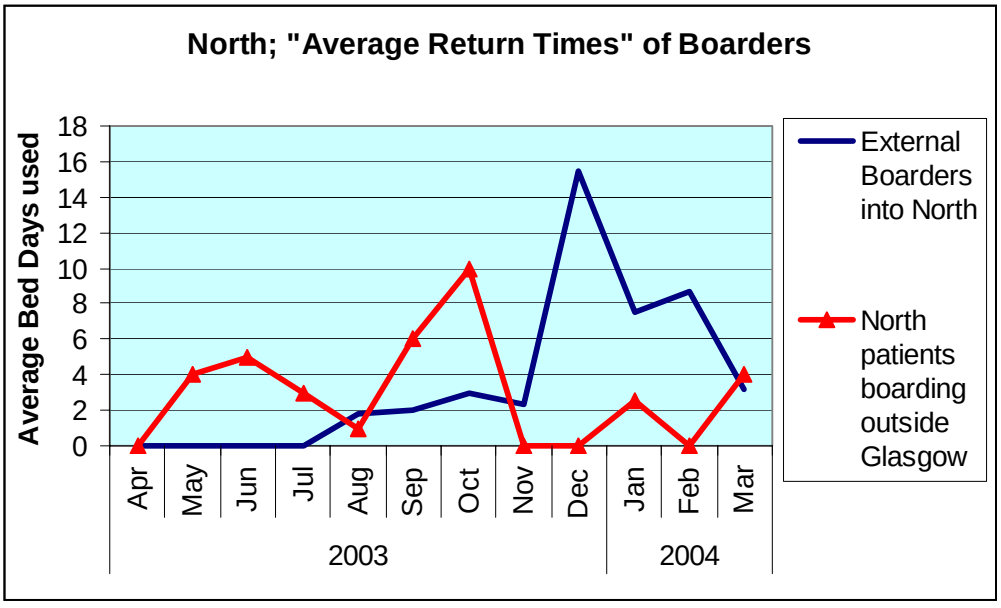
NORTH IN-PATIENTS									EAST IN-PATIENTS							
CATEGORY	**WARD**	Bed Compliment	Pass Days	Admission	Discharges	Deaths	% OCC	ALOS [days]	**WARD**	Bed Compliment	Pass Days	Admission	Discharges	Deaths	% OCC	ALOS [days]
Adult Short Stay	ARMADALE	20	361	321	340	0	94.8	17.4	ONE	30	683	291	296	0	98.76	39.13
	BROADFORD	20	777	256	269	0	97.6	21.6	THREE	30	973	270	269	0	98.01	41.79
	STRUAN	20	474	219	221	0	96.9	24.9	FOUR	24	331	244	247	0	96.73	34.89
Totals		**60**	**1612**	**796**	**830**	**0**	**96.4**	**20.8**		**84**	**1987**	**805**	**812**	**0**	**97.93**	**38.2**
Elderly Short Stay	WD 43	10	43	28	33	4	99.6	110.7	WD 2	16	218	84	92	0	95.56	62.05
	WD 44	20	416	98	96	6	92.52	64.8	WD 6	21	69	80	77	0	87.66	82.10
Totals		**30**	**459**	**126**	**129**	**10**	**95.09**	**76.77**		**37**	**287**	**164**	**169**	**0**	**91.14**	**73.41**
IPCU	PORTREE	**6**	**4**	**94**	**99**	**1**	**84.34**	**18.52**	WD 5	**5**	**25**	**70**	**70**	**0**	**98.4**	**26.74**
Addiction	Orchard 4	**6**	**16**	**142**	**146**	**0**	**86.22**	**13.46**								

Elderly Long Stay	Orchard 1	30		2	5	3	80.76	1108.4
	Orchard 2	30		15	9	4	88.02	743.4
	Orchard 3	30		18	5	3	78.25	107.4
Totals		**90**		**35**	**19**	**10**	**82.34**	**935.3**

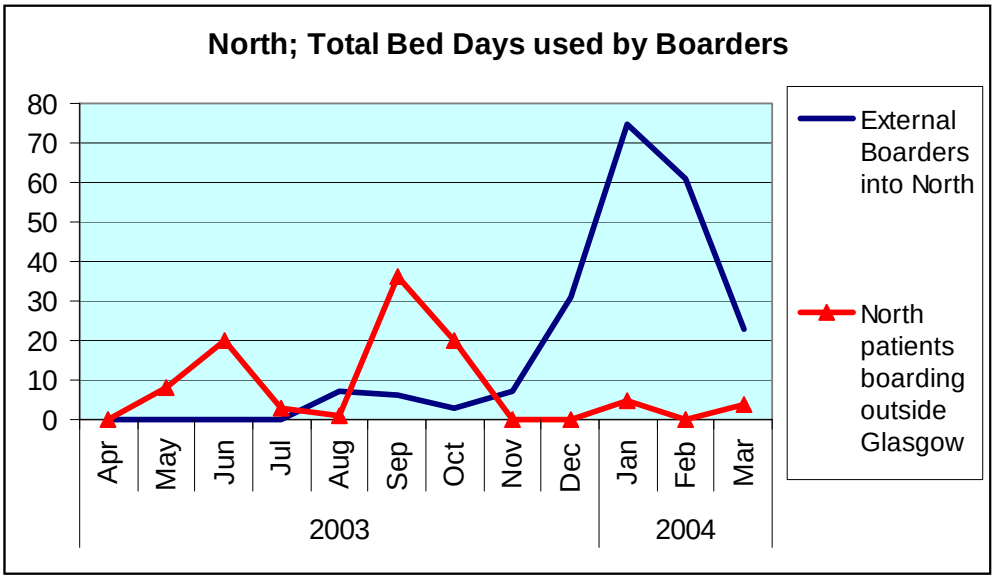
SECTION 8.2. NORTH EAST BED MANAGEMENT



The above chart conveys the number of patients from outside Glasgow, where the patients were from (their health board) and bed days used by those patients

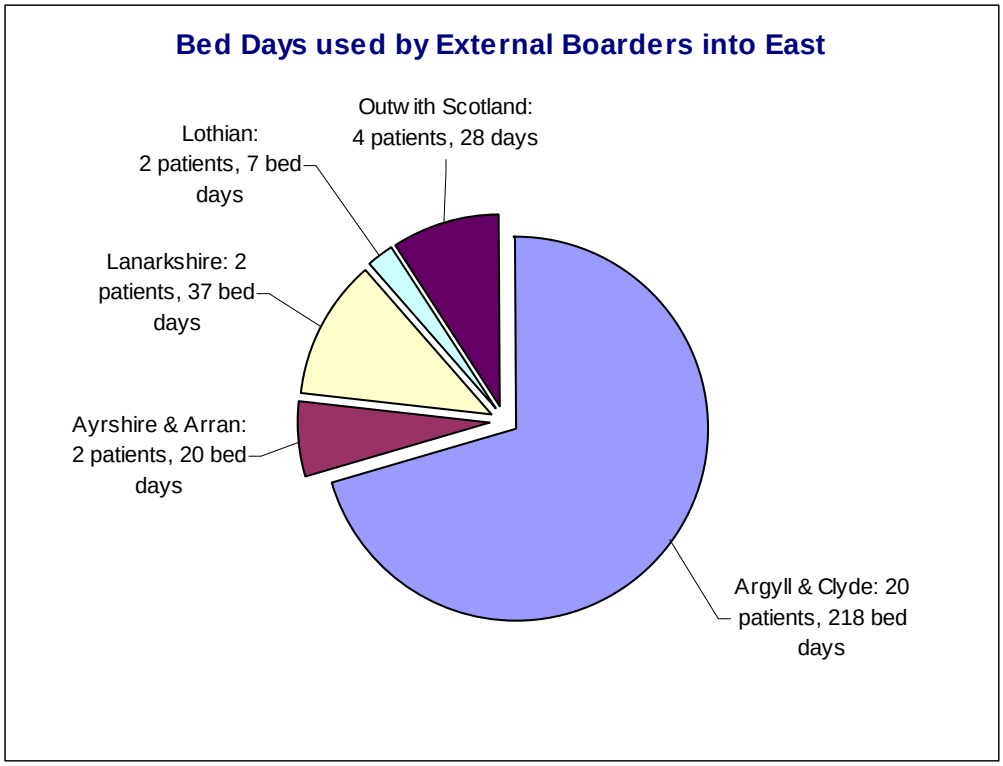


This is a quick and easy way of seeing roughly how quickly the boarders return to their locality hospital. In the past 5-6 months boarders from outside Glasgow into the North (dark blue line) have taken much longer to return, than North patients boarding outside Glasgow then returning back to the North (red line).



The above chart just shows the total bed days, month to month, used by boarders from outside Glasgow into the North, and North patients boarding outside Glasgow. Again in the past 5 months, total bed days used by boarders from outside Glasgow into the North are massively higher than North patients boarding outwith Glasgow.

Boarders from outside Glasgow, in and out of East



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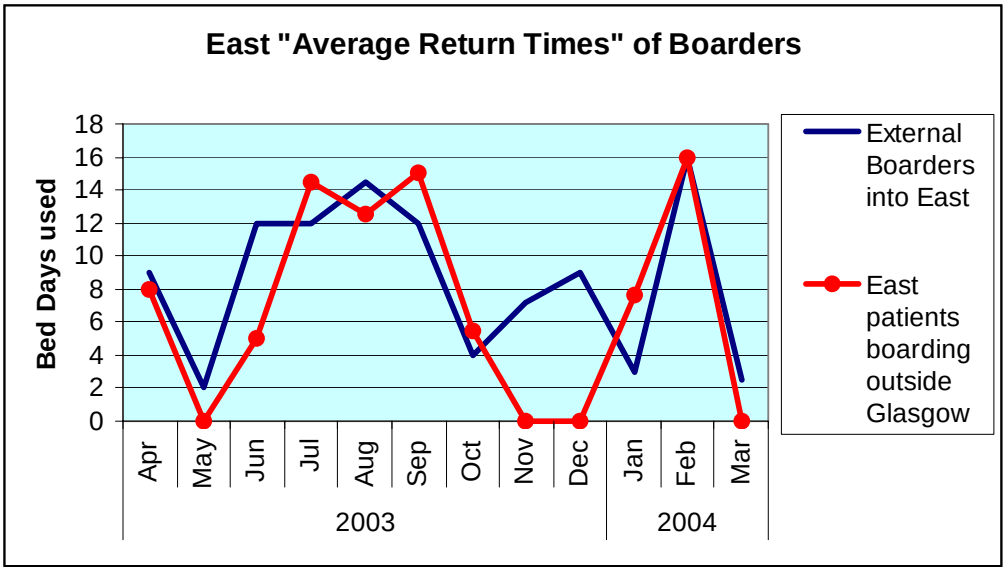
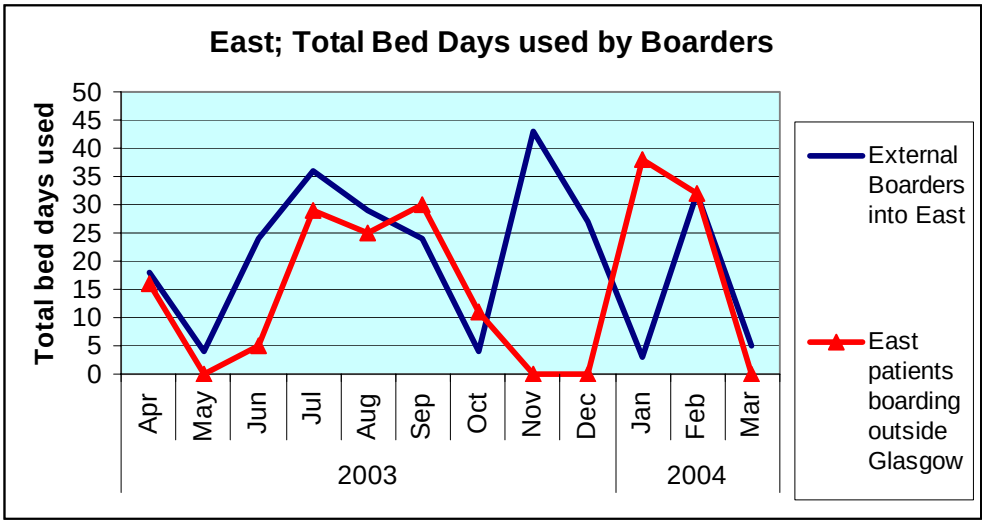
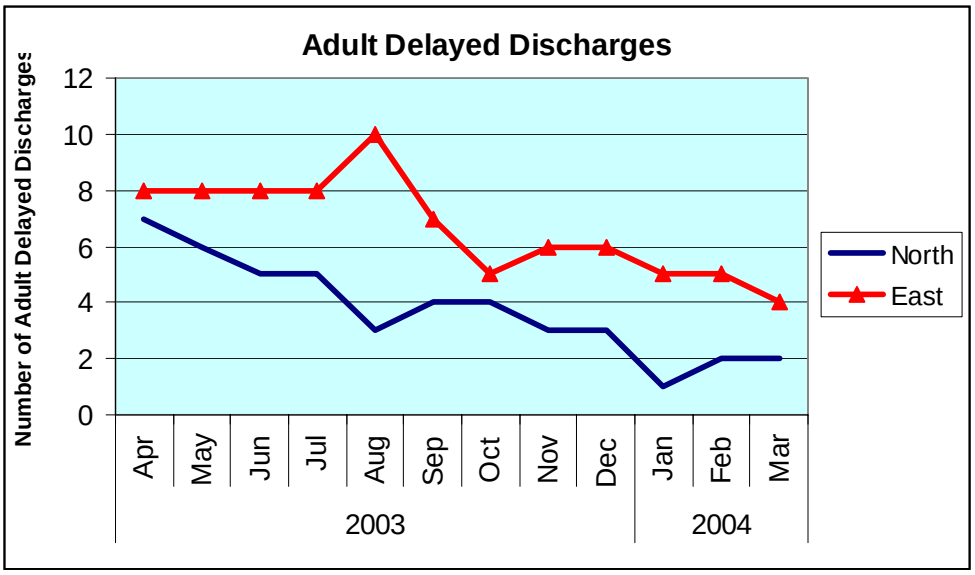


The above chart is the same explanation as with the North, a good ready reckoner, of how quick boarders into and from the east return back to their locality. It is no coincidence that the two lines follow similar paths. If NorthEast has boarders into their wards from outside Glasgow, then the NorthEast may have to board some of their own patients outside Glasgow as a result, perhaps only when they have returned the non-Glasgow patient can they get their patient back, so therefore the return times are fairly similar.

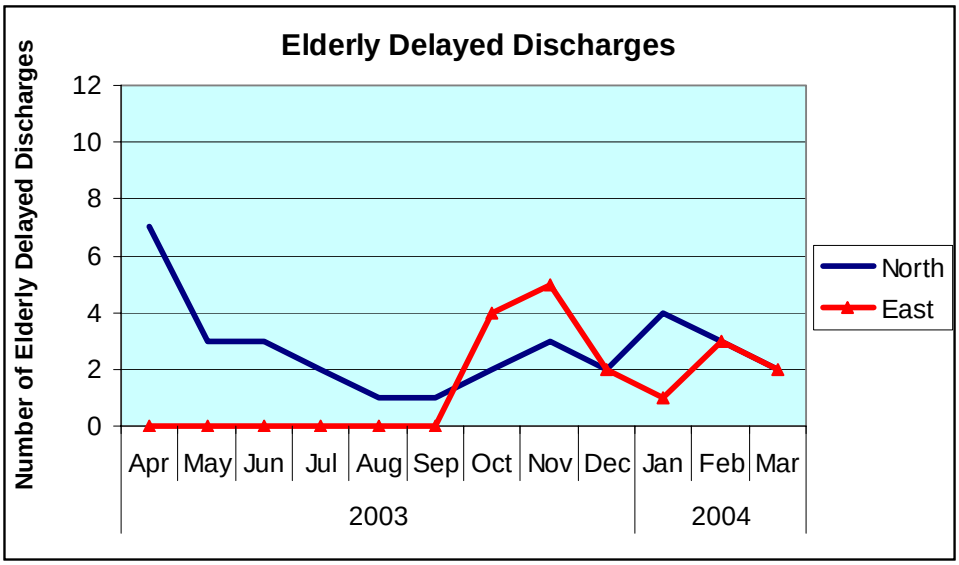


Explanation for the above chart is the same as the North. Interestingly there is a slight “lag” effect in the trend, if there is a high return time of boarders into the East from outside Glasgow, they are blocking beds, and therefore a month or so later boarders from the East who are outside Glasgow take longer to return, as beds in the East are blocked.

SECTION 8.3 DELAYED DISCHARGES



Above chart, very impressive for the NE, DDs have dropped dramatically in the past year. Perhaps even more impressive is how low bed days used from ready for discharge in the NE is compared to other Glasgow hospitals.



SECTION 9. CLINICAL GOVERNANCE

Introduction

The Sector Clinical Governance team had an away day to review the Clinical Governance structures and work plan from last year. The review of structures was prompted by the appointment of a new Clinical Director and to ensure that more frontline staff were involved in the clinical governance processes and to ensure that their views were reflected. The work plan itself was revised to ensure it was more outcome focussed and that robust monitoring mechanisms were in place. This section of the annual report will reflect some of the feedback from staff in relation to the outcomes of the work undertaken this year under the auspices of clinical governance.

An acknowledgement must go to staff within the Clinical Governance Department who have supported the Sector throughout the course of the year including;

"As an F Grade Charge Nurse within MacKinnon House I had the opportunity to become involved in the Clinical Governance structure across the sector. A local clinical governance forum was established within MacKinnon House approximately one year ago. I co-ordinate the agenda and chair the meeting. I also link in with the North and Sector Clinical Governance meeting representing clinical staff and in particular MacKinnon House staff.
This has helped me develop confidence within a formal meeting environment, allowing me to accurately represent staff's views and put forward staff's ideas and new initiatives. With the north group in particular my knowledge of the roles of other disciplines within the sector and how they contribute to the clinical governance agenda has increased. By being involved within the clinical governance structure I am able to see the bigger picture and how everything links together and where changes to clinical practice originates."

Charge Nurse Ann-Marie Reilly –MacKinnon House

Section 9.1 Clinical Effectiveness

Clinical Risk Assessment

The Glasgow Risk Assessment tool was circulated in October with the supporting training pack. In total 304 staff from all the disciplines undertook the awareness sessions which were
facilitated predominately by the Practice Development Nurses. The revised tool has encouraged a collaborative effort between Nurses and Senior House Officers, particularly at the point of admission.

It really helped to have a Consultant at our session – we got the chance to talk about how they would view risk and how much they would listen to the admitting nurses. Sometimes we feel our voices aren't heard but this showed that they do value us."
Quote from Staff Nurse
"Patients have a right to know why we decide that they should not be leaving the Ward for a period of time and why someone is going to be so close to them. A Risk Assessment helps them and staff to recognise the reasons for any decision."
Quote from Ward Manager
"The tool is certainly shorter and more 'user-friendly' – I just hope that it still does the job it was meant to."
Quote from Occupational Therapist.
"The awareness raising and training process was done well and tailored to the hectic timetables of in-patient staff "
Quote from Adult Acute Consultant

Professional Development

Nursing

Clinical supervision and support

All adult in-patient services have implemented clinical supervision and support. This has been a significant achievement and for next year their target will be for all elderly in-patient areas to have systems in place in every ward.

"Clinical supervision is beneficial as it allows me to reflect and evaluate my own practice" *Staff Nurse*
"It is proving a very worthwhile and supportive activity"
Ward Manager
"It's been beneficial to the workplace and my own personal development"
Staff Nurse
"The sessions are carried out in a supportive manner…..the supervisee felt they have greater control, using these sessions to tackle issues of real concern to them. As a supervisor it was a refreshing experience to engage with other staff in an atmosphere of supportive interaction"
Charge Nurse

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"Clinical Support is great. It's good to know that I have someone to go to if I have outstanding issues. I'm definitely happier with my work"

"It makes a difference. It allows mutual support between me and my colleagues. I think my practice has improved as a result."

Parkhead Nursing staff

Implementation of National Nursing Strategies -Nursing for Health

One of the aims for Mental Health nursing was to create closer links with the public health practitioners and to increase our activities in relation to health improvement. This has been achieved by refocusing our efforts in relation to health promotion as part of the annualised calendar of health promotion events and campaigns. The sector have a nominated a member of staff from each of their clinical sites to co-ordinate this health promotion activity. Successful events this year have included;

- Carers Week
- Men's Health Week
- Plans are well underway for the Mental Health week Health Promotion campaign

Health Promoting Hospitals

The three Orchard wards at Ruchill are the pilot site for the National Health Promoting Hospital Initiative. A number of health initiative programmes have been set up and are currently being evaluated.

"It is very worthwhile and pertinent, particularly to our client group. The team's initiatives are based on current health promotional needs that are targeted in various areas such as breast screening, smoking cessation and nutrition/diet. It is very rewarding that a healthy interest is displayed by the clients', which is obviously beneficial to their wellbeing. Staff members have also agreed that the educational aspect, in particular, the nursing agenda for health is both informative and comprehensive for clients and staff also. Staff also felt that clients' are being encouraged in their decision making can only add and enhance an independent healthy living."

Ward Manager – Orchards

One client from Orchard 3 who is participating in the smoking cessation initiative felt that he could cut down as opposed to stopping smoking altogether.

Regarding breast screening service, one female client stated it is comforting to know that this service is available if I feel like using it at any time in the future.

Patients Orchard Wards

Implementation of National Nursing Strategies -Caring For Scotland

A detailed Caring for Scotland work plan has been produced and implemented against national and local targets. The plan was first produced three years ago and has been reviewed and updated through the North East Senior Nurse Group each year and all targets have been met.

One of the key objectives was to continue to support ward manager supernumerary status one day a week. Ward managers continue to utilise the supernumerary time. Over the last year they have used the time to carry out a range of activity, for example appraisals, clinical supervision, staff development, clinical practice development. This is how they have viewed ward manager release over the last year;

Ward Managers Supernumerary Time

" It is great, it allows you to take a step back from what is often a quite chaotic environment and concentrate on being a manager"

"It is difficult to predict the level of activity within the ward, this means it is difficult to complete appraisals, clinical supervision and audits. The introduction of supernumerary time makes it easier to stick to pre-planned activities in the knowledge that the ward will be safely covered in my absence"

"It allows me to detach myself from the buzz of the ward and concentrate on some of the important things which don't get done"

"We have been asking for supernumerary time for years, this allows me to facilitate what needs to be done"

Quotes from ward managers

Medical

Continuous Professional Development

The Royal College of Psychiatrists amended its system of CPD for consultants – with individuals being required to register with the Royal College of Psychiatry and to maintain a log of activities attended. This is to include 50 hours of internal teaching e.g. case conferences, attendance at Thursday morning medical case presentations: and 50 hours of external teaching e.g. attendance at national meetings. The University of Glasgow continued to support CPD with regular Thursday afternoon specialist update sessions for all medics. Sector medics contributed and complied with this – the individual review occurring in formal peer review and supervision, with evidence of CPD being kept in appraisal folders for consultants and log books for trainees. Clinical tutors in North and East organised training of senior house officers in line with Royal College of Psychiatry requirements

Peer Supervision

Consultants continued to meet 2 independent peers organised through the Divisional Medical Director's office twice yearly and submit the results of this review and scrutiny to the Medical Director. Peer review signed off Continuous Professional Development and created Personal Development plans for consultants. Trainees and Non Training Grades continue to receive weekly clinical supervision and for trainees the quality of this is monitored by 6 monthly trainee feedback to the clinical tutors and Royal College of Psychiatry approval committee visits.

Appraisal

All consultants received a new formal system of appraisal this year conducted by clinical director and lead clinicians. The process was supported by an appraisal folder and will be repeated each autumn. Every 5 years consultants will now be revalidated by the GMC on the basis of information and evidence from appraisal. Appraisal of junior doctors is done every 3 months using a standard template coordinated by clinical tutors for Senior House Officers and the training organiser for Specialist Registrars, in line with Trust and Royal College of Psychiatry policy.

Allied Health Professionals

CPD

Grade specific training programmes are accessed by OT staff. Focus groups conducted by Dorothy Rae Practice Development Head OT identified gaps within current programme – application of OT psychosocial models of care, training in Assessment of Motor Processing Skills (AMPS), standardised assessment report writing skills and leadership development for Senior AHP staff. Clinical Training funds (£3500) will be utilised to meet these needs in the forthcoming year.

Clinical effectiveness

Occupational therapy links with the national clinical effectiveness networks have been strengthened by appointing a representative to link with 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

Section 9.2 Critical Incidents

The appointment of a new Clinical Director in October 2003 and the end of the secondment of the Clinical Governance Facilitator in March 2004 led to a review of the system of managing Clinical Incident Reports (CIRs). A briefing note system is in place - these go into a central data base in tandem with the current IR1 system. After broad discussion with sector managers and both divisions of consultant's new templates and guidance were drawn up for creating initial investigation and final critical incident reports. These were based on Division and Mental Welfare Commission guidance and shared with the Divisional clinical governance committee.

All consultants and other senior professionals were offered Root Cause Analysis (RCA) training and a register kept of those who took this up. Opportunities for further training have been requested. A regular meeting of CD, with his secretary and a rotating member of the sector management team (and Clinical Governance Facilitator when in post) discusses all Critical Incidents agreeing on process and reviewing outcomes. CIRs have been divided up amongst all consultants except one who chose not to be involved, paired up with an appropriate RCA trained manager or other health professional. A backlog has been cleared and a register is maintained by the CD's secretary and reported to the sector management business meeting 2 weekly. The General Manager and CD sign off CIRs to the Divisional medical director noting any action points/ lessons learned.

CIR outcomes are fed back to local teams by managers and through the north and separate east Business meetings chaired by the CD. The North and East Clinical Governance Groups are tasked with closing the loop of implementing positive change. Whilst the Clinical Governance Facilitator was in post he chaired a feedback on CIRs meeting to the North division monthly. Clinical Tutors take back training issues to SHOs and PDNs to nursing staff. Staff on the ground report more contentment and awareness of the process – they feel better involved and better informed of CIRs and their outcomes.

> As a PDN I have been asked by the Clinical Director to assist in the Critical Incident Review process as one of the investigators, with the consultant taking the lead. Prior to being involved in Critical Incident Reviews I was able to attend one day training in root cause analysis.
> The process itself is very structured with clear timescales. There is a report template which guides you through, preparing for the review, carrying out the review and ultimately writing the report. It has made a difficult process simpler

We have developed a data base for the briefing notes produced locally. This system allows for analysis and management of not only critical incidents, but promotes examination of all incidents which although in themselves not critical, may require further examination or corrective action. This system is used in tandem with current IR1 system.

This system is underpinned by a willingness of staff to participate in examination of incidents and the formulation of required actions. A list of all persons trained in Root Cause Analysis is kept on a data base locally.

In order to develop these systems we will develop the following:

- Local investigation when ever possible.
- Open investigations.
- Reinforce attempt to identify SYSTEMS failures not individuals.
- Developing a supportive culture - No blame, unless a possible or actual Criminal Act.
- Share information and outcomes as soon as available with Local Meetings, Staff groups, Bulletin, Posters or Via Intra Net.
- Addressing training or resource implications timeously.

Complaints

During the year April 2003 to March 2004 the sector received 34 written complaints. The majority of these complaints related to in-patient services. The sector is in the process of carrying out a review of the complaints from a lessons learned perspective and this will be presented to the sector clinical governance committee. The sector continues to work closely with the complaints department in ensuring that the timescales for the management of complaints is met.

Assurance

NHS Quality Improvement Scotland

Healthcare Acquired Infection Standards

A full baseline audit of was conducted across every site in the Northeast against the standards. Each area now has a timetable of repeat audits and this is established within the core audit schedule. Responsibility for future audit now lies with Lead Nurses and Locality Managers.

Nutrition standards

QIS Food, fluid & 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.

Schizophrenia Standards

The Practice Development Head OT led a multidisciplinary audit of life skills assessments carried out in community mental health teams and the first stage of the audit has identified a 98% compliance with the national standard.

The ICP for Schizophrenia is being piloted within the four wards in MacKinnon House, Springpark Resource Centre and the ESTEEM team.

Health Care Governance Standards

Last year the Sector completed the self assessment exercise against the level 2 CNORIS standards. This year NHSQIS have incorporated the CNORIS standards into the Risk Management section of the draft Healthcare Governance Standards. The standards and the self assessment process has not been finalised by NHSQIS, this is expected later this year and will be incorporated into the sector work plan

Mental Welfare Commission

The sector has received positive feedback from the annual visits carried out by the commission. Following each visit an action plan has been produced and progress against this has formed part of the sector clinical governance agenda.

SIGN 56 Prevention and Management of Hip Fractures and Falls in Older People

This has led to the introduction of the CANARD risk tool including a standard training programme. It has also led to improved access for patients to specialised hip protection equipment. The Sector will continue to work with the PAN Glasgow group in progressing further developments.

Clinical Audit

A summary of audit activity that has been undertaken in the sector this year is as follows;

- HAI
- Clinical records
- Clinical supervision
- In-patient core audit schedule
- Clinical observation
- Discharge summary forms
- Tidal Model
- ICP Benchmark
- Depot Clinics
- Sign 56
- Implementation of revised transport arrangements for detained patients
- Glasgow Risk Screening Tool
- Review of elderly inpatient care plans
- SHO audit programme

Results and action plans have been shared with local teams and form part of the sector clinical governance agenda. As a result of the above activity below is a synopsis of outcomes following audit;

- HAI – Improvements in environment within Wards and Resource Centres
- Clinical Observation – Each ward has a local protocol describing the application of the policy
- Depot Clinics – Improved choice for patients relating to appointment time and improved environment/waiting area
- Revised transport – a reduction in waiting times for patients and staff awaiting transport to hospital from an average of four and a half hours to forty five minutes
- Review of elderly care plans – has led to the development of thirty core evidenced based care plans.

Research

The action plan for the causative factors of violence within acute in-patient settings has been completed. The results of the research endorse the changes that were made to the training programme, staff /patient support systems and the implementation of the Tidal Model of care. The results have also informed the recent review of the Aggression Management Policy.

Future proposals

The North East Sector Clinical Governance Work plan was reviewed and implemented following an away day with representation from the Divisional Clinical Governance Committee.

This work plan represents all relevant and required future activity for the Sector and will be regularly monitored by the Sector Clinical Governance Committee. All members of the Sector Management Teams key result areas reflect responsibility for progressing this activity. Clinical Governance activity is also reported within the monthly General Manager reports.