



PERTH AND KINROSS INTEGRATION JOINT BOARD

27 September 2019

ADULT MENTAL HEALTH AND LEARNING DISABILITY; SERVICE REDESIGN PROGRAMME PROGRESS REPORT AND RISK REVIEW PAPER

**Report by Chief Officer/Director of Integrated Health & Social Care
(Report No. G/19/159)**

PURPOSE OF REPORT

The purpose of this report is to update the IJB on progress with the Mental Health and Learning Disability Service Redesign Programme approved in January 2018 and, in response to the recommendation in the Independent Inquiry interim report, to review the risks associated with the programme continuing or being suspended.

1. RECOMMENDATION(S)

Perth and Kinross IJB are asked to;

- Consider the content of this report and provide constructive comment
- Note the significant clinical and operational risks which the services are currently experiencing and the impact on patient safety and the quality of care.
- Endorse the continued implementation of the approved MHLDSRP and ask officers to prepare a revised programme plan with key milestones and a timeline
- Commit the Chief Officer to provide regular reports on progress, risk and delivery of the MHLDSRP
- Commit the Tayside Mental Health Alliance to provide regular update reports on their ongoing work to support the IJB in shaping their strategic outcomes for the service

2. BACKGROUND

- 2.1 The Mental Health and Learning Disability Redesign Programme (MHLDSRP) was approved for implementation in January 2018. The approval of this programme was a critically important landmark event for Mental Health Services, given that the review of clinical models of care and the inpatient accommodation from which care is provided to patients had been ongoing since 2013.

- 2.2 Over the course of 2014-15 an options appraisal process was undertaken which considered different models of care for inpatient and community services. This was undertaken with the involvement of members of multiprofessional teams, managers and support staff to identify and consider service options for General Adult Psychiatry and Learning Disability inpatient and community services.
- 2.3 The findings of this options appraisal were subsequently presented to NHS Tayside Board in March 2016, when the clinical and professional advice was that the current acute inpatient model was no longer sustainable across multiple hospital sites.
- 2.4 NHS Tayside Board requested a further options appraisal be undertaken with a wide range of stakeholders to consider the options around providing General Adult Psychiatry from one or two sites and to consider the options for the future of the Learning Disability Inpatient Services given the ageing infrastructure of Strathmartine Hospital.
- 2.5 Over the course of 2016, there were two further option appraisal processes, one involving service users, carers, voluntary and third sector organisations, and the second event involving clinical staff, partner organisations and other stakeholders. In addition, a number of standing committees and Boards were consulted, including:
- NHS Tayside Transformation Board
 - NHS Tayside Board
 - Area Clinical Forum
 - Perth & Kinross Transformation Board
 - Dundee IJB
 - Angus IJB
 - Perth & Kinross IJB
 - Clinical Care Governance Committee
 - Area Partnership Forum
 - MHSRT Programme Board
- 2.6 The preferred option was developed and presented to the Board of NHS Tayside and the Perth and Kinross, Angus and Dundee Integration Joint Boards, when it was agreed that a formal public consultation would run from July to October 2017 before a final presentation to NHS Tayside Board in December 2017.
- 2.7 Following the public consultation, a report was submitted to the Perth and Kinross Integration Joint Board which has responsibility for hosting these services on behalf of Angus and Dundee IJBs. In January 2018, the IJB approved the Mental Health and Learning Disability Service Redesign Programme (MHLSRP).
- 2.8 Given the breadth of risks associated with the redesign programme, the IJB had the benefit of the professional assessment and analysis of the Clinical

and Care Governance Committee which provided assurance that the proposal was clinically viable and sustainable and supported by the NHS Tayside Care Governance Framework. The Area Partnership Forum had a specific role to assess the potential impact of the relocation of services on staff. AS Perth and Kinross IJB host the relevant services, it was also important that Angus and Dundee IJBs were able to consider the consultation feedback received and make comment to inform the final decision of Perth and Kinross Integration Joint Board.

2.9 The programme approved redesign programme seeks to deliver better, safer, more effective services based on the following model;

- Single centre for General Adult Psychiatry Inpatient Service based at Carseview Centre, Dundee
- Single centre for Inpatient Learning Disability Services based at Murray Royal Hospital, Perth
- Tayside-wide Intensive Psychiatric Care Unit based at Carseview Centre, Dundee
- Rehabilitation, Substance Misuse and Low and Regional Medium Secure Forensic Services based at Murray Royal Hospital, Perth

2.10 The rationale for the site configuration proposed is outlined in the table below:

Service Configuration	Rationale
In Patient General Adult Psychiatry, Dundee	Dundee has largest population centre and highest prevalence of mental illness in Tayside. Dundee has significant areas of deprivation and health inequalities compared to other areas in Tayside and Scotland. Carseview Centre has the accommodation capacity to meet demand. No other site in Tayside can physically accommodate the inpatient demand. Creates a centre for excellence. Majority of nursing students applying for posts in GAP prefer Dundee, which supports supply and recruitment
In Patient Learning Disability Services, Perth	The Murray Royal Hospital site provides all Tayside wide specialist services. The redesign programme creates a centre of excellence for Learning Disability Inpatient Services. This brings an opportunity to significantly improve environment of care for Learning Disability Users. RLDN graduate from University of Edinburgh supports supply and demand

2.11 In summary, the aim of the MHLDR Programme was to create a single specialist centre for Inpatient General Adult Psychiatry at Carseview Centre in Dundee and a single specialist centre for Inpatient Learning Disability Services at Murray Royal Hospital, in Perth.

2.12 The Mental Health and Learning Disability was underpinned by data and intelligence that predicted the impact of a number of key challenges that the service was facing at that time and into the future, these included:

- National shortage of specialist clinical mental health staff both medical and nursing
- Workforce demographics and predictions around retiral Registered Mental Health Nurses and Registered Learning Disability Nurses
- The likely supply of newly qualified nurses and medical workforce
- The ability to maintain training opportunities and suitable training environment with appropriate levels of senior clinician supervision in particular relating to Doctors in Training
- Workforce availability and the ability to deliver safe and sustainable care across three General Adult Psychiatry acute admission inpatient units in Tayside and two Learning Disability inpatient sites
- The ability to provide safe out-of-hours cover running multiple site rotas
- The challenges associated with a heavy dependency on locum doctors
- The impact of the limitations, likely deterioration and standards of the physical environment at both Strathmartine and Carseview, as consistently highlighted in reports by the Mental Welfare Commission
- The critical need to act to create centres of excellence, to enhance the learning and development environment for Doctors in Training, Student Nurses and other staff, enhance attraction, recruitment and retention
- The Health and Safety Improvement Notice dated 3rd December 2015 which sets out the requirements for NHS Tayside to ensure that necessary controls are in place to address identified ligature anchor points on Moredun Ward and across the other NHS Tayside Mental Health wards as a matter of urgency.

2.13 In addition, the delivery of the approved redesign programme was recognised as critical in enabling the service to address a number of environmental risks. These related to the fabric of the build and the safety of the physical facilities within the inpatient wards including ligature anchor points and fire prevention. The programme sought to create modern, purpose built, person-centred environments of care.

2.14 The service is now in a situation whereby these predicted risks are now a reality which requires positive action to manage. It is facing critical staffing shortages, continues to be managed over multiple sites and the General Adult Psychiatry training programme is at risk and is under 'enhanced monitoring' by the GMC.

3. PROGRESS TO DATE

3.1 Whilst the programme has had a number of achievements, the scale, complexity and challenges experienced have impeded the pace and extent of progress.

- 3.2 The original plan aimed to have all of the General Adult Psychiatry and Learning Disability service re-located by July 2020. Despite facing a number of obstacles to the relocation of the services in line with the programme, significant achievements and progress has been made, including;
- Rohallion Clinic new clinical model for low secure care, reducing from three wards to two wards to create capacity for low secure learning disability inpatient service (Flat 1 Strathmartine)
 - Faskally ward, is a modern fit for purpose area and is ready to accommodate Flat 1 Low Secure patients
 - Rannoch ward at Murray Royal is ready and available to accommodate Learning Disability Assessment Unit from Carseview. It provides a modern, fit for purpose environment with additional environmental improvements complete to support specific needs of client group
 - Standardised safe room specification phase 1 agreed for all inpatient mental health and learning disability services in Tayside. This removes ligature anchor points reducing risk of patients at risk of self harm
 - Standardised room specification phase 2 completed to establish overall layouts, fixtures and fittings to ensure safety, privacy and dignity for patients. This was co-designed with input from service users and carers
 - Environmental improvements with replacements windows in Mulberry Ward and Ward 1 at Carseview
 - Installation of new bedroom door sets with door top alarms in Moredun
 - Ligature anchor point risk assessments complete across all of the mental health inpatient specialities and a new programme team is in place to develop and deliver a prioritised programme
- 3.3 Whilst these achievements are significant and reflect the commitment and hard work of staff, it is essential that the planned relocation of service progresses to complete the refurbishment programme to create safe and modern physical environments to improve patient care The level of refurbishment work required on wards is such that it is not safely practicable or feasible to undertake in wards occupied by patients and staff and as such a decant ward is required.
- 3.4 The Mental Health and Learning Disability Service Redesign Programme has encountered a number of delays to the original timeframes, the reasons for these are outlined in the table below:

Logistic Plan	Date	Reason for delay
The use the vacant ward on the Carseview site to commence a refurbishment programme required since 2015	February 2017	An urgent contingency arrangement was initiated to relocate Mulberry Ward, Stracathro Hospital to the vacant Ward on the Carseview site in February 2017. This meant at the start of the programme there was no decant facility to commence refurbishments of General Adult

		Psychiatry Wards on the site Mulberry staff were in a lengthy period of contingency arrangement from the time of relocation up to January 2019 under the organisational change process. This meant an intensive period of HR, staff side, and management commitment to ensure a stabilised position with limited ability to commence plans for LDAU and Flat 1 relocation
Flat 1 Strathmartine to relocate to Faskally Ward, Rohallion Clinic Murray Royal to create a single site low secure service and support Learning Disability Assessment Unit (LDAU) at Carseview to relocate to Strathmartine	September 2018	Complex patient admitted to LD services on Strathmartine site requiring significant adaptations to accommodation. Any movement of staff would de-stabilise the site and create risks relating to site response to clinical emergencies
Proposed relocation of the LDAU from Carseview to Strathmartine site	October 2018	Building risk assessment completed highlighted that work required to support interim refurbishments to the accommodation were not feasible from both a building and cost perspective. This meant LDAU move did not take place as there was no suitable accommodation to relocate to on the Strathmartine site
Amulree and Rannoch rehabilitation ward merger on the Murray Royal site	September 2018	Urgent arrangements required to be implemented to support the delivery of safe care across the rehabilitation and general adult psychiatry ward on the Murray Royal site. This created a vacant ward on the site and a solution to the relocation of LDAU
Planning commenced to relocate LDAU to Rannoch ward by spring 2019.	May 2019	Minor works completed to the vacant ward which included; returning 2 bedrooms from flat accommodation; remedial painting and testing of all facilities; purchase and installation of

		<p>an assisted bath and ceiling hoist; installation of a controlled multi-sensory environment (Snoezelen), new OT equipment and therapy kitchen equipment all in place to support LDAU service relocation. All bedrooms are now ready and have all furnishings in place.</p> <p>Transition team highlighted that there was insufficient staff to progress move of LDAU to Rannoch under the organisational change process. Contingency arrangements required to be explored which was not supported by Area Partnership Forum</p>
Urgent consolidation of small wards on the Strathmartine site to address significant workforce pressures	August 2019	Consolidation was implemented.
Standard bedroom and ensuite bathroom specification designed and prepared for viewing – Carseview site	September 2019	There is now an urgent requirement to progress revised logistical plan to support roll out of the bedroom design across the Carseview site

- 3.5 The Tayside Mental Health Alliance has been established and tasked with mapping out the end to end clinical pathways for mental health services to ensure that the people of Tayside receive the best possible mental health and wellbeing, care and treatment, with a focus on early intervention and reducing stigma.
- 3.6 The Mental Health Alliance, early into its transformation journey, has identified the requirement for a stabilisation phase to bring together a number of initiatives including the MHLDSRP and to allow a coherent programme to be developed to stabilise the services and create a platform for whole system change.
- 3.7 The work of the Alliance will identify strategic opportunities for improvement which will be fed into the respective IJBs and NHS Board to inform their strategic planning decisions in relation to the relevant services. Similarly the Alliance will play an important role in helping to shape operational delivery

models to deliver strategic outcomes of the IJB and NHS Board. Working together we are well placed to transform existing services and to create more efficient, effective and sustainable services which better meet our citizen's needs.

4. INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE

- 4.1 In May 2018, John Brown, the former Chairman of NHS Tayside and Malcolm Wright, former Chief Executive of NHS Tayside, announced that they were commissioning an Independent Inquiry into Mental Health Services in Tayside. The purpose of the commissioned inquiry was to review end-to-end mental health services and how NHS Tayside was implementing recommendations from Healthcare Improvement Scotland and Mental Welfare Commission inspection reports that had taken place.
- 4.2 In May 2019, the Independent Inquiry interim report was published "Capturing the Experiences of Mental Health Services in Tayside". This report presents the views of those people with a lived experience of mental health and their carers who responded to the Inquiry's 'call for evidence'. It also includes the views of some of the organisations who support service users and some staff.

On the basis of the information that the Inquiry had received, the interim report advised;

"There is clearly a need for comprehensive review of mental health strategy rather than simply undertaking a move of beds and sites"

"The proposed changes should not be implemented before there is a comprehensive review of the wider needs of the community, beyond inpatient requirements" (Section 4.6.4)

- 4.3 In response, John Brown, NHS Tayside's Interim Chairman indicated that a review of the risks would be carried out to determine whether to accept this recommendation from the interim report.
- 4.4 Whilst it is acknowledged that end-to-end redesign of mental health care and treatment pathways is required, this will take time and does not address the current clinical and operational risks that the MHLDSRP will mitigate. A review of the relevant risks is outlined in the section below.

5. RISK REVIEW

- 5.1 While respecting the recommendation in the Interim Report, it is important to note that the delivery of the approved MHLDR programme does not preclude the development of a wider mental health strategy that delivers effective and timely inpatient and community support for patients/service users and their carers. These need not be and are not mutually exclusive.
- 5.2 A comprehensive review of mental health services in Tayside and the development of a workplan is now being driven by the Tayside Mental Health

Alliance. As we work together to develop that strategy and to review and redesign care pathways, we cannot lose sight of the fact that some patients will sometimes need bed-based services, which at present are not sustainable in their current model. The MHLDSRP provides the opportunity to ensure that these inpatient services are of the highest quality, are sustainable and that they provide the best environments to deliver patient-centred care.

- 5.3 Furthermore implementation of the MHLDSRP will deliver a better day to day care experience for these patients now, without having to wait for the development and implementation of a wider service strategy and wholesale redesign. Crucially however, as the MHLDSRP is a key strand of the wider strategy it does not cut across or undermine the successful delivery of whole system change in the longer term.
- 5.4 The strategic risks associated with mental health services are clearly documented and reported through NHS Tayside's Care Governance Committee and Strategic Risk Management Group. The risk exposure and the impact are both high. While the developing work of the Tayside Mental Health Alliance will help to reduce the mental health risk profile it is the MHLDR programme that will contribute significantly to reducing the risks in relation to **Workforce** and **Environment of Care**, as follows;

5.4.1 Workforce

Consultant Psychiatrists are a critical component of mental health service delivery. Psychiatrists are medical graduates who have undertaken extended postgraduate training to understand the interdependencies between biological, psychological and social influences on mental (and physical) ill health.

Workforce challenges associated with the supply, recruitment and retention to consultant-grade Psychiatrist posts are recognised as a long-standing national problem. In acknowledgement of this, Scottish Government prioritised psychiatry as the first speciality to go forward as part of their International Recruitment Campaign. Interviews associated with this initiative are complete and offers made to two candidates, both of which will be NHS Locum positions as they do not have the necessary qualifications / experience to practice as a Consultant Psychiatrist and will require development and supervision.

The medical workforce position as of September is that **we currently have 8.85 whole time equivalent Consultant Psychiatrists across the Tayside service, which will reduce to 7.85 in November against a required establishment of 23.6**. Despite successive and imaginative attempts to recruit, including through an appeal via the Scottish Government to other NHS Board areas, we have been unsuccessful.

With only 37% of our Consultant Psychiatrist workforce service delivery is at a critical stage and we are at great risk of not providing safe, effective and sustainable patient care. Until we have redesigned services and created

posts that are less dependent on Consultant Psychiatrists we need to consolidate our limited specialist expertise. There is a strong senior clinical view that this is best achieved by delivering the MHLDSRP and with increasing pace.

Nurses

The NHS National Services Scotland Workforce Report published in June 2019 indicates that there are 495.6 whole time equivalent vacancies for Mental Health Nurses across Scotland.

The current age profile of the RMHN workforce in Tayside is such that 36.5% of the workforce is over 50, who can either retire in the next five years or are already working past 55 years. This amounts to not only a significant reduction in workforce numbers, but also a loss of valuable skills, knowledge and experience.

The main source of Registered Mental Health Nurse recruitment in Tayside is through the mental health undergraduate nurse programmes at the University of Dundee and the University of Abertay. Currently there are two opportunities each year to recruit Newly Qualified Practitioners (NQPs) from the local programmes. Recruitment of NQPs has consistently been between 45 - 50 NQPs a year, which enables recruitment to broadly keep pace with rates of retirement only. However, some Registered Nurses leave for reasons other than retirement and may be promoted or attracted to other posts within different services.

57 NQPs have been recruited to services this year from the 2019 graduate group.

Locum Doctors

There are currently nine services with no substantive Consultant Psychiatrist as outlined in the list below. These services are fully dependent upon Locum Agency Consultant.

- Dundee Community Mental Health Team West
- Angus Community North
- Rehabilitation in patient ward
- Intensive Psychiatric Care Unit at Carseview,
- Crisis Care and Home Treatment Service,
- Moredun Ward at Murray Royal Hospital,
- Ward 1 at Carseview,

The cost pressure for Inpatient Mental Health and Learning disability services is as a result of locum premium costs to fill the medical vacancies circa £1,700k. This is over and above the funding released through the medical vacancy.

Doctors in Training

Doctors in training contribute significantly to the service whilst gaining their clinical experience. However, failure to provide a suitable learning environment with day-to-day Consultant Supervision creates a significant risk to the withdrawal of approval for training. NHS Tayside is already on enhanced monitoring which is a condition attached to our training status by the General Medical Council (GMC) due to concerns about the quality of the training environment.

Doctors in training have already been transferred to other areas due to the quality of the training environment and a lack of appropriate Consultant grade support and supervision. There is an action plan whereby progress is reported quarterly to East of Scotland Deanery, to NHS Education for Scotland (NES) through to Scottish Government a condition initiated for all Boards under enhanced monitoring arrangements. There will be a further visit by the GMC and NES in October and it is critical we are able to demonstrate that action has been taken to optimise our Consultant workforce to support delivery of effective supervision and support to our trainees.

5.4.2 Environment

The importance of accelerating the inpatient ward refurbishment through the planned relocation of services has been stressed in this paper. Failure to pursue the programme places patients at risk, in particular through denying access to a purpose-built specification that promotes safety, privacy and dignity within the care environment. This is a core element of Scotland's National Health and Care Standards (2018) which set out what service users should expect from health and social care services; "I experience a high quality environment if the organisation provides the premises"

- 5.5 The continuation and acceleration of the current MHLDSRP will enable clinical and operational risks which compromise the safety and sustainability of the service to be addressed in a planned and effective way.
- 5.6 The current risks are critical and were the programme to be delayed or deferred there is every likelihood that the need for NHST to ensure patient safety and adequate clinical care will necessitate an operational intervention to address these issues, as a matter of urgency.
- 5.7 An assessment of the risks/benefits of progressing or deferring the MHLDSRP are outlined below;

Implications of Deferring the MHLDSRP	Benefits of Accelerating MHLDSRP
We continue to have insufficient medical staff to provide required safe and sustainable services across inpatient and community.	We optimise the substantive consultant workforce to ensure safe delivery of care and treatment to patients.

The continuation of Doctors in Training within the service will be jeopardised due to the lack of available Consultant grade supervision	We build our reputation as an effective learning environment for doctors, nurses and other professionals in training, creating centres of excellence optimising use of our skilled staff.
We will face reputational risk and complaints from carers who have already visited the refurbished Rannoch Ward at Murray Royal ahead of the planned move	We honour our commitment and ensure our service users have access to appropriately designed environments of care.
The Ligature Anchor Point Reduction programme for GAP will cease and NHS Tayside will not be compliant with the Health and Safety Executive Improvement Notice.	We demonstrate our commitment to the carefully planned redesigned programme taking cognisance of the original drivers for change, the current service pressures and the rigorous process applied in reaching the approval stage to create safe environment of care for service users.
The planned refurbishment of inpatient wards will cease	We demonstrate our commitment to service users who have actively engaged in the development of the design of environments of care, and we follow through on our plans. Our new environments will greatly enhance the safety, privacy and dignity of services users and staff

6. CONCLUSION

- 6.1 The compelling reasons that informed the design of the approved MHLDR Programme remain and this report has sought to outline the risks that would arise were we to suspend the current programme.
- 6.2 It is acknowledged that there is a requirement for end to end pathway design across the mental health services in Tayside; however this is not predicated on the suspension of the redesign programme. The new Tayside Mental Health Alliance will engage with service users and carers and with the third sector to explore opportunities and to help inform the design and delivery of new models of care. The priorities for the work programme are identified and design authority groups will be established to progress the work, sponsored and overseen by the Tayside Mental Health Alliance. This work is now incorporated into the Transforming Tayside Strategic Programme, which reflects the priority being given to the work of the Alliance. It also brings programme resource, robust governance and effective engagement activity.
- 6.3 As reflected in the national Mental Health Strategy the balance of care must shift towards community-based services, whilst ensuring that people who need inpatient care have access to specialist, high quality care environments that support their recovery. In particular, in conjunction with the three HSCPs with their focus on community services, there is now an urgent requirement to re-model the current in-patient mental health service in a way that makes the

best use of our skilled workforce to provide patients with the right care, in the right place, at the right time.

7. RECOMMENDATION

Perth and Kinross IJB are asked to;

- Consider the content of this report and provide constructive comment
- Note the significant clinical and operational risks which the services are currently experiencing and the impact on patient safety and the quality of care.
- Endorse the continued implementation of the approved MHLDSRP and ask officers to prepare a revised programme plan with key milestones and a timeline
- Commit the Chief Officer to provide regular reports on progress, risk and delivery of the MHLDSRP
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- ongoing work to support the IJB in shaping their strategic outcomes for the service

Author(s)

Name	Designation
Arlene Wood Keith Russell	Associate Director Mental Health Associate Nurse Director Mental Health

Sign Off

Name	Designation
Gordon Paterson	Chief Officer/Director of Integrated Health & Social Care, P&K Health and Social Care Partnership
Professor Peter Stonebridge	Interim Medical Director, NHS Tayside

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