



NHS Greater Glasgow and Clyde  
Dykebar Hospital, Paisley

## **Intensive Psychiatric Care Units**

Service Profile Exercise ~ *November 2009*

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## Background

The Scottish Government's national mental health benchmarking project (January 2008) defined intensive psychiatric care units (IPCUs) as:

'...a multi-disciplinary team with specialised training; the ratio of nursing staff will be higher than a general psychiatric ward. The service is recovery focused; it provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation.' (Technical Appendix, January 2008).

The National Mental Health Services Assessment: Towards implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003 (March 2004) Report highlighted specific challenges faced by IPCUs in light of changes in mental health legislation. In particular, the report outlines the dual function often ascribed to IPCUs where they function as both a low level secure forensic unit and as an extension of general adult inpatient psychiatric services. This is further complicated by the need for appropriate care environments for females, adolescents, older adults and those with learning disability. The report concludes that "IPCU provision is a small but important part of services... and should remain central to planning decisions when implementing the [Mental Health (Care and Treatment) (Scotland)] Act."

## Introduction to the IPCU project

There is very little published UK data about IPCUs. The NHS Quality Improvement Scotland (NHS QIS) 3-year strategic work programme, Improving the Quality of Mental Health Services, 2005–2008 recognised this and included a commitment to undertake an audit of IPCUs in Scotland. Before undertaking any work to assess how services are delivered within IPCUs, it is important that we have a clear picture of:

- how many IPCUs there are across Scotland
- the arrangements in place in NHS board areas that do not have local IPCU provision
- how the IPCUs are structured and staffed
- the relationships between IPCUs and other mental health services, and
- the referral pathways both in and out of IPCUs.

In order to gather this background information it was agreed that the IPCU project would be delivered in two distinct stages. Stage 1 is a national service profiling exercise covering all of the territorial NHS boards in Scotland.

In a parallel piece of work during Stage 1, the views and experiences of people who have received IPCU care and their informal carers will be sought. This work is being supported by Better Together, Scotland's national patient experience programme and is being delivered in collaboration with the Mental Welfare Commission for Scotland.

This report contains the service profiling information. The user and carer experience information will be included in a national overview report alongside the service profile information. The national overview will be published in spring 2010 and will give a full representation of the national picture from both the perspective of those who provide services, and those who use them. The service profiling findings, along with the views and ideas of service providers and service users and carers that have been sought and captured during Stage 1 of the project will inform the detail of Stage 2.

The service profiling process has two key parts: local information gathering and follow-up meetings. Using a service profiling questionnaire produced by NHS QIS, each NHS board gathered information on the IPCUs in its local area. These data were submitted, together with supporting evidence if applicable, to NHS QIS prior to the follow-up meeting. Follow-up meetings were held with local staff between May–July 2009 to discuss the responses provided by the NHS board and seek clarification on any issues.

This report presents the information supplied in the service profile form and gathered at the follow-up meeting with **NHS Greater Glasgow and Clyde** on **21 May 2009**.

# 1 Overview of local mental health services

Greater Glasgow and Clyde is a relatively compact region with a densely populated urban core and is situated in west-central Scotland with a population of around 1,192,419.

As part of the redesign of its adult mental health services, NHS Greater Glasgow and Clyde has established a mental health partnership to oversee and co-ordinate services across the NHS board area. The partnership is a coalition of six community health and care partnerships (CHCPs). These involve joint management arrangements with Glasgow City Council (five CHCPs) and East Renfrewshire Council to provide integrated healthcare and social services to local communities. There are also four community health partnerships (CHPs) where services are managed with local authority partners in East Dunbartonshire, West Dunbartonshire, Inverclyde and Renfrewshire. The NHS board is also a minor partner in both the North Lanarkshire CHP and the South Lanarkshire CHP.

NHS Greater Glasgow and Clyde is also responsible for partnerships for addictions, learning disability and homelessness. As with adult mental health, these specialist partnerships oversee services for their respective client groups which ensures a uniform approach to service planning and delivery.

Adult mental health acute, rehabilitation and secure inpatient services are provided as follows.

<b>NHS Greater Glasgow and Clyde</b>	
<b>Dykebar Hospital, Paisley</b>	<b>Number of beds</b>
Acute mental health admissions	45
IPCU – Arran Ward	8
Low secure forensic learning disability	8
Mental health – elderly care inpatient beds	62
Mental health rehabilitation inpatient beds	20
<b>Gartnavel Royal Hospital, Glasgow</b>	<b>Number of beds</b>
Acute mental health admissions (adults)	60
IPCU	12
Acute mental health admissions (older adults)	25
Mental health rehabilitation inpatient beds	30
<b>Leverndale Hospital, Glasgow</b>	<b>Number of beds</b>
Acute mental health admissions beds (adult including beds at southern general)	88
mental health elderly care inpatient beds	58
mental health rehabilitation - inpatient beds	14
IPCU	12
Low secure forensic learning disability	8
Low secure forensic rehabilitation	41
<b>Parkhead Hospital, Glasgow</b>	<b>Number of beds</b>
Acute mental health admissions	72
Acute mental health admissions (older adults functional illness)	16
Acute mental health admissions (older adults organic illness)	21
Mental health rehabilitation	8

<b>NHS Greater Glasgow and Clyde (continued)</b>	
<b>Rowanbank Clinic, Glasgow</b>	<b>Number of beds</b>
Medium secure mental health care	74
<b>Stobhill Hospital, Glasgow</b>	<b>Number of beds</b>
Acute mental health admissions	60
IPCU	12

## **2 Intensive psychiatric care unit provision**

NHS Greater Glasgow and Clyde has four IPCUs. They are located within Dykebar Hospital, Gartnavel Royal Hospital, Leverndale Hospital and Stobhill Hospital. This report will cover IPCU provision at Dykebar Hospital only. Separate reports will be prepared for each of the remaining IPCUs.

Dykebar Hospital covers the south Clyde area which comprises the Renfrewshire and Inverclyde CHPs.

The IPCU, Arran Ward, has a total of eight inpatient beds comprised of one four-bedded dormitory and four single rooms, none of which have en-suite toilet or bathing facilities. It is relatively old and has undergone some physical restructuring work in the past. NHS Greater Glasgow and Clyde acknowledged that the physical environment is poor.

There is no formal policy or protocol for admission of out-of-area referrals to the IPCU. In practice, referrals from outwith the hospital's catchment sector areas are accepted if alternative IPCU beds are unavailable locally.

### **2.1 Admission to IPCU**

The IPCU accepts both male and female patients over the age of 18. At the time of the service profiling exercise, there were no formal admission criteria or admission and discharge guidance in place. In practice, patients would be admitted based on discussions between the referring ward and IPCU staff, and on the condition that a full risk assessment had been carried out.

A draft operational policy has been developed. This policy is comprehensive and advocates a recovery-focused and patient-centred approach. It recognises the importance of involving the person as fully as possible in the planning and delivery of their care and outlines a least restrictive approach to interventions, relative to clinical condition.

The draft policy includes the following criteria for admission to the IPCU:

- patients admitted to the IPCU will have behavioural difficulties which seriously compromise their physical or psychological well being, or that of others, and cannot be safely assessed or treated in an open acute inpatient facility
- admission to the IPCU is due to a new episode or to an acute exacerbation of the patient's condition, and

- there must be agreement between referrer and admitting unit on the positive benefits expected to be gained from the time limited admission including a clear rationale for assessment and treatment.

It is anticipated that the draft operational policy will be reviewed and validated by the NHS Greater Glasgow and Clyde IPCU forum. All patients admitted to the IPCU would ordinarily be detained under either the Mental Health (Care and Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995.

## 2.2 Model of care provision

The IPCU has an average of six sessions of dedicated consultant psychiatry input each week. Outwith these sessions, the duty doctor provides medical input to the ward. There is also a dedicated IPCU nursing team and dedicated input from occupational therapy technical instructors who deliver recreational sessions on the ward. There is no dedicated social work or clinical psychology input, nor administrative support. Some patients do receive psychology input when in the IPCU; this is arranged on a case-by-case basis through discussions between the consultant psychiatrist and the psychotherapy department. For people who require dietetics, podiatry or speech and language support, in-reach is arranged through the relevant CHP.

Formalised provision of psychology occupational therapy and administrative support is being considered as part of service redesign work.

IPCU staffing profile in Dykebar Hospital		Whole time equivalent (WTE)
<b>Medical</b>	General adult psychiatrist	0.4
<b>Nursing</b>	27 WTE (qualified and unqualified):	
	Band 7	1
	Band 6	7
	Band 5	13
	Band 3	6
<b>Allied health professionals</b>	Occupational therapy technician/assistant	1

The usual nursing complement on the ward for any shift is five; this would include a minimum of two registered staff. There is no formal guidance in place about the gender ratio of staff. In practice, the ward manager tries to ensure an even split of male and female staff on each shift. The current redesign of services has resulted in increased availability of nursing staff on the Dykebar Hospital site. This has reduced the necessity to use agency or nursing bank staff to cover any shortfalls or vary the staffing profile. The local policy is to rotate staff between clinical settings every 18–24 months. NHS Greater Glasgow and Clyde reported that, due to the redesign work, this policy had been halted. It is likely that routine rotation of staff would recommence when the redesign work is complete.

A multidisciplinary ward meeting is held weekly. Between these formal meetings, there is ongoing discussion regarding patients between the nursing and medical staff. In addition, a physical description of each patient accompanies their Kardex which also includes physical, medication and nursing observations.

There is no formal process for involvement of patients and carers in multidisciplinary meetings and in care planning, however, on a case-by-case basis, people are encouraged and supported to become involved.

#### **Example of a local initiative...**

Dykebar Hospital IPCU has a locally developed protocol which outlines procedures to ensure the safety of children and young people visiting friends or family members in the IPCU.

### **2.3 Discharge from IPCU**

NHS Greater Glasgow and Clyde reported historical difficulties with IPCU bed management. Reductions in bed numbers in the continuing care wards have often resulted in delays in finding vacant beds to accommodate IPCU patients on discharge. There is an informal agreement in place to address this and the first available acute beds would be prioritised for IPCU patients who are ready for discharge. If no suitable bed is available on an open ward, the patient was transferred in from, an escorted day pass may be issued to allow them some additional freedom until a suitable bed becomes available. In exceptional circumstances, overnight passes may also be issued.

NHS Greater Glasgow and Clyde highlighted some issues with arranging discharge of out-of-area patients. There are no formalised protocols for ensuring that a discharge plan is agreed with the referring area when the patient is admitted to the IPCU. This can result in blockages in the system and people remaining out-of-area for longer than is necessary.

## **3 Demographics**

The total adult population aged 16–64 served by the IPCU is approximately 163,911.

### **3.1 Numbers of IPCU admissions**

The electronic Patient Information Management System (PiMS) records information on all inpatient mental health admissions including admissions to IPCUs. Data from PiMS indicate that there were 78 admissions to Arran Ward during 2008.

### 3.2 Nature of admissions

The 78 admissions during 2008 can be further broken down as follows:

IPCU admissions to Dykebar Hospital in 2008		
<b>Age</b>	Under 18	3
	18–30	30
	31–50	37
	51–65	7
	Over 65	1
<b>Gender</b>	Male	59
	Female	19
<b>Ethnicity</b>		Data not available
<b>Detention status</b>	Civil law	57
	Criminal law	1
	Informal (elective)	20
<b>Out-of-area admissions</b>	Formal agreement	0
	No formal agreement	0

As previously reported, Dykebar Hospital does admit female patients. Females would be accommodated in the single bedrooms and information relating to their safety, privacy and dignity would be recorded in their care plan. While there are no en-suite facilities, if there are females on the ward, they would be designated female only bathroom and bathing facilities. Also, where possible, there is at least one female member of nursing staff on each shift.

### 3.3 Management of other population groups

Dykebar Hospital will admit patients who are under the age of 18. In practice, however, this rarely happens. The number of under 18s admitted to the IPCU in 2008 totalled three. There is local guidance in place for the safe management of young people in the IPCU; this is based on guidance issued by the Mental Welfare Commission. Under 18s are always allocated single rooms. In very exceptional circumstances under 16s would also be admitted. When this happens there is close liaison with child and adolescent mental health (CAMH) and CAMH keyworkers would input to the young person's care while they are in the IPCU.

Admission of older adults is also uncommon; only one patient over the age of 65 was admitted in 2008. As with young people, older adults would be allocated a single bedroom. Risk and needs assessments would be carried out through the comprehensive assessment process and any special requirements would be incorporated into the individualised care plan.

Detained patients who have a primary diagnosis of learning disabilities are occasionally admitted to single bedroom accommodation within the IPCU. When this happens, the IPCU staff liaise closely with the local community learning disability team to ensure their safe management and continuity of keyworker input.

Dykebar Hospital rarely admits patients stepping down from higher levels of secure care. In practice, such patients would be admitted to either the low

secure forensic beds at Leverndale Hospital or to the medium secure Rowanbank Clinic, Glasgow.

For previous step-down cases, a series of preparatory meetings were held and attended by IPCU staff, the referring team and the patient. At these meetings, a staged transfer plan was developed prior to making the decision to accept the step-down patient into the IPCU. To ensure continuity for the patient, in some cases, key members of the referring team will visit the IPCU for a period of time during the transitional phase.

#### **4 Links with other secure mental health provision**

As previously reported, there are both medium and low secure dedicated inpatient forensic beds in NHS Greater Glasgow and Clyde. The medium secure Rowanbank Clinic accepts both male and female forensic patients and forensic patients with learning disabilities. In addition, there are low secure forensic learning disability beds at Dykebar Hospital, and both low secure forensic learning disability and forensic rehabilitation beds at Leverndale Hospital. At the time of the service profiling exercise, there were no designated low secure forensic beds for females and two patients were being accommodated at the Ayr Clinic, a privately run secure facility in Ayr.

#### **5 Governance arrangements**

The south Clyde local care governance networks report into the NHS board care governance executive group and the operations group. NHS Greater Glasgow and Clyde also has an IPCU forum which meets every two months. The forum has multidisciplinary representation from each of the four IPCUs and provides the opportunity for discussion about organisational-wide operational issues. At the time of the service profiling exercise, the draft IPCU operational policy was agreed by the South Clyde Care Governance network and the South Clyde IPCU Redesign Group. This only applies to South Clyde IPCU service. The wider GG&C IPCU forum is however looking at developing a policy that encompasses the same principles but this is not complete as yet.

The group overseeing the IPCU redesign project has service user and carer membership. This has been primarily through ACUMEN - a support network for mental health service users and carers who are residents of the Argyll and Clyde area.

There is a rolling programme of core and elective audit in place at Dykebar Hospital. This includes, for example, audit of: care plans, clinical observations, supervision, care planning, record-keeping and medication. Four areas are looked at on a monthly basis, two of these are always core areas. The core audit data is used by the senior charge nurses to produce action plans to address any areas of deficiency. Progress with all audit activity is shared with staff at team meetings.

Staff training needs are monitored through the NHS Knowledge and Skills Framework and the local performance development appraisal system. NHS Greater Glasgow and Clyde has a service level agreement with the University of the west of Scotland and staff can access learning opportunities there; there is also a staff bursary scheme in place. In planning for the redesign of services, there is an aspiration that staff who are unable to relocate will be given the opportunity to retrain.

## **6 Plans for service development**

NHS Greater Glasgow and Clyde has made significant investment in a programme of work to radically improve and modernise its mental health services. The Clyde Modernising Mental Health Strategy, which covers adult and older adult mental health services in Inverclyde, Renfrewshire, West Dunbartonshire and East Renfrewshire, includes proposals to transfer the existing IPCU beds at Dykebar Hospital to another site in the south Clyde catchment area and to co-locate the IPCU with adult acute mental health admissions to ensure better access to psychiatric medical expertise and nursing support.

## **7 Other points to note**

NHS Greater Glasgow and Clyde highlighted the motivation of staff members at Dykebar Hospital, particularly during a period of major service redesign.

## Appendix 1 – Glossary of abbreviations

### Abbreviation

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<b>CAMHS</b>	child and adolescent mental health services
<b>CHCP</b>	community health and care partnership
<b>CHP</b>	community health partnership
<b>IPCU</b>	intensive psychiatric care unit
<b>NHS</b>	National Health Service
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>PiMS</b>	Patient Information Management System
<b>WTE</b>	whole time equivalent