



NHS Highland  
Argyll & Bute Hospital, Lochgilphead

## **Intensive Psychiatric Care Units**

Service Profile Exercise ~ *November 2009*

NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website ([www.nhshealthquality.org](http://www.nhshealthquality.org)). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.

© NHS Quality Improvement Scotland 2009

First published November 2009

You can copy or reproduce the information in this document for use within NHSScotland and for educational purposes. You must not make a profit using information in this document. Commercial organisations must get our written permission before reproducing this document.

Information contained in this report has been supplied by the NHS board concerned, unless otherwise stated, and is believed to be reliable on publication.

**[www.nhshealthquality.org](http://www.nhshealthquality.org)**

# Contents

Background	1
<hr/>	
1 Overview of local mental health services	3
<hr/>	
2 Intensive psychiatric care unit provision	4
<hr/>	
2.1 Admission to IPCU	4
2.2 Model of care provision	4
2.3 Discharge from IPCU	6
3 Demographics	6
<hr/>	
3.1 Numbers of IPCU admissions	6
3.2 Nature of admissions	6
3.3 Management of other population groups	7
4 Links with other secure mental health provision	8
<hr/>	
5 Governance arrangements	8
<hr/>	
6 Plans for service development	9
<hr/>	
7 Other points to note	9
<hr/>	
Appendix 1 – Glossary of abbreviations	10
<hr/>	

## 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 disabilities. 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 meetings. 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 the discussions at the follow-up meeting with **NHS Highland** on **19 May 2009**.

# 1 Overview of local mental health services

Highland covers a large geographical area situated in the north and west of Scotland and has a population of around 308,790. The city of Inverness is the largest urban area in the region, although most of the population live in rural areas which may be remote, including islands.

NHS Highland operates as a single integrated system with one specialist operating division known as direct health services. This comprises the specialist services unit which delivers specialist acute services, provided mainly at Raigmore Hospital, Inverness, and four community health partnerships (CHPs): North Highland CHP based in Wick, Mid Highland CHP based in Invergordon, South East Highland CHP based in Inverness, and Argyll & Bute CHP based in Oban and Lochgilphead.

Each CHP is responsible for delivering mental health services within their catchment area. This enables many people to receive support and care in their home locality.

South East Highland CHP hosts inpatient mental health services which are provided at New Craigs Hospital, Inverness, for all NHS Highland residents, except those who live in the Argyll & Bute CHP area where inpatient services are provided at Argyll & Bute Hospital, Lochgilphead.

<b>NHS Highland</b>	
<b>Argyll &amp; Bute Hospital</b>	<b>Number of beds</b>
Acute mental health admissions beds (adult)	26
Dementia Assessment	16
IPCU	12
Long stay rehabilitation	16
Mental health – older adults care inpatient beds	27
Mental health rehabilitation – inpatient beds	16
<b>New Craigs Hospital</b>	<b>Number of beds</b>
Acute mental health admissions	60
Low secure mental health rehabilitation (including low secure forensic psychiatry)	8
Mental health – older adults care inpatient care	32
IPCU - Affric Ward	12
Learning disability assessment and treatment	4

There are close links between the inpatient services and the various community mental health teams in each CHP area.

Mental health services are also provided in a number of small community-based units or day hospitals, and psychiatric outpatient clinics are held in many of the smaller community hospitals.

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

NHS Highland has two IPCUs, one in Argyll & Bute Hospital and one in New Craigs Hospital. This report will cover provision at Argyll & Bute Hospital only. A separate report will be prepared for New Craigs Hospital.

The Argyll & Bute Hospital IPCU covers the Argyll & Bute CHP area and has capacity for 12 inpatient beds. At the time of the service profiling exercise, the unit was functioning as a nine-bedded unit. NHS Highland reported that IPCU bed numbers might be further reduced, possibly to six beds, as part of NHS Highland's emphasis on a community-based approach to mental health care.

### **2.1 Admission to IPCU**

The IPCU accepts both male and female patients over the age of 18 and there is a formal referral protocol in place. The protocol acknowledges the principle of exploring all treatment options to ensure a least restrictive approach. There are no documented exclusion criteria for admission to the IPCU, however the assumption is that the behaviours demonstrated are reversible and not related to an ongoing condition, for example dementia. There are three broad categories for admission – emergency, elective and forensic. Emergency admission is considered when a person is exhibiting behaviour that, despite intervention and medication if appropriate, continues to be incompatible with safe and therapeutic management in any other ward in the hospital.

For referrals from within the hospital, the decision to transfer is largely nurse led. On receipt of a referral request, a member of the IPCU team would meet with staff from the referring ward to discuss the case, complete the referral request form and agree if IPCU admission is appropriate. Admissions from outside the hospital, directly to the IPCU, would only be considered in exceptional circumstances. The IPCU will also accept planned referrals from out-of-area. Such referrals are, however rare largely due to the geographic isolation of the unit and logistics of transfer.

Forensic admissions are only considered if the referral request comes via a consultant psychiatrist. Prior to making the decision to admit a forensic patient, a bed and staffing status check would be carried out and a full risk assessment undertaken.

### **2.2 Model of care provision**

The IPCU has one lead consultant psychiatrist and a dedicated IPCU nursing team. Care is delivered using a combined consultant and nurse led approach. The IPCU consultant assumes responsible medical officer functions while the person is in the IPCU. In addition, the clinical assistant has approved medical practitioner status and is flexible in their input based on clinical need.

An occupational therapist (OT) and OT technical instructor deliver two fixed group sessions each week. These are attended by patients from both the

IPCU and the rehabilitation ward. Some patients will have one-to-one OT input and access to the therapies kitchen, woodwork room and computer room if it is specifically outlined in their care plan. The IPCU also has dedicated physiotherapy input. NHS Highland reported that it is easy for patients to access this support if required. The physiotherapist delivers basic exercise programmes, specific treatments, for example, for patients with arthritic conditions, and relaxation strategies.

Availability of clinical psychology is limited. There is clinical psychology input to assessments, but sufficient resource is not available to support continuing therapies when the person is in the IPCU. The nursing staff will support patients to use wellness recovery action planning (WRAP).

There is no dedicated social work input to the IPCU, this is arranged on case-by-case basis. Similarly, dietetics and pharmacy input is arranged based on individual patient needs.

IPCU staffing profile		Whole time equivalent (WTE)
<b>Medical</b>	Consultant psychiatrist	0.3
	Foundation year 2 (FY2) doctor	0.5
	Clinical assistant	0.1
<b>Nursing</b>	17.65 WTE (registered and unregistered):	
	Band 7	1
	Band 6	3
	Band 5	6.45
	Band 3 (unregistered nursing assistant)	7.2
<b>Clinical psychology</b>	As required	
<b>Social work</b>	As required	
<b>Allied health professionals</b>	Occupational therapist	0.5
	Occupational therapy technician	0.5
	Physiotherapist	0.2
<b>Administrative staff</b>	Administrative support	0.13

The minimum nursing complement on the ward for any shift is three; this would include a minimum of two registered staff. Where possible there is a female staff member on every shift. At the time of the service profiling exercise, all of the nursing staff complement had more than one year's mental health nursing experience.

There is a policy in place to guide staff on how to call for additional assistance if required. NHS Highland reported that the recent redesign of mental health services has impacted on nursing recruitment. At the time of the service profiling exercise, staff could only be recruited on temporary or fixed-term contracts. It was reported that using overtime and/or nursing bank staff is the preferred option to supplement nursing numbers. However, the past 3 years has seen increased necessity to use agency nursing staff to cover any short-falls in the nursing staff complement. At the time of the service profiling exercise, NHS Highland reported three current vacancies within the IPCU nursing team.

A joint multidisciplinary patient-focused meeting is held weekly and patients have the opportunity to sign-off their review sheet. In addition, the consultant psychiatrist holds three morning 'kardex' review sessions each week.

### 2.3 Discharge from IPCU

The IPCU referral protocol includes a discharge procedure. In all but exceptional circumstances, patients would be first discharged to the referring ward, or to the general admissions ward in the case of people who have been admitted from the community. This is to ensure adequate contact and follow-up from the sector team on discharge. NHS Highland reported that, in practice, people move from IPCU to the acute admissions ward then to the rehabilitation ward before returning to the community. This process is usually straightforward. In instances where acute or rehabilitation beds are not available, patients would attend the open ward as day patients and return to the IPCU in the evening until a bed becomes available.

## 3 Demographics

The total adult population aged 18–64 served by the IPCU is approximately 38,000. This includes people living in Campbeltown, Dunoon, Oban and on the Isle of Bute.

### 3.1 Numbers of IPCU admissions

The ward information system holds a range of information on IPCU patients including their date of birth, gender and detention status. Ethnicity is not recorded on this system; for detained patients this information is available on their detention papers. Data from the ward information system indicates that there were 39 IPCU admissions in 2008; two of these were out-of-area referrals.

### 3.2 Nature of admissions

The 39 admissions in 2008 can be further broken down as follows:

IPCU admissions to Argyll & Bute Hospital April 2008–March 2009		
<b>Age</b>	Under 18	0
	18–30	4
	31–50	31
	51–65	4
	Over 65	0
<b>Gender</b>	Male	26
	Female	13
<b>Ethnicity</b>	White British	37
	USA	1
	Irish	1
<b>Detention status</b>	Civil law	28
	Criminal law	1
	Informal (elective)	10
<b>Out-of-area referrals</b>	Formal agreement	0
	No formal agreement	2

Accommodation for females comprises three single bedrooms and separate toilet facilities. Communal areas, such as the sitting room, are shared with male patients. NHS Highland reported that staff are mindful of the need to actively address the gender mix and, as such, additional risk assessments are carried out when necessary. As previously reported, as far as possible there would always be at least one female staff member on each shift. It was noted that the IPCU has declined female admissions in the past due to the increased risk posed by particular male patients. Privacy issues and observation policies will be addressed as part of the planned service redesign.

Length of stay in the IPCU varies from patient to patient. Patients have been admitted for as few as two days and some may have been in the IPCU for a number of years. The average length of stay is approximately 4–6 weeks.

### **3.3 Management of other population groups**

Argyll & Bute CHP has a service level agreement (SLA) with NHS Greater Glasgow and Clyde for the provision of adolescent mental health beds. Occasional difficulties in accessing these beds were reported. In such circumstances, the IPCU would exceptionally admit young people under the age of 16 years. It was reported that in practice, this is extremely rare and there had been no instances in the 12 months prior to the service profiling exercise. NHS Highland reported that consultant child and adolescent psychiatry would be involved in any such admission and, where requested, child and adolescent community psychiatric nurses will attend the IPCU. In all cases, the young person would be placed under constant observation.

Patients over the age of 65 are rarely admitted to the IPCU. When this is necessary, a comprehensive assessment is undertaken which includes a physical assessment of risk. The Morse Falls Risk Assessment Tool is used as an initial physical screening measure. The physiotherapist would input to a falls prevention assessment as necessary and the Malnutrition Universal Screening Tool (MUST) is used. Older adults would be allocated a single bedroom and staffing complement would be adjusted accordingly relative to their needs.

There are no local assessment and treatment beds for people with learning disabilities. Historically, people with learning disabilities have been managed wholly in the community. Patients who have a primary diagnosis of a learning disability are occasionally admitted to the IPCU. In these cases there is close liaison between the learning disability consultant and the local team. As with older adults, staffing complement would be adjusted relative to their needs.

The IPCU will admit forensic patients stepping down from higher levels of secure care. Staffing levels and expertise would be reviewed to ensure that such patients are managed as safely as possible within the IPCU setting. NHS Highland reported that some IPCU staff are undertaking the New to Forensic Programme.

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

There are no low secure psychiatric rehabilitation beds or non-IPCU secure beds for management of behavioural disorder associated with learning disabilities or acquired brain injury within Argyll & Bute Hospital. Across NHS Highland as a whole, there is no medium or low secure dedicated inpatient forensic provision. In the past, the Orchard Clinic, Edinburgh has been used for forensic patients and more recently Rowanbank Clinic, Glasgow. There is an SLA in place with NHS Greater Glasgow and Clyde for accessing Rowanbank Clinic. Links have been established with the Glasgow community mental health forensic team and all referrals to Rowanbank Clinic are routed through that team.

NHS Highland is linked into the planning process for the North of Scotland Regional Medium Secure Service and intends to purchase four beds within this new facility.

## **5 Governance arrangements**

The clinical governance and risk management group meets quarterly and is the structure for monitoring and reporting on the effectiveness of local mental health services. At the time of the service profiling exercise, an acute clinical inpatient forum had recently been established. The forum meets monthly and there are plans to merge it with the existing management advisory group. NHS Highland reported that direct carer and relative input to service planning groups is more difficult to sustain. This is often due to the distance that people require to travel to attend meetings. The option to input by telephone or video link is available.

The work around redesign of mental health services has been inclusive of NHS board and local authority staff, service users, carers and the general public. Public consultation meetings were held to allow people to give their views.

Staff training needs are monitored through the NHS Knowledge and Skills Framework, personal development plans and local management systems. Management of violence and aggression; fire safety; and moving and handling training are mandatory for all staff. Attendance at all mandatory courses is recorded on a training register. At the time of the service profiling exercise, the priorities for additional training were in the areas of management of aggression and therapeutic management. A programme of Train the Trainer courses in these areas was being delivered by staff from Dykebar Hospital, Paisley. Following this, the additional training will be rolled out to staff at Argyll & Bute Hospital. Some staff have continued their professional development by undertaking specialist training including Focus on Mindfulness and WRAP. Two of the IPCU nurses are taking a cognitive behavioural therapy degree course through the University of the West of Scotland.

## **6 Plans for service development**

At the time of the service profile exercise, NHS Highland was developing plans for the redesign and modernisation of mental health services across the Argyll & Bute region. The work is being led by Argyll & Bute CHP and external consultants. Five proposals will be submitted to NHS Highland in June 2009 and, subject to approval, work is scheduled to commence in September 2009. It is likely that as part of this redesign of services, IPCU bed numbers will reduce to six.

## **7 Other points to note**

NHS Highland highlighted the good availability of progressive and person-centred independent advocacy services in the Argyll & Bute area.

In addition, the dedication of staff and their flexible attitude to working between wards was noted. In common with this flexible attitude, it was reported that there is a real appetite among staff members to develop their knowledge and skills by undertaking specialised training.

Recruitment of nursing staff is reportedly an issue due to the geographic location and re-provisioning of mental health services.

## Appendix 1 – Glossary of abbreviations

### Abbreviation

---

<b>CHP</b>	community health partnership
<b>IPCU</b>	intensive psychiatric care unit
<b>MUST</b>	Malnutrition Universal Screening Tool
<b>NHS</b>	National Health Service
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>OT</b>	occupational therapist
<b>SLA</b>	service level agreement
<b>WRAP</b>	wellness recovery action planning
<b>WTE</b>	whole time equivalent