Western Isles Health Board

Meeting:	**BOARD MEETING**
Date:	27.06.18
Agenda Item:	7.1.2
Paper Number:	
Location of Full Report:	N/A
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Executive Sponsor:	Dr. Maggie Watts, Director of Public Health / Caldicott Guardian

TITLE: MENTAL HEALTH SERVICES REDESIGN WORKSTREAM PROGRESS REPORT

Purpose:	• To provide an update on progress of the Mental Health Services Redesign Workstreams.

Recommendation:	*The Board / Committee is invited to:*	
	Note for Information / Assurance	✓
	Approve	
	Discuss	

Summary / Key Points:	
	The Mental Health Services Redesign Steering Group (MHSR Steering Group) met on the 18th May. The Steering Group considered the Risk Register and noted a verbal update. A number of risks are unable to be completed as it has not been possible to identify an action plan. For example risks associated with recruiting into vacancies when there are no bank staff remain incomplete.
	The recent Care Inspectorate commented on how much was being provided, in relation to other mental health services, by such a small mental health team.
	Job descriptions are progressing and the majority are in draft. A key challenge will be around how to get them evaluated timeously. Noted that Barra Support Worker post has now been advertised and there has been some interest.
	Needs Assessment summary report to be presented to next Steering Group meeting.
	Clisham Ward
	The bed occupancy of Clisham Ward as at 11th June has increased from 5 to 7. Two patients have been transferred from Medical Wards. Although the patients

are classified as delayed discharges the reason for the transfers relate to the acute ward's inability to manage behaviours associated with dementia. All patients in Clisham ward are still classified as delayed discharges and suitable discharges into community settings remain a challenge because of the number of people in the WIH who have dementia and whose discharge is delayed. The intention remains, however, that, once bed occupancy reduces to three, these patients will be transferred into the medical wards to await placements in the community. With the recent increase in patient numbers it is now anticipated that the closure of the ward will be delayed beyond Autumn / Winter 2018 and is dependent on vacancies occurring in the residential care sector.

A training plan is being developed by the Nurse Consultant to support acute nurses to ensure that as patients are moved into Medical wards, additional skills are available in the acute wards. Uptake on stress and distress training has been poor to date.

It was agreed that a press release would be looked at re Clisham closure, and this would be incorporated into Dementia Awareness week. **This is now delayed due to the increase in patients in Clisham.**

APU

A care model for APU which focuses on Team Led admissions and discharge will soon be explored. Significant work has been carried out in remote area of Australia that can provide background for this work. This work would see the existing APU as an extension of the wider Community Mental Health Team but with a multi disciplinary led In-patient facility.

Currently the job description and job plan for the vacant consultant psychiatrist is under review and it is anticipated the same for the extant consultant will be reviewed, following a meeting with the redesign strategic lead and the consultant.

Mental Health Redesign

Contact has been made with NSH Shetland in relation to Out of Hours consultant service and this link with Shetland will have the potential to share a service across the Island Boards. A VC meeting will be arranged between operational and clinical leads from both board areas to consider how we progress this. A copy of NHS Western Isles Out Of Hours CPN policy and draft Out Of Hours pathway have been shared with NHS Shetland.

Work continues with North of Scotland Boards Regional Delivery Plan but there is no significant information available in terms of mental health provision of beds.

Workforce issues

Fortnightly meetings are continuing in Clisham for all staff affected by organisational change. To date the majority of attendees have been Clisham staff meetings are noted and notes are circulated to staff. The next staff meeting is

planned for the 15th June.

As the closure of Clisham was seen as imminent redeployment 1:1 meetings are taking place, refining staff preference for available new posts and to allow individual members of staff to reflect on the redesign changes and how they see themselves in the new model of care. At the time of this report 9 from 22 Clisham staff have met with the Associate Director, HR rep and the programme manager over 14 hours. However, with the recent increase in patient numbers this exercise may need to be repeated, in regards to organisational change and redeployment policy expectations, closer to the time of ward closure.

Some pay protection issues have been raised that may have an impact of budgets. To review the level of pay protection, financial estimates are being worked on for two staff who have specifically asked for this and there may be some cost pressures associated with staff working fixed term hours (increased hours), additional hours associated with vacancies, freezing of posts and other absence types. These estimates will be calculated using the last quarter financial figures and the total financial cost (as yet unknown) may have an effect on the eventual WTE establishment but this needs to be calculated prior to staff being redeployed.

Redesign Workshop

A report is being prepared for the next Steering Group on the 13th July.

Workstreams

Workforce – the main focus is to finalise all the job descriptions. The Redesign is looking at a flexible workforce that will be one team with both in-patient and community with staff flow between both areas in line with demand and capacity. On the closure of Clisham staff will be temporality deployed into Acute wards, APU and into the Community Mental Health Team when job descriptions have been evaluated and matched to individuals

Recovery Strategy and Care Pathways - Work around the pathways is slow due to the sustained high clinical demand on community services which has challenged the commitments of the clinicians responsible. This group is also looking at refining a model of care for Community mental health.

Resources – the next meeting of the resources workstream is 12th June. A first draft proposal is being worked on by the workstreram members and has been circulated for comment. This draft will be discussed at the next meeting.

Clinical Review – A first draft report has been drawn up and is being reviewed by the Chair of the workstream prior to circulation for comment.

Morse Implementation – The Performance Monitoring and Quality Control Workstream has reviewed its Terms of Reference to incorporate monitoring the Morse Implementation. The new Terms of Reference are in draft and will be approved at the next meeting

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	Next Steps
	In light of current issues raised by Medical wards, addressing these issues is a priority. The management of patients who have dementia and who cannot be safely cared for in the acute wards they were admitted to need to be reviewed and explored to look at the best way forward.
	Staff rotation into Clisham as a way of developing skills and confidence and the creation of a downstream medical ward, that has the environment to enable safe care, have been suggested during recent meetings with Clisham staff.

Risk:	*Are there any significant risks related to this topic?*
	Yes ✔ *No* ☐
	If yes, please describe below:
	A Risk Register is being developed and will be managed and escalated as necessary.
	Risk Register – If the risk on the Corporate Risk Register please detail, including the specific Risk ID

Competence **Financial Impact**	*Does the topic have any impact on the following Governance Standards:*
	Yes ☐ *No* ✔
	If yes, please describe below:
	The intention is to remain within existing resource envelope although opportunities to increase funding for services will be sought. Effective use of resources underpins the planning presumptions in the options.
Clinical Impact	*Yes* ✔ *No* ☐
	If yes, please describe below:
	The Clinical Review workstream will take forward and report on any Clinical impact.
Human Resource Impact	*Yes* ✔ *No* ☐
	If yes, please describe below:
	The Workforce workstream will take forward and report on any Human Resources impact. Staff have had the opportunity to participate in the stakeholder events held to date; briefings have been held with the Mental health Services management team and open staff meetings have been and are being arranged. Staff also have the opportunity to discuss their individual situations in one to one meetings with Mental Health Services

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	Management.

Approval Pathways	*Committees presented to:*	*Date:*
	Committees to be presented to:	*Date:*