

Dear

FREEDOM OF INFORMATION – MENTAL WELFARE COMMISSION RESPONSES

I write in response to your request for information in relation to NHS Lothian's responses to Mental Welfare Commission reports.

Question:

Please provide me with copies of the following:

NHS Lothian's response to the MWC report, dated 13/09/2022, for the announced visit to Meadows Ward at the Royal Edinburgh Hospital

NHS Lothian's response to the MWC report, dated 20/03/2023, for the unannounced visit to Balcarres Ward at the Royal Edinburgh Hospital

NHS Lothian's response to the MWC report, dated 14/08/2023, for the announced visit to Hermitage Ward at the Royal Edinburgh Hospital

NHS Lothian's response to the MWC report, dated 05/02/2024, for the unannounced visit to Craiglockhart Ward at the Royal Edinburgh Hospital

NHS Lothian's response to the MWC report, dated 15/04/2024, for the announced visit to Meadows Ward at the Royal Edinburgh Hospital

NHS Lothian's response to the MWC report, dated 29/04/2024, for the announced visit to Balcarres Ward at the Royal Edinburgh Hospital

NHS Lothian's response to the MWC report, dated 12/08/2024, for the announced visit to Hermitage Ward at the Royal Edinburgh Hospital

NHS Lothian's response to the MWC report, dated 09/09/2024, for the announced visit to Merchiston Ward at the Royal Edinburgh Hospital

NHS Lothian's response to the MWC report, dated 14/10/2024, for the announced visit to Harlaw and Eden Wards at the Royal Edinburgh Hospital

NHS Lothian's response to the MWC report, dated 25/11/2024, for the announced visit to Braids Ward at the Royal Edinburgh Hospital

Answer:

Please find attached NHS Lothian's responses to the reports of each Mental Welfare Commission inspection as requested. The response following the visit to the Harlaw and Eden Wards on 14 October 2024 is not included as this is not yet complete and I am advised that the return date has not yet passed.

The names of members of staff below senior level have been redacted from these documents. Since we do not have their consent to release their personal data, the information is exempt under section 38 of the Freedom of Information (Scotland) Act 2002 as to provide it would breach the principles of the Data Protection Act 2018.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at <https://www.foi.scot/appeal>. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the reviewer at the address at the top of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslotthian.scot/FOI>

Yours sincerely

ALISON MACDONALD
Executive Director of Nursing Midwifery and AHPs
Cc: Chief Executive

Service response to local visit recommendations

Name of service: Royal Edinburgh Hospital, Meadows Ward

Visit date: 13 September 2022

Date final report sent to service: 2 November 2022

Recommendation	Action planned	Timescale	Responsible person
1. Managers should ensure there is meaningful participation of patients and their relatives/carers in care planning and decisions about their care and treatment. Patient participation should be recorded in their clinical records.	All discussions about care plans will be documented on TRAK and the team will ensure all patients are provided with printed copies of their care plans. Explore possibility of using electronic devices to assist in care plan discussions. Continue to improve number of staff trained as carers champions. Patient information leaflet to be given to all patients on admission. Team to agree how best to ensure the views of patients and carers are considered as part of ward rounds	31 December 2022	All team
		31 March 2023	SCN [REDACTED]
		28 February 2023	SCN and CNs
		31 January 2023	All team
		31 January 2023	SCN, CN, Consultant and MDT members
2. Managers should ensure that patients' case records are person centred and provide more detail of interactions between patients and staff.	Team to improve the recording of 1:1 interventions – both the number and the quality of these recordings. Data to be monitored through MEG and QI reports	31 January 2023	Team

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3. Managers should ensure nursing care plans are person centred, containing individualised information, reflecting the care needs of each person and identifying clear interventions and care goals.	All registered nurses and Assistant Practitioners will attend care plan training. Standard of care plans to be monitored through MEG	31 March 2023 31 January 2023	Registered nurses and Assistant Practitioners SCN
4. Managers should ensure consistency in the implementation of MDT meetings to ensure regular, full MDT discussion and recorded decision-making for every patient.	Patients to be involved in attendance at multidisciplinary ward rounds Standard of recording of MDT ward round via SCAMPER to be monitored and improved through use of MEG audit. Structured Ward Round on TRAK to be implemented across the service	28 February 2023 31 January 2023	MDT MDT
5. Managers and medical staff must ensure that the reasons for restrictive practices are proportionate, evidenced, understood, discussed with patients and are the least restrictive option.	Staff to attend MORE-P training. Team to ensure that the rationale for any restrictions are documented and if patient is informal that their consent is documented	28 February 2023 31 March 2023 31 December 2022	All acute inpatient wards Team Team

Name of person completing this form: Claire Borthwick, CNM

Signature: 

Date: 16/1/23

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27 July 2023

Dear Mr M Wallace

Unannounced Visit to Balcarres Ward, Royal Edinburgh Hospital on 20 March 2023

I am writing in response to the publication of recommendations made following the Mental Welfare Commission's unannounced visit to Balcarres Ward on 20 March 2023. Please find enclosed an action plan to address these recommendations. The following explains the actions we have taken to address the recommendations.

Recommendation 1 – Managers should ensure that all members of the MDT involved in the patient's care, record their contact in the care records. Care records should be personalised, goal and outcome focussed and provide more detail of interactions between patients and staff.

Thank you for acknowledging the positive feedback given by patients who described daily one-to-one interactions, feeling supported, and positive working relationships with the team. It was also good to hear their positivity about activities on the ward and particularly about the input from music therapy. It was particularly good to hear how well art and music therapists completed documentation, which was personalised, outcome and goal-focussed forward planning. However, we were disappointed to hear those records from other team members lacked evidence of the one-to-ones and that there was a lack of recording of activities and occupation and a lack of OT recording in notes. At the time of your visit the service was experiencing staffing issues and very high levels of clinical demand. The team feel they work well to ensure that they provide high standards of care. However, they recognise that demand on their time often leads to them not evidencing, in writing, the good work undertaken. The Senior Charge Nurse is working with the team to



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improve the evidencing of the interactions and activities that are taking place and the standards of record keeping. The service undertakes regular audits of records and the Senior Charge Nurse plans to improve the sharing of these audits with the team members. There is a one-to-one audit and our Mental Health Audit Tool (MHAT) on the MEG system which explores the standard of record keeping. These audits for one-to-ones and the Mental Health Audit Tool will be used to highlight progress in improving this. The Senior Charge Nurse also plans to provide feedback on records in individual sessions with staff members and will focus on highlighting the importance of being goal and outcome focused, and ensuring record keeping evidences the personalised care provided. The team are currently recruiting a new recreation nurse and, once they commence in post, they will work closely with all team members to ensure the recording of activity and occupation is improved.

Recommendation 2 – Managers should ensure nursing care plans are person centred, containing individualised information, reflecting the care needs of each person and identifying clear interventions and are goals.

We were pleased to hear you found risk assessments to be comprehensive and of a good standard, and that physical health care needs of patients were being addressed. However, we too were disappointed that you did not see evidence of progress in the quality of these care plans. We have implemented improved care plan training for our service which specifically focuses on ensuring involvement and participation of patients in care planning and educates staff on how to ensure care plans are person centred, with clear interventions and goals. This training also focuses on the importance of reviews and evidencing the effectiveness of interventions. The training is open to all members of the team and covers information and scenario-based group work. It is based on evidence and good practice guidance produced by the Mental Welfare Commissions Guidance on Supported Decision Making and Person Centred Care Planning.

The service uses the Mental Health Audit Tool on the MEG platform which focuses on the quality of care plans and we have recently focused on improving compliance with these audits and sharing the outcome of this with staff members. The Senior Charge Nurse and our Clinical Educators have been holding further sessions with the team to focus on improving the care planning process and hope that this individualised training and feedback will improve this.

At a Lothian level there is also work underway through the Digital Mental Health Program Board to create a mental health person centred care plan on the TRAK system which will be used by the multidisciplinary team members and facilitate better evidencing of

personalisation through a patient preferences questionnaire and a focus on outcomes. This is expected to be built into the TRAK platform towards the end of this year.

Recommendation 3 – Managers should ensure care plan reviews are meaningful, include the effectiveness of interventions and reflect any changes in the individuals care needs.

You note that you were unable to locate robust reviews in the care plans and that they lacked evaluation regarding the efficacy of the interventions. We have recognised the need to improve the quality of our reviews of care plans and therefore the SCN, Clinical Educator and trainers will focus on highlighting to team members the importance of working with the patient to review and evaluate the impact of the agreed interventions. They will audit care plans to ensure that reviews evaluate the effectiveness of the interventions and consider what is required to help the patient meet their identified outcomes

The new person-centred care plan system on TRAK, will provide further opportunity to improve the focus on the quality of care planning when we implement this new system.

Recommendation 4 – Managers should urgently review the level of psychology provision in the ward.

Thank you for acknowledging the wide range of disciplines on the ward, the involvement of patients and families in ward rounds, and the detailed recording of MDT discussions on our newly implemented TRAK process for recording the 'mental health structured ward round'. We share your concerns about equal access to Psychology across the service and the lack of Psychology input on Balcarres Ward. We have made sure that the team had access to Psychology support for individual patients where this need was required but also see the benefit of regular provision of this service. A paper has been submitted to REAS Senior Management Team for consideration of resource to support an expansion of the clinical psychology resource across the adult acute mental health wards to ensure we provide equitable access to the Psychology service.

Recommendation 5 – Managers and the responsible medical officers must ensure that all consent and authority to treat certificates are valid, record a clear plan of treatment and introduce an audit system to monitor this.

We share your concern that the appropriate consent to treatment certificates (T2) and certificate authorising treatment (T3) for patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 were not in place for several patients. The Senior Charge Nurse has worked closely with the medical team to ensure these were immediately updated and the team now have in place a process where these are checked and updated at weekly ward rounds. The Senior Charge Nurse will regularly audit compliance with this to ensure this improvement is maintained and that the required paperwork is completed, and patients' rights maintained. The team continue to ensure patients are aware of their rights and to involve legal representation and advocacy to support patients as appropriate.

Recommendation 6 – Managers should ensure that rights-based care is delivered to patients and recorded in patient care plans. Managers should ensure that information on rights is visible throughout the ward.

We are pleased to hear you saw progress in how the ward are informing patients of their rights through letters and the use of advocacy. We agreed that we could improve awareness of rights further by providing more visible information on the ward and the team are working with the Patients' Council and advocacy to display information for patients relating to their rights. The team are also making sure they discuss rights as part of their discussions with patients when they review care plans and will ensure this is clearly documented as part of these reviews.

There is a program of MORE-P Human Rights Awareness training being provided by The Patients' Council. The training is 2.5hrs in duration, is delivered by people with lived experience of mental illness or lived experience as a carer and dates for this are identified across the calendar year. Existing staff from across the professions are encouraged to attend this. This training is also incorporated into the 1 week induction for new nursing staff coming into REAS.

Recommendation 7 - Managers should ensure that activity participation is recorded and evaluated and that activity care plans are person centred reflecting the individual's preferences, care needs and outcomes.

We were pleased to hear your positive reports about the wide variety of activity on offer and how the ward displays this information. It is primarily our recreation nurse who ensures all patients have clear activity and occupation care plans detailing the groups they attend. However, we agree that it would be beneficial to improve our recording of engagement and participation in these activities and the level of therapeutic benefit to the patient. At the time of the visit the recreation nurse was leaving her post and we were recruiting to this role. The newly appointed recreation nurse will work closely with the rest of the team to improve the documentation of the activities that each patient participates in. These activity care plans will be person centred and agreed and reviewed with the patient to evaluate the therapeutic benefit of these for the individual patient.

Recommendation 8 - Managers should address the outstanding environmental issues in relation to decoration, cleanliness, and maintenance issues to make the environment more homely and therapeutic.

You note that at the time of your visit the ward's usual domestic staff member was off and that the cleanliness of the ward was poor and some bedrooms untidy and cluttered. SCN L Lumley discussed this with our Domestic Supervisors who immediately addressed concerns and she will continue to closely monitor this. Since your visit we have also replaced some furnishings and the ward area has been painted. This has improved the ward environment. Staff are also working closely with patients to ensure that their bedspaces are homely, yet uncluttered and safe.

Recommendation 9 – Managers should consider returning the dedicated quiet room in the ward to being a therapeutic and quiet space for patients.

At the time of your visit on 20 March we discussed concerns about bed capacity in our service and the lack of space to accommodate additional demand for admission beds. Unfortunately, there were times where we were having to make the difficult decision to temporarily utilise the ward quiet room as additional bedspace. Following your visit we experienced a further increase in demand for admissions and we were in the unfortunate position of having to take the step of closing the hospital to admissions on 7 June for 2 days.

We are currently implementing processes to ensure we do not admit more than 110 patients to our 105 commissioned beds and 5 contingency beds. We continue to review our current model and will update our Standard Operating Procedures.

Balcarres Ward have 2 spaces that can be utilised for quiet or therapeutic activity space. We recognise and share your concerns about the lack of quiet space for patients when the ward was busy and loud. You noted that, at the time of your visit, these rooms were not being used as bedrooms, yet the quiet room was not available to patients who may have benefitted from quiet space. The team has been reminded that these rooms are for quiet space and, when not being used as bed space, the bed should immediately be removed, and patients encouraged to use this space as intended. We are hopeful that our new processes for managing bed capacity will mean these rooms are not required as bedspaces as frequently.

Recommendation 10 – Managers should consider and review current boarding arrangements to ensure patient safety, welfare and well-being are prioritised.

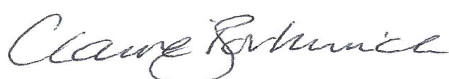
The boarding of patients in hospitals often occurs to ensure that patients in greatest need can be safely treated and managed in the most appropriate environment. We have an agreed Standard Operating Procedure in place to support staff decision making around the process. In boarding any patient, we have tried to be as person centred as we can be under the circumstances and ensured decisions are risk assessed. However, we have also had to manage increased demand and required to provide capacity to safely accommodate any out of hours admissions where transfer elsewhere in Scotland may not be possible or safe for the acutely unwell person requiring admission. As part of our new processes brought in at the beginning of June 2023 for managing bed capacity, we have reviewed the impact of boarding on patients and staff and have rarely required to board patients. We will continue to monitor our new processes for managing bed capacity and will update standard operating procedures. We are hopeful that these new processes will continue to enable us not to have to board patients out with their normal place of care provision for their needs.

Overall, we wish to thank you for your positive feedback regarding the standard of care and treatment provide to patients and the supportive, multidisciplinary team working, albeit we fully accept the necessary improvements you have highlighted in our report of your visit. To move this forward we will

- Ensure records are person-centred, goal and outcome focused.
- Ensure care plans identify clear goals and evaluation of these interventions.
- Consider how we can improve psychology provision on the ward.
- Ensure consent and authority to treat is correctly recorded.
- Improve awareness of patients' rights.
- Improve recording of individual activity and occupation, and the evaluation of the effectiveness of this.
- Continue to improve the ward environment and aesthetic.
- Ensure the ward has dedicated quiet space for patients.
- Continue to identify ways that our bed capacity is able to meet demand for hospital based care and the process for managing this.

I hope the above measures are satisfactory in assuring you actions are being taken to address your recommendations. If you require any further information please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Claire Borthwick'.

Claire Borthwick
Clinical Nurse Manager for Adult Mental Health (Acute)

Cc [REDACTED], Senior Charge Nurse
Tracey McKigen, Services Director
[REDACTED], General Manager
Dr Andrew Watson, Associate Medical Director
Dr Karen Ozden, Nurse Director
Dr Sharon Smith, Clinical Director
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9 November 2023

Dear Mr M Wallace

Visit to Hermitage Ward, Royal Edinburgh Hospital on 14 August 2023

I am writing in response to the publication of recommendations made following the Mental Welfare Commission's visit to Hermitage Ward on 14 August 2023. Please find enclosed an action plan to address these recommendations. The following explains the actions we have taken to address the recommendations.

Recommendation 1 – Managers should ensure that rights based care is delivered to patients and recorded in patient care plans. Managers should ensure that information on rights is visible throughout the ward.

Thank you for acknowledging the positive feedback provided by patients who described feeling listened to by staff and involved in their care and treatment. It was good to hear patients' and their families/carers found attendance at weekly multidisciplinary meetings to be a positive experience. It was also good to hear that you found good recording in patients' records, by all members of the multidisciplinary team, that evidenced involvement of patients in planning and reviewing outcomes of their treatment and care. We were pleased to hear that you saw evidence of the team providing information to patients about their rights in the form of letters, booklets and posters, and in their regular contact with advocacy. However, we were disappointed you did not find evidence in the patients' records about ongoing discussion about their rights. We appreciated the opportunity for discussion on the day of your visit about how we might improve this. We agree that the multidisciplinary review meeting is an ideal opportunity to ensure we discuss with patients their legal status and rights and we will evidence this discussion in our record keeping. We will also ensure we incorporate these discussions into the one to ones that staff have with patients'.

You noted that we already display information about advocacy and about the MWC report 'Rights in Mind'. We plan to implement posters with a QR code that patients' can scan to be taken direct to information relating to their rights.

There is a program of MORE-P Human Rights Awareness training being provided by The Patients' Council. The training is 2.5hrs in duration, is delivered by people with lived experience of mental illness or lived experience as a carer and dates for this are identified across the calendar year. Many of the staff in Hermitage have attended this training and we will ensure that those who have not are encouraged to attend. This training is also incorporated into the 1 week induction for new nursing staff coming into REAS.

Recommendation 2 - Managers should ensure that there are structured activities regularly available to patients that have a therapeutic and well-being focus. Managers should ensure that activity participation is recorded and evaluated

On the day of your visit we discussed that the wards recreation nurse had been absent for a lengthy period of time. You acknowledged good input from OT and music therapy and the display of activities available at The Hive. However, we shared your concerns that patients described a lack of structure to their day and that they were bored. The service has recruited a further recreation nurse to ensure there is more structured activity available, and to work with patients to plan individualised activities and structure to their day. The multidisciplinary team will also focus on improving the use of the white board to display the daily activity that is available on the ward for patients who may not be able to access activity available off the ward. All members of the multi-disciplinary team will work on improving their recording of the activities that patients participate in and in evaluating activity care plans with patients.

Recommendation 3 - Managers should consider returning the dedicated quiet room in the ward to a therapeutic and quiet space for patients

At the time of your visit there was a patient using a quiet room on the ward as a bedroom. We share the concerns you raise with regards the use of this space as a contingency bedroom and we discussed the work being undertaken by the service to address admission bed capacity issues. The use of these rooms as additional bed capacity has been reduced and patients are only accommodated in such rooms for brief periods when there is no other admission capacity across Scotland. We acknowledge the impact this has on available quiet space for other patients and are encouraging patients to use other space on the ward such as the activity or meeting rooms, or the family room off the ward where appropriate. The

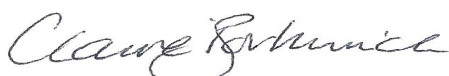
team are removing the bed from this room when it is not required to ensure that this is a welcoming quiet space for patients to utilise. We are hopeful that our new processes for managing bed capacity will mean these rooms are not required as bedspaces as frequently.

Overall, we wish to thank you for your positive feedback regarding the standard of care and treatment provide to patients and the high standard of leadership in Hermitage Ward, albeit we fully accept the necessary improvements you have highlighted in our report of your visit. To move this forward we will

- Improve awareness of patients' rights and recording of ongoing discussions with patients relating to their rights.
- Improve availability of activity and improve the recording of individual activity and occupation, and the evaluation of the effectiveness of this.
- Ensure the ward has dedicated quiet space for patients.

I hope the above measures are satisfactory in assuring you actions are being taken to address your recommendations. If you require any further information please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Claire Borthwick'.

Claire Borthwick
Clinical Nurse Manager for Adult Mental Health (Acute)

Cc [REDACTED], Senior Charge Nurse
Tracey McKigen, Services Director
[REDACTED], General Manager
Dr Andrew Watson, Associate Medical Director
Dr Karen Ozden, Nurse Director
Dr Sharon Smith, Clinical Director
[REDACTED], Clinical Service Manager
[REDACTED], Deputy Chief Nurse
Dr Belinda Hacking, Director of Psychology
[REDACTED], Head of Arts Therapies
[REDACTED], Head Occupational Therapist

Service response to local visit recommendations**Name of service:** Hermitage Ward, Royal Edinburgh Hospital**Visit date:** 14 August 2023**Date final report sent to service:** 4 October 2023

Recommendation	Action planned	Timescale	Responsible person
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1. Managers should ensure that rights based care is delivered to patients and recorded in patient care plans. Managers should ensure that information on rights is visible throughout the ward.	<ol style="list-style-type: none"> 1. Team will focus on repeated discussions about patient's rights in one to one interactions and particularly when reviewing care plans. They will evidence these discussions in patient records. 2. Weekly multidisciplinary review meetings with patients will evidence discussion about legal status and rights. 3. Ward staff will consider use of QR code to link to further information about patients rights 	30/11/23	All multidisciplinary team members
2. Managers should ensure that there are structured activities regularly available to patients that have a therapeutic and well-being focus. Managers should ensure that activity participation is recorded and evaluated.	<ol style="list-style-type: none"> 1. Additional recreation nurse due to commence in post 2. Team will improve the display of information on the white board to be specific about activities available both on and off the ward. 3. All patients will have a person centred care plan relating to activity and occupation. These will be agreed and evaluated with the patient and reviews will record outcomes and therapeutic benefit. 	15/11/23	Nursing staff, recreation nurses, AHPs.

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3. Managers should consider returning the dedicated quiet room in the ward to a therapeutic and quiet space for patients.	<ol style="list-style-type: none">1. When not required as contingency bed spaces the bed should be removed from the quiet room and patients encouraged to use this space.2. Team to improve use of activity room as a therapeutic space for patients.	30/11/23	SCN [REDACTED]
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Name of person completing this form:

Signature:

Date:

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Dear Mr Parsons

Visit to Craiglockhart ward on 5th of February 2024

I am writing in response to the publication of recommendations made following the Mental Welfare Commission's visit to Craiglockhart Ward at the Royal Edinburgh Hospital on 5th of February 2024. Please find enclosed an action plan to address these recommendations.

Recommendation 1- Managers must ensure nursing care plans are person-centred, contain individualised information reflecting the care needs of each person, identify clear interventions and care goals, include a summative evaluation indicating the effectiveness the interventions being carried out and any changes required to meet care goals.

You mentioned that the existing care plans lacked a person centred approach and individualised information. Currently, we are actively working on enhancing our care planning system using the Trak system. I am collaborating with the Trak team to implement a new structure for care plans within Trak. Our goal is to develop within system within the next few months.

In the interim, I have had discussions with the senior charge nurses. We will continue to utilise audit tools to enhance the existing care plans until the new system is fully operational. Additionally, care plan training sessions will remain in place for all staff, which should contribute to further improvements in to attend which should also improve the care plans going forward.

Recommendation 2: Managers should consider developing the multi-professional team to include regular access to occupational therapy.

I can add, we have successfully recruited a new occupational therapist to our acute service with a provisional start date of 3rd July - this will enable us to move 0.9WTE occupational therapist to Craiglockhart from this date.

This will create much more equitable occupational therapy service provision across all our acute wards, allowing us to screen people on admission and provide more timely OT intervention, as well as increasing our group offer.

Early feedback from consultants and ward teams has been very positive regarding the impact on patient treatment and discharge planning.

Recommendation 3: Managers should ensure individuals are supported to have meaningful participation in care planning and decisions about their care and treatment and this participation is recorded within their clinical record.

Senior charge nurses and the clinical education team are working with staff doing education and training and ensuring that they are able to write good written documentation and that they are given time to be able to do 1:1 with the patients and this is being monitored and audited by senior charge nurses and QI team.

All staff have been spoken at their team meetings about the importance of including patients in their 1:1 and care plans.

Recommendation 4: Managers should ensure that rights-based care is delivered to individuals and recorded in their care plans. Managers should ensure that information on rights is easily available and visible throughout the ward.

I am currently working with the QI team to develop QR codes for patients right and these will be displayed within the ward area. We have also introduced canned text that will be used by staff to show that patients rights are being discussed on a regular basis.

Recommendation 5: Managers and the responsible medical officer (RMO) should ensure that when individuals are subject to specified persons procedures, the appropriate paperwork, including a reasoned opinion should be completed to authorise the restrictions.

Staff are discussing any specified paperwork in the structured ward round and documents and update any changes to this paperwork. This is being discussed at nursing and medical team meetings by Clinical director inpatient adult acute and CNM for adult services.

Recommendation 6: Managers must consider providing a dedicated space in the ward for the purpose of activities.

Due to the level of clinical activity and demand for acute beds we are unable to provide a dedicated space on each ward for activities, we have regular meetings to discuss capacity within adult acute, daily rapid run down on each ward, we have a discharge without delay meeting, morning bed huddle as well as a weekly patient flow meeting to discuss beds and flow through the system.

Recommendation 7: Managers should consider and review current bed management and boarding arrangements to ensure the individual's safety, welfare and well-being are prioritised.

There is a bed management SOP in place which staff adhere to when the bed state reaches 100 percent occupancy. We have had a lot of increased demand for beds which has taken us over our capacity and at times we have had to look at patients boarding elsewhere to ensure safety for everyone this is not a decision that is taken lightly and is discussed with the MDT as well as hospital managers. The hospital looks across the whole system around capacity to ensure boarding is the last of a hierarchal response. The management team within the hospital has introduced a process that triggers a whole system review of capacity and includes community teams in the review.

Yours sincerely

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Dear Mr Parsons

Visit to Meadows ward on 15th of April 2024

I am writing in response to the publication of recommendations made following the Mental Welfare Commission's visit to Meadows Ward at the Royal Edinburgh Hospital on 15th of April 2024. Please find enclosed an action plan to address these recommendations.

Recommendation 1: Managers should ensure that there is a system in place for all individuals that is understood and offer them an opportunity to engage in meaningful participation in care planning and decisions about their care and treatment. The participation of the individual should be recorded in their clinical notes.

Senior charge nurses and the clinical education team are working with staff to run education and training sessions to ensure that staff are able to write good written documentation and that they are given time to be able to do 1:1 with the patients, which will be monitored and audited by senior charge nurses and QI team.

All staff have been spoken to at their team meetings about the importance of including patients in their 1:1 and care plans and making sure that patients feel they are contributing and participating in the care and treatment.

Recommendation 2: Managers must ensure nursing care plans are person-centred, contain individualised information reflecting the care needs of each person, identify clear interventions and care goals, include a summative evaluation indicating the effectiveness the interventions being carried out and any changes required to meet care goals.

We are actively working on enhancing our care planning system using the Trak system. I am collaborating with the Trak team to implement a new structure for care plans within Trak. Our goal is to develop within system within the next few months.

we have carried out a recent audit of the notes and care plans and there is specific 1:1 training for staff to improve this.

we are reviewing the trak nursing notes to include a new canned text and we have visited other areas who have good care planning and are adding this into the canned text in preparation for the new MH care plan

In the interim, I have had discussions with the senior charge nurses. We will continue to utilise audit tools to enhance the existing care plans until the new system is fully operational. Additionally, care plan training sessions will remain in place for all staff, which should contribute to further improvements in to attend which should also improve the care plans going forward.

I have spoken to the SCN and she has agreed for the SCN and CN to do a monthly audit of the notes using the electronic MEG system to make sure that staff are engaging with patients and that they are involved in their care and treatment.

Recommendation 3: Managers should ensure that all members of the MDT involved in a person's care record their input in the individual's care records. All entries should be personalised, strengths based, goal and outcome focussed and provide detail of interactions between individuals and staff.

The senior charge nurse, the practise development nurses and myself, have reviewed the notes and we are making sure that training is being delivered to all staff by the practise development nurses to improve progress notes, 1:1 and care planning across adult services to reflect the good level of care staff are delivering.

All staff are having regular 1:1 with patients to discuss care plans and treatment, this will be audited by the charge nurses.

Recommendation 4: Managers and the responsible medical officers must ensure that all consent and authority to treat certificates are valid, and that all psychotropic medication is legally authorised.

I am currently working with the QI team to develop QR codes for patients right and these will be displayed within the ward area. We have also introduced canned text that will be used by staff to show that patients rights are being discussed on a regular basis and that least restrictive options are being discussed.

Staff are discussing any specified paperwork in the structured ward round and documents and update any changes to this paperwork. This is being discussed at nursing and medical team meetings by Clinical director inpatient adult acute and CNM for adult services.

Recommendation 5: Managers should ensure that there are structured activities regularly available to individuals that have a therapeutic and well-being focus. Managers should ensure that activity participation is recorded and evaluated.

Meadows have recently appointed a new recreational nurse who is getting to know the patients and starting to develop an activity program with the patients. She will have support from the team to develop an activity programme and be given time to be able to record accurately in patients notes how they are participating in these activities.

Recommendation 6: Managers should consider returning the dedicated quiet room in the ward for the purpose of therapeutic and quiet space for individuals and staff

Due to the level of clinical activity and demand for acute beds we are unable to provide a dedicated space on each ward for activities, we have regular meetings to discuss capacity within adult acute, as well as a daily rapid run down on each ward, we have a discharge without delay meeting, morning bed huddle as well as a weekly patient flow meeting to discuss beds and flow through the system.

Recommendation 7: Managers should ensure the NHS Lothian's 'no smoking policy' is explained to and complied with by all individuals in the ward, and that staff are given support to manage this.

The ward staff are working hard with the patients to reduce the smoking we have regular input from the smoking cessation nurse and datix incidents relating to smoking. A Patient leaflet is being developed and staff are being supported to enforce the "no smoking policy" within the hospital.

Yours sincerely

Lynda Lumley
Clinical Nurse Manager
Adult acute service

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Dear Mr Parsons

Visit to Balcarres ward on 29th of April 2024

I am writing in response to the publication of recommendations made following the Mental Welfare Commission's visit to Balcarres Ward at the Royal Edinburgh Hospital on 29th of April 2024. Please find enclosed an action plan to address these recommendations.

Recommendation 1- Managers should ensure that there is a system in place for all individuals that is understood and offers them an opportunity to engage in meaningful participation in care planning and decisions about their care and treatment. The participation of the individual should be recorded in their clinical notes

Senior charge nurses and the clinical education team are working with staff to run education and training sessions to ensure that staff are able to write good written documentation and that they are given time to be able to do 1:1 with the patients, which will be monitored and audited by senior charge nurses and QI team.

All staff have been spoken to at their team meetings about the importance of including patients in their 1:1 and care plans and making sure that patients feel they are contributing and participating in the care and treatment.

Recommendation 2: Managers must ensure nursing care plans are person-centred, contain individualised information reflecting the care needs of each person, identify clear interventions and care goals, include a summative evaluation indicating the effectiveness the interventions being carried out and any changes required to meet care goals.

We are actively working on enhancing our care planning system using the Trak system. I am collaborating with the Trak team to implement a new structure for care plans within Trak. Our goal is to develop within system within the next few months.

we have carried out a recent audit of the notes and care plans and there is specific 1:1 training for staff to improve this.

we are reviewing the trak nursing notes to include a new canned text and we have visited other areas who have good care planning and are adding this into the canned text in preparation for the new MH care plan

In the interim, I have had discussions with the senior charge nurses. We will continue to utilise audit tools to enhance the existing care plans until the new system is fully operational. Additionally, care plan training sessions will remain in place for all staff, which should contribute to further improvements in to attend which should also improve the care plans going forward.

I have spoken to the SCN and she has agreed for the SCN and CN to do a monthly audit of the notes using the electronic MEG system, to make sure that staff are engaging with patients and that they are involved in their care and treatment.

Recommendation 3: Managers should urgently review the care records and ensure that all members of the MDT involved in a person's care record their input in the individual's care records. All entries should be personalised, strengths based, goal and outcome focussed and provide detail of interactions between individuals and staff.

Myself as well as the senior charge nurse and the practise development nurses have reviewed the notes and we are making sure that training is being delivered to all staff by the practise development nurses to improve progress notes, 1:1 and care planning across adult services to reflect the good level of care staff are delivering.

All staff are having regular 1:1 with patients to discuss care plans and treatment, this will be audited by the charge nurses using MEG.

Recommendation 4: Managers and medical staff must ensure that any restrictive practices are lawful, proportionate, evidenced, understood, discussed with patients and are the least restrictive option.

I am currently working with the QI team to develop QR codes for patients right and these will be displayed within the ward area. We have also introduced canned text that will be used by staff to show that patients rights are being discussed on a regular basis and that least restrictive options are being discussed.

Staff are discussing any specified paperwork in the structured ward round and documents and update any changes to this paperwork. This is being discussed at nursing and medical team meetings by Clinical director inpatient adult acute and CNM for adult services.

Recommendation 5: Managers should ensure that there are structured activities regularly available to individuals that have a therapeutic and well-being focus. Managers should ensure that activity participation is recorded and evaluated.

Balcarres have recently appointed a new recreational nurse who has never undertaken this role before he is getting to know the patients and starting to develop an activity program with the patients. He will have support from the team to develop an activity programme and be given time to be able to record accurately in patients notes how they are participating in these activities.

Recommendation 6: Managers should consider returning the dedicated quiet room in the ward for the purpose of therapeutic and quiet space for individuals and staff

Due to the level of clinical activity and demand for acute beds we are unable to provide a dedicated space on each ward for activities, we have regular meetings to discuss capacity within adult acute, daily rapid run down on each ward, we have a discharge without delay meeting, morning bed huddle as well as a weekly patient flow meeting to discuss beds and flow through the system.

Recommendation 7: Managers should ensure the NHS Lothian's 'no smoking policy' is explained to and complied with by all individuals in the ward, and that staff are given support to manage this.

The ward staff are working hard with the patients to reduce the smoking we have regular input from the smoking cessation nurse and datix incidents relating to smoking.

A Patient leaflet is being developed and staff are being supported to enforce the "no smoking policy" within the hospital and we are hoping to have this in place at the end of September.

Yours sincerely

Lynda Lumley
Clinical Nurse Manager
Adult acute service

Organisation/Name of Service: The Royal Edinburgh Hospital, Hermitage Ward

Visit Date: 12 August 2024

Date final report sent to service: 6 November 2024

Action Plan Response to Local Visit Recommendations:

Recommendation	Self-Evaluation <i>(where we are at currently in relation to this recommendation)</i>	Activity <i>(what do we need to do to meet this recommendation)</i>	Audit <i>(how will we know we have met this recommendation)</i>	Timescale <i>(when will this identified activity be implemented/ completed)</i>	Who is responsible <i>(for driving this improvement activity)</i>
1. Managers should ensure that there is a system in place for all individuals that is understood and offer them an opportunity to engage in meaningful participation in care planning and decisions about their care and treatment. The participation of the individual should be recorded in their clinical records.	<p>Training is being delivered to all staff by the practise development nurses to improve progress notes, 1:1 and care planning across adult services to reflect the good level of care staff are delivering.</p> <p>All staff are having regular 1:1 with patients to discuss care plans and treatment, this will be audited by the charge nurses.</p>	<p>We have the training in place for staff to attend. This is delivered to address service specific training needs.</p> <p>Monthly audit by the charge nurses.</p>	<p>We get verbal feedback from the patients, they are involved in meetings within the ward where staff will ask how things are within the ward and any other feedback about their care and treatment, they have patient council groups as well as individual advocacy sessions.</p> <p>We will develop a QR code that patients will be able to access on their phones to enable them to give feedback.</p> <p>By auditing the notes, the charge nurses will be able to identify that the recommendation is being met using the electronic MEG system, and ensure the quality of care planning.</p>	May 2025	Lynda Lumley/SCN/MDT
2. Managers must ensure nursing care plans are person-centred, contain individualised information reflecting the care needs of each person, identify clear interventions and care goals, include a summative evaluation indicating the effectiveness the interventions being carried out and any changes required to meet care goals.	<p>There is a lot of work that we are doing to address care planning, there is a new trak structure being developed for mental health specific care plans and more person-centred care planning. This will be tested in wards in the first quarter of 2025.</p> <p>we have carried out a recent audit of the notes and care plans and there is service specific 1:1 training for staff to improve this.</p> <p>we are reviewing the trak nursing notes to include a new canned text and we are transferring good practice identified in other areas and are adding this into the canned text in preparation for the new MH care plan.</p>	<p>There is training being made available for all staff to improve their care planning.</p> <p>All staff will receive training on the new person-centred care planning TRAK system.</p>	<p>There will be regular audits within the wards completed by charge nurses using the electronic MEG system.</p> <p>The clinical educators will provide an audit of the notes and feedback Charge Nurses of their findings.</p>	July 2025	Lynda Lumley/SCN/MDT

	The clinical educators and practice development nurses have access to these new care plans and are working with the trak team				
3. Managers and the responsible medical officers must ensure that all consent and authority to treat certificates are valid, and that all psychotropic medication is legally authorised	<p>All members of the MDT are being more focused during the structured ward rounds to make sure that all paperwork is up to date and being reviewed on a weekly basis.</p> <p>We have also introduced canned text that will be used by staff to show that patients rights are being discussed on a regular basis and that least restrictive options are being discussed.</p>	<p>Staff to make sure that they are discussing MHA paperwork, restrictions and T2 and T3 paperwork in the ward rounds each week.</p> <p>Staff to check paperwork each week at the ward rounds to make sure that all paperwork in date and still relevant.</p>	<p>Written documentation from the ward rounds.</p> <p>Staff completing audits of the paperwork to make sure this is up to date.</p> <p>Folder with up to date printed T2/T3 paperwork available on the ward.</p>	May 2025	Lynda Lumley/SCN/MDT
4. Managers must ensure that there are structured activities regularly available to individuals that have a therapeutic and well-being focus. Managers should ensure that activity participation is recorded and evaluated.	<p>Hermitage's recreational nurse has been off sick and is now on maternity leave other staff have tried to cover this role as much as possible in her absence.</p> <p>Senior charge nurse will work with the team to make sure that activities are being provided within the ward.</p>	<p>Trak training for the recreational nurse</p> <p>Structured activity and timetable of activities for the patients</p> <p>Structured notes detailing the activity and participation of the patients</p>	<p>Review of trak notes</p> <p>Feedback from patients which will be documented on the Trak system.</p> <p>Written timetable of activities available on the ward.</p>	May 2025	SCN/Recreational nurse
5. Managers must consider the benefits of returning the dedicated quiet room in the ward to provide a therapeutic and quiet space for individuals and staff.	The recreational nurse will utilise the space that is available to make sure that there are activities within the ward. The recreational nurse will include the dining area, courtyards and spaces off the ward to enhance reintegration to the community	We are working very hard to reduce the number of delayed discharges and pressure on the beds we have various meetings to address beds, capacity and occupancy	The hospital operates to ordinary bed capacity e.g no more than 105 beds, this will be evident in weekly bed reports	May 2025	Lynda Lumley/MDT

We would also ask that you provide further information below about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved e.g. community meetings, displayed on notice boards, discussed at carer group etc.

Name of person completing this form: Lynda Lumley

Signature: *Lynda Lumley*

Date: 3/2/2025

Organisation/Name of Service: The Royal Edinburgh Hospital, Merchiston Ward

Visit Date: 9 September 2024

Date final report sent to service: 6 November 2024

Action Plan Response to Local Visit Recommendations:

Recommendation	Self-Evaluation <i>(where we are at currently in relation to this recommendation)</i>	Activity <i>(what do we need to do to meet this recommendation)</i>	Audit <i>(how will we know we have met this recommendation)</i>	Timescale <i>(when will this identified activity be implemented/ completed)</i>	Who is responsible <i>(for driving this improvement activity)</i>
1. Managers should ensure that there is a system in place for all individuals that is understood and offers them an opportunity to engage in meaningful participation in care planning and decisions about their care and treatment. The participation of the individual should be recorded in their care records.	<p>All staff are having regular 1:1 with patients to discuss care plans and treatment, this will be audited by the charge nurses using the MEG system.</p> <p>Training is being delivered to all staff by the practise development nurses to improve progress notes, 1:1 interactions and care planning across adult services to reflect the good level of care staff are delivering.</p>	<p>We have the training in place for staff to attend. This is delivered to address service specific training needs.</p> <p>Monthly audit by the charge nurses.</p>	<p>We get verbal feedback from the patients, they are involved in meetings within the ward where staff will ask how things are within the ward and any other feedback about their care and treatment, they have patient council groups as well as individual advocacy sessions.</p> <p>We will develop a QR code that patients will be able to access on their phones to enable them to give feedback.</p> <p>By auditing the notes, the charge nurses will be able to identify that the recommendation is being met using the electronic MEG system, and ensure the quality of care planning.</p>	May 2025	Lynda Lumley/SCN/MDT

2. Managers must ensure nursing care plans are person-centred, contain individualised information reflecting the care needs of each person, identify clear interventions and care goals, include a summative evaluation indicating the effectiveness the interventions being carried out and any changes required to meet care goals.	<p>There is a lot of work that we are doing to address care planning, there is a new trak structure being developed for mental health specific care plans and more person-centred care planning. This will be tested in wards in the first quarter of 2025. we have carried out a recent audit of the notes and care plans and there is service specific 1:1 training for staff to improve this.</p> <p>we are reviewing the trak nursing notes to include a new canned text and we are transferring good practice identified in other areas and are adding this into the canned text in preparation for the new MH care plan.</p> <p>The clinical educators and practice development nurses have access to these new care plans and are working with the trak team.</p>	<p>There is training being made available for all staff to improve their care planning.</p> <p>All staff will receive training on the new person-centred care planning TRAK system.</p>	<p>There will be regular audits within the wards completed by charge nurses using the electronic MEG system.</p> <p>The Practice Development nurses will provide an audit of the notes and feedback Charge Nurses of their findings.</p>	July 2025	Lynda Lumley/SCN/MDT
3. Managers should ensure that all individuals have a risk assessment that records comprehensive information on assessed risk, positive risk-taking strategies, promotion of risk enablement and robust management of identified risk.	<p>All risk assessments are on trak and should be completed and updated on a regular basis. These contain current and historical risks and a current risk management plan.</p> <p>There are also various forms within trak under the mental health tab including staying well plans/anticipatory care plans/what matters to you, that can help to formulate positive risk-taking strategies.</p>	<p>There is training being made available for all staff to improve their risk assessments.</p> <p>SCN/CN to make sure that staff have protected time to complete their risk assessment paperwork.</p>	<p>There will be regular audits within the wards completed by charge nurses using the electronic MEG system.</p> <p>The Practice Development nurses will provide an audit of the notes and feedback Charge Nurses of their findings.</p>	May 2025	SCN/MDT
4. Managers should ensure that activity participation is recorded and evaluated and that activity care plans are person centred, reflecting the individual's preferences, care needs and outcomes.	<p>The recreational nurse in Merchiston works well with the patients making sure they are participating in various activities however he is aware that he needs to record this more in the notes.</p> <p>Staff have been doing some training on what to write in the notes for patients who are doing activities with Rec nurse.</p>	<p>Trak training for the recreational nurse</p> <p>Structured activity and timetable of activities for the patients</p> <p>Structured notes detailing the activity and participation of the patients</p>	<p>Review of trak notes</p> <p>Feedback from patients which will be documented on the Trak system.</p> <p>Written timetable of activities available on the ward.</p>	May 2025	SCN/Recreational nurse
5. Managers should consider returning the dedicated quiet room in the ward to a therapeutic and quiet space for individuals and staff.	<p>The recreational nurse will utilise the space that is available to make sure that there are activities within the ward. The recreational nurse will include the dining area, courtyards and spaces off the ward to enhance</p>	<p>We are working very hard to reduce the number of delayed discharges and pressure on the beds we have various meetings to address beds, capacity and occupancy</p>	<p>The hospital operates to ordinary bed capacity e.g no more than 105 beds, this will be evident in weekly bed reports</p>	May 2025	Lynda Lumley/SCN/MDT

	reintegration to the community.				
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We would also ask that you provide further information below about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved e.g. community meetings, displayed on notice boards, discussed at carer group etc.

Name of person completing this form: Lynda Lumley

Signature: *Lynda Lumley*

Date: 31.2.2025

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Dear Mr Parsons

Visit to Braids ward on 4th of December 2023

I am writing in response to the publication of recommendations made following the Mental Welfare Commission's visit to Braids Ward at the Royal Edinburgh Hospital on 25th of November 2024. Please find enclosed an action plan to address these recommendations.

Recommendation 1- Managers should ensure that a pathway is developed in partnership with social work colleagues to support a fully collaborative approach to discharge planning

You have highlighted in the report that Braids ward would benefit from more social work support, I have spoken to my colleagues within social work and they have agreed to have 2 dedicated social worker on site at the Royal Edinburgh Hospital that will attend ward meetings and support discharge planning, this will be an initial 2 month project overseen by senior social work.

Recommendation 2 - Managers and the responsible medical officers must ensure that all consent and authority to treat certificates are valid, record a clear plan of treatment and introduce an audit system to monitor this.

You highlighted that the consent and authority to treat certificates were not all valid on the day of the visit, I have spoken to the senior charge nurse and the consultant within the ward and it has been agreed that the band 6 will audit these on a regular basis and feedback to the team.

Recommendation 2 – Managers and the responsible medical officers must ensure individuals who lack capacity in relation to medical treatment have Section 47 certificates and where necessary, treatment plans completed in accordance with the AWI Code of Practice (3rd ed.), to cover all relevant medical treatment the individual is receiving.

I have liaised with the team working with Braids ward and they have stated that they will make sure that all section 47 certificates are discussed within the structured ward round and that treatment plans will be completed to cover all the medical treatment that the patient is receiving. Again the band 6 has agreed to take this work forward and will look at education for the team and well as auditing these on a regular basis to make sure they are being completed.

Yours sincerely