INTRODUCTION

1. Healthcare Improvement Scotland was passed a number of potential patient safety concerns relating to services provided in the adult mental health service in West Lothian. These concerns were categorised under the following broad headings:
   
   - culture (including the attitudes and behaviour of staff)
   - governance (how issues are raised and dealt with by the NHS board), and
   - staff competency, training and development.

2. When concerns of this nature arise, Healthcare Improvement Scotland has a duty to ensure there is appropriate follow-up and investigation of issues of patient safety. In the first instance, we wrote to NHS Lothian and asked them to respond to the concerns that had been raised, after which we arranged a validation visit to speak directly with staff working in the service to consider their views. It is recognised that this is not a full scrutiny visit, but an assessment to hear the views of staff members working in this service. We spoke with approximately 70 staff members during the visit on 12 June 2015.

3. In preparation for the visit, we considered additional related information from the Mental Welfare Commission of Scotland, Information Services Division and the Scottish Public Services Ombudsman.

4. The purpose of the visit was to establish the validity of the concerns that had been raised and the potential impact on, and implications for the quality of care for patients.

METHOD

5. The findings of this process have been reached through assessing documentation provided by NHS Lothian, additional contextual information described above and through speaking with staff working within the adult mental health inpatient services in West Lothian.

6. A small team, listed below, represented Healthcare Improvement Scotland through this assessment process. The team met, through teleconference, on a number of occasions to plan and agree the methodology for this validation visit. The team also assessed the documentation relating to the concerns, attended and participated in the visit, and completed and agreed the findings and conclusions set out in this report.

7. The team consisted of:
   
   - Dr John Taylor, Associate Medical Director, NHS Ayrshire & Arran
   - Ms Linda Hall, Lead Professional Nurse Advisor, Mental Health Services, NHS Greater Glasgow and Clyde
   - Mr William Lauder, Clinical Service Manager, Adult Mental Health Inpatient & Forensic Services, NHS Ayrshire & Arran
   - Mr Mark Aggleton, Senior Programme Manager, Healthcare Improvement Scotland
   - Ms Tracy Birch, Programme Manager, Healthcare Improvement Scotland
   - Ms Elaine Racionzer, Project Officer, Healthcare Improvement Scotland
FINDINGS

Culture

8. Almost all of the 70 staff that we met with across the service spoke of the positive culture they worked in, and did not recognise the issues relating poor attitudes and behaviour of staff.

9. We also noted the work involved in developing and implementing the NHS board’s *Our Values into Action* programme, including the use of safety questionnaires, the Investors in People work, focus groups and the engagement in the local Quality Improvement Framework. A large number of staff were aware of this programme and had participated in its development.

10. We heard an acknowledgement from staff, that there had been issues with staff attitudes and behaviour in the past but they believed that there had been, in more recent times (particularly over the last 18 months to two years), a significant and positive change in culture.

11. Whilst we heard about a small number of more recent examples of poor staff behaviour, we were assured that those known to the NHS board were being dealt with through NHS Lothian procedures. An additional example of poor behaviour was raised through the Healthcare Improvement Scotland telephone line (set up for this validation visit) and we have asked NHS Lothian to look at this in detail.

Governance

12. During the visit, we heard of a culture in which complaints, concerns and incidents are openly reported and appropriately considered through local governance arrangements.

13. A relatively new clinical governance structure had been put into operation that includes a quarterly governance review process. Longer standing arrangements, including local ward based safety briefings, walk rounds, ‘cupcake’ and ‘journal’ meetings, provide a number of formal and informal opportunities for staff to learn from issues that are raised and to share information.

14. We noted the specific impact of the service manager in leading, involving and engaging with staff on a regular basis and the positive impact the individual has on improving the service. We noted that the managerial and leadership structure had undergone some recent changes, staff described a reduction in ‘management’ staff when it was envisaged mental health services in NHS Lothian were going to be centralised. However, the change in that plan resulted in the investment in substantive senior management and leadership posts has been welcomed by staff.

15. A number of staff identified that, on some occasions, feedback from senior staff about incidents and complaints is not forthcoming, through the escalation and investigation process. We believe that an improved method of sharing learning across the service would be beneficial.

16. We noted some issues with staffing levels, skills mix and the potential impact across the service. These issues were fed back to Graham Paxton and Gill Cottrell at the end of the validation visit. For ease of reference, these issues have been listed in the table below.
### Table 1: Issues raised

<table>
<thead>
<tr>
<th>1</th>
<th>Ward 3: Rostering of staff</th>
<th>We received information from a member of staff that only one registered nurse had been on the ward during a long shift over a weekend. The member of staff had been unable to take their break.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Ward 3: Skill mix</td>
<td>We heard from staff that the ratio of registered to unregistered staff was not appropriately balanced. We recognise that this ward has a higher than expected level of absence within its registered staff group, however this could have an impact on patient care or for example student nurse mentoring.</td>
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<tr>
<td>3</td>
<td>Ward 3: Use of outside space</td>
<td>Ward 3 has a patio area which does not have free access from the ward area. We felt this was a missed opportunity particularly with good weather.</td>
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<tr>
<td>4</td>
<td>Ward 3: Patient mix</td>
<td>Ward 3 is a mixed environment, and it does have both female acute functional mental health patients and male patients with dementia. This can cause difficulties, particularly with dementia patients wandering and causing anxiety to female patients to the extent that patients have discharged themselves.</td>
</tr>
<tr>
<td>5</td>
<td>Ward 3: TRAK data entry issues</td>
<td>A trainee doctor raised a concern that a patient had been on the ward for 22 hours without being entered onto TRAK. This became clinically problematic when the doctor wanted to run diagnostic tests, but was unable to as the system did not recognise the patient as an inpatient on the ward. The doctor also indicated that they had added this issue to Datix, but they did not receive feedback that action had been taken and the same problem occurred again the following week.</td>
</tr>
</tbody>
</table>

17. The team also identified the following issues which were raised at our meeting on 19 June.

<table>
<thead>
<tr>
<th>6</th>
<th>Maple Villa: Access to medical staff</th>
<th>We heard about potential risks that the lack of access to medical staff on site at Maple Villa both in terms of consultant input (described as two hours per week) and GP cover (described as two half days per week) in the absence of any site junior doctor or medical grade medical cover. This has a potential effect on the level of cover and at times the ward relies on telephone prescribing.</th>
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<tbody>
<tr>
<td>7</td>
<td>Maple Villa: Staffing numbers</td>
<td>We heard about perceived risks to vulnerable patients due to the numbers of staff on duty. This issue had been raised through speaking with the carer’s group.</td>
</tr>
<tr>
<td>8</td>
<td>IPCU: Staff behaviour</td>
<td>A telephone call received by Healthcare Improvement Scotland suggesting poor behaviour of a staff member was not being addressed.</td>
</tr>
<tr>
<td>9</td>
<td>All staff</td>
<td>The potential risks to ongoing staff development due to a loss of training budgets.</td>
</tr>
</tbody>
</table>
Staff competency, training and development

18. We noted the commitment of staff to undertake and complete their statutory and mandatory training. There was a positive attitude to both the knowledge and skills framework process and the availability of training via the NHS Lothian learning and education programme. Some staff reported that it had become increasingly difficult to attend developmental training sessions, across the professional disciplines, due to the loss of training budgets.

19. We noted the NHS board’s generic approach to nursing recruitment had recently been reviewed to allow more specialist and local recruitment to take place in some clinical areas, a move which staff welcomed. The staff we spoke with, including recently appointed staff, described a fair and open recruitment process.

20. All recently recruited staff we spoke with described a comprehensive induction process.

21. The junior doctors we interviewed still reported significant issues despite the action plan that had been put into place following the last Deanery visit. Although the issues are being actively managed and reviewed, they do not yet appear to be fully resolved and further action is required.

CONCLUSION

22. We noted:

- a positive staff attitude towards implementing the NHS board’s approach to improving staff values (through Our Values into Action) and did not identify any deep-rooted concerns relating to behaviour or attitudes.

- the open and responsive nature of staff to raising local (ward based) concerns. However, further work should be undertaken to consistently improve mechanisms to feedback and learn across the service.

- the concerns expressed by staff about staffing levels and skills mix across some mental health wards.

- potential risks to ongoing staff development due to a loss of training budgets.

RECOMMENDATIONS

23. We have asked that NHS Lothian provides assurance against the issues highlighted in Table 1 and implements the following recommendations.

i. NHS Lothian should review and monitor its process for feedback and learning from adverse events, incidents, concerns and complaints.

ii. NHS Lothian should fully assess, across the mental health inpatient service, staffing levels and skills mix, recruitment and retention of staff – particularly to ‘hard to fill’ posts. This assessment should be documented and a plan produced to reflect the actions going forward.

End