

**SHERIFFDOM OF LOTHIAN AND BORDERS AT EDINBURGH SHERIFF
COURT**

Procurator Fiscal ref: EP14006807

RESPONSE

to the

DETERMINATION OF SHERIFF SHEEHAN

UNDER THE INQUIRIES INTO FATAL ACCIDENTS AND SUDDEN DEATHS
ETC. (SCOTLAND) ACT 2016

IN THE

INQUIRY INTO THE DEATH OF CLARE SHANNON

To: the Scottish Courts and Tribunals Service

1. Lothian Health Board, Waverley Gate, 2-4 Waterloo Pl, Edinburgh EH1 3EG being a person to whom a recommendation under section 26(1)(b) was addressed, do respond as follows.
2. Lothian Health Board was a participant in the inquiry.
3. It was recommended that:-

(i) Lothian Health Board should ensure that the Royal Edinburgh Hospital (or one of its associated services) is in a position to offer adult psychiatric in patient care for patients diagnosed with EUPD who require admission (beyond the average 10-14 day period of stabilisation and assessment which is offered on acute wards) in a safe, secure and therapeutic environment with access to the specialist clinical psychology treatments which are recognised as the appropriate clinical pathway for their condition.

As part of the planned renovation of the Royal Edinburgh Hospital site, Lothian Health Board has now completed the construction of a facility known as the Margaret Duguid Unit. This unit will provide an expanded range of in-patient options. It was designed as an alternative to out of area low secure care. It offers an enhanced level of staff support, which allows the unit to accommodate patients who require additional support, such as those with EUPD. It is designed to accommodate patients who require longer than

average admissions. As at the 17th July 2020 four beds are now accessible.

The Margaret Duguid Unit operates as part of the expanded rehabilitation service at REH. It has substantial psychological input on its own, with a dedicated Consultant Clinical Psychologist one day per week. That psychologist operates as part of a team on the REH site, which will provide cover for that post during periods of absence.

In addition to the input of a dedicated Consultant Clinical Psychologist, funding can be accessed for treatment which is otherwise not available. This was previously under the control of the Out of Area Group overseen by Public Health. Now, if additional psychological input is required, a referral can be made directly to the Director of Psychology at REH. The Director of Clinical Psychology is a member of both the Senior Management Team and the new Management Out of Area Group at REH. If a particular specialist psychological therapy is available within the Board area, she can approve that treatment directly. If the desired therapy is not available within the Board area, or is only available from a private provider within the Board area, she may refer to the MOOAG, which meets every six to eight weeks. The group can convene remotely for discussion of urgent cases. The group has a dedicated administrator at REH. If these options are not suitable the group can authorise funding for patients to facilitate access to specialist inpatient treatment.

Both these responses are set out in the attached REAS Action Plan.

(ii) NHS Lothian should fully implement the 2019 Health Care Improvement Scotland Guidance “From observation to intervention – a proactive response and personalised care and treatment framework for acutely unwell people in mental health care” in all inpatient adult psychiatric wards as soon as practically possible.

Lothian Health Board has put in place a working group to complete the plan and a competency frame work for the implementation of the Health Care Improvement Scotland Guidance. A test phase of that project will be completed between August and December of 2020 and if successful will be rolled out across all Mental Health Facilities within NHS Lothian’s Board area in 2021 per the attached action plan.

The first locations in which the test phase of this project is being implemented are the adult acute wards at REH.

NOTES

(Please refer to section 28 of the Act. A person to whom a recommendation has been addressed under section 26(1) of the Act, if they were also a participant in the inquiry, is under a legal duty to respond to those recommendations in writing.

Persons who were not participants but to whom recommendations have been directed are encouraged to respond, though they are not obliged to.

The response must set out–

(a) details of what the respondent has done or proposes to do in response to the recommendation, or

(b) if the respondent has not done, and does not intend to do, anything in response to the recommendation, the reasons for that.

A response must be given to the Scottish Courts and Tribunals Service within the period of 8 weeks beginning with the day on which the respondent receives a copy of the determination in which the recommendation is made.

The response may be published, though you may make representations to SCTS as to the withholding of all or part of the response from publication.

A response made under section 28(1) is not admissible in evidence, and may not be founded on, in any judicial proceedings of any nature).

FAI RECOMMENDATIONS - REAS ACTION PLAN							
FAI determination Recommendations							
Recommendation	Level of Recommendation (Individual, Team, Service Directorate, Organisation)	Actions to Address Factors Date of expected completion	Lead(s)	Area	Resource Requirements	Evidence of Completion	Completion Sign-off
NHS Lothian should ensure that the Royal Edinburgh Hospital (or one of its associated services) is in a position to offer adult psychiatric inpatient care for patients diagnosed with EUPD who require	Organisation	Construction and opening of a facility (Margaret Duguid Unit) that can accommodate low secure patients now complete and 4 beds accessible from 17 th July.	Executive Director Nursing, Midwifery & REAS	NHSL	Further purpose built areas as part of Part of Phase 2 business case		

admission (beyond the average 10 to 14 day period of stabilisation and assessment which is offered on acute wards) in a safe, secure and therapeutic environment with access to the specialist clinical psychology treatments which are recognised as the appropriate clinical pathway for their condition.	Service Directorate	Ensure funding & organisation structure is in place to facilitate timely access to specialist inpatient treatment via MOOAG pathway In place	Services Director REAS	REAS	MOAG funding in place	MOAOG meeting meets regularly and urgent requests can be made out with	T McKigen 22.07.2020
	Team	Develop Margaret Duguid Unit (up to 8 bedded unit) Dec 2020	General Manager REAS	Adult Mental Health	Will be funded from patients returning from out of area		
NHS Lothian should fully implement the 2019 Healthcare Scotland Guidance 2019 'From	Team	Working group to complete plan & Competency Framework for implementation of 'From	(Associate Medical Director)/ (Deputy	Adult Acute Mental Health Wards			

<p>Observation to Intervention – A proactive responsive and personalised care and treatment framework for acutely unwell people in mental health care’ in all inpatient adult psychiatric wards as soon as is practicably possible.</p>		<p>Observation to Intervention’ – this is to be presented for approval at REAS SMT (July 2020)</p> <p>Testing Implementation August to Dec 2020 then roll out 2021</p>	<p>Chief Nurse)</p>				
	<p>Service Directorate</p>	<p>Where appropriate, use Adult Acute Plan & Competency Framework as basis for implementation in other relevant areas across REAS.</p> <p>Implementation August to Dec</p>	<p>Services Director</p>	<p>REAS</p>			

		2020 then roll out 2021					
	Organisation	<p>Where appropriate, use REAS Plan & Competency Framework as basis for implementation in other relevant areas across NHS Lothian.</p> <p>Through NHSL Policy Group implementation 2021</p>	Executive Director Nursing, Midwifery & REAS	NHSL			

Other Actions Identified from the FAI Report Plan

Comment in FAI Report	Level of Recommendation (Individual, Team, Service Directorate, Organisation)	Actions to Address Factors	Lead(s)	Area	Resource Requirements	Evidence of Completion	Completion Sign-off
<p>The independent expert opinion concurred that Ms S's treatment was unduly focussed on medication and nursing care and lacked the full multi-disciplinary consideration that the severity of her condition, symptoms and chronicity required. In particular, there was a lack of comprehensive psychological</p>	<p>Service Directorate</p>	<p>Ensure equitable access to clinical psychology resource across REAS using available resources July 2021</p>	<p>General Managers REAS</p>	<p>REAS</p>			

<p>assessment and psychological treatment offered during her admission</p>							
<p>Dr M. did not have access to any clinical psychology resource for patients in his care at that point in time.</p>							
<p>NHS Lothian Clinical Psychologists do not work collegiately to cover each other's wards during absences. Recruiting and retaining clinical psychologists to</p>	<p>Team</p>	<p>Review appropriate clinical psychology for acute wards within available resources April 2021</p>	<p>General Manager REAS</p>	<p>Adult Acute</p>			

<p>acute wards has proved very challenging</p>	<p>Team</p>	<p>Ensure robust process for covering absence is embedded into psychologist job plan and practice. April 2021</p>	<p>(Director of Psychology)</p>	<p>REAS</p>			
<p>As part of this process, we have determined that it would be worthwhile to review Action Plans for all SAER of suicides – for the period from 2014 to present.</p>	<p>Team</p>	<p>Summarise all themes and recommendations. October 2020</p>	<p>General Manager REAS</p>	<p>REAS</p>			

Improvement Plan from Initial SAER							
Recommendation	Level of Recommendation (Individual, Team, Service Directorate, Organisation)	Actions to Address Factors	Lead(s)	Area	Resource Requirements	Evidence of Completion	Completion Sign-off
The process for accessing out of area care was delayed and complex	Organisation	Process for application of out of area has been simplified and is more robust and managed through REAS which is a change since 2014	Executive Director Nursing, Midwifery & REAS	NHSL		MOAG Meetings in place and there is a mechanism whereby urgent applications can be agreed out with meeting	complete

<p>Even though staff were trained in basic first aid and CPR they were unable to dislodge lid</p>	<p>Directorate</p>	<p>Audit completed to ensure all staff have updated BLS & CPR Training</p> <p>Use of McGills forceps is a specialist skill and staff are not trained to use – mainly due to the fact that they would rarely have to use and would be unable to maintain competencies therefore No action</p>	<p>Services Director REAS</p>	<p>REAS</p>		<p>All staff have had update training – empower report</p>	<p>Mandatory training above 80% consistently</p>
<p>Care planning not updated regularly</p>	<p>Directorate</p>	<p>Need for care plans to be recorded/updated timeously and communicated</p>	<p>General Managers REAS</p>	<p>REAS</p>		<p>Audit of observation care plans monthly</p>	<p>Ongoing monitoring</p>

		<p>with patient, staff and relatives.</p> <p>Improvement at handover required.</p> <p>Observation nurse must check updated care plan prior to taking on observation duties</p>					
Staff attitudes and responses	Service	<p>Targeted training for staff around behaviours and attitudes.</p> <p>Involve known family members and Carers council</p> <p>Started June 2020 ongoing programme</p>	General Manager REAS	<p>Adult SMT</p> <p>Rolling programme</p> <p>Joy in Work</p> <p>OD support to cultural change</p>			