



Hergest HIW Action Plan 2014

Visit to Hergest Unit 12th May 2014

Version 2

Issue of Concern	Action Required & How	Progress to Date	By Whom	By When
<p>1 An urgent review of the Seclusion room on Taliesin ward is required. The room had a WC and wash basin within it and there was a lack of privacy and dignity as windows in the nurses' station looked directly onto the WC within the room. The issue was identified in December 2013 and August 2012 and therefore requires more timely action</p>	<p>The Health Board has commissioned a review by an expert in PICU environments at the earliest opportunity. This expert opinion will also include a review of the seclusion policy. The Health Board will also ensure the seclusion room is used for short periods of time only and this will be set at a maximum of 24 hours. If a seclusion period is beyond this period, a PICU environment with seclusion room facilities will be commissioned</p>	<p>There has been a review of the Seclusion facility on the 16th June 2014 and a report is expected outlining recommendations</p> <p>A T&F group has been established to review the seclusion room policy and to consider best practice</p>	<p>Adult Locality Manager</p> <p>Adult Locality Manager</p>	<p>June 2014 for receipt of report</p> <p>September 2014</p>
<p>2 Whilst it is acknowledged that there has been the creation of a frailty room on two of the wards, a frailty ward would be beneficial for this group of vulnerable adults and would enhance the care delivery to this group of patients</p>	<p>The Health Board will complete the short term plan for dedicated area for frailty patients</p>	<p>A final paper to be agreed setting out the short term plan for the care of frail patients</p>	<p>OPMH Locality Manager</p>	<p>June 2014</p>

		The Health Board will arrange for options to be agreed by the local clinical teams on the potential solutions to create a dedicated ward within the available footprint. Estates and planning expertise will be asked to work with the local teams	Hergest redevelopment group has convened to address this issue & will oversee the development of options	OPMH Locality Manager	September 2014
3	For the Health Board to arrange for an independent review relating to an episode of care	The Health Board will arrange for an independent review of the particular case	This action will be carried out by the COS & OMD	COS & OMD	July 2014

4	For the ECT suite to be de-commissioned with immediate effect	The Health Board will arrange for the ECT suite to be de-commissioned	<p>The ECT suite has been de-commissioned</p> <p>The ECT pathway for patient transfer to Ablett Unit has been distributed to the clinical teams</p>	<p>Adult Locality Manager</p> <p>Adult Locality Manager</p>	<p>June 2014</p> <p>June 2014</p>
5	Patient information continued to be displayed on whiteboards in the nurses' station and was clearly visible for fellow patients and visitors to see (point 17, December 2013) Patient information must be protected	The Health Board will arrange for a different provider to be commissioned in the development of patient information boards	The CPG has arranged for a different provider and is awaiting samples of new boards to be delivered	Assistant Business Manager	July 2014

6	<p>A review of 5 sets of care documentation was undertaken and the following observations were made:</p> <ul style="list-style-type: none"> a. The assessment of risk was not clear b. Section on the Mental Capacity Act 2005 had not been completed c. The CTP for patients was not completed d. Information relating to side effect profile was not completed e. Patient transfer between wards but the CTP had not been completed f. Numerous observational forms were not dated. g. Some of the care plans did not define any areas of risk h. If core/generic care plans are to be utilised then they must be fully implemented 		<p>The Health Board will check all patients listed to ensure the points noted have been checked in terms of CTP's, MCA, information about risk assessment</p> <p>A memo to be produced reminding clinical teams on the use and document of the MCA</p> <p>A memo has been produced setting out training on the MHM</p> <p>A memo has been sent reminding staff about the Therapeutic Observations</p>	<p>Adult Locality Manager</p> <p>Adult Locality Manager</p> <p>ACOS Nursing</p> <p>ACOS Nursing</p>	<p>June 2014</p> <p>June 2014</p> <p>May 2014</p> <p>May 2014</p>
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	<p>i. Risk reducing factors when considering observational levels need to be considered in care plans</p> <p>j. BCUHB's procedure on Therapeutic Observations for Inpatients was not being implemented. There were no observational records being used, no entries in notes and no indication that the patients could be safely given some privacy</p> <p>k. Seclusion documents did not have a start date when the seclusion continued for a significant period of time</p>		<p>Policy, care planning and the correct use of the documentation</p> <p>A T&F group has been established to review the CPG Therapeutic Observations Policy</p> <p>A T&F group has been established to review the seclusion room policy</p>	<p>Adult Locality Manager</p> <p>Adult Locality Manager</p>	<p>September 2014</p> <p>September 2014</p>
7	A review of care relating to the transfer of a patient from a PICU to an open ward	The Health Board will arrange for an independent review of the particular case	This action will be carried out by the COS & OMD	COS & OMD	July 2014
8	The system for recording staff training was maintained at ward level and each ward had a different system in place. There was no system in place that ensured information was available to the whole of the Hergest Unit.	The Health Board will put in place systems and controls to record training	The Health Board has put in place dedicated resource to support the coordination of	Training Lead supported by Adult Locality Manager	May 2014

	<p>The reality of this system is accessing information, whilst Aneurin ward manager on leave, training records could not be accessed. A comprehensive system for recording and identifying training that is easily accessible must be established</p>		<p>information relating to training (1 day per week) and for this information to be updated on a Health Board reporting system</p> <p>A monthly report has been produced setting out mandatory training compliance and is scrutinized at Hergest Senior Nurse meeting</p>	<p>Training Lead supported by Adult Locality Manager</p>	<p>June 2014</p>
9	<p>There was a number of staff, including new staff who had not received training in Restrictive Physical Intervention (RPI). Furthermore, bank staff do not received RPI training. As a result of this, staff on other wards formed a team to support staff on Taliesin ward because they had insufficient staff trained in RPI. All staff must receive RPI training to ensure staff and patient safety on all three wards</p>	<p>The Health Board will put in place systems and controls to ensure high levels of RPI training</p>	<p>The CPG has collected data on regular staff trained in RPI and the current compliance for 23rd June 2014 is recorded as: Aneurin: 92% Cynan: 48% Taliesin: 65%</p>	<p>Training Lead supported by Adult Locality Manager</p>	<p>July 2014</p>

			All regular and bank staff will be booked onto training	Training Lead supported by Matron	June 2014
10	A review of the use of therapy & activity resources, both equipment and personnel is required. The occupational therapy (OT) craft room and materials were not being shared with the activity coordinator. Support from staff or another activity coordinator would have beneficial results for the wards to maximize the activities on offer	The Health Board will arrange for a review of the therapies resource within the Hergest Unit to ensure resources and expertise are deployed appropriately	A review of the use of resources to be organised Recruitment of additional activities coordinator to the team to take place shortly A memo to be produced setting out key requirements for the use of equipment within the unit	Adult and OPMH Locality Managers & Lead OT Adult Services Adult Matron Lead OT Adult Services	September 2014 September 2014 June 2014
11	The recommendations made in the 'Clinical Psychology Adult Acute Mental Health Service Report', dated January 2014, needs to be implemented and actioned to ensure the		The Health Board will arrange for the report to be examined by the	Adult Locality Manager & Lead West Psychology Lead	September 2014

	psychology services are available		MHLD CPG to check which aspects can be progressed		
12	With the integration of Notes, information had not been carried over in some cases, including risk assessment / outcomes of leave. A plan for the information to be available for the Notes is required		<p>The Health Board will re-examine the Integrated Case Notes project to ensure that information relating to risk assessment / recording of leave is passed from one episode of care to another</p> <p>A memo to be produced setting out the parameters for delivering care via integrated case notes and the standard operating procedure will be re-circulated</p>	<p>Assistant Business Manager supported by Adult & OPMH Locality Managers</p> <p>Assistant Business Manager</p>	<p>September 2014</p> <p>June 2014</p>
13	The Supervision / appraisal system for medical staff needs to be embedded in their		The Health Board will put in place	COS & OMD	September 2014

	development. The review team did not have the necessary level of assurance that some medical staff had received any performance management reviews		systems to ensure supervision and appraisal are embedded for medical staff		
14	Some patients had no note on the file as to whether they had been given or understood their rights under S132. All patients detained must be made aware of their rights under S132		<p>The Health Board will arrange for an audit on explanation of rights for patients subject to parts of the Mental Health Act</p> <p>Staff have been informed in writing of their responsibilities in documenting the explanation of patients rights</p> <p>The MHAAs have developed a local form which details when patients are provided with their</p>	<p>Mental Health Act Administrator West</p> <p>Mental Health Act Administrator West</p> <p>Mental Health Act Administrator West</p>	<p>August 2014</p> <p>June 2014</p> <p>June 2014</p>

			rights under s132 of the Act. This form also documents whether the patient understood their rights. If the patient was deemed not to understand their rights, these are reaffirmed and documented accordingly		
15	For a review of the resources relating to the administration of the Mental Health Act to take place		The Health Board will undertake a review of resources dedicated to the MHA administration to ensure this function is adequate for the Hergest Unit	Business Manager	September 2014