GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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Dyddiad / Date: 10 January 2013

Mr John Powell
Head of Regulation
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Dear Mr Powell

Re: Healthcare Inspectorate Wales Visit to the Hergest Unit, BCU Health Board

The Health Board would like to thank Healthcare Inspectorate Wales and the team for their visit on 2 December 2013 and for providing verbal and written feedback following the visit to the Acting Medical Director, Clinical Programme Group Senior Management Team and members of the corporate Health Board team.

The Health Board accepts the concerns identified by HIW and has identified the following themes from the letter dated 17 December 2013 and has commenced the following improvements:

Engagement

Recommendations 1, 2, 3, 6 and 12 identify a lack of engagement in the change process by members of the multidisciplinary team. The Health Board has commissioned an external consultant to advise and facilitate engagement with the nursing staff. This process is underway with weekly Hergest senior nurse meetings and a date has been set for the first monthly nursing leadership away day, this being 30 January 2014. A monthly nursing development away day will be focusing on ways to empower nursing, introduce nursing innovation and best practice and engagement in the change process. It is anticipated this will improve morale amongst the nursing staff.

The Health Board has put in place support from the Assistant Medical Director to engage with the Hergest Consultant Medical Group and established a local operational management team supported by site management expertise. This has already started to improve links between the clinical teams on the District General Hospital site and supports a greater sharing of expertise into and from the Hergest Unit. This is particularly beneficial, given the health co-morbidities of mental health patients

The Health Board has moved to a local consultant and trainee on call rota with a local co-ordinator which will give clarity to the on call arrangements.

Staffing

Recommendations 4, 5, 7, 8, 9 relate to the availability of staffing and acuity and the impact on service provision and training.

The Health Board is pleased to confirm that the immediate assurance relating to training for Basic Life Support and Fire Safety has taken place (please refer to action plan). The ongoing implementation of the action plan will further address the present rate of supervision and personal development plans. The Health Board has also introduced an assurance framework to monitor training and a range of quality metrics, which is being monitored by the Matron and reported into the Clinical Programme Group (CPG) Integrated Governance reporting arrangements.

The Health Board is presently recruiting for both registered nurses and health care support workers and short listing of candidates is underway. The establishment review and staffing requirements have been raised and clear escalation procedures for staffing availability have been clarified and communicated with Ward Managers and Matrons. In the short term, the CPG has increased the number of available nursing staff to the required staffing template by use of bank staff and a number of bank staff being given temporary contracts of employment in the Hergest Unit.

The Health Board can confirm that the availability of Occupational Therapy and recreational activity is now being overseen by a senior Occupational Therapist. Occupational Therapy participation in daily clinical decision making will ensure access for all patients including those on Taliesin Ward.

Bed Usage and Dignity of Care

Recommendations 10, 11, 15 relate to bed capacity, demand and dignified care. The Health Board acknowledges the need to respond to the appropriate use of beds for gender, frailty and physical health problems. Proposals have been put forward for a frailty area of a ward to be established alongside a reduction of the beds in each of the wards. The proposed reconfiguration of beds would result in improvement of the mixed sex arrangements and ensure that mixed clinical conditions would also be more appropriately separated, ensuring the frail older patients have accommodation more suited to their needs. The bed reduction would also result in a higher ratio of nursing staff, improve the skill mix and support the availability of nursing staff to undertake further training and personal professional development. The Health Board is currently undertaking an evaluation of the usage of Electroconvulsive Therapy and confirms it is not currently being undertaken at the Hergest Unit.

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Estate

A number of the recommendations, notably 14, 15, 17, 21 relate to the estate. The Health Board will take further guidance regarding the changes required for the Seclusion Room on Taliesin ward. Changes have been made to the protection of confidential patient information and hand hygiene dispensers are in place. The Health Board will undertake a review of the environment with the aim of developing plans which maximize safety for frail patients and promote dignity and privacy within the existing infrastructure.

The Health Board is undertaking a review of wider mental health services across North Wales and longer term improvement plans for the Hergest Unit will form part of that review.

Yours sincerely

GEOFF LANG
ACTING CHIEF EXECUTIVE

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Hergest Unit Healthcare Inspectorate Wales Action Plan 2014

Introduction

This Action Plan has been developed to respond to the specific areas of concern identified by Heathcare Inspectorate Wales following the unannounced visit to the Hergest Unit between 2nd and 4th December 2014

Actions have been recorded against each issue of concern to indicate how they will be addressed. The resulting actions will be aligned with the actions required following the invited review of the Hergest Unit which was undertaken by the Royal College of Psychiatrists, to form an overall plan for improvement.

To facilitate the actions set out in this plan the Board has provided additional clinical and managerial leadership capacity for the Unit, and has enhanced monitoring arrangements to ensure that progress is maintained.

The Action Plan will be implemented by the team in Hergest Unit, actions will be reported through the Clinical Programme Group Integrated Governance arrangements and assurances on progress will be provided to the Board via quarterly reporting, or by exception reporting.

Action Plan					
Issue of concern		**Action Required**	**Progress to Date**	**By Whom**	**By When**
1	Relationships between some responsible clinicians (RC), and some nursing staff was very poor with staff not talking to each other. In addition, some nursing staff were not talking to other nursing staff. The lack of communication and behaviour amongst professionals is unacceptable and must be resolved.	An operational management group will be established within the Hergest Unit to address communication and enhance effective teamworking.	First meeting date set. Membership invited.	Head of Programme Community & YG site manager	January 2014
2	A lack of engagement in the change process of medical, nursing and occupational therapy (OT) staff was having a detrimental effect on the operation of the unit. Staff must engage in the change process to ensure the best possible outcomes	The operational management group above will facilitate further engagement. Senior nursing staff will meet regularly to ensure enhanced engagement in the change process	First meeting planned for January A Hergest senior nurse meeting has met weekly since December 2013	Head of Programme Community & YG site manager ACOS Nursing supported by External Consultant	January 14 December 13

	for the patient group.	The Executive Director of Nursing has commissioned an external consultant to provide support and facilitation to a Hergest nursing development plan. This will include direct support and mentoring to the nursing leadership in the Hergest Unit. The Assistant Medical Director will initiate regular meetings with Consultant staff to develop effective engagement	A date has been set for the monthly nurse leadership team to meet at the end of January 2014 and a programme of activity planned. Meetings commenced in December		January 14 December 13
3	A number of staff interviewed during HIW visit stated that the morale at the unit was low. Strategies for improving staff morale must be identified and implemented.	The Hergest Nursing Development Plan referred to above will address ways to improve morale. Regular team meetings will be established to review progress and address local issues of concern	As above	ACOS Nursing supported by External Consultant	January 14

4	There was a lack of training in some key areas across all wards, specifically fire safety and basic life support. The percentage of staff having received fire safety training was Aneurin 4%, Cynan 8% and Taliesin 0%. The figures for staff receiving basic life support was Aneurin 52%, Cynan 28% and Taliesin 52%.	The CPG has put in place immediate training in basic life support and fire training following the HIW visit A system of regular monitoring and reporting of access to key aspects of training will be implemented	Attendance rates for basic life support is now 96.3% and for fire training is now 96.1% (of available staff) A weekly assurance template has been developed for the Matron to maintain checking of training	Matron Matron	December 13 January 14
5	Improve regular staff supervision, specifically on Cynan ward. The figure of staff having received supervision on this ward was 0%.	Immediate attention is required to supervision practice to ensure compliance with the Board's supervision policy. Matrons to be updated on the requirements of supervision and their role in delivery.	The CPG has redistributed the supervision policy to all matrons The supervision compliance for the nursing team in the Hergest unit is: Taliesin 58% Cynan 42% Aneurin 37% at	ACOS Nursing Matron & Ward Managers	January 14 January 14

	[redacted]	Personal development plans are to be in place for all staff.	December 2013 A weekly assurance template has been developed for the Matron to maintain checking of supervision The number of nursing staff with a personal development plan in the Hergest unit is: Taliesin 15 staff Cynan 15 staff Aneurin 17 staff. Outstanding staff are booked into Ward Diary for next 3 months at	Matron Matron & Ward Managers	March 14

6	Managers must be empowered to initiate change and bring leadership to the unit.	Review local management arrangements to enhance local ownership of issues and influence to make change happen. • Identify a local lead clinician for the Unit • Establish the local Operational Management Team • Support the weekly Hergest senior nurse meeting • Review the management support required for services in the west.	Job plan for Adult Community HoP See above (1) See above (2) Acute Care Manager post has been advertised and awaiting interview process	Chief of Staff ACOS Operations / Nursing	January 14
7	There were 2.5 equivalent full time OTs available on the Hergest unit, however, a substantial amount of this time appeared to be taken up with the assessment process. The reality of this was that only 5 hours of direct contact with patients per week was taking place. More face to face sessions with patients must	Additional senior OT capability to be deployed to enhance assurance and delivery OT action plan including revised operational process and senior local leadership to be in place covering the following • All service user related duties which includes face to face and non face to face duties related to the delivery of effective	Band 7 OT seconded to the OT team in December 2013 to support the development of the OT service on the unit and support the OT team with daily clinical decision making.	Head of OT	December 13 January 14

	be facilitated. (Identified in August 2102)	clinical care. • Direct and indirect contact activity data will be monitored through the implementation of the therapy manager system. • Staff to be supported with implementation of the therapy manager system. • OT acute care services are being developed through a BCUHB OT acute care development meeting. Band 7 OT to periodically audit OT care plans to ensure they represent all clinical activities undertaken with and on behalf of the service user.	Therapy Manager system has been uploaded to computers Training for staff in usage to commence in next 2 weeks		February 14 onwards
8	A distinct lack of recreational and occupational activities provided by the OT service was observed and this was also confirmed by patient and staff feedback. A range	As above • OT now supporting the activity co-coordinator role through directing service users to the		Head of OT	January 14

	of meaningful recreational and occupational activities must be made available for all patients. A clear exception to this was the work undertaken by the activities co-coordinator that was having a positive impact upon the social and recreational activities available for patients.	sessions. • Recreational and Occupational activities can be delivered through a range of staff and agencies on the unit. OT to review and update the current action plan which supports this. OT staff can provide education and training to others on the unit.			
9	All patients on Taliesin ward (PICU) have an OT assessment between 4-7 days after arrival on the ward. At the time of our visit, everyone assessed on Taliesin ward by OT was recommended as not requiring OT and therefore patients on Taliesin ward were not having any OT input. We identified at least patient who it appeared may have benefited from some OT input.	Band 7 OT to audit the assessment and service delivery on Taliesin .		Head of OT	January 14

10	Some patient admissions may be inappropriate and some admissions appear to have complex physical needs. During our visit a number of patients were admitted to the unit and discharged within a very short space of time.	Establish a frail elderly nursing team with allocated beds on one of the open wards. Mitigate environment issues and ensure that nursing staff are trained in identifying and meeting these needs. (See also point 15 below)	Options for provision identified	ACOS Nursing	January 14
		Improve the availability of inpatient performance and clinical audit measures to facilitate regular review by clinicians and managers.	Analysis of available information underway	Improvement and Business Support	February 14
		Develop an improvement plan for Home Treatment and acute liaison, to include; • Improved medical input with a lead consultant for HTT. • Development of alternatives to admission. • Parallel improvements to services in the Ablett including a second HTT consultant.		Acute Care Manager	March 14
		Review the provision of an age appropriate response for the functional elderly patient in West Conwy, Gwynedd and Angelsey		ACOS Operations	March 14

11	The range of conditions that patients were experiencing was very diverse including; drug and alcohol dependency and elderly patients suffering from anxiety and depression.	See above for plans for frail patients Training will be arranged to support nursing staff in managing patients with Co-occurring mental health and substance misuse problems.	The CPG has produced training on substance misuse and this will be put in place for February 2014	Head of Programme SMS	February 14
12	There was a lack of robust governance and clinical audit processes in place. A robust process of governance and clinical audit processes must be implemented.	Weekly quality and safety metrics tool to be completed for all Hergest wards Local clinical governance group to be established including medical and nursing senior staff. The CPG governance team will ensure that local processes for CPG quality and safety activity, including all SUIs, incidents and complaints are in place. Quality and safety lead post to be put in place	The Matron led quality and safety tool in place from January 2014 Local Chair to be identified West quality and safety lead advertised for appointment	Matron Chief of Staff Business Manager Governance Business Manager Governance	January 14 January 14 January 14 March 14

13	There was confusion regarding the on-call rota for senior staff when we arrived on Monday 2 December 2013. A clear and robust system of oncall to be implemented.	A local on call rota will be established for the Hergest Unit A local coordinator and clinical lead will be identified to manage the trainee and consultant rota at each site.	The CPG has reviewed on call arrangements for senior medical staff across North Wales to ensure clarity of out of hours arrangements. New rota to commence on 6th January 2014.	Chief of Staff	December 13
14	A review of the seclusion room on Tallesin ward is urgently required. The room had a WC and wash hand basin within it and there is a lack of privacy and dignity as windows in the nurse's station look directly onto the WC within the room. In addition, the room has areas, that a patient could potentially not be visible to staff, and this is a significant risk to both patients and	Full risk assessment to be carried out on the continued use of seclusion facility and arrange estates plan to undertake any programme of works required	Risk assessment regarding short term options for improvement to be undertaken Advice has been sought from the National Association of Psychiatric Intensive Care Units regarding the latest standards. New advice is	ACOS Operations supported by Matron	January 14 February 14

	staff. (Identified in August 2012).		imminent (2 weeks) and the facility will be reviewed urgently as soon as the advice is published . If it is not published within this timeframe expert opinion will be sought regarding best practise		
15	The environment does not promote privacy and dignity for the patient group. There are multi occupancy rooms and the bathrooms are shared between the patients on that ward. There were limited designated male and female facilities. An urgent review of the environment is required. (Identified in August 2012).	A temporary reduction of beds will be implemented in order to support staff to maintain a safe service, reduce the level of multi occupancy and pressure on bathroom facilities. Bed reduction will be supported by: HTT improvement plan as above. OPMH improvement plan as above. PICU step down to the IRU (Cynnydd ward). Full review of the environment to be commissioned to maximise safety for frail patients and promote dignity and	Options for bed reductions identified and currently being evaluated Some refurbishment has already taken place	Chief of Staff ACOS Operations	January 14 March 14

		privacy, within the existing infrastructure.	and work is on-going to facilitate improvement within the existing infrastructure		
16	Significant issues with care documentation were identified and included: a) Risks had been identified, but no care plan was in place to address the risk. b) Evaluation of section 17 leave not always documented. c) Issues with a lack of care plans for non compliance of medication.	Audit mechanisms will be established to regularly check the compliance of care plans and risk assessments, including medication compliance Further training will be offered in relation to the requirements of the mental health measure The CPG has a risk assessment strategy document that has advocated WARRN training with ongoing training in place. Training compliance will be subject to performance management	 Current compliance with MHM foundation training is 76% and further training on the 2 day MHM training is planned for 2014 Current compliance with Asking Difficult Questions (ADQ) (risk training) is Taliesin 50% Cynan 40% Aneurin 50% This training is only	ACOS Nursing Matron to ensure staff are allocated time to attend training on MHM & ADQ MHM training coordinator	January 14 January 14 onwards

			for qualified staff – all Band 6 and 7 are completed		
			Further ADQ training is planned for 2014	MHM training coordinator	
			Registers maintained on MHM and ADQ training	MHM training coordinator	
		Section 17 leave arrangements will be subject to audit		ACOS Nursing	February 14 onwards
17	Patient information was displayed on whiteboards in the nurses station's and was clearly visible for fellow patients and visitors to see. Patient information must be protected.	Ensure notice board is moved and not visible to patients / visitors.	Arrangements have been put in place to preserve patient confidentiality on the information boards	Matron	December 13
		Information boards to be re-sited	New information boards to be ordered	Matron	February 14

18	The electroconvulsive therapy (ECT) suite was last used to provide treatment in August 2013 and following confirmation from staff it became evident that this is only used 2 or 3 times each year. With the ECT suite used so infrequently, we asked the board members, during the feedback meeting, how they can ensure and confirm that staff demonstrate an acceptable level of competence and knowledge to undertake ECT treatment.	All ECT activity to be suspended in Hergest Unit The future provision of the ECT service in North Wales must be evaluated and options considered.	ECT is not currently being undertaken at Hergest Patients who require ECT to be transferred to the Ablet Unit	Chief of Staff ACOS Nursing supported by Matron Chief of Staff	December 13 December 13 March 14
19	A review of the staffing must be undertaken. Section 17 leave has been affected because of staff shortages. Staffing numbers must be adequate for the patient group and the facilitating of Section 17 leave. (Identified in August 2012)	Temporary reduction in beds to be implemented in order to support staff to maintain a safe establishment and release staff for Section 17 escort duties. The staffing ratio for Cynan and Aneurin wards to be increased	Recruitment ongoing for both temporary and permanent staff to increase ratios to required levels. Staff ratios have been increased on Cynan and Aneurin	ACOS Nursing supported by Matron	January 14

		Ward Managers to escalate to Matron if unable to maintain a safe roster on a daily basis Additional nursing staff recruited on a temporary basis to ensure sufficient staffing.	Escalation procedures in place		
20	A number of issues were identified in the clinic room on Aneurin ward. These included: a. Issues with the controlled drug register. Specifically, wrong dates entered on the charts. b. Staff had signed the 5 x 1 medication charts prior to any medication given/received by the patient. c. There were no signatures for some medication administration. d. There were drugs in the cupboard for patients who had been discharged from	Immediate review of practice and adherence to policy required. All staff are to be made aware of and are required to adhere to current BCU HB medicines management procedures	The issues raised by HIW have been reviewed by BCU HB medicines management nurse on 5th and 9th December 2013 Recommendations have been made by the Specialist Nurse Medicines Management in relation to controlled drugs and a memo has been distributed to matrons to this effect	Medicines Management Nurse Specialist ACOS Nursing	December 13 January 14

	the hospital. (Identified in August 2102)	Periodic audits of medicines administration and controlled drugs to be implemented		ACOS Nursing	February 14 onwards
21	There was no hand/alcohol sanitizer on the wards and/or on the entrance to the wards.	Ensure hand sanitizers are in place either at ward entrance or for personal use	Hand sanitizers now in place New dispensers to be fitted in ward entrances	Matron Matron	January 14 February 14