

BETSI CADWALADR UNIVERSITY HEALTH BOARD

MENTAL HEALTH AND LEARNING DISABILITIES DIVISION

TY LLYWELYN ACTION PLAN FOLLOWING VISIT BY HIW 4/5/6 NOVEMBER 2014

Issue Identified	Current Situation	Action Required	Person Responsible	Target date for completion	Progress to date
1	<p>Staffing Levels HIW raised concern regarding adequate numbers of staff to facilitate effective patient care. On the night of visit, one registered nurse on duty on each ward, one of whom was also responsible for the whole unit.</p>	<p>Sufficient staffing must be available across the hospital for all shifts to ensure safe care for patients and the safety of staff.</p>	<p>Interim Locality manager Forensic, Rehab and ABI Services/Matron</p>	<p>January 2015</p>	<p>Rotas are established to ensure the three wards within the unit have a compliment of 14/14/11 on days and 4/4/3 for nights.</p> <p>All nights are staffed by 4 registered nurses unless in extreme and unpredictable circumstances where no 4th registered nurse can be brought in following exhaustion of all options (bank / overtime / agency). Where staffing falls below the agreed minimum numbers, this is escalated via management processes. Recruitment is underway to fill vacant posts as part of the wider Divisional recruitment campaign.</p> <p>Matron to audit rotas and provide assurance to Head of Nursing regarding Safe staffing</p>

					Numbers on a monthly basis.
2	Lack of printers available on the wards to allow staff to immediately print off essential patient documentation/ paperwork.	A review of the procedure and availability of such equipment is required to provide a more efficient system.	Assistant Business Manager	January 2015	A secure print facility is to be installed within the medium secure environment. Procurement has commenced and the printer has been ordered.
3	<p>Patient Notes Five sets of patient notes were reviewed –observations of note:</p> <p>Patient information details including contact details of next of kin were not clearly recorded or documentation filed appropriately (B&E).</p> <p>Physical observations were confusing and not consistently documented. (B & E)</p> <p>Discharge planning needs to be developed further. (B,C & D).</p> <p>Care plans need to clearly reflect current levels of observations (C & E).</p>	All the issues highlighted for each patient notes need to be addressed as a matter of urgency.	Interim Locality manager Forensic, Rehab and ABI Services/Matron	<p>January 2015</p> <p>January 2015</p> <p>February 2015</p> <p>March 2015</p> <p>January 2015</p>	<p>Training sessions are to be delivered within the education programme on quality note keeping.</p> <p>A sample high quality CTP document, as identified by HIW, will be anonymised and used to benchmark across the service. All CTPs will be reviewed against this benchmark. This will include discharge planning.</p> <p>Revised CTPs will be developed to address deficiencies</p> <p>Matron will audit care plans on a monthly basis to ensure ongoing compliance.</p> <p>A monthly audit of observation charts will be established to assess quality and</p>

	Medication administration records need to be fully and accurately completed.			January 2015	completeness. Medicines administration to be reviewed by the Pharmacist to ensure appropriate and accurate recording.
4	<p>Mandatory Training Statistics from the SharePoint system highlighted alarming data with no training being recorded for manual handling, food hygiene, breakaway techniques, Mental Capacity Act and Mental Health Awareness.</p> <p>Recorded rates for Fire Safety 10%, Life support 41%, POVA(level3) 53% and RPI 26%.</p>	All staff must complete the necessary mandatory training to ensure patient and staff safety.	Training Lead supported by Interim Locality manager Forensic, Rehab and ABI Services.	March 2015	<p>The Training database has been fully updated and reconciled to other records. All future training will be recorded on the database.</p> <p>Training compliance will be monitored on a monthly basis by the Matron and issues with compliance will be actioned and reported to the Director of Mental Health</p>
5	<p>Staff Supervision</p> <p>There was no record of any staff supervision taking place, and some staff stated that not all staff receives regular supervision.</p>	All staff must have supervision.	Matron	December 2015	<p>Further copies of the supervision policy have been made available to managers and staff within the unit to support compliance.</p> <p>Matron will audit supervision and provide a monthly report to the Divisional General Manager on activity and compliance with the policy,</p>

					addressing any deficits.
6	<p>Catering</p> <p>The quality, portion size, variety and temperature of food was negatively commented upon, at times food can wait on the food trolley for up to 40 minutes before it is served.</p>	A review of the provision of food is required.	Matron/Catering Manager	January 2015	There is ongoing liaison with the site catering manager who attends the unit patient forums and addresses any catering issues. An action plan will be agreed between the Matron and the site catering manager, taking into account patient feedback, to address the issues raised. Patients on the rehabilitation ward are able to self cater should they wish to do so. This will be reflected in the action plan.
7	<p>Staff Files</p> <p>Five staff files were reviewed – observations included: Front identification sheets need to be amended to reflect the information on computerised system, files were not always up to date; information was filed under the wrong headings; a general updating and review was required.</p>	The issued highlighted need to be addressed accordingly.	Interim Locality manager Forensic, Rehab and ABI Services/Matron	December 2015 February 2015	<p>Initial review of all personal files to ensure compliance with policy is to be undertaken.</p> <p>Matron will audit staff files on a monthly basis to ensure compliance with agreed standards.</p>

8	Staff Morale Morale was generally low, with staff feeling undervalued, not supported, unfairness of decisions and inaction with issues raised.	Staff morale must be improved.	Interim Locality manager Forensic, Rehab and ABI Services/Matron	February 2015	Action plan to be developed by the Forensic service manager with support of the staff to improve communication and morale. Staff communication forums continue on a monthly basis and to be further developed with locality manager and Modern Matron to enhance two way communication. Staff forum to advise regarding training and development needs within the Unit to enhance staff engagement, recognition and communication.
9	Staff felt equal value was not given to all disciplines at multi disciplinary team (MDT) meetings.	A review of the MDT process is required to ensure every discipline represented is treated fairly and equally within MDT meetings.	Matron/ Interim Locality manager Forensic, Rehab and ABI Services/Chief of Staff	February 2015	Forensic Manager to arrange MDT workshops to explore concerns and agree new ways of working and standards of conduct.
10	Accessing of General	An urgent review of GP	Chief of Staff	March 2015	The Division is reviewing the

	Practitioners Some issues were reported of patients accessing General Practitioner time to receive adequate physical care.	cover is required to ensure that patients receive effective physical care and treatment.			GP input into the unit and this will led by the Clinical Director with a revised model implemented by March.
11	Mental Health Act Some pressures were noted with regards obtaining statutory reports for Mental Health Review Tribunals (MHRT) and Ministry of Justice (MoJ).	There are statutory timescales for reports which must be adhered to.	Mental Health Act Manager/Mental Health Act Administrator	January 2015	The MHAAs send electronic notifications to staff advising of report deadline in advance of the written request to ensure sufficient preparation time. Late submission of reports is escalated to senior management and a report submitted via DATIX. Compliance in this area will be performance managed through the Mental Health Act Office.
12	Integrated Files do not facilitate easy access to legal information.	Further dividers are needed to be included within the Mental Health Act section in order to make it easier to read and locate essential legal information.	Mental Health Act Manager/Mental Health Act Administrator	February 2015	MHAAs have ordered additional dividers for the integrated case notes. All notes to be updated completed by end of February.