Improvement plan

HIW – Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board

The table below includes any other improvements identified during the review where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

	Recommendations	Action	Responsible officer	Timescale
1	The health board must ensure that full and comprehensive mental health assessments and physical health assessments are always being completed in a timely manner, in line with the Mental Health (Wales) Measure 2010 under the Mental Health Act 1983.	**The oversight of this recommendation will be via the High Quality Records Workstream.** Admission pathway for inpatient units will be reviewed to ensure that that comprehensive mental health assessments and physical health assessments will be completed within 6 hours of admission as standard. On completion agreed pathway will be communicated to all Nursing and Medical staff across all Mental Health services using the care Group "Communication and Learning Framework" as detailed in **Recommendation 40** Completion of mental health and physical health checks will be added to the Admission Pathway for all inpatient wards. Evidence of routine compliance will be shown by adding audit of this standard to the weekly Ward Manager Audit: initial review will be of all admissions for no less than one month or until compliance; and each ward will undertake a weekly spot random audit of 20% (or a minimum of five) of all admissions to the Adult inpatient units using the "ward managers Audit tool. Audit data will be reported/escalated through Care Group Governance Framework (appendix 1&2)	Clinical Service Group Manager , Merthyr and Cynon (CSGM, M&C)(High Quality Records Workstream Lead) Clinical Service Group Manager, Merthyr and Cynon Lead Nurses Clinical Service Group Manager, Merthyr and Cynon In-patient Senior Nurses Ward Assurance Lead/ Inpatient Lead Nurse	30 June 2023
2	The health board must ensure that when staff complete patient risk assessments, the method should reflect the requirements set out within national guidance.	**The oversight of this recommendation will be via the Skilled and Motivated Workforce Workstream.** All staff who are expected to complete clinical risk assessment will receive training in WARRN (nationally recognised) risk assessment and formulation.	Lead Nurse, Bridgend(Skilled and Motivated Workforce Workstream lead) Lead Nurse, Bridgend	31 July 2023

		This training will be delivered to all new staff within 8 weeks of commencement of an inpatient role or at induction period for junior staff, with a target of 85% for all staff who require the training. The HB standard for all mandatory training is 85% minimum, and is considered to be a prudent and appropriate target, with consideration of predictable staff turnover and anticipated unavoidable challenges to training. Compliance will be reported monthly by the CTP Lead and monitored through the Risk Steering Group. **An initial demand and capacity exercise has been completed, with external training provision through Spring 2023. Present compliance is at 69.5 % (from 35 % in Feb 2023) with a trajectory of 80% by end of June 23.** There is a programme of ongoing WARRN training delivered by a cohort of clinical trainers. This programme has been developed to ensure that there is capacity to deliver against 100% of anticipated demand annually. Inpatient units will review paper and electronic archives and systems and remove all risk documentation other than the HB approved Clinical Risk Formulation and Management Plan. Evidence of routine compliance will be shown through the weekly Ward Manager Audit, which contains a review of risk assessment documentation of a sample of patient records. Mental Health Ward Assurance audits will be added to the Health Board electronic audit system.	Chair of Risk Steering Group Chair of Risk Steering Group In-patient Senior Nurses Ward Assurance Lead/Lead Nurse	
3	The health board must ensure that mental capacity assessments are undertaken by relevant staff, which reflect the criteria set within the relevant legislation and national guidance.	**The oversight of this recommendation will be via the Safe Discharge Workstream.** The Inpatient multi-disciplinary team have developed a formal template for documentation of patient reviews and multidisciplinary discussions. This formalises the necessity to routinely record the MDT opinion of the person's capacity and any need for full Mental Capacity Assessment using the approved Health Board Framework. This will be implemented across the Care Group. Evidence of routine compliance will be shown through the weekly Ward Manager Audit, which contains a review of MDT documentation of a sample of patient records. Ward manager Audit tool has been digitised to enable rapid real time reporting of results through the "Audit management and Tracking (AMaT) process. Non-compliance will be reported weekly by ward managers to Senior Nurses; with immediate remedial action if necessary, and escalation to Clinical Service Group management team if required. Compliance/non-compliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework (Appendix 1&2)(Appendix 1 &2) Staff will learn from audit results when shared with staff teams through the Quality/Audit/learning agenda points in formal team meetings	Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead) Clinical Director Rhondda and Taff Ely Ward Assurance Lead/Lead Nurse Ward managers In-patient Senior Nurses Team leaders	30 June 2023

		Audit data will be reported/escalated through Care Group Governance Framework (Appendix 1&2))	Lead Nurses	
4	The health board must ensure that carers assessments are routinely offered and where required, undertaken for relevant individuals, in line with The Mental Health Act 1983 Code of Practice.	**The oversight of this recommendation will be via the Safe Discharge Workstream.** Admission pathways for inpatient units will be reviewed to ensure that carers assessments are routinely offered where required. Carers assessments are offered at the point of admission and recorded on admission paperwork. The process will be shared with all staff through Communication and Learning Framework (Recommendation 40). Audit of the process will be fedback to teams and any remedial action will reinforce compliance The inpatient multi-disciplinary team have developed a formal template for documentation of patient reviews and multidisciplinary discussions. This formalises the necessity to routinely record consultations with the patient's family and care network. Evidence of discussions with carers will be recorded within the clinical notes, following the template format. Evidence of routine compliance will be shown through the weekly Ward Manager Audit, which contains a review of MDT documentation of a sample of patient records. Ward Manager Audit tool has been digitised to enable rapid real time reporting of results through the "Audit management and Tracking (AMaT) process. Non-compliance will be reported weekly by ward managers to Senior Nurses; with immediate remedial action if necessary, and escalation to Clinical Service Group management team if required. Compliance/non compliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework (Appendix 1&2) Staff will learn from audit results when shared with staff teams through the Quality/Audit/learning agenda points in formal team meetings Audit data will be reported/escalated through Care Group Governance Framework (Appendix 1&2) Audit information will also be will be communicated to all staff through Ward training boards, daily safety briefing etc. Each clinical area (inpatient and community) will have designated training board/information space for the sharing of learning / local audit/ educational resource, with specific information (leaflets/posters) relating to the right of the carer under the Social Services and Wellbeing Act	Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead) Clinical Director Rhondda and Taff Ely Lead Nurses Clinical Director Rhondda and Taff Ely Ward managers Ward managers/ In-patient Senior Nurses In-patient Senior Nurses Team leaders Lead Nurses Team leaders Clinical Service Group Manager(CSGM) , Rhondda and Taff Ely(Safe and Therapeutic Environment Workstream Lead)	30 June 2023

5	The health board must ensure that patient care and treatment plans: a) Reflect the requirements set out within the Mental Health (Wales) Measure 2010; b) Are routinely signed and dated following review or update, to allow for the identification of relevant staff members	**The oversight of this recommendation will be via the High Quality Records Workstream.** Inpatient units have reviewed paper and electronic archives and systems and removed all care planning documentation other than the HB Inpatient Management Plan and Care and Treatment Plan (CTP) The standards around signing reviewed and completed Care and Treatment Plans which are outlined in the HB Care and Treatment Plan (CTP) Policy will be communicated to all appropriate staff through ward training boards and daily safety briefings. The CTP audit tool has been reviewed, digitised and added to "Audit management and Tracking (AMaT) process. A bi monthly audit programme is underway as a pilot with roll out from July 2023. Evidence of routine compliance will be shown by adding audit of this standard to the weekly Ward Manager Audit: initial review will be of all admissions for no less than one month or until compliance; and weekly sample of admissions going forward. Effectiveness of implementation will be evident in audit outcomes and compliance with national reportable KPI. These are monitored through the monthly Integrated Performance meeting chaired by the Care group Service Director and informed by the "Performance Scorecard" that is produced monthly by the MH Performance team .	Clinical Service Group Manager , Merthyr and Cynon (CSGM, M&C)(High Quality Records Workstream Lead In-patient Senior Nurses CTP Lead CTP Lead Ward Assurance Lead/lead nurse CSGM's	31 July 2023
6	The health board should review the ward round structure and arrangements in place, to ensure that sufficient time is permitted to adequately discuss all patients.	**The oversight of this recommendation will be via the Safe Discharge Workstream.** A review of ward round arrangements across the Health Board will be undertaken. This will include: • Consultation with patients and carers • Consultation with the multi-disciplinary team • Benchmarking with other mental health services Standards for ward round arrangements will be developed, communicated and implemented across the Care Group. These arrangements will be shared with all staff through Communication and Learning Framework (Recommendation 40). Audit of the process will be fedback to teams and any remedial action will reinforce compliance An audit tool for the monitoring of these standards will be developed and included as part of the Health Board electronic audit system.	Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead) Clinical Director Rhondda and Taff Ely Lead Nurses Ward Assurance Lead	31 August 2023

		Audit of ward round arrangements will be undertaken weekly. Compliance/non compliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework (Appendix 1&2) Staff will learn from audit results when shared with staff teams through the Quality/Audit/learning agenda points in formal team meetings Audit data will be reported/escalated through Care Group Governance Framework (Appendix 1&2)	Ward managers Ward managers Lead Nurses	
7	The health board must ensure that arrangements are in place to enable prompt communication and information sharing between inpatient and community teams during the discharge process.	This concern is, in the interim, being been addressed as part of the immediate assurance action plan: *1.2 Consider how essential communication between secondary and community or primary care teams can be improved immediately.* The **Safe Discharge Workstream** will develop standardised discharge communication processes across the Care Group In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board. The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the "High Quality Inpatient Care" sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM. This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM . Compliance/non compliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework (Appendix 1&2) Staff will learn from audit results when shared with staff teams through the Quality/Audit/learning agenda points in formal team meetings Audit data will be reported/escalated through Care Group Governance Framework (Appendix 1&2)	RTE Lead Nurse Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead) In-patient Senior Nurses Team leaders Lead nurses	**Completed:** *See evidence folder 7 for this recommendation* 31 August 2023
8	The health board must ensure that all relevant staff complete appropriate training for timely and effective communication and information sharing relating to the discharge process.	The oversight of this recommendation will be via the Skilled and Motivated Workforce Workstream.	Lead Nurse, Bridgend(Skilled and Motivated Workforce Workstream lead)	31 July 2023

		A review of ESR function and recording of mandatory and MH specific training within the MH care group and has developed a universal spreadsheet to enable accurate and consistent reporting of compliance. This was completed in March 2023 . Subsequently the care group has rolled out a local training record that will enable accurate reporting of the range of mandatory and MH specific training • WARRN risk management training; An initial demand and capacity exercise has been completed, with external training provision through Spring 2023. Present compliance is at 63.3 % (from 49 % in April 2023) with a trajectory of 87% by end of October 23. • PMVA; An initial demand and capacity exercise has been completed, with external training provision through Spring 2023. Present compliance is at 69.5 % (from 35 % in Feb 2023) with a trajectory of 80% by end of June 23. • Care and Treatment Planning • Information Governance The Care Group will achieve and sustain 85% training compliance in these core skills training domains. The HB standard for all mandatory training is 85% minimum, and is considered to be a prudent and appropriate target, with consideration of predictable staff turnover and anticipated unavoidable challenges to training. There is a programme of ongoing WARRN and CTP training delivered by a cohort of clinical trainers. This programme has been developed to ensure that there is capacity to deliver against 100% of anticipated demand annually. Compliance for WARRN and CTP will be reported monthly and monitored through the Risk Steering Group This will be monitored via Clinical Service Group performance meetings. This will also enable reporting of training compliance through monthly Integrated Performance meeting chaired by the Care group Service Director. The care group is developing a Service Improvement Team (SIT) the service lead of which will gather intelligence from the wider Audit programme, unmet need process, wider learning and staff feedback through PADR to develop a training needs analysis (TNA). Additional bespoke training will be developed in response to the TNA the completion of the work of the Safe Discharge Workstream.	Senior nurses CTP Lead Chair , risk steering group CSGM's Service Improvement Team Lead /Lead Nurse Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead)	31 August 2023
9	The health board must ensure that minutes are completed for inpatient MDT meetings. This is to ensure an accurate record of attendance, key discussion	This concern has in the interim been addressed as part of the immediate assurance action plan:	Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead)	**Completed:** *See evidence folder 9 for*

	points and agreed actions are available to all staff.	*4.4 Ensure that arrangements are in place to maintain comprehensive records following formal MDT meetings, discharge planning meetings or others relating to patient care, and ensure these are shared and reviewed by relevant staff.* As part of the ward round and multi-disciplinary review (recommendation number 6) the **Safe Discharge Workstream** will develop standardised approaches for recording multi-disciplinary meetings across the Care Group. In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board. The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the "High Quality Inpatient Care" sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM. This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM . The Safe Discharge Workstream have agreed standards for format of content of ward round and MDT meeting to record attendance, key discussion points and agreed actions; an agreed template for recording this in the patient notes; and storage and access arrangements for all involved professional across CTM. As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation. (Appendix 3) An audit tool for the monitoring of these standards will be developed and included as part of the Health Board electronic audit system. Compliance/non compliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework (Appendix 1&2) Staff will learn from audit results when shared with staff teams through the Quality/Audit/learning agenda points in formal team meetings	Clinical Director Rhondda and Taff Ely Ward Assurance Lead In-patient Senior Nurse Team leaders	*this recommendation* 31 August 2023

		Audit data will be reported/escalated through Care Group Governance Framework (Appendix 1&2)	Lead Nurses	
10	The health board must provide an update to HIW on the action taken and outcome, to address the administrative support issues within POWH mental health unit.	Since October 2022 there have been no reported concerns with Admin support within the POW mental health unit. By that time 1 staff member from the administration team had returned from long term sickness absence and there was an appointment to a vacant medical secretary post for the ward 14 medical team. The Bridgend (and all other CSG) leadership teams continue to review admin support issues across the service through escalation of any staffing, sickness, or vacancies or demand/capacity shortfalls at CSG performance and QSRE meetings Workforce issues such as vacancies and sickness are reported , by Clinical Service Group at monthly Integrated Performance meeting chaired by Care Group Director	Clinical Service Group Manager, Bridgend	**Completed:** *Recruitment and absence issues fully resolved by October 2022*
11	The health board must ensure that patients and, where appropriate, their family, carer and/or advocate are able to provide their views to inform inpatient care and discharge planning. These views and any subsequent actions should be recorded within the patients' notes.	This concern has in the interim been addressed as part of the immediate assurance action plan: *3.1.1 Ensure that patient families/carers or an advocate (where appropriate), are provided with the appropriate opportunity to contribute to discharge discussions and subsequent discharge plans. Their contribution should be clearly recorded within patient records.* As part of the ward round and multi-disciplinary review (recommendation number 6) the **Safe Discharge Workstream** will develop standardised approaches for ensuring that family, carer and/or advocate views are documented across the Care Group. In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board. The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the "High Quality Inpatient Care" sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM. This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM . The HB will undertake a weekly spot random audit of 20% (or a minimum of five) of all admissions to the Adult inpatient units using the "ward managers Audit tool	RTE Lead Nurse Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead) Ward managers	**Completed:** *See evidence folder 11 for this recommendation* 31 August 2023

		Audit tool for the monitoring of these standards will be developed and included as part of the Health Board electronic audit system. Compliance/non compliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework (Appendix 1&2) Staff will learn from audit results when shared with staff teams through the Quality/Audit/learning agenda points in formal team meetings Audit data will be reported/escalated through Care Group Governance Framework (Appendix 1&2) The views of people with lived experience are critical to the safe and effective delivery of mental health services. The **Lived Experience Group** will develop a lived experience framework so that people can contribute meaningfully to both care and service design/delivery.	Ward Assurance Lead Senior Nurses Team leaders Lead Nurses Head of Nursing CAMHS, (Lived Experience Lead)	31 August 2023
12	The health board must ensure that crisis or contingency plans and relapse indicators are routinely developed and documented as part of the discharge planning process. This information should be discussed, agreed and shared with relevant teams, the patient and where appropriate, their family or carer, prior to or on discharge.	This element of recommendation 12 has been addressed as part of the immediate assurance action plan: *4.3.1 Ensure that patient relapse indicators are appropriately considered and agreed for each patient where appropriate, and that they are clearly recorded and promptly shared with key staff and the patient or relative/ carer, as part of the discharge planning process.* Working alongside the Risk Steering Group the **Safe Discharge Workstream** will be informed by the outcome of the national Mental Health Safety Planning pilots led by the Delivery Unit. All opportunities to further enhance the existing crisis and contingency plans will be explored and implemented as necessary. In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board. The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the “High Quality Inpatient Care” sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM. This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM . The HB will undertake a weekly spot random audit of 20% (or a minimum of five) of all admissions to the Adult inpatient units using the “ward managers Audit tool	RTE Lead Nurse Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead) Ward managers	**Completed:** *See evidence folder 12* 31 August 2023

		The process will be shared with all staff through the Communication and Learning framework (Recommendation 40) . Audit of the process will be fedback to teams and any remedial action will reinforce compliance	Lead Nurses	
13	The health board must ensure that patient records are routinely being updated by staff, to detail what, when and to whom information is being shared with as part of the discharge process.	This element of recommendation 13 has been addressed as part of the immediate assurance action plan: *4.3.2 Ensure that arrangements are in place to maintain comprehensive records following formal MDT meetings, discharge planning meetings or others relating to patient care, and ensure these are shared and reviewed by relevant staff.* As part of recommendation 7 the **Safe Discharge Workstream** will develop standardised discharge recording and communication processes across the Care Group. In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board. The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the "High Quality Inpatient Care" sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM. This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM . Ward manager Audit tool will be digitised to enable rapid real tile reporting of results through the "Audit management and Tracking (AMaT) process. Non-compliance will be reported weekly by ward managers with Senior Nurses; with immediate remedial action if necessary, and escalation to Clinical Service Group management team if required. The HB will undertake a weekly spot random audit of 20% (or a minimum of five) of all admissions to the Adult inpatient units using the "ward managers Audit tool Compliance/non-compliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework (Appendix 1&2) Staff will learn from audit results when shared with staff teams through the Quality/Audit/learning agenda points in formal team meetings	RTE Lead Nurse Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead) Ward assurance lead Ward managers Senior Nurses Ward managers	**Completed:** See evidence folder 13 for this recommendation 31 August 2023

		Audit data will be reported/escalated through Care Group Governance Framework (Appendix 1&2)	Lead Nurses	
14	The health board must ensure arrangements are in place to mitigate against the risks associated with expedited patient discharges, ensuring that timely information is shared with relevant community teams.	**The oversight of this recommendation will be via the Safe Discharge Workstream.** The workstream will define an expedited discharge and develop a procedure for management of expedited discharges to ensure • An Offer of Home Treatment following discharge • Formal communication with the Community Mental Health Team by ward manager • Those identified as expedited will be escalated to the Clinical Service Group Senior Management Team for scrutiny and learning • Review of process and decision making for each case The care group will audit all cases who are considered to have been subject to "expedited discharge" using standards agreed within the procedure Compliance/noncompliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework (Appendix 1&2) Audit results will be shared with staff teams through the Quality/Audit/learning agenda points in formal team meetings Audit data will be reported/escalated through Care Group Governance Framework (Appendix 1&2) The expedited discharge procedure will not include measure to support inpatients who have been given leave earlier than planned as this process is defined in Health Board **Policy for Management of Section 17 leave (MH 12)**, and **Policy for planning leave for informal patients (MH44).**	Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead) Ward assurance lead/Lead Nurses Senior Nurses Ward Managers Lead Nurses	30 June 2023
15	The health board must provide an update to HIW on the actions taken or are outstanding, to mitigate the risks associated with the availability of inpatient beds.	**The oversight of this recommendation will be via the Access and Alternatives to Admission Workstream.** It is uncommon for CTM occupancy to be at 100% even at ward level (attached appendix 4) However, current arrangements for escalation of bed availability differ across the acute hospital sites in the Health Board. A standardised approach will be developed to include: • Daily care group huddles • Shared process for the management of bed availability • Action card guidelines for the management of acuity • Out of hours contingency arrangements • Daily reporting of bed availability • •	Head of Psychology (Access and Alternatives to Admission Workstream Lead) Chair MHA Operational Group	31 July 2023

		<table><tr><th>Month Year</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th></tr><tr><td>Total</td><td>94.35%</td><td>92.95%</td><td>96.02%</td><td>97.21%</td><td>93.13%</td><td>89.10%</td><td>87.80%</td></tr><tr><th>Month Year</th><th>Dec-22</th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Average</th></tr><tr><td>Total</td><td>79.99%</td><td>90.20%</td><td>88.75%</td><td>89.40%</td><td>89.33%</td><td>88.81%</td><td>90.58%</td></tr></table> The Mental Health Act operational group will lead on the development of the Section 140 Policy so that there is clarity about the arrangements when CTM occupancy is at 100%.		
16	The health board should consider the benefits of reinstating the huddle meetings to help manage the issues with patient flow in and out of the inpatient units.	**The oversight of this recommendation will be via the Access and Alternatives to Admission Workstream.** See response to recommendation 15	Head of Psychology (Access and Alternatives to Admission Workstream Lead)	31 July 2023
17	The health board must consider the causes and subsequent options to minimise the number of delayed discharges occurring within inpatient mental health wards.	**The oversight of this recommendation will be via the Safe Discharge Workstream.** The Care group will undertake a review of inpatient demand and capacity to • Define the conditions described by staff in the review • Understand potential causes of delayed discharges. • Identify nursing/MDT • Interventions that will address inpatient blockages to flow The outcome of the demand and capacity review will inform the work of the **Access and Alternatives to Admission** workstream and the **Rehabilitation Programme.**	Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead) Assistant Director of Transformation	31 August 2023
18	The health board must ensure that the management and storage of paper patient records used within POWH inpatient mental health unit, and across the health board as a whole, is reviewed: a) to ensure a standardised approach to allow for more efficient access to patient information; b) to maintain the security of patient data and clinical information	The oversight of this recommendation will be via the High Quality Records Workstream. A programme of work is underway to: • Standardise approaches to the management of paper records if these are required • Maximise risk mitigations for existing processes • Undertake a scoping exercise to phase out paper notes ensuring that the Care Group maximises the use of existing digital systems prior to the implementation of the Single Electronic Record. • Learn from the clinical record improvement at Ty Llidiard whilst recognising that the wider care group has additional challenge in terms of scale and complexity.	Clinical Service Group Manager , Merthyr and Cynon (CSGM, M&C)(High Quality Records Workstream Lead)	31 July 2023

		The Safe Discharge Workstream have introduced governance measures to limit access to any patient held on the W and T electronic drives , with senior level authorisation required in order to gain access Medical records teams on PoW and RGH sites are responsible for maintaining confidentiality and access to patient paper based records, tracking notes when in use. Out of hour there is access to paper records through the Crisis resolution services on both sites. The Safe Discharge Workstream are rolling out best practices across Bridgend (in line with RTE learning) , to rationalise the volume of appear records held, undertaking a scoping exercise into the efficacy of a paper record phase out pre WCCIS implementation. (Completion date 15 July 2023) As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation. (Appendix 3)		
19	The health board must continue to provide HIW with updates on the plans to implement the unified patient clinical records system. This must also include consideration for its inpatient and community services for Child and Adolescent Mental Health Services across the health board.	The Executive and Board are committed to the implementation of a unified electronic record system for the Mental Health and Learning Disabilities Care Group, which includes Child and Adolescent Mental Health Services. A business case has been developed and endorsed by the Executive. There are however challenges with the preferred national system. The Health Board is working closely with Digital Health and Care Wales and other Health Boards as part of the review of the national strategic programme for the Welsh Community Care Information System. The outcome of this review will influence timescales for WCCIS implementation for the Health Board. A CTMUHB WCCIS Workshop is scheduled for 15th June 23 led by MHLD Service Director CTMUHB WCCIS Programme Board to start from 25th July 23 chaired by the Deputy Chief Operations Officer and Executive Director for Digital A WCCIS Operational Group will start in July/ August 23 chaired by MHLD Service Director and IT/ Digital Senior manager WCCIS Implementation Plan timescales for MHLD to be refreshed and presented to WCCIS workshop on 15th June 23. As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation. (Appendix 3)	Digital Director	30 June 2023* *Please note this timescales refers to the outcome for the national review and not the implementation of an electronic record system.* WCCIS implementation aim end 2024

20	The health board must implement actions to mitigate against risks associated with staff access to clinical records in different teams to patient information in a timely manner.	**The oversight of this recommendation will be via the High Quality Records Workstream.** As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation. (Appendix 3) In alignment with the **Access and Admission workstream** and **Safe Discharge** workstream drivers, process mapping has been undertaken and flow diagrams regarding passing patient information between CMHT and Inpatient for admission and discharge have been completed and shared across the MHLD care Group.	Clinical Service Group Manager , Merthyr and Cynon (CSGM, M&C)(High Quality Records Workstream Lead)	31 July 2023
21	The health board must ensure that discharge letters provide sufficient information to patients and where appropriate family or carers, to help manage patient care following discharge. Where applicable, this should include information on the patients' rights to self-refer to the service, in line with the Mental Health (Wales) Measure 2010.	This element of recommendation 21 has been addressed as part of the immediate assurance action plan: *4.1.1 Review discharge letter templates, to ensure they provide sufficient information to patients and other key staff to support a patient following discharge and help maintain their safety and wellbeing* Aligned with recommendation 6 and recommendation 11 the **Safe Discharge Workstream** will ensure that there is a standardised approach to communication with patients and where appropriate their family or carers. In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme has been implemented to ensure whole service engagement and consistency of approach across the Health Board. The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the "High Quality Inpatient Care" sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM. This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM . In alignment with the work undertaken by the High quality records workstream , the inpatient units are now using a uniform template for electronic discharge letters and recording, storage and circulation if also uniform This has also been adapted for OA Services to ensure parity across inpatients and CMHTs. As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses	RTE Lead Nurse Clinical Director Rhondda and Taff Ely (Safe Discharge Workstream Lead)	**Completed:** *Please see evidence folder 21 for this recommendation* *31 August 2023*

		what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation. (Appendix 3) The HB will undertake a weekly spot random audit of 20% (or a minimum of five) of all discharges to the Adult inpatient units using the "ward managers Audit tool Ward manager Audit tool has been digitised to enable rapid real time reporting of results through the "Audit management and Tracking (AMaT) process. Non-compliance will be reported weekly by ward managers to Senior Nurses; with immediate remedial action if necessary, and escalation to Clinical Service Group management team if required. Compliance/non-compliance will be formally reported at CSG QSRE (with any variation over time noted) and reported/escalated through Care Group Governance Framework (Appendix 1&2) Staff will learn from audit results when shared with staff teams through the Quality/Audit/learning agenda points in formal team meetings Audit data will be reported/escalated through Care Group Governance Framework (Appendix 1&2)	Ward managers Ward managers/ In-patient Senior Nurses In-patient Senior Nurses Lead Nurses Team leaders	
22	The health board must ensure that discharge letters are sent to patients, family, their GP and other applicable services within 24 hours of their discharge date. This should also be documented within the relevant patient records.	**The oversight of this recommendation will be via the Care Group Policies Group.** The inpatient team will revise the Hospital Discharge Procedure (MH40) in line with Nice Guideline [NG53] Transition between inpatient mental health settings and community or care home settings. This will make explicit a standard that within 24 hours, a letter which includes the details of a person's current prescription, the reasons for any changes in medicines and their immediate medication treatment plan, is emailed to the person's GP, with a copy given to the person and, if appropriate, the community team and other specialist services The procedures will be shared with all staff through Communication and Learning Framework (Recommendation 40) . Audit of the process will be fedback to teams and any remedial action will reinforce compliance Evidence of routine compliance will be shown through a process audit of all discharges within 24 hours (ward manager) and Bi weekly document review (Senior Nurse) , and bi monthly CTP audit (CTP Lead).	Lead Nurse Merthyr and Cynon (Policies Group Chair) Senior Nurses Ward Managers/Team leaders Senior Nurses	31 August 2023

23	The health board must ensure that discharge summaries are completed and sent out to the patients' GP and other relevant services involved in the post discharge care and treatment, within a week of the discharge.	**The oversight of this recommendation will be via the Ward Assurance Group.** This standard is explicit within the Health Board Procedure (MH40) standard and is monitored through a process audit of all discharges within 24 hours (ward manager) and Bi weekly document review (Senior Nurse). This audit will be included in the Health Board electronic audit tool	Ward Assurance Lead	30 June 2023
24	The health board must ensure that patients are followed up within three days post discharge from mental health units, in line with national guidance.	**The oversight of this recommendation will be via the Ward Assurance Group.** This standard is explicit within the Health Board Discharge Procedure (MH40) standards. This standard is monitored through a process audit of all discharges within 24 hours (ward manager) and Bi weekly document review (Senior Nurse) , and bi monthly CTP audit (Community Senior Nurse). This audit will be included in the Health Board electronic audit tool The **High Quality Clinical Records** Workstream will provide solutions for the monitoring of discharge follow up by community teams using different record systems.	Ward Assurance Lead Clinical Service Group Manager , Merthyr and Cynon (CSGM, M&C)(High Quality Records Workstream Lead)	30 June 2023
25	The health board must take action to manage the risks of insufficient staff numbers and temporary staffing needs on inpatient mental health wards.	**The oversight of this recommendation will be via the Skilled and Motivated Workstream.** The inpatient units have developed staffing escalation processes to ensure effective support to those staff who have responsibility for safe staff decision making on a shift by shift basis. These will be reviewed to ensure a consistency of approach across all inpatient units. A review of nursing establishments across the inpatient units is underway. This will be informed by present best practice guidance and the principles that have been developed by the ongoing All Wales Mental Health Nurse staffing programme. Alternative approaches to recruitment and retention will be explored including: • Recruitment events • Skill mix review • Exploration of Band 4 roles • Overseas recruitment • HCSW to registered nurse training pathways The care group will monitor staffing, recruitment and retention issue s and the effectiveness of the approaches detailed through a monthly Nursing Staffing and Workforce meeting. Workforce issues such as vacancies and sickness are reported , by clinical service group at monthly Integrated performance meeting	Lead Nurse, Bridgend)(Skilled and Motivated Workstream Lead) In-patient Senior Nurses CAMHS, Head of Nursing Lead Nurses Director of Nursing Care Group Service Director	30 June 2023

26	The health board should undertake a community workforce capacity and demand review, to ensure relevant community teams are sufficiently resourced to manage their patient caseloads.	**The oversight of this recommendation will be via the Care Group Strategic Transformation Board.** The Health Board will undertake a demand and capacity review of the community teams and will consider: • Referral pathways • Utilisation of local resources • Thresholds for access to community teams • Caseload numbers and acuity • Skill mix • Workforce wellbeing The demand and capacity review will include engagement with staff working within community teams within the health board, as staff experience, engagement and feedback is an essential part of a compassionate leadership approach to service review.	Assistant Director of Strategy and Transformation	31 August 2023
27	The health board must provide an update on the status of the Merthyr Cynon CRHT assessment facilities within PCH.	**The oversight for this recommendation will be via the Access and Alternatives to Admission Workstream.** The PCH Crisis Assessment Space is now operational within PCH Emergency Department. Crisis and Liaison Staff risk assess the patient and depending on need will remain with them in the room at all times. The current room has been stripped of ligature points as far as is reasonably practicable but is not an anti-ligature environment so is reliant on risk assessment and observation of the patient. Hand held panic alarms have been ordered and will be delivered to Crisis Team w/c 12th June 23 The Care Group is working closely with colleagues at Prince Charles Hospital as part of the estates planning processes and an update on substantive arrangements for unscheduled/crisis assessment will be provide to HIW assessment 30 Sept 2023	Head of Psychology (Access and Alternatives to Admission Workstream Lead)	Update as of 31 may 2023 *Please note this timescale is for the medium term solution. An update on substantive arrangements will be provided 30 Sept 2023*
28	The health board must ensure communication arrangements are embedded, to allow for essential sharing of information between teams regarding patient care and treatment planning during the hospital stay and after discharge.	As a mitigation for the multiple record system that are still in place across the CTM Mental Health service the Safe Discharge Workstream has developed a matrix for clinical team /staff access ("who accesses what system for what purpose") for all systems across the mental health service. This informs all clinical staff of how to access patient clinical risk and discharge planning, information both in and out of hours describes mitigants and escalation. (Appendix 3) In alignment with the **Access and Admission workstream** and **Safe Discharge** workstream drivers, process mapping has been undertaken and flow diagrams regarding passing patient information between CMHT and Inpatient for admission and discharge have been completed and shared across the MHLD care Group. In acknowledgement of the significant work programme that is required across CTM to return it to a position of delivering consistently high quality Mental Health services; a Quality Improvement Programme	Clinical Service Group Manager , Merthyr and Cynon (CSGM, M&C)(High Quality Records Workstream Lead	31 July 2023

<table>
<tr><td></td><td></td><td>has been implemented to ensure whole service engagement and consistency of approach across the Health Board.

The Improvement Programme is led at Care Group level by the Director of Nursing, with six distinct workstreams within the “High Quality Inpatient Care” sub programme. Each is led at a Senior level (Lead Nurse or equivalent), with an overarching aim to ensure that all action, change and improvement will be consistently and universally implemented across CTM.

This consistency of approach will be further reinforced with the imminent reorganisation of the MH Care group to provide Senior leadership and Governance structures that have responsibility for the delivery of all inpatient care across CTM .</td><td></td><td></td></tr>
<tr><td>29</td><td>The health board must take action to ensure there is sufficient medical capacity across all mental health teams.</td><td>The oversight for this recommendation will be via the Medical Productivity Group.

The care Group Medical Director is leading on the development and progress of a Medical Workforce Productivity Committee with the purpose of developing a pan care Group medical workforce plan to ensure the delivery of safe High quality care
This programme of work is focussing on:
Medical recruitment
Medical retention
Design of new roles
Monitoring of job planning
Management of temporary roles
Medical Workforce Productivity Group is now established with CTM wide membership and terms of reference agreed and following first meeting in May 2023 Workstreams agreed for
Recruitment and retention
Unplanned care
Diverse workforce
and Vacancy rates agreed as the Initial Outcome measure- (medical workforce update attached appendix 5)

Following the June 2023 Medical Workforce Productivity Group, staffing levels were identified as

<table><tr><td></td><td>Baseline WTE</td><td>WTE Apr-23</td><td>WTE May-23</td></tr><tr><td>Consultants</td><td>45.4(100%)</td><td>15(32%)</td><td>15 (32%)</td></tr><tr><td>Specialty Doctor</td><td>26(100%)</td><td>11 (42%)</td><td>13 (50%)</td></tr></table>
While there are at present significant rates of vacancy across the MH medical workforce, the Care group is successfully maintaining a cohort of Locum Doctors as a mitigating measure while the recruitment and retention programme scales up.

At present (june 2023) the Care Group Medical Director is assured that there are locum doctors covering all vacant substantive posts</td><td>Care Group Medical Director

Care Group Medical Director</td><td>31 July 2023</td></tr>
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		In addition the Medical Workforce Productivity Group has agreed timescales for delivery of actions within the Recruitment and retention; Unplanned care & Diverse workforce Workstreams **(medical workforce update attached appendix 7)** The care group will monitor staffing, recruitment and retention issue s and the effectiveness of the approaches detailed through a monthly Medical Staffing and Workforce meeting. Workforce issues such as vacancies and sickness are reported , by clinical service group at monthly Integrated performance meeting		
30	The health board must consider how it can work with therapies staff: a) to act on the concerns raised; b) to enable them to undertake their role to adequately manage the needs of patients during their recovery phase prior to discharge.	**The oversight for this recommendation will be via the Safe and Therapeutic Environment Workstream.** As part of the pan CTM Quality Improvement Programme, an event was held on 26th April to consider in partnership the options to provide occupational therapy facilities including but not limited to the provision of: • Development of MDT with access to AHPs and Therapists • Access to Sufficient ADL Equipment • Activities schedules • Facilitated Ad-hoc access to recreational facilities The workstream will review current facilities and scope out potential new areas and facilities. Whilst the workstream is further developing the OT team have been provided with temporary arrangements for therapy space, which has enabled them to continue to deliver the service, with reduced numbers for group sessions.	Clinical Service Group Manager , Rhondda and Taff Ely(Safe and Therapeutic Environment Workstream Lead) Deputy Head of OT / Clinical Service Group Manager , Rhondda and Taff Ely	~~30 June 2023~~ Revised date 30 Sept 2023
31	The health board must consider the need to undertake a review of the capacity and demand of the mental health therapy services, and whether the establishment is correct to meet the demand.	The oversight for this recommendation will be via the Skilled and Motivated Workforce Group. At Therapies Governance meeting on 18/05/2023 the Health Board reviewed HIW recommendation 31, and is in agreement that a multiprofessional review of demand and capacity of the MH therapy workforce is required and will be undertaken. This review will entail a (not exclusive) range of Allied health Professionals including Psychology, Art Therapy, Physiotherapy, Dietetics and SALT. This review of the therapies workforce is underway and is considering: • Strategic workforce drivers • National guidance • Quality standards • Demand and capacity The Occupational Therapy review and subsequent job planning exercise has been completed and the Deputy Head of OT reports that the Occupational Therapy workforce is at full capacity and as such is able to meet demands for assessment, treatment and review that are presented on the Adult inpatient units.	Lead Nurse, Bridgend (Skilled and Motivated Workforce Workstream Lead) Deputy Head of OT/ Head of Psychology	~~31 May 2023~~ Date revised 31 March 2024

		The remaining demand and capacity review will include engagement with staff working within each of the Therapies disciplines, as staff experience, engagement and feedback is an essential part of a compassionate leadership approach to service review. This review will conclude in the development of a MH Therapy workforce proposal for consideration. This review has many interdependencies with the Improvement programme work streams and as such will have a completion timescale of 31 March 2024 In the interim the Health Board has appointed an 8c psychologist to work as Clinical lead for the Adult inpatient service with a remit of developing the available skills within the inpatient workforce, building their psychological safety and resilience; and providing robust clinical challenge when required within the MDT In addition the recently instituted morning inpatient "board rounds" provide an opportunity for Multidisciplinary discussion and care planning and a conduit for making clinical enquiry of the psychology resource when then are not actually on site The Clinical Teams are further able to discuss risk formulations and complex clinical need at the monthly Complex Case Peer Review meeting, chaired by the Head of Mental Health Psychology & Psychological Therapies AHP and psychological therapies in acute services have a long tradition of offering training placements to clinical psychology trainees, counselling psychology trainees, art psychotherapy trainees and psychology undergraduate yearlong placements students. This has created additional capacity to ensure a tiered approach to working with people in acute care. This additional capacity has enabled more patients to be offered protocol based psychological interventions. For the wider nursing team training on Compassionate Care, and Psychologically Informed Practice has been arranged and delivered to the RMN and HCA workforce in acute services, while further training is being planned and commissioned with a third sector provider to deliver ASSIST suicide prevention training to the workforce by October 31 2023		
32	The health board must consider the staff feedback highlighted in this report and consider undertaking a training needs analysis for inpatient and community staff, to identify any training gaps and help ensure all staff have the appropriate knowledge and skills to effectively undertake their role.	**The oversight for this recommendation will be via the Skilled and Motivated Workforce Workstream.** Please refer to the response to recommendation 8. In addition to the core learning skills for mental health staff and informed by the outcome of the wider In-patient Improvement workstreams a full training needs analysis will be completed to identify further opportunities for skills development. The HB standard for all mandatory training is 85% minimum, and is considered to be a prudent and appropriate target, with consideration of predictable staff turnover and anticipated unavoidable challenges to training.	Lead Nurse, Bridgend (Skilled and Motivated Workforce Workstream Lead)	31 August 2023

		In light the scale of improvement required, in addition to the organisational mandatory and statutory training requirement, the Mental Health care group are focusing only on a core set of Mental Health specific skills including WARRN, CTP and PMVA training, and any Mental Health Act /statutory training that is immediately identified through on going learning. The care group is developing a Service Improvement Team (SIT) the service lead of which will gather intelligence from the wider Audit programme, unmet need process, wider learning and staff feedback through PADR to develop a training needs analysis. The Care Group will focus on increased compliance within the time scale 31 August 2023 review, but outside this will revisit the fuller training needs analysis this in 12 months' time (31 May 2024) with a fuller understanding of the lessons from the Inpatient improvement work streams.		
33	The health board must ensure that all staff across the mental health services are aware of how to access support, and that timely access to occupational health and well-being support is available to staff when required.	The oversight for this recommendation will be via the Skilled and Motivated Workforce Workstream. **Good staff experience is critical to the development of the care group and to high quality patient outcomes.** **The Care Group will:** • Establish a programme of Wellbeing Activists in each team to work as champions for this agenda. • Implement the learning from the Ty Llidiard and Maternity Services improvement work on staff engagement • Work with people services and occupational Health to determine blockages to assess service and possible mitigants • Develop mechanisms to demonstrate appreciation and celebrate success • Seek to understand the root causes of staff distress and explore solutions The care group uses a range of methods to seek feedback and input form the staff group. A programme of feedback and analysis of a regular Staff wellbeing survey is coordinated by the Health Board Peoples Services, a senior Business partner of which works alongside the care group leadership team. Triangulation of these methods will enable the care group to more fully evaluate impact of the measures implemented.	Lead Nurse, Bridgend (Skilled and Motivated Workforce Workstream Lead) Peoples service , Business Partner	31 August 2023
34	The health board should ensure there is adequate and consistent engagement with all staff around the audit arrangements in place across its mental health services, and that staff are made aware of all audit result and any actions required for improvement.	**The oversight for this recommendation will be via the Ward Assurance Group** A programme of digitised audits across the community ad inpatient teams is underway. The Clinical Service Groups will use Sharing Information/learning arrangements within the services e.g. QSRE, team meetings, 7 minute briefings to maintain a staff awareness of quality assurance work In addition the Health Board electronic audit system will provide the opportunity for audit outcomes to be visible for staff, patients and visitors at ward level.	Ward Assurance Lead	30th June 2023
35	The health board must ensure that the audit process is reviewed within its mental health services, and that a robust and	The oversight for this recommendation will be via the Research and Audit Group.	Chair of Research and Audit Group	31st July 2023

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<td>sustainable audit action management plan is implemented (as applicable), to ensure actions are monitored and to assure itself that implemented improvements are being sustained.</td>
<td>A new Research and Audit group has been developed with the ward assurance group reporting to it.

Please see response to recommendation 34 for comment on ward assurance.

In addition to ward assurance audits, the Research and Audit Group will develop a broader Care Group audit plan.

The Care Group is developing a dedicated service improvement team to support the delivery of the present clinical audit/ Quality Improvement
Activity that is taking place. Job descriptions are currently being developed with the expectation that recruitment will be completed by the end of July 2023.

This resource will be work in partnership with the clinical teams to embed both a culture of improvement and shared learning. Engagement with staff at all levels will be a key objective of this team.</td>
<td>RTE Lead Nurse</td>
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<td>36</td>
<td>The health board must provide HIW with an update on the progress of the ongoing work to review and update the mental health service policies and procedures, and when the health board wide documents will be implemented. This must include how this will be shared with all staff across the mental health services as a whole.</td>
<td>The oversight of this recommendation will be via the Policies Group.

The newly established Policy Review group will have an operational scope to:

• Review & RAG of all existing MH Policies to establish priorities rating
• Develop a policies plan with trajectories for addressing the backlog
• To progress for sign off at Care Group level
• Maintenance of a register of policies for review

Following agreement of ToR at April 2023 Care Group Quality Safety Risk and Experience Group

Mental health policies will follow the agreed organisational process for ratification. All NH specific policies were reviewed by 1 June 2023 and of the 49 MH specific policies

<table><tr><td>Review underway</td><td>4</td></tr><tr><td>In date and approved</td><td>13</td></tr><tr><td>Expired</td><td>32</td></tr></table>With an agreement that those that require updating will be completed by 1st June 2024.

The 32 expired policies have been prioritised with consideration of patient safety, present best practice and clinical impact and a review schedule has been developed with this in mind. The Mental Health Policy group will monitor this review schedule at each meeting through an agenda item. In the interim the Mental Health Policy group has directed the clinical teams to work with the most current version each Clinical policy.

On completion agreed policies will be communicated to all Nursing and Medical staff across all Mental Health services using the care Group “Communication and Learning Framework” (recommendation 40).

All current and ratified policies will be live on the Mental Health Policies page on the staff internet site SharePoint.</td>
<td>Chair of Policies Group

Chair of Policies Group</td>
<td>~~30 September 2023~~
Date revised 1 June 2024.</td>
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37	The health board must ensure that risk registers are reviewed, and that consideration is given to risk identification and risk management processes. This must include assuring itself that key staff are adequately trained in identifying risks and their management.	**The oversight of risk registers will be dually via the Care Group Quality Safety Risk and Experience Group and the Performance, Planning and Finance Group.** Accountability for the management of risk registers at Clinical Service Group will be via operational leaders. The organisational risk register includes risk with a score of over 15. The organisational risk register has been reviewed across the Health Board. Aggregate workforce shortage and training risks are included for CTM. Specific Mental Health risks including clinical records and environmental risks are recorded on the organisational risk register. Risk registers with scores over 12 are monitored at Care Group level via Quality Safety Risk and Experience Group – (see Appendix 1 for governance arrangements), and all other risks are monitored via the Clinical Service Group performance arrangements The Head of Quality and Safety will lead an operational care group governance meeting to monitor compliance with Putting Things Right, action plans and risk review timescales. Agenda item in performance meeting at senior nurse level in order to encourage escalation and culture of owning risks and mitigation as local level. Risk identification and Risk management (through organisational risk registers) is a core competency of all managers and training in this area is being delivered to all staff who monitor risk registers within the governance framework	Chairs Care Group Quality Safety Risk and Experience Group and the Performance, Planning and Finance Group. Clinical Service Group Managers Skilled and Motivated Workforce Workstream Lead	30 June 2023 31 August 2023
38	The health board must consider how it can audit the process in place for social worker identified incidents, which are documented within Datix, and that feedback, learning and actions are shared with them as applicable.	**The oversight for this recommendation will be via the Quality, Safety, Risk and Experience Group.** The Mental health Governance lead will establish a working group with the Lead Nurses and Local Authority heads of service to develop a mechanism for multi-agency incident reporting	Nurse Director Head of Quality and Safety	30 June 2023
39	The health board must ensure that any staff who report incidents via Datix are provided with feedback, including any actions taken and learning identified.	**The oversight for this recommendation will be via the Quality, Safety, Risk and Experience Group.** Following rollout of new 'Datixweb' functionality, datix reviews cannot be closed without providing the reporter with feedback. Monitoring of incident closures will be via the Quality, Safety, Risk and Experience Group.	Nurse Director Head of Quality and Safety	30 June 2023
40	The health board must ensure that there is a process in place to share learning or actions identified following incidents are cascaded across all teams within its mental health services.	**The oversight for this recommendation will be via the Quality, Safety, Risk and Experience Group.** The Mental Health Care Group will develop a Communication and Learning framework that entails: • A Standard operational Policy for cascade/escalation of information Ward/Board/Ward (attached Appendix 6) • Bimonthly **Quality, Safety, Risk and Experience** (QSRE)meetings where learning is shared between all Clinical Service group (CSG) senior teams	Nurse Director	30 June 2023

		• Monthly CSG QSRE for escalation and dissemination of wider learning by Senior Nurses amd MDT. Monthly “Clinical Lead” meetings for escalation and dissemination of wider learning to ward managers and Team leaders • Monthly team/ward meetings for escalation and dissemination of wider learning, and sharing of local Quality improvement and audit information. This will be an universally agendad meeting with action points noted. • 7 minute briefings /LASER used as a mechanism to share learning in team/ward meetings; safety briefings on wards; and to individual staff email accounts. • Each clinical area (inpatient and community) will have designated training board/information space for the sharing of learning / local audit/ educational resource • quarterly Post Grad learning Sessions to enable Multi-disciplinary Shared learning The Head of Quality and Safety, in partnership with service leads, will coordinate the sharing of learning, uniformity of approach and resources and content.	Head of Quality and Safety	

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Job role: **Nurse Director – Primary Care, Community and Mental Health**

Date: **14 July 2023**