The Information Commissioner’s Office (ICO) recently upheld an appeal by a member of the public that the Holden Report (2013) should be published under the Freedom of Information Act, following the Health Board’s earlier decision not to disclose the report on the basis that doing so would identify individuals who had expected a right to privacy (i.e. those staff specifically named in the report and those staff who raised concerns through the whistleblowing process who can be identified). The Health Board has appealed this decision and a tribunal hearing is expected in early 2021.

This recent activity has generated significant attention and continued concern from those families who feel their loved ones have been affected by care at the Hergest Unit (the unit involved in the Holden Report) and the Ablett Unit, where some families and local representatives have drawn parallels between concerns at the two units around the same time.

To ensure that a coordinated approach is taken across the Health Board to ongoing queries leading up the tribunal, the Interim Chief Executive has appointed the Executive Director of Workforce and Organisational Development (OD) to case manage the issue.
It is vital the Health Board is able to give confidence to its community and stakeholders that the recommendations from the Holden Report (2013) have been implemented and sustained. The Executive Medical Director and Executive Director of Nursing and Midwifery/Deputy CEO have commissioned work to validate that the recommendations have been implemented and remain in place at this current time. The Acting Associate Director of Quality Assurance is leading this work ensuring both a corporate objectivity to the work and a degree of independence given they have no prior involvement in the unit, division or report and only joined the Health Board within the last year. The work is supported by the Acting Divisional Director of Nursing for Mental Health and Learning Disabilities, who similarly has a degree of independence given they also have no prior involvement in the unit, division or report, and recently started working for the Health Board, whilst bringing extensive experience as a former executive nurse.

This work, due to the need to robustly validate the evidence, is aiming to be completed by the end of September for executive scrutiny and reporting to the QSE Committee at its next meeting in October 2020.

Cefndir / Background:

On 20 July 2013 the then Executive Director of Nursing and Patient Services visited the Hergest Unit in Bangor and spoke to a number of staff who raised concerns. In a letter, dated 26 July 2013, the members of staff concerned confirmed the exact nature of the allegations and confirmed the names of staff who had signed a petition stating that the signatories had "No confidence in the Management of the Mental Health CPG [Clinical Programme Group] in their dealings with the Hergest Unit."

Robin Holden was commissioned to investigate these concerns. A report was finalised and submitted on 08 December 2013. The Holden Report found:

- “With the exception of Taliesin Ward, the Hergest Unit is in serious trouble. Relationships between Staff and Management at Matron level and above have broken down to a degree where Patient care is in undoubtedly being compromised.”
- “The lines of communication are critically weak and although regular management returns are received from the Wards one has to question whether these adequately reflect the worrying standards of the care being provided and the inherent level of clinical risk. These systemic communication weaknesses have been brought about, to a large degree, by a lack of presence on the Wards by Senior Managers.”
- “The HIP [Hergest Improvement Plan] is a useful document which harvests the recommendations of both HIW and the DSU. However the execution, appears to be process driven.”
- “There has been a critical underestimation of the training and personal development required by qualified and unqualified Ward Staff in order to prepare them for the journey ahead.”
- “There is no trust in the Managers above Ward level. Consequently any Management interventions, even if well intentioned, are open to misinterpretation, further reinforcing the belief system that has become established.”

The report did note:

- “During interviews with Managers there is acknowledgement that their approach to change could have been handled better and a willingness to attempt to engage more effectively with Staff. There is already some evidence of this in some of the later interviews, where staff advise that Ward rosters are being arranged in such a way that more Staff are able to attend HIP events.”
The Holden Report made 19 recommendations:

1. “The current arrangements for the Management of the CPG are unwieldly. Responsibilities and lines of management are unclear. Relationships between significant numbers of Staff and Unit/Senior Managers have broken down. There appears to be a high number of temporary and interim posts. The BCUHB needs to review management arrangements of the CPG with a view to strengthening local management of the whole system. The temporary and interim posts need to filled with substantive post holders as soon as possible.

2. The issues surrounding the key relationship between the Modern Matrons and the Ward Managers needs to be addressed urgently. This critical breakdown in communication has created a worrying poverty of leadership in the Unit.

3. Attention needs to be paid to the status and impact of Mental Health Nursing in the Unit. The recently vacated Programme Manager post, could potentially be redesigned as an Advanced Nurse Practitioner or Nurse Consultant role developing and promulgating excellence in Acute Mental Health Nursing in the Hergest Unit and across the Health Board.

4. Special attention needs to be paid to repairing the relationship between the Modern Matrons and the Ward Managers. The commencement of this work may not be possible until after the grievance procedures that are currently ongoing have been resolved. Very skilled mediation will be necessary and HR advice will need to be sought on how best to facilitate this. This is such a critical area that it may be that expertise will need to be brought in if not available within the Health Board.

5. A structured programme of safety walk arounds and Ward visits should be implemented by the Senior Management Team in order to improve their presence on the wards.

6. Arrangements for regular briefing of Staff need to be implemented.

7. Steps need to be taken to better engage Staff in the change process. The current implementation plan is clearly in difficulty.

8. The Communication Strategy needs to be rethought. It needs to reflect the need for staff to be fully engaged on a personal level.

9. Change champions need to be identified throughout the unit, including the more junior and unqualified Staff. Arrangements should be put in place to ensure their time is protected to enable their full participation. This approach would, in part, mirror the successful inclusive approach to change adopted by the current Interim Modern Matron when Ward Manager on Taliesin.

10. The concurrent implementation of the eight HIP work streams needs to be reconsidered. A glance at the plethora of implementation documents on the HIP notice board is a manifestation of the difficulties being experienced by the current implementation process. A better approach may be to consider the relative urgency of the work streams and prioritise them into smaller steps, in which the staff are engaged.

11. Arrangements need to be made for the Ward Staff to have opportunity engage with external networks of similar organisations. This is particularly important considering the relative isolation, geographically, of the Unit. Otherwise the opportunities for sharing and learning from best practice will be extremely limited.

12. A training and development programme, including arrangements for Appraisal, Management Supervision and Clinical Supervision, needs to be implemented for all Staff in the Unit. The weekly minuted Ward Managers meetings need to be reinstated without delay.

13. A system of recognition would be helpful where the contribution of individual Staff is celebrated.

14. Urgent attention needs to be paid to the how the Wards are staffed. The results of the benchmarking exercise recently undertaken, wherein the Unit’s staffing establishment is seen as comparable with peers, are in stark contrast to the reported experience of those interviewed. This discrepancy is deserving of detailed scrutiny.
15. Staffing should be planned in such a way that it would be exceptional for Staff working a twelve hour shift to be unable to take a break.

16. The issues surrounding the Junior Doctors Rota need to be resolved urgently.

17. The issue of the conflicting models of clinical care that have been adopted by Consultants on the Unit needs to be urgently addressed. The Ward Staff find the current arrangements difficult and it is likely that the current situation will have a deleterious effect on recruitment and retention of Senior Medical Staff.

18. The current arrangements for the care of frail elderly Patients needs to be urgently reconsidered. It is clearly unacceptable for the needs of frail vulnerable people to be neglected in the way that has been reported.

19. The current arrangements for Ward Rounds need to be addressed as the current arrangements are disruptive to the Nursing care that can be afforded to patients.”

There had been external scrutiny of the services provided at the Hergest Unit around the same time period by Healthcare Inspectorate Wales (HIW), the Royal College of Psychiatry (Accreditation for Inpatient Mental Health Services, AIMS) and the NHS Wales Delivery Unit, as well as a consultation exercise undertaken by an external person which was terminated prior to completion. The recommendations made by these reviews were integrated into a single improvement plan known as the Hergest Improvement Plan (HIP).

Asesiad / Assessment & Analysis

As outlined above, the work to robustly collect and validate assurances that the Holden Report (2013) recommendations remain sustained in practice is underway and aiming for completion by the end of September for executive scrutiny, and reporting to the QSE Committee at its next meeting in October 2020.

Separately, the QSE Committee is asked to be assured that the Executive Director of Nursing and Midwifery/Deputy CEO and the Acting Associate Director of Quality Assurance are developing a corporate system to track significant quality related reports (including external reports) so that future monitoring, scrutiny and evidence collection is more robust and transparent. This system will be modelled on that currently in place to track and scrutinise HIW inspections and actions.

Strategy Implications

There are no direct strategy implications from the work summarised in this report, however the work will support the Health Board’s commitment to be open and transparent.

Options considered

This report does not present any options for consideration.

Financial Implications

There are no direct financial implications from the work summarised in this report.

Risk Analysis
The completion of this work will support the Health Board’s commitment to be open and transparent and is aimed to provide confidence to the Board and our community that actions identified in the Holden Report (2013) were implemented and remain sustained at the current time.

Legal and Compliance

There are no direct legal and compliance implications from the work summarised in this report. However, the Committee is asked to be mindful of the ongoing Information Tribunal process.

Impact Assessment

There are no direct equality, Welsh Language, data or quality impact assessment implications from the work summarised in this report. When complete, the work outlined in this report may make recommendations on future quality assurance arrangements.