Raising Staff Concern / Whistleblowing Policy - WP4 - Investigation Report - into the concerns raised about the "Management of the Mental Health Clinical Programme Group in their dealings with the Hergest Unit and a variety of other issues relating to the Hergest Unit".

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1. Introduction:

1.01This final report has been written, based on the evidence provided by interviewees during the course of the investigation. Although the final transcripts are yet to be signed the evidence to support this report has been gleaned from contemporaneous notes taken at the time of the interviews and also from scrutiny of the final drafts prior to dispatch to [redacted] (Solicitor). Ideally the final report would not have been produced until after the interviewees had added there signatures confirming the accuracy of their testimony. However, the findings of Healthcare Inspectorate Wales following their recent unannounced visit to the Hergest Unit and the imminent Royal College of Psychiatry report; has prompted the early publication. Should further evidence come to light following scrutiny by [redacted] then further supplementary recommendations will be made.

1.02 On Friday 20th July 2013 Angela Hopkins (Executive Director of Nursing and Patient Services) visited the Hergest Unit in Bangor and spoke to a number of Staff who raised the concerns, subsequently considered by this Investigation . In a letter, dated 26th July 2013, the members of Staff concerned confirmed, in writing, 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 in their dealings with the Hergest Unit". The Managers named were:

- [redacted]
- [redacted]
- [redacted]

1.03 Appended to the letter was a list of 39 members of of Staff (3 more subsequently came forward) who had signed the petition,
The Staff who signed the petition were a mixture of Medical (1), Nursing (33), Administrative (3), and Ancillary Staff (2). Subsequently a number of staff declined to be interviewed. By the conclusion of the investigation 29 staff who signed the petition were interviewed as well as 13 other staff and 3 managers. In all approximately 700 pages of witness statements (A4 size) were obtained.

1.04 The Investigation was commissioned under the "Raising Staff Concern/ Whistleblowing Policy WP4".

1.05 The Investigation was asked to present a report, having reviewed the concerns raised to determine:

- Whether the concerns are proven.
- Underlying issues contributing to any proven allegations.
- Advise on any remedial steps they consider may be required.

1.06 The Investigation was informed by the previous recommendations made by Healthcare Inspectorate Wales (HIW) and the NHS Wales Delivery and Support Unit (DSU) as well as the Hergest Improvement Programme (HIP). Liaison also took place with the Royal College of Psychiatry review team, in order to ensure there was cross fertilisation, but no contamination of the respective processes. HIW also carried out a further unannounced visit during week beginning 2nd December 2013, their findings being reported the same week.

2. Context:

2.01 The Hergest Unit was built in the early nineties as part of the North Wales Hospital closure programme. Initially there were three 18 bed Wards and an Psychiatric Intensive Care Unit. One of the Wards (Gwalchmai) was closed almost three years ago. Geographically the Unit is remote, situated in the North West of Wales with relatively poor communication links to other UK Mental Health Services.

2.02 There has been recent external scrutiny of the services provided at the Hergest Unit by HIW, The Royal College of Psychiatry (Accreditation for Inpatient Mental Health Services - AIMS) and the DSU, as well as a consultation exercise undertaken by Malcolm Rae, that was terminated prior to completion All these reviews and visits have raised concerns regarding the services currently provided at Hergest Unit. The recommendations made by these reviews and visits have been integrated into the HIP, which is in the process of being implemented.

2.03 There has also been representation by some Senior Medical Staff to both the Media and Welsh Government accusing Management of being "out of touch" and criticising a culture of "harassment" and "bullying".

2.04 During the Whistleblowing Investigation, formal grievance procedures have also been invoked by some members of Staff.

2.05 The "concerns" that were raised are as follows:

1. Members of staff on the Hergest Unit have no confidence in [redacted].
2. A lack of understanding from Management that Patients needs always come first
3. Two Ward Managers were asked to leave their shift. Staff on the Unit are shocked by this action and feel because they have spoken out they have been moved. The two Ward Managers have been removed the same week the the Unit Manager returned [redacted]
4. Removing the Ward Managers from the Unit has affected Staff morale adding to the chaos.
5. Staff feel insecure about their own positions if they speak out and are reluctant to express concerns via the Whistleblowing Policy in case of repercussions and consequences.
6. Staff morale on the Unit is low.
7. No one questions why an experienced respected Manager has been off [redacted], now also two Ward Managers.
8. The Ward Managers have been stripped of all autonomy to make decisions on a day to day basis.
9. It is not unusual for the Ward Manager to work late beyond her contracted hours, these have been unpaid, often time owing.
10. The Manager is constantly being asked for statistics which she has found difficult to produce due to not having enough time.
11. Ward Manager post filled by a Band 7 who has been working with the elderly for 14 years, who left the position after one week as expected to be responsible for two positions. She asked to leave due to the excessive workload.
12. There is no current Manager on Aneurin Ward.
13. There is an atmosphere of bullying and intimidation from Senior Management, also a lack of communication from Senior Management to Ward Staff.

14. There is a lack of communication from Senior Management re the changes; Staff has been hit by a barrage of changes with no acknowledgement of the day to day clinical need. Interview room recently changed into an office.
15. Staff has not been happy with the way the changes have been done. There has been no consultation with Staff regarding changes and their views have not been taken into account.
16. When there has been consultation, Staff have been paid lip service and Management has not listened to Staff views.
17. Lack of resources to make the changes.
18. There is a constant pressure on beds since Gwalchmai Ward closed, with Patients constantly being accepted from out of area.
19. Three new Consultant Psychiatrists have recently resigned.
20. Dr Tranter's patch covered by approximately 10 Consultant Psychiatrists over 12 months. This was confusing for Patients and Staff.
21. CPG have made changes to the Doctor's Rota.
22. There are current gaps in the Rota despite a Coroner's report advising there should be 24 hour cover following the death of a Client (due to choking on a tissue) on Taliesin and no on call Doctor being available during the incident.
23. There has not been medical cover on Hergest between the hours of 6 AM to 9AM and 5PM to 9PM. Also some weekends have not been covered.
24. A recent incident (in the past 8 weeks) when a Client attempted to hang [redacted] on the Unit, there was no Doctor available. The bleep was found in the Doctor's room. This happened on a Saturday.
25. On certain days on Aneurin Ward there have been 6 Ward Rounds which are difficult to manage.
26. Four Staff on each shift is inadequate in relation to bed occupancy and turn over of Patients. The care delivered as a result is basic.
27. Posts left unfilled despite the Ward Manager submitting the appropriate paperwork. A Staff Nurse left Aneurin Ward last August 2012 and the post was not filled until April 2013 despite the Ward Manager chasing constantly.
28. Aneurin Ward has been two Health Care Assistants (HCA) down. 1 HCA was transferred to work on the Home Treatment Service. The position was left unfilled for up to two years; paperwork was filled and sent however the Ward Manager did not hear anything.
29. Another HCA was redeployed. This post remains unfilled.
30. Two Band 6 Nurses constantly on nights to cover the demands of the out of hours liaison service.
31. Short staffing has resulted in, Staff being unable to take their breaks on 12 hour shifts. The Ward Manager struggling to cover the off duty. The Ward Manager not being supernumerary because clinical needs are priority. Staff have expressed concerns that they are not able to meet the demands of the day and have been upset and concerned that they have not been able to spend enough time with the Patients

For the purposes of this report I have grouped the concerns raised into five themes

- Weaknesses in communication
- A top down Management style taking little or no notice of the views of Staff.
- A culture of bullying and intimidation from Senior Managers.
- High levels of occupancy and inadequate staffing to meet the needs of the Patients in the Unit, which is described as being chaotic; with Managers being unresponsive to the situation.
- Low morale, with members of Staff experiencing upset and concern that they are unable to complete their duties adequately, by the end of their shift; often phoning in worried they may have omitted something.

I have also included an Appendix (1) which includes excerpts from the testimony of interviewees which act to amplify the gravity of some of the concerns raised.

3. Weaknesses in communication:

3.01 The great majority of Staff interviewed as part of the investigation advised that the Managers named in the complaint had, until recently, had very little presence in the Unit. Some complained that they had never met any of those Managers on the wards, though they may have seen them in the corridors.

3.02 The interface with Management seems to have deteriorated sharply since the substantive Modern Matron went off [redacted]. Staff were very complimentary about her management style. She would visit the Wards daily and her door was always open to members of Staff who had any concerns or worries. She would also attend the Wards to help out with Nursing duties if the contingencies of the day demanded it. This is in contrast to the current situation where it is perceived that the Interim Modern Matrons have much less presence and are less supportive to Staff grappling with the challenges they face on a day to day basis.

3.03 In the testimony of some Managers there is an admission that they are, at times, reluctant to visit the Wards due to the tensions that have arisen in the relationships between them and the Staff. There is no evidence of a systematic and planned programme of safety walk arounds or scheduled Ward visits by Senior and Middle Managers within the CPG.

3.04 The Hergest Improvement Programme (HIP) which encapsulates the recommendations of previous external scrutiny is emblematic of the communication difficulties that have developed within the unit. All the staff that were spoken to agreed that change was necessary and that improvements could and should be made. However few, if any, were included in the formulation of the HIP.

3.05 The Management Team, to their credit, have developed a structured approach to improvement within the Unit. There are eight work streams all with a nominated lead. However little attempt has been made to capture the hearts and minds of the Staff in order to engage them in the change process. There does not appear to be a shared vision, negotiated and agreed with the Staff. Due to this lack of a headline agreement the change journey is seen by the staff as piecemeal and overwhelming, with a number of work

streams being implemented concurrently. This is leading to patchy implementation and stalled progress.

3.06 An example of such stalled progress is the recent attempt to persuade Staff to wear uniforms. This seems to have lost momentum with some Staff adopting the change (albeit inconsistently) and some being unsure as to when, or if, the uniform policy will be implemented. Another example is the recent attempt to move the administrative functions on the Wards from the Nursing Station to an office close to the entrance of the Ward. The manner in which this was handled has led to major opposition from some Staff, resulting in a partial retrenchment to the former ways of working.

3.07 Managers have concentrated their engagement efforts with the Staff on such things as notice boards, emails and newsletters (one in May, one in June and, the Investigation was informed, there is a further publication due imminently). It is true to say that the Staff have been invited to HIP meetings but they claim they have not attended due to the clinical pressures on the Wards. Managers do not share this view and consider that they are being obstructive.

3.08 Interestingly on page 20 of the HIP (item 8), there is an imperative to "establish clear communication pathways to keep all stakeholders informed". This is coded as green on the basis that "Group has been formed to take actions forward with a newsletter, Staff suggestion boxes in place. Second newsletter will be circulated the end of June. Suggestion boxes and actions will be reported in the newsletter". Whether those actions are sufficient, in terms of the establishment of "a clear communication pathway" is doubtful and perhaps a further indication of the communication difficulties that exist.

3.10 Another demonstration of weaknesses in communication was in the implementation of the new Rota for Junior Doctors. Although changes to the Rota were necessary, due to new requirements for Junior Doctors in training, the solution whereby Junior Doctors were no longer available between the hours of 6AM and 9AM, as well as 5PM and 9PM; has left Ward Staff feeling exposed. Testimony was also given that there were other unplanned absences of Junior Doctors and consequently Nurses were unsure whether a Junior Doctor would respond to their pager at all.

3.11 The closure of Gwalchmai Ward is another example. Staff had been informed that one of the Wards would be closing in order to reinvest resources in the development of a Home Treatment Team. They were advised that although one of the Wards would close it would not be a matter of simply closing a Ward. A complete system review would be undertaken, where two "new" Wards would be commissioned (discussion had even taken place as to the names of these new Wards) as well as the new Home Treatment Team. What in fact happened was simply the closure of Gwalchmai Ward, with Staff being redeployed across the Unit and to the new Home Treatment Team. The effects of this are still tangible, with some Ward Staff still being referred to as "Gwalchmai Staff". In one particularly notable testimony, a current Home Treatment Team member makes the point that almost three years on, they can now see the merits of the changes. However, it has taken all that time to reach that conclusion due to lack of a coherent change management process at the time of the service redesign (closure).

3.12 This lack of a whole system approach to care has led to a very unclear clinical care model on the Wards. It would appear there are two conflicting approaches concurrently in operation. While there are some Consultants functioning within an acute care model, some continue to operate as Sector Consultants. This bewildering situation, coupled with

the frequent admission of patients from North Eastern and Central North Wales, has led to staff having to navigate their way through the complexity of having as many as eleven Consultants responsible for the eighteen Patients on the ward. This, along with the heavy reliance at times on Locum Consultant Staff, has caused significant disruption to the quality of care experienced by In Patients at the Hergest Unit.

3.13 Probably the most significant damage to effective communication and alliance between Managers and Staff, has been the recent "removal" (and subsequent return) of the Ward Managers of Cynan and Aneurin Wards. This event is now subject to a grievance procedure and no doubt the facts will become established in time. It is outside the remit of this Investigation to comment on whether or not the said removal was necessary or not. In terms of it's impact, however, it has been enormous. It should have been predicted that Staff would have been significantly affected by these events. They were left "stunned" by what had taken place. When considering this, in the context of the substantive Modern Matron having gone off on [redacted] just over six months previously, the removal of the Ward Managers left a chasmic leadership void. There is no evidence of there being a plan to mitigate the effect of these "removals" by delivering, in person, a consistent explanation to all the Staff of the Unit, albeit within the context of necessary confidentiality. Management has therefore been portrayed as "getting rid of" Staff who may have expressed concerns about proposed changes. This has left a situation where some Staff feel vulnerable and wondering "who's next?". Sadly this event has also besmirched the reputations of the Interim Modern Matrons in the Unit. The communication channels between Ward Managers and Modern Matrons seem to have completely broken down and consequently the standards of clinical care in the Unit will undoubtedly be compromised.

3.14 Although a draft Communication Strategy has been developed as part of the HIP there seems an absence of a plan to gainfully engage Staff on a personal level.

3.15 There is no briefing system whereby communication from Senior Managers is distributed in a consistent and coherent way, thus rumours abundant, spread rapidly through the Unit.

3.16 It would seem that the current Management arrangements mitigate against a satisfactory resolution of the communication difficulties being experienced. There seem to be an abundance of "Interim" posts. Significant leaders within the CPG are based many miles from each other and their Staff. Although technology, to a degree, can minimise the impact of this; it seems that in the case of the CPG, not to the degree necessary to bridge the communication void. The relative responsibilities of Programme, Nursing and Medical Management seems unclear. For example the respective responsibilities of the Programme Manager, who has been based at Hergest until she retired recently, as opposed to those of the Modern Matrons, who are also based there, was not widely understood by the Staff. Also the lack of agreement amongst Senior Consultant Staff as to which model of clinical care should be adopted, further complicates matters. Some Managers who were interviewed agree that the current arrangements are in need of reconsideration. One Manager has travelled in the region of 100,000 business miles in the last three years.

3.17 During the interviews Managers have acknowledged some of the concerns raised in relation to communication, advising that the Senior Management Team have done "much soul searching" with regard to shortcomings and acknowledge the need to develop a "sophisticated solution" in order to "engage" effectively.

4. A top down Management style taking little or no notice of the views of Staff:

4.01 It would appear that even prior to the creation of the Betsi Cadwaladr University Health Board (BCUHB) the Hergest Unit, with the exception of Taliesin Ward, had operated pretty much in isolation, with little in terms of planned external reference to peers and other UK centres of excellence. Consequently, again with the exception of Taliesin Ward, the Unit has been slow to adopt contemporary best practice. Also, it would appear the implementation of Government Policy is inconsistent across the Unit. The difference between Taliesin Ward and both Cynan and Aneurin Ward is stark. None of the Taliesin Staff were signatories to the Whistleblowing petition. They seem energised and enthusiastically engaged with a national PICU network as well as networking across North Wales in order to share best practice. It is notable, also, that they have an agreed clinical care model on the Ward and the Nurses are empowered to make decisions.

4.02 The relative isolation of the other Wards will have partly contributed to the observations of HIW in their correspondence of 1st September 2009, 29th November 2010 and the 27th June 2011 and also the findings of the DSU which reported on the 29th May 2013. As previously mentioned, in response the CPG has developed a plan of action, the HIP, in order to meet the recommendations of HIW and the DSU. The CPG feel a palpable time pressure in the implementation of this plan, as some recommendations date back as far as 2009. When Staff attended the feedback sessions with the DSU, many saw the recommendations as personal criticism and not as observations of a faulty system that required repair. It would have been helpful if Managers had offered follow up feedback to Ward Staff, by means of a briefing or the like, in order to reinforce the message that is was mainly the system that required attention, acknowledging the day to day contribution of a workforce under pressure. Pretty much all the Staff interviewed acknowledged that change was necessary, expressing a willingness to become involved in meaningful engagement.

4.03 Both before the creation of the BCUHB, and since, there seems to have been no, Hergest specific, training and development strategy implemented by the CPG in order to prepare Staff for the new challenges that lay ahead. Ward Managers and Modern Matrons have had access to generic development programmes, but Staff Nurses and Health Care Assistants only seem to have access to some mandatory training, which in itself proves awkward to attend, due to the difficulties in staffing the Wards. It also seems that NVQ training for Health Care Assistants has not been available for some time. A lack of Staff appraisal across the Unit will also have contributed to the disconnect between the CPG improvement agenda and its implementation by the workforce.

4.05 The lack of an agreed vision, the time pressures associated with the implementation of the HIP, the absence of Ward Staff involvement in the HIP, the lack of effective training, the absence of appraisal and briefing as well as the historic lack of engagement with external comparators; has led to the situation where Ward Staff are seen to be obstructive whereas they, conversely, perceive themselves as misunderstood and unheeded.

5. A culture of bullying and intimidation from Senior Managers:

5.01 The Whistleblowers complained of an "atmosphere of bullying and intimidation". There is some testimony to support this view. Allegations have been made that a CPG Manager told the Modern Matron to "bang the Ward Managers heads together" if they failed to co-operate. The same Manager was reported to have said they the he wanted the "Ward Managers to be glued to the computers" in order that management returns were completed on time. On another occasion it is reported that a Health Care Assistant, who was opposed to the proposals to introduce Uniforms, was made to put on a uniform and walk around the unit in it. This was interpreted as bullying, as other staff had not been asked to do so.

5.02 There has also been a suggestion that the Ward Managers of Cynan and Aneurin Wards were seen as obstructive to the change process. Although there may have been some grounds for implementing procedures to help improve performance, it was suggested that instead of examining that route, the Safeguarding procedures may have been used inappropriately to facilitate a premature redeployment. No doubt this possibility will be fully examined during the grievance procedure that has been initiated.

5.03 The incidents that have been reported may or may not be indicative of a more endemic problem. It is however, in the absence of effective communication mechanisms, easy to understand how such an atmosphere pervades, especially when taking into account the circumstances surrounding the current absence of the substantive Modern Matron, the temporary "removal" of the Ward Managers and another reported incident when a [redacted] was asked to absent herself due to "Safeguarding concerns". Again this member of Staff is now back in work but no wiser, allegedly, as to why she was asked to absent herself from the Unit. The great majority of the Ward Staff who were interviewed feel very intimidated and "fearful for their jobs" if they speak out. "We dont know what is going on or if something is going to happen to you" and "There was a period when I felt, they've got rid of [redacted] and I felt I'm next", were typical of the Staff testimonies.

5.04 Managers have a responsibility for developing the culture of an organisation and there is clearly much work to be undertaken in order to foster and encourage an atmosphere of mutual trust and collaboration.

6. High levels of occupancy and inadequate staffing to meet the needs of the Patients in the Unit, which is described as being chaotic; with Managers being unresponsive to the situation:

6.01 It is reported that since Gwalchmai Ward closed, occupancy levels on Aneurin and Cynan Wards are regularly at levels approaching 100% and sometimes more. Since the inception of the BCUHB it is a common occurrence for Patients to travel long distances from the more eastern parts of North Wales and even North Powys to receive In Patient care at the Hergest Unit when other more local Psychiatric Units are full.

6.02 As noted previously there are a significant number of Consultants responsible for the patients on the Wards, which results in Ward Staff having to provide support for multiple Ward Rounds on the same day. There is no agreed model of care, with partial implementation of an acute care model and continuing adherence by some Consultants to a sector system.

6.03 Senior Ward Staff have informed the Investigation that the accepted Ward establishment is 5 Staff in the morning, 4 in the afternoon and 3 at night, with the addition of the Ward Manager who is supernumerary to the numbers. If the Deputy Ward Manager who is holding the bleep (the Band 6 Nurse, responding to urgent matters and assessments) is on duty, they should also to be considered supernumerary. It is reported that these establishments are rarely achieved. Ward Managers are frequently "included in the numbers".

6.04 On such occasions it is not uncommon, due to the administrative burden endured by qualified Staff, for Health Care Assistants to be the only Staff providing care to the patients on the Ward. They have expressed frustration at not being able to provide even, what they describe as, "basic levels" of care. On occasion, Status 3 observations (one to one) are undertaken solely by Health Care Assistants as opposed to the responsibilities alternating with qualified Staff. This will obviously be detrimental to the levels of observation that should be expected by Patients. Alarmingly, the investigation was informed that, on one occasion at least, the Status 3 observations had to be handed to a Ward Clerk for a short period of time due to the turmoil and short staffing on the ward. Status 2 observations, which can take place at intervals of 10 minutes or more (decided by the clinical team) are sometimes missed as there may be, for example, six Patients on Status 2 observations, all with varying time intervals. Patients who are detained under the Mental Health Act, are often granted escorted leave (Section 17) off the Ward. It is not always possible for Section 17 escorted leave, that has been granted, to be taken due to there being insufficient Staff on duty to escort the patients off the Ward. This can be source of frustration for detained Patients, which contributes to escalating levels tension and aggression on the Wards. Also, it was reported that basic physical care such as attention to personal hygiene is, at times, neglected.

6.05 The mix of patients is also troublesome, with young fit behaviourally disturbed Patients sharing the same space as older frail people whose needs can get overlooked as Staff try to grapple with the challenges of dealing with the more "demanding Patients". "It's awful, sometimes we have 19 Patients on our ward (18 beds). There are Patients in the lounge with a sofa and a quilt waiting for Heddfan (Wrexham Unit) or Ablett (Bodelwyddan Unit)", "Before Gwalchmai closed we knew our Patients, now we can get a lot of people in who we know nothing about them", "On our ward we have a handful of young men in their twenties with ninety year old ladies with zimmer frames needing toileting every 2 hours. Not practical. Not a good mix", "It's awful. The other day I had to do 3 ward rounds and leave a bank nurse on his own", were typical of the testimonies of those interviewed.

6.06 These testimonies are in stark contrast to item 20 of the acute care standards work stream of the HIP, which on page 17 reports, "A comprehensive staffing review has been undertaken by the Deputy ACOS in conjunction with the Matrons. The review has embraced a national bench mark exercise. The agreed establishments for Hergest are as good or better than equivalent national bench marked services" - September 2013. This may be the case, but this reassurance does not seem to mirrored in the day to day experience of Ward Staff, "It's pandemonium, the workload is incredible".

6.07 It is also unlikely that Managers have a true picture of the day to day clinical risk issues on the Wards, as inadequate staffing levels often go unreported due to the requirement to fill in incident forms online, which in itself removes Staff from the clinical area. Ward Staff also express frustration that partially filled incident forms are automatically deleted after twenty minutes or so, which means the process has to be restarted if the Nurse completing the form has been called away for a period in excess of this. Bearing this in mind, alongside the feelings of hopelessness expressed by many Staff, it is likely that there is significant under reporting of incidents which may compromise clinical safety on the Wards

7. Low morale, with members of Staff experiencing upset and concern that they are unable to complete their duties adequately, by the end of the shift; often phoning in worried they may have omitted something:

7.01 All the Staff who were interviewed reported low morale. The reasons for this have been largely outlined in the previous paragraphs. Staff reported a decline in morale since the closure of Gwalchmai Ward, further exacerbated when the substantive Modern Matron went off last Christmas; with a further sharp decline following the Ward Managers of Cynan and Aneurin Wards being removed from the unit.

7.02 Staff report that morale, historically, had been good with people looking forward to coming to work, with a smile on their face. Much the opposite is true at present. “Morale is the worst I have ever seen. I have been here 16 years and never seen an atmosphere. Staff are stressed before they come in through the door”, “Nobody has a smile on their face”, “It was almost surreal, it was just grim---you know---really grim”, “I’ve worked with a few Nurses and we have all gone home crying”, were typical of the testimony received. The level of emotion expressed by those interviewed, with many bursting into tears, was significant.

7.03 There were many expressions of helplessness and hopelessness. It was reported that it is common for Staff to work an entire 12 hour shift without a break, and even when a break is possible, it is the likes of a hurried sandwich in the Ward kitchen.

7.04 Staff often go home worried they have not adequately completed the tasks of the day phoning in to check with the following shift. “The quiet ones (Patients) that are actually too ill to speak out, sometimes you sort of forget about them and maybe they haven’t had a drink”, “At the moment we’ve got a few elderly people. Not so mobile who need prompting with fluids and helping with eating. We are so busy I dont think they get what they really need. Sometimes when people are that quiet they just get left”, “I don’t feel that I am doing a good job even though I have been struggling to do everything I can. You know you have done everything you could have done but you know that [redacted] has been neglected” were typical testimonies. Perhaps the next two statements encapsulate, not only the very low morale on the unit but also indicate the worrying standards of care and levels of clinical risk--” If everybody is still alive at the end of the day that’s the best I can do”, “I’ve done the best I can, I haven’t done everything I would have liked to have done. It’s a bit like, nobody is dead, there have been no major incidents, I’ve worked flat out and I can do no more”.

8. Summary

8.01 The vast majority of the Whistleblowing testimonies emanate from Staff on Cynan and Aneurin Wards. The staff on Taliesin Ward seem better engaged in the HIP process. This is almost certainly due to the fact that the Hergest Modern Matron is the former Ward Manager of Taliesin Ward.

8.02 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.

8.03 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. To be fair, this lack of presence is understandable to a degree, bearing in mind the geography of the BCUHB, the complexity of the CPG and the distances that the Senior Management Team have to travel in order to discharge their duties.

8.04 The HIP is a useful document which harvests the recommendations of both HIW and the DSU. However the execution, appears to be process driven. Meetings take place in which progress is monitored and next steps planned, but Ward Staff attendance is sparse due to the pressures being experienced on the Wards. There is no agreed vision or shared values to underpin the HIP. All eight work streams are being implemented concurrently and at pace. The process of change is seen as bewildering at the Ward level. The HIP, consequently, has little ownership at the Ward level and is seen as a top down, distant document of low priority on a day to day basis.

8.05 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 little doubt that with the time imperatives involved Senior Managers have become frustrated at the pace of change and the tendency to shove a little harder, it would appear, has been met with increased resistance and conflict leading to the reported breakdown in relationships and ineffective implementation of some of the HIP work streams Staff morale has plummeted. Staff feel unheard and powerless. 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.

8.06 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. Also the ACOS (Nursing) has markedly increased his presence on the Unit.

9. Recommendations

1. The current arrangements for the Management of the CPG are unwieldily. 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 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 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.