



Teitl adroddiad: Report title:	Independent Review Management Response. National Collaborative Commissioning Unit (NCCU) and the NHS Executive Performance and Assurance Division Mental Health Inpatient Safety Review report.			
Adrodd i: Report to:	BCUHB Quality, Safety and Experience Committee			
Dyddiad y Cyfarfod: Date of Meeting:	27 October 2023			
Crynodeb Gweithredol: Executive Summary:	<p>Welsh Government, as part of the Special Measures intervention, commissioned the National Collaborative Commissioning Unit (NCCU) and the NHS Executive Performance and Assurance Division to undertake a joint quality and safety review and inspection of all inpatient Mental Health & Learning Disability (MHL) units. Joint inspections were held during April and May 2023, and the report was received by the Health Board in June 2023. The report contained 8 recommendations.</p> <p>Colleagues from the National Collaborative Commissioning Unit (NCCU) and the NHS Executive Performance and Assurance Division attended the QSE Committee (Development Session) on 15th September 2023 to present and discuss the review report findings with members.</p>			
Argymhellion: Recommendations:	The committee is asked to approve the management response.			
Arweinydd Gweithredol: Executive Lead:	Teresa Owen, Executive Director of Public Health and Lead for Mental Health and Learning Disabilities.			
Awdur yr Adroddiad: Report Author:	Carole Evanson, MH&LD Director of Operations. Adrienne Jones, MH&LD Operational Business Lead.			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>To support Special Measures</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Not applicable</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Not applicable</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i></p>	<p>Not applicable</p>

<i>(or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (Ile bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: To progress implementation of NCCU Action Plan.	

BCUHB Committee Development Session – QSE, 27th October 2023.

Special Measures Independent Reviews - Management Response

National Collaborative Commissioning Unit (NCCU) and the NHS Executive Performance and Assurance Division Mental Health Inpatient Safety Review.

1) Background and context

On the 27 February 2023, the Minister for Health and Social Services announced that she was escalating the intervention status of Betsi Cadwaladr University Health Board to special measures. There had also been a number of high profile inquests and incidents relating to the Mental Health Service within the Health Board. Following these incidents, the coroner has raised a number of concerns. These included:

- Concerns that it has taken the Health Board a considerable amount of time to update and provide an Action Plan in relation to the death of a patient, with the most recent version of the Action Plan still containing outstanding actions although the patient died over two years ago.
- Concerns that learning and actions arising from the action plan were not more quickly addressed, with added concerns that if the learning, actions and changes are taking so long then there is a risk that deaths will continue in the interim.
- That there is an evident lack of overall strategic direction to investigations and learning.

In response to the above concerns, Welsh Government, as part of the Special Measures intervention, commissioned the National Collaborative Commissioning Unit (NCCU) and the NHS Executive Performance and Assurance Division to undertake a joint quality and safety review and inspection of all inpatient Mental Health & Learning Disability Units. Joint inspections were held during April and May 2023, and a report was received by the Health Board June 2023. This report contains eight recommendations.

Colleagues from National Collaborative Commissioning Unit (NCCU) and the NHS Executive Performance and Assurance Division attended the QSE Committee on 15th September 2023 to present and discuss the review report findings.

2) Overview from Development Session

The National Collaborative Commissioning Unit (NCCU) and the NHS Executive Performance and Assurance Division presented their findings under the following three headings –

- Leadership and Culture
- Process and Oversight
- Observation of Environment

The key messages were shared and discussed, with eight recommendations noted -

Recommendation 1:

- The Health Board must ensure that all relevant staff are appropriately trained to undertake ligature risk assessment with consideration to this being a peer review process across the Division. The Health Board and the Division must also ensure that all identified risks are mitigated, as soon as possible.

Recommendation 2:

- The Division must ensure that processes are in place to confirm that all physical health monitoring documentation is completed, as prescribed, by staff who are appropriately trained to do so. The Division must also ensure that any escalation of physical health issues of patients are considered, within an appropriate timescale, by the MDT (Multidisciplinary Team).

Recommendation 3:

- The Health Board and Division should continue to strengthen the escalation and governance arrangements from the Ward to the Board, ensuring there is clear communication and tracking of actions to completion.

Recommendation 4:

- The Division must ensure that all staff are aware of and follow the most current operational policies and procedures, and that staff are maintaining vigilance in enacting them.

Recommendation 5:

- The Division should ensure that all inpatient staff, including temporary staff, are suitably trained to meet the needs of the patients, and that all staff are aware of any potential areas of risk and the actions to be taken if a hazard or risk is discovered.

Recommendation 6:

- The Division must ensure that care and treatment plans reflect the current needs and intended outcomes of patients admitted to inpatient services, including how risk and safety is managed during the admission.

Recommendation 7:

- The Division should continue to strengthen the opportunities to receive feedback from service users, family and carers.

Recommendation 8:

- The Welsh Government and then Health Board should consider a follow up review to ensure that improvements have been sustained and outstanding actions have been completed or are progressing towards completion.

The actions to address each of the above recommendations are included in the NCCU Action Plan and have been aligned to seven cross cutting themes as noted in section 3 below.

3) Key Themes from the Review

Each of the overall themes are applicable to this review, as reflected in the table. The NCCU Action Plan has been mapped to the eight withrecommendations. As part of the implementation this is supplemented by ensuring that delivering the individual actions also addresses the root causes reflected in these themes. This includes ensuring collaboration with other Services across the organisation.

Themes from reviews received to date	Applicable to this review <i>Check box if applicable</i>
1. Data, Intelligence & Insight Ensuring that there is an organisation wide approach with prioritised interventions into improving our data, intelligence and insight tools and capabilities. This will be a key enabler for sustainable improvement as well as supporting identification of future potential services of concern.	<input type="checkbox"/>
2. Culture Defining, engaging and committing to the long-term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement.	<input checked="" type="checkbox"/>
3. Risk Management Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored.	<input checked="" type="checkbox"/>
4. Patient, Family, Carer Involvement A single coordinated approach to maximise involvement and engagement with our patients and their families and carers, using their experiences to guide our ongoing service improvement.	<input checked="" type="checkbox"/>
5. Operating model Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.	<input checked="" type="checkbox"/>
6. Organisation Governance and compliance Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.	<input checked="" type="checkbox"/>
7. Integrated Planning A well understood integrated approach to planning as a discipline, as well as contributions to our annual planning process.	<input type="checkbox"/>

4) Recommendations

The committee is asked to **APPROVE** the management response in readiness for onward publication into the public domain.



Table 1: Thematic Management Response Action Plan

Patient, Family, Carer Involvement						
Ref	Action: A single coordinated approach to maximise involvement and engagement with our patients and their families and carers, using their experiences to guide our ongoing service improvement.	NCCU/NHS Executive report Recommendation Reference	Lead	Deadline	RAG status¹	Progress Update
01	Capture whether care provision is caring and effective and agree how this is to be measured. Record findings and feedback on safety.	3.6	Deputy Director of Nursing	31/12/23		On track
02	With the support of the Patient Experience Team (PALS), review Patient/family experience of safety planning, both in hospital, and in home treatment.	6.10	Head of Nursing for each area	30/04/24		On track
03	Review, adopt best practice and improve mechanisms to capture and act on patient, family and carer feedback – including: 1) Incorporating tablet based feedback collection in team bases and in-patient areas where patients are seen clinically 2) Utilising data in service redesign 3) Considering national patient feedback through Patient/Carer experience group 4) Capture local evidence such as PALS feedback and Feel Good Fridays during walkabouts.	7.2 7.3 7.8 3.7	Head of Integrated Strategy and Development Head of Nursing	31/12/23		On track

04	Patient Experience Team (PALS), together with CANIAD, undertake to review the current approach and to recommend stronger alignment of the division to corporate Patient Carer Experience processes	7.1	Head of Integrated Strategy and Development	30/04/24		On track
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¹ **RAG status definitions:** **Green:** On track, **Amber:** Off track with mitigations in place to bring back on track, **Red:** Off track without mitigations in place to bring back on track

Organisation Governance and Compliance						
Ref	Action: Ensuring organisation wide visibility and understanding of governance best practice and ensuring adherence to it.	NCCU/NHS Executive report Recommendation Reference	Lead	Deadline	RAG status ¹	Progress Update
01	Review, refresh, deliver, track and evidence learning associated to the following areas of induction and training, across both BCU and bank staff: 1) Environmental Ligature Risk Assessment 2) Communication techniques for deteriorating patients 3) End of life policy 4) Physical Health Assessment, monitoring and recording 5) Divisional policies 6) Relational and environmental security 7) Outcome focussed care and treatment planning 8) WARRN training requirements 9) Restrictive Physical Intervention 10) Clinical Risk 11) Suicide prevention/awareness 12) Improving the quality of care and treatment plans 13) Importance of working to the ratified or approved draft of the most recent policies and procedures	1.1/1.2/1.3/1.4 and 1.6 2.7 2.12 2.14 4.5/4.6 5.1 5.2/5.3 5.2/5.5/6.1/6.2/6.8/6.9 5.6 2.1/5.9/6.3 6.4 5.2/5.3/6.8/6.11 4.1/4.3/4.5/4.6	Assistant Director of Nursing	31/12/23		On track
02	A programme of audit improvement and simplification, supported by new tools and a revised framework, feeding into relevant training and governance, across the following areas:		Deputy Director of Nursing &	31/12/23		On track

	<ul style="list-style-type: none"> 1) Quality & Safety/clinical risk audits 2) Peer audits of in-patient environments 3) Physical Health Monitoring 4) Use of Clozapine in Adults 5) Older Persons anti-psychotic medication 6) Policy understanding and consistency of application 7) Joint safety plans 8) Care and Treatment Plans 	<ul style="list-style-type: none"> 1) 2.1 2) 1.8/2.2 3) 2.4 4) 2.10 5) 2.11 6) 2.14 7) 6.7 8) 5.2/5.3/6.8/6.11 	Governance Project Lead			
03	Ensure key Groups (e.g. Physical Health Group, Ligature Risk Reduction Group, Learning and Action Group) operate effectively, receive and scrutinise the relevant information and have their feedback cascaded through appropriate governance channels	1.6	Assistant Director of Nursing & Medical Director	30/11/23		On track
04	Ensure capital planning reflects significant mitigations of divisional risk and that operational estates functions are effective in each area of identified environmental. Including ensuring plans are in place for wards to promote the psychological/physical/sexual safety of patients in terms of layout and use.	1.7	Head of Integrated Strategy and Development & Assistant Director of Nursing	31/12/23		On track
05	Review, adopt best practice and improve pathways and processes relating to the following areas: <ul style="list-style-type: none"> 1) Acute Care Pathway to accurately record the Physical Health Baseline Assessment 2) Management and escalation of the deteriorating patient 3) Admission processes to provide access to multi-disciplinary professionals 4) Reporting on Datix, escalation of incidents, acute care meetings, safety huddles, local, divisional PTR 5) Ongoing thematic analysis of learning and actions as in Divisional Improvement Plan 6) Outcome focussed care and treatment planning 7) Roster management and contingency supply and escalation 	<ul style="list-style-type: none"> 1) 2.5/6.5 2) 2.6 3) 2.18 4) 3.2 5) 3.9 6) 5.2/5.3 7) 5.7 	Deputy Director of Nursing	31/12/23		On track

06	Review, refresh and ensure compliance with the following key frameworks and policies: 1) Physical Health Policy, to include the deteriorating patient 2) Framework for senior leadership connectedness to wards	Recommendation 3 2.14 3.3	Head of Governance	31/12/23		On track
07	Ensure appropriate documentation and record keeping in relation to all critical areas (e.g. clinical risk and physical health monitoring) is being used and that appropriate short term system solutions are explored	5.9	Deputy Director of Nursing & Head of Integrated Strategy and Development	31/12/23		On track
08	Chairs Assurance report from the MH&LD Learning and Actions group will be provided to appropriate Divisional and Corporate Governance forums, to update on progress of the NCCU Action Plan.	Recommendation 3 4.1	Head of Governance	31/12/23		On track
09	Work with the Office of the Board Secretary to ensure the timeliness of Board approval of policies, with monthly progress reporting to MH&LD SQDG.	Recommendation 4 4.1	Head of Governance	31/12/23		On track

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Culture						
Ref	Action: Defining, engaging and committing to the long-term work necessary to improve the culture of the organisation. Integrated into our broader organisational development plan across Culture, Leadership and Engagement.	NCCU/NHS Executive report Recommendation Reference	Lead	Deadline	RAG status ¹	Progress Update
01	1) Ward to Board process needs to be formalised where required, linking in the Governance Framework and reporting cycle development.	3.1	Head of Governance	31/1/24		On track

	<p>2) Develop a clear and comprehensive framework for senior leadership connectedness to wards</p> <p>3) Enhance staff engagement by increasing Senior Leadership Team (SLT) walkabouts and the recording of staff discussions.</p> <p>4) Formalise senior leadership visibility both in area and the division via a “walkabout type process” in the areas of staff, patient and carer feedback, advertised with a written feedback record provided in a “You Said, We did” format.</p> <p>5) Continue to communicate the ‘policy of the month’ in the staff briefing and ensure dissemination to all staff Division wide.</p> <p>6) Ensure staff in all areas are aware of the location of the directory/compendium of MH&LD Divisional Policies (Betsinet and MH&LD Hub).</p>	3.3				
		3.4				
		3.5				
		4.8				
		4.5				
02	Review induction of new starters and ensure that all staff are aware of the importance of current policies and working to the ratified or approved draft of the most recent policies and procedures, and ensure adherence to policy forms part of Staff Connect Day.	4.4	Training, Development and Wellbeing Lead	30/11/23		On track
03	Identify locations where staff have no access to Betsinet, and introduce policy audit whereby policy folders are sampled and tested with variations recovered and themes for learning shared to ensure most recent version is in place.	4.7	Head of Governance	31/12/23		On track

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Risk Management

Ref	Action: Reviewing and refining our approach and appetite to risk, including how risks are identified, managed, mitigated, reported and monitored.	NCCU/NHS Executive report Recommendation Reference	Lead	Deadline	RAG status ¹	Progress Update
01	A process map/flow diagram to be developed clearly detailing reporting on Datix, escalation of incidents, acute care meetings, safety huddles, local, Divisional PTR	3.2	Head of Governance	30/11/23		On track
02	Strengthen monitoring of open action plans – SUIs, Regulation 28, HIW and ensure learning is communicated by an agreed process and ensure reporting is embedded in the Governance Framework	3.8	Head of Governance	31/1/24		On track
03	Support ongoing thematic analysis of learning and actions as in Divisional Improvement Plan 2023	3.9	Head of Governance	31/1/24		On track
04	To ensure all agency, bank and locum staff, who work across MH&LD, have training needs clearly identified. To ensure this includes MH&LD induction, physical health monitoring and recording, Restrictive Physical Intervention, moving and handling.	5.6	Deputy Director of Nursing	30/4/24		On track

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Operating Model

Ref	Action: Ensuring our operating model is designed to best deliver our strategic priorities, with clarity for everyone across all levels of the organisation on the roles and responsibilities, systems and processes within divisions and Pan BCU services.	NCCU/NHS Executive report Recommendation Reference	Lead	Deadline	RAG status ¹	Progress Update
01	Development of a Communication and Engagement Plan for the Division in order to strengthen two- way communication from Board to Ward and vice versa with the need to involve communications lead for MH&LD in aligning to Health Board process.	4.0	Head of Integrated Strategy and Development	31.1.24		On track

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