

Royal College of Psychiatrists' Invited Review Services Report

**Mental Health and Learning Disability services in Betsi
Cadwaladr University Health Board
May 2023 - December 2023**

Commissioned by the Welsh Government

CONTENTS

1. Introduction.....	3
2 Methodology.....	4
3 Evidence sources and reference documents	7
4 Summary of overarching themes	8
5. Results.....	10
6. Aknowlegements	77

Appendix A: Invited Review Service Team

Appendix B: Feedback on implementation, by service-delivery domains.

1. Introduction

Mental health services in Betsi Cadwaladr University Health Board (BCUHB) have been subject to a series of external reviews and reports over the past ten years. The health board itself has undertaken pieces of work to examine that action has been taken in relation to some of these reports.

On 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 with immediate effect.

This decision reflected serious and outstanding concerns about board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership, and financial management.

Mental health services in the health board had been in Targeted Intervention since the de-escalation from special measures in 2020, and alongside the rest of the organisation form part of the current special measures intervention.

In order to understand what progress the health board has made in discharging its actions from historic reviews and reports, the Welsh Government commissioned an independent, external assessment to review the extent to which recommendations from previous reports have been implemented and the extent to which these have been maintained and consistently integrated into 'business as usual' practices.

The Royal College of Psychiatrists' Invited Review Service (IRS), supported by the Royal College of Nursing Wales, was commissioned by the Welsh Government to provide this external assessment.

The scope of the review was to cover the recommendations made in the following reports:

- **Ockenden 1 (2014):** bcuhb.nhs.wales/news/updates-and-developments/updates/archived-updates/tawel-fan/tawel-fan/donna-ockeden-report-september-2014/
- **Ockenden 2 (2018):** [Donna_Ockenden_Full_Report_2018.pdf \(donnaockenden.com\)](https://donnaockenden.com/Donna_Ockenden_Full_Report_2018.pdf)
- **HASCAS (2018):** [Independent Investigation into the Care and Treatment Provided on Tawel Fan Ward: a Lessons for Learning Report \(nhs.wales\)](https://www.nhs.uk/consult/condemned-independent-investigation-into-the-care-and-treatment-provided-on-tawel-fan-ward-a-lessons-for-learning-report/)
- **Holden (2013):** bcuhb.nhs.wales/about-us/governance-and-assurance/publication-of-the-holden-report/robin-holden-final-report-revised-redactions-applied-v1-0/

Whilst the main focus of this review is limited to the reports listed above, the review team also considered any other major reviews or incidents relating to mental health services in the two years prior to this review, if relevant to any of the recommendations, by way of context.

The aim of this review is to provide an independent assessment of:

- how recommendations made by these reviews into mental health services in BCUHB have been implemented by the Board; and
- the extent to which recommendations made by the previous reviews into mental health services in BCUHB have been embedded in the delivery of services.

The review would **not** consider whether the recommendations contained within the relevant reports were the optimal course of action to deliver improvements, either at the time of each relevant report or now.

The review was undertaken by a multi-disciplinary team of clinicians with lay representation, who were supported by the IRS team at the Royal College of Psychiatrists (see Appendix A).

2. Methodology

2.1 Multiple methods

Multiple methods were used for the review:

- 1) A review of key documents and the recommendations relating to each of the four reports.
 - Ockenden 1-(2014) - containing 30 recommendations (including subsections)
 - Ockenden 2 –(2018) - containing 20 recommendations (including subsections)
 - HASCAS (2018) - containing 15 recommendations
 - Holden (2013) - containing 19 recommendations
- 2) A review of all relevant documentation sent to the IRS by BCUHB (summarised in section 5).
- 3) Structured online interviews with key stakeholders (BCUHB staff, patients, and carers, external bodies) to understand the extent to which the recommendations from the four reports have been implemented and embedded (see section 5).
- 4) Site visits to several units and services, across the health board, during which reviewers would interview staff, patients, carers, and families (see section 5)
- 5) Regular progress updates to Welsh Government.

2.2 Rating of BCUHB response

The lead reviewer Dr Gerry Lynch, reviewed and summarised the documentary evidence, interview notes and notes from site visits for each of the 84 recommendations.

A traffic light system was used by the lead reviewer to rate the strength of evidence available to the review team demonstrating implementation of each recommendation and the extent to which it had been embedded in practice:

Green: good/strong evidence for implementation and embedding of recommendation

Amber: some/moderate evidence for implementation and embedding of recommendation

Red: little/no evidence for implementation and embedding of recommendation

Next, each member of the review team independently reviewed the evidence summaries and rated the BCUHB response to each recommendation.

The review team then held a consensus meeting to review and agree on the ratings and comment on BCUHB progress against the recommendations. These comments were agreed and have been incorporated into the results section.

The results section provides an assessment of the degree to which recommendations from each of the four reviews have been actioned and embedded by the health board, for the purpose of providing independent assurance to the Board, ministers, and others.

2.3 Presentation of results

The results are presented in two different formats:

In section 4.2, we present a table in which we rate the evidence against all 84 separate recommendations from the four reviews.

In Appendix B, we present a table in which we have grouped the recommendations and our findings across all four reviews by service-delivery domain and give an overview of progress according to these domains.

Given that the reports cover a long time period and there is a degree of duplication, we considered that such a 'thematic' approach may be beneficial to the Commissioners of the report and the health board in deciding on priorities and where best to concentrate efforts and resources for optimum service improvement going forward.

2.4 Review timeline

Month (2023)	Activity
May	Review is commissioned by Welsh Government.
June	Review team is recruited, and terms of reference (TOR) are agreed.
July	Evidence bank aligned to each of the four reports from BCUHB is received.
August	Documentary review commences.
September	25 th and 26 th September- two days of online interviews with BCUHB staff, and members of the ambulance services.
October	<ul style="list-style-type: none"> • 2nd and 3rd October, two days of online interviews with BCUHB staff, Caniad patient group, and members of the police service. • 19th and 20th October first site visits: members of the review team visit the Hergest unit, Bangor and several units within Cefni Hospital, Llangefni and Bryn y Neuadd Hospital, Llanfairfechan. • Summarising of documentary evidence.
November	<ul style="list-style-type: none"> • 14th and 15th November, second site visits: members of the review team visit the Heddfan unit, Wrexham and Ablett Inpatient Unit, Bodelwyddan and several units within Coed Celyn Rehabilitation Unit, Wrexham. • 29th November review team meet to collate Red, Amber, Green (RAG) ratings.
December	<ul style="list-style-type: none"> • Report compilation. • 22nd December draft report submitted to Welsh Government

3. Evidence sources and reference documents

The review required an assessment against 84 recommendations from four reports produced over a period of five years. The health board delivers a range of mental health services across six local authority areas in north Wales. In order to undertake the review, the review team used information from the following sources:

- Over 370 documents were provided by BCUHB as part of evidence banks aligned to each of the 84 recommendations across the four reports.
- The briefing documents provided by BCUHB also included general documentation aligned to each of the report's findings, and additional documentation was provided upon request.
- Approximately 60 people (BCUHB staff, patients and members of the ambulance and police service) were interviewed over four days of online interviews from 25th September to 3rd October.
- "Drop-in sessions" were organised for each of the four site visit days to allow for staff, patients, carers, and families to share their experiences with the review team in confidence.
- 6 sites including a medium secure unit, dementia unit, Learning Disability (LD) assessment and treatment and rehabilitation unit were visited across Bangor, Llangefni and Llanfairfechan.
- 5 sites including acute units, rehabilitation, and a helpline centre were visited across Wrexham and Bodelwyddan.

4. Summary of overarching themes

In this section we outline the main themes based on our findings following the evidence-gathering process described above. We would also like to point out that, whilst we attempted to provide as comprehensive review as possible given the time available, the review should not stand alone and should be seen as part of a suite of evidence to be used to continue to improve standards. We hope that the presentation of the evidence grouped into themes in this section and in appendix B will be helpful to the health board in setting priorities for service development and quality improvement.

The review team was concerned about a lack of investment in infrastructure with a clear need to provide an electronic record system and to improve the quality of the estate in which patients receive care. We think that the lack of an electronic record system in a Board that has many units scattered over a very large geographical area with multiple clinical teams leads to a significant governance risk in terms of information sharing and access to up to date and contemporaneous clinical records. Related to this is what appears to be a GDPR breach in the manner in which on call medical staff have to access medical records in the regional secure unit.

It was noted that the business case for the new unit in Ablett is progressing but, in the meantime, it is vital that ongoing hazards and risks identified by various external reports are dealt with promptly. We observed that there is a lack of separate admission facilities for older adults with functional mental illness in the western sector, which means that this patient group has to be admitted to a unit a considerable distance from their locality.

We were also concerned about the large number of interim posts. We recognise that there has been a significant reduction in their number, but it is unclear to us why so many posts continue to be filled on an interim basis. Although many staff have been in interim posts for a significant period of time, there remains a degree of uncertainty and instability when these posts continue to be labelled as interim, as well as the bureaucratic inefficiency of this system. It also has a 'knock on' effect on grades below the posts to which the person in the interim post has been seconded.

The team was concerned that the management structure did not allow for adequate representation of clinical expertise in the field of older adults' mental health and, perhaps because of this, the delivery of the dementia strategy has not progressed as much as it should have, with more work needed in the area of dementia training, the appointment of a consultant nurse for dementia within the directorate, and in-reach into care homes. Nor does the management structure fully recognise the contributions of all clinical disciplines, especially clinical psychology and professions allied to medicine.

There is also room for improvement in staff engagement and consultation. One example that concerned us was the change in title for the modern matron to clinical service manager which should not have occurred without consultation with the nursing profession. We were also concerned that staff appeared to have as yet very little input of the most recent change management process.

We observed that coproduction and meaningful involvement of patients and carers in service design and delivery requires further work. Patients and carers to whom we spoke did not think that their voice was adequately listened to and documentation with which we were supplied did not give us good evidence of meaningful patient and carer engagement. Improvement in this area must be a priority for the Health Board.

The mental health strategy discusses the development of various new specialist teams and care pathways but the need to drive up standards in core mental health services, particularly inpatient services, must be given equal priority. We noted that there is no agreed model of clinical care throughout the Health Board. Whilst there may be good clinical rationale for variations in service delivery in different areas of the Health Board, there should be a common set of core standards for clinical care in inpatient services. These standards should include access to psychological, psychosocial, and occupational therapies. Acknowledging the difficulties in recruitment to permanent posts, we were particularly concerned about the lack of multidisciplinary working and consistent consultant psychiatry presence in the Hergest unit in Bangor, allied to a lack of provision of psychological and psychosocial therapies.

We observed that the governance system was comprehensive but complex and we think that there is room for rationalisation and simplification of the system, with more emphasis on outcome rather than process. Even with the current complex system, there is not clear evidence that learning is propagated to all levels of staff and disseminated throughout the Board area. The system appears to be very much a 'top down' approach to governance with an emphasis on reporting and we think that more emphasis should be given to listening to and learning from staff experience and patients' and carers' views.

We were particularly impressed by innovative practice involving the third sector in the regional secure unit, although this was subject to funding from a charitable source, and it was not certain that this will continue. We would also like to congratulate the excellent work done by the learning disability service which was recently recognised by the Nursing Times. We were impressed by the work of the staff well-being hub which appears to provide a valuable service and be much appreciated by staff and hope that this service can continue. Lastly, we congratulate the Board on its commitment to enabling Healthcare Assistants (HCAs) to train as nurses, a route which is no longer available in England.

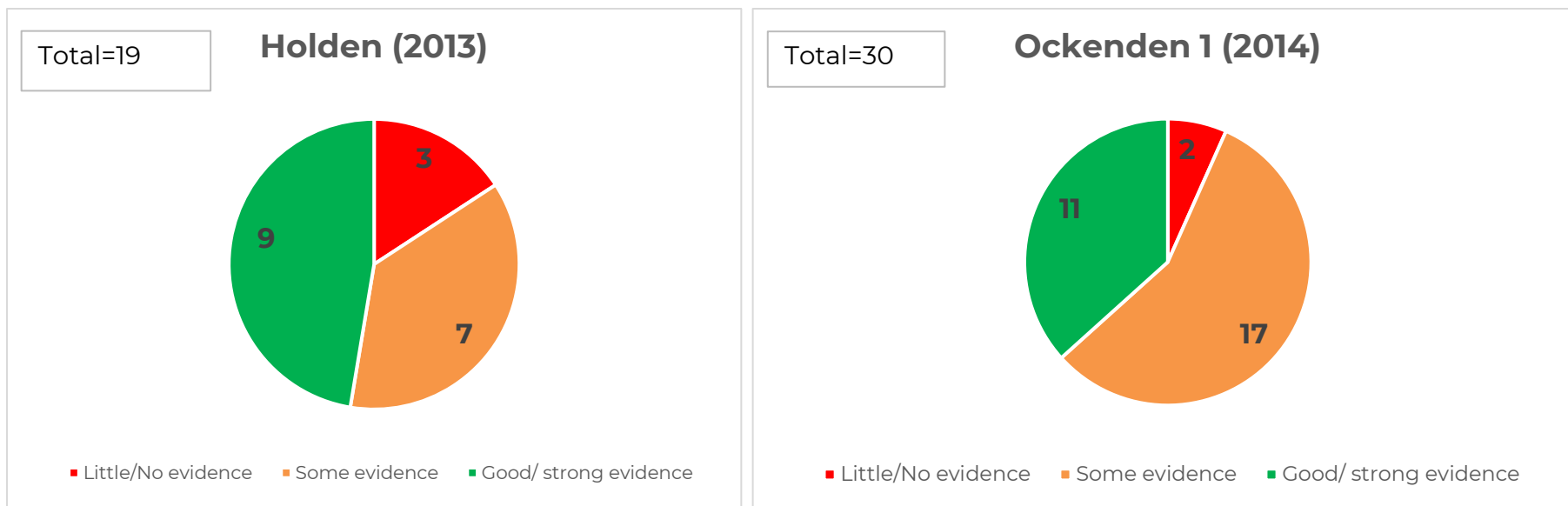
5. Results

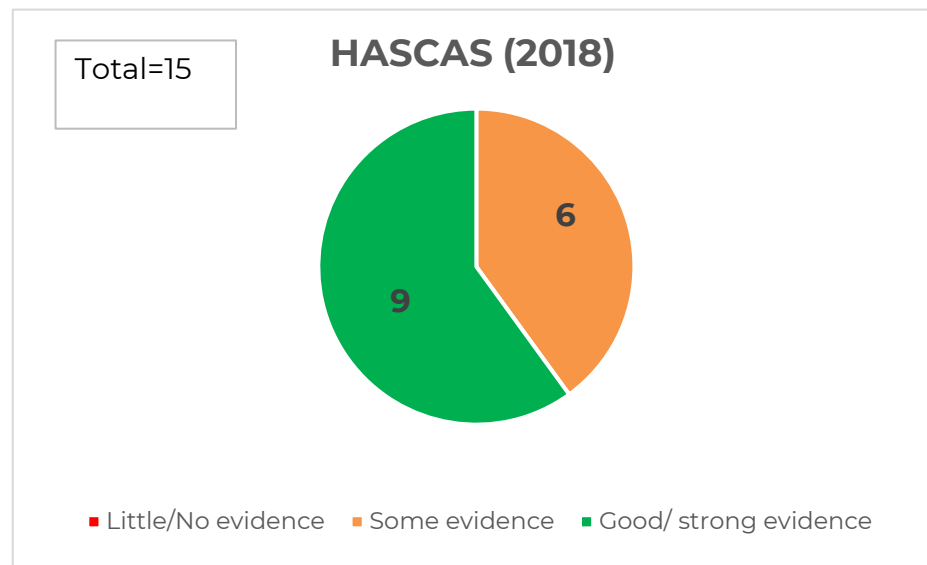
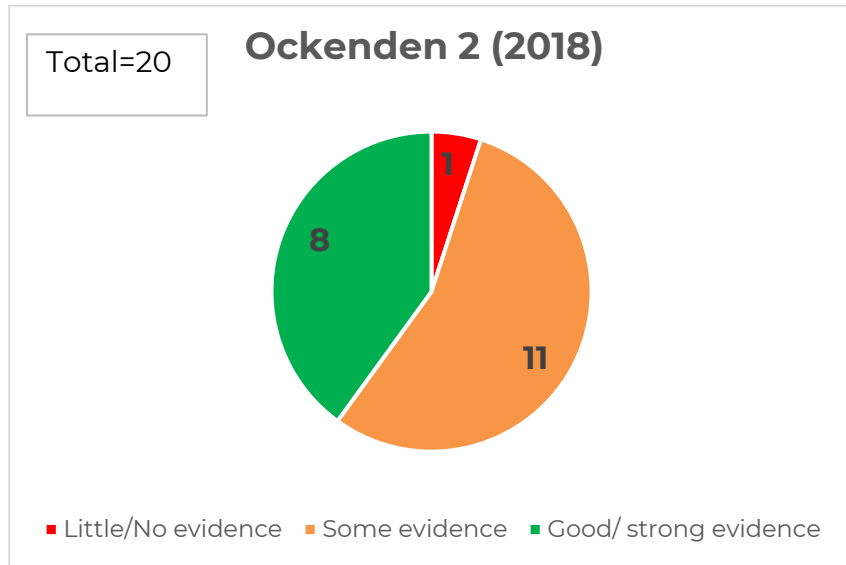
In section 4.1, pie charts summarise the review team's ratings of the strength of evidence demonstrating implementation of recommendations from each of the four reports and the extent to which those recommendations have been embedded in practice. This gives an overview of BCUHB's response to the external reviews and recommendations.

Section 4.2 presents ratings for BCUHB's response to individual recommendations and provides information about the evidence reviewed and the review team findings in relation to each recommendation.

In Appendix B, recommendations are grouped by service-delivery domain.

5.1 Overview of BCUHB response to external reviews and recommendations.





The charts show that there was good/strong evidence for implementation in relation to 37 out of 84 (44%) recommendations in the four external reports. There was some evidence for implementation in relation to nearly half (41; 49%) of the recommendations and little or no evidence for 6 (7%) recommendations.

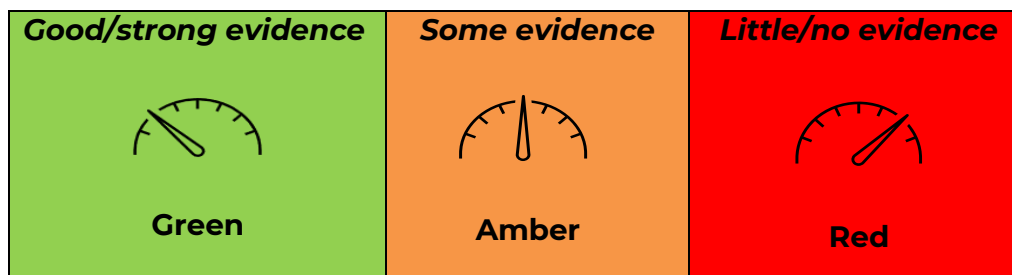
Of the 19 recommendations in Holden (2013), 16 (84%) are rated as having either some or good evidence for implementation.

There was some or good evidence for implementation in relation to 28 of 30 (93%) recommendations in Ockenden 1 and 19 of the 20 (95%) recommendations in Ockenden 2.

All recommendations in HASCAS (2018) were rated as having some or good evidence for implementation.

5.2 Rating of BCUHB response to each recommendation

Key : Strength of evidence demonstrating the implementation of the recommendation and extent to which it has been embedded in practice.



Ockenden 1

Rec no.	Recommendation	Evidence reviewed (BCUHB provided documentation, and briefing documents aligned to each review report).	Domain No.	Review team findings from interviews and site visits.	Agreed rating
1	<i>Towel Fan ward should not be considered for re-opening until the final report from this investigation is received alongside a detailed review and understanding of any lessons to be learnt from the currently ongoing Towel Fan mortality review.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> Board paper document dated 14/07/2015 <p>BCUHB briefing document: Towel Fan ward has not reopened since its closure in December 2013.</p>	3	At the time of writing this report the review team has not had the opportunity to meet the Towel Fan families.	Green
2	<i>Any new ward or department that may be opened in or around the area that is the currently closed Towel Fan ward should adopt/ be given a new name.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> Towel Fan Response Team (Aligned to 2014) Terms of reference document. Corporate Towel Fan Internal Group – meeting minutes examples 2016, 2017, 2018. Mental Health & Learning Disabilities (MH&LD) Towel Fan Review Group – meeting minutes example: Towel Fan Oversight Panel – meeting agenda example 	3	See review team finding for recommendation 1.	Green

		<p><u>BCUHB briefing document:</u></p> <p>“No other ward or department in or around the area of the closed Tawel Fan ward has adopted the same name. Work is undergoing as part of the Ablett Redevelopment Programme for the development and establishment of a new Adult and Older Person’s Mental Health (OPMH) Unit on the Ysbyty Glan Clwyd site.</p> <p>This new unit will replace the current Ablett Unit on the acute Hospital site and the OPMH Unit at Bryn Hesketh, Colwyn Bay. Again, there is no reference of the ‘Tawel Fan’ name incorporated within any future developments or plans.”</p> <p>The outline business case was approved by Welsh Government in October 2022, setting the aim to improve the quality of mental health care and services to adults and older people in North Wales. The vision is for the unit to include a 14 bed older person’s mental health ward and 13-bed dementia care assessment unit. Incorporated within the plans is also two 16-bed adult wards and an assessment suite to enable timely transfer of patients from the Emergency Department.”</p> <p>An announcement in October 2022 noted that subject to further approval, construction is expected to commence during the summer of 2024 with the first patients being accepted two years later, in summer 2026.</p>			
3	<p><i>There should be a clear set of measurable standards set for the care of frail older people with dementia across BCUHB. There are excellent examples of practice seen elsewhere across Wales and the wider UK including London and Brighton. However, from the evidence seen to date Tawel Fan ward and the CPG it was part of, somehow became disconnected from this programme of renewal and change. Whilst many documents and action plans were churned</i></p>	<p><u>BCUHB briefing document:</u></p> <p>A full update on progress made to strengthen standards of care and service provision for older people with dementia across BCUHB is noted under recommendation one of the 2018 Ockenden Report.”</p> <p>There are five task and finish groups of which feed into the Regional Dementia Operational Group:</p> <p>Group 1 – Community Engagement</p>	6	<p>There has been service redesign with the development of a comprehensive memory assessment service, primary and secondary care dementia teams, older adults’ mental health care teams and an older adult’s service within the liaison and home treatment teams.</p> <p>The inpatient wards for patients with dementia provide a comprehensive service for those with comorbid illness</p>	Green

	<p><i>out on a regular basis little (if anything) materialised from the vast amount of paper produced that made any difference to the patients and their families cared for in Tawel Fan.</i></p>	<p>Group 2 – Memory Assessment Service (MAS) and Dementia Connector Group 3 – Workforce Development Group 4 – Hospital Charter and Inpatients Group 5 – Measurement Group</p> <p>All groups include representation from partners across North Wales, to include carers and patients.</p> <p>All current and future dementia work will be channelled through these structures and a single BCUHB Dementia Improvement Plan is in development of which will capture specific actions aligned to MH&LD.</p>		<p>and behavioural and psychological symptoms of dementia that require inpatient treatment. Deprivation of liberty and safeguarding issues are adequately addressed.</p> <p>The memory assessment service was described to reviewers as providing both pre diagnostic and post diagnostic support.</p> <p>Further work needs to be done in providing education and training in dementia, in reach into care homes and involvement of patients and carers in service development.</p> <p>Some stand-alone units struggle to consistently implement the standards and require further support</p>	
4.	<p><i>The Board should consider a full public apology to the patients and families who were admitted to Tawel Fan ward once this final report is received.</i></p>	<p><u>BCUHB Briefing document:</u></p> <p>A report submitted to the BCUHB Board in July 2015 noted that a full apology was being made to the patients and their families by the Health Board.</p>	n/a	<p>See BCUHB evidence provided.</p>	Green
5	<p><i>The Board should consider how they will engage with the remaining families.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> See documentation for recommendation 2 and Stakeholder Group ToR and report to BCUHB Board in March 2021 <p><u>BCUHB briefing document</u></p> <p>A single point of contact was made within the health board to coordinate and support family engagement. Additional support was provided by the Tawel Fan Response Team during the period of internal investigations, to include a team of nurse counsellors.</p> <p>To the present day, the Division are actively working to incorporate the voice of patients, carers, and families in developmental and improvement work. This is channelled through the divisional Patient and Carer Experience (PCE) Group.”</p>		<p>The review team note the engagement described in the briefing document. It is vital that the importance of engaging with families/carers when untoward events occur is fully recognised by the Board.</p>	Green

6	<i>Or patients/ relatives who have not yet been given an opportunity to share their experience of Tawel Fan ward.</i>	See review team findings for recommendation 5	n/a	See review team findings for recommendation 1	Green
7	<i>There should be a complete overhaul of the concerns/complaints/serious incident reporting structure and an overhaul of the system of learning from these issues.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Divisional Putting Things Right (PTR) reports April & May 2023 • Divisional PTR meeting minutes May 2023 • Quality & Safety Learning event May 2023 (under recommendation 17) <p>BCUHB briefing document</p> <p>A report to BCUHB Board in July 2015 noted the recruitment of a Governance Lead within the Division to support improved governance systems and processes.</p> <p>Additionally, two task and finish groups reporting into the Mental Health Improvement Group were responsible for reviewing the management of complaints and serious incidents with the aim of facilitating timely and effective investigations, and appropriate dissemination of lessons learnt. Training was also provided to staff aligned to Serious Incident reporting.</p> <p>Reference is made within several sections of the 2018 Ockenden report to the progress made to strengthen the concerns/complaints/serious incident reporting both in BCUHB and the MH&LD Division. This includes the Putting Things Right (PTR) process, initially introduced in 2011 which formed the legislation and systems, structures and processes underpinning the concerns process in Wales. Please see recommendation 7 of the Ockenden 2018 for full update aligned to this recommendation.</p>	3	<p>There is in place a comprehensive governance system with extensive use of the PTR system at unit and divisional level.</p> <p>Staff interviewed, described their experience of two recent serious incidents (SIs), which were systematically investigated. Staff participated in the SI process and felt supported throughout. There was learning from the SIs which was implemented.</p> <p>However, concern was expressed that learning from PTR meetings did not always reach staff working 'on the ground' and one patient expressed dissatisfaction with how a complaint they had raised was addressed.</p> <p>In addition, there was frustration expressed by staff about the number of meetings in which there was duplication and repetition, both of information expected to be supplied by staff and of learning lessons. Recognising that learning can occur from areas not in the particular clinical responsibility, some staff expressed the view that they had to attend Safety and PTR meetings that had no relevance to their clinical area. There were also some concerns expressed that staff at band 6 level and below did not have the opportunity to attend the relevant meetings and share in the learning. It was also unclear if the learning was shared across the whole Health Board area.</p>	Amber

8	<p><i>The Board should ensure that there is a fully operational 24/7 access to services such as diagnostics, medical cover and pharmacy across elderly mental health care in North Wales</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • Example of junior doctor on call rota • June 2023- Highlight report OPMH clinical pathway group • June 2023- Highlight report; inreach support worker into 4 care homes in the Wrexham area (RAG rating red for recruitment as of Jan 23. <p><u>BCUHB briefing document</u></p> <p>Every patient receiving care and treatment on an OPMH ward in North Wales has medical cover allocated, either by agency locums or substantive consultants. There is also cover from trainees in the units and a rota is produced regularly.</p> <p>A new on-call system was put in place from January 2014 working at 3 levels. Tier 1 is made up of the liaison nurse led service, Tier 2 is made up of junior doctors and Tier 3 is made up of consultants.</p> <p>Pharmacy on-call provision is 24/7 across the Health Board. It is noted in a reporting paper in July 2015 that clinical referral pathways were being reviewed to support timely access to diagnostic/therapies.</p>	9	<p>Although there is a shortage of substantive medical staff, access to medical cover out of hours was satisfactory.</p> <p>In the stand-alone units, if there were to be a delay in accessing medical assessment out of hours, there were clear protocols for nursing staff to access appropriate level of medical input. No concerns were expressed about access to diagnostics or pharmacy from the staff that we interviewed.</p>	Green
9	<p><i>Immediate work should start on a Ward to Board communication strategy across all CPGs. This should include easy access to an NHS Wales email account since a significant number of staff interviewed do not have this facility.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • Nov 2022- Comms & Engagement Workstream Plan • HASCAS & Ockenden recommendations highlight report July 2019. • North Wales Together For Mental Health (NWT4MH) Communications and Engagement Plan • MH&LD Operating Model Communication and Engagement Plan, V0.9 • July 19- Description of Pioneer training programme specifically designed to improve and sustain staff engagement. • 2018 staff survey showed significant improvement in levels of staff engagement from 2014, but still behind Welsh average 	5	<p>Staff interviewed, expressed the view that there had been improvements in access to and communication with senior leaders and managers. Initiatives such as 'you said, we did' were welcomed and in most areas, staff were aware of their leadership team who were in general visible.</p> <p>However, this was not consistent throughout the Health Board and was a particular issue in the more isolated units. There were also concerns about potential changes to management structures that had not been communicated to staff.</p>	Amber

		<p><u>BCUHB briefing document:</u></p> <p>An update provided in a Board report in June 2015, noted a review of IT access was being undertaken across the Division, to ensure easy access to NHS Wales emails which is compliant with the Health Boards' Information Governance policies.</p> <p>The update also noted that corporate teams and Divisional senior managers have been undertaking walkabouts across inpatient units</p> <p>Currently, the Division is developing a MH&LD Communication and Engagement Strategy, which will be based on the North Wales Together for Mental Health Communication and Engagement Plan and also the draft MH&LD Operating Model Communication and Engagement Plan</p> <p>Other Divisional activity which will form part of an MH&LD Communication and Engagement strategy is the Wellness, Work and Us (WW&U) Surveys. An initial survey was undertaken in May 2020 mainly aligned to the impacts of the Covid19 Pandemic, and a further Reflect and Learn Survey was undertaken in November 2021. With both surveys a "You said, We did, We are going to do" was shared with the staff at various meeting forums and also included within the monthly MH&LD Staff Briefings.</p>			
10	<p>Where they exist 'shared log in' for IT services must be stopped.</p>	<p>No documentary evidence was provided by BCUHB aligned to this recommendation.</p> <p><u>BCUHB briefing document:</u></p> <p>An update to BCUHB Board by the Tawel Fan Response Team in July 2015 noted that corporate and divisional teams were progressing through Information Governance systems to ensure discontinuation of any "shared log in" for IT services. Awaiting confirmation information governance to confirm this has happened, and to request evidence of action taken and current position. '</p> <p>No further evidence was supplied to the review team.</p>	n/a	<p>The review team noted a potentially serious GDPR breach with regards to out of hours medical cover in the regional secure unit, where on call medical staff have to use another person's log in detail to access and write entries into the medical notes.</p> <p>There appears to be a 'work around' for agency nursing and healthcare assistant staff but this does not apply to on call medical staff. This points to a wider governance issue in terms of lack of electronic medical records.</p>	Red

<p>11</p>	<p><i>There should be an immediate review of the scale of all operational, clinical, and managerial roles across the CPG with a realistic assessment of the ability of the current individuals in post to perform in their roles.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • MH&LD Divisional Structure, • BCUHB Operating Model • MH&LD Proposed Operating Model <p>BCUHB briefing document:</p> <p>The MH&LD Operating Model describes the Division which will be led by an accountable Director who will be a clinician, who reports directly to the Executive Director of Public Health. They will work with their senior team to provide leadership, focussing on health and well-being outcomes, aligning the vision, cultural tone and being accountable for all aspects of delivery. They will be supported by a Director Team and wider Divisional Senior Leadership team, comprising of:</p> <ul style="list-style-type: none"> • MH&LD Lead Doctor – Medical Director • MH&LD Lead Nurse – Director of Nursing • MH&LD Lead Manager – Director of Operations • MH&LD Director of Psychology – Professional Lead for Psychologists. • MH&LD Director of Therapies – Professional Lead of Therapies. • MH&LD Director of Pharmacy & Medicine Mana– Prof Lead Pharmacy • MH&LD Head of Workforce • MH&LD Chief Finance Officer • MH&LD Head of Governance <p>The Divisional Senior Leadership Team will include a Director of Psychology, a Director of Therapies, and a Lead Pharmacist. Discussions are currently being progressed pertaining to how these roles will evolve, including line management structures.</p> <p>In addition, a triumvirate model was established for each area, East, Centre and West and also for Regional Speciality Services. These new roles consisted of Heads of Operations and Service Delivery, Heads of Nursing and Clinical Directors, to strengthen clinical and managerial leadership including</p>	<p>3 & 5</p>	<p>Although at one level, there is a clinically led and clear and accountable management structure, the large number of posts that are held on an interim basis for a prolonged period of time leads to uncertainty for staff and difficulty in forward planning. The considerable number of posts held on an interim basis has a knock-on effect at all levels with multiple staff in temporary roles.</p> <p>In addition, the review team did not see evidence that there was full representation of all disciplines in the management structure, particularly in the case of clinical psychology and allied health professionals.</p> <p>The review team did not think that older adults' mental health services were adequately represented at a senior level in the management structure.</p> <p>The title of modern matron has been replaced with that of clinical service manager without any clear rationale or consultation.</p> <p>A new organisational model is in the process of being developed but staff the review team spoke to described they had not yet been consulted and it is not clear what process is being followed.</p>	<p>Red</p>
------------------	---	---	-------------------------	---	-------------------

		increasing visibility and accessibility of the leadership team.			
12	<p><i>There should be a clearly articulated message from the Executive Directors that all clinical leaders (medical and nursing) should spend a defined portion of their working week within the clinical area alongside and listening to patient and relative feedback. Evidence should be provided at monthly performance reviews with the executive team that CPG leaders have made changes in practice/care/operational service delivery as a direct result of this time within the clinical areas.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • PCE minutes and Agenda- August 2023 • PCE ward accreditation update. • Patient and Carer Experience Team. Patient Advice and Liaison Service (PALS) <p>BCUHB briefing document:</p> <p>Patient feedback continues to be sought in a variety of forums and methods including PALS, Caniad and CIVICA. There is a monthly MH&LD Patient and Carer Group meeting held. In addition, each local area performance report includes compliments from patients, families and carers, any patient complaints are reported through the PTR governance process.</p> <p>A Board report from 2015 noted the Mental Health Improvement group have a number of task and finish groups reviewing both professionalism, supervision and time spent on the front line with staff on inpatient wards and community teams. Quality assurance visits are being undertaken by Executive Directors and senior managers in addition to the dignity inspections which have included the 4 themes arising from the “Trusted to Care” report in 2014.</p>	1 & 8	<p>PALS provides a regular method of accessing patient feedback. The review team note that PALS dealt with 5 cases from January to July 2023. However, attempts to provide real time feedback have not so far been successful.</p> <p>The most recent monthly meeting of the patient and carer experience (PCE) group was not quorate. Patients have expressed frustration that Caniad meetings are often more of a vehicle for informing patients about services rather than listening to the experience of patients and carers. Overall, there was not strong evidence of coproduction or meaningful patient involvement.</p>	Amber

13	<p><i>The BCUHB should implement an extensive and intensive skills and knowledge package around care of patients with dementia and support of their families.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Dementia training programme- informed/skilled/influencer levels – evidence summary September 2022. <p>BCUHB briefing document:</p> <p>The update reported to the BCUHB Board in July 2015 notes the progress made by the Older People Mental Health (OPMH) development team at that time. This included the promotion of compassionate care, the development of services, dementia mapping and service improvement. Additional staff development initiatives included “compassionate training” and ‘Care to Talk’ training.</p> <p>A further update on training and development within Dementia services in the present day is noted under recommendation 13 and 14 of the Ockenden 2018 report. However, it is important to note the continued risk identified in relation to dementia education and training. This is being escalated by the Dementia Nurse Consultant via the Regional Governance Framework.</p>	7	<p>Whilst there has been significant progress made with the development of dementia care pathways, the failure to appoint to the consultant nurse post within the directorate has had an impact on its ability to provide the skills and knowledge package necessary.</p> <p>Proposals for practise educators are in train, but it is not clear if these posts have been appointed as yet. Progress has been disappointingly slow considering that this recommendation dates from 2014. More work needs to be done particularly in the area of support to stand alone units and more engagement with families and carers. The health board's support of healthcare assistants (HCAs) to train as nurses through secondments is positive and to be welcomed.</p>	Amber
14	<p><i>There should be an overarching review of all estates providing care of the elderly to assess its fitness to provide care.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Ockenden HASCAS Improvement Group Estates Highlight Report. • Feb 2019- MD directorate group established. Funding of £200K allocated to address repairs and commence assessment of Safe Healing Environment procurement • Feb 19-Highlight report from Director of Estates <p>BCUHB briefing document:</p> <p>Further, and more recent, developments and on-going work aligned to estates is noted under recommendation 11 of the Ockenden 2018 report.</p>	10	<p>Efforts have been made to avoid nursing elderly patients together with younger adults. However, this means that older adults with functional illness from the western sector have to be admitted to a unit a considerable distance away. Large parts of the Hergest unit are used by various community services and it is unclear to the review team if this is the best use of space.</p> <p>The business case for replacement of the Ablett unit is in progress.</p>	Amber

<p>15</p>	<p><i>The Board should consider the multiple very serious breaches of the Nursing Midwifery Council Standards of conduct, performance, and ethics for nurses (NMC 2010) and Good Medical Practice (GMC 2013) and take appropriate steps with the two regulatory bodies to safeguard the best interests of patients utilising elderly mental health services across the catchment area of the BCUHB.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Executive Corporate Safeguarding Annual Report 2021-2022 • Corporate Safeguarding People at Risk of Harm Report Q1&2 2022-2023 • Safeguarding Maturity Matrix Improvement Plan 2021-2022 • ToR Safeguarding Governance & Performance Group • MH&LD Safeguarding Forum minutes example April 2023 • Redacted Ward Dementia Care mapping report. • Person Specification Regional Safeguarding Specialist for Adults and Adults with Dementia • Safeguarding Weekly Activity report example June 2023 <p>BCUHB briefing document:</p> <p>The Safeguarding Performance and Governance (SGPG) Group monitor, critique and challenge findings, outcomes and evidence relating to both risk and the reduction of risk and harm.</p> <p>We ensure findings from HIW, Ombudsman, Coroner, Complaints, and Incidents are triangulated; acted upon and learning reviewed. Evaluate the effectiveness of Quality Assurance Reports against the Governance & Performance Reporting Framework. To ensure the effectiveness of all working groups with accountability to the Safeguarding Governance & Performance Group including the production of relevant minutes, action plans, reports, and audit.</p> <p>To ensure the organisation complies with safe recruitment and monitoring arrangements following DBS & ISA, GMC, NMC and other regulatory monitoring guidance.</p> <p>To monitor and support the organisations implementation of recommendations from BCUHB / Regional / Multi Agency and National reviews.</p>	<p>7</p>	<p>There is a comprehensive safeguarding and governance framework. There are clear lines of accountability and clinical and professional supervision for clinical staff.</p> <p>There does not appear to be a timely response to reports from external organisations such as HIW and NCCU.</p> <p>Some clinical areas are very isolated so it's unclear how standards are maintained when senior clinical roles (e.g. Director of Nursing) are vacant. The review team have been provided with a report that shows a high degree of compliance with medical appraisal. The review team are unaware of any GMC or NMC referrals and the process for monitoring them.</p>	<p>Amber</p>
------------------	---	---	-----------------	---	---------------------

16	<p><i>The Board should consider very seriously the unacceptably low standards of leadership and management exhibited and seen within the CPG during this external review and the events leading up to it. These unacceptably low standards were found within all medical and nursing leadership roles from the top of the CPG to ward manager level. The families whose relatives have suffered great harm and distress will require assurance from the Health Board that such levels of performance are regarded as unacceptable within the NHS in Wales. They will also require assurance that appropriate action will be taken in a timely manner.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • May 2022- Targeted Interventions self-assessment. • Report from Good Governance Institute; Adult mental health provided evidence to a high standard; rated as 2 in the maturity matrix <p>BCUHB briefing document:</p> <p>A Board report noted that an Interim Senior Director has been in place since September 2015 with additional senior support from January 2015. The substantive role of Director of Mental Health Services has been introduced and advertised. A review of managerial and operational structures is now being considered in line with recommendation 11.</p> <p>The substantive MH&LD Director was appointed in May 2016, and in 2017 the Divisional structure replaced the CPG structure.</p>	n/a	<p>Report from Good Governance Institute; Adult mental health provided evidence that the health board was rated as 2 in the maturity matrix i.e "Early progress in development."</p> <p>The large number of interim posts is a risk in terms of achieving a high standard of leadership and management. While there has been a reduction in the number of interim posts, they remain unacceptably high, and it is unclear why a more permanent management structure has not been achieved by this time.</p>	Amber
17	<p><i>The Board should interrogate further and in detail the information from the currently interim Tawel Fan mortality review being undertaken. Whilst it remains interim at the time of submitting this external report it originated from concerns around the potential death rate on/ associated with Tawel Fan as expressed by relatives in interviews. Feedback on the findings once completed therefore should be made public.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • May 2023 Learning Event agenda • Divisional Training and Development Sub Group Terms of Reference and Operating Arrangements <p>BCUHB briefing document:</p> <p>A Board report from 2015 noted a mortality review commissioned by the Executive Medical Director has been completed by a team of Clinical experts. As outlined in the main report and appendices, a number of families have been contacted to outline that the Mortality review has been completed. An offer was provided for Executive Directors to meet with families, to provide their relative specific outcomes. Of those written to, a number requested a meeting with the Executive Director of Nursing and Midwifery and Medical Director. An ongoing Mortality Task and Finish Group commenced in July 2015 within the Division, in line with the Health Board's Mortality objectives.</p> <p>The Divisional Integrated Governance Report will monitor themes and trends from the ongoing process. In relation to the feedback on findings, a</p>	3	<p>The review team note the written response provided by the Health Board.</p> <p>However, the review team did not see evidence that there was full consideration given to all potential risks, for example those detected by the helpline in terms of public health approaches to suicide risk.</p>	Amber

		<p>“Lessons Learned” Memorandum was shared bi – monthly across the Division at assurance meetings.</p> <p>There is a bi monthly MH&LD Learning from Deaths Group did you see notes from this? that meet to undertake Stage 2 mortality reviews. This Group focuses on the learning and themes identified through the process of mortality review, a chairs assurance report from this group is presented to the MH&LD Quality Delivery Group. In addition to this, the Chair of the MH&LD Learning from Deaths Group attends an organisational-wide learning from mortality group where learning is shared across the organisation. There is a quarterly MH&LD Divisional report presented to the MH&LD Quality Delivery Group that combines the learning from deaths that are reviewed through mortality and serious incident reviews to ensure that themes from different types of review are identified.</p>			
18	<p><i>The Board needs to assess (whilst the above mortality review is ongoing) whether other similar reviews may have taken place in the past. There needs to be an urgent review of the DATIX system undertaken to assess whether potential ‘clues’ to a possibly longer-term problem around the number of deaths within/ associated with Tawel Fan ward have been ‘missed’.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> Local PTR meeting agenda and minute examples. <p><u>BCUHB briefing document:</u></p> <p>The Mental Health Improvement Group is overseeing two task and finish groups (identified in Recommendation 7) who will review the triangulation of data from Datix and other sources and ensure that the Division are provided with specific actions to ensure that there is an opportunity to identify early warning flags of concerns relating to Inpatient services or team related services. There are now Integrated Governance reports to the senior management team providing information to support identifying areas of concern.</p> <p>A “look back” exercise has been commissioned by the Board to ensure that future Governance arrangements will provide timely indications of concern through our systems and processes.</p>	3	<p>During visits and interviews, a comprehensive, if complex system of scrutiny of incidents using the PTR process was outlined to the review team.</p> <p>Minutes of PTR meetings were provided against recommendation 7 of the second Ockenden report, and recommendation 6 of the Holden report.</p> <p>However, the lack of electronic records makes it difficult to link and triangulate Datix incidents with other indications of concern. The lack of electronic notes in itself raises governance and risk issues in terms of communication of clinical information and risk in a Health Board that has a large number of units and teams scattered across a very large geographical area.</p>	Amber

		<p>Current scrutiny of incidents continues to take place on a daily basis. The MH&LD Quality Governance team review each Datix across the Division to identify issues that require escalation. Moderate to Catastrophic incidents are discussed at a daily Corporate led meeting where consideration is given to early warning notifications to the NCCU and identify if the threshold for Nationally Reportable Incidents has been met. A daily Quality Bulletin is shared with the organisational leadership teams identifying serious incidents requiring national reporting. Locally, the Heads of Nursing and Service Managers review Datix incidents and undertake Make it Safe reviews, dependant on the level of harm, to provide opportunities to identify and implement make it safe actions.</p> <p>The Learning from Deaths activity undertaken by MH&LD provides the forum for identification of themes relating to deaths and this is reported through the MH&LD Quality Delivery Group and the organisational learning from mortality group.</p>			
19	<p><i>At the earliest opportunity the Health Board should liaise with the local Coroner and North Wales Police around the findings of the interim mortality review and take their advice as to whether further steps should be taken from each of their individual perspectives.</i></p>	<p>No documentary evidence provided</p> <p><u>BCUHB briefing document:</u></p> <p>Currently the Deputy Director of Quality and Organisational Inquest Manager meet with HM Coroners for North Wales to discuss issues arising across the Health Board. There are strong links that have been developed between MH&LD and the Organisational Inquest Manager through Inquest Board Rounds and collaborative working that has strengthened the Coronial process.</p>	n/a	<p>The review team note the comments provided by BCUHB in the briefing document but were unable to establish if this had been fully implemented.</p>	Amber
20.	<p><i>There should be a review of the training, support, and supervision of junior doctors by consultant colleagues in mental health services for the elderly in North Wales. Feedback from families appears to indicate that where medical care was provided for their relatives it was often provided by inexperienced doctors who did not appear to have had consultant support and supervision whilst providing that care.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> MH&LD Medics Supervision update from Business Support Manager 2023. <p><u>BCUHB briefing document:</u></p> <p>“Every trainee doctor has a designated named Consultant Clinical Supervisor. Trainees perform their duties under Consultant supervision. Every trainee</p>	7	<p>Trainee doctors interviewed confirmed that all had appropriate levels of supervision. They were not asked to act outside their fields of competency and felt well supported by consultant staff. This was both in and out of hours.</p> <p>They also had regular meetings in which they had peer support and have access</p>	Green

		<p>doctor is also allocated a named Educational Supervisor.</p> <p>Overall, the Wales School of Psychiatry have an oversight of training provision of Junior Doctors in psychiatry in Wales including North Wales with regular annual reviews i.e. annual review of competence progression.</p> <p>On a day-to-day basis, trainee doctors seek the support of their named clinical supervisor. In addition to that support, there is a weekly supervision rota run by the Consultant Psychiatrists to offer group supervision.</p> <p>In addition, a session is held every Monday as part of the post-graduate teaching programme.</p> <p>This forum is attended by all grades of psychiatric doctors in North Wales.</p> <p>Whilst performing on-call duties, support to Junior Doctors is provided by the Consultant Psychiatrists on call, Registrars on call and also the Senior Nursing staff on duty."</p>		<p>to appropriate level of educational supervision and opportunities.</p>	
21.	<p><i>According to family's medical care/ provision in Tawel Fan ward was largely on an "as and when called" basis rather than in a planned systematic way. Much medical care appears to have been provided by the on-call doctor rather than as a routine and planned approach to medical care. There needs to be an urgent review of medical care/ provision across elderly mental health services in North Wales to ascertain if this is/ was the case and action taken in a timely way to improve upon the standards of medical care for elderly patients using mental health services if the concerns of families are proven.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • JustR Medical Photography sessions • MH&LD Microsite Medics section • MH&LD Medical Workforce Establishment spreadsheet 2023 <p><u>BCUHB briefing document:</u></p> <p>2015- review of consultant capacity carried out</p> <p>Every patient in an OPMH ward has consultant and trainee cover allocated JDs updated and all vacancies out to advert.</p> <p>Workforce requirements tracked by medical management group</p> <p>Sustainable workforce task & finish (T&F) group established</p> <p>Medical workforce priority for Just R marketing campaign</p>	6	<p>Despite attempts to recruit, it continues to be difficult to fill substantive posts in old age and adult psychiatry, especially in the western sector. This has an impact on the Board's ability to deliver high quality of care.</p> <p>The review team recognise that the Board has made and continues to make active attempts to recruit to these posts and that there is a national shortage of suitably qualified candidates.</p>	Amber

22	<p><i>There needs to be clear standards and expectations articulated across North Wales as to the duties of Consultant colleagues. Families have articulated that their role was often unclear and that their involvement when it happened was of secondary importance. There was no evidence of consultant leadership or clinical standard setting in the care of any of the patients that families discussed in depth as part of this external review.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> MH&LD Consultant & Junior OOH Standard Operating Procedure (SOP) 2022. <p>BCUHB briefing document:</p> <p>A new system was put in place from January 2014 working at 3 levels. Tier 1 is made up of the liaison nurse led service, Tier 2 is made up of junior doctors and Tier 3 is made up of consultants . The detail of arrangements is set out in <i>Appendix 4</i> which describes the operational robustness and consistency of the arrangements that are now in place.</p> <p>A paper to the BCUHB Board in July 2015 noted the establishment of a Professionalism group to lead on refining and clarifying roles and professional standards of all disciplines, together with alignment against training plans.</p> <p>Furthermore, and as specified in the above recommendation, each patient has an allocated responsible clinician and a named consultant who leads on the care of the individuals. The Job Descriptions of the posts are approved by the Royal College of Psychiatrists, describe specific standards and expectations from a Consultant Psychiatrist.</p>	n/a	<p>This standard is in regard to the rules and responsibilities of consultants. As there is no agreed model of clinical care the role of the consultants within the multidisciplinary team (MDT) varies throughout the Health Board.</p> <p>The medical model dominates care delivery and there is a lack of availability of psychological therapies, particularly noticeable in the inpatient unit in the western sector.</p>	Amber
23	<p><i>There needs to be clarity and expectations set regarding the role of the Pharmacist / Pharmacy services in the care of the elderly patient using mental health services in North Wales. This clarity needs to be followed up urgently by the introduction of an appropriate infrastructure to ensure the role of the Pharmacist is central to the delivery of elderly mental health care in North Wales. Families report in some cases concerns regarding overmedication of their relatives and what is referred to by some families as a "lucky dip" approach to medicines management. Some colleagues referred to the use of "old fashioned" medications in Tawel Fan ward that had long fallen out of use elsewhere.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> Resource Business Case Highlight Report Improvement Group Guidance on use of Antipsychotic Drugs Audit of Antipsychotic drug use <p>BCUHB briefing document:</p> <p>By July 2015, a process of regular audit of anti-psychotic drugs used with patients living with dementia had been implemented, together with "Trusted to Care" inspections with the Executive Leadership Team.</p> <p>Following publication of the 2018 Ockenden Report, progress aligned to medicines management reported directly into the Ockenden/HASCAS Improvement Group with the BCUHB Chief Pharmacist as the</p>	6	<p>There has been enhancement of pharmacy input as is described in the written evidence and staff interviewed describe being able to access pharmacy as required. There is not the resource to provide a proactive service within the totality of the Directorate.</p> <p>The review team saw evidence of audit of antipsychotic prescribing in dementia from 2019 and 2023 which did not give the team the assurance that regular audit in this area has been embedded in practice. The review team also note that the audit only applied to inpatient units, no evidence was provided that audit of</p>	Amber

		<p>Operational Lead. The final highlight report to this forum appears to have been in July 2020 (see appendix).</p> <p>A key point within the report was the completion of an audit of antipsychotic prescribing among people with dementia of which had been presented to the Older Persons Mental Health team. This audit can be viewed within the appendix.</p> <p>Further audits of the use of antipsychotics within dementia wards were planned, forming part of the Delirium National Audit. An inpatient audit is currently being carried out to allow for comparison against the results of the 2019 inpatient audit results. BCUHB also participate in Prescribing Observatory for Mental Health (POMH)UK audits as per their occurrence. Note that EMIS web has recently been purchased for electronic prescribing to facilitate ongoing review of people on antipsychotics through database and audit, this is being rolled out imminently but may take time to embed.</p> <p>The guidance for Prescribing Antipsychotics in Dementia was updated in 2019 and is currently in the process of being updated again. Additionally, an e-learning package on antipsychotics was planned to be added to nurse e-learning however this did not progress due to people moving roles. Preliminary discussions have taken place between the Consultant Mental Health Pharmacist and Dementia Nurse Consultant with the view of developing BCUHB-wide training in relation to antipsychotic medication in care homes. Further work is required to progress the development and enrolment of this training.</p> <p>A pharmacy services response to the Six Dementia Priorities from the BCUHB Dementia Strategy 2019 was developed which sets out the resource position and ability to offer the specialist and quality support required for patients with dementia in all care settings (see appendix). A business case for pharmacy staffing specifically aligned to OPMH formed a part of this response. This enabled successful recruitment of Band 7 pharmacists in 2022/23.</p>	<p>antipsychotic medication prescribed in care homes has been carried out.</p> <p>Enhancement of these services is necessary but is dependent of provision of adequate funding.</p>	
--	--	---	---	--

		<p>However, this alone is a minimal resource and does not provide the resource required to review people on antipsychotics as per the recommendations. Reviews are provided on an 'as need' basis in some areas but not as standard. The intention is to present the case for the resource gaps in the near future to the OPMH Pathway Group.</p> <p>All of the above has set the expectations and support with increased clarity regarding the role of the Pharmacist/Pharmacy services in the provision of Older Persons Mental Health Services. The MH&LD pharmacy strategy is currently being developed of which highlights the gaps and the resources requirements to inform the ongoing and future improvement plan</p>			
24	<p><i>There was limited if any evidence of Speech and Language Team (SALT) assessment, review / involvement in the care of some of the patients who formed part of this external review. This was the case even where relatives asked ward staff for such support on a number of occasions. There needs to be clarity and expectations set regarding the role of speech and language services in the care of the elderly patient using mental health services in North Wales. This clarity needs to be followed up urgently by the introduction of an appropriate infrastructure (and resources) to ensure the role of the SALT Team is central to the delivery of elderly mental health care in North Wales.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • BetsiNet Inpatient Acute SALT referral • BetsiNet Community SALT referral <p>BCUHB briefing document: As of July 2023, SALT holds an open referral system to their core adult service. People experiencing mental health-related communication and swallowing needs can access the service equitably to those with physical health needs. Guidance aligned to this is shared on the BetsiNet site to support ease the referral process. There is no specialist mental health SALT's integrated into mental health teams across North Wales, with the exception of a small resource in certain areas; HMP Berwyn (prison) and within learning disabilities team.</p>	9	<p>Staff interviewed described an ability to access timely speech and language therapy assessment as required.</p>	Green
25	<p><i>There was limited if any evidence of physiotherapy, occupational therapy and dietetic assessment, review / involvement in the care of some of the patients who formed part of this external review. This was the case even where relatives asked ward staff for such support on a number of occasions. There needs to be clarity and expectations set regarding the role of physiotherapy, occupational therapy, and dietetic assessment, in the care of the elderly patient</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • MH East Physio referral form • MH&LD Dietetics provision benchmarking exercise outcome • HEIW MH&LD Dietetics Review paper 2021 • Situation Background Assessment Recommendations (SBAR) West OPMH Occupational Therapy • OT OPMH Dementia Service Specification July 2023 	n/a	<p>Whilst there has been some improvement in the ability to access allied health professionals within the mental health directorate, there is not as yet the resource to provide a comprehensive service.</p> <p>There is insufficient evidence that allied health professional expertise is well used or integrated into a multidisciplinary team approach, especially in the Hergest</p>	Amber

<p><i>using mental health services in North Wales. This clarity needs to be followed up urgently by the introduction of an appropriate infrastructure (and resources) to ensure the role of these colleagues are central to the delivery of elderly mental health care in North Wales.</i></p>	<ul style="list-style-type: none"> • OT OPMH Prevention and Support Service Pathway • OPMH OT Service Evaluation April 2023 <p><u>BCUHB briefing document:</u></p> <p>The wider group of Allied Health Professionals (AHPs) across North Wales are linked with cluster developments, where the value and need for additional AHP resource to meet our population health needs assessment is escalated. Issues regarding lack of AHP's on dementia wards has also been escalated by the Dementia Nurse Consultant at the Dementia Delivery Transformation Group, with additional resource to be noted within the BCUHB Dementia Improvement Plan</p> <p>Occupational Therapists provide support to patients across the MH&LD services who have been referred by MDT colleagues.</p> <p>There are Occupational Therapy staff providing a service onto both the organic (dementia) and functional (other mental health diagnoses) inpatient wards in the East, staff within the Memory Assessment Service and Older Persons Community Teams in the East and Centre, and now a more consistent offer in the West within these core services.</p> <p>However, it is acknowledged that the current resource establishment is insufficient to meet our patient needs.</p> <p>Within the mental health inpatient unit in the East, the Occupational Therapists have worked hard with MDT colleagues to support cultural shift in improving the occupational opportunities for patients admitted, which can reduce behavioural events, and the need for PRN medication or 1:1 staffing. A therapeutic garden has been created on the dementia ward where Namaste sessions are being held.</p>	<p>unit. It was noted that limited access to physiotherapy in the Ablett unit had implications for nursing staff in terms of having to take on additional roles.</p> <p>Enhancement of these services is necessary but is dependent of provision of adequate funding.</p>	
--	---	---	--

		<p>The Occupational Therapy team hold engagement and education sessions with ward staff, alongside setting up the use of Activity Logs. Unfortunately lack of dedicated and appropriately supervised activity staff, remains an issue.</p> <p>Occupational Therapy resource within the core community services remain pressured with no additional funding through the MH&LD division.</p> <p>Additional funding has been secured in the East since 2019, through the Integrated Care Fund (ICF) and now Regional Integration Fund (RIF) monies, to provide an AHP Dementia Team, for post diagnostic support, however the resource is limited. Furthermore, in 2022, Occupational Therapy secured WG regional transformational monies to develop an Occupational Prevention and Support Service pan BCUHB, providing 3 posts per area for early intervention when carers, whether families or care homes, start experiencing challenges in supporting people with dementia.</p> <p><u>Dietetics</u></p> <p>There is currently no funded dietetic service for mental health in the East, meaning that limited dietetic service is provided to the inpatient acute services (0.1 whole time equivalent (WTE) for referrals and patients already on the caseload). It is noted that the current establishment is insufficient in meeting the service demands and patient needs. There are no specialist mental health dieticians providing outpatients services, with the exception of the resource within the Eating Disorder Service. If patients experiencing mental health difficulties are referred with co-existing physical health difficulties, they are triaged following the same process as that of all other referrals.</p> <p>For patients with eating difficulties related to mental health conditions, these patients are be treated by the wider multi-disciplinary team.</p>			
--	--	--	--	--	--

		<p>Referrals for patients with mental health difficulties who are not included in the above cannot be accepted due to the lack of specialist resource, therefore the inability to provide safe and effective care and treatment.</p> <p>In addition to the above, a small dietetics resource (0.2 WTE) had been secured for Dementia services in Wrexham via the Integrated Care Fund and the corresponding resource for Dementia services in Flintshire through the support of community funds.</p> <p>The dietetics resource for adult mental health in the Central area has remained unchanged, with referral continuing on ad-hoc basis in view of minimal staff capacity. The Central area have also benefitted from the investment in Community Eating Disorder Service, however, does not fulfil the resource requirements for mental health services.</p> <p>Note that the above is aligned to the service provision in the East and Central areas of the Health Board. An update on dietetics mental health services in the West area will follow, however, the specialist dietetics resource in West is also recognised as insufficient.</p> <p>This is supported by a benchmarking exercise undertaken pre-pandemic of which highlighted the lack of dietetic service provision for mental health services in North Wales (see appendix). There has since been further investment in pan-BCUHB Eating Disorder Service, however none for MH&LD.</p> <p><u>Physiotherapy</u></p> <p>Since 2018, the provision of Physiotherapy services to the MH&LD Division has been formalised with a designated 0.3 WTE resource in the East. This resource provides service to in-patient older people and in-patient adult wards with a standardised referral form used (see appendix) for patients who require 1-1 input. A blanket referral typically occurs within Dementia wards, allowing for all patients to receive a level of physiotherapy input.</p>		
--	--	---	--	--

		<p>Weekly classes have also been established on the older person's wards to include chair-based exercises and elements of relaxation.</p> <p>Unfortunately, due to service demands, this does not always take place on a weekly basis.</p> <p>Additionally, there is a Dementia-specific physiotherapist working across the Flintshire and Wrexham communities to provide support for patients who are referred following diagnosis.</p> <p>The designated resource for mental health services in the Central area is also minimal; 0.5 WTE.</p> <p>Note that the above is aligned to the service provision in the East of the Health Board. A detailed update on the Physiotherapy provision within the Central and West areas will follow.</p> <p>Specifically in the West area, there has been developments in transitioning the Older Person's Mental Health Occupational Therapy provision from a transformational project to a core inpatient service. This proposal is included within the appendix.</p> <p>Ongoing work and future plans to strengthen the input of Occupational Therapy services along the OPMH pathway include service specification documents for the prevention and support team and the OPMH Community Team. A similar document is under development for the Memory Assessment Service Offer. The Occupational Therapy SLT are eager to continue working collaboratively with the Division to meet national standards, and to continue the roll out of the Home-Based Memory Rehabilitation programme to Occupational Therapists working within OPMH.</p>			
26	<p><i>There should be a review of the risk assessment systems in place for elderly patients who are or become violent / aggressive as part of their conditions. Feedback from relatives seems to indicate that there was either limited or no evidence of risk assessment and no consistent</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Physical Restraint Reporting Guide • MH&LD Risk Management Group agenda • MAPPA training • PICSS training AAA report May 2023 • Welsh Applied Risk Research Network) (WARRN) training 	1 & 2	<p>There is an extensive training package and an up-to-date policy for the management of aggression and violence in all patients, including older adults.</p> <p>However, the reliance on paper notes and verbal handovers in the absence of</p>	Amber

	<i>standards of care/ treatment /practice where these issues/ episodes arose.</i>	<ul style="list-style-type: none"> WARRN training compliance update report June 2023. <p>BCUHB briefing document:</p> <p>Therapeutic Engagement and Observation Policy. policy implemented in Spring 2015. Revised policy approved and activated in March 2023 with accompanying training package. Aggression management team working in OPMH wards.</p> <p>Positive Interventions Clinical Support Service (PICSS) provides monthly reports- in depth reporting of any restrictive physical intervention.</p>		electronic records mitigates against a comprehensive risk assessment system.	
27	<i>There should be a review of standards for 1:1 supervision of patients. Feedback from families indicates an inconsistency in the application of 1:1 supervision (i.e. several instances where despite documented evidence of violence/ aggression/ harm to other patients, self or staff expected standards of 1:1 supervision was not applied). There were also instances from family statements where even with the documentation of 1:1 care other patients were injured, which questions the quality/ accuracy of this.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> MH&LD Therapeutic Engagement and Observation Policy Document May 2023 MH&LD Therapeutic Engagement and Observation training May 2023 SBAR Therapeutic observations/Staffing ward audit reporting April 2023 Therapeutic observations/Staffing weekly ward audit example undated. <p>BCUHB briefing document:</p> <p>T.O. policy implemented in Spring 2015. Revised policy approved and activated in March 2023 with accompanying training package</p>	2	<p>There is a comprehensive training package to accompany the therapeutic observation policy. Staff interviewed did not describe difficulties in general in accessing extra staff when required in accordance with the agreed procedures, although it could be difficult and time consuming in the stand-alone units to recruit extra staff when necessary.</p> <p>The review team noted that 1:1 observation levels were very high in Learning Disability inpatient services – which could be leading to a lack of opportunity to resource other therapeutic activity.</p>	Green
28	<i>From evidence obtained in relatives interviews it is clear that on Tawel Fan ward there was inconsistent use of risk assessments from falls and no evidence of protective measures (to reduce harm) in patients who may fall despite the fact that the Tawel Fan patient population were a group at high risk of falling. In a number of cases there was poor/ limited/ no evidence of documentation of injuries or information provided to relatives/ reporting using the DATIX system and referral to/ review by</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> MH&LD Inpatient Falls Report Service Quality Delivery Group (SQDG) agenda example <p>BCUHB briefing document:</p> <p>Datix data to be displayed on each ward. Autumn 2016- Strategic falls group set up and new pathway introduced in 2017. Falls bundle introduced Audit carried out July 2017.</p>	2	<p>There is evidence of a falls bundle and regular monitoring of falls by the Datix system, leading to discussion at the PTR groups and learning, action as appropriate.</p> <p>it is, however, imperative that standards continue to be driven up in terms of falls prevention, ensuring that there are adequate staffing levels and ongoing training.</p>	Green

	<i>medical staff. Whilst there have been reviews of falls in elderly mental health services across the CPG these appear to have taken as their starting point that the number of falls reported were accurate which is unlikely to be the case. There needs to be the early and timely introduction of a sustained campaign of best practice examples in falls reduction/prevention across elderly mental health care in North Wales.</i>	Reduction target set. Inpatient falls report shared at the monthly Quality & Delivery Group			
29	<i>In a number of cases relatives reported failure by ward staff to recognise and respond to deterioration in physical condition. This included either a lack of routine ward observations or in some cases over recording of routine ward observations and failure to recognise or prioritise those patients who needed an enhanced level of observation. There was also a failure to monitor appropriately and act upon problems with fluid intake / output. It was accepted seemingly that "Psychiatric nurses were not good at providing physical care" and there was no evidence from the perspective of relatives that there was any medical leadership ensuring that patients physical and medical needs were attended to. The Board needs to ensure that there is early introduction of All Wales systems in "recognition of the deteriorating patient" across elderly mental health services in North Wales.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Dementia Practice Educator Deconditioning pilot proposal • NHS Early Warning Score (NEWS) update <p>BCUHB briefing document</p> <p>Training provided to enhance the use of physical observation and the use of NEWS. Medical ward rounds on a daily basis Consideration being given to the recruitment of RGNs Physical health lead and physical health implementation steering group established Physical health suite in Heddfan unit is being developed.</p>	2 & 6	<p>The policy on meeting the physical healthcare needs of those admitted to mental health wards was due to be reviewed in September of 2022. . The review team did not see evidence of the recruitment of RGNs.</p> <p>Staff noted that there can be delays in timely access to medical opinions in the Heddfan unit (the DGH site is close but is on the other side of a busy road). However, the opening of the physical health suite in May 2023 has improved the unit's ability to diagnose and manage medical conditions however, nursing staff have obtained training in the use of NEWS and are satisfied that medical opinions and assessments can be accessed in a timely manner.</p> <p>The physical health strategy is in the process of being developed but has not as yet been implemented.</p>	Amber

30	<p>Evidence from former colleagues seems to suggest a lack of DVT risk assessment or use of appropriate prophylaxis in Tawel Fan ward. This issue needs to be considered by the Board and acted upon in a timely manner.</p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> An Audit on Venous Thromboembolism Risk assessment in Older persons Mental health inpatient unit in North Wales with the aim of a Quality Improvement Project. January 2023. <p>BCUHB briefing document:</p> <p>A Board report in 2015 noted the following update that the health board have placed the required risk assessments to identify the risk of Deep Vein Thrombosis (DVT) as a high priority. The Medicines Safety Thermometer & Fundamentals of Care audits review the completion of these risk assessments and the effectiveness of associated prescriptions. This has been extended to OPMH which includes Anticoagulation assessment. The Medical Directors office is leading on whole system review of DVT risk assessment including doctor training and Induction.</p> <p>Currently there is a Physical health lead identified for the division who has established a physical health implementation steering group to look at ways to implement the Physical health strategy.</p>	2	<p>The review team have received verbal reassurances that DVT prophylaxis is used appropriately but has not as yet seen the whole system review as described in the statement of evidence.</p> <p>An audit on venous thromboembolism risk assessment in older persons mental health inpatient unit in North Wales was undertaken from Dec 2022 to Jan 2023. The detail that this audit had been undertaken was immediately known to the OPMH clinical lead but not to other managers. The Older Adult mental health services are not adequately represented in the management structures so useful information may be missed when strategic plans are being developed.</p>	Amber
----	--	--	---	--	-------

Ockenden 2

Rec No	Recommendation	Evidence reviewed <small>(BCUHB provided documentation, and briefing documents aligned to each review report).</small>	Domain No.	Review team findings from interviews and site visits	Agreed rating
1.	<p><i>The review, redesign, and development of a new service model for older people and those with dementia across the six counties of North Wales requires urgent prioritisation and action by the BCUHB Board and the Mental Health and Learning Disabilities Division as of May 2018. There will be the need for extensive multi-agency working between BCUHB and a range of partners with continuing robust and outcome focused oversight by the BCUHB Board and Welsh Government as this work progresses. Progress on this work should be reported to the BCUHB Board on a quarterly basis, starting from the progress made by the end of quarter 2 of 2018/19, (the end of September 2018).</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • BCUHB Dementia Strategy 2018-2020 • Dementia Action Plan for Wales 2018-22 • Strengthening Provision On Response to COVID-19 • All Wales dementia Care Pathway of Standards 2021 • The Wales Dementia Friendly Hospital Charter • Regional Dementia Governance Framework • ToR's for each of the five task and finish groups • AAA Dementia report May 2023 • AAA Dementia report July 2023 <p>BCUHB briefing document:</p> <p>As part of the work of the Ockenden and HASCAS Improvement Group, a 'logic model' approach was taken in the aim of developing an integrated service model for Older People and people living with dementia across North Wales. A report to the BCUHB Quality Safety and Experience committee in July 2019 notes the refinement of a logic model to include a total of 6 main outputs:</p> <ul style="list-style-type: none"> • An Integrated Service Gap Analysis. • Integrated Community Rehabilitation Team CRT care pathways with joined up mental health, primary and secondary care services. • Clearly defined BCUHB Older Persons care pathways across all services. • North Wales Integrated OPMH Improvement Hub. • An annual audit and reporting schedule for older person's services and those with a diagnosis of Dementia. • A North Wales Integrated Service Model for Older Persons and Dementia. 	6	<p>There has been service redesign with the development of a comprehensive memory assessment service, primary and secondary care dementia teams, older adults' mental health care teams and an older adults' service within the liaison and home treatment teams.</p> <p>The memory assessment service was described to reviewers as providing both pre-diagnostic and post-diagnostic support.</p> <p>The inpatient wards for patients with dementia provide a comprehensive service for those with comorbid illness and behavioural and psychological symptoms of dementia that require inpatient treatment.</p> <p>According to the evidence provided to the review team, deprivation of liberty and safeguarding issues are adequately addressed.</p> <p>However, older age practice posts for nursing have not been implemented nor has the consultant nurse post for dementia in the directorate been appointed. There is some evidence of inconsistency in that, on the Ablett unit, older adults do not have consistent access to home treatment and liaison teams.</p>	Green

		<p>There are 5 task and finish groups which feed into the Regional Dementia Operational Group:</p> <p>Group 1 – Community Engagement</p> <p>Group 2 – Memory Assessment Service (MAS) and Dementia Connector</p> <p>Group 3 – Workforce Development</p> <p>Group 4 – Hospital Charter and Inpatients</p> <p>Group 5 – Measurement Group</p> <p>All groups include representation from partners across North Wales, to include carers and patients. However, it is recognised that there is still space for improvement in ensuring sufficient and sustained patient, and wider stakeholder, engagement.</p>		<p>There is limited evidence that service improvements and developments have included the lived experience of those using services.</p> <p>Further work needs to be done in providing education and training in dementia, inreach into care homes and involvement of patients and carers in service development.</p>	
2 (a)	<p><i>The financial position of BCUHB is well known to be of significant concern. The Ockenden governance review was informed that 'Quality Impact Assessments' (where the clinical implication of financial savings plans are assessed by Executive members of the BCUHB Board) were 'still in the process of refinement' (as of spring 2017.) This therefore is likely to remain an issue that will require evidence of focused Board attention going forward.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> MH&LD Service Quality Delivery Group agenda examples May and June 2023. <p>BCUHB briefing document:</p> <p>A report submitted to BCUHB Board in March 2021 noted that the requirements of this recommendation were fully implemented and considered business as usual, with agreed monitoring arrangements of the audit tracker undertaken by the Audit Committee.</p> <p>There is a MH&LD Service Quality Delivery Group operational within the division which provides monitoring and scrutiny on quality and deliverables. Local finance and performance meetings also take place within each of the areas on a monthly basis. These report into a divisional Finance and Performance meeting.</p> <p>This, in addition to monthly meeting between the finance team and budget holders, provides a forum for reviewing local resources and finances to inform high quality service delivery.</p>	3	<p>The review team have been provided with evidence that there is co-ordination of finance/performance and quality/safety concerns at a Divisional level.</p>	Green
2 (b)	<p><i>There will need to be further urgent and sustained Board attention to full integration of the systems, structures and processes underpinning financial, corporate, and clinical governance and the Board will need to assure itself that it has effective integration and timely oversight</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> MH&LD programme Overview Group agenda June 23 Enhanced Advanced and Consultant Practitioner Framework – Launched 9th June 	3	<p>Following interviews with relevant staff the review team felt there is comprehensive integrated governance system which is also noted in the evidence provided.</p>	Green

	<p><i>and scrutiny of workforce planning, financial planning, performance, and quality going forward.</i></p>	<ul style="list-style-type: none"> • Regional dementia governance structure March 2023. <p>BCUHB briefing document:</p> <p>A report submitted to BCUHB Board in March 2021 noted that the requirements of this recommendation were fully implemented and considered business as usual, with agreed monitoring arrangements.</p> <p>However, there is considerable work currently ongoing to review and strengthen the governance and oversight of projects within the MH&LD Division.</p> <p>This will be incorporating workforce planning, financial scrutiny and tracking, performance measures and quality measures. Projects that have been funded will be allocated under a digital workbook. These will be tracked through the Programme Oversight Group and a breakdown of each of these will be available via a high-level programme dashboard.</p>			
2c	<p><i>BCUHB will need to provide significant amounts of targeted workforce and organisational development support in the form of extra team members to support the MH&LD Division and specifically OPMH with recruitment and retention expertise across medical, nursing and support services going forward. The MH&LD Division will need to utilise this support to creatively explore different ways of working and new and effective ways of recruiting and retaining staff. There will need to be efficient, (timely) and effective recruitment processes in place at all times to support the MH&LD Division going forward.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • MH&LD Monthly Vacancy/Recruitment report • Just R marketing campaign • SBAR for future recruitment/retention initiatives in MH&LD <p>BCUHB briefing document:</p> <p>It was reported to BCUHB Board in March 2021 that the requirements of this recommendation had been fully implemented, and subsequently monitored via the Workforce Improvement Group.</p> <p>Nonetheless, it is acknowledged that the position relating to vacancies and recruitment is ever-changing and that close monitoring at divisional level is crucial.</p> <p>Both clinical and non-clinical managers across MH&LD are held responsible for their teams and budgets, meeting with the finance team on a monthly basis to review the vacancy/recruitment status and ensure they have the required resource for staffing.</p>	4	<p>There have been many initiatives in the area of recruitment and retention with active recruitment campaigns. The 'Streamliners' programme has been especially well received.</p> <p>The review team note there is an up-to-date recruitment and retention plan and the launch of the 'Just R' marketing campaign in September 2022.</p> <p>The service continues to have difficulty in recruiting staff, especially medical staff in the Western sector.</p> <p>This is having an impact on the quality of care and multidisciplinary team working in the Hergest Unit. Efforts need to focus on areas of particular difficulty.</p>	Green

<p>2 (d)</p>	<p><i>There is currently only one Consultant Nurse in Dementia for the whole of BCUHB. With the extensive work plan now and going forward to the future this single post-holder is already likely to be stretched very thinly. It is unlikely that BCUHB has sufficient Consultant Nurse resource to even begin to get to grips with the recommendations arising from this review and the HASCAS investigation. BCUHB should take active steps to appoint a second Consultant Nurse in Dementia. Recommendations 4a to 4d should start with immediate effect and there should be evidence of significant progress by the end of quarter 2 2018/19, (the end of September 2018.) Taking into account recruitment times it would be anticipated all required post holders would be in place by the beginning of quarter 4 2018/2019 (January 2019).</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Band 8d Dementia Nurse Consultant JD & PS • Band 8c MH&LD Dementia Nurse Consultant JD <p>BCUHB briefing document:</p> <p>This recommendation was reported as open at the time of the Ockenden/HASCAS Improvement Group closure in March 2021.</p> <p>A second Nurse Consultant in Dementia was appointed in July 2019. At the time of a progress update to the BCUHB Board in March 2021, it was noted that recruitment process was in place in view of the retirement of the two Dementia Nurse Consultants in post at that time.</p> <p>“Between July 2021 and September 2022, two Nurse Consultants in Dementia were in post; one pan-BCUHB and one specifically for the MH&LD Division. Since September 2022, there has only been one Nurse Consultant in Dementia covering the Health Board.</p> <p>There has been progress in reviewing the job description and role requirements of the second Dementia Nurse Consultant post and a Band 8c MH&LD Dementia Nurse Consultant post will be out to advert imminently. This post will be a specific resource for the MH&LD Division.”</p>	<p>4</p>	<p>To the review team’s knowledge, there is no consultant nurse with specific responsibility for dementia within the mental health and disability directorate. There is one consultant nurse who has board wide responsibilities together with an academic remit.</p> <p>The lack of a consultant nurse within the directorate is impairing the directorate's ability to take forward the dementia strategy.</p>	<p>Red</p>
<p>3</p>	<p><i>The Board should assure itself of the current situation by ensuring a review of all clinical policies within all BCUHB Divisions. This review should include quality checks on how the policies and guidelines were ratified, their due date of review and a full understanding of those policies that are overdue for review. This review will need to be undertaken of all BCUHB policies held on the intranet and a BCUHB Board ‘amnesty’ announced for submission of all paper copies of policies and guidance held within individual clinical areas in hospitals and across the community. Once an appropriate archive of these policies are created, they should be destroyed so that they cannot be returned to clinical practice as a ‘work around solution’ to lack of access to policies and guidance electronically.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Policy Sub-group agenda example June 2023 • Screenshot of BetsiNet policies page • Policy position paper example June 2023 <p>BCUHB briefing document:</p> <p>At the time of closure of the Ockenden/HASCAS Improvement Group in March 2021, the requirements of this recommendation were reported as fully implemented with work ongoing to upload revised policy documents onto the intranet and agreed monitoring arrangements.</p> <p>The MH&LD Division uses a policy and procedure subgroup (P&P) to manage the process of monitoring, updating, and ratifying written control documents. This subgroup reports to the Divisional Service Quality Delivery Group (SQDG) which allows for oversight at Director Level and escalation of any issues to the Director of Nursing. The</p>	<p>n/a</p>	<p>Whilst there is an active policy review group that reports to the Director's team, and staff reported easy access to relevant policies via BetsiNet, the review team noted that some policies continue to be out of date.</p>	<p>Amber</p>

	<p>BCUHB should then undertake a comprehensive review of all existing BCUHB policies to ensure the needs of older adults are specifically considered within all relevant policies. These policies must be readily available to support clinical staff in the effective delivery of care to older adults. There will also need to be reviews of the IT systems available to all clinical areas in hospital, community, and primary care since BCUHB must now move away from 'paper copy' guidelines. However, to do so, means that all staff must have easy access to the BCUHB intranet.</p>	<p>P&P group is chaired and supported by the Quality Governance team, and attendance is expected from all areas within MH&LD.</p>			
<p>4 (a)</p>	<p>The BCUHB Board and the MH&LD Divisional Senior Management team is recommended first to ask of front-line staff 'what does the term 'staff engagement' mean to you, what would effective staff engagement look like for you?' and then to develop a system of bespoke, meaningful, and sustained staff engagement first across mental health and specifically older persons mental health. The Board may then wish to consider how effective their engagement is with staff across BCUHB and decide whether a new Board approach is required to staff engagement across the whole of BCUHB.</p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • NHS Wales staff survey • BCUHB Staff Survey • Stronger Together surveys / engagement event • MH&LD staff survey • WW&U 24-month report • BCUHB Health Needs Assessment 2023 • BCUHB Engagement Initiatives screenshot • Speak out safely • MH&LD Divisional Improvement Plan • Sharing Spaces feedback • Inpatient service managers walkabout • Ward Accreditation Programme • MH&LD Welcome Days • MH&LD Stay Conversations • Dementia Action Week – section from May AAA <p>BCUHB briefing document:</p> <p>A number of initiatives have been established across BCUHB to support strengthen staff engagement. Some include:</p> <ul style="list-style-type: none"> • 'Ask the Panel' events • Tea with the CEO • Chief Executive and Board walkabouts • Staff Engagement ambassadors • 3D Improvement Initiative • Speak out safely ambassadors also play a pivotal role in maximising staff engagement 	<p>n/a</p>	<p>The board has provided the review team with a comprehensive list of initiatives which have been designed to strengthen staff engagement with the management team.</p> <p>In general, staff who the review team interviewed expressed the view that communication and engagement had improved significantly. Staff described an open-door policy and visible leadership, with management presence and PTR meetings. Some staff on the Ablett unit expressed the view that senior management team did not engage effectively with frontline staff and that they were expected to 'just get on with it' when difficulties arose.</p> <p>In addition, there is some concern that the current process of service redesign has not followed procedure outlined or so far effectively engaged with staff.</p>	<p>Green</p>

4b	<p>The Ockenden review team was informed that the NHS Staff survey across Wales is completed every three years and is next due in 2019. Welsh Government may wish to consider an annual staff survey in line with that carried out in England. A three-year gap in formally ascertaining the views of NHS staff in Wales is considered by the Ockenden review team to be too long</p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> June 2023- email confirming participation in national survey & quarterly pulse surveys if provider can be found <p>BCUHB briefing document:</p> <p>It was reported to BCUHB Board in March 2021 that the requirements of this recommendation had been fully implemented, and subsequently monitored via the Workforce Improvement Group.</p> <p>The previous NHS Wales staff survey took place in 2020. Health Education and Improvement Wales (HEIW) are currently working with NHS Wales Health Boards and organisations on the development of the next national survey, due to be launched in September/October 2023.</p>	n/a	<p>The most recent staff survey available to the review team was from September 2021 and had a response rate of 12.6%.</p> <p>The review team have seen an email from June 2023 confirming participation in national survey and also quarterly pulse surveys if provider can be found, however no evidence was provided of any pulse survey's being carried out. It was not clear that a new provider has been identified.</p>	Amber
4c	<p>Aside from any potential decision by Welsh Government, the BCUHB Board should commence a formal annual BCUHB staff survey starting with all Wales annual staff survey in 2019 and using the same methodology utilised for the All-Wales NHS staff survey at BCUHB on an annual basis from 2020. The actions and progress arising from the new annual BCUHB staff survey should be reported to the public BCUHB Board on a quarterly basis.</p>	<p>See evidence provided for recommendation 4 (b).</p> <p>BCUHB briefing document:</p> <p>The requirements of this recommendation were noted as fully implemented in March 2021 with continued monitoring arrangements via the Workforce Improvement Group. Independent of national staff surveys, the BCUHB commission and enrol local staff surveys which have previously taken place in 2013, 2016, 2018 and 2020</p> <p>In addition to organisation-wide surveys, the MH&LD Division has undertaken two staff surveys These are in addition to the BCUHB staff wide surveys. The initial survey undertaken in 2020 included six questions relating to support, communication, PPE, and testing. The second survey undertaken in 2021 (Reflect and learn) took a broader look at the experiences of staff in terms of the impact of the pandemic on their wellbeing in work. The results of the MH&LD staff surveys have been developed into a "You said, we did, we are going to do" document which was shared with staff as part of the MH&LD Staff Briefings.</p>	n/a	<p>See evidence provided for recommendation 4 (b).</p>	Amber

4d	<p>Following on from the failure of BCUHB's attempt to create a clinically led organisation in 2009, which is well referenced in a number of external reports the BCUHB Board must now take urgent and sustained steps to ensure the continued involvement of all clinical colleagues in the leadership and management of BCUHB. The recommendations a to c above refer to the need to improve staff engagement. BCUHB also needs to engage with a comprehensive BCUHB wide clinical leadership and management development scheme encouraging the widest range of clinical colleagues across medicine, nursing and professions allied to medicine to want to take responsibility for leadership and management of their individual services.</p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Matron Leadership Development Programme • Ward Managers Development • Stronger Together Programme -integrated Leadership Development • Mental Health Strategic Workforce Plan for Health and Social Care in Wales • B6/7 Team Leaders' Induction proposal <p>BCUHB briefing document:</p> <p>As part of the BCUHB 'Stronger Together' Programme of work launched in 2021, an 'Integrated Leadership Development' programme is progressing to review all available BCUHB Learning and Development for leaders. The aim is to create a clear and concise development framework to meet the needs of multidisciplinary teams and professionals</p> <p>The MH&LD Training, Development and Well-being lead has also commenced on work to develop a Team Manager Induction Programme (Band 6 and 7) of which will incorporate leadership and management development, supported by the allocation of a Senior Nurse mentor. This forms a part of the MH&LD Training and Development Group which includes clinical representation.</p> <p>A Matron Leadership Development Programme was also developed which commenced in November 2019</p> <p>A 'Ward Managers Development Programme' was launched in March 2019 with a total of 19 participants as part of the first cohort with expansion for a second cohort to commence in July 2019.</p> <p>There is also participation from members of the Division workforce in the BCUHB-led 'A Step into Management' (ASiM) Programme.</p>	8	<p>In addition to the written evidence supplied, staff interviewed described good opportunities for development and some staff described a positive experience from participation in the ward managers' development programme.</p>	Green
5	<p>BCUHB needs to work effectively at a strategic level with the third sector, carers, patient representatives and a wide range of multi-agency partners to develop, provide and sustain services to older people and older people with mental health needs and dementia across North Wales. Again, the</p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Reaffirming our Commitment to the 3rd Sector' ToR • MH&LD Patient and Carer Experience Group • Community Engagement TF • Dementia Pathway Redesign report 	1 & 6	<p>Caniad meetings have been described as information sessions rather than true partnership working.</p>	Amber

	<p><i>Ockenden team uses the word 'embryonic' to describe progress to date.</i></p>	<ul style="list-style-type: none"> • North Wales T4MH Interim Strategy • iCAN Programme Update and Oversight Report – Quarter 2 2023/24 <p>BCUHB briefing document:</p> <p>A group has been established within BCUHB, 'Reaffirming our Commitment to the 3rd Sector' which aims to further develop and improve the relationships between organisation-wide services and the third sector. There is existing evidence of excellence partnership working with the 3rd sector within the organisation, but the aim is to build upon this and ensure that they are recognised as a valued partner</p> <p>There is a review of all MH&LD contracts and grants currently underway as part of the divisional aims but aligned corporately to the 'Reaffirming our Commitment to the 3rd Sector' group</p> <p>There are good examples of partnership working across the Division notably through the iCAN programme where in particular the relationships with eleven 3rd sector organisations provide tier 0 low level mental health support in the community for younger and older people.</p> <p>An iCAN Hub Meeting takes place monthly with all providers which has an agenda and action/decision log to support.</p> <p>The division engage with CANIAD at their Big Chat Events attended by patients of all ages to feedback and influence change in our services, including Mental Health.</p> <p>The MH&LD Divisional Patient and Carer Experience (PCE) Group was established in 2018, and is currently undergoing a review of the terms of reference</p>		<p>The review team have been informed of the work of the patient and carer experience (PCE) group. The most recent minutes that were sent to the review team indicate that the meeting was not quorate.</p> <p>There is evidence of innovative practice in the RSU, with third sector organisations providing arts and music sessions together with the OT department. However, funding for this initiative appears to be from a charitable foundation and is not recurrent.</p> <p>The iCAN hubs, set up throughout the Board area, are a good example of partnership working between the Health Board and the third sector.</p> <p>Representatives from outside agencies described generally good partnership working but some difficulties in pockets of the Board with the system not working as consistently as it could be.</p> <p>There has been a recent separation of social workers from the CMHTs, which has led to difficulties in partnership working. Overall, there is not strong evidence that true partnership working has been embedded within practice in the Health Board mental health directorate.</p>	
6	<p><i>The current Executive Director of Nursing has committed significant resource and provided energy and determination into developing sound foundations for the safeguarding structure going forward. However, for an organisation such as BCUHB approaching its ninth birthday a very significant amount of work still needs to be done. This will need continued Board scrutiny and oversight, may still yet require external support, and must be reported to</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Level 3 Mental Capacity Act (MCA) and Deprivation Of Liberty Safeguard (DOLS) training • MCA Training Compliance 2022-2023 <p>BCUHB briefing document:</p> <p>The National Safeguarding Maturity Matrix (SMM) quality outcome monitoring tool continues to be utilized for monitoring and collating NHS performance. This enables benchmarking, organisational assurance, shared practice,</p>	2	<p>See written evidence supplied. However, the Review Team became aware during the visits of a potential safeguarding issue concerning one of the Section 136 suites, which was escalated using the appropriate College procedures.</p> <p>The Health Board provided the College with a written response and described</p>	Green

	<p><i>Welsh Government if (for any reason) progress in the future falters or slows down. Clear timescales and expectations are set out above.</i></p>	<p>and a drive for improvement. For the third year BCUHB has achieved full compliance (25 out of 25).</p> <p>The development of the Safeguarding Ambassadors across the organisation has enhanced and ensured best practice safeguarding to ensure consistency, up-to-date competency, and confidence by providing signposting and support to staff.</p> <p>The Safeguarding Team provide a detailed analysis of all Safeguarding Concerns that have been raised in PTR process as well as weekly data to support improved compliance with training and a reduction in safeguarding incidents.</p> <p>The Safeguarding Team receive, analyse, and action Datix Reports that are submitted with the Safeguarding alert having been triggered</p> <p>The Safeguarding Performance and Governance (SGPG) Group monitor, critique and challenge findings, outcomes and evidence relating to both risk and the reduction of risk and harm.</p>	<p>mitigating actions to be taken at a subsequent meeting.</p> <p>Please see the review team commentary against recommendation 11 of this report.</p>	
7	<p><i>Whilst it is acknowledged that on many occasions since 2009 BCUHB has made an effort to improve the timeliness of responses to concerns in line with the requirement of Putting Things Right (2011) this has not yet been sustained on an ongoing and long-term basis. BCUHB needs to resolve this situation finally by the end of quarter 2 of 2018/19, (i.e. the end of September 2018). It is clear that the BCUHB Board have very little knowledge of the actual everyday experience of families, patients and patient representatives who try to make complaints to BCUHB as an organisation. Patient representatives also raised with Donna Ockenden the reluctance of families and patients to complain and the fear they have of complaining. This means that the number of complaints from older people and their families is highly unlikely to be an accurate illustration of the real views of patients and their families. Patient representatives and carers in mental health and older peoples mental health (and staff</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> Local PTR meeting's agenda and minute examples X2 Divisional PTR Chairs Assurance Report MH&LD Patient Carer Experience group ToR. <p><u>BCUHB briefing document:</u></p> <p>There are robust arrangements established within the Division for monitoring progress and identifying any barriers to timely completion through weekly local area and divisional 'Putting Things Right' (PTR) meetings. The position relating to local concerns and complaints are discussed at weekly PTR's with a review of current position, outstanding actions and identification of issues for escalation. Alongside this, the Director of Nursing attends a weekly Executive Director chaired concerns meeting to report on divisional compliance. This ensures that the Divisional Senior Leadership team are fully engaged with concerns being investigated at a local level.</p> <p>Information from the PTR meetings are further reported at the MH&LD Service Quality Delivery Group on a monthly</p>	<p>3</p> <p>There is a comprehensive system in place for monitoring and responding to incidents, concerns and complaints in which clinicians and managers are engaged.</p> <p>However, patients interviewed by the review team were not satisfied with how a complaint was addressed and there continue to be a number of overdue complaints</p> <p>In addition, staff expressed a view that the system could at times be 'over-comprehensive,' with multiple meetings at which the same information was repeated and duplication in processes. There was also a view of a 'one size fits all' approach, with processes not always focusing on problems particular to service areas</p>	Amber

	<p><i>involved in patient and carer engagement) have described to the Ockenden review team how carers feel 'saturated' by the multiple ways in which BCUHB attempt to ascertain their views but then perceive that BCUHB do very little with those views and feedback. Therefore, the Ockenden review is reluctant to recommend that the BCUHB Board and the MH&LD senior management team undertake specific and targeted further user engagement looking at complaints and concerns. However, the BCUHB Board needs to be aware of the considerable and deep-seated unhappiness expressed by a range of carers and patient representatives across a range of issues, one of which is the current inability of BCUHB to effectively respond to concerns in a timely manner.</i></p>	<p>basis via a divisional PTR chair's assurance report. As of 12th May 2023, the divisional position included:</p> <p>15 overdue incidents 18 overdue concerns</p> <p>This compares with 18 overdue incidents and 21 overdue concerns as of 21st April 2023.</p> <p>Additionally, a MH&LD Patient Carer Experience group is held bi-monthly with the purpose of providing scrutiny, advice and assurance on patients, carers and the experience of public members relating to MH&LD services. This is inclusive of both formal and informal complaints, concerns, and compliments to ensure that the voice of patients and carers are captured inform improvements within our services.</p>			
8	<p><i>Significant further work still needs to be done by BCUHB in improving the information available to patients with dementia, their carers and patient representatives. It is clear that an attempt has been made to provide information on the BCUHB website, but the BCUHB Board now needs to ensure appropriate resources, skills and time are provided on a substantive basis to ensure a range of high quality and appropriate resources and information are easily available to patients, patient representatives and carers. In order to ensure recruitment to this service the BCUHB Board should provide an update on progress by the end of quarter 2, (end of September 2018) with the launch of a new suite of bilingual (English and Welsh) resources available no later than the end of quarter 3, (the end of December 2018.) Front line clinical staff, carers and patient representatives need to be involved in the development of these resources from the earliest stage to ensure they are relevant and appropriate.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • BetsiNet Dementia Page • Dementia Action Plan for Wales • Hospital Charter and Inpatients T&F group ToR • X2 Central Dementia Practice Educators (SBAR and JD) • X1 Deconditioning Dementia • Practice Educator • Wales Dementia Helpline. <p>BCUHB briefing document:</p> <p>A report to the BCUHB Board in 2021 noted the challenges faced in progressing against this recommendation in view of the COVID-19 pandemic with further action required to fulfil the recommendation requirements.</p> <p>The Dementia Page on the BetsiNet site has experienced a significant development and now serves as an excellent repository and hub for all staff at all levels to access. It sets out the BCUHB approach to dementia care, safeguarding and provides information on care pathways. A Dementia Toolkit incorporated onto the site includes wealth of information relating to dementia.</p>	1	<p>The pan BCU role of the consultant nurse in dementia is welcome but a similar post that is Directorate specific has not yet been filled. The recently appointed advanced nurse practitioner and practice development posts are not specific for dementia care and there are ongoing difficulties in data gathering in dementia.</p> <p>There has been limited uptake of tier 2 & 3 training.</p> <p>The Review Team is concerned that the needs of older adults are not given the necessary attention in the Directorate and the current management structure may not be conducive to comprehensively meeting the needs of older adults.</p>	Amber

	<p>The BCUHB Board need to commit the appropriate resources to ensure that the currently high level 'Dementia strategy' becomes an achievable and relevant part of everyday care and clinical practice of people with dementia. It appears that as of April 2018 BCUHB still need to ascertain the workforce needed to deliver upon the 'Dementia Strategy' since the Ockenden team has not seen any evidence to suggest that this work is either underway or has already been completed. The 'Dementia Strategy' should also incorporate current and forward-looking workforce and service plans for the provision of appropriate levels of therapy and non-medical care for people with dementia since again, the Ockenden team has not seen evidence to suggest that this aspect of the 'Dementia Strategy' has been completed. This work needs to commence within quarter 2 of 2018/19 with significant progress reported to the BCUHB Board at the beginning and end of quarter 3, (October and December 2018) and quarter 4; ending March 31st, 2019. Progress throughout 2019 will need to be monitored by the BCUHB Board to ensure it does not slip, falter or become delayed. The 'Dementia Strategy' should be developed to work across all relevant clinical services across BCUHB, not just within the MH&LD Division. The 'Dementia Strategy' should incorporate care across home, primary care and secondary care.</p>	<p>Approval has been gained for two band 6 Dementia Practice Educators on a 12-month pilot within the Central Integrated Health Community (IHC) and recruitment is currently underway as of July 2023. These posts will support improve the accessibility of information and education to patient, carers and families relating to dementia.</p> <p>Additionally, funding application has been submitted for a Dementia Practice Educator pilot of an 18-month period with focus on care home residents and prevention of deconditioning across the patient pathway</p>			
9	<p>BCUHB will complete and report to the BCUHB Board in quarter 1 2018-2019, (by the end of June 2019) a review of the 2017-2018 DoLS work plan as set out in the 2017-2018 Annual Report. Any remaining actions are required to be SMART and fully implemented within the third quarter 2018-19, (by December 2018) with progress reported to the BCUHB Board throughout quarter 3.</p>	<p>See evidence provided for HASCAS recommendation 11 &12 .</p> <p>BCUHB briefing document:</p> <p>MCA Level 1 and 2 mandatory training shows an increase in compliance.</p>	n/a	<p>There is a high level of compliance with mandatory training.</p> <p>Staff interviewed by the review team were aware of how to access training, and of how to access the policy and procedures via the Intranet.</p>	Green

		<p>In addition to the MCA level 1 and level 2 mandatory training the MCA/DoLS Team identified a cohort of staff requiring more in-depth training and further developed a Level 3 training program. This is delivered on a monthly basis.</p> <p>The Team have also further developed a 30-minute awareness training package. MCA awareness raising sessions are delivered directly to the staff and wards with particular focus where non-compliance or concerns with regard to the completion of DoLS paperwork is identified.</p> <p>Legal and Risk Services have been commissioned to develop and undertake bespoke MCA training to support and reinforce staff understanding the importance of completed paperwork and the possible implications to the patient and Health Board if not completed accurately.</p> <p>The compliance rates for MCA Level 1 in June 2023 for the organisation is, 87.34% and 94.06% for the MH&LD division For Mental Capacity Act Level 2 the organisation compliance is 90.47% and 93.91% for the division</p>			
10	<p><i>BCUHB needs to undertake a review of all external reviews (including those by HIW, the NHS Delivery Unit and others) where any findings, recommendations and requirement may have concerned older people and specifically the care of older people with mental health concerns</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Divisional Improvement Plan external reviews alignment • Partnerships Planning and Strategy Team framework • Programme Oversight Group • MH&LD Divisional Governance Reporting Framework (draft as of July 23) <p>BCUHB briefing document:</p> <p>A report submitted to BCUHB Board in March 2021 noted that the requirements of this recommendation were fully implemented and considered business as usual, with agreed monitoring arrangements established.</p> <p>Further external reviews have taken place within the MH&LD Division since this date. The MH&LD Divisional Improvement Plan was developed and aligned to HIW standards, internal and external reports, inspections, and incidents which include the Holden Report, Ockenden report and the HASCAS report.</p>	3	<p>Whilst there is a structure to ensure that the recommendations of external reviews are acted upon, there continues to be evidence on the ground that the Board has difficulty in achieving a timely response to the various recommendations of external reviews.</p>	Amber

		<p>The newly established 'Partnerships Planning and Strategy' team support the delivery of service improvement across the Division.</p> <p>The Programme Oversight Group (POG) provides the overarching governance and assurance against programme implementation within MH&LD.</p>			
11	<p><i>BCUHB should prepare a detailed estates inventory across the care settings for all of older people including but not limited to OPMH. Firstly, this should include clarity and specificity of all outstanding estates issues including outstanding repairs and estates issues raised as concerns within internal audits and external reviews and inspections. This estates inventory should be prepared for each ward, clinic, department, inpatient unit and hospital department where care is provided to older people and older people with mental health issues. This includes those areas where care is provided to people with dementia. Secondly, the estates inventory must include for each area set out above an audit based on the work of Enhancing the Healing Environment²⁵³. It is recognised that this is a substantial piece of work across BCUHB but the systems, structures and processes underpinning this work can be set up relatively quickly as it is based on work already proven to be successful elsewhere. Further information on the EHE programme and the NHS Trusts where it has been successful associated with dementia is found in the footnote 254,255. Thirdly, there should be an update to the BCUHB Board at the end of quarter 2 of 2018/19, (the end of September 2018, for all elements of this work stream including progress on outstanding maintenance and estates issues,) and quarterly progress thereafter until the end of quarter 2 2019/20. To reduce the amount of time spent on getting projects off the ground BCUHB staff should be encouraged, supported, and funded, (time and their travel costs paid) to</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • BCUHB Estates Strategy • Ablett Redevelopment Programme • MH&LD Clinical Strategy • MH&LD Estates Index • Ward accreditation programme • RSS SCS Estates Group Agenda example <p>BCUHB briefing document:</p> <p>A review of the MH&LD estates condition and performance is included within the BCUHB Estates Strategy published in January 2023.</p> <p>At the time of review, it was noted that 70% of the MH&LD Estates was in sound, operationally safe condition. This compares to a national target of 90%, noting that a significant proportion of the estate does not meet statutory compliance.</p> <p>Work is under development to transform the Ablett Unit and Bryn Hesketh Hospital sites as part of the Ablett Redevelopment Programme of work under the BCUHB Capital Programme scheme</p> <p>The MH&LD Clinical Strategy 2022/23 refers to the significance of the estates in improving patient and staff experience. The strategy notes a number of actions underway in the aim of addressing identified estates issues in accordance with the divisional clinical strategy:</p> <p>Provide Light Feasibility studies for all MH&LD estates which will include space utilisation studies and actual available, identified capital spend and options for current and future use</p> <p>Carry out two initial light feasibility studies at Bodnant and Hergest - Identify homes for Early Intervention Psychosis, Eating Disorders, Memory Clinic and Perinatal Staff</p>	10	<p>It is vital that the redevelopment programme as described proceeds as quickly as possible.</p> <p>The review team is concerned that there is no ability to admit older adults with functional illness to a suitable unit in the western sector. There continues to be a number of environmental risks and hazards, including ligature risks, which must be addressed promptly.</p> <p>Some units are situated in isolated locations, and it is important for staff and patient safety that there are suitable working alarm systems. In particular, it is imperative that the Board produce a work plan and timeline to mitigate the environmental risks in the Section 136 suite identified as a safeguarding issue during the review team's visit.</p> <p>It is accepted that significant capital funding is necessary for the Estates plan to progress.</p>	Amber

	<i>undertake visits to NHS Trusts who have already been successful in this initiative</i>	<p>Work with the Board Head of Estates and Facilities to ensure that MH&LD needs are included in the Estates Strategy Review</p> <p>Engage with the Digital lead to ensure that when space is found for staff it is fit for purpose in terms of IT</p> <p>Create a day to day working relationship with the Board Estates Team and make sure MH&LD estates are invited to the appropriate meetings</p>			
12	<i>The Ockenden governance review has found a continuing lack of sustainable service development and a lack of clinical strategy development across older peoples care and care of older people with mental health (OPMH) six years after the 2012 consultation 'Healthcare in North Wales is Changing'. This has been and remains an urgent priority for the BCUHB Board to drive forward and one they are acutely aware of. BCUHB must continue to ensure it remains focused on building and sustaining positive relationships with a wide range of partners going forward as this will be fundamental to success going forward.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • BCUHB Clinical Strategy August 2022 • MH&LD Clinical Strategy <p>BCUHB briefing document:</p> <p>Refer to recommendation 1 of the Ockenden 2018 report for an update on service development and strategies relating to dementia services.</p> <p>Additionally, recommendation 5 illustrates the progress and future work to strengthen relationships and collaboration with identified partners. The desire for partnership working is prominent within the Dementia Improvement Plan and early progress has been made to improve, for example through the newly established Regional Governance Framework</p>	n/a	<p>There is reference to a MH&LD clinical strategy in the Health Board briefing, but the clinical strategy document in the evidence bundle is high level and not specific to the mental health directorate.</p> <p>There is, however, evidence of service development and clinical strategy against other recommendations.</p>	Amber
13	<i>There will need to be sustained, visible (in the clinical areas), stable leadership within MH&LD Division over a long period of time to ensure that the culture within mental health and specifically OPMH continues to develop in a positive way. There is currently (and has been across almost the whole time period of the Ockenden governance review) a 'perfect storm' of significant vacancies, long term high use of temporary and agency staff, (across medical and nursing positions), very recent long-term absence amongst the senior leadership team, significant pressure associated with patient acuity, patient numbers and insufficient beds. All this is combined with very well-known and significant financial pressure in the MH&LD Division specifically and in BCUHB as a whole organisation.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • MH&LD Communication and Engagement Plan • MH&LD Training and Development Group • MH&LD Proposed Operating Model v.37 • WW&U Plan – Training & Development • WW&U Strategy • MH&LD Dementia Training & 'Find The Light' • Dementia Toolkit <p>BCUHB briefing document:</p> <p>The MH&LD Divisional Improvement Plan notes a sub-theme aligned to increased leadership presence and visibility across the division. A number of arrangements are in place within the division in the aim of strengthening this, to include a system of inpatient manager walk rounds and Ward Accreditation Programme. Additionally, the divisional Communication and Engagement Plan currently in development aims to contribute towards</p>	n/a	<p>The number of interim posts continues to be too high. to be too high.</p> <p>The review team note the MH&LD proposed operational model version 0.37 outlines a preferred option for a proposed future operating model, with next steps being a series of stakeholder engagement events.</p> <p>Some staff interviewed were aware of this but had not felt engaged in the process. It is important that there is a communication process and that any proposed changes do not lead to an increase in the number of interim posts</p>	Amber

	<p><i>Some clinically based staff described that they believed that the senior management team within the MH&LD Division did not understand the pressures felt by staff in providing clinical care over a prolonged period of time in such very difficult circumstances. The cultural change and change in attitude that is necessary towards dementia needs to happen across BCUHB, and to happen from 'Board to ward'. This cultural change needs to happen not just within MH&LD Division but everywhere within BCUHB where care and treatment may be provided to persons with dementia, their families, and friends.</i></p>	<p>developing the desired culture of collaborative and inclusive leadership across all levels of the division.</p> <p>There is active focus on reducing the number of interim posts across the Division, with evidence to support this on downward trajectory across the Division. In September 2021 there were 108 fixed term posts and 21 acting up/seconded posts, in January 2023 the number of fixed term posts reduced to 58 with 24 acting up/seconded posts. The majority of the interim staff are consistent post holders who continue to provide stability.</p> <p>Work has been undertaken to date to support cultural change in attitudes towards dementia, from Board to Ward level. There has been attendance at the Executive Management Group to raise the profile of Dementia and the intention is to deliver further awareness sessions to the Board to raise the profile and influence the culture around dementia at the highest level. The appointment of the Executive Director of Nursing as Executive Lead for dementia in August 2022 has supported the initial work of raising the profile and leadership around dementia.</p>			
14	<p><i>The Ockenden review team has found little evidence of sustained Board leadership in creating an appropriate culture around dementia and dementia care at BCUHB. This should be the responsibility of every Board member, not just those Executives labelled as 'clinical.'</i></p> <p><i>It is recommended that understanding of this work should be introduced from 'ward to Board' and across all BCUHB healthcare facilities in hospital and community and into all staff orientation, training, and development at BCUHB. This approach must start at the Board. As leaders of BCUHB the Board must be able to demonstrate a significant knowledge base around dementia and this knowledge base at Board level should be framed according to the standards set by WHO.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • Regional Dementia Strategic Group ToR • Chairpersons visit to Dementia Ward • Update to WG on Dementia Education • Dementia Learning and Development Framework <p><u>BCUHB briefing document:</u></p> <p>A report submitted to the BCUHB Board in March 2021 noted that the Executive Director of Nursing and Midwifery determined that this ambition would be best met by the full Board participating within a dementia friendly awareness session which was delivered on 10th January 2019. It was reported that the requirements of this recommendation had been completed as of March 2021</p> <p>The Executive Director of Workforce & Organisational Development agreed to take forward an action to consider how to incorporate dementia awareness sessions into the Health Board's induction programme. A dementia friendly awareness session for senior managers as members of the Executive Management Group took place on 3rd July 2021</p>	3	<p>Recognising that significant improvements have been made, the review team was concerned that the Consultant Nurse post for dementia had not yet been filled and that the practice educator posts are not specific to dementia.</p> <p>The review team also note the low uptake for tier 2 & 3 training in dementia.</p> <p>It has been reported that issues concerning dementia are discussed hurriedly at generic PTR meetings, with the majority of the time being devoted to matters in the general adult services.</p> <p>Although there is a lead consultant for older adults' psychiatry who has a pan-BCU role, management of older adults' mental health services sits within a generic management structure.</p>	Amber

		<p>The introduction of the mandatory training module relating to dementia aims to support raise awareness and responsibility of all staff members working within the organisation, to include leaders at Board level. As of 31st August 2022, 84.02% of the workforce (a total of 16,625).</p>		<p>This may impede the promotion of an appropriate culture around older adults' mental illnesses including dementia.</p> <p>There is limited evidence that national initiatives are being implemented or of engagement with national networks.</p>	
--	--	---	--	--	--

HASCAS

Rec no.	Recommendation	Evidence reviewed (BCUHB provided documentation, and briefing documents aligned to each review report).	Domain No.	Review team findings from interviews and site visits	Agreed rating
1	<p><i>Care Pathway and Service Design - An integrated service review is required to map the needs of the older adult and those with dementia across North Wales. This review needs to involve all stakeholders (from the statutory, independent, and voluntary sectors) and those with performance responsibilities. The review should include all care and treatment settings (not just those confined to mental health and older adult services) in order to ensure that all interventions are integrated and that patients, patients and their families do not encounter service barriers that prevent them from receiving access to the care, treatment, and support that they need. The review outcomes and options should underpin all current and future health and social care strategies across north Wales and be overseen by the appropriate performance management and inspection bodies.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Pathway Redesign Group report July 2023 • OPMH Clinical Pathway Group highlight report example • OPMH Prevention and Support Service Pathway • OPMH Dementia Secondary Care Service Specification July 2023 <p>BCUHB briefing document</p> <p>Logic model to develop integrated service model to have 6 main outputs.</p> <p>Dementia pathway redesign group working to develop pathway according to national standards.</p> <p>Recognised need for improved Service User (SU) engagement in this work</p> <p>Active OPMH clinical pathway group</p> <p>Care provider operational group monitors this rec.</p> <p>BCU dementia strategy 2018 superseded by dementia action plan for Wales 2018-22</p> <p>5 T&F groups with reps from 3rd sector partners and SUs/carers.</p> <p>Single BCU dementia improvement plan developed</p> <p>Executive Director of Nursing appointed Executive lead for dementia.</p>	6	<p>Significant work has been done to develop an integrated service that will meet the needs of those with dementia.</p> <p>Dementia services are managed within the geographical directorate structure. Memory assessment services are operational in all areas and one service has achieved MSNAP accreditation.</p> <p>There are primary and secondary care dementia teams in the three geographical directorates. However, the recently introduced practice development posts do not focus specifically on dementia care and there is no consultant nurse post within the directorate that focuses on dementia. In addition, the links with social work could be improved and patient/carer involvement needs to be further developed.</p>	Amber

<p>2</p> <p><i>Dementia Strategy - BCUHB is required to develop a detailed and costed action plan to support the implementation of its Dementia Strategy; the plan should be developed in partnership with the Regional Partnership Board response to the Welsh Government's new Dementia Plan. This work should be undertaken in conjunction with Recommendation One. The action plan should incorporate the consequent implications and requirements for all clinical services (not just the Mental Health Directorate) in all care and treatment settings (community, primary and secondary care). The action plan should take into account all of the clinical and practice deficits that have been highlighted by this Investigation and will require independent clinical input and oversight. Access to therapy and non-medical interventions and treatments should be an integral part of any costed Dementia Strategy plan which takes into account NICE (and all other) best practice guidance in this regard. The capacity and capability of the workforce should be reviewed to ensure that fit for purpose services can be provided. Implementation should be managed and audited in tandem with Recommendation Ten (see below) as the reduction of the use of antipsychotic medication will to a large extent be predicated upon alternative therapeutic interventions being made available. Formal audit and performance management arrangements should be agreed and built into the action plan.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • BCUHB Dementia Strategy 2018-20 • Dementia Action Plan for Wales • Dementia Action Plan Strengthening Provision COVID-19 • Dementia Standards Pathway document • Dementia Hospital Charter for Wales • North Wales Regional Dementia Governance Framework 2023 • TF Group 1 Community Engagement • TF Group 2 MAS and Dementia Connector • TF Group 3 Workforce Development • TF Group 4 Hospital Charter and Inpatients • TF Group 5 Measurement Work stream • Dementia DDT Triple A report July 2023 • SBAR x2 Central IHC Dementia Practice Educator pilot • Dementia Practice Educator Deconditioning pilot • BetsiNet Dementia Page • Dementia helpline <p>BCUHB briefing document:</p> <p>Dementia strategy launched 2018. Superseded by dementia action plan 2018-22. BCU working to this plan, 5 T&F groups with reps from 3rd sector and SUs</p> <p>2 Band 6 dementia practice educators appointed for Central IHC (pilot July 23)</p> <p>Provision of therapy support variable (OT support good in East)</p> <p>Dementia help line provision</p> <p>Dementia Toolkit on BetsiNet dementia page.</p>	<p>6</p>	<p>See provided documentary evidence and review team findings for recommendation 1.</p>	<p>Amber</p>
<p>3</p> <p><i>Care Homes and Service Integration - The current Care Home work streams need to be incorporated into a single action plan, which in turn should dovetail into the pre-existing BCUHB Mental Health and Dementia Strategies.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Logic Model Care Home Integration • Single Care Home Action Plan Summary December 2019 • 3 Care Home events March 2019 findings report • BCUHB Record of Dementia Training November 2019 	<p>6</p>	<p>In terms of practical outcomes, the proposed pilot of inreach workers into four care homes in the Eastern sector is welcome but this work needs to be expanded. The review team recognise that this will require additional recurrent funding.</p>	<p>Amber</p>

		<ul style="list-style-type: none"> • BCUHB in Partnership with Care Homes September 2019 • Dementia 'Study Day' example programme • Care Provider Operational Group ToR • Dementia Practice Educator Care Home Deconditioning pilot • Care Home Action Plan Progress Report May 2022 • Clinical Quality Support Tool (CQST) Cognition & Wellbeing May 2023 (for use in Nursing Homes only) • Care Home Action Plan 2022 • Independent Providers Action Plan 2023/24 <p><u>BCUHB briefing document:</u></p> <p>In March 2021 it was affirmed that the requirements of this recommendation had been fulfilled with work to continue as part of business as usual through the BCUHB Care Homes Operational Group.</p> <p>The Regional Care Home Action Plan was established in 2021 This plan, together with the Independent Care Providers Plan 2022/23, are monitored via the Care Provider Operational Group. Oversight of the implementation of this HASCAS recommendation remains a principal duty of the group.</p> <p>The Independent Care Providers Plan 2022/23 notes developments relating to Dementia within their key priorities, with links formed to two work streams of the Regional Dementia Governance Framework:</p> <p>Dementia Pathway Work stream – led by the Dementia Delivery and Transformation Group</p> <p>Dementia Standards Work stream – led by the Regional Strategic Dementia Group, with care home representation on two task and finish groups; MAS/Dementia Connector and the Hospital Charter</p> <p>An update aligned to progress against this plan in 2022/23 highlighted the following requirement; <i>“Work with Consultant Nurses to develop dementia friendly services and identify key training and education”.</i></p>		<p>The review team have been supplied with two CQST tools which are intended to assess care in care homes across multiple domains, but they were blank, and it is not clear if these are routinely used.</p>	
--	--	--	--	--	--

		<p><i>“ This action was noted as complete in January 2023 following a commitment from the BCUHB Educational Team to support the training of up to 400 delegates of care home HCSW and Registered Nursing staff in the ‘Finding the light in Dementia Care’ Tier 1, 2 and 3. The above training has been offered to the care homes within the provider brief to include HCSW and RN; further evaluation will need to be gathered regarding uptake of the training. This action feeds back to the QAF Training and Education work stream. Action complete.”</i></p> <p>The Care Home Quality Development Team continue to work closely with the BCUHB Dementia Nurse Consultant to ensure that the care home agenda is integral to the development and implementation of the Dementia Strategy with appropriate links to the MH&LD Division.</p>			
4	<p><i>Safeguarding Training - BCUHB will revise its safeguarding training programme to ensure it is up-to date and fit for purpose. The updated-training programme will incorporate all relevant legislation and national guidance. BCUHB will engage with all prior safeguarding course attendees to ensure that they are in receipt of the correct and updated guidance. The responsibility for this will be overseen by the relevant BCUHB Executive Director with responsibility placed on all clinical service managers from all of the clinical divisions within the organisation. BCUHB has not been able to ensure staff attend safeguarding training sessions in the numbers required. There are multiple factors involved which will require a detailed and timed action plan with external oversight.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Safeguarding Adults Training • Safeguarding Children and Young People Training • MH&LD Service Quality & Delivery Group example agenda <p>BCUHB briefing document:</p> <p>BCUHB will revise its safeguarding training programme to ensure it is up-to date and fit for purpose. The updated-training programme will incorporate all relevant legislation and national guidance. BCUHB will engage with all prior safeguarding course attendees to ensure that they are in receipt of the correct and updated guidance.</p>	2	<p>Comprehensive Safeguarding systems and a training programme are in place. Please see recommendations 6 and 11 in the second Ockenden report above.</p>	Green

<p>5 <i>BCUHB has conducted an audit on the compliance of filing safeguarding information in patients' case notes. BCUHB will ensure that the consequent recommendations it set in relation to informatics in its BCUHB Corporate Safeguarding Team Safeguarding and Protection of People at Risk of Harm Annual Report 2017–2018 are implemented – namely: – the use of the dividers to be re-iterated in safeguarding training, briefings, and other communication activities and a key annual audit activity; – process of secure storage of strategy minutes of strategy meetings and outcomes of referrals to be revisited at safeguarding forums with legislative guidance from Information Governance; – team and ward managers to continue to include safeguarding documentation in team meetings and safety briefs. Independent Investigation: Tawel Fan Lessons for Learning Report 327. In addition, BCUHB will reconsider how clinical teams should record safeguarding information and the quality of the information provided. This to include specific guidance on: – the content of protection plans; – the recording of strategy meetings and all decisions taken (guidance should require a standardised approach across all BCUHB clinical divisions); – formal monitoring and review templates should be developed and audited to ensure safeguarding timescales are met and those with key responsibilities in this regard held to account. BCUHB will repeat the audit within 12 months of the publication of this report to ensure that all clinical areas are compliant.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • BCUHB QSE Corporate Safeguarding People at Risk of Harm report March 2023 • BCUHB Safeguarding Training • MH&LD Ward Accreditation Scoring July 2023 • Ward Accreditation Guidance for Safeguarding Information Reports • Safeguarding Bulletin example March 2023 • Safeguarding Governance and Performance Meeting ToR • Safeguarding Ambassadors Training • SOP MH&LD Safeguarding Dividers patients notes <p>BCUHB briefing document:</p> <p>Safeguarding training programme to be revised to ensure it is up to date and fit for purpose.</p>	<p>2</p>		<p>Green</p>
---	--	-----------------	--	---------------------

<p>6 The BCUHB Corporate Safeguarding Team Safeguarding and Protection of People at Risk of Harm Annual Report 2017–2018 identified that there were priority actions required in relation to safeguarding policies and procedures. This Investigation recommends that these priority actions are incorporated into the action plan consequent to the publication of this report. The actions are: “to identify those policies, procedures and SOPs that firmly sit within the Safeguarding remit and those that should be the responsibility with internal and external partners; agree a priority list and activity timeframe to review documents within the parameters of Corporate Safeguarding; provide safeguarding expert advice to internal and external partners in order that those documents are reviewed appropriately and in line with local and national policy and legislative safeguarding frameworks; agree a governance structure and reporting framework for all safeguarding policies, procedures and SOPs; – update and maintain the Safeguarding Policy webpage; continue to actively participate in the Policy and Procedure sub group of the Regional Safeguarding Boards.</p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Safeguarding Governance and Performance Meeting agenda bundle. • MH&LD Safeguarding Forum exception report example to Division Quality Delivery Group • MH&LD Safeguarding Forum minutes example • Safeguarding BetsiNet page • Safeguarding Policies BetsiNet • BCUHB Safeguarding and Public Protection guide 	<p>2</p>	<p>Green</p>
<p>7 The Tracking of Adults at Risk across North Wales BCUHB will work with multiagency partners, through the North Wales Safeguarding Board, to determine and make recommendations regarding the development of local safeguarding systems to track an individual's safeguarding history as they move through health and social care services across North Wales in order to ensure ongoing continuity of protection for that individual</p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • North Wales Regional Safeguarding Board (NWSB) membership • North Wales Safeguarding Board Annual Report 2021-22 <p>BCUHB briefing document: BCU to work with multiagency partners through NWSB to determine and make recommendations regarding the development of local safeguarding systems to track an individual's safeguarding history</p>	<p>2</p>	<p>Green</p>
<p>8 BCUHB will evaluate the effectiveness of its new safeguarding structure in the fourth quarter of 2018/2019. This will be overseen by Welsh Government.</p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • BCUHB Corporate Safeguarding Reporting Framework (January 2023) • BCUHB Board Corporate Safeguarding Annual Report 2021-2022 	<p>2</p>	<p>Green</p>

		<ul style="list-style-type: none"> • BCUHB Targeted Interventions Good Governance Report May 2022 • MH&LD Governance Framework July 2023 <p>BCUHB briefing document: Activity and structures monitored via the Safeguarding Governance and Performance group</p>			
9	<p><i>BCUHB needs to undertake a detailed check of the clinical records in the investigation cohort to evaluate and re-order all commingled case notes. BCUHB needs to ensure that none of the commingling involving living patients could have led to any inappropriate acts or omissions on the part of clinical treatment teams during any episode of care (past and present). BCUHB needs to restructure and redesign its hard copy clinical records archiving and retrieval systems. This redesign needs to provide assurance in relation to the tracking of individual case notes across north Wales together with a set of service level agreements pinpointing the timeframes required for clinical record retrieval and access.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • MH&LD Health Records Storage Group agenda example 2021 • MH&LD Health Records Storage Group agenda example 2022 • MH&LD Health Records Storage Group agenda example 2023 • MH&LD Health Records Business Case • MH&LD Health Records Storage Group action log • MH&LD Health Records Storage Group Project Plan • MH&LD Missing Case Notes SOP • MH&LD Clinic Preparation Case Notes SOP • MH&LD Merging Case Notes SOP • MH&LD Filing Patients Documents SOP • MH&LD Filing Behind Alert & Safeguarding Dividers SOP • MH&LD Admin SOP <p>BCUHB briefing document: Further actions necessary as of March 2021 to progress to full implementation. Health Records Storage Group providing strategic direction.</p>	2 & 9	<p>Whilst actions have been taken to improve the quality of paper notes, the plan for introduction of electronic notes appears to have stalled. Wards have difficulty in managing and storing voluminous paper notes.</p> <p>The lack of an electronic notes system leads to a significant governance concern especially as regards OOH or out of sector admissions. The review team acknowledge that the absence of electronic notes may not be within the control of the Health Board, however the team believe this is an issue that should be addressed as a priority</p>	Amber
10	<p><i>The Prescribing and Monitoring of Antipsychotic Medication The updated BCUHB 2017 antipsychotic prescribing guidance will be kept under review and be subject to a full audit within a 12-month period of the publication of this report. BCUHB will continue to work with care homes across north Wales to provide practical clinical advice, guidance, and training so that residents with behaviours that challenge can be supported and kept safe with the minimal amount of antipsychotic medication possible. The effectiveness of this</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Audit of Antipsychotic Prescribing people living with Dementia November 2019 • Guidelines prescribing antipsychotics Dementia July 2018 • Highlight Report Antipsychotic Prescribing Dementia July 2023 • CQST Medication Management May 2023 (for use in Nursing and Care) <p>BCUHB briefing document:</p>	2	<p>The review team have been told that antipsychotic medication prescribing is subject to regular audit and review at the medicines management committee. We have not seen minutes from the medicines management committee but have been supplied with two audits of antipsychotic prescribing in dementia wards from 2019 and 2023, The audits do not cover care homes. The CQST tool for monitoring antipsychotic medication in</p>	Amber

	<i>should be built into the antipsychotic prescribing guidance audit detailed in the bullet point directly above.</i>	On track to deliver but Covid presenting challenges. Work being taken forward by Consultant pharmacist BCU participates in POMHUK		care homes looks extremely comprehensive but the form presented to the team is blank and the review team have no information as to how regularly it is used.	
11	<i>Evidence-Based Practice -BCUHB will conduct a review of all clinical policies to determine the ratification processes that were conducted together with an assessment of the appropriateness of content and currency; this will include all hard copy policy documentation still retained in clinical areas, and all electronic documentation held currently on the BCUHB intranet. As part of this work: – A risk assessment should be conducted to prioritise the work that needs to be undertaken and to establish whether there are any urgent policy revisions and alerts required to ensure patient safety is maintained. – Work should be undertaken to review the extant clinical policies across the three BCUHB geographical regions to determine corporate ratification and fitness for purpose. – All clinical policies should be reviewed with the specific needs of the older adult in mind. Policies should either be re-written to ensure that the evidence-base in relation to the older adult and/or those with dementia is specified in detail, or separate clinical policies and procedures should be developed for this particular patient cohort. This work should be conducted with expert multidisciplinary inputs.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • MH&LD Policy subgroup agenda example • MH&LD Policy position paper example • Mental Capacity Act (MCA) Training • MCA Level 3 Training flyer • Mental Health Capacity Committee DoLS report February 2023 • SOP DoLS Safeguards • SOP Section 21A of the Mental Capacity Act • BCUHB Best Interest Meetings guidance • Mental Capacity Act easy read guide • Mental Capacity Act roll-up banner • BCUHB MCA Training Compliance 2022-2023 <p>BCUHB briefing document:</p> <p>Policy and Procedure subgroup reports to Service Quality Delivery Group.</p> <p>BCUHB Governance team maintains a log of written control documents inc. review date.</p>	1 & 2	There is clear evidence of a comprehensive system in place as reported by the Health Board, but the review team did see evidence of some out-of-date policies.	Amber
12	<i>BCUHB will conduct a formal audit and provide a progress report in relation to the 2017-2018 action plan. This will include a review of any barriers to implementation (such as office accommodation) together with a timed and resourced action plan to ensure full implementation can be taken forward in 2018 – 2019</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Mental Capacity Act (MCA) Training • MCA Level 3 Training flyer • Mental Health Capacity Committee DoLS report February 2023 • SOP DoLS Safeguards • SOP Section 21A of the Mental Capacity Act • BCUHB Best Interest Meetings guidance • Mental Capacity Act easy read guide • Mental Capacity Act roll-up banner • BCUHB MCA Training Compliance 2022-2023 	2	Staff described having access to training and information about the MHA/MCA and patients detained under the MHA described being made aware of their rights and having access to advocacy.	Green

		<p>BCUHB briefing document:</p> <ul style="list-style-type: none"> • Audit of training numbers re MCA • 30 min MCA awareness package developed • SOPs developed • Governance arrangements strengthened • Safety pods purchased for OPMH wards 			
13	<p><i>Restrictive Practice Guidance - BCUHB will provide assurance that all older adults and those with dementia are in receipt of lawful and safe interventions in relation to restrictive practice management across all care and treatment settings within the BCUHB provision. BCUHB will also ensure that the Royal College of Psychiatrists' Centre for Quality Improvement (March 2007) National Audit for Violence: Standards for In-patient Mental Health Services guidance is embedded in all training and policy documentation in relation to 'taking dementia patients to the floor' during restrictive interventions.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • PICSS update June 2020 • Restrictive Practice HL Report June 2020 • MH&LD 0047 Physical Restraint Policy • Positive Steps Group example agenda • Positive Steps Group example minutes • PICSS AAA Report May 2023 <p>BCUHB briefing document:</p> <ul style="list-style-type: none"> • PICSS led on the implementation of this rec. • Policies updated • Relevant data gathered by PICSS • Positive Steps group active • Training delivered- aim for 95 % compliance by end of 2023 	2	There is a comprehensive reporting, monitoring, and training system in place for restrictive practice.	Green
14	<p><i>Care Advance Directives and Support to Patients and Families - BCUHB has made significant progress in providing support to patients and families when holding end of life conversations and developing advance directives. This is good practice. BCUHB will conduct an audit to establish how many patients and their families have advance directive documentation within their clinical records together with care plans in relation to choice and preference about end-of-life care.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • All Wales Guidance Care Decisions for Last Days of Life • NACEL MH&LD Spotlight Audit Report 2021 <p>BCUHB briefing document:</p> <p>Care Decisions Guidance published in June 21</p>	1 & 7	BCUHB took part in the NACEL (National Audit of Care at End of Life) benchmarking audit in 2021.	Green
15	<p><i>End of Life Care Environments All older adults and people with dementia have the right to the same access to quality end of life care as any other individual (of any age) with any other condition. If a person is to receive end of</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • SOP End of Life (EoL) Care for Person with Dementia under the care of Inpatient Mental Health Services 	1, 7 & 9	Staff the review team spoke to described good relationships with the local palliative care teams.	Green

<p><i>life care on an older person's mental health ward (and in particular an acute admission ward) the following should always be undertaken: – a clinical risk assessment to determine the appropriateness of end of life care being provided in an older people's mental health facility – the risk assessment should take into account the levels of patient acuity and any potential conflicts that could be present; – an assurance that out of hours medical cover can be provided if the patient's physical condition requires it; – an assurance that equipment can be resourced with the minimum of delay and that patients are never nursed on mattresses on the floor due to a shortage of hi/low beds; – an assurance that patients can be supervised appropriately and not left unattended due to other challenges that ward might face; – an assessment to confirm patients can be nursed in quiet and peaceful environments and that the ward layout can accommodate this; – an incident form should be completed if a patient receives end of life care due to a lack of appropriate alternative placements and difficulties with transport; – consultation with relatives who should be able to request the transfer of their loved one to a different clinical setting if they feel a mental health facility is in any way unsafe or inappropriate; – the training of all registered nursing staff (including night staff) in end of life and palliative care.</i></p>	<ul style="list-style-type: none"> • Meeting the Physical Health Care Needs of People Admitted to OPMH Ward • BetsiNet Palliative Care page • Sources of Palliative Care advice and support • Palliative Care training and education • BCUHB Corporate Nursing Palliative Care training <p><u>BCUHB briefing document:</u></p> <p>A person receiving EoL care in a MH ward will only receive this care if appropriate requirements are met</p> <p>One unit has a specific room allocated for EoL patients</p> <p>There is ready access to palliative care team</p>	<p>Although only one unit has a room specifically set aside for palliative care, appropriate protocols are in place in all inpatient units.</p> <p>The Learning Disability Service is to be particularly commended for its work with a patient with renal failure who underwent a renal transplant, for which they received a Nursing Times award.</p>	
---	--	--	--

Holden

Rec no	Recommendation	Evidence reviewed <small>(e.g. BCUHB provided documents, report aligned briefing document, site visits and interviews.)</small>	Domain no.	Review team findings from interviews and site visits	Agreed rating
1	<p><i>The current arrangements for the Management of the CPG are unwieldy. 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 be filled with substantive post holders as soon as possible</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • 7 Minute Briefing • Staff Briefing content • MH&LD current Structure • ACM meeting minutes example • PTR meeting Agenda example • QSDG meeting Agenda example • WW&U Strategy • WW&U 24-month report. <p><u>BCUHB briefing document:</u></p> <p>The current senior divisional leadership team, was operationalised between 2016 and 2018, is made up of the MH&LD Director and the supporting triumvirate, namely Medical Director, Director of Nursing, and the Director of Operations. Wider members of the senior divisional leadership team comprise of the Chief Financial Officer, Head of Psychology & Psychological Services, Head of Governance and Head of Workforce.</p> <p>A local triumvirate system of Senior Management Teams has been implemented across the division based on the 5 area services (East, Central, West, Regional Specialist Services and Specialist Commissioning Care) structures. The local triumvirate includes Head of Operations, Head of Nursing and Clinical Director. Senior divisional management provides oversight and ownership of divisional governance processes.</p> <p>The division's substantive structure progressed during 2020, with a focus on ensuring that this aligned to the recommendations from external reviews including HASCAS, Ockenden and Health Inspectorate Wales (HIW), particularly aligned to governance.</p>	5	<p>Although there has been some progress in the reduction of the number of interim posts, there remains a considerable number of posts filled on an interim basis, often for significant periods of time. This leads to insecurity for staff in interim posts, for grades below the interim posts and for staff managed by those in interim posts, and difficulty in strategic planning.</p> <p>There is in addition at present a lack of full representation of all disciplines at the senior management team level and the role of the Senior Leadership team is unclear. The input of specialist older adults' clinicians into the management team is limited.</p>	Red

		<p>It further strengthened visible and accessible leadership within the areas, and this saw the inception and appointment of Clinical Operational Managers, Clinical Site Managers, Community Service Managers, three Learning Disabilities Matron posts for Health Liaison across the three District General Hospitals and a Criminal Justice Liaison Manager.</p> <p>A number of communication arrangements, systems and processes have also been implemented with the aim of strengthening the lines of management across the division, namely;</p> <ul style="list-style-type: none"> • Daily acute care meeting • Daily safety huddle meetings • Ward meetings • Area Putting Things Right (PTR) meetings feeding into Divisional PTR • Area Service Quality Delivery Group (SQDG), formerly Quality, Safety and Experience meetings which feed into Divisional SQDG. • Area Operational meetings including Performance, Estates, Workforce, Health and Safety and Ligature Risk Reduction groups. • Management supervision arrangements in place • Senior Management Team visible and present in the area • BCUHB ward accreditation incorporates staff feedback • Inpatient managers walk rounds in place • Head of Nursing regularly undertaking clinical shifts • Open door approach to management and staff aware they can approach managers at any time • Divisional MH&LD staff briefings. 			
2	<p><i>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.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • Training and Development (T&D) Group meeting agenda. • Sharing spaces engagement event feedback <p><u>BCUHB briefing document:</u></p> <p>As referenced in recommendation 1.</p>	4	<p>Staff spoken to in the Hergest Unit felt there was constructive engagement between the management team and the Unit.</p>	Green

		<p>Development in leadership and management across all levels within the division is discussed and supported by the MH&LD Training and Development Group and forms a part of the divisional Wellness Work and Us strategy. Links are also made to organisational and national initiatives aligned to leadership development.</p> <p>The Ward Accreditation Programme (detailed further in recommendation 5) aims to support early identification of issues and offer support to strengthen leadership across the MH&LD wards.</p> <p>A Divisional Communication and Engagement plan is currently in development and aligned to the MH&LD Divisional Improvement Plan local engagement events entitled <i>Sharing Spaces</i> have been held to engage with staff, feedback was garnered from MH&LD staff which included thoughts on communications across the division. This feedback has been included to support the draft communication and engagement plan for MH&LD. The next stage in development is to strengthen the plan and engage more widely with all internal and external partners and stakeholders.</p>			
3	<p><i>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.</i></p>	<p>No documentary evidence provided.</p> <p><u>BCUHB briefing document:</u></p> <p>A number of Nurse Consultant and Advanced Nurse Practitioners are in post across the division to support, develop and lead on the delivery of excellence in MH&LD nursing.</p> <p>The position as of 30th April 2023 was as follows:</p> <p>Advanced Nurse Practitioners</p> <p>X1 B7 in the Central area</p> <p>X1 B8d in the West area</p> <p>Nurse Consultants now appointed in the Division are -X1 8b in Substance Misuse Services</p> <p>X1 8c in the Central area</p> <p>X1 8d in Dementia Services (covering both MH&LD and wider BCUHB since)</p>	4	<p>A comprehensive report on numbers and skill mix in Nursing (Safer Staffing Review) was completed recently by the director of nursing (who has now left the Board). This report has not been accepted and the process is being repeated.</p> <p>Lack of physiotherapy staff on Ablett unit has led to nurses and other allied health professionals taking on the function and duties of a physiotherapist while undertaking their own duties. Nursing staff on the unit also have to respond to the doorbell for the unit as there are no front reception staff.</p> <p>Nursing roles in the Hergest Unit should be enhanced to improve the availability of therapeutic options available, including psychological therapies.</p>	Amber

				<p>The role of nurses within the unit is made more difficult by the lack of MDT working, because of a lack of dedicated consultant psychiatrist and clinical psychology input.</p> <p>Role titles have been changed from Modern Matron to Clinical Service Manager with no clear rationale as to why and no consultation with nursing professionals.</p>	
4	<p><i>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</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • WP5 All Wales Respect and Resolution Policy • OLM Minutes Respect and Resolution Policy • MH&LD Coaching Cohort June 23 • WW&U Year 3 plan work stream 10 • SBAR for Senior Leadership Team Development Programme • Workplace Mediator Certificate – IH <p>BCUHB briefing document</p> <p>The 'All Wales Respect and Resolution' policy was implemented in BCUHB in May 2021; a policy that aims to encourage fairness and positive relationships within the workplace, together with prevention of bullying, harassment, and any form of unacceptable behaviour. Following implementation of the All-Wales Respect and Resolution policy the division has raised awareness through various forums including the Divisional Workforce meetings, Operational Leadership meeting (OLM) and the MH&LD Staff Briefing</p> <p>Within MH&LD, we have a qualified Mediator who is a part of the 'All Wales Mediation Network', where support from external parties can be sought to facilitate skilled mediation processes. Additionally, there are a total of 5 trained coaches within the division with a further 6 coaches in training.</p> <p>In addition, a work stream within the WW&U year 3 plan, as part of the BCUHB Stronger Together 'Just and Learning Culture' programme of work, aligns to facilitating a better understanding and support system for staff relating to workforce policy processes.</p>	4	<p>Staff the review team spoke to were aware of how to act and what supports are available should there be concerns about working relationships.</p> <p>They particularly welcomed the support available via the Wellness Hub.</p> <p>However, staff interviewed by the review team described not being consulted about the change in role title from Modern Matron to Clinical Service Manager which was concerning.</p>	Amber

		Concurrent with the wider BCUHB Stronger Together 'Integrated Leadership Development' programme, the division has commenced with work dedicated to investing in our current and future leaders			
5	<i>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.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • MH&LD Ward Accreditation Scoring Tool • 5.2. MH&LD Prompt Sheet for MDT communication template • 5.3. Example of Ward Accreditation immediate actions sheet • 5.4. West Inpatient Service Manager Walkabout Audit (to follow) • 5.5. West Service Manager Monthly Quality Audit (to follow) • 5.6 Health & Safety Executive Notice of Contravention (HSE NOC) Sub-Group Highlight Report <p>BCUHB briefing document:</p> <p>A system of inpatient manager walk rounds take place on a monthly basis with reporting at local areas Quality and Safety groups. These are also reported through SQDG along with a breakdown of the matron's monthly quality audits with the scores for the wards audited in that month.</p> <p>A Ward Accreditation Programme is also in place within the division, some challenges have been faced in securing senior leadership engagement to proactively plan regular Ward Accreditation visits across all sites.</p>	3	<p>Most staff described the management team at operational level as being accessible and visible, although less so at Directorate level.</p> <p>The frequent safety huddles and the PTR process allow for comprehensive review of safety and quality concerns. An unintended consequence of staff sometimes feel overburdened by too many meetings is some units there are 3 safety huddles per day together with at least weekly PTR meetings. There is often duplication and repetition of information and staff sometimes have to attend meetings where very little of the content is relevant to their service area.</p> <p>The ward accreditation scheme, although welcomed, was thought to require redesign to reflect the more specific issues within mental health units, and also reflect patient feedback.</p>	Green
6	<i>Arrangements for regular briefing of Staff need to be implemented.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Example of RSS Daily Safety huddle minutes • Example of West area Daily Safety huddle minutes • Template agenda for West 'Putting Things Right' sub-group • Example minutes of West PTR sub-group meeting • West Area Memo – Safe and effective patient care • MH&LD Patient Carer Experience Group ToR • Daily Safety huddle agenda • MH&LD Staff Briefing contents • Daily safety huddle ToR • 6.10 WW&U Staff Survey results 	3 & 8	<p>Whilst there has been general improvement in the level of communication and briefing, some concerns were expressed about the lack of engagement of staff in the most recent process around the development of the proposed operational model.</p>	Amber

		<p>BCUHB briefing document:</p> <p>As referenced in recommendation 1, multiple structures are in place for regular staff briefings, communication, and feedback across the division.</p> <p>Daily safety huddles form a critical part of the division's arrangements to ensure regular staff briefing. Huddles take place three times daily within each area where risks and issues are escalated, urgent communication is shared, and plans are formulated in the aim of ensuring that staff are supported and equipped to deliver quality patient care.</p> <p>Monthly Divisional staff briefings are circulated to all members working within the MH&LD division</p>			
7	<p><i>Steps need to be taken to better engage Staff in the change process. The current implementation plan is clearly in difficulty.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Betsi Pathway Methodology • Better by Betsi • Betsi Way Improvement Toolkit • POG Agenda example • T4MH Delivery Plan 2019-22 • T4MH Strategy 2012-16 • Speak out Safely guardians <p>BCUHB briefing document:</p> <p>During April and May 2023, the Division undertook a number of engagement events across BCUHB focused on the divisional improvement plan, these were advertised as <i>Sharing Spaces events</i>. Staff from a number of disciplines attended the drop-in sessions that were held by the Improvement Lead for Mental Health and the Interim Project Lead for Mental Health.</p> <p>The 'Better by Betsi' community has been launched corporately using the Yammer Communities platform as its 'hub'. It is an organisational approach to building a culture of continuous improvement.</p> <p>The newly established 'Partnerships Planning and Strategy' team within the division is supporting change processes.</p>	8	<p>There is good evidence for this overall, however, there is concern that staff have very little knowledge of or engagement with the current process of organisational change.</p>	Green

8	<p><i>The Communication Strategy needs to be rethought. It needs to reflect the need for staff to be fully engaged on a personal level.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • MH&LD Draft Communications and Engagement Plan March 2023 • MH&LD Draft Communications Plan Operating Model <p>BCUHB briefing document:</p> <p>A draft of the MH&LD Communications and Engagement framework has been established as a precursor to the divisional Communication and Engagement Strategy of which is currently in development.</p> <p>The future strategy will aim to address the needs of all identified internal and external stakeholders, incorporating mechanisms for a continuous cycle of feedback to maximise inclusivity and coproduction of plans and activity across the division. A communications plan has been developed aligned to the MH&LD Operating Model of which will be executed once the final model has been ratified via the agreed governance route. In addition, a communication and engagement plan has been developed aligned to implementation of the Together for Mental Health interim plan 2023-2024 to ensure all internal and external partners and stakeholders are aware of the plan moving forward.</p>	n/a	<p>As noted above (Recommendation 4 of Ockenden 2 report), staff report significant progress in Board to Staff communication. However, there have been concerns expressed about the lack of staff engagement in the current organisational review.</p> <p>It is also unclear to what extent nursing staff were involved in the recently completed safer staffing review of nursing.</p>	Amber
9	<p><i>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</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • MH&LD 'You Said We Did' staff survey feedback <p>BCUHB briefing document:</p> <p>Staff Engagement Ambassadors are employees of BCUHB who are equipped with the skills, tools, and knowledge to drive forward the engagement agenda, promoting activity under the following headings:</p> <ol style="list-style-type: none"> 1.Be recognised. Appreciation of the work we do through the submission of Seren Betsi Award nominations and encouraging regular recognition within their area of work 2.Be engaged at all levels: Opening the channels of communication with senior managers, promoting Ask the panel events and Tea with the CEO 3.Be enabled to make change: 3D model (Discover, Debate, Deliver) . A model that involves the entire team in 	n/a	<p>The review team were satisfied with the information provided by the briefing document from BCUHB.</p>	Green

		<p>improvement and development, providing the opportunity to contribute to change within the workplace</p> <p>4.Be empowered to speak up: Encouraging participation in staff surveys and opportunity to attend bi-annual meetings with the CEO and Executives for a 'Voices from the floor' session to share positive stories and any challenges that they felt they could benefit from having support with.</p> <p>We have approximately 56 Staff Ambassadors signed up within MH&LD.</p>			
10	<p><i>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.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> MH&LD Divisional Improvement Plan: Key Performance Indicators. <p><u>BCUHB briefing document:</u></p> <p>The HIP has been stood down in favour of local supportive governance structures. Direction for major service improvement and changes across the division is now supported by the T4MH strategy, MH&LD Divisional Improvement Plan operating model and a number of HIW Actions plans. The Divisional Governance Framework has been strengthened to ensure regular monitoring, review and reporting occurs from ward to board aligned to the MH&LD Divisional Improvement plan, HIW Action plans and other quality safety action plans.</p> <p>Work streams outlined within the MH&LD Divisional Improvement Plan include sub-themes and task level detail to support staged implementation and action aligned to divisional priorities.</p> <p>The plan has been developed and aligned to HIW standards, internal and external reports, inspections, and incidents which include the Holden Report, Ockenden report and the HASCAS report.</p> <p>The newly established 'Partnerships Planning and Strategy' team support the delivery of service improvement across the division. A number of service improvement programmes are ongoing, of which are broken down into tangible work streams and supported by a nominated Assistant Development Officer.</p>	8	<p>The review team were satisfied with the information provided by the briefing document from BCUHB.</p>	Green

		<p>The Officers are responsible for ensuring that staff, and stakeholder, engagement is an active element of the project management and change process.</p> <p>The Programme Oversight Group (POG) provides the overarching governance and assurance against programme implementation within MH&LD. It oversees work streams ensuring that each project has set phases which are outlined in the plans and ensures that implementation is on track and still relevant in terms of their prioritisation against the priorities of the division. Stakeholder management is a key thread through each of the implementation phases and is set out within each project workbook. The POG reports into the Operational Leadership meeting which feeds into the Divisional Senior Leadership Team and will escalate any decisions required to support any changes and reviews of priorities.</p>			
11	<p><i>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</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • Strategic Mental Health Workforce Plan for Health and Social Care Wales • Learning Event November 2021 and May 2023 • Divisional Governance Framework <p><u>BCUHB briefing document:</u></p> <p>The Division is part of the UK Mental Health Benchmarking analysis.</p> <p>Attendance at external events has inevitably been impacted by the COVID-19 pandemic, however, with the development of the divisional Communications and Engagement strategy, further opportunities for engagement and networking with professionals and wider stakeholders external to the division will be identified.</p>	7	<p>Staff appear to have limited opportunities to engage with external networks of similar organisations within Wales or the wider UK. One example was that the PICU's membership of National Association of Psychiatric Intensive Care Units (NAPICU) had lapsed and was only now in the process of renewal.</p> <p>Other staff who were interviewed were not in general connected to external networks either professionally or in other organisations</p> <p>There is very limited evidence that staff access or use national networks or UK wide good practice examples or benchmarks.</p>	Red
12	<p><i>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.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • MH&LD Training and Development Group ToR • MH&LD Performance Appraisal Development Review (PADR) compliance data May 22-23 • ASiM status MH&LD June 23 • BCUHB Just and Learning Culture, Stronger Together Programme • MH&LD Supervision Guidance • WARRN training poster 	n/a	<p>There is a comprehensive system for provision and monitoring of training. Staff the review team spoke to did not express any difficulties in being freed up to attend training.</p> <p>However, as noted in recommendation eleven above, staff appear to have limited opportunity to network with organisations</p>	Green

		<ul style="list-style-type: none"> • PICSS training report • Appraisal update 2023. <p><u>BCUHB briefing document:</u></p> <p>Performance on compliance with PADR is monitored and reported monthly as part of the divisional Key Performance Indicators (KPIs). Compliance has shown a rise in performance from 81% in May 2022 to 85.4% in May 2023. Mandatory training compliance is also captured and reported monthly within the KPIs, illustrating an increase from 89.5% in May 2022 to 92.3% in May 2023, and MH&LD continues to have the highest compliance rate in BCUHB for Level 1 (91.91%) and Level 2 (84.08%) mandatory training. Compliance for both PADR and mandatory training is monitored locally and reported at the divisional Service Finance Performance Delivery group and the Service Quality Delivery Group on a monthly basis.</p> <p>A MH&LD Training and Development Group was established, taking place on a monthly basis from September 2022, to lead on training and development initiatives</p> <p>A quality audit of supervision notes took place in February and March 2023.</p>		<p>and professional groupings in the rest of the UK or indeed the rest of Wales.</p> <p>In addition, the review team have not seen individual supervision records or how they link to professional development needs or NMC revalidation processes, nor have the review team seen a record of medical staff appraisal.</p>	
13	<p><i>A system of recognition would be helpful where the contribution of individual Staff is celebrated.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • GREAT-ix staff recognition platform • West Performance Report March 23 Good News Stories • Seren Betsi MH&LD Nominations • Long Service & Achievement Awards Nominations <p><u>BCUHB briefing document:</u></p> <p>BCUHB Achievement Awards take place annually and staff can be nominated or nominate others for recognition and celebration of their work. Since 2019 there has been 127 nominations made for staff within the MH&LD division. The achievement awards were paused during 2020-21 during the pandemic.</p>	7	<p>Staff are aware of the achievement awards and concepts such as 'Great-ix'. The recent Nursing Times award to the Learning Disability Service is to be commended.</p>	Green

		<p>There have been 32 MH&LD staff nominated for the Seren Betsi award since 2019, recently the Training, Development and Wellbeing lead was awarded the Seren Betsi award.</p> <p>The 'Cheers 4 Peers' system for staff rewards was implemented in October 2020, being a system of recognition for staff excellence and good practice and is in the process of being rolled out across the Division. Good news stories and compliments from colleagues and patients are also reported into the local Quality Safety and Experience meetings, these stories also then feed into the local Finance and Performance report that is shared with staff for information.</p> <p>'Great-ix' is a concept stemming from the Learning for Excellence movement providing healthcare staff an opportunity to report episodes of good practice or when things work well.</p> <p>It enables us to show appreciation to staff for their good work and secondly to learn from their excellent practice</p>			
14	<p><i>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.</i></p>	<p>Provided documentation:</p> <ul style="list-style-type: none"> • Safer Staffing report • 14.3 Just R quarter one report <p>BCUHB briefing document:</p> <p>The e-roster system provides an indication of whether safe staffing levels are achieved and is regularly reviewed by the inpatient manager and the Head of Nursing. All incidents where staffing drops below required safe levels are subject to Datix reporting and immediate review / action. The establishment of safety huddles within each area three times daily aim to support prompt escalation of risks and issues relating to ward staffing.</p> <p>A MH&LD Safer Staffing review has taken place across the division; a review of ward nursing establishments with a focus on staffing numbers, clinical skills, patient experience and quality outcomes. The review incorporates benchmarking and divisional-specific data to allow for identification of issues and propose recommendations for improved staffing establishments across each of the areas.</p>	4	<p>The recent safer staffing review was not accepted by staff as being an accurate reflection of the needs of various parts of the service. Having received this feedback, the review is being repeated.</p>	Amber

		The latest MH&LD Safer Staffing review is awaiting full ratification by the health board prior to implementation across the Division, planned for the later part of 2023.			
15	<i>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.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> MH&LD Safe Staffing Escalation Procedure 15.2 Auto cascade SOP BCUHB <p>BCUHB briefing document:</p> <p>All shifts are created in the E Roster system, with staff breaks taken into account.</p> <p>All incidents where staffing drops below required safe levels are subject to Datix reporting and immediate review /action. The establishment of safety huddles within each area three times daily aim to support prompt escalation of risks and issues relating to ward staffing. Acute Care Meetings (ACM's) also take place for each of the four senior Leadership Teams (Centre/East/West/Regional) and would address escalations relating to safe staffing.</p> <p>In addition, Site Response is utilised by bank staff to accommodate any staff shortages to ensure that staff are able to take their scheduled breaks.</p> <p>The Division reports on safer staffing levels on a regular basis, and a copy of the report is included in the Appendix.</p> <p>A recent initiative across BCUHB, called auto cascade, has been developed and implemented at the beginning of June aimed at supporting a timelier response to any staffing shortages utilising agency staffing across all MH&LD wards.</p>	15	<p>The review team was unable to establish if staff working 12-hour shifts were able to take a break.</p> <p>There continue to be difficulties in recruiting permanent staff and some concerns about ongoing reliance on agency staff. However, the review team was told that incidents where staffing levels drop below required safe levels are rare and subject to reporting. Staffing concerns are brought to the safety huddles which occur up to three times daily.</p> <p>Review team did not see evidence that teams were using the Mental Health Optimal Staffing Tool MHOST or similar evidence-based tools to ensure that staffing levels were adequate for the acuity of the wards.</p> <p>The recently introduced auto cascade system for managing locum and agency staff is no longer operational as staff reported that it was not effective.</p>	Amber
16	<i>The issues surrounding the Junior Doctors Rota needs to be resolved urgently.</i>	<p>Provided documentation:</p> <ul style="list-style-type: none"> MH&LD Pan Junior Doctor rota Jan-June 23 <p>BCUHB briefing document:</p> <p>The Junior Doctor rota is currently operating successfully with no issues identified relating to rota cover. Occasionally, shifts will include two doctors; a process within the division for ensuring that all new junior doctors are supported by a mentor when joining the rota.</p>	7	<p>The evidence provided plus feedback from staff during the site visits and interviews indicate that the rota operates successfully with clarity of supervisory arrangements and clear protocols.</p>	Green

		<p>All Junior Doctors are supportive in managing cover for the rota in exceptional circumstances where a gap may arise.</p> <p>There is an allocated substantive Consultant who provides pastoral support to Junior Doctors within their area of which takes place in the form of weekly supervision sessions</p> <p>A total of 258 applicants were received to Junior Clinical Fellows/CT LAS positions within the MH&LD in quarter 4 of 2022/23. Of total applicants, 8 were appointed. This illustrates success in recruiting to Junior Doctor positions within the division, of which will support ensure the continuation of an efficient Junior Doctors rota.</p>			
17	<p><i>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.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • Clinical Strategy • Just R Medical recruitment photography sessions • MH&LD Recruitment & Retention Plan <p><u>BCUHB briefing document:</u></p> <p>The Mental Health & Learning Disability Division has developed a clinical strategy for 2022-23 following the publication of the first document in 2017, incorporating the governed strategic work which started in 2018. During the pandemic, the MH&LD Division continued with improvement and transformation by created or improved services such as Perinatal Mental Health, Early Intervention in Psychosis, Eating Disorders, Liaison Psychiatry, Substance Misuse Services and Prison Mental Health.</p> <p>This Clinical strategy describes the priorities and future direction of clinical services and defines the mission statement that has been agreed in co-production with patients and carers, who remain at the heart of the strategy along with improved engagement with other crucial statutory stakeholders, our partners, the voluntary sector, the wider health board, and the community we serve.</p> <p>The Division has a number of programmes that include evaluating and reviewing the current clinical pathways to standardise them across the Division</p>	6	<p>Within adult mental health, there continue to be differing models of medical care but in general a traditional consultant led model is in place.</p> <p>There is a particular concern in the western sector where the in-reach from community model of care impairs the ability to deliver full multidisciplinary team working in the inpatient unit.</p> <p>There is a lack of multidisciplinary working and of access to psychological therapies evident in the Hergest Unit.</p>	Red

18	<p><i>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</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • MH&LD Single Sex Wards scoping exercise • SBAR Co-horting • MEMO Over 70's admission Hergest <p><u>BCUHB briefing document:</u></p> <p>The MH&LD Division established a task and finish group in January 2022 to draw a plan to stop the mixed co-hosting of younger and older people with functional illnesses on the same acute wards in the Hergest Unit.</p> <p>Training is in place to ensure that staff delivering MH&LD services are trained to manage physical health issues and are competent to deliver care to older patients. A new 'physical health' room was launched at the Heddfan Unit in the East area in June 2022</p> <p>A Dementia Nurse Consultant is in post within the MH&LD division.</p>	n/a	<p>The cohorting of older patients with younger adults no longer occurs. However, this means that the elderly functionally ill from the western sector have to be admitted to units at some distance from their homes.</p> <p>Training programmes have been put in place to assist nursing staff in the management of physical health issues in elderly patients. Access to specialist medical advice is in general good with rapid responses from the acute intervention teams. There can be some delays in the Heddfan unit because the patient has to wait for an ambulance to transport him or her across the road to the emergency department</p>	Green
19	<p><i>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.</i></p>	<p><u>Provided documentation:</u></p> <ul style="list-style-type: none"> • MH&LD Nurse In Charge SOP • MDT communication prompt sheet (as 5.2.) • MH&LD West Area MDT ToR • West Ward Round timetable <p><u>BCUHB briefing document:</u></p> <p>The Medical Director has emphasised the importance of weekend ward reviews of patients admitted over weekend and bank holidays to avoid patients waiting for their timetabled ward reviews with sector consultants.</p> <p>The ward round timetabling has been proactively managed by the respective inpatient ward managers to avoid overlap of multiple reviews taking place and disrupting nursing input.</p> <p>This has also led to more predictable inpatient ward reviews which aim to be multidisciplinary.</p> <p>The Ward Accreditation programme enables the regular review of MDTs and Ward Rounds to support evidencing progress against key improvements in MDT communication and handover.</p>	6	<p>In the acute units that the review team visited the review team saw good evidence of MDT working, however, within the Hergest ward, there is no evidence that multi-disciplinary ward rounds occur other than on an ad hoc basis. There is no evidence of active engagement of disciplines other than medicine and nursing in ward rounds when they do occur. Nursing staff are often unaware of when to expect consultant staff on the ward.</p> <p>Multidisciplinary team discussions do occur in cases of complexity but there is no evidence that they occur on a regular basis.</p>	Amber

		<p>The MDT Communication Prompt sheet is included in the Appendix. Additionally, monthly MDT meetings are held in each area to support strengthen local multidisciplinary team working.</p> <p>Safety huddles take place three times daily on weekdays and twice daily on weekends across all areas of the division. This provides a forum for the escalation of risks and issues, sharing of urgent communication and the formulation of plans with the aim of ensuring that wards are appropriately staffed, supported, and equipped to deliver quality patient care.</p> <p>Arrangements for local Acute Care meetings are also in place across the division. These meetings take place daily for discussion and review of immediate patient needs to ensure effective patient flow. This also provides a forum for early escalation of identified risks or issues.</p> <p>The MH&LD Nurse In Charge (NiC) standard operating procedure was activated in December 2022. This details the roles and responsibilities relating to ward handover, updating staff on changes in patient care plans, and ensuring that patient status, whiteboard, and fireboard are kept up to date.</p>			
--	--	---	--	--	--

6. Acknowledgments

The Health Board's mental health and learning disability services have been subject to a high degree of external scrutiny since 2013. There are eighty-four total recommendations from the reports that this review focused on. In deciding to what extent all the recommendations had been implemented, the team considered that the views of staff, service users and carers, and the findings of reviewers when they visited the various units in person, were as important as the documentary evidence provided.

The reviewers would like to express their appreciation and thanks to all those who gave their time to help us complete this review. We particularly appreciate the input of patients and carers, and of those external to the Health Board. We were made to feel very welcome by all. We would like to thank the Health Board for facilitating our visits and assisting in the arrangements, and for providing the review team with documentation.

Throughout our interactions with members of Health Board staff in all the units we visited, and during our online interviews, we were struck by the dedication of the staff and their clear commitment to patient care and to service improvement. Of the staff we met, we found them to be pleasant, warm, and engaged. They took pride in their work and, despite some pressures and difficulties, appeared in the main to be happy to work in the Health Board.

Appendices

Appendix A: Invited Review Service team

- Dr Mayura Deshpande, Clinical Advisor to IRS
- Sadhbh Fitzgerald, RCPsych, IRS Programme Manager (CCQI)
- Catherine Gamble FRCN, Independent Nurse reviewer
- Paul Hopley RMN, Deputy Director of Mental Health, Mental Health Improvement Support Team, IRS Nurse reviewer.
- Dr Chineze Ivenso, Consultant Old Age Psychiatrist, Aneurin Bevan Health Board, Academic secretary for the RCPsych faculty of Old Age Psychiatry and IRS reviewer
- Professor Gerry Lynch, Consultant General Adult Psychiatrist, Lead IRS Reviewer
- Dr Alan Quirk, RCPsych, Head of Clinical Audit and Research (CCQI)
- Veryan Richards, IRS Lay Reviewer
- Peter Thompson, RCPsych, Director of CCQI

Appendix B: Feedback on implementation, by service-delivery domain

Key : *Strength of evidence demonstrating the implementation of recommendation and extent to which it has been embedded in practice.*

Good/strong evidence	Some evidence	Little/no evidence
----------------------	---------------	--------------------

Domain 1: Patient and carer centred care

Summary of recommendation	Source	Rating
There should be a review of the risk assessment systems in place for elderly patients who are or become violent / aggressive as part of their conditions.	Ockenden 1 recommendation 26	
The 'Dementia Strategy' should be developed to work across all relevant clinical services across BCUHB, not just within the MH&LD Division.	Ockenden 2 recommendation 8	
BCUHB will conduct a review of all clinical policies.	HASCAS recommendation 11	
Care Advance Directives and Support to Patients and Families.	HASCAS recommendation 14	
End of Life Care Environments.	HASCAS recommendation 15	
Clinical leaders (medical and nursing) should spend a defined portion of their working week within the clinical area alongside and listening to patient and relative feedback.	Ockenden 1 recommendation 12	
BCUHB needs to work effectively at a strategic level with the third sector, carers, service user representatives and a wide range of multi-agency partners to develop, provide and sustain services to older people and older people with mental health needs and dementia across North Wales.	Ockenden 2 recommendation 5	

Review team observations

There is an extensive training package and an up-to-date policy for the management of aggression and violence in all patients. However, the paper-based patient record system mitigates against safety.

The pan BCUHB role of the consultant nurse in dementia is welcome but a similar post that is Directorate specific has not yet been filled. The recently appointed advanced nurse practitioner and practice development posts are not specific to dementia care and there are ongoing difficulties in data gathering in dementia. There has been limited uptake of tier 2 & 3 training.

A view has been expressed that the needs of older adults are not given the necessary attention in the Directorate and the current management structure may not be conducive to comprehensively meeting the needs of older adults.

Canid meetings have been described as information sessions rather than true partnership working. and service user/carer engagement at a strategic level did not appear to be well developed.

There is evidence of innovative practice in the Regional Secure Unit, with third sector organisations providing arts and music sessions together with the OT department. Patients the review team spoke to find this service extremely valuable.

The iCAN hubs, set up throughout the Board area, are a good example of partnership working between the Health Board and the third sector.

Representatives from outside agencies described generally good partnership working but some difficulties in pockets of the Board with the system not working as consistently as it could be. The Patient and Carer Experience (PCE) group meets regularly but the most recent meeting was not quorate and there is no clear evidence embedding or coproduction.

There has been a recent separation of social workers from the CMHTs, which has led to difficulties in partnership working.

Staff described good relationships with the local palliative care teams. Although only one unit has a room specifically set aside for palliative care, appropriate protocols are in place in all inpatient units. The physical healthcare room in the Heddfan unit is another example of good practice.

Domain 2. Clinical guidelines/legislative requirements

Summary of recommendation	Source	Rating
Systems and resources in place to manage high risk clinical scenarios.	Ockenden 1 recommendations 26-30	
All older adults and those with dementia are in receipt of lawful and safe interventions in relation to restrictive practice management across all care and treatment.	HASCAS recommendation 13	
Medication - The updated BCUHB 2017 antipsychotic prescribing guidance will be kept under review and be subject to audit.	HASCAS recommendation 10	
A DoLS workplan will be developed.	HASCAS recommendation 12	
DoLS - BCUHB will conduct a formal audit and provide a progress report.	Ockenden 2 recommendation 9	
BCUHB will conduct a review of all clinical policies.	HASCAS recommendation 11	
A sound Safeguarding structure is in place.	Ockenden 2 recommendation 6	
BCUHB will revise its safeguarding training programme to ensure it is up-to date and fit for purpose. Clinical Records - BCUHB needs to undertake a detailed check of the clinical records in the investigation cohort to evaluate and re-order all commingled case notes. The Tracking of Adults at Risk across North Wales.	HASCAS recommendations 4-9	

Review team observations

There is evidence of a falls bundle and regular monitoring of falls by the Datix system, leading to discussion at the PTR groups and learning and action as appropriate. However, there was not strong evidence of how wider learning was adopted and spread throughout the Health Board area.

There is a comprehensive training package to accompany the therapeutic observation policy. Staff described some difficulties in accessing extra staff when required in accordance with the agreed procedures, especially in the more isolated units.

There is an extensive training package and an up-to-date policy for the management of aggression and violence in all patients. But as noted elsewhere patient record system mitigates against safety.

The policy on meeting the physical healthcare needs of those admitted to mental health wards was due to be reviewed in September of last year. No evidence was seen of the recruitment of RGNs. The opening of the physical health care suite in Heddfan has improved that unit's ability to diagnose and manage medical conditions however, nursing staff have obtained training in the use of NEWS and are satisfied that medical opinions and assessments can be accessed in a timely manner.

The review team received verbal reassurances that DVT prophylaxis is used appropriately but has not as yet seen the whole system review as described in the statement of evidence. However, an audit of VTE risk assessment in OPMH has been carried out in early 2023. The physical health strategy is in the process of being developed but has not as yet been implemented.

The review team have been told that antipsychotic medication prescribing is subject to regular audit and review at the medicines management committee. The review team also note that a consultant pharmacist is in post. There was evidence of audit of antipsychotic medication prescribing in 2019 and again in 2023, but this was confined to inpatient wards. The CQST tool for monitoring antipsychotic medication in care homes looks extremely comprehensive, but the form presented to the team is blank and no information is available as to how regularly it is used.

There is a high level of compliance with mandatory DOLS/MCA training. Staff the review team spoke to were aware of how to access training, and of how to access the policy and procedures via the Intranet. Staff described having access to training and information about the MHA/MCA and patients detained under the MHA described being made aware of their rights and having access to advocacy.

There is clear evidence of a comprehensive system for policy review in place as reported by the Health Board. However, there was evidence of some out-of-date policies. Comprehensive Safeguarding systems and training programme are in place.

Domain 3: Governance

Summary of recommendation	Source	Rating
The Board should interrogate further and in detail the information from the currently interim Tawel Fan mortality review being undertaken. There needs to be an urgent review of the Datix system undertaken to assess whether potential 'clues' to a possibly longer-term problem around the number of deaths within/ associated with Tawel Fan ward have been 'missed'.	Ockenden 1 recommendations 17, 18	
There should be a complete overhaul of the concerns/complaints/serious incident reporting structure and an overhaul of the system of learning from these issues.	Ockenden 1 recommendation 7	
The Board must respond to concerns in a timely manner.	Ockenden 2 recommendation 7	
Quality Impact Assessments (where the clinical implication of financial savings plans are assessed by Executive members of the BCUHB Board) are in place. There is full integration of the systems, structures and processes underpinning financial, corporate, and clinical governance.	Ockenden 2 recommendations 2a, 2b	
Appropriate culture around dementia and dementia care at every level.	Ockenden 2 recommendation 14	
A review of external reviews will be undertaken.	Ockenden 2 recommendation 10	
There should be an immediate review of the scale of all operational, clinical, and managerial roles across the CPG with a realistic assessment of the ability of the current individuals in post to perform in their roles.	Ockenden 1 recommendation 11	
Arrangements for regular briefing of Staff need to be implemented.	Holden recommendation 6	
The Health Board needs to undertake a detailed check of clinical records to evaluate and reorder all commingled case notes.	HASCAS recommendation 9	
A structured programme of safety walk rounds, and ward visits should be implemented by the senior management team in order to improve their presence on the wards	Holden recommendation 5	

Review team observations

The review team are concerned that there is no electronic notes system and no time scale for the introduction of such a system. This leads, in our view, to a significant governance concern as the Health Board covers a very large geographical area with scattered teams and services across multiple sites. There can be difficulties in timely access to notes and relevant clinical information especially out of hours or when a patient is being admitted or treated out of sector. The absence of an electronic notes system was repeatedly mentioned by staff as a major concern. In addition, on call medical staff cannot use personal login to access notes in the one area which does have electronic notes (the regional secure unit) which appears to us to be a GDPR breach.

There is in place a comprehensive governance system with extensive use of the PTR system at unit and divisional level. The frequent safety huddles and the PTR process allow for comprehensive review of safety and quality concerns.

Staff described their experience of two recent Serious Incidents (SIs), which were systematically investigated. Staff participated in the SI process and felt supported throughout. They especially found the support of the well-being hub valuable. There was learning from the SIs which was implemented. During the course of the review, it was not possible to determine whether that learning from SIs is consistently applied throughout the Health Board and it is important that the Board ensures this happens.

However, there were some concerns expressed that learning from PTR meetings did not always reach staff working 'on the ground' and one service user expressed dissatisfaction with how a complaint they had raised was addressed.

In addition, frustration was expressed by staff about the number of meetings in which there was duplication and repetition, both of information expected to be supplied by staff and of learning lessons. Recognising that learning can occur from areas not in the particular clinical responsibility, some staff expressed the view that they had to attend Safety and PTR meetings that had no relevance to their clinical area.

There is a comprehensive system in place for monitoring and responding to incidents, concerns and complaints in which clinicians and managers are engaged. However, service users interviewed for the review were not satisfied with how a complaint was addressed and there continue to be a number of overdue complaints. In addition, staff expressed a view that the system could at times be 'over-comprehensive,' with multiple meetings at which the same information was repeated and duplication in processes. There was also a view of a 'one size fits all' approach, with processes not always focusing on problems particular to service areas. In addition, the lack of an electronic records system is likely to lead to difficulties in that risk alerts may not be available in a timely fashion.

Recognising that significant improvements have been made, the review team was concerned that the Consultant Nurse post for dementia had not yet been filled and that the practice educator posts are not specific to dementia. The low uptake for tiers 2&3 training in dementia is also noteworthy.

It has been reported that issues concerning dementia are discussed hurriedly at generic PTR meetings, with the great majority of the time being devoted to matters in the general adult services.

Although there is a lead consultant for older adults' psychiatry who has a pan-BCU role, management of older adults' mental health services sits within a generic management structure. This may impede the promotion of an appropriate culture around older adults' mental illnesses including dementia.

Most staff described the management team at operational level as being accessible and visible, although less so at Directorate level. However, this is not a consistent view and there were some in which staff said that managers were not visible and accessible.

The ward accreditation scheme although generally welcomed was thought to require redesign to reflect the more specific issues within mental health units.

Whilst there has been general improvement in the level of communication and briefing, some concerns were expressed about the lack of engagement of staff in the most recent process around the development of the proposed operational model.

Although at one level, there is a clinically led and clear and accountable management structure, the numbers of posts that are held on an interim basis for a prolonged period of time together with the constant reviewing of the management structures has led to uncertainty for staff and difficulty in forward planning. This has a 'knock on' effect of recruitment at all levels, particularly at band 5 and 6 levels and perhaps contributing to high agency use.

A new organisational model is in the process of being developed but there has not been consultation so far with staff and it is not clear what process is being followed. In addition, there was not the evidence presented to us that indicated that there was full multidisciplinary input into the management structure. The review team were also concerned that older adults' mental health services were not adequately represented in the Directorate management structures.

Domain 4. Staffing

Summary of recommendation	Source	Rating
BCUHB should take active steps to appoint a second Consultant Nurse in Dementia.	Ockenden 2 recommendation 2d	Red
Attention needs to be paid to the status and impact of Mental Health Nursing in the Unit.	Holden recommendation 3	Orange
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. Working patterns should be appropriate.	Holden recommendation 14	Orange
BCUHB will need to provide significant amounts of targeted workforce and organisational development support in the form of extra team members to support the MH&LD Division and specifically OPMH with recruitment and retention expertise across medical, nursing and support services going forward.	Ockenden 2 recommendation 2c	Green
The issues surrounding the lack of constructive engagement between the Senior Management Team and the staff of the Hergest Unit needs to be addressed urgently.	Holden recommendation 2	Green
Special attention needs to be paid to repairing the relationship between the Modern Matrons and the Ward Managers.	Holden recommendation 4	Orange
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.	Holden recommendation 15	Orange

Review team observations

To our knowledge, there is no consultant nurse with specific responsibility for dementia within the mental health and disability directorate. There is one consultant nurse who has board wide responsibilities. The lack of a consultant nurse is impairing the directorate's ability to take forward the dementia strategy. There are also no nurse practitioners specifically for dementia care.

It is important that the post of Executive Nursing Director in mental health be filled on a substantive basis as soon as possible.

Nursing roles in the Hergest Unit should be enhanced to improve the availability of therapeutic options available. The role of nurses within the unit is made more difficult by the lack of multidisciplinary working, in particular the lack of dedicated consultant psychiatrist and clinical psychology input.

The recent safer staffing review was not accepted by staff as being an accurate reflection of the needs of various parts of the service. Having received this feedback, the review is being repeated.

It is concerning that staffing levels did not allow for breaks and also had an impact on the ability to allow Section 17 leave patients to leave the area.

There have been many initiatives in the area of recruitment and retention with active recruitment campaigns. The 'Streamliners' programme has been especially well received.

The service continues to have difficulty in recruiting staff, especially medical staff in the Western sector. This is having an impact on the quality of care in the Hergest Unit. Efforts need to focus on areas of particular difficulty.

The title of matron has been changed to 'clinical service manager' with no consultation and no clear change in role. It is unclear why this has occurred and by whom it was authorised.

Domain 5. Management structure

Summary of recommendation	Source	Rating
There should be an immediate review of the scale of all operational, clinical, and managerial roles across the CPG with a realistic assessment of the ability of the current individuals in post to perform in their roles.	Ockenden 1 recommendation 11	
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 be filled with substantive post holders as soon as possible.	Holden recommendation 1	
Board to ward communication including access to NHS Wales emails.	Ockenden 1 recommendation 9	

Review team observations

Although at one level there is a clinically led and clear and accountable management structure, the number of posts that are held on an interim basis for a prolonged period of time, including posts at a senior management level, together with the constant reviewing of the management structures has led to uncertainty for staff and difficulty in forward planning.

A new organisational model is being developed but there has not been consultation so far with staff and it is not clear what process is being followed.

In addition, as noted elsewhere evidence was not presented to the review team which indicated that there was full multidisciplinary input into the management structure.

It is concerning that older adults' mental health services were not adequately represented in the Directorate management structures

Domain 6. Clinical service organisation

Summary of recommendation	Source	Rating
Urgent review of medical care/provision across elderly mental health services needed and action taken to improve the standards if expressed concerns are proven.	Ockenden 1 recommendation 21	
Systems/resources in place for management of deteriorating patient.	Ockenden 1 recommendation 29	
The issue of the conflicting models of clinical care that have been adopted by Consultants on the Unit needs to be urgently addressed.	Holden recommendation 17	
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 patient.	Holden recommendation 19	
There should be a clear set of measurable standards set for the care of frail older people with dementia across BCUHB.	Ockenden 1 recommendation 3	
Review, redesign, and development of a new service model for older people and those with dementia across the six counties of North Wales.	Ockenden 2 recommendation 1	
BCUHB needs to work effectively at a strategic level with the third sector, carers, service user representatives and a wide range of multi-agency partners to develop, provide and sustain services to older people and older people with mental health needs and dementia across North Wales.	Ockenden 2 recommendation 5	
Care Pathway and Service Design - An integrated service review is required to map the needs of the older adult and those with dementia across North Wales.	HASCAS recommendation 1	
Dementia Strategy - BCUHB is required to develop a detailed and costed action plan to support the implementation of its Dementia Strategy.	HASCAS recommendation 2	
Care Homes and Service Integration - The current Care Home work streams need to be incorporated into a single action plan, which in turn should dovetail into the pre-existing BCUHB Mental Health and Dementia Strategies.	HASCAS recommendation 3	

Review team observations

Despite attempts to recruit, it continues to be difficult to fill substantive posts in old age and adult psychiatry, especially in the western sector. This has an impact on models of care. This is a particular issue in the western sector where the in reach from community model of care impairs the ability to deliver full multidisciplinary team working in the inpatient unit.

Within Hergest ward, there is no evidence that multi-disciplinary ward rounds occur other than on an ad hoc basis. Multidisciplinary team discussions in the inpatient unit do occur in cases of complexity but there is no evidence that they take place on a regular basis. Nursing staff are often unaware of when to expect consultant staff on the ward. In general, there is a lack of multidisciplinary input into the ward and a need to improve access to psychological and occupational therapies. This has a direct impact on the delivery of high-quality patient-centred care.

The policy on meeting the physical healthcare needs of those admitted to mental health wards was due to be reviewed in September of last year (2022). There was no evidence of the recruitment of RGNs. However, nursing staff have obtained training in the use of NEWS and are satisfied that medical opinions and assessments can be accessed in a timely manner.

Within adult mental health, there continue to be conflicting models of clinical care but there is a dominance of a medical model of care. There is little evidence of implementing and embedding a consistent therapeutic approach throughout the Health Board.

In dementia care, there has been service redesign with the development of a comprehensive memory assessment service, primary and secondary care dementia teams, older adults' mental health care teams and an older adults' service within the liaison and home treatment teams. The memory assessment service is described to us as providing both pre diagnostic and post diagnostic support. The inpatient wards for patient with dementia provide a comprehensive service for those with comorbid illness and behavioural and psychological symptoms of dementia that require inpatient treatment. However, stand-alone units in relatively isolated settings can find it difficult to maintain and embed all standards consistently.

Dementia services are managed within the geographical directorate structure. Memory assessment services are operational in all areas and one service has achieved MSNAP accreditation. There are primary and secondary care dementia teams in the 3 geographical directorates. However, the recently introduced practice development posts do not focus specifically on dementia care and there is no consultant nurse post within the directorate that focuses on dementia. In addition, the links with social work could be improved and service user/carer involvement needs to be further developed.

In terms of practical outcomes, the proposed pilot of in reach workers into four care homes in the Eastern sector is welcome but this work needs to be expanded. The review team were supplied with 2 CQST tools which are intended assess care in care homes across multiple domains, but they were blank, and it is not clear if these are routinely used. Deprivation of liberty and safeguarding issues are adequately addressed.

Further work needs to be done in providing education and training in dementia, in reach into care homes and involvement of service users and carers in service development.

In regard to partnership working with service users and carers, the 3rd sector and statutory organisations, service users expressed disappointment and frustration and the lack of engagement with the Health Board. Caniad meetings have been described as information sessions rather than true partnership working, with no evidence of co-production. It is clear that further work needs to be done to develop an authentic model of service user engagement.

There is evidence of innovative practice in the Regional Secure Unit, with 3rd sector organisations providing arts and music sessions together with the OT department. However, this initiative appears to rely on charitable funding.

The iCAN hubs, set up throughout the Board area, are a good example of partnership working between the Health Board and the 3rd sector

Representatives from outside agencies described generally good partnership working but some difficulties in pockets of the Board with the system not working as consistently as it could be.

In Community Mental Health Teams, there has been a recent separation of social workers from the CMHTs, which has led to difficulties in partnership working.

Domain 7. Training & development

Summary of recommendation	Source	Rating
The BCUHB should implement an extensive and intensive skills and knowledge package around care of patients with dementia and support of their families.	Ockenden 1 recommendation 13	
There should be a review of the training, support and supervision of junior doctors by consultant colleagues in mental health services for the elderly in North Wales.	Ockenden 1 recommendation 20	
The issues surrounding the Junior Doctors Rota need to be resolved urgently.	Holden recommendation 16	
A System of recognition would be helpful where the contribution of individual staff is celebrated.	Holden recommendation 13	
Care advance Directives and support to patients and families. Suitable end of life care environments.	HASCAS recommendations 14, 15	
The Board should take appropriate steps with the two regulatory bodies to safeguard the best interests of patients utilising elderly mental health services across the catchment area of the BCUHB.	Ockenden 1 recommendation 15	
BCUHB should implement an extensive and intensive skills and knowledge package around the care of patients with dementia and support to their families.	Ockenden 1 recommendation 13	
Arrangements need to be made for ward staff to have opportunity to engage with external networks of similar organisations.	Holden recommendation 11	

Review team observations

Whilst there has been significant progress made in the development of dementia care pathways, the failure to appoint to the consultant nurse post within the directorate has had an impact on its ability to provide the skills and knowledge training package necessary. Proposals for practice educators are in train, but it is not clear if these posts have been appointed as yet. Progress since this recommendation was made in 2015 has been disappointingly slow.

The Board's support of healthcare assistance to train as nurses (an initiative no longer supported in England) is very positive. Initiatives such as this should help with recruitment and retention of staff.

The review team are concerned that there is little engagement with external networks and suggest that this be developed and encouraged to aid with service development. This is an essential component of a plan for staff development, which should include coaching/mentorship (including from other services), visits to other services, key external speakers to speak at internal events and reverse mentoring.

Domain 8. Leadership /staff engagement

Summary of recommendation	Source	Rating
All clinical leaders should spend a defined portion of their working week within the clinical area listening to patient and relative feedback.	Ockenden 1 recommendation 12	Green
There is an urgent need for the board and the divisional senior management team to begin to effectively engage with staff.	Ockenden 2 recommendation 4b	Orange
The board should engage in a management development scheme encouraging the widest range of clinical colleagues who wants to take responsibility for leadership and management.	Ockenden 2 recommendation 4d	Green
The current implementation of the eight improvement plan work streams needs to be reconsidered.	Holden recommendation 10	Green
Arrangements for regular briefing of staff need to be implemented.	Holden recommendation 6	Orange
The communication strategy needs to be rethought full stop it needs to reflect the need for staff to be fully engaged on a personal level.	Holden recommendation 7	Green

Review team observations

There appears to be a general improvement in engagement with staff, but this is not consistent throughout the Board area and particular attention needs to be given to the more isolated units. Training could also be provided in a planned way in the more isolated units.

Domain 9. Resources

Summary of recommendation	Source	Rating
24/7 access to services such as diagnostics, medical cover, and pharmacy for older adults across the health board.	Ockenden 1 recommendation 8	Green
There needs to be clarity and expectations set regarding the role of the pharmacist this needs to be urgently followed up by the introduction of an appropriate infrastructure to ensure the rule of the pharmacist is central to the delivery of elderly mental health care full stop.	Ockenden 1 recommendation 23	Orange
There is appropriate resource on infrastructure for the provision of speech and language therapy.	Ockenden 1 recommendation 24	Green
There needs to be clarity and expectations set regarding the rule of physiotherapy, occupational therapy, and dietetics in the care of the elderly.	Ockenden 1 recommendation 25	Orange

Review team observations

There continues to be a need to improve resources in the field of allied mental health professionals. In addition, there is ongoing need to continue to try to recruit substantive nursing and medical staff. The 'streamliners initiative' for recruitment of nursing staff is welcome. The lack of substantive medical staff in the western sector is of particular concern. This has led to clear difficulties in the field of multidisciplinary working in the inpatient unit. Efforts should be redoubled to try to recruit to this sector. The review team are also concerned about the lack of access to psychological therapies for inpatients in this sector and suggest that there be further recruitment of clinical psychology staff and nurse therapists to enhance the therapeutic environment in the Hergest unit. This should be accompanied by a development of a more multidisciplinary therapeutic model of service delivery.

Domain 10. Physical Environment

Summary of recommendation	Source	Rating
A detailed estates inventory will be undertaken.	Ockenden 2 recommendation 11	Orange
Suitable end of life care environment.	HASCAS recommendation 15	Green
There should be an overarching review of all the states providing care of the elderly to assess its fitness to provide care.	Ockenden 1 recommendation 14	Orange

Review team observations

Urgent attention needs to be given to ensure all remedial works necessary to ensure patient safety are completed. This particularly applies to ligature risks. A timeline needs to be developed to ensure that the recommendations made by HIW and the NCCU in their recent inspections are carried out.