

**MENTAL HEALTH AND LEARNING DISABILITIES CLINICAL PROGRAMME GROUP**  
**HIW ACTION PLAN IN RESPONSE TO VISIT TO THE ABLETT UNIT, GLAN CLWYD HOSPITAL**

**23/24/25 JUNE 2014**

Issue Identified	Action Required	Person Responsible and update	Target date for completion
1 A current/potential issue of a lack of junior doctors. This may become a critical area if not resolved by August 2014. The appointment of junior doctors must be facilitated.	<p>The Ablett OOH rota operates 1:5 for junior doctors.</p> <p>To date the following have been recruited to start at the end of September – 2 x GP trainees, 2 x Junior Clinical Fellows, 1 x FY2. In the interim, the August and September rotas have been completely covered by internal external locums with no vacant shifts. By the end of September, pending clearances, the out of hours rota will be fully compliant.</p> <p>With regard to physical health, the CPG has established links with the Acute Intervention Team. Champions have been identified on each of the wards. CPG is also progressing the NICE guidance for Acutely Ill patients in Hospital: Recognition of and response to acute illness in adults in hospital.</p>	<p>Chief of Staff/Medical Staffing coordinator</p> <p>Locality Manager - Adult</p>	<p>August 2014</p> <p>September 2014</p>

<p>2</p> <p>A review of the recruitment processes is required to ensure difficulties are identified and resolved. During our visit we were informed that there was a 6 week wait for an offer of employment letter to be issued. An effective process must be implemented to provide efficient correspondence to prospective employees.</p>	<p>The issuing of employment letters is a function undertaken by the Shared Services Partnership on behalf of the Board. The performance standard for offer letters to be issued is 5 working days, however this standard is not being met at present. The Health Board will work with NWSSP to produce a remediation plan and ensure that future practice in this area is compliant. Shared Services are currently recruiting additional staff and are working overtime to address the backlog.</p> <p>Mental Health and LD CPG will participate in a Recruitment Quality Improvement Forum which has recently been formed to review and streamline the recruitment process.</p> <p>The CPG manages its own vacancy control process which was streamlined some time ago to ensure that any delays in approval of posts are not detrimental to service delivery. The vacancy control group meets on a monthly basis. There is no unacceptable delay within the CPG.</p> <p>The Chief of Staff or in his absence ACoS nursing/operations can approve posts by exception for urgent issues, and retrospectively submit to VCG.</p>	<p>ACoS Operations and Workforce Systems Manager</p> <p>ACoS Operations and Workforce Systems Manager</p> <p>ACoS operations</p>	<p>September 2014</p> <p>September 2014</p> <p>Completed</p>
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<p>3 The following issues with the environment were identified:</p> <p>A – There was a lack of a nurse call system in some areas of the Wards. On Dinas ward there was no nurse call system in any of the bedrooms and on Tegid ward, 7 out of the 10 bedrooms did not have a nurse call system.</p> <p>B – The water pressure on the shower in the wet room on Tegid Ward was very poor and therefore patients have struggled to have an effective shower.</p> <p>C – The male shower on Dinas ward has been out of operation since October 2013.</p> <p>D – There were two separate bathrooms on the male area of Dinas ward, having a bath in each.</p>	<p>A – Aide Call have attended Ablett to demonstrate a wireless nurse call system. Staff from Ablett have also visited wards in Glan Clwyd Hospital to see the system in operation. Ward Manager and Matron have undertaken a risk assessment to ensure that the product is suitable for the environment. Quotation has been received and an oracle order placed. Work should be completed throughout September 2014.</p> <p>B - Operational estates have completed this action.</p> <p>C – Operational Estates are in the process of upgrading the shower installation in order to reduce ligature risks.</p> <p>D – Additional plugs have been provided to the ward area. Provision of bath plugs will be assessed on a daily basis by the nurse in charge of the ward. A supply of spare plugs will be kept on the ward.</p>	<p>ACOS Operations/ Head of Estates</p> <p>Head of Estates</p> <p>Head of Estates</p> <p>Matron</p>	<p>September 2014</p> <p>Completed</p> <p>End September 2014</p> <p>Completed</p>
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<p>However, there was only 1 plug available that was shared between the two baths.</p>	<p>E – The bathroom on Tegid has been identified as the preferred site for the sluice facility. There is sufficient alternative bathing provision on the ward.</p>	<p>Head of Estates/ Matrons</p>	<p>End September 2014</p>
<p>E – The bath on Tegid ward had no room for a hoist to support patients.</p>	<p>A further review with estates and clinical leads will be undertaken to assess accessibility to all bathrooms within the Ablett Unit.</p>		
<p>F – There was no sluice available on Tegid ward and this is clearly an infection control issue.</p>	<p>F – Location and funding for the sluice facility has been agreed. A design brief/specification for the work is ready to go out to tender. Work expected to be complete by the end of September 2014.</p>	<p>Head of Estates</p>	<p>End September 2014</p>
<p>G – Tegid ward had a problem with ant infestation and ants were visible in the corridors and some patient bedrooms.</p>	<p>G – Action was taken immediately following the HIW visit using an external pest control provider and the situation is monitored on a daily basis by domestic services.</p> <p>The Domestic Supervisor has sought further advice and has been recommended to continue with the programme of work with Rentokil.</p>	<p>Matron/ Domestic Services</p>	<p>Ongoing</p>

<p>4</p> <p>The external grounds of the Ablett unit could have a tremendous therapeutic value for the patients, however with the exception of Cynnydd ward, where the external grounds were maintained by staff and patients, the other outside areas were extremely neglected. The grounds outside Tegid ward were overgrown with brambles and weeds and patients had difficulty accessing the gardens because of the steps.</p> <p>A ramp is required so this patient group can access the grounds and regular maintenance of the grounds is required to ensure accessibility and maximum therapeutic benefit for the patient group.</p>	<p>Estates commenced work on the gardens immediately.</p> <p>The grass cutting contract has been awarded to an external contractor following a tender exercise and a second contractor will be attending site to carry out work on borders and the planted areas. Recruitment is underway to increase the number of maintenance assistants to undertake this work. All work on gardens to be completed by the end of September.</p> <p>Costings are being obtained in order for a ramp to be installed.</p>	<p>Head of Estates</p>	<p>September 2014</p>
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<p>5 General maintenance of the environment was required and entries requesting repairs and replacements, made in the maintenance diary, had not been completed, some entries dated back to April 2014.</p>	<p>All outstanding urgent actions have been progressed, and routine works will be monitored on a monthly basis.</p> <p>The Business Manager will meet with Estates Lead and Matrons on a monthly basis to review and assess all outstanding actions. These meetings will also include a walk around the unit to identify any emerging issues.</p>	<p>Business Manager/ Matrons/ Senior Estates Officer</p>	<p>Completed/ Ongoing</p>
<p>6 An inspection of the clinical/treatment room on Cynnydd ward identified the following:</p>	<p>Interim Clinical Director for Pharmacy and the Mental Health Lead Pharmacist have already conducted an investigation with initial findings. A number of remedial actions have already been addressed.</p> <p>An action plan has been produced by Pharmacy to address the issues identified, which has a built in programme of audit and review.</p> <p>Head of Programme SMS to work with ACoS Medicines Management to develop and agree and audit process for Controlled Drugs in all mental health units across BCU.</p> <p>ACoS nursing has sent a good practice guidance reminder to all matrons within mental health units to remind staff of their responsibilities in this area.</p>	<p>Head of Programme SMS/Clinical Director, Pharmacy</p>	<p>September 2014</p>

<p>A – there were numerous errors with the stock balance for controlled drugs.</p> <p>B – Some entries within the controlled drugs book were difficult to understand.</p> <p>C – Patient names were not inserted at the top of the administration record for drugs.</p> <p>D – There was crossing out on the administration of medication record. Where an error occurs, the entry must be re-written to avoid any potential confusion.</p> <p>E – Medication in patient boxes had been discontinued but not returned to pharmacy. Some of the medication for return dated back to 09.06.14.</p>	<p>A - Errors identified were due to measurement of liquid overflow. Guidance to be issued on CD record keeping for staff.</p> <p>B - Staff were not documenting stepwise calculations Guidance to be issued on CD record keeping for staff.</p> <p>C - Drug names were not entered on the header of each new page. Pharmacy to deliver 'controlled drug' education session to nursing staff on Cynnydd.</p> <p>D - 3 Monthly CD checks by ward pharmacist to be ensured. Any discrepancies picked up by pharmacists on their 3 monthly CD record checks should be reported as clinical incidents via Datix. Incidents to be investigated and remedial action agreed.</p> <p>E –Ward staff to be reminded of the need to remove unused medication from POD boxes on a regular basis</p>	<p>Principal Pharmacist Safety Lead</p> <p>Principal Pharmacist Safety Lead</p> <p>Principal Pharmacist Safety Lead</p> <p>Ward Pharmacists</p> <p>Lead Pharmacist</p>	<p>Mid September 2014</p> <p>Mid September 2014</p> <p>Mid-October</p> <p>Immediate</p> <p>Immediate</p>
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<p>7</p> <p>A random sample of care plans were examined and the following observations made:</p>	<p>A regular audit cycle on the completion of CTPs will be put in place, with the results of the audit shared with the local clinical team.</p> <p>The CPG will progress excellence in care and treatment planning training which includes how to write recovery focussed care and treatment plans.</p> <p>Locality manager is leading a Task and Finish group to review the Therapeutic Observation Policy. Once this group has completed its work, it will be scrutinised by an external expert, benchmarked against other national policies.</p> <p>Dr Adrian Jones has sent a memo, attaching the current version of the policy, to all inpatient areas, asking matrons to reaffirm to their staff, the contents of this policy.</p>	<p>CTP Lead</p>       <p>Locality Manager</p>	<p>September 2014</p>
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<p>A – Patient A on Cynnydd ward had some injuries/wounds from episodes of self harm and there was no care plan in place in relation to the injuries.</p>	<p>A – Locality manager attended Cynnydd immediately following the visit to ensure that the patient concerned was receiving adequate care and ensured that an appropriate care plan was put in place in relation to her management.</p>	<p>Locality Manager</p>	<p>Completed</p>
<p>B – Patient B on Dinas ward was on a 1:1 observations regime but no specific care plan had been developed regarding what it meant for the patient. For example, within the care plan it was not clear whether 1:1 observations should be in place when the patient has a shower.</p>	<p>B – This issue was fed back to the ward manager. Patient B has subsequently been discharged from hospital.</p>	<p>Locality Manager</p>	<p>Completed</p>
<p>C – The Outcomes to be Achieved section of the care plan for patient C on Dinas ward was blank.</p>	<p>C - Cs Care Plans were updated and amended immediately following HIW feedback. Patient has since been discharged from hospital.</p>	<p>Locality Manager</p>	<p>Completed</p>
<p>D – Overall the care and treatment plans need to be developed further for in-patient issues.</p>			

<p>8</p> <p>We reviewed a sample of staff files and the following observations were made:</p> <p>A – There was a lack of references on the files examined 4/10 files had no references.</p> <p>B – 4/10 files had no evidence that a Disclosure and Barring Service (DBS) check had been undertaken.</p> <p>C – There was a lack of medical checks/questionnaires on employee files. 4/10 files did not have any evidence of a medical check.</p> <p>D – There was a lack of information on the medical staff files. Of the 3 files examined, all were missing medical checks/questionnaires, DBS checks, references, start dates and application information.</p>	<p>The CPG has agreed guidance based on the template recently developed by NWSSP for personnel files. This will be launched via the operational managers meeting on 11.08.14 and an audit process in relation to compliance will be developed.</p> <p>In relation to DBS checks, the NWSSP checklist identifies whether a DBS check has been undertaken. A screenshot giving the DBS number and date undertaken is provided to the manager for the personnel file. DBS details are not kept on personnel files for information governance/Data Protection Act reasons.</p>	<p>Business Managers x 2</p>	<p>September 2014</p>
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<p>9</p> <p>Implementation of the Mental Health (Wales) Measure 2010 was good. However, an internal audit produced showed 8% of doctors were not using the appropriate documentation. The 8% related to 2 individuals and full implementation of the Mental Health (Wales) Measure must be achieved.</p>	<p>This issue will be addressed by the Chief of Staff and the office of the Medical Director, who will ensure that MHM compliance is raised during job planning, appraisal and revalidation as appropriate.</p> <p>The Chief of Staff will write to all eligible care coordinators reminding them of their specific responsibilities in relation to the Mental Health (Wales) Measure.</p> <p>Compliance with the Measure is reported on a weekly basis to the Operational Managers who will address areas requiring attention immediately, but more formally through appraisal process.</p>	<p>Chief of Staff/Office of the Medical Director</p> <p>Chief of Staff</p> <p>ACoS operations/ Chief of Staff</p>	<p>December 2014</p> <p>August 2014</p> <p>Completed</p>
<p>10</p> <p>There was a lack of mandatory training in the following areas:</p> <p>A – on Tegid and Dinas wards there was 0% compliance in Mental Capacity Act 2005 training.</p> <p>B – The Mental Health Act 1983 and Deprivation of Liberty Safeguards (DoLS) training on Dinas ward had 0% compliance.</p>	<p>Mental Capacity Act training has been identified as mandatory by the Health Board. There are two e-learning packages available, one in relation to DoLS and the other the interface between MCA and MHA. Staff are being encouraged to undertake this e-learning in the interim whilst more formal MCA training is arranged. The BCU intranet site also provides a number of information streams in relation to MCA and DoLS and these are being drawn to the attention of staff.</p> <p>The Health Board have approved funding for 3 x MCA trainers/Best Interest Assessors. These posts are currently out to advert on NHS jobs with a closing date of 19.08.14.</p>	<p>Locality Manager Adults</p> <p>Health Board</p>	<p>Ongoing</p> <p>October 2014</p>

<p>Training in the areas identified above must be facilitated.</p>	<p>The CPG have identified an individual who can deliver MCA training within the CPG and this session is being incorporated into the CPGs mandatory training days. This will be available later this year.</p> <p>In relation to DoLS, there are a number of staff booked onto training for 25 September 2014 and the remainder will be booked onto future events. 100% compliance will be reached by November 2014.</p>	<p>Matrons/ Ward managers</p>	<p>November 2014</p>
<p>11 A lack of recreational and social activities was a key feature of patient feedback (except on Cynnydd ward). A comprehensive programme of activities based on assessed patient need must be introduced.</p>	<p>The CPG has recently approved a new post as Activities Nurse and the post is currently out to advert. This will enable a comprehensive programme of activities to be introduced.</p> <p>Safe Wards have been introduced within acute inpatient settings. Social media is being used to promote a new set of interventions to nurses which have been proved to reduce conflict within inpatient settings. The new 'safe wards' model is based on years of research by Professor Len Bowers and the findings, presentation material, training aids and guidance are freely available at a touch of a button via social media.</p> <p>Safe wards compliment Star Wards and is also compatible with, and enhances AIMS accreditation.</p>	<p>Matron</p>	<p>September 2014</p>

<p>12 Staff training was recorded differently across all wards. A comprehensive system that is used by all wards should be introduced to ensure consistency across Ablett Unit and to enable an effective overall audit of training at the unit.</p>	<p>Clear guidance will be issued to matrons and ward managers to standardise training records. Adherence to this will be addressed at the weekly operational group.</p> <p>A standardised training record template has been developed and agreed and is currently being populated. This work will be ongoing and updated as training occurs and will provide an up to date, comprehensive and standardised method of reporting adherence to mandatory training.</p>	<p>Locality Manager</p> <p>Matrons/ Ward Managers</p>	<p>September 2014</p> <p>August 2014</p>
<p>13 With the exception of Cynnydd Ward, there was a lack of available psychology services on the wards. Adequate psychology services based on assessed patient needs must be provided for all the wards.</p>	<p>The CPG will explore potential sources of funding, in order to provide a psychology service to the acute inpatient facilities in the Ablett Unit.</p>	<p>Chief of Staff/Head of Psychology</p>	<p>September 2014</p>