

Mental Health Act Monitoring Inspection: NHS Mental Health Service (Unannounced)

Cefn Coed Hospital - Derwen and
Celyn Wards / Abertawe Bro
Morgannwg University Health
Board

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2017

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	13
	Quality of management and leadership	18
4.	What next?	21
5.	How we conduct NHS Mental Health Act monitoring inspections.....	22
	Appendix A – Summary of concerns resolved during the inspection	23
	Appendix B – Immediate improvement plan	24
	Appendix C – Improvement plan	25

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced NHS Mental Health Act monitoring inspection of Cefn Coed Hospital within Abertawe Bro Morgannwg University Health Board on 26 September 2017. The following wards were visited during this inspection:

- Derwen
- Celyn

Our team, for the inspection comprised of a HIW inspector and a Mental Health Act peer reviewer.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with Act. We look at how the service complies with:

- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Mental Capacity Act 2005

HIW also explored how the service met aspects of the Health and Care Standards (2015).

Further details about how we conduct NHS Mental Health Act monitoring inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Derwen and Celyn wards provided safe and effective care. In general, the records we reviewed were legally compliant within the requirements of the Act. We recommended that expired section 17 leave forms are clearly marked as no longer valid to avoid confusion and that consent to treatment authorisation forms are kept with the prescription sheets.

The environment was suitable for the patient group, visibly clean and maintained to a high standard.

There was evidence of good leadership and management on both wards and the multi-disciplinary team were having a positive effect upon patient care and treatment.

We recommended that staffing levels at night are reviewed to ensure patient and staff safety and that staff are provided with up to date training of the Mental Health Act, Code of Practice for Wales and the Mental Health Measure.

This is what we found the service did well:

- Staff on both wards provided care to patients in a respectful manner
- There were good multi disciplinary therapeutic relationships between staff and patients
- Individualised patient focused care was provided in an environment that was suitable for the patient group
- Patients and relatives that we spoke to were very happy with the care received
- Patient story books were in place for patients providing detailed records of the patient's lives and contributed to their reminiscence therapy

This is what we recommend the service could improve:

- Section 17 leave forms must be clearly marked when a period of leave has finished to avoid any unnecessary confusion
- Consent to treatment authorisation forms must be kept with the prescription sheet
- Staffing levels at night need to be reviewed to ensure sufficient numbers are present on each ward to manage any challenging behaviours and any observation levels that may be in place
- Staff require Mental Health Act training to ensure they have up to date knowledge and understanding and this needs to be documented

3. What we found

Background of the service

Cefn Coed hospital provides NHS mental health services at Cockett, Sketty, Swansea SA2 0GH, within Abertawe Bro Morgannwg University Health Board.

Ysbryd y Coed is one unit at Cefn Coed hospital that provides extended assessment, treatment and a range of therapeutic interventions for older people with dementia and other mental health conditions. The unit has been designed to ensure that elderly people with dementia, who have complex needs and challenging behaviour, are cared for using all the nursing and technical support expected in a modern hospital.

There are three wards at Ysbryd y Coed, Derwen, Onnen and Celyn. Each ward provided 20 beds and are all designed with a safe “wandering loop” to help patients navigate the ward. Each ward has an enclosed garden courtyard with therapeutic areas.

Derwen is a male only ward and at the time of inspection there were 20 patients accommodated on the ward. Celyn is a mixed gender ward and there were 19 female patients and one male patient present at the time of our visit.

Both wards had a staff team which includes consultants, two psychologists, occupational therapist (OT), physiotherapist, nurses, health care support workers and hotel services staff.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Throughout our inspection, we observed staff treating patients with respectful and warm engagement. Staff made every effort to maintain patients' dignity and the en-suite bedrooms provided additional privacy for patients.

We received positive feedback about the care and treatment patients were receiving whilst on Derwen and Celyn wards.

Both wards were suitable for the patient group and were clean and maintained to a high standard.

During our inspection, we offered patients, staff and visitors the opportunity to speak with us. Those that we spoke with told us that, overall, they were happy with the care and treatment being received and that staff were helpful and friendly.

Staying healthy

Staff told us that patients were encouraged to maintain a healthy lifestyle. Despite the lack of nutritional information displayed on the wards, patient diets were discussed with them, their families and dietician (where necessary) on an individual basis. Three meals were provided daily including breakfast, lunch and evening meal. Snacks and drinks are available at all times and we observed patients receiving these during our visit.

Patients were able to move freely on both wards when assessed as safe to do so. Ligature points had been assessed throughout the ward environments and risks limited as appropriate for the patient group. Both wards were modern and accessible and the rounded design created a flowing environment. Wide doorways, long, smooth corridors and coloured flooring and walls provided easy orientation for patients. Hand rails and seating areas were suitable for to patients with mobility needs.

Gardens were easily accessible and there had been considerable participation by staff, patients and visitors to make these areas therapeutic. Patient art work, vegetable plots and quiet areas encouraged the use of these outside spaces.

On both wards, patients had access to small quiet lounges as well as a large communal lounge. Books, radios and televisions were available. Physiotherapy and occupational therapy staff had developed exercise programmes for individuals appropriate to their needs. An activity co-ordinator supported the wards with crafts and other activities which we saw patients participating in during our visit.

The wards were secured from unauthorised access by an intercom system. The entrance doors had opaque glass that enabled patient privacy and dignity on the wards.

In each ward office there was a patient status board¹ displaying confidential information regarding each patient being cared for on the ward. There were facilities to hide the confidential information when the boards were not in use. This meant that the staff team were making every effort to protect patient confidentiality.

Dignified care

We observed staff on both wards interacting and engaging with patients appropriately and treating patients with dignity and respect. The staff we spoke to were enthusiastic about how they supported and cared for the patients.

We heard staff speaking with patients in calm tones throughout our inspection. There was evidence that staff addressed patients by their preferred name. We observed staff supporting patients at mealtimes by offering alternative choices and ensuring food was suitable for that patients needs.

Each bedroom had an observation panel (window) in the door and we saw that these were mainly in the open position. As patients could not operate these

¹ A board that provides staff with a quick reference to essential information about the individual patients being cared for on the ward.

from within their bedroom, observation panels should be closed for privacy and only open for observation or if the patient chooses.

Patients had 'This is Me' booklets in place which were completed with family involvement. The information contained included basic information about the patient, their previous career, interests, hobbies, likes, dislikes and family members. In addition, we also observed some 'Patient Story' books. These were a more detailed record of patient's lives and included photographs, locations of where they lived and holidays taken. Both these books we recognised as good practice, and formed part of the patients reminiscence therapy.

Patient information

Notice boards were situated just outside the main entrance to each ward. The information displayed was current and included advocacy and visiting time information.

On the wards, we observed advocacy posters which provided contact details to access the service.

Communicating effectively

Through our observations of staff-patient interactions it was evident that staff ensured that they communicated with patients effectively. Staff took time to undertake discussions using words and language suitable to the individual patient. Where patients remained unclear or misunderstood, staff would patiently clarify what they had said. These actions were observed during our inspection.

Patients attended multidisciplinary team meetings (MDT) and where appropriate, worked with their key nurses to review and develop their care and treatment plans.

Staff told us that where applicable patient care and treatment plans were provided to patients and/or their carers to help them understand their care.

Timely care

We saw evidence that Derwen and Celyn wards were improving its service provision with the employment of occupational therapists, psychologists, social workers, physiotherapist and an activity co-ordinator. These new members of staff were providing therapeutic treatments in a timely and holistic manner and staff told us the positive effect this was having on the patient group.

Individual care

People's rights

Legal documentation to detain patients under the Mental Health Act or restrict patients leaving the hospital was compliant with the relevant legislation.

Patients could also utilise the Independent Mental Health Advocacy (IMHA) service and also access the Independent Mental Capacity Advocacy (IMCA) service when required.

There were suitable places for patients to meet with visitors in private on both wards along with arrangements in place to make private telephone calls.

Listening and learning from feedback

Both wards had a system in place to obtain patient feedback. We saw feedback forms were available, but only Celyn ward had a box to post replies anonymously.

Staff told us that they would assist patients who provided any verbal feedback to ensure it was documented and dealt with accordingly. Any identified learning from feedback would be shared with staff.

Advocacy services were available to provide independent advice for any patient who wished to raise any concerns.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

The hospital environment was well maintained and equipped with suitable furniture, fixtures and fittings for the patient group.

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

We found that legal documentation to detain patients under the Mental Health Act were compliant with the requirements of the legislation. However we recommended that Section 17 leave forms are marked as cancelled to avoid any confusion and Consent to Treatment forms were kept with the prescription sheets.

Patients' Care and Treatment Plans reflected the domains of the Welsh Measure² and were regularly reviewed.

Safe care

Managing risk and promoting health and safety

There were processes in place to manage and review risks and maintain health and safety on Derwen and Celyn wards. Both wards provided individualised

² Mental Health (Wales) Measure 2010 sets out provision for primary mental health support services; the coordination of and planning for secondary mental health services; assessments of the needs of former users of secondary mental health services; independent advocacy for persons detained under the Mental Health Act 1983 and other persons who are receiving in-patient hospital treatment for mental health; and for connected purposes.

patient care that was supported by least restrictive practices, both in care planning and ward practices.

Ysbryd y Coed unit is a single story building with accessible entry. Derwen and Celyn wards had their own security entry system (intercom) to ensure the safety of patients and visitors onto the ward.

Staff had access to personal alarms which they could use for assistance if required. Patients had bed and room sensors which would alert staff when a patient was out of bed. This alert is a benefit in preventing patient falls.

Both wards appeared well maintained which upheld the safety of patients, staff and visitors. Staff were able to report environmental issues to the hospital estate team who confirmed they were actioned promptly.

The furniture, fixtures and fittings on Derwen and Celyn wards were appropriate for the patient group.

Safeguarding children and adults at risk

There were established processes in place to ensure that the hospital safeguarded vulnerable adults and children, with referrals being made to external agencies as and when required.

All patients not detained under the Mental Health Act (MHA) and subject to any form of deprivation of liberty, for example, a locked ward door, must have a Deprivation of Liberty Standards (DOLS) authorisation.

Of the records we reviewed, all relevant patients had a DOLS authorisation and were fully compliant with legal frameworks. Assessments completed by best interest assessors³ were detailed, the decisions made and their rationale were recorded in full and made in a timely manner.

We were informed by staff that the time compliance for completion of DOLS assessments had improved recently due to additional appointments of best interest assessors and the appointment of a new ward clerk who with the MHA

³ Best Interests Assessors are needed to ensure that decisions about patients which affect their liberty are taken with reference to their human rights and to safeguard their best interests

office ensured DOLS authorisations were followed up and completed within time limits.

Effective care

Safe and clinically effective care

Overall, we found governance arrangements in place that helped ensure that staff on both wards provided safe and clinically effective care for patients.

The 'doctors diary' that was being used as a communication tool by staff so patient ailments could be documented and actioned quickly by the doctors. This was a system we recognised as good practice.

The development of a sepsis bundle was another area of good practice that would help staff recognise signs and symptoms for early intervention. In addition, a mental health act guide had been developed for all nursing staff in general hospitals that provided essential information. This was regarded as positive and informative.

Record keeping

Patient records were electronic which were password protected to prevent unauthorised access and breaches in confidentiality.

We reviewed a sample of patient records across Derwen and Celyn wards. It was evident that staff from across the multi-disciplinary teams were writing detailed and regular entries which provided a live document about patients and their care.

Staff were completing documentation such as Care and Treatment Plans and risk assessments in full.

We noted that nightly checks were being carried out and recorded with regard to emergency equipment, oxygen and controlled drugs.

Mental Health Act Monitoring

We reviewed the statutory detention documents of three patients across two wards. In general, the records reviewed were legally compliant within the requirements of the Act and of a good standard, reflecting the Code of Practice. The records were well arranged and all records relating to the patients detentions were present.

Medication was provided to patients in line with Section 58⁴ of the Act, Consent to Treatment. Where a Second Opinion Appointed Doctor (SOAD) was required, a record of the statutory consultees' discussion was completed and kept with SOAD documentation. However we found that SOAD authorisation forms were not held with the prescription sheets. We recommended that consent to treatment authorisation forms be kept with the prescription sheets.

The health board's mental health act administration team ensured that patients were provided with their statutory rights under the Act, including appealing against their detention. There was evidence that patients were supported by the advocacy service.

We also noted that all leave had been authorised by the responsible clinician on section 17 Leave authorisation forms. These forms were detailed and had been fully completed. However, all the records we reviewed, the section 17 forms were not marked as expired and therefore the active leave form could be confused with previous forms. We therefore recommended that section 17 leave forms are marked as expired when they are no longer valid.

Of the records we reviewed, the detained patients on section 17 leave did not have photographs for identification on their file. It is good practice to have a photograph of the patient on file, as this can help with any 'absent without leave' situations.

⁴ Where sections of the Mental Health Act (MHA) requiring consent and a second opinion (57,58 and 58A) are being applied, before issuing certificates approving treatment, the Second Opinion Appointed Doctor's (SOAD) are required to consult two people (Statutory Consultees), one of whom must be a nurse, the other must not be a nurse or a medical doctor. Both must have been professionally concerned with the patients' medical treatment and neither may be the clinician in charge of the proposed treatment or the Responsible Clinician (RC) responsible for the patients care. Statutory Consultees should ensure they make a record of their consultation with the SOAD and this is placed in the patients notes. It is considered good practice to have a specific form for recording this information and that this is kept together with the SOAD certificates, as well as with the patients MHA documentation.

Section 57 (applies to treatment, usually neurosurgery), Section 58 (applies to treatment with medication for mental disorder), Section 58 A applies to treatment with Electro Convulsive Therapy (ECT).

Improvement needed

Consent to Treatment authorisation forms must be kept with the prescription sheets.

Section 17 leave forms need to be marked as cancelled when that period of leave has finished.

Monitoring the Mental Health (Wales) Measure 2010

Alongside our review of statutory detention documents, we considered the application of the Mental Health (Wales) Measure 2010. We reviewed three care and treatment plans (CTP) and found that there was evidence that care co-ordinators had been identified for the patients and, where appropriate, that family members were involved in care planning arrangements.

There was clear evidence in the CTPs we reviewed, that advocacy services were available to all patients and information relating to these services was easily accessible.

To support patient care plans, there were an extensive range of patient assessments to identify and monitor the provision of patient care, along with risk assessments that set out the identified risks and how to mitigate and manage them.

We found that Care and Treatment Plans reflected the domains of the Welsh Measure.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

Through discussions with staff and observations on Derwen and Celyn wards we concluded that there was good leadership and management with ward teams. We saw good team working taking place and staff spoke positively of the support offered by senior managers, ward managers and colleagues.

We found that staff were committed to providing patient care to high standards and throughout the inspection were receptive to our views, findings and recommendations.

There were processes in place for staff to receive an annual appraisal and complete mandatory training. We recommended staff have up to date training in relation to the Mental Health Act, Code of Practice for Wales and Mental Health Measure to ensure current practise is recognised and adhered to.

The multi disciplinary team were having a positive effect upon patient care and treatment on both wards and we were content that an additional occupational therapist would further enhance patient outcomes.

We asked the health board to review the staffing levels at night due to the concerns raised at the time of our visit. Sufficient staff are required to ensure patient and staff safety.

Governance, leadership and accountability

We found that there were systems and processes in place to ensure that both wards focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit. The results of which are submitted to senior managers so outcomes can be monitored and clinical outcomes discussed regarding the delivery of patient care.

There was dedicated and passionate leadership from the ward managers who were supported by committed ward teams, strong multi-disciplinary teams and senior managers who regularly attended both wards. We found that staff were committed to providing patient care to high standards.

Staff spoke positively about the leadership and support provided by the ward managers on both wards. Staff also commented that team-working on the wards was very good.

It was positive that throughout the inspection, the staff on both wards were receptive to our views, findings and recommendations.

Staff and resources

Workforce

Regardless of the wards having some staff that had previously been working at different hospitals, we observed that both wards had formed teams that evidenced good team working and motivated individuals to provide dedicated care for patients. At the time of our visit, there were only a small number of vacancies which were being recruited for, and we were provided with evidence that staff sickness rates were low.

It was positive to hear the impact and significant benefit disciplines including psychology, physiotherapy and activities were having on the patient group.

We reviewed staff training and noted that there was a mandatory programme in place for all staff. Systems were in place on each ward to monitor completion rates and regular review of the information by ward manager's ensured staff remained up to date. Staff told us they could access additional and relevant training with line manager approval which was recorded on the training spreadsheet.

Discussions with staff highlighted that specific Mental Health Act training was not undertaken. Staff told us that they would welcome training in this area and therefore we recommended that this takes place to ensure staff have up to date knowledge and skills.

Staff were receiving annual, documented appraisals with completion dates recorded. There was however, no formal system in place for regular supervision, however an open door policy was adopted on the wards. In addition, a weekly staff support group was in place to allow staff to discuss concerns. Lessons learnt would be discussed with the ward teams as and when required and staff had access to a wellbeing champion.

Staff raised concerns about the numbers of staff at night. Each ward had one registered nurse on duty plus two or three healthcare assistants. There is one registered nurse that is used as a 'floater' for all three wards, however depending on patient acuity⁵ and any observation levels that may be in place on each ward, this cover was considered to be insufficient. During the feedback meeting to senior managers we recommended that this issue is reviewed to ensure all wards have sufficient staffing (numbers and skill mix) to care for their patient group.

Improvement needed

A review of Mental Health Act, Code of Practice for Wales and the Mental Health Measure training is required to ensure all staff have up to date knowledge and understanding.

A review of the staffing levels at night is required to ensure that staff and patient safety is not compromised.

⁵ Acuity definition proposed by Brennan & Daly (2008):

Acuity has 2 main attributes - 1. Severity, which indicates the physical and psychological status of the patient. 2. Intensity, which indicates the nursing needs, complexity of care and the corresponding workload required by a patient, or group of patients.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we conduct NHS Mental Health Act monitoring inspections

Our NHS Mental Health Act monitoring inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

During our NHS Mental Health Act monitoring inspections will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Health \(Wales\) Measure 2010](#) and [Mental Capacity Act 2005](#)
- Meet aspects of the [Health and Care Standards 2015](#)

We also consider other professional standards and guidance as applicable. These inspections capture a snapshot of the standards of care within NHS mental health services.

Further detail about how HIW inspects [mental health](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Cefn Coed Hospital

Ward(s): Derwen & Celyn

Date of inspection: 26 September 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues identified on this inspection				

Appendix C – Improvement plan

Service: Cefn Coed Hospital
Ward(s): Derwen and Celyn Wards
Date of inspection: 26 September 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
No recommendations				
Delivery of safe and effective care				
Consent to treatment authorisation forms must be marked with the prescription sheets	Mental Health Act 1983 Code of Practice for Wales 2016 - Chapter 25	Consent to treatment form identified was immediately placed within the prescription chart. Disseminated learning to all staff via ward managers and clinical lead meetings. This will also be monitored via audits undertaken by the Mental Health Act Team and lessons learned shared across all Localities.	Service Manager	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Section 17 leave forms need to be marked as cancelled when that period of leave has finished	Mental Health Act 1983 Code of Practice for Wales 2016 27.17	<p>Section 17 leave form identified was immediately marked as cancelled. Disseminated learning to all staff via ward managers and clinical lead meetings.</p> <p>This will also be monitored via audits undertaken by the Mental Health Act Team and lessons learned shared across all Localities.</p>	Service Manager	Completed
Quality of management and leadership				
A review of Mental Health Act, Code of Practice for Wales and the Mental Health Measure training is required to ensure all staff have up to date knowledge and understanding.	7.1 Workforce	Programme of Training for all qualified staff put in place, with the first session to be held on 20th December 2017 and delivered by the Mental Health Act Team. 2018 dates to be circulated. Ongoing training sessions regarding the Mental Health Measure are being held in respect of care and treatment planning.	Service Manager	Completed
A review of the staffing levels at night is required to ensure that staff and patient safety is not	7.1 Workforce	Immediately following the verbal feedback the Unit Nurse Director agreed for increased staffing by night to be put	Hazel Powell	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
compromised.		in place in response to raised acuity. As part of the modernisation of Older Peoples Mental Health Services in Swansea, a further review of staffing levels will be conducted.	Malcolm Jones	Six months

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Malcolm Jones

Job role: LOCALITY MANAGER (SWANSEA)

Date: 19.10.17