

# Hospital Inspection Report (Unannounced)

Bryn Hesketh, Betsi Cadwaladr  
University Health Board

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

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Bryn Hesketh, Betsi Cadwaladr University Health Board on 01 and 02 November 2022.

Our team for the inspection comprised of two HIW Healthcare Inspectors, two clinical peer reviewers and one patient experience reviewer (one of which was the nominated Mental Health Act Reviewer). The inspection was led by a HIW Senior Healthcare Inspector.

Bryn Hesketh is an older persons' mental health assessment unit which can accommodate up to 13 patients.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found the quality of patient experience to be very good.

Patients and their relatives spoken with during the inspection expressed satisfaction with the care received. We observed good interactions between staff and patients, with staff supporting patients in a dignified, respectful and inclusive manner.

We saw staff attending to patients in a calm and reassuring manner.

The environment was clean and tidy.

This is what we recommend the service can improve

- Repair the toilet on the female side of the ward
- Repair broken door handles on two of the bedroom doors on the male side of the ward
- Clear the guttering to prevent water ingress
- Review mealtimes and consider providing the cooked meal in the evening rather than at lunch time
- Provide more information to relatives and visitors by the main entrance into the ward.

This is what the service did well:

- Staff approach and engagement
- Comments box and 'You said, we did' notice board
- Good outside space
- Clean and tidy internal environment
- John's Campaign room
- Communication with patients and relatives
- Positive responses from relatives and patients.

## Delivery of Safe and Effective Care

Overall summary:

We found the provision of care at Bryn Hesketh to be safe and effective.

The staff team were committed to providing patients with compassionate, safe, and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

Bryn Hesketh was clean and tidy, and arrangements were in place to reduce cross infection.

There were formal medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

This is what we recommend the service can improve

- Install observation windows on bedroom doors
- Review the availability of occupational therapist, physiotherapist, psychologist and pharmacist support to the ward
- Ensure that patients physical health conditions are reflected in care plans
- Ensure that staff record dates on controlled drugs checklists
- Review care files to ensure that patients' wishes in relation to resuscitation are clear and unambiguous
- Upgrade the staff personal alarm call system to ensure that the signal covers all areas of the ward
- Establish an electronic records management system
- Continue to work with local authority colleagues in order to address delayed discharge/transfer of care.

This is what the service did well:

- Checks on all patients every 15 minutes
- Deep cleaning following COVID outbreak
- Housekeeping staff seven days per week
- Care planning and record keeping in general
- Mental Health Act administration and management of DoLS
- Medication management in general.

## Quality of Management and Leadership

Overall summary:

We found good management and leadership at ward level, with staff commenting positively on the support that they received. However, staff were critical of the lack of support and engagement from the wider organisation and senior managers outside of Bryn Hesketh.

Staff told us that they were generally happy in their work and that an open and supportive culture existed.

This is what we recommend the service can improve

- Continue with efforts to ensure that all staff have regular Performance and Development Reviews (PADR)
- Continue with efforts to ensure that all staff complete all aspects of mandatory training
- Review the roles and responsibilities of the Acute Care Clinical Site Manager to ensure that they are able to discharge their duties effectively across all the services that they are responsible for.

This is what the service did well:

- Management and oversight at ward level
- Auditing and reporting processes
- Day to day staff support and supervision.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 3. What we found

### Quality of Patient Experience

#### Staying Healthy

##### Health Protection and Improvement

Health related information and pamphlets were available in the main entrance foyer, many of which were bilingual. However, we recommended that more information about the ward, and other available services, should be provided for visitors in the corridor area leading from the main entrance to the ward.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence.

One of the healthcare support workers took a lead role in the provision of activities to patients and we saw that there were a variety of activities materials available on the ward.

Patients had access to enclosed outside areas, with raised flower beds, seating and a summer house. However, some of the outside areas required tidying. The health board must ensure that all outside areas which are accessible to patients are kept tidy and in a good state of repair.

HIW issued both paper and online questionnaires to obtain patient and relatives' views on the care received at Bryn Hesketh. In total, we received six responses, (four completed by patients and two completed by visiting relatives). Patients and relatives were generally happy with staff interaction and the care provided.

Patient comments included the following:

*“The staff and setting are excellent.”*

*“Treated me well and friendly and have been getting to know me.”*

*“I think the care is very good.”*

*“I like it here you get me laughing.”*

## **Dignified care**

### **Dignified care**

We found that patients were treated with dignity, respect, and compassion by the staff team.

We observed staff being kind and respectful to patients. We found staff protecting the privacy and dignity of patients when delivering care. For example, doors to bedrooms rooms were closed when care was being delivered.

The environment had been thoughtfully designed. However, we suggested that the ward environment could be made more inviting and less clinical in appearance through the provision of appropriate posters, pictures and colour contrast on the walls.

Rooms were spacious and furnished and decorated to a very good standard. Patients had access to communal lounge/dining areas and there were smaller lounge/seating areas for people preferring a more private environment.

We saw that the door handles had broken on doors leading into two of the bedrooms on the male side of the ward. Also, the grab rail within the toilet on the female side of the ward was broken. We were told that the maintenance department was aware of these issues. The health board must ensure that the door handles and grab rail are repaired/replaced without further delay.

### **Communicating effectively**

Throughout the inspection, we saw staff communicating with patients and their relatives in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were seen communicating with patients and their relatives in a respectful and inclusive manner.

### **Patient information**

A Patient Status at a Glance board (PSAG) was located in the nurses' station. The board was designed so that patients' names could be covered when not in use to ensure patient confidentiality.

Due to the needs of this patient group, there appeared to be little information available to patients on the ward itself. However, a range of relevant information leaflets is made available for patients, families and other visitors when needed.

We found that relatives were involved in discussing aspects of care provision in cases where patients were unable to understand the information. We also found that patients had access to Independent Mental Health Advocates (IMHA) should

the need arise. Information relating to IMHA and how to access the service was available on the ward.

## Timely care

### Timely Access

We found that there was a mix of acuity and dependency of patients receiving care on the ward. There were recently admitted individuals with acute mental health care needs and patients assessed as suitable for discharge and awaiting care home placement or the setting up of other care services in the community.

We found that there were adequate discharge planning systems in place. However, we found that there were delays in some patients being discharged, due, in the main, to a lack of suitable social care provision. The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.

## Individual care

### Planning care to promote independence

The quality of the patients' records we looked at was generally good, with written evaluations completed by the care staff found to be comprehensive and reflective of the care provided.

Patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, we saw evidence that relatives were consulted and encouraged to make decisions around care provision.

The multi-disciplinary healthcare team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse and dietician.

Due to the complex care needs of some patients, it was positive to see that staff, who were providing one to one support and supervision, regularly rotated in order to ensure that optimal care was being provided at all times.

The ward had also signed up to John's Campaign which enables extended visiting rights for family carers of patients with dementia in hospitals in the United Kingdom. There was a designated John's Campaign room on the ward for relatives to use.

## People's rights

We saw that staff provided care in a way to promote and protect patients' rights.

We found evidence on the care files inspected, confirming that patients had been appropriately informed of their rights under the Mental Health Act 1983.

We found that DoLS assessments were being conducted as and when needed. Mental capacity assessments were being undertaken on all patients on admission.

We found that Do Not Attempt Resuscitation (DNAR) forms were being completed in consultation with the patient or their appointed family representative. However, we found conflicting information on one patient file. The file contained a completed DNACPR form together with a record indicating that the patient was for resuscitation. The health board must ensure that patients' wishes with regards resuscitation are up to date and unambiguous.

## Listening and learning from feedback

There was a formal complaint procedure in place. These arrangements were consistent with Putting Things Right. A comments box was located by the main entrance on to the ward with paper comment slips available for completion.

A poster was displayed on a notice board by the entrance to the ward detailing the actions taken in response to comment received.

We were told by staff that the number of complaints received about the service was very low and that these were addressed at source where possible.

# Delivery of Safe and Effective Care

## Safe Care

### Managing risk and promoting health and safety

We found that the delivery of care was safe and effective, where patients' care, and providing support to their relatives/carers, were the main priorities for the staff.

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines and were being reviewed on a regular basis.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis to reduce the risk of harm to patients, staff, and visitors.

The fixtures and fittings on the ward were reflective of a formal ligature risk assessment.

We found satisfactory security, on-call and emergency planning arrangements in place.

We were told that the staff personal emergency/panic alarm did not work in all areas of the unit. This placed staff at risk of harm. We were told that this issue was in the process of being addressed. The health board must take steps to maintain staff safety by ensuring that staff are issued with personal emergency/panic alarms that work in all areas of the ward.

All of the patients accommodated were being checked on by staff at 15 minute intervals throughout the day and night. We were told that the absence of observation windows on doors leading into bedrooms meant that patients were being unduly disturbed at night. The health board must consider installing observation windows on doors leading into bedrooms so that staff can discreetly check on patients without disturbing them. This was brought to the attention of the health board during the previous inspection of Bryn Hesketh, and it is disappointing to note that the work remains outstanding.

### **Preventing pressure and tissue damage**

On examination of a sample of two patients' care records we found that pressure area risk assessments were being undertaken on admission and reviewed on a regular basis.

### **Falls prevention**

We found that falls risk assessments were undertaken on admission and reviewed on a regular basis.

### **Infection prevention and control**

There was a comprehensive infection control policy in place.

The communal areas and rooms we looked at were clean and tidy. We were informed that a deep clean of the ward had taken place following a recent COVID-19 outbreak.

We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the ward.

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

## **Nutrition and hydration**

We found the provision of food and drink to be good, with patients' eating and drinking needs assessed on admission.

There was an effective system to cater for individual patient needs with good communication between care and catering staff.

Patients had access to fluids with regular drinks offered throughout the day and night.

Housekeeping staff were employed, seven days a week, to assist and encourage patients with eating and drinking. We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

Monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

All the meals are freshly cooked in the kitchen located within the adjoining community hospital. The meals seen served on the days of the inspection looked well-presented and appetising. Patients told us that the food was very good.

The main meal of the day is served at lunchtime, which included a choice of two hot meals and a vegetarian option, with a lighter, snack type meal served in the evening. We were told that this arrangement needed reviewing as most patients, when living at home, would normally have their main meal in the evening. In addition, some patients choose to have their breakfast later during the morning, meaning that they often did not want a cooked meal at lunchtime. The health board should review the provision of food and consider offering the main meal in the evening rather than at lunchtime.

In addition to the main kitchen located in the adjoining community hospital, there was small kitchen on the ward. This was used by staff to prepare drinks and snacks for patients.

## **Medicines management**

Medicines management arrangements were safe, effective, and well organised. However, we found that staff were not always entering the dates on controlled drugs check records. The health board must ensure that staff record the dates each time they check the controlled drugs.

There was a comprehensive medication management policy in place. This was being reviewed and updated on a regular basis.

We observed staff administering medication and looked at a sample of medication administration records and found the process to be safe and charts fully completed.

Medication was being appropriately stored in an electronic dispenser located in the clinic room, which could only be accessed by designated staff using the keypad code.

We were told that pharmacy support was provided from Ysbyty Glan Clwyd. The health board must review the pharmacy provision to ensure that the support being provided is timely and that it meets the needs of the patients accommodated at Bryn Hesketh.

## **Safeguarding children and safeguarding adults at risk**

There were written safeguarding policies and procedures in place.

Staff have received training on identifying and reporting safeguarding issues.

## **Medical devices, equipment and diagnostic systems**

The unit had a range of medical equipment available which were maintained and serviced appropriately.

## **Effective care**

### **Safe and clinically effective care**

From our discussions with staff and examination of patient care documentation, we found that patients were receiving generally safe and clinically effective care. However, we found that, in one case, a patient's physical health condition was not reflected in their care plan. The health board must ensure that patients' physical conditions, and required interventions, are detailed in care plans.

There was evidence of very good multi-disciplinary working between the nursing, medical staff and therapy staff. However, we were told that there were no

occupational therapists, psychologist or physiotherapists based at Bryn Hesketh and that support from these professionals had to be sought from staff based at Ysbyty Glan Clwyd. The health board should review the availability of occupational therapists, psychologists, or physiotherapists to ensure that patients are not disadvantaged by not having access to these professionals on-site.

### **Information governance and communications technology**

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely, in paper format. The health board should consider developing an electronic records management system, across the service, to improve the recording, sharing and analysis of information.

There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

### **Record keeping**

We found the quality of record keeping to be generally good.

Staff had received training and were aware of their responsibilities to maintain accurate records and to keep these records safe.

Records were maintained in paper format, which meant that staff were spending considerable time photocopying certain documentation, in particular documentation related to the Mental Health Act administration, which often took them away from caring duties. The health board must move forward with the introduction of an electronic records management system.

### **Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision**

We focused on processes under the provisions of the Mental Health Act 1983, and looked at four care files relating to detained patients. We found that records were well maintained with no omissions.

We found the care planning to be comprehensive with good risk management in evidence and the statutory detention documentation was compliant with the requirements of the Mental Health Act 1983.

Clear rationales were used to support detention of patients and these were all linked to optimum assessment opportunities to ensure on-going planning for longer term care/support.

Mental capacity assessments were being undertaken as required, when DoLS referrals were made.

## Quality of Management and Leadership

### Governance, Leadership and Accountability

There was a clear structure in place to support the unit's governance and management arrangements.

The day-to-day management of the ward was the responsibility of the ward manager, assisted by the deputy ward manager. The ward manager was supported by the Acute Care Clinical Site Manager, who was based in the Ablett unit at Ysbyty Glan Clwyd. The Acute Care Clinical Site Manager was also responsible for overseeing the management of another older person mental health ward and two adult mental health wards in the Ablett unit at Ysbyty Glan Clwyd, the Home Treatment Team, Psychiatric Liaison services and the Electro Convulsive Therapy (ECT) service. This means that they were only able to attend Bryn Hesketh once a week and was contactable by phone at all other times. The health board must review the roles and responsibilities of the Acute Care Clinical Site Manager to ensure that they are able to discharge their duties effectively across all the services that they are responsible for.

We found that there were well defined systems and processes in place to ensure a focus on continuously improving the services. This was, in part, achieved through a rolling programme of audit and an established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place. However, we found that not all staff had received formal, documented performance and appraisal reviews. The health board must ensure that all staff receive performance and appraisal reviews at least one every twelve months.

We were also told that team meetings had lapsed due to staff availability and attendance issues. We recommended that further efforts be made to improve staff attendance at team meetings and that when meetings take place, minutes are made available to all staff who should confirm that they have read them.

There was a comprehensive governance assessment tool in place, which identified any areas that needed improvement or required development.

We spoke with several staff members and found them to be friendly, approachable, and committed to delivering a high standard of care to patients and their relatives/carers.

In addition to holding face to face discussions with staff, HIW issued an online survey to obtain staff views on the working conditions, and to gain their views on the quality of care provided to patients at Bryn Hesketh. Six completed questionnaires were received.

Staff were generally happy with the quality of care provided and the working environment. Comments included:

*“The care, the patients receive is above and beyond a high standard.”*

*“It is a pleasant working on this unit with all the staff and management.”*

Staff were generally happy with the governance arrangements and the support that they received at ward level. However, staff were critical of the lack of support and engagement from the wider organisation and senior managers outside of Bryn Hesketh, with four out of the six respondents stating that senior managers do not seek staff views when important decisions are made and that they do not act on staff feedback. Comments included:

*“We need:*

- More staff*
- Better communication between management and floor staff*
- Full information of our options when off work due to medical reasons*
- More support for staffs own mental health*
- More encouragement to work as a team*
- To feel that reports are taken seriously and not swept under the carpet*
- To have our concerns with hours or shift patterns taken seriously.”*

*“Senior Management to spend more time on shop floor instead of only being seen when something goes wrong.”*

The health board must review the less favourable staff comments and take steps to address the issues highlighted.

## Workforce

Staff at Bryn Hesketh were encouraged to access both in house and external training opportunities. The Ward Manager was responsible for ensuring that staff have access to the training that they need to undertake their duties competently.

The staff training information provided showed that staff are expected to complete training in mandatory subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety and Safeguarding. However, staff training in some subjects had lapsed slightly during the pandemic and additional focus is required to ensure that all staff complete all elements of mandatory training.

There was a formal staff recruitment process in place.

We looked at a sample of six staff records and found that the health board had followed the appropriate procedures and undertaken relevant recruitment checks prior to the commencement of employment.

## 4. Next steps

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 how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

# Appendix A - Summary of concerns resolved during the inspection

The table below summarises 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:** Bryn Hesketh

**Date of inspection:** 01 and 02 November 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection.				

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):**

**Job role:**

**Date:**

## Appendix C - Improvement plan

**Service:** Bryn Hesketh

**Date of inspection:** 01 and 02 November 2022

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	Standard/ Regulation	Service action	Responsible officer	Timescale
More information about the ward, and other available services, should be provided for visitors in the corridor area leading from the main entrance to the ward.	Standard 1.1 Health promotion, Protection and Improvement	New notice boards ordered and approved via Oracle. Six additional boards ordered.	Ward Manager	Completed
		The new boards will include: Dementia information leaflets, PALS and Advocacy information, planned activities and feedback from external reviewers.	Ward Manager	31 <sup>st</sup> January 2023
		Staff identification board will be visible for Bryn Hesketh	Ward Manager	31 <sup>st</sup> January 2023

		Documented monthly review of notice boards to ensure up to date and relevant.	Ward Manager	31 <sup>st</sup> January 2023
The health board must ensure that all outside areas which are accessible to patients are kept tidy and in a good state of repair.	Standard 2.1 Managing Risk and Promoting Health and Safety	The Central Estates Department and Head of Operations have been in communication and the works will be undertaken prior to the 31 <sup>st</sup> January 2023.  This will be reviewed by the local Senior Leadership Team with escalation to the Divisional Senior Leadership Team, when required	Central Estates Manager  Head of Nursing	31 <sup>st</sup> January 2023  Ongoing
The health board must ensure that the door handles and grab rail are repaired/replaced without further delay.		Estates have visited and have replaced door handles and removed grab rail.	Central Estates Manager	Completed
The health board must continue to engage with the local authority with a view to improving the availability of suitable social care	Standard 5.1 Timely Access	Head of Integrated Strategy and Development to liaise with Partners and Local Authority Leads to establish a Multi-Agency	Head of Integrated Strategy and Development	31 <sup>st</sup> December 2023

provision in order to facilitate timely patient discharge.		meeting to support timely discharge.		
The health board must ensure that patients' wishes with regards resuscitation are up to date and unambiguous.	Standard 3.5 Record Keeping	Checklist relating to resuscitation wishes to be implemented.  Compliance to be monitored via Ward Manager monthly audit	Head of Nursing  Ward Manager	31 <sup>st</sup> December 2022  Ongoing
The health board must take steps to maintain staff safety by ensuring that staff are issued with personal emergency/panic alarms that work in all areas of the ward.	Standard 2.1 Managing Risk and Promoting Health and Safety	Personal Alarm system review undertaken by existing supplier with an upgrade advised.  Feasibility of upgrading the system to be considered when proposal received from supplier.  Options appraisal paper to be submitted to Divisional Senior Leadership Team (SLT) for discussion and sign off.	Ward Manager  Head of Operations and Service Delivery  Head of Operations and Service Delivery	Completed  31 <sup>st</sup> January 2023  28 <sup>th</sup> February 2023

<p>The health board must consider installing observation windows on doors leading into bedrooms so that staff can discreetly check on patients without disturbing them.</p>	<p>Standard 4.1 Dignified care</p>	<p>BCUHB Fire Safety officer has prepared a report for review following a service visit.</p> <p>Risk assessment for patient safety and comfort needs to be taken into consideration in relation to provision of new doors versus retro fit of observation panels.</p> <p>Options appraisal paper to be submitted to Divisional SLT for discussion and sign off.</p>	<p>BCUHB Fire Safety Officer</p> <p>Head of Nursing</p> <p>Head of Operations and Service Delivery</p>	<p>Completed</p> <p>31<sup>st</sup> January 2023</p> <p>28<sup>th</sup> February 2023</p>
<p>The health board should review the provision of food and consider offering the main meal in the evening rather than at lunchtime.</p>	<p>Standard 2.5 Nutrition and Hydration</p>	<p>Review of catering provision to be undertaken with Head of Hotel Services and Dietetics.</p>	<p>In patient Service Manager</p>	<p>31<sup>st</sup> December 2023</p>
<p>The health board must ensure that staff record the dates each time they check the controlled drugs.</p>	<p>Standard 2.6 Medicines Management</p>	<p>Documented daily controlled drugs check in place.</p> <p>Redistribute Controlled Drugs Policy via team meeting, providing the opportunity for staff engagement.</p>	<p>Ward Manager</p> <p>Ward Manager</p>	<p>Completed</p> <p>31<sup>st</sup> December 2022</p>

<p>The health board must review the pharmacy provision to ensure that the support being provided is timely and that it meets the needs of the patients.</p>		<p>Review of pharmacy provision to be undertaken. Discussions underway with Head of Pharmacy</p>	<p>Head of Nursing</p>	<p>31<sup>st</sup> January 2023</p>
<p>The health board must ensure that patients' physical conditions, and required interventions, are detailed in care plans.</p>	<p>Standard 6.1 Planning Care to promote Independence</p>	<p>Compliance monitoring through audit that will be completed weekly by the Ward Manager and monthly by the Inpatient Service Manager the outcome of which will be reported to Divisional SLT at three monthly intervals.</p>	<p>Acute Care Clinical Site Manager</p>	<p>31<sup>st</sup> March 2023</p>
<p>The health board must review the availability of occupational therapists, psychologists, or physiotherapists to ensure that patients are not disadvantaged by not having access to these professionals on-site.</p>	<p>Standard 5.1 Timely Care</p>	<p>Review underway with regard to provision of therapies to Bryn Hesketh.</p> <p>Regional Acute Care Psychology Lead currently mapping service user and service needs across the Health Board inclusive of Bryn Hesketh.</p>	<p>Director of Therapies</p> <p>Head of Adult Mental Health Psychology &amp; Psychological Services</p>	<p>28<sup>th</sup> February 2023</p> <p>31<sup>st</sup> March 2023</p>

		Review Psychology establishment and vacancy level for onsite presence at Bryn Hesketh Unit.	Head of Adult Mental Health Psychology & Psychological Services	31 <sup>st</sup> January 2023
The health board must move forward with the introduction of an electronic records management system.	Standard 3.5 Record keeping	The Welsh Community Care Information System (WCCIS) is the electronic patient record for inpatient mental health, a non-mental health pilot has started in Ynys Mon and the full roll out dates will be agreed.	Head of Informatics, Programmes, Assurance and Improvement	31 <sup>st</sup> March 2024
The health board must review the roles and responsibilities of the Acute Care Clinical Site Manager to ensure that they are able to discharge their duties effectively across all the services that they are responsible for.	Governance, Leadership and Accountability	We will review the clinical duties and responsibilities of Acute Care Clinical Site Manager.  Outcome and proposal to be shared with Divisional SLT for discussion and consideration for divisional wide implementation to ensure consistency of Clinical Site Manager role.	Head of Nursing  Head of Operations and Service Delivery	31 <sup>st</sup> January 2023  28 <sup>th</sup> February 2023
The health board must ensure that all staff receive performance and appraisal reviews at least one every twelve months.	Standard 7.1 Workforce	PADR performance reviewed with 91% compliance as at 14.12.2022. Plan in place to address those outstanding and	Ward Manager	31 <sup>st</sup> December 2022

		maintain improved PADR performance.		
Further efforts should be made by the health board to improve staff attendance at team meetings and that when meetings take place, minutes are made available to all staff who should confirm that they have read them.		Development of ward/team meeting timetable is underway	Ward Manager	31 <sup>st</sup> December 2022
		Ensuring ward and team meetings are supported by providing staff with a meeting bundle, which are to be reviewed by staff ahead of meetings	Ward Manager	31 <sup>st</sup> December 2022
		Regularly review rota to ensure staff have equity of access to ward and team meetings	Ward Manager	Ongoing
The health board must review the less favourable staff comments and take steps to address the issues highlighted.		Drop in session for staff planned. Staff comment box to provide opportunity for staff suggestions and feedback to be implemented.	Acute Care Clinical Care Manager	31 <sup>st</sup> December 2022

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):** Iain Wilkie

**Job role:** Interim Director of Mental Health and Learning Disabilities

**Date:** 14 December 2022