GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 December 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Update on Improvement Plan in Response to Health Inspectorate Wales (HIW) Mental Health Discharge Review
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Becky Temple-Purcell, Assistant Director of Nursing Mental Health and Learning Disabilities.

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update on planned actions to improve arrangements that support the delivery of safe, effective, and timely care surrounding discharge of patients from inpatient mental health services into the community within Hywel Dda University Health Board.

In April – May 2023 a self-assessment process was undertaken by the Mental Health and Learning Disabilities (MHLD) Directorate in response to Health Inspectorate Wales (HIW) recommendations issued to all health boards providing mental health services in Wales, following a review of discharge arrangements in Cwm Taf Morgannwg University Health Board (CTMUHB). A range of improvement actions were identified to be undertaken and monitored through the MHLD Directorate.

A Discharge Review Task and Finish Group has been established as a temporary sub- group of the MHLD Quality, Safety and Experience Group to
- undertake formal benchmarking against NICE guideline (NG) for transition between inpatient mental health settings and community or care home settings (NG 53)
- to oversee improvement, work specific to discharge planning and process, consider opportunities for coproduction and application of Quality Improvement methodology for specific projects
- To share and develop consistent practice across services
- To provide reports to MHLD Quality, Safety and Experience Group (QSEG) for oversight and monitoring.

Cefndir / Background

On 7 March 2023, Health Inspectorate Wales (HIW) published a report following a review undertaken to assess the quality of discharge arrangements in place within Cwm Taf Morgannwg University Health Board (CTMUHB), for adult patients being discharged from

inpatient mental health services to the community. The review generated 40 recommendations. Full details of the report can be accessed through the link below:-

[Local Review of Discharge Arrangements for Adult Patients from Inpatient Mental Health Services in Cwm Taf Morgannwg University Health Board | Healthcare Inspectorate Wales (hiw.org.uk)](hiw.org.uk)

Due to the serious nature of the concerns identified within CTMUHB, HIW requested that each health board undertake a self-assessment against review recommendations and complete an equivalent improvement plan to provide HIW with assurances on local discharge arrangements.

Recommendations generated by the review were broad in focus with a wide range of themes applicable beyond mental health services. The Health Board has taken steps to share this work across all services through presentation to the Operational Planning and Delivery Programme meeting on 4 October 2023 and through Senior Nurse and Midwifery networking.

Discharge Review work is anticipated to feature in an All Wales Mental Health Safety Programme currently under development for roll out across all health boards with inpatient mental health services.

Asesiad / Assessment

An update on the improvement actions agreed in response to the 40 HIW recommendations is enclosed as Appendix A. All improvement actions are held on the Action Monitoring and Tracking System (AMaT).

A summary of progress and barriers to progress is below:

The following actions have been updated on AMaT and approved as complete by MHLD QSEG.

Actions Approved as Complete
Appendix A

Reference	Action	Due Date	Lead	Update
MD25/1	Review the Health Boards safe staffing escalation process to ensure this is fully reflective of processes across the MHLD directorate.	31/07/23	Assistant Director of Nursing, MHLD	The Health Board's policy, Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework has been reviewed and is inclusive and reflective of processes across the MHLD directorate.
MD36/1	Strategic review of forward plan for written control documents across MHLD services for 2023/24 to identify co dependencies and establish integrated planning and development for documents that span pathways and services.	30/09/23	Assistant Director of Nursing, MHLD	Review undertaken of format of regular report by Written Control Documents Group to MHLD Quality and Safety Committee. Format updated to reflect workplan of the group to encompass future review dates of all written control documents. This facilitates wider scrutiny through MHLD QSEG to identify co dependencies and enable integrated planning.
MD37/1	MHLD Directorate to hold a "risk workshop" in order to review and challenge	31/07/23	Associate Medical	The Health Boards Risk Management Framework and Strategy (which details the

	where necessary the existing risks on the risk register to ensure mitigating actions, milestones and expected outcomes are clearly articulated.		Director, MHLD	escalation and de-escalation of risks) was shared with key leads prior to a risk workshop held 5th July 2023 with the service leads in attendance from across the MHLD Directorate. Risk registers are a standing agenda item at both Business Performance Assurance Group and QSEG meetings, with the format of the report being reviewed and refreshed to focus on key areas, so that time at the meetings is well spent. This is further supported by individual service risk review meetings which commenced in August 2023.
MD39/1	Amend the service line reporting template for MHLD QSEG to include service line data in relation to incident management process to strengthen consistency of reporting, oversight and monitoring of compliance with Datix incident management and feedback process.	31/07/23	Assistant Director of Nursing, MHLD	The reporting template used by Heads of Service to report into MHLD QSEG has been amended to include routine data and updates on incident management for the service to enable oversight and monitoring of compliance with Datix incident management and feedback process. The revised template will be in use by QSEGs next meeting in October 2023.
MD26/1	Review application of MH safe staffing principles and version 3 of All Wales Staffing Levels for use across community teams.	30/09/23	Assistant Director of Nursing, MHLD	Interim MH safe staffing principles and version 3 Welsh Levels of Care reviewed and not applicable to community teams. Action completed.

Completed Actions Awaiting Approval

Reference	Action	Due Date	Lead	Update
MD18/1	Develop procedural guidance and standards for uploading paper records to the Electronic Patient Record across the MH/LD Directorate	31/08/23	Lead Nurse, Quality Assurance Team	Procedural guidance and standards developed and finalised. Evidence uploaded.
MD2/1	Review of Wales Applied Risk Research Network (WARRN) training provision and monitoring of uptake to inform longer term, sustainable approach and ability to provide targeted practice development in response to lessons learnt from serious incidents (SI's).	Original 30/09/23 Revised 31/12/23	Assistant Director of Nursing, MHLD	Content and delivery method for WARRN Training controlled nationally. National review planned to condense training to 1 day. Health Board delivery plans reviewed against current needs and felt to be adequate. 10 sessions offered per year plus additional sessions incorporated into Preceptorship for new nurses. There are currently 3 active trainers within the directorate. 2 additional trainers identified to undertake train the trainer to support further sustainability of training (1 with dedicated role within QAPD team).

Overdue Actions with Revised Timescales

The following actions have been updated and revised timescales set due to the volume of work involved in completing, alongside capacity pressures across the directorate.

MD27/1 is affected by pressures outside of MHLD Directorate.

Reference	Action	Due Date	Lead	Update
MD1/1	Development of standards for physical health screening to be incorporated into Service Specifications	Original 30/09/23 Revised 31/01/24	Lead Nurse, Quality Assurance Team	Physical Health Standards finalised for inpatient pathway and baseline audit underway. Physical Health Checklist developed and awaiting approval for initial implementation on paper from January 2024.
MD1/2	Further development of Care Partner to capture physical health screening in line with above standards through electronic forms.	Original 30/11/23 Revised 01/04/24	Lead Nurse, Quality Assurance Team	Physical Health checklist developed for inpatient pathway and awaiting approval. Plan for implementation on paper from Jan 24 whilst work to embed onto Care Partner is undertaken by system provider.
MD4/1	All teams to compile evidence folders for certification against Investors in Carers standards by a September 2023 and commence implementation of an annual review process.	Original 30/09/23 Revised 31/12/23	Lead Nurse, Quality Assurance Team	All teams across MHLD directorate are now engaged with Investors in Carers. A full position statement is to be presented to MHLD QSEG in December through an Investors in Carers Agenda Item agenda item.
MD6/1	Coproduce a set of standards to underpin Ward MDT Review process to include a plan for implementation (including consistent approach to enabling service user and carer views within this process and consistent approach to documentation and communication of outcomes from ward reviews and discharge planning) and monitoring.	Original 30/09/23 Revised 31/01/24	Assistant Director of Nursing, MHLD	Multi disciplinary Task and Finish group established. Previous published work by Hywel Dda on service user perceptions and AIMS standards to be used as a reference point. Timescale revised to 31/01/24 to enable full engagement of service users and carers.
MD7/1	Establish a discharge review task and finish group in order to undertake a baseline assessment against NICE guidelines for Transition between inpatient mental health settings and community or care home settings (NG 53).	Original 30/09/23 Revised 31/01/24	Assistant Director of Nursing, MHLD	Multi disciplinary Discharge Review Task and Finish Group established. Training provided to the group by the Clinical Effectiveness Team on the process of benchmarking and use of the AMaT system to record, track and monitor benchmarking work. Initial scoping undertaken of NG 53. Due to the large scale and size of NG 53, decision taken to prioritise section 1.5 Hospital Discharge recommendations for benchmarking. Project management support identified to coordinate benchmarking activity however now impacted by long term absence in team.

MD7/2	And review the health boards current Discharge Policy (# 370 Discharge and Transfer of Care Policy) to ensure additional standards that underpin safe practice in MH discharges (in line with NICE guidelines) are incorporated.	Original 30/09/23 Revised 28/02/23	Assistant Director of Nursing, MHLD	Review of Health Board Policy #370 Discharge and Transfer of Care underway however detailed input from mental health services incumbent on local standards interpreted from NICE guidelines as per action MD7/1 therefore delayed. Revised timescale for completion 28 February 2024.
MD8/1	Develop a training resource to provide guidance to all relevant staff on standards associated with the discharge planning and process.	Original 31/10/23 Revised 01/04/24	Lead Nurse, Quality Assurance Team	Development of a training resource is incumbent on local standards interpreted from NICE guidelines as per action MD7/1 therefore progress delayed.
MD10/1	Full roll out of Band 4 Admin roles to ensure consistent cover across all wards.	Original 30/09/23 Revised 31/01/23	Assistant Director of Nursing, MHLD	Ward clerk cover in place for all wards (1 WTE admin available to all units as a minimum through a variety of roles) meeting the MH Principles for safe staffing. Band Ward Personal Assistant (PA) Job Description revised on feedback from ward managers, now job matched, engagement in place with staff side in order to launch an organisational change process. Revised target date of 31 January 2024 to have people in all Ward PA roles.
MD18/2	Scope actions needed to implement full transition to paper free clinical records across the MHLD Directorate and feed into the health boards digital strategy work.	Original 30/09/23 Revised 31/01/23	Assistant Director of Nursing, MHLD	Full transition to paper free clinical records incumbent on national direction. Focus of action therefore revised to: Scope digital priorities and smarter working practices to support shift to digital across MHLD Directorate (eg use of digital dictation) through a digital workshop led by Innovation and Digital Transformation Team. Initial presentation on Health Board Digital Strategy presented to BPPAG on 28 September 2023. Date being sought for directorate wide workshop.
MD38/1	Review options for enabling Social Workers who provide a service on behalf of the health board to have direct access to DATIX, establish a process to implement this which includes routine access to DATIX for all new Social Workers joining mental health teams and processes to amend access when moving or leaving the team. Identity existing Social Workers to set up system access and training to enable full use of	Original 31/07/23 Revised 31/11/23	Assistant Director of Nursing, MHLD	Options to enable direct access to Datix for social workers who provide a service on behalf of the health board has been explored and the ability to provide access through the Patient Safety Team has been confirmed. Details of existing Social Workers have been gathered and Datix accounts have been requested.

	DATIX and feedback mechanisms within the system.			
MD25/2	Review application of MH safe staffing principles and Welsh Levels of Care (Version 3 once published) for use across MH services.	Original 30/09/23 Revised 31/12/23	Assistant Director of Nursing, MHLD	Mental Health Safe Staffing Principles and Welsh Levels of Care (version 3) remain in draft and unpublished. A review of establishment for inpatient assessment and treatment services is underway. The above draft documents are being used to inform the review. The timescale for completion has been affected by limited capacity within the finance and nurse staffing team.
MD26/2	Undertake evaluation of the current caseload weighting tool in place across community mental health teams to determine use and effectiveness.	Original 30/09/23 Revised 31/12/23	Assistant Director, MHLD	Work is being led by the Assistant Director for Mental Health and Learning Disabilities.
MD27/1	Resolve Crisis Resolution and Home Treatment (CRHT) access to space within all emergency departments.	Original 31/07/23 Revised 31/03/24	Head of Adult Mental Health and Learning Disabilities	Emergency departments are currently under significant pressures and are unable to ring-fence identified rooms for mental health assessment only. This challenge has been flagged through Operational Planning and Delivery Programme on 4 October 2023. Solutions continue to be sought through local discussions. March 2024 set as a revised timescale for implementation.

There are 13 further actions in progress that are within due dates.

Argymhelliad / Recommendation

The Committee are recommended to receive this update to note progress, challenges and revised timescales associated with delivery of planned actions to improve arrangements that support the delivery of safe, effective and timely care surrounding discharge of patients from inpatient mental health services into the community.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.25 Review and approve work plans for Sub-Committees to scrutinise and monitor the impact on patients of the Health Board's services and their quality.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Current waiting time challenges and risks across the Mental Health and Learning Disabilities directorate are reflected on the Health Boards corporate level Risk Register (Risk 1032).

	The impacts of vacancies on service capacity is held as a risk on service level risk registers within the Mental Health and Learning Disabilities Directorate for specific teams (Risk 1612).
	Sustainability of the medical workforce in response to difficulties and challenges experienced in recruiting doctors and retention risks associated with the age profile of the existing Consultant workforce is held as a service level risk on the Mental Health and Learning Disabilities Directorate Risk Register (Risk 1525).
	Risks in relation to the quality and capacity of the estate to deliver services is held as a service level risk on the Mental Health and Learning Disabilities Directorate Risk Register (Risk 839 and 1260).
	Current deficits as a result of being unable to recruit to specialist psychology roles is held as a service level risk on the Mental Health and Learning Disabilities Risk Register (Risk 138).
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	4c Mental Health Recovery Plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NICE guidelines for Transition between inpatient mental health settings and community or care home settings (NG 53).
Rhestr Termau: Glossary of Terms:	

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Mental Health and Learning Disabilities Quality, Safety and Experience Group oversee and monitor the improvement plan.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template
Ansawdd / Gofal Claf: **Quality / Patient Care:**	e.g. adverse quality and/or patient care outcomes/impacts: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template
Gweithlu: **Workforce:**	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template
Risg: **Risk:**	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template
Cyfreithiol: **Legal:**	e.g. legal impacts or likelihood of legal challenge: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template
Enw Da: **Reputational:**	e.g. potential for political or media interest or public opposition: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template
Gyfrinachedd: **Privacy:**	e.g. potential impact on individual's privacy rights or confidentiality and/or the potential for an information security risk due to the way in which information is being used/shared, etc: (if yes, please complete relevant section of the Integrated Impact Assessment Template available via the link below) Integrated Impact Assessment Template

Cydraddoldeb: Equality:	e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below - Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) - Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason) **Equality Impact Assessment**

HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)

22nd November 2023

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Reference		Action	Site	Service	Responsibility	Date raised	Due date	Approval board	Progress status
MD1/1	MD	a) Development of standards for physical health screening to be incorporated into Service Specifications.	TRUSTWIDE	TRUSTWIDE	Mr Richard Williams	30/06/2023	29/09/2023	MH&LD QSE	Overdue
MD1/2	MD	b) Further development of Care Partner to capture physical health screening in line with above standards through electronic forms.	TRUSTWIDE	TRUSTWIDE	Mr Richard Williams	30/06/2023	30/11/2023	MH&LD QSE	In progress
MD2/1	MD	c) Review of WARRN training provision and monitoring of uptake to inform longer term, sustainable approach and ability to provide targeted practice development in response to lessons learnt from SI's.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	30/06/2023	29/09/2023	MH&LD QSE	Fully complete (Awaiting approval)
MD4/1	MD	d) All teams to compile evidence folders for certification against Investors in Carers standards by a September 2023 and commence implementation of an annual review process.	TRUSTWIDE	TRUSTWIDE	Mr Richard Williams	30/06/2023	29/09/2023	MH&LD QSE	Overdue
MD6/1	MD	e) Coproduce a set of standards to underpin Ward MDT Review process to include a plan for implementation (including consistent approach to enabling service user and carer views within this process and consistent approach to documentation and communication of outcomes from ward reviews and discharge planning) and monitoring.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	30/06/2023	29/09/2023	MH&LD QSE	Overdue

HIW Improvement Plan – adapted from the CTMUHB Mental Health Discharge Review (Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf)

Reference		Action	Site	Service	Responsibility	Date raised	Due date	Approval board	Progress status
MD7/1	MD	f) Establish a discharge review task and finish group in order to undertake a baseline assessment against NICE guidelines for Transition between inpatient mental health settings and community or care home settings (NG 53).	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	30/06/2023	29/09/2023	MH&LD QSE	Overdue
MD7/2	MD	g) And review the health boards current Discharge Policy (# 370 Discharge and Transfer of Care Policy) to ensure additional standards that underpin safe practice in MH discharges (in line with NICE guidelines) are incorporated.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	30/06/2023	29/09/2023	MH&LD QSE	Overdue
MD8/1	MD	h) Develop a training resource to provide guidance to all relevant staff on standards associated with the discharge planning and process.	TRUSTWIDE	TRUSTWIDE	Mr Richard Williams	30/06/2023	31/10/2023	MH&LD QSE	Overdue
MD10/1	MD	i) Full roll out of Band 4 Admin roles to ensure consistent cover across all wards.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	30/09/2023	MH&LD QSE	Overdue
MD15/1	MD	j) Strategic review of bed utilisation to inform prediction / trajectories of future need, support removal of delayed transfers of care, to enable service planning and responsiveness.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	31/12/2023	MH&LD QSE	In progress
MD18/1	MD	k) Develop procedural guidance and standards for uploading paper records to the Electronic Patient Record across the MH/LD Directorate	TRUSTWIDE	TRUSTWIDE	Mr Richard Williams	09/08/2023	31/08/2023	MH&LD QSE	Fully complete (Awaiting approval)
MD18/2	MD	l) Scope actions needed to implement full transition to paper free clinical records across the MH/LD Directorate and feed into the health boards digital strategy work.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	30/09/2023	MH&LD QSE	Overdue

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Reference		Action	Site	Service	Responsibility	Date raised	Due date	Approval board	Progress status
MD19/1	MD	m) Development of process to enable timely access of clinical records for temporary staff eg temporary staff log ins that are issued locally.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	30/11/2023	MH&LD QSE	In progress
MD25/1	MD	n) Review the health boards safe staffing escalation process to ensure this is fully reflective of processes across the MH/LD directorate.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	31/07/2023	MH&LD QSE	Fully complete (Approved)
MD25/2	MD	o) Review application of MH safe staffing principles and Welsh Levels of Care (Version 3 once published) for use across MH services.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	30/09/2023	MH&LD QSE	Overdue
MD25/3	MD	p) Pilot application of the SAFECARE tool across an individual mental health inpatient ward to inform an approach to full implementation.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	30/11/2023	MH&LD QSE	In progress
MD25/4	MD	q) Development of MH/LD targeted actions through the MH/LD Workforce Group to feed into board wide recruitment and retention plans.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	31/12/2023	MH&LD QSE	In progress
MD26/1	MD	r) Review application of MH safe staffing principles and version 3 of All Wales Staffing Levels for use across community teams.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	30/09/2023		Fully complete (Approved)
MD26/2	MD	s) Undertake evaluation of the current caseload weighting tool in place across community mental health teams to determine use and effectiveness.	TRUSTWIDE	TRUSTWIDE	Ms Amanda Davies	09/08/2023	30/09/2023	MH&LD QSE	Overdue
MD27/1	MD	t) Resolve CRHT access to space within all emergency departments.	TRUSTWIDE	TRUSTWIDE	Ms Lisa Bassett	09/08/2023	31/07/2023	MH&LD QSE	Overdue

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Reference		Action	Site	Service	Responsibility	Date raised	Due date	Approval board	Progress status
MD32/1	MD	u) Development of a MH/LD essential training framework to reflect training needs across MH/LD services based on a systematic TNA that can be reviewed at regular intervals and monitored for compliance.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	30/11/2023	MH&LD QSE	In progress
MD33/1	MD	v) Develop a Directorate Staff Engagement and Organisational and Development Plan, supported by colleagues from Workforce to include consideration of effective communication mechanisms that will gather feedback to inform, shape and promote wellbeing support.	TRUSTWIDE	TRUSTWIDE	Dr Warren Lloyd	09/08/2023	31/03/2024	MH&LD QSE	In progress

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Reference		Action	Site	Service	Responsibility	Date raised	Due date	Approval board	Progress status
MD34/1	MD	w) Develop a Directorate audit framework and plan, with the support of the Clinical Audit Team, that reflects local ward/team based audits and wider Health Board requirements to include:- - Testing assurance of consistent implementation of CAT and Physical Health Screening - Testing assurance of appropriate completion of WARRN - Routine reporting and monitoring of compliance with routine offer of carers assessments - Audit of compliance with Ward Round (MDT Review) standards - Routine report and monitoring of compliance with communication of discharge notifications, discharge letters and discharge summaries against NICE guideline standards - Record Keeping Documentation Audit to include completion and uploading of discharge checklists and communication of discharge plans - Testing assurance of the quality of discharge letters - Routine reporting and monitoring of compliance with 72 hour follow up	TRUSTWIDE	TRUSTWIDE	Dr Warren Lloyd	09/08/2023	31/12/2023	MH&LD QSE	In progress
MD34/2	MD	x) Develop a plan to engage frontline staff on the delivery and contribution of the clinical audit programme.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	31/12/2023	MH&LD QSE	In progress

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Reference		Action	Site	Service	Responsibility	Date raised	Due date	Approval board	Progress status
MD34/3	MD	y) Training of relevant staff to be provided in order to utilise Audit and Management and Tracking (AMaT) once clinical audit programme has been agreed	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	31/12/2023	MH&LD QSE	In progress
MD34/4	MD	z) Update reports on progress of the clinical audit programme to be provided to MHLD QSEG in order to provide oversight on outcomes.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	31/03/2024	MH&LD QSE	In progress
MD36/1	MD	aa) Strategic review of forward plan for written control documents across MH/LD services for 2023/24 to identify co dependencies and establish integrated planning and development for documents that span pathways and services.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	30/09/2023	MH&LD QSE	Fully complete (Approved)
MD36/2	MD	bb) Engagement and Organisational and Development Plan, supported by colleagues from Workforce to identify effective communication mechanisms that include a coordinated approach to embedding lessons, promoting safety culture and sharing practice and policy updates.	TRUSTWIDE	TRUSTWIDE	Dr Warren Lloyd	09/08/2023	31/03/2024	MH&LD QSE	In progress
MD37/1	MD	cc) ddMH/LD Directorate to hold a "risk workshop" in order to review and challenge where necessary the existing risks on the risk register to ensure mitigating actions, milestones and expected outcomes are clearly articulated.	TRUSTWIDE	TRUSTWIDE	Dr Warren Lloyd	09/08/2023	31/07/2023	MH&LD QSE	Fully complete (Approved)

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Reference		Action	Site	Service	Responsibility	Date raised	Due date	Approval board	Progress status
MD38/1	MD	dd) Review options for enabling Social Workers who provide a service on behalf of the health board to have direct access to DATIX, establish a process to implement this which includes routine access to DATIX for all new Social Workers joining mental health teams and processes to amend access when moving or leaving the team. Identity existing Social Workers to set up system access and training to enable full use of DATIX and feedback mechanisms within the system.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	31/07/2023	MH&LD QSE	Overdue
MD39/1	MD	ee) Amend the service line reporting template for MH/LD Quality, Safety and Experience Group to include service line data in relation to incident management process to strengthen consistency of reporting, oversight and monitoring of compliance with Datix incident management and feedback process.	TRUSTWIDE	TRUSTWIDE	Ms Rebecca Temple-Purcell	09/08/2023	31/07/2023	MH&LD QSE	Fully complete (Approved)
MD40/1	MD	ff) Engagement and Organisational and Development Plan, supported by colleagues from Workforce to identify effective communication mechanisms that include a coordinated approach to embedding lessons, promoting safety culture and sharing practice and policy updates.	TRUSTWIDE	TRUSTWIDE	Dr Warren Lloyd	09/08/2023	31/03/2024	MH&LD QSE	In progress

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