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Dyddiad / Date: 16th November 2015

Darren Millar AM
Welsh Conservatives
Clwyd West
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Dear Mr Millar

RE: Robin Holden Report

Further to your request via the PAC committee clerk I have now had the opportunity to consider your request for a copy of the report undertaken by Robin Holden in 2013/14. The report was the result of an investigation commissioned under the raising staff concern/ whistleblowing policy and looked into concerns raised about the management of the mental health clinical programme group in their dealings with the Hergest Unit and a variety of other issues relating to the Hergest Unit.

The Health Board has made a decision to withhold the full report but can now provide a redacted version of the summary and recommendations. The remainder of the report is withheld under Section 41 – information provided in confidence. The Health Board has reached this decision because individual witnesses will have had an expectation that their statements provided as part of a whistleblowing investigation would be kept in strict confidence and to release this information may constitute an actionable breach of confidence.

This exemption is an absolute exemption and therefore does not require the public interest test to be applied. However we recognise the public interest in this information being released. The Health Board has therefore further considered this element and agree that whilst there is a public interest in the disclosure of information relating to concerns raised about the Health Board's delivery of services to the public and there is a public interest in knowing that such concerns have been fully investigated and appropriate action taken, there is also a public interest in maintaining the confidentiality of information provided in confidence as part of the investigation. If details of individuals' testimony were to be disclosed, individuals may lose trust in the Health Board and may be reluctant to raise concerns or take part in future investigations of this nature, which would not be in the public interest.

I have also attached a copy of the action plan which summaries the actions taken to date in response to the recommendations made, to provide continued assurance that the issues have been addressed.

I also thought it may be helpful to provide some background and context: In January 2014 the Health Board considered a report at its public meeting about the Hergest Unit which had been subject to external reviews and improvement processes. The Health Board was also updated on the latest review by Healthcare Inspectorate Wales (HIW) and action plan plus the review by the Royal College of Psychiatrists (RCS).The Board determined that a consolidated action plan be developed to ensure that all issues arising from the various reviews and improvement processes be coordinated and progressed.

In June and July 2014 the Health Board considered an update report on the Hergest Unit at its public meetings setting out in detail the progress made regarding the consolidated action plan. It was also provided with an update on the visit by HIW to the Hergest Unit on the 12th May 2014. The Quality and Safety Committee of the Board also undertook detailed review of the improvement processes in the Hergest Unit at its meetings in June and July 2014.

In summary, this is a historical report about the Hergest Unit from more than two years ago. It was commissioned by the Health Board to get an independent view after staff working on the front line raised concerns. The report identified that on some wards there had been a significant breakdown in relationships between frontline staff and more senior management. It recognised some of the issues that had contributed to this and the report made valuable recommendations, all of which we have taken action on or addressed. In turn, they have also positively influenced the ongoing work with regards to mental health services across North Wales.

Since this time there has been a fundamental restructuring of leadership and management arrangements in mental health services, with new senior management appointments and clinical leadership. A considerable amount of work has been undertaken in terms of staff and patient engagement, increasing access to activities and therapies for patients, improving the internal and external environments on the Hergest Unit and these matters continue to be monitored by the Health Board's Mental Health Improvement Group established In June 2015 under the leadership of the Chief Operating Officer with the Vice Chair of the Health Board in attendance. The work from the group has been reported publicly as part of the 100 day plans and continues to be monitored as part of the special measures programme.

The Board acknowledges there is still significant further work to be done to address concerns within adult and older persons' mental health services more widely which have caused concern in relation to the way in which services are currently provided, and the adequacy of governance arrangements in place to assure quality and safety of care.

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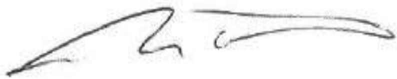
Taken together, these concerns have triggered mental health services being subject to special measures for the next two years as confirmed by the Deputy Minister in November. This is welcomed by the Health Board and we are committed to working productively with the internal and external support and advice provided by Welsh Government.

Yours sincerely



Simon Dean
Interim Chief Executive

Enc: 1) Holden Report Summary and Recommendations
2) Holden Report Recommendation Action Plan

Raising Staff Concern / Whistleblowing Policy - WP4 - Investigation Report - into the concerns raised about the "Management of the Mental Health Clinical Programme Group in their dealings with the Hergest Unit and a variety of other issues relating to the Hergest Unit".

Author - Robin Holden 17th January 2014

8. Summary

8.01 The vast majority of the Whistleblowing testimonies emanate from Staff on Cynan and Aneurin Wards. The staff on Taliesin Ward seem better engaged in the HIP process.

8.02 With the exception of Taliesin Ward, the Hergest Unit is in serious trouble. Relationships between Staff and Management at Matron level and above have broken down to a degree where Patient care is in undoubtedly being compromised.

8.03 The lines of communication are critically weak and although regular management returns are received from the Wards one has to question whether these adequately reflect the worrying standards of the care being provided and the inherent level of clinical risk. These systemic communication weaknesses have been brought about, to a large degree, by a lack of presence on the Wards by Senior Managers. To be fair, this lack of presence is understandable to a degree, bearing in mind the geography of the BCUHB, the complexity of the CPG and the distances that the Senior Management Team have to travel in order to discharge their duties.

8.04 The HIP is a useful document which harvests the recommendations of both HIW and the DSU. However the execution, appears to be process driven. Meetings take place in which progress is monitored and next steps planned, but Ward Staff attendance is sparse due to the pressures being experienced on the Wards. There is no agreed vision or shared values to underpin the HIP. All eight work streams are being implemented concurrently and at pace. The process of change is seen as bewildering at the Ward level. The HIP, consequently, has little ownership at the Ward level and is seen as a top down, distant document of low priority on a day to day basis.

8.05 There has been a critical underestimation of the training and personal development required by qualified and unqualified Ward Staff in order to prepare them for the journey ahead. There is little doubt that with the time imperatives involved Senior Managers have become frustrated at the pace of change and the tendency to shove a little harder, it would appear, has been met with increased resistance and conflict leading to the reported breakdown in relationships and ineffective implementation of some of the HIP work streams Staff morale has plummeted. Staff feel unheard and powerless. There is no trust in the Managers above Ward level. Consequently any Management interventions, even if well intentioned, are open to misinterpretation, further reinforcing the belief system that has become established.

8.06 During interviews with Managers there is acknowledgement that their approach to change could have been handled better and a willingness to attempt to engage more effectively with Staff. There is already some evidence of this in some of the later interviews, where staff advise that Ward rosters are being arranged in such a way that more Staff are able to attend HIP events. Also the ACOS (Nursing) has markedly increased his presence on the Unit.

9. Recommendations -

1. The current arrangements for the Management of the CPG are unwieldily. Responsibilities and lines of management are unclear. Relationships between

significant numbers of Staff and Unit/Senior Managers have broken down. There appears to be a high number of temporary and interim posts. The BCUHB needs to review management arrangements of the CPG with a view to strengthening local management of the whole system. The temporary and interim posts need to filled with substantive post holders as soon as possible.

2. The issues surrounding the lack of constructive engagement between the Senior Management Team and the staff of the Hergest Unit needs to be addressed urgently. This critical breakdown in communication has created a worrying poverty of leadership in the Unit.
3. Attention needs to be paid to the status and impact of Mental Health Nursing in the Unit. The recently vacated Programme Manager post, could potentially be redesigned as an Advanced Nurse Practitioner or Nurse Consultant role developing and promulgating excellence in Acute Mental Health Nursing in the Hergest Unit and across the Health Board.
4. Special attention needs to be paid to repairing the relationship between the Modern Matrons and the Ward Managers. [redacted] Very skilled mediation will be necessary and HR advice will need to be sought on how best to facilitate this. This is such a critical area that it may be that expertise will need to be brought in if not available within the Health Board.
5. A structured programme of safety walk arounds and Ward visits should be implemented by the Senior Management Team in order to improve their presence on the wards.
6. Arrangements for regular briefing of Staff need to be implemented.
7. Steps need to be taken to better engage Staff in the change process . The current implementation plan is clearly in difficulty.
8. The Communication Strategy needs to be rethought. It needs to reflect the need for staff to be fully engaged on a personal level.
9. Change champions need to be identified throughout the unit, including the more junior and unqualified Staff. Arrangements should be put in place to ensure their time is protected to to enable their full participation. This approach would, in part, mirror the successful inclusive approach to change adopted by the current Interim Modern Matron when Ward Manager on Taliesin.
10. The concurrent implementation of the eight HIP work streams needs to be reconsidered. A glance at the plethora of implementation documents on the HIP notice board is a manifestation of the difficulties being experienced by the current implementation process. A better approach may be to consider the relative urgency of the work streams and prioritise them into smaller steps, in which the staff are engaged.
11. Arrangements need to be made for the Ward Staff to have opportunity engage with external networks of similar organisations. This is particularly important considering the relative isolation, geographically, of the Unit. Otherwise the opportunities for sharing and learning from best practice will be extremely limited.
12. A training and development programme, including arrangements for Appraisal, Management Supervision and Clinical Supervision, needs to be implemented for all Staff in the Unit. The weekly minuted Ward Managers meetings need to be reinstated without delay.
13. A system of recognition would be helpful where the contribution of individual Staff is celebrated.
14. Urgent attention needs to be paid to the how the Wards are staffed. The results of the benchmarking exercise recently undertaken, wherein the Unit's staffing establishment is seen as comparable with peers, are in stark contrast to the reported experience of those interviewed. This discrepancy is deserving of detailed scrutiny.

15. Staffing should be planned in such a way that it would be exceptional for Staff working a twelve hour shift to be unable to take a break.
16. The issues surrounding the Junior Doctors Rota need to resolved urgently.
17. The issue of the conflicting models of clinical care that have been adopted by Consultants on the Unit needs to be urgently addressed. The Ward Staff find the current arrangements difficult and it is likely that the current situation will have a deleterious effect on recruitment and retention of Senior Medical Staff.
18. The current arrangements for the care of frail elderly Patients needs to be urgently reconsidered. It is clearly unacceptable for the needs of frail vulnerable people to be neglected in the way that has been reported.
19. The current arrangements for Ward Rounds need to be addressed as the current arrangements are disruptive to the Nursing care that can be afforded to patients.

Holden Report - Recommendations

	Main Recommendation	Action to Date	Future Actions
1	The current arrangements for the Management of the Division are unwieldily. Responsibilities and lines of management are unclear. Relationships between significant numbers of Staff and Unit/Senior Managers have broken down. There appears to be a high number of temporary and interim posts. The BCUHB needs to review management arrangements of the Division with a view to strengthening local management of the whole system. The temporary and interim posts need to filled with substantive post holders as soon as possible.	The Division has now put in place Locality Managers as opposed to Health Board wide 'Programme Managers'. The Locality Manager for Adult Services West is based in the Hergest Unit and has managerial responsibility for the Acute Wards, Home Treatment Team, Psychiatric Liaison Service and the associated County wide CMHTs. There are several regular points of contact between the team leads (ie Hergest Service Improvement Group, Senior Nurses Meetings, Locality Meetings) as well as the more impromtu discussions needed as required.	Meeting frequencies and agendas may need to change once a Divisional Structure has been agreed.
2	The issues surrounding the lack of constructive engagement between the Senior Management Team and the staff of the Hergest Unit needs to be addressed urgently. This critical breakdown in communication has created a worrying poverty of leadership in the Unit.	Engagement with staff has taken place at several levels with the introduction of the regular Senior Nurse meetings, Band 5 Development Days, HCA development forums and more broadly with the establishment of the Ward Managers network.	A Matrons Forum is now in development
3	Attention needs to be paid to the status and impact of Mental Health Nursing in the Unit. The recently vacated Programme Manager post, could potentially be redesigned as an Advanced Nurse Practitioner or Nurse Consultant role developing and promulgating excellence in Acute Mental Health Nursing in the Hergest Unit and across the Health Board.	This has not been progressed as Locality Manager replaced Programme Manager	Development of Advanced Nurse Practitioner role needs to progress in collaboration with medical colleagues to ensure clarity of accountability and responsibility.
4	Special attention needs to be paid to repairing the relationship between the Modern Matrons and the Ward Managers. [redacted] Very skilled mediation will be necessary and HR advice will need to be sought on how best to facilitate this. This is such a critical area that it may be that expertise will need to be brought in if not available within the Health Board.	External candidate is now in post as Modern Matron.	
5	A structured programme of safety walk arounds and Ward visits should be implemented by the Senior Management Team in order to improve their presence on the wards.	Initial Safety Walk arounds and ward visits have been completed across the Health Board area. Initial work underway in relation to a Division – specific "Safety Walkabout Prompt card" for impromptu visits to ward areas from senior staff (e.g execs).	Follow-up 'unannounced' visits are now planned.
6	Arrangements for regular briefing of Staff need to be implemented.	Originally via Hergest Update Letter. The Division now has a newsletter in place and is looking to strengthen its communication channels. The newsletter is shared regularly with all staff and all staff are encouraged to participate in populating this with good news stories and achievements from across the Division. Each month, following the Board Meeting, a Team Brief is prepared by the Communications Team and this is shared with all Senior Managers across the Division. The information is then cascaded through staff groups at team meetings to ensure that all staff are regularly updated about developments within the organisation.	

Holden Report - Recommendations

	Main Recommendation	Action to Date	Future Actions
7	Steps need to be taken to better engage Staff in the change process. The current implementation plan is clearly in difficulty.	A model for change has been discussed and shared with the operational team. A further workshop has been arranged to share ideas and issues that need to be addressed and an improvement programme will commence. Four community based workshops attended by 250 people including service users and carers, partner organisations and staff to discuss the change process and strategy. An additional nine workshops for staff in adult mental health services (AMH) and child and adolescent mental health services (CAMHS) with 130 attendees were also facilitated.	
8	The Communication Strategy needs to be rethought. It needs to reflect the need for staff to be fully engaged on a personal level.	The Communication Strategy for the organisation is currently being refreshed. Each month, following the Board Meeting, a Team Brief is prepared by the Communications Team and this is shared with all Senior Managers across the Division. The information is then cascaded through staff groups at team meetings to ensure that all staff are regularly updated about developments within the organisation. Within the Division, a regular newsletter is shared with all staff and all staff are encouraged to participate in populating this with good news stories and achievements throughout the Division.	
9	Change champions need to be identified throughout the unit, including the more junior and unqualified Staff. Arrangements should be put in place to ensure their time is protected to enable their full participation. This approach would, in part, mirror the successful inclusive approach to change adopted by the current Interim Modern Matron when Ward Manager on Taliesin.	As part of the Band 5 Development days - all the staff nurses gave witten 'pledges' as to their commitment going forward in developing the service alongside their specific areas of interest.	
10	The concurrent implementation of the eight HIP work streams needs to be reconsidered. A glance at the plethora of implementation documents on the HIP notice board is a manifestation of the difficulties being experienced by the current implementation process. A better approach may be to consider the relative urgency of the work streams and prioritise them into smaller steps, in which the staff are engaged.	Hergest Improvment Workstreams were brought under the remit of: **Hergest Service Improvement Group** (Monthly multi-dsicplinary with service user and carer representatives) **Clinical Governance Meeting** (Monthly multidisciplnary meeting including local clinical governance lead). Chaired by Acute Care Psychiatrist. **Unit Health & Safety Meeting** (Quarterly multi-department meeting) Chaired by the Modern Matron, in turn reports to Locality H&S. Minutes of the above meetings are circulated for distribution to the department teams.	
11	Arrangements need to be made for the Ward Staff to have opportunity engage with external networks of similar organisations. This is particularly important considering the relative isolation, geographically, of the Unit. Otherwise the opportunities for sharing and learning from best practice will be extremely limited.	As part of the AIMS accreditation process the Ward Managers and a nominated deputy attended the Aims Reviewers course run by the Royal College of Psychiatry. To date the Ward Managers have undertaken several external visits to UK wide Units as part of accreditation teams. The PICU ward team have continued their membership of the National Association of Psychiatric Intensive Care Units and attend its annual learning conference.	The nominated Deputies are now being given this opportunity to participate in external AIMS visits.

Holden Report - Recommendations

	Main Recommendation	Action to Date	Future Actions
12	A training and development programme, including arrangements for Appraisal, Management Supervision and Clinical Supervision, needs to be implemented for all Staff in the Unit. The weekly minuted Ward Managers meetings need to be reinstated without delay.	Senior Nurses Meeting is now firmly established and well attended. Initially as a weekly meeting due to the volume of work to be processed, this is now fortnightly to allow work to be undertaken. Chaired by the Modern Matron. PADR rates for the Unit are well maintained and training compliance closely monitored.	
13	A system of recognition would be helpful where the contribution of individual Staff is celebrated.	Staff have been entered for the BCU awards schemes & nursing celebrations.	
14	Urgent attention needs to be paid to the how the Wards are staffed. The results of the benchmarking exercise recently undertaken, wherein the Unit's staffing establishment is seen as comparable with peers, are in stark contrast to the reported experience of those interviewed. This discrepancy is deserving of detailed scrutiny.	Benchmarking excersise has been completed across the Health Board area and staffing templates develped using the Hirst methodology. These templates have been recruited to and are within the Hirst reccomendations for best practice areas.	
15	Staffing should be planned in such a way that it would be exceptional for Staff working a twelve hour shift to be unable to take a break.	Following the benchmaking work undertaken with regard to staffing establishments the wards are now staffed to recommended levels. Short notice sickness absence and vacancies can provide a considerable challenge in maintaining staffing but this is proactively managed by the Matron and Ward Managers.	
16	The issues surrounding the Junior Doctors Rota need to resolved urgently.	We currently have a full 1:9 rota for East and West. We also have a permanent rota co-ordinator who makes sure that gaps are filled promptly. We have an OOH protocol, which is being updated, but is still valid.	
17	The issue of the conflicting models of clinical care that have been adopted by Consultants on the Unit needs to be urgently addressed. The Ward Staff find the current arrangements difficult and it is likely that the current situation will have a deleterious effect on recruitment and retention of Senior Medical Staff.	We have an accepted Acute Care Policy and most importantly a PICU Policy. A formal review of older people's consultant model is being commissioned. A medical management structure has been proposed and is awaiting approval. Further work is ongoing to ensure compliances with job plans.	
18	The current arrangements for the care of frail elderly Patients needs to be urgently reconsidered. It is clearly unacceptable for the needs of frail vulnerable people to be neglected in the way that has been reported.	The management of Frail client was identified as a priority area. Historically the West has not had a seperate Older Persons Funtional Illness unit. Instead this client group are nursed within adult acute care wards. The initial proposal was to establish 'Frailty Bays' where Frail individuals could be nursed seperately. However, bed pressures has dictated that the client groups have continued to be nursed together. Local resolutions have focussed on the the use of single rooms but clearly this is potentially isolating and brings its own demands in terms of increased staffing to maintain observation levels.	The ongoing management of this client group needs consideration with regard to the establishment of a dedicated unit/ward.
19	The current arrangements for Ward Rounds need to be addressed as the current arrangements are disruptive to the Nursing care that can be afforded to patients.	It has been agreed that ward rounds will take place at set times to enable protected nursing time for patient care is afforded. This will be revisited within a revised model of care.	