Please note: Attachments are available on request, due to the volume.

Freedom of Information Request: Our Reference CTHB_154_17

You asked:

I wish to request the disclosure of certain policies and procedures, and the results of the applications of those policies and procedures, relating to the Mental Health Unit of Royal Glamorgan Hospital, Cwm Taf University Health Board. The policies disclosed should be those applicable for the period September 2016 to April 2017 inclusive. If such a policy was superseded or revised in the period, both revisions should be disclosed. The word "environment" is used below in the sense of "the clinical environment", not in the sense of "the natural environment".

Please disclose the following:

1. **The policies governing how environment risk assessments should be conducted for the unit. This should include, but not be limited to, the specifications for the conduct of ligature point audits.**

   Please find attached the following:

   - **MH 10: Clinical Risk Assessment & Management Procedure (Attachment 1)**
     This outlines an agreed framework in the management of clinical risk within the Mental Health Unit. Its purpose is to inform and guide all staff employed in Mental Health Services for Cwm Taf University Health Board, and Rhondda Cynon Taf & Merthyr Tydfil Local Authorities of the operational systems and procedure used for clinical risk assessment and management.
     The framework places emphasis on the need for the integration of routine and specialist risk assessment into clinical practice.

   - **Ligature Point Environmental Audit (Attachment 2)**
     These audits look in detail at all inpatient areas and the management of ligature points and are completed annually. This is one of a number of environmental audit inspections, along with daily inspection of the ward environment, that are carried out and signed for by a qualified nurse on duty.

2. **All reports detailing results of environment risk assessments for the unit. This should include, but not be limited to, the annual ligature audit reports for PICU, Seren Ward, ECU, SDU, Ward 21, Ward 22 and Admissions conducted from October 2015 onwards.**

   Please see attached Audit Reports from ward areas (Attachments 3 – 11).

3. **The policies governing how the results of environment risk assessments should be reviewed and acted upon.**

   Please find attached:

   - **Risk Assessment Procedure (Attachment 12)**

   The purpose of this Risk Assessment Procedure is to provide clear instructions to staff on the identification of hazards and the process and management of those hazards, with regard to risk assessment.

   This enables Cwm Taf University Health Board to actively monitor, manage, prioritise and develop a consistent approach to all risk assessments in order to protect the safety of patients, staff, visitors, contractors and members of the public, equipment, finances, premises and the environment.

   This Procedure aligns with the Risk Management Policy, the Workplace, Safety and Health Policy and the Risk Management Strategy.

   The Mental Health Directorate has established processes underpinning this document. The Directorate takes the issue of clinical risk seriously and has a monthly Clinical Governance Meeting where risks and other clinical issues are discussed in a multi-disciplinary environment with senior colleagues. The Directorate maintains and reviews a 'risk register' that identifies and categorises risk and is also used to inform its Integrated Medium Term Plan and resource prioritisation.

4. **The minutes of all committee or other meetings that reviewed the results of environment risk assessment for the unit. This should include, but not be limited to, the minutes and other notes kept by Ward Managers when they review these assessments.**

   Please find attached the minutes of Directorate Health & Safety Meetings (Attachments 13 - 18) which outlines the way in which risk is managed within the Directorate. Please note that where there is the potential risk of individuals being identified, we have redacted this information. As you may be aware, personal information is exempt under the Freedom of Information Act so we have relied upon Section 40 to withhold this information where required.

5. **The policies governing how individual patient risk assessments should be conducted for patients detained under Section 3 of the Mental Health Act (1983).**

   All inpatient risk assessments follow the same process as outlined in the MH10 Clinical Risk Assessment & Management Procedure (attachment 1),

whether that person is detained under the Mental Health Act or is an informal / voluntary patient.

6. **The policies governing how inpatients should be observed.**

   The Directorate considers the observation of patients to be a very important aspect of patient care – it is covered in some detail in Mental Health Handover of Care Protocol (Attachment 19).

   There is also a Safe and Supportive Engagement and Observation Procedure attached (Attachment 20). This procedure stipulates that all patients in hospital will need to be nursed under one of a range of four specific levels of supportive observation. Training is part of nurse induction.

7. **The policies governing the safe level of staffing for the unit, at the appropriate level of aggregation according to the policies (e.g. by ward).**

   There is no formal policy on the required staffing levels on mental health wards, and this is true for all Units. Each Ward has an agreed baseline staffing establishment and works on the basis of a 60:40 ratio of registered to unregistered nurses.

   Though the establishment numbers will be safe for the level and number of beds and patients, when there are surges in need, the Ward Managers and Senior Nurses have access to the Nurse Bank and are encouraged to highlight concerns and increase staffing numbers if considered appropriate to do so.

   The Directorate is committed to the All Wales Acuity Initiative in order to establish benchmarking for nurse staffing levels across Wales. This work remains ongoing.

8. **The dates on which the above staffing levels were breached in the period, at the appropriate level of aggregation.**

   The answer remains as above for question 7 – and wherever there has been a need for additional staff, at no time has this ever been refused and the clinical judgement of those registered nurses responsible for care in ward settings is fully accepted.

   There are occasions that staffing levels may have been lower than the agreed baseline, but this is informed by an assessment of the inpatient acuity and related requirements. In such cases staffing is shared across the unit according to patient need and demand to ensure patient safety is maintained.

There are therefore no specific dates when core staffing levels have been breached, as nurses in charge, supported by senior managers are proactive and implement contingency plans explained above.

9. **The policies governing how quality assurance and compliance are to be enforced for the above items.**

As per the response to question 7, there are no specific written policies governing this.

10. **The minutes of all committee or other meetings that reviewed the results of the above quality assurance and compliance measures conducted from October 2015 onward. This should include, but not be limited to, the minutes of the Directorate Health and Safety Meetings.**

Please note that in addition to Directorate Health & Safety meetings see question 4 response, the senior directorate clinical and managerial staff meet regularly in the course of their duties to oversee and ensure that there is a framework of governance across all the areas of the Directorate. There is also a Health Board Quality, Safety & Risk Committee along with a Mental Health Act Monitoring Committee. In the former, Clinical Directorates report in by exception.

All papers for the Health Board Committees can be found via the following link:

- http://cwmtaf.wales/how-we-work/decision-making-2/

11. **The number of patients who have committed suicide for the full years 2014 onwards.**

Information in relation to suicides is available in the National Confidential Enquiry report on Suicide, via the link provided below:

- http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci

12. **The number of patients who have committed suicide by means of a ligature for the full years 2014 onwards.**

As above.