Mental Health and Learning Disabilities Division

Operational Policy for the Adult Acute Mental Health Wards

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1. Introduction

The Adult Mental Health Directorate within the Mental Health and Learning Disabilities Division have four Adult Acute inpatient assessment and treatment wards situated throughout Gwent. The wards are committed to providing local inpatient services for people with serious and enduring mental health needs from the designated catchment areas.

The wards are not locked and care is provided in the least restrictive environment to support the provision of safe and therapeutic care. Patients are accepted for admission on a voluntary basis or formally under the Mental Health Act and would ordinarily be aged between 18 to 65 years old. All the wards are mixed gender but provide single sex bedrooms, either in dormitory or single bedroom accommodation.

WARD	ADDRESS	NUMBER OF BEDS	CATCHMENT AREA	ADDITIONAL RESPONSIBILITY
Adferiad Ward	St Cadocs Hospital Lodge Road Caerleon NP18 3XQ	22	Newport East / West and South Monmouthshire	Supports the management of the designated place of safety for Section 136 Suite
Ty Cyfannol Ward	Ysbyty Ystrad Fawr Hospital Ystrad Mynach CF82 7GP	24	Caerphilly Borough.	Short term CAMHs bed for children between 16 to 18 years.
Talygarn Ward	County Hospital Coed y Gric Road Pontypool NP4 5YA	20	Torfaen and North Monmouthshire	Out of Hours assessment unit – 00:00 to 08:00hrs weekdays and throughout weekends.
Carn y Cefn	Ysbyty Aneurin Bevan Hospital Lime Ave Ebbw Vale NP23 6GL	11	Blaenau Gwent	

The aim of these wards is to provide an assessment of the patient's needs with a view to providing therapeutic care and treatment with an emphasis on promoting their recovery. Alternatives to hospital admission will have been explored with the patient prior to referral for admission. All aspects of the patient's health including mental, physical, social care and risk are jointly assessed by the multidisciplinary team during the patient's admission to the ward. Care and treatment is planned with the patient through the Care and Treatment planning. A risk assessment is undertaken to inform any risk management plan to maintain the safety of the patient and others. There is an emphasis on wellbeing and recovery which is promoted throughout the admission.

Patients may also be referred for an admission by the Gwent Specialist Substance Misuse Service (GSSMS) for alcohol and drug detoxification. During these admissions, patients will be supported by the GSSMS prior to, during and following their inpatient stay.

2. Purpose of Adult Acute Inpatient Care

The purpose of the Adult Acute Mental Health wards is to provide a high standard of care and treatment in a safe and therapeutic setting for patients in the most acute and vulnerable stage of their illness. Their circumstances and needs would be such that they could not at any time be treated and supported safely and appropriately at home (DH 2002; Crisis Concordat 2014).

3. Aims

Our key aims are to:

- Work with the Crisis Resolution Home Treatment Team (CRHTT) and Community Mental Health Teams (CMHTs) to ensure that people receive the right care at the right time in the right place.
- Provide a robust and holistic multi-disciplinary assessment of each patient admitted to the unit. This assessment incorporates their mental state, physical health, risk and level of functioning (social / domestic). The assessment will provide a base line and inform the patients care and treatment on the unit and preparation for discharge.
- Ensure that an appropriate care and treatment and risk plan is developed taking into consideration the patient's views and that of their involved carers. Ensuring that they are reviewed regularly to meet the patient's change in presentation or circumstances

- Offer care and treatment that respects the patient's rights to enable treatment to occur in the least restrictive manner possible.
- Provide interventions that are underpinned by NICE guidelines.
- Hold regular multi-disciplinary clinical care reviews that fully involve the patients (and their carer) to monitor the effectiveness of the intervention to date.
- Provide a high standard of inpatient care and treatment that respects the patient's rights for privacy and dignity in a safe and therapeutic environment.
- Provide a service which is flexible, respective and responsive to the disability, gender, sexual orientation, age, ethnic, spiritual, religious and cultural need of the patients admitted to the ward.
- Provide an environment that is welcoming, safe, clean, well decorated and furnished to promote the individual's dignity and privacy.
- Provide patients and their carer with information relevant to their needs and abilities in order to help each patient to understand their condition, restrictions and treatment enabling them to make realistic choices about their treatment and care.
- Respect confidentiality within the context of the professional and legal constraints.
- Continually strive to provide the highest quality of care available within existing resources.
- Work closely with Advocacy services to ensure users rights are fully respected and heard.
- Begin planning with the patients for discharge on the point of admission to ensure that process is fluid and organised with all the necessary support in place for safe discharge.
- To promote support for the patient's carer and relatives.

4. Admission Pathway

Patient Group / Criteria for Admission

Inpatient care is provided for patients suffering from an acute serious mental illness (e.g. schizophrenia, bi-polar, depression and severe anxiety state) that have been assessed as having a level of risk / vulnerability which indicates that there is no safe alternative other than admission to hospital. Whenever an inpatient admission is considered all options for treatment and care in a less restrictive environment will have been considered. When clinically appropriate the Crises Resolution Home Treatment Team (CRHTT) offers an alternative to hospital admission and will be consulted with prior to a patient's admission. The CRHTT have direct access to the inpatient beds.

Good practice suggests that this should be in consultation with the patient's Responsible Clinician and Community Mental Health Team (CMHT). Assessments outside of the CRHTT working hours (between 9pm and 9am, 7 days a week) will take place at Talygarn Assessment Unit.

The Gwent Specialist Substance Misuse Service (GSSMS) can refer patients for a planned detoxification from drugs and alcohol. These referrals are accepted depending on bed availability. As the wards operate an open door policy they are not always able to manage and care for patients who are assessed as being a high risk of violence, aggression, suicide and absconding. These patients should be considered for referral to Beechwood PICU for assessment / admission until the level of risk posed reduces to an extent that the patient may be managed / cared for on an open ward.

Locking the adult mental health ward doors maybe undertaken in exceptional circumstances. This should not be done without due consideration to

- The issues and risks which require the doors locking and any alternative to this course of action
- The benefits of locking the door
- The risks associated with the door being locked
- Why locking the door is the least restrictive option

Ward staff are required to explore alternative ways to deal with the ward situation. The decision to lock the ward doors can only be made by the Nurse in Charge of the ward with agreement by the Senior Nurse.

When the doors are locked the patients and any visitors should be told who they can speak to if they wish to leave the ward and must be able to leave the ward unless they are detained under the Mental Health Act. A sign should also be available on the door to this effect.

5. Admission Criteria

All admissions to the ward between the operating hours of the CRHTT should receive a gate keeping assessment so that alternatives to admission can be explored.

- The wards ordinarily provide care for patients between the ages of 18 – 65 years.
- Patients who are currently engaged with the adult services will be admitted to the ward up until they are 70 years of age. Consideration will be given to future inpatient placement following this time.
- For assessment and treatment of an acute mental health disorder.

- Referral by the GSSMS for a planned and supported inpatient alcohol or drug detoxification.

6. Out of Area Admissions and No Fixed Abode Patients

Patients of no fixed abode (NFA) or from other Health Boards may occasionally be referred for admission. In addition to this there may be cases whereby non-residents of Gwent present to our services in crises, for example they may be on holiday, picked up via the police or be a temporary resident or migrant. The needs of the patient must always be at the forefront of decision making and any attempts to repatriate should be done so with the patient's safety and needs in mind.

Out of Area Admission requests from other Health Boards must be managed via the procedure for patients of no fixed abode / NFA Consultant rota:

NFA consultant rota is primarily meant for dealing with a patient who was not known to the Mental Health services in the Gwent area. It is not applicable to those patient who live in temporary accommodation and have a GP in Gwent area. Those patient with temporary address or GP should go to the respective catchment team / ward.

Those who do not have a current temporary address or GP in Gwent areas, but previously known to a team in Gwent should go to that last known team. NFA patients who present to a team during working hours should be managed with that team / catchment ward.

For NFA patients presenting out of hours:

- If the consultant on call is an adult consultant they should take medical responsibility of that patient.
- If the consultant on call works within the Learning Disabilities, Substance Misuse, Forensic or Old Age services, then the patient will be assigned to the adult consultant as per NFA on call rota.

For NFA or out of area patients the ward team will engage with the patient's GP and local Mental Health team at the earliest opportunity to gain background information (e.g. previous contact with the team, risk assessments and care plans). The aim will be to repatriate the patient safely back to their local mental health team at the earliest opportunity without comprising on safety and care.

7. Conveyance of Patients

Patients will be conveyed in the manner which is most likely to preserve their dignity and privacy.

Any conveyance must be done in line with a robust Risk Assessment to ensure the safety of the patient and others.

Patients who have been sedated before conveyance should always be accompanied by a health professional who is able to respond to emergency situations.

When patients are conveyed by the conveyance driver a Health, Local Authority or Police escort must be present throughout the journey.

8. Admission Process

The team member arranging the admission will notify the ward staff to ensure that a bed is available and to advise them of the patient's presentation, risk and need for admission. This will enable the ward staff to:

- Identify the admitting nurse
- Inform the ward team of the admission and any potential risks
- Contact and update the SHO who will undertake the admission clerking (out of hours these assessments will take place on Talygarn Assessment Unit).
- Arrange collection or delivery of the patient's notes
- Gather information on the patient via electronic systems, the case notes and any previous CTPs and WARRNs

The referring staff member is required to update the patient's CTP Assessment and WARRN risk assessment prior to admission. This is to identify the clinical needs of the individual, reasons for referral and current risks.

On arrival to the ward the patient will be welcomed and orientated to the ward and provided with a copy of the Ward Information Leaflet. Temporary patient files should only be produced when it is known that there will be a delay in receiving the primary health record. Once the primary record has been received the temporary notes should immediately be merged.

Where possible the admitting nurse and doctor will jointly undertake an assessment of the patient's mental state and risk. This will inform the appropriate level of immediate care, treatment and management of risk. The patient will be assigned a level of observation depending on the presenting risk in line with the Health Board's Inpatient Therapeutic Engagement Policy.
For admission:

- The admitting doctor / Advanced Nurse Practitioner (ANP) / ward Junior Doctor will complete a full physical assessment.

- Consideration should be given to a person's capacity to consent to informal admission
- Prescription chart will be completed for the patient. Out of hours this will be undertaken by the on call SHO unless a nurse prescriber is available.
- A WARRN risk assessment will be completed and a risk management plan implemented.
- A nursing care plan will be completed to cover the initial 72 hours assessment.
- Full routine bloods (FBC, U+E, TFT, LFT, random glucose, Lipids, B12 and folate) will be taken at the earliest opportunity to rule out any physical disorders.
- Baseline ECG prior to patient commencing antipsychotic or antidepressant medication.
- Urine dip test to rule out urinary tract infections.
- Patients suspected of using illicit substances will be asked to provide a urine sample for drug screen.
- Any valuables brought onto the ward will be thoroughly documented in the Ward property book. Patients will be asked to hand these to a relative or friend to take them home or to keep them locked away in their safe.
- Patient will be asked to hand in any medication, sharp objects or weapons brought to the ward.

Patients admitted under the Mental Health Act (MHA) will be read their detention and legal rights and given an information leaflet for their reference. This will be clearly documented in the case notes and on the MHA Rights form. An explanation of the patient's rights under the Act will be repeated each shift until understood by the patient and weekly thereafter.

GP`s will be notified of the patients admission via a letter. Team members involved in the patients care will be updated on their admission.

9. Care and Treatment Plan (CTP) and WARRN Risk Assessment

On admission the referring clinician is required to complete or update the patient's CTP assessment and WARRN. These will be stored within the clinical notes and on EPEX for reference. A signed copy of the assessment is to be kept in the patient's notes. The WARRN risk assessment will be updated regularly throughout the patient's inpatient stay.

A Ward Named Nurse / Care Co-ordinator will delegated for the patient within the first 24 hours of admission throughout the inpatient stay. On discharge it will revert to their original care co-ordinator or a newly designated care co-ordinator.

A CTP review / care plan will take place within 7 days of admission and this will likely be at the first ward round (or as soon as possible thereafter). All relevant parties involved in the patient's care will be invited to this review to inform their care and prepare for discharge and all patients will have access to an Independent Mental Health Advocate. The patient's views will also be taken into account and recorded.

Regular CTP reviews will be held throughout the patient's inpatient stay and prior to their discharge from the Unit. Patients will be given a copy of their CTP care plan. A carer's assessment may be arranged by the care co-ordinator if required.

10. Discharge and Transfer Process

Discharge and discharge planning:

Discharge planning commences at the beginning of any inpatient stay. The CRHTT will consider/assess informal patients for early discharge the day after admission if admitted out of their working hours.

A discharge date will be set and the patient informed at the earliest opportunity to ensure that pre-discharge planning can be fulfilled.

A pre-discharge CTP meeting is to be held and all relevant parties invited to plan and facilitate the patient's safe return to the community.

Unplanned discharges (patients who discharge themselves against advice or who are discharged due to illicit drug and alcohol misuse, violent behaviour) will be communicated to the GP and members of the team immediately / the following working day.

The WARRN risk assessment will be reviewed and updated prior to the patients discharge from hospital.

A written discharge summary will be completed jointly by nursing and medical staff and sent to the patients GP and support team.

All members of the multidisciplinary team are responsible for planning and supporting a safe discharge for the patient. Weekly Discharge Monitoring forms are completed and submitted to the Directorate Management Team every Monday. Where patients are discharges this outlines:

- If the patient is deemed to be `relevant` under the Mental Health Measure. There must be written justification in the discharge plan if the MDT do not feel that 48hour and/or 7 day follow up is indicated. This justification must be based on a documented risk assessment.
- A discharge plan does not necessarily need to be a care and treatment plan (in the case of patients who are not deemed to be relevant patients) but there must be evidence in the clinical notes of discharge planning.

- If patients discharge against advice (DAA) there should still be attempts to follow up as these patients can often be high risk. In such cases of DAA, communication is needed with the CMHT or HTT to identify who will follow the patient up in the community.
- Patients discharged following planned alcohol detoxification can be excluded from the requirement to follow up in 7 days (see first point above) – the discharge plan should reflect the follow up arrangements agreed with the GSSMS.
- It is good practice to inform the patient at discharge that someone will be making contact with them within 48 hours and that the call will display as a 0300 number.

11. Management of Ward

Risk assessments for the ward are completed and reviewed yearly. Competent assessors will assess any potential risks in the building or patient care process.

The Wards have Extra Care Areas (ECA) which provide a low stimulus and safe environment for patients to be assessed or to enable staff to de-escalate patients in a distressed or aggressive state. The police are able to escort patients immediately to this area to maintain the patient's safety and dignity.

The Health Board ask that patients refrain from the use of alcohol or illicit substances during their stay on the ward. In some circumstances patients may be asked to undergo alcohol or drug screening should clinical observations indicate the need.

All illicit drugs will be immediately confiscated, documented and destroyed by staff as per procedure. The police should be notified of any large amounts of illicit substances and asked to remove / dispose of them. All alcohol will be confiscated by ward staff and either permission sought to throw the remaining contents away or given to the patient's family / friends to take home. Consideration will be taken by the team at the earliest opportunity as to whether the patient should be reviewed for discharge if they are voluntary patients or a risk management plan developed for future care.

All wards have a process in place for raising an alarm in an emergency and this will be audited as per guidelines.

Documentation

The patient's record is held in a blue single clinical file and all notes are written in chronological order as per the Health Boards policy. Refer to point 9 of this guidance in relation to the WARRN and CTP documentation.

Drug and alcohol detoxification

Gwent Specialist Substance Misuse Service (GSSMS) are able to refer patients for a period of inpatient detoxification depending on bed availability. Patients admitted from this service will undergo a period of detoxification and stabilisation of their substance misuse (alcohol or drugs). The GSSMS team will remain responsible for the patient throughout their inpatient stay providing medical input, support and advice to provide a seamless package of care. A care plan / contract is drawn up with the patient for their inpatient stay. Any patient assessed or found consuming alcohol or using illicit substances whilst undertaking the detoxification programme will be reviewed to determine their suitability to continue on the programme.

Infection Control

Ward staff will complete daily and weekly cleaning rotas. All staff must maintain thorough hand cleanliness prior to and following patient contact and contact with food and drink. Hand gel is available throughout the unit but is not there to replace thorough hand washing.

Smoking

All wards have designated outside smoking areas where smoking is permitted. In line with the Health Board policy we ask that patients refrain from smoking in any other areas and that all lighters are handed in on admission. A lighter is fitted for patient use in the designated smoking area. Staff are not permitted to smoke on any Health Board site, including the designated patient smoking areas.

Unit Car

Each ward has access to a lease car. It is the responsibility of the Nurse in Charge to keep the car key secure when not in use. Only staff who have submitted a copy of their driving license are able to drive the vehicle. The driver is required to complete an entry in the car log book at the end of every journey.

CCTV

CCTV is in use on the ward in some areas to enhance safety and provide reassurance to patients, visitors and staff that efforts are being made to safeguard them. There are signs displayed informing where the CCTV is in operation. The use of CCTV is in accordance with Aneurin Bevan University Health Board policies and current legislation.

Mobile Phones/Devices – Confidentiality

Patients are free to use their mobile device whilst on the ward in a safe and respectful manner. The use of mobile devices for taking pictures/recording, or for the inappropriate use of social media can significantly impact upon someone's confidentiality and recovery and although we have no legal framework to prevent this the impacts should be reiterated on the ward and a poster should be displayed,.

Patients should be encouraged to speak to a member of the staff to make arrangements for their mobile phone or device to be charged. If patients do not have access to a mobile phone and wish to make or receive a telephone call they should again be encouraged speak to a staff member so that this can be arranged.

12. Shift and Ward Management

The patient's progress and care is thoroughly discussed during each handover (held at 06.40hrs, 13.40hrs and 21.10hrs). The handover should be presented in a SBAR format giving particular attention to problematic or more complex patient presentations including risk factors. Handovers are held away from the ward office area to reduce distractions. As a minimum staff will have outlined the patient's presentation / progress over the two previous shifts along with the outcome of any ward rounds and MDT meetings. It is the responsibility of the nurse in charge to record pertinent points relating to the patient in a central handover book for reference. Following each handover the nurse in charge will delegate responsibilities to the team members to meet the needs of the patient group. This is to include any patients on enhanced observation levels, escorts, assessments and general ward tasks.

Link Nurses – A band 6 deputy ward manager is assigned to each CMHT as a Link Nurse. It is the Link Nurse's responsibility to:

- Co-ordinate the ward rounds and organise patient reviews.
- Provide Consultant Psychiatrist and CMHT with regular updates on the patient's presentation and progress during their time on the ward.
- Attend MDT meetings and provide a link from the CMHT to ward.
- Assist named nurses to follow up care planned in ward rounds.

Named Nursing is operated to ensure continuity of the patients care. A registered nurse is designated as being responsible for a patient's nursing care during a hospital stay and who is identified by name as such to the patient. The concept of the named nurse stresses the importance of continuity of care. It is the names nurse's responsibility to ensure that they meet regularly with their patients to develop

CTP care plan. They are also responsible for updating and reviewing the patients WARRN risk assessment and risk management plan throughout their inpatient stay, prior to any community leave and discharge.

13. Inpatient Facilities / Team Resources

Team members:
The ward team consists of nurses, healthcare support workers, occupational therapists, doctors, a ward clerk and house keepers. Psychological therapy is provided on sessional basis.

Nursing staff:
The nursing staff cover the 24 hour period throughout three shifts:

- Morning 06.40 to 14.30hrs
- Afternoon 13.40 to 21.30 hrs
- Night 21:10 to 07.00hrs

Gender and skill mix is considered for each shift. The nursing staff work flexibly to meet the requirements and needs of the patients and service.

Occupational Therapy (OT):
Occupational therapy (OT) aims to support patients with the things that matter to them in their life. This can mean working towards small, manageable goals that start to help with adding structure and routine to daily life, leading up to longer term goals to work towards in the future.

OTs focus on recovery whilst addressing life skills in the areas of self-care, productivity and leisure. Graded 'Recovery through activity' programmes are offered on each ward covering various topics throughout admission. These sessions involve participation in activities patients may be familiar with as well as opportunities to try something new. Some will be information based and some will be activity based.

On Call support:
Outside the hours of 09.00 to 17.00 Mon to Fri and during the weekends a Senior Nurse On Call can be contacted by the ward team for advice and support. The rota can be accessed via the Health Board's Switchboard.

14. Ward Round and MDT Meeting

Guiding Principles for Mental Health Ward Rounds:

There are so many variables involved in the delivery of care that make it difficult to be prescriptive in how Ward Rounds are undertaken but there are key elements that

should be considered and guiding principles that should be included, these are listed below:

- There needs to be evidence of discussion of whether the person is Relevant or not.
- Offered attendance of Patient, CMHT Link Nurse (or nominated deputy), Medical Representative (usually Consultant Psychiatrist or nominated deputy), Advocate and/or Family (at patients discretion).
- Final decision on whether family or Advocate attends should rest with patient.
- If patient declines attendance of family/carer, this should not result in team excluding family and alternative mechanisms should be considered and clearly documented for gaining their feedback/inclusion in care.
- Patient should be informed in advance of who is due to be attending the Ward Round (consider timescale).
- Explanation provided to the patient in advance of what purpose/process the Ward Round entails (consider timescale).
- Ensure the room is laid out in such a way to maximise the opportunity of engagement, avoid patient sitting on the end of a row of seats or with all of the staff sat opposite (so it felt like an interview).
- CTP review prior to discharge.
- Care Co-ordinator to be present at discharge meeting, although discharge should not be delayed due to annual leave/sickness of CC.
- Copy of CTP Discharge to be provided on day of discharge.
- Ward Round principles to be shared in Information Booklet
- Formal audit should be undertaken.

15. Medical Responsibility

The Consultant for a designated catchment area will be the Responsible Clinician providing medical cover for all patients admitted from their catchment area. The Consultant and the medical team are responsible for the medical treatment of the patient. Appropriate medication is prescribed and patients are given information on the treatment and possible side effects. On admission every patient will receive a full physical examination which is thoroughly documented in the patient's notes. The patient will be reviewed weekly by the medical team. If concerns are raised by the nursing team then further assessments and reviews will be arranged. A Junior Doctor will attend the ward regularly to review the inpatients from their team and feedback their assessment during the ward round.

Any patient currently under the Early Intervention (EIS), Assertive Outreach Team (AOT) or Forensic services admitted on an acute in-patient unit, the Consultant that manages patients on that ward/catchment will be the named RC. On discharge from the ward the role of RC with immediate effect will be reverted to the RC in the respective specialist team. The GSSMS team will remain responsible for their patients throughout their inpatient stay providing medical input, support and advice to provide a seamless package of care.

The specialist services liaise should liaise with the ward and provide a clear reason for admission and a clear management plan will be drawn up by the in-patient team and Care Co-ordinator. Any periods of leave for the patients will be at the discretion of the in-patient Consultant but it is important that the specialist services still provide any required in-put or advice whilst patients from their team are on the ward.

16. Management of Patient Property

Valuables: Ward staff will list any items that patients have come into hospital with and record them in a property book. Ward staff should encourage patients to send home amounts of money larger than £30.00. Any potentially unsafe items will be stored appropriately to reduce any potential risks. This would include cigarette lighters, sharp items, illicit substances etc.

During the patient's stay we encourage that they send home any valuables. If they do wish to keep certain items with them, individualised lockable safety boxes will be accessible during their stay.

Restricted items and non-permitted items: Blanket restrictions are avoided unless they can be justified as necessary and proportionate responses to risks identified for particular individuals. To ensure ward, patient and staff safety there are prohibited items on the adult mental health wards.

Items may be restricted whilst the patient is on the ward either for the patient's safety or the safety of others. This may either be due to the ability to secure these items safely whilst on the ward or has a negative impact on their mental health and functioning. A risk assessment and personalised care plan should be applied to any restricted items/activities with the knowledge of the patient. A list of restricted items will be made available on the ward.

17. Staff and Visitor Access and Meal Times

Visiting will be between 3pm and 8pm, 7 days a week. In cases where visitors cannot attend during these times they should be encouraged to speak to the ward staff so that an alternative can be considered.

All cases of children visiting should be communicated with the ward in advance so that appropriate arrangements can be made, anyone under the age of 16 will need to be accompanied by an adult.

The ward promotes healthy eating and has protected meal times which will take place inside of the visiting times of 3pm and 8pm. This will enable patients to eat their meal without being disturbed. Any exceptions to this based upon the individual need can be discussed this with the nursing staff.

Adferiad, Carn y Cefn and Ty Cyfannol wards operate a swipe card access system to enter the ward. All permanent staff are issued a Swipe ID card via the security office. Should these cards be lost or mislaid the security office need to be informed immediately to ensure the card is disabled and a new card issued. Talygarn are able to release the main ward door from the reception office.

18. Complaints Procedure

We value service user feedback and will utilise any positive or negative comments that anyone may have to improve the patient experience.

If service users or carers are unhappy with any elements of the service then they should be encouraged to raise concerns with the staff involved in the patient's care or treatment so that they can try to resolve any concerns immediately.

If this does not help to resolve any concerns or the person does not wish to speak with staff the Health Board's Putting Things Right leaflet must be available and accessible on the ward.

We should also welcome any positive feedback or compliments that can also be forwarded to the Directorate Management Team.

19. Staff Supervision and Training

Staff induction: Each new member of staff is offered a two week supernumerary induction period to the mental health ward. During this period the staff member is orientated to the ward, patient group, ward procedures and affiliated services. Each staff member (qualified and unregistered) is assigned a preceptor/mentor for the initial six months period which enables the newly appointed staff to have regular reviews with a senior colleague to ensure that they have a full understanding of their role and responsibilities. This is formally documented at agreed stages as per the relevant induction booklet. Newly appointed staff are booked onto the mandatory corporate and division training programmes to support the induction period.

Supervision:
Clinical Supervision: Staff of all disciplines are encouraged to participate in clinical supervision to support and review their current practice and development. They are encouraged to identify a clinical supervisor and arrange regular clinical supervision sessions with them. Time away from the ward environment is negotiated between the ward manager and staff member to support them in this process.

Management Supervision: Management supervision is used to support staff to identify and track progress on their work objectives. Monthly management supervision enables managers and staff to ensure that these objectives are aligned to the patient's care pathway and the Health Board's strategic aims.

Staff development and reviews: The Ward Manager represents the ward at the monthly Inpatient Managers meeting and contributing to the development of good practice and standards within the Adult Mental Health Directorate.

Staff meetings are held monthly and chaired by the Ward Manager. All staff should be encouraged to attend and participate. This forum is used to cascade and share information and identify any improvements regarding the day to day running of the unit.

All staff must actively participate in their annual performance review (PADR) which is recorded and uploaded onto ESR for reference. It is the Ward Manager's responsibility to ensure that all staff receive their annual PADR review.

Mandatory and Statutory training compliance is to be maintained at all times and it is each staff member's responsibility to keep up to date with this.

20. Dress Code

Ward staff are expected to wear smart casual clothing throughout the duration of their shift as per Health Board Uniform / dress code policy. They are also required to wear a magnetic name badge or Health Board photo ID badge for the duration of their shift.

22. Students

The inpatient wards provide training opportunities for students from all disciplines. Careful consideration is given to the number of students accepted on to each ward at any time to ensure that they have a positive learning experience and to ensure that the patient group is not overwhelmed by the number of trainees. This is achieved by the wards being subject to educational audits in conjunction with the University of Wales.

The aims and objectives for the student placement will be identified with their mentor at the commencement of the placement and reviewed with them throughout. Student feedback is sought to ensure that the placement has provided a positive leaning experience. Patients have the right to decline student involvement in their care.