# MHA ANNUAL STATEMENT FOR ST ANDREW'S HEALTHCARE – NORTHAMPTON 2010

| | ACTION REQUIRED | RESPONSE | LEAD OFFICER(S) | TARGET DATE FOR COMPLETION |
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| 1 | Managers should ensure that copies of section papers and Approved Mental Health Practitioners reports are available on wards at all times. | Introduce a standard whereby new admission section papers are scanned and attached to the electronic patient record (RiO) by the next working day after admission. | Head of Patient Administration | 28 February 2011 |
| 2 | All locked or secure wards that house service users who are not detained under the Mental Health Act should have notices informing service users that they can leave the ward on request, in appropriate formats and languages, clearly displayed. | Where informal patients are located, check that notices are currently in place. If no, prepare and display notices, using both written and pictorial format to maximise patients' understanding of their right to egress from the ward. | Clinical Services Managers | 28 February 2011 |
| 3 | Managers should ensure that service users who lack capacity to make decisions about their care are enabled to access advocacy and Independent Mental Health Advocate services. | Advocacy service is now called "VoiceAbility" The services offered are currently under review to offer a more bespoke service, which will allow for patients without capacity to also be represented. Staff can refer to the service, plus a non-instructed service is available for wards where there is concern regarding service users' lack of capacity. Training is provided on the Mental Health Act and Mental Capacity at induction and annual refreshers. | Lead Social Workers<br>Ward Managers | Completed |
| 4 | Managers should ensure that *(a)* capacity assessments and *(b)* conversations with service users about consent to their medical treatment take place and are recorded in all cases. | a) Capacity documentation to be reissued with reminder of principles and reminder that capacity assessments must be entered on RiO.<br>b) Responsible Clinicians to be reminded via Lead Psychiatrists of the requirement to determine capacity to consent with the service user before medical treatment and to record this. | Lead Social Workers<br>Deputy Medical Director | 31 March 2011<br>31 March 2011 |
| 5 | Service users rights under section 132 of the Mental Health Act should be read to them on a regular basis and this should be recorded on the hospital electronic information system. | Service users' rights to be read to them every 3 months (as a minimum) – documented on RiO and audited on a monthly basis. | Ward Managers | Ongoing |
| 6 | The use of "extra care" should be subject to the same governance processes that are required for seclusion episodes when patients are not at liberty to leave. | Long term segregation policy issued for consultation in December 2010, for implementation in February 2011. | Deputy Director of Nursing / Head of Clinical Risk Management | 31 March 2011 |

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| 7 | Safe, purposely designed, seclusion furniture should be available in all seclusion rooms at all times. | This is under review by Central Clinical Risk Management Group – all our seclusion rooms will be reviewed in line with recommendations. | Deputy Director of Nursing / Head of Clinical Risk Management | 30 April 2011 |
| 8 | Medical staff should attend all seclusion episodes at the earliest possible opportunity after the commencement of seclusion in all cases unless the seclusion period is very short. | } Seclusion policy contains requirement for } doctors to attend. } }Charitywide seclusion audit being under taken } in January 2011 – action plan based on audit } outcomes will be implemented. | Deputy Medical Director | 28 February 2011 |
| 9 | A review should take place of the quality of seclusion recording practice and improvements made where necessary. | | Deputy Director of Nursing / Head of Clinical Risk Management | Audit January 2011 Action plan prepared – February 2011 |
| 10 | Staffing levels should be reviewed to ensure availability of appropriately qualified staff to facilitate planned section 17 leaves and therapeutic sessions and activities. | Staffing levels are subject to regular review. Recruitment strategy in place to ensure establishment levels are maintained. Currently reviewing most effective use of right resource at right time at ward level to facilitate Section 17 leave, therapeutic sessions and activities. | Clinical Services Managers | Completed and ongoing |
| 11 | Managers should ensure that telephones are located in an area that offers privacy are available to all service users. | Charitywide approach to ensure that all service users have access to a telephone that affords a degree of privacy. | Ward Managers Operational Managers | 30 April 2011 |
| 12 | An auditable process should be put in place to ensure that all service users sign and receive copies of their care plans. | Charitywide review of CPA policy and process to include audits and KPIs. | Senior Quality Partner | 30 April 2011 |
| 13 | Cleanliness and infection control audit should take place on all wards. | Cleanliness and Infection Control Audits are completed on a regular basis plus Clinical Service Manager and the Facilities Manager carry out additional ward visits to review standards. Senior Management Out of Hours visits include a review of décor and cleanliness and this is also covered by the Provider Visits across all services. | Facilities Managers Infection Control Leads | Completed and ongoing |
| 14 | All ward environments should be reviewed to ensure that they offer appropriate facilities, privacy and comfort for the service user group who reside on them. | Ward environments assessed as part of routine monthly unannounced visits by Executive Management Team, including service user environment checks which are reported at community meetings and taken through to clinical governance meetings with actions agreed. | Hospital Directors Ward Managers | Ongoing |

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| 15 | Managers should ensure that service users who are vulnerable and consistently lack capacity to make decisions about their lives and their care are housed in single sex environments. | Men's/Womens: Single sex accommodation only.<br>Neuropsychiatry/Adolescent: Vulnerability of all service users is routinely assed using risk assessment processes to ensure that none are placed at risk within the service by members of either gender. | Hospital Directors | Ongoing with regular review |