CARE QUALITY COMMISSION ANNUAL STATEMENT:
5 BOROUGHS PARTNERSHIP NHS FOUNDATION TRUST RESPONSE

Recommendation 1 - The Trust Board ensures that a response is provided to the Annual Statement prepared for the period 1 November 2008 to 31 October 2009 immediately and this Annual Statement by 1 February 2011.

Response - A response to the Annual Statement for the period 1 November 2008 to 31 October 2009 has been sent to the Commissioner on 21 December 2010. The remaining responses in this document relate to the latest Annual Statement for the period 1 November 2009 to 31 October 2010. The trust will ensure a reply is made by the end of April 2011.

Recommendation 2 – The Trust Board ensures that a system is in place for more timely responses following future Mental Health Act Annual Statements.

Response – The attached matrix at Appendix A sets out the governance arrangements for responses to the Commission’s Annual Statement.

Recommendation 3 - The Trust is asked for details of the systems it has put in place to prevent the issue of clinicians carrying out statutory functions without having received approval status.

Response - The Medical Staffing Officer routinely checks all the approval status and the evidence for all new employees as part of their pre-employment checks as well as routinely checking the approval status of all appropriate staff being recruited through locum agencies. The offer of appointment letters from the Human Resources include staff responsibilities with regards to approval status, the responsibility to ensure that their approvals remain in date and the request and warning not to carry out statutory functions without receiving or maintaining approval status.

The Trust Medical Staffing Officer and the Associate Medical Director for Mental Health Law jointly and severally maintain a local register of all staff with approval status, and regularly cross check their accuracy with the regional NHS Northwest lists.

The Medical Managers role descriptions include a responsibility “to ensure that robust mechanisms are in place and adhered to relating to scrutiny of Mental Health Act section papers and that career grade medical staff’s approval is valid and that they apply for renewal in a timely manner”. The Medical Manager posts were newly created and became operational in July 2010. The Medical Managers check the approval status of new medical staff at induction.
The Trust Medical Staffing Officer, the Medical Director and the Associate Medical Director have registered with the NHS Northwest to be given access to the National Database of approved status (section 12(2), Approved Clinicians and Deprivation of Liberty safeguards assessors) when it becomes operational.

NHS Northwest and the Trust Associate Medical Director for Mental Health Law remind clinical staff some 10 weeks before their approval status is due for renewal. In addition, NHS Northwest and the Trust Associate Medical Director for Mental Health Law write to alert the Medical Director if any staff approval status is at risk of lapsing or has lapsed. The Medical Director will then take appropriate remedial action.

**Recommendation 4** – It is recommended that efforts are made, through training, reminders audit and appropriate remedial action, to promote compliance with Part IV of the Mental Health Act, the Code of Practice (Chapters 23 and 24) and good practice by those professionals prescribing and administering medication to ensure detained and CTO patients do not receive medication unlawfully (e.g. within the rules of section 58, section 62 and section 64).

Response - A review of the Section 58 process has been undertaken in relation to the timeliness of the review of treatment, including a more robust documentation process in relation to capacity and consent. Responsible clinicians will be reminded through the monthly medical staffing meetings of their responsibilities to comply with the statutory process. In addition the medical manager for appropriate service will cascade information to all medical staff on a regular basis. The administration of medication to detained patients is a part of the Trust’s administration of Medication competencies and is covered by all relevant staff during induction and mandatory training. There is also a check of this in the Medication Card audit on the Quasar system, which is a web based data collection tool.

**Recommendation 5** – It is recommended that efforts continue to ensure that the explanation of rights is properly recorded using the pro-forma provided at the appropriate intervals in the detention period and that regular proactive visits are made to inform patients of their rights. The Trust is asked to provide details of its work in ensuring that information is available in appropriate formats e.g. on the adolescent and learning disability units.

Response – In proactive terms, qualified nurses on in-patient areas and care co-ordinators in community teams are responsible for the reading, and recording, of patient rights under Section 132. Staff on the wards undertake the reading of rights at the most appropriate time following admission. A new pro-forma has been introduced so that there is a consistency across the Trust in the process. The new pro-forma also includes the recording of information provided to the service user about the IMHA service. Mental Health Law Service staff remind ward staff of the requirement to ensure that rights are
read. In addition, when the pro-forma is not returned to Mental Health Law Service staff the omission is followed up directly with ward staff.

The Mental Act Law Administrators follow up with audit. The Trust has set in process an audit cycle operated by the Mental Health Law Administrators (MHLA). The process comprises of random audits to case files to ascertain if the pro forma has been completed appropriately. In addition, MHLA also sit in on a random selection of sessions when staff are reading rights to ensure that a “qualitative” element is brought to the process.

Specifically in relation to those patients who have learning disabilities information is provided to patients in easy to read and pictorial format. In addition, on admission a patient’s rights are read up to 4 times in the first week. If the patient is deemed to not to have capacity to understand the process a Consultant Psychiatrist undertakes the Section 132 duties. As a patient’s health improves further attempts are made to read their rights. This process is recorded on the appropriate forms and stored in the patient’s case notes.

In relation to the Fairhaven Children and Young Persons Unit staff have reviewed documentation given to young people in an attempt to ensure that it is more age appropriate in general as well as specifically in relation to Section 132 rights. As a part of this ongoing process staff are reviewed the following, namely Service User Booklets to ensure compliance with CQC standards; and Wellness and Recovery Action Plans (WRAP). Specifically in relation to Section 132 rights a “Young Person’s Pack” which is given to all young people admitted to the unit. The pack includes the use of the “Headspace Toolkit” that includes information about detention and encourages young people to ask specific questions why they in hospital, how can decisions be challenged and issues around refusal of treatment. Staff are currently developing a new format for care plans which will be more young person friendly. Young people on the unit were invited and encouraged to participate in this work and contribute their ideas and opinions.

Recommendation 6 – The Commission asks that the Hospital Managers review their policy in relation to Community Treatment Orders (CTO) in the light of current practice and also carries out a review to consider compliance with Community Treatment Order provisions required under the Mental Health Act and Code of Practice that analyses issues such as usage, issues, geographical differences, demographics information, number of recalls and revocations etc. The Trust provides the Commission with a copy of the review and details of any remedial action as a result.

Response – The Trust is undertaking a review of the CTO procedure which will be processed through the Trust’s governance pathway. It is expected that the CTO review will be completed by the end of March 2011. With regard to the analysis of the qualitative and quantitative data arising from elements identified in the Commissioner’s report, the primary assessment of the data
will be undertaken by medical staff and forwarded to the Commissioner once a through analysis is completed.

**Recommendation 7** – The Trust ensures that systems are in place to ensure the discharge of its responsibilities in relation to IMHA (Independent Mental Health Advocacy) service as detailed in section 130A-D and provides an update on its actions in the area of advocacy and/or engagement protocol with relevant IMHA providers.

**Response** – The IMHA service is provided by various organisations which are contracted by the PCT/LAs. The Trust “advertises” the service and refers all people entitled to the IMHA service under the Act to the advocates. Ward staff record the referral to the IMHA service on care records.

The Trust works with 4 different IMHA providers across the Trust. In Wigan the service is provided by Wigan Family Welfare. In Warrington Advocacy Experience provides the service to the acute wards and is commissioned by Warrington PCT and the low secure units (Marlowe and Chesterton), are commissioned by the North West Specialist Commissioning Group. Warrington NHS and Warrington Advocacy Service are currently reviewing the engagement protocol. Provision of IMHA services in Knowsley is undertaken by North West Advocacy Services. St Helens and Halton IMHA services are provided by Coalition for Disabled People. The engagement protocols covers all aspects of contact with the Trust and, amongst other things, sets out the scope of the engagement process, information about the service including the provision of information to qualifying patients and referral path ways.

**Recommendation 8** – It is recommended that efforts continue to ensure that episodes of seclusion meet the requirements as detailed in the Code of Practice alternative terminology is not used to deprive patients of seclusion safeguards, episodes are properly recorded and where necessary to depart from the Code of Practice in terms of safeguards then a record is made of the cogent reasons for departure.

**Response** – The Trust has reviewed its Seclusion Procedure to ensure that where seclusion does occur in accordance with the requirements of the Code of Practice appropriate processes are undertaken to set out the actions taken in relation to the decision to undertake the seclusion of a patient as well as the recording of the process, observations and reviews.

Where seclusion takes place a detailed record of the seclusion is undertaken. The record of the seclusion is maintained in the care records of the patient. These are the records that are examined by the Commissioner. A meeting is being sought with the Commissioner, the Associate Medical Director (Mental Health Act, mental health law service staff and operational staff to reinforce issues around the issue of seclusion procedures.

A copy of the Seclusion procedure is attached to this response as Appendix B.
Recommendation 9 – The Trust is asked to provide details of its arrangements to ensure the effectiveness of administrative scrutiny and discharge duties under the Mental Health Act at the Halton site.

Response – The substantive post of Mental Health Law Administrator has been filled at the Halton site. The duties of the post include all work related to the administration of all aspects related to the operation of the Mental Health Act.

Recommendation 10 – The Commission is provided with an update on the issues raised by the Commissioners on visits to the Chesterton Unit affecting the therapeutic milieu for the period October – December 2010 comparative to previous periods e.g. number and type of incidents, seclusion, control and restraint episodes, complaints and any other relevant factors.

Response – The comparative data and narrative is attached as Appendix C.

Recommendation 11 – The Commission is provided with an update on the progress to address the issues detailed above in the patient and environmental sections of the statement including the malodorous smell in Auden Unit, the position of the seclusion room on certain wards, the position of telephones in certain wards and environmental and gender separation improvements on the Stewart Assessment Unit.

Response

Auden Unit (Warrington) the issue identified by the Commissioner was responded to in the Trust’s response to the Commission in December 2010.

Lakeside Ward (Leigh) – a business case for the renovation work and other refurbishment has been prepared. The work on the refurbishment of the bathroom for disabled people commences in late January 2011.

Kingsley Ward (Warrington) – In relation to the issue of overgrown garden area action to remediate the area will be taken during the spring months. With regard to the concern expressed about an appearance of overcrowding in the day area, the number of beds on the ward has been reduced from 19 to 16 with a target capacity of 85%. Consequently, given the reductions in the number of beds, this concern has been addressed.

Chesterton Unit – A capital investment of £800,000 in the Unit will commence this year and will include refurbishment of the bedrooms and bathrooms as well as making the overall environment more amenable to the care of patients. Complaints were made by patients in relation to staff issues and attitudes on the Unit. In response new clear staff guidance in relation to engagement with patients around the arrangement of “smoke breaks”, administration of medication and the arrangement of leave have implemented. In relation to the issue concerning the “perceived lack of activities” on the Unit, a full programme of activities is in place including group activities with an
Activity Co-ordinator as well as a full Occupational Therapy programme following the recruitment of an Occupational Therapist. The issue of privacy for patients using the public telephone will also be addressed as part of the wider refurbishment programme.

Marlowe Unit – The issue of activities was also an issue raised on this Unit and the same programme has been put in place as for Chesterton Unit.

Stewart Assessment Unit – The number of beds on the Unit have been reduced with further planned reductions. In this respect, the concerns identified about gender separation have been managed through this process.

Coniston Ward – The low level piping was reported to estates immediately, and the work is now in progress.

Grasmere – Psychologists from Enhanced Day Therapies (EDT) are in the process of facilitating a “Recovery Group” on the Unit and staff are also in the process of compiling a leaflet detailing all of the Unit’s activities, and ensuring that when Care Plans are being compiled, activities are a formal part of the plan.

Fairhaven Unit – In relation to the site of the telephone there have been a number of incidents involving vandalism and damage to the existing payphone. There are also concerns that the wire connecting the handset has been damaged in attempts to remove it. It was considered that relocating the payphone to more secluded area could exacerbate these difficulties. The re-installation, which will be complete by mid February 2011, will require additional work to enclose wiring to the telephone. In addition, the telephone will require repositioning to accommodate this and a privacy hood has been ordered as part of the re-installation.

Austen Ward – The issue in relation to privacy when using the public telephone has addressed by the use of a hood, as in other wards.

**Recommendation 12 – The Commission is provided with an up-date to address the issue of appropriate multi-disciplinary input (education and social work) on the Fairhaven adolescent Unit.**

Response - A Fairhaven Review Team, led by the Trust’s Director of Nursing and Governance, considered educational input to the unit and while this work was ongoing a revised pathway was developed with Local Education Authority which was completed in July 2010. There is ongoing work considering the role of a dedicated Teacher within the unit. In relation to social work input into the Unit, a dedicated CAMHS social worker, who also has Approved Mental Health Practitioner (AMHP) status, has been appointed to the CAMHS team.

*April 2011*