

**Item No. 09**

**Meeting Date Wednesday 10<sup>th</sup> February 2021**

**Glasgow City  
Integration Joint Board  
Finance, Audit and Scrutiny Committee**

**Report By:** Jackie Kerr, Assistant Chief Officer, Adult Services  
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**Mental Welfare Commission Local Visits 2020**

**Purpose of Report:**

The purpose of this report is to present to the IJB Finance, Audit and Scrutiny Committee the findings from the Mental Welfare Commission Local Visits to adult and older adult mental health inpatient wards in Greater Glasgow and Clyde, during the period 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020.

**Background/Engagement:**

The Mental Welfare Commission was originally set up in 1960 under the Mental Health Act. Their duties are set out in the current Mental Health Care and Treatment Act. The Commission carry out their statutory duties by focusing on five main areas of work. They have a programme of visits to services who deliver Mental Health Care and Treatment to assess practice, monitor the implementation of mental health legislation, investigations, offering information and advice, and influencing and challenging service providers.

The Mental Welfare Commission undertake local visits, either announced or unannounced; and visit a group of people in a hospital, care home or prison service. The local visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the MWC have concerns, and may investigate further; and provide information, advice and guidance to people they meet with.

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| <b>Recommendations:</b> | The IJB Finance, Audit and Scrutiny Committee is asked to:<br><br>a) Note the contents of the report; and<br>b) Note the recommendations of the Mental Welfare Commission and the Services' response at Appendix 1. |
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**Relevance to Integration Joint Board Strategic Plan:**

These services are integral to the IJB's strategy for delivering high quality care and effective outcomes for the city's most vulnerable adults and older people.

**Implications for Health and Social Care Partnership:**

|                                                              |                                             |
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| <b>Reference to National Health &amp; Wellbeing Outcome:</b> | This report relates to outcomes 3, 4 and 7. |
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|                   |      |
|-------------------|------|
| <b>Personnel:</b> | None |
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| <b>Carers:</b> | The Mental Welfare Commission engage with relatives', carers' and friends during the Local Visit. |
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|                                |      |
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| <b>Provider Organisations:</b> | None |
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|                    |      |
|--------------------|------|
| <b>Equalities:</b> | None |
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|                                    |      |
|------------------------------------|------|
| <b>Fairer Scotland Compliance:</b> | None |
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|                   |      |
|-------------------|------|
| <b>Financial:</b> | None |
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|               |      |
|---------------|------|
| <b>Legal:</b> | None |
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|                         |      |
|-------------------------|------|
| <b>Economic Impact:</b> | None |
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| <b>Sustainability:</b> | None |
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| <b>Sustainable Procurement and Article 19:</b> | None |
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| <b>Risk Implications:</b> | Poor Local Visits may mean that people are not receiving good quality care and outcomes. There are also reputation risks to the Health and Social Care Partnership as the local visit reports are published on the Mental Welfare Commission website. |
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| <b>Implications for Glasgow City Council:</b> | None |
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| <b>Implications for NHS Greater Glasgow &amp; Clyde:</b> | <p>Mental Welfare Commission recommendations for in-patient services managed by NHS Greater Glasgow and Clyde / Health and Social Care Partnerships have a direct impact on the public perception of NHS Greater Glasgow and Clyde; and subsequently the Health and Social Care Partnerships.</p> <p>The report confirms detailed action plan responses to the recommendations of the Mental Welfare Commission.</p> |
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### 1. Purpose

- 1.1. The purpose of this report is to present to the IJB Finance, Audit and Scrutiny Committee the findings from the Mental Welfare Commission Local Visits to adult and older adult mental health inpatient wards in Greater Glasgow and Clyde, during the period 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020.

### 2. Background

- 2.1 The Mental Welfare Commission undertake local visits, either announced or unannounced; and visit a group of people in a hospital, care home or prison service. The local visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the MWC have concerns, and may investigate further; and provide information, advice and guidance to people they meet with.

### 3. Process

- 3.1 During local visits the Mental Welfare Commission review the care and treatment of patients, meet with people who use the service; and also speak to staff and visitors.
- 3.2 Local Visits are not inspections; and the Mental Welfare Commissions' report details findings from the date of the visit.
- 3.3 The Mental Welfare Commission provides recommendations and the service is then required to provide an action plan response within three months, providing detail of the actions planned and timescales for completion of the actions.

### 4. Local Visits Reports 2020

- 4.1. The Mental Welfare Commission published a total of five [Local Visit Reports](#) during the reporting period in respect to the following adult and older adult mental health inpatient wards in Greater Glasgow and Clyde:
  - [Gartnavel Hospital, Claythorn House \(9 January 2020, announced\)](#)  
Claythorn House is an in-patient learning disability service. This facility is based within Gartnavel Royal Campus. It is part of the Learning Disability Services, which provide healthcare services for people with a learning disability.

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- [Leverndale Hospital, Wards 3a, 4a & 4b \(20 & 22 January 2020, unannounced\)](#)  
These are the adult acute mental health admission wards (primarily for patients aged 18-65 years) from South Glasgow. The wards are 24-bedded, mixed-sex wards.
- [Vale of Leven Hospital, Fruin & Katrine Wards \(19 February 2020, announced\)](#)  
Fruin and Katrine wards are mental health assessment and treatment inpatient facilities in West Dunbartonshire, for people over 65 years of age. Fruin is a 12 bedded facility for patients with dementia. Katrine Ward is a six-bedded unit for patients with functional mental illness.
- [Royal Alexandria Hospital, Ward 39 \(5 March 2020, unannounced\)](#)  
Ward 39 is a 20-bedded short-stay ward providing care and treatment for older adults with a functional mental illness.
- [Gartnavel Royal Hospital, Iona Ward \(12 March 2020, announced\)](#)  
Iona Ward provides 20 continuing care beds for older men and women with complex care needs.

- 4.2 The Mental Welfare Commission visited two adult inpatient wards and three older adult inpatient wards. Of the five local visits, three were announced and two were unannounced. A total of 12 recommendations were made, across the five sites. Details of the recommendations and the service responses are detailed in Appendix 1.

## 5. Themes and Good Practice

- 5.1 The main themes identified from the recommendations from the Local Visit Reports are in relation to:

- auditing of care plans and ensuring these are reviewed to reflect the care needs of the individual;
- record keeping;
- review of medical records and enhanced observations; and
- multi-disciplinary team notes.

- 5.2 The Mental Welfare Commission may also include in their report examples of good practice noted at the visit. Examples of good practice of the local visit reports published in 2020 included that:

- A ward has been instrumental in supporting a complex discharge which required intensive training for new providers; this was facilitated within the ward, using a range of hands on training and technology to ensure an effective and safe discharge. This offered a template for future planning for complex discharges. (Claythorn House)
- Specialist learning disability inpatient services have commenced a redesign of assessment and treatment services and are working with all partners to determine the most effective service provision. (Claythorn House)
- A ward has helped a patient with hearing loss to get support in the tribunal process. (Ward 4A, Leverndale Hospital)
- Training for staff on a ward has been put in place to support them with recent issues in managing the challenges of psychoactive substance misuse. (Ward 4B, Leverndale Hospital)

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### **6. Governance Arrangements and Shared Learning**

- 6.1 Governance arrangements are in place to ensure the robust monitoring of the Local Visit Reports. A summary report is presented to the Mental Health Clinical Governance Executive Group; and any significant issues are highlighted immediately to the Lead Associate Medical Director and local Clinical Director for review. A summary of Local Visits are also included in the Lead Associate Medical Directors' bi-monthly Governance Lead Update to the Health Board Clinical Governance Forum.
- 6.2 A quarterly report is presented to the Adult Services Governance Group to ensure cross system learning in relation to the recommendations made and the service response. Examples of good practice are also shared with the group. This report is also available for the other HSCPs in GG&C to share at their governance forums; as well as the annual report produced for this Committee.
- 6.3 The Commission also produces an Annual Review of Local Visit Recommendations report, providing a summary of recommendations from local visits undertaken during the previous year. The report will be scrutinised through various governance forums to review themes and good practice. The last report published was in July 2019 for local visits undertaken in 2018; it is expected that future reports will be referenced in the report to the Committee, to provide analysis on benchmarking from other services across Scotland.

### **7. Recommendations**

- 7.1. The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the content of the report; and
  - b) Note the recommendations of the Mental Welfare Commission and the services' response at Appendix 1.

## Appendix 1

| <b>Gartnavel Hospital, Claythorn House<br/>(9 January 2020, announced)</b> |                                                                                                                                                           |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                            | <b>MWC Recommendation</b>                                                                                                                                 | <b>Action Plan Response</b>                                                                                                                                                                    | <b>Timescale for Implementation</b> | <b>Update</b>                                                                                                                                                                                                                                                                    |
| <b>1.</b>                                                                  | Managers should audit the process for reviewing care plans which reflect progress towards goals, acknowledge achievements and respond to changes.         | MWC Care Planning Guidance session planned for CPD calendar. Guidance to be included in care plan audits, and discussed during multi-disciplinary teams (MDTs) and nurse supervision sessions. | July 2020                           | CPD calendar has been limited due to Covid restrictions but Senior Charge Nurses' / Charge Nurses' auditing and reviewing care plans to ensure they reflect goals, progress, etc. as per MWC Care Planning Guidance. Care plans are reviewed at individual supervision sessions. |
| <b>2.</b>                                                                  | Managers should ensure that reviews of enhanced levels of observation take place and are recorded in line with Improving Observation Practice guidelines. | Prompts for this on MDT reports and recorded in care plan and on EMIS.                                                                                                                         | June 2020                           | Prompts now included in MDT paperwork and discussed at MDT and recorded in care plan / EMIS.                                                                                                                                                                                     |

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**Leverndale Hospital, Ward 3a  
(20 & 22 January 2020, unannounced)**

|           | <b>MWC Recommendation</b>                                                                                                                                                           | <b>Action Plan Response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Timescale for Implementation</b> | <b>Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>1.</b> | Managers should ensure that care planning documentation is improved across all three adult acute wards to ensure that care plans address the specific needs of individual patients. | <p><b>Ward 3A to transition all patients to individual care planning approach</b> – all patients now admitted to Ward 3A will have individualised care plans with specific needs determined by their initial nursing assessment and from their first consultation with the MDT. MWC Guidance on Care Planning used as guidance to promote patient centred care plans.</p> <p><b>Ward 3A to phase out Yellow generic care plans</b> – All patients on prolonged admissions have had their care planning reviewed and transitioned to individual care planning for their specific care needs.</p> | End May 2020                        | <p>Care Plans remain in paper form.<br/>Yellow generic Care Plans no longer in use.<br/>Standardised documentation utilised across all three adult admission wards.<br/>Band 6 / Charge Nurse continues to carry out regular audit of Named Nurse Care Plans/Updates.<br/>Improvement noted regarding personalised information and patient collaboration in Care Plans and Named Nurse Updates.</p> <p>EMIS Forum disrupted due to Covid-19 Pandemic – any concerns regarding documentation taken here.<br/>Request for paper copy care plan to be available as electronic template via EMIS will be re-addressed at this forum.</p> |

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| 2. | Managers should ensure that risk assessment and MDT recording is robust and not compromised by the move to the EMIS system.       | <b>Ward 3A Regular review of Patient Risk documented on EMIS –</b> <ul style="list-style-type: none"> <li>• CRAFT risk assessment updated on EMIS at each MDT Review.</li> <li>• MDT documentation completion in full to be encouraged on EMIS system at each MDT review.</li> <li>• Maintain EMIS Nursing entries on each shift to acknowledge three risk areas (Risk to self, Risk to Other, Risk from Other) identified in current CRAFT.</li> <li>• Updated EMIS Training for competent navigation of CRAFT risk assessment and MDT documents, and ease of navigation to source historical CRAFT risk assessments and MDT documents.</li> </ul> | End July 2020 | <p>CRAFT Risk Assessments completed at MDT, updated as clinically indicated and documented via EMIS per shift. Named Nurse MDT preparation completed in full and documented via EMIS. Outcome of MDT and plan of care clearly documented also.</p> <p>Nursing management team continue to monitor standards of documentation/record keeping.</p> |
| 3. | Managers to review medication records for patients requiring forms (T2 and T3) authorising treatment under the Mental Health Act. | <b>Ward 3A Robust review of patient medication records (T2 and T3) –</b> <ul style="list-style-type: none"> <li>• E-mail prompt from Medical Records to Consultant and SCN to review patient for T2 / T3 or for lapsing T2 / T3.</li> <li>• Weekly assurance check for current T2 / T3 documentation at medication records.</li> <li>• MDT review to acknowledge requirement for T2 / T3 or acknowledge current T2 / T3 in place.</li> </ul>                                                                                                                                                                                                        | End June 2020 | <p>Medication administration information reviewed on a weekly basis by Nursing Staff re T2/T3 requirements. Medical Records prompt useful and informs MDT discussion re same.</p>                                                                                                                                                                |

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**Leverndale Hospital, Ward 4a  
(20 & 22 January 2020, unannounced)**

|           | <b>MWC Recommendation</b>                                                                                                                                                           | <b>Action Plan Response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Timescale for Implementation</b> | <b>Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.</b> | Managers should ensure that care planning documentation is improved across all three adult acute wards to ensure that care plans address the specific needs of individual patients. | <p><b>Ward 4A</b><br/>This has been discussed with staff and they are making efforts to ensure this standard is met. A Band 6 Charge Nurse has been allocated to each patient group (Locality) and requested audits of these to ensure standards are met and maintained. MWC guidance care plans have been circulated and discussed with staff.</p> <p>Enhanced observations - although this was not a point raised for ward 4A, the SCN plans to take forward the guidance provided as agrees this is useful in sharing with staff to achieve best practice.</p> | End July 2020                       | <p>Care Plans remain in paper form.<br/>Yellow generic Care Plans no longer in use.<br/>Standardised documentation utilised across all three adult admission wards.<br/>Band 6 / Charge Nurse carries out regular audit of Named Nurse Care Plans/Updates.<br/>Improvement noted regarding personalised information and patient collaboration in Care Plans and Named Nurse Updates</p> <p>EMIS Forum disrupted due to Covid-19 Pandemic – any concerns regarding documentation taken here.<br/>Request for paper copy care plan to be available as electronic template via EMIS will be re-addressed at this forum.</p> |

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| 2. | Managers should ensure that risk assessment and MDT recording is robust and not compromised by the move to the EMIS system.       | <p><b>Ward 4A</b><br/>           From EMIS forum meetings we were informed that they were looking at this to be able to include all information from paper to EMIS; as a team we did feel that information/systems within paper MDT document has been missed in transfer to EMIS.</p> <p>CRAFT - I did raise the issues of CRAFT at EMIS forum meetings following this visit but I am unsure of any actions being taken to change this.</p> <p>Chronological entries have been identified as reflecting a poorer quality than what would have been recorded on paper. This will be taken forward with the nursing team to ensure accurate record keeping which meets the appropriate standards.</p> | Immediate and on-going | <p>CRAFT Risk Assessments completed at MDT, updated as clinically indicated and documented via EMIS per shift. Named Nurse MDT preparation completed in full and documented via EMIS Outcome of MDT and plan of care clearly documented also.</p> <p>Nursing management team continue to monitor standards of documentation/record keeping.</p> |
| 3. | Managers to review medication records for patients requiring forms (T2 and T3) authorising treatment under the Mental Health Act. | <p><b>Ward 4A</b><br/>           The Consultants/RMOs are on top of completing these. There were no issues in terms of these being completed for patients, the issue on the day was a certain medication not included on a patient's T3 which was rectified. This good practice will be maintained and monitored.</p>                                                                                                                                                                                                                                                                                                                                                                               | On-going               | <p>Medication administration information reviewed on a weekly basis by Nursing Staff re T2/T3 requirements. Medical Records prompt useful and informs MDT discussion re same.</p>                                                                                                                                                               |

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**Leverndale Hospital, Ward 4b  
(20 & 22 January 2020, unannounced)**

|           | <b>MWC Recommendation</b>                                                                                                                                                           | <b>Action Plan Response</b>                                                                                                                                                                                                                                                                                                                                                                 | <b>Timescale for Implementation</b> | <b>Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.</b> | Managers should ensure that care planning documentation is improved across all three adult acute wards to ensure that care plans address the specific needs of individual patients. | <p><b>Ward 4B</b></p> <p>Staff have been updating more individualised person centred care plans utilising the good practice guide on care plans from the MWC – these will be reviewed weekly by named nurses and the Charge Nurses are auditing these.</p> <p>Staff are also utilising the ‘Getting to Know Me’ information which will be in every patient’s room for all staff to see.</p> | September 2020                      | <p>Care Plans remain in paper form.</p> <p>Yellow generic Care Plans no longer in use.</p> <p>Standardised documentation utilised across all three adult admission wards.</p> <p>Band 6 / Charge Nurse carries out regular audit of Named Nurse Care Plans/Updates.</p> <p>Improvement noted regarding personalised information and patient collaboration in Care Plans and Named Nurse Updates.</p> <p>EMIS Forum disrupted due to Covid-19 Pandemic – any concerns regarding documentation taken here.</p> <p>Request for paper copy care plan to be available as electronic template via EMIS will be re-addressed at this forum.</p> |

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| 2. | Managers should ensure that risk assessment and MDT recording is robust and not compromised by the move to the EMIS system.       | <b>Ward 4B</b><br>Charge Nurses are ensuring that staff are properly filling out the MDT and CRAFT on EMIS and that the Consultants and Junior Doctors know how to complete the MDT Outcomes form and the CRAFT so all the information is together and readily available.<br>Staff highlighted to EMIS if they can change the way that the information on CRAFT runs once saved.                                  | September 2020 | CRAFT Risk Assessments completed at MDT, updated as clinically indicated and documented via EMIS per shift. Named Nurse MDT preparation completed in full and documented via EMIS. Outcome of MDT and plan of care clearly documented also.<br><br>Nursing management team continue to monitor standards of documentation/record keeping. |
| 3. | Managers to review medication records for patients requiring forms (T2 and T3) authorising treatment under the Mental Health Act. | <b>Ward 4B</b><br>Legal Care Plan Need now in place with dates of detention on it – medical records also informs the charge nurses/medical staff when these forms are due.<br>We have a weekly check of all prescription kardexes looking at legibility, any allergies etc and whether the T2 and T3 forms have been included alongside the kardex with the date of same on the front of the prescription kardex. | September 2020 | Medication administration information reviewed on a weekly basis by Nursing Staff re T2/T3 requirements. Medical Records prompt useful and informs MDT discussion re same.                                                                                                                                                                |

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**Vale of Leven Hospital, Fruin & Katrine Wards  
(19 February 2020, announced)**

|           | <b>MWC Recommendation</b>                                                                                                  | <b>Action Plan Response</b>                                                                                                                                                                                                                               | <b>Timescale for Implementation</b> | <b>Update</b>      |
|-----------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------|
| <b>1.</b> | Managers should ensure that consultation with the proxy decision maker or relative is recorded on section 47 certificates. | Senior Charge Nurse, or when absent, Nurse in Charge, and Ward Clerk will review all completed individual patient admission paperwork including section 47 certificate to ensure proxy decision maker or relative is recorded on section 47 certificates. | Introduced May 2020                 | Completed May 2020 |

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| <b>Royal Alexandria Hospital, Ward 39<br/>(5 March 2020, unannounced)</b> |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                  |
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|                                                                           | <b>MWC Recommendation</b>                                                                                                                              | <b>Action Plan Response</b>                                                                                                                                                                                                                                                                                                                                                                                   | <b>Timescale for Implementation</b> | <b>Update</b>    |
| <b>1.</b>                                                                 | Managers should ensure that MDT (multi-disciplinary team) notes include a record of who attended and contributed to the meeting.                       | Undertake nurse line management with all registered staff and discuss the importance of accurate recording of attendance at MDT.<br>Audit of 4 weeks recording of attendance at MDT to be carried out.                                                                                                                                                                                                        | June 2020<br><br>July 2020          | Actions complete |
| <b>2.</b>                                                                 | Managers should ensure care plans are consistently updated following reviews to reflect the relevant changes to patients' presentation and care needs. | Undertake nurse line management with all registered staff and discuss the requirements of the named nurse to ensure that along with accurate recording of care plan reviews, currently being carried out. Where necessary updating of care plans if they no longer reflect the patient's current treatment plan.<br>Identify protected time for Charge Nurses to carry out comprehensive audit of care plans. | June 2020<br><br>July 2020          | Actions complete |
| <b>3.</b>                                                                 | Managers should ensure that the legal status of patients is accurately and consistently                                                                | Undertake nurse line management with all registered staff and discuss the accurate record keeping requirement                                                                                                                                                                                                                                                                                                 | June 2020                           | Actions complete |

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|  | recorded within the chronological notes. | of identifying the patient legal status consistently within the chronological records to ensure the patient rights are protected and all action taken are within the appropriate legal framework Undertake audit at the same time of care plan audit to ensure compliance. | July 2020 |  |
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**Gartnavel Royal Hospital, Iona Ward  
(12 March 2020, announced)**

|           | <b>MWC Recommendation</b>                                                                                                                                                  | <b>Action Plan Response</b>                                                                                                                                                                                                                    | <b>Timescale for Implementation</b> | <b>Update</b>                                                                      |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|
| <b>1.</b> | Managers should audit care plans to ensure they are person centred and updated following reviews to reflect the relevant changes to patients' presentation and care needs. | All care plans audited and reviewed and now updated to reflect any changes to individuals care needs or presentation.                                                                                                                          | Completed<br>12/05/2020             | Local audit in process to compliment Standards of Ward Management audit process.   |
| <b>2.</b> | Managers should have a system of audit in place to ensure that a copy of the powers held by proxy decision makers are available within the care file.                      | Copies of Power of Attorney/Guardianship are now all displayed at the front of each of the patients care plans for ease of viewing/provision of information regarding responsible individual.                                                  | Completed<br>12/05/2020             | Local audit in process to ensure adherence to this system.                         |
| <b>3.</b> | Managers should ensure that activity provision is recorded within patient notes.                                                                                           | Activity provision/participation is now entered daily within EMIS as part of Chronological Account of care, indicating what activity the individual patient participated in and the extent to which they participated/ managed to participate. | Completed<br>12/05/2020             | Enhancement of access to activities for patients has been escalated by ward staff. |

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