

BOARD MEETING

28 April 2016

Paper Title:	Committee Annual Reports for 2015/16
Section:	Public
Lead Director:	Committee Chairs
Paper Author:	Various
Agenda Item:	16
Presented For:	Assurance

1. Purpose of this Report:

The Terms of Reference of each Board Committee require that they submit an Annual Report to the Board to summarise their work and to identify how they have fulfilled the duties required by the Board. Attached to this paper are the approved Annual Reports of the following Board Committees:

- the Audit Committee (considered at its meeting on 11 April 2016); and
- the Mental Health Legislation (MHL) Committee (considered at its meeting on 20 April 2016).

The timing of the other two Board Committee meetings (the Finance, Business and Investment Committee meets on 30 April 2016; and the Quality and Safety Committee on 6 May) means that their approved Annual Reports will be presented at the May Board meeting.

2. Summary of Key Points

Both the Audit Committee and MHL Committee reports provide positive assurance that both Committees are operating effectively, that they are fulfilling their terms of reference and that there is strong commitment from individual Board members in their role as Committee members. There has been no negative impact as a result of changes to the membership of either Committee during the year.

3. Board Consideration

To seek assurance from the relevant Committee Chairs about the work of each Committee during 2015/16, which support the consideration of the 2015/16 Annual Governance Statement.

4. Financial Implications

None.

5. Legal Implications

None.

6. Equality Impact Assessment

No Equality Impact Assessment is required for this report.

7. Previous Meetings/Committees Where the Report Has Been Considered:

Highlight whether the paper has been discussed at any of the following meetings by placing a tick in the relevant box(es):

Audit Committee	<input checked="" type="checkbox"/>	Quality & Safety Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee	<input type="checkbox"/>
Executive Management team	<input type="checkbox"/>	Directors Meeting	<input type="checkbox"/>	Chair of Committee's Meeting	<input type="checkbox"/>	MH Legislation Committee	<input checked="" type="checkbox"/>

8. Risk Issues Identified for Discussion

None.

9. Links to Strategic Drivers

Both Committees have an important role in scrutinising governance issues which can impact on the Trust's strategic objectives.

10. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act.

11. Recommendations:

That the Board:

- considers the Annual Reports of the Audit Committee and MHL Committee for 2015/16; and
- notes the two remaining Committee Annual Reports will be submitted to the Trust Board in May 2016.

Audit Committee Annual Report 2015/16

Introduction

1. The Audit Committee is established under Board delegation with approved Terms of Reference that are aligned to the NHS Audit Committee Handbook, published by the Department of Health. The Committee's Terms of Reference require that an Annual Report is submitted to the Board to summarise its work over the past year and to identify how it has fulfilled the duties required by the Board. All Committee reports have historically been submitted in May to help inform the approval of the Annual Report and Accounts / Annual Governance Statement (AGS). With the earlier deadlines associated with Foundation Trust status, these have now been brought forward to April. This report outlines the work of the Audit Committee during 2015/16, highlighting key areas of work and assurance.

Audit Committee Membership and Meetings

2. The Committee comprises solely of Non-Executive Directors (NEDs), supported by the Director of Finance, Contracting and Estates, Trust Secretary and senior staff from the Finance Directorate. Membership of the Audit Committee has changed during the year to reflect changes in NED portfolios. Attendance at Audit Committee meetings has been consistently strong as shown in the table below. The Audit Committee met five times during 2015/16. Key actions from each of the meetings have been reported to subsequent meetings of the Board and Committee minutes circulated to all Board members. The Trust's Chief Executive attended one meeting at which the AGS and Annual Report and Accounts were considered (in June 2015).

Audit Committee members	Attendance
Derrick Palmer	3/3
David Banks	5/5
Rob Vincent	2/2
Sue Butler	3/3
Nadira Mirza	1/1

3. The Audit Committee meets with Internal and External Auditors in attendance as well as the Director of Finance, Contracting and Estates, Head of Financial Services, Trust Secretary, and a Local Counter Fraud representative. Both auditors have been offered the opportunity of meeting the Committee independently in the absence of Directors and have met the Chair of the Committee outside formal Committee meetings. Neither auditor has at any time indicated any area of urgent concern that needed to be brought to the Committee or Board's attention outside the normal meeting cycle.

4. The Audit Committee works to an annual plan of scheduled agenda topics, along with a range of specific issues which are subject to review. A rolling programme of actions is maintained and monitored accordingly. The summary below is divided into seven areas reflecting the key duties set out in the Committee's Terms of Reference.

Governance, risk management and internal control

5. In preparation for approval of the Annual Report and Accounts, the Committee reviewed the relevant disclosure statements, in particular the AGS, together with the Head of Internal Audit Opinion, External Audit Opinion and considered that the AGS was consistent with its views on the Trust's systems of internal control. Individual Directors provided signed letters of representation which added further assurance to existing processes and these were submitted to the June Audit Committee meeting.

6. The Audit Committee has reviewed the format and content of the Board Assurance Framework (BAF) twice during the year and the adequacy of the assurances that have been received. In December 2015, the Board and senior leadership team held a Forward to Excellence workshop around risk appetite which generated significant interest and several new ideas in relation to organisational approaches to risk. As part of the annual planning process for 2016/17, the Board approved some high level changes to the strategic risks within the BAF at its March Board meeting. A new format for reporting the BAF is being prepared 2016/17 and will be the subject of a second Forward to excellence workshop in May.

Internal Audit

7. The West Yorkshire Audit Consortium (WYAC) provides the Trust's Internal Audit Service. WYAC is a NHS Consortium and the Trust is a member of this Consortium. Internal Audit has undertaken a wide ranging review of key systems and controls, reporting back at each Audit Committee meeting. The Audit Committee has worked effectively with Internal Audit to strengthen the Trust's internal control processes. During the year there have been some staff changes across WYAC with the retirement of the Head of Internal Audit and change in Audit Manager. The Audit Committee has also been updated about the merger plans between WYAC and North Yorkshire Audit Services.

8. During the year, the Audit Committee has:

- reviewed and approved the Internal Audit Strategy, operational plan and its detailed programme of work;
- considered its membership of WYAC and the ongoing financial and legal liabilities associated with this;
- considered the opinions given on Internal Audit reports and, where limited assurances have been presented, put in place further scrutiny or review of the actions recommended. The Committee received 21 internal audit reports at its five meetings; 18 were presented as providing significant assurance. There were three reports in 2015/16 issued with a 'limited assurance' opinion: Consultant Job Plans; Cold Chain Management on Inpatient Wards; and Declarations of Interest Follow-up. Robust procedures are in place for following up all internal audit recommendations;
- noted the consistently high level of follow up of recommendations made by Internal Audit, which ranged between 85-95% of recommendations being implemented within agreed or revised timescales during the year; and
- considered the Head of Internal Audit Opinion for 2014/15 on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The opinion was that significant assurance could be given that there was a generally sound system of internal control, designed to meet the

organisation's objectives, and that controls were generally being applied consistently. This was based upon the audit work carried out during the year in line with the plan approved by the Committee. This opinion contributed to the Board's assessment of the effectiveness of the Trust's system of internal control and to the completion of its Annual Governance Statement.

External Audit

9. The External Audit function is undertaken by KPMG LLP which has provided regular reports to each Audit Committee meeting. The key areas reported to the Audit Committee have included:

- technical updates informing the Committee about changes in accounting practices, reports from the CQC, Monitor, NHS England and the Charity Commission relevant to the Trust. During the year these reports have widened to include more social care issues reflecting the changes in the health landscape and the direction of travel set out in the 5 Year Forward View. The Committee has used the technical updates to raise issues about and to feed into the monthly Chief Executive's report to the Board;
- invitations to various the Audit Committee Institute led seminar and events;
- the external auditor's annual plan for 2014/15 (which was duly approved by the Committee). The annual plan was based on KPMG's risk-based approach and linked to the Trust's preparations for FT status;
- helpful advice, guidance and support to senior management in compliance with the new requirements of becoming a FT;
- the audit of the Trust's financial statements and auditor's opinion (see below); and
- the Annual Audit Letter, summarising the key issues arising from the external audit work during the year.

Counter Fraud

10. The Trust has a very proactive nominated Local Counter Fraud (LCF) Specialist provided via WYAC, who is fully accredited by the NHS Counter Fraud and Security Management Service. The Audit Committee approved the Annual Counter Fraud Plan in March 2015 and received regular updates on progress of counter fraud work during the year. The Committee also received a risk assessment against fraud, bribery and corruption which considered the current and emerging fraud risks for the Trust in 2015/16 and determined the direction anti-fraud work would take during the forthcoming financial year.

11. The LCF team has continued to be proactive in strengthening an anti-fraud culture within the Trust and regularly reported on progress of any fraud investigations. We have seen a reduction in staff-related investigations which can be accredited in part to LCF staff visibility in attending team meetings and safeguarding forums.

Management

12. The Audit Committee has considered at each meeting the waivers against the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation and these core documents were reviewed and updated in September 2015 against FT requirements. The Audit Committee has also considered two areas of positive assurance relating to information governance during the year:

- 6-monthly reports on information and data assurance linked to internal processes of gathering and maintaining key data across the Trust; and
- the audit report by the Information Commissioner's Office into data protection governance and data sharing systems and processes, where the Trust was awarded reasonable assurance in both areas.

13. In addition, the Audit Committee has received bi-annual reports against the level of litigation sought against the Trust, the financial implications of these claims and assurances about the improvements to processes and lessons learned that help to mitigate potential litigation in the future.

Financial Reporting

14. The Annual Report and Accounts for 2014/15 were considered by the Audit Committee in May and June 2015 including the proposed wording of the AGS and duly submitted to the Board for approval. The Audit Committee was pleased to note that once again the report of External Audit indicated that an unqualified audit opinion was to be given on the accounts and that the auditors had not identified any significant weaknesses in systems of accounting and financial control.

Review of effectiveness

15. The Audit Committee last undertook an annual evaluation of its own performance in 2014/15 based on issues covered in the Department of Health's Audit Committee Handbook and the Treasury's Audit and Risk Assurance Committee Handbook. All Committees were scrutinised as part of the Monitor assessment process and a further evaluation is scheduled for 2016/17 (to take place in February 2017).

Recommendations

16. That the Audit Committee:

- consider the Annual Report of the Audit Committee for 2015/16; and
- approve the report for submission to the April Board meeting

Mental Health Legislation Committee Annual Report 2015/16

1. Background

This report provides an overview of the governance arrangements that support the application of the MH Legislation in the Trust and details of the Mental Health Act activity for the period 1 April 2015 to 31 March 2016.

2. Governance arrangements

2.1 Committee Membership and meeting attendance

Ralph Coyle became Chair of this meeting in October 2014.

2015/16	MHLC Meetings: 4
Ralph Coyle, Chair from October 2014, Non-Executive Director	4/4
Derrick Palmer, Non-Executive Director (left July 2015)	2/2
Nadira Mirza, Non-Executive Director	2/4
Rob Vincent, Non-Executive Director (commenced Oct 2015)	1/2
Dr Andy McElligott, Medical Director	4/4
Nicola Lees, Deputy Chief Executive/ Director of Nursing	4/4
Paul Hogg, Trust Secretary	3/4
Michael Smith, Trust Chairman	1/1

2.2 Committee Terms of Reference

The changes to the Terms of Reference were updated and approved in July 2015 to meet Foundation Trust constitutional requirements.

2.3 Provision of assurance to the committee

The following sub-groups have provided assurance to the committee during the year:

- Mental Health Legislation Forum
- Associate Hospital Managers Group

Further detail is provided in section 4 of this report.

2.4 Assurance to Board from the committee

Through the committee chair's report to Board, the Mental Health Legislation Committee has provided the Trust Board with information and assurance on key issues arising during 2015 / 16; those issues are summarised in section 3 of this report.

3 The Work of the Committee

Throughout 2015 / 16 the committee has steered, sought and received assurance on a range of issues and achievements which can be summarised as follows;

Service Level Agreements regarding the Mental Health Act support service have been signed off with both acute trusts

CQC Fundamental Standards; assurance against a number of the fundamental standards has been received and will be summarised in the CQC assurance report to Board.

Mental Health Act Action Plan in response to CQC Mental Health Act visits; the committee has received routing updates on this action plan throughout the year and sought additional assurances where necessary particularly in relation to the issue of appropriate recording of consent to admission and treatment, an audit of which is showing improvement.

Mental Capacity Act Action Plan; the plan has been routinely monitored and particular progress has been seen in relation to training provision / attendance and the updating of relevant policies. Permanent funding was secured at the start of the financial year.

CQC Report on Use of Deprivation of Liberty Orders; The Committee received an update and further clarity in relation to the previous report on DOLs to that submitted in April 2015. Whilst the paper indicated that BDCFT DOLs applications are much lower than the average from mental health trusts there was reason to believe that these figures may not be wholly accurate. It was agreed there should be a further review for DOLS figures to be presented and confirmed at the Committee's October meeting. It was noted that the understanding and integration of the MCA is a nationwide issue and that it is still poorly *understood* and poorly embedded in parts of the health and care system.

Care Programme Approach audit; a tool developed by the CPA Association was adopted and amended slightly to meet local needs. In addition the Partners in Audit Network (service user and carer auditors) ran a parallel audit measuring user experience of CPA this provided a fuller picture to the committee.

Audit on Timeliness of Reports to Tribunal Judiciary; The Committee considered the findings of an audit carried out between 1 January 2015 and 30 April 2015 of cases heard at a Tribunal which identified whether reports had been sent on time. The audit provided greater assurance than previously on this. In November 2014 the Tribunal Judiciary had written to all chief executives to inform them that they were only receiving 37% of reports within 21 days of receipt of the appeal or referral and at that time BDCFT were only sending 20% of reports on time. The recent audit outlined that 94% of reports had been sent on time. However compliance at 100% is required. It appears there remain issues around receiving social circumstances reports as the findings identified 30% of those were late. It was therefore agreed it would be helpful to make Mark Trewin, Service Manager (Mental Health), Bradford Council, aware to enable him to cascade this information to staff, although it is not only social care staff who complete the social circumstances reports (care co-ordinators often do this). To improve our performance further it was agreed strong management was required and in the first instance issues should be escalated through the relevant line manager and Deputy Director. The Committee was accordingly assured as to good progress though further improvement was sought.

CQC styled local scrutiny of patient records; in preparation for future CQC ward visits a schedule of CQC-style scrutiny around patients' paperwork has been devised and a timetable prepared for local ward reviews to help provide evidence against compliance with standards.

Use of restraint – deep dive; a deep dive report on the use of restraint was received and it was noted that Pakistani and Bangladeshi groups were disproportionately represented in restraint incidents; the committee requested a further report covering a longer time period and this will be received in 2016.

Section 136 – deep dive; The Committee received a report on the use of section 136 places of safety and a copy of the recent clinical audit which had given a 'significant assurance' rating. It was felt by the Committee that further time needed to pass before conclusions could be reached on the service provided under this section bearing in mind that the First Response team had only be involved for a limited period to date. A further report would follow in 2016/17

Section 17 Leave – deep dive; The report provided a summary of previous issues and current developments regarding Section 17 of the Mental Health Act, its use and Trust compliance regarding the section. It was noted the introduction of the smoke free environment in July 2015 had impacted on authorisation of S17 leave. Dr Ashish Rana had volunteered to investigate this issue over the next few months and provide a report to Committee in July and this issue would be raised more widely with Consultants. The content of the deep dive was noted. The Committee agreed it had received some assurance with respect to 3 standards and it would receive a further audit report after April 2016.

CQC Inspection June 2014 (specific MHA related issues); assurance was provided to the committee in relation to the 'must do' action around upgrading the Trust's health-based places of safety/Section 136 suites and a small number of 'should do' actions all of which were completed prior to the January 2016 inspection.

MHA Activity Report; the Committee received a 6 monthly report on mental health legislation activities across the Trust which included activity data on the use of key sections under the MHA, and performance on Associate Hospital Manager Hearings and Appeals. The Committee agreed it would be useful to produce a report on the Cheshire West Ruling and this was submitted to the Trust Board.

Committee dashboard; the Committee received an Integrated Performance Report (Dashboard) at each of the meetings in 2015/16; this has assisted the Committee in assessing the Trust's performance and progress in delivery of key Mental Health Legislation targets and indicators.

Policy approval; the committee approved the following policies;

- Section 117 Policy and Procedure (joint policy between Local Authority, CCG's and BDCT (excluding North Yorkshire County Council).
- Care Programme Approach policy

4 The work of other groups reporting to the Committee

4.1 Mental Health Legislation Forum.

The Forum reports directly to the Mental Health Legislation Committee and provides professional opinion and explanations on areas of the Act where trends may occur or outlying results emerge. It meets every 6 weeks and provides Practitioners working daily with the application of Mental Health Legislation, with a forum to share news, promote good practice and flag up concerns that may need escalating to the Committee.

4.2 Associate Hospital Managers Group

This meeting provides Associate Hospital Managers with a forum to receive training on subject areas relevant to their role as well as providing an opportunity to comment on and improve systems and processes to ensure hearing run smoothly. The Group has had training on the following issues during the last year:

- New MHA Code of Practice
- Government Prevent Programme
- Nature and Degree of Mental Disorder
- Schizophrenia
- Medicines used in Mental Health
- Community Treatment Orders
- Equality and Diversity

The Group of Managers also visited the new Intensive Therapy Centre and heard from the Unit Manager about the unit's philosophy and working practices.

Mental Health Legislation Activity 2015/16

This summary report provides the Committee with an overview of Mental Health Act activity for the period 1 April 15 to 31 March 2016

5 Outcome of Managers Hearings

- 5.1 Hospital managers have a duty to discharge a patient if the requirements of the Act are not being met. There are three ways in which a service user may have their case heard by a hospital managers' hearing: The first occasion may arise if they decide to appeal against their detention in hospital, or against their Community Treatment Order (CTO). The second will arise if a nearest relative orders the discharge of their relative and this is barred by the consultant. The third circumstance will arise if the consultant wishes to continue the detention, or continue a CTO, beyond the original period, initially after 6 months and then annually.
- 5.2 In order to renew a detention the consultant must provide a statutory report, having first consulted with at least one other professional, and in the case of a CTO, this professional must be an approved mental health professional (AMHP), and the consultant must have seen the client within 2 months of expiry. In the case of CTOs, this can occasionally prove difficult when the client does not turn up for an appointment, or when there is not an AMHP in the team that knows them; thus

there have been a small number of cases when a CTO has lapsed. Without the statutory form, the managers cannot consider the renewal.

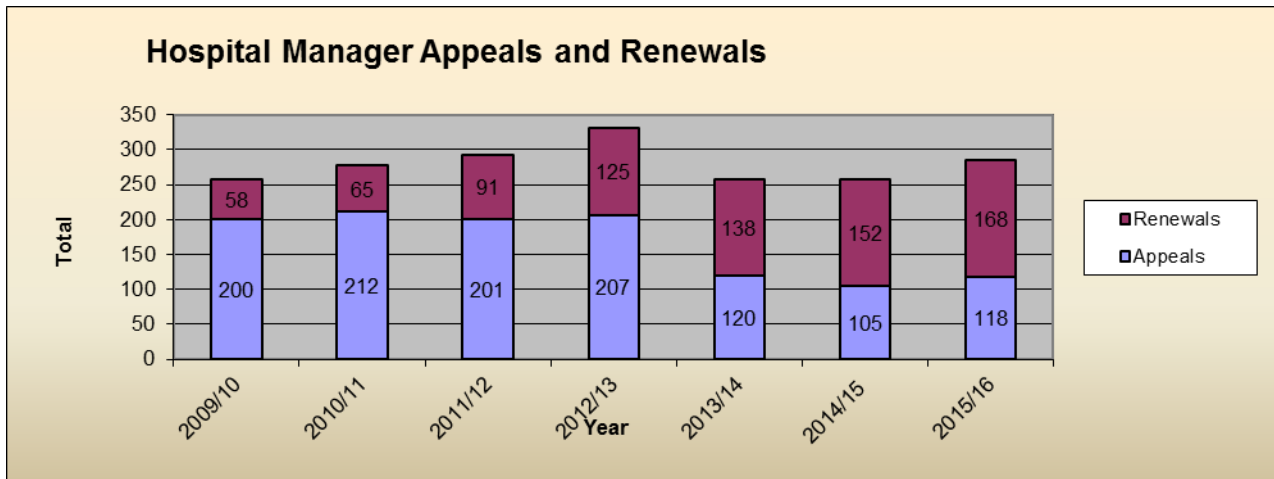
- 5.3 It is very important that in all cases the Board, through the Mental Health Legislation Committee, has assurance that hospital managers are appropriately fulfilling their responsibilities – both discharging people from detention under the Act where this is legally appropriate and ensuring that users continue to receive treatment and care under the Act if that is necessary. There is a system in place to monitor those cases where hospital managers have authorised an individual's discharge under the Mental Health Act. In each case the hospital managers who heard the appeal or renewal, receive a report from the responsible clinician two months after the discharge giving details of progress since the decision was made.

In addition, each case is considered by the hospital manager group at their six monthly business meeting, with one of the panel giving feedback to the group.

- 5.4 There is a time lapse between an appeal being lodged and a case being heard. The standard for the setting of appeals to the managers is within 7-10 days for section 2 appeals and 3 weeks for sections 3 and 37. It is therefore to be expected that a number of people would make sufficient progress with treatment that detention would no longer be necessary by the time of the scheduled hearing.
- 5.5 In addition to this, a large proportion of clients appeal to both the hospital managers and the mental health tribunal at the same time. Strict timescales must be observed with regard to hearing dates for tribunals, and if an early date is offered by the tribunal, the hearing before the hospital managers is delayed for 28 days after the tribunal has been heard, as recommended in the Code of Practice to the MHA. For this reason there will be a significant number of requests which do not materialise as actual hearings.

6. Hospital Manager Hearings and Renewals Activity

- 6.1 There were a total of **118 Appeals** and **168 Renewals** being lodged with Associate Hospital Managers (**total 286**). Total activity for all hearings lodged is, 286 compared to 257 12 months ago.
- 6.2 The number of nearest relatives exercising their right to order discharge was 12, which resulted in 5 hearings, the other 7 cases having been reviewed by the consultant and discharged without the need for a hospital manager hearing. Of the 5 cases heard, 2 were discharged and 3 remained subject to the section.
- 6.3 26% (75) of the appeals and renewals were not heard for the reasons outlined above. In total 166 appeals and renewals were heard (40 appeals and 126 renewals).
- 6.4 Of the 40 appeals heard, 34 (85%) were not upheld and 6 (15%) were discharged.
- 6.5 Of the 126 renewals heard, 118 (93%) were renewed and 7 (6%) were discharged. One (1%) was adjourned and later regraded by consultant thereby making the adjourned hearing unnecessary.



6.6 Hospital Managers Appeals and Renewals Activity Summary Table for past 7 years

Hospital Manager	Year						
	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Appeals	200	212	201	207	120	105	118
Renewals	58	65	91	125	138	152	168
Total rec'd	258	277	292	332	258	257	286
Not Heard	124	134	147	165	114	99	75
Re-grade Prior	65	55	66	66	43	50	37
Withdrawn	28	27	32	34	13	11	9
Other Reasons*	31	52	49	60	58	38	*29
Appeals Heard	78	102	104	65	39	40	40
Not discharged	51	84	86	50	32	31	34
Adjourned	12	10	7	2	1	1	0
Discharged	15	8	11	13	6	8	6
Renewals Heard	33	32	41	102	105	118	126
Renewed	31	19	37	98	101	110	118
Adjourned	1	7	1	2	0	2	1
Discharged	1	6	3	2	4	6	7

***Other reasons include:**

- Transfers to other providers - 2
- Discharged onto CTO - 3
- CTO Terminated – 10
- CTO Revoked - 2
- Client AWOL - 2
- Unable to contact CTO client -1
- Unable to set prior to expiry - 7
- Discharged by MHT prior – 1
- Appeal not valid – 1

7. Mental Health Tribunals

7.1 There is a time lapse between an appeal being lodged to the Tribunal and a case being heard. The standard for the setting of appeals to the Tribunal is within 7 days for section 2 appeals and between 5 to 8 weeks for all other sections. It is therefore to be expected that a number of people would make sufficient progress with treatment that detention would no longer be necessary by the time of the scheduled hearing. Hence there will be a significant number of requests which do not materialise as actual Tribunal hearings.

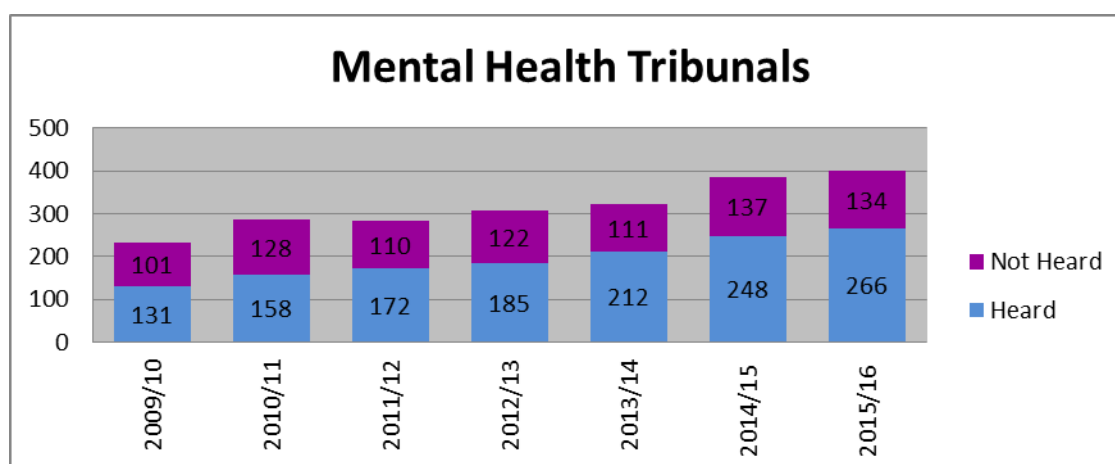
7.2 For 2015/16 there were 400 requests for a tribunal, which represents a 4% increase in requests compared to the previous 12 months. However, compared to the pre Cheshire West ruling in 2014, when in 2013/14 there were only 307 requests this amounts to a 30% increase since the outcome of the judgement.

7.3 266 tribunals were heard and 134 not heard. Of the 266 heard, there were 237 (89%) not discharged, 20 (7.5%) discharged, 5 (2%) adjourned and 4 (1.5%) for other reasons

7.4 Tribunal Activity for the past 7 years is shown below:

Tribunal Activity	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Requests	232	286	282	307	323	385	400
Not Heard	101	128	110	122	111	137	134
Re-grade Prior	60	64	53	74	54	84	89
Re-grade by AHM	9	0	6	11	6	2	4
Withdrew	19	40	41	29	32	30	26
Transferred	6	11	4	7	10	8	3
Adjourned/Re-listed	0	6	4	1	9	8	6
Placed on CTO	2	5	0	0	0	0	1
*Other reasons	5	2	2	0	0	5	*5
Heard Outcome	131	158	172	185	212	248	266
Not Discharged	107	137	160	163	196	212	237
Discharged	13	16	9	12	9	23	20
Adjourned	11	5	3	10	7	9	5
Other reasons	0	0	0	0	0	4	4

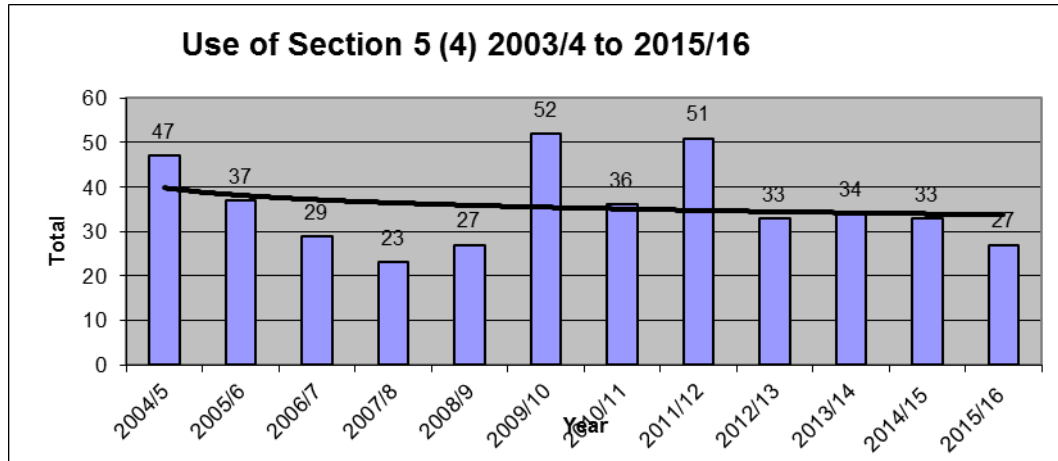
*Other reasons not heard: CTO terminated – 4; No jurisdiction – 1



8. Activity data for key sections

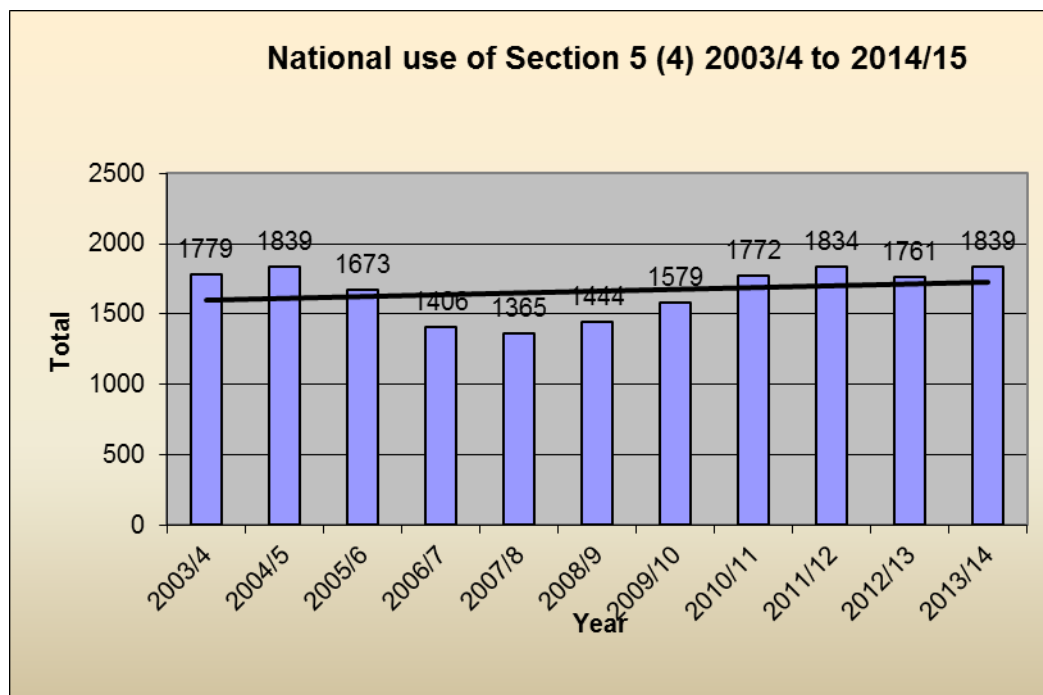
8.1 Section 5 (4)

Section 5(4) is the power for a nurse to detain an informal in-patient for up to six hours. The person has to indicate they wish to leave hospital and there has to be an immediate need to prevent this where a doctor is not available to complete a section 5(2) instead.



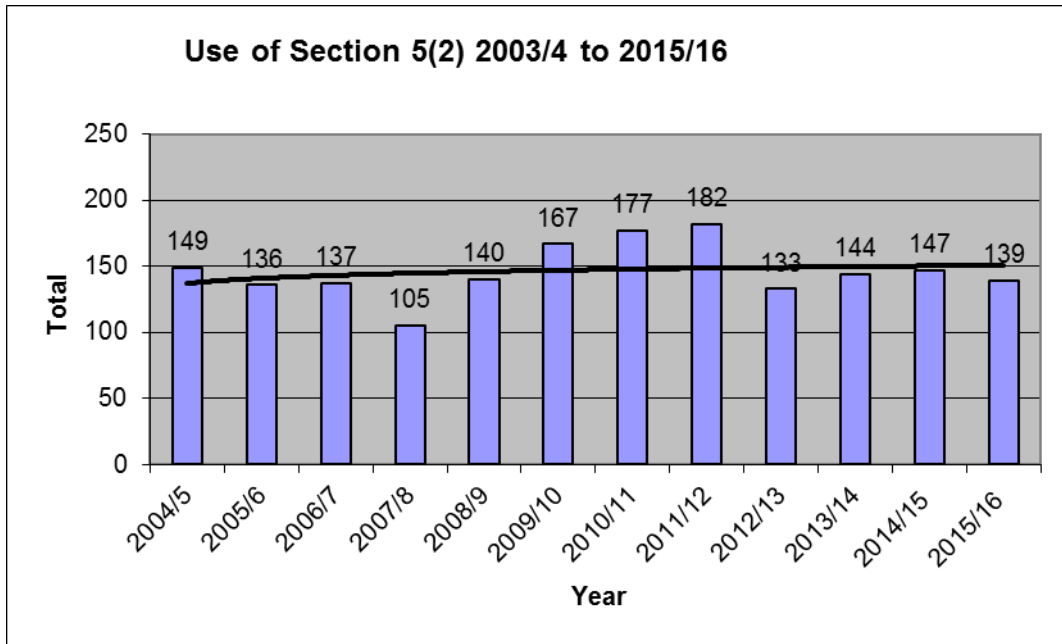
Comments

The use of Section 5(4) has dropped slightly over the last 4 years which closely relates to the national data that we have.



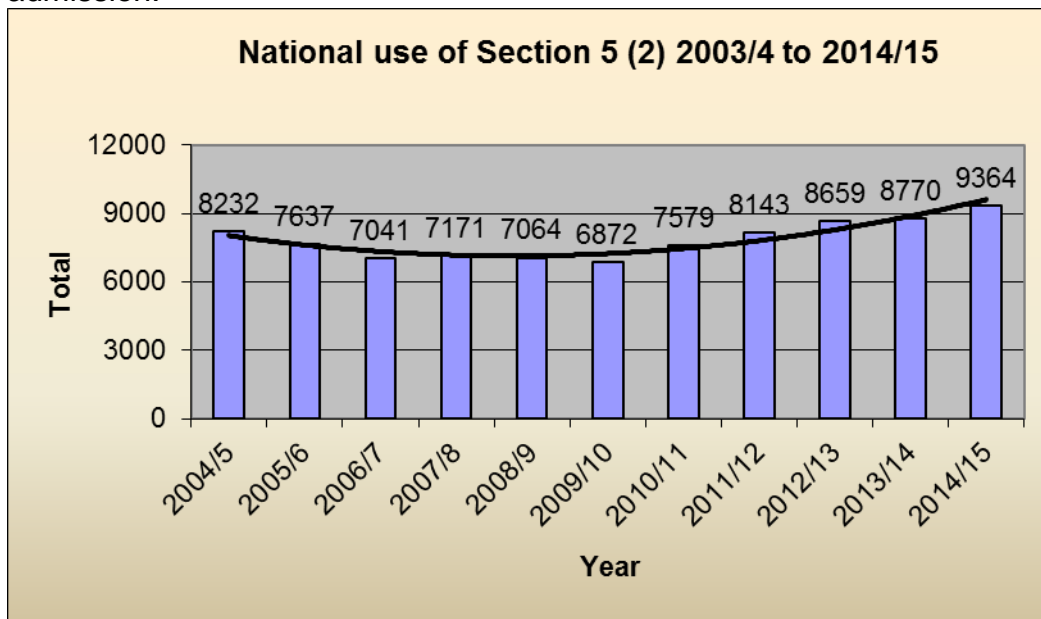
8.2 Section 5 (2)

Section 5(2) is a section that allows for the detention of a person already in hospital for up to 72 hours. It is designed to provide the time required to complete a Section 2 or 3 when the person wishes to leave hospital before the necessary arrangements for these sections can be made.



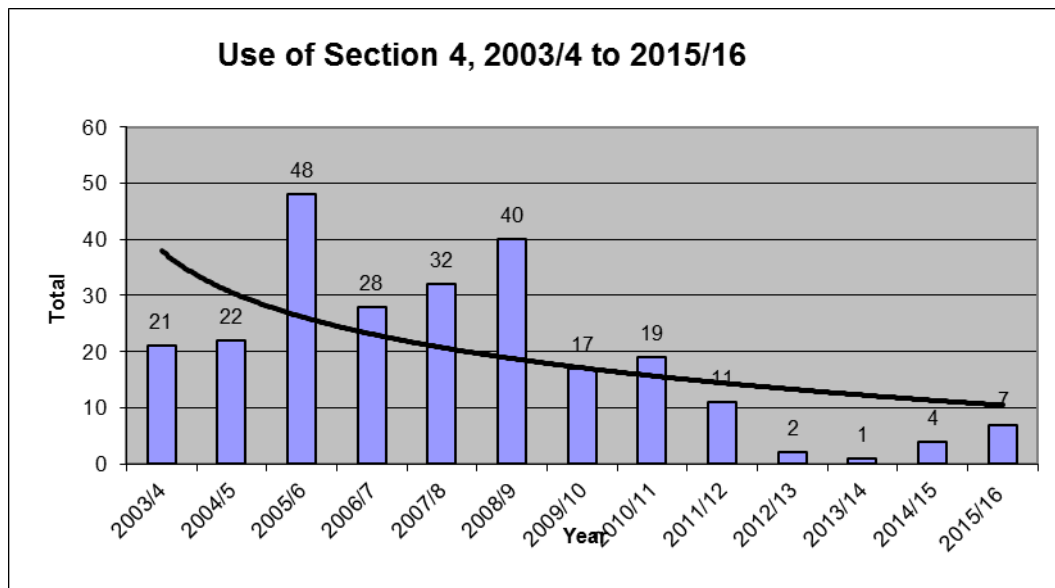
Comments

The use of Section 5(2) has dropped slightly following a rise in the previous 3 years. This contrasts with the national trend in use which indicates a slight increase over the last few years. However, the slight drop in local figures could be as a result of a more thorough assessment prior to admission leading to a more appropriate formal admission.



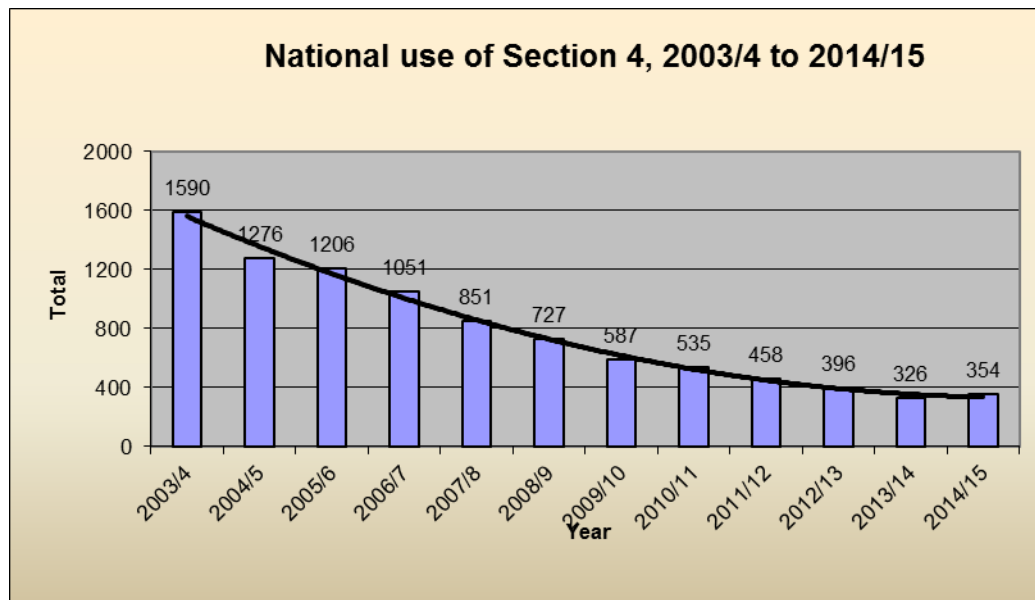
8.3 Section 4

Section 4 is a section that allows a person to be admitted from the community and detained in hospital for up to 72 hours. It may be applied when staff want to place a person under Section 2 or 3 but are unable to get two doctors as required and the person needs to be admitted urgently.



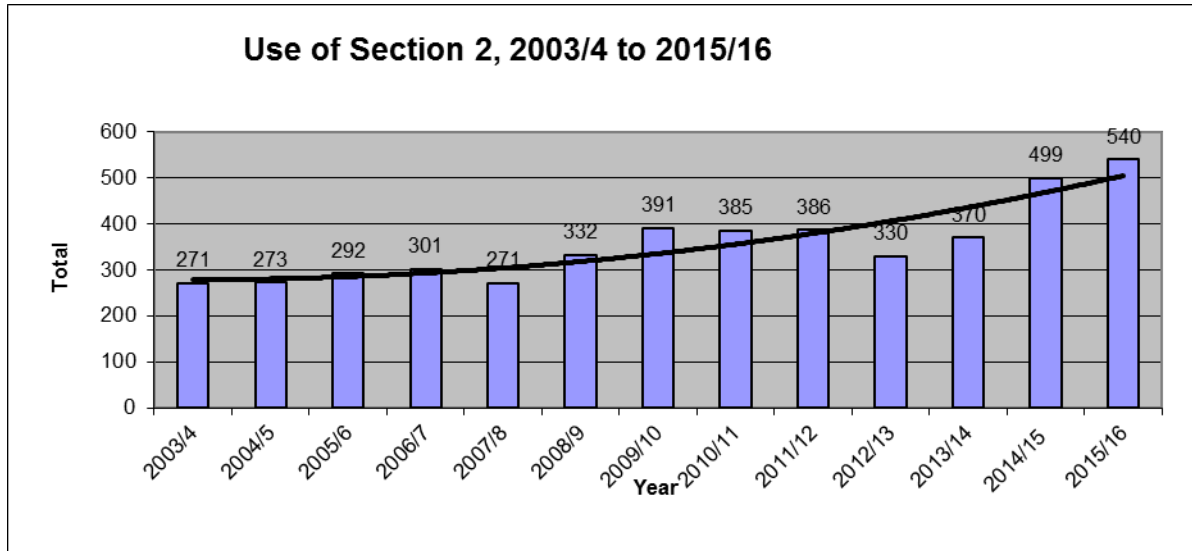
Comments

There has only been a need on 7 occasions to use Section 4 in the last year and whilst this is an increase on the last 2 years it still remains a small number and a significant decrease compared to its peak in 2005/6. Since 2007, the national picture has shown a steady decrease.



8.4 Section 2

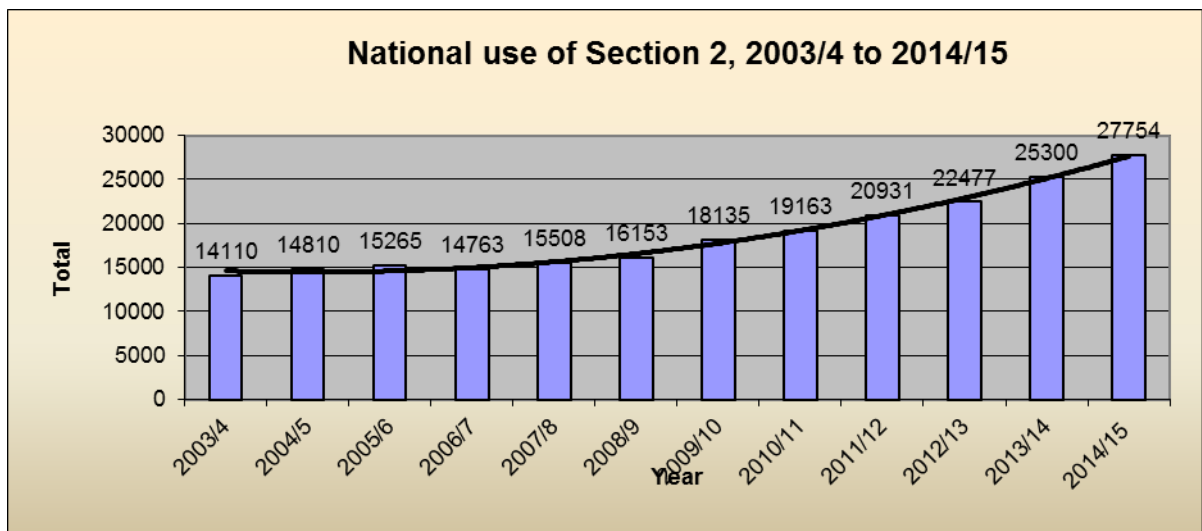
This section gives the power to detain and treat a person in hospital for up to 28 days. It is used for the assessment of people who have, or are believed to have a mental disorder.



Comments

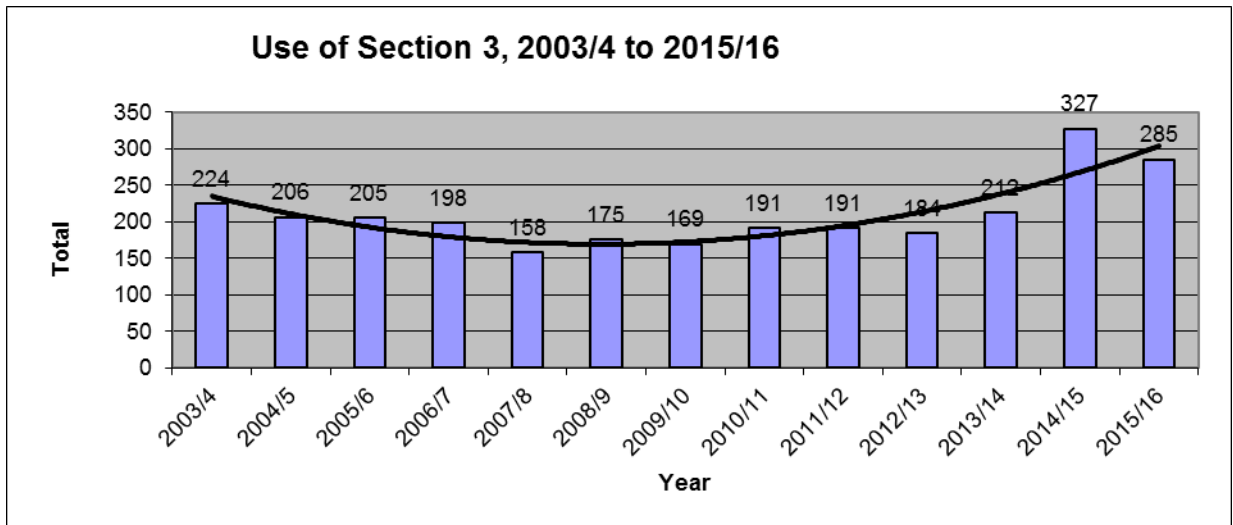
The use of section 2 has rose dramatically from 2013/14 to 2014/15 (35%) following the Supreme Court ruling which came into effect in March 2014, with a further 8% rise in the subsequent year. The ruling defined “deprivation of liberty” as applying to anyone who was under continuous supervision and control and not allowed to leave.

This meant that all deprivation of liberty has to be authorised, either under the Mental Health Act (MHA) or under the Deprivation of Liberty safeguards. Whilst the Act allows professionals some discretion as to which power they use when the patient lacks capacity to make an informed choice, and there is no resistance; professionals tend to view section 2 as the most appropriate initial power of detention. This steady rise is also reflected in the national data.



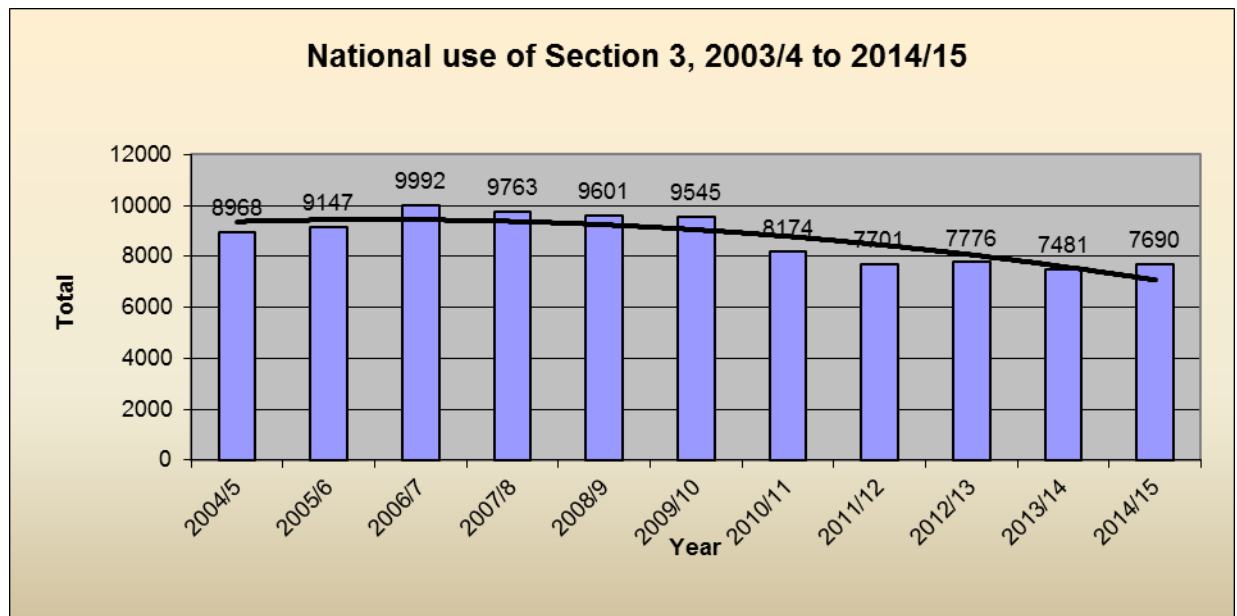
8.5 Section 3

This section gives the power to detain and treat a person in hospital for a period of up to six months and can be renewed.



Comments

The use of Section 3 also rose dramatically following the Supreme Court ruling, though this has dropped off somewhat in 2015/16. The increase in the use of Sections 2 and Section 3 show an excellent understanding by all professionals, on the new legislation, with the only clients now informal, being those with capacity and whom we would allow to leave, should they so choose.



8.6 New sections per month

Numbers of new detentions received	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Section 5(4)	4	2	3	2	3	2	3	2	2	0	3	1	27
Section 5(2)	9	8	17	11	14	9	12	11	18	14	11	10	144
Section 4	4	0	0	2	1	0	0	0	0	0	0	0	7
Section 2	37	43	48	48	55	32	31	53	44	52	48	49	540
Section 3	20	21	26	27	25	28	26	10	31	30	29	32	305
Section 35	0	1	0	0	0	0	0	1	0	0	0	0	2
Section 36	0	1	1	0	0	0	0	0	1	0	0	0	3
Section 37	1	0	1	0	0	1	0	1	0	0	0	0	4
Section 37/41	0	0	1	0	1	0	0	0	0	0	0	0	2
Section 38	0	0	0	0	0	0	0	0	0	0	0	0	0
Section 47/49	0	0	0	0	0	0	0	0	0	0	1	0	1
Section 48/49	0	0	0	1	1	0	0	0	0	1	0	0	3
New CTO's in Month	5	2	2	5	8	5	1	5	7	3	4	5	52
Total per month	80	78	99	96	108	77	73	83	103	100	96	97	1090

8.7 Section 136

Section 136 Data	Place of Safety used					Outcome					Age Profile					Total
						Total	LMH	ACMH	Police	Other	Terminated	Informal Admit	Regrade Section 2	Admit Section 4	Transfer	
Apr-15	16	12	2	2	0	11	3	2	0	0	2	7	5	2	0	16
May-15	15	10	5	0	0	11	2	2	0	0	0	3	10	2	0	15
Jun-15	24	14	6	4	0	15	6	3	0	0	0	7	13	4	0	24
Jul-15	16	9	4	2	1	9	1	6	0	0	0	8	4	4	0	16
Aug-15	25	11	11	2	1	13	2	9	1	0	2	11	6	5	1	25
Sep-15	14	10	4	0	0	9	0	4	0	1	0	3	8	3	0	14
Oct-15	8	4	4	0	0	3	2	3	0	0	1	2	3	1	1	8
Nov-15	12	10	1	1	0	7	1	4	0	0	0	5	6	1	0	12
Dec-15	9	7	2	0	0	3	2	4	0	0	0	2	5	2	0	9
Jan-16	8	8	0	0	0	5	1	2	0	0	0	3	4	0	1	8
Feb-16	7	5	1	1	0	1	0	6	0	0	0	2	2	2	1	7
Mar-16	13	9	3	1	0	5	1	7	0	0	1	5	3	3	1	13
Total	167	109	43	13	2	92	21	52	1	1	6	58	69	29	5	167

8.8 Analysis of data for the period April 2015 to March 2016:

There were 167 Section 136 episodes in this financial year (average 14 per month)

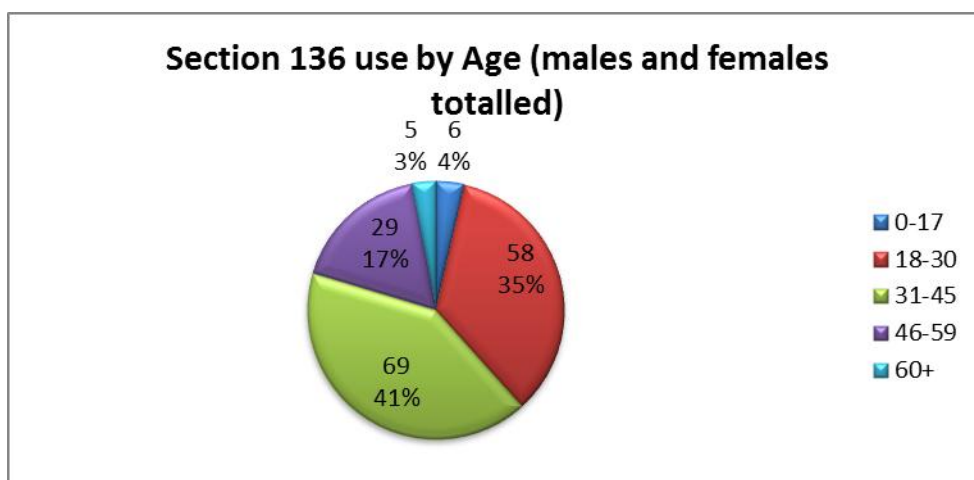
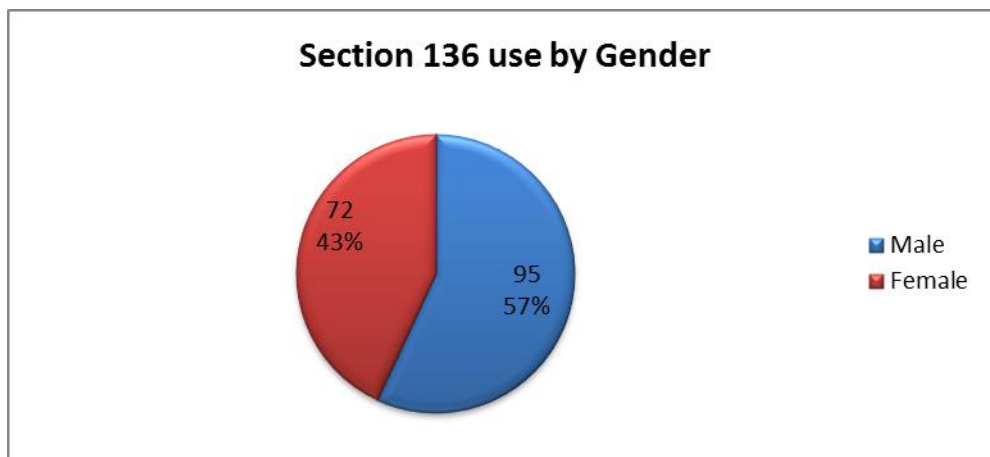
- 65% (109) came to Lynfield Mount Hospital;
- 26% (43) came to Airedale Centre for Mental Health;
- 8% (13) were taken to a Police Station
- 1% (2) other destinations

Outcomes:

- 55% (92) of S136's were terminated with no further involvement;
- 13% (21) were admitted informally
- 31% (52) were admitted under Sec 2
- 1% (1) was admitted under Sec 4
- 57% (95) were male
- 43% (72) were female

Age Profile:

- 4% (6) were aged under 18
- 35% (58) were aged 18-30
- 41% (69) were aged 31-45
- 17% (29) were aged 46-59
- 3% (5) were aged 60 and over



8.9 Community Treatment Orders (CTO's)

Since the introduction of CTOs in 2008, we have seen a steady increase, then a plateau on new CTO's. The most notable impact has been on the numbers of CTO appeals and renewals heard by hospital managers. Over the last 5 years the proportion of CTO hearings before hospital manager panels is an average of 39% of total cases heard.

Period	Nov 08- Mar 09	Apr 09- Mar 10	Apr 10- Mar 11	Apr 11- Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14	April 14- Mar 15	April 15 – Mar 16
New CTO's	14	29	35	54	45	51	62	53
CTO hearings				25	63	65	61	72
Section hearings				45	98	74	90	92
Barring Orders				4	6	4	7	5
% CTO hearings				34%	38%	45%	39%	42%

9. Care Quality Commission (CQC) Mental Health Act Inspection visits

9.1 The CQC have the right to visit out services at any time for the purposes of reviewing patient care and compliance with Mental Health Legislation requirements. In 2015/16 CQC Inspectors made the following visits:

08 May 2015	Baildon – Forensic	Unannounced
18 May 2015	Fern – ACMH	Unannounced
01 June 2015	Heather – ACMH	Unannounced
05 June 2015	Ilkley – Forensic	Unannounced
28 July 2015	Clover – PICU	Unannounced
02 November 2015	Oakburn – LMH	Unannounced
14 December 2015	Dementia Assessment Unit – LMH	Unannounced
08 February 2016	Ashbrook – LMH	Unannounced
22 February 2016	Maplebeck – LMH	Unannounced
03 March 2016	Step Forward Centre – LMH	Unannounced
17 March 2016	Intensive Therapy Centre – LMH	Unannounced
29 March 2016	Assessment & Treatment Unit - LMH	Unannounced

9.2 The following areas have been highlighted by these visits:

Positive comments:

Wards were noted as being clean and well maintained. Patients spoke positively of staff and the environment. There was a range of information readily available for patients and regular activities planned.

Areas requiring improvement and feedback:

A number of issues highlighted following visits to the above four wards, were similar to those identified in previous visits.

Patients' Rights: Lack of evidence relating to patients' rights being read and repeated. Lack of evidence that patients had been informed of their right to an IMHA.

Capacity & Treatment issues: Lack of evidence relating to discussion with patients regarding their consent to treatment, including evidence of capacity or incapacity.

Section 17 Leave: Copies of Section 17 Leave forms not being given to patients.

How to make a complaint: Lack of information on one ward as to how patients could make a complaint to the CQC.

All the above areas are addressed via the Action Plan led by in-patient services.

- 9.3 In addition, to improve upon the issue of evidence of recording of capacity, and of evidence of recording of discussion regarding treatment, Stephen Evans of Hempsons Solicitors provided two excellent sessions. These were well attended, primarily by doctors. The sessions emphasised the need for evidence of good capacity assessments and of the need for good evidence of discussion around treatment.