

Mental Health Legislation Committee (MHLC) Assurance Report to the Board of Directors

At the Committee meeting on 19 September 2019, the following points were agreed to be escalated to the Board of Directors:

1. Mental Capacity Act compliance

- the Committee received a presentation on the findings from an internal Mental Capacity Act audit of in-patient wards undertaken in June 2019. They noted that the objective of the Audit was to examine whether capacity assessments, etc, were properly being conducted at appropriate points. The Trust works to nine different guideline standards which formed the criteria for how the audit results would be scored against, with the target standard being 100% for each of the nine standards.

The Committee noted that the audit involved a sample of service users across 13 different mental health in-patient wards and involved 57 people. The findings were captured into three different areas:

- 1) where a service user is admitted formally, a mental capacity assessment should be completed at the point of admission;
- 2) where a decision that warrants an assessment is needed it should be carried out on that basis; and
- 3) where it is found that a service user does not have capacity to make a decision, a best interest meeting should take place.

The Committee heard from the Mental Capacity Act Lead on Compliance against each of those areas. It was noted that only 17% of informal patients that required a mental capacity assessment on admission had one undertaken. Low compliance was found in other areas, too.

The Committee members were very concerned about the low compliance rate as this is a regulatory matter as well as a quality and safety issue.

It was suggested by the Chief Operating Officer (COO) and agreed by the Committee that a “rapid improvement” approach would be taken commencing as soon as possible, led by the COO and the operational teams. The MCA Lead has already implemented a programme of training and awareness raising sessions with ward staff. The wider approach would support her ongoing efforts.

2. Associate Hospital Manager Recruitment

- The Committee received feedback from the Hospital Manager representative. It was noted that the Trust has unfortunately lost a number of Hospital Managers and therefore the time commitment on the remaining 16 (which is the lowest number the Trust has ever had) will become unsustainable. Whilst hearings have, to date, proceeded as planned, it was noted that an effective recruitment drive needs to be undertaken promptly. The recruitment drive will be discussed, as soon as practicable, with the Trust's new Chair, Cathy Elliott, as these are Chair appointments.

3. CQC MHA Compliance inspections

- Findings from the Care Quality Commission routine Mental Health Act compliance inspections were presented. The Assessment and Treatment Unit within the Learning Disability Service had received positive feedback from inspectors with no actions identified as part of the inspection. The unit is to be congratulated on this achievement. The Mental health legislation forum has been tasked with reviewing CQC compliance reports to coordinate responses and actions as well as updating the MHLC at each Committee meeting.
- The Committee discussed performance metrics including the data presented within the Integrated Performance Dashboard. As part of the discussions it was noted that the Trust was seeing a rise in the number of service users detained under the Mental Health Act within an Acute setting. The Committee have tasked the Mental Health Legislation Forum to undertaking a review and advising the Committee at the next meeting.
- A paper was presented that highlighted the internal audit report from May 2019 on Mental Health Care Plans and Mental Health Care Records. The Committee noted that the "significant assurance" had been found within this area noting the Trust has effective and robust controls in place over the processes used to establish, review and maintain mental health care plans and care records for service users on CPA. The report noted that there is appropriate governance in place which provides assurance over the quality of those service user care plans and care records and appropriate actions identified in an action plan to address CQC findings. This is being implemented in an effective and efficient manner.

Carole Panteli
Non-executive Director
Chair of the Committee