

Escalation and Assurance Report

Report from: Mental Health Legislation Committee (“MHLC”)

Date the meeting: 22.09.22

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert:

1. There is a relatively significant issue regarding the timely production of **reports/ documents** for mental health tribunals and hospital manager meetings. Performance, which was already relatively weak, has declined further. Part of the problem appears to be that the Trust’s (small) Mental Health Act team is and has been under some considerable resource pressure (running at around 20-50% capacity, in practice, due to long-term absence/capability issues). Additionally: other parts of the Trust and/or external stakeholders appear unable and/or unwilling to prioritise this (important) work to the extent required. The Committee (“**C**”) took the view that the Board, given some potential risks arising from the issue, needs to consider an intervention to: (a) provide a longer-term solution to the MHA team’s resourcing issue (short-term resourcing options having been tried and, due to the nature of the work, been ineffective); and (b) to promote stronger compliance with the requirement to assist in the production of such documentation in other relevant parts of the trust.

Advise:

2. There is an ongoing issue regarding the (availability, suitability and quality of) **physical space** in which (tribunal and associate hospital manager) hearings are conducted, especially as in-person hearings become the default option again, and especially in light of COVID-safety concerns. At Airedale, specifically: in the short-term, a room often usually used for “relaxation” by service users will be used instead, for (on average) one or two afternoons a week, for hearings. While an alternative space for relaxation will be provided, the proposed arrangement did not appear to C to be a good long-term solution. An action was agreed to consider any better longer-term alternative options.
3. C received some feedback about how isolating/depressing it can feel, personally, as a mental health service user, to be in an **out-of-area service**.
4. There was a combined **CQC** mental health act visit to the Airedale Centre for Mental Health – the outcome is unknown, as yet, but C will be updated in due course. It was noted that, unusually, CQC visited all three wards at the site – it is possible that a similar approach may be repeated at Lynfield Mount.

Assure

5. C was again grateful for the continuing input from its **involvement partners**: they made useful contributions and offered important insights in relation to several matters.
6. C scrutinised – as it always does – the data and evidence regarding the use of **restrictive practices** within the Trust. It was further satisfied, on the evidence, that the increasingly long-term trend of relatively low and declining use of such practices has been maintained during the most recent period. Heather and Oakburn appear to have been the worst-performing wards over the longer-term: but, notably, Oakburn appears, since March 2022, to have been able to transform its performance – it appeared to C that lessons could be learned from what appears to be its marked improvement.
7. The majority of the newly-appointed **associate hospital managers** have progressed, effectively, through an induction programme and are well-positioned to act in the role.
8. Ongoing strong performance regarding many **metrics** covered in the “dashboard”. **Training compliance**, for example, is in a relatively good place.
9. C was updated on compliance regarding **consent to admission and treatment**. Most wards have showed progress and/or maintained a strong position (Heather and Oakburn appeared to be among those wards not performing as strongly as others, but the evidence was not in a form from which confident conclusions could be drawn).
10. C analysed feedback from its members following a recent **survey**: the feedback was generally positive with some areas for improvement.
11. Various other matters – including some more administrative matters – were progressed or dealt with, appropriately, within the meeting.

Risks discussed:

12. Board assurance framework and strategic organisational risk register noted/discussed.