

Escalation and Assurance Report (AAA+D)

Report from the: Mental Health Legislation Committee (“C”)
Date of meeting: 23.03.23
Report to the: Board of Directors

**Agenda
Item
11**

| Key escalation and discussion points from the meeting | | | |
|---|----------------------|---------|-------------|
| Alert | Action (to be taken) | By Whom | Target Date |
| <p>1. C did not consider any matter arising from the meeting to require a formal alert – but note 2, below, in particular.</p> | | | |
| Advise: | | | |
| <p>2. Medical Director raised a recent issue and requested the Board be informed. 14-year-old (“P”) arrived in 136 Suite. Following review, P did not meet criteria to be further detained under Mental Health Act. P was, however, held another week, on the order of a judge. The Trust worked with ICB and Local Authority to identify a placement (making strong representations); but very few national placements available in the East of England. Next potential placement, in Bradford, was on 03.04.23. By then, P would have spent 2 weeks in the suite. Highlights the difficult position for young people with complex conditions, in Bradford, re high-intensity Local Authority beds. In addition, there was an adverse impact on the Trust’s ability to provide 136 “places of safety”.</p> <p>3. Restrictions in relation to restraints on female patients down, significantly, in January; but full restraints, on females, relatively high in February. The new lead in this area is undertaking a “deep dive” to assess and consider necessary action (C will be kept updated). Exploration, within C, regarding causal/contributory factors. Further, C suggested that an audit, conducted 18 months or so ago, about the time of day when incidents tend to occur, be repeated.</p> <p>4. Mental health legislation training metrics showed a slight drop in some areas; but still above target and C was satisfied that the drop was due, primarily, the introduction of additional (bank) staff and impact of half-term holidays.</p> <p>5. C reflected on the committee effectiveness data/feedback.</p> <p>6. C continued to seek, and receive, useful feedback from involvement partners. One interesting point raised related to the risks associated with AI (artificial intelligence) and the Trust’s approach to managing the same.</p> <p>7. C’s Chair has been appointed part-time judge of the mental health tribunal. This should assist the work of C. He will, of course, not sit on hearings at the Trust (to avoid a conflict of interest).</p> | | | |

Assure:

8. Positive feedback from Associate **Hospital Managers** representative regarding the provision of laptops for hearings. Challenges made, by C, about management of security risks in face-to-face hearings – partial assurance obtained (e.g. about systems in place) – agreement that risks be considered further at next AHM meeting.
9. Core data within the **Dashboard** in line, broadly, with expectations.
10. Regarding the **Mental Capacity Act**: (a) weekly audits working well; (b) coaches embedded in wards; (c) clinical audit results are positive. C challenged that “best interest assessments” appeared, still, to be a relatively difficult area; C was told that further training would be provided.
11. 1 unannounced **CQC** Mental Health Act monitoring visit occurred this period, on Clover Ward PICU. Action statement not yet received; but generally positive feedback provided. Some actions anticipated. C told that the Trust’s team is being pro-active in relation to this and more generally with CQC. Trust response to be submitted by 12.04.23.

Decisions / Recommendations:

12. C approved:
 - (a) The annual review of C’s “terms of reference”, including the amendments proposed within it.
 - (b) C’s annual review document, making some additions (e.g. to emphasise the importance placed on the engagement of involvement partners in C’s work).
 - (c) C’s interim workplan.

Risks discussed:

- See above.

New risks identified:

- N/A

Report completed by:

Simon Lewis
Committee Chair and Non-Executive Director

03.05.23