

Escalation and Assurance Report (AAA+D)

Report from the: Mental Health Legislation Committee (“C”)
 Date of meeting: 25.05.23
 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, at this stage, a formal alert. But points 2 and 3, below, ought to be noted in particular.</p>			
<p>Advise:</p> <p>2. C noted that there had been a recent increase in physical interventions and rapid tranquilisation use. This related, mainly, to certain service users within the Najurally Centre and PICU. C will keep a close eye on this and continue to seek assurance regarding the causes and the proportionality of such responses. There was some suggestion that unexpected estates work may have contributed, in part, to the rise (e.g. to a seclusion ward). C was again grateful to the “Positive and Proactive Group” for its report and contribution to the meeting.</p> <p>3. C challenged the long-term nature of the situation regarding “blanket restriction” practices on Heather ward. C was told this related to the use of substitute (safer) cutlery (due to the perceived risk of harm relating to ordinary cutlery). C suggested consideration be given to an independent/external review, to provide additional assurance. The Chair requested a sample of the substitute cutlery, to get a better sense of any associated issues [this has subsequently been provided and the Chair intends to review it and share it with the board its meeting in July]. A “Go See” visit will be considered in relation to Heather and/or Najurally.</p> <p>4. Involvement partners raised questions about (1) the use of artificial intelligence at the Trust and (2) some potentially-relevant research from the US. A suggestion that it might be useful for C to hear directly from a recently-discharged service user was welcomed by C, which asked for that to be looking further into.</p> <p>5. C was told of a recent CQC Mental Health Act monitoring visit, on Maplebeck. Oral feedback from CQC had indicated that no significant concerns were identified. Written feedback was/is expected in due course.</p> <p>6. C noted a paper re the Trust’s approach to secure storage of service users’ belongings (resulting from issues identified on a previous CQC Mental Health Act monitoring visit, on Heather, re availability of lockable storage in rooms).</p>			
<p>Assure:</p>			

7. The percentage of sections reviewed ahead of expiry and percentage of sections considered to be free of fundamental flaws both remained **above target**.
8. There was another useful regular update from a representative of the **Associate Hospital Managers** Group. C sought to test and challenge: (1) the appraisal process; (2) the safety of HMs during on-site hearings; (3) the suitability of the rooms used for hearings; and (4) the availability of ethnicity/diversity data re HMs. Re (2), it was agreed that some further work would be done in relation to risk assessment and management. Re (3), it was agreed that the COO would discuss potential site issues (mainly around size of rooms) at Airedale.
9. The **Mental Capacity Act** clinical lead updated C generally on the ongoing work to further embed the MCA within clinical practice.
10. C was updated on the wider continuous improvement process to support good governance across the Trust (and **interim work planning**).

Decisions / Recommendations:

11. C **approved** (subsequently, via email, due to the meeting not being quorate), to the extent required:
 - (a) The minutes from the previous meeting.
 - (b) The Hospital Managers Group paper (with minor amendments).
 - (c) The interim work place and continuous improvements document.

Risks discussed:

- See above.

New risks identified:

- N/A

Report completed by:

Simon Lewis
Committee Chair and Non-Executive Director

07.07.23