

## Effective Oversight: Escalation and Assurance

Report to:	Board	Meeting date:	
Report from:	Mental Health Legislation Committee	Meeting date:	22.05.2025
Quorate?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Members present	Chair/NEDs/Exec Directors :Alyson McGregor (Deputy Chair) Non-Executive Director, David Sims Medical Director		
In attendance	Other attendees Christopher Dixon, Anita Brewin, Kelly Barker, Simon Binns Teresa O'Keefe, Mary Litchfield, Jo Tiler, Richard Cliff, Keith Donaldson, Karen Essien.		
Observers	Observers – Natalie Mc Millan (Well Led)		
Apologies	Apologies from all (members and attendees) Simon Lewis, Thabani Songo, Baljit Kaur Nota, Sarfaraz Shora, Philippa Hubbard.		
Best Quality Services	Theme 1 – Access and Flow		BQS:T1
	Theme 2 – Learning for improvement		BQS:T2
	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<ul style="list-style-type: none"><li>• Feedback from Involvement Partners</li><li>• Strategic Narrative Report</li><li>• Strategic Performance Report</li><li>• Strategic Risk Report</li><li>• Mental Health Act Reform</li><li>• Alert, Advise, Assure + Decision Report: Positive &amp; Proactive Group, incl Use of Force Bill updates</li><li>• Associate Hospital Manager’s Report</li><li>• Care Quality Commission Update: Mental Health Act Monitoring Review Visits</li><li>• Mental Capacity Act audit results, 6 month Annual update</li><li>• AAAD Clinical Board</li><li>• Annual Report on the use of the Mental Health Act</li><li>• LERS Annual Report</li><li>• Confirmation of Escalation Reporting, Confirming strategic priority assurance levels, Confirmation of Alert; Advise; Assure + Decision Reporting</li><li>• MHLC Annual Governance Report</li><li>• MHLC 25/26 Workplan</li></ul>		
Alert items agreed by Committee	<ul style="list-style-type: none"><li>• Clinical Board AAAD - Shared care – Discussions were ongoing with GPs around shared care, the current position indicated that up to 75% of GP’s would be pulling out of shared care. The full implications are not yet clear but had occurred due to a reduction</li></ul>		

	<p>in funding. It was anticipated that there would be an allowed period of transition (possibly up to 12 months) due to concurrent payments rolling forward however the current advice was that GPs would stop accepting new referrals for shared care immediately, new patients starting on medication such as lithium and ADHD medication within CAMHS and BANDS that were prescribed through shared care would cause additional pressure on CMHTs.</p>
<b>Advise items agreed by Committee</b>	<ul style="list-style-type: none"> <li>• Mental Health Bill - The draft Bill had now reached the House of Commons. The First stage reading took place on 24 April and is now at 2nd Reading stage, no date announced for this yet.</li> <li>• Associate Hospital Mangers Report - An issue was raised as to the occasional sub-standard reports produced for patient hearings including the use of cut and paste. Members were advised that if there are any future such occurrences, they must contact the MHA Advisor who would address the concerns with the individual and their line manager.</li> <li>• Associate Hospital Mangers Report - An issue was raised that occasionally when a professional becomes unavailable at the last minute, that the substitute has not taken time to meet the patient or read the reports. Again, all professionals are aware of the standard required, therefore, if any fall short of what is expected, the managers must contact the MHA Advisor to raise the issue with the appropriate persons.</li> <li>• Recent inpatient death which was being investigated.</li> <li>• Medical Director provided an update on the process which is underway for considering the role of NEDs as Hospital Managers.</li> <li>• Our Involvement Partner expressed serious concerns about the current situation in the Involvement Team.</li> </ul>
<b>Assure items agreed by Committee</b>	<p>Significant Assurance. Positive signs of improvement and progress:</p> <ul style="list-style-type: none"> <li>• Integrated Strategic Performance Report - Positive and Proactive engagement. Compliance with Mandatory for Role training on: Mental Health Act (MHA) and Mental Capacity Act (MCA) training compliance all remain well above the Trust target of 80%.</li> <li>• Positive &amp; Proactive – Levels of violence and aggression and use of physical interventions continue a downwards trajectory. Decrease in use of holds.</li> <li>• Associate Hospital Mangers Report - Personal Health Budget - Members were very interested to hear about the presentation that took place at the last MHLC and asked for a speaker to attend a future Associate Hospital Mangers team meeting so that they could hear more about it.</li> <li>• Associate Hospital Mangers Report - Role of the drug &amp; therapeutic committee: The AHM team were interested in the information shared at the MHLC and asked if a speaker could attend one of their meetings. This had been arranged for the Chief Pharmacist to attend in June.</li> <li>• Associate Hospital Mangers Report - The importance of non-qualified staff attending CTO hearing: At a recent CTO hearing the</li> </ul>

care coordinator had not seen the patient for over a month, a carer was able to provide key information that neither the doctor nor the care coordinator had any knowledge of. The information provided was imperative to the case and to the decision.

- CQC Visits – Trust continues to work to address the recommendations made by the Care Quality Commission through effective engagement and response.
- Mental Capacity Act Audit - MCA Lead to continue embedding the culture on inpatient wards. Regular meetings between the MCA Lead and the MCA Ward Coaches. MCA Ward Coaches to continue with weekly ward audits and feeding the results into QUOPS. MCA Lead to do random checks of the weekly ward audits and offer feedback/support to staff as required. MCA Lead to support staff with any barriers preventing the weekly ward audits taking place. MCA Lead and Clinical Managers to continue to meet 3 monthly and review compliance/assurance of weekly ward audits, Advanced practical training offered to each service area.
- Mental Health Act Annual Report - Update on progress in relation to the Review of the Mental Health Act. Summary of activity for the frequently used Sections of the Mental Health Act 1983. Provided comparisons to activity over the past 10 years. The use of the Section 136 suites to detain patients under Section 2 when no available bed. Information on the sections of the Act used in the Bradford Royal Infirmary and the Airedale General Hospital, since the MHA officers ensure these are completed lawfully under the Service Specification which provides support for MHA administration. The considerable work that is involved with clients under Community Treatment Orders and considers whether the least restrictive options are being considered throughout their journey. Data on whether reports are sent out in a timely manner for patient hearings.
- LERS Annual Report - Monthly updates are provided by clinical managers for all wards within their portfolios to the LERS group highlighting any areas of exception relating to risk assessments or actions within them being out of date or unlikely to be completed within timescales. This forms part of the fully implemented new governance arrangements. CQC inspections have noted the implementation of the new assessment framework and subsequent improvements to patient safety. Inpatient services utilise the new LRA (Ligature Risk Assessment) App in line with the amended policy in relation to covid and continued implementation of the ligature risk training. Reduction in ligature risks with the completion of phase 1,2, and 3 of the door top alarm system, replacement to anti barricade systems, and replacement of bedroom windows within adult and older peoples acute, Low secure, and rehabilitation inpatient areas. The monitoring and review of progress in relation to the work around ligatures will sit with the ligature environment risk safety group with appropriate

	engagement with daily lean management process where necessary to ensure delivery of actions.		
<b>Decisions made by Committee</b>	•		
<b>New risks identified by Committee</b>	• No new risks identified		
<b>Items to be considered by other Committees/Groups</b>	•		
<b>Feedback following discussion at 'parent' meeting</b>			
<b>Report completed by</b>	Corporate Governance Officer	<b>Date</b>	27.05.2025
<b>On Behalf of Chair</b>	Alyson McGregor		