

Effective Oversight: Escalation and Assurance

Report to:	Board of Directors	Meeting date:	29.01.25
Report from:	Mental Health Legislation Committee	Meeting date:	15.01.25
Quorate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Members present	Simon Lewis (Chair/NED), Alyson McGregor (MBE NED), David Sims		
In attendance	Other attendees: Simon Binns, Richard Cliff, Christopher Dixon, Keth Double, Teresa O’Keefe, Mary Litchfield, Matthew Riley, Fran Stead, Joanne Tiler		
Observers	Sarah Denton		
Apologies	Apologies from (members and attendees): Philippa Hubbard, Anita Brewin, Kelly Barker, Baljit Nota		
Best Quality Services	Theme 3 – Improving the experience of people using our services		BQS:T3
Agenda items	<ul style="list-style-type: none">• Learning from your experience: Personalised Budgets• Feedback from Involvement Partners• Strategic Narrative Report• Strategic Performance Report• Strategic Risk Report• Mental Health Act Reform update• Alert, Advise, Assure + Decision (AAAD) Report: Positive & Proactive Group, incl Use of Force Bill updates• Associate Hospital Manager’s Report• Care Quality Commission (CQC) Update: Mental Health Act Monitoring Review Visits• Mental Capacity Act update (including Liberty Protection Safeguarding; Action Plan updates)• AAAD Clinical Board• Confirmation of Escalation Reporting including: (1) strategic priority assurance levels (decision based on outcome of entire meeting, details of level in item 8); (2) top strategic risks to include in AAAD report; (3) AAAD reporting.		
Alert items agreed by Committee	<ul style="list-style-type: none">• Further consideration shall be given to the application of national guidance regarding Non-Executive Directors undertaking the Hospital Manager role, which will include benchmarking.		
Advise items agreed by Committee	<ul style="list-style-type: none">• A deep dive was presented on the use of personal health budgets to support people’s transition from hospital. It was noted that this was a pilot, with further discussion scheduled at Bradford District and Craven Place to understand the future model. This work has been supported by evidence gathering, with people’s experience.• Trust oversight continuing on the use of interventions and restrictive practice. There was a significant spike in October – this was scrutinised in the meeting – but, it seems, a reduction after		

	<p>October. This included reviewing trends in incident data. The Positive and Proactive AAAD outlined work taking place, including understanding patient flow, acuity and national demand.</p> <ul style="list-style-type: none"> • Feedback was received, with concerns raised, from the Associate Hospital Manager representative in relation to the prescribing of Depot medication and to degree to which financial considerations may play a part in associated decision-making. A deep dive will be presented on this at a future Committee meeting. • A discussion took place on the importance of appropriate housing options as part of service user transition from a ward environment to community care. It was noted that partnership working was key to this. A deep dive will be presented on this at a future meeting. • Additional consideration/planning for future recruitment campaigns for Associate Hospital Managers will take place. The latest round of recruitment saw 5 individuals join. The total number of AHMs (and those able and willing to chair) is lower than ideal.
Assure items agreed by Committee	<ul style="list-style-type: none"> • Information presented within the AAAD from Clinical Board. • Ongoing colleague engagement and compliance within the Mental Capacity Act training, audit, and development. • Findings from recent CQC Mental Health Act visits presented, demonstrating ongoing learning and positive engagement. • AAAD from the Positive and Proactive Group highlighted that a deep dive would take place to review the use of seclusion; and another for the use of hold for longer than 20-minutes. • A Safe Ward pilot is taking place on Heather Ward. • The Committee is keeping a watching brief on the national reform of the Mental Health Act; future updates will be scheduled. • Mental Health Act (MHA) and Mental Capacity Act (MCA) training compliance all remain well above the Trust target of 80%. The training compliance for unqualified support staff is below 80% target but beginning to rise back to expected compliance levels (74.51%). • Two new regular attendees have been welcomed to the Committee, both Associate Hospital Managers. Ongoing conversation with them and the Mental Health Act Office will result in further development of their engagement and reporting arrangements. • It was reported that the Associate Hospital Managers training compliance has improved and/or should improve following some targeted support.
Decisions made by Committee	<p>Approved: Minutes of last meeting on 14 November 2024</p> <p>Approved: Strategic Risk report, assurance rating changed to 'limited'.</p>
New risks identified by Committee	<ul style="list-style-type: none"> • The concern about financial factors potentially playing a part in decision-making around Depot medication may present a new risk. The Committee will seek an update at the next meeting.

Items to be considered by other Committees/Groups			
Feedback following discussion at 'parent' meeting	<p>S Lewis gave an update to Public Board. Two longstanding Associate Hospital Managers (Ruby Bhatti & Chrisse Freeth) had stepped down from their role as Associate Hospital Managers (AHM). The MHLC were grateful with the sustained excellence in their contribution. Two new regular attendees were welcomed to the Committee, both Associate Hospital Managers Mary Litchfield and Marilyn Bryan.</p> <p>Highlights –</p> <p>Deep dive will be done on the Non-Executive Directors undertaking the Hospital Manager role. D Sims & F Stead will be presenting a Deep Dive at the next MHLC.</p> <p>Presentation on Personal Health Budgets.</p> <p>Oversight of use of interventions and restrictive practice on wards – there had been an increase this had come down – mitigation in place, the MHLC was satisfied with the explanation provided.</p> <p>Concern raised by the new AHM regarding financial factors playing a part in decision making when prescribing Depot. A deep dive will be brought back to the next MHLC. D Sims he had done the deep dive and confirmed this was an isolated incident relating to one locum consultant. The Chair of the Drug and Therapeutics Committee (DTC) and the Chief Pharmacist that there is no block on the prescribing of long-acting antipsychotic depot medication. When a long-acting depot is being considered as part of the patient's treatment plan, the Responsible Clinician (RC) makes an application to the DTC which can make a decision in 24 hours. The RC has to make a clear case that there is a clinical need.</p> <p>As of the end of January; there are 27 people prescribed the 3-month depot and one person is prescribed the 6-month version. There is a considerable difference in cost between monthly depot (£50 per dose) and 3 monthly: a 175mg dose costs £551 per injection, the highest dose of 525mg costs £1,200 per injection. The 6-month variant costs £1,900 per 700mg injection, the 1000mg dose costs £2,400 per injection, but the decision to use them is based on clinical need, not on cost. The deep dive will be present at the next MHLC.</p> <p>Housing and accommodation – major factor when discharging service user.</p> <p>Recruitment of 5 new Associate Hospital Managers, the committee had an ongoing concern regarding the AHM role, there will be another recruitment drive.</p>		
Report completed by	Nazmeen Khan Corporate Governance Officer	Date	20.01.25

On Behalf of Chair	Simon Lewis (Chair)
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