

## BOARD OF DIRECTORS MEETING (Open)

Date: 11<sup>th</sup> April 2018

Item Ref: 14 vi

<b>TITLE OF PAPER</b>	Quarter 3 2017/18 (Q3) Performance Report on Care Quality Commission (CQC) Mental Health Act (MHA) Monitoring Visits
<b>TO BE PRESENTED BY</b>	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
<b>ACTION REQUIRED</b>	Members to receive for information and assurance.
<b>OUTCOME</b>	Members are assured that the Trust is responding effectively to the findings of the CQC when it undertakes Mental Health Act (MHA) Monitoring Visits
<b>TIMETABLE FOR DECISION</b>	April 2018 Meeting
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Relevant CQC MHA Monitoring Visit (Inspection) Reports and Provider Action Statements. Quarterly Report from the Mental Health Act (MHA) Committee.
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	Strategic Aim: Quality and Safety Strategic Objective: A101: Effective quality assurance and improvement will underpin all we do.  BAF Risk Number: A101i BAF Risk Description: Inability to provide high quality care due to failure to meet regulatory standards (registration and compliance).
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	Mental Health Act
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	CQC MHA review visits test the Trust's compliance with the MHA itself and the requirements of its Code of Practice 2015. The 2015 Code amounts to Statutory Guidance for the Trust, and it is essential that its requirements are met in upholding the rights of those subject to detention and compulsory treatment under the MHA
<b>CONSIDERATION OF LEGAL ISSUES</b>	It is a legal requirement that the Trust complies with the MHA.

<b>Author of Report</b>	Anne Cook
<b>Designation</b>	Head of Mental Health Legislation
<b>Date of Report</b>	21 <sup>st</sup> February 2018

## SUMMARY REPORT

---

**Report to:** BOARD OF DIRECTORS MEETING

**Date:** 11<sup>th</sup> April 2018

**Subject:** Quarter 3 17/18 Performance Report on CQC Mental Health Act Monitoring Visits

**Presented by:** Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

**Author:** Anne Cook, Head of Mental Health Legislation

---

### 1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
		✓			Assurance

### 2. Summary

There have been no new MHA Monitoring Visits (MHAMV) since the last report.

8 actions have been closed since the last report:

10 actions remain open: all are 'green' (ie achieved, but evidence not yet checked or practice not yet embedded) or 'amber' (ie they are on track). Please refer to the table below. Where an action has several different elements, the lowest BRAG rating is given therefore no items show in the table below as green overall. Where no actions remain open, a 'blue' rating is allocated. Completion dates have previously been revised in some instances. This is mainly in the context of completion of building works and the business planning processes involved.

This report was received at the Executive Directors Group for information and approval on 22<sup>nd</sup> February 2018 and QAC for information and assurance on 26<sup>th</sup> February 2018.

#### Assurance

There are elements of the Provider Action Statements (PAS) produced in response to a MHAMV that duplicate or are very similar to elements of PAS for other wards and/or to the action plans resulting from other CQC visits and inspections. This previously led to some instances where updates for MHAMV were not provided because teams believed that they had provided the update when in fact what they had submitted was for a different action plan.

In order to reduce the need for multiple reporting and to avoid this confusion at ward level, during Q3 Giz Sangha (Deputy Chief Nurse & Clinical Director) requested that the updates for MHAMVs be directed via the Senior Management Team (SMT).

The SMT now coordinates the response, which has resulted in a more streamlined process. The wards remain involved in addressing the necessary actions, and the monthly updates against the PAS are signed off by a member of the SMT before submission to the MHA Committee.

Further assurance can be given in that none of the open actions is a potential breach of the law. The remaining actions reflect good practice as described in the MHA Code of Practice 2015 (CoP), which informs the CQC MHA Monitoring Visits and augments the CQC's checking of the statutory requirements of the MHA itself.

With the exception of the building work required to improve the patio area on Stanage Ward, all the open actions affect the Trust as a whole (EMSA; collaboration in care planning; blanket restrictions; seclusion recording). Work is underway to address these common themes.

The summary report & table below detail the status of each ward's progress against all open actions in respect of MHAMVs.

### **3. Next Steps**

The monthly MHA Monitoring Visit Reports and the Provider Action Statement summary are sent to Ward Managers and Trust Senior Directorate staff for their action on a monthly basis. This ensures reports are available to wards as a reference to provide assurance to the CQC MHA reviewers upon their return to their areas. A copy of this quarterly summary is sent to the CQC lead MHA reviewer.

New MHA Monitoring Visit Reports, new Provider Action Statements and progress against open actions (which are updated monthly) are reviewed, performance managed & monitored by the Mental Health Act Committee on a monthly basis.

### **4. Required Actions**

Members are to receive the report for information and assurance.

### **5. Monitoring Arrangements**

Progress on actions will be monitored by:

- The Mental Health Legislation Team
- At the monthly Mental Health Act Committee
- Via quarterly summary reports to the EDG, QAC and Board.

### **6. Contact Details**

For further information, please contact:

Liz Lightbown, Executive Director of Nursing, Professions & Care Standards  
liz.lightbown@shsc.nhs.uk 271 6713

Anne Cook, Head of Mental Health Legislation  
anne.cook@shsc.nhs.uk  
226 4913

## Quarter 3 17/18 Performance Report on CQC Mental Health Act Monitoring Visits

### Open actions

There are 10 open actions.

**4 of the 10** involve EMSA issues: Dovedale (PAS action 5); Burbage (PAS action 5); Maple (PAS action 2) and Stanage (PAS action 1). All EMSA issues are being addressed by the Trust action plan following the comprehensive inspection in November 2016.

The necessary work for Dovedale has been approved and went be out to tender on 22.12.17. Work is due for completion 13.4.18. The schedule of works and a completion date are under negotiation, but plans are in development for the single-sex awards at the MCC site. It is intended that these will be implemented from January 2018, achieving separate male and female wards, but this is dependent on occupancy.

**2 of the 10** are actions regarding patient/carer collaboration in care plans (PAS action 6 for Endcliffe and PAS action 6 (ii) for Dovedale). Work is underway separately in the Trust to look into this repeated theme.

**2 of the 10** are actions regarding the recording of seclusion reviews (PAS action 3 for Maple Ward; PAS action 8 for Endcliffe). This is an issue that affects all wards where seclusion occurs and there is work underway in the Directorate to standardise recording and to make recording electronic by tablet. The completion date is dependent on the ability to record electronically.

This issue is part of the IT programme of work, and seclusion records will be built into the mobile tablets allowing evidence of the reviews taking place and an accurate timeline

**1 of the 10** concerns blanket restrictions: supervised visits, search on return from unescorted leave, no keys to bedrooms and no equipment provided for internet access on Endcliffe (PAS action 4). There is a comprehensive programme of work underway to address blanket restrictions, which has been discussed with CQC at an engagement meeting. The target date for completion of this work is 31.3.18

**1 of the 10** is an action for Stanage Ward with regard to the shabby garden area. The business case for improvements was submitted to BPG in August and approved. The work is due to be completed by March 2018.

The table below provides a summary of the progress made.

**CQC Mental Health Act Monitoring Reports – Summary of Status as at 30<sup>th</sup> June 2017**

Ward	Date of Visit	Report Received	Actions Completed	Past Issues Completed	Individual Patient Issues Completed	Status & Total Actions Outstanding
<b>Acute Admission</b>						
Dovedale	15.8.17	4.9.17	4/6	0/0	1/1	2 actions open EMSA; Lack of evidence of patient/carer involvement in care plans and reviews
Stanage	31.03.16	09.05.16	1/3	6/6	0/0	2 actions open EMSA & Garden works. The plan partially to address the EMSA issue by the provision of lockable wardrobes has been found not to viable, owing to lockable wardrobes providing an unacceptable ligature risk
Maple	11.11.16	14.12.16	3/5	0/2	0/0	2 actions open EMSA; Seclusion Recording
Burbage	4.1.17	23.1.17	7/8	0/0	0/0	1 action open EMSA

Ward	Date of Visit	Report Received	Actions Completed	Past Issues Completed	Individual Patient Issues Completed	Status & Total Actions Outstanding	
<b>PICU</b>							
Endcliffe	7.8.17	11.8.17	5/8	0/0	2/2	3 actions open Blanket restrictions (supervised visits; search on return from unescorted leave; patient not having key to room; equipment to access internet not provided) Lack of evidence of patient/carer involvement in care plans and reviews Seclusion Reviews	
<b>Rehabilitation</b>							
Forest Close 1A	10.1.17	30.1.17	3/3	0/0	0/0	<b>Closed</b>	
Forest Close 1-2	6.07.15	17.7.17	2/2	0/0	2/2	0 actions open	
<b>Forensic</b>							
Forest Lodge Rehab	2.02.16	04.03.16	3/3	2/2	0/0	<b>Closed</b>	
Forest Lodge Assessment	19.10.16	17.11.16	9/9	3/3	2/2	0 actions open	

Ward	Date of Visit	Report Received	Actions Completed	Past Issues Completed	Individual Patient Issues Completed	Status & Total Actions Outstanding
<b>Learning Disability</b>						
Firshill Rise	20.10.16	21.11.16	9/9	4/4	0/0	Closed
<b>Dementia</b>						
G1	28.09.16	18.11.16	0/0	0/0	0/0	Closed

\* Where zero actions are showing as open, the action will be closed in the report for the next quarter