

BOARD OF DIRECTORS MEETING (Open)

Date: 11 July 2018

Item Ref:

16

TITLE OF PAPER	Quarter 4 2017/18 (Q4) Performance Report on Care Quality Commission (CQC) Mental Health Act (MHA) Monitoring Visits
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	Members to receive for information and assurance.
OUTCOME	Members are assured that the Trust is responding effectively to the findings of the CQC when it undertakes Mental Health Act (MHA) Monitoring Visits
TIMETABLE FOR DECISION	July 2018
LINKS TO OTHER KEY REPORTS / DECISIONS	Relevant CQC MHA Monitoring Visit (Inspection) Reports and Provider Action Statements. Quarterly Report from the Mental Health Act (MHA) Committee.
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	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).
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Mental Health Act
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	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
CONSIDERATION OF LEGAL ISSUES	It is a legal requirement that the Trust complies with the MHA.

Author of Report	Anne Cook
Designation	Head of Mental Health Legislation
Date of Report	July 2018



SUMMARY REPORT

Report to: BOARD OF DIRECTORS

Date: July 2018

**Subject: Quarter 4 17/18 Summary Report on CQC Mental Health Act
Monitoring Visits**

Author: Liz Lightbown & 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>
		✓			

2. Summary

No new MHA Monitoring Visits (MHAMV) occurred in Q4.

2 actions have been closed since the last report. Both were specific actions regarding patient/carer collaboration in care plans: PAS Action 6 for Endcliffe and PAS Action 6 (ii) for Dovedale. However, work is continuing in order to address broader issues with involvement or collaboration in care planning and the Collaborative Care Planning template is to be reviewed to improve its utility in recording evidence of collaboration.

8 actions remain open: all are 'amber' (i.e. they are on track). Please refer to the table below.

Where actions are complete a 'blue' rating is allocated.

Assurance

Assurance can be given that none of the open actions are a potential /actual 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 a number of the In-patient Wards (EMSA; blanket

restrictions; seclusion recording). Work is well 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 Care Network Senior 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.

New MHA Monitoring Visit Reports, new Provider Action Statements and progress against open actions 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

6. Contact Details

For further information, please contact:

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Summary Report

Open actions –

There are 8 open actions.

4 of the 8 involve EMSA issues: 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 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 involving the MCC and Longley sites. It had been intended that these would be implemented from January 2018, achieving separate male and female wards, but it has now been agreed that this change will be delayed until January 2019, when there will be a further review

2 of the 8 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.

Tony Bainbridge informed the MHA Committee at the March meeting that adhering to the required reviews of seclusion is to be addressed by Service Managers holding Ward Managers to account for seclusion practice

1 of the 8 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 restriction which has been discussed with CQC at an engagement meeting. The target date for completion of this work was 31.3.18, but it was delayed by a potential contradiction between the blanket restrictions policy and the smoke-free policy with regard to storage and return (or not) of smoking materials.

1 of the 8 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 was due to be completed by March 2018, but adverse weather delayed it somewhat. The work is approaching completion.

CQC Mental Health Act Monitoring Reports – Summary of Status as at 30th June 2017

Ward	Date of Visit	Report Received	Actions Completed	Past Issues Completed	Individual Patient Issues Completed	Status & Total Actions Outstanding
Acute Admission						
Dovedale	15.8.17	4.9.17	5/6	0/0	1/1	1 action open EMSA
Stanage	31.03.16	09.05.16	1/3	6/6	0/0	2 actions open EMSA Garden works.
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
PICU						
Endcliffe	7.8.17	11.8.17	6/8	0/0	2/2	2 actions open Blanket restrictions (supervised visits; search on return from unescorted leave; patient not having key to room; equipment to access internet not provided) Seclusion Reviews

Ward	Date of Visit	Report Received	Actions Completed	Past Issues Completed	Individual Patient Issues Completed	Status & Total Actions Outstanding	
Rehabilitation							
Forest Close 1A	10.1.17	30.1.17	3/3	0/0	0/0	Closed	
Forest Close 1-2	6.07.15	17.7.17	2/2	0/0	2/2	0 actions open	
Forensic							
Forest Lodge Rehab	2.02.16	04.03.16	3/3	2/2	0/0	Closed	
Forest Lodge Assessment	19.10.16	17.11.16	9/9	3/3	2/2	0 actions open	
Learning Disability							
Firhill Rise	20.10.16	21.11.16	9/9	4/4	0/0	Closed	
Dementia							
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