Foreword

This year’s 2016-2017 Mental Health Act Scrutiny Committee report again confirms the Trust’s commitment to ensuring the effective delivery of its statutory responsivities across all service lines. This commitment remains at the heart of our core business.

Due to the nature of Trust business leading on and providing high quality mental health care within the Black Country, we come into contact on a daily basis with some of the most vulnerable adults and children in society. We take our responsibility to promote the safety of those for whom we provide services very seriously and in order to positively impact on this we provide high level consistent support, guidance and training to our front line staff to equip them with the daily challenges they face in this area of their practice.

Our Trust Board accountability as Non-Executive and Executive Leads has never been more important, with a growing number of cases needing a high level of support, intervention and expert guidance. Partnership working with our colleagues from neighbouring services including the Police, Clinical Commissioning Groups and local authorities remains vital. Effective communication is the cornerstone to making sure that we deliver on our commitment to protect the vulnerable.

We are pleased to endorse this Mental Health Act Scrutiny Committee Annual Report for the period 2016/2017.

Gill Cooper       Rosie Musson
Non-Executive Director     Acting Director of Nursing
Chair of MHA Scrutiny Committee

Executive Summary

This is the third Annual Report of the Dudley and Walsall Mental Health Partnership Trust’s Mental Health Act Scrutiny Committee. It sets out the framework within which the Committee operates, provides an overview of its activities in 2016/7 and the outcomes of its deliberations, and looks ahead to developments and the changing role in 2017/8.

The Board recognises that high standards of governance throughout the Trust are essential for the delivery of the identified strategic objectives, the safety of its services, the quality of service user and carer experience, and the long term protection of stakeholder interests. Good governance emanates from the Board but pervades the entire organisation, being reflected in its operating practices, policies and procedures. This responsibility encompasses clinical, financial and organisational aspects of governance and enables key risks to be identified and managed, in both operational and strategic terms.

The Mental Health Act Scrutiny committee ensures the organisation is working within the legal requirements of the Mental Health Act (1983), as amended by the 2007 Act and Mental Capacity Act 2005.
An important feature of the Trust’s governance structure from the outset was the Mental Health Act Scrutiny Committee (MHASC) which, by contrast with some other trusts, reports directly to the Trust Board and is chaired by a Non-Executive Director. Its principal responsibilities lie in ensuring the Trust’s compliance with all aspects of the Act and that significant reports from the Care Quality Commission, are actioned appropriately.

Introduction

Dudley and Walsall Mental Health Partnership Trust (“the Trust”) was established in 2008 with a commitment to improving local mental health services. It has specific responsibilities in terms of the conduct, administration and application of the Mental Health Act 1983 (“MHA 1983”), as amended by the Mental Health Act 2007 (“MHA 2007”), more generally “the Act”. It operates under the guiding principles as set out in the Code of Practice and associated legislation including the Mental Capacity Act, Deprivation of Liberty Safeguards and the Care Act 2014.

The MHA scrutiny committee ensures that policies and processes in relation to the various acts are in place and appropriately scrutinised for its application across all services.

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

This is the third Annual Report of the Trust’s MHASC. In particular, it:

• sets out the framework within which the MHASC acts;
• looks back over the year 2016/17; and
• looks ahead to the future.

Summary of key points, issues and risks

1. The Framework within which the MHASC operates
   1.1. Membership of the MHASC
   The nominal core membership of the committee is set out in the Terms of Reference. In practice organisational developments within the Trust meant a number of these roles and the individuals within them changed, so that the current de facto core membership is:

   Non-Executive Director (Chair)
   Non-Executive Director (Vice-Chair)
   Director of People & Corporate Development
   Director of Operations, Nursing & Estates
   Clinical Director, Acute Services
   Head of Acute Services
   Head of Older Peoples Services
   Head of Social Care
   Approved Mental Health Professional (AMHP) Lead
   Learning & Development Lead
   Equality and Diversity Manager
   Mental Health Act Manager
1.2. Reporting
The Chair of the Committee reports on a regular basis to the open session of the Trust Board identifying any issues that require disclosure, or require executive action. Due to the nature of the issues considered, it may be necessary for the committee to liaise directly with other sub-committees, in which case specific and appropriate arrangements will be agreed.

All members of the MHASC continued to oversee the effective delivery of the mental health act and have ensured the Trust remain compliant with all requirements of the Act.

2. AMHP Activity
The purpose of the report is to provide the MHA Scrutiny Committee with detailed information on the use of the Mental Health Act in Dudley and Walsall.

DWMHPT utilise an agreed template which ensures the collation of relevant data. The data is initially presented to MHASC for discussion and approval. Once approved, the data is again included on the agenda for the Partnership Operations Group (POG), Mental Health Act Partnership Group meeting and the Social Care Forums.

3. Mental Health Act Partnership Group Update
The Mental Health Act Partnership Group (MHAPG) is accountable to the Mental Health Act Scrutiny Committee (MHASC) who in turn is responsible for the discharge all statutory requirements of the Mental Health Act 1983 as amended in 2007 (MHA) legislation. The MHAPG also provides assurance to the MHASC of partnership working across all MH service lines and with partner agencies.

External members of the MHAPG such as the police and ambulance service utilise their own governance arrangements as per its organisations protocols.

3.1. The Group Membership is made up of;
Representative from West Midlands Police - Walsall
Representative from West Midlands Police - Dudley
Representative from West Midlands Ambulance Service
Representative from Emergency Department (Manor & Russells Hall Hospitals)
Head of Acute Services (DWMHPT)
Head of Social Care (DWMHPT) (Chair)
Clinical Director of Acute Services (DWMHPT)
Senior Clinical Lead – Inpatient Services (DWMHPT)
CRHT Team Manager - Acute Services
AMHP – Walsall
AMHP – Dudley
MHAct Manager (When Required)

The MHAPG work collaboratively to monitor and maintains an overview of the application of the MH Act, thus ensuring compliance with legislation and the Code of Practice. As such, the MHAPG endeavour to:
• Work in Partnership to ensure best outcomes for patients and partners
• Improve service delivery
• Review operating procedures to ensure they are fit for purpose
• Provide a forum to debate and challenge procedures
• Share data
• Monitor performance
• Solve blockages preventing efficiency
• Identify training needs

3.2. Additional Duties/Responsibilities of the MHAPG
• Reviewing and overseeing the implementation of joint multiagency collaboration.
• Reviewing and monitoring the use of Sections 135/136 of the Act noting and ensuring investigation of any emerging trends with respect to the detention and conveyance patients as required.
• Receiving the results of AMHP audits and other relevant reviews of the MHA and oversee the development and implementation of recommendations.
• Monitoring the role and functioning of this group and liaise with partner agencies as appropriate.
• Safeguarding – sharing of information.

3.3. Key updates, issues and risks

Mental Health Triage Team - Mental Health Triage team is represented by the Triage Supervisor who provides a general update with reference to the number of interventions that result in the use of the Section 136 of the MH Act. Evidence of the actual numbers is detailed within the MH Act quarterly activity report.

The Triage team delivers bespoke training to their police colleagues with particular emphasis around the use of Section 135 warrants. The team also provides training to other organisations pertaining to the appropriate use of s.135/6. The staff utilise real case examples of the varied situations where the Triage team can be called upon to intervene.

A continuous discussion point for the group is the outstanding finalisation of Section 135/6 Place of Safety policy which is awaiting sign off by the police and CCGs.

The introduction of the Super Cell block which is located in Sandwell Borough had led to the decommissioning of many local police cell units within the Black Country. This change has meant that our medical and AMHPs assessing team will now travel to Sandwell on the occasions when a member of the public is deemed too risky to attend the s.135/6 suite. It is agreed and supported by both local authorities and Trust that the AMHP and the medic(s) from the area in which the patient was arrested would attend the Super Cell block and undertake the assessment. It is acknowledged that in some cases, there may be a delay in transporting detained patients to hospitals.

Doctors - One of the main issues for Doctors is the confusion around their responsibility to the Super Cell Block. Whilst doctors are readily available attend the Super Cell Block for the purpose of undertaking Mental Health Act assessment, they state that they are not commissioned to attend for a general mental health assessment. The partnership members all acknowledge that this does not conform to a Least Restrictive practice and in effect forces all police requests down the MH Act route.

This matter clearly is a commissioning issue which requires resolution if the Trust is to embrace the notion of Least Restrictive intervention.

The MHASC will recall earlier discussions relating to a MH Act assessment in a Dudley police station where the assessing team was prevented from leaving the police station for some hours. In essence, the assessing team felt the patient in question was not detainable under the MH Act. However, the duty sergeant disagreed with their assessment and took action by
not allowing the staff to leave the police station until they had a change of mind. The team was finally allowed to leave following many telephone discussion between the ‘on call’ consultant and other police seniors.

Following a complaint by Trust staff, the police undertook an investigation which concluded some 12 months later and found that both the Trust staff and the police officers were equally at fault. I understand the clinical director is pursuing the matter on behalf of the team.

**Acute Services** - The unavailability of a Psychiatric Intensive Care Unit (PICU) bed is a consistent discussion item in the fact that when it is difficult to obtain a bed, who is responsible for the mentally ill patient during their long wait in the police cell.

Another issue of discussion has been the response to incidences.

**AMHPs** - AMHPs have noted that since the introduction of the Mental Health Triage team there has been a decrease in the overall number of assessments taking place in the Section 136 suites in both Dudley and Walsall. It was also noted that the relationship between the police, ambulance service and AMHPs had significantly improved with response times for both police and ambulances being quicker.

The AMHP’s in general are complimentary good working relationship between AMHPs and police, particularly the Mental Health Triage around their support in conveying patients to hospital.

**Police** - Police are represented by a Partnership Liaison Officer from both Dudley and Walsall. Both Dudley and Walsall Police inform the group of the number of calls per month taken by each area from hospital staff which range from reporting a missing person to requesting assistance on the wards.

4. **Changes to the Mental Health Act 1983**

The Policing and Crime Bill received Royal Assent on 31 January 2017. Sections 80 to 83 of the Policing and Crime Act 2017 will significantly amend sections 135 and 136 of the Mental Health Act 1983.

The mental health provisions of the Policing and Crime Act 2017 were due to come into effect in May 2017 however this has been delayed due to the general elections taking place in June 2017. The changes may now commence in mid July 2017.

The following changes will be made to s.135 and s.136:

- Reducing the detention time from 72 hours to 24 hours – with provision for an extension of time on clinical grounds alone to a maximum of 36 hours
- A person can now be kept at a place of safety (and not solely removed). Broadly this applies across both sections 135 and 136. This means that under section 135 someone may be kept at home for a mental health assessment if it is appropriate and they consent.
- Extending section 136 powers to anywhere other than a domestic dwelling
- Enabling mental health assessments under section 135 to take place in the person’s own home rather than having to remove them
- New powers of search for safety purposes in homes or places of safety under s135 and 136
• Under section 136 the requirement of being found has been removed, so someone may be kept at a police station potentially where they are no longer liable to be detained under PACE.
• The police officer must consult a registered medical practitioner, registered nurse or approved mental health professional if practicable before removing someone to or keeping them at a place of safety under this section.
• Stop the detention in police cells of children and young people under 18 who are experiencing a mental health crisis

The guidance has not been published yet. The main issues will be-
A possible increase in the use of s136 putting pressure on staff as currently the place of safety is unmanned, timely access to appropriate beds and the availability of section 12 approved doctors to facilitate timely access to Mental Health Act assessments.

5. Care Quality Commission Compliance.
During 2016/17, the Trust received reports (in relation to a number of core services) from its February 2016 visit, against which a robust action plan was created. A number of actions were implemented as part of a robust and comprehensive action plan into the outcomes of the visit, against which the Trust was rated as requires improvement. There were a number of actions implemented in relation to the application of the Mental Health Act, concerns and “must do actions” noted in relation to these are outlined in appendix 1:

All of the actions in appendix 1 were completed within the agreed timescales and further to the Trusts February 2016 visit, the Trust received a further visit from the CQC in November 2016, with the Trust moving from requires improvement to an overall rating of good.

Whilst the Trust did receive a rating of good, there were a number of actions identified which form part of the Trusts new CQC action plan. Areas applicable relating to the MHA against which further actions have been identified are as follows:

• To ensure that staff follow good practice in relation to the Mental Capacity Act, in relation to assessing capacity to consent to treatment on a decision specific basis. There must be clear documentation detailing how capacity is sought to consent or refuse treatment, and the reasons for the capacity decisions that are made.
• To ensure that the multi-agency operational policy for place of safety is updated and is in line with the MHA Code of Practice (2015). To ensure that effective processes are in place to monitor the quality of recorded information for all patients assessed in the health based place of safety. Information about rights given to patients when they commence on S136 of MHA must be constantly recorded.

6. Least Restrictive Practice and Governance / Quality Exception Report

<table>
<thead>
<tr>
<th>Mental Health Act Incidents</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apr</td>
<td>May</td>
</tr>
<tr>
<td>MHA - 136 Issue</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>MHA - Delay In Assessment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MHA - Inappropriate Referral</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>MHA - Incorrect Documentation</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>MHA - Transfer Issues</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>MHA - Unlawful Detention</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MHA - Lack Of Assessment</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
All of the above incidents have been reported to the Trusts Mental Health Act Scrutiny Committee for discussion as part of the Governance Exception report to the committee. In addition to this, the committee continues to review the categorisation of these incidents and seek further assurances as and when required.

7. Care Act 2014 Update/Engagement/Triangle of Care (ToC) Implementation and Potential Risks

The Care Act 2014 was implemented on 1st April 2015 and sets out in one place, duties in relation to assessing people’s needs and their eligibility for publicly funded care and support. The Care Act has replaced much of the legislation which has guided our professional practice and represents the most significant reform of care and support in more than 60 years - putting people and their carers in control of their care and support.

The new Care Act is intended to help to make care and support more consistent across the country. ‘Care and Support’ is the term used to describe the help some people need to live as well as possible with any illness or disability they may have. The new national changes are designed to put people ‘in control’ of their care and make it easier for them to make plans for their care and support now, and in the future.

To aid the Care Act implementation process, DWMH initiated a project group called the Care Act Readiness Group (CARG) which met monthly to oversee and measure the agreed actions against the project plan. I am pleased to report the Trust’s achievements following which the CARG meetings were no longer required and the group dissolved. The outstanding areas noted below under ‘areas for further work’ is addressed within the Triangle of Care (ToC) work group to ensure ongoing compliance. For assurance, the leads identified within this report are included within the ToC membership.

Current Position Statement (CARG) and Summary of key points, issues and risks

This section of the report is intended to evidence the Trust’s implementation of the Care Act and progress by each of the CARG Work Streams as identified below and provides the details relating to specific areas for improvement.

7.1. Assessment and Eligibility Work stream

Progress Achieved:
CARG has reviewed the newly rolled out Assessment Tool and have fed back suggested changes to the Clinical Process manager to ensure the document is user friendly and Care Act compliant. The suggested amendments are now incorporated.

The Trust is in the process of developing a new assessment tool (DWROM) which is intended to incorporate the holistic needs of the service user and care planning. This document was presented to POG who, in principle, support the direction of travel. POG requested evidence from a sample of completed Needs Assessments from across the service lines. This is to include both low and higher Needs Assessments. DWROM members are working with the developers to ensure its compliance with the Care Act.

The Trust’s Assessment and Care programme Approach (CPA) documentation is now fully Care Act compliant and will be reviewed to include future minor adjustment while ensuring they are written from a service user’s perspective.
Areas for further work -

- Amend documentation - including the review forms and Care plans/Support plans.
- Obtain sign off for the DWROM from both LA’s
- Greater use of “I” statements in format of Care and Support plans - placing the person at the centre of the process
- Need for Separate S117 Support Plan identifying what services are being provided under s.117.

7.2. Carers Work stream

Progress Achieved:
Both Local Authorities are very different.
- The process to refer for Carer’s assessment in Dudley has been shared with staff and it now links into Local Authority generic Carers team. Whereas in Walsall, the dedicated Mental Health Carers team undertake the required assessment for known service user’s carers

Areas for further work -
- Young Carers – clarity about what services we offer.
- Develop a review and audit process for mental health users of service in both authorities. How do we evidence if carers are being supported in accordance with the Care Act
- There is very little evidence from both LAs that Personal Budgets are being considered for carers. What budget would they come out of?
- Continue to embed Triangle of Care.

7.3. Safeguarding

Progress Achieved:
- Respective Local Authorities lead on Safeguarding and closely work with the Trust’s SG team. Trust is compliant in this area. All processes and training have been updated accordingly.

7.4. Information and Advice Work stream

Progress Achieved:
- Good amounts of information shared on the website. Links to LA are there to access on Trust Website. The intranet page of the Care Act had 629 internal visitors and the Internet web page had received 196 external visitors between March and October 2015.

Areas for further work –
- Are practitioners using the community resource directory/information to support preventative work?

7.5. Transition Work stream

Progress Achieved:
- CARG members attend the Transition Care Act Group in each locality.
Areas for further work -

- Arrangements in place for preplanning meeting with CAMHS/EI/Commissioning to explore the required work within Dudley
- Further links needed in Walsall.
- Young carers in transition

7.6. Commissioning Work stream

Progress Achieved:
- Continued work to develop market – links with Local Authority.
- Walsall has a range of preventative services and continue to develop the market
- Dudley LA Commissioning Strategy has been provided and is at the early stages of developing the market.

Areas for further work –
- Will remain amber and continue to review trends & understanding of the local market/future needs. Links to Transition.
- Consistency over Dudley and Walsall.

7.7. Training Work stream

Progress Achieved:
The Trust has facilitated individual developmental sessions to the leads of each service line and will during the new financial year commence bespoke training programmes for the front facing staff in each service line. Will need to ensure alignment of the DWROM with the Assessment tool and the two complement each other.

- Expectations that all staff have accessed E learning
- Doctor’s training delivered and the feedback from the medics has been positive particularly given the required cultural shift to delivering a holistic care model where wellbeing is embedded.
- Corporate training delivered
- Bespoke training sessions planned for each service line.
- Work Stream will continue to develop specific training.

Areas for further work –
- Identify numbers who have accessed training.
- Can the Trust provide mandatory Care Act Training?
- Continue conveying the message that the Care Act affects all areas of the service and how everybody should be working – not just CPNs and Social Workers.
- Specific bespoke training to all front line staff in the new year.

7.8. Summary

The headline message remains - the Care Act builds upon the Personalisation agenda and represents a cultural shift towards holistic assessment and partnership working with other providers including the 3rd sector to deliver outcome based support in partnership with service user.

The requirements of the Care Act are not immediately quantifiable in terms of additional assessments etc. It is less about what we do and more about how we do it, placing the person...
at the centre of their care and making the support offered relevant to them. The intervention focuses on developing and measuring outcomes so that the support offered can be evidenced as meeting the Care Act requirement to prevent, reduce and delay support needs.

CARG was formulated to oversee the Trust’s compliance with the commencement of the new Act. Its members are made up from a cross section of staff worked collaboratively to ensure the Trust is enabled to implement the new duties and principles of the Care Act, which are closely aligned to the Recovery philosophies already embedded within Mental Health. CARG has since been disbanded and incorporated into the ToC working group.

ToC group will continue to inform and assist in the development of practice and awareness of the Act. This is particularly relevant with the development of the Recovery model which is based on the individual’s holistic needs.

8. Reports from the Care Quality Commission

The Trust receives CQC MHA visits on a regular basis from Mental Health Act Assessors. During 2016/17 the Trust received 5 of these all in relation to the Trusts Acute inpatient wards. Visits occurred on the following dates:

<table>
<thead>
<tr>
<th>Ward</th>
<th>Date of visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambleside Ward</td>
<td>4th August 2016</td>
</tr>
<tr>
<td>Kinver Ward</td>
<td>18th August 2016.</td>
</tr>
<tr>
<td>Langdale Ward</td>
<td>3rd August 2016.</td>
</tr>
<tr>
<td>Wrekin Ward</td>
<td>20th July 2016.</td>
</tr>
</tbody>
</table>

Against each of these, a local action plan was developed to improve practice in the areas identified. Common areas for improvement / themes were identified as follows along with the following actions / assurances:

- **Some pieces of statutory information (CQC posters) not available on the wards**
  A piece of work was undertaken to review the quality of written information (both in leaflet form and poster form) on the wards. The Trusts recent supportive visits, which assess and review the quality of services offered on the wards, noted an improved picture against this with statutory information being available on wards and an improved availability of leaflets.

- **Some noted areas with “blanket restrictions”**
  Communications were issued to ward staff in respect to what is / isn’t acceptable from the point of view or blanket restrictions with the aim of ensuring that inappropriate blanket restrictions were not in operation. Upon their review of the Trusts inpatients wards in November 2016, the CQC highlighted the improved position of the Trust in respect to this issue with the CQC noting that “The trust had made improvements to the documentation of long-term segregation and the management of blanket restrictions on the adult acute wards. The trust had revised all blanket restrictions and new protocols were now in place.”

- **Quality of care planning ensuring they were patient centred**
  The Trust has recently revised the style of care plans utilised within inpatient areas, with the wards reverting to a new style “my care plan”. These care plans were reviewed by the CQC in their November 2016 visit however it was noted that there was still some work to
be done to ensure that these were person centered. The Trusts most recent round of supportive visits conducted in May 2017 noted that there had been some further improvements in ensuring care plans were patient centered. This issue does however still form part of the Trusts CQC action plan as a measure designed to further improve the person centred nature of the inpatient care plans.

- **Changes to the Trusts 2 stage functional test for capacity**

  The Trusts 2 stage functional test for capacity was reviewed and revised in respect to the recommendations noted from the Trusts CQC MHA visits. As a result, the Trusts Mental Capacity Policy was reviewed, revised and re-ratified. Further inspections by the CQC in November 2016 and the Trusts supportive visits noted no issues with the Trusts 2 stage functional test for capacity documents. They did however note that staff were not always documenting capacity in a decision specific manner and that as such further action was required to ensure that this was brought up to the standard required. As a result of this actions have been included on the Trusts CQC action plan to ensure this is addressed.

9. **Issues raised by the MHA Associate Lay Managers**

   The ALMs have an opportunity to raise any issues in the quarterly ALM meetings and the joint biannual meetings with MHASC. They previously raised concerns about the timeliness of hearings after section renewals and CTO extensions being completed by the RCs. There has been improvement in this area.

   There were unfortunately some delays in the ALM reviews being carried out which should take place biennially. Thanks to the hard work of the MHASC chair as of June 2017 all of the ALMs will have had a review of the contract. As a result of some ALMs not attending ALM reviews/meetings or leaving due to ill health we have had 4 ALMS leave the Trust.

   The ALMS also raised issues about the changes to the panel expenses system and the issues they had been having with that system. In order to streamline the process and to stop two different claim methods, the ALMs now have one single expenses system. However as a result of the changes to this system and to following taxation rules, there has been a slight reduction in the amount paid for mileage. The ALMs have requested an increase in the fee (currently £55 for a 3.5 hour session) that they receive.

   The ALMs expressed concern about the differences in practice in the use of the CTOs in Walsall and Dudley teams. There are considerably more CTO’s being used in Dudley than in Walsall. Nationally practice does vary and there is nothing to suggest that either side is not following the MHA. There have been many discussions in MHASC about the best way to look at the reasons for the difference in use of CTOs. This is being kept under review and the reasons for differences in practice will be looked at by the medical team.
10. Mental Health Act Administration key areas of focus

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help service users to understand their legal rights and be involved in treatment</td>
<td>Review relevant local policies, training and audits to ensure staff understand the specific needs of service users and their families or carers, and their role in making sure that people are informed of their rights.</td>
<td>MHA audit</td>
</tr>
<tr>
<td>Service user/ staff awareness of and access to IMHA Service</td>
<td>MHA administration to continue to send weekly update to show whether rights information has been provided to the patient.</td>
<td>Repeat EBE questionnaire for service users about IMHA and s.132 rights awareness</td>
</tr>
<tr>
<td></td>
<td>Raise awareness of IMHA service in MHA training sessions, posters and leaflets</td>
<td></td>
</tr>
<tr>
<td>MHA Champions</td>
<td>Work with MHA champions to encourage staff to comply with the MHA policies and processes</td>
<td>MHA Audit</td>
</tr>
<tr>
<td>MHA audits</td>
<td>MHA administration to continue to complete MHA audits on CTT, S.17, s.136 etc.</td>
<td>MHA audit reports</td>
</tr>
<tr>
<td></td>
<td>Copies MHA audit reports will be submitted at MHA SC meetings.</td>
<td></td>
</tr>
<tr>
<td>Hearings- Tribunals and Managers hearings</td>
<td>To review the hearings processes to ensure that the patients are clear of their rights and they are given opportunity to engage with the process.</td>
<td>Report to MHASC</td>
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<tr>
<td></td>
<td>To gather information about the reasons for non-attendance at hearings for patients</td>
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</tbody>
</table>

**Recommendation**

The MHASC wish to assure the Board of the positive and effective multiagency cooperation and adherence to the principles as outlined within the MH Act and code of practice. There are a number of areas as outlined within this report that would undoubtedly benefit from the Board’s intervention in promoting a least restrictive service delivery and patient care.

**Action required**

The Board is requested to receive this report and be aware of both the areas of good work alongside those that require improvement.
<table>
<thead>
<tr>
<th>Point of concern</th>
<th>Action taken</th>
<th>Action Completed</th>
</tr>
</thead>
</table>
| The provider must ensure that blanket restrictions are not in use and that staff act in accordance with the 2015 Mental Health Act Code of Practice and the Trust Search Policy when justifying the use of searches of patients on their return from community leave. | - Communications to staff in relation to LRP policy and procedures  
- LRP training to be delivered across all inpatient areas  
- Audit of “patient searches” to be carried out to determine levels of compliance against policy.  
- Report to be submitted to Mental Health Act Scrutiny Committee.                                                                 | September 2016                         |
| The provider must ensure that staff are aware of the rights of informal patients and that they are not routinely delayed from leaving the acute ward environment. | - Review of all informal clients and their rights to be undertaken.  
- Communications to staff in relation to rights of informal patients  
- Visual and written communication to be reviewed to ensure it is fit for practice and that a programme of maintenance and checks is in operation  
- LRP (right of informal patients) training to be delivered across all inpatient areas and all staff groups  
- Audit of “rights of patients” to be carried out to determine levels of compliance against standard.  
- Reports to be submitted to MHASC.                                                                 | July 2016                              |
| The provider must ensure that where people’s rights under the Mental Health Act are explained to them, this is recorded consistently within care records. | - Communications / briefing note to be issued to staff reminding them of their responsibility to clearly explain to patients their rights and to document this process.  
- EBE review to be undertaken to check with patients that they have had their rights explained to them.  
- Review of recording standards and documentation to be undertaken to evidence that patients are explained their rights.  
- Audit of completion of standards to be incorporated into ward documentation audits.                                                                 | July 2016                              |
| The Trust should address issues relating to care records and the use of Long Term Segregation, including chronological filing and legal documentation relating to the use of the Mental Health Act.  
Links to Regulation Action 17(2)(C) | - A review of the implementation plan of the Long Term Segregation policy to be undertaken.  
- A documentation audit, that includes a review of the chronological filing of notes to be undertaken.  
- A MHA documentation audit is to be undertaken, that reviews all MHA documentation for cases of Long Term Segregation included in patient files and ensures that paperwork has been completed appropriately and in line with the Act requirements.  
- Least Restrictive Practice training programme to form part of the Trusts Learning and Development programme.                                                                 | September 2016                         |
| The provider must ensure that all relevant policies are updated in accordance with the revised Mental Health Act Code of Practice (2015) | - To complete a review of all policies against the identified policy list detailed in MHA Code of Practice.  
- To develop any identified policies that are needed/need revision.  
- Policy requirements to be monitored by MHASC/Policy & Procedures Group.                                                                 | October 2016                           |