Nottinghamshire Healthcare
NHS Foundation Trust

Mental Health Act Legislative Committee Annual Report

2016-2017

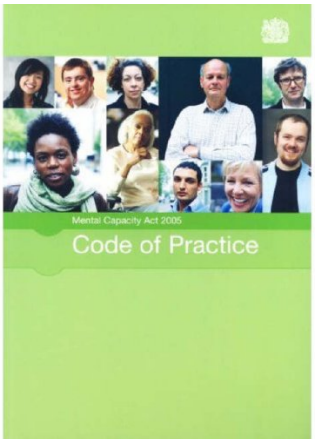





positive about integrated healthcare

Contents

Mental Capacity Act 2005 :-



Foreword by Chair of the Mental Health Legislative Committee

I feel honoured to take on the role as chair of the Mental Health Legislative Committee and am committed to carrying on the good work of the previous chairs Jane Warder and Professor Patrick Callaghan. I would like to express my gratitude for their leadership and to wish both Jane and Patrick every success in the future.

In the coming months, I hope to see continuing development and improvement in the Trust's compliance with the Mental Health and Mental Capacity Acts and to build upon the previous great work in ensuring that effective leadership, governance and reporting is in place.

We will want to ensure that the key principles of both maximising independence and encouraging an environment of using the least restrictive options for patients are advanced. Promoting the respect and dignity of patients and their family while delivering effective treatment, maximising safety and well-being will be key themes. We will endeavour to make certain that patients are cared for in the most effective, efficient and equitable way. I also hope to further encourage the successful developments to date in patient involvement in the planning and reviewing of their treatment in care.

The Trust operates in a challenging environment of increasing demand within a limited resource envelope. Despite these demands this committee will fully implement the actions from the MHA 360 audit and will utilise the opportunities of better use of electronic systems, structural processes and improved partnership working.

I look forward to working with staff, patients and stakeholders to achieve the continuing success of the Mental Health Legislation Committee.

Stephen Jackson
Chair

Executive Summary –

This paper presents the Mental Health Act (MHA) and Mental Capacity Act (MCA) Annual Report 2016-2017 covering the period of 1st April 2016 - 31st March 2017. A draft version was presented for approval to the Trust Mental Health Act Committee (MHAAC) in September 2017.

The purpose of the report is to provide an outline of 2016/2017 activity in relation to the use of the MHA with a brief summary of the activity of the MCA. It provides a description of the work carried out in improving compliance and new developments and achievements over the year.

The MHA can affect the lives and liberty of many people; it can impact not only on individuals, but their families, carers, advocates and the community. On 1 April 2017, there were 253 patients (inpatients and community, under Local Partnerships) and 613 patients (under Forensic Division) subject to detention under the Act, under the authority of Nottinghamshire Healthcare NHS Foundation Trust.

The MHA Committee has endeavoured to work on the recommendations following last year's annual report.

A. Overall continuation of working on governance
B. Embedding good governance practices for Associate Hospital Managers and Managers Panels:
C. Improvement in IT systems in reporting MHA legislation activity
D. Greater focus on MCA

A 360 audit was commissioned during the year to help identify the strategic direction the trust MHA/MCA needs to follow over the next two years. Please note as this report covers up to April 2017 the work already implemented since April 2017 will be reported in next year's annual report.

The new version of the MHA/MCA annual report demonstrates the continued structural process improvements are leading to a more effective delivery of MHA administration and patient care for those patients subject to the MHA/MCA. We continue to ensure on-going improvements and building robust and quality services for all involved with the MHA.

The key responsibilities of the Committee as laid out in the Terms of Reference are:

•To consider policy, practice and procedure in relation to the management and administration of the MHA and related legislation;
•To consider the Trust's discharge of those duties which have been delegated to officers.

The revised Code of Practice published in 2015 sets out the duties of the Board of Directors:

37.2 In England, NHS hospitals are managed by NHS trusts and NHS foundation trusts. For these hospitals (including acute/non-mental health hospitals), the trusts themselves are defined as the "hospital managers" for the purpose of the Act.

37.3 Hospital managers have the authority to detain patients under the Act. They have the primary responsibility for seeing that the requirements of the Act are followed. In particular, they must ensure that patients are detained only as long as the Act allows.

37.4 As managers of what the Act terms "responsible hospitals", hospital managers have equivalent responsibilities towards CTO (Community Treatment Order) patients, even if those patients are not actually being treated at one of their hospitals

37.5 In practice, most of the decisions of the hospital managers are actually taken by individuals (or groups of individuals) on their behalf. In particular, decisions about discharge from detention and CTOs are taken by panels of people (manager's panels) specifically selected for the role.

37.10 Organisations (or individuals) in charge of hospitals retain responsibility for the performance of all hospital managers' functions exercised on their behalf and must ensure that the people acting on their behalf are competent to do so.

37.11 The organisation (or individual) concerned should put in place appropriate governance arrangements to monitor and review the way that functions under the Act are carried out on its behalf. Many organisations establish a MHA steering or scrutiny group especially for that task, and whilst recognising that the Act is a legal framework for the delivery of care, also monitor and review via clinically-focused forums. Ideally, such forums should have representation from the Board or registered manager.

Part 1

Underlying principles for care, treatment and support under the Act and good practice which advances equality and protects human rights

Part 1 – Using the Act

1.1 – Leadership, governance and assurance arrangements

Over the year, considerable improvements have been achieved in the way we structure our leadership and governance processes. This has included the enhancement of representation within the Legislation Operational Group (LOG), which now includes representation from across the Trust. This year we have regular input from patient advocacy services via POhWER. They provide an advocacy perspective for both in patient and community patients within local partnerships. *We are seeking representation from Together who provide Advocacy services for the Forensic division.*

The MHA Committee has reviewed its terms of reference and now has a greater representation from senior management which includes Directors and Senior Medical representation from both divisions. Following the work of 2015/2016, an agreed organisational structure for managing the MHA/MCA legislation and reporting has been developed as in Appendix 1.

The Medical Director commissioned an external audit of the Mental Health Legislation Committee, 360 audit which reported November 2016. All the key recommendations have been accepted and work is underway to implement the findings to strengthen our processes.

The Committee was chaired by Jane Warder Non-Executive Director who has now moved onto a new post. The Medical Director and the Committee would like to acknowledge the leadership role Jane played in chairing the Committee, and we acknowledge the insightful input she brought to the Trust.

1.2 – Local and national use of the Act

The Mental Health Legislation Committee receives detailed data on the detention of patients under the Act through a quarterly performance report. Key areas have been identified for reporting. These are monitored for the overall performance or areas of potential issues with how the Act is used. The definitions for the Sections are listed in Appendix 2. These are described below:

1.2.1. Section 2 Lapses

Section 2 of the MHA allows initial detention for assessment. Good practice assumes an active process of monitoring the need for detention and either removing the section or actively moving to a section 3. A lapse in the section, i.e. it running out at the end of the time period and the patient becoming informal by default could suggest a lack of active, therapeutic treatment.

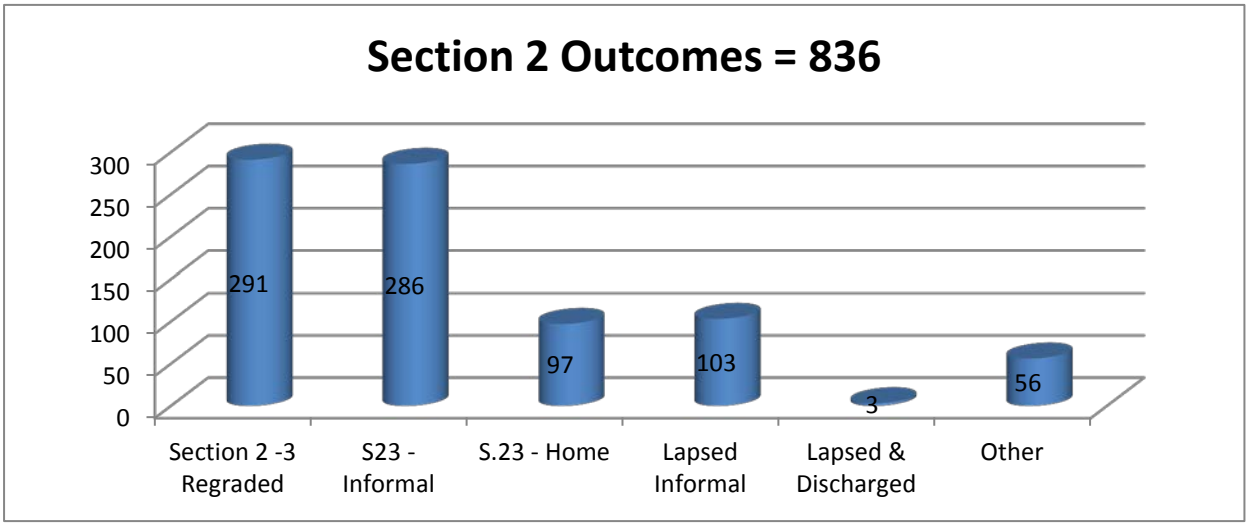
In 2015/2016 we dealt with 539 patients on Section 2 and 2016/2017 we have dealt with 834 patients which is an overall increase of 54.7%.

Graph 1, represents Local Partnerships section 2 patients. It can be seen that 286 patients (34.3%) were discharged from their section 2 and remained informally in a Trust hospital setting. This percentage is a significant increase from last year which was 11.5%.

As part of our active management of Section 2 patients, a report is produced on all sections including Section 2 which is monitored and scrutinised by the LOG.

The number of patients which were discharged home was 11.6%. This year we have completed a further break down with discharged home and lapsed section to informal status.

1. Graph 1: Section 2 Lapses



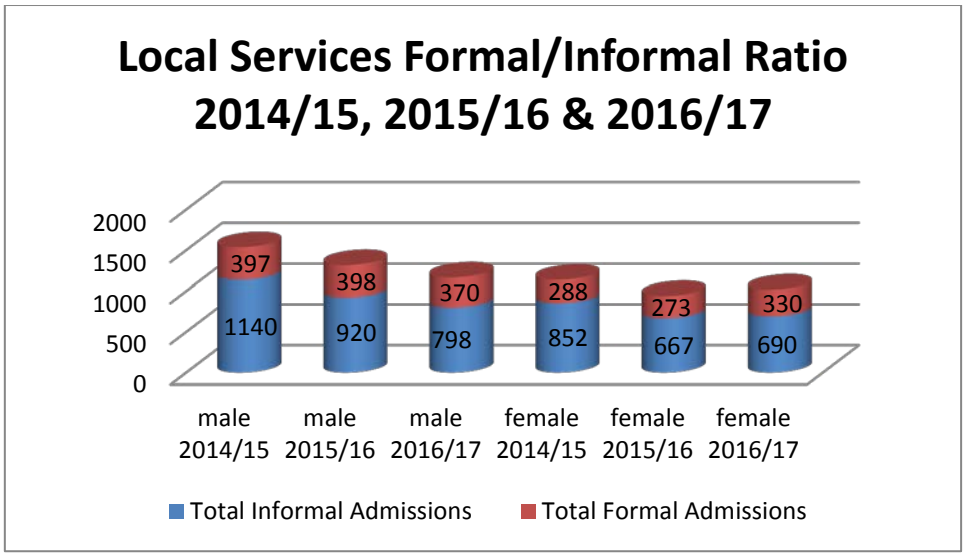
1.2.2. Equality data - Gender Variation in the Use of the Act

The national statistics show that 54.6% of all detained patients are male and 45.4% are female. For Local Partnerships, Graph 2 shows our figures for 2016/17 are 53.4% male and 46.6% female, based on at least 1 days stay. These figures show a marginal difference to the national statistics.

Over the past 3 years, the number of informal and formal admissions has gone down for male patients. There has been a drop in informal admissions by 30% and a drop of 6.8% in formal admissions over the past 3 years. For female patients, there has been a drop of 18% in informal admissions and has been an increase of 14% in formal admissions.

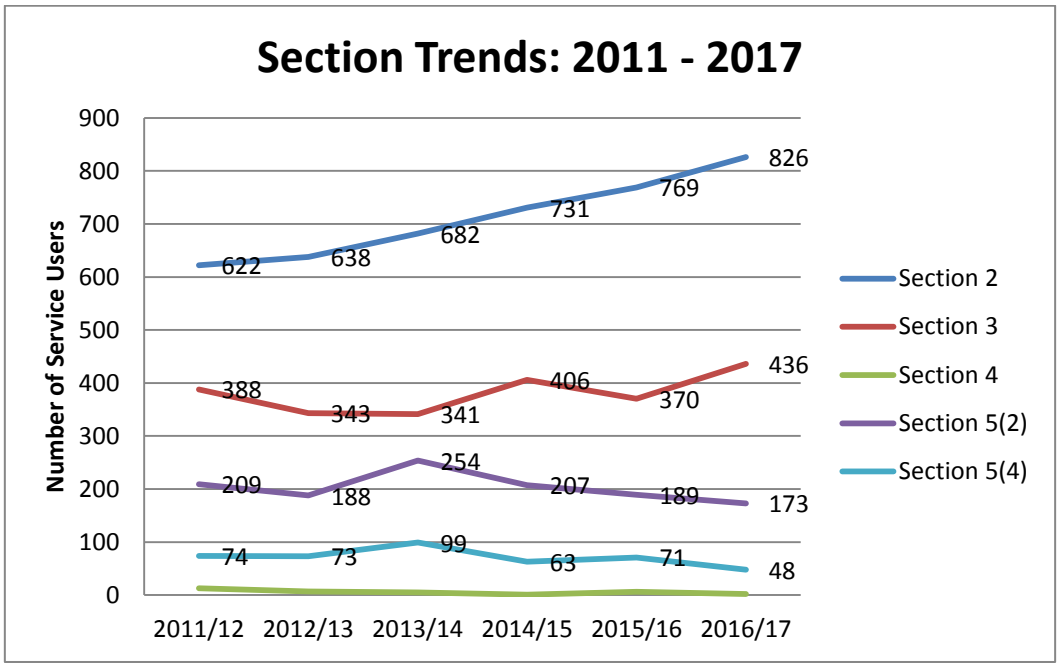
Mental Health Bulletin, 2014/15 (published by HSCIC) states that women who spend time in mental health hospitals are more likely to be detained than men. For every 100 female inpatients, there were 41.9 detentions compared to 38.5 male out of every 100.

1. Graph 2: Detained and Informal patient numbers - Local Partnerships



1.2.3. Local Partnerships activity data

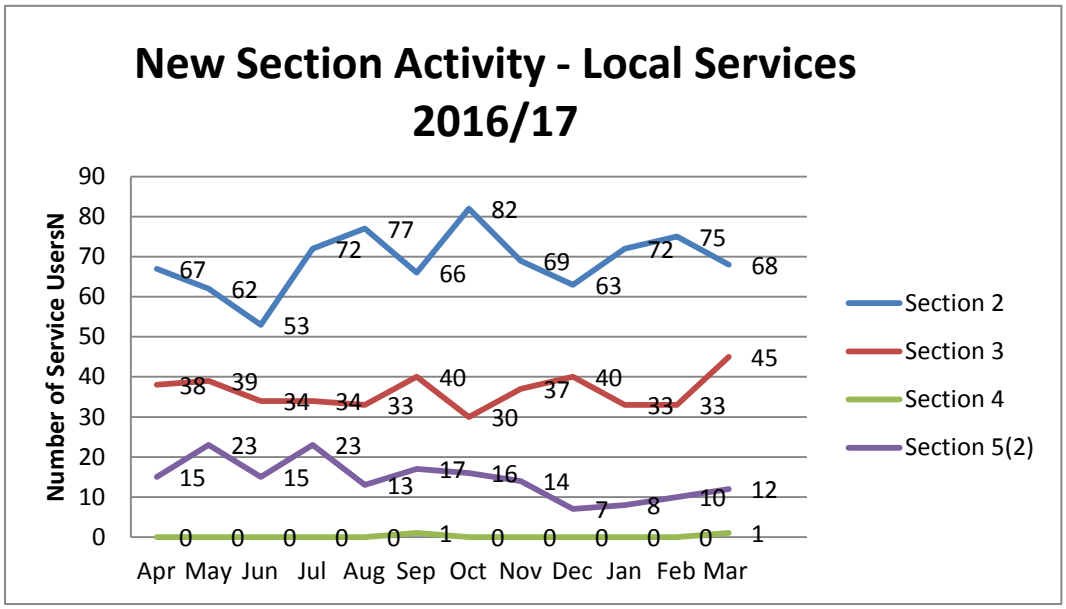
1. Graph 1: Section Trends: 2011/2012 - 2016/2017



In graph 1, the number of Section 2's has increased by 7.4% and the section 3's has increased by 17% over the last year. The increase in section activity has not had any clinical impact on patient care. The need for provision of high quality of care for each individual patient remains a standard priority. Clinicians continue to use the MHA in line with the Code of Practice. This is monitored through the Legislation Operational Group (LOG). The increases in section 2 and 3 has put significant pressure on meeting the demands within the MHA administration team within Local Services, but this has been actively managed to ensure that we remain compliant with all relevant legislation.

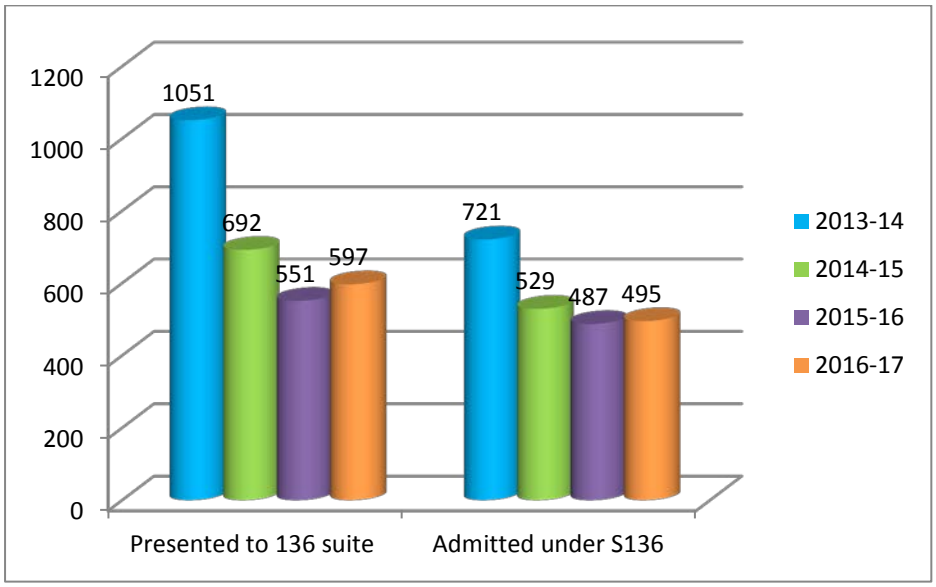
Section 5(2) s continue to fall by 8% and Section 5(4) activity has decreased by 35%.

2. Graph 2: 2016/2017 New Section Activity



Graph 2 provides a more in-depth look at the section data during the period covered in this report. Several peaks and troughs throughout the year can be seen in the data. The trend had an overall increase in Section 2's and 3's but no discernible pattern linked to a particular period throughout the year.

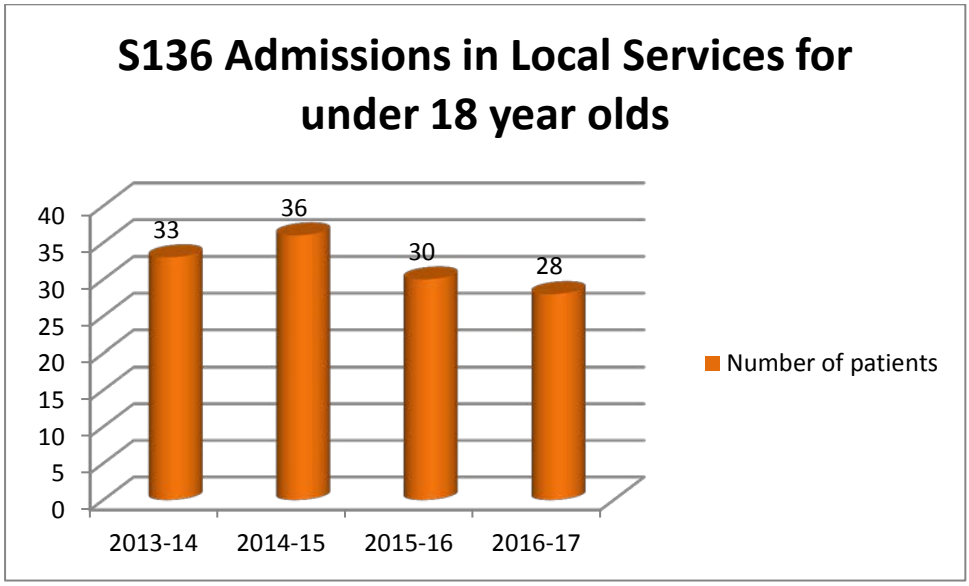
3. Graph 3a: Section 136 Admissions in Local Services –



Graph 3a shows activity in the use of both the Jasmine and Cassidy s136 suites; an overall downward trend over the last few years can be seen, but this has levelled off this year. The downward trend followed the introduction of The Triage Car initiative which allows mental

health nurses to accompany police officers to incidents where someone may need immediate mental health support.

3. Graph 3b: Section 136 Admissions in Local Services for under 18 year olds –



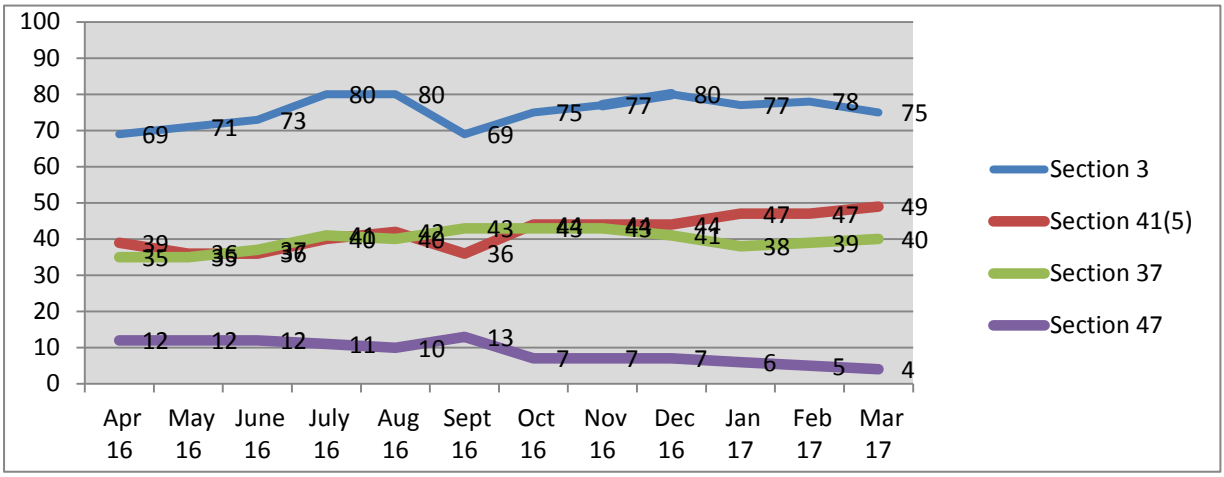
Graph 3b also shows a downward trend for patients who are admitted into Section 136 suite under the age of 18 years old.

1.2.4 Forensic Services 2016-17 activity data

1. Graph 1: Unrestricted Mental Health Act Section Data

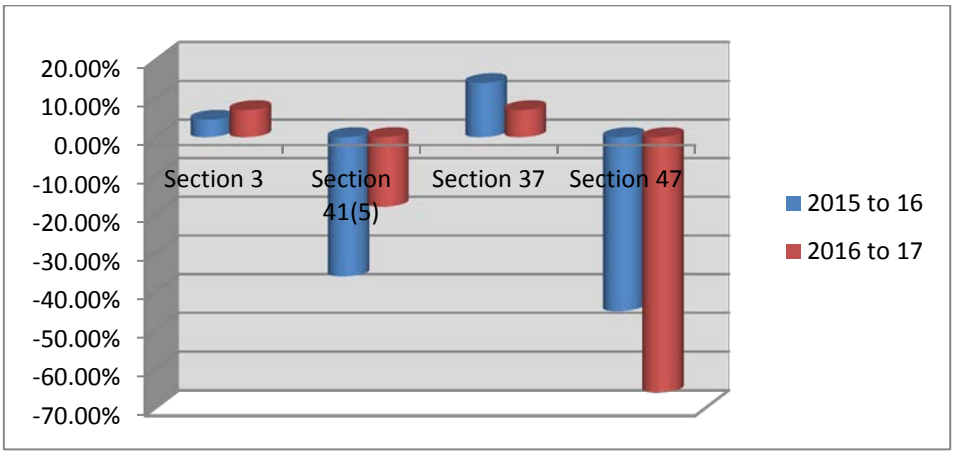
The data below presents the unrestricted Mental Health Act sections of services users within the Forensic Division.

Comparing this data to the 2015-16 figures shows:



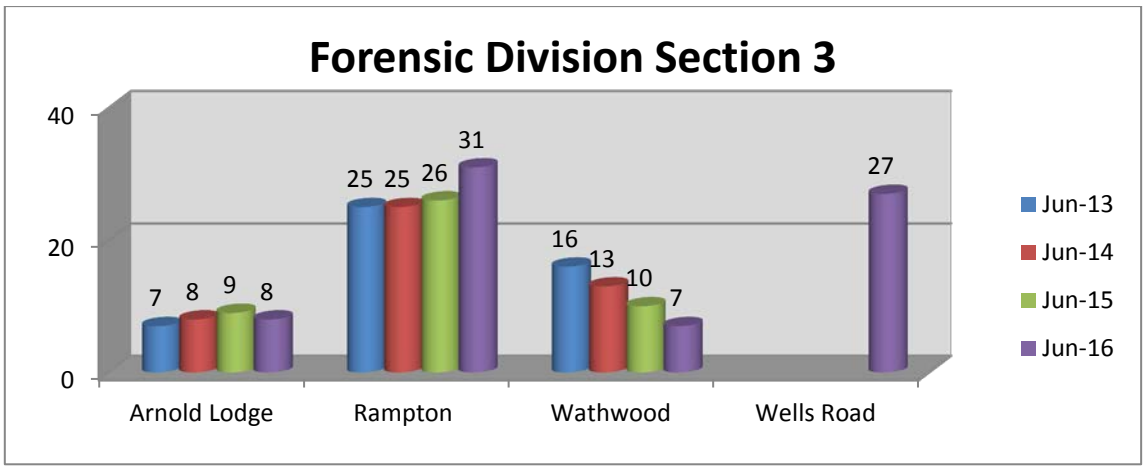
	Section 3	Section 41(5)	Section 37	Section 47
2015 to 16	70	58	34	12
2016 to 17	75	49	40	4
% variance	**+7%**	**-18%**	**+7%**	**-66%**

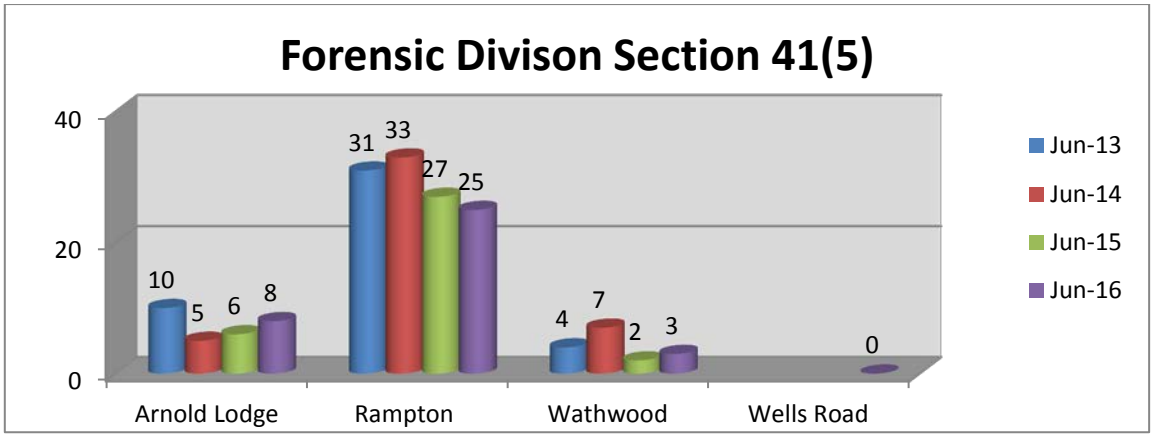
The trend seen last year of both Section 3 and 37 slightly increasing with both Sections 41(5) and 47 decreasing continues:

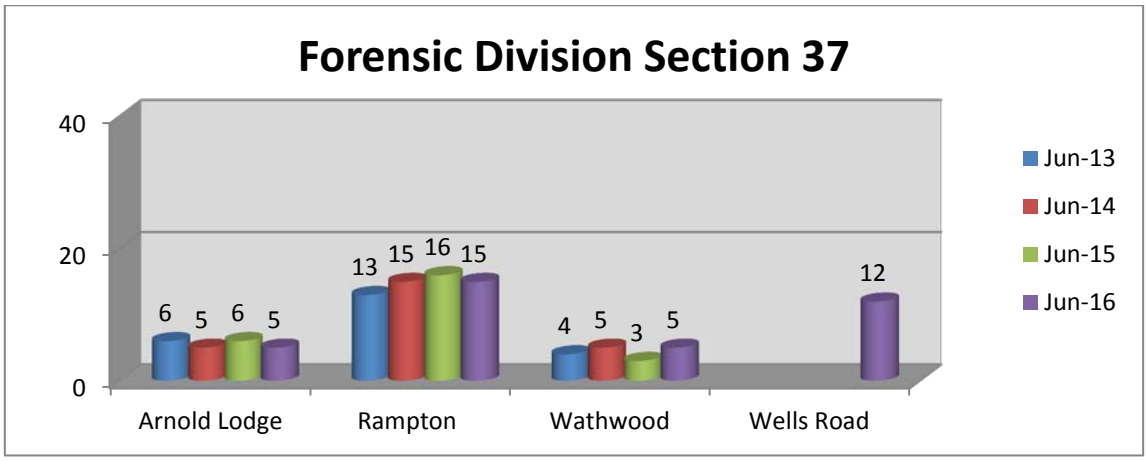


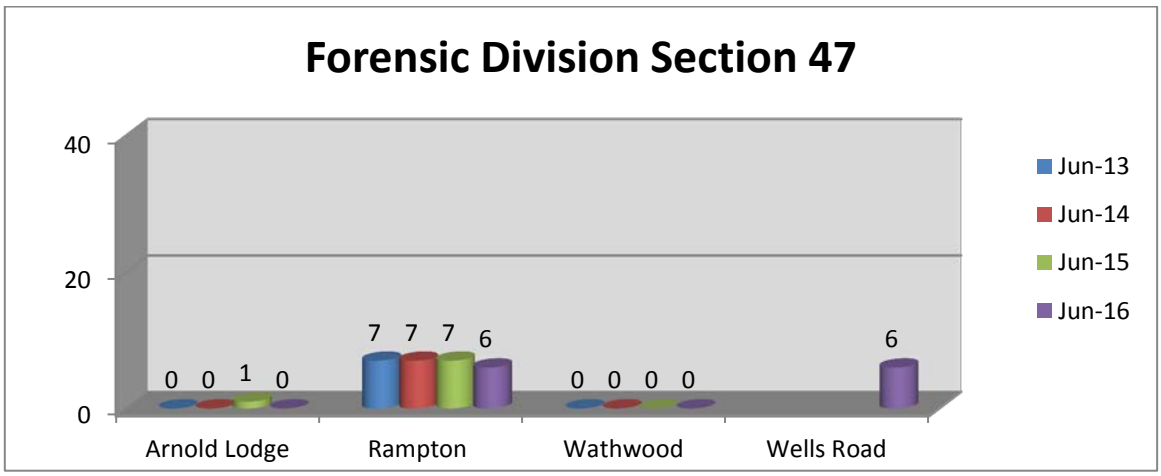
The -66% decrease in Section 47 detentions on its own appears a large change, but this is an effect on a very small proportion of service users. The difference of 8 is attributed to patient's being re-sectioned after additional criminal convictions.

2. Graphs 2 – 5 2016-17









From the Graphs 2-5 above, the number of patients in High and Medium secure remain consistent over the past three years, with any changes being attributed to service users change of section due to court imposed restrictions or derestriction measures by the Ministry of Justice.

A comparison with previous year's data isn't available for The Wells Road Centre figures as this is the first year of collecting the statistics within the Forensic Division.

1.3 – Monitoring compliance at the point of care

1.3.1 Equalities within Local Partnerships

The table below shows the ethnicity of our patients against the number of Sections applied throughout 2016/17 for patients living in the City area. We have compared the ethnic breakdown of the Nottingham City population with these Section figures. It needs to be noted that the Nottingham City figures are from the National Census carried out in 2011, therefore these need to be considered with a note of caution as they are not like for like. They do provide a broader comparator which should provide us an indicator of potential areas of concern. The next census will be taking place in 2021. Currently we continue to look into figures for ethnicity within the City, but once this work is complete we will broaden this out to the County.

The arrows indicate an increase or decrease from 2015/2016 figures. The figures without an arrow indicate that it is new data.

Ethnicity	Section	Local Services	% of all sections	% population of City	Difference
Asian or Asian British	*2*	↓ 74			
	3	↓ 3			
	17A	4			
	17E	21			
Asian or Asian British Total		↑ **102**	**7.6%**	**13.1%**	**-5.5%**
Black or Black British	*2*	↓ 125			
	3	↓ 20			
	17A	↓ -			
	36	↓ -			
	37/41	↓ 3			
Black or Black British Total		↓ **148**	**11.1%**	**7.3%**	**+3.8**
Mixed	*2*	↑ 106			
	3	↑ 41			
	17A	↑ 14			
	47/49	19			
Mixed Total		↑ **180**	**13.4%**	**6.7%**	**+6.7**
Not Stated	*2*	↑ 6			
Not Stated Total		↑ **6**	**0.5%**	**Not available**	**-**
Other Ethnic Groups	*2*	↑ 36			
	3	10			

	17A	1			
	17E	7			
Other Ethnic Groups Total		↑ **54**	**4%**	**1.4%**	**+2.4**
White	*2*	↑ 679			
	3	↓ 103			
	4	↓ -			
	17A	↑ 45			
	17E	↓ -			
	37/41	↑ 8			
	38	↓ 4			
	42	↑ 2			
	47	↑ 8			
	47/49	↓ -			
	48/49	↓ -			
White Total		↑ **849**	**63.4%**	**71.5%**	**-8.1**
Grand Total		↑ **1339**			

For 2016/2017, the overall increase for the total of detained patient has increased to 21.1% (last year's total was 1106 patients who were detained under the Act from the City)

From the above table it is clear that the pattern of particular ethnic minority groups is more likely to be detained than others. This higher representation is particularly marked for black/black British, mixed and other ethnic groups. This year's figures show that Asian, Asian British and White are lower than the representation of the population in the City. We continue to monitor this information and are actively working on ways of addressing any areas of concern, focusing on those groups that are over-represented in the use of the MHA compared to their demographics.

1.3.2. Equality & Diversity in the Forensic Division

According to the Office for National Statistics, the 2011 Census showed that amongst the then 56 million residents in England and Wales, 86% were White, 8% Asian/Asian British and 3% were Black/African/Caribbean/Black British. CQC data shows that White British people represent 72.5% of the inpatient episodes in mental health and learning disability trusts, which is proportionately lower than might be expected. However, Gypsies and Traveller's, people of 'other mixed race', Bangladeshi people and 'other Black' people have attendance levels that are proportionately higher than expected from their percentage of population. [Equality Counts: equality information from CQC for 2013].

Figures show that in 2014/15, rates of formal inpatient detention in hospitals under the Mental Health Act 1983, people from Black or Black British ethnic groups had the highest rate of detentions, at 56.9 per 100 people (4,368 in total). The Asian or Asian British group had the second highest rating at just over 50 per 100 people (2,714 in total) [NHS Digital

Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment, Annual Statistics, 2015/16]

Forensic Patent Ethnicity Data Table A

Ethnicity	Quantity of patients of this Ethnic Group	%
White - British	**430**	74.78%
African	**22**	3.83%
White - Any Other	**20**	3.48%
Mixed - White & Black Caribbean*	**19**	3.30%
Caribbean*	**16**	2.78%
Mixed - Any Other	**10**	1.74%
Pakistani	**9**	1.57%
Black/Black Brit. – Caribbean*	**9**	1.57%
Any other black background*	**7**	1.22%
Mixed - White & Asian	**6**	1.04%
Not Stated By Patient	**6**	1.04%
White - Irish	**5**	0.87%
Not Known	**3**	0.52%
Indian	**2**	0.35%
Asian/Asian Brit. - Pakistani	**2**	0.35%
White - Other	**2**	0.35%
Black/Black Brit. – Other*	**2**	0.35%
Any other ethnic group	**2**	0.35%
Other Ethnic Group	**1**	0.17%
Black/Black Brit. – African*	**1**	0.17%
Bangladeshi	**1**	0.17%
	575	

Statistics Table A shows the number of patients who are cared for within Forensic Services from across the country.
The population of White-British Service Users is around 13% less than the proportionate average against population, with Black* Service Users all groups added together make up over 9% which is 3 times proportionately higher than represented percentage within the national population.

1.3.3. Illegal Detentions

In 2016/2017, there were 10 illegal detentions reported across Local Partnerships and Forensic services. The reasons for the illegal detentions included the following –

- Insufficient information,
- Missing mandatory information including signatures and dates,
- Complications with a forensic patient who was on remand,
- Patient being placed on a Section 3 and a Community Treatment Order (CTO) on the same day.

All illegal detentions are investigated and remedial action is taken to prevent reoccurrence. All of the above was reported through the quarterly performance report to the LOG and the Trust Mental Health Legislative Committee.

In the 2017/2018 Annual report we will be able to build on the work we have commenced this year and be able to provide trend data.

1.4 – Care Quality Commission – Themes from MHA Commissioner visits

1.4.1. Legislative Compliance

The CQC published their annual national report on the Mental Health Act (*Monitoring the use of the Mental Health Act in 2015/2016)* at the end of 2016. The report found little or no improvement in some areas since the previous year. For example 12% of patients were still not being informed of their right to an Independent Mental Health Advocate, and there was limited evidence of patient involvement in care planning in 29% of records that the CQC examined. Staff are required to encourage patients to be involved in their care plan.

The CQC also published '*The state of health care and adult social care in England 2015/2016'* in October 2016. This report contained analysis of national compliance with the Deprivation of Liberty Safeguards (DOLS) (rather than as in previous years in a separate report). The CQC found evidence of good practice across the country, but not enough providers are applying capacity assessments effectively including a blanket approach to capacity assessments. Some decisions about DOLS including conditions of authorisations were not communicated effectively and complied with.

The Trust undertook a regular annual internal audit of compliance with both the MHA and the MCA in the former Local Services Division (in-patients only) between October 2016 and March 2017. The audit examined compliance with the key elements of legislation, including the areas that are always subject to scrutiny by the CQC. An overall report on this audit cycle was provided for the Trust on 7th April 2017 along with 13 recommendations. As with the previous year, the report found that implementation of aspects of both the MHA and the MCA needed improvement. With regards to the MHA, improvement is required in the documentation of consent by Responsible Clinicians, better evidence of information about and access to Independent Mental Health Advocates and clearer evidence of risk assessment before a patient takes section 17 leave. In order to demonstrate compliance with the MCA, better evidence of capacity assessment together with how a decision was made in the person's best interests is required. Improvements are actively being driven through the Governance process, including further training, reminders, and improvements in guidance on electronic systems and through supervision.

MHA related policies and procedures are kept under review. In particular the policies relating to the changes to sections 135 and 136 of the MHA are being reviewed in anticipation of the changes coming into force September 2017.

Details of the number of DOLS applications from within the Local Services Division (DOLS is inapplicable in Forensic services) are kept by the MHA Office. During the period covered in this report, the former Local Services Division now part of Local Partnerships made 139 applications to the relevant supervisory body, of which 61 were granted. Of the 77 not granted, the chief reasons were that the person was discharged prior to completion of the assessments commissioned by the Supervisory Body or found to be ineligible due to Schedule 1A Case E of the Mental Capacity Act. The effect of Schedule 1A Case E is that the MHA has primacy where the patient is 'within the scope' of the Act and is objecting to admission/treatment for a mental disorder. In such cases the patient is 'ineligible' for the DOLS. These patients were subsequently assessed for detention under the MHA. A significant number of the 77 patients were discharged or transferred prior to completion of assessments. Some were found to have capacity to consent to their admission and subsequent care. There were no applications refused on the grounds that a deprivation of liberty was not the least restrictive intervention.

The Trust has a DOLS policy and procedure which is updated regularly to take account of developing laws. During the currency of this report, the policy was amended to take account of recent changes concerning:

a) coroner notification no longer required on the basis that someone dies while subject to a deprivation of liberty authorisation and
b) the requirement to hold a review with the Local Authority supervisory body when a patient who has a DOLS in place is likely to be given medication covertly.

1.4.2. CQC Assurance

The CQC regulate, inspect and rate mental health services in England. They have powers to ensure patients' rights are upheld while they are being cared for and treated under the MHA. They visit patients who are being detained in hospital and who are subject to community treatment orders. They appoint Second Opinion Appointed Doctors (SOADs) to check that patients are receiving the correct medication and also monitor the use of DOLS.

1.4.3. Monitoring the Mental Health Act - The National Picture

The *'Monitoring the Mental Health Act in 2015/16* report acknowledged the many examples of good practice in how mental health in-patient units supported people when they were detained under Mental Health Act 1983 but recognised there were further improvements to be made.

The CQC visited 57 NHS trusts and 161 independent hospitals that provide mental health care for people under the MHA in England making a total of 1,349 monitoring visits during 2015/16. They recommended 6,800 actions during the year which is an average of 5 actions per visit.

There were a number of key areas, across services nationally, where MHA reviewers found improvements were required. With only half of the wards the CQC visited having staff who had received training on the revised Code of Practice, the report made it clear that more needs to be done to ensure staff are aware of patients' rights and how to uphold them. Of particular concern was that 12% (515 out of 4,344) of patients interviewed did not know about their right to Independent Mental Health Act advocacy to support them to make decisions about their care and treatment. In addition, 29% (1,214 out of 4,226) of records seen showed no evidence of patient involvement in assessing, planning and reviewing their care.

Having found little improvement in these important aspects of care the CQC recommended 'stronger leadership' locally to ensure that all staff are appropriately trained and that the experiences and views of detained patients should be a routine part of local MHA monitoring.

1.4.4. Monitoring the Mental Health Act - The Local Picture

During 2016/17, the CQC made 18 visits to services provided by the Trust. The average number of actions recommended at each visit was 4.2, slightly below the national average. Table 1 below shows the wards visited and the recommendations made against the MHA Code of Practice.

1. **Table 1: Recommendations arising from CQC Monitoring visits during 2016/17.**

Location and Ward		2016/17 Recommendations
Arnold Lodge	Coniston Ward 13/04/2016	1. Authorisation and support for Section 17 leave. 2. Records of capacity to consent discussions. 3. GP provision 4. Review of care plans.
	Rutland Ward 05/08/2016	1. Safeguarding notification of patient in Long Term Segregation. 2. Co-production of individualised care plans 3. Physical health assessments on admission and annual reviews.
	Tamar Ward 25/05/2016	No recommendations
Bassetlaw Hospital	B1 Ward 10/05/2016	1. Gender privacy and dignity issues. 2. Co-production of individualised care plans 3. Co-production of advanced plans 4. Provision of information about prescribed medication.

Highbury Hospital	Cherry Ward 29/09/2016	1. Records of capacity to consent discussions and subsequent reviews 2. Timeliness of sharing information with patients on their detention and rights. 3. Co-production of individualised care plans. 4. Gender privacy and dignity challenges.
	Orion Unit 26/05/2016	1. Positive and safe clinical outcomes 2. Co-production of individualised care plans. 3. Suitability of the accommodation for seclusion and long term segregation. 4. Poor acoustics. 5. Respecting patient confidentiality 6. The sharing of outcome of SOAD visits by responsible clinicians with patients. 7. Limited activities available at weekends and evenings.
	Rowan 2 05/08/2016	1. Availability of information about the CQC 2. Records of capacity to consent discussions and subsequent reviews
Mansfield Community Hospital	Alexander House 02/11/2016	1. Blanket restrictions 2. Availability of information about the CQC and safeguarding 3. Records of capacity to consent discussions and subsequent reviews
	Bracken 30/12/2016	1. Responsible clinician cover during periods of leave. 2. Patient involvement in the review of their leave. 3. Co-production of individualised care plans. 4. Access to activities. 5. Routine searching on return form Section 17 leave
Millbrook Mental Health Unit	Amber Ward 22/06/2016	1. Timeliness of sharing information with patients on their detention and rights. 2. Access to a coin operated telephone. 3. Gender privacy and dignity challenges. 4. Lack of opportunities for patients to express their views.
Rampton Hospital	Eden Ward 07/06/2016	1. Training for staff on the revised Code of Practice 2. Availability of care plans. 3. Cleanliness of the seclusion room. 4. Staffing challenges. 5. Limitations placed on telephone calls. 6. Treatment certificates not amended when the responsible Clinician left.
	Grampian Ward 30/09/16	1. Certificate of consent to treatment (T2) not updated. 2. Concerns about professionalism of staff.

		3. Blanket restrictions. 4. Reliability of IT for patients use. 5. Accessible communication needs not met.
	Hambleton Ward 15/06/2016	1. Records of capacity to consent discussions and subsequent reviews. 2. Expired authorisation of medication (T2). 3. Blanket restrictions.
	Kempton Ward 14/12/2016	1. Records of capacity to consent discussions and subsequent reviews. 2. Interpretation of the Code of Practice regarding seclusion. 3. Provision of accessible information. 4. Impact of staffing challenges. 5. Records to explain why mail was withheld.
	Malvern Ward 31/07/2016	1. Availability of records of long term segregation reviews. 2. Co-production of care plans and their review. 3. Blanket restrictions. 4. Expired authorisation of medication (T2). 5. Staffing issues 6. Environmental issues in seclusion rooms 7. Patient understanding of their legal rights.
Thorneywood Mount	145 Thorneywood Unit 17/10/2016	1. Occupational Therapy involvement. 2. Availability of information about the CQC and safeguarding 3. Records of capacity to consent discussions and subsequent reviews. 4. Blanket restrictions 5. Records confirming patients had received an explanation of their rights. 6. Staff training on the revised Code of Practice 7. Staff awareness of safeguarding referral thresholds.
Wells Road Centre	Lister Ward (14/10/2016)	1. Lack of leave reviews with patients. 2. Damage to the environment. 3. Delayed transfers of care.
	Porchester Road Ward 10/01/2017	1. Records of capacity to consent discussions and subsequent reviews. 2. Records confirming original hospital orders. 3. Records confirming patients had received an explanation of their rights. 4. Co-production of care plans and their review.
Total number of recommendations made = 76 (Average 4.2 per visit)		

Although the CQC found and reported on a wide range of good practice from their visits to the Trust, their MHA monitoring reports also confirmed that some nationally identified issues are also present in our services, particularly around record keeping. Discussions with our patients does provide a level of confidence that they feel involved and are consulted, however we do not consistently record our actions to evidence what we do. This is a significant issue across disciplines and services which requires a more considered, Trust wide approach and affects the following areas:

1.4.5. Consent to Treatment

Consent must be sought for any treatment when patients have the capacity to give it, whether or not they are subject to the MHA. This was raised as an action for improvement at eight of our MHA monitoring visits and shows that we must do more to evidence how discussions to determine patients' capacity to consent to treatment are recorded by their Approved Clinician. Action plans have been devised to address this however; it is clear that we need to consider how we monitor progress and bring about sustained improvements for the benefit of our patients.

1.4.6. Co-Production of Care Plans

Patients need to have their voice heard and their preferences taken fully into account. The CQC found that we needed to make improvements in this important aspect of care at nine of their visits to Trust services. The re-launch of the Trust Recovery strategy, 'Changing the Conversation' in November 2016 encourages the co-production of Recovery focused care plans which are developed with each person using our services.

Guidance will be provided to our staff on the importance of structuring care plans around the patients' strengths, abilities and personal aspirations. The importance of their culture, values and their family and support networks will also recognised within person centred plans which will also consider advance statements and directives.

1.4.7. Access to Information

The MHA monitoring visits made 12 recommendations relating to the availability of the variety of information to patients about their detention, care or treatment as well as organisations they could approach if they had a complaint for example. A further five recommendations were made, the majority of which concerned the recording in patients' notes that their rights had been explained to them. The majority of patients understood their rights under the MHA so again, the area of improvement needed is staff's record keeping.

A small number of actions related to information which had not been available to patients in an accessible format which met their individual needs. Legislation covering Accessible Information was introduced in July 2016. This legislation covers patients and their parents or carers with information or communication needs relating to a disability, impairment or sensory loss. As part of the Accessible Information Standard, the Trust must ensure that they:

Ask people if they have any information or communication needs, and find out how to meet their needs;
Record those needs clearly and in a set way;
Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs;
Share information about people's information and communication needs in line with information governance;

Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

These records will be auditable so that we can check compliance with this standard and ensure our patients individual communication needs are fully understood and met.

1.4.8. Respect, Participation and Least Restriction

The CQC raised concerns at three of their visits about staffing levels which were felt to be insufficient to support the needs of patients. Blanket restrictions were used in some areas which meant patient care was not always risk based and person-centred. A 'Restrictive Practice' work team is part of the Trust 'Sign up to Safety' campaign and work is being undertaken within the Divisions to identify the full range of blanket restrictions in place and determine if they are appropriate to manage risks and if so how they are authorised.

1.4.9. Seclusion and Segregation

The knowledge our staff have on the implications for patients who are nursed in seclusion or long term segregation was challenged by the CQC on two occasions during 2016/17 compared with 13 occasions in the previous year. This marks a significant improvement in our understanding and practice. However, more needs to be done to ensure that decisions to keep our vulnerable patients in seclusion or long term segregation are based on thorough, regular reviews by appropriately skilled clinicians. Evidence from internal reviews show that improvements are needed to ensure these vital safeguards become routine practice.

A 'Best Practice Guide for Patients Cared for in Long Term Segregation' has been co-produced by Rampton, Broadmoor and Ashworth Hospitals. This was introduced into practice in February 2017 with the intention of minimising the frequency and duration of Long Term Segregation and to ensure that those patients subject to its use receive the best care and treatment they can, in a safe and therapeutic environment. This has been shared across the Trust for wider learning and implementation and will be used as a baseline for monitoring the impact of our practice on patients.

Evidence from regular monitoring shows the number of patients being cared for in Long Term Segregation is reducing at Rampton Hospital. Each case is reviewed by senior staff and regular independent reviews of practice are commissioned.

Only the Orion Unit at Highbury Hospital has facilities within Local Partnership which are designated for the use of long term segregation. The CQC has been critical of these in terms of the quality of the design of the building so that patients' privacy and dignity can be appropriately supported. Structural work has taken place to address these issues.

Oversight of compliance with the MHA rests with senior managers in the Divisions, which then reports into the LOG. It is the LOG that reports through to the MHA Committee, which in turn answers to the Trust Board of Directors.

1.4.10. CQC Inspection of Rampton Hospital

A comprehensive inspection of Rampton Hospital took place between the 6th and 10th of March 2017 during which each of the clinical services provided were assessed and a thematic review, focussing on the use of seclusion, long term segregation and mail and telephone monitoring was undertaken. The overall inspection highlighted many examples of good practice including the development of a Violence Reduction Manual in collaboration with the other High Secure hospitals, the passion exhibited by the violence reduction team and the use of the HOPE(s) model which enables multidisciplinary teams to move beyond

long term segregation. The inspection found that 90% of staff were up to date with their Mental Health Act training and staff were able to explain the fundamental principles of the Act. The staff were also found to be well supported by the Mental Health Act administration team who ensured all necessary paperwork was completed and stored correctly.

However, the inspection also highlighted where improvements were needed including in the frequency of and recording of medical reviews and opportunities for fresh air for people in seclusion and long term segregation. The location of the hatches in these areas also presented hygiene problems and made it difficult for staff to serve food and drinks and to observe and communicate with patients. The design of some rooms meant patients did not have a view of the outside.

The CQC also reviewed the arrangements for withholding mail under Section 134 of the MHA. Whilst they found that all patients were informed of their right to contact the CQC to appeal against decisions to withhold their mail and plans were underway for the partial monitoring of mail for some people, improvements were needed to ensure patients were fully informed about how mail monitoring impacted upon them.

The Trust's action plan addresses the findings of the inspection and is being closely monitored and regularly discussed internally and with the CQC and other stakeholders.

Part 2

Issues of importance when empowering patients in relation to their care and treatment, rights and autonomy, and ensuring they are treated with dignity and respect.

Part 2 – Protecting Patients' Rights and Autonomy

2.1 – Empowering patients – Section 132

Currently the administration services have in place robust systems to ensure that the patients are provided with information on their Section 132 patients' rights. All patients are consistently sent a letter and relevant information leaflet of their rights. This activity is recorded on a checklist, which will be undergoing audit in the next financial year to provide further assurance. This is also sent to the appropriate ward that is required to inform the patient of their rights. To support this process, administration services have the information leaflets translated in numerous languages which supports patients whose first language is not English. It is assuring that no complaints have been raised regarding this process with the Patient Advice and Liaison Service (PALS). Though it needs to be noted that during a number of CQC visits, some patients have on occasion stated they are not aware of their rights. Therefore we continue to consider how we can further ensure that patients are fully aware of their rights on admission, regularly during their treatment and on renewal.

2.2 – Independent Mental Health Advocates (IMHA)

The lead for the Local Partnership advocacy services POhWER has provided the IMHA and Independent Mental Capacity Advocates (IMCA) data for 2016/2017 to the LOG. This has given us an opportunity to examine the data and ask for regular reporting on IMCA and IMHA activity. It has been agreed this is an area that requires further improvements and development. This will enable us to examine and target these services to all patients. The intention is to work with POhWER in partnership to ensure robust access for all patients to advocacy services.

2.3 – Patient Appeals – Tribunal services

1.Table of appeals and renewals in relation to Tribunals for Local Partnerships and the Forensic division

	Appeals	Referrals
Local Partnerships	163	216
Forensic *	29	180

*This does not including Arnold Lodge data.

The Trust has a responsibility to ensure patients' rights are protected in line with the Code of Practice. The government requires that patients have access to Tribunals and the right to appeal at particular points of their detention. The above table shows the activity of the appeals and referrals. Tribunals are arranged in cooperation with the HM Courts and Tribunal service. Throughout the year we have consistently complied with all requirements to provide reports and arrange for Tribunals as requested.

2.4 – Patient Appeals – The Managers Panel Members

1.Table of appeals and renewals in relation to Hospital Managers Panels

	Appeals/Renewals
Local Partnerships	222 *
Forensic	133

*The Low Secure data is within Local Partnerships

The Trust has a responsibility to ensure patients' rights are protected in line with the Code of Practice. The government requires that patients have access to a Hospital Managers Panel and the right to appeal at particular points of their detention. The Trust as an entity has a responsibility to ensure patients have access to manager's panels for appeals and renewals. The above table provides the data for appeals and renewals within Local Partnerships and the Forensic divisions. Following collection and reporting of this data to the LOG, gaps were identified in Forensic services. Improvements have been implemented in the final quarter of 2016/2017 which will ensure more robust and detailed reporting in the next years report.

Part 3

Guidance in relation to assessment, transport and admission to hospital, detentions under the Act, and use of the Mental Capacity Act

Assessment, transport and admission to hospital

3.1 – Joint Agency Working

3.1.1. Reporting and Assurance

Within the Trust, a Mental Health Legislation Operational Group (LOG), which meets monthly, has been established and is chaired by the Executive Medical Director. The LOGs role is to ensure that all operational issues are scrutinised and necessary actions taken to ensure effective delivery of the MHA, MCA and DOLS. The LOG reports to the Mental Health Legislative Committee which takes a strategic view to ensure compliance to the above legislation. This Committee meets quarterly, its Non-Executive chair and Medical Director reports directly to the Trust Board.

The Committee receives a quarterly performance report. The Committee can request more detailed information if there are anomalies. Performance reporting has been reviewed bringing together divisional reporting within a single template, including clear task timeliness, performance indicators specific to the Associate Hospital Managers; MCA activity, seclusion and restraint data is routinely reported to the Committee

The MHA/MCA Lead has regular open dialogue regarding any issues that come up on a day to day basis in reference to the Approved Mental Health Professionals (AMHP's) activity that is relevant to the Trust. This covers both County and City Local Authority Social Services. Both Local Authorities are invited to send representatives to the quarterly LOG meeting.

It is planned that, during 2017/18, further progress will be made in insuring joint working. This will ensure that information is passed not only to the Trust Board, but also shared with and received from all other groups identified above. The Medical Director has commissioned work in developing a MHA Dashboard. This will provide a real time MHA data, key indicators and will be available to all staff. It needs to be noted that following the Mental Health Legislative Committee 360 audit carried out in October/November 2016, a number of further recommendations were agreed to be actioned. Work is underway to develop processes in line with the recommendations of the 360 audit recommendations.

3.1.2 Transport and Admission

There is regular joint working with Adult Social Care Nottinghamshire County Council and Health and Social Care Nottingham City Council through our Multi-agency policy and procedure review group. The group focuses on ensuring we have joint agreement on policies and procedures in relation to the MHA and MCA.

There has been joint working on the Section 136 policy which includes conveyancing patients subject to the Mental Health Act. Other work this year has included the review and update with our partners of the joint Community Treatment Order policy.

Part 4

Focus on the particular needs to specific patients and the role of professionals responsible for their care

Part 4 – Additional Considerations for Specific Patients

4.1 – Service representation

The service representation has been enhanced within the Legislation Operational Group (LOG) so that additional consideration for specific patient groups can be thoroughly considered. There is senior representation from Safeguarding to ensure that other relevant legislation including Children's Act 1989/2004 and Safeguarding legislation is considered in light of the work we carry out regarding the MHA. Expert representation of the MCA 2005 and the Human Rights Act 1998 is also in attendance and on a regular basis we ensure that representation is available from Social Care which includes their expertise in the Care Act 2014. The Forensic division has full representation for the specific and specialist needs of this patient group and they actively participate in ensuring that the needs of the forensic patients are taken into consideration.

The LOG acts also as a forum so that various services including POhWER, Local Authority AMHP's, medics and other clinical staff can bring any issues of concerns for resolution and direction.

4.2 – Working Practices

There has been a review of the current structures and working practises carried out by independent 360 auditors. They reported back in November 2016, following which action plans have been pulled together to address the 8 risks identified and 11 actions. The plan will be implemented over the coming year. Some of the key recommendations included a new structure and review of the current administration processes and improvements in the ways of reporting. The implementation of these actions is underway and will be completed during 2017/2018. A summary of outcomes will also be provided.

Part 5

Guidance on the application of the appropriate medical treatment test and medical treatment

Part 5 – Care, Support & Treatment in Hospital

Trust-wide responsibilities for the Mental Health Act

5.1 The organisation has a clear reporting structure of the use of the MHA and the delivery of the appropriate treatments of the necessary time periods. The Tribunals and Hospital Managers Panels support these processes and ensure patients at all times follow the guiding principles of using the least restrictive option and maximising patient's independence. Operational services are led by the Legislation Operational Group (LOG) which ensures the following -

1. Ensuring a robust process for the appointment, induction, mandatory and other training requirements, administrative support, performance review and appraisal of MHA Associate Managers
2. Ensuring demand and capacity modelling provides the workforce which meets anticipated requirements/demand.
3. Providing the Committee with appropriate reporting and metrics, to be used and reported consistently across the Trust sites, to give a trust perspective, support increased governance, enable scrutiny and assurance for MHA and MCA compliance, timeliness and quality.

5.2 Audit findings

As part of our processes to ensure effective governance and application of medical treatments, we carry out an annual internal audit covering all key aspects of the use of the MHA and MCA. This year our audit was carried out from October 2016 to February 2017. All Local Services mental health were visited. Within the Adult Service Directorate, 7 wards were visited, 5 within Mental Health Services Older People Directorate and 3 within Specialist Service Directorate. They key recommendations are bullet pointed below -

1. Ward managers must ensure that all files have a clear and uncluttered section for the relevant Mental Health Act and (where relevant) MCA DOLS documentation. To accomplish this, an audit of the MHA (and MCA DOLS where relevant) papers could be undertaken at

the time that the 'survey monkey' audit is undertaken. Ward managers could have a system of cross audit between wards where a manager checks sample files on a corresponding ward. Ward managers should ensure that they have an MHA/MCA Link person who is supported to undertake audits of the papers.

2. Responsible Clinicians and other doctors must ensure that clear and meaningful evidence of discussions concerning consent and capacity are recorded not only at the time required by section 58 of the Mental Health Act, but periodically throughout the patient's admission such as at changes to medication regimes (whether increasing or reducing medication).

3. Unit managers must ensure that systems are in place to check that copies of all T2 and T3 forms are attached to the drug card, are current, reflect what is on the drug card, and are legible.

4. Responsible Clinicians must ensure that there is evidence that patients are informed of the outcome of SOAD visits.

5. Responsible Clinicians and ward managers must review current section 17 leave practice to ensure that it complies with the most up to date Section 17 Procedure. In particular systems must be in place to ensure that there is a succinct documented assessment of the patient before the patient leaves the ward.

6. Ward managers must ensure that systems are in place to ensure that detained patients have been given information about their rights and that the evidence is adequately documented.

7. Ward managers must ensure that systems are in place ensure that patients have been given information about IMHAs and that access to IMHAs is made available where the patient wants one or where the patient lacks the capacity to instruct one.

8. Ward managers must ensure that patient's care plans are person centred, involve the patient where possible to do so, and are meaningfully and regularly reviewed. Care plans must state the date of review on them. Where there are boxes on the care plans to indicate date of review, the care plan must be reviewed by that date.

9. Ward managers and Responsible Clinicians must ensure that there is clear evidence of discharge planning in all detained patient's files.

10. Assessments of mental capacity (whether by psychiatrist, psychologist, nurse or other such as OT) must be clearly and adequately documented (in as much detail as the nature of the specific decision warrants) along with evidence of how the decision relating to the patient's best interests was reached. This includes (but is not limited to) consultation with others, consideration of the patient's known wishes and how the less restrictive intervention has been considered and includes those patients who are detained under the Mental Health Act.

11. Consultants should review any DNACPR decisions that are in place to ensure that they meet the standard required by the law and the 2016 BMA/ Resuscitation Council guidelines.

12. All staff should adopt an approach of positive critical challenge to practice where there is any concern that standards have not been met.

13. The Adolescent Unit should actively consider how they must comply with the Mental Capacity Act in regard to young person's age 16 + where there are doubts about their capacity to consent. The above areas are all being addressed by the relevant wards and teams. Each ward and team has developed an action plan to show how they will address the specific concern for their area and provided time scales for the work to be completed. All of these action plans are being monitored through the directorate governance process and reported back to LOG.

Part 6 – Leaving Hospital

Part 6

Guidance on the circumstances when patients may leave hospital, including being fully discharged, on short- term leave or to receive care and treatment in the community.

6.1 – Joint Agency Working

The Trust has a Multi-Agency Policy and Procedure Review Group that works with other agencies to ensure relevant MHA policies are current and up to date with any Government legislative changes. This year work has been completed from a Trust perspective with our partners including Local Authorities and Police on reviewing and updating S117 aftercare and CTO policies.

6.2 – Section 17 Leave of Absence

Work has been carried out between the MHA support services and the relevant directorates to ensure that our Section 17 leave of absence policy and procedures comply with the Code of Practice.

6.3 – Community Treatment Orders (CTO)

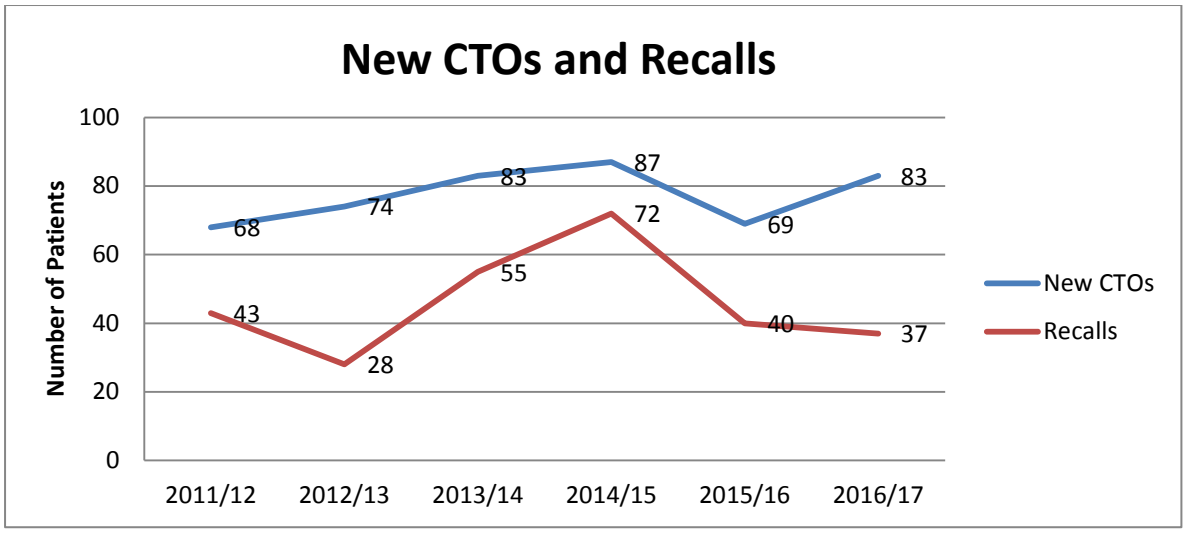
At the end of this financial year on 31st March 2017 we held 139 patients under CTO. This fluctuates throughout the year as people are placed on or taken off CTO's.

Graph 1 below shows the number of new CTO's and number of recalls per year from 2011/12 – 2016/17. Following 2015/2016 decrease in the overall number of new CTO's, we have now experienced an increase in 2016/2017 which is an increase of 20.3% , it is clear that across Local Services greater use of the MHA has been applied including the use of CTO's.

We will continue to monitor these figures on a regular basis through the LOG for ongoing assurance. Total numbers of recalls is continuing to drop for a second year running although at a lesser pace (decreased 44% in 2015/2016 and 7.5% in 2016/2017).

We have this year put in place systems to provide regular data reporting on CTO figures including clinical variance in the use of CTO's. There are 35 Responsible Clinicians (R.C) with CTO patients on their case load. Of the 35 only 4 RC's hold number of CTO's in double figures, this is just one aspect that will be further scrutinised in 2017/18.

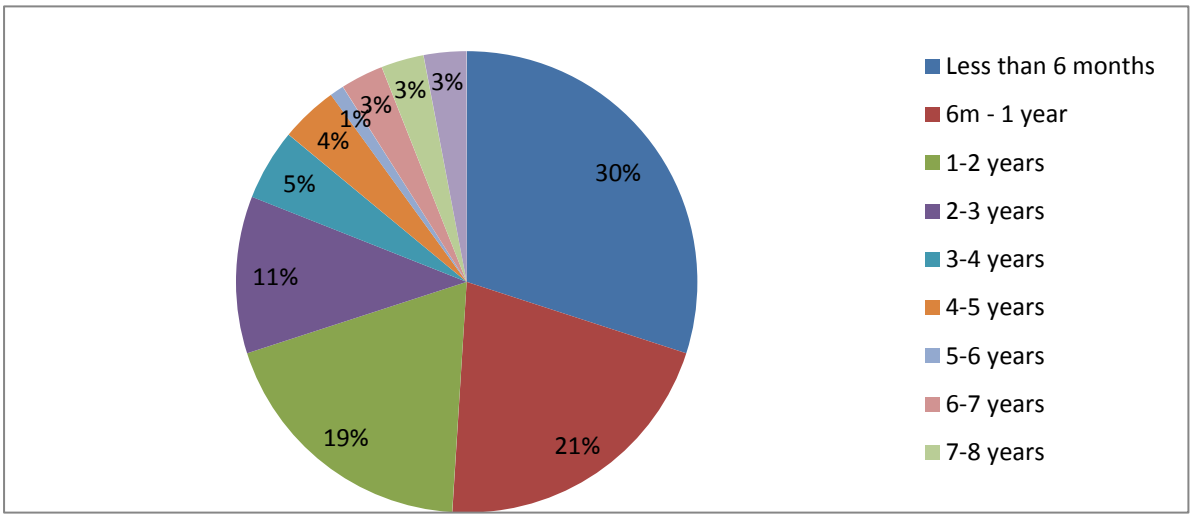
1. **Graph 1: New CTOs and Number of Recalls 2011/12 – 2015/16**



Following on from last year's annual report we have provided further data on the length of stay for patients on CTO in Graph 2. The people who have been on a CTO for 7-8 and 6-7 years have both fallen by 40%.

Less than 6 months has increased 15.3% since last year. In addition from 2015/2016 report, there are 3% of people on a CTO for 7-8 years.

2. **Graph 2: Current Local Services Patients Length on CTO**



Graph 3 clearly shows a marked difference between male and female patients being on a CTO (the difference of 50% in 2016/17, the difference was 30% 2015/16). This figure is becoming somewhat of an outlier as it is not proportionate to the percentage of male/females we work with. Further understanding of this issue will being sought next year.

3.Graph 3: Current Local Services CTO Patients by Gender - 2016/2017

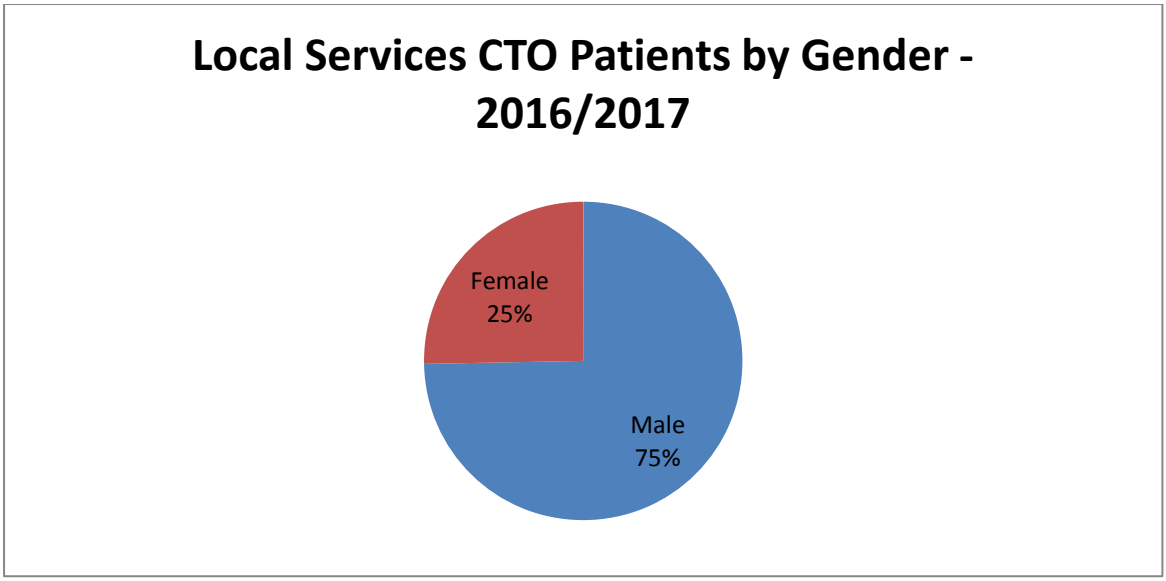


Table 1 below provides CTO activity by local Clinical Commissioning Groups (CCG) which covers Nottinghamshire as a whole. The two highest figures are Rushcliffe and Mansfield and Ashfield.

4. Table 1: Local Services CTO Patients per CCG Population

	Total Population	Number of CTO		Percentage of GGC	
		2015/16	2016/17	2015/16	2016/17
Nottingham City	310,837	25	25	0.008%	0.008%
Rushcliffe	112,835	11	12	0.010%	0.011%
Nottingham North & East	147,625	14	9	0.009%	0.006%
Nottingham West	111,243	7	8	0.006%	0.007%
Mansfield and Ashfield	193,906	24	22	0.010%	0.011%
Bassetlaw	113,654	3	3	0.002%	0.003%
Newark and Sherwood	116,953	9	4	0.007%	0.003%
Hardwick	109,250	8	1	0.007%	0.001%

During 2017/2018 both the LOG and MHA committee will be further monitoring both length of stay and gender breakdown for patients on CTO's to gain assurance that the use of CTO's remains effective

Part 7

Additional information for professionals with specific responsibilities under the Act and information for victims.

Part 7 – Professional Responsibilities

7.1 – Policy and procedures

Following a review of all policies and procedures it was identified mid 2016/2017 that a number of our policies and procedures needed further updates. The Trust implemented a programme of correction. The Medical Director is ensuring that MHA/MCA/DOLs policies are reviewed and updated. We now have regular reporting of the current state of play of all MHA/MCA/DOLs policies centrally to ensure that they are reviewed and updated within the set timeframes.

7.2 – Managers Panel Members

7.2.1 Associate Hospital Managers (AHM's) Management Processes

The Trust is continuing to build on the work carried out in 2015/2016 during 2016/2017. A single budget has been identified for the work AHM's carry out and they are managed as part of the responsibilities of the CPA/MHA team manager's role. Furthermore, the relevant staffing issues identified last year were addressed by the appointment of an AHM administrator. This post came into effect November 2016. During the year, we have continued to improve Information Governance by ensuring all AHM's achieve 100% training completion. There has been a drive to reduce the amount of paperwork breaches by issuing laptops to all AHM's. This initially had considerable teething problems which have been worked on and by the end of the financial year had been reduced significantly. The use of laptops and related problems will continue to be monitored during the next financial year and by working with IT specialists we believe that this system will become robust.

The appointment of a new cohort of AHM's has taken place to address some of the issues of equity of representation. New managers have been through a full induction and are beginning to take on the duties as they feel competent to do so. They have also been issued with contracts. This year we have completed an appraisal of all of the AHM's to ensure that they are working to the appropriate standard which included advice and further training as necessary. We also deliver regular on-going training both mandatory and specialist which is agreed upon following consultation with the AHM forum. This supports the Trust to maintain the higher standards in the work that is carried out by the AHM's. This an on-going process and will be continued throughout the coming year.

7.2.2 Mandatory Training Associate Hospital Managers

The below table details both the mandatory training modules agreed as a minimum requirement for the AHMs and the percentage who have successfully completed these.

All training is regularly reviewed and updated to reflect any changes in the law. AHM's training compliance support and monitored by the AHM's Administrator.

1.Table Showing Training Data at end of 2016/17

Fire Safety and Awareness	100%	eLearning per year Face to face per 3 years
Equality, Diversity and Inclusion	95.7%	eLearning or face to face per 3 years
Promoting Safer and Therapeutic Services	95.7%	Face to face per 3 years
Information Governance	100%	eLearning per year
Care Programme Approach	100%	Face to face per 3 years
Safeguarding	91.3%	eLearning per 3 years
Mental Health Act	100%	Face to face per 2 years
Mental Capacity Act (inc. DoLS)	100%	Face to face per 3 years

(please note further training events have already been planned for 2017/18 to ensure full compliance with relevant mandatory training)

7.2.3 Paper Panel Process

In September 2014, Forensic High and Medium Secure hospitals introduced an AHM's Panel process. A Paper Panel differs from a standard panel by permitting the hearing to take place without the presence of the service user or their legal representative. These paper hearings are only conducted when an individual has capacity, has specifically authorised in writing that their hearing can be undertaken without their attendance, and where the AHM's feel assured they have suitable documentary evidence to support a comprehensive assessment. This process may only be used twice before a full panel hearing must occur.

Following the Forensic Services successfully trialling the paper panel process it has also been phased into Local Partnerships.

7.2.4 Forensic Division

Within 2016-17 30.6% of the hearings taking place within the Forensic Division are being conducted using the Paper Panel Process. This enhanced process offers Service Users a choice which they previously weren't afforded, and benefits the Trust by reducing hearing times and allowing more panels to be completed in a shorter time. The breakdown of Panel information is as follows:

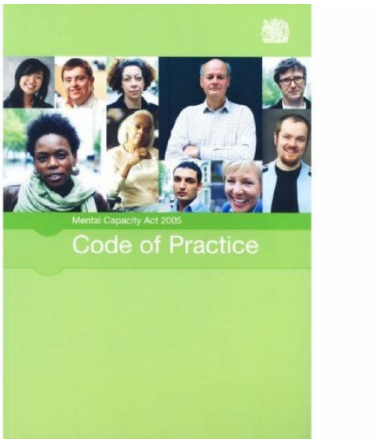
	Total number of AHM Hearings held in the Forensic Division	**Number of AHM Hearings requested to be conducted as a Paper Panel by Service User**	**%**
Q1	45	10	22%
Q2	31	19	61%
Q3	40	8	20%
Q4	54	15	28%
Totals	**170**	**52**	**30.6%**

Significant progress has been made throughout 2016/17. This work needs to continue as new AHMs are being appointed and the level of compliance with training needs to ideally reach 100%. Plans are being put into place to provide consistent support, an appraisal process and have a pool of AHMs who are more representative of the population we serve. We plan to make further progress on these factors during 2016/17.

7.3 MHA Mandatory Training

Mental Health Act Training is mandated for all relevant clinical staff. Training is available on E-Learning, face to face and as a refresher course for those who previously completed the training. Reports are provided to all divisions on a regular basis on their performance who are responsible for ensuring compliance.

Mental Capacity Act 2005 - MCA



1. **Outline statement of performance against the Code of Practice in Mental Capacity Act**

The Trust has a duty to ensure that it complies with the Mental Capacity Act 2005. The LOG and the Committee have begun to increase their focus on the MCA and this will continue over the forthcoming year. This year's actions have included ensuring all audits in relation to the MCA are tabled at the LOG, that operational teams are required to provide copies of action plans to address recommendations from the audit. Their own internal audits that they carry out each month are being submitted for scrutiny and advice provided by the LOG. New audits are being commissioned for the coming year to cover the former Health Partnerships services.

The Trust is ensuring that their focus remains on the 5 guiding principles of the MCA, supporting patients to make their own decisions, presuming capacity unless proved otherwise, always considering the least restricted option, acting in the patients' best interest while being mindful that individuals can make unwise decisions.

2. **Trust training performance against the MCA**

The Trust has a robust programme in delivering the MCA training within the MHA Services for Local Partnerships and Forensics. Training is delivered via E-Learning, Face to face and a refresher training course for all relevant members of staff. The general healthcare of Local Partnerships has been identified as an area that requires further input and both the Committee and LOG are looking to address this during 2017/2018.

3. **Audit**

MHA services within Local Partnerships has a regular Audit programme in place which provide reports for in-patient and community teams of the level of compliance and any areas that require further development and improvement. This year the key theme has been improvements in the documentation of capacity to consent. See also Section 1.4.

4. **Deprivation of Liberty Safeguards data**

Following recommendations from 2015/2016, a new method of collecting relevant DoLS data has been implemented and is able to provide data to the organisation as and when required. Once a full annual cycle has been run, we will be able to provide a full summary in next year's annual report.

Appendix 1: Organisational Chart

Appendix 2: Definitions of sections of the Mental Health Act

1. SECTION 2

The criteria for detention under Section 2 of the Mental Health Act 1983 (2007) is if a person is suffering from a mental disorder of a nature or degree which warrants their detention in hospital for assessment and possibly medical treatment for a limited period of 28 days. The assessment will be completed by 2 doctors and an Approved Mental Health Practitioner (AMHP).

This section cannot be extended or renewed however the patient may be assessed prior to the end of the 28 days resulting in the section status changing to Section 3.

2. SECTION 3

The criteria for detention under Section 3 of the MHA is if a person is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment in hospital. Alternative means of treatment must have been considered prior to the decision of detaining in hospital.

The section is valid for up to 6 months and can be renewed by the Responsible Clinician (RC) for a further 6 months. After this, it can be renewed for a period of up to 12 months at a time however the RC has the power to discharge at any time.

3. SECTION 4

The criteria for detention under Section 4 of the MHA is if a person is suffering from a mental disorder and it is urgently necessary for them to be detained in hospital for assessment however only 1 doctor is available.

This section cannot be extended however can be converted to a Section 2 once a second doctor has assessed and within 72 hours.

4. SECTION 5(2)

The criteria for detention is if a patient is in hospital as an inpatient and their RC completes an application to keep them in hospital whilst a MHA assessment is being arranged.

These holding powers are only valid for up to 72 hours.

5. SECTION 5(4)

The criteria for detention is if a patient is in hospital as an inpatient and a qualified nurse completes an application to keep them in hospital until they can be assessed by the RC (medic).

These holding powers are only valid for up to 6 hours.

6. SECTION 7

This section enables patients to receive care outside of hospital where cannot be provided without the use of compulsory powers. The guardian has the power to decide where the patient should reside, can require the patient to attend for treatment and can demand that a doctor/ AMHP has access to the patient at the place of residence.

7. SECTION 17

Section 17 applies when a patient is already detained under the MHA. This section gives the RC power to grant the patient leave for a specified period of time away from the hospital with certain conditions in place.

8. SECTION 26 AND 29

Section 26 outlines who your nearest relative (NR) will be.

Section 29 outlines the grounds under which you can change your nearest relative.

9. SECTION 35

This section applies if you are a person accused of a crime in criminal proceedings. The Crown Court or Magistrates' Court can remand you to a hospital if one doctor has evidence that there is reason to suspect that the person suffers from a mental disorder and it would be impracticable for a report on the person's medical condition to be made if they were remanded on bail.

This section is up to 28 days, renewable for further periods of 28 days to a maximum of 12 weeks in total.

10. SECTION 37

This Hospital Order enables an offender to be admitted to a hospital which the Crown Court/Magistrates' Court implements.

Section 37 runs like a Section 3 in all ways except for appeal rights.

11. SECTION 41

If the Court has made a Hospital Order Section 37, it can also impose a restriction order (41). This means that the Ministry of Justice (MOJ) are responsible for granting leave and allowing discharge (apart from a Tribunal)

12. SECTION 47

This section enable the Secretary of State directs the transfer of a prisoner suffering from a mental disorder to a hospital.

Section 47 runs like a Section 37 in all ways.

13. SECTION 49

The Secretary of State may apply special restrictions to the Section 47. This means the patient may be ordered to return to prison at any time.

The date that the Restriction Order ends is the same date on which the prison sentence ends.

14. SECTION 117

Section 117 of the Act requires multi agencies to provide/arrange for the provisions of after-care to patients detained in hospital for treatment under Section 3, and 37 who then cease to be detained.

15. SECTION 135 (1) AND (2)

The purpose of a Section 135(1) warrant is to provide police officers with a power of entry to private premises, for the purposes of removing the person to a place of safety for a mental health assessment. This allows the police officers the right to gain entry by force if necessary.

The purpose of a Section 135(2) warrant is to provide police officers with a power of entry to private premises for the purposes of removing a patient who is liable to be taken or returned

This Section is in the process of being reviewed.

16. SECTION 136

Section 136 is an emergency power which allows for the removal of a person who is in a place to which the public have access, to a place of safety.

This Section is in the process of being reviewed.

17. COMMUNITY TREATMENT ORDERS

This Community Treatment Order (CTO) allows suitable patients to be treated safely in the community rather than in hospital. The CTO outlines certain conditions and allows the RC the power to recall the patient back to hospital for treatment if necessary.