

Mental Health Legislation Committee
Tuesday 5 November 2019 at 10:00, Seminar Room, Newsam Centre, Seacroft
Hospital, York Road, Leeds, LS14 6WB

Members of the Mental Health Legislation Committee

Margaret Sentamu	Non-Executive Director (Chair)
Sue White	Non-Executive Director
Nicola Sanderson	Deputy Director of Nursing

In attendance

Oliver Wyatt	Head of Mental Health Legislation
Max Naismith	Head of Leeds Adult Social Care
Dr Nuwan Dissanayaka	Associate Medical Director, Mental Health
Marilyn Bryan	Mental Health Act Manager
Sarah Layton	Mental Health Legislation Team Leader (Minutes)

Observers

Liz Mather	CQC Inspection Manager
Graham Quinn	CQC Mental Health Act Reviewer

Minute number

Action

19/030	<p>The Chair opened the meeting at 10:00 and welcomed members of the Mental Health Legislation Committee.</p> <p>Apologies for absence (agenda item 1)</p> <p>Apologies were received from</p> <p>Cath Hill (Associate Director for Corporate Governance) Andy Weir (Deputy Chief Operating Officer) Cathy Woffendin (Director of Nursing)</p>	
19/032	<p>Declaration of any conflict of interest in respect of any agenda item (agenda item 2)</p> <p>No conflict of interest declarations were received.</p>	
19/033	<p>Minutes of the meeting held on 31 July 2019 (agenda item 3)</p> <p>The minutes were approved as a true record.</p> <p style="background-color: #cccccc;">The committee approved the minutes as a true record.</p>	

19/044

Matters arising (agenda item 4)

No matters were raised under matters arising

Cumulative actions log (agenda item 5)

018 – ND provided an update regarding the work of the Synergi collaborative. The collaborative has received funding to review BAME issues. ND attended a recent ‘creative space’ event which included Service Users, carers and professional representation to facilitate an open conversation about the over representation of BAME in mental health services. ND reported disappointing Service User representation. ND reported the event was positive in terms of obtaining an organisational view of how to tackle BAME issues; the event included various speakers and workshops.

SW queried whether the Service User Network (SUN) was involved in the event, NS confirmed they were but that engagement remained difficult. SW queried whether the Trust could consider a monetary incentive; the Committee did not consider there were any barriers to this approach. **NS agreed to raise this with Sharon Prince, the Clinical lead on this project.**

023 – The Committee was assured that recent Mental Health Act Mangers (MHAMs) Training has included the Code of Practice to the Mental Health Act 1983 guiding principles, as requested.

The Committee **received** the cumulative action log and noted the progress made on the actions outstanding.

Mental Health Legislation (MHL) Report, Q2 (agenda item 6)

SW informed the Committee that the Trust’s Performance Management and Informatics team presented to Board recently regarding a shift in the Trusts approach to data monitoring which includes the use of statistical process charts. SW informed that there are plans for seven new analysts to join the team and suggested it would be useful to see how the MHL data can be incorporated into that programme of work, as part of a trial.

Action: SL to arrange a meeting with Nikki Cooper to progress.

OW noted the slight decrease in the Trust’s training compliance and explained that due to issues updating the system to reflect the revised training format there had been delays advertising available sessions. The issues have now been resolved; the MHL team will lead on booking staff to attend initial training with refresher sessions available to book online.

The MHL training content has been updated, there are now initial (same as currently provided) and refresher sessions. The refresher sessions are more service specific, involving case studies and a focus on CQC themes.

OW explained that the team is preparing a business plan to increase resources; there are a number of factors driving this including the implementation of Liberty Protection Safeguards, increasing audit requirements and provision of support including training and advice to Leeds Community Healthcare. The Committee expressed support for this proposal and members were concerned at how stretched the MHL team was.

The Committee noted a large number of Managers Hearing adjournments. SL confirmed this was not unusual. MB confirmed that the panel always considers carefully the need to adjourn, but often there is a lack of information from the care coordinator attending and / or in the social circumstances report which leaves the panel little option other than to adjourn for more information to be made available.

There were x3 fundamentally defective detentions identified during the Quarter – these were identified by the MHL Team’s robust receipt and scrutiny procedures.

The Committee received the update and confirmed assurance regarding MHL compliance.

Mental Health Legislation Documentation Audit Report (agenda item 7)

OW provided some context to the report which reviews compliance with both legislative requirements and internal process standards.

The audit for the Quarter did not identify any fundamentally defective or challengeable detentions that would indicate non-compliance with legislative requirements. Document management issues such as the removal of emails from patient folders, electronic archiving and compliance with file naming conventions continue to be the main area of concern. It should be noted that the expected standard of adherence to the team’s processes is extremely high.

SW queried whether the implementation of the Trusts new EPR system would impact compliance. SL confirmed that all processes would be reviewed to make best use of the new system and this may result in some changes to audit measures. The MHL team is yet to access the MHL module so it is difficult at this stage to fully understand the impact. Sessions are scheduled to take place during November.

The Committee received the update and confirmed assurance regarding MHL compliance.

CQC Provider Action Statement (Mill Lodge) (agenda item 8)

The Committee reviewed and discussed the actions from the CQC MHA inspection at Mill Lodge. OW informed the Committee that he has met with the service manager, lead nurse, Linda Rose and ward manager to discuss the concerns and offer further support, training and guidance.

The actions raised by the CQC identified concerns regarding seclusion, namely staffs understands of seclusion, seclusion documentations and seclusion care planning. OW informed the Committee that revision had been made to the seclusion procedures to increase the robustness of governance arrangements; the new process requires that all seclusion documents will be sent to the MHL team for procedural review. These will then be sent to the restrictive practices team for qualitative review with monitoring provided by the seclusion group.

SW queried whether the concerns were felt to be isolated or systematic? OW reflected that there were a number of concerns raised in the PAS, with multiple contributory factors, for example the unit is isolated in terms of location and service provision and there had been some leadership changes which have now stabilised.

SW queried how the Committee could be assured that the actions taken have addressed the issues. **OW agreed to provide a full update to the Feb 20 Committee meeting.**

The Committee received the report for information.

Mental Health Legislation Operational Steering Group Feedback (agenda item 9)

The committee was disappointed that AW was not in attendance for the second consecutive meeting and queried whether OW was the most appropriate person to represent considering his role as head of the MHL team who would be reporting to the MHLOSG as well as the MHLC. NS confirmed that Linda Rose is the deputy chair of the MHLOSG and should represent in AWs absence.

The Committee noted that there had been no actions identified following CQC visit to Ward 4, Newsam Centre. NS asked the Group to consider whether there was any learning that could be shared.

Section 136 detentions – Two specific issues have been identified and discussed at length within the Group relating to the use of Section 136. The first relates to the care and management of children & adolescents who are brought to the 136 suite. The Committee was assured that a piece of joint work is currently being completed in partnership with Leeds Community Health trust, which includes the development of revised shared protocols.

The second issue relates to an apparent increase in people who remain within the S136 suite beyond the legal expiry of the section 136 whilst awaiting a bed to be found to affect an agreed detention under the Act. During this period the person is not detained under the MHA, but is essentially being held under common law or through the use of the Mental Capacity Act. There are times during this period where the person may be held / treated as detained, and may receive treatment. The Committee was informed that a small working group has been established to explore this issue in detail (which is known to be an emerging issues elsewhere as well) and to explore potential actions or solutions.

The Committee was pleased to note that the MHSLO Group has identified peer support workers to represent the SU voice who will be in attendance from the December 19 meeting.

The smoke-free pilot scheme has commenced at Newsam Centre – there is a process in place at each Trust site to monitor smoking paraphernalia.

The Committee discussed and noted the updated report.

Mental Health Act Manager (MHAM) Feedback (agenda item 10)

The MHAMs have recently been undergone cultural awareness training. The feedback has been that the session was not provided at the right level and as a result the second session was very poorly attended. MS agreed to give feedback to Ruby Bansel. OW advised that he had recently attended cultural competent leader training delivered elsewhere within the Trust which was very positive. **OW agreed to share the details with MS.**

A range of training sessions have been provided to MHAMs recently including legislative update, decision writing and hearing skills – SW thanked the team for facilitating the training.

The Committee received and noted the update.

Review of Mental Health Legislation Risk Register (agenda item 11)

OW confirmed the risk register is up to date with all actions completed with the exception of item 728 which relates to an audit of Best Interest decisions. This has been delayed until January 2020 due to limited resources within the MHL team.

The Committee received and noted the update.

Strategic Health Informatics Plan (agenda item 12)

The Committee was asked to review the Strategic Health Informatics Plan and digital agenda, from the perspective of the Committee's area of responsibility. The Committee was not able to identify any areas of concern to be included in the 2020/2021 work plan at this stage. However, they discussed the impact of the move to a paper free operation under the Electronic Patient Record System (EPR) and reflected on an earlier discussion how to use data in a more meaningful way.

The Committee review and considered the content of the report.

Consideration of any issues or risks to escalate to the Board (agenda item 13)

The Committee agreed to escalate the following to the Trust Board:

1. Outcomes of the CQC PAS at Mill Lodge
2. MHL compulsory training compliance
3. S136 Process focus on CAMHS
4. Strategic Health Informatics Plan.

Any other business (agenda item 14)

14.1 – OW raised concerns regarding Staff Net accessibility – the MHL page has a high number of documents that staff frequently access which are proving difficult to locate following changes. This is resulting in the team receiving 5-10 calls per day from staff unable to find relevant forms, patient information leaflets etc. The issues has been escalated a number of times and a meeting is due to take place with the communications team with a view to reaching a resolution.

NS asked that OW inform her of the meeting outcomes.

14.2 – MS raised that MHAMs training compliance remains at 75% - this is an improvement from 35% earlier in the year but improvements are still required. The Committee confirmed that every accommodation has been made to increase compliance and agreed for a final reminder to be sent to individuals with outstanding training following which MHAMs may be informed that they will not be offered hearings until all compulsory training has been completed.

14.3 – ND raised concerns re plans across the Trust to move away from risk assessment towards safety plans, ND queried where this fits in terms of legislation, particularly where specific reference in made in the Code of Practice to the MHA to completion of risk assessments.

Action: The MHLOSG was asked to consider the legislative impact of a move to safety plans.