



**MENTAL HEALTH ACT ANNUAL REPORT 2012/13**

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**APPENDICES**

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**Introduction**

This report has been prepared to give a comparative outlook for the year 1st April, 2012 to 31st March, 2013. This report will provide an overview of the work undertaken in the administration of the Mental Health Act 1983 as amended by the Mental Health Act 2007.

Mental Health Activity for 1st April, 2012 – 31st March, 2013 appears at **Appendix 1** of this report.

**Mental Health Act Training**

Mental Health Act Training of staff within the organisation continues to be delivered by the Mental Health Act Administrators at agreed times with the Ward Managers at ‘handover’. As highlighted in last year’s report, this form of delivery of Mental Health Act Training has proved very popular with staff. Names of staff who have attended the training are recorded by the Mental Health Act Administrators onto the Oracle Learning Management System.

The Mental Health Act Administrators have continued throughout the year to enhance their knowledge of the Mental Health Act by attending Workshops and Conferences. Their attendance at the Radcliffes Le Brasseur Conference in London last October which covered a review of recent legal developments and current issues in Mental Health as well as a focus on current issues in this continually changing field proved a great success. In addition to this, the Administrators also attended the Bevan Brittan Annual Mental Health Seminar where a variety of subjects including Equality in Mental Healthcare, Deprivation of Liberty in the Community, Recent Case Law at Home and In Europe and Advance Decisions were discussed in detail.

**Associate Hospital Manager Training**

The Trust has facilitated the following Training Sessions:-

3rd April, 2012 – Personality Disorders – Training delivered by John Cleaver, Consultant Psychologist

4th September, 2012 – Refresher Mental Health Act Training and Recent Case law Update – Simon Lindsay, Bevan Brittan, Trust Solicitors.

On 2nd April, 2013, Amba Murdamoottoo, Head of Service Redesign delivered training to the Associate Hospital Managers on the Journeys Programme. Amba Murdamootoo delivered a detailed presentation outlining the Journeys programme and its aim to develop the Care Pathways delivered across the organisation.

A further training session is planned for 2nd September, 2013 when once again, Simon Lindsay from Bevan Brittan, Trust Solicitors will be providing an update session on refresher Mental Health Act Training and Recent Case law.

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**Appointment of new Associate Hospital Managers**

Four new Associate Hospital Managers have been appointed during the course of 2012/2013.

Once again as in previous years, several people have expressed an interest in becoming Associate Hospital Managers. The Trust have now for the first time in many years introduced a ‘waiting list’ for people who have expressed their interest – these people will be contacted as and when any vacancies arise in the future.

**Resignation of Associate Hospital Managers**

……………, an Associate Hospital Manager from the West and,………… an Associate Hospital Manager from Mid both resigned as Associate Hospital Managers and in the case of …………..as a valued Chairman. The Trust was thankful for the hard work and commitment that both …….. have given to the Trust over a number of years.

The Associate Hospital Manager Agreement for ……….who covered predominately in the North East Area of the Trust was terminated during this year.

**Associate Hospital Manager Appraisals**

Appraisals of all co-opted Associate Hospital Managers have continued to take place over the last year and have proved to be a mutually positive exercise.

**Associate Hospital Manager Ward Visits during 2012/2013**

During the course of 2012/2013 Associate Hospital Managers made regular visits to newly detained patients at all of the Trust’s Units. These visits were made to ensure that patients were aware of their detained status and their rights of appeal against detention. In addition to these ‘statutory’ issues, Associate Hospital Managers also explored service quality provision with patients. After each individual visit, Associate Hospital Managers completed a report which was passed to the Mental Health Act Administrators for recording and action where necessary.

**Care Quality Commission Visits during the course of 2012/2013**

During the course of 2012/13 visiting cycle to the Trust, the Mental Health Act Commissioners paid visits to a number of units – their comments and observations to the Units are as detailed. The Care Quality Commission visits all places where patients are detained under the Mental Health Act. Commissioners meet and talk with detained patients in private and also talk with staff and managers about how services are provided. Overall, Ward Managers have responded very positively to Care Quality Commission visits, organising paperwork and patient meetings, welcoming feedback

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**The Crystal Centre – Topaz Ward – 15th June, 2012**

Topaz Ward is an assessment and treatment unit for older people who have organic disorders. It is a new building and been opened since 2009. It is a mixed gender unit; with 17 bedrooms all of which have en suite facilities. Each patient has access to a lockable space. Each door has a viewing panel and outside each room there are memory boxes. The ward was clean and tidy and there is a communal area which incorporated the dining area which has a TV, in addition to this there was another lounge looking onto the garden which also has a TV. The unit also has a women’s only lounge. The visit was unannounced with five sets of records reviewed and two patients interviewed. The legal documents examined all confirmed to be lawful detentions. The Section 58 Consent to Treatment records were completed in accordance with the Code of Practice. Section 132 read of Patient’s Rights was complied with.

**Larkwood Ward – St. Aubyn Centre – 25th January, 2013**

St. Aubyn is a Child and Adolescent Mental Health Acute Integrated Service. It is a newly built unit and has been operational for one year. It has two units, Longview which is the admission and assessment unit and Larkwood which is the Adolescent Intensive Care Unit. The building is designed around a courtyard, is thus circular in formation and both units are identical in lay out. On entering the unit there is a long wide corridor referred to as ‘the street’ that has rooms/hubs off it. On ‘the street’ there are recreational facilities such as table tennis and a large projector so the young people can enjoy movies on a large screen. There is easy sitting and bean bags in this area.

The Visit was unannounced and carried out by two members of staff from the CQC – A Compliance Inspector and a Mental Health Act Commissioner. The MHA Commissioner visited Larkwood which is a mixed gendered unit for young people ranging in age from 11-18 years old – it has ten beds, nine of which were occupied. Each young person has their own en-suite bedroom, all of which were stated to be ligature free. The young people can have access to their rooms throughout the day, each door had a vision box which can be opened and closed.

On the unit there is a large and spacious communal area with soft furnishings, a television and recreational facilities. There are two ward telephones which the young people could use in relative privacy.

The Mental Health Act Commissioner examined five sets of records and interviewed four young people.

All the detention papers examined were in order and appeared lawful. On examining Consent to Treatment the Mental Health Act Commissioner was generally satisfied that Section 58 was compliant and the relevant Forms T2 and T3 were in place. However there was one file where the young person was written up for rapid tranquillisation by intramuscular injection, but this was not on a T2.

On all files examined it evidenced that young people had their legal rights read and explained to them on a regular basis in line with Section 132. They also included Section 17 Leave forms which clearly stated if it was unescorted or escorted and the frequency. All of the files had up to date risk assessments and care plans. The young people had physical health checks on admission and were followed up by the Ward Doctor.

The Unit has Community Meetings but these were not minuted. However, the Mental Health Act Commissioner was told that the Advocate who chairs Community Meetings keeps a record.

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The Mental Health Act Commissioner observed that staff interacted well with the young people and there was clearly a good therapeutic alliance on the Unit.

 The Mental Health Act Commissioner was informed that there is a full multi-disciplinary team and each young person has an individual, weekly therapeutic/activities timetable.

The Unit also has a fully resourced educational service where young people can continue with the National Curriculum whilst in hospital.

The Mental Health Act Commissioner found the unit to be warm and noted compassionate interaction by the staff when communicating with the young people.

**Roding and Kitwood Wards – St. Margaret’s Hospital, Epping – 7th March, 2013**

Roding and Kitwood are Wards for Older People which are located on the St. Margaret’s Hospital Site. Roding is a 14 bed assessment and treatment unit for older people with a functional illness. Kitwood is a 16 bed unit for older people with an organic illness. Although the wards have a different focus, there is a significant overlap between the two wards’ patient groups, and the Mental Health Act Commissioner observed that patients are regularly transferred between the two wards.

On this unannounced visit the Mental Health Act Commissioner looked at both wards. They spent much of the day on Roding Ward where there were five detained patients and two patients who were subject to Deprivation of Liberty Safeguards (DOLS) They spoke with three of the detained patients and looked at three sets of legal and case file papers. On Kitwood Ward there were three detained patients, and 12 patients who were subject to DOLS. Because of their significant cognitive impairment it was more difficult to interview patients on Kitwood Ward. The Mental Health Act Commissioner had a brief conversation with one detained patient and looked at three sets of papers.

With one exception, detention papers appeared to be lawful and in good order. The Mental Health Act Commissioners were concerned about one set of detention papers and that this was followed up by the Trust. In relation to this finding by the CQC – the Trust felt obliged to seek further advice and clarification from Bevan Brittan – Trust Solicitors. The paperwork at the time of completion was correct but it transpired that the patient subject to detention at that time was taken to a different hospital than the one named on the detention papers. The detention papers were not rectifiable under Section 15 of the Mental Health Act 1983 and therefore as suggested by the CQC – the detention was unlawful. The Trust acted quickly and efficiently once the unlawfulness of the detention was confirmed by writing to the patient concerned – who by that time was no longer detained under the Act, offering an explanation and full apology for any distress caused during that time. The patient advised that no further action would be taken and it is worth noting that in all other respects, the application was well founded and the patient did need to be detained.

Approved Mental Health Professionals (AMHP) reports were present on all files. Giving patients Section 132 information about their rights is well recorded on admission and followed up where necessary. None of the patients whose files we looked at were subject to the requirements of Section 58.

On the day of this visit, both ward environments appeared clean, well decorated, and comfortable, although the Mental Health Act Commissioner noted that neither Ward had a clinic room which included an examination couch. Both Wards have their own garden which includes a shelter for smokers.

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Soft drinks and water are on offer to patients through the day on both wards. Patients have individual en-suite rooms and room signage on Roding Ward included a reminder of patients’ key workers’ names. The Mental Health Act Commissioner saw that patient bedrooms have viewing panels which can be opened or closed from either side – where appropriate – allowing patients some control over privacy issues.

The Mental Health Act Commissioner was informed that there is a pro-active Independent Mental Health Advocate (IMHA) Service and they saw a record of IMHA support being used on one patient file on Roding Ward. The Mental Health Act Commissioner were told that a Pharmacist comes to Roding Ward two days per week and is available to patients to talk about their medication. All of the patients who expressed a view told the Mental Health Act Commissioner that there was enough to do on the Ward (Roding) and one patient was full of praise for a ‘lovely lady called Rose who was teaching her to use a computer’.

On Roding Ward one out of three patients who expressed a view said that they felt safe on the Ward, one patient had concerns about the possible behaviour of other patients and a third patient had concerns which did not relate to the Ward.

**Cam & Chelmer Wards, Derwent Centre, Harlow – 13th March, 2013**

**Cam Ward**

Cam is a four bed rehabilitation ward which is located within the Derwent Centre. The ward manager told the Mental Health Act Commissioner that ward staff also provide intensive support to one patient in their own home in the community, and that it is planned to expand this service to support up to five community patients.

On the day of this visit there was only one detained patient on the ward. The Mental Health Act Commissioner spoke with the detained patient and looked at one set of detention and case file papers.

The unit is spacious and has been recently refurbished. Patients have individual; bedrooms but share bathroom, kitchen and lounge facilities. On the day of this visit there were four male patients present, but the Mental Health Act Commissioner understood that the ward can accommodate female patients while maintaining gender separation.

Patients on Cam ward shop and cook for themselves. When the Mental Health Act Commissioner arrived, a patient community meeting was in progress. An Advocate attends these meetings. Independent Mental Health Advocacy (IMHA) is available to support patients in care reviews.

The one detained patient that the Mental Health Act Commission spoke to told them that they felt safe on the ward and valued the settled and peaceful atmosphere, which they described as ‘lovely’ at the weekend. They told the Mental Health Act Commissioner that they felt listened to, and well supported by the care team.

The detention documentation which the Mental Health Act Commissioner looked at, appeared to be lawful, but was not complete, as the initial Court Order could not be found on file. It is understood from staff that this was rectified on the visit day.

Medication was certificated within the requirements of Section 58, and the Mental Health Act Commissioner was pleased to find a copy of a ‘Consent to Treatment Administration Checklist’ which reflects the guidance of the Mental Health Act Code of Practice, paragraph 24.16 by including prompts regarding capacity assessment and the provision of information about the medication to the patient.

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Section 132 provision of information about patient rights was documented and Section 17 Leave clearly set out. The Mental Health Act Commissioner saw evidence that the detained patient had received a recent physical examination.

The Mental Health Act Commissioner looked at a Care Plan, but were unable to check records of Care Plan updates or re-evaluations because of difficulties accessing computerised notes.

On the day of this visit there were no patients on Cam Ward who had been subject to a Deprivation of Liberty Safeguard Authorisation or subject to a Community Treatment Order which had been recalled or revoked.

**Chelmer Ward**

Chelmer is a 16 bed Acute Admission Ward on the Derwent Centre site. The Ward also has two ‘risk share’ beds which were in use on the day of this visit. Of the 18 patients, eight were detained patients. The Ward has an ‘open door’ policy.

During her visit, the Mental Health Act Commissioner spoke with five detained patients and looked at two sets of legal and case file papers. The two sets of detention papers the Mental Health Act Commissioner looked at appeared to be lawful and were in good order. The Mental Health Act Commissioner saw that Section 132 Rights giving was well recorded and that Section 17 Leave was clearly set out.

While the patients that the Mental Health Act Commissioner spoke with held a range of views about their care and treatment, most of them told the Mental Health Act Commissioner that they were treated respectfully by Ward staff and said they felt they were listened to. On patient told the Mental Health Act Commissioner that the staff were ‘brilliant people’ while another told the Mental Health Act Commissioner that they felt they had ‘no privacy’ because they were sharing a bedroom.

Patients told the Mental Health Act Commissioner that they see the Doctor in Charge of their care regularly at Care Review Meetings.

The Mental Health Act Commissioner was positively impressed by the evidence of a pro-active Mental Health Advocate (IMHA) Service. Patients told the Mental Health Act Commissioner that they knew about, or had used the IMHA Service. The Mental Health Act Commissioner was told that the IMHAs make themselves available to attend Care Reviews, and there was evidence in patient notes of IMHA involvement.

Most patients on Chelmer Ward are currently in shared bedroom accommodation. There are four sets of four-bed dormitory style bedrooms. The ward is in poor decorative order with chipped and damaged paintwork, holes in the walls where pictures or objects have been removed and rust radiators and discoloured paintwork in bath and shower rooms. There is an attractively designed and well equipped garden area for patients’ use.

On the day of this visit the Mental Health Act Commissioner saw cleaners at work on the ward and one patient told the Mental Health Act Commission that they ‘couldn’t fault’ the standards of cleanliness which were ‘spot on’.

The Mental Health Act Commissioner was told that Chelmer Ward and the other Acute Admission Ward in the Derwent Centre, Stort Ward, are about to begin a major reorganisation and re-provision project.

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From the end of March 2013 the two wards will be working as single sex wards; Chelmer will be for female and Stort will be for male patients only. Information about this change was on display boards for patients’ information. A major building project is also about to begin, which will result in two completely new ward environments and a shared ‘hub’ area which will house dining, activity and leisure areas for patients from both wards.

On the day of this visit there were no patients on Chelmer Ward who were subject to Deprivation of Liberty Safeguard Authorisations or Community Treatment Orders which had been recalled or revoked.

**Shannon House – Derwent Centre, Harlow – 14th March, 2013**

Shannon House is an eight bed Psychiatric Intensive Care Unit (PICU) which is located at the Derwent Centre in Harlow. On the day of this visit there were seven detained patients present. The Mental Health Act Commissioner spoke with three patients and looked at three sets of legal and casefile papers.

Shannon House is located on the ground floor of the Derwent Centre and shares an entrance with the local section 136 suite. Patient accommodation is in an older style, and does not reflect modern environmental design standards for PICUs. Patient bedrooms are individual but not en-suite. There is no seclusion room on the ward and the Mental Health Act Commissioner was told that where a high level of control is required, patients can be transferred to the Christopher Unit PICU in Chelmsford.

The Mental Health Act Commissioner spoke with three patients who were at varying stages of their recovery. All of the patients told the Mental Health Act Commissioner that they felt safe on the ward. On patient told the Mental Health Act Commissioner that although they thought the mental health system was not great, the ward was ‘excellent’. One patient told the Mental Health Act Commissioner that the Occupational Therapy on the ward was ‘brilliant’ and that it had helped them to get better. One patient told the Mental Health Act Commissioner that they had been spoken to in an overbearing way at their last hospital, but that didn’t happen here.

All the detention papers the Mental Health Act Commissioner looked at appeared to be lawful, although one H5 Renewal of Detention form was at first missing from the file. Medication for Mental Disorder for two patients needed Section 58 Certification – all medication being administered appeared to be covered by these authorisations. Two out of three patient files showed good recording of Section 132 Rights information being provided to patients. Two patients had permission to take Section 17 Leave and this was clearly set out. One copy of the Section 17 Leave authorisation had been signed by the detained patient.

Independent Mental Health Advocates (IMHA) attend the ward regularly on a pro-active, as well as a responsive basis, and one patient told the Mental Health Act Commissioner that an IMHA was helping them.

All three patients that the Mental Health Act Commissioner spoke with were aware that they had a Care Plan, and these were present on file. Patient Care Plans were updated, although not always as scheduled and weekly Care Review meeting records appeared to perform an important alternative function.

The Mental Health Act Commissioner did not have time on this visit to look at issues of control and security.

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On the day of this visit there were no patients present who were subject to Deprivation of Liberty Safeguards or subject to Community Treatment Orders which had been recalled or revoked.

**Audits 2012/13**

As referred to in last year’s Annual Report a further round of Audits were identified for 2012/2013 and were subsequently agreed by the Quality Audit Group to commence within the Audit Cycle of 1st May, 2012 to 31st March, 2013. At the time of writing this report, the results and finding of the audits are currently being analysed, following which, if necessary an action plan will be prepared to address any issues raised. Discussions are currently underway at this time to identify the Audits for 2013/2014.

The results for the 2011/12 Mental Health Act Audits can now be reported.

**Section 2 – Admission for Assessment – Re-Audit from a previous year**

Section 2 was first audited during the 2010/2011 period, however due to low sampling numbers a targeted re-audit was recommended by the former Quality & Audit Group due to low numbers reported on the initial audit. As a result this audit was phased into the 2011/2012 programme of Mental Health Audits. Key areas to not show those records required rectifying within 14 days was completed in line with statutory requirements. Patient reviews were shown to be taking place before the section was due to expire, with result showing small percentages where this still required to be address. As always, scrutiny of paperwork is undertaken by the Mental Health Act Administrator and Consultants, meeting statutory requirements.

**Section 3 - Treatment**

This is the first time Section 3 was audited. Some key findings show where changes were required to the paperwork, this was undertaken within the 14 day period. Scrutiny of papers was also achieved within this time period. However the audit did not consider looking at issues of Consent, Capacity or the recording of this under the application of the three month rule. It emerged during the audit a number of training issues that needed to be addressed. These include the issue of adhering to guidance resulting in a pharmacy intervention forms completed when the T2 (Consent to Treatment Form) is not listing all the prescribed medications. The sample size for the audit was not equal across all geographical areas, therefore the totals will differ across the three areas. It is interesting to note that the demographic information collected is highlighted with just the gender and unit facility as ethnicity was significantly White British across all Trust areas during this audit period. Other ethnicity accounted for 3% overall. This is the first time data has been collected for this audit. There were some issues with the recording of data, and through the data cleansing period these were addressed with the results reflected in the final report. This audit asked whether the 3 month rule had been applied. Not surprisingly all areas were 100% compliant with this. What could have been more useful is to see whether there was evidence of the following in place:

* Patient’s consent or refusal to accept medication during this first three month period was recorded in their notes along with whether the patient had capacity to consent
* Evidence of a completed and signed T2 (Consent to Treatment Form) in place
* Evidence of a completed and signed T3 (Second Appointed Approved Doctor) in place

This information would extend into the important area of consent, capacity and recording that may have been more meaningful to clinicians and something which should be considered in any future Section 3 re-audits.

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**Section 17 Leave**

This is the first time Section 17 Leave was audited. It became evident Administrators had to go to the ward directly to collect their data from the signed Section 17 Leave forms and that they did not include all the wards across their geographical areas unless stated. Some issues where greater involvement with the patient is required and in addition the audit looked at whether a Community Treatment Order was considered for those patients granted leave of absence for greater than 7 consecutive days. However, it emerged there were a number of problems with the data collection tool and therefore this could not be reported on accurately as the question was wrongly phrased. It needs to be noted that the Section 17 Leave Forms audited did not necessarily relate to the data collected for Section 3. The Audit did reveal the lack of patient input noted through the results as this indicates a high number of patient had not signed their Section 17 Leave Form, nor had they been given a copy of this as part of their overall treatment.

In conclusion a number of areas in relation to learning, compliance with the Act, improved practice and the patient experience have been highlighted from this audit.

* Review of the data collection tools before any further re-audits are undertaken
* Pilot the tools with a few cases initially to address any data issues before rolling these out for teams to use to collect any data
* Feedback from the Mental Health Act Administrators on the use of the tools at the earliest opportunity if they are experiencing problems with the tools/questions to enable changes to be made

**Section 2 Re-Audit**

* Training issues for Mental Health Professionals with a focus on
	+ Reinforcing the importance of good practice in relation to the expiry of Section 2 before the 28 day period ends
	+ Attendance by the Mental Health Act Administrators at the local area Consultants meetings to reinforce good practice guidance in relation to the Mental Health Act 1983

**Section 3 – Treatment**

* Training issues for Mental Health Professionals with a focus on
	+ Accuracy and correctness of statutory paperwork
	+ Pharmacy Intervention Forms to be completed when the T2 (Treatment Form) is not listing the prescribed medications

**Section 17 Leave**

* Training issues for Mental Health Professionals with a focus on
	+ Involving the patient in the discussion and agreement with any planned leave, ensuring that they are asked to sign their Section 17 Leave Form and given a copy for their records (Participation Principle)
	+ To consider other options as Community Treatment Orders where leave is approved for 7 days or more

Comprehensive Training Programmes are in place and advertised via the Trust’s Mental Health Act I-Connect Page and these highlighted issues/recommendations will be covered in the delivery of Mental Health Act updates by the Mental Health Act Administrators.

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**Supervised Community Treatment Order Policy**

The Trust’s Supervised Community Treatment Order Policy was recently reviewed and included the following revisions:-

* Parliament introduced new legislation effective from 1st June, 2012, which allowed a correction to the Mental Health Act 1983 as Amended by the Mental Health Act 2007. This amendment made changes to the Consent to Treatment for Community Treatment Orders. A SOAD is no longer required to authorise all medication for Community Treatment Order patients, whether consenting or not. The legislation now allows the patient’s Responsible Clinician to complete a CTO12 if the patient has capacity to make informed consent to his treatment plan and is consenting.
* A CTO11 or a CTO12 can now authorise medication for a Community Treatment Order patient. Generally ‘consent’ has to be in place within the first month of the Community Treatment Order, unless the three month window for ‘consent’ has not yet been reached, in which case the three month rule applies.
* During the informal admission to hospital, if the service user becomes unwell and it becomes necessary to detain the patient formally in hospital, the process or ‘recall’ must be used and under no circumstances should a Section 5(2) be implemented or a Section 136.

**Remedy – Clinical Information System**

During the course of the last year, the Mental Health Act Administrators have continued to work closely with the Remedy Consultants and their Team in relation to the administration of the Mental Health Act through the new Clinical Information Team. The Mental Health Act Administrators have attended several sessions aimed specifically at the administration of the Act and how this can be built into the system. A new ‘running list’ has been devised which has taken up a large number of ‘man hours’ - the results of which will enable a more enhanced Mental Health Act Administration System. The Mental Health Act Administrators would by way of this report like to extend their heartfelt thanks to the members of the Remedy Team for their patience and tenacity during difficult discussions in relation to the complexities of the Mental Health Act regarding the compliance requirements and thus reaching a satisfactory conclusion.

**Paper Review for Uncontested Renewal Hearings**

Administrators have, over the last couple of years, been requested on numerous occasions by Patient's Solicitors to complete "Paper Review's" for uncontested Renewals.

Until recently we, as a Trust, have held out against these requests and have held a full Managers Hearing for each Renewal (with a few rare exceptions). However due to increased demand for MHA Hearings, both Managers and Tribunals, the Trust reconsidered its position and decided to pilot a "Paper Review" for six months from November 2012 to April 2013.

The decision to complete a Paper Review will be predicated on whether:

* We have received a capacity statement from either the RC or the Care Co-ordinator that indicates that, in their opinion, their client has the capacity to decide that they neither wish to contest or attend, nor avail themselves of legal support at their Renewal Hearing.
* Have a written request for a paper review from patient's Solicitor.

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This will bring us into line with recent changes in policy and procedure by the MHRT. These changes accommodate the wishes of patient's on CTO not to go through a full Hearing if they do not wish to do so.

Following the conclusion of this pilot and discussions with the Associate Hospital Managers and the Mental Health Act Administrators it was agreed to continue with this process, with a review every 12 months at the Mental Health Act Administrators’ Bi-Monthly Business Meeting.

**Forward Plan**

A further round of Audits for 2013/2014 are planned, although not currently identified at this time. The Mental Health Act Administrators meet on a monthly basis to discuss any identified changes within the Mental Health Act, as well as new Caselaw. The Mental Health Act Administrators will continue during the year to promote areas of good practice through training as well as continuing to meet deadlines from Action Plans set following visits from the Care Quality Commission

**Conclusion**

The work during the last year, as always, has continued to centre mainly on the administration of the Mental Health Act and the continuing changes to legislation that the Trust faces in meeting those challenges. Work continues in the delivery of training staff and Associate Hospital Managers around the Mental Health Act and this is reflected in the way that staff produce reports and how Appeals and Reviews to the Associate Hospital Managers are carried out. Additional work is not only undertaken by formal audits but also by the Mental Health Act Administrators within their localities in order to strive for excellence in the administration of the Mental Health Act. This report once again acknowledges the commitment of the Trust and in particular the Mental Health Act Administrators and their Assistants who work within the legal framework that continues to challenge and change the way that Mental Health Services are delivered.

**Assurance Statement**

This report offers substantial assurance that the Trust has robust systems, comprehensive policies and robust training in place to work within the parameters of the Mental Health Act 1983 as amended by the Mental Health Act 2007; however, there is an identified weakness in the system which may post a level of risk, which is insufficient administration time to meet the current demands, especially around the delivery of training.

Lynn Proctor

Operations/Nursing Business Manager

27th June, 2013

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**APPENDIX 1**

Mental Health Act Activity – 1st April, 2012 – 31st March, 2013

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