

## *Monitoring the Mental Health Act in 2016/17 – amendment list*

<b>Report reference</b>	<b>Original text</b>	<b>Updated text</b>
Page 6, col.2, first bullet	No improvement in the recording in care plans of evidence of patient involvement, of the views of patients about their care, or of whether clinicians had considered the least restrictive options for care.	Limited or no improvement in the recording in care plans of evidence of patient involvement, of the views of patients about their care, or of whether clinicians had considered the least restrictive options for care.
Page 6, col.2, third bullet	No reduction in the number of records examined that showed that patients had not been informed of their legal rights on admission.	Limited improvement in the number of records examined that showed that patients had not been informed of their legal rights on admission.
Page 11 col.1	<p>We found no evidence of:</p> <ul style="list-style-type: none"> <li>• Patient involvement in 32% of care plans reviewed</li> <li>• patient's view being taken into consideration in 31%</li> <li>• consideration of the patient's particular needs, or the least restrictive options for care, in 17% of care plans</li> <li>• discharge planning in 24% of care plans.</li> </ul> <p>One in 10 records examined showed that patients had not been informed of their legal rights on admission.</p>	<p>We found limited or no evidence of:</p> <ul style="list-style-type: none"> <li>• patient involvement in 38% of care plans reviewed</li> <li>• patient's view being taken into consideration in 38%</li> <li>• consideration of the patient's particular needs in 20% of care plans</li> <li>• consideration of the least restrictive options for care, in 21% of care plans</li> <li>• discharge planning in 34% of care plans.</li> </ul> <p>In 8% of records examined, patients had not been informed of their legal rights on admission.</p>
Page 11 col 2	In 10% of records examined, patients' physical health had not been assessed through examination on admission.	In 10% of records examined, there was limited or no evidence that patients' physical health had been assessed through examination on admission.

Page 11, graphic, col 1	<p><b>32%</b> No evidence of patient involvement in 32% of care plans reviewed</p> <p><b>31%</b> No evidence of the patient's views in 31% of care plans reviewed</p> <p><b>17%</b> No consideration of the patient's particular needs, or of the least restrictive options for care, in 17% of care plans</p>	<p><b>38%</b> Limited or no evidence of patient involvement in 38% of care plans reviewed</p> <p><b>38%</b> Limited or no evidence of the patient's views in 38% of care plans reviewed</p> <p><b>20%</b> Limited or no consideration of the patient's particular needs, or of the least restrictive options for care, in 20% of care plans</p>
Page 11, graphic, col 2	<p><b>11%</b> More than one in 10 records 8% examined showed that patients had not been informed of their legal rights on admission</p>	<p><b>8%</b> In 8% of records examined, patients had not been informed of their legal rights on admission</p>
Page 11, graphic, col 3	In 10% of records examined, patients' physical health had not been assessed through examination on admission.	In 10% of records examined, there was limited or no evidence that patients' physical health had been assessed through examination on admission.
Page 13, col 1, final para	This year, we found no evidence of patient involvement in 32% (1,034) of the care plans we reviewed. In 2011/12, the comparable finding was no evidence in 15% (658) of the care plans reviewed.	This year, we found no evidence of patient involvement in 19% (683) of the care plans we reviewed. In 2011/12, the comparable finding was no evidence in 15% (658) of the care plans reviewed.
Page 23, col 2	There was no evidence that staff had discussed rights with the patient on admission in 11% (378) of patient records that we checked. In a further 9% (286) of records, there was no evidence that patients received the information in an accessible format. The Code requires staff to remind patients of their rights and of the effects of the MHA from time to time, to check the hospital is meeting its legal duties. However, there was no evidence of this happening in 16% (448) of records that we checked (figure 4).	There was no evidence that staff had discussed rights with the patient on admission in 8% (288) of patient records that we checked. In a further 6% (231) of records, there was no evidence that patients received the information in an accessible format. The Code requires staff to remind patients of their rights and of the effects of the MHA from time to time, to check the hospital is meeting its legal duties. However, there was no evidence of this happening in 17% (551) of records that we checked (figure 4).

Page 23, fig.4	<p>Evidence of discussions about rights (on detention) and an assessment of the patient's level of understanding: <b>Yes 2,979 (89%), No 378 (11%)</b></p> <p>Evidence of further attempts to explain rights where necessary: <b>Yes 2,346 (84%), 448 (16%)</b></p> <p>Evidence that information was provided in an appropriate and accessible format: <b>Yes 3,056 (91%), No 286 (9%)</b></p>	<p>Evidence of discussions about rights (on detention) and an assessment of the patient's level of understanding: <b>Yes 3,000 (83%), RI 320 (9%), No 288 (8%)</b></p> <p>Evidence of further attempts to explain rights where necessary: <b>Yes 2,356 (74%), RI 264 (8%), 551 (17%)</b></p> <p>Evidence that information was provided in an appropriate and accessible format: <b>Yes 3,081 (86%), RI 255 (7%), No 231 (6%)</b></p>
Page 24, fig 5	<p>Is an IMHA service available on the ward?: Yes 825 (99%), No 7 (1%)</p> <p>Are patients lacking capacity to instruct automatically referred to the IMHA?: Yes 544 (85%), No 95 (15%)</p>	<p>Is an IMHA service available on the ward?: Yes 825 (99%), RI 1 (0%), No 6 (1%)</p> <p>Are patients lacking capacity to instruct automatically referred to the IMHA?: Yes 544 (85%), RI 0 (0%), No 96 (15%)</p>
Page 25, col.2	<p>In 2016/17, we looked at the care records of 2,303 patients who had been detained for less than a year in hospital. Of these, there was no evidence in 8% (193) of records that a health assessment had been carried out at admission. This is a worse result than the previous two years.</p>	<p>In 2016/17, we looked at the care records of 2,352 patients who had been detained for less than a year in hospital. Of these, there was limited or no evidence in 10% (242) of records that a health assessment had been carried out at admission.</p>
Page 26, fig 6	<p>Are there any difficulties in arranging GP services for any detained patients?: Yes 39 (7%), No 509 (93%)</p> <p>For patients in hospital less than a year - evidence of a physical health check on admission : Yes 2,110 (92%), No 193 (8%)</p>	<p>Are there any difficulties in arranging GP services for any detained patients?: Yes 39 (7%), No 510 (93%)</p> <p>For patients in hospital less than a year - evidence of a physical health check on admission: Yes 2,110 (90%), RI 143 (6%),</p>

		No 99 (4%)
Page 29, col.2	<p>During our visits in 2016/17, MHA reviewers found no evidence of patient involvement in 32% (1,034) of the care plans they reviewed (figure 7). This was three percentage points worse than the previous year, and a further fall in quality of care from the year before (figure 8).</p> <p>We collected less data this year on the question of whether there was evidence in the plans that the patients' views about treatment had been considered, but of the 1,788 plans for which we have this data, 31% (550) recorded that there was no such evidence. This was five percentage points worse than the previous year.</p> <p>There are more worrying indicators about lack of patient involvement, in that 17% (594) of care plans did not give evidence that the patient's diverse needs had been considered, and in 17% (588) there was no evidence that the least restrictive options for care had been considered (figure 7). Both of these are seven percentage points lower than in 2015/16.</p>	<p>During our visits in 2016/17, MHA reviewers found no evidence of patient involvement in 19% (683) of the care plans they reviewed (figure 7). This is better than the previous year, but a further 19% (683) of care plans examined were thought to require improvement.</p> <p>We collected less data this year on the question of whether there was evidence in the plans that the patients' views about treatment had been considered, but of the 1,980 plans for which we have this data, 20% (401) recorded that there was no such evidence. A further 17% (344) of care plans were judged to require improvement in this aspect.</p> <p>There are more worrying indicators about lack of patient involvement, in that 6% (219) of care plans did not give evidence that the patient's diverse needs had been considered, and in a further 14% (518) of records, this aspect required improvement. In 8% (271) there was no evidence that the least restrictive options for care had been considered, with a further 14% (493) requiring improvement (figure 7).</p>
Page 30, fig.7	<p>Care plans show evidence of the patient's involvement: <b>Yes 2,219 (68%), No 1,034 (32%)</b></p> <p>Care plans show evidence of consideration of the minimum restrictions on a patient's liberty: <b>Yes 2,784 (83%), No 588 (17%)</b></p> <p>Care plans show evidence of consideration of the person's</p>	<p>Care plans show evidence of the patient's involvement: <b>Yes 2,250 (62%), RI 683 (19%), No 683 (19%)</b></p> <p>Care plans show evidence of consideration of the minimum restrictions on a patient's liberty: <b>Yes 2,803 (79%), RI 493 (14%), No 271 (8%)</b></p>

	<p>diverse needs: <b>Yes 2,840 (83%)</b> <b>No 594 (17%)</b></p> <p>Care plans show evidence of consideration of the person's view about their treatment: <b>Yes 1,238 (69%), No 550 (31%)</b></p>	<p>Care plans show evidence of consideration of the person's diverse needs: <b>Yes 2,869 (80%), RI 518 (14%), No 219 (6%)</b></p> <p>Care plans show evidence of consideration of the person's view about their treatment: <b>Yes 1,235 (62%), RI 344 (17%), 401 (20%)</b></p>
Page 30, fig.8	[Figure 8]	Delete figure: comparisons over time are not appropriate due to change in categorisation.
Page 31, previously fig 9, replacement fig 8	Care plans show evidence of discharge planning: Yes 1,833 (76%), No 570 (24%)	Care plans show evidence of discharge planning with relevant input from patient / people involved in their care, agencies: Yes 1,841 (66%), RI 321 (12%), No 611 (22%)
Page 32, col.1	<p>The 2016/17 findings of our MHA reviewers suggest that practice has not improved from the previous year, and may have got worse (figure 10):</p> <ul style="list-style-type: none"> <li>• In 2015/16, 10% (409) of records did not include appropriate care plans for identified risks. In 2016/17, we found 15% (502) of records lacked such care plans.</li> <li>• In 2015/16, we found that 14% (562) of care plans had not been re-evaluated and updated following a change in circumstances. In 2016/17, this was 17% (566) of care plans.</li> </ul>	<p>The 2016/17 findings of our MHA reviewers suggest that practice may not have improved from the previous year, although changes in categorisation make direct comparison difficult (figure 9):</p> <ul style="list-style-type: none"> <li>• In 2015/16, 10% (409) of records did not include appropriate care plans for identified risks. In 2016/17, we found 6% (197) of records lacked such care plans, and a further 12% (438) required improvement.</li> <li>• In 2015/16, we found that 14% (562) of care plans had not been re-evaluated and updated following a change in circumstances. In 2016/17, this was 9% (317) of care plans, with a further 13% (448) requiring improvement.</li> </ul>
Page 33, previously fig 10, replacement fig 9	Identified risks are matched by an appropriate care plan (risk management plan): <b>Yes 2,887 (85%), No 502 (15%)</b>	Identified risks are matched by an appropriate care plan (risk management plan): <b>Yes 2,919 (82%), RI 438 (12%), 197 (6%)</b>

	Care plans are re-evaluated and updated following changes to care needs: <b>Yes 2,689 (83%), No 566 (17%)</b>	Care plans are re-evaluated and updated following changes to care needs: <b>Yes 2,710 (78%), RI 448 (13%), No 317 (9%)</b>
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In the remainder of the report, original figures 11 to 29 have been re-numbered 10 to 28.