

Indicator 8 Mental Capacity Act

8a Staff training and organisational development to improve practice in relation to Mental Capacity Act and Deprivation of Liberty Safeguards

STAFF TRAINING AND ORGANISATIONAL DEVELOPMENT TO IMPROVE PRACTICE IN RELATION TO MENTAL CAPACITY ACT AND DEPRIVATION OF LIBERTY SAFEGUARDS	
IMPROVEMENT GOAL SPECIFICATION	
Indicator number	8a
Indicator name	Staff training and organisational development to improve practice in relation to Mental Capacity Act and Deprivation of Liberty Safeguards
Indicator weighing	0.075%
Description of indicator	Delivery of training and organisational development milestones, as set out below
Numerator	N/A
Denominator	N/A
Rationale for inclusion	<p>The proposed CQUIN is based on the concept of addressing the challenges raised within the Supreme Court findings. These are:</p> <ul style="list-style-type: none"> • Providing assurance that there is sufficient safeguarding/MCA DOLs leadership to support implementation of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009) • Raising the profile and understanding of the Act by implementing an Awareness Week within the trust. • Developing awareness and understanding by training and educating the workforce. • Evaluating the extent to which the application of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009) have become embedded as part of routine clinical practice across the Trust
Data source	Provider
Frequency of data collection	Quarterly
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	Quarterly
Baseline period/date	April 2015
Baseline value	See Milestones below
Final indicator period/date (on which payment is based)	March 2016
Final indicator value (payment threshold)	See Milestones below
Rules for calculation of payment due at final indicator period/date (including evidence to	N/A

be supplied to commissioner)	
Final indicator reporting date	April 2016
Are there rules for any agreed in-year milestones that result in payment?	Yes (delivery of quarterly milestones below)
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No
Exclusions	No

Milestones			
Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioners)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Q1	<p>1. Assurance that there is sufficient dedicated leadership within the Safeguarding Team on each site to deliver this full CQUIN, including indicators 8(a) – (c)</p> <p>2. Planning for development of MCA/DoLs Champions who will provide advice and training within the CAGs on MCA and DoLs.</p> <p>3. Identification of MCA/DoLs Champions for each CAG.</p> <p>4. MCA/DoLs Champion role specification written including expectations of role and responsibility.</p> <p>5. Training plan developed for staff (note: Barts Health to determine method of delivery, drawing on internal staff, external provider/s and specialist MH liaison services as appropriate).</p> <p>From Q3 it is expected that Champions deliver at least x number of sessions in their area, in line with the training plan)</p> <p>6. A project plan for a MCA/DoLs Awareness Week including a launch date to be identified to take place in Quarter 3.</p> <p>Evidence of achievement:</p>	End Q1	20%

	Report submitted to commissioners to demonstrate/agree above		
Q2	<p>1. Early Q2 meeting between Provider and Commissioners to agree the proportion of training sessions to be delivered by MCA/DoLs champions</p> <p>2. Training programme for staff commences, in accordance with agreed Q1 plan. Agreed targets delivered</p> <p>3. MCA/DoLs champions training program implemented. Evidence of 100% attendance.</p> <p>4. Recruitment of 2 wte MCA/DoLs Liaison Posts. Evidence of proposed start dates for both posts.</p> <p>Evidence of achievement: Report submitted to commissioners to demonstrate above</p>	End Q2	30%
Q3	<p>1. Training continues to staff. MCA/DOLs Champions contribute to delivering training</p> <p>2. MCA/DoLs champions support programme commences with monthly development meetings, facilitated by MCA/DoLs Liaison Leads, with support from Safeguarding Leads/Specialist MH Liaison teams</p> <p>3. Implementation of MCA/DoLs awareness week to take place in all 3 boroughs.</p> <p>Evidence of achievement: Report submitted to commissioners to demonstrate above</p>	End Q3	30%
Q4	<p>1. A review to be completed by MCA/DoLs leads on all three sites and in the Tower Hamlets Community Services (including Mile End Hospital), reviewing systems/process changes required to deliver compliance with MCA/DOLs (in addition to training/development programme incentivised with this CQUIN). This should include interviews with staff from different CAGs.</p> <p>Evidence of achievement: Final report submitted by 30th April, 2016 (along with results from 8b and 8c) to include:</p> <ol style="list-style-type: none"> 1. Identifying the improvements made with the initiatives implemented. 2. Impact the MCA/DoLs Liaison Posts, MCA/DoLs champions and training programme has made within the clinical setting. 	End Q4	20%

	<p>3. Actions achieved and progress on Mental Capacity Assessments (8b and DoLs authorisations (8c) from baseline Q1.recommendations of Audit report submitted in Quarter 3.</p> <p>4. Action plan incorporating the above and the findings from the report on systems and processes in Q3 to outline how practice will be sustained and embedded in 2016-2017</p>		
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8b Mental Capacity Assessments

MENTAL CAPACITY ASSESSMENTS IMPROVEMENT GOAL SPECIFICATION	
Indicator number	8b
Indicator name	Mental Capacity Assessments
Indicator weighing	0.0875%
Description of indicator	There is a 30% increase in the current number of assessments of capacity when required, in line with the Mental Capacity Act, as per baseline audit
Numerator	Number of capacity assessments evidenced in healthcare record, out of the denominator group (see below)
Denominator	<p>The Audit Sample</p> <p>The denominator group is: "Those patients in the sample group who have conditions or show symptoms indicating a need for a capacity assessment".</p>
Rationale for inclusion	As above
Data source	<p>Provider - local audit</p> <p>The local audit will have a sample size of between 250 and 365, which will remain the same for all re-audits.</p> <p>Note: Some people will meet more than one criterion (e.g. stroke and dementia), for the purposes of the audit only one criterion should be counted.</p> <p>The sample should be based on a sequential list of patients</p> <ul style="list-style-type: none"> • meeting the criteria , • discharged from start of February 2015 (then 2016), • AND whose healthcare records are available in medical records or on the ward at the point when the audit is commenced on each site.
Frequency of data collection	Two Audits utilising the beginning and end of period above
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	See Milestones below
Baseline period/date	1 st February 2015 – end of audit sample period

	Final sampling period of 1 st January 2016 – end of audit sample period
Baseline value	See Milestones below
Final indicator period/date (on which payment is based)	See Milestones below
Final indicator value (payment threshold)	See Milestones below
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	See Milestones below
Final indicator reporting date	30 June 2016
Are there rules for any agreed in-year milestones that result in payment?	See below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	See below
Exclusions	No

Milestones			
Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioners)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Q1	<p>Retrospective audit of a sample size of between 250 and 365, which will remain the same for all re-audits across hospital site (Sites: the Royal London Hospital, St Bartholemew's Hospital, Newham University Hospital, Whipps Cross Hospital, and Mile End Hospital) and 140 from Tower Hamlets Community Services.</p> <p>Sample frame for audit should be:</p> <ul style="list-style-type: none"> Patients discharged from the hospital from 1st February 2015 in sequential order fulfilling the following categories: <p>All hospital sites (Minimum number of cases, based off of an audit sample size of 250. If larger sample size utilised, then proportionate increase in the following numbers is expected):</p>	End Q1	40%

	<ul style="list-style-type: none"> • 70 people over 16 years of age with dementia recorded • 60 people over 75 years of age without dementia recorded with conditions and/or symptoms for which there is an expectation of the need for assessment • 40 people over 16 years of age with Learning Disability recorded • 40 people over 16 years of age with a diagnosed with a with a current mental illness recorded • 40 people over 16 with neurological conditions <p>Tower Hamlets Community Services (Mile End Hospital <u>community outpatients</u> as inpatients are covered in the main audit group)</p> <ul style="list-style-type: none"> • 50 people over 16 years of age with dementia recorded • 30 people over 75 years of age without dementia recorded with conditions and/or symptoms for which there is an expectation of the need for assessment • 30 people over 16 years of age with Learning Disability recorded • 15 people over 16 years of age with a diagnoses mental health condition recorded • 15 people over 16 with neurological conditions <p>For Community Patients the audit is restricted to those patients where there is an appropriate entry in the healthcare record documenting the basis on which care is given, i.e. with the patient's consent or in their best interests because unable to consent.</p> <p>NOTES:</p> <ul style="list-style-type: none"> • <i>For all of the above primary to 30th diagnosis should be searched</i> • <i>If there have been insufficient numbers of patients in any of the above categories, the numbers should be made up from the other categories</i> <p>Proposed audit tool to be sent to WELC CCG Adult Safeguarding Leads by 15 May 2015, with comments returned by 22 May 2015. Final agreement to be reached by 29 May 2015.</p> <p>Audit tool should scrutinise:</p> <p>a) Whether decision-making is appropriately recorded in the notes (for example in relation to changes of residence following discharge,</p>		
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	<p>consent to treatment (including surgical treatment), etc.)</p> <p>b) Whether there is evidence that capacity assessments of the person have been undertaken in relation to decision making</p> <p>c) Whether there is evidence that relatives and carers, and ICMA's where relevant, have been consulted as part of decision-making</p> <p>Evidence of achievement: Report on results to be sent to WELC CCG Adult Safeguarding Leads by 30th June 2015</p>		
Q2	<p>Continue with organisational and staff development to improve practice in this area, as per indicator 10.1</p> <p>Evidence of achievement: To be agreed locally</p>	End Q2	None
Q3	<p>Continue with organisational and staff development to improve practice in this area, as per indicator 10.1</p> <p>Evidence of achievement: To be agreed locally</p>	End Q3	None
Q4	<p>Q1 Audit repeated to assess progress.</p> <p>The same parameters and sampling frame should be used as per above, with start date for sample being:</p> <ul style="list-style-type: none"> Patients discharged from the hospital from 1st February 2016 <p>Evidence of achievement: Final report sent to WELC CCG Adult Safeguarding Leads by 30th June 2016.</p>	June 2016	60%

Rules for partial achievement at final indicator period/date	
Final indicator value (payment threshold)	% of CQUIN scheme available
For Q4 payment only	
There is a 25% increase in assessments of capacity completed in line with the Mental Capacity Act , in respect of the denominator group	90% of the allocated payment will be made
There is a 20% % increase in assessments of capacity completed in line with the Mental Capacity Act , in respect of the denominator group	80% of the allocated payment will be made
There is a 15% % increase in assessments of capacity completed in line with the Mental Capacity Act , in respect of the denominator group	70% of the allocated payment will be made

8c Deprivation of Liberty Safeguards authorisations

DEPRIVATION OF LIBERTY SAFEGUARDS AUTHORISATIONS IMPROVEMENT GOAL SPECIFICATION	
Indicator number	8c
Indicator name	Deprivation of Liberty Safeguards Authorisations
Indicator weighing	0.0875%
Description of indicator	95% of people whose capacity assessment indicates that they meet the DoLS criteria have had applications made to the supervisory body
Numerator	Number of DoLS applications made for authorisations to deprive people of their liberty, out of the denominator group (see below)
Denominator	<p>Number of people for whom a DoLS authorisation was required out of the denominator group; i.e. people who:</p> <ul style="list-style-type: none"> • Were assessed as lacking capacity Were not excluded from DoLS by any other criterion in the MCA or MCA Code of Practice or by any current case law or any guidance commissioned by or endorsed by the Department of Health or other authoritative body • Were subject to continuous supervision • Were not free to leave • Were NOT subject to the Mental Health Act
Rationale for inclusion	As per above
Data source	Provider – local audit
Frequency of data collection	Two Audits utilising the beginning and end of period above
Organisation responsible for data collection	Provider
Frequency of reporting to commissioner	See Milestones below
Baseline period/date	<p>1st February 2015 – end of audit sample period</p> <p>Final sampling period of 1st January 2016 – end of audit sample period</p>
Baseline value	See Milestones below
Final indicator period/date (on which payment is based)	See Milestones below
Final indicator value (payment threshold)	See Milestones below
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	See Milestones below
Final indicator reporting date	30 June 2016
Are there rules for any agreed in-year	See below

milestones that result in payment?	
Are there any rules for partial achievement of the indicator at the final indicator period/date?	See below
Exclusions	In the event of significant changes to national guidance or case law relating to which patients require DoLS, cases which "fail" only because of non-compliance with new / changed criteria introduced within the previous 6 weeks will be excluded

Milestones			
Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioners)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Q1	<p>Retrospective audit utilising same date as Indicator 8b above across sites (Sites: the Royal London Hospital, St Bartholemew's Hospital, Newham University Hospital, and Whipps Cross Hospital)</p> <p>Sample frame for audit should be:</p> <p>Patients admitted to the hospital from 1st February 2015 in sequential order fulfilling the following categories:</p> <ul style="list-style-type: none"> • 40 people over 18 years of age with dementia recorded • 20 people over 75 with a diagnosis of delirium recorded • 20 people over 18 years of age with Learning Disability recorded • 20 people over 18 years of age with neurological conditions • 20 people over 18 years of age with a diagnosed current mental illness recorded <p>Proposed audit tool to be sent to WELC CCG Adult Safeguarding Leads by 15 May 2015, with comments returned by 22 May 2015. Final agreement to be reached by 29 May 2015.</p> <p>Audit tool should scrutinise:</p> <ol style="list-style-type: none"> a) Whether a mental capacity assessment was undertaken of the ability to consent to treatment and care b) Whether the person was subject to continuous supervision whilst in hospital c) Whether a DOLs authorisation was sought whilst the person was in hospital d) Whether the capacity assessment concluded that the patient lacked capacity 	End Q1	40%

	<p>e) If lacking capacity, whether the patient was free to leave or subject to any other restrictions</p> <p>f) If lacking capacity, whether any factors were present which make it unnecessary or inappropriate (based on legal requirements or national guidance) for DoLS to be applied.</p> <p>Where a patient who might otherwise be eligible for DoLS is excluded from DoLS by any other criterion in the MCA, MCA Code of Practice, current case law or national guidance: the grounds for exclusion will be specified in each case</p> <p>Evidence of achievement: Report to be sent to WELC CCG Adult Safeguarding Leads by 30th June 2015</p>		
Q2	<p>Continue with organisational and staff development to improve practice in this area, as per indicator 10.1</p> <p>Evidence of achievement: To be agreed locally</p>	End Q2	None
Q3	<p>Continue with organisational and staff development to improve practice in this area, as per indicator 10.1</p> <p>Evidence of achievement: To be agreed locally</p>	End Q3	None
Q4	<p>Q1 Audit repeated to assess progress.</p> <p>The same parameters and sampling frame should be used as per above, with start date for sample being:</p> <ul style="list-style-type: none"> Patients discharged from the hospital from 1st February 2016 <p>In the event of any change in national guidance relating to the application of DoLS between the two audits, it may be necessary to adjust the criteria being used</p> <p>Evidence of achievement: Final report sent to WELC CCG Adult Safeguarding Leads by 30th June 2016.</p> <p>Payment for this quarter is subject to delivering the indicator as noted above, with rules for partial achievement as per below</p>	June 2016	60%

Rules for partial achievement at final indicator period/date	
Final indicator value (payment threshold)	% of CQUIN scheme available
For Q4 payment only	
95% of people who require a DOLs, have had applications made to the supervisory body	100% of the allocated payment will be made
90% of people who require a DOLs, have had applications made to the supervisory body	90% of the allocated payment will be made
85% of people who require a DOLs, have had applications made to the supervisory body	80% of the allocated payment will be made