Birmingham and Solihull NHS
Mental Health NHS Foundation Trust

# Adherence to Mental Health Act Consent to Treatment Certificates within BSMHFT Inpatient Units 2021

**By:** XXXX - Lead Clinical Pharmacist

| | | |
|---|---|---|
| Audit ID | **CA592** | |
| Audit project clinical lead | XXXX / XXXX | |
| Auditors | Clinical Pharmacists | |
| Division | Mixed | |
| Program/zone | Mixed | |
| Teams | BSMHFT Inpatient Units | |
| Audit Type | Re-audit | Trust Wide |
| Project start date | 05/07/2021 | |
| Project completion date | 12/10/2021 | |

## Introduction

**Audit Brief description:**

The Mental Health Act (MHA) 1983 stipulates statutory Consent to Treatment (CTT) certificates are required for service users detained under the Act, in order for them to receive treatment for a mental health disorder beyond three months from detainment. It is a mandatory requirement, which safeguards human rights, to continue treatment with appropriate consent outlined on the certificate.

Trust wide inpatient MHA CTT audit have been completed annually since 2011, to monitor the extent and nature of service user's treatment adherence to MHA CTT certificate as per requirements of the MHA and Care Quality Commission (CQC) guidelines. Non-adherence to MHA CTT certificate has been identified as a risk of mal-administration to service users and is on the pharmacy risk register since 2015.

Previous audit recommendations have been implemented, including;

- presentation and dissemination of audit finding to relevant trust committees
- encouraging medical, nursing and pharmacy professionals to regularly check CTT certificates for each service user detained under the Act
- action any discrepancies and Eclipse report where necessary
- ensure access to the most up to date copies of a service user's CTT certificate is available during prescribing (especially in MDTs) and administration of medication
- Re-audit annually until desired standards are achieved.

Results from this year's audit will be used to highlight areas requiring improvements in standards and to target further training and education needs in order to improve practice. The results may also highlight a need to review the BSMHFT systems and policies regarding the implementation of the MHA, especially if non-adherence is found to be widespread.

**Audit Aims/objectives**

To determine if compliance with the Mental Health Act (MHA) requirements and Care Quality Commission (CQC) guidance regarding Consent To Treatment (CTT) within BSMHFT has improved following publication of earlier reports.

This audit will benefit patient care by improving practice of ensuring MHA CTT certificates are adhered to when prescribing medication, in the areas shown to be performing below the standard necessary and highlight/target the need for further education and training.

It will also highlight whether there has been a change in practice with regards to short acting intramuscular (IM) medication being authorised on T2 certificates, as per 2020's audit recommendation. This was due to the questionable legality of such practice, particularly when such medication is most likely to be given in situations where rapid tranquilisation is required.

**Level of service user involvement in this audit project:**

No service user involvement

**Standards:**

| Standards | Target | Standards Reference: |
|---|---|---|
| Compliance with the Mental Health Act (MHA) requirements and Care Quality Commission (CQC) guidance regarding Consent To Treatment (CTT) | 100% | Guidance notes for Commissioners on consent to treatment and the Mental Health Act 1983. CQC 2012 |
| | | Mental Health Act Consent to Treatment Certificate |
| | | Mental Health Act Code of Practice |

**Method:**

| | |
|---|---|
| Audit methodology | Concurrent – by clinical pharmacists on a single inpatient ward visit |
| Data sources | Case note review and EPMA prescription reviewing |
| Sampling Method | No sampling |
| Population size | All service users on BSMHFT inpatients wards subject to MHA CTT requirements |
| Sample size | All inpatients (350 patients) meeting the inclusion criteria across the six service areas: Secure Care, North Acute, Steps to Recovery (S2R), South Acute, Specialities and Older Adults |
| Data collection for the period of | 05/07/2021 to 30/07/2021 |

**Results 2021:**

## General Overview

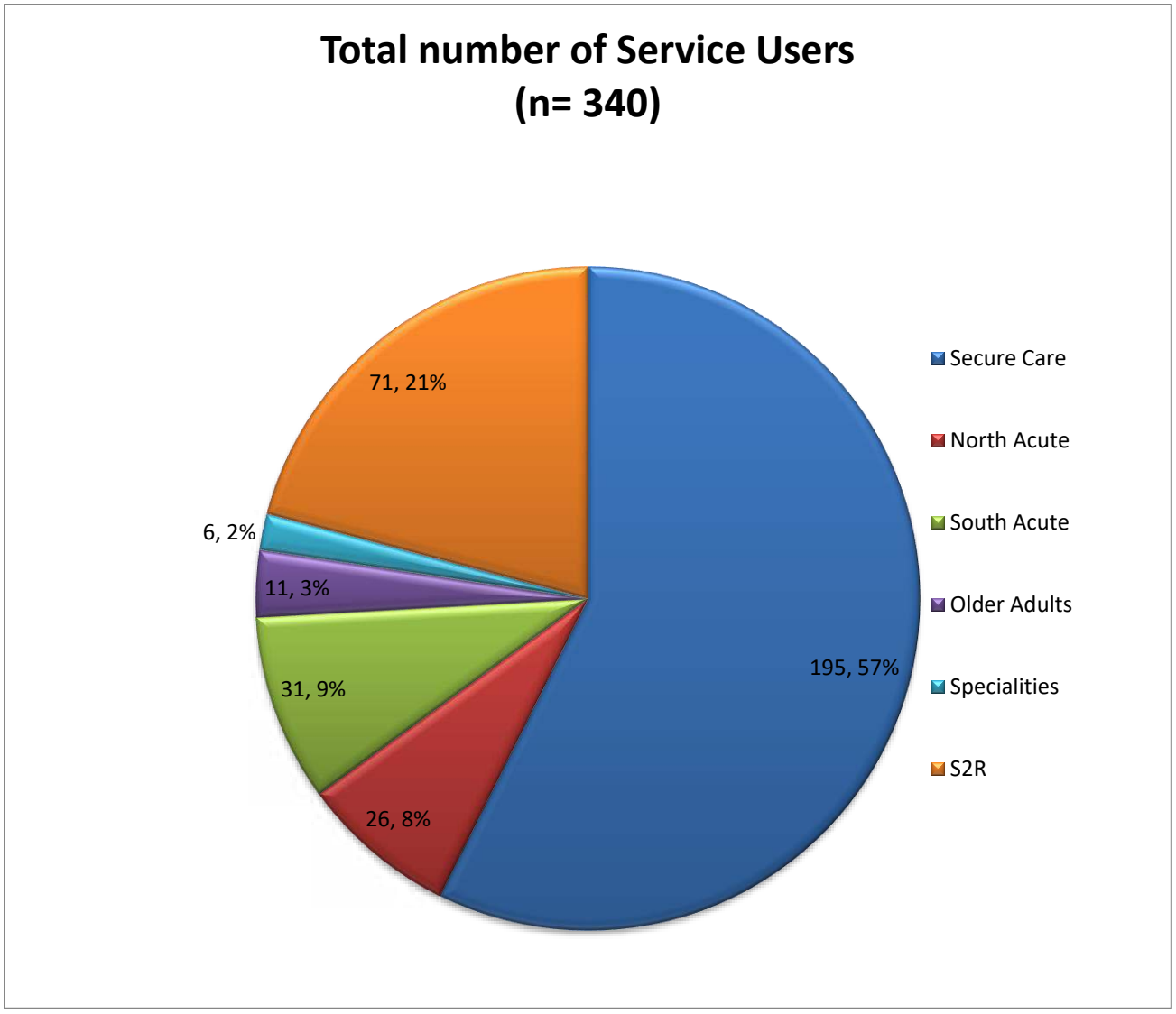
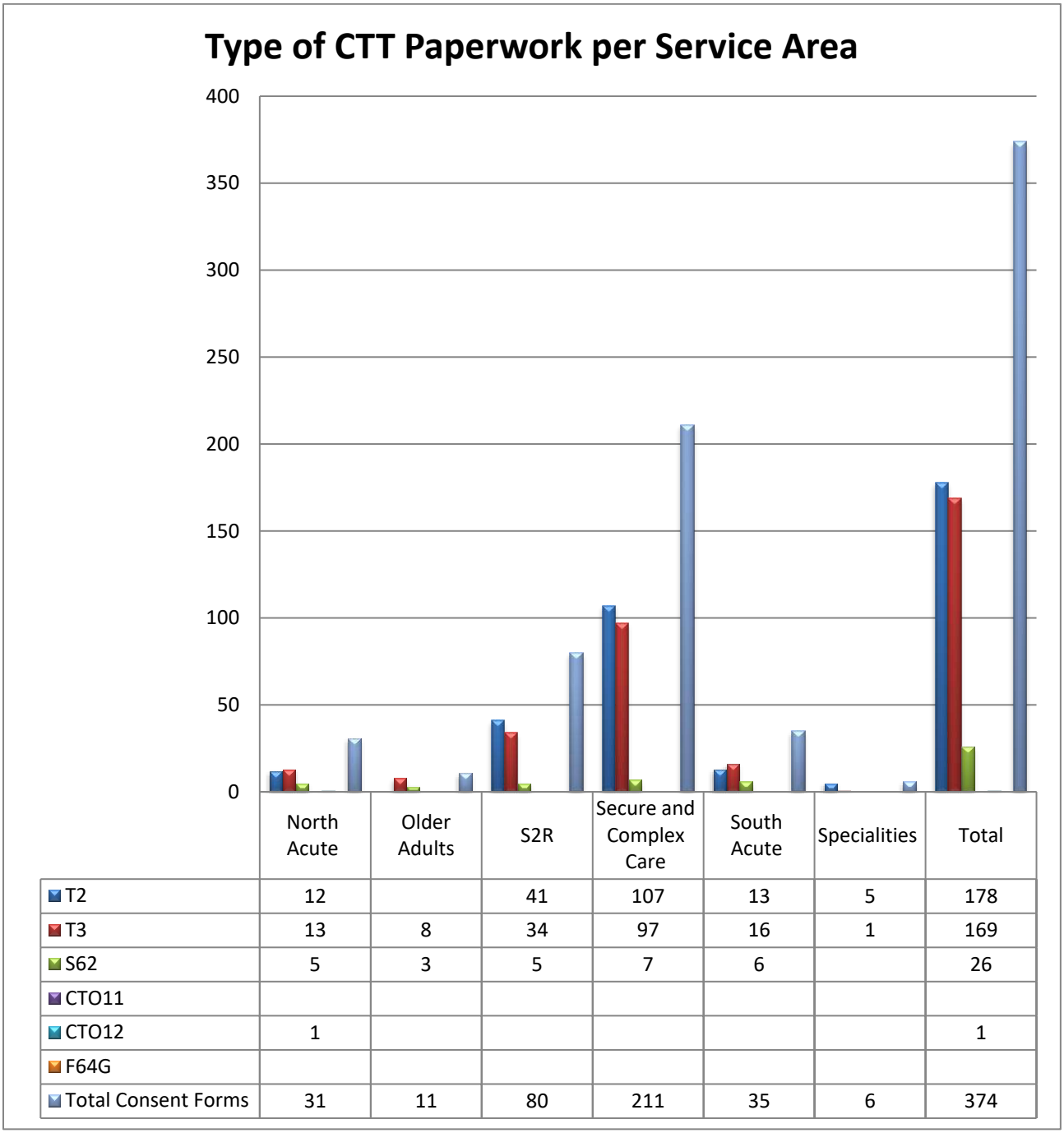



Figure 1: Total Number of Service Users Audited 2021




| | North Acute | Older Adults | S2R | Secure and Complex Care | South Acute | Specialities | Total |
|---|---|---|---|---|---|---|---|
| T2 | 12 | | 41 | 107 | 13 | 5 | 178 |
| T3 | 13 | 8 | 34 | 97 | 16 | 1 | 169 |
| S62 | 5 | 3 | 5 | 7 | 6 | | 26 |
| CTO11 | | | | | | | |
| CTO12 | 1 | | | | | | 1 |
| F64G | | | | | | | |
| Total Consent Forms | 31 | 11 | 80 | 211 | 35 | 6 | 374 |

Figure 2: Types of MHA CTT certificates per service area audited

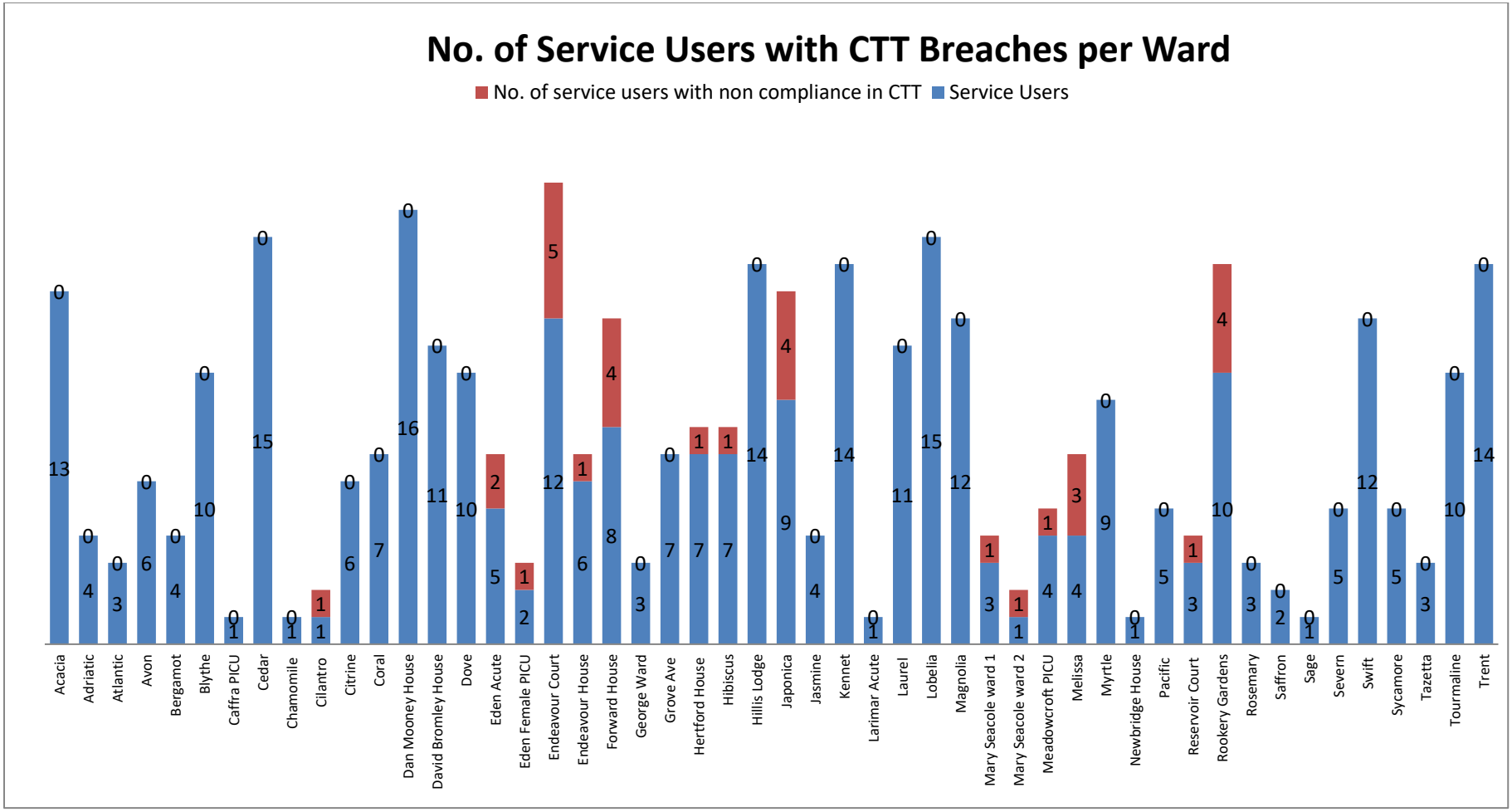
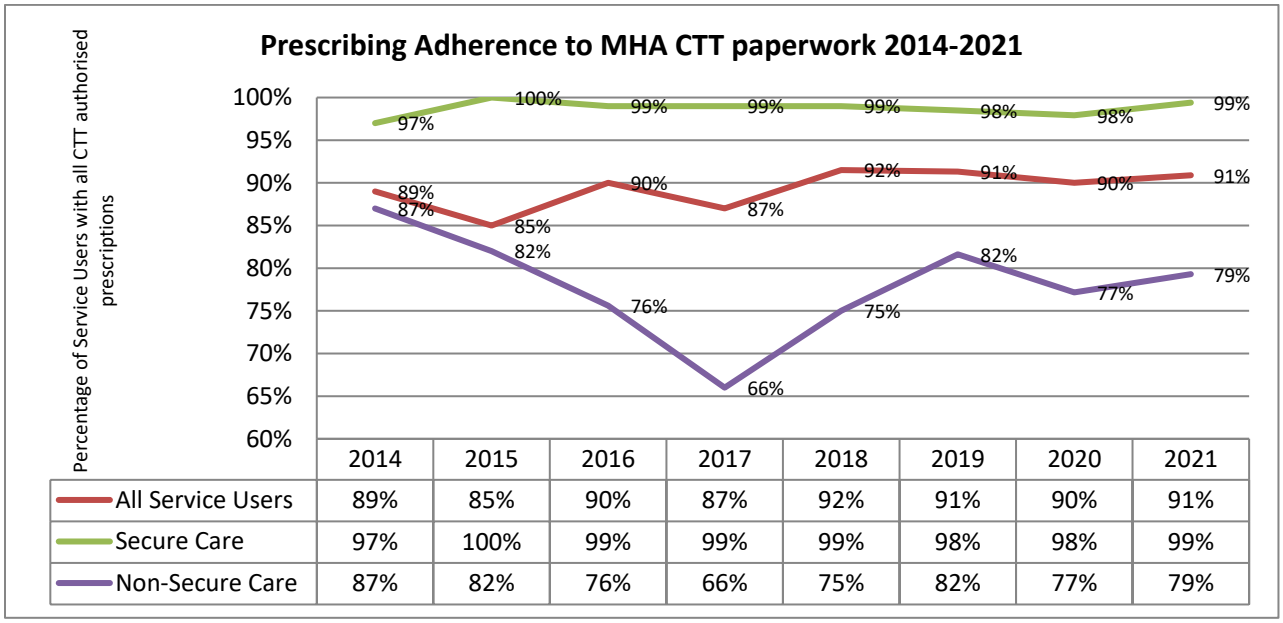



Figure 3: Total number of service users meeting the audit criteria and number of CTT breaches per ward

## Prescribing Adherence




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|---|---|
| All Service Users | 89% | 85% | 90% | 87% | 92% | 91% | 90% | 91% |
| Secure Care | 97% | 100% | 99% | 99% | 99% | 98% | 98% | 99% |
| Non-Secure Care | 87% | 82% | 76% | 66% | 75% | 82% | 77% | 79% |

Figure 4: Prescribing adherence to MHA CTT certificates 2014-2021

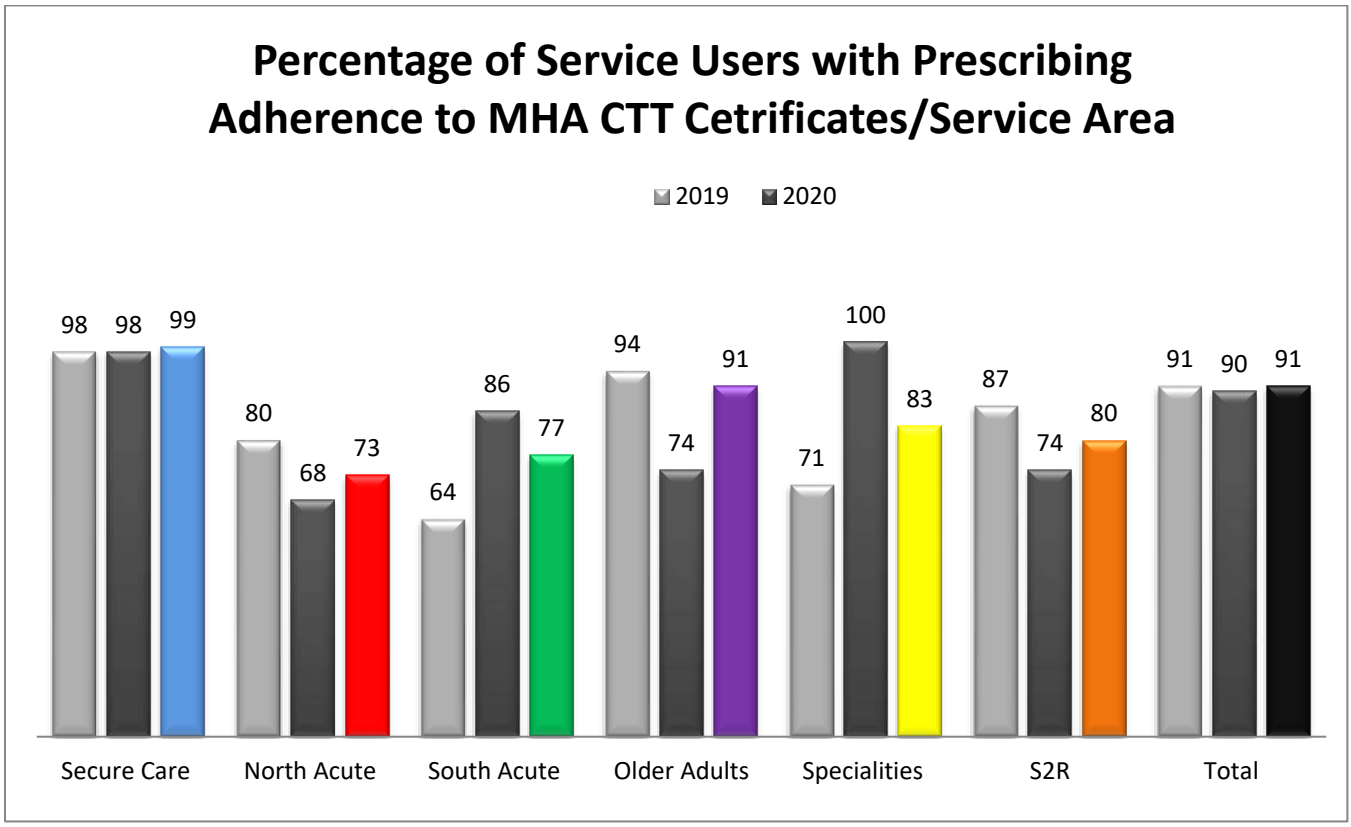



Figure 5.Percentage of service users with all medication prescribed for mental health disorders authorised by CTT/service area

Adherence to Mental Health Act Consent To Treatment Certificate within BSMHFT Inpatient Units 2021

XXXX, Lead Clinical Pharmacist, BSMHFT Pharmacy Services

| Ward | No. of Service Users Audited | Absolute no. of Non-Compliances/Ward | Percentage Non-Compliance |
|---|---|---|---|
| Endeavour Court | 12 | 5 | 42% |
| Forward House | 8 | 4 | 50% |
| Japonica | 9 | 4 | 44% |
| Rookery Gardens | 10 | 4 | 40% |
| Melissa | 4 | 3 | 75% |
| Eden Acute | 5 | 2 | 40% |
| Cilantro | 1 | 1 | 100% |
| Eden Female PICU | 2 | 1 | 50% |
| Endeavour House | 6 | 1 | 17% |
| Hertford House | 7 | 1 | 14% |
| Hibiscus | 7 | 1 | 14% |
| Mary Seacole ward 1 | 3 | 1 | 33% |
| Mary Seacole ward 2 | 1 | 1 | 100% |
| Meadowcroft PICU | 4 | 1 | 25% |
| Reservoir Court | 3 | 1 | 33% |

Table 1: Wards with non-compliance prescribing adherence to MHA CTT certificates

## MHA Consent to Treatment (CTT) Breaches

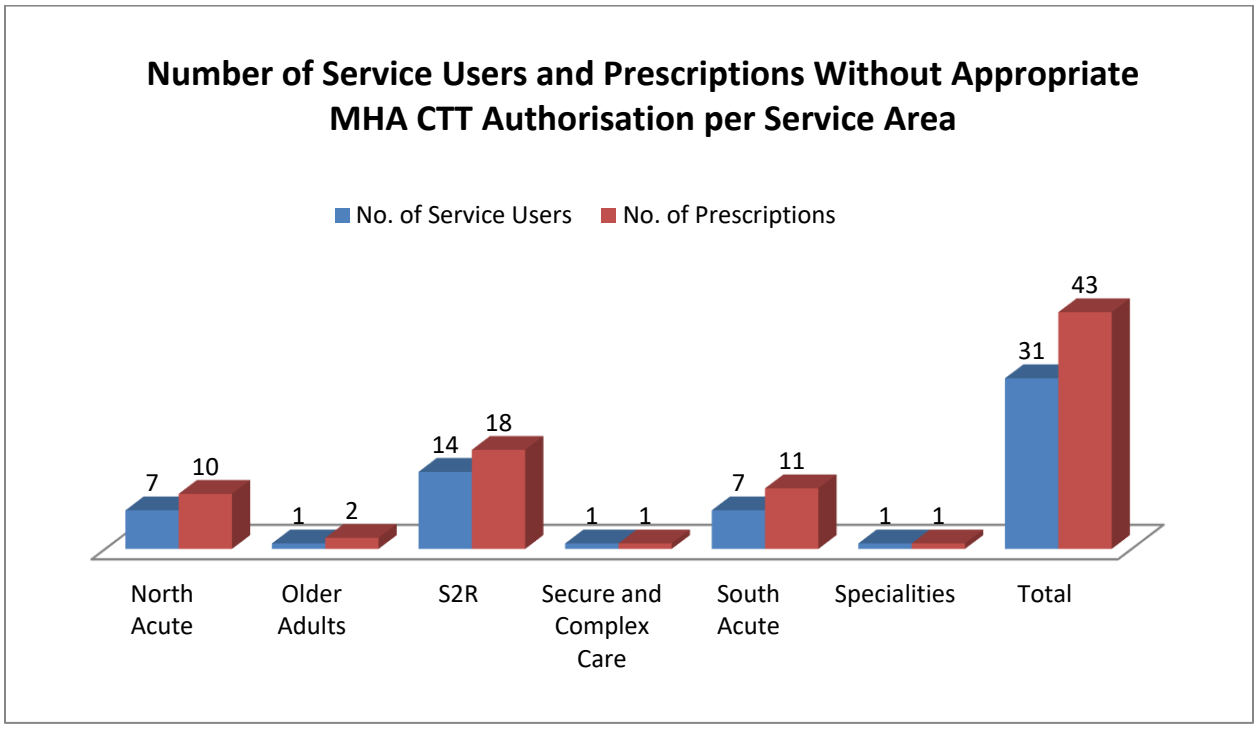



Figure 6: Number of service users and prescriptions written without appropriate MHA CTT certificate authorisation per service area

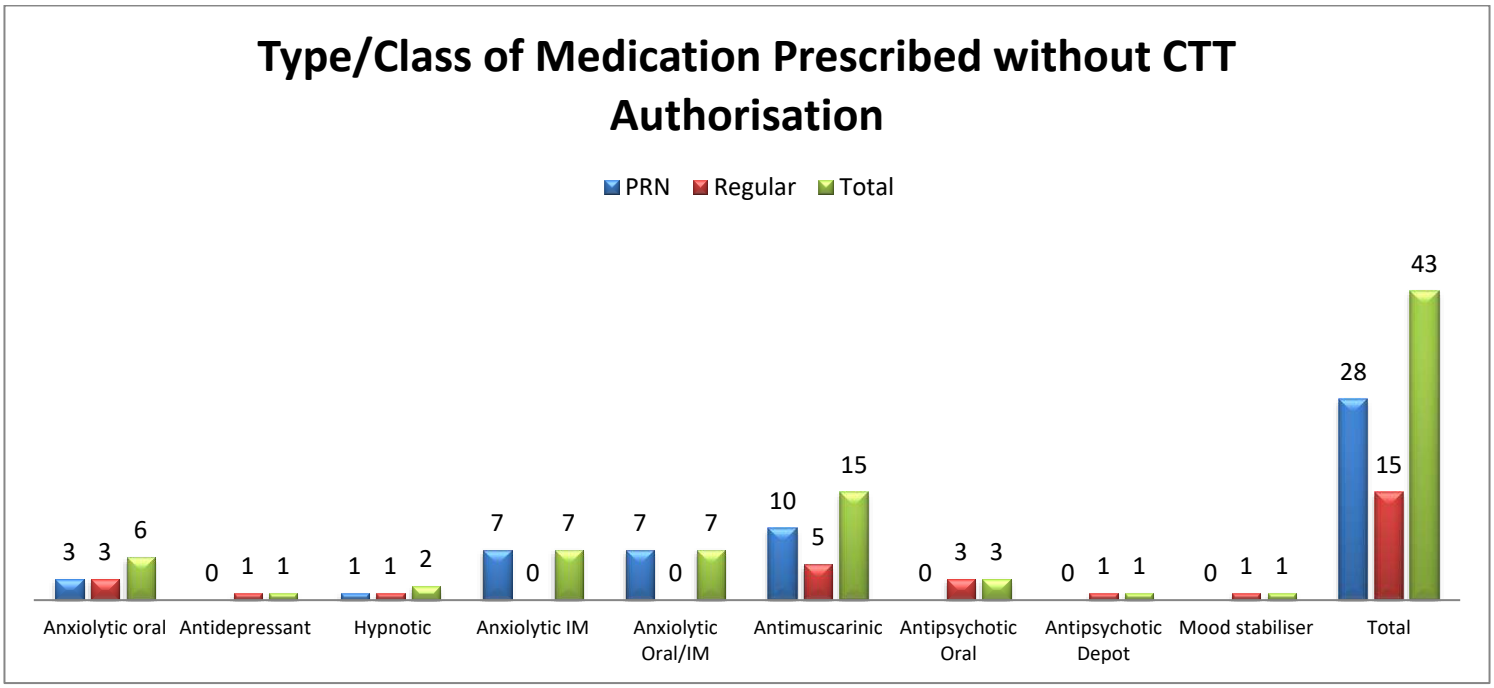



Figure 7: Type/Class of medication prescribed without consent to treatment certificate authorisation

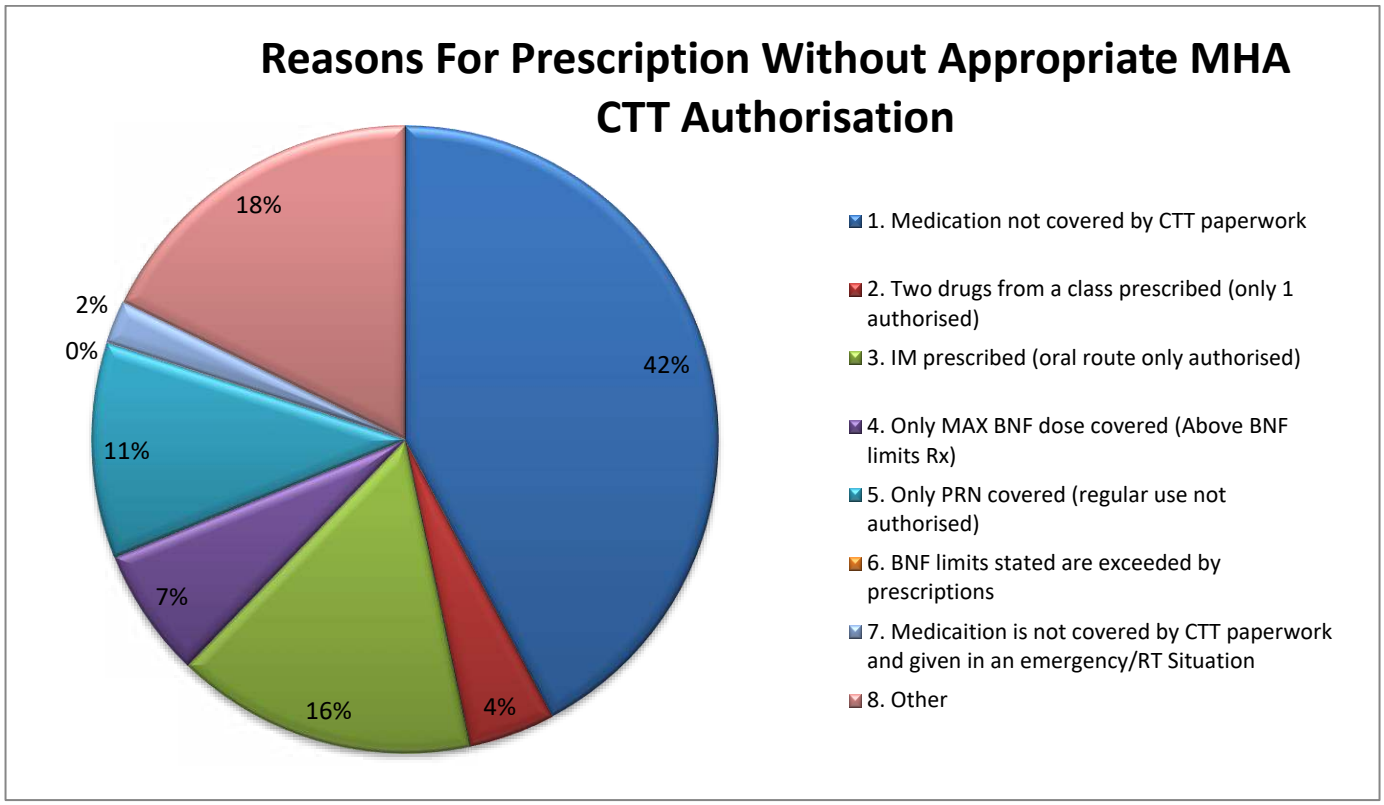



Figure 8: Reasons as to why medication prescribed &/or administered without CTT authorisation

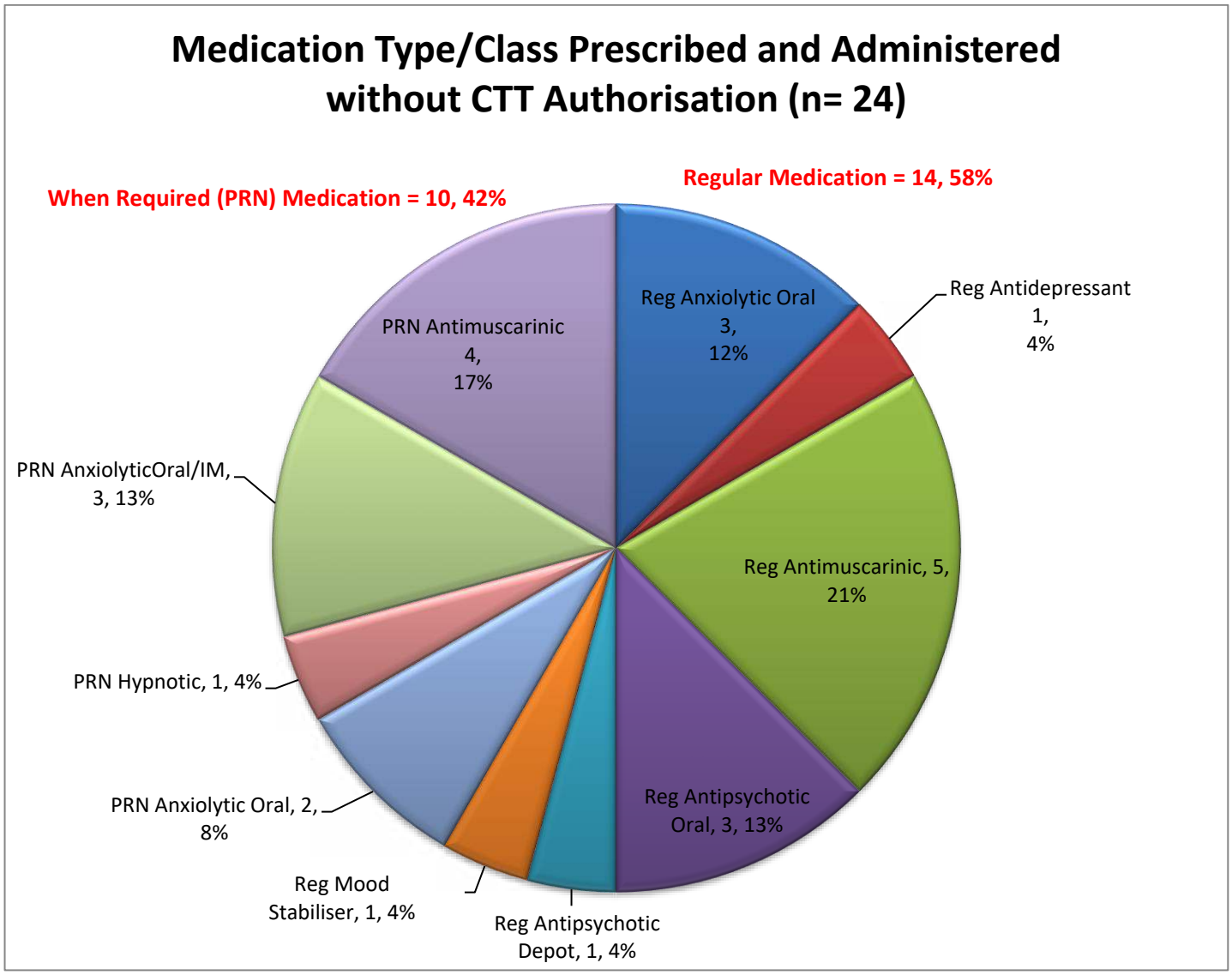



Figure 9: Type/Class of medication prescribed as PRN or Regular and administered without consent to treatment authorisation

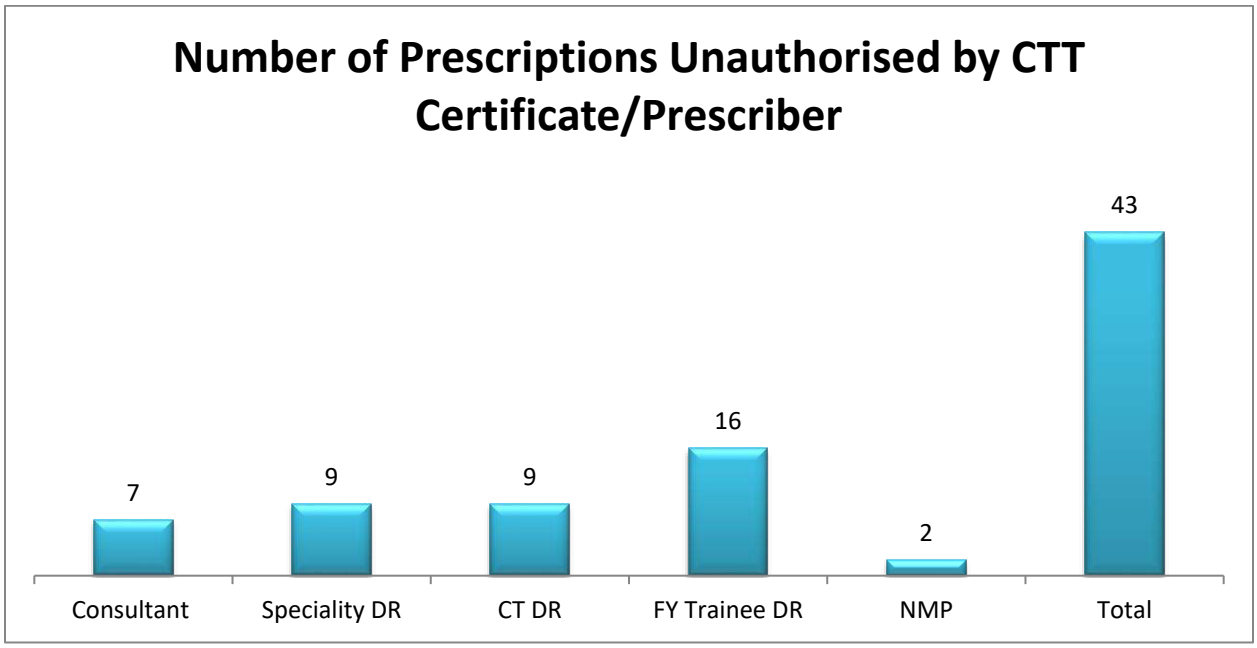



Figure 10: Number of prescriptions prescribed without CTT authorisation per grade of prescriber

## Administrations

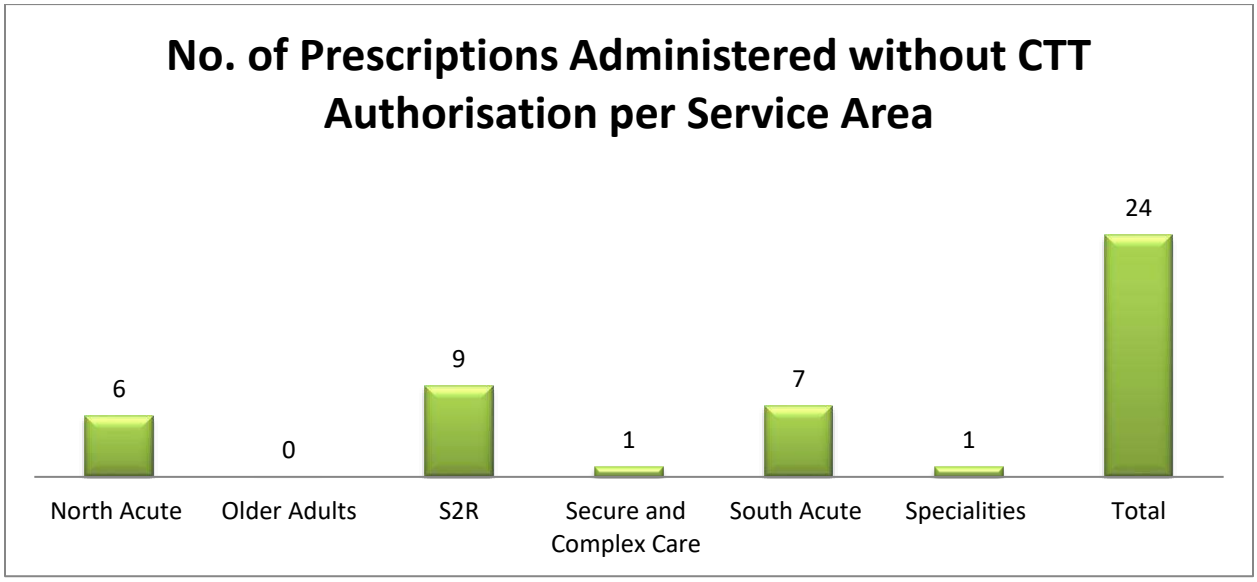



Figure 11: Total Number of prescriptions administered without CTT authorisation per service area

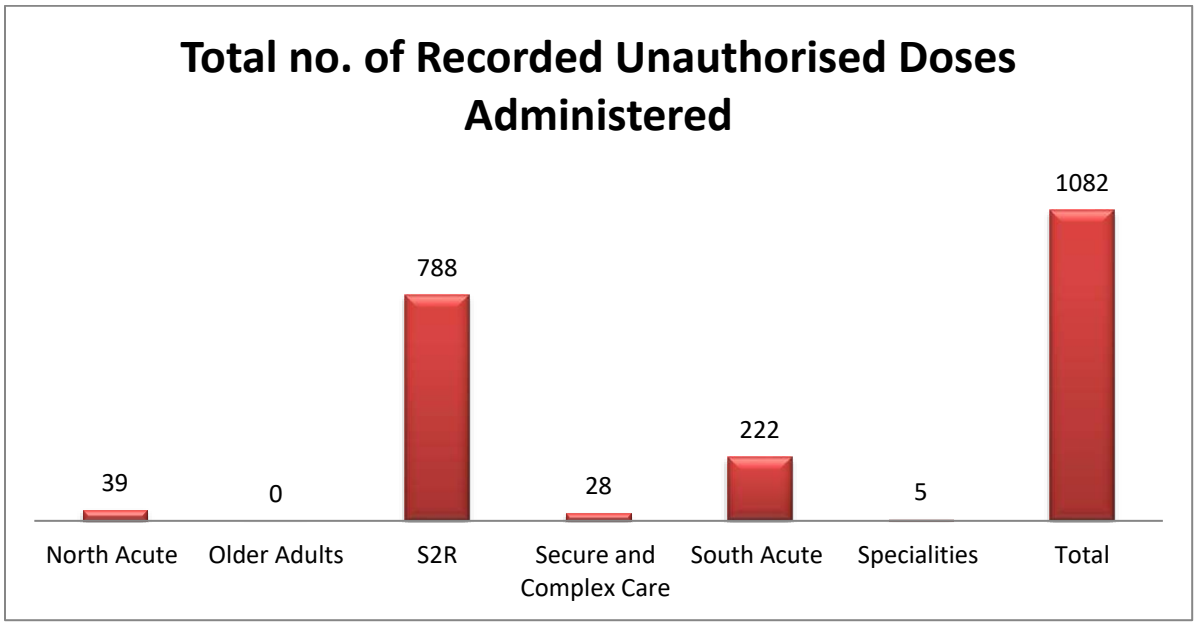



Figure 12: Total number of doses administered, as recorded by auditor, without CTT authorisation per service area

## Pharmacist Interventions

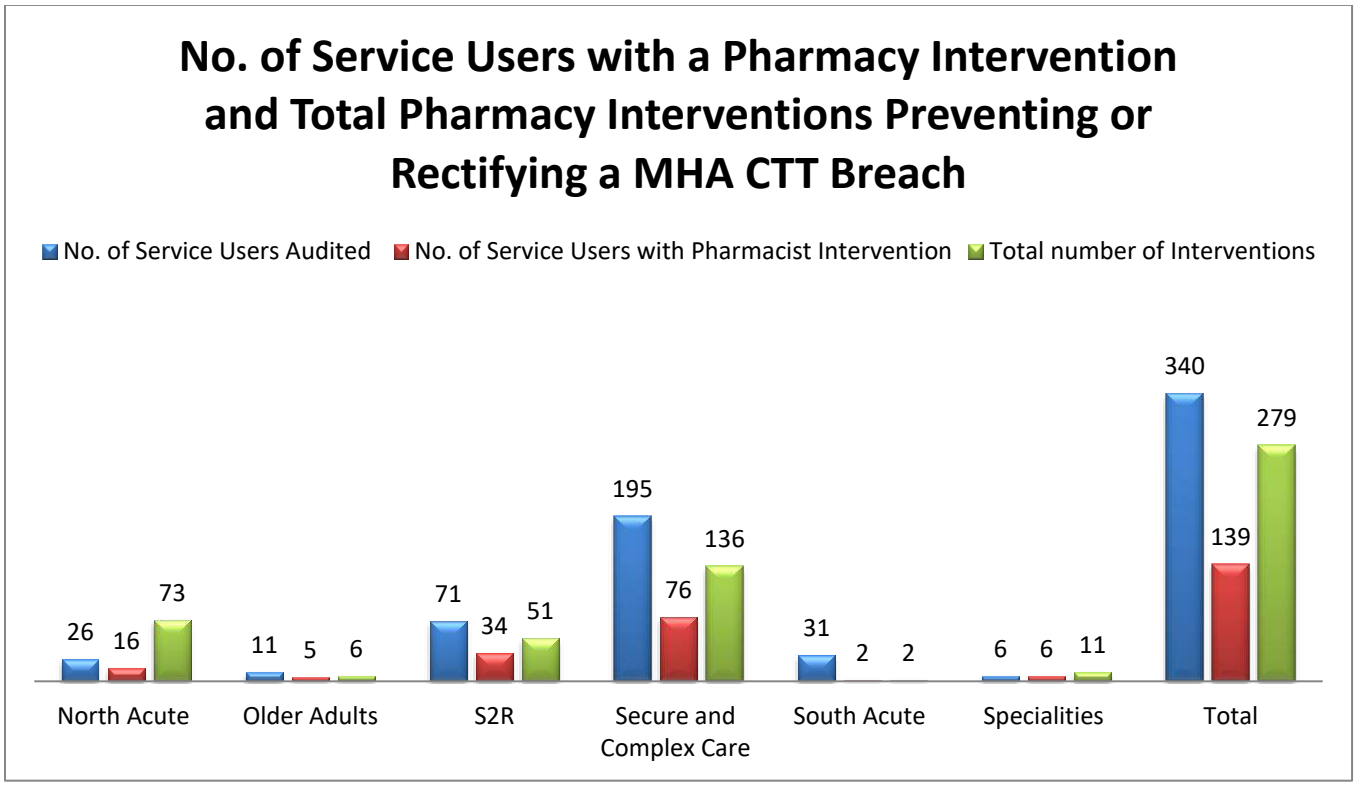



Figure 13: Number of Pharmacy interventions per service user and total interventions preventing or rectifying a MHA CTT breach.

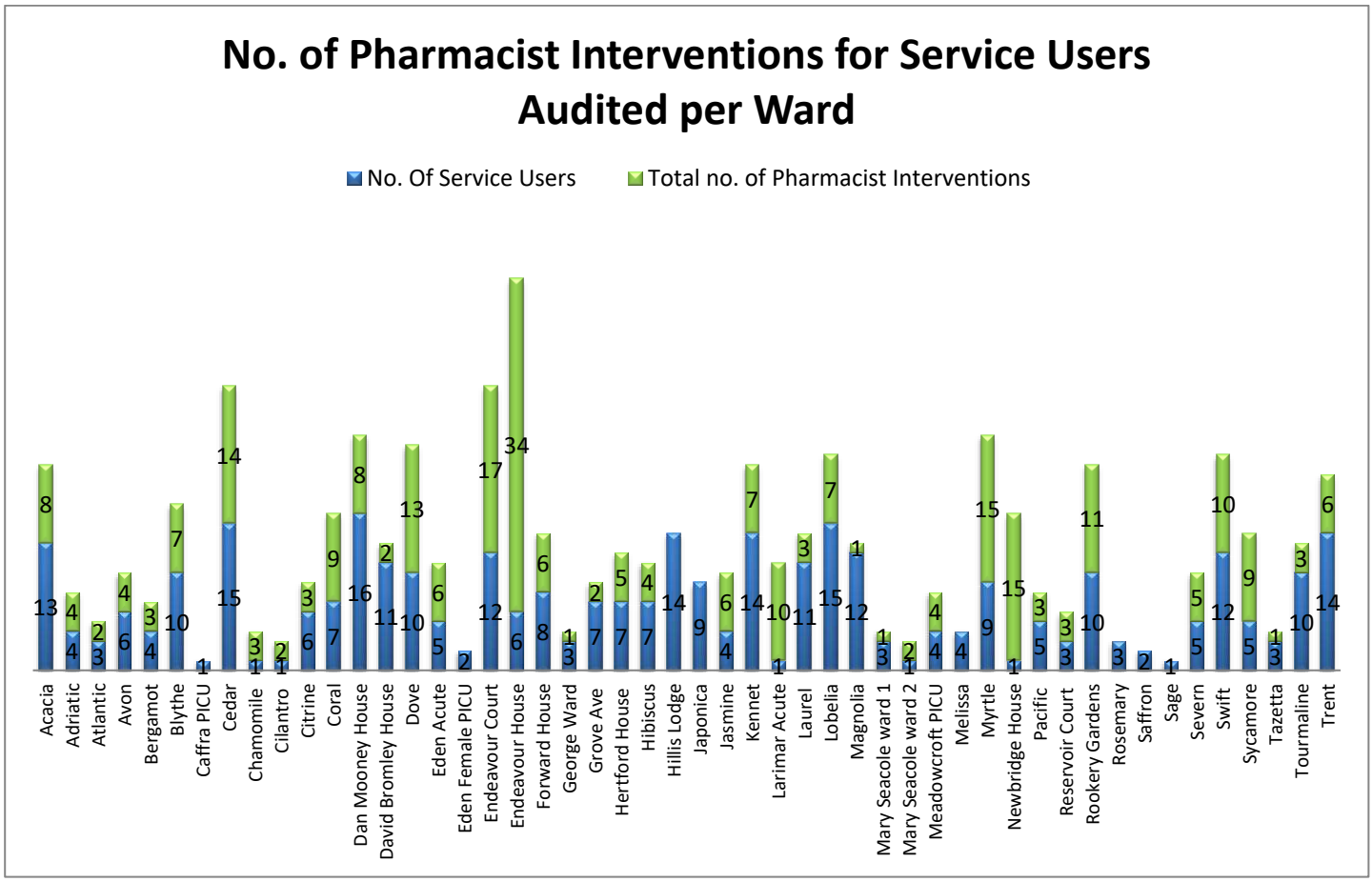



Figure 14: Total number of Pharmacist interventions preventing or rectifying a MHA CTT breach per ward

| Service Area | Pharmacy Intervention/Service User |
|---|---|
| Secure Care | 0.7 |
| North Acute | 2.8 |
| Older Adults | 0.5 |
| S2R | 0.7 |
| South Acute | 0.06 |
| Specialities | 1.8 |
| Total | 0.8 |

Table 2: Pharmacy intervention rate per service user audited

## Documentation and Incident Reporting

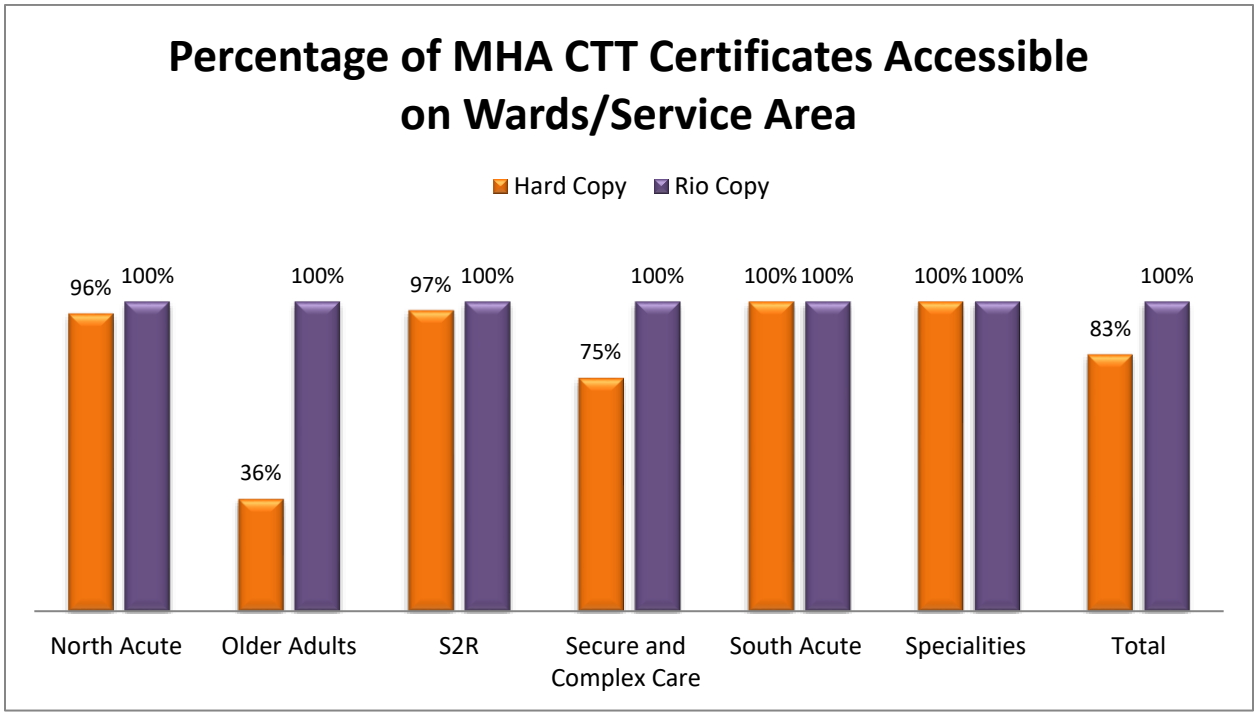



Figure 15: Percentage of CTT Certificates found to be accessible on RiO and as hard copies on the ward

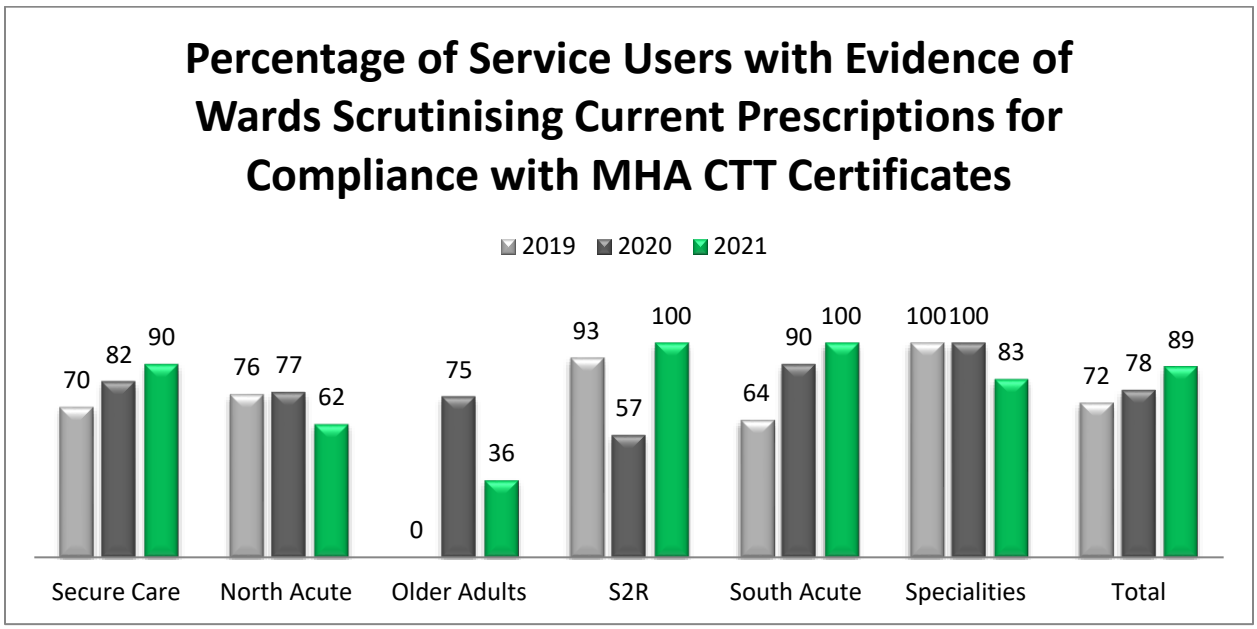



Figure 16: Evidence of wards scrutinising current prescriptions for compliance with MHA CTT certificates

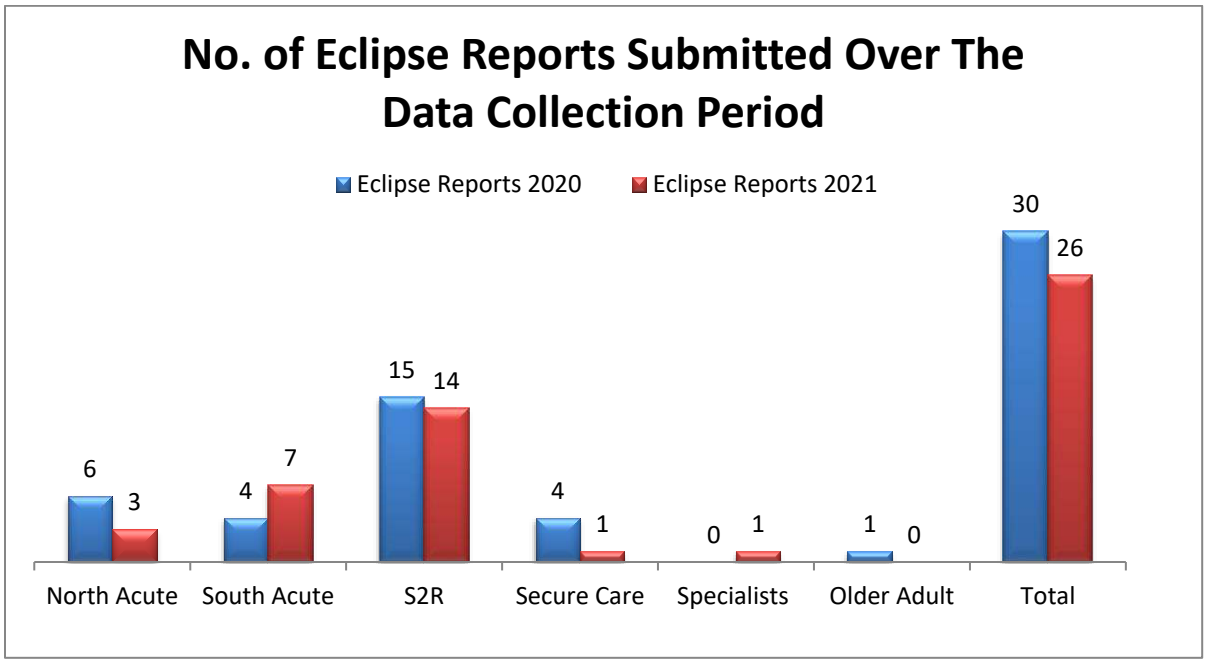



Figure 17: Number of Eclipse reports submitted over the data collection period in comparison to 2020

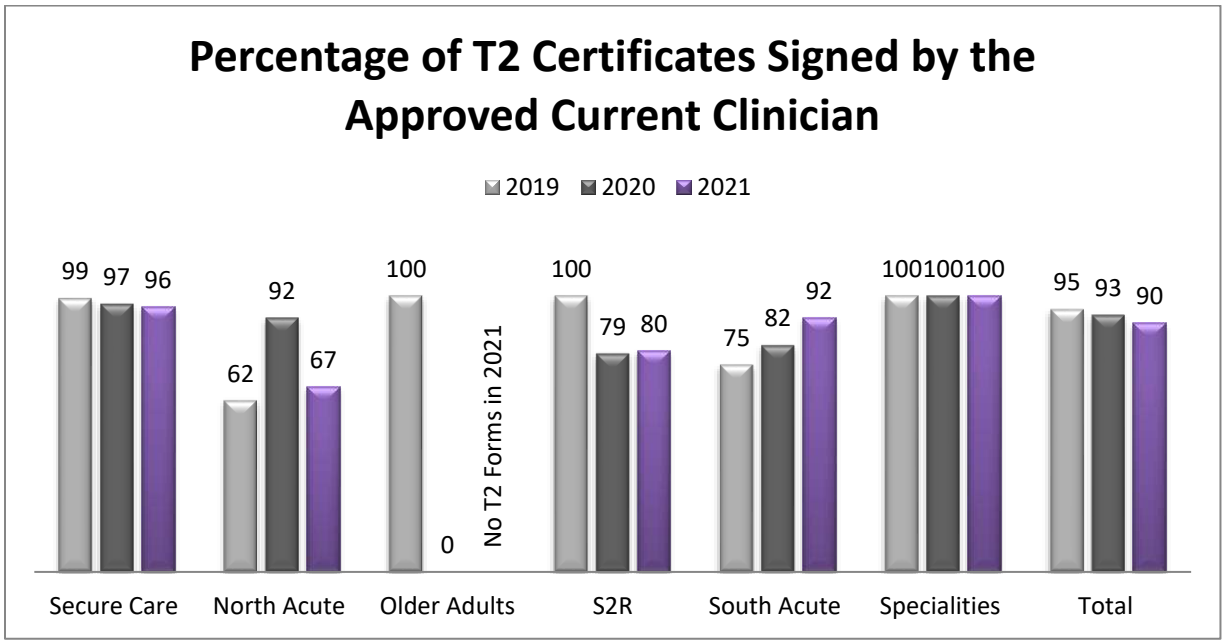



Figure 18: Percentage of T2 Certificates signed by the approved current clinician compared to 2019 and 2020

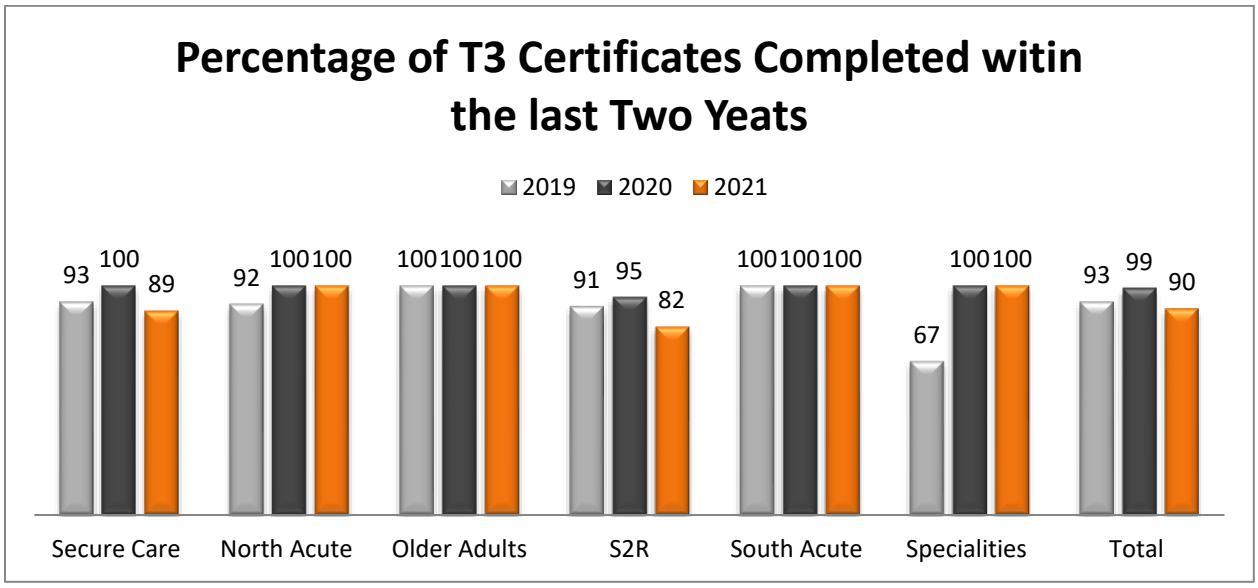



Figure 19: Percentage of T3 certificates completed within the last two years in comparison to 2019 and 2020.

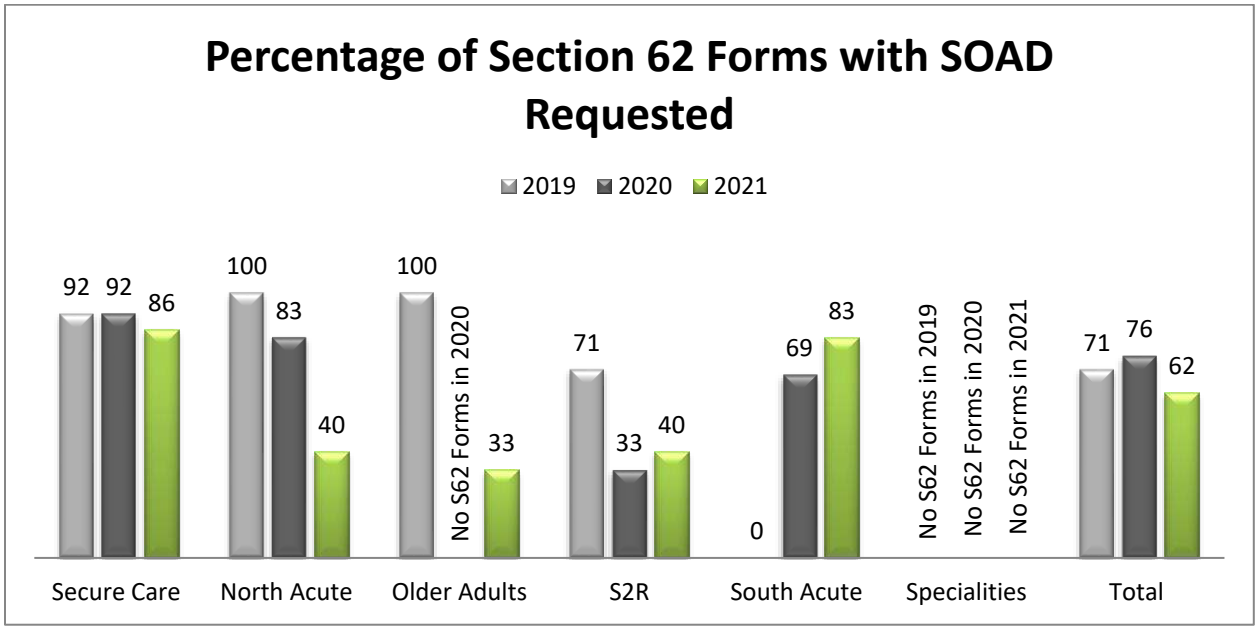



Figure 20: Percentage of S62 with SOAD requested compared to 2019 and 2020

## T2 Authorisation of Short Acting IM Medication

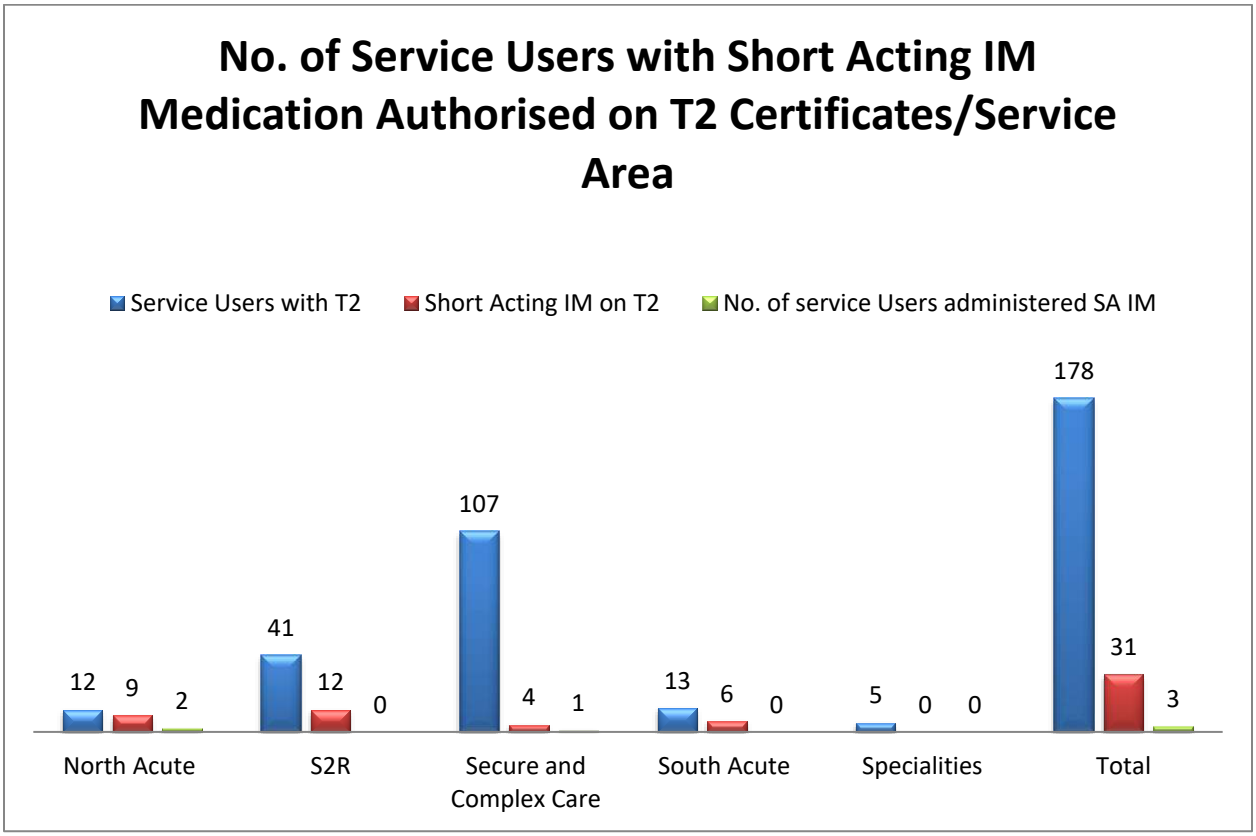



Figure 21: Number of Service users with a T2, that authorise short acting (SA) IM medication and number of administrations per service area.

### General Overview

This audit reviewed MHA CTT paperwork for a total of 340 service users (Fig. 1). In total, 374 CTT certificates were scrutinised for compliances of current prescriptions for mental health disorders (Fig. 2). A total of 50 inpatient wards were included from both secure and non-secure care (Fig 3) resulting in a slightly bigger sample size compared to 2020 (n=320) when 3 FCAMHS wards were excluded. The audit in 2020 included additional data collection of CTT T2 certificate authorisation of short acting IM medication, prescribing, administration and subsequent follow up of Eclipse reporting; at the request of the Chief Mental Health Act Legislation Lead. This year, auditors collected data on short acting IM authorisation on T2's to monitor whether practice had improved.

As with previous years, the majority of service users meeting the audit inclusion criteria were from the secure care service (n=195, 57%), other areas were also of similar distribution samples as in previous years.

## Prescribing Adherence

Total percentage compliance to MHA CTT paperwork for the sample size is calculated at 91% (Fig. 4), as achieved in 2019. This is marginally higher, thus an improvement in standards achieved in 2020 (90%) though 1% lower than the highest overall standard met, 92%, in 2018, for which there was a smaller sample size (n=294).

The results reflect an overall improvement in standards from those achieved in prior years and the continuation of consistency in improvement seen over the last few years.

Figure 4 shows overall percentage compliance to prescribing adherence standards from 2014 to date and breaks down compliance for secure care and non-secure care. Secure care achieved 99% compliance rate, 1% higher than 2019 and 2020 and equal to that achieved from 2016 to 2018. Secure care has consistently achieved 97% and above over the last 7 years. The overall compliance rate in the five non-secure service areas has also improved by 2% in comparison to last year, albeit a lower percentage than that achieved in 2014 (87%), 2015 (82%) and 2019 (82%) .

With regards to non-secure service areas, S2R, Older Adults and North Acute have demonstrated an improvement in prescribing adherence compared to 2020. In contrast to South Acute and Specialities, which have shown a decline in compliance from 2020 (Fig. 5).

A total of 15 out of 50 wards audited were found to have service users without the appropriate MHA CTT certificate in place. Table 1 shows percentage non-compliance to CTT certificates per ward ranged from 100% to 14%. However, to contextualize the findings further, wards have been ranked in order of absolute number of service users with non-compliance in CTT. Although Cilantro and Mary Seacole ward ranked highest according to percentage, 100% non-compliance, this was based on one service user meeting the inclusion criteria and failing to meet the standard set in both wards; i.e. all prescriptions for mental disorder being covered by an appropriate MHA CTT certificate. The ward with highest number of absolute service users prescribed medication breaching CTT certificates was Endeavour Court (n=5), followed by Forward House, Japonica and Rookery Gardens; all three having four patients with breaches in CTT paperwork.

## MHA Consent to Treatment (CTT) Breaches & Administration

Across all wards audited, 9% (n=31) of service users had one or more medication prescribed with non-adherence to statutory MHA CTT certificate at the time of data collection (Fig. 6). This shows a slight decrease in prescribing considered to breach MHA CTT requirement per service user in comparison to 2020 (10%) and the same as 2019 (9%). On further analysis, a total of 3.8% (n=43/1141) of medicines prescribed for mental health disorders breached MHA CTT statutory requirements. These results again demonstrate an improvement from 2020 where 4.4% of medicines prescribed for mental health disorders were done so without appropriate MHA CTT certificates in place (n=47/1071).

Similar to 2020 audit results, the service area with the highest number of CTT non-compliances was found to be S2R; in which 14 service users had CTT breaches resulting in a total of 18 unauthorised prescriptions (Fig 6). However, S2R as a service area has improved its overall compliance rate compared to 2020 (Fig. 5).

The 43 prescriptions identified as breaching MHA CTT certificates, included the following range in class of medicines used to treat mental health disorder (Fig. 7):

- Anxiolytic, oral (14%, n=3PRN & 3reg)
- Anxiolytic ,IM (16% n=7PRN)
- Anxiolytic Oral/IM (16% n=7PRN)

**Combined anxiolytic = 46%**

- Antidepressant (2%, n=1reg)
- Antimuscarinic (35%, n=10PRN & 5reg)
- Antipsychotic, oral (7%, n=3reg)
- Antipsychotic, Depot/ LAI (2%, n=1reg)
- Hypnotic (5% n=1PRN &1reg)
- Mood stabiliser (2%, n=1reg)

Of the 43 prescriptions found to breach MHA CTT, 28 (53%) were PRN and 15 (35%) were regular (Fig. 7). This is in contrast to results from 2020 where just over half of the prescriptions (55%, n=26) without appropriate MHA CTT certificates were for regular medication. The largest class of medication breaches for PRN and regular prescription were found to be anxiolytics (benzodiazepines) in contract to 2020, where antimuscarinic' were responsible for the majority.

Figure 8 shows the reasons recorded for medicines prescribed without appropriate MHA CTT in place, with 42% attributed to the medication simply not being covered by CTT paperwork, followed by the

second highest reason being 'other' at 18%. The lowest percentages were attributed to medication not being covered but given in an emergency rapid tranquilisation (RT) situation (2%) and then two drugs being prescribed from a class when only one was authorised on the CTT certificate (4%).

In total, 24 (56%) of the 43 prescriptions breaching MHA CTT requirements were administered, 58% (n=14) of these were regular medication and 42% (n=10) PRN (Fig. 9) resulting in a total of 1082(Fig. 12) unlawful administrations. The number of prescriptions with unlawful administrations against them is marginally lower than administrations found in 2020 (n=26) and 2019 (n=27). However, this continues to be a significant decline in standards compared to 2018, where 18 prescriptions (44%) without appropriate consent to treatment authorisation had doses administered resulting in over 155 doses administered to service users unlawfully.

The additional measure of auditing grade of prescriber responsible for prescriptions breaching MHA CTT requirements, added to data collection in 2020 was also included in this year's audit, with the results represented in Figure 10. The highest percentage (37%, n=16) were prescribed by Foundation Year Trainee Doctors followed equally by Core Trainee's and Specialty Doctors (21%, n=9). This is in contrast to findings from 2020 where Consultants were found to be responsible for the highest percentage of prescriptions breaching MHA CTT requirements (40%) followed by Foundation Year Doctors (23%).

Figure 11 represents service area distribution of prescriptions administered unlawfully. S2R were found to have the highest number (n=9) of unlawful prescriptions followed by South Acute (n=7). The 24 prescriptions breaching CTT certificates resulted in 1082 doses administered unlawfully (Fig 12), again S2R contributed the highest number of administrations (788) followed by South Acute (222). North Acute had 39 unlawful administrations, 28 were recorded for Secure Care and a total of 5 in Specialities. Older Adults were the only service area that had no unlawful administrations recorded at the point of data collection. There were a number of prescription administrations that were not specified by the auditors for unknown reasons, therefore the total number of 1082 unlawful/unauthorised administrations may not be a true representative and potentially higher than calculated.

Overall, results related to MHA CTT breaches and administrations continue to indicate not all prescribers are consistently checking CTT paperwork prior to prescribing mental health medication and not all nursing staff are consistently ensuring CTT allows administration of all prescribed medication for mental health indications.

S2R although have improved in percentage compliance rate (80%) since 2020(73%), continue for the second year to be the service area with the greatest number of prescriptions breaching MHA CTT requirements and highest number of recorded unlawful administrations. Though S2R does not rank highest in terms of the percentage of breaches per service users eligible for inclusion (20% n=14/71) with North and South Acute ranking highest in this regard (27%: n= 7/26 and 23%: n=7/31 respectively), S2R is the second highest contributor, after Secure Care, to service users meeting the inclusion criteria, this year at 21% (n=71). For this reason the impact of total breaches found during data collection is greater on the overall compliance rate across the whole Trust compared to the impact from the above mentioned service areas.

The recommendation to provide further training and support to S2R after 2020 results had been actioned prior to data collection this year, with several pharmacy led training sessions delivered, in person and via Microsoft Teams often including a practical component. Additionally there was clear dialogue and much support from both Matrons, whom actively encouraged and supported S2R wards with MHA CTT checks. Prescriber and RC cover had also improved post 2020 audit results; it is recognised that these factors are likely to have contributed to the improvement in overall compliance across S2R.

However, in particular the north S2R wards continue to have less long term consistency in RC and medic cover. Furthermore, due to various reasons including the impact of pandemic related sickness, there is a high use of bank nursing staff, which are unlikely to have received appropriate MHA CTT training within the Trust. These factors are continuing to impact the total number of MHA CTT breaches found and number of administrations considered to be unlawful due to non-compliance with MHA CTT paperwork.

**Pharmacist Interventions**

As per 2019 and 2020, pharmacist contribution to identifying and rectifying CTT non-adherence/ breaches as part of their clinical check was monitored. The pharmacist intervention records over the last 12 months on EPMA, under the Clinical Pharmacy Desktop, were reviewed.

Over a third of service users (41%, n=139) had pharmacist involvement in preventing or rectifying a MHA CTT breach (Fig 13). This figure shows sustained and ongoing pharmacist input for MHA CTT issues (2020: 40% n=127; 2019: 36%, n=123). It amounted to a total of 279 pharmacist interventions documented with the overall rate of pharmacist intervention made per service user (Table 2) being 0.8 (n=279/340) comparable to the rate of pharmacist intervention per service user in 2020 and an increase from 2019

(0.6). Thus the results indicate sustained pharmacy input with a general upward trend in pharmacist interventions recorded.

The highest percentage (40%) of interventions was from Secure Care, which was expected since this service area has the largest number of service users audited. North Acute had the highest pharmacist intervention rate/service with the lowest rate found across South Acute. The variation in pharmacist interventions per service user rates may be attributed to the varying ratio of clinical pharmacist input per service user across the six service areas. With Secure Care consistently having the highest ratio of pharmacist/service user in the immediate 12 month period before data collection began, thus reflected so in the total number of interventions recorded.

Figure 14 also shows pharmacist Intervention per ward and demonstrates wards which have had pharmacist contribution to checking MHA CTT over the last 12 months generally have a better or more improved standard of prescribing adherence to MHA CTT certificates.

### Documentation and Incident Reporting

MHA CTT certificates must be accessible when prescribing and administering medicines. The CQC recommends a hard copy attached to the drug chart, however, with electronic drug charts on EPMA this is not possible. The EPMA software currently does not support identification of service users requiring CTT certificates or linking CTT certificate from RiO to the electronic drug chart. This may be available in future upgrades; however, the timeframe for this is currently unknown. In the interim a hard copy of the CTT certificate must be available on the ward to complete necessary checks prior to prescribing and administration, usually stored in a folder within the clinic area.

Eighty three percent (n=282) of service users had a hard copy of the current CTT certificate available (Fig. 15) which demonstrates an improvement from previous years (2020: 70%, 2019:78%, 2018: 73% and 2017: 77%). The following wards were found to have no up to date hard copies available for the service users meeting the audit inclusion criteria: Reservoir Court, Rosemary, Sage, Avon and Laurel. Of these one ward, Reservoir Court, was found to have a service users with non-compliance in MHA CTT certificates at 33% (Table 1), this may have been preventable if a hard copy was available on the ward to cross reference prior to prescribing and administration. With regards to electronic copies, 100% compliance was achieved across all wards in the six service areas.

The recommendations from 2020s audit report, for the EPMA working group to consider ways of identifying service user' that require or have CTT certificate in place to appear on the banner screen still stand. The ward folders with hard copies of MHA CTT certificates should be kept up to date, taken into

MDTs, and checked prior to medicines being administered. The ROAD group should also consider a way of having this information visible on the front page for a service user, which should also feed in to the EPMA system.

For 89% (n=303) of service users audited, there was some evidence of wards performing MHA CTT certificate checks as part of the wider MHA audit completed monthly (Fig 16), showing an increase from 2020 (78%), 2019 (72%) and equivalent to findings from 2018 (89%) although a decline from 2017 (94%). The increased percentage in comparison to 2020 may be partly attributed to the continuation of formal monthly reporting requirements of ward MHA CTT audit results, which were temporarily ceased in 2020 during the Covid19 lockdown period.

As a result of the breaches in MHA CTT found, there were a total of 26 eclipse reports submitted (Fig.17). During data analysis, there were 5 breaches found that were not Eclipse reported or the auditor did not document they had reported the breach. The reporting rate calculated is 84%, which has reduced from 2020 (91%) though improved since 2019 (69%), however, under reporting remains a problem**.** It is important that all breaches in MHA CTT certificate are reported including near misses (no administration of prescription which breaches MHA CTT certificate) as this will allow the trust to be aware of how much of a risk non-adherence to MHA CTT certificate still is.

**MHA CTT Certificates Audited**

From 178 T2 certificates audited, 90% (n=161) were signed by the current approved clinician (Fig. 18), a slight reduction from previous years (2020: 93%, 2019:95%, 2018:94%). The majority, 69% (n=122), were written specifying individual medicines by name rather than drug groups. This represents a slight increase in similar practice findings to 2020 (68%) though an overall reduction from previous years (2019: 76%, 2018: 75%)

From 169 T3 certificates audited, 90% (n=152) had been completed within the last two years (Fig. 19). This represent a decline compared to results from the last two years (2020:99%, 2019: 93%).

There were 26 section 62 certificates found, in which 62% (n=16) had a SOAD requested to review the service user and their treatment (Fig. 20). This is a decline compared to the last two years (2020: 76%, 2019: 71%), though there are occasions where a SOAD request may not be required particularly if the service user is consenting to treatment, however the RC is not available to update their T2 immediately.

The data captured during this audit showed only one service user under North Acute (Endeavour House) had a CTO12 in place and was also documented to have a T3 covering mental health medication. There

was one documented breach in MHA CTT for this service user. On further investigation during data analysis, it was found that the service user was in the transition period at the point of data collection, from a T3 to a CTO12 and hence a Community Treatment Order. The breach was attributed to the T3 only, not the CTO12, and was for a prescription prescribed (although not administered at the point of data collection) whilst only the T3 was covering mental health medication. Thus this breach was included in the data analysis. Therefore the one CTO12 identified had 100% compliance with MHA CTT requirements.

### Short acting IM medication authorisation on T2 Certificates

Short acting IM medication is often required for rapid tranquilisation purposes, when in-patient service user's display disturbed/violent behavior and de-escalating techniques alone have been ineffective. It is not uncommon in these situations for service users to refuse oral medication offered to manage the episode. The validity and appropriateness of T2 certificates authorising short acting IM medication has been raised as a concern. Particularly as T2 certificates indicate a service user has capacity and is consenting to their treatment. Capacity and consent can alter at any given time and be affected particularly when rapid tranquilisation is deemed necessary. When first audited in 2020, results showed 18% (n=31/176) of service users with T2 certificates had one or more short acting IM medication named on their T2', totaling to thirty four specified short acting medications/class of medication. This year results indicate out of 178 service users with a T2 in place, there were a total of 31 (17%) short acting IM medications specified with three administrations recorded during the data collection period (Fig 21). Thus a marginal (1%) reduction in number of short acting IM medication prescribed compared to 2020 and a significant reduction in the number of administrations (2020: 64). Nonetheless, there is a need for continued improvement in this area, whereby short acting IM medication is not authorised on T2 certificates.

## Key findings/risks:

- 340 service users from 50 BSMHFT inpatients wards, with a total of 374 Consent to Treatment certificates were included in the 2021 audit. These were from:
  - Secure and Complex Care 57%
  - North Acute Care 8%
  - South Acute Care 9%
  - S2R 21%
  - Specialities 2%
  - Older Adults 3%

- 91% of service users had MHA CTT certificate in place to authorise their prescribed treatment for mental health disorders, representing a 1% improvement in practice compliance from 2020 and the same compliance rate found in 2019. Albeit a 1% reduction in comparison to 2018. (20202: 90%, 2019: 91%, 2018: 92%, 2017: 87%)

- Across the Trust, within inpatient services, 9% of service users had one or more medication prescribed breaching MHA CTT requirements at the time of audit. This represents a marginal improvement in practice across the Trust compared to 2020.

- Prescribing adherence to MHA CTT certificate has improved by 1% in secure care compared to the last two audits (2020: 98%, 2019: 98%). Non-secure service areas have also shown an improvement in prescribing adherence to MHA CTT by 2% (79%) in comparison to results found in 2020 (77%) and by 5% from 2019. The clinical pharmacy service provided in non-secure care has continued to improve over the last four years, with more wards receiving clinical pharmacy input/support and each ward increasingly receiving more extensive support when all clinical pharmacist positions are filled.

- A total of 15 wards were found to have non-compliance in prescribing adherence to MHA CTT certificates, an improvement from 2020 (18 wards). Similar to 2020, the ward with the highest number of absolute service users with prescriptions breaching CTT certificates was found to be Endeavour Court (n=5, 42%). The second highest number of breaches were found on Forward House (n=4, 50%), Japonica ward (n=4, 44%) and Rookery Gardens (n=4, 40%).

- Similar to 2020 findings, results indicate S2R is the service area with the highest percentage of non-compliance to MHA CTT certificates and highest number of administrations considered to be unlawful. However, S2R is one of four service areas to have shown an improvement in overall compliance rate since 2020 (2021: 80%, 2020: 74%). Again, ongoing issues with regular prescriber and RC cover and increased need for bank nurse staffing have been identified as potential causes to the continued level in compliance compared to prior years. There has also been a reduction in clinical pharmacist resourcing for S2R compared to the other service areas within the 12 month period prior to data collection.

- The majority, per class of medication, of MHA CTT prescribing breaches were due to prescriptions for anxiolytics, 46%, (n=20; lorazepam: 19, diazepam:1) in contrast to 2020 results where the majority were due to antimuscarinic prescriptions. Antimuscarinic' ranked second this year, 35%, (n= 15; procyclidine: 6, hyoscine hydrobromide: 2, promethazine: 6, trihexyphenidyl: 1), as for those administration considered unlawful (n=24) again the class of medication with the majority, 33%, were due to administration of anxiolytics (benzodiazepines). Further breakdown of results indicate there was a higher percentage (58%) of unlawful administrations for regular medication of varying classes compared to PRN (42%) prescription administration. Refer to Figure 9 for a comprehensive breakdown.

- To further summarise; 340 service users were audited, from which 374 CTT certificates were scrutinised for compliance. A total of 31 of the 340 service users were found to have breaches/ non-compliance in CTT certificates with medication prescribed for a mental disorder (9% non-compliance or 91% compliance rate) for these 31 service users a total of 43 prescriptions had breached CTT certificates.

- Similar to 2020, this year' audit again collated data on the grade of prescriber responsible for prescriptions breaching MHA CTT certificates. Of the five categories, Foundation Year (FY) Trainee Doctors ranked highest (n=16, 37%) followed equally by Speciality and Core Trainee (CT) Doctors (n=9, 21%). A slight contrast to 2020 results where the highest number prescriptions breaching MHA CTT requirements were prescribed by Consultants, followed by FY trainees.

- Over a third of service users (41%) audited had pharmacist involvement in preventing or rectifying a MHA CTT breach. A total of 279 pharmacist CTT interventions were documented and the overall rate of pharmacist Interventions made per service user was 0.8. Secure Care had the highest total number of pharmacist interventions; this service area also had the largest contributing sample size in addition to the pharmacists-service user ratio being higher compared to non-secure care service areas.

- 83% of service users had a hard copy of the CTT certificate available on the ward. This is an improvement compared to the last two years (2020: 70%; 2019: 78%). Results indicated 100% of all CTT paperwork was available via electronic (RiO) records.

- For 89% of service users there was some evidence of wards preforming MHA CTT certificate checks as part of the wider MHA monitoring completed monthly. This has improved since 2020 (78%) and 2019 (72%) and comparable to 2018 (89%). Continued assessment of the process wards use to scrutinise CTT certificates may highlight areas of further improvement which may contribute to better overall compliance.

- As a result of this audit 26 eclipse reports were completed, with a reporting rate of 84%, a reduction from 2020 (91%) , however a significant improvement from 2019 (69%) and marginally lower than 2018 (92%).

- 17% of T2' audited authorised short acting IM medication, a slight reduction from 2020 (18%) with a significant reduction in actual administrations (2021:3, 2020: 64). Given the circumstances that these short acting IM medications are administered in (rapid tranquilisation), the legality of these being administered under a T2 is highly questionable. As per 2020 audit recommendation, this practice should be reviewed and amended to ensure medications prescribed and administered for rapid tranquilisation are lawful. Though the number of actual administrations has significantly decreased in this year's audit findings, the risk of administration remains high if the short acting IM medication remains on the T2.

## Recommendations

1. Presentation and dissemination of audit findings to the MHL Committee, Pharmacological Therapies Committee, Clinical Governance Committees, Clinical Forums, approved clinicians, ward managers, and pharmacists.

2. Nursing/medical/pharmacy staff should complete Eclipse reports on finding unauthorised medicines prescribed or administered for the service user. The ward manager and Responsible Clinician should be informed promptly of breaches found; administration of such medicines should be withheld until appropriate CTT certificate is in place. With the view that this is done within a time frame that would not lead to missed doses and hence compromise the service users mental state and continuity of treatment.

3. Pharmacists to prioritise checking prescribing adherence to MHA CTT paperwork on ward visits; in person or remotely. In non-secure care the pharmacy team need to develop new ways of working to incorporate MHA CTT certificate authorisation for all clinical checks they complete (dispensary and wards). The EPMA clinical desktop should be utilised with greater effect to ease identification of service users requiring statutory CTT certificates, namely by the allocated ward pharmacist or pharmacy technician under supervision of the pharmacist. Ensuring a full clinical check of each service users EPMA chart is performed on a regular basis. Regular scrutiny and update of details in the type of CTT form, medication authorised and expiry date recorded on the clinical desktop will further aid ease of identification and confirmation of appropriate CTT authorisation at dispensary level. The dispensary pharmacist should then refer to the clinical desktop when nurse requests to order mental health medication, which has not already been clinically checked by the ward pharmacist. Any discrepancies/breaches should be highlighted to nursing and medical staff, with prompt completion of an Eclipse report and update in CTT certificate. Pharmacy technicians undergoing the medicines management training program should also undergo training on the MHA and statutory CTT certificate

requirements in preparation for their increasingly ward based roles, in which they can also aid in identifying and preventing breaches at both ward and dispensary level.

The ward pharmacist should also provide ad hoc education and training to ward nurses, including bank and new members of staff, aiding in identification of medication classes requiring CTT authorisation, accessing The British National Formulary (BNF) and the Electronic Medicines Compendium via EPMA and other training needs identified; in a supportive and collaborative manner. During ward and MDT visits the ward pharmacist should regularly ask to check through hard copies of CTT certificates to confirm the most up to date certificates are available and valid.

4. Ward managers should ensure a hard copy of the current MHA CTT certificate is available to access on the ward. This will assist nursing staff to ensure medication is authorised by the MHA CTT certificate prior to administration to a service user. Theses should be available and referred to on drug rounds, when prescribing, as well as at MDT and other service user reviews. Despite not being a legal requirement this recommendation is in accordance to the Code of Practice and CQC requirements. An improvement in overall compliance in subsequent audits is conceivable if this practice is adhered to fully.

5. Ongoing training on MHA CTT to be provided for medical and nursing staff. The delivery style of training should be reviewed to ensure information and understanding of CTT is efficient. An additional practical component to the training is recommended. Furthermore, the Mental Health Legislation Team and Pharmacy should jointly review if/what MHA CTT training is offered at undergraduate nursing level with the view to enhance/develop training. Also to develop an eLearning package and consider designing a quick reference poster for clinic areas and/or flash cards on CTT to disseminate consistent, easy to access training and resources for all relevant staff including bank nursing staff, rotational medics and any student nurses or medics/prescribers.

6. S2R to consider initiating a QI project to improve compliance, increasing the services compliance rate and hence overall Trust compliance by the time of the next audit in 2022.

7. Monthly MHA CTT audits at ward level should continue; monitoring CTT certificates using the checklist provided by the Trusts Head of Mental Health Legislation; this is a mandatory requirement to aid in identifying breaches in CTT certificates which may lead to unlawful administration.

8. Nursing staff must be vigilant when administering medication to service users, ensuring that they are legally entitled to do so and that all the legal requirements have been met. Administration of a medicine for the treatment of mental disorders to a service user without authorisation on CTT certificate may constitute an assault and therefore be a criminal offence.

9. Nursing staff should ensure that the CTT certificate is taken into the service users MDT and the approved clinician should ensure that the service user's medication is authorised by the CTT certificate within the MDT meeting.

10. Medical/nursing staff to ensure MHA CTT certificate is referred to at the point of prescribing especially when prescribing PRN medications, out of hours and rapid tranquilisation.

11. Prescribers should ensure SOAD's are requested, when the patient lacks capacity &/or consent each time a section 62 form is completed.

12. The EPMA working group should consider a robust way of identifying a service user who requires or has CTT certificate in place to appear on the banner screen of the service user's prescription so ward staff can check a hard copy or RiO. The ROAD group should also consider a way of having this information visible on the front page for a service user.

13. As per recommendations made in 2020, the practice of authorising short acting IM medication on T2s needs reviewing to ensure legality of administration. Giving consideration to usage of section 62 forms for all service users receiving medication for their mental health under the authorisation of a T2 certificate; in scenarios where intra muscular (IM) rapid tranquilisation medication hence consent &/or capacity are compromised. All current and new prescribers within the Trust should be made aware of this, and given appropriate training. This information should also be included in the rapid tranquilisation training delivered by pharmacy.

14. All service areas are to continue checking and improving on adherence to MHA CTT certificates with due diligence. All service areas are to be given additional support via their ward pharmacist in achieving higher compliance standards for 2022.

15. This audit should be repeated in 2022 in order to assess whether improvement in practice has continued and if the risk of mal-administrations to service users has been reduced. This can then inform the review of this risk on the pharmacy and medicines risk register.

**Action Plan:**

Is re-audit necessary? Yes Date re-audit planned: July 2022

| ID | Action (*Please detail actions required to implement recommendations*) | Person responsible | Target date |
|---|---|---|---|
| 1 | See above in recommendations | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Clinical Lead: XXXX / XXXX

Signature:

Date:

## Appendix 1:

# Re-audit of the adherence of Consent to Treatment paperwork with the Mental Health Act.

## Audit tool for inpatient units within BSMHFT 2021

## Data collection 5th July – 30th July 2021

For further information regarding the definition of treatment for a mental disorder under the Mental Health Act & the correct description of this treatment on the **Consent to Treatment (CTT)** form, please refer to the **Care Quality Commission guidance note for commissioners on consent to treatment and the Mental Health Act 1983.** The ward manager and the service users Consultant should be immediately made aware of any discrepancies between prescribed medication and the CTT form.

**NB: Do not complete a form for service users who are receiving treatment under the 3 month period when a statutory form is NOT required**

| | | | | | |
|---|---|---|---|---|---|
| **Auditor Initials** | | **Date** | | **Ward** | |
| **Service Area** | | **Rio Number** | | **Consultant** | |

1. **Which of the following consent to treatment forms does the patient have in current use? (Please tick ALL that apply)**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **T2** | | **T3** | | **F62** | | **CTO11** | | **CTO12** | | **F64G** | |

If you ticked the T2 box, please complete questions 2.

If you ticked the T3 box, please answer question 3.

If you ticked the F62 box, please answer 4 & 5

*. Note: For CTO's that are revoked on admission, a new F62 will be needed along with a SOAD request.*

Now please move onto question 7.

*Note: If multiple forms are available, please complete Questions 2 to 5 as appropriate and then move onto Question 6*

### T2 Form

2. **Is the T2 signed by the current consultant?**

| YES | | NO | |
|---|---|---|---|

**2. A. Does the T2 specify individual drugs by name?**

| | Tick answer |
|---|---|
| 1. Medication is specified by name | |
| 2. Medication is written in terms of eBNF categories/drug classes | |
| 3. Some medication is specified by drug name, others by eBNF category/drug classes | |

**2. B. Does the T2 authorise any <u>short-acting</u> IM medication?**

| YES | | NO | |
|---|---|---|---|

If you ticked YES, please specify
name(s) ……
……

**2. C. Have there been any administrations of the <u>short acting IM medication(s)</u> authorised by the T2?**

| YES | | NO | |
|---|---|---|---|

**If Yes please complete table below.**

| Name of authorised short acting IM medication | Number of times administered | Corresponding Eclipse numbers |
|---|---|---|

| | | |
|---|---|---|
| | | |
| | | |
| | | |

## T3 Form

3. **Has the T3 been completed within the last 2 years?**

| | | | |
|---|---|---|---|
| **YES** | | **NO** | |

## Section 62 Form

4. **Please state the date on which the S62 was completed**

| |
|---|
| |

5. **Has a second opinion approved Doctor (SOAD) been requested?**

*Note: This may be verified on RIO or via the mental health act office. Normally the Care Quality Commission would need to be contacted to arrange for a second opinion Doctor to review treatment and complete a new T3.*

| | | | |
|---|---|---|---|
| **YES** | | **NO** | |

6. **Is there a paper copy of the current consent to treatment form(s) accessible on the ward? This is so that staff involved in administration can check that it is authorised.**

| | | | |
|---|---|---|---|
| **YES** | | **NO** | |

*Now go to Question 7.*

7. **Is there a copy of the current consent to treatment form uploaded onto RIO or filed within the Mental Health Act section of the Integrated Care Record?**
   *Note: T2 and Section 62 maybe found under Consent to Treatment on RiO. T3 will be uploaded in clinical documentation.*

| | | | |
|---|---|---|---|
| **YES** | | **NO** | |

*Now go to Question 8*

8. **Please state how many prescriptions the service user currently has for the treatment of mental disorder (requiring consent to treatment authorisation)**

   ……..

9. **Are <u>ALL</u> the service user's current medication, prescribed for treatment of mental disorder, authorised by the consent to treatment form?**

| | | | |
|---|---|---|---|
| **YES** | | **NO** | |

**If YES go to Q10**

**If NO,** please specify total number of MH medication and detail **each** medication prescribed that is **not** authorised by the consent to treatment paperwork, give reasons why (see table on page 4) and state if this medication has been administered to the patient:

| **Total number of prescribed medication unauthorised by CTT form** | |
|---|---|

*Now Complete table below*

| **Medication not covered by CTT paperwork** | **Dose** | **Oral or IM?** | **Regular or PRN?** | **REASON CODES** | **Administered? YES / NO If Yes and reason code 7, was an eclipse completed? Enter eclipse** | **Prescriber Code** | **Number of unauthorised doses administered** |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| REASON CODES for medication not authorised by CTT: | Code |
|---|---|
| Medication is **not** covered by CTT paperwork. | 1 |
| Only ONE medicine from a BNF category is authorised & **TWO** are prescribed | 2 |
| Only ORAL route is authorised & **IM** has been prescribed | 3 |
| Only doses within BNF limits are authorised & **ABOVE BNF** has been prescribed | 4 |
| Only PRN use is authorised & a **regular** prescription has being written | 5 |
| Percentage BNF limit specified on CTT paperwork & prescribed medication **exceeds** this | 6 |
| Medication is **not** covered by CTT paperwork and given in an **emergency/ RT situation** | 7 |
| Other – please specify | 8 |

| Prescriber | Code |
|---|---|
| Consultant | 1 |
| Speciality Dr | 2 |
| CT Dr | 3 |
| FY Trainee Dr | 4 |
| Non-Medical Prescriber | 5 |

## Miscellaneous

10. **Is there documented evidence that the ward regularly checks CTT/prescription compliance (do they do any CTT ward based audit and how often)?**

| YES | | NO | |
|---|---|---|---|

If Yes state frequency**……**

11. **Have there been any pharmacist clinical interventions on CTT for this patient in the last year?**

| YES | | NO | |
|---|---|---|---|

If you ticked YES, please state how many ……..

12. **Were any ECLIPSE reports completed due to the findings of this audit? Please note: an incident form MUST be completed if medication has been prescribed or administered to a service user <u>without authorisation</u> on appropriate consent to treatment forms.**

| | | | |
|---|---|---|---|
| **YES** | | **NO** | |

**If Yes,** please **state** the ECLIPSE report number:

**FINISH**

**Now please re-read through your answers to ensure all relevant sections are completed.**

**Thank you!**