

# COVID vs. Capacity

## A retrospective audit of capacity assessment documentation

Project Leads: Dr David Davies, Dr Lucia Chaplin, Dr Nacharin Phiphophatsanee, Dr Rory Ellwood – CT3 Psychiatry, South London and Maudsley NHS Foundation Trust  
Project Supervisor: Dr Jonathan Beckett – Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust

### BACKGROUND

The Care Quality Commission recommends that **capacity to consent to psychiatric hospitalisation and treatment should be assessed and documented on and throughout an admission**<sup>1</sup>. However, the COVID-19 pandemic (declared on 11th March 2021 by the World Health Organisation)<sup>2</sup> has significantly changed the flow of psychiatric inpatients with many trusts adopting a 'COVID triaging' model. (See Figure 1.) This shift has led to a stronger organisational focus on physical health in mental health settings.

### AIMS AND HYPOTHESIS

To explore the **effect of the COVID-19 pandemic** on capacity documentation at clerking and in the first ward round in Lambeth Hospital. We **hypothesise that documentation will be reduced**.

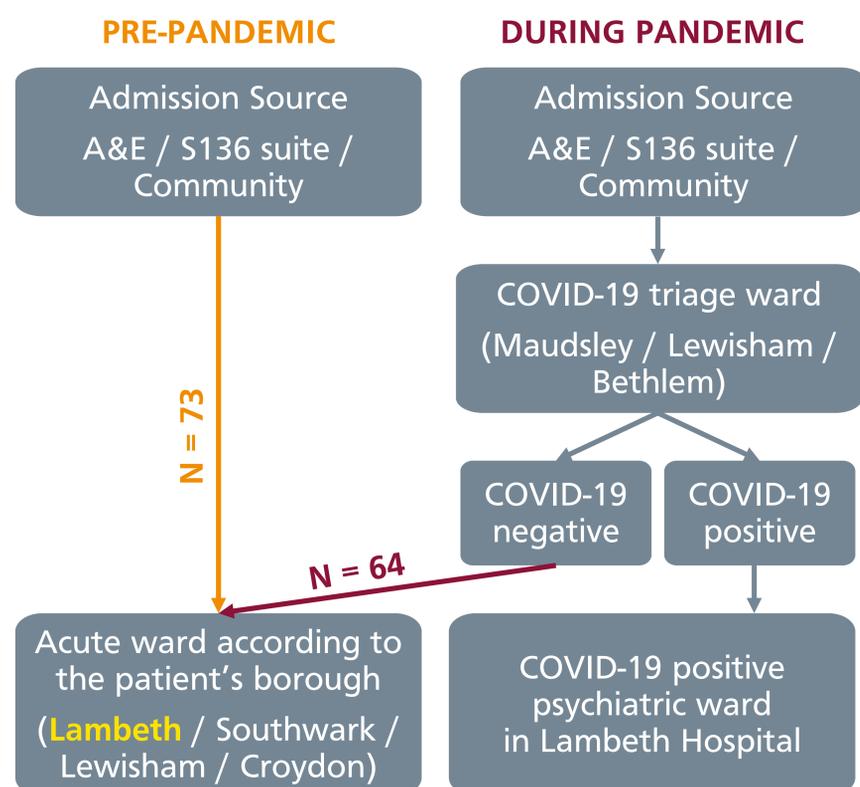


Fig. 1 – Flow of inpatients in SLaM pre- and during- pandemic.

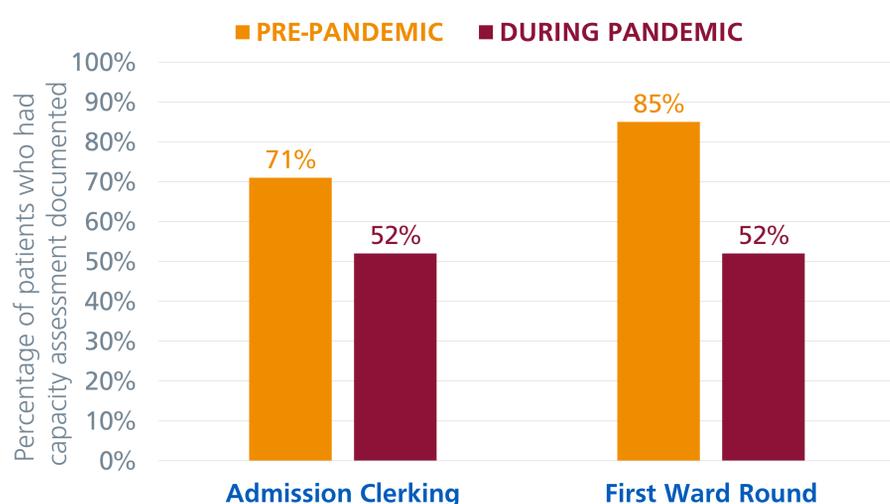


Fig. 2 – Percentage of patients who had capacity assessment documented on clerking and in the first ward round, pre- and during- pandemic.

### METHODS

Data was collected through retrospective audits of all newly admitted patients over two-month periods to three acute general adult psychiatric wards in Lambeth Hospital, UK. Auditors would manually review the electronic patient records (as no paper records were used in the trust) to identify any documentation of capacity either by freetext or through pre-defined consent checklists. In a binary fashion, the presence or absence of capacity documentation was recorded on clerking and at the first ward round.

The **'pre-pandemic' cohort was made from January and February 2020 (n=73)** audit data whereas the **'during pandemic' cohort used July and August 2020 (n=64)** audit data. These months were chosen as junior clinicians rotate posts in early February and August and therefore the confounding effect of a new clinical environment could be reduced. Previous internal audits have not demonstrated any seasonal changes in capacity documentation.

The **chi-squared test** was used to assess statistical significance with an alpha of 0.05.

### RESULTS (See Figure 2.)

For clerking capacity documentation, 'pre-pandemic,' 71% of patients had capacity documented compared to 52% in the 'during-pandemic' group. **This decrease was statistically significant [ $X^2(1, N=137) = 5.6, p=.018$ ].**

For first ward round capacity documentation, 'pre-pandemic,' 85% of patients had capacity documented compared to 52% in the 'during-pandemic' group. **This decrease was statistically significant [ $X^2(1, N=137) = 17.9, p<.001$ ].**

### CONCLUSION

**During the pandemic, capacity documentation in Lambeth Hospital has reduced significantly** and this is one of the first local audits to demonstrate this finding. However, this study does not assess whether capacity assessments themselves have also decreased. The outcome is particularly concerning from **ethical and medicolegal viewpoints**, particularly given the higher risk of contracting COVID in inpatient settings.

This learning has relevance to clinicians working in inpatient settings. Further audits should investigate how this trend could be reversed.

#### REFERENCES

1. CQC, 2019. Brief guide [3]: assessing how providers implement the Mental Capacity Act 2005 V3.
2. World Health Organisation, 2020. Media briefing on COVID-19