



**AGENDA ITEM**

3.4

**MENTAL HEALTH ACT MONITORING COMMITTEE**

**RISKS RELATED TO THE MONITORING OF THE MENTAL HEALTH ACT**

<b>Date of meeting</b>	04/08/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Julie Denley Director Primary Care & Mental Health
<b>Presented by</b>	Julie Denley Director Primary Care & Mental Health
<b>Approving Executive Sponsor</b>	Executive Director of Operations
<b>Report purpose</b>	FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Mental Health Act Team		SUPPORTED

**ACRONYMS**

MHA	Mental Health Act
UHB	University Health Board
ILG	Integrated Locality Group



## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to present risks related to the monitoring of the Mental Health Act (MHA) evident in quarter 1 2021/22 and for discussion and scrutiny related to actions and key milestones related to mitigating these risks.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 **Changes to patient flow from Powys in connection with 136 assessments** – In previous meeting issues of increased MHA work arising from other Health Board patient flows has been reported and in data at the last meeting this was not apparent.

The Operational Group was asked to consider the impact the closure of the Emergency Department within Neville Hall Hospital on formal Mental Health Act Assessments at Prince Charles Hospital. A two year review of Section 136 activity within Prince Charles Hospital up to the period 31 March 2021 identified 34 assessments from the Merthyr Tydfil, Cynon and Rhondda areas. During this two year period and up to the end of June 2021 there were no out of area assessments recorded from Aneurin Bevan UHB and Powys THB areas.

- 2.2 **Availability of Medical Staff for the purposes of Mental Health Act Assessments** – It is noted in the operational group report that challenges associated with the provision of two medical staff to complete MHA assessments have been long standing within the Rhondda Taff Ely and Merthyr Cynon Integrated Locality Group (ILG) areas and the subsequent review of use of Section 4 of the Mental Health Act.

There is clear variation in its use, it is noted that the operational group are seeking to review more detail related to timing to inform their response whilst also recommending a recruitment programme for independent Section 12 approved doctors. Progress on this should be monitored by the committee then the impact on the use of section 4.

- 2.3 **Review of Section 5(4) and its use in the three Locality Areas** – It is noted in the operational group that the use of the Nursing Holding Power Section 5(4) for the same two year period showed variation by locality. It is noted that further detail is being reviewed to understand the variation and as the issues or risks associated with this are not fully understood progress on this should be monitored by the committee.



## 2.4 Provision of Training

It was noted that training was well covered in the operational group report as requested last meeting. The three joint MHA training events between Health and Social Services scheduled are noted as is a recommendation for further training for Hospital Managers and targeted 'face to face' training events for CAMHS and the Royal Glamorgan Hospital Mental Health Unit on issues such as the use of Section 5(4) and an overview of the Mental Health Act.

2.5 There were 33 minor errors on section papers that were all rectified within the fourteen day time limit. This compares with 21 in Q4 of the previous year, which represents an increase of 66.64%. It is noted there is a delay outside of the services control in the review of CTM's position against that of the rest of Wales.

2.6 There were four fundamentally defective errors during this quarter.

- Invalid Section 2 – Improper use of Section 2.
- Lapsed Section 136s – Patients not assessed within 24 hours.
- Invalid Section 17F Revocation of CTO.

The additional training events with an external provider to address areas of practice is noted.

The critical issue of a previous learning across the system being through the quality and safety committee is noted but the importance of strengthening this to ensure linkage to professional forums and committees welcomed to help message wider the learning and practice areas involved to bring about improvement. The committee may want to discuss the mechanisms for ensuring the learning is sustained for enable further confidence in these processes across health and Local Authorities given errors and breaches involve a range of professionals.

2.7 There have been two fundamental defective errors during this quarter following reporting of none on the previous quarter which is concerning as the issues are repeats of previous ones from recent years so there is further learning to embed. Briefs circulated previously have clearly not been sufficient to resolve the issues so the enhanced approach described in the relevant paper errors and breaches report is welcomed and the impact of these will be closely monitored in Q1.



2.8 The operational group have continued to meet during the latter part of the pandemic which is positive to see. The operational report raises five risks.

### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There were four fundamental breaches of the Act. The strengthening of cascading learning via wider areas is outlined but the need for confidence on sustained learning and improvement requires more focus.

3.2 It is very clear to see in the operational group report that were issues or risks have been identified each has a plan to address these and there is progression on these.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No  Not Required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Well-being Objectives</b>	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health



## 5. RECOMMENDATION

- 5.1 The Mental Health Act Monitoring Committee is asked to:
- **DISCUSS** and **NOTE** the report.