

AGENDA ITEM

3.15

MENTAL HEALTH ACT MONITORING COMMITTEE**REVIEW OF CONCLUSIONS OF SECTION 136 AUDIT AND CRISIS
CONTINGENCY PLANNING****Date of meeting**

05/05/2021

FOI Status

Open/Public

**If closed please indicate
reason**

Choose an item.

Prepared by

Phil Lewis, Head of Nursing, Mental Health Services

Presented by

Phil Lewis, Head of Nursing, Mental Health Services.

**Approving Executive
Sponsor**

Executive Director of Primary, Community & Mental Health.

Report purpose

FOR NOTING

**Engagement (internal/external) undertaken to date (including
receipt/consideration at Committee/group)****Committee/Group/Individuals****Date****Outcome****ACRONYMS**

CTMUHB

Cwm Taf Morgannwg University Health Board

S136

Section 136

CSG

Clinical Support Group

1.0 SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Committee with a summarised update on the conclusions drawn from the audit of section 136 assessments and in particular good crisis contingency planning.
- 1.2 Following presentation of the audit findings at the December 2020 meeting there were a series of recommendations proposed. These are as follows
 - The audit and its conclusions were to be shared at the pan mental health Analysis, Improvement and Learning Lessons Group and cascaded through the CSG teams
 - The audit would be further developed for regular use and use a sample of service users across the service rather than narrowed to those who present for section 136 assessment.
 - The issue of co-produced crisis contingency planning would be encapsulated within the CTP training
 - A template for a crisis contingency plan would be developed and utilized to support training of staff in development of co-produced contingency plans. This would be shared with teams
- 1.3 During discussion following the presentation further recommendations were proposed.

2.0 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT).

- 2.1 Further discussion was undertaken outside the meeting to develop the learning from the themes in addition to the recommendations above.
- 2.2 It was agreed that a system for monitoring and reviewing the incidents of secondary care patients presenting in out of hours crisis should be implemented capturing both data and trends as well as providing a platform to review cases on an individual basis.
- 2.3 An action plan has been developed to support the delivery of the learning and is attached in **Appendix 1** of this report.
- 2.4 This action plan will be reported back to the committee on an annual basis to up-date the committee on progress.



- 2.5 The Head of Nursing will oversee the action plan with support from lead nurses and CSG managers.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD

- 3.1 The committee endorses the action plan to support the development of patient centered co-produced crisis care and contingency planning.
- 3.2 The committee receives annual updates on progress.

4. IMPACT ASSESSMENT

| | |
|---|---|
| Quality/Safety/Patient Experience implications | Yes (Please see detail below) |
| | Timely access to specialist treatment ultimately leads to an improvement in function, an improvement in patient experience, an improvement in quality of life and reduces the risk of complications such as cellulitis and septicaemia. |
| Related Health and Care standard(s) | |
| | If more than one Healthcare Standard applies please list below: Safe Care Effective Care Timely Care Individual Care Staff and Resources Staying Healthy Dignified Care |
| Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services. | No (Include further detail below) |
| | If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. |



| | |
|---|--|
| | If no, please provide reasons why an EIA was not considered to be required in the box below. |
| | Not required. |
| Legal implications / impact | No known legal implications |
| | |
| Resource (Capital/Revenue £/Workforce) implications / Impact | Not applicable. |
| | Not applicable. |
| Link to Strategic Well-being Objectives | Provide high quality, evidence based, and accessible care |

5. RECOMMENDATION -

5.1 The Committee is asked to:

- **NOTE** the report and **SUPPORT** the recommendations in section 3 of this paper.



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

ACTION PLAN FOR IMPROVEMENT

| Reference (Claim / Incident / Complaint) | | Audit Outcomes for Mental Health Act Committee | | | | |
|--|--------------------|--|--|--|---|--|
| Directorate | | Mental Health Services | | | | |
| Lead Officer for Action Plan (name & title) | | Phil Lewis, Head of Mental Health Nursing | | | | |
| Date action plan commenced | | 20.04.21 | | | | |
| Synopsis of Concern | | Following an audit of section 136 assessments and of particular interest those patients who are under secondary care mental health services, recommendations were made to improve crisis contingency planning for those on receipt of secondary care services. | | | | |
| Recommendation | Risk rating | Action needed | Progress & Evidence | Monitoring Arrangements (State HB group where progress is reported) | By who | Deadline date for completion (Use traffic light system to indicate status) & insert date of completion |
| The section 136 audit and its conclusions were to be shared at the pan mental health Analysis, Improvements and Learning Lessons Group and cascaded through the CSG Quality Safety and Patient Experience Groups | | Head of Nursing to agenda and present audit at the meeting. HoN and Lead Nurses to take recommendations to CSG QSPE meetings | Minutes and notes of meetings Presented at Pan Mental Health AILLG on 12/03/2021 Presented at M&C QSPE Group 24/03/2021 | Mental Health Act Monitoring Committee | Head of Nursing and lead nurses for mental health | 30/04/2021 |



| | | | | | | |
|--|--|--|--|-------------------------|-------------|------------|
| | | | Presented at Bridgend QSPE Group ????? | | | |
| | | | Presented at RTE QSPE Group 21/04/2021 | | | |
| An audit process will be utilised to review and assure good quality crisis contingency plans across mental health services | | Audit tool to be developed Audit to be registered by mental health audit committee Audit will be undertaken 6 monthly with feedback through the CTP monitoring committee as well as the pan mental health AILLG | Copy of up-dated audit Registration of audit Completed audit details and presentation | CTP Monitoring Group | CTP Lead | 31/05/2021 |
| A clear understanding of what good co-produced crisis contingency planning should be is shared across teams | | A template crisis contingency plan to be designed This template will be added to the training | Copy of Template | CTP Monitoring Group | CTP Lead | 31/05/2021 |



| | | | | | | |
|---|--|---|---|-------------------------|---|------------|
| | | package for CTP | | | | |
| The presentation of a person in receipt of secondary care in out of hours crisis should be reported and monitored across the three CSG's to provide evidence of improving crisis contingency planning | | <p>A mechanism to provide this data to be agreed</p> <p>A benchmark across the three CSG's to be agreed</p> <p>A review process of incidents and subsequent learning will be agreed</p> | Suite of documents to support the process of identification and review of secondary care patients presenting in out of hours crisis to be developed | Pan Mental Health AILLG | Head of Nursing and Lead Nurses for Mental Health | 31/07/2021 |

Status of action:

| | |
|--------------|---|
| GREEN | Complete |
| AMBER | In progress |
| RED | Missed deadline for completion - escalate |

