



**AGENDA ITEM**

3.1.4

**MENTAL HEALTH ACT MONITORING COMMITTEE**

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

<b>Date of meeting</b>	03/11/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<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 2 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 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. The additional paper setting this out in more detail is welcomed and the actions set out to prepare for recruiting further Section 12 Doctors noted.

- 2.2 Review of Section 5(4) and its use in the three Locality Areas** – The reduction in use quarter 2 is noted but the importance of following through on the full assessment and actions to ensure the avoidance of unnecessary use and unwarranted variation.

- 2.3 Allocation of Responsible Clinicians for patients detained under the MHA**

The delays in notifying the MHA team about the allocation of individual RC's as a result of workforce pressures similar to those seen in all services at present are noted but the action to repeat communication to reduce the likelihood of a misinterpretation of Section 39 of The Code of Practice relating to 'conflicts of interest' is important and something to repeat regularly.

- 2.4 Specific Concerns around the use of the MHA within CAMHS**

The focused meeting to be convened between the Chair of the Operational Group and representatives of the Mental Health Act team and AMHP service with the CAMHS Clinical Service Group to develop an improvement plan is welcomed in the context that the service is in enhanced measures.

- 2.5** There were 35 minor errors on section papers that were all rectified within the fourteen day time limit. This compares with 22 in Q1. It is noted there has been a delay outside of the services control in the review of CTM's position against that of the rest of Wales but this has been progressed and will be reported next quarter.

**2.6** There were 2 fundamentally defective errors an improvement of 2 from the previous quarter.

- Invalid Section 2 – Improper use of Section 2.
- Invalid Section 5(2) – HO12 not timed and not receipted by ward staff.

**2.7** One of the fundamental defective errors – Improper use of Section 2 is a repeat of one from Q1 which causes some concern in relation to the mechanism for whole system learning from such events. Enhanced approaches to improving and sustaining learning were set out in the breaches paper at the last committee. It is recognized that there have been clinical and MHA Administration staffing pressures and that these will have impacted on the ability to implement these and given the predicted challenges ahead for winter related to the ongoing pandemic these still may be challenging.

Given the above, it is recommended that the mental Health Services – Health and Local Authority processes for learning lessons including those related to the application of the MHA are set out in a report for committee at the next meeting accepting progressing of some of the forums / processes may not all operate as well as the paper sets out during these unprecedented times.

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

**3.1** There were two fundamental breaches of the Act. The strengthening of cascading learning via wider fora has been challenging due to service demands and staffing pressures but a report on the health and local authority approaches to this will be received at the next committee.

**3.2** The issue of staffing pressures both with the MHA team and Psychiatry workforce is a matter of concern with mitigation as best as capacity allows but something likely to continue in line with other services during winter.

**3.3** The development of plan in relation to specific concerns in relation to the use of the MHA in CAMHS in the context of wider improvement approaches is welcomed.

**3.4** It is very clear to see in the operational group report that where 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 (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
<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 Goals</b>	Improving Care

## 5. RECOMMENDATION

**5.1** The Mental Health Act Monitoring Committee is asked to:

- **DISCUSS** and **NOTE** the report and the areas for reporting through to Board/