

AGENDA ITEM

3.1

MENTAL HEALTH ACT MONITORING COMMITTEE
MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

Date of meeting	04/08/2021
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	(Robert Goodwin, Clinical Service Group Manager Bridgend ILG)
Presented by	(Robert Goodwin, Clinical Service Group Manager Bridgend ILG)
Approving Executive Sponsor	Julie Denley Director of Primary Care, Community & Mental Health
Report purpose	FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

	MHA – Mental Health Act
	AMHP – Approved Mental Health Practitioner
	EDT – Emergency Team
	SWP – South Wales Police
	CAMHS – Child and Adolescent Mental Health Service
	IMHA – Independent Mental Health Advocacy

	CTMUHB – Cwm Taf Morgannwg University Health Board
	PICU – Psychiatric Intensive Care Unit
	ILG – Integrated Locality Group

1. SITUATION/BACKGROUND

1.1 The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place on 5 May 2021. The meeting held on 9 July 2021 was well attended with representatives from across the Mental Health Service, Social Services and the South Wales Police

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

2.1 St John’s Ambulance Cymru Mental Health Conveyance Pilot Scheme

A paper describing the operation of this scheme was shared by the Welsh Ambulance Service Trust. The scheme builds on the Service already developed in the CTMUHB which is not included in this Pilot. Arrangements for accessing the current scheme within our Health Board need to be more widely circulated including into Bridgend. A St John’s Ambulance Service leaflet promoting the scheme and giving their telephone number is to be circulated to AMHPs in our area.

This is for

- Projected conveyance delays over 2hrs (daytime), 4hrs (night-time)
- Detained patients community ⇒ mental health facility
- Patient agreeing admission community ⇒ mental health facility
- S136 patient not detained after assessment ⇒ community
- S136 patient detained after assessment ⇒ mental health facility
- Transfer from mental health facility ⇒ mental health facility

What to do....

This is not for

- Patient not subject to a unreasonable delay
- Patients unwilling to travel
- Patient with challenging behaviour/ absconding risk
- Any patient the crew feel is not fit/safe to convey
- Discharges/transfers from general hospital
- Patients who can travel unaccompanied in a taxi

A report on utilisation will be requested from the St John’s Ambulance Service.

2.2 Independent Mental Health Advocacy Report

The group considered the activity report for the period April-June 2021. During the period 105 qualifying informal patients were assessed and 56 qualifying compulsory patients. Referrals have started to rise as Covid restrictions are eased. The majority of referrals were received from Royal Glamorgan Hospital (RGH) (56), Ysbyty Cwm Cynon (44) and Ysbyty Cwm Rhondda (23). Of those assessed 70 were male and 90 were female. 95 were over 65. Awareness raising sessions planned for Bridgend. This will include greater IMHA presence on Ward 14 and PICU.

2.3 Patient Feedback from People subject to a Community Treatment Order

Advocacy Support Cymru have designed a questionnaire to help gain feedback from our patients who are on a Community Treatment Order. The questionnaire (**Appendix 1**) asks a number of questions around our patients' experience of being on this Order. This includes their understanding or their rights, the applied conditions, recall arrangements and the level of support provided.

2.4 Legal Rights for Informal Patients

Following an incident involving a patient from Ward 14, Princess of Wales Hospital the local team has developed an informal Patient's Rights leaflet (**Appendix 2**). This has been prepared to compliment the document which is readily available for detained patients. The leaflet describes an informal patient's rights regarding care and treatment and the arrangements for leaving the ward. Information on the patient advisory and liaison Service (PALS), Service User and Care Participation Service and Advocacy Support Cymru is also provided.

2.5 Section 136 Update

The South Wales Police updated our group on the progress in reducing Section 136 assessments over the previous two years. Further improvement was expected with the confirmation that the South Wales Police Triage Pilot was to be made permanent. It was understood that discussions were ongoing around the hosting of this Service within a local Health Board. Some changes in the allocation of rooms a Prince Charles Hospital for their existing place of safety was discussed together with the plans for future development of this area.

2.6 Patients detained under Section 136 in Prince Charles Hospital

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. The AMHPs from the Merthyr area had reported a recent increase in the number of Section 136 assessments being undertaken for patients from the South Powys and Gwent areas following the closure of the Emergency Department in October 2020. 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, 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. This item was referred back to our group for further discussion with the Merthyr AMHP representative

2.7 Availability of Medical Staff for the purposes of Mental Health Act Assessments

Challenges associated with the provision of two medical staff to complete Mental Health Act assessments have been long standing within the Rhondda Taff Ely (RTE) and Merthyr Cynon (MC) Integrated Locality Group (ILG) areas. The Operational Group has completed a two year review on the use of Section 4 of the Mental Health Act. This Section should be used in an emergency where there is just one Section 12 approved doctor available. The two year review between the period 01/04/2019 to 31/01/2021 identified its use on eleven occasions in Merthyr Cynon, seven occasions in Rhonda Taff Ely and one occasion in Bridgend. Whilst the distribution of Section 4 occurred throughout the Monday to Friday period, information on the actual time had not been provided to the group. It was suggested that it would be helpful to have the timing of the assessment request and when the assessment was completed for consideration at the next meeting of the group. This information would be obtained from the AMHP Mental Health Act Monitoring Form.

When the Section 4 arrangements were originally designed it was considered that the local General Practitioner would act as the second approved doctor. Currently few GPs provide this role which needs to be delivered by other medical staff. In Bridgend the service has had access to a single Psychiatrist who lives in the Bridgend area and is not employed within Adult Mental Health Services. This has helped Bridgend to avoid the use of Section 4. The Operational Group considered that in the majority of cases these assessments would be taking place for patients in the community and know to CMHT's. They were also likely to be deployed when Consultant Psychiatry staff were engaged in their normal duties for example, Out Patient Clinics. The group recommended a recruitment programme for independent Section 12 approved doctors.

2.8 Review of Section 5(4) and its use in the three Locality Areas

The use of the Nursing Holding Power Section 5(4) for the same two year period showed its use on thirteen occasions in Merthyr Cynon, twenty one in Rhondda Taff Ely and two in Bridgend. The distribution of this Section 5(4) activity was spread more widely across the week with further information on precise timing to be considered at the next meeting. The Operational Group identified the importance of pre and post Section interventions in order to ensure their appropriate use.

It was noted that a proportion of the 5(4) Sections did not convert into a Section 2 and that this may be an area for further enquiry. It was suggested that active conversations should be had between patients and staff about agreed actions which may be necessary if a patient asked to leave the ward. UK Benchmarking work indicated that the Royal Glamorgan Hospital had relatively low levels of patient detentions using Sections 2 and 3. The Operational Group considered that the Mental Health Act does not exist and operate in isolation but that it is part of a wider system of care.

2.9 Update on AMHP Cover for the Royal Glamorgan Hospital

Rhondda Cynon Taff (RCT) County Borough Council have advised that from 08 July 2021 they will no longer deploy a hospital based AMHP on site at RGH. This service which was introduced as a Pilot to contribute to a more efficient and better quality service has come with its challenges. At the request of the AMHP in post it has been agreed that they will return to their substantive post in the CMHT. The Local Authority will consider the lessons to be learnt from the Pilot which will feed into an overall review of the AMHP service in RCT. From 09 July 2021 RCT AMHPs will respond to MHA assessments in both the community and hospital settings from their joint rota.

2.10 The use of Remote Assessments for CTO Extensions

Guidance had been received from the Welsh Government asking that CTO extensions which had been undertaken remotely during the Covid pandemic should be reviewed on a 'face to face' basis. Responsible Clinician (RC) confirmation that this had been achieved was outstanding for three patients.

2.11 MHA Training Program

It was noted that three joint MHA training events between Health and Social Services had been scheduled:-

- Section 117 – 13 July 2021

- CTOs/Guardianship – 13 September 2021
- Interface between MHA/MCA – 13 January 2022

Following the receipt of a concern relating to the conduct of a Barring Order Hearing by the Hospital Managers, legal advice was sought which supported the actions of the managers but which recommended some further training on procedures. The group agreed that it would be helpful for this training to be provided jointly with Hospital Managers and Clinicians.

In addition targeted 'face to face' training events were scheduled for CAMHS on 06 August 2021 in relation to detention procedures 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.

Professor Richard Griffiths from Swansea University will be delivering two virtual training sessions on 20 July and 14 September 2021. Issues covered will include the concept of nature and degree, the threshold for detention, informed consent for informal admission and the Mental Capacity Act.

Monthly virtual training events from the Mental Health Act Team are to start shortly using a booking arrangement on Microsoft Teams. It was agreed that where possible invitations should be extended to Police and Ambulance Service partners.

2.12 MHA Activity Quarter 1

There were four occasions when **Section 4 emergency applications** were made in Q1 (2 from Merthyr, 1 Bridgend, 1 in Cynon). All occurred out of hours with three being converted into Section 2.

In Q1 there were two occasions when the Nursing Holding Power under **Section 5(4)** was utilised in the Royal Glamorgan Hospital. Both occurred over the weekend period and were assessed by a doctor within 6 hours.

CAMHS detentions decreased from 19 in Q4 to 11 in Q1. Just one of these was from CTMUHB. Further information has been requested going forward about the **admission of adolescents on to Adult Acute Assessment wards** in Neath Port Talbot and the Royal Glamorgan Hospitals. The group discussed a fundamental breach in relation to the application of Section 2 within Ty Llidiard. A Section 3 application could not be pursued because consent was not received from the Nearest Relative. The clinical team detained the patient on Section 2 without the necessary clear change in presentation following discharge from a previous Section 2 five days earlier. This



breach has highlighted the need for additional MHA training within CAMHS which is scheduled to take place for nursing staff on a 'face to face' basis on 06 August 2021. The group suggested that in addition to the 'refresher' Section 12 training provided for RC's by Betsi Cadwaladr UHB the **Quarterly Breaches Report** should be circulated to all Section 12 approved doctors to ensure the learning of lessons.

There were three new **Community Treatment Orders** applied in Q1 compared with one in Q4.

The group discussed a breach in the application of a CTO revocation in the Royal Glamorgan Hospital. The RC had completed the required CP7 Revocation Form without serving the recall notice (CP5 form) on the patient. This has raised some issues relating to the need for training for medical colleagues in relation to the formal paperwork required for the recall and revocation of patients subject to a CTO.

The South Wales Police reported a 45% reduction in the use of **Section 136** in CTMUHB over the past two years. In Q1 however, numbers had risen to 51 from the 27 reported in Q4. This was understood to have coincided with some relaxation of the Covid pandemic restrictions. There were two fundamental breaches in connection with Section 136. One patient admitted to the ED at Princess of Wales Hospital did not receive the necessary assessment before the Section lapsed because they were intubated following an overdose and were not medically fit. The option of an extension for a further 12 hours was not requested to help facilitate the Mental Health Assessment. A second patient also detained under Section 136 and taken to the Emergency Department (ED) in Princess of Wales Hospital did not receive their assessment within the required 24 hours. Again no request was made for an extension. Both cases highlight the need for additional training in ED which is being pursued by the Mental Health Act Team.

The group discussed the challenges related to the provision of **Responsible Clinician cover in both the Merthyr and Rhondda CMHT's**. This had led to the potential risk of a lapse in patient detentions and failure to adhere to the statutory requirements of the MHA 1983. The Clinical Director for the Merthyr Cynon ILG's Mental Health Service was coordinating arrangements in order to close this gap.

In terms of good practice the MHA team had created a self-help guide for clinicians available on the internet and giving information on issues such as statutory forms and available training events.



2.13 Operational Policies

The Operational Group agreed the following three policies:

MH09	Hospital Managers Operational Procedure
MH28	Hospital Managers Scheme of Delegation
MH12	Section 17 Leave Policy V2.2

Discussion on the following four policies was deferred to ensure full dialogue with Local Authority representatives:

MH17	Section 132, 132a & 133 Patient Rights Procedure
MHA117	Section 117 Policy
MH04	Community Treatment Policy
New	Allocation of Responsible Clinician

2.14 Operational Group Work Program

The group considered a proposed work plan including the following items:-

Activity	Progress	Timescale
Service user feedback	Advocacy Support Cymru to begin using the agreed questionnaire for CTO feedback	Update at next meeting
Audit	Timing of request for and completion of Section 4 assessments to be obtained from MHA monitoring form	Update at next meeting
Policy Work	Policy numbers MH17, MHA117 and MH04 to be discussed by Operational Group	Review at next meeting
Training Program	This is to be drawn together into a single document for monitoring and feedback purposes	Review at next meeting
Conveyance of patients to hospital	St John's Ambulance Information Leaflet to be circulated to AMHPs and report to be requested on activity	Ongoing monitoring
MHA Activity	Further information to be obtained on CAMHs referrals and admission of adolescents into Adult Services	Review at next meeting

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

3.1 Waiting Times to Convey Patients to Hospital following Assessment

The St John's Ambulance Service Patient Conveyance agreement for patients with Mental Health problems needs to be more widely

publicised. The information leaflet prepared by this organisation is to be circulated to all AMHP's in the Health Board area.

3.2 Availability of Health Board Medical Staff to Conduct MHA Assessments

There are some immediate concerns about the provision of Responsible Clinician cover for the Merthyr and Rhondda CMHT's. More generally there is a lack of independent Section 12 approved doctors serving the Health Board who can provide the second medical opinion required for a Mental Health Act assessment. A recruitment programme should target this deficit.

3.3 Use of Nurses Holding Powers, Section 5(4) at the Royal Glamorgan Hospital

High use of this Section by nursing staff in the Royal Glamorgan Hospital compares with a relatively low level of patient detentions using Section 2 and Section 3. The Operational Group has identified the importance of pre and post Section interventions in order to ensure their appropriate use. Informed consent for informal patients including a clear understanding of the actions which may be necessary if a patient asks to leave the ward is important. The Operational Group has suggested that this could be an area of further enquiry.

3.4 Provision of Training to Responsible Clinicians on the application of the Mental Health Act

A review of fundamental breaches in the application of the MHA has highlighted the need for further training beyond the Section 12 approved doctor update 'refresher' events provided by the Betsi Cadwaladr UHB. The Operational Group has suggested the routine circulation of the Breaches Report prepared for the Mental Health Act Monitoring Committee to all Section 12 approved doctors.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Safe Care If more than one Healthcare Standard applies please list below:

<p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p>
	<p>The MHA Operational Group meets bi-monthly to review the application of the Act across CTMUHB</p>
	<p>Legal implications / impact</p>
<p>Resource (Capital/Revenue £/Workforce) implications / Impact</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>
<p>Link to Strategic Well-being Objectives</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
	<p>Provide high quality, evidence based, and accessible care</p>

5. RECOMMENDATION

- 5.1** The committee is asked to note the work of the MHA Operational Group and mitigation arrangements put in place to manage key risks



Appendix 1



Community Treatment Order (CTO) Feedback Questionnaire

ASC's Independent Mental Health Advocacy (IMHA) service have been asked by the Cwm Taf Morgannwg Mental Health Service to help get them some feedback from patients who are currently subject to a CTO. They are interested in finding out your experience of being on a CTO and will use this information in order to improve the quality of their service.

Please note: The IMHA service is independent of the health board. This is research that is being carried out on behalf of the health board about their use of CTOs. There will be no filtering of responses and all responses will be shared with the Mental Health Service, unless it is explicitly stated that this should not be the case. Responses are anonymous but if you wish to be contacted to receive information about how the Mental Health Service has used this information to improve their services, please add your name and contact details. **NB: Any other information shared with the IMHA outside of the CTO questionnaire, will not be shared with the care team without the patients consent.**

If you are currently subject to a CTO and need some independent representation or support with an issue relating to the CTO, you are eligible for an IMHA. Please contact ASC on 02920540444 to refer. The IMHA service is free and confidential, no details will be shared with your care team without your consent.

1) How do you feel about being on a CTO?

2) What do you feel are the positives and negatives about being on a CTO in terms of managing your mental health?

Positives:

Negatives:

3) Do you understand why you were put on a CTO?



- 4) Do you know your rights under a CTO?

- 5) Do you know what the conditions of your CTO are?

- 6) Were you consulted about the conditions of your CTO?

- 7) Is there anything you would change about the conditions of your CTO if you could?

- 8) Do you feel adequately supported in the community with regard to your mental health, and do you have regular reviews?

- 9) What do you understand about the power of recall to hospital?

Anything else you wish to add?

Name and contact details (optional)

Many thanks, your time is appreciated 😊

Appendix 2



Patient Advice and Liaison Service (PALS)

The PALS team are the central point of contact for all concerns and enquiries, whether these are formal or informal, Complaints, compliments or suggestions. We welcome any Comments you may have on the services we provide.

How to contact PALS:

Tel: 01656 754194

Email: pow.governanceteam@wales.nhs.uk

Hafal

Service user and Carers Participation Service (SUCPO)

This service empowers service users and carers across the Borough of Bridgend to participate meaningfully in the development of services

Contact Steve Pullen-James

Tel: 07970 436325

Email: steven.pullen-james@hafal.org

Family Support and Advocacy Service

Provides 1:1 support, a telephone helpline and support group for carers of people with mental illness throughout Bridgend

Contact Theresa Griffiths

Tel: 07970436385

Email: theresa.griffiths@hafal.org

Advocacy Support Cymru

As an inpatient you are entitled to an Independent Mental Health Advocate (IMHA)

Tel: 02920 540444

Email: info@ascymru.org.uk

Legal Rights for Informal Patients

Your rights and responsibilities as an Informal Patient on Ward 14



Who is an informal patient?

An informal patient is someone who has agreed to come into hospital for assessment and treatment of a mental health condition or someone who was detained under the MHA but the section has ended and they have remained on the ward.

You have the same rights as those admitted to hospital with a physical condition. This leaflet explains your rights whilst in hospital. Some patients are detained under the Mental Health Act 1983 and are known as 'formal' patients; there is a separate leaflet describing their rights.

Soon after admission, you will receive information about the roles and responsibilities of the staff who will be caring for you, ward facilities and relevant hospital policies.

What are my rights regarding care and treatment?

You have agreed to come into hospital to receive care, treatment or therapy and we will involve you at all stages in this. During your stay you will be allocated a named nurse who will co-ordinate your care.

You should be given all the information you need in order to make a decision about treatment. This should include what the treatment is, what it will achieve, any likely side effects and what alternatives there are.

You will not be given any treatment without your agreement. If you do agree to treatment you can change your mind at any time. You may wish to discuss your treatment with friends or relatives. However, they cannot consent to treatment on your behalf.

What observations will be used?

We usually observe patients hourly to ensure their well-being and Safety. We may do this more often if we feel that it is appropriate. If you have any concerns regarding our observation processes, you can discuss these with your named nurse.

Can I leave the hospital?

Where ward exit doors are locked, there may be a number of reasons for this. However, it is certainly not to prevent you from leaving and you have a right to request them to be opened to allow you to leave.

As an informal patient, you are not held against your will: you have the right to leave the ward or hospital at any time. The only exception is if you are subject to the Mental Health Act.

We are responsible for the safety and care of all patients, so you should always tell a member of staff when you are leaving the ward or hospital. If we are concerned that you may harm yourself or others, we will discuss our concerns with you, but if you still want to leave, we may consider using the Mental Health Act to detain you.

If you are discharging yourself, then - following any further discussion with you on the merits of self-discharge - you will be asked to sign a Discharge Against Medical Advice Form, but you are not obliged to sign this form.

How do I access my health records?

You have the right to see or be given a copy of your mental health record, whether it is held on paper or electronically.

If you want to see your records, contact the manager where you are receiving your care. If you are unsure who this is, your named nurse will help you.