



**AGENDA ITEM**

(3.6)

**MENTAL HEALTH ACT MONITORING COMMITTEE**

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

<b>Date of meeting</b>	05/05/2021
<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 3&4 2020/21 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 Mental Health Act training has been impacted by COVID 19 related issues as well as long term sickness. However the move to a virtual platform to deliver training will improve accessibility and attendance. A schedule for the year's training is included in the operational group report which can give the committee confidence of it resuming. It will be included in the operational group report next time.
- 2.2 There were 19 minor errors on section papers that were all rectified within the fourteen day time limit. This was an improvement on the first 2 quarters, so worthy of noting.
- 2.3 There have been 2 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 breeches report is welcomed and the impact of these will be closely monitored in Q1.
- 2.4 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.
  - 2.4.1 **Changes to patient flow from Powys in connection with 136 assessments** – this is not apparent immediately from the activity report so next meeting it would be helpful for a summary of the activity for the last 3 years and if this remains the case what is being done to ensure. It may be helpful to include place of safety used for 136 to further understand the picture by Integrated Locality Group sites as this would aid service planning.
  - 2.4.2 **Availability of Health Board Medical Staff to Conduct MHA Assessments** - Local AMHPs expressed concern about the difficulty in accessing Health Board medical staff to complete MHA assessments on two occasions in Q4. This sometimes results in the emergency use of



Section 4 which only requires a single medical opinion. The matter was escalated to the clinical leads for RTE and MC Mental Health Services. The operational group will report on the progress made in the next meeting.

**2.4.3 Waiting Times to Convey Patients to Hospital following**

**Assessment** - This is long standing concern with the Welsh Ambulance Service NHS Trust. It is good to see a new protocol to facilitate access to St John's Ambulance Service. The operational group are asked to consider how they know an improved response time is being experienced.

**2.4.4 Provision of Training to Junior Medical Staff around the use of Doctors' Holding Powers Section 5(2)**

- This is a particular issue for junior doctor induction on the General Hospital side. Junior doctors joining the Mental Health Service on rotation do receive such training in their induction program. A clear plan to address this is set out in the operational report.

**2.4.5 Provision of Training for Staff responsible for the Receipt and Scrutiny of Mental Health Act Documentation**

- There is a clear plan to amend the scheme of delegation identify staff responsible for the receipt and scrutiny of Mental Health Act documentation and then to provide training.

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

3.1 There were two fundamental breaches of the Act. Further approaches to reduce the likelihood of repetition are being progressed and the impact of these will be monitored.

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.

**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, Accountability	Leadership	and



	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.