

**AGENDA ITEM**

4.1

**MENTAL HEALTH ACT MONITORING COMMITTEE**

**MENTAL HEALTH ACT OPERATIONAL GROUP REPORT**

|   |   |
|---|---|
| <b>Date of meeting</b>                  | 12 <sup>th</sup> October 2022                                       |
| <b>FOI Status</b>                       | Open/Public   |
| <b>If closed please indicate reason</b> | Choose an item.   |
| <b>Prepared by</b>                      | (Robert Goodwin, Clinical Service Group Manager Bridgend ILG)       |
| <b>Presented by</b>                     | (Robert Goodwin, Clinical Service Group Manager Bridgend ILG)       |
| <b>Approving Executive Sponsor</b>      | Julie Denley<br>Director of Primary Care, Community & Mental Health |
| <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>  |
|------------------------------------|--------------|-----------------|
| (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          |

## **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 8 June 2022. The meeting on 5 August 2022 was well attended with representatives from across Adult Mental Health, CAMHS, the Mental Health Act team, Social Services and the South Wales Police.

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

### **2.1 Mental Health Act Activity Report April - June 2022**

AMHP's within the Operational Group raised an issue in relation to detentions within our Older Peoples' Services. They have asked that we consider the number of Section 3 patients who are made subject to a Deprivation of Liberty Safeguard before they have access to a tribunal. It was agreed that we would review the last 12 months activity and consider this at the next meeting of the group.

The police representative was encouraged to promote further use of the electronic Section 136 Form. The group noted the death of a patient detained under Section 2 on Ward 14, Princess of Wales Hospital believed to be from natural causes. There was discussion around the rectifiable errors. In particular the 15 occasions when the AMHP had incorrectly completed Form HO2 and the 8 occasions when Form HO4 relating to Recommendation of Detention under Section 2 had been incorrectly completed by the assessing doctor. The Operational Group requested a detailed breakdown of the individual inaccurate recordings. This would be considered at the next meeting of the group. There was a single lapse in Section 2 which took place on Ward 22, Royal Glamorgan Hospital. The patient had been on leave when the assessing doctor attended the ward. There was also a lapse in a Section 136 detention period for a young person within the Royal Glamorgan Hospital. The patient had not been medically assessed within the required 24 hour period. CAMHS colleagues report not being informed of the detention.

### **2.2 Hospital Managers Power of Discharge Committee**

Our group reviewed the notes of the Hospital Managers Power of Discharge Committee meeting held 08 June 2022. Members were very complimentary about the quality of reports submitted by clinical teams to help them with their work. The meeting is chaired by Dr John Copley with Russell Roberts as the Vice Chair. Nominations have been invited for the re-election of these roles at their next meeting on 12 October 2022.

Currently there are nine hospital managers and the MHA Monitoring Committee is asked if we could advertise for additional members. A job description and personal specification are available.

The Monitoring Committee is also asked to confirm arrangements for the reinstatement of annual appraisals which could use a standard pro-forma. The Chairs of the Power of Discharge Committee and the Operational Group could take this forward if agreed by the Monitoring Committee.

### **2.3 Use of Section 5(4) – July 2020-June 2021**

A follow up audit was completed on the use of Nurses Holding Power in the Royal Glamorgan Hospital. There were 5 occasions when Section 5(4) was used in the above 12 month period. This compares to 36 applications in the 2 year period April 2019 – March 2021. All 5 Sections were reviewed within 6 hours with 2 progressing to a Section 5(2) and 3 agreeing to stay informally. This reduction mirrors the increase in the use of Doctors Holding Powers 5(2) over the same period suggesting the use of 5(4) has reduced because of improvements in the availability of medical staff

### **2.4 Update on Electronic Communication to nearest relatives**

At the previous meeting of the Monitoring Group the Operational Group were asked to ensure governance arrangements were in place for the use of electronic communication with the nearest relative. The email address of the nearest relative is captured by the AMHP on their monitoring form. The process which now involves use of the secure portal has been agreed by the Information Governance Team.

### **2.5 Use of CTMUHB MH Adolescent bed/update on Ward 14 Capital Scheme**

With the cessation of the LTA with SBUHB which included the provision of an adolescent bed for Bridgend residents on Ward F, Neath Port Talbot Hospital, this service is now provided from the Royal Glamorgan Hospital. The transfer of this CTMUHB wide service to Ward 14 at the Princess of Wales Hospital is pending the creation of a dedicated ensuite bedroom which will require some capital work. An outline cost of £20k has been provided and a 'Statement of Need' is to be submitted for capital funding.

### **2.6 Register of Social and Clinical Supervisors for conditionally discharged patients**

Work is progressing on the register. The Operational Group agreed to review the role of the Mental Health Caseworker section of the Public Protection Group within the Ministry of Justice at their next meeting.

## 2.7 Section 117 Aftercare

### Register & Policy –

Work ongoing with Local Authorities to ensure robust use of the central Section 117 Aftercare Register. Current numbers from each area are included in the Table below.

| Area     | Number of patients on Section 117 |
|----------|-----------------------------------|
| Cynon    | 142 (from central register)       |
| Merthyr  | 122 (from central register)       |
| Taff     | 79 (from central register)        |
| Rhondda  | 199 (from central register)       |
| Bridgend | 314 (from BCBC register)          |

The group discussed the number of recorded discharges in the past 12 months which are identified in the Table below.

| Area     | Discharges from 117 in past 12 months |
|----------|---------------------------------------|
| Cynon    | 0                                     |
| Merthyr  | 0                                     |
| Taff     | 0                                     |
| Rhondda  | 1                                     |
| Bridgend | 1                                     |

The Mental Health Act team were coordinating a multi-agency meeting towards the end of August including representation from CAMHS and Learning Disability Services. The Operational Group requested that the new policy includes clear guidelines on the review of Aftercare responsibilities and discharge arrangements and will monitor progress of same.

**Legal advice** – The Health Board had recently sought legal advice in relation to Section 117 Aftercare responsibilities when the patient transferred out of area. The advice confirmed the Health Board's ongoing responsibility following the application of an initial Section 3 detention. These responsibilities would continue even when the patient was subject to future Sections of the Mental Health Act. Whilst the new area would be responsible for meeting the patient's other mental health needs the originating Health Board and Local Authority would retain responsibility for Section 117 Aftercare until agreed otherwise by a new host Authority or the patient is discharged from these responsibilities.

## **2.8 HIW Unannounced Inspection of Ty Llidiard 8 – 10 November 2022**

The final report following the above visit has been received and action plan agreed. The MHA records were found to be *'well organised, easy to navigate and contained detailed and relevant information... it was evident that detentions had been applied within the requirements of the Act and the Code of Practice for Wales'*.

The Mental Health Act Team were recognised as being experienced in their role and had robust systems of audit in place for statutory documentation. The visiting inspectors also commented on the positive multidisciplinary team working and confirmed staff access to training on the Mental Health Act.

Whilst Section 17 Leave Forms indicated suitable risk assessments for each patient they did not describe intended outcomes, the purpose of leave or review how it went upon the patient's return. There was no section on the form for patients to sign to indicate their involvement and agreement to their leave. The forms did not contain a photograph or description of the patient to help with safe return if the patient failed to return from leave. The action plan includes completed actions in relation to the completion of Section 17 Leave Forms. The Operational Group would review their use in CAMHS at their next meeting.

## **2.9 Mental Health Act Training**

The development of MHA training information on the Health Board Sharepoint site was helping to improve access for our staff. The Operational Group would review the Sharepoint site at its next meeting. A joint training event on the subject of the Nearest Relative was scheduled for 13 October 2022. The Operational Group discussed the challenge relating to scrutiny of documentation when patients were being detained on general hospital wards. Whilst there was a scheme of delegation in place identifying a role for nurse practitioners on each site the AMHP's reported ongoing problems. Whilst it was acknowledged that these were due in part to staffing pressures on the general hospital sites during the pandemic additional training would be targeted on this group of staff.

## **2.10 Concerns about the place of safety accommodation in Prince Charles Hospital**

The Merthyr AMHP's have again raised concerns about the above accommodation which is located adjacent to the Emergency Department within the hospital. It is understood that an alternative area is to be made available as part of the hospital refurbishment. This would be kept under review by the Operational Group.

## 2.11 Report from IMHA Service

### a) IMHA Report

Sickness prevented attendance at the meeting from the IMHA Service with ongoing computer problems continuing to effect the production of an activity report.

### b) Update on feedback from CTO Service Users

A poster had been developed to support this survey which had been requested by the Monitoring Committee.



ASC's Independent Mental Health Advocacy (IMHA) service has been asked by the Cwm Taf Morgannwg Mental Health Service to ask for feedback from patients who are currently subject to a CTO. They are interested in finding out **your** experience of being on a CTO and want to use this information to **improve the quality** of their service.



If you are interested in answering a few questions about your experiences of your CTO and how it affects you please call 02920 54044 Shelly or Lois. Alternatively you can email us on info@asc-cymru.org.uk to answer questions over the phone or if you would prefer we can send you out a short questionnaire.



## 2.12 Development of AMHP Contact Schedule for Local Authorities in South Wales

Please note: **The IMHA service is independent of the health board** and our role is to make sure all people eligible for our service, which includes anybody currently subject to a CTO, can have their say on their care and treatment and we are undertaking this consultation exercise on behalf of the health board for this purpose only. There will be no filtering of responses and you will have the opportunity to remain anonymous. All responses will be shared with the Mental Health Service, unless you tell us that you don't want the info you provide shared.

**NB: Any other information shared with the IMHA outside of the CTO questions, will not be shared with the care team without your written consent.**

The Bridgend AMHPS confirmed the development of the above schedule for use by responsible clinicians in CAMHS who were seeking to consider a Mental Health Act assessment with representatives from the local area team. The AMHPs on the Operational Group reported

improvements in the coordination of Mental Health Act assessments within CAMHS.

## 2.13 Operational Policy Review

### a) Policies for ratification

Policy for Allocation of Responsible Clinician agreed at the meeting. Section 19 Transfer Procedure (MH19) and Section 5(4) (MH06) to be ratified at the next meeting of the group.

### b) Schedule of policies

The MHA team have applied the Health Board's Risk Assessment Tool to each of the policies listed in the table below. Those highlighted in red have been identified as a priority for review.

TABLE 5 – Schedule of Operational Policies

| REF NUMBER | TITLE                                      | LEAD PERSON    | PROGRESS   |
|------------|--|----------------|--|
| MH04       | Community Treatment Policy                 | Alison Thomas  | Agreed<br>15/10/2021   |
| MH09       | Hospital Managers Operational Procedure    | Alison Thomas  | Agreed<br>09/07/2021   |
| MH12       | Section 17 leave policy                    | Jeremy Burgwyn | Agreed<br>09/07/2021   |
| MH28       | Hospital Managers Scheme of Delegation     | Alison Thomas  | Agreed<br>09/07/2021   |
| New        | Allocation of Responsible Clinician        | Alison Thomas  | Ratified in the Operational Group<br>05/08/2022  |
| MH17       | Section 132&133 patient's rights procedure | Jeremy Burgwyn | Agreed in Operational Group<br>06/05/22  |
| MHA117     | Section 117 Policy                         | Jeremy Burgwyn | Working group established  |
| MH03       | Section 136                                | Jeremy Burgwyn | Police to circulate national policy.<br>SWP lead   |
| MH02       | Section 135(1) Section 135(2)              | Jeremy Burgwyn | Police to circulate national policy.<br>SWP lead   |
| MH16       | IMHA Procedure                             | Alison Thomas  | For review<br>Lapsed 18/07/2021-AT awaiting<br>Policy update from LD                       |
| MH29       | Applying to become an Approved Clinician   | Alison Thomas  | For review<br>Lapsed 18/07/2021  |
| MH19       | Section 19 transfer procedure              | Jeremy Burgwyn | For ratification in the next<br>Operational Group meeting<br>04.11.22<br>Lapsed 15/11/2019 |



|      |   |                |   |
|------|---|----------------|---|
| MH06 | Section 5 (4)                           | Alison Thomas  | For ratification in the next Operational Group meeting<br>04.11.22<br>Lapsed 08/11/2020 |
| MH07 | Section 5 (2)                           | Jeremy Burgwyn | Priority for review<br>Lapsed 18/07/2021  |
| MH08 | Consent to Treatment Sec 58 and Sec 58a | Alison Thomas  | Priority for review<br>Lapsed 14/10/2017  |

AGREED
  FOR REVIEW
  FOR PRIORITY REVIEW

## 2.14 Work Programme

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

TABLE 6 – Operational Group Work Plan

| Activity   | Progress   | Timescale     |
|--|--|---------------|
| <b>Service user feedback</b>                         | MHA team to circulate poster promoting CTO questionnaire on behalf of Advocacy Support Cymru.    | November 2022 |
| <b>Audit</b>   | MHA Team to complete audit of Inpatient Statutory Documentation and report to Operational Group. | November 2022 |
| <b>Policy Work</b>                                   | Timetable to be agreed for the completion of prioritised policies.                               | November 2022 |
| <b>HIW Review of Ty Llidiard</b>                     | Review agreed actions in relation to completion of Section 17 Leave Forms.                       | November 2022 |
| <b>Register of Conditionally Discharged Patients</b> | Register identifying Clinical and Social Supervisors to be developed.                            | November 2022 |
| <b>Nominated Adolescent Bed on Adult MH Wards</b>    | Plans being developed for the hosting of this service in Ward 14 POWh                            | January 2023  |

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

### 3.1 Hospital Managers Powers of Discharge Committee

Proposal submitted for the reintroduction of annual appraisals for Hospital Managers.

### 3.2 Electronic Communication to Nearest Relatives





Governance arrangements confirmed with the Information Governance Team.

### 3.3 Section 117 Aftercare Register

Validation ongoing. Focus on process for discharging patients where appropriate.

### 3.4 Nominated Adolescent Bed on Adult MH Wards

Proposals being developed to host this service on Ward 14 POWh.

### 3.5 Review of Mental Health Act Policies

Some lapsed policies require urgent review. Operational Group to prioritise this.

## 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>  | Safe Care<br>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)<br>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.<br><br>If no, please provide reasons why an EIA was not considered to be required in the box below.<br><br>The MHA Operational Group meets bi-monthly to review the application of the Act across CTMUHB |
| <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 Committee is asked to **NOTE** the work of the MHA Operational Group.