

AGENDA ITEM

4.3

MENTAL HEALTH ACT MONITORING COMMITTEE

RISKS RELATED TO THE MONITORING OF THE MENTAL HEALTH ACT

Date of meeting	12 th October 2022
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Julie Denley Director Primary Care & Mental Health
Presented by	Julie Denley Director Primary Care & Mental Health
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)

Report purpose	FOR DISCUSSION / REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
Mental Health Act Team	(DD/MM/YYYY)	SUPPORTED

ACRONYMS	
MHA	Mental Health Act
CTMUHB	Cwm Taf Morgannwg University Health Board
RC	Responsible Clinician

ILG	Integrated Locality Group
AMHP	Approved Mental Health Practitioner
PCH	Prince Charles Hospital

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 2022/23 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 The number of minor errors on section papers remains at much the same level as the previous 3 quarters – circa 25, having seen a stepped reduction in Q3 2021/22. It is good to see the operational group focusing in on the rectifiable errors by AMHP's and the assessing doctor, it is important for the operational group to continue to monitor the impact of this.
- 2.2 There were 2 fundamentally defective errors during Q1 in comparison to 3 the previous reporting period.
- **Invalid Section 3** The primary issues was the misidentification of the Nearest Relative. It was good to see an addition step put in by the MHA team but more important is the additional training for AMHP's to get this right first time as their findings on assessment may not be supported by the correct Nearest Relative.
 - **Invalid Section 3** The Doctor who completed the forms recorded the wrong hospital the patient was detained to. It was concerning that this took several weeks to identify and previously adding such matters to the Doctors induction programme has had limited impact. The operational group are asked to consider if there are further learning approaches to reduce the likelihood of repetition with doctors in relation to this error and common errors seen over the last 2 years with the newly appointed Care Group Medical Director.
- 2.3 It was good to see the risk of the need to validate the Section 117 register and develop a register of social and clinical supervisors is being progressed by the operational group.



- 2.4 It was pleasing to see a risk identified last time in relation to corresponding electronically with the Nearest Relative of patients detained under the Act is now assessed as fully compliant with the GDPR process.
- 2.5 The HIW Unannounced Inspection of Ty Llidiard highlighted some improvements being required in relation to Section 17 Leave and intended outcomes for individuals and capturing a review upon the patient's return. It is noted the action plan includes completed actions in relation to the completion of Section 17 Leave Forms.
- 2.6 Ongoing challenge relating to scrutiny of documentation when patients were being detained on general hospital wards despite a clear process in place are noted, it is recognised further training is planned, this has been an area of errors and breaches not infrequently so the impact of this needs continued monitoring.
- 2.7 The ongoing issue of concerns about place of safety accommodation in PCH which is located adjacent to the Emergency Department. It is understood that an alternative area is to be made available as part of the hospital refurbishment, the committee should consider is the risk this presents.
- 2.8 Good progress noted on updating MHA policies and the next cohort, although the longest lapsed policy, Consent to Treatment Section 58 and Section 58a is now 5 years overdue updating.
- 2.9 Although this paper focuses on risks for balance, a few key positive highlights in other papers are noted below:
- 2.9.1 The Hospital Managers Power of Discharge Committee complimenting the quality of reports submitted by clinical teams to help them with their work.
- 2.9.2 The significant reduction in the use of 5(4) Holding Power in the Royal Glamorgan Hospital and the meeting of the timeframe for further assessment in all instances.
- 2.9.3 The HIW Unannounced Inspection of Ty Llidiard highlighted MHA records were found to be 'well organised, easy to navigate and contained detailed and relevant information and other real positives in relation to the Act, pleasingly including training'.
- 2.9.4 The first audit of the statutory documentation for inpatients detained under the MHA has been completed.



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

- 3.1 No reduction in rectifiable errors although it is good to see the operational group focusing in on the rectifiable errors by AMHP's and the assessing doctor.
- 3.2 The lack of a bespoke system to record and monitor MHA activity, which allows for the production of accurate reports and the wards across CTMUHB using different types of health records remains a concern and patient safety concern.
- 3.3 The issue of the place of Safety in PCH should be discussed and considered in relation to patient and staff safety.
- 3.4 The Consent to Treatment Section 58 and Section 58a Policy should be considered for earlier review.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	The issue of a lack of a single clinical record system stems from patient safety concerns and learning from events.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
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.
Legal implications / impact	
	There are no specific legal implications related to the activity outlined in this report.



Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	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.