

AGENDA ITEM

3.1.3

MENTAL HEALTH ACT MONITORING COMMITTEE

RISKS RELATED TO THE MONITORING OF THE MENTAL HEALTH ACT

Date of meeting	02/03/2022
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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
UHB	University Health Board
ILG	Integrated Locality Group



CAMHS	Child & Adult Mental Health Services
AMHP	Advanced Mental Health Practitioner

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 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 Review of Section 5(4) and its use in the three Locality Areas. The sustained reduction in use quarter 3 is noted and the fuller review of the circumstances of use over a longer period welcomed. As per the operational group report monitoring recent changes to the reorganisation of senior medical staff into separate inpatient and community roles in Adult Services for its impact on the use of the Act is important.
- 2.2 It was pleasing to see the specific concerns around the use of the MHA within CAMHS was progressed with joint meetings and some agreed improvement actions.
- 2.3 There were 43 minor errors on section papers that were all rectified within the fourteen day time limit. This compares with 35 in Q2 and 22 in Q1. There had been a reported delay outside of the services control in Q2 but no mention of this in Q3 reports in relation to the review of CTM's position against that of the rest of Wales.
- 2.4 There were 2 fundamentally defective errors which maintains the improvement seen from quarter 1 into quarter 2. There were two invalid Section 2 – Improper use of Section 2.

The first instance saw the wrong hospital named on the AMHP's application form HO2 for detention under Section 2 of the MHA on 17/10/2021 as the place for admission had to change late in the process due to COVID risks so one not likely to be a recurrent issue and the patient was subsequently lawfully detained.

The second instance arose as one of the medical recommendations for detention under Section 2 of the Act, on Form HO4 was not signed or dated by the doctor. There have been similar issues previously and

clearly there is still work to improve the receipt and checking of papers real time.

At the last meeting it was 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. Clearly another wave of Covid has impacted on capacity so this work should come through to the next committee.

- 2.5 The application of the Mental Health Act for Adult Mental Health patients placed within an Independent Sector Provider data was helpful to see and it is recognised that Healthcare Inspectorate Wales (HIW) have a statutory role to review the use of the Act in each facility which may provide care for patients from many locations across Wales and the UK. The operational report advised where there are specific concerns HIW would notify the patient's resident Health Board but it does not say if any such incidents have occurred which would be the point of this review to give confidence in relation to the commissioning of such placements.
- 2.6 The operational report set out a need to validate section 117 aftercare registers and the need for a central register of Social and Clinical Supervisors for restricted patients but no clear action for same.

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

- 3.1 An action to recirculate the receipt of MHA papers checklist is noted but as per the action from the last Committee, a more rounded approach is likely to help people understand the reason for accuracy and buy into achieving this and a report should be received next committee setting out the processes and forums for learning in relation to the Act and breeches and errors.
- 3.2 The data in the appendix of the quarterly activity report is helpful to see but would aid the Committee if the last year and this year are shown in a run chart so the right variances are focused on.
- 3.3 The review of the application of the Mental Health Act for adult mental health patients placed within an independent sector provider should report at next Committee in relation to any issues related to CTM patients flagged to the Health Board and any action we took through commissioning as a result.



- 3.4 The risk of the need to validate one register and develop a second is noted and it is asked that this is added to the work plan of the operational group for oversight until completion.

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)	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.