AGENDA ITEM
4.1

MENTAL HEALTH ACT MONITORING COMMITTEE

(MENTAL HEALTH ACT OPERATIONAL GROUP REPORT)

Date of meeting	07/12/2022
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

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 12 October 2022. The meeting on 04 November 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 July - September 2022

The group noted just one occasion when the nurse holding power under Section 5(4) had been applied reflecting improved accessibility to medical staff when detention decisions were required. Section 4 was also not applied during the quarter.

There was an increase in minor errors from 26 in Q1 to 36 in Q2. The main areas related to 9 errors on the HO2 AMHP Application Form mainly in relation to the failure to make appropriate selections. For example whether or not the nearest relative had been informed and if either medical officer had previous knowledge of the patient. There were also 9 errors on the Medical Recommendation Form HO4 covering use of abbreviations and inaccurate patient details. The MHA team were redesigning the check list for practitioners to help improve compliance.

There were 8 younger people detained in Ty Llidiard, none from CTMUHB. There were no adolescence admitted onto the Adult admissions ward at the Royal Glamorgan Hospital.

The group considered the 2 fundamental breaches in the quarter which involved medical recommendations failing to meet the necessary requirements for detention. It was noted that medical scrutiny of detention papers was required within 14 days. A meeting would be convened with representatives from the AMHP group to consider the development of some guidelines to help ensure medical recommendations were sufficient for the purposes of the Act.

It was noted that when there was a change in the Responsible Clinician there was a need to complete a new Consent to Treatment form. This was increasing workloads when locum medical staff were appointed without Approved Clinician status.

2.2 All Wales Benchmarking Report on errors and breaches for Q2

Mental Health Act team leaders across Wales had met on 20 October 2022 and discussed the variation in reporting minor errors within Health Boards. The group would work on a consistent approach across Wales to the recording of minor errors under Section 15 of the Mental Health Act. It was noted that all Health Boards across Wales had between 0 and 2 fundamental breaches in Q2.

2.3 Register of conditionally discharged patients

The Mental Health Act Team now maintain a Register of patients subject to Section 41 of the MHA 1983.

Table 1 – Register of Patients conditionally discharged into the Community

Area	Social Supervisor	Date of Conditional Discharge
RCT	✓	24.01.2022
RCT	✓	23.04.2015
RCT	✓	20.09.2019
RCT	✓	04.09.2018
RCT	✓	21.11.2007
RCT	✓	09.08.2017
RCT	✓	24.09.2012
Merthyr	✓	15.10.2008
Merthyr	✓	22.09.2014
Merthyr	✓	27.06.2022
Merthyr	✓	01.11.2022
Bridgend	✓	27.10.2020
Bridgend	✓	19.10.2020
Bridgend	✓	14.06.2019
Bridgend	✓	12.05.2020
Bridgend	✓	26.10.2010
Bridgend	✓	15.06.2022
Bridgend	✓	20.12.2011
TOTAL		18

2.3 Hospital Managers Power of Discharge Committee

Job description and person specifications agreed for Hospital Managers. Advertisements will be placed shortly for new members of the team. The appraisal documentation had also been agreed and a schedule of reviews was to be generated.

2.4 Review of the Cwm Taf Morgannwg Emergency Duty Team

The report described high levels of satisfaction with the AMHP service. There was discussion amongst Local Authority colleagues in the group about some occasions when the EDT did not respond in a timely way to requests for Mental Health Act assessments. This could lead to long waits before the assessment could be completed. It was agreed that the Head of Service for the EDT would be invited to the next meeting to further discuss the report.

2.5 Protocol for joint working between CAMHS and Adult Mental Health Services

This helpful document had been produced to improve transition arrangements between CAMHS and Adult services. The development of the document had helped to identify some improvement areas for example regular CAMHS attendance at local transition panels and consideration of arrangements when patients are discharged prior to their 18th birthday and require early reassessment from Adult services.

2.6 Monitoring of Section 17 Leave forms following HIW visit to Ty Llidiard

The group were updated on the progress with regard to the Section 17 Leave and Care Plan Improvement Actions. Weekly audits had been introduced for Section 17 Leave with improved process with regard to intended outcome and patient involvement in decision making. Patient views were also a key part of the new care plans which were also subject to audit. Information on the outcome of the audits would be considered at future meetings.

2.7 Schedule of Learning Disability patients detained in hospital under the Mental Health Act 1983

The following 4 facilities provide care and treatment to CTM patients with Learning Disability:

- Priory Hospital, Llanarth Court
- Hafod y Wennol, Swansea Bay University Health Board
- Cefn Carnau, Elysium Healthcare
- Pinetree Court, Ludlow Street Healthcare

Each was asked for information on:

- The number of detentions on 30 September 2022
- The number of fundamental and rectifiable breaches
- The MHA Audit Tool used
- MHA activity reports for the period

Table 2 – Detention of Patients with a Learning Disability – 30 September 2022. **(Please note that the embedded Audit Tool documents can be sent to Members to review on request).**

Facility	Number of patients	Section	Breaches of the MHA	Frequency of Audit	Audit Tool	Is a MHA Activity report compiled?	Is data focussed on CTM patients able to be shared
Priory Hospital, Llanarth Court	1	S37(n)	0	Annual full MHA, Monthly section & consent	Healthcare MHA and MCA Audit Tool	Yes, as electronic patient records	Not easily accessible
Hafod y Wennol SBUHB	1	S37/41x 1	0	We have not carried out any physical on-site audits of paperwork on wards since Covid, however we are currently speaking to wards & SMT about starting this up again – our audit checklist is attached however we acknowledge that it needs refreshing and are working on this using examples from HIW	Checklist Audit.pdf	Yes, quarterly MHA Activity reports for Legislative Committee and Power of Discharge Committee	Does not include specific CTMUHB data
Cefn Carnau, Elysium Healthcare	0	0	0	Audits are carried out yearly by the MHA Manager	Copy of MHA Audit Tool 2021.v3.xlsm	No we not currently compile an activity reports	n/a
Pinetree Court, Ludlow Street Healthcare	3	S3 x 2 S47/49 x 1	0	Mental Health Act Manager completes quarterly	Section 37n audit.doc Section 37-41 Audit.doc Section 37 audit.doc Section 3 audit.doc	Yes , on a quarterly basis	Does not include specific CTMUB data

2.8 Review of Section 3 patients detained in Older Peoples Mental Health Services who are transferred onto a DoLS

The Mental Health Act Team were collecting this information across our Older Peoples Services in order to help understand how many patients had been detained under Section 3 who were subsequently

transferred on to a DoLs without the detention being tested by a Tribunal.

2.9 Section 135 and Section 136 - A review of place of safety assessments

The Mental Health Act Team were preparing a report on Place of Safety assessments in each of the three DGH's. After 12.00 p.m. each day crisis assessments may be transferred from PCH to RGH. This information would be included within the report. Discussions were ongoing about improvements to the place of safety room within the Accident and Emergency Department at PCH with arrangements being finalised for a temporary solution pending the completion of upgrading work to the hospital. A meeting had been convened on 22/11/22 in the Bridgend Custody Suite with the South Wales Police to discuss the renewal of the policy and operational arrangements for Section 135 and 136. It is proposed that a monthly Section 135/136 meeting be held with the South Wales Police to discuss individual cases.

2.10 Independent Mental Health Advocacy – Q2 Report

The report identified 60 referrals from Royal Glamorgan Hospital, 9 from Prince Charles Hospital and just 2 from Princess of Wales Hospital. The group asked Advocacy Support Cymru to review the return from Bridgend which seemed low given the known activity in the area. It would be helpful for Advocacy Support Cymru to develop a plan to improve referral rates from the Bridgend locality.

2.11 Role and function of the Mental Health Casework Section within the Ministry of Justice

The group reviewed the role of the above Ministry of Justice department which provided oversight for Restricted Patients. The primary concern of the department was protection of the public from harm recognising the importance of maintaining public confidence in the system of diverting offenders from punishment into treatment. The decision making process is based on risk assessment which involves a clinical assessment of the patient together with an account of the type, nature and seriousness of the offence(s). The team aims to balance patient's right to treatments with public protection measures.

2.12 Mental Health Act Training

The group reviewed the Sharepoint training page and welcomed the development of content to improve staff access to training. A joint Nearest Relative training event held on 13 October was well attended. Professor Richard Griffiths had been asked to provide training on Part 3 of the Act on 6 December 2022. It was suggested that Hospital Managers and members of the Mental Health Act committee could be invited. The Hospital Managers at the Power of Discharge meeting

have also asked for Medication Awareness Training. This is to be delivered by Dr Kim Kendall (ST4) and Dr Bethany Ranjit, Consultant Psychiatrist.

2.13 Operational Policy Review

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 3 – Schedule of Operational Policies

REF NUMBER	TITLE	LEAD PERSON	PROGRESS
MH04	Community Treatment Policy	Alison Thomas	Agreed 15/10/2021
MH09	Hospital Managers Operational Procedure	Alison Thomas	Agreed 09/07/2021
MH12	Section 17 leave policy	Jeremy Burgwyn	Agreed 09/07/2021
MH28	Hospital Managers Scheme of Delegation	Alison Thomas	Agreed 09/07/2021
New	Allocation of Responsible Clinician	Alison Thomas	Agreed 05/08/2022
MH17	Section 132&133 patient's rights procedure	Jeremy Burgwyn	Agreed 06/05/22
MHA117	Section 117 Policy	Jeremy Burgwyn	In progress- next meeting of the working group on 12/12/22
MH03	Section 136	Jeremy Burgwyn	Awaiting Police to update national policy- 23/08/2022
MH02	Section 135(1) Section 135(2)	Jeremy Burgwyn	Awaiting Police to update national policy-23/08/2022
MH16	IMHA Procedure	Alison Thomas	For review Lapsed 18/07/2021-AT awaiting Policy update from LD
MH29	Applying to become an Approved Clinician	Alison Thomas	For review Lapsed 18/07/2021
MH06	Section 5 (4)	Alison Thomas	Complete - for ratification in the next Operational Group meeting 27/01/23
MH07	Section 5 (2)	Jeremy Burgwyn	In progress- for ratification in next Operational Group meeting on 27/01/23
MH08	Consent to Treatment Sec 58 and Sec 58a	Alison Thomas	In progress- for ratification in next Operational Group meeting on 27/01/23

AGREED FOR REVIEW FOR PRIORITY REVIEW

2.14 Operational Group Work Plan

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

Table 4 – Operational Group Work Plan

Activity	Progress	Timescale
Service user feedback	Advocacy Support Cymru to circulate CTO Questionnaire through the MHA Team. Report back to the Operational Group.	January 2023
Audit	MHA Team to complete audit of Inpatient Statutory Documentation and report to Operational Group.	January 2023
Policy Work	Timetable to be agreed with the newly established Operational Policy Sub Group for review of prioritised policies.	November 2022
Review of Sections 135 & 136 Assessments	Monthly meetings to be convened to consider individual cases and data set to review.	January 2023
Nominated Adolescent Bed on Adult MH Wards	Monitor activity in RGH Assessment Ward and submit Statement of Need for ensuite bedroom in Ward 14 POWh	January 2023

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

3.1 Review of Cwm Taf Morgannwg Emergency Duty Team

AMHPs have asked to discuss concerns about some delays in assessments being delivered by the EDT. To be discussed at the next Operational Group.

3.2 Learning Disability Patients detained in hospital under the Mental Health Act 1983

Information and assurance provided from hospitals providing care to our detained patients with a learning disability.

3.3 Register of Conditionally Discharged Patients

The Mental Health Act Team have developed and will maintain a register identifying names social supervisors.

3.4 A Review of Place of Safety Section 135 & 136 Assessments

Information is being collated on the use being made of the 3 DGH based places of safety. This will help inform a wider discussion on future provision across the region.

4. IMPACT ASSESSMENT

5. Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.
Related Health and Care standard(s)	Safe Care
	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.
	The MHA Operational Group meets bi-monthly to review the application of the Act across CTMUHB
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

6. RECOMMENDATION

6.1 The Committee is asked to note the work of the MHA Operational Group.