

AGENDA ITEM

4.3

MENTAL HEALTH ACT MONITORING COMMITTEE

RISKS RELATED TO THE MONITORING OF THE MENTAL HEALTH ACT

Date of meeting	07/11/2022
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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
RC	Responsible Clinician



ILG	Integrated Locality Group
AMHP	Advanced Mental Health Practitioner
GDPR	General Data Protection Regulation
HIW	Healthcare Inspectorate Wales
DGH	District General 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 rose to 36 in quarter 2 from a typical picture of – circa 25 in previous quarters. 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 and working nationally to ensure all Health Boards are recording these in the same way to enable benchmarking and learning of actions that have the most impact. In preparing this risk report it is evident that many actions to address this area of practice have been implemented previously and the real impact of these is not really known.

- 2.2 There were 2 fundamentally defective errors during quarter 2, both related to Section 2, one in adult and one in CAMHS.

In both instances the primary issues was on the joint medical recommendation (Form HO3) was found was the reason for detention was found to be insufficient to warrant the use of the Act. This rendered the detention invalid. The action to reduce the likelihood of recurrence was noted.

- 2.3 The significant increase in the use of Section 136 in quarter 2 is noted and if the same is evident next quarter a further review of the changes should be undertaken by the operational group. The lapse in one Section 136 and associated action was noted.



- 2.4 It was good to see the Register of Conditionally Discharged Patients was now in place and being maintained.
- 2.5 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.
- 2.6 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.
- 2.7 The HIW Unannounced Inspection of Ty Llidiard highlighted some improvements being required in relation to Section 17 Leave and is good to see these have all been addressed and completed.
- 2.8 The constant turnover of medical personnel and appointing of locums who do not always have Approved Clinician status is clearly a challenge not easily fixed due to workforce availability. This clearly puts pressures on others with the required RC status and the MHA team particularly in relation to Consent to Treatment provisions of Part 4 of the MHA 1983.
- 2.9 The Review of Cwm Taf Morgannwg Emergency Duty Team appears to be mostly positive with high levels of satisfaction with the AMHP. It was noted that there were some concerns about some delays in assessments and the tie back into the Operational Group.
- 2.10 It was reassuring to see good audit processes across the breadth of Learning Disability services as the commissioner.
- 2.11 Following the discussion at the last Committee it was good to see a Review of Place of Safety Section 135 & 136 Assessments and the use of the 3 DGH based places of safety is being undertaken to inform a wider discussion on future provision across the region.
- 2.12 It is noted that as per the discussion last meeting the longest lapsed policy, Consent to Treatment Section 58 and Section 58a has been reviewed earlier.
- 2.13 Although this paper focuses on risks for balance, a few key positive highlights in other papers are noted below:
 - Progress on the policies review is very evident.
 - The link into referrals to advocacy is an important step for the operational group to be able to triangulate peoples experience.
 - The broadening of training to cover a greater range of topics.



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

- 3.1 The real impact of actions to reduce the numbers of rectifiable errors is not known and it would be worth the Committee considering this and alternatives and the impact measurement of these.
- 3.2 The Medical Director is asked to consider are there any other actions that could help support part 4 RC requirements whilst there are locums in place who are not Approved Clinician related work.
- 3.3 The Committee are asked to discuss whether there is any valid reason for the use of joint medical recommendations forms that warrant their continued circulation given two almost identical errors related to their use that resulted in invalid detentions that would have been rectifiable issues if on individual medical recommendation forms.
- 3.4 The lack of a bespoke system to record and monitor MHA activity, which allows for the production of accurate reports on the wards across CTMUHB using different types of health records remains a concern and patient safety concern.

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 all 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.