

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>15</b>
<b>Date of Meeting:</b>	<b>26 July 2017</b>		

<b>Title of Report:</b>	<b>Mental Health Annual Report</b>
<b>Status:</b>	<b>To Note</b>
<b>Board Sponsor:</b>	<b>Helen Blanchard, Director of Nursing and Midwifery</b>
<b>Author:</b>	<b>Julia Peacock, Mental Health Project Coordinator</b>
<b>Addendum</b>	<b>Appendix 1: Explanation of various sections for detaining patients under the Mental Health Act</b>

## 1. Executive Summary of the Report

This report provides the Board with an overview of activities relating to patients with Mental Health needs within the Royal United Hospitals Bath NHS Foundation Trust (RUH) covering 2016/17. This will include the reporting requirements under the Mental Health Act.

### Policy

The RUH has the following ratified policies associated with mental health provision;

- Mental Health Act -Care of Adults detained under the Act
- Safe and Supportive Observation Policy

### Service Level Agreement

The RUH has a comprehensive Service Level Agreement with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) to provide support to meet the requirements of the Mental Health Act within the RUH.

### Mental Health Liaison Service

Mental Health Liaison Services within the RUH are provided by Avon Wiltshire Mental Health NHS Partnership Trust (AWP)

### Joint Trusts Mental Health Operational and Strategic Groups

The Mental Health Operational Group meets monthly with multi agency representation. The Trust also has representation on the Mental Health Collaborative group.

The Paediatric Mental Health Group was established in January 2017 and meets bi monthly. Attendees include representation from each organisations delivering mental health services to young people within the RUH (Somerset CCG, Somerset Partnership NHS Trust, BaNES CCG, Oxford Health).

### Mental Health Project

Following the initial pilot which ended on 31 March 2016 an extension was recommended. A Mental Health Coordinator was recruited in October 2016 within the RUH to review patients' mental health needs and coordinate access to appropriate mental health support, including RUH HCAs and AWP bank HCAs and nurses as well as agency RMNs. The aim was to improve parity of esteem (principle by which mental health must be given equal priority to physical health) be given and reduce overall costs.

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss)</b>
	To note the report
<b>3.</b>	<b>Legal / Regulatory Implications</b>
	The RUH is registered with the CQC as providing assessment or medical treatment for persons detained under the Mental Health Act.
<b>4.</b>	<b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)</b>
	Ensuring patients' rights are met by adherence to the MHA
<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
	Agency nurse spend
<b>6.</b>	<b>Equality and Diversity</b>
	Ensures compliance with the Equality Delivery System (EDS).
<b>7.</b>	<b>References to previous reports</b>
	Last report presented July 2016
<b>8.</b>	<b>Freedom of Information</b>
	Public

**Annual Mental Health Act Report  
2016 – 2017**

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## Introduction

The aim of this report is to update the Board on the activities relating to patients with Mental Health needs between April 2016 and March 2017.

The Mental Health Act provides a legal basis on which to detain, assess and treat those with, or suspected of having a mental illness/disorder and allows for the compulsory treatment of a mental illness.

The Royal United Hospitals Bath NHS Foundation Trust (RUH) is registered with the Care Quality Commission (CQC) for the regulated activity of assessment or medical treatment of a person detained under the Mental Health Act 1983 (as amended in 2007).

## Background

The RUH is a member of the Mental Health Collaborative Group. The Mental Health Collaborative Group has multi agency membership, including commissioners with authority to take decisions in the delivery and commissioning of Mental Health Services within the RUH.

The Operational Mental Health Group is chaired by the Deputy Director for Nursing and Midwifery. The purpose of the Operational Mental Health Group is to provide a forum for identification and resolution of on-going operational and interface issues relating to the provision of mental health care within the RUH. This group standing agenda items and the implementation is monitored within this meeting.

AWP is commissioned by the local Clinical Commissioning groups to provide mental health liaison services to the RUH. A locality based mental health liaison team are based within the RUH.

## Policies

*The Safe and Supportive Observation Policy* is available on the Trust's intranet. This policy is used to identify when a ward may need extra staff to support a patient. The policy includes the process for requesting extra staff, guidance for the level of observation needed, expectations for all staff including specialist mental health staff and paperwork to record care given. This policy was reviewed and ratified in May 2017. The policy main body and appendices were re written in a more user friendly format and guidance added for assessing who is suitable to carry out observations.

*The Mental Health Act Policy; Care of Adults detained under the Act* is available on the Trusts intranet. The aim of the policy is to support staff in the effective implementation of the Mental Health Act, to ensure service users detained under the Act receive care and treatment lawfully and that they are able to exercise their rights at all times. This policy is currently in the final stages of being reviewed prior to being ratified. It has been re written in a more user friendly format, information taken out for the less common sections and a flow chart included for the wards as to their instructions following a patient being detained.

Policies in progress, in line with NICE guidance as follows:

- *Managing Challenging Behaviour*
- *Rapid Tranquilisation*

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## Service Level Agreement

The Mental Health Act service level agreement provides clinical and administrative support for patients detained at the RUH under the Mental Health Act. AWP are the provider of clinical and administrative services. This agreement is in place to ensure the RUH meets all the administration requirements under the Mental Health Act. This includes provision of the Responsible Clinician role, medical scrutiny of Section papers, training for Clinical Site Team and administrative support for patients wishing to appeal against their Section or advisory support.

### Key Clinical Responsibilities:

- To provide an appropriate Clinician to undertake the Responsible Clinician Role for patients sectioned under the Mental Health Act.
- To undertake Medical Scrutiny of Section papers – to ensure the section is legal.

### Key Administrative Responsibilities:

- To provide administrative support 8:30 – 5:00pm.
- To provide annual training for the site team with the administration of Section papers
- To provide a hotline in relation to implementation of the Mental Health Act for patients, relatives and staff.

A single point of contact (dedicated phone number) is available for the Psychiatric teams to enable them to ask for advice and plan care with the RUH Acute Physician on call. This supports the physical needs of patients in local mental healthcare settings (Hillview and Ward 4), ensuring their physical care needs are met without an unnecessary attendance to the RUH emergency department.

## Patients detained under the Mental Health Act

The Health and Social Care Act 2012 gives NHS Digital (previously known as National Health and Social Care Centre) statutory powers under section 259(1) to require data about the use of Mental Health Act 1983 in NHS Acute Hospital Trusts. Previously this was named KP90 data and was collated by AWP administration staff and submitted on behalf of the RUH to NHS Digital. The KP90 collection has been discontinued by NHS Digital and the data is now sourced from monthly Mental Health Services Data Set submissions.

The site team is responsible for overseeing the operational delivery of the Mental Health Act requirements in relation to detained patients, including maintaining a database which logs all records of patients detained under a section of the Mental Health Act. Table 1 provides details of patients detained in 2016/17.

**Table 1 Patients detained under the Mental Health Act 2016- 2017 (please see addendum for the explanation of various sections for detaining patients under the Mental Health Act).**

Detention under Section 2 on admission	Detention under Section following admission	Detention under Section 3	Detention under Section 5 (2)	Detention under Section 37/41
2	11	0	14	0

Patients who are detained under the Mental Health Act have the right to appeal to the hospital managers against their detention at any time. There were no managers or tribunal appeal hearings for 2016 – 2017.

#### MHA Audit

The RUH carried out an audit in May 2017 monitoring standards against Section 5(2) and Section 2 of the Mental Health Act. For each section 10 patients were randomly selected between 01/04/2016 and 31/03/2017. To summarise the findings, there is good compliance (80% or above) with the completion of the relevant paperwork. Standards include the Section papers being completed in full and evidence of mental disorder being recorded, which both need to be ensured to make the detention legal.

The more common areas where compliance is lower is informing MHA administration of the detention, recording that the site manager has read the patient their rights and filing the original papers in the patients paper records. These are low risk areas which should improve with training and thorough processes.

For section 5(2) an audit was first completed in 2014. The following table is a comparison of both results. All standards where compliance was low have significantly improved since the original audit was carried out.

**Table 2 compares the standards that were repeated from the original 5(2) audit in 2014. The table includes 6 standards as 2 were changed in the 2017 audit.**

Standard	2014	2017
The H1 form is completed in full	6/6 (100%)	9/10 (90%)
There will be written evidence on the H1 form of mental disorder	6/6 100%	10/10 (100%)
There will be evidence of the patient's details on the Mental Health database	6/6 (100%)	10/10 (100%)
The MHA assessment will be undertaken within 72 hours of completion of the H1 form	3/5 (60%)	9/10 (90%)
There will be details of the MHA assessment in the patient's medical notes	3/5 (60%)	9/10 (90%)
The MHA administrator will be aware of the Section 5(2)	1/5 (20%)	6/10 (60%)

## Adult Mental Health Liaison Service

The RUH Adult Mental Health Liaison Service is provided by AWP clinicians as a jointly commissioned service by BaNES and Wiltshire Clinical Commissioning Group. The service is for people who are aged 18 years and over, there is no upper age limit. The service is provided to all (as deemed appropriate) individuals who attend or who are admitted to the RUH, regardless of home address, Gp registration or accommodation status. The service hours have been extended and it now operates between 08:00 to 0:00; seven days a week.

Out of hours mental health support is delivered by the BaNES Intensive Service (8pm – 8 am), which provides a crisis response and home treatment service within the community as well as supporting the Emergency Department.

### Mental Health Liaison Service Aims:

- To provide a comprehensive psychosocial assessment service throughout all clinical departments of the RUH.
- To take the lead in undertaking, managing and evaluating clinical risk in relation to the care and treatment of people with mental health needs in the RUH.
- To contribute to effective, holistic and person centred care delivery within the RUH.
- To provide expert mental health advice, information, support, supervision and sign posting for RUH staff.
- To act as an effective communication channel between the range of secondary mental health services (including those not provided by AWP) and the RUH.
- To contribute to the review, evaluation and further development of mental health services within the RUH.

Mental Health Liaison referrals are recorded and the figures for 2015-2016 and 2016-2017 are detailed in Table 2.

**Table 2 Mental Health Liaison Service referrals 2015-2016 and 2016 -2017**

Month	2015-2016	2016-2017
April	123	191
May	143	202
June	133	168
July	135	206
August	133	223
September	137	195
October	158	206
November	150	233
December	161	196
January	168	218
February	154	213
March	150	246
<b>TOTAL</b>	<b>1745</b>	<b>2497</b>

The above results show an increase of **43%** of referrals in comparison with the previous year.

## **Child and Adolescents Mental Health Liaison**

The CAMHS Liaison Service is available to all children and young people up to the age of 18 admitted to the Emergency Departments and the Children's Ward of the Royal United Hospital, where there are concerns about their mental health and/or Deliberate Self Harm. The CAMHS Liaison Service will also work with children and young people up to the age of 18 years who are out of area patients, for these young people the liaison service will complete an initial assessment.

For BaNES and Wiltshire patients, the liaison service have the ability to offer follow-ups if indicated.

We are working towards a 7 day 9.00am-8.00pm service, when fully resourced. CAMHS also have a 24 hour on call system including senior mental health professionals, managers and Consultant Psychiatrists.

## **Crisis Concordat**

Local services are required to work in partnership to put in place the principles of the National Concordat to improve the system of care and support so that people in crisis due to a mental health condition are kept safe and receive the appropriate emergency support in a timely way. The RUH has, with partners, signed a Crisis Concordat agreement in line with national requirements with both Wiltshire and BaNES councils. A Crisis Concordat action plan is in place with BaNES and the RUH is an active participant of the B&NES Crisis Concordat meeting.

## **Mental Health Project Achievements**

Following the initial pilot which ended on 31 March 2016, the recommendation was to extend the project for a further year. A Mental Health Coordinator was recruited in October 2016 within the RUH to review patients' mental health needs and coordinate access to appropriate mental health support, including RUH HCAs, AWP bank HCAs and nurses, as well as agency RMNs. The aim of the role is to support the wards in managing challenging behaviour, improve parity of esteem and reduce overall costs on agency RMN expenditure.

### Ongoing review of request for a 1:1 RMN

In line with the Safe and Supportive Observations Policy requests for a 1:1 RMN are reviewed by the Mental Health Coordinator. The purpose of this is to review the need for the request, give support and advice to the wards in managing any challenging behaviour, help to coordinate care and ensure patients are being treated in the least restrictive practice.

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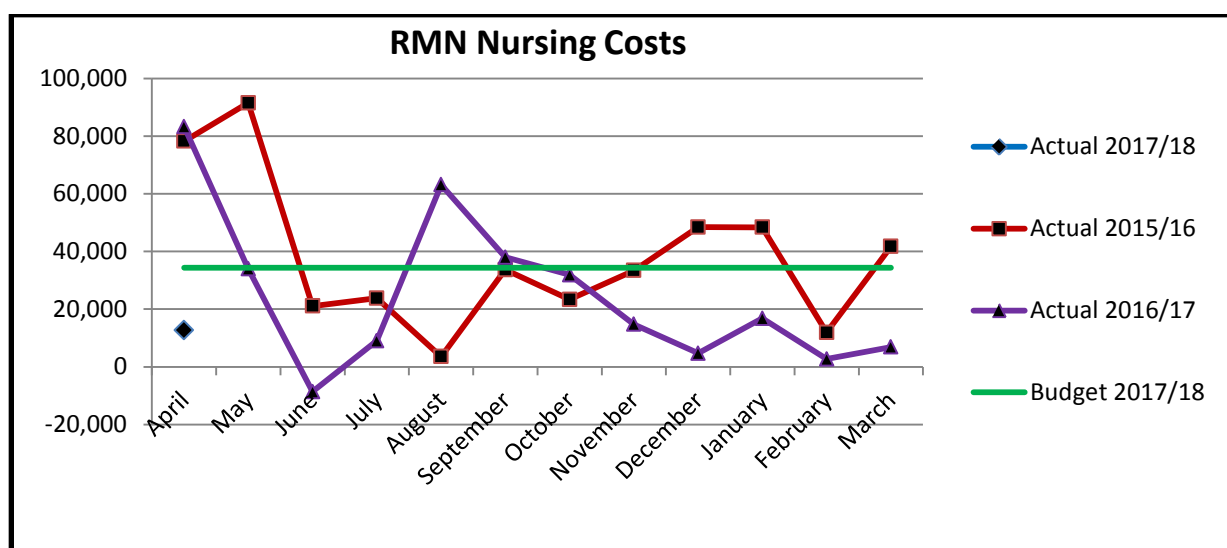


Table 3 shows the total monthly spend for RMN's within the RUH for 2015-2016 and 2016-2017

Month	2015-2016	2016-2017
April	78,228	83,264
May	91,505	33,993
June	21,097	-8,625
July	23,812	9,054
August	3,565	63,127
September	33,694	37,970
October	23,374	31,870
November	33,374	14,721
December	48,443	4,702
January	48,352	16,797
February	11,943	2,705
March	41,709	6,889
<b>TOTAL</b>	<b>459,096</b>	<b>296,467</b>

The above results show a decrease of 35% of cost of RMN's in comparison with the previous year.

The following graph shows the comparative RMN costs since 2015-2017



As demonstrated in the above results there has been a noticeable reduction in the cost of RMN 1:1 spend following October 2016 when the Mental Health Coordinator was recruited. The reported number of incidents related to patients with mental health needs has been cross checked throughout this period to ensure there has not been an

increase of incidents related to patient safety. It was found the number of incidents has reduced.

### Collaborative working

- The Mental Health Coordinator is employed substantively by AWP and on an honorary contract with the RUH. Being in the position to work across both trusts allows for access to both trusts systems and joint supervision. The Mental Health Coordinator facilitates joint working with several teams across the hospital, in particular Mental Health Liaison (including access to Psychiatric Doctors), Alcohol Liaison team, Social Work team, Discharge Liaison team, ward teams, other services outside of the hospital, including Psychiatric wards, AMHP service and secondary mental health services. This works towards optimising recovery and proactively identifying appropriate support post discharge to prevent readmission for the same concern.
- An agreement has been in place 1<sup>st</sup> December 2015 with AWP to use their RMN's and HCA's at the RUH to support patients who require this level of support. Unfortunately initial attempts were unsuccessful due to the system processes and the Mental Health Project Coordinator vacancy.

Since the commencement of the Mental Health Project Coordinator in October 2016 a key focus of the role has been to put in place systems to support the working, recruitment and induction of AWP staff. Although still relatively small, a number of AWP HCA's have been successfully recruited to an RUH bank and have been allocated shifts. The recruitment process will be ongoing with the aim of increasing the number of staff recruited and shifts booked.

The benefits for the wards include:

- Increased staffing levels to support patients with challenging behaviours
- Provision of ongoing specialist Mental Health support
- Ongoing specialist training for staff recruited to the bank provided through AWP
- Regular staff members working
- Reduction in RMN agency spend

The AWP staff members are initially allocated to one of the Older Persons Unit wards but may be reassigned around the hospital to carry out 1:1 observations throughout the Trust.

The focus of their work is:

- General HCA duties with those patients who would benefit from a more specialist mental health input
- Behaviour management
- Therapeutic activities
- 1:1 observations

## Training

### *Mental Health Awareness:*

A series of training days have been developed up for clinical staff band 4 and under, titled 'Understanding Common Mental Health Problems' and commenced in June 2017. The initial day has been very well evaluated and is set to run every 2 months. There is an opportunity for staff to complete a City and Guilds Unit and gain a certificate following attendance of the day. The day will be facilitated by the Mental Health Project Coordinator with support from the Education Centre.

### *Understanding and Managing Aggression:*

Results from the Staff Survey over the last 3 years have shown that the Trust has been in the bottom 20% (of comparative Trusts) in relation to the percentage of Staff experiencing physical violence and/or harassment, bullying or abuse from patients, relatives, or the public.

A task and finish group was established to make recommendations for further training for the trust. It has emerged that there is a gap in training for frontline staff to manage the increasing incidents of challenging behaviour from our patients, relatives and the public.

The recommendations have been approved by the Strategic Workforce Committee and a pilot is due to commence to put 60 staff members from front line, key areas through a bespoke training package 'Understanding and Managing Aggression'. The initial training will be delivered by AWP Learning and Development Team.

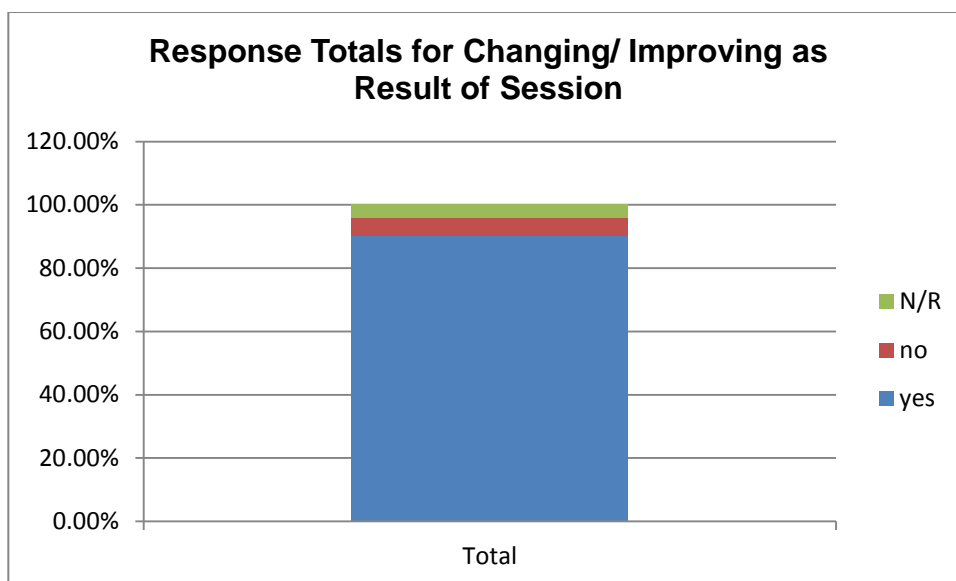
## Raising awareness of Mental Health

- A 'See it My Way' event was held in February 2017 with a focus on mental health. The event included an hour presentation from 3 patients and 1 carer who live themselves or their family member with a mental health condition. The speakers talked about their conditions and related this to their experience of attending the RUH.

The event was well attended by over 80 members of staff. The presentation was filmed which will be available to staff on the Trust intranet and a shorter 10 minute film was made to show to new staff attending induction.

**Table 4 shows the results of a survey taken after the event.**

Question asked – Has the session caused you to think about changing/improving the way you do things?



## Objectives 2017/18

- Evaluate current training being provided and aim to extend to a wider staff group
- Continue to recruit staff from AWP bank to work within the hospital; the aim is for 1 staff member to be working per shift.
- Develop a model of regular supervision for staff members to discuss complex cases.
- Continue to raise mental health awareness; mental health will be the focus of the Safe Guarding annual event which coincides with World Mental Health Day.

## Summary

This report has highlighted the key mental health activity and improvements to practice within the organisation for 2016- 2017. It has included compliance with the Mental Health Act statutory reporting requirements.

Significant progress has been made during the year in collaborative work between the RUH and AWP, and with the wider health community under the principles of Parity of Esteem with the focus on “Valuing Mental Health Equality with Physical Health” for patients and their families. This work will progress for 2017-18.

## Recommendations

The Board are asked to note the contents of the report and the activity undertaken.

## **Appendix 1**

### **Explanation of Sections for detaining patients under the Mental Health Act**

#### **Section 2**

This section lasts for up to 28 days. Two doctors and an approved mental health professional decide when a person is put on Section 2. While on a Section 2 a senior doctor known as a responsible clinician will be in charge of their care and treatment.

#### **Section 3**

This lasts for up to six months. While on Section 3, a senior doctor called a responsible clinician will be in charge of their care and treatment. The main purpose of Section 3 is to treat the person for their mental health problem.

#### **Section 5(2)**

If a person came to hospital without being on a Section, they would be an 'informal' or 'voluntary' patient. If they wanted to leave and this was not considered appropriate, the decision would be made to assess them under Section 2 or Section 3. It takes time to carry out an assessment and sometimes a person is placed under Section 5(2) to stop them from leaving.

#### **Section 17**

The right of hospitals to grant leave as part of rehabilitation and recovery. Such leave might be very brief when first granted – an hour or so – and it may be supervised by a staff member. However, as patients near release it may be for a weekend, for several days or longer. It is a very necessary part of rehabilitation and recovery for patients.

#### **Section 37/41**

This is a Hospital Order made by either the Magistrates of Crown Court requiring a person's detention in hospital. Section 41 is a Court Order which prevents a person from being transferred to a different hospital, granted leave or discharged without the Home Secretary being consulted and is made if the court considers it necessary to protect the public from serious harm.