

Mental Health Act Monitoring Committee

Wed 08 March 2023, 13:00 - 16:00

Virtual Via MS Teams



Agenda

13:00 - 13:00
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Jayne Sadgrove, Chair

1.2. Apologies for Absence

Jayne Sadgrove, Chair

For Noting

1.3. Declarations of Interest

Jayne Sadgrove, Chair

For Noting

13:00 - 13:00
0 min

2. CONSENT AGENDA

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting held on 7 December 2022

Jayne Sadgrove, Chair


For Approval


 2.1.1 Unconfirmed Minutes 7.12.22 MHAM Committee 13 March 2023.pdf (9 pages)

2.1.2. Committee Annual Cycle of Business 2023-24

Director of Governance

For Approval

 2.1.2 Committee Annual Cycle of Business 2023-24 Cover Report MHAMC 8 March 2023.pdf (2 pages)

 2.1.2a Appendix 1 Committee Annual Cycle of Business 2023-24 MHAMC 8 March 2023.pdf (3 pages)

2.2. Items for Noting

2.2.1. Action Log

Jayne Sadgrove

For Noting

 2.2.1 Action Log MHAMC 8 March 2023.pdf (4 pages)

13:00 - 13:00
0 min

3. MAIN AGENDA

3.1. Matters Arising Not Previously Considered on the Action Log

Jayne Sadgrove, Chair

3.2. GOVERNANCE

3.2.1. Organisational Risk Register

Director of Governance

There are currently no risks assigned to the Committee

13:00 - 13:00
0 min

4. IMPROVING CARE

4.1. MHA Operational Group Report

Robert Goodwin

For Discussion/Noting

 4.1 MHA Operational Group Report MHAM Committee 8 March 2023.pdf (14 pages)

4.2. MHA Quarterly Activity Report/Breaches & Unlawful Detentions

Robert Goodwin

For Discussion/Noting

 4.2 Q3 MHA Activity Erros & Breaches MHAM Committee 8 March 2023.pdf (26 pages)

4.3. Risks Relating to the Monitoring of the MHA

Ana Llewellyn

For Discussion/Noting

 4.3 Risks Related to the Monitoring of the MHA MHAM Committee 08 March 2022.pdf (5 pages)

4.4. Strategic Update from South Wales Police - Verbal

SWP Colleagues

For Discussion/Noting

4.5. Strategic Update from Local Authority Partners - Verbal

LA Colleagues

For Discussion/Noting

13:00 - 13:00
0 min

5. OTHER MATTERS

5.1. Committee Highlight Report to Board

Jayne Sadgrove, Chair

5.2. Forward Work Plan

Jayne Sadgrove, Chair

 5.2 Forward Work Plan MHAMC 8 March 2023.pdf (4 pages)

5.3. Any Other Urgent Business

Jayne Sadgrove, Chair

5.4. How Did We Do Today?

Jayne Sadgrove, Chair

13:00 - 13:00 6. DATE AND TIME OF NEXT MEETING

0 min

Jayne Sadgrove, Chair

7 June 2023 at 1.00 pm



CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

'UNCONFIRMED' MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT MONITORING COMMITTEE HELD ON 7 DECEMBER 2022, AS A VIRTUAL MEETING WHICH WAS HELD VIA MICROSOFT TEAMS

PRESENT

- Jayne Sadgrove - Independent Member/ Health Board Vice-Chair (Chair)
- Mel Jehu - Independent Member
- James Hehir - Independent Member

IN ATTENDANCE

- Robert Goodwin - Service Group Manager, Mental Health
- Alyson Jones - Merthyr Tydfil County Borough Council
- Gemma Moiller - South Wales Police
- Ana Llewellyn - Head of Nursing, Primary, Community, Mental Health & Learning Disabilities Care Service Group
- Aaron Jones -
- Mary Self - Consultant Psychiatrist
- Krishna Menon - Clinical Director for Child & Adolescent Mental Health Services (CAMHS)
- Wendy Penrhyn-Jones - Head of Corporate Governance and Board Business
- Kathrine Davies - Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

MHA/22/12/1

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting including Dr. Krishna Menon, and Dr Mary Self, who were attending their first meeting.

MHA/22/12/2

APOLOGIES FOR ABSENCE

Apologies for absence had been received from Gethin Hughes, Chief Operating officer, Julie Denley, Director of Primary, Community & Mental Health and Alexandra Beckham, Rhondda Cynon Taff County Borough Council.

MHA/22/12/3 **DECLARATIONS OF INTERESTS**

There were no interests declared.

PART 2. CONSENT AGENDA

MHA/22/12/4 **'UNCONFIRMED' MINUTES OF THE MEETING HELD ON 12 OCTOBER 2022**

Resolution: The minutes were **APPROVED** as a true and accurate record.

MHA/22/20/5 **Committee Self-Effectiveness Survey Outcome & Improvement Plan**

Resolution: The Report was **APPROVED**.

MHA/22/12/6 **Amendment to the Standing Orders – Schedule 2 Mental Health Act Monitoring Committee Terms of Reference**

Resolution: The Terms of Reference were **APPROVED**.

MHA/22/12/7 **ACTION LOG**

Resolution: The Committee **NOTED** the Action Log.

PART 3 - MAIN AGENDA

IMPROVING CARE

MHA/22/12/8 **MHA OPERATIONAL GROUP REPORT**

R Goodwin presented the report, which provided Members with an update on the work of the MHA Operational Group.

M. Jehu referred to the place of safety room within the Accident and Emergency Department at Prince Charles Hospital (PCH) and advised that he had escalated this with the Ground and First Floor Project Board. R. Goodwin thanked M. Jehu and advised that the Local Authority had also been made aware of the issues.

M. Jehu referred to the meeting that had been held with South Wales Police in relation to the Custody Suite in Bridgend with regard to Sections 135 and 136 and queried whether it had involved all Police Officers from Rhondda, Cynon and Taff areas as well as Bridgend. R. Goodwin confirmed that it had been a regional meeting for all areas of the Police Force within the Cwm Taf Morgannwg area. He advised that one of the main areas discussed at the

meeting was the practice that had been developed in the Royal Glamorgan Hospital in which there had been agreement that the Police could leave a patient after 30 minutes if they were settled. He added that clarity was required on the renewal of the policy and operational arrangements moving forward to ensure everyone was protected.

A. Jones referred to the place of safety room in Prince Charles Hospital and advised that the issue was not just about the room but also about the lack of crisis staff which also tied in with the Police leaving a patient after 30 minutes. She advised that it was a two part approach, the room was not fit for purpose and there were no crisis practitioners able to provide adequate support as they were now working from two sites.

J. Hehir referred to the fundamental breaches on page 2 of the report which stated a meeting would be held to discuss medical scrutiny of the papers and to develop guidelines with regard to this and sought clarity as to whether progress had been made. R. Goodwin advised that the outcome of this had been included within the Quarterly Activity report on today's agenda and suggested he responded to this point when that report was received.

J. Sadgrove advised that there was lots of work to be undertaken to ensure that this was operated safely and requested that the Committee receive an update at the next meeting on the improvements made.

J. Sadgrove referred to the increase in minor errors, and queried whether there was something causing this. R. Goodwin advised that they found that there had been some issues in relation to the Advanced Mental Health Practitioners (MPAs) making particular selections on the form for example, not ticking the box where immediate relative had been informed, use of abbreviations and inaccurate patient details. He advised that the checklist was reviewed continuously to ensure that it was as helpful as possible, looking to align with the all-Wales approach.

J. Sadgrove referred to paragraph 2.3 and the Register of Conditionally Discharged Patients and advised that some people had been on the list for a long time and queried whether that was normal. R. Goodwin advised that this was related to those patients whose passage through the Mental Health Act was overseen in part by the Ministry of Justice which was responsible for approval of any

discharge from conditionally discharged patients. He added that in some cases patients who had been subject to those provisions for a longer period were viewed by the Ministry of Justice as still requiring potential recall.

In response to the question, A. Jones, advised that it would be likely that patients could be on the list for a considerable amount of time, they could request an absolute discharge and could go to a tribunal, but most patients were reluctant to go through that process. M. Self added that if patients did not request a tribunal they would have a routine tribunal that comes up periodically when it was reviewed in line with the Mental Health Act requirements.

J. Sadgrove referred to paragraph 2.8 the Review of Section 3 patients detained in Older Peoples Mental Health Services who were transferred onto a Deprivation of Liberty Standards (DoLS) and queried what would normally happen. R. Goodwin, in response, advised that in most cases when patients moved onto a Section 3 that would be tested through a Tribunal Hearing which would happen quickly and those papers would be applied. However, on some occasions with older people when they move from the Mental Health Act (MHA) to the Mental Capacity Act there could be a potential issue in terms of assessments between the Advanced Mental Health Practitioners and the DoLS assessors to ascertain whether the patient had cognitive impairment.

A. Jones advised that they had been concerned as none of the AMPs had ever gone to Tribunal for a patient with dementia so they had asked the Operational Group to look at the figures because often, if someone was admitted under the detention of the MHA this would require two doctors and an AMP for them to be transferred onto DoLS. This was about ensuring that older people had the same rights as younger people and trying to understand why there had not been any Tribunals in the Merthyr Tydfil area. She advised that the Mental Health Administrators were looking at the statistics to fully understand the data.

J. Sadgrove commented that it was good to note progress with MHA training and the policy renewal process.

Resolution: The Committee **NOTED** the Report.

Action: To receive a further update on the place of safety room at Prince Charles Hospital at the next meeting.

HA/22/12/9

**MENTAL HEALTH ACT QUARTERLY ACTIVITY REPORT/
BREACHES/ANALYSIS OF UNLAWFUL DETENTIONS**

R. Goodwin presented the report that provided the Committee with an overview of MHA activity for Adult, Older Persons and Child & Adult Mental Health Services (CAMHS) for Quarter 2 July - September 2022.

M. Self referred to the consent to treatment and advised that there had been a significant staff turnaround of locum doctors recently which had contributed to the problem. She reassured the Committee that a communication had been sent out that week stating that consent to treatment and any Responsible Clinician (RC) change between two consultants would have to be confirmed and agreed by a written communication via email and this had been copied into the Mental Health Act office. It had also been raised at the most recent consultant meeting.

J. Sadgrove referred to the fundamental breach and queried why it had been completed on a joint basis. R. Goodwin advised that because they had been completed on a joint single recommendation where both doctors signed a single recommendation, if there was a problem with the application then it would invalidate the application and cause a fundamental breach. K. Menon, clarified that the issue had arisen in CAMHS and the doctor involved was from an agency. A. Jones added that there were two issues they were having with the joint forms in that the MHA administrators prefer the doctors to use separate forms but some doctors prefer joint forms as they then take the lead from the consultant.

J. Hehir sought reassurance that lessons were being learned and that they were realising the benefits of increased awareness of what was required and consistency of practice was essential. He added that the staff turnover with the number of locums was not helpful to service efficiencies.

J. Sadgrove commented that from the Committee's perspective they understood what had happened and what was being done to rectify this, however, it would be helpful to receive a further update on this within the Operational Group Report at the next meeting. R. Goodwin confirmed that they would do this and would also look over the fundamental breaches for the last 10 quarters.

J. Sadgrove referred to Section 3 Older Persons Detentions and referred to the graph that was showing Bridgend to be much higher than the rest of CTM. R. Goodwin advised that one possible explanation could be the admitting policies or arrangements with key consultants in that more patients were detained by a particular consultant who wanted to manage the risks in those ways rather than trying to admit people informally or caring for people in the community.

M. Self advised that they did not have a specific capacity form and this had occurred with some incidents last year. She advised that a working group was looking to develop a form and she would check on the progress of this. K. Menon advised that there was a form on share-point for the Royal Glamorgan Hospital and would be a good template to use as a starting point. He advised that he would share this outside of the meeting with M. Self.

A. Jones advised that the form had been developed and had been shared by R. Richards for comments.

Resolution: The Committee **NOTED** the report.

Action: Further update on fundamental breaches to be brought back to the next meeting.

Action: R. Richards to be contacted with regard to the draft form developed.

MHA/22/12/10 **RISKS RELATING TO THE MONITORING OF THE MENTAL HEALTH ACT**

R. Goodwin presented the report on behalf of J. Denley that provided an overview of the current risks relating to the monitoring of the Mental Health Act for Quarter 2 July - September 2022.

Members noted that the items raised in the previous report were also contained within this report and therefore there were no further questions to ask.

Resolution: The report was **NOTED**

MHA/22/12/11 **HIW REPORT ON CAMHS – ACTION PLAN PROGRESS REPORT**

K. Menon presented the report that provided the Committee with an update on the progress with the Action Plan.

J. Sadgrove referred to the Appendix that was indicating good progress with the Section 17 leave forms. K. Menon advised that a few things had been identified missing from the forms such as the intended outcome or purpose of the leave, and how the leave had been the requirement for a section for the patient to sign to indicate their involvement and agreement to their leave and to also contain a photograph or description of the patient to enable safe return if the patient fails to return from leave.

J. Hehir sought assurance on how confident they would be if they had an audit that they would get a good outcome. K. Menon advised that they were constrained by the structure of the form and that currently a photograph of the patient was not held on file. R Goodwin stated that a system had already been in use within forensic mental health services which included photographs and this was helpful in that this could be shared with the police should the patient go missing.

K. Menon advised that this had been discussed but was something worth looking at and he would take this back. R. Goodwin advised that he would share a copy of the form and this could be reviewed as part of the improvement and a further update at a future meeting on the actions being taken forward.

Resolution: The report was **NOTED**.

Action: To share the Missing Patient Form as part of the improvement plan.

MHA/22/12/12 **CRISIS CARE CONCORDAT NATIONAL AND LOCAL UPDATE**

A. Jones presented the report that provided the Committee with an update on progress in relation to the National and Local Crisis Care Concordat groups tasked with the successful implementation of the Wales Crisis Care Concordat National Action Plan 2019 – 2022 across the Cwm Taf Morgannwg region in collaboration with partner agencies and third sector organisations.

J. Hehir commented that it was a good report and that he would like to see more focus on benefits realisation and how the service had become more effective to demonstrate whether this was working and where it could be improved for future reports to the Committee.

A Jones advised that they had held a benefits realisation session just before this meeting and one of learning points from Cohort 1 was that Swansea Bay and Aneurin Bevan were to put a resource within the team to ensure that this was captured and it was encouraging that all the activity that went through the 111 pilot did not go through the emergency departments. It was noted that the intention was to input data into a dashboard to capture such information for future reports.

Alyson Jones referred to queries raised which included what the rationale was to just have all Registered Mental Health Nurses (RMN) and why it was not broader maybe for social work staff or teams to have a more holistic approach as a lot of queries were not only about medication, they could be, for example, about bereavement and loneliness. Aaron. Jones, in response advised that would have preferred to have lower band staffing and also staff from the third sector, however, the staffing model was being steered nationally but he would be feeding these issues back to the centre.

Resolution: The report was **NOTED**

MHS/22/12/13

STRATEGIC UPDATE FROM SOUTH WALES POLICE

G Moeller and T. Holder provided a verbal update to the Committee on the following:

- 111 Pilot and the reassurance of the progress made in CTM. A. Jones advised that the Crisis Care Concordat had been in discussions with colleagues from South Wales Police in regard to the 111 pilot and in particular a Police triage system that would migrate into 111. T. Holder advised that they had been having discussions with Swansea Bay University Health Board regarding this who were further ahead and they had been provided with a number to use outside of hours and again ensuring that there were enough people to answer the calls.
- Section 136 – The Committee were advised that there was nothing concerning at the moment, however, discharges were increasing slightly. They were looking at the outcomes of the Section 136 and trying to measure whether those detentions were of value and whether people were being signposted.

Resolution: The Committee **NOTED** the verbal update.

MHA/22/12/14 **STRATEGIC UPDATE FROM LOCAL AUTHORITY PARTNERS**

A. Jones advised that her updates had been raised within the previous agenda items so had nothing further to add.

Resolution: The Committee **NOTED** the verbal update.

PART 4 – OTHER MATTERS

MHA/22/12/15 **TO DISCUSS AND AGREE THE COMMITTEE HIGHLIGHT REPORT TO BOARD**

Resolution: The Committee considered items to include within the report and **AGREED** that the report would be prepared by the Governance Team following the meeting.

MHA/22/12/16 **FORWARD WORK PLAN**

The Chair advised that if there were any suggested items for future meetings to relay these to the Governance Team.

Resolution: The Forward Work Programme was **NOTED**.

MHA/22/12/17 **ANY OTHER URGENT BUSINESS**

MHA/22/12/18 **HOW DID WE DO TODAY**

The Chair invited members to comment and reminded them that they could also relay feedback outside of the meeting.

MHA/22/12/19 **DATE AND TIME OF NEXT MEETING**

8 March 2023 at 2:00 pm



AGENDA ITEM
2.1.2

MENTAL HEALTH ACT MONITORING COMMITTEE

MENTAL HEALTH ACT MONITORING COMMITTEE ANNUAL CYCLE OF BUSINESS 2023-24
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Date of meeting	8 th March 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies , Corporate Governance Manager
Presented by	Cally Hamblyn, Assistant Director of Governance & Risk
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The Mental Health Act Monitoring Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

1.2 The Cycle of Business covers the period 1 March 2023 to 31 March 2024.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

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

3.1 Please refer to **Appendix 1** – Mental Health Act Monitoring Committee Annual Cycle of Business for further detail. Any changes have been identified in red.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
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)
	Not required.
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 Committee is asked to **NOTE** the Committee Cycle of Business.

Mental Health Act Monitoring Committee

Cycle of Business (1st March 2023 – 31st March 2024)

The Mental Health Act Monitoring Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Mental Health Act Monitoring Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st March 2023 to 31st March 2024.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference. The Committee will function in accordance with the NHS Audit Committee Handbook.

The purpose of the Committee is to advise and assure the Board that the arrangements to monitor and review the way functions under the Act are exercised on its behalf are operating appropriately and effectively and in accordance with legislation.

Mental Health Act Monitoring Committee Cycle of Business (1st March 2023 – 31st March 2024)

Item of Business	Executive Lead	Reporting period	Jan 2023	Feb 2023	Mar 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Consent Agenda																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings			✓			✓			✓			✓			✓
Action Log	Director of Corporate Governance	All Regular Meetings			✓			✓			✓			✓			✓
Main Agenda - Governance																	
Organisational Risk Register* (* There are currently no risks assigned to the Committee)	Director of Corporate Governance	All Regular Meetings (if applicable)			✓			✓			✓			✓			✓
Mental Health Act Monitoring Committee Annual Report	Director of Corporate Governance	Annually						✓									
Mental Health Act Monitoring Committee Annual Self-Assessment	Director of Corporate Governance	Annually						✓			✓						
Mental Health Act Monitoring Committee Terms of Reference	Director of Corporate Governance	Annually						✓									
Mental Health Act Monitoring Committee Annual Cycle of Business	Director of Corporate Governance	Annually			✓												✓
Committee Forward Work Programme	Director of Corporate Governance	All Regular Meetings			✓			✓			✓			✓			✓
Main Agenda – Improving Care																	
Report from the Mental Health Act Operational Group	Lead Nurse & Chair MH Act Operational Group	All Regular Meetings			✓			✓			✓			✓			✓
Mental Health Act Quarterly Activity Report / Breaches/Analysis of Unlawful Detentions – Mental Health Act	Head of MH Nursing Merthyr & Cynon ILG	All Regular Meetings			✓			✓			✓			✓			✓
Risks related to the Monitoring of the Mental Health Act	Head of MH Nursing Merthyr & Cynon ILG	All Regular Meetings			✓			✓			✓			✓			✓
Strategic Update from South Wales Police	South Wales Police	All Regular Meetings			✓			✓			✓			✓			✓
Strategic Update from Local Authority Partners	Local Authority Partners	All Regular Meetings			✓			✓			✓			✓			✓

Item of Business	Executive Lead	Reporting period	Jan 2023	Feb 2023	Mar 2023	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
Crisis Care Concordat National and Local Update	Clinical Service Group Manager MH Rhondda & Taff Ely ILG	Six Monthly						✓						✓			

ACTION LOG - MENTAL HEALTH ACT MONITORING COMMITTEE					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at February 2023)
MHA/22/12/8	December 2022	Operational Group Report To receive a further update on the place of safety room at Prince Charles Hospital at the next meeting.	Chair/Clinical Lead Operational Group	March 2023	In Progress Update to be captured within Operational Group Report for March 23 meeting.
MHA/12/22/9	December 2022	MHA Quarterly Activity Report Further update on the Fundamental Breaches to be brought to the next meeting of the Committee.	Chair/Clinical Lead Operational Group	March 2023	In Progress Update to be captured within Operational Group Report for March 23 meeting.
MHA/12/22/11	December 2022	HIW Report on CAMHS Action Plan Progress Report To share the Missing Patient Form as part of the improvement plan	Chair/Clinical Lead Operational Group	March 2023	Complete Caswell Clinic Missing Patient Form shared with CAMHS Head of Nursing. Update on auditing of Section 17 Leave improvements requested for the 12 April 2023
MHA/22/10/10	October 2022	Risks Related to the Monitoring of the MHA Care Group to review back in relation to any themes and patterns in terms of breaches for six months time.	Primary Community & Mental Health Care Group	April 2023	In Progress Added to Forward Work Plan for May 2023

MHA/22/10/12	October 2022	Strategic Update from SWP Written Strategic Reports to be received at future meetings of the Committee	SWP	December 2022	In Progress No report received as yet – update to be provided at March 23 meeting.
MHA/22/06/13	June 2022	Processes for Learning Lessons incl. those related to the application of the MHA Operational Group to consider and discuss a consultation of carers and their experiences of the assessment process.	Head of Nursing, Mental Health, Local Authority Partners	October 2022	In progress A targeted meeting is being arranged with Advocacy Support Cymru who have been asked to assist in this work.
MHA/22/06/13	June 2022	Processes for Learning Lessons incl. those related to the application of the MHA Operational Group to consider and discuss a consultation of carers and their experiences of the assessment process.	Head of Nursing, Mental Health, Local Authority Partners	September 2022	In progress On Agenda for discussion at the next MHA Operational Group.

PREVIOUSLY COMPLETED ACTIONS

MHA/22/10/8	October 2022	Operational Group Report Clarify Position in relation to sign-off of policies and circulate response to the Committee.	Head of Corporate Governance & Board Business/Chair/Clinical Lead Operational Group	October 2022	Completed Clarification sent via email on the 12.10.22
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MHA/22/10/8	October 2022	Operational Group Report Statement of need for the Place of Safety at Prince Charles Hospital to be escalated	Director of Primary Care & Mental Health	December 2022	Completed Crisis Team Assessment room now identified and work will begin shortly to meet anti-ligature requirements. This is a temporary position to be reviewed in March 2023 with Locality Director of Nursing.
MHA/22/10/8	October 2022	Operational Group Report Broader piece of work around the crisis team to be picked up via the Crisis Care Concordat, NHS 111 and the Operational Group.	Director of Primary Care & Mental Health /Chair/Clinical Lead Operational Group	December 2022	Completed Update received at December 2022 Meeting.
MHA/22/10/9	October 2022	MHA Quarterly Activity Report Graphs to show three locality areas and CTM wide position.	Chair/Clinical Lead Operational Group	December 2022	Completed Activity and breaches report now includes timeline for each locality.
MHA/22/10/11	October 2022	Use of the MHA for Patients with a Learning Disability Written report to be received at the December 2022 meeting.	Chair/Clinical Lead Operational Group	December 2022	Completed Written update contained within Operational Group Report for December 2022 meeting.
MHA/22/10/13	October 2022	Strategic Update from LA Partners Operational Group to scope the risks around medical cover in Merthyr to articulate the extent of	Chair/Clinical Lead Operational Group	December 2022	Completed Operational group reviewing the assessments for each place of safety. New monthly group to be established to review each assessment with the police.

		the issue to relevant bodies.			
MHA/22/06/8	June 2022	Mental Health Act Quarterly Activity Report/Breaches Review the situation with regards to the lack of a computer on Ward 14 Princess of Wales Hospital.	Head of Nursing Mental Health	September 2022	Completed The issue has been address and the risk mitigated.
MHA/21/8/14	August 2021	Strategic Update from SWP Consideration to be given as to whether the Committee should receive an Annual Report from the Suicide Review Group	South Wales Police	November 2021	Complete Taken off the Forward Plan as no longer relevant to the Committee. SWP have an annual review of suicides March 2020 – 31 st March 2021. The next one will be 2021/22 and would be provided to the Committee if so required. Update 2.8.22 – added to Forward Work Plan for June 2023.



AGENDA ITEM
4.1

MENTAL HEALTH ACT MONITORING COMMITTEE

MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

Date of meeting	08/03/23
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	(Robert Goodwin, Clinical Service Group Manager Bridgend ILG)
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Presented by	(Robert Goodwin, Clinical Service Group Manager Bridgend ILG)
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Approving Executive Sponsor	Ana Llewellyn, Nurse Director, Primary Care, Community and Mental Health in the absence of Deputy COO Primary Care, Community and Mental Health
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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
(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 07 December 2022. The meeting on 27 January 2023 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 Q3, October - December 2022

The group noted the 3 occasions in which Section 4 had been applied (2 in the Princess of Wales Hospital and 1 in the Royal Glamorgan Hospital) and the 2 occasions when the Nurses Holding Power Section 5(4) had been used (once in the Royal Glamorgan Hospital and once in Angelton Clinic). The number of minor errors has reduced to 18 which compared favourably with 36 in Q2. There was a single adolescent admission into the Royal Glamorgan Hospital and the number of Section 136 detentions had reduced from 73 in Q2 down to 36 in Q3. The group noted the death of a patient detained under Section 37 of the Mental Health Act in November 2022.

2.2 Fundamental Errors and Breaches, Two Year review April 2020/March 2022

Professional	Section	Description of error	Total
Doctor	5(2)	Use of English Form	1
		Not signed, timed or dated	5
	2	Form HO4 not signed/dated	1
	2	Form HO3 failed medical scrutiny	1
	2	Professional conflict of interest	1
	2	Improper use of s2- Consecutive use of Section 2, without a significant change in presentation, which was agreed by the Clinical Director.	1
AMHP	2	Form HO2 stated wrong hospital	1
	2	Form HO2 not signed	1
	3	Form HO6 not signed/dated	1
	2	Inappropriate use of s2- The AMHP mistakenly believed that they could not detain under Section 3 as they had not been able to speak to the nearest relative and used a consecutive Section 2	1
Nurse	2	Form HO14 not signed/dated	1
	S5(4)	Patient on a CTO	1
TOTAL			16

The group considered a 2 year review of Fundamental Errors and agreed to go back further in time to understand if there were any longer term trends for discussion at the next meeting. The existing receipt and scrutiny check list had been updated and training boards were being placed on all wards which described the Section 5(2) process for medical staff. The Mental Health Act Manager also participates in the Junior Doctor Induction Program and will attend future AMHP team meetings.

2.3 Hospital All Wales Benchmarking Report for Q3 2022/23

The report compared Mental Health Act activity among the 6 Health Boards in Wales. Variations in the use of Section 136, CTO's and the number of Fundamental Errors/Breaches are shown in the tables below:

Patients Subject to Section 136

Swansea Bay UHB	Aneurin Bevan UHB	Bets Cadwaladr UHB	Cardiff & Vales UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys Teaching UHB
35	73	135	119	36	31	4

Adult Patients Placed on a CTO

Swansea Bay UHB	Aneurin Bevan UHB	Bets Cadwaladr UHB	Cardiff & Vales UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys Teaching UHB
16	5	14	3	6	3	1

Fundamental Errors/Breaches

Swansea Bay UHB	Aneurin Bevan UHB	Bets Cadwaladr UHB	Cardiff & Vales UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys Teaching UHB
8	0	1	3	2	4	0

2.4 Hospital Managers Power of Discharge Committee Meeting – 09 November 2022

The Operational Group considered the Minutes of the Hospital Managers Power of Discharge Committee held on 09 November 2022. Clinical colleagues have been reminded about the need to ensure their reports had been prepared within the previous 3 months. The group had re-elected the current Chair and the Vice Chair for a further two years. The Health Board had received a single expression of interest for the position of new Hospital Manager posts and an interview was being scheduled. Appraisal meetings were being scheduled for the 10 existing Hospital Managers.

2.5 **Joint Parliamentary Committee on the draft Mental Health Bill**

The joint committee has recently published its report which includes an examination of how the draft bill; would ensure fewer people were detained against their wishes, promote patient choice, address racial inequalities and end the inappropriate long-term detention of people with learning disabilities and autism.

Key recommendations to Government include:

- Creation of a new statutory Mental Health Commissioner post
- The principles underpinning the 2018 review and respect for racial equality should be included in the Bill
- Health organisations should appoint a responsible person to collect and monitor data on detentions under the MHA, broken down by ethnicity, with annual figures published by Government, and to implement policies to reduce inequalities
- Community Treatment Orders are used disproportionately for black and ethnic minority patients and should be abolished for the majority of patients, except those involved in criminal proceedings or under sentence where their continued use should be reviewed
- Strengthened duties for Integrated Care Boards and Local Authorities to ensure adequate supply of community services for people with learning disabilities and autistic people to avoid long-term detention
- Patients detained or previously detained under the MHA should have a statutory right to request on advance choice document is drawn up

2.6 **Review of the Cwm Taf Morgannwg Emergency Duty Team**

The acting EDT AMHP Team Leader attended the Operational Group and confirmed the limited staffing levels during the night and the need for the team to prioritise safeguarding concerns. The report identifies that 'partner agencies' don't feel there is enough provision and are frustrated with how often they reach out to EDT and EDT can't help'.

The acting EDT Team Leader confirmed the EDT did not routinely have problems obtaining a Section 12 Approved Doctor for the purpose of a Mental Health Act assessment. The group were aware of some difficulties in obtaining Section 12 Approved Doctors during the day and the provision of AMHPs from the EDT at night. The Operational Group asked the local AMHPs in their monthly regional team meeting to provide the evidence to the EDT about waiting times for their service. This would also be considered by JM within the EDT.



**Review of the Cwm Taf Morgannwg
Emergency Duty Team**
Summary of Findings and Recommendations
Report for Rhondda Cynon Taf County Council

Practice Solutions Ltd
Jon Morgan, Imogen Blood & Maxine Bell
April 2022



2.7 St John's Ambulance Cymru Mental Health Conveyance Scheme Update

The National Collaborative Commissioning Unit have published their first year review of this pilot scheme which aims to improve the timeliness of patient conveyance and the patient experience. The average response time was 84 minutes during the day and 208 minutes during the night. Journey distances averaged 27 miles in the day and 24 miles at night. Informal feedback from all partners has been positive and the scheme helps Approved Mental Health Professionals effect rapid conveyance. The Operational Group continues to promote the scheme and has confirmed with the Commissioning Unit that journeys can be booked directly with St John's Ambulance before first calling the South Wales Ambulance Service.

The poster features a photograph of several St John Ambulance Cymru vans parked in a garage. The vans are white with yellow and green reflective stripes. The St John Ambulance Cymru logo is in the top right corner. The text on the poster includes the organization's name, the title 'Mental Health Conveyance', a contact number for designated persons, social media handles, and logos for GIG CYMRU NHS WALES and the National Collaborative Commissioning Unit. It also mentions the organization's registration details.

St John Ambulance Cymru

Mental Health Conveyance

If you are a designated person Call - 03300-586591

St John Ambulance Cymru,
Priory House, Beignon Ct,
Cardiff CF24 5PB

www.sjacymru.org.uk

Registered in England and Wales. Charity number 250523.

@SJACymru

Uned Gemisiynu
Cydwethroedol Cenedlaethol
National Collaborative
Commissioning Unit

2.8 **Section 140 of the Mental Health Act 1983**

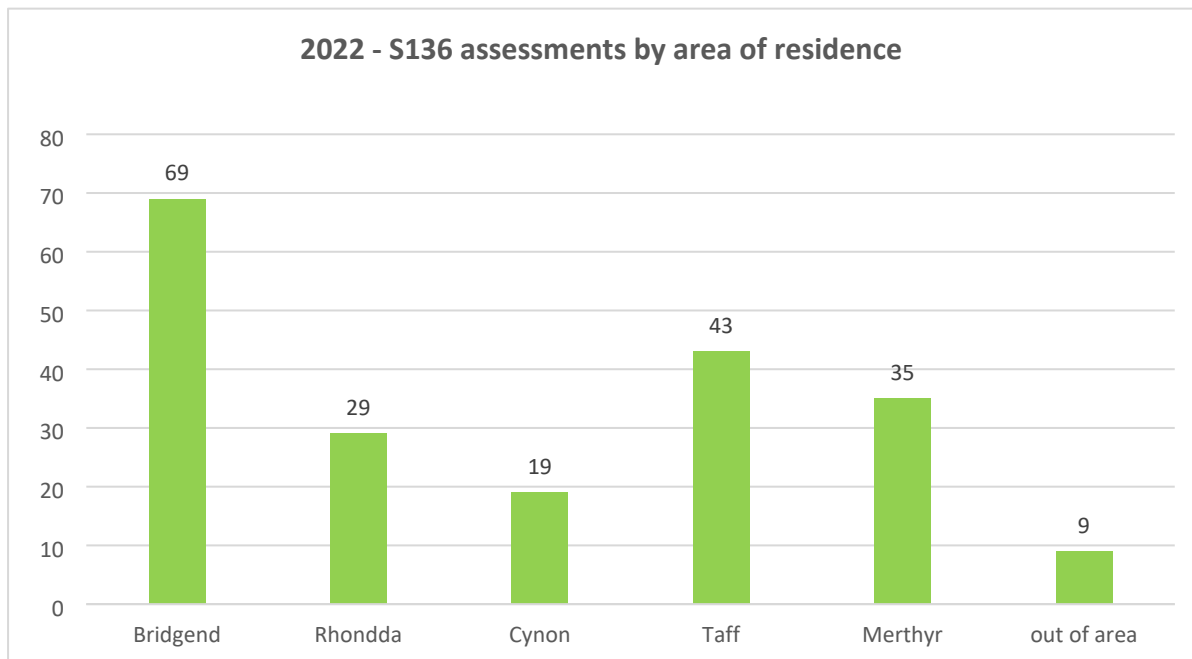
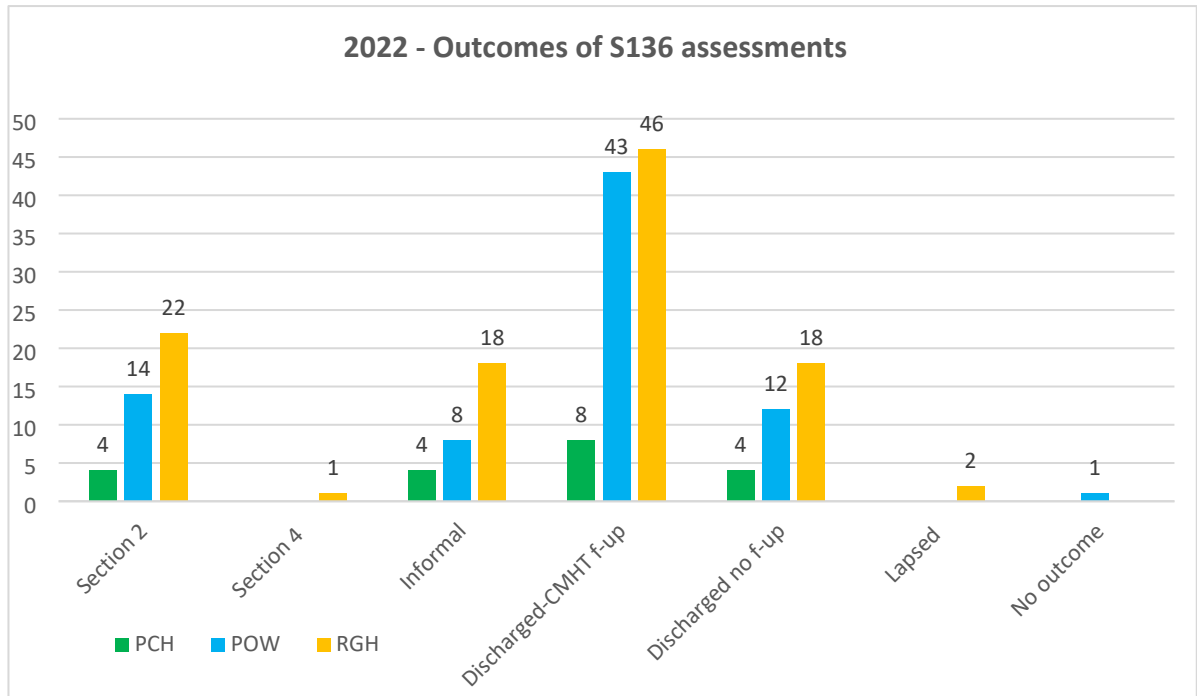
Paragraph 14.70 of the "Mental Health Act 1983: Code of Practice for Wales" states:

"Local health boards are responsible for commissioning mental health services to meet the needs of their areas. Under section 140 of the Act, local health boards have a duty to notify local authorities in their areas of arrangements which are in force for the reception of patients in cases of special urgency or the provision of appropriate accommodation or facilities specifically designed for patients under the age of 18."

The Mental Health Act manager understands from attendance at the All Wales group that no Health Board within Wales has a current Section 140 Policy. The group are helping to review arrangements and share any policy examples as they develop. Across the UK access to mental health beds can be a challenge both within the NHS and Independent Sector. Notwithstanding this examples where a proposed detention cannot be delivered because of a lack of beds is rare. Health Boards across Wales support each other in providing emergency short term access to beds where there are capacity issues in individual Health Boards.

2.9 **Use of Section 136 and the Individual Places of Safety January – December 2022**

The Operational Group reviewed the Section 136 activity through 2022 and has agreed to complete a 3 year review for consideration at its April meeting. The table below shows the reduced use of the Prince Charles Hospital Place of Safety which transfers to the Royal Glamorgan Hospital out of normal working hours. Nurse Director, Primary Care, Community and Mental Health and the Deputy Director or Nursing have recently attended a site meeting at the Emergency Department within Prince Charles Hospital to seek assurance on the progress to upgrade the current place of safety. The scheme content was reconfirmed and the Estates Department have been asked to prioritise this work. The local Crisis Team have completed a risk assessment to help manage ongoing risks in the interim period.



The Operational Group discussed reported delays in the availability of Section 12 Approved Doctors. The AMHPs reported these delays during normal working hours when medical staff were engaged in other pre-planned activities such as Outpatients. This was confirmed by the EDT Team Manager who did not report any particular problems out of normal working hours when the on call system was available to provide such medical staff. There was a shortage of specific detail and it was agreed that the monthly Police Liaison Group would be a good place to capture examples of any delays in the provision of Section 12 Doctors.

2.10 **Mental Health Review Tribunal - arrangements and venues**

The Mental Health Review Tribunal for Wales have issued new 'Guidance on the Minimum Security Requirements and Amenities for Mental Health Tribunals in Wales'. The guidance sets out minimum standards for accommodation and suggests if a patient is being treated in the community a venue other than a hospital may be more suitable. The guidance also requests the reservation of parking places for the 3 Tribunal members and the completion of a risk assessment for the Hearing Room by the Mental Health Act Administrator in advance of the Hearing. A meeting is being scheduled with the Tribunal Office to discuss the new requirements.

The Tribunal were also to offer patients 'face to face' or video conferencing Hearings for a 6 month trial period starting 01 March 2023.

2.11 **Feedback on the application of the Mental Health Act following recent Healthcare Inspectorate Wales (HIW) Inspections:-**

1) Review of Discharge Arrangements from Adult Inpatient Mental Health Units within CTMUHB

HIW have completed the above review which included on site patient case study reviews of 9 patients admitted to the Princess of Wales Hospital Mental Health Unit and 18 case reviews for patients admitted onto the Royal Glamorgan Hospital Mental Health Unit.

The Health Board is awaiting publication of the final report on 07 March 2023 which it is understood will include a number of recommendations relating to discharge planning.

2) Visit to Angelton Clinic - 14 – 16 November 2022

Following the visit the inspectors gave some informal feedback which indicated that documentation required by legislation under the Mental Health Act was in place. They did identify an example where the Consent to Treatment form was not kept with the patient's medication chart and reminded staff of a need to ensure that there was an ongoing process for the provision of patients' rights under the Act. There were some immediate concerns following the visit none related to the Mental Health Act. The Health Board is awaiting publication of the final report on 15 March 2023.

3) Visit to North Bridgend CMHT - 13 – 14 December 2022

During the informal feedback from the visiting inspectors, compliance with provisions of the Mental Health Act was found to be good. The inspectors did indicate the value of introducing an audit process to confirm the 'reading of rights to patients' subject to a Community Treatment Order (CTO). The Mental Health Act Team will develop the existing audit protocol to include this recommendation. The Operational Group has asked Advocacy Support Cymru to obtain some patient feedback on the use of CTO's. The Health Board is awaiting publication of the final report on 16 March 2023.

2.12 Independent Mental Health Advocacy – Q3 Report

52 referrals had been received in Q3 for detained patients and 93 for informal patients. 80 of the referrals were for females with the remainder being for males. There remained lower levels of activity for Bridgend and a targeted meeting was to be arranged with Advocacy Support Cymru to discuss this.

2.13 Mental Health Act Training

A training event on the role of the Nearest Relative had taken place on 13 October 2022. This would help support AMHP colleagues in avoiding errors on Mental Health Act documentation. Training was provided on people with mental health problems who commit offences on 06 December 2022. Medication Awareness training for Associate Hospital Managers has been arranged for 09 March 2023.



2.14 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.

Schedule of Operational Policies

REF NUMBER	TITLE	LEAD PERSON	PROGRESS
MH09	Hospital Managers Operational Procedure	MHA Team Manager	Agreed 09/07/2021
MH12	Section 17 leave policy	MHA Team Lead	Agreed 09/07/2021
MH28	Hospital Managers Scheme of Delegation	MHA Team Manager	Agreed 09/07/2021
MH04	Community Treatment Policy	MHA Team Manager	Agreed 15/10/2021
MH17	Section 132&133 patient's rights procedure	MHA Team Lead	Agreed 06/05/2022
New	Allocation of Responsible Clinician	MHA Team Manager	Agreed 05/08/2022
MH06	Section 5 (4)	MHA Team Manager	Agreed 27/01/2023
MHA117	Section 117 Policy	MHA Team Lead	Working group to meet 14/02/2022. Policy to be ratified at next Operational Group meeting on 28/04/2023
MH03	Section 136	MHA Team Lead	Awaiting Police to update national policy- 23/08/2022
MH02	Section 135(1) Section 135(2)	MHA Team Lead	Awaiting Police to update national policy-23/08/2022
MH16	IMHA Procedure	MHA Team Manager	For review Lapsed 18/07/2021-AT awaiting Policy update from LD
MH29	Applying to become an Approved Clinician	MHA Team Manager	For review Lapsed 18/07/2021
MH07	Section 5 (2)	MHA Team Lead	In progress- for ratification in next Operational Group meeting on 28/04/2023
MH08	Consent to Treatment Sec 58 and Sec 58a	MHA Team Manager	In progress- for ratification in next Operational Group meeting on 28/04/23

AGREED
 FOR REVIEW
 FOR PRIORITY REVIEW

The Operational Group approved the Nurses Holding Power Section 5(4) Policy at their meeting on 27/01/23

2.15 Operational Group Work Plan

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

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.	April 2023
Audit	MHA Team to complete audit of Inpatient Statutory Documentation and report to Operational Group.	April 2023
Policy Work	All remaining policies identified as a priority for review to be ratified at the Operational Group meeting on 28/04/23.	April 2023
Monitoring of Section 12 Doctor waiting times for Section 136 Assessments	Monthly Policy Liaison meetings are to be used to collect information on waiting times for Section 12 Approved Doctors.	June 2023
Nominated Adolescent Bed on Adult MH Wards	Capital funding and policy work to be concluded in order to facilitate the transfer of this service to Ward 14 POWh.	June 2023
Monitoring of AMHP waiting times	The regional monthly AMHP meetings are to be used to monitor waiting times from the EDT service.	June 2023

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

3.1 Review of Cwm Taf Morgannwg Emergency Duty Team

Waiting times for AMHPs out of hours can be extended. The Regional AMHP Group is to monitor this waiting activity.

3.2 Waiting times for Section 12 Approved Doctors

Waiting times for Section 12 Doctors to complete a Mental Health Assessment can be extended during the day when medical staff are engaged in other scheduled duties. The monthly Police Liaison Group will closely monitor waiting times for patients requiring a Section 136 Mental Health Act Assessment.



3.3 **Review of General Hospital Place of Safety Arrangements**

Concern has previously been raised about the suitability of the Prince Charles Hospital Place of Safety which is located within the Emergency Department. The temporary upgrading of a room prior to the development of a more permanent solution on the site has been prioritised within the Estates Department.

3.4 **Fundamental Errors and Breaches of the Mental Health Act**

A range of actions are being taken to reduce the above errors. The Operational Group also closely monitors performance in comparison with other Health Boards. The information in the Q3 All Wales Benchmarking return has shown our Health Board to compare favourably with other areas.

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)	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



5. RECOMMENDATION

5.1 The committee is asked to **NOTE** the work of the MHA Operational Group.



AGENDA ITEM

4.2

MENTAL HEALTH ACT MONITORING COMMITTEE

**ACTIVITY REPORT AND BREACHES AND ERRORS FOR QUARTER 3
(OCTOBER-DECEMBER 2022)**

Date of meeting	8 th March 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Mrs Alison Thomas -Mental Health Act Team Manager Jeremy Burgwyn – Mental Health Act Team Leader
Presented by	Mr Robert Goodwin- Service Group Manager, Bridgend
Approving Executive Sponsor	Ana Llewellyn, Nurse Director, Primary Community and Mental Health in the absence of Deputy COO Primary Community and Mental Health
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Mental Health Act office staff		SUPPORTED

ACRONYMS	
MHA	Mental Health Act
CTMUHB	Cwm Taf Morgannwg University Health Board
CAMHS	Child & Adolescent Mental Health Services
CTO	Community Treatment Order
RC	Responsible Clinician
AC	Approved Clinician
AMHP	Approved Mental Health Professional
CoPW	Code of Practice for Wales
PICU	Psychiatric Intensive Care Unit
POW	Princess of Wales Hospital
RCT	Rhondda Cynon Taf
CMHT	Community Mental Health Team

Summary

In the reporting period , there has been an decrease in detentions within Adult services, Olders Persons remained the same, whilst the CAMHS service has witnessed an increase in detentions between Q2 and Q3 of the current year.

Section 4 was applied on three occasions during the reporting period. The nurse's holding power under Section 5(4) was applied on two occasions during the quarter.

There were 2 fundamentally defective errors, the details of which are included at the end of this report and which will be considered by the monitoring committee when it meets on 8th March 2023.

In Quarter 3, there were 18 minor errors on section papers, all of which were rectified within the fourteen day limit as per Section of the MHA. This compares with 36 in Q2, which represents an decrease of 50%



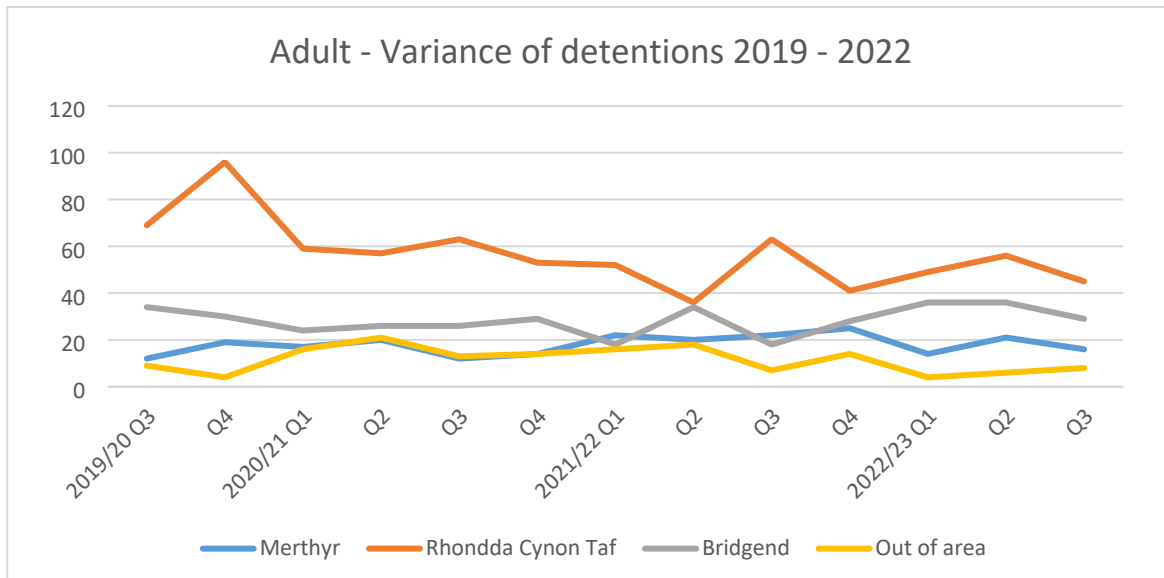
1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within CTMUHB. This report presents the MHA activity to the MHA Monitoring Committee in respect of Q3 (October – December 2022).
- 1.2 Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and AMHPs within 14 days of admission to hospital. While the minor errors are defined by “principal de minimus” (meaning they are immaterial and too small to be of any consequence), the fundamental errors (breaches) are more serious and require further attention and scrutiny to ensure that lessons are learned and the breach does not reoccur.
- 1.3 The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB.
- 1.4 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.5 A Glossary of terms is attached for ease of reference (Appendix 2.)

2. SPECIFIC MATTERS FOR CONSIDERATION BY THE COMMITTEE (ASSESSMENT)

- 2.1 This quarterly MHA activity report is distributed to members of the MHA Operational Group Meeting and is considered at individual Clinical Service Group Quality & Risk meetings. Trends are monitored to highlight and manage any risks to the organisation.
- 2.2 Adult Detentions

There has been a decrease of 20.35% in the total number of detentions, which has dropped from 113 to 90 between Q2 and Q3. The number of detentions under S5 (2) decreased from 23 to 16. Section 2 detentions decreased from 62 to 48 with the number of Section 3 detentions decreasing from 25 to 21.



The mean figures for each area during 2019 and 2022 are shown below, along with the figures for Q3.

Locality	Mean 2019/22	Q3 2022/23
Merthyr	18	16
Rhondda Cynon Taff	57	45
Bridgend	28	29
Out of area	12	8

2019/22 Mean to Q3 shifts as follows:

- In Merthyr detentions decreased from baseline mean by 2 (11%) from 18 to 16
- In Rhondda Cynon Taff detentions decreased from baseline mean by 12 (21%) from 57 to 45
- In Bridgend detentions increased from baseline mean by 1 (4%) from 28 to 29.
- Out of area detentions decreased from baseline mean by 4 (33%) from 12 to 8.

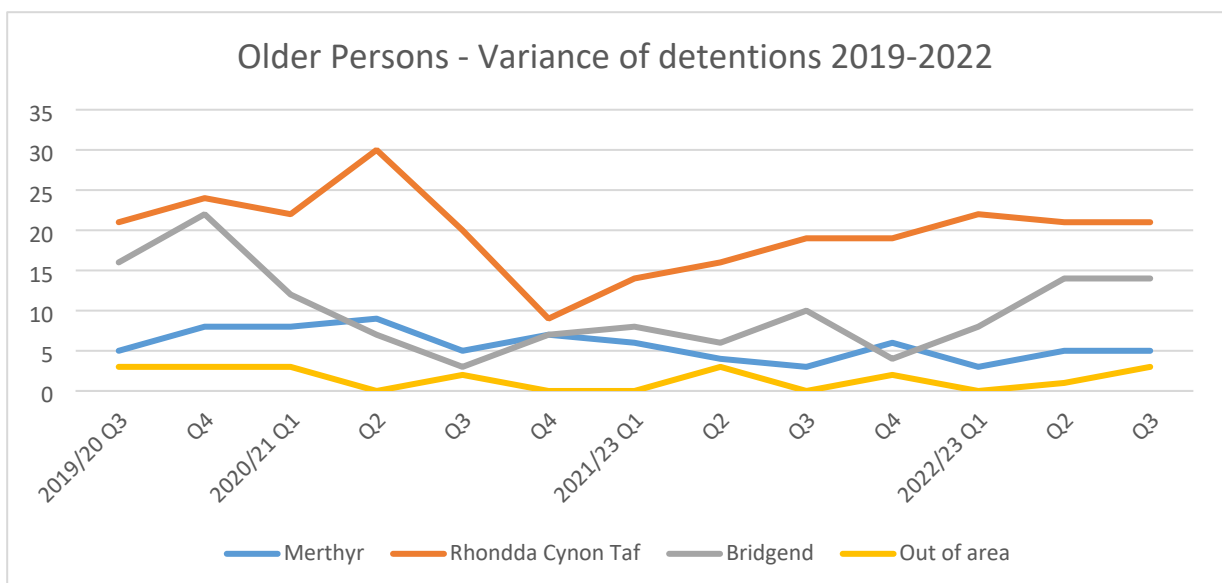
In Q3, there was 1 occasion when the nurses' holding power under Section 5(4) was utilised in the Royal Glamorgan Hospital. This patient was assessed by a

doctor within the 6-hour period and regraded to Informal status , in line with the guidance in the Code of Practice for Wales.

Section 4 was used on three occasions within the reporting period, two in Princess of Wales Hospital and one in Royal Glamorgan.
All three section 4's were converted to section 2 within 24 hours.

2.3 Older Persons Detentions

The total number of detentions in Older Persons services remained the same in Q3 as Q2 at 40, with variance across the localities as below:



The mean figures for each area during this time period are shown below, along with the figures for Q3.

Locality	Mean 2019/22	Q3 2022/23
Merthyr	6	5
Rhondda Cynon Taf	20	21
Bridgend	10	14
Out of area	2	3

2019/22 Mean to Q3 shifts are as follows;

In Merthyr detentions decreased from baseline mean by 1 (17%) from 6 to 5.

In Rhondda Cynon Taff detentions increased from baseline mean by 1 (5%) from 20 to 21.

In Bridgend detentions increased from baseline mean by 4 (40%) from 10 to 14.

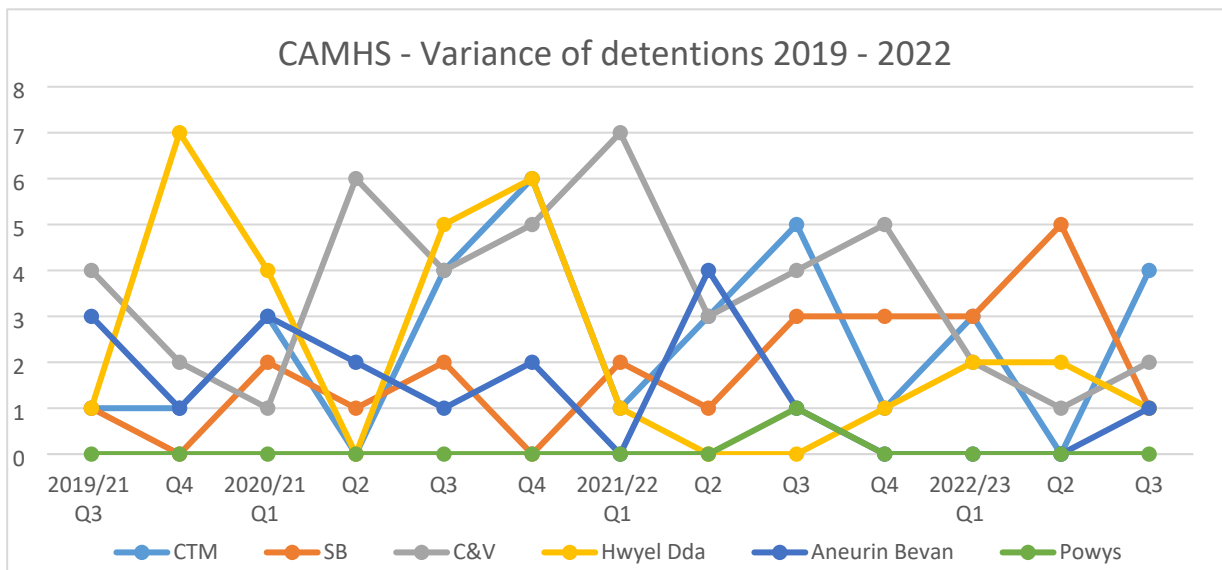
Out of area, detentions increased from baseline mean by 1(50%) from 2 to 3 .

2.4 CAMHS Detentions

CAMHS detentions witnessed an increase.

In Q3, there were 9 detentions (1 from Swansea Bay UHB, 1 from Hywel Dda UHB, 2 from Cardiff and Vale UHB, 1 Aneurin Bevan and 4 from Cwm Taf Mrgannwg UHB).

In Q3, 9 younger persons were detained in Ty Llidiard and the designated CAMHS bed in RGH.



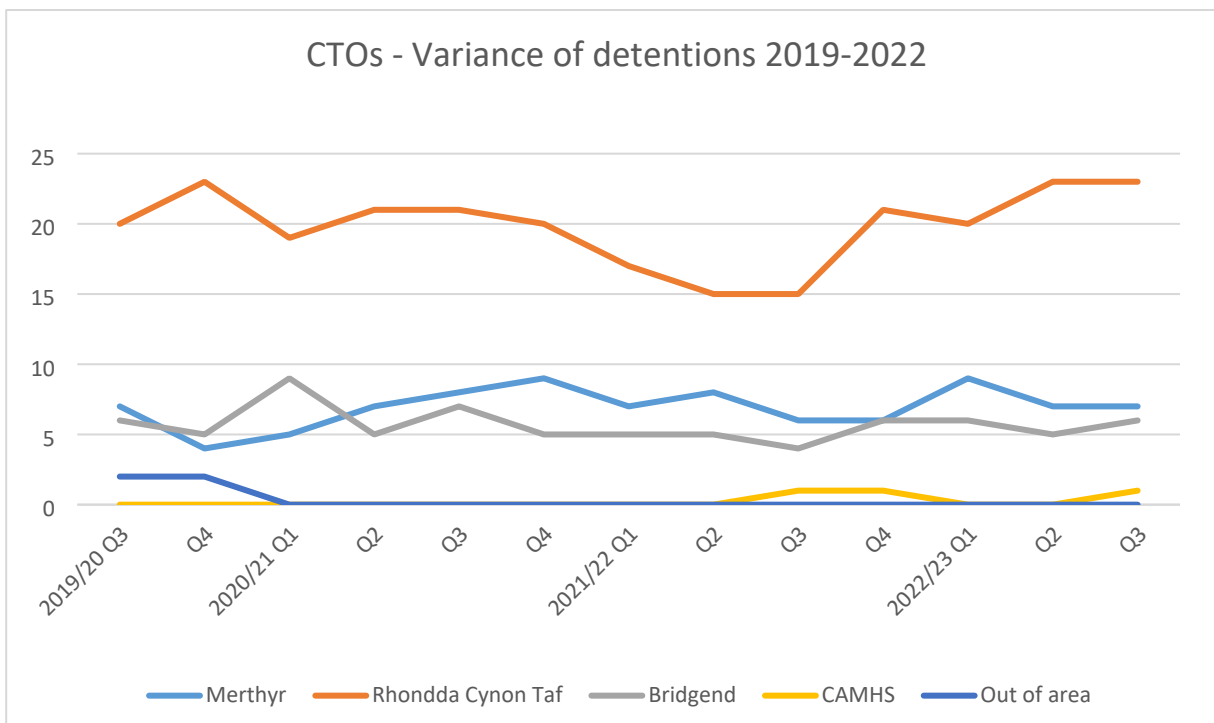
The mean figures for each area during this time period are shown below, along with the figures for Q3.

Health Board	Mean 2019/22	Q3 2022/23
Cwm Taf Morgannwg	2	4
Swansea Bay	2	1
Cardiff & Vale	4	2
Hywel Dda	2	1
Aneurin Bevan	1	1
Powys	0	0

2.5 Community Treatment Orders (CTO)

There were 10 new CTOs applied in Q3 of the current reporting period, in comparison with 8 in Q2.

In Q3, there were 10 CTOs extended, 2 recalled, 2 recalled and revoked. 2 patients were discharged from detention under CTO in the quarter.



The mean figures for each area during this time period are show below.

Locality	Mean 2019/22	Q3 2022/23
Merthyr	7	7
Rhondda Cynon Taf	20	23
Bridgend	6	6
CAMHS	0	1
Out of area	0	0

There were 37 CTOs in place as at the end of Q3.

2.6 Use of Section 135/136 Police Powers

Section 136 detentions decreased from 73 in Q2 to 36 in Q3- a 51% decrease
Section 135 detentions increased from 3 in Q2 to 4 in Q3- a 33% increase

Use of Section 135 and 136 by area for Q3 2022/2023

Area	Q2 2022/23	Q3 2022/23
Merthyr	15	9
Rhondda Cynon Taf	38	14
Bridgend	22	15
Out of area	1	2
Total	76	40

The triage scheme that works alongside SWP should ensure that patients are being appropriately signposted to the correct service rather than receiving a crisis assessment.

The new electronic forms are helping police officers ask the right questions to patients, which may possibly lead to an increase in informal crisis assessments.

The use of Section 136 will continue to be monitored in the MHA Operational Group meeting. Any trends will be discussed and reported back to the Committee.

2.7 Current Challenges

The MHA team are experiencing problems with processing the s12 claim forms from doctors, who have undertaken Mental Health Act assessments.

Initially, the issue was the lack of communication by pay role , informing the team of the change of email address for the submission of the forms, which appears to have been resolved.

There is some confusion within the pay role department if section 12 doctors (being employed by CTM) and our locum doctors are eligible for payment., as they deemed MHA assessments to be part of their daily duties.

There also appears to be a difference of opinion within our Clinical Directors. This issue has been escalated to senior management as urgent clarity is required for all involved.

2.8 Errors and Breaches

There were 2 fundamentally defective errors during Q3, which is the same as in Q2.

❖ 2 Invalid Section 2s

Rectifiable Errors

These are minor errors resulting from inaccurate recordings, which can be rectified under Section 15 of the Act. Examples include incomplete addresses and misspelled names.

The application or medical recommendation, if found to be incorrect or defective, may, within that period, be amended by the person by whom it was signed. Upon such amendments being made the application or recommendation shall have effect and shall be deemed to have had effect as if it had been originally made.

Fundamentally Defective

These are errors, which cannot be rectified under Section 15 and render the detention unlawful, therefore resulting in a breach of the Act.

Examples include unsigned section papers, incorrect hospital details or the wrong form being used. Medical recommendations and applications that are not signed cannot be remedied under Section 15 and therefore render the detention invalid.

Administrative and medical scrutiny of section documentation is carried out by the MHA Office and medical staff approved under Section 12 of the Act to ensure compliance and to identify any amendments needed within the target time limit. The majority of errors recorded within this report are minor, relating to demographics.

All breaches are reported via DATIX to enable monitoring and for training to be put in place as necessary.

- 2.9 The total number of minor errors across all services was 18, all of which were rectified within the time limit.
- 2.10 The table below provides a more detailed breakdown of the type of error.

This data is included for information only and should be of little concern to the committee due to it's inconsequential nature.

Rectifiable Errors		POW		RGH					YCC	YGT	
Responsible for Error	Forms	PICU	Acute Medical Unit	Admissions	21	22	PICU	St David's	7	Seren	Total
AMHP	HO2	1	1	2	1		1	2			8
AMHP	HO6							1		1	2
Doctor	HO3										0
Doctor	HO4			2			2		1	1	6
Doctor	HO8								1		1
Doctor or Nurse	HO12										0
Nurse	HO14					1					1
Other UHB	TC1										0
	Total	1	1	4	1	1	3	3	2	2	18

2.11 The breakdown of errors will assist the MHA team in identifying areas of concern, which will highlight the priority areas for MHA training.

2.12 The overall aim is to reduce the number of minor errors and eliminate any fundamental breaches of the Act.

2.13 The total number of fundamentally **defective** errors across all services in Q3 was 2 as there were in Q2. As mentioned previously, whereas the minor errors are inconsequential, the fundamentally defective errors (breaches) require investigation by the MHA team and are always reported via the Datix system.

2.14 The breaches are broken down below into hospitals and wards

Fundamental Errors	RGH	YGT	
Sections	Ward 6	Seren	
Section 2	1	1	
Total	1	1	2

Invalid Section 2

2.15 The patient was detained under S2 of the MHA on 14/12/2022.

2.16 Upon receipt of the scanned copies of the detention paperwork on 15/12/2022, the MHA team discovered that the AMHP's application (Form HO2) had been made out to the wrong hospital.

- 2.17 RGH had been stated on the application form instead of YGT, which rendered the detention invalid.
- 2.18 The MHA team advised the Responsible Clinician to immediately discharge the patient from detention under section 2, by completion of a Form HO17 and to assess if the patient required further detention under the Act.
- 2.19 The nursing staff were requested by the team to orally inform the patient that they were no longer detained under S2 of the Act and the MHA team formally wrote to the patient.

Invalid Section 2

- 2.20 2.20 A section 2 discharge Form HO17 was received by the MHA office on 22.12.22 at 13:30.
- 2.21 The MHA team were unaware of the patient being detained under s2 since 18.12.22.
- 2.22 The MHA team manager called to the general ward in RGH to locate the statutory paperwork, only to discover that they no Form HO14 had been completed.
- 2.23 2.23 As the paperwork had not been receipted on behalf of the Hospital Managers, the detention was deemed invalid.
- 2.24 As the Responsible Clinician had already discharged the patient from liability to be detained, the ward manager was informed of the error and explained the importance of contacting the MHA office when they have a detained patient on the ward.
- 2.25 The MHA team informed the patient by letter explaining the illegal detention.
- 2.26 The MHA office have since met with the liaison team in RGH and established a protocol for the receipt and scrutiny of section papers on the general wards within the Health Board. This includes guidance on the completion of the Form HO14 and the use of the receipt & scrutiny checklist.

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

3.1 Until the introduction and roll out of WCCIS, all data relating to MHA detentions, applications and referrals under the MHA 1983 are recorded on an Excel spreadsheet.

All further options of using different electronic systems, such as the PIMS+ to record and monitor MHA activity, which allows for the production of accurate reports, have been dismissed.

3.2 The second audit of statutory documentation for detained patients has been completed. This has again highlighted that the wards across CTMUHB are still using different types of health records; Adult wards in old Cwm Taf use Care Partner, whereas Older persons Mental Health, CAMHS and Bridgend wards, all use paper based records.

Compliance with the filing of statutory documentation, as recommended by HIW is higher on those wards which use electronic records than paper based files.

The consent to treatment element of the audit emphasised that some wards were not fully compliant with the Code of Practice for Wales :

Chapter 25.22- which states that a copy of the current certificate to treat the patient must be kept with the prescription chart.

Chapter 25.84 – which requires a new consent to treatment certificate to legally treat the patient, when there is a permanent change of Responsible Clinician.

The MHA manager has addressed these concerns with the required professionals and emphasised the importance of nursing staff completing the weekly section 58 audit. This will help mitigate non-compliance in these areas.

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)	Safe Care If more than one Healthcare Standard applies please list below:



<p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p>	<p>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.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p> <p>The MHA Operational Group meets bi-monthly to review the application of the Act across CTMUHB</p>
<p>Legal implications / impact</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>
<p>Resource (Capital/Revenue £/Workforce) implications / Impact</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
<p>Link to Strategic Goals</p>	<p>Improving Care</p>

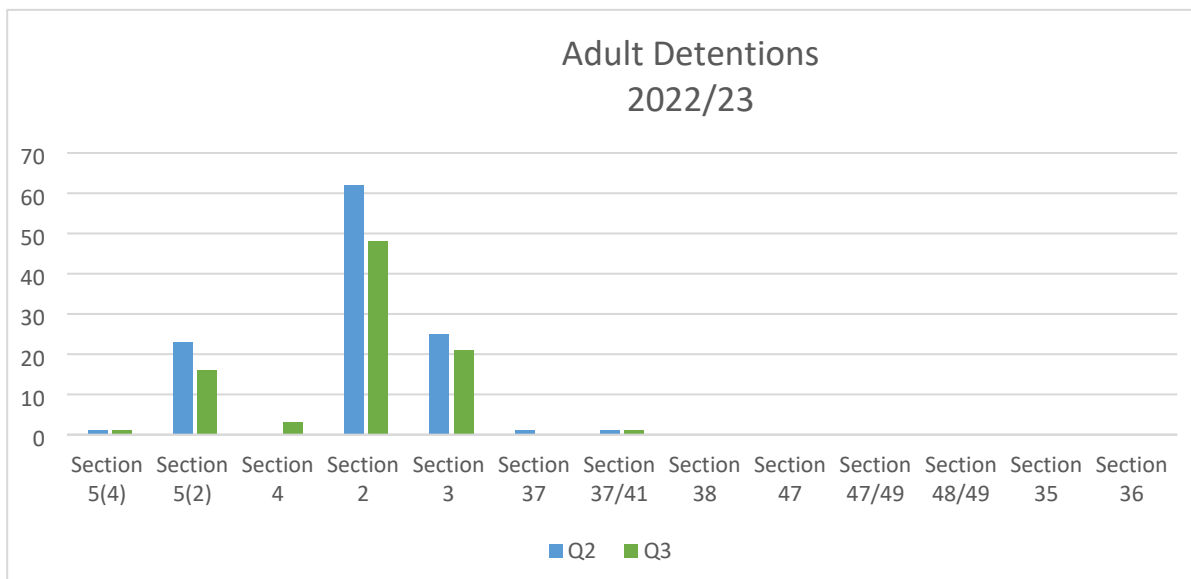
5. RECOMMENDATION

5.1 The MHA Monitoring Committee is asked to:

- **DISCUSS** and **NOTE** the report

Appendix 1.

Quarter 3 MHA Adult Activity 2022/2023



Quarter 3 MHA Adult Activity 2022/2023

Section	Q2	% of total	Q3	% of total
Section 5(4)	1	0.88%	1	1.11%
Section 5(2)	23	20.35%	16	17.78%
Section 4	0	0.00%	3	3.33%
Section 2	62	54.87%	48	53.33%
Section 3	25	22.12%	21	23.33%
Section 37	1	0.88%	0	0.00%
Section 37/41	1	0.88%	1	1.11%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	113	100%	90	100%

*there were 8 out of area detentions in Q3

Number of Adult MHA detentions per locality

Area	Q2 2022/23	Q3 2022/23
Merthyr	21	16
Rhondda Cynon Taf	56	45
Bridgend	36	29
Out of area	6	8

Quarter 3 MHA Older Persons Activity 2022/2023



Quarter 3 MHA Older Persons Activity 2022/2023

Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	1	2.50%
Section 5(2)	4	10.00%	8	20.00%
Section 4	0	0.00%	0	0.00%
Section 2	24	60.00%	25	62.50%
Section 3	11	27.50%	6	15.00%
Section 37	1	2.50%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%

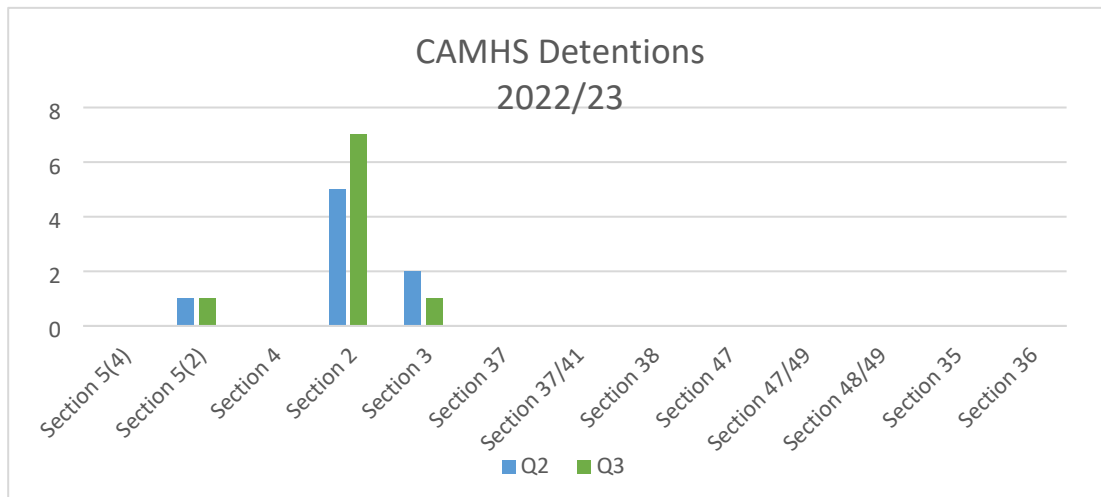


Total	40	100%	40	100%
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Number of Older Persons MHA detentions per locality

Area	Q2 2022/23	Q3 2022/23
Merthyr	5	5
Rhondda Cynon Taf	21	21
Bridgend	14	14
Out of area	1	3

Quarter 3 CAMHS Activity 2022/2023



Quarter 3 CAMHS Activity 2022/2023

Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	1	12.50%	1	11.11%
Section 4	0	0.00%	0	0.00%
Section 2	5	62.50%	7	77.78%
Section 3	2	25.00%	1	11.11%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%



Section 36	0	0.00%	0	0.00%
Total	8	100%	9	100%

Number of CAMHS MHA detentions per locality

Health Board	Q2 2022/23	Q3 2022/23
Cwm Taf Morgannwg	0	4
Swansea Bay	5	1
Cardiff & Vale	1	2
Hywel Dda	2	1
Aneurin Bevan	0	1
Powys Teaching	0	0

Out of the 9 detentions for Q3, all were detained in Ty Llidiard.

USE OF SECTIONS AND OUTCOMES for October – December 2022

Section 5(2) of the Mental Health Act 1983

A 'holding power' can be used by doctors to detain an inpatient in hospital for up to 72hrs for assessment under the Act. This cannot be used in A&E because the patient is not an inpatient. A non-psychiatric doctor on a general medical ward can use this section.

S5(2) OUTCOMES	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22
Section 2	6	6	5	10	3	4
Section 3	3	2	0	2	0	0
Informal	2	2	2	3	1	4
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0

Section 2 of the Mental Health Act 1983

The power to detain someone believed to be suffering mental disorder for assessment (and treatment). The order lasts for up to 28 days and cannot be extended or renewed. The patient has a right of appeal against detention to a Mental Health Review Tribunal.

S2 OUTCOMES	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22
Section 3	10	7	4	8	5	3
Informal	15	13	21	13	12	12
Discharged	4	8	12	5	5	9
Lapsed	1	0	0	0	1	0
Invalid	0	0	0	0	0	1



Transfer	0	1	0	2	2	0
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Section 3 of the Mental Health Act 1983

The power to detain someone for treatment of mental disorder. This section lasts for up to 6 months and can be renewed for another six months and then annually. Patient has the right of appeal against detention to a Mental Health Review Tribunal.

S 3 OUTCOMES	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22
Section 3 renewed	0	4	2	3	5	3
Informal	3	11	6	5	5	3
Discharged	4	1	3	5	6	2
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	2	1	3	2	2	1
CTO	0	0	1	2	1	3

Number of compulsory admissions under the Mental Health Act 1983 (Section 2, 3, 4 and 37 only)

	Q2 2022/23	Q3 2022/23
Adult Detentions	91	78
Older Persons detentions	36	33
CAMHS detentions	7	8
TOTAL	134	119

SECTION LAPSING

Detentions under the Mental Health Act can lapse for the following reasons:

- A section expires without the Responsible Clinician exercising their power to discharge under Section 23 MHA or the patient is not further detained under Section 3 of the MHA.
- The AMHP and Responsible Clinician have a difference of opinion on the appropriateness of further detention under Section 3 of the MHA.
- No further assessment by an AMHP and/or Responsible Clinician has taken place in respect of the next steps in relation to the patient's detention status.

Although it is permitted to allow the section to lapse near the end of the section when no further detention is required, it is good practice for the Clinician to complete a discharge form.

It is particularly poor practice to allow the section to lapse when the Responsible Clinician has not seen the patient. In this instance, the issue is reported to the Clinical Director and monitored to avoid re-occurrence.

Section lapses	Section	Q2 2022/23	Q3 2022/23
Adult	2	0	1
	3	0	0
	4	0	0
	CTO	1	0
	136	1	0
Older Persons	2	1	0
	3	0	0
	4	0	0
CAMHS	2	0	0
	3	0	0
	4	0	0

TRANSFER BETWEEN HOSPITALS

Section 19 of The Mental Health Act allows for the transfer of Part 2 (Section 2, 3 and CTO Patients) and some Part 3 (Section 37,37/41, 47, 47/49 and 48/49) detained patients from a hospital under one set of managers to a hospital under a different set of managers. For restricted patients transfers are subject to the prior agreement of the Secretary of State.

SECTION	Q2 2022/23	Q3 2022/23
Part 2 Patients to CTUHB	9	9
Part 3 patients to CTUHB	1	1
Part 2 patients from CTUHB	10	11
Part 3 patients from CTUHB	1	0
TOTAL	21	21

COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q3 CTO Activity 2022/2023

SECTION	Power	Q2 2022/23	Q3 2022/23
17A	Community Treatment Order made	8	10
	Community Treatment order extended	7	10
	Recalled to hospital and not revoked	1	2
	Recalled to hospital and revoked	3	2
	Discharged from CTO	5	2



	Transferred	0	1
	Other (Deceased)	0	0

Current CTO by area

Area	Q2 2022/23	Q3 2022/23
Merthyr	7	7
Rhondda Cynon Taf	23	23
Bridgend	5	6
CAMHS	0	1
Out of area	0	0
Total	35	37

USE OF SECTION 135 AND SECTION 136

Police powers under the MHA to authorise removal to a Place of Safety.

Section 135

Warrants under the Act for (1) assessments on private premises and (2) recovering patients who are absent without leave. Lasts for up to 36hrs.

Section 135 of the Mental Health Act	Q2 2022/23	Q3 2022/23
Assessed and admitted informally	0	0
Assessed and Discharged	0	0
Assessed and detained under Section 2	2	3
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	1	0
Recalled from Community Treatment Order	0	1
TOTAL	3	4

Section 136

Power to detain someone in immediate need of care or control and remove him or her to a place of safety. Power to detain lasts for up to 24hrs.



Section 136 of the Mental Health Act	Q2 2022/23	Q3 2022/23
Assessed and admitted informally	8	7
Assessed and detained under Section 2	11	6
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Discharged with no follow up required	13	12
Discharged referred to community services	39	11
Section 136 lapsed	1	0
Other //(Recall from CTO)/ or transfer	0	0
TOTAL	73(1 no outcome)	36

HOSPITAL MANAGERS HEARINGS

Under the provisions of the Mental Health Act 1983, detained patients have a right to have their detention reviewed by the Hospital Managers. The Hospital Managers responsibilities are as follows:

- Undertake a review of detention at any time
- Must review a patient's detention when Responsible Clinician (RC) submit a report under Section 20/20A renewing detention and extending CTOs
- Must consider holding a review when a patient requests it
- Must consider holding a review when the RC makes a report under Section 25 (1) barring a nearest relative application for the patient's discharge.

Hospital Managers Hearings	Q2 2022/23	Q3 2022/23
Number of Hearings held	5	22
Number of Referrals by Hospital Managers	14	14
Number of Appeals to Hospital Managers	0	2
Number of Detentions upheld by Hospital Managers	5	20
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	2	0

Q3:

- 1 patient transferred prior to hearing
- 1 pending
- 3 hearings postponed

TRIBUNAL HEARINGS

The Mental Health Review Tribunal for Wales (MHRT) is a statutory body that works independently of the Health Board to review appeals made by detained patients for discharge

from their detention and community orders under the Mental Health Act 1983. Patients are also automatically referred by the Hospital Managers in certain circumstances.

MHRT Hearings	Q2 2022/23	Q3 2022/23
Number of Hearings held	23	30
Number of Referrals by Hospital Managers	8	10
Number of referrals by Ministry of Justice	2	1
Number of referrals by Welsh Ministers	0	0
Number of Appeals to MHRT	42	36
Number of Detentions upheld by MHRT	21	24
Number of detentions discharged by MHRT	2	2
Number of Hearings adjourned/postponed	7	8
Number of Hearings cancelled by patient	10	11
Number of patients transferred to another Health Board prior to Hearing	0	2
Number of patients discharged by RC prior to Hearing	12	2

Q3:

1 patient conditionally discharged by the MHRT

OTHER ACTIVITY

Death of a Detained Patient

The Hospital Managers have a duty to report to Healthcare Inspectorate Wales (HIW) any patients deceased who are subject to the Mental Health Act within 72 hours of death. This applies to in-patients as well as community treatment order and guardianship patients. The Coroner must also be informed.

Q3: There was a death of a patient detained under Section 37 of the MHA 1983 in November 2022.

EXAMPLES OF GOOD PRACTICE

- On 29/11/2022, the MHA team attended a demo of the WCCIS system with their fellow colleagues in Aneurin Bevan Health Board.
- The MHA team have received positive feedback from their training on the Overview of the Mental Health Act. sessions across the Health Board between October 2022- March 2023, some face- to face, some via MS Teams. This training has been offered to a wide variety of health professionals including liaison nurses and nurse practitioners on the general wards.

- ❖ Two joint training events on the subjects of Nearest Relative and Part of the MHA , which took place on 13th October and 6th December retrospectively were both well attended.

All professionals in attendance found the presentations very informative and relevant to their roles. The sessions have been uploaded to Share Point within the training section.

TRAINING

- ❖ The joint training programme between health and the local authorities is yet to be arranged.
- ❖ Medication awareness training for the Associate Hospital Managers has been arranged for 9th March 2023.

Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

<p>Section 5(4) Nurse holding power.</p>	<p>This means that if a Nurse feels that a patient suffers from a mental disorder and should not leave hospital s/he can complete this form allowing detention for 6 hours pending being seen by doctor or Approved Clinician</p> <p><i>(1 holding power form required)</i></p>
<p>Section 5(2) Doctor's or Approved Clinician's Holding power</p>	<p>This means that an inpatient is being detained for up to 72 hours by a doctor or Approved Clinician if appears to suffer from mental disorder and patient wishes to leave hospital.</p> <p><i>(1 holding power form required)</i></p>
<p>Section 4 Admission for assessment in cases of emergency</p>	<p>Individual is detained for up to 72 hours if Doctor believes person is suffering from mental disorder and seeking another Doctor will delay admission in an emergency.</p> <p><i>(1 Medical Recommendation and AMHP assessment required)</i></p>
<p>Section 2 Admission for assessment</p>	<p>Individual is detained in hospital for up to 28 days for assessment of mental health.</p> <p>Criteria: Suffering from mental disorder of a nature or degree that warrants the detention of the patient in hospital for assessment for at least a limited period.</p> <p>And it is necessary that patient ought to be detained in the interests of own health, own safety, protection of other persons</p> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
<p>Section 3 Admission for Treatment</p>	<p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p>Criteria: Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital.</p> <p>In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.</p> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>



<p>Section 7 Guardianship</p>	<p>Individual who suffers from mental disorder can be given a guardian to help them in the community. Guardianship runs for six months and can be renewable.</p> <p>Criteria: Live in a particular place Attend for medical treatment, occupational; education or training at set places and at set times. Allow a doctor, an approved mental health professional or other named person to see patient</p> <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p>
<p>Section 37 Guardianship by Court Order</p>	<p>Court can make an order (6 months) that patient be given a guardian if needed because of mental disorder. The guardian is someone from social services.</p> <p>Criteria: Live in particular place Attend for medical treatment, occupational education or training at set places and times Allow a doctor or an approved mental health professional or other named person to see you</p> <p><i>(Court Order required)</i></p>
<p>Section 37/41 Admission to hospital by a Court Order with restrictions</p>	<p>Individual admitted to hospital on the order of the Court. This means that the Court on the advice of two doctors thinks that patient has mental disorder and need to be in hospital for treatment. The Court makes restrictions and as such, patient cannot leave hospital or be transferred without the Secretary of state for Justice agreement.</p> <p><i>(Court Order with restrictions required)</i></p>
<p>Section 135 Admission of patients removed by Police under a Court Warrant</p>	<p>Individual brought to hospital by a Police Officer on a warrant from Justice Of Peace, which means that an AMHP feels that individual is suffering from mental disorder for which s/he must be in hospital. Warrant last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Section 135 (1){non-detained patient} warrant required or Section 135 (2){sections and CTO patients} required)</i></p>
<p>Section 136 Admission of mentally disordered persons found in a public place</p>	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder. Assessment by Section 12 Approved Doctor and Approved Mental Health Professional. Section 136 last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Police Service Section 136 monitoring form required)</i></p>
<p>Section 17 A Community Treatment Order (CTO)</p>	<p>CTO allows patients to be treated in the community rather than detention in hospital. Order last 6 months and is renewable. There are conditions attached which are:</p> <p>Be available to be examined by Responsible Clinician for review of CTO and whether should be extended.</p>



	<p>Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued.</p> <p>The Responsible Clinician may also set other conditions if relevant to individuals, carers and/or family.</p> <p><i>(CP1 Form to be completed by Responsible Clinician and AMHP)</i></p>
Section 17 leave	<p>Allows Responsible Clinician (RC) to grant day and/or overnight leave of absence from hospital to patient liable to be detained under the Mental Health Act 1983. Leave can have set of conditions attached for the patient's protection as well as protection of others. Leave can be limited to specific occasions or longer-term. There is a requirement for RC to consider CTO if overnight leave will be over 7 days. Patients can be recalled to hospital if they do not comply with the requirement of their leave.</p> <p><i>(Section 17 leave non-statutory form required)</i></p>
Section 117 aftercare	<p>This section applies to persons who are detained under Section 3, 37, 45 A, transferred direction under section 47 or 48 and who cease to be detained after leaving hospital. It is the duty of the Health Board and Local Authorities to provide aftercare under Section 117 free of charge to patients subject to the above sections. Patients can be discharged from Section 117 aftercare if they no longer receiving services.</p>
MHAM Hearings (Mental Health Act Managers)	<p>Patients detained under sections of the Mental Health Act are entitled to appeal against their detention to the Hospital Managers several times during their period of detention.</p> <p>Patients are also referred to the Hospital Managers by the Mental Health Act Administrators when the Responsible Clinician (RC) submits a report renewing the section.</p>
MHRT Hearings (Mental Health Review Tribunal)	<p>Patients detained under Sections of the Mental Health Act are entitled to appeal against their detention to the Mental Health Review Tribunal for Wales once in each period of detention. If a patient decides to withdraw their appeal, they can appeal again at a later date and do not lose the right of appeal.</p> <p>Patients are also automatically referred to the Mental Health Review Tribunal by the Mental Health Act Administrators if they have not exercised their right of appeal after a set period.</p> <p>Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.</p>



AGENDA ITEM

4.3

MENTAL HEALTH ACT MONITORING COMMITTEE

RISKS RELATED TO THE MONITORING OF THE MENTAL HEALTH ACT

Date of meeting	08/03/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Robert Goodwin Service Group Manager for Mental Health, Bridgend
Presented by	Ana Llewellyn Nurse Director Primary Care, Community & 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 3 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 in Q3 reduced to 18 which compared favourably with 36 in Q2. There were 2 fundamental errors in Q3 the same as the previous quarter. The Operational Group regularly reviews the training plans and scrutiny check lists developed by the Mental Health Act Team. These aim to help reduce the number of errors each quarter. The All Wales Benchmarking Report for Q3 has shown our Health Board to compare favourably in this area.
- 2.2 The number of Section 136 Detentions reduced from 73 in Q2 down to 36 in Q3. The All Wales Benchmarking Report for Q3 has again shown our region to compare favourably in this area.
- 2.3 The Operational Group has discussed some delays in the provision of Approved Mental Health Practitioners from the Emergency Duty Team which operates out of hours. The Regional AMHP Group has agreed to capture the detail of these delays so that they can be closely monitored.
- 2.4 The Operational Group has also discussed some delays in the provision of Section 12 Approved Doctors during normal working hours when medical staff are involved in scheduled activities. The Monthly Police Liaison Group has agreed to closely monitor these delays as they relate to Mental Health Act Assessments for Section 135 and 136.
- 2.5 The work to clearly identify waiting times for Section 12 Approved Doctors and AMHPs will help to develop the discussion around the future configuration of individual hospital Places of Safety. Currently these are provided within the Princess of Wales Hospital, the Royal

Glamorgan Hospital and Prince Charles Hospital. None of the 3 units has been purposefully designed as a Place of Safety.

- 2.6 Concerns have been expressed about the suitability of the Place of Safety within the Prince Charles Hospital Emergency Department. Delays in the work to create an improved area within the department have been escalated and the scheme is now a priority within the hospital.
- 2.7 Paragraph 14.70 of the Mental Health Act 1983; Code of Practice for Wales requires Health Boards to commission mental health services to meet the inpatient needs of patients in cases of special urgency or for those under the age of 18. It is understood that no Health Board in Wales has a current Section 140 Policy and the All Wales Mental Health Act Team Managers group is reviewing progress. Health Boards across Wales support each other in providing emergency short term access to beds and within our Health Board we have options for transferring patients between Localities when there are particular bed pressures.
- 2.8 There have been 3 recent HIW Inspections of Adult and Older Peoples Mental Health Services within our Health Board:
- 1) Review of Discharge Arrangements from Adult Inpatient Mental Health Units within CTMUHB**
The Health Board is awaiting publication of the final report on 07 March 2023.
 - 2) Unannounced visit to Angelton Clinic, 14 – 16 November 2022**
The Health Board is awaiting publication of the final report on 15 March 2023.
 - 3) Announced visit to North Bridgend CMHT, 13 – 14 December 2022**
The Health Board is awaiting publication of the final report on 16 March 2023.
- 2.9 Although this paper focuses on risks for balance, a few key positive highlights in other papers are noted below:
- Progress on the policy review is very evident.
 - The St John’s Ambulance Mental Health Conveyance Pilot Scheme is progressing well.
 - The Operational Group closely monitors developments with the draft Mental Health Bill as it progresses through Parliament.
 - Progress is being made on the development of a joint training plan with Local Authority partners.

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

- 3.1 Whilst there is improvement in the number of Mental Health Act errors being made during detention the Operational Group will further review such breaches over a 5 year period to inform action planning to improve compliance.
- 3.2 The Operational Group has considered anecdotal evidence of some extended waiting times for AMHPs within the out of hours Emergency Duty Team hosted by Rhondda Cynon Taff County Borough Council and for Section 12 Approved Doctors during normal hours. The Operational Group has introduced proposals for the collection of detailed information during these Mental Health Act Assessments in order that these delays can be mapped going forward.
- 3.3 Partners including the South Wales Police and Merthyr Tydfil County Borough Council have expressed concern about the suitability of the Place of Safety within Prince Charles Hospital. Plans have been agreed in relation to the upgrading of a room within the department but no timescales have yet been given. The Board is asked to escalate this issue.
- 3.4 Informal feedback from Health Inspectorate Wales in relation to the application of the Mental Health Act following 3 recent visits to Adult and Older Peoples Services has been largely positive. The Service Group is awaiting publication of the reports in March.

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.

MENTAL HEALTH ACT – FORWARD WORK PLAN 2023				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Action following the December 2022 meeting.	Additional Item	Update on the Place of Safety Room at Prince Charles Hospital to be included in the Operational Group Report	Chair, Operational Group	8 March 2023
Action from the December 2022 meeting.	Additional Item	Further update on Fundamental Breaches to be brought back to the March 23 meeting within the Quarterly Activity Report/Breaches/Analysis of Unlawful Detentions	Chair, Operational Group	8 March 2023
Action from August 2021 Meeting to receive an annual review of suicides.	Deferred Item	Annual Review of Suicides 2021-22	South Wales Police	7 June 2023
Agreed at Agenda Planning Session for March meeting. Deferred to June meeting.	Deferred Item	Draft Structure for the New Mental Health Care Group Operating Model	Director of Primary, Community & Mental Health	7 June 2023
Agreed at Agenda Planning Session for March	Deferred Item	Amendment to the Standing Orders – Proposed Revision to the Terms of Reference (Membership)	Director of Governance	7 June 2023

meeting. Deferred to June meeting				
Action following the October 2022 meeting to receive a report from the Care Group on the review of breaches	Additional Item	Outcome from Review of Breaches from the previous two years in relation to themes and trends	Primary Care, Community & Mental Health Care Group	7 June 2023

Completed Activity from the Forward Work Programme

Action following the October 2022 meeting to review the number of IM's to be quorate.	Additional Item	Amendment to the Standing Orders – Schedule 2 – MHAMC Terms of Reference	Director of Governance	7 December 2022 – Completed
Request made by DPCMH at agenda planning meeting 2.8.22 to be added to the agenda for six months' time.	Additional Item	CAMHS – HIW Report and Update on Action Plan.	Chair/Clinical Lead Operational Group	7 December 2022 – Completed

Request made by the Committee at its meeting held in October 2022 for a written report.	Additional Item	Use of the MHA for patients with a Learning Disability – Activity and Compliance against Code of Practice	Chair/Clinical Lead Operational Group	7 December 2022 – Completed Update provided within the Operational Group Report.
Originally on forward work programme for March 2022 deferred to October 22	Additional Item	SWP Update on the Use of the Mental Health APP	South Wales Police	A verbal update was provided at the 12 October 2022 meeting - Completed
Request made by Committee at November 2021 meeting to receive further written reports to future meetings on the Mental Health and Learning Disability aspect of the commissioned placements	Additional Item	Individually Commissioned Placements, NHS Use and Assurance	Director of Primary, Community & Mental Health	8 June 2022 - Completed
Originally requested at August 2021 meeting for	Additional Item	Data on Section 135/136 from the 2019/2020 activity to review as an example of a more typical year.	Head of Nursing, MH	8 June 2022 - Completed

November 2021.				
Committee advised at the March 2022 meeting that an In Committee meeting would be held in June 2022	Additional Item	Conclusion of the review into the Fundamental Breach of the MHA	Director of Primary, Community & Mental Health	8 June 2022 - Completed