Mental Health Act Monitoring Committee

Wed 06 December 2023, 13:00 - 16:00

Agenda

13:00 - 13:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Geraint Hopkins, Chair

1.2. Apologies for Absence

Geraint Hopkins, Chair

1.3. Declarations of Interest

Geraint Hopkins, Chair

13:05 - 13:15
10 min

2. CONSENT AGENDA

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting Held on 6 September 2023

For Approval

2.1.1. Unconfirmed Minutes 6.9.23 MHAMC 6 December 2023.pdf (7 pages)

2.1.2. Consent to Treatment Procedure Section 58 & 58A-Code of Practice for Wales Chapters 24-25

Decision *Gethin Hughes, Chief Operating Officer/Alison Thomas, Mental Health Act Team Manager*

For Approval

2.1.2 Consent to Treatment cover paper MHAMC 6 December 2023.pdf (4 pages)
2.1.2a Consent to treatment Policy MHAMC 6 December 2023.pdf (18 pages)

2.1.3. Community Treatment Order Protocol/Policy Mental Health Act 1983

Decision *Gethin Hughes, Chief Operating Officer/Alison Thomas, Mental Health Act Team Manager*

For Approval

2.1.3 CTO Policy Cover Report MHAMC 6 December 2023.pdf (4 pages)
2.1.3a Community Treatment Order Protocol-2 Cover Report MHAMC 6 December 2023.pdf (25 pages)

2.1.4. Section 5(2) Doctors Holding Power Policy Mental Health Act 1983

Decision *Gethin Hughes, Chief Operating Officer /Alison Thomas, Mental Health Act Team Manager*

For Approval

2.1.4 Section 5 (2) Cover Report MHAMC 6 December 2023.pdf (4 pages)
2.1.4.a Section 5(2) Policy MHAMC 6 December 2023.pdf (10 pages)

2.1.5. Section (5(4) Nurses Holding Power Policy Mental Health Act 1983

Decision *Gethin Hughes, Chief Operating Officer/Alison Thomas, Mental Health Act Team Manager*

For Approval

2.1.5 Section 5 (4) Cover Report MHAMC 6 December 2023.pdf (4 pages)
2.1.5a.Section 5(4) - 20.01.23 MHAMC 6 December 2023.pdf (12 pages)

2.1.6. Joint Policy For Section 117 Mental health Act 1983 - Aftercare Arrangements

Decision *Gethin Hughes, Chief Operating Officer/Alison Thomas, Mental Health Act Team Manager*

For Approval

2.1.6 Section 117 Policy Cover Report MHAMC 6 December 2023.pdf (4 pages)
2.1.6a Section 117 policy 2023 (final) MHAMC 6 December 2023.pdf (14 pages)

2.2. Items for Noting

2.2.1. Action Log

For Noting *Geraint Hopkins, Chair*

2.2.1 Action Log MHAMC 6 December 2023.pdf (4 pages)

13:15 - 13:35
20 min

3. MAIN AGENDA

3.1. Matters Arising Otherwise Not Considered on the Action Log

Geraint Hopkins, Chair

3.2. GOVERNANCE

3.2.1. Organisational Risk Register

Director of Corporate Governance/Board Secretary

There are currently no risks assigned to the Committee.

13:35 - 15:10
95 min

4. IMPROVING CARE

4.1. MHA Operational Group Report

Robert Goodwin, Chair Operational Group

4.1 Mental Health Act Operational Group Report MHAMC 6 December 2023.pdf (13 pages)

4.2. MHA Quarterly Activity Report - Breaches/Analysis of Unlawful Detentions

For Noting *Robert Goodwin, Chair Operational Group*

4.2 MHA Operational Group Activity Report with Breaches and Errors For Quarter 2 MHAMC 6 December 2023.pdf (31 pages)

4.3. Risks Related to the Monitoring of the Mental Health Act

Discussion *Julie Denley, Deputy COO, Primary, Community, MH & LD*

4.3 Risks Related to the Monitoring of the Mental Health Act MHAMC 6 December 2023.pdf (5 pages)

4.4. Crisis Care Concordat National and Local Update

Discussion *Aaron Jones, Interim Clinical Service Group Manager*

- 4.4 Crisis Care Concordat National and Local Update MHAMC 6 December 2023.pdf (6 pages)
- 4.4.a. APPENDIX 1 Crisis Care Concordat National 8 Point Action Plan.pdf (3 pages)
- 4.4.b. APPENDIX 2 CTM Regional Crisis Care Forum Terms of Reference 1.3.pdf (14 pages)
- 4.4.c. APPENDIX 3 - 3.2 CTM CCAAB - Update Report Template - July 2023.pdf (8 pages)
- 4.4d Appendix 4 CTM Data Dashboard.pdf (2 pages)

4.5. Strategic Update from South Wales Police

For Noting *Clayton Ritchie/SWP Colleagues*

Update on review of data quality for any disparities of 136 detentions.

4.6. Strategic Update from Local Authority Partners-Verbal Update

For Noting *LA Colleagues*

15:10 - 15:40
30 min

5. OTHER MATTERS

5.1. Committee Highlight Report to Board

Geraint Hopkins, Chair

5.2. Forward Work Plan

Discussion *Geraint Hopkins, Chair*

- 5.2 Forward Work Plan MHAMC 6 December 2023.pdf (4 pages)

5.3. Any Other Urgent Business

Geraint Hopkins, Chair

5.4. How did we do today?

15:40 - 15:55
15 min

6. DATE AND TIME OF NEXT MEETING

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

'UNCONFIRMED' MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT MONITORING COMMITTEE HELD ON 6 SEPTEMBER 2023 AS A VIRTUAL MEETING HELD VIA MICROSOFT TEAMS

PRESENT

Geraint Hopkins	-	Independent Member (Chair)
Mel Jehu	-	Independent Member
James Hehir	-	Independent Member
Dilys Jouvenat	-	Independent Member

IN ATTENDANCE

Julie Denley	-	Deputy Chief Operating Officer/Director of Primary, Community & Mental Health
Robert Goodwin	-	Service Group Manager, Mental Health
Ana Llewellyn	-	Head of Nursing, Primary, Community, Mental Health & Learning Disabilities Care Service Group
Clayton Ritchie	-	South Wales Police
Colin Hatherley	-	South Wales Police
Mary Self	-	Consultant Psychiatrist
Elaine Lorton	-	Service Group Director, Mental Health & Learning Disabilities
Emma Walters	-	Head of Corporate Governance and Board Business
Tyler Lewis	-	Corporate Governance Officer (Observing)
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

MHA/23/09/1 **1.1 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting including Detective Superintendent Clayton Ritchie, South Wales Police and Dilys Jouvenat, Independent Member who was attending her first meeting as a new Member of the Committee.

MHA/23/09/2 **1.2 APOLOGIES FOR ABSENCE**

Apologies for absence had been received from Dr Tim Chan, Consultant.

MHA/23/09/3 **1.3 DECLARATIONS OF INTERESTS**

There were no interests declared.

PART 2. CONSENT AGENDA

2.1 ITEMS FOR APPROVAL

MHA/23/09/4 **2.1.1 'UNCONFIRMED' MINUTES OF THE MEETING HELD ON 6 JUNE 2023**

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

2.2 ITEMS FOR NOTING

MHA/23/09/5 **2.1.2 OUTCOME OF THE COMMITTEE SELF ASSESSMENT SURVEY & IMPROVEMENT PLAN**

Resolution: The outcome of the Committee Self-Assessment Survey & Improvement Plan was **NOTED.**

MHA/23/09/6 **2.2.1 ACTION LOG**

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

PART 3 - MAIN AGENDA

3.1 GOVERNANCE

MHA/23/09/7 **3.1.1 ORGANISATIONAL RISK REGISTER**

There were currently no risks assigned to the Committee.

4. IMPROVING CARE

MHA/23/09/8

4.1. MHA OPERATIONAL GROUP REPORT

R. Goodwin presented the report that provided the Committee with an overview of risk issues for Adult, Older Persons and Child and Adolescent Mental Health Services (CAMHS), and an update on the policies reviewed.

The Chair referred to the Healthcare Inspectorate Wales (HIW) inspection and in particular the Section 17 Leave follow up audit on page 11 of the report and queried the process for the recommendations being addressed. R. Goodwin confirmed that the recommendations were followed up via the Care Groups and the Quality, Safety & Risk Committee.

G. Hopkins referred back to paragraph 2.4 of the report, where it was suggested that Independent Members were invited to consider taking on the role as a Hospital Manager. It was agreed that the Corporate Governance Team would consider this outside of the meeting in terms of the governance process.

R. Goodwin advised that he would forward the Terms of Reference for the Hospital Managers Power of Discharge Committee together with the Job Description for the Hospital Managers role.

Additionally, J. Denley praised the areas of work that had been developed and progressed successfully to date.

Resolution: The Committee **NOTED** the report, the work of the MHA Operational Group and mitigation arrangements that had been put in place to manage key risks

Action: To circulate the job description/specification and terms of reference for the Hospital Managers Power of Discharge Committee

Action: Governance Team to consider the governance process in relation to Independent Members becoming hospital manager.

MHA/23/09/9

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

R. Goodwin presented the report that provided the Committee with an overview of Mental Health Act (MHA) activity for Adult, Older Persons and CAMHS for Quarter 1 (April - June 2023).

G. Hopkins referred to the lack of Responsible Clinicians and Approved Clinicians in post, and queried why there were so many vacancies. R. Goodwin advised that the issues were in relation to sickness absence, staff changes and also staff in post who were not necessarily Responsible Clinicians and the difficulty with regards to approved clinician training and its effects on locum Doctors. M. Self added that there were currently four vacancies within the general adult area and two consultant vacancies within the older person's area. However, she added that the programme had made improvements from 30% to 34%.

J. Hehir referred to the previous report where a discussion had been held in relation to the development of an APP for Section 123 Doctors and sought an update. R. Goodwin advised that this idea was still in the process of being considered as a potential future development across Wales and advised there was no further update at present.

M. Jehu referred to the statistics within the report and queried whether there was anything causing concern that required to be brought to the attention of Committee Members. J. Denley advised that whilst she fully reviewed all the risks when reviewing the reports, there was one issue that she felt concerned about which related to the four fundamentally defective breaches and the detainment errors within mental health services, in particular Advanced Mental Health Practitioners (AMPS). Members noted there was a requirement for further review and analysis on this matter.

In response to a question raised by G. Hopkins in relation to the outcome for the patients that had received detention errors. J. Denley advised that there was a section contained within the report that described the process and added that patients were communicated with as soon as the detention error had occurred. Members noted that a risk assessment would also be undertaken by the Team.

J. Hehir referred to the discharges or lapses and sought assurance that patients were not being discharged prior to being seen by a clinician. R. Goodwin advised that it was not good practice to let a section lapse and added that he would follow this up and undertake a further deep dive into lapses and would present an update on this matter to a future meeting of the Committee. R. Goodwin provided assurance to Members that patient safety was a priority and the Act should be applied in a way where patients were not left vulnerable.

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

Action: To undertake a review into lapses and present an update to a future meeting of the Committee.

MHA/23/09/10 **4.3 RISKS RELATED TO THE MONITORING OF THE MENTAL HEALTH ACT**

J. Denley presented the key issues from the report which provided an overview of present risks related to the Monitoring of the MHA evident in Quarter 1 (April - June 2023) and discussion and scrutiny in relation to the actions and key milestones related to mitigating the risks.

G. Hopkins noted the report which he found to be comprehensive, and queried the timelines for the development and implementation of the bespoke system. J. Denley advised that a timescale had been set for 12 months and added that good progress was being made to date.

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

MHS/23/09/11 **4.4 STRATEGIC UPDATE FROM SOUTH WALES POLICE (SWP)**

C. Ritchie provided the Committee with a verbal update on the following strategic matters:

- 'Right Person Right Care' – the proposed roll out for Wales was still in its infancy. The Deputy Chief Constable for SWP sits on the National Group and more information would be forthcoming during the coming months.
- Section 136 – the 136 detentions had seen a rise to about 94% but was not mirrored by an admissions percentage. Members noted that the Chair of the Operational Group had agreed to review data quality in relation to exploring any disparities along with SWP colleagues and noted that a report would be presented to the next meeting.
- Suicides – The data for suicides was reflecting a 19% increase.
- Governance and Structural change within SWP **–** the Public Protection Operations for Swansea, Port Talbot, Mid Glamorgan and Cardiff and the Vale have merged.

M. Jehu queried whether the Committee should consider adding 'Right Care, Right Person' to the organisational risk register. J. Denley advised that as it was still in its infancy it was not considered to be a risk at present. Members noted that work was

currently being undertaken with the Care Groups with regard to reviewing the crisis service and noted that the 111#2 would be a positive solution to mitigate some of the risks.

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

Action: Formal Strategic Report to be presented to future meetings.

Action: To review the data quality for any disparities for Section 136 detentions.

MHA/23/09/12 **4.5 STRATEGIC UPDATE FROM LOCAL AUTHORITY PARTNERS**

There were no local authority partners present on this occasion to present an update.

PART 5 – OTHER MATTERS

MHA/23/09/13 **5.1 TO DISCUSS AND AGREE THE COMMITTEE HIGHLIGHT REPORT TO BOARD**

G. Hopkins noted two items to be added to the Highlight Report - the action around recruitment to the Hospital Managers role and the system monitoring of integrated clinical records which had already been escalated to the Board.

Resolution: The Committee **AGREED** that the report would be prepared by the Governance Team following the meeting.

MHA/23/09/14 **5.2 FORWARD WORK PLAN**

The Chair invited the Committee to put forward any suggest topics to be considered for the forward work plan. Members were encouraged to make the suggestions by the end of September.

M. Jehu proposed that it would be helpful for the Members of the Committee to visit some of the projects that the mental health team were undertaking in order to gain an understanding and to thank the team for the work they were doing. G. Hopkins agreed that this was an excellent suggestion and something he would like to take the opportunity to explore. J. Denley, advised that as the Committee were going through a change in membership, it would be helpful for Members to meet the team. J Denley advised that she would arrange for an educational session and an overview of the Mental Health Act to be provided to Members.

D. Jouvenat advised that this had been her first meeting and she thanked the team for the reports and added that she had found the inclusion of the glossary of terminology to be helpful.

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

Action: To arrange an educational visit to the Mental Health teams for the Independent members.

MHA/23/09/15 **5.3 ANY OTHER URGENT BUSINESS**

The Chair advised the Committee that it was the last meeting for J. Hehir prior to him leaving the Health Board and extended his thanks on behalf of the Committee for his contribution and knowledge he had provided to the Committee. Members wished him the very best for the future.

MHA/23/09/16 **5.4 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/23/09/17 **5.5 DATE AND TIME OF NEXT MEETING**

6 December 2023 at 13:00 pm

Agenda Item
2.1.2

Mental Health Act Monitoring Committee

Consent to Treatment Procedure/Policy Section 58 & 58A-Code of Practice for Wales Chapters 24-25

Dyddiad y Cyfarfod / Date of Meeting	06/12/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Alison Thomas, Mental Health Act Team Manager
Cyflwynydd yr Adroddiad / Report Presenter	Alison Thomas, Mental Health Act Team Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Operational Group Meeting	28/04/2023	ENDORSED FOR APPROVAL

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 This Policy sets out the Health Board's process to ensure that patients detained under the MHA 1983 have appropriate medical treatment available for the purpose of alleviating or preventing a worsening of their mental disorder.

1.2 The policy is required to ensure that decisions made by approved clinicians and other health professionals under the Consent to Treatment Provisions (Part 4 & Part 4A) of the Mental Health Act are in line with the legal and good practice framework.

2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	13/4/2023
Informal Consultation with interested parties	24/3/2023
Formal Consultation	Not required
Committee – For approval	06/12/2023

2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.3 The Mental Health Act Operational Group have been engaged in the consultation

2.4 Organisational values and behaviours have been reflected within the policy.

3. Key Risks / Matters for Escalation

3.1. The aim of this procedure/policy is to improve knowledge and ensure that staff are aware of their responsibilities and the legal framework in which patients can be treated for their mental disorder under the

Act.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective If more than one applies please list below: Dignified
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No quality issues to note	If no, please include rationale below:

Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No equality issues to note	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1. The Mental Health Act Monitoring Committee are asked **APPROVE** the Consent to Treatment Procedure Section 58 & 58A-Code of Practice for Wales Chapters 24-25

6. Next Steps

6.1. Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

CONSENT to TREATMENT PROCEDURE
Section 58 & 58A-Code of Practice for Wales Chapters 24-25

Document Type:	Non Clinical Procedure
Ref:	MH08
Author:	Alison Thomas
Executive Sponsor:	Choose an item.
Approved By:	**Mental Health Monitoring Act Committee**
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	4

Target Audience:

People who need to know about this document in detail	All employees who are prescribing and administering medication for mental disorder under The Mental Health Act 1983.
People who need to have a broad understanding of this document	Board Members, Management Board. Senior Leaders. Board Committees.
People who need to know that this document exists	All staff involved in the development of Health Board Policies

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date:**
	Outcome:
Welsh Language Standard	No
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Provide high quality, evidence based, and accessible care

Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

CONTENTS PAGE

INTRODUCTION

1.1. Part 4 of the Mental Health Act (MHA) 1983 applies to patients who are detained in law or are "liable to be detained" (i.e. those granted leave under section 17 of the Act). This also includes patients who have been recalled to hospital from Community Treatment Orders (CTO)

1.2. Part 4A of the MHA 1983 sets out different rules for treatment of patients on a CTO, who have not been recalled to hospital by their responsible clinician.

1.3. The Act defines medical treatment for mental disorders as medical treatment, which is for the purpose of alleviating or preventing a worsening of a mental disorder or one or more of its symptoms or manifestations.

1.4. This includes treatment of physical health problems only to the extent that such treatment is part of, or ancillary to, treatment for mental disorder, e.g. treating wounds self-inflicted as a result of mental disorder. The Act doesn't authorise medical treatment for physical health problems.

1.5. Some treatments given to detained patients can be given without their consent: for example, treatment with medication for the first three months of detention. Other treatment, including treatment with medication after three months, requires the patient's consent or a second opinion.

1.6. The requirement for consent and/or a second opinion can be summarised as follows:

- Section 57 requires a patient's consent and a second opinion, e.g psychosurgery and the surgical implantation of hormones for the reduction of the male sex drive.

- Section 58 and 58A requires the patient's consent or a second opinion, e. g. treatment with medication beyond the three-month period and treatment for ECT (Electroconvulsive Therapy) at any time.

1.7. Patients who do not come within the scope of Part 4 can be treated for both mental and physical disorders under common law rules if they are mentally capable of consenting to the treatment, and under the Mental Capacity Act 2005 if they are mentally incapable of making a decision relating to the treatment in question and the treatment is in their best interests.

1. POLICY STATEMENT

The procedure relates to Part 4 and 4A (Consent to Treatment Provisions) associated with the Mental Health Act 1983. The purpose of this procedure is to clarify what treatment can be imposed on patients who are liable to be detained under the Act, which includes patients subject to a CTO. The Code identifies standards of practice that should be met when carrying out responsibilities under the Act. The Code is not legally enforceable but it is a statutory document and failure to follow it could be referred to in legal proceedings.

2. SCOPE OF POLICY

2.1 The aim of this procedure is to improve knowledge and ensure that staff are aware of their responsibilities and the legal framework in which patients can be treated for their mental disorder under the Act.

2.2 This document sets out to:

- Ensure staff are aware of their responsibilities and requirements as per the Code.
- Ensure staff protect patient's rights.
- Ensure staff protect themselves and the UHB from legal liability.

2.3. In order to achieve this, the following must be recognised:

- Effective communication processes must be provided to ensure compliance and adherence to this procedure.
- Ensure arrangements are in place for enforcing and monitoring the use of the procedure.
- Provide adequate training and support to staff delegated to undertake the task.

2.4. Approved clinicians have specific powers and duties under the Act, which includes the authority to treat patients with or without their consent.
They must adhere to all legal criteria and completion of statutory forms.

2.5. The MHA 1983 includes patient safeguards, which must be met for the protection of the patient and for the protection of the HB and delegated staff who are responsible for ensuring compliance with the Act.

Patients to whom Part 4 does not apply

Part 4 applies to all forms of medical treatment for mental disorder. Patients who are not subject to these provisions are those patients detained under sections 4, 5(2) or 5(4), 35, 135, 136, or by virtue of a direction for their detention in a place of safety under section 37(4) or 45A (5), and also includes

restricted patients conditionally discharged under section 42(2) or section 73 and 74. In addition to these groups, Part 4 does not apply to patients on guardianship.

These patients can only be treated if they have capacity and are consenting or in accordance with the Mental Capacity Act (MCA) 2005 if they lack capacity to make decisions in relation to their medical treatment.

3. AIMS AND OBJECTIVES

This policy is required to ensure that decisions made by approved clinicians and other health professionals under the Consent to Treatment Provisions (Part 4 & Part 4A) of the Mental Health Act are in line with the legal and good practice framework.

There are a number of objectives, including

- Ensuring that patients detained under the MHA 1983 have appropriate medical treatment available for the purpose of alleviating or preventing a worsening of the mental disorder.
- Ensuring a safe and consistent approach to treating patients under the MHA.

4. RESPONSIBILITIES

4.1 Approved clinician in charge of treatment

Part 4 & 4A of the Act refers to the “approved clinician or person in charge of the treatment”, where the treatment in question is a form of treatment to which section 58 or 58A applies.

Approved clinicians have specific powers and duties under the Act. These include the authority to treat patients with or without their consent. Therefore, they must ensure all legal criteria and statutory forms are completed.

In the majority of cases, the approved clinician will be the patient’s responsible clinician, but where, for example, the RC is not qualified to make decisions about a particular treatment (if the RC is not a doctor or a nurse prescriber) then another appropriately qualified professional will be in charge of that treatment, with the RC continuing to retain overall responsibility for the patient’s case.

A certificate issued by an approved clinician or by a SOAD is not an instruction to administer treatment. Those administering the treatment must still satisfy themselves that the treatment is appropriate for that particular patient.

4.2 Nursing staff administering the medication

It is the responsibility of the nurse administering the prescribed medication to

- Check the medication chart for date of entry of prescription for the medication, its dose and route of administration
- Ensure that a copy of the form CO2/CO3/CO4/CO6/S62 is kept with the medication chart
- Ensure that, where a patient has consented to medication beyond the three-month period, the form CO2 is in place and correctly completed.
- Ensure that, where a second opinion has been obtained, the form CO3 is in place and correctly completed
- Ensure the patients capacity and consent status hasn't changed

Only medication certified on form CO2/CO3 is authorised to be administered unless the treatment falls under the scope of urgent treatment under section 62.

If at any time the approved clinician amends the drug, route or dose on a patients' medication charts, and it is not within the scope of the already authorised treatment, a new form CO2/CO3 must be completed in line with the legal requirements.

I If the approved clinician is waiting for a SOAD authorisation and they feel the treatment is immediately necessary, an Urgent Treatment form - section 62 can be completed if appropriate.

Any concerns regarding the legality of administering the treatment must be brought to the attention of the approved clinician in charge of the treatment and the Mental Health Act Manager/Administrators.

In CTMUHB, the nursing staff are responsible for completing a weekly section 58 audit tool. This involves the staff member cross referencing the Form CO2/CO3 with the medication chart, to ensure that the medication is authorised on the appropriate treatment certificate. The audit tool is submitted to and monitored by the MHA office, whose responsibility it is to email the RC with any discrepancies.

4.3 Mental Health Act Administrators

The Mental Health Act Administrator will email the patient's Approved Clinician and ward manager four weeks prior to the expiry of the three- month rule, informing them of the due date of the patient's consent to treatment.

Once the MHA office receives the relevant treatment certificate from the approved clinician/SOAD, an email is sent to the ward manager/deputy requesting them to print out the certificate and attach it to the prescription chart.

Once a certificate ceases to apply, the Mental Health Act Office will strike through or mark the original certificate as cancelled and will email ward staff to request that all cancelled certificates are removed from the patient's medication chart and replaced with the current form of authority to treat the patient.

The MHA administrators monitor compliance with the Section 58 weekly audit and report any issues to the MHA manager, who escalates to the ward manager or senior nurse.

The MHA manager will undertake periodic audits of all Consent to Treatment certificates on wards and in CMHTs to ensure they are compliant with the Mental Health Act.

5. DEFINITIONS

What is capacity and consent?

5.1. The Act frequently requires healthcare professionals to determine whether a patient has the capacity to consent to a particular form of medical treatment, and if so, whether the patient does in fact consent.

- Capacity – Capacity to consent is variable in people with mental disorder. A person lacks capacity in relation to a matter if, at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. The impairment or disturbance does not have to be permanent. A person may also lack capacity to make a decision about one issue but not about others.

- Consent - Consent is the voluntary and continuing permission of the patient to receive a particular treatment, and is based on an adequate knowledge of the purpose, nature, likely effects and risks of that treatment including the likelihood of its success and any alternatives to it. Permission given under any unfair or undue pressure is not 'consent'.

Medication – the '3 -month rule'

5.2. Under the Act, treatment for mental disorder can be given to detained patients, either with or without their consent. This period lasts for the first three months minus a day and starts from the first day on which any form of medication for mental disorder was first administered whilst the patient was detained under the Act. This only applies to sections to which Part 4 provisions apply. This is often referred to as the "3- month rule".

In CTMUHB, we calculate the '3 -month rule' date from the beginning of the first section the patient has been detained under which Part 4 provisions apply, e.g.

Patient admitted informally on 01/05/2022
Patient detained under section 5(2) on 10/05/2022
Patient detained under section 2 on 11/05/2022
Patient detained under section 3 on 03/06/2022

The '3- month rule' start date for the above example would be 11/05/2022, when the patient is detained under section 2 as a patient isn't detained if they are informal and section 5(2) doesn't come under Part 4 provisions. The end of the '3 -month rule' would be 10/08/2022. After this time, we would need a certificate as listed below.

There can only be one three-month period for such treatment in any continuous period of detention, including when one period of detention is immediately followed by another. A fresh period will only begin if there is a break in the patient's detention without becoming a Community Treatment Order patient, or in the case of a restricted patient, if they had been conditionally discharged.

After the "3 -month rule", further treatment will need the patient's consent and authorisation by or under the direction of the approved clinician in charge of the patient's treatment, or in the absence of the patient's consent or capacity under the authorisation of a second opinion appointed doctor (SOAD).

The certificate requirement does not apply to a patient any time during the first 1 month, beginning on the day on which a Community Treatment Order was made, for any section 58 & 58A treatment.

6. PROCEDURE

6.1 Section 58 – Medication for mental disorder requiring consent or a second opinion

(a) Section 58 is concerned with the administration of medication to detained patients beyond the period of three months.

(b) Four weeks prior to the expiry of the three months rule, the Mental Health Act Administrator will inform the patient's Approved Clinician by email that consent to treatment must be sought. It is the approved clinician's responsibility to ensure that all relevant forms are completed and received by the MHA office in adequate time before the expiry date.

(c) The approved clinician should personally consult with the patient to assess capacity and seek their consent to the administration of medication. This must be recorded on the record of capacity to consent form MHA1 (*Appendix A*). If the patient consents to the treatment plan, the Approved clinician will complete a Form CO2 and the consent proforma, which will be signed by the patient (*Appendix B).*

(d) The original CO2 consent to treatment certificate must be filed in the patient's detention folder in the Mental Health Act Office. One copy must be kept in the case notes / electronic patient record and one copy must be attached to the medication chart to ensure the patient is given only medication which has been consented to. Any previous consent to treatment certificates must be struck though and removed from the medication chart.

(e) Treatment to which section 58 applies cannot be given unless:

- The approved clinician in charge of the treatment, or a SOAD, certifies that the patient has the capacity to consent and properly does so by completing form CO2; or
- A SOAD certifies that the treatment is appropriate, and either that the patient does not have the capacity to consent or the patient has the capacity to consent but has refused to do so by completing form CO3.

(f) On the issued certificates, the approved clinician/SOAD will indicate all mental health drugs proposed including the following:

- All relevant drugs including medication given "as required" and those prescribed for side effects
- The drugs will be recorded by name or classes as described by the British National Formulary (BNF or EBNF)

- If drugs are authorised by class, the certificate should clearly state the number of drugs in each class and whether any drugs within the class are excluded;
- The BNF maximum dosage for each drug;
- The route of administration for each drug or category of drugs proposed

(g) A Section 58 certificate ceases to apply to a treatment if:

- The patient withdraws consent, or loses capacity to agree to it
- There is a change in the drug or dosage, which isn't covered on the existing certificate
- There is a permanent change of approved clinician in charge of the treatment (25.84 of the Code of Practice for Wales)
- The patient is no longer subject to detention under the Mental Health Act.

In the first two categories only, the approved clinician will need to complete a new form CO2 or an Electronic SOAD Request form depending on the patient's capacity/consent. An Urgent Treatment form - section 62*(Appendix C*) may also be appropriate.

(h) A Form CO2 and Form CO3 can run concurrently if the approved clinician has assessed the patient and confirmed their capacity/consent status. In these instances, the approved clinician will need to provide detailed entries in the case notes.

6.2 Section 58A – Electro-Convulsive Therapy (ECT)

(a) Section 58A applies to ECT and to medication administered as part of ECT. Treatment given under this section may only be given to the patient if:

- The approved clinician in charge of the treatment, or a SOAD, certifies that the patient has the capacity to consent and properly does so by completing form CO4; or

- A SOAD has certified that the patient does not have the capacity to consent and that it is appropriate for the treatment to be given by completing form CO6.

(b) This section applies to adult detained patients, apart from those who are subject to Community Treatment Orders and to all patients under the age of 18 (whether or not they are detained). The key differences from section 58 are:

- Patients who have the capacity to consent to treatment may not be given treatment under section 58A unless they consent.

- No patient aged under 18 can be given treatment under section 58A unless a SOAD has certified that the treatment is appropriate.

There is no initial three-month period during which a certificate is not needed (even for the medication administered as part of the ECT).

(c) A patient who lacks capacity to consent may only be given treatment for ECT if it is certified by a SOAD that the patient is "not capable of understanding the nature, purpose and likely effects of the treatment" and that it is appropriate for the treatment to be given.

(d) If the patient's capacity changes after receiving ECT treatment, the approved clinician will be required to complete the relevant form and the Record of Capacity to consent form. **A Form CO4/CO6** cannot run concurrently for ECT.

(e) In all cases form CO4/CO6 certificate must clearly indicate the maximum number of ECT treatments it approves, which is 12 and any medication that may be given relating to the administration of ECT. Each certificate must also state whether the treatment is unilateral or bilateral.

6.3 Section 60 - Withdrawal of consent

(a) Section 60 provides for a patient to withdraw their consent to treatment or to a plan of treatment. The withdrawal of consent can be made in writing, verbally or through the patient's behaviour, e.g. physically resisting the administration of the treatment.

(b) If a mentally capable patient who has consented to a section 58 or 58A treatment loses their capacity to consent, the patient is to be treated as having withdrawn their consent to the treatment.

(c) If a section 58 or 58A treatment is being given to a mentally incapable patient but, before the treatment has been completed, the patient becomes mentally capable of consenting to the treatment, the remainder of the treatment is to be treated as a separate form of treatment for the purposes of certification under those sections. Fresh consent for the further administration of treatment will then be required.

(d) The patient's withdrawal of consent and explanation given to the patient in light of that withdrawal of consent must be clearly documented in the patient's health record.

6.4 Section 61 – Review of treatment

(a) The Act does not specify timeframes when certificates are to be reviewed. This section provides for the regular review by Healthcare Inspectorate Wales of treatment which is being given under Part 4 & 4A of the Act.

(b) In our Health Board, best practice encourages approved clinicians to review all patients' treatment upon renewal for patients detained in hospital and upon extension of CTO for those subject to a Community Treatment Order, to ensure that the current certificate authorises the appropriate treatment.

(c) The MHA office will send an email informing them when a review is required; in relation to restricted patients, who are not subject to renewal or extension under s20/s20A, the MHA team set up a task reminder.

(d) If the patient has a SOAD certificate (CO3/CO7) in place and the treatment authorised is still appropriate, a new SOAD request will not be needed and treatment can continue using the original SOAD certificate (CO3/CO7) as long as the approved clinician completes a Review of Treatment (Section 61) form.
If the SOAD has issued a time- limited form, the approved clinician must complete a fresh SOAD request form, if the patient is still refusing or lacks capacity to consent to the treatment.
Good practice encourages SOAD certificates to be reviewed on a two-yearly basis.

(e) If the patient has a CO2/CO8 in place and the approved clinician establishes that the medication remains the same, the MHA team save that confirmation email to the patient's file and will request a new form of authority after two years.

6.5 Section 62/62A & 64G – Inpatient and Community urgent Treatment.

(a) This section provides the authorisation for treatment to be given to a patient detained in hospital (and those who have been recalled to hospital) under section 62/62A and those subject to a Community Treatment under section 64G in response to an immediate emergency. Section 58 & 58A above do not apply if the treatment in question is:

- Immediately necessary to save the patient's life
- A treatment which is not irreversible or hazardous, but which is immediately necessary to alleviate serious suffering by the patient; or

A treatment which is not irreversible or hazardous, but which is immediately necessary to prevent the patient from behaving violently or being a danger to himself or to others, and represents the minimum interference necessary to do so.

If the treatment is for ECT (or medication administered as part of ECT), only the first two categories above apply.

Only one session of ECT can be authorised on each S62/62A Urgent Treatment form.

(b) Section 62 can be used to administer medication if the patient is refusing to consent or lacks the capacity to consent. Section 62A can be used to administer ECT only if the patient lacks capacity.
Section 64G can be used to administer medication only if the patient lacks capacity, there are no exceptions to this rule even in an emergency, i.e. if the patient is refusing.

Urgent treatment under these sections can only continue for as long as it is remains immediately necessary. When it is no longer immediately necessary, the requirements of section 58 and 58A apply.

(c) Approved clinicians should record the use of this section on Urgent Treatment form - section 62/62A for detained patients (and those who have been recalled to hospital) and on Urgent Treatment form - section 64G *(Appendix D)* for community patients (not recalled to hospital) including a file note in the patient's health record. When completing the urgent treatment forms, all mental health medication must be listed along with route and dose as indicated in 6.1(f) above and sent to the Mental Health Act Office as soon as possible to process.

6.6 Section 63 – Treatment not requiring consent

(a) This section allows the consent of a patient to not be required for any medical treatment given to him for his mental disorder within the first 3 months of detention, referred to as the '3- month rule' for which section 58 and 58A above do not apply.

(b) Part 4 does not apply to the treatment of physical disorders unless it can reasonably be said that the physical disorder is a symptom or underlying cause of the mental disorder.

(c) There is no statutory form to complete when administering treatment under this section but approved clinicians must make detailed entries in the case – notes.

6.7 **Section 64B/64C – Adult community patients**

(a) This section provides authority to treat a patient who is subject to a community treatment order, who is over the age of 16 if:

- The approved clinician in charge of the treatment certifies that the patient has the capacity to consent and properly does so by completing form CO8; or
- A SOAD certifies that the patient does not have the capacity to consent and that the treatment is appropriate by completing form CO7.

(b) If a community patient is recalled to hospital, they are subject to sections 58/58A in the same way as any other detained inpatient, except in the following situations:

- If the treatment concerned is already authorised for administration on recall on the patient's Part 4A certificate
- If the approved clinician considers that discontinuing the treatment would cause the patient serious suffering, while steps are taken to obtain a new form of authority.

(c) A revoked community patient may continue to be treated using the SOAD certificate (CO7) if the approved clinician considers that discontinuing the treatment would cause the patient serious suffering.
This only remains valid while the approved clinician is seeking to obtain a new SOAD certificate. A new certificate will only be required if the approved clinician wants to administer new medication which isn't already authorised on the CO7, in this case an Urgent Treatment form - section 62/62A will be needed.
If the patient has capacity and consents to the medication a CO2 will need to be completed as soon as possible, as the CO8 will no longer authorise treatment.

6.8 Second opinion appointed doctor (SOAD)

(a) The role of the SOAD under Part 4 and 4A of the Act is to provide an additional safeguard to protect patients' rights. The SOAD will act as an individual and reach their own professional judgement on whether the proposed treatment is appropriate for the condition in question.

(b) the approved clinician retains responsibility for deciding whether to administer that treatment to the patient.

6.9 Requesting a SOAD visit

(a**)** The approved clinician will be notified of the upcoming '3 -month rule' end date 4 weeks and 2 weeks prior to the due date by the Mental Health Act Office. This should be done in good time before the end of the '3- month rule' to avoid issuing a certificate under section 62, which should only be used in an emergency situation.

(b) Once the patient has been assessed and the approved clinician considers that a SOAD visit is needed to authorise treatment, they must complete the Electronic SOAD Request Form stating the diagnosis and summary of history of the patient along with the proposed treatment and names of at least 3 statutory consultees that could be contacted. Best practice is for the approved clinician to inform the consultees they have been named and will potentially receive a call from a SOAD in order for them to be prepared.

(c) The MHA office will send copies of the current detention papers and daily entries for the past six weeks, from the patient's health record to HIW.

6.10 The SOAD visit

The SOAD will check the relevant documents to satisfy themselves that the patient's detention and Community Treatment Order papers are in order and will interview the patient along with the approved clinician to ensure the proposed treatment plan is appropriate for that patient.

6.11 Statutory consultees

(a) Before the SOAD is able to issue the certificate authorising treatment, they must consult with two people (statutory consultees), who have been professionally concerned with the patient's treatment. One should be a nurse but neither may be the responsible clinician or approved clinician in charge of the patient's treatment.

(b) Other statutory consultees could include the following:

- Patient's care coordinator
- Mental health pharmacist
- Social worker
- Occupational therapist
- Psychologist

(c) The statutory consultees should decide if they are sufficiently involved in the professional care of the patient to fulfil their function but if they feel they are unable to do so, should inform the clinician and SOAD in adequate time.

(d) Consultees should expect the following to be discussed with the SOAD:

- The proposed treatment and the patient's ability to consent to it.
- The statutory consultees' understanding of the past and present views and wishes of the patient.
- Other treatment options and the way in which the decision on the treatment proposal was arrived at.
- The facts of the case, patient's progress and any views of the patient's carers.
- Where applicable, the implications of imposing treatment on a patient who does not wish to receive it and the reasons for their refusal of treatment.
- Any other issue which the consultee wishes to highlight relating to the patient's care.

(e) The MHA office will send the named statutory consultees and approved confirmation an email *(Appendix E*), asking them to confirm that they have made a record of their consultation with the SOAD in the patient's health record discussion. This confirmation will be saved to the patient's folder in the w drive, to evidence compliance with Chapter 25.62 of the Code of Practice for Wales.

6.12 The SOAD's decision and reasons

(a) The SOAD must decide whether it is clinically appropriate to the patient's mental disorder for treatment to be given and its appropriateness in light of other circumstances, e.g. alternative forms of treatment, therapeutic efficacy, side effects and the patients view on the proposed treatment.

(b) Once the SOAD has made their decision, they will complete the relevant form, together with written reasons to support this, either on the certificate itself or as a separate document. They will also need to indicate whether, in his or her view, disclosure of this documentation would be likely to cause serious harm to the physical or mental health of the patient or any other person.

(c) The approved clinician is personally responsible for communicating the decision of the SOAD to the patient, unless they deem it not appropriate.

6.13 Covert Medication

(a) Covert medication is the administration of medication in disguised form without the patient's knowledge or consent. This would usually involve disguising the medication in food or drink. Due to this, the patient is unknowingly taking the medication.

b) Medication given covertly can only be given to detained patients within the first 3 months of detention (3 month -rule) or if authorised by a SOAD when either the patient

does not have the capacity to consent or the patient has the capacity to consent but has refused to do so. The approved clinician should discuss with the SOAD the possibility of including covert medication on form CO3.

(c)Before administrating medication covertly, the approved clinician should consider:

- Why it is not practicable to seek the patients consent.
- Whether, for the purposes of art.8 (2) of the ECHR, the giving of covert medication is a proportionate response to the aim of improving the patient's health or reducing the risk posed by the patient.
- If administering covertly, would it be less invasive of the patient's physical integrity.

Once the approved clinician has considered the above issues, it should be recorded in detail in the patient's case notes. Please refer to the covert medication guidance procedure for more information.

7. EQUALITY IMPACT ASSESSMENT STATEMENT

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

8. REFERENCES

All staff will work within

- The Mental Health Act 1983
- The Code of Practice for Wales 2007, revised 2016
- The Mental Health Regulations 2008
- The Human Rights Act 1998
- The Mental Capacity Act 2005

9. GETTING HELP

The Mental Health Act Office based in the Royal Glamorgan Hospital in Pontyclun is staffed Monday-Friday between the hours of 08.30- 5pm, to assist with any queries.

This policy will be made available to all staff on the Intranet site.

10. RELATED POLICIES

- Covert Administration of Medication in Adults Procedure

11. TRAINING

The health board will provide ongoing training for staff who have a delegated duty under the scheme of delegation. Details of available training courses are accessible by contacting the Mental Health Act administration team.

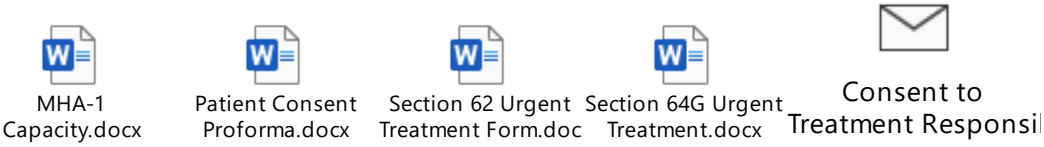
12. MAIN RELEVANT LEGISLATION

All staff will comply with the Code of Practice and the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment to Treatment) (Wales) Regulations 2008.

In addition to the Statutory Consent to Treatment forms, the Health Board has created some locally produced forms, which have been referred to within the content of this procedure.

13. Appendices

Appendix A Appendix B Appendix C Appendix D Appendix E



Agenda Item
2.1.3

Mental Health Act Monitoring Committee

Community Treatment Order Protocol/Policy Mental Health Act 1983

Dyddiad y Cyfarfod / Date of Meeting	06/12/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Alison Thomas, Mental Health Act Team Manager
Cyflwynydd yr Adroddiad / Report Presenter	Alison Thomas, Mental Health Act Team Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Operational Group Meeting	15/10/2021	ENDORSED FOR APPROVAL

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 This Policy sets out the Health Board's process for providing the statutory framework for community patients to receive aftercare and to continue their treatment in a community setting, whilst still being subject to the provisions of the Mental Health Act 1983(MHA).

2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	01/10/2021
Informal Consultation with interested parties	22/08/2021
Formal Consultation	Not required
Committee – For approval	06/12/2023

2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.3 The Mental Health Act Operational Group have been engaged in the consultation

2.4 Organisational values and behaviours have been reflected within the policy.

3. Key Risks / Matters for Escalation

3.1 In response to the consultation the following amendments have been made:

The Policy sets out the process of using a Community Treatment Order (CTO).

Those on CTO will be known as community patients.

Cwm Taf Morgannwg University Health Board (CTMUHB), Rhondda Cynon Taf County Borough Council (RCTCBC), Merthyr Tydfil County Borough Council (MTCBC) and Bridgend County Borough Council (BCBC) as partner agencies are committed to providing appropriate aftercare services to eligible patients.

It provides a statutory frame work for community patients to receive aftercare and to continue their treatment in a community setting, whilst still being subject to the provisions of the Mental Health Act 1983(MHA).
A CTO allows the Responsible Clinician (RC) to stipulate conditions and provides the RC, if necessary, with the power of recall to hospital for treatment.

It provides a positive alternative to detention in hospital and enables individuals at risk of further admissions to maintain stable mental health and provides them with the opportunity to live a more socially inclusive lifestyle.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
	If more than one applies please list below: Dignified
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies please list below:

Environmental /Sustainability Impact (5Rs)	

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No quality issues raised.	If no, please include rationale below:
Outcome: No equality issues to note	Yes: ☒	No: ☐
	No equality issues raised.	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Mental Health Act Monitoring Committee are asked **APPROVE** the Community Treatment Order Protocol/Policy. Mental Health Act 1983

6. Next Steps

6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Community Treatment Order Policy

Mental Health Act 1983

Document Type:	Non Clinical Procedure
Ref:	MH04
Author:	Alison Thomas-Mental Health Act Manager
Executive Sponsor:	Choose an item.
Approved By:	**Mental Health Monitoring Act Committee**
Approval / Effective Date:	15/10/2021
Review Date:	15/10/2024
Version:	3

Target Audience:

People who need to know about this document in detail	All doctors and ward managers within Cwm Taf Morgannwg University Health Board. Care coordinators/AMHPs from the local authorities.
People who need to have a broad understanding of this document	Board Members, Management Board, Clinical Service Group Managers, Senior Nurses, Board Committees
People who need to know that this document exists	All doctors & qualified nursing staff caring for patients on wards throughout the Health Board.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date: 01/10/2021** **Outcome: Approved**
Welsh Language Standard	No
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Provide high quality, evidence based, and accessible care

Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

CONTENTS PAGE

INTRODUCTION

1. POLICY STATEMENT

To ensure the Health Board delivers its aim, objectives, responsibilities and legal requirements in a transparent and consistent manner when considering and assessing individuals for a CTO.

To work in partnership with the Local Social Services Authorities (LSSAs) across CTMUHB to provide an alternative to detention in hospital in a community setting, which enables individuals at risk of further admissions to be treated safely in the community.

To help prevent relapse and harm to the patient and others, by using the power of recall.

2. SCOPE OF POLICY

The contents of this procedure apply to all clinical staff working within the Health Board's Mental Health services and professionals in the Local Social Services Authorities (LSSAs) across CTMUHB.

3. AIMS AND OBJECTIVES

To provide clear guidance on the duties and legal responsibilities of practitioners involved in the management of CTOs under the MHA 1983, as amended by the MHA 2007 and the revised Code of Practice for Wales 2016.

To ensure all relevant staff are aware of the correct processes to ensure lawful application of the MHA 1983, the Mental Capacity Act 2005 & the Human Rights Act 1998 in relation to CTO.

To provide an agreed protocol shared by all agencies, who need to be involved in CTO's.

This policy aims to incorporate the Health Board values of listening, learning and improving, treating everyone with respect and working together as one team.

4. RESPONSIBILITIES

The RC will decide whether a CTO is the right option for any patient and requires the agreement of the AMHP.

Most patients will not require any statutory framework to enable them to continue to receive care and treatment in the community.

Only those patients currently liable to be detained under section 3 of MHA 1983 or an unrestricted Part 3 patient, (S37, S47, S48) are eligible to be considered.

Those detained under S2 for assessment are not eligible.

Matters for Consideration for care in the community Include:

- Section 17 leave of absence, which can be short term or extended
- Section 117 aftercare (see separate S117 policy)
- Transfer onto Guardianship (S7) or
- A CTO

Eligibility Criteria

The patient's treatment needs must have been fully assessed under S3 or as an unrestricted part 3 patient as listed above and the patient is still liable to be detained. A patient can be discharged onto a CTO if they satisfy the eligibility criteria as follows:

The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment. It is necessary for the patient's health or safety or for the protection of others.

Subject to being liable to recall, treatment can be provided without the patient being detained in hospital.

It is necessary that the RC should be able to exercise the power under S17E (1) of the MHA to recall the patient to hospital: and
Appropriate medical treatment be available

CTO and CAMHS

Although there are no age restrictions on CTO, it may be appropriate for some children or young people in certain circumstances. All references to the Care and Treatment Plan (CTP) framework in this document should be read as referring to the care planning process used in Child and

Adolescent Mental Health Services (CAMHS) as far as under 18s are concerned.

The Hospital Managers or Mental Health Review Tribunal may recommend that CTO be considered for a patient, but the decision whether to proceed remains with the Responsible Clinician even in this situation.

5. PROCEDURE

5.1 Assessment for CTO

The RC and the Approved Mental Health Act Professional (AMHP) will need to consider whether the objectives of the CTO could safely and effectively be achieved in the least restrictive way. The RC will decide whether CTO is the right option for any patient and requires the agreement of the AMHP. The key factor for the RC to consider is whether the patient can receive appropriate treatment for their mental disorder in the community, with the RC's power to recall the patient to hospital for treatment if necessary.

5.2 Risk Assessment

The RC must consider, taking into account the patient's history of mental disorder, what risks there would be of a deterioration of the patient's condition. The following factors must be assessed:

- Failure to follow a treatment plan
- Patient's insight and attitude to treatment
- The risk of the patient's condition deteriorating after discharge
- The risk of harm arising from the patient's disorder is sufficiently serious enough to justify the power of recall
- The co-operation of the patient in consenting to the proposed treatment plan.

5.3 Consultation

If the RC considers that a CTO is suitable for a qualifying patient, it is the responsibility of the R.C to arrange a meeting to discuss, who must involve an AMHP, as part of a multi-disciplinary care team. The AMHP must reach an independent professional view and should always consider the patients' wider social circumstances, including any cultural issues, any support networks the patient may have and the potential impact on the patient's family, employment and educational circumstances.

If the AMHP does not agree that CTO is necessary or does not agree with the conditions, the CTO cannot proceed. It is not good practice for the RC to approach another AMHP in this situation.

When an AMHP disagrees with the making of a CTO, they should make a written entry in the patient's health record.

The RC should involve the AMHP as early as possible in the planning process and not just when the relevant form CP1 needs completion.

5.4 Who to consult

The patient does not formally have to consent to a CTO but in practice, the patient should be involved in any decisions about the treatment to be provided in the community and how and where it will be given and be prepared to cooperate with the proposed treatment.

The R.C may wish to consult with other relevant professionals/ individuals:

- An Independent Mental Health Act Advocate (IMHA)
- Care coordinator
- The nearest relative/ carers (unless the patient objects or it is not reasonably practicable)
- A different RC (if applicable in some areas within CTMUHB) who may take over the responsibility of the patient in the Community.
- The multidisciplinary team involved in the patient's care
- The patient's General Practitioner (GP), if they do not have one, they should be encouraged to register with a GP practice.
- Any other relevant professionals

5.5 Conditions

A CTO specifies conditions to which the patient is required to comply. All CTOs must include the following two **mandatory** conditions which are:

- To make themselves available for examination when an extension of the CTO is being considered.
- If necessary to allow a second opinion appointed doctor (SOAD)to provide a Part 4A certificate authorising treatment in the community.

If the AMHP agrees during the Care Planning consultation process that CTO is appropriate, the RC and the AMHP will complete Form CP1 (Section 17a CTO). The Code of Practice for Wales allows the RC, in

agreement with the AMHP, to include discretionary conditions that are necessary or appropriate to:

- Ensure that the patient receives medical treatment
- Prevent a risk of harm to the patient's health or safety
- Protection of other people

The nature of the conditions will depend on the patient's individual circumstances but should be the least restrictive and represent the minimum necessary to achieve their purpose, which could include:

- Where a community patient is to live
- Where and when the patient receives treatment in the community
- The avoidance of the use of illegal drugs/alcohol / other high risk factors, which has previously led to a relapse of their mental disorder.

The reasons for the conditions should be clearly explained to the patient and others, as appropriate and recorded in the case notes. It is important, for the CTO to be successful, for the patient to abide by these conditions and have access to support in order to comply. The patient's allocated Care coordinator is a key professional in the entire CTO process.

Where applicable, the RC should take account of any representation from a victim, or their family, where the provisions of the Domestic Violence, Crime and Victims Act 2004 apply.

5.6 Completing a CTO

The RC's decision to place a patient on a CTO should only be made on clinical grounds where the patient meets the criteria under s17A of the MHA.

In certain circumstances, the Responsible Clinician for an inpatient may not be the RC, once the patient is subject to CTO. The proposed new RC must be involved in the Care Planning process from its early stages.

The RC is responsible for initiating the process by arranging an assessment for a CTO to be considered. The patient is entitled to ask an Independent Mental Health Advocate (IMHA) to support them at this point. Staff should assist the patient in contacting the IMHA if requested.

The decision to go ahead with the CTO is a joint decision between the RC and the AMHP, who complete the following statutory documentation:

- The RC completes Part 1 of the Form CP1
- The AMHP completes Part 2 of the Form CP1
- The RC completes Part 3 of the Form CP1(Not before the AMHP completes Part 2)
- There is no statutory form to record receipt of the CTO but, as soon as practicable, the RC must furnish the completed Form CP1 to the Mental Health Act Administrator (MHAA), on behalf of the Hospital Managers.
- The MHAA will ensure that a copy of the Form CP1 is uploaded onto FACE (where applicable) and onto the w drive; the original is filed in the patient's statutory folder.

5.7 Commencement of CTO

The day on which the CTO is made is determined by the date on the duly completed Part 3 of the Form CP1, which will be the date that the patient is discharged onto the CTO (Appendix 1). This can be a short period after the date on which the form is signed, to allow arrangements to be put in place for the patient's discharge; for a patient already on s17 leave, they will be transferred onto CTO from that date.

When the CTO comes into force, the patient becomes a 'community patient', and the treatment order (for example S3), to which they are subject to, does not expire but the hospital managers authority to detain is merely suspended.

Once the order is made, the patient must be informed orally about the reasons for the CTO and the conditions. This can be done when the CTO is made by the RC and the AMHP but usually after discharge by the named Care Coordinator.

Individuals who are subject to a Community Treatment Order are eligible for independent mental health advocacy services under Section 130I of the Welsh Measure. The role of the IMHA would be to help the patient to understand their rights and to discuss any conditions attached to the CTO.

The MHAA will inform the patient in writing and include a copy of the Independent Mental Health Advocate's (IMHA) leaflet. If the patient agrees the MHAA provides the nearest relative with a copy of the CTO information leaflet and will send a copy of the letter to the Care

coordinator and GP.

If there is any ongoing involvement with the Mental Health Review Tribunal (MHRT), the MHAA will need to notify them that a CTO is now in place and scan them a copy of the Form CP1.

5.8. Varying and Suspending the CTO Conditions

With the exception of the two mandatory conditions, the R.C may vary or suspend any discretionary conditions applied. Although there is no requirement for the RC to secure an AMHP's agreement, it would be good practice to do so.

Any variation of the conditions by the RC shall be recorded on the Form CP2 (Appendix 2). In addition, the RC may, by order in writing, vary or suspend any condition of the CTO.

The RC may consider any failure to comply with the conditions for the purpose of recalling the patient. However, the power to recall is not restricted to cases where there is such a failure.

There is no form to complete for suspension of conditions but the R.C should record the suspension in the patient's notes.

As soon as practicable, the RC shall furnish the MHAA with the completed Form CP2, who will ensure that a copy is sent to the patient, care co-ordinator, GP and anyone affected by the changes, including the nearest relative (if the patient consents). The original Form CP2 will be filed in the patient's statutory folder and uploaded on FACE/w drive.

5.9 Medical Treatment in the Community for Mental Disorder

(a) The provision of medical treatment for mental disorder is governed by Part 4A of the MHA. There are two types of requirements in Part 4A, namely authority and certification. In all cases, the person administering the treatment must have the authority to do so and the certificate requirement must be met for section 58 and 58A type treatment.

The MHAA will be aware when a patient is discharged onto a CTO and request from the RC that a Part 4A Consent to Treatment certificate is completed within one month.

If the patient is consenting to the treatment, a Form CO8 is completed by the RC and forwarded to the MHA team.

CTO patients with capacity to consent cannot be treated in the community against their wishes. A CTO patient will be recalled to hospital when treatment for the patient's mental disorder is clinically necessary and the patient is not consenting. There are no exceptions to this rule, even in emergencies.

The authority to treat patients who lack capacity to consent to a treatment may come from an attorney, a deputy or the Court of Protection. The AC in charge of the treatment or someone acting under that AC's direction would be able to provide treatment to the person who lacks capacity provided certain conditions are met (see chapter 24.17 of the Code). The only exceptions will be in emergencies, where patients lack the capacity to consent to treatment which is immediately necessary to prevent harm to the patient and is a proportionate response to that harm.

(b)Medical Treatment in the Community for Child CTO Patients

The rules for children under 16 and for 16/17 year olds are not markedly different from the rules for adult community patients. Medical treatment can be given if the child is 'competent' (for under 16s) or 'capable' (for 16/17year olds) and consents, or lacks competence or capacity, but does not object to the treatment being given. Neither the presence of a valid and applicable Advance Decision nor the decision of a donee or deputy are relevant factors to consider for children, as only adults can make Advance Decisions or grant Lasting Power of Attorney.

If a child of any age, who is a community patient, lacks competence or capacity to consent to treatment and objects, a person with parental responsibility cannot consent on their behalf. The child would have to be recalled to hospital to give the treatment if they object to it being given.

(c)Non consenting CTO patients

Non consenting CTO patients, or patients' incapable of consenting, require a SOAD certificate that authorises specific treatment to be given. A SOAD certificate will be required by the end of the first month of the CTO, unless the original 3 -month period for medical treatment (which starts from the time the patient was first provided with medication under the MHA is still in force. The certificate will authorise all medical treatment that can be given to the patient and may also specify treatment that can be given on recall.

(d)Arranging a SOAD visit

The care coordinator will contact the patient to inform him/her of the venue, date and time s/he must attend for an examination by the SOAD. The care coordinator will remind the patient of the above and make suitable transport arrangements if necessary.

The following should be made available on the day of the visit:

- The treatment proposal for the patient completed by the RC/CRC
- The clinical records of the patient containing the MDT meeting notes on which it was based (can be before or at the time of the visit)
- The CTO documentation
- The statutory consultees
- The treatment to be authorised in case the patient is recalled to hospital completed by the RC in charge of the treatment
- Any other relevant people, including the IMHA or any attorney/deputy of the patient

The RC/AC in charge of the patient's treatment should ensure that they are available in person to meet the SOAD together with the two statutory consultees; if this is not feasible at the time of the visit, the SOAD may contact them by phone.

The completed Form CO7 is sent to the MHAA by post, who will provide the care coordinator and GP with a copy and file the original in the patient's statutory folder.

5.10 Effect of CTO

The application for treatment will not cease to have effect because the patient has become a 'CTO patient'. However, whilst the patient remains on a CTO:

- The authority of the managers to detain him (s6(2)) with regard to that application shall be suspended; and
- Any reference however expressed in this or any other legislation to patients liable to be detained or detained under this Act shall not include that patient on a CTO.

- Furthermore, whilst the patient remains on CTO, s20 shall not apply to the patient; but s20A applies.

The authority for the detention of the patient shall not expire during any period in which that authority is suspended.

5.11 Applications & Referrals to the Hospital Managers & Mental Health Review Tribunal for Wales.

(a) It is especially important that CTO patients receive support in this process; the Care Co-ordinator will play a pivotal role in ensuring that the patient is reminded of their rights and in providing support to make any application.

CTO patients are eligible to appeal to the MHRT once during each period of detention or upon extension of their detention.
If the patient has not applied for a Tribunal on their own accord, the hospital managers shall refer them after six months and three years.

Patients are also entitled to request the hospital managers to consider their discharge from CTO.

Additionally, their nearest relative can apply for their discharge from CTO giving 72 hours' notice, unless the RC issues a barring certificate. The unbroken period of detention together with the period on CTO, whether they have been recalled or not, and when the CTO is revoked counts as a continuous period of time for both referrals to the MHRT and treatment under Part 4 of the Act. Such a period will only be broken should the patient be received onto guardianship or when they are discharged by the MHRT or under s23 of the Act.
The effect of discharge is to end the CTO and liability to detention. The patient can no longer be recalled to hospital or required to stay in hospital.

(b). Informing a CTO patient of the location for the MHRT hearing

As they would be community patients the hearing should take place in a suitable community setting, to encourage their attendance at the meeting. The care coordinator will inform the patient of the agreed location for the tribunal hearing.

(c) Access to patients' Records

The medical member of the Tribunal may want to examine the patient before the hearing takes place. Hospital Managers must ensure that the medical member can see the patient in private and any records relating to the patient's detention or treatment are to be produced for their inspection. The patient should be told of the visit in advance so that they can be available to meet the medical member.

(d) Legal Representation

Patients should be informed that they are entitled to free legal advice and representation.
Hospital Managers and LSSA's should inform patients of their rights to present their own case to the Tribunal or to be represented by someone else. A list of solicitors who undertake tribunal work should be available for use by patients – this is especially important for CTO patients who may not have daily contact with professionals.

(e) Attendance at Hearings

It is important that the RC and other relevant staff involved in the patient's care should attend for the full hearing, as their evidence will be crucial in the decision reached by the Tribunal as to whether the patient still meets the criteria for CTO under the Act.

Patients do not need to attend the hearing but should be encouraged to do so, unless it would be detrimental to their health or wellbeing.

5.12 Monitoring CTO patients.

CTO should form a part of the patient's care and treatment plan, in accordance with section 8 of the Mental Health (Wales) Measure 2010 and regulations pursuant to it.

It will be important to maintain close contact with a patient on CTO and to monitor their mental health and wellbeing. The care coordinator will normally be responsible for coordinating the care and treatment plan, working with the RC, the team responsible for the patient's care and any others with an interest. The type and scope of the arrangements will vary depending on the patient's needs and individual circumstances and would include access to services provided locally. Appropriate action will need to be taken if the patient

becomes unwell, engages in high- risk behaviour as a result of mental disorder, or withdraws consent to treatment or begins to object to it. The reasons for a failure to comply with any condition must be considered and if necessary reviewed. The patient's compliance with the conditions will be a key indication of how CTO is working in practice.

If the patient refuses crucial treatment, an urgent review of the situation will be needed. If suitable alternative treatment is available which would allow CTO to continue safely and which the patient would accept, the RC should consider such treatment if this can be offered.

A failure to comply with a condition is not in itself enough to justify recall. Each case should be considered on its own merits and any actions be proportionate to the level of risk posed by the patient's non-compliance.

5.13 Responding to concerns raised by carers and others

The care coordinator / community team must give due weight to any concerns raised if the patient is not complying with any conditions and/or that their mental health is deteriorating.
The care coordinator / Community Mental Health Team (CMHT) / out-of-hours services will deal with any such concern as an urgent referral. The practitioner concerned will access the CTO patient's records including the care plan and risk assessment and decide whether it is necessary to meet that person and the patient, which could lead to the need to recall the CTO patient.

5.14 Admission to Hospital of CTO patients on a voluntary basis.

CTO patients may agree to be admitted to hospital on a voluntary basis. Clearly, on such occasions the CTO patient would not have been recalled to hospital by their RC. Such patients may be referred to as 'Part 4A patients'. CTO patients who are in hospital on a voluntary basis can be recalled if there is a need to.

If the patient wishes to leave before the RC or on call Consultant Psychiatrist has completed the Form CP5, the patient may be prevented from doing so under the common law doctrine of necessity.

The holding powers of S5 (4) and S5(2) cannot be used to prevent the patient from leaving.

It is important that the ward staff, RCs or Care coordinators inform the MHA team of the admission of a CTO patient on an informal basis, who monitor this.

5.15 Procedure for recall of CTO patients to Hospital

The power to recall includes circumstances when the community patient is already in hospital at the time the power of recall is exercised. The RC may recall a community patient if they are of the opinion that:

- The patient requires medical treatment for their mental disorder in hospital;
- There would be a risk of harm to the health or safety of the patient or to other persons if the patient was not recalled to hospital for that purpose.

Failure to comply with the conditions of attending for medical examination as required will result in the RC recalling a community patient.

The notice in writing to recall the community patient to a named hospital shall be sufficient authority for the managers of that hospital to detain the patient in hospital.

All patients on CTO have a hospital which is responsible for oversight of their case while they are in the community. The Act referred to this hospital as the 'responsible hospital'.

The RC may recall a patient to a hospital other than the responsible hospital. In such instances, the RC has responsibility for coordinating the recall process, unless agreed with someone else.

(a) The power of recall will be carried out by notice in writing to the patient. The RC will complete Form CP 5 (Appendix 4) to recall a community patient. Two copies of the completed Form CP 5 must be taken. One copy is to be kept on the patient's records and the original scanned to the MHAA office.

It will not usually be appropriate to post a notice of recall to the CTO patient. It is important that, whenever possible, the notice should be handed to the patient personally. When the need for recall is urgent, it will be important that there is certainty as to the timing of the delivery of the notice. When such a notice of recall is handed to the patient, it is effective immediately. This may not be possible if the

patient's whereabouts are unknown, or if the patient is unavailable or simply refuses to accept the notice.

(b)Serving the recall notice- when not handed to the CTO patient

- If it is urgent, the notice should be delivered **by hand** to the patient's usual or last known address. The notice is then **deemed to be served** (even though it may not actually be received by the patient) on the **day after it is delivered**. That is, the day beginning immediately after midnight following delivery.

- First class post can be used. The notice is deemed to be served on the second working day after posting. Make sure that you allow sufficient time, as detailed above, for the patient to receive the notice before any action is taken to ensure compliance.

Once the notice of recall is duly served, the patient can be treated as absent without leave, if that is necessary, and taken and conveyed to hospital. Should the police be informed, the care coordinator would inform the police that the CTO patient has been duly recalled and is now absent without leave. There may be cases where the patient's whereabouts are known but access to the patient cannot be obtained. In such cases, it may be necessary to consider whether a warrant issued under s135 (2) is needed.

(c) Community patients who are absent without leave.

Patients on CTO are considered to be absent without leave (AWOL) if:

- They fail to return to hospital when they are recalled or
- They abscond from hospital following recall
- A patient, who is AWOL, may be taken into custody by an AMHP, an officer on the staff of the responsible hospital, a constable or anyone authorised in writing by the RC or the Hospital Managers, and returned to the hospital to which they were recalled.

That may only be done before:

- The time at which the CTO is due to expire (assuming it were not to be extended); or

- The end of the six months beginning with the first day of the absence without leave, if that is later.

If patients are taken into custody, or come to the hospital voluntarily, before the end of the period during which they could be taken into custody, the 72 hours for which they can be detained effectively starts again on their arrival at the hospital, even if they had already been detained for part of that period before they went AWOL.

Special arrangements apply if a patient is AWOL at any point during the week which ends on the day their CTO is due to expire, and an extension report has yet to be made. The arrangements are equivalent to those of Part 2 detained patients.

If a patient is taken into custody, or comes to the hospital voluntarily, within 28 days, an examination and the report under S20A may be furnished to the managers to extend the CTO.

If patients are taken into custody, or come to the hospital voluntarily, after being absent for more than 28 days, their CTO expires at the end of the week starting on the day of their arrival at the hospital unless the relevant practitioner furnishes a report to the managers within that time to extend the CTO using Form CP 4. The CTO may also be revoked under S21B (4)(a).

(d)Medical Treatment for Mental Disorder for recalled Patients

Though the CTO patient has been recalled to a hospital, the required treatment may be given on an outpatient basis when appropriate. CTO patients who have been recalled to hospital are subject to the same rules on medical treatment (with certain exceptions) as other detained patients and are subject to Part 4 of the Act.

Part 4A does not apply to the treatment of CTO patients who have been recalled to Hospital, unless or until they are released from detention in hospital.

Part 4 applies to such patients instead, but with three differences.

- Treatment which would otherwise require a certificate under s58 or 58A can be given without such a certificate if it is expressly approved instead by the patient's Part 4A certificate (if the patient has one). It is expressly approved if the SOAD states on the Form CO7 certificate that the treatment in question may be given to a patient who has been recalled. The certificate may contain conditions. However, the Part 4A certificate cannot authorise s58A treatment for which there would be no authority under Part 4A itself.

- Medication which would otherwise require a certificate under s58 can be given without such a certificate if the certificate requirement in Part 4A would not yet apply to the treatment because less than one month has passed since the making of the patient's CTO.
  In other words, no certificate is required for the administration of most medications to a patient who has been a CTO patient for less than a month.

- Treatment that was already being given on the basis of a Part 4A certificate before the patient was recalled to hospital may be continued temporarily, even though it is not authorised for administration on recall on the Part 4A certificate, if the person in charge of the treatment in question considers that withdrawing the treatment would cause serious suffering to the patient.

However, this exception only applies pending a new certificate being obtained.

SOADs providing Part 4A certificates need to consider what treatments (if any) to approve should the patient be recalled to hospital.

These exceptions also apply to CTO patients whose CTOs have been revoked except that, for section 58 type treatments, continuance with medication will continue pending compliance with section 58 requirements.

Part 4A does apply to CTO patients who are in hospital, either voluntarily or when complying with a condition of their CTO without having been recalled.

HIW may at any time notify the AC in charge of the treatment in question that a Part 4A certificate will cease to apply from a certain date.

(e)Outcomes Following Recall:

Once the patient arrives at the hospital following recall, the nurse in charge must record the date and time on the Form CP6 (Appendix 5), as the 72- hour recall period starts from this time. As soon as practicable, the nurse in charge should ensure that the patient is given information, verbally and in writing about their rights following recall.

During this time, a decision must be made by the RC as to whether the patient can be released from detention or whether the CTO should be revoked.

The R.C must consult with the clinical team, patient's Care Coordinator in the community, patient and nearest relative (if the patient agrees) to decide if a CTO is still appropriate for the patient.

The options at this stage are:

- The patient is released from detention to return to the community with a revised care plan & conditions if necessary (Form CP6 Part 2 must be completed by the nurse in charge);

- The patient is released from detention, but remains in hospital as an informal patient (conditions can be suspended during the inpatient period and (Form CP6 Part 2 must be completed as above);

- The CTO is revoked and a fresh period of section 3/37 detention begins

- If the patient's responsible hospital is other than the one to which the patient has been recalled, it is possible to transfer the patient to their responsible hospital using Form TC6 (Section 17F (2) Authority for Transfer of recalled community patient to a hospital under different managers

- It is lawful to transfer the patient to another hospital within Cwm Taf Morgannwg University Health Board without any further statutory paperwork being completed.

5.16 Revoking a CTO

A CTO may only be revoked while the patient is detained in a hospital as a result of being recalled. The RC, with the agreement of the AMHP must consider that the patient needs to be admitted to hospital for medical treatment under the Act, in order to revoke the CTO. If the AMHP does not agree that the CTO should be revoked, then the patient cannot be detained in hospital after the end of the maximum recall period of 72 hours. The patient will remain on CTO. The AMHP's decision and full reasons should be recorded in the patient's notes.

The RC's order revoking the CTO will be in the form of a duly completed Form CP 7(Appendix 6). The RC will complete Part 1 and the AMHP will complete Part 2 of the Form.
As soon as practicable the RC will furnish the MHA Administrator with a scanned copy of the form and forward on the original for the statutory folder.
Following the revocation of the CTO, the MHAA will undertake the following duties, on behalf of the Hospital Managers:

- Refer the patient's case to the MHRT.
- Inform the Care Coordinator, GP, and nearest relative (if the patient agrees)

5.17 Effect of revoking a CTO

Below is the effect of revoking the CTO in respect of the patient.

- S 6(2) shall have effect as if the patient has never been discharged from hospital on a CTO. The patient's detention under their original treatment order will be re-instated from the date of revocation.

- The provision for this or any other Act relating to patients being liable to be detained (or detained) in pursuance to an application for admission for treatment shall apply to the patient as was applicable prior to the CTO being made.

- When the patient is being detained in a hospital other than the responsible hospital, the provisions of this Act will have the effect as if the application for admission for treatment were made to that other hospital and they had been admitted to that other hospital at the time when the patient was originally admitted in pursuance of that application.

In any case of a patient being revoked, s20 shall have the effect as if the patient had been admitted to hospital in pursuance of the application for admission for treatment on the day on which the order is revoked. The detention will last for six months and the RC will be able to renew the detention order, if appropriate, two months prior to the last day of the detention order.

Where the CTO patient has been recalled to a hospital which is not the responsible hospital, the RC / MHAA must furnish the managers of that hospital with a copy of the order.

Upon revocation of the CTO, the patient would be detained on a treatment order. As such the patient will be subject to Part 4 of the Act as far as medical treatment for mental disorder is concerned. The period of time spent receiving treatment on s2 and s3 and CTO will count as being continuous. If the patient is consenting, a Form CO2 is completed, otherwise for non-consenting and patient who lack capacity, a SOAD request form is submitted to HIW.

5.18 Extending the CTO

A CTO lasts for 6 months in the first instance, followed by a further 6 - months and then for a year at a time.

Within 2 months of the expiry of the CTO, the RC shall examine the patient and, if it appears that all the original criteria remain satisfied and an AMHP agrees in writing, the RC must complete Form CP3.(Appendix 7) The RC must also consult with at least one other person, who has been professionally involved with the patient's care or treatment. This should normally be the Care Coordinator.

In practice, the decision-making process around extension of the CTO should take place within the CTP framework. A CTP review should be held during this time, so that the patient and their care team can be fully involved in the process and contribute to the RC's decision-making. Patients may wish to consider accessing an IMHA when a CTO is due to be extended.

A community patient should be discharged from a CTO if the patient no longer meets the criteria.

The CTO will remain in force until it:

- Is discharged by the RC (upon completion of a Form CP8)(Appendix 7)
- Discharged by the Hospital Managers under section 23 of the MHA
- Discharged by the MHRT;
- Is revoked under section 17F.
- For Part 2 patients following application by their Nearest Relative (NR) giving 72 hours' notice;
- Following the patient's reception under guardianship

5.19 Effect of expiry of a CTO

A patient will be absolutely discharged from CTO and liability to be recalled to hospital and the application for admission for treatment will similarly cease to have any effect when the CTO expires.

6. EQUALITY IMPACT ASSESSMENT STATEMENT

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

7. REFERENCES

All staff will work within the Mental Health Act 1983 and in accordance with the Code of Practice for Wales 2007, Mental Capacity Act 2005, and Human Rights Act 1998.

Mental Health Act 1983 - www.legislation.gov.uk/ukpga/1983/20/contents

Mental Capacity Act 2005 – www.legislation.gov.uk/ukpga/2005/9/schedule/7

Human Rights Act 1998 – www.legislation.gov.uk/ukpga/1998/42/contents

http://www.legislation.gov.uk/wsi/2008/2441/article/2/made

8. GETTING HELP

The Mental Health Act Office based in the Royal Glamorgan Hospital in Pontyclun is open Monday to Friday between the hours of 08.30 and 5pm. For guidance and advice regarding this policy contact the MHA office via telephone ext. 73709 or email CTT_MHAA@wales.nhs.uk

This document will be widely disseminated to staff in Cwm Taf Morgannwg University Health Board. It will be published on the organisations intranet sites and referred to during training relevant to the Act.

9. DOCUMENTS TO BE READ ALONGSIDE THIS POLICY

The Mental Health Act 1983 (as amended by the Mental Health Act 2007).

Mental Health (hospital, guardianship, community treatment and consent to treatment) (Wales) regulations 2008.

The Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards delegated to this Act under the Mental Health Act 2007).

The respective Codes of Practice of the above Acts of Parliament.

The Human Rights Act 1998 (and the European Convention on Human Rights).

Domestic Violence, Crime and Victims Act, 2004.

10.TRAINING

The health board will provide ongoing training for staff who have a delegated duty under the scheme of delegation. Details of available training courses are accessible by contacting the Mental Health Act administration team. The MHA team will also provide each mental health ward with laminated copies of an Informal CTO patient flowchart, with guidance on recall and revocation procedures.

11. Review, Monitoring and Audit Arrangements

The adherence to this protocol will be subject to regular review by the MHA team. The Team Leader will report regularly to the Operational Group of any non-compliance issues.
This protocol will be reviewed at three yearly intervals.

An audit of CTO documentation and compliance is conducted on an annual basis by the MHA Manager and deputy using AMAT; the results

are shared with the CMHT and AMHP team leaders and discussed at the Operational Group meetings.

12.MAIN RELEVANT LEGISLATION

All staff will work within the Mental Health Act 1983 and in accordance with the Code of Practice for Wales 2016, Mental Capacity Act 2005, and Human Rights Act 1998.

13. Appendices

Appendix 1.

Form CP1- Mental Health Act 1983 section 17A – community treatment order

CP1.pdf

Appendix 2.

Form CP2- Mental Health Act 1983 section 17B - variation of conditions of a community treatment order

CP2.pdf

Appendix 3.

SOAD 2 –HIW Request form (Community Treatment Order)

Request for SOAD (CTO).doc

Appendix 4.

Form CP5- Mental Health Act 1983 section 17E - notice of recall to hospital


CP5.pdf

Appendix 5.

Form CP6- Mental Health Act 1983 section 17E - Record of patient's detention in hospital following recall.


CP6.pdf

Appendix 6.

Form CP7- Mental Health Act 1983 section 17F - revocation of a community treatment order.


CP7.pdf

Appendix 7.

Form CP3- Mental Health Act 1983 section 20A - report extending the community treatment period


CP3.pdf

Appendix 8.

Form CP8- Mental Health Act 1983 section 23 - discharge by the responsible clinician or the hospital managers.


CP8.pdf

Agenda Item
2.1.4

Mental Health Act Monitoring Committee

Section 5(2) Doctors holding power policy Mental Health Act, 1983.

Dyddiad y Cyfarfod / Date of Meeting	06/12/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Alison Thomas, Mental Health Act Team Manager
Cyflwynydd yr Adroddiad / Report Presenter	Alison Thomas, Mental Health Act Team Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Operational Group Meeting	28/04/2023	ENDORSED FOR APPROVAL

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 This policy sets out the Health Board's procedure for implementing the Act's Holding Powers lawfully. It explains the nature of the power and the identity of the person who can carry out this power. This policy also sets out how the Hospital Managers should monitor the use of section 5.

1.2 This policy provides an update to the previous one in use by adding a training form which has also been placed on every mental health ward within CTMUHB.

2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	13/4/2023
Informal Consultation with interested parties	23/3/2023
Formal Consultation	Not required
Committee – For approval	06/12/2023

2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.3 The Mental Health Operational group have been engaged in the consultation.

2.4 Organisational values and behaviours have been reflected within the policy.

3. Key Risks / Matters for Escalation

3.1 In response to the consultation the following amendments have been made:

- This policy has been developed to ensure staff are aware of their individual and collective responsibilities when considering use of the doctors' holding power under section 5(2) of the Mental Health Act 1983, as amended by the MHA 2007.

- This guidance will ensure adherence to the statutory requirements of the Act 1983, in line with the Mental Health Act 1983 Code of Practice for Wales revised 2016 (Code of Practice).

- Holding powers when implemented authorises the detention of the patient in the hospital for a maximum of seventy-two hours so the patient can be assessed with a view to an application for detention under the Act being made.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective If more than one applies please list below: Dignified
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No quality issues to note	If no, please include rationale below:
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No equality issues to note	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Mental Health Act Monitoring Committee are asked **APPROVE** the Section 5(2) Doctors holding power policy. Mental Health Act, 1983.

6. Next Steps

6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Section 5(2) Mental Health Act 1983

Doctors Holding Power Policy

Document Type:	Non Clinical Procedure
Ref:	MHO6
Author:	Jeremy Burgwyn – Mental Health Act Team Leader
Executive Sponsor:	Choose an item.
Approved By:	**Mental Health Monitoring Act Committee**
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	4

Target Audience:

People who need to know about this document in detail	Author/Owners of this procedure All doctors within Cwm Taf Morgannwg University Health Board All ward managers within Cwm Taf Morgannwg University Health Board
People who need to have a broad understanding of this document	Board Members, Management Board, Clinical Service Group Managers, Senior Nurses, Board Committees
People who need to know that this document exists	All doctors & qualified nursing staff caring for patients on wards throughout the Health Board.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date: 14/03/2023** **Outcome: pending approval**
Welsh Language Standard	No
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Provide high quality, evidence based, and accessible care

Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

Contents

1. Policy Statement

This policy has been developed to ensure staff are aware of their individual and collective responsibilities when considering use of the doctors' holding power under section 5(2) of the Mental Health Act 1983, as amended by the MHA 2007.

This guidance will ensure adherence to the statutory requirements of the Act 1983, in line with the Mental Health Act 1983 Code of Practice for Wales revised 2016 (Code of Practice).

Holding powers when implemented authorises the detention of the patient in the hospital for a maximum of seventy-two hours so the patient can be assessed with a view to an application for detention under the Act being made.

2. Scope

The contents of this procedure apply to all clinical staff working within the Health Board's Mental Health services. With regards to the patients that fall under the scope of this procedure the Code of Practice for Wales (COPfW) revised 2016 (18.9) states that "In this context, a hospital inpatient means any person who is receiving in-patient treatment in a hospital and who is not already liable to be detained or who is subject to a Community Treatment Order (CTO)". It includes patients who are in hospital by virtue of a deprivation of liberty authorisation under the Mental Capacity Act 2005. Under the COPfW (18.10) it states "It does not matter whether or not the patient was originally admitted for treatment primarily for a mental disorder or physical condition". The power cannot be used for an out-patient attending a Hospital's Accident and Emergency Department or any other out-patient. Patients should not be admitted informally with the sole intention of then using the powers to detain under section 5(2).

3. Aims and Objectives

There are a number of objectives, including:

The purpose of a doctor's holding power
The duties of the practitioners and agencies involved in the management of patients subject to a doctor's holding power.

Practitioners must have due regard to the COPfW generally and specifically to the Guiding Principles when they are considering the use of the doctors holding power. This will ensure that considerations are given as to whether the objectives can be met in a less restrictive way.

This policy aims to incorporate the Health Board values of listening, learning and improving, treating everyone with respect and working together as one team.

4. Responsibilities

Doctor or other professional (non-medical)

Section 5(2) authorises the detention of the patient in the hospital for a maximum of 72 hours so the patient can be assessed with a view to an application for detention under the Act being made. It should only be used if, at the time, it is not practicable or safe to initiate an application for detention without also detaining the patient in the interim. That is, the patient must be unwilling to remain in hospital in order for the assessment for detention to be made and it must be necessary for the person to remain in hospital until the assessment can be undertaken.

Section 5(2) should not be used as an alternative to making an application, even if it is thought the patient will only need to be detained for 72 hours or less.

The identity of the person in charge of a patient's medical treatment at any time will depend on the particular circumstances. However, a professional who is treating the patient under the direction of another professional should not be considered to be in charge.

There may be more than one person who could reasonably be said to be in charge of a patient's treatment e.g. where a patient is receiving treatment for both a physical and a mental disorder. In such a case, the Psychiatrist or Approved Clinician (AC) in charge of the patient's treatment for the mental disorder is the preferred person to use the power in section 5(2).

The Doctor must be fully aware of the diverse needs of the patient when considering detention and must take them in to account at all times. They must ensure the patient fully understands what is happening to them in a language and format which they are able to understand, this will include sensory and cognitive abilities and physical impairment. Where necessary, an interpreter should be obtained.

They must complete a written record of the assessment (Statutory Form HO12). As well as the completion of the statutory documentation, doctors must make a record of the assessment including the start time of the section in the patients' clinical notes on the care partner system or paper case notes for Bridgend, Older Persons and Child & Adolescent Mental Health Service (CAMHS) patients.

If the doctor invoking the holding power is also their AC, it is their responsibility to contact the AMHP on duty to request a full MHA assessment.

Nominated Deputy

The COPfW (18.12) allows the doctor or other professional (non-medical AC) in charge of an in-patient's treatment to nominate a deputy to exercise section 5(2) powers in their absence. The responsibility will therefore devolve to the deputy. It is permissible for deputies to be nominated by title, rather than by name e.g. the junior doctor on call (provided that there is only one nominated deputy for any patient at any time and it can be determined with certainty who that nominated deputy is). If nominated deputies are not ACs (or Section 12(2) approved) they should wherever possible seek advice from the person for whom they are deputising before using a Section 5(2). It is also to be noted that only doctors who are fully registered to practice can apply a section 5(2). Therefore FY1 Doctors cannot apply a section 5(2) as they only have provisional registration.

NB: Only a doctor or approved clinician on the staff of the same hospital may be a nominated deputy. It is unlawful for a nominated deputy to nominate another. (COPfW (18.13))

Nurse in Charge of the Ward

It is the responsibility of the Nurse in Charge of the ward to:

Check and receipt the HO12 on behalf of the Hospital managers.

Scan the HO12 and email to the Mental Health Act (MHA) Office, and send (or bring) the original to the MHA Office.

Provide the patient with an explanation of their legal rights both verbally and in writing (please refer to the Health Board procedure for informing detained patients of their legal rights under section 132 of the MHA 1983). They must make every effort to ensure the patient fully understands what is happening to them in a language and format they are able to understand; and

If out of hours to notify the Approved Mental Health Professional (AMHP) of the fact that a section 5(2) has been applied.

Mental Health Act Administrator

Mental Health Act Administrator (MHAA) must ensure that review of Section 5(2) is undertaken as soon as the H012 form is received. The MHAA will identify and contact the AC via email and request review. The MHAA will also copy the ward manager, deputy ward manager and AMHP team leader into the email.

The MHAA will record the time the holding power was invoked and what time it expires onto the inpatient spreadsheet. They will also monitor the duration of the holding power.

The MHAA must inform patient in writing if they are discharged from section 5(2) and update the spreadsheet accordingly.

5. Section 17 leave

A patient held under section 5(2) cannot receive section 17 leave. They are not detained by virtue of either an application under section 2 or section 3 and therefore do not have a Responsible Clinician to grant leave.

6. Community Treatment Order (CTO) patients

Section 5(2) is not applicable to a patient subject to a CTO. Patients can be recalled even during periods when they are in-patients. Therefore where it is considered necessary, the recall procedure must be used to detain the patient and within the 72 hours allowed a decision must be made whether to revoke the CTO.

Section 5(2) cannot be used to keep a patient in hospital after the end of the 72 hour recall period if the CTO has not been revoked.

7. Section 18 absent without leave (AWOL)

A patient detained under section 5(2) who leaves the hospital is AWOL and can be retaken to that hospital but only within the 72 hour period.

8. Ending of Section 5(2)

Section 5(2) holding powers last for a maximum of 72 hours and cannot be renewed.

Detention under section 5(2) will end if:

- The result of the assessment is a decision not to make an application under section 2 or section 3
- The power has been invoked by a nominee under section 5(3) and the doctor or approved clinician in charge decides that no assessment for possible detention needs to be carried out
- An application under section 2 or section 3 is made
- The patient is discharged for clinical reasons before an assessment can be undertaken

- The 72 hours is reached and the 5(2) lapses

In this last case, if the 5(2) is allowed to lapse the MHAA will complete a Datix incident form to report it to management. Whilst it is not illegal, it is considered bad practice to allow this to happen and must be investigated and reported to the Operational Group and MHA Committee. It will also be recorded as a lapse on the inpatient spreadsheet for the next data collection.

The maximum period a patient may be held under section 5(2) is 72 hours, which will include anytime the patient is held on section 5(4) of the Act.

The patient should be informed once they are no longer held under section 5(2) and advised of the reasons why. If this is because section 2 or section 3 was not applied, the patient should be informed by ward staff they are free to leave hospital.

9. Use of Section 5(2) in General Hospitals

Any doctor in charge of a patient's care may detain an informal patient under section 5(2), using form HO12. This includes a doctor in a non-psychiatric hospital.

The non-psychiatric doctor should, wherever possible, consult with a senior psychiatrist prior to the use of section 5(2). If this is not practicable then the senior psychiatrist should see the patient as soon as possible to determine whether the patient should be detained further.

The Mental Health Act assessment should be requested as soon as possible after the use of section 5(2).

Section 5(2) cannot be used in an Accident and Emergency Department.

10. Medical Treatment

The rules in Part 4 of the Act do not apply to patients detained under section 5(2) and as such there is no power under the Act to treat them without their consent. In other words, they are in exactly the same position in respect of consent to treatment as patients who are not detained under the Act i.e. if the patient is mentally capable of making a decision about treatment, the common law enables them to refuse to be treated for either a physical or mental disorder. However, if the patient has been assessed as being mentally incapable of making a decision about treatment, the treatment can be provided under the Mental Capacity Act (MCA) 2005 if it is deemed to be in their best interests.

11. Transfer to other Hospitals

Patients detained under section 5(2) cannot be transferred to another hospital under section 19, because they are not detained by virtue of an application made under Part 2 of the Act. This includes transfer between hospitals managed by the same hospital managers.

12. Appeals

A patient detained under section 5(2) cannot make an application to the Mental Health Review Tribunal for Wales or appeal to the hospital managers.

13. Independent Mental Health Advocacy

A patient detained under a section 5(2) is eligible to received independent mental health advocacy services (COPfW (6.13)).

A qualifying patient may ask for the support of an IMHA at any time.

14. Documents to read alongside this policy

The Mental Health Act 1983 (as amended by the Mental Health Act 2007) Mental Health (hospital, guardianship, community treatment and consent to treatment)(Wales) regulations 2008

The Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards delegated to this Act under the Mental Health Act 2007)

The respective Codes of Practice of the above Acts of Parliament

The Human Rights Act 1998 (and the European Convention on Human Rights) Domestic Violence, Crime and Victims Act, 2004

All Cwm Taf Morgannwg University Health Board (CTMUHB) policies on the Mental Health Act 1983 as appropriate including:

Section 5(4) Nurses' Holding Power Policy

Section 132 Patient Rights Policy

Hospital Managers' Scheme of Delegation policy

15. Implementation/Monitoring Compliance

This document will be widely disseminated to staff in CTMUHB. It will be published on the organisations intranet site (SharePoint) and referred to during training relevant to the Act.

The MHA office will monitor the use of section 5(2) to ensure it is being used appropriately. Multiple uses of section 5(2) will be investigated and audits will be carried out at intervals to check the forms HO12 are completed accurately by doctors and receipted correctly by nursing staff. The length of time a patient spends on 5(2) will also be recorded by the MHA office for use in statistical reports.

16. Training

The health board will provide ongoing training for staff who have a delegated duty under the scheme of delegation. Details of training courses available can be found by contacting the MHA team. The MHA team will also provide each mental health ward with laminated copies of a section 5(2) flowchart with accompanying guides. These will also be published on the intranet.

17. References

All staff will work within the Mental Health Act 1983 and in accordance with the Code of Practice for Wales 2007, Mental Capacity Act 2005, and Human Rights Act 1998.

Mental Health Act 1983 - www.legislation.gov.uk/ukpga/1983/20/contents

Mental Capacity Act 2005 - www.legislation.gov.uk/ukpga/2005/9/schedule/7

Mental Health Review Tribunal for Wales - https://mentalhealthreviewtribunal.gov.wales/

Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents

18. Contacts

For guidance and advice regarding this policy contact the MHA office via telephone ext. 73709 or email CTT_MHAA@wales.nhs.uk

19. Appendix

Form HO12	Patient rights proforma	HO12 Training Form	Section 5(2) flowchart

FORM HO12.pdf	Section 132-132A Patient's Rights Forı	TRAINING FORM HO12.pdf	Informal - 5(4) 5(2).docx

Agenda Item
2.1.5

Mental Health Act Monitoring Committee

Section 5(4) Nurses holding power policy Mental Health Act, 1983.

Dyddiad y Cyfarfod / Date of Meeting	06/12/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Alison Thomas, Mental Health Act Team Manager
Cyflwynydd yr Adroddiad / Report Presenter	Alison Thomas, Mental Health Act Team Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Operational Group Meeting	27/01/2023	ENDORSED FOR APPROVAL

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 The previous version of the policy has been updated to include a form, which the nurse is required to complete, documenting the reasons behind the necessity to applying their holding powers under Section 5(4).

1.2 This form captures the time the nurse contacted a Doctor. This ensures compliance with Chapter 18.33 of the Code of Practice for Wales, which states that hospital managers should monitor the attendance times of doctors and approved clinicians following the use of the Section 5(4).

2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	17/2/2023
Informal Consultation with interested parties	27/1/2023
Formal Consultation	Not required
Committee – For approval	06/12/2023

2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.3 The Mental Health Operational Group have been engaged in the consultation

2.4 Organisational values and behaviours have been reflected within the policy.

3. Key Risks / Matters for Escalation

3.1 In response to the consultation the following amendments have been made:

- This policy has been developed to ensure staff are aware of their individual and collective responsibilities when considering use of the nurses' holding power under section 5(4) of the Mental Health Act 1983, as amended by the MHA 2007.

- This guidance will ensure adherence to the statutory requirements of the Act 1983, in line with the Mental Health Act 1983 Code of Practice for Wales 2016 (Code of Practice).

- Holding powers when implemented authorises the detention of the patient in the hospital for a maximum of six hours so the patient can be assessed with a view to an application for detention under the Act being made.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality**	Effective
	If more than one applies please list below: Dignified

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No quality issues to note.	If no, please include rationale below:
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No equality issues to note	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Mental Health Act Monitoring Committee are asked **APPROVE** the Section 5(4) Nurses holding power policy. Mental Health Act, 1983.

6. Next Steps

6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

Section 5(4) Nurses Holding Power Policy

Mental Health Act 1983

Document Type:	Non Clinical Procedure
Ref:	MH07
Author:	Alison Thomas, Mental Health Act Manager
Executive Sponsor:	Choose an item.
Approved By:	**Mental Health Monitoring Act Committee**
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	4

Target Audience:

People who need to know about this document in detail	Author/Owners of this procedure All Nursing staff in Mental Health
People who need to have a broad understanding of this document	Board Members, Management Board, Clinical Service Group Managers, Senior Nurses, Board Committees
People who need to know that this document exists	All qualified nursing staff caring for patients on mental health wards throughout the Health Board.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date: 20/12/2022** **Outcome: Approved**
Welsh Language Standard	No
Date of approval by Equality Team:	17/02/2023
Aligns to the following Wellbeing of Future Generation Act Objective	Provide high quality, evidence based, and accessible care

Disclaimer:
If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CONTENTS PAGE

INTRODUCTION

1. POLICY STATEMENT

This policy has been developed to ensure staff are aware of their individual and collective responsibilities when considering use of the nurses' holding power under section 5(4) of the Mental Health Act 1983, as amended by the MHA 2007.

This guidance will ensure adherence to the statutory requirements of the Act 1983, in line with the Mental Health Act 1983 Code of Practice for Wales 2016 (Code of Practice).

Holding powers when implemented authorises the detention of the patient in the hospital for a maximum of six hours so the patient can be assessed with a view to an application for detention under the Act being made.

2. SCOPE OF POLICY

This policy applies to all staff in any inpatient setting where a person is receiving inpatient treatment in hospital for their mental health, who is not already detained or subject to a Community Treatment Order (CTO).

This power can only be used in respect of patients who are receiving hospital treatment for mental disorder; it is not sufficient for the patient to be merely suffering from a mental disorder. Although the power can be invoked in any hospital where the patient is receiving treatment for mental disorder, it is unlikely that a non-psychiatric ward will be staffed with nurses' of the "prescribed class

3. AIMS AND OBJECTIVES

There are a number of objectives, including:

- The purpose of a nurses' holding power
- The process for assessing the suitability for the use of a nurses' holding power
- The duties of the practitioners and agencies involved in the management of patients subject to a nurses' holding power.

Practitioners must have due regard to the Mental Health Act Code of Practice generally and specifically to the Guiding Principles when they are considering the use of the nurses holding power. This will ensure that

considerations are given as to whether the objectives can be met in a less restrictive way.

4. RESPONSIBILITIES

Under section 5(4) nurses of the prescribed class may detain a hospital inpatient who is already receiving treatment for the mental disorder for up to six hours. The decision to invoke the power is the personal decision of the nurse, who cannot be instructed to exercise the power by anyone else. This power may only be used where the nurse considers that:

- The patient is suffering from mental disorder to such a degree that it is necessary for the patient to be immediately prevented from leaving the hospital, either for the patient's health or safety or the protection of other people.

  And

- It is not practicable to secure the attendance of a doctor or approved clinician who can submit a report under section 5(2).

If a patient has been allocated a hospital bed and is occupying that bed, he or she is an "in-patient" for the purposes of section 5(4). The internal classification of the patient is not legally relevant because whether a patient is an in-patient is a question of fact. A patient does not lose their inpatient status until they have physically removed themselves from the hospital (which includes the hospital grounds).

5. DEFINITIONS

6. PROCEDURE

Practitioners should have due regard to the Mental Health Act Code of Practice generally and specifically to the guiding principles when they are considering the use of Doctors powers. This would ensure that considerations are given, as to whether the objectives can be met in a less restrictive way.

6.1 Duties and Responsibilities of nurses of the prescribed class

A nurse of the prescribed class is defined in the Mental Health (Nurses) (Wales) Order 2008 as a nurse registered in sub-part 1 or 2 of the nurses part of the Register of the Nursing and Midwifery Council, with a

recordable qualification in mental health or learning disability nursing as follows:

A nurse registered in	**Sub-part 1** of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing **Sub-part 2** of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing **Sub-part 1** of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing **Sub-part 2** of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

6.2 Assessment prior to implementation

Before using the power of section 5(4) the nurse should make as full as assessment as possible in the circumstances. Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Sometimes it may be necessary to invoke the power on the basis of only a brief assessment e.g. when events occur very quickly and the patient is determined to leave, the result of which could potentially have serious consequences if the patient was successful in leaving.

When making a full assessment the nurse should assess:

- The likely arrival of the doctor or approved clinician
- The likely intention of the patient to leave, as it may be possible to encourage the patient to wait until a doctor or approved clinician arrives
- Some attempts to prevent a patient from leaving ward can amount to a deprivation of their liberty, for example, persuading a patient to wait for a doctor for a prolonged period of time.
- The harm that might occur to the patient or others if the patient were to leave the hospital before the doctor or approved clinician arrives. In this regard, the nurse should consider all aspect of the patient's communication and behaviour, including:

    - The patient's expressed intentions
    - The likelihood of the patient harming themselves or others, or behaving violently

- Any evidence of disordered thinking
- Any changes to their usual behaviour and any history of unpredictability or impulsiveness
- Dates of special significance for the patient
- Any recent disturbances on the ward
- Any relevant involvement of other patients
- Any formal risk assessments, which have been undertaken
- Any other relevant information

The use of the holding power permits the patient's detention for up to six hours or until a doctor or approved clinician with the power to use section 5(2) arrives at the place the person is being detained, whichever is the earlier. It is the responsibility of the nursing staff to ensure a doctor or approved clinician is notified of the section 5(4).
Detention under section 5(4) cannot be renewed although this does not prevent it from being used on more than one occasion if necessary.

A nurse using section 5(4) should use the least restrictive intervention to prevent the patient leaving hospital.

The nurse must be fully aware of the diverse needs of the patient when considering detention and must take them in to account at all times. They must make every effort to ensure the patient fully understands what is happening to them in a language and format, which they are able to understand. This will include sensory and cognitive abilities and physical impairment. If necessary, an interpreter should be contacted.

The patient is detained from the moment the nurse makes the necessary record. The nurse must ensure that the reasons for the implementation of the section 5(4) are recorded in the patient's health record; either on Care Partner, which is the patients' electronic record on the acute wards in RGH, Pinewood and SRU or in the patients paper notes for older persons in RGH, CAMHS and the Bridgend wards.

Duties and responsibilities of Qualified Nurses

A Form HO13 (*Appendix A*) is completed by the nurse and the Local Reporting Form (*Appendix B*), which records the sequence of nursing activity required to implement the section 5(4). These documents must be scanned prior to posting the originals or taken to the Mental Health Act Office immediately

Following the decision to detain, the nurse should ensure that the patient is made aware of their rights (*Appendix C)* under the Act and this is

documented in the patients' notes. Information leaflet 5 (*Appendix D*) is available to download from the W drive under Mental Health.

The Nurse must also inform the patient that they can have access to an Independent Mental Health Act Advocate (IMHA) and relevant leaflet must be given (*Appendix E*).

The nurse in charge should contact the doctor to request review of the S5 (4) as soon as possible and record the time in the notes and on the Local reporting form. The nurse in charge should make repeated efforts in contacting a doctor and document this.

Hospital managers should ensure suitably qualified, experienced, competent nurses are available to all wards where there is a possibility of section 5(4) being invoked.

6.3 Doctor/Approved Clinician Responsibilities

The use of section 5(4) is an emergency measure, and the doctor or approved clinician with the power to use section 5(2) in respect of the patient should treat it as such and arrive as soon as possible. The doctor or approved clinician should not wait the maximum time of six hours before attending.

The power to detain under section 5(4) lapses once the doctor or approved clinician arrives to assess the patient. The time at which the patient ceased to be detained under section 5(4) must be recorded in the patient's health record, together with the reasons and outcome.

6.4 Mental Health Act Administrator Responsibilities

The MHAA will carry out the scrutiny of documents to ensure that forms are compliant with the MHA and the persons completing the forms are authorised to do so. If the Local Incident Reporting Form is not completed, the MHAA will contact the request completion.

The MHAA will ensure that the original detention papers are filed in the patients' statutory folder, which is kept in the MHA office and uploaded to Care Partner, for those wards, which have electronic patient records. For wards, which continue to use paper health records, the nursing staff/ward clerk are asked to print and file in the patient's health record.

The Mental Health Act Administrator will ensure that correspondence is sent to the nearest relative, if the patient permission has been obtained.

6.5 Section 17 Leave

A patient detained on section 5 (4) cannot receive section 17 leave. They are not detained by virtue of either an application under section 2 or section 3 and therefore do not have a Responsible Clinician to grant such leave.

6.6 Community Treatment Order patients

Section 5(4) is not applicable to a patient subject to a Community Treatment Order (CTO). Patients can be recalled even during periods when they are in-patients. Therefore, where it is considered necessary, the recall procedure must be used to detain the patient and within the 72 hours allowed a decision must be made whether to revoke the CTO.

Section 5(4) cannot be used to keep a patient in hospital after the end of the 72- hour recall period if the CTO has not been revoked.

6.7 Section 18 absent without leave (AWOL)

A patient detained under section 5(4) who leaves the hospital is AWOL and can be retaken but only within the six-hour period.

6.8 Inappropriate Use of Section 5(4)

Section 5(4) cannot be used in the following circumstances:

- For an outpatient attending an accident and emergency department or any other out-patient facility.
- For a patient who is already liable to be detained under section 2, section 3, section 4 or who is subject to a CTO.
- Is not to be used as a holding power simply for the purpose of persuading the patient to stay.

Patients should not be informally admitted with the sole intention of then using the holding power.

6.9 Ending of Section 5(4)

Section 5(4) holding powers last for a maximum of six hours and cannot be renewed.
This does not prevent it being used on a future occasion if necessary.

Detention under section 5(4) will end if:

- The result of the assessment is a decision not to make an application under section 2 or section 3.
- An application under section 2 or section is made.
- No doctor or approved clinician attends within six hours to make a report under section 5 (2).

If the doctor or approved clinician then uses their own holding powers under s5 (2), the maximum period of 72 hours runs from when the nurse first detained the patient under s5 (4).

The patient should be informed once they are no longer held under section 5(4) and advised of the reasons why by the nursing Team. If this is because section 2 or section 3 was not applied, the patient should be informed they are free to leave hospital

The failure to attend should be considered as a serious failing and should be reported and subject to an internal investigation.

6.10 Medical treatment of patients

Patients subject to section 5(4) are not subject to consent to treatment provisions contained in Part 4 of the MHA. If the patient is mentally capable of making a decision about treatment, the common law enables them to refuse to be treated for either a physical or a mental disorder.

However, if the patient is assessed as being mentally incapable of making a decision about treatment, the treatment can be provided under the Mental Capacity Act 2005 if it is deemed to be in their best interests.

6.11 Transfer to other Hospitals

Patients detained under section 5(4) cannot be transferred to another hospital under section 19, because they are not detained by virtue of an application made under Part 2 of the Act.

This includes transfer between hospitals managed by the same hospital managers.

A patient who is subject to section 5(4) of the Act but needs to go to another hospital urgently for treatment, security or other exceptional reasons, can only be taken there if they consent to the transfer. If the patient lacks capacity to consent to the transfer, any transfer must be carried out in accordance with the MCA.

If, following transfer, the patient tries to leave the receiving hospital, a new situation will have arisen. In this circumstance, the receiving hospital may need to use section 5(4) to provide authority to detain the patient in that hospital.

In all cases, if the conditions are met, an emergency application for detention under section 4 of the Act could be made by the sending hospital. The patient could then be transferred to the receiving hospital under section 19.

Alternatively, an emergency application under section 4 could be submitted to the managers of the receiving hospital

6.12 Appeals

A patient detained under section 5(4) cannot make an application to the Mental Health Review Tribunal for Wales or appeal to the hospital managers.

6.13 Independent Mental Health Advocacy

A patient detained under a section 5(4) is eligible to received independent mental health advocacy services.

A qualifying patient may ask for the support of an IMHA at any time**.**

7. EQUALITY IMPACT ASSESSMENT STATEMENT

A summary of the outcome of the EIA must be present on the front cover of the document.

This policy has been screened for relevance to Equality. No potential negative impact has been identified.

8. REFERENCES

All staff will work within the Mental Health Act 1983 and in accordance with the Code of Practice for Wales 2007, Mental Capacity Act 2005, and Human Rights Act 1998.

Mental Health Act 1983 - www.legislation.gov.uk/ukpga/1983/20/contents

Mental Capacity Act 2005 –
www.legislation.gov.uk/ukpga/2005/9/schedule/7

Human Rights Act 1998 –
www.legislation.gov.uk/ukpga/1998/42/contents

http://www.legislation.gov.uk/wsi/2008/2441/article/2/made

9. GETTING HELP

The Mental Health Act Office based in the Royal Glamorgan Hospital in Pontyclun is open Monday to Friday between the hours of 08.30 and 5pm to assist with any queries.

This document will be widely disseminated to staff in Cwm Taf Morgannwg University Health Board. It will be published on the organisations intranet sites and referred to during training relevant to the Act.

10. RELATED POLICIES

Hospital Manager's Scheme of Delegation Policy
Section 5(2) Doctors' Holding Power Policy

11. Training

The health board will provide ongoing training for staff who have a delegated duty under the scheme of delegation. Details of available training courses are accessible by contacting the Mental Health Act administration team.

12. Main Relevant Legislation

All staff will work within the Mental Health Act 1983 and in accordance with the Code of Practice for Wales 2016, Mental Capacity Act 2005, and Human Rights Act 1998.

13. Appendices

Appendix A	Appendix B	Appendix C	Appendix D	Appendix E
FORM HO 13.pdf	S5(4)-Reporting form.docx	Section 132-132A Patient's Rights Forı	Leaflet 5 - Section 5(4).pdf	2020_AS_Cymru_IMHA_Leaflet.pdf

Agenda Item
2.1.6

Mental Health Act Monitoring Committee

Joint Policy for Section 117 Mental Health Act 1983 - Aftercare Arrangements)

Dyddiad y Cyfarfod / Date of Meeting	06/12/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Alison Thomas, Mental Health Act Team Manager
Cyflwynydd yr Adroddiad / Report Presenter	Alison Thomas, Mental Health Act Team Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Final meeting of joint 117 policy group	14/02/2023	ENDORSED FOR APPROVAL

Acronyms / Glossary of Terms	

1. Situation /Background

1.1 This policy sets out the law and statutory guidance in relation to the duty to provide aftercare to certain patients who have been detained for treatment under the Mental Health Act 1983. It also sets out what the Health Board and its partner organisations should consider when implementing and following law and guidance.

1.2 This policy provides an update to reflect the changes in law regarding ordinary residence and aftercare responsibility with regards to the Supreme Court ruling (R (Cornwall Council) v Secretary of State for Health [2015]).

2. Specific Matters for Consideration

2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	23/5/2023
Informal Consultation with interested parties	14/02/2023 06/09/2022 25/04/2022
Formal Consultation	Not required
Committee – For approval	06/12/2023

2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.3 The Mental Health Operational group have been engaged in the consultation

2.4 Organisational values and behaviours have been reflected within the policy.

3. Key Risks / Matters for Escalation

3.1 In response to the consultation the following amendments have been made:

3.2 Cwm Taf Morgannwg University Health Board (CTMUHB), Rhondda Cynon Taf County Borough Council (RCTCBC), Merthyr Tydfil County Borough Council (MTCBC) and Bridgend County Borough Council (BCBC) as partner agencies are committed to providing appropriate aftercare services to eligible patients according to need as set out in Section 117 (S117) of the Mental Health Act 1983 (The Act).

3.3 This policy is applicable CTMUHB wide, to employees of the Local Social Service Authorities (LSSAs) with a duty to provide aftercare services under S117 and to all patients entitled to aftercare services under S117 within CTMUHB

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	Not Applicable If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective If more than one applies please list below: Dignified
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No quality issues to note.	If no, please include rationale below:
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☐
	Outcome: No equality issues to note	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Mental Health Act Monitoring Committee are asked **APPROVE** the Joint Policy for Section 117 Mental Health Act 1983 - Aftercare Arrangements)

6. Next Steps

6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

(Joint Policy for Section 117 Mental Health Act 1983 - Aftercare Arrangements)

Document Type:	Non Clinical Procedure
Ref:	MHA117
Author:	Jeremy Burgwyn – Mental Health Act Team Leader
Executive Sponsor:	Choose an item.
Approved By:	**Mental Health Monitoring Act Committee**
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	4

Target Audience:

People who need to know about this document in detail	Author/Owners of this procedure Approved Mental Health Professional Team Leaders for Merthyr, Rhondda Cynon Taf and Bridgend Social Services, Head of Commissioning for Mental Health & Learning Disabilities
People who need to have a broad understanding of this document	Board Members, Management Board, Clinical Service Group Managers, Social Workers, Senior Nurses, Board Committees, Community Psychiatric Nurses.
People who need to know that this document exists	Community Mental Health Team staff, ward staff on mental health wards

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	**Date:** **Outcome:**
Welsh Language Standard	No
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

Disclaimer:

Ref:
Policy Title:
Page Number: 1

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

Contents

1. Introduction

1.1 Cwm Taf Morgannwg University Health Board (CTMUHB), Rhondda Cynon Taf County Borough Council (RCTCBC), Merthyr Tydfil County Borough Council (MTCBC) and Bridgend County Borough Council (BCBC) as partner agencies are committed to providing appropriate aftercare services to eligible patients according to need as set out in Section 117 (S117) of the Mental Health Act 1983 (the Act).

2. Scope

2.1 This policy is applicable CTMUHB wide, to employees of the Local Social Service Authorities (LSSAs) with a duty to provide aftercare services under S117 and to all patients entitled to aftercare services under S117 within CTMUHB.

3. Policy Statement

3.1 CTMUHB and the LSSAs are committed to ensuring, through this policy, that individuals who are entitled to S117 receive care in line with the principles set out within the Code. The primary purposes of S117, as defined in S117 (6), are as follows:

- **Meeting a need arising from or related to the person's mental disorder**
- **Reduce the risk of deterioration of the person's mental condition (and accordingly reducing the risk of the person requiring admission to a hospital again for treatment of mental disorder)**

4. Aims and Objectives

4.1 The objective of this procedure is to set out the policy requirements for provision of after-care services under S117 of the Act to the residents of Cwm Taf Morgannwg University Health Board (CTMUHB).

4.2 This document aims to lay out a clear framework for the Health and Social Care services within Cwm Taf Morgannwg to utilise when delivering statutory aftercare to people who are entitled to those services under S117.

4.3 All staff should be familiar with the relevant sections in the Act and the Code.

4.4 This document aims to give staff an understanding of their responsibilities with respect to planning, providing, reviewing and ending aftercare services and will ensure that LSSAs and CTMUHB work together to discharge their responsibilities under the Act.

4.5 To set out the requirements for provision of aftercare services under S117 to the residents and patients of the partner agencies.

This policy describes the following with regard to S117 aftercare:

- The purpose of S117 aftercare
- The process for eligibility for S117 aftercare
- The duties of the practitioners and agencies involved in the management of patients eligible to receive S117 aftercare

This document is not exhaustive and it recognises that although correct at time of distribution there are likely to be changes to national legislation/guidance/policy developments or case law. This document should NOT be used as a substitute for seeking local legal advice when required.

Practitioners must have due regard to the Mental Health Act Code of Practice for Wales Revised 2016 (the Code) generally and specifically to the Guiding Principles when they are providing aftercare services under S117.

5. Managerial Responsibilities

It is the responsibility of all Managers and Heads of Department to ensure that this policy is understood and adhered to by all health and social care staff. Overall monitoring will be maintained by the Clinical Director.

The interface between the Continuing Healthcare and S117 process will be agreed and developed between CTMUHB and the relevant LSSA.

6. Legislative and NHS requirements

Mental Health Act 1983 (amended 2007)
Mental Health Act Code of Practice for Wales (revised 2016)
Mental Health (Wales) Measure 2010

7. Procedure

7.1 The S117 statutory duty arises at the point of discharge but aftercare bodies must ensure that, although timescales are not specified, appropriate planning takes place as soon as possible. Although the duty to provide aftercare begins when the patient leaves hospital, the planning of aftercare should start whilst the patient is in hospital. CTMUHB and LSSAs should take reasonable steps,

in consultation with the patient, their family or carer, care coordinator and other members of the multidisciplinary team, to identify appropriate aftercare services for the patient in good time for their eventual discharge from hospital, or release from prison.

7.2 Carers and parents can be important members of the care delivery team, even in certain circumstances where their involvement is not requested by the patient. Part 2 of the Mental Health (Wales) Measure 2010 (the Measure) requires care coordinators to take all practicable steps to consult with parent(s) and any carer(s) who may have a caring relationship with the patient during the preparation or review of the care plan. Consultation may go ahead even if the patient has indicated that they do not wish for the carer to be consulted, provided that due consideration has been given to the patient's wishes.

7.3 New detentions under qualifying sections of the Act will be recorded by the Mental Health Act (MHA) Team on the central S117 register. The register will then be updated with review dates and the name of the allocated Care Coordinator by the relevant Community Mental Health Team (CMHT) then maintained by that CMHT. CMHT Admin Team Leaders should ensure all Community Psychiatric Nurses and Social Workers are aware of the location of the 117 register. The MHA team will inform the relevant CMHT when a patient has been discharged from detention under the Act (see Appendix).

7.4 S117 aftercare planning meetings must be documented fully using the appropriate review form. The planning and implementation of Aftercare services should be completed using the existing processes contained in Part 2 of the Measure.

7.5 The Care Coordinator will arrange an initial review of the Care Plan within an appropriate timescale (to be determined on a case by case basis according to need and standard practice). Care plans for patients receiving after-care under S117 should be as often as required but once every twelve months as a statutory minimum, within the CTP process.

7.6 This meeting may include the following people:

- The patient, if they wish and/or a nominated representative or advocate
- The patient's Responsible Clinician (RC)
- Social Worker/Care Manager
- Support Worker(s)
- GP and other representatives of the Primary Care Team
- Community Psychiatric/Mental Health Nurse
- IMHA or IMCA
- In the case of a restricted patient, the Probation Service / MAPPA Coordinator

- Subject to the patient's consent, any informal carer who will be involved in looking after him/her outside hospital
- Subject to the patient's consent, their nearest relative
- Employment/Housing/Education as appropriate
- Primary Mental Health Support Service

7.7 Aftercare arrangements should be recorded in the care and treatment plan. It is recommended that meeting the requirements to regularly review care plans are combined to reduce the need for multiple meetings.

7.8 All care plans must include specific detail of which services are to be provided under S117.

7.9 Each review must include an explicit decision on whether the person continues to be eligible for S117 aftercare and what services are required to support them.

7.10 Within the framework of the Care and Treatment Planning (CTP), a written care plan, based on a full assessment of the patient's needs, and which specifies S117 after-care arrangements, must be in place before:

- **Discharge from hospital**
- **A period of s17 leave** - People subject to section 17 leave under the MHA are covered by the section 117 criteria. For any longer periods of leave there should be a section 117 care plan to cover the period of leave and providing as necessary for:
- Supply of medication
- Emergency contact
- Any necessary support
- Leave address and any care arrangements
- Duration of S17 leave should be agreed at onset as part of the leave care plan
- **A Mental Health Review Tribunal for Wales or Hospital Managers' hearing** - The hospital managers must ensure that CTMUHB and the LSSAs are aware of the hearing so that they are able to consider after-care arrangements in all cases; however this is particularly important when discharge is a strong possibility and appropriate after-care is a key factor in the decision.

7.11 The RC will ensure that the patient's after-care needs have been fully assessed. The S117 after-care plan should normally be formulated at a multi-disciplinary CTP meeting; this meeting will also identify the care co-ordinator (if not already identified). The Code contains detailed guidance about the people who should be involved in this process and the considerations to be taken into account.

7.12 Failure to implement discharge planning arrangements within 'a reasonable time' is in breach of Article 5 of the European Convention on Human Rights,

and therefore in breach of the 1998 Human Rights Act. Health and Social Care staff responsible for discharge planning need to ensure that the reasons for any delay are well documented and evidenced. Discharging remains a joint responsibility between CTMUHB and the LSSA.

7.13 Patients who are eligible to S117 and receiving community services should be offered an IMHA to support them at reviews by the Care Coordinator.

7.14 The aftercare plan should be regularly reviewed. The Care Co-ordinator is responsible for arranging reviews of the care plan until it is jointly agreed that the patient no longer needs after-care services.

7.15 The decision to end S117 can only happen with the agreement of both the responsible LSSA and the UHB (see section – Ending S117 Aftercare). Any such decision **must** be recorded in writing in line with this policy using the proforma contained in appendix 2. A copy of the proforma should be emailed to the MHA team mailbox and also kept on the patient's file. The S117 end date must also be recorded on the central 117 register.

7.16 Aftercare services should not be automatically discharged from S117 solely on the basis of any of the following:

- **The patient has been discharged from the care of specialist mental health services**
- **An arbitrary period has passed since the care was first provided**
- **The patient is deprived of their liberty under the Mental Capacity Act (MCA)**
- **The patient is no longer on a CTO or section 17**

7.17 Aftercare **must** be provided and extends to when a patient's RC authorises section 17 leave of absence, the patient is discharged on to a CTO and upon discharge from hospital.

7.18 Services required to meet a patients mental health needs are provided by the LSSA and the UHB who are jointly responsible to commission aftercare under S117.

7.19 The duty to provide S117 aftercare is not broken by the patient's subsequent re-admission to hospital, either informally or under Section 2 of the Act.

7.20 Responsibility for providing S117 aftercare services may be formally transferred if the authorities agree. Formal transfer should be recorded through exchange of correspondence stating that agreement has been reached between the respective authorities to formally transfer responsibility, the date and time the transfer is affected and a statement that the patient would be informed by the

accepting team. The 117 register should be updated by the relevant CMHT if transfer takes place.

8. Children and Young Persons entitled to Section 117

8.1 Where a child or young person is detained in hospital and that is likely to be for at least 12 consecutive weeks, the authority or health body who arranged for the detention is required under section 85 of the Children Act 1989 to notify the LSSA. This duty ensures that the LSSA is aware of any child or young person in such detention and can ensure they are being safeguarded and their needs are being met.

8.2 Discharge and aftercare planning must start as soon as possible after admission and must be child and young person focused and informed by an assessment of need. In relation to children and young people, the Mental Health Act Code of Practice 2016 recognises additional factors will need to be considered. This may include ensuring that the aftercare integrates with any existing provision made for children in care, care leavers and those with special educational needs or disabilities, as well as safeguarding vulnerable children.

8.3 Whether or not section 117 of the MHA applies, a child or young person who has been admitted to hospital for assessment and/or treatment of their mental disorder may be 'a child in need' for the purpose of section 17 of the Children Act 1989, and should be assessed accordingly.

8.4 When a child or young person with a statement of Additional Learning Needs (ALN), or an Education, Health and Care Plan (EHCP) is admitted to hospital under the Act, the LSSA who maintains the plan should be informed, so that they can ensure that educational support continues to be provided. If necessary, the Education, Health and Care Plan may be reviewed and amended to ensure needs and outcomes remain appropriate.

8.5 In agreeing a section 117 aftercare plan, the LSSA must also ensure that this is informed by, and reflected in, any other statutory and non-statutory assessment or plan for the child, such as Education Care and Health Plan, Early Help Plan, Child in Need Plan, Child Protection Plan, Looked After Care Plan or Leaving Care Pathway Plan, and where appropriate run concurrently with co-ordinated reviews. Whilst co-ordinating planning can be complex, for example where a young person is transitioning to adult health and social care services, this should never be a reason to delay discharge.

9. Charging for Aftercare Services

9.1 Aftercare services provided under S117 aftercare must be provided free of charge.

9.2 The provision of aftercare services under S117 should not be confused with providing essentials for life such as food, clothes, accommodation, heating etc. These remain the responsibility of the individual except in the very special cases where accommodation, heating etc. are provided as part of a residential placement and are an inseparable part of the aftercare plan.

9.3 The provision of aftercare services under S117 should not be confused with providing essentials for life such as food, clothes, accommodation, heating etc. These remain the responsibility of the individual except in the very special cases where accommodation, heating etc. are provided as part of a residential placement and are an inseparable part of the aftercare plan.

9.4 If the aftercare to be provided includes housing-related support that would normally be funded by Supporting People grants, this will be paid by the LSSA, unless the housing related support is identified as not being part of S117 aftercare services.

9.5 S117 aftercare concerns needs arising from or relating to the person's mental disorder and hospital admission. It is therefore important to recognise that an individual may have care and/or health needs that fall outside the scope of the S117 aftercare plan. For example, this may relate to a physical disability or illness that has no direct bearing on the person's mental health. It can therefore be the case that an individual may be S117 eligible, as well as having additional care and support needs (that fall outside the S117 plan) that will be met under the Social Services and Well-being (Wales) Act 2014 (SSWA), subject to eligibility criteria being met.

9.6 Where S117 aftercare is meeting a social care need and the local social services authority commits itself to providing a level of funding that will adequately meet the assessed need of the patient, there is nothing to prevent top up payments being made by the patient to fund additional or higher level of services.

9.7 S117 imposes a joint duty on the LSSAs and CTMUHB to provide a seamless aftercare service. If all the required aftercare services are to be provided under S117 it is not necessary to assess for eligibility for NHS continuing healthcare (CHC) funding. In other words, a primary healthcare need does not need to be established to require the Health Board to fund, and in most cases the complexity of a patient's need will require both the Health Board and the local authority to work together to achieve the outcomes set out in S117.

9.8 In the absence of an agreement between the LSSA and CTMUHB, an assessment is required to determine whether the service is to be paid for out of an NHS or local authority budget or as a joint arrangement. This funding decision is then referred to a funding panel consisting of all partner agencies to determine the proportion of funding and should be made on the basis of a comprehensive assessment.

9.9 A person in receipt of S117 aftercare services may also have needs for CHC not related to their mental health. In such a case a CHC assessment may be necessary to establish how these needs will be addressed.

10. Ordinary Residence & Moving Areas

10.1 Following the case of *The Queen (on the application of Worcestershire County Council) v Secretary of State for Health and Social Care v Swindon Borough Council* [2021] EWHC 682 Admin, 2021 WL 01081238, the correct test to apply in determining ordinary residence is the Shah test i.e. the person's abode which they have adopted voluntarily and for settled purposes as part of the regular order of their life for the time being whether of short or long duration.

10.2 Although any change in the patient's ordinary residence after discharge will affect the LSSA responsible for their social care services, it will not affect the LSSA responsible for commissioning the patient's section 117 after-care. Under section 117 of the 1983 Act, as amended by the Care Act 2014, if a person is ordinarily resident in LSSA area (A) immediately before detention under the 1983 Act, and moves on discharge to LSSA area (B) and moves again to LSSA area (C), LSSA (A) will remain responsible for providing or commissioning their after-care. However, if the patient, having become ordinarily resident after discharge in local authority area (B) or (C), is subsequently detained in hospital for treatment again, the local authority in whose area the person was ordinarily resident immediately before their subsequent admission (local authority (B) or (C)) will be responsible for providing and commissioning their after-care when they are discharged from hospital.

10.3 Based on the current ruling by the Supreme Court on 22/12/2021, the Local Authority and Local Health Board which is responsible for providing a service user's s.117 after-care needs will retain that responsibility unless and until there is a determination by both the Local Authority and Health Board that the patient is no longer in need of after-care services. That responsibility can survive an out of area placement.

10.4 A LSSA/CTMUHB's Section 117 aftercare responsibility can remain even if there is a subsequent detention under the MHA. Therefore, if CTMUHB is the responsible Health Board for a patient's section 117 aftercare, that

responsibility does not cease simply because the patient moves to a new area. Whilst the new area would be responsible for meeting the patient's other health needs, CTMUHB (together with the originating LSSA) would retain responsibility for the patient's section 117 aftercare until a decision was made by both the LSSA and CTMUHB that the patient is no longer in need of after-care services.

10.5 A patient's GP registration has no impact on which Health Board is responsible for providing section 117 aftercare.

10.6 If a dispute arises between Health Boards as to a patient's ordinary residence or who is the responsible commissioner for section 117 aftercare, advice should be sought from the Welsh Ministers. A patient's entitlement to section 117 aftercare should never be compromised due to a dispute between health bodies.

11. Direct Payments

11.1 Where a LSSA is under a duty to provide aftercare services for a person under S117 and the person is eligible to receive such payments under sections 50, 51 and 52 of the SSWA, then it must make direct payments to discharge its duty.

11.2 The LSSA's duty to offer direct payments to anyone receiving services under S117 is subject to the exception of persons detailed in the schedule to Regulation 14(1) The Care and Support (Direct Payments) (Wales) Regulations 2015, where the local authority *may* provide direct payments subject to certain conditions.

12. Third Party Payments

12.1 The right to third party/top up payments are not affected by being eligible to S117. Third party payments can be made by anyone other than the person receiving the package of care. Please refer to the SSWB Act 2014 for guidance regarding this (Social Services and Well-being (Wales) Act 2014 (gov.wales).

13. Ending S117 Aftercare

13.1 Aftercare provision under S117 does not have to continue indefinitely. It is for CTMUHB and the LSSA to decide in each case when aftercare provided under S117 should end, taking account of the patient's needs at the time. It is for the authority responsible for providing particular services to take the lead in

determining when those services are no longer required. The patient, their carers, and other agencies should always be consulted[1].

13.2 Once triggered, the right to aftercare is ongoing and remains in place irrespective of a person's circumstances. Aftercare services must be provided until both CTMUHB and relevant LSSA are satisfied that the patient is no longer in need of such aftercare services.

13.3 Patients are not legally obliged to accept aftercare services offered but any decisions they make to decline services should be fully informed. A patient's unwillingness to accept services does not mean they have no need for them; neither does it relieve the statutory agencies of their responsibility to offer aftercare.

13.4 When considering discharging a patient from S117 aftercare both authorities are required to jointly review the aftercare plan, even if the aftercare services are provided by a single authority. In practice, this is likely to be a decision made by the patient's integrated multi-disciplinary team. There must be a joint formal statement of the agreement to discontinue after-care services, made by representatives of the LSSA and CTMUHB.

13.5 Decisions to discharge after care responsibilities should not be made solely on the basis of the reasons listed in Para. 6.17.

13.6 The ending of S117 aftercare does not necessarily mean discharge from health services, as services can continue to be provided under the Measure.

13.7 The decision to end S117 aftercare services must only be taken at a multi-disciplinary team meeting. The patient should be fully involved in the decision making process and their involvement recorded on the relevant form.

13.8 In the event that a patient disengages with Mental Health Services but remains eligible to S117 aftercare, attempts should be made to invite the patient to a review meeting. If the patient does not attend this, a review meeting between Health and Local Authority representatives must be held to facilitate a clinical decision whether the entitlement to aftercare should continue. This review should evidence where able that efforts have been taken to ascertain the person's current mental state along with any identified needs, also whether the opinions of their family and GP have been sought where appropriate. In the absence of any information being available, the decision to close to S117 aftercare should then be based on clinical decision making and risk analysis.

13.9 The rationale behind the decision to discharge from S117 must be clearly recorded in the patient's record giving reasons as well as details of who was involved in the decision making.

---

[1] Welsh Government, Law Wales Helping you understand Welsh Law, *Ordinary Residence*

13.10 Discharge from S117 must be recorded in patient's case notes, on FACE if applicable, the "Termination of Section 117 Aftercare" proforma, and the 117 register must also be updated.

13.11 If S117 after-care ends, it cannot be reinstated if the patient becomes in need of further mental health services. The patient can only receive further S117 services if they are readmitted to hospital under a qualifying section. If a patient who is receiving S117 aftercare chooses to move to another location, in these circumstances CTMUHB and LSSA can commission services in that new area and negotiate with the UHB and LSSA from that area to transfer responsibility. If the patient moves and is subsequently detained again in the new area then the S117 would then be the UHB and LSSA for the area in which the patient was ordinarily resident.

14. Training Implications

14.1 **Review -** These guidelines will be reviewed regularly, at least every 12 months.

14.2 **Monitoring -** The S117 register will be maintained by the nominated Team Administrator (CMHT) in the Community setting. The MHA team will notify the relevant Team Administrator upon discharge from Hospital. The S117 process will be monitored for effectiveness by the Mental Health Act (MHA) Operational Group.

15. Audit

15.1 Implementation of these guidelines will be audited on a yearly basis as part of the MHA Operational Group.

16. Retention/Archiving

16.1 This policy will be available via CTMUHB SharePoint / intranet. The Directorate will retain all previous versions of this policy for future reference. This policy will be version controlled.

17. Non-Conformance

17.1 Conformance with this policy will be monitored on a regular basis; non-conformance may be subject to an investigation.

18. References

18.1 All staff will work in accordance with:

- Mental Health Act 1983 - www.legislation.gov.uk/ukpga/1983/20/contents
- Mental Capacity Act 2005 - www.legislation.gov.uk/ukpga/2005/9/schedule/7
- Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents
- Mental Health Wales Measure (2010) - https://www.legislation.gov.uk/mwa/2010/7/contents
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 -

  https://www.legislation.gov.uk/wsi/2008/2439/contents/made
- Social Services and Well-being (Wales) Act 2014 - http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf
- Children's Act 1989 -

  https://www.legislation.gov.uk/ukpga/1989/41/contents
- Ombudsmen Section 117 – Guidance for Practitioners April 2022
- https://www.lgo.org.uk/information-centre/news/2022/apr/ombudsmen-release-joint-guidance-to-tackle-common-mistakes-in-aftercare-of-mental-health-in-patients

19. Appendices

S117 Registration form	Termination of S117 aftercare	Equality Impact Assessment
Section 117 registration form.do	Termination of section 117 aftercare	*To be added when policy approved *

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 August 2023)
23/023/09	September 2023	**MHA Operational Group Report** Governance Team to consider the governance process in relation to IM's becoming Hospital Managers.	Governance Team	September 2023	**Ongoing** Should any Independent Member express an interest in becoming a Hospital Manager as defined in the MHA 1983 (2007) then they should discuss this with the Chair in order to review the requirements and time commitment required alongside their IM Role profile. Information on the remit of this role is available on request.
23/09/11	September 2023	**MHA Operational Group Report** To circulate the job description/specification and terms of reference for the Hospital Managers Power of Discharge Committee	Chair Operational Group	September 2023	**Completed** Circulated via email 28.9.23
23/09/12	September 2023	**MHA Quarterly Activity Report** To undertake a review into lapses and present an update to a future meeting of the Committee.	Chair MHA Operational Group	December 2023	**In progress** For consideration at the January 2024 meeting of the MHA Operational Group
23/09/14	September 2022	**Strategic Update from South Wales Police**	SWP	December 2023	**Completed**

		Formal Strategic Report to be presented to future meetings.			Formal Strategic Report received for December 2023 meeting.
23/09/14	September 2023	**Strategic Update from South Wales Police** To review the data quality for any disparities for Section 136 detentions.	SWP/Chair Operational Group	December 2023	**Completed** Following review at the recent operational group meeting SWP provided with assurance around section 136 data and high number of cases directed to treatment
23/09/17	September 2023	**Forward Work Plan** To arrange an educational visit to the Mental Health teams for Independent Members.	Deputy Chief Operating Officer	December 2023	**In progress** MHA Team looking at possible dates for a potential visit in February 2024 linking in with Governance Team.
23/06/11	June 2023	**Strategic Update from SWP** Formal letter of introduction for the new Officer of SWP to be written to the Chair	SWP	September 2023	**Completed** New representative Detective Superintendent C. Ritchie attended September 2023 meeting.

PREVIOUSLY COMPLETED ACTIONS

23/03/18	March 2023	**Any Other Business** Operational Group to review Membership of the Committee and bring some options back to the Committee	Chair Operational Group	May 2023	**Completed** Membership reviewed and Dr Tim Chan has agreed to join representing older people's mental health services. Otherwise the existing membership is drawn from a wide group of partner agencies with all meetings being well attended.
23/03/09	March 2023	**MHA Quarterly Activity & Breaches Report**	Chair Operational Group	June 2023	**Completed** Report included within the operational group report for

		Operational Group to review and report on the issues relating to fee delays and the actions to address medical records issues			the June meeting of the committee
23/03/08	March 2023	**Operational Group Report** Operational Group to review the actions and issues arising out of the HIW visit and submit a report to the Committee for assurance purposes.	Chair Operational Group	June 2023	**Completed** Update provided within the MHA Operational Group Report for the June 2023 meeting.
23/03/10	March 2023	**Strategic Update from SWP** To share the information in relation to 'Right Care Right Time' with the Committee	SWP	March 2023	**Completed** Circulated to members via email March 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	**Completed** Update provided 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	**Completed** Update provided 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	**Completed** 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

AGENDA ITEM
4.1

MENTAL HEALTH ACT MONITORING COMMITTEE

MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

Dyddiad y Cyfarfod / Date of Meeting	06/12/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Robert Goodwin, Clinical Service Group Manager Bridgend Mental Health
Cyflwynydd yr Adroddiad / Report Presenter	Mr Robert Goodwin- Service Group Manager, Bridgend
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Deputy Chief Operating Officer/Director of Primary, Community, Mental Health and Learning Disabilities

Pwrpas yr Adroddiad / Report Purpose	For Noting

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 06 September 2023. The meeting on 20 October 2023 was well attended with representatives from across Adult Mental Health, CAMHs, Mental Health Act Team, Social Services, South Wales Police and the Ambulance Service.

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

2.1 Mental Health Act Activity Report Q2, Jul - Sep 2023

The group considered the Q2 Activity Report. It was noted there had been a decrease in detentions in Adult, Older People and CAMHs. Nurses Holding Power Section 5(4) was used on just one occasion in the Royal Glamorgan Hospital with the patient being medically reviewed within a six hour period. Section 4 was used on two occasions in the Royal Glamorgan Hospital, both converted to Section 2 within 24hrs. Section 136 Detentions decreased from 94 in Q1 to 56 in Q2. There were no Sections lapsed in the period. A patient passed away in our older people's inpatient service subject to Section 3 of the Mental Health Act.

Rectifiable errors reduced from 13 in Q1 to 10 in Q2. All rectified within the required 14 days. Fundamentally defective errors reduced from four in Q1 to two in Q2. These related to errors in the completion of a Section 5(2) form on a general ward in the Princess of Wales Hospital and the incorrect hospital being stated on a Section 2 form for Angelton Clinic.

The group discussed the provision of Mental Health Act Training for student nurses. Whilst some core competencies were signed off during placement the Operational Group agreed to liaise the University to establish what information was formally provided on the Registrant Course in relation to the Mental Health Act.

The group discussed the use of Section 62 which would be completed by the Responsible Clinician for urgent treatment whilst awaiting a second opinion. The use of this Section will be added to the activity report in order for it to be monitored more closely to ensure that it is being used appropriately.

2.2 Communication with the Nearest Relative

The Mental Health Act Team have agreed a protocol with the local AMHPs in relation to email communication with the nearest relative. The process has been agreed with the Health Board's Information Governance Team. In future where the AMHP agrees with the Nearest Relative that they would like to receive email communication about their relatives detention this will be included on the AMHP Monitoring Form. This address will be used by the Mental Health Act Team to share required information such as that to patient's right and relative's right of appeal.

2.3 Section 136 Outcomes

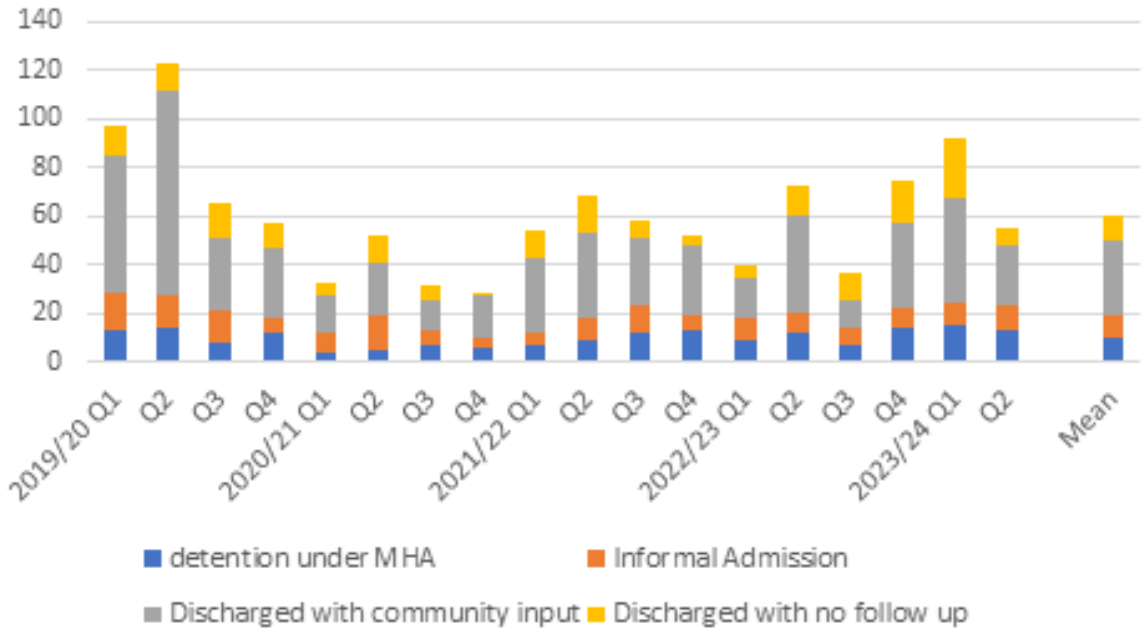
In the previous MHA Monitoring Committee meeting there had been a discussion around the number and outcome of Section 136 detentions. Table 1 and Graph 1 below show the outcomes in the period since Q1 2019. The Operational Group considered this information and were satisfied at the relatively low number of detentions which had been discharged with no follow-up. This was a strong indicator that local police officers were using the Act correctly and interpreting mental distress accurately. The table below confirms 82.70% of detentions resulting in either detention, informal admission or community support.

Table 1 - Section 136 outcomes for April 2019 – September 2023

Section 136 outcomes for CTMUHB April 2019 – September 2023				
	Detained under MHA	**Informal admission**	**Discharged with community input**	**Discharged with no follow up**
2019/20 Q1	13	15	57	12
Q2	14	13	84	12
Q3	8	13	30	14
Q4	12	6	29	10
2020/21 Q1	4	8	15	5
Q2	5	14	22	11
Q3	7	6	12	6
Q4	6	4	17	1
2021/22 Q1	7	5	31	11
Q2	9	9	35	15
Q3	12	11	28	7
Q4	13	6	29	4
2022/23 Q1	9	9	17	5
Q2	12	8	40	13
Q3	7	7	11	12
Q4	14	8	35	18
2023/24 Q1	15	9	43	25
Q2	13	10	25	7
Total	**180**	**161**	**560**	**188**

As a percentage	**16.5%**	**14.8%**	**51.5%**	**17.3%**
2019/23 Qtrly Mean	**10**	**9**	**31**	**10**

Graph 1 – Section 136 Outcomes Apr 2019 – Sep 2023



2.4 Hospital Managers Power of Discharge Committee Meeting

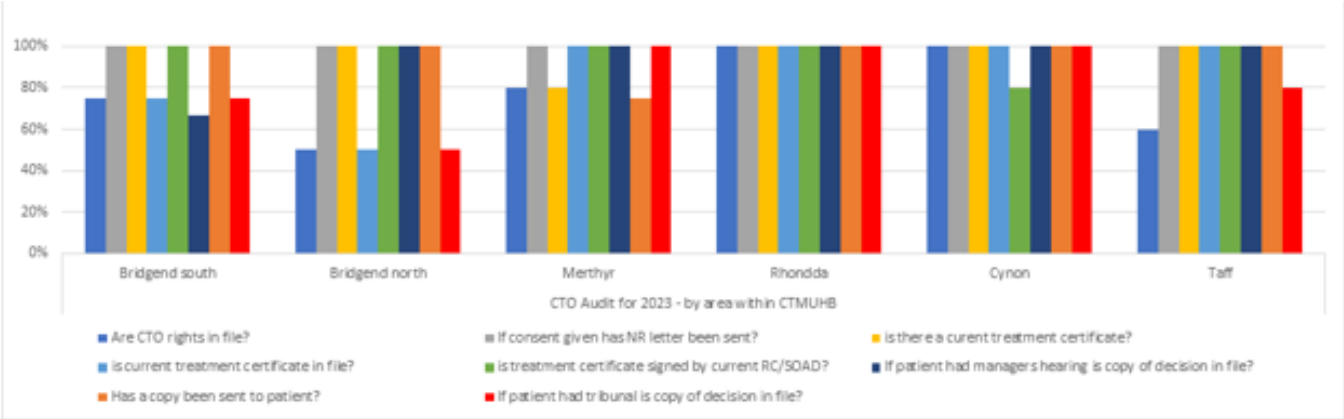
The group considered the Minutes of the Power of Discharge Committee Meeting held 27 September 2023. The Chair of the MHA Monitoring Committee had agreed to seek expressions of interest from Independent Members of the Health Board in becoming Hospital Managers. The annual appraisals had been completed for seven of the existing eight Hospital Managers. These would be scheduled for the two new starters early next year. Some training had been arranged following a request for further information on CAMHs. We have had some interest from a small number of out of area individuals with existing experience as Hospital Managers. Whilst the majority of Hearings are currently held on Teams there is a sense that having locally based Hospital Managers is desirable. There are however challenges with recruitment. At present these applications have been deferred pending further consideration of practice within other Health Boards.

2.5 Mental Health Act Audit of CTO Documentation

The Mental Health Act Team in September completed an audit of documentation for five CTO patients from each of the six areas identified below. Team managers have been advised of the missing

documentation and have been asked to ensure processes are in place to deliver full compliance at the next audit which will be completed in February 2024.

Graph 2 - **Audit of Health Records for patients subject to CTO**



2.6 Audit of Section 17 Leave Documentation

The use of an audit tool within CAMHs had helped improve compliance. The Operational Group requested the circulation of this AMAT Audit Tool in order that it could be utilised across Adult Services. This audit proposal was to be referred to the AMAT Ward Assurance Group meeting within the Care Group. This Section 17 Leave Audit Proforma is attached (Appendix 1)

2.7 Designated Accommodation for Tribunals within the Princess of Wales Hospital

The meeting room formally used by the Mental Health Service had been requisitioned by General Hospital colleagues during the Covid Pandemic to provide urgently needed accommodation for the Pre Discharge Team. Following this the Tribunal Office issued guidance on their minimum standards for accommodation when hosting Tribunal Hearings. The current solution using the Princess of Wales Hospital boardroom in MPEC does not meet these standards and there are risks related to the distance between the Inpatient Mental Health Unit and this facility. The Site Manager will be asked to help consider the development of some alternative options for these Hearings.

2.8 Independent Mental Health Advocacy Q2 Report, Jul – Sep 2023

The number of referrals from detained patients was 67 compared to 58 in Q1. The number of referrals from informal patients was 81 compared to 85 in Q1. The total number of referrals for Q2 was 148. The report from Advocacy Support Cymru included some helpful self-

assessment information from patients in relation to agreed domains of improvement in 'self-advocacy 'and 'control of care'. This would be discussed further at future Operational Group meetings. The report also included some case studies in relation to: support provided to general hospital patients in relation to accommodation issues, the development of relations between a patient and their clinical team in an Independent Sector Locked Rehabilitation Unit, support provided to a young person during a Best Interest Meeting in relation to the prescribed use of ECT and assistance given to an inpatient in a Mental Health Unit who was requesting discharge before a package of care could be developed.

2.9 Mental Health Act All Wales Health Board Benchmarking Report Apr – Jun 2023

The group considered this report which is prepared by the Mental Health Act Team within Cardiff and the Vale UHB. The report identifies our Health Board as having low levels of rectifiable errors in comparison with other Health Boards. In terms of fundamental errors, the report also shows the temporary increase in fundamentally defective applications within CTMUHB which have since returned to comparable levels with other Health Boards. Our group is advised that Cardiff and Vale UHB are to discontinue the preparation of these quarterly reports. This will be discussed at future meetings of the Mental Health Act Administrators Forum which takes place on a quarterly basis.

2.10 The Supreme Court Section 117 Aftercare Judgement Worcestershire County Council v Swindon County Council and the Secretary of State for Health & Social Care

Section 117 places a duty on Health Authorities and Local Social Services Authorities to provide after-care services for persons who have left hospital following compulsory detention for treatment for mental disorder under the 1983 Act. The duty is placed on the authorities in whose area the person concerned was "ordinarily resident" immediately before being detained (see section 117(3) (a)). The complication in this case is that, after being discharged from hospital, the person concerned moved from the area of one local authority where she was ordinarily resident to the area of a second local authority, where (in accordance with section 117) she was provided with after-care services by the first local authority. She was then compulsorily detained in hospital for a second time.

The question which the Supreme Court considered was, which of the two local authorities is responsible for providing after-care services for her when she left hospital after this second period of detention. Was it the first authority – the appellant, Worcestershire County Council

("Worcestershire"), which was responsible for providing such services immediately before the second detention? Or was it the second authority – the interested party, Swindon Borough Council ("Swindon"),

in whose area she was living at that time? The Supreme Court determined that following the second discharge, Swindon and not Worcestershire had a duty to provide aftercare services for JG under Section 117 of the 1983 Act.

Prior to this judgement Health Authorities and Local Social Services Authorities were responsible for ongoing Section 117 Aftercare following the application of a Section 3 detention. This continued even when the patient moved areas and was subject to further detentions. The Operational Group will closely monitor progress on the application of this judgement with Local Authority colleagues from our region.

2.11 Nominated Adolescent Bed on Adult Mental Health Wards

The Health Board is required to have a nominated bed for adolescents between the age of 16 -18 requiring admission. This bed is currently identified in the Royal Glamorgan Hospital Mental Health Unit. The transfer of this service into Ward 14 at the Princess of Wales Hospital would have benefits in terms of the co-location with Ty Llidiard for the purposes of medical supervision which would be retained by CAMHs. The capital funding to convert a two bed dormitory into a single ensuite bedroom has been secured from the Health Board. The committee will be kept up to date on progress with this transition.

2.12 Development of Section 140 Policy in Relation to Arrangements for the Admission of Mental Health Patients in Cases of Special Urgency

Under Section 140 of the Mental Health Act 1983, Health Boards are required to describe the arrangements they have in place for:

a) The reception of patients in cases of 'special urgency'
b) The provision of appropriate accommodation or facilities specifically designed for patients under the age of 18

The term 'special urgency' relates to a person experiencing an acute mental disorder who requires urgent admission. Failure to admit the person to hospital, either informally or under the Mental Health Act in a timely way could cause significant harm to them or others.

The Operational Group considered the draft policy which had been generated and which summarised assessment and referral processes, individual responsibilities and the legislative requirements. It included

arrangements for particular patient groups including: Mothers and their babies, patients with a learning disability, children and young people. There was discussion around the need for Crisis Teams including those within CAMHs to provide support to the assessing doctor when searching for an available bed. A small Task & Finish Group was to meet shortly to agree this support and finalise the document for submission to the next Operational Group.

2.13 Operational Policy Review

The MHA team had made very good progress on the review of Operational Policies including their ratification in the Operational Group meeting. The Health Board's Risk Assessment Tool had been applied to each of the approved policies. There was discussion in the group about the need to make progress on the review of the Section 135 and 136 Policy. This required a coordinated approach across the South Wales Police area. Schedule of Operational Policies attached (Appendix 2).

2.14 Operational Group Work Plan

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

Table 2 - Operational Group Work Plan

Activity	Progress	Timescale
Service user feedback	Advocacy Support Cymru to circulate CTO Questionnaire through the MHA Team. Report back to the Operational Group.	January 2024
Audit	MHA Team to complete audit of Statutory Documentation using the CTMUHB AMAT audit tool.	January 2024
Policy Work	All remaining policies to be ratified at the Operational Group. This will include Section 135/136 and Section 140 Policies.	January 2024
Monitoring of AMHP and Section 12 Approved Doctor waiting times for Assessments	The regional AMHP group is developing a single data set for the capture of Mental Health Act assessment delays on their individual monitoring forms. The group would be supported by the MHA Team to develop this proforma.	January 2024
Nominated Adolescent Bed on Adult MH Wards	Policy work and training to be concluded in order to support the transfer of this service to Ward 14 POWh.	April 2024

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

3.1 Recruitment of Hospital Managers

The Power of Discharge Committee is considering some Hospital Manager applications from out of area. Whilst these individuals have experience in the role they may be confined to virtual hearings and meetings. The MHA Monitoring Committee is asked to consider this issue.

3.2 Renewal of the Section 135 & Section 136 Policy

There is a need to review this multiagency policy which covers the South Wales Police area. A process needs to be agreed led by the police for the review of this multiagency policy.

3.3 Preparation of a Health Board Section 140 Policy

Health Boards are required within the Code of Practice to develop a policy which describes the arrangements they have in place for reception and admission in cases of 'special urgency'. The Operational Group is aiming to ratify this policy with partners at its next meeting.

3.4 Progress on the CTO Audit being Undertaken by Advocacy Support Cymru

Advocacy Support Cymru have developed their quarterly report which includes a number of case studies demonstrating the work of their advocates. Further progress is required on the service user survey which they are coordinating for patients subject to a CTO.

3.5 Supreme Court Judgement on Section 117 Aftercare

This new judgement will have financial implications for both the Health Board and Local Authority partners who previously have met the costs of care for patients who have moved to a new area following an initial Section 3 detention. This judgement places the aftercare responsibility on statutory bodies in the patient's current area of residence following further admissions to hospital under Section 3. This could reduce support for out of area patients but increase the support required for people moving into our region with previous mental health concerns.

3.6 Nominated Adolescent Bed on Adult Mental Health Wards

With Capital funding having been agreed to provide an ensuite facility in Ward 14 at the Princess of Wales Hospital, colleagues will begin

developing the policy and training requirements to support this development.

4. IMPACT ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe If more than one applies please list below: Person Centred Timely
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality**	Yes: ☐	No: ☒
	Outcome: No	If no, please include rationale below: This is a statutory area of practice set out in Act's

Have you undertaken a Quality Impact Assessment Screening?		and is to be delivered fully in line with that Not required.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: As above
Cyfreithiol / Legal	Yes (Include further detail below)	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATION

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

TABLE OF APPENDICES

Appendix 1	Section 17 Leave Audit Proforma
Appendix 2	Schedule of Policies

APPENDIX 1

AUDIT PROFORMA

AUDIT TITLE: Compliance of Section 17 leave of absence with the relevant sections of the Mental Health Act, Code of Practice

Patient detention: Section 2 ☐ Section 3 ☐
(Please tick as appropriate)

CRITERION	YES	NO	N/A	COMMENTS
Is section 17 in place?				
Have section 17 leave conditions been clearly set out?				
Is there evidence that leave is being reviewed regularly?				
Are conditions that would prevent the leave specified?				
Is there a copy of the section 17 authorization in the notes?				
Is a copy of the section 17 authorization given to patients?				
Is a copy of the section 17 authorization given to carers?				
Is a copy of the section 17 authorization given to professionals?				
Was the outcome of the leave recorded?				
Did the section 17 leave duration correspond with the duration of the detention?				

APPENDIX 2

Schedule of Operational Policies

REF NUMBER	TITLE	LEAD PERSON	PROGRESS
MH04	Community Treatment Policy	AT	Ratified in the Operational Group 15/10/2021
MH09	Hospital Managers Operational Procedure	AT	Ratified in the Operational Group 09/07/2021
MH12	Section 17 leave policy	JB	Ratified in the Operational Group 09/07/2021
MH28	Hospital Managers Scheme of Delegation	AT	Ratified in the Operational Group 09/07/2021
New	Allocation of Responsible Clinician	AT	Ratified in the Operational Group 05/08/2022
MH17	Section 132&133 patient's rights procedure	JB	Ratified in the Operational Group 06/05/22
MH06	Section 5 (4)	AT	Ratified in the Operational Group 27/01/2023
MH07	Section 5(2)	JB	Ratified in the Operational Group meeting 28/04/2023
MH08	Consent to Treatment Sec 58 and Sec 58a	AT	Ratified in the Operational Group meeting 28/04/2023.
MHA117	Section 117 Policy	JB	Ratified in the Operational Group meeting 28/07/2023
MH03	**Section 136**	**JB**	**Awaiting Police and partners to update policy**
MH02	**Section 135(1) Section 135(2)**	**JB**	**Awaiting Police and partners to update policy**
To be allocated	**Section 140 procedure for identifying arrangements for mental health admission when this is required in a case of special urgency**	**RG**	**Draft considered at the Operational Group meeting on 20 October 2023**

AGREED FOR REVIEW FOR PRIORITY REVIEW

Agenda Item
4.2

Mental Health Act Monitoring Committee

MHA Operational Group Activity Report with Breaches and Errors For Quarter 2 (July – September 2023/24)

Dyddiad y Cyfarfod / Date of Meeting	06/12/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mrs Alison Thomas -Mental Health Act Team Manager Jeremy Burgwyn – Mental Health Act Team Leader
Cyflwynydd yr Adroddiad / Report Presenter	Mr Robert Goodwin- Service Group Manager, Bridgend
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Mental Health Act office staff	Click or tap to enter a date.	Supported

Acronyms / Glossary of Terms	
MHA	Mental Health Act
CTMUHB	Cwm Taf Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board
C&VUHB	Cardiff & Vale University Health Board
ABUHB	Aneurin Bevan University Health Board
HDUHB	Hywel Dda University Health Board
PTHB	Powys Teaching 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
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RCT	Rhondda Cynon Taf
CMHT	Community Mental Health Team
LSSA	Local Social Services Authority

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 Q2 (July-Sept 2023/24).

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

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 33% in the total number of detentions from 126 in Q1 2023/24 to 84 in Q2 2023/24. The number of detentions under S5(2) decreased by 36% from 22 to 14. Section 2 detentions decreased by 41% from 74 to 44 and Section 3 detentions decreased by 19% from 27 to 22.

Graph 1

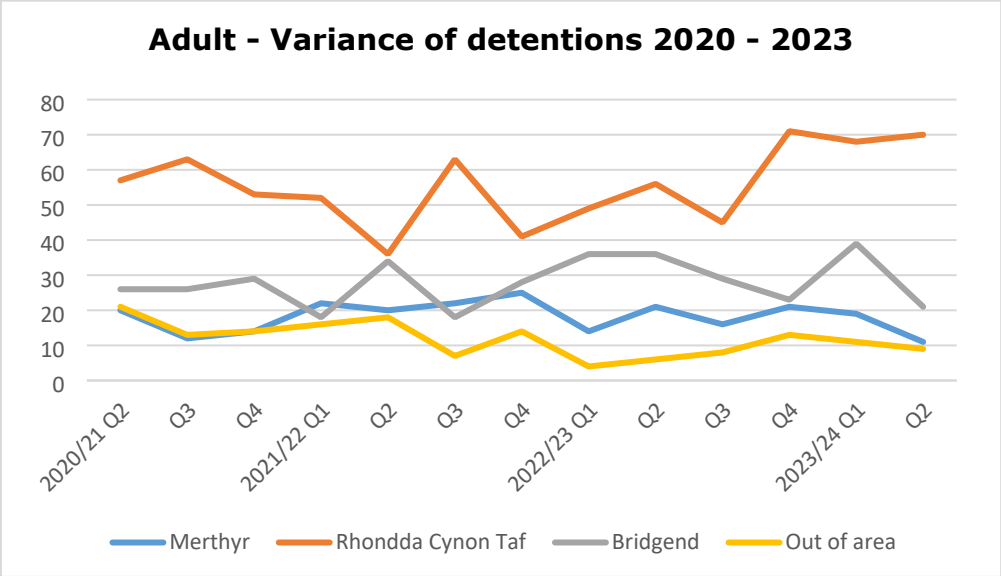


Table 1

Locality	Mean 2020/23	Q2 2023/24
Merthyr	18	11
RCT	56	70
Bridgend	28	21
Out of area	12	9

2020/23 Mean to Q2 shifts as follows:

- In Merthyr detentions decreased from baseline mean by 7 (39%) from 18 to 11.
- In RCT detentions increased from baseline mean by 14 (25%) from 56 to 70. This is within the higher quarterly range for this area. This trend will be closely monitored in the Operational Group.
- In Bridgend detention decreased from baseline mean by 7 (25%) from 28 to 21.
- Out of area detentions decreased from baseline mean by 2 (18%) from 11 to 9

  In Q2, there was only 1 occasion when the nurses' holding power under Section 5(4) was utilised. In line with the guidance in the Code of Practice

for Wales, this patient was assessed by a doctor within the 6-hour period, regraded to section 5(2) and subsequently detained under section 3.

Section 4 was used on only two occasions in Q2 in RGH, both of which were converted to section 2 within 24 hours.

2.3 Older Persons Detentions

The total number of detentions in Older Persons services decreased in Q2 by 16% from 50 in Q1 2023/24 to 42 in Q2 2023/24, with variance across the localities as below:

Graph 2

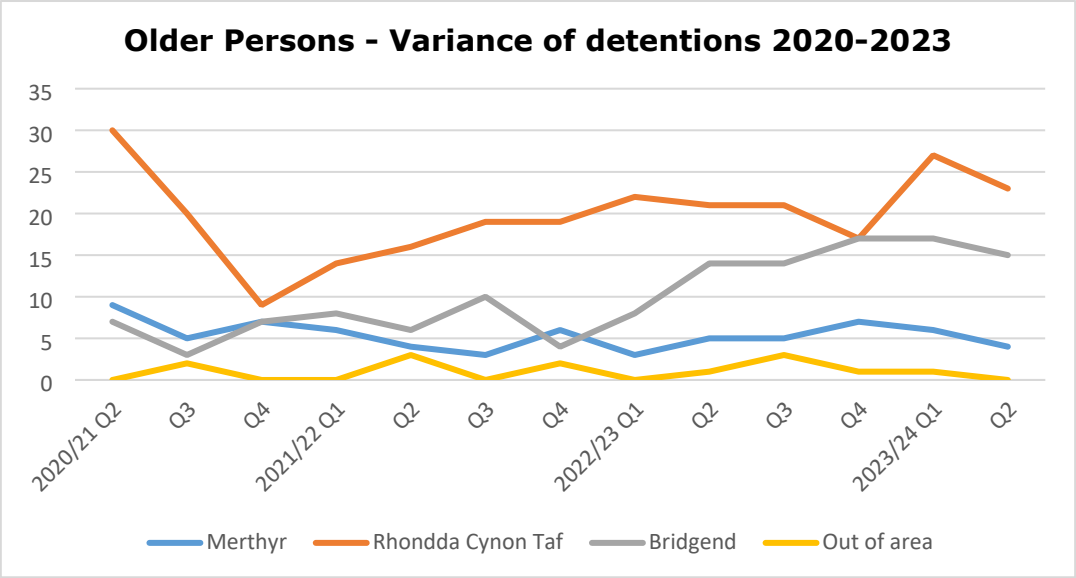


Table 2

Locality	Mean 2020/23	Q2 2023/24
Merthyr	5	4
RCT	20	23
Bridgend	10	10
Out of area	1	1

2020/23 Mean to Q2 shifts are as follows:

- In Merthyr detentions decreased from baseline mean by 1 (20%) from 5 to 4.

- In RCT detentions increased from baseline mean by 3 (15%) from 20 to 23. This is within the higher quarterly range for this area.
- In Bridgend detentions remained the same as the baseline mean i.e. 10
- Out of area, detentions remained the same as the baseline mean i.e. 1.

2.4 CAMHS Detentions

CAMHS witnessed a decrease of 44% in detentions from 9 in the previous quarter to 5 in Q2 2023/24.

Of the 5 detentions, 2 were from CTM, 2 from C&VUHB and 1 from ABUHB.

Of the 5 detentions in Q2, 3 were detained to Ty Llidiard, 2 to PCH (Clinical Decision Unit)

Graph 3

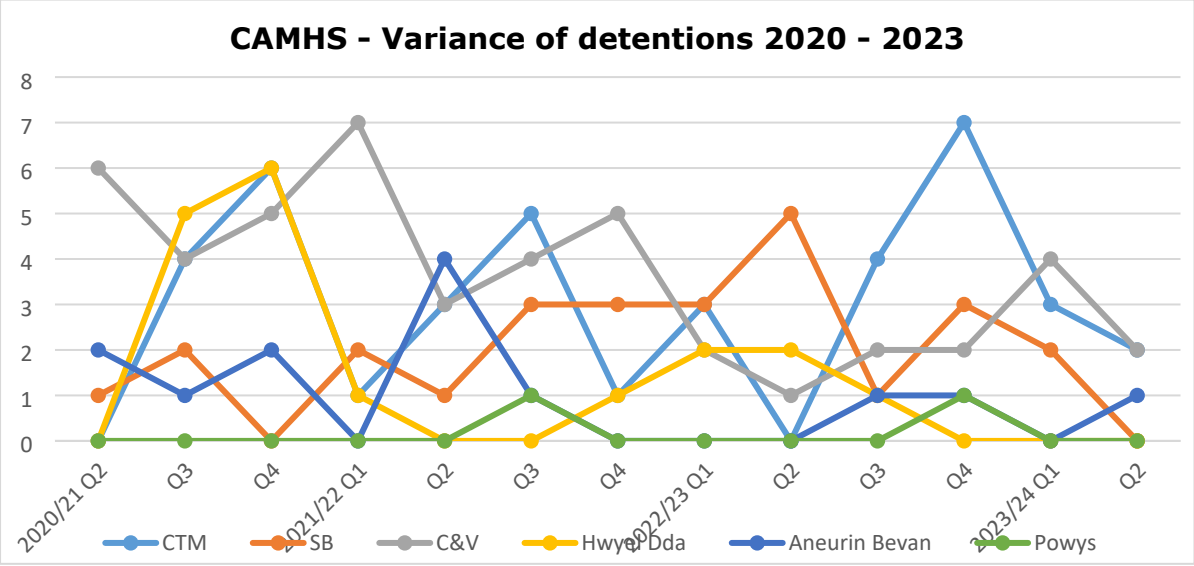


Table 3

Health Board	Mean 2020/23	Q2 2023/24
CTMUHB	3	2
SBUHB	2	0
C&VUHB	4	2
HDUHB	1	0
ABUHB	1	1
PTHB	0	0

2020/23 Mean to Q2 shifts are as follows:

In CTM detentions decreased from baseline mean of 3 to 2.

From SBUHB detentions decreased from baseline mean of 2 to 0.

From C&VUHB detentions decreased from baseline mean of 4 to 2.

From HDUHB detentions decreased from baseline mean of 1 to 0.

From ABUHB detentions remained the same as the baseline mean i.e. 1

From PTHB there were no detentions, same as the baseline mean i.e. 0

2.5 Community Treatment Orders (CTO)

There were 7 new CTOs applied in Q2 2023/24 in comparison with 4 during Q1 2023/24.

In Q2 there were 9 CTOs extended, 3 recalled, 3 recalled and revoked and 0 discharges.

The current CTOs in each area are shown below along with the table of mean figures for each area during 2020/23.

Graph 4

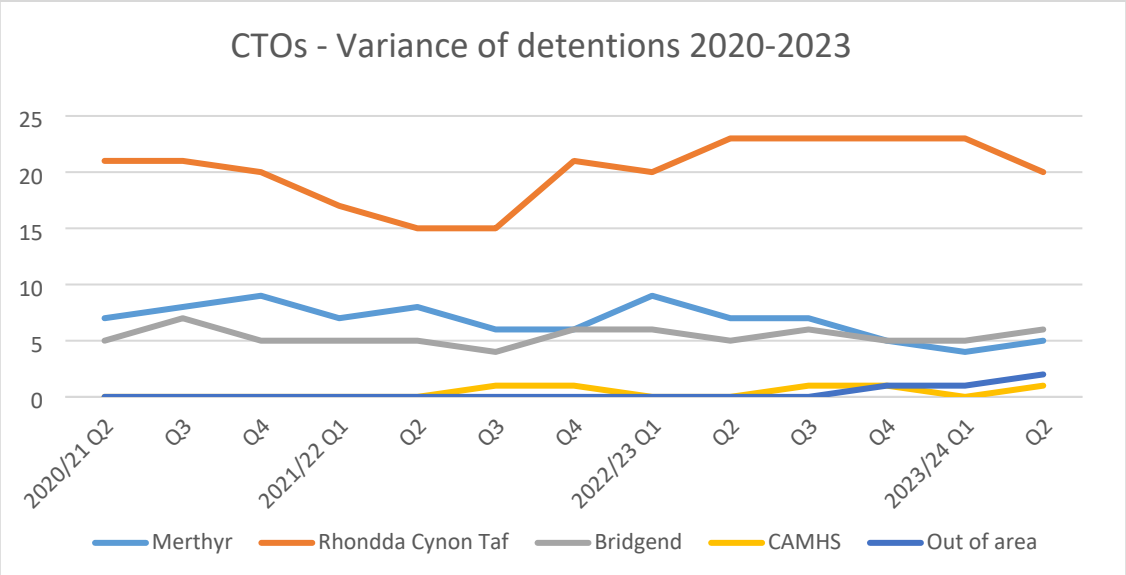


Table 4

Locality	Mean 2020/23	Q2 2023/24
Merthyr	7	5
Rhondda Cynon Taf	20	20
Bridgend	5	6
CAMHS	0	1
Out of area	0	2

There are 33 CTOs in place at the current time

2.6 Use of Section 135/136 Police Powers

Section 136 detentions decreased by 41% from 95 in Q1 2023/24 to 56 in Q2 2023/24. This level compares with recent quarterly returns following the rise after the Covid Pandemic lock down period.

Of all the Section 136s used throughout Q2, 4 of these were for persons under 18 years of age.

Section 135 detentions decreased by 60% from 10 in Q1 2023/24 to 4 in Q2 2023/24. All 4 patients were subsequently detained under Section 2.

There were no reported occurrences of Section 135 for persons under the age of 18.

Graph 5

This graph illustrates uses of Section 135/136 throughout the LSSAs from 2019 to 2023.

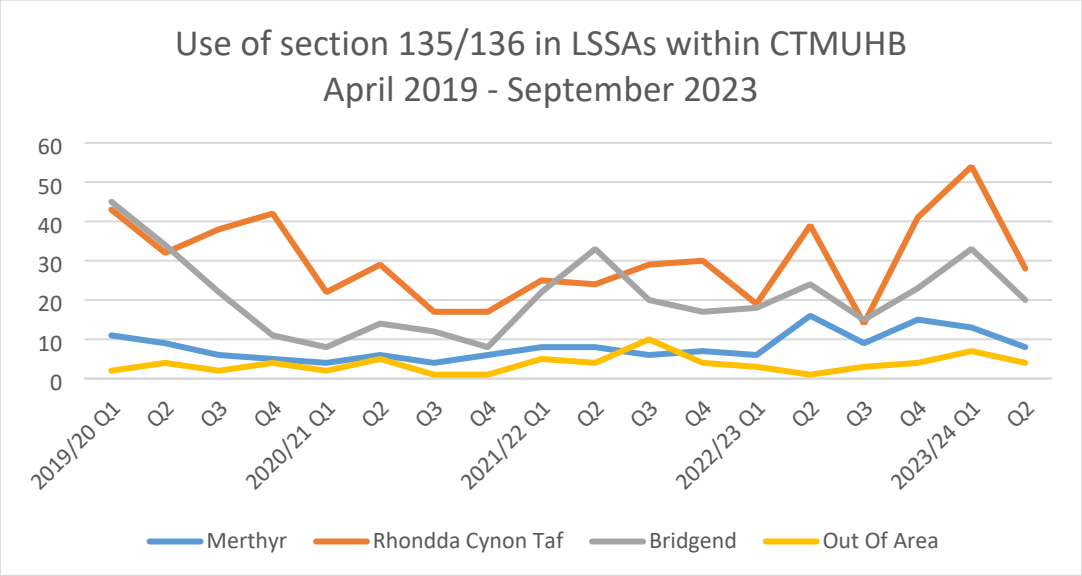


Table 5

Use of Section 135 and 136 by area for Q2 2023/24, also with mean.

Area	Mean 2020/23	Q2
Merthyr	8	8
Rhondda Cynon Taf	30	28
Bridgend	21	20
Out of area	4	4
Total	**80**	**60**

The use of Sections 135/136 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

Unfortunately, due to the sad passing of a Consultant Psychiatrist in September 2023, the MHA team needed to ensure that the patients were being legally treated with valid consent to treatment certificates and that any postponed MHRT and Managers Hearings were re-arranged.

Due to the sensitive nature of events, the covering RCs were allowed sufficient time to undertake these additional duties in order to adhere to the statutory requirements of the MHA 1983.

2.8 Errors and Breaches

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.

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.

2.9 The total number of minor errors across all services in Q2 2023/24 was 10, compared to 13 in Q1 2023/24. All of which were rectified within the 14 - day time limit.

Table 6

The table below provides a more detailed breakdown of the type of error.

Rectifiable Errors		**POW**		**RGH**				**YGT**	
Responsible for Error	**Forms**	**PICU**	**14**	**Admissions**	**21**	**Seren**	**St David's**	**SRU**	**Total**
AMHP	HO2	2		1					3
AMHP	HO6				1				1
Doctor	HO3								0
Doctor	HO4			1	1	1			3
Doctor	HO8		1				1	1	3
Doctor or Nurse	HO12								0
Nurse	HO14								0
Other UHB	TC1								0
	Total	**2**	**1**	**2**	**2**	**1**	**1**	**1**	**10**

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

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.

All breaches are reported via DATIX to enable monitoring and for training to be put in place as necessary.
The details of the breaches are set out below.

2.11 There were 2 fundamentally defective errors within CTMUHB during Q2 2023/24 compared to 4 in Q1 2023/24.

- 1 Invalid Section 5(2)
- 1 Invalid Section 2.

The breaches for Q2 are broken down below into hospitals and wards.

Table 7

Fundamental Errors	**POW**	**Angelton**	**Totals**
Sections	**Ward 10**	**Ward 2**	
Section 2		1	1
Section 3			
Section 5(2)	1		1
Total	**1**	**1**	**2**

Invalid Section 5(2)

- The patient was detained on 09/08/2023 under the Doctor's Holding Powers of Section 5(2) on a general ward in Princess of Wales Hospital, Bridgend.

- Upon receiving a scanned copy of the Form HO12, the MHA team noticed that the Doctor who had completed the Form HO12 had not recorded the time that the Section 5(2) commenced on the form; neither had the ward manager/liaison team completed Part 2 of the form.

- The MHA team contacted the Doctor to request that that the time be added to the form. As he was off shift and the form had been sent in the internal mail, this error was unable to be rectified.

- The ward manager and Mental Health liaison team were requested to inform the patient that they were no longer detained but of informal status.

- The MHA team formally sent a letter to the patient.

- The MHA team manager contacted the head of the liaison team in Bridgend and asked for a copy of the dummy training Form HO12 to be made available to all wards, to assist Doctors when using their Holding Powers under Section 5(2).

<u>Invalid Section 2</u>

- The patient was detained under Section 2 on 06/09/2023.

- On receipt of the scanned copies of the detention paperwork on 07/09/2023, the MHA team discovered that the Form HO2 (AMHP's application form for Section 2) specified the wrong Hospital.
- This invalidated the detention under Section 6 of the MHA 1983.

- The MHA team informed the ward of the invalid detention and requested that they inform the patient.

- The RC was contacted and formally discharged the patient from detention under Section 2 by completion of a Form HO17.

- A new MHA assessment was conducted on the same day and the patient re-detained under Section 2.

- MHA manager contacted the ward staff and AMHP to re-iterate the importance of thoroughly checking the detention paperwork using the receipt & scrutiny checklist.

3. Key Risks / Matters for Escalation

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.

3.2 Audits of MHA statutory documentation throughout the quarter has again highlighted the need for electronic patient health records, which would eliminate the requirement for the documents to be printed out and filed in the case notes, which is the current system in use on the wards in Bridgend and Older Persons in RGH.

4. Assessment

5. Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	If more than one applies please list below: Person Centred Timely
	No - Not Applicable

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome: No	If no, please include rationale below: This is a statutory area of practice set out in Act's and is to be delivered fully in line with that
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: As above
Cyfreithiol / Legal	Yes (Include further detail below)	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5 Recommendation

5.1 The MHA Monitoring Committee is asked to:

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

Appendix 1.

Graph 1

Quarter 2 MHA Adult Activity 2023/24

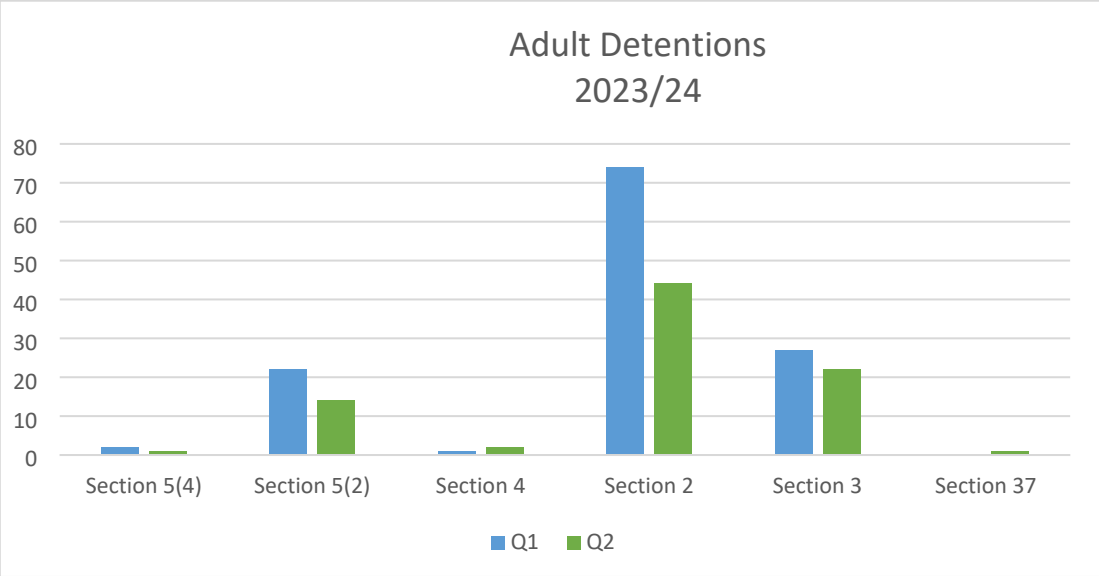


Table 1 **Quarter 2 MHA Adult Activity 2023/24**

Section	Q1	% of total	Q2	% of total
Section 5(4)	2	1.59%	1	1.19%
Section 5(2)	22	17.46%	14	16.67%
Section 4	1	0.79%	2	2.38%
Section 2	74	58.73%	44	52.38%
Section 3	27	21.43%	22	26.19%
Section 37	0	0.00%	1	1.19%
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	**126**	**100%**	**84**	**100%**

*There were 9 out of area detentions in Q2

Table 2 Number of Adult MHA detentions per locality

Area	Q1	Q2
Merthyr	19	13
Rhondda Cynon Taf	68	50
Bridgend	39	21
Out of area	11	9

Graph 2 Quarter 2 MHA Older Persons Activity 2023/24

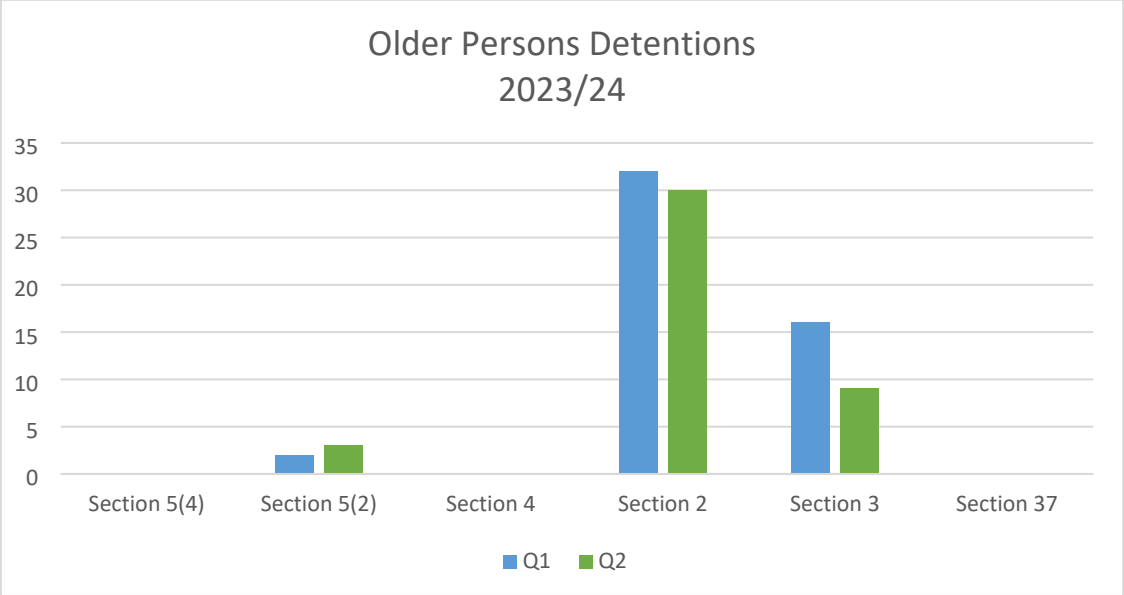


Table 3 Quarter 2 MHA Older Persons Activity 2023/2024

Section	Q1	% of total	Q2	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	2	4.00%	3	7.14%
Section 4	0	0.00%	0	0.00%
Section 2	32	64.00%	30	71.43%
Section 3	16	32.00%	9	21.43%
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	**50**	**100%**	**42**	**100%**

Table 4 Number of Older Persons MHA detentions per locality

Area	Q1	Q2
Merthyr	6	4
Rhondda Cynon Taf	27	23
Bridgend	17	15
Out of area	1	0

Graph 3 Quarter 2 CAMHS Activity 2023/24

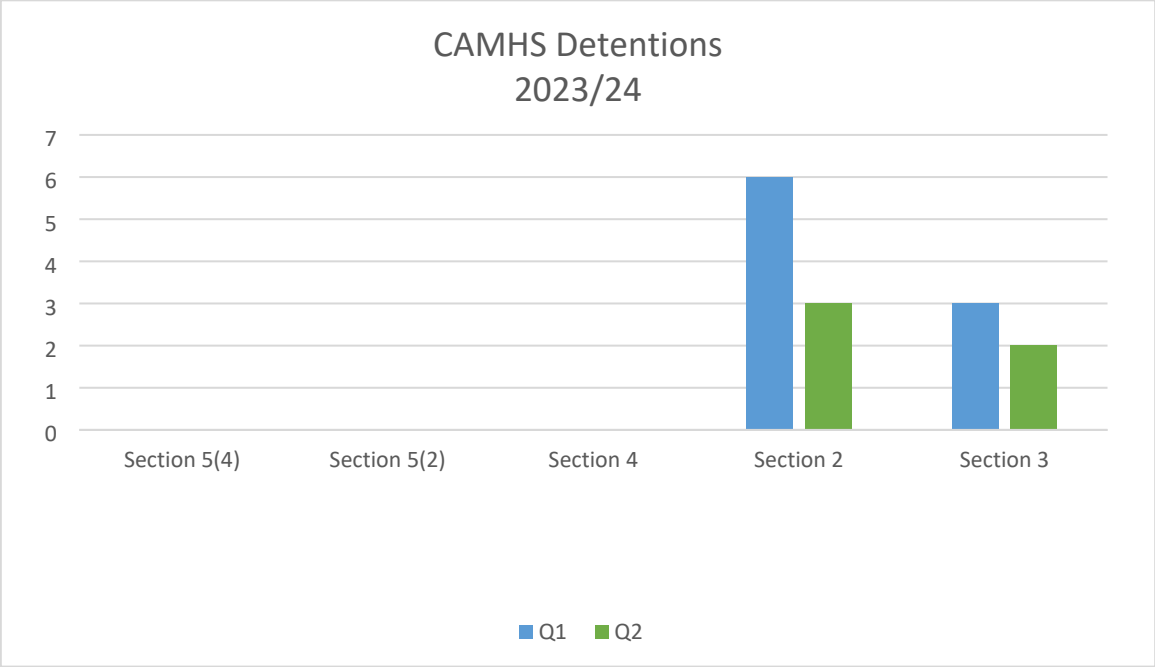


Table 5 Quarter 2 CAMHS Activity 2023/24

Section	Q1	% of total	Q2	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	0	0.00%	0	0.00%
Section 4	0	0.00%	0	0.00%
Section 2	6	66.67%	3	60.00%
Section 3	3	33.33%	2	40.00%
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	**9**	**100%**	**5**	**100%**

Table 6 Number of CAMHS MHA detentions per locality

Health Board	Q1	Q2
Cwm Taf Morgannwg	3	2
Swansea Bay	2	0
Cardiff & Vale	4	2
Hywel Dda	0	0
Aneurin Bevan	0	1
Powys Teaching	0	0

USE OF SECTIONS AND OUTCOMES for April – September 2023

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.

Table 7

S5(2) OUTCOMES	Apr	May	Jun	Jul	Aug	Sept
Section 2	4	4	7	0	1	2
Section 3	2	0	1	1	3	1
Informal	3	2	1	2	2	2
Discharged	1	0	0	1	0	1
Lapsed	0	1	0	0	0	0
Invalid	0	0	1	0	1	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.

Table 8

S2 OUTCOMES	Apr	May	Jun	Jul	Aug	Sept
Section 3	10	12	12	10	2	5
Informal	14	17	24	19	18	14
Discharged	9	7	8	3	9	6
Lapsed	0	2	0	0	0	0
Invalid	0	0	0	0	0	1
Transfer	0	2	2	3	1	1

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.

Table 9

S 3 OUTCOMES	Apr	May	Jun	Jul	Aug	Sept
Section 3 renewed	2	1	1	0	2	0
Informal	4	6	5	1	6	2
Discharged	10	2	9	4	2	6
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	2	3	1	1	2	1
CTO	0	2	1	2	2	2

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

Table 10

	Q1 2023/24	Q2 2023/24
Adult Detentions	113	76
Older Persons detentions	40	39
CAMHS detentions	8	5
TOTAL	**161**	**120**

SECTION LAPSING

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

- A section expires without the RC 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 RC 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 RC has taken place in respect of the next steps in relation to the patient's detention status.

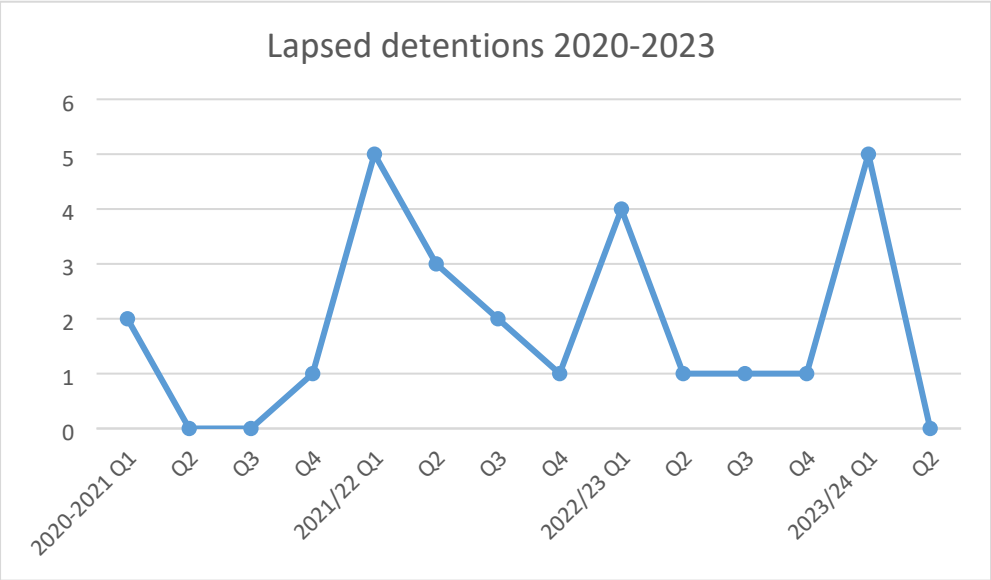
Although it is permitted to allow the section to lapse near the end of the section when no further detention is required, it is good practice for the RC to complete a discharge form.

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

Table 11

Section lapses	Section	Q1	Q2
Adult	2	1	0
	3	0	0
	4	0	0
	CTO	0	0
	136	1	0
Older Persons	2	1	0
	5(2)	1	0
	3	0	0
	4	0	0
CAMHS	2	0	0
	3	0	0
	4	0	0

Graph 4- Lapses detentions under the MHA 1983.



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.

Table 12

SECTION	Q1	Q2
Part 2 Patients to CTUHB	6	4
Part 3 patients to CTUHB	1	0
Part 2 patients from CTUHB	13	11
Part 3 patients from CTUHB	3	0
TOTAL	**23**	**15**

COMMUNITY TREATMENT ORDER, Section 17A (CTO)
Q2 CTO Activity 2023/2024

Table 13

SECTION	Power	Q1	Q2
17A	Community Treatment Order made	4	7
	Community Treatment order extended	12	9
	Recalled to hospital and not revoked	1	3
	Recalled to hospital and revoked	3	3
	Discharged from CTO	2	0
	Transferred	0	1
	Other (Deceased)	1	0

Current CTO by area

Table 14

Area	Q1	Q2
Merthyr	4	5
Rhondda Cynon Taf	23	20
Bridgend	5	6
CAMHS	0	1
Out of area	1	1
Total	**33**	**33**

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.

Table 15

Section 135 of the Mental Health Act	Q1	Q2
Assessed and admitted informally	0	0
Assessed and Discharged	0	0
Assessed and detained under Section 2	8	4
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	1	0
Recalled from Community Treatment Order	1	0
TOTAL	**10**	**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.

Table 16

Section 136 of the Mental Health Act	Q1	Q2
Assessed and admitted informally	9	10
Assessed and detained under Section 2	14	13
Assessed and detained under Section 4	1	0
Assessed and detained under Section 3	0	0
Discharged with no follow up required	25	7
Discharged referred to community services	43	25
Section 136 lapsed	2	1
Other /(Recall from CTO)/ or transfer	0	0
TOTAL	**94**	**56**

Q1 – 1 with no outcome

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.

Table 17

Hospital Managers Hearings	Q1	Q2
Number of Hearings held	19	13
Number of Referrals by Hospital Managers	17	17
Number of Appeals to Hospital Managers	0	1
Number of Detentions upheld by Hospital Managers	19	13
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	2	2

Q2:

2 Adjourned
3 Postponed
1 Cancelled due to close MHRT

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.

Table 18

MHRT Hearings	Q1	Q2
Number of Hearings held	20	22
Number of Referrals by Hospital Managers	11	14
Number of referrals by Ministry of Justice	0	2
Number of referrals by Welsh Ministers	1	0
Number of Appeals to MHRT	33	43
Number of Detentions upheld by MHRT	17	20
Number of detentions discharged by MHRT	3	2
Number of Hearings adjourned/postponed	4	7
Number of Hearings cancelled by patient	7	8
Number of patients transferred to another Health Board prior to Hearing	4	1
Number of patients discharged by RC prior to Hearing	12	11

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.

Q2: Sadly, there was one death in Older Persons of a patient detained under section 3 of the MHA. This was reported to HIW as is standard practice.

Consent To Treatment

In line with Chapter 25.38 of the Code of Practice for Wales, Hospital Managers should monitor the use of Urgent treatment under s62 (Inpatients) and s64G (CTO patients) to ensure that it is not used inappropriately or excessively.

Table 19- Use of urgent treatment

Form	July 23	Aug 23	Sept 23
Section 62	2	6	4
Section 64	0	1	0
Total	2	7	0

EXAMPLES OF GOOD PRACTICE

Use of AMAT audit tool

The MHA team have been conducting their audits of statutory documentation electronically using the Health Board's AMAT system.

This has been further developed into generating reports to identify areas of improvement and any training requirements.

SharePoint

A member of the MHA team is in the process of updating the Mental Health Act page on the Intranet, using the following link- Home - Mental Health Act Helpdesk

The Mental Health Act helpdesk page explains the role of the MHA team and their responsibilities. It provides staff with access to MHA Training materials and presentations, access to MHA statutory documents and policies and procedures.

WCCIS

The MHA manager is in the process of arranging a meeting with the MHA team in Aneurin Bevan to see the MHA module within WCCIS.

Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

Section 5(4) Nurse holding power.	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 (*1 holding power form required*)
Section 5(2) Doctor's or Approved Clinician's Holding power	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. (*1 holding power form required*)
Section 4 Admission for assessment in cases of emergency	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. *(1 Medical Recommendation and AMHP assessment required)*
Section 2 Admission for assessment	Individual is detained in hospital for up to 28 days for assessment of mental health. **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. And it is necessary that patient ought to be detained in the interests of own health, own safety, protection of other persons *(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)*
Section 3 Admission for Treatment	Individual is detained in hospital for up to 6 months for treatment of mental disorder. **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. In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act. *(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)*
Section 7 Guardianship	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. **<u>Criteria:</u>** 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 *(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)*
Section 37 Guardianship by Court Order	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. **<u>Criteria:</u>** 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 *(Court Order required)*
Section 37/41 Admission to hospital by a Court Order with restrictions	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. *(Court Order with restrictions required)*
Section 135 Admission of patients removed by Police under a Court Warrant	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).

	*(Section 135 (1){**non-detained patient**} warrant required or Section 135 (2){ **sections and CTO patients**} required)*
Section 136 Admission of mentally disordered persons found in a public place	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). *(Police Service Section 136 monitoring form required)*
Section 17 A Community Treatment Order (CTO)	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: Be available to be examined by Responsible Clinician for review of CTO and whether should be extended. Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued. The Responsible Clinician may also set other conditions if relevant to individuals, carers and/or family. (*CP1 Form to be completed by Responsible Clinician and AMHP)*
Section 17 leave	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. *(Section 17 leave non-statutory form required)*
Section 117 aftercare	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.
MHAM Hearings (Mental Health Act Managers)	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. 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.
MHRT Hearings (Mental Health Review Tribunal)	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. 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. Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.

Agenda Item
4.3

Mental Health Act Monitoring Committee

Risks related to the use of the Mental health Act

Dyddiad y Cyfarfod / Date of Meeting	06/12/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Julie Denley Deputy Chief Operating Officer
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley Deputy Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
MHA	Mental Health Act

1. Situation /Background

1.1 The purpose of this report is to present risks related to the monitoring of the Mental Health Act (MHA) evident in quarter 2 2023/24 and for discussion and scrutiny related to actions and key milestones related to mitigating these risks.

2. Specific Matters for Consideration

2.1 The number of minor errors on section reduced to further to 10 in quarter. This has been the pattern for the previous three quarters, mean was typically a year ago being 25. This picture demonstrates thematic actions by the operational group to address recurrent issues are having a good and sustained impact.

Last quarter saw 4 fundamentally defective errors, this quarter there have been 2 which is a more typical level seen. Last quarters look back audit over three years was helpful to ensure well targeted and sustainable learning and the actions set out in the operational group and it is important that new fundamentally defective errors are added to that work.

2.2 It is noted that there has been an overall reduction in the use of the MHA in quarter and all sections remain within the baseline mean.

2.3 Although this paper focuses on risks for balance, a few key positive highlights in other papers are noted below:

- It was pleasing to see the reduction again in the rectifiable errors and fundamentally defective errors.
- The protocol developed with the local AMHPs in relation to email communication with the nearest relative and the process has been agreed with the Health Board's Information Governance Team.
- The annual appraisals had been completed for seven of the existing eight Hospital Managers.
- The use of an audit tool within CAMHs which helped improve compliance being rolled out for use across Adult Services.
-

- The Review the use of the MHA in learning disability settings is positive in that no breaches in the use of the ACT were evident.

- The level of oversight of national legislative publications by the operational group.

- The newly strengthened links with the work of the Independent Mental Health Advocacy service and critically the learning from cases discussed.

- The follow-up audit in relation to the Ty Llidiard HIW Action plan related to Section 17 leave and the very positive improvement in compliance with the Code of Practice found and the plan to roll the audit out wider to other areas to ensure whole system learning.

- The progress on polices being updated and ratified.

3. Key Risks / Matters for Escalation

3.1 The lack of a bespoke system to record and monitor MHA activity, which allows for the production of accurate reports and the wards across CTM using different types of health records remains a concern and patient safety concern.

3.2 The Mental Health Act All Wales Health Board Benchmarking Report has proved useful in understanding where CTM might be an outlier in any aspects of administration of the Act. The issue of this being ceased is a concern.

3.3 The Supreme Court Judgement on Section 117 Aftercare could have financial implications for both the Health Board and Local Authority partners so changes in aftercare responsibility, both those where responsibility by CTM partners ceases or where the change involved sees new packages needs close monitoring.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
	Living Well

Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research If more than one applies please list below: Data to Knowledge
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a statutory area of practice set out in Act's and is to be delivered fully in line with that
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

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.

6. Next Steps

6.1 None noted

Agenda Item
4.4

Mental Health Act Monitoring Committee

Crisis Care Concordat National and Local Update

Dyddiad y Cyfarfod / Date of Meeting	06/12/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Aaron Jones Clinical Service Group Manager Mental Health
Cyflwynydd yr Adroddiad / Report Presenter	Aaron Jones Clinical Service Group Manager Mental Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
MHA	Mental Health Act
CTMUHB	Cwm Taf Morgannwg University Health Board

CCC	Crisis Care Concordat
CCAAB	Crisis Care Assurance and Advisory Board
NCCU	National Collaborative Care Unit

This paper is presented to the committee to provide 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.

1. Situation /Background

1.1 The Mental Health Crisis Care Concordat (the 'Concordat') is structured around six main principles and sets out twenty actions to support the successful implementation in practice. This was published by the Welsh Government and partners in 2015 as a shared statement of commitment by senior leaders from the organisations most involved in responding to and supporting people who experience a significant deterioration in their mental health that results in a mental health crisis.

1.2 Assurance related to progress against the action plan is provided to the national group and partners quarterly and to Welsh Government on a six-monthly basis via the Chair of the national group.

1.3 It was anticipated nationally that due to the pandemic there will be a significant and sustained increase in demand for mental health support where the causal factors are due to socio-economic impacts of Covid-19, as opposed to a medical or specialised mental health need.

1.4 Regional Crisis Care Concordat Forums will be required to work collaboratively now, more than ever to ensure that care pathways are effective for patients and timely but also develop plans to respond to the increasing demands of services, address the recommendation of the updated Multi-Agency Interim Plan for Crisis Care.

1.5 A new interim Crisis Care National Action Plan has been developed and shared across all regions (**Appendix 1**) This replaces the current national Action Plan 2019 - 2022. This new interim plan has 8 actions with each regional forum expected to oversee delivery. These have been aligned and allocated to the work streams of the CTM regional

forum. A new national reporting template has been developed and implemented from January 2022.

2. Specific Matters for Consideration

2.1 **Noting - terms of reference** for the CTM Regional Crisis Care Concordat Forum (**Appendix 2**) had an annual refresh in June 2023 and approved at the CTM regional crisis forum in July 2023.

2.2 **Noting – Meeting frequency in 2023**. The CTM Regional Crisis Care Forum has met 4 times in 2023 (January/April/July/October) with excellent attendance and engagement from partners. The next scheduled meeting is February 2024 to maintain alignment with the National Crisis Care Assurance Board.

2.3 **Noting – Reporting**. The CTM Regional Crisis Care Forum provides a written report and verbal update at the National Crisis Care Assurance Board. (**Appendix 3**) is the latest report provided for the period April to July 2023.

2.4 **Noting** – **Action 1, multi-agency protocol**. Work to identify all key documentation in relation to access to care, responsibility and arrangements sourced and documented. Work continues to keep updated with the implementation of new services e.g. 111#2. Linkages being developed into the Mental Health & LD Care Group Policies & Procedures group to ensure timely review and development of policies/procedures.

2.5 **Noting** – **Action 2 – Sanctuary Services**. A multi-agency group has been established to develop an adult sanctuary service specification as part of a formal tendering process for sanctuary services across CTM.

2.6 CTMUHB have submitted a bid to access funding from Welsh Government/ Plaid Cymru to pilot an alternative to admission service for children and young people. The funding is available until 31st March 2025. If the proposal is supported, then indicative timescales suggest the service could be operationalized by March 2024.

2.7 **Noting – Action 3 – 111#2 Service**. The CTM 111#2 service including dedicated Police Support Line was launched 24hours on 25th April 2023. The NCCU led a programme of National Peer reviews intended to measure the progress of the 111#2 teams against set

clinical /operational metrics, share best practice and learning and identify any issues that may prevent the delivery of a sustainable service. The CTMUHB peer review took place on the 28th & 29th September 2023 with a feedback session on the 29th with representatives of the team, Care Group & Chief Operating Officer. Feedback received in this session and subsequent formal written feedback was very positive, with specific actions around workforce, triage model and equipment/environment to work on. The 111#2 project board will develop these into an action plan and work towards their delivery.

3. Key Risks / Matters for Escalation

3.1 Increased operational demands on all partners contributing to slower than anticipated progress within some workstreams.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Growing Well If more than one applies please list below: Living Well
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /*	Not Applicable If more than one applies please list below:

Link to Enablers of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru))* / **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Not Applicable If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?* / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not applicable.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb?* / **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not Applicable
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

5. Recommendation

5.1 The MHA Monitoring Committee is asked to:

5.1.1 **Discuss** the content of the report

5.1.2 **Note** key matters for escalation

5.1.3 **Approve** receipt of a further update report in a future meeting of the Committee (6/12 months).

No.	Action	Timescale	Led By	Outcome and output indicators
1	Each Region to have a multi-agency protocol in place between health, local authorities, the police and the third sector, published (on partners' websites) and updated every year setting out: • How the public should access care when in a crisis • Each agencies' role and responsibility relating to providing crisis care services • Criteria for accessing services in a timely manner • The arrangements in place for the appropriate and safe transfer of people between and across services • The service arrangements in place to meet the specific needs of people from minority and ethnic communities • How information will be shared across agencies, to help inform the delivery and improve outcomes for people presenting in crisis • Arrangements for how people affected by alcohol or drugs, and who have a mental health condition, will receive a timely and appropriate service	By June 2022	Regional multi-agency crisis care boards/forums	• Each Region to have standardised multi agency working methods in place for providing crisis care services that is described in a multi-agency protocol • An agreed arrangement in place for the sharing of information between agencies. • When a person is in police custody, each police service to have in place, systems and processes that help inform on the early identification of mental health needs and the methods for timely referring /signposting of people to the appropriate support service. (Timescales should be included within the regional protocol) • Feedback systems in place that inform on the appropriateness of care and its timeliness from people who have used crisis care services, including specific feedback from people from ethnic communities and from people affected by alcohol or drugs
2	Health Boards and local authorities develop joint plans, working with the third sector and other partners, to ensure that people of all ages who are experiencing early signs of a personal, emotional, or early-stage mental health crisis have 'out of hours' access to a 'safe place to go' service/facility, and an online or telephone based service, for respite, safety, or to help avert a crisis (Beyond the Call Rec.8)	Plan in place by March 2022 Service in place October 2022	HBs and LAs report progress quarterly to regional multi-agency crisis care boards/forums	• Each Region to have a plan in place that reflects local needs and informs on the services in place 'out of hours', and the model of delivery • Plans to include: ➢ How 'out of hours' service is shared/promoted ➢ How this provision fits in to wider local service models ➢ How service can be accessed

3	All organisations to engage with the 111 pilots and ensure that people of all ages with an urgent need have 24/7 access to mental health support, and that clear referral/signpost pathways are available for people where required, e.g., out of hours social services, welfare support, finance/debt, domestic abuse support, etc. (Beyond the Call Rec.6)	By October 2022	Unscheduled Care Board	• Reduction in number of people with mental health problems contacting emergency services through 999 • Reduction in the inappropriate use of s136 • 111 service in place with a single point of access across Wales with clear multi agency links to its method of working
4	People of all ages receiving a secondary mental health service have a high quality 'Crisis Plan' in place, reflecting Welsh Government requirements, that includes a mutually agreed advance statement, and details of planned support to help prevent and/or mitigate any future potential crisis (Beyond the Call Rec.4)	By June 2022	HBs report to regional multi-agency crisis care boards/forums	• Evidence through regular audit of crisis plans (as part of CTP audit) with findings reported quarterly to multi-agency crisis care board/forum • 'Service user' feedback at CTP review • Reduction in admissions to hospital • Reduced demand on 999 services for people known to mental health services
5	'All agencies will ensure that those who are in contact with people in distress have the necessary knowledge, skills, and attitudes to ensure compassionate and supportive care is delivered' *(Talk2Me2 Objective 2vi)*	By March 2022	Regional multi-agency crisis care boards/forums	• Agencies to have a training programme in place that reflects the 'Talk2 me2 Objective 2vi'. Uptake on training to be reported annually to regional multi-agency crisis care boards/forums • Post training, implement an evaluation process with: - The staff who have been trained People that have used the services
6	People discharged from psychiatric in-patient care should be followed up by the service within 72 hours of discharge and a comprehensive care plan should be in place at the time of discharge and during pre-discharge leave (National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH report 2019 p6) display.aspx (manchester.ac.uk)	By June 2022	HBs report to regional multi-agency crisis care boards/forums	• Operational working practices in place that reflect NCISH guidance • Information to be communicated to the individual and their GP within 24 hours following discharge and where appropriate copied to the community team and other specialist services • Revised CTP to be in place to reflect any change in a persons' care needs

7	Feedback and views will be systematically sought and captured from people of all ages who have used crisis care services, and acted upon, including specific feedback from people from minority and ethnic communities	By June 2022	All partners	• Service user feedback mechanism introduced and reported quarterly to multi-agency crisis care boards/forums
8	Public sector services that manage or commission facilities caring for vulnerable persons will have a robust 'missing person' protocol in place. These protocols should specify preventative measures to reduce missing person's calls to the Police, such as the proactive management of risk (Beyond the Call' Rec. 5)	By June 2022	All partners	• Missing persons protocol implemented in all Regions • Reduced number of people reported missing • Reduced missing persons calls to the police

Cwm Taf Morgannwg

Regional Crisis Care Forum

Terms of Reference

1.3

Version Control	Date	Rationale
0.1	22.7.20	
0.2	10.8.20	
0.3	19.8.20	
1.0	17.11.20	
1.1	27.03.23	Members updated
Draft	15.06.23	Annual review
1.3	07.07.23	Terms of Reference approved

Purpose

The Cwm Taf Morgannwg Regional Mental Health Crisis Care Forum ("Forum"/ CCF) will develop and oversee an action plan that supports people who are experiencing (or are about to experience) a mental health crisis, and helps them have fast and easy access to a range of services appropriate to their needs. A clear commitment is made by partner organisations to work together to provide better support and to improve the outcomes for this group of people.

The purpose of the Forum will be to act as the driving force to deliver local and regional **change** and **improvement**. It will be a forum to promote effective multi-agency working for people in or at risk of crisis including people who come into contact with criminal justice agencies.

The main aims of this programme of action are:

- To ensure earlier help and support is available to people of all ages from a range of agencies including health, social care and third sector services
- To ensure service providers work together in partnership to design, plan and deliver high quality services in a joined up and co-ordinated way
- To ensure services are safe and centred around the needs of people who need help and support, and are co-produced with service users and carers who are valued as equal partners and fully involved and engaged with designing, planning, and evaluating services
- To ensure that the use of powers under the Mental Health Act is appropriate and only used as a last resort
- To increase the availability and use of non-clinical safe places to go when people are in need
- To ensure service providers across all agencies/organisations have processes in place for continuing development, and for learning and sharing new ideas and innovation about crisis care
- To ensure that crisis care support, care, and treatment is culturally appropriate, and services are able to meet the needs of different communities.
- To enable partners to agree where assessment and care of intoxicated individuals can safely take place in health-based settings and ensure their needs are appropriately met.
- To enable partner agencies to share relevant, need to know information, in the interests of patient and public safety. Better and more meaningful data will be gathered- with a review of data such as that of section 135 and 136 detentions, but also taking a holistic approach to data analysis to inform future delivery.

Functions

The Regional CTM CCF will carry out the following functions:

- Be an implementation group that oversees delivery of the (interim) Crisis Care Action Plan National Action Plan 2022 - Delivering high quality services 24/7 (gov.wales) for 2021-2021 set out by the National Mental Health Crisis Care Assurance and Advisory Board (CCAAB). Implementation of the actions set out in this Action Plan should continue to be monitored and reviewed throughout 2023/2024, and until the successor to the 'Together for Mental Health' strategy is in force.

- Develop a local delivery plan that will be agreed between organisations.
- Monitor and report on its intended plan in line with the governance structure outlined in this document.
- Receive written and verbal updates from Workstreams every three months to give assurance that the Regional Action Plan is being implemented
- Ensure service providers work together in partnership to design, plan and deliver high quality services in a joined up and co-ordinated way
- Be informed by people's lived experience
- Ensure there is a consistent approach for those people in crisis that come into contact with any services.
- Monitor the quality of the approach by services and support the development of improvement
- Promote and enable the regular provision of multi-agency training programmes, supporting the development of a trauma informed workforce.

- Where gaps in service provision are identified, support the development of joint collaborative responses through co-operation.

- Act as the prime arena for accountability in the provision of services that have been agreed and escalate to the National Crisis Care Assurance & Advisory Board (CCAAB) when there are barriers to progress that cannot be removed at a regional level.

Governance

The Cwm Taf Morgannwg Regional Mental Health Crisis Care Concordat Forum will:

- Provide written and verbal assurance to the CCAAB every three months to evidence that the Forum is implementing its local delivery plan.
- Provide written and verbal assurance to the CTM Mental Health Act Monitoring Committee to evidence its implementing of the local delivery plan.

The CCAAB will support the Cwm Taf Morgannwg Regional Forum through delivering the following key objectives:

- Facilitating improved collaboration, communication and co-ordination between and across all partners working to implement the Concordat and deliver the national action plan

- Providing a mechanism, or forum, for escalating any issues that impact on the delivery of the National Action Plan and/or regional action plans
- Providing a forum for learning and sharing of good practice across Wales
- Receiving regular updates from the National Collaborative Commissioning Unit on its review of access and conveyance relating to crisis care and to consider and provide advice on how best to implement its recommendations
- Providing any support needed to help implement regional crisis care action plans
- Being informed by, and responding, to a broad and diverse range of people across Wales who have used crisis care services.

Membership

The list of membership for the group is located in Annex 1.

Frequency of Meetings

Meetings will be arranged on a quarterly basis. The meetings will aim to be scheduled between two weeks and one month prior to the CCAAB meetings to align reporting.

Quorate

For the Forum meeting to be quorate there must be at least six members present with a range of organisations represented.

Chair and Secretariat

The Chair and Vice-Chair will be from the Health Forum and South Wales Police. Either the Chair or a nominated person will provide assurance to the CCAAB, on a quarterly basis, that the actions set out in the interim Action Plan are being implemented through the Forum action plans, and that successful outcomes are being achieved. The regional Forums will also provide assurance that any transformation or service improvement funding received to deliver improved crisis care services is having a positive impact.

Reporting Arrangements

Each regional Crisis Care Forum will submit a quarterly assurance/update report (see Annex 2) to the Chair of the national Crisis Care Board (via the national lead) at least one week before each national Crisis Care Board meeting. These reports will be included with the agenda and papers circulated for the national meeting.

As well as giving overall assurance that the national Action Plan is being implemented and making a positive difference, assurance reports should also specifically:

- Detail key outputs and outcomes relating to regional Crisis Care Concordat plan for the last 3 months
- Highlight key achievements over the last 3 months including how transformation or service improvement funding is being used to improve services
- Highlight any current challenges or barriers to implementing regional plans and what remedial action is proposed or is being taken
- Set out any priority areas for action that are planned for next 3 months

The Chair of the national Crisis Care Board will provide a written highlight report to the Mental Health Delivery and Oversight Board for each of its meetings. The highlight report will be informed by the assurance/update reports provided by the regional forums. The written highlight report will include:

- Brief summary of progress
- RAG rating, highlight any key risks
- Key milestones that have being achieved
- Concerns or issues for escalation
- Forward look of key actions

Escalating concerns

Each partner organisation should have its own processes for escalating any barriers or challenges to implementing any part of the Crisis Care Concordat it is responsible for delivering. Any barriers and/or challenges will be discussed and addressed at regional CCF meetings. Where there are any issues or problems identified that cannot be resolved either at an organisational level or through regional partnerships, they can be escalated to the national Crisis Care Board. Points of escalation for the national Crisis Care Board include the Mental Health Delivery and Oversight Board and the Welsh (Police) Chief Officers Group for Mental Health.

Annex 1

Cwm Taf Morgannwg Regional Mental Health Crisis Care Concordat Forum: Membership	
Chair	
Clinical Service Group Manager, Mental Health	Chair (HB) Clinical Service Group Manager, Mental Health
Vice Chairs	
Detective Chief Inspector	Mid Glamorgan BCU, Safeguarding
Cwm Taf Morgannwg University Health Board	
Head of Mental Health Psychology and Psychological Therapies	
Lead Nurse Urgent Primary Care	
Senior Nurse Psychiatry	
Consultant Psychiatrist	
Lead Nurse for Rhondda Taf Ely locality	
Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	
Team Leader CAMHS Crisis Liaison Team	
Head of Nursing, CAMHS	
Clinical Service Group Manager, Mental Health	
Sharon Coleman	
Senior Nurse Manager, CAMHS	
HM Prison and Probation Service	
Assistant Chief Probation Officer	Assistant Chief Probation Officer
Head of Reducing Reoffending	Head of Reducing Reoffending
Health and Justice Partnership Manager, Wales Probation Reducing Reoffending Team	Health and Justice Partnership Manager, Wales Probation Reducing Reoffending Team

Health and Justice Partnership Coordinator, Wales Probation Reducing Reoffending Team	
Local Authority	
Service Manager of Community Mental Health and Drug and Alcohol for BCBC	
Team Manager, Rhondda Cynon Taff County Borough Council	
Social Work Team Manager CMHT/POA Psychiatry/Old Age Team, Merthyr Tydfil County Borough Council	
Area Planning Board (APB)	
Cwm Taf Morgannwg Area Planning Forum Lead Officer (Substance Misuse)	
County Voluntary Councils (CVCs)	
Mental Health Service User Involvement Officer, Interlink (RCT)	
Mental Health Development Officer, BAVO (Bridgend)	
Lead Service User Involvement Officer, BAVO (Bridgend)	
Mental Health Development Officer, VAMT (Merthyr)	
Welsh Ambulance Service Trust (WAST)	
Consultant Mental Health Nurse	
Clinical Lead	
South Wales Police (SWP)	
Policy Officer Substance Misuse, Police and Crime Commissioners Office	
Mental Health Officer	

Detective Sergeant, Specialist Crime, Public Protection Department	
Mental Health Advisor	
Suicide & Self-Harm Prevention	
Regional Coordinator for Suicide and Self-Harm Prevention	
Other Stakeholders	
National Lead Crisis Care Concordat	

Annex 2

National Action Plan for Wales - Assurance Reporting

1. The national Crisis Care Action Plan 2021/22 sets out 8 actions to be implemented to support the following six core aims:

    - People have effective access to support before crisis point
    - People have urgent and emergency access to crisis care when they need it
    - People receive improved quality of treatment and gain therapeutic benefits of care when in crisis
    - People are supported in their recovery, stay well, and receive effective support after crisis
    - Better quality and more meaningful data and effective analysis is secured
    - Effective communications and partnerships are maintained and improved

2. A reporting template is attached that should be completed and sent to the Chair of the national Crisis Care Assurance and Advisory Board via the national co-ordinator every 3 months. These assurance/update reports will provide a level of confidence that the actions set out in the national action plan are being implemented at a regional level. They should include any output and outcomes data that is available to demonstrate progress, highlight any key achievements and show how additional funding is helping achieve results. Assurance reports should also identify any challenges or barriers to implementing action plans, and detail immediate priorities for the next 3 months

3. The Chair of each regional group/board should email the completed assurance form to the national co-ordinator each quarter at least one week prior to the national Crisis Care Board meeting. The Crisis Care Board will in turn provide a regular update report to the Mental Health Delivery and Oversight Board.

4. Multi-agency crisis care forums should have their own arrangements in place for receiving assurance from each partner agency that the actions set out in regional plans are being implemented.

5. If you have any queries regarding completion of the template, or require any further help or support please contact: p.martin@mind.org.uk

Mental Health Crisis Care Concordat - Assurance Report			
Partnership area:		**Reporting period:**	
Actions set out in the Crisis Care Concordat National Action Plan are being implemented through regional action plans and monitored at a regional level		**Assurance provided by:**	**Date completed:**

Key achievements in this reporting period Include details of how any transformation or service improvement funding is helping achieve results	**Challenges and remedial action**	**Priorities for next 3 months**

	Action	By when	What to report	Update
1	Each Region to have a multi-agency protocol in place between health, local authorities, the police and the third sector setting out: • How the public should access care when in a crisis • Each agencies' role and responsibility relating to providing crisis care services • Criteria for accessing services in a timely manner • The arrangements in place for the appropriate and safe transfer of people between and across services • The service arrangements in place to meet the specific needs of people from minority and ethnic communities • How information will be shared across agencies, to help inform the delivery and improve outcomes for people presenting in crisis • Arrangements for how people affected by alcohol or drugs, and who have a mental health condition, will receive a timely and appropriate service	By June 2022	**Regional forum to confirm whether multi-agency protocol is being developed. If not, what is the plan for managing the risks of non-delivery?** Also consider output and outcome indicators detailed in National Action Plan	
2	Health Boards and local authorities develop joint plans, working with the third sector and other partners, to ensure that people of all ages who are experiencing early signs of a personal, emotional, or early-stage mental health crisis have 'out of hours' access to a 'safe place to go' service/facility, and an online or telephone-based service, for respite, safety, or to help avert a crisis	Plan: By March 2022 Service: By Oct 2022	**Regional forum to confirm whether joint plans are being developed** Also consider output and outcome indicators detailed in National Action Plan	

3	All organisations to engage with the 111 pilots and ensure that people of all ages with an urgent need have 24/7 access to mental health support, and that clear referral/signpost pathways are available for people where required, e.g., out of hours social services, welfare support, finance/debt, domestic abuse support, etc.	By Oct 2022	**Regional forum to confirm plan for 24/7 access to services via 111** *For Oct to Dec 2021:* **Report on number of people contacting 111 for MH issue** **Report on number of people contacting 999 with MH issue** **Report number of people detained under s135 and s136** Also consider output and outcome indicators detailed in National Action Plan	
4	People of all ages receiving a secondary mental health service have a high quality 'Crisis Plan' in place, reflecting Welsh Government requirements, that includes a mutually agreed advance statement, and details of planned support to help prevent and/or mitigate any future potential crisis	By June 2022	**Organisations to confirm that crisis plans are internally audited as part of CTP audit, and that crisis plans include mutually agreed advance statements** **Organisations to confirm what feedback mechanisms are in place**	

			Also consider output and outcome indicators detailed in National Action Plan	
5	'All agencies will ensure that those who are in contact with people in distress have the necessary knowledge, skills, and attitudes to ensure compassionate and supportive care is delivered' (Talk2Me2 Objective 2vi)	By March 2022	**Organisations to confirm the training programmes in place, including uptake and attendee feedback** Also consider output and outcome indicators detailed in National Action Plan	
6	People discharged from psychiatric in-patient care should be followed up by the service within 72 hours of discharge and a comprehensive care plan should be in place at the time of discharge and during pre-discharge leave	By June 2022	*For Oct to Dec 2021:* **Report number of people discharged from in-patient care** **Report what arrangements are in place to follow up within 2-3 days of discharge from in-patient care** Also consider output and outcome indicators detailed in National Action Plan	*Are you able to distinguish between number of people discharged from in-patient care to other secondary MH services and those that are not?*

7	Feedback and views will be systematically sought and captured from people of all ages who have used crisis care services, and acted upon, including specific feedback from people from minority and ethnic communities	By June 2022	**Organisations to confirm system/process in place for service user feedback, and provide updates to regional crisis care forums** Also consider output and outcome indicators detailed in National Action Plan	
8	Public sector services that manage or commission facilities caring for vulnerable persons will have a robust 'missing person' protocol in place. These protocols should specify preventative measures to reduce missing person's calls to the Police, such as the proactive management of risk	By June 2022	**Organisations to confirm there is a 'missing person' protocol agreed and in place** *For Oct to Dec 2021:* **Report number of people reported missing** **Report number of missing persons calls to the Police** Also consider output and outcome indicators detailed in National Action Plan	

Mental Health Crisis Care Concordat - Assurance Report

Partnership area:	**Cwm Taf Morgannwg**	**Reporting period:**	April - July 2023

Actions set out in the Crisis Care Concordat National Action Plan are being implemented through regional action plans and monitored at a regional level	**Assurance provided by:** **Aaron Jones, Interim Clinical Service Group Manager**	**Date completed:** 27 July 2023

Key achievements in this reporting period Include details of how any transformation or service improvement funding is helping achieve results	**Challenges and remedial action**	**Priorities for next 3 months**
Crisis Care Concordat Terms of Reference reviewed and approved for 2023 – 2024. Priorities agreed for 2023 – 2024 with partners. From 25th April Mental Health 111 press 2 service is live as a 24/7 service. Presentation from Right Care Right Person Project Officer at the July meeting to provide an outline of the national approach. Further engagement required to understand future plans for implementation by South Wales Police. CTM Data Dashboard June 2023 (attached as Appendix 4.4d)	Increasing operational demands on all agencies to implement action plan. Ongoing challenges of capacity to progress work at pace. Regular changes to meeting attendance effects continuity and progress. Thorough handovers requested between personnel.	1. Continue to develop CTM action plan for 2023-2024 which includes monitoring the actions in the National Action Plan 2. Continue to develop Service Specification for Adult Sanctuary Service 3. Progress implementation of CYP Alternatives to Admission service if funding bid supported. 4. WASPI review 5. Complete service user feedback gap analysis exercise and action plan areas for improvement.

	Action	By when	What to report	Update
1	Each Region to have a multi-agency protocol in place between health, local authorities, the police and the third sector setting out: • How the public should access care when in a crisis • Each agencies' role and responsibility relating to providing crisis care services • Criteria for accessing services in a timely manner • The arrangements in place for the appropriate and safe transfer of people between and across services • The service arrangements in place to meet the specific needs of people from minority and ethnic communities • How information will be shared across agencies, to help inform the delivery and improve outcomes for people presenting in crisis • Arrangements for how people affected by alcohol or drugs, and who have a mental health condition, will receive a timely and appropriate service	By June 2022	**Regional forum to confirm whether multi-agency protocol is being developed. If not, what is the plan for managing the risks of non-delivery?** Also consider output and outcome indicators detailed in National Action Plan	A multi-agency protocol is being developed and a draft has been shared with CCCF members and wider in the Health Board for feedback. A process of updating the protocol will now take place to reflect 111#2 access and changes to contact details since the document was last shared for feedback. It is proposed that there is a public facing version of the protocol and then a version for statutory/ other partners which includes the more detailed policies that sit behind the protocol. As part of changes to the operating model and strengthening of governance arrangements, Cwm Taf Morgannwg Health Board have established a Policies and Procedures Group with responsibility for developing and reviewing Mental Health Care Group policies and procedures. This will include working with partners to review and develop policies and procedures where appropriate.

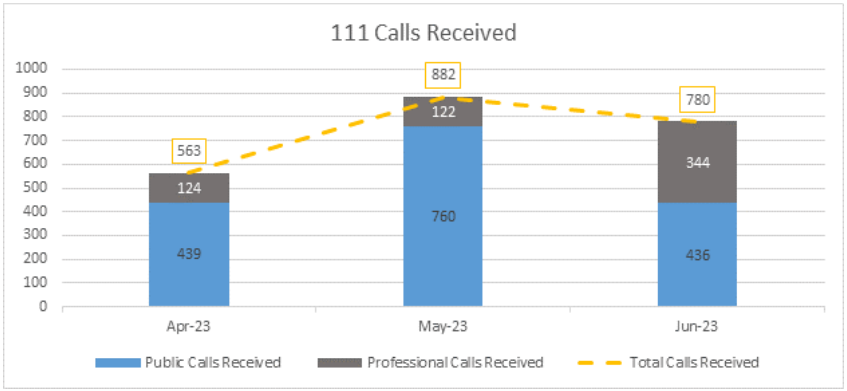
<table>
<tr>
<td>2</td>
<td>Health Boards and local authorities develop joint plans, working with the third sector and other partners, to ensure that people of all ages who are experiencing early signs of a personal, emotional, or early-stage mental health crisis have ‘out of hours’ access to a ‘safe place to go’ service/facility, and an online or telephone-based service, for respite, safety, or to help avert a crisis</td>
<td>Plan: By March 2022

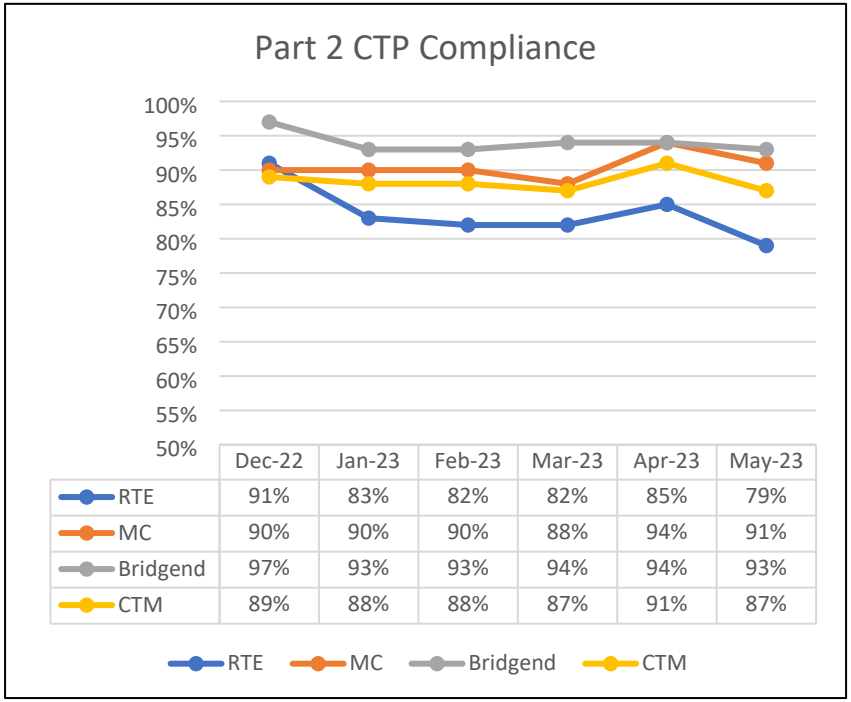
Service: By Oct 2022</td>
<td>Regional forum to confirm whether joint plans are being developed

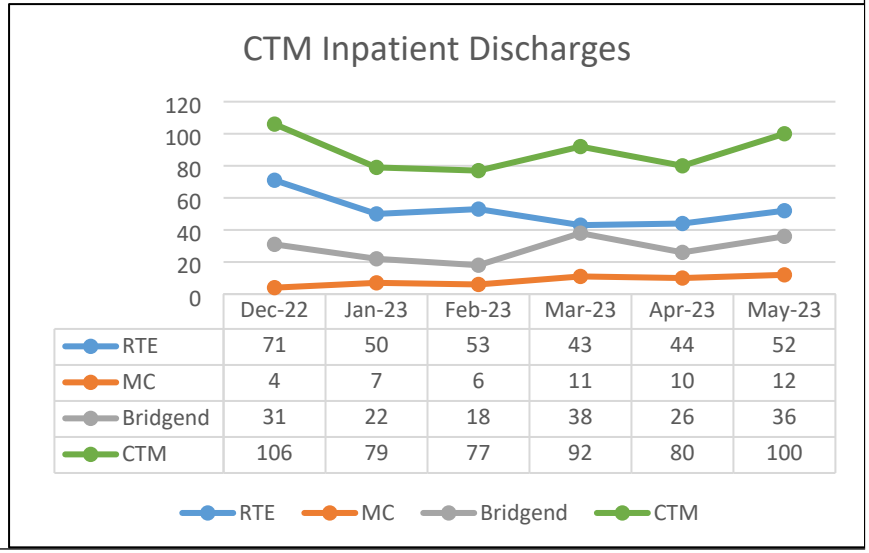
Also consider output and outcome indicators detailed in National Action Plan</td>
<td>Mental Health Matters Wales, South Wales Police, Social Services (Bridgend CBC), ARC, third sector services and CTMUHB have partnered to develop a pilot Wellbeing Retreat in Bridgend. The service was launched in December 2020 and continues to be evaluated on an ongoing basis.
<table>
<tr><th colspan="2">573 Referrals Received
June 2022- June 2023</th></tr>
<tr><td>June-22</td><td>41</td></tr>
<tr><td>July-22</td><td>72</td></tr>
<tr><td>Aug-22</td><td>43</td></tr>
<tr><td>Sept-22</td><td>48</td></tr>
<tr><td>Oct-22</td><td>56</td></tr>
<tr><td>Nov-22</td><td>39</td></tr>
<tr><td>Dec-22</td><td>38</td></tr>
<tr><td>Jan-23</td><td>50</td></tr>
<tr><td>Feb-23</td><td>45</td></tr>
<tr><td>March-23</td><td>20</td></tr>
<tr><td>April-23</td><td>24</td></tr>
<tr><td>May-23</td><td>46</td></tr>
<tr><td>June-23</td><td>51</td></tr>
</table>

A multi-agency group has been established to develop an adult sanctuary service specification as part of a formal tendering process for sanctuary services across CTM. Focus groups with service users and learning from the Bridgend Wellbeing Retreat is being used to shape the specification.

CTMUHB have submitted a bid to access funding from Welsh Government/ Plaid Cymru to pilot an alternatives to admission service for children and young people. The funding is available until 31st March 2025. If the proposal is supported then indicative timescales suggest the service could be operationalized by March 2024.</td>
</tr>
</table>

3	All organisations to engage with the 111 pilots and ensure that people of all ages with an urgent need have 24/7 access to mental health support, and that clear referral/signpost pathways are available for people where required, e.g., out of hours social services, welfare support, finance/debt, domestic abuse support, etc.	By Oct 2022	**Regional forum to confirm plan for 24/7 access to services via 111** *For Oct to Dec 2021:* **Report on number of people contacting 111 for MH issue** **Report on number of people contacting 999 with MH issue** **Report number of people detained under s135 and s136** Also consider output and outcome indicators detailed in National Action Plan	The 111#2 service launched successfully on the 4th April as a 15 hour service from 8.30 a.m. -12.30 p.m.. The professionals service also went live on the 4th April. The 24/7 service went live on the 25th April 2023.  Phase 2 of the programme will be determined by Health Board peer reviews. The CTM UHB 111#2 service peer review is scheduled for 5th September 2023. 111#2 is a standing agenda item on the CTM Crisis Forum meeting agenda to ensure that partners are aware of developments, agreed data measures are reported and any challenges can be discussed.
4	People of all ages receiving a secondary mental health service have a high quality 'Crisis Plan' in place, reflecting Welsh Government requirements, that includes a mutually agreed advance statement, and details of planned support to help prevent and/or mitigate any future potential crisis	By June 2022	**Organisations to confirm that crisis plans are internally audited as part of CTP audit, and that crisis plans include mutually agreed**	CTM continue to have undertake specific audit relating to crisis contingency planning. This audit has a focus on co-produced contingency plans to support people where relapse signatures are becoming evident with a view to reduce relapse in to crisis and the need for emergency services. Reporting is through The Mental Health Measure Operational Group.

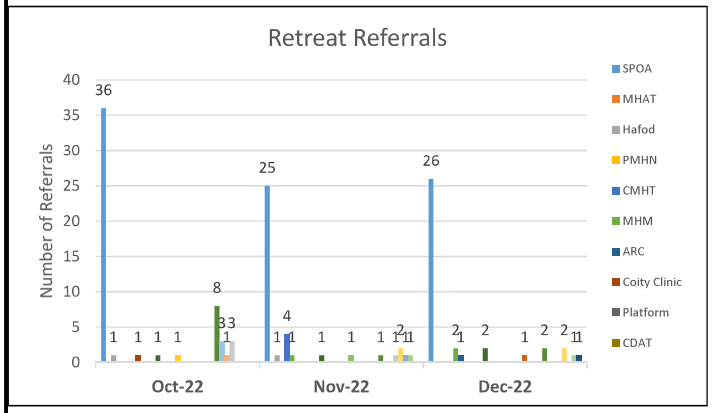
			advance statements **Organisations to confirm what feedback mechanisms are in place** Also consider output and outcome indicators detailed in National Action Plan	The development of good quality co-produced care plan is also a major focus of CTP training for CTMUHB HB staff.  Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 RTE 91% 83% 82% 82% 85% 79% MC 90% 90% 90% 88% 94% 91% Bridgend 97% 93% 93% 94% 94% 93% CTM 89% 88% 88% 87% 91% 87%
5	'All agencies will ensure that those who are in contact with people in distress have the necessary knowledge, skills, and attitudes to ensure compassionate and supportive care is delivered' (Talk2Me2 Objective 2vi)	By March 2022	**Organisations to confirm the training programmes in place, including uptake and attendee feedback** Also consider output and outcome indicators	The Regional Coordinator for Suicide and Self-Harm Prevention in Wales is linking in with agencies across CTM. A digital training and development hub promoting training opportunities has been developed and the link to the pilot site has been shared with forum members. The Suicide and Self Harm Prevention programme has launched a learning and development needs survey for suicide and self-harm prevention, running from 12th June until 24th July. The link to the survey has been shared with CTM Forum members.

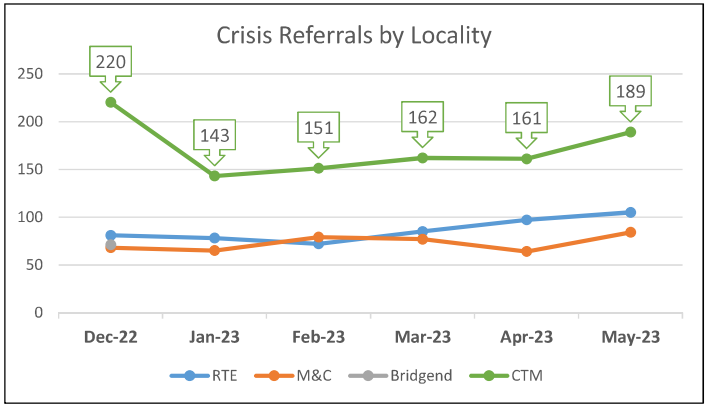
			detailed in National Action Plan	The Regional Coordinator for Suicide and Self-Harm regularly attends the CTM Crisis Care Forum to share updates and discuss areas for improvement.
6	People discharged from psychiatric in-patient care should be followed up by the service within 72 hours of discharge and a comprehensive care plan should be in place at the time of discharge and during pre-discharge leave	By June 2022	*For Oct to Dec 2021:* **Report number of people discharged from in-patient care** **Report what arrangements are in place to follow up within 2-3 days of discharge from in-patient care** Also consider output and outcome indicators detailed in National Action Plan	Operational Policies, namely the Inpatient discharge Policy (MH40), are clear in describing the process for 72 hour follow up post discharge Any individual discharged into secondary care services has a full care and treatment plan at the point of discharge. This is reviewed and updated where needed prior to discharge. This standard is monitored through a process audit of all discharges within 24 hours, bi-weekly document review, and bi monthly CTP audit. Discharge Advice information is sent electronically to GP's at the point of discharge. 

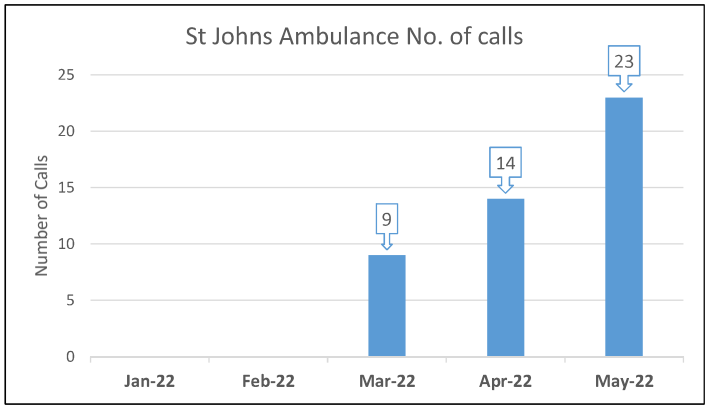
7	Feedback and views will be systematically sought and captured from people of all ages who have used crisis care services, and acted upon, including specific feedback from people from minority and ethnic communities	By June 2022	**Organisations to confirm system/process in place for service user feedback, and provide updates to regional crisis care forums** Also consider output and outcome indicators detailed in National Action Plan	A work programme to improve mental health service user representation, involvement and engagement is underway across CTM reporting to the T4MHPB. A matrix is being developed to capture the existing system/ processes currently in place to obtain feedback and views from people who have used crisis care services and to action plan how this can be improved. Whilst this is embedded in some areas of crisis services further work is required to ensure it is systematically embedded across all areas of the Crisis Pathway. • Feedback collected by third sector organisations varies often due to requirements from funders. • Feedback is sought and captured routinely in relation to multi-agency Wellbeing Retreat in Bridgend. • Feedback currently not routinely captured for HB Crisis Care services. Civica System is being rolled out in the Health Board with a view to being implemented in Mental Health. • Process in place to capture feedback through My Mental Health CTM website and provide updades to organisations and CTM Crisis Care Forum.
8	Public sector services that manage or commission facilities caring for vulnerable persons will have a robust 'missing person' protocol in place. These protocols should specify preventative measures to reduce missing person's calls to the Police, such as the proactive management of risk	By June 2022	**Organisations to confirm there is a 'missing person' protocol agreed and in place** *For Oct to Dec 2021:* **Report number of people reported missing**	• The list of missing persons from all hospitals are reviewed at monthly Police Liaison Meetings. Any issues are identified and actioned. • There is an existing Health Board policy for persons missing from care settings. The policy covers specific measures to take before contacting the police. • Health Board policy is included within the police's MH and Missing Person policies. SWP policies are currently being transferred onto a new template and being made public as they come up for review - both of these are due for review in the coming months. • LA's use the Herbert Protocol.

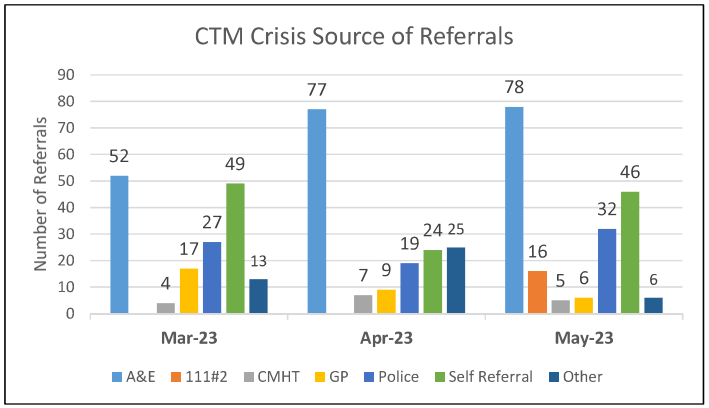
			Report number of missing persons calls to the Police Also consider output and outcome indicators detailed in National Action Plan	

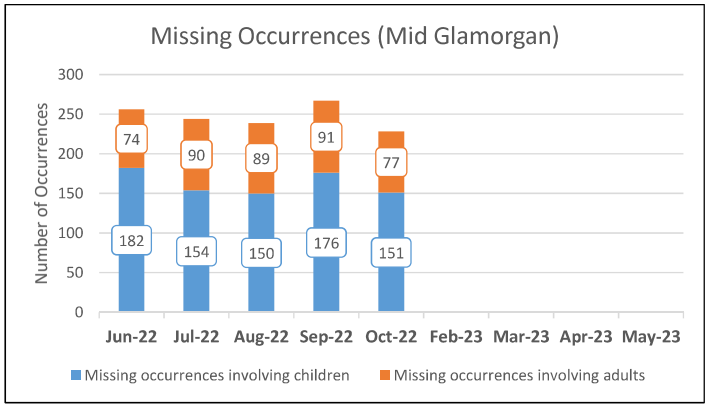
Crisis Dashboard

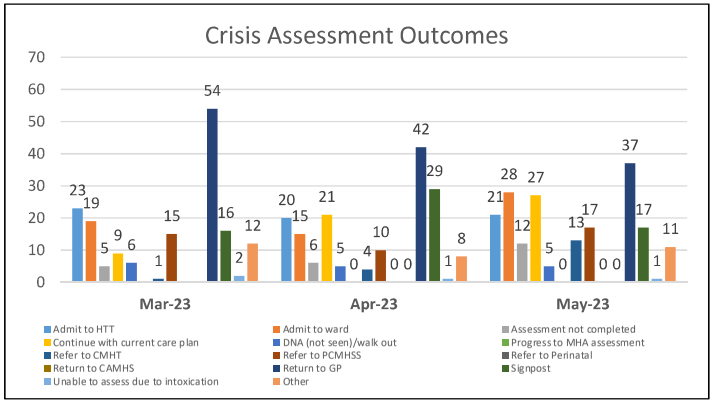


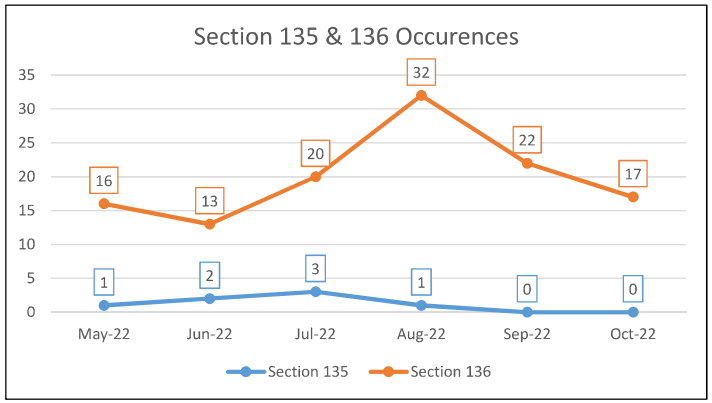


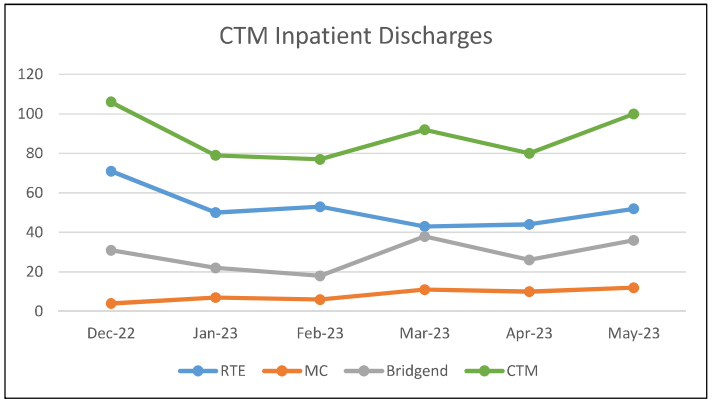


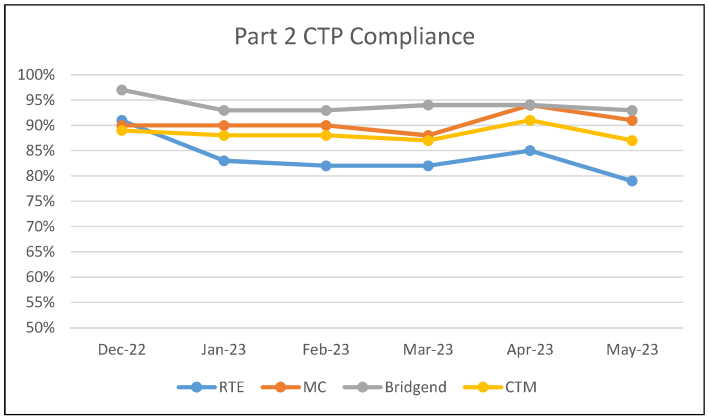


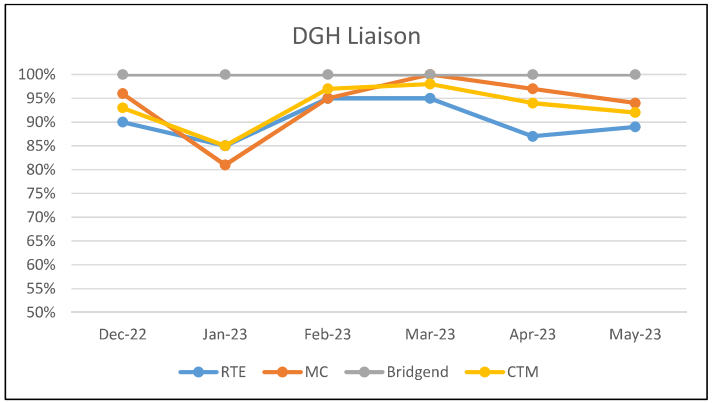





Section 135 & 136 Occurences
35
30
25
20
15
10
5
0
16
13
20
32
22
17
1
2
3
1
0
0
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Section 135
Section 136


CTM Inpatient Discharges
120
100
80
60
40
20
0
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
RTE
MC
Bridgend
CTM


Part 2 CTP Compliance
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
RTE
MC
Bridgend
CTM


DGH Liaison
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
RTE
MC
Bridgend
CTM

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**
Annual Cycle of Business 2023-24	Six Monthly Report	Crisis Care Concordat National and Local Update	Interim Clinical Service Group Manager Mental Health	6th December 2023
Agreed at Agenda Planning meeting August 2023	Additional Item	Section 135 – Use and Code of Practice Compliance in CTM	Chair, MHA Operational Group	6 December 2023
Agreed at Agenda Planning meeting August 2023	Additional Item	Section 117 Aftercare – Use and Code of Practice Compliance in CTM	Chair, MHA Operational Group	6 March 2024
Annual Cycle of Business	Annual Report	Annual Cycle of Business 2024-25	Director of Corporate Governance/Board Secretary	6 March 2024
Agreed at Agenda Planning meeting August 2023	Additional Item	Section 135 - Use and Code of Practice Compliance in CTM	Chair, MHA Operational Group	5 June 2024
Annual Cycle of Business	Annual Report	Draft Committee Annual Report for 2023-24	Director of Corporate Governance/Board Secretary	5 June 2024
Annual Cycle of Business	Annual Review	Committee Terms of Reference Review	Director of Corporate Governance/Board Secretary	5 June 2024
Annual Cycle of Business	Annual Report	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Corporate Governance/Board Secretary	4 September 2024

Completed Activity from the Forward Work Programme

MENTAL HEALTH ACT – FORWARD WORK PLAN				
Origin of Request	**Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)**	**Item Title**	**Lead Officer**	**Intended Meeting Date**
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	6 September 2023 – **Completed**
Action following the June 2023 meeting arising from the Annual Report 2022-23	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Corporate Governance/Board Secretary	6 September 2023 – **Completed**
Agreed at Agenda Planning Session for March meeting. Deferred to June meeting.	Deferred Item	Organisational Structure for the New Mental Health Care Group Operating Model	Director of Primary, Community & Mental Health	7 June 2023 – **Completed**
Agreed at Agenda Planning Session for March meeting. Deferred to June meeting	Additional Item	Amendment to the Standing Orders – Proposed Revision to the Terms of Reference (Membership – Care Groups Reference)	Director of Governance	7 June 2023 – **Completed**
Requested via Email from SWP	Additional Item	111 Professionals Line/Performance Monitoring	SWP/Aaron Jones	7 June 2023 – **Completed**
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 - **Completed**

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 – **Completed**
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	Additional Item	Individually Commissioned Placements, NHS Use and Assurance	Director of Primary, Community & Mental Health	8 June 2022 - **Completed**

meetings on the Mental Health and Learning Disability aspect of the commissioned placements				
Originally requested at August 2021 meeting for November 2021.	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**
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**