

Mental Health Act Monitoring Committee

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



Agenda

13:00 - 13:05 **1. PRELIMINARY MATTERS**
5 min

1.1. Welcome and Introductions

Geraint Hopkins, Chair

1.2. Apologies for Absence

Geraint Hopkins, Chair

For Noting

1.3. Declarations of Interest

Geraint Hopkins, Chair

13:05 - 13:15 **2. CONSENT AGENDA**
10 min

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the Meeting Held on 7th June 2023

Gareth Watts, Director of Governance

For Approval

 2.1.1 Unconfirmed Minutes 7.6.23 MHAM Committee 6th September 2023.pdf (8 pages)

2.1.2. Outcome of Committee Self Assessment & Improvement Plan

Paul Mears, Chief Executive/Accountable Officer

For Approval

 2.1.2 Outcome of Committee Self Effectiveness Survey MHAMc 6th September 2023.pdf (4 pages)

 2.1.2a CTM IM Scrutiny Toolkitv7(inc all-Wales additions) APPROVED 23.2.22.pdf (21 pages)

2.2. Items for Noting

2.2.1. Action Log

Geraint Hopkins, Chair

For Noting

 2.2.1 Action Log MHAMC 6 September 2023.pdf (2 pages)

13:15 - 13:25 **3. MAIN AGENDA**
10 min

3.1. Matters Arising Otherwise Not Considered on the Action Log

Geraint Hopkins, Chair

3.2. GOVERNANCE

3.2.1. Organisational Risk Register

There are currently no risks assigned to the Committee

13:25 - 15:00
95 min

4. IMPROVING CARE

4.1. MHA Operational Group Report

Robert Goodwin, Chair Operational Group

For Discussion/Noting

 4.1 MHA Operational Group Report MHAMC 6th September 2023.pdf (25 pages)

4.2. MHA Quarterly Activity Report/Breaches Unlawful Detentions

Robert Goodwin, Chair Operational Group

 4.2 Q1 MHA Activity Errors Breaches MHAMC 6th September 2023.pdf (29 pages)

4.3. Risks Relating to the Monitoring of the MHA

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

For Discussion/Noting

 4.3 Risks Relating to the Monitoring of the MHA MHAM Committee 6th September 2023.pdf (4 pages)

4.4. Strategic Update from South Wales Police - Verbal

SWP Colleagues

For Noting

4.5. Strategic Update from Local Authority Partners - Verbal

LA Colleagues

For Noting

15:00 - 15:30
30 min

5. OTHER MATTERS

5.1. Committee Highlight Report to Board

Geraint Hopkins, Chair

5.2. Forward Work Plan

Geraint Hopkins, Chair

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

5.3. Any Other Urgent Business

Geraint Hopkins, Chair

15:30 - 15:45 **6. DATE AND TIME OF NEXT MEETING**

15 min

6th December 2023 at 1:00 pm



CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

'UNCONFIRMED' MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT MONITORING COMMITTEE HELD ON 7 JUNE 2023, AS A VIRTUAL MEETING WHICH WAS HELD VIA MICROSOFT TEAMS

PRESENT

- | | | |
|-----------------|---|---|
| Jayne Sadgrove | - | Independent Member/ Health Board Vice-Chair (Chair) |
| Mel Jehu | - | Independent Member |
| James Hehir | - | Independent Member |
| Geraint Hopkins | - | 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 |
| Marc Attwell | - | South Wales Police |
| Colin Hatherley | - | South Wales Police |
| Mary Self | - | Consultant Psychiatrist |
| Aaron Jones | - | Service Group Manager, Mental Health |
| Kate Riley | - | Rhondda Cynon Taff County Borough Council |
| Angela Edavene | - | Merthyr Tydfil County Borough Council |
| Kate Riley | - | Rhondda Cynon Taff |
| Elaine Lorton | - | Service Group Director, Mental Health & Learning Disabilities |
| Wendy Penrhyn-Jones | - | Head of Corporate Governance and Board Business |
| Kathrine Davies | - | Corporate Governance Manager (Meeting Secretariat) |

PART 1. PRELIMINARY MATTERS

MHA/23/06/1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting including Elaine Lorton, Service Group Director, Mental Health & Learning Disabilities Care Group and Kate Riley, Local Authority Partner for Rhondda Cynon Taff County Borough Council.

MHA/22/06/2 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Gethin Hughes, Chief Operating Officer.

MHA/23/06/3 DECLARATIONS OF INTERESTS

There were no interests declared.

PART 2. CONSENT AGENDA

MHA/23/06/4 'UNCONFIRMED' MINUTES OF THE MEETING HELD ON 8 MARCH 2023

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

MHA/23/06/5 DRAFT COMMITTEE ANNUAL REPORT 2022-23 & REVISED TERMS OF REFERENCE

Resolution: The Annual Report & Revised Terms of Reference were **APPROVED**.

MHA/23/06/7 ACTION LOG

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

PART 3 - MAIN AGENDA

IMPROVING CARE

MHA/23/06/8 MHA OPERATIONAL GROUP REPORT

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

Members were saddened to hear about the death of the Associate Hospital Manager who had passed away and extended their deepest condolences to his family.

M. Jehu referred to the 'Right Place Right Person' and advised that it had been discussed at the Police and Crime Panel where they had been assured that due consideration to the implementation of this in Wales and would be undertaking a consultation on this in partnership with all agencies and a pragmatic approach would be taken.

J. Hehir queried whether there would be any transfer of funds from the Police to any other agency as there could be a resource of challenge where the police are not able to intervene. M. Attwell advised that their funding was received in three parts and was calculated on the basis of demographics. He advised that in the longer term and as the 'Right Care Right Person' strategy was implemented the impact of funding when the police would no longer attend whether would be covered by health boards and there would have to be discussions on a pro-rata basis. He added that the Welsh element was more complicated than the Barnett formula.

J. Hehir referred to the fact that there had been no fundamental errors in quarter 4 which was very positive and he thanked the team.

J. Hehir referred to the monitoring standard and the development of the audit tool due to be implemented from July and queried whether this would apply across the Cwm Taf Morgannwg footprint. R. Goodwin confirmed that it would.

J. Sadgrove commented that it was pleasing to see the progress made on policies and the accommodation in Princes Charles Hospital and thanked everyone for their hard work in this regard.

J. Sadgrove referred to paragraph 2.7 on page 6 in relation to mental health advocacy where it stated they were making more referrals than any other health board and queried whether this was positive. R. Goodwin confirmed that it was positive and advised that the advocacy was about providing patients with advice and support. They also had a new indicator which was calculating what proportion of patients were receiving advocacy advice.

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

MHA/23/06/9

CASE EXAMPLE TO HIGHLIGHT THE USE OF THE MHA AND OUTCOME

A Llewellyn provided the Committee with a presentation which reflected on a patient's journey through the service following the application of the Mental Health Act which had a very positive outcome.

The Committee thanked A Llewellyn for the story and noted that the patient had been prevented from entering the criminal justice process and also showed the positive support from South Wales Police in this individual case and was a real example of how challenges were overcome by working in partnership.

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

HA/23/06/10

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

R. Goodwin presented the report that provided the Committee with an overview of MHA activity for Adult, Older Persons and Child & Adult Mental Health Services (CAMHS) for Quarter 4 January – March 2023.

J. Hehir referred to the tribunal hearings on page 18 of the report and the number of patients discharged and queried whether there was anything driving these numbers. R. Goodwin advised that they would not want the figure to be too high as the purpose of the tribunals was to ensure that the Act was being applied in a reasonable way. He advised that they could look at the way patients were discharged prior to a tribunal.

M. Self, in response added that there would be extra scrutiny in the time leading up to a tribunal and normal practice for a patient to be reviewed by a responsible clinician about a week prior to this which was good practice.

J. Denley advised the Committee that there had been no fundamental errors during the quarter being reported and congratulated the team on their excellent work.

J. Sadgrove referred to page 10, paragraph 3.2 and the point made about the community treatment order documentation and compliance where it had stated in the recent HIW audit which highlighted the need to progress to electronic filing across the whole of the CTM footprint.

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

MHA/23/06/11 **RISKS RELATING TO THE MONITORING OF THE MENTAL HEALTH ACT**

J. Denley presented the report that provided an overview of the current risks relating to the monitoring of the Mental Health Act for Quarter 4 January – March 2023.

Resolution: The report was **NOTED**

MHA/23/06/12 **OVERVIEW OF THE MENTAL HEALTH & LEARNING DISABILITIES CARE GROUP – ORGANISATIONAL STRUCTURE**

E. Lorton provided an update to the Committee on the new organisational structure for the Care Group.

J. Sadgrove thanked E. Lorton for the presentation.

Resolution: The presentation was **NOTED**

MHS/23/06/13 **STRATEGIC UPDATE FROM SOUTH WALES POLICE**

M. Attwell provided a verbal update to the Committee on the following:

- Sections 135 and 136
A Llewellyn referred to the decrease in numbers for Swansea Bay and queried whether this was related to the impact of the Bridgend boundary transition. C. Hatherley confirmed that it was, and that CTM had adopted all of the 136 statistics. He advised that the discharge rate was very low and averaged around 10%. The majority were applying section 136's correctly and patients were being signposted to the community or primary care which was positive.

J. Denley queried whether M Attwell had access to the All-Wales data which could enable wider benchmarking around this for the next meeting and also in the context of the 'Right Care Right Person'. M. Attwell advised that C. Hatherley would be able to provide this.

- Strategic Re-organisation of Safeguarding Functions – The Committee were advised of the changes to the strategic leadership of the safeguarding function which would now be centralised with a different officer from South Wales Police attending the Committee. M. Attwell advised that this would provide a more consistent approach across the three localities

of the health board footprint. M. Attwell advised that he would write to J. Sadgrove as Chair of the Committee to make a formal introduction.

J. Sadgrove thanked M. Attwell for his contribution to the Committee over the last year which was very much appreciated.

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

Action: A formal letter of introduction for new Officer of South Wales Police to be written to the Chair.

MHS/23/06/14

111 PERFORMANCE

A Jones presented the report which provided the Committee with performance data for the 111#2 telephone-based advice and support service in Cwm Taf Morgannwg University Health Board.

J. Sadgrove thanked A Jones for the report and advised that it was good to get a feel about how it was progressing since its introduction.

M. Jehu advised that the report had been very informative and queried when the project would start to provide data that would give the Committee an insight into outcomes. A Jones advised that part of this was to ensure that the data capture was carefully considered at the very beginning to capture the data with minimal intervention. He added that there was a continuous stream of data coming through and they were looking at referrals into other services which would be a key part of phase 2 of the project.

J. Denley advised that this would enable them to have an insight into the service and help to interpret the demand and how they allocated staffing and especially at the next stage.

J. Sadgrove thanked A. Jones for the report and advised that she would feedback a couple of point's outside of the meeting and would look forward to receiving future progress updates.

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

MHA/23/06/15 **STRATEGIC UPDATE FROM LOCAL AUTHORITY PARTNERS**

A. Edavene provided a verbal update to the Committee on the following:

- Thanking South Wales Police who had responded to an issue that had arisen recently advising how supportive colleagues had been in responding and taking remedial action quickly.

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

PART 4 – OTHER MATTERS

MHA/23/06/16 **TO DISCUSS AND AGREE THE COMMITTEE HIGHLIGHT REPORT TO BOARD**

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

MHA/23/06/17 **FORWARD WORK PLAN**

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

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

MHA/23/06/18 **ANY OTHER URGENT BUSINESS**

J. Sadgrove advised the Committee that this was her last meeting as she was stepping down from her role as Vice Chair of the CTMUHB on the 31st August 2023. J. Sadgrove advised that G. Hopkins would be taking over as Committee Chair and also the Committee's membership would be strengthened by the addition of D. Jouvenat, Independent Member.

M. Jehu congratulated G. Hopkins and D. Jouvenat on their appointments and expressed his thanks to J. Sadgrove as a colleague over the last 7.5 years and also for the leadership she had shown in Chairing the Committee. He added that she would leave a strong legacy and should be proud of her achievements. Committee Members wished her good luck and good health for the future.

MHA/23/06/19

HOW DID WE DO TODAY

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

Members considered the meeting and agreed that they should continue to receive a patient story at future meetings.

MHA/23/03/19

DATE AND TIME OF NEXT MEETING

6 September 2023 at 1:00 pm

UNCONFIRMED



Agenda Item

2.1.2

Mental Health Act Monitoring Committee

**Committee Annual Self Effectiveness Survey Outcome
2022-23 & Improvement Plan**

Dyddiad y Cyfarfod / Date of Meeting	06/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Geraint Hopkins, Independent Member/Chair MHAM Committee
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Paul Mears, Chief Executive / Accountable Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Committee members / attendees	16/06/2023	Responses returned as outlined in section 1 of the report

Acronyms / Glossary of Terms	
Nil	



1. PURPOSE

- 1.1 The Chair of the Mental Health Act Monitoring Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, The Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relate to its activities and performance during 2022-23.
- 1.3 Members should note that 6 responses were received out of a total of 11 which equated to 54%.

2. SUMMARY REPORT

1. Committee Effectiveness:

There was a clear consensus that Members/Attendees were aware that:

- There were approved Terms of Reference in place defining the role of the Committee and were reviewed annually.
- 83% of respondents were aware that a Committee Annual Report was produced and reported to the Board to provide assurance that the Committee considers activity consistent with its remit.
- A Committee Annual Cycle of Business had been established to be dealt with across the year.

2. Committee Business

- Members of the Committee felt that they met with sufficient frequency to deal with planned matters in an effective manner.
- 83% of respondents felt that where possible, Committee meetings were scheduled prior to important decisions.
- The Committee felt that the meetings were effectively chaired with clarity of purpose and outcome. Feedback reflected that the Chair has been excellent in the role.
- Feedback reflected that the Committee was very well supported, with the quality of the reports improving and this remains a focus going forward.
- The Committee were of the opinion that each agenda item was 'closed off' appropriately so it was clear what the conclusion was.
- There was clear consensus that boundaries between this Committee and other Committees were clearly defined with appropriate cross referral.
- 83% of respondents felt that the Committee was adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges and questions.

**Positive
Assurance**



	<p>3. Behaviour, Culture and Values</p> <ul style="list-style-type: none">• The meeting behaviours of Members/Attendees were considered to be courteous and professional.• It was felt that the atmosphere at the meetings were conducive to open and productive debate.• Feedback reflected that this was a good Committee with excellent partnership involvement. <p>4. Welsh Language</p> <ul style="list-style-type: none">• 67% of respondents felt overall that Meetings through the medium of Welsh was supported if it was the preferred language of any of the Members/Attendees.
Areas of Note	<p>1. Committee Effectiveness</p> <ul style="list-style-type: none">• The Terms of Reference were reviewed and approved at its June 2023 meeting as part of the annual review basis prior to subsequent approval by the Health Board in July 2023.• The Committee received and approved its Annual Report for 2022-23 at its June 2023 meeting and was submitted to the Board in July 2023.• The Committee Cycle of Business has been implemented to further complement the Forward Work Programme and was approved by the Committee at their March 2023 meeting. <p>2. Committee Business</p> <ul style="list-style-type: none">• The Mental Health Act Monitoring Committee utilises a Consent Agenda system for routine business consideration. Members are aware that should they consider that any item on consent requires further assurance and scrutiny then it will be moved to the main agenda for discussion.• As with all Board Committees, the Committee, where sufficiently urgent can consider any item 'Out of Committee' via 'Chairs Urgent Action'.• Highlight reports are produced following each meeting so that the Board is kept informed of the nature of the issues considered and any decisions reached. These reports are available as part of the 'public' Board papers to demonstrate the Health Board's commitment to openness and transparency. Feedback reflected that the Highlight reports were succinct and to the point.
Areas Requiring Further Consideration	<p>Committee Effectiveness - Areas for action/improvement were identified as follows:</p> <ul style="list-style-type: none">• Feedback reflected that Members have found virtual meetings a positive experience overall and that it had enabled scrutiny. 67% of respondents preferred a virtual format for meetings rather than face-to-face.



Action Plan	<p>In response to the areas of improvement identified the following actions are proposed:</p> <ul style="list-style-type: none">• The majority of responders indicated a preference to retain a virtual meeting format, however, the Committee could consider meeting face to face during the year to allow for networking and relationship building which is sometimes lost when utilising a virtual format. Committee could propose to meet in person at least twice a year.• The Independent Member (IM) Scrutiny Toolkit is a helpful reference point for IM's and Executive Leads in clarifying their roles in terms of Board Committee meetings and this is attached as an appendix to this report should it be helpful to revisit.
Appendices	Independent Member Scrutiny Toolkit.

3. RECOMMENDATION

3.1 The Committee is asked to **NOTE** the report.

INDEPENDENT MEMBER (IM) SCRUTINY & ASSURANCE TOOLKIT



**OUR VALUES
HELP US BE AT
OUR BEST**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

BACKGROUND

- Health Boards are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties.
- Health Boards principle role is to ensure the effective planning and delivery of the local NHS system.
- Board membership comprises of Executive Directors & IMs, who form part of the corporate decision-making body and have equal voting rights.
- IMs are involved at a strategic level - responsibility for operational decisions sits below Board.
- Each organisation has a range of committees which are responsible for providing advice and assurance to the Board on areas within their remit. This is the primary area where scrutiny is focused.

OVERVIEW OF IM SCRUTINY ROLE

- To participate as members of identified Committees and Board with regular attendance, with the expectation that papers will be made available one calendar week before each meeting to allow them to be read ahead of the meeting
- Responsible for supporting the Chair in being clear about the information needed in order to discharge their role, including assurance and scrutiny
- Satisfying themselves of the integrity of financial and quality intelligence, including getting out and about, observing and talking to patients and staff (walkarounds/ambassadorial role).
- Sharing collective responsibility for decisions.

DIVERSE NATURE OF IM ROLE



Strategy



Support



Stretch



Stakeholder



Scrutiny



Safety

The role can change from meeting to meeting as well as during a meeting as the agenda progresses

INDEPENDENT MEMBER FOCUS

Oversight	Insight	Foresight
<p>Assurance and Compliance</p> <p>Systems and processes.</p> <p>Monitor performance and track how things are going. Understanding the risks inherent to the Health Board's activities– risk appetite and tolerance of failures.</p>	<p>What is going on and Why?</p> <p>Pause, step back and look at the big picture.</p> <p>Bring people together – look at the interactions between various parts of the organisation and its partners.</p> <p>Discover the Important things</p> <p>Determine What Indicators Matter.</p> <p>Real-time data driven decision-making.</p>	<p>What could happen in the future?</p> <p>Constant horizon scanning for opportunities and threats.</p> <p>Embrace multiple viewpoints and listen to diverse voices.</p> <p>Clear thinking about “what” must be anticipated or undertaken.</p> <p>Forecasting policy implications</p> <p>Leading for the Future – aligned to the strategic direction</p> <p>Scenario based decision making.</p>

AGENDA PLANNING

- Maximise the use of the Consent Agenda to ensure that adequate time is made on the Main Agenda for **business critical, strategic** matters.
- Agenda planning meetings are key and include both Chairs and Vice-Chairs.
- Consider the length of the meeting – is **adequate time** aligned to each item to allow for appropriate focus on the issue – enabling appropriate challenge to gain assurance?
- Are there a mix of topics on the agenda (strategic / assurance) which balance the remit of the meeting?
- Ensure that each agenda item has a **clear purpose** and **desired outcome**.
- Use the Risk Register, Integrated Performance Dashboard, information gained from walkabouts and staff sessions plus stakeholder feedback, benchmarking and audit reports to steer and plan the agenda to focus on **business critical activity**.

FOCUS OF PAPERS

- Exception based reporting. Report templates are key as they guide to the **purpose** and the **desired outcome**.
- Is it clear why items are being presented? If not, **make this point in the meeting**. Focussed papers help manage the effectiveness of meetings avoiding them running over time.
- Ask yourself **“so what?”**. If this isn't clear, let the presenter know.
- Appropriate challenge leads to assurance – acknowledging that some further actions may be necessary to manage risks
- Minimise duplication – ‘Less is More’ – avoid information overload i.e. **discourage the use of appendices**.
- Encourage visualisation tools by **praising** them when they are used – interactive, presentations, videos.
- Look for consistency across papers – aligned to strategic objectives, consistency of messaging and **praise** when you see this.

REPORT PRESENTERS

- Teeing-up discussion – be clear that you will be taking the paper as read and **seek only new or changed information** from the presenter over that which is covered in the report.
- Ensure a **consistent** approach. Some presenters are more engaging or have a topic that may interest you more – don't get swayed by this, manage the item for the purpose it is there.
- Is there contradictory evidence, are there clear logical explanations showing an improving trend?.
- **Feedback** / request changes if you consider that you are not receiving the right information at the right time in the right way – also use triangulation to help bolster the position – are all the necessary steps being taken to address the position?.

EXECUTIVE COLLABORATION

- Executive portfolio representation in meetings and **integrated executive working** - are the right people in the room? If not, why not? Bring other officers into the discussion to add their perspective on an issue out of their portfolio to add richness to the discussion.
- Encourage Executives to **call upon one another** to share presentations of items as appropriate.
- Consider if it would be helpful to have a meeting with the Executive lead prior to a Board Committee taking place to set out the points which may need further clarification at the Committee?

ROLE OF THE COMMITTEE CHAIR

- Setting the **tone**, tee-up the desired focus of discussion. Keep everyone **focussed** - Adhoc presenters may need support if not familiar with the setting.
- Consider if it would be helpful for the Committee Chair to have a pre-meet with other IMs ahead of the meeting to look at the issues and decide how these are best managed during the meeting?
- Ensure you have read the **Chairs Brief** and that it has been shared with the Vice Chair.
- Managing the Time – **set clear expectations** for presenters on timings. This can be planned at agenda planning stage by including timings on the agenda, and reiterated when introducing the agenda item at the meeting. Do not allow discussions to stray into operational territory.
- Lead by example and consider how other IM's can complement the Chair – **tag team** each other.
- Give the **Vice-Chair** an opportunity to Chair Committees under the guidance of the Committee Chair (at least once per annum)
- Clearly **sum-up the conclusions** of the discussion, suggest SMART objectives be used to measure delivery of **actions**, noting the resolution agreed to ensure everyone is clear on the outcome and next steps

MEETING CULTURE

- Commitment
- Enthusiasm
- Preparedness
- Style of contributions – scrutiny which **constructive**/supportive **challenge**, not criticism/deconstructive feedback.
- Use the right questions for the right circumstances – use powerful questions (e.g. what do we need to do to ensure....)
- Consider whether there are strong personalities influencing items.
- Create the right atmosphere in the room, encouraging **openness** and **transparency** with professionalism
- Adherence to Virtual Meeting Etiquette principles.

IM LISTENING

Passive listening (focusing on encouraging speaker to open up)

- Avoid being judgemental or defensive
- Avoid expressions like 'that's good', 'excellent', 'that's right',
- Instead use responses such as:
 - Tell me more about...
 - Is there something else we could be doing to improve...
 - I'm interested to hear what you think of ...
 - I'd like to hear what you feel about ...

Active listening (to check understanding)

- It seems that you...
- Let me see if I understand you

IM QUESTIONING

- Asking concise, strategic and **purposeful** probing questions to clarify issues. Your role is to **scrutinise** the information presented and **seek assurance** that the Health Board is achieving its strategic objectives.
- Recognise the difference between being reassured and receiving assurance
- Often the most **'obvious' or simple** questions lead to the most insightful answers – remember to ask about the obstacles and risks to delivery and what can be done to support delivery.
- Avoid venturing into the operational detail, remain focussed on the **what, why and when** rather than the 'how'.
- Avoid commentary.
- Use **secondary 'follow-up' questions** to ensure you gain the assurance you need.
- Triangulation of intelligence – seek opportunities to **cross-reference** reports, comments made and different perspectives/contributions.
- Ensure questions are not just confined to the consent agenda.
- **Questions asked on consent agenda** may be worthy of **exploring further** in the main meeting.
- Equitable questioning / contributions are essential, mentor new Members as necessary.

EXAMPLES OF ISSUES TO CONSIDER AND QUESTIONS TO ASK;

Does the management response accurately reflect the audit recommendations?

How do we know that the assurances provided draw appropriate attention to risks, weaknesses and/or areas for improvement which should be addressed?

How is learning shared across the Health Board to avoid duplication and learn lessons?

What assurance is being provided that the recommendations are being implemented, monitored and followed up?

How was this issue escalated to ensure due process was followed?

What sources of secondary or independent evidence could support the perspective set out in the report?

What are the obstacles including risks to delivery and how can actions be supported?

ASSURANCE 'V' REASSURANCE



Assurance: being assured because the Committee/Board has *reviewed* reliable sources of information (evidence) and *is satisfied* with the course of action



Reassurance: being *told* by the Executive and staff that performance actions are satisfactory

ORGANISATIONAL INSIGHT

- What assurance can you provide that the plans are meaningful and underpinned by robust evidence?
- How do we know that we have an appropriate level of understanding of the purpose and work of the organisation when setting strategy?
- How do we know that the Board has clearly articulated and communicated its risk appetite?
- How do we know we are monitoring performance and quality against the most appropriate standards?
- How does the issue under discussion support the achievements of the Health Board's strategic goals?
- What assurance can you provide that demonstrates that there is effective and accurate budgeting and in-year forecasting?

ORGANISATIONAL INSIGHT

- Triangulate – what has been seen / heard during walkabouts and what appears in reports.
- Ensure **regular contact** and discussion with senior leaders at the organisational level
- Obtain **softer intelligence** outside of the meeting – e.g. site visits
- Where appropriate, consider a **deep-dive** – aligned to key indicators – risk register, integrated dashboard and audit reports (Internal & External), explore stakeholder feedback and benchmarking data.

CROSS-COMMITTEE WORKING

- **Minimise** cross-committee **referrals** to remove unnecessary duplication
- Referring where appropriate:
 - What are you referring?
 - Why are you referring it?
 - What is the outcome that you are anticipating from this referral?
- **Regular catch-ups** with other Committee Chairs

GOVERNANCE FRAMEWORK

- Standing Orders
- Standards of Behaviour Policy (Nolan Principles)
- IM Role Descriptions
- Board Secretary – is a source of advice and support to the Health Board Chair and other Board Members. Has the role of being the guardian of good governance.
- Business Intelligence – scrutiny of service delivery performance reports including the organisational annual report.
- Risk Register & Board Assurance Framework – aid understanding of issues requiring scrutiny.

ESCALATION TO THE BOARD

- The Committee Chair will approve the Highlight Report to the Board following each meeting
- **Focussed updates** – using the Highlight Report Template
- ‘Assurance’ versus ‘Reassurance’
- ‘Cascade’ versus ‘Escalate’
- Where **‘escalate’** it will ensure **discussion** on the main agenda **at Board**

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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)
23/06/11	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	In Progress Suggested new representative name has been provided and has been contacted to confirm their attendance at meetings moving forward.
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 Group Operational	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.

PREVIOUSLY COMPLETED ACTIONS

23/03/09	March 2023	MHA Quarterly Activity & Breaches Report Operational Group to review and report on the issues relating to fee delays and the actions to address medical records issues	Chair Group Operational	June 2023	Completed Report included within the operational group report for the June meeting of the committee
23/03/08	March 2023	Operational Group Report	Chair Group Operational	June 2023	Complete

		Operational Group to review the actions and issues arising out of the HIW visit and submit a report to the Committee for assurance purposes.			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	Complete 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	Complete 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	Complete 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	Complete Caswell Clinic Missing Patient Form shared with CAMHS Head of Nursing. Update on auditing of Section 17 Leave improvements requested for the 12 April 2023



Agenda Item

4.1

Mental Health Act Monitoring Committee

MHA Operational Group Report

Dyddiad y Cyfarfod / Date of Meeting	06/09/2023
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	(Robert Goodwin, Clinical Service Group Manager Bridgend ILG)
Cyflwynydd yr Adroddiad / Report Presenter	(Robert Goodwin, Clinical Service Group Manager Bridgend ILG)
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
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome

Acronyms / Glossary of Terms	
	MHA – Mental Health Act
	AMHP – Approved Mental Health Practitioner
	EDT – Emergency Team



	SWP – South Wales Police
	CAMHS – Child and Adolescent Mental Health Service
	IMHA – Independent Mental Health Advocacy

1. SITUATION/BACKGROUND

- 1.1 The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place on 07 June 2023. The meeting on 28 July 2023 was well attended with representatives from across Adult Mental Health, Mental Health Act Team, Social Services and South Wales Police.

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

2.1 Mental Health Act Activity Report Q1, April – June 2023

The group considered the Q1 Activity Report. It was noted that Section 4 was applied on 2 occasions with both transferring onto a Section 2 within 72 hours. Use of the Doctors' Holding Power Section 5(2) remained level at 22 in Q4 22/23 and 24 in Q1 23/24. The number of lapsed sections had increased from 1 in Q4 22/23 to 4 in Q1 23/24.

Whilst the number of Section 135's had increased from 6 in Q4 22/23 to 10 in Q1 23/24 all were detained under the Mental Health Act following assessment. The number of Section 136 detentions had reduced from 76 in Q4 22/23 down to 70 in Q1 23/24. The number of Section 136 detentions discharged with no follow up reduced from 18 in Q4 22/23 to 16 in Q1 23/24. There were 2 deaths of a detained patient during Q1 23/24 one subject to a Community Treatment Order and one detained on Section 2. Whilst the number of minor errors had reduced down to 13 in Q1 23/24 from 18 in Q4 22/23 the number of rectifiable errors had increased from zero to 4.

2.2 Mental Health Act Scrutiny Checklist

The Operational Group and the MHA Team continue to develop the Scrutiny Checklist which is used by the senior nurse and the AMHP when checking detention paperwork to help eliminate errors at the point of detention. Two training forms related to the use of Doctors Holding Powers under Section 5.2 and the Nurses Holding Power under Section 5.4 are shown in Appendix 1.

These are to be displayed clearly on ward notice boards and considered at Medical Staff Induction.

2.3 **Mental Health Act activity for CTMUHB residents with a Learning Disability who are in hospital placement on 30 June 2023**

There are four facilities commissioned by Cwm Taf Morgannwg University Health Board to provide care and treatment for our patients with a Learning Disability. The following table shows the responses received from the 4 facilities for 30 June 2023. There were only patients in 2 of the facilities but the approach to audit is captured for all 4 units. No breaches were reported for any of the 4 patients detained at that time.

Table 1 – Mental Health Act Information for patients with a Learning Disability detained on 30 June 2023

Facility	Number of patients	Section	Breaches of the MHA	Frequency of Audit	Is data focused on CTM patients able to be shared
Priory Hospital, Llanarth Court	0	0	0	Annual full MHA, Monthly section & consent	Does not include specific CTMUHB data
Hafod y Wennol SBUHB	**	2	0	Annually by Mental Health Act Manager or Deputy	Does not include specific CTMUHB data
Cefn Carnau, Elysium Healthcare	0	0	0	Audits are carried out yearly by the MHA Manager	n/a
Pinetree Court, Ludlow Street Healthcare	**	3	0	Mental Health Act Manager completes quarterly	Does not include specific CTMUB data

** - Denotes 5 or under.

2.4 **Hospital Managers Power of Discharge Committee Meeting**

The group considered the minutes of the Power of Discharge Committee Meeting held 21 June 2023. There was discussion around recruitment into the Hospital Managers role and the Operational Group was asked to request that the Mental Health Act Monitoring Committee consider inviting non-executive members of the Health Board to consider taking up this role.

The Hospital Managers, some of whom also performed this role in neighbouring Health Boards, reported the circulation of Hearing Reports in a timely manner within CTMUHB. A schedule of Hospital Manager appraisals had been developed and which would be undertaken by the Chair of the Mental Health Act Operational Group and the Power of Discharge Committee.

2.5 **Reform of the Mental Health Act – Welsh Government Response to the Joint Committee Report**

In June 2022 the UK Government published a draft Mental Health Bill containing several proposals to amend the Mental Health Act which would be applicable in Wales. The report contains 54 recommendations and can be read in full:

<https://committees.parliament.uk/committee/605/joint-committee-on-the-draft-mental-health-bill/publications/>.

The Welsh Government is reviewing the following 3 recommendations:

- a) A recommendation to introduce a statutory mental health commissioner.
- b) Abolition of community treatment orders for Part II patients.
- c) Creation of a statutory position of “responsible person” in each Health Authority with a range of duties set out in the report.

A short report offering some comments from the Welsh Government is attached in Appendix 2. The Operational Group will continue to monitor progress of the draft Mental Health Bill.

2.6 **White Paper Consultation of ‘A New Tribunal System for Wales’**

Members of the Mental Health Act Team will be attending a meeting of the All Wales Mental Health Act Team Forum to discuss this consultation which concludes on 02 October 2023. The team will report back to the Operational Group at their next meeting. The details of the white paper can be found in Appendix 3.

2.7 Independent Mental Health Advocacy Q1 Report, April – June 2023

The group considered the Q1 report noting the 143 referrals, 58 of which were from detained and 85 from informal patients. This compared with 146 referrals for the period January – March 2023, 62 of which were for detained patients and 84 for informal patients. Advocacy Support Cymru reported positive working relationships with our staff and a good knowledge and understanding of the Advocacy role. This was reflected in the amount of non-instructed referrals received for older people on the mental health and general wards. The IMHA team had identified the need for further staff training in relation to the interface between the Mental Health Act and the Deprivation of Liberty Safeguards (DoLS). The quarterly report has begun to include a number of case studies which included:

- a) Facilitation of a DoLS assessment and application for a very agitated patient on a general ward.
- b) Supporting the Relevant Person's Representative (RPR) within the Deprivation of Liberty Safeguard Regulations to make a Section 21A application on behalf of a general ward patient to the Court of Protection. The patient was objecting to her ongoing stay in hospital and the Court was asked to consider the issues.
- c) Support offered for a patient to change their Care Coordinator and ensure least restrictive options were fully discussed. The patient wished to relocate to a different area and purchase their own property rather than the recommended Supported Living proposal.
- d) Support provided for a patient on a general rehabilitation ward in relation to their discharge. The patient had been experiencing periods of low mood and was very anxious about her return home. The IMHA supported the delivery of an occupational therapy home assessment and a Social Worker was appointed to further consider accommodation options.
- e) An informal patient on one of our Adult Mental Health wards had been advised that they could return home but that a medical review would need to be completed before they could leave. This was taking some hours to arrange. The IMHA reassured the patient in relation to their rights as an informal patient to take their own

discharge. The IMHA's involvement prompted an immediate medical review and discharge.

- f) Support provided to a patient detained in a low secure unit for many months after suitability for step down into the community had been recommended. The IMHA helped coordinate a meeting of the MDT involving a representative from the Continuing Healthcare Commissioning team.

The Operational Group find these case studies helpful in describing the complexity of the IMHA role and how this can help in communication between patients and our services.

2.8 Joint HEIW & Social Care Wales Strategic Mental Health Workforce Plan

As a response to Action 5 which focuses on the supply of appropriately trained professionals to undertake Mental Act assessments such as Approved Mental Health Professionals (AMHPs) and Section 12 Approved Doctors a Task & Finish group has been convened. Representatives from the Operational Group attended a meeting of this group on 17 May 2023. Questionnaires were developed for local GPs and AMHPs across Wales to gain some information to inform the work of the group. Some of the findings are shown below:

a) Survey of General Practitioners on the role of a Section 12 Approved Doctor

1. Are you aware of what a section 12-2 doctor is and the process to become one?

[More Details](#)

● Yes	30
● No	26
● Other	1



2. Were you made aware of s12 opportunities during your GP training?



[More Details](#)



3. Would you consider becoming a s12-2 doctor within the next year?

[More Details](#)



4. Do you have any suggestions on what would make the work more attractive to GP's in future?

- Knowing what the role is / more information about how to apply
- Making the application process more straightforward
- More exposure during GP training – s12 doctors talking about their cases / videos
- Having a s12 approved mentor
- Target GP registrants that choose to do psychiatry in hospital training
- Offering training as part of study leave in GP contract

5. How has your experience of being a S12 doctor been so far? 1=very negative
5 = excellent



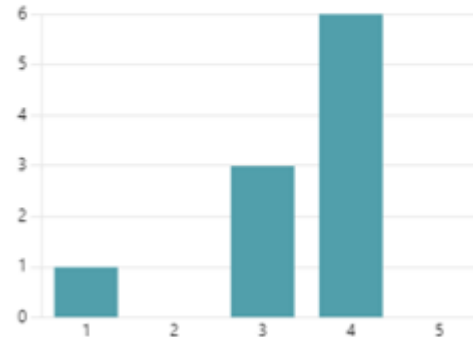
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[Insights](#)

3.40
Average Rating



6. Please comment on what you like about the role

- Helpful for patients and relatives
- Defined responsible piece of work
- Necessary framework for safe management of our patients
- Joint working and joint decision making
- Always interesting cases
- Maintaining my skills, supporting my AMHP colleagues, helping patients

b) Survey of Approved Mental Health Practitioners in relation to the role of the AMHP

1. As an AMHP – Do you currently cover:

[More Details](#)

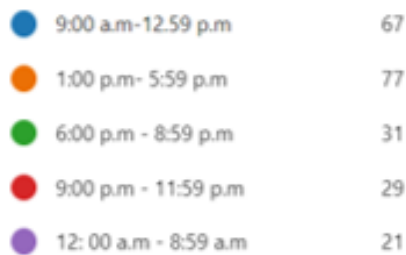
- Own immediate area (local tow... 36
- Surrounding area (such as neigh... 33
- Further afield (more than a 30 ... 28



2. Which times do you most frequently need to access a section 12 doctor: Select all that apply



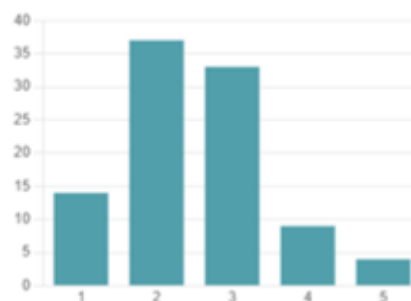
[More Details](#)



3. How easy is it to contact a s12 doctor in your area: 1=very difficult 5=easy

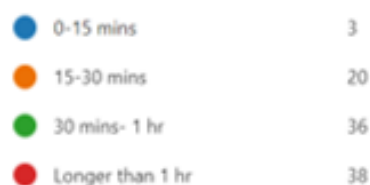
[More Details](#)

2.51
Average Rating



4. How long does it usually take to contact and secure a section 12-2 doctor?

[More Details](#)

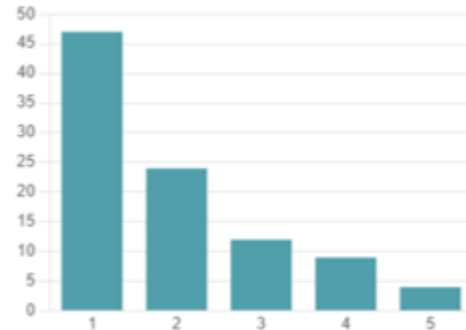


5. How easy is it to locate a s12 doctor with specialist knowledge i.e. children and young people, learning disabilities or neurodevelopment expertise? 1-very difficult 5 very easy



[More Details](#)

1.95
Average Rating



6. Would you welcome the opportunity to access an app that enabled you to identify and book available s12 doctors for a particular assessment that you are arranging: Doctors would log their availability to see at a glance who is free and to arrange assessment

[More Details](#)



The Operational Group is continuing to monitor any delays in the provision of the AMHP and Section 12 Approved Doctors for the purpose of completing a Mental Health Act assessment. The regional AMHP group has met to standardise the data collection process from the AMHP monitoring form. Work is ongoing to develop the process for clearly documenting the reason for and duration of any delays. This will help inform the planning and delivery of services going forward.

2.9 **Update on Mental Health Act related actions following HIW Inspection of Mental Health Services**

a) Visit to Ty Llidiard, 8 – 10 November 2021

The Health Inspectorate Wales report following their unannounced visit was published on 4 March 2022 and made the following recommendations:

Standard – Monitoring of the Mental Health Act – The Health Board must ensure that Section 17 Leave forms are completed accurately in full and address the issues identified. This included the need to describe the intended outcome or purpose of the leave or review how it went upon the patient's return. The patient's involvement in developing the leave form was also recommended.

The Operational Group had previously considered a Section 17 Leave audit which had been completed for the period 01/06/22 – 30/09/22. Whilst areas of good practice had been identified, there were some areas requiring further improvement. In particular it was found that the leave conditions and duration were not always clearly set out. There was also limited evidence of alternative discharge options such as a CTO being considered or evidence of documentation being shared with carers and other professionals which would help to increase the prospects of success for this intervention. There were instances where the duration of Section 17 Leave exceeded the period of the patient's detention.

A follow-up audit was completed for the period 16/05/23 – 30/06/23. A random selection of 25 Section 17 forms were reviewed against standards within the Mental Health Act Code of Practice. The audit showed significant improvement with for example, all forms having been shared with patients and 96% evidenced as having been shared with carers and other professionals. The audit showed 100% compliance with the guidance to have a valid Section 17 Leave form in place, subject to regular review and specifying conditions that would prevent the leave. There had however been a drop in the number of leave forms filed in the patient records which required further attention.

The audit tool had been shared by the Mental Health Act Team to promote its use in all areas where patients were detained. Application of the audit tool in these areas would be followed up by the Operational Group.

b) Visit to North Bridgend CMHT, 13 – 14 December 2022

A Joint Health Inspectorate Wales and Care Inspectorate Wales announced visit report was published on 16 March 2023. This report made the following recommendations:

Standard – Mental Health Act Monitoring – The Health Board must ensure that Community Treatment Order (CTO) documentation contains all the required detail.

A letter containing all of the specific details of the CTO will be given to all patients subject to this detention. Arrangements have also been introduced to record the 'giving of rights' and information on the Appeal arrangements. The Mental Health Act team have developed an audit tool for use across the Care Groups Community Services. These audits have already begun and the results will be reviewed at the next Operational Group meeting.

2.10 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. Children and young people (under 18 years of age) are always assumed to be in 'special urgency'. Decision makers in such cases should always consider whether there are less restrictive options as alternatives to detentions under the Act. The Operational Group will help to coordinate the development of a draft Section 140 Policy which will include information on the following:

- Assessment and Referral process for people of a 'special urgency' requiring admission
- Schedule of Inpatient and Community Assets

- Arrangements for particular groups for example:
 - Mother and baby referrals
 - Children and adolescents
 - People with a learning disability
- Contingency plans for periods of potentially high demand including weekends. This could include use of leave beds and identification of patients suitable for discharge or Section 17 Leave into the community with some additional support. Step down to other local facilities to help release bed capacity could also be considered.
- Process for identifying and commissioning inpatient services in the independent sector or for making use of facilities within neighbouring Health Boards
- Details of transport providers to assist with the conveyance of patients between sites.
- Role of key professionals and teams for example the Responsible Clinician, AMHP, Care Coordinator, Hospital Manager and Crisis Team.
- Focus on patient flow and making best of inpatient assets. To include the proactive management of delayed transfers of care jointly with Local Authority colleagues

2.11 Operational Policy Review

The MHA team have applied the Health Board's Risk Assessment Tool to each of the policies listed in the table in Appendix 4. The Operational Group at their meeting on 28 July 2023 approved the joint policy for Section 117 - Mental Health Aftercare Arrangements. The Operational Group agreed the IMHA procedure could be removed from the schedule of Health Board Policies as this is a service provided by the independent provider Advocacy Support Cymru. 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.

2.12 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.	October 2023
Audit	MHA Team to complete audit of Statutory Documentation using the CTMUHB AMAT audit tool.	October 2023
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	October 2023
Nominated Adolescent Bed on Adult MH Wards	Capital funding and policy work to be concluded in order to facilitate the transfer of this service to Ward 14 POWh.	October 2023

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

3.1 Recruitment of Hospital Managers

The Power of Discharge Committee has asked if the MHA Monitoring Committee could ask Non-executive members to consider taking on the role of Hospital Manager.

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 will work with partners to develop a draft document which will also include bed management arrangements to assist with winter pressures.



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 **Mental Health Act related actions following HIW Inspection of Mental Health Services**

The Operational Group will continue to monitor progress in the audit of key Mental Health Act issues identified by HIW such as Section 17 Leave documentation.

3.6 **Recruitment of Section 12 Approved Doctors**

Members of the Operational Group are taking part in the Task & Finish group established by HEIW and Social Care Wales in the development of their Mental Health Workforce Plan. This group will develop proposals on the recruitment and retention of Section 12 Approved Doctors.

4. **IMPACT ASSESSMENT**

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Safe Care If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. The MHA Operational Group meets bi-monthly to review the application of the Act across CTMUHB
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue)	There is no direct impact on resources as a result of the activity outlined in this report.



£/Workforce) implications / Impact	
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

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

TABLE OF APPENDICES

Appendix 1	Scrutiny Checklist & Training Forms (Section 5.2 & 5.4)
Appendix 2	Reform of Mental Health Act – Welsh Government Comments
Appendix 3	White Paper Consultation of 'New Tribunal System for Wales'
Appendix 4	Schedule of Operational Policies



Appendix 1

Scrutiny Checklist & Training Forms (Section 5.2 & 5.4)

Receipt & Scrutiny Checklist for Section 2/3/4

(As per Chapters 35.9/35.10 of the Code of Practice for Wales)

Patient's Name	DOB	Section	Date of Section

Circle relevant answer

Have you completed a HO14 (Record of detention) with the correct name and address
(Ensure that the name matches on all section papers) *Yes/No

A HO14 "does not" need to be completed for a Section 5(2) or 5(4)

NB Only complete Part 2 (Back of HO14) when the patient has been detained on Section 2 following the completion of a HO4 after being previously detained on Section 4.

Check that all professionals have signed and dated all forms? *Yes/No

Check patient's full name and address are the same over all paperwork. *Yes/No

Check that the hospital address on the application is where the patient is being detained. *Yes/No

Is the full address and postcode of the hospital spelt correctly? *Yes/No

Is the full name and address of the nearest relative (if known) entered on the AMHP application
(There should be no telephone numbers on the papers) *Yes/No

Check that the AMHP has deleted have/have not (informed the NR) *Yes/No

Medical Recommendations - Check that not more than five days has elapsed between the days on
which the examinations took place. *Yes/No

Check if at least one of the doctors who have completed the recommendations is approved
under Section 12 of the Mental Health Act? *Yes/No

If neither doctor has previous acquaintance, has the AMHP stated why? *Yes/No

**No initials or abbreviations to be used throughout paperwork
Clearly initial any amendments, for example incorrect spellings**

I certify that these documents are correct and in accordance with the provisions of the Mental Health Act

Signed _____ Date _____

Print Name _____

Please ensure that you scan/email Section Papers, AMHP Report (If applicable) and scrutiny checklist to the

CTT_MHAA@wales.nhs.uk as soon as you have completed the HO14

Post all originals to the Mental Health Act Office, Royal Glamorgan Hospital, Ynysmaerdy, [Pontyclun](#), CF72 8XR

5th January 2023



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Form HO 12 (Cont'd)

Delete the phrase which does not apply

Delete one of the following

phrases and leave I am furnishing this report by:
the one that applies.

(time) at Doctor to insert time that the completed HO12
consigning it to the hospital managers' internal mail system today
delivering it (or having it delivered) by hand to a person authorised by the hospital
managers to receive it.

Signed: DOCTOR COMPLETING THE FORM

Date: DATE OF DETENTION

PART 2 Is completed by nurse in charge of ward

To be completed on behalf of the hospital managers

This report was: You must select one of the phrases below
and put a line through the other

(delete the phrase
which does not
apply)

(time and date)

furnished to the hospital managers through their internal mail system
delivered to me in person as someone authorised by the hospital managers
to receive this report at TIME on DATE

Signed: PERSON RECEIVING PAPERWORK on behalf of the hospital managers

Name: NAME OF PERSON RECEIVING PAPERWORK

Date: DATE YOU RECEIVE THE PAPERWORK



Form HO 13

Regulation 4(1)(h)

Mental Health Act 1983 section 5(4) - record of hospital in-patient

To the managers of

(name and address
of hospital)

FULL NAME AND ADDRESS OF HOSPITAL

WHERE PATIENT IS DETAINED

(full name
of the patient)

FULL NAME OF PATIENT

It appears to me that -

- (a) this patient, who is receiving treatment for mental disorder as an in-patient of this hospital, is suffering from mental disorder to such a degree that it is necessary for the patient's health or safety or for the protection of others for this patient to be immediately restrained from leaving the hospital

AND

- (b) it is not practicable to secure the immediate attendance of a registered medical practitioner or an approved clinician for the purpose of furnishing a report under section 5(2) of the Mental Health Act 1983.

(full name)

I am

FULL NAME OF NURSE COMPLETING THE FORM

a nurse registered -

(delete whichever
do not apply)

- (a) In Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing

OR

Ensure you put a
line through what
does not apply

- (b) In Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing

OR

- (c) In Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

OR

- (d) registered in Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

Signed: MUST BE SIGNED BY THE NURSE COMPLETING FORM

Date: DATE OF DETENTION Time: TIME OF DETENTION



Appendix 2

Reform of Mental Health Act – Welsh Government Comments

1. In June 2022, the UK Government published a draft Mental Health Bill, containing several proposals to amend the Mental Health Act which would be applicable in Wales. This Bill was submitted to a joint committee of the Houses of Commons and Lords, and that committee published its report at the end of January 2023. This paper seeks views on certain proposals contained in the report in order to inform a decision on whether we would want them to apply in Wales.
2. The report contains 54 recommendations, and can be read in full here: <https://committees.parliament.uk/committee/605/joint-committee-on-the-draft-mental-health-bill/publications/>. The recommendations are a mix of things that are:
 - a) Drafting recommendations for the Bill
 - b) Suggested changes to areas of the legislation that are reserved to the UK Government
 - c) Suggested changes to areas of the legislation that are devolved but we have asked to apply to England only (e.g. in relation to Care and Treatment Plans)
 - d) Suggested changes to supporting documents such as impact assessments
 - e) Suggested actions in relation to implementation
 - f) Suggested changes to areas of the legislation that are devolved and would apply in Wales.
3. At this stage, the key action for us is to determine which of the items in f) we would wish to see applied in Wales. The headline items that we will need to consider are:
 - d) A recommendation to introduce a statutory mental health commissioner.
 - e) Abolition of community treatment orders for Part II patients (followed possibly by abolition for Part III patients after review).
 - f) Creation of a statutory position of “responsible person” in each health authority with a range of duties set out in the report.
4. There are, in the report, additional recommendations that would fall within the definition in f) above that are not covered in this paper. For example, there is a recommendation that the (UK) Government should consult further on a short-term emergency detention power, and whether this would provide greater legal clarity to clinicians and accountability for what is happening in A&E services. These are not included here as there is a far lower likelihood of

divergence between the England and Wales positions. As noted in paragraph 13, we are happy to hear any comments on any aspect of the PLS paper.

A statutory mental health commissioner

5. The first significant proposal that could apply in Wales is for a statutory commissioner for mental health. While not specified in the report, we have taken this to mean two separate commissioners, one for England and one for Wales, although it could mean a single England and Wales commissioner.
6. The report recommends the establishment of a commissioner role with the support of an Office. Their role should include:
 - Being a voice at the national level promoting the interests of those who are detained, or are likely to be detained, under the Mental Health Act, and of their families and carers, raising awareness of their needs, and challenging stigma and stereotypes;
 - Working in conjunction with regulators and other bodies to make recommendations on reforming mental health law in the direction of more rights-led and “fused” legislation;
 - Tracking the implementation of the reforms in and associated with this Bill, including the provision of data;
 - Providing advice and support to service users, their families and carers on their rights and how to navigate complaints processes; working with NHS bodies, regulators and Parliamentary and Health Service Ombudsman to promote best practice in handling complaints
7. Additionally, the proposed Commissioner would have a role in overseeing, standardising, and promoting the work of the ‘Responsible People’ (see paragraph 10 below). They should also work with NHS and independent services, regulators, Equality and Human Rights Commission and the Office of the National Data Guardian, to produce proposals aimed at reducing inequalities in, and improving data on, the provision of services and use of powers under the Mental Health Act.
8. While this recommendation has not yet been properly costed, for comparison the Children’s Commissioner and Older People’s Commissioner costs including staff etc come in at around £1.5m per year.

Abolition of community treatment orders

9. The PLS Committee concluded that it had not seen enough evidence to demonstrate benefit for the use of Community Treatment Orders (CTOs) for Part II patients to justify their continued use, especially as they are used disproportionately for black and ethnic minority patients. The committee

therefore recommended that CTOs are abolished for patients under Part II of the Mental Health Act. If the UK Government decides to accept this recommendation, we have the option of whether to do the same or ask that CTOs be retained in Wales.

Creation of a statutory position of “responsible person”

10. The PLS report recommends the appointment of a responsible person for each health organisation whose role will be to:
- collect and monitor data for publication at the end of each year on the number, cause, and duration of detentions under the MHA broken down by ethnicity and other demographic information
 - oversee workforce training and policies designed to address bias and discrimination in decision making in the operation of the Mental Health Act on the basis of protected characteristics.
 - monitor and manage prison transfers

Conclusion & Next Steps

11. These proposals are currently under consideration by the UK Government to determine whether to accept the recommendations and make changes to the draft Bill before formal introduction. There will be an option to extend any revisions to Wales. We would therefore welcome your views on the proposals summarised above, particularly whether or not you support the recommendations (and why) and whether you can foresee any unintended consequences if they were to be implemented. We are happy to take views on any or all of the specific recommendations above, or about other aspects of the PLS report not covered in this paper.
12. Please email any comments you have to Chris Dunne at Chris.Dunne@gov.wales

Appendix 3

White Paper Consultation of "A New Tribunal System for Wales"

Heddiw mae'r Cwnsler Cyffredinol a Gweinidog y Cyfansoddiad wedi cyhoeddi Papur Gwyn "[System Dribiwnlysoedd Newydd i Gymru](#)" er mwyn ymgynghori arno.

Mae'r Papur Gwyn yn nodi ein cynigion ar gyfer diwygio system y tribiwnlysoedd datganoledig yng Nghymru i greu system dribiwnlysoedd unedig a chydlynol a fydd yn cynnwys Tribiwnlys Haen Gyntaf Cymru a Thribiwnlys Apêl Cymru.

Mae'r ymgynghoriad yn gofyn am farn ar y cynigion ar gyfer:

- creu fframwaith statudol ar gyfer system dribiwnlysoedd newydd a fydd yn cynnwys:
 - Tribiwnlys Haen Gyntaf newydd i Gymru
 - Tribiwnlys Apêl newydd i Gymru;
- creu corff statudol newydd, ""Tribiwnlysoedd Cymru / Tribunals Wales", i weinyddu'r system dribiwnlysoedd newydd;
- cryfhau goruchwyliaeth farnwrol drwy ychwanegu at rôl Llywydd Tribiwnlysoedd Cymru a chreu rolau llywyddion a dirprwy lywyddion Siambr;
- creu dull cyson o osod rheolau gweithdrefnol ar gyfer y system dribiwnlysoedd newydd;
- trefniadau symlach a chydlynol ar gyfer penodi aelodau tribiwnlysoedd, neilltuo a chwynion.

Rydym yn awyddus i gael cymaint o ymatebion â phosib i'r ymgynghoriad. Felly, mae croeso ichi rannu'r wybodaeth â'ch cysylltiadau a'ch rhanddeiliaid.

The Counsel General and Minister for the Constitution has today published a White Paper "[A New Tribunal System for Wales](#)" for consultation.

The White paper sets out our proposals for reform to the system of devolved tribunals in Wales to create a unified, coherent tribunal system which will comprise the First-tier Tribunal for Wales and the Appeal Tribunal for Wales.

Our consultation seeks views on proposals:

- to create a statutory framework for a new tribunal system comprising of:
 - a new First-tier Tribunal for Wales and
 - a new Appeal Tribunal for Wales;
- to create a new statutory body, ""Tribiwnlysoedd Cymru / Tribunals Wales"", to administer the new tribunal system;
- to strengthen judicial supervision through an enhanced role for the President of Welsh Tribunals and Chamber presidents and deputies;
- to create a consistent approach for setting procedural rules for the new tribunal system; and
- for simplified and coherent arrangements for the appointment of tribunal members, deployment and complaints.

We welcome as many responses to our consultation as possible. Therefore, please feel to share with your contacts and stakeholders.

Mae Llywodraeth Cymru wedi cynnal asesiad cychwynnol o effaith bosibl y cynigion hyn. Cyhoeddir y rhain hefyd fel rhan o'r ymgynghoriad.

Hoffem gael eich barn erbyn **Dydd Llun 2 Hydref 2023.**

The Welsh Government has made an initial assessment of the potential impacts of these proposals, these have also been published as part of the consultation.

We are seeking your views by **Monday 2 October 2023.**

E-Bost / Email JusticePolicy@llyw.cymru; JusticePolicy@gov.wales



Appendix 4

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 to be prepared for next meeting of the Operational Group meeting on 20 October 2023



AGREED



FOR REVIEW



FOR PRIORITY REVIEW



Agenda Item

4.2

Mental Health Act Monitoring Committee

**ACTIVITY REPORT AND BREACHES AND ERRORS FOR QUARTER 1
(APRIL – JUNE 2023/24)**

Dyddiad y Cyfarfod / Date of Meeting	06/09/2023
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	Deputy Chief Operating Officer/Director of Primary, Community, Mental Health & Learning Disabilities

Pwrpas yr Adroddiad / Report Purpose	For Noting
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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	
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
POW	Princess of Wales Hospital
RCT	Rhondda Cynon Taf
CMHT	Community Mental Health Team

Summary

The reporting period witnessed an increase in detentions in adult and older persons services between Q4 2022/23 and Q1 2023/24, while CAMHS saw a decrease.

Section 4 was applied on two occasions during the reporting period.

The nurse's holding power under Section 5(4) was applied on two occasions during the quarter, one in an adult ward and another in a rehabilitation unit.

Sadly, there were two deaths of patients detained under the MHA- One was subject to a CTO and the other was detained on section 2.

In Q1, there were 13 minor errors on section papers, all of which were rectified within the fourteen day limit as per Section 15 of the MHA.

There were 4 fundamentally defective errors to report-details of which are discussed later in the report.

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 Q1 (April – June 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 BY THE COMMITTEE (ASSESSMENT)

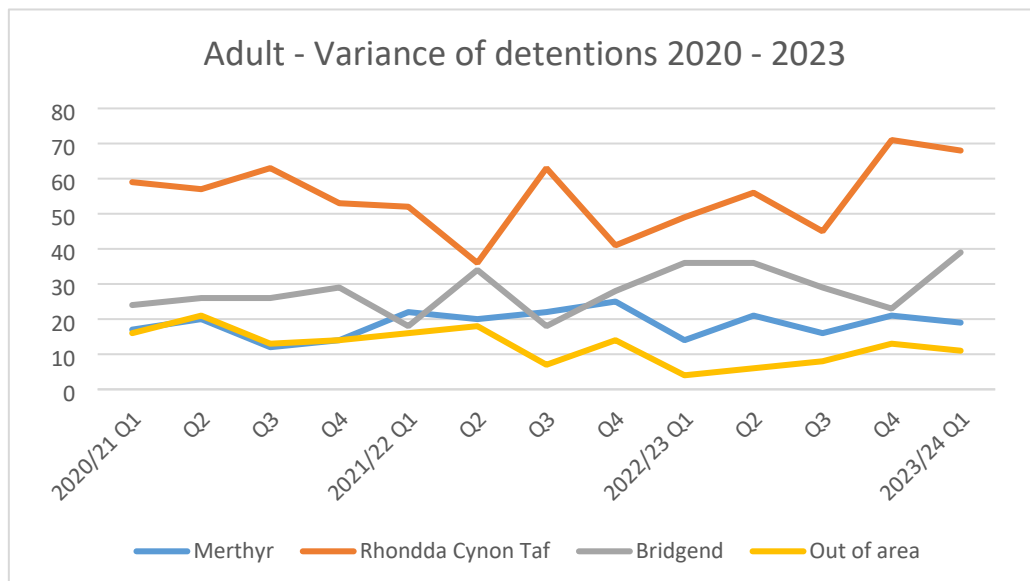
- 2.1 This quarterly MHA activity report is distributed to members of the MHA Operational Group Meeting and is considered at individual Clinical Service Group Quality & Risk meetings. Trends are monitored to highlight and manage any risks to the organisation.



2.2 Adult Detentions

There has been an increase of 10% in the total number of detentions from 115 in Q4 2022/23 to 126 in Q1 2023/24. The number of detentions under S5(2) increased by 16% from 19 to 22. Section 2 detentions increased by 12% from 66 to 74 with the number of Section 3 detentions increasing by 35% from 20 to 27.

Graph 1



The mean figures for each area during 2019-2023 are shown below, along with the figures for Q1.

Table 1

Locality	Mean 2020/23	Q1 2023/24
Merthyr	19	19
RCT	55	68
Bridgend	28	39
Out of area	12	11

2020/23 Mean to Q1 shifts as follows:

- In Merthyr detentions remained the same as the baseline mean i.e. 19

- In RCT detentions increased from baseline mean by 13 (24%) from 55 to 68. This is within the higher quarterly range for this area. This trend will be closely monitored in the Operational Group
- In Bridgend detentions increased from baseline mean by 11 (39%) from 28 to 39. This is within the higher quarterly range for this area. This trend will be closely monitored in the Operational Group
- Out of area detentions decreased from baseline mean by 1 (8%) from 12 to 11

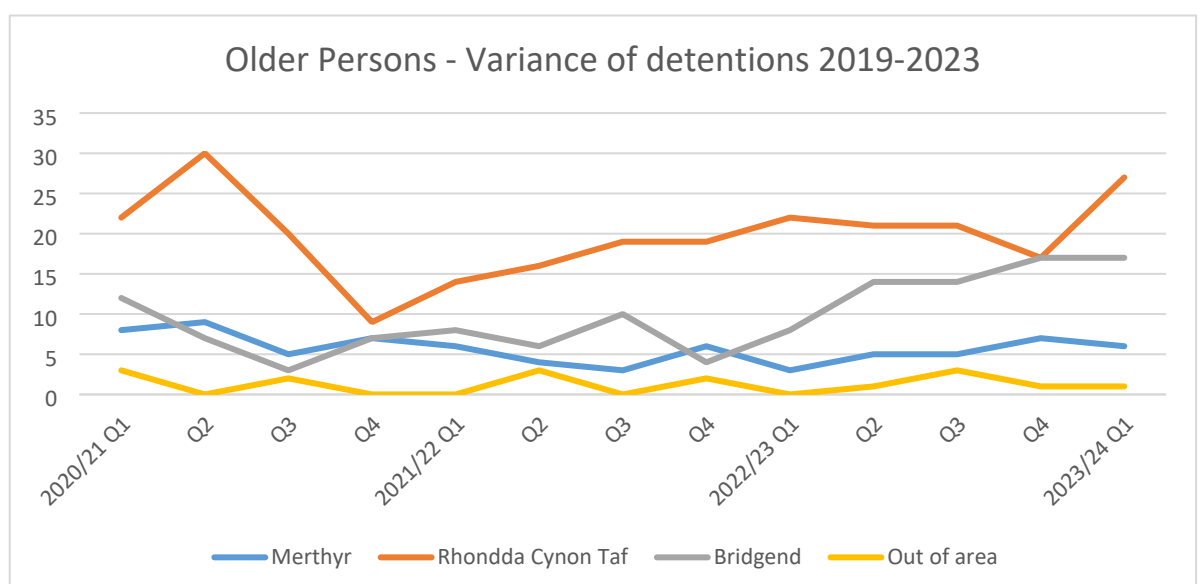
In Q1, there were 2 occasions when the nurses' holding power under Section 5(4) was utilised. In line with the guidance in the Code of Practice for Wales, both patients were assessed by a doctor within the 6-hour period, regraded to section 5(2) and subsequently both patients were detained under section 2.

Section 4 was used on only two occasions in Q1: one in POW and one in RGH. Both of these were converted to section 2, one within 24 hours and one within 48 hours.

2.3 Older Persons Detentions

The total number of detentions in Older Persons services increased in Q1 by 22% from 41 in Q4 2022/23 to 50 in Q1 2023/24, with variance across the localities as below:

Graph 2



The mean figures for each area during 2019-2023 are shown below, along with the figures for Q1.

Table 2

Locality	Mean 2020/23	Q1 2023/24
Merthyr	6	6
RCT	20	27
Bridgend	10	17
Out of area	1	1

2020/23 Mean to Q1 shifts are as follows;

- In Merthyr detentions stayed the same as the baseline mean i.e. 6
- In RCT detentions increased from baseline mean by 7 (35%) from 20 to 27. This is within the higher quarterly range for this area. This trend will be closely monitored in the Operational Group
- In Bridgend detentions increased from baseline mean by 7 (70%) from 10 to 17. The Operational Group noted the gradual rise in the number of detentions in the period since Q4 2021/22. The Group reflected on possible causes which could include senior medical staff changes and preference in relation to the use of the Mental Health Act. The Group agreed to monitor this going forward
- Out of area, detentions remained the same as the baseline mean i.e. 1.

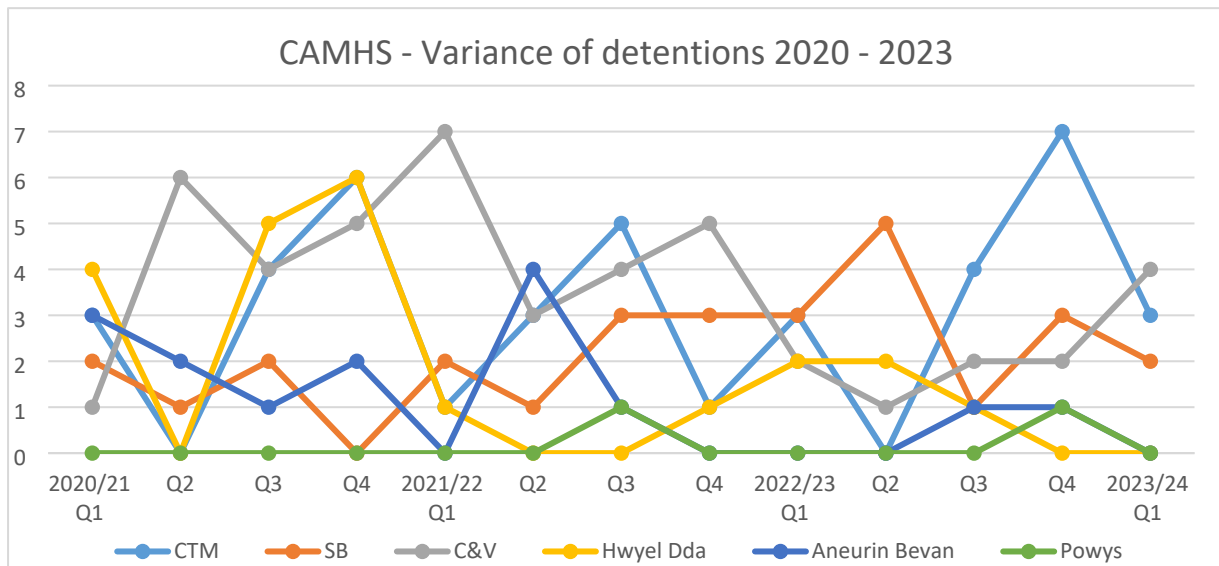
2.4 CAMHS Detentions

CAMHS witnessed a decrease of 39% in detentions from 14 in the previous quarter to 9 in Q1 2023/24.

Of the 9 detentions, 3 were from CTM, 2 from SBUHB and 4 from C&VUHB. There were no detentions from HDUHB, ABUHB or PRHB.

Of the 9 detentions in Q1, 6 were detained to Ty Llidiard, 2 to PCH (1 to Clinical Decision Unit, 1 to Ward 31) and 1 to RGH (Ward 17).

Graph 3



The mean figures for each area during this time period are shown below, along with the figures for Q1.

Table 3

Health Board	Mean 2020/23	Q1 2023/24
CTMUHB	3	3
SBUHB	2	2
C&VUHB	4	4
HDUHB	2	0
ABUHB	1	0
PTHB	0	0

2020/23 Mean to Q1 shifts are as follows:

In CTM detentions remained the same as the baseline mean i.e. 3

From SBUHB detentions remained the same as the baseline mean i.e. 2

From C&VUHB detentions remained the same as the baseline mean i.e. 4

From HDUHB detentions decreased from baseline mean of 2 to 0

From ABUHB detentions decreased from baseline mean of 1 to 0

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

2.5 Community Treatment Orders (CTO)

There were 3 new CTOs applied in Q1 2023/24 in comparison with 8 during Q4 2022/23.

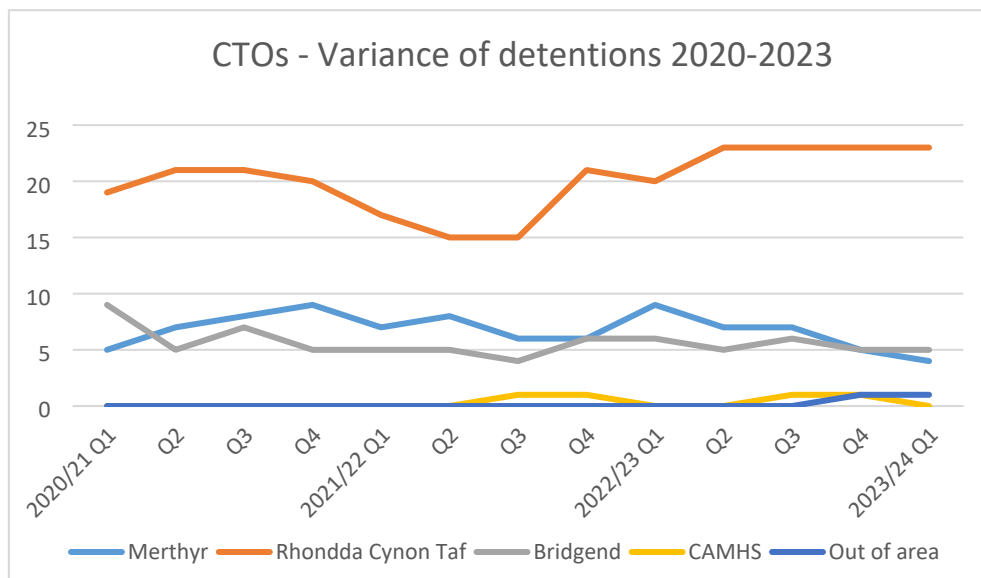
In Q1 there were 12 CTOs extended, 1 recalled, 3 recalled and revoked and 3 discharges.

The mean figures for each area during 2020/23 are show below along with current CTOs in each area.

Table 4

Locality	Mean 2020/23	Q1 2023/24
Merthyr	7	4
Rhondda Cynon Taf	20	23
Bridgend	6	5
CAMHS	0	0
Out of area	0	1

Graph 4



There are 33 CTOs in place at the current time

2.6 Use of Section 135/136 Police Powers

Section 136 detentions decreased by 8% from 76 in Q4 2023/23 to 70 in Q1 2023/24. This level compares with recent quarterly returns following the rise after the Covid Pandemic lock down period

Section 135 detentions increased by 67% from 6 in Q4 2022/23 to 10 in Q1 2023/24. The Operational Group noted the subsequent detention of all 10 patients detained under Section 135

Table 5

Use of Section 135 and 136 by area for Q1 2023/24

Area	Q4 2022/2023	Q1 2023/2024
Merthyr	15	9
Rhondda Cynon Taf	41	43
Bridgend	22	24
Out of area	4	4
Total	82	80

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

The last quarter has proved problematic for the MHA team due to the lack of RCs in substantive posts within CTM. The appointment of non AC approved Doctors and sickness has caused problems for the team in knowing the identity of an RC for a particular patient. This resulted in postponements of both MHRTs and Hospital Managers Hearings for patients. This matter is being discussed and addressed through the Operational Group.

Compliance with the statutory requirements of Chapter 25.84 of the Code of Practice was particularly challenging, to ensure that the patients are being legally treated with a valid consent to treatment certificate. There were no breaches of the Code of Practice in relation to this because of the prompt action of the Mental Health Act team in ensuring the completion of new documentation when the RC role changed.



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 Q1 2023/24 was 13, compared to 18 in Q4 2022/23. 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			Angelton	Prince Charles Hospital	Ysbyty Cym Cynon	
Responsible for Error	Forms	PICU	14	Admissions	22	Seren	2	31	7	Total
AMHP	HO2	1	3	2			1		1	8
AMHP	HO6									0
Doctor	HO3									0
Doctor	HO4							1		1
Doctor	HO8		1		1					2
Doctor or Nurse	HO12									0
Nurse	HO14	1				1				2
Other UHB	TC1									0
	Total	2	4	2	1	1	1	1	1	13

- 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 4 fundamentally defective errors within CTMUHB during Q1 2023/24 compared to 0 in Q4 2022/23.

- ❖ 1 Invalid Section 3
- ❖ 1 Invalid Section 2.
- ❖ 2 Invalid Section 5(2)s.

Table 7 - The breaches are broken down below into hospitals and wards.

Fundamental Errors	RGH	Pinewood		POW	
Sections	Admissions/Ward 1			Ward 14	
Section 2	1				
Section 3				1	
Section 5(2)	1	1			
Total	2	1		1	4



Invalid Section 3

- The patient was detained under Section 3 on 04/04/2023. 2.16. On receipt of the paperwork, the MHA team discovered that the AMHP had mistakenly made their application using Form HO2 (Section 2) rather than Form HO6 (section 3). The MHA team informed the AMHP and asked the ward staff asked to orally inform patient that they were of informal status. The RC was notified and advised to complete a Form HO17 discharging the patient from detention under Section 3.
- A letter was sent to patient and the doctor advised to use their holding powers under section 5(2) if the patient was likely to be a danger to themselves or others or attempted to leave hospital. The patient was made subject to the doctor's holding powers under S5(2) on 12th April and discharged on 14th April 2023.

Invalid Section 2

- The patient was detained under Section 2 on 27/05/2023.
- On receipt of the scanned copies of the paperwork on 30/05/2023, the MHA team noticed that the Hospital name was missing from the Form HO2 – (Section 2 application). The AMHP had written the name of the Health Board and not specified the name of the Hospital, in line with the requirement of Section 6 of the MHA 1983.
- The ward were informed of the invalid detention and asked to notify the patient they were of informal status.
- The RC formally discharged the patient from detention under Section 2 on 30/05/2023.
- The MHA team informed the patient by letter.
- A new Mental Health Act assessment was conducted; patient detained under Section on the same day.

Invalid Section 5(2)

- The Doctor's holding power was used on 04/06/2023.



- The Doctor had failed to complete his name on the Form HO12 but had written the patient's name in that field.
- The MHA team noticed the error on 05/06/2023. In the meantime, the patient had been assessed and formally detained under Section 2 of the MHA on 05/06/2023.

Invalid Section 5(2)

- The patient was detained on 25/06/2023 under the Doctors Holding Power of Section 5(2) on a general ward.
- The MHA team discovered that the Form HO12 had not been timed by the Doctor confirming the start time of the 72 hour period, which invalidated the section.
- Upon receiving the Form HO12 on the Monday morning, the MHA manager attended the ward to explain the error and provided the ward manager with a dummy training form to display on the ward illustrating the correct completion of the Form HO12.
- The patient was subsequently detained under Section 2 of the MHA 1983 on 05/06/2023.
- A copy of the Section 5(2) training form was also sent to the Mental Health liaison training nurses to circulate on attendance to the general wards.
- MHA training to be provided by the Liaison Consultant.

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

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 In Q4 2022/23 there were no fundamental errors recorded in the application of the Mental Health Act. In Q1 2023/24 this increased to 4. The Operational Group does prioritise the monitoring of breaches and learning of lessons. We also compare performance with other Welsh Health Boards and are not an outlier.



- 3.2 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.
- 3.3 Following a visit to Maesteg CMHT in December 2022, HIW requested a CTMUHB wide audit of the documentation for patients detained under a CTO.

The audit further highlighted the different types of patient health records and systems in use throughout the Health Board and in the local authorities.

Compliance with the filing of the CTO statutory documentation was higher in the electronic health record over paper based files, as the MHA team upload all detention paperwork to CarePartner. This eliminates the requirement for the documents to be printed out and filed, which is the current system in use in Bridgend.

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	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 (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) /	Safe
	If more than one applies please list below:



Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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 Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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 1 MHA Adult Activity 2023/24

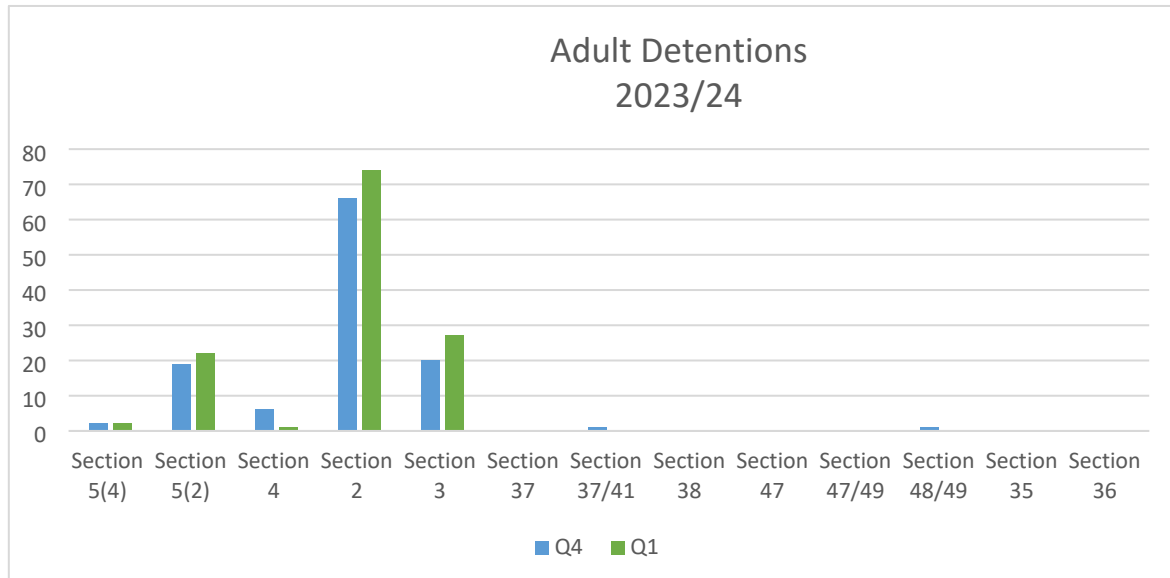


Table 1

Quarter 1 MHA Adult Activity 2023/24

Section	Q4	% of total	Q1	% of total
Section 5(4)	2	1.74%	2	1.59%
Section 5(2)	19	16.52%	22	17.46%
Section 4	6	5.22%	1	0.79%
Section 2	66	57.39%	74	58.73%
Section 3	20	17.39%	27	21.43%
Section 37	0	0.00%	0	0.00%
Section 37/41	1	0.87%	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	1	0.87%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	115	100%	126	100%

*there were 11 out of area detentions in Q1



Table 2 Number of Adult MHA detentions per locality

Area	Q4 2022/23	Q1 2023/24
Merthyr	21	19
Rhondda Cynon Taf	71	68
Bridgend	23	39
Out of area	13	11

Graph 2 Quarter 1 MHA Older Persons Activity 2023/24

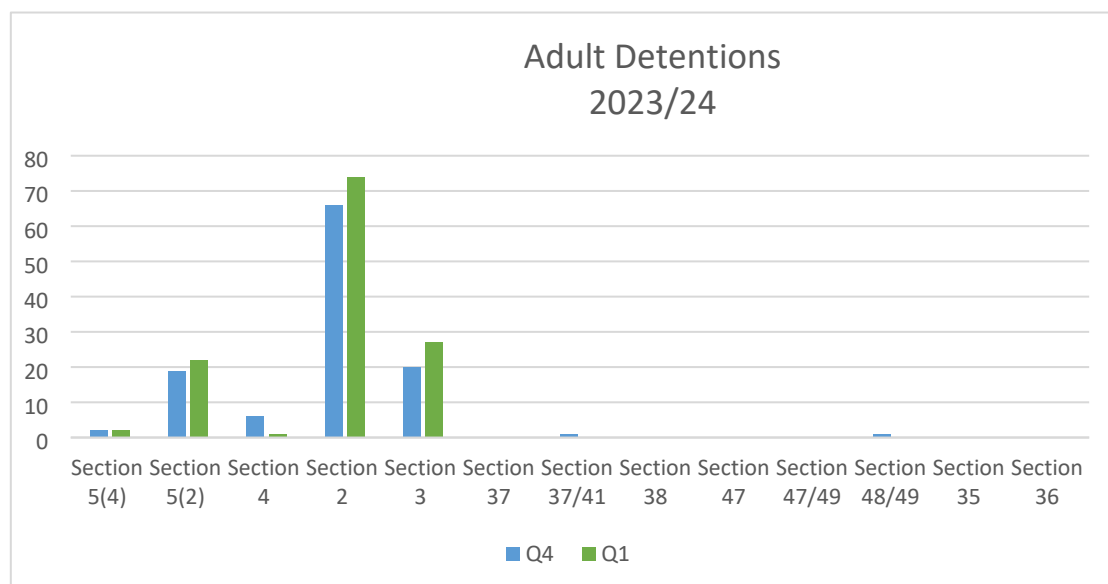


Table 3 Quarter 4 MHA Older Persons Activity 2022/2023

Section	Q4	% of total	Q1	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	3	7.32%	2	4.00%
Section 4	0	0.00%	0	0.00%
Section 2	31	75.61%	32	64.00%
Section 3	7	17.07%	16	32.00%
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	41	100%	50	100%



Table 4 Number of Older Persons MHA detentions per locality

Area	Q4 2022/23	Q1 2023/24
Merthyr	7	6
Rhondda Cynon Taf	17	27
Bridgend	17	17
Out of area	1	1

Graph 3 Quarter 1 CAMHS Activity 2023/24

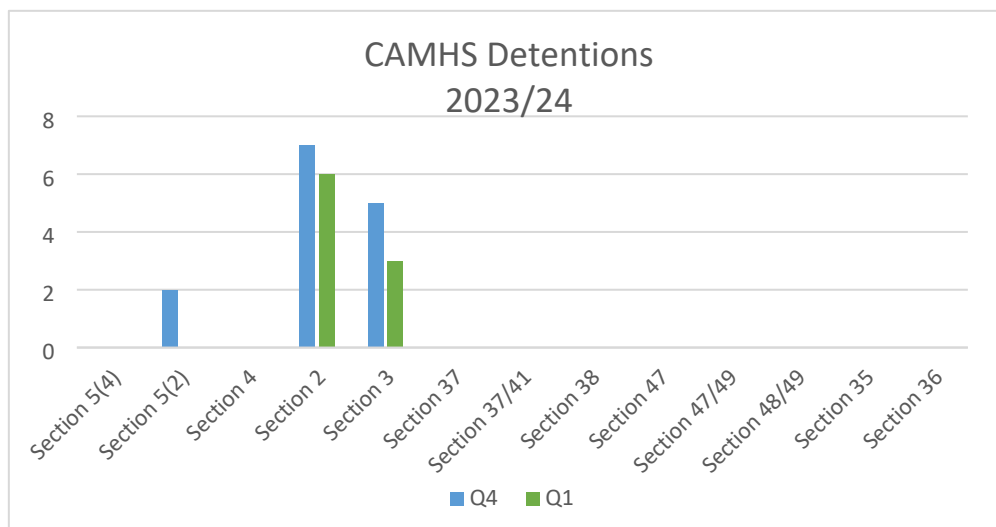


Table 5 Quarter 1 CAMHS Activity 2023/24

Section	Q4	% of total	Q1	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	2	14.29%	0	0.00%
Section 4	0	0.00%	0	0.00%
Section 2	7	50.00%	6	66.67%
Section 3	5	35.71%	3	33.33%
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	14	100%	9	100%



Table 6 **Number of CAMHS MHA detentions per locality**

Health Board	Q4 2022/23	Q1 2023/24
Cwm Taf Morgannwg	7	3
Swansea Bay	3	2
Cardiff & Vale	2	4
Hywel Dda	0	0
Aneurin Bevan	1	0
Powys Teaching	1	0

USE OF SECTIONS AND OUTCOMES for January 2023 – June 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	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Section 2	1	2	5	4	4	7
Section 3	0	1	0	2	0	1
Informal	4	8	5	3	2	1
Lapsed	0	0	0	0	1	0
Invalid	0	0	0	0	0	1

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	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Section 3	8	11	9	10	12	12
Informal	15	19	12	14	17	24
Discharged	6	6	11	9	7	8
Lapsed	0	0	0	0	2	0



Invalid	0	0	0	0	0	0
Transfer	3	1	1	0	2	2

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	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Section 3 renewed	2	1	0	2	1	1
Informal	2	6	3	4	6	5
Discharged	4	8	5	10	2	9
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	2	0	0	2	3	1
CTO	1	1	1	0	2	1

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

Table 10

	Q4 2022/23	Q1 2023/24
Adult Detentions	92	112
Older Persons detentions	38	49
CAMHS detentions	12	9
TOTAL	142	170

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	Q4 2022/23	Q1 2023/24
Adult	2	0	1
	3	0	0
	4	0	0
	CTO	0	0
	136	1	1
Older Persons	2	0	1
	5(2)	0	1
	3	0	0
	4	0	0
CAMHS	2	0	0
	3	0	0
	4	0	0

TRANSFER BETWEEN HOSPITALS

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

Table 12

SECTION	Q4 2022/23	Q1 2023/24
Part 2 Patients to CTUHB	10	6
Part 3 patients to CTUHB	1	1
Part 2 patients from CTUHB	11	13
Part 3 patients from CTUHB	0	3
TOTAL	22	23

COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q1 CTO Activity 2023/2024

Table 13

SECTION	Power	Q4 2022/23	Q1 2023/24
17A	Community Treatment Order made	8	4
	Community Treatment order extended	11	12
	Recalled to hospital and not revoked	1	1
	Recalled to hospital and revoked	5	3
	Discharged from CTO	4	2
	Transferred	0	0
	Other (Deceased)	0	1

Current CTO by area

Table 14

Area	Q4 2022/23	Q1 2023/24
Merthyr	5	4
Rhondda Cynon Taf	23	23
Bridgend	5	5
CAMHS	1	0
Out of area	1	1
Total	35	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	Q4 2022/23	Q1 2023/24
Assessed and admitted informally	0	0
Assessed and Discharged	0	0



Assessed and detained under Section 2	5	8
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	1	1
Recalled from Community Treatment Order	0	1
TOTAL	6	10

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	Q4 2022/23	Q1 2023/24
Assessed and admitted informally	8	7
Assessed and detained under Section 2	11	10
Assessed and detained under Section 4	2	0
Assessed and detained under Section 3	1	0
Discharged with no follow up required	18	16
Discharged referred to community services	35	36
Section 136 lapsed	1	1
Other /(Recall from CTO)/ or transfer	0	0
TOTAL	76	70

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	Q4 2022/23	Q4 2022/23
Number of Hearings held	16	19
Number of Referrals by Hospital Managers	24	17
Number of Appeals to Hospital Managers	0	0
Number of Detentions upheld by Hospital Managers	16	19
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	4	2

Q1:

- 1 Adjourned
- 7 Postponed
- 1 Discharged by MHRT prior to hearing

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	Q4 2022/23	Q1 2023/24
Number of Hearings held	23	20
Number of Referrals by Hospital Managers	18	11
Number of referrals by Ministry of Justice	2	0
Number of referrals by Welsh Ministers	0	1
Number of Appeals to MHRT	49	33
Number of Detentions upheld by MHRT	19	17
Number of detentions discharged by MHRT	4	3
Number of Hearings adjourned/postponed	11	4
Number of Hearings cancelled by patient	9	7
Number of patients transferred to another Health Board prior to Hearing	1	4
Number of patients discharged by RC prior to Hearing	20	12



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.

Q1: There were sadly two deaths of patients detained under the MHA 1983 during this quarter. One was subject to a CTO and the other was detained on section 2. Both were reported to HIW as is standard practice.

EXAMPLES OF GOOD PRACTICE

CTO service user involvement

Working in partnership with South Wales Advocacy services, the MHA team have sent out questionnaires, in both English and Welsh, to all service users, who are subject to a CTO.

The overall aim is to ensure that we listen to patients and make improvements where possible.

Use of Care Partner in Cefn Yr Avon

Since April, all staff in Cefn Yr Avon have been successfully using FACE/Care Partner as the electronic patient record.

Use of AMAT audit tool

The MHA team have been conducting their audits of statutory documentation electronically using the Health Board's AMAT system.

Following completion of the audit, the forms have been revised to ensure accurate data recording, which will help to identify areas of improvement and training requirements.

The audit has highlighted the need to capture the use of urgent treatment prescribed to patients under Section 62 and Section 64 of the Act.

In line with Chapter 25.38 of the Code of Practice for Wales, the MHA will monitor the use of urgent treatment and will report this data on a quarterly basis in the MHA Operational activity report.

Section 12 claim process

Working in collaboration with payroll services, the current protocol for processing the doctors' s12 claim forms has been streamlined by the MHA team. This information will be captured on a spreadsheet and submitted to payroll on a monthly basis; thus eliminating the need to submit numerous forms.

The overall aim is to expedite the doctors payments for MHA assessments.

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)



<p>Section 3 Admission for Treatment</p>	<p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p>Criteria: Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital. In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.</p> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
<p>Section 7 Guardianship</p>	<p>Individual who suffers from mental disorder can be given a guardian to help them in the community. Guardianship runs for six months and can be renewable.</p> <p>Criteria: Live in a particular place Attend for medical treatment, occupational; education or training at set places and at set times. Allow a doctor, an approved mental health professional or other named person to see patient</p> <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p>
<p>Section 37 Guardianship by Court Order</p>	<p>Court can make an order (6 months) that patient be given a guardian if needed because of mental disorder. The guardian is someone from social services.</p> <p>Criteria: Live in particular place Attend for medical treatment, occupational education or training at set places and times Allow a doctor or an approved mental health professional or other named person to see you</p> <p><i>(Court Order required)</i></p>
<p>Section 37/41 Admission to hospital by a Court Order with restrictions</p>	<p>Individual admitted to hospital on the order of the Court. This means that the Court on the advice of two doctors thinks that patient has mental disorder and need to be in hospital for treatment. The Court makes restrictions and as such, patient cannot leave hospital or be transferred without the Secretary of state for Justice agreement.</p> <p><i>(Court Order with restrictions required)</i></p>
<p>Section 135 Admission of patients removed by Police under a Court Warrant</p>	<p>Individual brought to hospital by a Police Officer on a warrant from Justice Of Peace, which means that an AMHP feels that individual is suffering from mental disorder for which s/he must be in hospital. Warrant last for 24 hours (but can be extended up to 36 hours).</p>



	<i>(Section 135 (1){non-detained patient} warrant required or Section 135 (2){sections and CTO patients} required)</i>
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). <i>(Police Service Section 136 monitoring form required)</i>
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. <i>(CP1 Form to be completed by Responsible Clinician and AMHP)</i>
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. <i>(Section 17 leave non-statutory form required)</i>
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



	<p>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.</p> <p>Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.</p>
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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	06/09/2023
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
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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
UHB	University Health Board
RC	Responsible Clinician
ILG	Integrated Locality Group
AMHP	Approved Mental Health Practitioner



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 1 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 13 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 was the first where no fundamentally defective errors. This quarter there have been 4 which is higher than typical quarters. The look back audit over three years is helpful to ensure well targeted and sustainable learning and the actions set out in the operational group are welcomed as the 4 errors that led to the fundamentally defective errors have not been uncommon previously so continuously embedding the learning is essential.

- 2.2 The increase in the use of Section 135 in quarter is noted as is the approach to monitor this closely during quarter 2.

- 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 the associated checklist in the operational group report that is clearly driving improvements.
- 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 policies being updated and ratified.

3. KEY RISKS/MATTERS FOR ESCALATION

- 3.1 It is good to see HEIW are picking up the issue of recruitment and retention of Section 12 Approved Doctors as the risk of the availability of these has been challenging for CTM and many other Health Board areas for many years with limited impact of local recruitment and solutions.
- 3.2 The lack of a bespoke system to record and monitor MHA activity, which allows for the production of accurate reports and the wards across CTMUHB using different types of health records remains a concern and patient safety concern.
- 3.3 The much stronger oversight of Health Inspectorate Wales inspection actions related to the use of the MHA is clearly evident in the operational group report with ongoing work related to the use of Section 17 leave clearly evident. The Committee are asked to ensure system wide learning in relation to this area.

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	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	Data to Knowledge



(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	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 Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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 Mental Health Act Monitoring Committee is asked to:

DISCUSS and **NOTE** the report and the areas for reporting through to Board.

MENTAL HEALTH ACT – FORWARD WORK PLAN 2023				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Action following the 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
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
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
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

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
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	Additional Item	CAMHS – HIW Report and Update on Action Plan.	Chair/Clinical Lead Operational Group	7 December 2022 – Completed

2.8.22 to be added to the agenda for six months' time.				
Request made by the Committee at its meeting held in October 2022 for a written report.	Additional Item	Use of the MHA for patients with a Learning Disability – Activity and Compliance against Code of Practice	Chair/Clinical Lead Operational Group	7 December 2022 – Completed Update provided within the Operational Group Report.
Originally on forward work programme for March 2022 deferred to October 22	Additional Item	SWP Update on the Use of the Mental Health APP	South Wales Police	A verbal update was provided at the 12 October 2022 meeting - Completed
Request made by Committee at November 2021 meeting to receive further written reports to future meetings on the Mental Health and Learning Disability aspect of the commissioned placements	Additional Item	Individually Commissioned Placements, NHS Use and Assurance	Director of Primary, Community & Mental Health	8 June 2022 - Completed
Originally requested at August 2021 meeting for 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
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