

Mental Health Act Monitoring Committee

Wed 04 December 2024, 13:00 - 16:00

Microsoft Teams

Agenda

13:00 - 13:00 1. PRELIMINARY MATTERS 0 min

1.1. Welcome and Introductions

Geraint Hopkins, Chair

1.2. Apologies for Absence

Geraint Hopkins, Chair

1.3. Declarations of Interest

Geraint Hopkins, Chair

13:00 - 13:00 2. CONSENT AGENDA 0 min

2.1. ITEMS FOR APPROVAL

2.1.1. Unconfirmed Minutes of the meeting held on 4 September 2024

Approval Geraint Hopkins, Chair

 2.1.1.Unconfirmed Minutes - Mental Health Act Monitoring Committee 4 September 2024.pdf (6 pages)

2.2. ITEMS FOR NOTING

2.2.1. Committee Annual Cycle of Business

Noting

 2.2.1.MHAMC Annual Cycle of Business 2024-2025.pdf (3 pages)

2.2.2. Action Log

Noting

 2.2.2. Action Log- MHAMC 4 December 2024.pdf (4 pages)

13:00 - 13:00 3. MAIN AGENDA 0 min

3.1. Matters arising not contained within the Action Log

Information Geraint Hopkins, Chair

13:00 - 13:00 **4. COMMITTEE BUSINESS MATTERS**
0 min

4.1. Organisational Risk Register

Discussion Emma Walters, Head of Corporate Governance

- 📄 4.1a Org RR Nov 24 MHAMC Cover Report.pdf (6 pages)
- 📄 4.1b Appendix 1 Org RR Nov 24 MHAMC.xlsx (2 pages)

13:00 - 13:00 **5. IMPROVING CARE**
0 min

5.1. MHA Operational Group report

Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services, Mental Health and Learning Disabilities

- 📄 5.1 MHA Monitoring Committee Report Dec 24 revised.pdf (19 pages)

5.1.1. Deep Dive Spotlight - Section 117 Aftercare - Use and Code of Practice Compliance in CTM (Deferred to February 2025)

Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services, Mental Health and Learning Disabilities

This item has been deferred to the February 2025 Meeting / The procedural arrangements in relation to the maintenance of the register have just been agreed with partners and we need to agree some audit standards as a next step.

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

Discussion Directorate Manager, CAMHs and Specialist Services, Mental Health and Learning Disabilities

- 📄 5.2 MHA Quarterly activity report Q2 24-25 (002).pdf (28 pages)

5.3. Risks relating to Monitoring of the MHA

Discussion Julie Denley, Deputy Chief Operating Officer / Director of Primary, Community, Mental Health and LD.

- 📄 5.3 Risks Related to Monitoring of the MHA Dec 24.pdf (5 pages)

5.4. Crisis Care Concordat National and Local Update

Discussion Ana Llewellyn, Nurse Director, Mental Health and Learning Disabilities

- 📄 5.4. Crisis Care Concordat National and Local Update.pdf (5 pages)

5.5. Strategic Update from South Wales Police

Discussion SWP Colleagues

5.6. Strategic Updates from Local Authority Partners

Discussion Local Authority Partners

- 📄 6.6. Local Authority Update MHA Committee (RCT).pdf (4 pages)
- 📄 5.6. Local Authority Update (Merthyr).pdf (1 pages)


13:00 - 13:00 **6. OTHER MATTERS**
0 min

6.1. Committee Highlight Report

Discussion Geraint Hopkins, Chair

6.2. Forward Work Programme

Discussion Geraint Hopkins, Chair

 6.2. Forward Work Plan - MHAMC 4 December 2024.pdf (2 pages)

6.3. Any other urgent Business

Discussion Geraint Hopkins, Chair

6.4. How did we do today

Geraint Hopkins, Chair

13:00 - 13:00
0 min

7. DATE AND TIME OF NEXT MEETING - 19 FEBRUARY 2025

Unapproved Minutes of the Mental Health Act Monitoring Committee

Date and Time of Meeting	Wednesday 4 th September 2024 at 13:00p.m.
Venue	Virtual via Microsoft Teams

Members Present	Geraint Hopkins	Independent Member (Committee Chair)
	Dilys Jouvenat	Independent Member
	Kath Palmer	Independent Member (In part)
	Rachel Rowlands	Independent Member
In Attendance	Julie Denley	Deputy Chief Operating Officer
	Robert Goodwin	Service Group Manager, Mental Health & Learning Disabilities
	Dr Sarah Argent	Consultant Child and Adolescent Forensic psychiatrist
	Elaine Lorton	Service director Mental Health and Learning Disabilities
	Ana Llewellyn	Care Group Nurse Director (In Part)
	Clayton Ritchie	South Wales Police
	Andrea Davies	Head of Mental Health Psychology & Psychological Therapies
	Meghann Morris	Directorate Manager Business, Improvement, Strategy and Commissioning
	Alyson Jones	Local Authority Representative
	Angela Edevane	Local Authority Representative
	Alexandra Beckham	Local Authority Representative
	Mark Wilkinson	Local Authority Representative
	Emma Walters	Head of Corporate Governance & Board Business
	Tyler Lewis	Corporate Governance Officer (Committee Secretariat)

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing and colleagues joining for specific



	agenda items. The format of the proceedings in its virtual form were also noted.
1.2	Apologies for Absence
	Apologies were received from <ul style="list-style-type: none"> Helen Lentle, Independent Member
1.3	Declarations of Interest
	There were no declarations
2.	CONSENT AGENDA BUSINESS
2.1	FOR APPROVAL
2.1.1.	Unconfirmed Minutes of the Meeting held on 5 June 2024
Resolution	The minutes were approved as a true and accurate record.
2.1.2	Procedure for allocation of responsible clinicians and nominated deputy, Mental Health Act 1983
Resolution	The procedure was APPROVED .
2.2	ITEMS FOR NOTING
2.2.1.	Annual Cycle of Business
Resolution	The annual cycle of business was NOTED .
2.2.2.	Action Log
	The action log was NOTED .

3.	MATTERS ARISING
3.1	Matters Arising Not Captured on the Action Log
	There were no matters raised.
4.	COMMITTEE BUSINESS MATTERS
4.1	Organisational Risk Register
	E Walters presented the report on the Organisational Risk Register and highlighted the key points to Members.
Resolution	The Committee reviewed and considered the contents of the Organisational Risk Register
5.	IMPROVING CARE
5.1	MHA Operational Group Report
	R Goodwin highlighted the key updates presented at the Operational Group meeting held on 26 July 2024.



	<p>G. Hopkins emphasised the importance of focusing on trends rather than temporary issues, expressing concern if the current trend continues. R. Goodwin noted that while the numbers in detentions had been decreasing, there was an increase in the last quarter, prompting a need to investigate the reasons behind this rise, as it is difficult to understand how these errors are occurring. In addition, he discussed potential causes, such as staff pressures and the need for additional staff training. G. Hopkins, mentioned that although the numbers are small (1-2%), even a small percentage of issues represents a significant jump. Following discussion, R Goodwin agreed to initiate a line of enquiry to understand the recent increase in errors and exploring solutions to address staff pressures and improve staff training.</p> <p>G. Hopkins sought an update on right care, right person and highlighted the significant involvement with police colleagues, particularly in providing information for applications. R. Goodwin advised that there had been seven occasions involving Section 135 arrangements and noted that approved Mental Health Professionals (AMPS) were helpful with Section 135(1) cases. R Goodwin added that when someone is detained under Section 135, the police formally take responsibility, and emphasised the need for agreement with the police, and noted that this is a work in progress.</p> <p>A. Jones clarified that only Approved Mental Health Professionals (AMPS) can apply for Section 135, while Section 132 can be applied by nurses and other staff, particularly in cases of patients absent without leave. A Jones noted that the right care approach was becoming more frequent and mentioned that online training for staff had been offered. A Jones added that information was being sent to admission wards, with an online booking system in place to book slots with magistrates. A discussion was also held in relation to funding for the warrants to the courts.</p>
Resolution	The Operational Group Report was NOTED .
Action	Initiate an investigation to understand the recent increase in errors and explore solutions to address staff pressures and improve training programs.
5.2	MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions
	<p>R. Goodwin presented the report on the activity data including errors and breaches regarding the application of the Mental Health Act within Cwm Taf Morgannwg University Health Board.</p> <p>R. Goodwin updated the Committee on the data review of unlawful detentions and staff pressures. J. Denley advised that the team would investigate re-admission rates and conduct an audit for detentions over 90 days.</p> <p>During the meeting, A. Jones highlighted an increase in older people being detained under the act, discussing the legal framework and rights involved. A. Davies noted historically high admission rates and the appropriate use of the act, emphasising the need for a more narrative approach.</p>



	<p>J. Denley expressed interest in understanding if those detained from the community were previously known to services and referred before, pointing out opportunities to support families and the importance of community engagement, including environmental factors.</p> <p>M. Wilkinson observed a rise in detainments in Bridgend and suggested checking with the Approved Mental Health Professional service for explanations, with the Mental Health Act office requesting a breakdown for clarification, R. Goodwin raised concerns in relation to issues in Psychiatric Intensive Care Unit or Ward 14, noting that the information is currently unavailable and suggesting modifications in how information is provided.</p> <p>During the meeting, R. Rowlands sought clarification as to the current challenges being experienced with paperwork and questioned whether it increases the risk of breaches, suggesting a need to check the extent of the issue and its resolution timeline. R. Goodwin raised concerns about the lack of an electronic system for Mental Health Act capable forms in parts of Cwm Taf Morgannwg. Whilst, A. Jones argued that breaches would not be eliminated due to human error and the pressure to complete forms, emphasising that forms could be left incomplete or not filled in at all, and stressed the importance of a shared system for managing risk.</p> <p>E. Lorton made reference to the ongoing work being undertaken to develop a business case for a single electronic system across mental health services, noting that while this would significantly improve record-keeping, it would not eliminate all issues, and encouraged support for this significant step forward. A. Jones sought reassurance that the electronic system would incorporate integrated teams and expressed hope that it would also include Local Authority staff.</p>
Resolution	The Report was DISCUSSED and NOTED .
Action	Provide updates to the Committee on the progress of the Electronic System in future meetings.
5.3	Risks Relating to Monitoring of the MHA
	<p>J Denley presented the key issues from the report which provided an overview of present risks related to the Monitoring of the MHA.</p> <p>J Denley advised that offering training to staff would help mitigate the risks involved in requesting a warrant and advised that there had been a resolution regarding the Princess of Wales tribunal, with a room now allocated deemed fit for purpose. Whilst, G. Hopkins mentioned should trends and issues escalate in the upcoming quarters, the Committee would require further attention to monitoring them.</p>
Resolution	The Committee NOTED the report.
5.3.1	Risks related to the monitoring of the Mental Health Act – update on timescales of hospital place of safety – Verbal Update

	<p>J. Denley noted that the current space allocation at Royal Glamorgan Hospital (RGH) and Princess Of Wales (POW) is appropriate, with no issues escalated and no changes required at this time. However, concerns were raised by G. Hopkins, around the proximity of the provision at Royal Glamorgan Hospital (RGH) to the paediatrics area, suggesting a potential change might be necessary. E. Lorton acknowledged the challenge regarding the provision and advised that the team would review the space allocation at RGH</p> <p>A. Jones raised significant health and safety concerns regarding the Emergency Department (ED) facilities, particularly noting that the Approved Mental Health Professionals environment room was very small and sought clarity as to how these issues will be mitigated. E. Lorton advised that space problems had been a long-standing issue, with Prince Charles Hospital being particularly challenging, despite a significant funding programme in place. J. Denley suggested that the Operational Group undertakes a comprehensive review of the rooms, and advocated for a more cautious approach to using certain rooms, recommending them only as a last resort for non-Mental Health Act emergencies.</p>
Resolution	The Committee NOTED
Action	Operational Group to conduct a comprehensive review of the current room usage within hospital sites.
5.4	Progress report on power of discharge sub Committee – Verbal Update
	J. Denley provided a verbal update on the progress being made with the Power of Discharge Committee. She informed the Committee that the next meeting would take place once the new Committee structure had been confirmed and approved.
Resolution	The Committee acknowledged the progress on the Power of Discharge Committee.
5.5	Strategic Update from South Wales Police
	<p>South Wales Police colleagues updated the Committee on strategic matters and highlighted key updates for Members attention</p> <p>During the meeting, C. Ritchie discussed data disparities, highlighting the accuracy of data in CTM and noting that trends in Mid Glamorgan are down 16% year-on-year, showing comparative stability. C Ritchie emphasised the need to modernise practices and mentioned a rise in the risk register, pointing out significant engagement without escalating it as a risk. Issues with absences without leave (AWOL) were also mentioned.</p> <p>A. Llewellyn addressed the issue of Phase 2 Right Care, noting an internal meeting scheduled for the following day to discuss Absent Without Leave (AWOL) policies, with broader Health Board representatives attending.</p>
Resolution	The Report was NOTED .



5.6	Strategic Update from Local Authority Partners – Verbal Update
	Local authority Members provided key updates to Committee Members. M. Wilkinson updated on the Bridgend Council Adult Services restructure, introducing a new mental health team for those not meeting the second need threshold. Members noted that this team, located with the Assisted Recovery Service, will integrate with other services through a multidisciplinary approach. M Wilkinson advised a working group is meeting regularly to discuss operations and communication. A. Llewellyn queried whether the update provided was sufficient in terms of detail for Committee Members and it was suggested that moving forwards it would be helpful if Local Authority colleagues could submit a presentational slide to future meetings outlining key areas of focus.
Resolution	The Committee NOTED the updates.
Action	Create a slide template for local authority representatives to facilitate ongoing review
6.	OTHER MATTERS
6.1	Committee Highlight Report
	Members noted this would be drafted by the Corporate Governance Team outside the meeting.
6.2	Committee Forward Work Plan
	Members noted that the Forward Work Programme would be updated following discussions held at the meeting today in preparation for the next meeting in December.
6.3	Any other business
	As it was E. Lorton’s last Committee Meeting, the Chair thanked her for her commitment and valuable contributions, offering best wishes for her future endeavours.
6.4	How did we do today
	The Chair invited Members to comment and reminded them that they could also relay feedback outside of the meeting.
7.	DATE AND TIME OF NEXT MEETING
7.1	4 December 2024 at 13:00PM

Mental Health Act Monitoring Committee

DRAFT Cycle of Business (1st March 2024 – 31st March 2025)

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

The Cycle of Business covers the period 1st March 2024 to 31st March 2025.

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

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

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

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

Mental Health Act Monitoring Committee Cycle of Business (1st March 2024 – 31st March 2025)

Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Consent Agenda																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings			R			R			R			R		R	
Action Log	Director of Corporate Governance	All Regular Meetings			R			R			R			R		R	
Main Agenda - Governance																	
Organisational Risk Register* (* There are currently no risks assigned to the Committee)	Director of Corporate Governance	All Regular Meetings (if applicable)			R			R			R			R		R	
Mental Health Act Monitoring Committee Annual Report	Director of Corporate Governance	Annually						R									
Mental Health Act Monitoring Committee Annual Self-Assessment	Director of Corporate Governance	Annually			R						R						
Mental Health Act Monitoring Committee Terms of Reference	Director of Corporate Governance	Annually						R									
Mental Health Act Monitoring Committee Annual Cycle of Business	Director of Corporate Governance	Annually			R											R	
Committee Forward Work Programme	Director of Corporate Governance	All Regular Meetings			R			R			R			R		R	
Main Agenda – Improving Care																	
Report from the Mental Health Act Operational Group	Lead Nurse & Chair MH Act Operational Group	All Regular Meetings			R			R			R			R		R	
Deep Dive spotlight – Operational Group <ul style="list-style-type: none"> Dec 2024 – Section 117 Aftercare-Use and Code of Practice Compliance in CTM Section 135 – Use and Code of Practice Compliance in CTM March 2025 – Repeat Section 136 / 135 use – An Audit of prevalence of people detained under Section 136/135 3 times or more in 12 months – period in scope Jan 23 – Dec 24 (2 full years) 	Head of MH Care Group			R				R			R Defer to Dec 24			R Defer to Feb 25		R	



Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
<ul style="list-style-type: none"> June 2025 Audit of compliance of MHA documentation (including MCA 1 forms) on patients staying 90 days and over in all wards / units 																	
Mental Health Act Quarterly Activity Report / Breaches/Analysis of Unlawful Detentions - Mental Health Act	Head of MH Care Group	All Regular Meetings			R			R			R			R		R	
Risks related to the Monitoring of the Mental Health Act	Head of MH Care Group	All Regular Meetings			R			R			R			R		R	
Strategic Update from South Wales Police	South Wales Police	All Regular Meetings			R			R			R			R		R	
Strategic Update from Local Authority Partners	Local Authority Partners	All Regular Meetings			R			R			R			R		R	
Crisis Care Concordat National and Local Update	Clinical Service Group Manager MH Care Group	Six Monthly						R						R			

ACTION LOG - MENTAL HEALTH ACT MONITORING COMMITTEE

Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action
4 September 2024	<p>Risks related to the monitoring of the Mental Health Act – update on timescales of hospital place of safety</p> <p>Operational Group to conduct a comprehensive review of the current room usage within hospital sites.</p>	Chair of Operational Group	Review of room use in February meeting of operational group.	The current waiting times report for section 136 identifies the number of times each quarter an emergency department or MH place of safety is being used. This includes patient waiting times for assessment. Next step will include identification of individual room usage within each area.
4 September 2024	<p>MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions</p> <p>Provide updates to the Committee on the progress of the Electronic System</p>	Deputy COO/ Director of Primary, Community, Mental Health & LD		Decision made to move away from the DHCW National Programme of the Mental Health Single Clinical Record with a view to procuring a system. Business Case approved 17 th Oct and submitted to WG for funding. Procurement started.
4 September 2024	<p>Operational Group Report</p> <p>Initiate an investigation to understand the recent increase in errors and explore solutions to address staff pressures and improve training programmes.</p>	Chair of Operational Group	Operationalised from 01/11/24	Going forward the operational group will identify the individual responsible for submitting a poorly checked scrutiny form. This will help identify any themes in terms of staff and service pressures. To help with learning.
05 June 2024	<p>5.3 Risks related to the Monitoring of the Mental Health Act</p> <p>To provide Members with a comprehensive update on timescales in relation to hospital place of safety</p>	Deputy CoO/director of Primary, Community, Mental Health & LD	September 2024	<p>In Progress</p> <p>The Operational Group is progressing with discussions on each hospital site to ensure appropriate space is allocated.</p>

	locations & Check Care Group status following temporary moves.			<p>PCH was a site of significant concern however 2 rooms have now been made available one for S136 and one for assessment and staff to document notes whilst on site. These rooms will still not meet the requirements of concerns raised e.g. staff exit door, however the PCH management has agreed to ensure the team area and assessment area are within the structure of the future build- approx. 5 years for the long term plan.</p> <p>The provision of crisis assessment rooms across the three DGHs is being reviewed as part of the Right Care Right Person.</p>
6 December 2023	<p>4.2 Mental Health Act Quarterly Activity Report/Breaches Analysis of Unlawful Detentions</p> <p>To consider reviewing the contents of the reports for further improvement, given the change in Committee Membership.</p>	Deputy COO/Director of Primary, Community, Mental Health & LD/Service Group Manager		<p>Ongoing</p> <p>Reports will be reviewed in response to membership feedback</p> <p>Update 22/10/24 - This action will be reviewed once the new committee structure is implemented in January 2025</p>
6 December 2023	<p>4.1 MHA Operational Group Report</p> <p>Chair of Operational Group to discuss with the Assistant Director of Governance & Risk with regard to adding a new risk to the</p>	<p>Service Group Manager</p> <p>Assistant Director of Governance & Risk</p>	February 2025	<p>Ongoing</p> <p>Chair of Operational Group has added the DATIX risk related to the conveyance of patients from ward 14/PICU to MPEC for the purposes of</p>

	organisational risk register in relation to the issue around CTM colleagues escorting detained patients through hospital premises.			a MHA Tribunal. Discussions with POWh site management on going. Update : 27.08.2024 New area allocated in Princess of Wales Hospital and being piloted to help determine suitability
September 2023	MHA Operational Group Report Governance Team to consider the governance process in relation to IM's becoming Hospital Managers.	Governance Team	September 2023	Ongoing Should any Independent Member express an interest in becoming a Hospital Manager as defined in the MHA 1983 (2007) then they should discuss this with the Chair in order to review the requirements and time commitment required alongside their IM Role profile. Information on the remit of this role is available on request.
September 2023	Forward Work Plan To arrange an educational visit to the Mental Health teams for Independent Members.	Service Director Mh and LD, Mental Health	February 2025	In progress MHA Team looking at possible dates for a potential visit in February 2024 linking in with Governance Team. Update 22/10/2024: Visits are postponed until 2025 following the implementation of the new Committee structure in January 2025.

COMPLETED ACTIONS

4 September 2024	Strategic Update from Local Authority Partners	Deputy COO / Director of Primary, Community, Mental Health & LD		COMPLETED A template was circulated for use in advance of meeting.
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	Create a slide template for local authority representatives to facilitate ongoing review			
05 June 2024	<p>Power of Discharge Sub Committee – Progress update</p> <p>To provide Members with an update on the progress of work ongoing in relation to the Power of Discharge Committee.</p>	Deputy Coo/director of Primary, Community, Mental Health & LD	September 2024	<p>COMPLETED</p> <p>The Committee were updated on the progress made. The next meeting will be held once the new committee structure is implemented in January 2025</p>
5 June 2024	<p>Unconfirmed Minutes of the meeting held on 6 March 2024 & Annual Report</p> <p>The Corporate Governance Team agreed to update the minutes and annual report to accurately reflect a Members attendance at the last Committee Meeting</p>	Governance Team	Immediately	<p>COMPLETED</p> <p>Both the Minutes and the annual report were amended to reflect the Members attendance at the previous committee meeting. A new bundle of papers was uploaded to reflect.</p>
September 2023	<p>MHA Quarterly Activity Report</p> <p>To undertake a review into lapses and present an update to a future meeting of the Committee.</p>	Chair MHA Operational Group	December 2023	<p>COMPLETED</p> <p>A separate deep dive analysis was carried out into the lapses to highlight any areas of poor compliance with the Act.</p>



Agenda Item

4.1

Mental Health Act Monitoring Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	04/12/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Emma Walters, Head of Corporate Governance & Board Business
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	October 2024	RISKS REVIEWED
Operational Management Board	October 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	11 th November 2024	MANAGEMENT SIGN OFF RECEIVED

Acronyms / Glossary of Terms	



1. Situation / Background

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.

2. Specific Matters for Consideration

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks taking into account feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 4th November 2024. Where review dates have passed and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.

Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
Risk Management Approach



Practical Approach to Managing Risk
Risk Assessment and Scoring
Datix Risk Management Module

- 2.8 To date **754** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2. In addition to this number training has also been provided to the Joint Commissioning Committee Senior Leadership Team during this period and their feedback is captured in the evaluations at 2.1.4.
- 2.9 In addition, the Health, Safety & Fire Directorate have run Managing Safely Courses during the period which has a designated section on risk. These sessions were held as follows:
- 30th September – 2nd October 2024 – 7 attendees
- 2.10 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.11 96 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.77 out of a maximum score of 5.
- 2.12 100% of the 96 attendees providing formal feedback found that:
- The session provided the right amount of information.
 - They gained more confidence and knowledge in risk management having attended.
 - They would recommend this training to a colleague.
- 2.13 98% of the 96 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.14 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *Really helpful to help shape the risk culture in the JCC*
 - *It was good to see how Datix is used to report risks as I am a newer member of staff and haven't used it before. It was also interesting to see how different people respond differently to risks from the pictures of the boats in the river as it shows how risks can be seen differently in real life situations*
 - *Covered exactly what I needed for risk and my knowledge has expanded.*
 - *Provided just enough information, without overloading.*
 - *The descriptions of risks vs incidents was really clear, the practical walk through Datix was really useful for me as I've not used it before. I would recommend this session to all my colleagues.*
 - *Perfect level of information and good length of session. Generated good level of discussion and food for thought.*



3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Nil in terms of risks escalated to the organisational risk register which are assigned to this Committee.

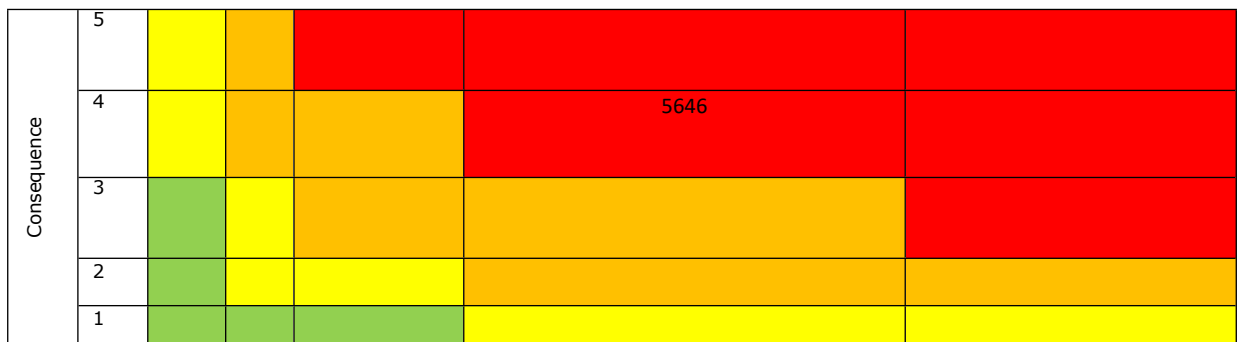
3.2 CHANGES TO RISKS

Nil in terms of risks escalated to the organisational risk register which are assigned to this Committee.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

There were no risks escalated to the Organisational Risk Register that were closed this period.

3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Resilient Wales
	If more than one applies please list below:



150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below)	
	See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below)	
	See detail captured for each risk	
Effaith Adnoddau (<i>Pobl /Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	Yes (Include further detail below)	
	See detail captured for each risk	

5. Recommendation

- 5.1 The Committee are asked to:
- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
 - **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

6. Next Steps

- 6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (Current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
5646	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	The impact of "Right Care Right Person" approach.	<p>IF: South Wales Police (SWP) implement Right Care Right Person</p> <p>Then: In some circumstances the Health Board will not be able to routinely call upon SWP to assist with people in mental health crisis or with social care issues, for example, missing patients, welfare checks and supervising people who are detained on S136 Mental Health Act.</p> <p>Resulting in: Increased risks to our staff and the people who use our services.</p>	<p>Multi-agency planning meetings have been arranged to review policies.</p> <p>This is an emerging picture and one which the Health Board are developing a fuller mitigation against, it is also a picture which has a gradual phased roll out over the next year.</p> <p>Nurse Director for the Care Group will be drafting a report for Operational Management Board later in the month but timelines have not allowed for this at submission to the Organisational Risk Register.</p>	<p>Update October 2024 - Risk reviewed no change</p> <p>Phase 2 commenced 16/09/24 - no significant issues reported.</p> <p>Lunch and Learn sessions completed for Health Board staff.</p> <p>Management of Patients Who Walk out of A Healthcare Setting Policy + Absent Without Leave (AWOL) & Missing Patient Policy MILD Care Group revised to reflect RCRP.</p> <p>Phase 3+4 due to be implemented Feb 2025.</p>	Quality & Safety Committee Mental Health Act Monitoring Committee	16	CxL4	12 (CXL4)	↔	08.12.2023	29.10.2024	31.12.2024



Agenda Item

5.1

Mental Health Act Monitoring Committee

MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

Dyddiad y Cyfarfod / Date of Meeting	04/12/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Cyflwynydd yr Adroddiad / Report Presenter	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Executive Director of Primary, Community & Mental Health

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

MHA	Mental Health Act
AMHP	Approved Mental Health Practitioner
EDT	Emergency Team
SWP	South Wales Police



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

CAMH's	Child and Adolescent Mental Health Service
IMHA	Independent Mental Health Advocacy
AWOL	Absent Without Leave

1. Situation /Background

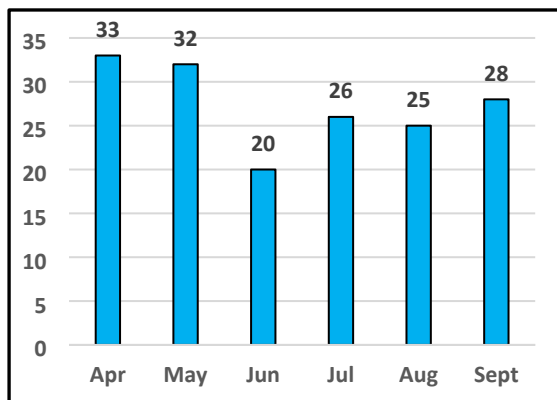
1.1 The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place 4 September 2024. The meeting on 7 November 2024 was well attended with representatives from across Adult, Older Adult and CAMHs, Mental Health Act Team, Social Services and South Wales Police.

2. Specific Matters for Consideration

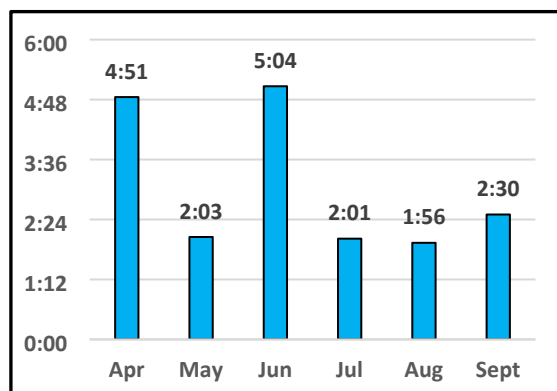
2.1 Waiting Times for Section 136 Assessments April – Sept 2024

The Operational Group has been working with South Wales Police colleagues to obtain information on waiting times for Section 136 Assessments. The information displayed below has been obtained from the South Wales Police App and the Mental Health Act Team within the Health Board. The information identifies the number of assessments together with police and patient waiting times for completion of the assessment.

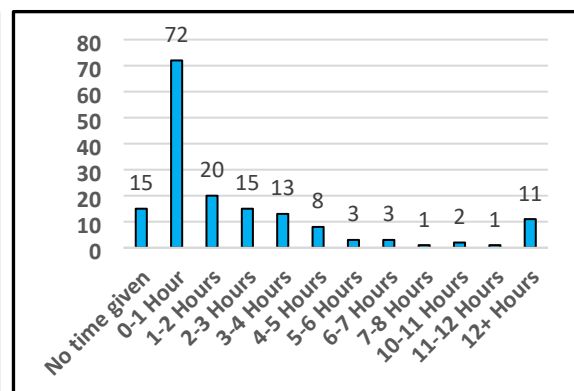
Graph 1. Total No. of Section 136 Detentions



Graph 2. Average of Total Officer Waiting Time



Graph 3. Total Officer Waiting Time

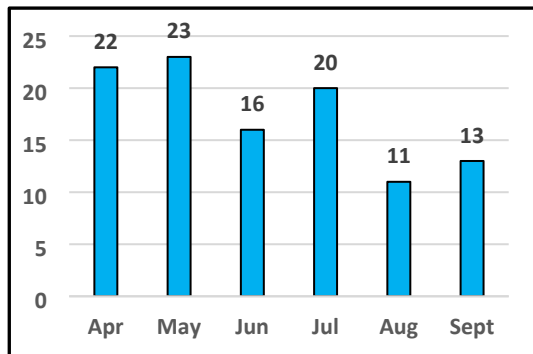


Graph 2 above shows that average waiting times for the Police have been maintained at levels around 2 hours. The information below has separated the

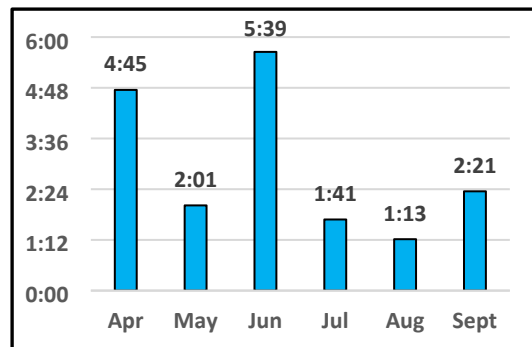
waiting time information between those where the first point of contact was the Health Board Place of Safety or the local Emergency Department.

Place of Safety is the Health Board Access Point

Graph 4. Total No. of 136 Detentions

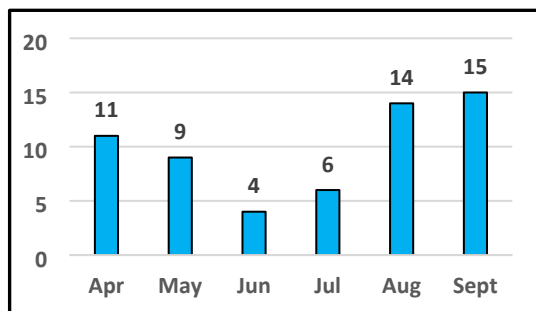


Graph 5. Average of Total Officer Waiting Time

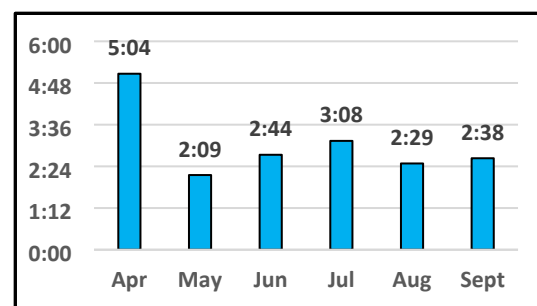


Emergency Department is the Health Board Access Point

Graph 6. Total No. of 136 Detentions



Graph 7. Average of Total Officer Waiting Time



The Operational Group has also been recording police and patient waits for individual Places of Safety and Emergency Departments. The aim is to help identify any local variation. Average waiting times at the Royal Glamorgan Hospital Mental Health Unit in September were just 42 minutes for 8 assessments. Emergency Department waits in the Royal Glamorgan Hospital averaged 2 hours and 11 minutes for 12 assessments. These improved mean waiting times were seen as very positive by the South Wales Police. This information will be an important resource when detailed discussions begin with the South Wales Police about planned changes to Section 136 transport arrangements in February 2025.

2.2 South Wales Police roll out of "Right Care Right Person"

The Nurse Director for Mental Health and Learning Disabilities was leading a group preparing for the roll out of the above which began with a new approach to welfare checks from 26 February 2024.

Stage 2 Implementation Relating to AWOL's and Walkouts went live on 16 September 2024. A review of calls to the police and their response was completed prior to this as a baseline in February 2024. For the CTMUHB region the following information was reported

Table 1. South Wales Police Response Rates February 2024

	Calls	Deployments
Total	33	23 (70%)
AWOL	13	13
Walkouts	20	10

In the 4 week period following the 16 September 2024 38 calls were made from the CTMUHB region comprising 7 AWOL and 31 Walkout incidents. The South Wales Police information on regional response rates was not available at the Group but was expected to have reduced from the February baseline.

The new South Wales Police arrangements have been supported by the development of a revised Health Board AWOL policy. This introduces a risk based approach to police calls where a police response will be expected when there is an immediate risk to life or immediate risk of harm. This risk assessment process is dynamic and can change over time. The Group were not aware of any particular untoward incidents as a result of this change but would keep this under review with the South Wales Police. The next police briefing is scheduled for 17th January 2025. The Stage 3 Transportation and Stage 4 Section 136 Process Changes are to go live for February 2025.

2.3 Mental Health Act Activity Report Q2, July – September 2024

The number of adult detentions had risen from 97 in Q4 to 107 in Q1 with a further rise to 110 in Q2, this was within the 2021/2024 mean of 113. The use of adult Section 5(2) Doctors Holding Powers had risen sharply from 12 in Q1 to 23 in Q2. 16 of these were applied in the Royal Glamorgan Hospital Mental Health Unit. The increased use of Section 5(2) could indicate some challenges with the availability of medical staff. Alternatively the rise could indicate an increased reliance on informal admissions which later required detention. The use of Section 62 Urgent Treatment had also risen to 10 in Q2, 7 of these being used in the Royal Glamorgan Hospital Mental Health Unit. The use of Section 62 may reflect some recent changes in medical staff deployment and the need to renew the Consent to Treatment forms CO2 (for consenting patients) and CO3 (for non-consenting or patients without capacity). The Operational Group will monitor the use of Section 5(2) and 62.

The number of Older Peoples detentions had decreased from 46 in Q1 to 35 in Q2. This reversed an earlier trend and returned activity to the 2021/2024 mean.

The use of Section 136 had decreased from 85 in Q1 to 79 in Q2, with the Section being used on 7 occasions for young people. Section 135 had similarly declined from 7 in Q1 to 3 in Q2 with none under 18 years. The Group discussed some requests which had been made to junior doctors to help with Section 136 assessments. This was not seen as good practice in the Code of Practice and would be further monitored by the Group.

2.4 Mental Health Act Errors and Breaches Q2, July – September 2024

The number of rectifiable errors reduced from 13 in Q1 to 7 in Q2 all connected with completion of the AMHP Form HO2. There were no fundamental errors, a reduction from the 3 in Q1. There was 1 miscellaneous error relating to Section 5(2) Doctors Holding Powers applied in Pinewood House which had not been signed or dated by the doctor completing the form.

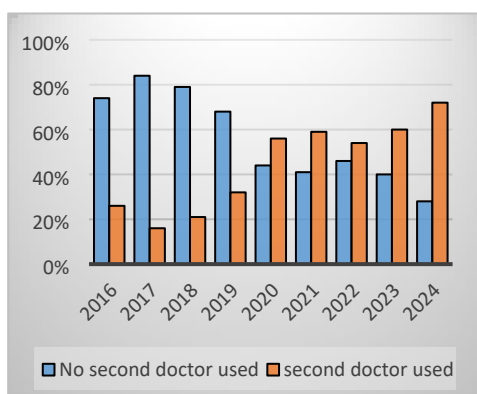
2.5 Place of Safety Facilities in the Health Board

The Group considered the Place of Safety arrangements in Prince Charles Hospital. Concern had been expressed about the risk relating to unaccompanied AMHP's staying with patients in the Place of Safety. Proposals were being developed to ensure local Crisis team staff were able to accompany AMHP's when the Prince Charles Hospital Emergency Department was being used as a Place of Safety. A visit to this area was scheduled for 22 November 2024 with Local Authority colleagues, Crisis team members and the local Site Manager to discuss this and accommodation issues.

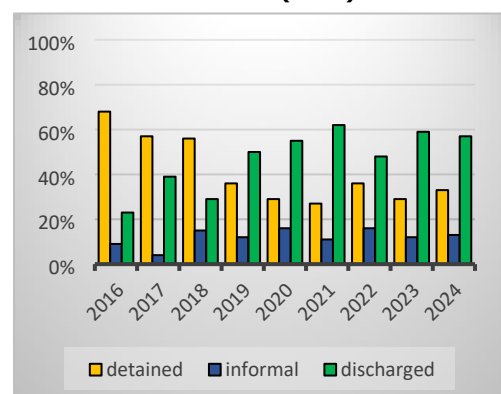
2.6 Medical Attendance at Section 136 Assessments

The Medical Workforce Efficiency Group has asked the Mental Health Act Operational Group to monitor medical attendance at Section 136 assessments. The graph below shows an increase in the number of occasions where a second doctor is in attendance.

Graph 8. Doctor attendance at Section 136 Assessments (as %), 2016-2024



Graph 9. Section 136 assessments – Outcomes where second doctor in attendance (as%) 2016-2024

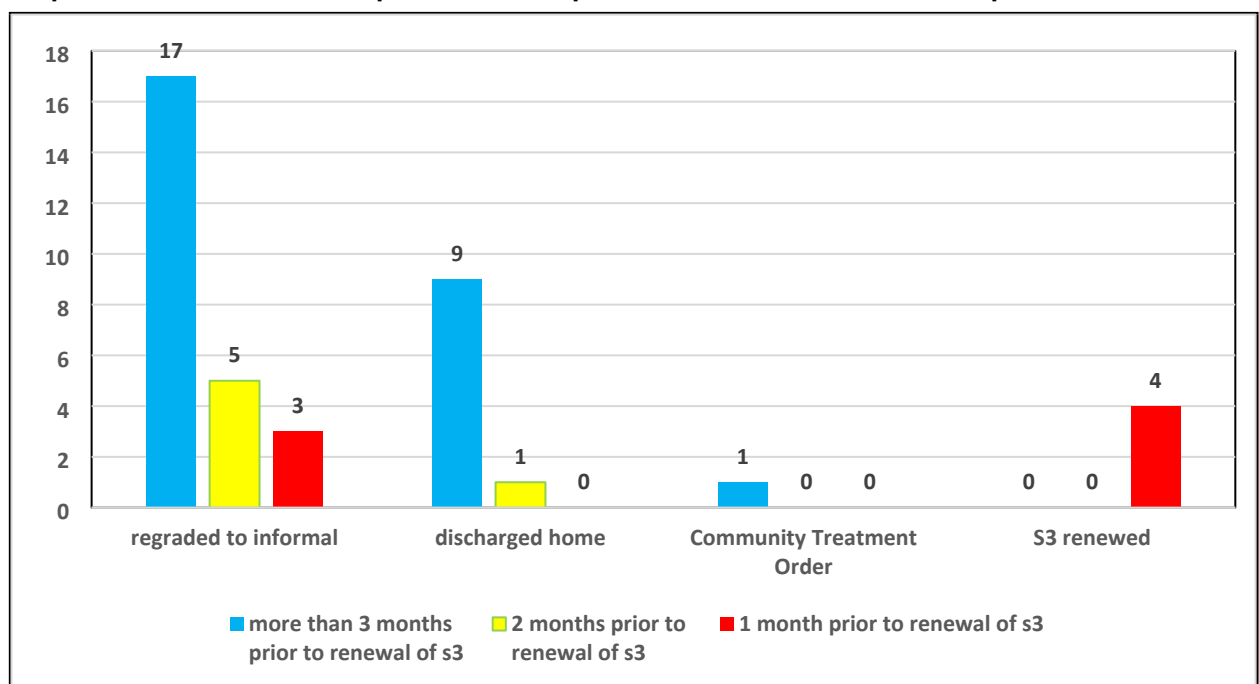


Prior to 2020 the majority of assessments were concluded by a single member of the medical team. This issue is to be discussed further at the Senior Medical Staff Committee meeting on 27 November 2024.

2.7 Access to Mental Health Review Tribunal arrangements for Older Persons subject to the Mental Health Act 1983

The Operational Group had been asked to review the use of Section 3 within the Health Boards Older Peoples Services and in particular the number of patients who had been discharged from this section before being referred for a Mental Health Review Tribunal.

Graph 10. Review of Older People taken off S3 prior to MHRT referral under S68 Apr 23 – Mar 24



The graph above shows 25 of the 36 discharges during the period being regraded to an informal status. 10 patients were discharged home and 1 placed on a Community Treatment Order following discharge from Section 3. On 4 occasions during the period the Section 3 was renewed, all of whom were referred under Section 68 for a Mental Health Act Tribunal. 1 of the above patients detained to Angelton Clinic had submitted an application for discharge from Section 3 to the Mental Health Review Tribunal Office. This was subsequently withdrawn. The patient had legal representation. Local Authority AMHP colleagues suggested it may be helpful to explore the decision making process which was undertaken prior to applying either a Mental Health Act detention or making use of the Deprivation of Liberty Safeguards. The Group suggested a dedicated training session on this issue.

2.8 Section 117 Aftercare - Review of Registers

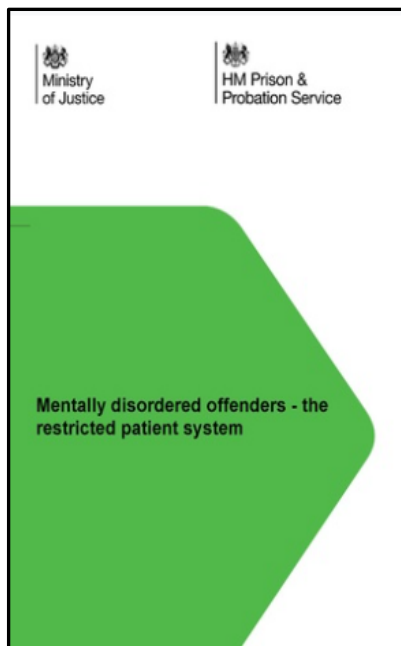
Some people who have been kept in hospital under the MHA are entitled to receive free help and support after they leave. The law that gives this right is

Section 117 of the Mental Health Act. It is often referred to as 'Section 117 Aftercare'. The Code of Practice for Wales defines the purpose of Section 117 as meeting a need arising from the patient's mental health disorder or to reduce the risk of deterioration. The Mental Health Act Team have with partners developed a procedure to ensure the effective maintenance of the register. This was agreed in the Operational Group at the meeting on 7 November. Following a review of the existing register an audit protocol will be developed to test our arrangements against the standards in the Operational policy and the Code of Practice.

2.9 Audit of Mental Health Act Statutory Documentation

The Mental Health Act team has completed the first round of inpatient documentation audits which were generally positive (Appendix 1). A sample of 5 health records were reviewed for each inpatient area. There were examples in some individual records where there was no evidence that "patient's rights" had been given. Some section papers had been incorrectly filed and a small number of current Treatment Certificates were not attached to the medication chart. The Group welcomed this review and the learning with individual ward teams.

2.10 Mentally Disordered Offenders - The Restricted Patient System



The Group considered the joint Ministry of Justice and HM Prison and Probation Service Guidance for stakeholders including patients and their families, victims and multidisciplinary team members. The document outlines the role of the Secretary of State for Justice and the Mental Health Case Work section within the HM Prison and Probation Service.

Restricted patients are mentally disordered offenders who are detained in hospital for treatment and who are subject to special controls by the Secretary of State for Justice. They include offenders who are diverted from the Courts to the hospital system and those who are transferred to a secure hospital from prison and made subject to a restriction order or direction.

These Orders limit the powers of the Responsible Clinician and in some cases the Tribunal to make decisions about the patient. This includes the need for Responsible Clinicians to seek consent from the Secretary of State on issues such as patient transfer between hospital or leave in the community. The Operational Group will review the use of restricted sections at its next meeting together with the provision of information to patients and families.

2.11 Courts and Tribunals Judiciary – Prevention of future deaths report

The Courts and Tribunals Judiciary have published a summary of the Regulation 28 report to prevent future deaths which was sent to Swansea Bay University Health Board by the Swansea Neath and Port Talbot Coroner

https://www.judiciary.uk/wp-content/uploads/2024/05/Nicholas-Harrison-Prevention-of-future-deaths-report-2024-0224_Published.pdf

The inquest considered a death in the community following an assault which took place on 12 March 2022 by a patient who had absconded from Ward F Neath Port Talbot Hospital whilst subject to a Section 2 detention. The report identified some failings in the provision of care within both the community and inpatient setting. This included concerns about continuity of care and insufficient attention being given to information provided about the perpetrator by his family. The Operational Group were advised that the learning from this case had been considered in the Care Groups Quality Safety and Risk Committees.

2.12 Hospital Managers Power of Discharge Committee Meeting

The Group reviewed the minutes of the Power of Discharge Committee held on Wednesday 9 October 2024. The meeting was well attended. The Group discussed the offer of "face to face" Hearings when this was requested by the patient. The Chair had agreed to seek legal advice on a question relating to the legal responsibilities of the Hospital Manager in the event of a discharge. It was understood that the Hospital Manager was discharging their role on behalf of the Health Board. In Q1 14 Managers Hearings had been held with all detentions being upheld, 1 Hearing had been adjourned and 6 postponed. The Group asked for information to be provided in future reports on the reasons for the postponements.

2.13 Independent Mental Health Advocacy Q2 Report, July – Sept 2024

Staff absence in Advocacy Support Cymru had prevented the preparation of the Q2 report. The Group looked forward to the next update in their February 2025 meeting.

2.14 Nominated Adolescent Bed on Adult Mental Health Wards

The Health Board is required to have a nominated bed for adolescents between the age of 16 - 18 requiring admission. This bed is currently identified in the Royal Glamorgan Hospital Mental Health Unit. The transfer of this service into Ward 14 at the Princess of Wales Hospital would have benefits in terms of the co-location with Ty Llidiard for the purposes of medical supervision which would be retained by CAMHs. There were a small number of minor estates issues to be resolved before the new bedroom could be brought into use in December 2024. A final commissioning team meeting had taken place 15 November 2024, in which a revised policy and joint working arrangements between Adult services and CAMHs were agreed.

2.15 Operational Policy Review

The MHA team had made very good progress on the review of Operational Policies. The Health Board's Risk Assessment Tool had been applied to each of the approved policies. A list of ratified and policies subject to review is shown in Table 2 below.

Table 2. Schedule of Mental Health Act Operational Policies and their approval

REF NUMBER	TITLE	LEAD PERSON	PROGRESS
MH04	Community Treatment Policy	AT	Agreed In Operational meeting 15/10/2021. Ratified in MHAMCM- 04/12/2023
MH06	Section 5(4)	AT	Agreed in the Operational Group 27/01/2023 Ratified in MHAMCM- 04/12/2023
MH07	Section 5(2)	JB	Agreed in the Operational Group meeting 28/04/2023 Ratified in MHAMCM- 04/12/2023
7MH08	Consent to Treatment Sec 58 and Sec 58a	AT	Agreed in the Operational Group meeting 28/04/2023. Ratified in MHAMCM- 04/12/2023
MHA117	Section 117 Policy	JB	Agreed in the Operational Group meeting on 28/07/2023 Ratified in MHAMCM - 04/12/2023
MH12	Section 17 leave policy	JB	Agreed in the Operational Group meeting 26/01/2024 Ratified in MHAMCM- 06/03/2024/
MH28	Hospital Managers Scheme of Delegation	AT	Agreed in the Operational Group meeting 26/01/2024 Ratified in MHAMCM- 06/03/2024
MH17	Section 132&133 patients rights' procedure	JB	Agreed in the Operational Group meeting 26/01/2024 Ratified in MHAMCM- 06/03/2024
MH09	Hospital Managers Operational Procedure	JB	Agreed in the Operational Group meeting 26/01/24. Ratified in the MHAMCM- 05/06/2024



New	Section 140 Policy	RG	Agreed in the Operational Group meeting 26/01/2024. Ratified in the MHAMCM 05/06/2024
New	Allocation of Responsible Clinician	AT	Agreed at the Operational Group meeting on 07/11/2024. For ratification in the MHAMCM on 04/12/2024.
New	Standard Operating Procedure for S117	AT	Agreed at the Operational Group meeting on 07/11/2024. For ratification in the MHAMCM on 04/12/2024.
MH03	Section 136		Awaiting Police to update national policy- 23/08/2022
MH02	Section 135(1) Section 135(2)		Awaiting Police to update national policy- 23/08/2022

AGREED
 FOR REVIEW

The Group discussed changes to the allocation of Responsible Clinician Policy and noted the inclusion of a section in relation to Conditionally Discharged patients. The process for allocation of responsibilities within the Royal Glamorgan Hospital Mental Health Unit had also been clarified.

2.16 Operational Group Work Plan

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

Table 3. Operational Group Work Plan

Activity	Progress	Timescale
Service user feedback	Advocacy Support Cymru to circulate CTO Questionnaire involving the patients care coordinator.	January 2025
Policy Work	Completion of a revised Section 135 / 136 policy incorporating changes as a result of "Right Care Right Person". The South Wales Police are leading on this.	January 2025
Nominated Adolescent Bed on Adult MH Wards	Policy work and training to be concluded in order to support the transfer of this service to Ward 14 POWh.	November 2025



Review of the restricted patient system	The Operational Group have agreed to consider guidance provided to stakeholders (including patients and their families, victims, Responsible Clinicians and other members of the multi-disciplinary team.	January 2025
Section 117 Aftercare Audit	An audit tool will be developed to measure our practice against the standards within the Code of Practice and our local policy.	March 2025
Audit of compliance of MHA documentation (including MCA 1 forms)	This audit will focus on those patients with stays of over 90 days on Mental Health wards within the Health Board.	January 2025
Quality Impact Assessment	Screening exercise to be completed by the Operational Group.	January 2025
Equality and Welsh Language	Impact assessment screening to be completed by the Operational Group.	January 2025

3 Key Risks / Matters for Escalation

3.1 South Wales Police roll out of “Right Care Right Person”

The Operational Group continue to monitor patient and police waiting times for Section 136 and are pleased to note a reduction in recent months. Information is being provided on waiting times within individual Emergency Departments and Places of Safety to help understand any local variations. A new AWOL policy has been developed to support the stage 2 roll out of changes in relation to the police response to AWOL and Walkout incidents. This stage went live on 16 September 2024 with a new risk based approach to determine the need for police calls.

3.2 Fundamental breaches and the application of the Scrutiny Checklist

The Operational Group has prioritised the development of the Scrutiny Checklist and the provision of training for staff. It is pleasing to note a reduction in minor errors from 13 in Q1 to 7 in Q2. And a reduction in fundamental errors from 3 in Q1 to 0 in Q2.

3.3 Section 117 Aftercare – review of registers

A procedural guideline has been developed with partners to ensure the development of a robust process for maintaining the Section 117 Aftercare register. Once the register has been checked for accuracy the Operational Group will coordinate an audit against Code of Practice standards.

3.4 Increased use of Section 5(2) and Section 62

The Operational Group has identified an increase in the use of Doctors Holding Powers and Urgent Treatment under Section 62 in Q2. These increases could indicate some challenges with the provision of medical cover or for Section 5(2) an over reliance on informal admissions. The Operational Group will keep this under review.

3.5 Medical Attendance at Section 136 assessments

The Operational Group has been asked to consider the above and has identified an increase in the number of occasions when 2 medical staff attend for the purposes of a Mental Health Assessment. 2 medical recommendations are only required when a patient is detained under the Mental Health Act. This will be discussed within the Care Group Senior Medical Staff Committee.

3.6 Nominated Adolescent Bed on Adult Mental Health Wards

This facility will transfer from the Royal Glamorgan Hospital into Ward 14 at the Princess of Wales Hospital when commissioning of the new service has been completed in December 2024. The Operational Policy has been renewed which includes the promotion of joint working between CAMHS and Adult Services.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> Link to Enablers of Quality	Data to Knowledge
	Learning, Improvement & Research



(Duty of Quality Statutory Guidance (gov.wales))	
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe If more than one applies please list below: Effective Equitable Person Centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: To be included in work plan for the Operational Group.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: To be included in work plan for the Operational Group.
Cyfreithiol / Legal	Yes (Include further detail below) Those related to the Health Boards legal responsibilities in applying the Mental Health Act 1983.	
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	There is no direct impact on resources as a result of the activity outlined in this report.	



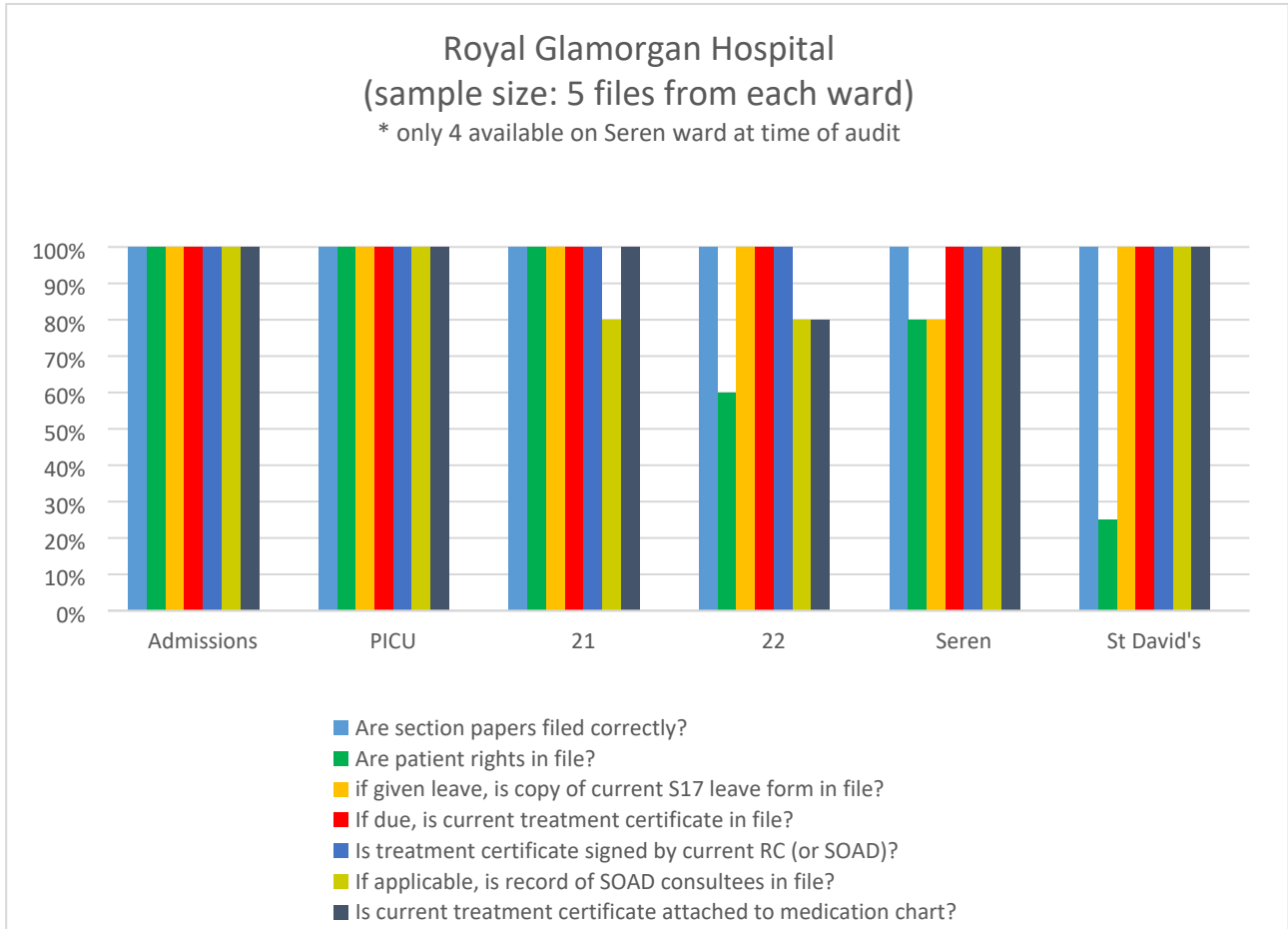
(Pobl /Ariannol) / Resource Impact (People / Financial)	
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5. RECOMMENDATION

- 5.1 The Mental Health Act Monitoring Committee is asked to note the work of the MHA Operational Group.

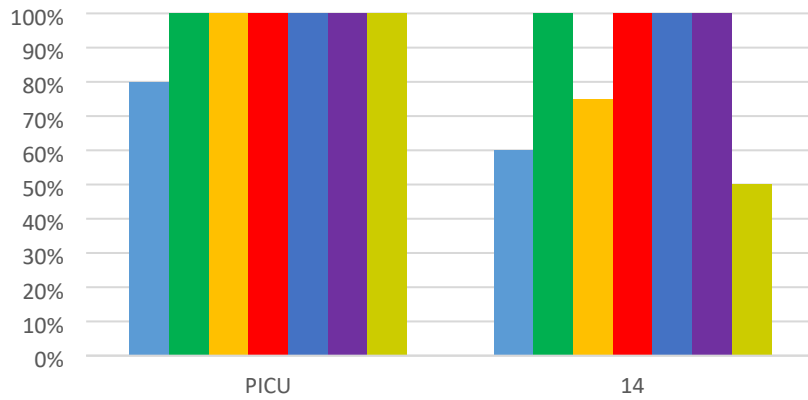
Appendix 1	Audit of Mental Health Act Statutory documentation for inpatient wards	
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Audit of MHA statutory documentation for acute inpatient wards
Royal Glamorgan Hospital & Princess of Wales Hospital
Quarter 2 2024/25





Princess of Wales Hospital (sample size: 5 files from each ward)



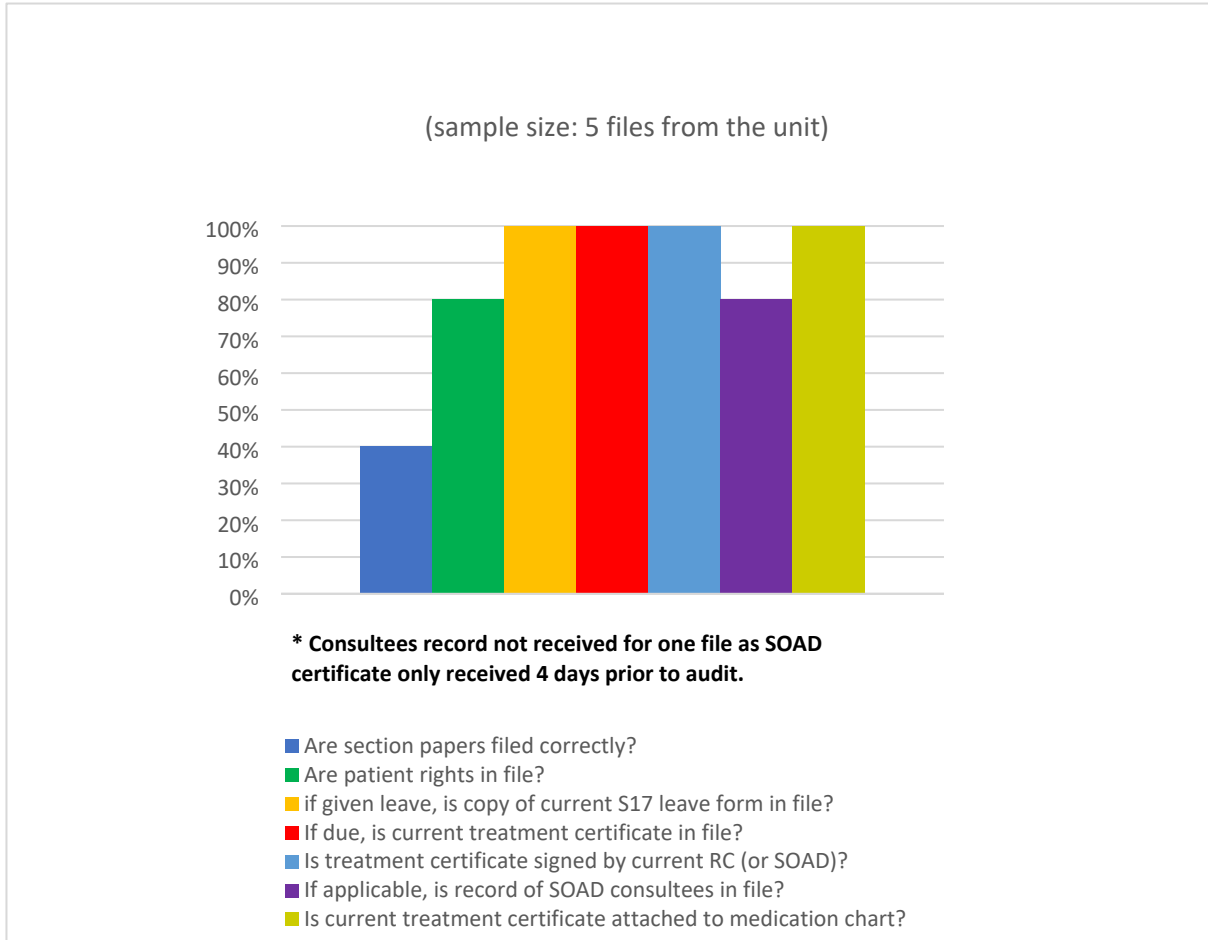
- Are section papers filed correctly?
- Are patient rights in file?
- if given leave, is copy of current S17 leave form in file?
- If due, is current treatment certificate in file?
- Is treatment certificate signed by current RC (or SOAD)?
- If applicable, is record of SOAD consultees in file?
- Is current treatment certificate attached to medication chart?



Audit of MHA statutory documentation for CAMHS inpatients

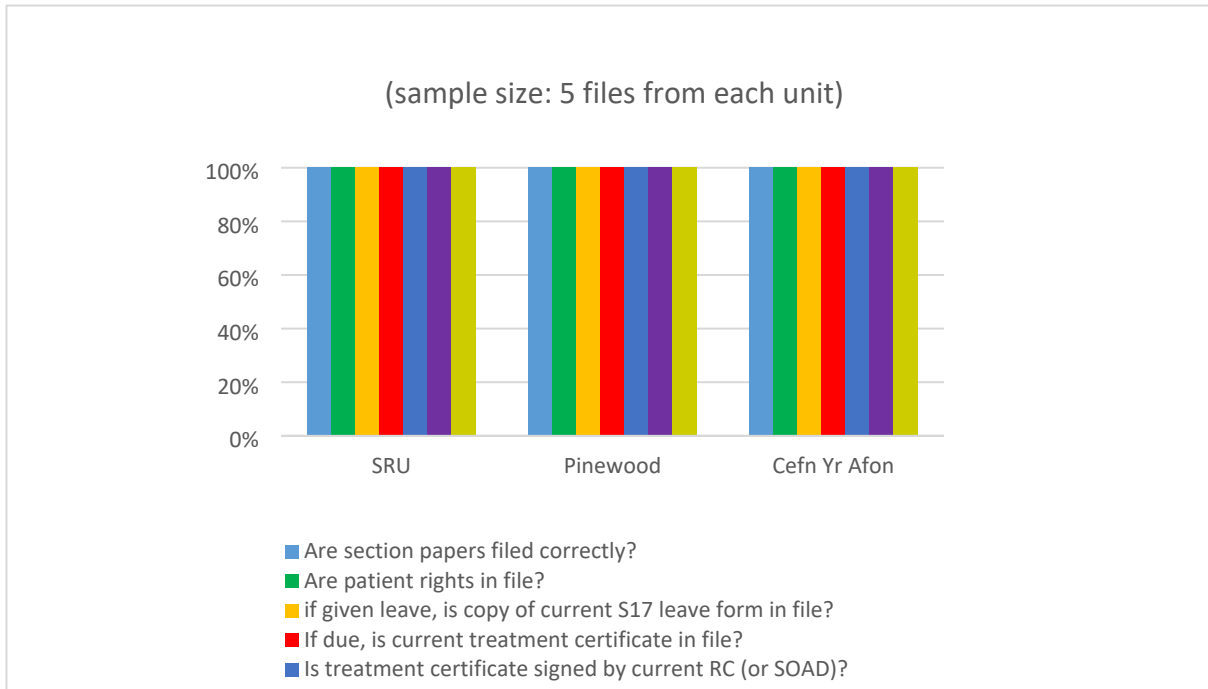
Ty Llidiard

Quarter 2 2024/25





Audit of MHA statutory documentation for rehab inpatients
Supported Recovery Unit, Pinewood and Cefn Yr Afon
Quarter 2 2024/25





Agenda Item

5.2

Mental Health Act Monitoring Committee

**MHA Activity Report with Breaches and Errors for
Quarter 2
(July - Sept 2024/25)**

Dyddiad y Cyfarfod / Date of Meeting	04/12/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mr Jeremy Burgwyn - Mental Health Act Team Leader
Cyflwynydd yr Adroddiad / Report Presenter	Mr Robert Goodwin – Directorate Manager, CAMHS and Specialist Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Executive Director of Primary, Community & Mental Health

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 /Forum Individuals	Date	Outcome
Mental Health Act office staff/ MHA Operational Meeting	07/11/2024	Supported



Acronyms / Glossary of Terms	
MHA	Mental Health Act
MHAA	Mental Health Act Administrators
CTMUHB	Cwm Taf Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board
C&VUHB	Cardiff & Vale University Health Board
ABUHB	Aneurin Bevan University Health Board
HDUHB	Hywel Dda University Health Board
PTHB	Powys Teaching Health Board
CAMHS	Child & Adolescent Mental Health Services
CTO	Community Treatment Order
RC	Responsible Clinician
AC	Approved Clinician
AMHP	Approved Mental Health Professional
CoPW	Code of Practice for Wales
PICU	Psychiatric Intensive Care Unit
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RCT	Rhondda Cynon Taf
CMHT	Community Mental Health Team
LSSA	Local Social Services Authority



1. Situation / Background

- 1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within Cwm Taf Morgannwg University Health Board (CTMUHB). This report presents the Mental Health Act (MHA) activity to the MHA Monitoring Committee in respect of Q2 (July - Sept 2024/25).
- 1.2 Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and Approved Mental Health Professionals (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 Child & Adolescent Mental Health Services (CAMHS) managed by CTMUHB.
- 1.4 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.5 A Glossary of terms is attached for ease of reference (Appendix 2.)

2. Specific Matters for Consideration

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

2.2 Adult Detentions

There has been an increase of 3% in the total number of detentions from 107 in Q1 2024/25 to 110 in Q2 2024/25. The number of detentions under S5 (2) increased by 92% from 12 to 23. Section 2 detentions increased by 3% from 61 to 63 and Section 3 detentions decreased by 39% from 28 to 17.

There was one use of Section 4 on ward 14 POW within this quarter. This was converted to a section 2 the same day. There were three uses of Section 5(4) – one in RGH, one in POW and one in Pinewood. All were converted to section 5(2).



Graph 1

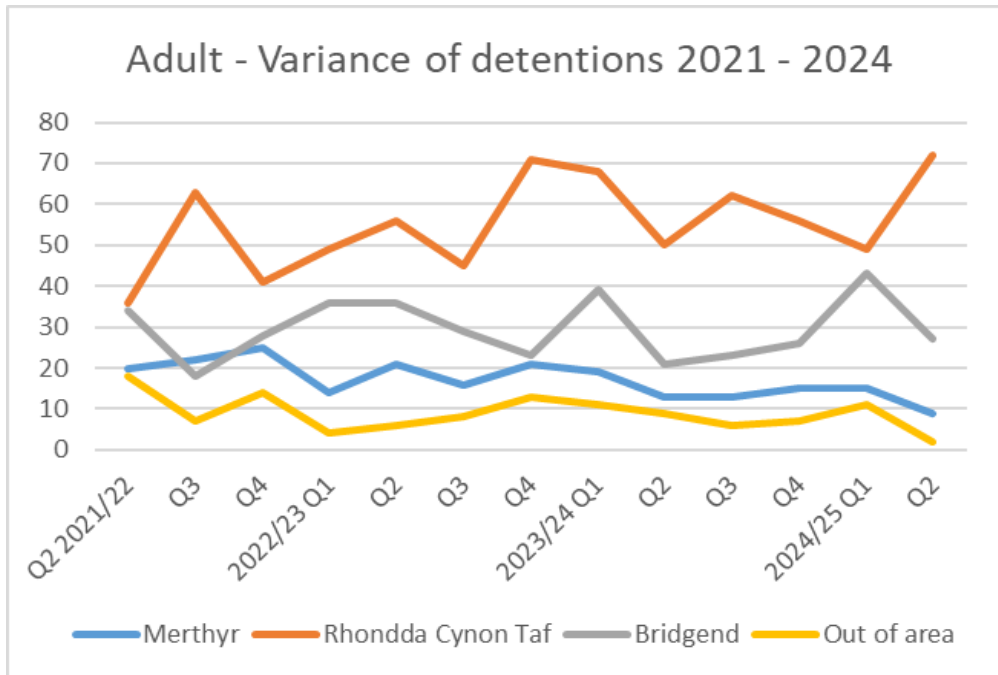


Table 1

Locality	Mean 2021/24	Q2 2024/25
Merthyr	17	9
RCT	55	72
Bridgend	29	27
Out of area	12	2
Total	113	110

Mean to Q2 shifts as follows:

- In Merthyr detentions decreased from baseline mean by 8 (47%) from 17 to 9.
- In Rhondda Cynon Taff (RCT) detentions increased from baseline mean by 17 (31%) from 55 to 72.
- In Bridgend detention decreased from baseline mean by 2 (7%) from 29 to 27.
- Out of area detentions decreased from baseline mean by 10 (83%) from 12 to 2.



In Q2, there were 3 occasions where the nurses' holding power under section 5(4) was utilised; 1 on ward 14 POW, one on admissions ward at RGH and another at Pinewood House rehabilitation unit. All were assessed by a doctor within the timescales and regraded to section 5(2).

Section 4 was used only once during Q2 in ward 14 POW, which was regraded to Section 2 the same day.

2.3 Older Persons Detentions

The total number of detentions in Older Persons services decreased by 24% from 46 in Q1 to 35 in Q2 with variance across the localities as below:

Graph 2

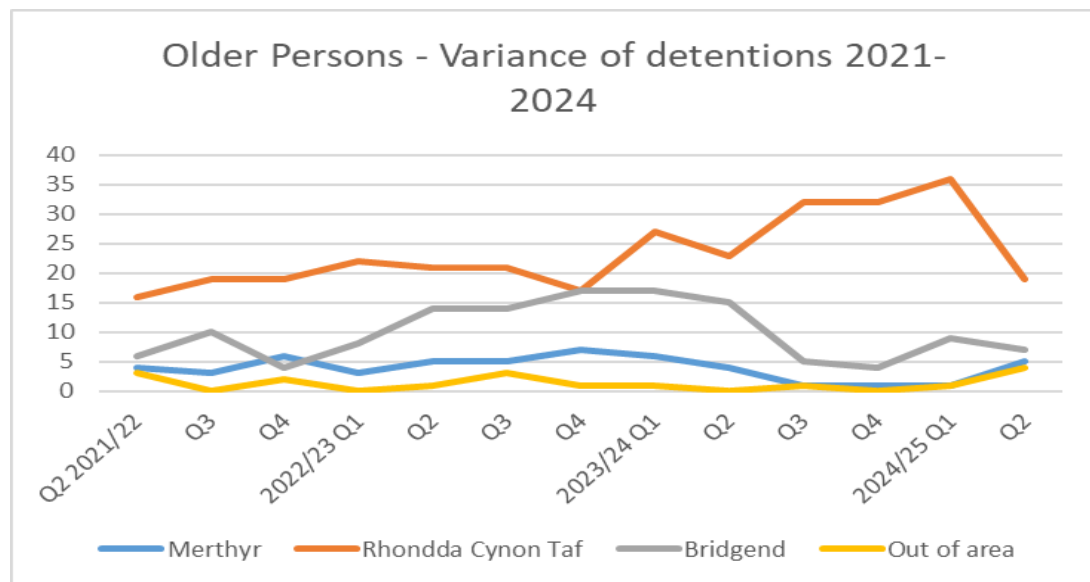


Table 2

Locality	Mean 2021/24	Q2 2024/25
Merthyr	4	5
RCT	23	19
Bridgend	10	7
Out of area	1	4
Total	38	35

Mean to Q2 shifts are as follows:

- In Merthyr detentions increased from baseline mean by 1 (25%) from 4 to 5.
- In RCT detentions decreased from baseline mean by 4 (17%) from 23 to 19.
- In Bridgend detentions decreased from baseline mean by 3 (30%) from 10 to 7.
- Out of area detentions increased from baseline mean by 3 from 1 to 4.

2.4 CAMHS Detentions

CAMHS witnessed an increase of 18% in detentions from 11 in the previous quarter to 13 in Q2.

Of the 13 detentions, 5 were from Hywel Dda, 3 from Swansea Bay, 3 from Aneurin Bevan, 2 from Cardiff & Vale and none from Cwm Taf Morgannwg.

All of the 13 detentions were admitted to Ty Llidiard CAMHS unit.

Graph 3

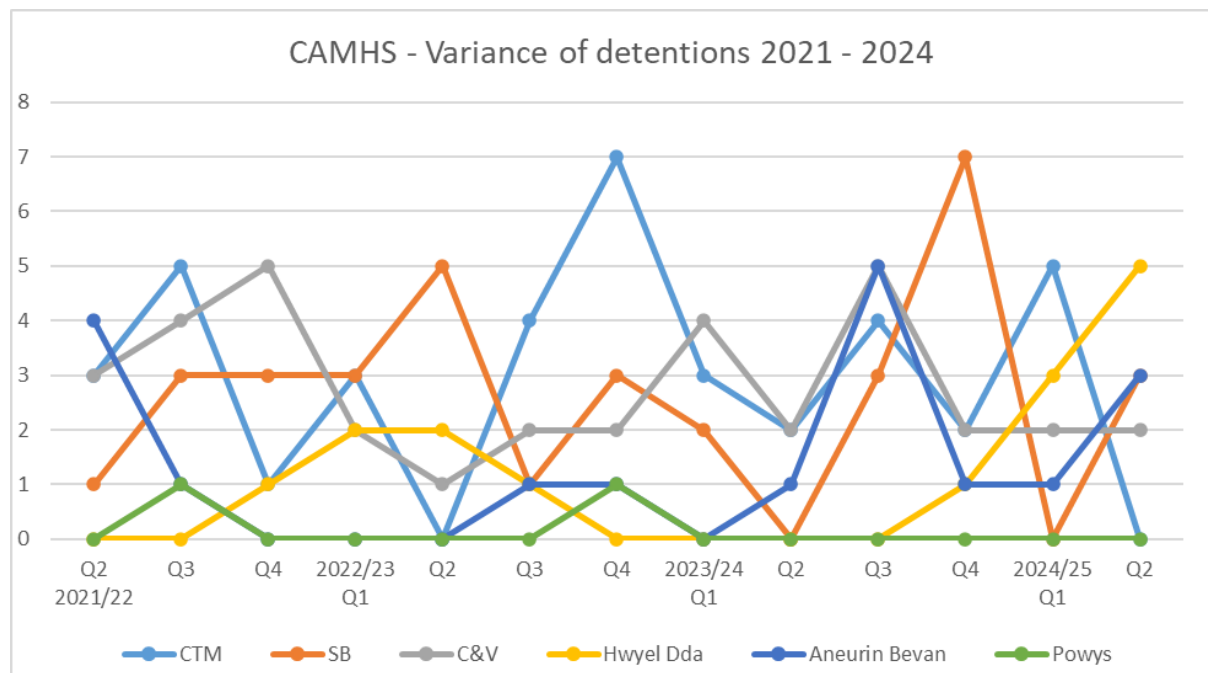


Table 3

Health Board	Mean 2021/24	Q2 2024/25
CTMUHB	3	0
SBUHB	3	3
C&VUHB	3	2
HDUHB	1	5
ABUHB	1	3
PTHB	0	0
Total	11	13

Mean to Q2 shifts are as follows:

In CTMUHB detentions decreased from baseline mean of 3 to 0.

From SBUHB detentions remained the same at 3.

From C&VUHB detentions decreased from baseline mean of 3 to 2.

From HDUHB detentions increased from baseline mean from 1 to 5.

From ABUHB detentions increased from baseline mean from 1 to 3.

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

2.5 **Community Treatment Orders (CTO)**

There were 2 new CTOs applied in Q2 2024/25 in comparison with 4 in the previous quarter.

In Q2 there were 2 CTOs extended, 2 recalled & revoked and 4 discharged.

The current CTOs in each area are shown below along with the table of mean figures for each area.

There were 23 CTOs in place at the end of Q2.



Graph 4

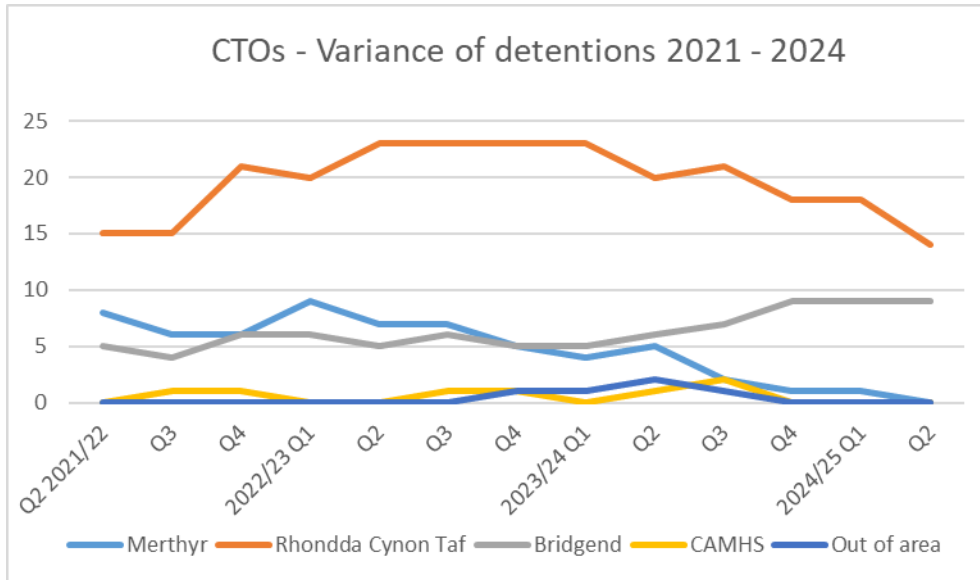


Table 4

Locality	Mean 2021/24	Q2 2024/25
Merthyr	5	0
Rhondda Cynon Taf	20	14
Bridgend	6	9
CAMHS	1	0
Out of area	0	0
Total	32	23

2.6 Use of Section 135/136 Police Powers

Section 136 detentions decreased by 7% from 85 in Q1 to 79 in Q2.

Of all the section 136s used throughout Q2, 7 of these were for persons under 18 years of age. 6 of these were for the same two people.

Section 135 detentions decreased from 7 in Q1 to 3 in Q2.

One of the patients was subsequently detained under Section 2, 1 under Section 3 and 1 was used in conjunction with a CTO recall.

There were no occurrences of Section 135 for persons under the age of 18.

Graph 5

This graph illustrates uses of Section 135/136 throughout the LSSAs from Q1 2019/20 to Q2 2024/25.

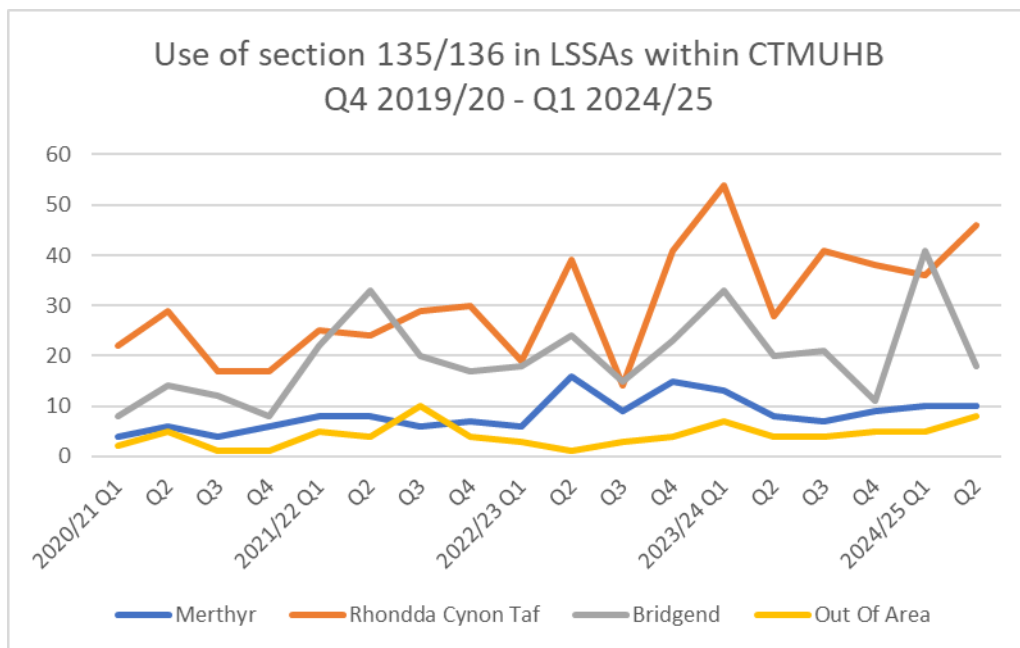


Table 5

Use of Section 135 and 136 by area for Q2 2024/25, also with mean.

Area	Mean	Q2
Merthyr	8	10
Rhondda Cynon Taf	31	46
Bridgend	20	18
Out of area	4	8
Total	63	82

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 same as previous. The older person's wards in RGH and the wards in the Princess of Wales Hospital, Angelton Clinic and Ty Llidiard in Bridgend are not currently using Care Partner. This places the responsibility of printing out copies of the detention paperwork on the ward clerks for filing in the correct order in the patient's paper based health record. Alternative products are being explore to resolve the issue of a lack of an integrated record system across mental health.

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.

The total number of minor errors across all services in Q2 was 7, compared to 13 found in Q1. 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	YCC	
Responsible for Error	Forms	14	Admissions	PICU	2	7	Total
AMHP	HO2	1	1	1	3	1	7
AMHP	HO6						0
Doctor	HO3						0
Doctor	HO4						0
Doctor	HO8						0
Doctor or Nurse	HO12						0
Nurse	HO14						0
Other UHB	TC1						0
	Total	1	1	1	3	1	7

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.

There were no fundamentally defective errors within CTMUHB during Q2 2024/25 compared to 3 in Q1 2024/25.

Miscellaneous Errors

❖ Invalid section 5(2)

- Holding powers (Section 5(2)) used for a patient in Pinewood House on Sunday 25th August 2024.
- Upon scrutiny by the MHA office, it was discovered the form (HO12) had been receipted by the nursing staff, with date and time, but it had not been signed or dated by the doctor completing the form.



While holding powers are not applicable to Section 15 of the Act, this was nonetheless an invalid use of the Act and thus reported here.

3. Key Risks / Matters for Escalation

3.1 Independent section 12 doctors are being taxed at source and mistakenly treated as employees of CTMUHB by the payroll department. Finance department may be better placed to deal with section 12 claims. Initial dialogue with other Welsh Health Boards being held to establish how they deal with such claims. MHA office awaiting responses.

4. Assessment

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

Impact Assessment



Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: No equality issues of note	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The MHA Monitoring Committee is asked to:

- Discuss and note the report.



Appendix 1.

Graph 1

Quarter 2 MHA Adult Activity 2024/25

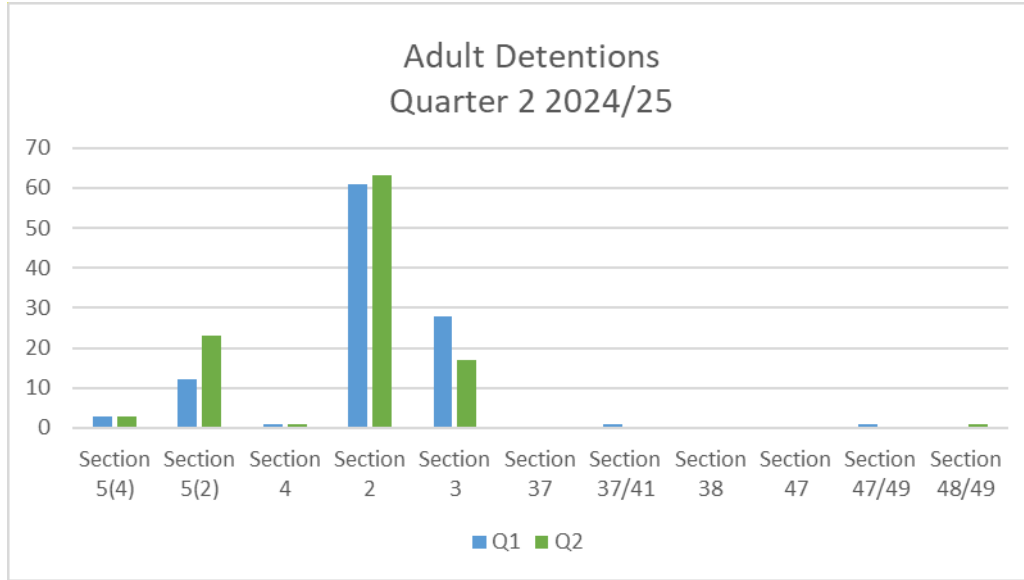


Table 1

Quarter 2 MHA Adult Activity 2024/25

Section	Q1	% of total	Q2	% of total
Section 5(4)	3	2.80%	3	2.78%
Section 5(2)	12	11.21%	23	21.30%
Section 4	1	0.93%	1	0.93%
Section 2	61	57.01%	63	58.33%
Section 3	28	26.17%	17	15.74%
Section 37	0	0.00%	0	0.00%
Section 37/41	1	0.93%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	1	0.93%	0	0.00%
Section 48/49	0	0.00%	1	0.93%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	107	100%	108	100.00%

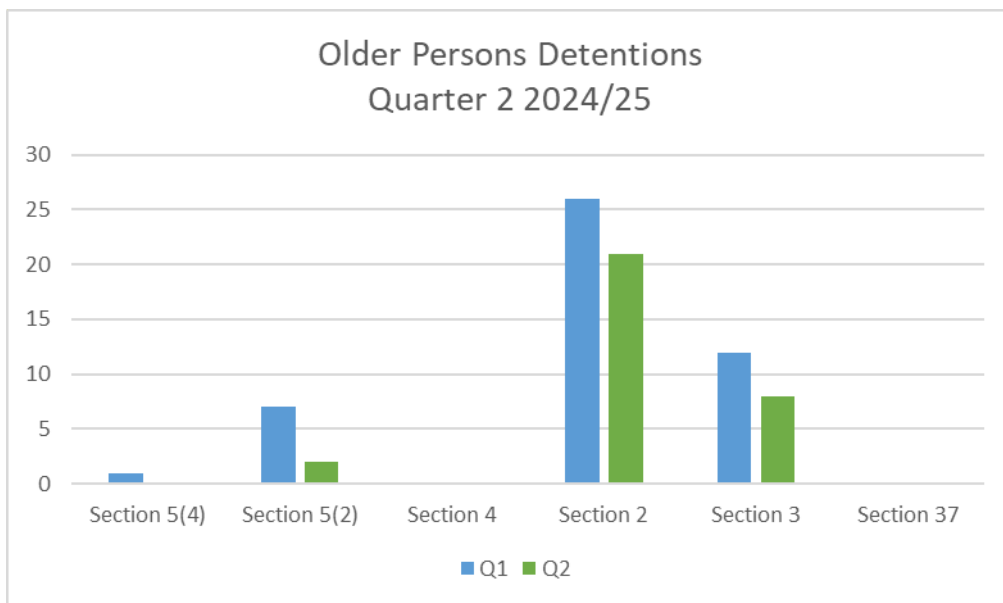
*There were 2 out of area detentions in Q2



Table 2 Number of Adult MHA detentions per locality

Area	Q1	Q2
Merthyr	15	9
Rhondda Cynon Taf	49	72
Bridgend	43	27
Out of area	11	2

Graph 2 Quarter 2 MHA Older Persons Activity 2024/25



*There were 4 out of area detentions in Q2

Table 3 Quarter 2 MHA Older Persons Activity 2024/25



Section	Q1	% of total	Q2	% of total
Section 5(4)	1	2.17%	0	0.00%
Section 5(2)	7	15.22%	2	6.45%
Section 4	0	0.00%	0	0.00%
Section 2	26	56.52%	21	67.74%
Section 3	12	26.09%	8	25.81%
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	46	100%	31	100%

Table 4 Number of Older Persons MHA detentions per locality

Area	Q1	Q2
Merthyr	1	5
Rhondda Cynon Taf	36	19
Bridgend	9	7
Out of area	1	4

Graph 3 Quarter 2 CAMHS Activity 2024/25

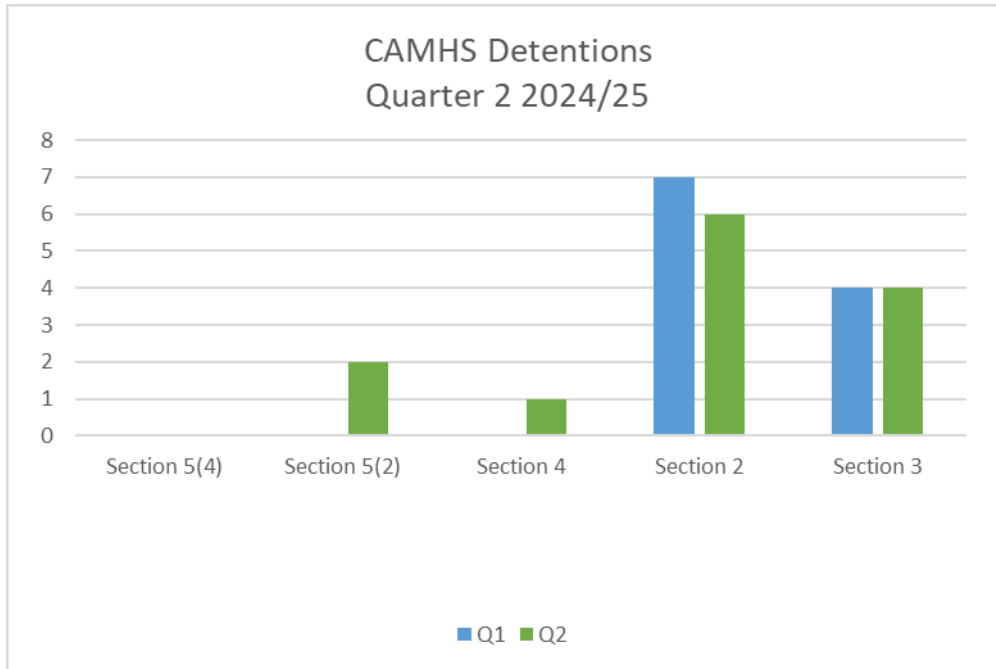


Table 5 **Quarter 2 CAMHS Activity 2024/25**

Section	Q1	% of total	Q2	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	0	0.00%	2	15.38%
Section 4	0	0.00%	1	7.69%
Section 2	7	63.64%	6	46.15%
Section 3	4	36.36%	4	30.77%
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	11	100%	13	100%

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



Health Board	Q1	Q2
Cwm Taf Morgannwg	5	0
Swansea Bay	0	3
Cardiff & Vale	2	2
Hywel Dda	3	5
Aneurin Bevan	1	3
Powys Teaching	0	0

USE OF SECTIONS AND OUTCOMES for April – September 2024

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 section cannot be used in A&E because the patient is not an inpatient. A non-psychiatric doctor on a general medical ward can use this section.

Table 7

S5(2) OUTCOMES	Apr	May	Jun	Jul	Aug	Sep
Section 2	6	2	4	4	4	3
Section 3	1	0	1	0	1	1
Informal	1	2	1	2	6	3
Discharged	0	0	0	0	0	1
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	1	0

Section 2 of the Mental Health Act 1983

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

Table 8



S2 OUTCOMES	Apr	May	Jun	Jul	Aug	Sep
Section 3	9	13	8	7	8	5
Informal	18	17	11	22	13	22
Discharged	3	10	8	5	4	3
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	1	2	2	0	0	3

Section 3 of the Mental Health Act 1983

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

Table 9

S 3 OUTCOMES	Apr	May	Jun	Jul	Aug	Sep
Section 3 renewed	2	3	2	2	1	0
Informal	8	7	5	3	5	3
Discharged	4	4	8	5	5	1
Lapsed	0	0	0	0	1	0
Invalid	0	0	1	0	0	0
Transfer	4	1	2	2	0	3
CTO	1	1	0	0	0	0

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

Table 10

	Q1 2022/23	Q2 2022/23
Adult Detentions	101	83
Older Persons detentions	39	33
CAMHS detentions	11	11
TOTAL	151	127

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.

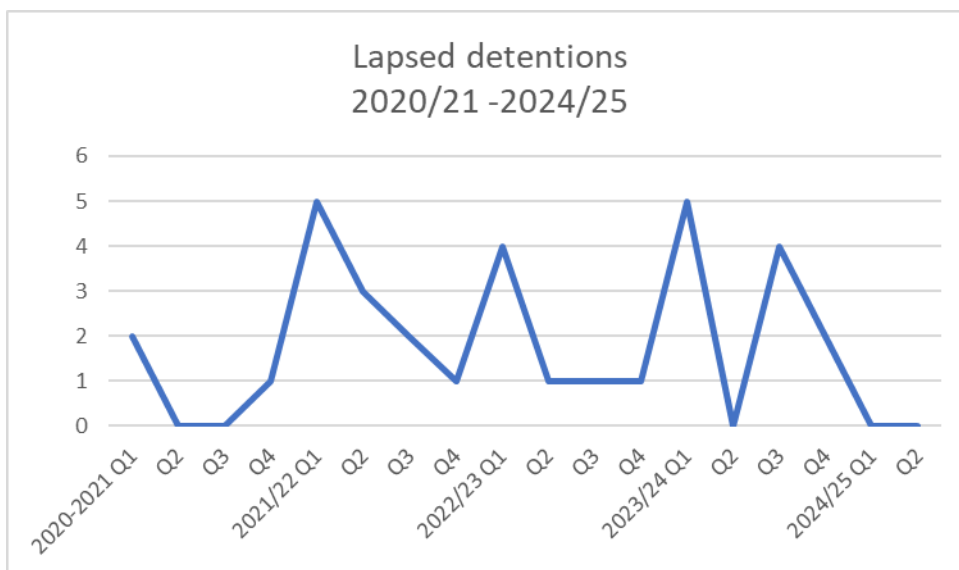
Allowing a section to expire through passage of time would not be considered good practice. Any detention should end as soon as the legal criteria no longer applies to the patient.

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.

There were no lapses in detention throughout Quarter 2 2024/25.

Graph 4- Lapsed detentions under the MHA 1983.



TRANSFER BETWEEN HOSPITALS



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

Table 13

SECTION	Q1	Q2
Part 2 Patients to CTUHB	10	8
Part 3 patients to CTUHB	2	1
Part 2 patients from CTUHB	12	10
Part 3 patients from CTUHB	1	1
TOTAL	25	20

**COMMUNITY TREATMENT ORDER, Section 17A (CTO)
Q2 CTO Activity 2024/25**

Table 14

SECTION	Power	Q1	Q2
17A	Community Treatment Order made	4	2
	Community Treatment order extended	10	1
	Recalled to hospital and not revoked	2	1
	Recalled to hospital and revoked	5	2
	Discharged from CTO	1	4
	Transferred	0	0
	Other (Deceased)	0	0

Current CTO by area

Table 15

Area	Q1	Q2
Merthyr	1	0
Rhondda Cynon Taf	18	14
Bridgend	9	9
CAMHS	0	0
Out of area	0	0
Total	28	23

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 24 hours but can be extended, if necessary, by 12 hours up to a maximum of 36 hours.

Table 16

Section 135 of the Mental Health Act	Q1	Q2
Assessed and admitted informally	0	0
Assessed and discharged	1	0
Assessed and detained under Section 2	5	1
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	1	1
Recalled from Community Treatment Order	0	1
TOTAL	7	3

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 but can be extended, if necessary, by 12 hours up to a maximum of 36 hours.

Table 17

Section 136 of the Mental Health Act	Q1	Q2
Assessed and admitted informally	8	11
Assessed and detained under Section 2	14	14
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Discharged with no follow up required	12	8
Discharged referred to community services	50	46
Section 136 lapsed	0	0
Other /(Recall from CTO)/ or transfer	1	1
TOTAL	85	80

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 18

Hospital Managers Hearings	Q1	Q2
Number of Hearings held	14	8
Number of Referrals by Hospital Managers	23	9
Number of Appeals to Hospital Managers	2	1
Number of Detentions upheld by Hospital Managers	14	8
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	0	1

Q2:

- 12 postponed – this rather high number is mainly down to the doctors availability i.e. changing of roles and sickness have had an impact, thereby leaving the MHA office little choice but to reschedule.
- 1 adjourned

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 19

MHRT Hearings	Q1	Q2
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Number of Hearings held	24	27
Number of Referrals by Hospital Managers	11	11
Number of referrals by Ministry of Justice	2	0
Number of referrals by Welsh Ministers	0	0
Number of Appeals to MHRT	43	49
Number of Detentions upheld by MHRT	21	25
Number of detentions discharged by MHRT	3	2
Number of Hearings adjourned/postponed	5	8
Number of Hearings cancelled by patient	7	6
Number of patients transferred to another Health Board prior to Hearing	1	0
Number of patients discharged by RC prior to Hearing	15	14

OTHER ACTIVITY

Death of a Detained Patient

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

Q2: There were no instances of deaths of detained patients during this quarter.

Consent to Treatment

In line with Chapter 25.38 of the Code of Practice for Wales, Hospital Managers should monitor the use of Urgent treatment under s62 (Inpatients) and s64G (CTO patients) to ensure that it is not used inappropriately or excessively.

Table 20. Use of urgent treatment

Form	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24
Section 62	6	4	1	3	7	10
Section 64	0	1	0	0	0	0
Total	6	5	1	3	7	10

EXAMPLES OF GOOD PRACTICE

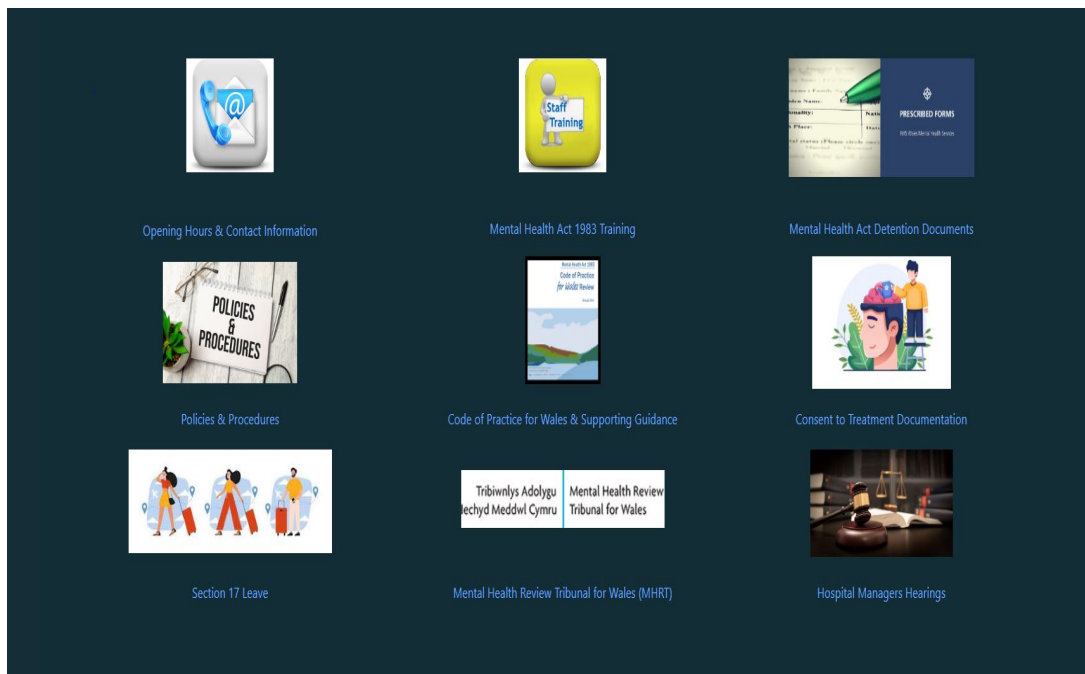
No lapses of detention occurred during the quarter.

SharePoint

Work on the SharePoint page by a member of the MHA team is now complete.

Testing underway by MHA team to ensure all links are working. Once confirmed, a news item will be placed on SharePoint to signpost all CTMUHB staff to the homepage.

The Mental Health Act helpdesk page explains the role of the MHA team and their responsibilities. It provides staff with access to MHA Training materials and presentations, access to MHA statutory documents, policies and procedures.



Appendix 2

MENTAL HEALTH ACT (1983)



GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

<p>Section 5(4) Nurse holding power.</p>	<p>This means that if a Nurse feels that a patient suffers from a mental disorder and should not leave hospital s/he can complete this form allowing detention for 6 hours pending being seen by doctor or Approved Clinician</p> <p><i>(1 holding power form required)</i></p>
<p>Section 5(2) Doctor's or Approved Clinician's Holding power</p>	<p>This means that an inpatient is being detained for up to 72 hours by a doctor or Approved Clinician if appears to suffer from mental disorder and patient wishes to leave hospital.</p> <p><i>(1 holding power form required)</i></p>
<p>Section 4 Admission for assessment in cases of emergency</p>	<p>Individual is detained for up to 72 hours if Doctor believes person is suffering from mental disorder and seeking another Doctor will delay admission in an emergency.</p> <p><i>(1 Medical Recommendation and AMHP assessment required)</i></p>
<p>Section 2 Admission for assessment</p>	<p>Individual is detained in hospital for up to 28 days for assessment of mental health.</p> <p>Criteria:</p> <ul style="list-style-type: none"> • 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 <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
<p>Section 3 Admission for Treatment</p>	<p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p>Criteria:</p> <ul style="list-style-type: none"> • 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><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:</p> <ul style="list-style-type: none"> • 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><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:</p> <ul style="list-style-type: none"> • 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><i>(Court Order required)</i></p>
<p>Section 37/41 Admission to hospital by a Court Order with restrictions</p>	<p>Individual admitted to hospital on the order of the Court. This means that the Court on the advice of two doctors thinks that patient has mental disorder and need to be in hospital for treatment. The Court makes restrictions and as such, patient cannot leave hospital or be transferred without the Secretary of state for Justice agreement.</p> <p><i>(Court Order with restrictions required)</i></p>
<p>Section 135 Admission of patients removed by Police under a Court Warrant</p>	<p>Individual brought to hospital by a Police Officer on a warrant from Justice Of Peace, which means that an AMHP feels that individual is suffering from mental disorder for which s/he must be in hospital. Warrant last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Section 135 (1){non-detained patient} warrant required or Section 135 (2){sections and CTO patients} required)</i></p>
<p>Section 136 Admission of mentally disordered persons found in a public place</p>	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder. Assessment by Section 12 Approved Doctor and Approved Mental Health Professional. Section 136 last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Police Service Section 136 monitoring form required)</i></p>
<p>Section 17 A Community Treatment Order (CTO)</p>	<p>CTO allows patients to be treated in the community rather than detention in hospital. Order last 6 months and is renewable. There are conditions attached which are:</p> <ul style="list-style-type: none"> • Be available to be examined by Responsible Clinician for review of CTO and whether should be extended.



	<ul style="list-style-type: none"> Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued. <p>The Responsible Clinician may also set other conditions if relevant to individuals, carers and/or family.</p> <p><i>(CP1 Form to be completed by Responsible Clinician and AMHP)</i></p>
Section 17 leave	<p>Allows Responsible Clinician (RC) to grant day and/or overnight leave of absence from hospital to patient liable to be detained under the Mental Health Act 1983. Leave can have set of conditions attached for the patient's protection as well as protection of others. Leave can be limited to specific occasions or longer-term. There is a requirement for RC to consider CTO if overnight leave will be over 7 days. Patients can be recalled to hospital if they do not comply with the requirement of their leave.</p> <p><i>(Section 17 leave non-statutory form required)</i></p>
Section 117 aftercare	<p>This section applies to persons who are detained under Section 3, 37, 45 A, transferred direction under section 47 or 48 and who cease to be detained after leaving hospital. It is the duty of the Health Board and Local Authorities to provide aftercare under Section 117 free of charge to patients subject to the above sections. Patients can be discharged from Section 117 aftercare if they no longer receiving services.</p>
MHAM Hearings (Mental Health Act Managers)	<p>Patients detained under sections of the Mental Health Act are entitled to appeal against their detention to the Hospital Managers several times during their period of detention. Patients are also referred to the Hospital Managers by the Mental Health Act Administrators when the Responsible Clinician (RC) submits a report renewing the section.</p>
MHRT Hearings (Mental Health Review Tribunal)	<p>Patients detained under Sections of the Mental Health Act are entitled to appeal against their detention to the Mental Health Review Tribunal for Wales once in each period of detention. If a patient decides to withdraw their appeal, they can appeal again at a later date and do not lose the right of appeal. 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>



Mental Health Act Monitoring Committee

Risks related to the use of the Mental Health Act

Dyddiad y Cyfarfod / Date of Meeting	04/12/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Lloyd Griffiths, Head of MHLN Nursing
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 / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CAMHS	Child and Adolescent Mental Health Services
CTMUHB	Cwm Taf Morgannwg University Health Board
JCC	Joint Commissioning Committee (Formally WHSCC)
MHA	Mental Health Act
MHRT	Mental Health Review Tribunal
RCRP	Right Care Right Person
SWP	South Wales Police
SBUHB	Swansea Bay University Health Board



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 12 (July – September 2024/25) 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 this quarter was 7, down from 13 in Q1.

Pleasingly there were no fundamentally defective errors, compared with 3 last quarter.

- 2.2 It is noted that there has been an overall increase in the use of the MHA in quarter but the total number remains within the 3 year mean.

- 2.3 It is noted that the increase in Section 3 detentions which were reported to have increased in Q1 have decreased this quarter and are back within the mean.

- 2.4 Although this paper focuses on risks, for balance, it was pleasing to see that the dedicated CAMHS bed on Ward 14 will become operational in December 2024, the continued joint working with South Wales Police (SWP) and the work on the Mental Health Act (MHA) SharePoint page.

3. RCRP update

- 3.1 The impact of RCRP is highlighted on the Corporate Risk Register with a current score of 16.

- 3.2 RCRP is being implemented by SWP in 4 stages;

- Phase 1 Concerns for Welfare – commenced 26/02/2024
- Phase 2 AWOL and Walk out of healthcare facilities - commenced 26/02/2024
- Phase 3 Transportation – due to start February 2025
- Phase 4 S136 – due to start February 2025

- 3.3 A CTMUHB wide RCRP group, chaired by the MHLD Director of Nursing meets monthly to monitor the impact of Phases 1 and 2 and progress of the changes needed for Phases 3 and 4.

- 3.4 In preparation for Phases 1 and 2 “Lunch and Learn” online training sessions were delivered to over 200 staff with video recording made to share further. These will be replicated when phases 3 and 4 are implemented.
- 3.5 For Phase 2 the Health Board revised the Management of Patients Who Walk out of a Healthcare Setting and MHLD AWOL policies to reflect the requirements of RCRP. To date no adverse incidents have been linked to the implementation of Phase 2 in CTMUHB.
- 3.6 The Operational Group continue to monitor patient and police waiting times for Section 136. Information is being provided on waiting times within individual Emergency Departments and Places of Safety to help understand any local variations.
- 3.7 There is a national working group led by the JCC looking at transportation. SBUHB are currently piloting an alternative to SWP transportation using a private provider, the operational group will consider the outcome and learning from this pilot.
- 3.8 Multi agency Partnership Troubleshooting meetings continue and any RCRP issues can be escalated to the MHLD Head of Nursing for discussion.

4. Key Risks / Matters for Escalation

- 4.1 The phase 4 implementation of Right Care Right Person involves potential changes to the way in which SWP will operationally manage their Section 135/136 responsibilities. These changes are planned to come into effect in February 2025.
- 4.2 The Operational Group will continue to monitor the potential impact that the current medical staffing challenges may have on the use of the MHA.



5. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:



	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

6. Recommendation

6.1 The Committee is asked to note the contents of this report



(Agenda Item)	4 December 2024	Mental Health Act Monitoring Committee	Right Care Right Person (RCRP)
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Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Ana Llewellyn, Nurse Director
Presented By:	Ana Llewellyn, Nurse Director
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	For Noting
Engagement undertaken to date:	No specification engagement undertaken

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Strategic developments will be progressed to enhance quality and patient experience outcomes.
Related Health and Care Standard	Governance, Leadership & Accountability, Safe Care
Has an EQIA been undertaken?	No – the Health Board has not completed EQIA as yet as this is an update on developments underway
Are there any Legal Implications /Impact.	Yes - this update is about strategic developments and service updates which may have a bearing on the Mental Health Act.
Are there any resource (capital/Revenue/Workforce Implications / Impact?	It is likely that strategic developments will have resource implications – not clearly determined as yet
Link to Strategic Goals	Improving Care

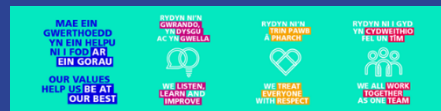


Mental Health Act Monitoring Committee

Crisis Care Concordat and Care Group Update

Ana Llewellyn

November 2024

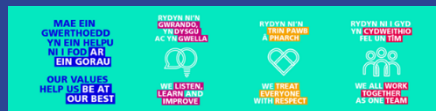


Crisis Care Concordat

- Crisis Care Concordat Review by NHS Executive Mental Health Division
- New Acute and Crisis Care Transformation Board for Wales with aims to:
 - Support the existing regional groups in their development and improvement of their local acute and crisis services,
 - Lead a stocktake of existing acute and crisis service across Wales,
 - Design the optimal acute and crisis care pathway based on best available evidence and wisdom from across Wales and beyond, and
 - Oversee the implementation of the new pathway across Wales, including the identification of overlaps, efficiencies and opportunities for reinvestment.
- Reporting to Strategic Programme for Mental Health, NHS Executive

Care Group Update in Relation to Mental Health Act

- Right Care Right Person Planning Phase 3 and 4
- S136 Strategic Development
- Rehabilitation Redesign
- Medical and Responsible Clinician Workforce Pressures
- Support to ABUHB with Hospital Managers
- WAST liaison regarding their recent developments in other Health Boards.





Recommendation:

The Board or Committee are asked to:

- Note the update



Rhondda Cynon Taf

Scoping and gathering of information for AMHPs in RCT

- ▶ **Demand and activity information that is routinely reported and recorded on monitoring forms.**
 - ▶ AMHPs are currently reviewing the data reporting system of monitoring forms to include the AMHP report due April 2024
 - ▶ AMHPs plan to undertake trial period of referral document in line with other authorities within CTM. This is in working group stage at present and will be presented to MHA operational group meeting prior to commencing.
- ▶ **Information reported on incidents**
 - ▶ Information on issues arising is collated on monitoring forms and escalated to Service manager for immediate learning and actions, and to collate themes. Ongoing issues with assessments in custody, bed availability, doctor availability and conveyance as themes
- ▶ **Best practice/standards for CMHTs**
 - ▶ Ongoing training programme in place for MHA, specialist supervision provided for EDT and senior members of teams.

Review of AMHP policies and guidance for the Local Authority

- Advocacy policy and staff guidance updated 2024
- Approved Mental Health Professional Guidance for Training, Approval and re-approval in RCT, 2024
- Guardianship staff guidance is currently being reviewed due January 2025
- Nearest relative Policy – previously done across CTM to be reviewed and updated

Rhondda Cynon Taf

Workforce capacity

	Numbers Warranted	Comments
EDT	7	
Full time equivalent day time AMHPs in MH, LD and SM	17	4 also provide some EDT shift cover
Outside of Core Services	4	These individuals are warranted but offer some limited AMHP input due to other commitments

Workforce capacity

- **Trainee AMHP 2024/2025**
 - Two trainees are from existing CMHT staff
 - One Trainee has been seconded from Substance Misuse team to Rhondda CMHT to complete the course.
- **Other workforce issues**
 - In the year 2024 - 3 members of staff have retired
 - No known planned exits for 2025

Workforce Capacity

Numbers Warranted

- Full time equivalent day time Approved Mental Health Professionals (AMHP's) 7
- Emergency Duty Team 7 Employed by Rhondda Cynon Taff but cover Merthyr out of hours
- Cover AMPH work at prince Charles Hospital place of Safety for Out of County Mental health Act Assessments

Trainee AMHP 2024/2025

- One trainee from existing Community Mental Health Team staff completing in January 2025 & One Trainee commencing January 2025.
- There are 3 staff within the wider team who are not warranted however the intention is that these will undertake training however there is only the capacity to support one person per year

Workforce Support

- Commissioned specialist facilitator to provide quarterly specialist AMPH supervision sessions to update practitioners in respect of legislation and roles.
- Staff receive regular training and legal updates through the local authority's training department.

Suggestions for future Discussion

Issues that impact AMPH role such as;

- Transport
- Availability of Section 12 Doctors
- Place of Safety
- Right care right person (RCRP) impact on MH act assessments

MENTAL HEALTH ACT – FORWARD WORK PLAN 2024

Origin of Request	Category of Report (Deferred Item/Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Agreed at June 2024 Committee Meeting	Additional Item	<u>Section 135 – Use and Code of Practice Compliance in CTM</u>	Chair, MHA Operational Group	February 2025

COMPLETED Activity from the Forward Work Plan

Origin of Request	Category of Report (Deferred Item/Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Agreed at June 2024 Committee Meeting	Additional Item	Power of Discharge Sub Committee (Update)	Deputy COO / Director of Primary, Community, Mental Health and LD	September 2024 – COMPLETED
Agreed at June 2024 Committee Meeting	Additional Item	Power of Discharge Sub Committee (Update)	Deputy COO / Director of Primary, Community, Mental Health and LD	September 2024 – COMPLETED
Annual Cycle of Business	Annual Report	Draft Committee Annual Report for 2023-24	Director of Corporate Governance/Board Secretary	5 June 2024 COMPLETED

Annual Cycle of Business	Annual Review	Committee Terms of Reference Review (Verbal Update)	Director of Corporate Governance/Board Secretary	5 June 2024 COMPLETED
Annual Cycle of Business	Annual Report	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Corporate Governance/Board Secretary	5 June 2024 COMPLETED