

Mental Health Act Monitoring Committee Meeting

Wed 04 September 2024, 13:00 - 15:00

Microsoft Teams

Agenda

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

1.1. Welcome and Introductions

Geraint Hopkins, Committee Chair

1.2. Apologies for Absence

Geraint Hopkins, Committee Chair

1.3. Declarations of Interest

Geraint Hopkins, Committee 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 5th June 2024

For approval Geraint Hopkins, Committee Chair

 2.1.1. Unconfirmed Minutes MHAMC 5 June 2024.pdf (7 pages)

2.1.2. Procedure For Allocation of Responsible Clinicians and Nominated Deputy, Mental Health Act 1983.

For Approval Robert Goodwin, Chair Operational group

 2.1.2. Allocation of RC procedure cover page- 09.07.24.pdf (4 pages)

 2.1.2.a. Draft Allocation of RC procedure.pdf (14 pages)

 2.1.2.b.EIAWLIA - Allocation of RC procedure- 09.07.24.pdf (3 pages)

2.2. ITEMS FOR NOTING

2.2.1. Annual Cycle of Business

Noting Geraint Hopkins, Committee Chair

 2.2.1. MHAMC Annual Cycle of Business 2024-2025 V1 - Updated by JD 20.8.24.pdf (3 pages)

2.2.2. Action Log

Noting Geraint Hopkins, Committee Chair

 2.2.2. Action Log v3 updated August 2024.pdf (4 pages)

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



3.1. Matters arising not considered within the Action Log

Discussion Geraint Hopkins, Committee Chair

13:00 - 13:00 **4. GOVERNANCE**
0 min

4.1. Organisational Risk Register


Discussion Emma Walters, Head of Corporate Governance

-  4.1a Org RR Jul 24 - Sept MHAMC Cover Paper.pdf (6 pages)
 -  4.1b Appendix 1 - Org Risk Register- July 24 - MHAMC.xlsx (2 pages)
-

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

5.1. MHA Operational Group Report

Discussion Robert Goodwin, Chair Operational Group

-  5.1 MHA Monitoring Committee Sept 24.pdf (13 pages)

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

Discussion Robert Goodwin, Chair Operational Group

-  5.2 MHA activity report - Q1 24-25.pdf (30 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 the MHA Sept 24.pdf (4 pages)

5.3.1. Risks Related to the Monitoring of the Mental Health Act – Update on timescales of Hospital Place of Safety - Verbal Update

Information Elaine Lorton, Service Director Mental Health & Learning Disabilities

To provide Members with a comprehensive update on timescales in relation to hospital place of safety locations & Check Care Group status following temporary moves.

- Requested at the June Committee Meeting

5.4. Progress Report on Power of Discharge Sub Committee - Verbal Update

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

Requested at the June Committee Meeting

5.5. Strategic Update from South Wales Police

Discussion SWP Colleagues

5.6. Strategic Updates from Local Authority Partners - Verbal Update

Discussion Local Authority Colleagues

13:00 - 13:00
0 min

6. OTHER MATTERS

6.1. Committee Highlight Report to Board

Information *Geraint Hopkins, Committee Chair*

6.2. Forward Work Programme

Information *Geraint Hopkins, Committee Chair*

6.3. Any Other Urgent Business

Information *Geraint Hopkins, Committee Chair*

6.4. How did we do today

13:00 - 13:00
0 min

7. DATE AND TIME OF NEXT MEETING -

Agenda Item Number: 2.1.1

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD (CTMUHB)

**UNCONFIRMED Minutes of the Mental Health Act Monitoring Committee
Meeting held on 5 June 2024 via Microsoft Teams**

Members Present:

| | |
|-----------------|--------------------------------------|
| Geraint Hopkins | Independent Member / Committee Chair |
| Dilys Jouvenat | Independent Member |
| Kath Palmer | Independent Member |
| Helen Lentle | 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 |
| Colin Hatherley' | South Wales Police |
| Gemma Moeller | South Wales Police |
| Rhian Griffiths | South Wales Police |
| Alexandra Beckham | Rhondda Cynon Taff (Local Authority) |
| Kate Riley | Rhondda Cynon Taff (Local authority) |
| Mark Wilkinson | Bridgend (Local Authority) |
| Alyson Jones | Merthyr Tydfil (Local Authority) |
| Angela Edevane | Merthyr Tydfil (Local Authority) |
| Emma Walters | Head of Corporate Governance and Board Business |
| Tyler Lewis | Corporate Governance Officer (Committee Secretariat) |

Agenda Item

1. PRELIMINARY MATTERS

1.1 Welcome & Introduction

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;

- Rachel Rowlands - Independent Member
- Ana Llewellyn - Care Group Nurse Director

- Dr Mary Self - Consultant Psychiatrist
- Elaine Lorton - Service Director Mental Health & Learning Disabilities

1.3 Declarations of Interest

None were declared

2. CONSENT AGENDA

2.1 FOR APPROVAL

2.1.1 Unconfirmed Minutes of the Meeting held on the 6 March 2024

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

2.1.2 Committee Annual Report 2023-2024

Resolution The Committee **APPROVED** the Annual Report.

2.1.3 Policy for Section 140 Mental Health Act 1983

Resolution The Committee **APPROVED** the policy.

2.1.4 MH09 Operational Procedure for HM Hearings

Resolution The committee **APPROVED** the policy.

2.2 FOR NOTING

2.2.1 Mental Health Act Monitoring Committee annual self-assessment

Resolution The Committee **NOTED** the outcome of the annual self-assessment.

2.2.2 Annual Cycle of Business

Resolution The Committee **NOTED** the Annual Cycle of Business

2.2.3 Committee Terms of Reference – (verbal Update)

Resolution In light of the ongoing Effective Management of Board and Committees Review, Members noted that the Terms of Reference for the Mental Health Act Monitoring Committee will be reviewed as part of this activity and presented to the Board in September 2024.

2.2.4 Action Log

Resolution The Action Log was **NOTED**.

3. MAIN AGENDA

3.1 Matters Arising Otherwise Not Considered on the Action Log

No matters were raised.

4. GOVERNANCE

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 April 2024.

K. Palmer expressed gratitude to the Operational Group for their comprehensive report. K Palmer expressed concerns about the elevated number of lapses at Royal Glamorgan Hospital (RGH) compared to other hospitals. In response, R. Goodwin clarified that the increase in lapses was attributed to the unit size at Royal Glamorgan Hospital and assured the Committee that the situation was closely monitored.

Additionally, K. Palmer requested an update on the status of the Tribunal Room at Princess of Wales Hospital. R. Goodwin advised there was no significant update to report. J. Denley advised that work was ongoing in trying to find a solution / suitable facility to hold tribunals and advised of the importance of the facility needing to provide confidentiality and safety to both patients, staff and the panel.

During the meeting, C. Hatherley emphasized the importance of involving the Local Authority, Health Board, and South Wales Police in the crisis redesign process. Meanwhile, G. Hopkins queried what plans were in place to ensure cohesion among the stakeholders. K. Riley led discussions on two meetings coordinated by the Health Board, referencing specific teams analysing data sets and inviting partner agencies. An outcome of these meetings was the need for Approved Mental Health Professional leads within the Local Authority to address 'Lived Experience' feedback and Crisis Management. K. Riley also highlighted a constitutional issue related to authority responsibilities and resource impacts, emphasizing the lack of clarity regarding crisis response obligations, regardless of resident status.

Resolution The Operational Group report was **NOTED**.

5.2 **Mental Health Act Quarterly Activity Report / Breaches Analysis of Unlawful Detentions**

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.

Members noted that there were no admissions to the Royal Glamorgan Hospital (RGH) adolescent bed during the quarter, and noted the stabilization of detention figures. R Goodwin advised that he was concerned in relation to the absence of a clinical record system, and proposed a temporary initiative to address this deficiency until the implementation of an all-Wales solution.

G. Hopkins commented that due to the low number of discharges, identifying emerging themes was challenging. R. Goodwin agreed, finding it encouraging that there were minimal discharges without intervention

Resolution The report was **DISCUSSED** and **NOTED**.

5.3 **Risks Relating to monitoring of the MHA**

J Denley presented the key issues from the report which provided an overview of present risks related to the Monitoring of the MHA.

Members noted the absence of a bespoke system for documenting and overseeing Mental Health Activity and noted that a further update would be presented to a future meeting of the Committee once the matter had been further discussed with the digital team. Members noted the progress being made in relation to the implementation of Right Care, Right Person. Members also noted the concerns raised in relation to the insufficient venue for tribunals and the urgent requirement for safe spaces.

In response to a query raised by G. Hopkins in relation to the escalation status of the three risks, J. Denley advised that the risks were being monitored through the Quality and Safety Committee as it met the criteria for Board Level risk assessment and there were wider issues that included

the MHA. In relation to the implementation of the Right Care, Right Person, J Denley advised work is ongoing to mitigate any associated risks, and added that currently, none of the risks had reached the Board escalation stage.

In response to a query raised by K Palmer as to whether the risk relating to safe space for tribunals needed to be added to the Organisational Risk Register, J Denley advised that this did not need to be escalated at present and could remain on the Care Group Risk Register at present.

A. Jones raised concerns in relation to the place of safety at Prince Charles Hospital which was considered to be unsafe for staff and patients in terms of its location within the Accident & Emergency Department and added that this needed to be addressed promptly. In acknowledging the concerns raised, J Denley advised that whilst there was no completion date identified in relation to safe spaces, this matter would be discussed further with the Care Group to determine the most effective course of action. J Denley also highlighted the importance of consideration being given to any previous environment moves to ensure comprehensive safety measures were put into place.

In response to a query raised by G. Hopkins as to whether the designated safe space needed to be situated within a hospital setting, J. Denley confirmed that whilst the Place of Safety area must be located within a hospital environment, it also needed to be a private space. J Denley also highlighted the challenges posed when individuals were detained in the Accident & Emergency (A&E) department for extended durations

H. Lentle advised that the concerns raised by A Jones needed to be considered and sought clarity as to whether Committee Members were prepared to accept this risk or whether the matter required escalation to the Board. Recognising the limited number of reported occurrences, J. Denley suggested that escalation to the Board was not required at this time and suggested that the Operational Group closely monitor the position to determine whether there would be any delays in the capital programme.

A. Jones sought clarity as to how Local Authority Members should report risks related to patients being kept in police vans for extended periods of time whilst waiting for an assessment.

R. Goodwin acknowledged that the modifications to the assessment suite had raised concerns about its suitability for placement. Furthermore, he referenced specific solutions that could enhance safety across hospital sites within these suites.

J Denley advised that she would be happy to provide an interim update to Members outlining the timescales to address this position and agreed to provide a detailed update at the next meeting.

Resolution The Committee **NOTED** the report.

Action Deputy Chief Operating Officer to initiate discussions with the Care Groups to address staff safety concerns and determine an appropriate plan of action and further explore suitable locations within the hospital and provide an update on the completion timeline for safe spaces at the next meeting

5.4 Strategic update from South Wales Police (SWP)

South Wales Police colleagues updated the Committee on strategic matters and highlighted key updates for Members attention

G. Moeller confirmed that the workshops numbered 136 and 135, focusing on health and citizen experience, were proceeding as planned. Members noted that in relation to Regulation 28, South Wales Police were intensively concentrating on training and development, with a strong emphasis on delivering training packages within the Basic Command Unit (BCU) and operational areas.

Members noted that the launch of phase 2 of Right Care, Right Person had been rescheduled to September 2024 and noted that an action plan was in place which identified areas for change.

Resolution The Report was **NOTED**.

5.5 Strategic update from Local Authority partners – Verbal update

A. Jones, a Member of the RCT Local Authority, advised that she had recently written to R Goodwin in relation to the importance of safe and secure transportation. And also highlighted the increasing demand for accessible transport options.

A. Edevane, a Member of the Merthyr Local Authority, informed the Committee that they had secured funding for an approved Mental Health Professional.

M. Wilkinson, a Member of the Bridgend Local Authority, advised that he planned to present a written report to the next meeting which would provide an update on structures and personnel.

G. Hopkins advised that the Committee would welcome written reports from Local Authority Members at future meetings.

Resolution The Committee **NOTED** the update.

6. OTHER MATTERS

6.1 Committee Highlight Report to Board

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 September 2024.

6.3 Any Other Urgent Business

J. Denley updated Members on the progression of work in relation to the Power of Discharge Committee which included;

- Review of Governance Line Reporting
- Terms of Reference
- Forward work plan.

H. Lentle advised that her attendance had not been recorded in the minutes of the previous Committee Meeting and added that she had also not been listed as a Member of the Committee in the Committee Annual Report. In response, the Corporate Governance Team agreed to update the minutes and annual report to accurately reflect her attendance.

C. Hatherley suggested that it would be beneficial for the Committee to hold an in-person meeting, and the Corporate Governance Team agreed to explore and arrange this.

Resolution The Committee acknowledged the updates and agreed to continue monitoring progress. Further discussions will take place during the next meeting.

Action The Corporate Governance Team agreed to update the minutes and annual report to accurately reflect a Members attendance at the last Committee Meeting

The Corporate Governance Team agreed to explore and arrange to hold an in-person Committee Meeting

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 of Next Meeting

4th September 2024 at 13:00PM



Agenda Item

2.1.2

Mental Health Act Monitoring Committee

Procedure for Allocation of Responsible Clinicians and Nominated Deputy, Mental Health Act 1983

| | |
|---|--|
| Dyddiad y Cyfarfod / Date of Meeting | 04/09/2024 |
| Statws Cyhoeddi / Publication Status | Open/ Public Not Applicable |
| Awdur yr Adroddiad / Report Author | Alison Thomas-Mental Health At Team Manager |
| Cyflwynydd yr Adroddiad / Report Presenter | Robert Goodwin-Directorate Manager |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Gethin Hughes, Chief Operating Officer |

| | |
|---|--------------|
| Pwrpas yr Adroddiad / Report Purpose | For Approval |
|---|--------------|

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|-------------|--------------------------|
| Committee / Group / Individuals | Date | Outcome |
| Operational Group Meeting | 26/07/2024 | ENDORSED FOR APPROVAL |



| Acronyms | Glossary of Terms |
|----------|---|
| MHA | Mental Health Act 1983 |
| MHAA | Mental Health Act Administration |
| CTMUHB | Cwm Taf Morgannwg University Health Board |
| BCUHB | Betsi Cadwaladr University Health Board |
| RGH | Royal Glamorgan Hospital |
| POWH | Princess of Wales Hospital |
| RC | Responsible Clinician |
| AC | Approved Clinician |
| CTO | Community Treatment Order |
| AMHP | Approved Mental Health Act Professional |
| COPW | Code of Practice for Wales (revised 2016) |
| MOJ | Ministry of Justice |
| MHRT | Mental Health Review Tribunal |
| MCA | Mental Capacity Act 2005 |
| CMHT | Community Mental Health Team |
| HRA | Human Rights Act 1998 |
| CAMHS | Child and Adolescent Mental Health Services |
| DBS | Disclosure and Barring Service |
| ORT | Outreach Recovery Team |
| EIP | Early Intervention & Psychosis |
| ASD | Autistic Spectrum Disorder |

1. Situation /Background

- 1.1 The purpose of this policy is to provide a clear framework for staff on the process for identifying, allocating or changing the Responsible Clinician (RC), who is responsible for the care and treatment of patients detained under the Mental Health Act 1983(MHA).

2. Specific Matters for Consideration

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

| Name Title | Date Consulted/Completed |
|---|--------------------------|
| Equality Impact Assessment | 13/08/2024 |
| Informal Consultation with interested parties | 26/07/2024 |



| | |
|--------------------------|------------|
| Formal Consultation | |
| Committee – For approval | 04/09/2024 |

- 2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.
- 2.3 The Mental Health Act Operational Group have been engaged in the consultation
- 2.4 Organisational values and behaviours have been reflected within the policy.



3. Key Risks / Matters for Escalation

Clarity on the standard process for the Royal Glamorgan Hospital (RGH) was confirmed as a result of the various consultation stages.

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 (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales)) | Not Applicable |
| | If more than one applies please list below: |
| Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / | Effective |
| | If more than one applies please list below: |



| | |
|--|---|
| Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>) | |
| 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 Have you undertaken a Quality Impact Assessment Screening?</i> | Yes: <input checked="" type="checkbox"/> | No: <input type="checkbox"/> |
| | Outcome: improving access to care for patients requiring in patient admission | If no, please include rationale below: |
| Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? / Equality and Welsh Language 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): NEUTRAL Outcome for Welsh Language (delete as appropriate): NEUTRAL | If no, please include rationale below: |
| Cyfreithiol / Legal | There are no specific legal implications related to the activity outlined in this report. | |
| | The completion of the policy is a requirement of the code of practice relating to 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. | |
| | no | |
| 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. | |
| | no | |

5. Recommendation

- 5.1 The Mental Health Act Monitoring Committee are asked **APPROVE** the Procedure for Allocation of RCs under the MHA.

6. Next Steps

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

Procedure For Allocation of Responsible Clinicians and Nominated Deputy, Mental Health Act 1983.

| | |
|-----------------------------------|---|
| Document Type: | Non Clinical Procedure |
| Ref: | New |
| Author: | Alison Thomas Mental Health Act Manager |
| Executive Sponsor: | Chief Operating Officer |
| Approved By: | Choose an item. |
| Approval / Effective Date: | |
| Review Date: | |
| Version: | |

Target Audience:

| | |
|---|---|
| People who need to know about this document in detail | All Responsible/Approved Clinicians, Clinical Directors, Ward Managers, MHAAs |
| People who need to have a broad understanding of this document | Board Members, Management Board, Clinical Service Group Managers, Senior Nurses, Board Committees |
| People who need to know that this document exists | All parties involved with patients detained under the MHA 1983 |

Integrated Impact Assessment:

| | |
|---|-----------------|
| Equality Impact Assessment Date & Outcome | Date: |
| Welsh Language Standard | Outcome: |
| Date of approval by Equality Team: | Choose an item. |
| Aligns to the following Wellbeing of Future Generation Act Objective | (00/00/0000) |
| | Choose an item. |



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or [CTM Corporate Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

Ref:

Policy Title: Procedure for the Allocation of Responsible Clinician and Nominated Deputy MHA 1983

Page Number: 1

| Acronyms | Glossary of Terms |
|-----------------|---|
| MHA | Mental Health Act 1983 |
| MHAA | Mental Health Act Administration |
| CTMUHB | Cwm Taf Morgannwg University Health Board |
| BCUHB | Betsi Cadwaladr University Health Board |
| RGH | Royal Glamorgan Hospital |
| POWH | Princess of Wales Hospital |
| RC | Responsible Clinician |
| AC | Approved Clinician |
| CTO | Community Treatment Order |
| AMHP | Approved Mental Health Act Professional |
| COPW | Code of Practice for Wales (revised 2016) |
| MOJ | Ministry of Justice |
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| CMHT | Community Mental Health Team |
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| CAMHS | Child and Adolescent Mental Health Services |
| DBS | Disclosure and Barring Service |
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1. INTRODUCTION.

Cwm Taf Morgannwg University Health Board (CTMUHB) are committed to providing appropriate services to detained patients being assessed and treated under the Mental Health Act 1983 (MHA).

This procedure sets out to describe the process of identifying, allocating or changing the Responsible Clinician (RC) who is responsible for the care and treatment of patients detained under the MHA.

To ensure that each patient has an allocated RC who will have overall responsibility for the patient's care and treatment under the MHA 1983. It also provides guidance on the duties of the RC and nominated deputy.

2. POLICY STATEMENT

CTMUHB are committed to providing a sufficiently resourced, safe and operational service which meets the needs of the patient and service delivery requirements.

3. SCOPE OF POLICY

This procedure applies to all ACs employed by CTMUHB.

All patients detained under Part 2 or Part 3 of the MHA must have an RC to perform various functions under the MHA.

The Health Board has in place appropriate governance arrangements to monitor and review the exercise of functions and compliance with the statutory requirements of the MHA.

The Operational Group and MHA Monitoring Committee Meetings are in operation for this purpose.

4. AIMS AND OBJECTIVES

There are a number of objectives within this procedure which describe the following:

- The purpose of a RC and the nominated deputy
- The process of identifying, allocating or changing the RC
- The process for identifying the nominated deputy
- The process in place for arranging cover in the absence of the RC.
- The duties of the RC and nominated deputy

Ref:

Policy Title: Procedure for the Allocation of Responsible Clinician and Nominated Deputy
MHA 1983

Page Number: 4

Practitioners must have due regard to the Mental Health COPW (Revised 2016) to ensure that statutory requirements under the MHA are adhered to.

5. MANAGERIAL RESPONSIBILITIES

It is the responsibility of the Clinical Director and Service Group Managers to ensure that:

- This procedure is brought to the attention of all their staff.
- Staff understand and adhere to this guidance and protocol.
- All staff involved in the care and treatment of detained patients have received adequate training and are competent to carry out these functions.

6. LEGISLATIVE & NHS REQUIREMENTS

Mental Health Act 1983 (amended 2007)

Mental Health Act Code of Practice for Wales (revised 2016)

Mental Health (Wales) Measure 2010

7. PROCEDURE

7.1 Roles and Responsibilities

The Medical Director is responsible for ensuring that there is an adequate system in place to ensure that all staff appointed to undertake RC roles have the necessary approval.

The Clinical Director is responsible for ensuring that there is adequate RC cover before approving annual leave. They are also responsible for ensuring that there is cover in emergency situations, for example, sick leave.

ACs are responsible for maintaining their AC approval, including any necessary refresher training and DBS status.

Ref:

Policy Title: Procedure for the Allocation of Responsible Clinician and Nominated Deputy MHA 1983

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7.2 Allocation of the RC

Early Intervention Team Patients

Patients who are already under the care of the EIP and require admission to hospital remain under the care of the community EIP consultant / RC throughout their admission to discharge; irrespective of their location on the RGH unit (admissions ward/treatment ward/PICU).

Patients who are admitted to hospital under standard procedures (see below) and who are then accepted onto the EIP caseload, will transfer from the inpatient consultant / RC to the care of the community EIP consultant / RC when mutually agreed by the consultants involved in the patient's care.

Outreach & Recovery Team Patients

Similar to patients under EIP, patients under the care of the North or South ORT will remain under the care of the North or South community ORT consultant / RC throughout their admission. Again, this is irrespective of their location on the RGH unit (admissions ward /treatment ward / PICU). Patients who are admitted to hospital under standard procedures (see below) and who are then accepted onto the ORT caseload, will transfer from the inpatient consultant / RC to the care of the community ORT consultant / RC when mutually agreed by the consultants involved in the patient's care.

Bridgend does not have a community ORT.

"Standard Procedures" – RGH

In RGH all patients within the first fourteen days of their admission are allocated to the RC for the admissions ward; this includes patients admitted to the admission ward itself and PICU.

This includes all patients who are designated "Out of area".

In RGH patients requiring admission longer than fourteen days are transferred to either of the treatment wards; ward 21 or ward 22. Ward 21 and ward 22 have their own designated consultant / RC.

Ref:

Policy Title: Procedure for the Allocation of Responsible Clinician and Nominated Deputy
MHA 1983

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Preference is given that patients on ward 21 fall under the Merthyr-Cynon area and patients on ward 22 fall under the Rhondda-Taff Ely area. Where this is not possible patients are admitted to the next available bed and remain under the care of that consultant / RC throughout their stay. Patients from the treatment wards who are admitted to PICU remain under the care of the original ward consultant / RC. Consultants are to arrange cross-cover to ensure consistent provision of AC for all patients.

"Standard Procedures" – Bridgend

There is no separate admission and treatment provision in Bridgend. All patients from the Bridgend locality are admitted to ward 14 and remain under the care of the ward 14 consultant/RC throughout their stay. Any Bridgend patient that requires care in PICU in Bridgend is transferred to the care of the designated PICU consultant / RC. In Bridgend, consultants are to cross cover each other to ensure consistent provision of an AC for all patients. In exceptional circumstances, a community consultant may provide temporary cover to a ward or PICU. It is expected that in doing so they would fall under arrangements of this policy. In such circumstances the clinical director will ensure that all stakeholders are aware.

The Older Persons wards are split by locality.

Where there is more than one AC available for that area, the RC will be the accessible AC with the most appropriate skills and experience to suffice the needs of the patient. If a patient is admitted to a different hospital within CTMUHB, the RC would be the sector Consultant, for example, if a patient is admitted to POWH or Angelton, due to shortage of beds, RC responsibility will be retained by the sector RC or as per mutual agreement depending on the situation. If a patient is in an out of area hospital, the RC from the other hospital will retain responsibility until the patient is transferred under S19 of the MHA.

Wherever possible, the clinician responsible for the care and treatment of children should be a child and adolescent mental health services (CAMHS)

Ref:
Policy Title: Procedure for the Allocation of Responsible Clinician and Nominated Deputy
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specialist. If this is not possible, clinical staff should have access to a CAMHS specialist for consultation and advice.

Wherever possible, the clinician responsible for the care and treatment of a person with learning disabilities or autistic spectrum disorder (ASD) should be a specialist in that field. If this is not possible, clinical staff should have access to a learning disability or ASD specialist for advice and consultation.

7.3 Non-Medical ACs

If the RC is a non-medical professional, consideration needs to be given with a view to treatment responsibilities. Supervision and review of medication will be designated accordingly to a medical member of the Multi-Disciplinary Team involved.

All non-medical professionals acting as RC's will be agreed within the service team involved and will need the support of the Clinical Director.

The clinician in charge of the treatment must be an AC if treatment is being given:

- Without the patient's consent.
- With the patient's consent but on the basis of a certificate issued under section 58 or 58A of the MHA.
- Pending compliance with S58 and with the consent of a CTO patient who has been recalled to hospital, in order to prevent serious suffering.

7.4 Community Treatment Orders

The CMHT who will be responsible for providing care and treatment to the patient once they are discharged from hospital, will usually determine the RC for those subject to a CTO.

If there is more than one AC available for that area, the RC will be the available AC with the most knowledge and experience to suit the patient's needs.

Upon revoke (S17f) of the MHA in RGH and Bridgend, the inpatient Consultant becomes the RC, apart from patients under the care of the ORT in RGH, whereby the RC will continue to be the ORT consultant.

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7.5 Patients subject to Conditional Discharge under S41

A conditionally discharged patient is someone who was detained under s37/41 and been discharged by either the Ministry of Justice (MOJ) or by the Mental Health Review Tribunal (MHRT).

This means that the s37 has ended but they are still subject to restrictions/conditions imposed under s41.

These patients are generally supervised in the community by a Responsible Clinician (RC) and a social supervisor, who are required to submit a joint report to the MOJ on a quarterly basis, detailing the patient's progress, current presentation and concerns.

It is the responsibility of the Health Board to ensure that these conditionally discharged patients have an RC, in the event that if a patient breaks their conditions and the need for recall arises.

7.6 Cover arrangements when the RC is not available

The functions and responsibilities of the RC cannot be delegated but S34 of the MHA allows "the role to be occupied on a temporary basis in the absence of the usual RC."

This may be necessitated by any of the following:

- Annual leave, professional/study leave, maternity/paternity leave or unpaid leave
- Sickness absence
- Part time working
- Out of hours cover

For planned annual or study leave, the RC is responsible for making arrangements with a suitably qualified AC to act as RC in their absence. It is the responsibility of the RC to notify the MHA team, in advance, of who will be covering them when they are on annual leave.

The Clinical Director is responsible for arranging cover from an appropriately qualified AC for any period of sickness, which if becomes long term sickness should consider a formal transfer of RC. The Clinical Director should then notify the MHA team of who will be providing cover.

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The above is also applicable in relation to maternity leave cover.

7.7. Out of hours cover

The Duty Consultant (on call consultant Psychiatrist who must be an AC) will provide cover out of hours for RC functions. This will include providing advice for nominated deputies (i.e. the nominated junior doctor on call) who are not ACs (or doctors approved under S12 of the MHA).

RCs should not leave decisions that they are required to make or functions that they are required to undertake, for example assessments, to the Duty Consultant. However, this should not prevent decisions being made when required out of hours.

If an AC is providing cover as described above, to perform a function that can only be performed by the RC, for example, to recall a CTO patient or to authorise S17 leave in an emergency, it is important to note that they are acting **AS** the RC and not acting **ON BEHALF** of the RC.

7.8 Patients admitted to a Non -Mental Health Unit under the MHA

A patient admitted and detained under the MHA to a general ward (non-mental health unit) within CTMUHB will require an RC. In most cases, this will be one of the Liaison Psychiatrists.

In the absence of a liaison Psychiatry service, RC cover will be provided by the existing Consultant Psychiatrist.

Where a patient is well-known to a particular CMHT, it may be considered more appropriate for the RC from that team to remain responsible.

A detained patient who is transferred to a ward in the general hospital should remain under the care of the existing RC. If the patient is transferred for long-term care, the existing RC could liaise with the Consultant Psychiatrist in Liaison for transfer of RC responsibility.

7.9 Functions that are solely to be performed by the RC

Specific powers and duties which only the RC is able to perform include:

- Discharge from detention, CTO or Guardianship
- Barring a nearest relative request to discharge a patient
- Renewal of detention or extension of CTO

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- Agreeing conditions of a CTO with an AMHP
- Varying or suspending conditions of a CTO
- Recalling a patient from a CTO
- Granting s17 leave
- Revoking a period of leave and recall
- Providing certificates to authorise treatment under Part 4 of the MHA
- Providing evidence to courts and the MOJ, as required

* Section 17 leave cannot be granted by the RC for patients detained under s35, s36 or s38.

*The RC can grant s17 to restricted patients **only with the approval** from the MOJ.

7.10 Change of RC

It may be appropriate for the patient's RC to change during a period of care and treatment, if such a change allows the needs of the patient to be met more effectively. When considering a potential change, it is essential to take into account continuing engagement with, and knowledge of the patient.

Relevant staff will be required to provide evidence that they have reasonably conducted investigations to establish the persons last known "ordinary" residence; the address is not a care home of any type or a placement funded under S117 from another authority. Evidence to be documented in the patients electronic/paper notes as soon as practicable. Where a patient's treatment and rehabilitation require movement between different hospitals or to the community, the prospective RC should be identified with sufficient time to allow the transfer to take place.

The existing RC remains responsible for overseeing the patient's progress until the duties are officially transferred to their identified successor; the MHA team should be notified, by email, of the transfer of RC.

A patient is also entitled to request a change of RC, the reasons for which should be clearly established to facilitate a response and possible allocation to a different RC.

The process of considering a patient's request will be overseen by the Clinical Director, whose priority is to take into account continuing engagement with, and knowledge of the patient.

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There may be circumstances where the RC is qualified with respect to the patient's main assessment and treatment needs but is not suitably qualified to be in charge of a subsidiary treatment, which the patient requires, (medication which the RC is not qualified to prescribe).

In a situation of this nature, the RC will maintain their primary responsibility of the patient, but another suitably qualified professional can take responsibility for a specific treatment or intervention. If the main therapy that is central to the patient's treatment is psychological, it may be best placed for the RC to be a psychologist.

Where the person in charge of a particular treatment is not the patient's RC, the person in charge of the treatment should ensure that the RC is kept informed and involved in discussions about the patient's treatment.

7.11 Nominated Deputy

Section 5(3) of the MHA allows the doctor or AC, in charge of an inpatient's treatment, to nominate a deputy to independently exercise S5 (2) holding powers in their absence.

Only a doctor or AC on the staff of the same hospital may be a nominated deputy. The deputy does not have to be a member of the same profession as the person nominating them. Only one deputy may be authorised at any one time for any patient.

It is unlawful for a nominated deputy to delegate to another doctor.

The nominee should be a doctor or AC who has been assessed as having the knowledge and experience that qualifies them to perform the task of deciding whether patients should be deprived of their liberty.

Doctors and ACs should only be nominated if they are competent to perform the role. If nominated deputies are not ACs or doctors approved under S12 of the MHA, they should seek advice from whom they are deputising, as soon as practicable.

Doctors and ACs may leave instructions with ward staff to contact them (or their nominated deputy), if a patient wants to or tries to leave the ward. However, they must not leave instructions for their nominated deputy to use S5 (2), nor are they permitted to complete a S5 (2) report in advance, to be used in their absence. The nominated deputy should use their own professional judgement.

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

8. EQUALITY IMPACT ASSESSMENT

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

9. REFERENCES

All staff will work within the MHA and in accordance with the COPfW (revised 2016), MCA and HRA.

- Mental Health Act 1983 - www.legislation.gov.uk/ukpga/1983/20/contents
- Mental Health Act 1983, Code of Practice for Wales - [Mental Health Act 1983: code of practice | GOV.WALES](http://www.gov.wales/mental-health-act-1983-code-of-practice)
- Mental Capacity Act 2005 - www.legislation.gov.uk/ukpga/2005/9/schedule/7
- Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents
- Mental Health Wales Measure (2010) - <https://www.legislation.gov.uk/mwa/2010/7/contents>
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 -

<https://www.legislation.gov.uk/wsi/2008/2439/contents/made>

10. GETTING HELP.

The MHA office based in the Royal Glamorgan Hospital in Pontyclun is staffed Monday-Friday between the hours of 08.30- 5pm on 01443 73709 or by email to CTT_MHAA@wales.nhs.uk.

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

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11. RELATED POLICIES

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

ACs will follow the procedural arrangements issued by BCUHB (Appendix 1) for the Approval and Re-approval of ACs in Wales and the Welsh Government guidance for the Approval of ACs (Wales) (Appendix 2)

12. TRAINING IMPLICATIONS

A person seeking approval must have completed an initial training course for approved clinicians within two years of the date of the application. A person seeking re-approval must have completed a refresher training course within two years of the expiry date of the current approval period. It is the responsibility of the ACs to ensure they maintain their status and the mandatory requirement to attend AC refresher training as part of the re-approval process to continue practising as an AC in Wales for another five years.

13. REVIEW, MONITORING & AUDIT ARRANGEMENTS

The use of this procedure will be subject to regular review by the MHA Office who will report any non-conformance issues to the Operational and Mental Health Act Monitoring Groups.

Ref:

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Equality Impact Assessment (EIA) & Welsh Language Impact Assessment (WLIA)

SECTION 1

Preparation

- See the definition of 'policy' for EIAs & WLIA and review the guidance attached.
- Click [here](#) for link to monthly drop in sessions to support you in completing the EIA & WLIA
- Please contact the Organisational Development & Inclusion (OD&I) team on CTM_Equality@wales.nhs.uk or the Welsh Language Team on CTT_WelshLanguage@wales.nhs.uk for further support

Title of policy or initiative

Hospital Managers Scheme of Delegation Policy

Policy/Initiative Aims and Brief Description

Please see some possible considerations to help below:

- *What is the policy or initiative meant to achieve?*
- *Why is the policy being written or the initiative being carried out?*
- *Who are the target groups, or who will be affected by this?*
- *What results would you like it to have?*
- *How does it relate to other services/policies and the IMTP*

The policy is required to ensure that the Health Board has in place appropriate governance arrangements to monitor and review the exercise of functions and compliance with the statutory requirements of the Mental Health Act 1983 are in line with the legal and good practice framework.

Name of Author & Responsible Manager / Group

Mrs Alison Thomas – MHA Manager

Who is involved in undertaking this Equality Impact Assessment & Welsh Language Impact Assessment?

Service users, nursing staff, Responsible Clinicians, MHA Administrators and qualified nursing staff.

Does the policy **impact** on any of the areas below (*further info in Section 1 of the guidance notes*)

- Eliminating discrimination and/or harassment
- Promoting equity of opportunity
- Promoting good relationships and positive attitudes

This policy does not impact any of the areas listed.

SECTION 2 – Understanding the Potential Impact for Equality, Diversity, Inclusion (EDI)

This section is about understanding where the policy or initiative may have an impact on the different groups identified in the guidance notes attached. This includes the 9 groups identified in the Equality Act 2010 plus an additional 2 areas. To help you complete this please read Section 2 of the guidance notes. Note briefly where the EDI related items could be relevant under ‘*Summary of potential impact*’.

Summary of potential impact: The proposed policy will apply to any patient detained under the Mental Health Act regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Now, based on above, select whether your policy or initiative would have a positive, neutral or negative impact on the 11 protected characteristics identified (please note some groups may fall into different groups)

Outcome of impact assessment (put the name of each group in relevant boxes):

| Positive impact | Neutral impact | Negative impact |
|-----------------|----------------|-----------------|
| | X | |

SECTION 3 – Strengthening or mitigating the identified impact for Equality, Diversity, Inclusion (EDI)

This section is about ensuring the policy or initiative is amended where necessary. This will ensure CTM UHB carries out its responsibility under the Public Sector Equality Duty in a way that promotes inclusion and addresses structural inequity. If no action is required (i.e. all groups fall under neutral impact), leave blank.

Consider what actions need to be taken to strengthen any positive impact of your policy/initiative for EDI, or what actions are needed to avoid or mitigate any negative impact. Please seek support from OD&I team where necessary.

| Action to be taken | Completion date | Responsible person |
|--------------------|-----------------|--------------------|
| | | |

SECTION 4 – Understanding the potential impact for Welsh Language

This section is about understanding where your policy or initiative is relevant to national legislation and CTM UHB’s ambition for Welsh. To help you complete this please read Section 3 – *Welsh Language Checklist: What should I consider?* Note briefly where the Welsh language could be relevant under ‘*Summary of potential impact*’.

Summary of potential impact: This policy will have a neutral impact on the Welsh language.

Now, based on above, select whether your policy or initiative would have a positive, neutral or negative impact on opportunities to use Welsh and not treating Welsh less favourably than English.

Outcome of impact assessment (put ‘X’ in relevant box):

| | | |
|-------------------------|------------------------|-------------------------|
| Positive outcome | Neutral outcome | Negative outcome |
| | X | |

SECTION 5 Strengthening or mitigating the identified impact for Welsh Language

This section is about ensuring the policy or initiative is amended where necessary in relation to Welsh Language This will ensure CTM UHB carries out its business in a way that promotes opportunities to use Welsh and does not treat Welsh less favourably. If no action is required, leave blank.

Consider what actions need to be taken to strengthen any positive impact of your policy/initiative for EDI, or what actions are needed to avoid or mitigate any negative impact. Please seek support from Welsh Language team where necessary.

| Action to be taken | Completion date | Responsible person |
|--------------------|-----------------|--------------------|
| | | |

SECTION 6 Governance

| | |
|--|--|
| Sign off by Responsible Manager/Group | Alison Thomas- Mental Health Act Team Manager |
| Date of completion | 13.08.2024 |

(Please send copy to OD&I Team on CTM_Equality@wales.nhs.uk)

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 | | | | 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 |
|--|--|----------------------|----------|----------|----------|------------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
| • 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 (as at 27.8.2024) |
|-----------------------------------|---|---|--------------------------------------|---|
| 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>Ongoing</p> <p>Draft TOR circulated for review and forward plan of work in development. For implementation same time as wider committee structure changes</p> |
| 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 locations & Check Care Group status following temporary moves.</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> <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</p> |

| | | | | |
|-----------------|---|---|----------------|---|
| | | | | being reviewed as part of the Right Care Right Person. |
| 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> |
| 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 organisational risk register in relation to the issue around CTM colleagues escorting detained patients through hospital premises.</p> | <p>Service Group Manager</p> <p>Assistant Director of Governance & Risk</p> | February 2024 | <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 a MHA Tribunal. Discussions with POWh site management on going.</p> <p>Update : 27.08.2024 New area allocated in Princess of Wales Hospital and being piloted to help determine suitability</p> |
| September 2023 | <p>MHA Operational Group Report</p> <p>Governance Team to consider the governance process in relation to IM's becoming Hospital Managers.</p> | Governance Team | September 2023 | <p>Ongoing</p> <p>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.</p> |

| | | | | |
|----------------|---|---|---------------|--|
| September 2023 | MHA Quarterly Activity Report To undertake a review into lapses and present an update to a future meeting of the Committee. | Chair MHA Operational Group | December 2023 | On Going Considered at the April 26th 2024 meeting of the MHA Operational Group. for discussion at the June meeting of the monitoring committee |
| 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 2024 | In progress MHA Team looking at possible dates for a potential visit in February 2024 linking in with Governance Team. Update 21.2.24 – visit to be postponed until June 2024 due to possible re-structure of Committees and membership. Update 22.5.24 – As above awaiting implementation of review. Update: 27.08.2024 Same as above as members will change. |

COMPLETED ACTIONS

| | | | | |
|-------------|---|-----------------|-------------|--|
| 5 June 2024 | Unconfirmed Minutes of the meeting held on 6 March 2024 & Annual Report The Corporate Governance Team agreed to update the minutes and annual report to accurately reflect a Members attendance at the last Committee Meeting | Governance Team | Immediately | COMPLETED 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. |
|-------------|---|-----------------|-------------|--|

| | | | | |
|-----------------|--|-----------------|------------|---|
| 6 December 2023 | <p>Strategic Update from South Wales Police</p> <p>Discussion to be held with the Health Board Chair for South Wales Police to provide Members a brief on 'Right Care, Right Person' policy at a Board Development Session.</p> | Governance Team | March 2024 | <p>Completed</p> <p>Given that this has been discussed at both the Mental Health Act Monitoring Committee and Quality & Safety Committee, it is not felt that a Board Briefing is required on this matter at this stage. An update on the discussion held on this matter at the January meeting of the Quality & Safety Committee has been included in the alert/escalate section of the Highlight Report being presented to the March Board</p> |
|-----------------|--|-----------------|------------|---|



Agenda Item

4.1

Mental Health Act Monitoring Committee

Organisational Risk Register

| | |
|---|--|
| Dyddiad y Cyfarfod / Date of Meeting | 04/09/2024 |
| 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 Review |
|---|------------|

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|------------------------------|---|
| Committee / Group / Individuals | Date | Outcome |
| Service, Function and Executive Formal Review | June/July | RISKS REVIEWED |
| Operational Management Board | 12 th June 2024 | ENDORSED RISKS WHERE APPLICABLE FOR ELG |
| Executive Leadership Group | 15 th July 2024 | MANAGEMENT SIGN OFF RECEIVED |
| Quality & Safety Committee | 23 rd July 2024 | ASSIGNED RISKS REVIEWED |
| Audit & Risk Committee | 15 th August 2024 | RISKS REVIEWED |

| 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 5th July 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 **678** members of staff trained to date since training commenced in 2021.
- 2.9 Focused sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.10 Feedback on the training continues to be positive, please see below:
- 2.11 47 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
- 70% (33/47) provided a score of 5/5 in terms of content of the session
 - 26% (12/47) provided a score of 4/5 in terms of content of the session
 - 4% (2/47) provided a score of 3/5 in terms of content of the session
- 2.12 100% of the 47 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 96% of the 47 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:
- *"Useful to understand escalation processing more detail";*
 - *"Very well delivered with a lot of information included";*
 - *"I realised in the session that I don't have a good understanding of how risk is assessed in the organisation and potentially our team should be utilising this more so it initially started as confusing for me but is still very helpful";*
 - *"Right amount of information given in the presentations and well explained by the presenter"; and*
 - *"Good comprehensive information and resources to refer to".*
 - *"An accessible, clear and succinct session which provides a valuable understanding of all things risk."*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

There were no new risks escalated to the Organisational Risk Register as assigned to this Committee.



3.2 CHANGES TO RISKS

There were no changes to risk scores in relation to risks escalated to the Organisational Risk Register as assigned to this Committee.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

No risks that had been escalated to the organisational risk register were closed in the July iteration.

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

| | | | | | | |
|-------------|------------|---|---|---|------|--|
| Consequence | 5 | | | | | |
| | 4 | | | | 5646 | |
| | 3 | | | | | |
| | 2 | | | | | |
| | 1 | | | | | |
| CxL | 1 | 2 | 3 | 4 | 5 | |
| | Likelihood | | | | | |

3.5 EMERGING RISKS

No emerging risks notified for inclusion in the July iteration Organisational Risk Register.

3.6 Board Assurance Framework – Principal/Strategic risks assigned to this Committee

There are no strategic risks escalated to the Board Assurance Framework that are assigned to this Committee.

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 Resilient Wales |
| | If more than one applies please list below: |
| Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales)) | Learning, Improvement & Research |
| | If more than one applies please list below: |
| Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales)) | Safe |
| | If more than one applies please list below: |
| 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 | Yes: <input type="checkbox"/> | No: <input checked="" type="checkbox"/> |
| | Outcome for Equality (delete as appropriate): | If no, please include rationale below: |
| | POSITIVE/NEUTRAL NEGATIVE | Not required for the organisational Risk |



| | | |
|--|---|---|
| Have you undertaken an Equality and Welsh Language Impact Assessment Screening? | Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE | 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 (Pobl / Ariannol) / Resource Impact (People / Financial) | 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 Committees.

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R |
|----|----------|-------------------------|-------------------------------|-------------------------------|----------------|--------------------------------|---|--|---|---|--|------------------|--|-----------------|-------|------------|---------------|------------------|
| | Datix 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 & Likelihood) | Rating (Target) | Trend | Opened | Last Reviewed | Next Review Date |
| 1 | 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 end of May 2024; Phase 2 of RCRP due to start August 2024</p> <p>A national transportation group has been set up in preparation of phase 3 which is due to commence October 2024</p> <p>A partnership meeting was held in April (notes attached)</p> <p>Health Board monthly meetings continue.</p> <p>Risk reviewed and remains unchanged.</p> | Quality & Safety Committee Mental Health Act Monitoring Committee | 15 | C4xL4 | 12 (C3xL4) | ++ | 08.12.2023 | 29.05.2024 | 31.08.2024 |
| 21 | | | | | | | | | | | | | | | | | | |



AGENDA ITEM

5.2

MENTAL HEALTH ACT MONITORING COMMITTEE

MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

| | |
|---|--|
| Dyddiad y Cyfarfod / Date of Meeting | 04/09/2024 |
| Statws Cyhoeddi / Publication Status | Open/Public |
| Awdur yr Adroddiad / Report Author | Robert Goodwin, Clinical Service Group Manager Bridgend Mental Health |
| Cyflwynydd yr Adroddiad / Report Presenter | Robert Goodwin, Clinical Service Group Manager Bridgend Mental Health |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Executive Director of Primary, Community & Mental Health |
| Pwrpas yr Adroddiad / Report Purpose | FOR DISCUSSION / REVIEW |

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

| Committee/Group/Individuals | Date | Outcome |
|------------------------------------|--------------|-----------------|
| (Insert Name) | (DD/MM/YYYY) | Choose an item. |
| | | |



| ACRONYMS | |
|----------|--|
| AMHP | Approved Mental Health Practitioner |
| CAMHS | Child and Adolescent Mental Health Service |
| EDT | Emergency Team |
| IMHA | Independent Mental Health Advocacy |
| MHA | Mental Health Act |
| POW | Princess of Wales Hospital |
| RGH | Royal Glamorgan Hospital |
| SWP | South Wales Police |

1. SITUATION/BACKGROUND

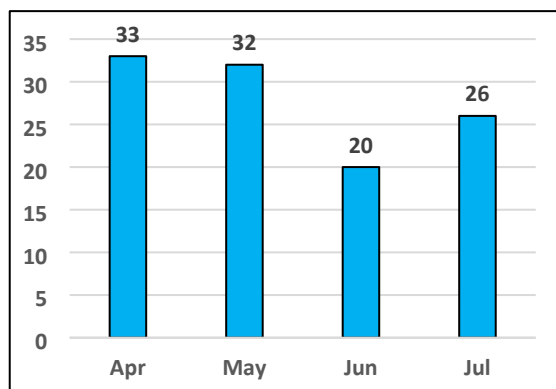
1.1 The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place 5 June 2024. The meeting on 26 July 2024 was well attended with representatives from across Adult, Older Adult and CAMHS, Mental Health Act Team, Social Services, South Wales Police, and Independent Mental Health Advocacy.

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

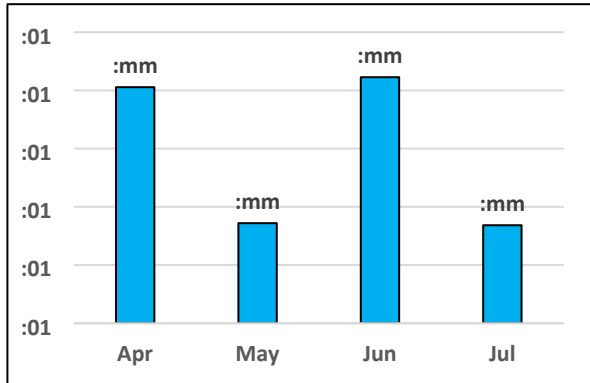
2.1 Waiting Times for Section 136 Assessments April – July 2024

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.

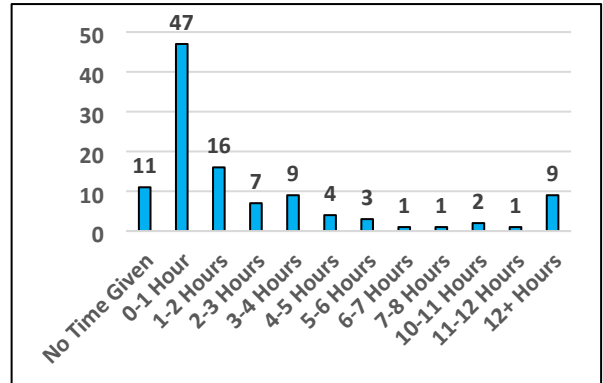
Graph 1. Total No. of Section 136 Detentions



Graph 2. Average of Total Officer Waiting Time



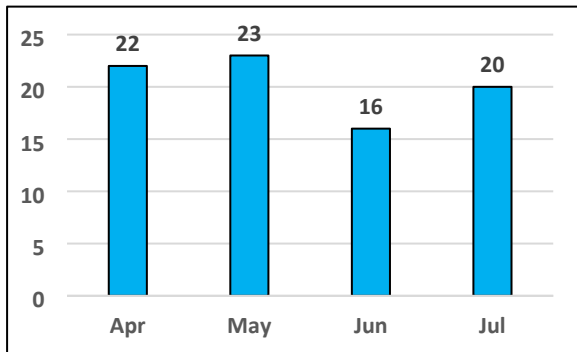
Graph 3. Total Officer Waiting Time



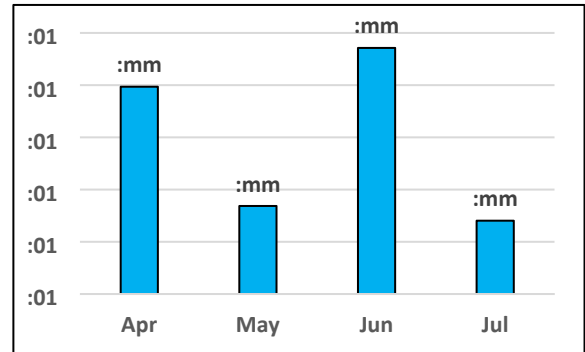
Graph 2 above shows that average waiting times fell to just over 2 hours in the month of July. The information below has separated the waiting time information between those where the first point of contact was the Health Board Place of Safety or the local Emergency Department.

Place of Safety is the Health Board Access Point

Graph 4. Total No. of 136 Detentions

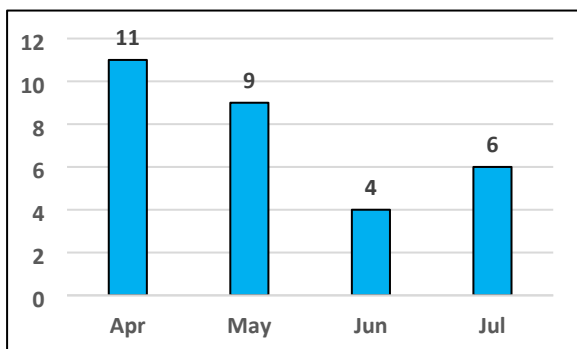


Graph 5. Average of Total Officer Waiting Time

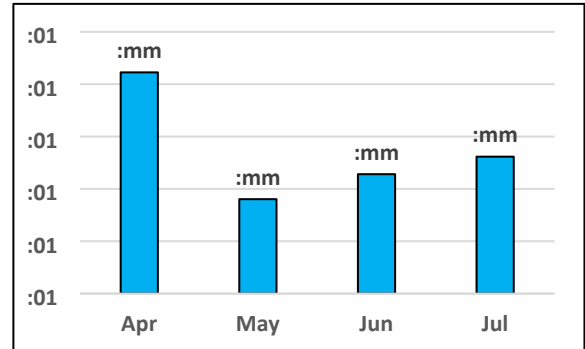


Emergency Department is the Health Board Access Point

Graph 6. Total No. of 136 Detentions



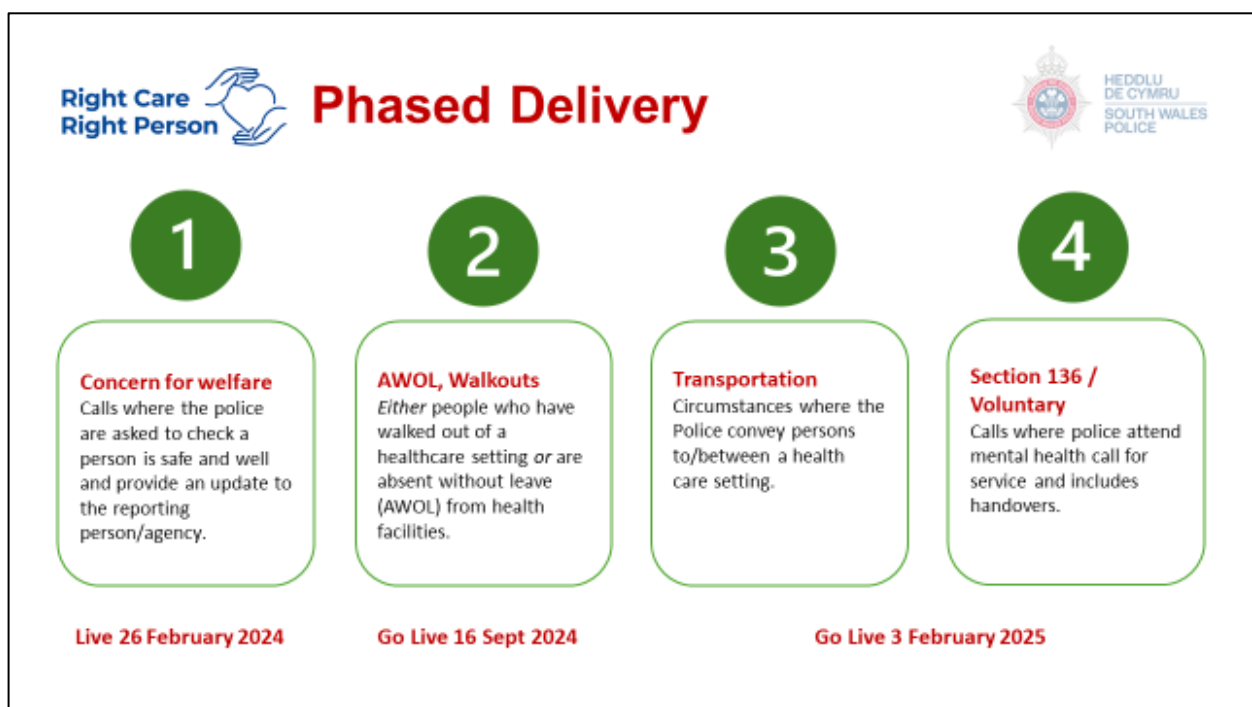
Graph 7. Average of Total Officer Waiting Time



This information shows that average police waiting times in July were lower when the patient’s first point of contact was our Mental Health Place of Safety rather than the local Emergency Department. The Operational Group has requested some further information on waiting times within each of the 3 Places of Safety and local Emergency Departments.

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 26th February 2024. At a recent stakeholder briefing the South Wales Police confirmed a revised timetable which is shown below.



In the first 4 months following the introduction of phase 1 in February 8,500 Concern for Welfare calls were received by the South Wales Police for their force area. This resulted in a deployment rate of 44%. During this period 2 complaints were received with no incident requiring intervention from the IOPC. Phase 2 which goes live on 16 September 2024 will affect the police response to patients who are absent without leave. A revised local policy has been generated to help support the proposed changes. Currently there are an estimated 900 incidents in the force area each year with 69% being responded to by the South Wales Police.

In relation to the Phase 3 the Joint Commissioning Committee have established a group with membership across Wales to complete a transport and conveyance

review for Mental Health patients. A framework will be developed to help assess the right type of conveyance for each patient journey. A triage tool will also aim to consider issues such as the impact of likely waiting times. A snap shot Mental Health Conveyance Audit was completed between Monday July 15 and Sunday July 21. The outcome of this audit is awaited. It seems likely that Welsh Government will commission a national mental health conveyance solution which will be developed in partnership with the independent sector and WAST.

The Operational Group work stream to identify police waiting times for Section 136 Assessments which is described above in Section 2.1 will help with the implementation of Phase 4. Care Group workshops have been undertaken to consider the redesign of our Section 136 processes. This work will continue in collaboration with all stakeholders.

2.3 Mental Health Act Activity Report Q1, April – June 2024

Section 5(4) Nurses Holding Power was used on 4 occasions. The group was satisfied that each of these Sections was reviewed within the necessary 6 hour period.

Section 4 was applied on a single occasion on the Admissions Ward RGH Mental Health Unit. This took place at 17.15 and was later converted into a Section 2. The group understood there was a shortage of medical cover to provide the normal 2 medical assessments at the time when this emergency presented itself.

Of the 11 CAMHs detentions 8 of these were admitted to Ty Llidiard, 1 to PICU in the RGH and 2 onto local paediatric wards. The group noted the absence of any admissions onto the nominated adolescent bed within RGH MHU. This is helpful information when planning the likely demand for the new nominated adolescent bed on Ward 14 POWh.

The group had focussed previously on the process to ensure the elimination of MHA Section lapses, it was pleasing to note none were recorded during the period.

Section 135 and 136 use increased from 63 in Q4 to 92 in Q1. This will be considered further in Section 2.5 overleaf.

2.4 Mental Health Act Errors and Breaches Q1, April - June 2024

The Group reviewed the 11 minor errors within the individual AMHP HO2 forms. It was agreed that this would be considered at the next meeting of the AMHP forum.

In terms of fundamental errors it was disappointing that these had risen from 1 in Q4 to 3 in Q1. Each of these fundamental errors concerned the absence of basic information and signatures. These items should be picked up during scrutiny if this was completed in a diligent way. The Operational Group spent some time discussing how such basic errors could pass through the scrutiny process and agreed on the need to more fully understand which staff were not performing this task correctly.

2.5 Use of Section 135 and 136

Section 136 was used on 85 occasions in Q1, an increase from the 60 recorded in Q4. 16 of these sections were applied to people under the age of 18, with 11 applied for the same young person. A meeting is being convened with the South Wales Police to consider if there are any learning points in relation to the response provided for this young person.

The Group had a good discussion on Section 135 of the Act which was used on 7 occasions in Q1. This included the process for submitting a warrant to the court and the difference between Section 135(1) and Section 135 (2) Some further information on these sections is provided in Appendix 1

The use of Section 135 and in particular the organisation responsible for coordinating the submission of the Warrant to Court may change as the South Wales Police "Right Care Right Person" programme is rolled out. A separate meeting with the South Wales Police is planned to discuss the implications of this including training for staff.

2.6 Register of Conditionally Discharged Patients who are subject to a Ministry of Justice Restriction Order

The Mental Health Act Team maintain a register of Conditionally Discharged patients each of whom is required to have a social supervisor and Responsible Clinician reporting to the Ministry of Justice. The conditionally discharged patient will be required to adhere to agreed conditions to stay in the community or risk being recalled to hospital. The Group agreed to consider the restricted patient system for mentally disorder offenders at its next meeting. This will include a look at the role of the Secretary of State for Justice and the Mental Health Case Work Section in His Majesties Prison and Probation Service.

2.7 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 Operational Group coordinated a second local meeting on 7th June 2024 with representatives from each Local Authority to review the register and ensure processes are adequate. Following this meeting a Standing Operating Procedure was developed and agreed within the Operational Group. This procedure outlines the process for maintaining a single Section 117 Aftercare Register by all partners. The next step is completion of the cleansing exercise which will review the current register ensuring it is up to date.

An audit proposal based on this Operating Procedure and the Code of Practice will be developed for the next Operational Group meeting scheduled for 25th October 2024.

The Group discussed the Easy Read Section 117 Aftercare leaflet which we had developed to help our patients better understand their entitlements and our responsibilities under the Mental Health Act. These are already being circulated to our patients. These are included in Appendix 2 and 3.

2.8 Hospital Managers Power of Discharge Committee Meeting

The Group considered the notes of the meeting held on 17/04/2024 and noted the positive feedback from those hospital managers who had attended the recent all Wales hospital managers conference in Builth Wells. The number of hospital managers had increased to 13 with an additional 2 in recruitment. The hospital managers had convened 14 hearings in Q1 with all detentions being upheld. A positive response would be given to patients who expressed a wish for a "face to face" hearing.

2.9 Designated Accommodation for Tribunals within the Princess of Wales Hospital

Previous reports outlined a challenge in relation to the provision in POWh. Following review of our estate the Coity Clinic meeting room has been considered as a possible venue for tribunal hearings. It has been agreed with the Tribunal Office that the use of this room would be piloted for a 3-month period beginning October 2024.

2.10 Independent Mental Health Advocacy Q1 Report, April - June 2024

The Group considered the Q1 report from Advocacy Support Cymru. 197 new referrals had been received by the team of 7.2WTE, 70 of which were for detained and 127 for informal patients. The Group noted the increase in the number of referrals from general wards in the Princess of Wales Hospital which was positive. The "awareness raising" sessions had been attended by over 60 people. The Group discussed the Advocacy Charter and the performance indicators which had been standardised by Welsh Government for IMHA

providers. The Group enjoyed reviewing the individual case studies which helped to describe the impact of the Advocacy Service.

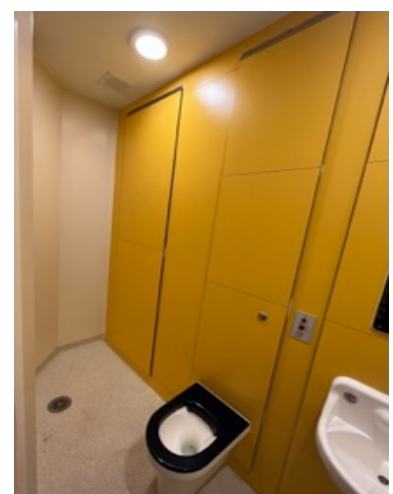
The Ad✓ocacy Charter

CLARITY OF PURPOSE Advocacy Providers ensure that the individuals they advocate for, referrers, health and social care services and funding agencies all receive information that helps them understand the advocacy service and the role of the advocate, including its benefits and boundaries. The Advocacy Providers objectives and activities must align with the principles set out in this Charter:

The Group considered the Welsh Governments earlier “Delivering the Independent Mental Health Advocacy Service in Wales” document which remained an important publication when reviewing these services (Appendix 4) .It was noted that the Welsh Government were currently reviewing the existing IMHA service and the Operational Group monitoring arrangements would feed into this.

2.11 Nominated Adolescent Bed on Adult Mental Health Wards

The Health Board is required to have a nominated bed for adolescents between the age of 16 - 18 requiring admission. This bed is currently identified in the Royal Glamorgan Hospital Mental Health Unit. The transfer of this service into Ward 14 at the Princess of Wales Hospital would have benefits in terms of the co-location with Ty Llidiard for the purposes of medical supervision which would be retained by CAMHs. A capital scheme to develop an ensuite bedroom has been completed with some photographs below. Some work is required to help furnish the room in a way which is friendly to young people. The existing Operational Policy is being renewed and a training plan developed for staff.



2.12 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 26/07/2024. For ratification in the MHAMCM on 04/09/2024 |
| 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.

2.13 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. | December 2024 |
| Audit | MHA Team to complete audit of Statutory Documentation using the CTMUHB AMAT audit tool. | September 2024 |
| Policy Work | All remaining policies to be ratified at the Monitoring Committee meeting 4 th September 2024. This will exclude the Section 135/136 policy with the review being led by the South Wales Police. | September 2024 |
| Introduction of monitoring arrangements for Section 135/136 | In support of the South Wales Police roll out of "Right Care Right Person" monitoring arrangements have been introduced to capture information on delays in the delivery of the Mental Health Act assessment. | September 2024 |
| Nominated Adolescent Bed on Adult MH Wards | Policy work and training to be concluded in order to support the transfer of this service to Ward 14 POWh. | September 2024 |
| 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. | December 2024 |
| Section 117 Aftercare - Use and Code of Practice Compliance | The Operational Group have coordinated the agreement of a partnership Section 117 Aftercare Policy which will assist in defining the scope of this work. Together with the cleansing of the Central Section 117 Aftercare Register. | December 2024 |
| Section 135/136 Audit | This audit work is part of a rolling programme for the period January 2023 – December 2024. The purpose will be to gain a deeper understanding of how these Sections are applied and to identify any patterns. | March 2025 |
| Compliance Audit 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. | June 2025 |



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

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

A new Absence Without Leave policy has been generated to support the roll-out of the Phase 2 AWOL changes. A snapshot audit of Mental Health Conveyance has been coordinated by the Joint Commissioning Committee in support of Phase 2. The Operational Group work to identify police waiting times for Section 136 Assessments will help inform the response to Phase 4 which will involve some changes to the way in which the police respond. There may also be a need to review arrangements for the submission of Section 135 warrants to the Court.

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. There remain however a small number of fundamental breaches related to the absence of basic information which should be identified in this process. Further work is being undertaken to identify any themes.

3.3 Section 117 Aftercare – review of registers

A review of process is being undertaken with local authority colleagues to ensure the accuracy of the central Section 117 Aftercare register. Once this has been completed an audit against the Code of Practice standards will be developed.

3.4 Designated Accommodation for Tribunals within the Princess of Wales Hospital

There are some risks associated with the conveyance of detained patients from Ward 14 and PICU to the new designated area in MPEC. An alternative meeting room option has been identified within Coity Clinic. The use of this room will be piloted in consultation with the Tribunal Office.

3.5 Independent Mental Health Advocacy

The Welsh Government are currently reviewing the Advocacy Services across Wales. The Operational Group monitors the delivery of the service within CTMUHB and will contribute to the Welsh Government Review.

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. Thus will include a review of the police and delivery of training of staff. This a good opportunity to promote joint working between CAMHS and Adult Services.

4. IMPACT ASSESSMENT

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

5. RECOMMENDATION

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



| | |
|------------|--|
| Appendix 1 | What is Section 135 MHA |
| Appendix 2 | Section 117 Aftercare Easy Read Leaflet English |
| Appendix 3 | Section 117 Aftercare Easy Read Leaflet Welsh |
| Appendix 4 | Delivering the Independent Mental Health Advocacy Service in Wales |

Please note; the appendices available in the Admincontrol meeting folder for the 4th September.



Agenda Item

5.2

Mental Health Act Monitoring Committee

**MHA Operational Group Activity Report with Breaches and Errors
for Quarter 1
(April – June 2024/25)**

| | |
|---|---|
| Dyddiad y Cyfarfod / Date of Meeting | 4 th September 2024 |
| Statws Cyhoeddi / Publication Status | Open/ Public Draft Status - Final Version will be Published |
| Awdur yr Adroddiad / Report Author | Mrs Alison Thomas -Mental Health Act Team Manager Jeremy Burgwyn – Mental Health Act Team Leader |
| Cyflwynydd yr Adroddiad / Report Presenter | Mr Robert Goodwin- Service Group Manager, Bridgend |
| Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor | Gethin Hughes, Chief Operating Officer / Julie Denley |

| | |
|---|------------|
| Pwrpas yr Adroddiad / Report Purpose | For Noting |
|---|------------|

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



| Acronyms / Glossary of Terms | |
|-------------------------------------|---|
| MHA | Mental Health Act |
| 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 Q1 (April – June 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 (AMHP) 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 10% in the total number of detentions from 97 in Q4 2023/24 to 107 in Q1 2024/25. The number of detentions under S5(2) decreased from 15 to 12. Section 2 detentions increased by 9% from 56 to 61 and Section 3 detentions increased by 22% from 23 to 28.



Graph 1

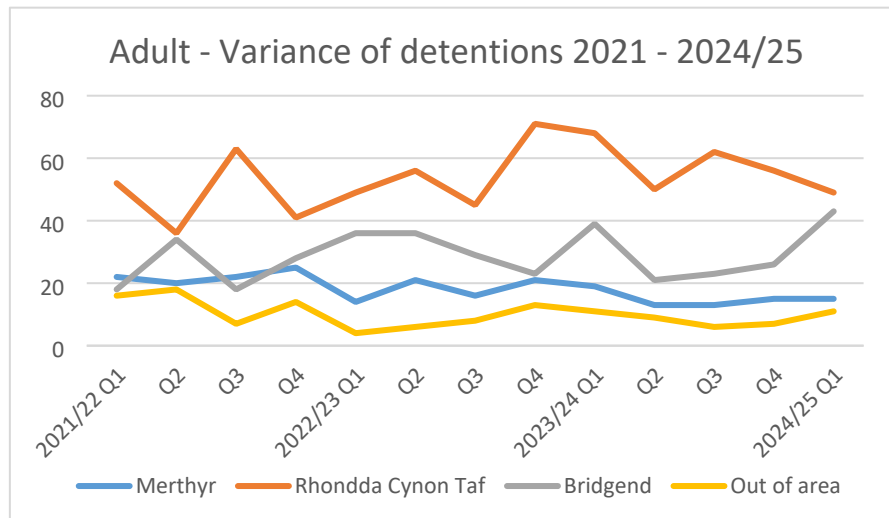


Table 1

| Locality | Mean 2021/24 | Q1 2024/25 |
|--------------|--------------|------------|
| Merthyr | 18 | 15 |
| RCT | 54 | 49 |
| Bridgend | 29 | 43 |
| Out of area | 12 | 11 |
| Total | 113 | 118 |

2021/24/25 Mean to Q1 shifts as follows:

- In Merthyr detentions decreased from baseline mean by 3 (16%) from 18 to 15.
- In Rhondda Cynon Taff (RCT) detentions decreased from baseline mean by 5 (9%) from 54 to 49.
- In Bridgend detention increased from baseline mean by 14 (48%) from 29 to 43. This is within the higher quarterly range for this area. This trend will be closely monitored in the Operational Group.
- Out of area detentions decreased from baseline mean by 1 (8%) from 12 to 11.

In Q1, there were 3 occasions when the nurses' holding power under Section 5(4) was utilised; 1 in Coity Clinic, who was assessed by a doctor within the 6-hour period and regraded to section 5(2) and 2 in Royal Glamorgan Hospital (RGH), who were also both assessed within the timescales and regraded to informal status.

Section 4 was used only once during Q1 in RGH and the person was subsequently detained under Section 2 within 24 hours.

2.3 Older Persons Detentions

The total number of detentions in Older Persons services increased by 24% from 37 in 2023/24 to 46 in Q1 2024/25 with variance across the localities as below:

Graph 2

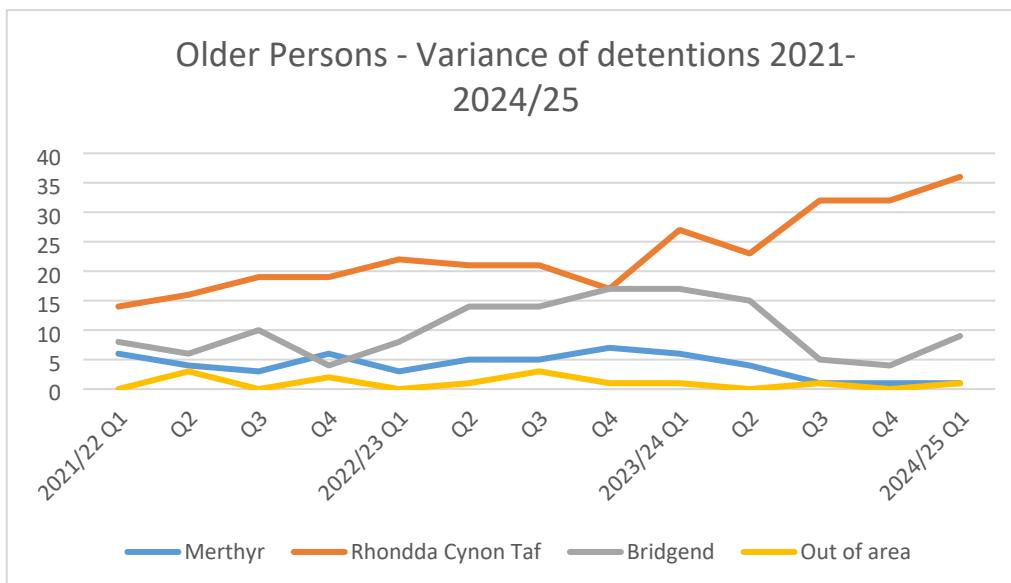


Table 2

| Locality | Mean 2021/24 | Q1 2024/25 |
|--------------|--------------|------------|
| Merthyr | 4 | 1 |
| RCT | 23 | 36 |
| Bridgend | 10 | 9 |
| Out of area | 1 | 1 |
| Total | 38 | 47 |

2021/24/25 Mean to Q1 shifts are as follows:

- In Merthyr detentions decreased from baseline mean by 3 (75%) from 4 to 1.
- In RCT detentions increased from baseline mean by 13 (56%) from 23 to 36. This has been discussed with the RCT AMHP lead and there is no obvious reason for the increase other than the normal fluctuations experienced with the use of the Act, despite this increase the number is still within the higher quarterly range for this area.
- In Bridgend detentions decreased from baseline mean by 1 (10%) from 10 to 9.
- Out of area detentions remained the same.

2.4 CAMHS Detentions-

CAMHS witnessed a decrease of 15% in detentions from 13 in the previous quarter to 11 in Q1 2024/25.

Of the 11 detentions, 5 were from CTMUHB, 2 from Cardiff & Vale University Health Board (C&VUHB), 1 from Aneurin Bevan University Health Board (ABUHB), and 3 from Hywel Dda University Health Board (HDUHB).

Of the 11 detentions in Q1, 8 were detained to Ty Llidiard, 1 to Childrens ward in RGH, 1 to PICU in RGH and 1 to Children’s ward in Princess of Wales (POW).

Graph 3

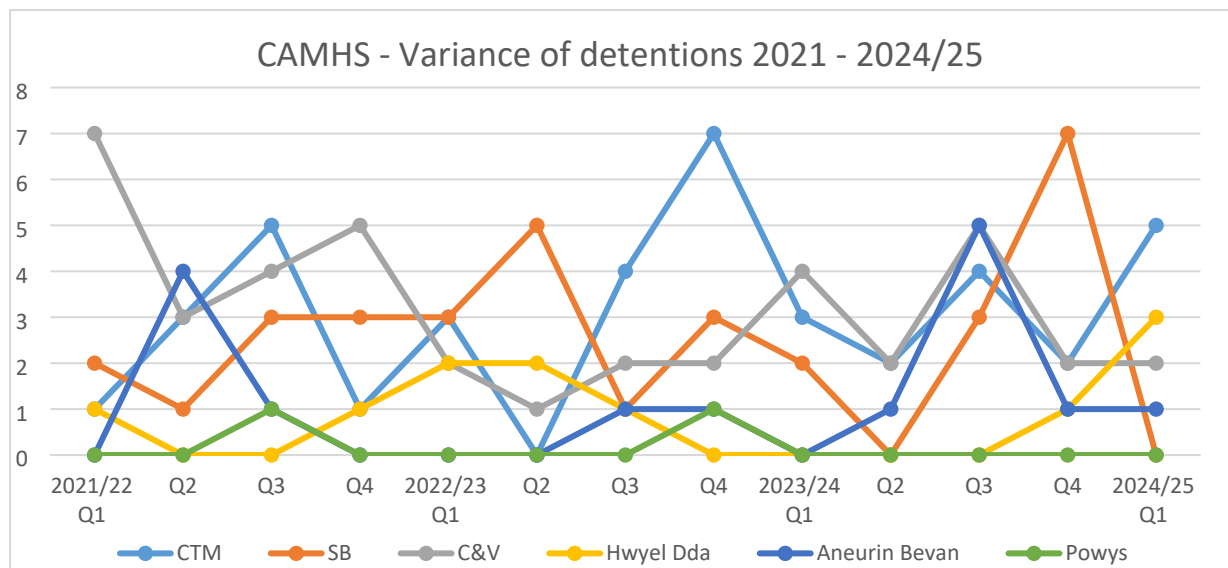




Table 3

| Health Board | Mean 2021/24 | Q1 2024/25 |
|--------------|-----------------|---------------|
| CTMUHB | 3 | 5 |
| SBUHB | 3 | 0 |
| C&VUHB | 3 | 2 |
| HDUHB | 1 | 3 |
| ABUHB | 1 | 1 |
| PTHB | 0 | 0 |
| Total | 11 | 11 |

2021/24/25 Mean to Q4 shifts are as follows:

- In CTMUHB, detentions increased from baseline mean of 3 to 5.
- From SBUHB detentions decreased from baseline mean of 3 to 0.
- From C&VUHB detentions decreased from baseline mean of 3 to 2.
- From HDUHB detentions increased from baseline mean from 1 to 3.
- From ABUHB remained the same at 1.
- From PTHB there were no detentions, same as the baseline mean i.e. 0.

2.5 Community Treatment Orders (CTO)

There were 4 new CTOs applied in Q1 2024/25 in comparison with 1 during Q4 2023/24.

In Q1 there were 10 CTOs extended, 2 recalled, 5 recalled and revoked and 1 discharge.

The current CTOs in each area are shown below along with the table of mean figures for each area during 2021/2024/25.

There were 28 CTOs in place at the end of Q1



Graph 4

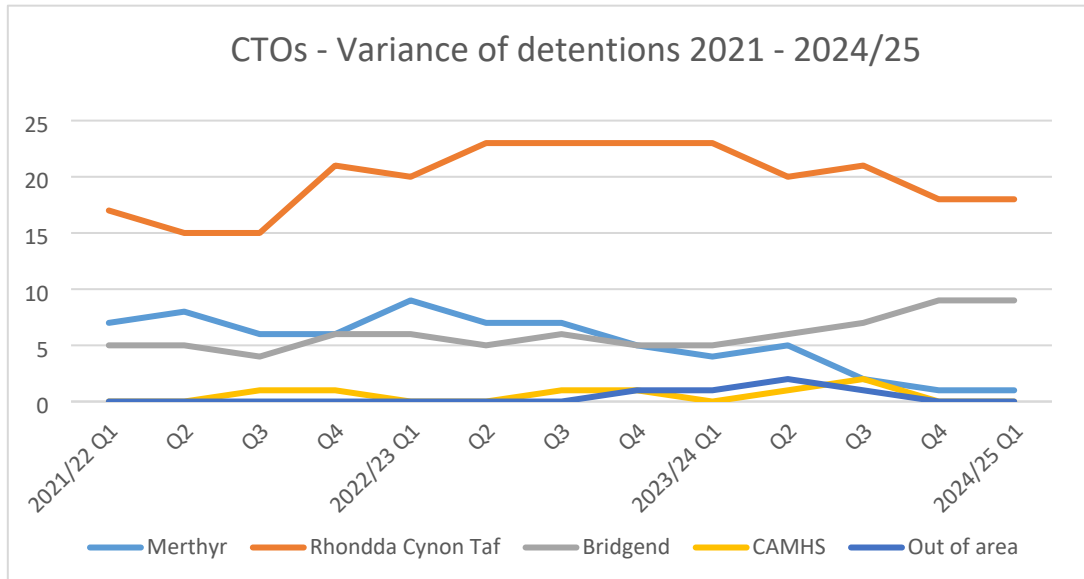


Table 4

| Locality | Mean 2021/24 | Q1 2024/25 |
|-------------------|--------------|------------|
| Merthyr | 5 | 1 |
| Rhondda Cynon Taf | 20 | 18 |
| Bridgend | 6 | 9 |
| CAMHS | 1 | 0 |
| Out of area | 0 | 0 |
| Total | 32 | 28 |

2.6 Use of Section 135/136 Police Powers

- Section 136 detentions increased by 42% from 60 in Q4 2023/24 to 85 in Q1 2024/25
- Of all the Section 136s used throughout Q1, 15 of these were for persons under 18 years of age, 11 of which were for the same young person.
- Section 135 detentions increased from 3 in Q4 to 7 in Q1.

- 5 of the patients were subsequently detained under Section 2, 1 under Section 3 and 1 discharged with community support.
- There was only 1 reported occurrence of Section 135 for persons under the age of 18 in RGH; young person was further detained under S2.

Graph 5

This graph illustrates uses of Section 135/136 throughout the LSSAs from Q4 2019/20 to Q1 2024/25.

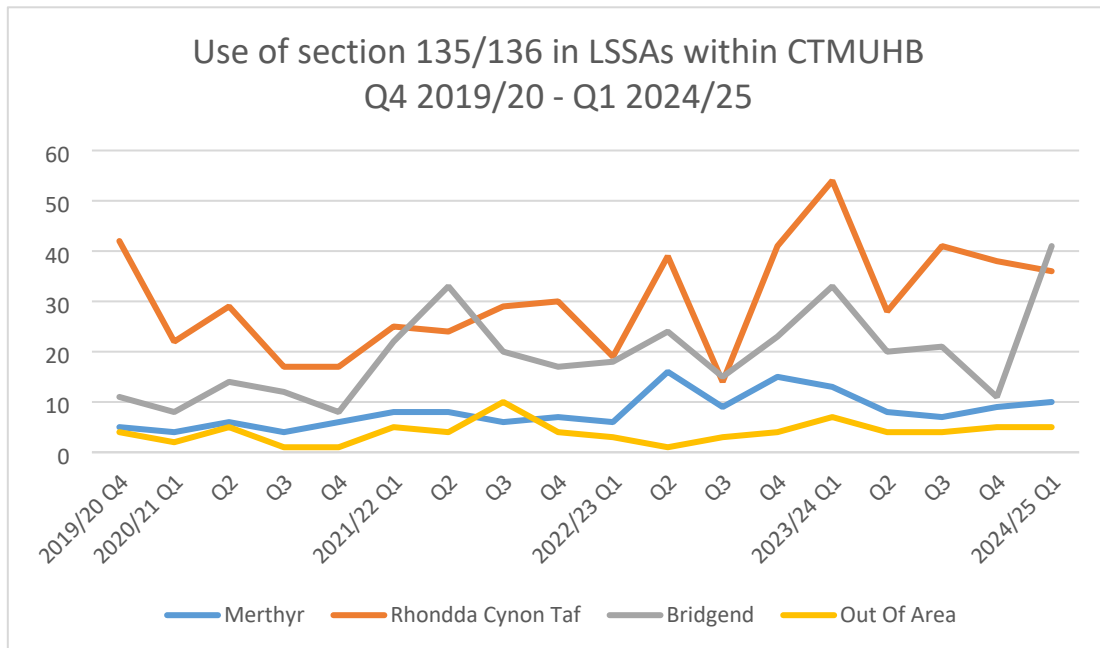


Table 5

Use of Section 135 and 136 by area for Q1 2024/25, also with mean.

| Area | Mean | Q1 |
|-------------------|-----------|-----------|
| Merthyr | 8 | 10 |
| Rhondda Cynon Taf | 30 | 36 |
| Bridgend | 20 | 41* |
| Out of area | 4 | 5 |
| Total | 63 | 92 |

*11 of these related to one adolescent patient, which is highly unusual.

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 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.

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 Q1 2024/25 was 13, compared to 8 found in Q4. 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 | | YCC | Angelton | |
|-----------------------|-------|-----|------------|-------|-----|----------|-------|
| Responsible for Error | Forms | 14 | Admissions | Seren | 7 | 2 | Total |
| AMHP | HO2 | 4 | 2 | 1 | 2 | 2 | 11 |
| AMHP | HO6 | | | | | | 0 |
| Doctor | HO3 | | | | | | 0 |
| Doctor | HO4 | | 1 | | | | 1 |
| Doctor | HO8 | | | | | | 0 |
| Doctor or Nurse | HO12 | | | | | | 0 |



| | | | | | | | |
|-----------|--------------|----------|----------|----------|----------|----------|-----------|
| Nurse | HO14 | 1 | | | | | 1 |
| Other UHB | TC1 | | | | | | 0 |
| | Total | 5 | 3 | 1 | 2 | 2 | 13 |

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

Fundamentally Defective

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

Examples include unsigned section papers, incorrect hospital details or the wrong form being used. Medical recommendations and applications that are not signed cannot be remedied under Section 15 and therefore render the detention invalid. All breaches are reported via DATIX to enable monitoring and for training to be put in place as necessary.

The details of the breaches are set out below.

2.11 There were 3 fundamentally defective errors within CTMUHB during Q1 2024/25 compared to 1 in Q4 2023/24.

❖ **1 Invalid Section 2**

- The patient was detained to Ward 14 in Coity Clinic in PWH on 02/05/2024.

Upon scrutiny by the MHA office, it was discovered that the AMHP’s application for admission under Section 2 (Form HO2) had not been signed or dated, rendering the detention under Section 2 invalid. The ward manager and AMHP were informed of the invalid detention and asked them to inform the patient that they were no longer detained under the MHA 1983. The MHA team advised the RC to immediately discharge the patient from Section 2 by completion of Form HO17. The patient was further detained under Section 2 on 03/05/2024.

The MHA manager contacted the ward staff and AMHP to re-iterate the importance of thoroughly checking the detention paperwork using the revised receipt & scrutiny checklist.

❖ **Invalid Section 5(2)**



The patient was detained on Ward 7 in RGH, which is a medical ward, on 30/04/2024 under Section 5(2). The medical Doctor who completed the Form HO12 to hold the patient for 72 hours under the Doctor’s Holding Powers failed to complete the time the Section 5(2) started. Neither had the Form HO12 been receipted at Part 2 by the ward staff or MHA liaison team. Both these omissions rendered the Section 5(2) invalid. The patient had already been further detained under Section 2 on 30/04/2024.

The MHA manager contacted the liaison team leader to discuss the importance of ensuring that the Form HO12 training/guidance forms were on display on the general wards.

❖ **Invalid CTO recall- Section 17(e)**

1. The RC issued a recall of CTO notice to a patient upon completion of Form CP5, which was accepted by the ward staff who completed the Form CP6 on 04/05/2024. When the MHA office collected the forms from the ward on 07/05/2024 (following a Bank Holiday weekend), it was discovered that the RC had not signed, timed or dated the Form CP5, which rendered the CTO recall invalid.

The RC and ward manager were contacted by the MHA team to advise of this breach. The RC issued another Form CP5 on 07/05/2024, nursing staff completed the Form CP6 on the same date and the CTO was revoked on 10/05/2024.

The MHA manager spoke to the ward staff about displaying the CTO training guidance on the training board for staff to follow.

3. Key Risks / Matters for Escalation

- 3.1 The Board Room in MPEC in Princess of Wales Hospital does not meet the minimum standard room requirements set by the Mental Health Review Tribunal, an alternative has been identified and is being piloted. However, this will remain a key risk until the alternative location is proved suitable.

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: |
| | Not Applicable |



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

| Impact Assessment | | |
|--|--|--|
| Ansawdd <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 to 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 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 (Pobl /Ariannol) / Resource Impact (People / Financial) | There is no direct impact on resources as a result of the activity outlined in this report. |

5. Recommendation

5.1 The MHA Monitoring Committee is asked to:

- DISCUSS and NOTE the report

Appendix 1.

Graph 1



Quarter 1 MHA Adult Activity 2024/25

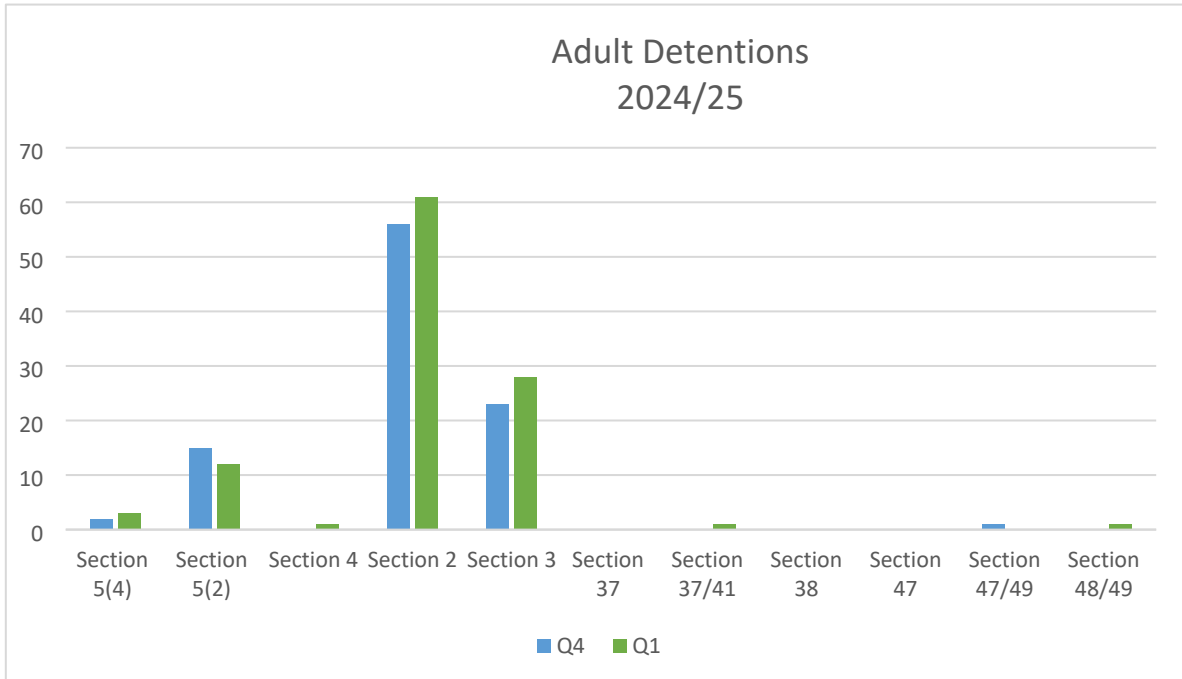


Table 1 Quarter 1 MHA Adult Activity 2024/25

| Section | Q4 | % of total | Q1 | % of total |
|---------------|-----------|-------------|------------|----------------|
| Section 5(4) | 2 | 2.06% | 3 | 2.80% |
| Section 5(2) | 15 | 15.46% | 12 | 11.21% |
| Section 4 | 0 | 0.00% | 1 | 0.93% |
| Section 2 | 56 | 57.73% | 61 | 57.01% |
| Section 3 | 23 | 23.71% | 28 | 26.17% |
| Section 37 | 0 | 0.00% | 0 | 0.00% |
| Section 37/41 | 0 | 0.00% | 1 | 0.93% |
| Section 38 | 0 | 0.00% | 0 | 0.00% |
| Section 47 | 0 | 0.00% | 0 | 0.00% |
| Section 47/49 | 1 | 1.03% | 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 | 97 | 100% | 107 | 100.00% |

*There were 11 out of area detentions in Q1

Table 2 Number of Adult MHA detentions per locality

| Area | Q4 | Q1 |
|-------------------|----|----|
| Merthyr | 15 | 15 |
| Rhondda Cynon Taf | 56 | 49 |
| Bridgend | 26 | 43 |
| Out of area | 7 | 11 |

Graph 2 Quarter 1 MHA Older Persons Activity 2024/25

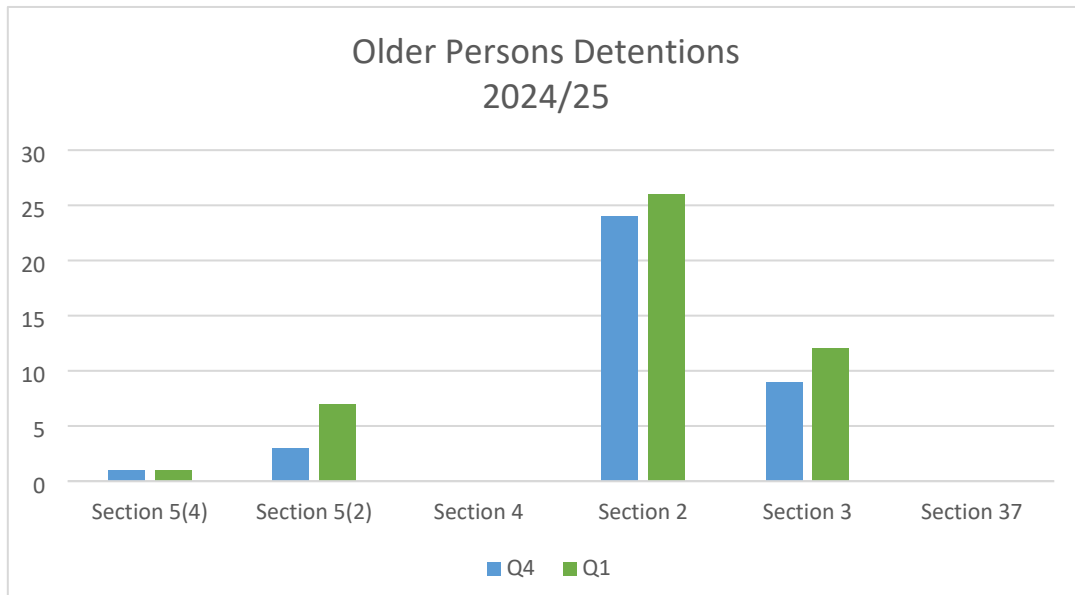


Table 3 Quarter 4 MHA Older Persons Activity 2024/25

| Section | Q4 | % of total | Q1 | % of total |
|---------------|-----------|-------------|-----------|-------------|
| Section 5(4) | 1 | 0.00% | 1 | 2.70% |
| Section 5(2) | 3 | 10.53% | 7 | 8.11% |
| Section 4 | 0 | 2.63% | 0 | 0.00% |
| Section 2 | 24 | 63.16% | 26 | 64.86% |
| Section 3 | 9 | 23.68% | 12 | 24.32% |
| 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 | 37 | 100% | 46 | 100% |

Table 4 Number of Older Persons MHA detentions per locality

| Area | Q4 | Q1 |
|-------------------|----|----|
| Merthyr | 1 | 1 |
| Rhondda Cynon Taf | 32 | 36 |
| Bridgend | 4 | 9 |
| Out of area | 0 | 1 |

Graph 3 Quarter 1 CAMHS Activity 2024/25

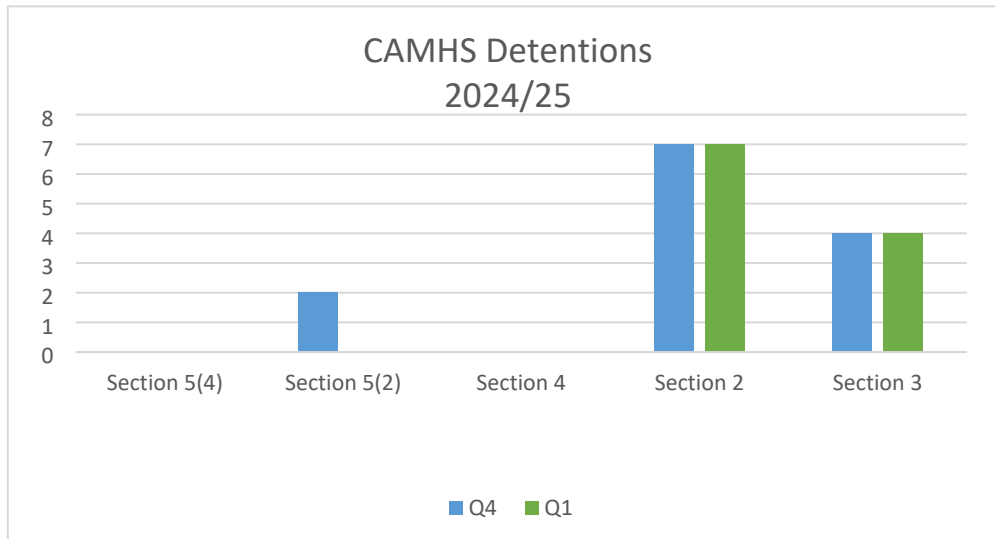


Table 5 Quarter 1 CAMHS Activity 2024/25

| Section | Q4 | % of total | Q1 | % of total |
|---------------|-----------|-------------|-----------|-------------|
| Section 5(4) | 0 | 0.00% | 0 | 0.00% |
| Section 5(2) | 2 | 15.38% | 0 | 0.00% |
| Section 4 | 0 | 0.00% | 0 | 0.00% |
| Section 2 | 7 | 53.85% | 7 | 63.64% |
| Section 3 | 4 | 30.77% | 4 | 36.36% |
| 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 | 13 | 100% | 11 | 100% |



Table 6 Number of CAMHS MHA detentions per locality

| Health Board | Q4 | Q1 |
|-------------------|----|----|
| Cwm Taf Morgannwg | 2 | 5 |
| Swansea Bay | 7 | 0 |
| Cardiff & Vale | 2 | 2 |
| Hywel Dda | 1 | 3 |
| Aneurin Bevan | 1 | 1 |
| Powys Teaching | 0 | 0 |

USE OF SECTIONS AND OUTCOMES for October 2023- March 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 cannot be used in A&E because the patient is not an inpatient. A non-psychiatric doctor on a general medical ward can use this section.

Table 7

| S5(2) OUTCOMES | Jan | Feb | Mar | Apr | May | Jun |
|----------------|-----|-----|-----|-----|-----|-----|
| Section 2 | 2 | 2 | 1 | 6 | 2 | 4 |
| Section 3 | 1 | 1 | 2 | 1 | 0 | 1 |
| Informal | 9 | 1 | 2 | 1 | 2 | 1 |
| Discharged | 0 | 0 | 0 | 0 | 0 | 0 |
| Lapsed | 0 | 0 | 0 | 0 | 0 | 0 |
| Invalid | 0 | 0 | 0 | 0 | 0 | 0 |

Section 2 of the Mental Health Act 1983

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



Table 8

| S2 OUTCOMES | Jan | Feb | Mar | Apr | May | June |
|-------------------|-----|-----|-----|-----|-----|------|
| Section 3 | 5 | 7 | 9 | 9 | 13 | 8 |
| Informal | 24 | 8 | 16 | 18 | 17 | 11 |
| Discharged | 4 | 10 | 4 | 3 | 10 | 8 |
| Lapsed | 2 | 0 | 0 | 0 | 0 | 0 |
| Invalid | 0 | 0 | 0 | 0 | 0 | 0 |
| Transfer | 0 | 1 | 3 | 1 | 2 | 2 |

Section 3 of the Mental Health Act 1983

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

Table 9

| S 3 OUTCOMES | Jan | Feb | Mar | Apr | May | Jun |
|--------------------------|-----|-----|-----|-----|-----|-----|
| Section 3 renewed | 3 | 2 | 1 | 2 | 3 | 2 |
| Informal | 8 | 1 | 6 | 8 | 7 | 5 |
| Discharged | 6 | 4 | 5 | 4 | 4 | 8 |
| Lapsed | 0 | 0 | 0 | 0 | 0 | 0 |
| Invalid | 0 | 0 | 0 | 0 | 0 | 1 |
| Transfer | 1 | 2 | 1 | 4 | 1 | 2 |
| CTO | 0 | 0 | 0 | 1 | 1 | 0 |

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

Table 10

| | Q4 2023/24 | Q1 2024/25 |
|---------------------------------|---------------|---------------|
| Adult Detentions | 107 | 99 |
| Older Persons detentions | 33 | 39 |
| CAMHS detentions | 12 | 11 |
| | | |



| | | |
|-------|-----|-----|
| TOTAL | 152 | 149 |
|-------|-----|-----|

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.

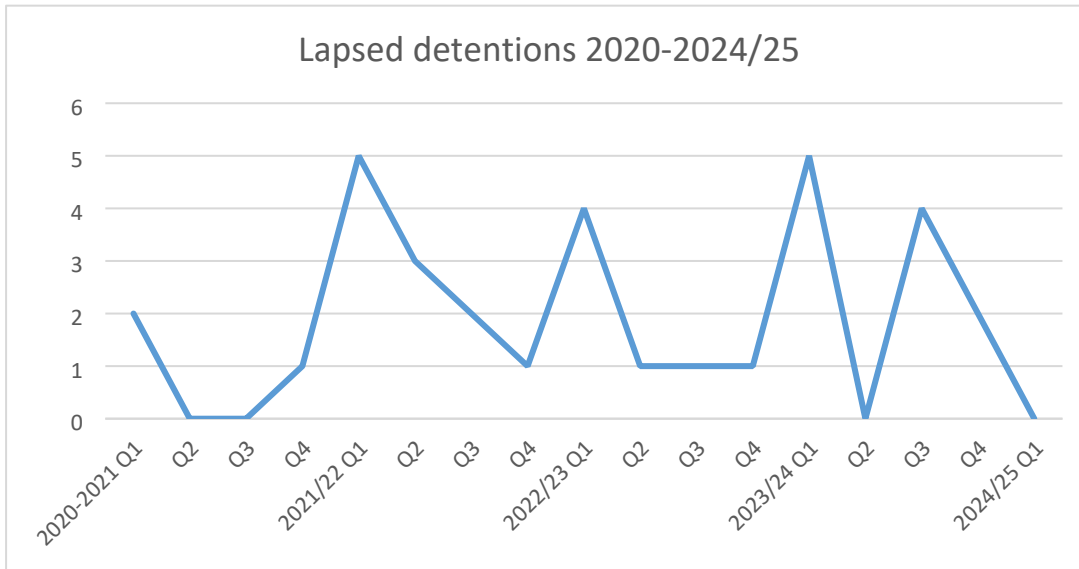
Table 11

| Section lapses | Section | Q4 | Q1 |
|----------------------|---------|----|----|
| Adult | 2 | 0 | 0 |
| | 3 | 0 | 0 |
| | 4 | 0 | 0 |
| | CTO | 0 | 0 |
| | 136 | 0 | 0 |
| Older Persons | 2 | 2 | 0 |
| | 5(2) | 0 | 0 |
| | 3 | 0 | 0 |
| | 4 | 0 | 0 |
| CAMHS | 2 | 0 | 0 |
| | 3 | 0 | 0 |
| | 4 | 0 | 0 |
| | 136 | 0 | 0 |



Graph 4- Lapsed detentions under the MHA 1983.

During Q1, it is pleasing to report that no detentions under the MHA 1983 were allowed to lapse.



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 | Q4 | Q1 |
|----------------------------|-----------|-----------|
| Part 2 Patients to CTUHB | 13 | 10 |
| Part 3 patients to CTUHB | 0 | 2 |
| Part 2 patients from CTUHB | 11 | 12 |
| Part 3 patients from CTUHB | 1 | 1 |
| TOTAL | 25 | 25 |



**COMMUNITY TREATMENT ORDER, Section 17A (CTO)
Q1 CTO Activity 2024/25**

Table 14

| SECTION | Power | Q4 | Q1 |
|----------------|--------------------------------------|-----------|-----------|
| 17A | Community Treatment Order made | 1 | 4 |
| | Community Treatment order extended | 12 | 10 |
| | Recalled to hospital and not revoked | 2 | 2 |
| | Recalled to hospital and revoked | 1 | 5 |
| | Discharged from CTO | 5 | 1 |
| | Transferred | 1 | 0 |
| | Other (Deceased) | 0 | 0 |

Current CTO by area

Table 15

| Area | Q4 | Q1 |
|-------------------|-----------|-----------|
| Merthyr | 1 | 1 |
| Rhondda Cynon Taf | 18 | 18 |
| Bridgend | 9 | 9 |
| CAMHS | 0 | 0 |
| Out of area | 0 | 0 |
| Total | 28 | 28 |

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 | Q4 | Q1 |
|---|-----------|-----------|
| Assessed and admitted informally | 0 | 0 |
| Assessed and discharged | 0 | 1 |
| Assessed and detained under Section 2 | 2 | 5 |
| Assessed and detained under Section 4 | 0 | 0 |
| Assessed and detained under Section 3 | 1 | 1 |
| Recalled from Community Treatment Order | 0 | 0 |
| TOTAL | 3 | 7 |

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 | Q4 | Q1 |
|---|-----------|-----------|
| Assessed and admitted informally | 9 | 8 |
| Assessed and detained under Section 2 | 16 | 14 |
| Assessed and detained under Section 4 | 0 | 0 |
| Assessed and detained under Section 3 | 1 | 0 |
| Discharged with no follow up required | 6 | 12 |
| Discharged referred to community services | 28 | 50 |
| Section 136 lapsed | 0 | 0 |
| Other /(Recall from CTO)/ or transfer | 0 | 1 |
| TOTAL | 60 | 85 |

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 | Q4 | Q1 |
|--|----|----|
| Number of Hearings held | 24 | 14 |
| Number of Referrals by Hospital Managers | 19 | 23 |
| Number of Appeals to Hospital Managers | 1 | 2 |
| Number of Detentions upheld by Hospital Managers | 24 | 14 |
| Number of detentions discharged by Hospital Managers | 0 | 0 |
| Number of patients discharged by RC prior to Hearing | 2 | 0 |

Q1:

1 Adjourned
6 Postponed

TRIBUNAL HEARINGS

The Mental Health Review Tribunal for Wales (MHRT) is a statutory body that works independently of the Health Board to review appeals made by detained patients for discharge from their detention and community orders under the Mental Health Act 1983. Patients are also automatically referred by the Hospital Managers in certain circumstances.

Table 19

| MHRT Hearings | Q4 | Q1 |
|---|----|----|
| Number of Hearings held | 17 | 24 |
| Number of Referrals by Hospital Managers | 10 | 11 |
| Number of referrals by Ministry of Justice | 0 | 2 |
| Number of referrals by Welsh Ministers | 0 | 0 |
| Number of Appeals to MHRT | 37 | 43 |
| Number of Detentions upheld by MHRT | 14 | 21 |
| Number of detentions discharged by MHRT | 0 | 3 |
| Number of Hearings adjourned/postponed | 4 | 5 |
| Number of Hearings cancelled by patient | 3 | 7 |
| Number of patients transferred to another Health Board prior to Hearing | 4 | 1 |
| Number of patients discharged by RC prior to Hearing | 23 | 15 |



OTHER ACTIVITY

Death of a Detained Patient

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

Q1: There were 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 | Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | Jun 24 |
|--------------|----------|----------|----------|----------|----------|----------|
| Section 62 | 3 | 4 | 3 | 6 | 4 | 1 |
| Section 64 | 0 | 0 | 1 | 0 | 1 | 0 |
| Total | 3 | 4 | 4 | 6 | 5 | 1 |

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 almost complete. Most recent work undertaken includes the translation of the Section 2 patient information leaflets into Welsh.

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.

Recent w



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

This information is easily accessible by clicking the following link- <http://ctuhb-intranet/dir/MH/MHAH/layouts/15/start.aspx#/>.

The screenshot displays a grid of nine service tiles on a dark blue background. Each tile consists of a representative image and a text label below it:

- Opening Hours & Contact Information:** Represented by an icon of a telephone handset and an '@' symbol.
- Mental Health Act 1983 Training:** Represented by a 3D character holding a sign that says 'Staff Training'.
- Mental Health Act Detention Documents:** Represented by a document titled 'PRESCRIBED FORMS' with a green pen resting on it.
- Policies & Procedures:** Represented by a spiral-bound notebook with a sign that says 'POLICIES & PROCEDURES'.
- Code of Practice for Wales & Supporting Guidance:** Represented by a book cover titled 'Code of Practice for Mental Health Review'.
- Consent to Treatment Documentation:** Represented by an illustration of a person's head with gears and a person standing next to them.
- Section 17 Leave:** Represented by an illustration of three people with suitcases, indicating travel or leave.
- Mental Health Review Tribunal for Wales (MHRT):** Represented by a sign that reads 'Tribwnyls Adolygu Iechyd Meddwl Cymru' and 'Mental Health Review Tribunal for Wales'.
- Hospital Managers Hearings:** Represented by an illustration of a gavel on a wooden surface.



Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

| | |
|---|---|
| <p>Section 5(4) Nurse holding power.</p> | <p>This means that if a Nurse feels that a patient suffers from a mental disorder and should not leave hospital s/he can complete this form allowing detention for 6 hours pending being seen by doctor or Approved Clinician</p> <p><i>(1 holding power form required)</i></p> |
| <p>Section 5(2) Doctor's or Approved Clinician's Holding power</p> | <p>This means that an inpatient is being detained for up to 72 hours by a doctor or Approved Clinician if appears to suffer from mental disorder and patient wishes to leave hospital.</p> <p><i>(1 holding power form required)</i></p> |
| <p>Section 4 Admission for assessment in cases of emergency</p> | <p>Individual is detained for up to 72 hours if Doctor believes person is suffering from mental disorder and seeking another Doctor will delay admission in an emergency.</p> <p><i>(1 Medical Recommendation and AMHP assessment required)</i></p> |
| <p>Section 2 Admission for assessment</p> | <p>Individual is detained in hospital for up to 28 days for assessment of mental health.</p> <p>Criteria: Suffering from mental disorder of a nature or degree that warrants the detention of the patient in hospital for assessment for at least a limited period.</p> <p>And it is necessary that patient ought to be detained in the interests of own health, own safety, protection of other persons</p> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p> |
| <p>Section 3 Admission for Treatment</p> | <p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p>Criteria: Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital. 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> |
| Section 7 Guardianship | <p>Individual who suffers from mental disorder can be given a guardian to help them in the community. Guardianship runs for six months and can be renewable.</p> <p>Criteria: Live in a particular place Attend for medical treatment, occupational; education or training at set places and at set times. Allow a doctor, an approved mental health professional or other named person to see patient</p> <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p> |
| Section 37 Guardianship by Court Order | <p>Court can make an order (6 months) that patient be given a guardian if needed because of mental disorder. The guardian is someone from social services.</p> <p>Criteria: Live in particular place Attend for medical treatment, occupational education or training at set places and times Allow a doctor or an approved mental health professional or other named person to see you</p> <p><i>(Court Order required)</i></p> |
| Section 37/41 Admission to hospital by a Court Order with restrictions | <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> |
| Section 135 Admission of patients removed by Police under a Court Warrant | <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> |
| Section 136 Admission of mentally disordered persons found in a public place | <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> |
| Section 17 A Community Treatment Order (CTO) | <p>CTO allows patients to be treated in the community rather than detention in hospital. Order last 6 months and is renewable. There are conditions attached which are:</p> |



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



Agenda Item

5.3

Mental Health Act Monitoring Committee

Risks related to the use of the Mental health Act

| | |
|---|---|
| Dyddiad y Cyfarfod / Date of Meeting | 04/09/2024 |
| 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 |
|---|------------|

| Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group) | | |
|---|-------------------------------|----------------|
| Committee / Group / Individuals | Date | Outcome |
| (Insert Details) | Click or tap to enter a date. | |

| Acronyms / Glossary of Terms | |
|-------------------------------------|---|
| CAMHS | Child and Adolescent Mental Health Services |
| MHA | Mental Health Act |
| MHRT | Mental Health Review Tribunal |
| MPEC | Multi Professional Education Centre |
| SWP | South Wales Police |



1. Situation / Background

- 1.1 The purpose of this report is to present risks related to the monitoring of the Mental Health Act (MHA) evident in quarter 1 (April – June 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 on section this quarter was 13, up from 8 in Q4.

This quarter there was 3 fundamentally defective errors, up from 1 last quarter but remains consistent with the overall quarterly pattern.

- 2.2 It is noted that there has been an overall increase in the use of the MHA in quarter, Section 3 detentions increased by 22% from 23 to 28.
- 2.3 In Bridgend detention increased from baseline mean by 14 (48%) from 29 to 43. This is within the higher quarterly range for this area. This trend will be closely monitored in the Operational Group.
- 2.4 Section 136 detentions increased by 42% from 60 in Q4 2023/24 to 85 in Q1 2024/25, however, 11 involved the same CAMHS patient.
- 2.5 Although this paper focuses on risks, for balance, it was pleasing to see the progress made on the dedicated CAMHS bed on Ward 14, the joint working with SWP over the use and handover time of S136 detentions and the pilot of an alternative room for MHRTs.

3. Key Risks / Matters for Escalation

- 3.1 The phase 4 implementation of Right Care Right Person involves potential changes to the way in which the SWP will operationally manage their Section 135/136 responsibilities. These changes are planned to come into effect in February 2025.
- 3.2 The Board Room in MPEC in Princess of Wales Hospital does not meet the minimum standard room requirements set by the Mental Health Review Tribunal, an alternative has been identified and is being piloted. However, this will remain a key risk until the alternative location is proved suitable.



4. Assessment

| Objectives / Strategy | |
|---|---|
| Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s) | Improving Care |
| | If more than one applies please list below: |
| Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas | Living Well |
| | If more than one applies please list below: |
| Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales) | A Healthier Wales |
| | If more than one applies please list below: |
| Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / 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 (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.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 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? /</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: |
| 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 Mental Health Act Monitoring Committee is asked to:

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

6. Next Steps

6.1 None noted