

# Mental Health Act Monitoring Committee - 5 June 2024

Wed 05 June 2024, 13:00 - 15:00

Microsoft Teams

## Agenda

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

#### 1.1. Welcome and Introductions

*Geraint Hopkins, Chair*

#### 1.2. Apologies for Absence

*Geraint Hopkins, Chair*

#### 1.3. Declarations of Interest

*Geraint Hopkins, Chair*


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

#### 2.1. ITEMS FOR APPROVAL

##### 2.1.1. Unconfirmed Minutes of the meeting held on 6 March 2024

*For Approval Geraint Hopkins, Chair*

 2.1.1. Unconfirmed Minutes MHAMC 6 March 2024 v3 APPROVED.pdf (6 pages)

##### 2.1.2. Committee Annual Report 2023-24

*For Approval Emma Walters, Head of Corporate Governance & Board Business*

 2.1.2 Draft Annual Report Mental Health Act Monitoring committee 5 June 2024 - Cover Report.pdf (4 pages)

 2.1.2.a. Appendix 1 Draft Annual Report Mental Health Act Monitoring Committee.pdf (7 pages)

##### 2.1.3. Policy for Section 140 Mental Health Act 1983

*For Approval Robert Goodwin, Chair of Operational Group*

This policy was approved at the Operational Group Meeting held on 24 April 2024

 2.1.3.(Policy for Section 140 Mental Health Act 1983).pdf (12 pages)


 2.1.3.a. Appendix 1 – Daily Bed State Proforma for MH & Learning Disabilities.pdf (1 pages)

##### 2.1.4. MH09 Operational procedure for HM Hearings

*For Approval Robert Goodwin, Chair of Operational Group*

 2.1.4. MH09 Operational procedure for HM Hearings 21.02.24.pdf (18 pages)

 2.1.4.a. Appendix 1 – Hospital Managers Decision.pdf (4 pages)

 2.1.4.b. Appendix 2 – Hospital Managers Decision (Barring Order).pdf (8 pages)

 2.1.4.d. Appendix 4 – Form CP8 CTO discharge.pdf (1 pages)

 2.1.4.c. Appendix 3 – Form HO17 inpatient discharge.pdf (1 pages)

## 2.2. ITEMS FOR NOTING

### 2.2.1. Mental Health Act Monitoring Committee Annual Self-Assessment


*For Noting Geraint Hopkins, Chair*

This item was deferred at the previous committee to be presented at the June committee.

 2.2.1. Outcome of Committee Self Effectiveness Survey MHAM 5 June 2024.pdf (6 pages)

### 2.2.2. Annual Cycle of Business 2024-25

*For Noting Geraint Hopkins, Chair*

 2.2.2. MHAMC Annual Cycle of Business 2024-2025.pdf (4 pages)

 2.2.2.a. Appendix 1 ; MHAMC Annual Cycle of Business 2024-2025 V1.pdf (3 pages)

### 2.2.3. Committee Terms of Reference - Review (Verbal Update)

*Emma Walters, Head of Corporate Governance & Board Business*

*In light of the ongoing Effective Management of Board and Committees Review 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

*For Noting Geraint Hopkins, Chair*

 2.2.4. Action Log Updated 22 December 2023 v3 (002).pdf (4 pages)

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## 13:00 - 13:00 3. MAIN AGENDA

0 min

### 3.1. Matters arising not contained within the Action Log.

*Geraint Hopkins, Chair*

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## 13:00 - 13:00 4. GOVERNANCE


0 min

### 4.1. Organisational Risk Register

*Discussion Emma Walters, Head of Corporate Governance & Board Business*

'Right Care, Right Person'

 4.1a Org RR May 24 - Cover Paper - MHAMC.pdf (5 pages)

 4.1b App 1 - Master Organisational Risk Register- Final May 24.xlsx (3 pages)

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## 13:00 - 13:00 5. IMPROVING CARE

0 min

### 5.1. MHA Operational Group Report

*Discussion Robert Goodwin, Chair Operational Group*

**Deep Dive - Section 135 - Use and code of Practice Compliance in CTM**

**Deep Dive - Section 117 Aftercare- Use and Code of Practice Compliance in CTM**

The above are reported within the Operational Group Report

 5.1 MHA Operational Group Report 5 June 2024.pdf (14 pages)

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

*Discussion*                      *Robert Goowdin, Chair Operational Group*

 5.2 MHA Operational Group Activity Report - Q4 2023-24.pdf (30 pages)

## **5.3. Risks Relating to Monitoring of the MHA**

*Discussion*                      *Julie Denley, Director of Primary, Community & Mental Health*

 5.3 Risks Related to Monitoring the MHA June 24.pdf (4 pages)

## **5.4. Strategic Update from South Wales Police**

*Discussion*                      *SWP Colleagues*

## **5.5. Strategic Update from Local Authority Partners - Verbal Update**

*Discussion*                      *Local Authority Colleagues*

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## **13:00 - 13:00 6. OTHER MATTERS**


0 min

### **6.1. Committee Highlight Report to Board**

*Information*                      *Geraint Hopkins, Chair*

### **6.2. Forward Work Programme**

*Information*                      *Geraint Hopkins, Chair*

 6.2. Forward Work Plan MHAMC 5 June 2024.pdf (2 pages)

### **6.3. Any Other Urgent Business**

*Discussion*                      *Geraint Hopkins, Chair*

### **6.4. How did we do today**

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## **13:00 - 13:00 7. DATE AND TIME OF NEXT MEETING - 4 SEPTEMBER 2024 AT 13:00PM**

0 min

**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 6 March 2024 via Microsoft Teams**

**Members Present:**

|                 |                          |
|-----------------|--------------------------|
| Geraint Hopkins | Independent Member/Chair |
| Mel Jehu        | Independent Member       |
| 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            |
| Elaine Lorton    | Service Director, Mental Health & Learning Disabilities                 |
| Ana Llewellyn    | Nurse Director – Primary Care, Community and Mental Health<br>(In Part) |
| Lloyd Griffiths  | Head of Mental Health Nursing   |
| Clayton Ritchie  | South Wales Police  |
| Colin Hatherley' | South Wales Police  |
| Gemma Moeller    | South Wales Police  |
| Timothy Chan     | Consultant Old Age Psychiatry   |
| 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;

- Aaron Jones, Directorate Manager, Mental Health & Learning Disabilities Care Group
- Ceri Price, Consultant Child and Adolescent Psychiatrist, Inpatient CAHMS

- Mary Self, Consultant Psychiatrist, Mental Health

### 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 December 2023**

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

#### 2.1.2 **Committee Annual Cycle of Business 2024-25**

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

### 2.2 **FOR NOTING**

#### 2.2.1 **Mental Health Act Monitoring Committee annual self-assessment**

Resolution The self-assessment outcome was recommended to be postponed to a future meeting to allow for further responses to be received.

#### 2.2.2 **Action Log**

Resolution The Committee **NOTED** the Action Log

## 3. **MAIN AGENDA**

### 3.1 **Matters Arising Otherwise Not Considered on the Action Log**

No matters were raised.

### 3.2 **GOVERNANCE**

#### 3.2.1 **Organisational Risk Register**

E Walters presented Members with the report and highlighted a new risk in section 2 and 3 of the report, which specifically related to the Right Care Right Person initiative, which had been allocated a risk score of 16.

G Hopkins inquired as to whether this risk would be escalated to Board. E Walters advised that she would seek confirmation from the Assistant Director of Governance.

Resolution The Committee **NOTED** the Organisational Risk Register.

Action E Walters to seek confirmation from the Assistant Director of Governance and Risk as to whether the Right Care, Right Person Risk would need to be escalated to Board and provide feedback to members.

### 3.2.2 **Right Care Right Person update report**

A Llewellyn, presented the report and highlighted the implementation phase involves meetings for phase one, a plan for later phases, Cwm Taf Morgannwg protocol, daily lunch and learn briefings for staff, and a category on Datix for welfare checks, with impact assessment through phases.

G Hopkins queried about resource allocation currently and any additional needed. A Llewellyn highlighted the need for understanding data collection before determining clear resource implications.

K Palmer expressed gratitude for the team's progress and inquired about external sector engagement. A Llewellyn confirmed that full multiagency involvement was in place from local authority partners in relation to planning for the implementation for Right Care, Right Person.

M Jehu stated that the Crime Commissioner was committed to ensuring the plan's accuracy and timeliness, citing the significant commitment from the South Wales Police and the Chief of Police.

Resolution The Committee **NOTED** the report and the progress of the implementation phases.

### 3.2.3 **Power of Discharge – Sub Committee (Verbal Update)**

J Denley informed Members about the potential introduction of the Power of Discharge Committee as a formal sub-committee of the Mental Health Act Monitoring Committee.

J Denley advised that as a result of the review undertaken into the Effective Management of Board Business, it had been suggested that the Power of Discharge Committee becomes a formal subcommittee of the Mental Health Act Monitoring committee. She advised an independent Member would be sought to attend the Sub-Committee and added that a highlight report would be presented to future meetings of the Mental Health Act Monitoring Committee, along with terms of reference and other formal aspects to meet governance requirements.

G Hopkins inquired about the subcommittee's authority to decide on applications or appeals, and if the Mental Health Act Monitoring Committee would be a second level of appeal. J Denley clarified that the subcommittee would oversee activity outcomes and potential issues to improve practice across the service, as well as training needs and not make decisions related to appeals, as formal panels handle these applications.

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

#### **4.0 IMPROVING CARE**

##### **4.1 MHA Operational group report**

R Goodwin highlighted key updates presented at the Operational Group meeting held in January 2024.

G Hopkins queried the low adolescent bed occupancy rate and its potential impact on adult mental health wards. R Goodwin advised two beds would be removed from ward 14 in the Princess of Wales Hospital (POWH) to create a dedicated room for adolescents and that it was assessed that there would be capacity to do this.

K Palmer advised that she had visited services and expressed gratitude to staff for their commitment despite the pressures being experienced on Ward 14. K Palmer requested an update on the patient relocation issue presented at the last Committee meeting. R Goodwin advised that the team is currently exploring moving patients in and out of ward 21 via an alternative entrance so that patients do not have to be escorted through the hospital.

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

##### **4.1.1 Deep Dive – Section 117 Aftercare – Use and Code of Practice Compliance in CTM**

The item has been deferred to the next meeting.

##### **4.2 MHA Quarterly activity report – Breaches / Analysis of unlawful detention**

R Goodwin presented a report on Quarter 3 MHA activity for Adult, Older Persons, and Child and Adult Mental Health Services (CAHMS), highlighting two sections as defective errors within CTMUHB during Q3 2023/24, 1 Invalid Section 3 and 1 Invalid Section 5(2).

G Hopkins raised concerns about medical practitioners completing incorrect forms. R Goodwin emphasised the need for careful scrutiny of applications to prevent such errors.

K Palmer sought clarity about the rise in CAMHS numbers and the lack of use of the IT system, care partner. R Goodwin explained that CAMHS admissions and applications in South Wales can vary significantly, but a higher number is common. He advised the IT system's inability to be rolled out was due to its lack of functionality. He explained other options are being explored by the Digital Director.

H Lentle queried whether themes and concerns are explored, examining the typical fluctuation range. R Goodwin emphasised the appropriate use of the act for those with mental disorders requiring detention and the act's purpose of learning lessons for better care.

K Palmer acknowledged the consent agenda's Policies and suggested others read them for insight. E Lorton announced a training day would be confirmed following the Committee review.

Resolution The Committee Members welcomed the idea of a training day and **NOTED** the report.

#### 4.3 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 evident in Quarter 3.

J Denley highlighted the lack of a bespoke system for recording and monitoring Mental Health Activity, a module due to be presented at Welsh Community Care Information System, and the need for service reconfiguration to meet the needs of phase four implementation of right care right person.

Resolution The report was **NOTED**.

#### 4.4 Strategic update from South Wales Police (SWP)

South Wales Police colleagues presented the report and highlighted key updates for members' attention, specifically the increased detentions under section 136 within Cwm Taf Morgannwg University Health Board.

G Moeller reported a productive meeting had taken place between South Wales Police (SWP) and the Clinical Director at Cwm Taf Morgannwg, where they discussed missed opportunities, ongoing issues, and suggested future resolutions. Superintendent C Ritchie discussed an increase in 136 sections and suggested a thorough investigation into the reasons behind it. C Ritchie also highlighted a Regulation 28 case requiring further investigation and raised concerns about custody issues and delays in sectioning arrangements.

Resolution The committee members expressed gratitude to South Wales Police for their written report and **NOTED** the report.

Action South Wales Police Colleagues were asked to provide Members with an update on the investigation into the rise of section 136 and the outcome of the regulation 28 case.

#### **4.5 Strategic update from Local Authority partners – Verbal update**

The chair expressed concern around the absence of Local Authority Partners at the meeting, and it was agreed that non-attendance would be discussed further outside the meeting.

### **5. OTHER MATTERS**

#### **5.1 Committee Highlight Report to Board**

The Corporate Governance team was tasked with preparing a report for submission to the Board's next meeting in March 2024.

#### **5.2 Committee Forward Work Plan**

Committee members were requested to propose topics for the forward work plan, with the Chair requesting additional items to be submitted to the Committee Secretariat by February 2024.

#### **5.3 Any Other Urgent Business**

None were identified.

#### **5.4 How did we do today?**

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

### **6. Date of Next Meeting**

5<sup>th</sup> June 2024 at 13:00pm



**Agenda Item**

2.1.2

**Mental Health Act Monitoring Committee**

**Mental Health Act Monitoring Committee Draft Annual Report 2023-2024**

|   |   |
|---|---|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>                           | 05/06/2024  |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>                           | Open/ Public  |
|   | Not Applicable  |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>                             | Tyler Lewis, Corporate Governance Officer                           |
| <b>Cyflwynydd yr Adroddiad /<br/>Report Presenter</b>                     | Geraint Hopkins, Independent Member /<br>Committee Chair            |
| <b>Noddwr Gweithredol yr<br/>Adroddiad /<br/>Report Executive Sponsor</b> | Gareth Watts, Director of Corporate<br>Governance / Board Secretary |

|   |                        |
|---|------------------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | <b>For Endorsement</b> |
|---|------------------------|

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

| <b>Acronyms / Glossary of Terms</b> |  |
|-------------------------------------|--|
|                                     |  |
|                                     |  |



## 1. Situation / Background

- 1.1 The purpose of this report is to highlight the activities and performance of the Mental Health Act (MHA) Monitoring committee during 2023-2024

## 2. Specific Matters for Consideration

- 2.1 The Chair of the MHA Monitoring Committee is required to present an annual report outlining its business throughout the financial year to provide the Board with assurances as to scrutiny of performance in relation to meeting the requirements of the MHA 1983.
- 2.2 The MHA Monitoring Committee's draft Annual Report for 2023-2024 is presented at **Appendix 1** for Endorsement.
- 2.3 The Committee Annual Report at **Appendix 1**, summarises the key areas of business activity undertaken by the Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

## 3. Key Risks / Matters for Escalation

- 3.1 The publication of the annual report demonstrates compliance with the Standing Orders, which stipulates that each Committee is required to submit an annual report to the Board at the end of the reporting year. This needs to set out its activities during the year and detail the results of a review of its performance and any sub-groups established.



#### 4. Assessment

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

| Impact Assessment   |                               |  |
|---|-------------------------------|--|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i><br><b>Quality</b><br><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:<br><br>Not Required |
| <b>Cydraddoldeb a'r Gymraeg</b>   | Yes: <input type="checkbox"/> | No: <input checked="" type="checkbox"/>                    |



|  |   |  |
|--|---|--|
| <p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i><br/> <b>Equality and Welsh Language</b><br/> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p> | <p>Outcome for Equality (delete as appropriate):<br/>         POSITIVE/NEUTRAL<br/>         NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate):<br/>         POSITIVE/NEUTRAL<br/>         NEGATIVE</p> | <p>If no, please include rationale below:<br/><br/>         Not Required</p> |
| <p><b>Cyfreithiol / Legal</b></p>  | <p>There are no specific legal implications related to the activity outlined in this report.</p>  |  |
| <p><b>Enw da / Reputational</b></p>  | <p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>   |  |
| <p><b>Effaith Adnoddau</b><br/><i>(Pobl /Ariannol) /</i><br/> <b>Resource Impact</b><br/><i>(People / Financial)</i></p>   | <p>There is no direct impact on resources as a result of the activity outlined in this report.</p>  |  |

**5. Recommendation**

- 5.1 The Mental Health Act Monitoring Committee is asked to:
- 5.2 **DISCUSS** and **ENDORSE** the Annual Report for submission to the Health Board at its meeting to be held on 25 July 2024.

**DRAFT**

# **Mental Health Act (MHA) Monitoring Committee**

## **Annual Report 2023-2024**

## **MENTAL HEALTH ACT (MHA) MONITORING COMMITTEE DRAFT ANNUAL REPORT 2023-2024**

### **1. FOREWORD**

I am pleased to present the Annual Report of the Mental Health Act Monitoring Committee for the period 2023-2024. The purpose of this report is to report formally on the work of the Committee for the year ending March 2024 in accordance with the Committee's Terms of Reference.

I would like to express my thanks to all the officers of the Health Board, Local Authority Partners and South Wales Police who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines.

During August 2023 I took over as Chair of the Committee replacing Jayne Sadgrove, Health Board Vice Chair and Committee Chair whose term of office had come to an end.

I would like to extend my thanks to Mel Jehu, Independent Member, whose term of office came to an end in March 2024. I would like to extend my thanks to Mel who has been a Member of the Committee from its onset and who has played a pivotal role in the developing and maturity of the Committee with his expertise and knowledge.

We also welcomed Kath Palmer, Health Board Vice Chair who joined the Committee in November 2023.

The Committee has continued to foster and promote a culture of working in partnership with a view to service improvement for the Cwm Taf Morgannwg population. As Chair, I have ensured that the work of the Committee progresses in line with its Terms of Reference and also ensured that crossover work is seamless with the Mental Health Act Operational Group.

**Geraint Hopkins**  
**Chair, Mental Health Act (MHA) Monitoring Committee**

## 2. INTRODUCTION

The MHA Monitoring Committee is chaired by an Independent Member and monitors the Health Board's compliance with the statutory requirements of the MHA. The Committee has continued to evolve with changes to report format and agenda content during the year.

As part of CTMUHB's commitment to openness and transparency, the meeting papers for this Board Committee are routinely published on the CTMUHB [website](#).

The Committee meets on a quarterly basis and, following each meeting, produces a highlight report which is then submitted to the next Board meeting to highlight key issues and risks.

The purpose of the MHA Monitoring Committee is to ensure that all the requirements of the MHA 1983 (as amended) are met by the Health Board.

The Committee considers:

- how the delegated functions under the MHA are being exercised (for example using the Annual Audit) and in line with the 'Code of Practice' requirements
- the multi-agency training requirements of those exercising the functions (including discussing the training report for assurance)
- the operation of the 1983 Act within the Cwm Taf Morgannwg area
- issues arising from the operation of the hospital managers' power of discharge
- suitable mechanisms for reviewing multi agency protocols / policies relating to the 1983 Act
- trends and patterns of use of the MHA 1983
- cross-agency audit themes and sponsor appropriate cross-agency audits
- lessons learnt from difficulties in practice and the development of areas of good practice.

The Committee is also responsible for developing an annual report for presentation to the Health Board.

## 3. MEMBERSHIP

The membership of the MHA Monitoring Committee comprises both Independent and Executive Director Members, enabling the Committee to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes.

Independent membership of the Committee during 2023-2024 was as follows:

|                 |   |
|-----------------|---|
| Geraint Hopkins | Independent Member (Chair of Committee)<br>(From August 2023)       |
| Jayne Sadgrove  | Health Board Vice Chair (Chair of Committee)<br>(Until August 2023) |
| Dilys Jouvenat  | Independent Member (From July 2023)                                 |
| Kath Palmer     | Independent Member (From November 2023)                             |
| Helen Lentle    | Independent Member (From March 2024)                                |
| James Hehir     | Independent Member (Until September 2023)                           |
| Mel Jehu        | Independent Member  |

#### 4. MEETINGS

The MHA Monitoring Committee met on four occasions during 2023/24 and its forward work programme was reviewed to ensure that issues were appropriately prioritised.

The four dates on which it met during 2023-24 were as follows:

- 7<sup>th</sup> June 2023
- 6<sup>th</sup> September 2023
- 6<sup>th</sup> December 2023
- 6<sup>th</sup> March 2024

| <b>Mental Health Act Monitoring Attendance 2023-2024</b> |  | <b>7 June 2023</b> | <b>6 Sep 2023</b> | <b>6 Dec 2023</b> | <b>6 Mar 2024</b> | <b>Total</b> |
|--|--|--------------------|-------------------|-------------------|-------------------|--------------|
| Jayne Sadgrove<br>(Chair until August 2023)              | Health Board Vice Chair                        | ✓                  |                   |                   |                   |              |
| Geraint Hopkins<br>(Chair from August 2023)              | Independent Member                             | ✓                  | ✓                 | ✓                 | ✓                 | <b>4/4</b>   |
| Dilys Jouvenat   | Independent Member                             |                    | ✓                 | ✓                 | ✓                 | <b>3/3</b>   |
| Kath Palmer  | Health Board Vice Chair,<br>Independent Member |                    |                   | ✓                 | ✓                 | <b>2/2</b>   |
| Helen Lentle   | Independent Member                             |                    |                   |                   | ✓                 | <b>1/1</b>   |
| James Hehir<br>(until September 2023)                    | Independent Member                             | ✓                  | ✓                 |                   |                   | <b>2/2</b>   |

|          |                    |   |   |   |   |     |
|----------|--------------------|---|---|---|---|-----|
| Mel Jehu | Independent Member | ✓ | ✓ | ✓ | ✓ | 4/4 |
|----------|--------------------|---|---|---|---|-----|

All of the above meetings were quorate.

## 5. MAIN AREAS OF MHAM COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in six main parts:

- Part 1 - Preliminary Matters
- Part 2 - Consent Agenda
- Part 3 - Main Agenda
- Part 4 - Governance
- Part 5 - Improving Care
- Part 6 - Other Matters

### Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB.

### Part 2 - Consent Agenda

This section has included receiving the:

#### FOR APPROVAL

- Unconfirmed Minutes of previous Meetings
- Committee Annual Report

#### FOR NOTING

- Committee Annual Self-Assessment
- Annual Cycle of Business
- Terms of Reference
- Action Log

### Part 3 - Main Agenda

This section has included reports throughout the year which included:

- Matters Arising not Contained within the Action Log

### Part 4 - Governance

This section has included reports throughout the year which included:

- Organisational Risk Register

### **Part 5 – Improving Care**

This section has included reports throughout the year which included:

- MHA Operational Group – Deep Dives
- MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions
- Risks Relating to Monitoring of the MHA
- Crisis Care Concordat National and Local Update
- Strategic Update from South Wales Police
- Strategic Update from Local Authority Partners

### **Part 6 – Other Matters**

This section has included reports throughout the year which included:

- Committee Highlight Report to Board
- Forward Work Programme
- Any Other Urgent Business

### **Policies for Approved by Committee;**

- Consent to Treatment Procedure Section 58 & 58A-Code of Practice for Wales Chapters 24-25
- Community Treatment Order Protocol/Policy Mental Health Act 1983
- Section 5(2) Doctors Holding Power Policy Mental Health Act 1983
- Section (5(4) Nurses Holding Power Policy Mental Health Act 1983
- Joint Policy For Section 117 Mental health Act 1983 - Aftercare Arrangements
- Section 17 Mental Health Act Leave of Absence Policy & Procedure
- Section 132, 132A and 133 Patients Right to Information Policy
- Policy for Hospital Managers Scheme of Delegation Mental Health Act 1983

### **Other Reports Presented to Committee;**

- Overview of the Mental Health & Learning Disabilities Care Group – Organisational Structure – Presentation
- 111 Performance
- Right Care, Right Person Update
- Power of Discharge – Sub Committee Update

### **Links with Other Committees/Boards**

Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

## **6. ACTION LOG**

In order to monitor progress and any necessary follow-up action, the Committee uses an Action Log that captures all agreed actions and this is reviewed at the beginning of each meeting.

## **7. GOVERNANCE**

The Committee provides an essential element of the overall governance framework for the organisation. The Terms of Reference for the Committee provide a robust commitment to monitor the application of the MHA.

## **8. ASSURANCE TO THE BOARD**

The Committee continued to receive updates regarding ongoing audit work and changes put into place to improve the application of the MHA and work to integrate approaches and policies in relation to the Act have again continued in year.

The MHA Monitoring Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023-2024, there are effective measures in place to scrutinise and monitor the application of the MHA.



**Agenda Item**

2.1.3

**Mental Health Act Monitoring Committee**

**Policy for Section 140 Mental Health Act 1983**

|   |  |
|---|--|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>                           | 05/06/2024                             |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>                           | Open/ Public<br>Not Applicable         |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>                             | Robert Goodwin-Directorate Manager     |
| <b>Cyflwynydd yr Adroddiad /<br/>Report Presenter</b>                     | Robert Goodwin-Directorate Manager     |
| <b>Noddwr Gweithredol yr<br/>Adroddiad /<br/>Report Executive Sponsor</b> | Gethin Hughes, Chief Operating Officer |

|   |              |
|---|--------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | For Approval |
|---|--------------|

| <b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b> |             |                       |
|---|-------------|-----------------------|
| <b>Committee / Group /<br/>Individuals</b>  | <b>Date</b> | <b>Outcome</b>        |
| Operational Group Meeting   | 26/04/2024  | ENDORSED FOR APPROVAL |

| <b>Acronyms / Glossary of Terms</b> |                                     |
|-------------------------------------|-------------------------------------|
| AMHP                                | Approved Mental Health Practitioner |
| RC                                  | Responsible Clinician               |
| MHA                                 | Mental Health Act 1983              |
| DPoC                                | Delayed Pathways of Care            |

## 1. Situation /Background

- 1.1** The purpose of this policy is to provide a clear framework for staff on the procedures for arranging inpatient admission for people with mental health needs, setting out clear guidance where there is a shortage of available beds within local services. Some general principles of effective bed management are also outlined in this policy.

## 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                    | <b>29/05/24</b>          |
| Informal Consultation with interested parties | 26/04/2024               |
| Formal Consultation                           |                          |
| Committee – For approval                      | 05/06/2024               |

- 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

Only minor typographical amendments were made as a result of the various consultation stages.



#### 4. Assessment

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

| Impact Assessment   |   |  |
|---|---|--|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i><br><b>Quality</b><br><i>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: |
| <b>Cydraddoldeb a'r Gymraeg</b>   | Yes: <input checked="" type="checkbox"/>                                      | No: <input type="checkbox"/>           |



|  |   |   |
|--|---|---|
| <p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i><br/> <b>Equality and Welsh Language</b><br/> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p> | <p>Outcome for Equality (delete as appropriate):NEUTRAL</p> <p>Outcome for Welsh Language (delete as appropriate): NEUTRAL</p>  | <p>If no, please include rationale below:</p> |
| <p><b>Cyfreithiol / Legal</b></p>  | <p>There are no specific legal implications related to the activity outlined in this report.</p>  |   |
| <p><b>Enw da / Reputational</b></p>  | <p>The completion of the policy is a requirement of the code of practice relating to the mental health act 1983</p> <p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p> <p>no</p> |   |
| <p><b>Effaith Adnoddau</b><br/><i>(Pobl /Ariannol) /</i><br/> <b>Resource Impact</b><br/><i>(People / Financial)</i></p>   | <p>There is no direct impact on resources as a result of the activity outlined in this report.</p> <p>no</p>  |   |

**5. Recommendation**

5.1 The Mental Health Act Monitoring Committee are asked **APPROVE** the Section 140 Policy.

**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.

## (Policy for Section 140 Mental Health Act 1983)

|                                   |   |
|-----------------------------------|---|
| <b>Document Type:</b>             | Non Clinical Procedure                          |
| <b>Ref:</b>                       |   |
| <b>Author:</b>                    | Robert Goodwin – Clinical Service Group Manager |
| <b>Executive Sponsor:</b>         | Executive Director of Operations                |
| <b>Approved By:</b>               | <b>Mental Health Monitoring Act Committee</b>   |
| <b>Approval / Effective Date:</b> | 26 April 2024                                   |
| <b>Review Date:</b>               | 27 March 2024                                   |
| <b>Version:</b>                   | 1   |

### Target Audience:

|   |   |
|---|---|
| <b>People who need to know about this document in detail</b>          | Approved Mental Health Professionals and Emergency Teams. All Doctors involved in Mental Health Act Assessments, Mental Health and Learning Disabilities Care Group Staff with responsibilities for bed management. This will include Ward Managers and their teams together with Crisis and Assessment Services. |
| <b>People who need to have a broad understanding of this document</b> | Members of the Health Board's Mental Health Act Monitoring Committee together with Health Board and Local Authority Senior Managers. Commissioning Teams and Practitioners providing care to patients requiring admission to hospital for their mental health concerns.   |
| <b>People who need to know that this document exists</b>              | All staff including those with out of hours responsibilities who are involved in the management of patient flow in Mental Health Units and the placement of patients.   |

### Integrated Impact Assessment:

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



**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)

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## 1. Introduction

- 1.1 The purpose of this policy is to provide a clear framework for staff on the procedures for arranging inpatient admission for people with mental health needs, setting out clear guidance where there is a shortage of available beds within local services. Some general principles of effective bed management are also outlined in this policy.

## 2. Policy Statement

- 3.1 Under Section 140 of the Mental Health Act 1983, Health Boards are required to describe the arrangements they have in place for:
- a) The reception of patients in cases of 'special urgency'
  - b) The provision of appropriate accommodation or facilities specifically designed for patients under the age of 18

The term 'special urgency' relates to a person experiencing an acute mental disorder who requires urgent admission. Failure to admit the person to hospital, either informally or under the Mental Health Act in a timely way could cause significant harm to them or others. Children and young people (under 18 years of age) are always assumed to be in 'special urgency'. Decision makers in such cases should always consider whether there are less restrictive options as alternatives to detentions under the Act.

## 3. Aims and Objectives

- 3.1 In order to promote a patient's recovery, the Health Board and care providers should work together to take steps, with appropriate input from Section 12 Doctors and AMHPs, to ensure that patients are detained in facilities as close as is reasonably possible to patients preferred location for example near to their usual residence or family member.
- 3.2 This should take account of any risk assessment undertaken, the availability of services which meet the patient's individual needs, any assessment in respect of the likely duration of the patient's stay, and any other factors raised by the patient.

- 3.3 In cases where the patient lacks capacity to make clear their preferred location, a best interest decision on their preference should be taken.
- 3.4 The Health Board should ensure as far as possible carers are involved in the decision about where to locate a patient. This should include information on the decision making process and how this can be challenged.

## 4. Managerial Responsibilities

- 4.1 It is the responsibility of all Managers and Heads of Department to ensure that this policy is understood and adhered to by all health and social care staff. Overall monitoring will be maintained by the Service Director.
- 4.2 Local recording and reporting arrangements should be in place to record the details of any delays in placing patients. These will be considered by the Mental Health Act Operational Group which reports into the Health Board's Mental Health Act Monitoring Committee.
- 4.3 The interface between the Continuing Healthcare and S140 process will be agreed and developed between CTMUEB and the relevant Local Authority.

## 5. Legislative and NHS requirements

- Mental Health Act 1983 - [www.legislation.gov.uk/ukpga/1983/20/contents](http://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.legislation.gov.uk/mwa/2010/7/contents)
- Mental Capacity Act 2005 - [www.legislation.gov.uk/ukpga/2005/9/schedule/7](http://www.legislation.gov.uk/ukpga/2005/9/schedule/7)
- Human Rights Act 1998 - [www.legislation.gov.uk/ukpga/1998/42/contents](http://www.legislation.gov.uk/ukpga/1998/42/contents)
- Mental Health Wales Measure (2010) - <https://www.legislation.gov.uk/mwa/2010/7/contents>
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 - <https://www.legislation.gov.uk/wsi/2008/2439/contents/made>
- Social Services and Well-being (Wales) Act 2014 - [http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)
- Children's Act 1989 -

## 6. Assessment & Referral Process for people of a 'special urgency' requiring admission

- 6.1 Once the need for a hospital admission has been established, it is important that all parties work cooperatively to help make the necessary arrangements for the patient. A bed will always be sourced for patients when needed. However, if this is not immediately available, the responsible clinician, the care coordinator and care team, the assessing doctors and the AMHP and any others involved in the assessment process should work together to formulate a safety plan whilst continued efforts are made to source an inpatient bed.
- 6.2 Part of the role of an AMHP (once a decision has been made to pursue hospital admission) is to make the necessary arrangements for the admission to take place. Therefore, if a hospital bed is not immediately available, it will not be possible for the AMHP to complete the assessment process or indeed to make an application in respect of the involved patient. This also applies in cases of special urgency.
- 6.3 The AMHP or a member of the assessing team should liaise with the local Crisis Team. It is the local Crisis Team who gate keep mental health admissions for adults and younger people. For Older Peoples Services the inpatient units can be contacted directly.
- 6.4 It is the responsibility of the assessing doctors to secure a suitable hospital bed in line with the Mental Health Act code of practice. Where there are instances if there is a challenge of this part of the policy it should be immediately escalated to the senior nurse on duty.
- 6.5 If it is determined that an inpatient bed within area cannot be found, the Crisis Team will liaise with local Service Managers and the Commissioning Team in order to seek permission to fund an out of area bed. Out of hours, the Silver and Executive On-call Managers should be contacted to provide the necessary approval. Information on commissioning a bed in cases of special urgency can be found in Section 10 of this document.
- 6.6 While these arrangements are being made, the responsible clinician, the care coordinator and care team, the assessing doctors, the AMHP, and any others involved in the assessment process, should consider what steps need to be taken to safeguard the patient (and/or others). This might include asking a family member to support, arranging for short-term crisis support to be provided, or liaising with the local authority to determine if any emergency social care provision could assist. In some circumstances, it may not be safe to leave the patient. In such circumstances the assessing team should explore

options with their colleagues in the local Crisis Team and/or escalate to a manager if necessary.

## 7. The Role of the Crisis Resolution and Home Treatment Teams

7.1 The CTMUHB Crisis Resolution and Home Treatment Services have an essential role to:

- Provide a rapid multi-disciplinary community based assessment service.
- Ensure that people experiencing acute mental health difficulties receive a service that is least restrictive.
- Act as gatekeeper for all admissions throughout the 24-hour period in order to ensure bed availability and to facilitate access for those in need. This could include liaison with neighbouring Health Boards when there is a severe bed shortage.
- Provide intensive intervention and support in the early stages of crisis, reducing as crisis resolution is achieved.
- Work with Service Users and their Carer(s).
- Facilitate multi-disciplinary team involvement.
- Ensure that when inpatient care has been necessary, be actively involved in planning and facilitating early discharge.

### 7.2 Crisis Team Contact Details

Princess of Wales Hospital – 01656 752449  
 Assessment/ liaison- 01656 752150  
 Home treatment team- 01656 752666  
[ctm.bridgend.SinglePointOfAccess@wales.nhs.uk](mailto:ctm.bridgend.SinglePointOfAccess@wales.nhs.uk)

Royal Glamorgan Hospital –  
 Professional line 01443 443674  
 Home Treatment number 01443 443702  
[ctm.CRHTSOUTH@wales.nhs.uk](mailto:ctm.CRHTSOUTH@wales.nhs.uk)

Prince Charles Hospital – 01685 726952 (N.B this number is set to change in April 2024)  
[ctm.CrisisTeamPCH@wales.nhs.uk](mailto:ctm.CrisisTeamPCH@wales.nhs.uk)  
 Home Treatment Team – Kier Hardie Health Park  
 Aberdare Rd, Merthyr Tydfil, CF48 1BZ  
 Tel: 01685 726956

## 8. Arrangements for particular patient groups

- 8.1 *Patients with a learning disability* – The Cwm Taf Morgannwg UHB’s Learning Disability Service is provided by Swansea Bay UHB. This includes the Inpatient Assessment and Treatment Service. It is good practice for joint assessments involving the Learning Disability’s Team when considering treatment options for a patient with a learning disability. The Learning Disability Service can be contacted during normal office hours and there are separate out of hours on-call arrangements. Both can be contacted through the Swansea Bay UHB switchboard.
- 8.2 *Mothers and their babies* – A small 6 bedded inpatient unit for mothers and their babies under the age of 12 months is funded by WHSCC in Tonna Hospital. This service is available to Health Boards across Wales with referrals needing to be made directly to the Mother & Baby Unit. The unit can be contacted through the Swansea Bay UHB switchboard.
- 8.3 *Children and young people* – The CAMHs has its Crisis Team based in Tonteg Hospital. This service is provided on a 24/7 basis for the whole of the Cwm Taf Morgannwg UHB region. It can be contacted through general hospital switchboards. The team will be supported medically during day time hours Monday to Friday by the catchment area Consultant Psychiatrist. Out of hours the Psychiatry on-call arrangements for CAMHs will apply. For patients requiring admission to Secondary Care Services a dedicated adolescent bed has been nominated by the health board. This can be used for suitable patients between the ages of 16 and 18. For children under the age of 16, paediatric wards on each of the general hospital sites would need to be considered if an inpatient admission is necessary. Community support can be arranged with the Community Intensive Intervention Team (CIIT). For a specialist inpatient placement in the Tier 4 CAMHs Ty Llidiard facility on the Princess of Wales Hospital site, a referral would need to be made by the catchment area Psychiatrist.

## 9. Bed Management and Contingency Planning

- 9.1 The effective management of patient flow within our inpatient mental health facilities is essential in order to help provide the required capacity to respond to requests for inpatient admission. Planning in relation to patient discharge arrangements should begin at the point of admission and include all relevant stakeholders. Local Authority involvement is essential and is to be facilitated by weekly engagement in the discharge planning process with multidisciplinary teams. A robust process for the management of delayed pathways of care (DPoC) is an essential element of the process.

- 9.2 A daily bed state is prepared each morning for inpatient services across the Mental Health and Learning Disability Care Group. This is widely circulated and available to on-call managers out of hours. (Appendix 1)
- 9.3 Local services prepare contingency plans for out of hours working which are particularly important when there are local bed pressures. These plans may include the identification of patients suitable for step down to other local services or those who may be offered temporary Section 17 leave. Local home treatment services including those within our Older Peoples Services should form part of these plans.
- 9.4 All of the inpatient assets within the Health Board should be considered when managing acute bed pressures. Neighbouring Health Boards could be considered when reviewing inpatient options.

## 10. Process for Commissioning Inpatient Services in the Independent Sector

- 10.1 This process should be considered when attempts to locate an NHS bed, including those in neighbouring Health Boards have been exhausted.
- 10.2 The option of commissioning an inpatient bed for an adult or younger person with acute mental health needs is available through the Health Board's Commissioning Team for Mental Health and Learning Disabilities. These beds are identified on an NHS Wales Commissioning Framework and placements require detailed assessments from both the referrer and receiving hospital. As a result such placements are not normally immediately available for the transfer of patients in acute need. These services where they exist are located in England and when they are considered transport arrangements and plans for prompt repatriation need to be considered. During normal office hours the senior team within the Mental Health and Learning Disabilities Care Group would need to sign off an individual placement. The senior nurse will need to organise and approve transport arrangements. Out of hours this approval would need to be sourced from the Executive on-call.

# Policy for Section 140 Mental Health Act 1983

## Appendix 1 – Daily Bed State Proforma for MH & Learning Disabilities

| CTM MH Older Adult Bed Position |            |                  |                              |            |             |                                     |            |             |                                     |            |             |                                     |                 |             |                                     |                 |             |                                     |
|---------------------------------|------------|------------------|------------------------------|------------|-------------|-------------------------------------|------------|-------------|-------------------------------------|------------|-------------|-------------------------------------|-----------------|-------------|-------------------------------------|-----------------|-------------|-------------------------------------|
| Total Older Adult Beds          |            |                  |                              | Seren      |             |                                     | St Davids  |             |                                     | Ward 7     |             |                                     | Angelton WARD 1 |             |                                     | Angelton WARD 2 |             |                                     |
| Date                            | Total Beds | Currently Vacant | Expected Discharge in 3 Days | Total Beds | Beds Vacant | Expected Discharges for next 3 days | Total Beds | Beds Vacant | Expected Discharges for next 3 days | Total Beds | Beds Vacant | Expected Discharges for next 3 days | Total Beds      | Beds Vacant | Expected Discharges for next 3 days | Total Beds      | Beds Vacant | Expected Discharges for next 3 days |
|                                 |            |                  |                              |            |             |                                     |            |             |                                     |            |             |                                     |                 |             |                                     |                 |             |                                     |

| CTM MH Rehab Bed Position |            |                  |                              |            |             |                                     |                          |             |                                     |             |             |                                     |
|---------------------------|------------|------------------|------------------------------|------------|-------------|-------------------------------------|--------------------------|-------------|-------------------------------------|-------------|-------------|-------------------------------------|
| Total Rehab Beds          |            |                  |                              | Pinewood   |             |                                     | Supportive Recovery Unit |             |                                     | Cefn Y Afon |             |                                     |
| Date                      | Total Beds | Currently Vacant | Expected Discharge in 3 Days | Total Beds | Beds Vacant | Expected Discharges for next 3 days | Total Beds               | Beds Vacant | Expected Discharges for next 3 days | Total Beds  | Beds Vacant | Expected Discharges for next 3 days |
|                           |            |                  |                              |            |             |                                     |                          |             |                                     |             |             |                                     |

| Ty Lidiard |            |             |                                     |
|------------|------------|-------------|-------------------------------------|
| Date       | Total Beds | Beds Vacant | Expected Discharges for next 3 days |
|            |            |             |                                     |

| CTM MH Acute Bed Position |            |                  |                              |            |             |                                     |            |             |                                     |            |             |                                     |            |             |                                     |            |             |                                     |            |             |                                     |
|---------------------------|------------|------------------|------------------------------|------------|-------------|-------------------------------------|------------|-------------|-------------------------------------|------------|-------------|-------------------------------------|------------|-------------|-------------------------------------|------------|-------------|-------------------------------------|------------|-------------|-------------------------------------|
| Total Acute Beds          |            |                  |                              | Admissions |             |                                     | Ward 21    |             |                                     | Ward 22    |             |                                     | PICU RGH   |             |                                     | PICU POW   |             | WARD 14                             |            |             |                                     |
| Date                      | Total Beds | Currently Vacant | Expected Discharge in 3 Days | Total Beds | Beds Vacant | Expected Discharges for next 3 days | Total Beds | Beds Vacant | Expected Discharges for next 3 days | Total Beds | Beds Vacant | Expected Discharges for next 3 days | Total Beds | Beds Vacant | Expected Discharges for next 3 days | Total Beds | Beds Vacant | Expected Discharges for next 3 days | Total Beds | Beds Vacant | Expected Discharges for next 3 days |
|                           |            |                  |                              |            |             |                                     |            |             |                                     |            |             |                                     |            |             |                                     |            |             |                                     |            |             |                                     |



**Agenda Item**

2.1.4

**Mental Health Act Monitoring Committee**

**MH09: Operational Procedure for Hospital Manager Hearings**

|   |  |
|---|--|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>                           | 05/06/2024                             |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>                           | Open/ Public<br>Not Applicable         |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>                             | Jeremy Burgwyn-MHA Team Leader         |
| <b>Cyflwynydd yr Adroddiad /<br/>Report Presenter</b>                     | Robert Goodwin-Directorate Manager     |
| <b>Noddwr Gweithredol yr<br/>Adroddiad /<br/>Report Executive Sponsor</b> | Gethin Hughes, Chief Operating Officer |

|   |              |
|---|--------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | For Approval |
|---|--------------|

| <b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b> |             |                       |
|---|-------------|-----------------------|
| <b>Committee / Group /<br/>Individuals</b>  | <b>Date</b> | <b>Outcome</b>        |
| Operational Group Meeting   | 26/04/2024  | ENDORSED FOR APPROVAL |
| All Hospital Managers within CTMUHB   | 07/03/2024  | SUPPORTED             |
| All RCs within CTMUHB   | 07/03/2024  | SUPPORTED             |
| All Ward Managers within CTMUHB   | 07/03/2024  | SUPPORTED             |

| Acronyms | Glossary of Terms                         |
|----------|---|
| MHA      | Mental Health Act 1983 (amended 2007)     |
| MCA      | Mental Capacity Act 2005                  |
| CTMUHB   | Cwm Taf Morgannwg University Health Board |
| AHM      | Associate Hospital Manager                |
| CTO      | Community Treatment Order                 |
| MHAMC    | Mental Health Act Monitoring Committee    |
| POD      | Power of Discharge                        |
| HRA      | Human Rights Act 1998                     |
| EA       | Equality Act 2010                         |
| COPW     | Code of Practice for Wales (revised 2016) |
| SW       | Social Worker                             |
| CC       | Care Coordinator                          |
| RC       | Responsible Clinician                     |
| MHAA     | Mental Health Act Administrator           |
| IMHA     | Independent Mental Health Advocate        |
| NR       | Nearest Relative                          |
| HIW      | Health Inspectorate Wales                 |
| HMRC     | His Majesty's Revenue & Customs           |
| AMAP     | Approved Mileage Allowance Payments       |

## 1. Situation /Background

- 1.1 This procedure sets out clear guidelines to ensure that the members of the Power of Discharge Group are fully trained and aware of their duties and responsibilities under Section 23 of the MHA, as well as adhering to the principles laid out in the Code of Practice for Wales.
- 1.2 This procedure provides an update to the previous one in use by:
- Merging it with the policy
  - Including the option to the patient of face-to-face or digital hearings
  - Procedure for digital hearings
  - Updated hearing fees

## 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                    | Awaiting approval         |
| Informal Consultation with interested parties | 07/03/2024 and 26/04/2024 |
| Formal Consultation                           | Not required              |

|                          |            |
|--------------------------|------------|
| Committee – For approval | 05/06/2024 |
|--------------------------|------------|

- 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

Only minor typographical amendments were made as a result of the various consultation stages.

### 4. Assessment

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



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

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

## 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.

# MH09: Operational Procedure for Hospital Managers Hearings – Mental Health Act 1983

|                                   |   |
|-----------------------------------|---|
| <b>Document Type:</b>             | Non Clinical Standard Operating Procedure     |
| <b>Ref:</b>                       | <a href="#">MH09</a>                          |
| <b>Author:</b>                    | Jeremy Burgwyn – MHA Team Leader              |
| <b>Executive Sponsor:</b>         | Executive Medical Director                    |
| <b>Approved By:</b>               | <b>Mental Health Act Monitoring Committee</b> |
| <b>Approval / Effective Date:</b> |   |
| <b>Review Date:</b>               |   |
| <b>Version:</b>                   | 3   |

## Target Audience:

|   |  |
|---|--|
| <b>People who need to know about this document in detail</b>          | Associate Hospital Managers<br>Mental Health Act Operational Group<br>Mental Health Act Administration |
| <b>People who need to have a broad understanding of this document</b> | Responsible Clinicians<br>Care Coordinators<br>Nursing Staff<br>Mental Health Act Monitoring Committee |
| <b>People who need to know that this document exists</b>              | All parties involved with patients detained under the MHA 1983   |

## Integrated Impact Assessment:

|   |  |
|---|--|
| <b>Equality Impact Assessment Date &amp; Outcome</b>                        | <b>Date: 09/02/2024</b><br><b>Outcome:</b> This procedure has been screened for relevance to Equality. No potential negative impact has been identified. |
| <b>Welsh Language Standard</b>  | No   |
| <b>Date of approval by Equality Team:</b>                                   | (00/00/0000)   |
| <b>Aligns to the following Wellbeing of Future Generation Act Objective</b> | Work with communities and partners to reduce inequality, promote well-being and prevent ill-health   |



**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)

| Acronyms | Glossary of Terms                         |
|----------|---|
| MHA      | Mental Health Act 1983 (amended 2007)     |
| MCA      | Mental Capacity Act 2005                  |
| CTMUHB   | Cwm Taf Morgannwg University Health Board |
| AHM      | Associate Hospital Manager                |
| CTO      | Community Treatment Order                 |
| MHAMC    | Mental Health Act Monitoring Committee    |
| POD      | Power of Discharge                        |
| HRA      | Human Rights Act 1998                     |
| EA       | Equality Act 2010                         |
| COPW     | Code of Practice for Wales (revised 2016) |
| SW       | Social Worker                             |
| CC       | Care Coordinator                          |
| RC       | Responsible Clinician                     |
| MHAA     | Mental Health Act Administrator           |
| IMHA     | Independent Mental Health Advocate        |
| NR       | Nearest Relative                          |
| HIW      | Health Inspectorate Wales                 |
| HMRC     | His Majesty's Revenue & Customs           |
| AMAP     | Approved Mileage Allowance Payments       |

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## 1. Procedure Statement

In accordance with the statutory regulations of the MHA, the Hospital Managers have a range of duties and responsibilities. For the purpose of this procedure, any reference made to Hospital Managers refers to the AHMs, as appointed by CTMUHB with the power and ability to consider and make decisions about discharge from detention or CTO under Section 23 of the MHA 1983.

In line with CTMUHB's Scheme of Delegation, the MHAMC has established a POD Group, who are not employees of CTMUHB but who have been fully trained to exercise the Hospital Managers' power of discharge. The purpose of this procedure is to ensure that the members of the POD Group are fully trained and aware of their duties and responsibilities under Section 23 of the MHA.

Patients have the right to have their detention or CTO reviewed by the Hospital Managers, the panel of which must have at least three members. This could consist of a Non-Executive Director, if available, but more commonly the AHMs.

## 2. Scope

This procedure applies to CTMUHB and the AHMs who have a delegated responsibility from it. More specifically to the POD group, MHA office, MHA Operational Group members, RCs, CCs, SWs and nursing staff.

## 3. Principles

It is essential that all those undertaking the functions under the MHA understand the five sets of overarching principles (as per the COPW) which should always be considered when making decisions in relation to care, support or treatment provided under the Act.

The five overarching principles are:

### 3.1 Least restrictive option and maximising independence

Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery wherever possible.

### 3.2 Empowerment and involvement

Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken

which are contradictory to views expressed, professionals should explain the reasons for this.

### **3.3 Respect and dignity**

Patients, their families and carers should be treated with respect and dignity and listened to by professionals.

### **3.4 Purpose and effectiveness**

Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.

### **3.5 Efficiency and equity**

Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention. Staff must apply all the principles to all decisions. All decisions must be lawful and informed by good professional practice. Lawfulness necessarily includes compliance with the HRA and EA. All five sets of principles are of equal importance, and should inform any decision made under the Act. The weight given to each principle in reaching a particular decision will need to be balanced in different ways according to the circumstances and nature of each particular decision. Any decision to depart from the directions of the procedure and the COPW must be justified and documented accordingly in the patient's case notes. Staff should be aware that there is a statutory duty for these reasons to be cogent and appropriate in individual circumstances.

## **4. Aims/Objectives**

The principal objective of this guidance is to inform CTMUHB of the responsibilities and expectations of the AHMs and to reassure the Board that the POD Group members are performing their duties correctly.

## **5. Managerial Responsibilities**

- CTMUHB, as the body that constitutes the 'Hospital Managers', is responsible for the delegation of the power of discharge under section 23 MHA to the AHMs

- The AHMs will be managerially accountable to the Assistant Director of Operations and professionally accountable to the Clinical Director of Mental Health
- The Chair of the POD group will sit on the interview panel for any individual being considered for the role of AHM
- The MHA Manager has responsibility for ensuring review hearings are coordinated and relevant documents are available for the hearings
- The MHA Team Leader will be responsible for attending the POD meeting on behalf of the MHAA to update the AHMs on recent developments and reporting any issues back to the MHA Manager
- MHAA will maintain a list of all patients under the MHA and assist those patients applying for discharge or being referred for a hearing. They will ensure the patient is made aware of their rights to appeal to the tribunal when their detention is subject for renewal or their CTO is extended, and of their right to free legal representation. They will facilitate the operation of the AHMs panel and assist the AHMs as required
- AHMs are responsible for ensuring the reviews are conducted in a way that satisfies the legal requirement of fairness, reasonableness and lawfulness
- RCs are responsible for ensuring the renewals of detention or extension of CTOs are undertaken in a timely manner to ensure reviews can take place as close to the expiry date of the current detention or CTO as possible
- The MHA Operational Group is responsible for monitoring the operation of this procedure

## 6. Legislative and NHS Requirements

- Mental Health Act 1983 (as amended 2007)
- Code of Practice for Wales (revised 2016)
- Human Rights Act 1998
- Equality Act 2010
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2012
- Freedom of Information Act 2000
- General Data Protection Regulation 2018

## 7. Procedure

### 6.1 When to hold a Hearing/Review

#### Hospital Managers:

- May undertake a review of whether or not a patient should be discharged at any time at their discretion
- **Must** undertake a review if the patient's RC submits a report to them under section 20 of the Act, renewing detention or under section 20A, extending at CTO
- Should consider holding a review when they receive a request from a patient. Such a request may be supported by a carer, their IMHA, by their attorney or deputy
- **Must consider** holding a review when the RC makes a report to them under section 25(1) barring an order by the NR to discharge a patient

In the last two cases, when deciding whether to consider the case, hospital managers should take into account whether the MHRT for Wales has recently considered the patient's case or is due to do so in the near future. The decision reached should be recorded in writing. If the decision is not to consider the case the reasons why not should be documented.

Patients detained under short-term sections i.e. sections 5(4), 5(2), 135 and 136 (or subject to interim hospital orders) do not have the right to appeal. Patients detained under section 4 can appeal, but this will be heard under either section 2 or section 3. Patients who are on restriction orders may request a review but discharge by the Hospital Managers can only be with the consent of the Secretary of State for Justice.

## 6.2 Prior to the Hearing

The MHAA will:

- Agree a date/time with the RC
- Invite all AHMs by email to give their availability, allowing 2 days for a response
- Identify 3 panel members (one of which will be the Chairperson), paying due attention to gender, ethnicity and other needs of the patient. Panel members must not be related to each other or in a relationship. Panels will be selected by the MHAA fairly and equally so all the AHMs are given the same opportunities to sit on panels.
- Contact the solicitor if the patient has chosen one, or arrange for an IMHA if the patient is lacking capacity
- Request that reports be prepared by the care team: a medical report from the RC (or representative), a social circumstances report from the CC or appointed SW, and a nursing report from the key nurse if it is an inpatient. Additional documents can also be requested such as care plan and risk assessment

- Ascertain whether a patient wishes a relative or friend to attend the hearing to support them
- Offer the patient the choice of venue i.e. face-to-face or digital (Microsoft Teams). If no preference is received then the default position will be for the hearing to be held online via Teams
- Inform the patient and, if appropriate, NR of the date, time and venue of the hearing
- Inform other professionals of the date, time and venue of the hearing
- Ensure the medical, social circumstances and, if applicable, nursing reports, care plan and risk assessment are circulated to the hospital managers at least one week prior to the hearing. If the hearing is relating to a section 2 appeal the reports should be received by the end of the day prior to the day of the hearing
- Ensure copies of the reports are sent to the patient, their legal representative (if applicable) and NR (if applicable). A separate report is requested for any information that is not to be disclosed to the patient.

### 6.3 The Hearing

The MHA does not define the procedure for reviewing a patient's detention but the conduct of reviews should take the following rules into account:

- To adopt and apply a procedure which is fair and reasonable
- To consider the written and oral evidence of the professionals to ensure that the grounds for detention are met
- Not to make irrational decisions
- Not to act unlawfully
- To equally consider the views of patients, nearest relatives and carers

To promote the quality of decision making, AHM panels should consider the questions set out below in the order stated.

|  |
|--|
| <b>For patients detained under Section 2 of the Act:</b> |
|--|

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Is the patient still suffering from a mental disorder?</li> <li>• If so, is the disorder of a nature or degree that warrants continued detention of the patient in hospital?</li> <li>• Ought the detention to continue in the interests of the patient's health or safety or for the protection of other people?</li> </ul> |
|---|

|                                     |
|-------------------------------------|
| <b>For other detained patients:</b> |
|-------------------------------------|

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Is the patient still suffering from a mental disorder?</li> </ul> |
|--|

- If so, is the disorder of a nature or degree that makes treatment in a hospital appropriate?
- Is continued detention for medical treatment necessary for the patient's health or safety or for the protection of other people?
- Is appropriate medical treatment available for the patient?
- Consideration should also be given to whether the MCA can be used to treat the patient safely and effectively

**For patients on a CTO:**

- Is the patient still suffering from a mental disorder?
- If so, is the disorder of a nature or degree that makes it appropriate for the patient to receive medical treatment?
- If so, is it necessary in the interests of the patient's health or safety or the protection of other persons that the patient should receive such treatment?
- Is it still necessary for the RC to be able to exercise the power to recall the patient to hospital, if that is needed?
- Is appropriate medical treatment available for the patient?

If three or more members of the panel who between them make up a majority are satisfied that the answer to any of the questions set out above is "no", the patient should be discharged using form HO17 (**appendix 3**) or form CP8 if a CTO patient (**appendix 4**).

When the answer to all the relevant questions above is "yes" and the RC has made a report under Section 25 barring a NR's attempt to discharge the patient, the panel should then consider the following question: Would the patient, if discharged, be likely to act in a manner that is dangerous to other persons or to themselves?

This question focuses on the probability of a dangerous act, such as causing serious physical harm, not just the patient's general need for safety and others' general need for protection. It provides a more stringent test for continuing the detention or CTO.

If three or more members of the panel, being a majority, disagree with the RC and decide that the answer to this question is "no", the panel should usually discharge the patient using form HO17 (**appendix 3**) or form CP8 if a CTO patient (**appendix 4**).

In all cases, AHMs have the discretion to discharge patients even if the criteria for continued detention or a CTO are met. The AHM's discharge panel should always consider whether there are other reasons why the patient should be discharged despite the answers to the questions set out above; regard should be had to the principle of least restrictive option and maximising independence.

### Face to Face hearings:

The panel will meet 30 minutes prior to the hearing to discuss the reports and check with the MHAA whether there are any last-minute changes to the attendees.

The Chair will welcome everyone to the hearing and make the introductions. The preferred model for reviews is informal, i.e. all parties being interviewed in each other's presence, although a balance needs to be struck between informality and the quasi-judicial function of the panel. This model has the benefit of natural justice allowing frank exchange and challenge of views. The patient should be given a full opportunity to explain why he or she wished to be discharged. No panel member must at any time have any contact with an individual patient outside of this process.

The RC or their representative, a SW or CC and a member of the in-patient nursing staff should also attend to give oral evidence. These people will normally be the professionals who have supplied the written reports. If a substitute is made, or if one of the professionals is unable to attend, the panel will need to decide if adjournment of the hearing is appropriate. Wherever possible a fully prepared substitute should attend the hearing.

The panel will interview the RC, SW or CC and named nurse in turn, and the patient and their representative will be able to raise any queries at the end of each interview. All those present at the review will have the opportunity to state their views on the patient's continued detention or CTO status and the patient and/or their representative will have the opportunity to question those views as well as putting forward their own case. The RC and other professionals should be asked to give their views on whether the patient's continued detention or CTO is justified and the factors on which those views are based.

Once the panel is satisfied that they have heard all the evidence they require, they will ask the care team, the patient and, if applicable, their legal representative, IMHA and friend/relative to leave the room whilst the panel deliberate on its decision. Once the decision has been reached, those people previously asked to leave will then be invited back to hear the decision and the reasons for that decision clearly explained to the patient by the Chair. If the patient has chosen not to attend the panel will ask those present who is best placed to relay the decision to the patient.

The Chair will then write up the decision report (**appendix 1 (appendix 2 for barring order hearings)**) and this will be countersigned by the other two panel members. The report will then be sent to MHAA who will process it and disseminate to all relevant parties.

### Online Teams Hearings:

These will mainly follow the same process as face-to-face hearings. The panel will meet on Teams 30 minutes prior to the hearing to discuss the reports and

request any updates from the MHAA. The MHAA, as meeting organiser, will admit attendees from the 'lobby' into the hearing when instructed by the Chair. The MHAA will ask the members of the care team to each confirm that they are in confidential surroundings before the Chair gives the introductions. The MHAA will remain present throughout the hearing but with their camera and microphone turned off.

When the panel has heard all the evidence, the care team, patient and their representative/friend/family member will be asked to sign out of the Teams meeting and log back on using the meeting link. The MHAA will then re-admit them from the 'lobby', once the Chair has instructed them to do so, to hear the decision.

The MHAA will email the Chair a decision report which the Chair will complete. This is then emailed securely to the MHAA who will forward it to the two panel members to countersign. The MHAA will send the completed decision to all relevant parties, including the patient and NR if the patient consents.

It is open to the panel to adjourn the review in the following circumstances:

- An important piece of information concerning the patient has not been made available to them
- Where it concludes that it might be possible to discharge the patient if satisfactory aftercare arrangements could be made but such arrangements have not been made or insufficient information has been provided of any aftercare arrangements that have been made
- If the panel members do not concur as to whether the patient's condition continues to satisfy the criteria for detention and the panel wish to seek further medical or other professional advice

An adjourned hearing should normally be reconvened within a maximum period of two weeks.

If a patients' detention is renewed under section 20 or their CTO is extended under section 20A and it has been indicated that the patient has no objection to it, has no intent to attend the hearing and has the capacity to make such a decision, the hearing may, as long as the panel agree, go ahead as a 'paper review'. This will still involve the panel meeting together (on Teams) but they will only consider the reports provided by the care team and not question them verbally. This of course means that the care team will not be in attendance but, if following deliberation by the panel, it is agreed that more information is required, the hearing will go through the adjournment process and reconvened face to face.

## 8. Fees/Expenses

CTMUHB is responsible for reimbursing the AHMs for their attendance in performing their duties at hearings. Travel expenses will be paid to each panel member for face-to-face hearings or 'in person' training events they attend. The mileage rate will be in line with guidance given by HMRC AMAP ([Travel – mileage and fuel rates and allowances - GOV.UK \(www.gov.uk\)](https://www.gov.uk)) In addition to any travelling expenses incurred, a fee of £45 may be claimed by panel members on each occasion they attend a hearing, with there being a maximum of two in a single day. The Chair may claim £50 per hearing.

If a hearing is cancelled or postponed on the day of the hearing is due to take place, the AHMs will be entitled to a compensatory payment of £20 for any work in preparation of the hearing that has taken place.

## 9. Training Implications

Power of Discharge panels must comprise of at least three members. The Hospital Managers should ensure that those appointed are fully informed of their roles and responsibilities and receive appropriate training to fulfil their functions which includes:

- Ability to understand the MHA and the COPW
- Ability to reach sound judgements and properly record their decisions on the appropriate form (**appendix 1**)

The AHMs must be able to demonstrate the following attributes:

- An interest in mental health
- A good understanding of confidentiality and equality issues
- The ability to comprehend detailed reports and, if necessary, communicate/ask questions in a sensitive manner
- To work as part of an impartial and objective team

The AHMs are expected to attend the following meetings:

- POD groups
- All Wales Hospital Managers Conferences
- Joint training events organised by Health and Social Services
- Any relevant training organised by MHAA
- Annual appraisals conducted by the Locality Manager
- To attend a minimum of 6 patient hearings

## 8. Review, Monitoring and Audit Arrangements

CTMUHB are committed to providing a high-quality service for patients. As part of attaining this goal, CTMUHB must monitor and train the performance and effectiveness of the AHMs. At the annual appraisal, the number of meetings

attended is discussed and a review of any training and development needs is conducted.

This procedure will be reviewed and amended accordingly in line with any statutory changes in MHA Legislation.

## 9. Retention/Archiving

This procedure will be available via the Health Board's SharePoint/Intranet. The MHA office will retain all previous versions for future reference. This procedure will be version controlled.

## 10. Non-Conformity

Conformity with this procedure will be monitored on a regular basis via MHAA. Non-conformity may be subject to an investigation and subsequent scrutiny by HIW.

## MENTAL HEALTH ACT 1983

### DECISION OF THE HOSPITAL MANAGERS IN RESPECT OF A RENEWAL OF DETENTION FOR A PATIENT LIABLE TO BE DETAINED UNDER 3, 37, 47 & CTO

Date/Time of Hearing \_\_\_\_\_

|          |  |  |
|----------|--|--|
| <b>1</b> | <b>Patient Details</b>   |  |
|          | <b>Name of Patient</b>   |  |
|          | <b>Hospital and Ward</b>   |  |
|          | <b>Current Detention</b>   |  |
|          | <b>Expiry Date</b>   |  |
| <b>2</b> | <b>Type of Hearing</b>   | Uncontested <input type="checkbox"/> Contested <input type="checkbox"/><br><br>Paper review <input type="checkbox"/> |
| <b>3</b> | <b>Hospital Managers Present</b>   |  |
|          | <b>Chair</b>   |  |
|          | <b>Panel Member</b>  |  |
|          | <b>Panel Member</b>  |  |
| <b>4</b> | <b>In Attendance (unless Paper review)</b>   |  |
|          | Responsible Clinician  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|          | Care Coordinator   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|          | Key Nurse  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|          | Patient  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|          | Nearest Relative   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|          | Representative   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>5</b> | <b>Reports were considered from:</b><br><br>Responsible Clinician <input type="checkbox"/> Nurse <input type="checkbox"/> Care Coordinator <input type="checkbox"/><br><br>Approved Mental Health Professional <input type="checkbox"/> Other <input type="checkbox"/> |  |
| <b>6</b> | <b>Decision of the Hospital Managers:</b><br><i>(Delete applicable)</i><br><br><b>The patient SHALL be discharged from liability to be detained with effect from:</b><br><br><b>The patient SHALL NOT be discharged.</b>   |  |

|   |   |
|---|---|
| 7 | <p><b>Conditions necessary to continuing detention:</b><br/> <i>(The Managers are obliged to discharge if the answer to either of the following is negative)</i></p> <p><b><u>Section 2</u></b></p> <ul style="list-style-type: none"> <li>• Is the patient suffering from a mental disorder of nature or degree which warrants detention in hospital for assessment <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>• The patient ought to be detained un the interest of their own health or safety or with a view to the protection of other persons <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> </ul> <p><b><u>Section 3 , 37 or 47</u></b></p> <ul style="list-style-type: none"> <li>• The patient is suffering from a mental disorder of nature or degree which warrants detention in hospital for medical treatment <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>• It is necessary for the health or safety or the protection of other persons that they should receive such treatment <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>• Is appropriate medical treatment available for the patient <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> </ul> <p><b><u>CTO</u></b></p> <ul style="list-style-type: none"> <li>• The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>• It is necessary for their health and safety or for the protection of other persons that they should receive such treatment <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>• Subject to them being liable to be recalled, such treatment can be provided without them continuing to be detained in a hospital <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>• It is necessary that the Responsible Clinician should be able to exercise the power to recall them to hospital <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> <li>• Is appropriate medical treatment available for the patient <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></li> </ul> |
| 8 | <p><b>Note of patient's expressed concerns or views of particular note:</b></p>   |
| 9 | <p><b>Reasons for the managers decision and recommendations</b><br/> <i>(In accordance with chapter 38.42 of the Code of Practice for Wales you must record fully the evidence you considered in reaching your decision, the reasons for your decision, and the decision itself).</i></p>   |

|           |                     |           |      |
|-----------|---------------------|-----------|------|
|           |                     |           |      |
| <b>10</b> |                     | Signature | Date |
|           | <b>Chair</b>        |           |      |
|           | <b>Panel Member</b> |           |      |
|           | <b>Panel Member</b> |           |      |

**INTENTIONALLY BLANK**





**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

## RECORD OF HOSPITAL MANAGERS REVIEW OF DETENTION/DISCHARGE BY NEAREST RELATIVE

DATE OF HEARING:  
TIME OF HEARING:  
VENUE OF HEARING:

| MHA Hospital Managers Power of discharge Panel:  | PATIENT            | HOSPITAL NO:    |
|--|--------------------|-----------------|
| Chairperson of panel:<br><br>Deputy Chair:   | Patient's Name:    |                 |
| 3 <sup>rd</sup> Member:  | R.C:               | Contact number: |
| Reserve Member:  | Care Coordinator:  | Contact number: |
| Reason for Hearing: <span style="float: right;">(✓)</span>                             | Key Nurse/Worker:  | Contact number: |
| Patient Appeal _____   | MHA Administrator: | Contact number: |
| Hospital Managers referral _____   | Current Section:   |                 |
| RC S.20 _____  |                    |                 |
| RC S. 20A _____  |                    |                 |
| S.25 _____   |                    |                 |
| Nearest Relative Appeal _____<br>(Note: Nearest relative cannot discharge S37 patient) |                    |                 |

| In attendance at the hearing               |  |                   |  |
|--|--|-------------------|--|
| RC:  |  | Patient:          |  |
| Deputy RC:                                 |  | Nearest relative: |  |
| Care Coordinator<br>(CPN OR Social Worker) |  | Solicitor         |  |
| Key Nurse                                  |  | Advocate          |  |
| Others:<br>(Placement, observers, etc)     |  |                   |  |

| Information provided to panel for the hearing                        | Tick if provided |
|--|------------------|
| Section documentation (S2, S3, H015,S25, CP1 , CP3 and H017 or CP8): |                  |
| Mental Health Review Tribunal decision (if any)                      |                  |
| Care and Treatment Plan (CTP)  |                  |
| Risk Assessment  |                  |
| Inpatient Management plan (IMP)                                      |                  |
| Psychiatric Report   |                  |
| Social Circumstances Report  |                  |
| Nursing report   |                  |
| Other reports (Please details)                                       |                  |

| Checklist for conduct of managers hearing  |           |  |             |
|--|-----------|--|-------------|
| Ascertain legal representative's instructions prior to hearing   |           |  |             |
| Introduce panel to all present   |           |  |             |
| Explain purpose of hearing   |           |  |             |
| All present introduce themselves   |           |  |             |
| Check if patient have been given copies or reports and had opportunity to discuss with staff                                   |           |  |             |
| Ask if patient wishes to speak to panel at start or end of hearing   |           |  |             |
| Describe conduct of proceedings  |           |  |             |
| Type of hearing  | Contested |  | Uncontested |
| Ask RC for update on their report  |           |  |             |
| Ask Care Coordinator for update on their report  |           |  |             |
| Ask Key Nurse for update on their report   |           |  |             |
| Ascertain views of nearest relative /carers if present   |           |  |             |
| Managers retire to consider their decision   |           |  |             |
| Chair of panel convey decision to all attendees<br>(Note: written decision is sent to patient and professionals by MHA Office) |           |  |             |
| Managers complete decision and all members sign the form if not discharged   |           |  |             |
| If discharged managers also complete the decision as well as for H017 OR CP8   |           |  |             |

**CONDITIONS NECESSARY TO CONTINUING DETENTION**

**Section 2**

a. The patient is suffering a mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or assessment followed by medical treatment) for at least a limited period: **YES/NO**

**and**

b. He/she ought to be so detained in the interests of their own health or safety or with a view to the protection of other persons. **YES/NO**

**Section 3 or Section 37**

a. The patient is suffering from mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment in hospital? **YES/NO**

**and**

b. It is necessary for the health or safety of the patient or the protection of other persons that they should receive such treatment and it cannot be provided unless they are detained under this section; **YES/NO**

**and**

c. Appropriate medical treatment is available for them? **YES/NO**

**Section 25 order**

The above conditions for section 3;

**and**

Would the patient, if discharged, be likely to act in a manner dangerous to other people or to themselves? **YES/NO**

**Section 37/41**

***No power to discharge.***

Record of any non-statutory recommendations to the Secretary of State for Justice.

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**Community Treatment Order**

a) The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment; **YES/NO**

**and**

b) It is necessary for their health and safety or for the protection of other persons that they should receive such treatment; **YES/NO**

**and**

c) Subject to them being liable to be recalled, such treatment can be provided without them continuing to be detained in a hospital; **YES/NO**

**and**

d) It is necessary that the Responsible Clinician should be able to exercise the power to recall them to hospital; **YES/NO**

**and**

e) Appropriate medical treatment is available for them. **YES/NO**



**DECISIONS OF REVIEW PANEL**

**DECISION COMMUNICATED TO PATIENT:**

|   |  |
|---|--|
| The patient has been informed verbally & in writing of the decision by. |  |
| The patient has agreed to their nearest relative being informed         |  |

| <b>Signature of Panel:</b>   |                   |              |
|------------------------------|-------------------|--------------|
|                              | <b>Signature:</b> | <b>Date:</b> |
| <b>Chair</b>                 |                   |              |
| <b>2<sup>nd</sup> Member</b> |                   |              |
| <b>3<sup>rd</sup> Member</b> |                   |              |



A large rectangular area with a solid black border, containing numerous horizontal dashed lines for writing.

# Form CP 8

## Regulation 21

### Mental Health Act 1983 section 23 - discharge by the responsible clinician or the hospital managers

(\*delete as appropriate)

(full name of patient and their address)

I/We\* order the discharge of

(date and time)

from liability to recall under Part 2 of the Act and the application for admission for treatment shall cease to have effect on  at

**Signed:** ..... the Responsible Clinician

**Name:** .....

**Date:** .....

OR

**Signed:** ..... a Hospital Manager

**Name:** .....

**Signed:** ..... a Hospital Manager

**Name:** .....

**Signed:** ..... a Hospital Manager

**Name:** .....

**Date:** .....

# Form HO 17

## Regulation 7

### Mental Health Act 1983 section 23 - discharge by the responsible clinician or the hospital managers

I/We\* order the discharge of

(full name of patient  
and their address)

(state section)

from liability to detention under  of the Mental Health Act 1983

(date and time)

on  at

(\*delete as  
appropriate)

The patient will/will not\* be remaining in hospital.

**Signed:** ..... the Responsible Clinician

**Name:** .....

**Date:** .....

OR

**Signed:** ..... a Hospital Manager

**Name:** .....

**Signed:** ..... a Hospital Manager

**Name:** .....

**Signed:** ..... a Hospital Manager

**Name:** .....

**Date:** .....



**Agenda Item**

2.2.1

**Mental Health Act Monitoring Committee**

**Committee Annual Self Effectiveness Survey Outcome  
2023-24 & Improvement Plan**

|   |   |
|---|---|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>                           | 05/06/2024  |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>                           | Open/ Public<br>Not Applicable                              |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>                             | Tyler Lewis, Corporate Governance Officer                   |
| <b>Cyflwynydd yr Adroddiad /<br/>Report Presenter</b>                     | Geraint Hopkins, Independent Member/Chair<br>MHAM Committee |
| <b>Noddwr Gweithredol yr<br/>Adroddiad /<br/>Report Executive Sponsor</b> | Gethin Hughes, Chief Operating officer / Julie<br>Denley    |

|   |            |
|---|------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | For Noting |
|---|------------|

| <b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b> |             |                |
|---|-------------|----------------|
| <b>Committee / Group /<br/>Individuals</b>  | <b>Date</b> | <b>Outcome</b> |
|   |             |                |

| <b>Acronyms / Glossary of Terms</b> |  |
|-------------------------------------|--|
| Nil                                 |  |



## 1. PURPOSE

- 1.1 The Chair of the Mental Health Act Monitoring Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, The Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relate to its activities and performance during 2023-2024
- 1.3 Members should note that 6 responses were received out of a total of 11 which equated to 54%.

## 2. SUMMARY REPORT

### Positive Assurance

#### 1. Committee Effectiveness:

- 100% of Members/Attendees were aware that: There were approved Terms of Reference in place defining the role of the Committee and were reviewed annually.
- 83% of respondents were aware that a Committee Annual Report was produced and reported to the Board to ensure its activities align with its remit.
- A Committee Annual Cycle of Business had been established to be dealt with across the year. There was a response that due to a Member being relatively new to the Committee they had not seen all business functions.

#### 2. Committee Business

- Members of the Committee felt that they met with sufficient frequency to deal with planned matters in an effective manner.
- The majority of respondents (83%) believe that committee meetings would be scheduled prior to significant decisions whenever possible.
- The Committee felt that the meetings were effectively Chaired with clarity of purpose and outcome. Feedback reflected that the Chair has been excellent in the role.
- Feedback reflected that the Committee was very well supported, with the quality of the reports improving and this remains a focus going forward.



- The Committee were of the opinion that each agenda item was 'closed off' appropriately so it was clear what the conclusion was.
- There was clear consensus that boundaries between this Committee and other Committees were clearly defined with appropriate cross referral.
- 83% of respondents felt that the Committee was adequately supported by Executive Directors in terms of attendance, quality and length of papers and responses to challenges and questions.

### 3. Behaviour, Culture and Values

- The meeting behaviours of Members/Attendees were considered to be courteous and professional.
- It was felt that the atmosphere at the meetings were conducive to open and productive debate.
- Feedback reflected that this was a good Committee with excellent partnership involvement.

### Areas of Note

#### 4. Welsh Language

- The survey found that 33% of respondents were interested in Welsh-language meetings, while 67% felt it was not needed.

#### 5. Committee Effectiveness

- The Committee **received** and endorsed its Annual Report for 2022-23 at its June 2023 meeting and was approved by the Board in July 2023.
- The Committee Cycle of Business has been implemented to further complement the Forward Work Programme and was approved by the Committee at their March 2024 meeting.

#### 6. Committee Business

- 33% of respondents felt they needed additional training to fulfil their Member role, while 67% did not feel the need for additional training.
- The Mental Health Act Monitoring Committee utilises a Consent Agenda system for routine business consideration. Members are aware that should



|  |  |
|--|--|
|  | <p>they consider that any item on consent requires further assurance and scrutiny then it will be moved to the main agenda for discussion.</p> <ul style="list-style-type: none"> <li>As with all Board Committees, the Committee, where sufficiently urgent can consider any item 'Out of Committee' via 'Chairs Urgent Action'.</li> <li>Highlight reports are produced after each meeting to keep the Board informed about the issues considered and decisions made. These reports are part of the public papers, demonstrating the Health Board's commitment to transparency, with 83% of feedback indicating they are succinct and to the point.</li> </ul> |
| <b>Areas Requiring Further Consideration</b> | <p><b>Committee Effectiveness - Areas for action/improvement</b> were identified as follows:</p> <ul style="list-style-type: none"> <li>The feedback shows that virtual meetings are a positive experience for members, with 83% preferring virtual meetings over face-to-face meetings. One respondent suggests that in-person meetings can help build relationships with other Board Members.</li> </ul>   |
| <b>Action Plan</b>                           | <p>In response to the areas of improvement identified the following actions are proposed:</p> <ul style="list-style-type: none"> <li>The majority of responders indicated a preference to retain a virtual meeting format. However, the Committee could consider holding 1 meeting a year in-person.</li> </ul>  |
| <b>Appendices</b>                            |  |

### 3. RECOMMENDATION

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

### 4. Assessment

| Objectives / Strategy  |  |
|--|--|
| <b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b> | <p>Not Applicable</p> <p>If more than one applies please list below:</p> |
| <b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>    | <p>Not Applicable</p> <p>If more than one applies please list below:</p> |



|   |   |
|---|---|
|   |   |
| <b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b><br><a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a> | Not Applicable                              |
|   | If more than one applies please list below: |
| <b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>   | Learning, Improvement & Research            |
|   | If more than one applies please list below: |
| <b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>  | Not Applicable                              |
|   | If more than one applies please list below: |
| <b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>  | No - Not Applicable                         |
|   | If more than one applies please list below: |

| Impact Assessment  |  |  |
|--|--|--|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i><br><b>Quality</b><br><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:<br><br>Not Required |
| <b>Cydraddoldeb a'r Gymraeg</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i><br><b>Equality and Welsh Language</b><br><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):<br>POSITIVE/NEUTRAL<br>NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate):<br>POSITIVE/NEUTRAL<br>NEGATIVE | If no, please include rationale below:<br><br>Not Required |



|  |  |
|--|--|
| <b>Cyfreithiol / Legal</b>   | There are no specific legal implications related to the activity outlined in this report.                            |
| <b>Enw da / Reputational</b>   | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report. |
| <b>Effaith Adnoddau</b><br><i>(Pobl / Ariannol) /</i><br><b>Resource Impact</b><br><i>(People / Financial)</i> | There is no direct impact on resources as a result of the activity outlined in this report.                          |



**Agenda Item**

2.2.2

**Mental Health Act Monitoring Committee**

**Mental Health Act Monitoring Committee Annual Cycle  
of Business 2024-25**

|   |   |
|---|---|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>                           | 05/06/2024  |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>                           | Open/ Public<br>Not Applicable                                      |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>                             | Tyler Lewis, Corporate Governance Officer                           |
| <b>Cyflwynydd yr Adroddiad /<br/>Report Presenter</b>                     | Emma Walters, Head of Corporate<br>Governance & Board Business      |
| <b>Noddwr Gweithredol yr<br/>Adroddiad /<br/>Report Executive Sponsor</b> | Gareth Watts, Director of Corporate<br>Governance / Board Secretary |

|   |            |
|---|------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | For Noting |
|---|------------|

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

| <b>Acronyms / Glossary of Terms</b> |  |
|-------------------------------------|--|
|                                     |  |
|                                     |  |



**1. Situation /Background**

- 1.1 The Mental Health Act Monitoring Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 March 2024 to 31 March 2025.

**2. Specific Matters for Consideration**

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

**3. Key Risks / Matters for Escalation**

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

**4. Assessment**

| Objectives / Strategy  |   |
|--|---|
| <b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>  | Improving Care                              |
|  | If more than one applies please list below: |
| <b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>   | Living Well                                 |
|  | If more than one applies please list below: |
| <b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <a href="#">150623-guide-to-the-fg-act-en.pdf</a> (<a href="#">futuregenerations.wales</a>)</b> | A Healthier Wales                           |
|  | If more than one applies please list below: |
| <b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality</b>   | Not Applicable                              |
|  | If more than one applies please list below: |



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

| Impact Assessment  |  |   |
|--|--|---|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i><br><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:<br><br>This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. |
| <b>Cydraddoldeb a'r Gymraeg</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i><br><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):<br>POSITIVE/NEUTRAL/NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate):<br>POSITIVE/NEUTRAL/NEGATIVE | If no, please include rationale below:<br><br>This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment. |
| <b>Cyfreithiol / Legal</b>   | There are no specific legal implications related to the activity outlined in this report.  |   |
| <b>Enw da / Reputational</b>   | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.   |   |
| <b>Effaith Adnoddau</b><br>( <i>Pobl /Ariannol</i> ) / <b>Resource Impact</b><br>( <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 are asked to **NOTE** the Annual Cycle of Business.

## 6. Next Steps

- 6.1 There are no next steps required.

# Mental Health Act Monitoring Committee

## DRAFT Cycle of Business (1<sup>st</sup> March 2024 – 31<sup>st</sup> 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 1<sup>st</sup> March 2024 to 31<sup>st</sup> 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 (1<sup>st</sup> March 2024 – 31<sup>st</sup> 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 |
|---|---|--------------------------------------|----------|----------|----------|------------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Consent Agenda</b>   |   |                                      |          |          |          |            |          |           |           |          |          |          |          |          |          |          |          |
| 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        |
| <b>Main Agenda - Governance</b>   |   |                                      |          |          |          |            |          |           |           |          |          |          |          |          |          |          |          |
| Organisational Risk Register*<br>(* 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        |
| <b>Main Agenda – Improving Care</b>   |   |                                      |          |          |          |            |          |           |           |          |          |          |          |          |          |          |          |
| 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<br><br><ul style="list-style-type: none"> <li>March 2024 – Section 117 Aftercare – Use and Code of Practice Compliance in CTM- (Deferred to next (June) Committee Meeting)</li> <li>June 2024 – Section 117 Aftercare-Use and Code of Practice Compliance in CTM</li> <li>Section 135 – Use and Code of Practice Compliance in CTM</li> </ul> | Head of MH Care Group                       |                                      |          |          | R        |            |          | R         |           |          | R        |          |          | 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 |
|--|--|----------------------|----------|----------|----------|------------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <ul style="list-style-type: none"> <li>September 2024 – TBC</li> <li>December 2024 – TBC</li> </ul>        |  |                      |          |          |          |            |          |           |           |          |          |          |          |          |          |          |          |
| 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        |          |          |          |

| <b>ACTION LOG - MENTAL HEALTH ACT MONITORING COMMITTEE</b> |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>Minute Reference</b>                                    | <b>Date of Meeting Action Originated</b> | <b>Issue</b>  | <b>Lead Officer</b>   | <b>Timescale for Action to be completed</b> | <b>Status of Action</b> (as at 5.6.2024)   |
|  | 6 December 2023                          | <p><b>4.2 Mental Health Act Quarterly Activity Report/Breaches Analysis of Unlawful Detentions</b></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><b>Ongoing</b></p> <p>Reports will be reviewed in response to membership feedback</p>   |
|  | 6 December 2023                          | <p><b>4.1 MHA Operational Group Report</b></p> <p>Chair of Operational Group to discuss with the Assistant Director of Governance &amp; 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 &amp; Risk</p>     | February 2024                               | <p><b>Ongoing</b></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> |
| 23/023/09  | September 2023                           | <p><b>MHA Operational Group Report</b></p> <p>Governance Team to consider the governance process in relation to IM's</p>  | Governance Team   | September 2023                              | <p><b>Ongoing</b></p> <p>Should any Independent Member express an interest in becoming a Hospital Manager as defined in the MHA 1983</p>   |

|          |                |   |   |               |   |
|----------|----------------|---|---|---------------|---|
|          |                | becoming Hospital Managers.   |   |               | (2007) then they should discuss this with the Chair in order to review the requirements and time commitment required alongside their IM Role profile. Information on the remit of this role is available on request.  |
| 23/09/12 | September 2023 | <b>MHA Quarterly Activity Report</b><br>To undertake a review into lapses and present an update to a future meeting of the Committee. | Chair MHA Operational Group               | December 2023 | <b>On Going</b><br>Considered at the April 26th 2024 meeting of the MHA Operational Group. for discussion at the June meeting of the monitoring committee   |
| 23/09/17 | September 2023 | <b>Forward Work Plan</b><br>To arrange an educational visit to the Mental Health teams for Independent Members.                       | Service Director Mh and ID, Mental Health | February 2024 | <b>In progress</b><br>MHA Team looking at possible dates for a potential visit in February 2024 linking in with Governance Team.<br><br>Update 21.2.24 – visit to be postponed until June 2024 due to possible re-structure of Committees and membership.<br><br>Update 22.5.24 – As above awaiting implementation of review. |

## PREVIOUSLY COMPLETED ACTIONS

|          |                 |   |                             |                |  |
|----------|-----------------|---|-----------------------------|----------------|--|
| 23/09/14 | September 2023  | <b>Strategic Update from South Wales Police</b><br>Formal Strategic Report to be presented to future meetings.  | SWP                         | December 2023  | <b>Completed</b><br>Formal Strategic Report received for December 2023 meeting.  |
| 23/09/14 | September 2023  | <b>Strategic Update from South Wales Police</b><br>To review the data quality for any disparities for Section 136 detentions.   | SWP/Chair Operational Group | December 2023  | <b>Completed</b><br>Following review at the recent operational group meeting SWP provided with assurance around section 136 data and high number of cases directed to treatment  |
| 23/09/11 | September 2023  | <b>MHA Operational Group Report</b><br>To circulate the job description/specification and terms of reference for the Hospital Managers Power of Discharge Committee   | Chair Operational Group     | September 2023 | <b>Completed</b><br>Circulated via email 28.9.23   |
| 4.5      | 6 December 2023 | <b>Strategic Update from South Wales Police</b><br><br>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. | Governance Team             | March 2024     | <b>Completed</b><br>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  |
| 5.3 | 6 December 2023 | <b>Any other urgent business</b><br>Future meetings to be shortened to two hours as opposed to three hours | Governance Team | March 2024 | <b>Completed</b><br>Members and Executive Leads agreed to change the duration of the Committee Meeting to 2 hours. |



**Agenda Item**

4.1

**Mental Health Act Monitoring Committee**

**Organisational Risk Register**

|   |   |
|---|---|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>                           | 05/06/2024  |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>                           | Open/ Public<br>Not Applicable                                      |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>                             | Cally Hamblyn, Assistant Director of<br>Governance & Risk           |
| <b>Cyflwynydd yr Adroddiad /<br/>Report Presenter</b>                     | Emma Walters, Head of Corporate<br>Governance & Board Business      |
| <b>Noddwr Gweithredol yr<br/>Adroddiad /<br/>Report Executive Sponsor</b> | Gareth Watts, Director of Corporate<br>Governance / Board Secretary |

|   |            |
|---|------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | For Review |
|---|------------|

| <b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b> |                           |   |
|---|---------------------------|---|
| <b>Committee / Group /<br/>Individuals</b>  | <b>Date</b>               | <b>Outcome</b>                                |
| Service, Function and<br>Executive Formal Review  | April / May 2024          | RISKS REVIEWED                                |
| Operational Management<br>Board / Offline via email   | April 2024                | ENDORSED RISKS<br>WHERE APPLICABLE<br>FOR ELG |
| Executive Leadership Group  | 13 <sup>th</sup> May 2024 | MANAGEMENT SIGN<br>OFF RECEIVED               |

| <b>Acronyms / Glossary of Terms</b> |  |
|-------------------------------------|--|
|                                     |  |
|                                     |  |



## 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 3<sup>rd</sup> May 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.
- 2.5 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
- 2.5 To date **627** members of staff trained to date since training commenced in 2021.
- 2.6 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.7 Feedback on the training continues to be positive, please see below:
- 40 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023).
    - 78% (31/40) provided a score of 5/5 in terms of content of the session
    - 20% (8/40) provided a score of 4/5 in terms of content of the session
    - 3% (1/40) provided a score of 3/5 in terms of content of the session
  - 100% of the 40 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.
  - 98% of the 40 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
  - Some of the recent comments received through evaluation have been included below:  
From the session on the 2<sup>nd</sup> May 2024.
    - *"Clear guidance on what risks are how to score and actions."*
    - *"Clear explanations with good examples"*
    - *"All new info (to me), well presented. Thank you"*
    - *"Great insight clearly explained and would advise my team to attend"*.
    - *Really good session. Friendly and informative."*

### **3. Key Risks / Matters for Escalation**

#### **3.1 NEW RISKS**

No new risks escalated as assigned to this Committee.

#### **3.2 CHANGES TO RISKS**

There were no changes to risks scores for risks assigned to this Committee.



### 3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

There were no closed risks as assigned to this Committee.

### 3.4 Organisational Risk Register - Visual Heat Map by Datix Risk ID (Risks rated 15 and above):

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

## 4. Assessment

| Objectives / Strategy   |   |
|---|---|
| <b>Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)</b>   | Improving Care                              |
|   | If more than one applies please list below: |
| <b>Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas</b>  | Not Applicable                              |
|   | If more than one applies please list below: |
| <b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b><br><a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a> | A Resilient Wales                           |
|   | If more than one applies please list below: |
| <b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>   | Learning, Improvement & Research            |
|   | If more than one applies please list below: |
| <b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>  | Safe  |
|   | If more than one applies please list below: |
| <b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) /</b>   | No - Not Applicable                         |
|   | If more than one applies please list below: |



|   |  |
|---|--|
| <b>Environmental /Sustainability Impact (5Rs)</b> |  |
|---|--|

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

## 5. Recommendation

5.1 The Committee are asked to:

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

## 6. Next Steps

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

| A        | B                       | C                             | D                             | E              | F                              | G   | H  | I   | J  | K  | L                | M  | N               | O     | P          | Q             | R                |
|----------|-------------------------|-------------------------------|-------------------------------|----------------|--------------------------------|---|--|---|--|--|------------------|--|-----------------|-------|------------|---------------|------------------|
| 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 X 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><b>If:</b> South Wales Police (SWP) implement Right Care Right Person</p> <p><b>Then:</b> 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><b>Resulting in:</b> 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>The Health Board will gather and analyse available data to further understand the issues and impact</p> <p>The Health Board will explore options to manage the need in a different way.</p> <p>Risk likelihood assessment: Initial data gathering suggests that the likelihood is more likely to be weekly and not daily.</p> <p>Update March 2024 - Phase 1 of RCRP commenced 26/02/2024. Head of Nursing for MHLD Care Group is tactical lead. Awareness sessions attended by over 250 staff. Health Board wide planning meeting continues to meet. Daily troubleshooting Multi-agency meetings with South Wales Police continue.</p> <p>Update April 2024 - progress remains as captured in March 2024 and the next review date of this risk is scheduled for the end of May. No change to mitigation and risk score at this time.</p> | Quality & Safety Committee<br>Mental Health Act Monitoring Committee | 18               | C4xL4                                    | 12 (C3xL4)      | ++    | 08.12.2023 | 06.03.2024    | 31.05.2024       |
| 18       |                         |                               |                               |                |                                |   |  |   |  |  |                  |  |                 |       |            |               |                  |

| Datix ID                           | Strategic Risk owner | Strategic Objective | Risk Domain | Risk Title | Risk Description | Controls in place | Action Plan | Assuring Committees | Rating (current) | Rating (Target) | De-escalation Rationale |
|------------------------------------|----------------------|---------------------|-------------|------------|------------------|-------------------|-------------|---------------------|------------------|-----------------|-------------------------|
| Nil as assigned to this Committee. |                      |                     |             |            |                  |                   |             |                     |                  |                 |                         |

|   | A                                  | B                    | C                   | D           | E          | F                | G                 | H           | I                   | J                      | K                 |
|---|------------------------------------|----------------------|---------------------|-------------|------------|------------------|-------------------|-------------|---------------------|------------------------|-------------------|
|   | Datix ID                           | Strategic Risk owner | Strategic Objective | Risk Domain | Risk Title | Risk Description | Controls in place | Action Plan | Assuring Committees | Month Closed on Org RR | Closure Rationale |
| 1 |                                    |                      |                     |             |            |                  |                   |             |                     |                        |                   |
| 2 | Nil as assigned to this Committee. |                      |                     |             |            |                  |                   |             |                     |                        |                   |



**AGENDA ITEM**

5.1

**MENTAL HEALTH ACT MONITORING COMMITTEE**

**MENTAL HEALTH ACT OPERATIONAL GROUP REPORT**

|   |  |
|---|--|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>                           | 05/06/2024   |
| <b>Statws Cyhoeddi / Publication<br/>Status</b>                           | Open/Public  |
| <b>Awdur yr Adroddiad / Report<br/>Author</b>                             | Robert Goodwin, Clinical Service Group<br>Manager Bridgend Mental Health |
| <b>Cyflwynydd yr Adroddiad /<br/>Report Presenter</b>                     | Robert Goodwin, Clinical Service Group<br>Manager Bridgend Mental Health |
| <b>Noddwr Gweithredol yr<br/>Adroddiad /<br/>Report Executive Sponsor</b> | Executive Director of Primary, Community &<br>Mental Health              |
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b>                           | FOR DISCUSSION / REVIEW  |

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

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

**ACRONYMS**

|  |  |
|--|--|
|  | MHA – Mental Health Act                            |
|  | AMHP – Approved Mental Health Practitioner         |
|  | EDT – Emergency Team                               |
|  | SWP – South Wales Police                           |
|  | CAMHS – Child and Adolescent Mental Health Service |
|  | IMHA – Independent Mental Health Advocacy          |

## **1. SITUATION/BACKGROUND**

- 1.1** The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place 6<sup>th</sup> March 2024. The meeting on 26 April 2024 was well attended with representatives from across Adult, Older Adult and Child Adolescent Mental Health Service (CAMHS), Mental Health Act Team, Social Services, South Wales Police, the Ambulance Service and Independent Mental Health Advocacy.

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

### **2.1 Mental Health Act Activity Report Q4, Jan – March 2024**

It was noted that the adult detentions of 104 were below the 2021-24 112 mean. There were 13 adolescent detentions in Q4, 11 in Ty Llidiard and 2 within the Health Boards paediatric wards. The number of Community Treatment Order's (CTO) reduced to 28 in Q4 from 33 in Q3. Section 4 was not applied in Q4. Section 5(4) was used on just 2 occasions. The number of Section 136 detentions decreased from 70 in Q3 to 60 in Q4. The number of patients discharged with no follow up reduced from 7 in Q3 to 6 in Q4. There were no deaths of a detained patient in Q4.

### **2.2 Mental Health Act Errors and Breaches Q4, Jan – March 2024**

There were 8 rectifiable errors in Q4 a reduction from the 10 recorded in Q3. All rectified within the required 14 days. Four were in relation to errors on the Approved Mental Health Practitioner (AMHP) Application Form for Section 2 (Form HO2). Errors were made with the patients address and the Local Authority address. Two rectifiable errors were made in connection with the Doctors Medical Recommendation for Section 2 (Form HO4). The first related to a date error and the second, full name was not documented. The practitioners were contacted by the MHA Team and asked to make the amendments within the 14 day timeframe.

Fundamentally defective errors reduced to 1 in Q4 compared to 2 in Q3. This error related to the failure of both Medical Recommendations for a Section 2 application to pass medical scrutiny. The RC was asked to discharge the patient and the MHA Team confirmed this in writing with the patient.

The Group confirmed the importance of using the Mental Health Act checklist and considered a research paper in the Journal, The Psychiatrist titled

“Compulsion under the Mental Health Act 1983: audit of the quality of medical recommendations”.

[Compulsion under the Mental Health Act 1983: audit of the quality of medical recommendations | The Psychiatrist | Cambridge Core](#)

This audit involved a review of 214 recommendations from a number of English Mental Health provider Trusts which had been made in connection with Section 2 and 3. The audit identified the following GOLD Standard criteria used to test the Medical Recommendations for detention.

- Clear evidence to support the presence of a mental disorder
- A statement indicating its nature and/or degree
- Why it was in the interests of health, safety or the protection of others
- Why management in the community was not possible
- Why informal admission was not possible

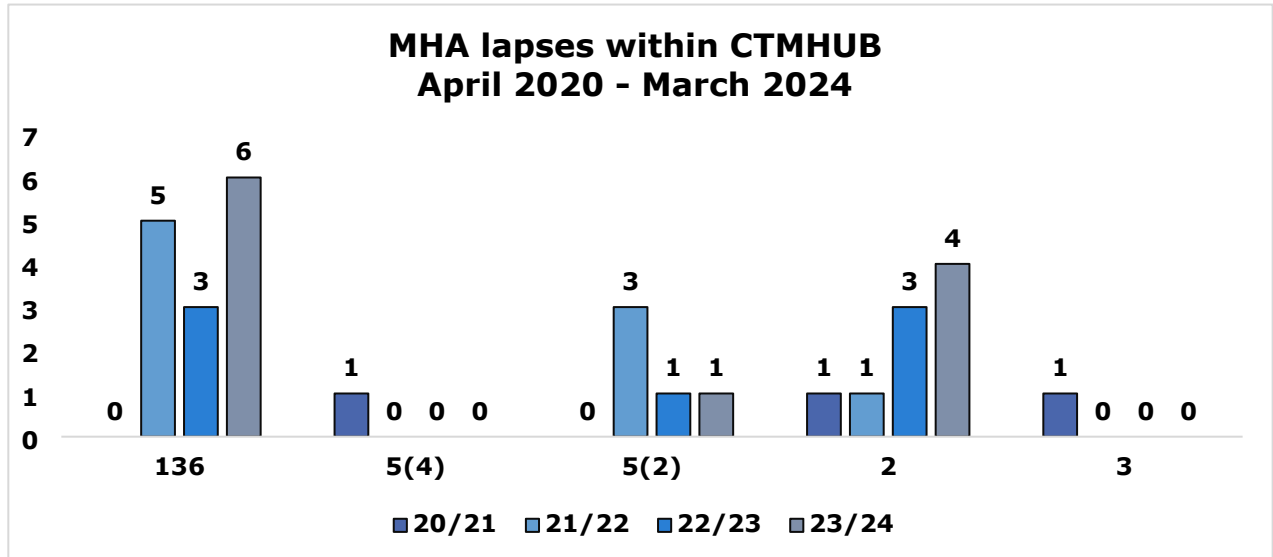
The article also gave examples of the difference between implied and clear statement of reason. It was thought to be a helpful reference document and would be shared with medical colleagues in the Senior Medical Staff Committee of the Mental Health and Learning Disabilities Service Group.

### 2.3 Review of Lapsed Mental Health Act Sections

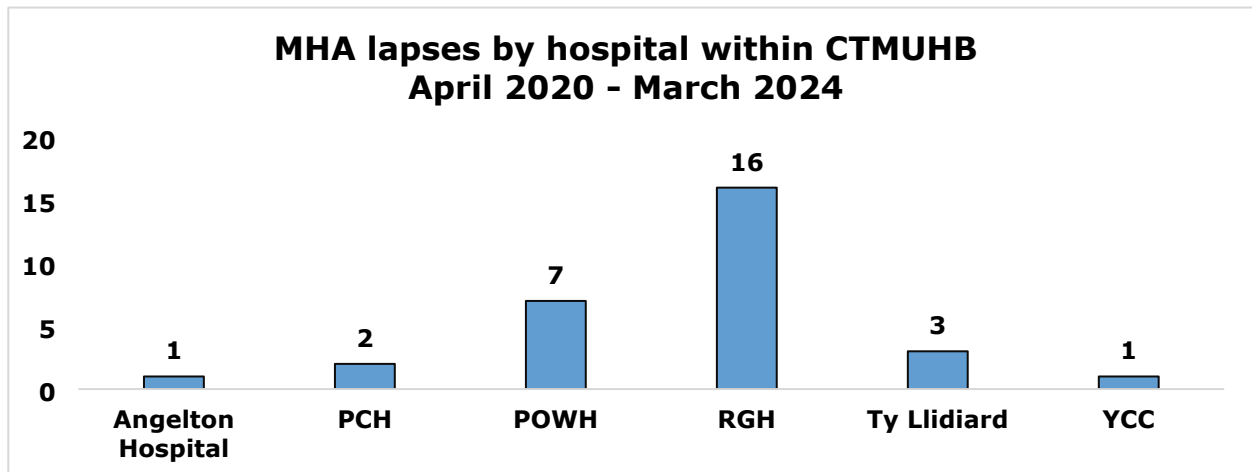
The Group considered that whilst lapses were not considered a breach of the Act they were not evidence of best practice. Information on lapses in the period April 2020 – March 2024 is included in the graphs below. Fourteen of the 30 lapses which have occurred since 2020 were in relation to Section 136 and delays delivering the assessment within local emergency departments. Local liaison teams have discussed this process with their emergency department colleagues and are aiming to deliver parallel mental health assessments whilst physical examinations are taking place. Improvements have also been planned in relation to communication between the South Wales Police and the receiving assessment team.

Section 2 lapses occurred on 9 occasions. Whilst the Mental Health Act Team send regular electronic reminders to the RC, AMHP and Ward Manager there remain occasions when these lapses occur. The Group discussed the need for more robust diary management by the local multi-disciplinary team to ensure enough time was left to complete a Mental Health Act assessment.

**Graph 1.**



**Graph 2.**



## 2.4 Police powers and places of safety – Compliance with the Code of Practice

Sections 135 and 136 of the Mental Health Act 1983 give the police the powers to remove a person to a place of safety. The South Wales Police are currently coordinating a renewal of the existing Mental Health Act policy. In addition the Mental Health and Learning Disabilities Service Group has established an improving Section 135/136 work stream with 2 workshops having been completed. This work stream is aiming to help re-design local procedures and in particular review current places of safety. This will also help inform the local response to the South Wales Police "Right Care Right Person" initiative. The Operational Group proposes to audit standards against the Code of Practice when the new policy has been agreed.

## 2.5 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, and it is often referred to as 'Section 117 aftercare'. Qualifying patients entitled to S117 aftercare are those who have been detained under the following sections:

- For treatment under Section 3
- A hospital order under Section 37
- Following transfer from prison under Section 47 or 48
- A hospital direction under Section 45A
- Subject to a CTO
- Restricted patient on a conditional discharge

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. Examples of aftercare services include:

- Healthcare
- Social care and employment services
- Supported accommodation
- Services to meet the patient's social, cultural and spiritual needs.

The Operational Group coordinated a local meeting on 17<sup>th</sup> May 2024 with representatives from each Local Authority to review the register and ensure processes are adequate. At present the register records the following number of patients with Section 117 Aftercare entitlements;

**Table 1. Number of patients on S117**

| Area     | Number of patients on Section 117 |
|----------|-----------------------------------|
| Cynon    | 142                               |
| Merthyr  | 122                               |
| Taff     | 79                                |
| Rhondda  | 199                               |
| Bridgend | 314                               |

The meeting on 17<sup>th</sup> May 2024 introduced processes for ensuring all deaths and discharges were promptly entered onto the central register and the dates of review meetings were kept up to date. The Community Mental Health team managers would be responsible for this, with regular oversight meetings scheduled going forward. The Mental Health Act Section 117 Aftercare policy has been approved and it is recommended that an audit proposal based on this and the Code of Practice be developed for the next Operational Group meeting scheduled for 26th July 2024.

The Group discussed the development of an easy read Section 117 Aftercare leaflet to help our patients better understand their entitlements and our responsibilities under the Mental Health Act.

## 2.6 Prison Service Referrals into Psychiatric Intensive Care

The Operational Group discussed the rising number of prison referrals and had received information from both the Princess of Wales and Royal Glamorgan Hospital Psychiatric Intensive Care Units (PICU). There were significantly more referrals received into the Princess of Wales Hospital (POW) PICU, with the unit serving residents from Swansea, Neath Port Talbot and Bridgend. Both units received referrals from HMP Parc, HMP Eastwood Parc, HMP Cardiff and HMP Swansea.

**Table 2. Number of Referrals from the Prison Service into the POWH PICU**

| Year | No. of Referrals | Average length of stay days | % of referrals accepted for admission |
|------|------------------|-----------------------------|---------------------------------------|
| 2016 | 1                | 105                         | 100%                                  |
| 2017 | 2                | 9                           | 100%                                  |
| 2018 | 2                | 31                          | 100%                                  |
| 2019 | 2                | 35                          | 100%                                  |
| 2020 | 6                | 66                          | 67%                                   |
| 2021 | 13               | 45                          | 54%                                   |
| 2022 | 14               | 14                          | 43%                                   |
| 2023 | 13               | 29                          | 46%                                   |

**Table 3. Number of Referrals from the Prison Service into the RGH PICU**

| Year | No. of Referrals | Average length of stay days | % of referrals accepted for admission |
|------|------------------|-----------------------------|---------------------------------------|
| 2020 | 3                | 113                         | 33%                                   |
| 2021 | 5                | 0                           | 0%                                    |
| 2022 | 8                | 113                         | 13%                                   |
| 2023 | 5                | 43                          | 60%                                   |

Senior Medical colleagues in the Group had commented on the challenge related to move on in particular into low secure services.

## 2.7 Hospital Managers Power of Discharge Committee Meeting

The Power of Discharge Committee had met on 17<sup>th</sup> January 2024. All Hospital Managers had received their annual review. The number of Managers Hearings had increased to 24 in Q4 from 15 in Q3 with all detentions being upheld. There

had been good progress on recruitment with the number of Hospital Managers rising to 16 when recruitment processes have been worked through for 3 new applicants. There had been good attendance from the Hospital Managers at the All Wales Hospital Managers annual conference held in Builth Wells on 29<sup>th</sup> February 2024.

## 2.8 South Wales Police roll out of “Right Care Right Person”

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

We have been made aware of changes to future implementation dates as follows:

Phase 1- Concern for welfare- February 2024 – **Now live.**

Phase 2- Walk out of health care and AWOL – **September 2024**

Phase 3- Transportation- September/October – **February 2025**

Phase 4- Section 136 MHA / Voluntary Patients – **February 2025 (this remains the same)**

The Operational Group had coordinated the development of a data collection system to help with Phase 4.

The National Collaborative Commission Unit have established a group with membership across Wales to complete a transport and conveyance review for Mental Health patients. The first meeting was held 25<sup>th</sup> April 2024 and the programme of work outlined. This will include an assessment of current and future demand. 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 audit tool will be piloted for a week in Hywel Dda Health Board. This will be applied in all Health Boards for 2 single weeks at the end of June and in early July. A series of meetings and structured interviews will be held in each Health Board.

## 2.9 Designated Accommodation for Tribunals within the Princess of Wales Hospital

The meeting room formally used by the Mental Health Service had been requisitioned by General Hospital colleagues during the Covid Pandemic to provide urgently needed accommodation for the Pre Discharge Team. This meeting room had not been returned. Following this the Tribunal Office issued guidance on their minimum standards for accommodation when hosting Tribunal Hearings. The current arrangement using the Princess of Wales Hospital boardroom in MPEC does not meet these standards and there are risks related to the distance between the Inpatient Mental Health Unit and this

facility. The Site Manager was being consulted on the development of some alternative options for these Hearings. This has been placed on the Risk Register. The Tribunal Office have indicated they will be escalating this issue to the Health Board.

## **2.10 Mental Health Review Tribunal for Wales - discussion at the Mental Health Act Administrators Forum October 2023**

In March 2024 the tribunal office responded to some questions raised within the October meeting of the forum. With the introduction of patient choice, responsible authorities were asked to ensure that equipment was available to facilitate a video hearing should individual witnesses apply to give evidence remotely. The Tribunal had strengthened its secretariat and would be able to reintroduce the clerking service which had previously been withdrawn. This would help reduce some of the workload for members of the local Mental Health Act administration department. The Tribunal confirmed that it did not have a legal requirement to produce a list of accredited solicitors. This was available from the Law Society website. The Tribunal for Wales confirmed their annual report was nearing completion and will be published shortly.

## **2.11 Roll out of the Section 17 leave audit completed in Ty Llidiard General Adolescent unit**

The group had previously discussed the Section 17 leave audit in Ty Llidiard which had helped to improve local practice. The audit had been conducted using the Health Board AMAT process. The group recommended the roll out of this audit across adult inpatient services and the audit tool would be registered with the Mental Health and Learning Disabilities audit committee for this purpose. Previous Health Inspectorate Wales reviews at Ty Llidiard and the Royal Glamorgan Hospital adult mental health unit had highlighted the need for improvement in this part of the Act.

## **2.12 Proposed Mental Health Standards of Care (Wales) Bill; Consultation Response**

The Operational Group contributed to the consultation on the proposed Welsh Government Bill. There was support for the proposal to replace the Nearest Relative provisions on the Mental Health Act 1983 with a new role of Nominated Person. Strong safeguards would need to be in place to ensure the Nominated Person act in the patients' best interests. Consideration would need to be given to situations where the patient lacked the capacity to nominate an appropriate person.

The consultation document also proposed to change the criteria for detention to ensure that people can only be detained if they pose a risk of significant harm either to themselves or others. The Operational Group identified the need for clear guidance around what constitutes "significant harm". It was felt that this proposal could "raise the bar" for detention and any new standard would need to be widely understood and agreed by stakeholders. Whilst the value of the proposal was accepted it would need to be supported by significant investment in community services in order to manage patient risks outside the inpatient setting. Raising the threshold to serious risk of harm may inadvertently result in fewer detentions for people at risk of suicide. A full risk assessment of the potential impact of this proposal was recommended.

The proposal to change the criteria in order that there must be reasonable prospect of therapeutic benefit to the patient is generally supported. A clear and pragmatic definition of therapeutic benefit would be required with clarity on timescales and how this is measured. The impact of this proposal on the safe management of patients with a personality disorder whose detention may be "safe" but have little long term therapeutic benefit would need to be considered.

The proposal to introduce virtual Second Opinion Appointment Doctor (SOAD) assessments was supported and good help with the timely completion of consent to treatment certificates. Virtual assessments within the Independent Mental Health Advocacy service was also supported.

## **2.13 Independent Mental Health Advocacy Q4 Report, Jan – March 2024**

The number of referrals from patients has increased to 181 in Q4 from 148 in Q3. All 81 qualifying detained patients were seen within 5 days and 90 of the 100 informal patients. The report contained 4 helpful case studies, 2 describing how the advocate had helped patients in relation to discharge from a general and older persons mental health ward. The third and fourth case studies related to support in developing the criteria used for a patient's individual leave and a challenge to a patient's detention. The report also identified some areas of good practice for example swift response times to concerns and the support provided by Social Work staff in helping to facilitate patients returning home. The Operational Group also reviewed the service user feedback against the

agreed scales identified within the Service Level Agreement. These were overwhelmingly positive. There was discussion around the need to further raise awareness about the Independent Advocacy role and a separate learning event was planned for the Power of Discharge committee.

## 2.14 Nominated Adolescent Bed on Adult Mental Health Wards

The Health Board is required to have a nominated bed for adolescents between the age of 16 - 18 requiring admission. This bed is currently identified in the Royal Glamorgan Hospital Mental Health Unit. The transfer of this service into Ward 14 at the Princess of Wales Hospital would have benefits in terms of the co-location with Ty Llidiard for the purposes of medical supervision which would be retained by CAMHs. The capital funding to convert a two bed dormitory into a single ensuite bedroom has been secured from the Health Board and the works have started in February 2024 for completion in May. The existing Operational Policy is being renewed and a training plan developed for staff.

## 2.15 Operational Policy Review

The MHA team had made very good progress on the review of Operational Policies including their ratification in the Operational Group and Mental Health Act Monitoring Committee. 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 5 below.

**Table 4. 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.<br>Ratified in MHAMCM- 04/12/2023              |
| MH06       | Section 5(4)                            | AT          | Agreed in the Operational Group 27/01/2023<br>Ratified in MHAMCM- 04/12/2023             |
| MH07       | Section 5(2)                            | JB          | Agreed in the Operational Group meeting 28/04/2023<br>Ratified in MHAMCM- 04/12/2023     |
| MH08       | Consent to Treatment Sec 58 and Sec 58a | AT          | Agreed in the Operational Group meeting 28/04/2023.<br>Ratified in MHAMCM- 04/12/2023    |
| MHA117     | Section 117 Policy                      | JB          | Agreed in the Operational Group meeting on 28/07/2023<br>Ratified in MHAMCM - 04/12/2023 |
| MH12       | Section 17 leave policy                 | JB          | Agreed in the Operational Group meeting 26/01/2024<br>Ratified in MHAMCM- 06/03/2024     |

|      |  |    |   |
|------|--|----|---|
| MH28 | Hospital Managers Scheme of Delegation     | AT | Agreed in the Operational Group meeting 26/01/2024<br>Ratified in MHAMCM- 06/03/2024  |
| MH17 | Section 132&133 patients rights' procedure | JB | Agreed in the Operational Group meeting 26/01/2024<br>Ratified in MHAMCM- 06/03/2024  |
| MH09 | Hospital Managers Operational Procedure    | JB | Agreed in the Operational Group meeting 26/01/24.<br>For ratification in the MHAMCM- 05/06/2024.  |
| New  | Section 140 Policy                         | RG | Agreed in the Operational Group meeting 26/01/2024.<br>For ratification in the MHAMCM- 05/06/2024   |
| New  | Allocation of Responsible Clinician        | AT | Previously agreed by the Operational Group on 05/08/2022. Needs to be amended to reflect the new Inpatient model for the Adult wards in RGH which commenced on 29/04/2024.<br>To be agreed at the Operational Group meeting on 26/07/2024 |
| MH03 | Section 136                                |    | Awaiting SWP to coordinate the review of the existing policy dated 23/08/2022   |
| MH02 | Section 135(1) Section 135(2)              |    | Awaiting Police to update national policy- 23/08/2022   |

■ AGREED    ■ FOR REVIEW

## 2.16 Operational Group Work Plan

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

**Table 5. Operational Group Work Plan**

| Activity                     | Progress  | Timescale  |
|------------------------------|---|------------|
| <b>Service user feedback</b> | Advocacy Support Cymru to circulate CTO Questionnaire involving the patients care coordinator.  | April 2024 |
| <b>Audit</b>                 | MHA Team to complete audit of Statutory Documentation using the CTMUHB AMAT audit tool.   | March 2024 |
| <b>Policy Work</b>           | All remaining policies to be ratified at the Monitoring Committee meeting 6 <sup>th</sup> March 2024. This will exclude the Section 135/136 | March 2024 |

|  |   |               |
|--|---|---------------|
|  | policy with the review being led by the South Wales Police.   |               |
| <b>Introduction of monitoring arrangements for Section 135/136</b> | 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. | February 2024 |
| <b>Nominated Adolescent Bed on Adult MH Wards</b>                  | Policy work and training to be concluded in order to support the transfer of this service to Ward 14 POWh.  | April 2024    |

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

#### 3.1 Fundamental breaches related to the quality of medical recommendations.

In Q4 there was a further breach related to the failure of both medical recommendations for a Section 2 application. These breaches are always discussed with the clinicians concerned and the Operational Group has discussed the circulation of a recent audit within the UK which identifies best practice in relation to medical recommendations for detention.

#### 3.2 South Wales Police roll out of "Right Care Right Person"

The Health Board has been notified of some changes to the implementation dates in relation to the walk out of health care / AWOL and transportation phases. An All Wales Group has been established to review conveyance arrangements for mental health patients across Wales. The Health Board response to "Right Care Right Person" is being coordinated in a group chaired by the Nurse Director from Mental Health and Learning Disabilities. This work is being supported by a review of Section 135/136 arrangements within the Health Board in particular the place of safety locations.

#### 3.3 Designated Accommodation for Tribunals within the Princess of Wales Hospital

The meeting room formerly used for this purpose at the Princess of Wales Hospital was requisitioned by the hospital during the Covid pandemic and has not been returned to Mental Health. There are some risks associated with the conveyance of detained patients from Ward 14 and PICU to the new designated area in MPEC. This has been placed on the risk register.

#### 3.4 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.

### 3.5 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 capital work is completed on a new ensuite bedroom in May 2024. Work is progressing on the necessary policy and training support for staff.

## 4. IMPACT ASSESSMENT

| Objectives / Strategy  |  |
|--|--|
| <b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>   | Improving Care   |
|  | If more than one applies please list below:  |
| <b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>  | Not Applicable   |
|  | If more than one applies please list below:  |
| <b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b><br><a href="#">150623-guide-to-the-fg-act-en.pdf</a><br><a href="#">(futuregenerations.wales)</a> | A More Equal Wales   |
|  | If more than one applies please list below:  |
| <b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>  | Data to Knowledge  |
|  | If more than one applies please list below:  |
|  | Learning and improving whole systems are also important dimensions of work considered by the Mental Health Act Operational Group |
| <b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>   | Effective  |
|  | If more than one applies please list below:  |
| <b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>   | No - Not Applicable  |
|  | If more than one applies please list below:  |



| Impact Assessment  |  |   |
|--|--|---|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i><br><b>Quality</b><br><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:<br><br>The MHA Operational Group meets bi-monthly to review the application of the Act across CTMUHB |
| <b>Cydraddoldeb a'r Gymraeg</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i><br><b>Equality and Welsh Language</b><br><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):<br>POSITIVE/NEUTRAL/NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate):<br>POSITIVE/NEUTRAL/NEGATIVE | If no, please include rationale below:<br><br>Not Required  |
| <b>Cyfreithiol / Legal</b>   | There are no specific legal implications related to the activity outlined in this report.  |   |
| <b>Enw da / Reputational</b>   | There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.   |   |
| <b>Effaith Adnoddau</b><br><i>(Pobl /Ariannol) /</i><br><b>Resource Impact</b><br><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 note the work of the MHA Operational Group.



| Agenda Item |
|-------------|
| 5.2         |

## Mental Health Act Monitoring Committee

### MHA Operational Group Activity Report with Breaches and Errors for Quarter 4 (January – March 2023/24)

|   |   |
|---|---|
| <b>Dyddiad y Cyfarfod / Date of Meeting</b>                       | 05/06/2024  |
| <b>Statws Cyhoeddi / Publication Status</b>                       | Open/ Public<br>Draft Status - Final Version will be Published  |
| <b>Awdur yr Adroddiad / Report Author</b>                         | Mrs Alison Thomas -Mental Health Act Team Manager<br><br>Jeremy Burgwyn – Mental Health Act Team Leader |
| <b>Cyflwynydd yr Adroddiad / Report Presenter</b>                 | Mr Robert Goodwin- Service Group Manager, Bridgend  |
| <b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b> | Gethin Hughes, Chief Operating Officer / Julie Denley   |

|   |            |
|---|------------|
| <b>Pwrpas yr Adroddiad / Report Purpose</b> | 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 Q4 (January - March 2023/24).
- 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**

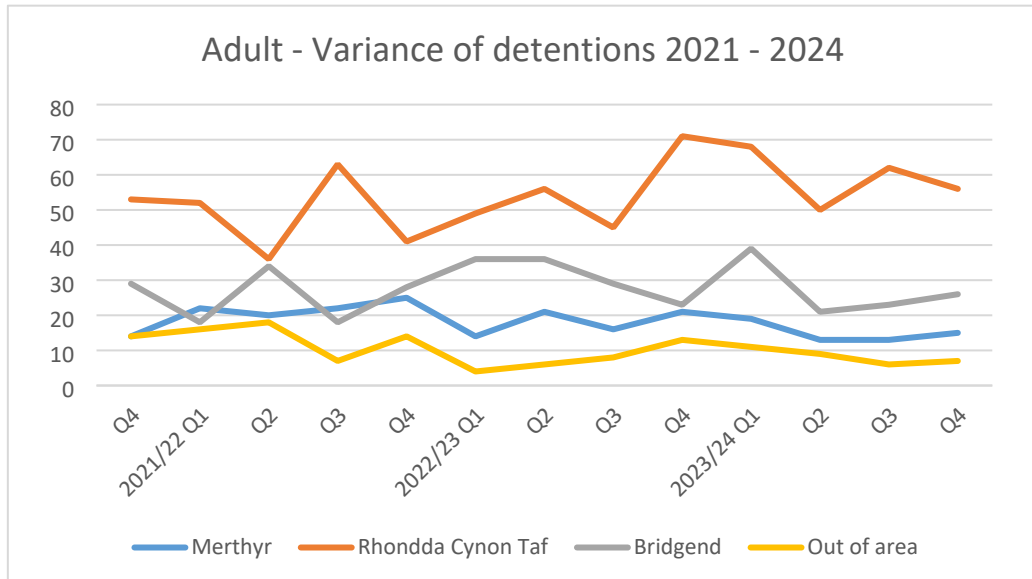
- 2.1 This quarterly MHA activity report is distributed to members of the MHA Operational Group Meeting and is considered at individual Clinical Service Group Quality & Risk meetings. Trends are monitored to highlight and manage any risks to the organisation.

### **2.2 Adult Detentions**

There has been a decrease of 1% in the total number of detentions from 98 in Q3 2023/24 to 97 in Q4 2023/24. The number of detentions under S5(2) increased from 14 to 15. Section 2 detentions decreased by 5% from 59 to 56 and Section 3 detentions increased by 21% from 19 to 23.



**Graph 1**



**Table 1**

| Locality     | Mean 2021/24 | Q4 2023/24 |
|--------------|--------------|------------|
| Merthyr      | 18           | 15         |
| RCT          | 54           | 56         |
| Bridgend     | 28           | 26         |
| Out of area  | 12           | 7          |
| <b>Total</b> | <b>112</b>   | <b>104</b> |

2021/24 Mean to Q4 shifts as follows:

- In Merthyr detentions decreased from baseline mean by 3 (16%) from 18 to 15.
- In Rhondda Cynon Taff (RCT) detentions increased from baseline mean by 2 (4%) from 54 to 56. This is within the higher quarterly range for this area. This trend will be closely monitored in the Operational Group.
- In Bridgend detention decreased from baseline mean by 2 (7%) from 28 to 26.
- Out of area detentions decreased from baseline mean by 5 (42%) from 12 to 7.

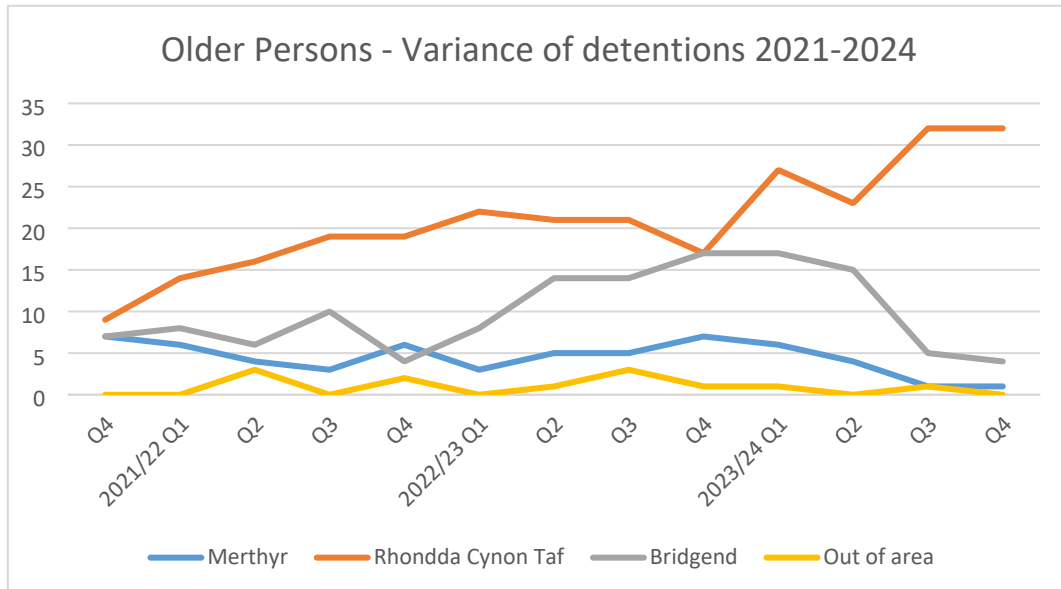
In Q4, there were 2 occasions when the nurses' holding power under Section 5(4) was utilised in Royal Glamorgan Hospital (RGH). In line with the guidance in the Code of Practice for Wales, both patients were assessed by a doctor within the 6-hour period and regraded to section 5(2).

Section 4 was not used during Q4.

### 2.3 Older Persons Detentions

The total number of detentions in Older Persons services decreased in Q4 by 3% from 38 in Q3 2023/24 to 37 in Q4 2023/24, with variance across the localities as below:

**Graph 2**



**Table 2**

| Locality     | Mean 2021/24 | Q4 2023/24 |
|--------------|--------------|------------|
| Merthyr      | 4            | 1          |
| RCT          | 21           | 32         |
| Bridgend     | 10           | 4          |
| Out of area  | 1            | 0          |
| <b>Total</b> | <b>36</b>    | <b>37</b>  |

2021/24 Mean to Q4 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 11 (52%) from 21 to 32. This is within the higher quarterly range for this area.

- In Bridgend detentions decreased from baseline mean by 6 (60%) from 10 to 4.
- Out of area, detentions decreased from baseline mean by 1 (100%) from 1 to 0.

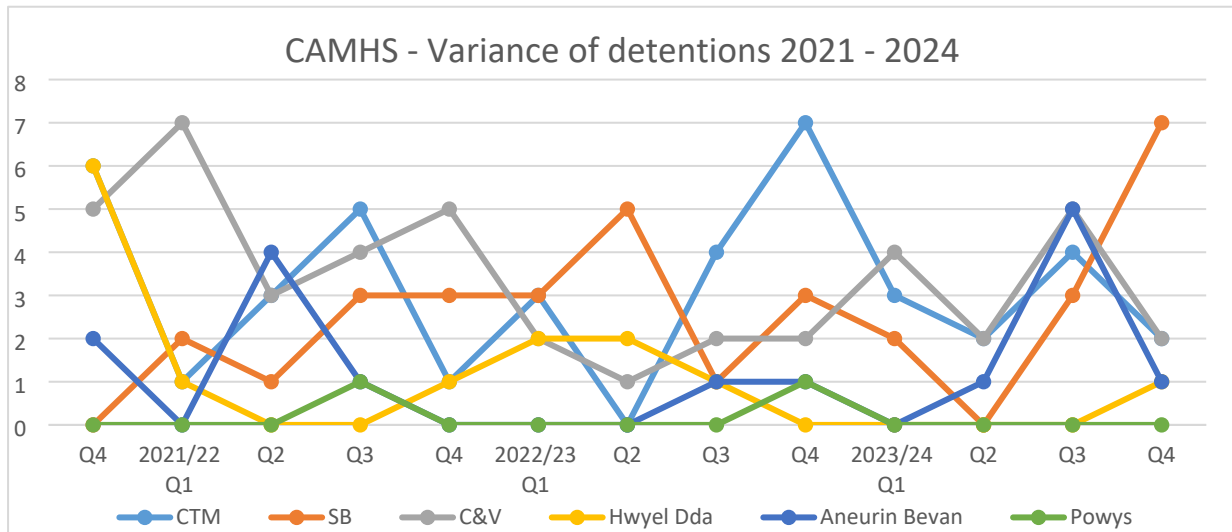
## 2.4 CAMHS Detentions-

CAMHS witnessed a decrease of 24% in detentions from 17 in the previous quarter to 13 in Q4 2023/24.

Of the 13 detentions, 2 were from CTMUHB, 2 from Cardiff & Vale University Health Board (C&VUHB), 1 from Aneurin Bevan University Health Board (ABUHB), 7 from Swansea Bay University Health Board (SBUHB) and 1 from Hywel Dda University Health Board (HDUHB)

Of the 13 detentions in Q4, 11 were detained to Ty Llidiard, 1 to ward 17 in RGH and 1 to Children’s ward in Princess Of Wales (POW).

**Graph 3**



**Table 3**

| Health Board | Mean 2021/24 | Q4 2023/24 |
|--------------|--------------|------------|
| CTMUHB       | 3            | 2          |
| SBUHB        | 3            | 7          |
| C&VUHB       | 3            | 2          |
| HDUHB        | 1            | 1          |
| ABUHB        | 1            | 1          |
| PTHB         | 0            | 0          |



|              |           |           |
|--------------|-----------|-----------|
| <b>Total</b> | <b>11</b> | <b>13</b> |
|--------------|-----------|-----------|

2021/24 Mean to Q4 shifts are as follows:

- In CTMUHB detentions decreased from baseline mean of 3 to 2.
- From SBUHB detentions increased from baseline mean of 3 to 7.
- From C&VUHB detentions decreased from baseline mean of 3 to 2.
- From HDUHB detentions remained the same at 1.
- 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)

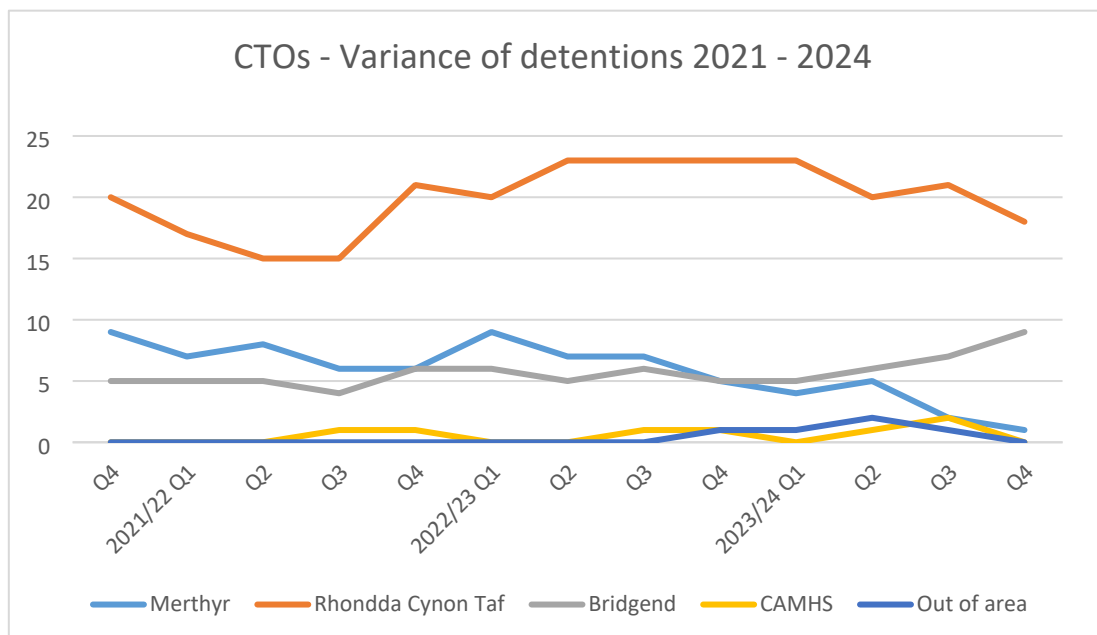
There was 1 new CTOs applied in Q4 2023/24 in comparison with 4 during Q3 2023/24.

In Q4 there were 12 CTOs extended, 2 recalled, 1 recalled and revoked and 5 discharges.

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

There were 28 CTOs in place at the end of Q4.

Graph 4





**Table 4**

| Locality          | Mean<br>2021/24 | Q4<br>2023/24 |
|-------------------|-----------------|---------------|
| Merthyr           | 6               | 1             |
| Rhondda Cynon Taf | 20              | 18            |
| Bridgend          | 6               | 9             |
| CAMHS             | 1               | 0             |
| Out of area       | 0               | 0             |
| <b>Total</b>      | <b>33</b>       | <b>28</b>     |

## 2.6 Use of Section 135/136 Police Powers

Section 136 detentions decreased by 14% from 70 in Q3 2023/24 to 60 in Q4 2023/24. This level compares with recent quarterly returns following the rise after the Covid Pandemic lock down period.

Of all the Section 136s used throughout Q4, 4 of these were for persons under 18 years of age.

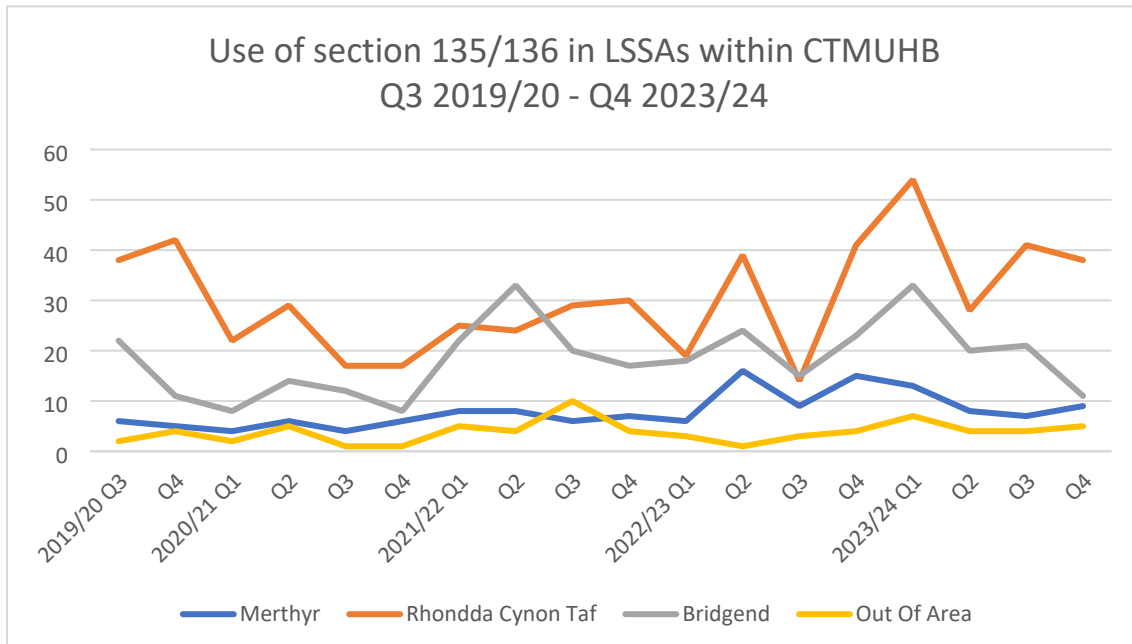
Section 135 detentions in Q4 remained at 3, the same as in Q3.

2 of the patients were subsequently detained under Section 2 and 1 under Section 3.

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

## Graph 5

This graph illustrates uses of Section 135/136 throughout the LSSAs from Q3 2019/20 to Q4 2023/24.



**Table 5**

Use of Section 135 and 136 by area for Q4 2023/24, also with mean.

| Area              | Mean      | Q4        |
|-------------------|-----------|-----------|
| Merthyr           | 8         | 9         |
| Rhondda Cynon Taf | 30        | 38        |
| Bridgend          | 18        | 11        |
| Out of area       | 4         | 5         |
| <b>Total</b>      | <b>60</b> | <b>63</b> |

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.

In the reporting period, due to the high level of ward clerk absence across these wards, the responsibility has fallen to the nursing staff. This further highlights the need for consideration is given to the use of Care Partner across all the wards in our Health Board. Until the introduction of the new model to the Inpatient Unit in

RGH on 29<sup>th</sup> April 2024, the MHA team are experiencing some problems with sending expiry of section reminders, consent to treatment due reminders and request reports for Mental Health Review Tribunals.

## 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.

## 2.9 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 Q4 2023/24 was 8, compared to 10 found in Q3 (a 20% decrease). All of which were rectified within the 14 -day time limit.

**Table 6**

The table below provides a more detailed breakdown of the type of error.

| Rectifiable Errors    |              | POW      |          | RGH        |          |          | Angelton |          |
|-----------------------|--------------|----------|----------|------------|----------|----------|----------|----------|
| Responsible for Error | Forms        | PICU     | 14       | Admissions | PICU     | 22       | 2        | Total    |
| AMHP                  | HO2          |          | 1        | 1          | 2        |          |          | 4        |
| AMHP                  | HO6          |          |          |            |          |          |          | 0        |
| Doctor                | HO3          |          |          |            |          |          |          | 0        |
| Doctor                | HO4          | 1        |          | 1          |          |          |          | 2        |
| Doctor                | HO8          |          |          |            |          | 1        |          | 1        |
| Doctor or Nurse       | HO12         |          |          |            |          |          |          | 0        |
| Nurse                 | HO14         |          |          |            |          |          | 1        | 1        |
| Other UHB             | TC1          |          |          |            |          |          |          | 0        |
|                       | <b>Total</b> | <b>1</b> | <b>1</b> | <b>2</b>   | <b>2</b> | <b>1</b> | <b>1</b> | <b>8</b> |

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 was only 1 fundamentally defective error within CTMUHB during Q4 2023/24 compared to 2 in Q3.

❖ 1 Invalid Section 2

- The patient was detained to the Admissions ward in RGH on 15/01/24
- Both medical recommendations sent for independent scrutiny on 16/01/24 failed medical scrutiny due to several reasons including, no risks to others being mentioned, and no explanation of why community treatment was inappropriate.
- The MHA team advised the RC to immediately discharge the patient from Section 2 by completion of Form HO17, which was done on 16/01/24
- The ward manager and AMHP were informed of the invalid detention and asked them to inform that they were no longer detained under the MHA 1983.
- The MHA team formally wrote to the patient informing them that they were no longer subject to detention under Section 2.
- 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.

### **3. Key Risks / Matters for Escalation**

3.1 Audits of MHA statutory documentation throughout the quarter has again highlighted the need for electronic patient health records, which would eliminate the requirement for the documents to be printed out and filed in the case notes, which is the current system in use on the wards in Bridgend and Older Persons in RGH.



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. This room is the only venue available to facilitate Tribunals for patients in Coity Clinic detained under the MHA 1983, which is situated at the opposite end of the hospital.

#### 4. Assessment

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

| Impact Assessment   |                               |   |
|---|-------------------------------|---|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i><br><b>Quality</b><br><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:<br><br>This is completed upon completion of each Mental Health Act Policy. |



|  |  |  |
|--|--|--|
| <b>Cydraddoldeb a'r Gymraeg</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i><br><b>Equality and Welsh Language</b><br><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):<br>POSITIVE/NEUTRAL<br>NEGATIVE<br><br>Outcome for Welsh Language (delete as appropriate):<br>POSITIVE/NEUTRAL<br>NEGATIVE | If no, please include rationale below:<br><br>Not Required |
| <b>Cyfreithiol / Legal</b>   | Yes (Include further detail below)   |  |
|  | There is a potential risk of litigation against the Health Board, when any breaches of the Mental Health Act occur.  |  |
| <b>Enw da / Reputational</b>   | Yes (Include further detail below)   |  |
|  | Adherence to the provisions of the Mental Health Act by Professionals is paramount .   |  |
| <b>Effaith Adnoddau</b><br><i>(Pobl /Ariannol) /</i><br><b>Resource Impact</b><br><i>(People / Financial)</i>  | There is no direct impact on resources as a result of the activity outlined in this report.  |  |
|  |  |  |

## 5. Recommendation

5.1 The MHA Monitoring Committee is asked to:

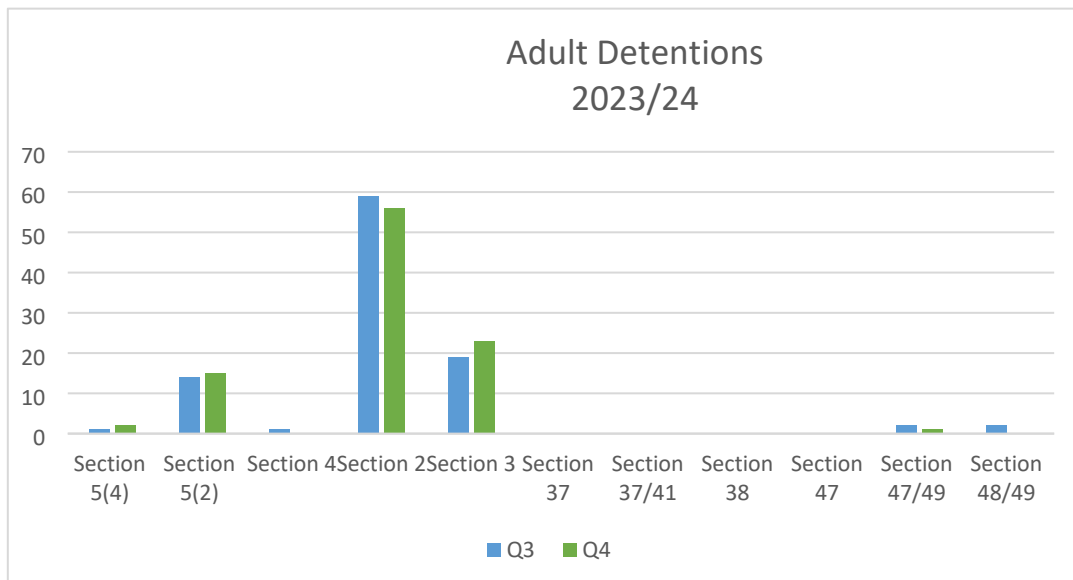
- DISCUSS and NOTE the report



## Appendix 1.

**Graph 1**

**Quarter 4 MHA Adult Activity 2023/24**



**Table 1**

**Quarter 4 MHA Adult Activity 2023/24**

| Section       | Q3        | % of total  | Q4        | % of total     |
|---------------|-----------|-------------|-----------|----------------|
| Section 5(4)  | 1         | 1.02%       | 2         | 2.06%          |
| Section 5(2)  | 14        | 14.29%      | 15        | 15.46%         |
| Section 4     | 1         | 1.02%       | 0         | 0.00%          |
| Section 2     | 59        | 60.20%      | 56        | 57.73%         |
| Section 3     | 19        | 19.39%      | 23        | 23.71%         |
| 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 | 2         | 2.04%       | 1         | 1.03%          |
| Section 48/49 | 2         | 2.04%       | 0         | 0.00%          |
| Section 35    | 0         | 0.00%       | 0         | 0.00%          |
| Section 36    | 0         | 0.00%       | 0         | 0.00%          |
| <b>Total</b>  | <b>98</b> | <b>100%</b> | <b>97</b> | <b>100.00%</b> |

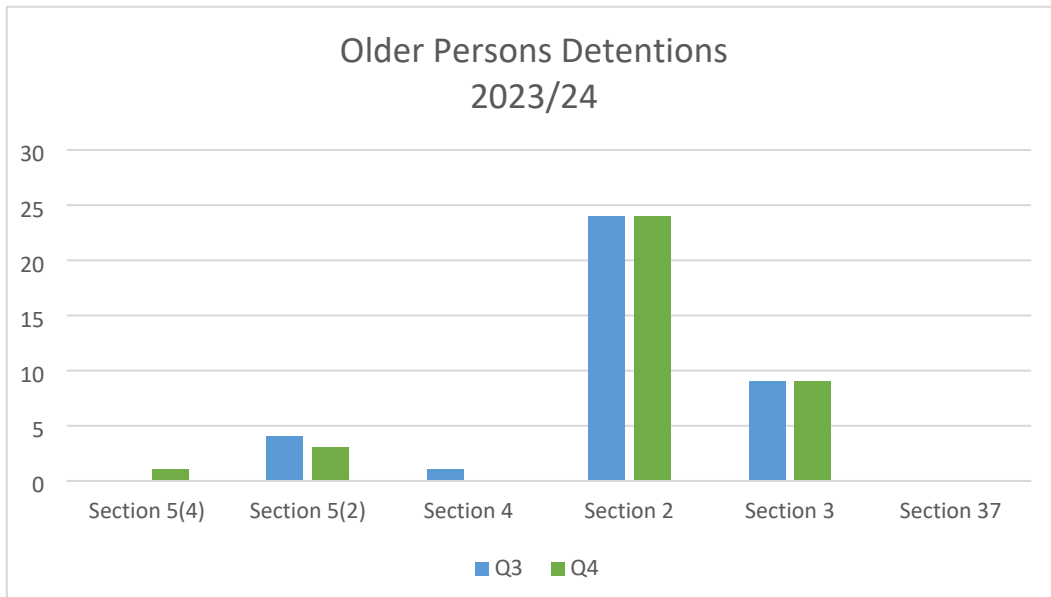
\*There were 7 out of area detentions in Q4



**Table 2 Number of Adult MHA detentions per locality**

| Area              | Q3 | Q4 |
|-------------------|----|----|
| Merthyr           | 13 | 15 |
| Rhondda Cynon Taf | 62 | 56 |
| Bridgend          | 23 | 26 |
| Out of area       | 6  | 7  |

**Graph 2 Quarter 4 MHA Older Persons Activity 2023/24**



**Table 3 Quarter 4 MHA Older Persons Activity 2023/2024**

| Section       | Q3 | % of total | Q4 | % of total |
|---------------|----|------------|----|------------|
| Section 5(4)  | 0  | 0.00%      | 1  | 2.70%      |
| Section 5(2)  | 4  | 10.53%     | 3  | 8.11%      |
| Section 4     | 1  | 2.63%      | 0  | 0.00%      |
| Section 2     | 24 | 63.16%     | 24 | 64.86%     |
| Section 3     | 9  | 23.68%     | 9  | 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%      |

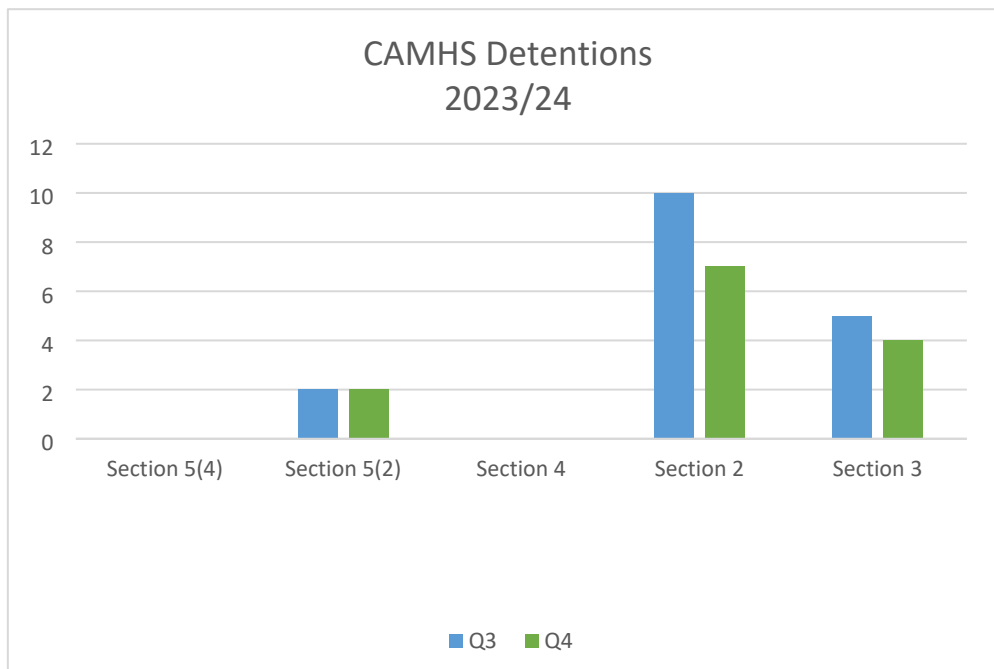


|               |           |             |           |             |
|---------------|-----------|-------------|-----------|-------------|
| Section 47/49 | 0         | 0.00%       | 0         | 0.00%       |
| Section 48/49 | 0         | 0.00%       | 0         | 0.00%       |
| Section 35    | 0         | 0.00%       | 0         | 0.00%       |
| Section 36    | 0         | 0.00%       | 0         | 0.00%       |
| <b>Total</b>  | <b>38</b> | <b>100%</b> | <b>37</b> | <b>100%</b> |

**Table 4 Number of Older Persons MHA detentions per locality**

| Area              | Q3 | Q4 |
|-------------------|----|----|
| Merthyr           | 1  | 1  |
| Rhondda Cynon Taf | 32 | 32 |
| Bridgend          | 5  | 4  |
| Out of area       | 1  | 0  |

**Graph 3 Quarter 4 CAMHS Activity 2023/24**





**Table 5 Quarter 4 CAMHS Activity 2023/24**

| Section       | Q3        | % of total  | Q4        | % of total  |
|---------------|-----------|-------------|-----------|-------------|
| Section 5(4)  | 0         | 0.00%       | 0         | 0.00%       |
| Section 5(2)  | 2         | 11.76%      | 2         | 15.38%      |
| Section 4     | 0         | 0.00%       | 0         | 0.00%       |
| Section 2     | 10        | 58.82%      | 7         | 53.85%      |
| Section 3     | 5         | 29.41%      | 4         | 30.77%      |
| Section 37    | 0         | 0.00%       | 0         | 0.00%       |
| Section 37/41 | 0         | 0.00%       | 0         | 0.00%       |
| Section 38    | 0         | 0.00%       | 0         | 0.00%       |
| Section 47    | 0         | 0.00%       | 0         | 0.00%       |
| Section 47/49 | 0         | 0.00%       | 0         | 0.00%       |
| Section 48/49 | 0         | 0.00%       | 0         | 0.00%       |
| Section 35    | 0         | 0.00%       | 0         | 0.00%       |
| Section 36    | 0         | 0.00%       | 0         | 0.00%       |
| <b>Total</b>  | <b>17</b> | <b>100%</b> | <b>13</b> | <b>100%</b> |

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

| Health Board      | Q3 | Q4 |
|-------------------|----|----|
| Cwm Taf Morgannwg | 4  | 2  |
| Swansea Bay       | 3  | 7  |
| Cardiff & Vale    | 5  | 2  |
| Hywel Dda         | 0  | 1  |
| Aneurin Bevan     | 5  | 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)<br>OUTCOMES | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------------|-----|-----|-----|-----|-----|-----|
| <b>Section 2</b>  | 2   | 5   | 5   | 2   | 2   | 1   |
| <b>Section 3</b>  | 1   | 2   | 0   | 1   | 1   | 2   |
| <b>Informal</b>   | 3   | 1   | 1   | 9   | 1   | 2   |
| <b>Discharged</b> | 0   | 0   | 0   | 0   | 0   | 0   |
| <b>Lapsed</b>     | 0   | 0   | 0   | 0   | 0   | 0   |
| <b>Invalid</b>    | 0   | 0   | 1   | 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<br>OUTCOMES    | Oct | Nov | Dec | Jan | Feb | Mar |
|-------------------|-----|-----|-----|-----|-----|-----|
| <b>Section 3</b>  | 9   | 4   | 8   | 5   | 7   | 9   |
| <b>Informal</b>   | 14  | 18  | 1   | 24  | 8   | 16  |
| <b>Discharged</b> | 1   | 3   | 9   | 4   | 10  | 4   |
| <b>Lapsed</b>     | 0   | 0   | 0   | 2   | 0   | 0   |
| <b>Invalid</b>    | 0   | 0   | 0   | 0   | 0   | 0   |
| <b>Transfer</b>   | 1   | 0   | 0   | 0   | 1   | 3   |

### Section 3 of the Mental Health Act 1983

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

**Table 9**

| S 3 OUTCOMES             | Oct | Nov | Dec | Jan | Feb | Mar |
|--------------------------|-----|-----|-----|-----|-----|-----|
| <b>Section 3 renewed</b> | 2   | 4   | 1   | 3   | 2   | 1   |
| <b>Informal</b>          | 8   | 5   | 6   | 8   | 1   | 6   |
| <b>Discharged</b>        | 2   | 5   | 6   | 6   | 4   | 5   |
| <b>Lapsed</b>            | 0   | 0   | 0   | 0   | 0   | 0   |
| <b>Invalid</b>           | 0   | 1   | 0   | 0   | 0   | 0   |



|                 |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|
| <b>Transfer</b> | 0 | 3 | 0 | 1 | 2 | 1 |
| <b>CTO</b>      | 1 | 0 | 0 | 0 | 0 | 0 |

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

**Table 10**

|                                 | Q3<br>2023/24 | Q4<br>2023/24 |
|---------------------------------|---------------|---------------|
| <b>Adult Detentions</b>         | 103           | 107           |
| <b>Older Persons detentions</b> | 34            | 33            |
| <b>CAMHS detentions</b>         | 15            | 11            |
| <b>TOTAL</b>                    | <b>152</b>    | <b>151</b>    |

**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.

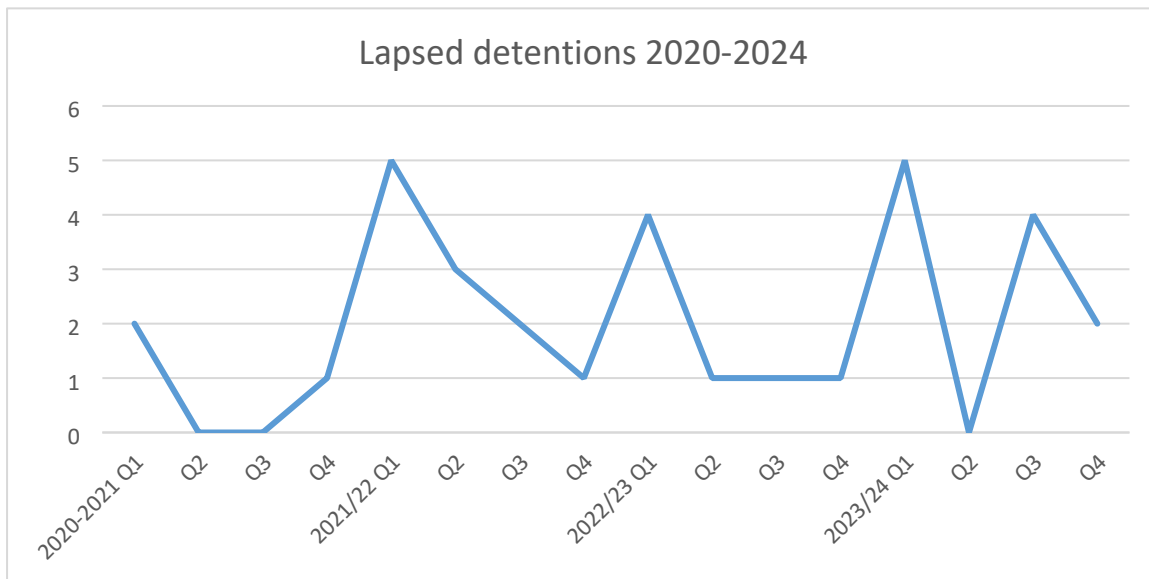


**Table 11**

| Section lapses       | Section | Q3 | Q4 |
|----------------------|---------|----|----|
| <b>Adult</b>         | 2       | 0  | 0  |
|                      | 3       | 0  | 0  |
|                      | 4       | 0  | 0  |
|                      | CTO     | 0  | 0  |
|                      | 136     | 3  | 0  |
| <b>Older Persons</b> | 2       | 0  | 2  |
|                      | 5(2)    | 0  | 0  |
|                      | 3       | 0  | 0  |
|                      | 4       | 0  | 0  |
| <b>CAMHS</b>         | 2       | 0  | 0  |
|                      | 3       | 0  | 0  |
|                      | 4       | 0  | 0  |
|                      | 136     | 1  | 0  |

**Graph 4- Lapses detentions under the MHA 1983.**

A separate deep dive analysis is being carried out into the lapses to highlight any areas of poor compliance with the Act.



During Q4, there were 2 lapses of S2 detentions.

1. Patient was detained under S2 of the MHA on Admissions ward in RGH, which was due to expire at 23.59 on 16.01.24.

As per the protocol, 3 reminders had been sent to the RC, ward manager/deputy and AMHP team leaders/deputies at 2 weeks, 1 week and on the day of the expiry.

RC allowed the S3 to lapse, which is extremely poor practice.

MHA team informed the RC, asked the ward to inform the patient they were of informal status and formally notified the patient by letter.

2. Patient was detained under S2 of the MHA on ward 14 in POW, which was due to expire on 31.01.24.

As per protocol, 3 reminders were sent to the RC, ward manager/deputy and AMHP team leaders/deputies at 2 weeks, 1 week and on the day of the expiry.

The patient has been transferred to Ward 2 in Angelton Clinic prior to the expiry without the MHA being notified or the expiry reminders emails being forwarded to the new RC and professionals.

The MHA office were informed of the lapsed detention on 01.02.24, upon which they informed RC, ward staff and formally wrote to the patient.

**Table 12**

| <b>Lapsed Detentions</b> |                       |                        |          |
|--------------------------|-----------------------|------------------------|----------|
| <b>Hospital/Ward</b>     | <b>RGH Admissions</b> | <b>Angelton Clinic</b> |          |
| <b>Section</b>           |                       |                        |          |
| <b>2</b>                 | <b>1</b>              | <b>1</b>               |          |
| <b>Total</b>             | <b>1</b>              | <b>1</b>               | <b>2</b> |

### **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**

| <b>SECTION</b>             | <b>Q3</b> | <b>Q4</b> |
|----------------------------|-----------|-----------|
| Part 2 Patients to CTUHB   | 11        | 13        |
| Part 3 patients to CTUHB   | 2         | 0         |
| Part 2 patients from CTUHB | 6         | 11        |
| Part 3 patients from CTUHB | 2         | 1         |
| <b>TOTAL</b>               | <b>21</b> | <b>25</b> |



**COMMUNITY TREATMENT ORDER, Section 17A (CTO)  
Q4 CTO Activity 2023/2024**

**Table 14**

| SECTION    | Power                                | Q3 | Q4 |
|------------|--------------------------------------|----|----|
| <b>17A</b> | Community Treatment Order made       | 4  | 1  |
|            | Community Treatment order extended   | 4  | 12 |
|            | Recalled to hospital and not revoked | 5  | 2  |
|            | Recalled to hospital and revoked     | 1  | 1  |
|            | Discharged from CTO                  | 5  | 5  |
|            | Transferred                          | 0  | 1  |
|            | Other (Deceased)                     | 1  | 0  |

**Current CTO by area**

**Table 15**

| Area              | Q3        | Q4        |
|-------------------|-----------|-----------|
| Merthyr           | 2         | 1         |
| Rhondda Cynon Taf | 21        | 18        |
| Bridgend          | 7         | 9         |
| CAMHS             | 2         | 0         |
| Out of area       | 1         | 0         |
| <b>Total</b>      | <b>33</b> | <b>28</b> |

**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  | Q3 | Q4 |
|---------------------------------------|----|----|
| Assessed and admitted informally      | 0  | 0  |
| Assessed and Discharged               | 0  | 0  |
| Assessed and detained under Section 2 | 3  | 2  |
| Assessed and detained under Section 4 | 0  | 0  |



|   |          |          |
|---|----------|----------|
| Assessed and detained under Section 3   | 0        | 1        |
| Recalled from Community Treatment Order | 0        | 0        |
| <b>TOTAL</b>                            | <b>3</b> | <b>3</b> |

### 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      | Q3        | Q4        |
|---|-----------|-----------|
| Assessed and admitted informally          | 5         | 9         |
| Assessed and detained under Section 2     | 15        | 16        |
| Assessed and detained under Section 4     | 1         | 0         |
| Assessed and detained under Section 3     | 0         | 1         |
| Discharged with no follow up required     | 7         | 6         |
| Discharged referred to community services | 39        | 28        |
| Section 136 lapsed                        | 3         | 0         |
| Other /(Recall from CTO)/ or transfer     | 0         | 0         |
| <b>TOTAL</b>                              | <b>70</b> | <b>60</b> |

### 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               | Q3 | Q4 |
|--|----|----|
| Number of Hearings held                  | 15 | 24 |
| Number of Referrals by Hospital Managers | 23 | 19 |
| Number of Appeals to Hospital Managers   | 1  | 1  |



|  |    |    |
|--|----|----|
| Number of Detentions upheld by Hospital Managers     | 15 | 24 |
| Number of detentions discharged by Hospital Managers | 0  | 0  |
| Number of patients discharged by RC prior to Hearing | 1  | 2  |

**Q4:**

- 1 Transferred out prior to hearing
- 1 Adjourned
- 2 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   | Q3 | Q4 |
|---|----|----|
| Number of Hearings held   | 24 | 17 |
| Number of Referrals by Hospital Managers                                | 15 | 10 |
| Number of referrals by Ministry of Justice                              | 0  | 0  |
| Number of referrals by Welsh Ministers                                  | 1  | 0  |
| Number of Appeals to MHRT   | 37 | 37 |
| Number of Detentions upheld by MHRT                                     | 24 | 14 |
| Number of detentions discharged by MHRT                                 | 0  | 0  |
| Number of Hearings adjourned/postponed                                  | 4  | 4  |
| Number of Hearings cancelled by patient                                 | 9  | 3  |
| Number of patients transferred to another Health Board prior to Hearing | 0  | 4  |
| Number of patients discharged by RC prior to Hearing                    | 9  | 23 |

**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.

Q4: 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         | Oct 23   | Nov 23   | Dec 23   | Jan 24   | Feb 24   | Mar 24   |
|--------------|----------|----------|----------|----------|----------|----------|
| Section 62   | 4        | 3        | 3        | 3        | 4        | 3        |
| Section 64   | 0        | 1        | 0        | 0        | 0        | 1        |
| <b>Total</b> | <b>4</b> | <b>4</b> | <b>3</b> | <b>3</b> | <b>4</b> | <b>4</b> |

### EXAMPLES OF GOOD PRACTICE

#### Use of AMAT audit tool

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

By working in collaboration with the AMAT team, the reporting period now reflects the same dates as the financial year.

Enhancements to the current reporting system are being looked at to display different hospitals, wards and questions on a single graph, which will easily highlight compliance with the statutory requirements of the MHA.

#### SharePoint

A member of the MHA team is in the process of updating the Mental Health Act page on the Intranet, using the following link- [Home - Mental Health Act Helpdesk](#)



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

### **Training Boards.**

Until the wards are in a better position for the nursing staff to attend Overview training on the MHA, the MHA manager has encouraged all wards within the Health Board to display training boards with guidance on the completion of statutory paperwork and information for nearest relatives.





## Appendix 2

### MENTAL HEALTH ACT (1983)

#### GLOSSARY OF TERMS

#### SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

|   |   |
|---|---|
| <p><b>Section 5(4)</b><br/>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><b>Section 5(2)</b><br/>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><b>Section 4</b><br/>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><b>Section 2</b><br/>Admission for assessment</p>                          | <p>Individual is detained in hospital for up to 28 days for assessment of mental health.</p> <p><b>Criteria:</b><br/>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><b>Section 3</b><br/>Admission for Treatment</p>                           | <p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p><b>Criteria:</b><br/>Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital<br/>Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital.<br/>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>  |
| <b>Section 7</b><br>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><b>Criteria:</b><br/>Live in a particular place<br/>Attend for medical treatment, occupational; education or training at set places and at set times.<br/>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> |
| <b>Section 37</b><br>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><b>Criteria:</b><br/>Live in particular place<br/>Attend for medical treatment, occupational education or training at set places and times<br/>Allow a doctor or an approved mental health professional or other named person to see you</p> <p><i>(Court Order required)</i></p>  |
| <b>Section 37/41</b><br>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>  |
| <b>Section 135</b><br>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>  |
| <b>Section 136</b><br>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>   |
| <b>Section 17 A</b><br>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.<br/>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>  |
| <b>Section 17 leave</b>                              | <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>   |
| <b>Section 117 aftercare</b>                         | <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>   |
| <b>MHAM Hearings (Mental Health Act Managers)</b>    | <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>  |
| <b>MHRT Hearings (Mental Health Review Tribunal)</b> | <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**

|   |   |
|---|---|
| <b>Dyddiad y Cyfarfod /<br/>Date of Meeting</b>                           | 04/06/2024                                  |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>                           | Open/ Public<br>Not Applicable              |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>                             | Lloyd Griffiths, Head of MHLN Nursing       |
| <b>Cyflwynydd yr Adroddiad /<br/>Report Presenter</b>                     | Julie Denley Deputy Chief Operating Officer |
| <b>Noddwr Gweithredol yr<br/>Adroddiad /<br/>Report Executive Sponsor</b> | Gethin Hughes, Chief Operating Officer      |

|   |            |
|---|------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | For Noting |
|---|------------|

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

| <b>Acronyms / Glossary of Terms</b> |   |
|-------------------------------------|---|
| CAMHS                               | Child and Adolescent Mental Health Services |
| MHA                                 | Mental Health Act                           |
| RCT                                 | Rhondda Cynon Taff                          |
| SBUHB                               | Swansea Bay University Health Board         |



## **1. Situation / Background**

- 1.1 The purpose of this report is to present risks related to the monitoring of the Mental Health Act (MHA) evident in quarter 3 2023/24 and for discussion and scrutiny related to actions and key milestones related to mitigating these risks.

## **2. Specific Matters for Consideration**

- 2.1 The number of minor errors on section this quarter was 8, down from 10 in quarter 3.

This quarter there was 1 fundamentally defective error, down from 2 last quarter and consistent with the overall quarterly pattern.

- 2.2 It is noted that there has been an overall decrease in the use of the MHA in quarter with all 3 localities and out of area detentions remain within mean levels.

- 2.3 In CAMHS there was 24% decrease in detentions from the previous quarter with 7 of these relating to admissions to Ty Llidiard from the Swansea Bay University Health Board area which is significantly above the mean of 3.

- 2.4 Although this paper focuses on risks, for balance, it was pleasing to see the further reduction in rectifiable and fundamentally defective errors. The mean a year ago was 25 demonstrating that the thematic actions by the operational group to address reoccurring issues are having a positive impact over a sustained period.

## **3. Key Risks / Matters for Escalation**

- 3.1 The continued lack of a bespoke system to record and monitor MHA activity, which allows for the production of accurate reports, and the wards across CTM using different types of health records remains a concern and patient safety concern.

- 3.2 The phase 4 implementation of Right Care Right Person involves potential changes to the way in which the South Wales Police will operationally manage their Section 135/136 responsibilities. These changes are planned to come into effect in February 2025. A monitoring form has been developed to capture information on police waiting times at our Mental Health Place of Safety facilities

- 3.3 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.



#### 4. Assessment

| Objectives / Strategy   |   |
|---|---|
| <b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>  | Improving Care                              |
|   | If more than one applies please list below: |
| <b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>   | Living Well                                 |
|   | If more than one applies please list below: |
| <b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b><br><a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a> | A Healthier Wales                           |
|   | If more than one applies please list below: |
| <b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>   | Learning, Improvement & Research            |
|   | If more than one applies please list below: |
| <b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</b>  | Effective                                   |
|   | If more than one applies please list below: |
| <b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>  | No - Not Applicable                         |
|   | If more than one applies please list below: |

| Impact Assessment   |                               |   |
|---|-------------------------------|---|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i><br><b>Quality</b><br><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:  |
| <b>Cydraddoldeb a'r Gymraeg</b>   | Yes: <input type="checkbox"/> | No: <input checked="" type="checkbox"/> |



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

**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

MENTAL HEALTH ACT – FORWARD WORK PLAN 2024

| <b>Origin of Request</b>                                     | <b>Category of Report<br/>(Deferred Item/Additional<br/>Item/ Ad-Hoc Item)</b> | <b>Item Title</b>  | <b>Lead Officer</b>                                    | <b>Intended<br/>Meeting<br/>Date</b> |
|--|--|--|--|--------------------------------------|
| <b>Agreed at Agenda<br/>Planning meeting<br/>August 2023</b> | Additional Item  | Section 135 - Use and<br>Code of Practice<br>Compliance in CTM                 | Chair, MHA Operational<br>Group                        | 5 June 2024                          |
| <b>Annual Cycle of<br/>Business</b>                          | Annual Report  | Draft Committee Annual<br>Report for 2023-24                                   | Director of Corporate<br>Governance/Board<br>Secretary | 5 June 2024                          |
| <b>Annual Cycle of<br/>Business</b>                          | Annual Review  | Committee Terms of<br>Reference Review   | Director of Corporate<br>Governance/Board<br>Secretary | 5 June 2024                          |
| <b>Annual Cycle of<br/>Business</b>                          | Annual Report  | Outcome of the<br>Committee Self<br>Effectiveness Survey &<br>Improvement Plan | Director of Corporate<br>Governance/Board<br>Secretary | 5 June 2024                          |

## Completed Activity from the Forward Work Programme

| <b>Origin of Request</b>                              | <b>Category of Report (Deferred Item/Additional Item/ Ad-Hoc Item)</b> | <b>Item Title</b>  | <b>Lead Officer</b>   | <b>Intended Meeting Date</b>     |
|---|--|--|---|----------------------------------|
| <b>Agreed at Agenda Planning meeting January 2024</b> | Additional Item  | Right Care Right Person Update Report                              | Nurse Director, Mental Health & Learning Disabilities Care Group                  | 6 March 2024<br><b>COMPLETED</b> |
| <b>Agreed at Agenda Planning meeting January 2024</b> | Additional Item  | Power of Discharge - Sub Committee Verbal Update                   | Deputy Chief Operating Officer/ Director of Mental Health & Learning Disabilities | 6 March 2024<br><b>COMPLETED</b> |
| <b>Agreed at Agenda Planning meeting August 2023</b>  | Additional Item  | Section 117 Aftercare – Use and Code of Practice Compliance in CTM | Nurse Director, Mental Health & Learning Disabilities Care Group                  | 6 March 2024<br><b>COMPLETED</b> |