

Mental Health Act Monitoring Committee Meeting

Wed 06 March 2024, 13:00 - 15:00

Microsoft Teams

Agenda

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

1.1. Welcome and Introductions

Geraint Hopkins, Chair

1.2. Apologies for Absence

Geraint Hopkins, Chair

1.3. Declarations of Interest

Geraint Hopkins, Chair

13:05 - 13:20 **2. CONSENT AGENDA** 15 min

2.1. Items for Approval

2.1.1. Unconfirmed Minutes of the meeting held on 06 December 2023

For Approval

 2.1.1. Draft Minutes MHACM 6 December 2023 V2.pdf (8 pages)

2.1.2. Committee Annual Cycle of Business 2024-2025

For Approval *Emma Walters, Head of Corporate Governance*

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

 2.1.2a Appendix 1 ; MHAMC Annual Cycle of Business 2024-2025 V1.pdf (3 pages)

2.1.3. Section 17 Mental Health Act Leave of Absence Policy & Procedure

Decision *Gethin Hughes, Chief Operating Officer*

 2.1.3 Section 17 leave policy cover paper MHAMC 6 March 2024.pdf (5 pages)


 2.1.3a Section 17 Leave of Absence Policy 05.02.24.pdf (8 pages)

 2.1.3b Leave Form.pdf (1 pages)

 2.1.3c Revocation of Leave Form.pdf (1 pages)

2.1.4. Section 132, 132A and 133 Patients Right to Information Policy

Decision *Gethin Hughes, Chief Operating Officer*

 2.1.4 Section 132 Patient Rights cover paper MHAMC 6 March 2024.pdf (5 pages)

 2.1.4a Section 132 Rights Policy - 08.02.24.pdf (7 pages)

 2.1.4b Patients Rights Monitoring Form.pdf (1 pages)

 2.1.4c Nearest Relative Leaflet-rotated.pdf (8 pages)

 2.1.4d Accessing an Interpreter.pdf (4 pages)

2.1.5. Policy for Hospital Managers Scheme of Delegation Mental Health Act 1983

Decision *Gethin Hughes, Chief Operating Officer*

- 📄 2.1.5 Scheme of delegation cover paper MHAMC 6 March 2024.pdf (5 pages)
- 📄 2.1.5a Scheme of Delegation Policy - 31.01.24.pdf (19 pages)
- 📄 2.1.5b Receipt & Scrutiny Checklist.pdf (1 pages)
- 📄 2.1.5c Receipt & Scrutiny Checklist Section 2,3,4.pdf (1 pages)

2.2. Items for Noting

2.2.1. Mental Health Act Monitoring Committee Annual Self - Assessment - Deferred to next meeting

For Noting

2.2.2. Action Log

For Noting *Geraint Hopkins, Chair*

- 📄 2.2.2 Action Log Updated 22 December 2023 v3 (002).pdf (4 pages)

13:20 - 13:40
20 min

3. MAIN AGENDA

3.1. Matters Arising Not Previously Considered on the Action Log

Geraint Hopkins, Chair

3.2. GOVERNANCE

3.2.1. Organisational Risk Register

Discussion *Gareth Watts, Director of Corporate Governance/Board Secretary*

- 📄 3.2.1a Org Risk Register - Cover Paper - January 2024 - MHAMC 6324.pdf (6 pages)
- 📄 3.2.1b App 1 - Master ORR - January 2024 - MHAMC 6324.xlsx (3 pages)

3.2.2. Right Care Right Person Update Report

Discussion *Ana Llewellyn, Nurse Director.*

- 📄 3.2.2 Right Care Right Person Update Report.pdf (9 pages)

3.2.3. Power of Discharge - Sub Committee Verbal Update

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

13:40 - 14:50
70 min

4. IMPROVING CARE

4.1. MHA Operational Group Report

Discussion *Robert Goodwin, Chair Operational Group*

- 📄 4.1 MHA Operational Group Report V2.pdf (12 pages)

4.1.1. Section 117 Aftercare – Use and Code of Practice Compliance in CTM - Deferred to next meeting

Discussion *Robert Goodwin, Chair Operational Group*

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

Discussion *Robert Goodwin, Chair Operational Group*

 4.2 Q3 MHA Quarterly Activity Report.pdf (32 pages)

4.3. Risks Relating to Monitoring of the MHA

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

 4.3 Risks Report MHAMC 06 March 2024.pdf (4 pages)

4.4. Strategic Update from South Wales Police

Discussion *SWP Colleagues*

4.5. Strategic Update from Local Authority Partners - Verbal Update

Discussion *LA Colleagues*

14:50 - 15:00 5. OTHER MATTERS

10 min

5.1. Committee Highlight Report to Board

Geraint Hopkins, Chair

5.2. Forward Work Programme

Discussion *Geraint Hopkins, Chair*

 5.2 Forward Work Plan MHAMC 6 March 2024.pdf (4 pages)

5.3. Any Other Urgent Business

Geraint Hopkins, Chair

5.4. How did we do today?

15:00 - 15:00 6. DATE AND TIME OF NEXT MEETING

0 min

Agenda Item Number: 2.1.1

CWM TAF MORGANNWG UNIVERSITY (CTMUHB)

**UNCONFIRMED Minutes of the Mental Health Act Monitoring Committee
Meeting held on 6 December 2023 via Microsoft Teams**

Members Present:

Geraint Hopkins	Independent Member/Chair
Mel Jehu	Independent Member
Dilys Jouvenat	Independent Member
Kath Palmer	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
Aaron Jones	Interim Clinical Service Group Manager
Colin Hatherley	South Wales Police
Dean Llewellyn	South Wales Police
Kate Riley	Local Authority Partner Representative
Angela Edevane	Local Authority Partner Representative
Timothy Chan	Consultant Old Age Psychiatry
Emma Walters	Head of Corporate Governance and Board Business
Tyler Lewis	Corporate Governance Officer

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

No apologies were received.

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 September 2023

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

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

Resolution The Committee **APPROVED** the code of Practice

2.1.3 Community Treatment Order Protocol / Policy Mental Health Act 1983

Resolution The Committee **APPROVED** the protocol / policy

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

Resolution The Committee **APPROVED** the policy

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

Resolution The Committee **APPROVED** the policy

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

Resolution The Committee **APPROVED** the policy

2.2 ITEMS FOR NOTING

2.2.1 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

There were currently no risks assigned to the Committee.

E Lorton suggested that consideration may need to be given to including a risk on the Risk Register in relation to 'Right Care Right Person'. E Walters advised that she would discuss this matter with the Assistant Director of Governance & Risk to confirm the procedure to elevate the risk to Board and adding the risk to the risk register. In addition, D Llewellyn advised 'Right Care; Right Person' briefings were in the process of being arranged within the implementation phase.

Resolution The Committee **NOTED** the update.

Action E Walters would discuss with the Assistant Director of Governance & Risk in relation to adding the risk around 'Right Care 'Right Person' to the Risk Register.

4.0 IMPROVING CARE

4.1 MHA Operational Group Report

R Goodwin presented the report that provided an overview of risk issues for Adult, Older Persons and CAMHS, and an update on the policies reviewed in particular Section 117 duty on health authorities and local social services.

K Riley clarified that the judgment indicated that the Section 117 aftercare responsibility for the initial area ended at the point where a new responsibility started and advised that should a person be detained under Section 347 within a new area the responsibility would not automatically be transferred.

G Hopkins raised a query around the Supreme Court Judgement and sought clarification on the work that needed to be undertaken between regional colleagues in Health Boards / Local Government and how those matters would be put into practice in light of the judgement. In response, R Goodwin advised the retrospective arrangements should demonstrate the position of the Health Board. K Riley clarified there were no current case laws and

advised there were no comments in the judgement regarding retrospective cases.

D Jouvenat referred to the issue of tribunal accommodation and queried if there was a requirement that accommodation had to be within the borough of Bridgend / Princess of Wales Hospital or if other accommodation within the Health Board could be explored. R Goodwin advised there were ongoing challenges regarding accommodation and added that the Multi-Professional Education Centre (MPEC) at the Princess of Wales Hospital was a distance away from Ward 14 and the Psychiatric Intensive Care Unit (PICU), which meant CTM colleagues would escort detained patients through hospital premises which posed a risk. In response, D Jouvenat suggested should it pose as a significant risk, then this should be added to the Risk Register.

K Palmer raised a query in relation to the decision of aftercare funding between Local Authority and the Health Board and questioned whether there were any timescales for funding. R Goodwin provided assurance that a well-established working relationship with local authority colleagues prior to the discharge of the detained patient was in place, and added that as a result funding arrangements were agreed quickly. J Denley advised that patient care was the important principle and funding discussions were followed afterward. Members noted that this coincided with the question around tracking section 117 case load both internally and externally. E Lorton confirmed the track record / relations between local authority and the Health Board were strong and advised that possible future disputes would need to be highlighted for further discussion.

M Jehu referred to section 135-136 'Police Powers' and sought reassurance around the decrease stated within the report. C Hatherley confirmed that he had worked on data in relation to the number of section 136 over a five year period. It was noted that 87% of 136 sections would have a positive outcome and that the Health Board had a low discharge rate with no mental health disorders, which was encouraging. In Response, M Jehu advised that he felt assured of the quality of contact between trained officers and medical partners.

Resolution The Committee **NOTED** the report.

Action R Goodwin to discuss with the Assistant Director of Governance & Risk about adding the issue around CTM colleagues escorting detained patients through hospital premises to the risk register.

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

R Goodwin presented the report the report that provided an overview of MHA activity for Adult, Older Persons and CAMHS for of Quarter 2 (July - September 2023).

G Hopkins advised performance areas had been discussed at a previous Board meeting and added that he was pleased to see positive action had been taken where issues were dealt with.

K Palmer echoed the comments made by G Hopkins and queried the reported detention rates within Rhondda Cynon Taff (RCT). R Goodwin advised the 80 figure was the average mean for each quarter, within quarter 2 the number of Sections had dropped to 60, which was lower than the average of quarters going back to 2020. He added that the high rates within RCT were due to a higher population. G Hopkins commented that within table 5 the drop had been uniform across the three areas. In response, J Denley advised that that R Goodwin and the team had been building on understanding the context of the themes and what actions were required and added that the context of the reports would be reviewed given that there had been a change in Committee Membership.

Resolution The Committee **NOTED** the report.

Action To consider reviewing the contents of the reports for further improvement, given the recent changes in Committee Membership.

4.3 Risks Related to the Monitoring of the Mental Health Act

J Denley presented the key issues from the report which provided an overview of present risks related to the Monitoring of the MHA evident in Quarter 2 (July – September 2023) and discussion and scrutiny in relation to the actions and key milestones related to mitigating these risks.

G Hopkins referenced the issue around item 3.1 the lack of system to track, record and monitor Mental Health activity, and advised that it had been a long standing issue and sought clarification if it had been raised to a level of discussion. In response, J Denley advised as the product was considered appropriate, the Executive team made the decision to roll out the system following advice from the Welsh Clinical Care Information System (WCCIS). J Denley added in subsequence to assessment, alternative Health Boards deemed the product 'unfit' for purpose, and advised that discussions had been held with the Director of Digital to test the appetite within Digital HealthCare Wales in relation to an alternative solution. G Hopkins expressed concern that the system had been developing for a number of years and yet still produced significant issues.

K Palmer extended her thanks to J Denley and her team for the comprehensive clear reports particularly in relation to benchmarking and supported the raising of the issues with the NHS Executive in relation to WCCIS.

Resolution The Committee **NOTED** the report.

4.4 Crisis Care Concordat National and Local Update

A Jones presented the report and updated the Committee on the progress to National and Local crisis care concordat groups that had been tasked with the successful implementation of the crisis care concordat National Action Plan 2019-2022.

M Jehu sought reassurance that partners were equally contributing to the concordat. A Jones advised there had been issues prior to getting certain representatives from the Ambulance Service due to work allocation, which had since been resolved. He assured representation across all partner agencies were strong.

M Jehu sought confirmation that outcomes as a result of the partnerships work were being recorded. A Jones advised that accurate records of decisions and outcomes were being recorded.

K Palmer queried if CTM social housing / social landlords were a part of the concordat and sought clarification of communication for Communities with complex needs were provided through the concordat. A Jones advised he would review the matter outside the meeting and would discuss the need for a representative from that area. In response K Riley provided assurance that the link between Police Mental Health services and Social Housing fed back any concerns to the appropriate groups

G Hopkins gave thanks for the comprehensive report and agreed there was positive work being undertaken.

Resolution The Committee **NOTED** the report.

4.5 Strategic Update from South Wales Police

C Hatherley from South Wales Police provided Members an update to the Committee on strategic matters. He advised there had been duplication work on section 136 data within reports, and suggested that South Wales Police and the Executive Leads created a joint report going forward. Committee Members agreed and approved this suggestion.

D Llewellyn assured Members 'Gold level work' in the implementation of 'Right Care, Right Person' was being rolled out at a National Level. He added an implementation phase in terms of Policy and Procedure had gone live. D Llewellyn advised the Concern Welfare policy was in the early stages of draft and was under review in readiness for approval. He assured all partners would be consulted within each phase of the implementation.

M Jehu, observed the process and suggested a representative provide Board Members with an update on 'Right Care, Right Person' and inform Members on the important change that the Police is going to have on the Health

service. D Llewellyn agreed it would be beneficial and advised the process was still within the development phase, however, he suggested once complete officers would provide the briefing to Board Members.

K Palmer sought clarification on 'Right Care; Right Person' and the risks involved. She added a brief on the policy outside of the meeting would be of benefit. D Llewellyn advised the query had been raised by a number of agencies and offered assurance that comprehensive work had been undertaken in developing / creating the policy. He added officers would be trained on the strict protocols around that initial assessment. J Denley agreed the importance of understanding implications around partnership work and advised a number of implications fell outside of the Mental Health Act and agreed the opportunity to brief colleagues would be beneficial. She added the positive outcome would change service pathways within various organisations. D Llewellyn agreed there would be effect on partnership and individual partner agencies, however, would provide a chance to submit questions / concerns. The Police team advised they would happily provide the Board Members with the brief on the policy. In response, E Walters advised presenting the brief would need to be discussed with the Health Board Chair and considered it would be better suited at a Board Development Session. She added she would confer with the Chair and Police Team outside of the meeting to organise.

G Hopkins raised concern around the statistics on Suicide within CTM. D Llewellyn advised South Wales Police were investing heavily within the area to consider if there was anything further that could be done in addition to what was already in place. He offered reassurance officers had explored opportunities Nationally and Locally for interventions that could reduce the number of suicides. In response, J Denley advised Members on the regional infrastructure that looks at the 'talk to me' strategy and reviews the best impact for actions. She advised data suggested a number of suicides were people not known to Mental Health Services and added that the infrastructure in place supported the work being undertaken at a societal level.

Resolution The Committee **NOTED** the report.

Action Head of Corporate Governance & Board Business to discuss with the Health Board Chair for South Wales Police to provide Members with a briefing on 'Right Care, Right Person' policy at a Board Development Session.

4.6 Strategic Update from Local Authority Partners

Local Authority Partners were asked highlight any issues they may wish to bring to the attention of the Committee.

There were no issues raised to the attention of the Committee.

5. OTHER MATTERS

5.1 To discuss and agree the Committee Highlight Report to Board

The Corporate Governance team to produce the report for onward submission to the next meeting of the Board in January 2024.

5.2 Committee Forward Work Plan

G Hopkins discussed the usual cycle and reporting on compliance matters. J Denley advised that specific topics were reviewed, identified and added to the forward work plan. G Hopkins agreed there was enough flexibility within the system for risk assessment discussions and other strategic discussion that were not planned. He advised the Committee would continue to review the Forward Work plan.

Committee Members were asked to put forward any suggested topics they felt needed to be considered for the forward work plan. The Chair requested that any additional items should be sent to the Committee Secretariat by the end of December 2023.

5.3 Any Other Urgent Business

The Chair suggested the Committee decrease its meeting duration to two hours, given the prior meetings had concluded within that time.

M Jehu advised it was a pleasure to see the debate and the positive multiagency work going in the same direction.

Resolution The Committee agreed the meeting would be two hours going forward.

Action Governance Team to consider decreasing the meeting time to two hours.

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

6 March 2024 at 13:00 PM



Agenda Item

2.1.2

Mental Health Act Monitoring Committee

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

Dyddiad y Cyfarfod / Date of Meeting	06/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Emma Walters, Head of Corporate Governance & Board Business
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



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



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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is an overarching position report. If service change arises the specific areas and activity impacted will be subject to the appropriate impact assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

- 5.1 The Mental Health Act Monitoring Committee are asked to **APPROVE** the Annual Cycle of Business.



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NHS
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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

6. Next Steps

6.1 There are no next steps required.

Mental Health Act Monitoring Committee

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

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

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

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

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

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

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

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

Item of Business	Executive Lead	Reporting period	Jan 2024	Feb 2024	Mar 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Consent Agenda																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings			R			R			R			R			R
Action Log	Director of Corporate Governance	All Regular Meetings			R			R			R			R			R
Main Agenda - Governance																	
Organisational Risk Register* (* There are currently no risks assigned to the Committee)	Director of Corporate Governance	All Regular Meetings (if applicable)			R			R			R			R			R
Mental Health Act Monitoring Committee Annual Report	Director of Corporate Governance	Annually						R									
Mental Health Act Monitoring Committee Annual Self-Assessment	Director of Corporate Governance	Annually			R						R						
Mental Health Act Monitoring Committee Terms of Reference	Director of Corporate Governance	Annually						R									
Mental Health Act Monitoring Committee Annual Cycle of Business	Director of Corporate Governance	Annually			R												R
Committee Forward Work Programme	Director of Corporate Governance	All Regular Meetings			R			R			R			R			R
Main Agenda – Improving Care																	
Report from the Mental Health Act Operational Group	Lead Nurse & Chair MH Act Operational Group	All Regular Meetings			R			R			R			R			R
Deep Dive spotlight – Operational Group <ul style="list-style-type: none"> March 2024 – Section 117 Aftercare – Use and Code of Practice Compliance in CTM- (Deferred to next (June) Committee Meeting) June 2024 – Section 117 Aftercare-Use and Code of Practice Compliance in CTM Section 135 – Use and Code of Practice Compliance in CTM 	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"> September 2024 – TBC December 2024 – TBC 																	
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			



Agenda Item

2.1.3

Mental Health Act Monitoring Committee

**Section 17 Mental Health Act Leave of Absence
Policy & Procedure**

Dyddiad y Cyfarfod / Date of Meeting	06/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jeremy Burgwyn, Mental Health Act Team Leader
Cyflwynydd yr Adroddiad / Report Presenter	Alison Thomas, Mental Health Act Team Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Operational Group Meeting	26/01/2024	ENDORSED FOR APPROVAL



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Acronyms	Glossary of Terms
MHA	Mental Health Act 1983
MHAA	Mental Health Act Administration
CTMUHB	Cwm Taf Morgannwg University Health Board
RC	Responsible Clinician
GP	General Practitioner
CPN	Community Psychiatric Nurse
CRHTT	Crisis Resolution Home Treatment Team
CTO	Community Treatment Order
COPW	Code of Practice for Wales (revised 2016)



1. Situation /Background

- 1.1 This policy sets out the Health Board’s procedural arrangements for the management and monitoring of Section 17 leave of absences for patients detained under the Mental Health Act 1983.
- 1.2 This policy provides an update to the previous one in use by replacing the old S17 proforma with a new version.

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 06/02/24
Informal Consultation with interested parties	26/01/2024
Formal Consultation	Not required
Committee – For approval	06/03/2024

- 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

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

4. Assessment

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

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome: No quality issues to note	If no, please include rationale below:



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

5. Recommendation

- 5.1. The Mental Health Act Monitoring Committee are asked to **APPROVE** the Section 17 Leave of Absence Policy & Procedure.

6. Next Steps

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

Section 17 Mental Health Act

Leave of Absence Policy & Procedure

Document Type:	Non Clinical Standard Operating Procedure
Ref:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk For Clinical References – Contact: CTM_ClinicalPolicies@wales.nhs.uk
Author:	Jeremy Burgwyn
Executive Sponsor:	Executive Medical Director
Approved By:	Mental Health Monitoring Act Committee
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	2.2

Target Audience:

People who need to know about this document in detail	MHA Administrators Responsible Clinicians (RCs) Mental Health Ward Managers Mental Health Nurses
People who need to have a broad understanding of this document	Patients detained under qualifying sections of the Mental Health Act 1983 Care Coordinators Doctors on general wards Nursing Staff on general wards
People who need to know that this document exists	All parties involved with patients detained under the MHA 1983

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 05/02/2024 Outcome: This policy has been screened for relevance to Equality. No potential negative impact has been identified.
Welsh Language Standard	No
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health



Disclaimer:

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
MHAA	Mental Health Act Administration
CTMUHB	Cwm Taf Morgannwg University Health Board
RC	Responsible Clinician
GP	General Practitioner
CPN	Community Psychiatric Nurse
CRHTT	Crisis Resolution Home Treatment Team
CTO	Community Treatment Order
COPW	Code of Practice for Wales (revised 2016)

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1. Policy Statement

This policy provides guidance for nursing, medical staff and other staff who are involved in the care and treatment of patients detained under the MHA. It describes who may grant leave, management of the process of the leave, systems for recording and the role of the staff within this. The purpose of this policy is to ensure that those who implement the provisions of the Act work within its boundaries and are aware of the scope of these boundaries. The policy should be read in conjunction with Chapter 27 of the COPW.

2. Scope

This policy is applicable CTMUHB wide for staff involved with the care and treatment of all patients detained under sections 2, 3, 37 and 47 of the MHA.

3. Principles

3.1 Definition of Leave of Absence

Leave of absence is when an inpatient has left the hospital site for a period of time. This may be planned and agreed at the ward round, or agreed following an initial discussion with the nurse in charge. Any overnight leave must be discussed with a doctor and the medical team prior to agreement.

Note: only a patient's RC or nominated cross-cover RC can provide leave of absence to a patient detained under the MHA 1983.

Patients should only be granted leave if their clinical state permits it and it has been properly planned with regard for their own safety and that of others. It should not be used to free up beds nor should leave be extended for that purpose. The community team, care coordinator, GP and any other agencies in the community in contact with the person to provide treatment and/or support must be informed of any periods of leave away from the Hospital grounds. The ward team, including the RC are responsible for ensuring that an adequate care plan, including crisis and risk management plans, are in place to cover the period of leave away from the hospital. The care plan should be copied to all relevant individuals and agencies that have, or may have responsibility for the care of the patient during the period of leave.

3.2 Purpose of Leave

The purposes of leave may be multi-faceted and could include:

- Preparation for discharge
- The identification of psycho-social factors relating to the patient's illness.
- The identification and management of stress and vulnerability when the patient is away from hospital.
- In order to assess the patient's (and their carer's) coping skills when they are away from hospital.
- To allow for periods of normalisation.
- To assess whether a patient may be suitable for a CTO (S17a)

3.3 **Planning and authorisation of leave**

Leave of absence should be seen as an integral part of the patient's treatment and management. All patients, formal or informal, need comprehensive information on understanding their illnesses, their treatments, local arrangements and their rights under current legislation, including their right to leave and any conditions they must adhere to. Practical and social aspects of daily living are of great importance. A period of leave from the hospital may allow for these skills to be assessed and practiced.

3.4 **Sections of the MHA that are applicable to Section 17 leave of absence and those that are non-applicable**

- Leave of absence can be granted to any patient detained under sections 2, 3, 37 and 47 of the MHA.
- Patients detained under Sections 35, 36 and 38 cannot be granted leave of absence.
- Patients who are subject to a restriction order under Sections 41 or 49 cannot be granted leave of absence without the permission of the Secretary of State for Justice.

4. Managerial Responsibilities

It is the responsibility of all RCs, Heads of Nursing and Ward Managers to ensure this policy is understood and adhered to by the ward staff. Overall monitoring will be maintained by the Clinical Director.

5. Legislative & NHS requirements

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

6. Procedure

- 6.1 Once the decision has been made by the RC to grant leave to a patient, the details should be recorded, not only on the specific leave form provided (**Appendix 1**), but also in the patient's records. The leave may be subject to any conditions which are considered necessary in the interests of the patient or for the protection of other people, e.g. that the patient remains in the custody of an officer on the staff of the hospital or of any person authorised in writing by the Hospital Managers for the duration of the leave, or that the person resides at a specific address during the time that they are on leave.
- 6.2 Where leave is granted, for example, to visit a specific destination for two hours every week, only one form needs to be completed, which should indicate the duration of the leave, i.e., for one month/three months. In this example the decision as to which particular two hours can be left at the discretion of the responsible nursing staff. In these circumstances the RC must give clear instructions as to the specific requirements for leave to take place. The RC can extend leave of absence for specific periods in the absence of the patient.
- 6.3 RCs should regularly review any short-term leave they authorise and amend it as necessary. Patients should be involved in all leave arrangements and must consent to relatives and other involved professionals and support providers being consulted and informed of leave granted. Where relatives/friends are to be involved in the patient's care, but the patient does not agree that they should be consulted, RCs should reconsider whether the leave should be given. Where a patient is staying with relatives/friends during periods of leave, they should have easy access to the RC via ward nursing staff, if they feel consideration should be given to returning the patient to hospital before the leave is due to end.
- 6.4 The patient's name, address, date of birth and conditions of leave should be clearly recorded on the Section 17 leave form. The form **must** be forwarded to the MHAA for data to be recorded for audit purposes. The Section 17 leave will be copied to patient's record. The MHA Office will keep a copy of current form in the patient's statutory folder.

- 6.5 Inpatient nursing staff have a duty to inform the relevant community staff of the patient's leave of absence if it is to be overnight. If the patient is supported by other agencies, they should also be informed of the leave of absence. A copy of the leave form should be given to the patient/nearest relative/GP and to other members of staff providing support in the community (e.g. CPN/CRHT). Email is the quickest route for this information to be conveyed.
- 6.6 The RC remains responsible for the patient's care and in charge of the treatment whilst they are on leave. Patients on section 17 leave remain subject to the provisions of Part IV of the Act (see Chapter 17 of the COPW). If the patient does not consent to treatment under Part IV of the Act, the RC should consider whether it would be in the best interests of the patient's health and safety or for the protection of other persons for leave to be revoked and for the patient to return to hospital.
- 6.7 RCs may grant leave for specific occasions, specific periods or indefinite periods. Leave of absence cannot last longer than the authority to detain. If the patient's detention would expire whilst they are on leave, the RC may examine the patient and consider renewal of detention during this period.
- 6.8 If there is a medical emergency the RC can authorise leave verbally and then complete the form retrospectively.
- 6.9 The RC may revoke leave at any time under Section 18 MHA in the interests of the patient's health and safety or for the protection of other persons if this is necessary (a restricted patient's leave may be revoked either by the RC or the Secretary of State for Justice). The reasons need to be fully explained to the patient, relatives and recorded in the case notes. The revocation and the reasons for it should also be given to the patient in writing (**Appendix 2**). If the patient refuses to return to hospital, they become absent without leave and the procedure for missing patients should be followed.

7. Training Implications

- 7.1 Explanation of Section 17 Leave of Absence is included in the Health Board's in house MHA training programme.
- 7.2 Ward/Unit/Team Managers should ensure their staff have an awareness and understanding of the key elements of this policy.

8. Review, Monitoring and Audit Arrangements

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

9. Managerial Responsibilities

- 9.1 Nursing staff are responsible for ensuring that the section 17 leave form (**Appendix 1**) is correctly completed by the RC and that copies of the form have been given to the patient, the person escorting them and the Mental Health Act Administrator. A copy must also be maintained in the legal section of the medical record and the previous leave form marked as cancelled.
- 9.2 The Clinical Director will be responsible for ensuring the RCs adhere to this policy.
- 9.3 The Mental Health Act Operational Group is responsible for escalating issues to the Mental Health Act Monitoring Committee for investigation and monitoring the use of this policy.
- 9.4 Ward Managers are responsible for the implementation of the policy.
- 9.5 It is the responsibility of all staff whose work involves patients subject to the MHA to ensure they are familiar with their individual responsibilities within this policy. Staff have a responsibility to report any issues relating to the implementation of this policy to the MHA Office, via their line management and the incident reporting process, as appropriate.

10. Retention/Archiving

- 10.1 This policy will be available via the Health Board's intranet (SharePoint). The directorate will retain all previous versions of this policy for future reference. This policy will be version controlled.

11. Appendices

Appendix 1 – S17 leave form (attached as 2.1.3b)	Appendix 2- S18 revocation of leave form (attached as 2.1.3c)
-------------------------------------------------------------	--------------------------------------------------------------------------

**Cwm Taf Morgannwg University Health Board
Mental Health Act 1983: Section 17 - Leave Of Absence**

Patient Name:	Hospital detained in: _____
Date of Birth:	Ward: _____
Responsible Clinician (RC):	Section: _
Start Date: _____	Review date: _____
Short Term Leave <input type="checkbox"/>	Long Term Leave <input type="checkbox"/>
	Has consideration been given to a CTO? <input type="checkbox"/>

Please state duration in each box as applicable:

Escorted Ground	Unescorted Ground	Overnight	Escorted Community	Unescorted Community

Conditions:

Address required to reside at if different from home address:

I can confirm that this leave has been given in accordance with Chapter 27 of the Code of Practice for Wales.

I can confirm that the patient has been fully involved in the decision to grant this leave along with any appropriate others i.e. family and, if the patient lacks capacity, lasting power of attorney or deputy.

This leave is to be given at discretion of nursing staff/Risk Assessment and in compliance with the care plan.

Copy to Patient Relative/Carer Other please state:
(please tick to indicate form has been shared)

Name of RC authorising leave:

Date:

Please forward copy of leave form to MHA office – email CTT_MHAA@wales.nhs.uk

Cwm Taf Morgannwg University Health Board

Section 18 – Revocation of Section 17 Leave

Name of Patient: _____

Section: _____

Address of detaining hospital: _____

I revoke the leave of absence given to _____ under the provisions of Section 17 (4) and recall him/her to hospital, as it appears necessary in the interests of the patient's health or safety or for the protection of other persons, for the following reasons;

Signed: _____

Date: _____
(Responsible Clinician)

Copy to: Patient
 Copy for file



Agenda Item

2.1.4

Mental Health Act Monitoring Committee

Section 132, 132A and 133 Patients Right to Information Policy

Dyddiad y Cyfarfod / Date of Meeting	06/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Jeremy Burgwyn, Mental Health Act Team Leader
Cyflwynydd yr Adroddiad / Report Presenter	Alison Thomas, Mental Health Act Team Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Operational Group Meeting	26/01/2024	ENDORSED FOR APPROVAL



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Acronyms	Glossary of Terms
MHA	Mental Health Act 1983 (amended 2007)
CTMUHB	Cwm Taf Morgannwg University Health Board
HRA	Human Rights Act 1998
EA	Equality Act 2010
COPW	Code of Practice for Wales (revised 2016)
CC	Care Coordinator
RC	Responsible Clinician
MHAA	Mental Health Act Administrator

1. Situation / Background

- 1.1 This policy sets out the Health Board’s procedural arrangements for the management and monitoring of patients’ rights when they are detained under the Mental Health Act 1983.
- 1.2 This policy provides an update to the previous one in use by adding an updated patient rights proforma and an additional stage in the procedure where staff are reminded to repeat the rights process when there is a status change (or renewal) in detention.

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 06/02/24
Informal Consultation with interested parties	26/01/2024
Formal Consultation	Not required
Committee – For approval	06/03/2024

- 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

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

4. Assessment

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

Impact Assessment	
Ansawdd	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>



<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome: No quality issues to note</p>	<p>If no, please include rationale below:</p>
<p>Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input checked="" type="checkbox"/></p> <p>Outcome: No equality issues to note</p>	<p>No: <input type="checkbox"/></p> <p>If no, please include rationale below:</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</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>Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <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 are asked to **APPROVE** the Section 132, 132A and 133 Patients Right to Information 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.

Section 132, 132A and 133

Patients Right to Information Policy

Document Type:	Non Clinical Standard Operating Procedure
Ref:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk For Clinical References – Contact: CTM_ClinicalPolicies@wales.nhs.uk
Author:	Jeremy Burgwyn – MHA Team Leader
Executive Sponsor:	Executive Medical Director
Approved By:	Mental Health Monitoring Act Committee
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	3

Target Audience:

People who need to know about this document in detail	MHA Administrators Responsible Clinicians (RCs) Mental Health Ward Managers Mental Health Nurses Community Nurses
People who need to have a broad understanding of this document	Patients detained under the MHA 1983 Nursing Staff Care Coordinators
People who need to know that this document exists	All parties involved with patients detained under the MHA 1983

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 08/02/2024 Outcome: This policy has been screened for relevance to Equality. No potential negative impact has been identified.
Welsh Language Standard	No
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health



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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)
CTMUHB	Cwm Taf Morgannwg University Health Board
HRA	Human Rights Act 1998
EA	Equality Act 2010
COPW	Code of Practice for Wales (revised 2016)
CC	Care Coordinator
RC	Responsible Clinician
MHAA	Mental Health Act Administrator

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1. Policy Statement

The purpose of this policy is to ensure that the Hospital Managers, via delegated staff, provide certain information both orally and in writing to patients and, where

Ref: MH17
Policy Title: Patients Right to Information Policy
Page Number: 2

applicable, to nearest relatives regarding which section of the MHA for the time being authorises their detention and the effects of that section. Under the Act the Hospital Managers have the authority to delegate this duty to the nursing team.

2. Scope

This policy applies to all patients (either in hospital or in the community) liable to be detained under the MHA.

All staff employed by CTMUHB whose work directly or indirectly involves patients subject to the MHA both in hospital and the community.

3. Principles

It is essential that all those undertaking the functions under the MHA understand the five sets of overarching principles 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 policy 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. Managerial Responsibilities

- 4.1 The MHA Operational Group is responsible for escalating issues to the Mental Health Act Monitoring Committee for investigation and monitoring the use of this policy.
- 4.2 Ward Managers and Team Managers are responsible for the implementation of the policy and in particular, for ensuring that patients are provided with their rights in accordance with the required processes as laid out within this policy.
- 4.3 It is the responsibility of all staff whose work involves patients subject to the MHA to ensure they are familiar with their individual responsibilities within this policy. Staff have a responsibility to report any issues relating to the implementation of this policy to the MHA Office, via their line management and the incident reporting process, as appropriate.
- 4.4 The MHA Team Leader will ensure that the provision of patient information is covered within the Health Board MHA training programme and that any learning requirements identified through the monitoring of this policy are included in future training programmes.
- 4.5 The senior on-site member of the nursing staff or the nurse in charge on duty at the time the patient is placed on section, or received onto the ward under a section, is responsible for ensuring that appropriate attempts are made to provide information both orally and in writing.

- 4.6 The application of this process for community-based patients lies with their appointed CC and the RC (or nominated deputy).

5. 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

6. Procedure

- 6.1 As soon as a patient is detained under, or made subject to, the MHA, attempts must be made to provide them with relevant information orally and in writing, unless it is not practicable at that time. The patient will first be asked by the member of staff in which language they would like the information to be presented to them.
- 6.2 The MHA will write a letter to the patient informing them of the detention i.e. section of the MHA, date of detention, name of RC.
- 6.3 It is the responsibility of the Ward Manager (or Team Manager for CTO patients) to ensure that any relevant patient has been provided with appropriate information in accordance with this policy. Information should be given to a patient by a member of staff who is competent to do it.
- 6.4 If the member of staff providing the information decides it is not possible to provide the information immediately i.e. if the patient lacks the capacity to understand, or they are too agitated, further attempts must be made and recorded on a regular basis on the patient's record and also the patient rights monitoring form (**Appendix 1**).
- 6.5 The member of staff explaining the rights must sign the monitoring form and the patient should also sign. If the patient is unable or refusing to sign the form this must be recorded on the form by the member of staff.
- 6.6 On completion the monitoring form must be passed to the MHA Office who will file it in the statutory folder.

- 6.7 The MHAA must write to the patient's nearest relative (unless the patient objects to this or if they lack the capacity to make the decision) enclosing a copy of the rights leaflet (**Appendix 2**).
- 6.8 If the patient indicates that they wish to request a copy of their detention documents, the MHAA will contact the RC straight away to confirm with them before sending. Section papers will only be withheld if their release would cause undue distress to the patient.
- 6.9 When providing information to the patient in writing there are standard leaflets available for each section. Copies should be made available on the ward. The MHA Office will be able to provide these leaflets in other formats and languages on request.
- 6.10 Where a patient has the need for an interpreter to understand their rights, it should be fully documented in the notes. The procedure to access an interpreter is available on SharePoint (**Appendix 3**).
- 6.11 Where a patient has communication problems/learning difficulties the MHA office are able to provide easy read/picture leaflets.
- 6.12 The rights procedure begins again when whenever there is a change in legal status of the patient or if their detention is renewed.

7. Training Implications

Explanation of patients' legal rights under section 132/132A and nearest relative's rights under section 133 is included in the Health Board's in house MHA training programme.

8. Review, Monitoring and Audit Arrangements

The use of this procedure will be subject to regular review by the MHA office, including a quarterly audit undertaken on every ward within CTMUHB via the AMaT audit tool, and the MHA Manager will report directly to the MHA Operational Group and will inform the Senior Quality and Performance Manager of any non-conformity.

9. Retention/Archiving

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

10. Non-Conformity

Conformity with this policy will be monitored on a regular basis via the MHA office. Non-conformity may be subject to an investigation and subsequent scrutiny by Health Inspectorate Wales.

11. Appendices

Appendix 1 – patient rights monitoring form (attached as 2.1.4b)	Appendix 2 – Nearest Relative Leaflet (Attached as 2.1.4c)	Appendix 3 – Accessing an interpreter (Attached as 2.1.4d)
-------------------------------------------------------------------------	-------------------------------------------------------------------	-------------------------------------------------------------------

Information to Detained Patients

Patients Name:	Date of Birth:
Current Section:	Ward (if applicable):
<p>Do you want us to correspond with you in Welsh, English or another language?</p> <p>Please put a tick in the appropriate box to confirm your language of choice.</p> <p> Welsh <input type="checkbox"/> English <input type="checkbox"/> other Please state <input style="width: 150px;" type="text"/> </p>	
<p>I confirm that I have fully explained the contents of the Patients Rights Leaflet to the patient, including the reasons for their detention and the patient's right to an Independent Mental Health Advocate (IMHA).</p> <p>I have informed the patient how long the detention will last for, if and when they have a right of appeal against their detention to the Mental Health Review Tribunal for Wales and the Hospital Managers and of their right to make a complaint and how to do so. The role of Healthcare Inspectorate Wales and information regarding treatment has also been explained in full.</p>	
<p>Please tick one of the following boxes:-</p> <p>The patient has understood the information read and I have given them a copy of the information leaflet to retain.</p> <p>The patient is currently refusing to have their rights read. Further attempts will be made.</p> <p>The patient lacks capacity to understand the information.</p> <p>A referral has been made to the Independent Mental Health Advocacy (IMHA) service</p>	<input type="checkbox"/> <input type="checkbox"/>
<p>Name of staff member reading rights</p> <p>Print Name: _____ Date: _____</p>	
<p>Please tick if patient would like a copy of their detention papers <input type="checkbox"/></p>	
<p>Does the patient agree to the Nearest Relative being sent information relating to the section?</p>	<p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Patients Signature:	Date:

Please email / scan a copy of the completed form to the Mental Health Act Office - CTT_MHAA@ wales.nhs.uk

**YOUR NEAREST RELATIVE UNDER THE
MENTAL HEALTH ACT 1983**

(Sections 26-30)

**This leaflet has been prepared by
the Welsh Assembly Government (November 2008)**

Nearest Relative

This leaflet sets out who your “nearest relative” is and their functions under the Mental Health Act 1983.

It is in five parts:

- Part 1 explains the rules about who your nearest relative is;
- Part 2 explains the things that your nearest relative can do under the Mental Health Act (their rights);
- Part 3 explains about how someone else can become your nearest relative instead;
- Part 4 describes exceptions to the usual rules;
- Part 5 has general information.

there is more than one) will normally be your nearest relative.

PART 5 - General Information

Code of Practice for Wales

The Code of Practice for Wales gives advice to staff about the Mental Health Act 1983. They have to think about what the Code says when they take decisions about your care. You can ask to look at a copy of the Code or you can ask for a copy of the ‘Peace of Mind’ booklet on the Code of Practice for Wales.

Further information and help

The independent mental health advocacy service is also there to provide help and support to you.

Please ask if you would like another copy of this leaflet for someone else.



If there is anything you do not understand about your care and treatment, a member of staff will try to help you. Please ask a member of staff to explain if there is anything in this leaflet you do not understand or if you have other questions that this has not answered.

- Your husband, wife or civil partner cannot be your nearest relative if you are permanently separated, or if they have deserted you, or you have deserted them.
- Someone who is under 18 cannot be your nearest relative, unless they are your husband, wife or civil partner, or your mother or father.
- Someone who lives abroad cannot be your nearest relative, unless you also normally live abroad. “Abroad” means outside the United Kingdom, the Isle of Man or any of the Channel Islands.

In all these cases, the next person in line will normally be your nearest relative.

Under 18

For most people under 18, there are a few exceptions to the main rules:

- If a court has made a care order putting you in the care of a local authority, the local authority will be your nearest relative (unless you have a husband, wife or civil partner who could be your nearest relative instead).
- If someone is your guardian, that person (or all of those people, if there is more than one) will normally be your nearest relative. This does not include a guardian you have because you are put on guardianship under the Mental Health Act itself.
- If a court has made a residence order saying who you should live with, that person (or all of those people, if

PART 1 - Nearest Relative

In the Mental Health Act, the following people are treated as your “relatives”. Your “nearest relative” is normally the person who comes highest on the list:

- your husband, wife or civil partner
- a partner who has been living with you as if they were your husband, wife or civil partner for more than six months
- your son or daughter
- your mother or father
- your brother or sister
- your grandmother or grandfather
- your grandson or granddaughter
- your aunt or uncle
- your nephew or niece
- anyone else you have been living with for at least five years

For example,

- if you are married and have a child, your husband or wife is the highest person in the list and your child comes second.
- if your only relatives are your mother and a niece, your mother comes highest in the list and your niece comes second.

Please note if more than one person comes in the same position, the oldest one comes first. For example, if your nearest relative is one of your children, it will normally be your oldest child.

Please also note that if you normally live with, or are cared for by, someone in the list of relatives above, that person goes to the top of list and will normally be your nearest relative. If you are in hospital, this includes people you lived with, or you were cared for by, before you went into hospital. If there is more than one person, the one who was already highest in the list will normally be your nearest relative.

For example, if your only relatives are your father and your two sisters, and you live with your two sisters, they go to the top of the list above your father, and the older of your two sisters will normally be your nearest relative.

For exceptions to these rules or if you are under 18 please see PART 4 of this booklet.

this leaflet.

If the court ends the order, the rules explained in Part 1 of this leaflet will apply again. That might mean that your old nearest relative becomes your nearest relative again, or that someone new becomes your nearest relative.

PART 4 - Exceptions

Nearest Relative

- If your mother and father were not married when you were born, your father (and his relatives) are only included in this list if he gained parental responsibility for you under the Children Act 1989.
- Adoptive relatives are included in the list (for example, your adopted parents or a child you adopted). Step-relatives (for example, your step-parent, step-child) are not included.
- If there is more than one person in the same position in the list, relatives of the “whole blood” come before those of the “half-blood”. For example, if your nearest relative could be either your full brother or your half-sister, it will normally be your full brother.
- Someone who is included in the list of relatives only because they have been living with you cannot be your nearest relative if you have a husband, wife or civil partner who could be your nearest relative instead.

should stay your nearest relative. Once that time is up, the rules explained in Part 1 of this leaflet will apply again.

Otherwise, once the court has made an order saying who your nearest relative should be, only the court will be able to change your nearest relative, even if your new nearest relative dies.

- **Can my nearest relative be changed again ?**

The court can vary (change) its order, to say that someone else should be your new nearest relative instead. You can ask the court to do this. So can:

- an approved mental health professional
- the person the court said should be your nearest relative
- (if that person dies) anyone in the list at the start of this leaflet.

The court can also discharge (end) its order. You can ask the court to do this. So can:

- the person who used to be your nearest relative
- anyone else who would now be your nearest relative if the rules explained in Part 1 of this leaflet applied
- the person the court said should be your nearest relative
- (if that person dies) anyone in the list at the start of

PART 2 - Nearest Relative's Rights

The Mental Health Act says that your nearest relative can do various things in connection with your care and treatment. It also says that other people sometimes have to tell your nearest relative things about your care and treatment. These are called your nearest relative's "rights".

- **The right to ask for you to be detained or placed on guardianship**

If you have a mental disorder, your nearest relative can ask for you to be detained in hospital or placed on guardianship to help you live in the community. This is called making an application for you to be detained.

- **The right to ask for an approved mental health professional to see you**

An Approved Mental Health Professional (AMHP) is someone who has been specially trained to decide whether people need to be detained or on guardianship. Your nearest relative can ask your local social services authority to ask an AMHP to think about whether you need to be detained or placed on guardianship. If the AMHP decides you don't need to be detained or placed on guardianship, they must tell the nearest relative why in writing.

- **The right to be told about your detention or guardianship**

If an AMHP makes an application for you to be detained for assessment, they must normally do all they can to tell your nearest relative about the application and about your nearest relative's rights. Your nearest relative cannot stop an AMHP

making this kind of application. If an AMHP is thinking about making an application for you to be detained for treatment or put on guardianship, they would usually do all they can to ask your nearest relative what they think about it first.

If your nearest relative does not want you to be detained for treatment or put on guardianship, they can stop the AMHP making the application by telling either the AMHP or the local social services authority the AMHP is working for.

But if the AMHP thinks your nearest relative's decision is unreasonable, they can ask the county court to make someone else your nearest relative instead. If you have already been detained for assessment, and the staff think you need to stay in hospital, you may be kept there until the court decides what to do.

- **The right to be given information**

If you are detained, or go onto supervised community treatment, the hospital must explain to you why you are being detained and what your rights are. The hospital will give your nearest relative a copy of the written information given to you, unless you ask the hospital not to.

The same applies if your responsible clinician thinks you should stay in hospital or extends your community treatment order.

If you are put on guardianship, (or if guardianship is renewed) the local social services authority must tell you about your rights. The social services authority will give your nearest relative a copy of the written information given to you, unless you ask them not to.

Like you, they can ask the court to do this if they think your nearest relative is not suitable, or is too ill to be your nearest relative.

They can also ask the court to change your nearest relative if:

- your nearest relative refuses to allow you to be detained or go onto guardianship and they think your nearest relative is being unreasonable
- they think your nearest relative has used their right to discharge you, or is likely to use it, without properly thinking about the effect on you or other people.

(You can also do this yourself, but normally an AMHP or someone else would do it).

- **What happens if the court makes someone my nearest relative ?**

If the court makes an order changing your nearest relative the new person will only be your nearest relative for as long as you are detained in hospital, or are on supervised community treatment or guardianship. If you have not been detained in hospital or put on supervised community treatment or guardianship, the new person will only be your nearest relative for three months.

After that, the rules explained in Part 1 of this leaflet about who is your nearest relative will apply again.

In other cases, if the court makes an order saying who your nearest relative should be, it might decide to say how long they

- **How can I change my nearest relative ?**

If you do not think your nearest relative is suitable to be your nearest relative, you can ask the county court to change your nearest relative. Your nearest relative will get a chance to tell the court if they think that they should stay as your nearest relative.

If the county court agrees that your nearest relative is not suitable, it will make an order saying that someone else should be your nearest relative. You can tell the court who you think your new nearest relative should be and they will consider this when they make their decision.

The new person could be anyone who the court thinks is suitable and who agrees to be your nearest relative. It does not have to be someone in the list of relatives in Part 1 of the leaflet.

You can also ask the court to make an order changing your nearest relative if your nearest relative is too ill to do the things the Mental Health Act says a nearest relative can do.

- **Can other people change my nearest relative ?**

Some other people can also ask the county court to change your nearest relative. The other people who can do this are:

- an approved mental health professional
- anyone in the list of relatives in Part 1 of this leaflet
- anyone else who lives with you (or if you are in hospital, lived with you before you went into hospital).

- **The right to be told if you are to be discharged**

If you have been detained or are on supervised community treatment, but are now going to be discharged, the hospital must normally tell your nearest relative, unless you ask the hospital not to tell them.

If your nearest relative does not want to be told, they can ask the managers of the hospital not to tell them.

- **The right to discharge you**

Your nearest relative can write to the hospital managers to say that they want you to be discharged and allowed to leave hospital or taken off supervised community treatment.

If your nearest relative does this, the hospital managers must let you leave within 72 hours unless your responsible clinician tells them you might be a danger to yourself or other people if you are allowed to leave.

If you are on guardianship, your nearest relative can end your guardianship by writing to your social services authority. The responsible clinician cannot stop this.

- **The right to apply to the Mental Health Review Tribunal for Wales for you to be discharged**

Most people who are detained can also ask an independent panel – called a Tribunal - to say they should be discharged and allowed to leave hospital. You can also apply to the Tribunal if you are on supervised community treatment or guardianship

Normally, your nearest relative will be told if you apply to the

Tribunal. In some cases, your nearest relative can ask the Tribunal to discharge you themselves unless you do not want them to be told.

PART 3 - Changing Your Nearest Relative

- **Can my nearest relative change ?**

The normal rules about who your nearest relative is are explained in Part 1 of this leaflet. They mean that sometimes your nearest relative might change without you or anyone else doing anything. For example, an eldest child reaching the age of 18 years would replace your eldest parent as your nearest relative.

- **Can my nearest relative make someone else my nearest relative ?**

Your nearest relative cannot make someone else your nearest relative instead. But they can say that someone else should do the things which they would normally do as your nearest relative. This is called delegating their rights.

If your nearest relative wants to delegate their rights to someone else, they must write to that person saying so. Later on, if your nearest relative wants to take their rights back, they can do that by writing again to the other person.

Your nearest relative must tell you if they have delegated their rights, or taken them back. If you are detained in hospital or on supervised community treatment, they must also write to the managers of your hospital. If you are on guardianship, they must write to your local social services authority (and if your guardian is not a social services authority, they must also write to your guardian.)

You nearest relative can delegate all the rights explained in Part 2 of this leaflet, except for one. If you have been detained in hospital by the courts – or been transferred to hospital from prison – your nearest relative cannot delegate their right to ask the Tribunal to allow you to leave hospital.

- **What if I don't have a nearest relative ?**

If you do not have a nearest relative, or no-one can identify who your nearest relative is, you can ask the county court to make someone your nearest relative. Some other people can also ask the court to do this. The other people who can do this are:

- an approved mental health professional
- anyone in the list of relatives in Part 1 of this leaflet
- anyone else who lives with you (or if you are in hospital, lived with you before you went into hospital)

The court can make an order saying who should be your nearest relative. This could be anyone who the court thinks is suitable and who agrees to be your nearest relative. It does not have to be someone in the list of relatives in Part 1 of this leaflet.

If you ask the court to make someone your nearest relative, you can tell the court who you think that should be. If someone else asks the court to do it, they can say who they think your nearest relative should be. If that person agrees to be your nearest relative, and the court thinks they are suitable, it will make an order saying they should be your nearest relative. Otherwise, the court will choose someone else it thinks is suitable and who agrees to be your nearest relative.

Booking an Interpreter Staff Guidelines

Why do we need to book an interpreter?

Many of our service users will require interpretation services when receiving healthcare. This may be because they have limited or no knowledge of English.

It is of paramount importance that the service users understands what is being said to them during consultations and when receiving treatment and care. It is not always appropriate or acceptable to rely on family, friends and staff members to act as interpreters. Therefore the Health Board has an agreed procedure for booking interpretation and translation services.

Who is responsible for booking interpreters?

It is the responsibility of the person making the appointment i.e. receptionist, clerk, booking office to book an interpreter and **not the patient**. As with all expenditure, approval should be sought from the budget holder/head of department wherever possible although in an emergency or 'out of hours' situation it is acknowledged that this may not be possible.

Things to consider before booking an interpreter

- Every effort should be made to collect data on communication needs for new patients and existing patients in primary, secondary, community and unscheduled care. Staff must share that information between different services via flagging systems.
- Whenever possible, establish if interpretation is required **before** any appointments are made. Make a note on the patient's record so that this can be flagged for future appointments.
- Check to see if the service user has used an interpreter before. Whilst it is desirable to use the same one if requested and if available, there is no obligation on the Health Board to do so if this would mean delaying the appointment.
- Before booking an interpreter establish which language and dialect is spoken. Some patients may have more than one language need e.g. a person with a sensory loss may use Welsh or another language.
- Check that the interpreter is acceptable to the client – e.g. a

male interpreter may be unsuitable for a Muslim woman

Booking an Interpreter

Cwm Taf has an arrangement in place with the following local suppliers who are fully accredited –

- **WITS** Wales Interpreter & Translation Service (Foreign Languages / BSL / DeafBlind)
Tel: 02920 537555 Email: WITS.Queries@cardiff.gov.uk
- **BIG WORD via WITS** Telephone Interpretation Service (Foreign languages excluding BSL / DeafBlind)
Tel: 02920 537555 Email: WITS.Queries@cardiff.gov.uk
- **WCDeaf** Wales Council for Deaf (BSL / DeafBlind only)
Tel: 01443 485687 Email: mail@wcdeaf.org
- **COSS** Centre of Sign Sight and Sound (BSL / DeafBlind only)
Tel: 01492 530013 Email: interpreting@signsightsound.org.uk

Booking Face to Face Interpreters for Clinical Settings (Languages other than BSL and Welsh Language)

Staff who need to book a face to face interpreter should now contact **WITS** for both advance and urgent bookings.

When making a requests for an interpreter for clinical settings, staff **must** provide the following essential information:-

- a) Name of the patient (this can be withheld if considered confidential, but the patient number must then be supplied)
- b) Language required and dialect (also, please advise if the interpreter needs to be male or female; or if a particular interpreter is requested, then you will need to provide the interpreter's name – as above this is not an obligation.)
- c) Date, time & venue of appointment (let them know if there are any specific access issues for the interpreter)
- d) Your name, telephone number and e-mail address (or the contact

details of anyone else regarding any future queries or confirmation regarding the booking); and the department and location where the interpreter is required if different to (c) above

e) Cost Centre – this is essential. Please note Directorate Managers hold these codes, see below.

f) Name of 'First Approver' on Oracle

Access codes are required when booking an interpreter and a list of Directorate cost centers, WITS codes and Big Word access codes is held in each Directorate office

If any booking has to be subsequently cancelled, please notify the supplier as soon as possible to avoid any cancellation charges.

Booking Interpreters for British Sign Language Users

When booking a face-to-face BSL interpreter please be aware that the interpreter will need extra time with the service user prior to, and following the appointment to assist with the checking in process, any pre-assessments and follow-up discussions. Therefore, please consider this when arranging face-to-face BSL interpreter bookings.

For BSL interpreters, please make a request with **WITS** in the first instance. BSL interpreters are often in high demand and are difficult to book at short notice. If WITS are unable to provide a BSL interpreter, please make a request with either **WCDeaf** or **COSS**.

Once an interpreter booking has been agreed with one of the suppliers, please ensure that you cancel the requests with the other suppliers to avoid any duplicate bookings.

It is essential to keep track of this and, wherever possible, let the patient know that the interpreter has been booked.

Please forward details of confirmed bookings for BSL interpreters to CTUHB_BSL@wales.nhs.uk

On-line BSL Interpretation

We may be able to arrange online BSL interpretation during which patients can skype an interpreter using one of the health board's designated tablets. If you would like to consider this option, please contact CTUHB_BSL@wales.nhs.uk. This option is dependent on its suitability for the patient, interpreter availability, sufficient wifi connectivity, and the availability of equipment which is held in each of the main sites. However it can very useful for in-patient situations, emergencies or where a face to face interpreter is not available.

Telephone Interpretation Services

Many services are now successfully using **Big Word**, rather than face-to-face interpretation, and this should be considered in the first instance particularly for short, routine or less complex appointments. Staff are encouraged to assess the communication needs of the service user before booking a telephone interpreter and the decision on its suitability must be made by the clinician.

Access codes are required when booking an interpreter via Big Word and a list of Directorate cost centers, WITS codes and Big Word access codes is held in each Directorate office.

If a patient presents in healthcare premises and is unable to communicate, please use the 'point to' poster (available on Sharepoint) so that they can indicate which language they wish to use. This may be particularly useful in community settings or in unscheduled care and any other 'out of hours' situation.

Welsh Language Interpretation and Translation Services

Please contact the Welsh Language Team for all requests for Welsh language interpretation and translation requests:

Tel: **01443 744800 / 744910**

Email: **CTT_Welshtranslations@wales.nhs.uk**



Agenda Item

2.1.5

Mental Health Act Monitoring Committee

**Policy for Hospital Managers Scheme of Delegation
Mental Health Act 1983**

Dyddiad y Cyfarfod / Date of Meeting	06/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Alison Thomas, Mental Health Act Team Manager
Cyflwynydd yr Adroddiad / Report Presenter	Alison Thomas, Mental Health Act Team Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Operational Group Meeting	26/01/2024	ENDORSED FOR APPROVAL



Acronyms	Glossary of Terms
MHA	Mental Health Act 1983
MHAA	Mental Health Act Administration
CTMUHB	Cwm Taf Morgannwg University Health Board
RC	Responsible Clinician
AC	Approved Clinician
CTO	Community Treatment Order
COPW	Code of Practice for Wales (revised 2016)
MCA	Mental Capacity Act 2005
HRA	Human Rights Act 1998
MHRTfW	Mental Health Review Tribunal for Wales
HIW	Healthcare Inspectorate Wales
SOAD	Second Opinion Appointed Doctor
CAMHS	Child Adult Mental Health Services



1. Situation / Background

- 1.1 This Policy clearly identifies to whom the Health Board delegates responsibilities under the Mental Health Act 1983 and as per Chapter 37 of the Code of Practice for Wales, 2016.
- 1.2 The policy is required to ensure that the Health Board has in place appropriate governance arrangements to monitor and review the exercise of functions and compliance with the statutory requirements of the Mental Health Act 1983 are in line with the legal and good practice framework.

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 06/02/24
Informal Consultation with interested parties	26/01/2024
Formal Consultation	Not required
Committee – For approval	06/03/2024

- 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

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

4. Assessment

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

Impact Assessment



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

5. Recommendation

- 5.1. The Mental Health Act Monitoring Committee are asked **APPROVE** the Hospital Managers Scheme of Delegation Procedure.

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 Hospital Managers Scheme of Delegation - Mental Health Act 1983

Document Type:	Non Clinical Procedure
Ref:	MH28
Author:	Alison Thomas-Mental Health Act Manager
Executive Sponsor:	Executive Medical Director
Approved By:	Mental Health Monitoring Act Committee
Approval / Effective Date:	(00/00/0000)
Review Date:	(00/00/0000)
Version:	3

Target Audience:

People who need to know about this document in detail	MHA Administration team, Qualified nurses, Senior Nurse Managers, Out of Hours Nurse Practitioners, Responsible Clinicians
People who need to have a broad understanding of this document	Board Members, Management Board, Clinical Service Group Managers, Senior Nurses, Board Committees
People who need to know that this document exists	All staff involved in the development of Health Board Policies

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 06/02/24 Outcome: awaiting approval
Welsh Language Standard	No
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Provide high quality, evidence based, and accessible care



Disclaimer:

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

Acronyms	Glossary of Terms
MHA	Mental Health Act 1983
MHAA	Mental Health Act Administration
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AC	Approved Clinician
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COPW	Code of Practice for Wales (revised 2016)
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SOAD	Second Opinion Appointed Doctor
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1. Introduction

Associate Hospital Managers, as appointed by the Health Board have the authority to detain patients under the Mental Health Act 1983 (the Act). The Health Board is defined as the 'Hospital Managers' for the purposes of the Act.

Hospital Managers have a range of responsibilities, including:

- Ensuring that patient's care and treatment complies with the Act
- Authority to detain patients admitted under the Act; and
- Power to discharge certain patients (sec 23 of the Act) which can only be exercised by three or more members of a committee formed for that purpose.

There are many other responsibilities and duties, which are carried out on the Health Boards behalf by 'authorised officers' (staff) of our hospitals. These include receipt, scrutiny and amendment of detention documents, ensuring patients are aware of their rights, referral to and arranging MHRTs, ensuring compliance with renewal/extension, consent to treatment and second opinion dates. This is not an exhaustive list as there are many other duties. These roles and responsibilities are explained in more detail below and in the scheme of delegation at **Appendix A**.

The hospital managers have the authority to detain patients under the MHA and have equivalent responsibilities towards patients subject to a CTO, where the patient was detained at the "responsible hospital" immediately before becoming subject to the CTO, even if those patients are not being treated at one of their hospitals. The policy provides assurance that the health board as a detaining authority has formally delegated specific statutory duties and powers to specific individuals (or groups of individuals).

CTMUHB's Mental Health Act Monitoring Committee is responsible for providing assurance to the health board hospital managers that those functions of the MHA, as which they have delegated to officers and staff are being carried out correctly; and that the wider operation of the MHA, in relation to the health board's area is operating properly.

2. Policy Statement

The Health Board is responsible for ensuring that the Act is used lawfully and fairly, in accordance with the principles of the COPW. This includes ensuring that all paperwork is scrutinised for validity, detained patients are informed of their rights, and patients are referred to the Tribunal within the timeframes set out in the Act. They have various powers, which includes to discharge patients from detention, transfer detained patients to other hospitals in accordance with regulations, as well as withholding a patient's outgoing correspondence where the law permits.

3. Scope

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

This policy is applicable to all employees delegated to receive and scrutinise statutory forms required by the MHA on behalf of CTMUHB within all Mental Health inpatient settings, community settings and general hospital settings where patients are detained under the MHA.

4. Aims & Objectives

The principal objective of this procedure is to inform the organisation of the arrangements for authorising people to exercise delegated functions as set out in the scheme of delegation. Unless the Act or regulations state otherwise, organisations may delegate their functions under the Act to any one and in any way their constitutions allow or in the case of the Health Board, in line with NHS legislation.

This policy should ensure that all staff authorised for the receipt and scrutiny of MHA documentation are aware of their responsibilities and requirements both individually and collectively in relation to the delegated duties of Hospital Managers.

It is the responsibility of the MHA team to maintain records of all original statutory documentation, to record this information on the mental health computerised information system/ ensure that copies are placed in the patient's notes for the wards, which do not have electronic patient records.

The Scheme of Delegation covers mental health patients across community, outpatient and inpatient settings, children and young people. Hospital managers must ensure that those acting on their behalf are competent to

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do so and receive suitable training to ensure they exercise their functions appropriately on a day -to -day basis.

5. Managerial Responsibilities

It is the responsibility of all RCs, Heads of Nursing and ward Managers to ensure this policy is understood and adhered to by the ward staff. Overall monitoring will be maintained by the Medical Director.

The Chief Executive has an overarching responsibility for ensuring that CTMUHB is compliant with the law in relation to the MHA.

Compliance with this policy will be reviewed as part of the MHA Operational Group and through the MHA Monitoring Committee meetings.

The policy states which individuals are responsible for certain sections of the MHA under the Scheme of Delegation at **Appendix A**.

6. Legislative & NHS Requirements

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

7. Procedure

THE STATUTORY FUNCTIONS OF HOSPITAL MANAGERS

The statutory functions of the hospital managers are as follows:

7.1 Receipt, Scrutiny and Recording of Documentation

Hospital Managers should formally delegate their duties to receive and scrutinise admission documents to a limited number of officers, who may include clinical staff on wards. Someone with the authority to receive admission documents should be available whenever patients are admitted to the hospital. A manager of appropriate seniority should take overall responsibility on behalf of the hospital managers for the proper receipt and scrutiny of documents. (Code of Practice for Wales, 35.8).

It is necessary that all detention papers undergo both administrative and medical scrutiny to ensure that they are technically correct and that the clinical reasons given are sufficient for detaining the patient under the Act.

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The MHAA will carry out the administrative scrutiny and a consultant who is not involved with the patient concerned will carry out the medical scrutiny in accordance with local practice.

The MHAA team provides the Mental Health Monitoring Committee with details of defective admission documents, whether rectifiable or not, and of any subsequent action on a quarterly basis.

Authority for checking that detention documents are in order and receiving papers authorising a patients' detention can only be undertaken by:

- The MHAAs
- Nurse in charge
- Ward Manager
- Out of hours Nurse Practitioners
- Liaison/Crisis team managers

All of the above staff should receive regular training and instruction in the receipt of admission documentation, including the completion of a receipt & scrutiny checklist (**Appendix B**)

Section 15 of the Act describes the types of errors that may be rectified in the statutory documents. The person who signed the document in question must complete the rectification, which must take place within 14 days of the date of the Form HO14 (record of receipt of admission). Further guidance on the subject of rectification may be found in Part II of the Act.

If admission documents reveal a defect which fundamentally invalidates the application and which cannot, therefore, be rectified under section 15, the patient can no longer be detained on the basis of the application. Authority for detention can only be obtained through a new application. The hospital managers should use their power under section 23 to discharge the patient. The patient should be informed both verbally and in writing.

Responsibility for coordinating this at Cwm Taf Morgannwg University HB rests with the MHA office.

7.2. Report on hospital in-patient (section 5, MHA)

Hospital Managers should monitor the use of section 5 including:

- How quickly patients are assessed for detention and discharged from the holding power
- The attendance times of Doctors and ACs following the use of section 5(4)

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- The proportion of cases in which applications for detention are, in fact, made following use of section 5

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

The role of monitoring is provided by the MHA Monitoring/Operational Groups, who will be informed via the MHA office.

7.3. Emergency admission (section 4, MHA)

Hospital managers should monitor the use of section 4 and ensure that second doctors are available to visit a patient within a reasonable time of being requested.

The role of monitoring is provided by the Mental Health Operational Group who will be informed via the MHA office.

7.4. Allocation of a Responsible Clinician (section 34, MHA)

Every patient must have an allocated RC. The RC is the AC who will have overall responsibility for the patient's care and treatment. The patient should be informed of the identity of the RC and of any change. Chapter 36 of the COPW outlines the functions of RCs and ACs and steps to be followed to ensure that:

- The patient's RC is the available (AC) with the most appropriate expertise to meet the patient's main assessment and treatment needs;
- A patient's RC can be easily determined;
- Cover arrangements are in place when the RC is not available;
- There is a system for keeping the appropriateness of the RC is under review.

The allocation of the RC is delegated to the Clinical Team and the Clinical Director. A list of ACs in Wales and those employed by the Health Board is held by Betsi Cadwaladr University Health Board.

7.5 Transfer between hospitals (section 19, MHA)

Section 19 of the Act allows hospital managers to authorise the transfer of most detained patients from one hospital to another. Decisions on transfers may be delegated to a person who could, but need not be the patient's responsible clinician. For restricted patients, the consent of the Secretary of State for Justice is also required.

The MHAAs, Nurse in charge or Ward Manager will perform this role on behalf of the Hospital managers.

7.6. Transfers into/from guardianship (section 7, MHA)

Section 19 allows hospital managers to authorise the transfer of most detained patients into guardianship with the agreement of the relevant local authority. This procedure avoids the need to discharge the patient from detention and making a separate guardianship application. There should be good reasons for any transfer into guardianship and the needs and interest of the patient must be central to the decision making.

The MHAAs, Nurse in Charge, Ward Manager or RC will perform this role on behalf of the Hospital managers.

7.7. Transfer and assignment of responsibility for CTO patients (sec 19A, MHA)

The managers of a hospital to which a CTO patient has been recalled may authorise the patient's transfer to another hospital during the 72- hour maximum period of recall. With the agreement of the hospital to which the patient is being transferred, the hospital managers may also reassign responsibility for CTO patients so that a different hospital will become the patient's responsible hospital.

The MHAAs, Nurse in Charge or Ward Manager will perform this role on behalf of the Hospital managers.

7.8. Removal and return of patients (section 86)

Part 6 of the Act enables the transfer between the United Kingdom jurisdictions, Channel Islands or Isle of Man of detained patients (otherwise than under s.35, s.36 or s.38), patients subject to guardianship or to compulsion in the community where the patient concerned needs to remain subject to detention, guardianship or the equivalent CTO on arrival in Wales.

This role is performed on behalf of the Hospital managers by the MHAAs or senior qualified nurse.

7.9. Responsibilities under Community Treatment Order

There is a duty on the hospital managers to take steps to ensure patients understand what a CTO means for them and their rights to apply for discharge. A copy of this information must also be provided to the nearest relative, where practicable, if the patient does not object. (Chapter 4 of the COPW)

The RC, Care Coordinator or qualified nurses will perform this role on behalf of the hospital managers.

7.10. Recall to hospital for CTO patients (sec 17E)

Following recall, the hospital managers are responsible for ensuring no patient is detained for longer than 72 hours unless the CTO is revoked. The relevant statutory form must be completed on the patient's arrival at hospital. Arrangements should be put in place to ensure the patient's length of stay following the time of detention after recall, as recorded on the form, is carefully monitored.

The completion of form CP6 will be undertaken by qualified ward staff on behalf of the hospital managers.

7.11. Duty to provide information to patients

Section 132 and 132A of the Act require hospital managers to take such steps as are practicable to ensure that patients who are detained in hospital under the MHA, or who are subject to a (CTO), understand important information about how the Act applies to them. This must be done as soon as practicable after the start of the patient's detention or the CTO. (Chapter 4 of the COPW)

Information should be given to the patient both verbally and in writing, in accessible formats, appropriate to the patient's needs, e.g Braille, Moon, easy read, and in a language the patient understands. It would not be sufficient to repeat what is already written on an information leaflet as a way of providing information verbally.

Patients should be given all relevant information, which includes how to make a complaint, how to access advocacy services, legal advice and the role of HIW.

Those with responsibility for the care and treatment of patients should be aware of the most effective way to community with each individual and their family, carers and relevant others. Everything possible should be done to overcome barriers to effective communication.

Under section 133 of the Act, the hospital managers must inform the nearest relative (as defined in section 26 of MHA) when a patient is released from detention, including a patient who is to be discharged from hospital under CTO. It need not be provided, if either the patient or nearest relative have requested that this information should not be given.

The responsibility for ensuring that the patient and nearest relative are informed in line with the above requirements rests with the MHAA team and suitably experienced staff of the hospital.

7.12 Correspondence of patients (section S134)

Section 134(1)(a) of the Act allows hospital managers to withhold outgoing post from detained patient if the person it is addressed to has requested in writing that they do so and the procedure to be followed in the event of the hospital managers receiving a written request for outgoing mail to be withheld.

The Mental Health Monitoring Group will be informed via the MHA office.

7.13. Information about Independent Mental Health Advocates

Section 130D places a duty on hospital managers (and in certain cases RCs) to provide qualifying patients with information that advocacy services are available and how to obtain that help.

This role will be provided on behalf of the hospital managers by ward nursing staff, community staff or the MHAAs in accordance with (Chapters 4.18 and 6.26 of the COPW)

7.14. Duty to refer cases to the Mental Health Review Tribunal for Wales (sec 68, MHA)

Hospital Managers must refer a patient's case to the MHRTfw in the circumstances set out in section 68 of the Act below:

- Who has not exercised their right to apply (or been referred by Welsh Ministers or the hospital managers as set out in section 68;
- Who has been transferred from guardianship under regulations under section 19 and has not applied for a tribunal;
- Who has not had an application made on his behalf by the nearest relative or by virtue of a referral by Welsh Ministers;
- If the authority for detention is renewed and the patient has not had a MHRT for more than three years, or a patient under 18 years of age, for one year or
- On the revocation of a CTO

The responsibility for ensuring that systems are in place to make a referral to the MHRTfW within the timescales will be performed by the MHA team on behalf of the hospital managers.

7.15. Referrals to the Mental Health Review Tribunal for Wales by Welsh Ministers

Hospital managers should consider asking Welsh Ministers to exercise their power of referral for a patient (whose rights under Article 5(4) may be at risk of being violated) to have their case considered by the MHRTfW (Chapter 37.40 of the COPW refers).

The hospital managers should normally seek such a reference in any cases where:

- A patient's detention under section has been extended under section 29 of the Act pending the outcome of an application to the county court for the displacement of their nearest relative
- The patient lacks the capacity to request a reference
- The patient's case has never been considered by the MHRTfW or a significant period has passed since it was last considered

The MHAAs will perform this duty on behalf of the hospital managers.

7.16. Renewal of authority to detain (section 20, MHA)

The hospital managers should consider a report made under section 20(3) or section 20A (4) before the current period of detention or CTO expires. If a RC does not hold a review before the period of detention or CTO expires, this should be considered a very serious matter to be urgently reviewed. The hospital managers should have processes in place to ensure that this does not happen.

The RC has responsibility for completing the report to renew a patient's detention or to extend a CTO. The MHA /qualified ward staff receive the report on behalf of the hospital managers.

7.17. Report barring discharge by nearest relative (section 25, MHA)

The nearest relative may order the discharge of a patient detained under section 3, or CTO by giving 72 hours -notice to the hospital managers in writing. The person receiving the notice must note the time and date received.

The receiving of this notification of intent to discharge the patient is delegated to qualified nursing staff and the MHAs.

The RC may within the 72-hour period furnish Form NR1 barring the discharge by the nearest relative.

The duty of informing the nearest relative in writing of the decision is delegated to the MHAs, on behalf of the hospital managers

7.18. Duties in respect of victims

The Domestic Violence, Crime & Victims Act 2004 (DVCVA) places a number of duties on hospital managers in relation to certain patients who have committed sexual or violent crimes together with guidance on the exercise of these.

The duties include the following information is communicated to victims:

- When authority to detain a patient expires
- When the patient is discharged, including allowing the victim to make representations about discharge conditions and whether a CTO is to be made

- What conditions of discharge relate to the victim, and when these cease.
- The victim's entitlement to make representations on the need for a CTO and allowing representation concerning the conditions attached to the CTO
- Any conditions on the CTO relating to the victim or their family, and any variation of the conditions
- When the CTO ceases

The RC or Criminal Justice Team will perform this role on behalf of the hospital managers

7.19. Discharge from MHA detention and CTO (section 23, MHA)

Hospital Managers have the power to discharge certain patients from detention which can only be exercised by three members of a committee formed for that purpose. Although the function is delegated to a Committee of three lay members, the Health Board remains responsible for this statutory function. A panel of three members from the Hospital Managers Power of Discharge Committee (a Sub-Committee of the Mental Health Act Monitoring Committee) hear individual cases where patients or their nearest relative have applied for discharge. The panels also sit on renewal hearings. These are collectively known as hospital managers reviews.

Section 23 of the Act (the power to discharge certain patients from detention) is delegated to three or more members of the Hospital Managers Power of Discharge group and the RC.

7.20. Consent to Treatment

The hospital managers should ensure that robust procedures are in place to notify the AC in charge of the patient's treatment, of the expiry of the three-month rule set by section 58 and Part 4A certificates for community patients, and they should check that action has been taken.

This is delegated to the MHAAs on behalf of the hospital managers.

The same reminder system should ensure that patients are asked whether they consent to continued medication.

Responsibility for this task is delegated to the MHAAs in conjunction with qualified nursing staff and community staff.

If the patient is unwilling to consent or incapable of doing so, the AC in charge of the patient's treatment must ask HIW to arrange for a SOAD to visit the patient and review the proposed treatment.

When a second opinion is required, the hospital managers should ensure that the patient, statutory consultees (one of which is neither a doctor nor a nurse), and any other relevant people, are available to consult with the SOAD, and that the statutory documents are in order and readily available for inspection.

Responsibility for this is delegated to the RCs and MHAAs in conjunction with qualified nursing staff and community staff.

7.21. Emergency Treatment

The Hospital Managers should monitor the use of 'urgent treatment' under Section 62 and 64 of the MHA. They should ensure that a form is provided for completion by the RC/AC in charge of the patient's treatment, which record details of:

- the proposed treatment
- why it is immediately necessary to give the treatment
- The length of time for which the treatment was or will be given.

The MHA administration team, on behalf of the hospital managers, will monitor the use of section 62 and 64.

7.22. Hospital accommodation for children

Section 131A of the Act puts a duty on hospital managers to ensure any children receiving in-patient care for mental disorder in their hospitals are accommodated in an environment which is suitable for their age and in line with their needs. This duty will apply to children admitted informally to hospitals, as well as those detained under the MHA.

The admission of children and young people onto psychiatric wards is monitored by CAMHS and MHAA team on behalf of the hospital managers.

8.EQUALITY IMPACT ASSESSMENT STATEMENT

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

9. References

All staff will work within the MHA and in accordance with the COPW 2016, MCA, and HRA.

- Mental Health Act 1983 –
<http://www.legislation.gov.uk/ukpga/1983/20/contents>
- Mental Capacity Act 2005 -
<http://www.legislation.gov.uk/ukpga/2005/9/contents>
- Mental Health Review Tribunal for Wales-
<http://mentalhealthreviewtribunal.gov.wales/mhrtw-about/?lang=en>
- Human Rights Act 1998 -
www.legislation.gov.uk/ukpga/1998/42/contents
- Domestic Violence, Crime and Victims Act 2004
<http://www.legislation.gov.uk/ukpga/2004/28/contents>
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008
<http://www.legislation.gov.uk/wsi/2008/2439/contents/made>

10. Getting help

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

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

11. Related Policies

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

12. Training Implications

The Health Board will provide ongoing training for staff who have a delegated duty under the scheme of delegation. Dates will be organised and the training delivered by the MHAA team.

13. Review, Monitoring and Audit Arrangements

This Policy will be reviewed following any changes in legislation to the MHA. The MHAA team carries out day to day monitoring of all aspects of MHA documentation. Quarterly audits are conducted via the AMAT audit tool for inpatients and on an annual basis for patients subject to CTO. Areas of non-compliance are addressed immediately with the patient's multi-disciplinary team.

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

14. Appendices

APPENDIX A: HOSPITAL MANAGERS' SCHEME OF DELEGATION

The arrangements for authorising decisions should be set out in a scheme of delegation approved by the resolution of the body itself. (Code of Practice for Wales, chapter 37.8)

Page	Legislative Reference	Function	Delegated to
6	Section 15	Receipt, scrutiny and recording of documentation	MHA Administration team, Qualified nurses, Senior Nurse Managers, Out of Hours Nurse Practitioner, Responsible Clinicians
7	Section 5	Report on hospital in-patient	MHA Administration team

Page	Legislative Reference	Function	Delegated to
7	Section 4	Emergency admission (Monitoring)	MHA Administration team
7	Code of Practice for Wales - Chapter 36	Allocation of Responsible Clinician	Clinical Teams, Medical Lead
8	Section 19	Transfer between hospitals	MHA Administration team, suitably qualified nursing staff, Senior Nurse Managers, Responsible Clinicians
8	Section 7	Transfers into/from guardianship	MHA Administration team
8	Section 19A	Transfer and assignment of responsibility for CTO patients	MHA Administration team, suitably qualified staff, Senior Nurse Managers, Responsible Clinicians
9	Section 86	Removal and return of patients	MHA Administration team
9	Section 17E	Recall of CTO patient to hospital	Suitably qualified nursing staff, Senior nurse managers
9	132, 132A and 133	Duty to provide Information to patients	MHA Administration team, suitably qualified staff, Senior Nurse Managers, Responsible Clinicians
10	Section 134(1)	Correspondence of patients	MHA Administration team
10	Section 130D	Independent Mental Health Act Advocates - duty to provide information	MHA Administration team, ward staff, community staff,

Page	Legislative Reference	Function	Delegated to
			suitably experienced staff
11	Section 68	Referral to MHRT for Wales	MHA Administration team
11	Section 67	Referrals by Welsh Ministers to MHRT	MHA Administration team
12	Section 20 and 20A	Renewal of authority to detain	MHA Administration team
12	Section 25	Report barring discharge by nearest relative	MHA Administration team, suitably qualified nursing staff, Senior Nurse Managers, Responsible Clinicians
12	Domestic Violence, Crime & Victims Act 2004	Victims Right to be informed of discharge and conditions attached to that discharge	Responsible Clinician,
13	Section 23	Discharge from MHA detention or CTO	Responsible Clinician Hospital Managers - who have the power to discharge certain patients from detention which can only be exercised by three or more members of a Committee formed for that purpose. The LHB Board remains responsible for this statutory function.
13	Part IV and Part IVA Section 58 – Section 63	Consent to Treatment	MHA Administration team, Nursing Staff, Community Staff, Approved Clinicians

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Page	Legislative Reference	Function	Delegated to
			and Responsible Clinician
14	Section 62	Emergency Treatment (Monitoring)	MHA Administration team, Responsible Clinician
14	Section 131A	Hospital accommodation for children and young people (Monitoring)	MHA Administration team, CAMHS

Appendix B. Receipt & Scrutiny checklist (Attached as 2.1.5b & 2.1.5c)



Receipt & Scrutiny Checklist for Section 2/3/4

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

Patient's Name	DOB	Section	Date of Section

Circle relevant answer

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

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

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

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

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

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

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

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

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

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

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

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

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

I certify that these documents are correct and in accordance with the provisions of the Mental Health Act	
Signed _____	Date _____
Print Name _____	

Please ensure that you scan/email Section Papers, AMHP Report (if applicable) and scrutiny checklist to the CTT_MHAA@wales.nhs.uk as soon as you have completed the HO14

Post all originals to the Mental Health Act Office, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun, CF72 8XR

5th January 2023



RECEIPT & SCRUTINY CHECKLIST FOR SECTION 2/3/4 ONLY

(As per Chapters 35.9/35.10 of the Code of Practice for Wales 2016)

Patient's Name	D.o.B.	Section	Date of Section	
Sector 1 - Receipt of Sections 2/3/4 using Form HO14			Yes	No
Have you completed Part 1 on Form HO14 (Record of detention) with the correct name and address? (Ensure that the name matches on all section papers). <ul style="list-style-type: none"> Complete (a) if patient not already admitted to hospital. Complete (b) if patient is already admitted to hospital. 				
If detained on Section 4, Part 2 on the back of Form HO14 must be completed to record when the patient was converted onto Section 2 following the completion of Form HO4.				
Sector 2 – Scrutiny of AMHP application (Form HO2 for Section 2) (Form HO6 for Section 3) (Form HO10 for Section 4)				
Has the AMHP signed and dated the form?				
Is the date that the AMHP last saw the patient within 14 days of the date that the first examination by one of the doctors took place?				
Is the correct hospital named on the form and is the full address and postcode of the hospital spelled correctly?				
Is the patient's full name and address the same across all the paperwork?				
Is the full name and address of the nearest relative (if known) entered on the AMHP application? (There should be no telephone numbers on the papers).				
Has the AMHP deleted have/have not (informed the NR)?				
If both doctors have stated that they do not have previous acquaintance, has the AMHP explained why they could not get a recommendation from a doctor who did have previous acquaintance with the patient?				
Sector 3 – Scrutiny of Medical Recommendations (Form HO3 or HO4 for Section 2) (Form HO7 or HO8 for Section 3) (Form HO11 for Section 4)				
Have the doctors signed and dated the form(s)?				
Has no more than five clear days elapsed between the date that the first examination took place and the latest date that either medical recommendation was signed?				
Has at least one of the doctors who have completed the recommendations stated that they are approved under Section 12 of the Mental Health Act?				
Sector 4 – General Scrutiny (All Paperwork)				
Ensure that no initials or abbreviations are to be used throughout paperwork.				
Ensure that any amendments are clearly initialled by the professional, for example incorrect spellings.				
I certify that I have checked that these documents are correct and in accordance with the provisions of the Mental Health Act 1983.				
Name:				
Date:				

Please ensure that you scan and email the Section Papers, AMHP Report (If applicable) and scrutiny checklist to the MHA Office joint mail box CTT_MHAA@wales.nhs.uk as soon as you have completed the HO14.

ACTION LOG - MENTAL HEALTH ACT MONITORING COMMITTEE					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 21.2.2024)
	6 December 2023	<p>4.2 Mental Health Act Quarterly Activity Report/Breaches Analysis of Unlawful Detentions</p> <p>To consider reviewing the contents of the reports for further improvement, given the change in Committee Membership.</p>	Deputy COO/Director of Primary, Community, Mental Health & LD/Service Group Manager		<p>Ongoing</p> <p>Reports will be reviewed in response to membership feedback</p>
	6 December 2023	<p>4.1 MHA Operational Group Report</p> <p>Chair of Operational Group to discuss with the Assistant Director of Governance & Risk with regard to adding a new risk to the organisational risk register in relation to the issue around CTM colleagues escorting detained patients through hospital premises.</p>	<p>Service Group Manager</p> <p>Assistant Director of Governance & Risk</p>	February 2024	<p>Ongoing</p> <p>Chair of Operational Group has added the DATIX risk related to the conveyance of patients from ward 14/PICU to MPEC for the purposes of a MHA Tribunal. Discussions with POWh site management on going.</p>
23/023/09	September 2023	<p>MHA Operational Group Report</p> <p>Governance Team to consider the governance process in relation to IM's</p>	Governance Team	September 2023	<p>Ongoing</p> <p>Should any Independent Member express an interest in becoming a Hospital Manager as defined in the MHA 1983</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	MHA Quarterly Activity Report To undertake a review into lapses and present an update to a future meeting of the Committee.	Chair MHA Operational Group	December 2023	On Going For consideration at the April 26th 2024 meeting of the MHA Operational Group
23/09/17	September 2023	Forward Work Plan To arrange an educational visit to the Mental Health teams for Independent Members.	Service Director Mh and ID, Mental Health	February 2024	In progress MHA Team looking at possible dates for a potential visit in February 2024 linking in with Governance Team. Update 21.2.24 – visit to be postponed until June 2024 due to possible re-structure of Committees and membership.

PREVIOUSLY COMPLETED ACTIONS

23/09/14	September 2023	Strategic Update from South Wales Police Formal Strategic Report to be presented to future meetings.	SWP	December 2023	Completed Formal Strategic Report received for December 2023 meeting.
23/09/14	September 2023	Strategic Update from South Wales Police	SWP/Chair Operational Group	December 2023	Completed

		To review the data quality for any disparities for Section 136 detentions.			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	MHA Operational Group Report To circulate the job description/specification and terms of reference for the Hospital Managers Power of Discharge Committee	Chair Operational Group	September 2023	Completed Circulated via email 28.9.23
4.5	6 December 2023	Strategic Update from South Wales Police 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	Completed 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	Any other urgent business Future meetings to be shortened to two hours as opposed to three hours	Governance Team	March 2024	Completed Members and Executive Leads agreed to change the duration of the Committee Meeting to 2 hours.



Agenda Item

3.2.1

Mental Health Act Monitoring Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	06/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Emma Walters, Head of Corporate Governance & Board Business
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	December 2023	RISKS REVIEWED
Operational Management Board / Offline via Email	December 2023	ENDORSED NEW RISKS FOR ELG
Executive Leadership Group (ELG)	15 th January 2024	EXECUTIVE SIGN OFF RECEIVED
Quality & Safety Committee	23 rd January 2024	RISKS REVIEWED
Audit & Risk Committee	22 nd February 2024	RISKS REVIEWED

Acronyms / Glossary of Terms	



1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is for the Executive Leadership Group (ELG) to review and discuss the organisational risk register and consider whether the risks escalated to the Organisational Risk Register have been appropriately assessed. The ELG are asked to endorse onward reporting to Board Committees as appropriate.

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

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 9th January 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

- 2.4 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 **589** members of staff trained to date since training commenced in 2021.

2.6 Focussed sessions to discuss risk has 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:

- 21 attendees have provided formal feedback (using the URL Code for the Evaluation Form) from the November 2023, December 2023 and January 2024 sessions. 76% provided a score of 5/5 in terms of content of the session and the remaining 24% provided a score of 4/5.
- 100% of the 21 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.
- 95% of the 21 attendees said they felt more confident to escalate a risk through the organisation.
- Some of the comments received through evaluation have been included below:

"Good delivery of training session, presenter knowledgeable of session contents and professional in delivery of contents. Helpful links and ongoing support offer. Organisational changes impact on new/revised way of working, well defined and explained in the risk management session, would highly recommend staff to attend training session".

"Engaging session, presented the subject matter in a way that was easy to understand, good use of examples and taking us through a live risk was helpful. Enjoyable session helped by a good presentation style".

"Really clear explanation of risk and Datix. Will get my team on training ASAP".

"I feel more confident that I know who to contact for support escalating a risk even if I don't necessarily feel more confident doing it independently".

"Find Datix very difficult to use. However this session helped clarify why it's important to record risk and went some way to demystifying how to do it. Still feel the legacy system will be a challenge but worth persevering with."

Once For Wales – New Datix Risk Module

- 2.8 The implementation of the new Datix Risk Module has been delayed. The Assistant Director of Governance & Risk represents the Health Board on the All Wales Task and Finish Group and is contributing to the developments and improvements sought from the opportunity to develop a new module.
- 2.9 The Once-for-Wales Programme Management Board met in December 2023, and they took the decision to extend the current Datix contract by a further three years which will take the Health Board up to the end of November 2027. A timeframe as to when the new OFW risk module will be achieved is awaited. In the meantime, there is a pilot of the new system underway in another Health Board whose feedback is eagerly awaited.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 NEW RISKS

Mental Health & Learning Disabilities Care

- **Datix Risk ID 5646 – The Impact of “Right Care Right Person” approach.** Escalated in December 2023. Risk score of 16.

3.2 CHANGES TO RISKS

a) Risks where the risk rating INCREASED during the period
Nil as assigned to this Committee.

b) Risks where the risk rating DECREASED during the period
Nil as assigned to this Committee.

3.3 CLOSED RISKS FROM THE ORGANISATIONAL RISK REGISTER

Nil 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. IMPACT ASSESSMENT

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>If no, please include rationale below: Not required for the Organisational Risk Register.</p>
<p>Cyfreithiol / Legal</p>	<p>Yes (Include further detail below) See detail for each risk</p>	
<p>Enw da / Reputational</p>	<p>Yes (Include further detail below) See detail for each risk</p>	
<p>Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial</i></p>	<p>Yes (Include further detail below) See detail for each risk.</p>	

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.	If: South Wales Police (SWP) implement Right Care Right Person Then: In some circumstances the Health Board will not be able to routinely call upon SWP to assist with people in mental health crisis or with social care issues, for example, missing patients, welfare checks and supervising people who are detained on S136 Mental Health Act. Resulting in: Increased risks to our staff and the people who use our services.	Multi-agency planning meetings have been arranged to review policies. 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. 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.	The Health Board will gather and analyse available data to further understand the issues and impact The Health Board will explore options to manage the need in a different way. Risk likelihood assessment: Initial data gathering suggests that the likelihood is more likely to be weekly and not daily.	Quality & Safety Committee Mental Health Act Monitoring Committee	18	C4xL4	12 (C3xL4)	New risk escalated January 2024	08.12.2023	03.01.2024	28.02.2024
15																	

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	Nil as assigned to this Committee.										
2											



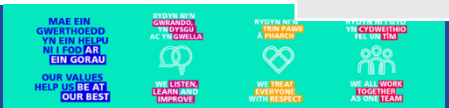
(Agenda Item)	6 March 2024	Mental Health Act Monitoring Committee	Right Care Right Person (RCRP)
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Report Details:

FOI Status:	Open (Public)
If closed please indicate reason:	N/A
Prepared By:	Ana Llewellyn, Nurse Director
Presented By:	Ana Llewellyn, Nurse Director
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer
Report Purpose	For Noting
Engagement undertaken to date:	The implementation of RCRP in the Health Board has been subject to significant engagement

Impact Assessment:

Indicate the Quality / Safety / Patient Experience Implications:	Has the potential for patient safety risks if the Health Board does not put contingencies and mitigations in place
Related Health and Care Standard	Governance, Leadership & Accountability, Safe Care
Has an EQIA been undertaken?	No – the Health Board has not completed EQIA because this is a South Wales Police initiative
Are there any Legal Implications /Impact.	Yes - RCRP has implications for the implementation of the Mental Health Act
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes – Phase 4 will require workforce and service re-design. Revenue and capital implications are not fully understood yet
Link to Strategic Goals	Improving Care





Right Care Right Person

Mental Health Act Monitoring Committee

6th March 2024

Overview

Right Care Right Person is a police initiative that originated in Humberside

Focus on ensuring police resource is targeted toward core police activity:

Preventing and detecting crime

Keeping the King's peace

Protecting life and property

This presentation will focus **only** on the aspects of RCRP that relate directly to the Mental Health Act

RCRP will be implemented in phases



Phases of RCRP that relate to **MHA**

Phase 1 Concerns for Welfare February 2024 has a marginal impact on people detained under MHA but has potential impact in rare cases of people under CTO

Phase 2 AWOL August 2024 will impact on the approach to people who are detained under MHA who either leave hospital or do not return from leave

Phase 3 Transportation October 2024 will impact on the approach to people who are detained under Section 135/136 of the MHA

Phase 4 136 Handover will impact on the approach to people who are detained under Section 136 MHA

CTM Approach to Implementation

CTM approach to date:

SRO – Ana Llewellyn

Tactical Lead – Lloyd Griffiths

Weekly Meetings Initially with Primary Focus on Phase 1

Phase 1 implementation complete:

CTM Protocol Developed

Daily Lunch and Learn Briefings for Staff

Post implementation partnership meetings w/c 26th February

Ongoing monitoring of welfare check cases via datix

Right Care Right Person **MHA** Impact Assessment

Phase	Police Action	Timescale	CTM Mental Health Act Impact
1	Concerns For Welfare	26 th February 2024	We do not any data on people with CTO who may have required welfare check. These patients have significant input from community mental health teams so anticipate that this would be rare.
2	MH AWOL	August 2024	MH AWOL – 87 per year. 19 leave return issues, 53 outside core hours, 12 moderate harm
3	Police conveyance	October 2024	<ul style="list-style-type: none"> • Approx 248 S135/6 cases per year – all currently conveyed by police • No data available on any other police conveyance
4	S136 MHA	February 2025	<ul style="list-style-type: none"> • Approx 248 S135/6 cases per year across multiple Places of Safety • No current knowledge on handover times

Phase 2-4 Plan as it relates to **MHA**

Phase	Action	Timescale
Phase 2 – MH AWOL	Review of MH Policy: <ul style="list-style-type: none"> - Include THRIVE - Alternative arrangements for lower risk patients 	July 2024
Phase 3 – Conveyance	This is being led by WAST / NCCU	Waiting for NCCU planning meetings to be convened
Phase 4 – SI36	<ul style="list-style-type: none"> - Handover time data collection - Redesign crisis model 	<ul style="list-style-type: none"> - May 2024 - First draft of revised model June 2024



Recommendation:

The Board or Committee are asked to:

- Note the progress to date
- Note the plans for implementation of Phases 2 to Phase 4



AGENDA ITEM

4.1

MENTAL HEALTH ACT MONITORING COMMITTEE

MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

Dyddiad y Cyfarfod / Date of Meeting	06/03/2024
Statws Cyhoeddi / Publication Status	Open/Public
Awdur yr Adroddiad / Report Author	Robert Goodwin, Clinical Service Group Manager Bridgend Mental Health
Cyflwynydd yr Adroddiad / Report Presenter	Robert Goodwin, Clinical Service Group Manager Bridgend Mental Health
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Executive Director of Primary, Community & Mental Health
Pwrpas yr Adroddiad / Report Purpose	FOR DISCUSSION / REVIEW

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

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

ACRONYMS

	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 6th December 2023. The meeting on 26 January 2024 was well attended with representatives from across Adult, Older Adult and Child and 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 Q3, Oct - Dec 2023

The group considered the Q3 Activity Report prepared by the Mental Health Act Team. It was noted there had been a decrease in detentions in Adult and Older Peoples services. The number of CAMH's detentions has increased from 5 in the previous quarter to 17 in Q3. This was consistent with previous peaks in activity. Nurses Holding Power Section 5(4) was used on just one occasion in the Royal Glamorgan Hospital with the patient being medically reviewed within a six hour period and subsequently detained under Section 2. Section 4 was used on one occasion in the Royal Glamorgan Hospital. The patient was regraded to informal status within 24 hours. There were 4 new Community Treatment Order's (CTOs) applied in Q3 compared to 7 in Q2. There were 5 discharges with a total number of patients on CTO's at the end of Q3 being 33.

Section 136 detentions increased from 65 in Q2 to 70 in Q3 this compares with recent levels of activity, 8 of these detentions were for persons under the age of 18. Section 135 detentions decreased from 4 in Q2 to 3 in Q3. All 3 patients were subsequently detained under Section 2. The Group considered the 4 lapsed Section 136 detentions, 3 in the Princess of Wales Hospital and 1 in Prince Charles Hospital. All of which exceeded the 24 hour time frame before an assessment could be completed. These occurred following an extended wait in A&E departments for the treatment of a physical health concern. The Group discussed the need for an early psychiatric assessment rather than waiting for the patient to be discharged from A&E. Local Adult Hospital Liaison and Crisis leads agreed to consider this further with colleagues from the South Wales Police. In particular the need for the Police to provide an early and full briefing to the emergency department.

2.2 Mental Health Act Errors and Breaches Q3, Oct - Dec 2023

There were 10 rectifiable errors in Q3 the same as in Q2. All rectified within the required 14 days. Fundamentally defective errors remained level with 2 in Q3. These related to errors in the completion of the English form for Section 5(2) by a Medical Officer and the failure of a Section 3 Medical Recommendation to pass medical scrutiny. The medical recommendations on this occasion did not address any symptoms of mental disorder. The Group discussed the need for some further refresher training on this aspect of the Act. A revised Receipt and Scrutiny Checklist was approved by the Group (appendix 1).

The group discussed the provision of Mental Health Act Training for student nurses. Whilst some core competencies were signed off during placement this would be reviewed further within the Skilled Work Force Work Stream as part of the Inpatient Improvement Board. This would include liaison with local universities to confirm the nature of training provided on the Mental Health Act to student nurses.

2.3 Communication with the Nearest Relative

The Mental Health Act Team have agreed a protocol with the local AMHPs in relation to email communication with the nearest relative. The process has been agreed with the Health Board's Information Governance Team. The Operational Group and the AMHP Team Leaders Group will closely monitor progress.

2.4 Prison Service Referrals into Psychiatric Intensive Care

The Operational Group discussed the rising number of prison referrals into the Bridgend Psychiatric Intensive Care Unit (PICU). These referrals came from a number of establishments where residents from Swansea, Neath Port Talbot and Bridgend were located. They included HMP Parc, HMP Eastwood Parc, HMP Cardiff and HMP Swansea.

Table 1. 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%

The group discussed the large area served by the Bridgend PICU and have requested similar information from the Royal Glamorgan Hospital Service. Senior Medical colleagues in the Group had commented on the challenge related to move on in particular into low secure services.

2.5 Hospital Managers Power of Discharge Committee Meeting

The Power of Discharge Committee had met on 17th January 2024. All Hospital Managers had received their annual review and good progress was being made on recruitment. During Q3 there were 15 Managers Hearings with all detentions being upheld. There were 23 referrals to the Hospital Managers during this period.

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

The Nurse Director was leading a group preparing for the roll out of the above which begins with a new approach to welfare checks from 26th February 2024. The Operational Group had been involved in preparations with South Wales Police colleagues. Preparations were being developed for Phase 2 relating to missing patients and Phase 3 transportation of patients. The Operational Group had coordinated the development of a data collection system to help with Phase 4 which was related to the use of Section 135/136. Table 1 below identifies the information to be collected at our Mental Health places of safety to support any necessary action.

Table 2. Data sheet developed to help monitor delays in the delivery of Mental Health Act Assessment

Mental Health & Learning Disabilities Service Group				
Section 136 Data Sheet for completion in place of safety				
Name		Date of Birth:		OUTCOME <input type="checkbox"/> Admitted voluntarily to hospital <input type="checkbox"/> Admitted to hospital under Section 2 of the Mental Health Act 1983 <input type="checkbox"/> Admitted to hospital under Section 3 of the Mental Health Act 1983 <input type="checkbox"/> Released from Section 136, referred to community services <input type="checkbox"/> Released from Section 136, no mental disorder Other _____ Date/Time Police handed over: _____ Date/Time Police departed: _____ Date/Time of MHA Assessment: _____ Reason for delay: _____
Address:				
Hosp. No:	Male:	Female:		
Police Identification No. / Name of Officer				
1 st (Location) place of safety:				
Location, time & date of 2 nd place of safety:				
Name of AMHP:		Name of Doctor:		
Part C Completed		Part D Completed		
Did the Police contact the ward to inform of the Section 136:		Y/N		

2.7 Mental Health Act Audit of CTO Documentation

The Mental Health Act Team in September 2023 completed an audit of documentation for five CTO patients from each of the six Adult Community Mental Health Teams. The result of this audit was considered in the previous meeting of the Operational Group who look forward to the follow-up audit in March 2024. Advocacy Support Cymru had agreed to work closely with the Mental Health Act Team and individual care coordinators to ensure improved response to the earlier request for service user feedback for patients on a CTO.

2.8 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 the Multi-Professional Education Centre (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.

2.9 Independent Mental Health Advocacy Q3 Report, Oct – Dec 2023



The number of referrals from detained patients was 55 compared to 67 in Q2. The number of referrals from informal patients was 93 compared to 81 in Q2. The total number of referrals for Q3 was 148. 63 referrals were received from the Royal Glamorgan Hospital, significantly in excess of the numbers received from the Princess of Wales Hospital and Prince Charles Hospital. There were a small number of referrals from independent sector facilities. Advocacy Support Cymru were again asked to raise awareness of their service within the General Hospital setting particularly in Bridgend. The report from Advocacy Support Cymru included some helpful case studies in relation to support provided for: discharge planning, concerns about an agency staff member, helping with communication between a patient with dementia and their care team and completion of a capacity assessment prior to discharge.

2.10 Mental Health Act All Wales Health Board Benchmarking Report

The quarterly report formally prepared by the Mental Health Act Team from Cardiff and Vale University Health Board (UHB) had been discontinued. The All Wales Mental Health Act Team Group had discussed this being taken forward by Betsi Cadwaladr UHB Team.

2.11 Nominated Adolescent Bed on Adult Mental Health Wards

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

2.12 Interface between the Mental Health Act and the Mental Capacity Act

The Group reviewed a training event delivered by Bevan Brittan Solicitors, which had been delivered on 28th November 2023. The training provided an overview on the legal framework for Deprivation of Liberty (for +16 years), Mental Capacity Act 2005, Mental Health Act 1983 and the circumstances under which each should be used. Rhondda Cynon Taf CBC had arranged a further partnership training event on this subject which was held on 31st January 2024.

2.13 Memorandum of Understanding for Mental Health Assessment of Detained Persons in cases of Murder and Manslaughter

The Group reviewed this partnership agreement between the South Wales Police and the 3 University Health Boards within the area. The document sets out the principles of effective liaison between the parties in relation to dealing with detained patients in cases of murder and manslaughter or attempted murder/manslaughter where they may be concerned for the detained person's mental health. The purpose of the Memorandum of Understanding is to operationalise relevant legislation and professional guidance to assist the police and health care professionals in ensuring care and custody in the appropriate place at the appropriate time with due regard to the needs of victims, the public and the Criminal Justice system. The document includes advice on: requesting a psychiatric opinion, criteria for assessing fitness for detention and interview, managing risk and the Police and Criminal Evidence (PACE) "Clock".

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

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

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

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

The Operational Group considered the draft policy which had been generated and which summarised assessment and referral processes, individual responsibilities and the legislative requirements. It included arrangements for particular patient groups including: Mothers and their babies, patients with a learning disability, children and young people. The draft had been updated to include information on the support given to medical colleagues by local Crisis Teams when being asked to locate a bed. The Local Authority representatives requested a 2 weeks period to prepare a formal response to the draft.

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 meeting. The Health Board's Risk Assessment Tool had been applied to each of the approved policies. The following policies had been approved at the Mental Health Act Monitoring Committee on 6th December 2023:

Table 3 – Policies Approved by the MHA Monitoring Committee 06/12/23

REF NUMBER	TITLE	PROGRESS
MH04	Community Treatment Policy	Ratified in the MHA Monitoring Committee 06/12/2024
MH06	Section 5 (4)	Ratified in the MHA Monitoring Committee 06/12/2024
MH07	Section 5(2)	Ratified in the MHA Monitoring Committee 06/12/2024
MH08	Consent to Treatment Sec 58 and Sec 58a	Ratified in the MHA Monitoring Committee 06/12/2024
MHA117	Section 117 Policy	Ratified in the MHA Monitoring Committee 06/12/2024

The Mental Health Act Team were aiming to submit the following policies to the Monitoring Committee for ratification at their meeting on 6th March 2024.

Table 4 – Policies to be submitted to the MHA Monitoring Committee for approval 06/03/24

REF NUMBER	TITLE	PROGRESS
MH09	Hospital Managers Operational Procedure	Ratified in the Operational Group 26/01/24
MH12	Section 17 leave policy	Ratified in the Operational Group 26/01/24
MH28	Hospital Managers Scheme of Delegation	Ratified in the Operational Group 26/01/24
New	Allocation of Responsible Clinician	Ratified in the Operational Group 26/01/24
MH17	Section 132&133 patient's rights procedure	Ratified in the Operational Group 26/01/24
New	Section 140 Policy	Draft considered at the Operational Group meetings on 20 October 2023 and 26 January 2024

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
Service user feedback	Advocacy Support Cymru to circulate CTO Questionnaire involving the patients care coordinator.	April 2024
Audit	MHA Team to complete audit of Statutory Documentation using the CTMUHB AMAT audit tool.	March 2024
Policy Work	All remaining policies to be ratified at the Monitoring Committee meeting 6 th March 2024. This will exclude the Section 135/136 policy with the review being led by the South Wales Police.	March 2024
Introduction of monitoring arrangements for Section 135/136	In support of the South Wales Police roll out of "Right Care Right Person" monitoring arrangements have been introduced to capture information on delays in the delivery of the Mental Health Act assessment.	February 2024
Nominated Adolescent Bed on Adult MH Wards	Policy work and training to be concluded in order to support the transfer of this service to Ward 14 POWH.	April 2024

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

3.1 Prison Service Referrals into Psychiatric Intensive Care

There has been a significant rise in the number of Prison Service referrals into the Princess of Wales Hospital Psychiatric Intensive Care Unit (PICU). This trend will be closely monitored with additional information being requested from the Royal Glamorgan Hospital service.

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

The phase 4 implementation 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 towards the end of 2024. A monitoring form has been developed to capture information on police waiting times at our Mental Health Place of Safety facilities.

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 the Post-Graduate Education Centre. This has been placed on the risk register.



3.4 Mental Health Act All Wales Health Board Benchmarking Report

The generation of this valuable report has been considered at the All-Wales Meeting of Mental Health Act Managers with the team in Betsi Cadwaladr UHB potentially agreeing to take this forward.

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.

3.6 Preparation of a Health Board Section 140 Policy

Health Boards are required within the Code of Practice to develop a policy which describes the arrangements they have in place for reception and admission in cases of 'special urgency'. The Operational Group considered a revised draft at their meeting on 26th January 2024 with local authority colleagues requesting a short time to submit formal comments.

4. IMPACT ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Learning and improving whole systems are also important dimensions of work considered by the Mental Health Act Operational Group

Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective
	If more than one applies please list below: All of the dimensions in this section are relevant to improving the application of the Mental Health Act in CTM UHB
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

5. RECOMMENDATION

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

TABLE OF APPENDICES

Appendix 1	Receipt and Scrutiny Checklist
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APPENDIX 1

Receipt & Scrutiny Checklist for Section 2/3/4 ONLY (As per Chapters 35.9/35.10 of the Code of Practice for Wales 2016)

Patient's Name	D.o.B.	Section	Date of Section	
			Yes	No
Sector 1 - Receipt of Sections 2/3/4 using Form HO14				
Have you completed Part 1 on Form HO14 (Record of detention) with the correct name and address? (Ensure that the name matches on all section papers). <ul style="list-style-type: none"> Complete (a) if patient not already admitted to hospital. Complete (b) if patient is already admitted to hospital. 				
If detained on Section 4, Part 2 on the back of Form HO14 must be completed to record when the patient was converted onto Section 2 following the completion of Form HO4.				
Sector 2 – Scrutiny of AMHP application (Form HO2 for Section 2) (Form HO6 for Section 3) (Form HO10 for Section 4)				
Has the AMHP signed and dated the form?				
Is the date that the AMHP last saw the patient within 14 days of the date that the first examination by one of the doctors took place?				
Is the correct hospital named on the form and is the full address and postcode of the hospital spelled correctly?				
Is the patient's full name and address the same across all the paperwork?				

Is the full name and address of the nearest relative (if known) entered on the AMHP application? (There should be no telephone numbers on the papers).		
Has the AMHP deleted have/have not (informed the NR)?		
If both doctors have stated that they do not have previous acquaintance, has the AMHP explained why they could not get a recommendation from a doctor who did have previous acquaintance with the patient?		
Sector 3 – Scrutiny of Medical Recommendations (Form HO3 or HO4 for Section 2) (Form HO7 or HO8 for Section 3) (Form HO11 for Section 4)		
Have the doctors signed and dated the form(s)?		
Has no more than five clear days elapsed between the date that the first examination took place and the latest date that either medical recommendation was signed?		
Has at least one of the doctors who have completed the recommendations stated that they are approved under Section 12 of the Mental Health Act?		
Sector 4 – General Scrutiny (All Paperwork)		
Ensure that no initials or abbreviations are to be used throughout paperwork.		
Ensure that any amendments are clearly initialled by the professional, for example incorrect spellings.		
I certify that I have checked that these documents are correct and in accordance with the provisions of the Mental Health Act 1983.		
Name:		
Date:		



Agenda Item

4.2

Mental Health Act Monitoring Committee

**MHA Operational Group Activity Report with Breaches and Errors
for Quarter 3
(October – December 2023/24)**

Dyddiad y Cyfarfod / Date of Meeting	06/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not applicable
Awdur yr Adroddiad / Report Author	Mrs Alison Thomas -Mental Health Act Team Manager Jeremy Burgwyn – Mental Health Act Team Leader
Cyflwynydd yr Adroddiad / Report Presenter	Mr Robert Goodwin- Service Group Manager, Bridgend
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Executive Director of Primary, Community and Mental Health

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

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

Acronyms / Glossary of Terms



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



1. Situation / Background

- 1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within CTMUHB. This report presents the MHA activity to the MHA Monitoring Committee in respect of Q3 (October – December 2023/24).
- 1.2 Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and AMHPs within 14 days of admission to hospital. While the minor errors are defined by “principal de minimus” (meaning they are immaterial and too small to be of any consequence), the fundamental errors (breaches) are more serious and require further attention and scrutiny to ensure that lessons are learned and the breach does not reoccur.
- 1.3 The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB.
- 1.4 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.5 A Glossary of terms is attached for ease of reference (Appendix 2.)

2. Specific Matters for Consideration

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

2.2 Adult Detentions

There has been an increase of 17% in the total number of detentions from 84 in Q2 2023/24 to 98 in Q3 2023/24. The number of detentions under S5(2) remained the same at 14. Section 2 detentions increased by 34% from 44 to 59 and Section 3 detentions decreased by 14% from 22 to 19.



Graph 1

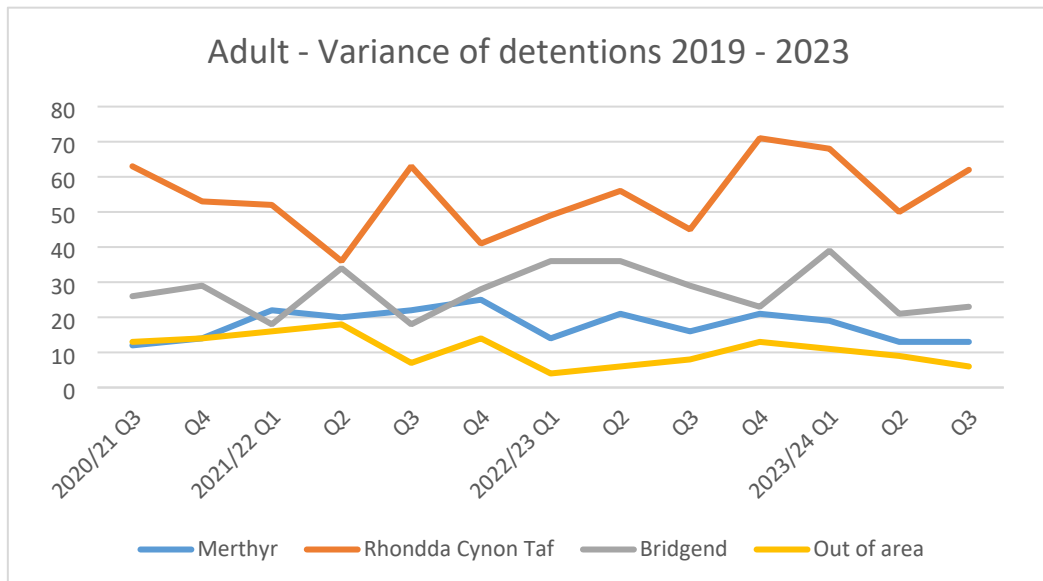


Table 1

Locality	Mean 2020/23	Q3 2023/24
Merthyr	18	13
RCT	55	62
Bridgend	28	23
Out of area	12	6

2020/23 Mean to Q3 shifts as follows:

- In Merthyr detentions decreased from baseline mean by 5 (28%) from 18 to 13.
- In RCT detentions increased from baseline mean by 7 (13%) from 55 to 62. 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 5 (18%) from 28 to 23.
- Out of area detentions decreased from baseline mean by 6 (50%) from 12 to 6.

In Q3, there was only 1 occasion when the nurses' holding power under Section 5(4) was utilised in RGH. In line with the guidance in the Code of Practice for Wales, this patient was assessed by a doctor within the 6-hour period, regraded to section 5(2) and subsequently detained under section 2.



Section 4 was only used on one occasion in Q3 in RGH. The patient was regraded to informal status within 24 hours.

2.3 Older Persons Detentions

The total number of detentions in Older Persons services decreased in Q3 by 10% from 42 in Q2 2023/24 to 38 in Q3 2023/24, with variance across the localities as below:

Graph 2

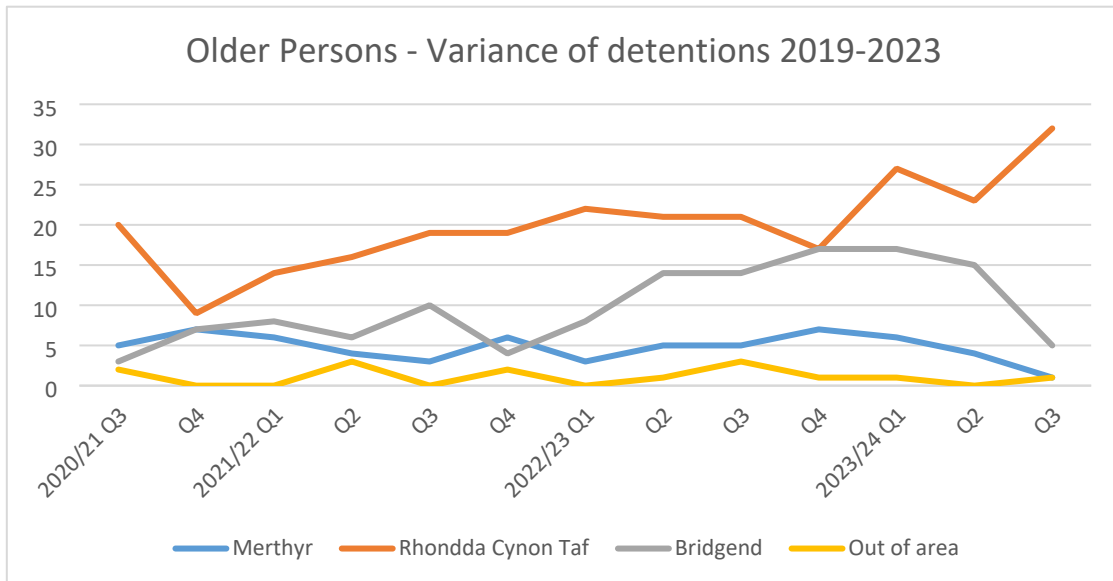


Table 2

Locality	Mean 2020/23	Q3 2023/24
Merthyr	5	1
RCT	20	32
Bridgend	10	5
Out of area	1	1

2020/23 Mean to Q3 shifts are as follows:

- In Merthyr detentions decreased from baseline mean by 4 (80%) from 5 to 1.
- In RCT detentions increased from baseline mean by 12 (60%) from 20 to 32. This is within the higher quarterly range for this area.

- In Bridgend detentions decreased from baseline mean by 5 (50%) from 10 to 5.
- Out of area, detentions remained the same as the baseline mean i.e. 1.

2.4 CAMHS Detentions-

CAMHS witnessed an increase of 240% in detentions from 5 in the previous quarter to 17 in Q3 2023/24.

Of the 17 detentions, 4 were from CTM, 5 from C&VUHB, 5 from ABUHB and 3 from SB.

Of the 17 detentions in Q3, 15 were detained to Ty Llidiard, 1 to PCH (ward 31) and 1 to POW (ward 4)

Graph 3

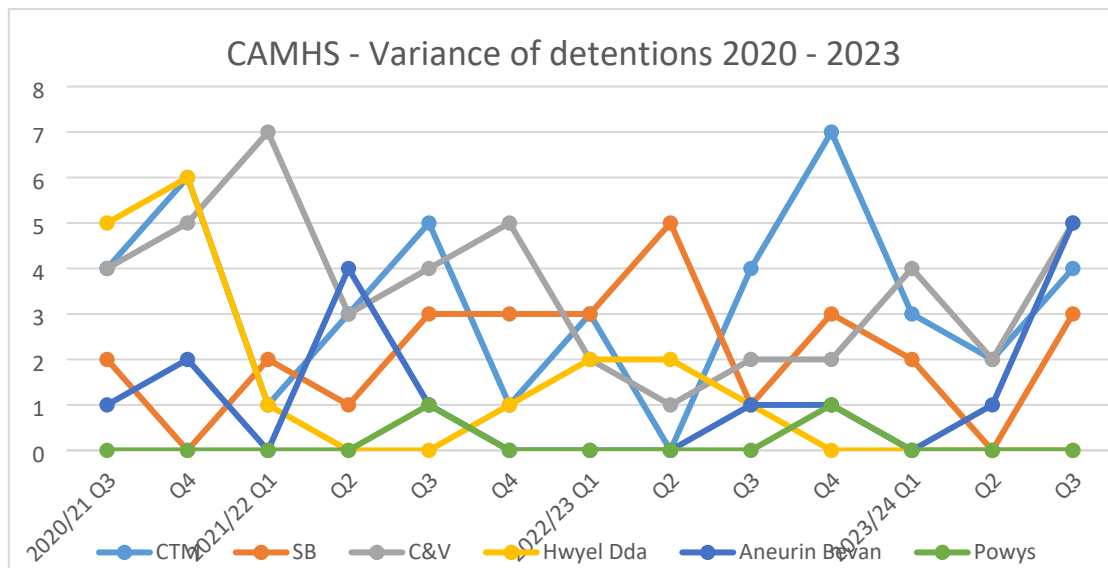


Table 3

Health Board	Mean 2020/23	Q3 2023/24
CTMUHB	3	4
SBUHB	2	3
C&VUHB	4	5
HUHB	1	0
ABUHB	1	5



PTHB	0	0
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2020/23 Mean to Q3 shifts are as follows:

In CTM detentions increased from baseline mean of 3 to 4

From SBUHB detentions increased from baseline mean of 2 to 3.

From C&VUHB detentions increased from baseline mean of 4 to 5.

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

From ABUHB increased from baseline mean of 1 to 5.

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

2.5 Community Treatment Orders (CTO)

There were 4 new CTOs applied in Q3 2023/24 in comparison with 7 during Q2 2023/24.

In Q3 there were 4 CTOs extended, 5 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 2020/23.

Graph 4

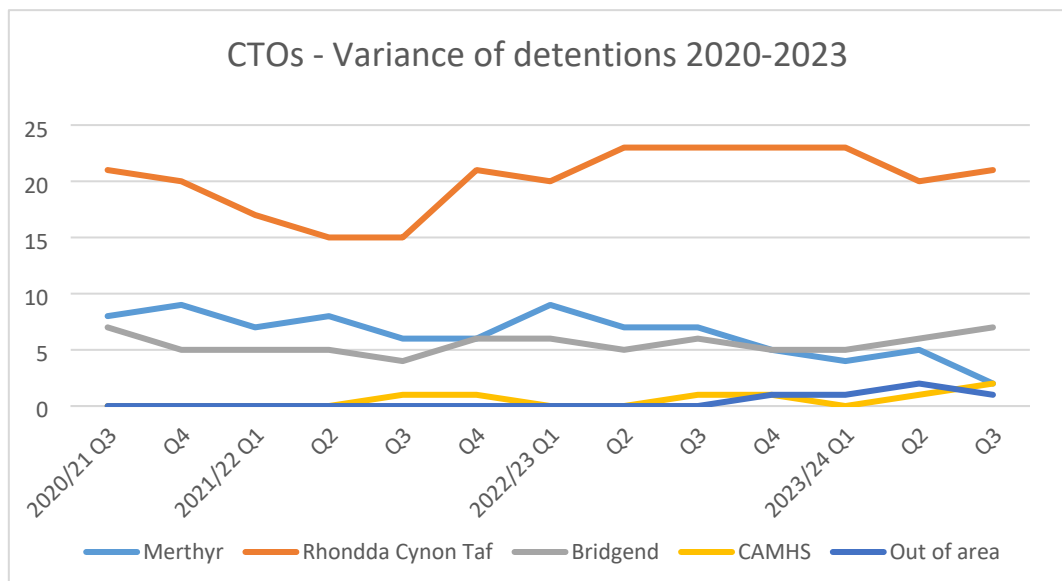




Table 4

Locality	Mean 2020/23	Q3 2023/24
Merthyr	6	2
Rhondda Cynon Taf	20	21
Bridgend	6	7
CAMHS	1	2
Out of area	0	1

There are 33 CTOs in place at the current time

2.6 Use of Section 135/136 Police Powers

Section 136 detentions increased by 8% from 65 in Q2 2023/24 to 70 in Q3 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 Q3, 8 of these were for persons under 18 years of age.

Section 135 detentions decreased by 25% from 4 in Q2 2023/24 to 3 in Q3 2023/24. All 3 patients were subsequently detained under Section 2.

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



Graph 5

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

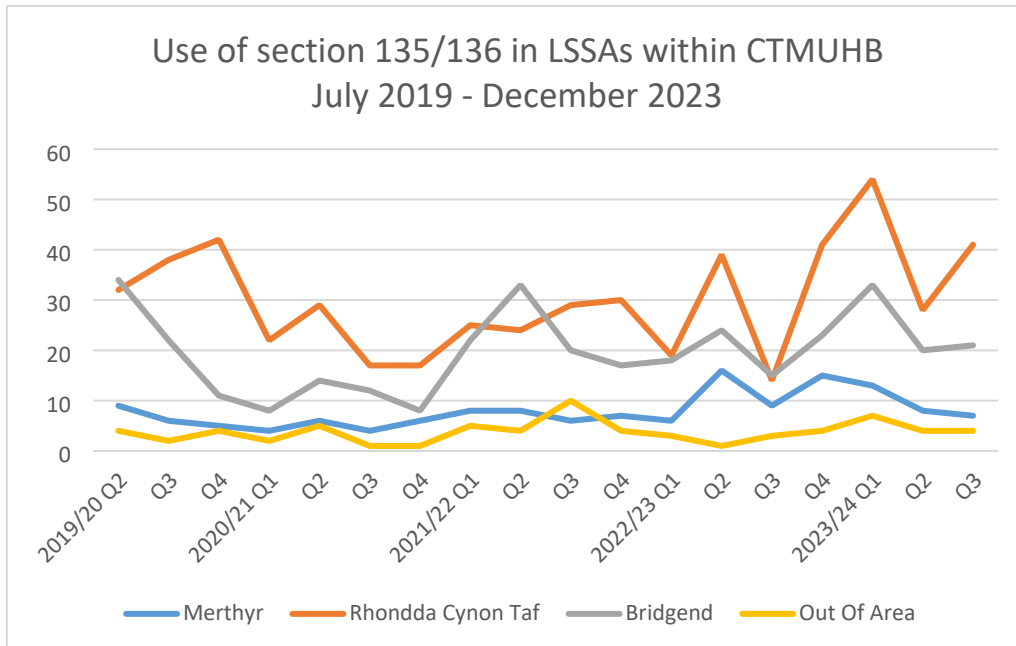


Table 5

Use of Section 135 and 136 by area for Q3 2023/24, also with mean.

Area	Mean 2020/23	Q3
Merthyr	8	7
Rhondda Cynon Taf	30	41
Bridgend	20	21
Out of area	4	4
Total	62	73

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 persons 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.

2.8 Errors and Breaches

Administrative and medical scrutiny of section documentation is carried out by the MHA Office and medical staff approved under Section 12 of the Act to ensure compliance and to identify any amendments needed within the target time limit. The majority of errors recorded within this report are minor, relating to demographics.

Rectifiable Errors

These are minor errors resulting from inaccurate recordings, which can be rectified under Section 15 of the Act. Examples include incomplete addresses and misspelled names.

The application or medical recommendation, if found to be incorrect or defective, may, within that period, be amended by the person by whom it was signed. Upon such amendments being made the application or recommendation shall have effect and shall be deemed to have had effect as if it had been originally made.

- 2.9. The total number of minor errors across all services in Q3 2023/24 was 10, the same as in Q2 2023/24. All of which were rectified within the 14-day time limit.

Table 6

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

Rectifiable Errors		POW	RGH					Ty Lliard	
Responsible for Error	Forms	14	Admissions	21	22	St David's	PICU	Enfys	Total
AMHP	HO2	3	1	2	1		1		8
AMHP	HO6								0
Doctor	HO3								0
Doctor	HO4							1	1
Doctor	HO8								0
Doctor or Nurse	HO12								0
Nurse	HO14					1			1
Other UHB	TC1								0
	Total	3	1	2	1	1	1	1	10

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

Fundamentally Defective

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

Examples include unsigned section papers, incorrect hospital details or the wrong form being used. Medical recommendations and applications that are not signed cannot be remedied under Section 15 and therefore render the detention invalid.

All breaches are reported via DATIX to enable monitoring and for training to be put in place as necessary.

The details of the breaches are set out below.

- 2.11 There were 2 fundamentally defective errors within CTMUHB during Q3 2023/24 as there were in Q2 2023/24.

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

The breaches for Q3 are broken down below into hospitals and wards.



Table 7

Fundamental Errors	RGH	Angelton	Totals
Sections	Ward 4	Ward 1	
Section 5(2)	1		1
Section 3		1	1
Total	1	1	2

Invalid Section 5(2)

- The patient was detained on 19/10/2023 under the Doctor’s Holding Powers of Section 5(2) on a general ward in the Royal Glamorgan Hospital.
- The MHA team were contacted by the liaison team in RGH, who had noticed that the Doctor who had completed the English version of the Doctor’s Holding Powers under Section 5(2) - Form H1.
- As the use of the English form does not comply with the Welsh Regulations, the section was deemed invalid. In addition, the time that the Section 5(2) commenced had not been documented by the Doctor.
- The ward manager and Mental Health liaison team were requested to inform the patient that they were no longer detained but of informal status.
- The MHA team formally sent a letter to the patient.
- The MHA team manager contacted the head of the liaison teams throughout the Health Board and requested that a copy of the dummy training Form HO12 to be made available for display on all wards, to assist Doctors when using their Holding Powers under Section 5(2).
- The Mental Health Act page on Share Point is currently in the process of being updated, directing professionals to the relevant forms and guidance.

Invalid Section 3

- The patient was detained under Section 3 on 21/11/2023.

- As per the requirement of Section 15 of the MHA 1983, the MHA team sent the Forms HO8 for medical scrutiny on 22/11/2023. Both forms failed medical scrutiny as the medical recommendations did not address any symptoms of mental disorder.
- The MHA team advised the RC to immediately discharge the patient from Section 3 by completion of Form HO17, which was done on 22/11/2023.
- The ward manager and AMHP were informed of the invalid detention and asked them to let the patient know they were no longer detained under the MHA 1983.
- A new MHA assessment was conducted on the 23/11/2023 and the patient re-detained under Section 3.
- MHA manager contacted the ward staff and AMHP to re-iterate the importance of thoroughly checking the detention paperwork using the receipt & scrutiny checklist.

3. Key Risks / Matters for Escalation

- 3.1 Until the introduction and roll out of WCCIS, all data relating to MHA detentions, applications and referrals under the MHA 1983 are recorded on an Excel spreadsheet.
- 3.2 Audits of MHA statutory documentation throughout the quarter has again highlighted the need for electronic patient health records, which would eliminate the requirement for the documents to be printed out and filed in the case notes, which is the current system in use on the wards in Bridgend and Older Persons in RGH.
- 3.3 The Board Room in MPEC in Princess of Wales Hospital does not meet the minimum standard room requirements set by the MHRT. 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	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	Learning and improving whole systems are also important dimensions of work, which is considered by the Mental Health Act Operational Group.
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	All of the dimensions in this section are relevant to improving the application of the Mental Health Act 1983 in CTMUHB.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	This is completed upon completion of each Mental Health Act Policy.



Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	This is completed upon completion of each Mental Health Act Policy.
Cyfreithiol / Legal	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.	
Enw da / Reputational	Yes (Include further detail below)	
	Adherence to the provisions of the Mental Health Act by Professionals is paramount .	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The MHA Monitoring Committee is asked to:

- DISCUSS and NOTE the report



Appendix 1.

Graph 1

Quarter 3 MHA Adult Activity 2023/24

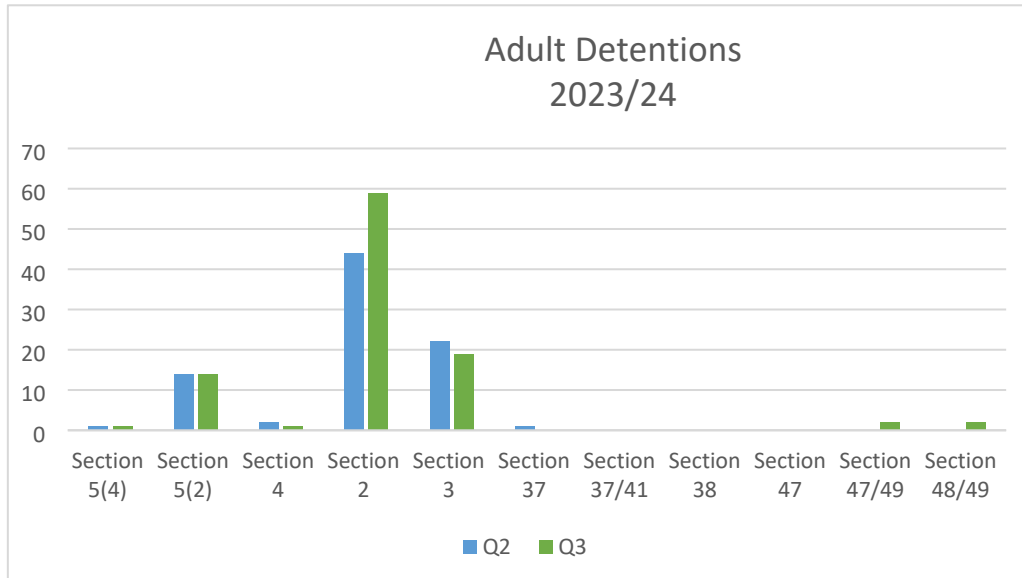


Table 1

Quarter 3 MHA Adult Activity 2023/24

Section	Q2	% of total	Q3	% of total
Section 5(4)	1	1.19%	1	1.02%
Section 5(2)	14	16.67%	14	14.29%
Section 4	2	2.38%	1	1.02%
Section 2	44	52.38%	59	60.20%
Section 3	22	26.19%	19	19.39%
Section 37	1	1.19%	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%	2	2.04%
Section 48/49	0	0.00%	2	2.04%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	84	100%	98	100%

*There were 6 out of area detentions in Q3



Table 2 Number of Adult MHA detentions per locality

Area	Q2	Q3
Merthyr	13	13
Rhondda Cynon Taf	50	62
Bridgend	21	23
Out of area	9	6

Graph 2 Quarter 2 MHA Older Persons Activity 2023/24

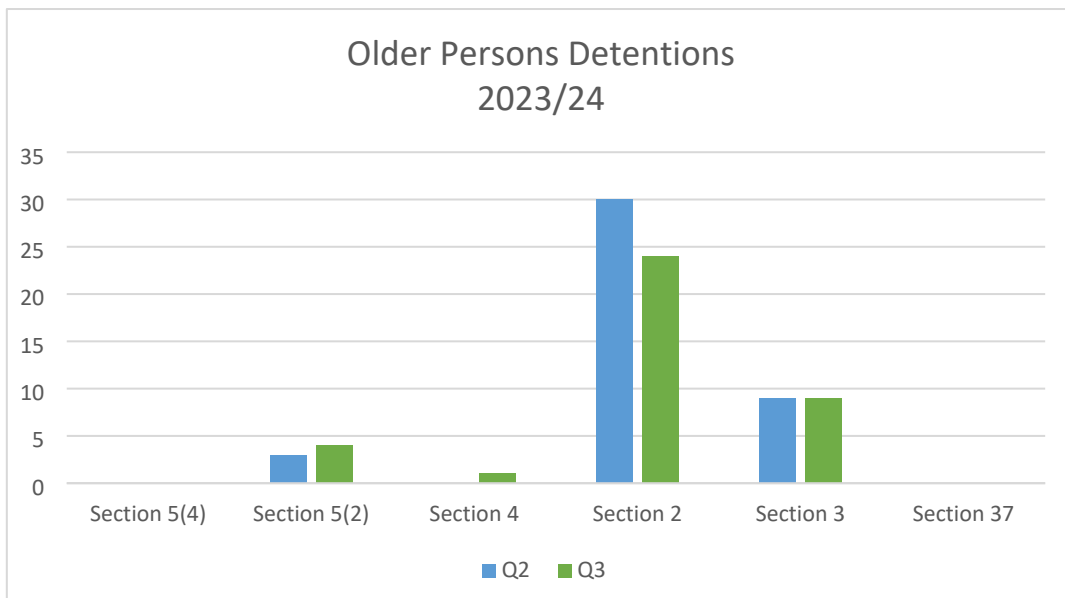




Table 3 Quarter 3 MHA Older Persons Activity 2023/2024

Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	3	7.14%	4	10.53%
Section 4	0	0.00%	1	2.63%
Section 2	30	71.43%	24	63.16%
Section 3	9	21.43%	9	23.68%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	42	100%	38	100%

Table 4 Number of Older Persons MHA detentions per locality

Area	Q2	Q3
Merthyr	4	1
Rhondda Cynon Taf	23	32
Bridgend	15	5
Out of area	0	1



Graph 3 Quarter 3 CAMHS Activity 2023/24

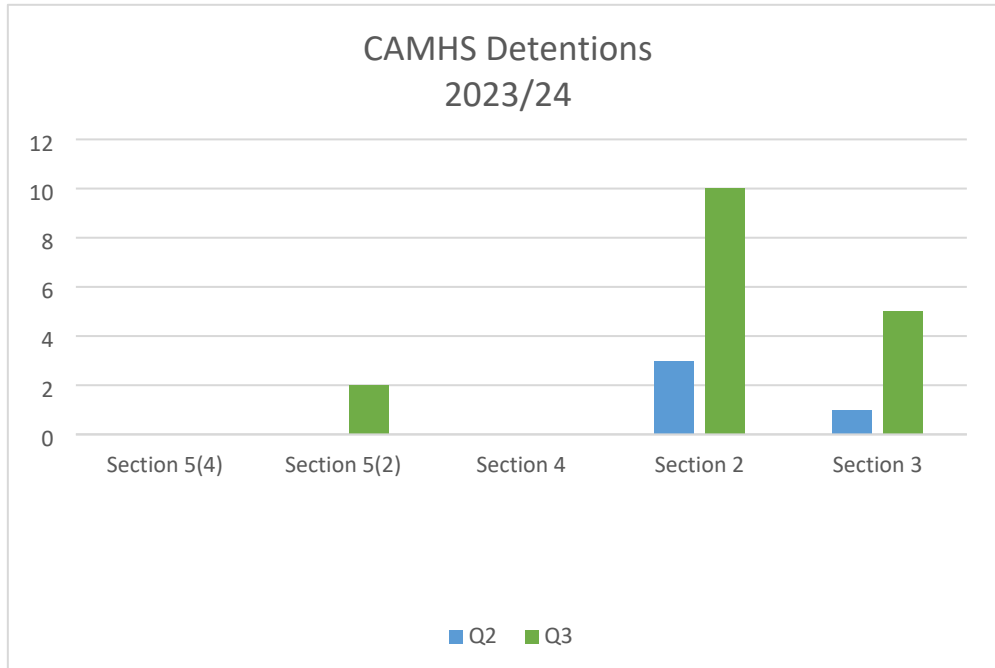


Table 5 Quarter 3 CAMHS Activity 2023/24

Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	0	0.00%	2	11.76%
Section 4	0	0.00%	0	0.00%
Section 2	3	75.00%	10	58.82%
Section 3	1	25.00%	5	29.41%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	4	100%	17	100%



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

Health Board	Q2	Q3
Cwm Taf Morgannwg	2	4
Swansea Bay	0	3
Cardiff & Vale	2	5
Hywel Dda	0	0
Aneurin Bevan	1	5
Powys Teaching	0	0

USE OF SECTIONS AND OUTCOMES for July – December 2023

Section 5(2) of the Mental Health Act 1983

A 'holding power' can be used by doctors to detain an inpatient in hospital for up to 72hrs for assessment under the Act. This cannot be used in A&E because the patient is not an inpatient. A non-psychiatric doctor on a general medical ward can use this section.

Table 7

S5(2) OUTCOMES	Jul	Aug	Sept	Oct	Nov	Dec
Section 2	0	1	2	2	5	5
Section 3	1	3	1	1	2	0
Informal	2	2	2	3	1	1
Discharged	1	0	1	0	0	0
Lapsed	0	0	0	0	0	0
Invalid	0	1	0	0	0	1

Section 2 of the Mental Health Act 1983

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



Table 8

S2 OUTCOMES	Jul	Aug	Sept	Oct	Nov	Dec
Section 3	10	2	5	9	4	8
Informal	19	18	14	14	18	1
Discharged	3	9	6	1	3	9
Lapsed	0	0	0	0	0	0
Invalid	0	0	1	0	0	0
Transfer	3	1	1	1	0	0

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	Jul	Aug	Sept	Oct	Nov	Dec
Section 3 renewed	0	2	0	2	4	1
Informal	1	6	2	8	5	6
Discharged	4	2	6	2	5	6
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	1	0
Transfer	1	2	1	0	3	0
CTO	2	2	2	1	0	0

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



Table 10

	Q2 2023/24	Q3 2023/24
Adult Detentions	76	85
Older Persons detentions	39	35
CAMHS detentions	5	14
TOTAL	120	134

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.

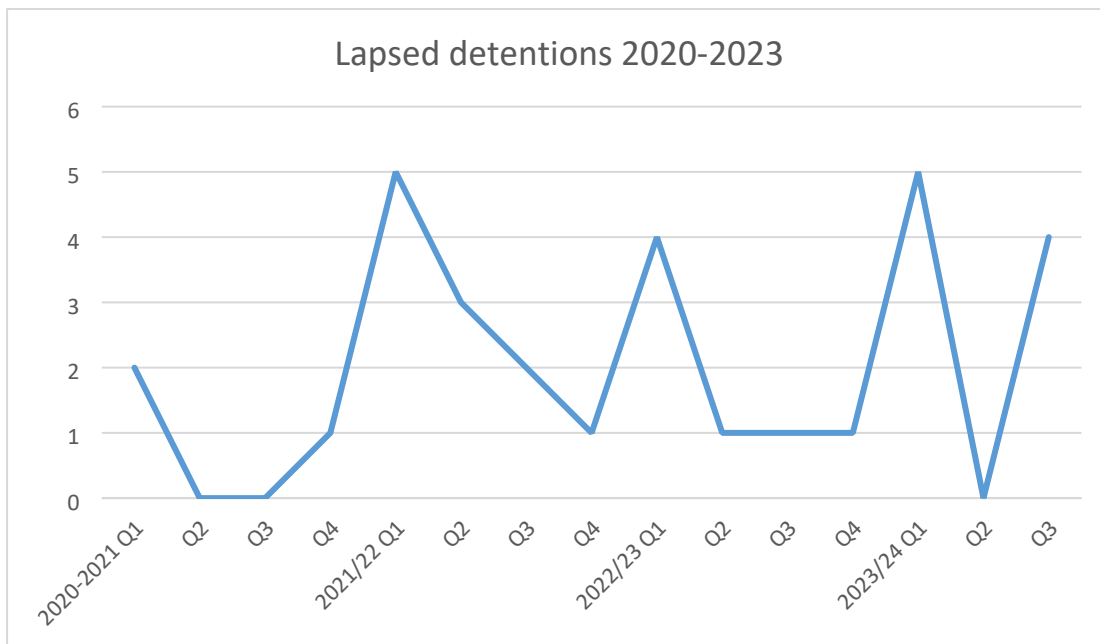
It is particularly poor practice to allow the section to lapse when the RC has not seen the patient. In this instance, the issue is reported to the Clinical Director and monitored to avoid re-occurrence.



Table 11

Section lapses	Section	Q2	Q3
Adult	2	0	0
	3	0	0
	4	0	0
	CTO	0	0
	136	0	3
Older Persons	2	0	0
	5(2)	0	0
	3	0	0
	4	0	0
CAMHS	2	0	0
	3	0	0
	4	0	0
	136	0	1

Graph 4- Lapses detentions under the MHA 1983.



During Q3, there were 4 lapses of S136 detentions, all of whom had been taken to Accident & Emergency departments -1 in Prince Charles Hospital, Merthyr and 3 in Princess of Wales Hospital, Bridgend.



Table 12

Lapses	PCH	POW	Totals
Sections	A&E	A&E	
136	1	3	
Total	1	3	4

The Joint S136 policy between South Wales Police, Health Boards (to include Welsh Ambulance), Local Authority Councils and Hafal contains guidelines for professionals charged with responsibilities towards those detained under Section 135 and 136 of the Mental Health Act.

Section 6 of the policy describes the procedure where a hospital Emergency Department is used under Section 136, which highlights that it is the responsibility of the police officer removing the person under section 136 to contact the senior nurse at the Emergency Department to notify them that an individual subject to section 136 requires immediate physical or medical intervention before being transferred to a health place of safety for assessment. This includes a comprehensive handover to enable the Emergency Department staff to confirm that the detainee is subject to a Section 136 Detention.

GM and CH are in the process of addressing these issues, which will include the importance of a substantial handover to key professionals.

TRANSFER BETWEEN HOSPITALS

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

Table 13

SECTION	Q2	Q3
Part 2 Patients to CTUHB	4	11
Part 3 patients to CTUHB	0	2
Part 2 patients from CTUHB	11	6
Part 3 patients from CTUHB	0	2
TOTAL	15	21

**COMMUNITY TREATMENT ORDER, Section 17A (CTO)
Q2 CTO Activity 2023/2024**

Table 14

SECTION	Power	Q2	Q3
17A	Community Treatment Order made	7	4
	Community Treatment order extended	9	4
	Recalled to hospital and not revoked	3	5
	Recalled to hospital and revoked	3	1
	Discharged from CTO	0	5
	Transferred	1	0
	Other (Deceased)	0	1

Current CTO by area

Table 15

Area	Q2	Q3
Merthyr	5	2
Rhondda Cynon Taf	20	21
Bridgend	6	7
CAMHS	1	2
Out of area	1	1
Total	33	33

USE OF SECTION 135 AND SECTION 136

Police powers under the MHA to authorise removal to a Place of Safety.

Section 135

Warrants under the Act for (1) assessments on private premises and (2) recovering patients who are absent without leave. Lasts for up to 36hrs.



Table 16

Section 135 of the Mental Health Act	Q2	Q3
Assessed and admitted informally	0	0
Assessed and Discharged	0	0
Assessed and detained under Section 2	4	3
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Recalled from Community Treatment Order	0	0
TOTAL	4	3

Section 136

Power to detain someone in immediate need of care or control and remove him or her to a place of safety. Power to detain lasts for up to 24hrs.

Table 17

Section 136 of the Mental Health Act	Q2	Q3
Assessed and admitted informally	10	5
Assessed and detained under Section 2	13	15
Assessed and detained under Section 4	0	1
Assessed and detained under Section 3	0	0
Discharged with no follow up required	7	7
Discharged referred to community services	25	39
Section 136 lapsed	1	3
Other /(Recall from CTO)/ or transfer	0	0
TOTAL	56	70

HOSPITAL MANAGERS HEARINGS

Under the provisions of the Mental Health Act 1983, detained patients have a right to have their detention reviewed by the Hospital Managers. The Hospital Managers responsibilities are as follows:

- Undertake a review of detention at any time
- Must review a patient’s detention when Responsible Clinician (RC) submit a report under Section 20/20A renewing detention and extending CTOs
- Must consider holding a review when a patient requests it
- Must consider holding a review when the RC makes a report under Section 25 (1) barring a nearest relative application for the patient’s discharge



Table 18

Hospital Managers Hearings	Q2	Q3
Number of Hearings held	13	15
Number of Referrals by Hospital Managers	17	23
Number of Appeals to Hospital Managers	1	1
Number of Detentions upheld by Hospital Managers	13	15
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	2	1

Q3:

1 Adjourned
5 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	Q2	Q3
Number of Hearings held	22	24
Number of Referrals by Hospital Managers	14	15
Number of referrals by Ministry of Justice	2	0
Number of referrals by Welsh Ministers	0	1
Number of Appeals to MHRT	43	37
Number of Detentions upheld by MHRT	20	24
Number of detentions discharged by MHRT	2	0
Number of Hearings adjourned/postponed	7	4
Number of Hearings cancelled by patient	8	9
Number of patients transferred to another Health Board prior to Hearing	1	0
Number of patients discharged by RC prior to Hearing	11	9



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.

Q3: 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	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23
Section 62	2	6	4	4	3	3
Section 64	0	1	0	0	1	0
Total	2	7	0	4	4	3

EXAMPLES OF GOOD PRACTICE

Use of AMAT audit tool

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

This has been further developed into generating reports to identify areas of improvement and any training requirements.

SharePoint

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

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

MHA policies

The following MHA policies were ratified by the MHA Monitoring Committee on 4/12/23.

- Consent to Treatment
- S117
- Section 5(4)
- Section 5(2)
- Community Treatment Order

RR sent them onto the relevant department to be updated on SharePoint.

Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

Section 5(4) Nurse holding power.	This means that if a Nurse feels that a patient suffers from a mental disorder and should not leave hospital s/he can complete this form allowing detention for 6 hours pending being seen by doctor or Approved Clinician <i>(1 holding power form required)</i>
Section 5(2) Doctor's or Approved Clinician's Holding power	This means that an inpatient is being detained for up to 72 hours by a doctor or Approved Clinician if appears to suffer from mental disorder and patient wishes to leave hospital. <i>(1 holding power form required)</i>
Section 4 Admission for assessment in cases of emergency	Individual is detained for up to 72 hours if Doctor believes person is suffering from mental disorder and seeking another Doctor will delay admission in an emergency. <i>(1 Medical Recommendation and AMHP assessment required)</i>
Section 2 Admission for assessment	Individual is detained in hospital for up to 28 days for assessment of mental health. Criteria:



	<p>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>
Section 3 Admission for Treatment	<p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p>Criteria: Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital. In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.</p> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
Section 7 Guardianship	<p>Individual who suffers from mental disorder can be given a guardian to help them in the community. Guardianship runs for six months and can be renewable.</p> <p>Criteria: Live in a particular place Attend for medical treatment, occupational; education or training at set places and at set times. Allow a doctor, an approved mental health professional or other named person to see patient</p> <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p>
Section 37 Guardianship by Court Order	<p>Court can make an order (6 months) that patient be given a guardian if needed because of mental disorder. The guardian is someone from social services.</p> <p>Criteria: Live in particular place Attend for medical treatment, occupational education or training at set places and times Allow a doctor or an approved mental health professional or other named person to see you</p> <p><i>(Court Order required)</i></p>
Section 37/41	<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</p>



<p>Admission to hospital by a Court Order with restrictions</p>	<p>treatment. The Court makes restrictions and as such, patient cannot leave hospital or be transferred without the Secretary of state for Justice agreement.</p> <p><i>(Court Order with restrictions required)</i></p>
<p>Section 135 Admission of patients removed by Police under a Court Warrant</p>	<p>Individual brought to hospital by a Police Officer on a warrant from Justice Of Peace, which means that an AMHP feels that individual is suffering from mental disorder for which s/he must be in hospital. Warrant last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Section 135 (1){non-detained patient} warrant required or Section 135 (2){ sections and CTO patients} required)</i></p>
<p>Section 136 Admission of mentally disordered persons found in a public place</p>	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder. Assessment by Section 12 Approved Doctor and Approved Mental Health Professional. Section 136 last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Police Service Section 136 monitoring form required)</i></p>
<p>Section 17 A Community Treatment Order (CTO)</p>	<p>CTO allows patients to be treated in the community rather than detention in hospital. Order last 6 months and is renewable. There are conditions attached which are:</p> <p>Be available to be examined by Responsible Clinician for review of CTO and whether should be extended. Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued.</p> <p>The Responsible Clinician may also set other conditions if relevant to individuals, carers and/or family.</p> <p><i>(CP1 Form to be completed by Responsible Clinician and AMHP)</i></p>
<p>Section 17 leave</p>	<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>
<p>Section 117 aftercare</p>	<p>This section applies to persons who are detained under Section 3, 37, 45 A, transferred direction under section 47 or 48 and who cease to be detained after leaving hospital. It is the duty of the Health Board and Local Authorities to provide aftercare under Section 117 free of charge to patients subject to the above sections. Patients can be discharged from Section 117 aftercare if they no longer receiving services.</p>



MHAM Hearings (Mental Health Act Managers)	Patients detained under sections of the Mental Health Act are entitled to appeal against their detention to the Hospital Managers several times during their period of detention. Patients are also referred to the Hospital Managers by the Mental Health Act Administrators when the Responsible Clinician (RC) submits a report renewing the section.
MHRT Hearings (Mental Health Review Tribunal)	Patients detained under Sections of the Mental Health Act are entitled to appeal against their detention to the Mental Health Review Tribunal for Wales once in each period of detention. If a patient decides to withdraw their appeal, they can appeal again at a later date and do not lose the right of appeal. Patients are also automatically referred to the Mental Health Review Tribunal by the Mental Health Act Administrators if they have not exercised their right of appeal after a set period. Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.



Agenda Item

4.3

Mental Health Act Monitoring Committee

Risks related to the use of the Mental health Act

Dyddiad y Cyfarfod / Date of Meeting	06/03/2024
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author	Lloyd Griffiths, Head of MHLN Nursing
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley Deputy Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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

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

Acronyms / Glossary of Terms	
CAMHS	Child and Adolescent Mental Health Services
MHA	Mental Health Act
RCT	Rhondda Cynon Taff
SWP	South Wales Police



1. Situation / Background

- 1.1 The purpose of this report is to present risks related to the monitoring of the Mental Health Act (MHA) evident in quarter 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 10, the same as quarter 2. The mean a year ago was 25 demonstrating that thematic actions by the operational group to address recurrent issues are having a good and sustained impact.

This quarter there were 2 fundamentally defective errors, again the same as last quarter and consistent with the overall quarterly pattern.

- 2.2 It is noted that there has been an overall increase in the use of the MHA in quarter caused by an increase in the RCT area which will be closely monitored by the Operational group. All other areas remained within mean levels.

- 2.3 Although this paper focuses on risks for balance, a few key positive highlights in other papers are noted below:

- It was pleasing to see the further reduction in the rectifiable errors and sustained low numbers of fundamentally defective errors.
- A training event has been held on the interface between the MHA and the MCA.
- The progress made on the development of a suitable CAMHS holding bed
- The continued focus and progress on policies being updated and ratified.

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 SWP 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.

4. Assessment

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



**Environmental
/Sustainability Impact (5Rs)**

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

5. Recommendation

5.1 The Mental Health Act Monitoring Committee is asked to:

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

6. Next Steps

6.1 None noted

MENTAL HEALTH ACT – FORWARD WORK PLAN 2023				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Agreed at Agenda Planning meeting January 2024	Additional Item	Right Care Right Person Update Report	Nurse Director, Mental Health & Learning Disabilities Care Group	6 March 2024
Agreed at Agenda Planning meeting January 2024	Additional Item	Power of Discharge - Sub Committee Verbal Update	Deputy Chief Operating Officer/ Director of Mental Health & Learning Disabilities	6 March 2024
Agreed at Agenda Planning meeting August 2023	Additional Item	Section 117 Aftercare – Use and Code of Practice Compliance in CTM	Chair, MHA Operational Group	6 March 2024
Annual Cycle of Business	Annual Report	Annual Cycle of Business 2024-25	Director of Corporate Governance/Board Secretary	6 March 2024
Agreed at Agenda Planning meeting August 2023	Additional Item	Section 135 - Use and Code of Practice Compliance in CTM	Chair, MHA Operational Group	5 June 2024
Annual Cycle of Business	Annual Report	Draft Committee Annual Report for 2023-24	Director of Corporate Governance/Board Secretary	5 June 2024
Annual Cycle of Business	Annual Review	Committee Terms of Reference Review	Director of Corporate Governance/Board Secretary	5 June 2024
Annual Cycle of Business	Annual Report	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Corporate	5 June 2024

			Governance/Board Secretary	
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Completed Activity from the Forward Work Programme

MENTAL HEALTH ACT – FORWARD WORK PLAN				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Annual Cycle of Business 2023-24	Six Monthly Report	Crisis Care Concordat National and Local Update	Interim Clinical Service Group Manager Mental Health	6 th December 2023 - Completed
Agreed at Agenda Planning meeting August 2023	Additional Item	Section 135 – Use and Code of Practice Compliance in CTM	Chair, MHA Operational Group	6 December 2023 - Completed
Action following the October 2022 meeting to receive a report from the Care Group on the review of breaches	Additional Item	Outcome from Review of Breaches from the previous two years in relation to themes and trends	Primary Care, Community & Mental Health Care Group	6 September 2023 - Completed
Action following the June 2023 meeting arising from the Annual Report 2022-23	Annual Item	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Director of Corporate Governance/Board Secretary	6 September 2023 - Completed
Agreed at Agenda Planning Session for March meeting. Deferred to June meeting.	Deferred Item	Organisational Structure for the New Mental Health Care Group Operating Model	Director of Primary, Community & Mental Health	7 June 2023 - Completed
Agreed at Agenda Planning Session	Additional Item	Amendment to the Standing Orders – Proposed Revision to the Terms of	Director of Governance	7 June 2023 - Completed

for March meeting. Deferred to June meeting		Reference (Membership – Care Groups Reference)		
Requested via Email from SWP	Additional Item	111 Professionals Line/Performance Monitoring	SWP/Aaron Jones	7 June 2023 – Completed
Action following the December 2022 meeting.	Additional Item	Update on the Place of Safety Room at Prince Charles Hospital to be included in the Operational Group Report	Chair, Operational Group	8 March 2023 - Completed
Action from the December 2022 meeting.	Additional Item	Further update on Fundamental Breaches to be brought back to the March 23 meeting within the Quarterly Activity Report/Breaches/Analysis of Unlawful Detentions	Chair, Operational Group	8 March 2023 – Completed
Action following the October 2022 meeting to review the number of IM's to be quorate.	Additional Item	Amendment to the Standing Orders – Schedule 2 – MHAMC Terms of Reference	Director of Governance	7 December 2022 – Completed
Request made by DPCMH at agenda planning meeting 2.8.22 to be added to the agenda for six months' time.	Additional Item	CAMHS – HIW Report and Update on Action Plan.	Chair/Clinical Lead Operational Group	7 December 2022 – Completed
Request made by the Committee at its meeting held in October 2022 for a written report.	Additional Item	Use of the MHA for patients with a Learning Disability – Activity and Compliance against Code of Practice	Chair/Clinical Lead Operational Group	7 December 2022 – Completed Update provided within the Operational Group Report.
Originally on forward work programme for March 2022	Additional Item	SWP Update on the Use of the Mental Health APP	South Wales Police	A verbal update was provided at the 12 October 2022

deferred to October 22				meeting - Completed
Request made by Committee at November 2021 meeting to receive further written reports to future meetings on the Mental Health and Learning Disability aspect of the commissioned placements	Additional Item	Individually Commissioned Placements, NHS Use and Assurance	Director of Primary, Community & Mental Health	8 June 2022 - Completed
Originally requested at August 2021 meeting for November 2021.	Additional Item	Data on Section 135/136 from the 2019/2020 activity to review as an example of a more typical year.	Head of Nursing, MH	8 June 2022 - Completed
Committee advised at the March 2022 meeting that an In Committee meeting would be held in June 2022	Additional Item	Conclusion of the review into the Fundamental Breach of the MHA	Director of Primary, Community & Mental Health	8 June 2022 - Completed