

# Bundle BCU Mental Health Legislation Compliance and Capacity Committee 11 January 2024

- 1 MH24/1 Welcome, introduction to Committee and apologies for absence
- 2 MH24/2 Review of the Terms of Reference for the Mental Health Legislation Compliance and Capacity Committee  
*Executive Director Public Health / Acting Board Secretary*  
*Recommendation*  
*The Committee is asked to:*  
*Review and Endorse the draft Terms of Reference*
  - MH24.2a ToR for MHLCCC v2.0
  - MH24.2b MHLCC Committee ToR v0.02 Draft (reviewed 22.12.23 – untracked version 04.01.24)
- 3 MH24/3 Developing a Cycle of Business for the Mental Health Legislation Compliance and Capacity Committee  
*Executive Director Public Health / Acting Board Secretary*  
*Recommendation*  
*The Committee is asked to:*
  - *Discuss the forward programme for this Committee.*
  - *Consider a Cycle of Business for the next 12 months*
  - MH24.3a CoB for MHLCCC v3
  - MH24.3b Mental Health Act Committee CoB v0.02 Draft
- 4 MH24/4 Mental Health Legislation Compliance and Capacity meeting 13.12.23  
*Executive Director of Public Health*  
*Recommendation*  
*The Committee is asked to:*  
*Note the papers and*  
*Endorse the notes of the management meeting for Mental Health Act Compliance and Capacity held on 13 December 2023*
  - MH24.4a Endorsement of MHCC Management Meeting 13.12.23
  - MH24.4b App1 Draft MHCC notes 13.12.2023 v.03 draft
  - MH24.4c App2 MHCC meeting papers 13.12.23
- 5 MH24/5 Date of next meeting



<b>Teitl adroddiad:</b> <b>Report title:</b>	<b>Review of the Terms of Reference for the Mental Health Legislation Compliance and Capacity Committee</b>
<b>Adrodd i:</b> <b>Report to:</b>	Mental Health Legislation Compliance and Capacity Committee
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Thursday, 11 January 2024
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>The purpose of this report is to provide the Committee with a proposed Terms of Reference.</p> <p>As reported at the Health Board on 28 September 2023, one of the key Special Measures deliverables includes the requirement to “Establish /Re-establish Board Committees” and it was agreed at that meeting to re-establish arrangements for the Mental Health Legislation Compliance and Capacity as one of the eight Committees and three Advisory Groups that reports to the Board.”</p> <p>A report detailing the Committee and Advisory Group framework was shared with the Board which included the proposed remit and membership for each Committee and Advisory Group. The Board considered the outline Committee framework and approved the establishment of Committees as set out in this framework. It was agreed to re-establish the remit of the Mental Health Legislation Compliance and Capacity Committee.</p> <p>The proposed Terms of Reference in this paper were developed using the following approach</p> <ul style="list-style-type: none"><li>- Utilising the outline remit of each Committee agreed on 28 September Health Board.</li><li>- Considering and adopting the recommendations from the Office of the Board Secretary Review in 2023.</li><li>- A review of Welsh Health Boards Terms of Reference.</li><li>- A review of the Standing Orders for Health Boards</li><li>- A review of Committee Handbooks – provided by Welsh Government.</li></ul>

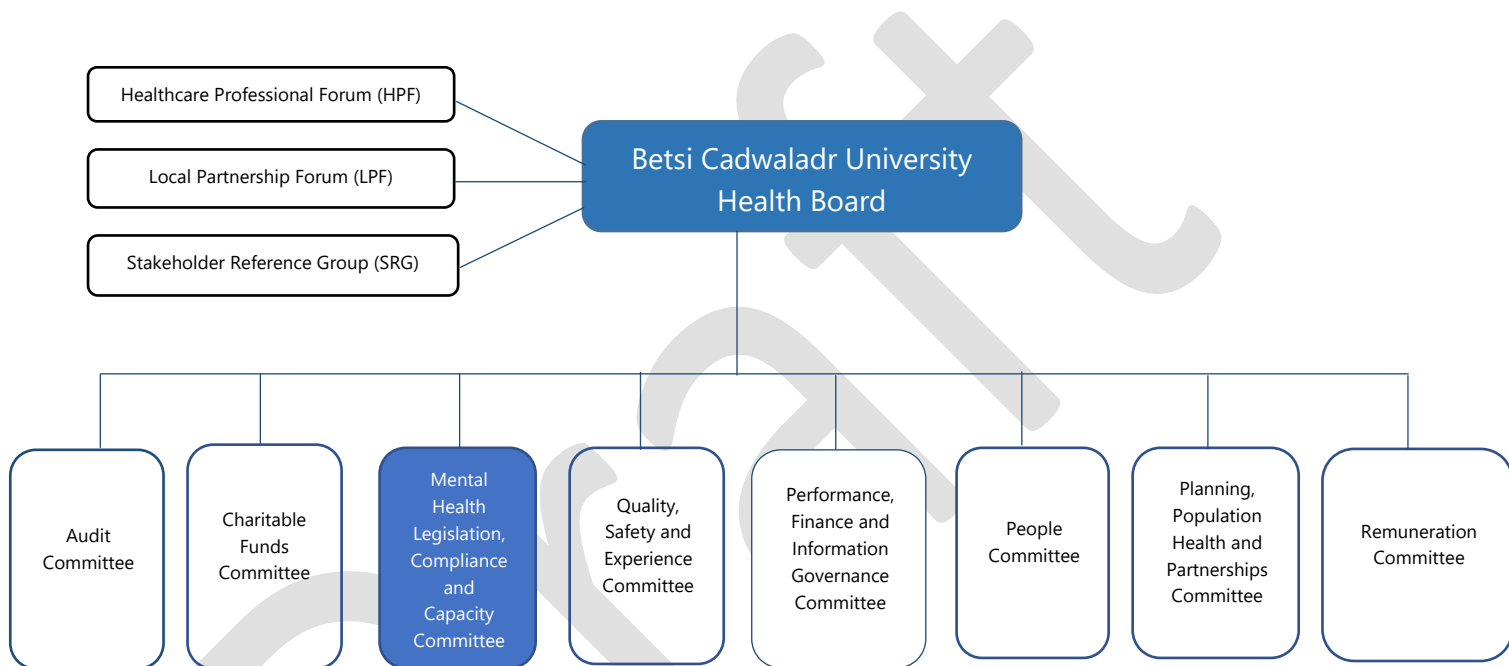
	<p>These proposed Terms of Reference for the Mental Health Legislation Compliance and Capacity Committee have been developed and were noted and considered at the Audit Committee on 16 November 2023. At the Health Board on 30 November 2023 it was confirmed that the draft Terms of Reference would be developed in more detail with the Chair and Exec Lead for the Committee. This meeting took place on during December 2023 and the version that is in this report is the product of that meeting.</p> <p>The Acting Board Secretary would like to thank the Chair and Executive Lead for their help in developing the Terms of Reference and is asking the Committee to review and endorse the draft Terms of Reference ahead of being formally approved at the Health Board on 25 January 2024.</p>			
<p><b>Argymhellion:</b> <b>Recommendations:</b></p>	<p><i>The Committee is asked to:</i></p> <ul style="list-style-type: none"> <li>• <b>Review and Endorse</b> the draft Terms of Reference</li> </ul>			
<p><b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b></p>	<p>Phil Meakin - Acting Board Secretary</p>			
<p><b>Awdur yr Adroddiad:</b> <b>Report Authors:</b></p>	<p>Phil Meakin – Acting Board Secretary Support by:</p> <ul style="list-style-type: none"> <li>• Laura Jones – Special Measures Project Manager</li> <li>• Philippa Peake-Jones – Head of Corporate Affairs</li> <li>• Diane Davies – Corporate Governance Manager</li> </ul>			
<p><b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b></p>	<p>I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i> <input type="checkbox"/></p>	
<p><b>Lefel sicrwydd:</b> <b>Assurance level:</b></p>	<p>Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				

<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>This is not applicable for this report.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>This is not applicable for this report.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>The nature of this paper has an impact on the way risks are reported and managed in the Health Board.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective and management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>An iteration of this paper will be received at the Health Board on 25 January 2024.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>The nature of this paper, in particular the Section on Corporate Risk Register has an impact on the way the Board Assurance Framework will be reported and managed in the Health Board after the Development of a Risk Management Framework.</p>

<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• The Acting Board Secretary to submit the final draft of the Terms of Reference for formal approval at the Health Board on 25 January 2024.</li> </ul>	
<p><b>List of Appendices:</b></p> <p>Appendix 1 – Draft Terms of Reference for Mental Health Legislation Compliance and Capacity Committee</p>	

## MENTAL HEALTH LEGISLATION, COMPLIANCE AND CAPACITY COMMITTEE

### TERMS OF REFERENCE



Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review with Committee Chair and Executive Lead
V0.02 Draft	ToR meeting with Committee Chair & Executive Lead	22/12/23	Updated after a desktop review and draft agreed for the MHLCC Committee to be held on 11/01/24

## 1) Introduction

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- 1.1 The Betsi Cadwaladr University Health Board (BCUHB) shall establish a Committee to be known as the Mental Health Legislation, Compliance and Capacity Committee. The Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. The detailed operating arrangements in respect of this Committee are set out below.

## 2) Purpose

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The purpose of the Mental Health Act Legislation, Compliance and Capacity Committee is to Provide assurance that:

- 2.1 Those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly:
- 2.1.1 The wider operation of the 1983 Act in relation to the Health Board's area is operating properly.
  - 2.1.2 The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully.
  - 2.1.3 The Health Board's responsibilities as Hospital Managers are being discharged effectively and lawfully.
  - 2.1.4 Advise the Board of any areas of concern in relation to compliance with mental health legislation and agree issues to be escalated to the Board with recommendations for action.
  - 2.1.5 The Health Board is compliant with Mental Health Act, 1983 Code of Practice for Wales.
  - 2.1.6 Seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

## 3) Responsibilities of the Mental Health Legislation, Compliance and Capacity Committee

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The Committee shall provide advice, assurance and support to the Board in ensuring the provision of high quality, safe healthcare for its citizens (all ages), as follows:

- 3.1 Review reports in relation to the Act from Healthcare Inspectorate Wales visits, the Delivery Unit and other external scrutiny bodies and approve the action plans for monitoring.

- 3.2 Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed.
- 3.3 Consider issues arising from related Committees or Health Board Groups.
- 3.4 Receive Hospital Managers Power of Discharge Committee Update Report & Minutes from previous meeting. This report should ensure compliance with the Code of Practice. In respect of its provision of assurance to the Board, the Mental Health Legislation, Compliance & Capacity Committee will seek assurances that:
  - 3.4.1 The operation of mental health legislation is exercised fairly and lawfully and that specific issues related to compliance are managed through its Committee and Group structure.
  - 3.4.2 The wider operation of the 1983 Act (the Board's delegated functions as Hospital Managers') are being exercised reasonably, fairly and lawfully and that specific issues related to compliance are managed through its Committee and Group structure.
  - 3.4.3 Identified matters of risk relating to compliance with mental health legislation are being appropriately mitigated.
- 3.5 ~~Ensure that appropriate Approved Clinicians and Section 12 Doctors provision and arrangements are in place.~~
- 3.6 Develop and approve policies and procedures are developed and approved in line with the organisation's Written Control Document Policy
- 3.7 Ensure that staff have the requisite skills and competencies to discharge the Board's responsibilities by overseeing training of those staff who exercise the functions of mental health legislation.
- 3.8 Ensure that relevant legislation, in particular, the Human Rights Act 1998, the Equality Act 2010, and the Data Protection Act 1998, are adhered to.
- 3.9 Assure the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management ensuring the Board is supported to make strategic decisions through a quality lens.

#### 4) Membership

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- 4.1 Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

4.2 The following should attend Committee meetings:

<b>IN ATTENDANCE</b>
Executive Director of Public Health (Executive Director with responsibility of the Mental Health Learning Division) (Executive Lead)
Executive Director of Nursing and Midwifery
Lead Manager for CAMHS
<b>Other Attendees</b>
2 Other Executive Directors as required by the Chair
Other Senior Managers as required by the Chair including manager roles related to Safeguarding

4.3 The membership of the Committee reflected above shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

4.4 Membership of the Committee will be reviewed on an annual basis.

## 5) Quorum and Attendance

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5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the In Attendance members (who must be the Executive Director with responsibility of the Mental Health Learning Division or their nominated Deputy).

5.2 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

5.3 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.4 Should any 'in attendance' officer member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

5.5 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## 6) Agenda and Papers

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6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Executive Director with responsibility of the Mental Health Learning Division) at least six weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from

Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

- 6.3 All papers must be approved by the Executive Lead.
- 6.4 The agenda and papers will be distributed/published seven days in advance of the meeting.
- 6.5 A draft table of actions will be issued within two working days of the meeting. The minutes and table of actions will be circulated to the Executive Lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.
- 6.6 Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the Committee Chair for final review.

## **7) In Committee**

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- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## **8) Meetings**

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- 8.1 The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.
- 8.2 The Committee may be convened at short notice if requested by the Chair.
- 8.3 Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.
- 8.4 The Committee may, subject to the approval of the Health Board, establish groups to carry out on its behalf specific aspects of Committee Business.
- 8.5 Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.
- 8.6 The Committee Secretary shall be determined by the Board Secretary.

## **9) Reporting**

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- 9.1 The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing of information.
- 9.2 The Committee Chair, supported by the Committee Secretary, shall:

- Report formally, regularly and on a timely basis to the Board on the Committees activities.
- Bring to the Board’s specific attention any significant matter under consideration by the Committee.
- Ensure appropriate escalation arrangements are in place to alert the Health Boards Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

9.3 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Office of the Board Secretary will lead this review.

## **10) Accountability, Responsibility and Authority**

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- 10.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 10.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 10.3 The requirements for the conduct of business as set out in the Health Board’s Standing Orders are equally applicable to the operation of the Committee.

## **11) Review Date**

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- 11.1 These terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.



<b>Teitl adroddiad:</b>	Developing a Cycle of Business for the Mental Health Legislation Compliance and Capacity Committee
<b>Report title:</b>	
<b>Adrodd i:</b>	Mental Health Legislation Compliance and Capacity Committee
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 11 January 2024
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	
<b>Executive Summary:</b>	<p>The purpose of this report is for the Committee <b>to discuss a forward work programme</b> for Mental Health Legislation Compliance and Capacity Committee and <b>consider the</b> development of a Cycle of Business for the Mental Health Legislation Compliance and Capacity Committee.</p> <p>On 16 November 2023, the Audit Committee noted, considered and received assurance on how Committee Workplans were being developed to support the effective Governance of the Committees. It was highlighted that initial work programmes for the three Committees that had not yet been established/re-established would need to be developed and this included the <b>Mental Health Legislation Compliance and Capacity Committee</b>. It was agreed that these work programmes would need a longer lead time to align with the recruitment of Independent Members through the Public Appointment process.</p> <p><b>The Acting Board Secretary and Executive Lead would like to emphasise to the Committee the value in having a discussion in this meeting about the forward work programme and what the Committee wishes to achieve. For example, what are the big issues? what can it influence? how can it help inform the Board? This will then further inform the Committee Cycle of Business.</b></p> <p>The development of the Draft Cycle of Business in Appendix 1 follows a format with a number of categories that we will use in all Committee cycles of business. Those being:</p> <ol style="list-style-type: none"><li>1. Opening Business</li><li>2. Strategic Priorities</li><li>3. Issues Related to Significant Risk</li></ol>

	<p>4. Assurance (routine matters for consideration/assurance)</p> <p>The content of the Draft cycles of business were undertaken by the following method:</p> <ol style="list-style-type: none"> <li>1. Reviewing the previous Committees Cycle of Business that were in place prior to February 2023 in the context of the new Terms of Reference</li> <li>2. Reviewing other similar Welsh Health Board's Terms of Reference for benchmarking</li> <li>3. Meeting with the Committee Chair and Executive Lead to develop a Draft for review at the first Committee meeting.</li> </ol> <p>This discussion will be led by the Executive Lead for the Committee. Colleagues are asked to note that this Draft does cover many potential items and there will be the opportunity to consolidate them to a lesser number of items.</p>			
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p><i>The Committee is asked to:</i></p> <ul style="list-style-type: none"> <li>• <b>Discuss</b> the forward programme for this Committee.</li> <li>• <b>Consider</b> a Cycle of Business for the next 12 months</li> </ul>			
<p><b>Arweinydd Gweithredol:</b></p> <p><b>Executive Lead:</b></p>	<p>Phil Meakin - Acting Board Secretary</p>			
<p><b>Awdur yr Adroddiad:</b></p> <p><b>Report Authors:</b></p>	<p>Phil Meakin – Acting Board Secretary</p> <p>Support by:</p> <ul style="list-style-type: none"> <li>• Laura Jones – Special Measures Project Manager</li> <li>• Philippa Peake-Jones – Head of Corporate Affairs</li> <li>• Diane Davies – Corporate Governance Manager</li> </ul>			
<p><b>Pwrpas yr adroddiad:</b></p> <p><b>Purpose of report:</b></p>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<p><b>Lefel sicrwydd:</b></p> <p><b>Assurance level:</b></p>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p>				

<b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.  It is essential that the Board has robust arrangements in place for Corporate Governance, as failure to do so could have legal implications for the Health Board.
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	This is not applicable for this report.
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	This is not applicable for this report.
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	The nature of this paper has an impact on the way Corporate Governance is reported and managed in the Health Board.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b>	The effective and efficient mitigation and management of Corporate Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b>Workforce implications as a result of implementing the recommendations</b>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b>Feedback, response, and follow up summary following consultation</b>	An iteration of this paper will be received at the Health Board on 25 January 2024.
<b>Cysylltiadau â risgiau BAF:</b>	The nature of this paper, in particular the Section on Corporate Risk Register has an

<p>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>impact on the way the Board Assurance Framework will be reported and managed in the Health Board after the Development of a Risk Management Framework.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Not applicable</p>
<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• The Acting Board Secretary will work with the Executive Lead of the Committee to adjust the detailed Cycle of Business to reflect the discussion that is had in the meeting on the forward work programme.</li> <li>• The Acting Board Secretary to take a draft Cycle of Business for noting at the Health Board on 25 January 2024.</li> </ul>	
<p><b>List of Appendices:</b></p> <p>Appendix 1 – Draft Cycle of Business for Mental Health Legislation Compliance and Capacity Committee</p>	

**Mental Health Legislation, Compliance & Capacity Committee  
Cycle of Business (April 2024 – March 2025)**



Item of Business	Purpose	Lead	April 2024	July 2024	October 2024	January 2025	Notes
<b>Opening Business</b>							
Apologies			✓	✓	✓	✓	
Declarations of Interest			✓	✓	✓	✓	
Minutes from the previous meeting			✓	✓	✓	✓	
Matters arising & Table of actions			✓	✓	✓	✓	
Report of the Chair: <ul style="list-style-type: none"> <li>Chair's action</li> <li>Feedback from Board</li> </ul>	This can be used as a placeholder if required (by exception)		✓	✓	✓	✓	
Report of the Lead Executive for MHL D			✓	✓	✓	✓	
Report of the Lead Executive for CAMHS			✓	✓	✓	✓	
Notification of matters referred from other Committees			#	#	#	#	
<b>Strategic Priorities</b>							
New Mental Health Act – Impact to the Health Board and Plans			✓			✓	
Liberty, Protection and Safeguarding – Impact to the Health Board and Plans			✓			✓	

**Mental Health Legislation, Compliance & Capacity Committee  
Cycle of Business (April 2024 – March 2025)**



Item of Business	Purpose	Lead	April 2024	July 2024	October 2024	January 2025	Notes
<b>Issues Related to Key Risks</b>							
Board Assurance Framework related to Committee		Board Secretary	✓	✓	✓	✓	
Corporate Risk Register related to Committee		Board Secretary	✓	✓	✓	✓	
Placeholder for any agenda items deriving from the BAF & CRR		Board Secretary	#	#	#	#	
Mental Health Act Risk Register			✓	✓	✓	✓	
<b>For Assurance</b>							
Deprivation of Liberty Safeguards Quarterly Report			✓	✓	✓	✓	
Hospital Managers Update Report			✓	✓	✓	✓	
Performance Report			✓	✓	✓	✓	
Criminal Justice Liaison Report				✓		✓	
Consideration of any HIW / Inspection Reports in relation to the Act as appropriate to meeting remit			✓	✓	✓	✓	
Quarterly Rolling Audit Report			✓	✓	✓	✓	

**Mental Health Legislation, Compliance & Capacity Committee  
Cycle of Business (April 2024 – March 2025)**



Item of Business	Purpose	Lead	April 2024	July 2024	October 2024	January 2025	Notes
Annual Learning from Patient Story Report			✓				
Chairs Assurance Reports (for information) Initial mapping report to Inaugural meeting to ascertain if necessary			✓				
Chair Assurance Report (Power of Discharge Group)				✓	✓	✓	
Committee Annual Report to Audit Committee		Secretariat				✓	
Review Committee Terms of Reference & Cycle of Business		Secretariat	✓			✓	
Court of Protection (frequency as arise) Plus Annual Report			#	#	#	# Annual Report	
<b>Closing Business</b>							
Agree Items for referral to Board / other Committees			✓	✓	✓	✓	
Review of Risks highlighted in the meeting for referral to Risk Management Group			✓	✓	✓	✓	
Agree items for Chairs Assurance Report			✓	✓	✓	✓	
Summary of Private Business to be reported in Public			#	#	#	#	

**Mental Health Legislation, Compliance & Capacity Committee  
Cycle of Business (April 2024 – March 2025)**



Item of Business	Purpose	Lead	April 2024	July 2024	October 2024	January 2025	Notes
Review of Meeting Effectiveness			✓	✓	✓	✓	
Date of Next Meeting			✓	✓	✓	✓	
<b>Part B Rolling Programme of Ad-hoc Items</b>							
TBC							
TBC							

Draft for Review



<b>Teitl adroddiad:</b>	<b>Mental Health Legislation Compliance and Capacity meeting</b>		
<b>Report title:</b>	<b>13.12.23</b>		
<b>Adrodd i:</b>	Mental Health Legislation Compliance and Capacity Committee		
<b>Report to:</b>			
<b>Dyddiad y Cyfarfod:</b>	Thursday, 11 January 2024		
<b>Date of Meeting:</b>			
<b>Crynodeb Gweithredol:</b>	<p>A Mental Health Act Compliance and Capacity Committee Meeting has not been able to be formally convened in the normal quarterly cycle due to the number of Independent Members available to support it.</p> <p>Now that appropriate number of Independent Members have been appointed the Health Board has re-established the Committee.</p> <p>In the absence of this Committee a Management meeting for Mental Health Act Compliance and Capacity took place on 13 December 2023 to ensure that the business that is required is considered and transacted.</p> <p>The Draft notes of that meeting and the agenda bundle is attached for the Committee to note and endorse. This has the benefit of providing transparency of the agenda items received at that Management Meeting at the first possible opportunity. They are attached in Appendices 1 and 2.</p>		
<b>Executive Summary:</b>			
<b>Argymhellion:</b>	<i>The Committee is asked to:</i>		
<b>Recommendations:</b>	<ul style="list-style-type: none"> <li>• <b>Note the papers</b> and</li> <li>• <b>Endorse</b> the notes of the management meeting for Mental Health Act Compliance and Capacity held on 13 December 2023</li> </ul>		
<b>Arweinydd Gweithredol:</b>	Phil Meakin - Acting Board Secretary		
<b>Executive Lead:</b>			
<b>Awdur yr Adroddiad:</b>	Phil Meakin – Acting Board Secretary		
<b>Report Authors:</b>	Support by: <ul style="list-style-type: none"> <li>• Laura Jones – Special Measures Project Manager</li> <li>• Philippa Peake-Jones – Head of Corporate Affairs</li> <li>• Diane Davies – Corporate Governance Manager</li> </ul>		
<b>Pwrpas yr adroddiad:</b>	<b>Purpose of report:</b>		
	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b>	Arwyddocaol	Derbyniol	Rhannol
			Dim Sicrwydd

<b>Assurance level:</b>	<b>Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	This work links to all strategic objectives of the Health Board as corporate Governance is a key enabler for them.			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	This is not applicable for this report.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	This is not applicable for this report.			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	The nature of this paper has an impact on the way risks are reported and managed in the Health Board.			
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b>	The effective and management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste			

<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>An iteration of this paper will be received at the Health Board on 25 January 2024.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>The nature of this paper, in particular the Section on Corporate Risk Register has an impact on the way the Board Assurance Framework will be reported and managed in the Health Board after the Development of a Risk Management Framework.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>Any points raised in the Committee related to the Management meeting on the 13 December 2023 will be minuted and can be reflected in the Committee Chair's report to the Board.</li> </ul>	
<p><b>List of Appendices:</b></p> <p>Appendix 1 – Draft Notes from the Management Team Meeting for Mental Health Act Compliance and Capacity of 13 December 2023. Appendix 2 – Papers received at the management meeting held on 13.12.23</p>	

## Mental Health Capacity and Compliance Meeting

Notes of the Mental Health Capacity and Compliance meeting held on  
13.12.23 in the Boardroom, Carlton Court and via Teams

### In Attendance:

Carol Shillabeer	Chief Executive Officer (Chair)
Matt Joyes	Deputy Director of Quality
Wendy Lappin	Mental Health Act (MHA) Manager
Chris Lynes	Deputy Executive Director of Nursing (on behalf of Angela Wood)
Teresa Owen	Executive Director of Public Health
Iain Wilkie	Interim Director of Mental Health
Chris Walker	Head of Safeguarding
Philippa Peake-Jones	Head of Corporate Affairs (Note taking)

### Post meeting

#### note preparation:

Diane Davies	Corporate Governance Manager
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Agenda item	Action
<b>GOVERNANCE</b>	
<p><b>1 Welcome and Apologies</b></p> <p>The CEO welcomed everyone to the meeting noting that the formal MHCC Committee had not met for some time as all BCUHB Independent Members had not been appointed. The meeting was held in order to provide assurance that the requirements of the Committee had received oversight during this period through operational managers and executives.</p>	
<p><b>2 Declarations of Interest</b></p> <p>None were received</p>	
<p><b>3 Draft minutes of the previous meeting held on 9 February 2023</b></p> <p><b>3.1</b> The draft minutes were noted and would be submitted for ratification at the next formal meeting of the Committee.</p> <p><b>3.2</b> The content of the action log was noted and it was agreed that the Committee Secretary would work with the Executive Director of Public Health to update the current action log prior to the next formal meeting.</p>	PPJ/TO

<p><b>3.3</b> It was noted that the Terms of Reference of the Committee would reflect the recommendations of the Office of the Board Secretary review and be considered further outside of the meeting with a focus on legislation.</p>	
<p><b>ASSURANCE</b></p>	
<p><b>4 Mental Health Act Assurance Report</b></p> <p><b>4.1</b> The meeting received assurance that regular monthly meetings were held by the MHA Teams to monitor compliance and there was a robust system in place to escalate any concerns to the appropriate executive. It was noted that there was confidence in the capability of the team which also covered localities and Children and Adolescent Mental Health services (CAMHS).</p> <p><b>4.2</b> The MHA Manager provided a brief overview highlighting the exception reporting. It was noted that where there had been lapses, improvements had been made following further investigation.</p> <p><b>4.3</b> The CEO questioned whether there were trends in regard to non-compliance with legislation and whether root issues were identifiable and acted upon e.g. availability of appropriate doctors. A discussion ensued on examples of the consequences of delays, Section 5(2) exceptions, improvement actions taken to address administrative errors, improved MHA training introduced at induction and actions introduced to encourage timely training renewal to prevent unnecessary detentions.</p> <p><b>4.4</b> The CEO requested that assurance be provided that MHA legislation was part of Board Member induction.–The Executive Director of Public Health also reflected on the potential to explore trend data provided over the past year in deep dives at future meetings of the Committee.</p> <p><b>4.5</b> The CEO requested further clarity on how the Committee received detail on how many children and adults were taken into custody as opposed to the s136 suite and reports of Community Treatment Orders. The MHA Manager drew attention to the appropriate reports provided and highlighted that whilst there had been a dramatic reduction in children admitted, 3 children had been placed in the S136 in month.</p> <p><b>4.6</b> The CEO questioned how BCU was benchmarked in comparison with other areas of Wales and it was understood that this was being explored.</p> <p><b>4.7</b> The Interim Director of Mental Health reflected on the positive assurance provided that the Team had maintained a robust monitoring process during the period that the Committee had been unable to meet. He emphasised that going forward it would be important to focus on an integrated approach to the reasons that S136 suites were not available and address through effective communication and partnership working. The CEO concurred that it would be important for clarity to be provided as papers develop for this Committee.</p> <p>The meeting <b><i>supported the recommendation to note the report</i></b></p>	<p>TO</p>

<p><b>5. Mental Capacity Act (incl DOLS) Assurance Report</b></p> <p><b>5.1</b> The Head of Safeguarding advised that there had been a 25% rise in DOLS application and described the impact and actions taken to address the backlog incurred i.e. reducing from 144 to 19. Further detail was also provided on the training provided and work with Children services and CHC in regard to Court of Protection advice.</p> <p><b>5.2</b> The CEO was pleased to note the backlog reductions reported and sought the Head of Safeguarding's personal opinion on the impacts the potential change in practice which the delayed LPS legislature would incur. A discussion ensued on independent assessor training, Welsh Government engagement, application processes and involvement of the national safeguarding network.</p> <p><b>5.3</b> It was agreed that the Head of Safeguarding would update data on active DOLS.</p> <p><b>5.4</b> The CEO questioned the level of DOLS undertaken, especially in regard to patients with memory impairment. The Head of Safeguarding reflected on a recent case. The CEO was keen that this practice was undertaken with a rights based approach.</p> <p>The meeting <b><i>supported the recommendation to note the</i></b></p> <ul style="list-style-type: none"> <li>• Deprivation of Liberty Safeguards Report and the identified activity for the period of Q1 – Q2 2023-24</li> <li>• Deprivation of Liberty Safeguards Action Plan and progress the report</li> </ul>	<p>CW</p>
<p><b>6. HIW Assurance Report</b></p> <p><b>6.1</b> The Deputy Director of Quality drew attention to the three HIW inspections which had highlighted MHA issues and provided a brief overview of the actions being undertaken to address them including training auditing compliance</p> <p><b>6.2</b> Following discussion it was agreed that the Deputy Director of Quality would advise whether an annual HIW compliance report was undertaken.</p> <p>The meeting <b><i>supported the recommendation to note the report</i></b></p>	<p>MJ</p>
<p><b>7. Associate Hospital Managers Update Report</b></p> <p><b>7.1</b> The meeting was briefed on the role the Associate Hospital Managers whom were not employees of the organisation. A discussion ensued on difficulties in recruitment, to these largely misunderstood roles, which had been explored previously and also on the lack of diversity especially in regard to Welsh language speakers. It was however noted that translation services were provided to patients when the 3 Welsh speaking AHMs were unavailable. The Executive Director of Public Health agreed to connect with the Head of Welsh Language Services in relation to focussed recruitment opportunities.</p> <p><b>7.2</b> The CEO was keen to understand advocacy and sought appropriate detail for a future meeting.</p>	<p>TO</p>

<p><b>7.3</b> The Executive Director of Public Health agreed that the inclusion of Associate Hospital Managers representatives would be considered further on review of the Terms of Reference to be undertaken shortly.</p> <p>The meeting <b><i>supported the recommendation to note the report</i></b></p>	TO/PM
<p><b>8 Power of Discharge Group Chair’s report</b></p> <p><b>8.1</b> Whilst the Group had not met it was noted that quarterly Associate Hospital Manager Forums had been held, the latest in October 2024. However, there were no issues of significance to report or required escalation.</p> <p><b>8.2</b> The CEO requested that she be invited to a future meeting of the Associate Hospital Managers.</p>	TO/IW
<p><b>CLOSING BUSINESS</b></p> <p>The CEO was pleased to be provided with assurance that the requirements of the Mental Health legislature which the MHCC Committee oversees had been diligently undertaken during this interim period.</p>	
<p><b>Date of next meeting</b></p> <p>It was noted that the formal Mental Health Capacity and Compliance Committee was scheduled to reconvene on 11.1.24 as new Independent Members had recently been appointed.</p>	

## **Agenda Mental Health Act and Capacity Compliance Meeting**

**Date** 13/12/2023  
**Time** 15:00 - 17:00  
**Location** Virtual Microsoft Teams  
**Chair** Carol Shillabeer

- 1 GOVERNANCE**
  - 1.1 Welcome and Apologies**
  - 1.2 Declarations of Interest**
  - 1.3 Minutes of the previous Meeting held on 9 February 2023**  
For Information only
- 2 ASSURANCE**
  - 2.1 Mental Health Act Assurance Report - Deputy Director of Quality**
  - 2.2 Mental Capacity Act (incl DOLS) Assurance Report – Head of Safeguarding Adults**
  - 2.3 HIW Assurance Report - Deputy Director of Quality**
  - 2.4 Associate Hospital Managers Update Report - Deputy Director of Quality**
  - 2.5 Chair’s Report from the Power of Discharge (Associate Managers) Group - Deputy Director of Quality**  
Possibly Verbal
- 3 CLOSING BUSINESS**
  - 3.1 Date of next meeting**



<b>Teitl adroddiad:</b>	Mental Health Act Assurance Report			
<b>Report title:</b>				
<b>Adrodd i:</b>	Mental Health Capacity and Compliance Meeting			
<b>Report to:</b>				
<b>Dyddiad y Cyfarfod:</b>	Wednesday, 13 December 2023			
<b>Date of Meeting:</b>				
<b>Crynodeb Gweithredol:</b>	<p>The Mental Health Act Assurance Report provides an update in relation to Mental Health Act (MHA) activity across the Health Board during July – September 2023.</p> <p><b>Executive Summary:</b></p> <p>The Health Board has a duty to monitor and report the number of persons placed under a section of the Mental Health Act. This is completed on a monthly, quarterly and annual basis. This report includes comparison figures for the previous month and quarter to highlight the activity and use of the Mental Health Act sections.</p> <p>Activity is recorded in table and chart format, detailing outcomes and timeframes of the section use for adults and young persons. Forensic data is also included, as is information regarding transfers in and out for specialist services and repatriation.</p> <p>Lapsed sections are reported as ‘exceptions’ throughout the report, and invalid detentions recorded as ‘fundamentally defective’. Any lapses or fundamentally defective sections are Datix reported and investigated.</p> <p>Up to date S136 reports are submitted to the Committee along with any ad hoc requests for information.</p> <p>During 2023 whilst the MHCCC was not held monthly meetings have occurred with the Deputy Director of Quality Governance and the Medical Director for MHLA to ensure that the MHA continued to be monitored with the exceptions discussed including any mitigation and learning that has occurred.</p>			
<b>Argymhellion:</b>	discuss and note the report and appendices.			
<b>Recommendations:</b>				
<b>Arweinydd Gweithredol:</b>	Teresa Owen, Executive Director of Public Health			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	<p><u>Presented by:</u> Matthew Joyes, Deputy Director of Quality Governance Wendy Lappin, Mental Health Act Manager</p> <p><u>Authored by:</u> Wendy Lappin, Mental Health Act Manager</p>			
<b>Pwrpas yr adroddiad:</b>	<b>Purpose of report:</b>	<p>I’w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>

<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <b>Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <b>Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <b>No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	The use of the Mental Health Act is determined by patient need, and the priority is always to care for the patient under the least restrictive option.			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	This report is generated quarterly. The Mental Health Act sections are monitored to ensure they are legal and the Health Board is operating in compliance with the Mental Health Act 1983 (amended 2007), and the MHA Code of Practice for Wales 2016.			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	The use of the Mental Health Act Sections apply to all persons. All policies in relation to the use of the Mental Health Act have been equality impact assessed.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	N/A			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	The patient information recorded to produce the reports required for the Health Board, Welsh Government, and North Wales Police also assists the Health Board in the management of the Mental Health Act functions such as expiry dates, consent to treatment, patient history, movements and deadlines. This data is currently recorded within excel databases which have been identified as unsustainable and difficult to future proof due to the amount of data held and detentions the Health Board experiences. This has been raised as a concern by the previous Chair of the Mental Health Capacity and Compliance Committee and by the Performance Department. Discussions are ongoing as to a more safe and robust way of storing and reporting data between Performance and Information Technology (IT), It has been identified that			

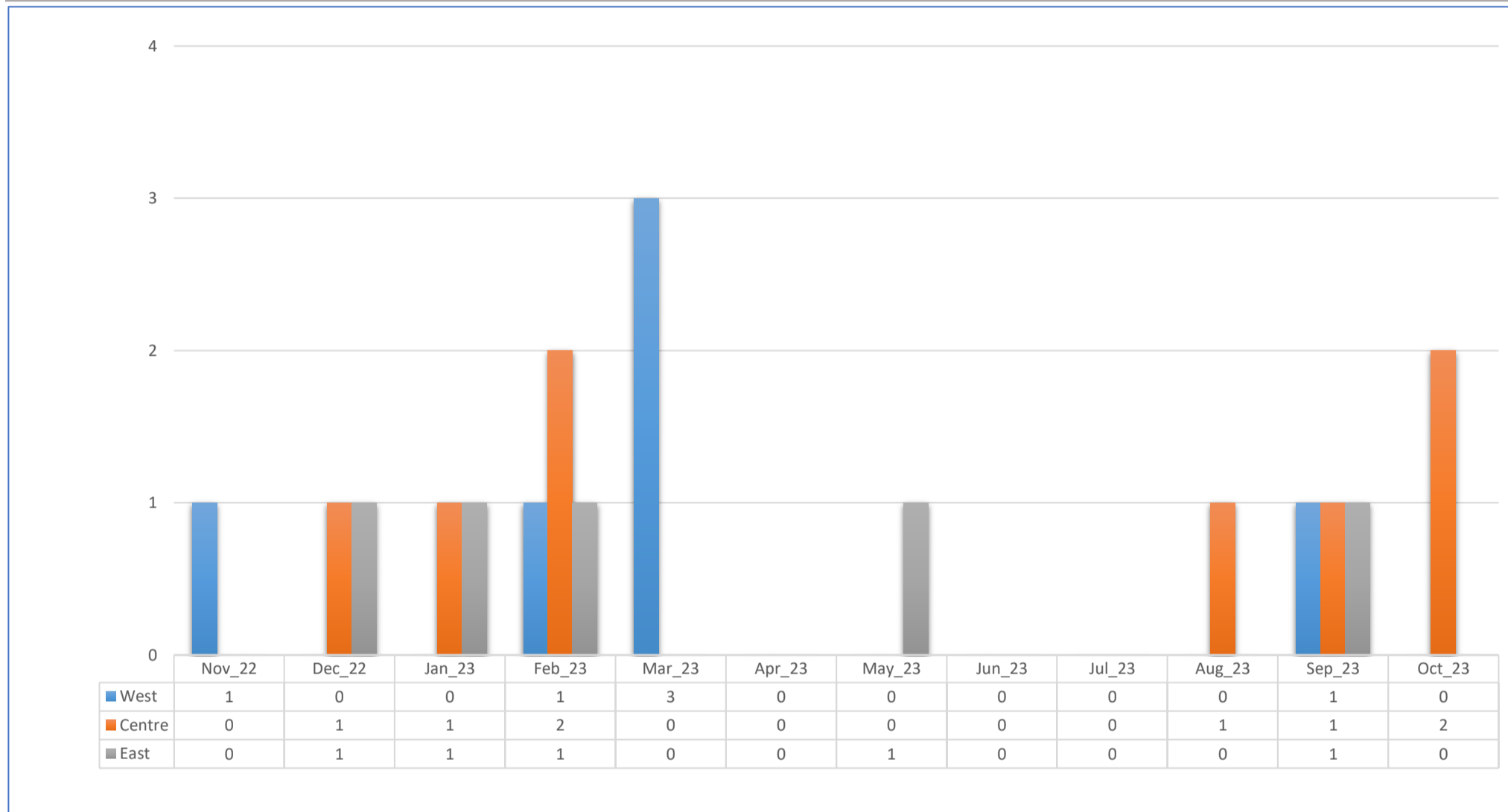
	<p>WCCIS will not be a viable substitute for the databases.</p> <p>The Mental Health Act detentions fall into categories of being either legal or illegal (invalid) which may result in challenges from legal representatives on behalf of their clients. All detentions are checked for validity, and any invalid detentions are reported through Datix, investigated and escalated as appropriate. These are reported as exceptions within the report.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The increase in Mental Health Act detentions has financial implications.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>None required</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>A monthly meeting has been held to review MHA data during 2023. The report and data has been seen by those listed below.</p> <ul style="list-style-type: none"> <li>• Alberto Salmoiraghi, Medical Director of Mental Health &amp; Learning Disability Service</li> <li>• Matthew Joyes, Deputy Director of Quality.</li> </ul>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>N/A</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b></p> <p>N/A</p>	
<p><b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b> Appendix 1 MHA Committee Performance Report July - September 2023 Appendix 2 S136 BCUHB Report – October Appendix 3 S136 CAMHS Report – October</p>	

**S.136/135 use in BCUHB**  
**KPI Report for: October 2023**

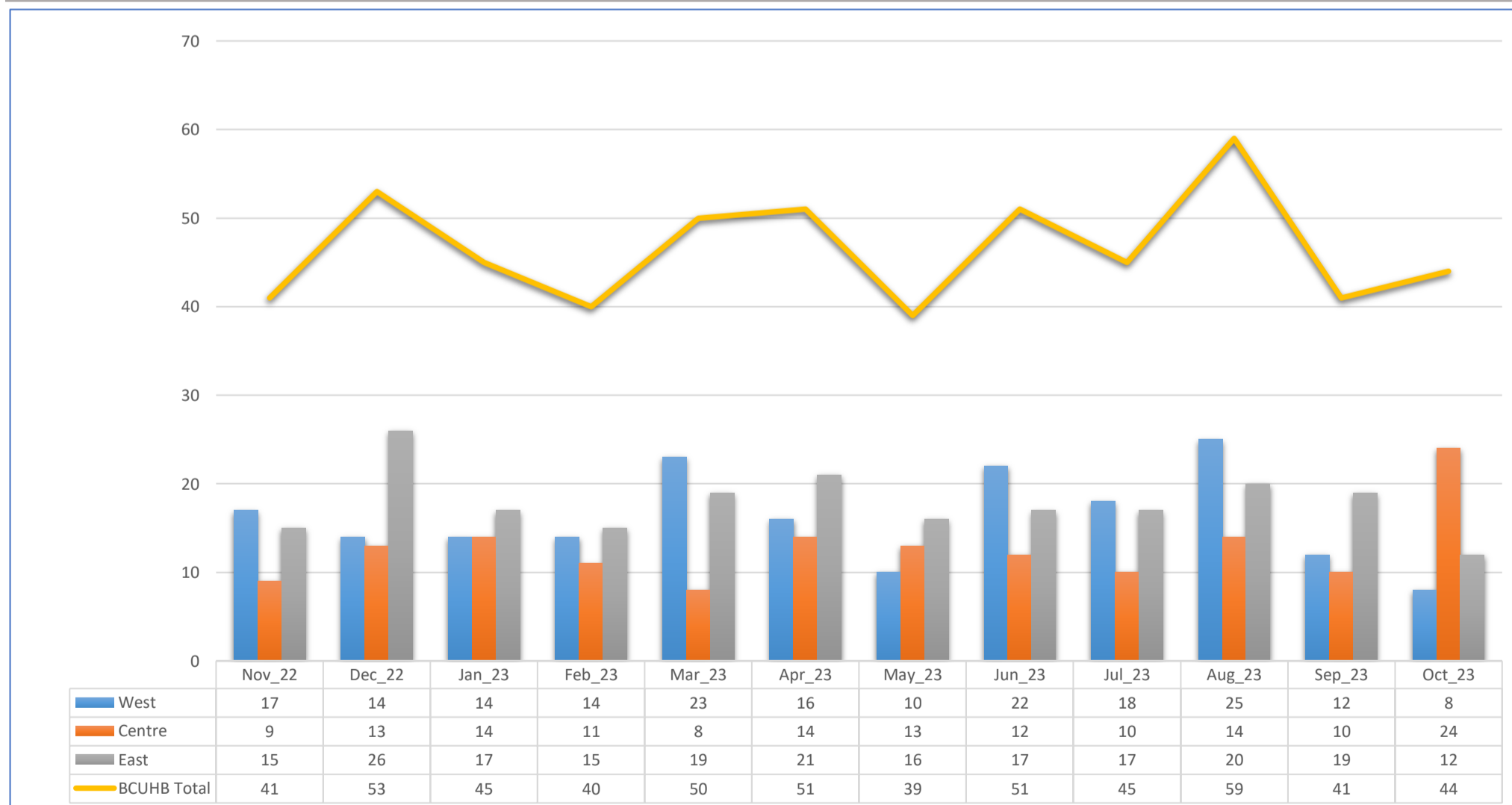
**Data Source:** BCUHB MHA Database  
**Report Created on:** 13/11/2023  
**Report Created by:** Performance Directorate

**Section A: 12 Month Data and Trends**

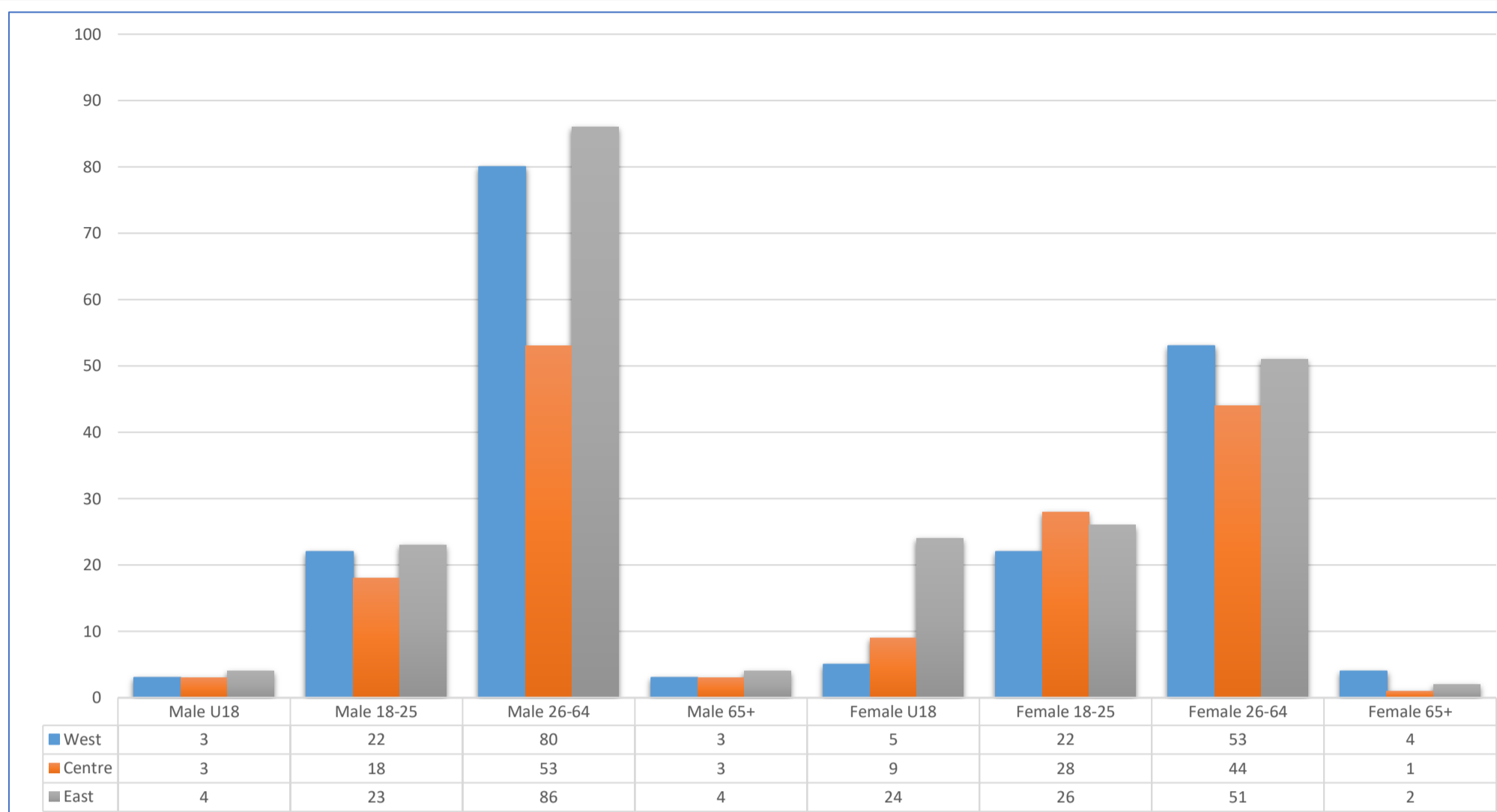
1.1: Section 135 twelve month trend up to and including Oct\_23



2.1: Section 136 twelve month trend up to and including Oct\_23



**3.1: 12 month combined S.135 and S.136 split by Gender and Age bands for all areas**



**4: 1st Place of Safety 12 month trend up to and including Oct\_23**

**Area Split - 1st Place of Safety by category**

1st Place of Safety	Oct_23			12 Month Total		
	West	Centre	East	West	Centre	East
A&E	3	12	5	69	73	89
Ward	0	0	0	0	0	0
PICU	0	0	0	0	0	0
136 Suite	4	11	6	115	72	117
Hospital	0	0	1	1	1	1
Independent Hospital	0	0	0	0	0	0
Care Home for mentally disordered persons	0	0	0	0	0	0
Police Station (Custody)	1	1	0	3	5	3
Residential accommodation provided by Social Services Authority	0	0	0	0	0	0
Any other place	0	0	0	0	0	0

**4.2: 12 month trend A&E and 136 Suite as 1st Place of Safety split by Area**

1st Place of Safety: A&E Split	Nov_22	Dec_22	Jan_23	Feb_23	Mar_23	Apr_23	May_23	Jun_23	Jul_23	Aug_23	Sep_23	Oct_23
West	1	5	5	2	5	5	3	13	14	11	2	3
Centre	1	6	9	5	5	6	7	3	6	9	4	12
East	2	14	6	6	7	3	6	9	11	8	12	5

1st Place of Safety: 136 Suite Split	Nov_22	Dec_22	Jan_23	Feb_23	Mar_23	Apr_23	May_23	Jun_23	Jul_23	Aug_23	Sep_23	Oct_23
West	16	8	8	11	15	10	7	9	4	13	10	4
Centre	8	5	5	6	3	8	6	9	2	4	5	11
East	11	12	10	9	12	15	9	9	5	12	7	6

**5: County in which person was actually detained under s.136**

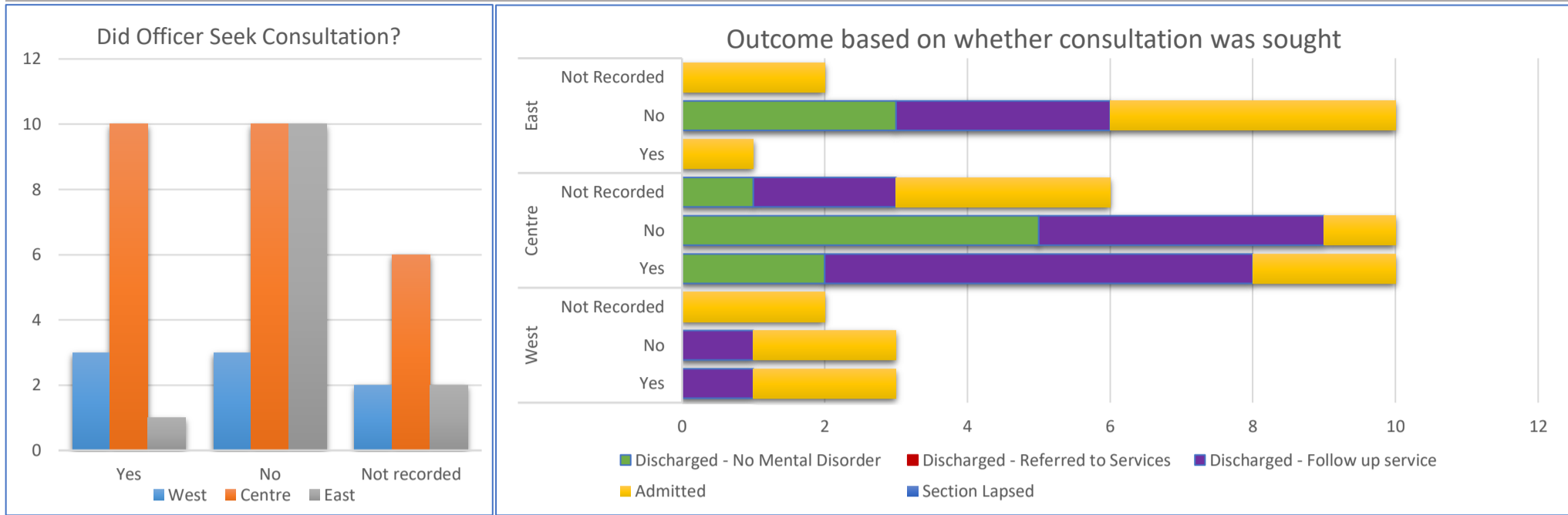
**5.1: Area split 3 month table up to and including Oct\_23 and latest 12 month total**

West	Aug_23	Sep_23	Oct_23	12 Month Total	Centre	Aug_23	Sep_23	Oct_23	12 Month Total	East	Aug_23	Sep_23	Oct_23	12 Month Total	Incident rate by county (12 mth total)	
	Ynys Mon	4	4	2		41	Ynys Mon	0	0		1	2	Ynys Mon	0		0
Gwynedd	8	1	2	67	Gwynedd	1	1	0	10	Gwynedd	2	1	0	12	Gwynedd	7.20
Flintshire	3	0	0	9	Flintshire	4	2	3	23	Flintshire	5	5	1	46	Flintshire	5.03
Wrexham	5	3	1	24	Wrexham	1	1	5	19	Wrexham	8	12	9	114	Wrexham	11.28
Conwy	4	2	2	31	Conwy	2	1	6	31	Conwy	2	1	1	14	Conwy	6.50
Denbighshire	0	2	1	11	Denbighshire	6	5	9	66	Denbighshire	2	0	1	18	Denbighshire	9.94
Powys	0	0	0	0	Powys	0	0	0	0	Powys	0	0	0	0	Powys	#N/A
OOA	0	0	0	0	OOA	0	0	0	0	OOA	0	0	1	1	OOA	#N/A
Incident Rate per 10,000 population	1.24	0.62	0.41	9.44	Incident Rate per 10,000 population	0.66	0.47	1.13	7.11	Incident Rate per 10,000 population	0.65	0.65	0.44	7.14	BCUHB	7.77

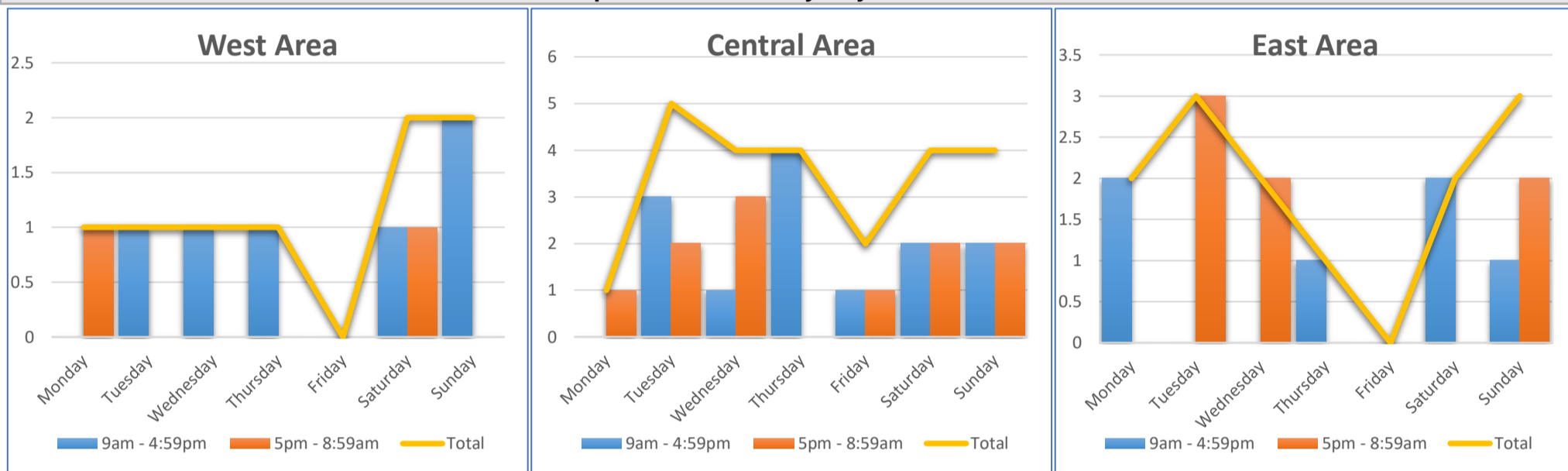
\*Please note: The area data is not accurate at this current time and needs correcting, data that is used for any area reporting to be confirmed with the MHA department Manager for accurate records.

## Section B: 12 Month Data for Oct\_23

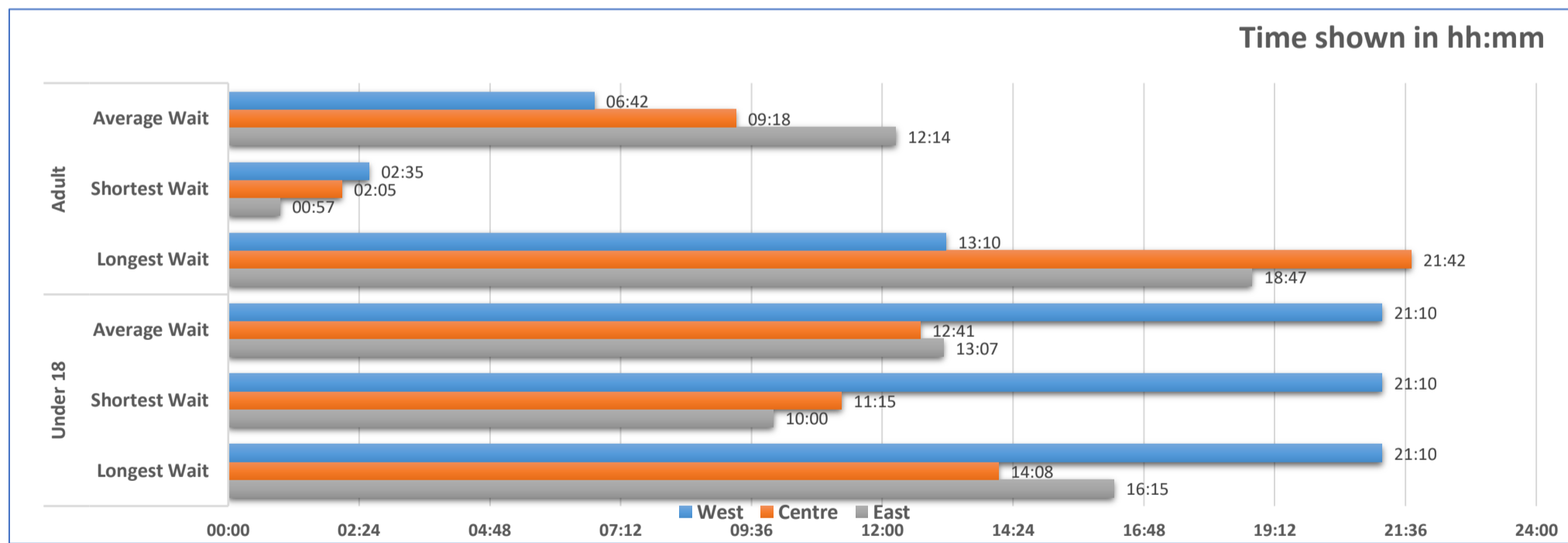
### 6.1: Consultations and Outcomes all areas during Oct\_23



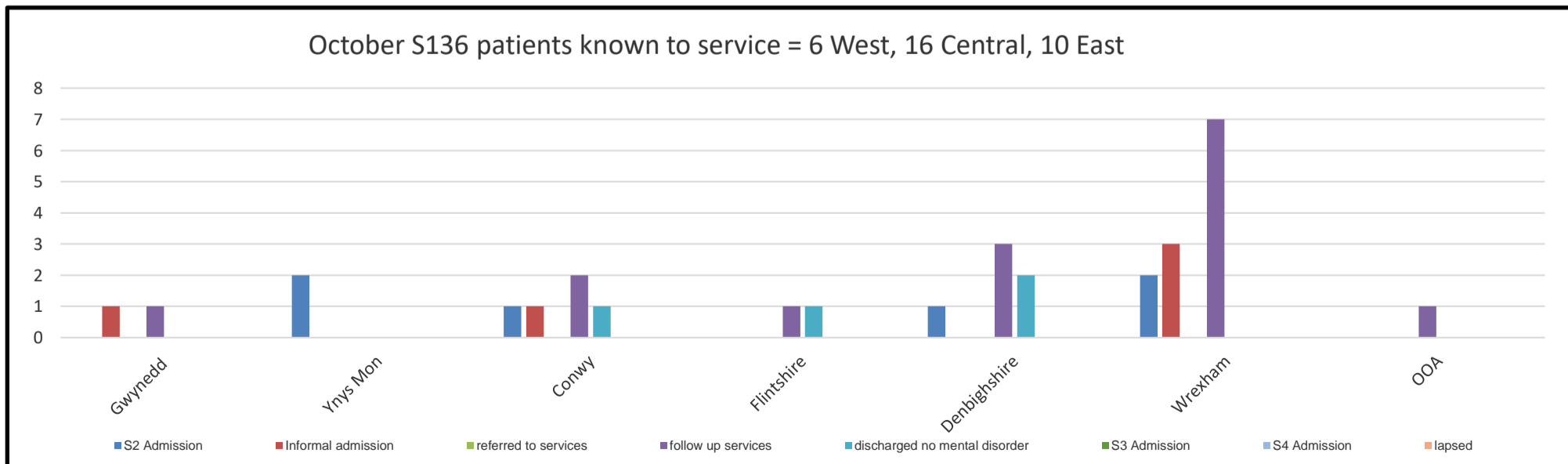
### 7.1: Area split of S.136 use by Day and Time for Oct\_23



### 8.1: Duration in S.136 Suite for Oct\_23



There were no lapsed detentions and no extension requests this month. There were two S135s resulting in S3 detentions. Two detentions the first place of safety custody was noted both resulting in discharge with follow up. 31 assessments were noted to be over four hours, five due to the detainees not being fit for assessment, 21 had no reason noted, four were due to doctor availability, and one due to the AMHP and RC availability. The below graph shows the number of people known to services and the outcomes for the areas.



The table below shows the area that someone originates from, where they were detained and which S136 suite they were taken to. Out of the 44 S136 detentions 13 people were not seen within the closest S136 suite.

12 were noted to be due to no capacity within the closest suite, one had no reason recorded.

Local Authority Originates from	Detained in	S136 Suite assessed at
Wrexham	Wrexham	Hergest
Conwy	Denbighshire	Hergest
Conwy	Conwy	Heddfan
Denbighshire	Denbighshire	Heddfan
Wrexham x 4	Wrexham x 4	Ablett
Flintshire x 3	Flintshire x 3	Ablett
OOA	Wrexham	Ablett
Ynys Mon	Ynys Mon	Ablett

The Criminal Justice Liaison Service have been actively involved in the police control rooms with qualified nursing staff on hand to assist the police with advice prior to the use of S136.

Instances where the use of S136 does not occur due to the person being diverted to another form of help following consultation either with the Duty Nurse or the Criminal Justice Liaison Service are monitored along with consultations which have lead to a S136.

Within the month of October the Mental Health Act Office has received notification that there have been 17 instances where the Criminal Justice Liaison Nurses have assisted in preventing a S136 and signposting to a different support network.

There were eight consultations with the service which lead to a S136 detention.

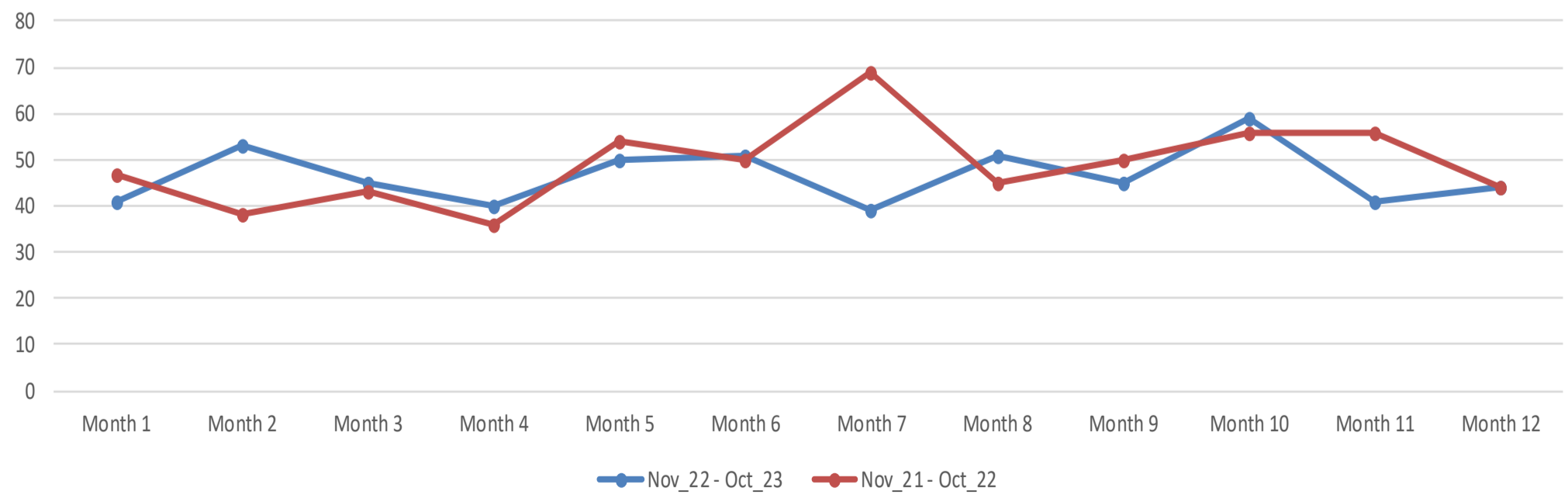
There were 30 instances where the police did not consult.  
These resulted in the outcomes as below:

- S2 admission x 6
- S3 admission x 1
- Informal admissions x 5
- Discharged no mental disorder x 8 (total for the month = 10)
- Discharged referred to services x 0
- Discharged with follow up x 10

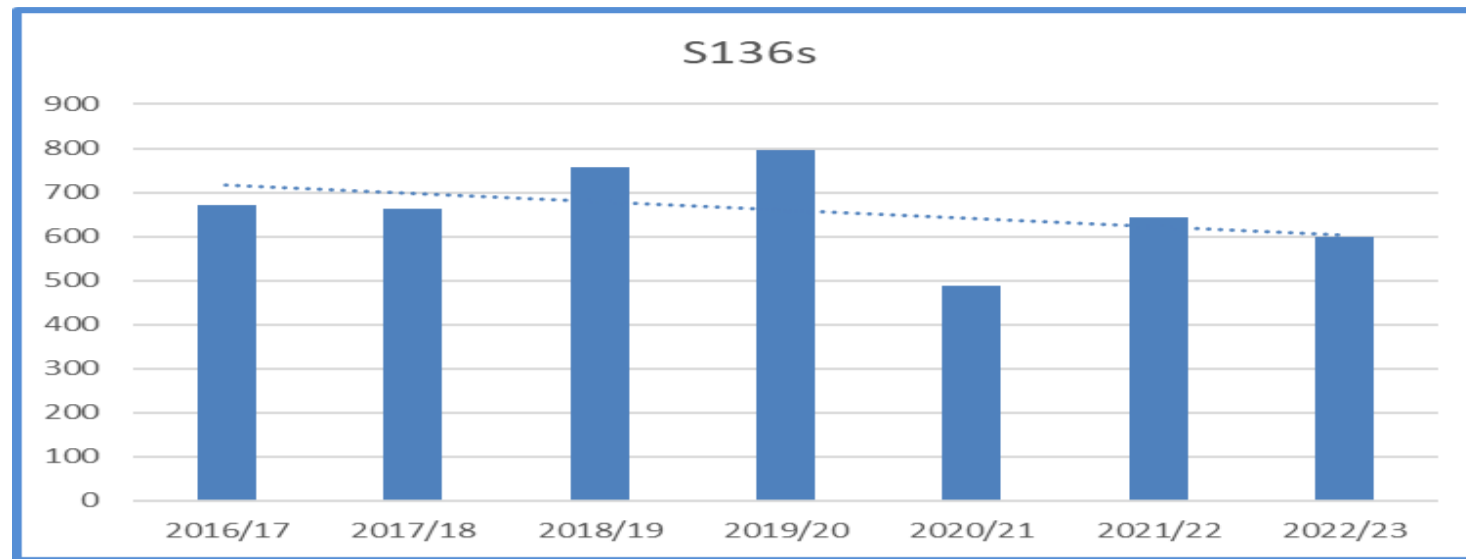
The below charts show the year on year data for the past two years broken down into months and a comparison graph.

BCU S136 Detentions	Nov_22	Dec_22	Jan_23	Feb_23	Mar_23	Apr_23	May_23	Jun_23	Jul_23	Aug_23	Sep_23	Oct_23
Nov_22 - Oct_23	41	53	45	40	50	51	39	51	45	59	41	44
BCU S136 Detentions	Nov_21	Dec_21	Jan_22	Feb_22	Mar_22	Apr_22	May_22	Jun_22	Jul_22	Aug_22	Sep_22	Oct_22
Nov_21 - Oct_22	47	38	43	36	54	50	69	45	50	56	56	44

BCUHB 12 Month Comparison - Section 136 Detentions

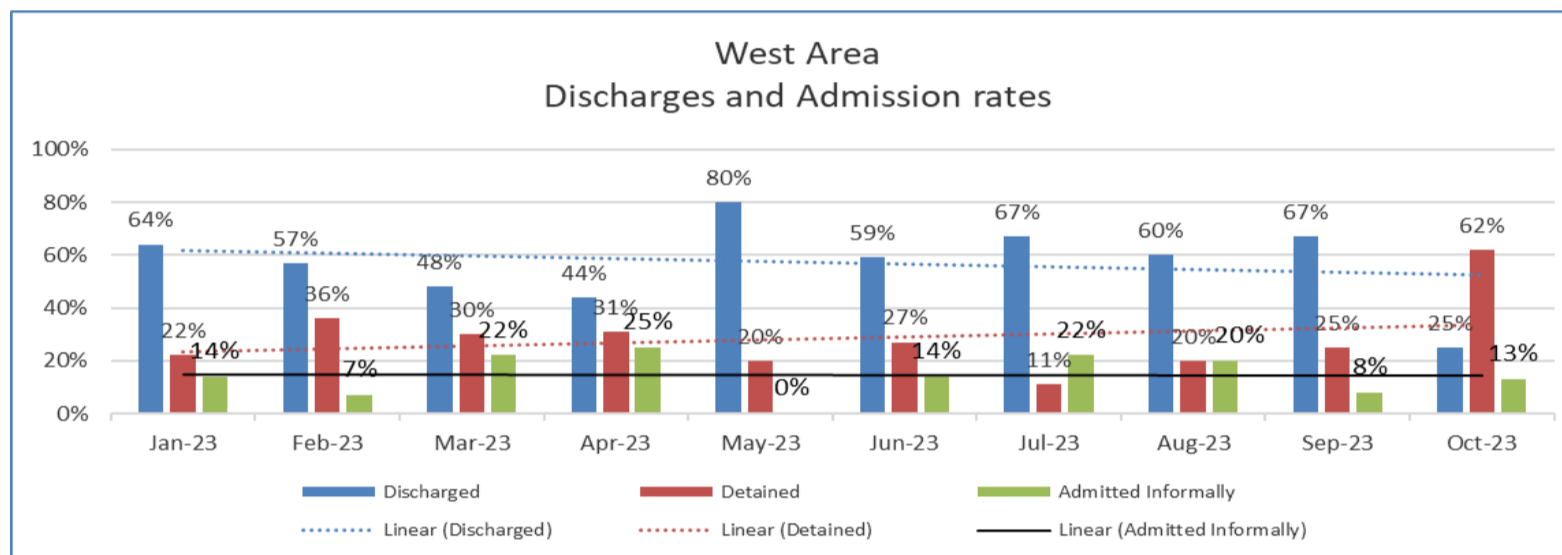


The below graph details the total number of detentions by financial year. Total to date for 2023/24 is 330 which is 40 less than the previous year.

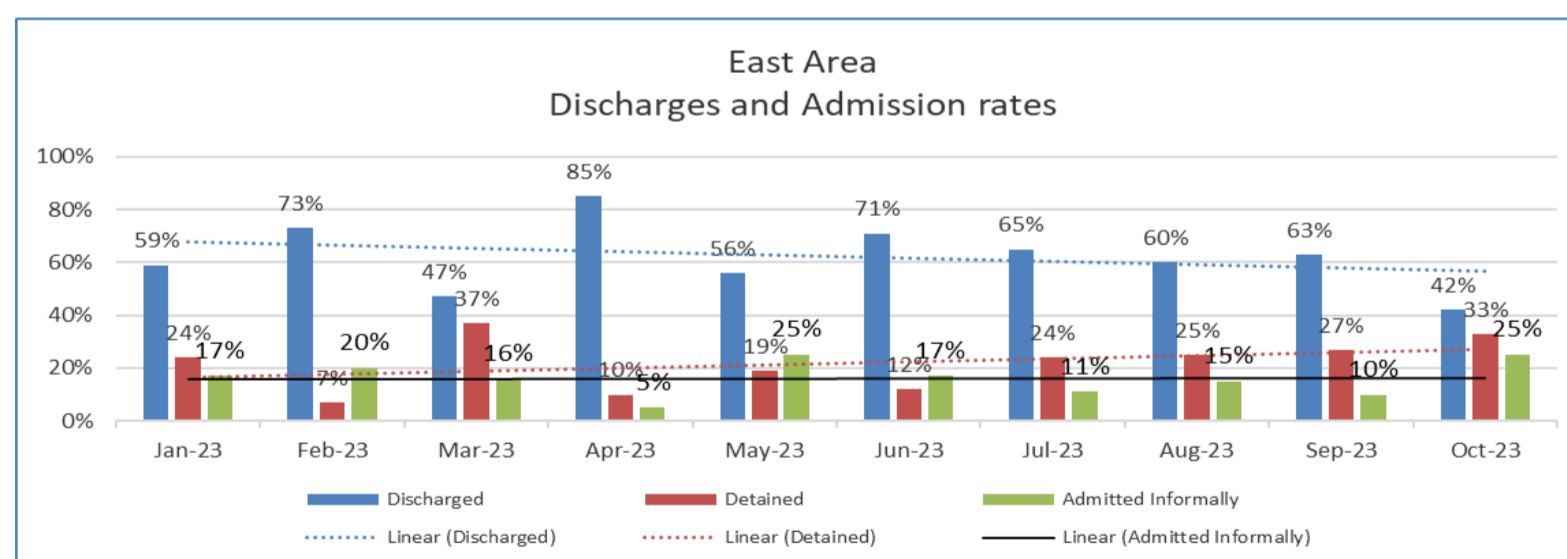


Year	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
<b>S136s</b>	670	663	758	796	489	642	599

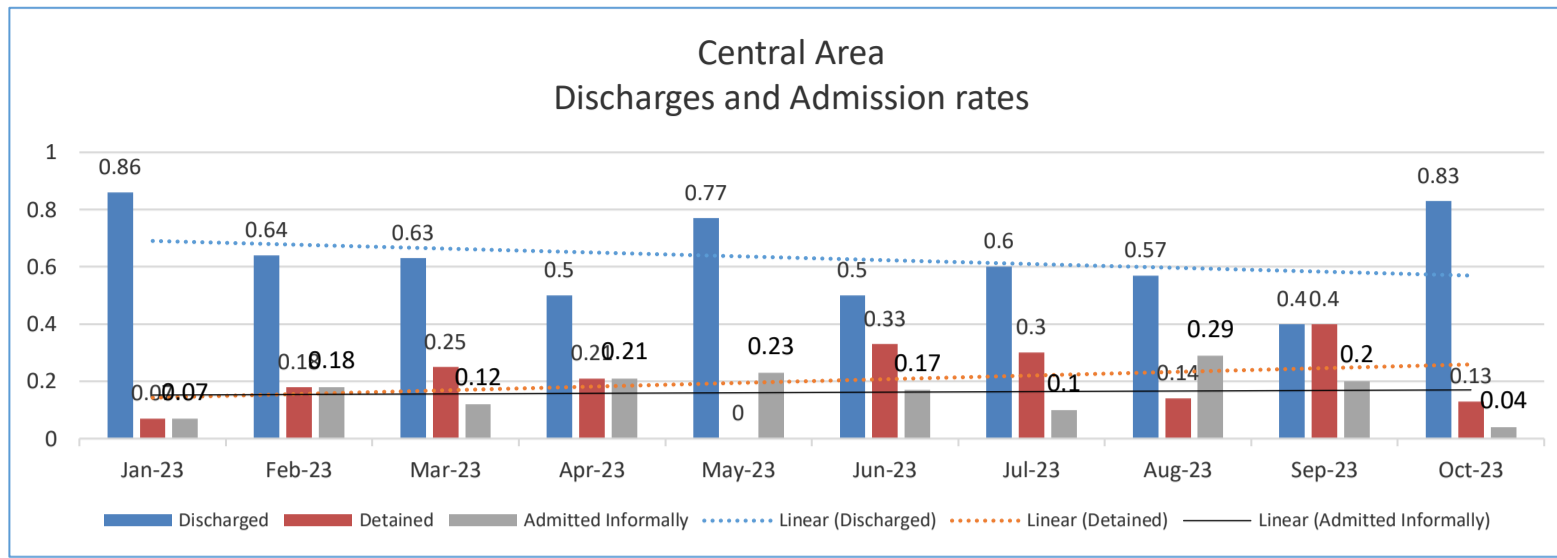
The below graphs detail the discharge and admission rates (detained or informal) by percentage for 2023. The tables detail the outcomes of the S136 for each area and for BCUHB.



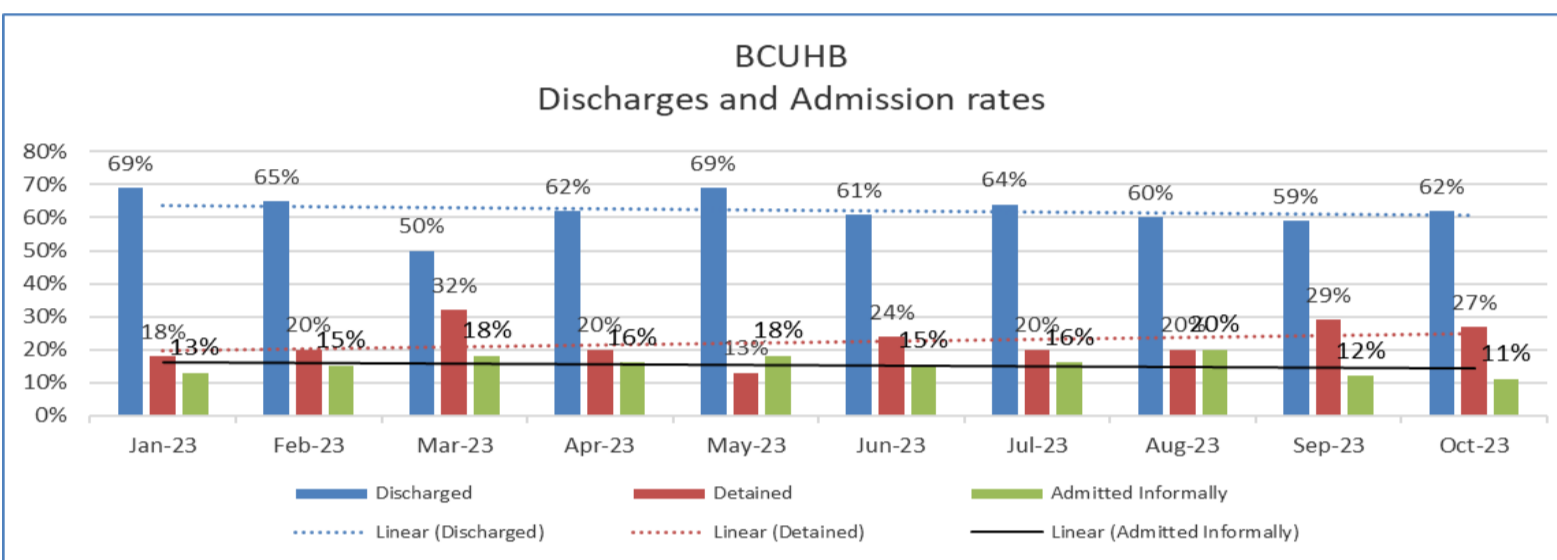
<b>S136 Outcomes (WEST)</b>	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23
<b>Discharged follow up</b>	4	7	6	2	5	6	5	9	8	2
<b>Discharged referred</b>	4	1	3	3	1	6	2	3	1	0
<b>Discharged no mental disorder</b>	1	0	2	2	2	1	1	3	3	0
<b>Informal admission</b>	2	1	5	4	0	3	1	5	4	1
<b>S2 Admission</b>	3	5	3	3	2	5	3	3	1	3
<b>S3 admission</b>	0	0	4	2	0	1	0	2		2
<b>Other</b>									1	
<b>TOTAL</b>	14	14	23	16	10	22	12	25	18	8



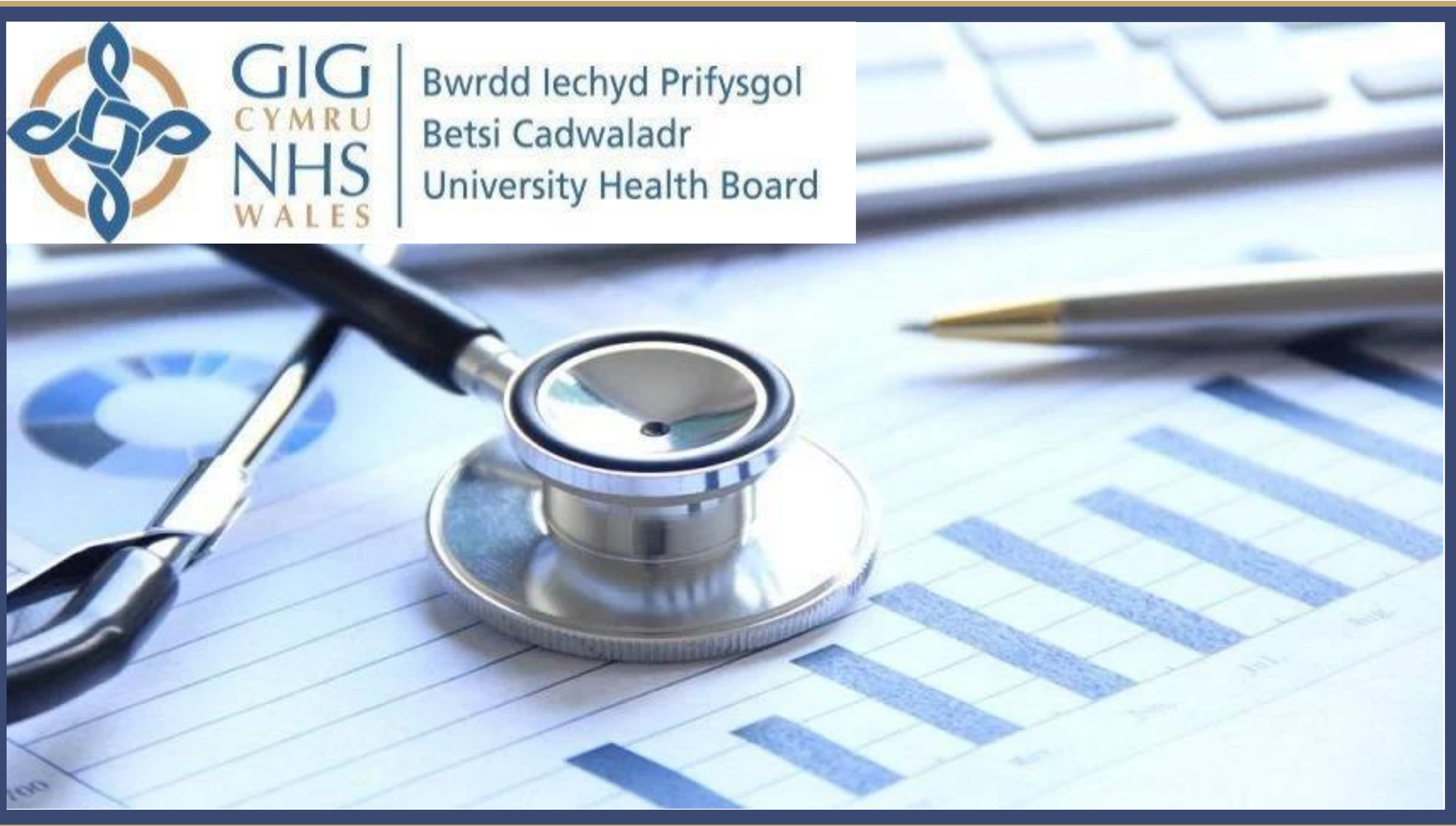
<b>S136 Outcomes (EAST)</b>	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23
<b>Discharged follow up</b>	4	8	6	11	7	10	3	9	9	3
<b>Discharged referred</b>	1	0	2	6	2	2	3	1	1	0
<b>Discharged no mental disorder</b>	5	3	1	1	0	0	6	2	1	2
<b>Informal admission</b>	3	3	3	1	4	3	2	3	2	3
<b>S2 Admission</b>	4	1	5	2	1	1	5	5	2	4
<b>S3 admission</b>	0	0	2	0	2	1	0	0	2	0
<b>Other</b>										
<b>TOTAL</b>	17	15	19	21	16	17	19	20	17	12



S136 Outcomes (CENTRAL)	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23
Discharged follow up	9	5	2	6	5	3	2	2	3	12
Discharged referred	1	0	1	0	5	1	0	2	3	0
Discharged no mental disorder	2	2	2	1	0	2	2	4	0	8
Informal admission	1	2	1	3	3	2	2	4	1	1
S2 Admission	1	1	1	3	0	4	4	1	2	3
S3 admission	0	1	1	0	0	0	0	1	1	0
Other				1						
<b>TOTAL</b>	<b>14</b>	<b>11</b>	<b>8</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>10</b>	<b>14</b>	<b>10</b>	<b>24</b>



S136 Outcomes (BCU)	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23
Discharged follow up	17	20	14	19	17	19	10	20	20	17
Discharged referred	6	1	6	9	8	9	5	6	5	0
Discharged no mental disorder	8	5	5	4	2	3	9	9	4	10
Informal admission	6	6	9	8	7	8	5	12	7	5
S2 Admission	8	7	9	8	3	10	12	9	5	10
S3 admission	0	1	7	2	2	2	0	3	3	2
Other				1						
<b>TOTAL</b>	<b>45</b>	<b>40</b>	<b>50</b>	<b>51</b>	<b>39</b>	<b>51</b>	<b>41</b>	<b>59</b>	<b>45</b>	<b>44</b>



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**Report to Mental Health Capacity and Compliance Committee Additional Appendices will be included as requested.**

This report provides assurance to the Mental Health Capacity and Compliance Committee of our compliance against key sections of the legislative requirements of the Mental Health Act 1983 as amended 2007.

**Seven Domains**

We present performance to the committee using the 7 domain framework against which NHS Wales is measured. This report is consistent with the 7 domain performance reporting for our Finance and Performance Committee and Quality, Safety and Experience Committee. The Mental Health Capacity and Compliance Committee are responsible for scrutinising the performance for Mental Health indicators under Timely Care and Individual Care.

It is recognised that during the Covid 19 pandemic the service followed a different pathway with Ablett being the admissions unit prior to transfer regardless of the demographics a person hails from this affects admission and transfer statistics from March 2020 to January 2021.



**Advisory Reports & Exception reports**

Each report for the Mental Health Act will be presented as an advisory report.

Exceptions are noted throughout the report within this period reported on (July - September) four sections lapsed and four were deemed fundamentally defective:

**(Section 5(2)) x 2** - INC54998 deemed invalid due to the content and reasons for the detention **MITIGATION:** MHA training is available to medics as well as nursing and administrative staff. Inductions for medics will include Section 5(2) use criteria. INC61799 incorrect hospital named on form **MITIGATION:** All staff within the unit made aware and reminded to double check paperwork.

**(CTO Recall Paperwork)** - INC58825 - Paperwork completed incorrectly and issued to the patient. **MITIGATION:** Training issues identified with the medic involved, knowledge has been updated.

**(Section 3)** - INC65428 AMHP did not sign application, currently under investigation.

**(Section 2)** - INC60811 detention not renewed **MITIGATION:** administrative support has been highlighted to the West Business Support Manager for their admin Manager to address, escalation procedures put in place.

**(Section 3) x 3** - renewal paperwork not completed on time for all. INC58831 outcome was that there should have been a consideration of regrading to informal prior to the expiry of the detention. INC61240 & INC61796 escalation procedures put in place and administrative support highlighted as a requirement,

**Section 5(4) Nurses Holding Power (up to 6 hours):** Criteria: "...the patient is suffering from mental disorder to such a degree that it is necessary for his health and safety or for the protection of others for him to be immediately restrained from leaving the hospital". Secondly the nurse must believe that "...it is not practicable to secure the immediate attendance of a practitioner or clinician for the purposes of furnishing a report under subsection (2)

**Section 5(2) Doctors Holding Power (up to 72 hours):** Criteria is: that an application for compulsory detention "ought to be made". Patient must be in-patient, can be used in general hospital.

**Section 4: Admission for emergency (up to 72 hours):** Criteria: "it is of urgent necessity for the patient to be admitted and detained under section 2" and that compliance with the provisions relating to application under that section "would involve undesirable delay"

**Section 2: Admission for assessment (up to 28 days):** Criteria needs to be met:

- a) is suffering from mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period;
- b) ought to be so detained in the interests of his own health or safety or with a view to the protection of other persons

**Section 3: Admission of treatment (up to 6 months, renewable for 6 months, 12 monthly thereafter):** Criteria

- a) is suffering from mental disorder of a nature or degree which makes it appropriate for him/her to receive medical treatment in hospital;
- b) it is necessary for the health and safety of the patient or for the protection of other persons that he/she should receive such treatment and it cannot be provided unless he is detained under this section;
- c) appropriate medical treatment is available for him/her

**Section 17A:** Supervised Community Treatment, also referred to as a CTO – its duration is up to 6 months, renewable for 6 months and 12 months thereafter.

**Section 17E:** Recall – the recall can last for up to 72 hrs. The clinical team must decide to release from Recall, Revoke or Discharge

**Section 17F:** Revocation. Once a patient has been revoked, essentially the Section 3 comes back into force - which can last up to 6 months, renewable for 6 months, then 12 monthly thereafter.

**Section 135 Warrant to search and remove: Section 135(1) – warrant to enter and remove:** Section 135(1) empowers a magistrate to authorize a police constable to remove a person lawfully from private premises to a place of safety. Section 135(2) – warrant to enter and take or retake. Section 135(2) concerns the taking into custody of patients who are unlawfully absent.

**Section 136 Place of Safety (up to 24 hours):** The powers of section 136 provide authority for a police officer who finds a person who appears to be suffering from mental disorder, in any place other than a private dwelling or the private garden or buildings associated with that place, to remove or keep a person at, a place of safety under section 136(1) or to take a person to a place of safety under section 136(3)

**Section 35:** Remand to hospital for report on accused's mental condition – for up to 28 days but can be extended to a maximum of 12 weeks.

**Section 36:** Remand of accused person to hospital – up to 28 days but duration will be set by the Court – maximum of 12 weeks.

**Section 37:** Hospital Order or Guardianship Order - up to 6 months, renewable for 6 months, 12 monthly thereafter

**Section 37/41:** Hospital Order with Restrictions – made with no time limit

**Section 38:** Interim Hospital Order – up to 12 weeks, but duration set by the Court – maximum 12 months

**Section 47/49:** Transfer of sentenced prisoners (including with restrictions)

**Section 48/49:** Transfer of other prisoners (including with restrictions) for urgent assessment

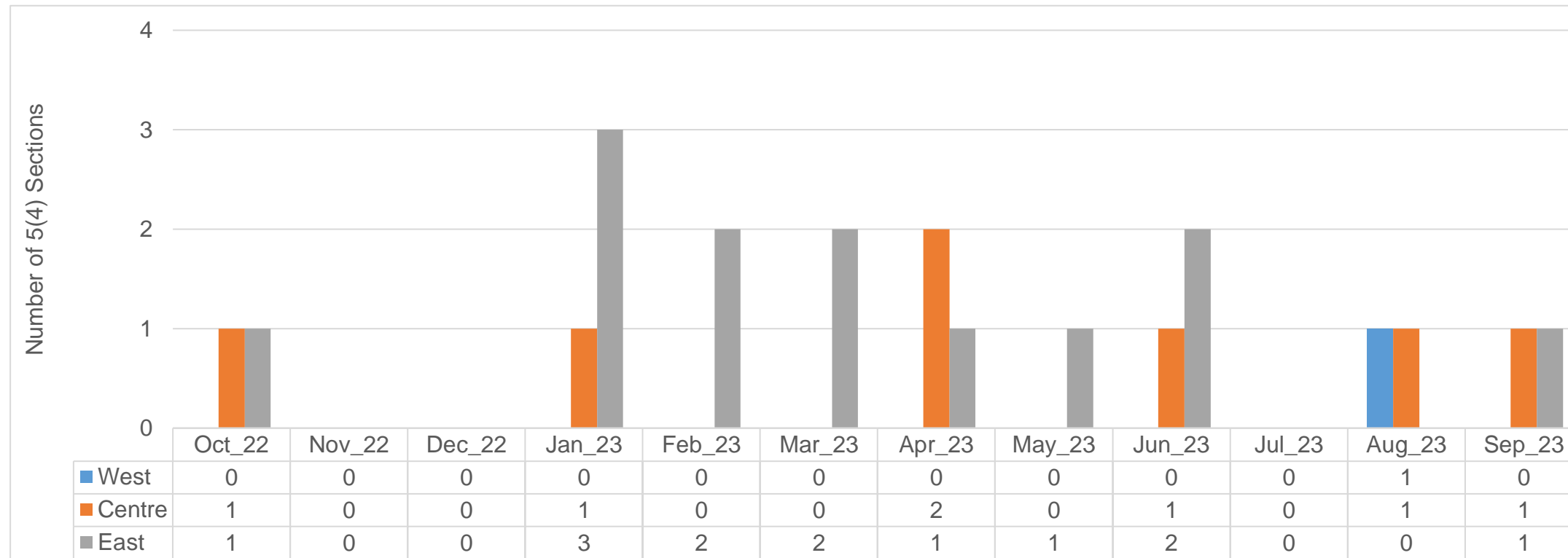
**Section 62:** Emergency Treatment of a detained patient regardless of section status

**Rectifiable Errors:** concerned with errors resulting from inaccurate recording, errors which can be rectified under Section 15 of the Act

**Fundamentally Defective Errors:** concerned with errors which cannot be rectified under section 15

**Lapses of section:** refers to sections that have come to the end of their time period. It is not good practice for sections to lapse and reasons are investigated.

Section 5(4) - BCUHB	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 5(4) during Quarter	Quarter 5(4) Sections
Section 5: Application in respect of patients already in hospital	2	2	➔	4	7	↓	5	1 Centre 2 East 2 West	2 1 1



A Section 5(4) will be used if a staff nurse feels that it is necessary to detain a patient to await the arrival of a doctor for assessment. The 5(4) will be used if there are no doctors immediately available and the staff nurse feels this is in the best interest of the patient.

All sections this period met the criteria.

**LAPSES**

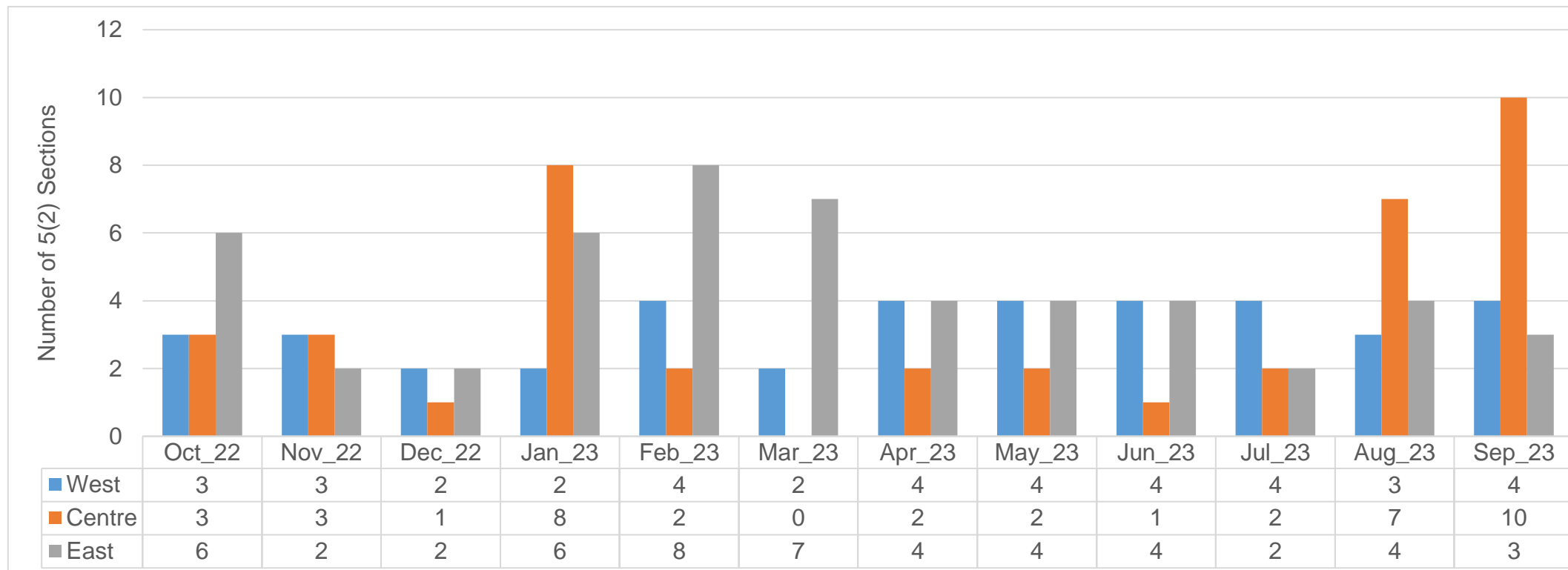
There were no section 5(4)s noted to have lapsed within this period.

WEST		
The data above does	Duration (hh:mm)	Outcome
Aug_23	01:50	Section 5(2)

CENTRE		
Month	Duration (hh:mm)	Outcome
Aug_23	00:25	Section 5(2)
Sep_23	01:03	Section 5(2)

EAST		
Month	Duration (hh:mm)	Outcome
Sep_23	01:01	Section 5(2)

Section 5(2) - BCUHB	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 5(2) during Quarter	Quarter 5(4) Sections
Section 5: Application in respect of patients already in hospital	17	14	↑	39	29	↑	33	1 Centre	19
								2 West	11
								3 East	9



Section 5(2) Outcomes			
	Jul 2023	Aug 2023	Sep 2023
Section 2:	2	7	3
Section 3:	3	1	5
Informal:	0	7	4
Lapsed:	0	0	0
Invalid:	0	1	1
Discharged:	2	0	3
Other:	0	0	0

A Section 5(2) on occasions will be enacted within the acute hospital wards, during this period there were no detentions in an acute hospital.

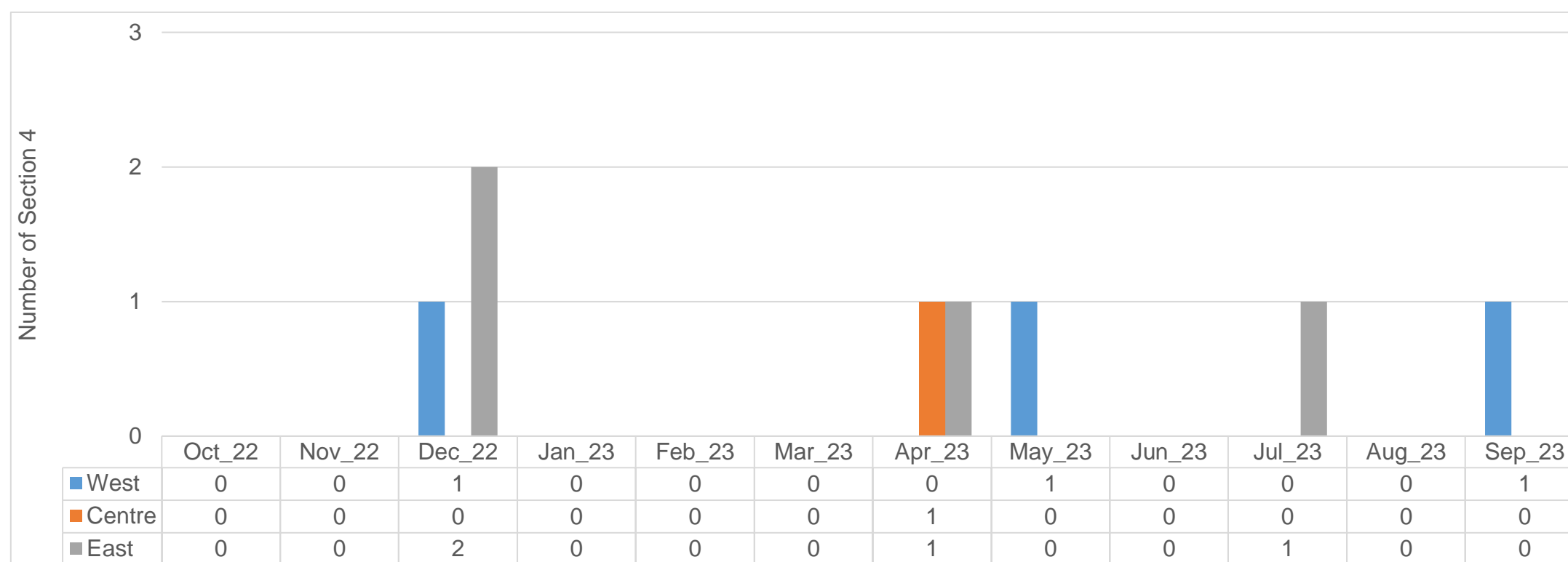
**EXCEPTIONS**

There are two exceptions to report this quarter for the WEST:

**July Datix Ref 54998** deemed invalid due to the content and reasons for the detention, escalation included to the clinical director for the area, mitigation has included highlighting the MHA training to Trainee doctors and this example is to be included in inductions along with discussion in supervision with the medic concerned.

**September Datix ref 61799** deemed invalid due to the wrong hospital being named on the documents. Mitigation has included all staff from the unit made aware in the unit meeting and reminded to double check paperwork not regularly used.

Section 4 - BCUHB	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 4 during Quarter	Quarter Section 4
<b>Section 4: Admission for assessment: Cases of emergency</b>	1	0	↑	2	3	↓	2	1 East 1 West 3 Centre	1 1 0



The use of section 4 is a relatively rare event and figures remain low.

Section 4 will be used in emergency situations where it is not possible to secure two doctors for a section 2 immediately and it is felt necessary for a persons protection to detain under a section of the Mental Health Act.

There are no exceptions to report.

The documents are considered to reveal if the S4 was used for emergency purposes or due to a lack of doctor availability.

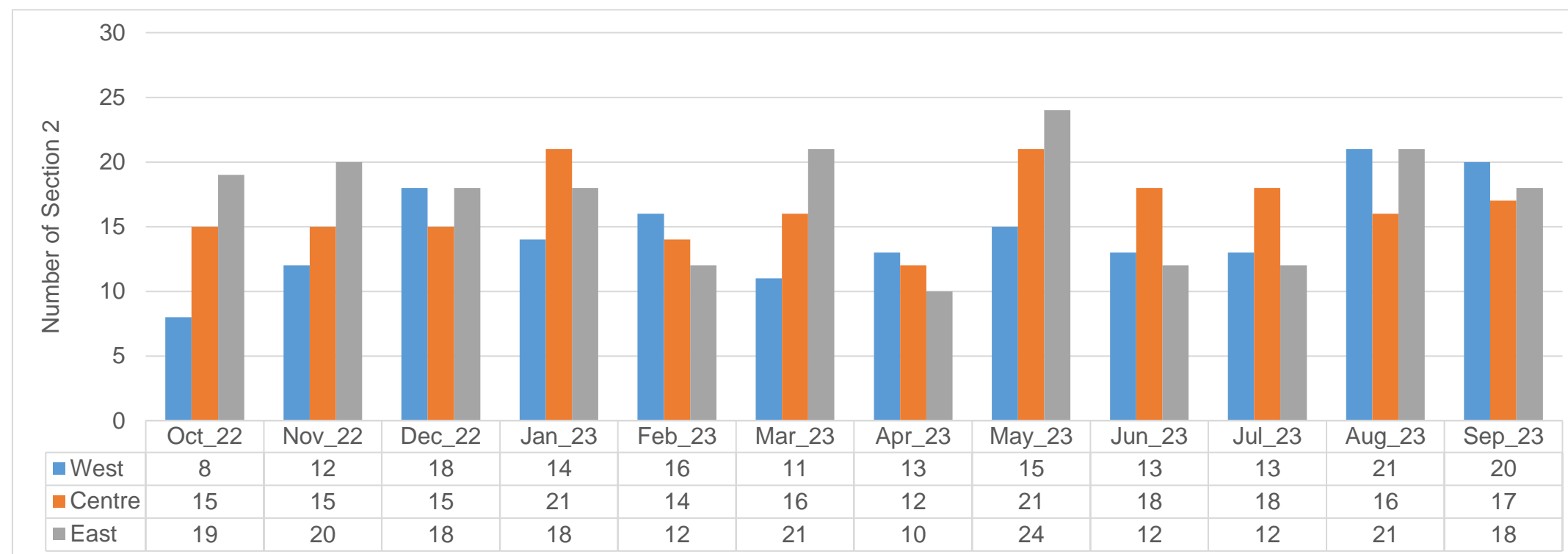
The S4 detentions this period were for emergency purposes one was converted to a S2 on admission.

WEST		
Month	Duration (hh:mm)	Outcome
Sep_23	03:05	Section 2

CENTRE		
Month	Duration (hh:mm)	Outcome

EAST		
Month	Duration (hh:mm)	Outcome
Jul_23	00:00	Section 2

Section 2 - BCUHB	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 2 during Quarter	Quarter Section 2
Section 2: Admission for assessment	55	58	↓	156	138	↑	144	1 West	54
								2 Centre	51
								2 East	51



\* data is as at position and is subject to change

Section 2 Outcomes			
	Jul 2023	Aug 2023	Sep 2023
Section 3:	6	7	8
Informal:	19	27	12
Lapsed:	0	1	0
Pending:	0	0	0
Discharged:	2	11	7
Transferred:	11	18	17
Invalid and Other:	0	0	0

A section 2 will be enacted following holding powers 5(4) or 5(2) or via a regrade from a section 4 or an informal admission.

Section 2 is also used as a direct admission detention.

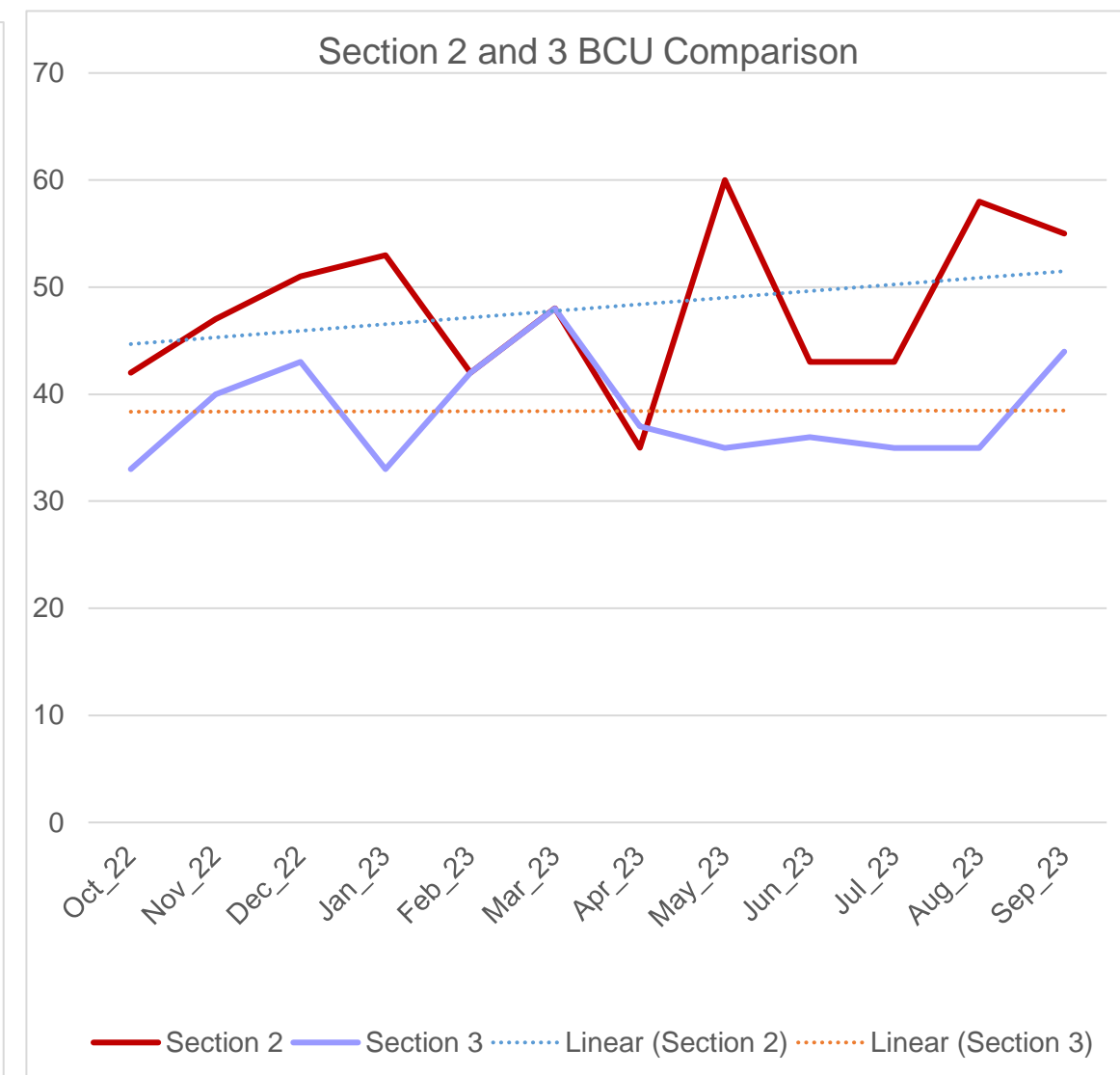
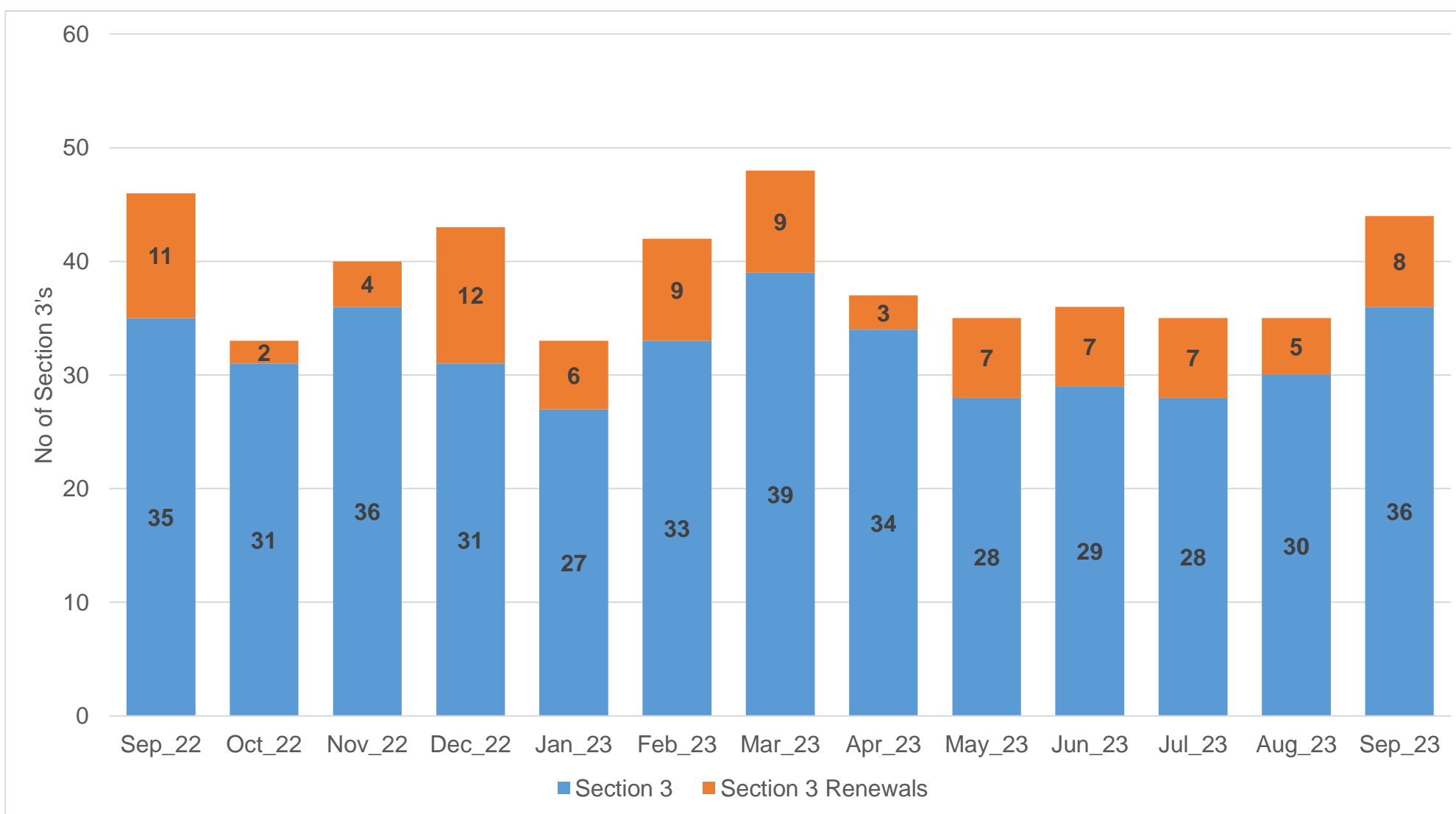
There were three under 18s placed on a Section 2 this period, one regraded from a section 5(2) and two direct admissions.

**EXCEPTIONS:**

There is one exception to report.

**WEST:** Datix Ref 60811, the Section 2 was not renewed it was unclear who was covering due to medics leave, administration support was not able to confirm. Mitigation: administrative support has been highlighted to the West Business Support Manager for their admin Manager to address along with escalation procedures now in place for the medical teams. The patient remained informal and has not been subject to a detention to date (10.10.2023).

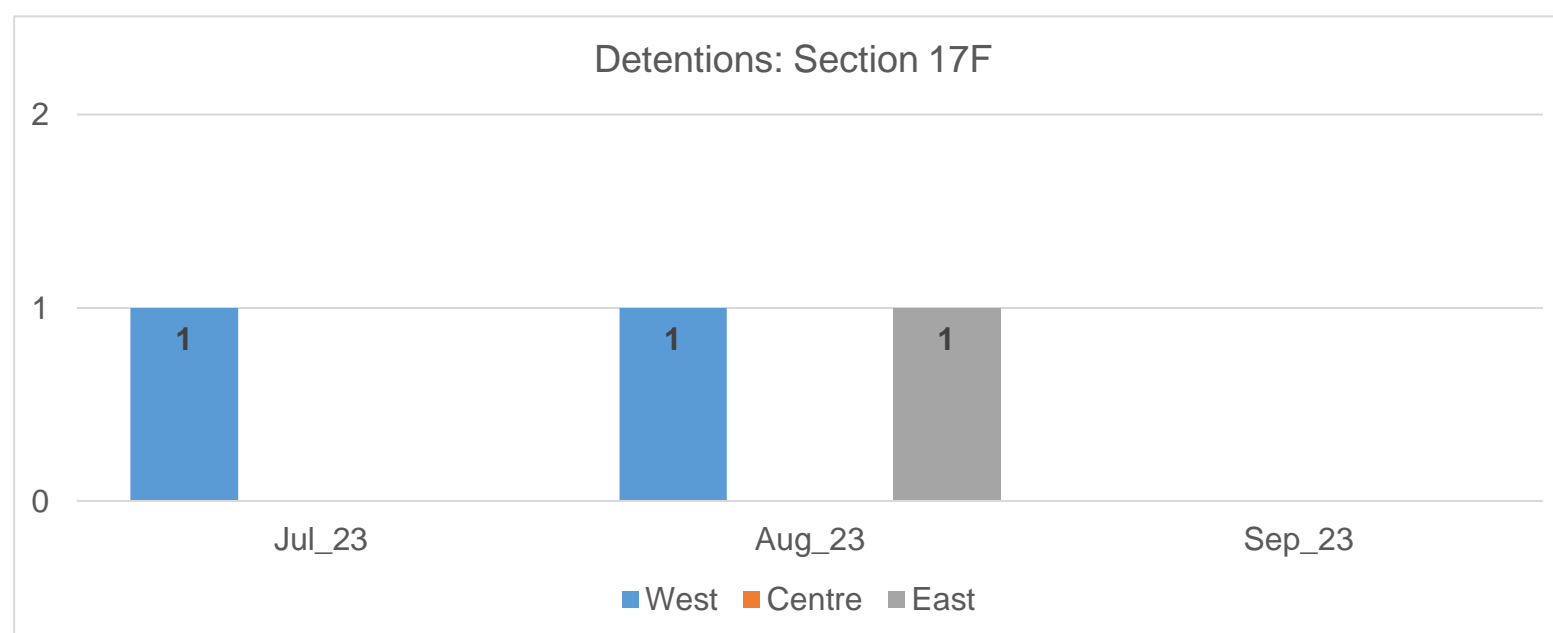
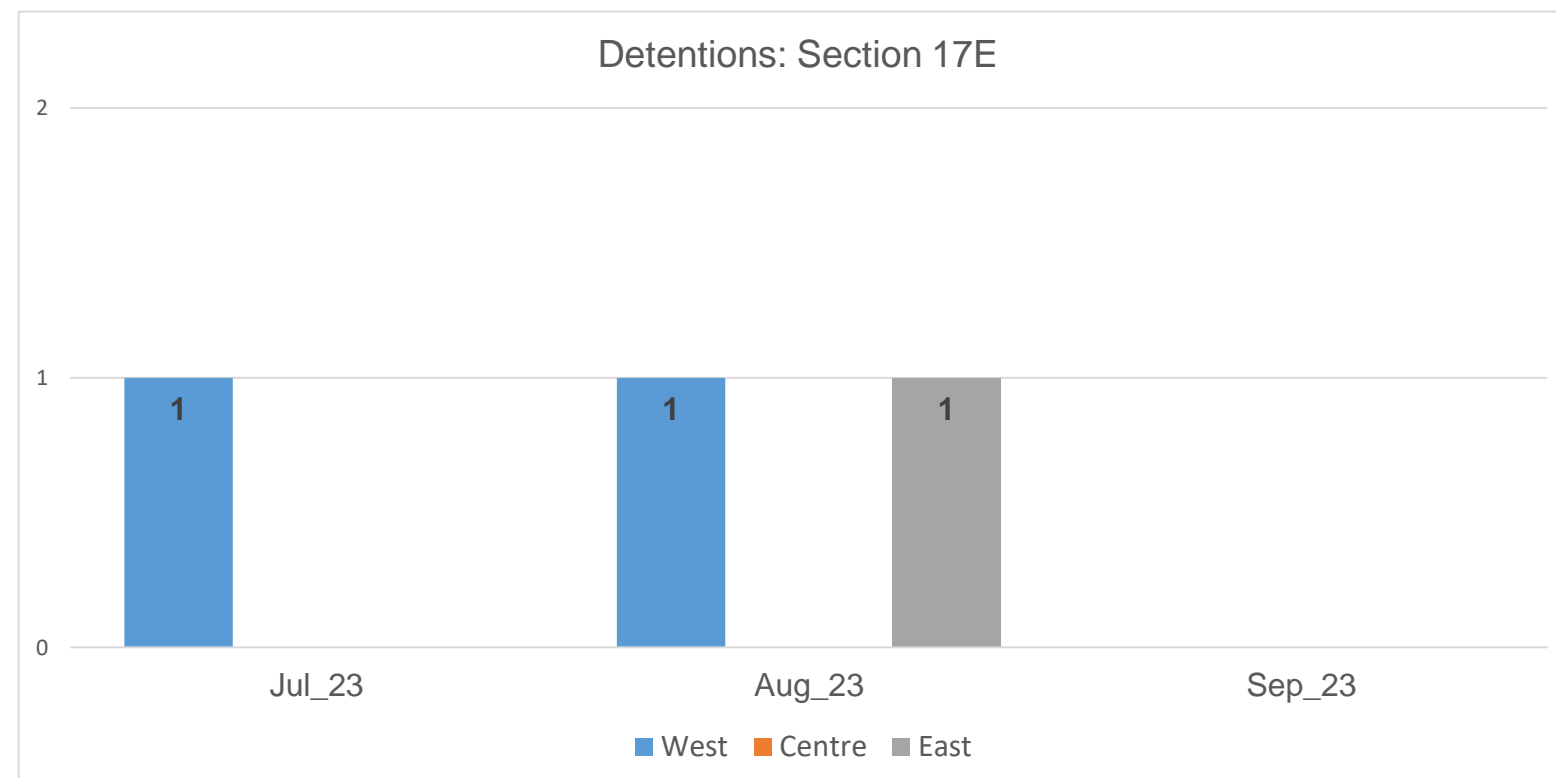
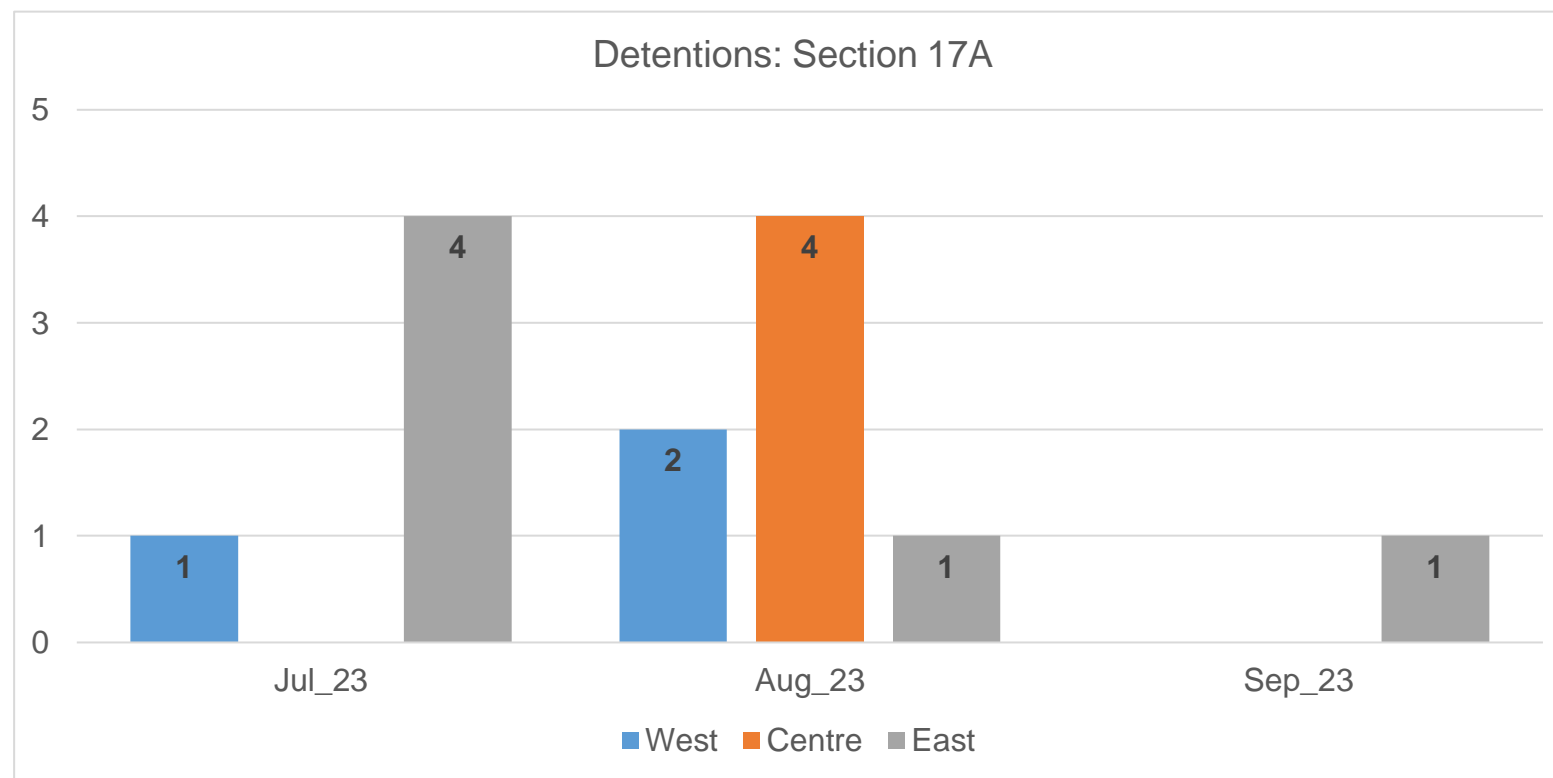
Section 3 - BCUHB	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 3 during Quarter	Quarter Section 3
Section 3 (Including Renewals): Admission for treatment	44	35	↑	114	108	↑	115	1 Centre 2 East 3 West	40 39 35



\* data is as at position and is subject to change

These numbers also include any renewal sections undertaken within the month. As with the data for section 2 it is hard to interpret these figures in isolation and previous months figures are prone to change due to admissions into the Health Board. This period there was one under 18s made subject to a section 3. Following transfer into the Health Board the section was renewed. The trend over the 12 months at the end of September shows a decline for Section 2 and an increase for Section 3. There are four exceptions to report this quarter  
**WEST:** Two S3's expired due to the medics not completing renewal paperwork in time, Datix Ref 61240 - patient remained informally to date (10.10.2023), Datix 61796 patient was reassessed and is back on a S3.  
**EAST:** Medic did not renew the detention in time, Datix Ref 58831 - patient was reassessed the AMHP did not agree with a detention on application. Datix 65428 AMHP did not sign the application, patient detained on a S3.

Section 17 A-F - BCUHB	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 17 during Quarter	Quarter Section 17
Section 17A (Including Renewals)-17F: Community Treatment Orders	1	11	↓	19	16	↑	17	1 East 2 West 3 Centre	8 7 4



This quarterly data 17A shows the numbers of patients who are being placed on a CTO for the first time, as well as any renewals within the month. 17E data shows those who have been recalled to hospital from their CTO and 17F data shows those who have had their CTO revoked and become subject to a Section 3.

The number of patients subject to a CTO at the end of September West:9, Central: 7 and East: 10.

There has been an increase in the number of patients subject to a CTO for Central and East and a decrease for West.

**Exceptions:** There is one exception to report this quarter.

**EAST:** CTO recall paperwork was found to be invalid due to the incorrect completion of the form, a correct form was made but the incorrect one was issued to the patient, correct paperwork was issued when the patient was within the hospital.

Fundamental and Rectifiable Errors	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Errors during Quarter	Quarter Errors
Fundamental and Rectifiable Errors in line with Health Boards in Wales	24	50	↓	76	80	↓	107	1 Centre	47
								2 West	44
								3 East	22



### Rectifiable Errors

Rectifiable errors are reported on a quarterly basis and benchmarked with the other health boards throughout Wales. The latest report received covers April - June 2023 it is noted that this may be the last report produced due to staffing issues in Cardiff and Vale.

The report confirms BCUHB:

- \* accounted for the highest number of inpatient detentions.
- \* was ranked 1st for inpatient detentions when considering Health Board population.
- \* is not an outlier in relation to Community Treatment Orders.
- \* did not account for the highest number of S135 and S136 detentions.
- \* is not an outlier for fundamentally defective applications and accounted for 7% with one Health Board accounting for 43%.
- \* is an outlier for rectifiable errors this period and accounted for 45%.
- \* accounts for the highest number of Managers Hearings arranged within the quarter and is 2nd for the number of Tribunals arranged.

It is important to note that rectifiable errors can be amended under Section 15 of the Mental Health Act and do not render the detention invalid.

**Exceptions are reported as lapses and fundamentally defective (invalid sections) throughout the report the below information notes the learning/action from each incident.**

#### Fundamentally defective x 4

(Section 5(2)) - INC54998 MHA training is available to medics as well as nursing and administrative staff. Inductions for medics will include Section 5(2) use criteria. INC61799 All unit staff have been made aware of the correct hospital address and of the importance of checking 5(2) paperwork on production.

(CTO Recall Paperwork) - INC58825 - Training issues identified with the medic involved, knowledge has been updated.

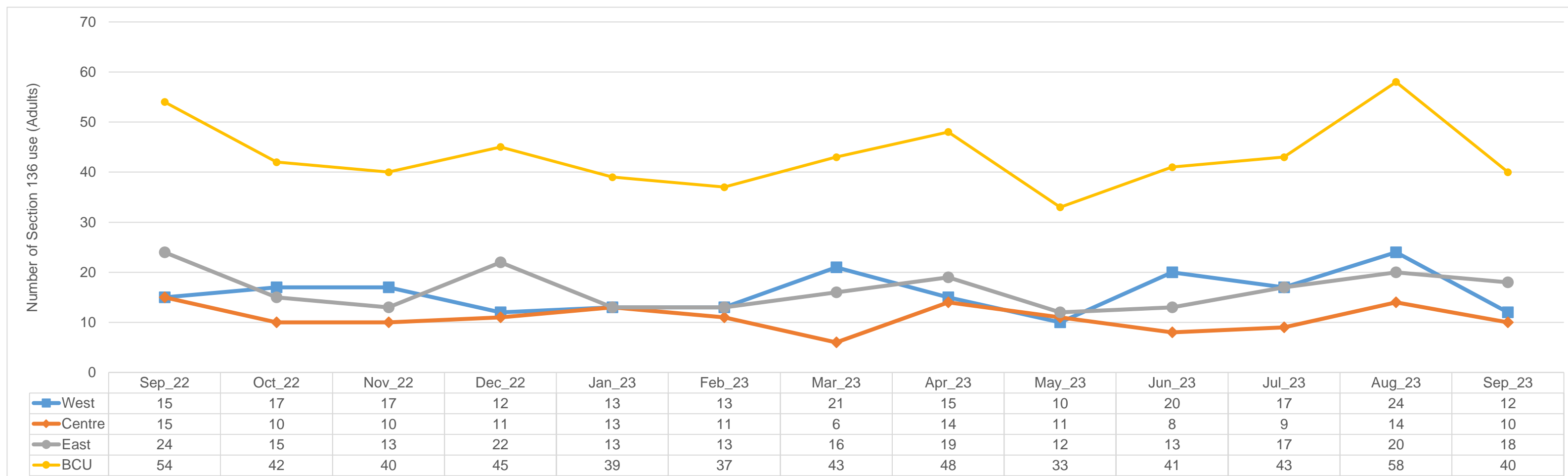
(Section 3) INC65428 currently under investigation - initial learning more care to be taken by MHA office and checklists followed.

#### Lapsed x 4

(Section 2) - INC60811 currently under investigation.

(Section 3) - INC58831 outcome was that there should have been a consideration of regrading to informal prior to the expiry of the detention. INC61240 & INC61796 Escalation processes to be followed within a week of the expected renewal date.

Section 135 - 136	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 during Quarter	Quarter S.136 detentions
Section 135 and 136: Patient transfers to a place of safety (Adults)	40	58	↓	141	122	↑	127	1 East 2 West 3 Centre	55 53 33



The data above does not include S135 or under 18's.

There were two under 18 S136s this period.

There have been four S135 detentions this period resulting in three admissions under S2 and one under S3.

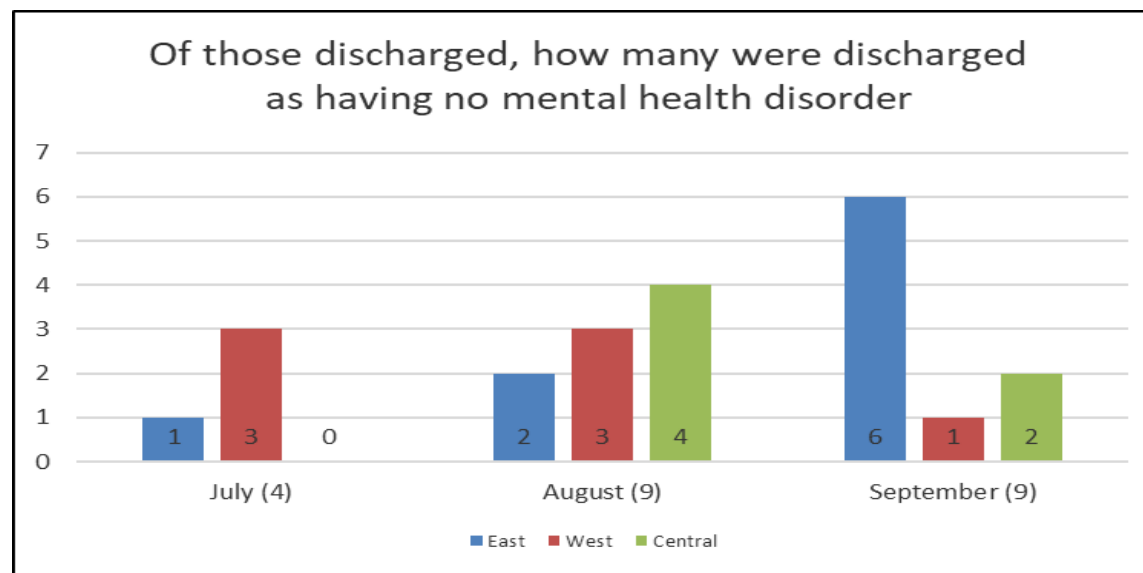
During this period there were three custody detention noted as the first place of safety.

Five requests for extensions were made this period, due to detainees being unfit for assessment, resulting in two people discharged, two informal admissions and one S2 admission.

Section 136	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 during Quarter	Quarter S.136 detentions
Section 136: Patient transfers to a place of safety (Adults)	40	58	↓	141	122	↑	127	1 East	55
								2 West	53
								3 Centre	33

### Section 136 Outcomes

	Jul 2023	Aug 2023	Sep 2023
Discharged:	29 64.00%	35 59.00%	24 59.00%
Informal Admission:	7 16.00%	12 20.00%	5 12.00%
Section 2:	5 11.00%	9 15.00%	12 29.00%
Section 3:	3 7.00%	3 5.00%	0 0.00%
Other:	1 2.00%	0 0.00%	0 0.00%

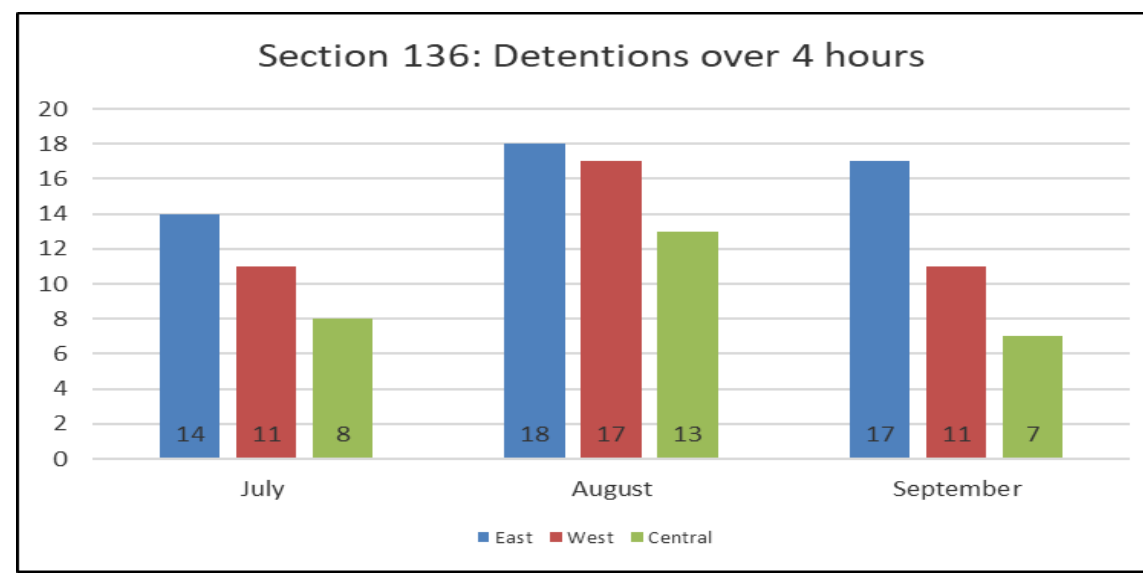


The data shows figures from outcomes recorded and whether a patient is known to service. A large proportion of 136's are discharged those with no mental disorder has historically been around 20%.

Total percentages of all detentions for those discharged with no mental disorder (rounded up) are:  
 July 9%  
 August 15%  
 September 22%

### Section 136 - Known to Service

	Jul 2023	Aug 2023	Sep 2023
Yes	31	30	29
Yes (percentage)	68.88%	50.84%	70.73%

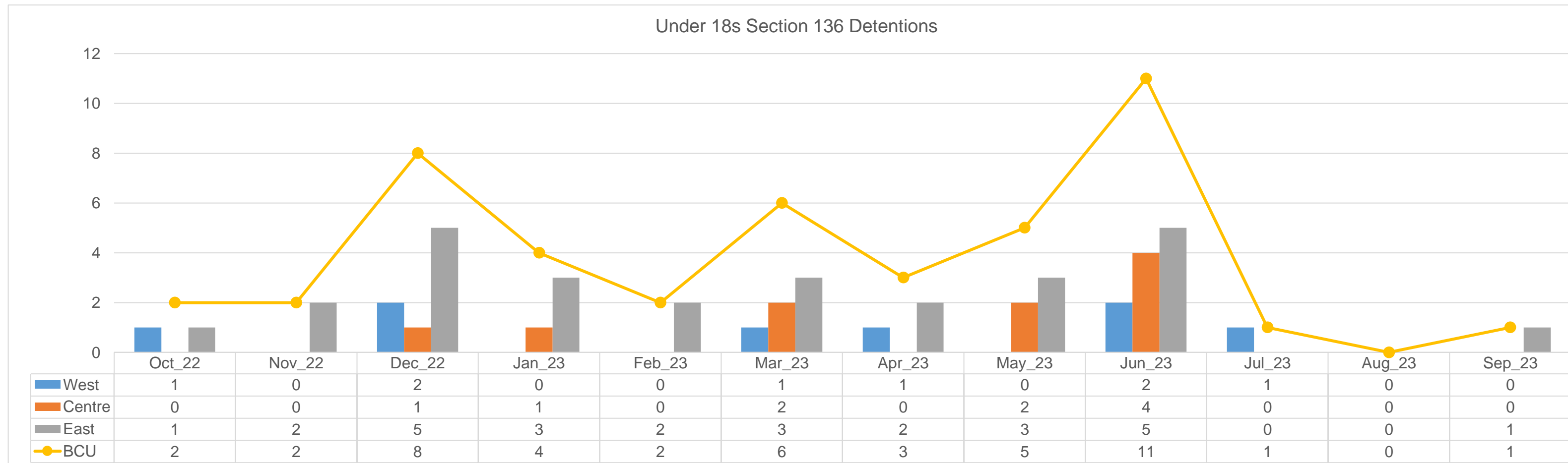


Data below shows the percentage of the detentions discharged that are followed up by services or new referrals into services these figures are rounded up/down as appropriate:  
 July 69% discharged follow up, 17% referred to services.  
 August 57% discharged follow up, 17% referred to services.  
 September 42% discharged follow up, 21% referred to services.

The Criminal Justice Liaison Service has been working out of North Wales Police Headquarters and in the community since January 2020. The service has been actively involved in assisting the police and signposting people in crisis to other avenues rather than the police using the S136 power. Since January this has been recorded and 350 people have not become detained on a S136 due to CJLS intervention. This period accounts for 17 of those figures.

Data is now being recorded in relation to those that do progress to being detained on a S136 following consultation, since September 2020 there have been 189 instances with this period accounting for 7 of those figures.

Section 135 - 136 (Under 18)	September 2023	August 2023	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 (<18) during Quarter	Quarter <18 S.136 use
Section 135 and 136: Patient transfers to a place of safety (<18)	1	0	↑	2	19	↓	11	1 East 1 West 3 Centre	1 1 0



A total of 1 under 18's esd assessed this period between the ages of 13 and 17 years. Assessment resulted in discharge with follow up from services.

The tables below shows the ages of young persons assessed and the outcomes for the year period April 23 - September 23.

Under 18 Assessments	
AGE	Number of Assessments
11 and 12	
13	2
14	2
15	2
16	5
17	10

Outcome of Assessments	
Outcome	Number
Returned Home	6
Returned to Care Facility	8
Admission to childrens ward	1
Admission to Adult ward / S136 suite	2
Admission NWAS / CAMHS	3
Admission OOA	
Other (Friends, Hotel, B&B)	1

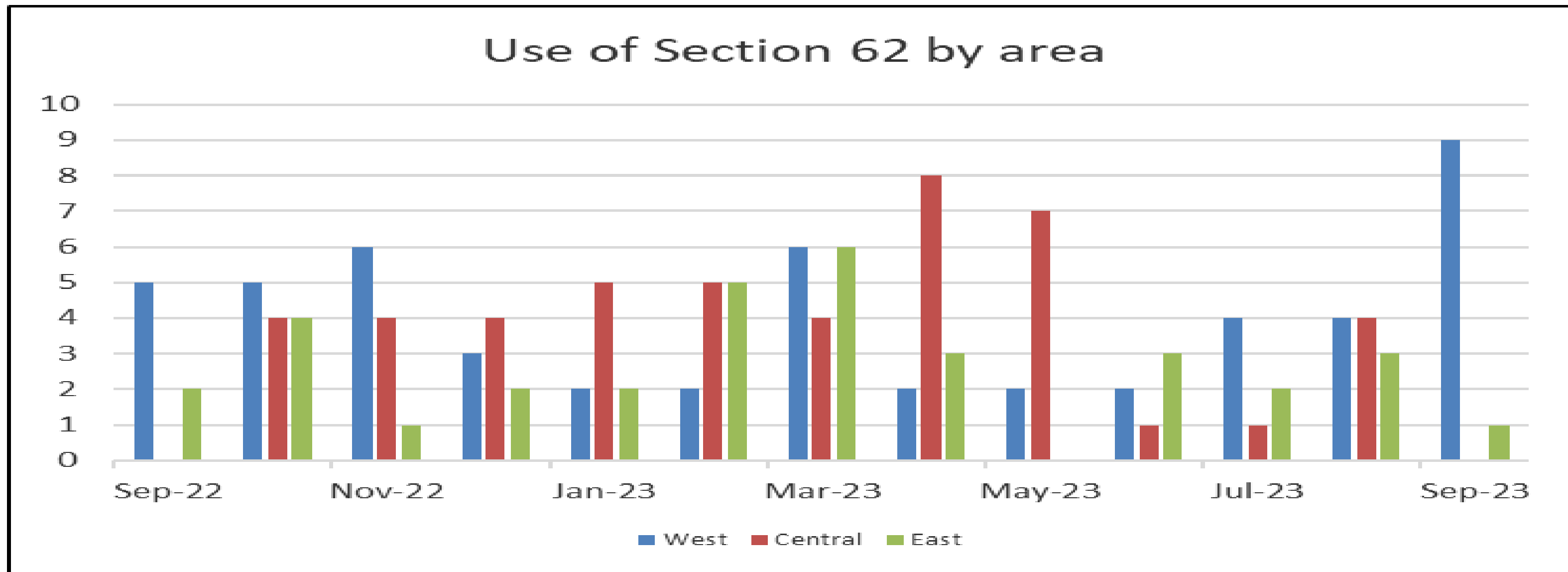
5



Section	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023
Section 35:	0	2	0	0	0	0	0	0	0	0	0	0
Section 37:	2	2	2	2	2	2	2	2	2	1	1	1
Section 37/41:	6	6	6	6	8	8	8	8	8	8	8	8
Section 38:	0	0	0	0	0	0	0	0	0	0	0	0
Section 47:	2	2	2	3	3	3	3	4	5	5	5	5
Section 47/49:	3	4	3	3	2	3	3	4	3	2	2	2
Section 48:	0	0	0	0	0	0	0	0	0	0	0	0
Section 48/49:	2	2	2	2	0	0	0	0	0	1	2	2
Section 3:	4	3	3	3	2	2	2	2	2	2	3	3
Section 45A	0	0	0	0	0	0	0	0	0	0	0	0
Total:	19	21	18	19	17	18	18	20	20	19	21	21

Ty Llywelyn Medium Secure Unit is a 25 bedded all male facility.  
The nature of the forensic sections does not always generate rapid activity. There are times when section 3 patients will be detained within the unit.  
There are no exceptions to report.





Monitoring of section 62 is a requirement of the Code of Practice (25.38)

Reason for S62 use:

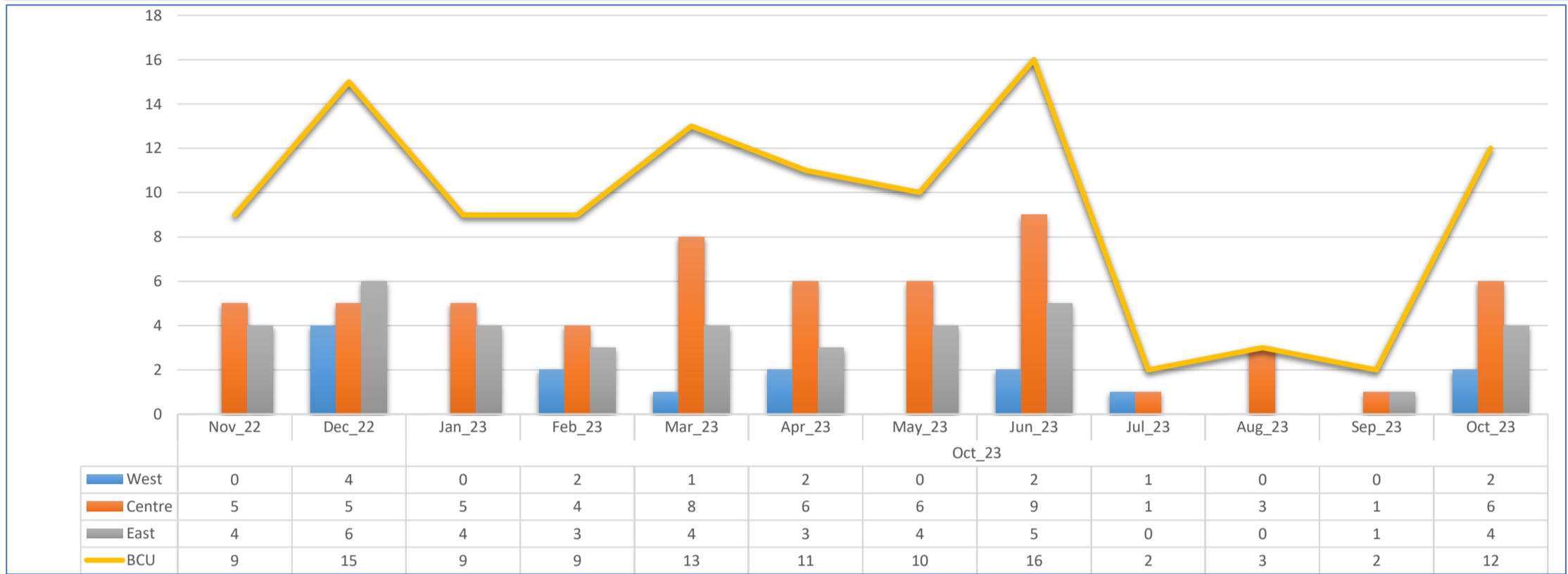
- Medication changes
- Patient no longer able to give consent to treatment or refusing consent
- ECT
- Awaiting a Second Opinion Appointed Doctor (SOAD) to arrive and three month consent to treatment has expired.

**Under 18's detentions in North Wales**  
KPI Report for: **October 2023**

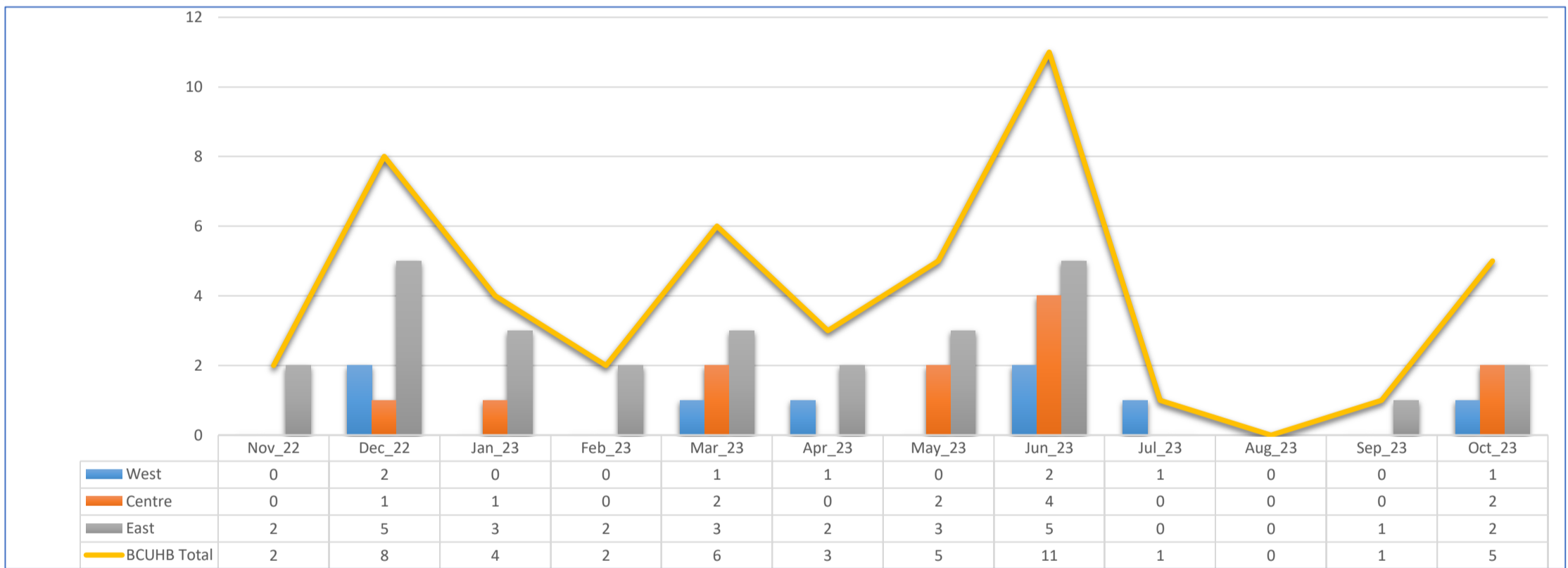
Data Source: BCUHB MHA Database  
Report Created on: 13/11/2023  
Report Created by: Performance Directorate

**Section A: 12 Month Data and Trends**

**1.1: All Detentions for U18's twelve month trend up to and including Oct\_23**



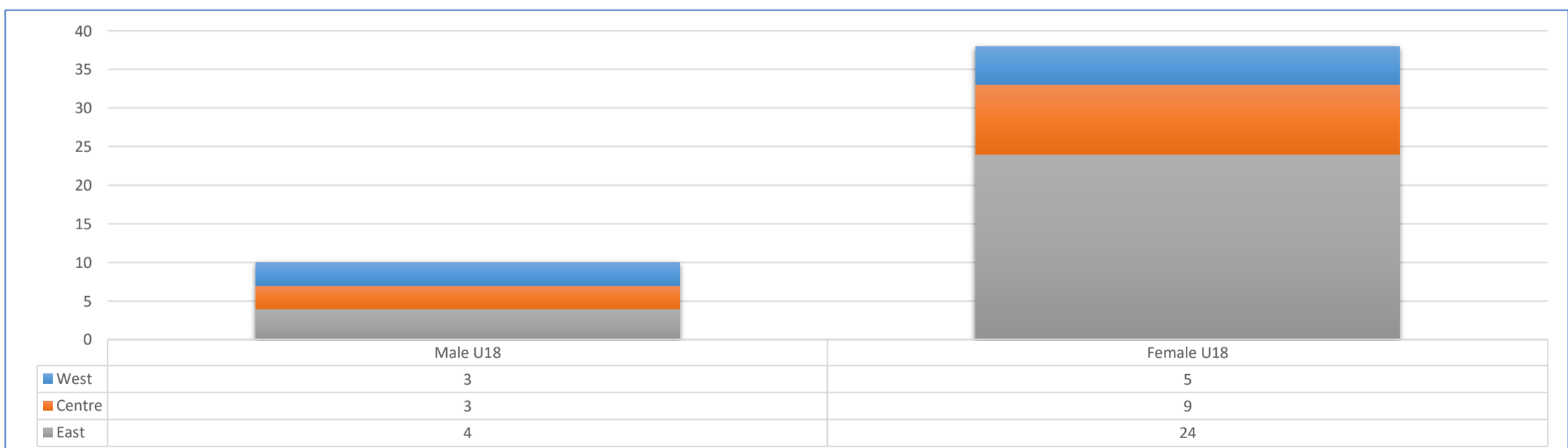
**2.1: Section 136 twelve month trend up to and including Oct\_23**



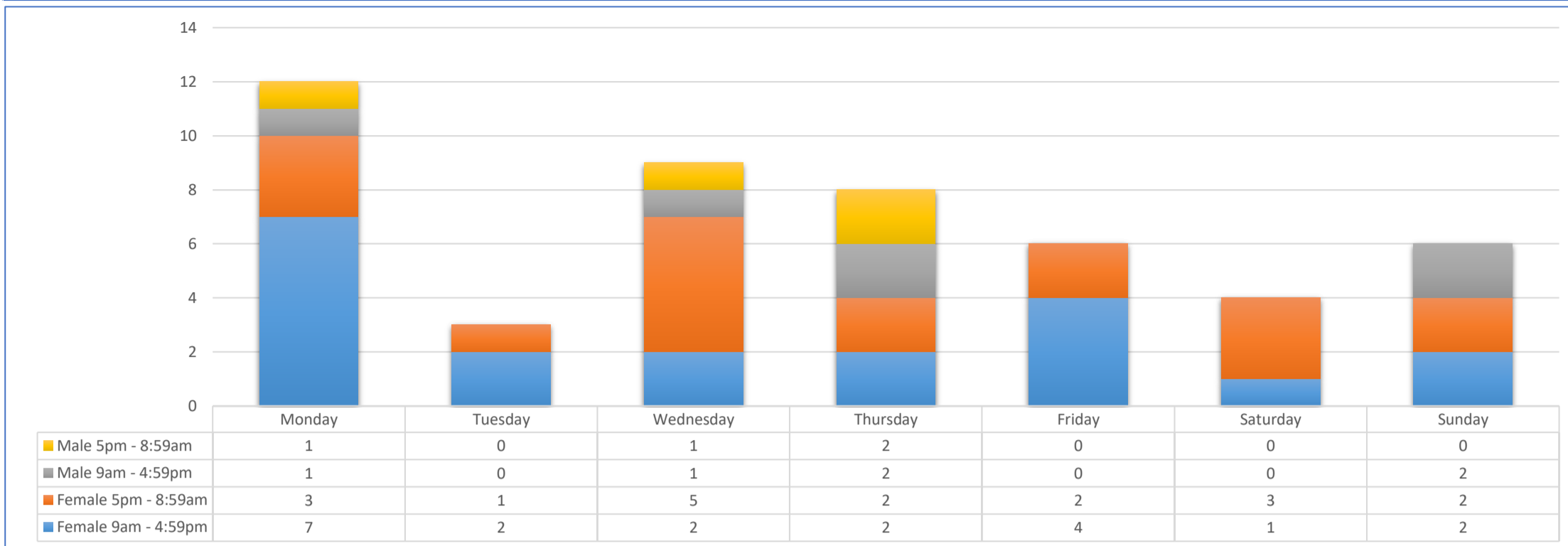
**2.2: Section 136 Outcomes twelve month trend up to and including Oct\_23**

Outcome of 136 detention	Nov_22	Dec_22	Jan_23	Feb_23	Mar_23	Apr_23	May_23	Jun_23	Jul_23	Aug_23	Sep_23	Oct_23
Discharged - No Mental Disorder	0	2	0	0	1	0	0	0	0	0	0	0
Discharged - Referred to Services	1	0	0	0	1	0	1	1	0	0	0	0
Discharged - Follow up service	0	2	2	1	1	2	3	6	1	0	1	3
Admitted	1	4	2	1	3	1	1	3	0	0	0	2
Section Lapsed	0	0	0	0	0	0	0	0	1	0	0	0

**3.1: 12 month combined S.135 and S.136 split by Area and Gender**



**3.2: 12 month combined S.135 and S.136 split by Gender, day and time band of admission**



**4: 1st Place of Safety 12 month trend up to and including Oct\_23**

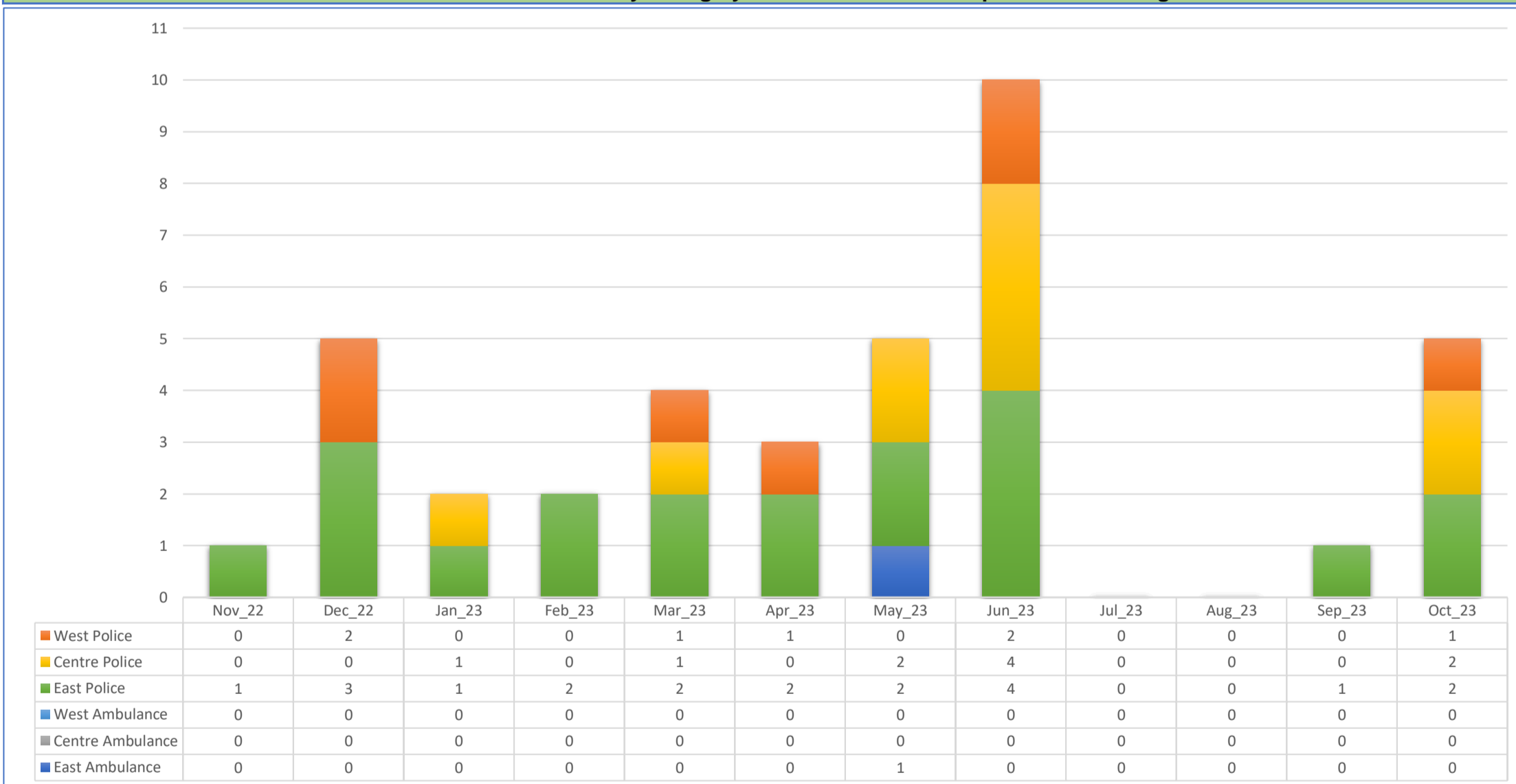
**4.1: 1st Place of Safety by BCUHB and split by category**

1st Place of Safety	Nov_22	Dec_22	Jan_23	Feb_23	Mar_23	Apr_23	May_23	Jun_23	Jul_23	Aug_23	Sep_23	Oct_23
A&E	1	2	4	1	5	0	4	6	1	0	1	3
Ward	0	0	0	0	0	0	0	0	0	0	0	0
PICU	0	0	0	0	0	0	0	0	0	0	0	0
136 Suite	1	5	0	1	1	2	1	5	0	0	0	2
Hospital	0	1	0	0	0	0	0	0	0	0	0	0
Independent Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Care Home for mentally disordered persons	0	0	0	0	0	0	0	0	0	0	0	0
Police Station (Custod)	0	0	0	0	0	1	0	0	0	0	0	0
Residential accommodation provided by Social Services Authority	0	0	0	0	0	0	0	0	0	0	0	0
Any other place	0	0	0	0	0	0	0	0	0	0	0	0

**4.2: A&E as 1st Place of Safety split by Area**

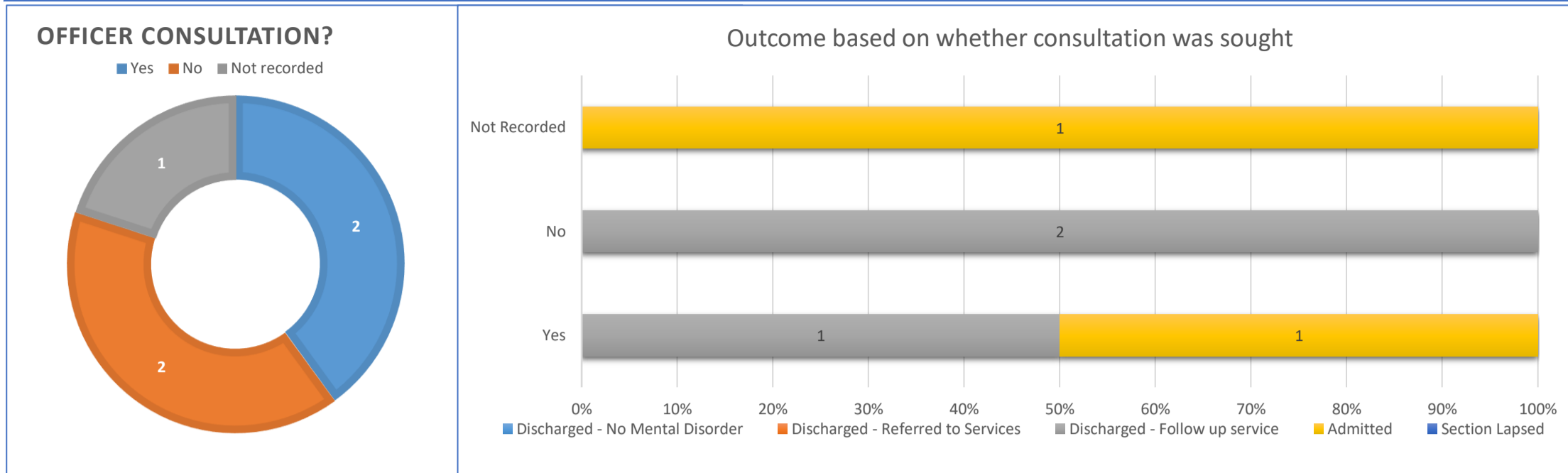
1st Place of Safety: A&E Split	Nov_22	Dec_22	Jan_23	Feb_23	Mar_23	Apr_23	May_23	Jun_23	Jul_23	Aug_23	Sep_23	Oct_23
West	0	0	0	0	0	0	0	1	1	0	0	0
Centre	0	0	1	0	2	0	2	1	0	0	0	1
East	1	2	3	1	3	0	2	4	0	0	1	2

**5.1: Police and Ambulance conveyancing by Area 12 month trend up to and including Oct\_23**

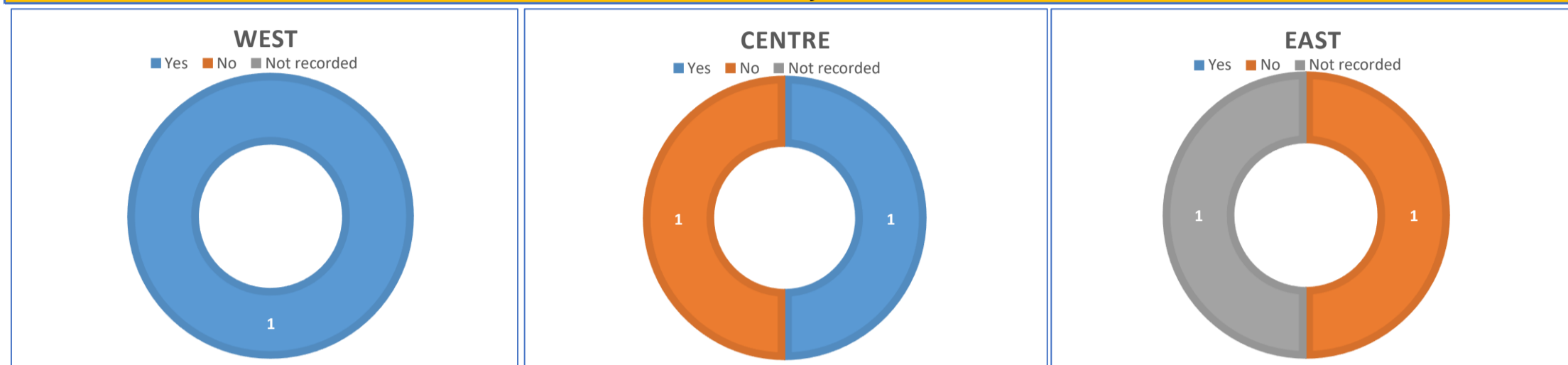


## Section B: Data for Oct\_23

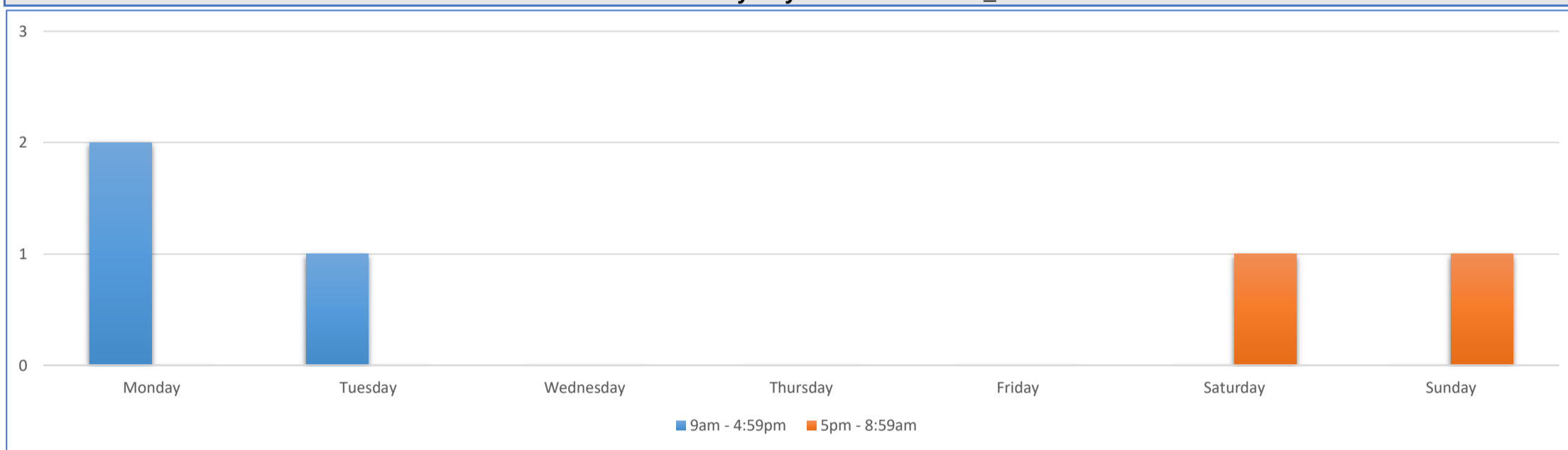
### 7.1: Consultations and Outcomes for Oct\_23



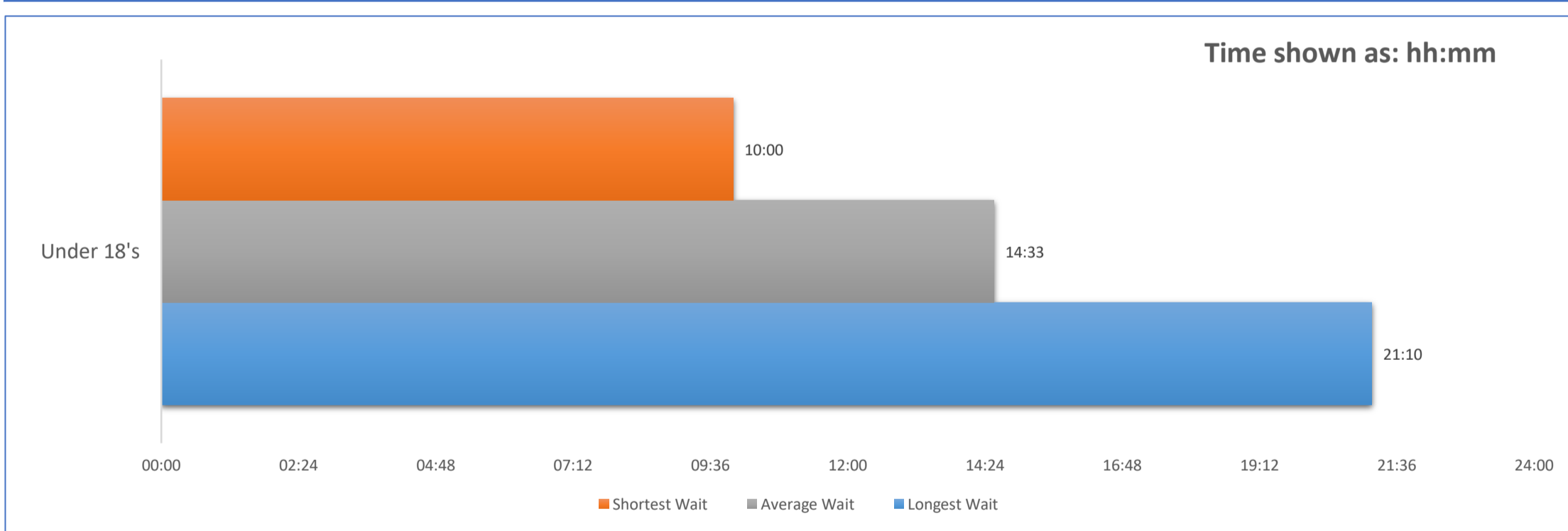
### 7.2: Consultations by Area for Oct\_23



### 8.1: S.136 use by Day and Time for Oct\_23

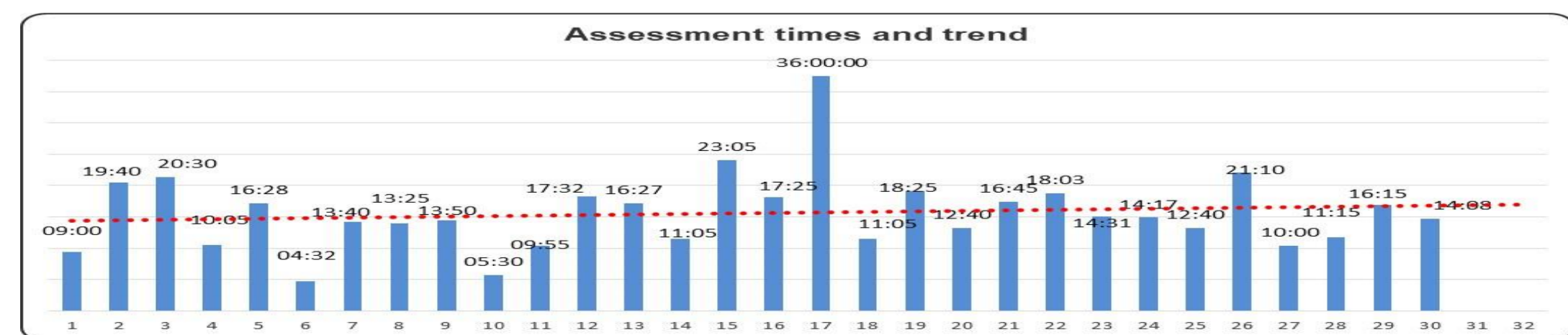


### 9.1: Time spent in S136 Suite / 1st place of safety until Outcome Oct\_23



### 10.1: Narrative for Oct\_23

There were five S136 detention for the month of October, resulting in two S2 admissions, one young person remained in the S136 suite prior to being transferred to NWAS. There were seven additional detentions recorded under the Act for four young persons, due to unit transfers these were for four S2 detentions and one S5(2). One young person accounted for two of these detentions and one accounted for three due to unit transfers. There were two direct admissions under a detention, one direct admission was to the S136 suite until transferred to an appropriate unit. One young person spent time in the paediatric ward under a detention. The graph below details the last 30 detentions and trendline for S136 detentions.







<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Mental Health Capacity and Compliance Meeting</b> 13.12.23						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) Q3 Update</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Michelle Denwood, Director of Safeguarding and Public Protection Angela Wood, Executive Director of Nursing and Midwifery						
<b>Awdur yr Adroddiad Report Author:</b>	Hayley Lloyd, DoLS/MCA/LPS Regional Team Manager Chris Walker, Head of Adult Safeguarding						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Due to the alignment of the cycles of business, this quarterly report is submitted directly to the MHCCC.  Deprivation of Liberty Safeguards is within the portfolio of the Executive Director of Nursing and Midwifery and this update has been reviewed by; Angela Wood, Executive Director of Nursing and Midwifery						
<b>Atodiadau Appendices:</b>	Appendix 1: Deprivation of Liberty Safeguards/MCA Action Plan						
<b>Argymhelliad / Recommendation:</b>							
<ol style="list-style-type: none"> <li>1. Accept the Deprivation of Liberty Safeguards Report and the identified activity for the period of Q1 – Q2 2023-24</li> <li>2. Receive the Deprivation of Liberty Safeguards Action Plan and progress.</li> </ol>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	x
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>					No		
<b>Sefyllfa / Situation:</b>							
<b>Governance</b> The activity recorded provides oversight and organisational assurance in relation to BCUHB's statutory duty under the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005 for the period of Q1 – Q2 2023-24. The activity includes key actions and activities to ensure that DoLS/MCA as part of the wider Corporate Safeguarding agenda, remains paramount to service delivery across BCUHB.							

Deprivation of Liberty Safeguards [LPS] reports throughout the organisation in accordance with the Safeguarding Reporting Framework. This framework reinforces organisational engagement, reporting and escalation by the Safeguarding Governance and Performance Group, and key Forums and Committees.

### **Legislation Activity**

On the 5<sup>th</sup> April 2023 Welsh Government published a Newsletter to confirm that the UK Government are not progressing the implementation of the Mental Capacity (Amendment) Act 2019 and the Liberty Protection Safeguards within this Parliament.

Over the last two years, a significant amount of funding has been made available to deliver Mental Capacity Act training and address the DoLS backlog (legal term for applications awaiting authorisation) in order to prepare for the implementation of Liberty Protection Safeguards. Despite the decision by UK Government not to implement the LPS within this Parliament, this funding continues to be fundamental to protect the rights of individuals who lack mental capacity under the current DoLS system. Welsh Government have confirmed continued funding for 2023/2024 with the view to strengthening the current DoLS system.

The WG led DoLS National Workforce Group will remain but the agenda will focus on the MCA and DoLS enabling stakeholders to jointly consider issues of local concern that may have a wider/national relevance and will provide a forum for joint working on national projects.

### **Current BCUHB Position**

In partnership with other Health Boards, the National Workforce Group aims to identify areas where preparatory actions can take place while awaiting the new Code of Practice and Regulations. These meetings have commenced and will continue to be held every quarter. Terms of Reference have been agreed and the current plan is to address the following:

- DoLS paperwork – Develop National DoLS Forms to update and simplify the forms incorporating the necessary information only to ensure continued working within the Law.
- Mental Capacity Act Training – Explore and develop National Training Standards and training packages.
- DoLS Process – Explore areas for improvement and the implementation of a potential new DoLS work stream.

Although the implementation of LPS is on hold WG are aware of the need for health organisations to continue to support all clinical staff to improve their application of the MCA. This will ensure staff are able to practice in accordance with the principles of the Act and evidence operational understanding.

The key activity for this period remains the delivery and improvement of organisational understanding of the MCA and to address the DoLS backlog. The DoLS backlog is a legal term recognised by the WG that refers to the number of applications awaiting authorisation. The Health Board was successful in securing further additional time limited funding to continue to support this work until March 2024.

As of the 31<sup>st</sup> October 2023 the DoLS Backlog stands at 19 (see table 1 below). Prior to WG funding, the Health Board had a Backlog of 144 cases. The reduction is a testament to the work undertaken by the MCA/DoLS Team. Our Best Interest Assessors and Section 12(2) Doctors complete additional DoLS Assessments during evenings and weekends to ensure BCUHB patients are protected by the Legal Framework.

**Table 1**

Urgent Applications (1-7 Days)	25
Extended Applications (8 - 14 days)	37
<b>Backlog</b>	<b>19</b>
Applications Allocated to BIA	16
Applications Allocated to Section 12(2) Doctors	6
Applications Under Scrutiny	10
Applications Pending Authorisation	2

Mental Capacity Act educational materials that include items such as banner pens that hold the principles of the MCA, Coffee Mugs with MCA guidance, MCA booklets for employees, MCA easy read guides for patients and carers, posters and other useful resources to promote MCA awareness are now available to all staff. The response to the provision of materials has been extremely positive, resulting in proactive engagement and requests from front line colleagues to access training and initiate discussions.

Utilising the additional WG funding we have been able to offer a number of secondment opportunities in order to strengthen the current DoLS/MCA system:

- MCA Trainer (MCA Lead) within the DoLS/MCA Team. The post holder will support the team to focus on assisting BCUHB in achieving compliance with the Mental Capacity Act and will take lead in ensuring BCUHB increases awareness and application of this vital piece of legislation across service areas and multi-disciplinary teams.
- Court of Protection (CoP) Deprivation of Liberty (DoL) Paediatric Lead in order to support the continued development of additional assurance with regard to MCA awareness specific to 16-17 year olds and to develop and secure a process to support staff with their engagement in the CoP DoL process.
- DoLS/MCA Team administrator. The post holder will support the team to focus on promoting the MCA and engage in activity to help reduce the DoLS Backlog and strengthen the current DoLS system. The post holder commenced in Q2 2023-24 and has proved so far to be successful as there is a significant improvement in the quality of the paperwork received from the Managing Authorities (Hospital Wards).
- A Best Interest Assessor (BIA) has also been employed to focus on reducing the DoLS backlog.

### **Cefndir / Background:**

#### **Performance and Activity**

It remains evident that the annual trend for DoLS applications is an upward trajectory within BCUHB. This is in line with the National picture.

During Q1 and Q2 2023-24, a total of 935 DoLS applications were submitted. This is a 25.3% increase on the number of applications submitted during the same period in 2022-23. We can anticipate the overall 2023-24 annual figure to reach in excess of 1800 applications.

We are currently reporting an average of a three to four week delay between receipt of a DoLS application and the subsequent standard authorisation. This position is not unique to BCUHB.

Other Health Boards and Local Authorities are in a similar position. Welsh Government have responded to organisational challenges and the financial support offered to address the DoLS Backlog has resulted in a reduction in authorisation times prior to receipt of WG funding.

### **Risk Reduction**

Risk ID 2548 CRR21.14. The risk associated with DoLS and the MCA is calculated and has demonstrated that we will see a reduction in the risk rating from a score of 20 to 16. The reduction in risk is a direct result of the additional work being undertaken and the postponement of LPS.

### **Welsh Government (WG) Monies**

WG have confirmed that non-recurring funding will be made available during 2024-25 in line with a bidding process. To meet the expectations of the funding we have developmental opportunities for trained staff within the team to support the strategic and operational management DoLS and the MCA.

As a result of the organisational and staffing challenges the team were unable to maintain a true 24/7 service or undertake a planned scoping exercise in relation to the need for an 'out of hours' MCA support service in Q1 and Q2. During Q4 the team will undertake a short exercise to evaluate the need for a 24/7 MCA service. An 'out of hours' service will offer an increased level of assurance and provide staff with the necessary support when considering the MCA in practice.

## **Asesu a Dadansoddi / Assessment & Analysis**

### **Strategic Implications Assessment and Analysis**

The following are aligned to the agreed strategic objectives identified within the Corporate Safeguarding Governance and Reporting Activity to support performance and obtain assurance against compliance with Safeguarding legislation and statutory guidance.

### **DoLS Documentation Audit**

The latest audit undertaken in Q1- Q2 2023-24 included 935 DoLS applications. The findings demonstrated an improvement in the quality of the paperwork when compared to Q1 and Q2 2022-23, with a 15%-18% reduction in applications having contained some issues resulting in them having to be initially returned to the Managing Authority (Hospital Wards).

### **Analysis**

It should be noted that the majority of the issues from the applications were minor with minimal amendments required.

The submitted applications continue to identify four (4) main themes.

- No inclusion of the Mental Capacity Assessment Form. The findings from the audit reported that the Managing Authority (Hospital Ward) had completed the Form but had not included it as part of the initial set of paperwork.
- Mental Capacity Assessments were completed incorrectly. Similar to the omission of Mental Capacity Assessments the forms suffered from minor inaccuracies such as a lack of address, or date of birth. These are usually resolved immediately by the Managing Authority.
- The DoLS application documentation was not completed correctly. It was reported that it was not signed, and/or was not dated correctly. Again, the oversight was the omission of a signature on the form and resolved quickly in most cases.
- Missing details regarding communication and medical information. When the application is submitted the Managing Authority should provide current medical information.

Some details were included, however to fully adhere to the legal framework the Managing Authority must provide all necessary information. This issue is usually addressed immediately by the Managing Authorities.

The improvement in the legal paperwork is in line with the dissemination of the MCA materials across BCUHB and the increase of bespoke MCA training.

The ongoing concern remains the delay in submission of correct paperwork, which then results in the delay in the authorisation of the DoLS and the risk of both financial and reputational damage to the Health Board.

### **Training**

MCA/DoLS training is delivered on a monthly basis by the MCA/DoLS Team. Where non-compliance or concerns with regard to the completion of paperwork is identified the Team offer bespoke MCA awareness raising sessions delivered directly to the staff. A more in depth, Level 3 MCA/DoLS training package is also available on a monthly basis. All qualified staff members Band 5 and above are encouraged to undertake the Level 3 training.

### **Analysis**

Training compliance and an understanding of DoLS and the MCA is a key target so the approach taken is to ensure all areas or departments with a reduced compliance are afforded extra training and support. A revised virtual training programme is also available and remains in place to encourage ongoing training. MCA training is also included within the mandatory Adult Level 2 Safeguarding Module to utilise all available opportunities.

The additional MCA materials funded by WG and additional bespoke MCA training have been successful and there appears to be improved knowledge and awareness specific to the MCA in daily practice. This is evident due to the increase in DoLS applications and improvement in the paperwork.

### **Court of Protection (CoP)**

The Team respond to and support front line colleagues when cases have been referred to the Court of Protection (CoP) for the following reasons:

- **Section 21A Challenge:** Patients have a right in law to challenge the detention if the patient feels it is unlawful. (Article 5(4) ECHR).
- **Section 16 MCA (2005):** Relating to welfare decisions.

The number and complexity of cases engaged in the Court of Protection arena remains on the increase. Legal challenge has resulted in intensive Court of Protection activity and as a result external legal services are commissioned in some cases to support the Court process.

### **Court of Protection – Deprivation of Liberty (CoP DoL)**

Recent cases have highlighted the need to strengthen the organisations procedures in relation to CoP DoL cases within community placements. This includes all known and unknown activity specific to the CoP DoL Legal Framework.

As part of our ongoing work across BCUHB the Team will complete the development of a Standard Operating Procedure (SOP) to reflect the legislative policy and to ensure good practice and governance is in place. Non-recurring WG funding has enabled the DoLS/MCA Team to offer a secondment opportunity to focus on this work during Q3 and Q4 of 2023-24.

**Opsynau a ystyriwyd / Options considered**

N/A

**Goblygiadau Ariannol / Financial Implications**

There are no financial implications for this report.

**Risk Analysis**

The risks associated with the Deprivation of Liberty Safeguards are included within the Tier 1 Corporate Risk Register.

**Risk CRR21-14.** There is a risk that the increased level of Deprivation of Liberty Safeguards activity may result in the unlawful detention of patients.

**Risk Calculation.** 4 [major/high] x 4 [almost certain, will undoubtedly happen or recur, possibly frequently] = 16

**Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

- The Deprivation of Liberty Safeguards Code of Practice supplements the main Mental Capacity Act 2005 Code of Practice.
- The Supreme Court Judgment, P v Cheshire West Council [2014] and P & Q v Surrey County Council [2014] UKSC 19.
- The Supreme Court Judgment D [A Child] judgement given on 26<sup>th</sup> September 2019.

**Asesiad Effaith / Impact Assessment**

N/A

## Betsi Cadwaladr University Local Health Board (BCUHB)

### Mental Health Capacity and Compliance Committee Report Action Plan 2021-2022

**Corporate Safeguarding MCA/DoLS Team (previously completed actions have been removed)**

**RAG Rating- Red ■ Out of Time Frame. Amber ■ Within Timeframe. Green ■ Completed.**

	Recommendations	Action Required	Lead	Evidence of completion	Target Date	RAG
1.0	To create a BCUHB Liberty Protection Safeguards (LPS) Implementation Group, which will include strategic and operational membership to ensure the full implementation of the new Mental Capacity (Amendment) Act (2019, <b>Mental Capacity Act 2005</b> ) and code of practice relating to the LPS.	<ul style="list-style-type: none"> <li>• Development and Ratification of the LPS ToR.</li> <li>• Engagement in Local, Regional and National meetings/groups:               <ul style="list-style-type: none"> <li>a) LPS Workforce and Training Group</li> <li>b) LPS in relation to 16 and 17 year olds Group</li> <li>c) LPS Monitoring and Reporting Group</li> <li>d) LPS Transition Group</li> <li>e) LPS Welsh Government Strategic Implementation Steering Group NHS Wales LPS/MCA/DoLS Task and Finish Group</li> </ul> </li> </ul>	CW HL	<p><u>Update Q3:</u></p> <p>Welsh Government published a Newsletter to confirm that the UK Government are not progressing the implementation of the Mental Capacity (Amendment) Act 2019 and the Liberty Protection Safeguards within this Parliament.</p> <p>The National Workforce group will remain but the agenda will focus on the MCA and DoLS enabling stakeholders to jointly consider issues of local concern that may have a wider/national relevance and will provide a forum for joint working on national projects.</p>	31.03.2023	<b>Green</b>

Appendix 1

2.0	Implementation of the Safeguarding Business Case to support service delivery and provide a 7 day service.	<ul style="list-style-type: none"> <li>• Weigh up the benefits and negatives to the costings of providing a seven day service.</li> <li>• Consultation with staff and appropriate services i.e. workforce.</li> <li>• Assessment of staff members, working days, working hours.</li> <li>• Task and Finish Group with agreed reporting framework.</li> </ul>	CW HL	<p><u>Update Q3:</u></p> <p>Due to financial pressures the Business Case will not be implemented. The Team will utilise WG funding to 'pilot' a 7 day service and then report back findings to support a long term decision on the need for out of hours support.</p>	31.03.2023	Green
3.0	Engage in the application of BCUHB's IMCA contract to secure geographical IMCA services ahead of the implementation of LPS and in-line with WG guidelines.	<ul style="list-style-type: none"> <li>• Engagement with National, Regional and Local Groups</li> <li>• Attend the All Wales Provision IMCA Contracts Meetings</li> <li>• Liaise with the BCUHB Procurement and Contract Teams.</li> <li>• Meet with the CADMHAS IMCA Service</li> <li>• Ensure engagement with Local Authorities as BCUHB hold geographical responsibility for the provision of the IMCA Service</li> </ul>	CW HL	<p><u>Update Q3:</u></p> <p>The advocacy service is in place for all individuals who lack capacity. The contract is due to end on the 31/03/2024.</p> <p>Engagement with the National Procurement Process has been agreed. A new contract for the IMCA Service will now go out to tender and is due to start on the 01/04/2024.</p>	31.03.2024	Green
4.0	Welsh Government funding, actions and objectives.	<ul style="list-style-type: none"> <li>• Fund additional Best Interest Assessments to reduce the DoLS Backlog.</li> </ul>	CW HL	<p><u>Update Q3:</u></p> <p>This action will be ongoing until March 2025 following confirmation</p>	31.03.2025	Amber

Appendix 1

		<ul style="list-style-type: none"> <li>• Embed MCA training across BCUHB.</li> <li>• Prepare for the implementation of LPS.</li> </ul>		from WG that funding is available for 2024-25.		
<b>5.0</b>	Development of a Standard Operating Protocol (SOP) for assessing existing patients and for assessing future funded patients.	<ul style="list-style-type: none"> <li>• Further engagement with commissioning services.</li> <li>• Development of a Standard Operating Protocol (SOP) for assessing existing patients and for assessing future funded patients.</li> <li>• Support the development of a protocol to help manage the complex interface between the Mental Health Act and the Mental Capacity Act and review service users accessing Mental Health services (individuals who are not objecting to their care and treatment as defined under the Mental Health Act).</li> </ul>	CW HL	<p><u>Update Q3:</u></p> <p>A secondment opportunity has been made available to continue to progress this activity.</p> <p>Engagement has taken place with L&amp;R Services to establish the legislative position, accountability and responsibility.</p> <p>Engagement with Commissioning Services to support the development of a Standard Operating Procedure is ongoing.</p>	<b>31.03.2023</b>	<b>Red</b>



<b>Teitl adroddiad:</b> <i>Report title:</i>	Healthcare Inspectorate Wales (HIW) Assurance Report			
<b>Adrodd i:</b> <i>Report to:</i>	Mental Health Capacity and Compliance Meeting			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 13 December 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>HIW is the independent inspectorate and regulator of all health care in Wales. HIW conduct announced and unannounced visits to services offered by the Health Board, considering how the services are meeting the Health and Care Quality Standards. HIW also monitor the use of the Mental Health Act and review the mental health services to ensure that vulnerable people receive good quality of care in mental health services.</p> <p>This report provides assurance that following inspections, recommendations/actions in relation to the Mental Health Act.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Teresa Owen, Executive Director of Public Health.			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	<p><u>Presented by:</u> Matthew Joyes, Deputy Director of Quality Governance</p> <p><u>Authored by:</u> Erika Dennis, Lead Quality Assurance Manager Clare Jones, Quality Assurance Manager</p>			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				

<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Quality
<b><i>Link to Strategic Objective(s):</i></b> <b>Goblygiadau rheoleiddio a lleol:</b> <b><i>Regulatory and legal implications:</i></b>	The Health Board has a legal obligation under the Mental Health Act to keep people safe and ensure that they are being detained and cared for with least restrictive options being at the forefront of professional's practices. There are obligations under the Mental Health Measure to ensure that all persons have a care and treatment plan that is appropriate.
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	This is a retrospective report, and therefore no EQIA required. All policies which link in with HIW actions will be Equality Impact Assessed.
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	N/A
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	N/A
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b><i>Financial implications as a result of implementing the recommendations</i></b>	Issues highlighted by HIW may have financial implications. However the aspects covered by this document (namely the Mental Health Act and Mental Health Measure) require no financial consideration at present.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b><i>Workforce implications as a result of implementing the recommendations</i></b>	N/A
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b><i>Feedback, response, and follow up summary following consultation</i></b>	This report has been reviewed by: - Mental Health & Learning Disability Service Quality Delivery Group - Matthew Joyes, Deputy Director of Quality Governance
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)	N/A

<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><i>Next Steps:</i> <i>Implementation of recommendations</i></p> <p>N/A</p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <p>N/A</p>	

## Inspections within the last 6 months

### New inspections, publications and updates relating to the Mental Health Act

#### 1 **Unannounced Visit: Hergest Adult Mental Health Unit**

Inspection Date: 15<sup>th</sup> to 17<sup>th</sup> May 2023  
Publication Date: Due 22<sup>nd</sup> September 2023

##### **HIW Recommendation**

The health board must ensure that MAR charts are fully completed to include patient legal status information. Additional training should be provided to ensure that medical staff understand their role and responsibilities when completing the charts.

##### **Service Improvement Action**

Acute Care Manager will liaise with the lead pharmacist and ward managers to strengthen monitoring of MAR charts and support any escalation as required.

Responsible Lead – Iain Wilkie  
Progress Status – Complete and Evidenced

#### 2 **Unannounced Visit: Ty Llewelyn Secure Adult Unit**

Inspection Date: 3<sup>rd</sup> to 5<sup>th</sup> July 2023  
Publication Date: 5<sup>th</sup> October 2023

##### **No recommendations regarding MHA**

HIW scrutinised five patient care plans and MHA was found to be fully compliant. No further comments.

Responsible Lead – Iain Wilkie  
Progress Status – None (Compliant)

#### 3. **Unannounced Visit: Ablett Adult Mental Health Unit**

Inspection Date: 17<sup>th</sup> to 19<sup>th</sup> July 2023  
Publication Date: 19<sup>th</sup> October 2023

HIW scrutinised seven patient care plans and MHA was found to be fully compliant.

##### **HIW Recommendation**

The conditions and outcomes of the leave for some patients could be strengthened to provide more clarity to staff on the expectations of the leave arrangements. The health board must ensure that Section 17 leave arrangements are clearly defined to avoid ambiguity between staff and patients.

### **Service Improvement Action**

The Clinical Director will raise at the next Consultant Meeting the need for clarity and certainty when completing Section 17 leave forms. Cycle of audit to be identified for the review of Section 17 leave forms. Actions by Clinical Director and Head of Nursing (Central).

Responsible Lead – Iain Wilkie

Progress status – Complete and Evidenced



<b>Teitl adroddiad:</b> <i>Report title:</i>	Associate Hospital Managers Update Report (July – September 2023)			
<b>Adrodd i:</b> <i>Report to:</i>	Mental Health Capacity and Compliance meeting			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 13 December 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Associate Hospital Managers update report provides details regarding the Associate Hospital Managers activity within the Health Board for the detailed period. The report describes activities in the following areas: Hearings, Scrutiny, Training, Recruitment, Forums, Meetings, and Key Performance Indicators.</p> <p>This report provides assurance that the individuals who form the Hospital Manager Discharge Panels (namely <b>Mental Health Act Associate Hospital Managers</b> (MHA AHM)) are in receipt of adequate training and conform to the Health Board standards.</p> <p>The report details the activity of the Associate Hospital Managers in relation to hearings and activity undertaken, concerns raised and improvements to the division or service to which they have input for the period July – September 2023.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Teresa Owen, Executive Director of Public Health			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	<p><u>Presented by:</u> Matthew Joyes, Deputy Director of Quality Governance</p> <p><u>Authored by:</u> Wendy Lappin, Mental Health Act Manager</p>			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth

	mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	Quality			
<b><i>Link to Strategic Objective(s):</i></b>				
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>Mental Health Act 1983 (amended 2007) - the Mental Health Act determines that the Health Board must ensure that there are Associate Hospital Managers available to conduct panels for the patients on their request or at the time of a renewal. These Managers cannot be employees of the Health Board to ensure that an independent view is taken when reviewing the detention. Conflicts of interest require consideration and can include any work undertaken for associated agencies which may have contact with patients or influence on the Health Board.</p>			
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	N/A			
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>N/A</p> <p>This report does not inform strategic decisions, it relates to the day to day operations of the Associate Hospital Managers who have delegated functions under the Mental Health Act. Strategic change would only need considering if the Mental Health Act was amended to detail a different course of action for Hospital Managers.</p>			
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p>	<p>The number of Associate Hospital Managers must be kept at a reasonable levels to ensure the availability of persons for this activity. The Health Board addressed this by having an open direct</p>			

<p><b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>	<p>hire advert to ensure that the cohort is kept at an adequate level.</p> <p>Hearings for patients should be conducted as close to the renewal date as possible. If a patient requests a hearing this should be given priority. Risks associated with not conducting a hearing as close as possible to the relevant date, would be:</p> <ul style="list-style-type: none"> <li>• Transfers impacting on hearings with the potential for a hearing to be missed or rearranged.</li> <li>• The Associate Hospital Managers Discharge Panel may not agree with the professionals and feel that patient should be discharged any delay in the hearing may result in the patient being detained for longer than necessary.</li> </ul>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p>The Associate Hospital Managers are paid a sessional fee for each activity. The Associate Hospital Managers are now provided with devices to ensure that costs in relation to posting reports are minimised along with ensuring protection and confidentiality of patient's personal information. Discussions are currently underway in relation to the managers completing decision forms electronically.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>None</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>Matthew Joyes, Deputy Director of Quality Governance and Alberto Salmoiraghi, Medical Director, Mental Health &amp; Learning Disability Division have seen the report prior to submission. The Associate Hospital Managers have also been provided with a copy at the end of the quarter. The Power of Discharge Group has not been held during the time that the MHCCC meeting has not been held these will be set up as a recurrence for 2024. None of the above have made any changes.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>N/A</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>N/A</p>

**Camau Nesaf:**  
**Gweithredu argymhellion**

***Next Steps:***  
***Implementation of recommendations***

N/A

**Rhestr o Atodiadau:**

***List of Appendices:***

N/A

## Quarterly Activity

### 1 Hearings

At the time of writing (09.10.2023) hearings are held both remotely via Microsoft Teams and face to face.

17 hearings were held during the months July – September 2023.

Three were held face to face and 14 via Teams. The hearings consisted of four Community Treatment Orders (CTO) renewals, 11 section 3 renewals, one section 47 renewal, one section 2 appeal and a S37 discretionary review hearing.

The Hospital Managers discharged one patient during this period.

One appeal hearing were held.

A breakdown of the hearing activity is below:

#### July

- **Four hearings arranged (three held); Two held face to face and one via Microsoft Teams.**

Two hearings were in relation to renewals (both for community patients) and one hearing was a discretionary review as requested by the panel from the last Managers Hearing.

**One hearing was cancelled** – The patient was regraded to informal by the RC.

#### **Outcomes of hearings held**

- Two detentions were upheld.
- One patient (CTO) was discharged by the Managers.

#### August

- **Nine hearings arranged (seven held); one held face to face and six via Microsoft Teams.**

All hearings were in relation to renewals. (Two for community patients).

**Two hearings were cancelled** – One patient withdrew their appeal for a hearing and one patient was discharged by the Mental Health Review Tribunal at a hearing held prior to the fixed Managers Hearing.

#### **Outcomes of hearings held**

- All detentions were upheld.

## September

- **Eight hearings arranged (seven held); all held via Microsoft Teams.**  
Six hearings were in relation to renewals and one was a section 2 Appeal.

**One hearings was cancelled** – this was a patient appeal which they later withdrew.

### **Outcomes of hearings held**

- All detentions were upheld.

Patients with capacity are asked regarding the venue of their hearing, this is now a routine procedure.

## **Hearing KPIs**

Following a renewal, there is no timeframe specified within the Mental Health Act of when a hearing is to be held, only the confirmation that one ‘must’ be held. Good practice suggests this should be undertaken as close to a renewal date as possible. The Health Board has set a KPI at one month following the renewal date. An analysis of the hearings held this quarter is detailed below.

The RC can renew a detention two months prior to the section expiry date. In some instances when the paperwork has been returned in advance the hearing will be held prior to the renewal date.

In instances where the patient appeals their detention, the hearing should be held as close as possible to the appeal date. The KPI for appeals focused on working days to allow for reports to be produced and distributed.

There was one discretionary review which is not counted within the data as the Managers requested this was held within two months of the previous hearing which it was to the day. 59% of hearings were held within the KPI.

<b>Renewal Date</b>	<b>Hearing Date</b>	<b>KPI (31 days)</b>
12/03/2023	03/07/2023	113 days
11/04/2023	19/07/2023	99 days
26/06/2023	15/09/2023	81 days
30/06/2023	17/08/2023	48 days
10/07/2023	01/08/2023	22 days
12/07/2023	02/08/2023	21 days
15/07/2023	01/09/2023	48 days
23/07/2023	24/08/2023	32 days
28/07/2023	18/08/2023	21 days
02/08/2023	14/08/2023	12 days
09/08/2023	08/09/2023	30 days
17/08/2023	31/08/2023	14 days
24/08/2023	13/09/2023	20 days
01/09/2023	21/09/2023	20 days
13/09/2023	06/09/2023	Held before
<b>Barring Hearing</b>		
None noted		

<b>Appeal by Patient Date</b>	<b>Hearing Date</b>	<b>KPI (31 days)</b>
08/09/2023	27/09/2023	19 days

The East locality appears to be having problems with arranging hearings within an acceptable time and this is being explored.

## **2 Scrutiny**

Scrutiny has been undertaken with the rota for 2023 starting in February, this is conducted on a monthly basis within the three psychiatric units, Heddfan, Ablett and Hergest. A yearly report is produced as part of an audit programme. Issues raised via scrutiny are also reported within the AHMs newsletter.

Bryn Y Neuadd, Ty Llywelyn, NWAS, Tan Y Castell, Coed Celyn, Cefni, and Bryn Hesketh are audited on a quarterly basis by the MHA Administrators as part of a wider audit reported to the Mental Health Capacity and Compliance Committee.

## **3 Training**

All AHMs have been provided with a mobile device and mandatory training is now a priority. Training has been highlighted as a priority in 1:1 sessions and will be reiterated within the next forum meeting. There are five AHMs who are 100% compliant with the training sessions.

## **4 Recruitment**

The Associate Hospital Manager cohort at the time of writing this report consists of:

- 17 persons of which 15 are actively involved in hearings.
- The active cohort consists of six male and nine female members, of which three are Welsh speakers.

Of the active members, there are six chairpersons, (two male and four female), of which one is a Welsh speaker.

Three recent resignations have occurred all due to personal reasons. The two AHMs who were taking a break will be returning within the month, both have been supplied with a device.

One new appointment has been made this lady will hopefully start shadowing in the very near future and an application has been received from another interested person.

## **5 Forums and Meetings**

The Associate Hospital Managers Forum meeting is held on a quarterly basis. This is linked in with training to allow the Associate Hospital Managers to get together and discuss any relevant information and receive updates about changes within the Health Board that is relevant to their role.

The last Forum was held in October.

The Power of Discharge Group has not been held during the time that the MHCCC meeting has not been held these will be set up as a recurrence for 2024.