

## Bundle Mental Health Act Committee 20 December 2019

To be held from 10:30am - 12:30pm in the Boardroom, Carlton Court,  
St Asaph Business Park, St Asaph, LL17 0JG

### Agenda attachments

#### Agenda\_Mental\_Health\_Act\_Committee\_20\_December\_2019 V1.0..docx

- 1 10:30 - MHAC19/63 - Apologies, welcome and remarks  
*Terms of Reference attached for reference.*
  - 1) *To formally endorse and welcome Frank Brown onto the Committee.*
  - 2) *To note the resignation of Christine Robinson from the Committee.*
  - 3) *To note the future Chair of the Committee.*

MHAC19.63 Terms of Reference MHAC incorporating PoD V4.0.pdf
- 2 10:40 - MHAC19/64 - Declarations of Interest
- 3 10:42 - MHAC19/65 - Minutes of last meeting to be confirmed and review of Summary Action Log
  - 1) *To confirm as a correct record the Minutes of the last meeting held on 27th September 2019*
  - 2) *To deal with any matters arising not dealt with elsewhere on the agenda*
  - 3) *To review the Summary Action log.*

MHAC 19.65.1 Draft\_Mental Health Act Committee Minutes - 27.09.19 v0.2.docx

MHAC19.65.2 Summary Action Plan live version.doc
- 4 10:57 - MHAC19/66 - Minutes of the Power of Discharge Sub-Committee
  - 1) *To receive the Minutes of the Power of Discharge Sub-Committee meeting held on 27th September 2019 for information purposes.*
  - 2) *To receive an oral update from the Chair on relevant feedback from the Sub-Committee meeting held on the 20.12.19.*

*- Wendy Lappin, Mental Health Act Manager to present.*

MHAC19.66 Draft Minutes Power of Discharge Sub Committee 27.9.19 v0.2.docx.docx
- 5 11:07 - MHAC19/67 - Approval for All Wales Approved Clinicians and Section 12(2) Doctors)  
*To note the arrangements for approval and re-approval of Approved Clinicians and Section 12(2) Doctors in Wales.*  
*- Heulwen Hughes - All Wales Approval Manager For Approved Clinicians And Section 12(2) Doctors to present.*

MHAC19.67 FINAL MHA Committee Report AC s12 doctors December 2019.docx
- 6 11:22 - MHAC19/68 - Consideration of any HIW/Inspection reports/Audit reports etc as appropriate to meetings remit.  
*- Wendy Lappin, Mental Health Act Manager to present.*  
*The Committee is asked to note the report.*

MHAC 19.68 HIW Monitoring Report v2.docx
- 7 11:32 - MHAC19/69 - Hospital Manager's Update Report from Power of Discharge Sub-Committee  
*- Wendy Lappin - Mental Health Act Manager to present summary.*

MHAC 19.69 Associate Hospital Managers Update Report v2.docx
- 8 11:47 - MHAC19/70 - Performance Report  
*- Wendy Lappin - Mental Health Act Manager to present.*  
*The Mental Health Act Committee is asked to note the report.*

MHAC 19.70 Coversheet MHA Performance Report.docx

MHAC 19.70 MHAct Report.pdf

MHAC 19.70.1 Mental Health Measure slides.pptx

MHAC 19.70.2 Appendix 2 Section Analysis.docx
- 9 12:12 - MHAC19/71 - Agree CoB for coming year  
*- Lyn Meadows, Vice Chair*  
*The Committee is asked to review and approve the Cycle of Business.*

MHAC 19/71.1 COB Review - Coversheet and report v1.0.docx

MHAC 19.71.2 Appendix 1 Draft BCU Mental Health Act Committee Cycle of Business 2020-21 draft v0.1.docx
- 10 12:18 - MHAC19/72 - Issues of Significance to inform Chair's Report to Board
- 11 12:19 - MHAC19/73 - Any other business
- 12 12:29 - MHAC19/74 - Date of Next Meeting - 27th March 2019

## Agenda Mental Health Act Committee

<b>Date</b>	20/12/2019
<b>Time</b>	10:30 – 12:30
<b>Location</b>	Boardroom, Carlton Court, St Asaph LL17 0JG
<b>Chair</b>	Mrs Lyn Meadows

- 1**            **MHAC19/63 – Apologies, welcome and remarks**  
10:30        Terms of Reference attached for reference.  
              1) To formally endorse and welcome Frank Brown onto the Committee.  
              2) To note the resignation of Christine Robinson from the Committee.  
              3) To note the future Chair of the Committee.
  
- 2**            **MHAC19/64 – Declarations of Interest**  
10:40
- 3**            **MHAC19/65 – Minutes of last meeting to be confirmed and review of Summary  
Action Log**  
10:42        1) To confirm as a correct record the Minutes of the last meeting held on 27th  
September 2019  
              2) To deal with any matters arising not dealt with elsewhere on the agenda  
              3) To review the Summary Action log.
  
- 4**            **MHAC19/66 – Minutes of the Power of Discharge Sub-Committee**  
10:57        1) To receive the Minutes of the Power of Discharge Sub-Committee meeting  
held on 27th September 2019 for information purposes.  
              2) To receive an oral update from the Chair on relevant feedback from the Sub-  
Committee meeting held on the 20.12.19.  
              – Wendy Lappin, Mental Health Act Manager to present.
  
- 5**            **MHAC19/67 – Approval for All Wales Approved Clinicians and Section 12(2)  
Doctors)**  
11:07        To note the arrangements for approval and re-approval of Approved Clinicians  
and Section 12(2) Doctors in Wales.  
              – Heulwen Hughes – All Wales Approval Manager For Approved Clinicians And  
Section 12(2) Doctors to present.
  
- 6**            **MHAC19/68 – Consideration of any HIW/Inspection reports/Audit reports etc  
as appropriate to meetings remit.**  
11:22

– Wendy Lappin, Mental Health Act Manager to present.

The Committee is asked to note the report.

**7 MHAC19/69 – Hospital Manager's Update Report from Power of Discharge Sub-Committee**

11:32

– Wendy Lappin – Mental Health Act Manager to present summary.

**8 MHAC19/70 – Performance Report**

11:47

– Wendy Lappin – Mental Health Act Manager to present.

The Mental Health Act Committee is asked to note the report.

**9 MHAC19/71 – Agree CoB for coming year**

12:12

– Lyn Meadows, Vice Chair

The Committee is asked to review and approve the Cycle of Business.

**10 MHAC19/72 – Issues of Significance to inform Chair's Report to Board**

12:18

**11 MHAC19/73 – Any other business**

12:19

**12 MHAC19/74 – Date of Next Meeting – 27th March 2019**

12:29

**Betsi Cadwaladr University Health Board**  
**Terms of Reference and Operating Arrangements**

## **MENTAL HEALTH ACT COMMITTEE**

### **1. INTRODUCTION**

1.1 The Board shall establish a committee to be known as the **Mental Health Act Committee**. The detailed terms of reference and operating arrangements in respect of this Committee are set out below. Background information in relation to the Mental Health Act, the Mental Health Measure and the Mental Capacity Act is set out in Annex 1. The Committee will also consider, when appropriate, any other legislation that impacts on mental health and mental capacity. It will regularly report to the Board and advise it of any areas of concern.

### **2. PURPOSE**

2.1 The purpose of the Committee is to consider and monitor the use of the Mental Health Act 1983 (MHA), Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS) (MCA) and the Mental Health (Wales) Measure 2010 (the Measure) and give assurance to the Board that:

- Hospital Managers' duties under the Mental Health Act 1983;
- the functions and processes of discharge under section 23 of the Act;
- the provisions set out in the Mental Capacity Act 2005, and
- in the Mental Health Measure (Wales) 2010

are all exercised in accordance with statute and that there is compliance with:

- the Mental Health Act 1983 Code of Practice for Wales
- the Mental Capacity Act 2005 Code of Practice
- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice
- the Human Rights Act 1998
- the United Nations Convention on the Rights of People with Disabilities
- the associated Regulations and local Policies

### **3. DELEGATED POWERS AND AUTHORITY**

3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to: -

- ensure that those acting on behalf of the Board in relation to the provisions of Mental Health and Capacity legislation, including the Measure, have the requisite skills and competencies to discharge the Board's responsibilities;
- identify matters of risk relating to Mental Health and Capacity legislation and seek assurance that such risks are being mitigated;
- monitor the use of the legislation and consider local trends and benchmarks;

- consider matters arising from the Hospital Managers' Power of Discharge Sub-Committee;
- ensure that **all** other relevant associated legislation is considered in relation to Mental Health and Capacity legislation;
- consider matters arising from visits undertaken by Healthcare Inspectorate Wales Review\* Service for Mental Health in particular, issues relating to Mental Health Act 1983 and monitor action plans that inform responses to HIW reports;
- consider any reports made by the Public Services Ombudsman for Wales regarding complaints about Mental Health and Capacity legislation;
- receive and review reports on the approval for all Wales Approved Clinicians and Section 12(2) Doctors;
- consider and approve on behalf of the Board any LHB policy which relates to the implementation of mental health and capacity legislation as well as any other information, reports etc. that the Committee deems appropriate;
- receive and review DoLS reports regarding authorisations and associated reasons;
- receive and review reports on the implementation of the Mental Health Measure and be satisfied that positive outcomes for people are being achieved;
- receive and review the results of internal audit reports relating to care and treatment plans, as well as any other relevant reports relating to the Mental Health Measure;
- receive the results of clinical audits and any other reviews relating to the use of the Mental Health Act and oversee the implementation of recommendations;
- consider any other information, reports, etc. that the Committee deems appropriate.
- investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
  - employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
  - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of non members with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

\*Note – HIW report recommendations are the remit of Quality Safety and Experience Committee (QSE) however any specific recommendations relating to Mental Health or the Mental Capacity Act will be the remit of this Committee who will respond as appropriate ensuring the Board and QSE are appraised accordingly.

### **Sub Committees/Panels**

3.2 The Committee may, subject to the approval of the Health Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

3.3 Sub-Committee - In accordance with Regulation 12 of the Local Health Boards (Constitution, Procedure and Membership) (Wales) Regulations 2003 (SI 2003/149 (W.19), the Board has appointed a Sub-Committee of this Committee, to be known as the Power of Discharge Sub-Committee, terms of reference for which are attached as Annex 2.

3.4 Panel -Three members drawn from the pool of designated Associate Hospital Managers will constitute a panel to consider the possible discharge or continued detention under the MHA of unrestricted patients and those subject to Supervised Community Treatment Order(SCT).

3.5 The Board retains final responsibility for the performance of the Hospital Managers' duties delegated to particular people on the staff of Betsi Cadwaladr University Local Health Board, as well as the Power of Discharge Sub-Committee.

## 4. MEMBERSHIP

### 4.1 Members

Four Independent Members of the Board to include one who is a Member of the Quality, Safety and Experience Committee and one who shall be the Chair of the Power of Discharge Sub-Committee.

### 4.2 In attendance

Director of Mental Health & Learning Disabilities  
 Executive Director of Nursing and Midwifery  
 Medical Director for Mental Health  
 Nursing Director for Mental Health  
 Mental Health Director  
 Mental Health Act Manager  
 Service User Representative  
 Carer Representative  
 Social Services Representative  
 North Wales Police Representative  
 Welsh Ambulance Services NHS Trust Representative  
 IMCA Advocacy provider Representative  
 IMHA Advocacy provider Representative  
 MCA representative  
 DoLS representative  
 Two Associate Hospital Managers (as nominated by the Power of Discharge Sub-Committee) appointed for a period of four years with re-appointment not to exceed a maximum of eight years in total.

4.3 Other Directors will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

**4.4** Trade Union Partners are welcome to attend the public session of the Committee

#### **4.4 Member Appointments**

4.4.1 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair - taking account of 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members. The Vice-Chair of the Health Board will be the Chair of this Committee and shall retain the role of Chair of this Committee throughout their tenure of appointment.

4.4.2 Other appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed from the Committee by the Board. Independent Members may be reappointed up to a maximum period of 8 years.

#### **4.5 Secretariat**

4.5.1 Secretary: as determined by the Board Secretary.

#### **4.6 Support to Committee Members**

4.6.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

### **5. COMMITTEE MEETINGS**

#### **5.1 Quorum**

5.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair.

#### **5.2 Frequency of Meetings**

5.2.1 Meetings shall routinely be held on a quarterly basis.

#### **5.3 Withdrawal of individuals in attendance**

5.3.1 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. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES**

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within 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.

6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

6.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board through the:

- 6.3.1 joint planning and co-ordination of Board and Committee business; and
- 6.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

6.4 The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

7.1 The Committee Chair shall:

7.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities, via the Chair's assurance report as well as the presentation of an annual Committee report;

7.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs' of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

8.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## **9. REVIEW**

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

V4.0 Approved:

Audit Committee 30.5.19

Chair's Report to Board 25.7.19

## Annex 1

### BACKGROUND INFORMATION REGARDING THE ASSOCIATED LEGISLATION

#### Mental Health Act 1983 (as amended by the Mental Health Act 2007)

The Mental Health Act 1983 covers the legal framework to allow the care and treatment of mentally disordered persons to be detained if deemed to be a risk to themselves or others.

It also provides the legislation by which people suffering from a mental disorder can be detained in hospital to have their disorder assessed or treated against their wishes.

The MHA introduced the concept of “Hospital Managers” which for hospitals managed by a Local Health Board are the Board Members. The term “Hospital Managers” does not occur in any other legislation.

Hospital Managers have a central role in operating the provisions of the MHA; specifically, they have the authority to detain patients admitted and transferred under the MHA. For those patients who become subject to Supervised Community Treatment (SCT), the Hospital Managers are those of the hospital where the patient was detained immediately before going on to SCT - i.e. the responsible hospital or the hospital to which responsibility has subsequently been assigned.

Hospital Managers must ensure that patients are detained only as the MHA allows, that their treatment and care is fully compliant with the MHA and that patients are fully informed of and supported in exercising their statutory rights. Hospital Managers must also ensure that a patient’s case is dealt with in line with associated legislation.

With the exception of the power of discharge, arrangements for authorising day to day decisions made on behalf of Hospital Managers have been set out in the Health Board’s Scheme of Delegation.

## **Mental Health Measure**

The Mental Health (Wales) Measure received Royal Assent in December 2010 and is concerned with:

- providing mental health services at an earlier stage for individuals who are experiencing mental health problems to reduce the risk of further decline in mental health;
- making provision for care and treatment plans for those in secondary mental health care and ensure those previously discharged from secondary mental health services have access to those services when they believe their mental health may be deteriorating;
- extending mental health advocacy provision.

## **Mental Capacity Act**

The MCA came into force mainly in October 2007. It was amended by the Mental Health Act 2007 to include the Deprivation of Liberty Safeguards (DoLS). DoLS came into force in April 2009.

The MCA covers three main issues:

- The process to be followed where there is doubt about a person's decision-making abilities and decisions therefore where 'Best Interest' may need to be made on their behalf (e.g. about treatment and care)
- How people can make plans and/or appoint other people to make decisions for them at a time in the future when they can't take their own decisions
- The legal framework for caring for adult, mentally disordered, incapacitated people in situations where they are deprived of their liberty in hospitals or care homes (DoLS) and/or where Court of Protection judgements are required.

Thus the scope of MCA extends beyond those patients who have a mental disorder.

## Annex 2

### **POWER OF DISCHARGE SUB-COMMITTEE TERMS OF REFERENCE AND OPERATING ARRANGEMENTS**

#### **1. INTRODUCTION**

- 1.1 The Board shall establish a sub-committee to be known as the Power of Discharge Sub-Committee. The detailed terms of reference and operating arrangements in respect of this Sub-Committee are set out below.

#### **2. PURPOSE**

- 2.1 The purpose of the Power of Discharge Sub-Committee (hereafter, the Sub-Committee) is to advise and assure the Board that the processes associated with the discharge of patients from compulsory powers that are used by the Sub-Committee are being performed correctly and in accordance with legal requirements.

#### **3. DELEGATED POWERS AND AUTHORITY**

- 3.1 The Sub-Committee, in respect of its provision of advice and assurance will and is authorised by the Board to:-
- Comment specifically upon the processes employed by the Sub-Committee's Panel in relation to the discharge of patients from compulsory powers, and whether these processes are fair, reasonable and compliant with the Mental Health Act and are in line with other related legislation, including, the Mental Capacity Act 2005, the Human Rights Act 1998 and the Data protection Act 1998 and that the appropriate systems are in place to ensure the effective scrutiny of associated discharge documentation.
  - undertake the functions of Section 23 of the Mental Health Act 1983, in relation to hearing cases of detained powers ensuring that three or more members of the Sub-Committee form a Panel and only a minimum of three members in agreement may exercise the power of discharge. The Panel will be drawn from the pool of members formally designated as Hospital Manager as reported to the Sub-Committee.
  - investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
    - employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and

- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
  - obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 3.2 The Sub-Committee will, as part of its process of hearing cases, be made aware of operational issues affecting the patient's care and treatment, including discharge arrangements. These are not matters for which the Sub-Committee shall have responsibility. Even so, Sub-Committee members are not precluded from raising such matters with those holding operational responsibility. In addition, such issues can be raised on an anonymised basis or through the Board itself.

## **4. MEMBERSHIP**

### **4.1 Members**

Three Independent Members of the Board.

A maximum of ten (10) appointed MHA Managers (as nominated and agreed by the Sub-Committee) (Appointed for a period of four years with appointment not to exceed a maximum of eight years in total).

### **4.2 Attendees**

Director of Mental Health  
 Senior Mental Health Clinicians  
 Mental Health Act Manager  
 Officer Representatives for Learning Disabilities and Children's Services

Other Directors will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Trade Union Partners are welcome to attend the public session of the sub-committee

### **4.3 Member Appointments**

- 4.3.1 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair - taking account of 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members. The Vice-Chair of the Board shall be the Chair of this Sub-Committee.

4.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed from the Committee by the Board. Independent Members may be reappointed up to a maximum period of 8 years.

#### **4.4 Secretariat**

4.4.1 Secretary: as determined by the Board Secretary.

#### **4.5 Support to Committee Members**

4.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

### **5. SUB-COMMITTEE MEETINGS**

#### **5.1 Quorum**

At least two Independent Members and four Associate Hospital Managers must be present to ensure the quorum of the Sub-Committee one of whom should be the Chair or Vice-Chair.

#### **5.2 Frequency of Meetings**

Meetings shall routinely be held on a quarterly basis.

#### **5.3 Withdrawal of individuals in attendance**

The Sub-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. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

6.1 Although the Board has delegated authority to the Sub-Committee for the exercise of certain functions as set out within 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.

6.2 The Sub-Committee is directly accountable to the Board (via the Mental Health Act Committee) for its performance in exercising the functions set out in these Terms of Reference.

6.3 The Sub-Committee, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board through the:

- 6.3.1 joint planning and co-ordination of Board and Committee business; and
- 6.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

6.4 In terms of the Board's assurance on the Mental Health Act requirements, the remit of the Sub-Committee is limited to the exercise of powers under Section 23 of the Mental Health Act 1983, rather than the wider operation, which would be the remit of the Mental Health Act Committee.

6.5 The Sub-Committee shall embed the corporate goals and priorities through the conduct of its business, , and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

7.1 The Committee Chair shall:

7.1.1 report formally, regularly and on a timely basis to the Board on the Sub-Committee's activities, via the Chair's assurance report;

7.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs' of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation as part of the overall review of the Mental Health Act Committee.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

8.1 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 Sub-Committee, except in the following areas:

- Quorum
- owing to the nature of the business of the Sub-Committee, meetings will not be held in public.

**9. REVIEW**

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Sub-Committee and any changes recommended to the Board, with reference to the Mental Health Act Committee for approval.

V4.0



**Mental Health Act Committee**

**Draft Minutes of the Mental Health Act Committee held at 10:00am  
Friday 27<sup>th</sup> September 2019, in the Boardroom, Carlton Court**

**Present**

Marian Wyn Jones [Chair] Vice Chair, BCUHB  
 Cheryl Carlisle Independent Member  
 Lyn Meadows Independent Member

**In Attendance**

Alberto Salmoiraghi Medical Director, MH&LD [VC]  
 Alison Cowell Assistant Area Director – Children’s Services  
 Andy Roach Director MH&LD  
 Chris Pearson Safeguarding Specialist Practitioner/DoLS & MCA [VC]  
 Frank Brown Associate Hospital Manager  
 Heulwen Hughes Approval Manager for Approved Clinicians [VC]  
 Hilary Owen Head of Governance  
 Rachael Turner Ward Manager, Hydref Ward  
 Lynda King All Wales Project Support Manager [VC]  
 Wendy Lappin Mental Health Act Manager  
 Steve Forsyth Director of Nursing & Operations MH&LD  
 Jody Evans Corporate Governance Officer - Secretariat

Agenda Item	Action
<p><b>MHAC19.46 – Welcome and Apologies</b></p> <p><b>MHAC19.46.1</b> The Chairman gave a warm welcome and explained that the meeting would be the last of her Tenure Term as Chair. MWJ thanked members and attendees of the Committee for the ongoing support and work which had been undertaken within her term of office.</p> <p><b>MHAC19.46.2</b> – Apologies received from Joan Doyle, Lesley Singleton and Christine Robinson.</p>	
<p><b>MHAC19.47 – Declarations of Interest</b></p> <p><b>MHAC19.47.1</b> – There were no declarations of interest made at the meeting.</p>	

<p><b>MHAC19.48 – CANIAD – Patient Story</b></p> <p><b>MHAC19.48.1</b> AR presented the group with the verbal overview of the Patient Story <i>on behalf of LS</i>. The Committee fully acknowledged and appreciated the sensitivity of the experience that had been summarised by the patient. Following the presentation of the story a detailed discussion took place in relation to 136 admissions and the need for sharing the obvious lessons learnt. MWJ had also expressed thanks to CANIAD and the patient for sharing of the story.</p> <p><b>MHAC19.48.2</b> Following discussion, AR agreed to the Task and Finish Group being re-established to explore issues concerning 136's. It was noted that the group be utilised as the platform to re-engage, (whilst highlighting the requirement of the more focused approach on how the sections can actually effect those involved). The requirement to work in hand with the police had also been expressed. WL also agreed to raise the points noted with the Section 136-Monitoring Group.</p> <p><b>MHAC19.48.3</b> It had been agreed that the Patient Story's would continue to be a regular item upon the MHAC Agenda. It was confirmed that the Cycle of business would be updated accordingly.</p> <p><b>MHAC19.48.4</b> MWJ confirmed that a meeting was scheduled with the Police Commissioner to feedback the points raised.</p> <p><b>RESOLVED</b> The Patient Story had been noted.</p>	<p>AR / WL</p> <p>JE</p>
<p><b>MHAC19.49 – Minutes of last meeting and summary action log</b></p> <p><b>MHAC19.49.1</b> – The Minutes of the meeting held on 28<sup>th</sup> June 2019 agreed as an accurate record.</p> <p><b>MHAC19.49.2</b> – All actions were recorded therein.</p> <p><b>Resolved:</b> That the minutes of the Committee held on 28<sup>th</sup> June 2019 were received.</p>	
<p><b>MHAC19.50 – Minutes of Power of Discharge Sub Committee</b></p> <p><b>MHAC19.50.1</b> – The Minutes of the meeting held on 28<sup>th</sup> June were noted.</p> <p><b>Resolved:</b> That the minutes of the Sub Committee held on 28<sup>th</sup> June 2019 were received.</p>	
<p><b>MHAC19.51 – Membership and Terms of Reference</b></p> <p><b>MHAC19.51.1</b> – The Committee formally noted the resignation of Satya Schofield – Associate Hospital Manager upon the Committee. The</p>	

<p>Committee gave formal thanks and appreciation to SS's time served upon the Committee.</p> <p><b>MHAC19.51.1</b> – JE agreed to re-issue expressions of interest communication via email to replace the Associate Hospital Manager upon the Committee.</p> <p><b>Resolved:</b> That the update in relation to the membership be noted.</p>	<p>JE</p>
<p><b>MHAC19.52 – Child and Adolescent Mental Health Services [d] Update</b></p> <p><b>MHAC19.52.1</b> – AC presented the Committee with the update in relation to CAMHS waits for assessment and therapy, compliance with the Mental Health Measure and the Mental Health Act.</p> <p><b>MHAC19.52.2</b> The peak demands forecasted for the month of October had been noted as challenging, the central demands were also recognised in terms of capacity. Developments in post had been explained and it was confirmed that there would be a tight and robust program of work in place. It was noted that cross cover had been gained to ensure targets were met within the challenging periods. The positivity of GP cluster leads within North Denbighshire had also been reported as being hugely effective. AC explained that she had met with the leads, in order to build capacity on a long-term basis, and confirmed that the strategy would in-turn have a positive impact.</p> <p><b>MHAC19.52.3</b> It had been recognised that there had been a peak within the July data; relating to 136 MHA admissions to designated age appropriate beds. AC agreed to further analyse the data.</p> <p><b>MHAC19.52.2</b> AC summarised that funding had now been allocated from the Welsh Government to enhance Early Intervention services.</p> <p><b>MHAC19.52.3</b> AC also clarified that project teams had been set up following allocation of Transformation funding and that recruitment of four Project Manager posts were almost complete. Each Area were reviewing their Service Model requirements for those children on the Edge of Care.</p> <p><b>MHAC19.52.3</b> The committee had been assured of the positive feedback received; in relation to the report received from the Delivery Unit, (following visits across the teams in March and April), and that an action plan had been produced to review and address the recommendations. (Agenda Item).</p> <p><b>MHAC19.52.4</b> The Committee acknowledged the new assessment centre funding and gave unanimous support to the wider team. It was further</p>	<p>AC</p>

<p>clarified that the team aim to secure a further six new short-term assessment beds.</p> <p><b>MHAC19.52.5</b> MWJ commented upon the ABH site and the forward planning of ENWAS. AC confirmed that the site had now fully recruited and reconfigured, and clarified that the 12 beds were fully open.</p> <p><b>MHAC19.52.6</b> It was further noted that the business case for PICU had been finalised and it was confirmed that the consultation would be responded to.</p> <p><b>Resolved:</b> That the report be noted.</p>	
<p><b>MHAC19.53 – Deprivation of Liberty Safeguards (DoLS) Update Report</b></p> <p><b>MHAC19.53.1</b> CP presented the committee with the update in relation to; the Deprivation of Liberty Safeguards (DoLS) Update Report. It was reported that in relation to the total number of BCUHB DoLS applications; there had been a consistent upward trend within the first quarter of 2019/21. The increase in relation to high level of applications from all areas across the Health Board were noted, and it was acknowledged that the challenges continue. It had been explained that the team were close to the end of quarter two, and therefore the reporting period was slightly behind.</p> <p><b>MHAC19.53.2</b> At the previous committee, concerns were raised regarding the quality of applications. Various actions had been undertaken, and it had been confirmed that the DoLS Manager met with the Assistant Director of Nursing, Mental Health and Learning Disability Division in taking this forwards.</p> <p><b>MHAC19.53.3</b> In relation to the Supervisory Body and Signatories, it was reported that there had been 10 recent training sessions. A further concern had been noted regarding the delayed response to requests to complete the task of agreeing a standard authorisation with some signatories not responding to emails. It was confirmed that the Handbook for level 1 candidates and managers had now been trailed and was now in the stage of translation. Within the report it was also noted that the governance of training now sits firmly with the relevant manager, rather than oversight by the DoLS team. CP confirmed that support had been dealt with, whilst incorporating good governance and reporting routes to deliver the required changes. HO clarified that within the recent HIW Cefni feedback, that there were no issues highlighted with regards to DOLS applications being made.</p> <p><b>MHAC19.53.4</b> The committee acknowledged the current report, which had been positive.</p> <p><b>Resolved:</b> That the report be noted.</p>	

<p><b>MHAC19.54 Hospital Manager’s Update Report – oral summary based on the feedback from earlier Power of Discharge Sub-Committee Meeting.</b></p> <p>MHAC19.41.1 – WL gave the oral summary of the feedback regarding the report to the Committee.</p> <p><b>Resolved:</b> That the report be noted.</p>	
<p><b>MHAC19.55 Mental Health Act Committee Performance Report – June 2019</b></p> <p><b>MHAC19.55.1</b> WL presented the performance report and Appendices to the committee. The report provided an update in relation to the Mental Health Act and Mental Health Measures Activity within the Division. It was noted that the report also provided assurance of the compliance against key sections of the legislative requirements of the Mental Health Act 1983, as amended 2007. The report also included an Appendix; which detailed the exceptions being reported under the Mental Health Measure.</p> <p><b>MHAC19.55.2</b> Recruitment rates were also discussed.</p> <p><b>MHAC19.55.3</b> Advisory reporting of errors. It was confirmed that AR and WL had planned to complete the analysis of data from the month of June. Action plan to be developed.</p> <p><b>MHAC19.55.4</b> Timing of reporting to the Committee had been raised and discussed. It was agreed that the timing of the committee should be reviewed, in order to correlate with reporting periods. JE agreed to feedback to the Acting Board Secretary.</p> <p><b>MHAC19.55.5</b> It was agreed that an action plan in relation to forensic and rehabilitation processes of transfer would be brought to next meeting.</p> <p><b>MHAC19.55.6</b> Various discussions around the report had been noted and the group agreed to note the reporting update.</p> <p><b>Resolved:</b> That the report be noted.</p>	<p>WL/AR</p> <p>JE</p> <p>WL/AR</p>
<p><b>MHAC19.56 – Update on the approval functions of Approved Clinicians &amp; section 12(2) Doctors in Wales from 8<sup>th</sup> June 2019 to 6<sup>th</sup> September 2019</b></p> <p><b>MHAC19.56.1</b> – HH and LK presented the report update on the arrangements and service developments for the approval and re-approval of Approved Clinicians and section 12 92 Doctors in Wales.</p>	

<p><b>MHAC19.56.2</b> The Committee noted that; (due to the timing of the committee meeting,) the figures contained information from the previous quarter.</p> <p><b>MHAC19.56.3</b> It was reported that the team had met with members of the BCU Informatics Team; regarding the new web based MHA Register for Wales, and updated regarding this had been received.</p> <p><b>MHAC19.56.4</b> It was confirmed that future induction and refresher training would take place from 19<sup>th</sup> to 21<sup>st</sup> November 2019. It had also been stated that the training dates for three of the 2020 courses were secured. It was confirmed that at the September training event; there were local GP's in attendance, it was noted that the team hopes to see future increases in attendance within the forthcoming months.</p> <p><b>MHAC19.56.6</b> In relation to the addition and removals to the all wales register of approved clinicians and section 12 (2) Drs figures, the overall comparison of other health boards had been noted, and it was clarified that in comparison BCU were performing well.</p> <p><b>MHAC19.56.6</b> Section 12 (2) Doctors data was noted and it was raised that the team had acknowledged issues in relation to future voids in posts.</p> <p><b>Resolved:</b> That the report be noted.</p>	
<p><b>MHAC19.57 - Healthcare Inspectorate Wales (HIW) Monitoring Report</b></p> <p><b>MHAC19.57.1</b> The report had been previously distributed to provide members with the details of inspections within the last twelve months, as conducted by Healthcare Inspectorate Wales and to highlight findings specifically in relation to the Mental Health Act and the Mental Health Wales Measure.</p> <p><b>MHAC19.57.2</b> – It was noted that work continues in relation to the action plans put in place with regards to the visits made. It was reported that policy production had been ongoing, and it was noted that that the inspections would continue to be reported upon and information updated on a three monthly basis.</p> <p><b>MHAC19.57.2</b> HO referred to the recent Cefni inspection by HIW. HO, AR and MWJ conveyed thanks to all staff involved on the well received visit. The theme of continuous improvement had been noted, along with the significant improvements across the Division. AR gave special thanks to all Mental Health Act Managers and the quality of documentation, which had been scrutinised. Thanks and congratulations had also been expressed to WL via AR, and overall the Division of MH&amp;LD.</p> <p><b>Resolved:</b> That the report and update be noted.</p>	

<p><b>MHAC 19.58 - Child Adolescent Mental Health Services - Response to Delivery Unit Report on primary care mental health services (Part 1 of the Measure)</b></p> <p><b>MHAC19.58.1</b> CS provided the committee with the briefing in relation to the review of Primacy Care, (Community Child and Adolescent Mental Health Services), including the response to the recommendations. Overall CS stated that the response had been broadly positive, with no immediate issues and welcomed the useful opportunity to challenge and debate.</p> <p><b>MHAC19.58.2</b> A discussion ensued regarding further work requirements in relation to re-engagement and recording of issues concerning single point of access. AC also summarised the patient pathway and acknowledgments of expertise of our practitioners within BCUHB.</p> <p><b>MHAC19.58.3</b> Recommendation item 3.1 had been referred to in terms of the long-term plan, in relation to Estates. CS confirmed that the team had been taking the item forward with continuous engagement within area teams and estates colleagues.</p> <p><b>MHAC19.58.4</b> GP awareness on appropriate referrals had been raised, CS elaborated on the clarity and the broad awareness with GP's and referrals. CS further confirmed that responses had been communicated via cluster meetings as an extra opportunity to discuss CAMHS. It was confirmed that CS and AS planned to meet to further discuss; as per action log item MHAC19.08.</p> <p><b>MHAC19.58.2</b> The Committee noted and endorsed the actions identified within the action plan in response to the 5 recommendations. CS confirmed that the work had been progressing well.</p> <p><b>Resolved:</b> That the report be noted and endorsed the actions identified.</p>	
<p><b>MHAC 19.59 - BCUHB Policy Position in relation to the Mental Health Act</b></p> <p><b>MHAC 19.59.1</b> WL provided the Committee with the report in relation to the policies in place and those under development, (as specified within the Code of Practice for Wales that are required under the Mental Health Act).</p> <p><b>MHAC 19.59.2</b> WL clarified that data gaps had now been updated within the report. It reported that the flow chart of process would also be included, along with the inclusions of policies relevant to particular areas.</p> <p><b>MHAC 19.59.3</b> In relation to the Policy on Transition from CAMHS to Adult Services, HO confirmed that the policy had been ratified and would now be subject to audit. It was further noted that a Task and Finish Group</p>	

<p>would be formed, in order to promote the policy. It was stated that the policy had been noted to be detailed upon the expectations and how to manage those in transition. The progress and policy was noted.</p> <p><b>MHAC 19.59.4</b> A question had been raised concerning the handling of policies that become out of date. WL confirmed that the Policy Implementation Group would continue to monitor the policies and would ensure that any out of date policies be allocated in order of risk, in order to lead and progress development, or review as necessary.</p> <p><b>MHAC 19.59.5</b> WL confirmed that all policies within the report are available within the Health Boards Intranet Pages and the Committee noted and thanked WL for the comprehensive report.</p> <p><b>Resolved:</b> That the report be noted.</p>	
<p><b>MHAC19.60 – Issues of Significance to inform Chair’s Report to Board</b></p> <p>The Chair agreed to raise any issues of significance with the Board.</p>	
<p><b>MHAC19.61 The Chair Agreed to take “Any other business” at this point.</b></p> <p><b>MHAC19.61.1 – MWJ:</b> End of Tenure as Chair to the MHAC. The group acknowledged the end of term of MWJ. AR expressed sincere thanks on behalf of the Committee and Division of MH&amp;LD for the hard work and dedication of MWJ within her tenure time period. AR then gave personal thanks to the critical support that MWJ had demonstrated to himself and the team. MWJ responded with mutual thanks and acknowledgement of the privilege of working with the Division. It was acknowledged that the position of Chair would now be open for future expressions of interest.</p>	
<p><b>MHAC19.62 – Date of Next Meeting</b></p> <p><b>MHAC19.62.1</b> Friday 20<sup>th</sup> December 2019 – Boardroom, Carlton Court.</p>	

BCUHB MENTAL HEALTH ACT COMMITTEE				
Summary Action Plan – Live Document – last updated 10/12/2019 12:03				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
WL	<b>MHAC18.39.4</b> – Verbal update on the review of policies linked to the Mental Health Act to be provided at next meeting	March	<p>Currently have 14 out of date policies, many link in with MH Act, detailed report will be provided for the next meeting along with a schedule.</p> <p><b>27.9.19 update:</b> Paper provided to the Committee regarding the update within the Agenda of the September Meeting.</p>	Closed
JT	<b>MHAC19.08</b> – Approved Clinicians & Section 12(2) Doctors – JT & AS do discuss with Chris Stockport re taking discussions to Cluster Leads meeting	March	<p>HJ to provide detailed report on number of approved clinicians in North Wales. Formal letter from Gwynedd expressing their concern on lack of doctors. Agreement that we do need to look at a different strategy with EMD, meeting to be held with Chris Stockport to look at how this can be moved forward, propose, it needs to be escalated to Board – paper will be provided in September with proposed plan, actions previously approved have not been successful. This is a national problem.</p> <p>September 2019 update – AS to meet with CS. AS and CS to provide an update following their meeting.</p> <p><b>27.9.19 update:</b> The meeting between JT, AS and CS had been re-arranged. It was noted that the item is ongoing and an update would be provided at the December meeting.</p> <p><b>December update:</b> AS provided (<i>via email</i>) a report to the MHAC Members, outlining that a Task &amp; Finish group was composed and included the following:-</p>	<p>Closed – Agenda Item September.</p> <p>December</p>

			<ul style="list-style-type: none"> <li>• Medical Director for Mental Health and Learning Disabilities</li> <li>• Head of Office of the Medical Director</li> <li>• All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors</li> <li>• Mental Health Act Lead Administrator for Mental Health and Learning Disabilities</li> </ul> <p>There were a number of issues noted within the report, and proposals put forward to improve the current situations in North Wales. This report will go through the relevant governance processes within the Health Board.</p>	
CP	<b>MHAC19.25.2</b> – Line Managers to be provided with details of staff who do not attend DoLs training	Ongoing	Line managers have been advised and process has been adopted going forward	Close
<b>28<sup>th</sup> June 2019</b>				
WL	<b>MHAC19.38.4</b> – The number of 136s continued to rise. Discussions had been held with other Health Boards on their process when suites were full. WL gave a collective summary upon the options that they use and agreed to provide a further verbal update to the September meeting.	September	Verbal update to be provided on 27.09.19.  27.9.19 – Verbal update given by WL and it was confirmed that WL had benchmarked with other Health Boards, it was noted of the triage systems in place which can assist the varying practices. It was stated that the focus is reviewed regularly, whilst noting that BCU are not an outlier.	Closed
AR	AR to write to Chief Constable to look at memorandum of understanding and discuss the issues being raised. Discuss standing up the Task and Finish Group.	September	27.9.19 - AR confirmed that the MOU is in draft form and the meeting would be arranged; whilst combining the meeting topic with the patient story feedback.  <b>December update – LS:</b>	December

			<ul style="list-style-type: none"> <li>• LS met with the Police Commissioner and Senior Team and agreed actions.</li> <li>• The 136 Monitoring group would now be re-established and pathways regarding ican are to be strengthened.</li> <li>• ican training to be undertaken to further promote throughout the police force.</li> </ul>	Close
MJ	<p><b>MHAC19.38.5</b> - Discussions around the paper produced by Emrys Elias, needing to be flagged with the new Chief Constable. Chair to raise with Police Commissioner.</p>	October	<p>It had been noted that a meeting has been arranged for October between MJ and the Police Commissioner.</p> <p><b>December update:</b> MJ met with the Police Commissioner on 7<sup>th</sup> October 2019, in order to raise the issues previously noted.</p>	Close
MJ	<p><b>MHAC19.40 – Update on the approval functions for Approved Clinicians and Section 12[2] Doctors in Wales</b> MHAC19.40.3 – Main areas of concern include the fee, which has not increased since first implemented, payments for carrying out an assessment and travel expenses. The Chair agreed to raise this as a matter of urgency in her Assurance Report to the Board.</p>	September	<p>Corporate Safeguarding have raised awareness of the Section 12 [2] Doctors with the Executive Medical Director and noted that responsibility for this service remains with his portfolio.</p> <p>An options paper to QSG in November will commence discussions in relation to the DoLS Structure.</p> <p>This will include the suggestion to move the Sec 12(2) service delivery to be within the DoLS Team and within the portfolio of the Executive Nurse within the Corporate Safeguarding Team. Ensuring future alignment of the sec 12(2) Doctors have a dotted line for professional accountability for the delivery of this provision and individual clinical accountability to the Office of the Medical Director.</p> <p><b>27.9.19 update:</b> Following the update, it was agreed to close the item at the September Meeting.</p>	Close

LS	<p><b>MHAC19.41 – Independent Mental Health Advocacy Performance Report</b>  MHAC19.41.3 - Assurance to be provided at the next meeting confirming that issues raised by service users are being addressed.</p>	September	<p><b>27.9.19 update:</b> it was agreed to keep the item open until the December Committee Meeting.  <b>December update</b> – Advocacy Services are invited to attend local QSEEL Meetings, dates have previously been provided. The agreed approach for service user issues to be addressed is therefore through the local meetings, and themes to be reported to Regional QSEEL.</p>	December Close
AR/DC/QS G/QSE	<p><b>MHAC19.42 – Deprivation of Liberty Safeguards</b>  MHAC19.42.5 - Issues remain with front line staff arranging referrals in a timely manner. Concerns remain relating to the quality of completed documentation. There have been a total of 6 referrals for Court of Protection, during this process the applications are scrutinised by lawyers and court and concerns have been raised within the legal system regarding delays. This was something that needed to be raised as a priority, and AR agreed to discuss with DC, and the Chair agreed for it to be raised at QSG and QSE.</p>	September	<p>A DoLS risk, reference 2548 has been added by Corporate Safeguarding to the Corporate Risk Register and recognises that BCUBH is at risk of unlawfully detaining vulnerable adults. It currently has a Risk Rating of 16, and is at Level 2.</p> <p>A DoLS Signatory Package has been delivered and has trained 41 Signatories to support the DoLS Referrals being conducted on time.</p> <p>A Mental Capacity Assessment Tool is being piloted, to enhance the quality of the DoLS referrals being undertaken.</p> <p>The BIA Job Descriptions have been reviewed to ensure that their roles and responsibilities are clear in relation to the DoLS process.</p> <p>A sixth vacant BIA post is currently being recruited to which is critical given the high levels of complex activity taking place.</p> <p>A paper has been produced which identifies funds relating to the DoLS signatory activity which has previously sat within the Office of the Medical Director. The Executive Medical Director has planned meetings with senior colleagues to discuss further.</p>	Closed

			<p>Corporate Safeguarding will present an options paper to QSG in November that will commence discussions in relation to the DoLS Structure. This proposal will seek to reduce risk and increase activity.</p> <p>Bond Solon Court Of Protection training has been scheduled for Senior Managers for the 11 November 19 to enhance their understanding of the DoLD process and to reduce risk.</p> <p><b>27.9.19 update:</b> Following the update, it was agreed to close the item at the September Meeting.</p>	
<b>27<sup>th</sup> September 2019</b>				
WL/AR	<p><b>MHAC19.48 – CANIAD – Patient Story</b>  <b>MHAC19.48.2</b> Following discussion, AR agreed to the Task and Finish Group being re-established to explore issues concerning 136's. WL also agreed to raise the points noted with the Section 136-Monitoring Group.</p>	December	WL – verbal feedback at December Meeting.	
JE	<p><b>MHAC19.48.3</b> It had been agreed that the Patient Story's would continue to be a regular item upon the MHAC Agenda. It was confirmed that the Cycle of business would be updated accordingly.</p>	December	<b>4.10.19 update</b> – Added accordingly.	Closed
JE	<p><b>MHAC19.51 – Membership and Terms of Reference</b>  <b>MHAC19.51.1</b> – JE agreed to re-issue expressions of interest communication via email to replace the Associate Hospital Manager upon the Committee.</p>	December	<b>11.10.19 update</b> – Email re-issued for expressions of interest. December meeting agenda item.	
AC	<p><b>MHAC19.52 – Child and Adolescent Mental Health Services - Update</b></p>	December	AC to Update at December Meeting.	

	<p><b>MHAC19.52.3</b> It had been recognised that there had been a peak within the July data; relating to 136 MHA admissions to designated age appropriate beds. AC agreed to further analyse the data.</p>			
WL/AR/JE	<p><b>MHAC19.55 Mental Health Act Committee Performance Report – June 2019</b></p> <p><b>MHAC19.55.3</b> Advisory reporting of errors. It was confirmed that AR and WL had planned to complete the analysis of data from the month of June. Action plan to be developed.</p> <p><b>MHAC19.55.4</b> Timing of reporting to the Committee had been raised and discussed. It was agreed that the timing of the committee should be reviewed, in order to correlate with reporting periods. JE agreed to feedback to the Acting Board Secretary.</p> <p><b>MHAC19.55.5</b> It was agreed that an action plan in relation to forensic and rehabilitation processes of transfer would be brought to next meeting.</p>	December	<p>WL - Verbal feedback at December Meeting.</p> <p><b>December update</b> - Timing of future meetings discussed in order to correlate reporting periods. Future dates agreed and noted by the Acting Board Secretary.</p> <p>WL to feedback at December Meeting.</p>	Closed



## Power of Discharge Sub Committee

### **Draft** Minutes of the Power of Discharge Sub Committee held on Friday 27<sup>th</sup> September 2019 Boardroom, Carlton Court

#### **Present:**

Marian Wyn Jones [Chair]	Vice Chair, BCUHB
Cheryl Carlisle	Independent Member
Lyn Meadows	Independent Member
Diane Arbabi	Associate Hospital Manager
Frank Brown	Associate Hospital Manager
Jackie Parry	Associate Hospital Manager
Shirley Davies	Associate Hospital Manager
Ann Owens	Associate Hospital Manager
Satya Schofield	Associate Hospital Manager

#### **In Attendance**

Andy Roach	Director of Mental Health & Learning Disabilities
Hilary Owen	Head of Governance
Wendy Lappin	MH Act Manager
Jody Evans	Secretariat

<b>Agenda Item</b>	<b>Action</b>
<p><b>POD19.18 – Welcome and Apologies</b></p> <p><b>POD19.18.1</b> The Chairman gave a warm welcome to the subcommittee members and explained that the meeting would be the last of her Tenure Term as Chair. MWJ thanked the members and attendees for the ongoing support and work which had been undertaken within her term of office.</p> <p><b>POD19.18.2</b> Introductions had been made and it was noted that there had been two Mental Health Act Committee Members in attendance, therefore the Chair confirmed the meeting as Quorate.</p> <p><b>POD19.18.3</b> Apologies had been received from Shirley Cox, Delia Fellowes, Steve Forsyth and Christine Robinson.</p>	
<p><b>POD19.19 – Declarations of Interest</b></p> <p><b>POD19.19.1</b> – None were received.</p>	

<p><b>POD19.20 – Draft Minutes of the Previous Meeting Held on 13.11.18 and Summary Action Log</b></p> <p><b>POD19.20a</b> – Minutes of the meeting held on 28<sup>th</sup> June 2019 were agreed as an accurate record, with the requirement to amend the version previously issued with the confirmed attendance of AO along with an apology for absence from DA.</p> <p><b>POD19.20.2b</b> – Actions were recorded therein.</p>	
<p><b>POD 19/21 - Membership updates</b></p> <p><b>POD19.21.1</b> The membership had been discussed and it had been noted that the subcommittee had three Independent Members, with one vacancy. It was noted that following the meeting, the membership of independent members would fall to two independent member vacancies, (in the absence of the Chair position). JE agreed to feedback to the Acting Board Secretary.</p> <p><b>POD19.21.2</b> HO reported her recent attendance at the <i>International Suicide Bereavement Conference in Manchester</i>. HO explained the conference included four representatives from the Division and that the day consisted of workshops various speakers, followed by a question and answer session.</p> <p><b>POD19.21.3</b> HO also informed the subcommittee of the upcoming BCUHB Quality and Safety Learning Event; titled “<i>change is the end result of all true learning</i>” due to be held on 22 November 2019. HO confirmed the details of the event to the members and a brief overview of the programme was acknowledged. It was confirmed that JE would issue the invitations to the POD Members on behalf of HO.</p> <p><b>POD19.21.4</b> A discussion took place regarding the recent conference topic in relation to “<i>failures from a patient’s point of view</i>”. HO confirmed that the topic had been discussed at the recent workshop, which included talking about “zero suicide rates”.</p> <p><b>POD19.21.4</b> Expressions of interest for the position of a dedicated POD Member (upon the Mental Health Act Committee). It had been advised that SS had tendered resignation from MHAC and the subcommittee formally thanked SS for her attendance and support. Expressions of interest had been sought in order to fill the position, however it had been confirmed that none had yet been received. The group had been asked to submit any expressions of interest to JE. JE to re-issue expressions of interest communication.</p> <p><b>RESOLVED:</b> The membership updates had been noted.</p>	<p>JE</p> <p>JE</p> <p>JE</p>

<b>POD 19/22 – Performance Report</b>	
<p><b>POD 19/22.1</b> WL provided an overview of the report in relation to the Mental Health Act and Mental Health Measures Activity within the Division. It was noted that the report also provided assurance of the compliance against key sections of the legislative requirements of the Mental Health Act 1983, as amended 2007. The report also included an Appendix; which detailed the exceptions being reported under the Mental Health Measure. WL presented the performance report and Appendices for information only, and had confirmed that the report would be debated in more detail at the Mental Health Act Committee.</p>	
<p><b>POD19/22.2</b> Following the introduction by WL the Sub-Committee had been asked to highlight areas for particular clarification.</p>	
<p><b>POD19/22.3</b> Coed Celyn -5 (4') s – WL explained the clarity given on the quarterly statistics as requested, WL agreed to continue to monitor and report back at the next meeting. It was further clarified that there had not been any practice issues reported across the rest of the division.</p>	WL
<p><b>POD19/22.4</b> Repeat 5 (4') s had been commented upon by FB and circumstances of Drs being on hand with regards to 5 (4) factors and detentions. Out of hours and the timings of 5 (4) s had been discussed and it had been confirmed that the majority of those had been reported within hours. It had been agreed that a “Deep Dive” would be compiled for the next meeting.</p>	WL
<p><b>POD19/22.5</b> A discussion took place with regards to AHMs and rectifiable errors along with the need to “scrutinise at the stage of reporting”. The robust reporting structure/system was discussed, and the need to learn from errors was raised. It was proposed that the exemption reporting would be viewed at the December meeting for scrutiny. It had been noted with regards to fundamental defectives that we are not an outlier, and that no major issues were reported upon.</p>	
<p><b>POD19/22.6</b> Admissions for assessment and cases of emergency had also been discussed and the need to look at the detail of the data, in relation to seasonal rates was raised. WL confirmed that she would continue to review statistics on an annual basis/year on year.</p>	WL
<p><b>POD19/22.7</b> Admissions for treatment had also been raised and AR confirmed that the system had been extremely busy and resource issues had been noted. AR also reassured the subcommittee that the pressures experienced had been on a National Basis. It had also been confirmed that the resources; <i>in terms of staff and skill mix</i>; that there had been significant investment through Welsh Government recently, which would in turn support the whole system.</p>	



<p><b>POD 19.23.3</b> WL reported within the report that Scrutiny for 2019 began in the month of February, having 134 sessions taken place with 79 being scrutinised. It was also explained that the annual audits would continue. It had also been noted that the completion of Explanation of Rights forms and referrals to IMHAs were areas highlighted as lacking, a trail is being completed in the West by the Mental Health Act Office to address this.</p> <p><b>POD19.23.4</b> Training – It was noted that compliance was at 37% which had now decreased, due to the requirement for dementia training compliance. WL gave an overview of the reported rates of Mandatory training, which had been logged within the report.</p> <p><b>POD19.23.5</b> WL had also informed the Sub-Committee of the recent Associate Hospital Managers Training Day which was successful and had recently taken place in Rhyl in August, along with the All Wales Training session in Buillth Wells. Positive feedback had been received in relation to both of the recent training dates.</p> <p><b>POD19.23.6</b> The Sub-Committee noted that the Associate Hospital Manager recruitment cohort had currently consisted of 28, with 2 male members stepping down. It had been noted that progress of recruitment would continue to be reported within future reports and would be looked at to recruit more males for the even balance.</p> <p><b>POD19.23.7</b> It was reported that the Chairs Forum and Associate Hospital Mangers Forum Meetings had now been combined, which was held on a Quarterly basis.</p> <p><b>POD19.23.8</b> Assessment of risks and key impacts, it was recognised within the report that 68% of the hearings arranged had been held within the set Key Performance Indicators. The renewal dates, hearings and KPIs were discussed and applications noted.</p> <p><b>POD 19.23.9</b> WL agreed to incorporate appraisal updates within the next report.</p> <p><b>RESOLVED:</b>  <b>The sub-committee noted the report.</b></p>	<p>WL</p>
<p><b>POD19.24 – Any other business</b></p> <p><b>POD19.24.1</b> Cefni Visit – AR asked the group to note the unannounced visit which had recently taken place. AR confirmed that the visit took place over a 2 day period. AR further explained that the feedback had been excellent and that he had been extremely proud to hear the positive testament to all staff, along with the strong leadership and management skills within the unit. It was explained that the final report would be shared once received with the POD members. MWJ welcomed and commended the positive news and congratulated the</p>	<p>AR</p>

<p>whole team. HO stated that the journey of continuous improvement and learning had been demonstrated from the visits within the last 18 months within Mental Health.</p> <p><b>RESOLVED:</b>  <b>The sub-committee noted the update.</b></p>	
<p><b>POD19.25 – Issues of Significance to inform the Chair’s Report to the Mental Health Act Committee</b></p> <p><b>POD19.25.1</b> – The Chair agreed to raise any issues of concern in her Assurance report to the Board.</p>	
<p><b>POD19.26– Date of Next Meeting</b></p> <p><b>POD19.26.1</b> 20<sup>th</sup> December 2019 – Boardroom, Carlton Court</p>	



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Mental Health Act Committee 20 December 2019				
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public				
<b>Teitl yr Adroddiad Report Title:</b>	Update on the approval functions of Approved Clinicians and Section 12(2) Doctors in Wales				
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr David Fearnley, Executive Medical Director				
<b>Awdur yr Adroddiad Report Author:</b>	Heulwen Hughes, All Wales Approvals Manager for Approved Clinicians and section 12(2) Doctors				
<b>Craffu blaenorol: Prior Scrutiny:</b>	The report has been scrutinised by Dr David Fearnley prior to submitting to the Committee				
<b>Atodiadau Appendices:</b>	Appendix 1 – Additions and Removals to the All Wales register of Approved Clinicians Appendix 2 – Additions and Removals to the All Wales register of Section 12(2) Doctors				
<b>Argymhelliad / Recommendation:</b>					
To note the arrangements for approval and re-approval of Approved Clinicians and Section 12(2) Doctors in Wales.					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
<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> ✓
<b>Sefyllfa / Situation:</b>					
Betsi Cadwaladr University Health Board is responsible for the initial approval, re-approval, suspension and termination of approval of Approved Clinicians and Section 12(2) Doctors in Wales.					
<b>Cefndir / Background:</b>					
The change introduced to the Mental Health Act 1983 was the abolishing of Responsible Medical Officers (RMOs) and Community Responsible Medical Officers (CRMOS) and the introduction of Approved/Responsible Clinicians (ACs and RCs) in their place.					
The Minister for Health and Social Services agreed that as of the 3 <sup>rd</sup> November 2008, Wrexham Local Health Board (LHB) would act as the Approval Body for Approved Clinicians and section 12(2) Doctors on behalf of the LHBs in Wales. The transfer of function from Wrexham Local Health Board to Betsi Cadwaladr University Health Board took place on 1 <sup>st</sup> October 2009.					

## Asesiad / Assessment & Analysis

### Strategy Implications

It is important to ensure the highest standards of governance for approving and re-approving practitioners who are granted these additional responsibilities, which apply when people are mentally disordered.

### Financial Implications

The Approvals Team receive a ring-fenced budget from Welsh Government to support the monitoring and approvals of Clinicians in Wales.

### Risk Analysis

To ensure that all Clinicians are approved and reapproved within the agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government.

### Legal and Compliance

The Approval Process meets the legislative requirements of the Mental Health Act 1983 (as amended 2007) and the Mental Health Act 1983 (Approved Clinicians)(Wales) Directions 2018

### Impact Assessment

An impact assessment is considered unnecessary for this update paper. The Approval Process is part of the Legislative process

## Service Developments

### 1. Arrangements for Approval of Approved Clinicians in Wales

Since the inception of the new Approved Clinician approval process in July 2018, four portfolios have been submitted for approval. Two of the portfolios are from Mental Health and Learning Disability nurses and two from Psychiatrists not on the GMC Specialist Register. To date, one portfolio application has been approved, three of the portfolios require further evidence.

### 2. Approved Clinician/Section 12(2) Induction and Refresher Training

The next induction and refresher training will take place from 10 – 12 February 2020 in Wrexham. Training is arranged for the remainder of 2020 in both Cardiff and Wrexham.

### 3. Mental Health Legislation Conference 2020

The Approvals Team are in the process of arranging the next conference which will be held in March 2020.

**APPENDIX 1****Additions and Removals to the all Wales register of Approved Clinicians****7 September – 29 November 2019**

<b>New Applications Received</b>	<b>3</b>
Number of applications from professions other than Psychiatrists	
Mental Health/Learning Disability Nurse	0
Social Worker	0
Occupational Therapist	0
Psychologist	0
Number of applications approved	3
Number of ACs already approved in England	1
Number of applications with panel (including portfolios)	0
Number of applications not approved	0
<b>Re-approval Applications Received (5 Yearly)</b>	
Number of applications received	14
Number of applications with panel	0
Number of applications pending awaiting further evidence	0
Number of applications approved	14
Number of applications not approved	0
<b>Number of ACs reinstated</b>	<b>1</b>
<b>Number of re-approvals which have come to an end</b>	
Expired	4
Retirement	0
No longer working in Wales	31
No longer registered with professional body	1
AC requested	0
Registered without a licence to practise	1
Awaiting CCT	1
<b>Total Number of Approved Clinicians</b>	<b>367</b>
<b>Total Number of Approved Clinicians from previous quarter</b>	<b>400</b>

**APPENDIX 2****Additions and Removals to the all Wales register of section 12(2) Doctors****7 September – 29 November 2019**

<b>New Applications Received</b>	<b>10</b>
Applications from GPs	1
Applications from Psychiatrists	9
Application from Forensic Medical Examiner	0
Number of Applications Approved	8
Number of Applications Not Approved	0
Number of Applications with Panel	2
<b>Re-approval Applications (5 years)</b>	<b>7</b>
Applications from GPs	0
Applications from Psychiatrists	7
Applications from Forensic Medical Examiners	0
Number of Applications Approved	7
Number of Applications Not Approved	0
<b>Number of Applications with Panel</b>	<b>0</b>
<b>Transferred from AC register</b>	<b>0</b>
<b>Number of Approvals which have come to an end:</b>	
Expired	0
Become an Approved Clinician	1
No longer working in Wales	1
No longer registered	0
Registered without a licence to practice	0
Retired	1
Under Police Investigation	0
RIP	0
Suspended from Medical Practitioners List	0
<b>Total Number of S12(2) Doctors currently approved</b>	<b>159</b>
<b>Total Number of s12(2) Doctors from previous quarter</b>	<b>154</b>



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Mental Health Act Committee 20.12.2019</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Healthcare Inspectorate Wales (HIW) Monitoring Report						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Andy Roach, Director of Mental Health and Learning Disabilities						
<b>Awdur yr Adroddiad Report Author:</b>	Hilary Owen, Head of Governance Wendy Lappin, Mental Health Act Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	<i>Divisional Q-SEEL Meeting Divisional Directors Meeting</i>						
<b>Atodiadau Appendices:</b>	<i>Appendix 1 – Inspections</i>						
<b>Argymhelliad / Recommendation:</b>							
<i>The Committee is asked to note the report.</i>							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input checked="" type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
<i>The report provides an update in relation to the inspections conducted by Healthcare Inspectorate Wales, the findings in relation to the Mental Health Act and the Mental Health Wales Measure are the focus of the document and are detailed within the appendix covering a period of 12 months.</i>							
<b>Cefndir / Background:</b>							
<i>HIW is the independent inspectorate and regulator of all health care in Wales. HIW conduct announced and unannounced visits to services offered by Betsi Cadwaladr University Health Board. Their primary focus is on:</i>							
<ul style="list-style-type: none"> <li>• <i>Making a contribution to improving the safety and quality of healthcare services in Wales</i></li> <li>• <i>Improving citizen's experience of healthcare in Wales whether as a patient, service user, carer, relative or employee</i></li> <li>• <i>Strengthening the voice of patients and the public in the way health services are reviewed</i></li> <li>• <i>Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all</i></li> </ul>							
<ul style="list-style-type: none"> <li>• <i>This report provides assurance that following inspections and recommendations that these actions are followed up.</i></li> </ul>							

**Asesiad / Assessment & Analysis****Strategy Implications**

*The Health Boards Wellbeing objectives, sustainable development principles and the Strategy are all considered when inspections are conducted by HIW. The focus is will be around Quality of patient experience, delivery of safe and effective care and quality of management and leadership.*

**Financial Implications**

*Issues highlighted by HIW may have financial implications in regards to the environment. Aspects covered by this document namely Mental Health Act and Mental Health Measure require no financial additions at present.*

**Risk Analysis**

*Outstanding HIW Actions are reviewed within the area Q-SEEL meetings on a monthly basis. Policies –Policies are an ongoing project that requires updating and change as statute and documents change.*

*The MHLD Policy Implementation Group is working to ensure policies are kept up to date and reviewed by appropriate personal, this is reported on monthly to the divisional Q-SEEL meeting and reported up to QSG.*

**Legal and Compliance**

*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.*

**Impact Assessment**

*This is a retrospective report therefore no EQIA required, All policies which link in with HIW actions will be Equality Impact Assessed.*

## Appendix 1.

**Inspections within the last 12 months****1 Ty Derbyn CMHT Review NEW**

Inspection Date: 15<sup>th</sup> & 16<sup>th</sup> October 2019

Publication of report due: 16<sup>th</sup> January 2020

Initial verbal feedback received from the inspection was positive. No immediate concerns were identified and no immediate assurance required.

Any information contained within the report once published in relation to the Mental Health Act or Mental Health Measure will be cited once the report has been received.

During the visit a longstanding CTO was found to be invalid due to the initial S3 being completed incorrectly. The documents had progressed through a number of scrutiny avenues. Staff have been informed and actions have already been completed to ensure no repetition.

**2 Cefni Hospital NEW**

Inspection Date: 16-18 September 2019

Publication of report due: 19<sup>th</sup> December 2019

Initial verbal feedback received from the inspection was positive. No immediate concerns were identified and no immediate assurance required.

Any information contained within the report once published in relation to the Mental Health Act or Mental Health Measure will be cited once the report has been received.

**3 Ablett Unit**

Inspection Date: 16-18 January 2019

Publication of report due: 17<sup>th</sup> April 2019

The summary of the report found that the Ablett Unit provided safe care, delivered by committed staff. Improvements that had been made were recognised which benefited the patient experience. However, further developments were noted to be required to ensure the hospital reflects future service provision needs.

The summary highlights that staff interacted and engaged with patients respectfully, patients were complimentary of the care received, staff were positive about their work and support received and that there are established

governance arrangements that assisted staff in the provision of safe and clinically effective care.

Improvements are noted within the summary to be in relation to supporting patients to help maintain their independence and dignity, storage of medication arrangements and mental health service provision within the health board to meet the needs of its population.

No immediate concerns were identified and no immediate assurance issues identified.

In relation to the Mental Health Act and the Mental Health Measure the improvement plan highlighted five actions these are all complete.

#### **4 Nant Y Glyn CMHT**

Inspection date: 6 – 7 of November 2018 joint review with CIW

Publication of report due: 11<sup>th</sup> March 2019.

The summary of the report found that the service provided safe and effective care, quality of patient care and engagement to be generally good, improvements were noted in relation to access to the service and referral process in the past two years, a person centred approach was evident with engagement with service users and their family where appropriate, discharge arrangements were satisfactory and staff were clear about their responsibilities and aware of reporting processes in relation to safeguarding.

It is highlighted that there was some evidence that the service was not fully compliant with all health and Care Standards (2015) and the Social Services and Well-being (Wales) Act 2014. Advice and information about advocacy services was not provided in a consistent manner, quality of record keeping was variable and the approach to provision of care tended to focus on service users' needs rather than strengths.

The report found that the service did well and positive feedback was received from service users, the application of the Mental Health Act and Mental Health Measure is highlighted as an area that the services does well and the link with the MHA administrator.

Improvements are noted within the summary to be in relation to the environment, file management, access to psychology and psychotherapy services, some aspects of care planning and risk management, advocacy and contact whether through single point of access, vulnerable adult teams and electronic systems.

No immediate concerns were identified and no immediate assurance issues identified.

In relation to the Mental Health Act and the Mental Health Measure the improvement plan highlighted three actions these are all complete.

## **5 Hergest Unit**

Inspection date: 4 - 5 of September 2018

Publication of report due 6 December 2018

The summary of the report found that the Hergest Unit provided safe care, however, it is highlighted that the health board must ensure that their provision of mental health services meets the requirements of its population and ensuring that patients access the most appropriate service in a timely manner. The summary highlights that staff interacted and engaged with patients respectfully, and that there are established governance arrangements that assisted staff in the provision of safe and clinically effective care.

Improvements are noted within the summary to be in relation to the capacity of mental health services within the health board to meet the need of the population, medicines management practice and arrangements for maintaining safe and secure environment of care.

No immediate concerns were identified and no immediate assurance issues identified.

In relation to the Mental Health Act and the Mental Health Measure the improvement plan highlighted three actions these are all complete.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Power of Discharge Sub Committee 20.12.2019</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Associate Hospital Managers Update Report						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Andy Roach, Director of Mental Health and Learning Disabilities						
<b>Awdur yr Adroddiad Report Author:</b>	Wendy Lappin, Mental Health Act Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	<i>Divisional Q-SEEL Meeting Divisional Directors Meeting</i>						
<b>Atodiadau Appendices:</b>	<i>Appendix 1 – Quarterly Activity</i>						
<b>Argymhelliad / Recommendation:</b>							
<i>The Committee is asked to note the report.</i>							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input checked="" type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
<i>The Associate Hospital Managers Update Report provides details regarding the Associate Hospital Managers Activity within the division for the detailed quarter. The report details activity in the areas of: Hearings, Scrutiny, Training, Recruitment, Forums and Meetings and KPIs in Appendix 1.</i>							
<b>Cefndir / Background:</b>							
<i>Section 23 of the Mental Health Act (the Act) gives certain powers and responsibilities to ‘Hospital Managers’. In Wales NHS hospitals are managed by local health boards. The local Health Board is therefore for the purposes of the Act defined as the ‘Hospital Managers’.</i>							
<i>Hospital Managers have the authority to detain patients under the Act. They have responsibility for ensuring the requirements of the Act are followed. In particular, they must ensure patients are detained and treated only as the Act allows and that patients are fully informed of, and are supported in, exercising their statutory rights. Hospital Managers have equivalent responsibilities towards Community Treatment Order (CTO) patients. (CoPW 37.4)</i>							
<i>In practice, most of the decisions of the Hospital Managers are undertaken by individuals (or groups of individuals) on their behalf by means of the formal delegation of specified powers and duties. (CoPW 37.5)</i>							

*In particular, decisions about discharge from detention and CTOs are taken by Hospital Managers' Discharge Panels, specifically selected for the role. They are directly accountable to the Board in the execution of their delegated functions. (CoPW 37.6).*

*This report provides assurance that the individuals who form the Hospital Managers' Discharge Panels (namely **Mental Health Act Associate Hospital Managers** (MHA AHM)) are in receipt of adequate training and conform to the Health Board standards.*

*The report (Appendix 1) details the activity of the Associate Hospital Managers in relation to Hearings and Scrutiny undertaken, concerns raised and improvements to the Division or service to which they have input for the period July 2019 – September 2019.*

## **Asesiad / Assessment & Analysis**

### **Strategy Implications**

*The use of the Mental Health Act is determined by patient needs and least restrictive options. The Associate Hospital Managers have a duty as independent persons to ensure that the Health Board is detaining patients who meet the criteria for detention.*

### **Financial Implications**

*The Associate Hospital Managers are paid a sessional fee for each activity. The closure of local post offices and the need to collect documents from a main depot includes an increase in travel claims. Additional safeguards in relation to Information Governance has an impact on financial costings due to security requirements for posting reports.*

### **Risk Analysis**

*The number of Associate Hospital Managers must be kept at a reasonable levels to ensure the availability of persons for the future. We have addressed this by having an open direct hire advert to ensure that the cohort is kept at an adequate level.*

*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 would be:*

- *Transfers impacting on hearings with the potential for a hearing to be missed or rearranged.*
- *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.*

### **Legal and Compliance**

*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.*

### **Impact Assessment**

*All policies in relation to the Associate Hospital Managers have been equality impact assessed.*

## Appendix 1.

<b>Quarterly Activity</b>
---------------------------

**1 Hearings**

A total of 37 hearings were held this quarter resulting in 2 discharges. Of the hearings held 32 were section renewals, 1 discretionary review, 2 barring hearings and 2 appeals by the patient.

A breakdown of the hearing activity is detailed below:

**July**

- **16 hearings arranged (13 held)**

11 of the hearings held were section renewals, 1 barring hearing and 1 patient appeals.

All hearings were held in the inpatient units 1 barring of a S2, 8 renewal of S3 detentions and 4 CTO renewals.

- **3 hearings were cancelled**

1 patient withdrew their appeal.

1 patient had a bereavement within their family, the hearing was rearranged and the patient continues to be detained.

1 Hearing was rearranged due the RC being off sick, the hearing was rearranged and the patient continues to be detained.

**Outcomes of hearings held**

12 detentions were upheld

1 hearing was adjourned due to the managers having a concern regarding extended S17 leave and the consideration of DOLS the patient was discharged in the following month.

**August**

- **13 hearings arranged (11 held)**

10 of the hearings held were section renewals and 1 patient appeal.

8 hearings were held in the inpatient units which were all S3 renewals. 3 CTO renewal hearings were held within a Community Mental Health Team building.

- **2 hearings were cancelled**

Both patients were discharged by the RC prior to the hearing being held.

**Outcomes of hearings held**

10 detentions were upheld

1 patient was discharged by the Associate Hospital Managers

## **September**

- **13 hearings arranged and held**

11 of the hearings held were section renewals, 1 S3 Barring and 1 Discretionary Review.

All hearings were held in the inpatient units to include 5 CTO renewals.

### **Outcomes of hearings**

11 detentions were upheld with 1 specifying a review to be held in 3 months.

1 patient was discharged from their CTO.

1 hearing was adjourned due to the Care Coordinator being off sick and no advocate being present. The hearing was rearranged and the patient remains detained.

### **Hearing KPIs**

Following a renewal there is no timeframe specified within the Mental Health Act that a hearing must be held, only the confirmation that one 'must' be held. Good practice suggests this should be done as close to a renewal date as possible. The division has set a KPI at one month following the renewal date. An analysis of the hearings held this quarter is detailed below. 59% of the hearings arranged were held within the set KPI.

The RC can renew a detention within the period 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, an analysis is included below for the quarter

Reasons this quarter for those with long delays consisted of:

- The availability of the RC
- Adjournment delay to allow for more evidence to be submitted
- Problems with fixing a date suitable for all professionals and a solicitor

<b>Renewal Date</b>	<b>Hearing Date</b>	<b>KPI (31 days)</b>
12/06/2019	12/07/2019	30
27/06/2019	11/07/2019	14
17/06/2019	06/09/2019	81
18/07/2019	11/09/2019	56
14/07/2019	17/09/2019	65
24/07/2019	09/09/2019	47
03/08/2019	18/09/2019	46
25/08/2019	16/09/2019	22
01/09/2019	19/09/2019	18
Adjourned from 17/06/2019	27/09/2019	102
14/06/2019	11/07/2019	27
12/07/2019	02/08/2019	21

17/07/2019	20/08/2019	34
03/06/2019	12/07/2019	39
17/08/2019	22/08/2019	5
12/06/2019	31/07/2019	49
09/05/2019	31/07/2019	83
20/07/2019	13/08/2019	24
14/07/2019	17/07/2019	3
12/07/2019	12/07/2019	0
18/08/2019	28/08/2019	10
Adjourned from 12/07/2019	02/08/2019	21
29/07/2019	21/08/2019	23
20/06/2019	22/08/2019	63
09/08/2019	20/09/2019	42
28/08/2019	11/09/2019	14
24/06/2019	04/07/2019	10
22/06/2019	05/07/2019	16
09/07/2019	26/07/2019	17
01/05/2019	04/07/2019	64
26/07/2019	15/08/2019	20
03/08/2019	21/08/2019	18
17/08/2019	06/09/2019	20
22/08/2019	04/09/2019	13
22/08/2019	03/09/2019	12

<b>Application by Patient date</b>	<b>Hearing Date</b>	<b>KPI (31 days)</b>
03/05/2019	09/07/2019	65
15/07/2019	23/08/2019	39

## 2 Scrutiny

Scrutiny for 2019 began in February, to date (October) 26 sessions have taken place with a total of 144 files scrutinised.

An annual audit will be produced in January 2020.

## 3 Training

Mandatory training is continuing at the time of this report 40% of Managers are fully compliant. Out of the 11 training sessions Associate Hospital Managers are expected to complete a total of 88% of the total training has been completed. Those not completed include 3.6% which are flagged for renewal.

An Associate Hospital Managers Training Day was held in August 2019 feedback received was very positive, David Kaged and Leslie Singleton have been thanked for their presentations and input. The next training day will be held on the 30<sup>th</sup> of January 2020 speakers are being arranged to cover mandatory training aspects and information about personality disorders.

An all Wales Associate Hospital Managers day was held in Builth Wells in September 2019 arranged by Cardiff and Vale, five Associate Hospital Managers attended, feedback was positive, all information and documents have been shared with all.

#### **4 Recruitment**

The Associate Hospital Manager cohort at the 30<sup>th</sup> of September 2019 consists of:

26 persons of which 25 are actively involved in hearings, the active cohort is made up of 10 male and 15 female members of which 7 are Welsh speakers. Out of the active members we have 13 chair persons, 4 male and 9 female of which 4 are Welsh speakers.

2 Associate Hospital Managers have recently left, 1 to pursue a career in hospitality and 1 following being appointed as an Independence Member for the Health Board. Interviews are scheduled for November 2019 and the communications team is assisting in promoting the role via social media, to ICAN volunteers and within the Get Involved Newsletter. Education establishments within the area have also been provided with a flyer for display.

All Associate Hospital Managers have a robust and structured induction and training schedule when joining the cohort. 1:1 review meetings are held with the Mental Health Act Manager at a six monthly interval following becoming part of a panel and following this meetings are held on a yearly basis and logged within ESR. At the time of this report 2 Associate Hospital Managers are due to have a six monthly review dates have been arranged, 1 Associate Hospital Manager is due a 12 monthly review date arranged and 1 Associate Hospital Manager is still to start sitting on a panel, a review will be arranged as necessary. All other members have attended their review meeting this year.

#### **5 Forums and Meetings**

The Associate Hospital Managers Forum Meeting is held on a quarterly basis 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 meeting was held on the 16<sup>th</sup> of October this was well attended by the Associate Hospital Managers. It is felt that these are useful meetings for sharing of information.

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Mental Health Act Committee 20.12.2019</b>				
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public				
<b>Teitl yr Adroddiad Report Title:</b>	Mental Health Act Committee Performance Report				
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Andy Roach, Director of Mental Health and Learning Disabilities				
<b>Awdur yr Adroddiad Report Author:</b>	Hilary Owen, Head of Governance Wendy Lappin, Mental Health Act Manager				
<b>Craffu blaenorol: Prior Scrutiny:</b>	<i>Divisional Q-SEEL Meeting Divisional Directors Meeting</i>				
<b>Atodiadau Appendices:</b>	<i>Appendix 1 – Mental Health Measure Slides for information Appendix 2 – Analysis of Section 4, 5(4) and S5(2)</i>				
<b>Argymhelliad / Recommendation:</b>					
<i>The Mental Health Act Committee is asked to note the report.</i>					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
<b>Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	<b>Er gwybodaeth For Information</b>
					√
<b>Sefyllfa / Situation:</b>					
<i>The Mental Health Act Committee Performance Report provides an update in relation to the Mental Health Act Activity within the division for the detailed quarter. The report also includes an appendix which details the exceptions being reported under the Mental Health Measure. Additional appendices are included as determined by the Mental Health Act Committee when assurance is required for specific use of certain sections under the Mental Health Act. This report details an appendix regarding analysis as requested for S4, S5(4) and S5(2).</i>					
<b>Cefndir / Background:</b>					
<i>The Health Board has a duty to monitor and report the number of persons placed under a section of the Mental Health Act, this reporting is done monthly, quarterly and annually. This report is therefore presented as an advisory report to the Mental Health Act Committee. The report includes comparison figures for the previous month and quarter to highlight the activity and use of the Mental Health Act sections.</i>					
<i>Within the report the section activity is recorded in table and charts, detailing outcomes and timeframes of the section use for adults and young persons. Forensic data is included and information regarding transfers in and out for specialist services and repatriation.</i>					
<i>Lapsed sections are reported as Exceptions throughout the report and Invalid detentions recorded as Fundamentally Defective.</i>					

## **Asesiad / Assessment & Analysis**

### **Strategy Implications**

*The use of the Mental Health Act is determined by patient needs and least restrictive options. Consideration is made regarding care closer to home. Considering the Health Boards Well-Being Objectives the use of the Mental Health Act is in line with improving physical , emotional and mental health and well-being for all, targeting resources to those with the greatest need this is including putting resources into preventing problems occurring or getting worse for the population of North Wales.*

### **Financial Implications**

*The rise of Mental Health Act Detentions has a financial implication, two doctors are required to assess for some of the sections and a conflict of interest between clinicians as specified under the Mental Health Act needs to be avoided. This results in the use of independent S12(2) doctors and those that work as GPs.*

*Legal advice is obtained in relation to some detentions and the use of the Mental Health Act to which there is no budget for.*

### **Risk Analysis**

*The Mental Health Act detentions fall into a category of being 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.*

### **Legal and Compliance**

*This report is generated quarterly. The Mental Health Act sections are monitored as used to ensure they are legal and the Health Board is operating in compliance with the Mental Health Act 1983 (amended 2007) and the Code of Practice for Wales 2016.*

### **Impact Assessment**

*The use of the Mental Health Act Sections apply to all persons who may or may not fall under the protected characteristics. All policies in relation to the use of the Mental Health Act have been equality impact assessed.*



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**Report to Mental Health Act Committee Additional Appendices will be included as requested.**

This report provides assurance to the Mental Health Act Committee of our compliance against key sections of the legislative requirements of the Mental Health Act 1983 as amended 2007. The report also includes an Appendix which details the exceptions being reported under the Mental Health Measure.

**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 Act and Mental Health Measure committee are responsible for scrutinising the performance for Mental Health indicators under Timely Care and Individual Care.



**Advisory Reports & Exception reports**

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

Reports for the Mental Health Measure are consistent with the Exception report process, exception reports are included where performance is either worse than the required standard or the Board require sight of the actions being taken to maintain or improve performance. After we have achieved an indicator for three consecutive months, it will be stood down from exception reporting.

**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

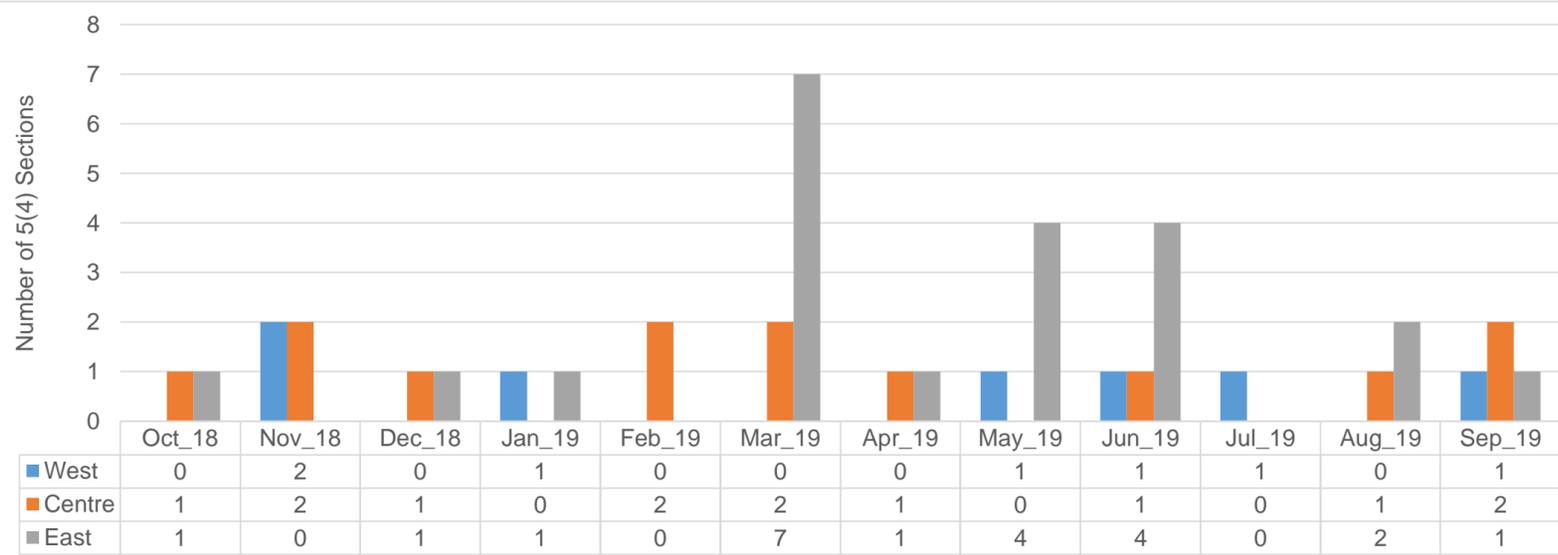
**Section 62:** Emergency Treatment of a detained patient regardless of section status

**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	Latest Month	Previous Month	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	4	3	↑	8	13	↓	11	1 Centre	3
								1 East	3
								3 West	2



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 5(4) sections within this period were appropriate and were either converted to a 5(2) or the patient returned to informal status. One patient was subject to a 5(4) on two separate occasions, these were within separate months and are highlighted in yellow within the table.

Appendix 2 details an analysis of the use of 5(4) and 5(2).

### LAPSES

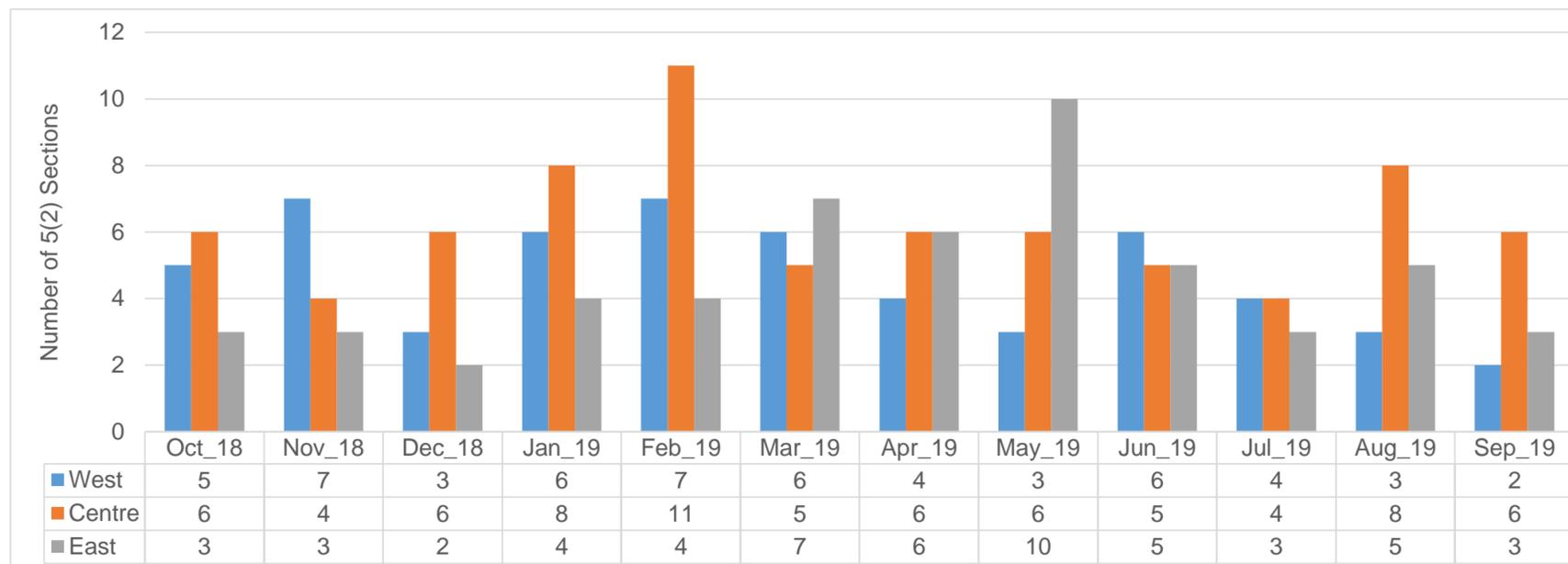
There were no lapses for this quarter.

WEST		
Month	Duration (hh:mm)	Outcome
Jul_19	00:40	Section 5(2)
Sep_19	02:50	Discharged

CENTRE		
Month	Duration (hh:mm)	Outcome
Aug_19	01:13	Section 5(2)
Sep_19	00:14	Section 5(2)
Sep_19	00:37	Section 5(2)

EAST		
Month	Duration (hh:mm)	Outcome
Aug_19	00:20	Section 5(2)
Aug_19	01:02	Section 5(2)
Sep_19	01:00	Section 5(2)

Section 5(2) - BCUHB	Latest Month	Previous Month	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	11	16	↓	38	51	↓	47	1 Centre	18
								2 East	11
								3 West	9



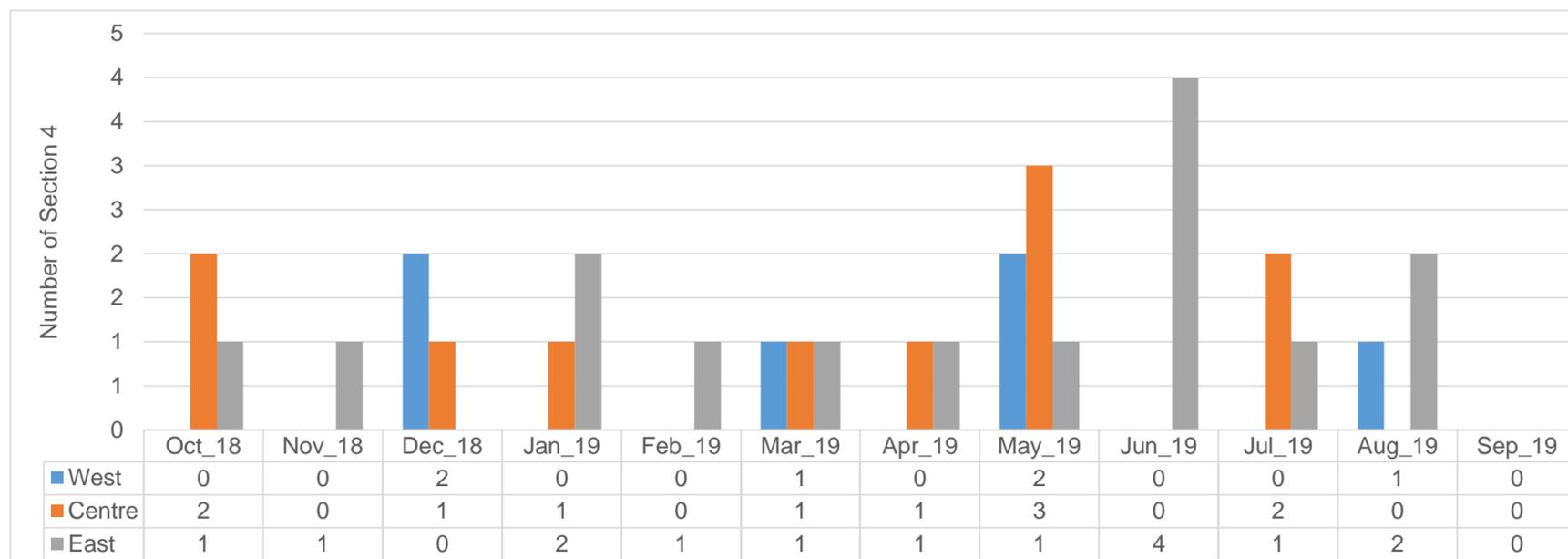
Section 5(2) Outcomes			
	Jul 2019	Aug 2019	Sep 2019
Section 2:	6	4	5
Section 3:	3	6	2
Informal:	3	5	3
Lapsed:	0	0	0
Invalid:	0	1	0
Discharged:	0	0	0
Other:	0	0	0

A Section 5(2) on occasions will be enacted within the acute hospital wards, during this quarter there were three instances where this occurred. One section was converted to a Section 2, one it was felt the patient was not detainable and one was deemed invalid.

This quarter there is one exception to report

**East:** One S5(2) was deemed invalid due to insufficient information and justification recorded within the document.

Section 4 - BCUHB	Latest Month	Previous Month	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
Section 4: Admission for assessment: Cases of emergency	0	3	↓	6	12	↓	8	1 East	3
								2 Centre	2
								3 West	1



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.

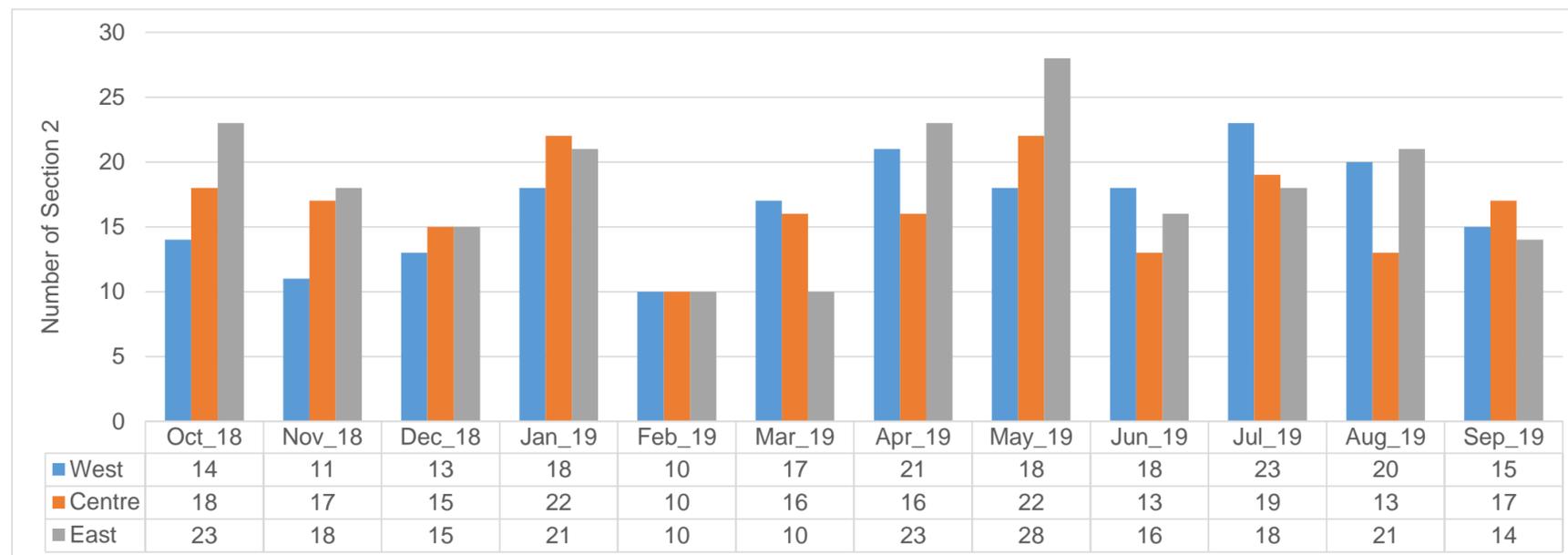
A 12 month comparison has been conducted for S4. For the periods Oct 16 - Sept 17 and Oct 17 - Sept 18 there were 14 S4's compared to the period Oct 18 - Sept 19 which there were 32 S4's an increase of 128%. This is largely due to the spike in May and June and will continue to be monitored.

WEST		
Month	Duration (hh:mm)	Outcome
Aug_19	03:55	Discharged

CENTRE		
Month	Duration (hh:mm)	Outcome
Jul_19	16:45	Section 2
Jul_19	16:50	Section 2

EAST		
Month	Duration (hh:mm)	Outcome
Jul_19	69:55	Section 2
Aug_19	48:45	Section 2
Aug_19	04:50	Section 2

Section 2 - BCUHB	Latest Month	Previous Month	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 5: Admission for assessment	46	54	↓	160	175	↓	153	1 West	58
								2 East	53
								3 Centre	49



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

Section 2 Outcomes			
	Jul 2019	Aug 2019	Sep 2019
Section 3:	10	18	16
Informal:	15	12	12
Lapsed:	0	0	0
Pending:	0	0	0
Discharged:	16	13	10
Transferred:	19	8	9
Invalid and Other:	0	0	0

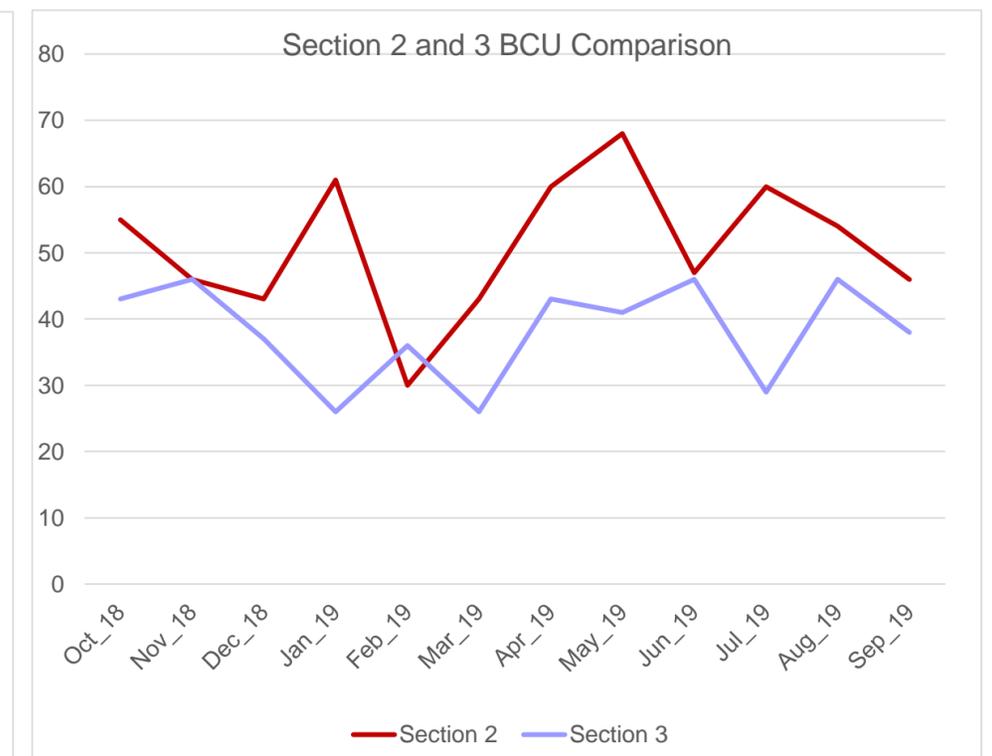
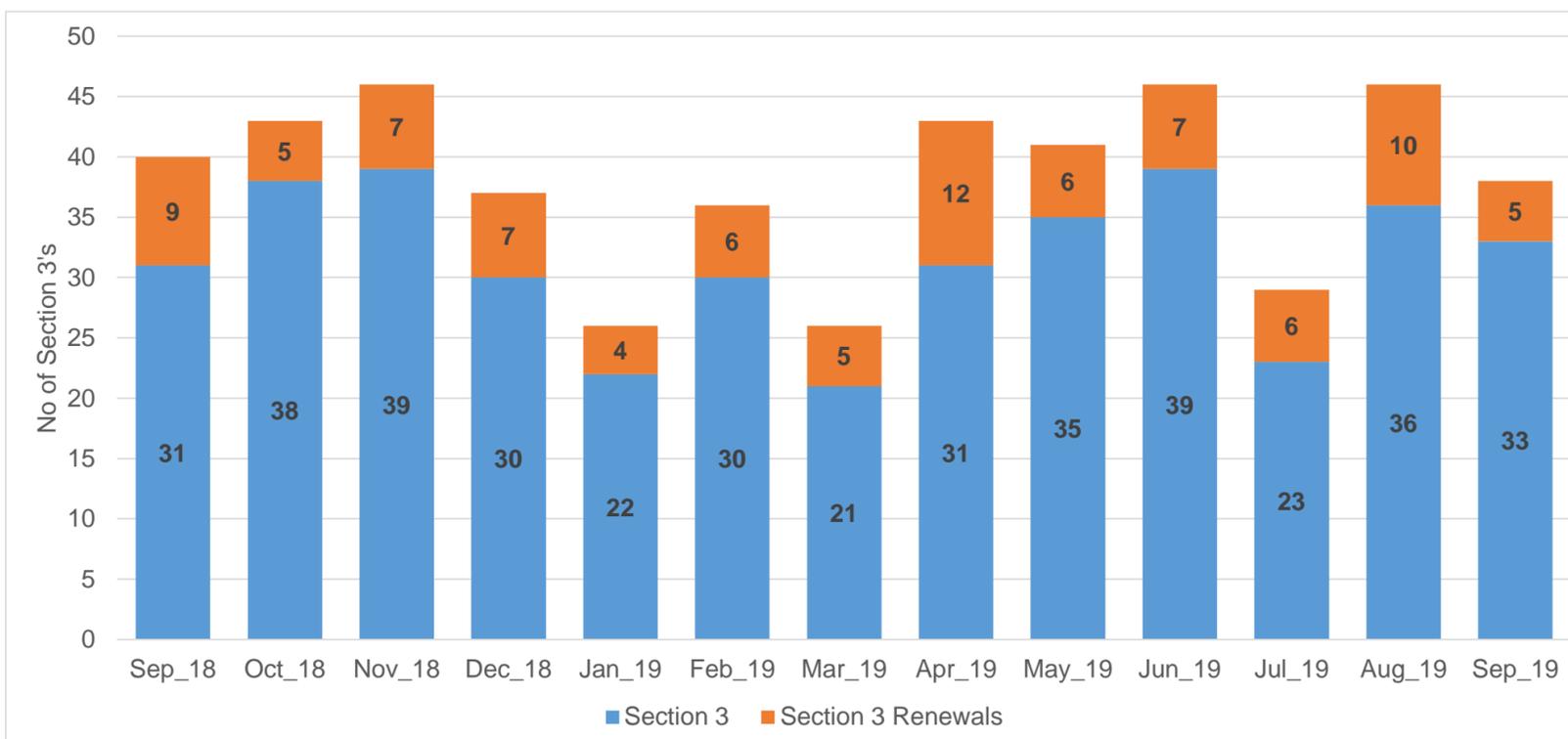
It is hard to interpret these figures in isolation. However it has to be noted that in the East there are more beds and these figures are on the basis of the applications as opposed to address of residence.

There were three under 18s placed on a Section 2 this quarter all within age appropriate beds in CAMHS.

**EXCEPTIONS:**

There are no exceptions to report this quarter.

Section 3 - BCUHB	Latest Month	Previous Month	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	38	46	↓	113	130	↓	114	1 East	39
								2 Centre	37
								2 West	37



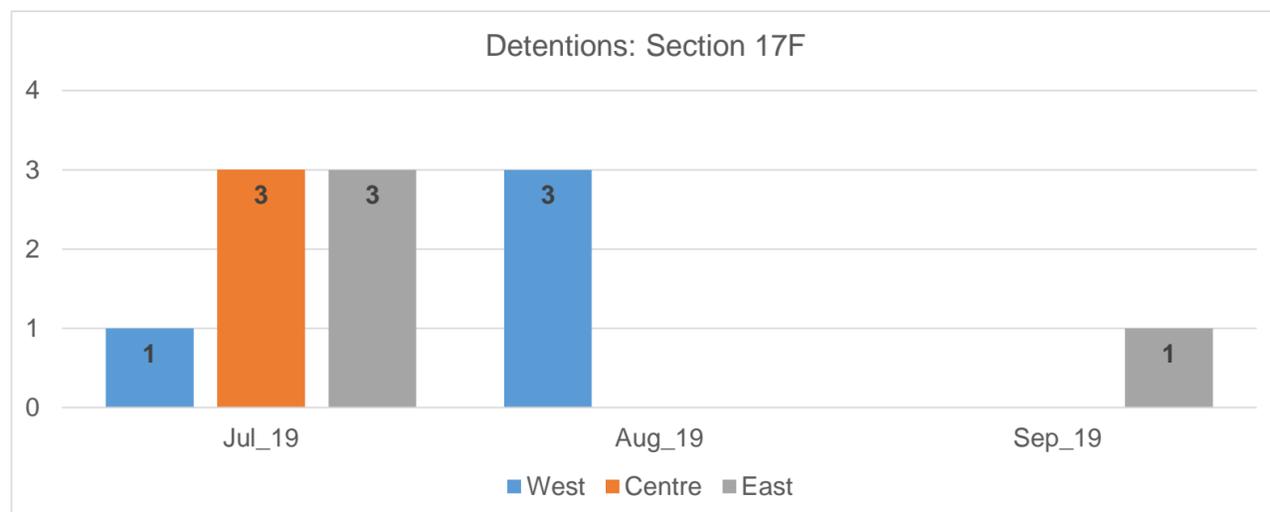
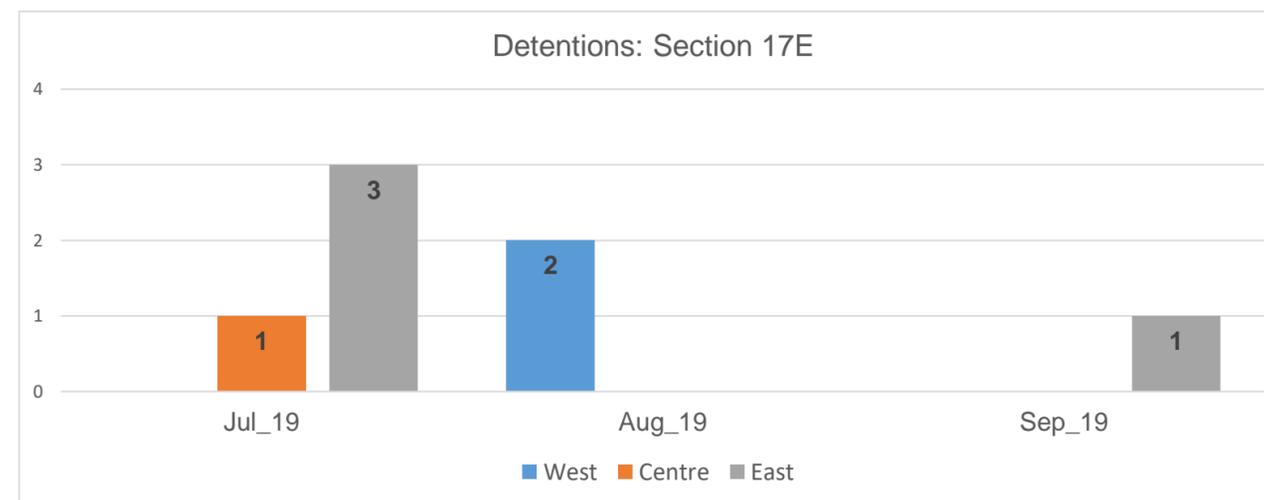
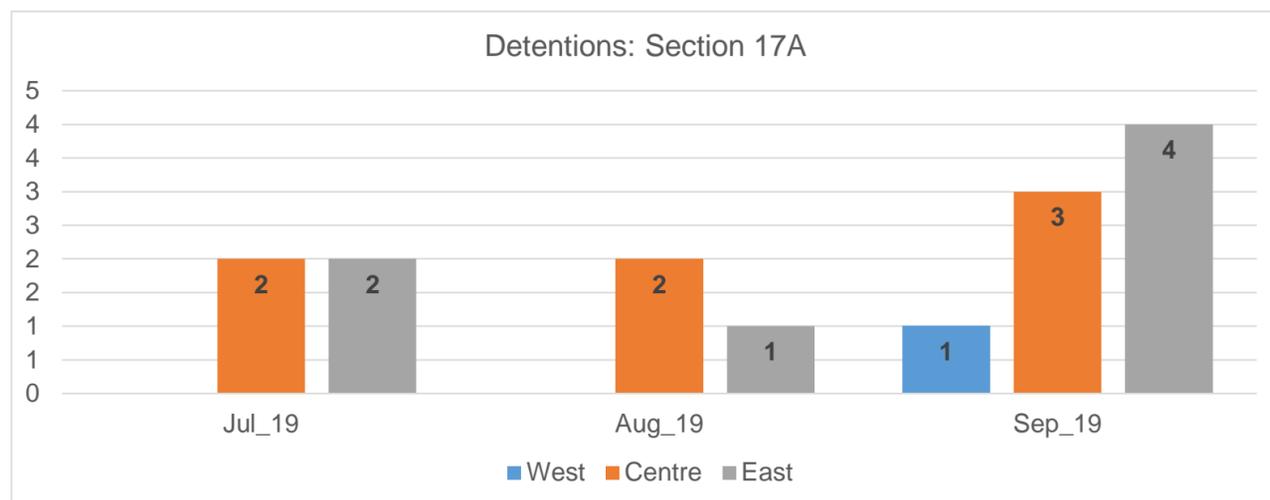
\* data is as at position and is subject to change

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 quarter there were three under 18 year olds made subject to a Section 3 all within an age appropriate setting.

There are no exceptions to report this quarter:

Section 17 A-F - BCUHB	Latest Month	Previous Month	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	10	8	↑	33	28	↑	30	1 East	15
								2 Centre	11
								3 West	7



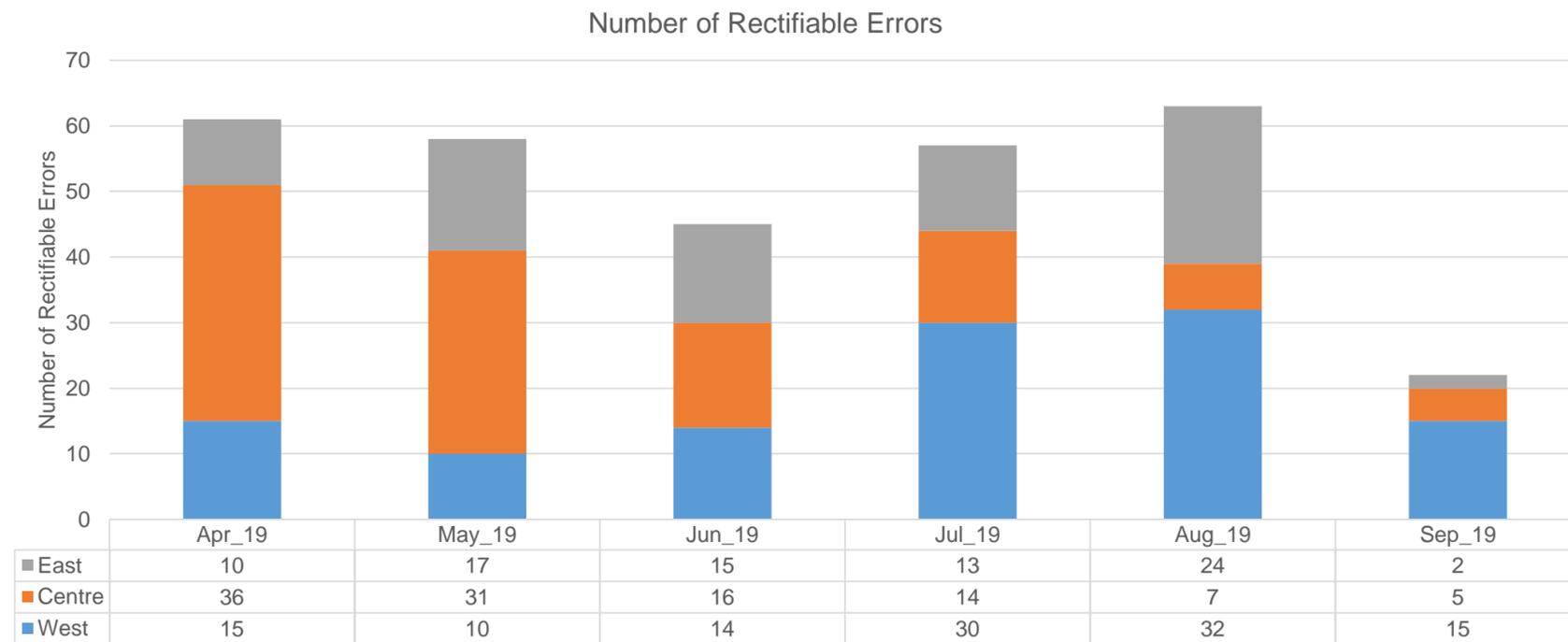
This quarterly data 17A shows the numbers of patients who are being placed on a CTO for the first time, as well as any renewals within the month. 17E data shows those who have been recalled to hospital from their CTO and 17F data shows those who have had their CTO revoked and become subject to a Section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

The number of patients subject to a CTO at the end of September: West: 7, Central: 12 and East: 10.

There has been a decrease in patients being subject to a CTO.

There are no exceptions to report in relation to CTOs this quarter.

Fundamental and Rectifiable Errors	Latest Month	Previous Month	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	23	64	↓	144	168	↓	140	1 West	77
								2 East	41
								3 Centre	26



### Rectifiable Errors

The number of rectifiable errors for the last quarter has decreased.

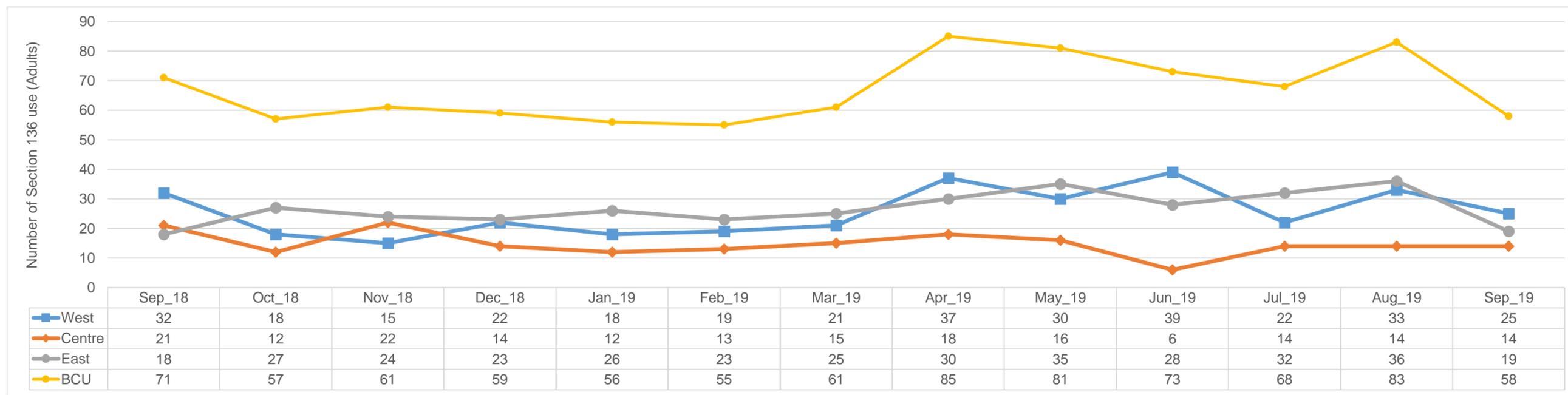
In relation to the other health boards throughout Wales BCUHB accounted for 50% of all rectifiable errors for the period of April - June 2019, data for the period July - Sept 2019 is not available as yet.

An analysis has been conducted for the errors made in September and a verbal update was provided to the MHA Committee in relation to responsibility for these.

**Exceptions are reported as lapses and fundamentally defective (invalid sections) throughout the report.**

This quarter there has been 1 x Section 5(2) deemed fundamentally defective rendering the section application invalid and 1 x Section 136 which came to the end of the section time due to the person not being fit for assessment.

Section 135 - 136	Latest Month	Previous Month	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)	58	83	↓	209	239	↓	199	1 East	87
								2 West	80
								3 Centre	42



**The data above does not include S135 or under 18's. The last quarter has seen a 12% decrease on the previous quarters figures.**

There was one S135 assessment across the Health Board this quarter the person was discharged following assessment.

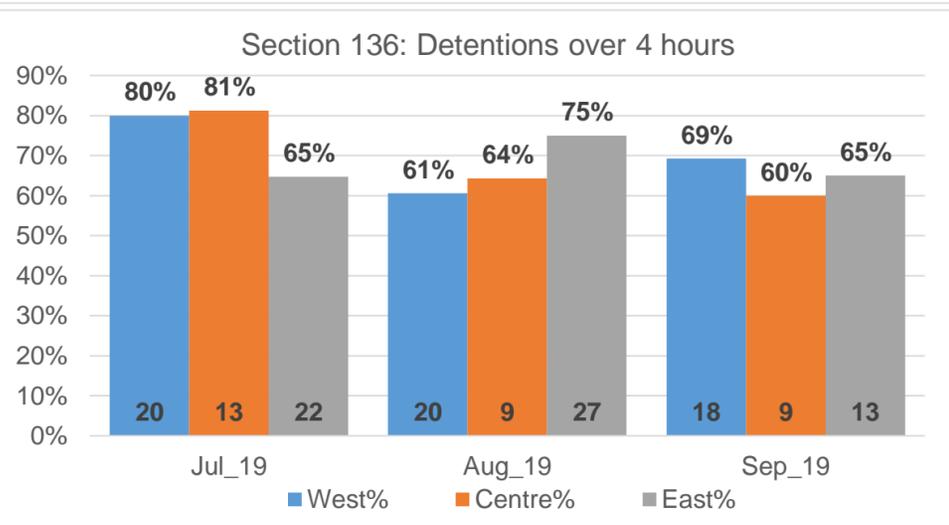
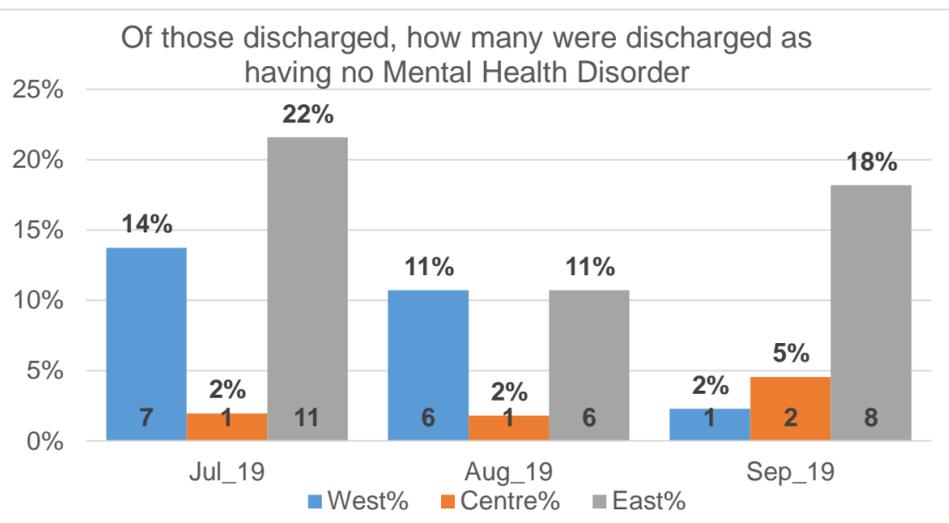
Four S136 12 hour extensions were granted due to the patients not being fit for assessment, resulting in one discharge with referral to services, one discharge no mental disorder, one S2 admission and one resulting in no assessment being able to be completed therefore the S136 lapsed

There were three persons who were noted to be in Custody as the first place of safety. One resulted in admission under S2 and two were discharged (1 x referrals to services and 1 x no mental disorder). 25% of this quarters S136 detentions were initially admitted to ED as the first place of safety.

Section 136	Latest Month	Previous Month	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)	58	83	↓	209	239	↓	199	1 East 2 West 3 Centre	87 80 42

Section 136 Outcomes			
	Jul 2019	Aug 2019	Sep 2019
Discharged:	51 70.83%	56 70.00%	44 72.13%
Informal Admission:	12 16.67%	13 16.25%	8 13.11%
Section 2:	9 12.50%	11 13.75%	6 9.84%
Section 3:	0 0.00%	0 0.00%	3 4.92%
Other:	0 0.00%	0 0.00%	0 0.00%

Section 136 - Known to Service			
	Jul 2019	Aug 2019	Sep 2019
Yes	44	57	41
Yes (percentage)	58.67%	68.67%	69.49%



The data shows figures from outcomes recorded and whether a patient is known to service.

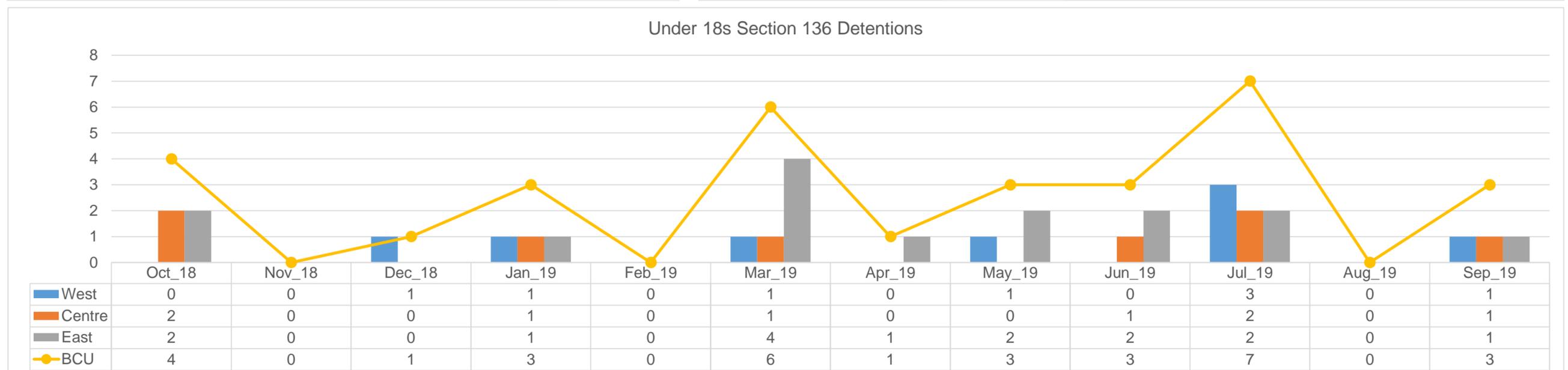
Whilst a large proportion of 136's are discharged those with no mental disorder alone appears to be increasing and is regularly above 20% within the last quarter July accounted for 38%.

Total percentages for the months for those discharged with no mental disorder are:  
 July 38%  
 August 24%  
 September 25%

Total percentage for the months for detentions over 4 hours are:  
 July 26%  
 August 27%  
 September 19%

There have been four instances this quarter where a 12 hour extension was required.

Section 135 - 136 (Under 18)	Latest Month	Previous Month	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)	3	0	↑	10	7	↑	8	1 West	4
								2 Centre	3
								2 East	3



A total of ten under 18's were assessed this quarter between the ages of 13 and 17 years. Seven assessments resulted in discharge with follow up to services or referral to services, three resulted in admission to the childrens wards within the general hospitals.

The tables below shows the ages of young persons assessed and the outcomes for the year period April 19 - March 20.

**Under 18 Assessments**

AGE	No of Assessments
12	0
13	2
14	2
15	2
16	6
17	5

**Outcome of Assessments**

Outcome	Number
Returned Home	12
Returned to Care Facility	
Admission to childrens ward	4
Admission to Adult ward	
Admission Nwas/CAMHS	
Admission OOA	
Other (Friends, Hotel, B&B)	1

Month of Admission	Place of Assessment	Outcome	Assessing Clinician	Total Hours	Age
July	Hergest	Admission Childrens Ward	CAMHS	3:40:00	14
July	Hergest	Admission Childrens Ward	Adult Consultant	4:00:00	17
July	Ablett	Admission Childrens Ward	CAMHS	05:40	16
July	Heddfan	Discharged	CAMHS	19:59:00	13
July	Heddfan	Discharged	CAMHS	16:00	17
July	Hergest	Discharged	CAMHS	10:47	17
July	Ablett	Discharged	Adult Consultant	13:15	17
September	Ablett	Discharged	Adult Consultant	17:05	16
September	Hergest	Discharged	CAMHS	10:15	16
September	Heddfan	Discharged	CAMHS	03:40	14

Out of the 10 young persons assessed 9 originated from their own home.

8 out of the 10 detentions were initiated out of hours.

The Assistant Area Directors of the CAMHS service are notified straight away if a young persons, 15 and under who is detained under a S136. Within hours the MHA office notify, out of hours the responsibility lies with the duty staff.

Average PoS hours: 10:26 hrs this is a decrease on the previous quarter figures of (12:38 hrs).

### Under 18's admitted to Adult Psychiatric Wards

There were no admissions to Adult Psychiatric Wards this quarter from a S136.

The table below shows the county that the young persons originated from and where they were assessed for the period April 19 - March 20

### County Originated from and where assessed.

County	East	Central	West
Wrexham	4		
Flintshire	3		
Denbighshire	1	2	
Conwy		2	1
Gwynedd			3
Ynys Mon			2
Out of Area			

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly

Section	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019
Section 35:	0	0	0	0	0	0	0	0	0	0	0	0
Section 37:	1	1	1	1	1	1	1	1	1	1	1	1
Section 37/41:	10	10	10	9	11	11	11	11	11	11	11	11
Section 38:	0	0	1	1	0	0	0	0	0	0	0	0
Section 47:	4	4	4	4	4	4	4	3	4	4	3	3
Section 47/49:	4	5	5	4	4	4	4	5	5	5	5	5
Section 48:	0	0	0	0	0	0	0	0	0	0	0	0
Section 48/49:	1	1	0	0	0	0	0	0	0	0	0	0
Section 3:	2	2	2	2	1	1	2	3	3	1	1	2
Section 45A	0	0	0	0	0	0	0	0	0	0	1	1
<b>Total:</b>	<b>22</b>	<b>23</b>	<b>23</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>22</b>	<b>22</b>	<b>23</b>

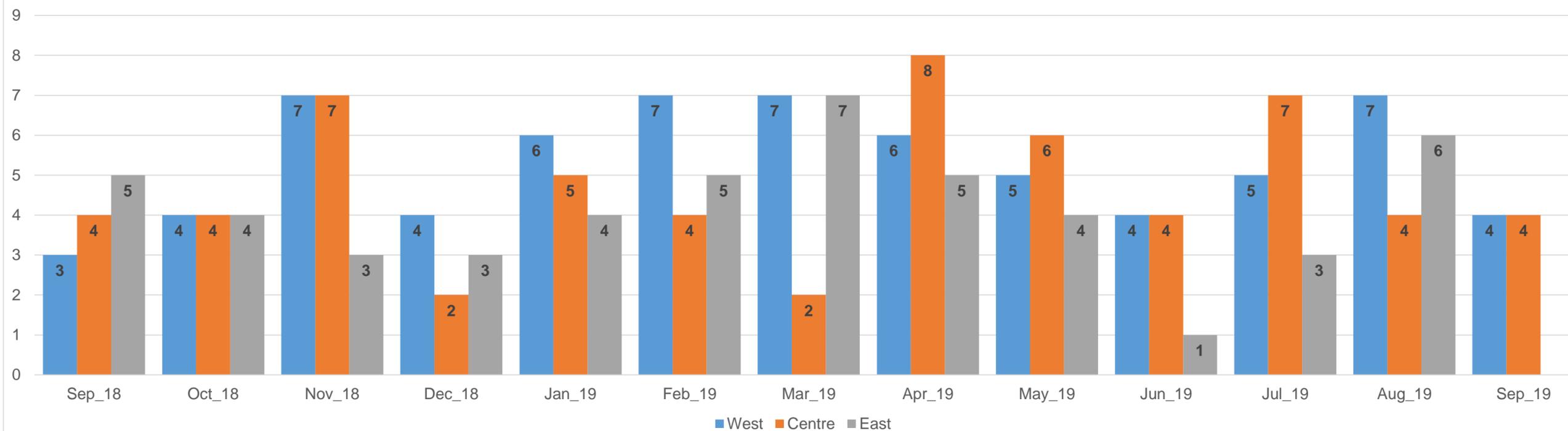
Ty Llywelyn Medium Secure Unit is a 25 bedded all male facility. The nature of the forensic sections does not always generate rapid activity.

There are times when section 3 patients will be detained within the unit.

The unit is now fully functional and can accommodate 25 patients.



Use of Section 62 by Area



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

Reason for S62 use:

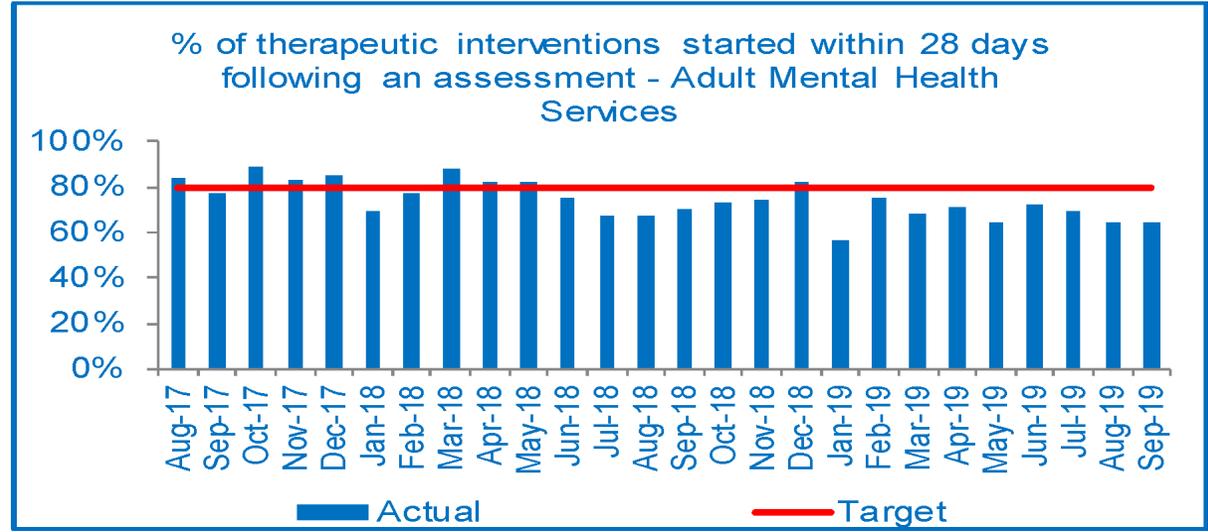
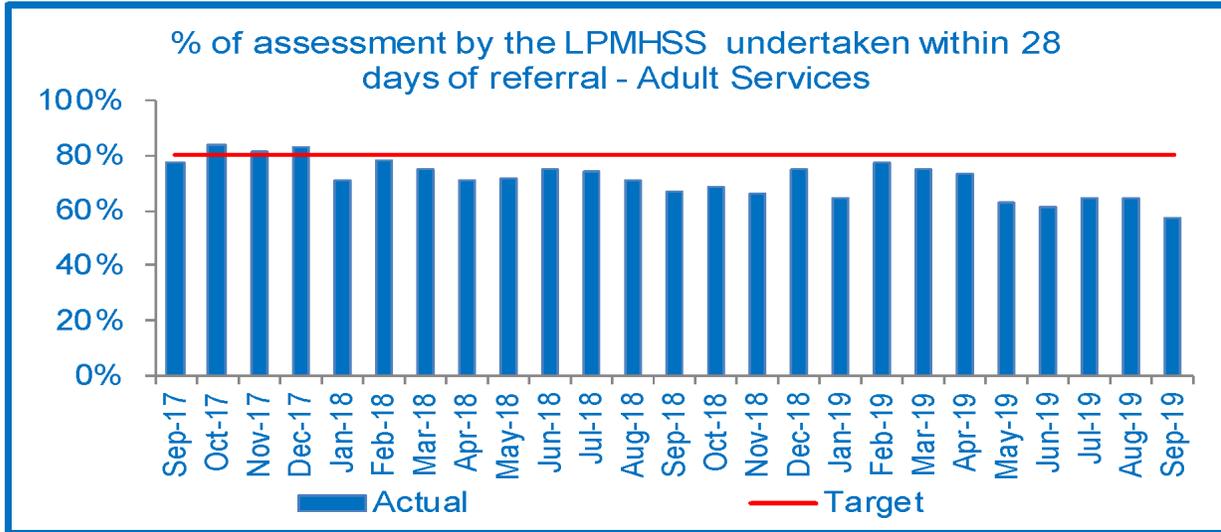
Medication changes

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.

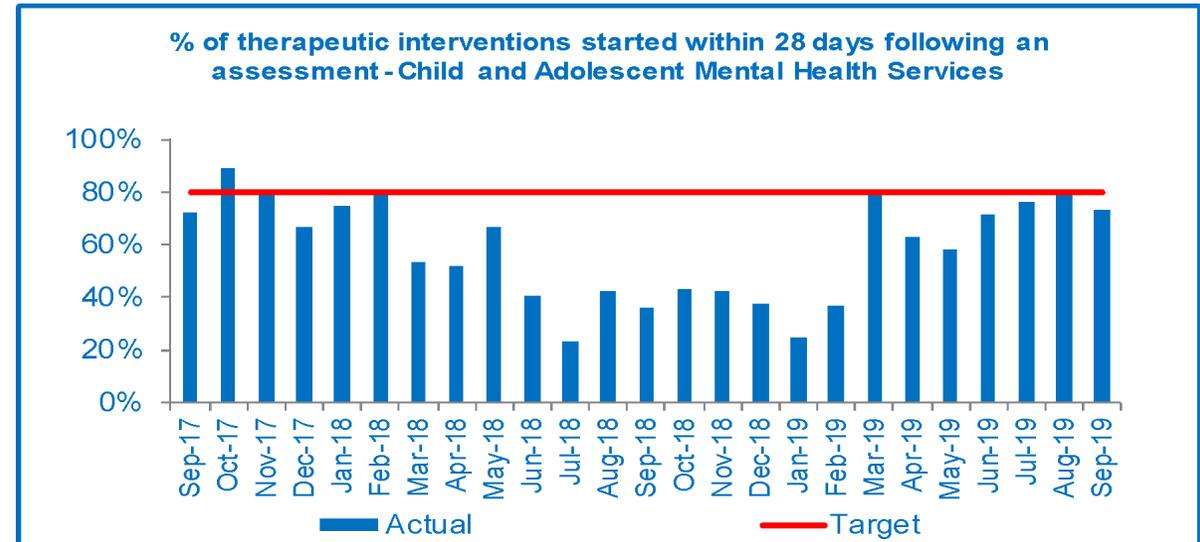
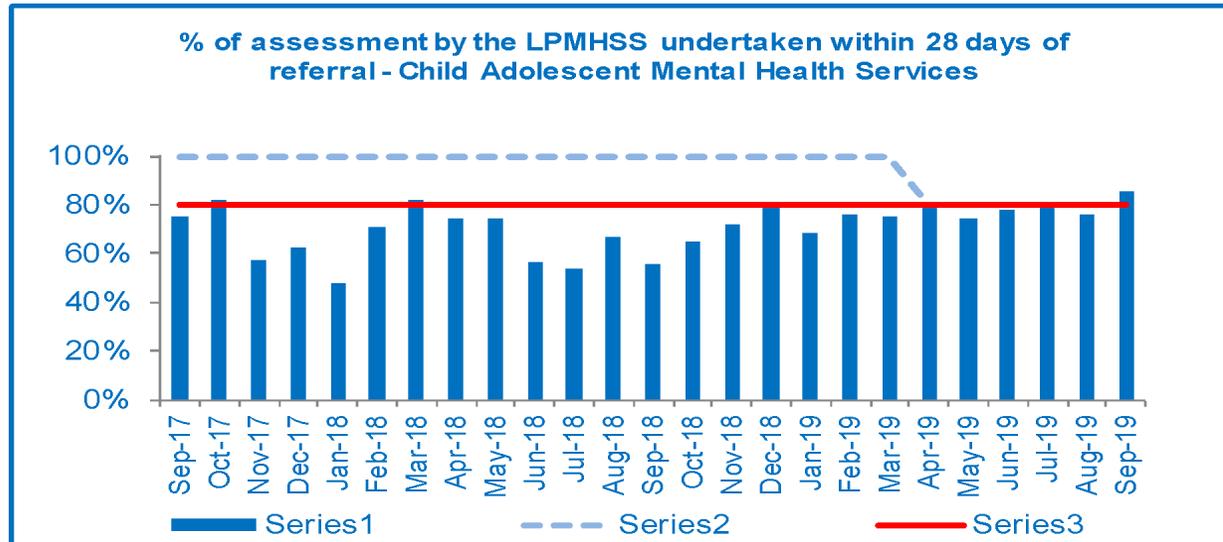
Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20
LM060a	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Adult)	>= 80%	AP027	>= 72%	Sep-19	57.61%	<input type="checkbox"/>	N/A	67.29%	73.26%	62.55%	61.61%		64.40%	64.80%	57.61%									
LM061a	The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (Adult)	>= 80%	AP027	>= 68%	Sep-19	64.51%	<input type="checkbox"/>	N/A	70.15%	71.22%	64.18%	72.21%		69.41%	64.00%	64.51%									



**Why we are where we are:** The MHL D Division continues to work on achieving the target across all teams, however, high referral rates, sickness and recruitment to vacancies continues to impact on delivery. The recent deep dive analysis has highlighted that a large percentage of patients are assessed and discharged with advice, information or signposting elsewhere, in some teams this is over 60%. The solution to target achievement is a complete service transformation for this identified group which is currently been worked through via the strategy implementation. The Division is benchmarking nationally against CNA's & DNA's to ensure we are offering a fair and consistent service within Primary Care in line with guidance and national standards.

Actions	Outcomes	Timeline
<p>1. Patients ‘treated in turn’ has been widely adopted which has had a negative impact on performance but, is clinically the right action for patients.</p>	<p>Proactive management of caseload to ensure patients are seen as quickly as possible. Improved quality and safety.</p>	<p>Backlog and waiting list trajectory to clear March 2020</p>
<p>2. Timely weekly reporting direct to area teams and a weekly ‘deep dive’ analysis to focus on potential breaches. We have also standardised intervention outcomes &amp; reporting. Thus, ensuring CNA &amp; DNA are accurately and timely recorded.</p>	<p>Correct &amp; validated information ensuring Teams are timely informed and engaged and also can implement any remedial actions quickly.</p>	<p>Current and ongoing action</p>
<p>3. MHM Lead(s) are supporting areas to increase focus and traction on specific issues and action plans. We have closer monitoring &amp; scrutiny of referral activity which also informs the weekly targeted intervention meetings.</p>	<p>Correct &amp; validated information. Teams timely informed and engaged.</p>	<p>The solution to target achievement is a complete service transformation which is currently been worked through via the strategy implementation.</p>
<p>4. We have undertaken piloting TAG, hold weekend &amp; additional clinics and have strongly focused on recruitment and workforce issues such as:</p> <ul style="list-style-type: none"> <li>• STR workers are now working through the interventions backlog</li> <li>• Secured additional funding for extra posts / recruitment ongoing</li> <li>• Clinical &amp; Social care staff deployed to focus on areas performing below target</li> </ul>	<p>Skilled workforce deployed to improve activity and compliance and provide a community asset based approach which supports earlier intervention and GP based consultations.</p>	<p>Compliance with part 1a and 1b profiled for April 2020</p>
<p>5. Increased Senior Manager focus to lead a Focus Group to address performance and continually develop and implement the agreed Divisional and local action plans and to provide leadership to improve targets.</p>	<p>Developed and implemented action plans to improve performance against 80% target.</p>	<p>The solution to target achievement is a complete service transformation for this identified group which is currently been worked through via the strategy implementation.</p>

Code	Measure Description	National Target	Plan Ref	Plan Target	Current Period	Actual	Status	Wales Benchmark	Same Period Last Year	Apr-19	May-19	Jun-19	Qtr 1 19/20	Jul-19	Aug-19	Sep-19	Qtr 2 19/20	Oct-19	Nov-19	Dec-19	Qtr 3 19/20	Jan-20	Feb-20	Mar-20	Qtr 4 19/20	
LM060b	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (CAMHS)	>= 80%	AP027	>= 73%	Sep-19	85.56%	<input type="checkbox"/>	N/A	63.35%	80.15%	74.74%	78.00%		81.20%	75.80%	85.56%										
LM061b	The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (CAMHS)	>= 80%	AP027	>= 73%	Sep-19	72.92%	<input type="checkbox"/>	N/A	36.00%	63.24%	58.14%	71.64%		76.00%	79.00%	72.92%										



**Why we are where we are:** Ongoing capacity issues particularly in the Central Area due to vacancies and significant levels of sick leave resulting in insufficient capacity to meet the demand.

Actions	Outcomes	Timeline
1. Recruitment of staff across teams following successful bid for Mental Health Service Improvement funding. All teams are currently going through the recruitment process	Development of Early Intervention teams and enhancement of core service to deliver Part 1 targets	Staff in post February 2020
2. Recruitment of CAMHS Practitioners in GP Clusters following successful bid for Mental Health Service Improvement funding. Evaluation of pilot post in Denbighshire GP to be shared.	CAMHS Practitioner based in each GP Cluster to provide support and advice to manage demand appropriately	Staff in post in March 2020
3. Progress the Parliamentary Review Transformation Programmes with our Local Authority partners which is focussed on children and young people who are on the edge of care or looked after and meeting their needs.	Reduction in crisis presentations in ED and admissions to the paediatric wards or attendance at the s136 suites. Reduction in DTOCs on the paediatric wards	Staff in post March 2020
4. CAMHS Improvement group established with focus on Action plan to be developed for CAMHS services following receipt of final report from Delivery Unit and report from HIW.	Clarity of Primary/Secondary Care thresholds/improved record keeping/improved communication with GPs/service specification clarity and consistency	Full action plan to be completed by March 2020
5. Weekly meetings held across the teams to assess demand and review capacity available in form of core staff availability, additional hours, bank and agency staff. Clinical prioritisation is robust, and alternative provisions to meet the need being established eg group interventions.	Understanding of current demands levels and capacity available to meet, identifying any gaps/anticipated breaches	Ongoing

## Appendix 2

### Analysis of Section 4, S5(4) and S5(2) for the Mental Health Act Committee Meeting 20<sup>th</sup> December 2019

#### Section 4 Data for MHAC

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	TOTAL
2016/17	2	0	2	2	0	0	0	0	2	1	1	4	14
2017/18	1	0	3	1	1	0	1	2	0	0	2	3	14
2018/19	3	1	3	3	1	3	2	6	4	3	3	0	32

#### Section 5(4) Data for MHAC

There were 8 Section 5(4)s within the quarter July 2019 – September 2019.

The detail below confirms the area the 5(4) was enacted to include the time noting whether this was out of hours or within hours. Out of hours a doctor would not always be available within the unit to initiate a Section 5(2), this may also be the case within hours as the doctors may be dealing with other matters.

Month	Area	Time of 5(4)	OOH details	Time Dr Contacted	Outcome
July	West	17:20	Yes Weekend	17:30	S5(2)
August	Central	21:45	Yes Weekend	21:50	S5(2)
August	East	21:25	Yes Weekend	21:45	S5(2)
August	East	14:30	No Weekday	14:30	S5(2)
September	West	00:30	Yes Weekday	00:45	Discharged off 5(4)
September	Central	13:16	No Weekday	13:20	S5(2)
September	Central	16:30	No Weekday	16:45	S5(2)
September	East	15:40	No Weekday	15:45	S5(2)

## Conclusions

All S5(4)s are reviewed to ensure that they are appropriate, this includes consideration of the reasons that the prescribed nurse feels it is appropriate to use the power. All sections detailed above were appropriate at the time of use. Doctors are contacted within a short space of time to come and assess the patients regardless of whether this be within hours or out of hours, during the week or at a weekend. All patients on a 5(4) were assessed within the required timeframe of 6 hours.

## Section 5(2) Data for MHAC

Within the quarter period July – September 2019 38 persons were made subject to a Section 5(2).

The tables below show the activity in relation to these sections, noting the time period the section was used considering if this was within hours or out of hours and whether the S5(2) followed a S5(4) and the outcomes.

<b>July 2019</b>	<b>West</b>	<b>Central</b>	<b>East</b>
<b>Within Hours AM/PM</b>	1 x PM	2 x PM	2 x PM
<b>Out of Hours</b>	3	2	1
<b>Following the use of Section 5(4) AM/PM</b>		0	0
<b>Out of Hours</b>	1 x OOH		
<b>Outcomes</b>	1 x S2 2 x S3 1 x Informal	3 x S2  1 x Informal	2 x S2  1 x Informal
<b>August 2019</b>	<b>West</b>	<b>Central</b>	<b>East</b>
<b>Within Hours AM/PM</b>	1 x PM	4 x PM	1 x PM
<b>Out of Hours</b>	2	3	2
<b>Following the use of Section 5(4) AM/PM</b>	0		
<b>Out of Hours</b>		1 x OOH	1 x PM 1 x OOH
<b>Outcomes</b>	1 x S2 2 x S3	2 x S2 3 x S3 3 x Informal	1 x S2 1 x S3 2 x Informal 1 x Invalid

September 2019	West	Central	East
<b>Within Hours AM/PM</b>	2 x PM	3 x PM	1 x PM
<b>Out of Hours</b>	0	1	1
<b>Following the use of Section 5(4) AM/PM</b>	0	1 x PM	1 x PM
<b>Out of Hours</b>		1 x OOH	
<b>Outcomes</b>	1 x S3 1 x Informal	3 x S2 2 x S3 1 x Informal	2 x S2  1 x Informal

### **Conclusions**

Within this period all S5(2) powers were either used out of hours or within the PM period of a day regardless as to whether this followed a Section 5(4) or not.

29% of the Sections resulted in the patient being returned to an informal status rather than becoming subject to a formal detention. It is recognised that the least restrictive option must be maintained for the patient.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Cyfarfod a dyddiad: Meeting and date:</b>	Mental Health Act Committee 20/12/19						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Review of Cycle of Business (COB) 2019/2020						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mr Andy Roach, Director of Mental Health & Learning Disabilities						
<b>Awdur yr Adroddiad Report Author:</b>	Mrs Jody Evans, Corporate Governance Officer						
<b>Craffu blaenorol: Prior Scrutiny:</b>	None						
<b>Atodiadau Appendices:</b>	1. Mental Health Act Committee COB						
<b>Argymhelliad / Recommendation:</b>							
<b>That:</b>							
<ul style="list-style-type: none"> <li>The Committee review and approve the Cycle of Business.</li> </ul>							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
This paper details the proposed Cycle of Business for the Mental Health Act Committee for the remainder of 2019 and through 2020.							
<b>Cefndir / Background:</b>							
In order to comply with good governance, a Cycle of Business is maintained for each of the Board's Committees							
<b>Asesiad / Assessment &amp; Analysis</b>							

This report is purely administrative.

**Strategy Implications**

There are no associated strategic implications.

**Financial Implications**

There are no associated financial implications.

**Risk Analysis**

There are no associated risks.

**Legal and Compliance**

To ensure that COBs are frequently reviewed ensuring compliance through good governance.

**Impact Assessment**

There are no associated impact or specific assessments required.

**Draft v0.1 BCU Mental Health Act Committee Cycle of Business 2020-21**

<b>Agenda Item</b>	20.12.19	27.03.20	June 2020 date tbc	September 2020 date tbc	December 2020 date tbc	March 2021 date tbc
<b>Opening Business</b>						
Apologies	x	x	x	x	x	x
Declaration of Interests	x	x	x	x	x	x
Previous Minutes, Matters Arising and Summary Action Plan	x	x	x	x	x	x
Minutes of previous POD meeting and oral update from the earlier meeting	x	x	x	x	x	x
CANIAD – Patient Story		x		x		x
Deprivation of Liberty Safeguards: Quarterly Report	x	x	x	x	x	x
Hospital Manager's Update Report (Oral summary only based on feedback from earlier POD meeting)	x	x	x	x	x	x
Performance Report	x	x	x	x	x	x
Approval for All Wales Approved Clinicians and Section 12(2) Doctors)	x	x	x	x	x	x

**Draft v0.1** BCU Mental Health Act Committee Cycle of Business 2020-21

Consideration of any HIW/Inspection reports/Audit reports etc as appropriate to meetings remit.	x	x	x	x	x	x
<b>Governance</b>						
Agree CoB for coming year	x				x	
Committee Annual Report and review of TOR and POD TOR		x				x
<b>Closing Business</b>						
Issues of Significance	x	x	x	x	x	x
Any Other Business	x	x	x	x	x	x
Date of Next meeting(s)	x	x	x	x	x	x