## Agenda

### 09:30 - POD19.27 - Apologies, welcome and remarks
1. To note the future Chair of the Sub-Committee.
2. To welcome Mr. Eifion Jones, Independent Member to the Sub-Committee.

### 09:31 - POD19.28 - Declarations of Interest

### 09:32 - POD19.29 - Minutes of Last Meeting 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.

- **POD19.29.1 Draft Minutes Power of Discharge Sub Committee 27.9.19 v0.2.docx**
- **POD19.29.2 Summary Action Plan live version.doc**

### 09:43 - POD19.30 - Membership updates
1. To discuss the Expressions of Interest received, in relation to the Vacant Associate Hospital Manager position on the Sub-Committee. (Current Terms of Reference attached for members reference. (Note: MHAC ToR incorporate PoD.)
2. To note the Vacancy on the BCUHB Mental Health Act Committee.

- **POD19.30 Terms of Reference MHAC incorporating PoD V4.0.pdf**

### 09:53 - POD19.31 - Hospital Manager's Update to include periodic updates on training and appraisals
- The Sub-Committee is asked to note the report.
  - Wendy Lappin, Mental Health Act Manager

### 10:08 - POD19.32 - Performance Report
- The Sub-Committee is asked to note the report.
  - Wendy Lappin, Mental Health Act Manager

- **POD19.32 Coversheet MHA Performance Report.docx**
- **POD19.32 MHAct Report.pdf**
- **POD19.32.1 Appendix 1 Mental Health Measure slides.pptx**
- **POD19.32.2 Appendix 2 Section Analysis.docx**

### 10:28 - POD19.34 - Issues of Significance to inform the Chair’s Report to the Mental Health Act Committee

### 10:29 - POD19.35 - Date of next meeting - 27th March 2020
Agenda Power of Discharge Sub–Committee

Date 20/12/2019
Time 9:30 – 10:30
Location Boardroom, Carlton Court, St Asaph LL17 0JG
Chair Mrs Lyn Meadows

1. POD19.27 – Apologies, welcome and remarks
   9:30
   1) To note the future Chair of the Sub–Committee.
   2) To welcome Mr Eifion Jones, Independent Member to the Sub–Committee.

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5. POD19.31 – Hospital Manager’s Update to include periodic updates on training and appraisals
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   – The Sub–Committee is asked to note the report.
   Wendy Lappin, Mental Health Act Manager

6. POD19.32 – Performance Report
   10:08
   – The Sub–Committee is asked to note the report.
   Wendy Lappin, Mental Health Act Manager

7. POD19.33 – Agree CoB for coming year
   10:23
   – The Sub–Committee is asked to review and approve the Cycle of Business.
   Lyn Meadows, Vice Chair
8 POD19.34 – Issues of Significance to inform the Chair's Report to the Mental Health Act Committee
10:28

9 POD19.35 – Date of next meeting – 27th March 2020
10:29
Power of Discharge Sub Committee

**Draft Minutes of the Power of Discharge Sub Committee held on**
**Friday 27th 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

<table>
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<tr>
<th>Agenda Item</th>
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<tr>
<td>POD19.18 – Welcome and Apologies</td>
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<td>POD19.18.1 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.</td>
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<td>POD19.18.2 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.</td>
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<td>POD19.18.3 Apologies had been received from Shirley Cox, Delia Fellowes, Steve Forsyth and Christine Robinson.</td>
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<td>POD19.19 – Declarations of Interest</td>
<td></td>
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<tr>
<td>POD19.19.1 – None were received.</td>
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## POD19.20 – Draft Minutes of the Previous Meeting Held on 13.11.18 and Summary Action Log

**POD19.20a** – Minutes of the meeting held on 28th 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.

**POD19.20.2b** – Actions were recorded therein.

## POD 19/21 - Membership updates

**POD19.21.1** 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.

**POD19.21.2** HO reported her recent attendance at the *International Suicide Bereavement Conference in Manchester*. 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.

**POD19.21.3** HO also informed the subcommittee of the upcoming BCUHB Quality and Safety Learning Event; titled “*change is the end result of all true learning*” 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.

**POD19.21.4** A discussion took place regarding the recent conference topic in relation to “*failures from a patient’s point of view*”. HO confirmed that the topic had been discussed at the recent workshop, which included talking about “zero suicide rates”.

**POD19.21.4** 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 was requested to re-issue expressions of interest communication.

**RESOLVED:** The membership updates had been noted.
POD 19/22 – Performance Report

POD 19/22.1 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.

POD19/22.2 Following the introduction by WL the Sub-Committee had been asked to highlight areas for particular clarification.

POD19/22.3 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.

POD19/22.4 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.

POD19/22.5 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.

POD19/22.6 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.

POD19/22.7 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; in terms of staff and skill mix; that there had been significant investment through Welsh Government recently, which would in turn support the whole system.
**POD19/22.8** Community care pressures had also been noted and discussed and it had been confirmed that work had commenced with the Community Health Council and the all Wales Collaborative Team. HO agreed to circulate information on the number of patients who are sectioned on Individual packages of care within the last 12 months.

**POD19/22.9** Section 135 and 136 - With regards to Lapses in sections, it had been confirmed that the data was all Datix Reported and investigations are initiated from that point onwards.

**POD19/22.10** Under 18’s admissions had also been discussed and the figures had been noted with regards to under 18 admissions to Adult Psychiatric Wards. It was confirmed that there were no admissions for the period, however there had been one admission following the voluntary detention, which had resulted in the transfer to an appropriate bed. AR assured the subcommittee that good practice and safeguards had been followed. It was further confirmed that there was ongoing co-working with the police and social services. AR confirmed that he continued to monitor the data and trends. It was further agreed that the wording of “voluntary detention” would be reviewed by WL.

**POD19/22.11** Ty Llywelyn had also been discussed in relation to the number of male beds and capacity. It was confirmed that females have specifically commissioned private beds elsewhere. AR agreed to look into figures in relation to female placements. It had been noted that all Beds within Ty Llywelyn were now fully functional, staffing and refurbishment issues had now been fully rectified with full complement of staffing and beds being fully recommissioned.

**RESOLVED:**
The sub-committee noted the report for information only.

**POD19.23 – Hospital Managers' Update to include periodic updates on training and appraisals**

**POD19.23.1** WL provided an update on the activities of the Associate Hospital Managers [AHMs] activity during the last quarter within the Division.

**POD19.23.2** It had been noted that a total of 28 hearings had been held within the last quarter, resulting in no discharges. It was further explained that within the report that there had been 26 hearings held which were section renewals and 2 appeals by the patient. A detailed breakdown had been provided within the report. It was noted that one hearing had been adjourned due to the conflict of interest, a discussion took place and it was confirmed and noted that panels do their utmost to avoid repeated panel members attendance, whilst taking into account the sensitivity of the individuals.
| **POD 19.23.3** | 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. |
| **POD19.23.4** | 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. |
| **POD19.23.5** | 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 Buillith Wells. Positive feedback had been received in relation to both of the recent training dates. |
| **POD19.23.6** | 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. |
| **POD19.23.7** | It was reported that the Chairs Forum and Associate Hospital Managers Forum Meetings had now been combined, which was held on a Quarterly basis. |
| **POD19.23.8** | 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. |
| **POD 19.23.9** | WL agreed to incorporate appraisal updates within the next report. |
| **RESOLVED:** | The sub-committee noted the report. |

**POD19.24 – Any other business**

**POD19.24.1** 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
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.

**RESOLVED:**
The sub-committee noted the update.

**POD19.25 – Issues of Significance to inform the Chair’s Report to the Mental Health Act Committee**

**POD19.25.1** – The Chair agreed to raise any issues of concern in her Assurance report to the Board.

**POD19.26– Date of Next Meeting**

**POD19.26.1** 20\(^{th}\) December 2019 – Boardroom, Carlton Court
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<tr>
<th>Officer</th>
<th>Minute Reference and Action Agreed</th>
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<th>Revised Timescale</th>
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| AR      | POD19.05.2 – AR to provide assurance on what is being done re children in S136 provision | June               | Continue to work and monitor in line with agreed protocol, continue to work with police and CAMHS.  
27.9.19 Update: AR confirmed that work continues with regards to the CAMHS S136 provision and transition. AR confirmed that he would continue to provide updates to the Sub-Committee. | Closed |
| AR      | POD19.05.3 – AR to provide an update on the recruitment day held in April 2019 | June               | Very successful day, number of staff recruited, development posts created at lower banding creating a career pathway. Really good percentage of welsh speakers in the west, working more closely with university  
27.9.19 Update: AR confirmed that the banding had been created for the Career Pathway and confirmed that the posts would be introduced shortly. The impact on performance measures had been positive and confirmed that the day had been a success. | Closed |
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<tbody>
<tr>
<td>WL</td>
<td>POD19.13 – Hospital Manager’s Update</td>
<td>September</td>
<td>KPI list is now contained in Hospital Managers update report and will be reported on within each report.</td>
<td>Closed</td>
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<td>WL</td>
<td>POD19.13.3 POD19.13.3 – It was noted there was no specific timeframe for a hearing to be held, good practice would suggest it was held as close to the renewal date as possible. It was agreed that going forward, local KPIs would be produced to detail when hearings were held.</td>
<td>September</td>
<td>WL had not received any issues to date in relation to performance of locums, if received then these will then be highlighted to the Clinical Directors.</td>
<td>Closed</td>
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**27.9.19 Update:** It had been noted that the issues would be written on the “issues form” in order to take up with the Clinical Directors.
## BCUHB POWER OF DISCHARGE SUB COMMITTEE


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<td>POD 19/21 - Membership updates</td>
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<td>December</td>
<td>7.10.19 – Independent member now gained.</td>
<td>Closed</td>
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<td>POD19.21.3 BCUHB Quality and Safety Learning Event; titled “change is the end result of all true learning” due to be held on 22 November 2019. It was confirmed that JE would issue the invitations to the POD Members on behalf of HO.</td>
<td>September</td>
<td>7.10.19 – invitations distributed.</td>
<td>Closed</td>
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<td>HO/JE</td>
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<td>Name</td>
<td>POD19/22.8</td>
<td>HO agreed to circulate information on the number of patients who are sectioned on Individual packages of care within the last 12 months.</td>
<td>December</td>
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<td>WL agreed to Incorporate appraisal updates within the next report.</td>
<td>December</td>
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<td>AR</td>
<td>POD19.24.1</td>
<td>Cenfi Visit – Final report would be shared once received with the POD members.</td>
<td>TBC</td>
<td>AR to provide update.</td>
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<td>JE</td>
<td>POD19.21.4 Expressions of interest for the position of a dedicated POD Member (upon the Mental Health Act Committee). JE to re-issue expressions of interest communication.</td>
<td>September 4.10.19 – Expressions of interest sought via email. 7.10.19 – Expression of interest received.</td>
<td>Closed</td>
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<td>Yearly/Seasonal</td>
<td>Item ongoing – annual reporting, year on year to take place. Ongoing</td>
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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.
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.

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)
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.

Assessment / 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.

### Quarterly Activity

#### 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

<table>
<thead>
<tr>
<th>Renewal Date</th>
<th>Hearing Date</th>
<th>KPI (31 days)</th>
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</thead>
<tbody>
<tr>
<td>12/06/2019</td>
<td>12/07/2019</td>
<td>30</td>
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<td>27/06/2019</td>
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<td>18/07/2019</td>
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<td>14/07/2019</td>
<td>17/09/2019</td>
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<td>24/07/2019</td>
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<tr>
<td>03/08/2019</td>
<td>18/09/2019</td>
<td>46</td>
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<tr>
<td>25/08/2019</td>
<td>16/09/2019</td>
<td>22</td>
</tr>
<tr>
<td>01/09/2019</td>
<td>19/09/2019</td>
<td>18</td>
</tr>
<tr>
<td>Adjourned from 17/06/2019</td>
<td>27/09/2019</td>
<td>102</td>
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<tr>
<td>14/06/2019</td>
<td>11/07/2019</td>
<td>27</td>
</tr>
<tr>
<td>12/07/2019</td>
<td>02/08/2019</td>
<td>21</td>
</tr>
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</table>
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\textsuperscript{th} 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 30th 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 16th of October this was well attended by the Associate Hospital Managers. It is felt that these are useful meetings for sharing of information.
Cyfarfod a dyddiad:  
Meeting and date: Mental Health Act Committee  
20.12.2019

Cyhoeddus neu Breifat:  
Public or Private: Public

Teitl yr Adroddiad  
Report Title: Mental Health Act Committee Performance Report

Cyfarwyddwr Cyfrifol:  
Responsible Director: Andy Roach, Director of Mental Health and Learning Disabilities

Awdur yr Adroddiad  
Report Author: Hilary Owen, Head of Governance  
Wendy Lappin, Mental Health Act Manager

Craffu blaenorol:  
Prior Scrutiny: Divisional Q-SEEL Meeting  
Divisional Directors Meeting

Atodiadau  
Appendices: Appendix 1 – Mental Health Measure Slides for information  
Appendix 2 – Analysis of Section 4, 5(4) and 5(2)

Argymhelliad / Recommendation:  
The Mental Health Act Committee is asked to note the report.

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)

<table>
<thead>
<tr>
<th>Ar gyfer penderfyniad /cymeradwyeth For Decision/ Approval</th>
<th>Ar gyfer Trafodaeth For Discussion</th>
<th>Ar gyfer sicrwydd For Assurance</th>
<th>Er g wybodaeth For Information</th>
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Sefyllfa / Situation:  
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).

Cefndir / Background:  
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.

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.

Lapsed sections are reported as Exceptions throughout the report and Invalid detentions recorded as Fundamentally Defective.
<table>
<thead>
<tr>
<th><strong>Asesiad / Assessment &amp; Analysis</strong></th>
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<tbody>
<tr>
<td><strong>Strategy Implications</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Financial Implications</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Risk Analysis</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Legal and Compliance</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Impact Assessment</strong></td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>CONTENTS:</td>
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<tr>
<td>Contents</td>
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<td>Section 17</td>
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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.
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.

<table>
<thead>
<tr>
<th>Month</th>
<th>Duration (hh:mm)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul_19</td>
<td>00:40</td>
<td>Section 5(2)</td>
</tr>
<tr>
<td>Sep_19</td>
<td>02:50</td>
<td>Discharged</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Duration (hh:mm)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug_19</td>
<td>01:13</td>
<td>Section 5(2)</td>
</tr>
<tr>
<td>Sep_19</td>
<td>00:14</td>
<td>Section 5(2)</td>
</tr>
<tr>
<td>Sep_19</td>
<td>00:37</td>
<td>Section 5(2)</td>
</tr>
</tbody>
</table>
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.
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 person’s 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.
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

<table>
<thead>
<tr>
<th>Section 3 (Including Renewals): Admission for treatment</th>
<th>Latest Month</th>
<th>Previous Month</th>
<th>Monthly Trend</th>
<th>Latest Quarter</th>
<th>Previous Quarter</th>
<th>Quarter Trend</th>
<th>Quarter Average (last 4 quarters)</th>
<th>Area Rank by numbers of Section 3 during Quarter</th>
<th>Quarter Section 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 3 - BCUHB</td>
<td>38</td>
<td>46</td>
<td></td>
<td>113</td>
<td>130</td>
<td>114</td>
<td>1 East</td>
<td>Centre</td>
<td>West</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>No of Section 3’s</th>
<th>Section 3</th>
<th>Section 3 Renewals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep_18</td>
<td>31</td>
<td>9</td>
</tr>
<tr>
<td>Oct_18</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td>Nov_18</td>
<td>39</td>
<td>7</td>
</tr>
<tr>
<td>Dec_18</td>
<td>30</td>
<td>7</td>
</tr>
<tr>
<td>Jan_19</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Feb_19</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>Mar_19</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Apr_19</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>May_19</td>
<td>35</td>
<td>6</td>
</tr>
<tr>
<td>Jun_19</td>
<td>39</td>
<td>7</td>
</tr>
<tr>
<td>Jul_19</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>Aug_19</td>
<td>36</td>
<td>5</td>
</tr>
<tr>
<td>Sep_19</td>
<td>33</td>
<td></td>
</tr>
</tbody>
</table>

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

Put patients first ● Work together ● Value and respect each other ● Learn and innovate ● Communicate openly and honestly
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.
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.
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 135 - 136

<table>
<thead>
<tr>
<th>Section 135 and 136: Patient transfers to a place of safety (Adults)</th>
<th>Latest Month</th>
<th>Previous Month</th>
<th>Monthly Trend</th>
<th>Latest Quarter</th>
<th>Previous Quarter</th>
<th>Quarter Trend</th>
<th>Quarter Average (last 4 quarters)</th>
<th>Area Rank by numbers of S.136 during Quarter</th>
<th>Quarter S.136 detentions</th>
</tr>
</thead>
</table>
| West | 32 | 18 | 22 | 18 | 19 | 21 | 37 | 30 | 39 | 22 | 33 | 25
| Centre | 21 | 12 | 14 | 12 | 13 | 15 | 18 | 16 | 6 | 14 | 14 | 14
| East | 18 | 27 | 24 | 23 | 26 | 23 | 25 | 30 | 35 | 28 | 32 | 36 | 19
| BCU | 71 | 57 | 61 | 59 | 56 | 55 | 61 | 85 | 81 | 73 | 68 | 83 | 58

### Graph

The graph shows the number of Section 136 use (Adults) from Sep_18 to Sep_19. The data indicates a decrease in the number of detentions over the last four quarters, with a particular drop in the latest quarter.
Section 136 Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Jul 2019</th>
<th>Aug 2019</th>
<th>Sep 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharged:</td>
<td>51</td>
<td>56</td>
<td>44</td>
</tr>
<tr>
<td>Informal Admission:</td>
<td>12</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Section 2:</td>
<td>9</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Section 3:</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Other:</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Section 136: Detentions over 4 hours

<table>
<thead>
<tr>
<th></th>
<th>Jul 19</th>
<th>Aug 19</th>
<th>Sep 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of those discharged, how many were discharged as having no Mental Health Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West%</td>
<td>14%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Centre%</td>
<td>7%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>East%</td>
<td>22%</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

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.
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 children’s 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

<table>
<thead>
<tr>
<th>AGE</th>
<th>No of Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>17</td>
<td>5</td>
</tr>
</tbody>
</table>

### Outcome of Assessments

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returned Home</td>
<td>12</td>
</tr>
<tr>
<td>Returned to Care Facility</td>
<td></td>
</tr>
<tr>
<td>Admission to children’s ward</td>
<td>4</td>
</tr>
<tr>
<td>Admission to Adult ward</td>
<td></td>
</tr>
<tr>
<td>Admission NWAS/CAMHS</td>
<td></td>
</tr>
<tr>
<td>Admission OOA</td>
<td></td>
</tr>
<tr>
<td>Other (Friends, Hotel, B&amp;B)</td>
<td>1</td>
</tr>
</tbody>
</table>

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 children’s wards within the general hospitals.
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.
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.
### Total Transfers for the Quarter

<table>
<thead>
<tr>
<th>Internal Transfers</th>
<th>External Transfers (Total)</th>
<th>External Transfers (In)</th>
<th>External Transfers (Out)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 2019</td>
<td>Aug 2019</td>
<td>Sep 2019</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>13</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>9</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>8</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Internal Transfers**
This data only includes detained patient transfers between BCU facilities, including the transfer of rehab patients which will be part of their patient pathway.

**External Transfers**
This data only includes detained patient transfers both in and out of BCU facilities. The majority will be facilities in England and will also include any complex cases requiring specialist service. Those repatriated are returning to their home area or transferring in for specialised care.

The table details IN - where the patient has come from and their local area and OUT where the patient has gone to.
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.
**Chapter 4 – Mental Health.**

**Mental Health - Adult Graphs**

**Why we are where we are:** The MHLD 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

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.

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 & reporting. Thus, ensuring CNA & DNA are accurately and timely recorded.

3. MHM Lead(s) are supporting areas to increase focus and traction on specific issues and action plans. We have closer monitoring & scrutiny of referral activity which also informs the weekly targeted intervention meetings.

4. We have undertaken piloting TAG, hold weekend & additional clinics and have strongly focused on recruitment and workforce issues such as:
   - STR workers are now working through the interventions backlog
   - Secured additional funding for extra posts / recruitment ongoing
   - Clinical & Social care staff deployed to focus on areas performing below target

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.

### Outcomes

- Proactive management of caseload to ensure patients are seen as quickly as possible.
- Improved quality and safety.
- Correct & validated information ensuring Teams are timely informed and engaged and also Current and ongoing action can implement any remedial actions quickly.
- Correct & validated information. Teams timely informed and engaged.
- Skilled workforce deployed to improve activity and compliance and provide a community asset based approach which supports earlier intervention and GP based consultations.
- Developed and implemented action plans to improve performance against 80% target.

### Timeline

- Backlog and waiting list trajectory to clear March 2020
- The solution to target achievement is a complete service transformation which is currently been worked through via the strategy implementation.
- Compliance with part 1a and 1b profiled for April 2020
- The solution to target achievement is a complete service transformation for this identified group which is currently been worked through via the strategy implementation.
Chapter 4 – Mental Health

<table>
<thead>
<tr>
<th>Code</th>
<th>Measure Description</th>
<th>National Target</th>
<th>Plan Ref</th>
<th>Plan Target</th>
<th>Current Period</th>
<th>Actual</th>
<th>Status</th>
<th>Wales Benchmark</th>
<th>Same Period Last Year</th>
<th>Apr-19</th>
<th>May-19</th>
<th>Jun-19</th>
<th>Qtr 1 19/20</th>
<th>Jul-19</th>
<th>Aug-19</th>
<th>Sep-19</th>
<th>Qtr 2 19/20</th>
<th>Oct-19</th>
<th>Nov-19</th>
<th>Dec-19</th>
<th>Qtr 3 19/20</th>
<th>Jan-20</th>
<th>Feb-20</th>
<th>Mar-20</th>
<th>Qtr 4 19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>LM060b</td>
<td>The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (CAMHS)</td>
<td>&gt;&gt; 80%</td>
<td>AP027</td>
<td>&gt;&gt; 73%</td>
<td>Sep-19</td>
<td>85.56%</td>
<td>N/A</td>
<td>63.35%</td>
<td>80.15%</td>
<td>74.74%</td>
<td>78.00%</td>
<td>81.20%</td>
<td>75.60%</td>
<td>85.56%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LM061b</td>
<td>The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (CAMHS)</td>
<td>&gt;&gt; 80%</td>
<td>AP027</td>
<td>&gt;&gt; 73%</td>
<td>Sep-19</td>
<td>72.92%</td>
<td>N/A</td>
<td>36.00%</td>
<td>63.24%</td>
<td>58.14%</td>
<td>71.64%</td>
<td>76.00%</td>
<td>79.60%</td>
<td>72.92%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

CAMHS Graphs

Integrated Quality and Performance Report
Quality, Safety & Experience Committee Version

October 2019
<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recruitment of staff across teams following successful bid for Mental Health Service Improvement funding. All teams are currently going through the recruitment process.</td>
<td>Development of Early Intervention teams and enhancement of core service to deliver Part 1 targets</td>
<td>Staff in post February 2020</td>
</tr>
<tr>
<td>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.</td>
<td>CAMHs Practitioner based in each GP Cluster to provide support and advice to manage demand appropriately</td>
<td>Staff in post in March 2020</td>
</tr>
<tr>
<td>3. Progress the Parliamentary Review Transformation Programmes with our Local Authority partners which is focused on children and young people who are on the edge of care or looked after and meeting their needs.</td>
<td>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</td>
<td>Staff in post March 2020</td>
</tr>
<tr>
<td>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.</td>
<td>Clarity of Primary/Secondary Care thresholds/improved record keeping/improved communication with GPs/service specification clarity and consistency</td>
<td>Full action plan to be completed by March 2020</td>
</tr>
<tr>
<td>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.</td>
<td>Understanding of current demands levels and capacity available to meet, identifying any gaps/anticipated breaches</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Appendix 2

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

Section 4 Data for MHAC

<table>
<thead>
<tr>
<th>Month</th>
<th>Area</th>
<th>Time of 5(4)</th>
<th>OOH details</th>
<th>Time Dr Contacted</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
<td>Jan</td>
</tr>
<tr>
<td>2016/17</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2017/18</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2018/19</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Month</th>
<th>Area</th>
<th>Time of 5(4)</th>
<th>OOH details</th>
<th>Time Dr Contacted</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>West</td>
<td>17:20</td>
<td>Yes Weekend</td>
<td>17:30</td>
<td>S5(2)</td>
</tr>
<tr>
<td>August</td>
<td>Central</td>
<td>21:45</td>
<td>Yes Weekend</td>
<td>21:50</td>
<td>S5(2)</td>
</tr>
<tr>
<td>August</td>
<td>East</td>
<td>21:25</td>
<td>Yes Weekend</td>
<td>21:45</td>
<td>S5(2)</td>
</tr>
<tr>
<td>August</td>
<td>East</td>
<td>14:30</td>
<td>No Weekday</td>
<td>14:30</td>
<td>S5(2)</td>
</tr>
<tr>
<td>September</td>
<td>West</td>
<td>00:30</td>
<td>Yes Weekday</td>
<td>00:45</td>
<td>Discharged off 5(4)</td>
</tr>
<tr>
<td>September</td>
<td>Central</td>
<td>13:16</td>
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</table>
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.

<table>
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<tr>
<th>July 2019</th>
<th>West</th>
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<tr>
<td>Within Hours</td>
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<td></td>
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</tr>
<tr>
<td>AM/PM</td>
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<tr>
<td>Out of Hours</td>
<td>3</td>
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<td>1</td>
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<tr>
<td>AM/PM</td>
<td>1 x OOH</td>
<td>0</td>
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<tr>
<td>Out of Hours</td>
<td>1 x S2</td>
<td>3 x S2</td>
<td>2 x S2</td>
</tr>
<tr>
<td></td>
<td>2 x S3</td>
<td>3 x Informal</td>
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<tr>
<td></td>
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</tr>
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<td>AM/PM</td>
<td>1 x PM</td>
<td>4 x PM</td>
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<tr>
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<td>1 x PM</td>
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<tr>
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</table>
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.
### Cyfarfod a dyddiad:
**Meeting and date:**
Power of Discharge Sub-Committee  
20/12/19

### Cyhoeddus neu Breifat:
**Public or Private:**
Public

### Teitl yr Adroddiad
**Report Title:**
Review of Cycle of Business (COB) 2019/2020

### Cyfarwyddwr Cyfrifol:
**Responsible Director:**
Mr Andy Roach, Director of Mental Health & Learning Disabilities

### Awdur yr Adroddiad
**Report Author:**
Mrs Jody Evans, Corporate Governance Officer

### Craffu blaenorol:
**Prior Scrutiny:**
None

### Atodiadau
**Appendices:**
1. Power of Discharge Sub-Committee COB

### Argymhelliad / Recommendation:

**That:**
- The Sub-Committee review and approve the Cycle of Business.

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)

<table>
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<tr>
<th>Ar gyfer penderfyniad /cymeradwyedd For Decision/ Approval</th>
<th>Ar gyfer Trafodaeth For Discussion</th>
<th>Ar gyfer sicrwydd For Assurance</th>
<th>Er gwybodaeth For Information</th>
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### Sefyllfa / Situation:
This paper details the proposed Cycle of Business for the Power of Discharge Sub-Committee for the remainder of 2019 and through 2020.

### Cefndir / Background:
In order to comply with good governance, a Cycle of Business is maintained for each of the Board’s Committees

### Asesiad / Assessment & Analysis
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.
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