

Mental Health Legislation & Mental Capacity Act Committee

Tue 31 October 2023, 10:00 - 12:00


MS Teams

Agenda

10:00 - 10:10 1. Welcome & Introductions
10 min
Ceri Phillips

10:10 - 10:10 2. Apologies for Absence
0 min
Ceri Phillips

10:10 - 10:10 3. Declarations of Interest
0 min
Ceri Phillips

10:10 - 10:10 4. Minutes of the Meeting held on 1 August 2023
0 min
Ceri Phillips
 4. MHLMCA Minutes 01.08.23 NS CP.pdf (7 pages)

10:10 - 10:10 5. Action Log from the meeting held on 1 August 2023
0 min
Ceri Phillips
 5. Action Log 31.10.23.pdf (1 pages)

10:10 - 10:10 6. Chair’s Action taken since last meeting
0 min
Ceri Phillips

10:10 - 10:10 7. Any Other Urgent Business Agreed with the Chair
0 min
Ceri Phillips

10:10 - 10:25 8. Mental Capacity Act
15 min

8.1. Mental Capacity Act Monitoring Report and DoLS monitoring

15 minutes Rebecca Aylward

 8.1 MCA DOLS Jul - Sept.pdf (11 pages)

Saunders Nathan
27/10/2023 14:57:51

10:25 - 11:00
35 min

9. Mental Health Act

9.1. Mental Health Act Monitoring Exception Report

10 minutes Dan Crossland

- 📄 9.1 Mental Health Act Monitoring Exception Report October 2023.pdf (8 pages)
- 📄 9.1a Mental Health Act Monitoring Report July - September 2023.pdf (49 pages)

9.2. Feedback and Next Steps from the Community Mental Health Summit (verbal)

15 minutes Dan Crossland

9.3. Section 117 Supreme Court Ruling Implications

10 minutes Dan Crossland

- 📄 9.3 Supreme Court 117 Ruling for MHCB (002).pdf (3 pages)

11:00 - 11:20
20 min

10. Mental Health Measure

10.1. Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report

10 minutes Dan Crossland

- 📄 10.1 Mental Health Measure Oct 2023 AMS and CAMHS Draft.pdf (11 pages)

10.2. Development of a Recovery and Maintenance Protocol as part of a Part 1 Scheme under the Mental Health (Wales) Measure 2010

10 minutes Dan Crossland

11:20 - 11:25
5 min

11. Items to bring to the attention of the Committee for Noting / Information

11.1. Sub-Committee Meeting Minutes:

Jeff Champney Smith / Robert Kidd

- i) Hospital Managers Power of Discharge Sub Committee Minutes
- ii) Mental Health Legislation and Governance Group Minutes

- 📄 11.3a PoD Minutes October 2023.pdf (3 pages)
- 📄 11.3b MHLGG Minutes October 2023.pdf (9 pages)

11:25 - 11:25
0 min

12. Items for Approval Ratification

No Items for Approval

11:25 - 11:25
0 min

13. Any Other Business

Ceri Phillips

11:25 - 11:25

14. Review of the Meeting

0 min

Ceri Phillips

11:25 - 11:25

0 min

15. To note the date, time and venue of the next meeting:

Ceri Phillips

31st October 2023

Via MS Teams

Saunders,Nathan
27/10/2023 14:17:51

**Minutes of the Mental Health Legislation and Mental Capacity Act Committee
Held on 1 August 2023
Via MS Teams**

Chair:		
Ceri Phillips	CP	Committee Chair / University Health Board Vice Chair
Present:		
Sara Moseley	SM	Committee Vice Chair / Independent Member – Third Sector
Rhian Thomas	RT	Independent Member – Capital & Estates
In Attendance:		
Rebecca Aylward	RA	Deputy Executive Director of Nursing
Daniel Crossland	DC	Director of Operations - Mental Health
Becci Ingram	BI	General Manager Children, Young People & Family Health Services (CYPFS)
Robert Kidd	RK	Interim Clinical Director Psychology & Psychological Therapies
James Quance	JQ	Interim Director of Corporate Governance
Jason Roberts	JR	Executive Nurse Director
David Seward	DS	Mental Health Act Manager
Elizabeth Singer	ES	Deputy Chair of the Powers of Discharge sub-Committee
Observers:		
Urvisha Perez	UP	Audit Wales
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Jeff Champney-Smith	JCS	Chair, Powers of Discharge sub-Committee
Susan Elsmore	SE	Independent Member - Council
Neil Jones	NJ	Clinical Board Director – Mental Health
Jason Roberts	JR	Executive Nurse Director

Item No	Agenda Item	Action
MHLMCA 23/08/001	Welcome & Introductions The Committee Chair (CC) welcome everybody to the meeting in English and in Welsh.	
MHLMCA 23/08/002	Apologies for Absence Apologies for Absence were noted	
MHLMCA 23/08/003	Declarations of Interest No Declarations of Interest were noted.	
MHLMCA 23/08/004	Minutes of the Meeting held on 2 May 2023 The Minutes of the Meeting held on 2 May 2023 were received. The Committee Resolved that: a) The minutes of the meeting held on 2 May 2023 were agreed as a true and accurate record.	
MHLMCA 23/08/005	Action Log from the meeting held on 2 May 2023 The Action Log was received and discussed.	

	<p>The Committee Resolved that:</p> <p>a) The Action Log was noted.</p>	
MHLMCA 23/08/006	<p>Chair's Action taken since last meeting</p> <p>The Committee Resolved that:</p> <p>a) No Chair's Actions were taken since the last meeting.</p>	
MHLMCA 23/08/007	<p>Any Other Urgent Business Agreed with the Chair</p> <p>The Committee Resolved that:</p> <p>a) No other urgent business was agreed with the Chair.</p>	
MHLMCA 23/08/008	<p>Mental Capacity Act Monitoring Report and DoLS monitoring including: Workforce Requirements</p> <p>The Mental Capacity Act Monitoring Report and Deprivation of Liberty Safeguards (DoLS) monitoring including Workforce Requirements was received.</p> <p>The Deputy Executive Director of Nursing (DEND) advised the Committee that she would take the paper as read and that the report provided a general overview of the Mental Capacity Act and DoLS compliance as well as the workforce requirements to progress Deprivation of Liberty, which had been supported by Welsh Government (WG) funding until March 2024.</p> <p>Key points from the report were raised which included:</p> <ul style="list-style-type: none"> • Independent Mental Capacity Advocate (IMCA) Referrals which were noted to have decreased however, there had been some data reporting issues with the software used and the end-user leaving the Mental Health team. • Mental Capacity Training where good progress had been made, although low attendance rates on the day were observed, which was likely due to ongoing clinical pressures and staffing issues. • Additional training provision - Mental capacity and best interests training (Edge Training), which continued to be well received by staff, had been extended until September 2023. • Additional training provision - DoLS in Practice Training (Edge Training), which had been commissioned to help raise awareness around what amounted to a deprivation of liberty, in order to ensure that the Health Board was effectively safeguarding vulnerable patients and that staff were completing DoLS referrals where appropriate. • Deprivation of Liberty referrals where it was noted that there was a stable but increased number of applications. • The current workforce requirements to progress Deprivation of Liberty, which had been supported by WG funding until March 2024, with indications that this funding would continue into 2025 would cost a total of £266,000. • Consent to Examination and Treatment, where it was noted that the appointed part-time Consent Lead had recently taken up post and would begin to work with colleagues across the Health Board to raise awareness of the Consent to Examination and Treatment E-learning package and to encourage staff to utilise it as much as possible. <p>The CC asked if there had been a momentum shift between planning for Liberty Protection Safeguards (LPS) and the continuation of DoLS. The DEND responded that there had not been a shift in momentum because the energy and momentum had shifted to the DoLS element and noted that it was reassuring to hear that WG would match fund to progress with DoLS until 2025.</p>	

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	<p>The Independent Member – Third Sector (IMTS) asked if there was a condensed version the DoLS training that Committee members could view to help understand it. The DEND responded that there was and noted that it would be very helpful for the Committee to be sighted on the training, whilst noting that the whole training package, which lasted a full day, would not be useful for Committee members to attend.</p> <p>The Independent Member – Capital & Estates (IMCE) noted that the MSc module of the Assessing decision making capacity training had been popular with staff and asked if the impact that the learning programme had could be contextualised. The DEND responded that it was a really valuable module because it took individuals into the complex decision making required around mental capacity and noted that once the module was completed it meant that that person was an expert in that area, which was really valuable to the individual and the Health Board.</p> <p>She added that the funding was being supported by the money from WG and so the Health Board would not be able to sustain people going on that module but noted that the team were trying to get as many people through as possible.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report and the current compliance and actions with Mental Capacity Act and Deprivation of Liberty indicators were noted.</p>	
MHLMCA 23/08/009	<p>Hospital Managers Power of Discharge Sub Committee Annual Report</p> <p>The Hospital Managers Power of Discharge Sub Committee Annual Report was received.</p> <p>The Deputy Chair of the Powers of Discharge sub-Committee advised the Committee that she would take the report as read and noted that it gave the Power of Discharge Sub Committee an opportunity to bring to the attention of clinical staff issues that are highlighted during the hearing. The Annual Report provides a review of these issues. She added that the number of queries the Power of Discharge Sub Committee have around legislation and compliance was very low which would indicate a much better handle on the issues.</p> <p>The Committee resolved that:</p> <p>a) The Hospital Managers Power of Discharge Sub Committee Annual Report was noted.</p>	
MHLMCA 23/08/010	<p>Mental Health Act Monitoring Exception Report</p> <p>The Mental Health Act Monitoring Exception Report was received.</p> <p>The Mental Health Act Manager (MHAM) advised the Committee of the data for a number of areas within the Mental Health Act which included:</p> <ul style="list-style-type: none">Fundamentally defective applications where it was noted that during the quarter there was one fundamentally defective application and details were provided. Section 136 Accident & Emergency, where it was noted that there may be instances when treatment under a 136 was related to the mental disorder, but the patient was not fit for a mental health act assessment within the 24/36-hour period causing the 136 to lapse; for example, a patient could take an overdose which required admittance to A&E and so the “clock” would start at A&E. <p>The MHAM added that in all instances where the 136 had lapsed due to the patient not being fit for a mental health act assessment, a DATIX would be completed.</p> <ul style="list-style-type: none">Overall section 136 where it was noted that 80.4% of individuals assessed had not been admitted into hospital, 59.2% had been discharged to community services and 21.2% were discharged with no follow up appointment.	

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	<p>The MHAM added that the number of those under 18 assessed under section 136 had increased from 2 in the previous quarter to 12 in the current quarter, which had pushed up the overall 136 sections above the team's upper control limit.</p> <p>The IMTS noted that it was concerning to see the increase in 136 sections and noted that the Committee held the risk, while in terms of compliance there was something about how the Police needed to somehow share the risk with the Health Board.</p> <p>The Interim Clinical Director Psychology & Psychological Therapies (ICDPPT) advised the Committee that although the number of 136 sections had increased, the Health Board had not, importantly, breached its legal function under the Act.</p> <p>The Director of Operations - Mental Health (DOMH) added that there had been some issues around the Police triage and noted that the team had met with the Deputy Chief Constable to discuss issues and to provide information for links into the right care with the right person.</p> <p>He added that the Health Board had met with the other Health Boards in South Wales, South Wales Police and the Crisis Care Concordant and concluded that the Health Board had good communication between each team on the issues raised.</p> <ul style="list-style-type: none">• Mental Health Review Tribunal for Wales (MHRT) where it was noted that the MHRT had recently been in touch with the Health Board regarding the parking issues they had experienced when coming to Hafan Y Coed for face to face hearings and a response had been provided to the MHRT.• Development Sessions where it was noted that The Mental Health Act (MHA) office continued to run awareness sessions including a monthly MHA training day which was available to all staff within the Health Board, a monthly consent to treatment workshop and a quarterly rights and forensic workshop. <p>The Committee resolved that:</p> <p>a) The approach taken by the Mental Health Clinical Board to ensure compliance with the appropriate Mental Health legislation, as set out in the report was noted.</p>	
<p>MHLMCA 23/08/011</p>	<p>HIW MHA Inspection Reports</p> <p>The Health Inspectorate Wales (HIW) MHA Inspection Reports were received.</p> <p>The DOMH advised the Committee that since the previous report, 4 reports had been published for East12 ward and East16 ward at the University Hospital Llandough (UHL) and Ash Ward and Pine Ward at Hafan Y Coed.</p> <p>He added that the reports could be accessed online which outlined issues raised and actions to be taken as well as the positive feedback received around team working.</p> <p>The IMCE noted that it stated within the report that half of the staff members who completed the HIW online questionnaire disagreed that patient experience feedback was collected and that the organisation acted on concerns raised by patients.</p> <p>She asked how the leads were bringing the staff, as well as patients along with them to provide the improvements outlined within the report.</p> <p>The DOMH responded that a large amount of work had been undertaken subsequent to the report as well as leading up to it which included:</p>	

	<ul style="list-style-type: none"> • QR codes had been added to all ward so that staff and patients could access questionnaires and be able to upload images if required. • Investment in broad support of teams and the implementation of 2 Schwartz rounds facilitators and a Schwartz rounds coordinator who would report into Health Board Committees. • Use of third sector partners to work alongside patients on the ward to undertake surveys. <p>The CC asked the DOMH to convey the thanks of the Committee to all of the various teams within Mental Health.</p> <p>The Committee Resolved that:</p> <p>a) The HIW MHA Inspection Reports were noted.</p>	
MHLMCA 23/08/012	<p>Public Service Ombudsman Wales Reports</p> <p>The Public Service Ombudsman Wales Reports were received.</p> <p>The CC advised the Committee the covering report outlined the detail well.</p> <p>He added that out of the 20 cases detailed, 5 required attention which was indicative of the high performance of the various teams.</p> <p>The IMTS noted that 3 of the 4 themes identified were around access to various services and treatments and asked if there was any learning from that, as well as what communication was being provided to patients.</p> <p>The ICDPPT responded that he would look at the psychology directorate Quality & Safety meetings to look at the issues identified around access and would work with the DOMH and the Executive Nurse Director (END) to address that.</p> <p>The Committee Resolved that:</p> <p>a) The contents of the PSOW-Public Service Ombudsman for Wales Mental Health Clinical Board report were noted.</p>	
MHLMCA 23/08/013	<p>Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report.</p> <p>The Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report was received.</p> <p>The DDOMH advised the Committee that the report was separated into 4 parts and he would take the report as read.</p> <p>Part 1A – target: 28-day referral to assessment compliance target of 80% (Adult):</p> <p>It was noted that Q1 in 2023-24 showed a dip in activity which was one of the first periods of decline since the Covid-19 pandemic, which was largely due to highest number of referrals received in March 2023.</p> <p>The DOMH noted that the Clinical Board had anticipated a return to 100% compliance in July 2023 but it had been met June 2023.</p> <p>Part 1A – target: 28-day referral to assessment compliance target of 80% (Children & Young People)</p>	

The General Manager Children, Young People & Family Health Services (GMCYPFHS) advised the Committee that the same had been observed for Children & Young people with the highest number of referrals received in March 2023, but noted that levels had returned to normal with a compliance rate of above 80%

Part 1B – 28-day assessment to intervention compliance target of 80% (Adult); remained 100% compliant.

Part 1B – 28-day assessment to intervention compliance target of 80% (Children & Young People)

The GMCYPFHS advised the Committee that there were ongoing issues with the achievement of the Part 1B target, largely as a result of the volume of assessments which had been undertaken through the previous waiting list initiative where the focus had been on the external waiting list.

She added that there had also been an additional impact as a result of the significant increase in referrals for assessment in March 2023, with increased numbers requiring follow on intervention.

It was noted that a number of actions were being undertaken to improve the compliance rate which included but were not limited to:

- Working with PARIS and the clinical team to address data capture, recording and reporting quality
- Active sickness monitoring and wellbeing support to the team
- Ongoing capacity and demand monitoring
- Recruitment to vacant posts
- Active work on clinical pathways to ensure a clear model that allowed for clear capacity and demand planning
- Active monitoring of caseloads and support of the process of letting go through peer group
- Launch of an anxiety group in May 2023 which had provided an alternative intervention offer for a number of children and young people

Part 2 – Care and Treatment Planning (CTP) - Over 18.

The DOMH advised the Committee that compliance had proved challenging and that engagement with the Delivery Unit (DU) was ongoing.

Part 2 – Care and Treatment Planning (Children & Young People)

The GMCYPFHS noted that the same challenges had been observed in Children & Young People services in terms of engagement from patients within the process which was currently at 89%.

She added that actions to improve compliance against the target included:

- Staff training
- Development of improved data capture and reporting mechanisms through PARIS
- Engagement with Youth Board re: ensuring a child and young person friendly approach to the Care and Treatment Planning process.

Part 3 - Right to request an assessment by self –referral.

The DOMH advised the Committee that compliance had improved in May 2023 and allocation rates had increased.

Part 4 – Advocacy – standard to have access to an IMHA within 5 working days; remained 100% compliant.

	<p>The CC noted that the overall context was one of extreme pressure and noted the comparison with Aneurin Bevan University Health Board.</p> <p>The Committee Resolved that:</p> <p>a) The contents of the report were noted.</p>	
MHLMCA 23/08/014	<p>Corporate Risk Register</p> <p>The Corporate Risk Register (CRR) was received.</p> <p>The DCG advised the Committee that the report was for noting and that there was one extreme risk still being reported on the corporate risk register, which fell within the remit of the Committee with regards to discharge of patients from Mental Health services.</p> <p>The ICDPPT noted that there were operational pressures across South Wales with regard to appropriate beds for Young People and asked where the risk was located within the Health Board.</p> <p>The DOMH responded that Children in Adult placements was represented in the Mental Health Clinical Board Corporate Risk Register and noted the level of mitigation to put in place was one of the biggest issues in relation to risk.</p> <p>The Committee Resolved that:</p> <p>a) The Corporate Risk Register update was noted.</p>	
MHLMCA 23/08/015	<p>Sub-Committee Meeting Minutes:</p> <p>The Committee received copies of the Sub-Committees' meeting minutes:</p> <ul style="list-style-type: none"> • Mental Health Act Hospital Managers Power of Discharge Sub Committee – 11th July 2023. • Mental Health Legislation and Governance Group (MHLGG) – 13th July 2023. <p>The Committee Resolved that:</p> <p>a) The Sub-Committee Meeting Minutes were noted.</p>	
MHLMCA 23/08/016	<p>Any Other Business</p> <p>No further business was raised.</p>	
	<p>To note the date, time and venue of the next meeting:</p> <p>31st October 2023 Via MS Teams</p>	

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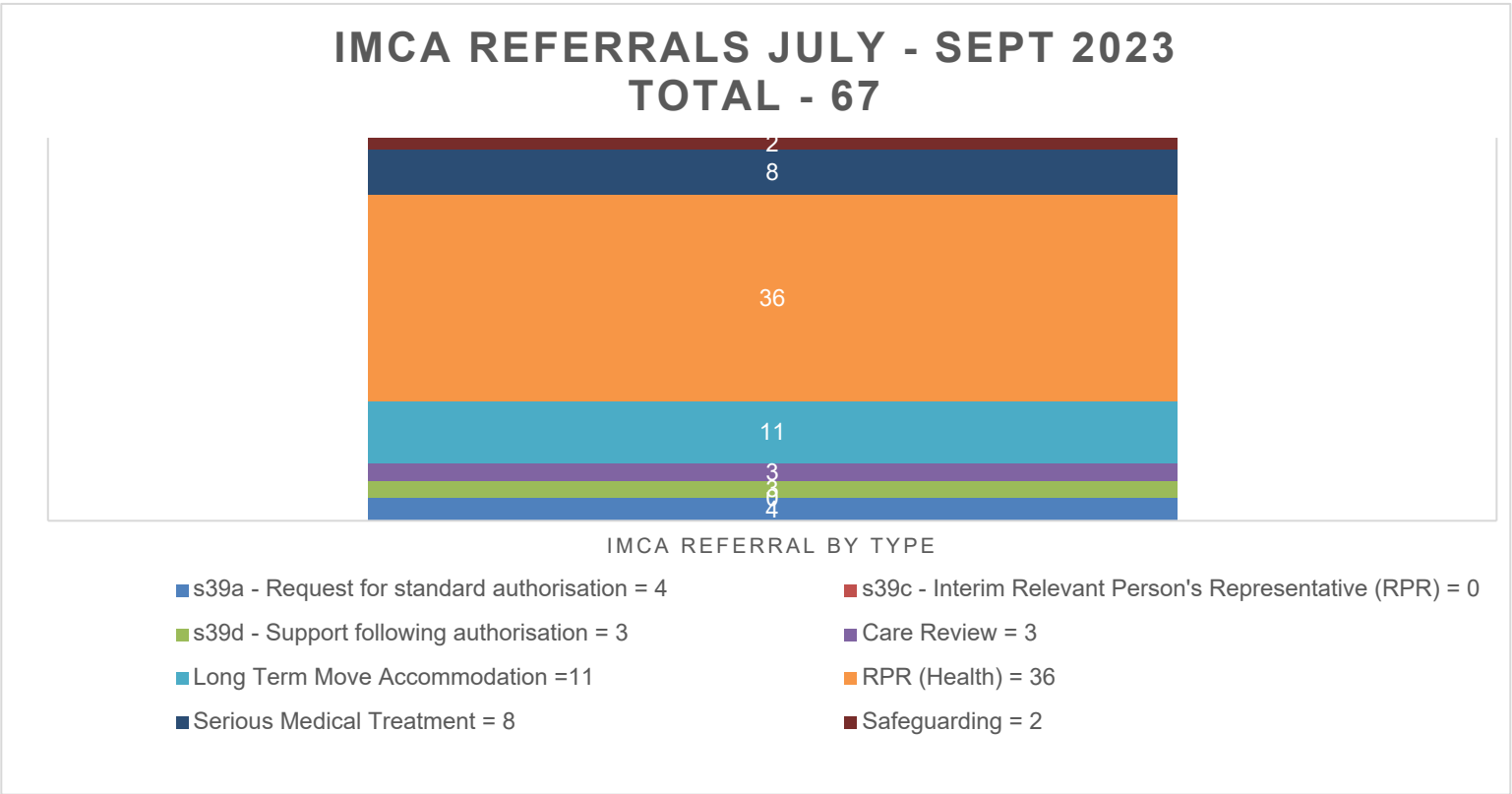
Action Log
Mental Health Legislation and Mental Capacity Act Committee – 1 August 2023
(Updated For 31 October 2023 Meeting).

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
ACTIONS COMPLETED					
MHLMCA 23/01/010	Mental Health Act Monitoring Exception Report	The Mental Health Act Manager to provide update on training on general wards at August Committee meeting.	01.08.2023	Daniel Crossland	COMPLETED Updated in August 2023 Agenda item 9.1
MHLMCA 23/05/009	Liberty Protection Safeguards Monitoring Report	Workforce requirements to be received by the Committee for Mental Capacity Act training on systems in place of the LPS	01.08.2023	Jason Roberts	COMPLETED Updated in August 2023 Agenda item 8.2
MHLMCA 23/05/011	HIW MHA Inspection Reports	HIW reports from Ash and Pine wards to be provided at the next meeting.	01.08.2023	Jason Roberts / Daniel Crossland	COMPLETED Updated in August 2023 Agenda item 9.3
Actions in Progress					
MHLMCA 23/05/010	Mental Health Act Monitoring Exception Report	Mental Health Act e-Learning module to be added to ESR as mandatory module once written.	31.10.2023	Jason Roberts / David Seward	Update in October 2023
MHLMCA 23/05/013	Draft Mental Health bill - Joint Committee Report	Update to be provided at a future meeting to include timescales on implementation of the draft Mental Health Bill	30.04.2024	Jason Roberts / David Seward	Update in April 2024
ACTIONS REFERRED TO COMMITTEES OF THE BOARD / OTHER					

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Report Title:	Mental Capacity Act (MCA) and DoLS monitoring			Agenda Item no.	8.1
Meeting:	Mental Health Legislation and Mental Capacity Act Committee	Public	x	Meeting Date:	31.10.2023
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	
Lead Executive:	Executive Nurse Director				
Report Author (Title):	Deputy Executive Nurse Director				
Main Report					
Background and current situation:					
<p>The purpose of this report is to provide a general update on current issues relating to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.</p> <p>The MCA indicators provide a level of detail on the number and type of IMCA referrals along with an overview of Mental Capacity Act training compliance across the UHB. As previously, there is additional information contained within this report relating to the further training being provided with the use of additional Welsh Government funding.</p> <p>The report also contains detail in relation to the progress made following the appointment of the MCA Practitioners.</p> <p>The DoLS indicators provide an overview of the last year's applications and assessments.</p> <p>In addition, this report provides information relating to the Consent agenda.</p> <p>Further to the UK Government's announcement regarding the indefinite delay of the LPS, we will continue to focus on promoting awareness and understanding of the MCA in practice and look at how we can strengthen and improve our current DoLS processes going forward.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
<p>Mental Capacity Act Monitoring actions:</p> <ul style="list-style-type: none">▪ Mental Capacity IMCA Referral type					

The MCA Indicators outline the breakdown of IMCA referrals for the period from July – Sept 2023. Referral rates are noted to have increased this quarter. The number of RPR referrals has slightly increased this quarter from 32 last quarter to 36 referrals this quarter. Referrals for Serious Medical Treatment have remained at a similar level to previous quarter.



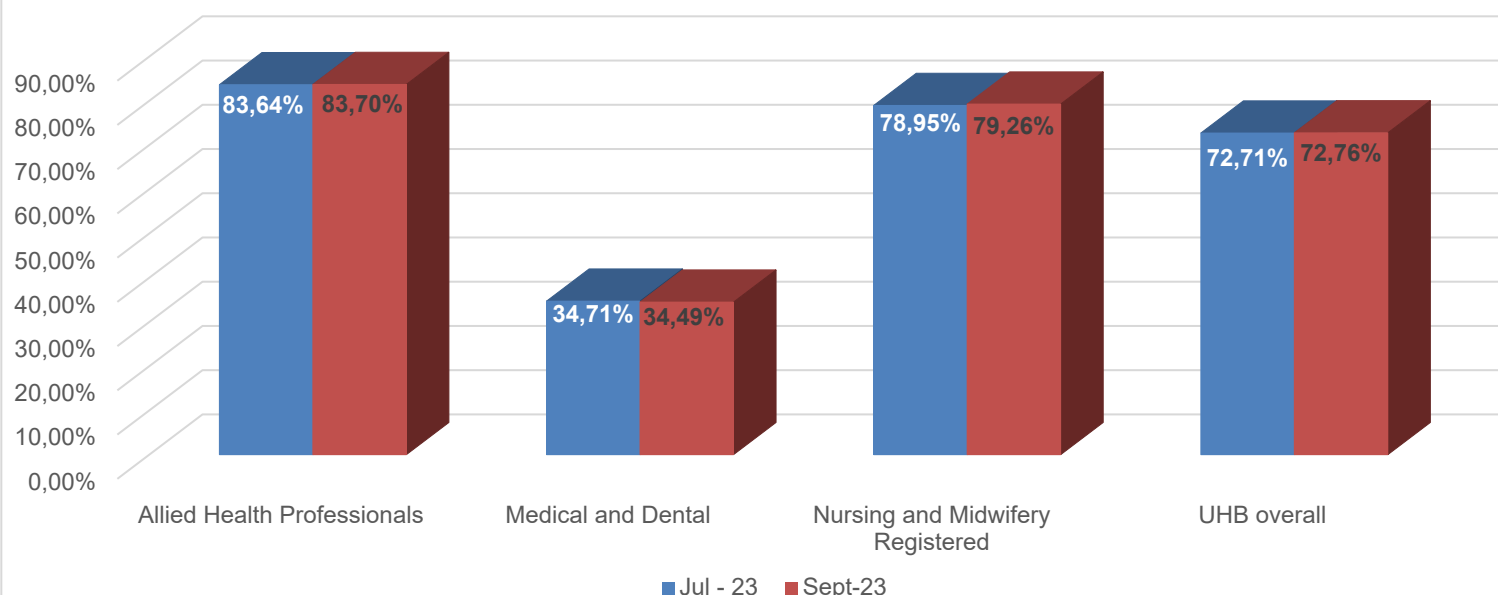
▪ **Mental Capacity Training**

The following graph demonstrates overall compliance by staff group, with a comparison of July 2023 and August 2023 to outline progress since the last report.

Whilst booking rates have increased in recent months, attendance rates are variable on the day, which is likely due to ongoing clinical pressures and staffing issues.

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MCA Level 2 training Comparison of compliance for Jul 2023 & Sept 2023



▪ Additional training provision

Mental Capacity and Best Interests Training (Edge Training)

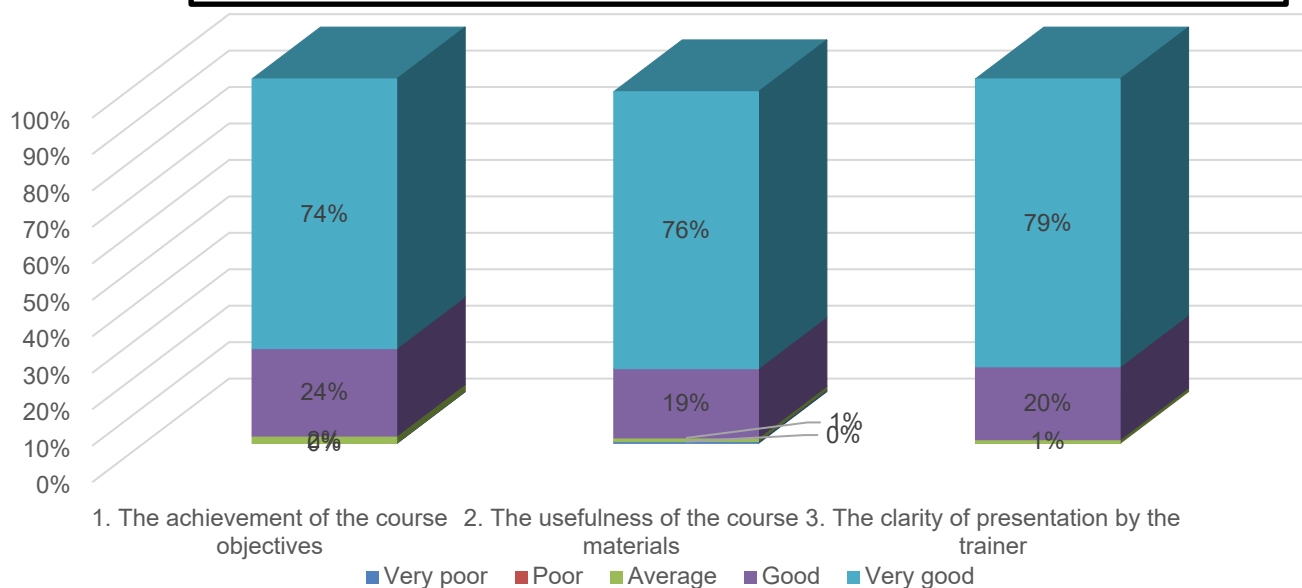
This training continues to be well received by staff and was extended until September 2023. It is anticipated that further sessions will be made available during the next quarter

The table below provides data relating to feedback on its perceived quality and usefulness. Attendance rates during the later sessions in April were lower than hoped and appear to have been impacted by some more senior staff being required to cancel at short notice to co-ordinate preparations for the nursing industrial action but attendance figures have now recovered.

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Mental Capacity & Best Interest Edge Training Participant Survey

Total attended to-date = 700



DoLS in Practice Training (Edge Training)

This training has recently been commissioned in order to help raise awareness around what amounts to a deprivation of liberty in order to ensure that we are effectively safeguarding our vulnerable patients and staff are completing DoLS referrals where appropriate.

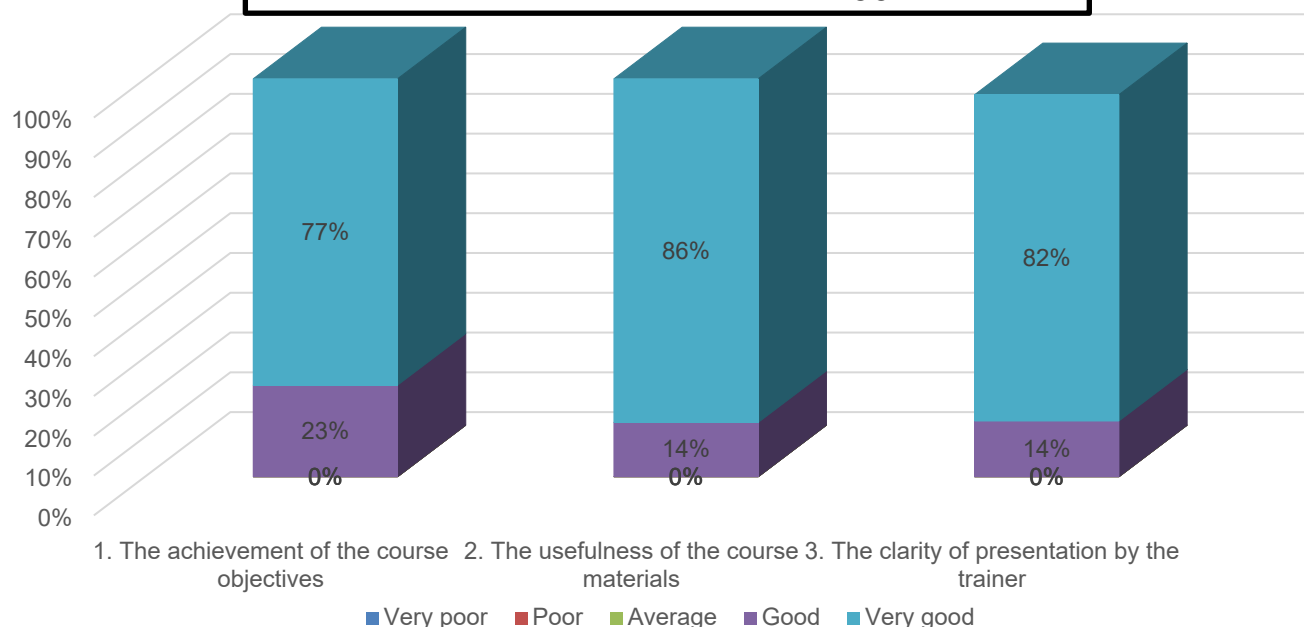
All three sessions have now been held. We also commissioned a session in July specifically for those working with children and young people, in light of the fact that staff in these areas may not be confident in identifying when a deprivation of liberty is occurring.

Feedback from the first session is outlined in the table below:

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DoLs in Practice Edge Training Participant Survey

Total attended to-date = 53



Assessing Decision Making Capacity MSc module

Ten UHB staff have now undertaken the Level 7 MSc module 'Assessing Decision Making Capacity'. Evaluation forms will be circulated to those who have recently undertaken the module at the end of term. This academic year has seen five further members of staff commence the module, response to the expression of interest remains positive and a waiting list developed for the next module.

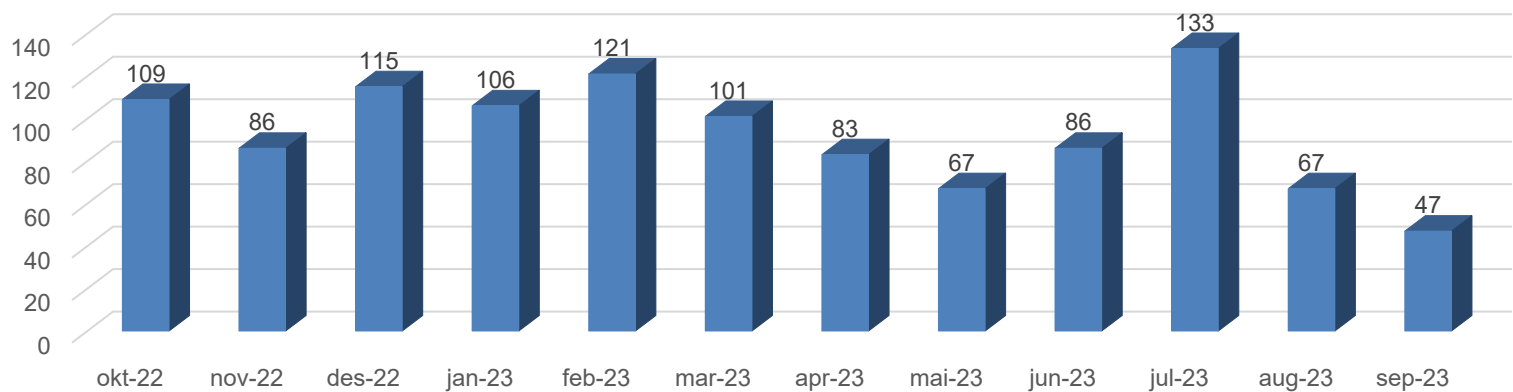
▪ Deprivation of Liberty Safeguards Monitoring actions:

Quarterly overview from July 2023 - Sept 2023

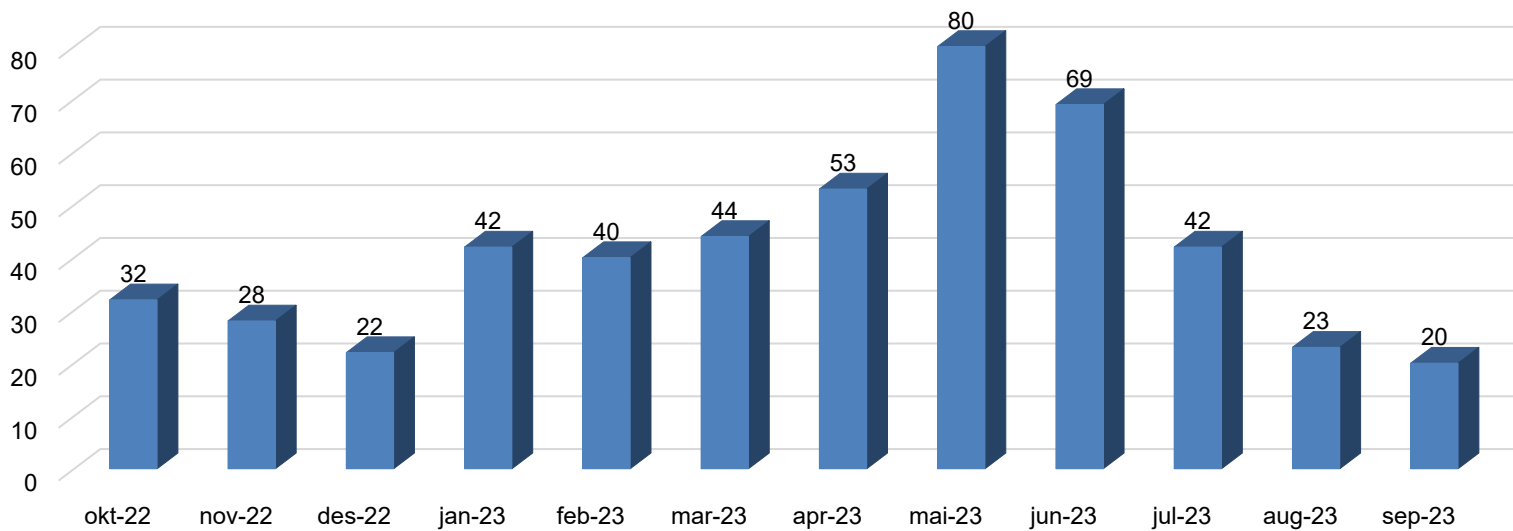
The below charts provide an overview of the last quarter (data provided by DoLs Team, Vale Local Authority).

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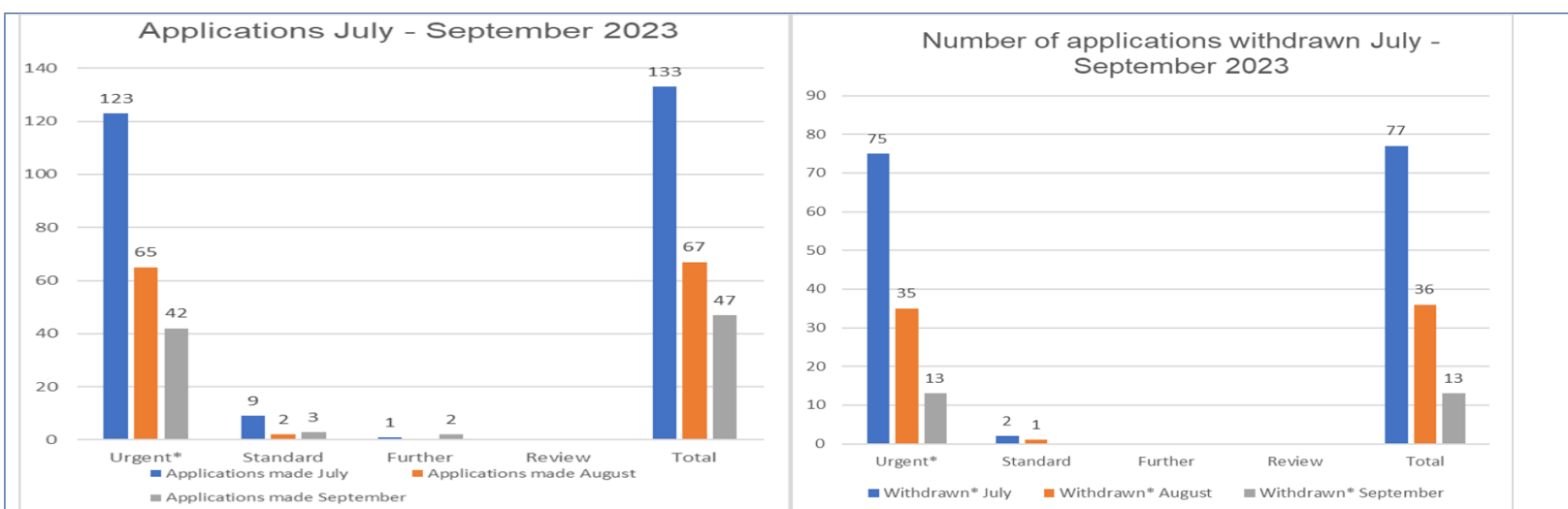
Number of **applications** by month
Oct 22 - Sept 23
Total - 1121



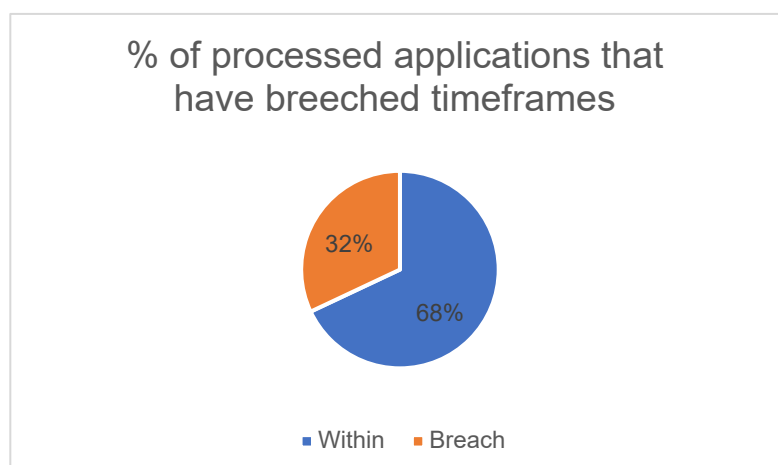
Number **assessed** by month
Oct 22- Sept 23
Total - 495



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The table below demonstrates 68% of applications were within the timeframe and 32% have breached for the last quarter (July – Sept 2023). This is an improvement upon Apr – Jun 2023 figures, when 36% of applications breached.



As mentioned in previous papers, breaches continue to occur due to insufficient resources to complete the assessments within the required timeframe. Whilst the agreed additional funding continues to have a positive effect, there still appears to be continued room for improvement.

Collaborative workshops have been held, which identified opportunities to improve the current process whilst recognising the growing demand on the service. As a result, a schedule of work has been agreed which will include:

- Development of a memorandum of understanding between the DOLs consortia members i.e., Health Board, Cardiff Local Authority and Vale Local Authority.

- Immediate review of re - assessment requirement e.g., if a patient is transferred to another ward
- Scoping of a digital system to provide an agreed dataset.
- Implementation of an alert system for standard authorisation delays to prevent the unlawful deprivation of patient's liberty.

The table below provides the details of the current workforce requirements to progress Deprivation of Liberty, which has been supported by WG funding until March 2024, with indications that this funding will continue into 2025.

Staffing costs	
1.0 MCA Senior Nurse/Project lead (Including maternity cover)	52,425
1.0 Safeguarding Nurse Advisor/MCA Practitioner (6 months)	26,175
1.0 Team Administrator 1.0	28,568
0.4 Data Informatics Lead (6 months)	14,203
2.0 MCA Practitioners	87,129
DoLS costs	
Increased assessment capacity	50,000
Reporting and monitoring	7,500
Total	266,000

Two Mental Capacity Specialist Practitioners are now in post and progressing a comprehensive work programme which will include:

- Development of a 7-minute briefing to be delivered to ward teams and MDTs, providing them with an overview of MCA to be reinforced by mandatory training and other training provision
- Review and update of existing monthly training content to include focus on practical application of the MCA and practicable steps for patient support
- Updated MCA page on CAVWEB to direct to training available and supporting resources
- Scoping audit to establish a baseline of knowledge and training needs across all hospital and community sites. The detailed result will be shared with Safeguarding Steering Group
- Development of training strategy based of evidence as outlined above
- Development of feedback mechanism for monthly training

Consent to Examination and Treatment

The Welsh Risk Pool's (WRP) All Wales Consent Group have recently launched a Consent to Examination and Treatment E-learning package which is available to staff across Wales through ESR. The WRP have been clear that although this training will not be mandated at this stage, it is important that the UHB raise awareness of the training package and encourage staff to utilise it as much as possible, with the aim being that clinical staff undertake the training at least once in each relevant professional revalidation cycle.

The WRP will be monitoring uptake of it through ESR to see how well it is being adopted across Welsh UHBs and it is expected that it is widely used in order to demonstrate our commitment to strengthening consent practices as a UHB and reducing the risk of concerns and costly litigation.

The Health Board has very recently appointed a part time Consent Lead who will support Education and Training. The All-Wales Consent and Treatment Group has asked all Health Boards to undertake a peer review by senior clinicians in the following areas between 1st September 2023 and 31st December 2023

- Surgery and its sub specialities
- Interventional cardiology and radiology
- Dermatology
- Obstetrics and Gynaecology

The results will inform the All-Wales Consent and Treatment Group, Welsh Risk Pool and UHB identify further actions which need to be undertaken to maintain/improve compliance of the current Consent process across Wales

The work programme of the Consent Lead will include:

- Update and review All Wales Consent to Examination and Treatment policy
- Implement written guidance relating to the development of specific patient consent forms
- Encourage the use of the EIDO leaflets where available and ensure documentation of use
- Develop a formal process for the development and approval of local patient information leaflets
- Develop database of patient information leaflets in use within the UHB
- Introduce Consent as standing item on Directorate Quality & Safety agendas
- Establish a UHB Consent group to discuss relevant issues consent process and to update and feed into individual clinical boards and UHB

Recommendation:

The Mental Health and Capacity Legislation Committee is requested to **NOTE** the contents of the report and the current compliance and actions with Mental Capacity Act and Deprivation of Liberty indicators.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation, and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Pre ven tion		Long term		Integration	✓	Collaboration	✓	Involvement	
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes
Risk of Non-compliance to the Mental Capacity Amendment Act 2019

Safety: No

Financial: No

Workforce: Yes
Risk of inability to recruit to posts

Legal: Yes
Risk of Non-compliance to the Mental Capacity Amendment Act 2019

Reputational: Yes
Risk of Non-compliance to the Mental Capacity Amendment Act 2019

Socio Economic: No

Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Executive	Date:

Saunders Nathan
27/10/2023 14:17:51

Report Title:	Mental Health Act Monitoring Exception Report			Agenda Item no.	9.1
Meeting:	Mental Health Legislation and Mental Capacity Act Committee	Public	X	Meeting Date:	31 October 2023
		Private			
Status (please tick one only):	Assurance	X	Approval	Information	
Lead Executive:	Interim Chief Operating Officer				
Report Author (Title):	Mental Health Clinical Board Director of Operations				

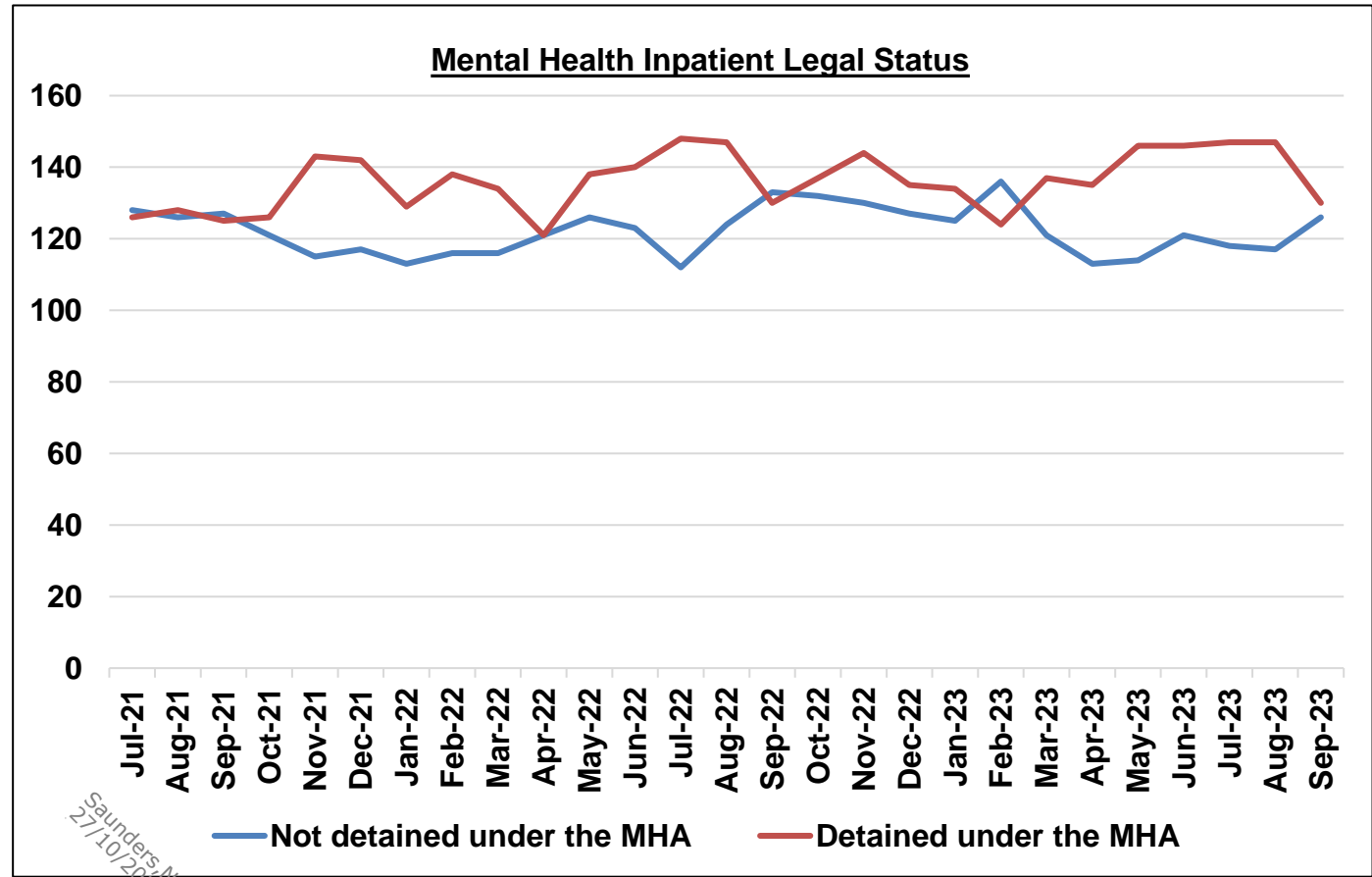
Main Report

Background and current situation:

This report provides the Committee with further information relating to wider issues of the Mental Health Act (MHA). Any exceptions highlighted in the MHA Monitoring report are intended to raise the Committee’s awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained by Cardiff and Vale University Health Board and those subject to a community treatment order is only as the MHA allows.

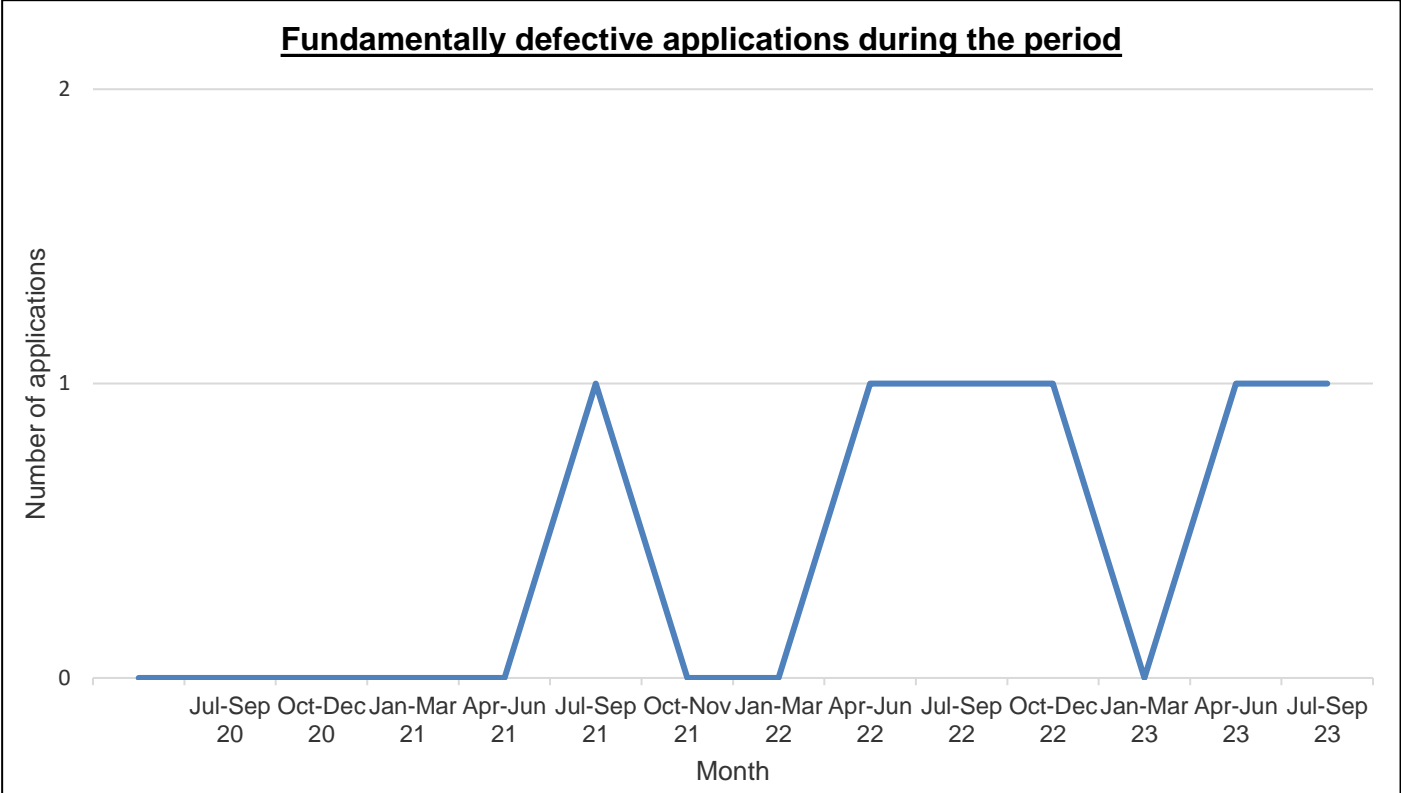
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Use of the MHA



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Fundamentally defective applications



During the quarter there was one fundamentally defective application.

P was assessed in the community, detained under Section 2 and transferred straight to Hafan Y Coed. Unfortunately, the AMHP had made the application to UHW and we were unable to contact them in order for a new application to be completed. As the application had been made out to the incorrect hospital, we were unable to hold P and advised the ward that the application was fundamentally defective and P would need to be told they were now informal. A new application was completed 3 days later.

Fundamentally defective report

During the quarter there were three fundamentally defective reports.

P was on a ward in UHW and a doctor scanned a copy of a Section 5(2) they had completed to the shift coordinator out of hours in order for them to formally accept the paperwork however, the doctor hadn't put any reasons as to why informal treatment was no longer appropriate and why a MHA assessment was needed. The shift coordinator did try to get hold of the doctor for the reasons to be added but they couldn't make contact. The ward was informed that P wasn't being held on a Section 5(2) and if they felt one was necessary, they would need to contact a doctor to complete one.

P was on a ward in HYC and a doctor completed a Section 5(2) out of hours however, they made the report out to UHW which unfortunately wasn't picked up by the shift coordinator when they formally accepted it but was picked up when the MHAO processed the paperwork that day. The ward was informed that P wasn't being held on a Section 5(2) and if they felt one was necessary, they would need to contact a doctor to complete one.

P was on a ward in UHW and a doctor completed a Section 5(2) however, various errors were found on the form

- An English form had been completed instead of a Welsh form
- No hospital named on the form
- The doctor had only put one of their names rather than their full name
- No reasons given as to why informal treatment was no longer appropriate and why a MHA assessment was needed
- The doctor had dated the form the 2nd when it was the 7th

The form was sent to the shift coordinator to formally accept and they tried to contact the ward to inform them it couldn't be accepted due to the errors but they were unable to get through. The next day the MHAO got through to the ward and they were informed that P wasn't being held on a Section 5(2) and if they felt one was necessary, they would need to contact a doctor to complete one.

Section 136 A&E

There could be instances when treatment under a 136 is related to the mental disorder but the patient is not fit for a mental health act assessment within the 24/36-hour period causing the 136 to lapse, for example,

Patient has taken an overdose which is related to their mental disorder. Needs to go to A&E for physical treatment, therefore the clock starts ticking when they arrive in A&E. Patient receiving physical treatment beyond the 24/36-hour period. 136 has lapsed with no mental health act assessment.

In all instances where the 136 has lapsed due to the patient not being fit for a mental health act assessment, a DATIX will be completed.

Section 136

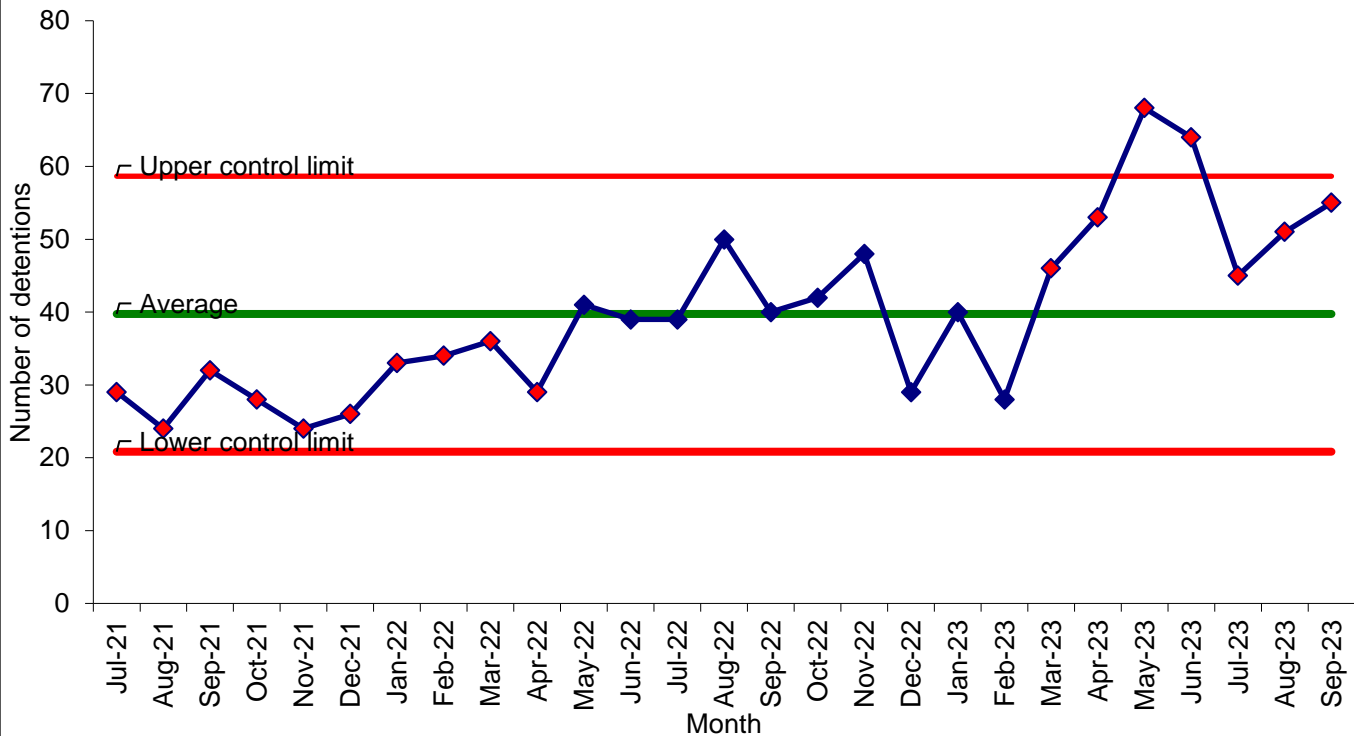
During the period, the use of section 136 has decreased.

It was noted that 83.5% of individuals assessed were not admitted to hospital, with 60.3% being discharged to community services and 23.2% were discharged with no follow up. Overall during the period 13.9% of patients were admitted to hospital following a 136 assessment which is lower than the previous quarter at 19.0%. Three patient's 136 lapsed with no assessment taking place and there was one invalid use of a 136.

Period	% not admitted to hospital
July – September 2023	83.5%
April – June 2023	80.4%
January – March 2023	71.1%
October – December 2022	73.9%
July – September 2022	69.0%
April – June 2022	71.5%
January – March 2022	63.4%
October – December 2021	68.0%
July – September 2021	74.1%

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Saunders, Nathan

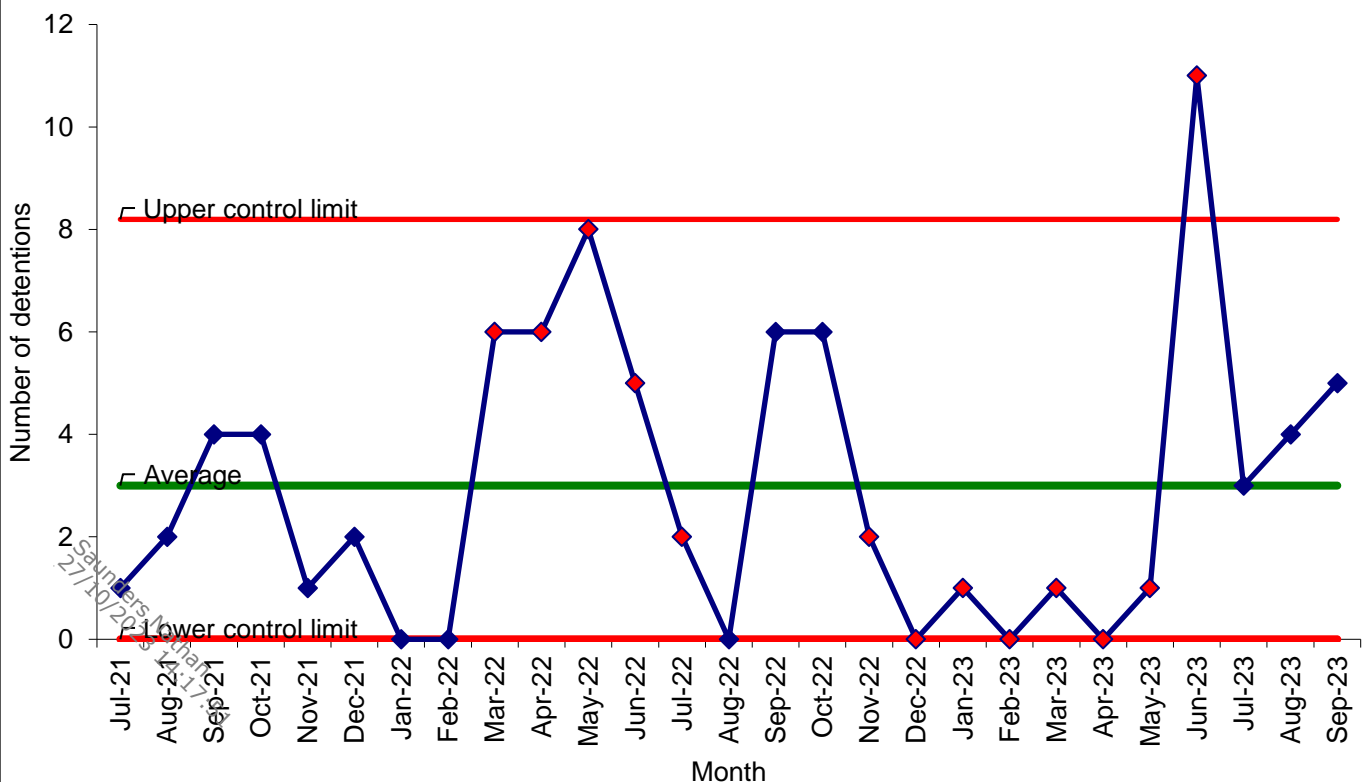
Use of Section 136 where the assessment took place in hospital



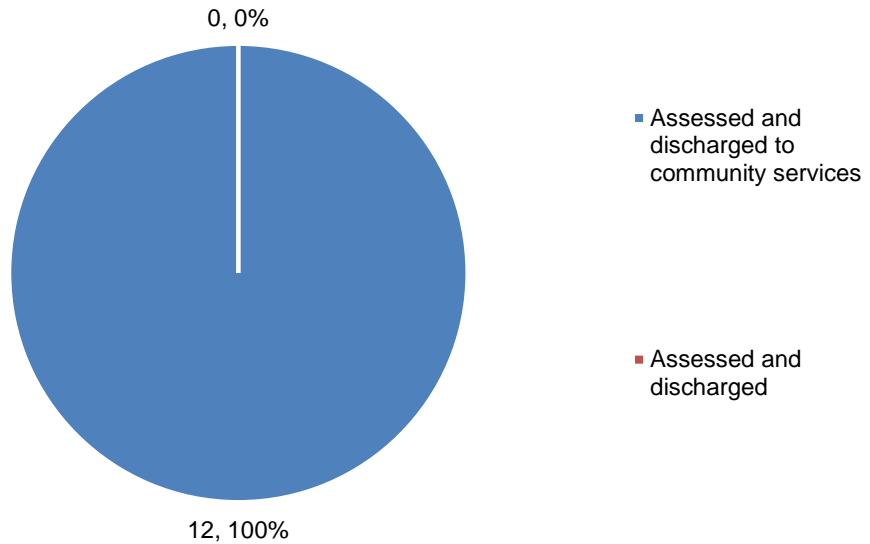
Section 136 - CAMHS

The number of those under 18 assessed under section 136 has remained at 12 which is the same as the previous quarter. Nine of these were repeat presentations.

Use of Section 136 where the person is under the age of 18 years old



Outcome CAMHS Section 136 assessments



Mental Health Review Tribunal for Wales (MHRT)

The MHRT have recently been in touch regarding the parking issues they have experienced when coming to Hafan Y Coed for face to face hearings. It was discussed with the MHCB and a response has been provided to the MHRT but it has since been escalated to the Executive Team.

New observation guidance and application form was issued by the MHRT in July which sets out a clearer explanation of the rules and criteria that needs to be met for observers to be authorised. Timescales of when requests should be received were also included within the guidance.

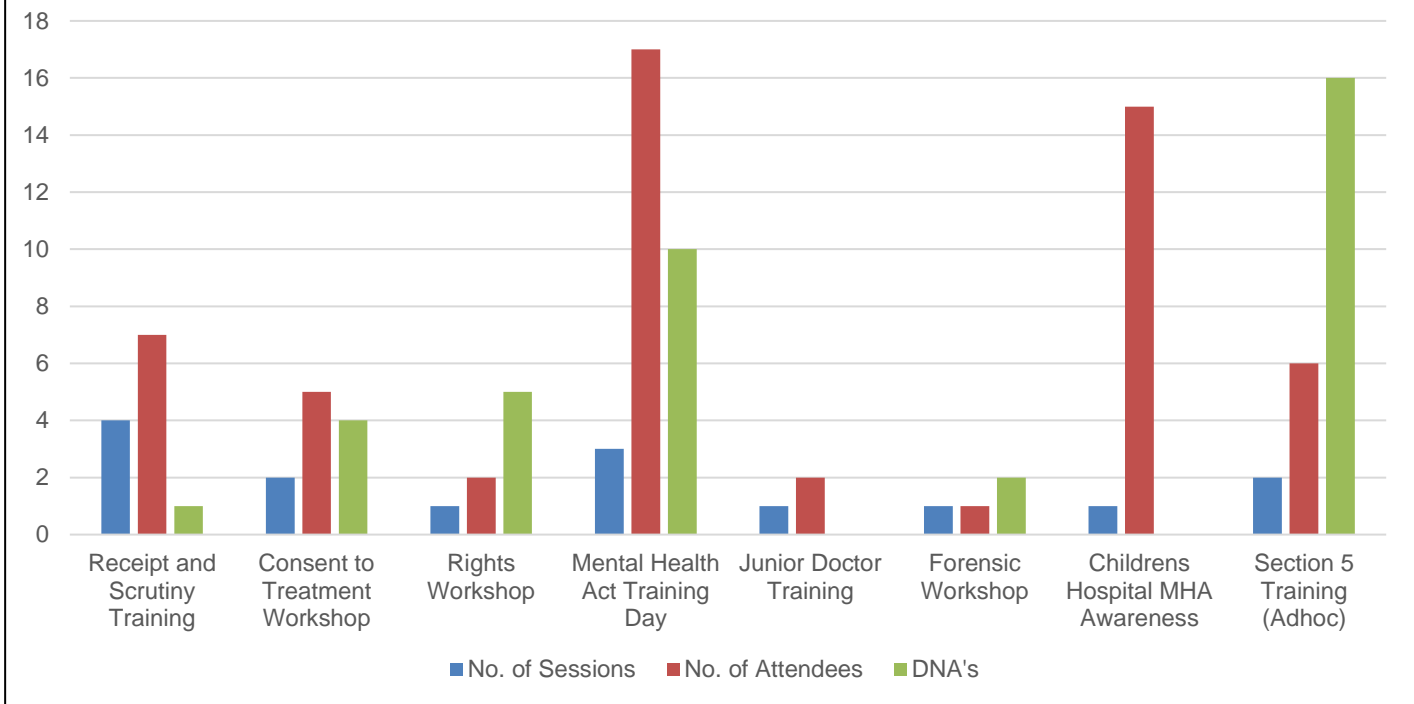
The MHRT have recently issued a statement advising they will no longer produce a list of accredited mental health solicitors to send out, something which they have been doing for many years and now expect MHA administrators to take on another extra task.

Development Sessions

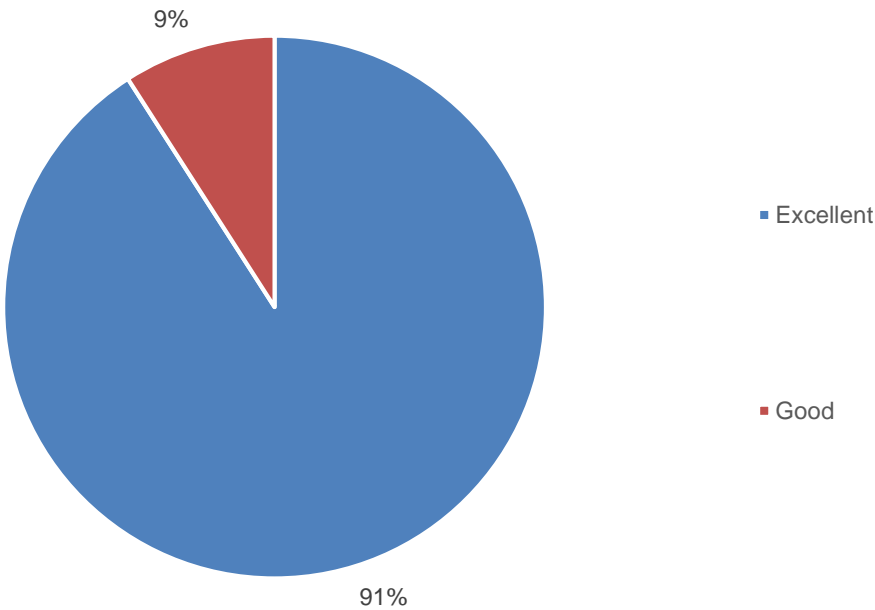
The MHA office continues to run awareness sessions including a monthly MHA training day which is available to all staff within the Health Board, a monthly consent to treatment workshop and a quarterly rights and forensic workshop. We also run receipt and scrutiny training for all shift coordinators and we continue to support the Nurse Foundation Programme and Junior Doctor's Inductions with MHA training. This quarter we have delivered a bespoke training session for the Childrens Hospital staff and HYC rehab staff.

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Training Session July - September 2023



Training Feedback July - September 2023



Audits

The MHA office continue to audit all the wards and CMHT's within the UHB. This is to ensure compliance with the MHA and best practices are maintained. If any issues are found during the audit we will follow up with an e-mail to the ward manager and/or responsible clinician confirming what is needed to rectify the issue and re-audit within 4-6 weeks.

The Mental Health Clinical Board continues to take the following approach:

Fundamentally defective applications

Continue to ensure effective communication between the Local Authority and the UHB and promote MHA training across the UHB.

Fundamentally defective reports

Continue to ensure effective communication across the UHB and promote MHA training.

Invalid use of the MHA

Continue to ensure effective communication between the Local Authority and the UHB and promote MHA training across the UHB.

Section 136

Continue to monitor with colleagues in South Wales Police and ensure any incidents related to an assessment not being completed within the 24/36-hour period due to physical health issues are reported accordingly.

Section 136 – CAMHS

Continue to monitor and report accordingly ensuring that at least one of the people involved in the child's formal assessment (i.e. one of the two registered medical practitioners or the approved mental health professional) is an experienced specialist CAMHS practitioner wherever possible.

Mental Health Review Tribunal

Continue to work with the MHRT for Wales to find suitable resolutions to any issues, to ensure that appropriate action is taken to protect the patients' right to a fair hearing and ensure any incidents are reported accordingly.

Development sessions

Continue to develop a robust training rota to ensure that development sessions in relation to all areas of the MHA are available and easily accessible. This will be provided by creating an MHA e-learning module.

Audits

Continue to audit wards and CMHT's, while providing support and guidance on maintaining compliance with the MHA and best practices.

Recommendation:

The Committee is requested to:

- a) NOTE the approach taken by the Mental Health Clinical Board to ensure compliance with the appropriate Mental Health legislation, as set out in the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X

4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

No

Safety: Yes/No

Yes – there is a potential risk that if a 136 lapses with no assessment being completed the patient will be allowed to leave and could harm themselves or others.

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

Yes – communication between the UHB, Local Authority and South Wales Police needs to continue to be monitored to ensure all risks regarding detaining someone without authority are mitigated.

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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27/10/2023 14:17:51



NHS
WALES
GIG
CYMRU

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

**Report to the
Mental Health Legislation and Mental Capacity Act Committee
on the use of The Mental Health Act, 1983**

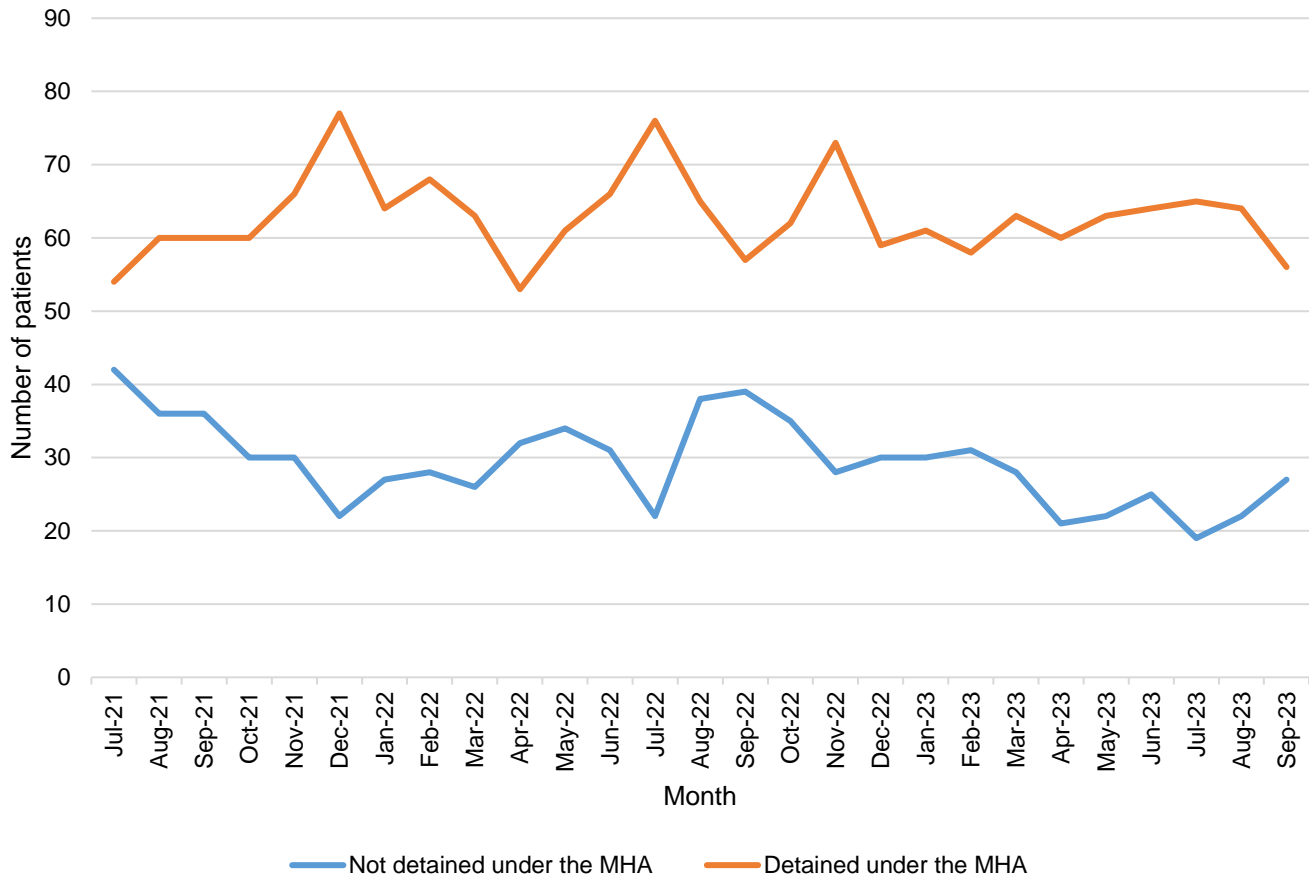
July- September 2023

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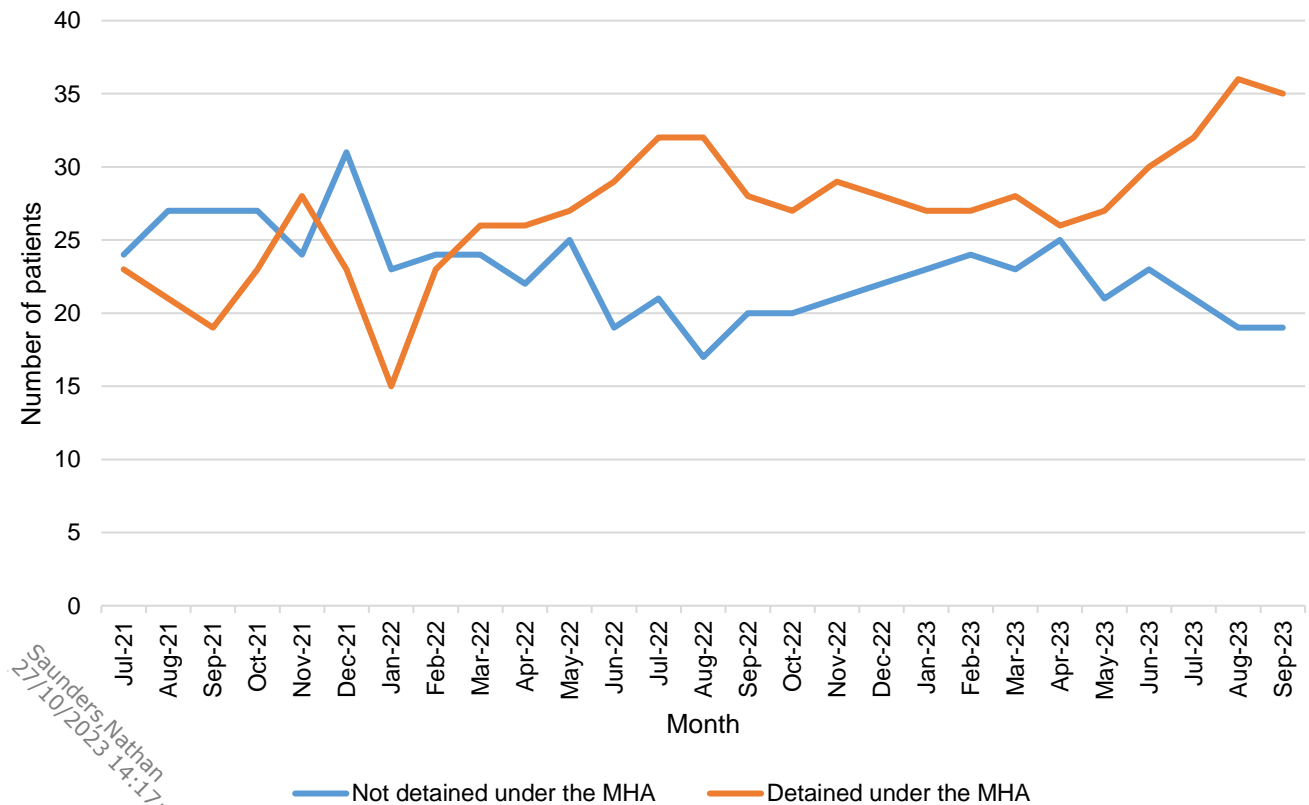
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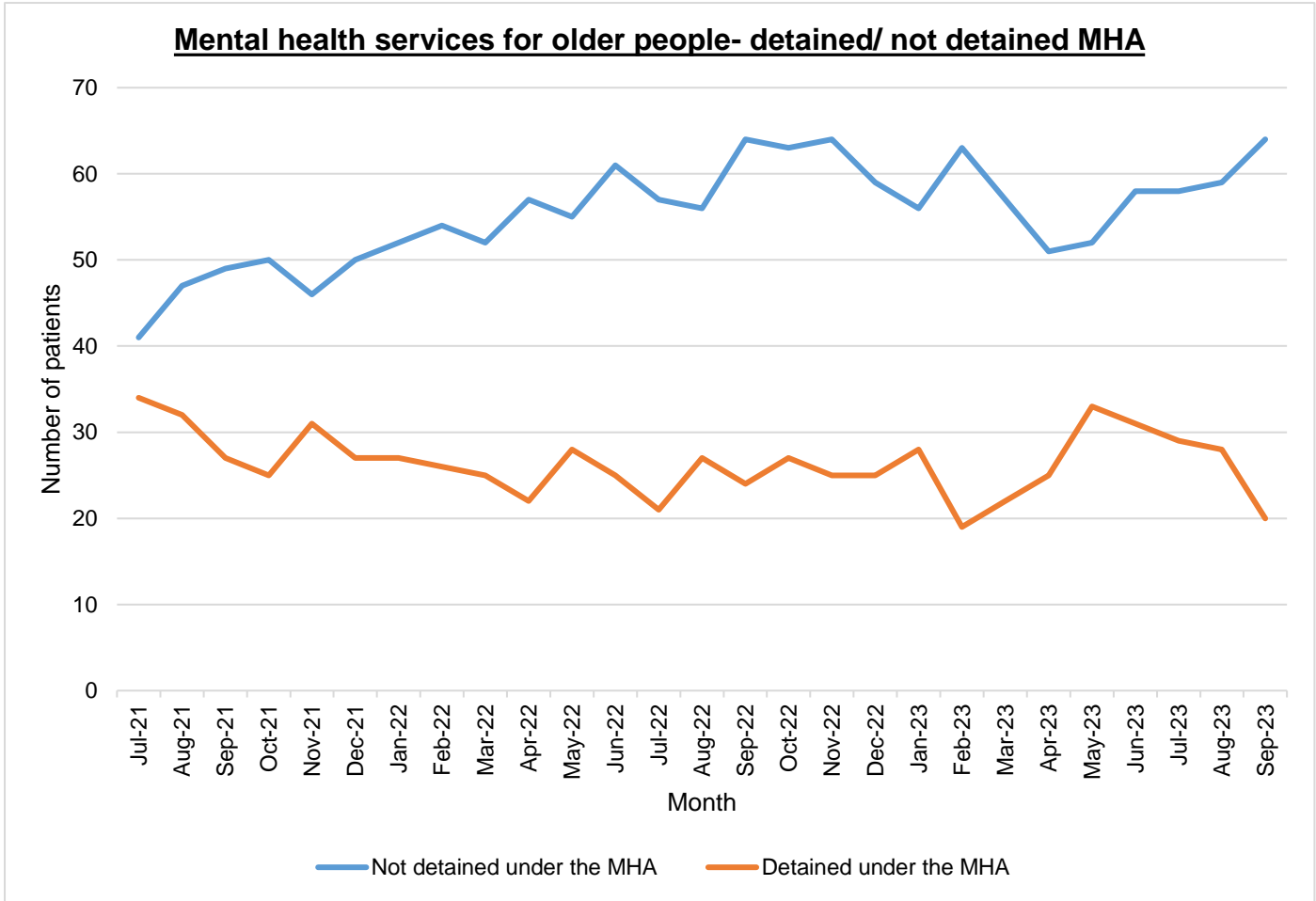
Adult Acute- detained/ not detained MHA



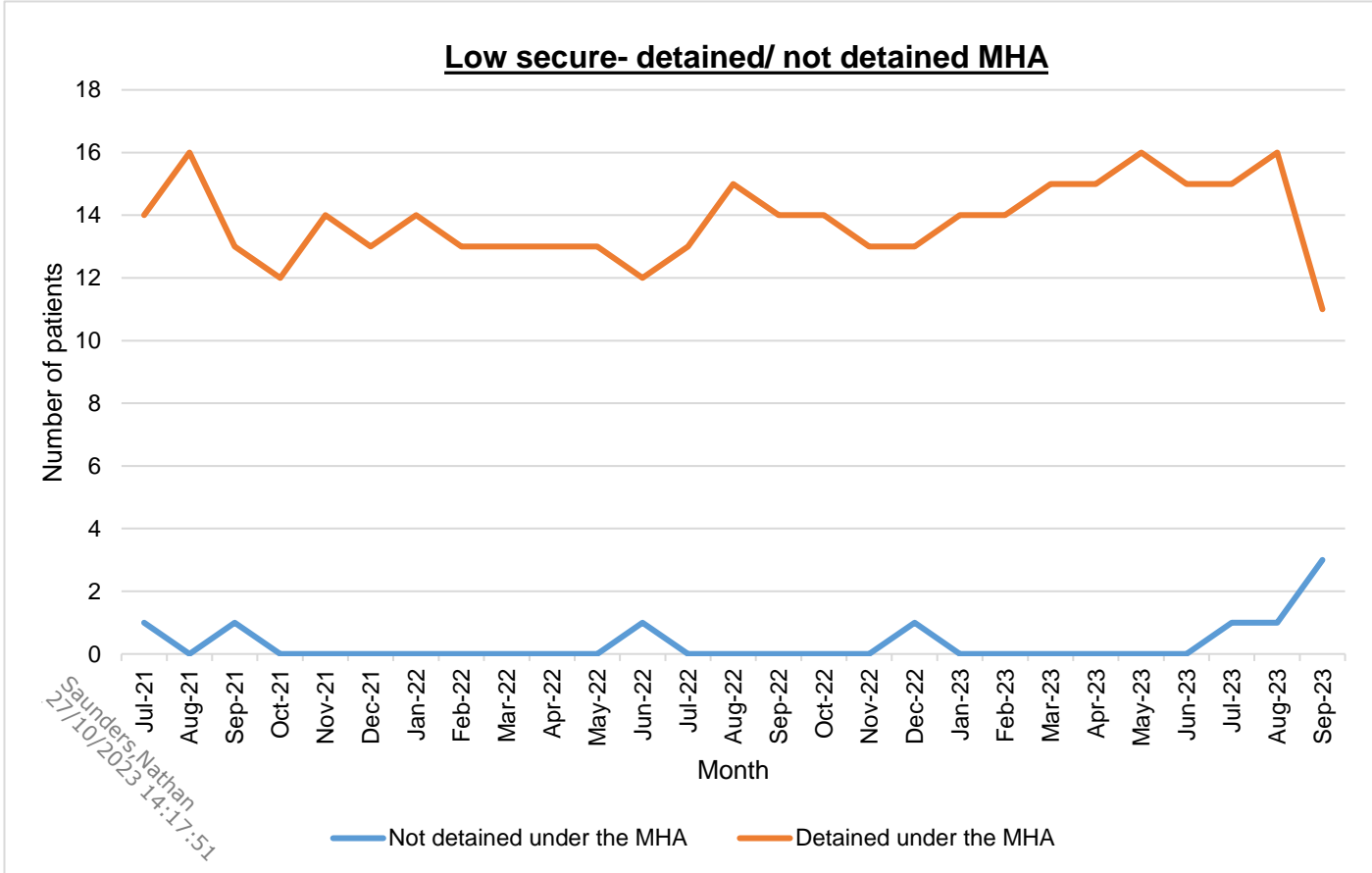
Rehabilitation- detained/ not detained MHA



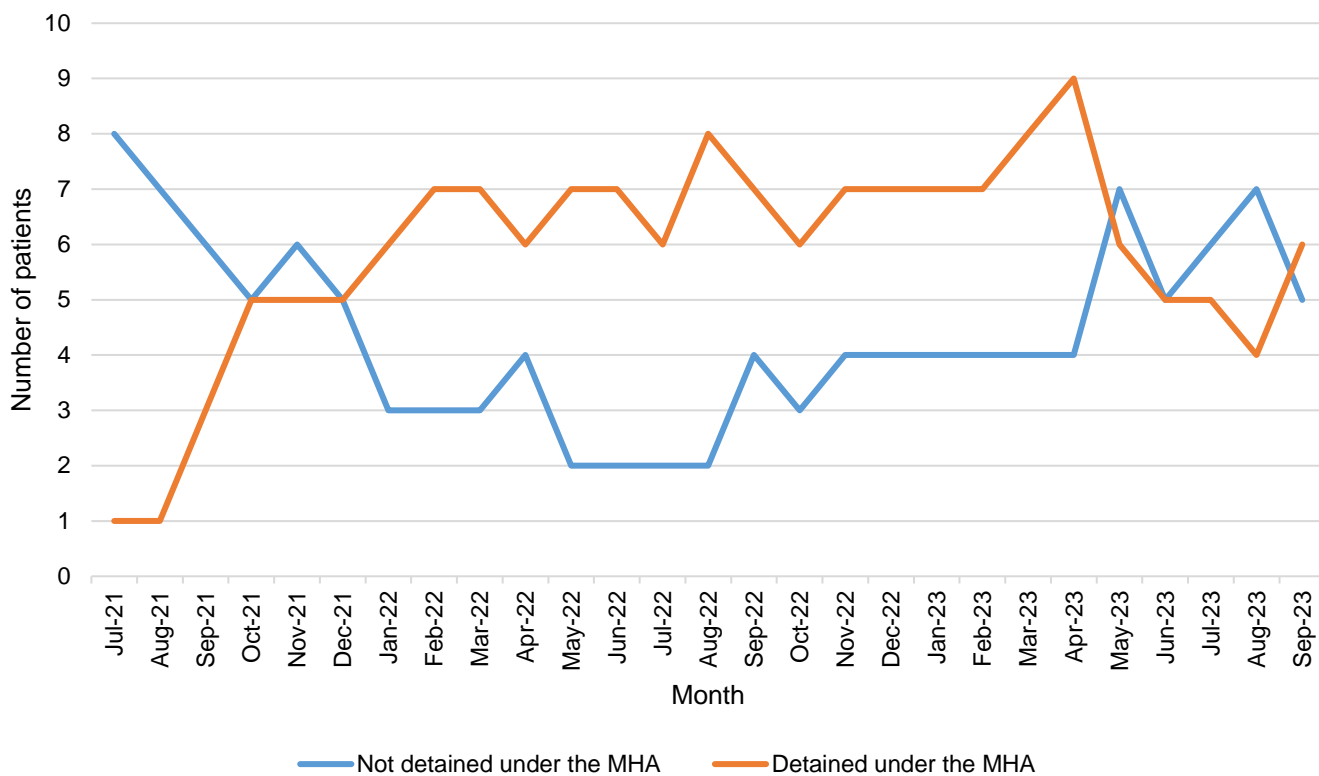
Mental health services for older people- detained/ not detained MHA



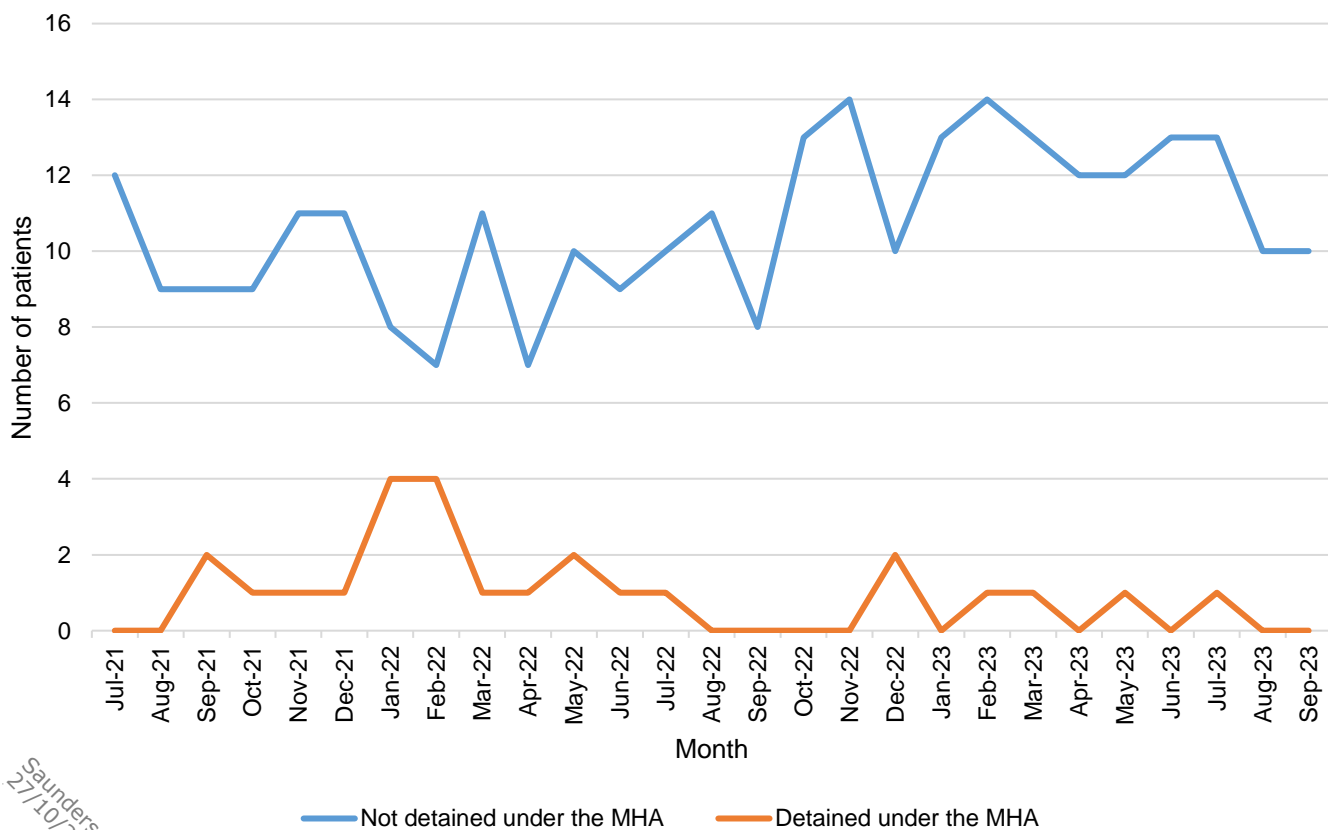
Low secure- detained/ not detained MHA



Neuropsychiatry- detained/ not detained MHA



Addictions- detained/ not detained MHA

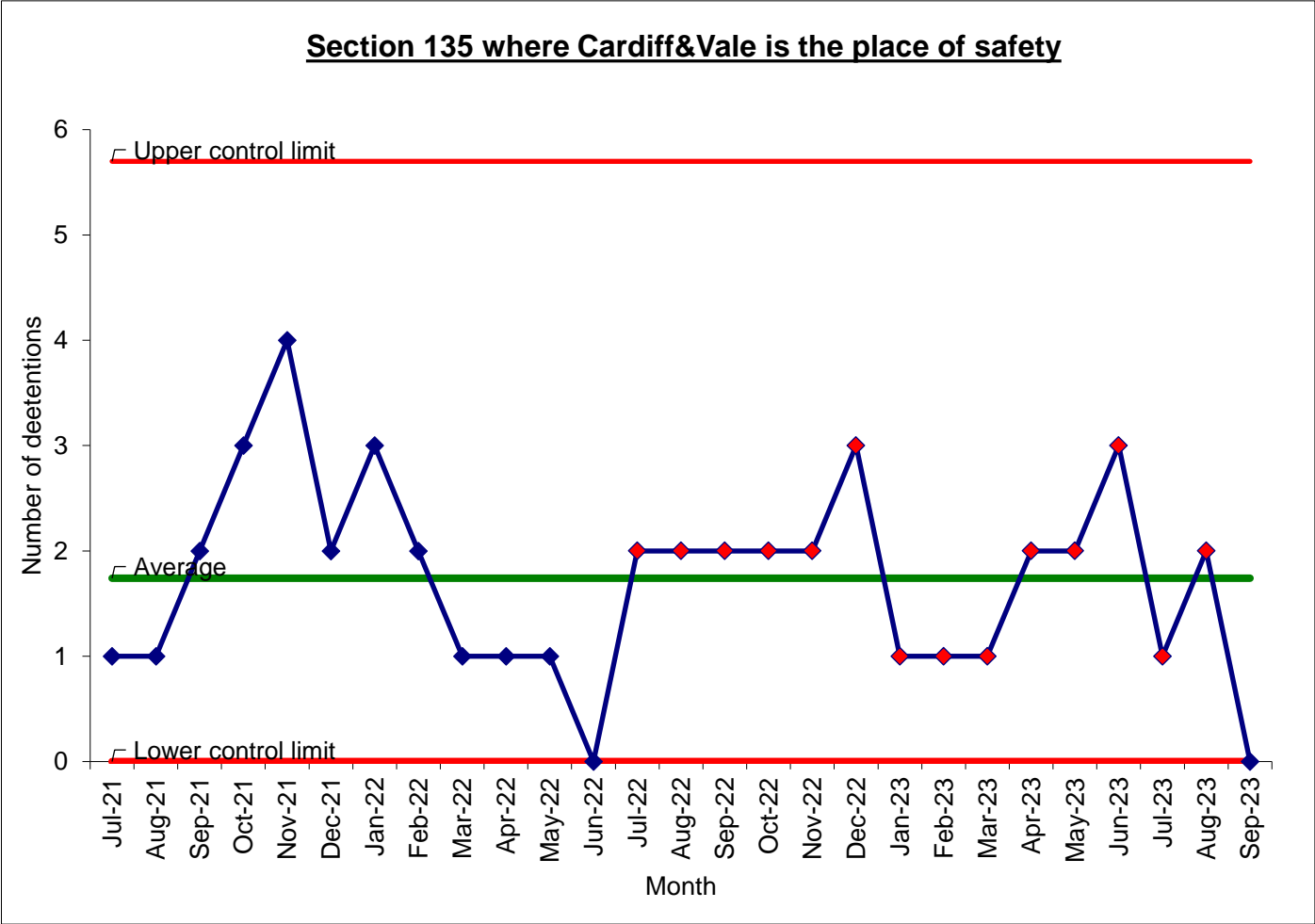


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Section 135 – Warrant to search for and remove a mentally disordered person/patient from private premises to a place of safety

During the period Section 135 (1) powers were used twice. One use resulted in a Section 2 to a Cardiff and Vale University Local Health Board Hospital. One use resulted in a Section 2 to an out of area hospital.

During the period there was one use of Section 135(2). This use resulted in the patient being returned to hospital under Section 37/41.



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Voluntary Assessment

During Summer 2020, the electronic All Wales Monitoring Form (AWMF) was put into use. This is an electronic form that should be completed by Police Officers for every occasion that they bring a patient to Hospital for a Mental Health Assessment. The reasons for this can be;-

- Use of s135
- Use of s136
- Voluntary Assessment
- Mental Capacity Act

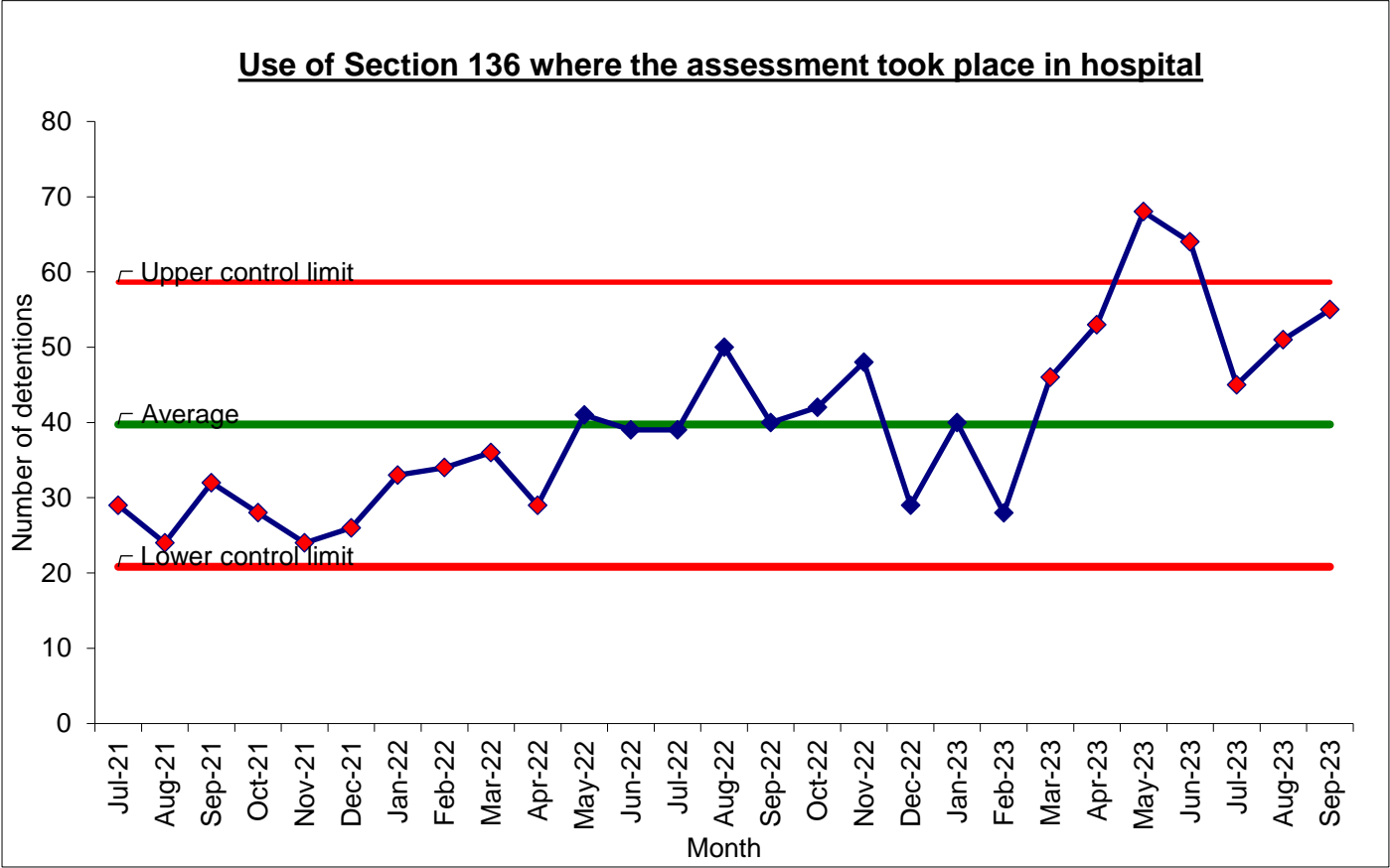
We continue to work with South Wales police to ensure the AWMF is completed each time a person is brought to hospital for an assessment and hope to see an improvement in the use of the electronic form going forward.

For this period, we have seen seven people for a Voluntary Assessment and no one was brought into hospital under the Mental Capacity Act.

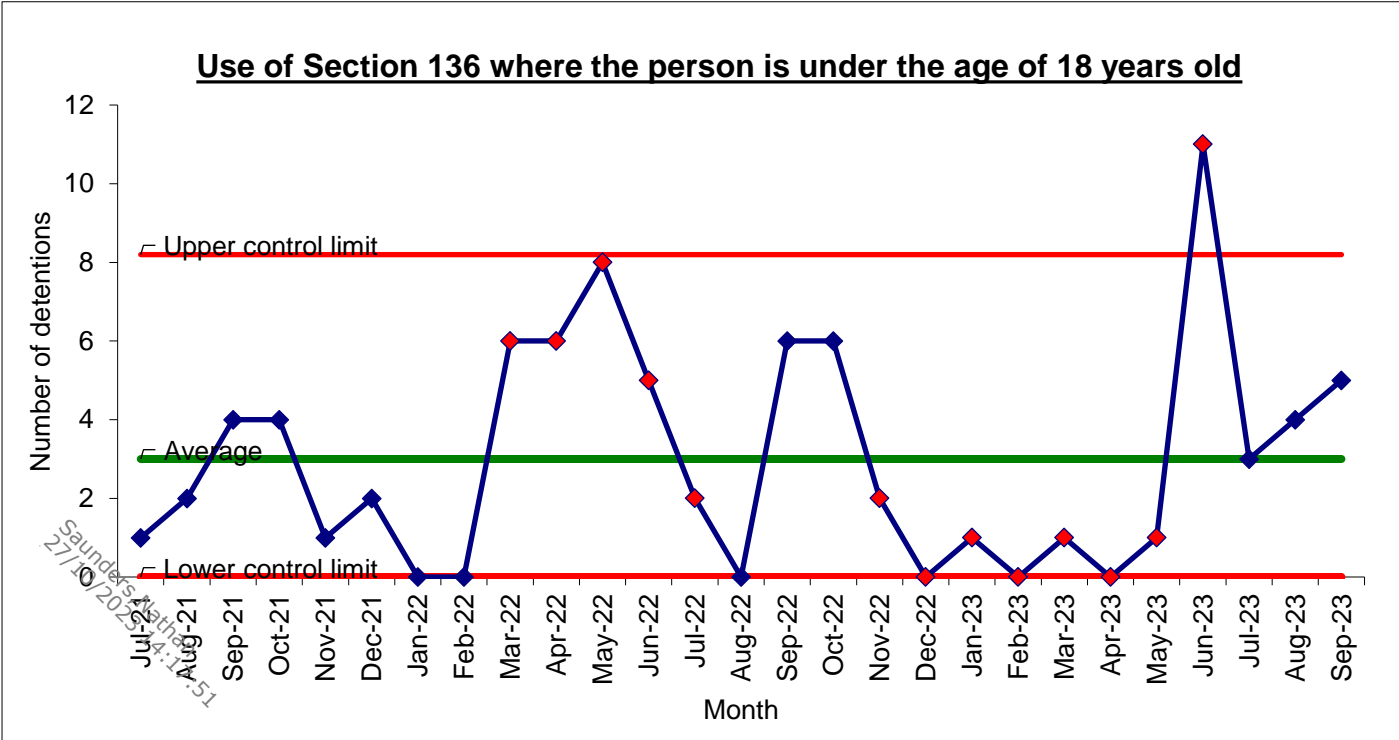
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Section 136- Mentally disordered persons found in public places Mental Health Act assessments undertaken within Cardiff and Vale UHB

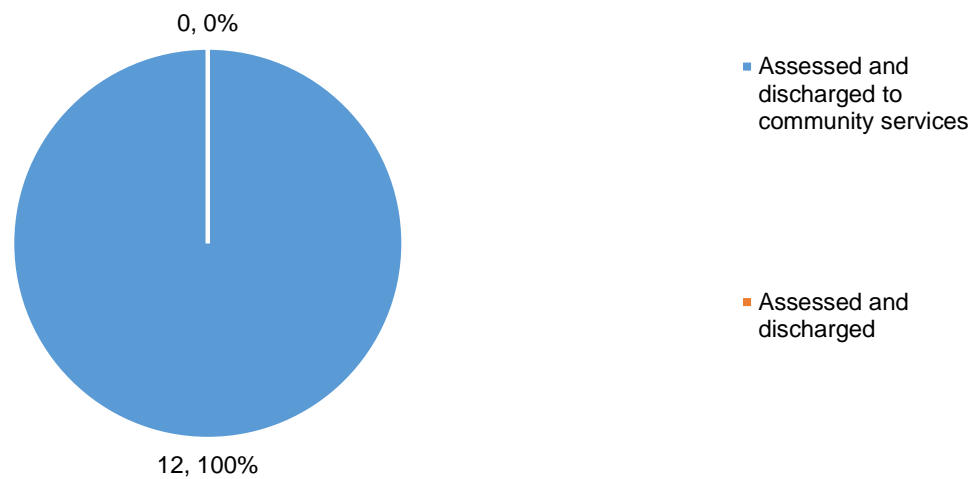
During the period a total of 151 assessments were initiated by Section 136 where the MHA assessment took place in a hospital as the place of safety.



Twelve of those assessments were carried out on patients under the age of 18. Included in the above data are those under 18 years of age. Nine of these were repeat presentations This is extracted below;-

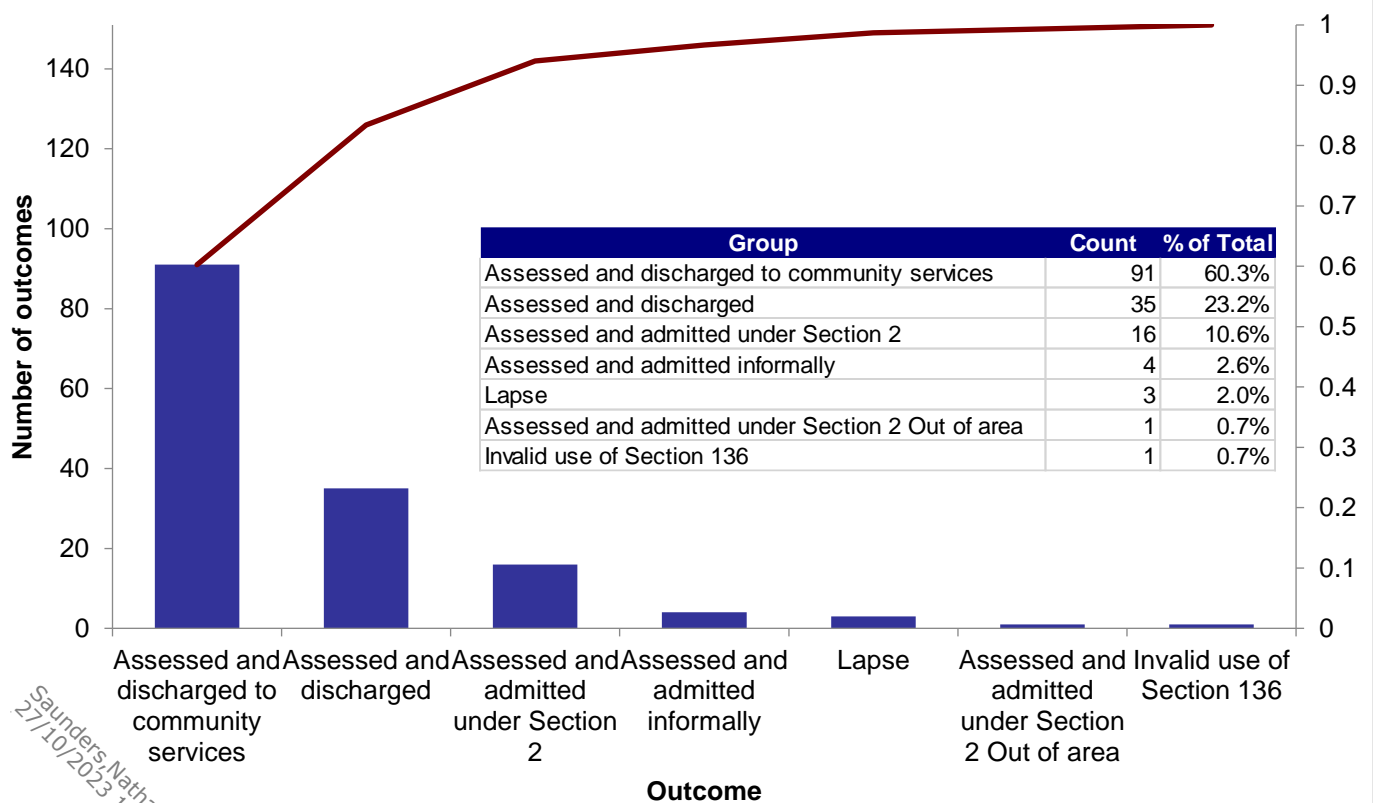


Outcome CAMHS Section 136 assessments



The pareto chart highlights that 83.5%% of individuals assessed in hospital under Section 136 were not admitted to hospital. Those individuals who are not admitted or discharged to another service are provided with information on Mental Health support services for possible self-referral.

Outcome of Section 136 assessments which took place in a hospital during the period July- September 2023

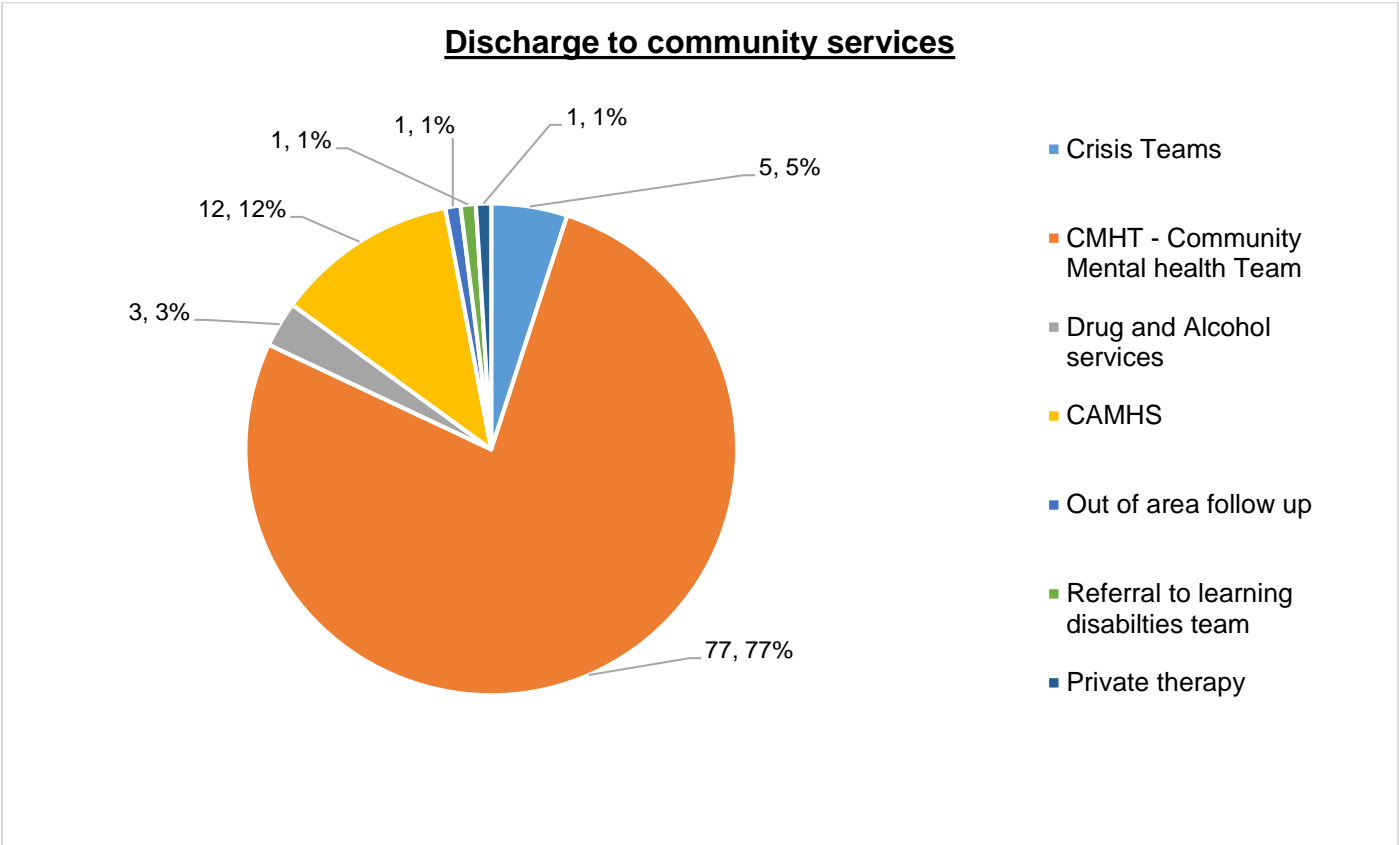


One of the patients whose detention was listed as lapse was seen just outside of the twenty four hour period- this was due to unforeseen circumstances rather than a disregard of process.

The detention listed as an invalid use was due to the patient having already been detained under a holding power under the Act at the time of detention.

Included in the above data are the outcomes for those under 18 years of age.

The below chart is a breakdown of the referrals to Community Services as a result of a s136 assessment. Please note that patients can be referred to multiple Community Services, so it is possible that the numbers below are higher than the total number of s136 used.

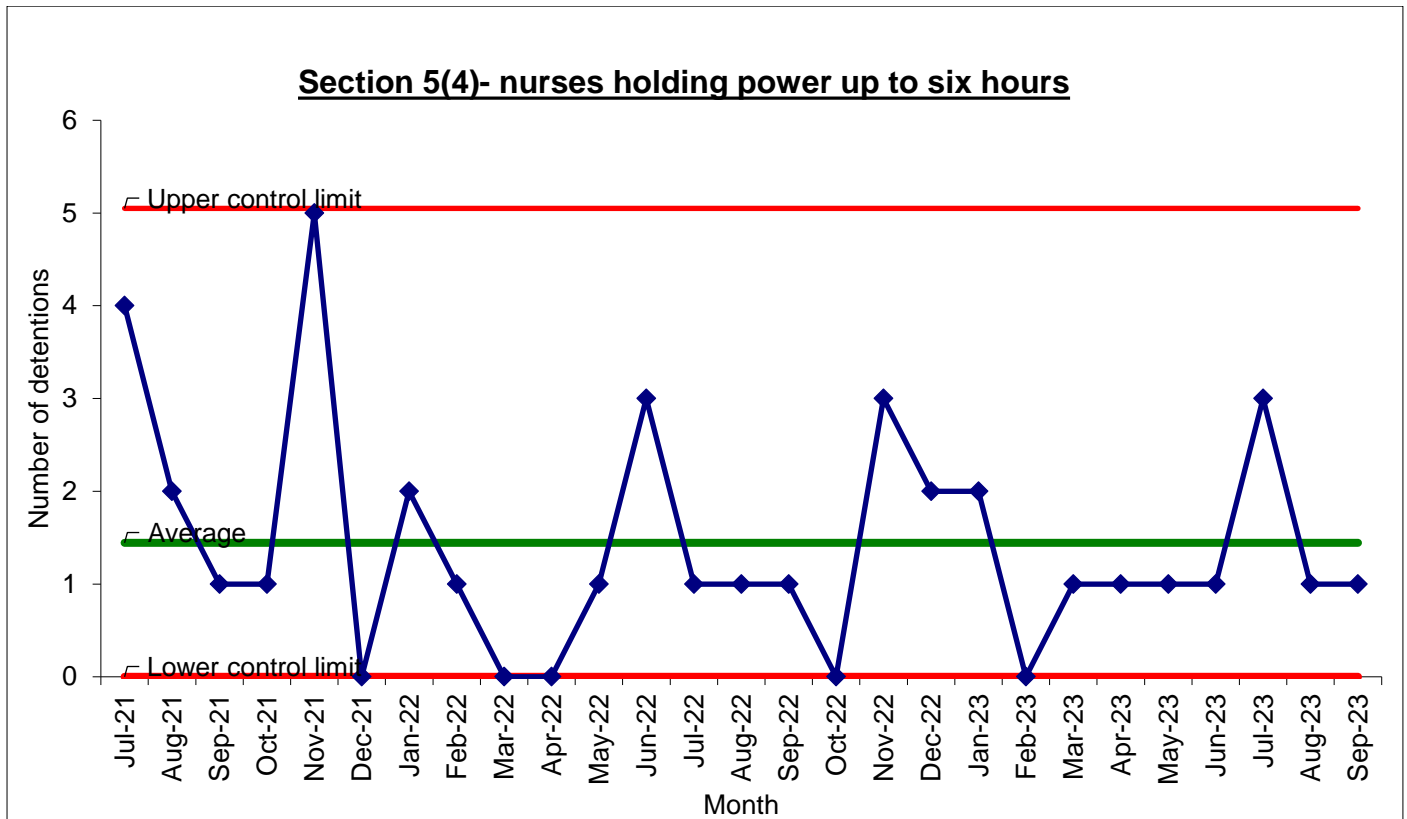


Section 136- Mentally disordered persons found in public places Mental Health Act assessments undertaken within a Police Station

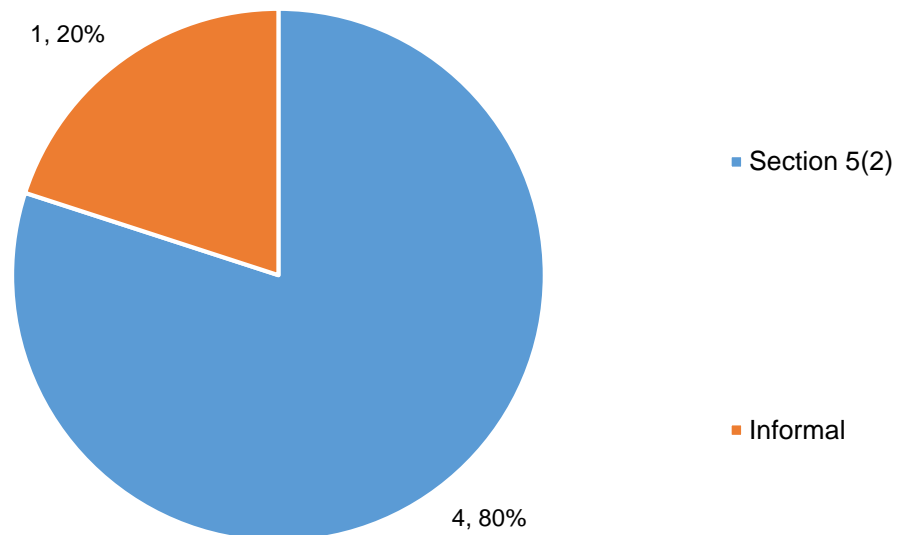
During the period there were no assessments initiated by Section 136 powers where the MHA Assessment took place in Cardiff Bay Custody Suite.

Prepared by: Nathan
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Section 5(4) - Nurses Holding Power

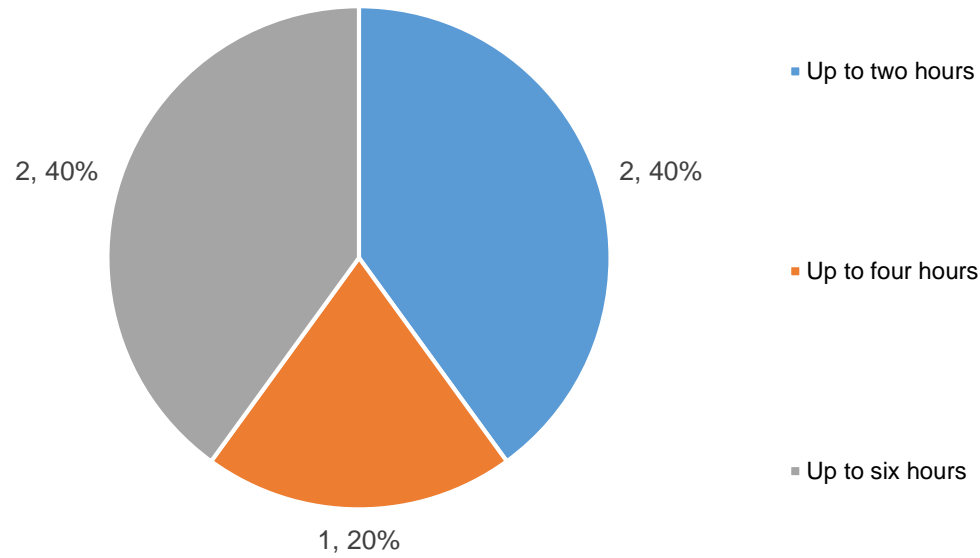


Outcome of Section 5(4) during the period July- September 2023



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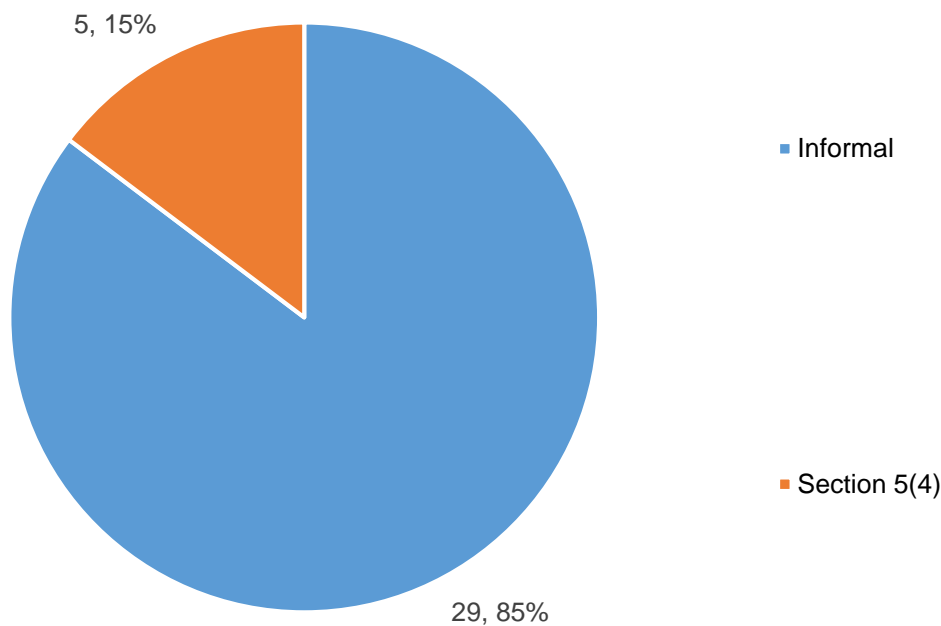
Number of hours patients were detained under Section 5(4) during the period July- September 2023



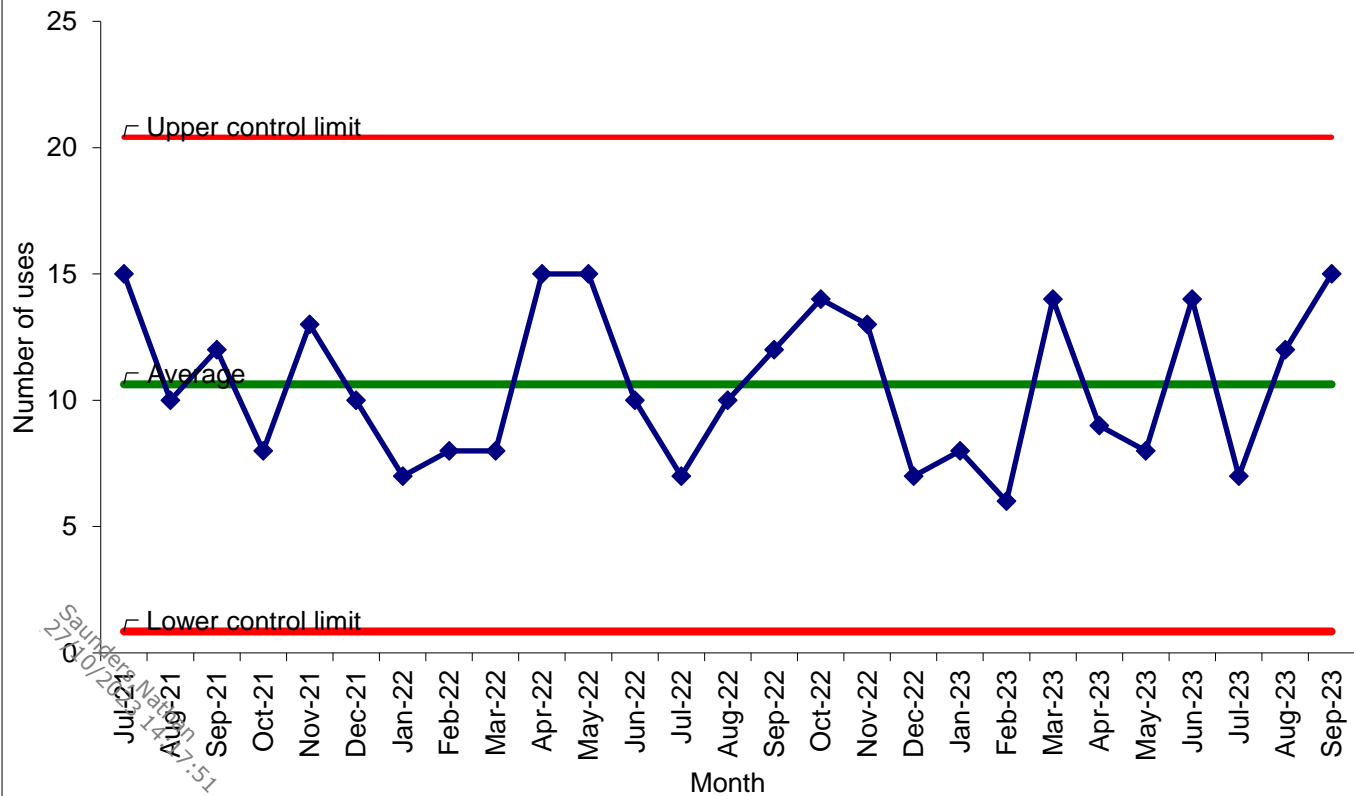
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Section 5(2) - Doctors holding power

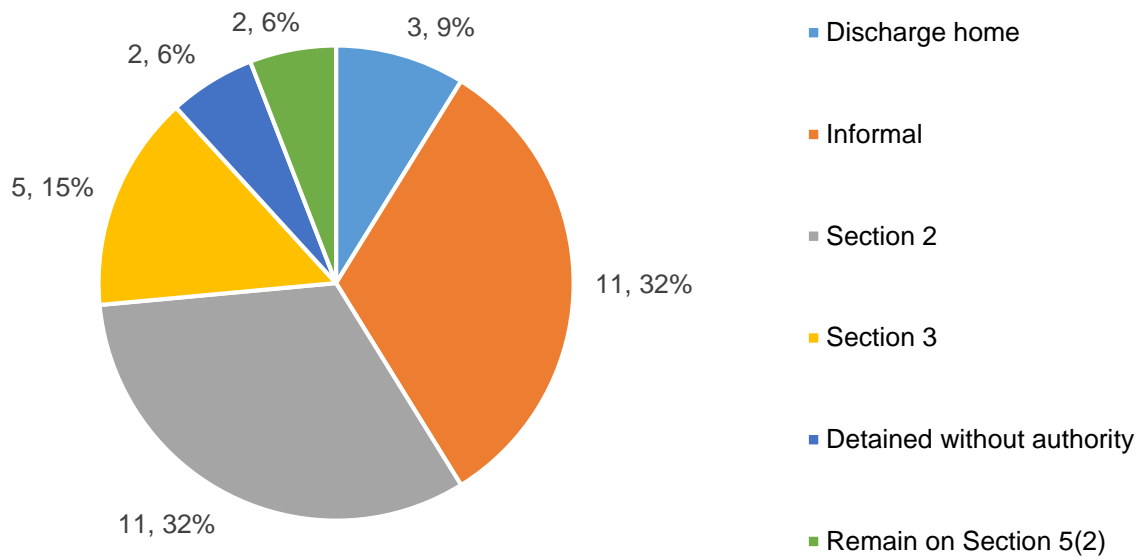
Legal status prior to section 5(2) during the period July- September 2023



Section 5(2)- doctors holding power up to 72 hours

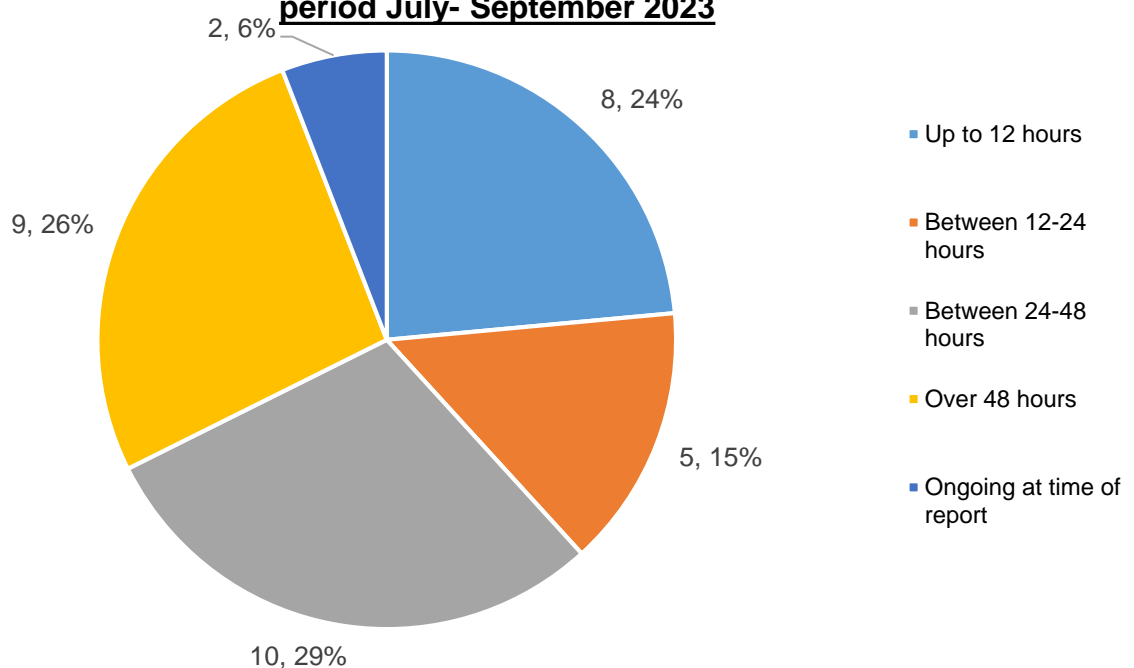


Outcome of Section 5(2) during the period July- September 2023



During the period two patients holding power reports were deemed to be fundamentally defective due to insufficient paperwork and information regarding the use of the holding power.

Number of hours patients were detained under Section (2) during the period July- September 2023



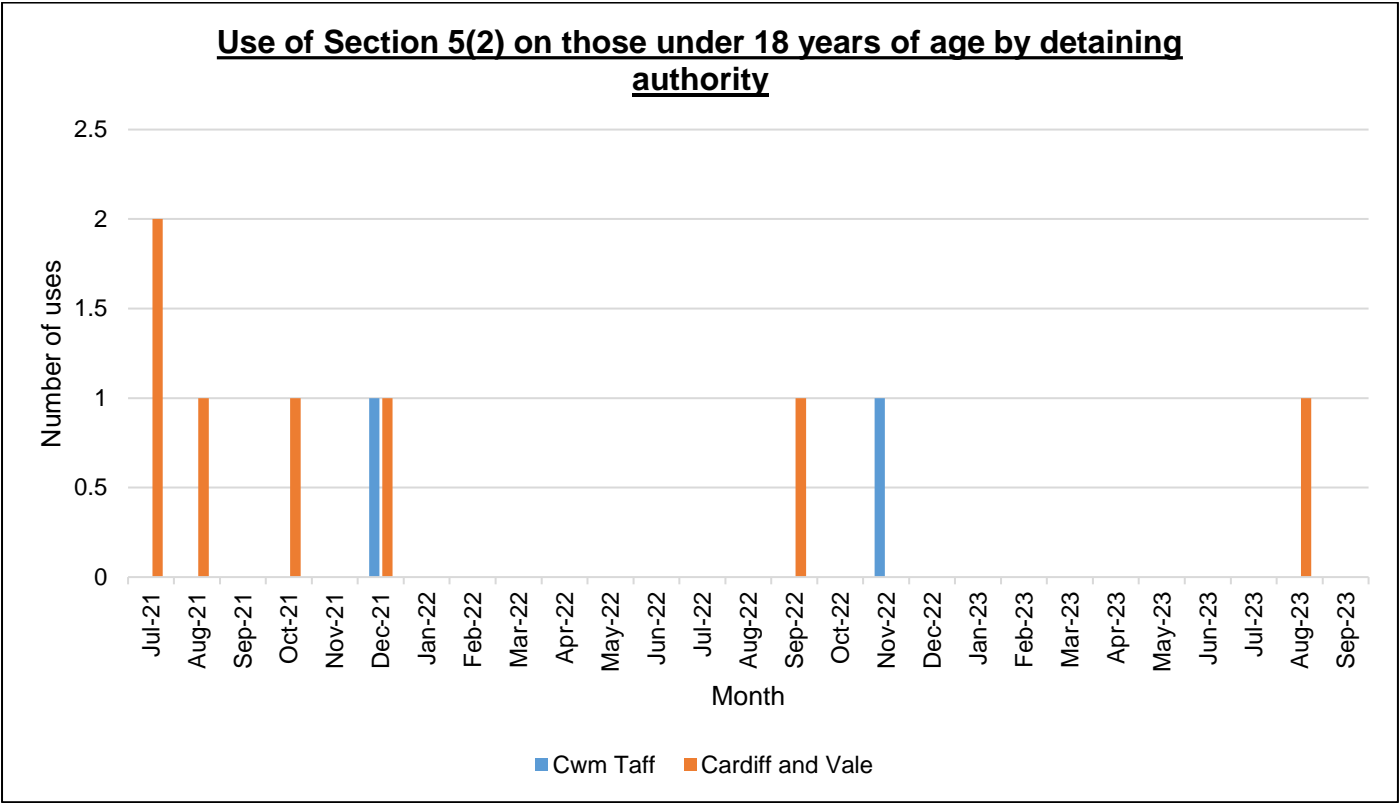
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CAMHS Commissioned Inpatient Data

Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

During the period there was one use of Section 5(2) or Section 5(4) holding powers on patients under the age of 18 in either Cardiff and Vale UHB or Cwm Taf Morgannwg UHB.

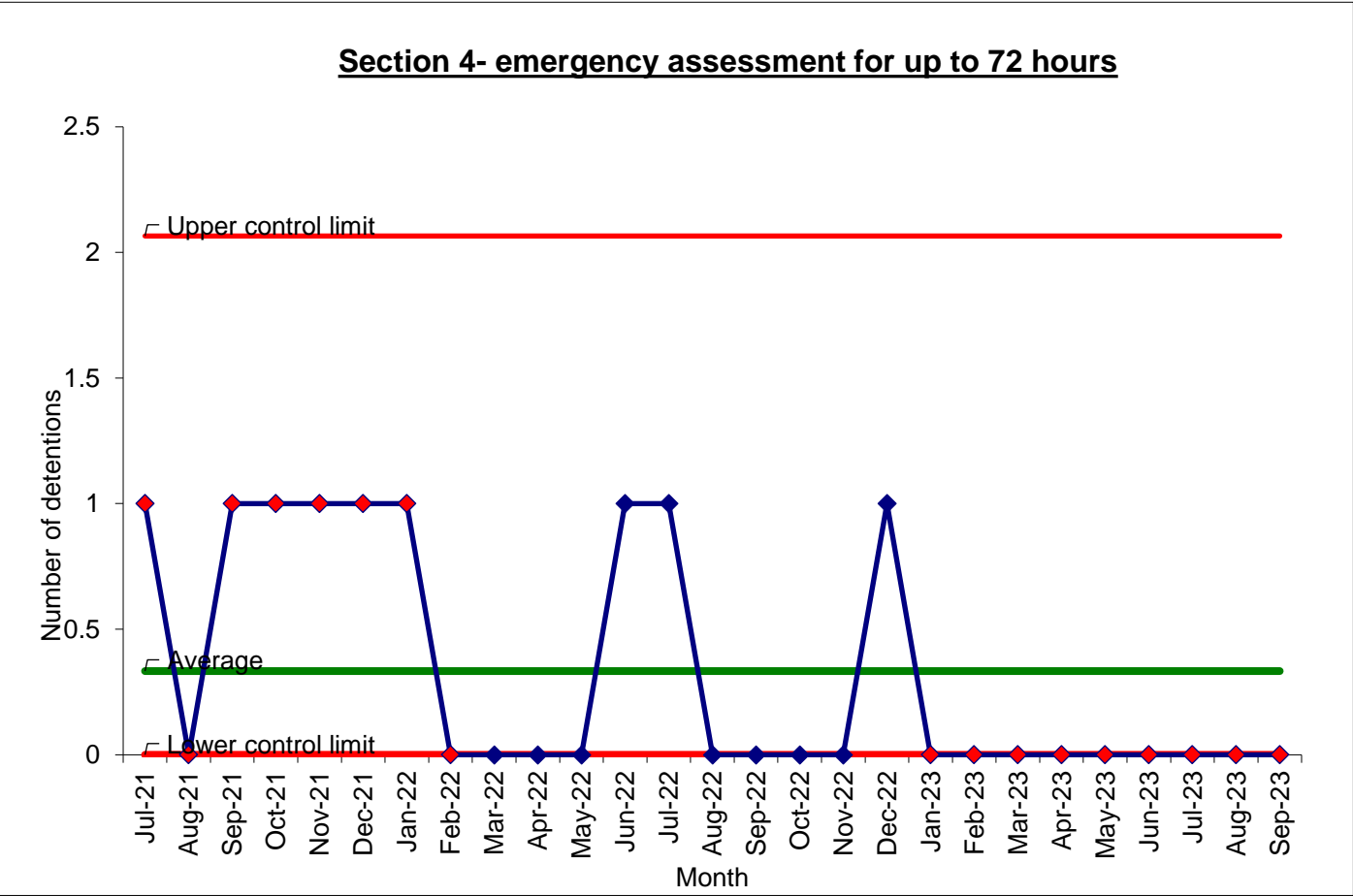
The use was deemed to be fundamentally defective due to insufficient paperwork and information regarding the use of the holding power.



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Section 4 - Admission for Assessment in Cases of Emergency

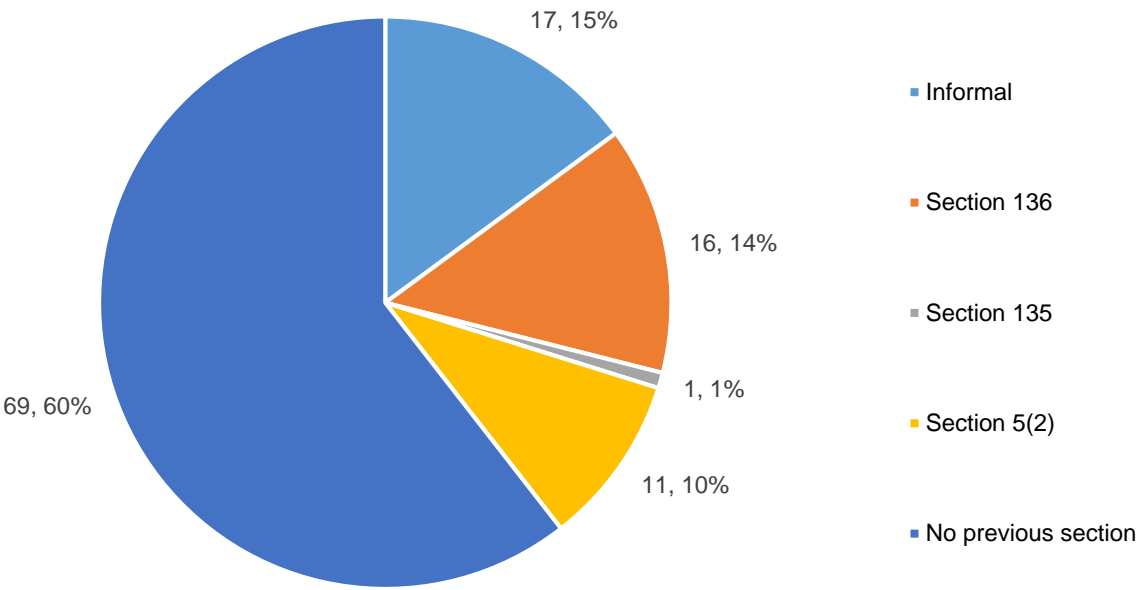
Section 4 wasn't used during the period.



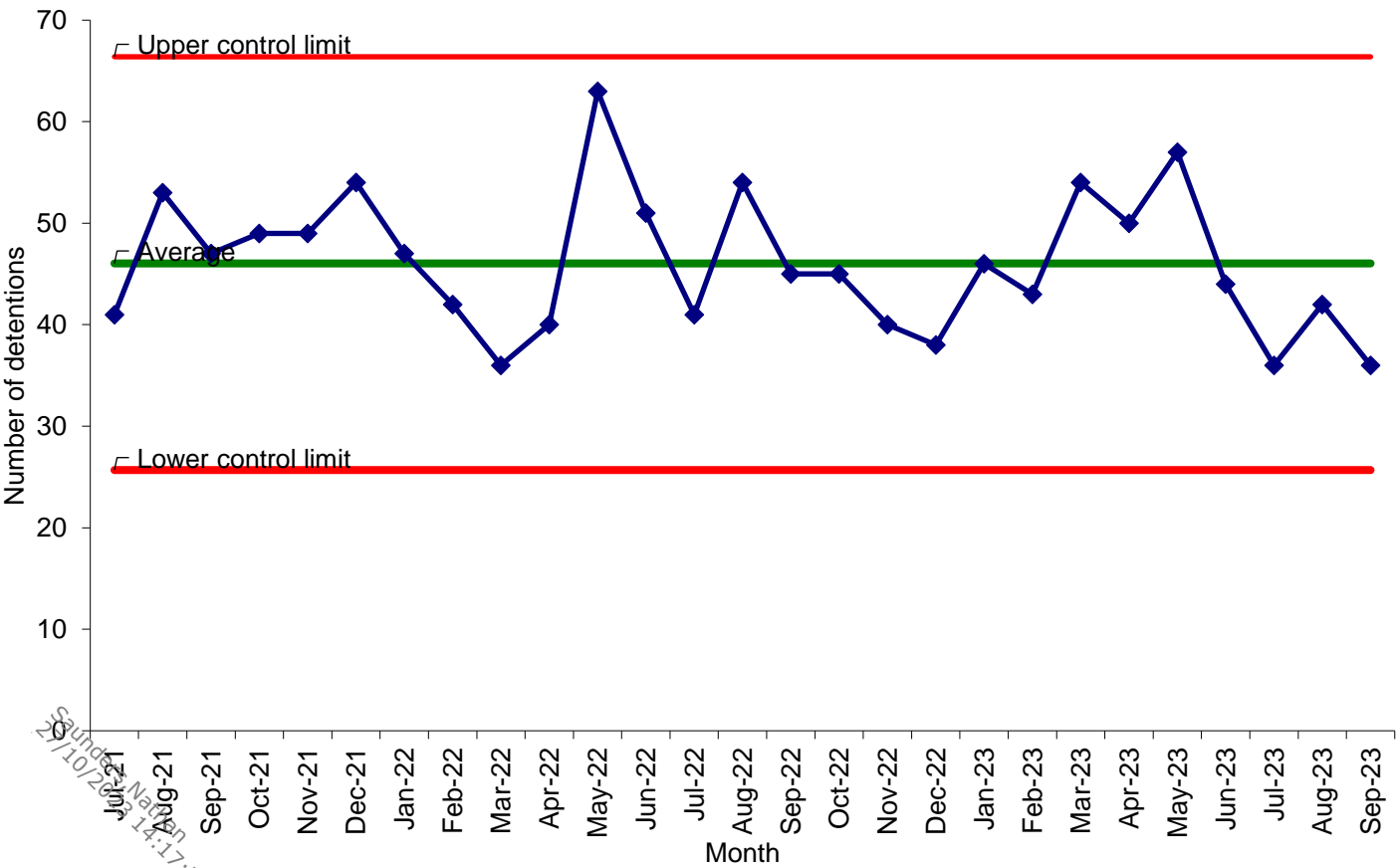
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Section 2 – Admission for Assessment

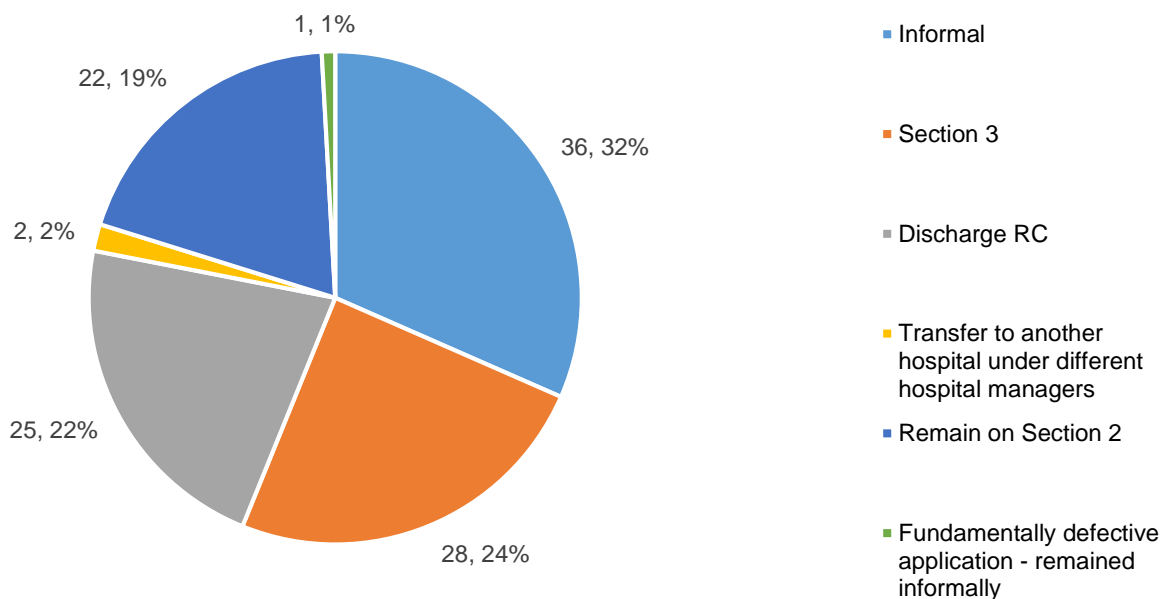
Legal status prior to Section 2 during the period July- September 2023



Section 2- Admission for assessment for up to 28 days



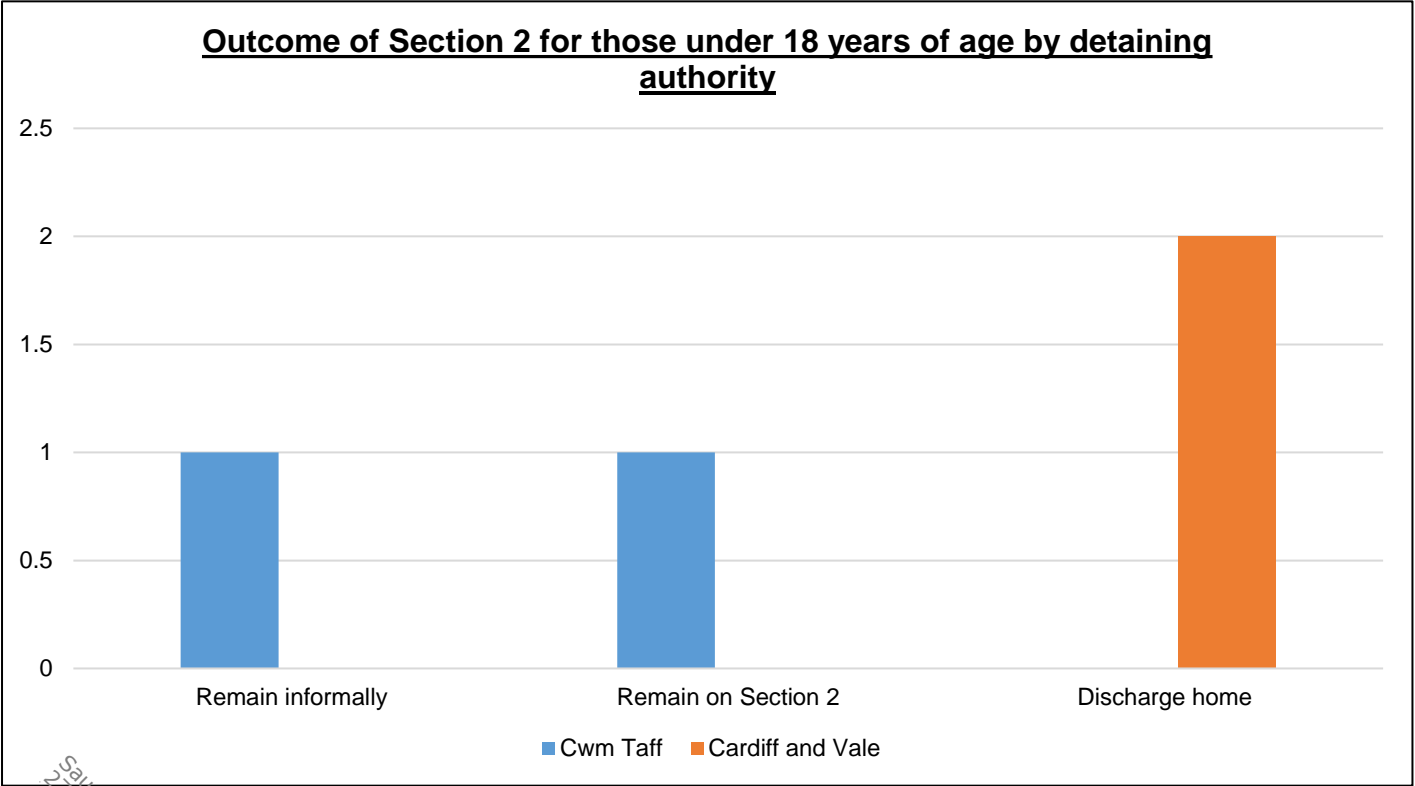
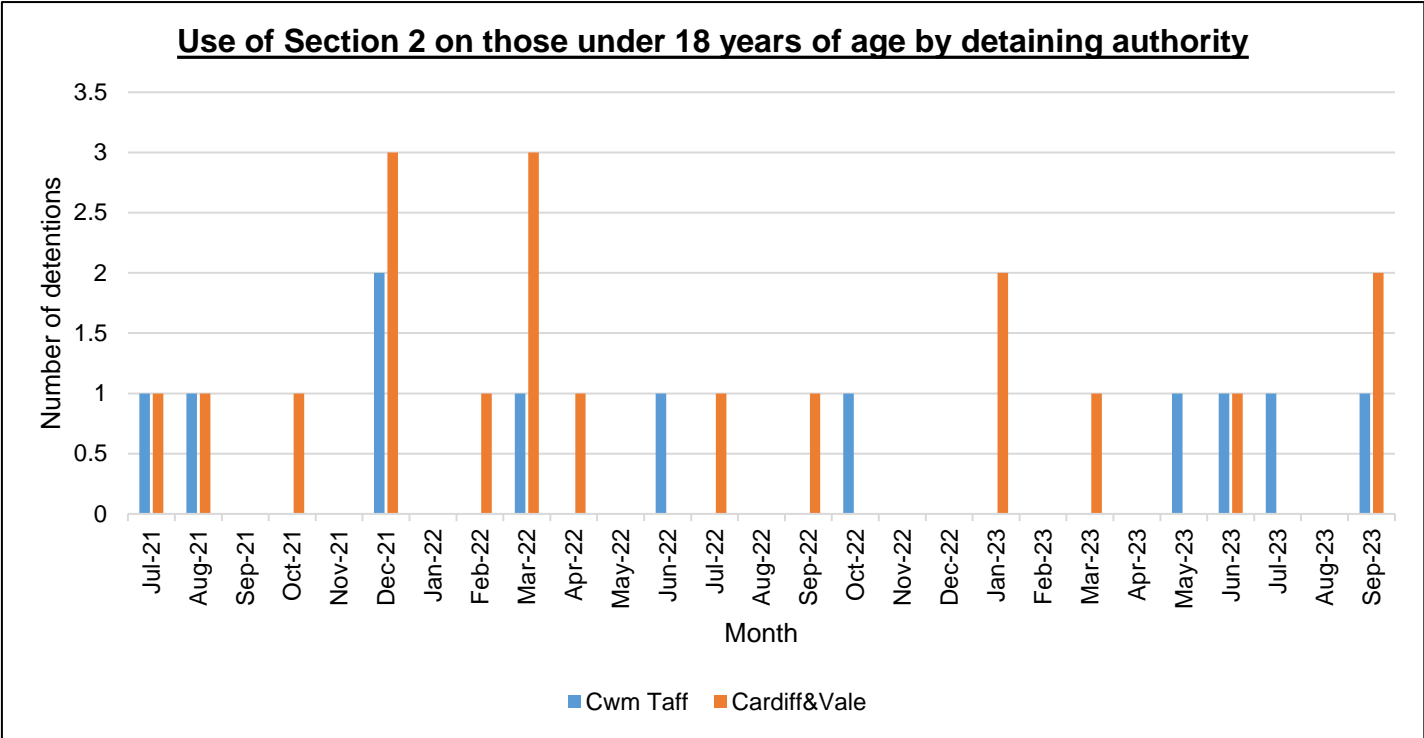
Outcome following Section 2 during the period July- September 2023



During the period one patient's application was deemed fundamentally defective due to the approved mental health professional detaining the patient to the incorrect hospital. The patient subsequently remained in hospital on an informal basis before being re-detained under the Act.

Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

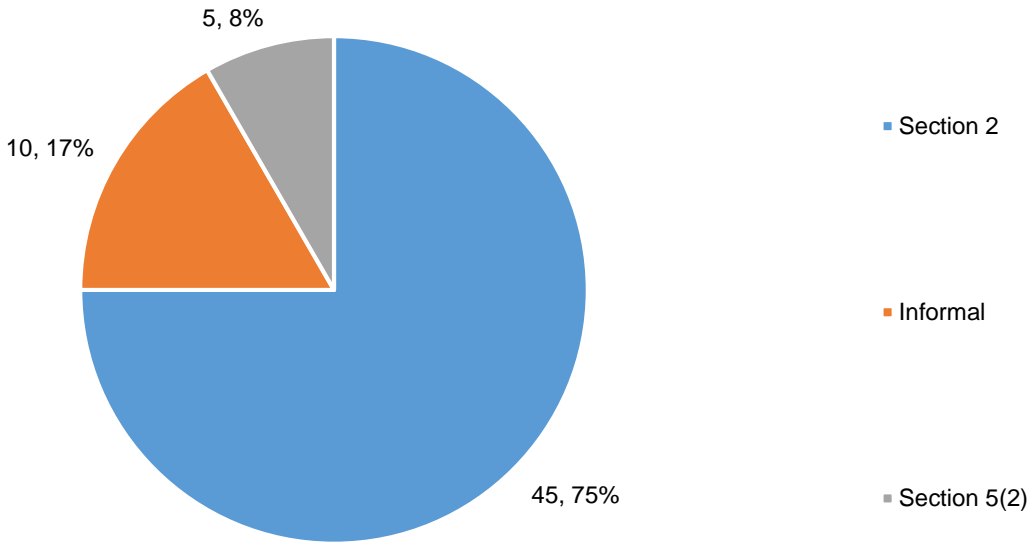
Included in the above data are those under 18 years of age. This is extracted below;-



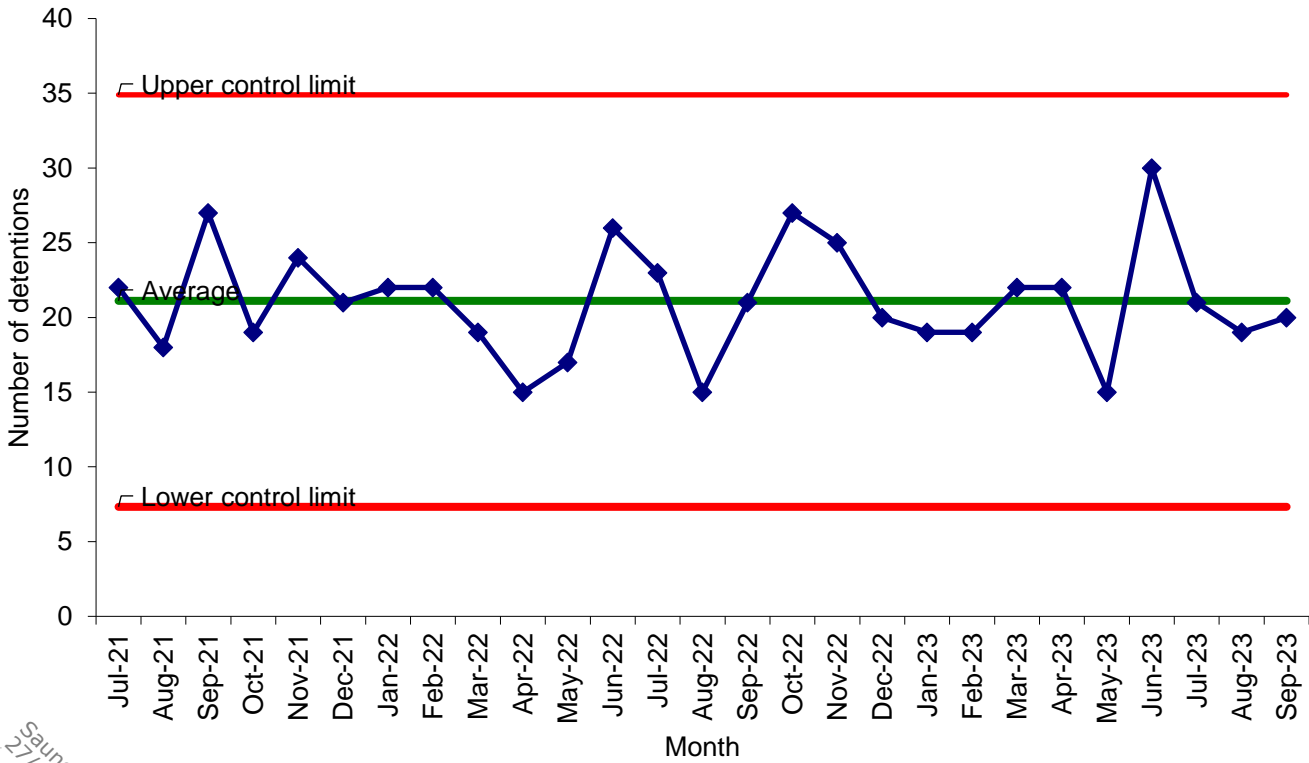
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Section 3 – Admission for Treatment

Legal status prior to Section 3 during the period July- September 2023

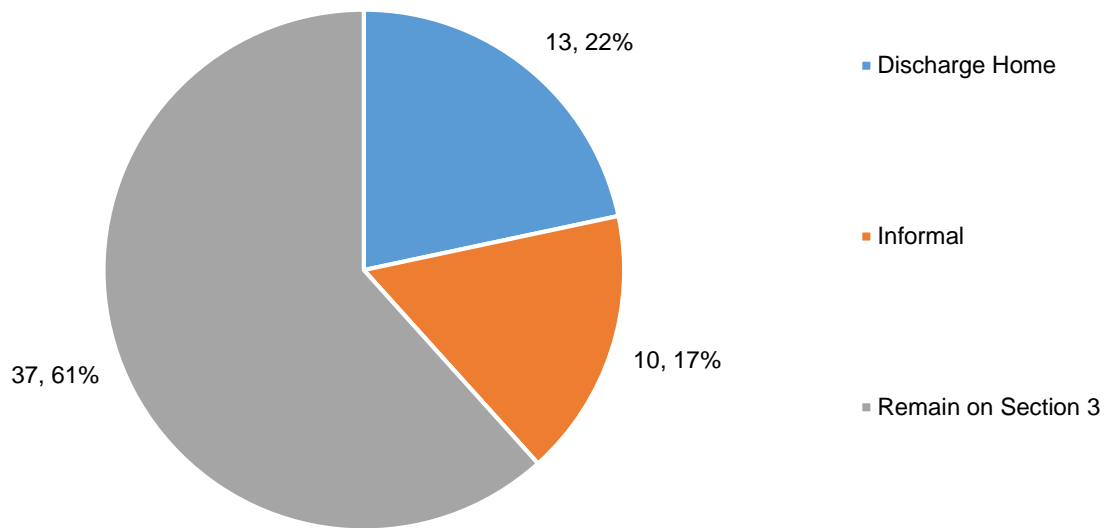


Section 3- Admission for treatment



The above data would include those under 18 years of age.

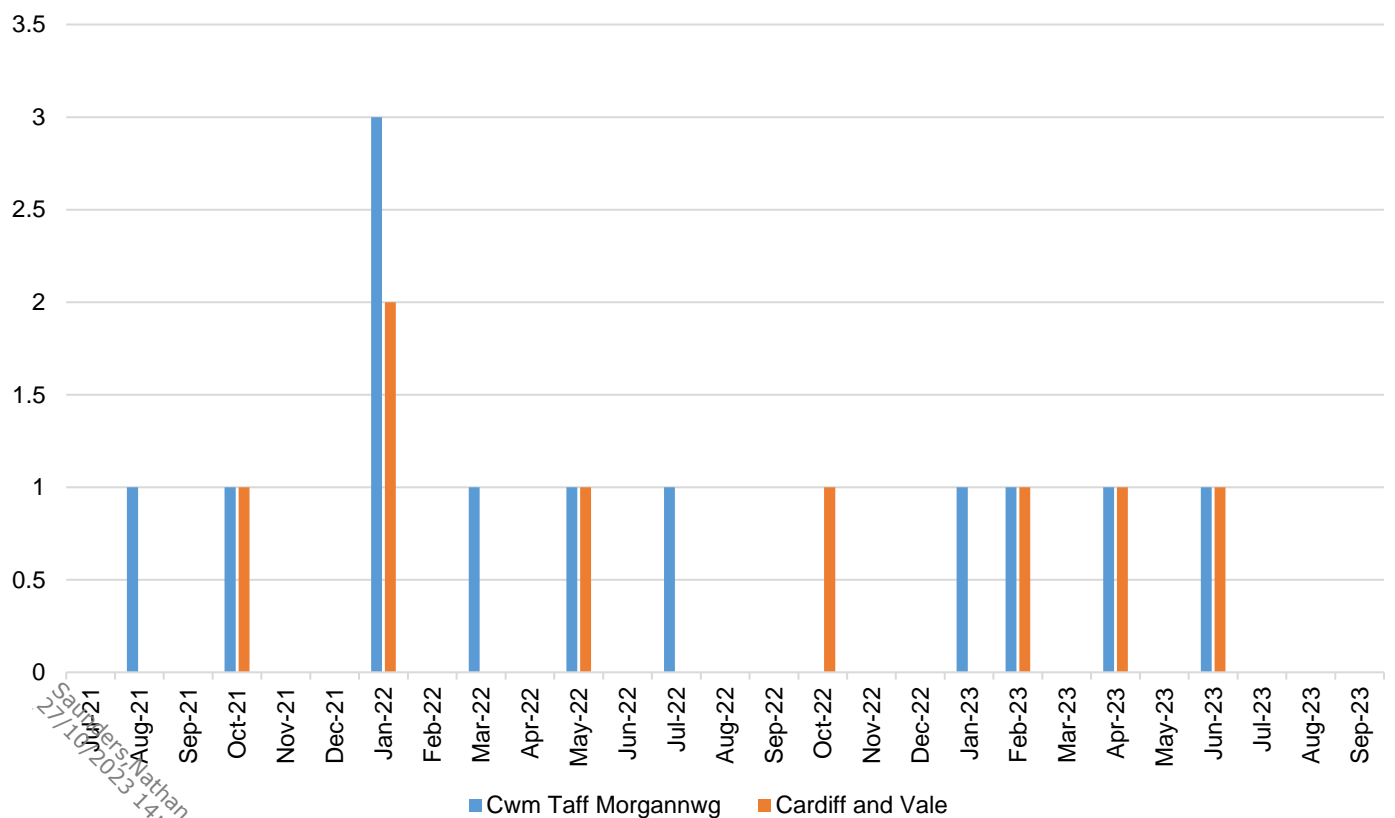
Outcome following Section 3 during the period July- September 2023



CAMHS Commissioned Inpatient Data

Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients. There were no uses of Section 3 during the period.

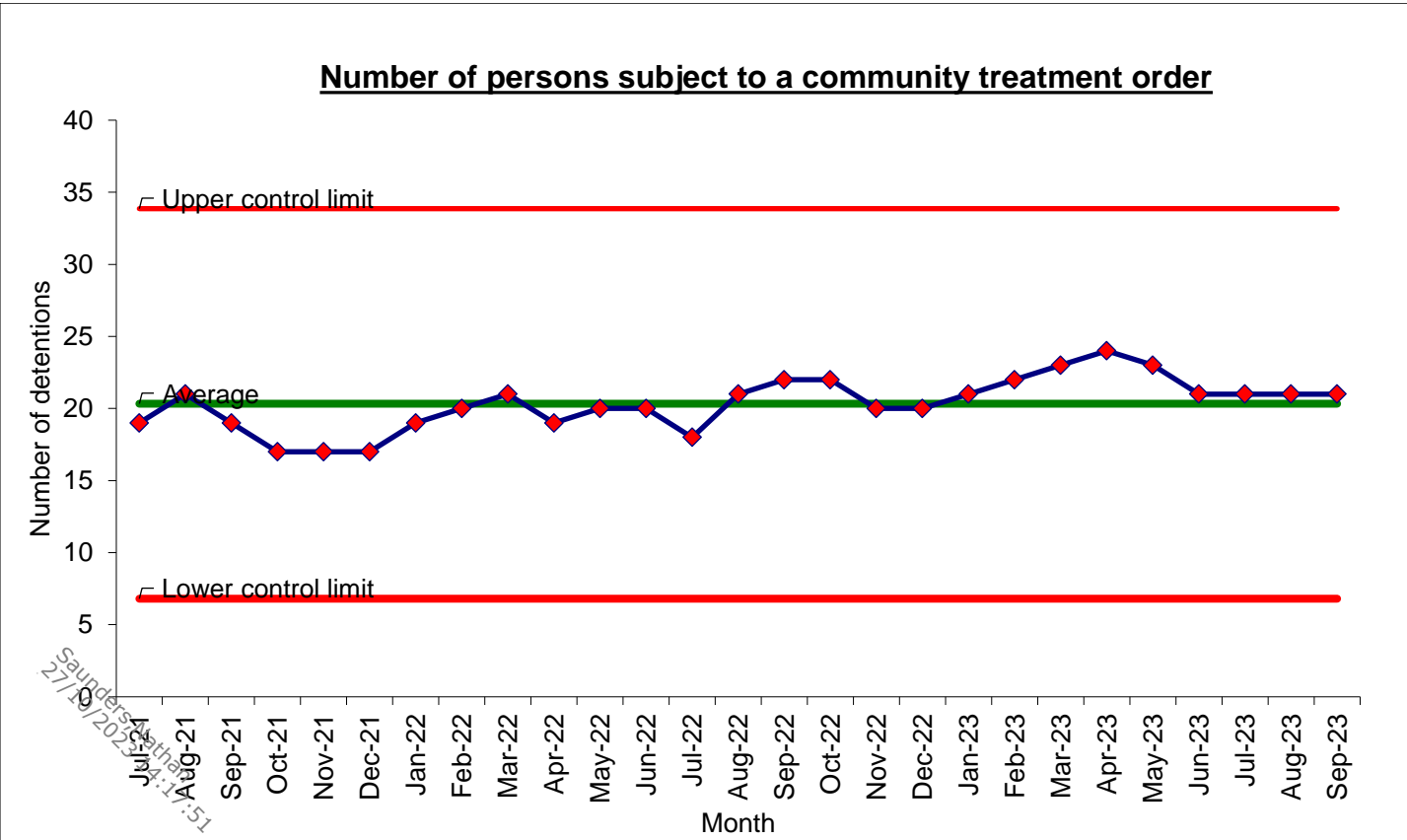
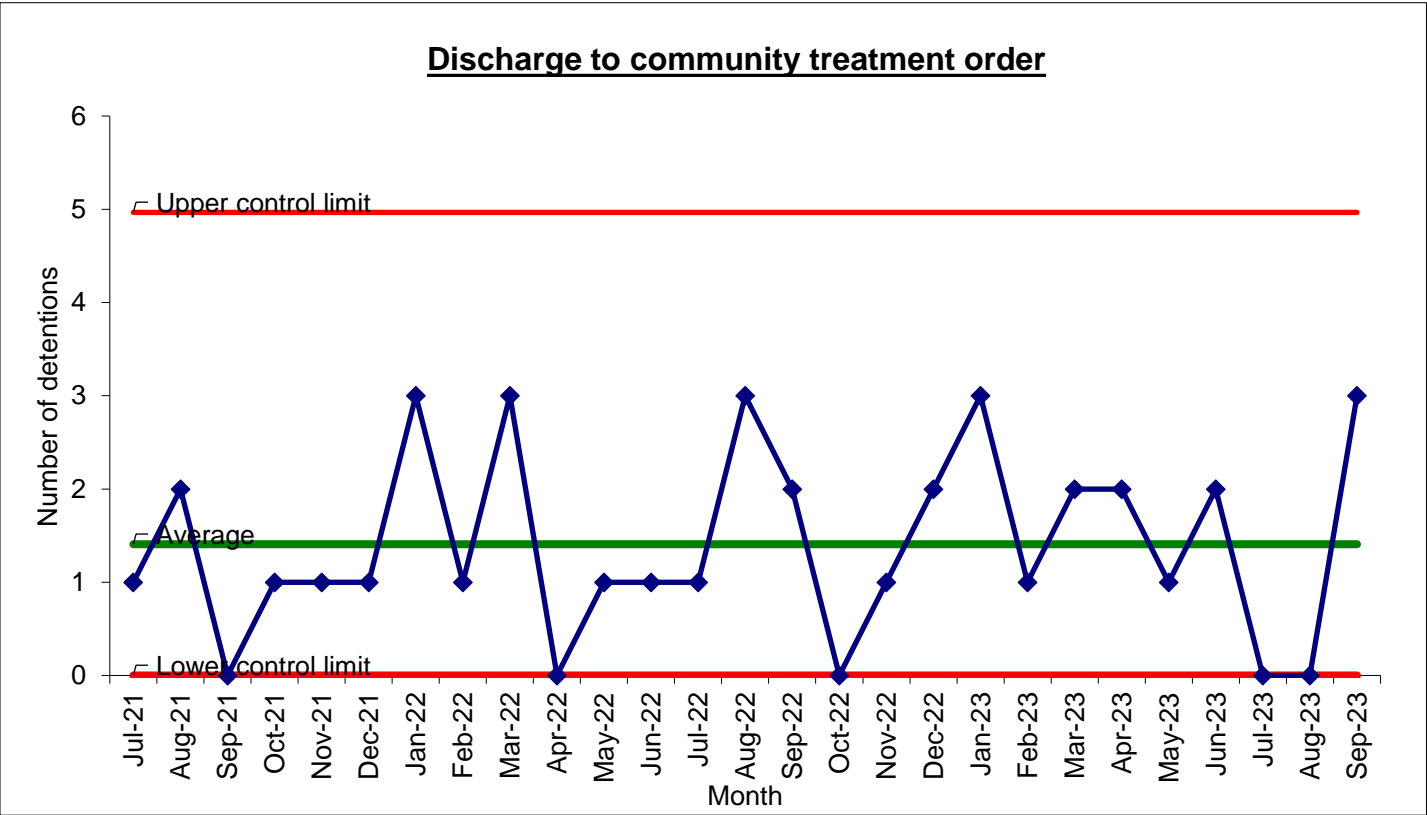
Use of Section 3 on those under 18 years of age by detaining authority



Community Treatment Order

During the period July- September 2023 three patients were discharged to Community Treatment Order.

As at 30th September 2023, twenty-one patients were subject to a Community Treatment Order (CTO).



Recall of a community patient under Section 17E

During the period, the power of recall was used twice. Both uses resulted in the patient's CTO being revoked.

CAMHS Commissioned Inpatient Data

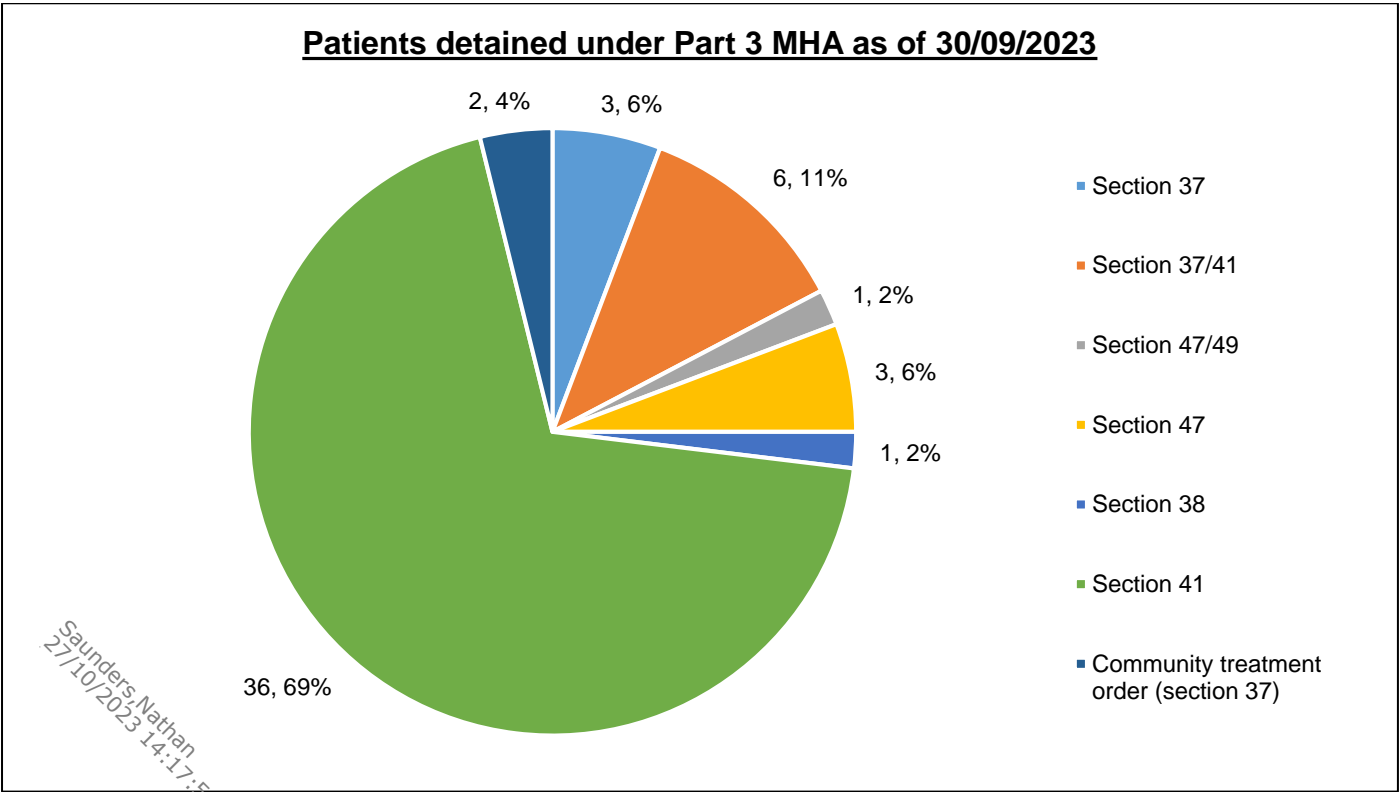
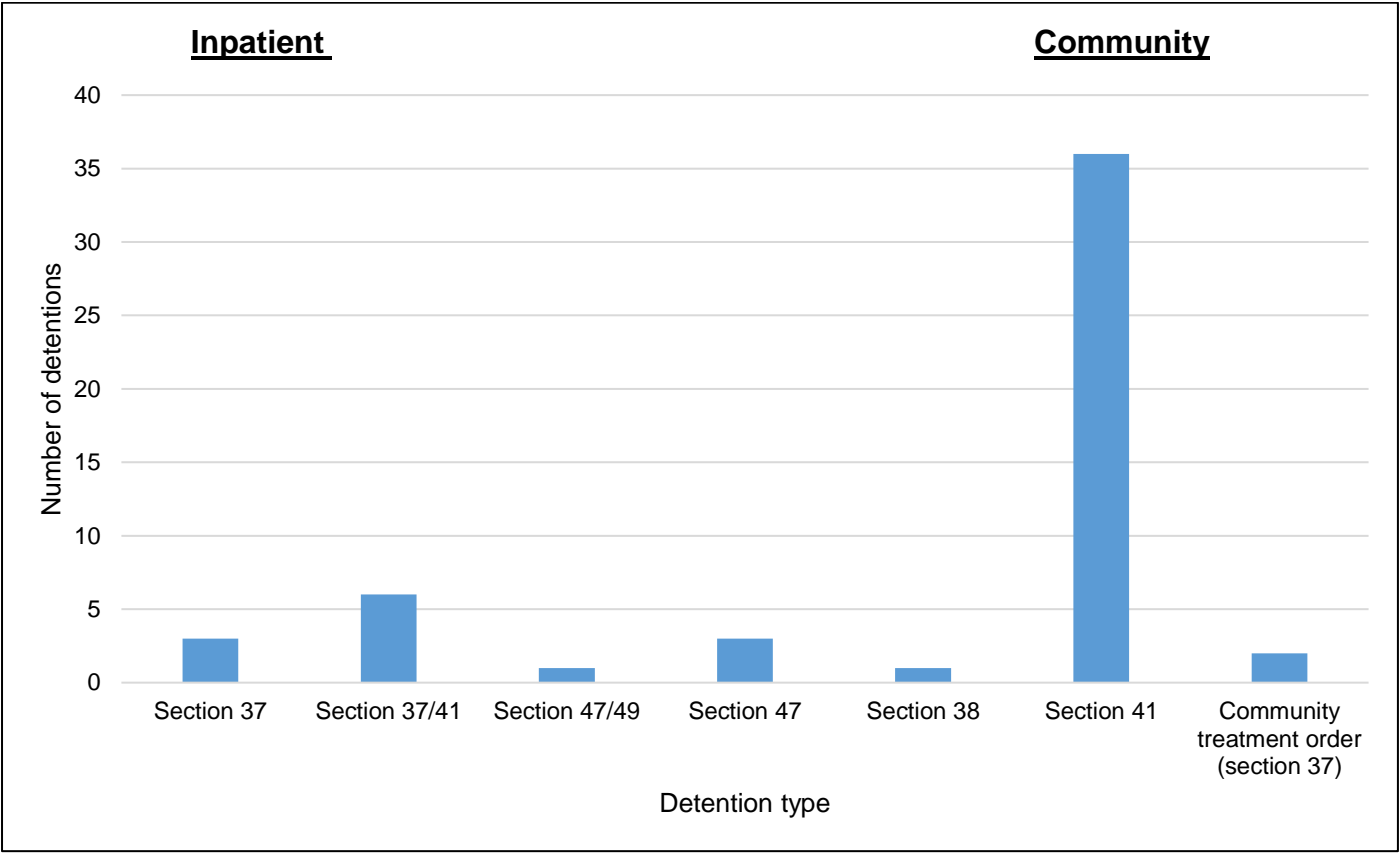
Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

During this period there was one CAMHS patients who became subject to a Community Treatment Order- this was under Cwm Taf Morgannwg UHB.

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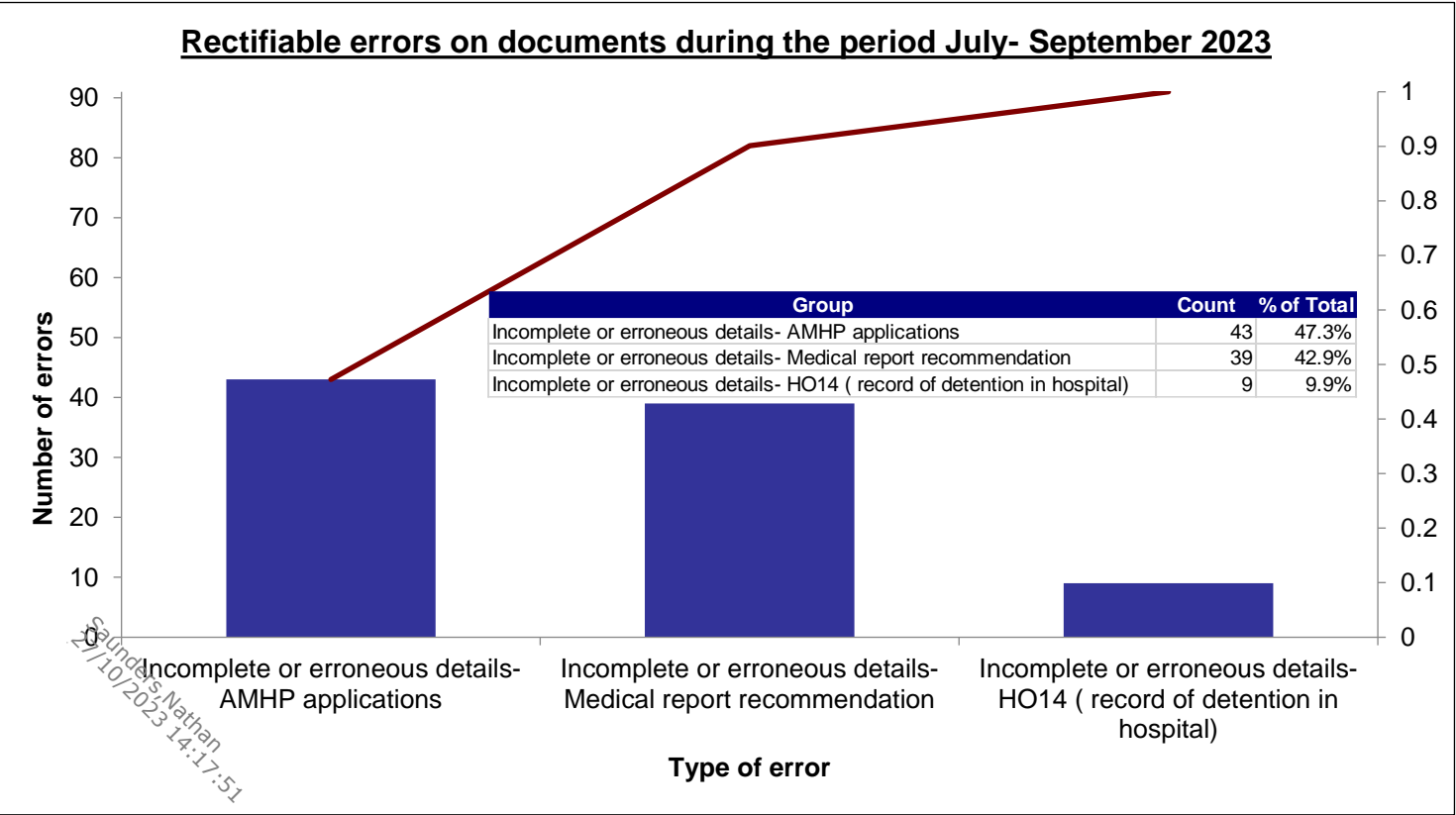
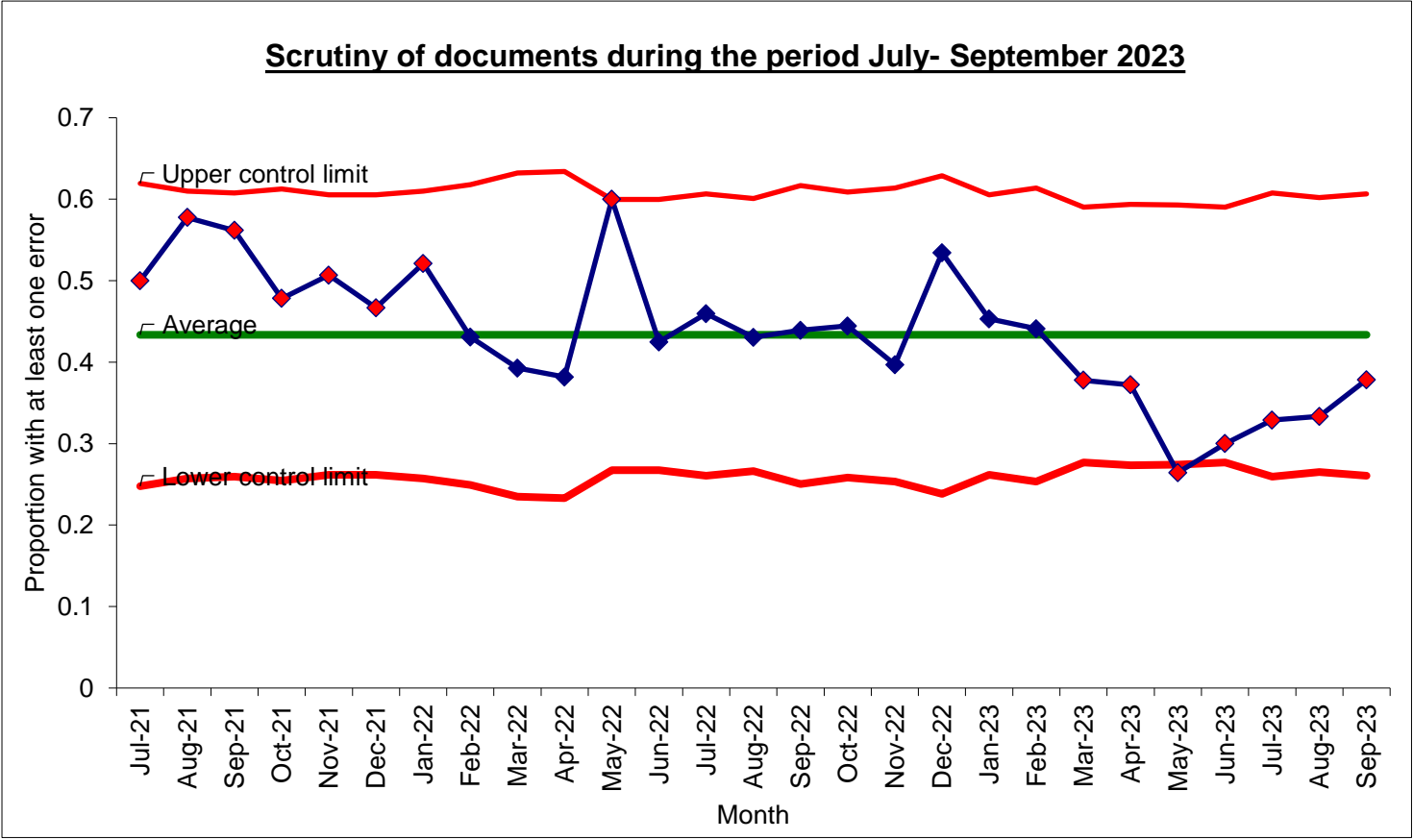
Part 3 of the Mental Health Act 1983

The number of Part 3 patients detained in Cardiff and Vale University Health Board Hospitals or subject to Community Treatment/Conditional Discharge in the community as at 30th September 2023.

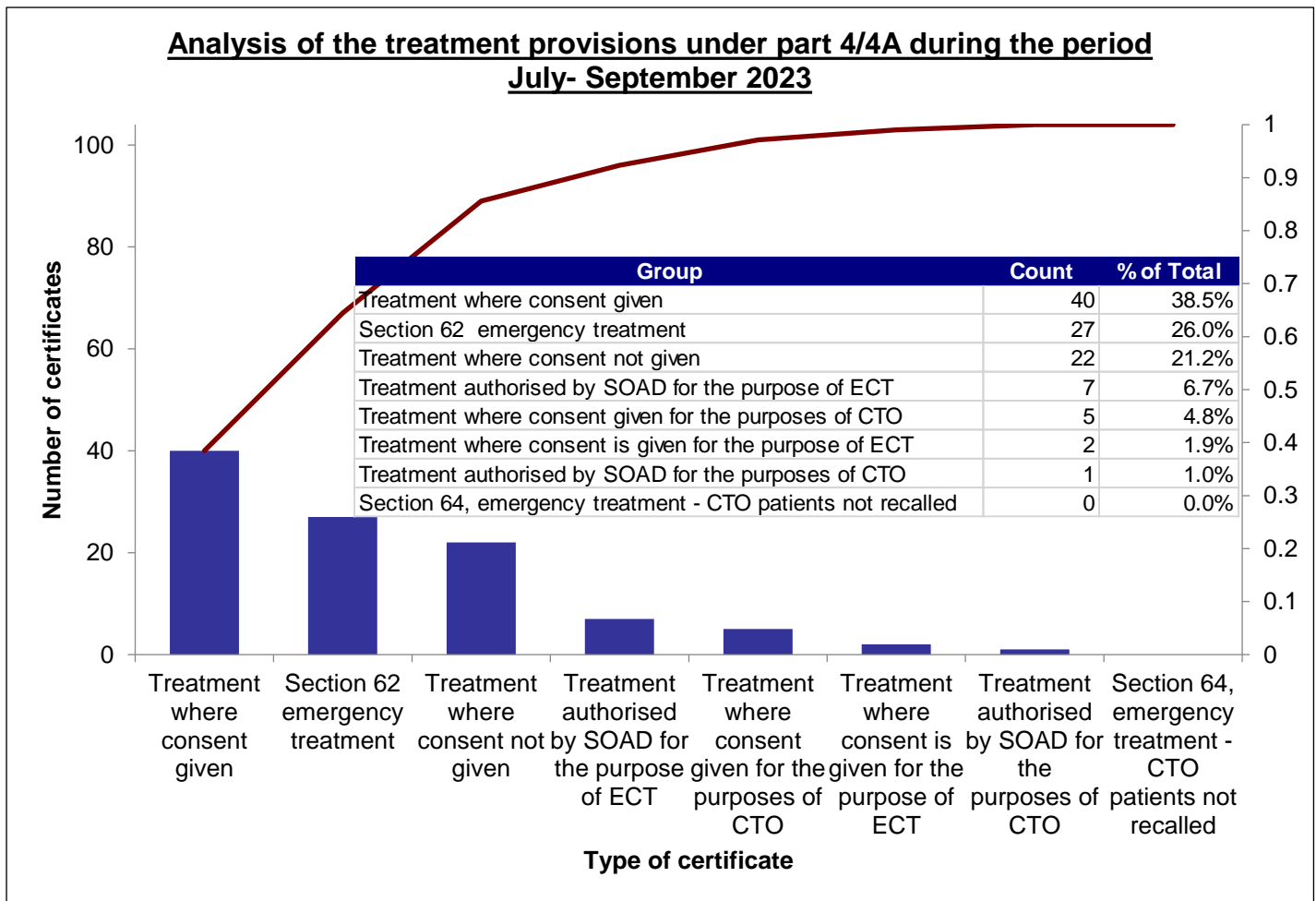


Scrutiny of documents during the period

The chart above is a different type of control chart (P Chart) which looks at the proportions. The width of the control limits is dictated by the size of the denominator, so a larger denominator will have a narrower limit.



Consent to Treatment



Urgent Treatment

There are some circumstances in which the approved clinician may authorise a detained patient's urgent treatment under section 62 however this applies only to patients whose treatment is covered by Part 4 of the Act which is concerned with the treatment of detained patients and Part 4A supervised community treatment patients recalled to hospital.

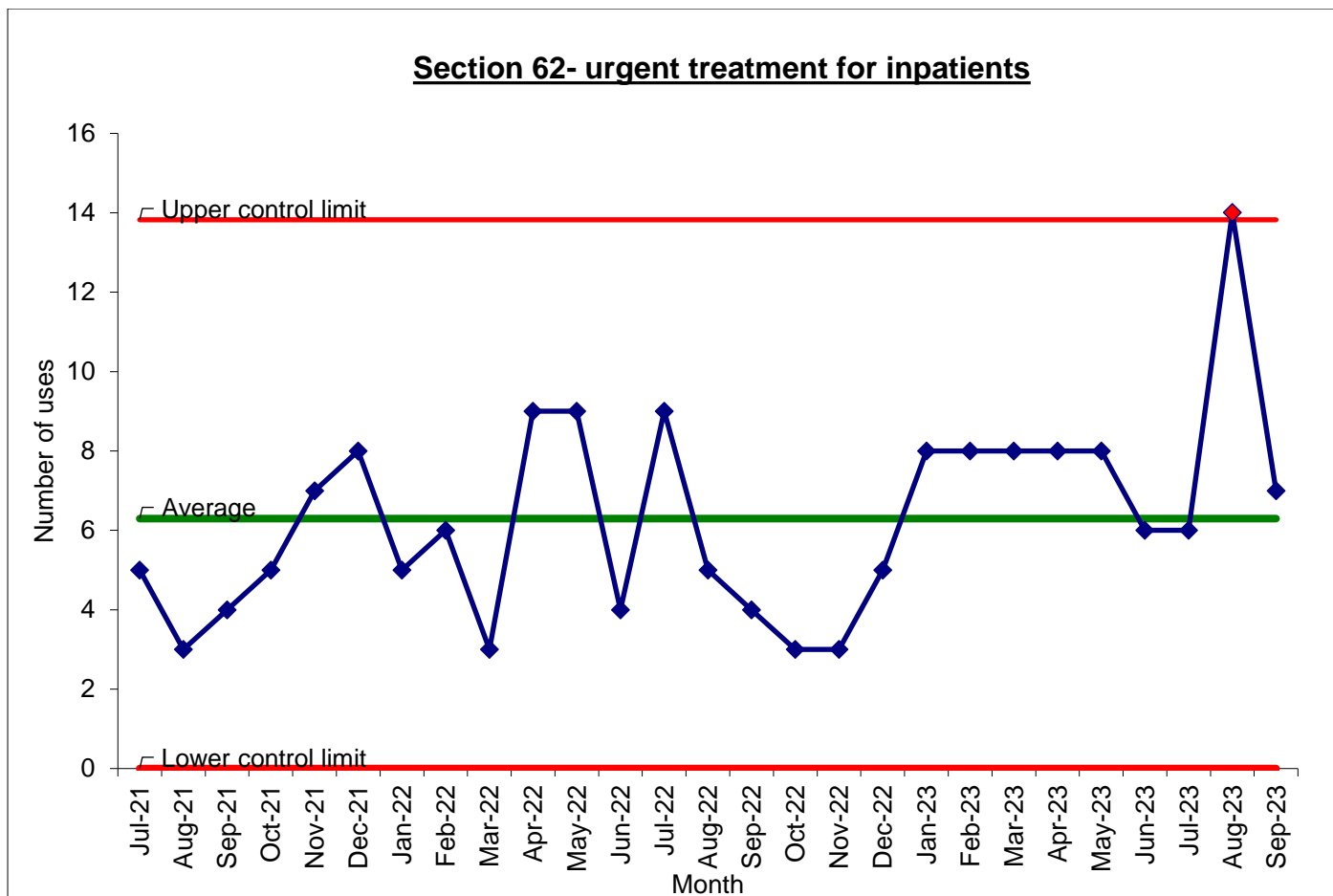
Urgent treatment is defined as treatment that is:

- Immediately necessary to save the patient's life; or
- That is not irreversible but is immediately necessary to prevent a serious deterioration of the patient's condition; or
- That is not irreversible or hazardous but is immediately necessary to alleviate serious suffering by the patient; or
- That is not irreversible or hazardous but is immediately necessary and represents the minimum interference to prevent the patient from behaving violently or being a danger to himself or others.

A patient's treatment may be continued pending compliance with s.58, if discontinuation would cause serious suffering to the patient.

Urgent treatment can be used in any of the following instances:

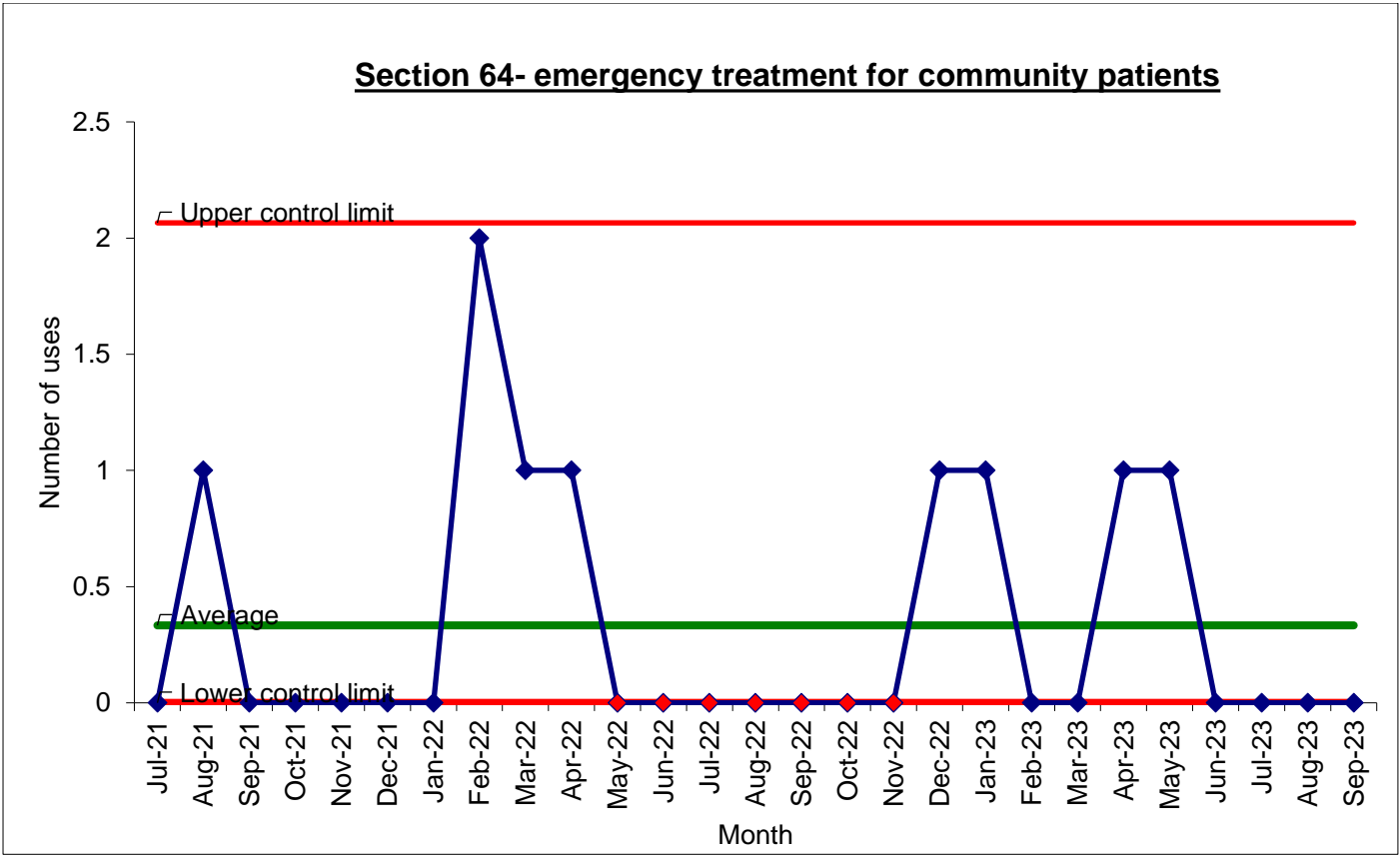
- Where the SOAD has not yet attended to certify treatment within the statutory timeframe.
- Where the SOAD has not yet certified treatment for ECT which needs to be administered as a matter of urgency.
- Where medication is prescribed outside of an existing SOAD certificate.
- Where consent has been withdrawn by the patient and the SOAD has not yet attended to certify treatment.
- Where the patient has lost capacity to consent to treatment and the SOAD has not yet attended for certification purposes.



The above chart highlights that Section 62 was used on twenty seven occasions for the following reasons:

- Pending SOAD – 3 month rule x 15
- For emergency ECT awaiting SOAD authorisation x 4
- Change in medication- awaiting SOAD authorisation x 4
- Time limited certificate- awaiting new certification x 2
- Awaiting consent from regular responsible clinician x 1
- Transfer in- awaiting SOAD x 1

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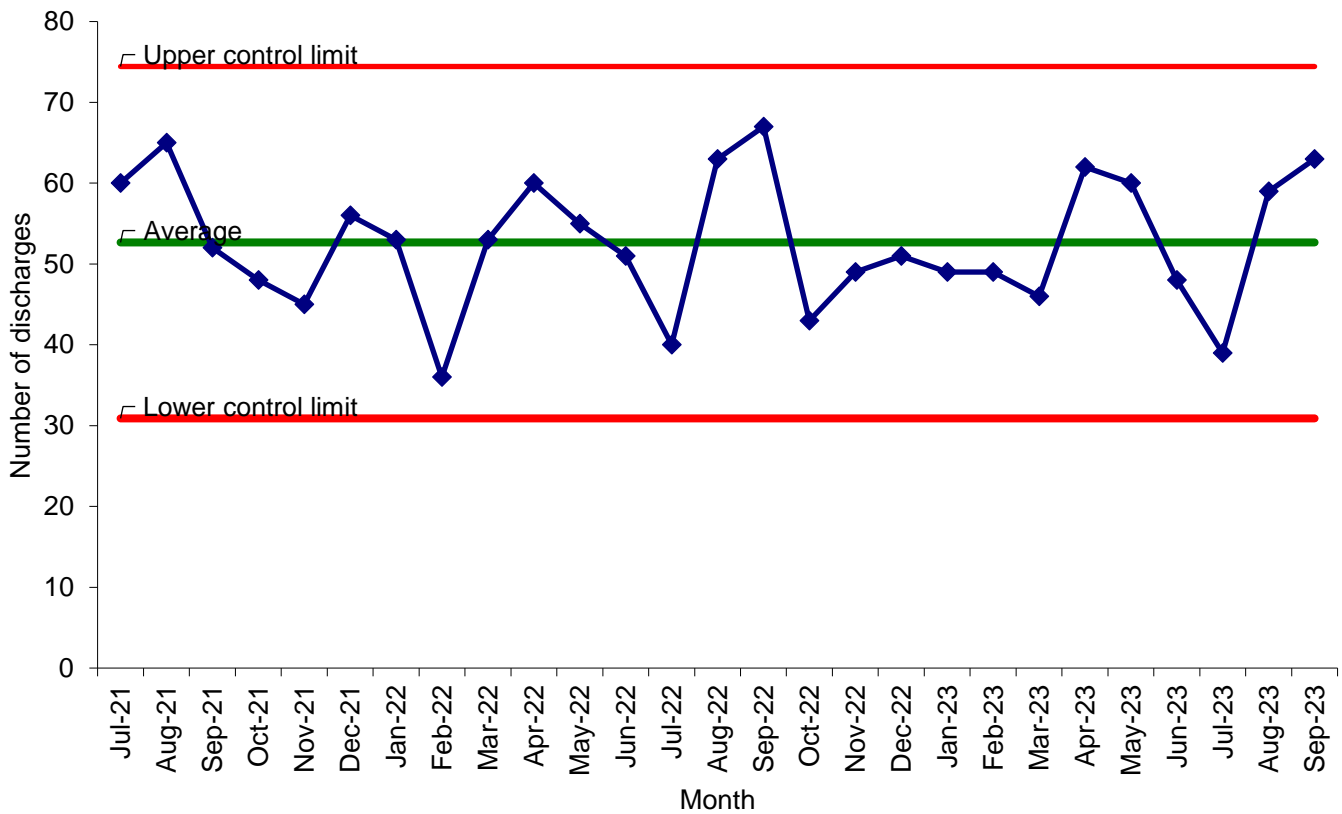


The above chart highlights that Section 64 was not used during this period.

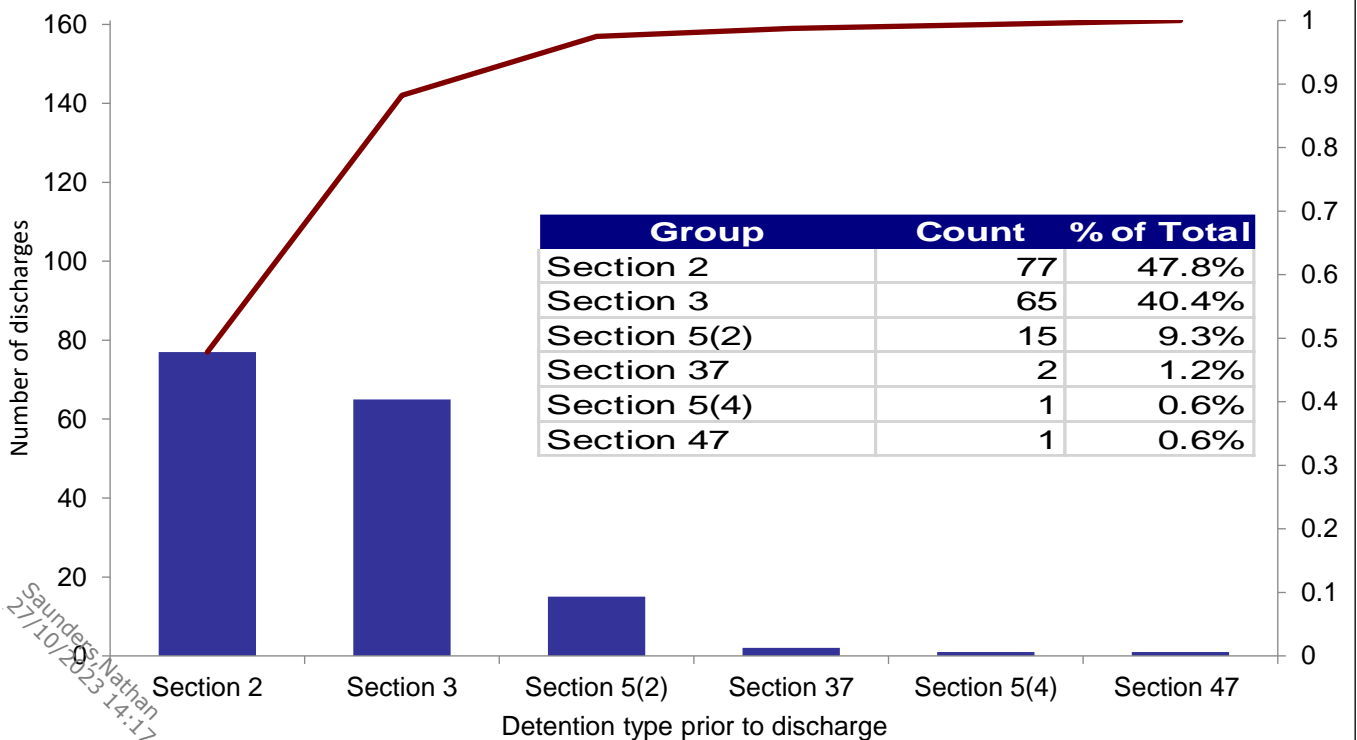
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Discharge

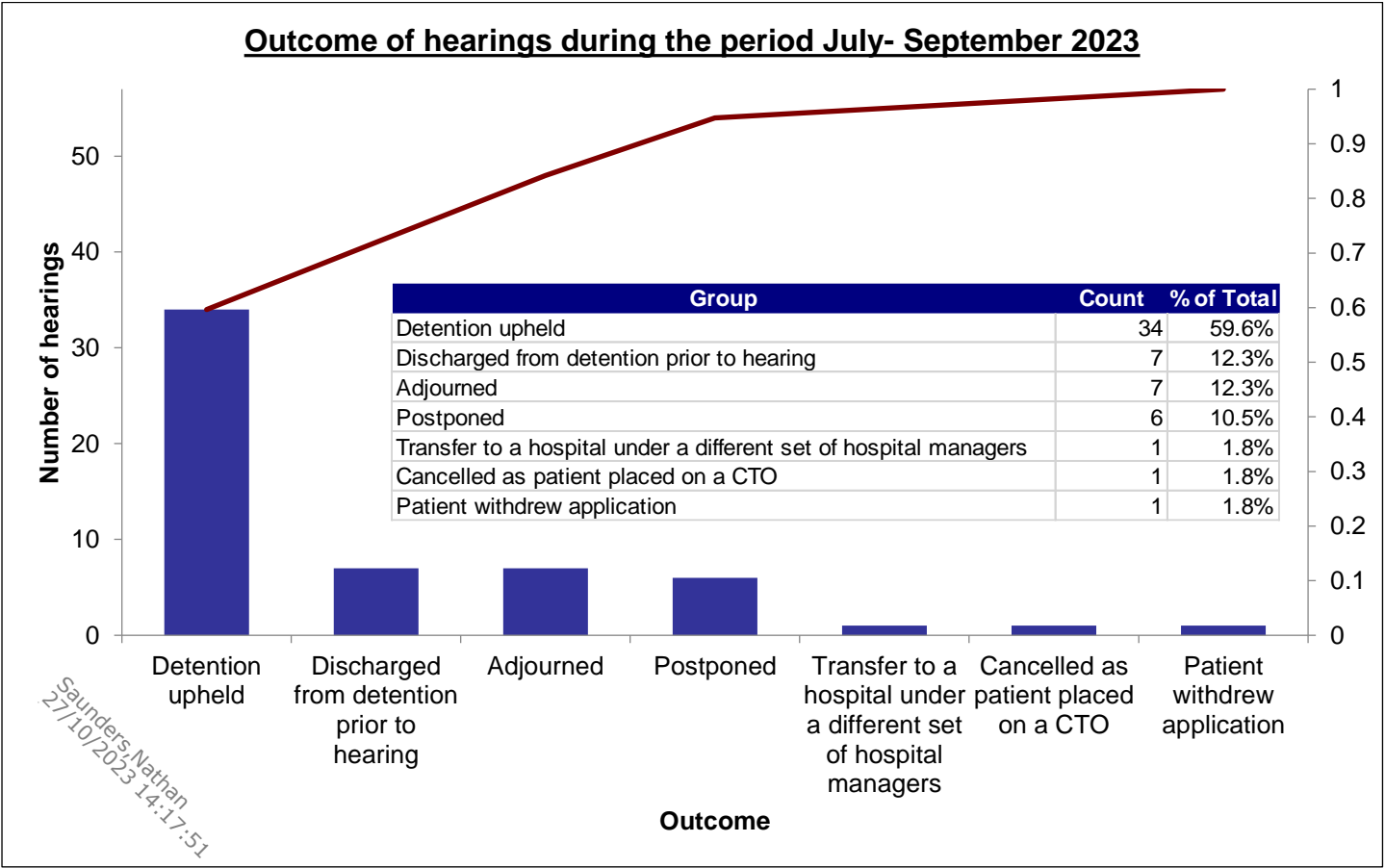
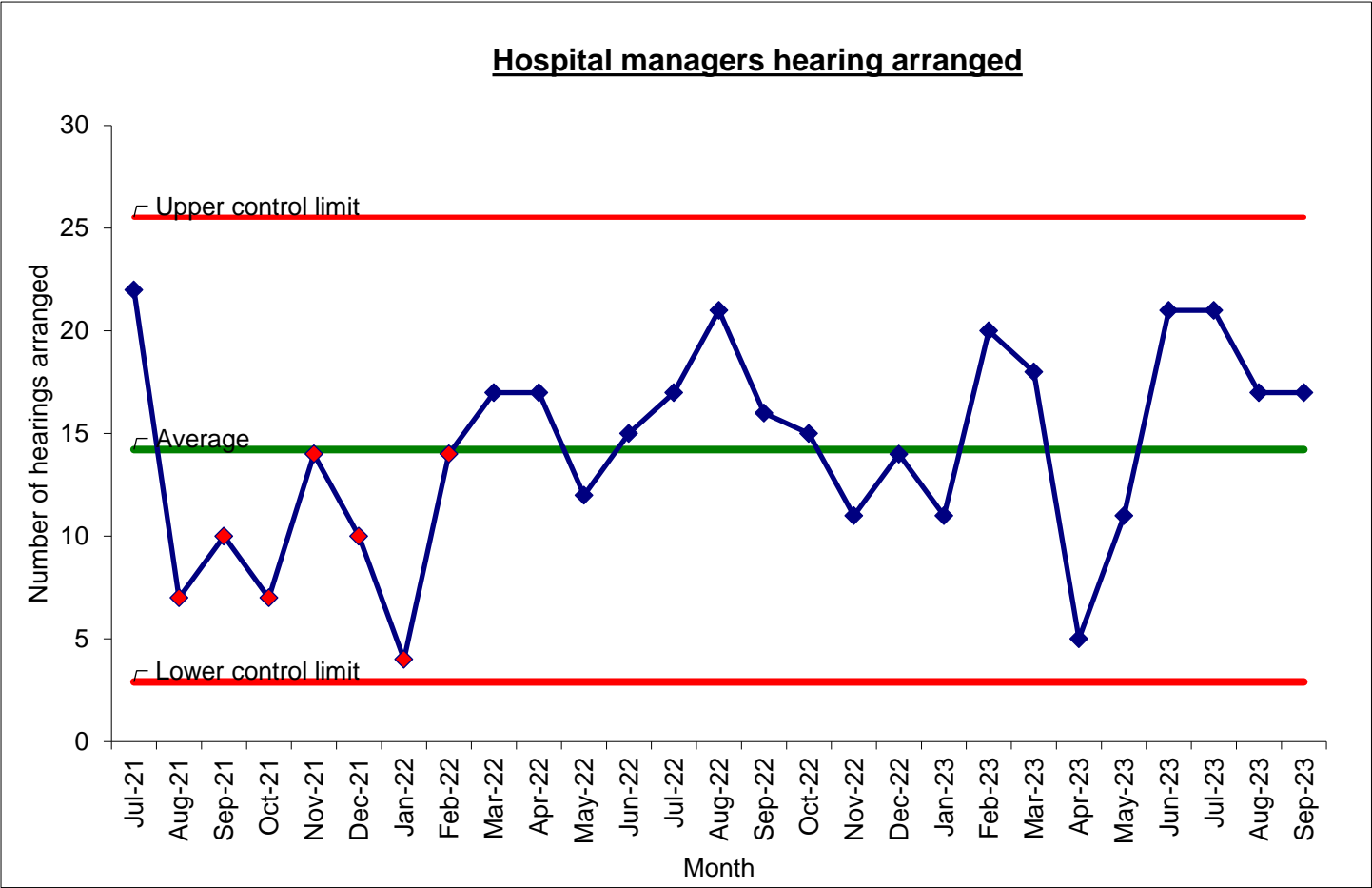
Discharge from detention by Responsible Clinician



Discharge from detention by responsible clinician during the period July- September 2023



Hospital Managers – Power of Discharge



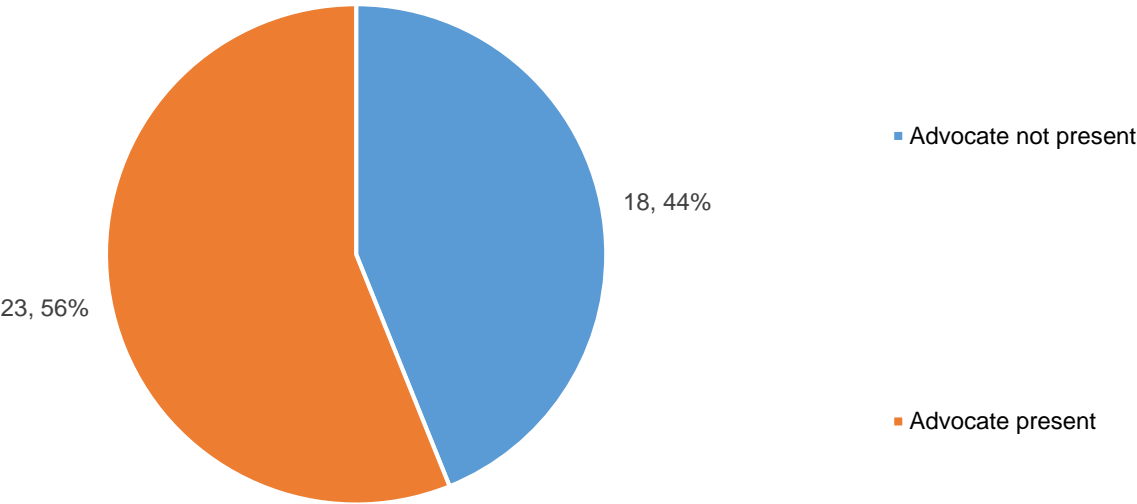
Seven hearings were adjourned for the following reasons:

- PoD panel member did not attend x1
- No advocate available x 1
- Could not be clarified whether patient had received reports prior to hearing x 2
- Updated nursing report required x 1
- Interpreter did not attend as planned x 1
- Patient initially didn't attend but then wished to once hearing had commenced x 1

Six hearings were postponed for the following reasons:

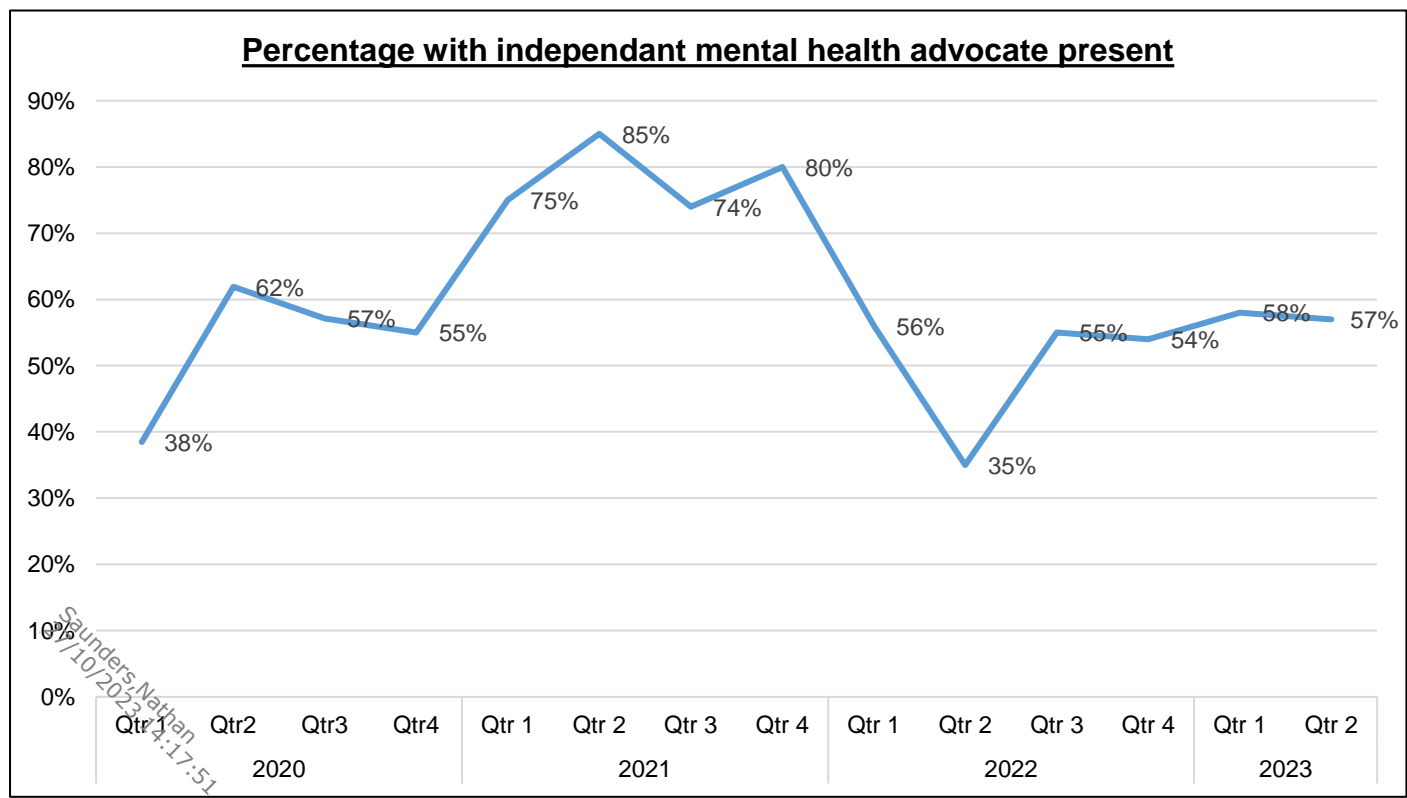
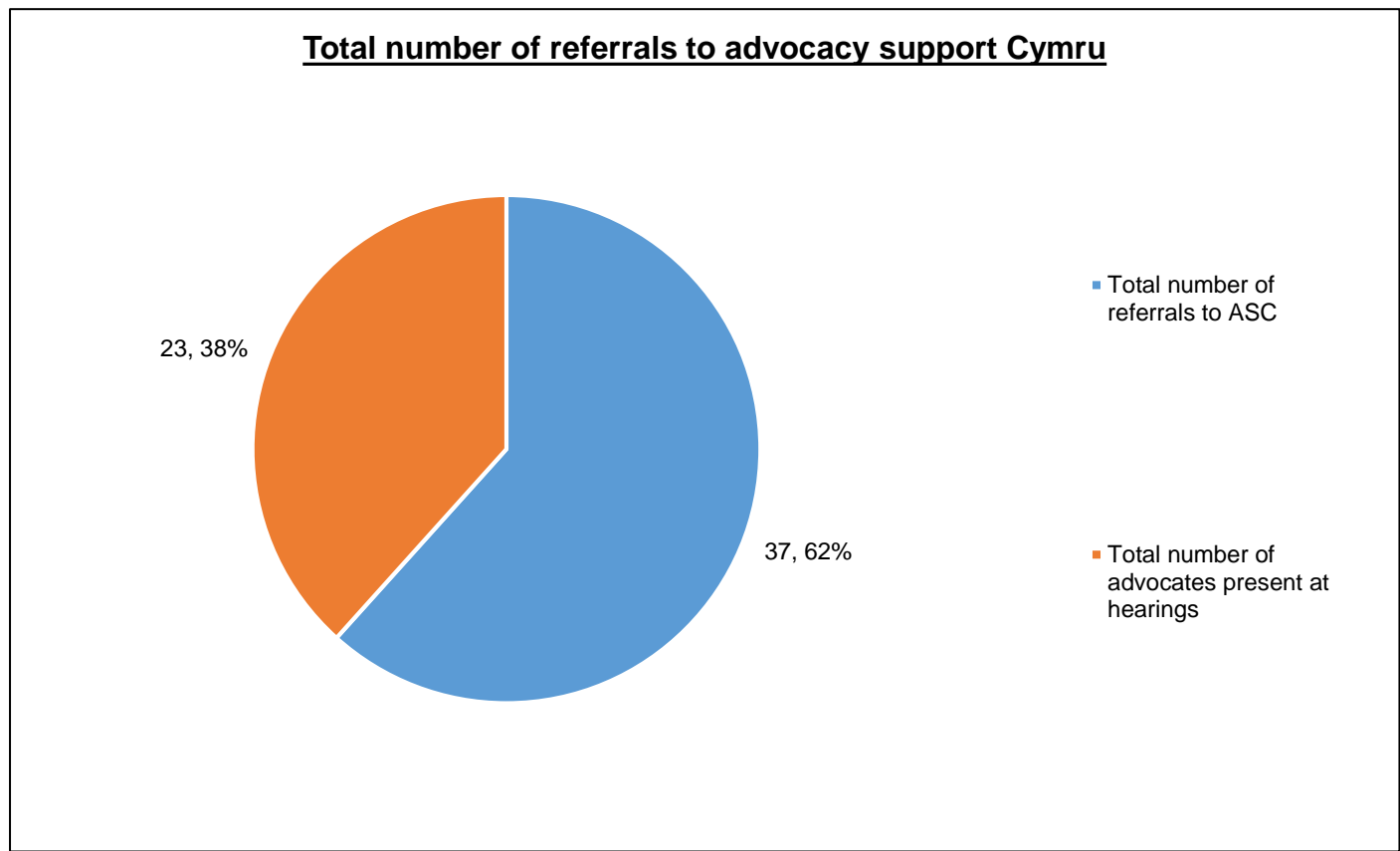
- Nurses strikes x 1
- Medical report not received x 1
- RC now unavailable x 2
- Legal representative unavailable x 1
- No room available x 1

Number of patients represented by advocacy support Cymru



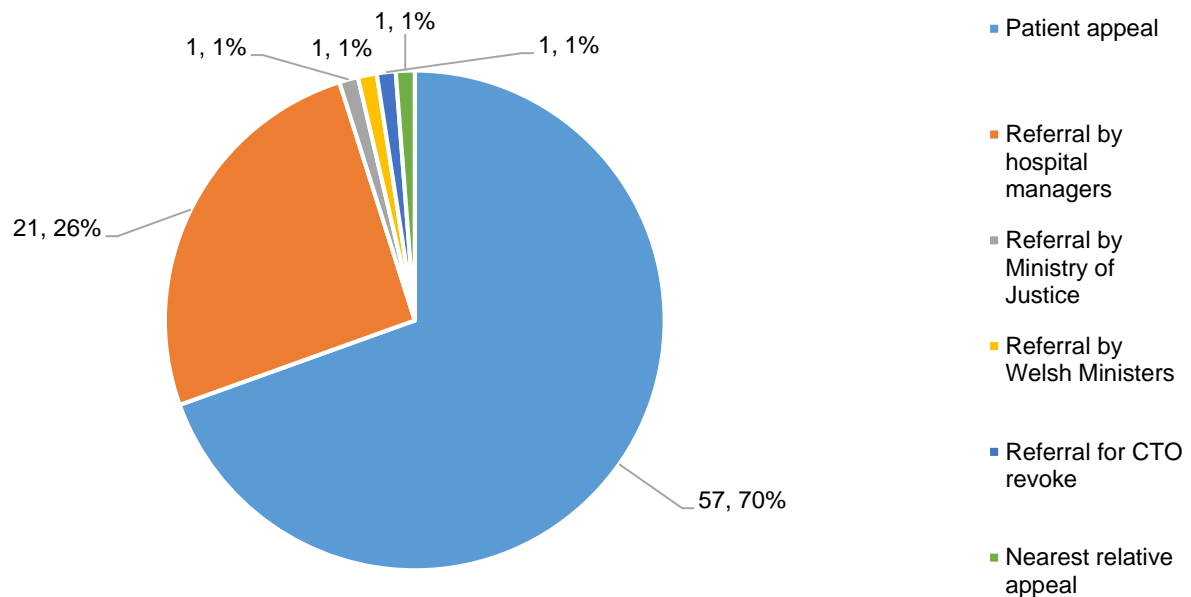
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During the period the Mental Health Act Office made thirty seven referrals to Advocacy Support Cymru where the patient was deemed not to have capacity to make this decision. Sixteen of the hearings of the hearings were either postponed/cancelled and therefore weren't attended by an advocate.

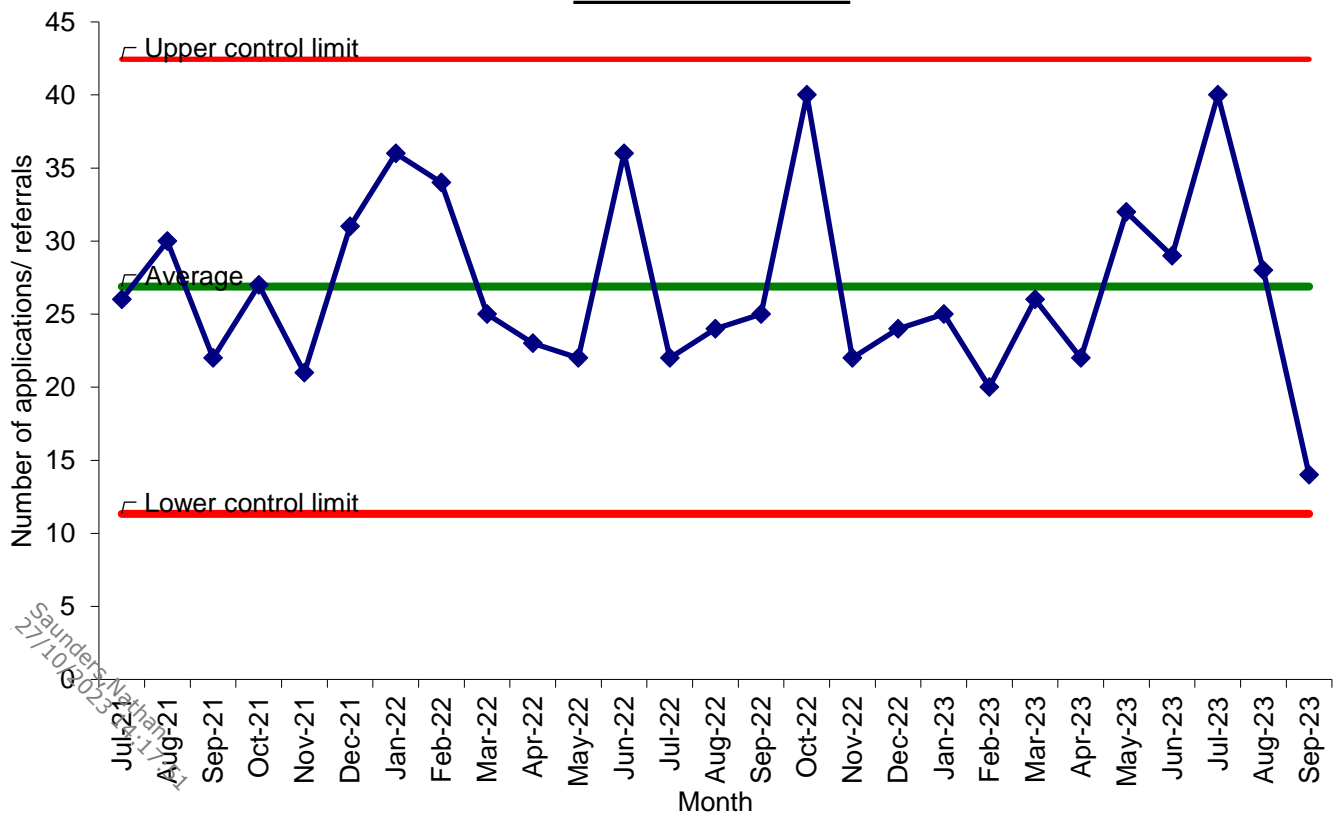


Mental Health Review Tribunal (MHRT) for Wales

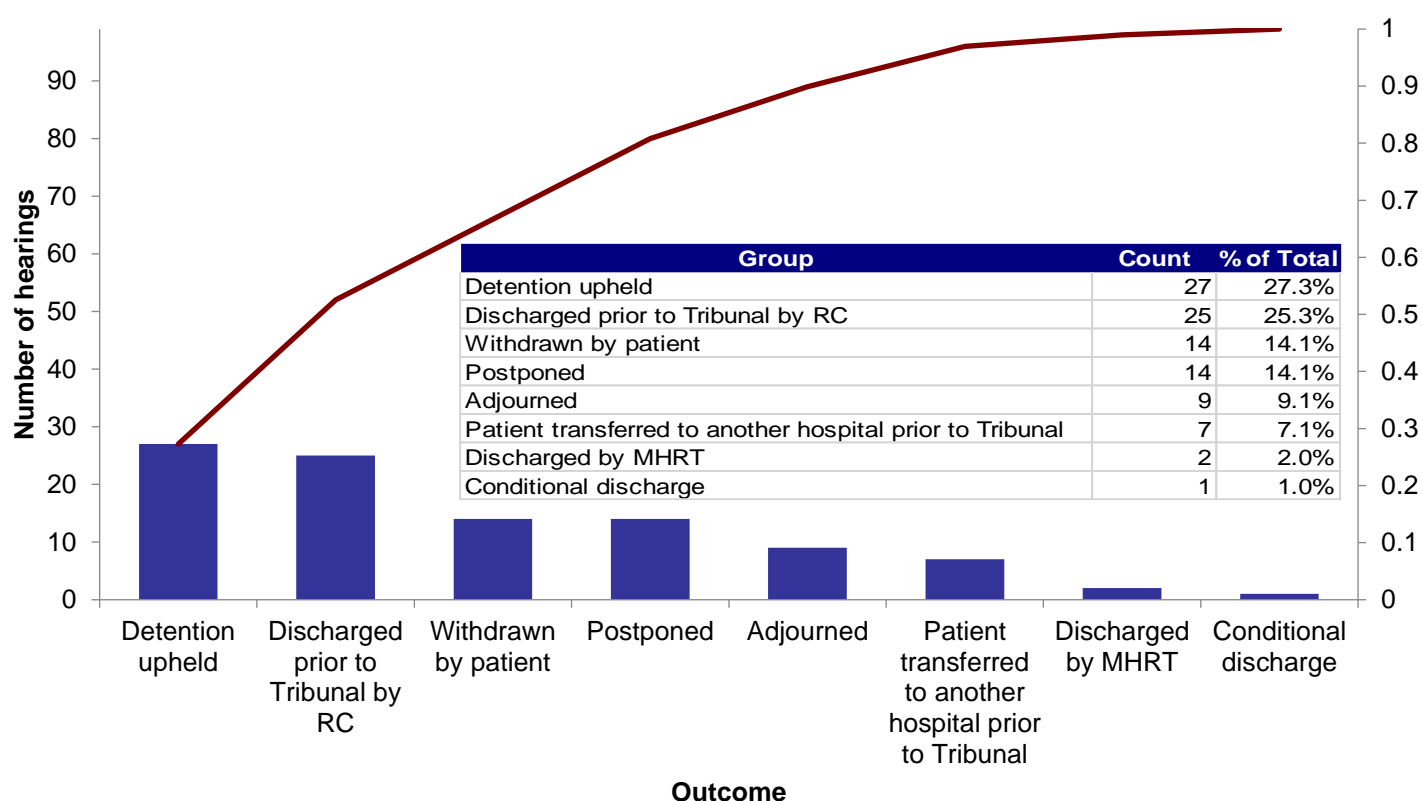
Source of applications to the Mental Health Review Tribunal for Wales



Number of referrals and applications to the Mental Health Review Tribunal for Wales



Outcome of Mental Health Review Tribunal for Wales held during period July- September 2023



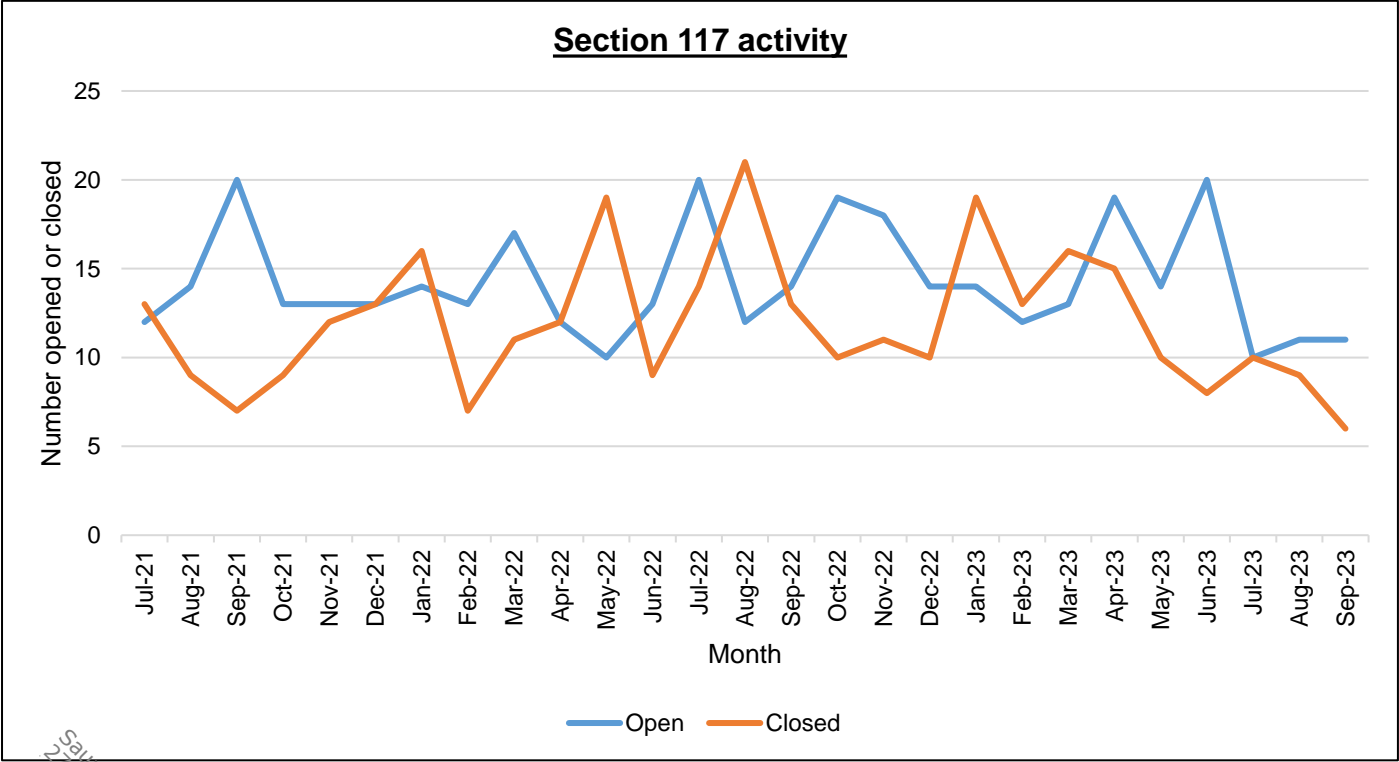
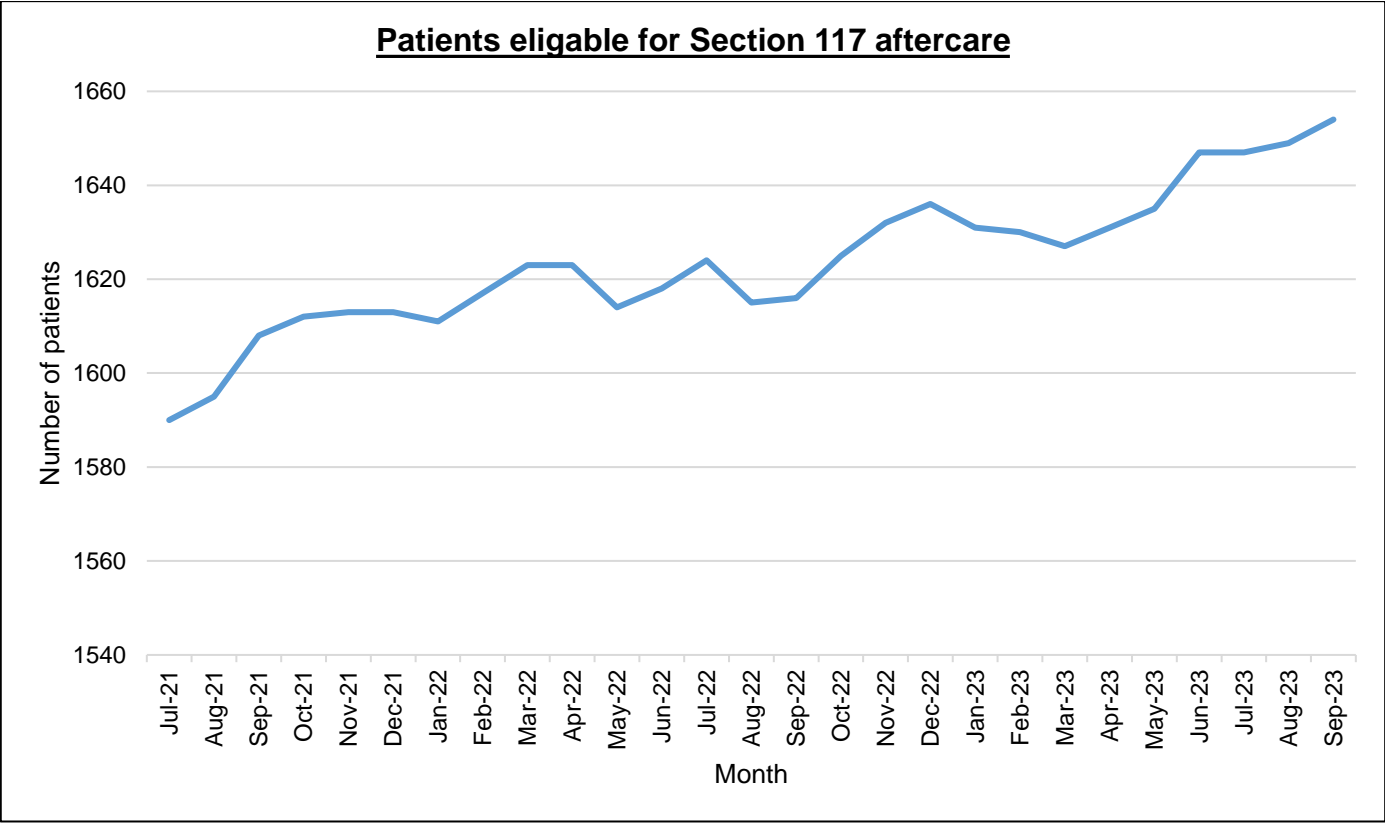
Nine hearings were adjourned for the following reasons:

- Updated reports needed x 2
- Previous directions not adhered to x 1
- Capacity assessment needed x 1
- No social worker in attendance x 1
- Community support not in place x 1
- No legal representative present x 1
- Legal status due to change imminently- panel considered referral should be held under new legal status' criteria x1
- Patient wanted to attend hearing but was too unwell on the day x 1

Fourteen hearings were postponed for the following reasons:

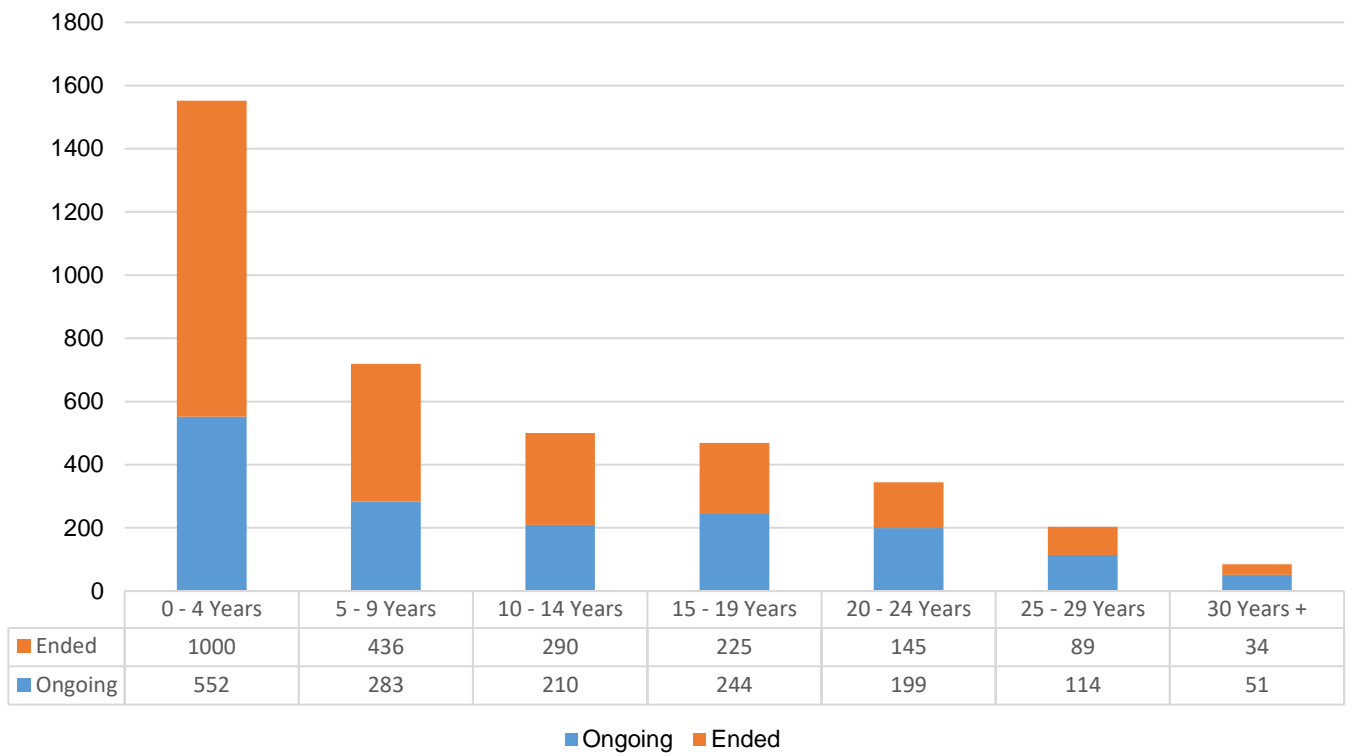
- RC availability x 3
- Social worker availability x 1
- Legal representative availability x 2
- Legal representative conflict of interest x 1
- MHRT panel availability x 2
- Patient too unwell to attend x 2
- Discharge meeting delayed x 1
- Nearest relative availability x 1
- Updated reports needed x 1

Section 117 Aftercare



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Periods of time that patients remain eligible for Section 117 aftercare



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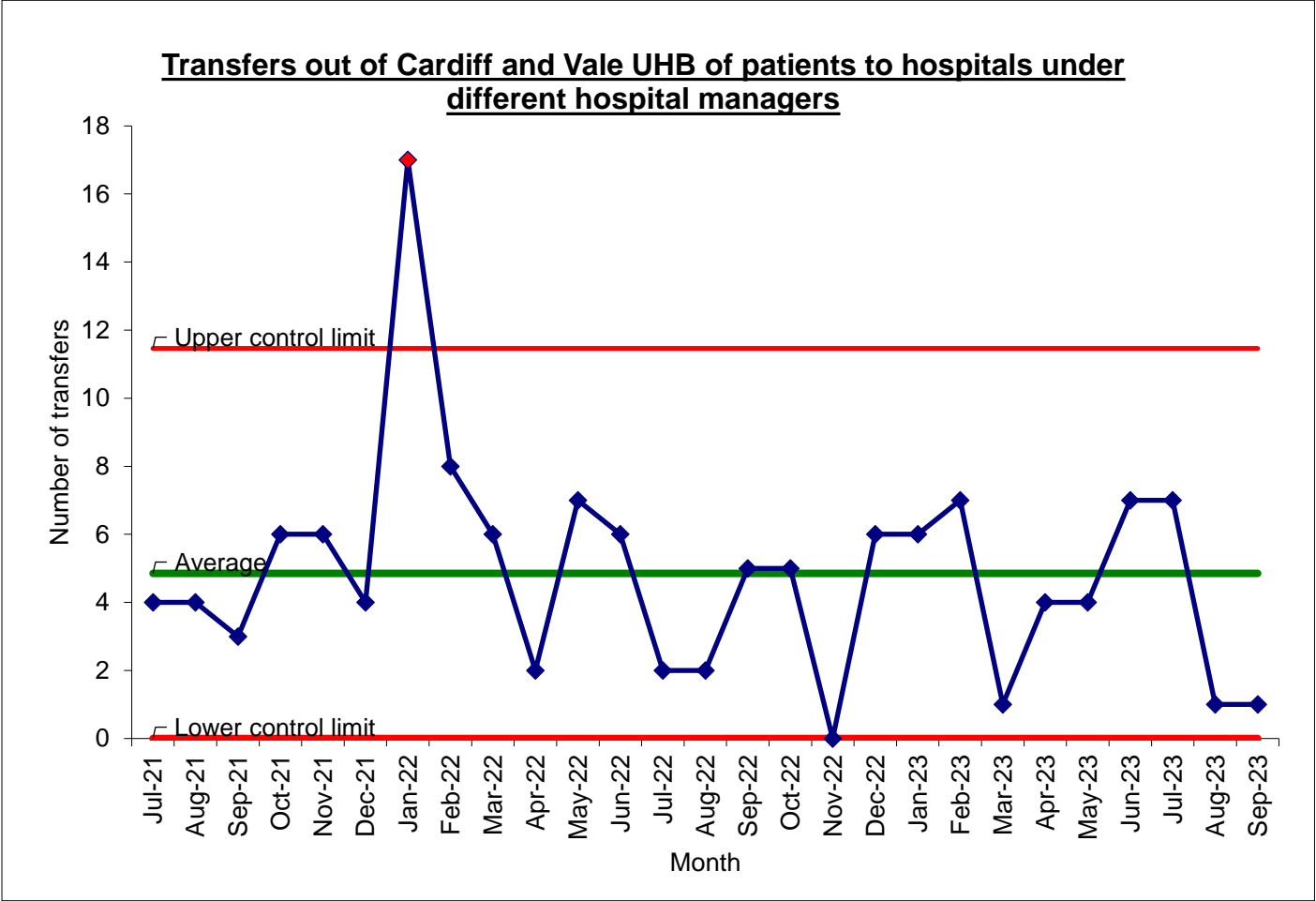
Section 19 transfers to and from Cardiff and Vale UHB

During the period:

Eight patients detained under Part 2 of the Mental Health Act were transferred from Cardiff and Vale UHB to a hospital under a different set of Managers for the following reasons:

- Two to PICU beds out of area
- Three to specialist placements
- Three back to their home area

One patient detained under Part 3 of the Mental Health Act was transferred from Cardiff and Vale UHB to a medium secure unit.



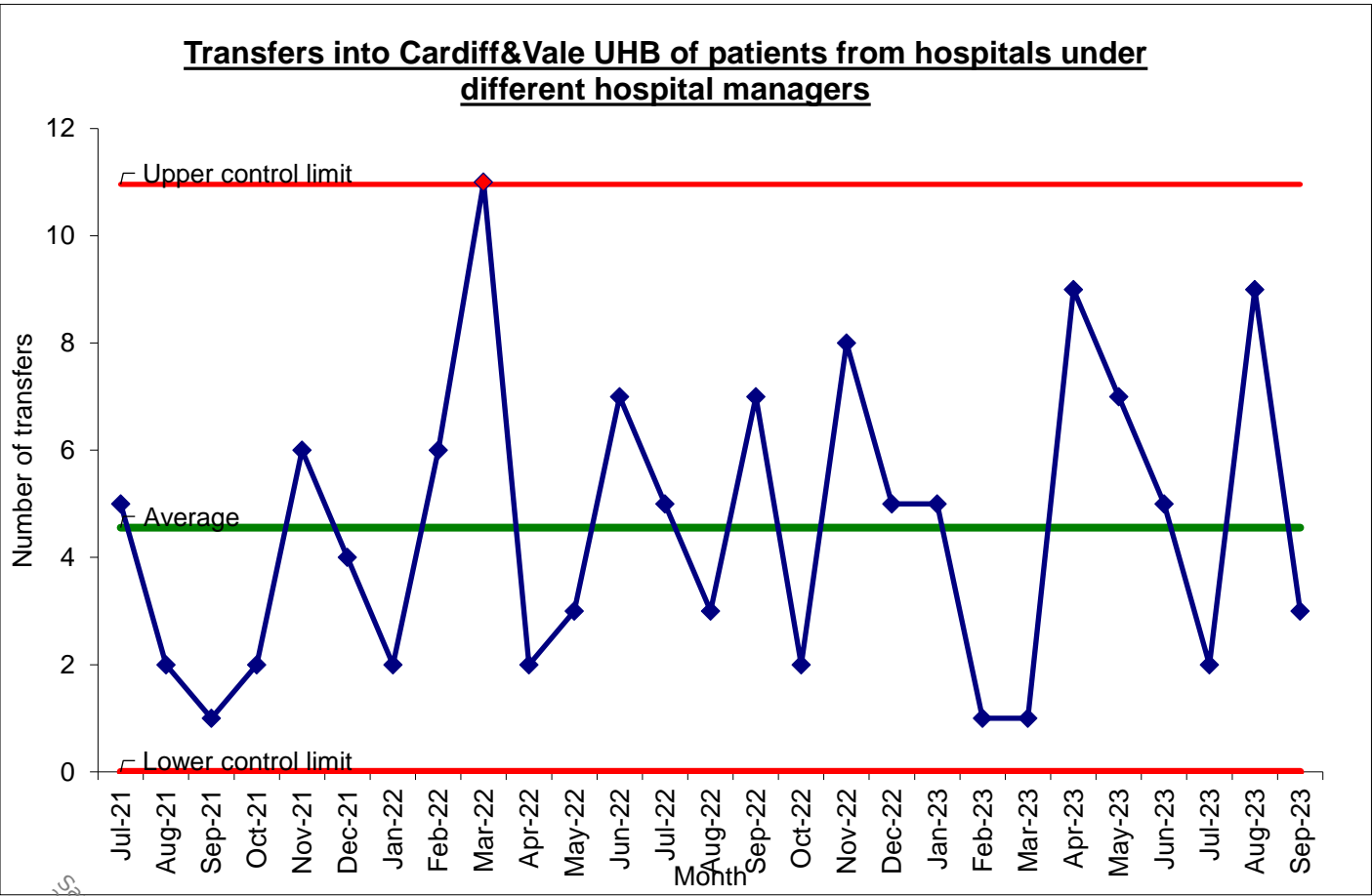
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Thirteen patients detained under Part 2 of the Mental Health Act were transferred into Cardiff and Vale UHB from a hospital under a different set of Managers for the following reasons:

- From out of area PICU beds to acute wards x 6
- Three from out of area beds x 5
- From medium secure beds x 1
- From out of area to home PICU bed x1

One patients detained under Part 3 of the Mental Health Act were transferred into Cardiff and Vale UHB from a hospital under a different set of Managers for the following reasons:

- Step down from medium secure bed



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Summary of other Mental Health Activity which took place during the period

July- September 2023

Exclusion of visitors

Visiting on wards at Hafan Y Coed are allowed but by strict appointment only. This is managed through a booking in system. This is due to the ongoing global pandemic.

Death of detained patients

During the period there was one death of a detained patient.

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Glossary of Terms

Definition	Meaning
Informal patient	Someone who is being treated for mental disorder in hospital and who is not detained under the Act.
Detained patient	A patient who is detained in hospital under the Act or who is liable to be detained in hospital but who is currently out of hospital e.g. on section 17 leave.
Section 135	Allows for a magistrate to issue a warrant authorising a policeman to enter premises, using force if necessary, for the purpose of removing a mentally disordered person to a place of safety for a period not exceeding 72 hours, providing a means by which an entry which would otherwise be a trespass, becomes a lawful act.
Section 135(1)	Used where there is concern about the well being a person who is not liable to be detained under the Act so that he /she can be examined by a doctor and interviewed by an Approved mental Health Professional in order that arrangements can be made for his/her treatment or care.
Section 135(2)	Used where the person is liable to be detained, or is required to reside at a certain place under the terms of guardianship, or is subject to a community treatment order or Scottish legislation. In both instances, the person can be transferred to another place of safety during the 72 hour period.
Section 136	Empowers a policeman to remove a person from a public place to a place of safety if he considers that the person is suffering from mental disorder and is in immediate need of care and control. The power is available whether or not the person has, or is suspected of having committed a criminal offence. The person can be detained in a place of safety initially for up to 24 hours so

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	<p>that he /she can be examined by a doctor and interviewed by an Approved mental Health Professional in order that arrangements can be made for his/her treatment or care. The detention can be extended by a further 12 hours by a Registered Medical Professional. The detained person can be transferred to another place of safety as long as the maximum time period has not expired.</p>
Part 2 of the Mental Health Act 1983	<p>This part of the Act deals with detention, guardianship and supervised community treatment for civil patients. Some aspects of Part 2 also apply to some patients who have been detained or made subject to guardianship by the courts or who have been transferred from prison to detention in hospital by the Secretary of State for Justice under Part 3 of the Act.</p> <p>A part 2 patient is a civil patient who became subject to compulsory measures under the Act as a result of an application for detention by a nearest relative or an approved mental health professional founded on medical recommendations.</p>
Section 5(4)	<p>Provides for registered nurses whose field of practice is mental health or learning disabilities to invoke a holding power for a period of not more than 6 hours by completing the statutory document required.</p> <p>During this period, the medical practitioner or approved clinician in charge, or his or her nominated deputy should examine the patient with a view to making a report under section 5(2).</p> <p>Alternatively a patient can be detained under section 2 or 3 if a full Mental Health Act assessment is achieved during the 6 hour period.</p>
Section 5(2)	<p>Enables an informal inpatient to be detained for up to 72 hours if the doctor or approved clinician in charge of the patient's treatment reports that an application under section 2 or 3 ought to be made.</p>

	<p>The purpose of this holding power is to prevent a patient from discharging him/herself from hospital before there is time to arrange for an application under section 2 or section 3 to be made. As soon as the power is invoked, arrangements should be made for the patient to be assessed by a potential applicant and recommending doctors.</p>
Section 4	<p>In cases of urgent necessity, this section provides for the compulsory admission of a person to hospital for assessment for a period of up to 72 hours.</p> <p>An application under this section should only be made when the criteria for admission for assessment are met, the matter is urgent and it would be unsafe to wait for a second medical recommendation i.e. where the patient's urgent need for assessment outweighs the alternative of waiting for a medical recommendation by a second doctor.</p> <p>A psychiatric emergency arises when the mental state or behaviour of a patient cannot be immediately managed. To be satisfied that an emergency has arisen, there must be evidence of:</p> <ul style="list-style-type: none"> • An immediate and significant risk of mental or physical harm to the patient or to others • And/or the immediate and significant danger of serious harm to property • And/or the need for physical restraint of the patient. <p>Section 4 cannot be renewed at the end of the 72 hour period. If compulsory detention is to be continued, the application must either be converted into a section 2 (admission for assessment) with the addition of a second medical recommendation, in which case the patient can be detained for a maximum of 28 days under that section beginning with the date of admission under section 4 or an application for treatment under section 3 should be made.</p> <p>The Act does not provide for a section 4 to be converted into a section 3 because the criteria for admission under each of these sections are different.</p>

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<p>Section 2</p>	<p>Authorises the compulsory admission of a patient to hospital for assessment or for assessment followed by medical treatment for mental disorder for up to 28 days. Provisions within this section allow for an application to be made for discharge to the Hospital Managers or Mental Health Review Tribunal for Wales.</p> <p>If after the 28 days have elapsed, the patient is to remain in hospital, he or she must do so, either as an informal patient or as a detained patient under section 3 if the grounds and criteria for that section have been met.</p> <p>The purpose of the section is limited to the assessment of a patient's condition to ascertain whether the patient would respond to treatment and whether an application under section 3 would be appropriate.</p> <p>Section 2 cannot be renewed and there is nothing in the Act that justifies successive applications for section 2 being made.</p> <p>The role of the nearest relative is an important safeguard but there are circumstances in which the county court has the power to appoint another person to carry out the functions of the nearest relative:</p> <ul style="list-style-type: none"> • The patient has no nearest relative within the meaning of the Act • It is not reasonably practicable to find out if they have such a relative or who that relative is • The nearest relative is unable to act due to mental disorder or illness • The nearest relative of the person unreasonably objects to an application for section 3 or guardianship. • The nearest relative has exercised their power to discharge the person from hospital or guardianship without due regard to the persons welfare or the public interest <p>This procedure may have the effect of extending the authority to detain under section 2 until the application to the county court to appoint another person is finally disposed of.</p>
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	<p>Patients admitted under section 2 are subject to the consent to treatment provisions in Part 4 of the Act.</p>
Section 3	<p>Provides for the compulsory admission of a patient to a hospital named in the application for treatment for mental disorder. Section 3 provides clear grounds and criteria for admission, safeguards for patients and there are strict provisions for review and appeal.</p> <p>Patients detained under this section are subject to the consent to treatment provisions contained in Part 4 of the Act below.</p>
Community Treatment Order (CTO)	<p>Provides a framework to treat and safely manage suitable patients who have already been detained in hospital in the community. CTO provides clear criteria for eligibility and safeguards for patients as well as strict provisions for review and appeal, in the same way as for detained patients.</p>
Section 17E (recall of a community patient to hospital)	<p>Provides that a Responsible Clinician may recall a patient to hospital in the following circumstances:</p> <ul style="list-style-type: none"> • Where the RC decides that the person needs to receive treatment for his or her mental disorder in hospital and without such treatment there would be a risk of harm to the health or safety of the patient or to other people. • Where the patient fails to comply with the mandatory conditions set out in section 17B (3).
Revocation	<p>Is the rescinding of a CTO when a patient needs further treatment in hospital under the Act. If a patients' CTO is revoked the patient is detained under the powers of the Act in the same way as before the CTO was made.</p>
Part 3 of the Act	<p>Deals with the circumstances in which mentally disordered offenders and defendants in criminal proceedings may be admitted to and detained in hospital</p>

	<p>or received into guardianship on the order of the court. It also allows the Secretary of State for Justice to transfer people from prison to detention in hospital for treatment for mental disorder.</p> <p>Part 3 patients can either be "restricted", which means that they are subject to special restrictions on when they can be discharged, given leave of absence and various other matters, or they can be unrestricted, in which case they are treated for the most part like a part 2 patient.</p>
Section 35	Empowers a Crown Court or Magistrates Court to remand an accused person to hospital for the preparation of a report on his mental condition if there is reason to suspect that the accused person is suffering from a mental disorder.
Section 36	Empowers a Crown Court to remand an accused person who is in custody either awaiting trial or during the course of a trial and who is suffering from mental disorder, to hospital for treatment.
Section 37	Empowers a Crown Court or magistrates' court to make a hospital or guardianship order as an alternative to a penal disposal for offenders who are found to be suffering from mental disorder at the time of sentencing.
Section 38	Empowers a Crown Court or Magistrates Court to send a convicted offender to hospital to enable an assessment to be made on the appropriateness of making a hospital order or direction.
Section 41	<p>Empowers the Crown Court, having made a hospital order under s.37, to make a further order restricting the patients discharge, transfer or leave of absence from hospital without the consent of the Secretary of State for Justice.</p> <p>Section 41 can also operate as a community section for people who were originally on section 37/41. When a section 37/41 is conditionally discharged it leaves the power of Section 41 in place. This means that the person</p>

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	can leave hospital and live in the community but with a number of conditions placed upon them.
Section 45A	This is a court sentence to hospital for someone with a mental disorder at any time after admission, if the Responsible Clinician considers that treatment is no longer required or beneficial, the person can be transferred back to prison to serve the remainder of their sentence.
Section 47	Enables the Secretary of State to direct that a person serving a sentence of imprisonment or other detention be removed to and detained in a hospital to receive medical treatment for mental disorder.
Section 48	Empowers the Secretary of State for Justice to direct the removal from prison to hospital of certain categories of unsentenced mentally disordered prisoners to receive medical treatment.
Section 49	Enables the Secretary of State for Justice to add an order restricting the patients discharge from hospital to a s.47 or s.48.
CPI Act	<p>Criminal Procedure (Insanity) Act 1964. This Act as amended by the Criminal Procedures (Insanity and Unfitness to Plead) Act 1991 and the Domestic Violence, Crime and Victims Act 2004 provides for persons who are found unfit to be tried or not guilty by reason of insanity in respect of criminal charges. The court has three disposal options:</p> <ul style="list-style-type: none"> • To make a hospital order under section 37 of the MHA 1983 which can be accompanied by a restriction order under section 41. • To make a supervision order so that the offenders responsible officer will supervise him only to the extent necessary for revoking or amending the order. • Order the absolute discharge of the accused.
CTO (section 37)	Once an offender is admitted to hospital on a hospital order without restriction on discharge, his or her position

	is the same as if a civil patient, effectively moving from the penal into the hospital system. He or she may therefore be suitable for CTO
Administrative scrutiny	The University Health Board has formally delegated its duty to administratively scrutinise admission documents to officers identified in the scheme of delegation. Medical scrutiny is undertaken by Consultant Psychiatrists.
	<p>Compliance with the Consent to Treatment provisions under Part 4 & 4A of the Act is related to treatments requiring the patient's consent or a second opinion.</p> <p>If a patient has capacity but refuses treatment a Second Opinion Appointed Doctor (SOAD), i.e. a Registered Medical Practitioner appointed for the purposes of Part 4 of the Act can authorise treatment having consulted two Statutory Consultee's who have been professionally concerned with the medical treatment of the patient for mental disorder.</p> <p>If the patient lacks capacity to consent SOAD authorisation is required.</p>
Section 58(3)(a)	Certificate of consent to treatment (RC)
Section 58(3)(b)	Certificate of second opinion (SOAD authorisation)
Section 58A(3)(c)	Certificate of consent to treatment, patients at least 18 years of age (RC)
Section 58A(4)(c)	Certificate of consent to treatment and second opinion, patients under 18 years of age (SOAD)
Section 58A(5)	Certificate of second opinion (patients not capable of understanding the nature, purpose and likely effects of the treatment). (SOAD)
Part 4A	Certificate of appropriateness of treatment to be given to a community patient (SOAD)

<p>Section 62 – Urgent treatment</p>	<p>Where treatment is immediately necessary, a statutory certificate is not required if the treatment in question is:</p> <ul style="list-style-type: none"> • To save the patient's life • Or to prevent a serious deterioration of the patients condition, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed • Or to alleviate serious suffering by the patient, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard • Or to prevent the patient behaving violently or being a danger to themselves or others, and the treatment represents the minimum interference necessary for that purpose, does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard.
<p>Section 23</p>	<p>Provides for the absolute discharge from detention, guardianship or from a community treatment order of certain patients, by the Responsible Clinician, the Hospital Managers (or Local Social Services Authority for guardianship patients) or the patients nearest relative. The discharge must be ordered; it cannot be affected by implication.</p> <p>Section 23 does not apply to patients who have been remanded to hospital by the courts or to patients subject to interim hospital orders.</p> <p>The Secretary of State for Justice has powers to discharge restricted patients under section 42(2).</p> <p>If at any time Responsible Clinicians conclude that the criteria justifying the continued detention or community treatment order are not met, they should exercise their power of discharge and not wait until such time that the detention order or CTO is due to expire.</p>

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Section 117	Services provided following discharge from hospital; especially the duty of health and social services to provide after-care under section 117 of the Act following the discharge of a patient from detention for treatment under the Act. The duty applies to CTO patients and conditionally discharged patients as well as those who have been absolutely discharged.
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Review of Supreme Court 117 ordinary residence ruling

S

Situation

The Supreme Court has ruled on a long-standing and complicated case in which two local authorities were disputing where the patient was 'ordinarily resident' prior to being re-detained under section 3 and thus where the 117 after-care responsibility lies.

The ruling has meant that anyone who is placed or voluntarily moves out of their home LA area and into a different LA area and are deemed to be 'settled' in that new area, then they will be classed as ordinary residence. Therefore, if they are detained under a 117 qualifying section, that new LA area will be responsible for 117 after-care and any previous 117 responsibility from another LA area will end.

There are two aspects in relation to ordinary residence – the first refers to somewhere that is voluntarily adopted, so that enforced presence by reason of kidnapping, imprisonment or detention, for example, would not be classed as ordinary residence. Second, there must be a degree of settled purpose: this requires there to be a sufficient degree of continuity to be properly described as settled.

This means that anyone placed or voluntarily moves to Cardiff & Vale and they are detained under a 117 qualifying section and subsequently discharged, we will automatically become responsible for their 117 after-care needs.

B

Background

The case was between Swindon Borough Council and Worcestershire Country Council.

The patient, JG, who had been detained under section 3 in April 2014 (the first detention), whilst ordinarily resident in Worcestershire. Upon discharge from hospital, JG was placed (and funded) by Worcestershire in a care home in Swindon in July 2014 under section 117, ending the first detention. JG was then moved to a second care home in Swindon in February 2015, again funded by Worcestershire.

In June 2015, JG was detained for a second time (the second detention) under section 3 to a hospital in Swindon, before being discharged in August 2017.

The dispute between the local authorities rested on which of them would be responsible for JG's aftercare following the discharge from the second detention. Responsibility would be based on where JG was "ordinarily resident" immediately before the second

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	<p>detention.</p> <p>How we got to the Supreme Court:</p> <ul style="list-style-type: none">Initially the case was referred to the Secretary of State who determined that Swindon would be responsible as JG had been ordinary residence there prior to the second detention.Swindon then sought a review of this in which the Secretary of State reversed its decision, meaning ordinary residence was deemed to be with Worcestershire and therefore responsible for 117 after-care.Worcestershire sought to challenge the decision by the Secretary of State by judicial review by the High Court.The High Court held that Swindon was responsible for 117 after-care as JG had been ordinary residence there prior to the second detention and Worcestershire's 117 after-care responsibility had come to an end when JG was discharged from hospital after the second detention.This decision was appealed by the Secretary of State.The Court of Appeal held that Worcestershire was responsible for 117 after-care as the duty had not been formally discharged under section 117(2) therefore, it continued throughout the first and second detention.Worcestershire appealed this decision to the Supreme Court.The Supreme Court held that the 117 after-care duty to Worcestershire ended when JG was detained for the second time, with the logic being that JG did not need after-care services if they were detained in hospital. This meant that JG was ordinary resident in Swindon prior to the second detention and therefore they held 117 after-care responsibility.
<div data-bbox="135 1720 363 1890"><div data-bbox="204 1720 300 1825">A</div><div data-bbox="135 1848 363 1890">Assessment</div></div> <div data-bbox="135 1848 316 2033"><p>Standards Nathan 17/10/2023 14:17:51</p></div>	<p>Due to the number of low-cost providers within Cardiff and Vale area, we are at risk of patients being placed here from other areas who may hold 117 after-care responsibility.</p> <p>If a placement breaks down or the patient becomes unwell and is detained on a 117 qualifying section in a Cardiff and Vale hospital, we will become responsible for their 117 after-care needs when they are discharged from hospital if it is said they were ordinary residence in Cardiff or Vale prior to detention.</p>

R

Recommendation

1. Legal guidance has been sought from the MHCB to establish obligations and impact of these changes.
2. Meeting with the Local Authority to develop a Freedom of Information Request to all Local Authorities and Integrated Care Boards to ascertain a rough number of properties being purchased or commissioned to house people from other authorities.
3. Using this information to develop and evidenced risk score as to the potential impact on the UHB financially and clinically.

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SBAR to present Standards for organisational level sign off by Execs/IMs

Report Title:	Mental Health Measure (Wales) 2010 incl. Part 2			Agenda Item no.	10.1
Meeting:	Mental Health Legislation and Mental Capacity Act Committee	Public	X	Meeting Date:	31 st October 2023
		Private			
Status (please tick one only):	Assurance	X	Approval		Information
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Director of Operations, Mental Health				

Main Report
Background and current situation:

The UHB Mental Health Measure performance is reported to and monitored by the Welsh Government on a monthly basis, with reports back to the UHB Performance Monitoring Committee. For the information of the Committee the Delivery Unit has restarted its 90 day cycle of mental health services reviews across Wales to discuss performance against the various mental health specific targets. Cardiff and Vale has been visited with no exceptional issues to report.

The Mental Health (Wales) Measure 2010 (the Measure), is a National Assembly for Wales law that has similar legal status to an Act of Parliament. The Measure introduces a number of important changes to the assessment and treatment of people with mental health problems in Wales. Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

For Parts 1, 2, 3 & 4 of the Measure, local activity and compliance information is collated and submitted to WG via standard reporting templates.

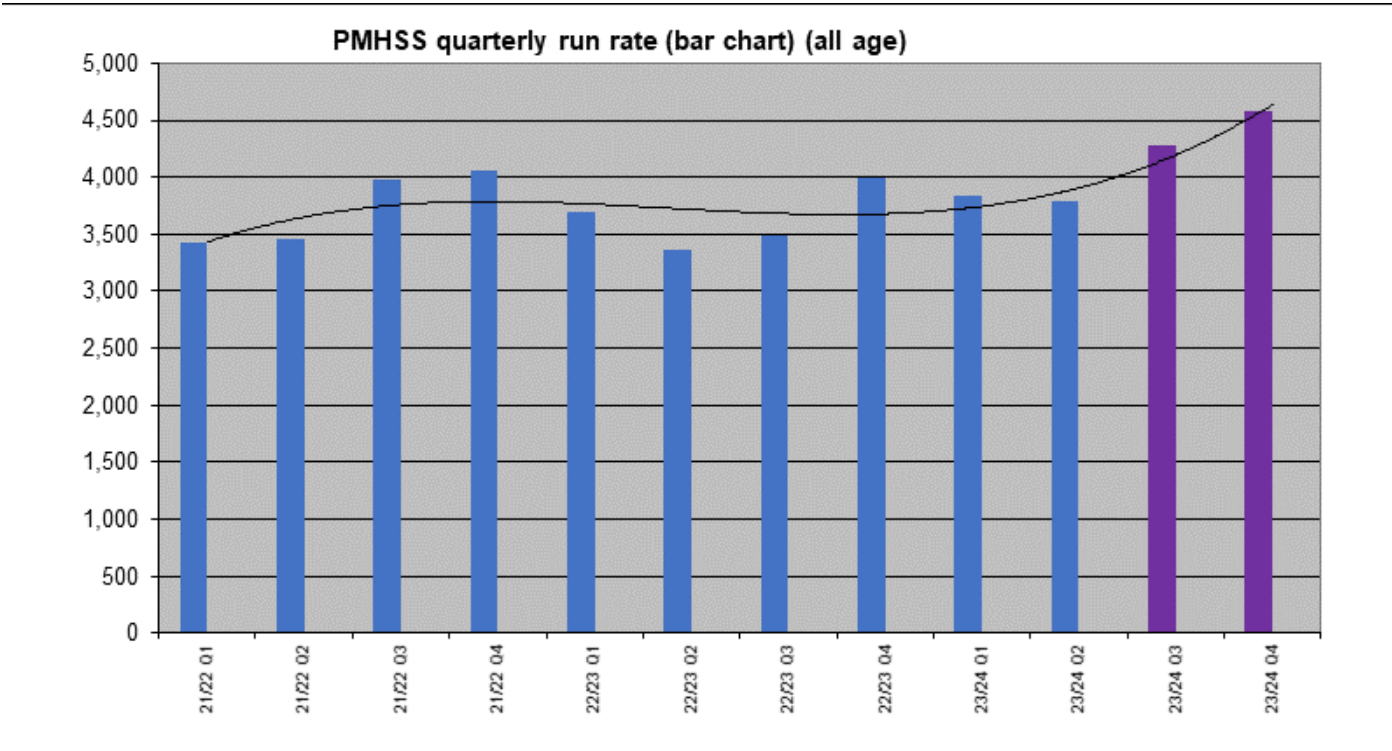
Part 1: PMHSS

Part 1a – target: 28-day referral to assessment compliance target of 80% (Adult)

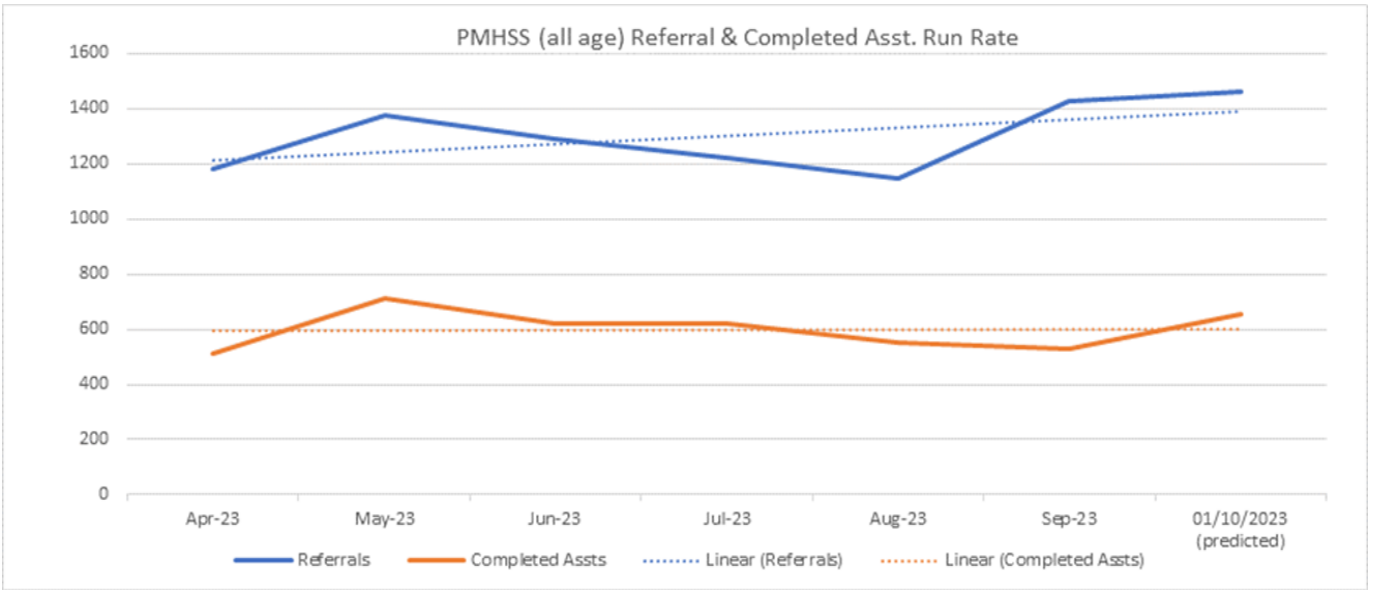
Q2 2023-2024 referrals have increased 12.95% compared to Q2 2022-23. The trajectory for Q4 is a predicted 14.77% increase in referrals. The indications are the target will be breached in December 2023 due to the increasing number of referrals and the reduction of the workforce by 2.8 WTE by sickness, maternity and the ending of an over-establishment post to mitigate post-covid demand.

An SBAR is being prepared by the Directorate team to outline steps to mitigate the risk. This is likely to involve additional recruitment above the level of the establishment.

Graph 1:



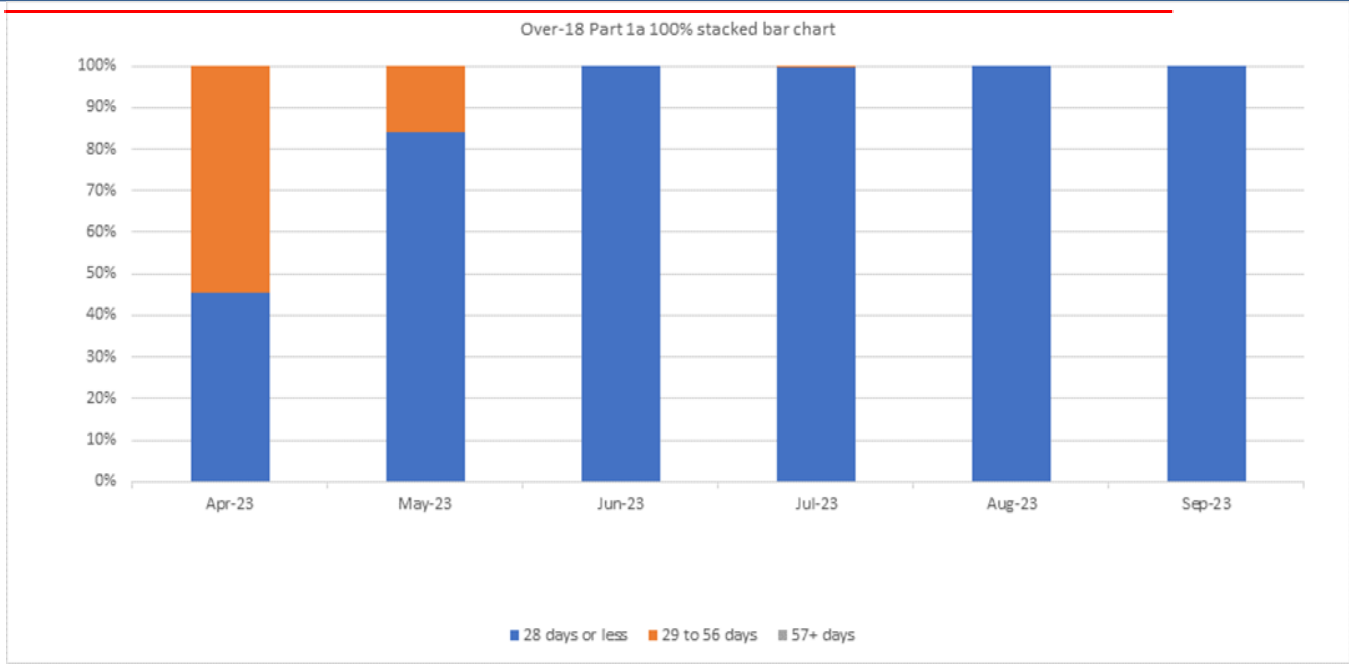
Graph 2



100% compliance has been present for the last 2 months but this is expected to breach in December 2023.

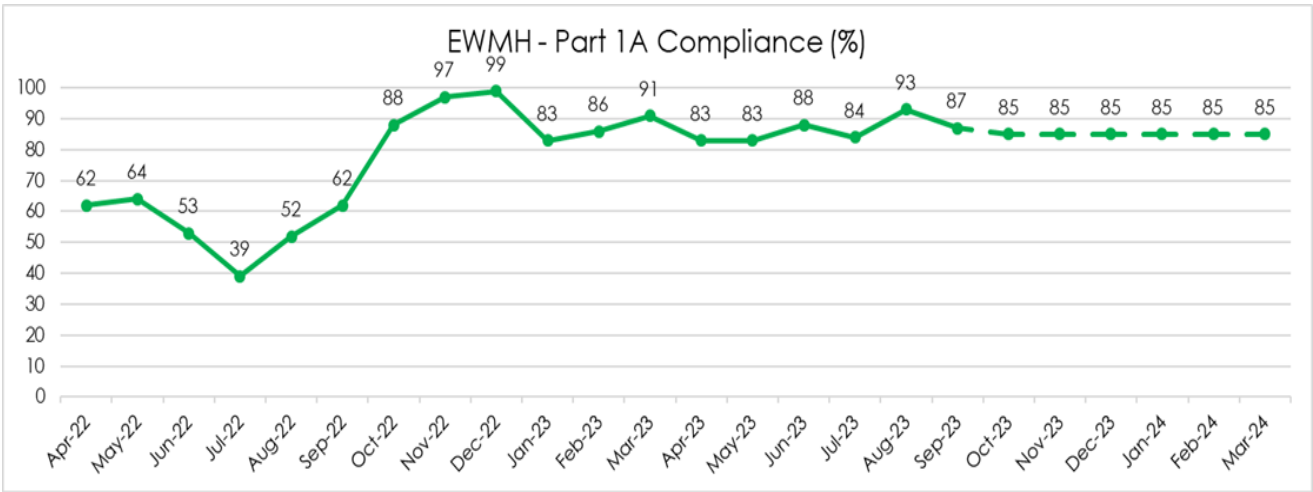
Graph 3

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Part 1a – target: 28-day referral to assessment compliance target of 80% (Children & Young People)

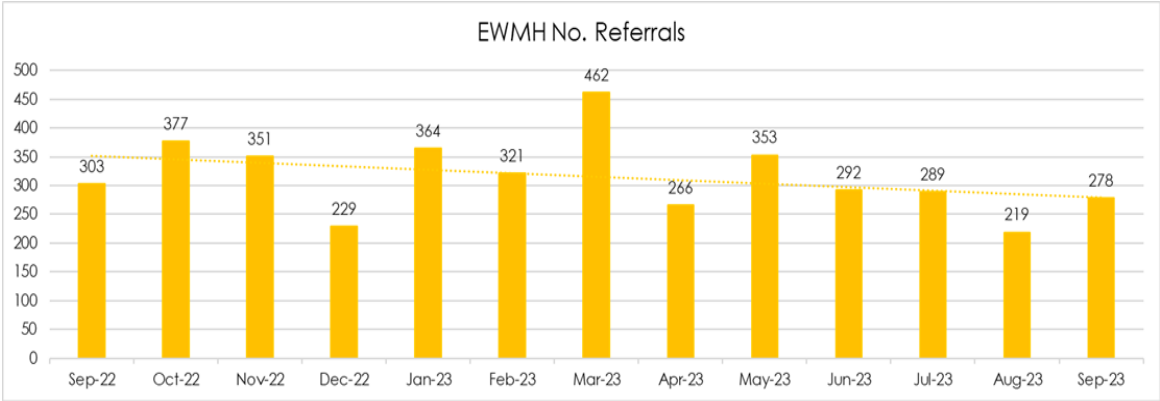
Graph 4



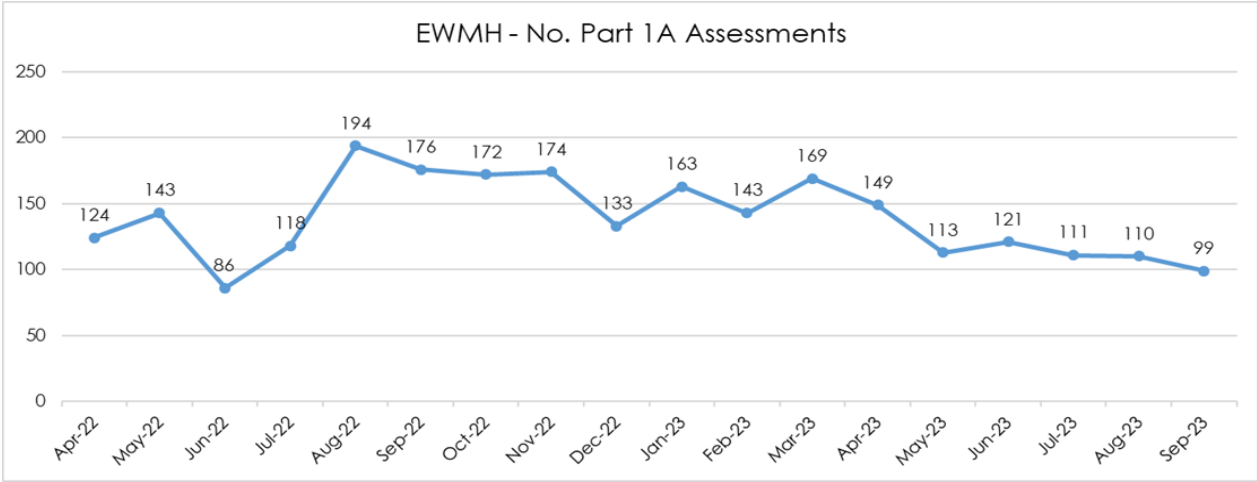
The service continues to maintain compliance with the target. The implementation of the new Assessment Team has had a significant impact on the service’s ability to meet the incoming demand and proactive work is ongoing with regards to monitoring the capacity of the team in line with the incoming demand and our seasonal peaks. Similarly, the implementation of the Single Point of Access and the joint triage with Local Authority has ensured that children and young people are being appropriately referred into services that will best meet their needs.

The average wait for assessment currently fluctuates between 3-4 weeks.

Graph 5



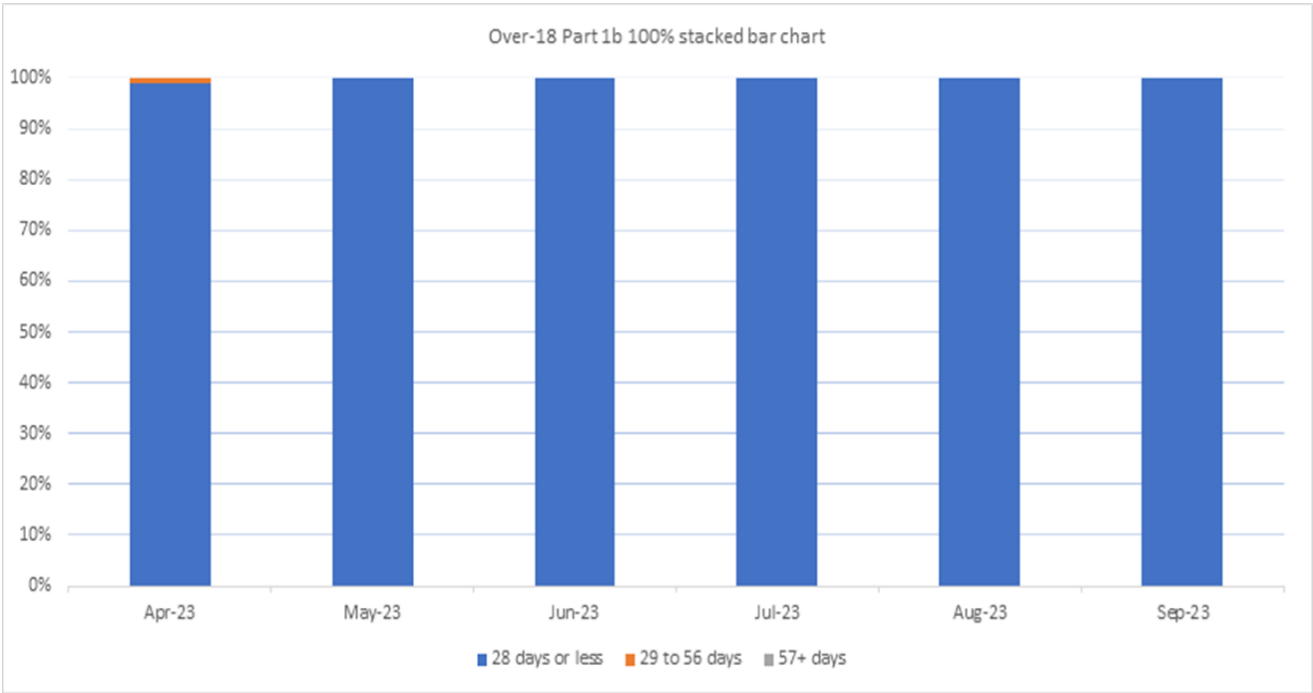
Graph 6



Part 1b – 28 day assessment to intervention compliance target of 80% (Adult)

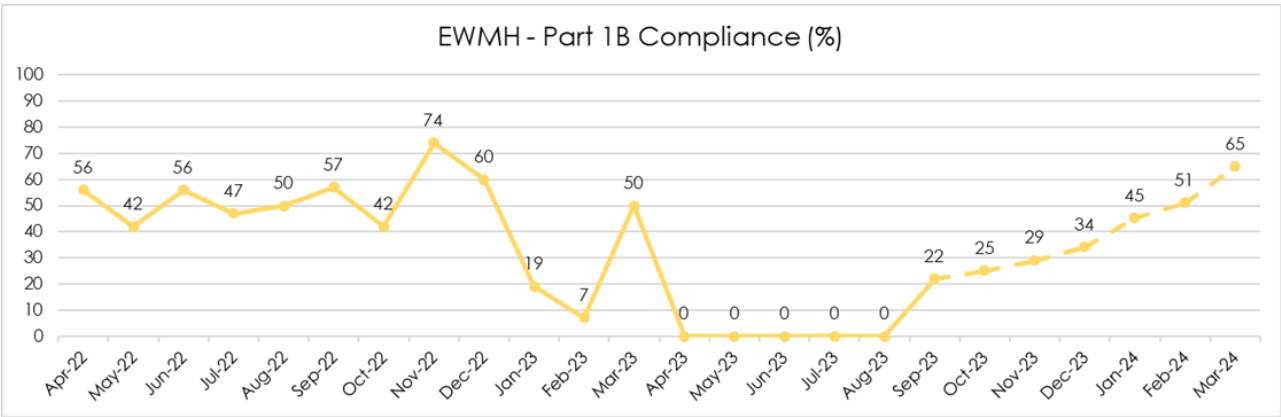
PMHSS continues compliance with Part 1b performance target (See Graph 7). Group interventions include our CBT Living Life to the Full group – the team runs over 30 of these groups per calendar year. In addition, the team run Behavioural Activation, Anger Awareness and ACT for Wellbeing run quarterly while Understanding Me (a compassion focused group) runs on an ongoing consistent basis. For example, in September 2023 PMHSS will ran 4x Living Life to the Full, 1 x ACT for Wellbeing and 1x Understanding Me which offered 90 places to service users in one month. Clinicians from the team support both the trauma and depression pathways in the service by offering time to deliver one to one SPRING (an online guided self-help 1:1 course for single event PTSD), CBT and EMDR therapy (single event treatments for more complex PTSD) in conjunction with the counselling and the traumatic stress services. 1:1 CBT for depression is also offered by the team, supervision, training and governance to support the delivery in the team is provided for all CBT, EMDR and other treatment modalities, such as Acceptance and Commitment Therapy (ACT). A decision has been made to maintain Part 1b compliance by not sacrificing the therapy time to meet the Part 1a target, as this is likely to result in a position where increasing demand cannot be met with deliverable therapeutic outcomes.

Graph 7:



Part 1b – 28-day assessment to intervention compliance target of 80% (Children & Young People)

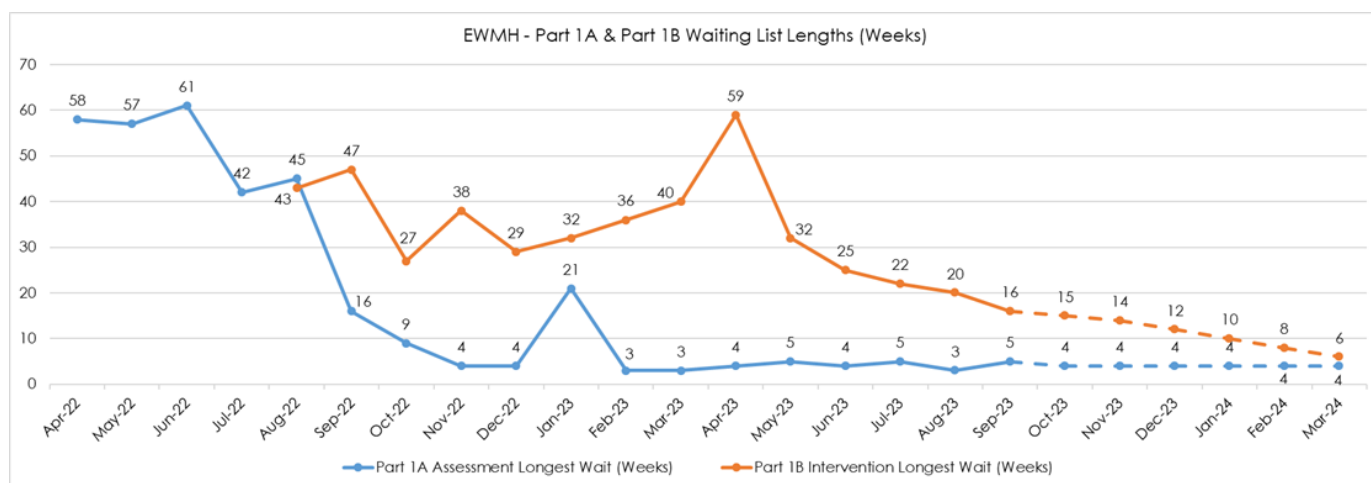
Graph 8



There are ongoing issues with the achievement of the Part 1B target which is largely as a result of the volume of assessments which have been undertaken through the previous waiting list initiative where the focus had been on the external waiting list. There has also been an additional impact because of the significant increase in referrals for assessment in March 23 with increased numbers requiring follow on intervention. However, we have seen an improvement in September 2023 where 22% of young people received their first intervention appointment within 28-days of their assessment. There has also been a reduction in the longest wait which was 16 weeks at the end of September.

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Graph 9



The service has had ongoing capacity issues as a result of vacancies and sickness. Due to staff turnover as well as the bulk of the waiting list initiative and Healios intervention coming to an end, a number of young people on these caseloads remained in the service requiring treatment to be completed – this was prioritised, thus delaying treatment starts for those on the waiting list. A number of agency staff have been retained to provide capacity into the service whilst vacancies are filled and new starters onboarded.

A full demand and capacity review has been completed and revised job plans for improved maximization of clinical activity against demand have been identified. New job plans are in the process of being mobilised and additional monitoring for caseload volumes has been implemented, as well as a system which highlights young people who have been receiving intervention for longer than expected to support with letting go and discharge.

Furthermore, there have been some data quality issues both in terms of the PARIS system and how clinicians have been recording activity. A full waiting list validation has been completed and weekly internal monitoring has been implemented to monitor capacity and demand. The new PARIS system has now gone live, and we are currently working through refining the reporting.

Actions to improve compliance against the target include:

Recruitment to vacant posts – 1.6 WTE to be recruited (in progress)

Active sickness and absence monitoring and wellbeing support to the team – currently 1.00 WTE on mat leave
Additional capacity using agency staff

Active weekly monitoring of capacity and demand as well as caseloads and supporting the process of letting go through peer group

Regular triage of the internal waiting list and waiting list validation

Work with PARIS and clinical team to address data capture, recording and reporting quality

Active work on clinical pathways to ensure a clear model that allows for clear capacity and demand planning

Extension of the group offer which provides an alternative intervention offer for several children and young people, which will help meet demand

Engagement with Silvercloud re developing the refer in offer for support offer for anxiety, depression and low mood

Evaluation of acceptance criteria for referrals at SPOA to make sure we are consistent in decision making and maximising signposting opportunities.

Part 2 – Care and Treatment Planning (over 18)

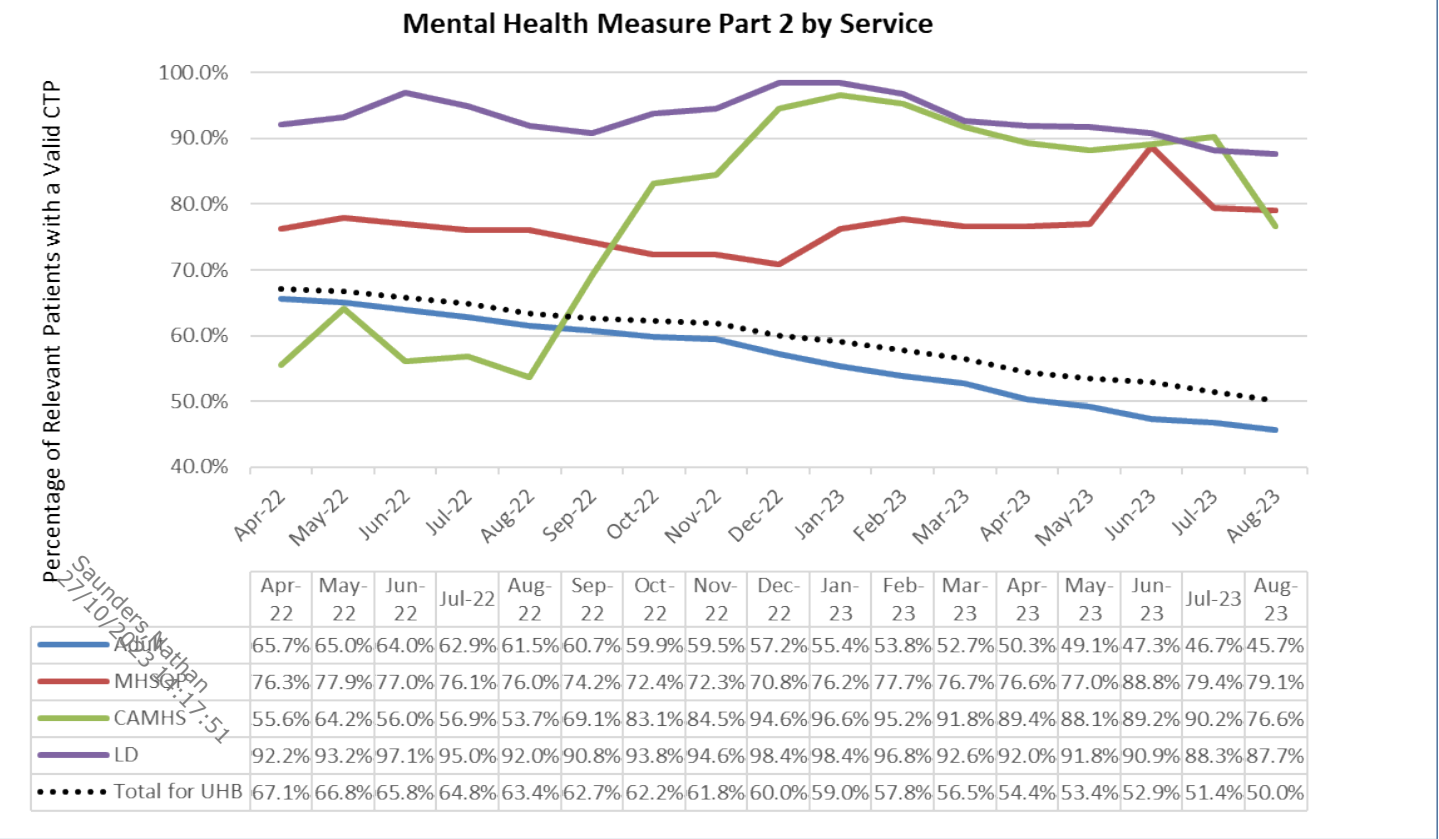
Standard for all relevant service users in secondary care to have an outcomes based holistic co-produced care plan

Since the revision of the collection method, Adult Mental Health Compliance has continued to drop but has stabilised in September 2023. The revision of the formula in conjunction with the NHS Executive (formerly Delivery Unit) has shown a more accurate picture of compliance in Cardiff and Vale UHB for Adult services. The MHCB has agreed a recovery trajectory of 7% improvement month on month towards compliance. Of note, CMHT caseloads per 100k population in Cardiff and Vale are the highest in all Welsh Health Boards. The Cardiff average was 838 people per 100k open to Part 2 services against a national average of 601 per 100k. The lowest number per health board was 447 per 100k.

To achieve compliance, ‘stable severe’ presentations (as defined in the Mental Health Measure) and presentations not requiring a CTP but seen in Part 2 services need to be redefined in Cardiff and Vale’s local Part 1 Scheme. The Recovery And Maintenance Protocol (RAMP) is being revisited for implementation to close this gap per 100k population and support teams in restoring the target by April 2024.

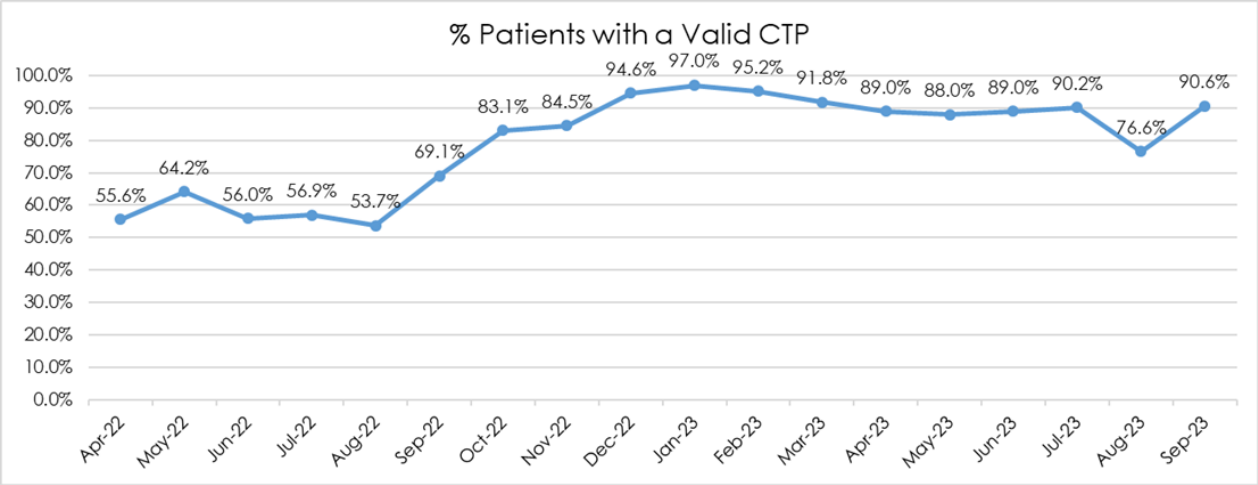
MHSOP team compliance remains close to target. A concurrent quality audit has been restarted on a quarterly basis using the NHS Executive audit tool across services to improve the quality and meaningfulness of Care and Treatment Planning. There are a number of key factors in the actual performance that explains the current position:

Graph 10



Part 2 – Care and Treatment Planning (Children & Young People)

Graph 11



For the last quarter, compliance has largely been above target. The service continues to face challenges in relation to the CTP process including poor engagement from young people as a result of the paperwork having a more adult focus. The team are working hard to ensure that the process can be completed in a meaningful manner through a range of options including face to face, telephone and VC where appropriate and in a supportive multi-agency approach.

It is anticipated that the implementation of the new clinical pathways, with clearer identification of those children and young people requiring a CTP will have a positive longer-term impact on the achievement of the target. As part of this, in-house Part 2 training was delivered during the last quarter to the majority of staff to support with the identification of young people who should be on a CTP.

There are also now clearer mechanisms on PARIS to capture Part 2 data and sustaining compliance remains a priority for the service. Actions to improve compliance against the target include:

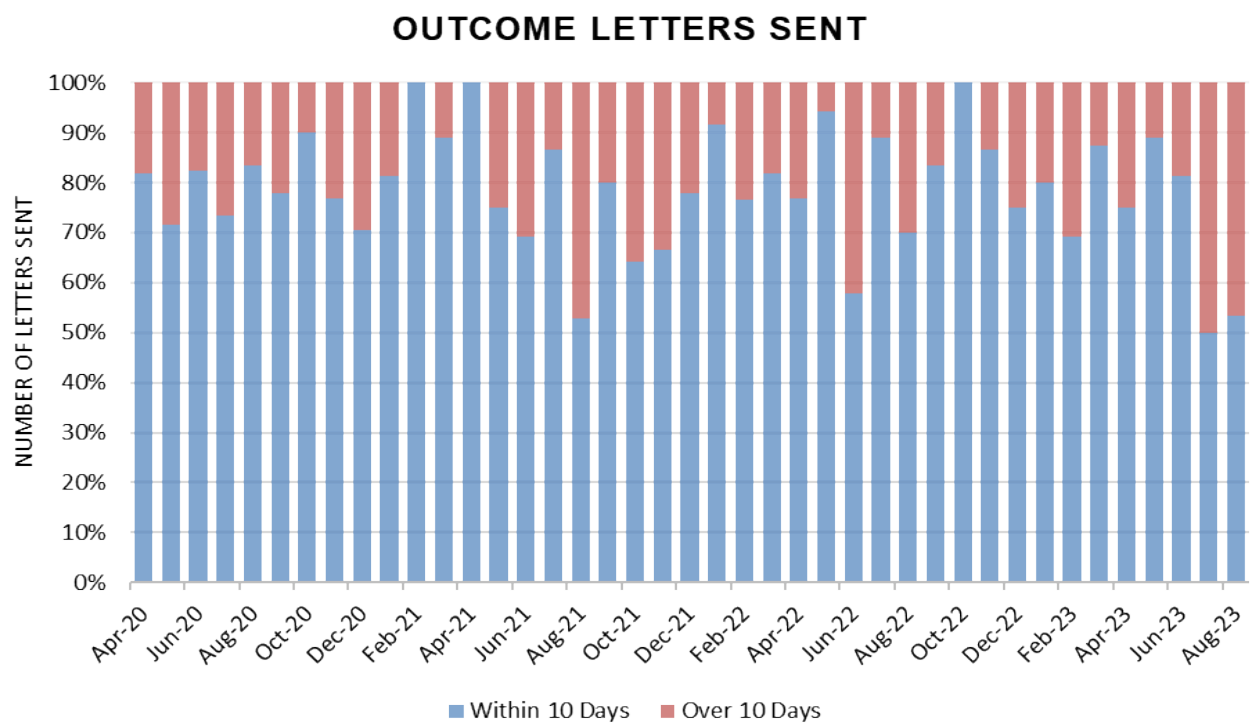
Embedding staff training Engagement with Youth Board re ensuring a child and young person friendly approach to the CTP process.

Part 3 - Right to request an assessment by self –referral.

The target relates to service users who have self-referred, having a confirmation letter regarding the outcome of their assessment within 10 days. Graph 11 details our compliance of the target time of within 10 working days for an assessment outcome letter to be sent to the patient.

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Graph 12



Analysis of the breaches indicate that the usual duration of non-compliant Part 3 letters is 11 days. Exploration of this indicates that this is largely an administrative issue following Multidisciplinary team discussions causing delay between discussion, recording and action. All teams have been contacted to remind them of the legislative responsibilities and expectations to deliver.

Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

Part 4:
100% compliance, no further actions.

The following comments provided by Advocacy Support Cymru for April to June 2023

1. There are a high number of referrals for advocacy by wards who have predominantly non-instructed patients
2. Referrals being made by psychiatrists for Advocacy Services
3. Staff valuing advocacy services and actively promoting advocacy on the ward
4. Social worker proactively contacting advocacy for client input.
5. Hospital Managers Hearings resuming in-person hearings at clients' requests.
6. Interpreters used to ensure clients are fully involved in meetings

All concerns raised through quarterly reporting continue to be shared with appropriate staff directly by ASC and through monitoring of services.

With regards to Part 1-4 of the Measure, Committee Members are updated as follows:

Part 1:
Return performance in Adult. Recovery of target with mitigating actions expected in July 2023. Reasons for target non-compliance largely due to the highest ever referral rate in March 2023.

Part 2:

PARIS report changes now being reviewed. There is some ongoing work in the Inpatient setting to improve CTP compliance and use in preference to inpatient care plans. Development of the Recovery And Maintenance Protocol and adjustment of the Part 1 Scheme are required to support a 7% month on month improvement towards compliance.

Part 3:

Local scrutiny of performance and closer management of administration of the sending of letters has been requested of managers.

Part 4:

100% compliance, no further actions.

Recommendation:

The Committee is requested to:
Committee to note the contents of the report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

Reduce health inequalities	X	Have a planned care system where demand and capacity are in balance	
Deliver outcomes that matter to people	X	Be a great place to work and learn	
All take responsibility for improving our health and wellbeing	X	Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
Offer services that deliver the population health our citizens are entitled to expect	X	Reduce harm, waste and variation sustainably making best use of the resources available to us	
Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

Safety: Yes/No

No

Financial: Yes/No

No

Workforce: Yes/No	
No	
Legal: Yes/No	
No	
Reputational: Yes/No	
Yes	
Socio Economic: Yes/No	
No	
Equality and Health: Yes/No	
Yes	
Decarbonisation: Yes/No	
n/a	
Approval/Scrutiny Route:	
Committee/Group/Executive	Date:

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MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT HOSPITAL MANAGERS
POWER OF DISCHARGE SUB COMMITTEE HELD AT 2PM ON 10th OCTOBER 2023
MENTAL HEALTH ACT OFFICE AND VIA TEAMS

Present:

Jeff Champney-Smith Chair, PoD Group
 Elizabeth Singer - Vice Chair, PoD Group
 Alex Nute - PoD member
 Carol Thomas- PoD member via TEAMS
 Peter Kelly – PoD member
 Margaret Jones – PoD member
 Mair Rawle - PoD member
 Mary Williams – PoD member via TEAMS
 John Owen - PoD member via TEAMS
 Alan Parker - PoD member
 Gerrie Hughes – PoD member via TEAMS
 Sheila Hunt – PoD member via TEAMS
 Mike Lewis – PoD member
 Wendy Hewitt-Sayer - PoD member

In attendance:

David Seward – Mental Health Act Manager

Apologies:

Amanda Morgan -PoD Member
Professor Ceri Phillips - Vice Chair Cardiff and Vale Health Board

1. Welcome and Introductions

The meeting was held in the MHA office and via Teams and the Chair welcomed all to the meeting.

2. New Members and Independent Members

There had been no new appointments since the last meeting.

3. Apologies

Apologies were received and noted.

4. Members points for open discussion

There were no members points for open discussion.

5. Minutes of Meeting held on 11th July 2023

The minutes were confirmed as an accurate record of the meeting.

6. Matters Arising

Feedback after hearings – the MHA Manager had confirmed that there was no simple way of sampling the feedback section of the minutes. All agreed that it was useful for reflection at the end of a Hearing. He reminded members that if anything needed action it should be included in the recommendations section of the minutes. The Chair agreed to do a sample audit of the feedback section at a later date. **Action Chair and PoD members**

Physical health Issues – the Chair had raised this at the Mental Health Legislation and Governance Group (MHLGG). They fully accepted that it was part of the hospital managers role to ask about physical health issues when they arose because of the link between physical and mental health.

7. Operational Issues

TEAMS facilitation – the MHA Manager explained the difficulties for the MHA office when they are tied up facilitating the on-line TEAMS hearings. The Chair had trialled a system whereby he contacted the facilitator on a mobile at the start of the Hearing who let in all parties. When the panel adjourned to consider their decision, the other participants were asked to leave the meeting and re-join and wait in the lobby. Once the panel had come to a decision the facilitator was contacted again to allow the professionals to re-join the meeting. It was agreed it was worth extending this method of working for TEAMS hearings and the Chair would discuss with the current chairing members and feedback. It was noted that PoD members cannot be given admin rights. **Action – Chair, PoD members and MHA Manager**

Comments to be specific – the MHA Manager asked members to be more specific when making comments in the minutes. There has been some difficulty in determining what the panel are asking and expecting. **Action - PoD members**

Accepting Hearings – although there are occasions when cancellations can't be helped, the MHA Manager explained the difficulties when PoD members either cancelled or were unable to complete the necessary admin task within the required time-frame. **Action - PoD members**

Reports being read in good time – PoD members are asked, where possible, to read the reports in good time prior to a hearing so that if there are any issues these can be rectified without recourse to adjournment on the day. **Action - PoD members**

Calls being made from private numbers – the issue has been resolved.

8. Lessons Learnt

The Chair briefed the meeting on a recent Barring Hearing and there was a lengthy discussion on the issue of dangerousness. It was suggested that this might be a topic for the All Wales Training Conference. A number of PoD members have not been involved in a Barring Hearing. It was agreed that those members should be considered first when a Barring Hearing was being convened. One member asked if any NR Barring caselaw could be circulated to the group. **Action – MHA Manager**

9. MHA Activity Monitoring Reports

Activity reports were provided for the periods April to June and July to September 2023 for both Hospital Managers and Tribunals. The contents of the reports were noted with the following issues highlighted:

- Representation by advocacy had declined – **Action - Chair to raise at MHLGG**
- This had been a busy period for Managers Hearings
- The Tribunal service had been less busy
- There had been no Manager's discharges

There had been an increase in the number of referrals to the Welsh Ministers as a consequence of patients not being read their rights.

- There had been one NR referral to the Tribunal after a Barring which hasn't happened for many years

10. Concerns/compliments from Power of Discharge group Hearings

These were noted and discussed. The Committee were content that there had been quite detailed responses to the concerns raised apart from point 3. The MHA Manager agreed to follow up on this.

Action – MHA Manager

11. Committee and Sub-Committee Feedback

The Chair had nothing further to add. The minutes from these meetings were attached.

12. Training

Training on Human Rights and interface with the MHA to be delivered by Alex Nute at the conclusion of the business meeting.

The All Wales Training Conference is to be held on the 6th March 2024 in Builth Wells.

It was agreed to send out the information on “working with interpreters”. **Action MHA Manager**

13. A.O.B

A PoD member raised an issue regarding the writing of reasons to support our decisions. The Chair confirmed that reasons must be robust and be able to stand up to challenge.

The MHA Manager advised that Morgan was pregnant and would be on maternity leave from February. Congratulations extended to Morgan.

A PoD member raised the issue of future meeting times. The MHA Manager is looking at the options for next year. **Action MHA Manager**

Date and time of future meetings to be held at **2pm** in the MHA Office, Hafan Y Coed.

9th January 2024

9th April 2024

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**Minutes of the Mental Health Legislation and Governance Group held at 10:00
on 12 October 2023 via Microsoft Teams**

Present

Robert Kidd	(Chair) Consultant Psychologist
David Seward	Mental Health Act Manager
Bianca Lepore	Deputy Mental Health Act Manager
Katherine Lewis	Consultant Social Worker DOLS/ AMHP
	Lead, Cardiff LA
Jeff Champney-Smith	Chair, PoD Group
Callista Hettiarachichi	Consultant Representative, CAMHS
Alec Thomas	Consultant Representative
Claire Thomas	South Wales Police Representative
Noel Martinez Walsh	Lead Social Worker, Vale LA
Chris Frayne	Senior Nurse, Low Secure Services
Demi Bernard	Advocacy Support Cymru Representative
Joshua Lusby	CAMHS Representative
Kate Sharples	Mental Capacity Practitioner
Kelle Al Shei	Shift Coordinator Representative
Rachel Rushforth	Lead Nurse, Adult Mental Health
Gemma Lewis	Emergency Duty Team Lead, Cardiff LA
Lynda Woodley	Operational Manager, Vale LA
Bethan Evans	Emergency Duty Team Lead, Vale LA
Louise Gibbons	South Wales Police Representative
Philip Ball	Senior Nurse, Community & Crisis

Apologies

Katie Fergus	Consultant Representative
Sara Mosley	Independent Member
Ceri Phillips	Vice Chair, Cardiff and Vale UHB
Ceri Lovell	CAMHS Representative
Andrea Sullivan	Senior Nurse for Quality, Safety & Education

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1 Welcome and Introductions

There were several new attendees in today's meeting but the majority of those present were familiar with one another and so it was suggested that when those present spoke they should introduce themselves.

2 Apologies for absence

Apologies were noted.

3 Minutes of meeting held on 13 July 2023

No points of correction have been highlighted from the previous minutes.

4 MHA Activity

The pertinent parts of the monitoring report and exception report were discussed in some detail.

Unfortunately, there were several fundamentally defective uses of the Act this quarter. There were three misuses of section 5(2) this quarter- one of which was within HYC and two were within non-mental health wards. The specifics of each use were discussed and it was agreed there is a clear training gap for junior doctors working in University Hospital of Wales. Thankfully the MHA Manager has been in liaison with staff from various parts of UHW and is in the process of putting a training package together. The group were informed that Morgan Bellamy, the lead trainer on the MHA for the UHB is shortly to go off on maternity leave and that the capability to provide training will be impacted by this. The MHA Manager and deputy will continue to fill in the gaps where ever possible and the regular ward visits to check through consent to treatment will continue to be provided.

There was also one fundamentally defective section 2 as the AMHP detained the patient to the incorrect hospital and was uncontactable to get this changed straight away. The patient initially stayed informally but was later re-detained.

The use of s136 has decreased a small amount this quarter. The instances of s136 on people under the age of 18 has decreased a small amount and it was discussed that the two young people that were repeatedly detained under the Act are no longer residing our patch and are being helped in a more appropriate manner.

One particular young person was discussed and it was noted that an NRI is being completed so that learning can be achieved across Wales.

This quarter there were three lapsed s136s, two of which were due to the patients taking an overdose and not being medically fit for a MHA assessment, however, one of these was due to unforeseeable circumstances whereby the assessment started around five minutes outside of the 24-hour period.

Another instance was discussed when s18 (AWOL) could have possibly been used to bring the person back to hospital as they were already detained under a holding power

of the Act. This was however a very complicated case and a safeguarding concern was in place for this young person. There has been learning as a result of this and the new mental capacity practitioners have helped facilitate this.

The parking issues in Hafan Y Coed for Tribunal members has been raised and has been escalated to the Executive Team for discussions to be held between them and the President of the Tribunal.

Historically the Tribunal have provided an all Wales list of legal aid accredited solicitors that patients could use to represent them at their hearings. The Tribunal have recently asked that each HB now create and disseminate their own list but this request is being rebuffed by every HB across Wales on the basis that resource does not allow for us to take on another task of the Tribunals.

5 Matters for Action

Understanding how to use the AMaT software need progressing but unfortunately due to Morgan going on maternity leave, the MHA Manager will take this action forward along with the Chair.

Action – MHA Manager/Chair to work together to understand AMaT

The issue of allocating CAMHs RC's on PARIS has been completed and they can now be selected when a CAMHs patient is detained in HYC so can be removed from the action log.

There is an ongoing concern around SPR's accepting MHA assessments after 4pm and AMHP's are then potentially having to wait until after 5 to contact the on-call doctors. Keep on action log.

No update regarding the section 135 incident in EAS, however the Lead Nurse for Adult Mental Health agreed to look into the incident and report back any findings at the next meeting.

Action – Lead Nurse for Adult Mental Health to investigate

There is still an ongoing concern from Advocacy around the lack of structure of ward reviews and advocates being aware of them in order to support patients properly.

Action – MHA Manager to liaise with Advocacy Representative

No update on viewing repeat 136's on PARIS but it is still a concern and needs a solution for all. Digital Lead needs to investigate and report back. Keep on action log.

Section 140/ out of area policy has been incorporated into the bed management policy by the Service Manager for Inpatients and is soon to be completed and circulated for the comments – the LA leads have already had access to this policy and commented.

Action – Service Manager for Inpatients to circulate for comment once ready

There is still a 117 knowledge gap within Children's Service and with the new 117

Supreme Court ruling it is felt more poignant now however, the Consultant Social Worker DOLS/ AMHP Lead for Cardiff LA and the MHA Manager have tried several times to engage with Children's Services on this issue but through staff changes, the meetings kept getting cancelled. The Consultant Social Worker DOLS/ AMHP Lead for Cardiff LA will reach back out to Children's Service.

Action - Consultant Social Worker DOLS/ AMHP Lead, Cardiff LA and MHA Manager to reach back out.

Having a 136 assessment with only one doctor was discussed as the AMHP Lead for the Vale LA had completed one recently with no issues. The Consultant Representative had left the meeting so unable to gain views from them. Action to stay on to ensure it has been discussed at a MAC meeting and to see if there is any feedback from EDT as they are completing a piece of work surrounding 136's out of hours.

Action – Consultant Representative to discuss at MAC

The commissioning of conveyancing for LD patients' needs to be looked into further around whether it is conveying in or out of our area where the issue lies. Keep on action log.

The content for social circumstances report has been circulated to all professionals along with the MHRT Guidance Procedure that is soon to be ratified which includes content for social circumstances reports so can be removed from the action log.

6 Feedback on operational issues and incidents

There hasn't been a follow up meeting re locked doors so this is ongoing.

The proposed draft S140/ out of area procedure is going to be contained within the bed management policy and is near completion. The local authorities have had sight of this and it is shortly to go out for formal comment.

The Tribunal have also issued an observation application form and observation guidance which has been circulated widely. This provides more information on what constitutes observation for a Tribunal and timescales for when they need to be submitted. The MHA Manager continues to receive these applications in order to monitor how often applications are accepted/ declined and the reasons for this.

7 Feedback

No pressing issues from a police perspective.

The Advocacy Representative did raise some concerns in relation to medical, treatment and care. In particular the movement of patients between wards at short notice was raised. The Lead Nurse for Adult Mental Health explained that there is very likely to be a clinical necessity for these movements and offered to discuss this with the Advocacy Representative outside of this meeting. The Advocacy Representative

did reiterate her praise for ward staff. The Chair of PoD also confirmed that the PoD group were also concerned re: movements of patient. He also wanted to flag up the recent drop in percentage of patient represented at hearings, though he did note this may be a short-term drop.

No feedback from consultants.

The right care, right person initiative was discussed at some length by our local authority colleagues and it was agreed that many AMHPs do have hesitations about what this new initiative may mean for them on a day to day basis. It is thought that it may well impact the use of s136s and welfare checks. It was noted that within Cardiff and Vale we have positive and successful links with our police colleagues but this isn't the case everywhere. There will be discussions between police services and health board colleagues to facilitate the smooth transition to when this policy comes into place. The police representatives confirmed that they would appreciate feedback on anything the HB/ LA feel officers could have done better.

One assessment when two section 12 doctors had to be used was discussed. This is not best practice and did have consequences so far as bed identification but thankfully hasn't happened often. There are certain pressure points in each day where doctors are often in short supply and AMHPs are having to wait long period of time to commence assessments. AMHPs are often having to work outside of their normal working days. Action regarding SPR's already on action log.

Approved clinicians meeting is to held shortly.

MHA administrator's forum to be held shortly.

8 Power of Discharge Group comments, compliments and feedback

The PoD group recently discussed barring hearings and the assessment of dangerousness and risk when hearing these applications. However, it was noted that these aren't held often and therefore aren't considered of imminent concern. Care and treatment plans still constitute a high amount of the concerns raised by the PoD group following hearings.

9 External reviews

None held this quarter.

10 Interface MHA/MCA/DOLS

It is hoped that the two new Mental Capacity Act practitioners will facilitate this conversation. A review of the DoLs process is ongoing and once this, amongst other pieces of work, are finished the outcomes will be fed back to this group.

11 Quality indicators and audit activities

This should remain on the agenda but there hasn't been any update on this.

12 Any other business

Cardiff and Vale University
Local Health Board

Mental Health Legislation and Governance Group
12th October 2023

The Supreme Court Judgement regarding section 117 of the Act was discussed at length. It was agreed that the judgment has got the potential to have a wide-reaching effect on Cardiff and Vale UHB and both Cardiff and the Vale local authorities. The judgement surmises that 117 responsibility will sit with the local authority/ health board that detains the patient under a 117 eligible section in its first instance. The ordinary residence of the detained person will be where they were residing just before the section commenced. As our health board covers the capital city of Wales and surrounding areas there are many people who are placed here from out of area as resources and provisions are more widely available here. This new judgement means that these individuals will now be our responsibility. A person will remain our responsibility no matter where they are placed unless the person is either discharged from 117 or are re-detained under the MHA in their new location. Prison transfers are treated differently as patients coming from the judicial system are not considered to have willingly moved to our area and achieved ordinary resident status.

There are many aspects to the judgement that are likely to come into legal challenge- for instance people who are temporarily placed in hotels and whether this can be counted as ordinary residence; however, it was considered that we are unlikely to see dramatic change as a result of any legal challenges in the near future and that therefore this judgment needs to be seen and considered as a long term change. Cardiff LA has its own specific issues in determining ordinary residence as it contains substantial homelessness provision as well as three universities. The Vale of Glamorgan houses Beechwood College which again allows many people from out of area to reside in the Vale of Glamorgan's patch.

The Consultant Representative also queried how far in retrospect will this judgment will be applied.

The CAMHs Representative also commented that many placements for younger people are out of area and that there will be complexities around different local authorities being responsible for different elements of a young person's care.

It was discussed that the criteria for what constitutes 117 aftercare will need to be strengthened in order to possibly curtail some of the effects of this judgement. For instance, someone placed in a residential care home, then detained and discharged but still with only minor mental health needs then the funding shouldn't come in its entirety from the placing authority. The care and treatment plans for patients will need to be much more robust and clearer in what provisions are being provided to better an individual's mental health. There was recognition that the quality of care and treatment plans has been an ongoing issue raised within this group. The consultant AMHP for Cardiff also highlighted that more thorough work on deciphering a person's address on first contact with services may help to alleviate some problems further down the line- for instance people who are picked up here but are staying with friends/ just here for a very short time etc.

The MHA Manager raised the fact that it is the MHA office that monitor and keep record of our 117 register and that keeping this up to date and accurate will now be

significantly more difficult as we are not routinely told of when people are detained out of area and therefore are no longer our responsibility.

There is a possibility that all Wales guidance will be looked into but the group were unsure of whether this will be progressed.

There is no difference in this guidance when looking at either England or Wales and people going in between countries.

It was discussed that a smoother transition between at least Cardiff and the Vale local authorities will be beneficial for all and that if we can make this successful within our Health Boards patch then we may be better able to put agreements in place outside of ourselves.

The chair of the group queried whether the time that someone is on a s2 could be perhaps used to facilitate the transfer of people known to be from out of area back prior to the 28 days expiring. However, it was noted that it is the ordinary residence prior to detention in hospital that deciphers where the 117 responsibility lays and that if a certain LA/ UHB carried out the s2 then they are obliged to carry out the s3 assessment also. Best practice is also always that once the assessment of someone's mental illness is completed then they should be placed on a s3 at the earliest convenience if they are deemed to meet the criteria for this. Unfortunately, coupled together it means that this work around is unlikely to have any desirable effect in terms of our responsibility towards s117.

There is currently a piece of working ongoing between the Director of Operations for Mental Health and the local authorities to create a list of private placements within our patch that people are placed in. This will hopefully give us some idea of the impact this judgment will have on our workload.

Action- Consultant Representative to discuss in MAC meeting

Work is still ongoing in relation to the race and inequalities paper and it hoped that in the not too distant future the health board will release a health inequalities framework. This should help us think about health inequalities and how we identify and help to reduce these.

No further developments on the draft bill.

13 Date of future meetings

11th January 2024

11th April 2024

Saunders, Nathan
27/10/2023 14:17

Cardiff and Vale University
Local Health Board

Mental Health Legislation and Governance Group
12th October 2023

Mental Health Legislation & Governance Group Action Log

Key:	Red: Outstanding	Amber: In progress	Green: Completed
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ACTIONS FROM PREVIOUS MEETINGS

STATUS	SUBJECT	AGREED ACTION	ACTION BY
Revised below	Understanding the AMaT software	Deputy MHA Manager to go on the AMaT training and understand how to use it	MB
To be removed	Allocating CAMHs RC on PARIS	Digital Lead to liaise with his counterpart on how CAMHs use PARIS to resolve issue	SM
	SPR's taking assessments after 4pm	Investigate the agreed position surrounding assessments	RK
Revised below	Section 135 incident – no cover in EAS. SecureCare had to manage patient	Fact finding in order to establish the issues surrounding this incident.	TR
Revised below	Advocacy not being told about ward reviews	Investigate how best to include Advocacy when setting up ward reviews etc	TR
	Viewing the repeat 136 admissions in PARIS	PARIS needs alert on main screen that all directorates can see including CAMHs	SM/RK
Revised below	Section 140/ Out of area procedure	Further update needed on S140/out of area/bed management policy	SW
Revised below	117 knowledge gaps in CAMHs LA teams	Further meetings have been scheduled to give training and guidance to CYP	DS/KL/CH/CL
	136 assessments with one doctor	Discussion to be had at next MAC meeting and at the 136 policy group	AT/DS
	Conveyancing for LD patients	Chair to investigate LD commissioning with Swansea Bay UHB	RK
To be removed	Content for social circumstances report	MHA Manager to send out the Rules around report writing	DS

Saul Nathan
27/10/2023 14:17:51

ACTIONS FROM THIS MEETING – 12th October 2023

STATUS	SUBJECT	AGREED ACTION	ACTION BY
	Understanding the AMaT software	MHA Manager and Chair to understand the AMaT software	RK/DS
	Section 135 incident – no cover in EAS. SecureCare had to manage patient	Fact finding in order to establish the issues surrounding this incident – Lead Nurse to take forward	RR
	Lack of structure with ward reviews for Advocates	MHA Manager to liaise with Advocacy to find a suitable solution	DS/DB
	Bed management/s140 policy	Once finished, to be circulated for comment by Service Manager for Inpatients.	SW
	117 knowledge gaps in CAMHs LA teams	Re-start discussions for training to be scheduled in	KL/DS/CH
	Supreme Court Ruling	Further discussions to be had regarding the impact of the ruling	RK/DS

Saunders Nathan
27/10/2023 14:17:51