

Mental Health Committee 29.10.2024

Tue 29 October 2024, 09:00 - 11:00

MS Teams

Agenda

1. Standing Items

1.1. Welcomes & Introductions

Ceri Phillips

1.2. Apologies for Absence

Ceri Phillips

1.3. Declarations of Interest

Ceri Phillips

1.4. Minutes of the Meeting held on 6th August 2024

Ceri Phillips

📄 Unconfirmed Minutes MH Committee 06.08.2024 (1).pdf (8 pages)

1.5. Actions from the Meeting held on 6th August 2024

📄 1.5 MH Committee Action Log 06.08.2024 (1).pdf (1 pages)

1.6. Chair's Action taken since last meeting

2. Mental Capacity Act

2.1. Mental Capacity Act Monitoring Report and DoLS monitoring (15 MINUTES)

15 mins

Jason Roberts / Chloe Evans

📄 2.1 - MHLMCA Report Jul - Sep 2024.pdf (7 pages)

📄 Provision of South East Wales IMCA July - September 2024 Cardiff & Vale UHB (1).pdf (19 pages)

3. Mental Health Act

3.1. Mental Health Act Monitoring Exception Report (10 MINUTES)

10 mins

Dan Crossland

📄 3.1a - Attachment 4 Mental Health Act Monitoring Exception Report October 2024.pdf (8 pages)

📄 3.1b - Attachment 3 Mental Health Act Monitoring Report July - September 2024.pdf (35 pages)

3.2. Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy (5 MINUTES)

5 mins

Dan Crossland

Chilcott, Rachel
19/12/2024 15:24:10

4. Mental Health Measure

4.1. Mental Health Measure Monitoring Report including Care and Treatment Plans Update Report (15 MINUTES)

15 mins *Dan Crossland*

📄 4.1 Mental Health Measure October 2024 AMS CAMHS.pdf (10 pages)

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

5.1. Hospital Managers Power of Discharge Sub Committee Minutes

Jeff Champney-Smith

📄 5.1.1 - PoD minutes October 2024.pdf (3 pages)

5.2. Mental Health Legislation and Governance Group Minutes

Robert Kidd

📄 5.1.2 - MHLGG Minutes October 2024.pdf (6 pages)

📄 5.1.3 - MHLGG Action Log (20).pdf (2 pages)

6. Items for Approval Ratification

No items.

7. Any Other Business

7.1. Right Care, Right Person Update (10 MINUTES)

Dan Crossland

7.2. Section 117 Update (5 MINUTES)

Dan Crossland

8. Items for Private Committee Meeting:

1. *LA Unregsitered*
-

9. Review of the Meeting

Ceri Phillips

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

28th January 2025 via MS Teams

11. Declaration:

Chilcott, Rachael
19/12/2024 15:24:10

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Chilcott, Rachel
19/12/2024 15:24:10

**Minutes of the Mental Health Legislation and Mental Capacity Act Committee
Held on 6th August 2024
Via MS Teams**

To view the meeting: [CAVUHB Mental Health Legislation & Mental Capacity Act Committee Meeting 06.08.2024 \(youtube.com\)](https://www.youtube.com/watch?v=...)

Chair:		
Ceri Phillips	CP	Committee Chair / University Health Board Vice Chair
Present:		
Rhian Thomas	RT	Independent Member – Capital & Estates
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance
Daniel Crossland	DC	Director of Operations - Mental Health
David Seward	DS	Mental Health Act Manager
Neil Jones	NJ	Clinical Board Director – Mental Health
Robert Kidd	RK	Interim Clinical Director Psychology & Psychological Therapies
Chloe Evans	CE	MCA & Consent Lead
Katie Simpson	KS	Deputy General Manager – Children, Young People & Family Health Services
Jason Roberts	JR	Executive Director of Nursing
Liz Singer	LS	Vice Chair of the Power of Discharge Sub-Committee
Urvisha Perez	UP	Audit Wales
Secretariat:		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Sara Moseley	SM	Committee Vice Chair / Independent Member – Third Sector
Paul Bostock	PB	Chief Operating Officer
Catherine Wood	CW	Director of Operations – Children & Women
Richard Skone	RS	Interim Executive Medical Director
Jeff Champney-Smith	JCS	Chair, Powers of Discharge Sub-Committee

Item No	Agenda Item	Action
MHLMCA 06/08/001	<p>Welcome & Introductions</p> <p>To view the minute: https://youtu.be/ZDZlqxR7X_0</p> <p>The Committee Chair (CC) welcome everybody to the meeting in English and in Welsh.</p>	
MHLMCA 06/08/002	<p>Apologies for Absence</p> <p>To view the minute: https://youtu.be/ZDZlqxR7X_0?t=12</p> <p>Apologies for Absence were noted</p> <p>The Committee Resolved that:</p> <p>a) The Apologies for Absence were noted.</p>	
MHLMCA 06/08/003	<p>Declarations of Interest</p> <p>No declarations of interest were declared.</p>	

Chilcott, Rachel
19/12/2024 10:24:10

<p>MHLMCA 06/08/004</p>	<p>Minutes of the Meeting held on 30th April 2024</p> <p>To view the minute: https://youtu.be/ZDZlqxR7X_0?t=53</p> <p>The Minutes of the Meeting held on 30th April 2024 were received and approved.</p> <p>The Committee Resolved that:</p> <p>a) The minutes of the meeting held on 30.04.2024 were agreed as a true and accurate record.</p>	
<p>MHLMCA 06/08/005</p>	<p>Action Log from the meeting held on 30th April 2024</p> <p>To view the minute: https://youtu.be/ZDZlqxR7X_0?t=97</p> <p>The Action Log was received and discussed.</p> <p><u>MHLMCA 23/05/013</u> - the Director of Operations – Mental Health (DO-MH) noted that the new Mental Health Bill had been mentioned in the King’s Speech and suggested that it be brought back to the MH Committee in October 2024.</p> <p><u>MHLMCA 30/04/008</u> - The CC explained that a meeting to discuss staff training had not yet been organised but would bring an update back to the Committee in October 2024.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was noted.</p>	
<p>MHLMCA 06/08/006</p>	<p>Committee Chair’s Actions</p> <p>The Committee Resolved that:</p> <p>a) No Chair’s Actions were taken since the last meeting.</p>	
<p>MHLMCA 06/08/007</p>	<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>	
<p>Mental Health Act</p>		
<p>MHLMCA 06/08/008</p>	<p>Mental Health Act Monitoring Exception Report</p> <p>To view the minute: https://youtu.be/ZDZlqxR7X_0?t=183</p> <p>The Mental Health Act Manager (MHAM) presented the Mental Health Act (MHA) Monitoring Exception Report to the Committee which provided a summary of the one fundamentally defective application and the two fundamentally defective reports reported during this quarter.</p> <p>The CC noted that he had raised the issue of wet signatures with other Vice Chairs, who proposed that they discuss the issue with Welsh Government (WG). He asked to what extent WG had engaged in this process.</p> <p>The MHAM responded with the following comments:</p>	

Chilcott Review
19/12/2024 14:24:10

- WG had not changed their stance due to a lack of legal resources to address the matter and asked individual health boards to seek their own legal advice on the use of electronic signatures.
- The MHAM and the Director of Corporate Governance (DCG) had found case law and precedents to say that the use of electronic signatures was permitted, but that other Health Board's disagreed.
- This could result in the transfer of patients to Health Boards that do not accept electronic signatures being hindered.

The Executive Nursing Director (END) emphasised that the use of electronic signatures would improve patient quality, as less patients would be held up in the system.

The DCG informed the Committee that the law required documents to be signed, but that it did not specify the type of signature. He noted that the challenge was to overcome administrative inertia and to reach an agreement across health boards, independent of WG action.

The Independent Member – Local Authority suggested that a policy or procedure which set out the framework for electronic signatures would provide some assurance to other Health Boards.

The Interim Clinical Director Psychology & Psychological Therapies (ICDPPT) queried whether the new NHS Executive might be useful in bringing other Health Boards into agreement.

The CC noted that there was not a legal solution to this, and that a policy or procedural approach might be the best way forward.

The CC suggested that he meet with the DCG and MHAM to discuss the issue around wet ink signatures, and to agree on an approach for the use of electronic signatures.

The MHAM reported that another Health Board was declined the procurement of Adobe Pro (which enables the use of electronic signatures) due to licensing fees.

The MHAM continued with the MCA Monitoring Exception Report and highlighted:

- The number of Section 136s had increased – this was likely due to CAMHS
- Development sessions were ongoing
- There had been a couple of drug errors reported on wards – the ward would be revisited within four weeks to ensure improvement work had been undertaken.

The Committee resolved that:

- 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.

Mental Capacity Act

MHLMCA
06/08/098

Mental Capacity Act Monitoring Report and DoLS Monitoring

To view the minute: https://youtu.be/ZDZlqxR7X_0?t=1361

The MCA & Consent Lead (MCA-CL) presented the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Monitoring report which provided a general update on current issues related to the MCA and DoLS and highlighted the following:

- There had been an increase in Independent Mental Capacity Advocates (IMCA) referrals – largest area was Relevant Person’s Referrals (RPR) referrals
- The mandatory MCA training was above target – however medical and dental staff had an average of under 40% compliance across the Health Board.
- The MCA practitioner led training over the last quarter had been well received – this would increase to three training sessions a month due to demand. This had also contributed to the Safeguarding Level 2 and 3 training.
- The MCA team had received 73 requests for support and advice this quarter
- DoLS signatory training had been arranged for September to increase the number of signatories.
- DoLS referral figures had increased substantially over the last quarter, likely due to increased awareness and training. However, there was the difficulty of meeting capacity to carry out assessments.
- £35,000 of the WG’s MCA/DoLS funding would be used to increase assessment capacity.
- There was a disconnect between the number of referrals and the number of assessments.

The IM-LA asked for more information around how they would improve mandatory MCA training compliance in medical and dental staff.

The MCA-CL responded that it was a work in progress, and they hoped to make the training more accessible for staff. She suggested the aim to combine the mandatory training and the practical application training, and that they hoped to report improved figures in the following quarter.

The END added that Clinical Boards would be asked to bring their medical compliance training performance to the monthly Executive Reviews for executive oversight.

The END asked if there was a possibility to pay for individuals to undertake the Assessing Decision Making Capacity MSc module, with the expectation for them to train others within the organisation and asked for this to be monitored going forward.

The MCA-CL responded that the individuals trained in the MSc module would act as ‘champions’ in their clinical areas as a point of contact for advice.

The ICDPPT asked how the organisation tracked the frequency of Section 49 requests from the Court of Protection, and the extent to which internal staff versus external commissions respond to them.

The DCG responded that ongoing work was being undertaken with his team and the Court of Protection lawyers to review the process around decision-making. He suggested that more work was needed around this in the mental health space.

The END suggested that he meet with the DCG to clarify the Court of Protection process and to provide an update to the following Committee.

The Committee resolved that:

- a) The contents of the report and the current compliance and actions with Mental Capacity Act and Deprivation of Liberty indicators were noted.

Mental Health Measure

Chilcott-Reggie
19/12/2024 15:24:10

MHLMCA
06/08/010

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

To view the minute: https://youtu.be/ZDZlqxR7X_0?t=2262

The DO-MH and the Deputy General Manager – Children, Young People & Family Health Services (DGM-CYPFHS) presented the Mental Health Measure Report which outlined the performance of CAVUHB against the various mental health specific targets, which included:

- Part 1a - target: 28-day referral to assessment compliance target of 80% (Adult) and (Children & Young People)
- Part 1b – 28-day assessment to intervention compliance target of 80% (Adult) and (Children & Young People)
- Part 2 – Care and Treatment Planning (over 18) and (Children & Young People)
- Part 3 – Right to request an assessment by self-referral
- Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

Regarding the care and treatment planning for Children and Young People (CYP), the Independent Member – Capital & Estates (IM-CE) asked how much progress had been made over the past 12 months, and whether meaningful change was likely to be made.

The DGM-CYPFHS responded that little progress had been made and highlighted the challenge of the Care and Treatment Planning (CTP) legal framework being inaccessible for children and young people.

The IM-CE noted that self-referrals to SilverCloud relied on people's knowledge of the service existing, and asked how strong awareness of this service had been.

The DGM-CYPFHS responded that self-referral had been advertised through their single point of access, the website, TV screens within the centre, and clinicians informing children and young people directly. It had been observed that parents were engaged in the parent programmes, which suggested that targeting parents might be effective. The DGM-CYPFHS noted that self-referral and professional referral would become part of the service offer.

The CC suggested that the new Health Minister may wish to hear plans to address the lack of compliance regarding Part 1a and 1b.

The DO-MH provided the following comments:

- The Primary Mental Health Support Service (PMHSS) faced a higher level of demand than anticipated, with capacity and demand modelling showing no signs of a decrease post-pandemic, contrary to initial expectations.
- The PMHSS team professionals were required by legislation to come from specific professional groups, which presented a challenge due to a diminishing pool of candidates and anticipated future recruitment difficulties.
- Modelling suggested the need for up to four professionals to restore compliance – with three being a likely sufficient number if recruited by December. Adverts for the required positions were currently out.

The DGM-CYPFHS noted that recruitment challenges persisted within the CYP space, but that significant work had been undertaken around demand and capacity, particularly concerning interventions. Whilst the complexity of cases had increased, the DGM-CYPFHS provided reassurance that significant improvements were being made, with a trajectory towards compliance by September 2024.

The Committee Resolved that:

Chilcott, Rachel
19/12/2024 14:28

	a) The contents of the Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report was noted.	
	Items to bring to the attention of the Committee for Noting / Information	
MHLMCA 06/08/011	<p>Sub-Committee Meeting Minutes:</p> <p>To view the minute: https://youtu.be/ZDZlqxR7X_0?t=3661</p> <p><u>Hospital Managers Power of Discharge Sub-Committee Minutes – April 2024</u></p> <p>The Vice Chair of the Power of Discharge Sub-Committee (VC-PDSC) highlighted:</p> <ul style="list-style-type: none"> • The Chair and Vice Chair of the Committee attended the Recovery and Wellbeing College Care and Treatment Plan (CTP) training • A yearly report would be presented at the following MH Committee, with CTPs likely to be a significant point of discussion. • It was concluded that interpreter hearings should default to face-to-face unless a patient specifically requested a virtual hearing. • The number of barring hearings had increased over the past year. <p><u>Mental Health Legislation and Governance Group (MHLGG) – July 2024</u></p> <p>The ICDPPT highlighted:</p> <ul style="list-style-type: none"> • The MHA Activity Report was scrutinised, and it was noted that the peak in Section 136s was due to accommodation issues amongst a small number of young people. • An increase in the use of Section 62s for urgent treatments was noted, attributed to the difficulty in accessing second opinion appointed doctors. • A discussion was revisited around informal patients and the DoLS process – the decision was for the current framework to remain in place. • The Section 140 Policy was nearly complete, pending additional medical comments. • There was a discussion on the protocol for South Wales Police (SWP) when bringing in someone under Section 136, particularly concerning prior contact with services. • A productive conversation took place around advocacy, focusing on how to facilitate advocate’s participation in ward rounds or multidisciplinary team (MDT) meetings to enhance patient support. <p>The Committee Resolved that:</p> <p>a) The Sub-Committee Meeting Minutes were noted.</p>	
	Items for Approval / Ratification	
MHLMCA 06/08/012	<p>Policies</p> <p>To view the minute: https://youtu.be/ZDZlqxR7X_0?t=3901</p> <p><u>Restraint in the Care Management of Patients Aged 16 Years and Over with Impaired Mental Capacity – Policy and Procedure (UHB 044)</u></p> <p>The Committee resolved that:</p> <p>a) The policy was approved.</p>	
MHLMCA 06/08/013	Any Other Business	

Chilcott, Rachel
19/12/2024 15:25:10

To view the minute: https://youtu.be/ZDZlqxR7X_0?t=3986

SBAR - Psychiatrist Managing Inpatient Care Without Approved Clinician (AC) Status

The Clinical Board Director – Mental Health (CBD-MH) provided the following summary:

- The situation involved a local psychiatrist, acting as a consultant who was not AC approved, incorrectly identifying themselves as the responsible clinician during a tribunal, which led to an adjournment.
- The individual attended three tribunals between February and July 2024, misnaming themselves in two reports.
- The individual had since left for a neighbouring Health Board, acknowledged their mistake, and now sought AC approval.
- The tribunal that raised the issue had received a written response and was reportedly satisfied with the explanation provided.

The END asked whether there was any risk to the organisation that the other two tribunals had not picked up on the fact that the individual was not AC approved.

The CBD-MH responded that he was not aware of any risk as there were no concerns around the decisions made in the care of the patient.

The IM-LA asked what steps were being taken to ensure this did not happen again.

The CBD-MH responded that he had spoken with the Clinical Directors around the need to provide information to future employees to prevent the misuse of the term. However, he hoped that in the future they would not employ doctors without AC approval.

Nearest Relative Discharge Requests:

The MHAM explained that between 2020-23, they received 17 nearest relative discharge requests, whereas so far in 2024 they had received 13. Nowhere else in Wales had this demand, it was only CAVUHB.

The CC asked if any analysis had been undertaken to understand why this was happening.

The MHAM responded that no different information had been provided to patients and their relatives, so they were unsure why there had been a sudden increase in demand.

The MHAM suggested he keep the Committee informed on this matter through the Mental Health Act Monitoring Exception Report.

Fees for Cancelled Hearings:

The MHAM provided the following summary:

- Currently a half fee was charged to the UHB if a hearing was cancelled on the same day.
- Several other Health Boards charged a full fee if the hearing was cancelled within 24 hours.
- The Power of Discharge Group requested that the policy be extended to charge a half fee for cancellations made within 24 hours.

The CC asked what the financial implications of this were.

Chilcott, Rachel
19/12/2024 15:24:10

	<p>The MHAM responded that based on this year, the UHB had paid out £75 (£25 per member). Had the 24-hour policy been applicable, the UHB would have had to have paid an extra £225.</p> <p>The DO-MH was supportive and acknowledged the considerable work that tribunals must do in advance of a hearing. Whilst there was an additional cost involved, the DO-MH believed it was important to align with practices across Wales.</p> <p>The Committee was supportive of a decision being made at the operational level.</p>	
<p>MHLMCA 06/08/014</p>	<p>To note the date, time and venue of the next meeting: 29th October 2024 via MS Teams</p>	

Chilcott, Rachel
19/12/2024 15:24:10

Action Log
Mental Health Legislation and Mental Capacity Act Committee – 6th August 2024
(Updated For 29th October 2024 Meeting).

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
ACTIONS COMPLETED					
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	29.10.2024	Jason Roberts / David Seward	<i>This item had been scheduled for the 29.10.24, but was removed from the agenda as there has been no update.</i>
MHLMCA 30/04/008	Mental Capacity Act Monitoring Report and DoLS Monitoring	Ceri Phillips to arrange a meeting with Chloe Evans & Jane Murphy regarding staff training.	29.10.2024	Ceri Phillips	<i>Update to be provided in October 2024's Action Log section.</i>
MHLMCA 06/08/008	Mental Health Act Monitoring Exception Report	Ceri Phillips, Matt Phillips and David Seward to discuss the issue of wet signatures and to agree on an approach for the use of electronic signatures.	29.10.2024	Ceri Phillips / Matt Phillips / Dan Crossland	COMPLETED <i>Update to be provided in October 2024's Action Log section.</i>
MHLMCA 06/08/009	Mental Capacity Act Monitoring Report and DoLS Monitoring	For the END and DCG to clarify the Court of Protection process and to provide an update at the following Committee.	29.10.2024	Jason Roberts / Matt Phillips	<i>Update to be provided in October 2024's Action Log section.</i>
MHLMCA 06/08/013	Any Other Business – Discharge Requests	For an analysis around discharge requests to be incorporated into the Mental Health Act Monitoring Exception Report for October's Committee.	29.10.2024	David Seward	<i>Update to be provided in the Mental Health Act Monitoring Exception Report in October 2024.</i>
Actions in Progress					
ACTIONS REFERRED TO COMMITTEES OF THE BOARD / OTHER					

Chilcott Rachel
19/12/2024 15:24:10

Report Title:	Mental Capacity Act (MCA) and DoLS monitoring		Agenda Item no.	2.1	
Meeting:	Mental Health Legislation and Mental Capacity Act Committee	Public	X	Meeting Date:	29.10.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Jason Roberts, Executive Nurse Director				
Report Author:	Jason Roberts, Executive Nurse Director				

Main Report

Background and current situation:

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 (DoLS).

The MCA indicators provide a level of detail on MCA activity and training compliance across the UHB. As previously, there is additional information contained within this report outlining the additional training and support provided by the MCA Team. The second Mental Capacity Specialist Practitioner post was filled at the start of October so the team will be looking to expand upon available training offerings.

The DoLS indicators provide an overview of the last quarter's applications and assessments.

The MCA Project Lead continues to work closely with the DoLS Team to identify how we can increase assessment capacity and address delays in authorisation. As in previous years, Welsh Government (WG) MCA/DoLS funding is being utilised to help address the backlog of DoLS assessments. This includes £35,000 from the MCA/DoLS funding and an additional £50,000 from the advocacy funding available to the UHB, following a request to WG for a partial change of use. There remains £63,000 available for advocacy in 2024/5 should there be a need to increase provision.

In September, training was provided to increase the number of DoLS Signatories within the UHB. This will minimise the burden on existing signatories and help to speed up the process for review of DoLS authorisations and sign off.

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

Mental Capacity Act Monitoring Actions:

Mental Capacity IMCA Referral type

Unfortunately the IMCA referral information for the last quarter was not available at the time of writing this report due to delays as a result of amendments to the reporting format going forward. Information to follow.

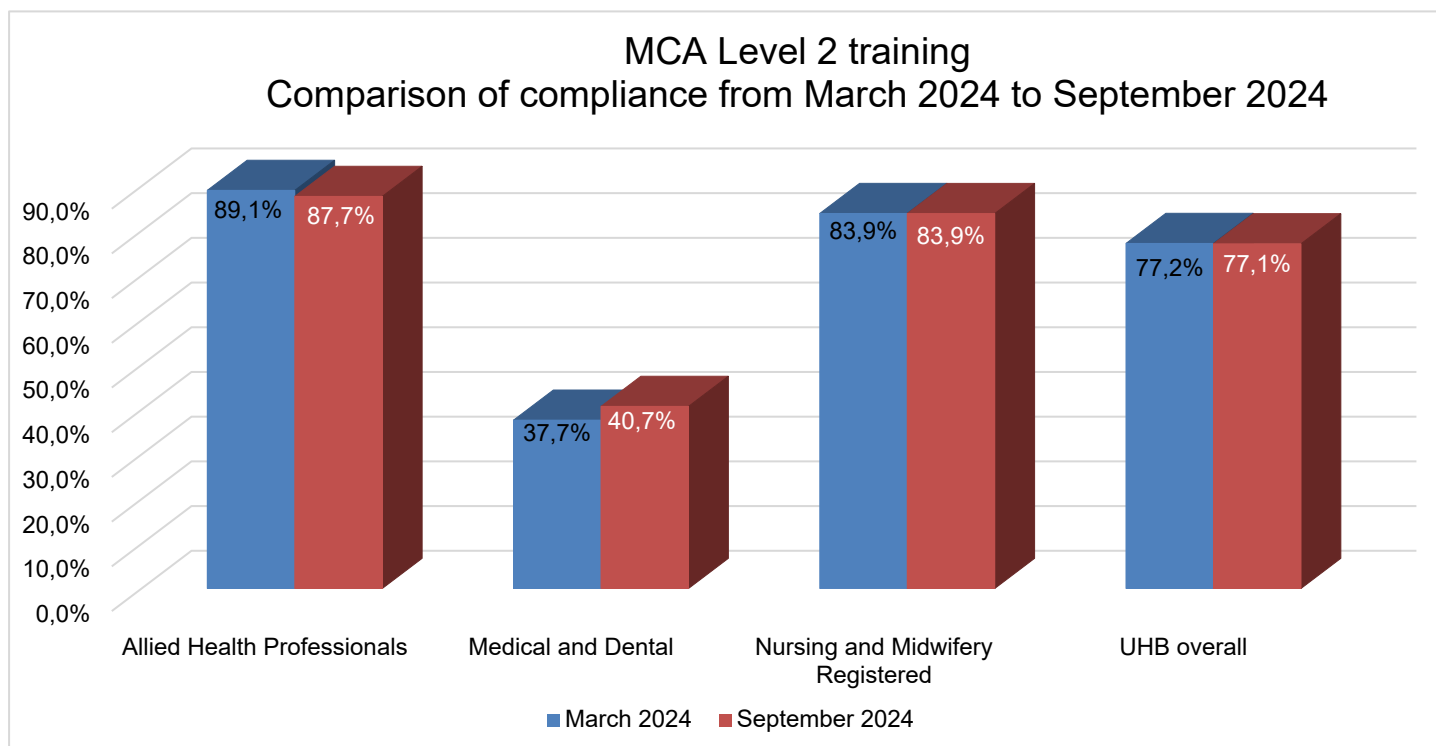
Mental Capacity Training

Mandatory MCA Training

The following graph demonstrates overall compliance by staff group over the last quarter. This appears to have remained stable, though there has been a marginal decrease in the last 6 months. Whilst the compliance of Nursing and Midwifery and Allied Health Professionals remains above target, at 89.7% and 84.3% respectively, Medical and Dental continue to lag behind quite substantially with just 39.9% compliance across the UHB.

Work to improve the compliance rate within Medical and Dental is in progress and a training plan is currently being developed, for approval by the Executive Medical Director.

Compliance rates are monitored by the Safeguarding Steering Group and are fed back to each clinical board on a monthly basis. The MCA Team have also recently circulated a poster with available training dates and to remind staff how to access the ESR modules. These modules are currently under review at an All Wales level by the Public Health Wales led MCA/DoLS Network and the MCA Team are active contributors to this work.



MCA Practitioner led training: July to September 2024

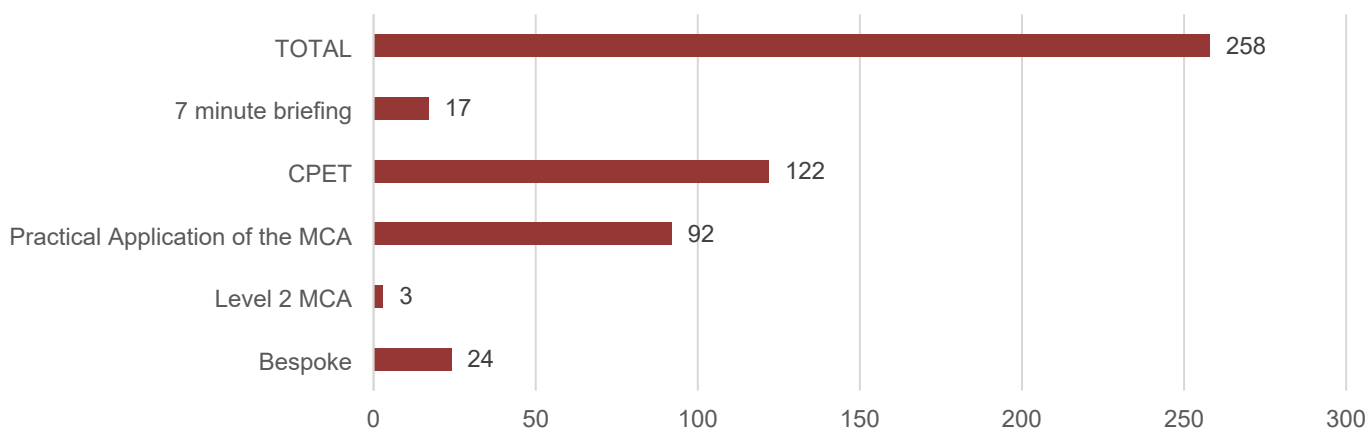
The Practical Application of the MCA training continues to be well received by staff. The MCA team have delivered 7 sessions this quarter and due to increased demand class sizes were increased to 3 per month from September however, the additional date failed to attract sufficient booking numbers. Three sessions will continue to be offered for the time being but demand will be monitored to see whether this is required.

Training was provided at the CPET forum for 122 GPs in September which received positive feedback.

MCA Level 2 taught sessions have continue to be offered on a monthly basis but due to poor uptake of these face to face sessions, despite advertising them, the team plan on reducing this to every other month going forward.

The below chart shows outlines attendance figures for the various training sessions offered by the MCA Team this quarter.

Training Attendance UHB Staff July to September 2024



Training feedback for the Practical Application of the MCA continues to be extremely positive, as outlined below.

Training Feedback	% Agree or strongly agree	% Neutral, disagree or strongly disagree
My learning outcomes were met	100%	0%
Training was effective and easy to understand	100%	0%
I feel confident about applying principles of MCA to practice	94%	6%
Helped with practical application of MCA as well as theory	100%	0%
I feel confident in knowing how to access MCA support	100%	0%

Assessing Decision Making Capacity MSc module

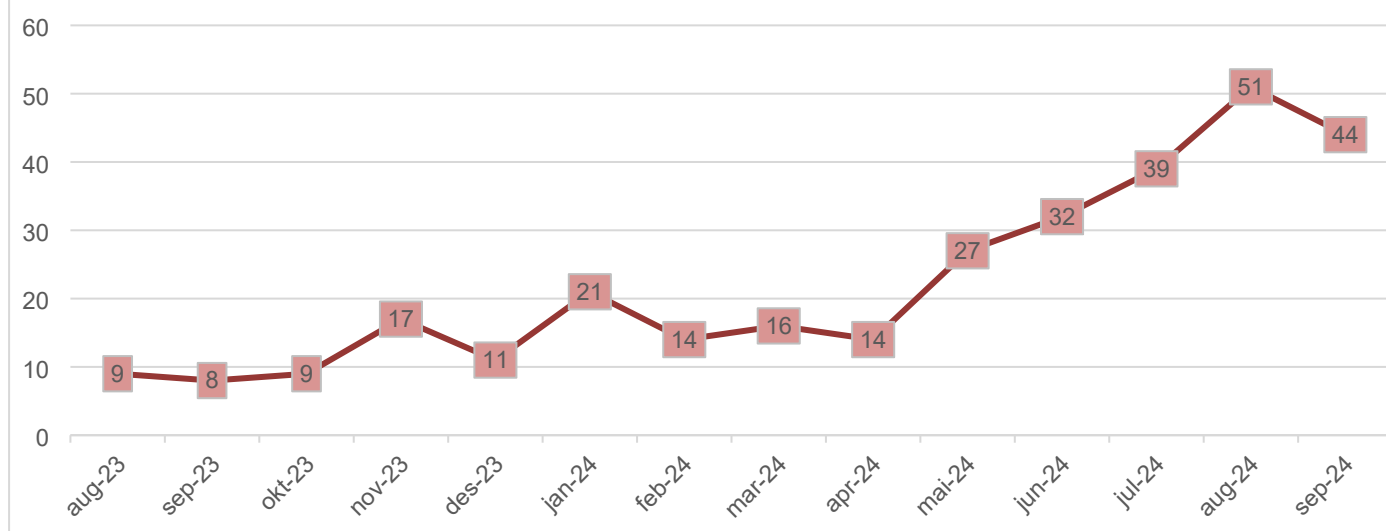
Three staff will be attending the MSc module at Swansea University this term, which includes the new Mental Capacity Specialist Practitioner, a Lead Nurse from Medicine and Senior Nurse within Adult Mental Health. The MCA Team will be looking to develop a supervision framework from early next year to ensure that staff who have undertaken the course are available to support staff within their areas and offer mentorship and supervision to facilitate this

MCA Team Advice and Support

Requests for advice and support from the MCA Team have increased significantly in the last quarter. Time spent supporting clinicians varies greatly from 1 hour to several days. One case was heard in the Court of Protection in September, support was given by the MCA Team to complete reports, chair professional's meetings to devise a thorough care plan and ensure that relevant paperwork was submitted on time to Legal & Risk.

The below chart outlines the number of referrals received by month since the first MCA Specialist Practitioner started in post last year. Over the last quarter there were a total of 134 advice and support requests, with 109 of these being patient specific and 25 generic requests relating to the MCA process. These queries have taken, on average, 2.11 hours per patient specific case and 0.63 hours per generic query. It is anticipated that demand will continue to grow as awareness of the support available from the team increases.

Advice and Support Requests by Month



Deprivation of Liberty Safeguards Monitoring Actions:

DoLS Signatories

Training was provided for the Directors of Nursing and their Deputies to attend DoLS Signatory training in September, to increase the number of staff available to scrutinise and sign off DoLS authorisations. Following this training, a number of staff have already begun signing off authorisations with support provided by the UHB's existing signatories

Quarterly overview from July to September 2024

The MCA Project Lead continues to work in collaboration with the DoLS Team Manager to identify areas for improvement within the DoLS Framework and ensure that clinical areas are provided with timely feedback in relation to assessment time frames and delays. As well as increased administrative support within the DoLS Team, the MCA Team Administrator has begun supporting the DoLS process by inputting referrals to the DoLS database and cleansing the data on a regular basis to identify patients who no longer require assessment. This will allow the DoLS Team to focus on administration for the processing of assessments and relevant documentation and enable the UHB to have better oversight of our DoLS activity.

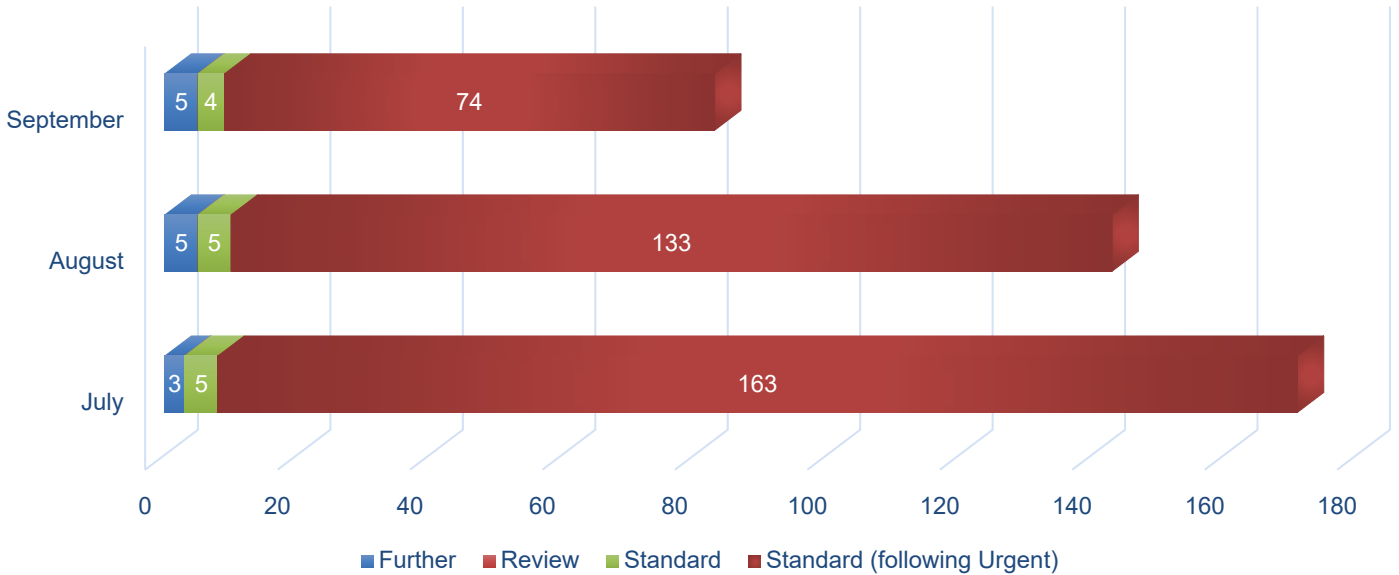
The figures for this quarter continue to be impacted by the delays in processing DoLS referrals following the administrative vacancy within the DoLS Team but it is expected that the figures for next quarter will be a more accurate representation of referral activity.

Referrals and Assessment

The referral figures for the last quarter are outlined below. As shown, figures for July and August are increased due to the backlog in processing referrals.

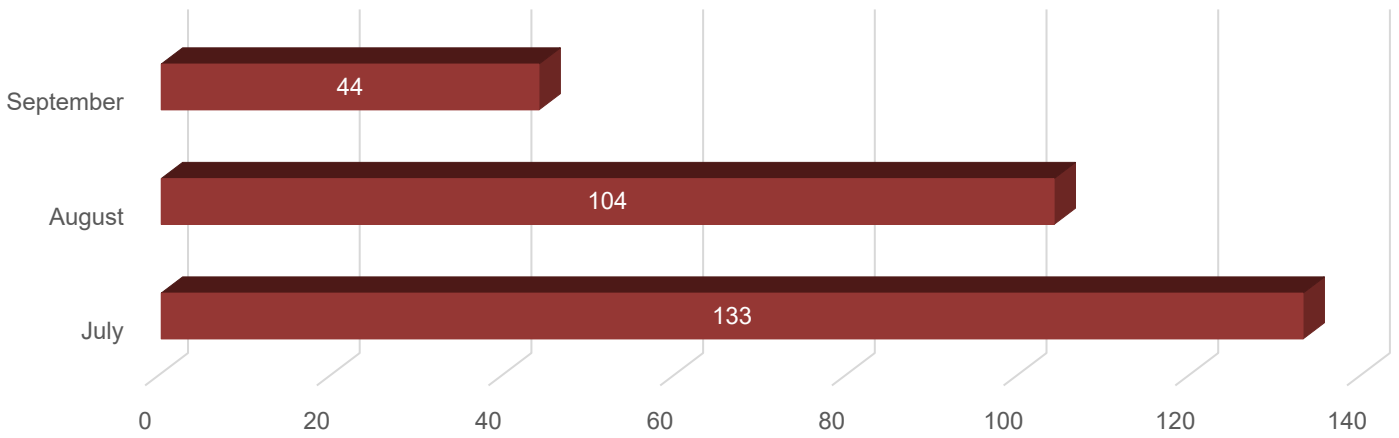
Chilcott, Rachel
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Referrals received July- September 2024



The below chart outlines the number of referrals withdrawn prior to assessment. Please note the number of withdrawals this quarter continue to be significantly higher than normal due to the delays in processing referrals, as outlined above, and work by the MCA Team Administrator to identify individuals that have since been discharged from hospital.

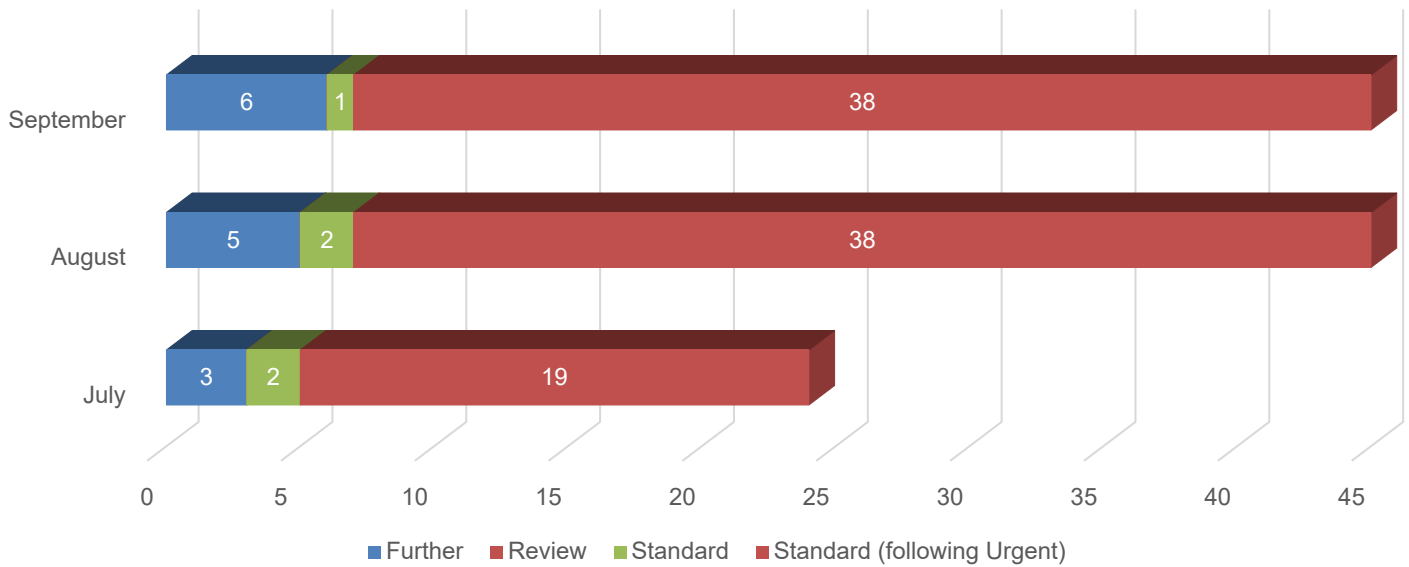
Applications withdrawn July - September 2024



The below figures outline the number of assessments carried out in the last quarter by type. From August, Welsh Government funding was identified to increase assessment capacity to address the backlog of DoLS assessments. This has allowed for a 40% increase in assessment capacity which will continue until March 2025.

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Assessments carried out July - September 2024



The below table outlines the current waiting list for allocation of a BIA to assess, with a total of 63 assessments outstanding. Of these, there are 21 referrals for standard authorisation which have exceeded the 28 day timeframe. These will be prioritised using the backlog funds available.

Wait Day Groups	Further	Standard	Standard (following Urgent)	Total
0-7 Days		2	32	34
8-21 Days			8	8
22-80 Days	1	3	13	17
81+ Days			4	4
Total	1	5	57	63

Recommendation:

The Committee is requested to:

- a) Note the contents of this paper

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

<p>1.  Putting People First</p> <p>Click the objective above to view more detail.</p>	<p>2.  Providing Outstanding Quality</p> <p>Click the objective above to view more detail.</p>	X
<p>3.  Delivering in the Right Places</p>	<p>4.  Acting for the Future</p> <p>Click the objective above to view more detail.</p>	

Click the objective above to view more detail.							
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Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention		Long term		Integration	X	Collaboration	X	Involvement	
------------	--	-----------	--	-------------	---	---------------	---	-------------	--

Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	X	<i>Not required</i>
--	--	---	---	---------------------

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 (please note anywhere else this paper has been before):

Committee/Group/Exec	Date:

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Cefnogaeth Eiriolaeth Cymru

Advocacy Support Cymru

Independent Mental Capacity Advocacy Quarterly Report

South East Contract

Cardiff & Vale University Health Board

Q2 2024 to 2025

July to September 2024

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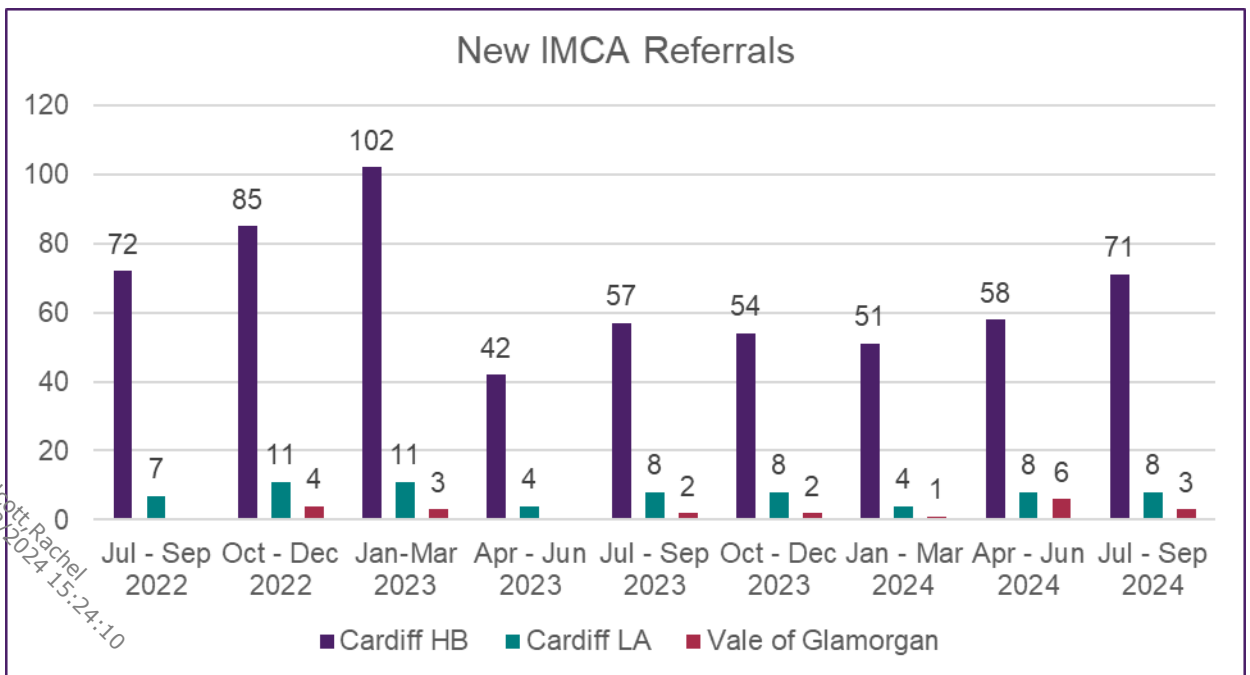
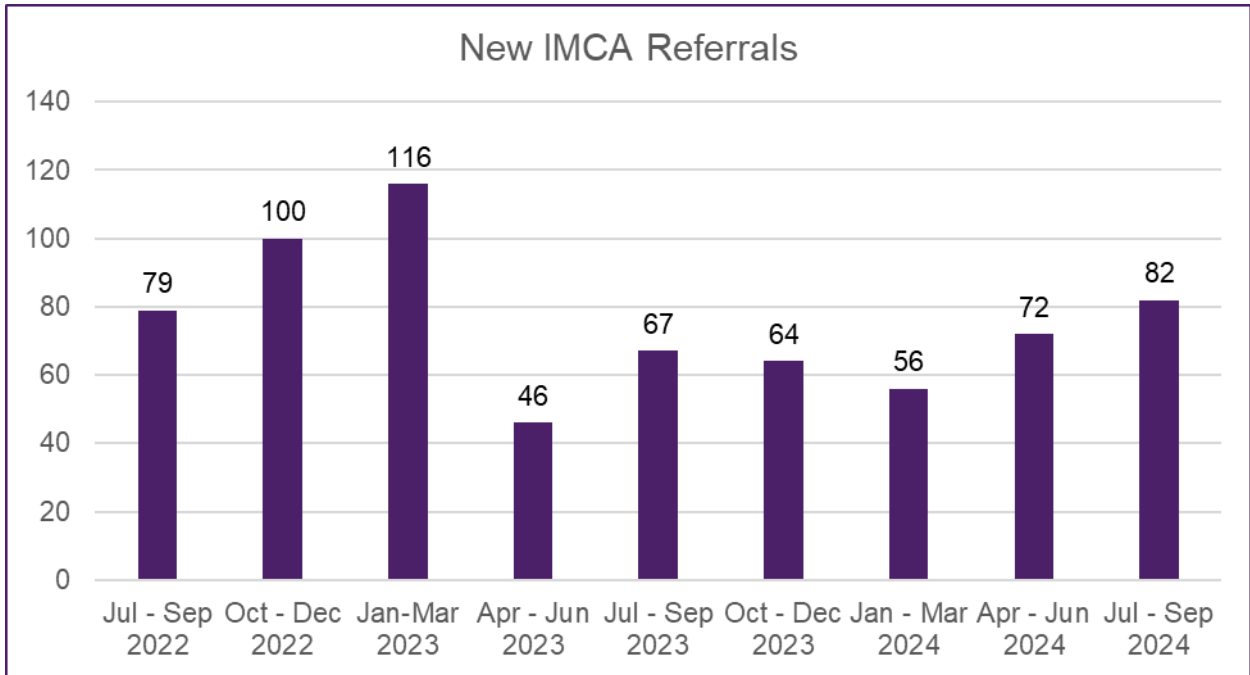
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Service Statistics

Referral Data

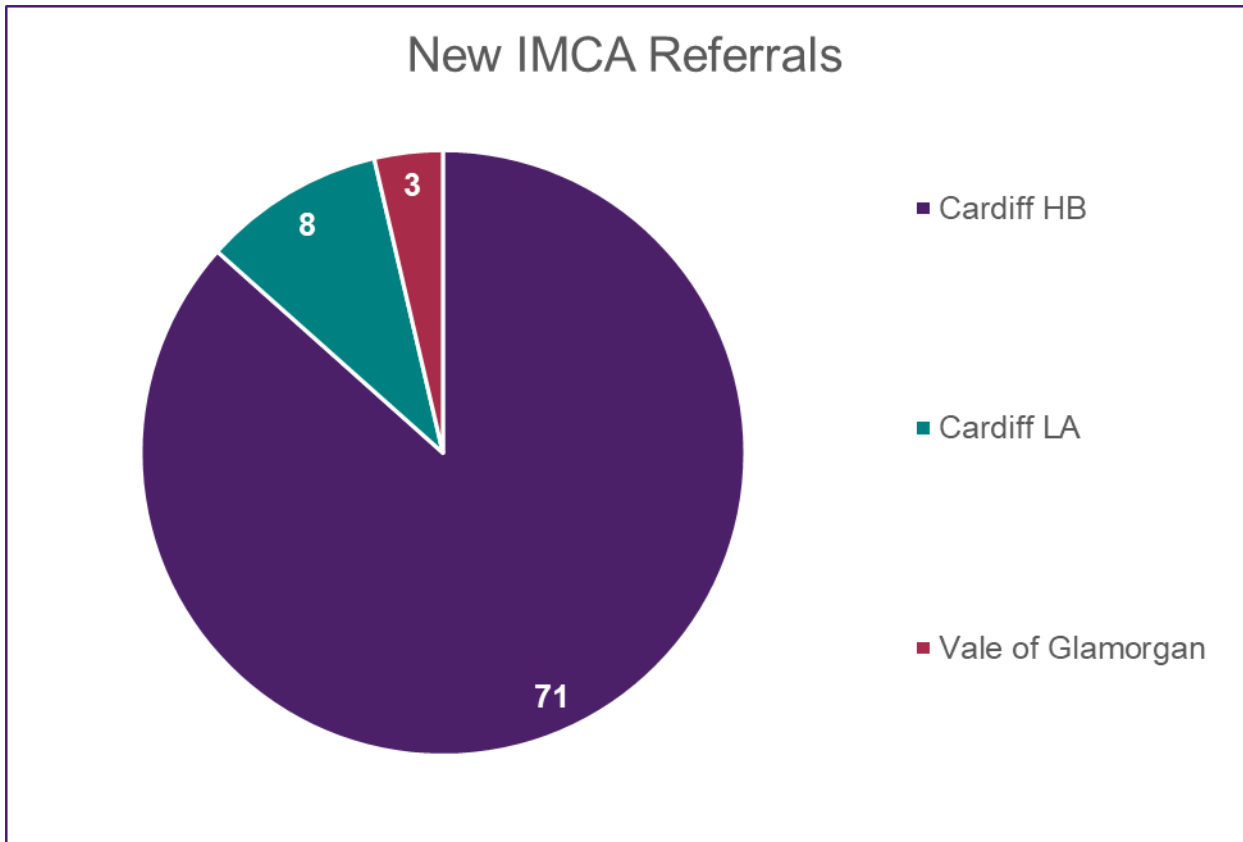
This quarter, we have received 82 referrals and have 61 open cases at the end of the quarter. We have closed 72 cases and supported a total of 133 people.

Our case numbers over the past two years are detailed on the graphs below: -

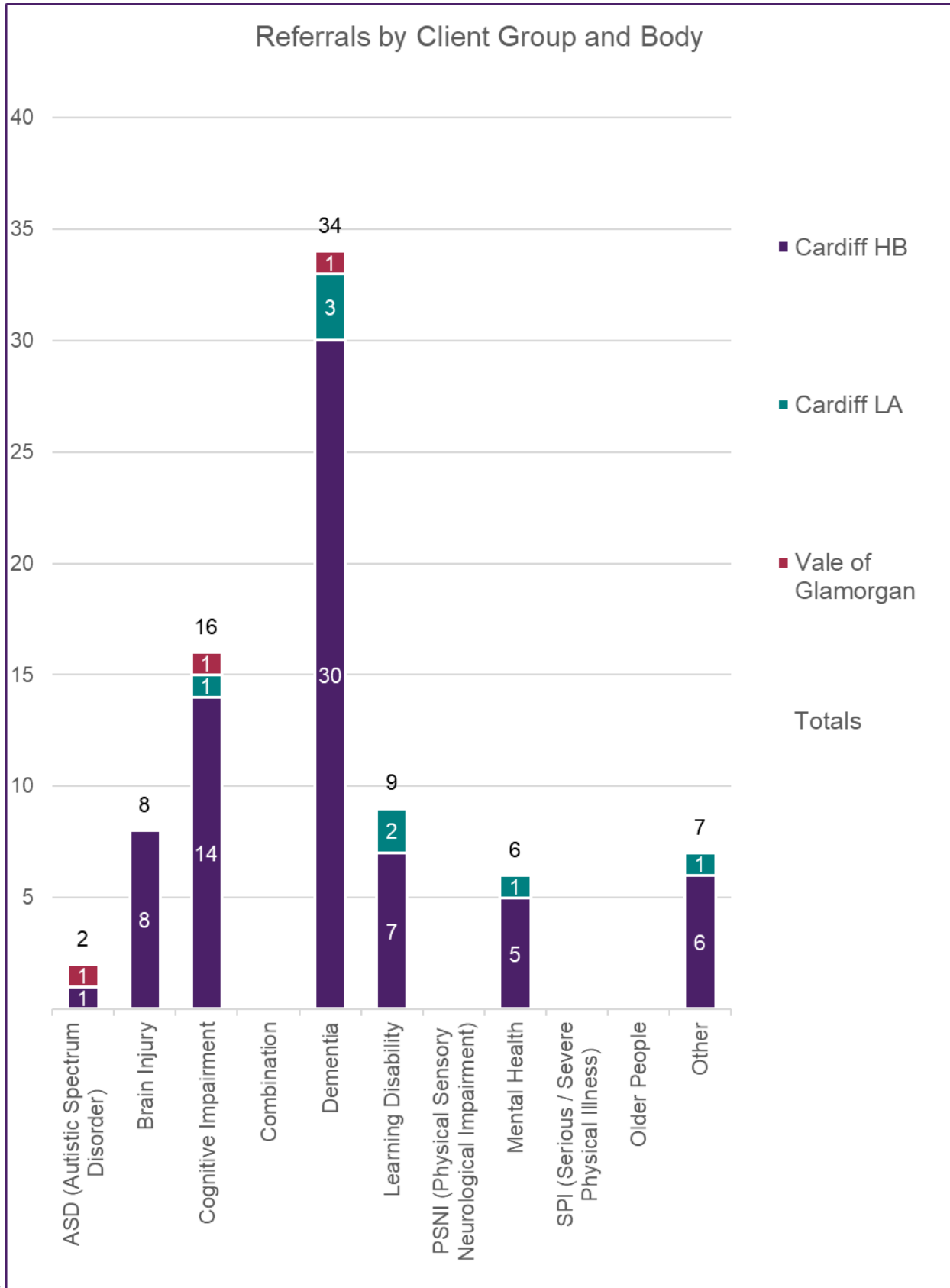


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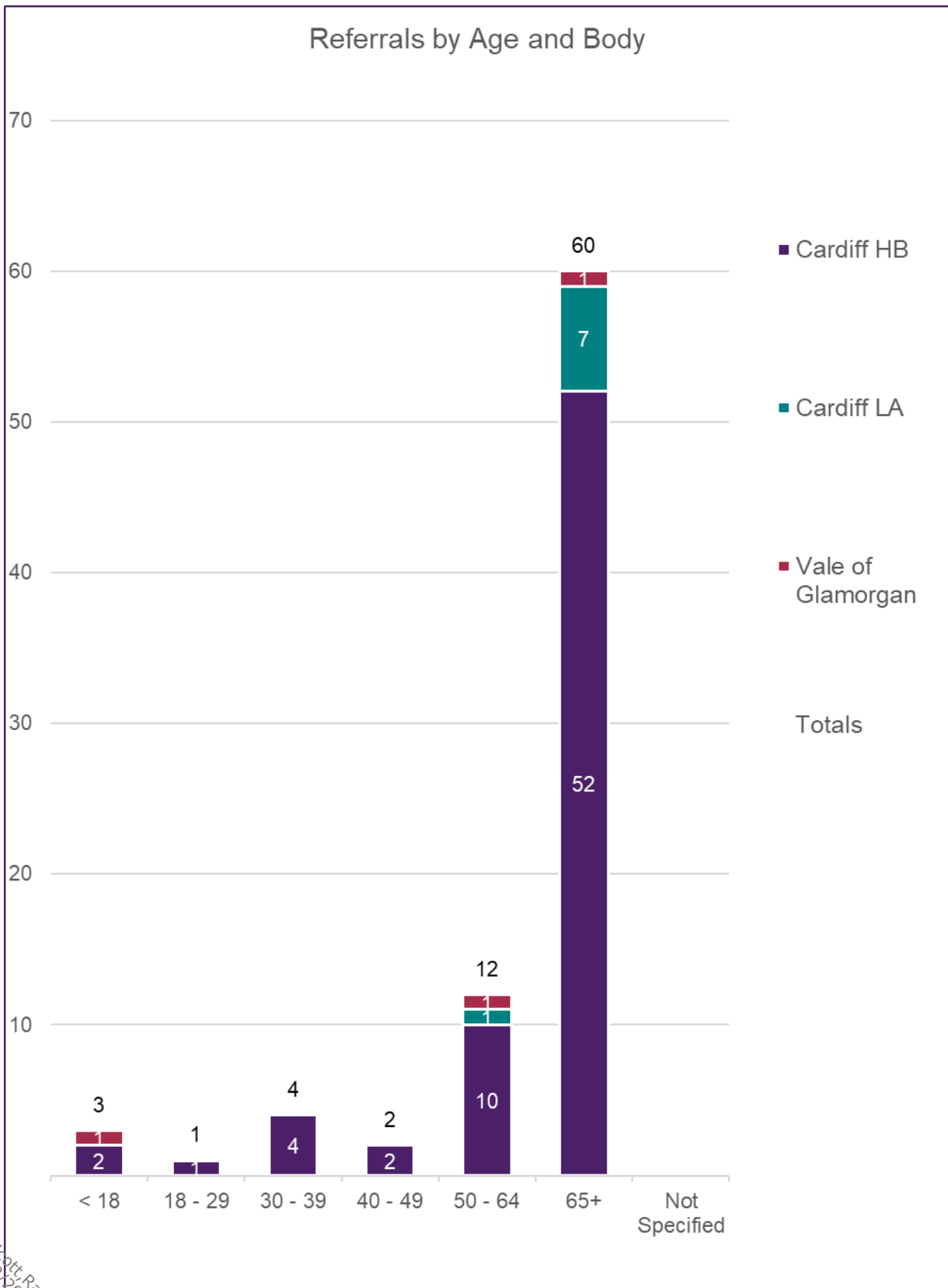
The graphs below give breakdowns of the referrals received this quarter: -



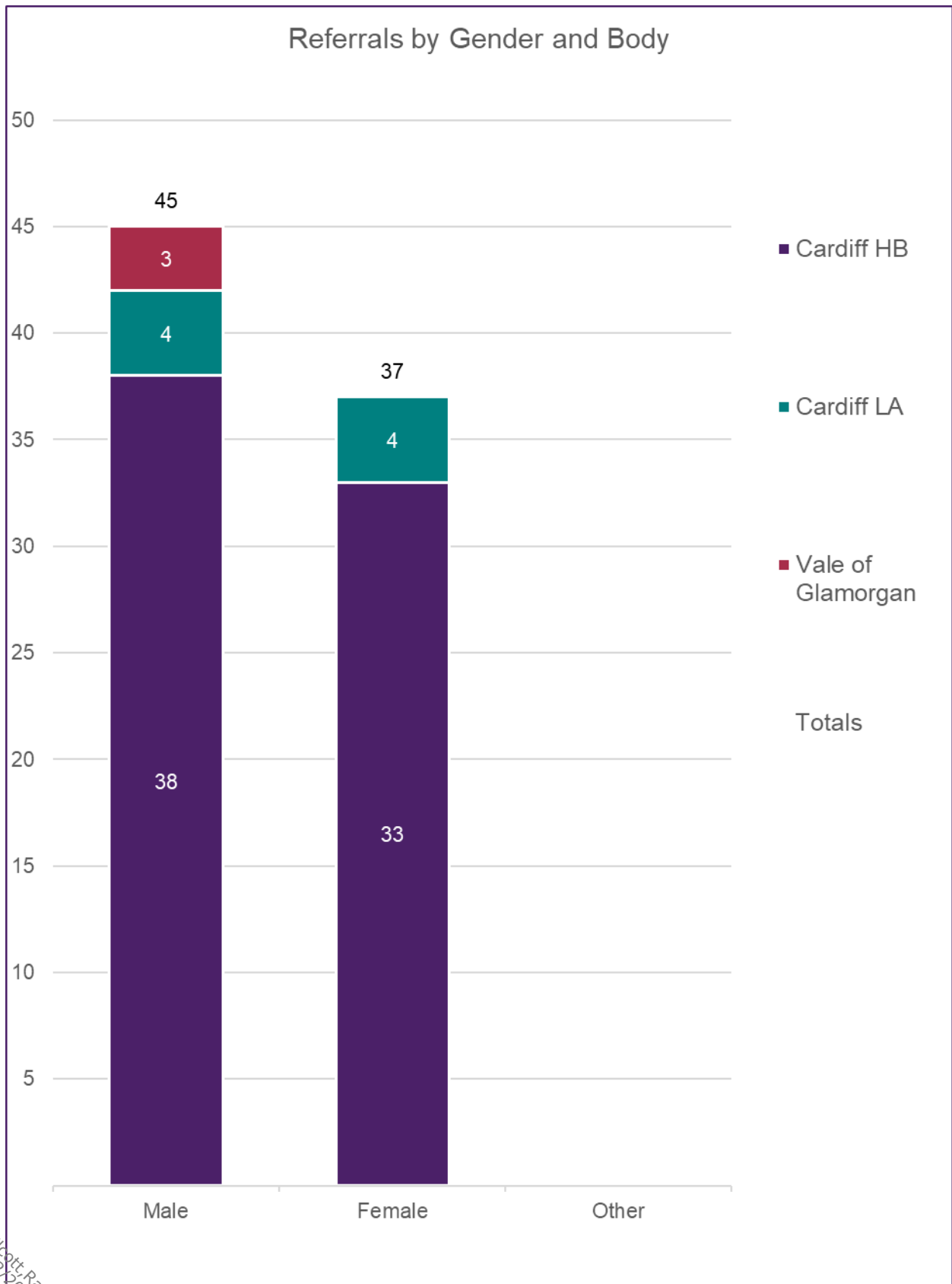
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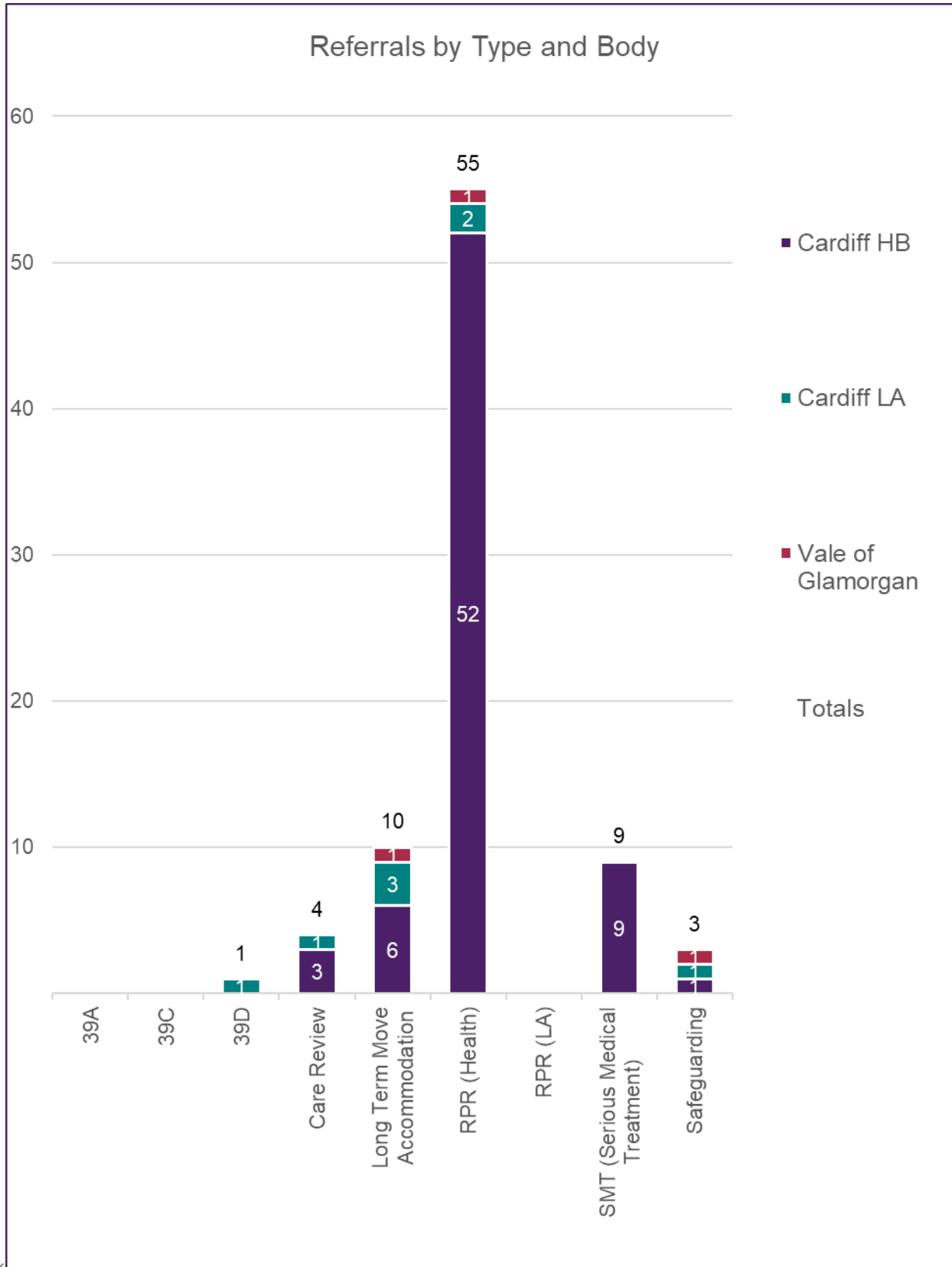
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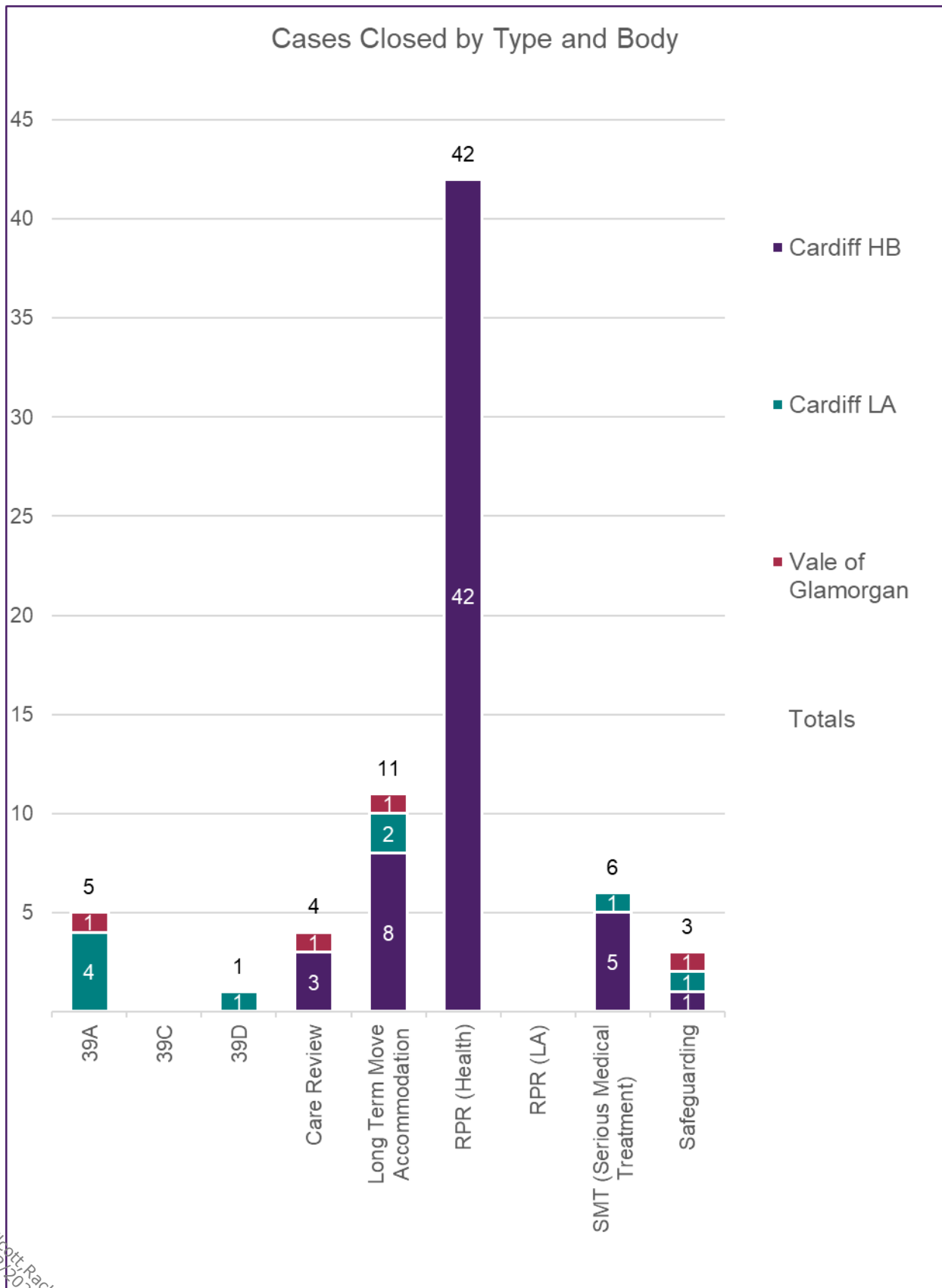
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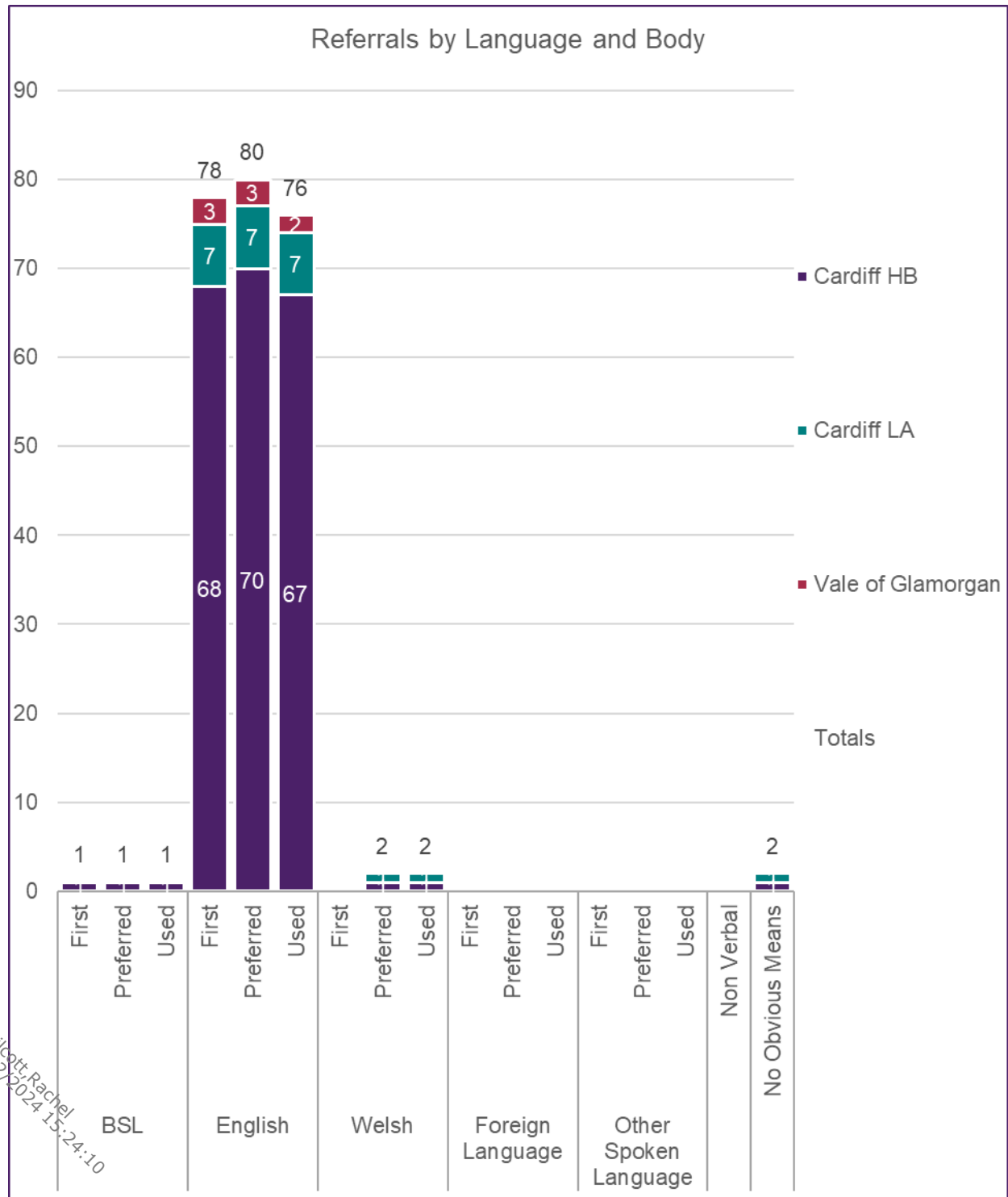
The highest number of referrals received in the last quarter were for RPR (Health), with 55 referrals across all Local Authorities and Health Boards. The second highest category was Long Term Move Accommodation, with a total of 10 referrals received.



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Language Requirements

The graph below gives details of the first language of the service user and the language they requested the service to be delivered in. We also give details of the language used to deliver the service, and whether there was any other additional communication needs employed to deliver the service successfully.



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Awareness Raising / Training Sessions

During this quarter we have completed the following informal Awareness Raising within settings, which take place whilst the IMCA has been attending to meet with a service user:

Advocate and Location

- » Bethan - Ward C7, University Hospital of Wales
- » Carys – Ward East 14, University Hospital of Llandough
- » Cal - Stroke Rehab Unit, University Hospital of Llandough

We have also completed more formal awareness raising / training sessions within the settings detailed below:

No formal awareness raising / training sessions have been undertaken this quarter.

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Advocacy Details

Quality Performance Mark

Advocacy Support Cymru were awarded the QPM in August 2022, with the award being valid for three years from this date.

Staffing

At the end of this quarter there were 6 IMCAs employed for the South East contract, including the IMCA Manager. Our advocates currently hold the following qualifications:

- » City & Guilds Level 3 Diploma in Independent Advocacy with IMCA and DoLS Specialisms
- » City & Guilds Level 4 Diploma in Independent Advocacy with IMCA and DoLS Specialisms
- » Safeguarding of Vulnerable Adults and Children

One of our IMCAs can deliver the service in Welsh.

Supervisions

This quarter there were 12 supervisions conducted with members of the IMCA team. In addition to the supervision sessions with their line manager, all IMCAs also attended 2 Peer Supervision sessions and 2 team meetings.

Chilcott, Rachel
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Training

During this quarter the following training sessions were attended by our IMCAs: -

- » Mental Health First Aid Training
- » ASC Practice Day – Mental Capacity
- » Access workspace training
- » ACAS 'Managing the Unmanageable' training

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Impact Measurement

Positive Practices Observed by IMCAs

During this quarter, the IMCAs have observed some notable positive practices by professionals, which are summarised below: -

- » Cardiff & Vale UHB
- » The IMCA was appointed to represent P on East 10, University Hospital Llandough, in relation to a long term move of accommodation decision. P had previously been quite antagonistic towards others on the ward and quite protective of his room and belongings. The ward staff got to know P through repeated interaction and began to understand what he liked and disliked about being on the ward.

The IMCA witnessed their interactions with P, who became more positive, and their understanding of what he required upon discharge increased. This process of building trust and confidence with P has been positive to observe. It gives P the best chance of a successful discharge, for a patient who previously had offered significant challenges in receiving care.

- » The IMCA was appointed to represent P in relation to a serious medical treatment decision. Upon being allocated, the IMCA contacted the Decision Maker, and a best interest meeting was promptly scheduled. However, the Decision Maker ensured ample opportunity was afforded to the IMCA to ascertain P's wishes and views and allowing for consistency in viewpoint to be established.

A best interest meeting was later held with P in attendance. During the meeting, the Decision Maker ensured to simplify, in both a helpful and respectful manner, the discourse to enable P's understanding as to what was being discussed.

At multiple points in the conversation, the Decision Maker reverted to P to both garner their understanding and enquire as to whether they had any queries at that time.

Chilcott, Rachel
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Concerns about service delivery raised by IMCAs

During this quarter there have been a few issues that have been raised, which are summarised below: -

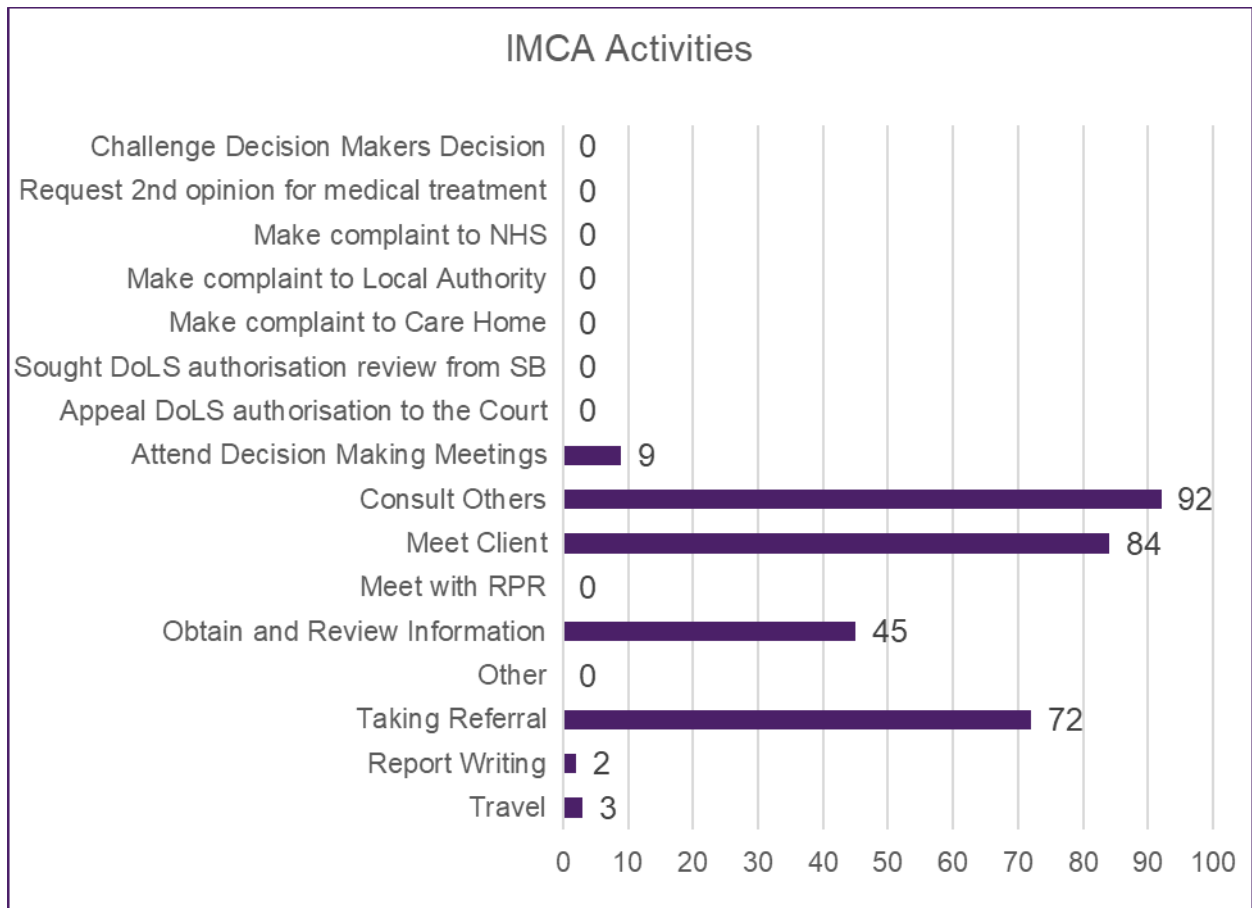
- » Cardiff & Vale UHB
- » The IMCA was supporting P as their RPR in hospital. P was objecting to the proposed decision of being discharged to a care home. P is CHC funded and the decision maker for this best interest process is the Health Board. The RPR liaised with the Care Coordinator and highlighted P's objections. The IMCA enquired as to whether an application to the Court of Protection was being considered, in view of P's objections, however the Care Coordinator informed the IMCA that they had contacted the interim Head of Integrated Services, and the Head of Corporate Governance, who stated that an application to the Court was not required, despite P's objections, as the outcome of the best interest process concluded that a care home placement was needed.

The IMCA clarified P's rights and highlighted that there is no legal framework to move P against their wishes, therefore an application to the Court of Protection would be required. The IMCA ensured P had access to their legal rights, by instructing a solicitor on their behalf for a s.21A appeal to challenge the deprivation of liberty in hospital and seek a welfare decision from the Court. The case is currently ongoing.

Chilcott, Rachel
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IMCA Activities

The graph below shows the number of times IMCAs have challenged decisions or requested reviews / appeals of DoLS authorisations



Complaints

During this quarter we have received 0 complaints.

Chilcott, Rachel
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Case Studies

Case Study

Decision

The IMCA was appointed to represent and support P in relation to an ongoing adult safeguarding process. P had a diagnosis early onset dementia and lived with her partner in her own home. There were concerns raised regarding P's partner in relation to financial abuse and coercive control. P's partner had expressed a wish to sell their house (owned by P) and move to a new property, which P's partner felt would be in P's best interests. P's partner has LPA for finance and property decisions; however, this is under investigation by the Office of the Public Guardian.

Issues

- » P is not able to express any wishes and feelings due to her capacity and a diagnosis of dysphasia. There have been three meetings between P and the IMCA, with a young onset dementia nurse in attendance, which did not result in any wishes or feelings being established.
- » P has lived in her own home in Cardiff for thirty years and has not expressed a wish to move previously. At present, there does not appear to be a need for P to move.
- » Several meetings have been held and continue to be held to try and establish if moving out of the property is in P's best interest or not.
- » The safeguarding process has stopped and started in the past with IMCA referrals therefore being made, coming to an end, and starting again.
- » Due to the complexities of the case, both Health Board and Local Authority legal teams have been involved and have been issuing advice.

Outcome

The case remains active, and at present it is unclear if this case will be going to the Court of Protection. Best interest meetings have concluded that the decision to move is 'finely balanced', and P has not expressed a wish to move either.

The IMCA continues to represent P in the ongoing Adult Safeguarding process and is ensuring actions are being completed in relation to investigations and safety plans, whilst a final decision is made.

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Financial Report

	Q1		Q2		Q3		Q4		Total
Income									
Quarterly Contract Value	£	62,726.25	£	62,726.25	£	62,726.25	£	62,726.25	£ 250,905.00
Other Income									£ -
Total Income	£	62,726.25	£	62,726.25	£	62,726.25	£	62,726.25	£ 250,905.00
Expenditure									
Salaries and Support Costs	£	51,470.05	£	50,800.02					£ 102,270.07
Training	£	492.59	£	257.03					£ 749.62
Travel Expenses	£	1,158.84	£	1,395.35					
Overheads	£	3,865.79	£	9,920.28					£ 13,786.07
Office Costs	£	4,581.16	£	10,093.70					£ 14,674.86
Total Expenses	£	61,568.43	£	72,466.38	£	-	£	-	£ 134,034.81
Balance	£	1,157.82	-£	9,740.13	£	62,726.25	£	62,726.25	£ 116,870.19

Childs Rachel
19/12/2024 15:24:10

Report Title:	Mental Health Act Monitoring Exception Report	Agenda Item no.	3.1
Meeting:	Mental Health Legislation and Mental Capacity Act Committee	Public	X
		Private	
Meeting Date:			29 October 2024
Status (please tick one only):	Assurance <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Information <input type="checkbox"/>
Lead Executive:	Interim Chief Operating Officer		
Report Author (Title):	Mental Health Clinical Board Director of Operations		

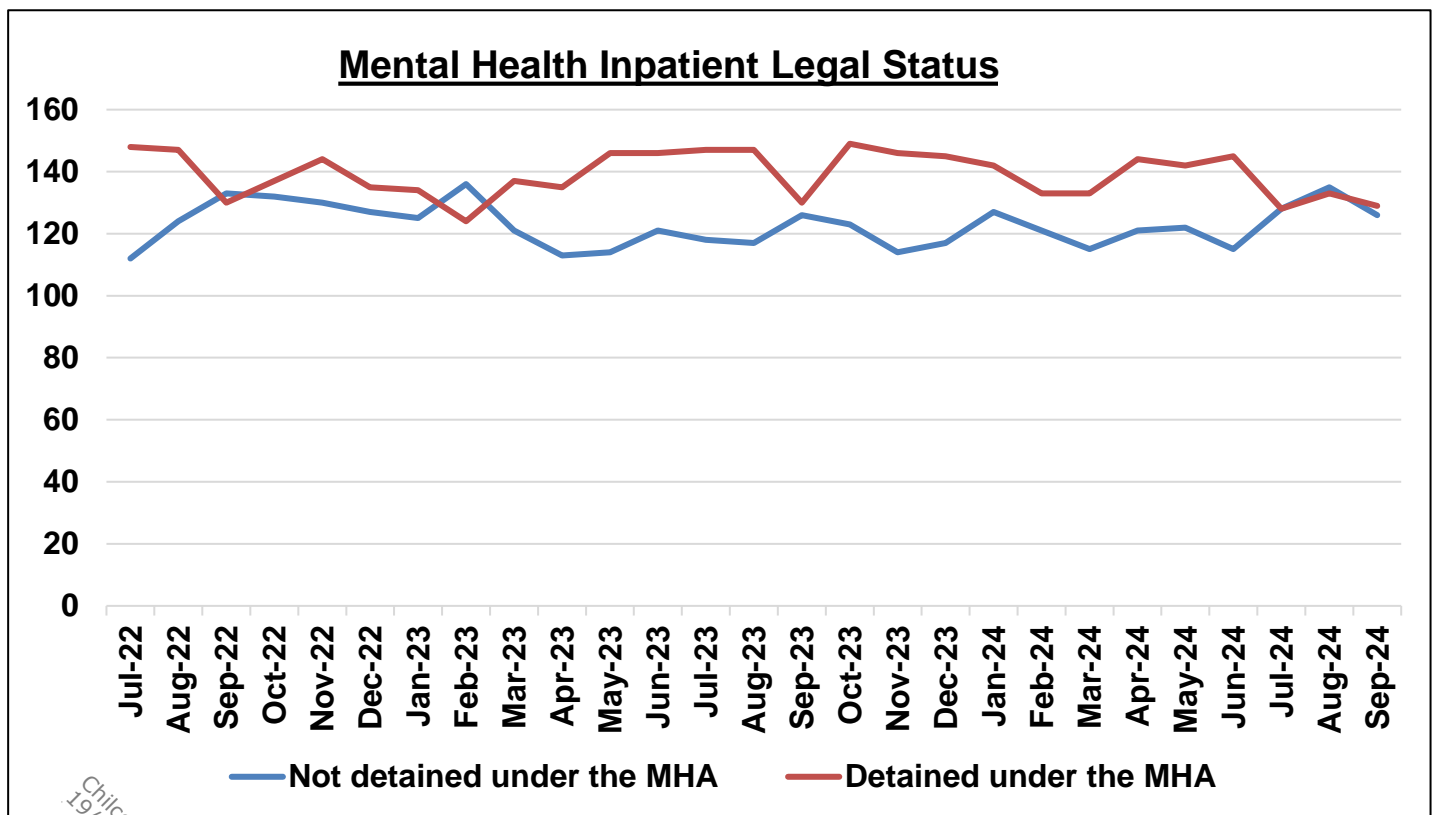
Main Report

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.

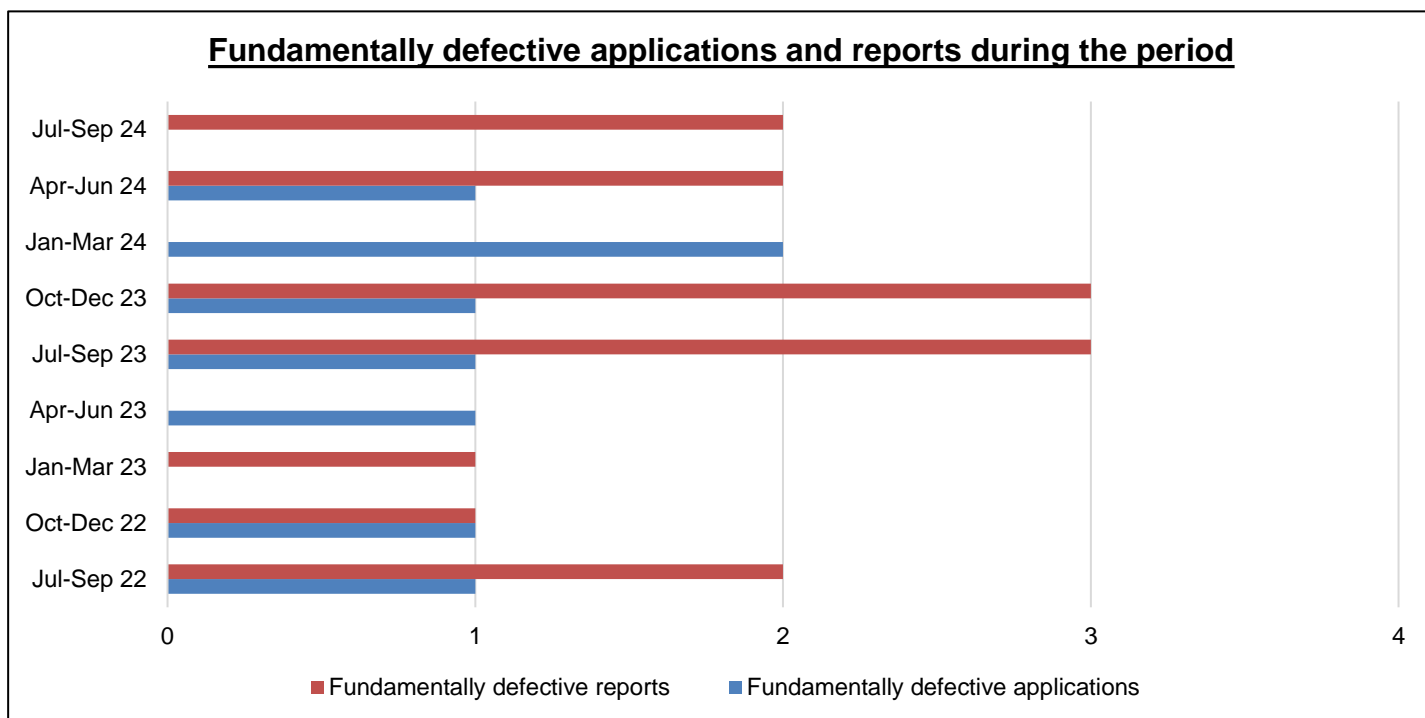
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Use of the MHA



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Fundamentally defective applications and reports



During the quarter there were no fundamentally defective applications.

During the quarter there were two fundamentally defective reports.

P was assessed in UHW and a 5(2) was completed however, the paperwork was never formally furnished to the Hospital Managers and this couldn't be located by the ward. Doctors on the ward then completed the paperwork retrospectively with the incorrect date on. We were made aware of the 5(2) by receiving an 'ending 5(2) form' from Psych Liaison. Although the patient was assessed by Psych Liaison and no further detention was required, the 5(2) was fundamentally defective.

P was assessed in HYC and a 5(2) was completed however, the paperwork was never formally furnished to the Hospital Managers. We were made aware by an RC calling us to check if the patient was on a 5(2), we then chased the ward and received a copy through the post on the third day and by that time, the 5(2) had expired. The patient was assessed by another on-call registrar and reasoned no further detention was required and the patient wanted to stay in hospital informally. The 5(2) was fundamentally defective.

During the quarter there were two lapses

P was detained under a Section 2 and the RC called the duty AMHP to arrange a MHA assessment, one was completed however, it wasn't a straightforward assessment and the AMHP wanted further information before making a decision to detain. The section lapsed and an application for Section 3 was made the following day.

P was detained under a Section 5(2) on a Friday morning and it is unsure whether duty AMHP was called for an assessment on this day. EDT were contacted on the Saturday morning but this was put in a priorities list. Duty AMHP was contacted at 9am Monday morning and an assessment was arranged but unfortunately due to the short notice, the assessment started 15 minutes after the 5(2) had expired therefore, it has been recorded as a lapse.

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.

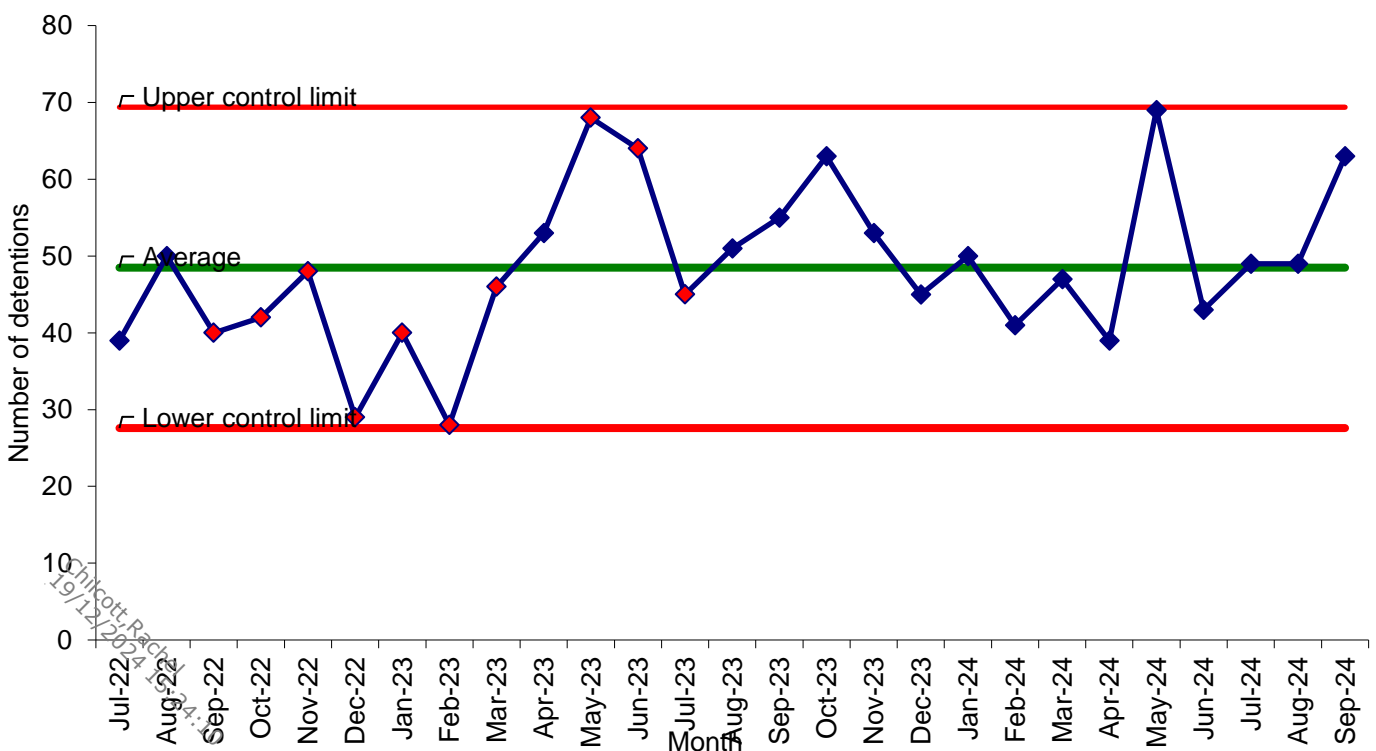
Section 136

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

It was noted that 72.7% of individuals assessed were not admitted to hospital, with 46.0% being discharged to community services and 26.7% were discharged with no follow up. Overall during the period 26.6% of patients were admitted to hospital following a 136 assessment which is higher than the previous quarter at 19.3%. One patient's 136 lapsed with no assessment taking place.

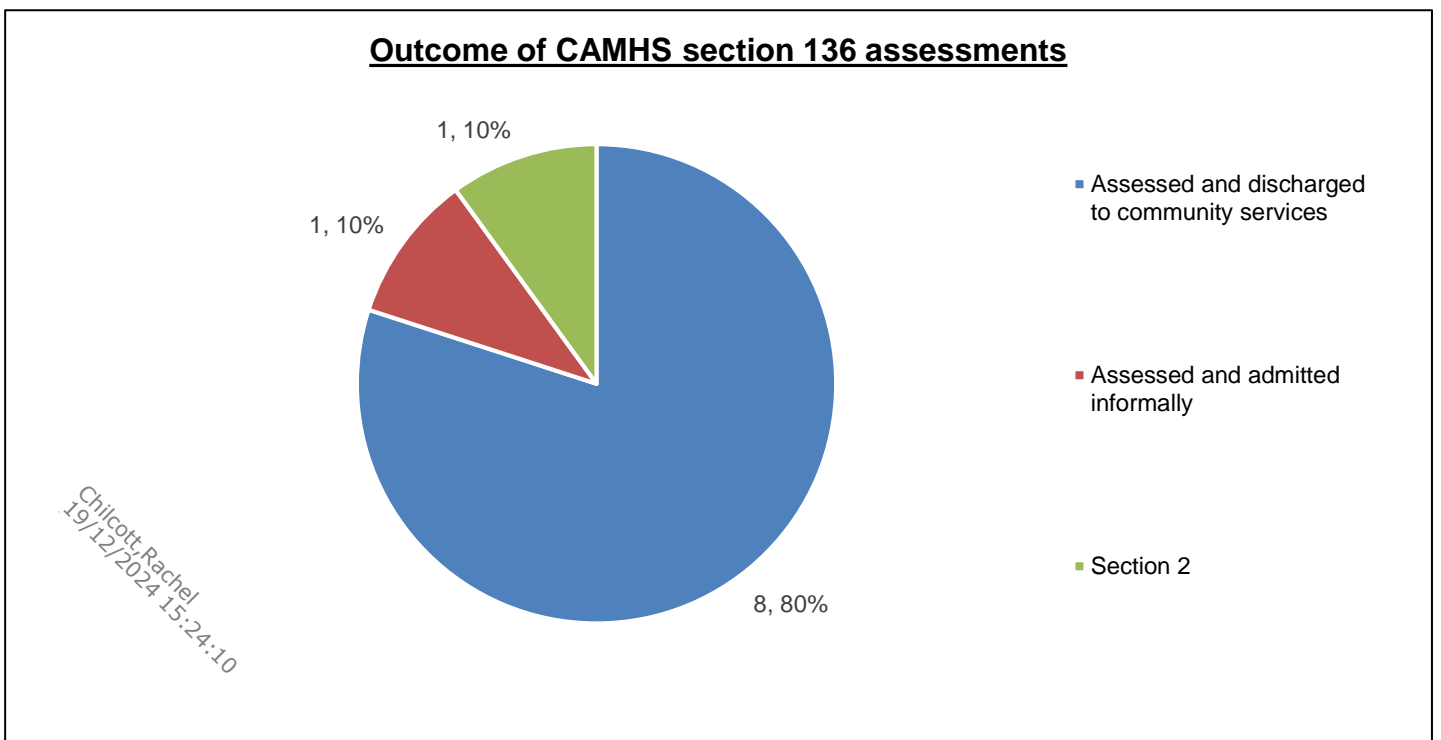
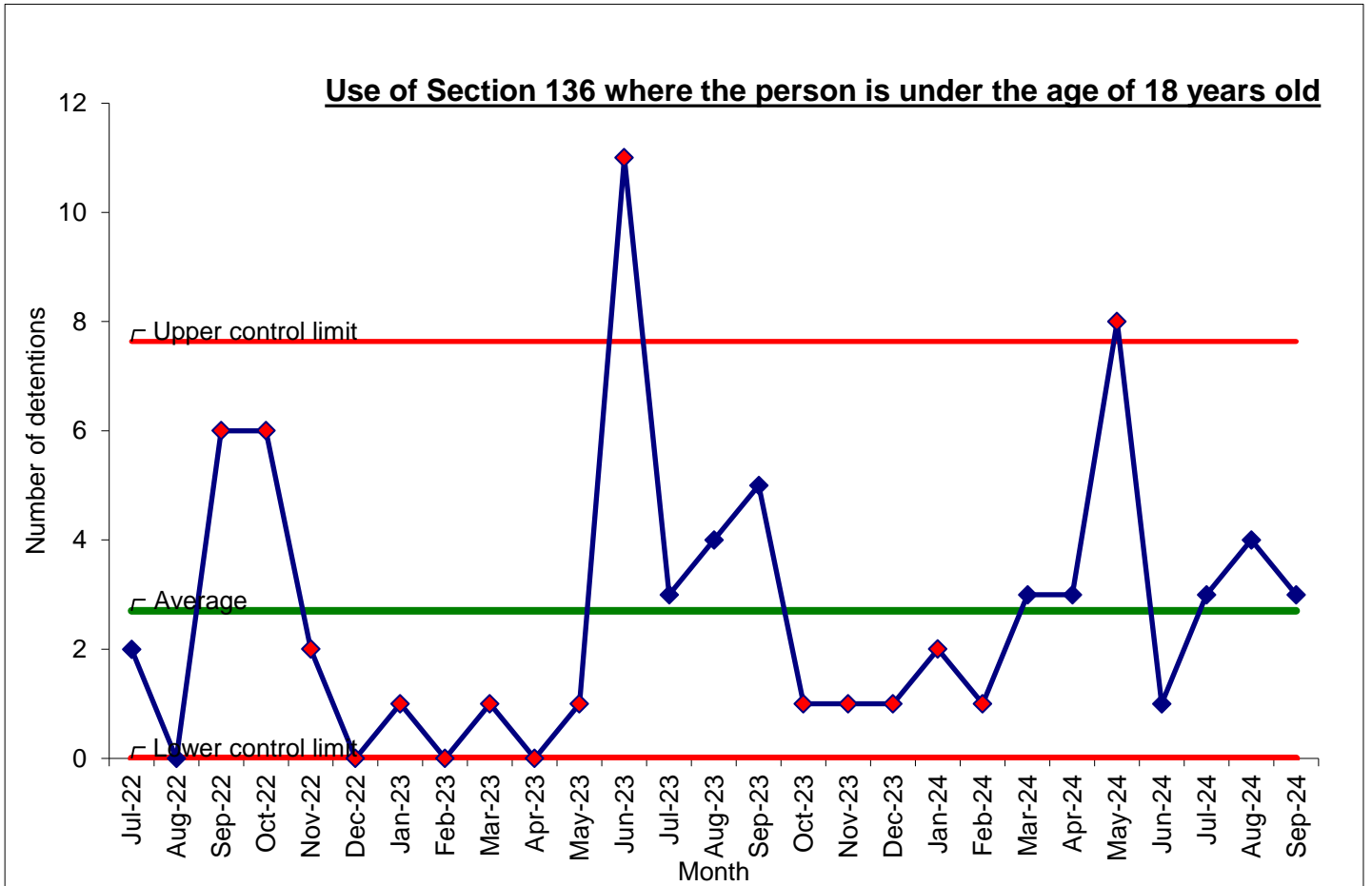
Period	% not admitted to hospital
July – September 2024	72.7%
April – June 2024	79.5%
January – March 2024	83.3%
October – December 2023	80.1%
July – September 2023	83.5%
April – June 2023	80.4%
January – March 2023	71.1%
October – December 2022	73.9%
July – September 2022	69.0%

Use of Section 136 where the assessment took place in hospital



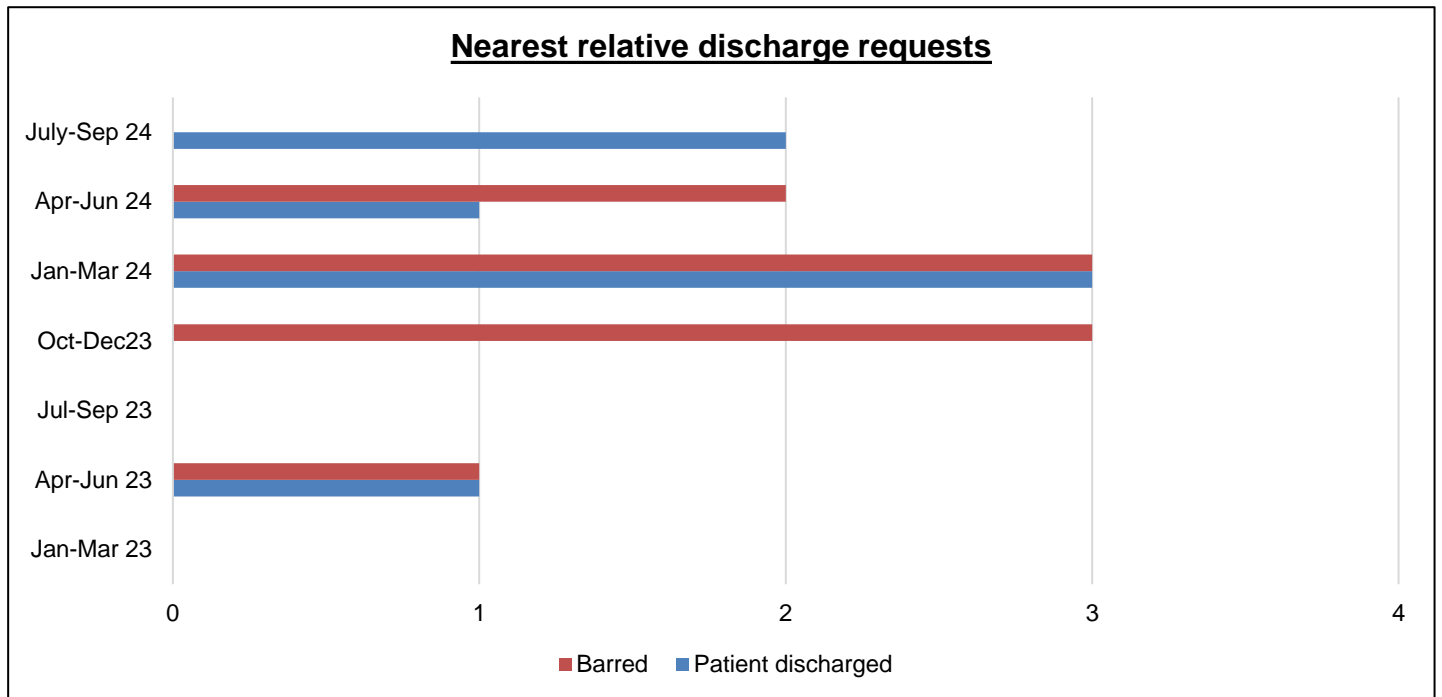
Section 136 - CAMHS

The number of those under 18 assessed under section 136 has decreased from 12 in the previous quarter to 10 in this quarter. 2 users had repeat presentations.



Nearest relatives discharge requests

There has been a rise in the number of nearest relative discharge requests over the past few months with seemingly no reason for this increase. I have investigated to see whether professionals are giving nearest relative's more information regarding their rights but they are still providing them the same leaflet/information.



Development Sessions

The MHA office continues to run the below awareness sessions available to all staff within the Health Board:

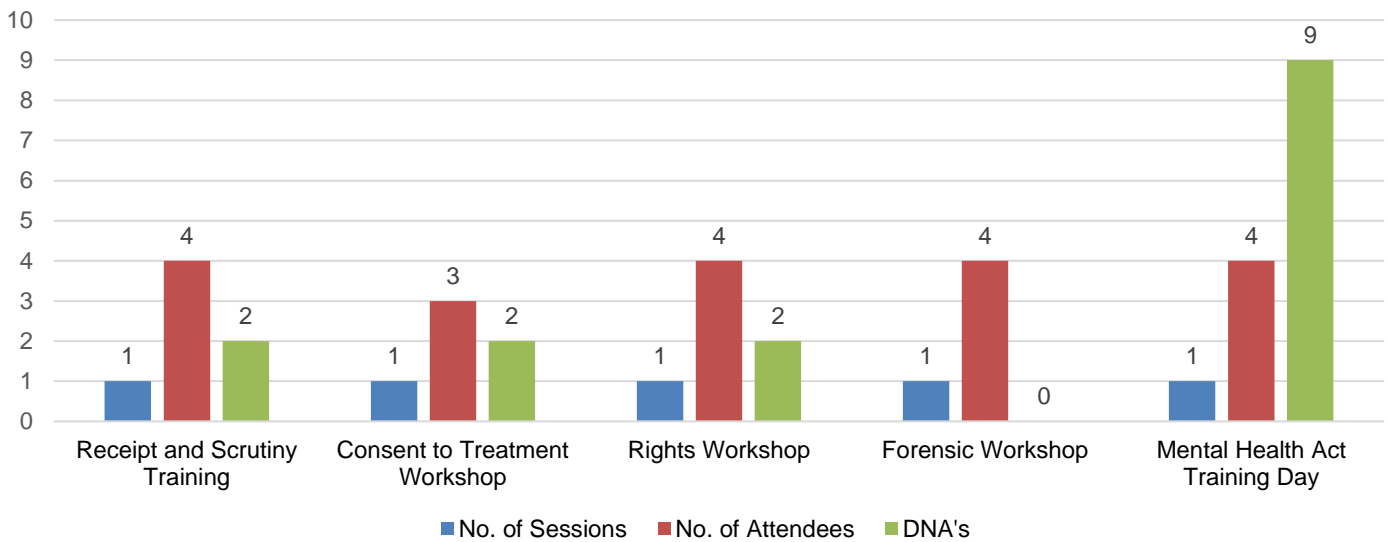
- Bi monthly MHA training day
- Quarterly consent to treatment, rights and forensic workshops
- Yearly refresher receipt and scrutiny training for all shift coordinators

We also continue to support the below training programmes as and when required:

- Nurse foundation programme
- Junior Doctor's MHA inductions
- AMHP programme

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Training Session July - September 2024



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.

Chilcotte Rachel
19/12/2024 15:24:10

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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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**

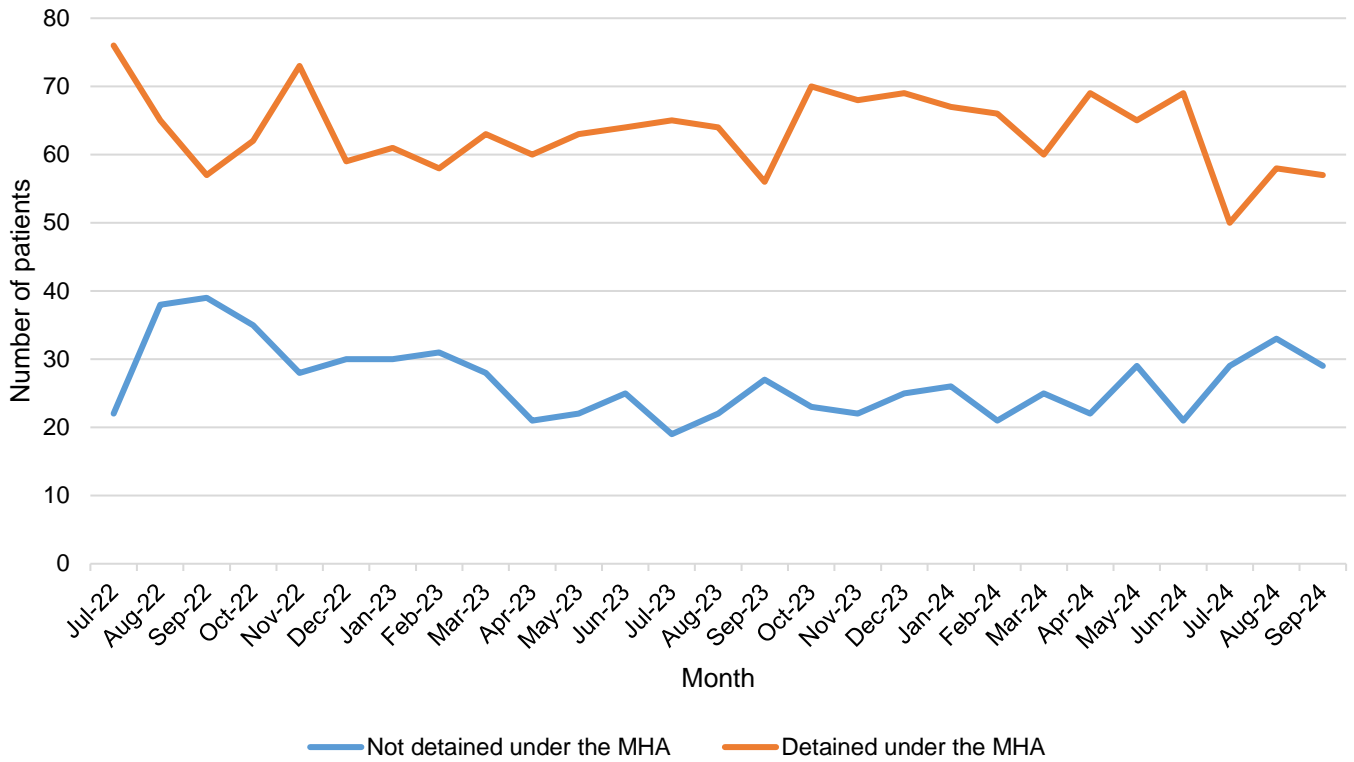
July- September 2024

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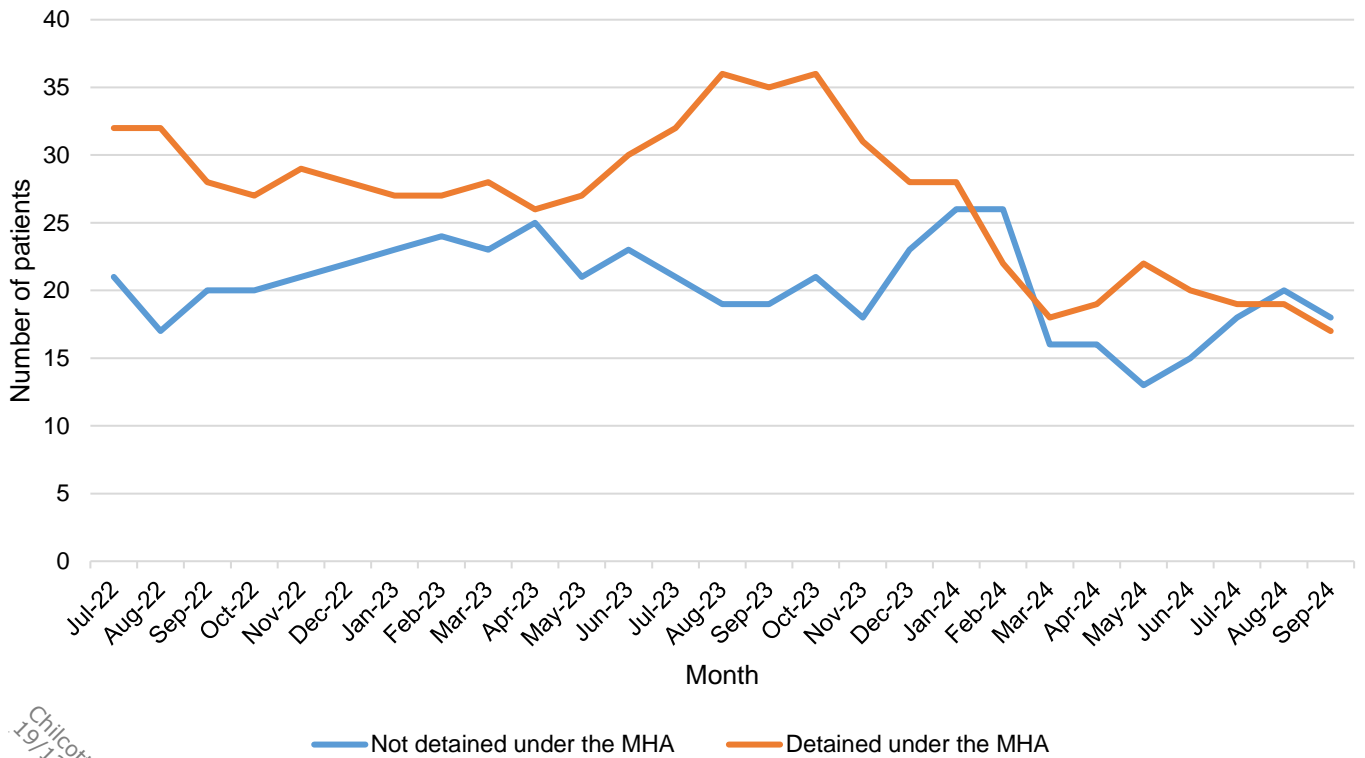
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Adult Acute- detained/ not detained MHA

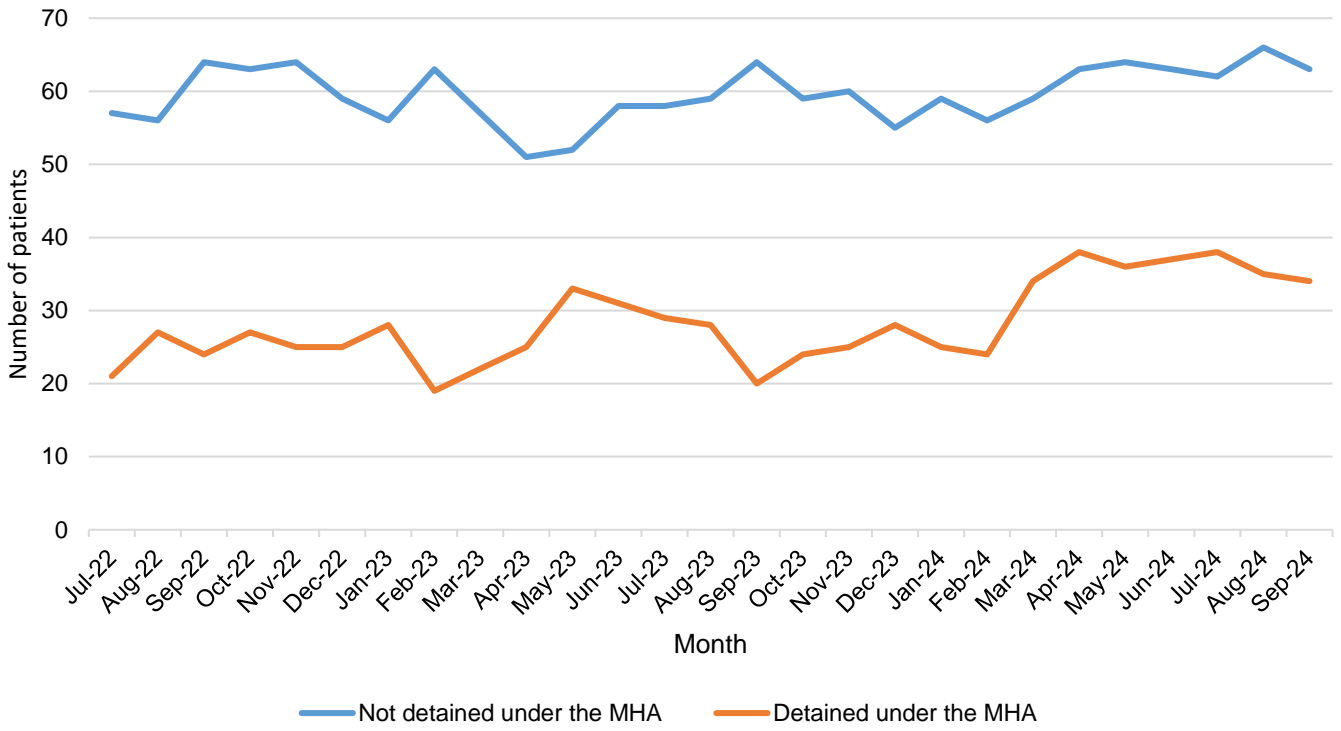


Rehabilitation- detained/ not detained MHA

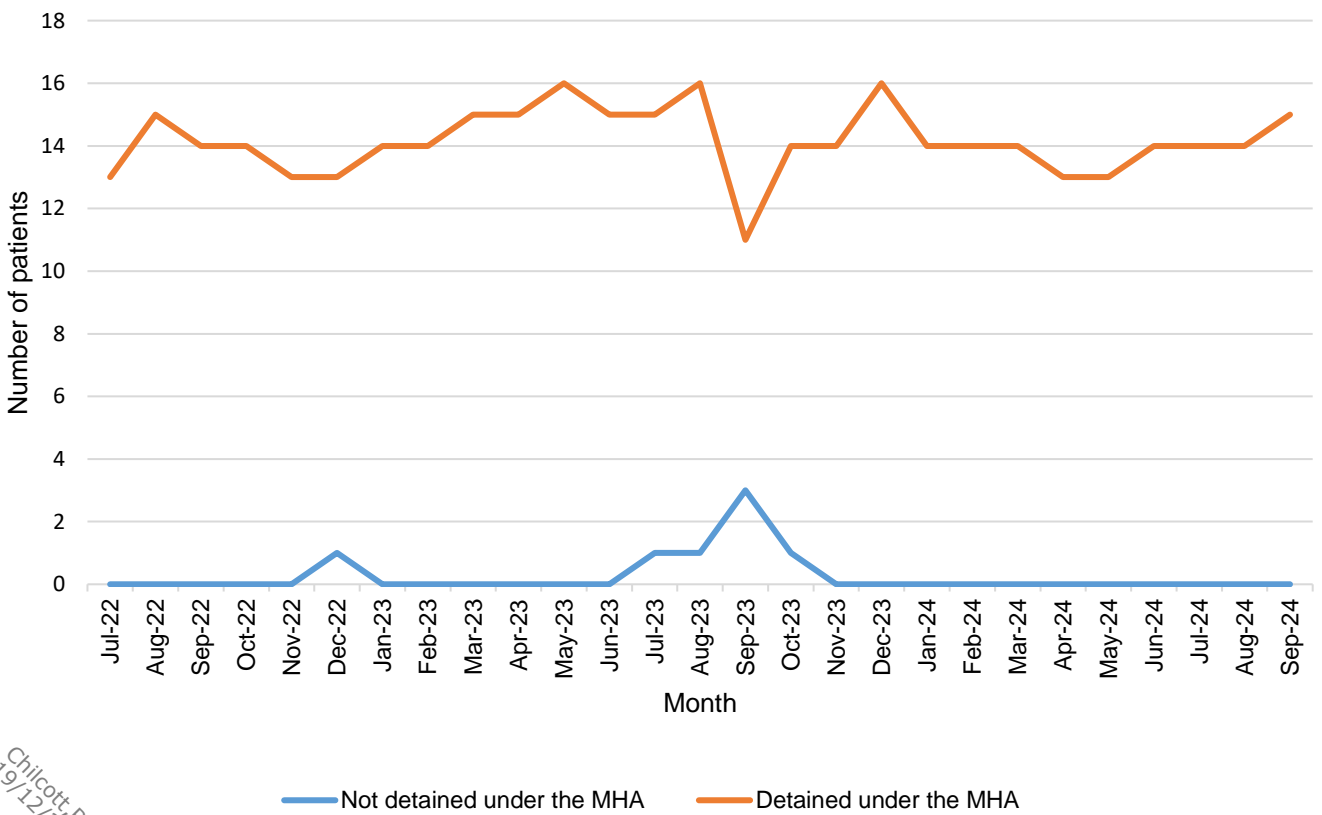


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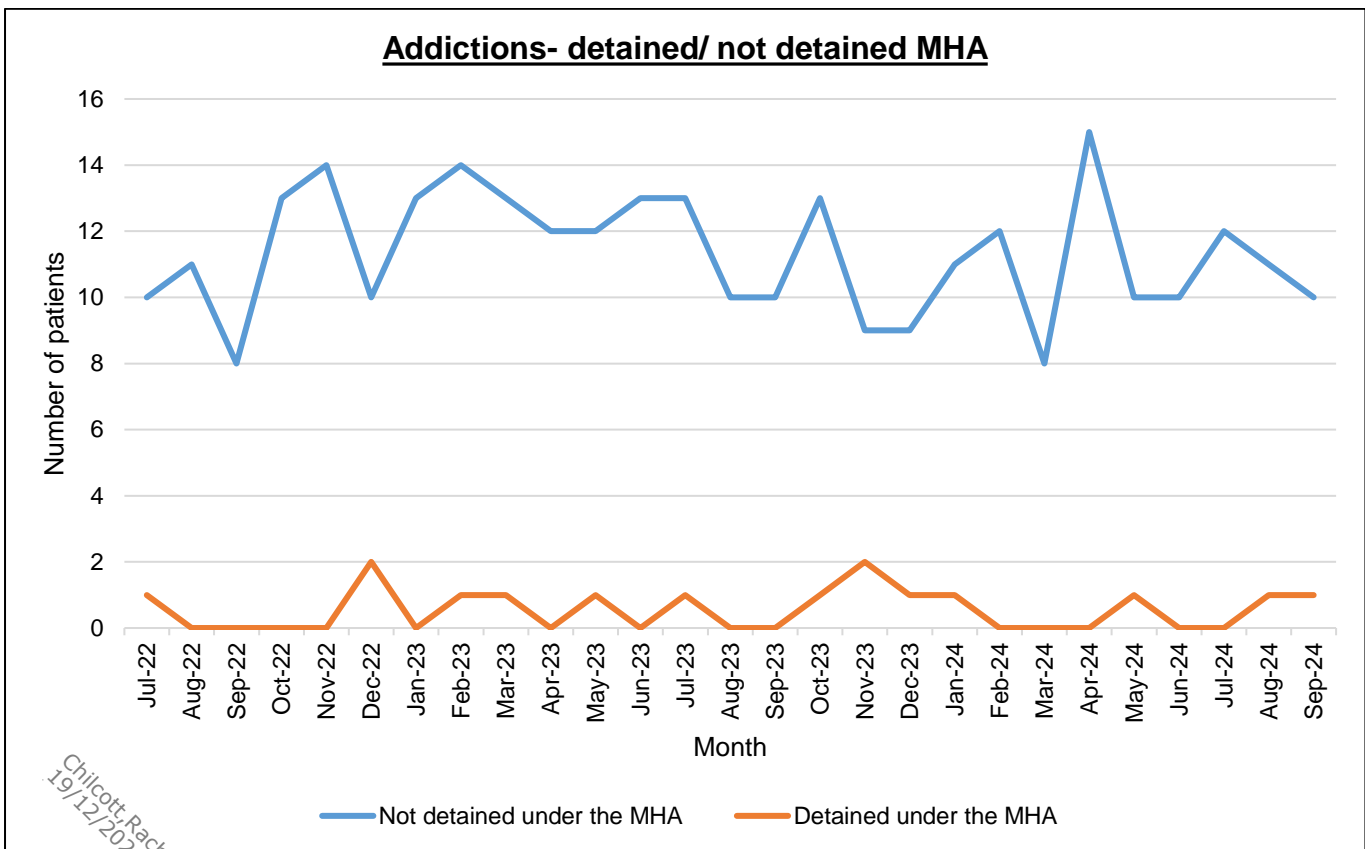
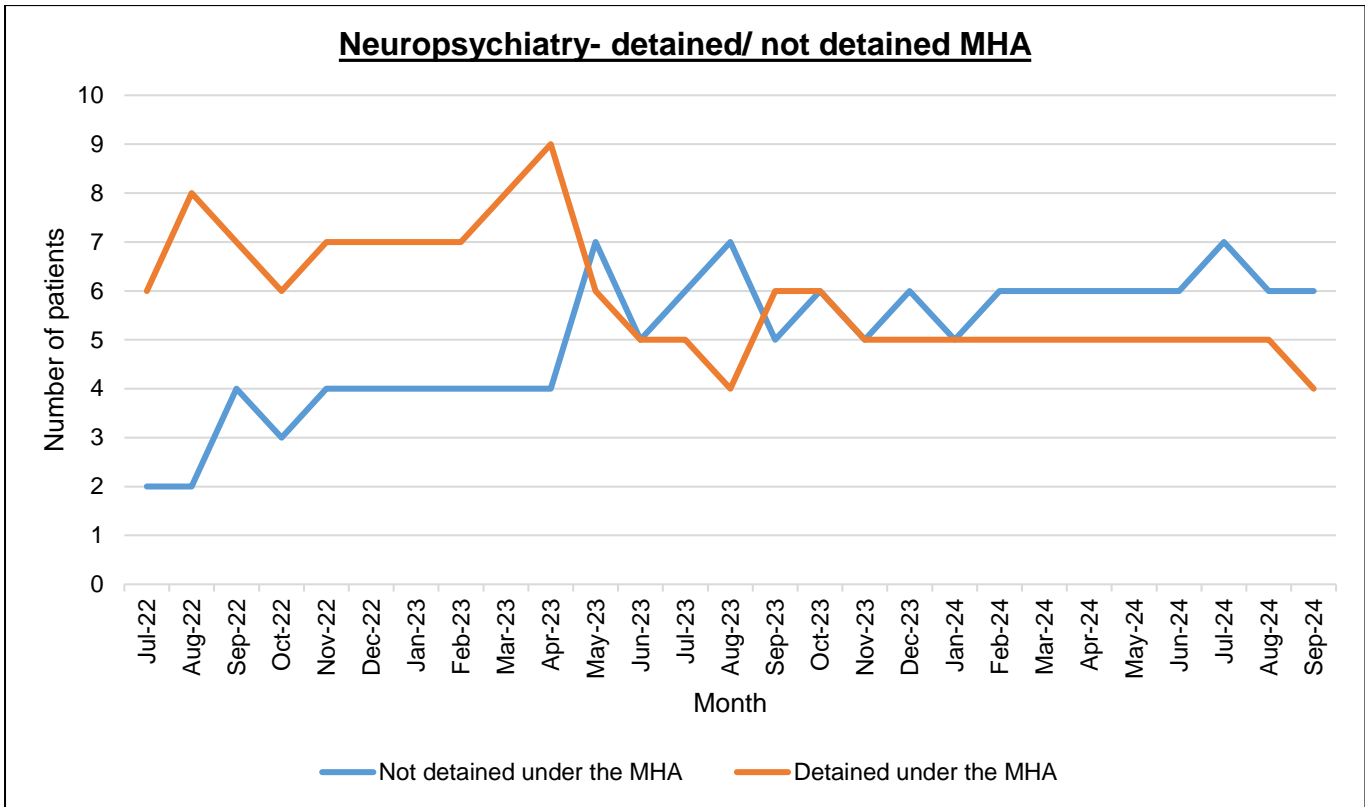
Mental health services for older people- detained/ not detained MHA



Low Secure- detained/ not detained MHA



Chilcott, Rachel
19/12/2024 15:24:10

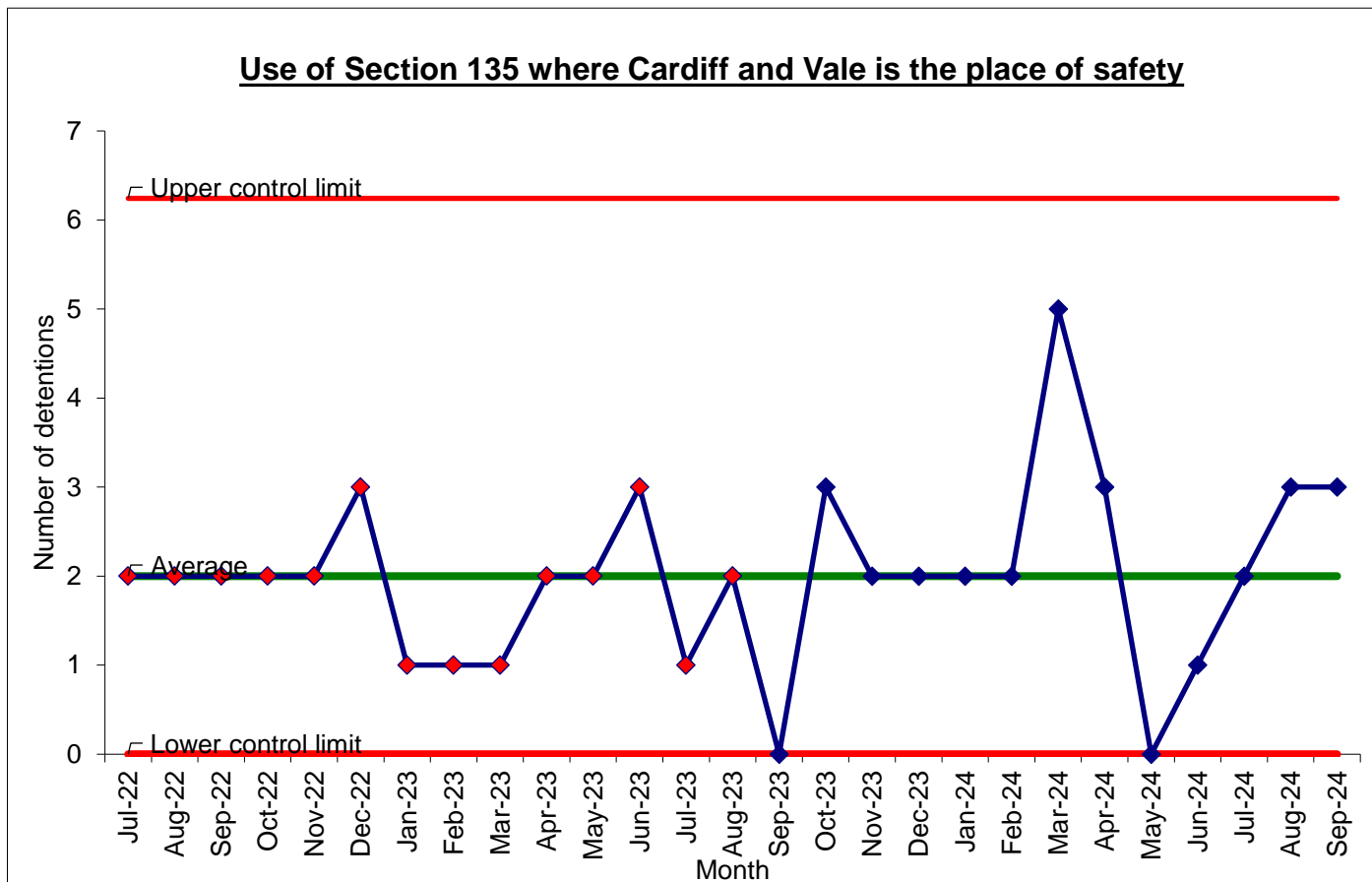


There have also been three CAMHS learning disability patients detained in Hafan Y Coed during the period.

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 on eight occasions. During the period there were no uses of Section 135(2).

- Detained under Section 2 x 8



Chilcott, Rachel
19/12/2024 15:24:10

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

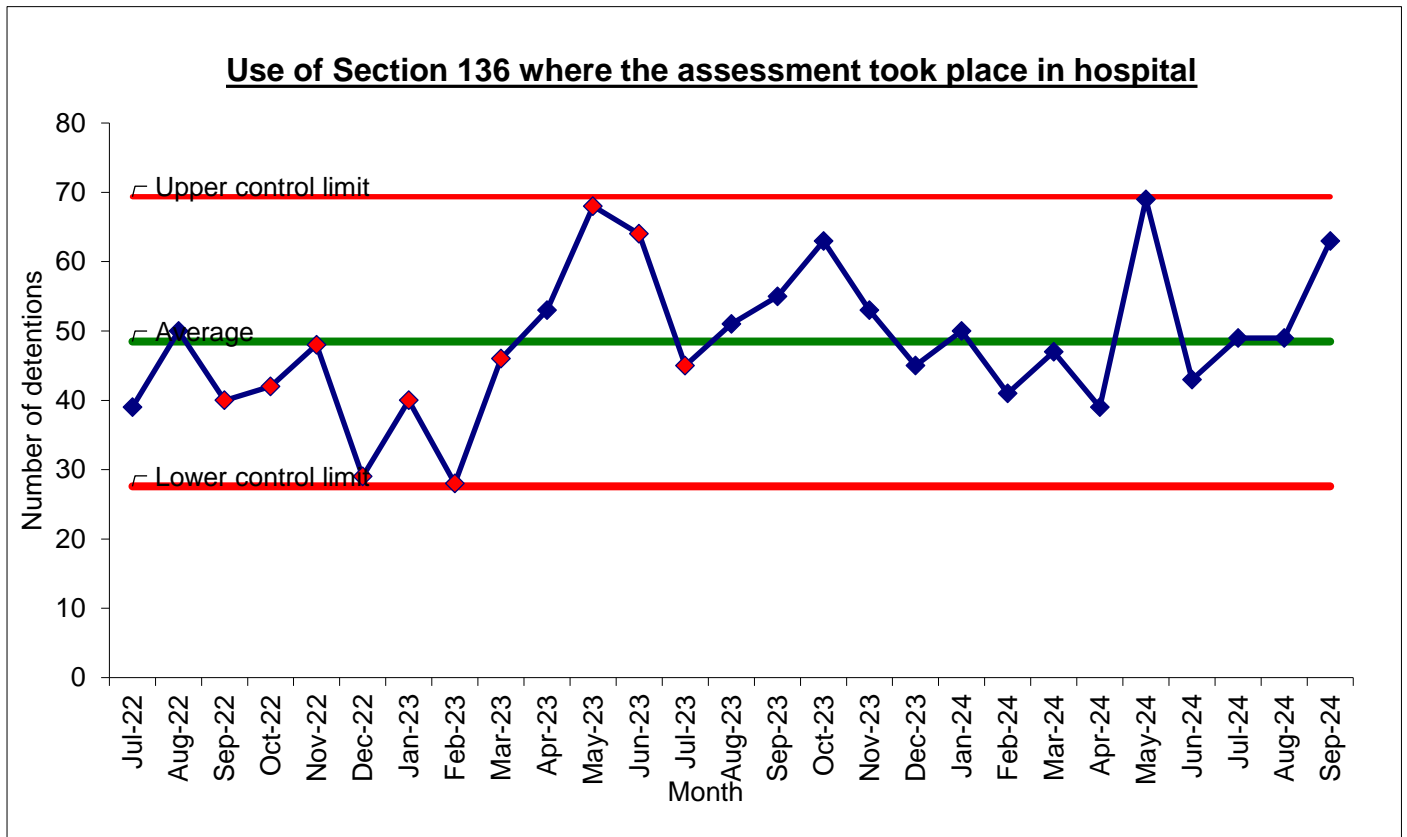
We continue to work with South Wales police to ensure the AWMF is completed each time a person is brought to hospital for an assessment and hope to see an improvement in the use of the electronic form going forward.

For this period, we have seen fifteen people for a Voluntary Assessment. No one was brought into hospital under the Mental Capacity Act.-

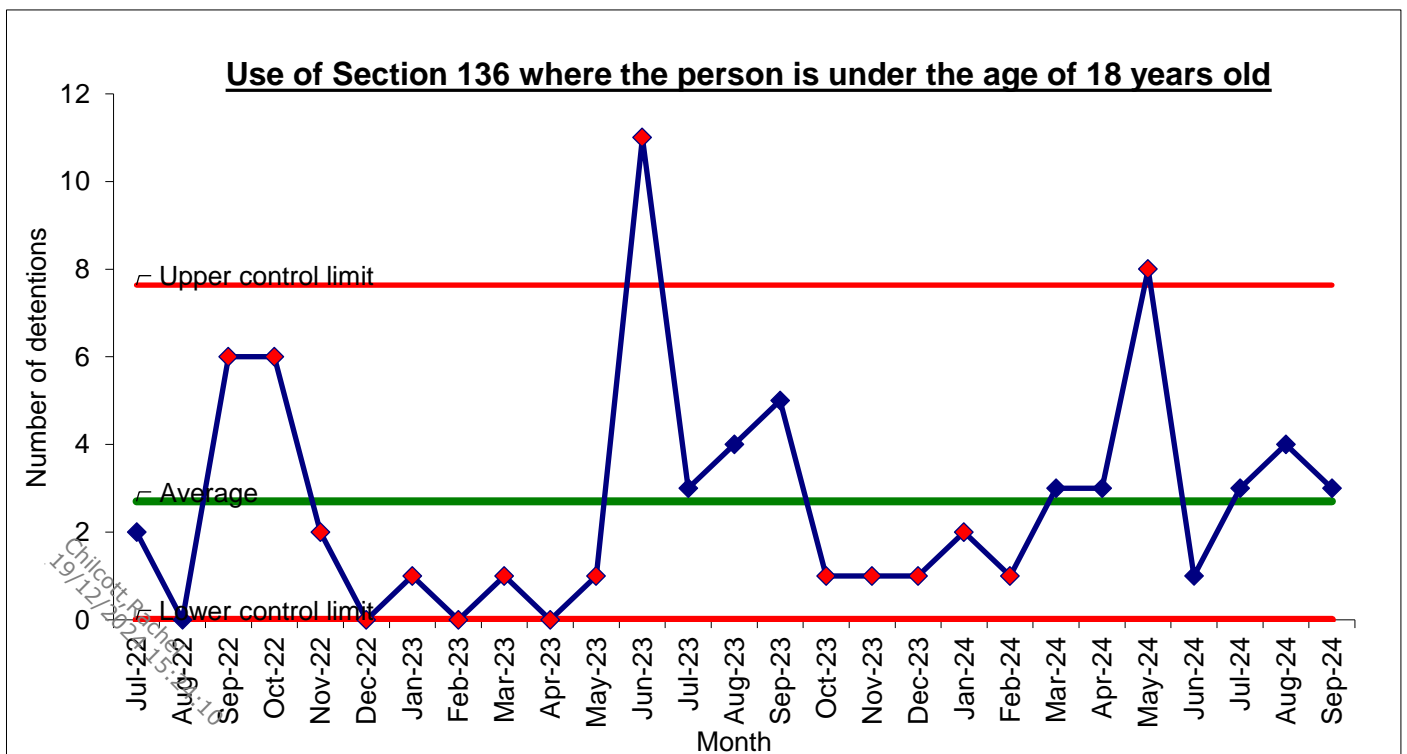
Chilcott, Rachel
19/12/2024 15:24:10

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

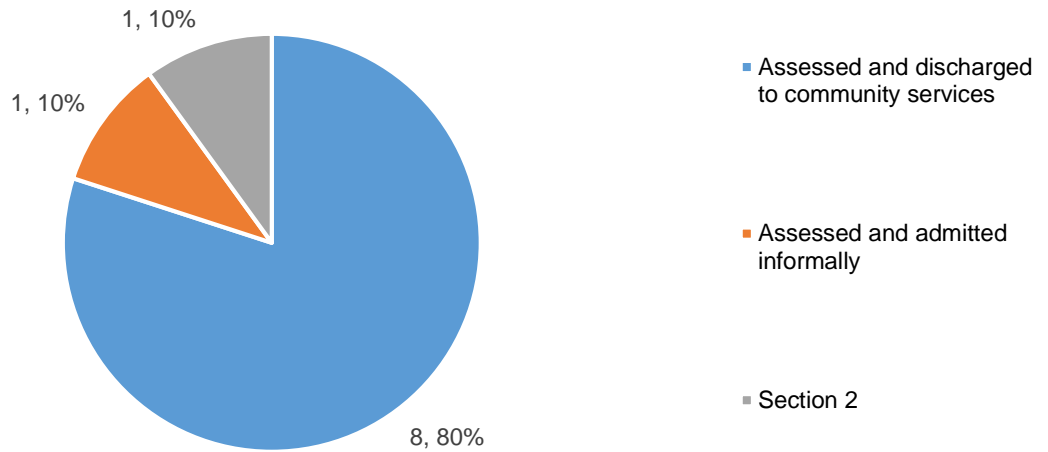
During the period a total of 161 assessments were initiated by Section 136 where the MHA assessment took place in a hospital as the place of safety.



Ten 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. Six of these presentations were repeats of two service users. This is extracted below;-

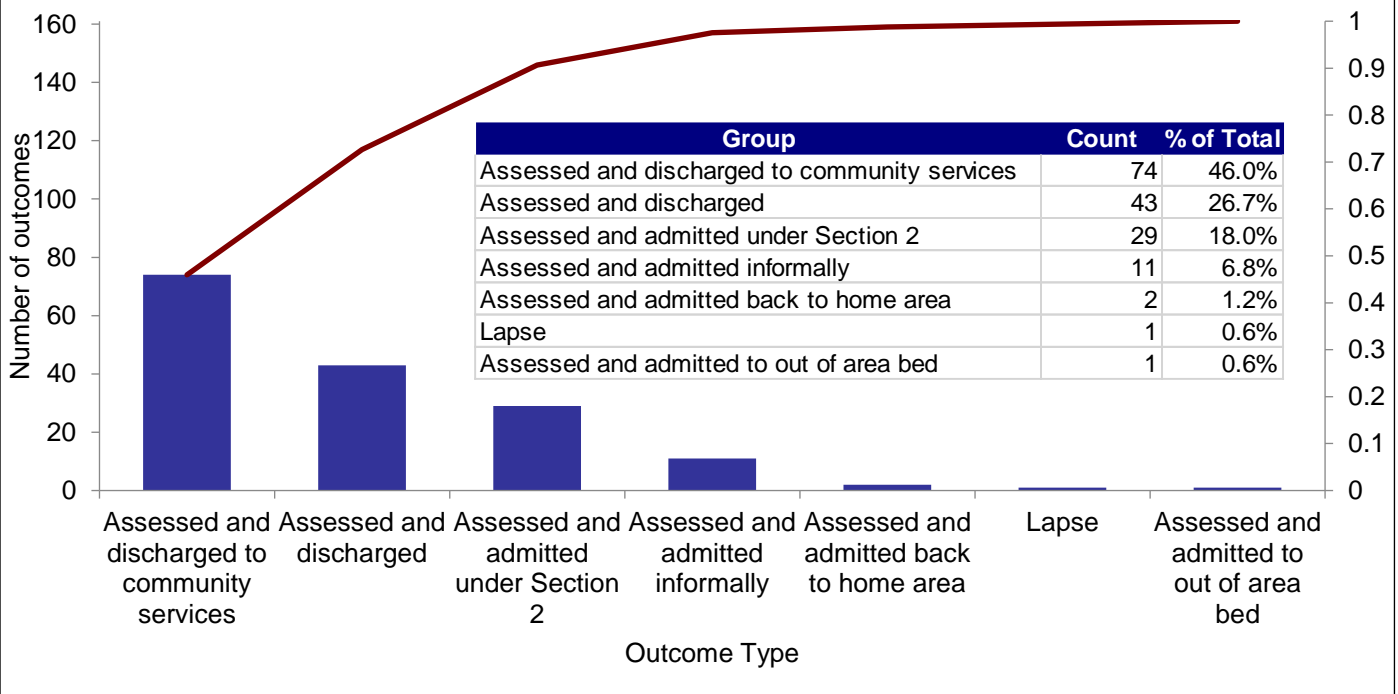


Outcome of CAMHS section 136 assessments



The pareto chart highlights that 72.7% 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.

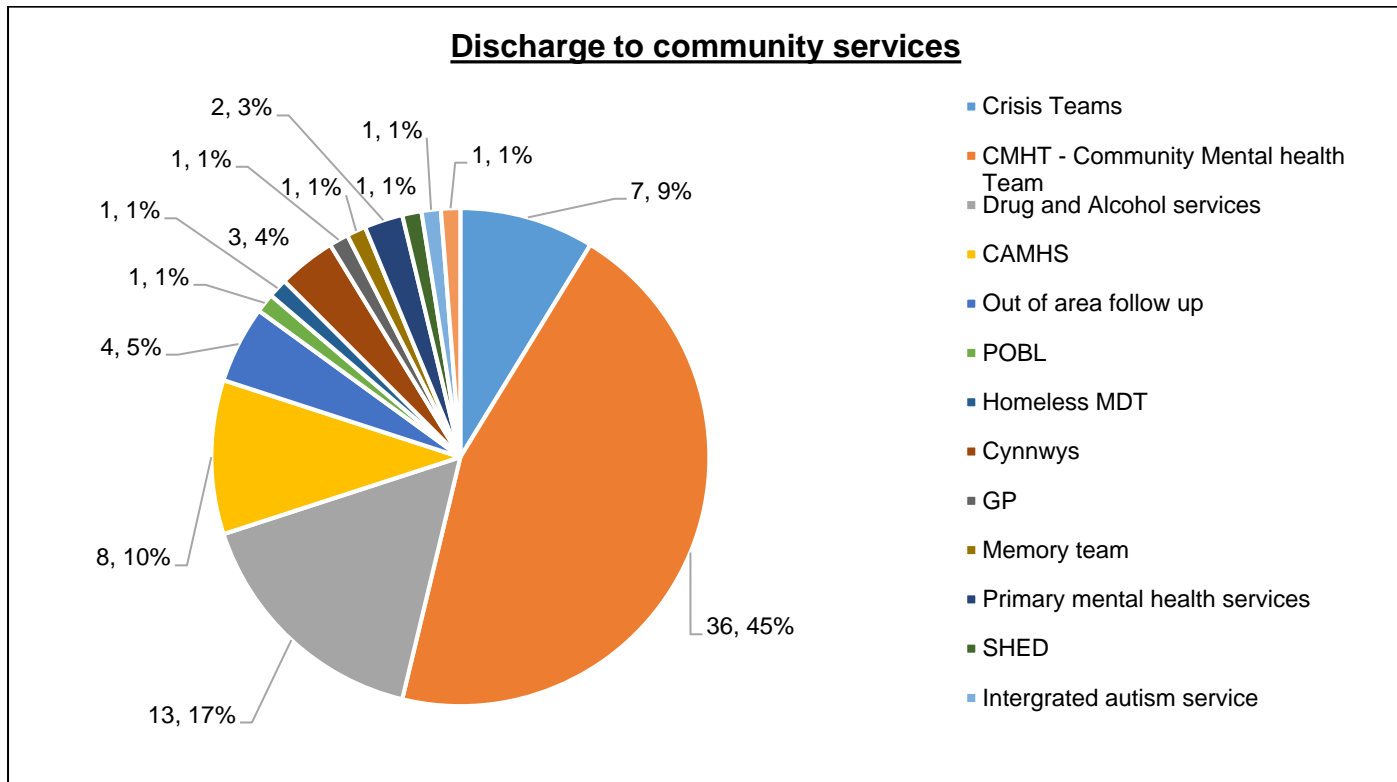
Outcome of Section 136 assessments which took place during the period July- September 2024



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

The one lapsed detention was due to the patient not being fit for assessment during the detention period.

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.



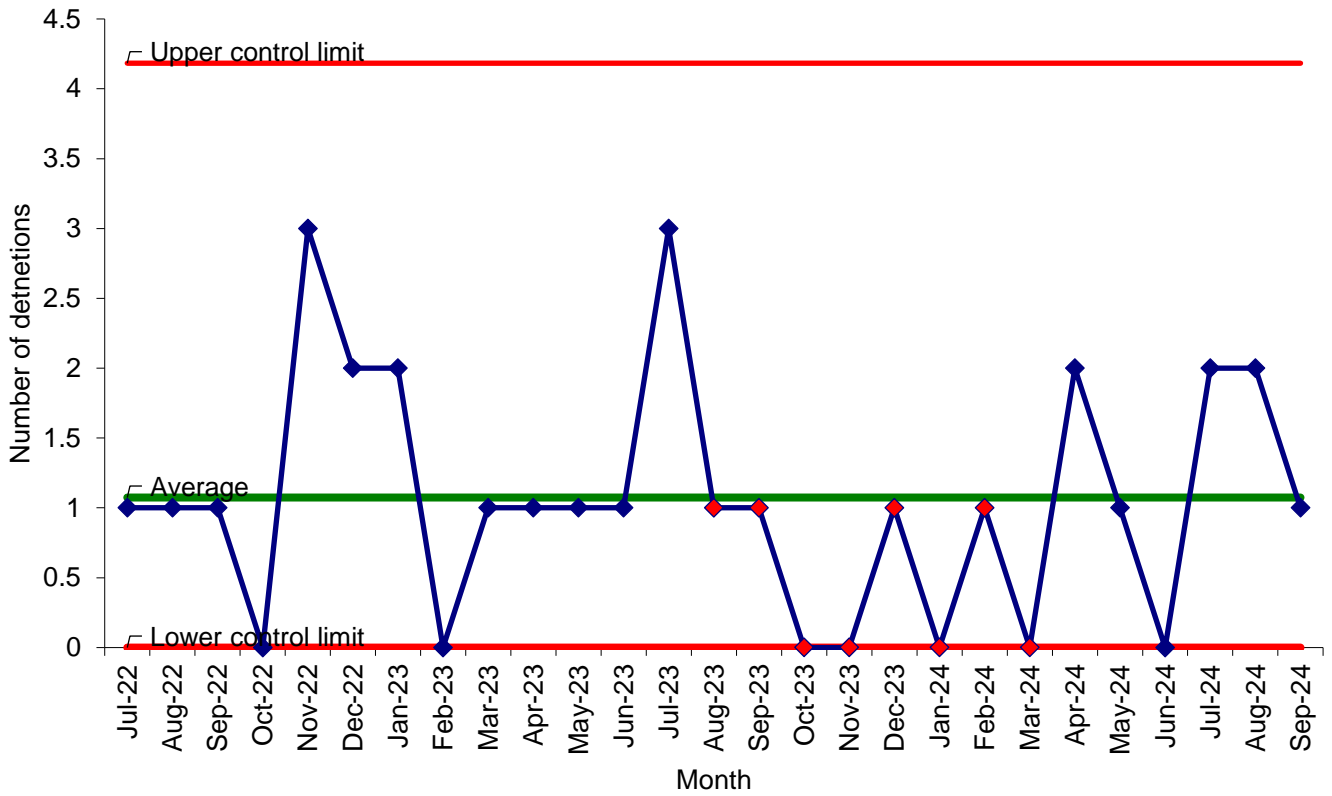
Section 136- Mentally disordered persons found in public places Mental Health Act assessments undertaken within a Police Station

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

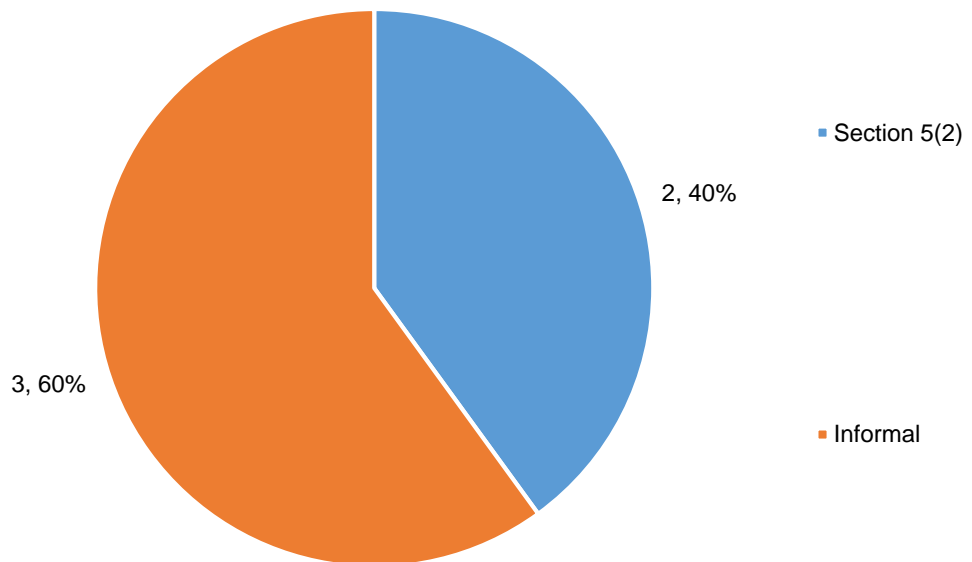
Chilcott, Rachel
19/12/2024 15:24:10

Section 5(4) - Nurses Holding Power

Section 5(4)- nurses holding power up to six hours

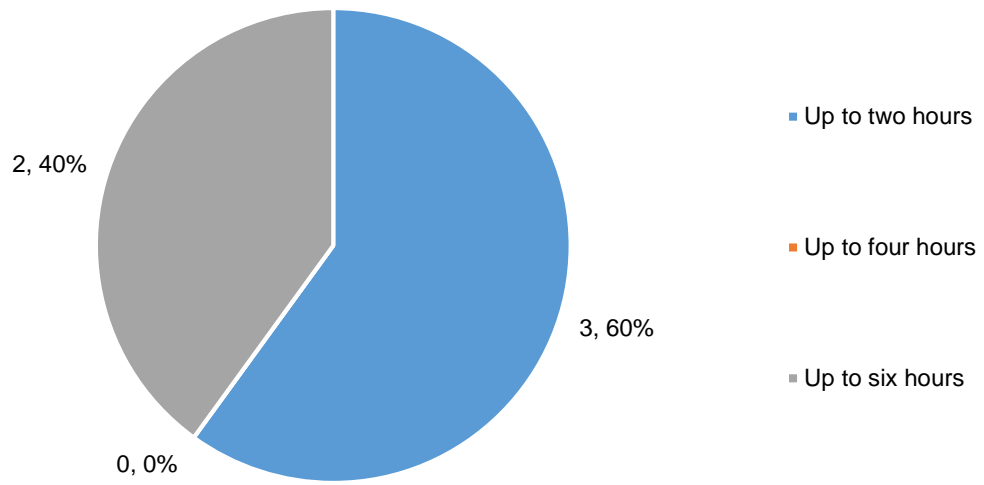


Outcome section 5(4) during the period July- Sept 2024



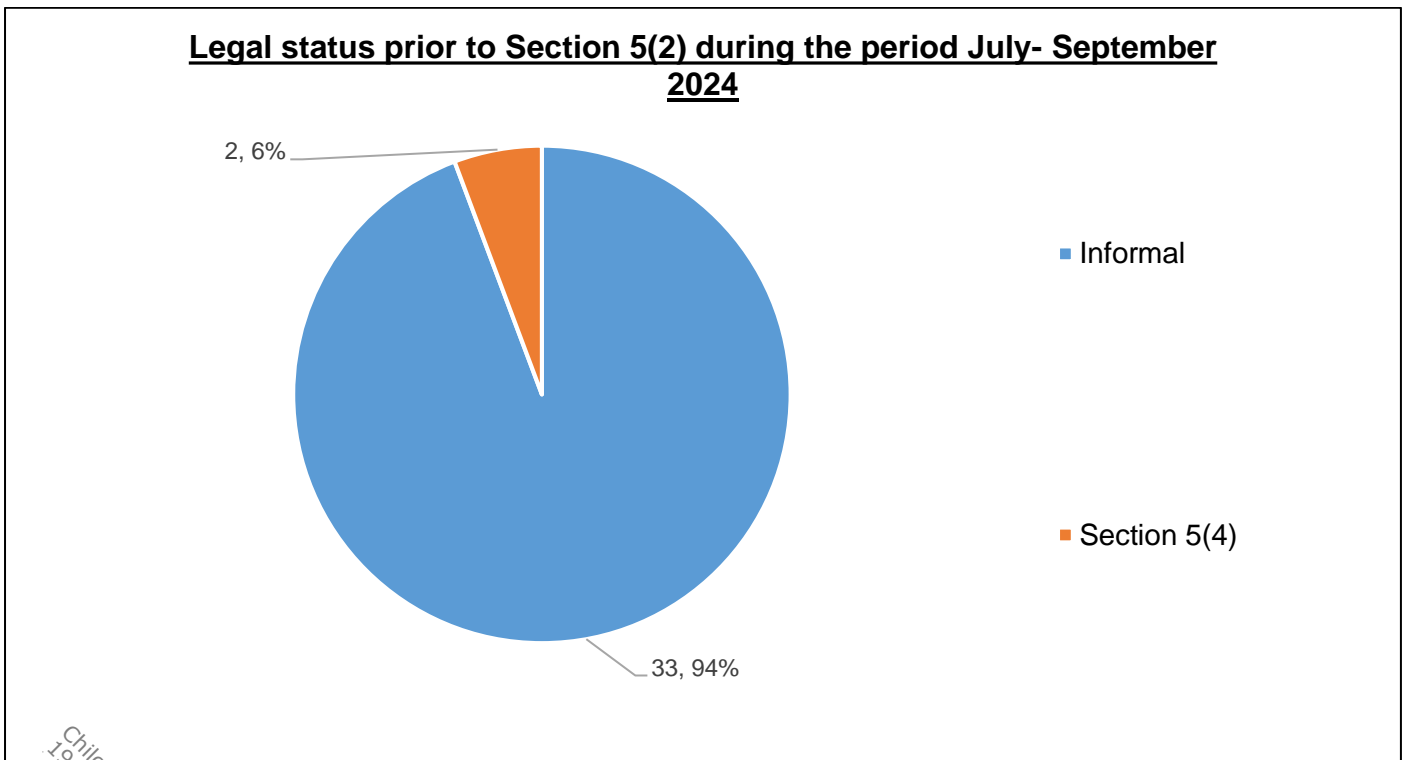
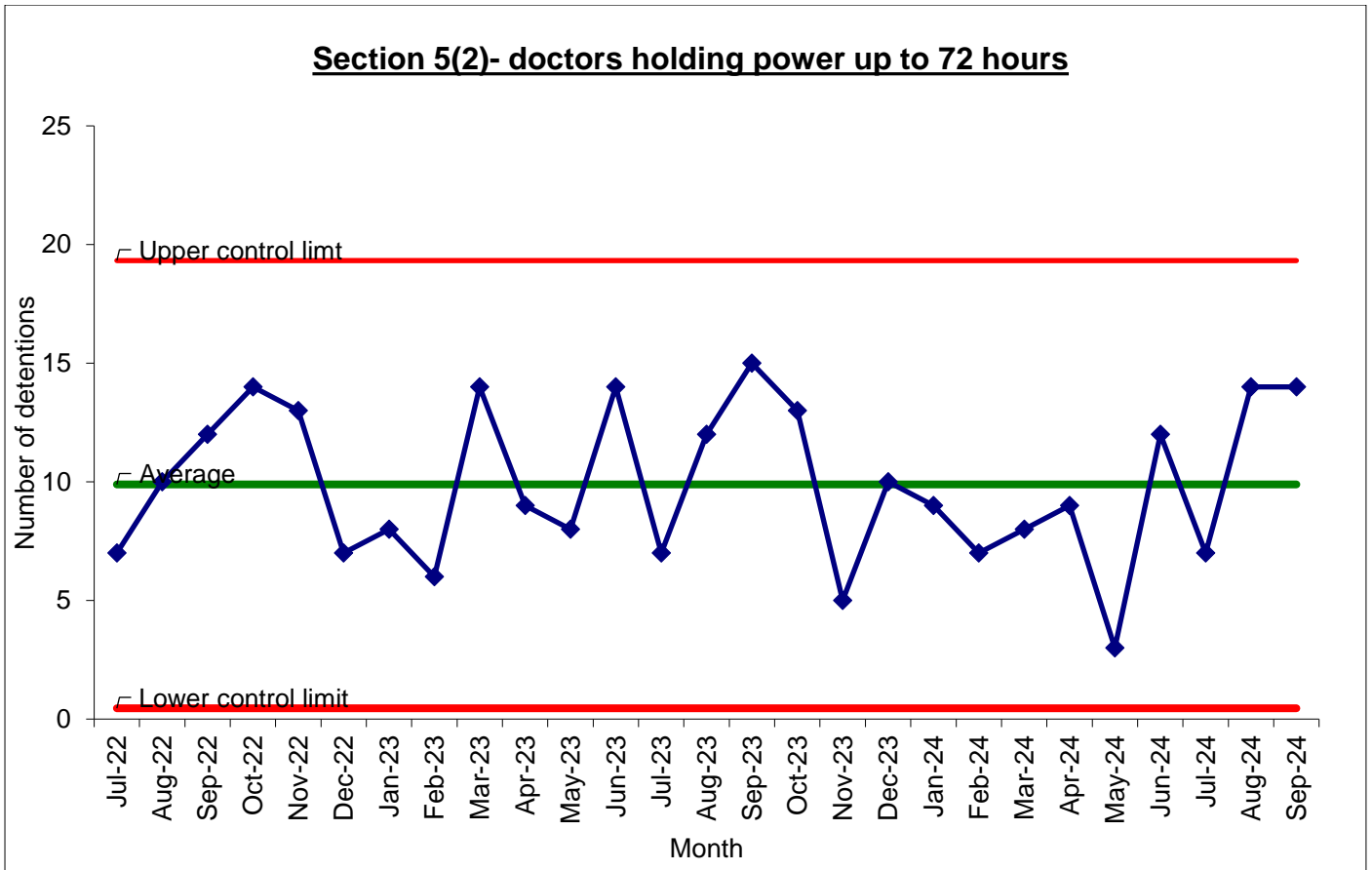
Chilcott, Rachel
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Number of hours patients were detained under Section 5(4) during the period July- September 2024



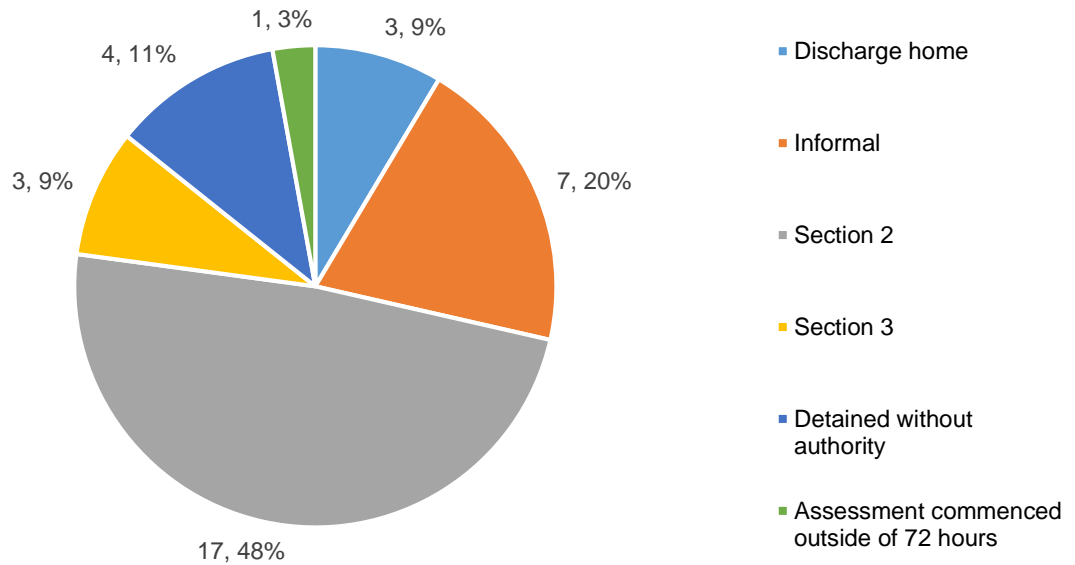
Chilcott, Rachel
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Section 5(2) - Doctors holding power

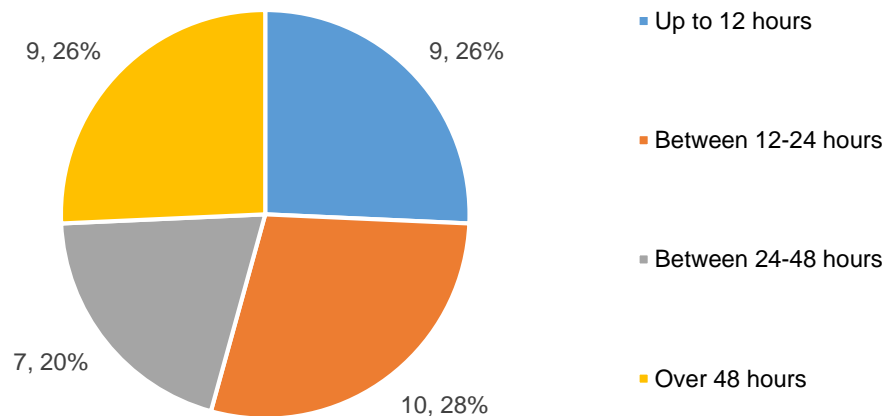


Chilcott, Rachel
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Outcome of Section 5(2) during the period July- September 2024



Number of hours patients were detained under Section 5(2) during the period July- September 2024



CAMHS Commissioned Inpatient Data

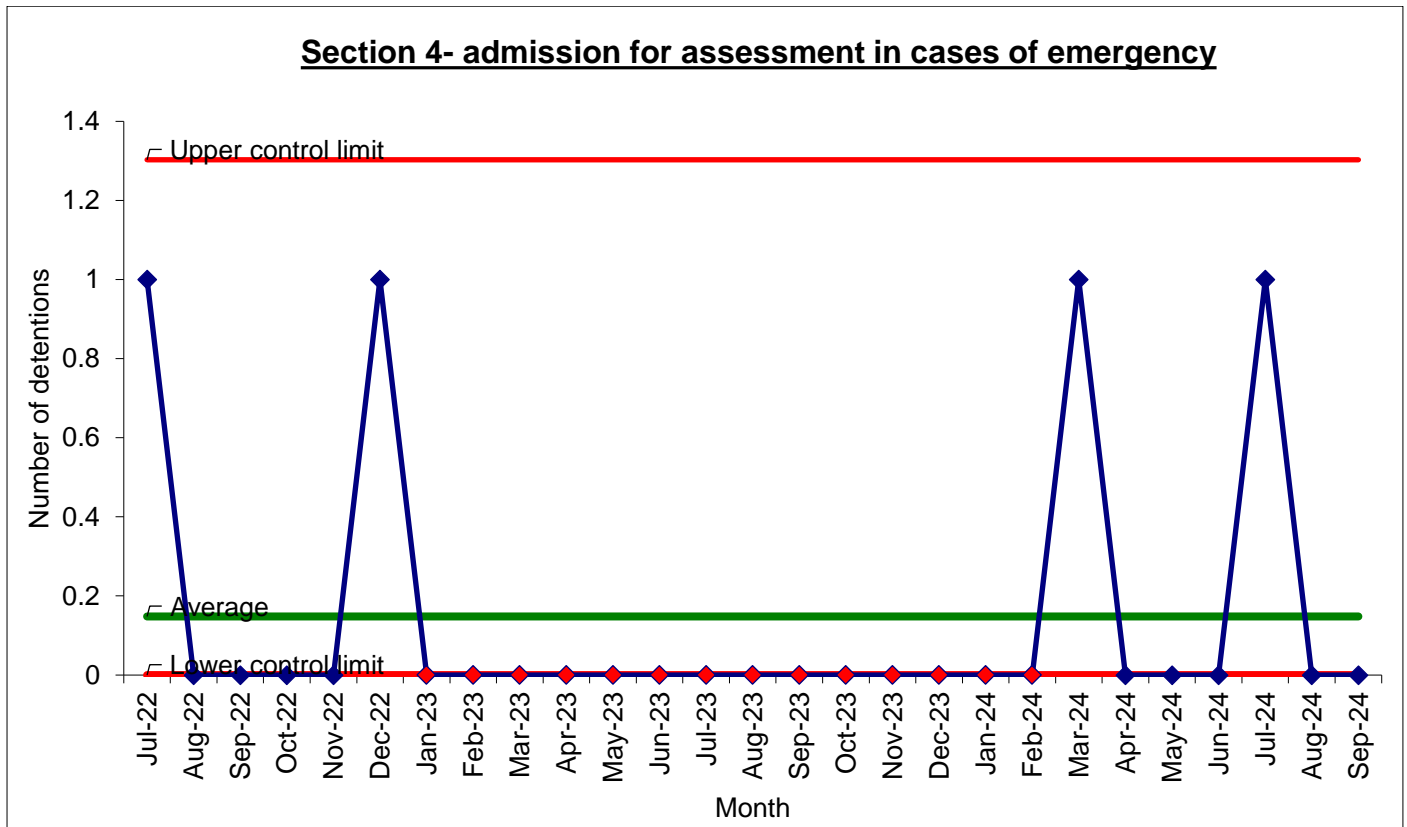
Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

During the period there were no uses 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.

*19/09/2024 Rachel
19/09/2024 15:24:10*

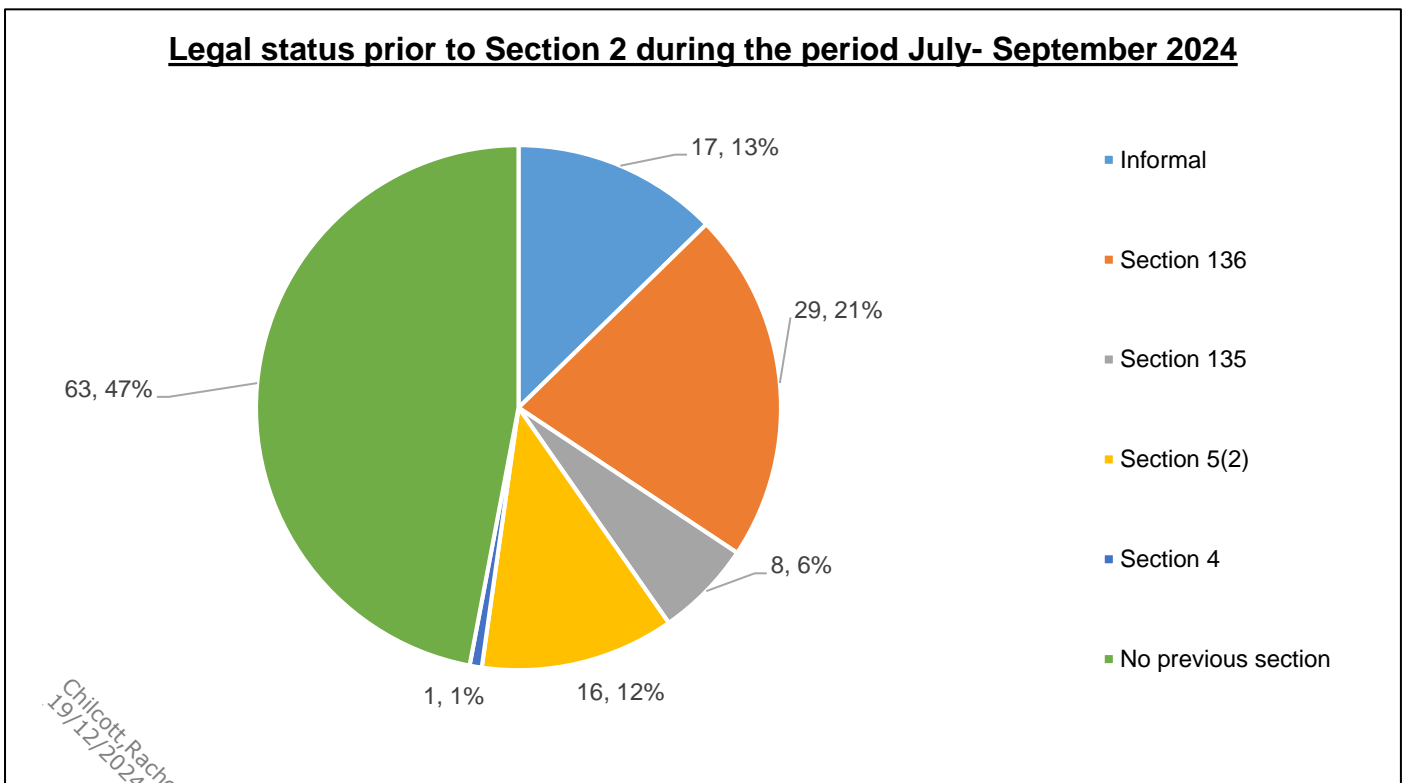
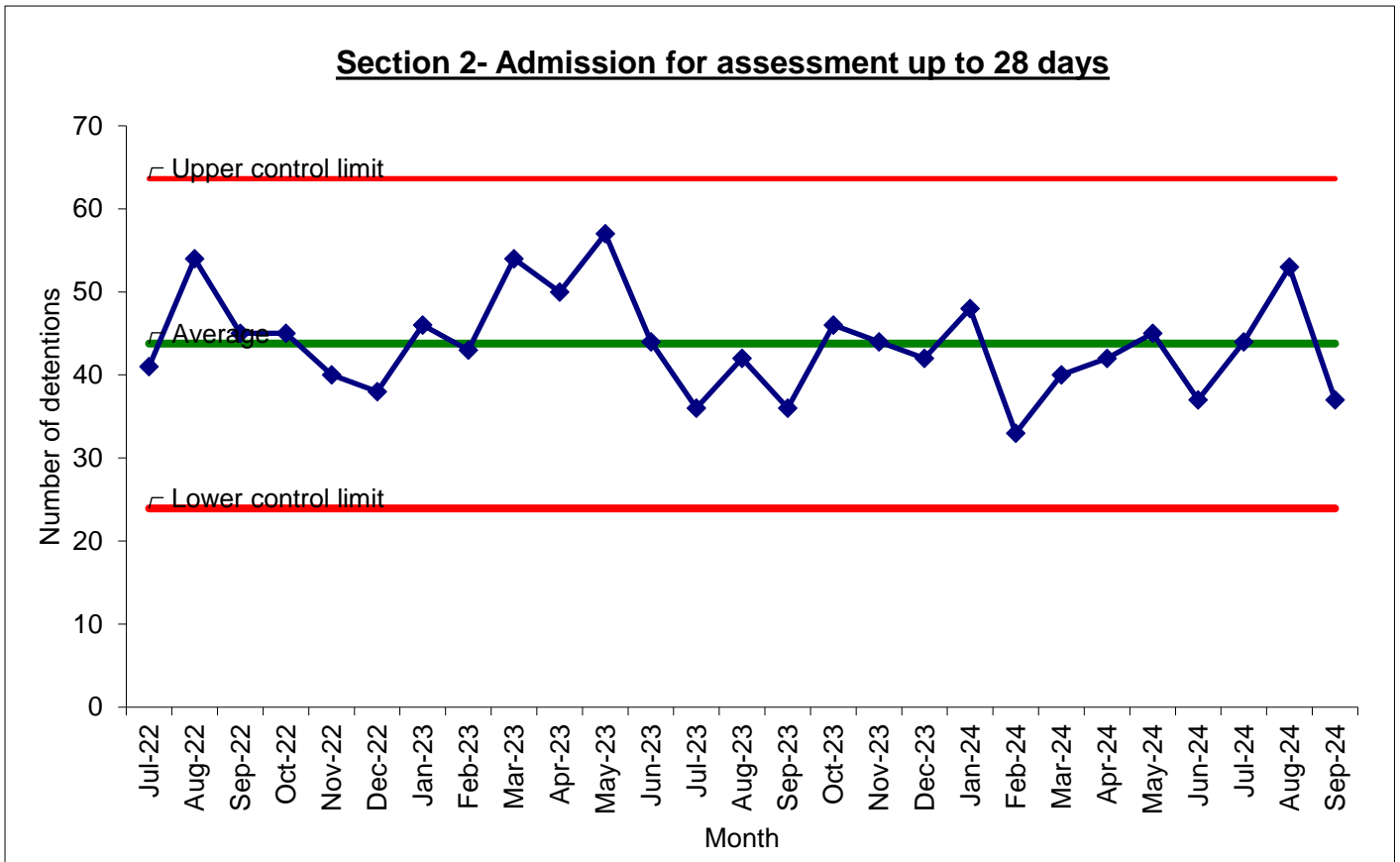
Section 4 - Admission for Assessment in Cases of Emergency

Section 4 was used once during the period. The person was subsequently placed on Section 2.



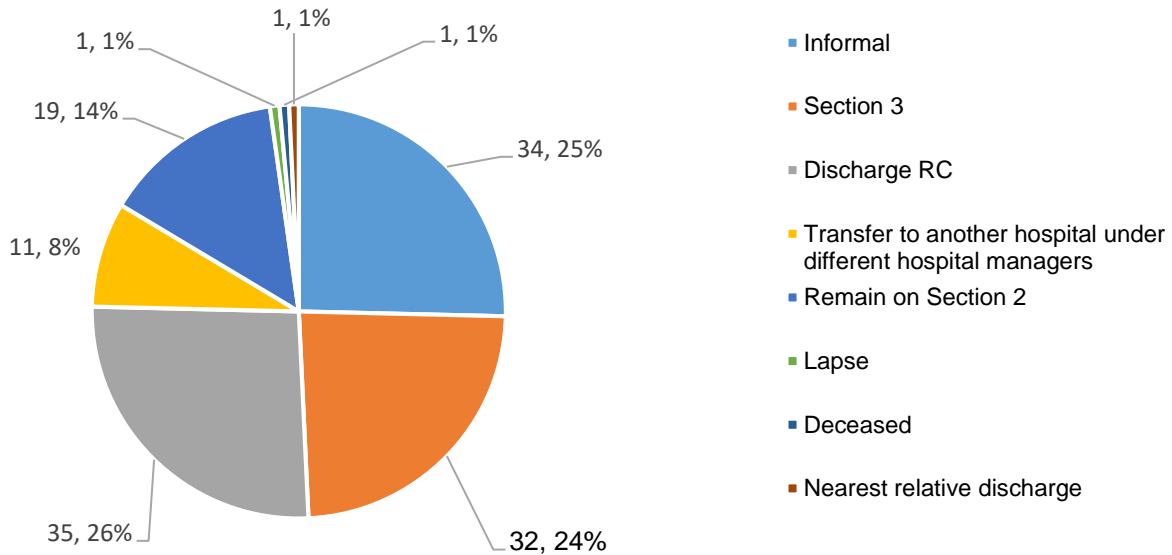
Chilcott, Rachel
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Section 2 – Admission for Assessment



Chilcott, Rachel
19/12/2024 15:24:10

Outcome following Section 2 during the period July- September 2024

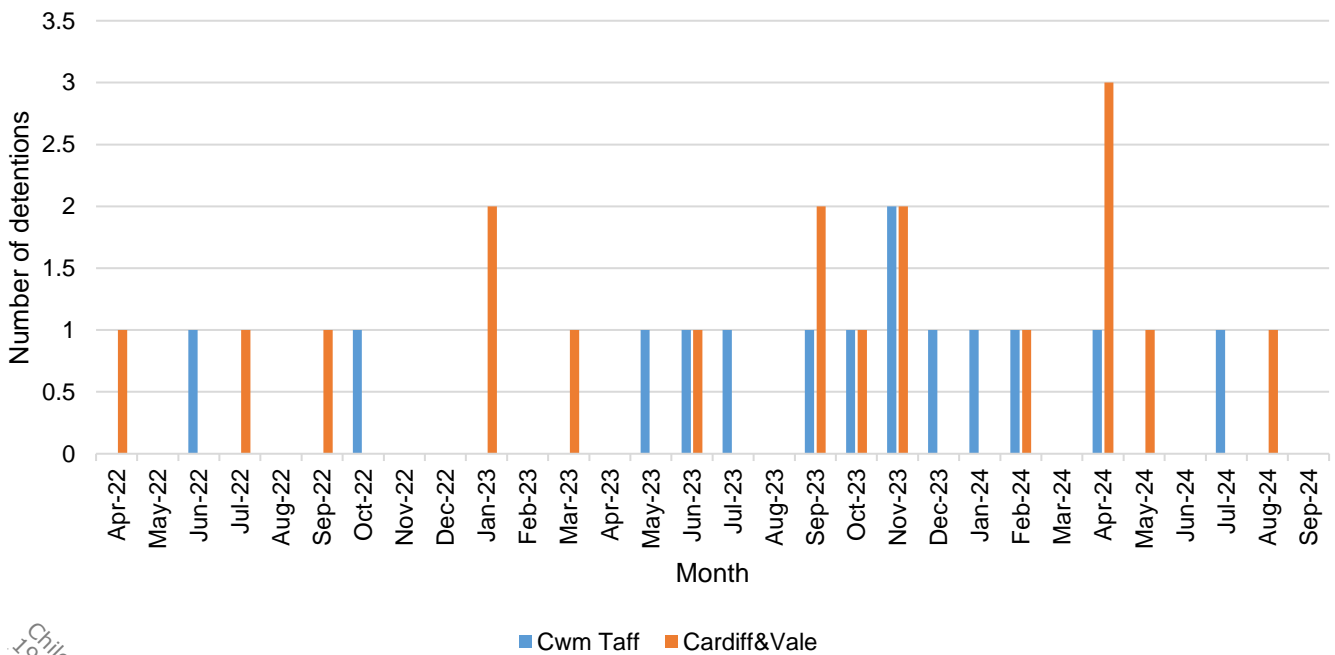


CAMHS Commissioned Inpatient Data

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

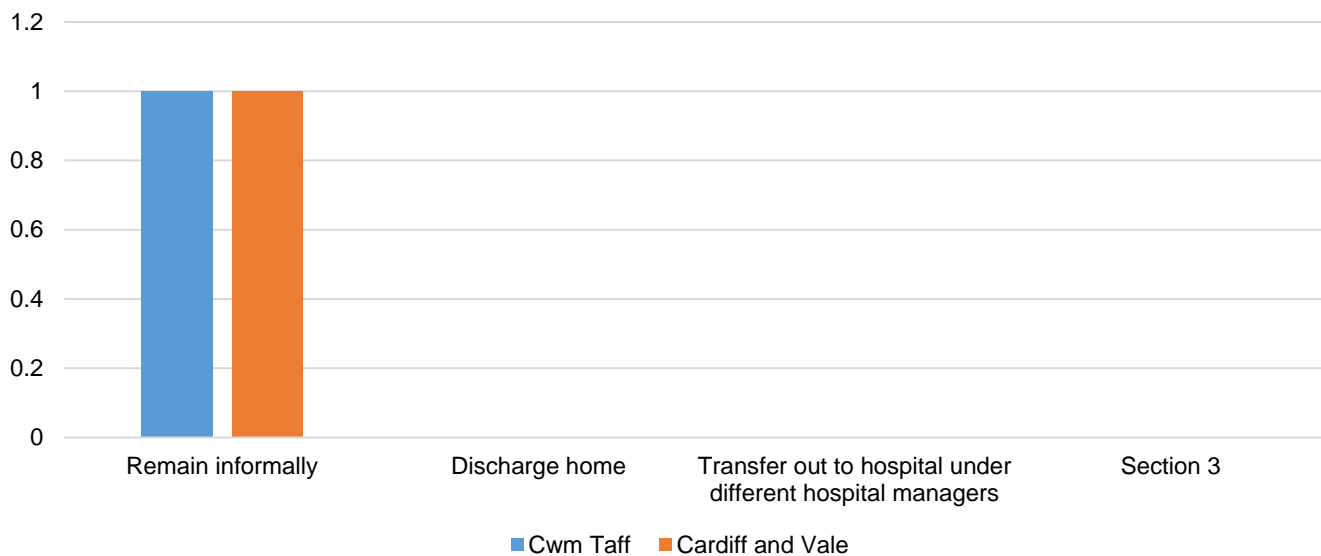
Included in the above data are those under 18 years of age. This is extracted below:-

Use of Section 2 on those under 18 years of age by detaining authority



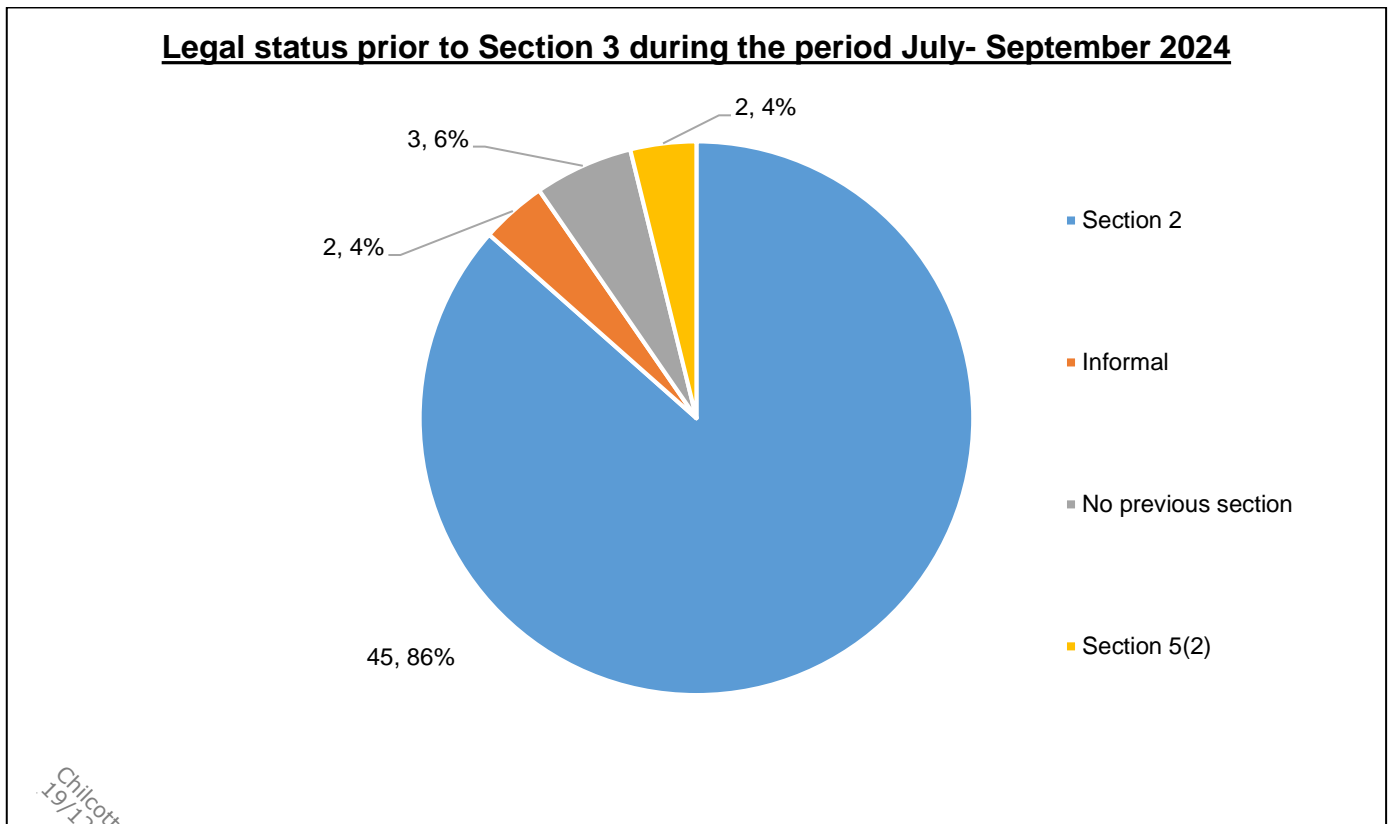
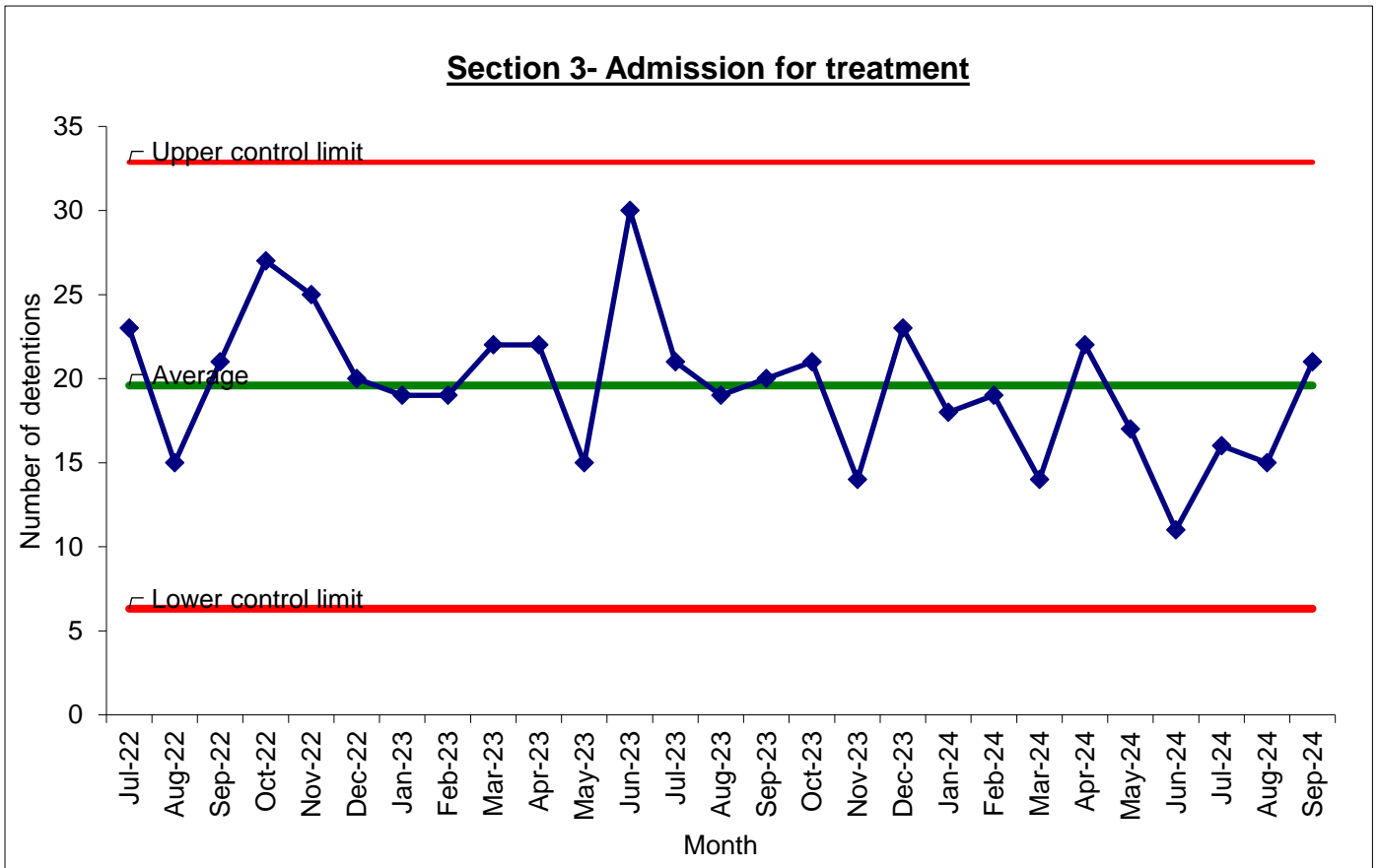
Chilcott, Rachel
19/12/2024 15:24:10

Outcome of Section 2 for those under 18 years of age by detaining authority



Chilcott, Rachel
19/12/2024 15:24:10

Section 3 – Admission for Treatment

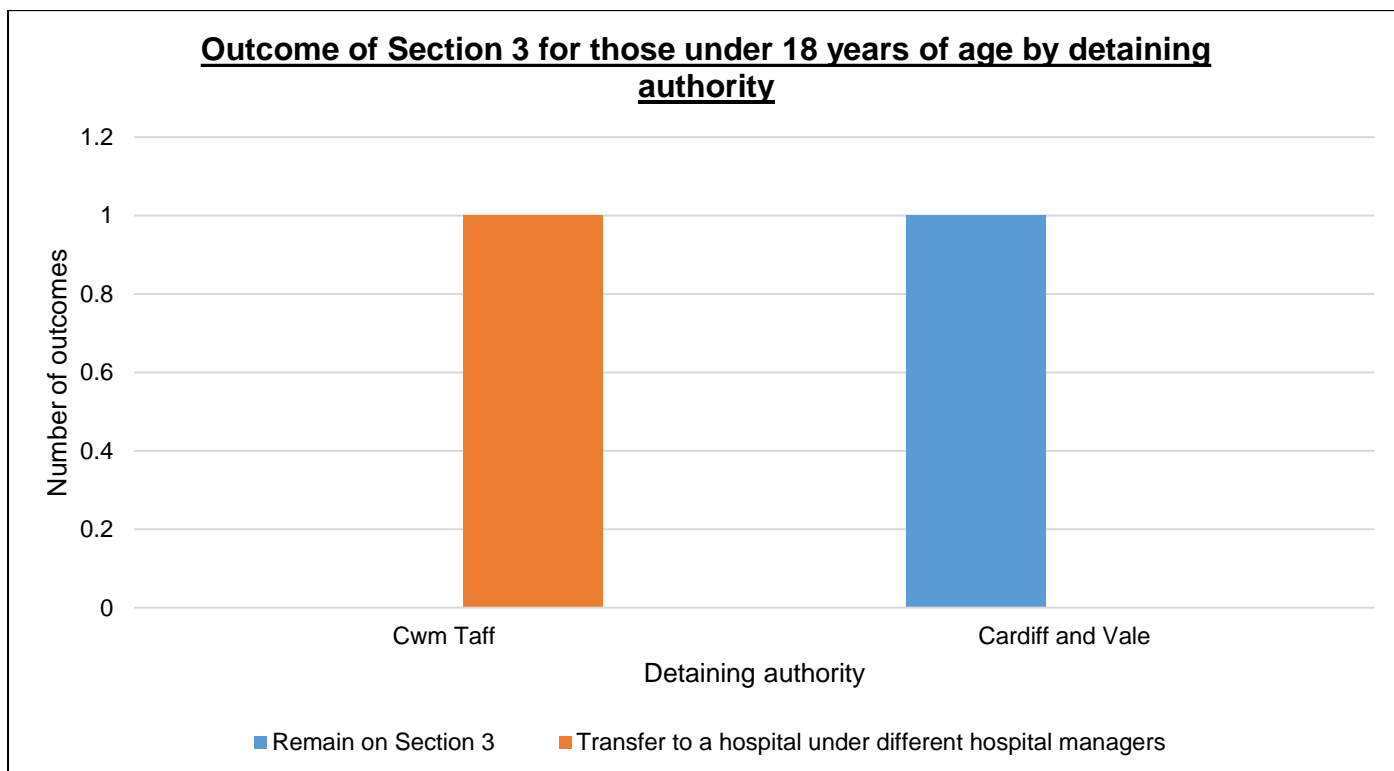
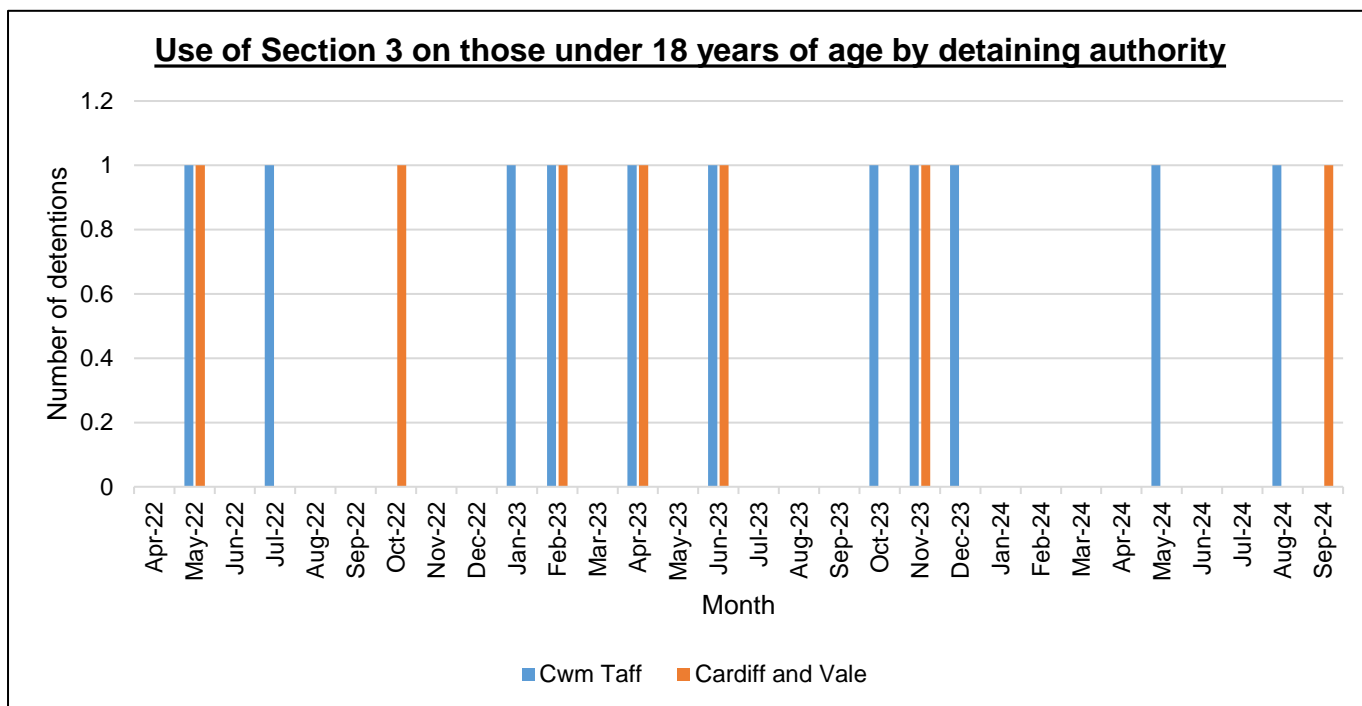


The above data would include those under 18 years of age.

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CAMHS Commissioned Inpatient Data

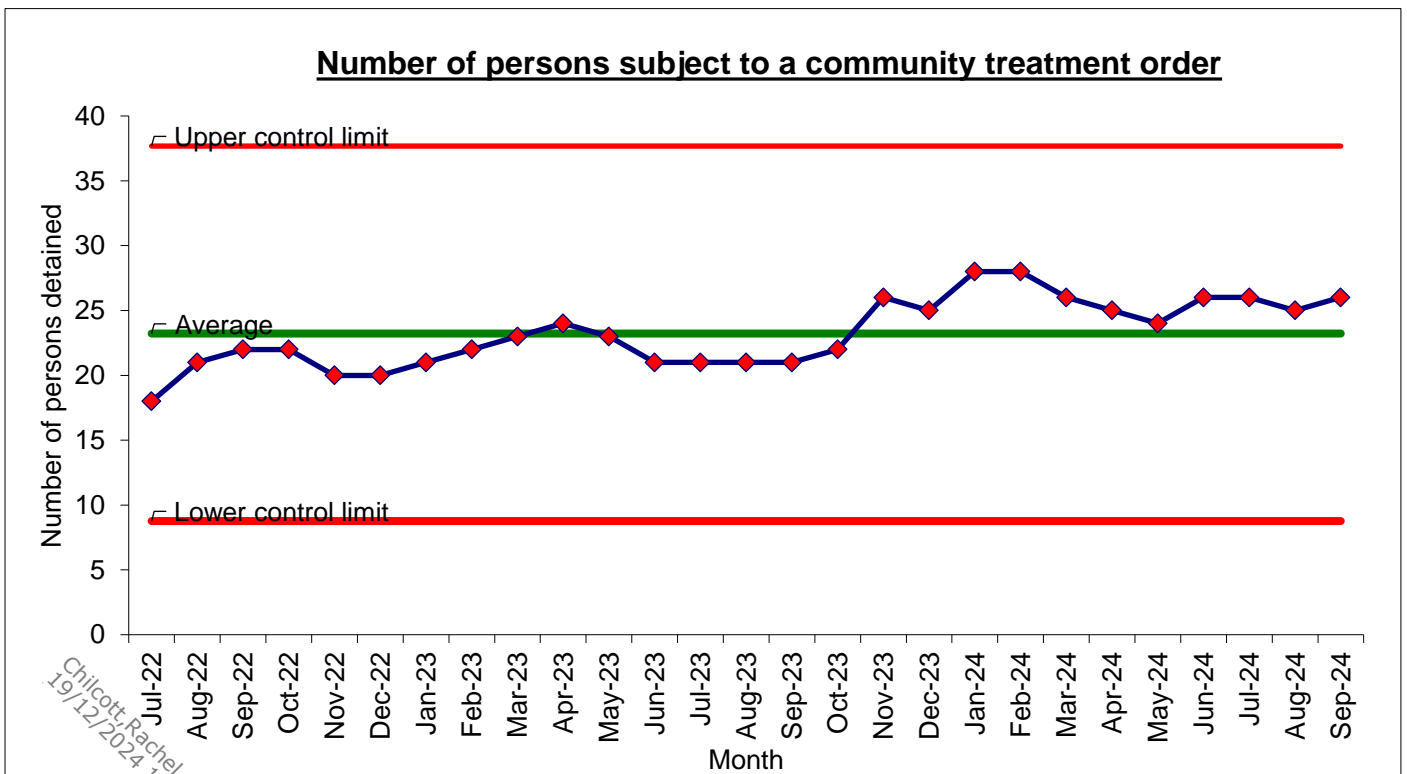
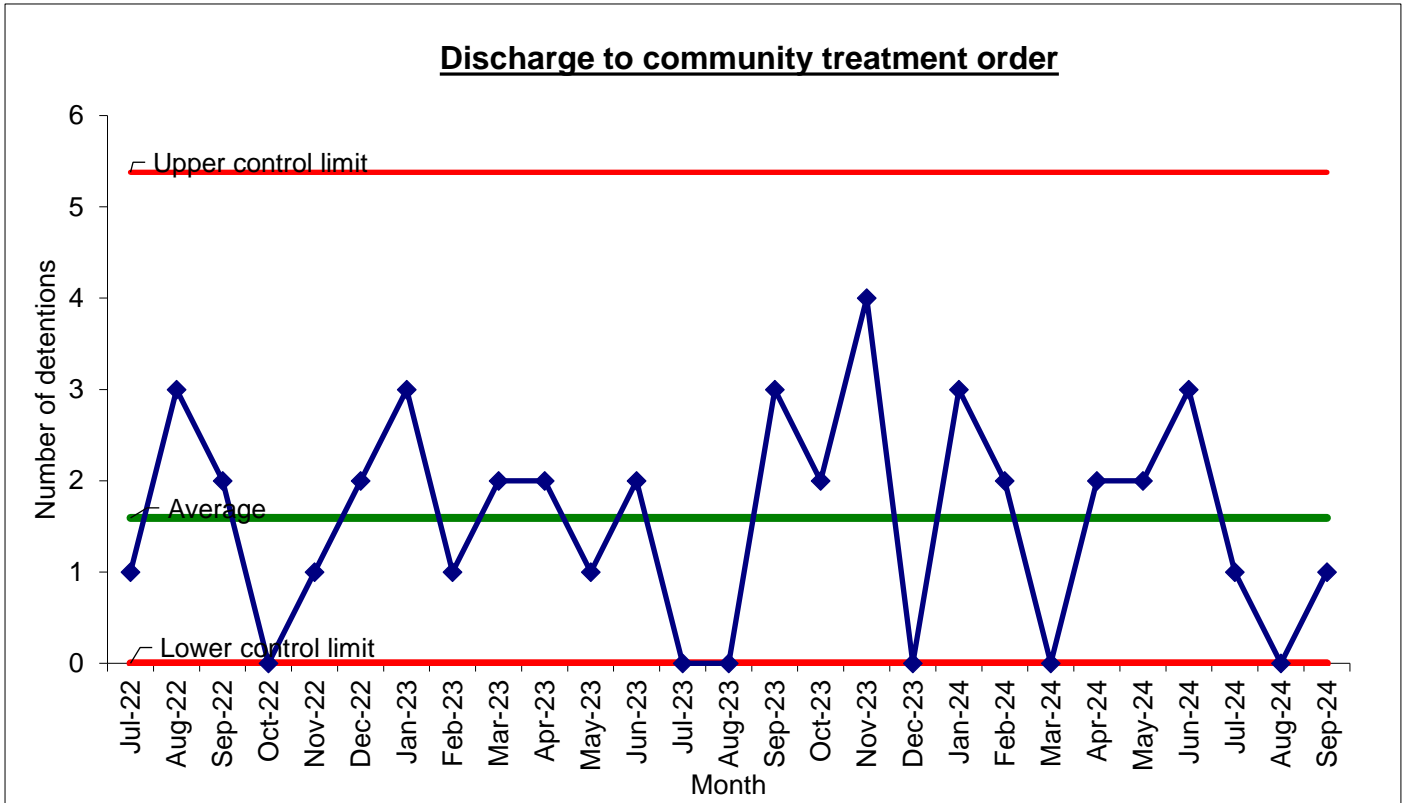
Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.



Chilcott, Rachel
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Community Treatment Order

During the period July- September two patients were discharged to Community Treatment Order. As at 30th September 2024, twenty-six patients were subject to a Community Treatment Order (CTO).



Chilcott, Rachel
19/12/2024 15:24:10

Recall of a community patient under Section 17E

During the period, the power of recall was used twice. One use resulted in the persons CTO being revoked. One use did not end with the person being brought back to hospital.

CAMHS Commissioned Inpatient Data

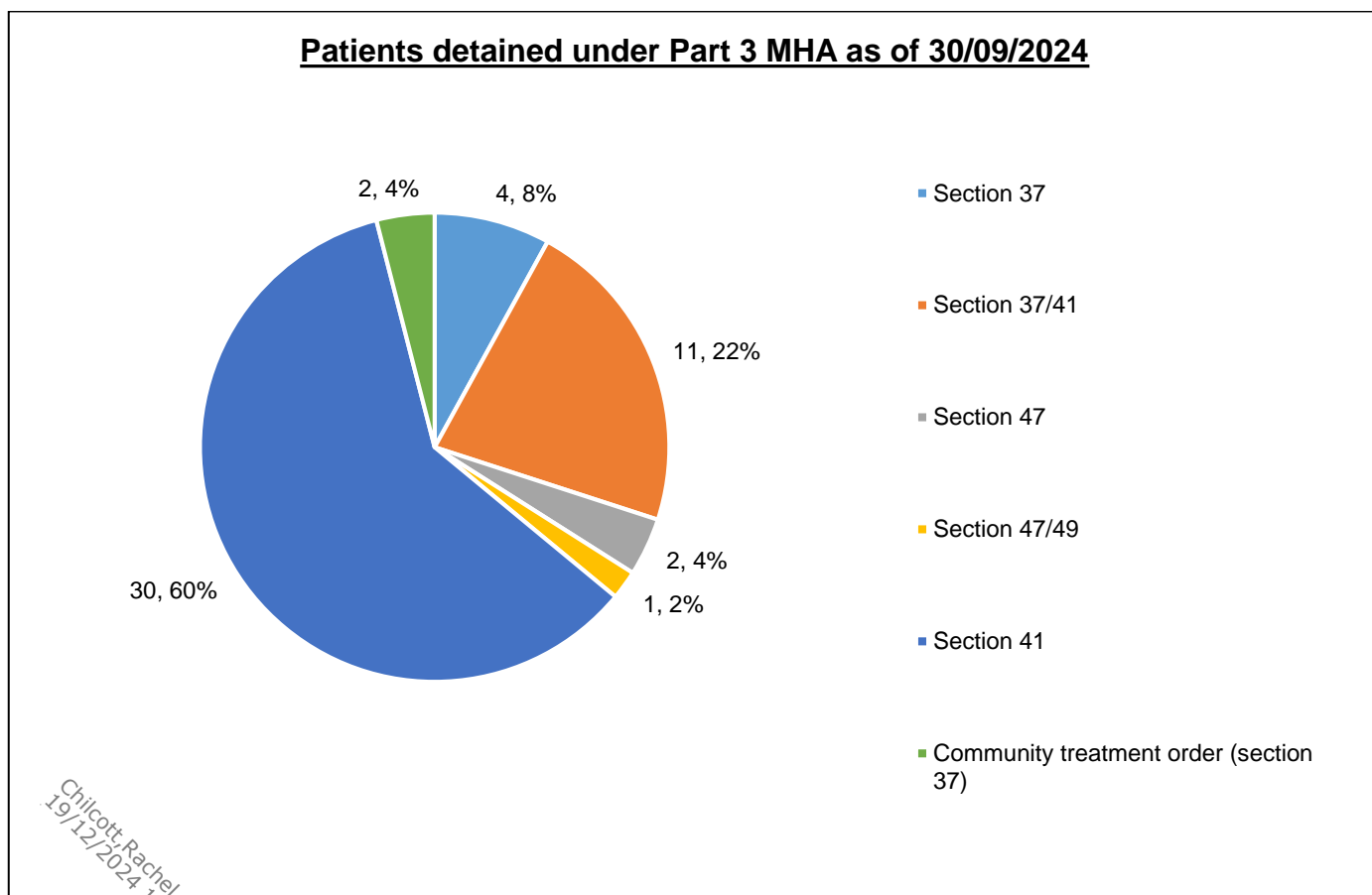
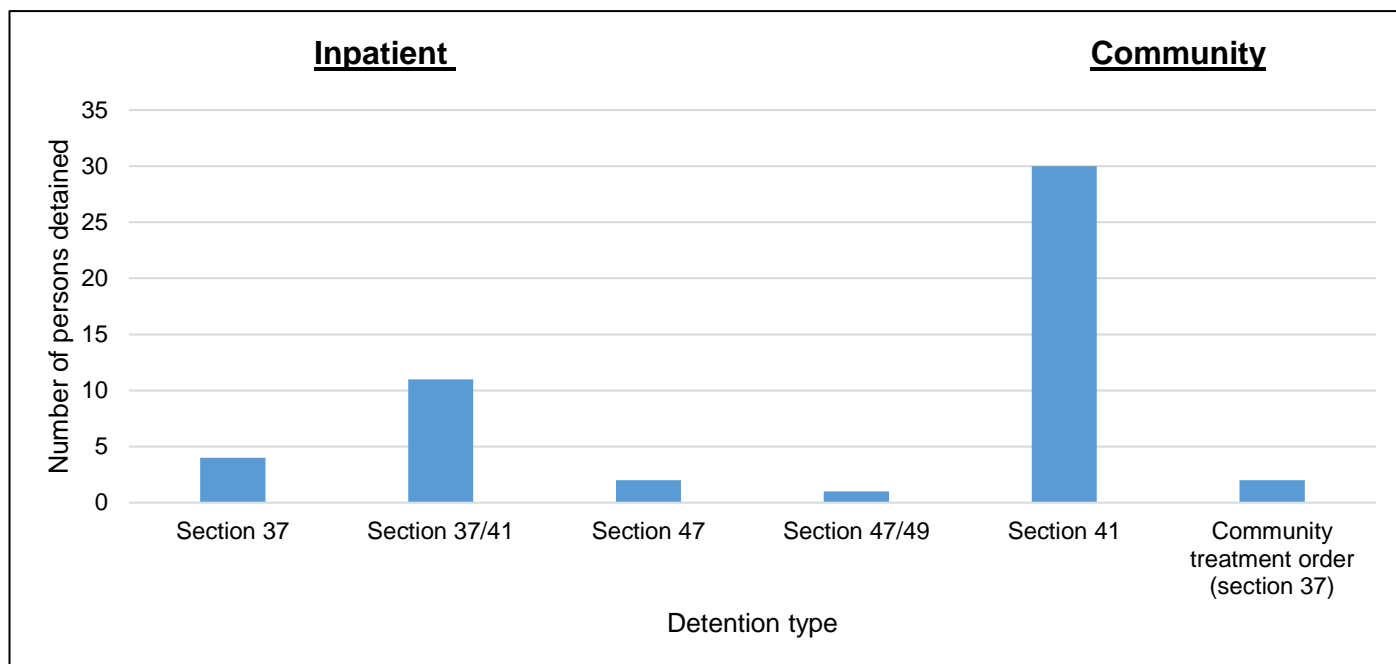
Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

During this period there no uses of Community Treatment Orders for persons under the age of 18 years of age.

Chilcott, Rachel
19/12/2024 15:24:10

Part 3 of the Mental Health Act 1983

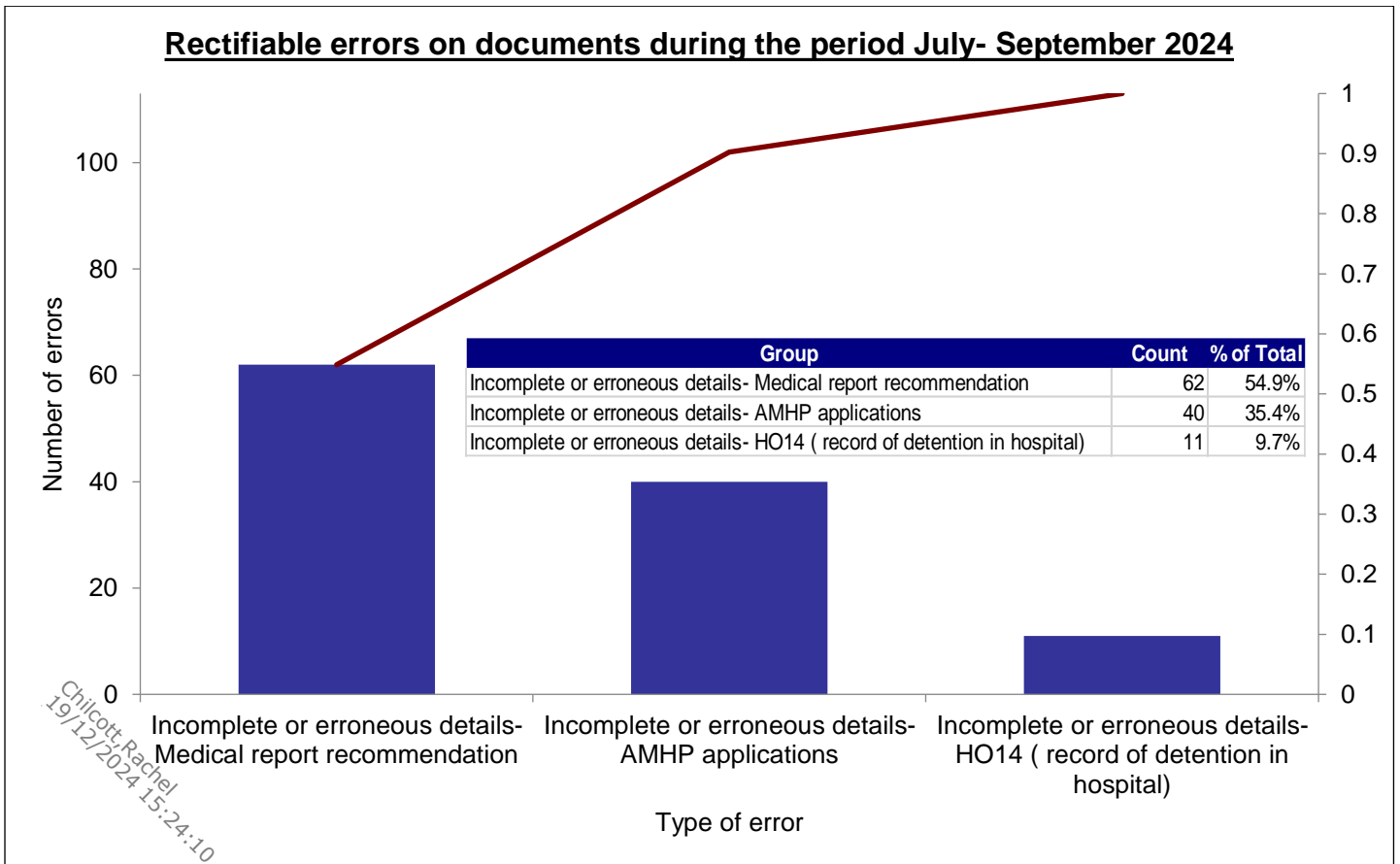
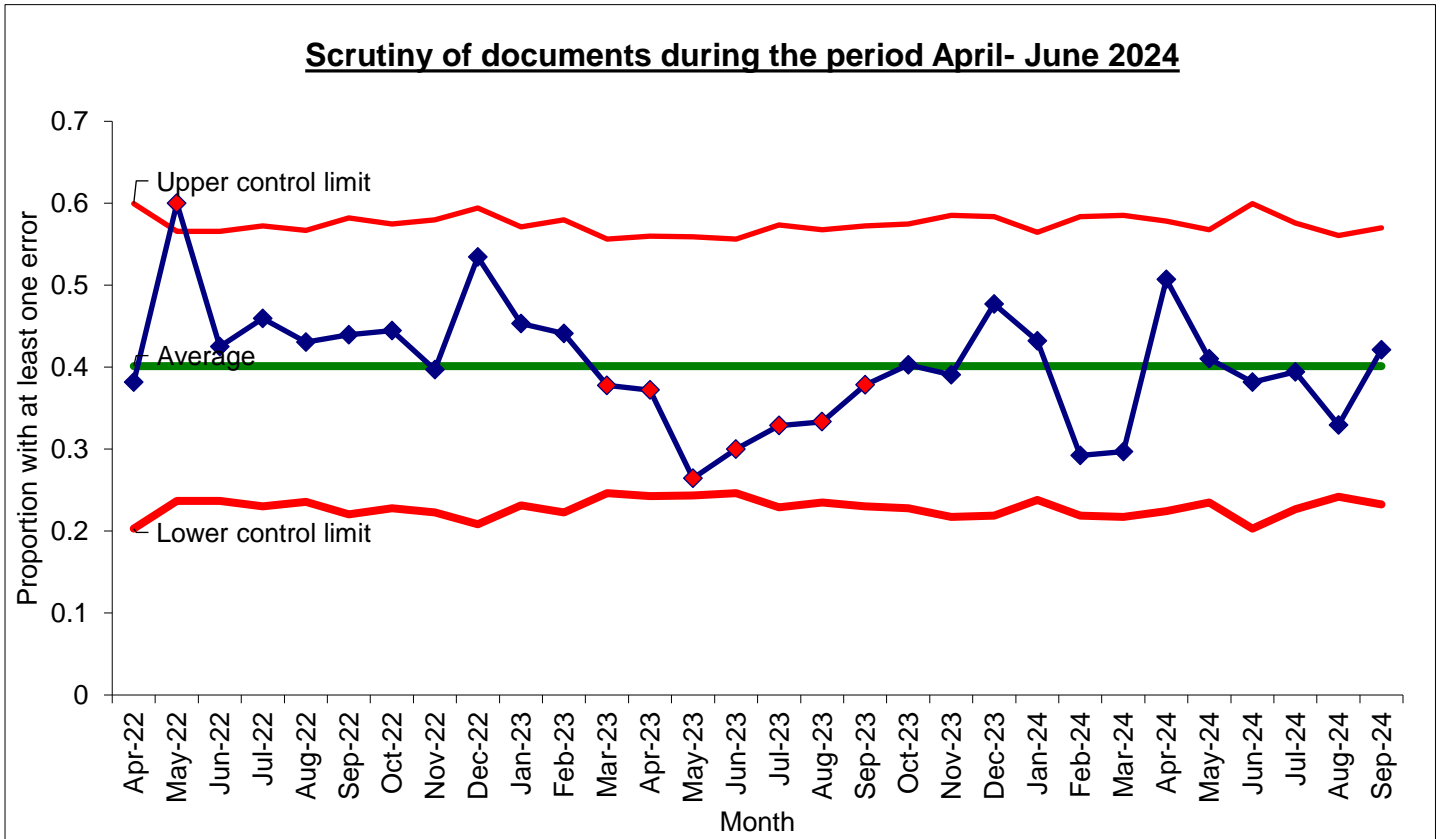
The number of Part 3 patients detained in Cardiff and Vale University Health Board Hospitals or subject to Community Treatment/Conditional Discharge in the community as at 30th September 2024.



Chilcott, Rachel
19/12/2024 15:24:10

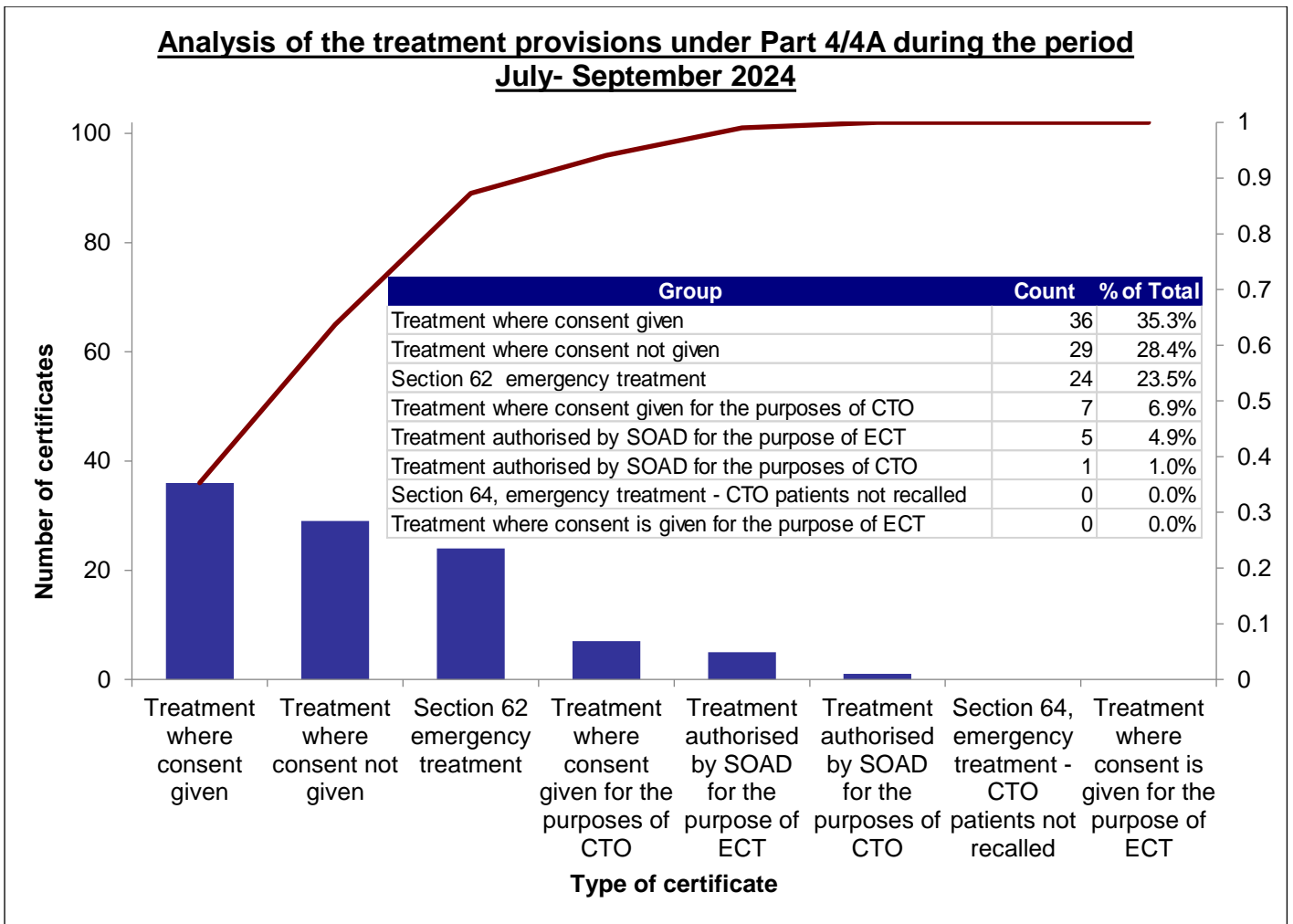
Scrutiny of documents during the period

The chart below 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.



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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:

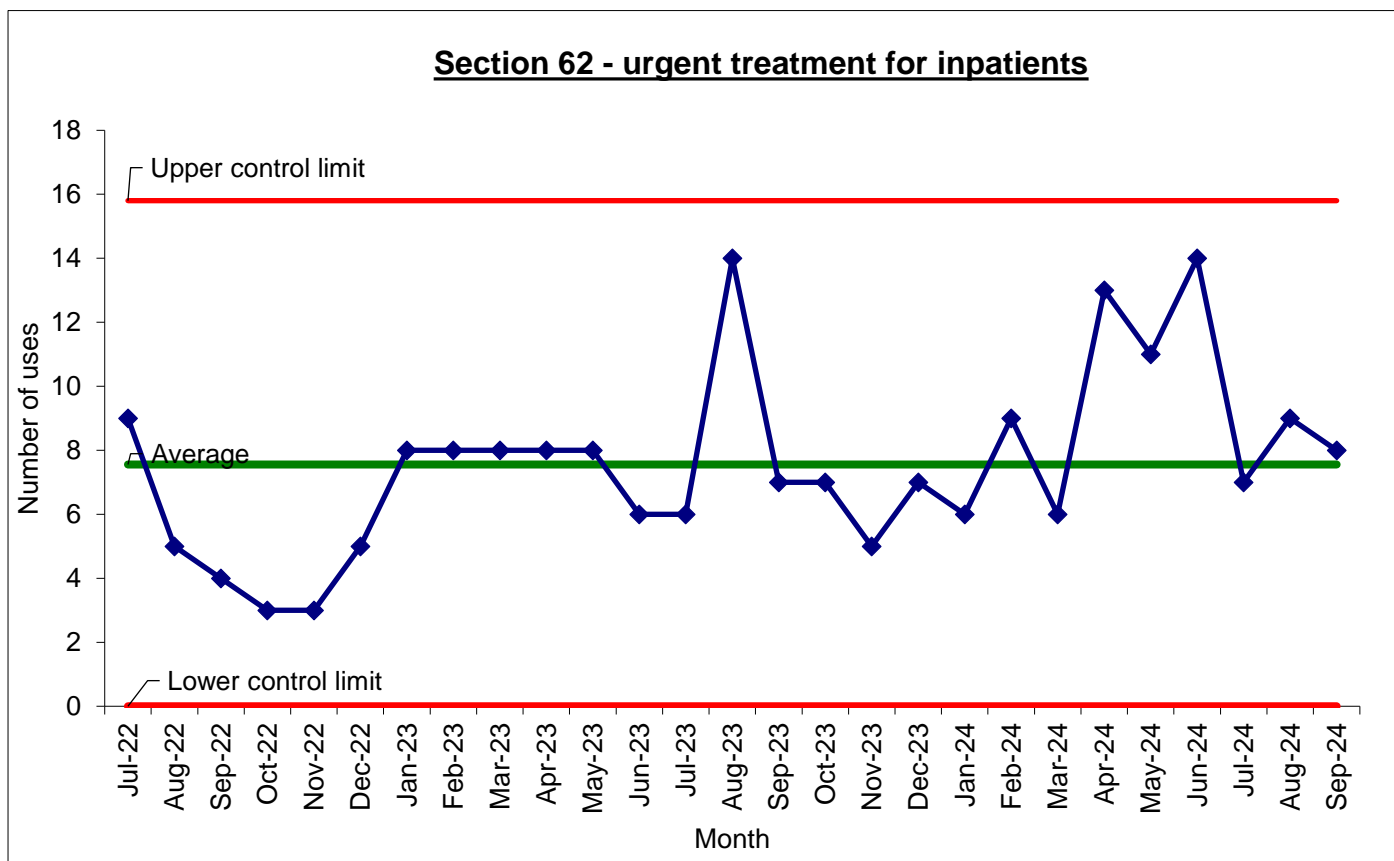
- Immediately necessary to save the patient's life; or
- That is not irreversible but is immediately necessary to prevent a serious deterioration of the patient's condition; or
- That is not irreversible or hazardous but is immediately necessary to alleviate serious suffering by the patient; or
- That 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.

Chilcott Rachel
19/12/2024 15:24:10

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.

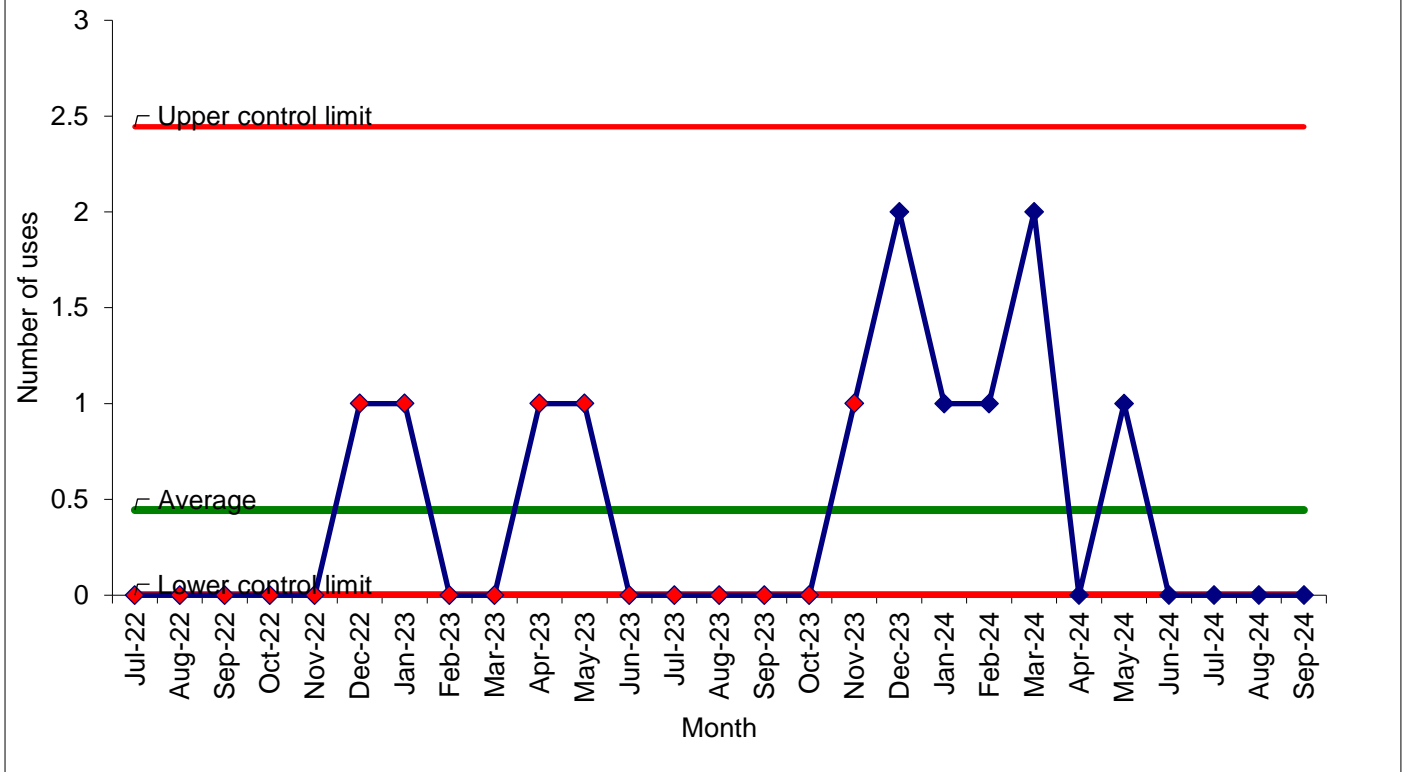


The above chart highlights that Section 62 was used on twenty four occasions for the following reasons:

- Time limited certificate awaiting new certificate x 1
- Change of medication x 5
- Three month rule x 10
- Emergency ECT x 6
- Change of capacity x 1
- Transfer in waiting on certificate x 1

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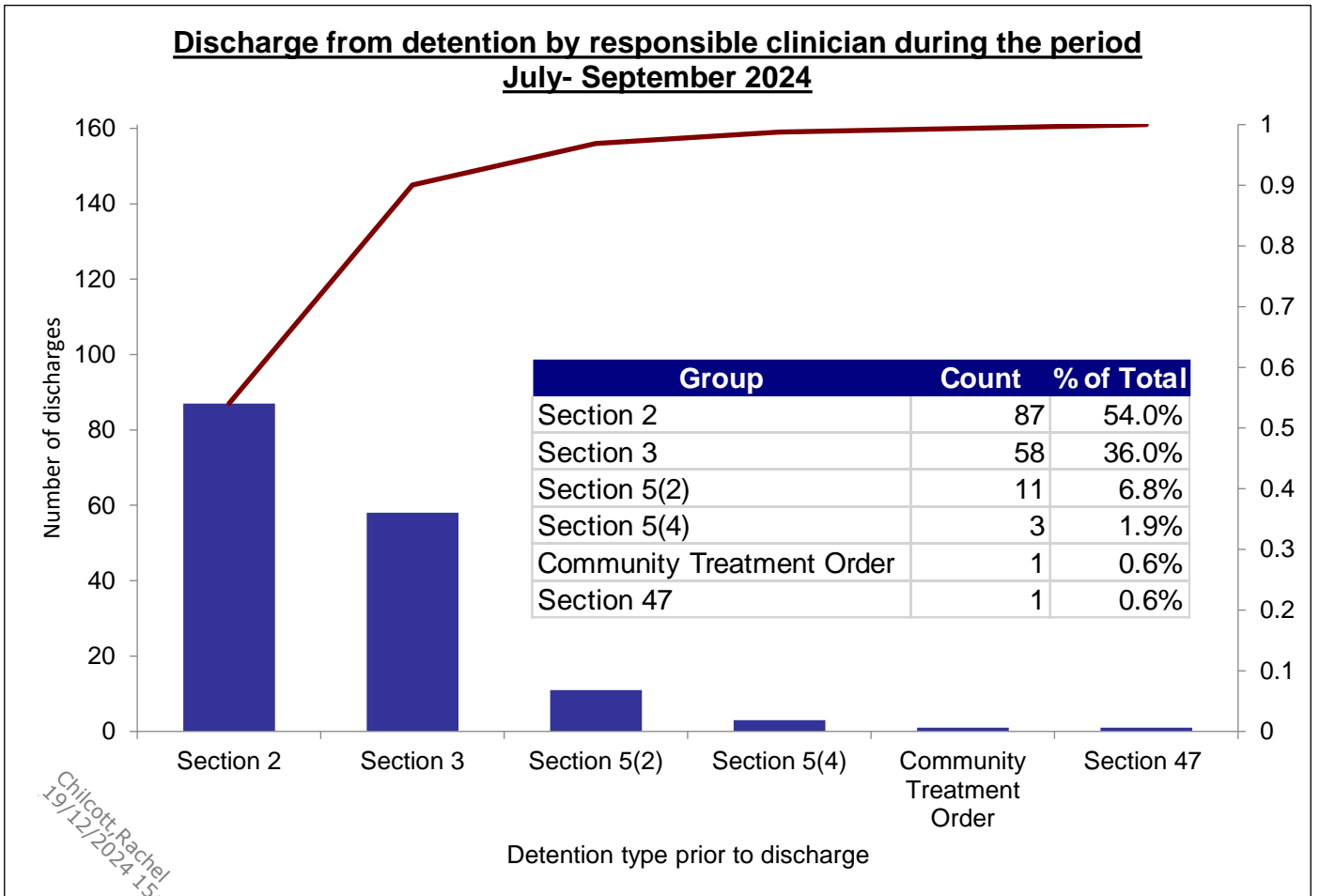
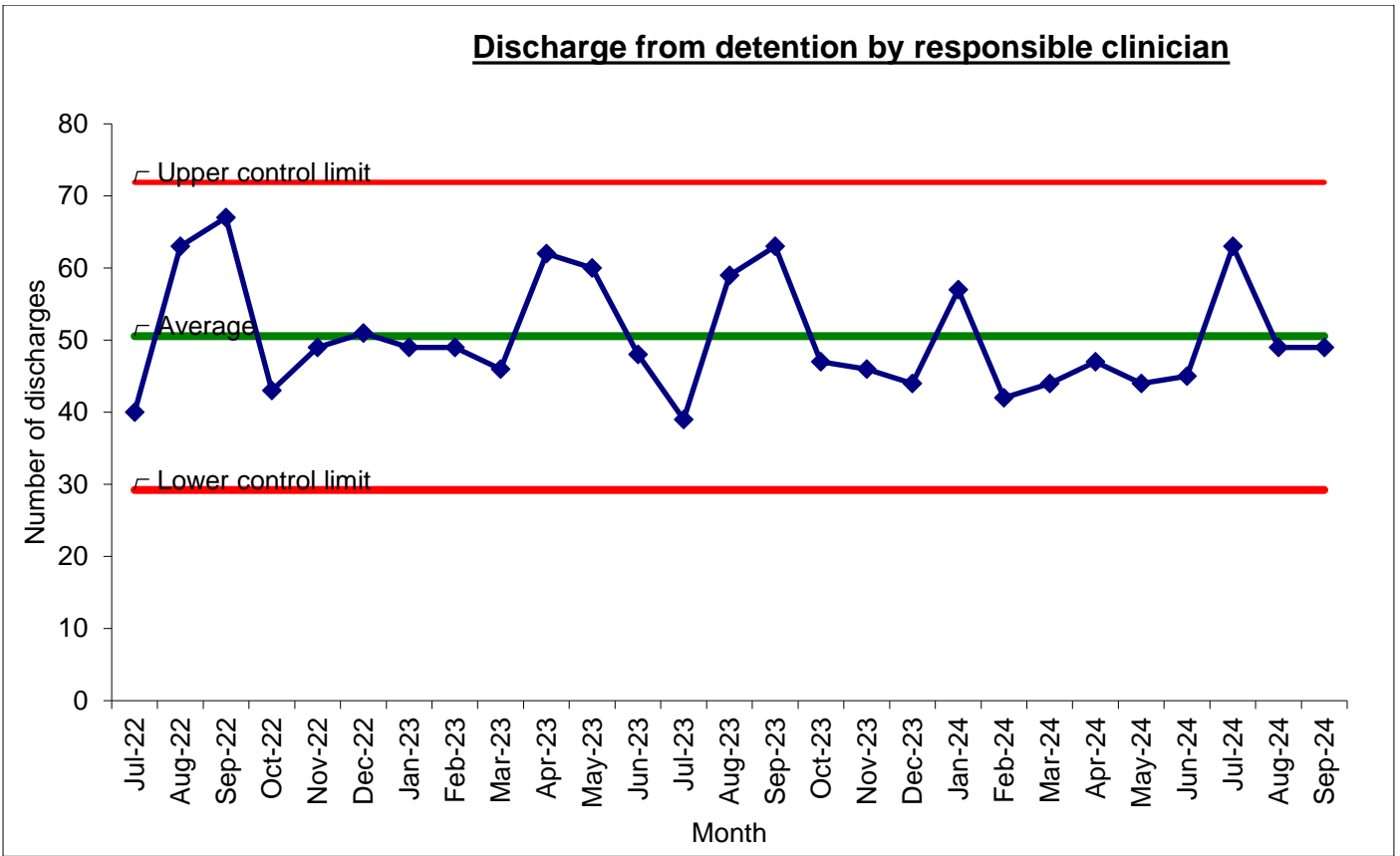
Section 64- emergency treatment for community patients



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

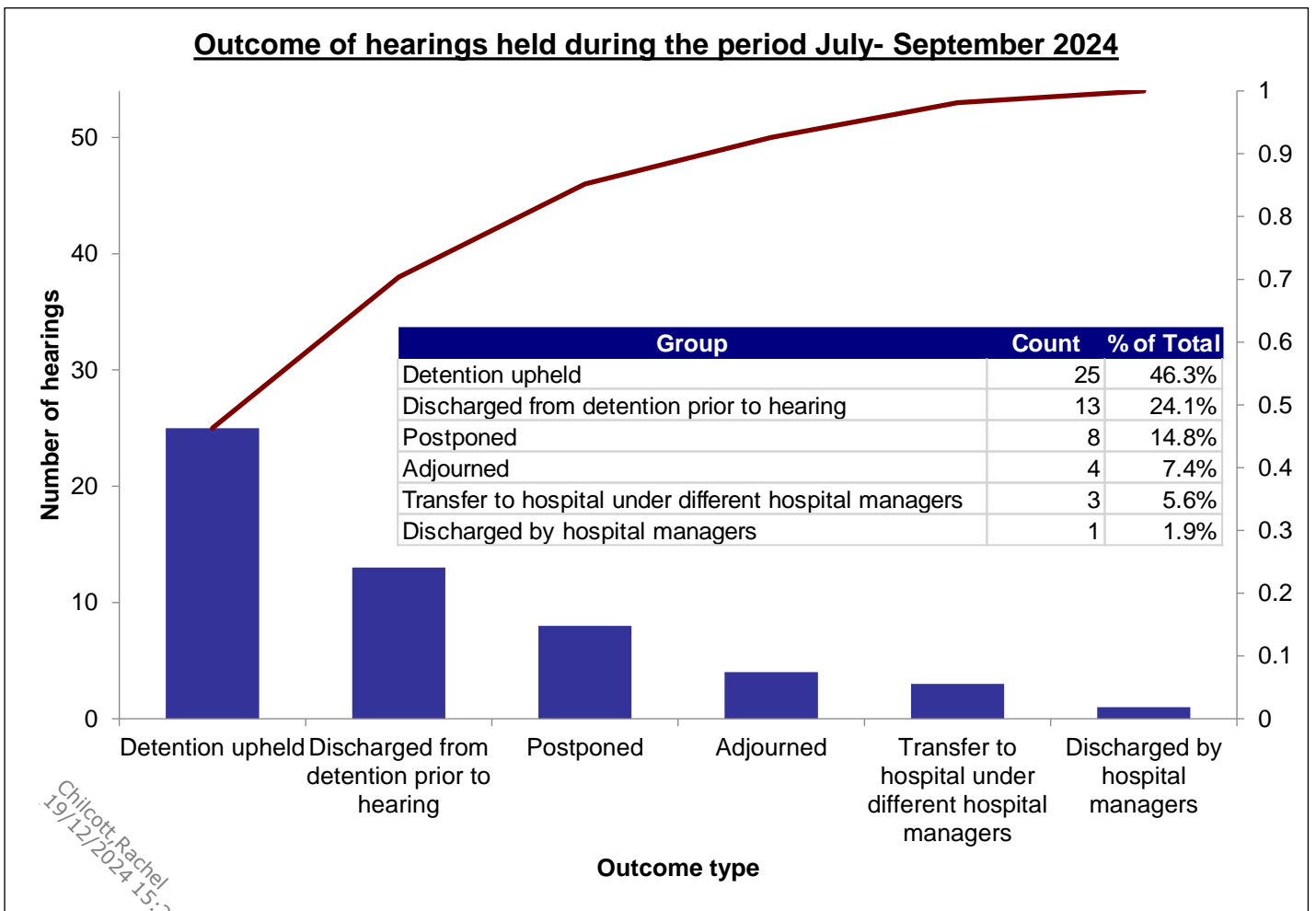
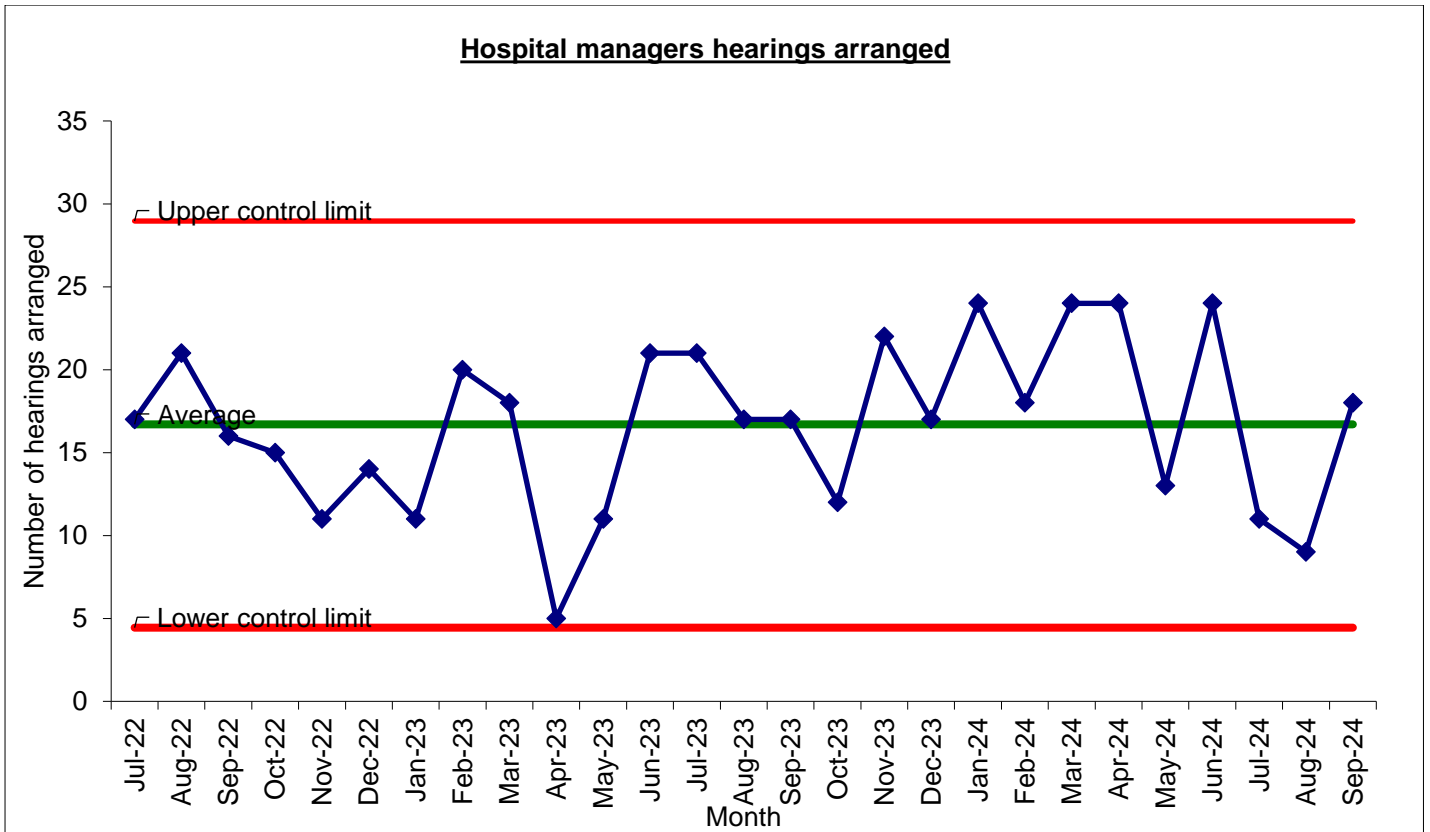
Chilcott, Rachel
19/12/2024 15:24:10

Discharge



Chilcott, Rachel
19/12/2024 15:24:10

Hospital Managers – Power of Discharge



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19/12/2024 15:24:10

Four hearings were adjourned for the following reasons:

- Staff non-attendance x 2
- Interpreter needed x 1
- Advocate not available x 1

Eight hearings were postponed for the following reasons:

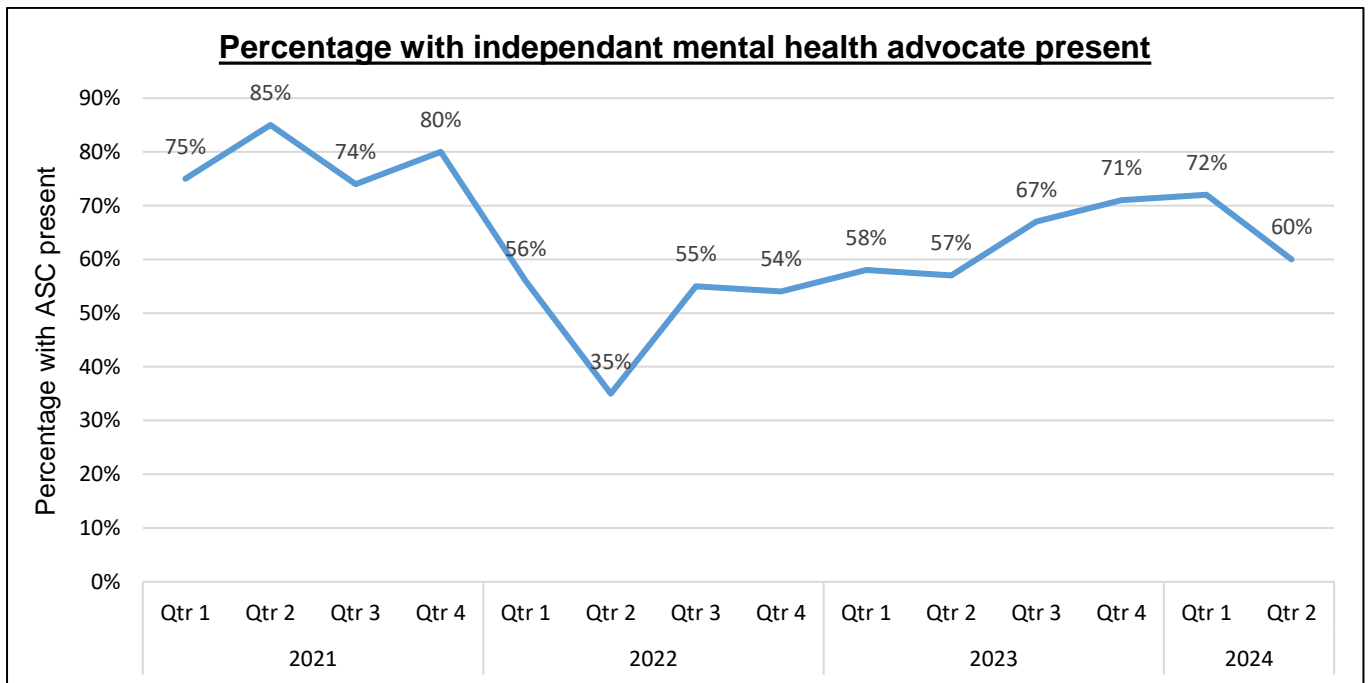
- Responsible Clinician unavailable x 2
- Specialist nursing staff not available x1
- Patient unavailable x1
- Medical report not received x1
- Hospital manager unavailable x 1
- Nearest relative unavailable x1
- Interpreter unavailable x1

Advocacy referrals:

Out of 54 hearings that could have gone ahead during the quarter, 38 of those had been referred for an advocate and advocates attended 18 of those.

Advocates present:

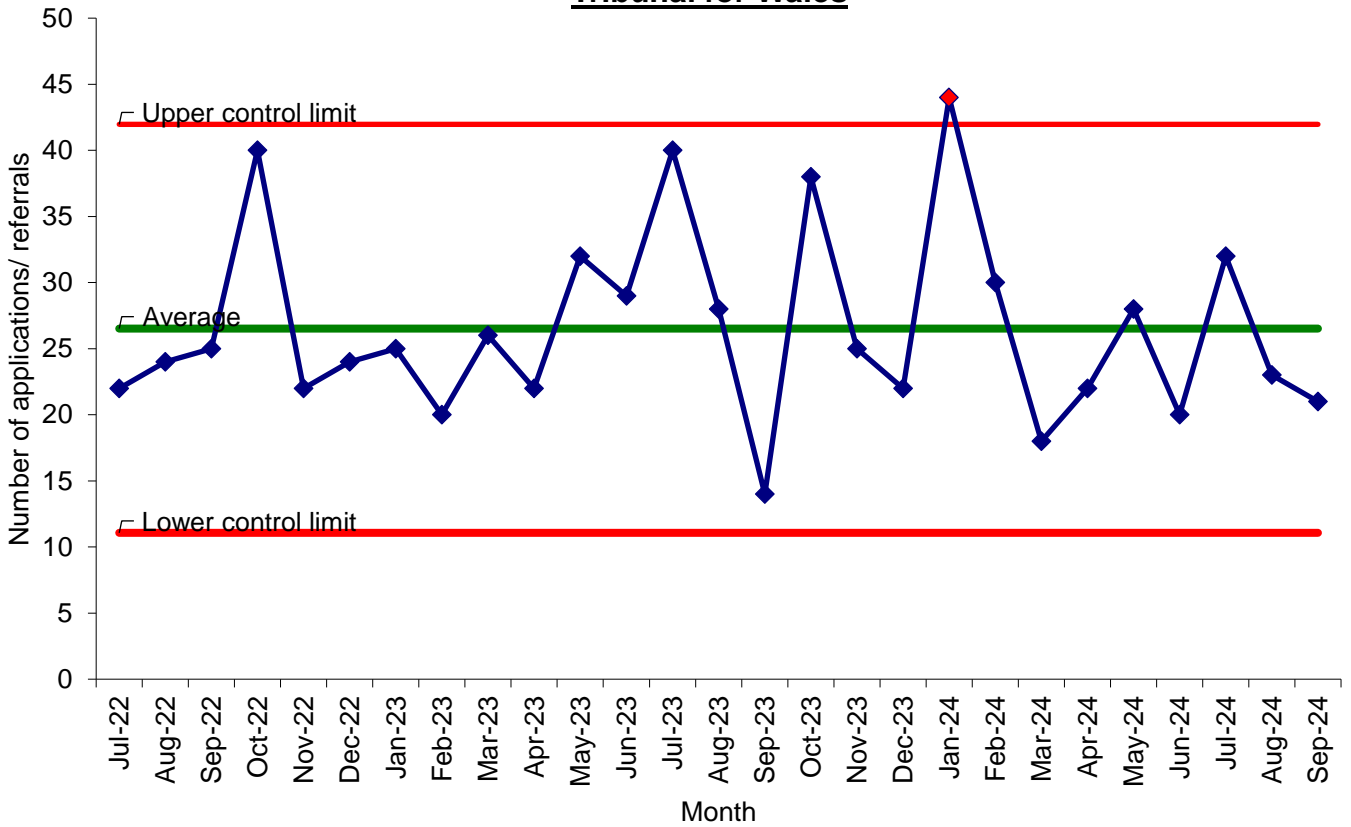
Out of the 54 hearings, only 30 hearings went ahead. Out of that 30, 18 had an advocate present and 12 didn't have an advocate.



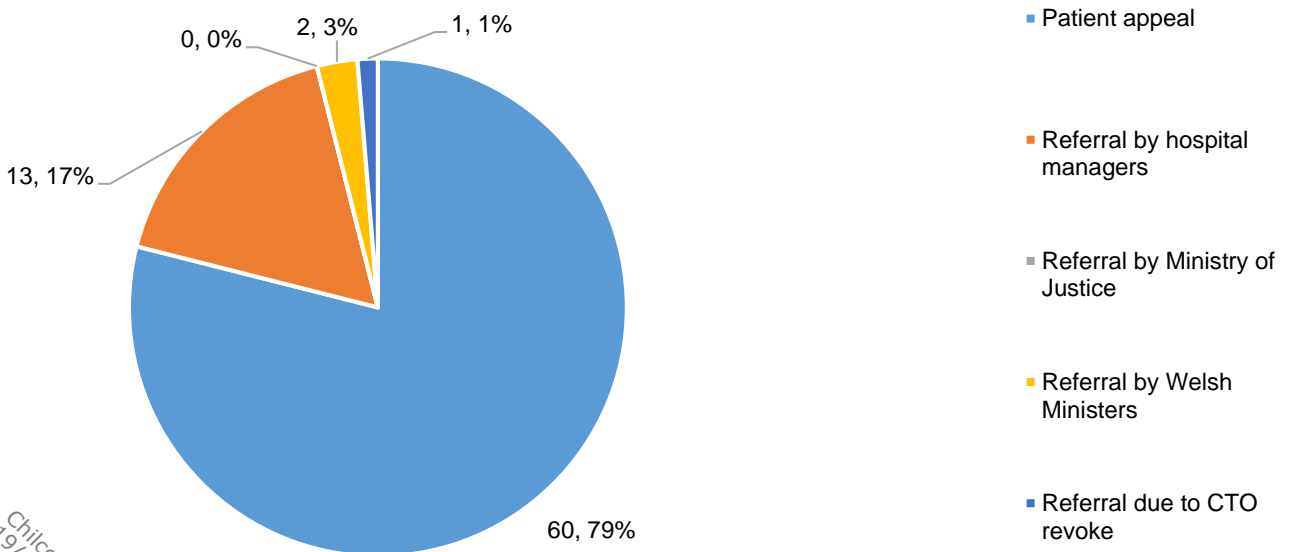
Chilcott, Rachel
19/12/2024 15:24:10

Mental Health Review Tribunal (MHRT) for Wales

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

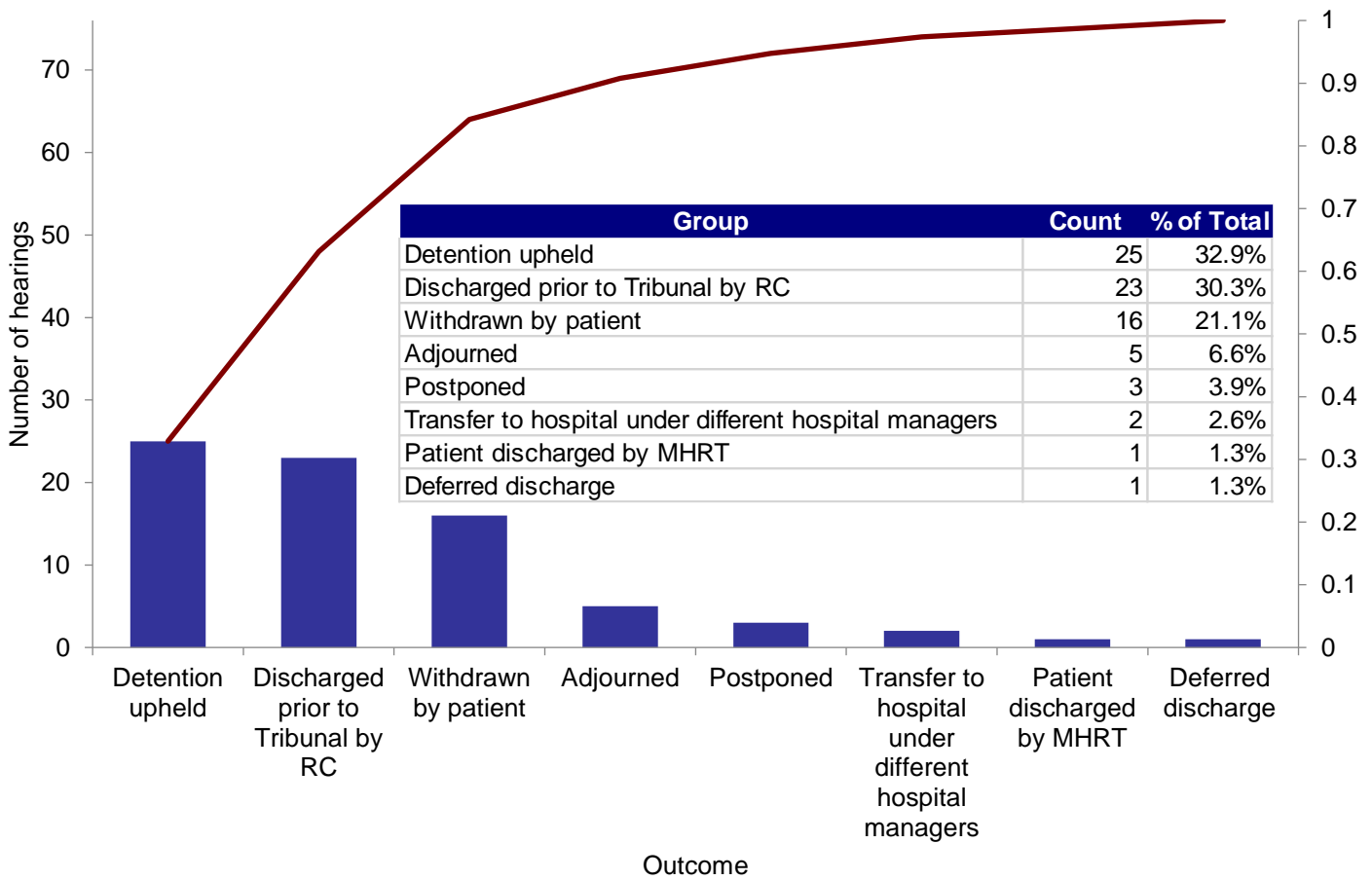


Source of applications to the Mental Health Review Tribunal for Wales



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19/12/2024 15:24:10

Outcome of Mental Health Review Tribunals held during the period July-September 2024



Five hearings were adjourned for the following reasons:

- To appoint a legal representative x 1
- Patient unwell x1
- Awaiting outcome of court hearing x1
- Updated RC report needed x2

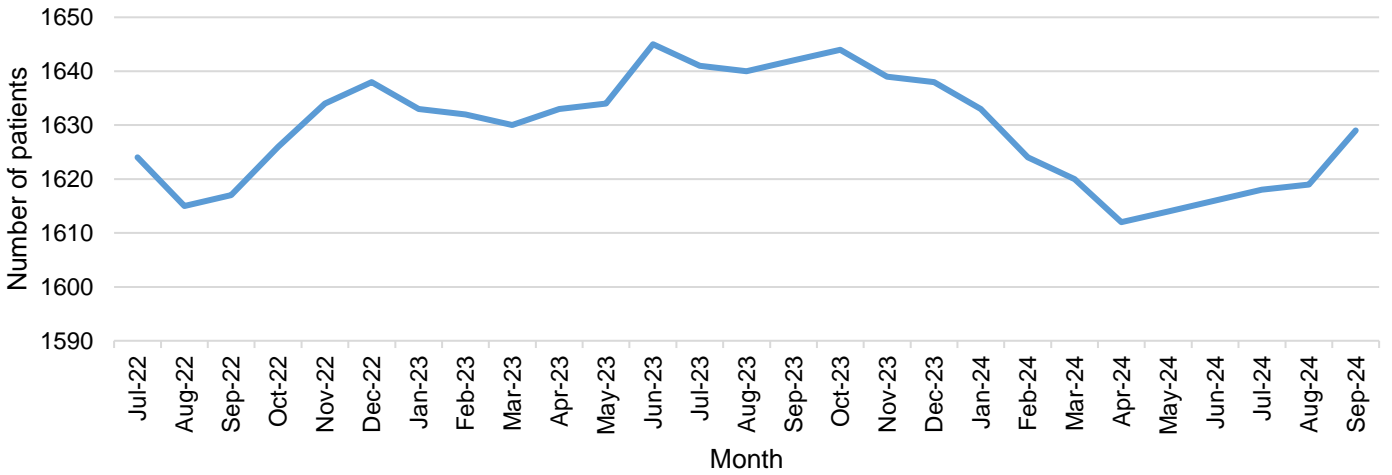
Three hearings were postponed for the following reasons:

- Power outage x1
- Legal representative unavailable x1
- Change of RC- new RC unavailable x1

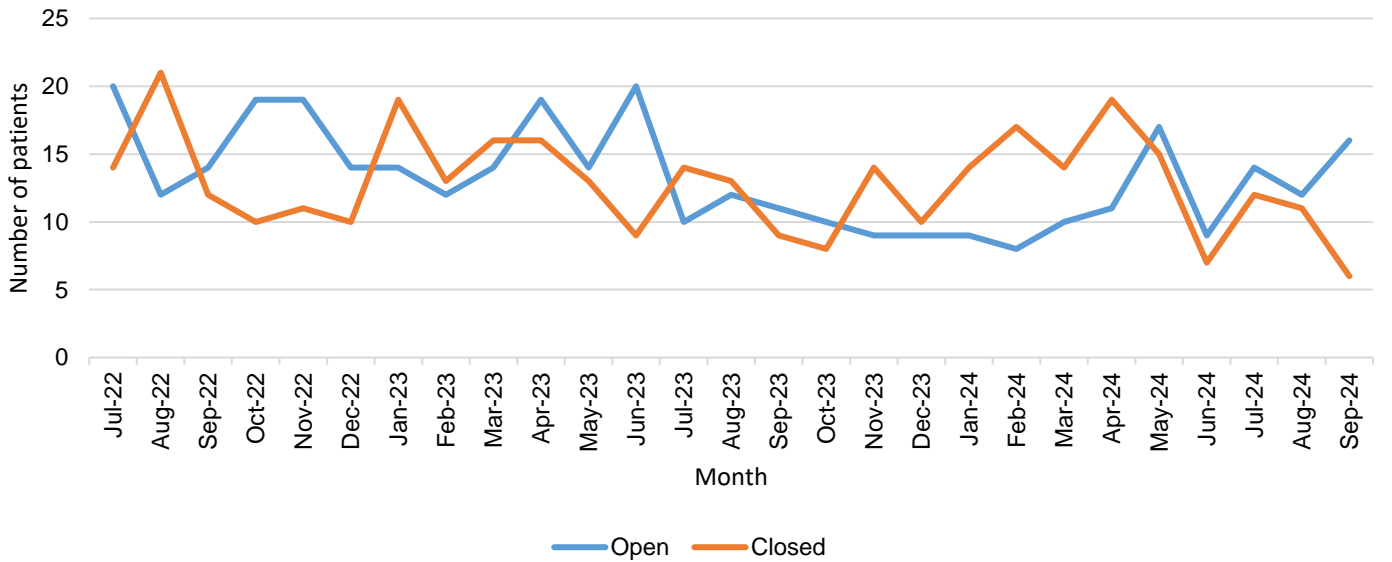
*Chilcott, Rachel
19/12/2024 15:24:10*

Section 117 Aftercare

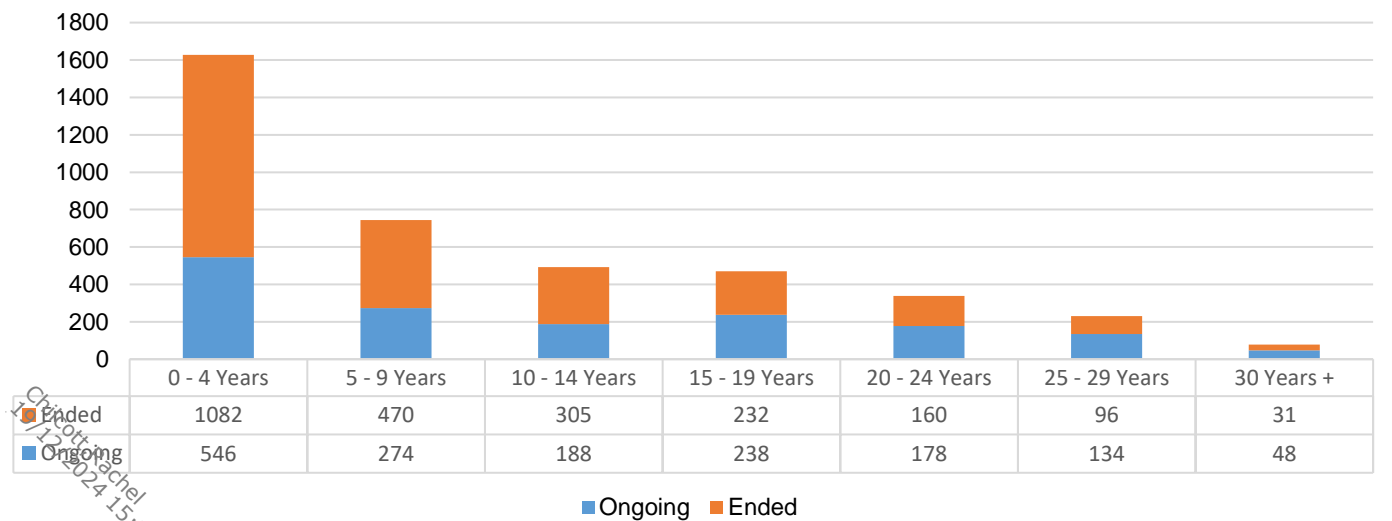
Patients eligible for section 117 aftercare



Section 117 Activity



Periods of time that patients remain eligible for Section 117 aftercare



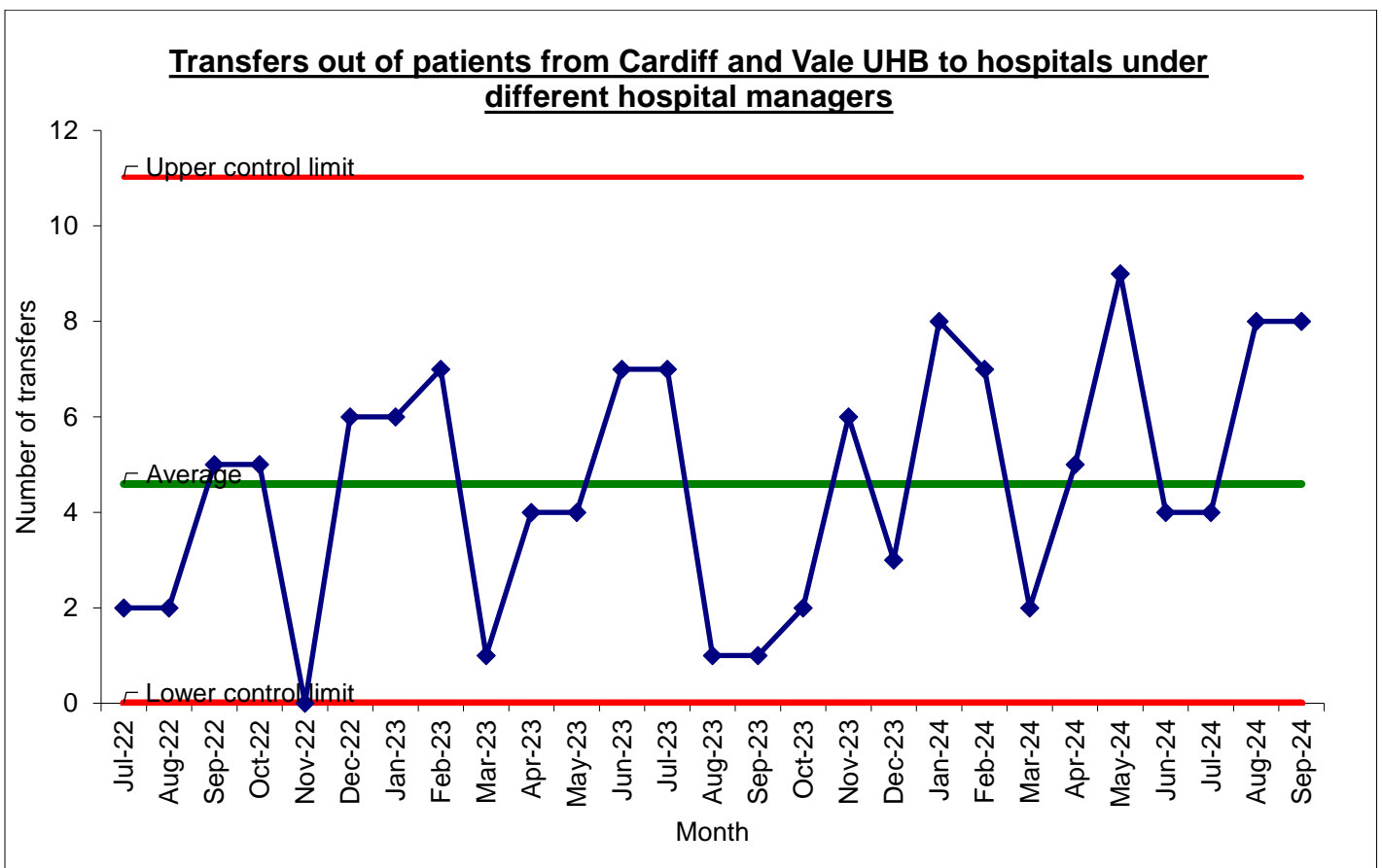
Section 19 transfers to and from Cardiff and Vale UHB

During the period:

Eighteen 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:

- To PICU beds out of area x 9
- To a specialist placement x 3
- Back to their home area x 6

Two patients detained under Part 3 of the Mental Health Act was transferred from Cardiff and Vale UHB. One went to a female low secure unit and one went to prison.



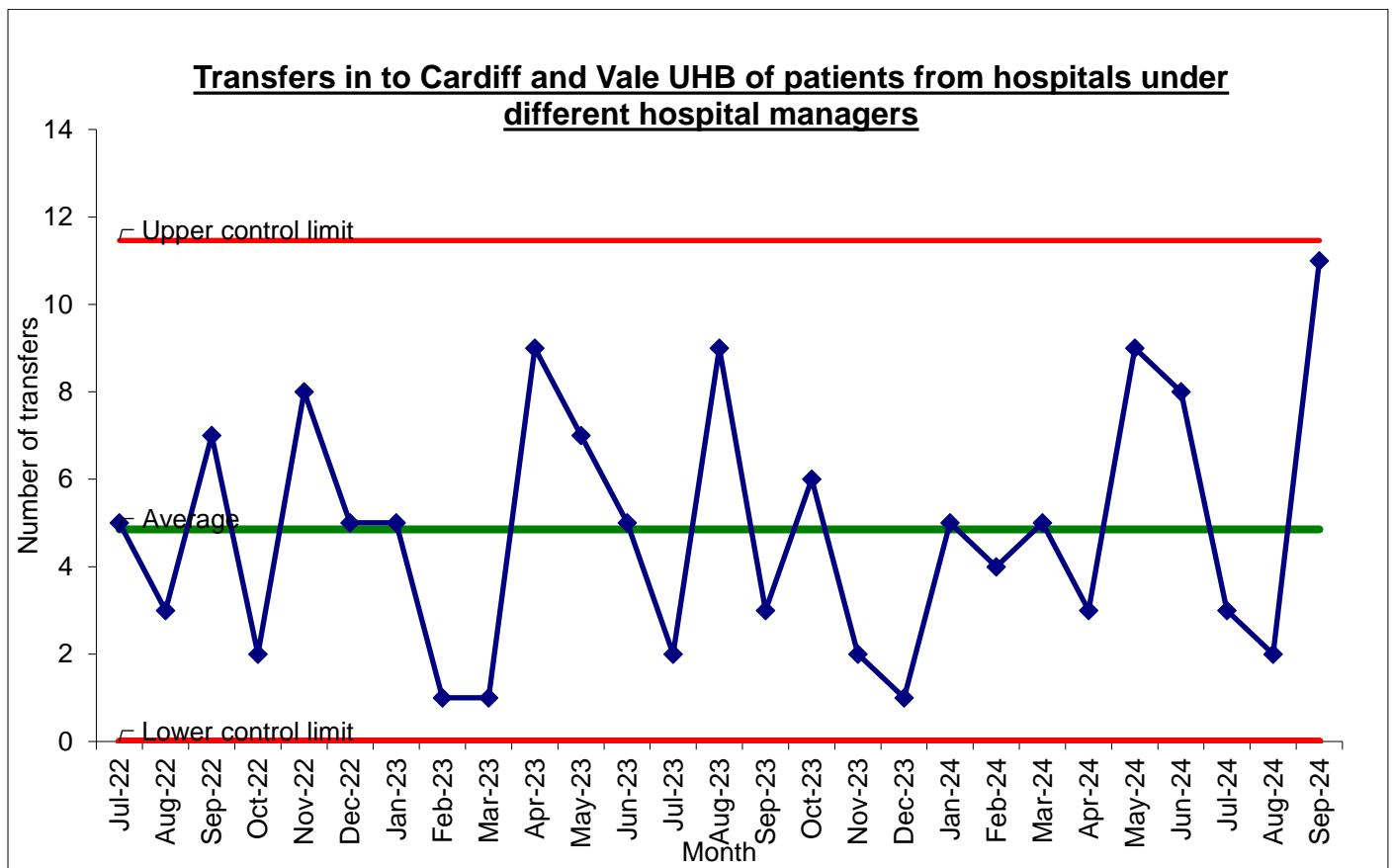
Chilcott, Rachel
19/12/2024 15:24:10

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 home PICU x 2
- One from out of area beds to home area x 10
- From a CAMHs unit due to turning 18 years of age x1

Three 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:

- To step down from medium secure units x 3



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

July- September 2024

Exclusion of visitors

Visiting on wards at Hafan Y Coed are allowed but by appointment only. This is managed through a booking in system.

Death of detained patient

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

Report Title:	Mental Health Measure (Wales) 2010 incl. Part 2			Agenda Item no.	4.1
Meeting:	Mental Health Legislation and Mental Capacity Act Committee	Public	X	Meeting Date:	October 29 th 2024
		Private			
Status <i>(please tick one only):</i>	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)

Part 1a was 15% compliant on 16/10/24. This is a slightly deteriorated position month on month. The last month of compliance was February 2024.

As of October 10th 2024 the average waiting time was 44.8 days with the longest waiting being 61 days.

There was a slight improvement in performance during August when the trajectory of referrals reduced over the summer period (see Graph 1), spiking with 1074 referrals in September. Three additional positions have been created from with one in post and two in recruitment stages.

In terms of outcomes outside of the target, recent three Civica reports highlighted high quality interactions between service users and PMHSS:

“When I did not understand, things were explained to me in a way I did clearly in a caring non-judgemental way.”

“The person listened to me very well, and was very kind and understanding of what I was going through.”

“Supportive, lots of appropriate advice and signposting to help me on my journey to improving my mental health. So happy with the speed and professionalism of the service offered.”

“Neil, who I spoke to on the phone for a mental health assessment was particular good. Extremely personable, made me feel comfortable and understood without being overly formal or clinical in an unfriendly way. His personality was much appreciated.”

“Rhiannon was very understanding and sensitive listening to all of my problems.”

“Professional, friendly and sympathetic.”

“Pleasant staff.”

“I felt I was listened to and was able to explain how I was feeling confidentially.”

“Extremely helpful and friendly staff on the phone. Very understanding of additional needs and clear with instructions.”

“Validated my difficulties and my feelings.”

“The team were very caring and understanding.”

“The person that dealt with me was very patient.”

“Very helpful... it’s a road to recovery and I felt very supported.”

In terms of areas of dissatisfaction, waiting times were an area of concern:

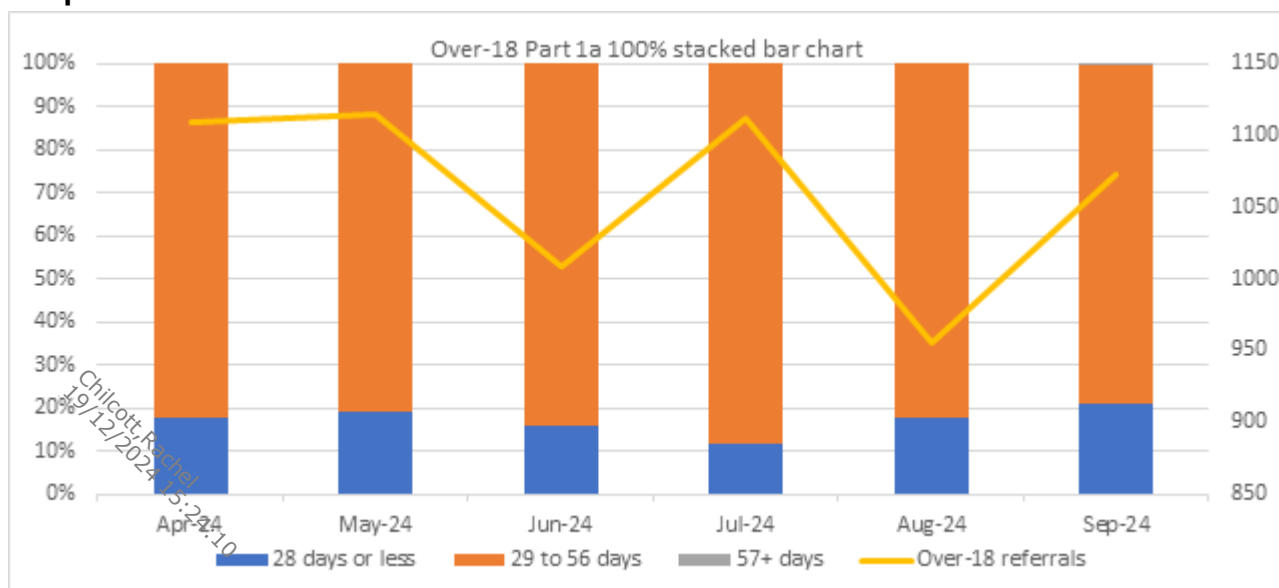
“Shorter waiting time.”

“Wait time to see someone for an appointment is way too long.”

Actions to restore compliance:

Additional staffing resource is required. 2.0 WTE band 6 practitioner positions are in the process of recruitment, 1.0 WTE addition position is in post. A secondment has been advertised and recruited to following a career break, 3 staff are on long-term sick.

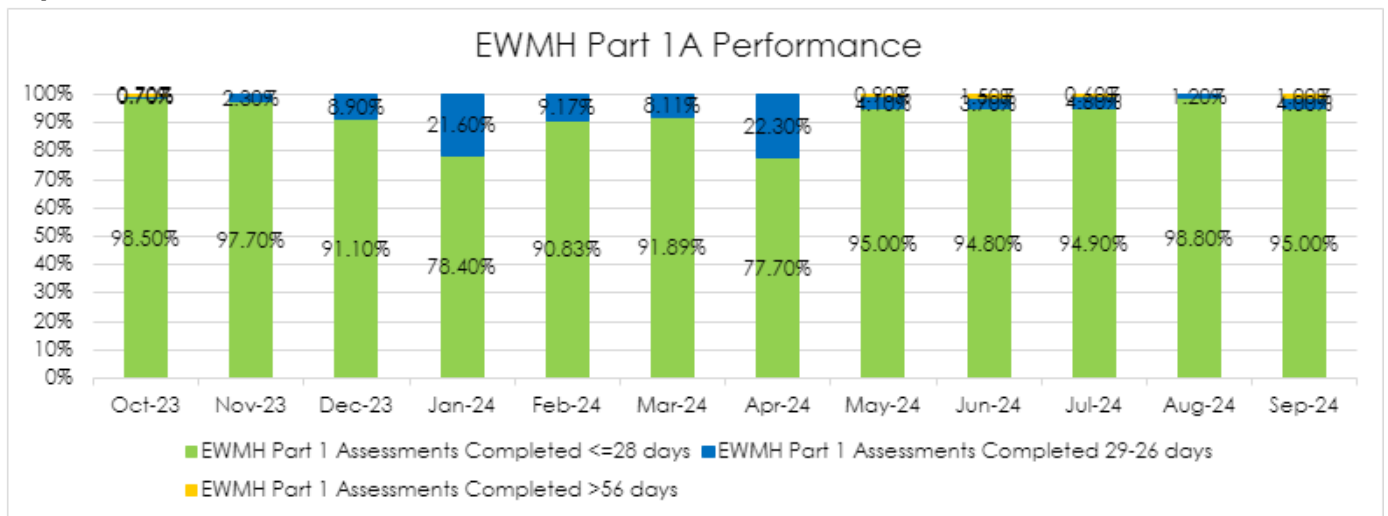
Graph 1:



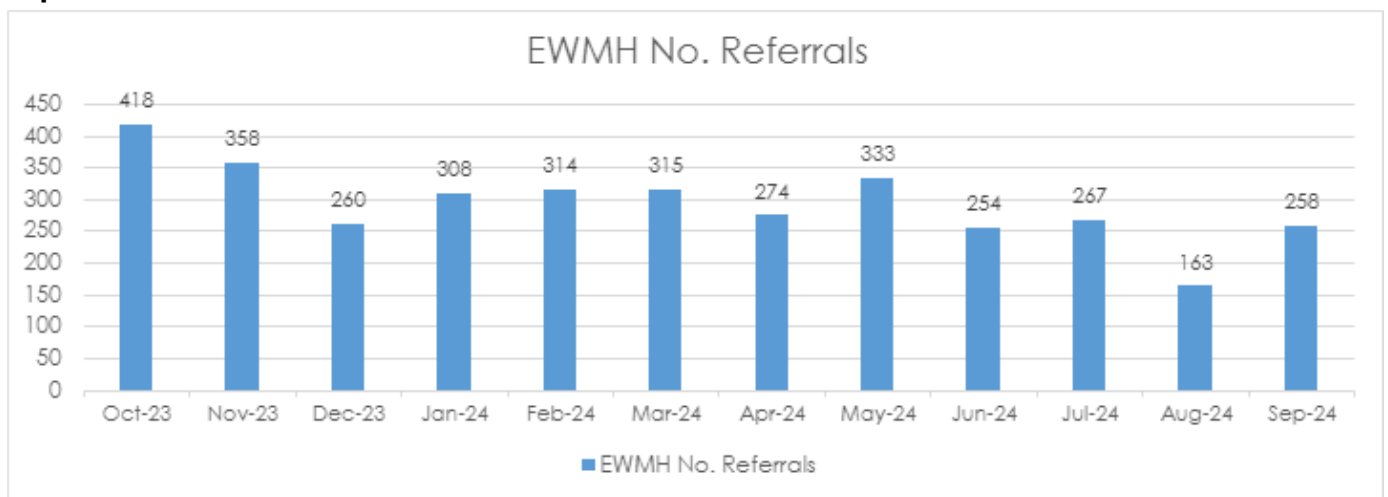
Part 1a – target: 28-day referral to assessment compliance target of 80% (Children & Young People)

Compliance has been maintained and exceeded for all months in the past quarter. The establishment of the Assessment Team continues to support the service in providing sufficient capacity to meet incoming demand and the average wait for assessment currently fluctuates between 3-4 weeks.

Graph 2



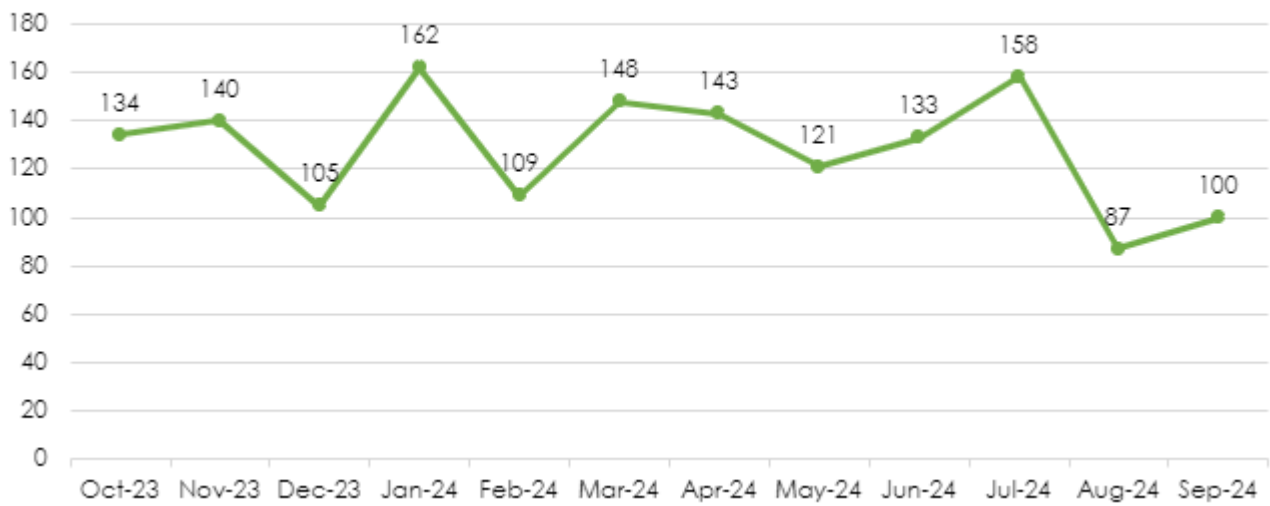
Graph 3



Graph 4

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EWMH - No. Part 1A Assessments



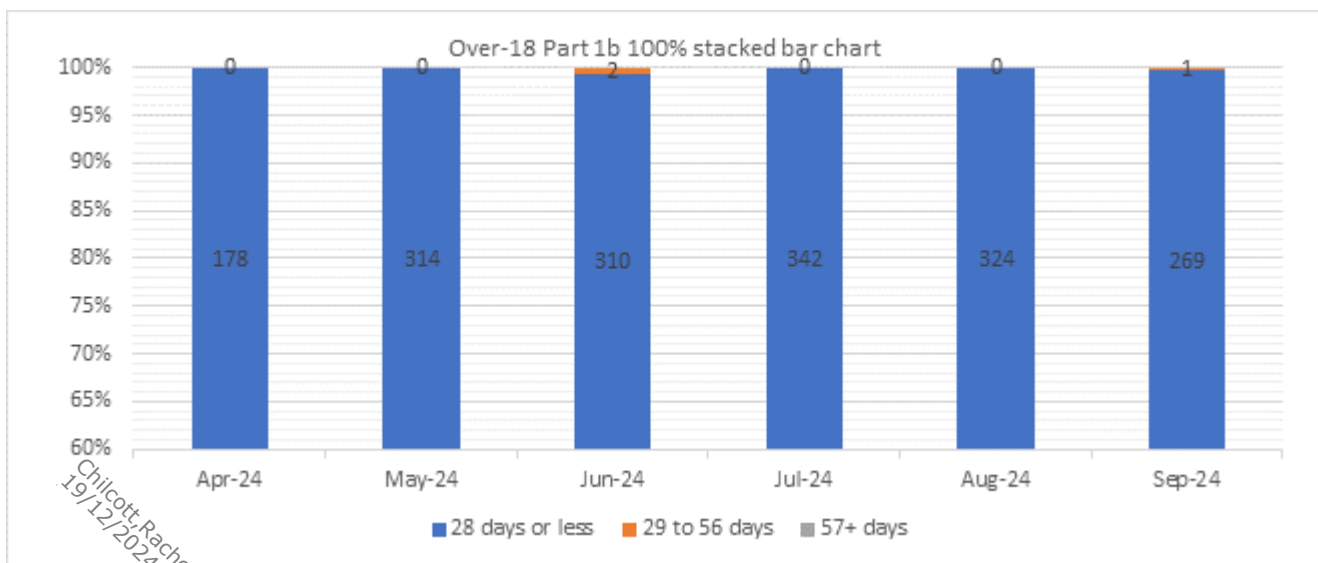
Part 1b – 28 day assessment to intervention compliance target of 80% (Adult)

Part 1b remains compliant (Graph 5). The same professionals delivering Part 1a assessments also deliver the interventions in Part 1b.

The PMHSS team continue to deliver group interventions for:

- Living Life to the Full
- Behavioural Activation
- ACT for Wellbeing

Graph 5:



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

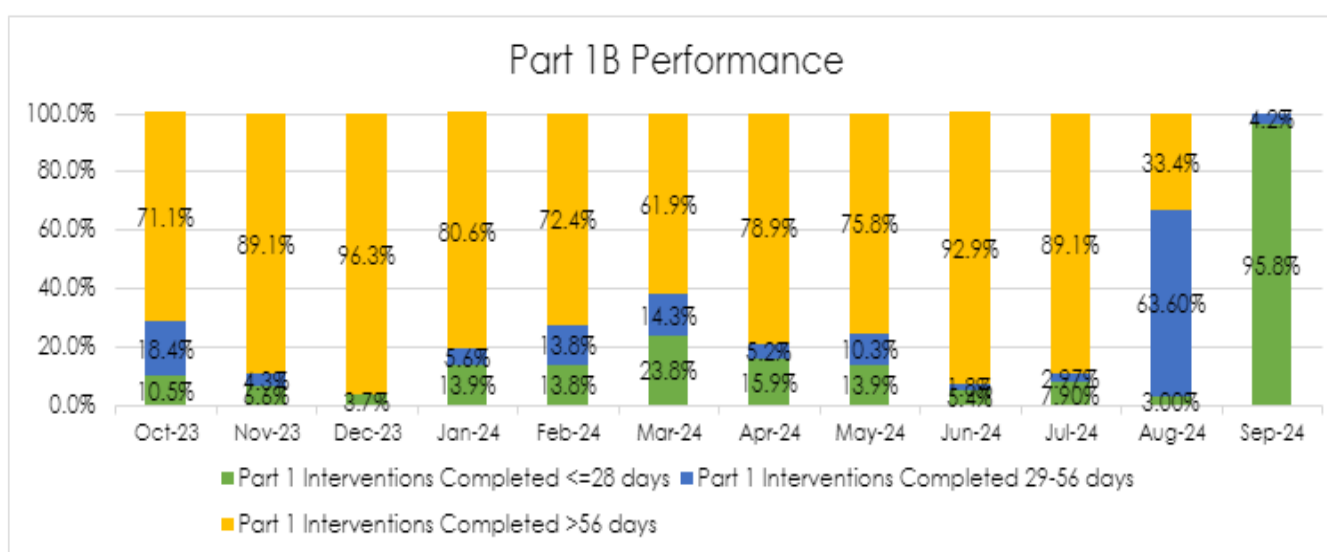
Significant work has been undertaken over the last quarter to reduce the waiting list and achieve compliance with the Part 1b target.

The service has thoroughly embedded the psychoeducation offer with supporting connection appointments and access to informative and helpful modules and this offer is continuing to evolve. Additionally, a large number of groups have been run through the summer period offering CYP access to both intervention support and peer support. The group offer continues to evolve, and we have a number of new groups coming online in the next quarter.

The service is in the final stages of the onboarding process for Silvercloud "refer in" service for online CBT and this is planned to launch December 1st.

Ongoing weekly monitoring is in place to ensure compliance is maintained and wider work on managing capacity and demand for direct 1:1 intervention is underway.

Graph 6



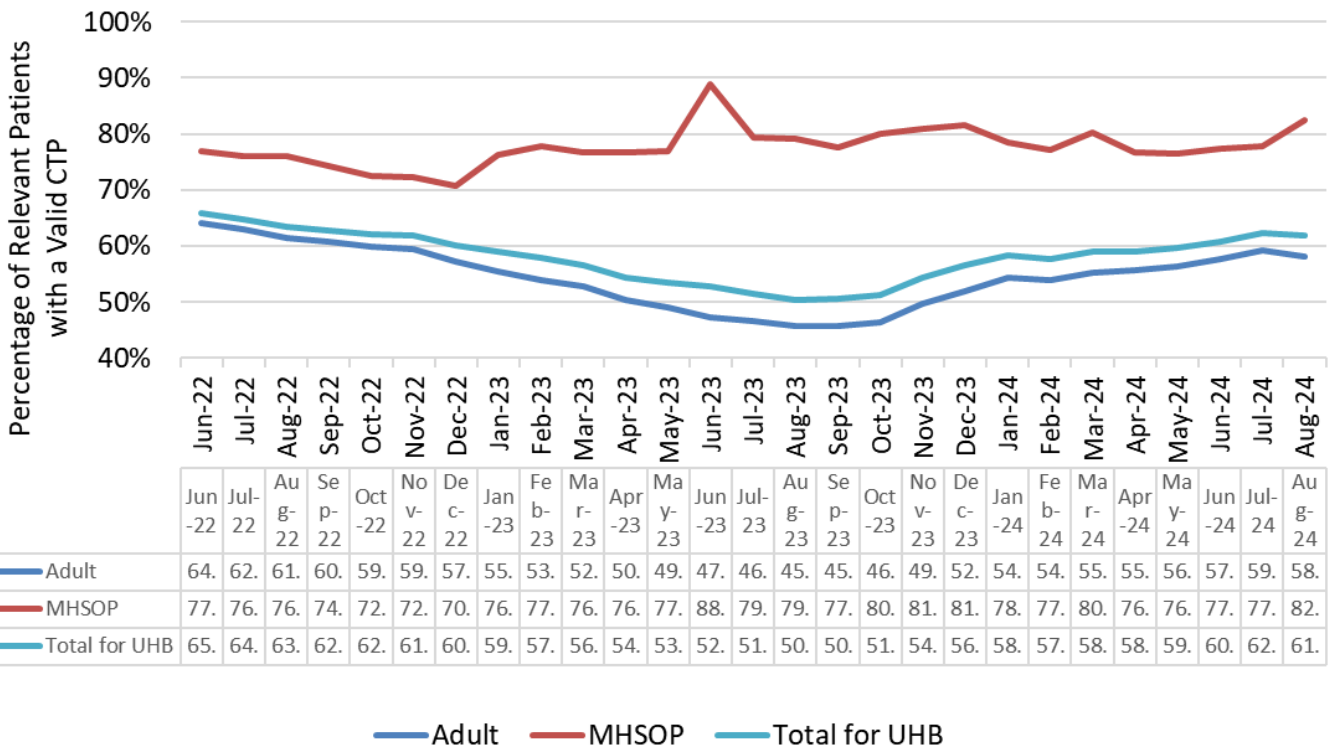
Part 2 – Care and Treatment Planning (over 18)

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

Graph 7

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Mental Health Measure Part 2 by Service



There has been a slight reduction in overall compliance with Care and Treatment Plans in September 2024 due to a small reduction in Adult compliance, which is outside of the trajectory of improvement since October 2023.

The Recovery And Maintenance Programme (RAMP) Protocol is being implemented but there is currently limited PARIS development time to implement this electronically to demonstrate impact. The RAMP Protocol is designed for service users who only see a single clinician and where they cannot be discharged due to limits of provision in primary care (such as for medications where there is no shared care agreement). The expected benefits for compliance will be that this will create the first provision in line with the Measure for 'Stable Severe' service users. The benefit for service users will be that their care will continue to be delivered, Part 3 rights will be protected, access to usual services such as the CMHT Duty worker will continue and all letters to the GP from the Outpatient Clinic are mandated to be sent to the service user.

When there is an electronic pathway, we expect to see large numbers transferring onto RAMP and consequently seeing an improvement in the performance.

Second to this there are conversations with a Community Mental Health Summit about providing both an ADHD Primary Care pathway and a Stable Severe pathway within Part 1. Both will required close engagement from the Local Medical Committee, the UHB, the Delivery and Assurance Unit and the NHS Executive. A recent stakeholder meeting with third sector agencies, service user representatives, Lived Experience professionals and carers was supportive of the transformation of care.

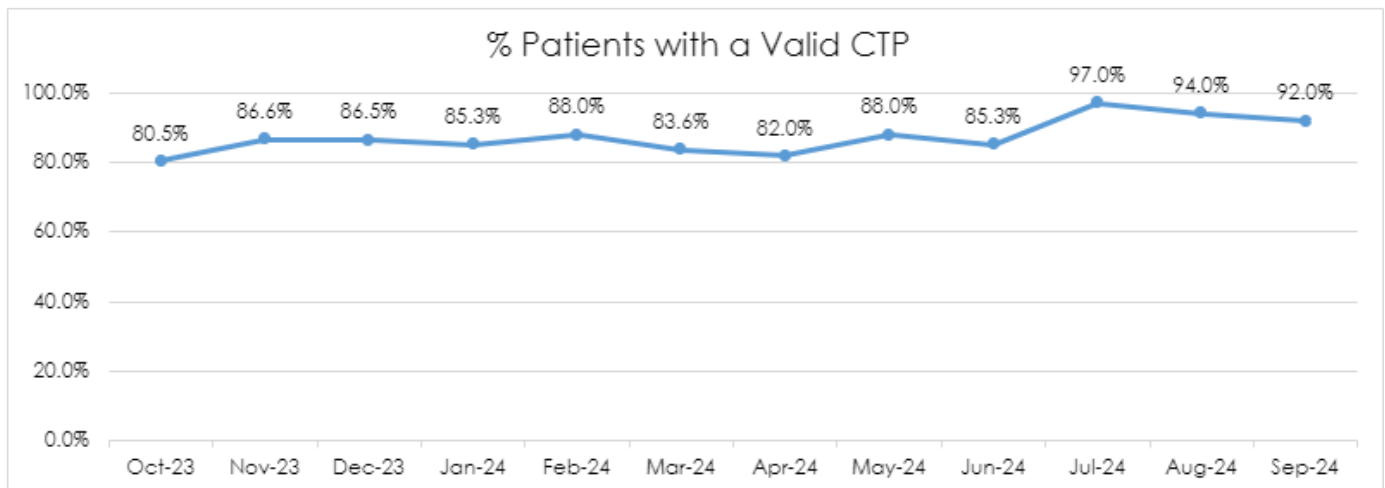
The Recovery and Wellbeing College course *Care and Treatment Planning* has running on the Adult Inpatient Wards, with Maple Ward having 25 attendees including all patients and staff on duty. This course has been developed with the Delivery and Assurance Unit and Health Education Improvement Wales (HEIW), Social Care Wales and co-produced with staff, service users and carers in the usual manner.

Actions to Improve Compliance:

- Care and Treatment Planning courses run across Inpatient Units
- RAMP protocol roll out
- Ongoing work in Community Summit towards Stable Severe and ADHD provisions
- Monthly directorate performance meetings with Integrated Managers with focus on Part 2 and 3 compliance.

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

Graph 8



Compliance has been achieved and maintained this quarter. Challenges remain re engagement from CYP in the process due to the adult focus of the process and paperwork. This has been escalated to NHS Executive as a required action on the National CAMHS development workplan (awaiting further update on next steps).

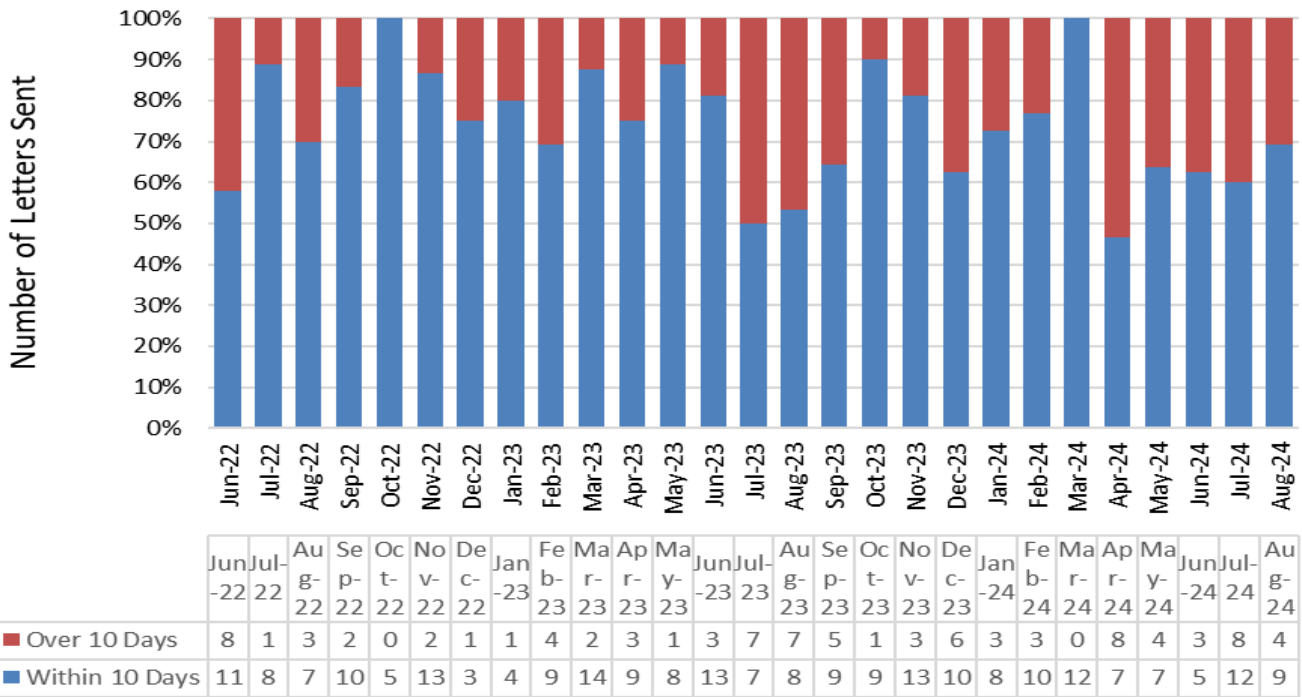
Part 3 - Right to request an assessment by self –referral.

The target relates to service users who have self-referred, having a confirmation letter regarding the outcome of their assessment within 10 days. Graph 9 details our compliance of the target time of within 10 working days for an assessment outcome letter to be sent to the patient.

Graph 9

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Outcome Letters Sent



	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Over 10 Days	8	1	3	2	0	2	1	1	4	2	3	1	3	7	7	5	1	3	6	3	3	0	8	4	3	8	4
Within 10 Days	11	8	7	10	5	13	3	4	9	14	9	8	13	7	8	9	9	13	10	8	10	12	7	7	5	12	9

The Adult and Older people’s directorates have dedicated time with the Mental Health Clinical Board to explore the various issues contributing to volatility of the target. New processes have been developed including performance meetings with Integrated Managers in the Adult Directorate, process mapping in Adult and MHSOP and reporting on every compliance breach in services to the Mental Health Clinical Board for assurance,

The MH PARIS Team have developed a report on local team performance, this has been shared with team leaders with a clear expectation for improvement.

Reasons for breaches in the last month were due to:

- Referral from 111 Press 2 recorded as a Part 3 request
- Onward and immediate referral to Crisis Services who responded and allocated but did not send a response letter
- using the wrong casenote type in PARIS electronic record
- patient passed away shortly after referral
- ongoing assessment.

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

100% compliance but committee asked to note that funding concerns raised nationally by advocacy services due to IMHA pay rates not rising with cost of living.

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

Part 1: Recruitment increasing staff numbers above funded establishment to meet demand.

Part 2: Ongoing performance management and RAMP roll out

Part 3: Monthly performance management and implementation of process mapping.

Part 4: Continues to be 100% compliant with ongoing progress.

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/Exec	Date:

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MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE HELD AT 3 PM ON 8th OCTOBER 2024 MENTAL HEALTH ACT OFFICE AND VIA TEAMS

Present: Jeff Champney-Smith Chair, PoD Group

Liz Singer - Vice Chair, PoD Group

Alex Nute - PoD member

Wendy Hewitt-Sayer - PoD member

Alan Parker - PoD member

Gerrie Hughes – PoD member via TEAMS

Mike Lewis – PoD member

Margaret Jones – PoD member

Dr John Copley – PoD member via TEAMS

David Seward – MHA Manager

Wendy Hewitt-Sayer - PoD member

Peter Kelly – PoD member

Amanda Morgan – PoD member

John Owen – PoD member

Apologies for absence

Mair Rawle - PoD member

Professor Ceri Phillips - Vice Chair, Cardiff and Vale Health Board

Rashpal Singh – PoD member

1. Welcome and Introductions - The meeting was held in the MHA office and via Teams and the Chair welcomed all to the meeting. There were no new members. The Chair provided an update on PoD members. Good wishes were sent to Mary Williams and Mair Rawle. It was noted that Sarah Vetter was having a sabbatical to visit family in New Zealand.

2. Apologies - Apologies were received and noted.

3. Members points for open discussion

Amended Minutes – there was a short discussion on the amended minutes that the Chair and MHA Manager had redrafted. They had removed all sections that were unnecessary. Although the revised minutes had been circulated to all PoD members it appears that not everyone had received these. After discussion it was agreed that the minutes would be further amended to incorporate drop down menus and headings in bold. It was noted that this was a work in progress and would be further discussed at the next business meeting. **Action MHA Manager/Chair/All PoD members**

4. Minutes of Meeting held on 9th July 2024 - The minutes were confirmed as an accurate record of the meeting.

5. Matters Arising

PoD cancellation fee – it has been agreed that panel members can claim 50% of the fee when a Hearing is cancelled/postponed within twenty four hours of it being held.

RC not attending a Barring Hearing – the issue had been raised at Mental Health Legislation and Governance Group by the Chair. It would appear that there had been a series of miscommunication between the MHAct office and the RC.

Barring Hearing – there had been further discussions on Barring Hearings in light of recent legal advice. The advice suggested that the Nearest Relative should be excluded from proceedings if the patient does not wish them to be present. **Action -MHA Office to confirm this advice**

6. Operational Issues

Laptop upgrade – the MHA Manager advised PoD members to upgrade to windows 11 when prompted to do so. Any difficulties contact the office. On some occasions it has been necessary to re-install Libra. **Action – all PoD members**

Least restrictive – at a recent hearing the panel had been advised by the RC that “least restrictive” option applied only to the Mental Capacity Act. The panel are asked to note that “least restrictive” is a guiding principle within the MHA Code of Practice. The MHA Manager agreed to speak with the RC. **Action- MHA manager**

7. Lessons Learnt – the PoD discussed a recent case that was both a barring and a renewal. The case was complex, made more so by the need for an interpreter and that it was a hybrid hearing i.e. both face to face and via TEAMS. The Nearest relative required an interpreter and her son (i.e. the patient’s brother) was present on TEAMS with her. There was a discussion on whether it was appropriate for a family member to be present at the Hearing without the express consent of the patient. Also, whether it was appropriate for a family member to act as an interpreter in such circumstances. It was noted that the PoD handbook was due to be updated and a section on interpreters would be included. The MHA Manager was unsure as to whether a nearest relative was eligible for an interpreter to be provided by the service. The Chair agreed to raise at the Mental Health Legislation and Governance Group. **Action – Chair and Vice Chair.**

8. MHA activity – Activity reports were provided for the periods July to September 2024 for both Hospital Managers and Tribunals. The contents of the reports were noted with the following issues highlighted: -

- There were still a high number of adjournments for both the Tribunal and the Hospital managers
- After seeing an increased representation by advocacy at Hearings in the last quarter this had fallen again
- There had been two Nearest Relative requests for discharge in the last quarter and the patient had been discharged
- The number of patient’s discharged from section prior to a hearing remains highlighted

9. Comments/compliments

- **July – September 2024** – the responses to the comments were noted. The response to item 7 was discussed and not felt to be a true reflection of the situation that had prevailed. It was noted that on occasions nursing staff are sent to the Hearing without adequate time to prepare. Chair agreed to raise at Mental Health legislation and Governance Group. **Action – Chair**
- **Annual Report** – the content of the report was noted.

10. Committee and Sub Committee feedback: the minutes from these meetings were attached. The Chair had nothing further to add.

11. Training – It was noted that training on the Rehabilitation Service delivered by Dr Fergus would follow on from the meeting.

12. Any other business

- **MHA office digital/paperless** – the MHA Manager advised that a new paperless process had been implemented within the office with the exception of the pink statutory documents. Also, electronic/digital signatures can now be used on all documents, both statutory and non-statutory.

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- **Succession Planning** – the Chair explained that the time had come for him to step down having led the group through what had been a difficult time. He has spoken to all PoD members and only Amanda had indicated a willingness to take on the role. The vice -chair agreed to step down to allow Amanda to take on this role in the interim before taking over from the Chair. This was agreed as a way forward.

There was a short presentation to Bianca who has moved on to a new role. The Chair, on behalf of the PoD, wished her every success in her new role. There was no further business and the meeting closed.

Date and time of the next meeting 14th January 2025 3pm Hafan Y Coed

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GIG
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WALES

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

Minutes of the Mental Health Legislation and Governance Group held at 10:00 on 11 October 2024 via Microsoft Teams

Present

Robert Kidd	(Chair) Consultant Psychologist
David Seward	Mental Health Act Manager
Elizabeth Singer	Vice Chair, Power of Discharge Group
Ceri Phillips	Vice Chair, Cardiff & Vale University Health Board
Claire Thomas	South Wales Police Representative
Gemma Moeller	South Wales Police Representative
Gemma Lewis	Service Manager Adult MH, Cardiff LA
Gwilym Griffiths	Service Manager, Crisis, Psychiatric Liaison & Community MH Services
Rebekah Vincent Newson	DoLS Lead
Kelle Al-Shayei	Shift Coordinator Representative
Casey Keegans	Shift Coordinator Representative
Chris Frayne	Senior Nurse for Low Secure & Specialist MH Services
Jayne Jennings	Senior Nurse for Inpatients
Claire Ward	Consultant Social Worker AMHP/DoLS
Demi Barnard	Team Leader, Advocacy Support Cymru
Samantha Kennedy	Integrated Team Manager, MHSOP
Sunni Webb	Service Manager, Inpatients & Rehab

Apologies

Linda Woodley	Operational Manager MH, Vale of Glamorgan LA
Noel Martinez	Lead Social Worker, Vale LA
Alex Alegretto	Advocacy Support Cymru Manager
Andrea Sullivan	Senior Nurse, Education, Quality, safety and Patient Experience
Rebecca Lendon	Consultant Representative
Tara Robinson	Deputy Director of Nursing MHCB
Callista Hettiarachichi	CAMHs Representative
Chloe Evans	Mental Capacity Act Project Lead
Matthew Russell	Operational Manager MH, Cardiff LA
Beth Evans	Emergency Duty Team Service Lead

1 Welcome and Introductions

The Chair welcomed everyone and introductions were completed.

2 Apologies for absence

Apologies were noted.

3 Minutes of meeting held on 11 July 2024

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

4 MHA Activity

The MHA Monitoring report was gone through by the MHA Manager who noted most of the activity remained stable this quarter. There was one use of Section 4, the last one being in March 2024 and about 12 months previous to that. Section 2 had slightly increased this quarter by 10 compared to last quarter. The use of Section 62 emergency treatment had noticeably increased last quarter at 38 but are back down to 24 which is average for a quarter. There has been an increase in the use of Section 136s for those under the age of 18 years old but it was recognised that this was largely due to two service users repeat presentations. The number of uses for all ages has also increased but having taken account of the increase in CAMHs the usage is within the expected range. There was one lapse of the Section 136 due to the patient not being fit for assessment. There were 15 voluntary assessments this quarter – the SWP Representative asked whether we keep a log of all voluntary assessment as they only hear about them when SWP complete the monitor form which they should for all but don't. MHA Manager advised we keep a log of the ones we get and will share this data with SWP within the monthly audit we do.

Action - MHA Manager to include voluntary assessments in monthly audit.

Action – MHA Manager to liaise with Crisis services re: voluntary assessments

The exception report picked up the following that occurred within the last quarter:

There were no fundamentally defective applications but two fundamentally defective Section 5(2) reports due to the form not being formally furnished to the Hospital Managers and they were kept in the patients notes. There were also 2 lapses, one Section 5(2) was due to the AMHP service not being contacted prior to the weekend and called again the morning the 5(2) expired – the patient was assessed but it started 15 minutes after the expiry so is still recorded as a lapse. The Service Manager Adult MH, Cardiff LA advised that sometimes the AMHP service isn't notified when there is a Section 5(2) and the RC should be reviewing the patient before calling a MHA assessment.

Action- MHA Manager to discuss with RC's re: 5(2) reviews

The other lapse was a Section 2 that an assessment had been completed but due to it being a complicated assessment the AMHP wanted more information and time to make a decision so the Section 2 lapse and a Section 3 application was made the next

day. The MHA Manager assured those present that the MHA intranet page is up to date and accurate so far as advice for clinician's considering the use of the MHA and working in non-mental health areas. Staffing issues within the MHA office have not so far allowed staff to visit non-mental health areas to provide training. The MHA office do continue to provide regular training both face to face and virtually for staff across the Health Board. Audits of both the wards and the community mental health teams continue to be done on a rota basis and wards that have had medication errors are inspected again to ensure instructions and guidance are being adhered to.

The rise in nearest relative discharge requests was discussed as the Mental Health Legislation and Mental Capacity Committee asked the MHA Manager to include these figures in the MHA Exception report. Figures go from January 2023, where we have had 16 requests since then. CaV is the only Health Board that is experiencing this increase and the MHA Manager noted that this wasn't a bad thing but good that nearest relatives know their rights under the MHA.

The Consultant Social Worker AMHP/DoLS commented that they have avoided some discharge requests due to talking them through why a Section 3 is needed etc as this has been done by the RC. The Vice Chair, Power of Discharge Group supported this view from hearings that there had been a breakdown in communication with the relatives and the wards/RC. It was also noted that the criteria for barring 'dangerousness' wasn't defined in the MHA so is difficult to evidence in reports and at hearings.

5 Matters for Action

Action log-This will be updated and sent separately.

6 Feedback on operational issues and incidents

There remains question surrounding people being admitted to psychiatric services on an informal basis and their capacity to make this decision. There has been no further meetings around the issue of locked doors but it will stay on the agenda as a point.

The Section 140/ bed management procedure has been approved at CDOG (Controlled Document Oversight Group) and is out for 28-day consultation. Representatives for MHSOP want to insert some information about REACT and this should be able to be done without going back through consultation.

There hasn't as yet been any operational situations where Section 140 has been quoted although AMHP's have been thinking about the potential impact.

7 Feedback from other meetings:

Vale of Glamorgan LA - There was no feedback provided.

Cardiff LA - The issue was raised of doctors completing single medical recommendations and then leaving them either on the ward or in MHA office and not being available for discussion, which doesn't make for a good MHA assessment and it's not best practice and is not in line with the spirit of the MHA or CoP. It was noted that after one assessment where the AMHP and S12 doctor decided the MHA wasn't the appropriate legal framework for a patient, the RC wanted another MHA

assessment to take place but unless there is new information or a change in circumstance, the law doesn't permit the AMHP to undertake a new assessment and the RC was very rude to the AMHP involved.

A meeting is being arranged between CAMHs with the Consultant Social Worker AMHP/DoLS, Cardiff LA and the MHA Manager to discuss the s117 issue.

South Wales Police - No feedback or adverse incidents to be discussed.

Advocacy – They continue to struggle to attend ward rounds with service users due to ward rounds happening at seemingly short notice and with no regular pattern. It was noted that other MDT members are also struggling with the unpredictability of ward rounds.

Action- Lead Nurse, Adult MH to contact the Clinical Director to try and get a firmer time table.

Advocacy noted they've had the lowest number of referrals and are trying to combat this with offering free awareness training sessions with ward staff. Part of the issue stems from MHSOP RC's not understanding the IMHA's role and when it's appropriate to refer a patient for Advocacy. Advocacy are struggling to engage with the MHSOP RC's - the MHA Manager advised he would send the Clinical Director's details.

Action – MHA Manager to liaise with Advocacy and CD, MHSOP.

8 Power of Discharge Group comments, compliments and feedback

The Group had training from Dr Katie Fergus about rehab services. They continue to discuss barring hearings as these give the group the greatest challenges. Succession planning was discussed as originally the MHA Reform indicated it would remove the Power of Discharge Group and due to Covid, Jeff the Chair and Liz the Vice Chair have been in post longer than usual. Amanda Morgan has indicated an interest in becoming the Chair and in order to facilitate this, Liz will step down as Vice Chair and allow Amanda to shadow Jeff in readiness to take over.

A comment on attachment 6 was noted where, a nurse had arrived late to a Managers Hearing as they had been told to go that morning - they had been given the report and told to speak to it at the hearing which is not good practice for the patient or the Hospital Managers. Good practice is where the nurse has spoken at length to the patient and can offer that view as long as their own professional view.

Hospital Managers want to be advised that they will never decline a request for newly qualified staff to observe a hearing if it will help them give evidence at a future hearing. It was noted that due to some high turnover of patients of wards and staff rota's that a primary nurse might not be available when a Managers Hearing takes place as nurses aren't asked of their availability so it does fall to whoever is on shift however, nurses should read the report prior to a hearing.

Care and treatment plans persist as a problem in that the care provided to patients is not being reflected in the written care plans provided to the Hospital Managers and this devalues the work that staff are giving. WARRNs are still an issue also.

The Senior Nurse for Inpatients discussed that a lot of information was held in the nursing intervention plan and they have made wards aware that a CTP is required although it is difficult to make it meaning if they're on Cedar and new to services where ward staff would have only known them a very short amount of time.

Thanks was given to Elizabeth Singer for her commitment to the Power of Discharge Group over the years.

9 External reviews

Healthcare Inspectorate Wales recently visited two of our wards. Written feedback has been received and the MHCB is drafting its response. It was noted two actions relate to the functioning of the MHA that have now been addressed. Risk assessments for Section 17 leave were also noted to be missing by Healthcare Inspectorate Wales. It was confirmed that printed out risk assessments are not mandated by the CoP and that the regular printing of documents can lead to more wastage within the Health Board.

The NHS Exec has started an inpatient safety programme that will look at issues around ratio of formal/informal patients in hospital.

10 Interface MHA/MCA/DOLS

The Mental Capacity Act Project Lead sent an update due to not being able to attending the meeting-

MHA/DoLS guidance in progress, awaiting review by working group before being shared more widely for feedback. The plan is to provide training to coincide with the release of the guidance; this will be delivered by an independent external provider.

Concerns around delays to DoLS authorisations due to limited resourcing of the team. This has been added to the Safeguarding Risk Register and funding has been identified to address the backlog of assessments; with increased assessment capacity provided for until the end of the financial year. Currently looking to identify a longer-term solution to increase assessment capacity and MCA Project Lead and DoLS Team Manager working together to identify any ways to streamline the DoLS processes within the UHB.

The Consultant Social Worker AMHP/DoLS, Cardiff LA noted that there may be an increase for demand when this guidance gets circulated as there appears to be people on general wards that are under the MCA that should be under the MHA but there are a limited number of beds on MHSOP ward and this will impact the treatment given to patients if detained on a general ward as a resource issue.

11 Quality indicators and audit activities

Nothing to note.

12 Any other business

Supreme Court Worcestershire v Swindon Judgment will be a standing item as there is no legal update but HB's and LA's are still confused with the implications. England

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have issued guidance around Section 117 but Wales hasn't as yet and it is hoped they will soon.

There are issues between the HB and LA where LA will be responsible for Section 117 but unable to record a referral on PARIS due to the HB not being responsible. This issue is being looked into.

No update on the MHA Reform.

Representative from EU department queried whose responsibility it was to ask for an extension for a 136 patient and whether police have a duty to stay with the patient if the 136 has lapsed due to not being medically fit. SWP Representative confirmed it was the RMP responsibility to extend the s136, not police however, police should prompt to ensure that it doesn't lapse.

13 Date of future meetings

16th January 2025

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19/12/2024 15:24

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
<u>To be removed</u>	117 knowledge gaps in CAMHS LA teams	Re-start discussions with CAMHS LA for training to be scheduled in	CW/DS/CH
	Sentenced prisoner being detained in HYC	Chair to liaise with Clinical Board about reaching out to Prison service re: review of incident	RK
<u>Revised below</u>	Patients being detained in A&E	MHA Manager to liaise with Senior Nurse, Crisis and Clinical Board about detaining patients in A&E	DS
<u>To be removed</u>	Number of 136 assessments from EDT	MHA Manager to liaise with EDT Leads and confirm number of 136 assessments in last quarter.	DS/BE/GL
<u>To be removed</u>	Section 5(2)'s in UHW being completed on English forms	MHA Manager to create and disseminate posters/flowchart to wards in UHW to mitigate wrong forms being used.	DS
	SPRs not calling on call consultant if they aren't available for assessments	Chair to raise the issue with Assistant Clinical Director to remind SPRs of the agreement and duty to call on call consultant Lead Nurse, Adult MH to advise shift coordinators for an extra reminder	RK/EM RR
	RC's completing and leaving single medical recommendations on ward/MHAO	MHA Manager to collate data and send to both LA once we have enough data to collate	DS
<u>To be removed</u>	RC didn't attend NR barring managers hearing	MHA Manager to investigate and liaise with Lead Nurse, Adult MH.	DS/RR
<u>To be removed</u>	Does S17 leave need a printed risk assessment attached to it	MHA Manager to look in the CoP and feedback.	DS
	Bed management/s140 policy	Has been approved by CDOG and is in the final 28-day consultation process	SW
	Locked doors – do informal patients know their rights	Lead Nurse, Adult MH advised information leaflets are being created. Update at next meeting	RR

Chloë Rachel
 19/12/2024 15:24:10

	Advocacy continues to struggle to support clients at ward rounds as timetable isn't being adhered to	Lead Nurse, Adult MH to discuss with Clinical Director to establish a firmer timetable for all.	RR/PY
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ACTIONS FROM THIS MEETING – 11th October 2024

STATUS	SUBJECT	AGREED ACTION	ACTION BY
	Patients being detained in A&E	Senior Nurse, Crisis and Service Manager, Crisis completing SOP with EU Department	GG/JW
	Voluntary assessments figures	MHA Manager to liaise with Crisis Team re: figures and include in monthly audit to SWP	DS
	RC's reviewing s5(2) before AMHP being called	MHA Manager to raise at MAC and remind RC's.	DS
	Advocacy providing awareness sessions in MHSOP	MHA Manager to liaise with Advocacy and CD, MHSOP	DS/DB/AC

Chilcott, Rachel
19/12/2024 15:24:10