






## Mental Health Act Monitoring Committee

04 March 2020, 14:00 to 15:30  
Headquarters, St Cadoc's Hospital

### Agenda

<b>1.</b>	<b>Preliminary Matters</b>	15 minutes
<b>1.1.</b>	<b>Welcome and Introductions</b>	Verbal Emrys Elias
<b>1.2.</b>	<b>Apologies for Absence</b>	Verbal Emrys Elias
<b>1.3.</b>	<b>Declarations of Interest</b>	Verbal Emrys Elias
<b>1.4.</b>	<b>Minutes of the Meeting held on 17 October 2019</b>	Attachment Emrys Elias
	 1.4 MHAMC Minutes 17.10.19 (approved EE).pdf	(6 pages)
<b>1.5.</b>	<b>Action Log of the Meeting held on 17 October 2019</b>	Attachment Emrys Elias
	 1.5 Action Log 17.10.19.pdf	(1 pages)
<b>2.</b>	<b>Governance Matters</b>	5 minutes
<b>2.1.</b>	<b>Annual Report and Committee Effectiveness Review</b>	Verbal Richard Bevan
<b>3.</b>	<b>Agenda Items</b>	45 minutes
<b>3.1.</b>	<b>Mental Health Act Update</b>	Attachment Sarah Cadman
	 3.1a MHA Update Report MHAMC March 20.pdf	(3 pages)
	 3.1b All Wales MHA Benchmarking report Oct-Dec19.pdf	(14 pages)
	 3.1c Glossary of Terms.pdf	(3 pages)
<b>3.2.</b>	<b>Power of Discharge Sub-Committee Update</b>	Attachment Sarah Cadman



3.2 PODSC Update Report MHAMC March 20.pdf

(5 pages)

**3.3. Committee Structure Diagram**

Attachment  
Chris O'Connor



3.3 Committee and Meeting Structure  
24.02.20.pdf

(6 pages)

**4. Final Matters**

5 minutes

**4.1. Items for Board Consideration**

Verbal  
Emrys Elias

**5. Date of Next Meeting**

**5.1. Thursday 4 June 2020 at 2.00pm in the Executive Meeting Room,  
Headquarters, St Cadoc's Hospital, Caerleon**

## **ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

### **Minutes of the Mental Health Act Monitoring Committee held on Thursday 17 October 2019 at 2:00pm in Executive Meeting Room, Headquarters St Cadoc's Hospital, Caerleon**

#### **Present:**

Emrys Elias	- Vice Chair (Chair)
Katija Dew	- Independent Member
Frances Taylor	- Independent Member

#### **In Attendance:**

Dr Chris O'Connor	- Divisional Director for Mental Health and Learning Disabilities
Ian Thomas	- General Manager, Mental Health and Learning Disabilities
Sarah Cadman	- Head of Quality and Improvement for Mental Health and Learning Disabilities
Dr Dave Williams	- Divisional Director – Family and Therapies
Rhiannon Jones	- Director of Nursing
Rona Button	- Corporate Services Manager (Secretariat)

#### **Apologies:**

Richard Bevan	- Board Secretary
Nick Wood	- Executive Director of Primary, Community and Mental Health Services
Dr Kavitha Pasunuru	- Clinical Director, Child and Adolescent Mental Health

#### **MHAMC 1710/01 Welcome and Introductions**

The Chair welcomed members and guests to the meeting.

#### **MHAMC 1710/02 Apologies for Absence**

Apologies for absence were noted.

#### **MHAMC 1710/03 Declarations of Interest**

There were no Declarations of Interest in relation to items on the Agenda.

#### **MHAMC 1710/04 Minutes of the Meeting held on 11 April 2019**

The Minutes were agreed as a true and accurate record of the meeting held on 11 April.

The Committee was provided with an update on two items contained within the Minutes:

**MH&LDC 1104/08 Mental Health Act Managers Update** – it was reported that one of the three new Mental Health Act Managers recruited recently had decided not to take up their position.

**MH&LDC 1104/09 Key Risks and Issues** – the Committee was advised that support for the ePEX system, currently in use within the Mental Health and Learning Disabilities Division, would continue until the end of December 2020.

**MHAMC 1710/05 Action Log of the Meeting held on 11 April 2019**  
The Committee agreed the actions from the previous meeting.

**MHAMC 1710/06 Revised Terms of Reference**  
The Committee discussed the revised Terms of Reference in depth and one required change was noted on page 5, within Section 6, Membership and Partnerships. The sentence would be amended to read: However, will not be a formal member of the Committee, but the expectation is that the Director or deputy will be in attendance at all Committee Meetings, but **not** count toward a quorum. **ACTION: Board Secretary/ Secretariat**

The Committee questioned where other aspects of the Division were scrutinised and reported, and it was questioned whether or not these items were relevant for this committee. It was agreed that the committee required a greater understanding of this. The Chair advised that he would be reviewing committees with the Chair of the Board in due course.

Some concern was raised about the amount of consideration mental health and learning disabilities received as a result of the Mental Health Measure that the Health Board had to comply with, and there was also a discussion about whether or not partner organisations should be invited to future committee meetings. The Chair agreed that the Terms of Reference would be amended again, and sent out to committee members for comment and approval prior to the next meeting in December. **ACTION: Chair, Board Secretary and Secretariat**

**Mental Health Act Practice Issues resulting from a Board Development Session to include:**

- **Section 140**
- **Hospital Conveyance**
- **Section 117 Aftercare**

Sarah Cadman went through the report in detail in respect of Section 140, Section 117 and Hospital Conveyance.

Section 140(a) - Emergency admissions were managed by the Crisis Resolution Home Treatment Teams (CRHTTs) until 10.00pm at which time these became the responsibility of a junior doctor based at County Hospital, and it was the responsibility of the clinicians to identify a bed for admission. Where none were available, well-established protocols were in place to manage the situation.

Section 140(b) - The duty to provide suitable accommodation for patients under the age of 18 was shared between Health Boards and the Welsh Health Specialised Services Committee (WHSSC), with WHSSC being responsible for the commissioning of dedicated mental health inpatient services (the facility was currently in Bridgend). In the meantime, Health Boards were responsible for admitting young people, on a short-term basis, until a bed became available in the Bridgend regional unit.

The Committee questioned whether or not out of area admissions were a problem for the Health Board, and the Division confirmed that this was not the case. It was accepted that the Children's Unit needed to be utilised correctly, as there had been some issues with WHSSC, resulting in some admissions lasting for 18 months. It was also noted that the length of stay had increased from 4 days to 17 days, and the Escalation Policy and Protocol had now been rewritten.

Section 117 - It was noted that the Health Board had significant opportunities to improve the management of Section 117 provision, commissioning and record-keeping in Gwent on a partnership basis. Further discussions were required to agree a Gwent-wide process for the decision-making relating to joint commissioning of Section 117 aftercare packages.

Chris O'Connor and Nick Wood had met with the

Directors of Social Services regarding continuing healthcare, and all representatives had agreed that the current system could be improved. A new way of working was being piloted in the Monmouthshire area (Frances Taylor declared an interest in this item because of the area under discussion).

The reasons for conveyance were described and the responsibilities for co-ordinating conveyance, but there had been concerns about the availability of the Welsh Ambulance Service NHS Trust (WAST) to convey people experiencing a mental health crisis to hospital in a timely manner.

A pilot had been developed within the Health Board for a conveyancing service, based in the Acute Mental Health Inpatient Unit, Talygarn Ward, County Hospital, Pontypool. This funded one driver who had access to a vehicle to assist in the conveyancing of patients detained under Section 136 of the Mental Health Act, or who had been assessed in the community for detention under the Act. In December, the pilot evaluation was considered by the Mental Health and Learning Disabilities Partnership Board, and all partners agreed to support the continuation of the conveyancing service. It was reported that conveyancing of patients was an issue across Wales and Welsh Government were currently looking into the service provided nationally.

#### **MHMAC 1710/08**

#### **Mental Health Act Update**

Sarah Cadman updated the Committee on the use of the Mental Health Act within the Division. Also included was benchmarking data across Wales for the period April 2018 to March 2019. It was noted that Abertawe Bro Morgannwg University Health Board and Cwm Taf University Health Board had changed boundaries since production of the report.

The Committee discussed the usefulness of the report in its current format and requested more descriptive narrative regarding what the Health Board is measuring against, and why results were the way they were. The Chair asked if it was possible for the Committee to see how the Health Board compared to a similar size organisation in England. In addition, service user experience and outcomes would be required, and a report which included more than just trends. It was agreed that in future the report should

be presented in a benchmarking format if possible, seeking out best practice. Chris O'Connor advised that peer mentoring was being developed and had been successful. **ACTION: Sarah Cadman and Ian Thomas**

**MHAMC 1710/09      Power of Discharge Sub-Committee Update**

Katija Dew updated the Committee on the work of the sub-committee. It was acknowledged that there was further development work to complete within the Group, and further support required from the Health Board. A piece of work was underway to reassess the group, and scrutiny of the systems in place was being carried out.

Specifically, in terms of administration, the group was concerned about the lack of clarity of hearings that were arranged and subsequently cancelled, and they also expressed difficulty in claiming expenses.

**MHAMC 1710/10      Health Inspectorate Wales (HIW) Annual Report regarding the Mental Health Act**

Sarah Cadman provided the Committee with information following the HIW Annual Report published in July 2019. It was reported that the majority of the issues in the report were Works and Estates related, and these had largely been resolved or were in hand.

Clear systems were now in place within the Division for the monitoring and escalation of issues which required input from the wider Health Board.

Jane Price had carried out tracking work with HIW, and the Division had been seen in a favourable light. The Committee extended its thanks to the Division.

**MHAMC 1710/11      Items for Board Consideration**

There were no items for Board consideration.

**MHAMC 1710/12      Any Other Business**

The Committee requested a structure diagram explaining how the committees within the Division linked up, and Chris O'Connor agreed to provide this.

**ACTION: Chris O'Connor**

Chris O'Connor advised the Committee that the new Divisional Nurse was Michelle Forkings, currently Head of Mental Health Nursing in Powys. Michelle Forkings

would be commencing employment within the Division on 2 December 2019.

**MHAMC 1710/13**

**Date and Time of Next meeting**

The next meeting of the Mental Health Act Monitoring Committee will be held on Thursday 12 December 2019 at 2.00pm in the Executive Meeting Room, Headquarters, St Cadoc's Hospital.

DRAFT



## Mental Health and Learning Disabilities Committee Action Log – 17 October 2019

(The Action Sheet also includes actions agreed at previous meetings of the Mental Health and Learning Disabilities Committee which are awaiting completion or are timetabled for future consideration by the Committee. These are shaded in the first section. When signed off by the Mental Health and Learning Disabilities Committee, these actions will be taken off the rolling action sheet.)

### Agreed Actions – 17 October 2019

Action Reference	Action Description	Lead	Progress
<b>MHAMC 1710/06</b>	<b>Revised Terms of Reference</b> Amendment required on page 5.	<b>Board Secretary/ Secretariat</b>	Complete. Amendment made.
	<b>Revised Terms of Reference</b> The Terms of Reference would be amended and distributed to committee members prior to the next committee meeting in December.	<b>Chair/Board Secretary/ Secretariat</b>	Complete. Terms of Reference have now been approved by the Board.
<b>MHAMC 1710/08</b>	<b>Mental Health Act Update</b> Future reports should be presented in a benchmarking format, seeking out best practice.	<b>Sarah Cadman/ Ian Thomas</b>	Complete. On the agenda for the meeting in March 2020.
<b>MHAMC 1710/12</b>	<b>Any Other Business</b> Structure diagram to be produced explaining how the committees within the Division link up.	<b>Chris O'Connor</b>	Complete. On the agenda for the meeting in March 2020.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Mental Health Act Monitoring Committee  
4 March 2020  
Agenda Item: 3.1

## Aneurin Bevan University Health Board

### Mental Health Act Update

#### Executive Summary

This report provides the Mental Health and Learning Disabilities Committee with an interim update on the use of the Mental Health Act in the Mental Health and Learning Disabilities Division.

The report asks the Committee to receive the report for assurance and compliance with the legislative requirements of the Mental Health Act (1983).

#### The Committee is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

✓

Note the Report for Information Only

**Executive Sponsor:** Nick Wood, Executive Director for Primary, Community and Mental Health Services

**Report Author:** Sarah Cadman, Head of Quality & Improvement, MH&LD

**Report Received consideration and supported by :**

**Executive Team**

**Committee of the Board**  
**[Committee Name]**

Mental Health Act Monitoring  
Committee

**Date of the Report:** 27.2.20

#### Supplementary Papers Attached:

- All Wales Benchmarking Report October – December 2019
- Glossary of Common Terms Mental Health Act (1983)

## MAIN REPORT:

#### Purpose of the Report

This report provides the Mental Health Act Monitoring Committee with an update on the use of the Mental Health Act (1983) in order for trends and patterns to be evaluated.

The report asks the Committee to receive the report for information and assurance.

## Background and Context

The Mental Health Act 1983 is an Act of Parliament which applies to people in England and Wales. The Act is the legislation that governs the formal detention, treatment and care of mentally disordered people in hospital. In particular, it provides the authority by which people diagnosed with a mental disorder can be detained in hospital, or police custody for their disorder to be assessed or treated, if necessary without their consent.

The powers of the Act are considerable as they override basic human rights. As such, it is essential that use of the Act is monitored in order to safeguard people.

Mental Health Act Administrators are appointed to oversee the application of the Act and to ensure that Mental Health Act detention papers are lawful.

## Assessment and Conclusion

This quarterly MHA activity report is distributed to members of the Power of Discharge Sub Committee and the Divisional Management Team for monitoring and scrutiny.

The report covers Adult Mental Health, Older Persons' Mental Health and Learning Disability Services managed by the Aneurin Bevan University Health Board.

Trends are monitored to highlight potential risks to the organisation as a result of significant change in activity.

## Recommendation

The report asks the Committee to receive the report for information and assurance.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	There are potential legislative risks to the Health Board if patients are not lawfully detained under the Mental Health Act or treated under the safeguards of the Mental Capacity Act/ Deprivation of Liberty Safeguards
<b>Financial Assessment, including Value for Money</b>	No specific financial issues have been identified.
<b>Quality, Safety and Patient Experience Assessment</b>	The lawful application of the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards is essential to the safeguarding of patients' rights and liberties.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	No specific equality and diversity issues have been identified.
<b>Health and Care Standards</b>	Relevant to Health and Care Standards 2, 4 and 7.

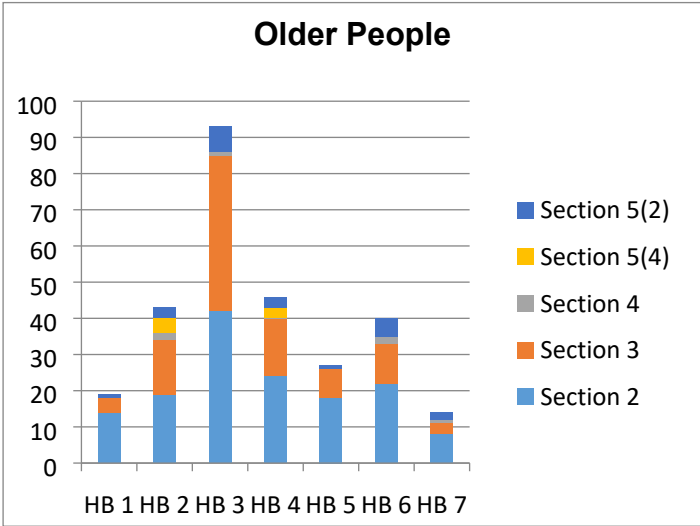
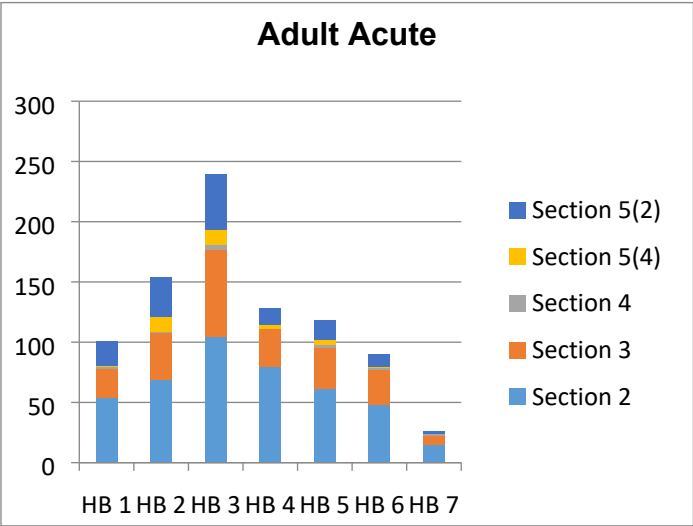
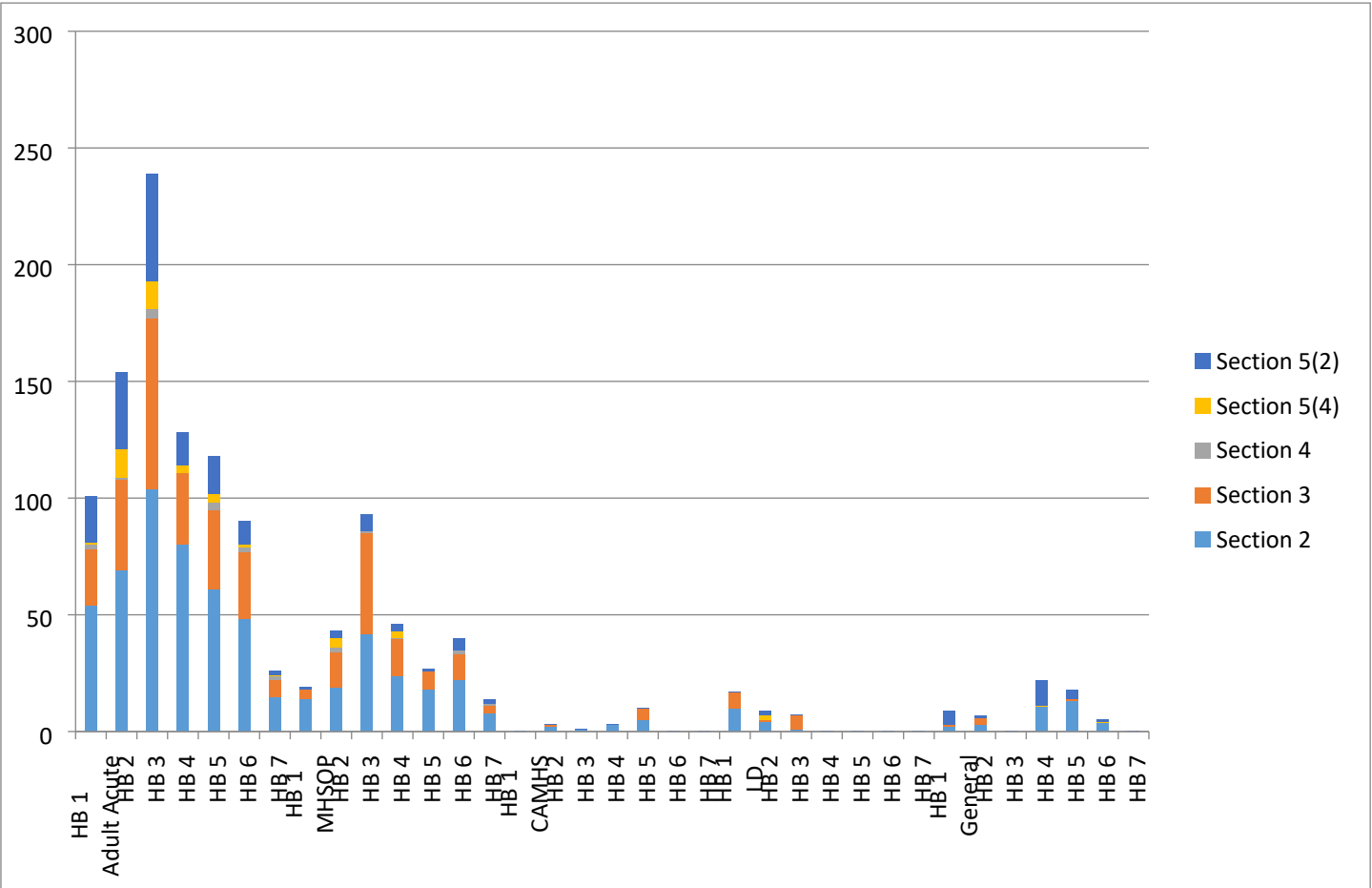
<b>Link to Integrated Medium Term Plan/ Corporate Objectives</b>	No specific link to the IMTP.
	<b>Integration</b> – the statutory requirements are limited to hospital provision.
	<b>Collaboration</b> – the application of the Mental Health Act requires collaboration with the Local Authority.
<b>Glossary of New Terms</b>	None.
<b>Public Interest</b>	There is a public interest in this report being shared.

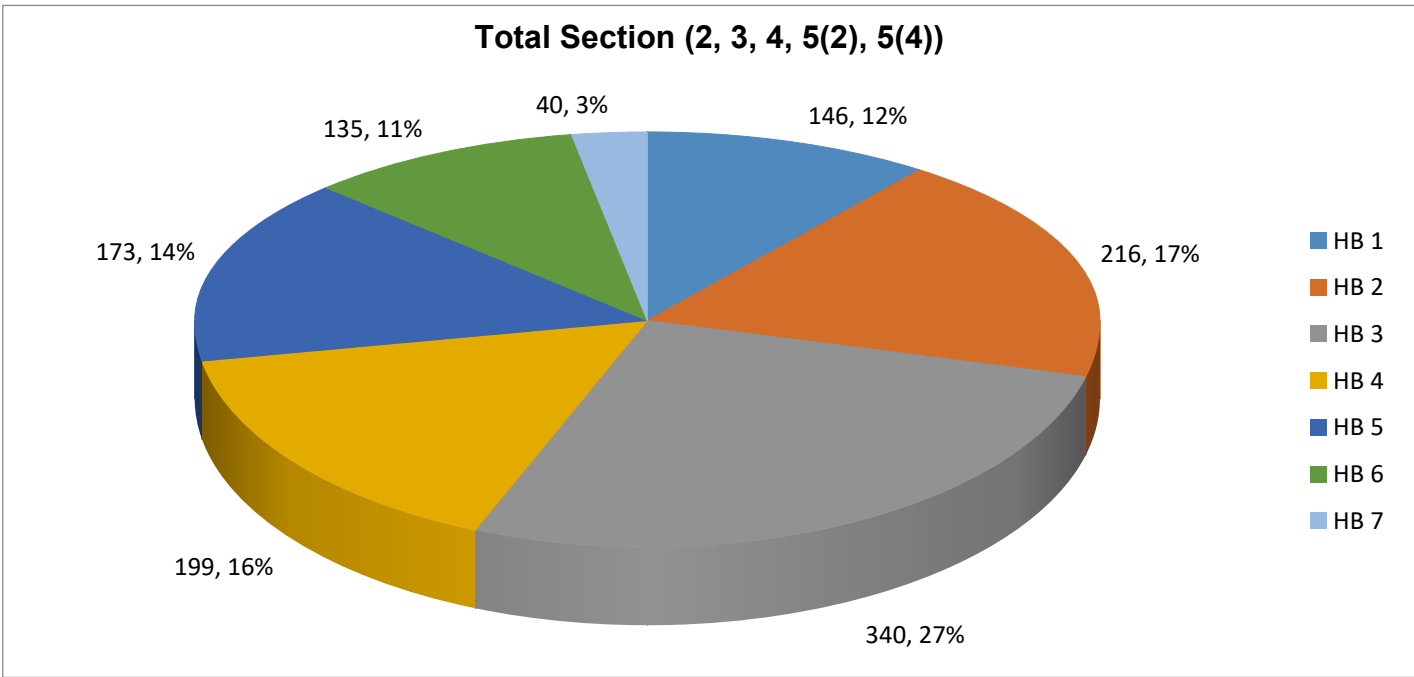
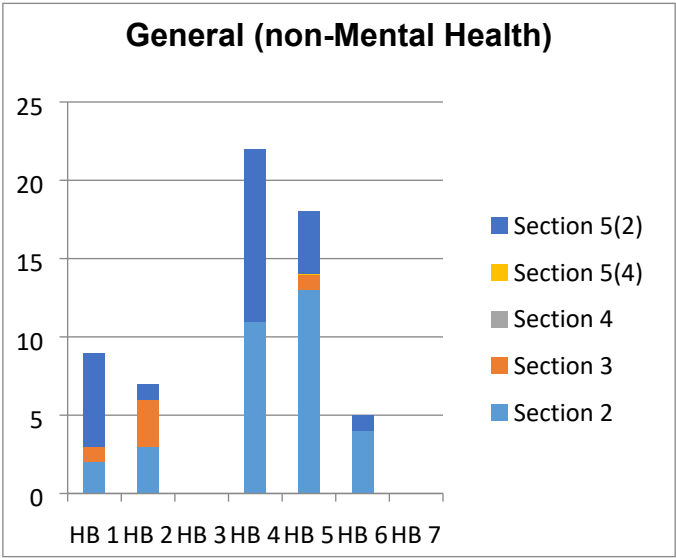
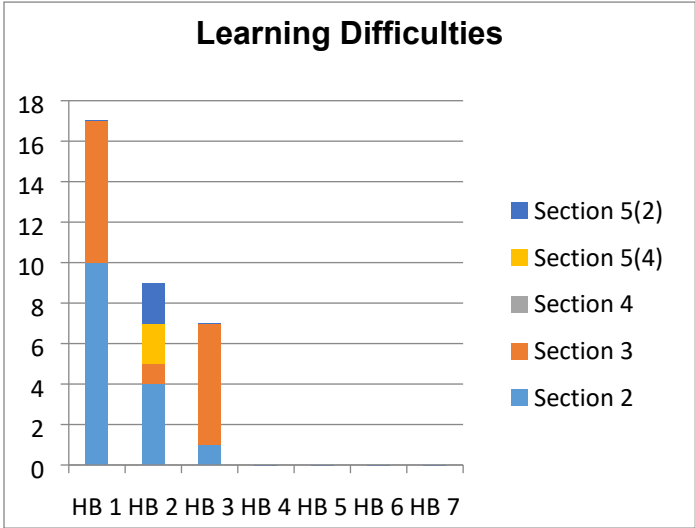
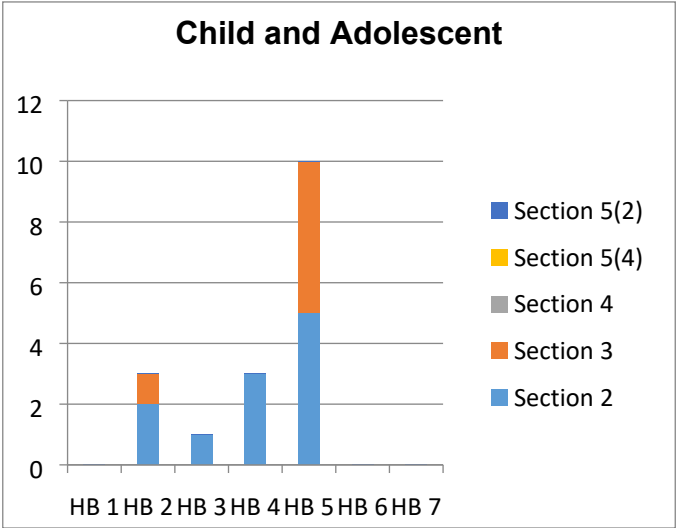
### Benchmarking data October - December 2019:

Health Board	Population
Swansea Bay University Health Board	389,372
Aneurin Bevan University Health Board	591,225
Betsi Cadwaladr University Health Board	698,369
Cardiff & Vale University Health Board	496,413
Cwm Taff University Health Board	445,190
Hywel Dda University Health Board	385,615
Powys Teaching Health Board	132,447
Total Population of Wales:-	3,138,631

Part 2 MHA Activity

During the period a total of 1317 patients were made subject to the part 2 provisions of the MHA 1983 across Wales.



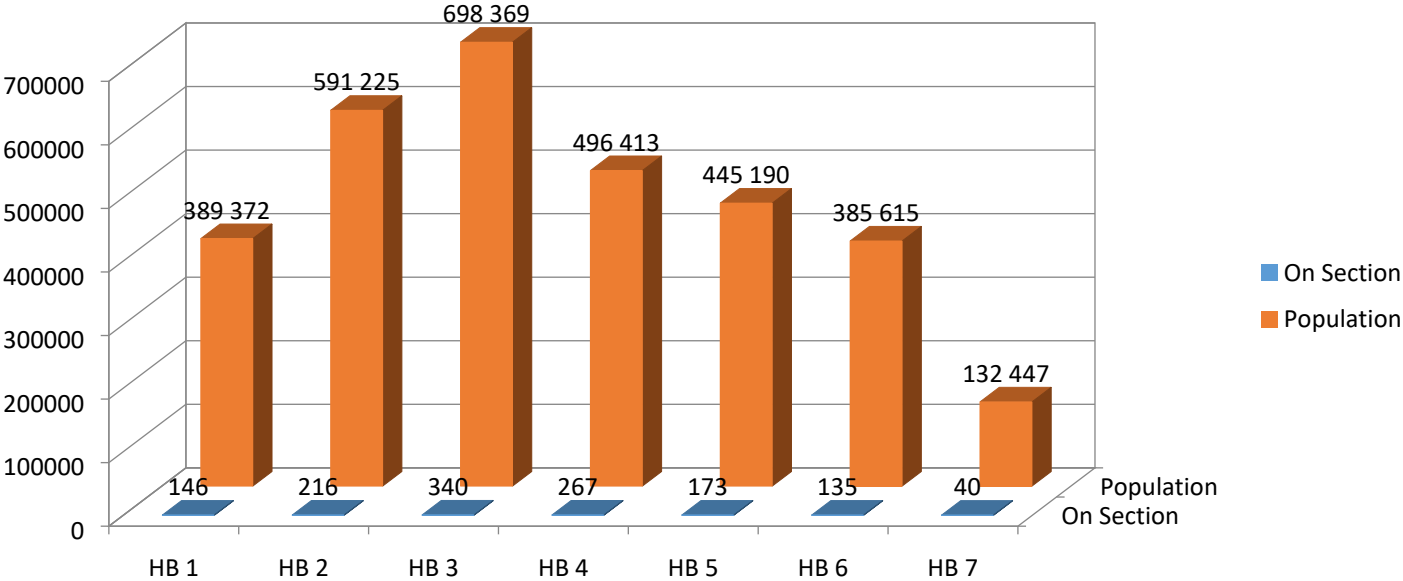


Part 2 MHA Activity Compared to Health Board Population

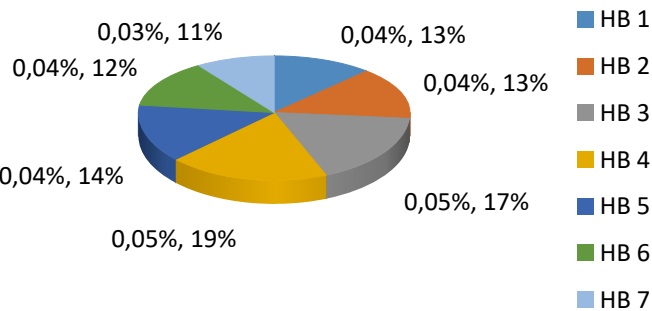
Population figures taken from <https://statswales.gov.wales>

The latest available population by Health Board figures available at the time of writing were mid-2018.

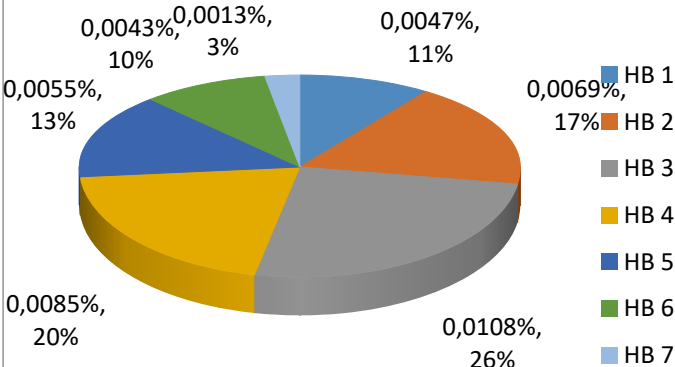
Inpatient Formal Sections (2, 3, 4, 5(2), 5(4)) Compared to Health Board Population



Inpatient Formal Sections (2, 3, 4, 5(2), 5(4)) Compared to Health Board Population



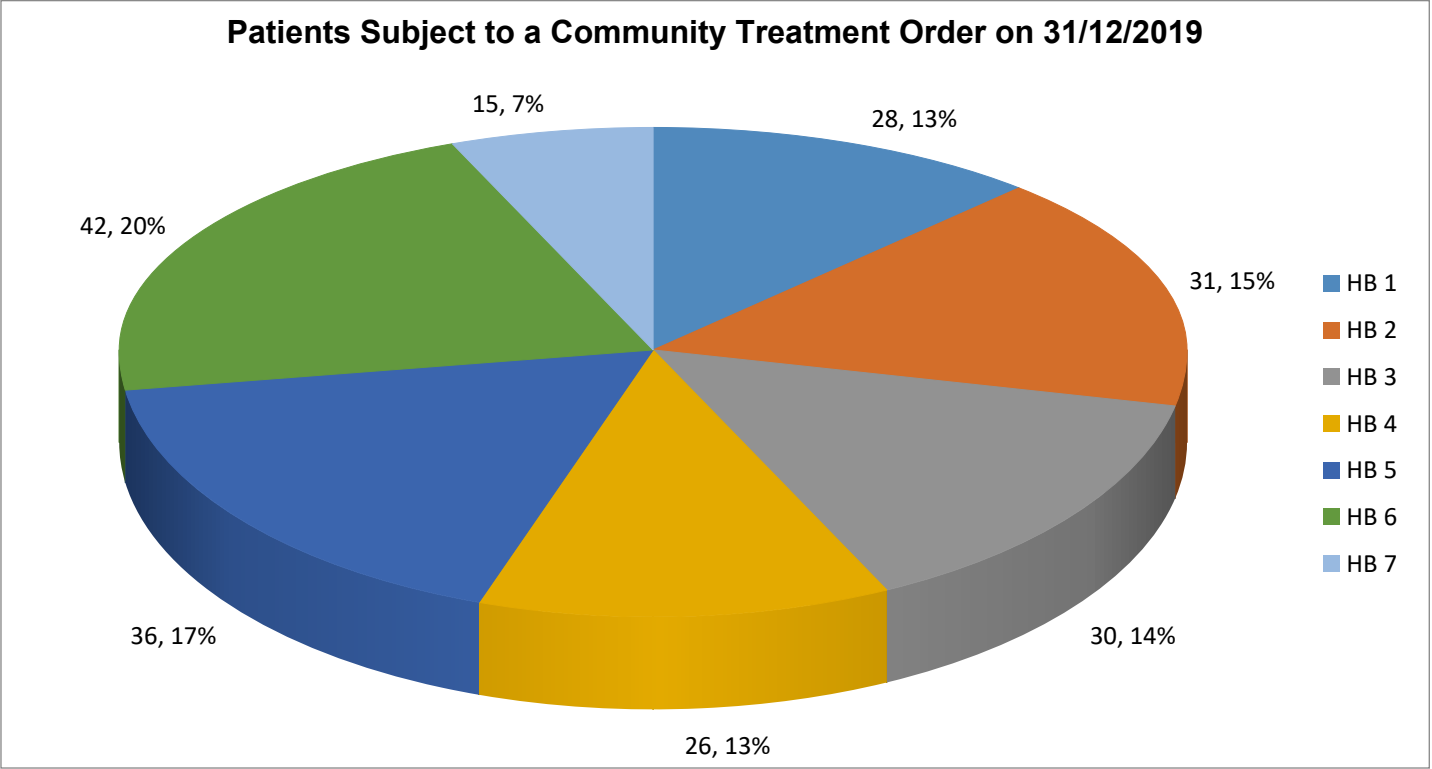
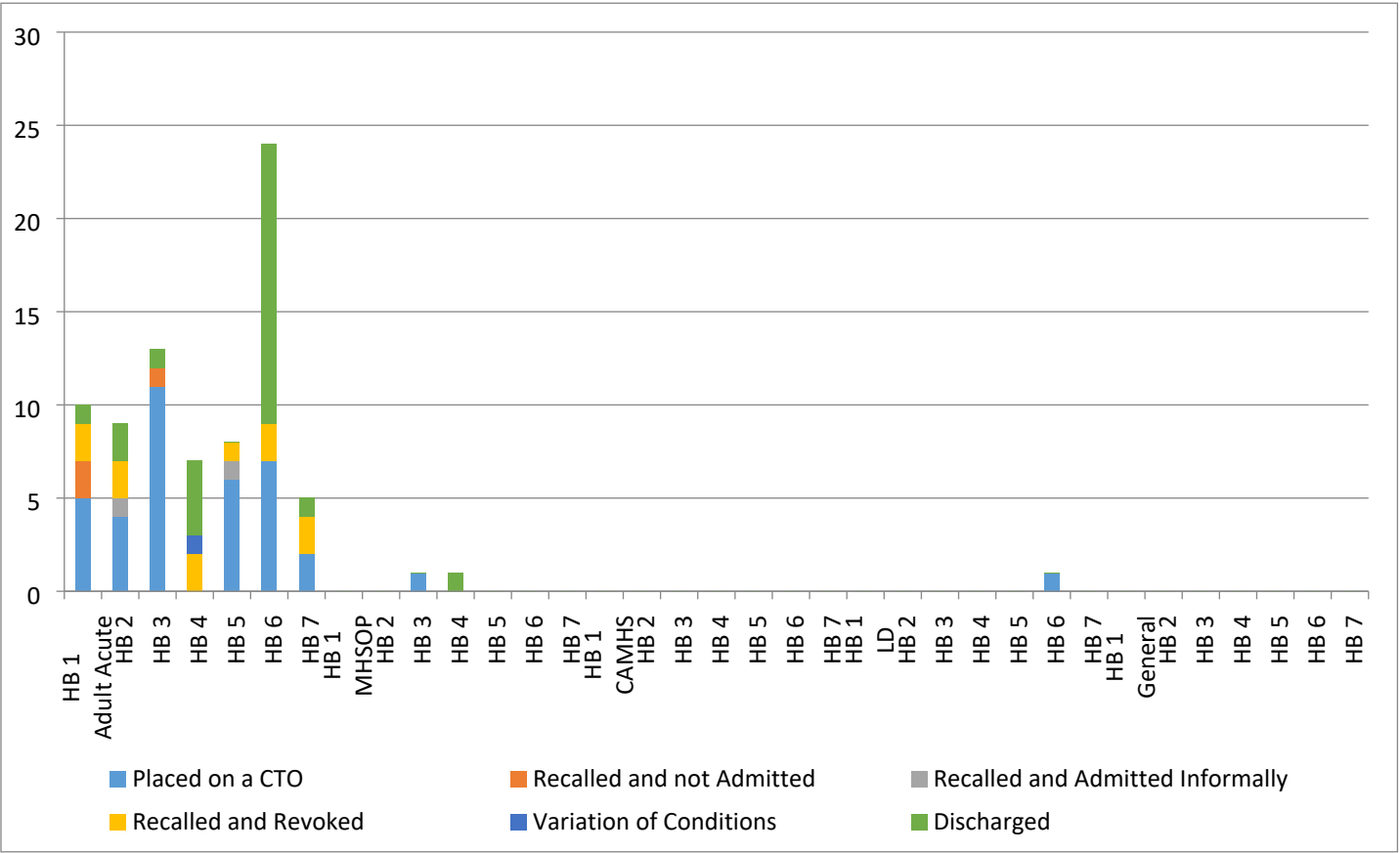
Inpatient Formal Sections (2, 3, 4, 5(2), 5(4)) Compared to the Population of Wales



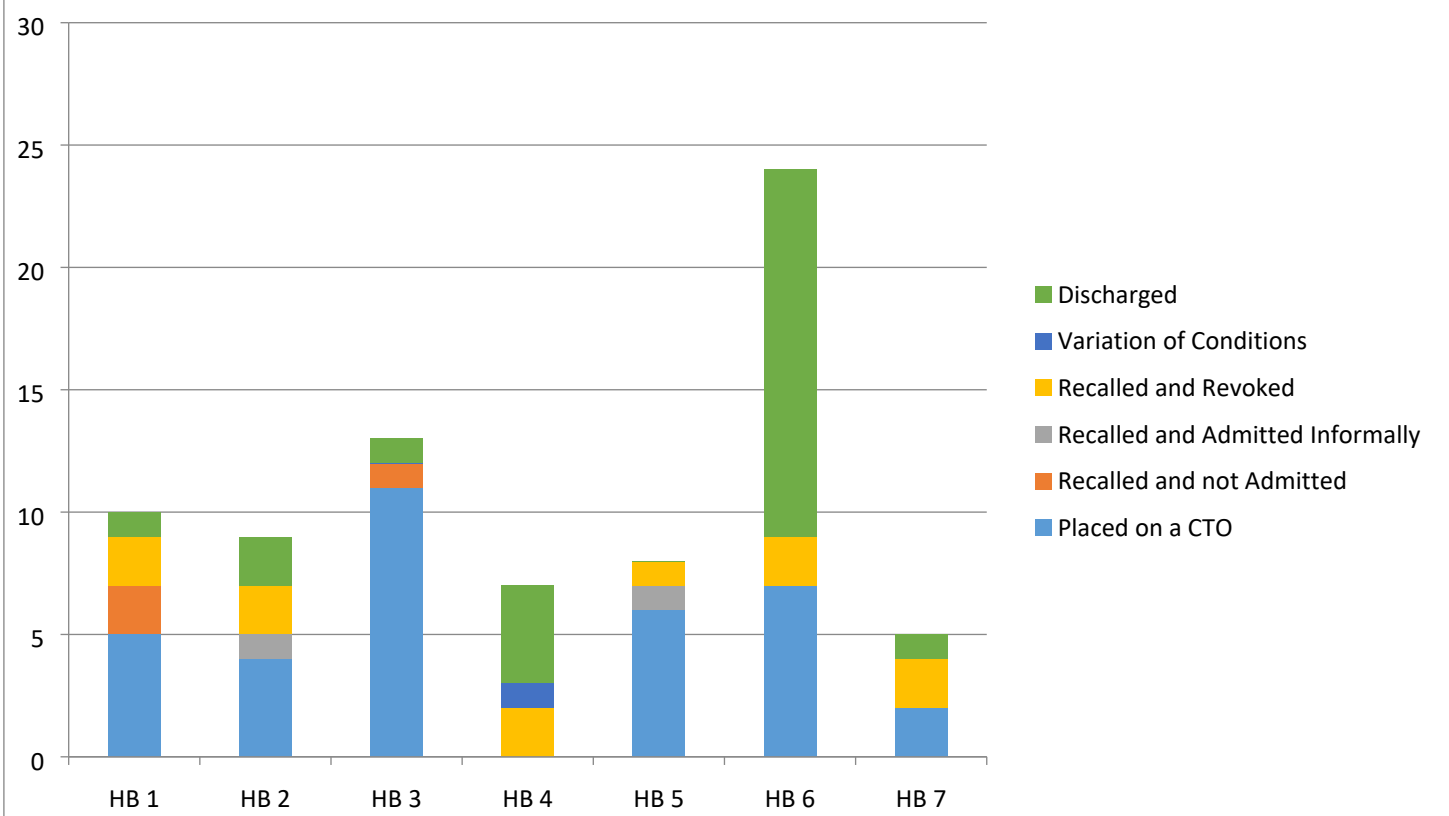


**Community Treatment Order**

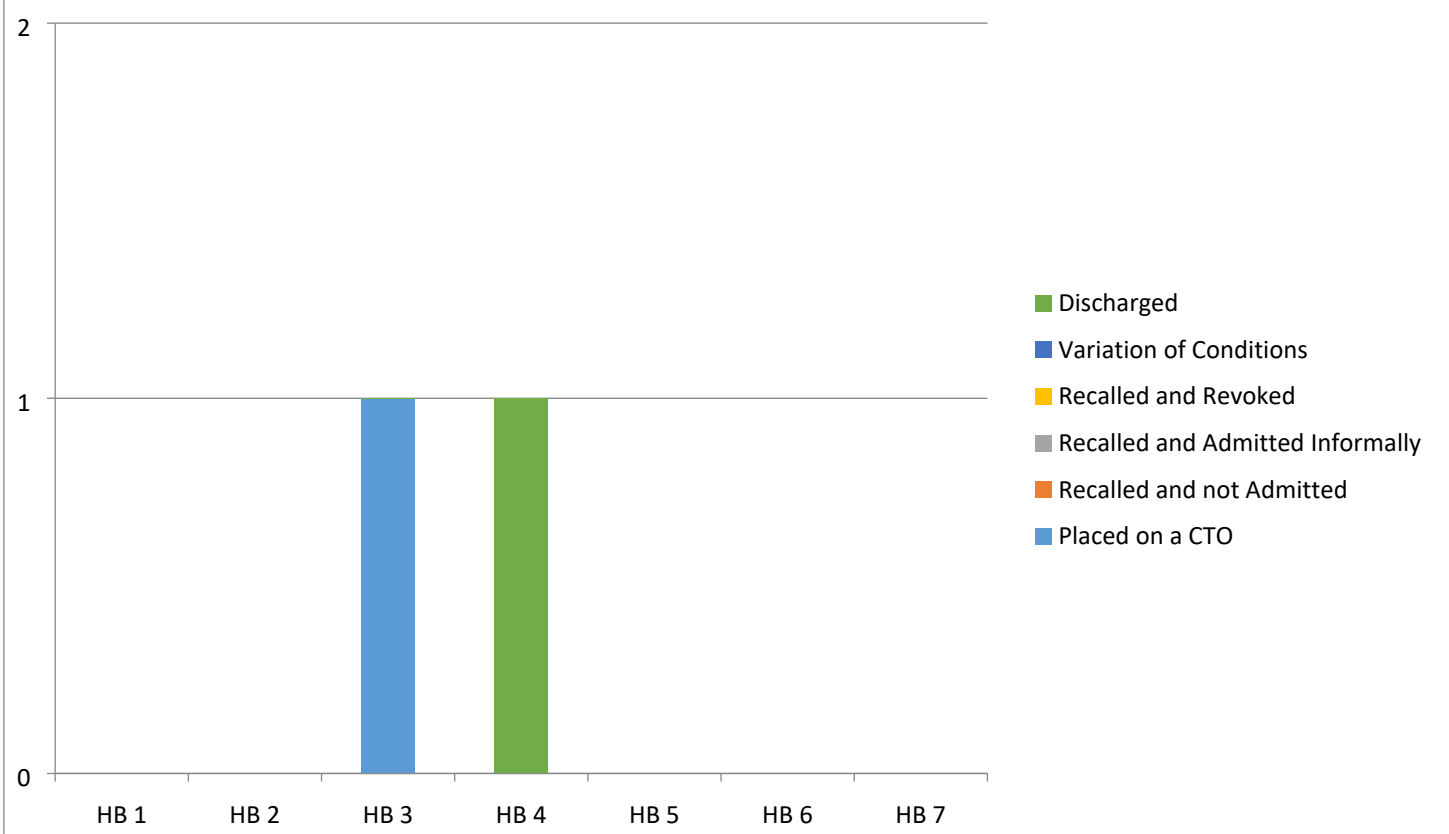
During the period a total of 37 patients were made subject to a Community Treatment Order across Wales.



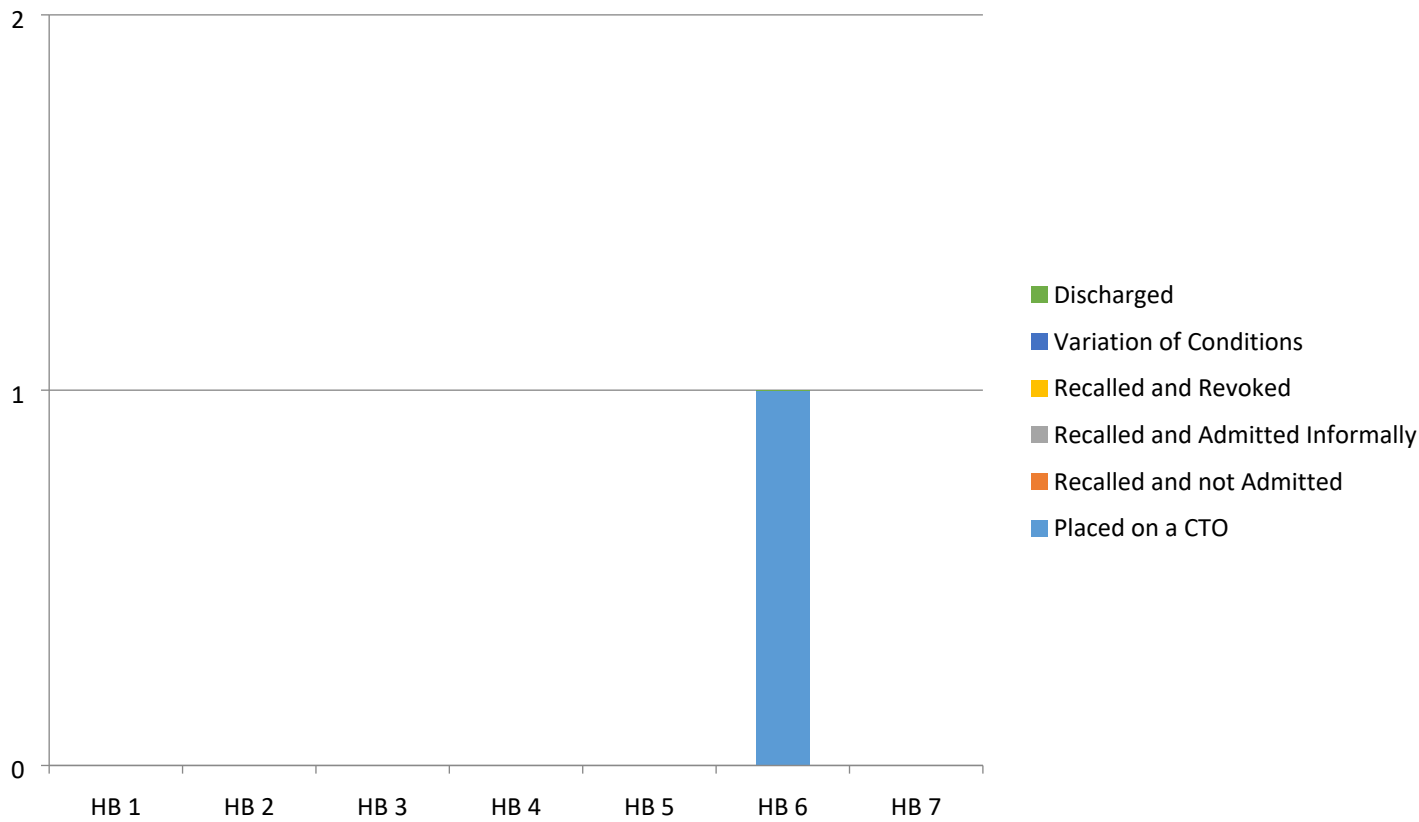
Adult Acute



Older People

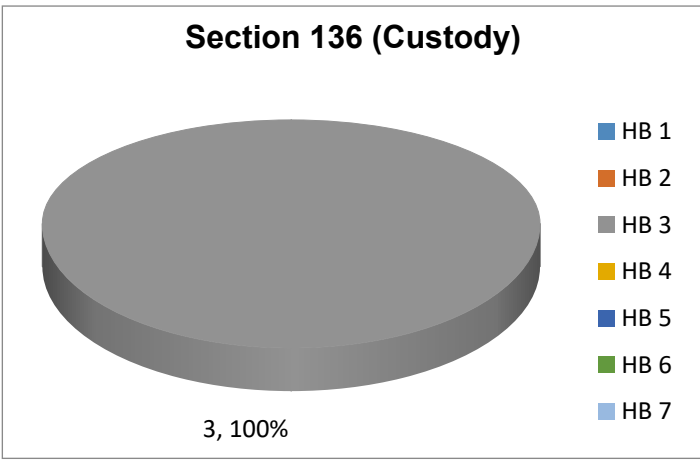
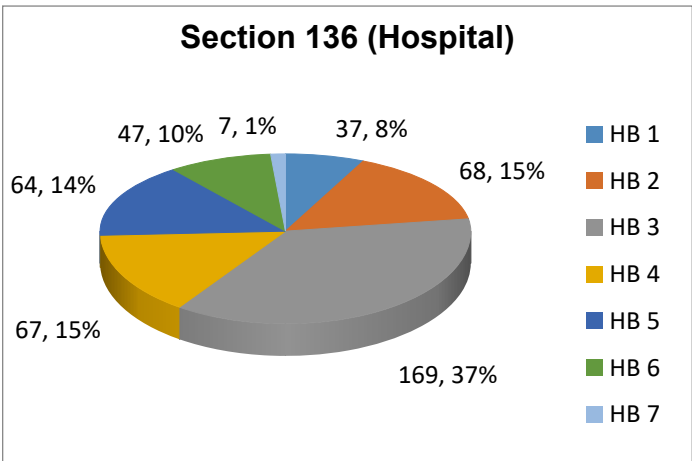
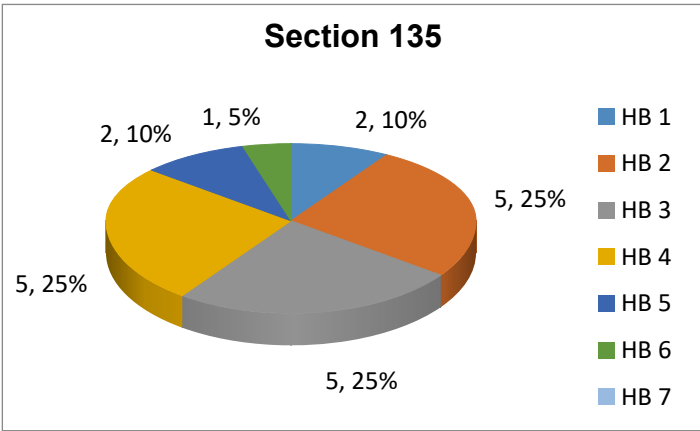
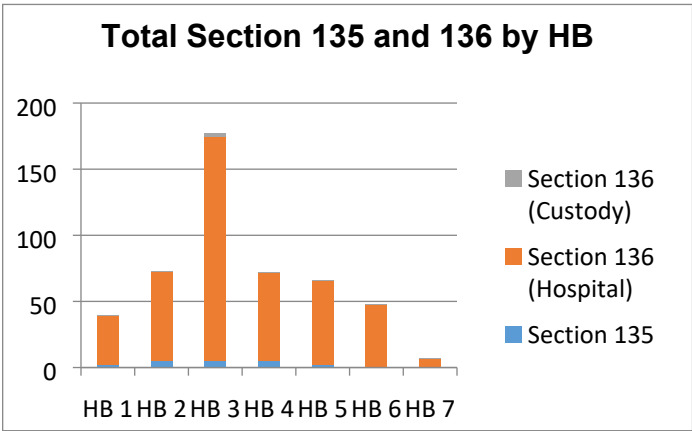
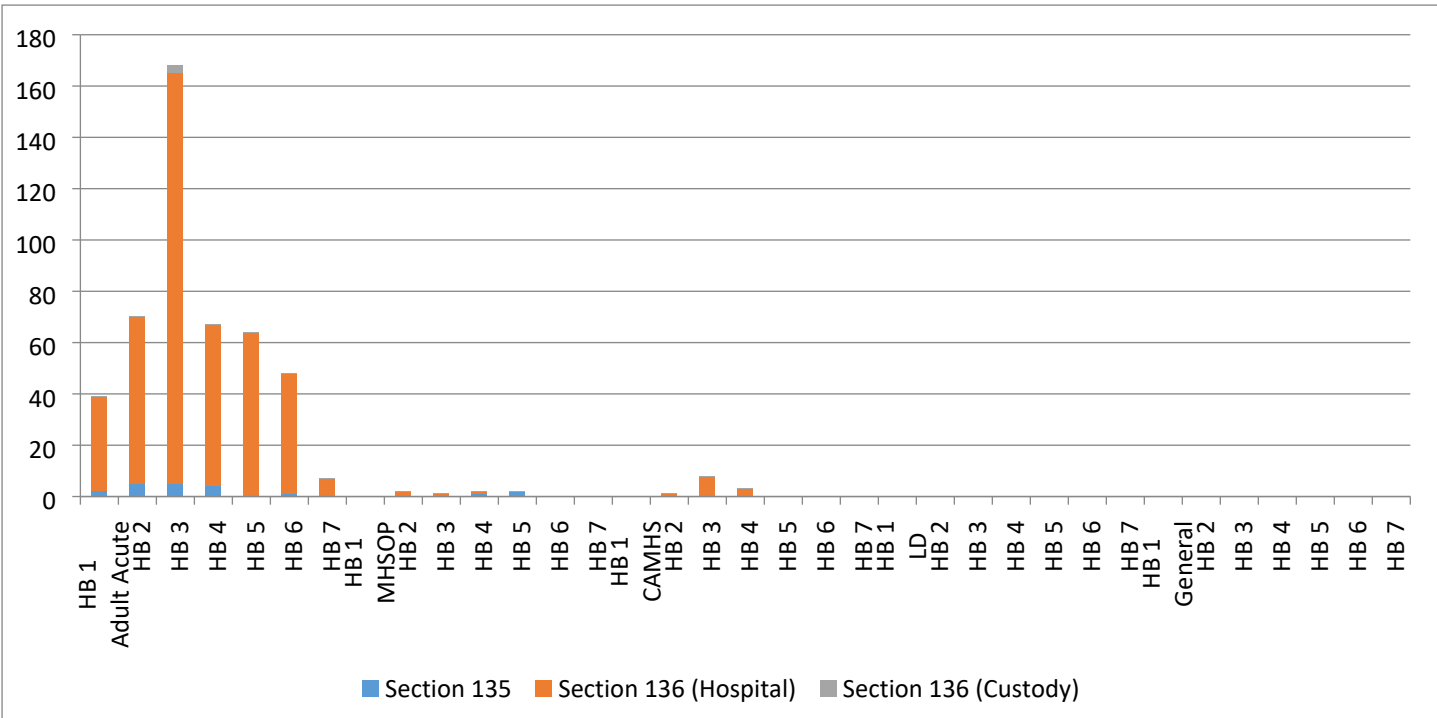


# Learning Difficulties



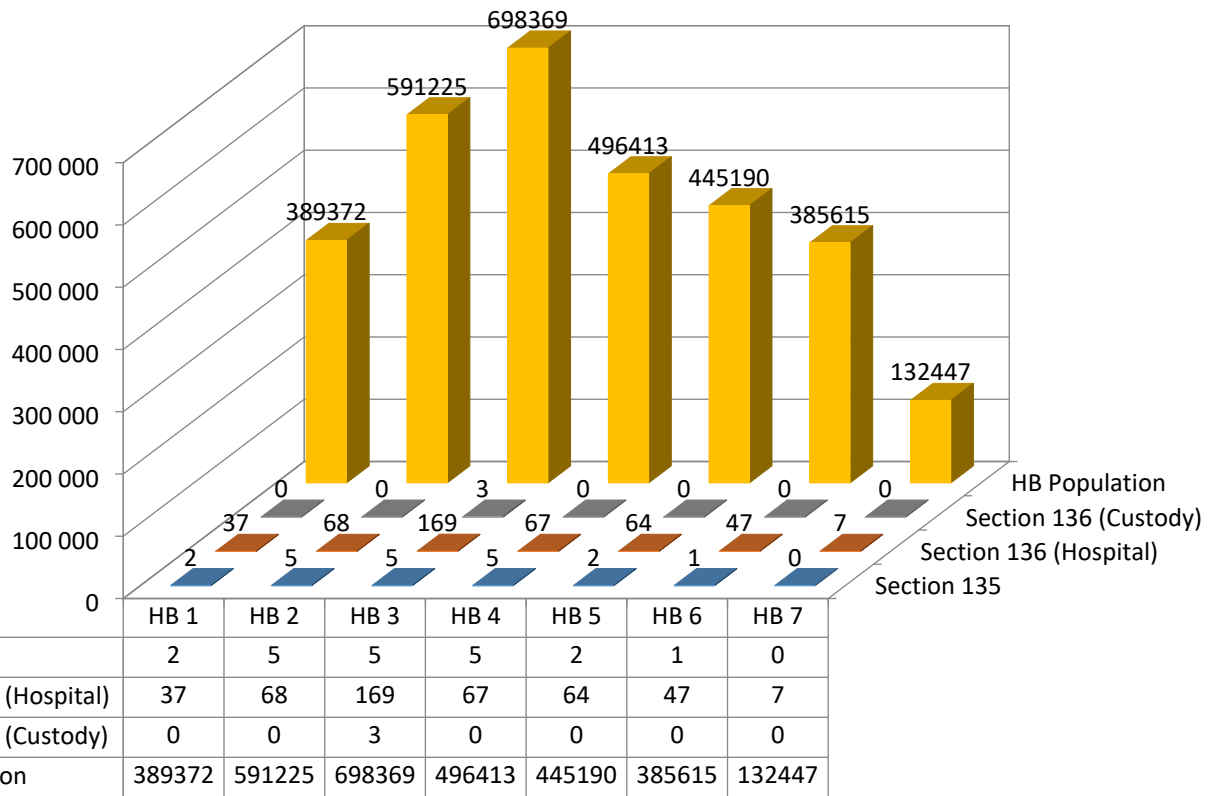
Section 135 & 136

The charts below provide data on how section 135/136 is used across Wales broken down into specialities, HB's and total activity.

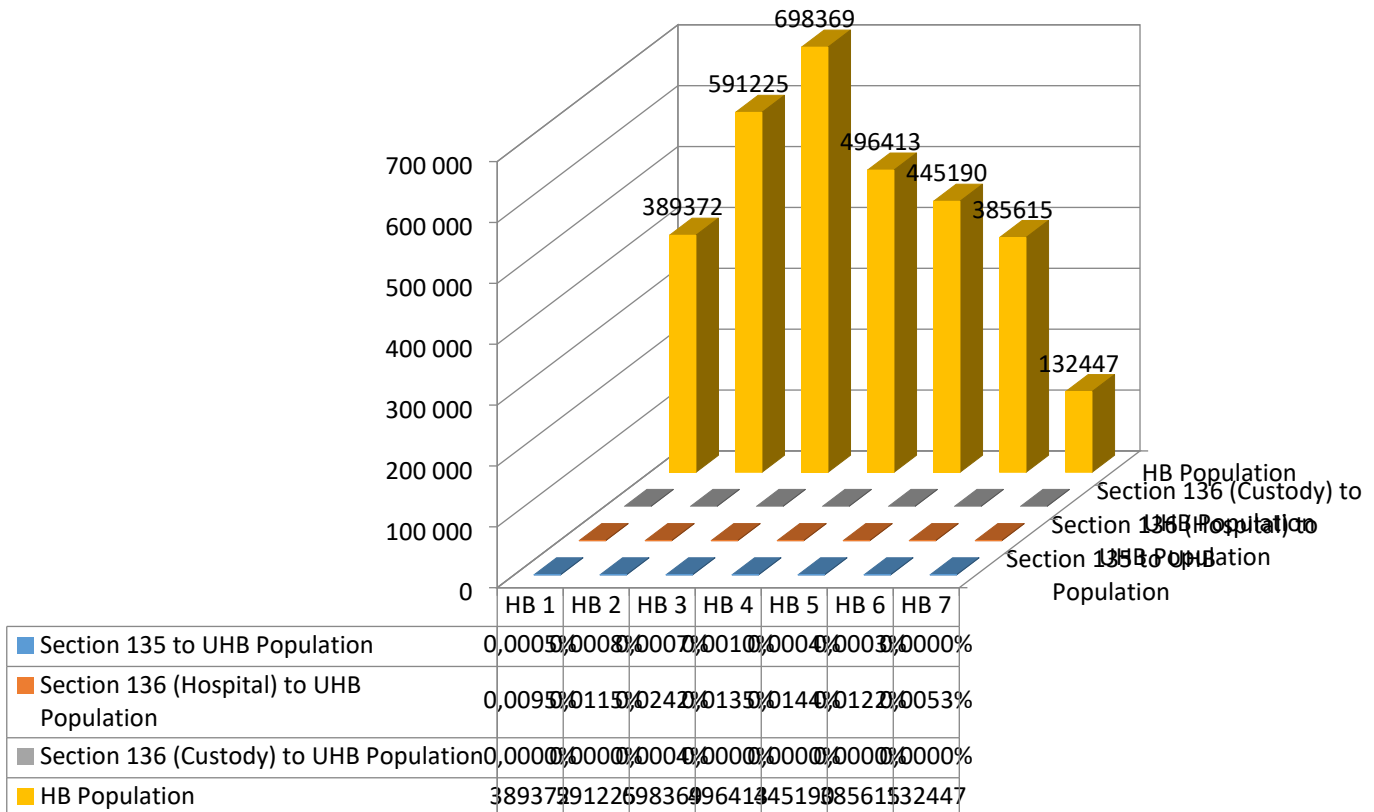


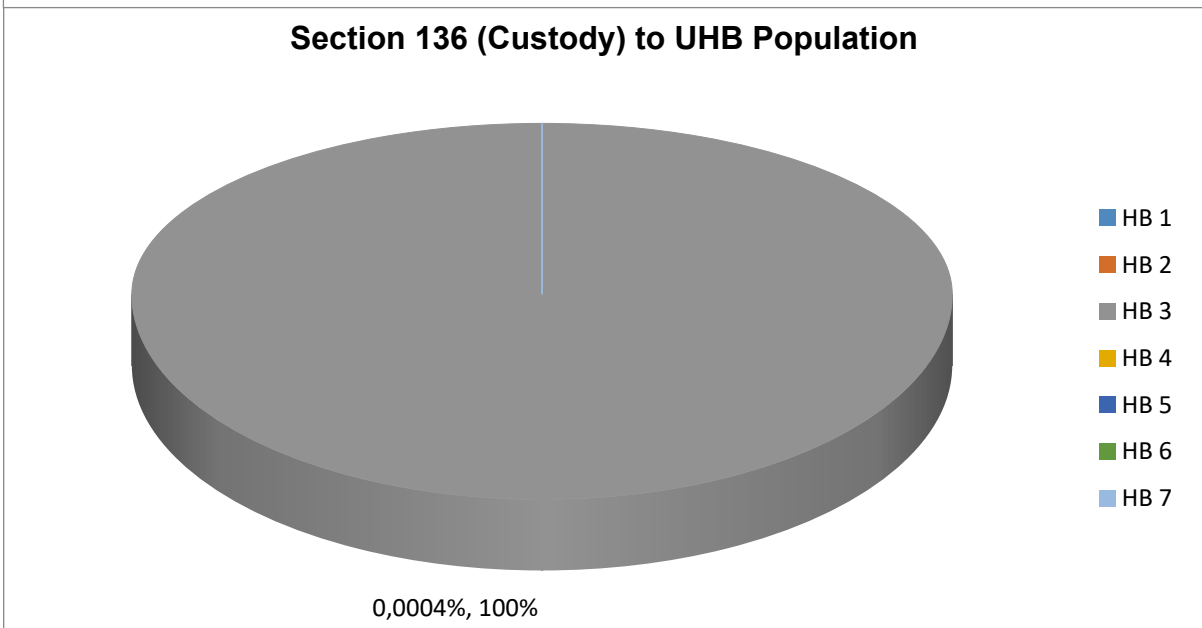
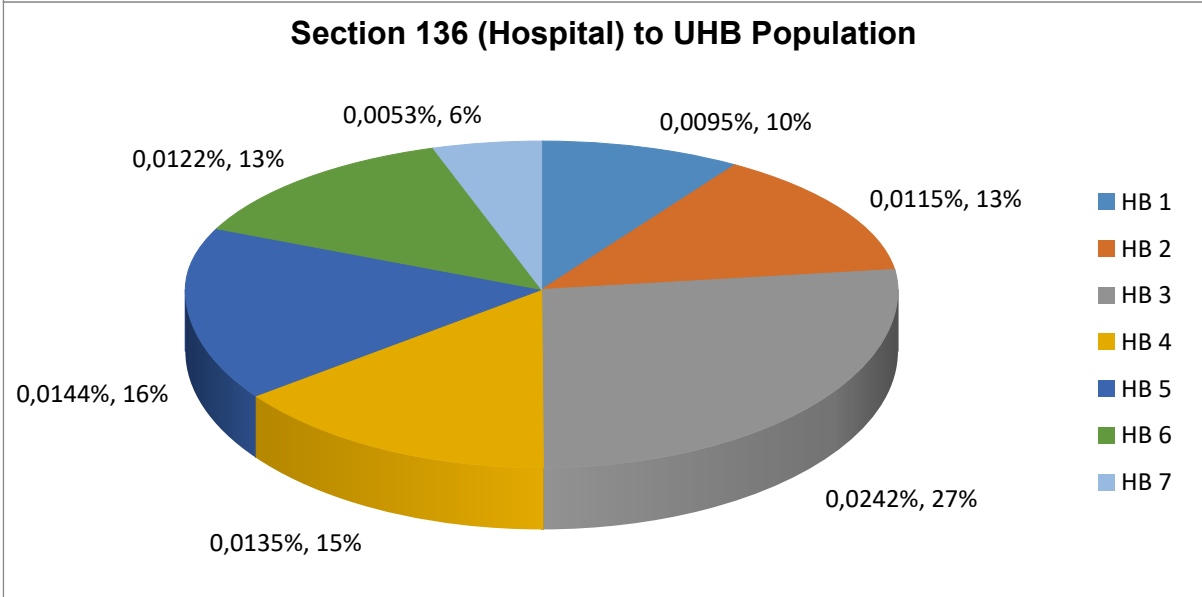
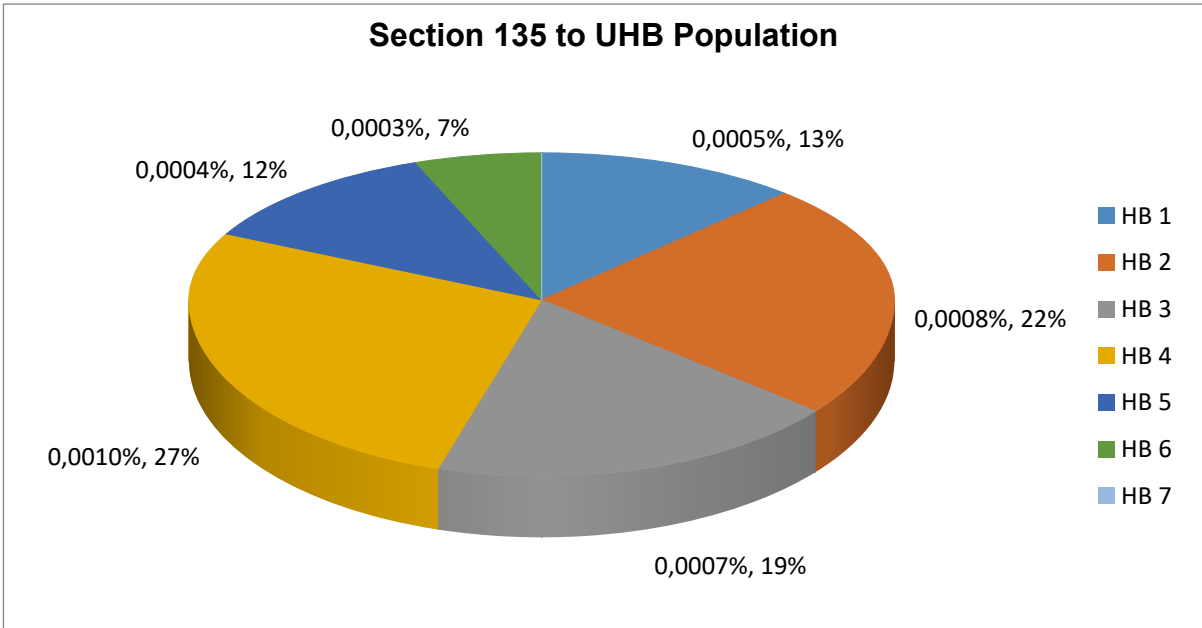
## Section 135 and 136 Compared to Health Board Population

Section 135 and 136 Compared to Health Board Population (Numbers)



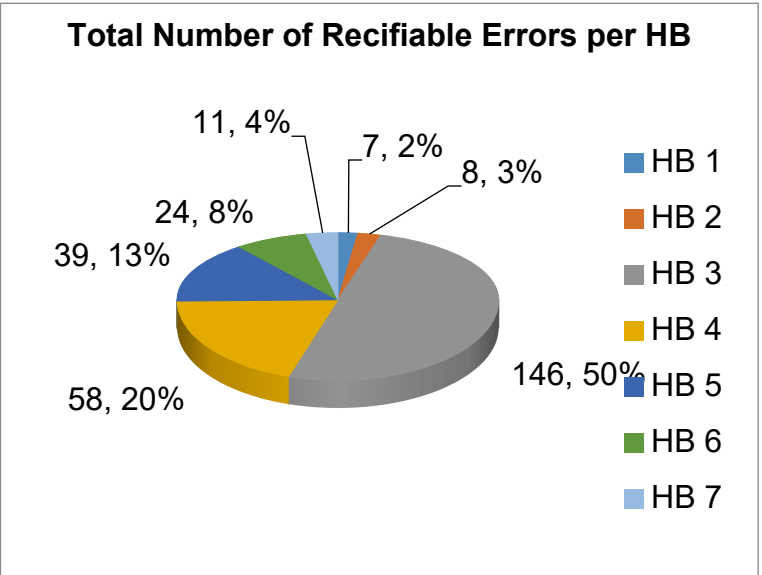
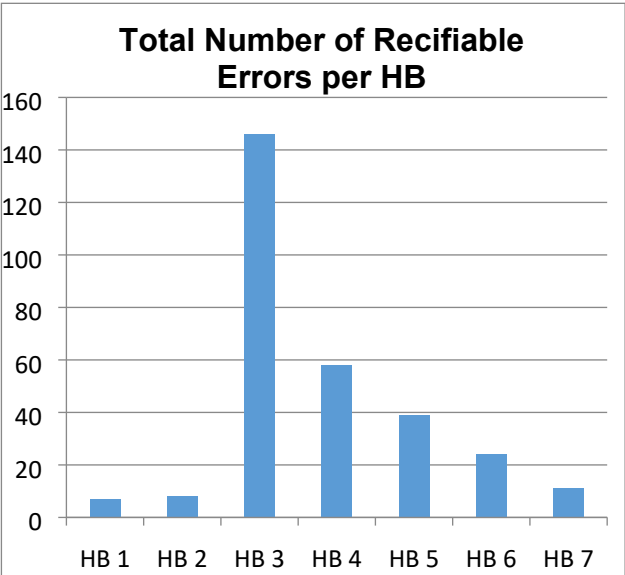
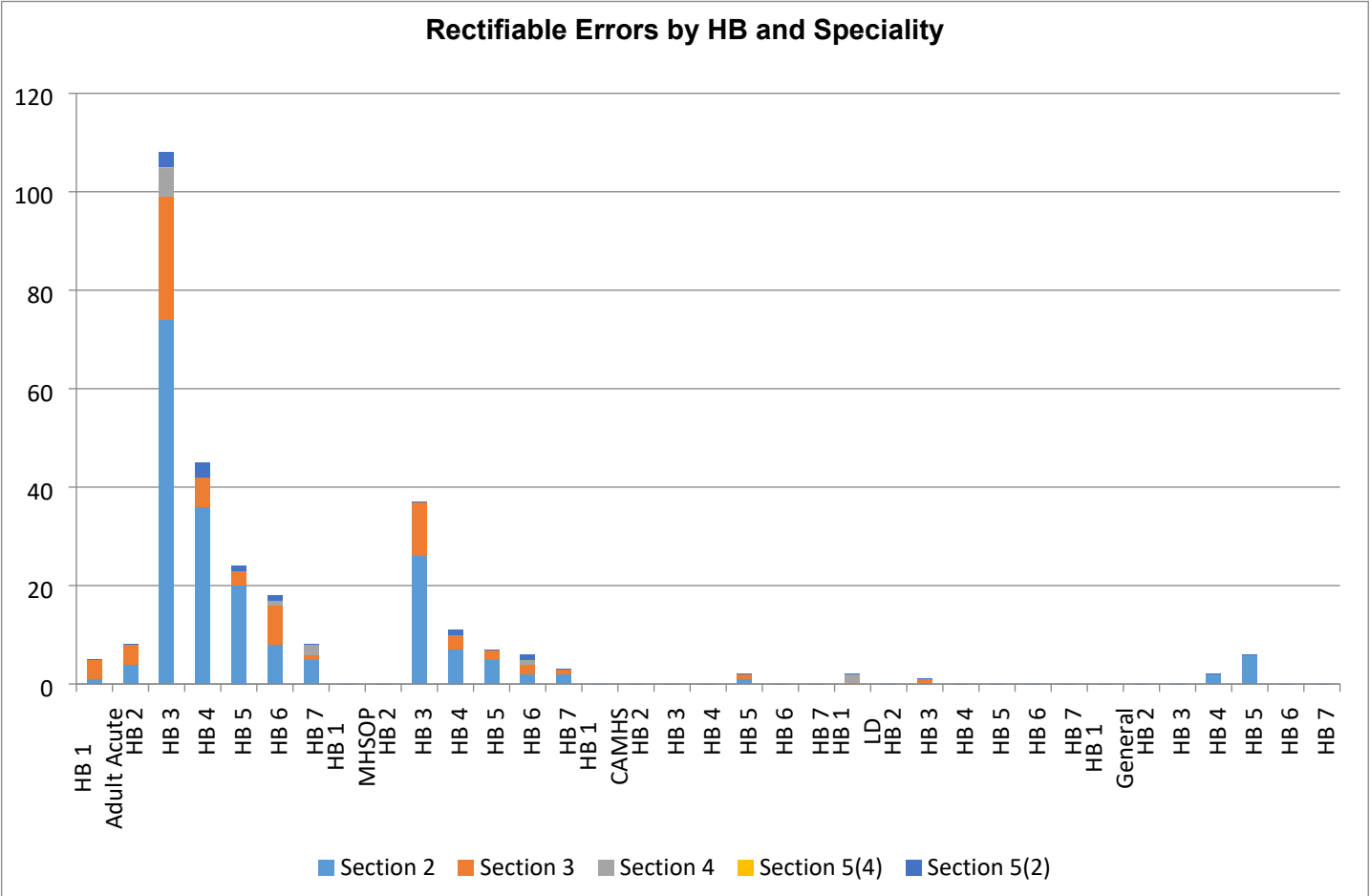
Section 135 and 136 Compared to Health Board Population (Percentage)





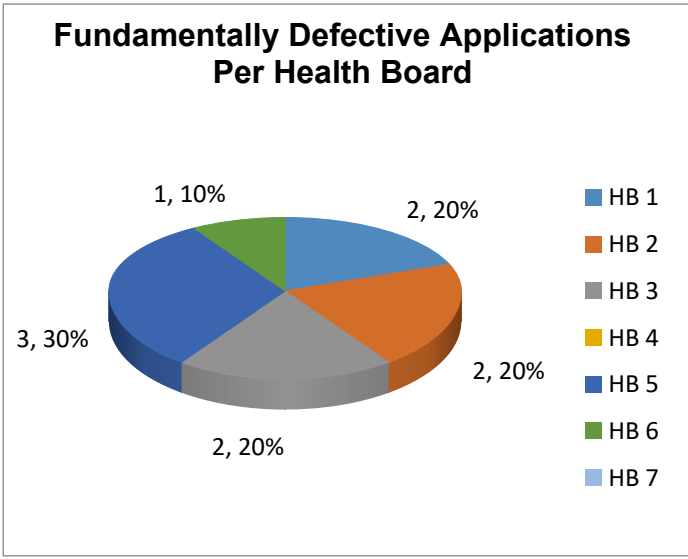
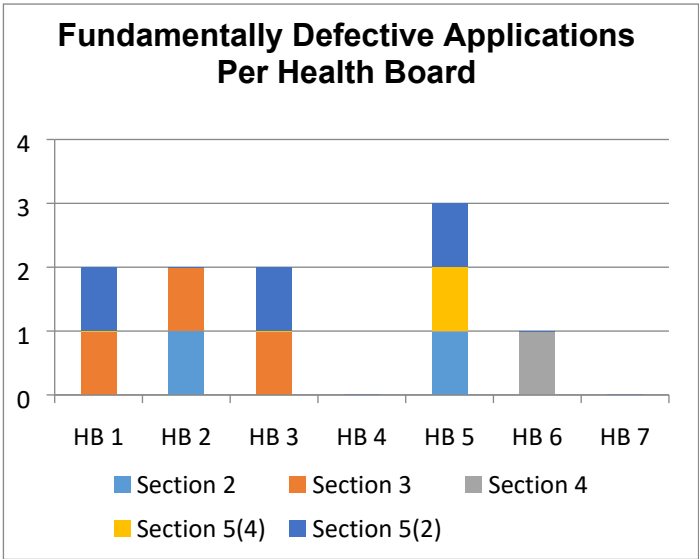
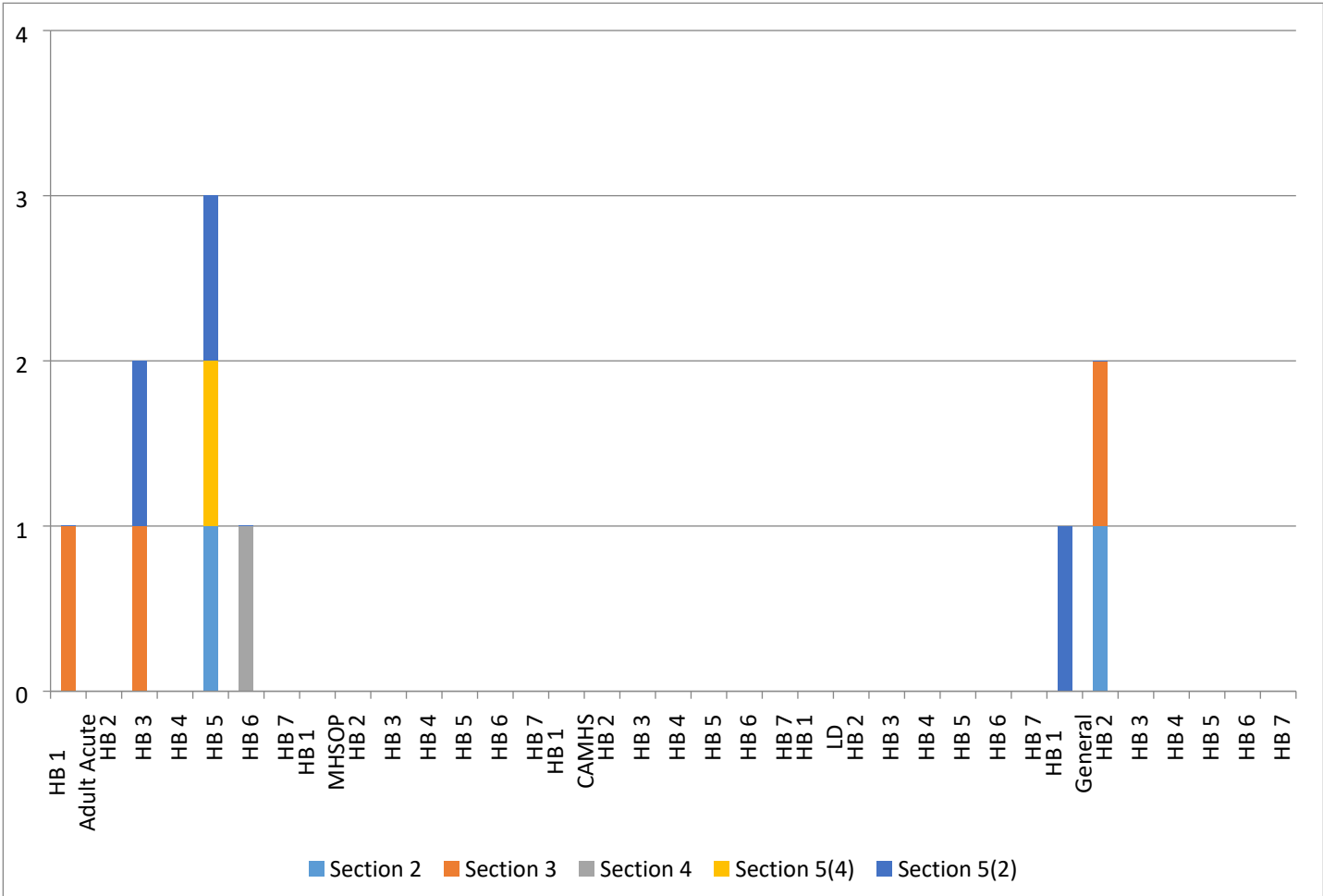
**Rectifiable Errors**

Rectifiable errors by HB and speciality.



Fundamentally Defective

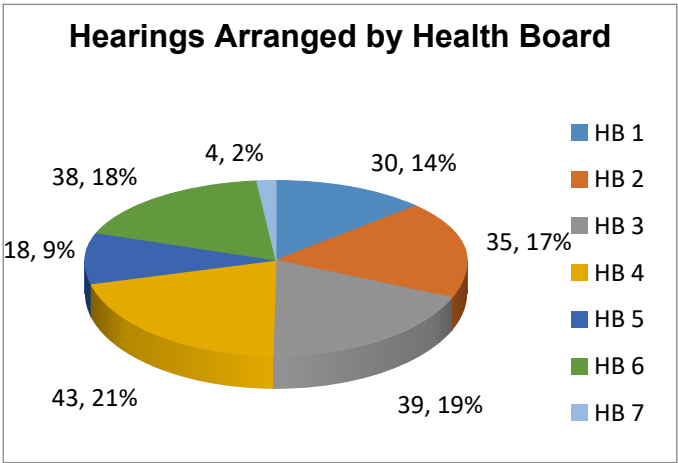
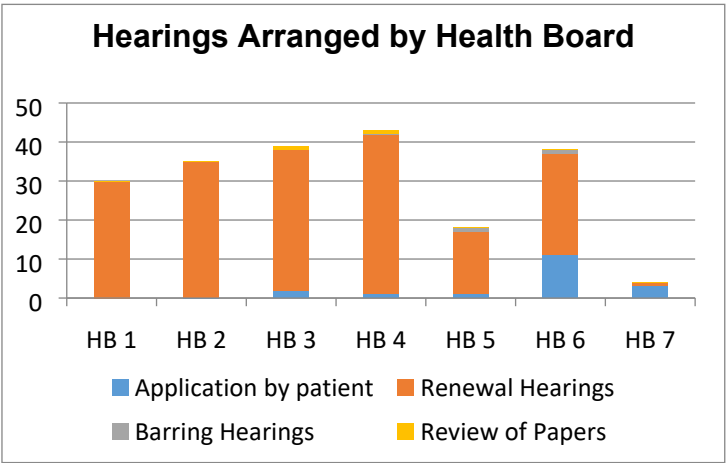
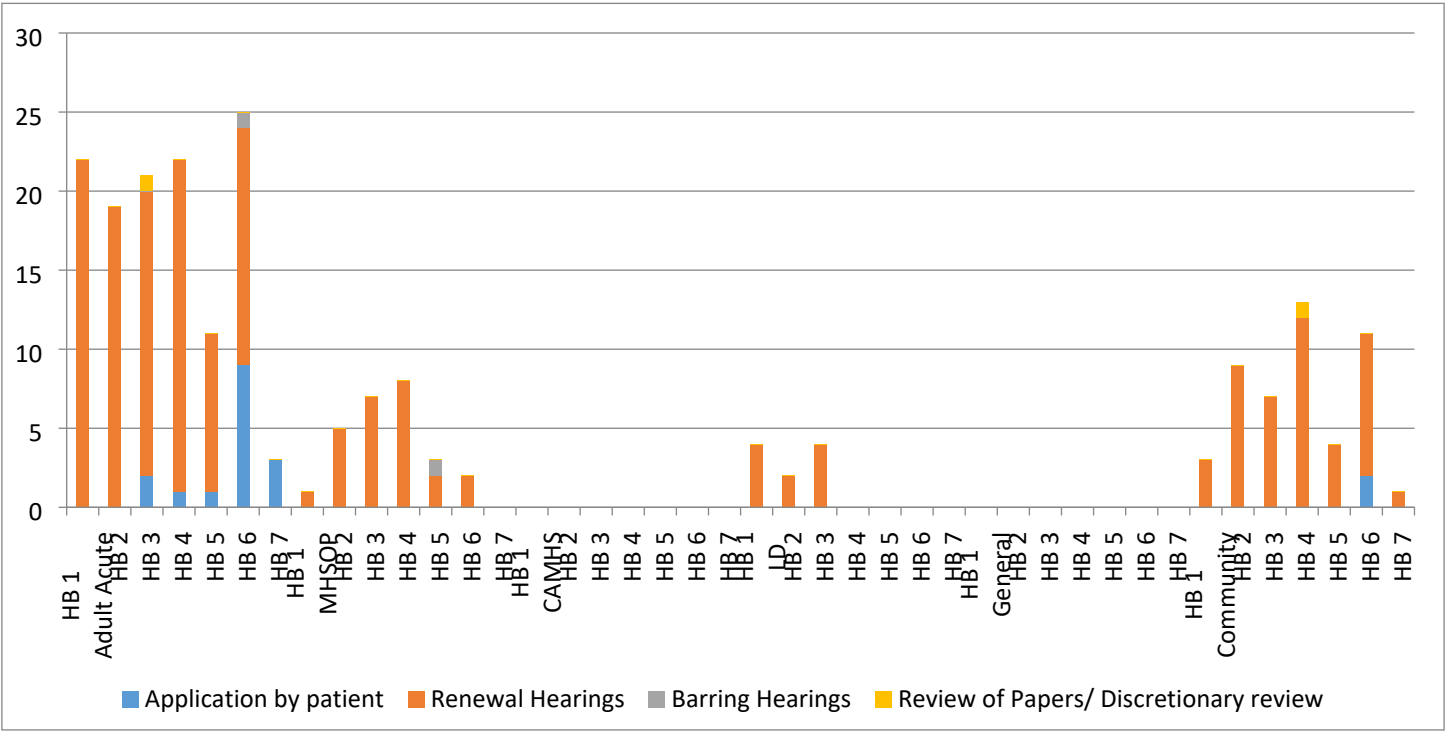
Number of fundamentally defective applications by speciality and HB.





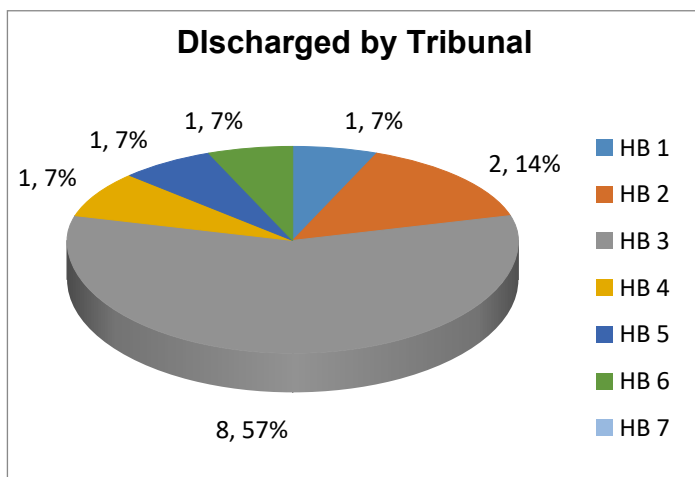
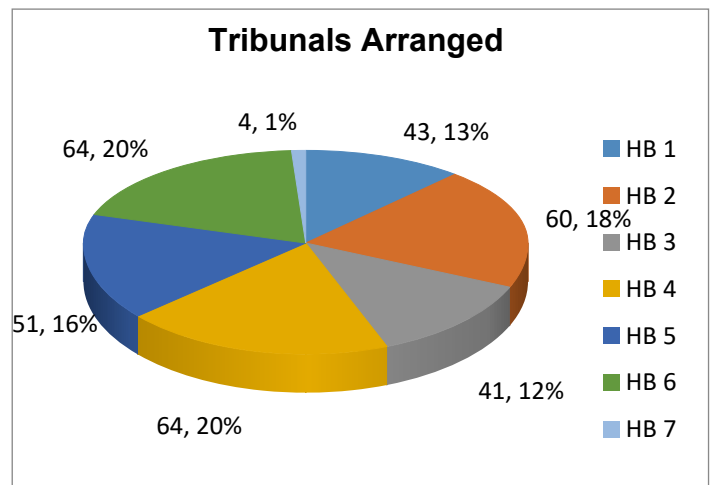
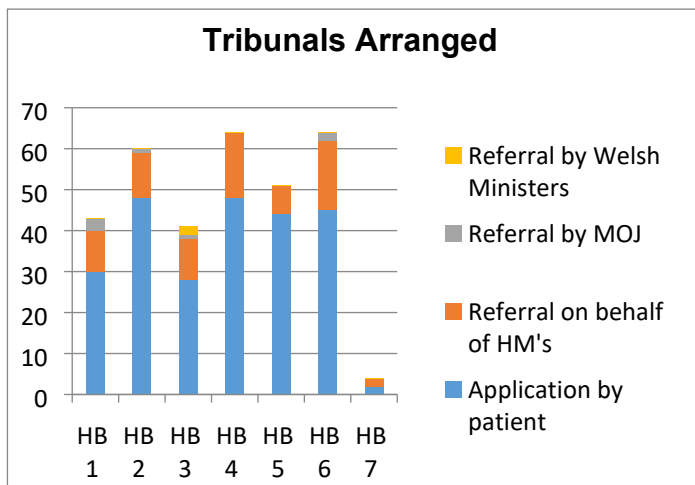
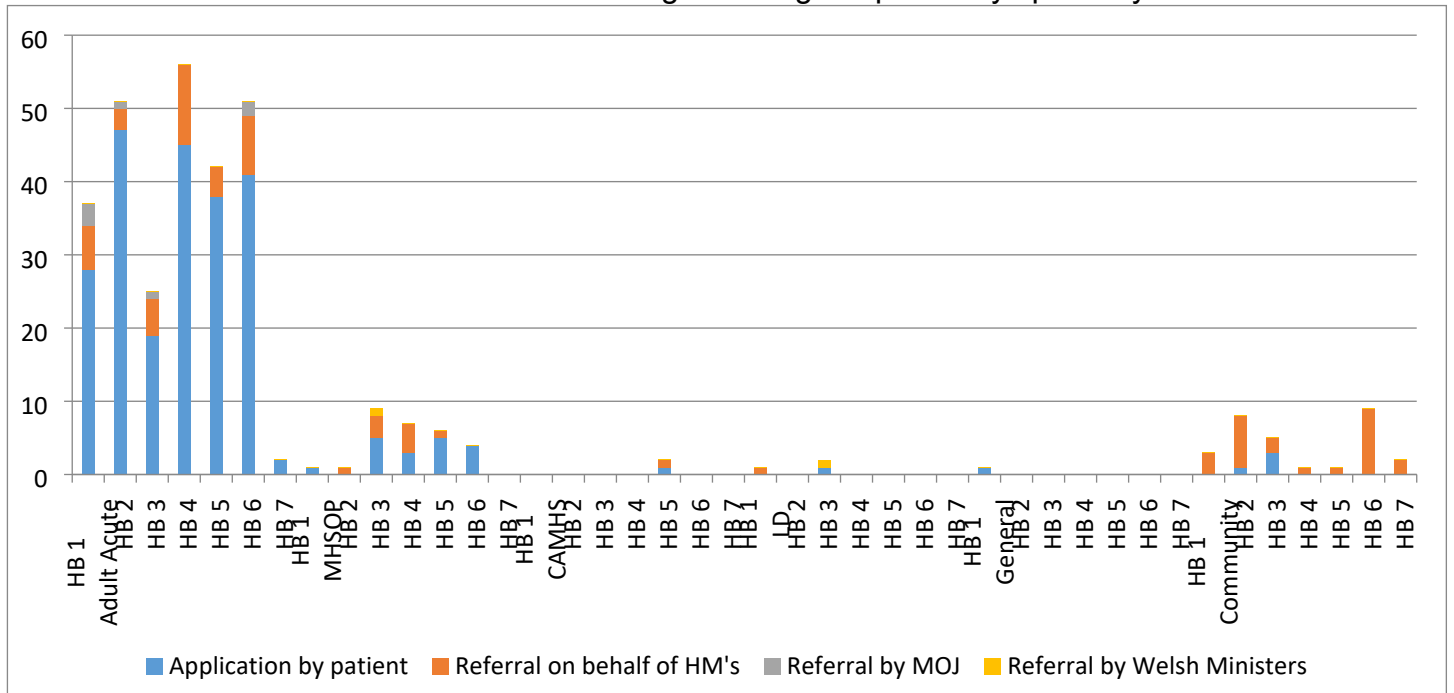
**Hospital Managers Activity**

Hospital Managers' Hearings heard during the period by speciality and HB.



## MHRT Activity

Mental Health Review Tribunals arranged during the period by speciality and HB.



## Glossary of Terms

Definition	Meaning
Informal patient	Someone who is being treated for mental disorder in hospital and who is not detained under the Act.
Detained patient	A patient who is detained in hospital under the Act or who is liable to be detained in hospital but who is currently out of hospital (e.g. on section 17 leave).
Section 135(1)	Provides the power to forcibly enter a property to look for and remove a person to a place of safety (usually a hospital) for a period of up to 72 hours for assessment, if it appears to a magistrate that there is reasonable cause to suspect that a person believed to be suffering from mental disorder; has been ill-treated, neglected or kept otherwise than under proper control or is living alone and unable to care for themselves.
Section 135(2)	Authorises forcible entry of a property to look for and remove a detained patient who is absent without leave (AWOL) from hospital if on information given, it appears to a magistrate that there is reasonable cause to believe that a patient already subject to a section is to be found on premises within the jurisdiction of the magistrate and admission to the premises has already been refused or a refusal of entry is predicted.
Section 136	Under this section, if a police officer believes that a person in a public place is "suffering from mental disorder" and is in "immediate need of care and control", the police officer can take that person to a "place of safety" for a maximum of 72 hours so that the person can be examined by a doctor and interviewed by an Approved Mental Health Professional (AMHP) and any necessary arrangements can be made for the person's treatment and care.
Section 5(4)	Allows a registered nurse to detain an informal patient of a patient lacking capacity for up to 6 hours. The person already has to be receiving treatment for mental disorder as an inpatient and is indicating that they wish to leave hospital and there has to be an immediate need to prevent this where a doctor or approved clinician is not available to complete a section 5(2) instead. This section is intended as an emergency measure.
Section 5(2)	This section provides the authority for a doctor or approved clinician to detain either an informal patient or a patient who lacks capacity for up to 72 hours. It is designed to provide the time required to complete an application for section 2 or

	section 3 if the person wishes to leave hospital before the necessary arrangements for these applications can be made.
Section 4	Provides the power to forcibly admit and detain a person in hospital for up to 72 hours where it is of urgent necessity for the person to be admitted and detained under section 2 but only one doctor is available at the time to make a medical recommendation.
Section 2	<p>The detention period lasts for a period of up to 28 days to enable assessment or assessment followed by treatment for mental disorder to take place.</p> <p>Patients have the right of appeal to the Hospital Managers at any time and without limit to the number of appeals (at the discretion of the Hospital Managers) during the 28 days but they may only appeal to the Mental Health Review Tribunal within the first fourteen days of detention.</p> <p>Section 2 cannot be renewed but under certain circumstances, the 28 day period may be extended whilst an application is made to a county court to have another person appointed as nearest relative depending if certain grounds are met.</p>
Section 3	<p>This admission is initially for a period of up to six months; if it runs its full course, the section may be renewed for a further six months and twelve monthly periods thereafter.</p> <p>Patients may appeal to the Hospital Managers at any time during a period of detention but they can only appeal to the Mental Health Review Tribunal once in each period of detention.</p> <p>Where the patient has recently had a hearing (either MHRT or Managers), the chair of the Hospital Managers Power of Discharge Panel may refuse for the case to be considered unless there has been a significant change in the patient's circumstances or condition since that hearing. This prevents unnecessary hearings taking place which may distress the patient and impact on those involved in their care.</p>
Section 37	<p>Section 37 provides for a court to sentence a person to hospital for treatment (or guardianship) for up to six months.</p> <p>The criteria and resulting admission work in the same way as a section 3 except for the appeal process. A section 37 patient has:</p> <ul style="list-style-type: none"> <li>the right of appeal to the Crown Court or Court of Appeal to have the conviction quashed or a different sentence imposed.</li> </ul>

	<ul style="list-style-type: none"> <li>the right to appeal to the Tribunal, but only in the second six months and then once in each subsequent period of detention.</li> <li>the right of appeal to the Hospital Managers at any time and without limit to the number of appeals at the discretion of the Hospital Managers.</li> </ul>
Section 38	Empowers a Crown Court or Magistrates Court to send a convicted offender to hospital to enable an assessment to be made on the appropriateness of making a hospital order or direction.
Section 41	Empowers the Crown Court, having made a hospital order under section 37, to make a further order restricting the patients discharge, transfer or leave of absence from hospital without the consent of the Secretary of State for Justice.
Section 47	Enables the Secretary of State to direct that a person serving a sentence of imprisonment or other detention be removed to and detained in a hospital to receive medical treatment for mental disorder.
Section 49	Enables the Secretary of State for Justice to add an order restricting the patients discharge from hospital to a section 47.
Section 17A, Community Treatment Order	<p>This allows for a patient to receive the care and treatment they need for their mental disorder in the community rather than in hospital. To be eligible for CTO the patient must have been detained on one of the treatment sections when the application for the CTO was made.</p> <p>Each time a period of section 17 leave is granted to a detained patient for more than 7 consecutive days, their RC must consider whether it would be appropriate for the patient to be subject to CTO rather than an inpatient on extended section 17 leave.</p> <p>The patient's responsible clinician may specify conditions to be applied by the CTO. The only limitation on conditions is that they are "necessary" or "appropriate" for:</p> <ul style="list-style-type: none"> <li>o ensuring the patient receives medical treatment</li> <li>o preventing the risk of harm to the patient's health or safety</li> <li>o protecting other persons.</li> </ul> <p>Once on a CTO, the patient may be recalled to hospital for up to 72 hours where the treatment rules under the Act apply during that period of recall.</p>



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University Health Board

Mental Health Act Monitoring Committee  
4 March 2020  
Agenda Item: 3.2

## Aneurin Bevan University Health Board

### Power of Discharge Sub-Committee Interim Report

#### Executive Summary

This report provides the Mental Health and Learning Disabilities Committee with an update on the work of the Power of Discharge Sub-committee and the (Mental Health Act) Associate Hospital Managers' Activity within the Mental Health and Learning Disabilities Division.

The report asks the Committee to receive the report for assurance and compliance with the legislative requirements.

#### The Committee is asked to: (please tick as appropriate)

Approve the Report	
Discuss and Provide Views	
Receive the Report for Assurance/Compliance	✓
Note the Report for Information Only	

**Executive Sponsor:** Nick Wood, Executive Director for Primary, Community and Mental Health Services

**Report Author:** Sarah Cadman, Head of Quality & Improvement, MH & LD

#### Report Received consideration and supported by :

<b>Executive Team</b>		<b>Committee of the Board [Committee Name]</b>	Mental Health Act Monitoring Committee
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**Date of the Report:** 27.2.20

**Supplementary Papers Attached:** None

## MAIN REPORT:

#### Purpose of the Report

This report provides the Mental Health and Learning Disabilities Committee with an update on the work of the Power of Discharge Sub-committee and the (Mental Health Act) Associate Hospital Managers' activity within the Mental Health and Learning Disabilities Division.

The report asks the Committee to receive the report for assurance and compliance with the legislative requirements.

## Background and Context

Section 23 of the Mental Health Act (the Act) gives certain powers and responsibilities to 'Hospital Managers'. In Wales, NHS hospitals are managed by Local Health Boards. The Local Health Board is therefore, for the purposes of the Act, defined as the 'Hospital Managers'.

Hospital Managers have the authority to detain patients under the Act. They have responsibility for ensuring the requirements of the Act are followed. In particular, they must ensure patients are detained and treated only as the Act allows, and that patients are fully informed of, and are supported in, exercising their statutory rights. Hospital Managers have equivalent responsibilities towards Community Treatment Order (CTO) patients (CoPW 37.4).

In practice, most of the decisions of the Hospital Managers are undertaken by individuals (or groups of individuals) on their behalf by means of the formal delegation of specified powers and duties (CoPW 37.5).

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

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

## Assessment and Conclusion

### 1. The Power of Discharge Sub-Committee

The Committee consists of eight Voluntary Associate Hospital Managers. In addition, the meetings are also attended by the Head of Quality and Improvement for MH&LD, Board Secretary, Chair of the Committee (Independent Board Member) and Mental Health Act Lead and Administrator.

The Power of Discharge Sub-Committee aims to meet quarterly and has met on one occasion during the period November 2019 – February 2020. The Power of Discharge Sub-Committee aims to align its meetings to the Mental Health Act Monitoring Committee schedule.

At the PODSC meeting held in October 2019, a number of issues were raised by AHMs which have informed a programme of work within the Division and the agenda of the sub-committee.

The agenda format has been redesigned in response to comment that AHMs often felt there was not enough time for adequate discussion of items they raised in meetings. This format was used and agreed at the PODSC meeting in February.

In addition, an informal meeting was held with the AHMs in January 2019 to update on the work to date and seek their views and decision on a number of issues outlined below:

## **1.1 Payments, expenses and remittance advice for Associate Hospital Managers**

The MHA Administration Department has worked with colleagues from Expenses and Payroll to clarify the systems and processes available for the management of remuneration for AHMs.

This has now been resolved and training has been arranged to ensure that all AHMs can access and use the appropriate electronic systems to ensure timely recording and remuneration.

## **1.2 Process for the organisation of Managers' Hearings, including parity of sessions, ensuring Managers have adequate opportunity to respond to a request, organisation & risk assessment of the meeting venues**

A process was discussed with, and agreed by AHMs which aims to clarify the process for requesting availability and arranging hearings. The process ensures parity of offer and timescales to respond to a request.

The Administrative Support Officer and Clinical Lead for MHA are in the process of reviewing all locations for Hearings with regard to risk assessment and suitability of environment for the Hearing. These will be shared with AHMs.

The process for the timely sharing of papers has also been agreed.

## **1.3 The provision of Health Board laptop computers and VPN fobs to ensure all Managers have NHS Wales email accounts (and are thus secure)**

Laptops and VPN fobs have been ordered (and very recently received) in order that AHMs can access NHS emails accounts (which are therefore secure). It has also been agreed that papers for hearings will be shared electronically. This allows a secure and timelier sharing of information which substantially reduces the risk of confidentiality breach.

## **1.4 Ways to support service users to exercise their right to a hearing and improve the Health Board's uptake of Managers' Hearings**

The MHA Administration Department has been considering factors that influence uptake of Managers' Hearings, particularly for section renewals and renewal of Care and Treatment Plans. Anecdotally, there is feedback that patients do not want to attend such meetings and therefore do not exercise their right to a Managers' Hearing. The Managers were asked about their views on a mechanism used elsewhere in Wales whereby an uncontested 'paper-based' review is held. This is where the patient can request a review which they would not attend in person. Discussion was held around ensuring that rights are adequately safeguarded and it was agreed to trial this system. It was agreed this would be evaluated in April.

## **1.5 Plan for the Year ahead**

A plan for the remaining three PODSC meetings was agreed, which includes a legal update and the evaluation of the pilot described in 1.4.



## 1.6 Appraisals

Further to the previous PODSC meeting, it was agreed that the above processes needed to be explored, agreed and embedded before the appraisal agenda is explored further.

## 2. Associate Hospital Manager Hearings

A total of 19 hearings were held between September 2019 and December 2019 resulting in no discharges.

A breakdown of the hearing activity is detailed below:

Month	Hearings Arranged	Outcomes of Hearings
September 2019	7 Hearings Arranged 4 Section 3s 2 CTO	All 7 Hearings were held and continued
October 2019	6 Hearings arranged 2 CTOs 4 Section 3s	2 CTOs were continued 2 sections were continued 1 cancelled due to the patient being transferred 1 adjourned as Social Worker didn't attend.
November 2019	4 Hearings arranged 2 CTOs 2 Sections 3s	2 CTOs were continued 1 section continued 1 section adjourned due to patient lacking capacity.
December 2019	2 Hearings arranged 2 Sections 3s	Both continued

## Scrutiny of Associate Hospital Manager Decisions

The Mental Health Act Administration Department is responsible for the scrutiny of the decisions made by the Associate Hospital Managers to ensure legislative compliance. All 19 hearings were scrutinised by the Mental Health Act Administration Department.

## Recommendation

The report asks the Committee to receive the report for information and assurance.

## Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	There are potential legislative risks to the Health Board if patients are not lawfully detained under the Mental Health Act
<b>Financial Assessment, including Value for Money</b>	No specific financial issues have been identified.
<b>Quality, Safety and Patient Experience Assessment</b>	The lawful application of the Mental Health Act is essential to the safeguarding of patients' rights and liberties.

<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	No specific equality and diversity issues have been identified.
<b>Health and Care Standards</b>	Relevant to Health and Care Standards 2, 4 and 7
<b>Link to Integrated Medium Term Plan/ Corporate Objectives</b>	No specific link to the IMTP.
	<b>Integration</b> – the statutory requirements are limited to hospital provision
	<b>Collaboration</b> – the application of the Mental Health Act requires collaboration with the Local Authority
<b>Glossary of New Terms</b>	None
<b>Public Interest</b>	There is a public interest in this report being shared.



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Mental Health Act Monitoring Committee  
4 March 2020  
Agenda Item: 3.3

## Aneurin Bevan University Health Board

### Mental Health and Learning Disability Divisional Committee and Governance Structure

#### Executive Summary

Following a request at the last Mental Health Act Monitoring Committee the current paper outlines the internal committee/meeting structure within the Mental Health and Learning Disability Division and the broader partnership and national context that the Division sits and functions within.

#### The Committee is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

Note the Report for Information Only

✓

#### Executive Sponsor:

**Report Author:** Dr Chris O'Connor

Divisional Director for Mental Health and Learning Disability

#### Report Received consideration and supported by :

**Executive Team**

**Committee of the Board**  
[Committee Name]

Mental Health Act Monitoring  
Committee

**Date of the Report:** 24<sup>th</sup> February 2020

#### Supplementary Papers Attached:

None

#### Purpose of the Report

At the last Mental Health Act Monitoring Committee held on Thursday 17<sup>th</sup> October 2019 the Committee requested a structural diagram to explain how the various committees and groups within the Mental Health and Learning Disability Division interface.

This paper aims to respond to the request and outlines both the internal structures within the Mental Health and Learning Disability Division and the broader partnership and national context that the Division operates within.

## Background and Context

### Mental Health and Learning Disability Divisional Governance Structure

#### *(a) Divisional Assurance*

Within the Division on a five weekly rotating basis the senior leadership and management team meet with each of the Directorates, namely;

- Adult and Specialist Mental Health Services
- Older Adult Mental Health Services
- Primary Care Mental Health Support Services
- Learning Disability Services

These Directorate Assurance meetings provide an opportunity to consider a broad range of areas including IMTP development and delivery, quality and patient safety priorities (including Top 3 risks and issues), workforce issues, and performance and financial management.

In addition every five weeks there is a wider Divisional Assurance meeting which provides the opportunity for the management and leadership teams across the Division to interface and considers issues that are relevant for all areas of the Division.

The Division also has a weekly Complex Care Commissioning Quality Assurance Panel to oversee scrutiny of the development and monitoring of packages of care commissioned by the Division.

The senior management and leadership team within the Division also attend a monthly Divisional Assurance Meeting with the Executive Director of Primary, Community and Mental Health. The key areas addressed within the meeting are the same as the internal Divisional assurance meetings.

#### *(b) Quality, Patient Safety and Patient Experience Group*

In addition to the assurance meetings outlined in (a) the Division also has a Divisional Quality, Patient Safety and Patient Experience Group. The Group oversees and provides advice and leadership regarding the safe and effective delivery of Mental Health and Learning Disability services. The scope of the priorities for this group are wide but include:

- Ensuring that ensuring the division has a citizen centred approach, putting patients, patient safety and safeguarding above all other considerations.
- Undertaking review of reports and actions arising from the work of external regulators in particular to ensure completion of agreed improvement actions and learning.
- Ensuring the arrangements for managing risk are appropriately designed and operating effectively to ensure the provision of high quality, safe mental and learning disabilities health care and services across the whole of the Board's activities. This

will include reviewing the risk registers for these services and agreeing mitigating actions and monitoring progress and escalation of concerns or risks as required.

- Co-ordinating lessons learned from patient and service user safety incidents, complaints and claims and that these, together with good practice are shared across and outside the division and the impact of learning is measured and actively used to inform improvement.
- Ensuring that the workforce is appropriately selected, trained, supported and responsive to the needs of the service and patients, ensuring that professional standards and registration/revalidation requirements are maintained.
- Ensuring that there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the division.
- Ensuring that the care planned or provided across the breadth of the division's functions (including those provided by the independent or third sector) are consistently applied, based on sound evidence, are clinically effective and meet agreed standards.

Under the governance of the Divisional Quality, Patient Safety and Patient Experience Group there are a number of subgroups including;

- Directorate specific Quality and Patient Safety meetings
- Divisional Safeguarding and Concerns Panel
- Divisional Mortality Reviews
- Risk Register meeting
- Ligature Risk Group

In addition to the sub-groups time limited Task and Finish groups are established when required to undertake focused work on particular issues.

The Divisional Quality, Patient Safety and Patient Experience Group and the associated sub-groups link with the relevant Corporate committees and groups that oversee the broader Health Board quality and patient safety agenda including the Health Board Quality and Patient Safety Operational Group, Safeguarding Committee, Mental Health Act Monitoring Committee, Infection Prevention and Control, Falls Panel and Mortality Review.

### **Mental Health and Learning Disability Strategic Partnership**

In relation to the broader strategic partnership context a number of staff within the Mental Health and Learning Disability Division are members of the Mental Health and Learning Disability Strategic Partnership.

The purpose of the strategic partnership is to provide overarching multi-agency strategic oversight and leadership for the delivery of the Gwent Regional Partnership Board's vision for the development and delivery of integrated services and support to Mental Health and Learning Disability services.

Key priorities of the strategic partnership are as follows:

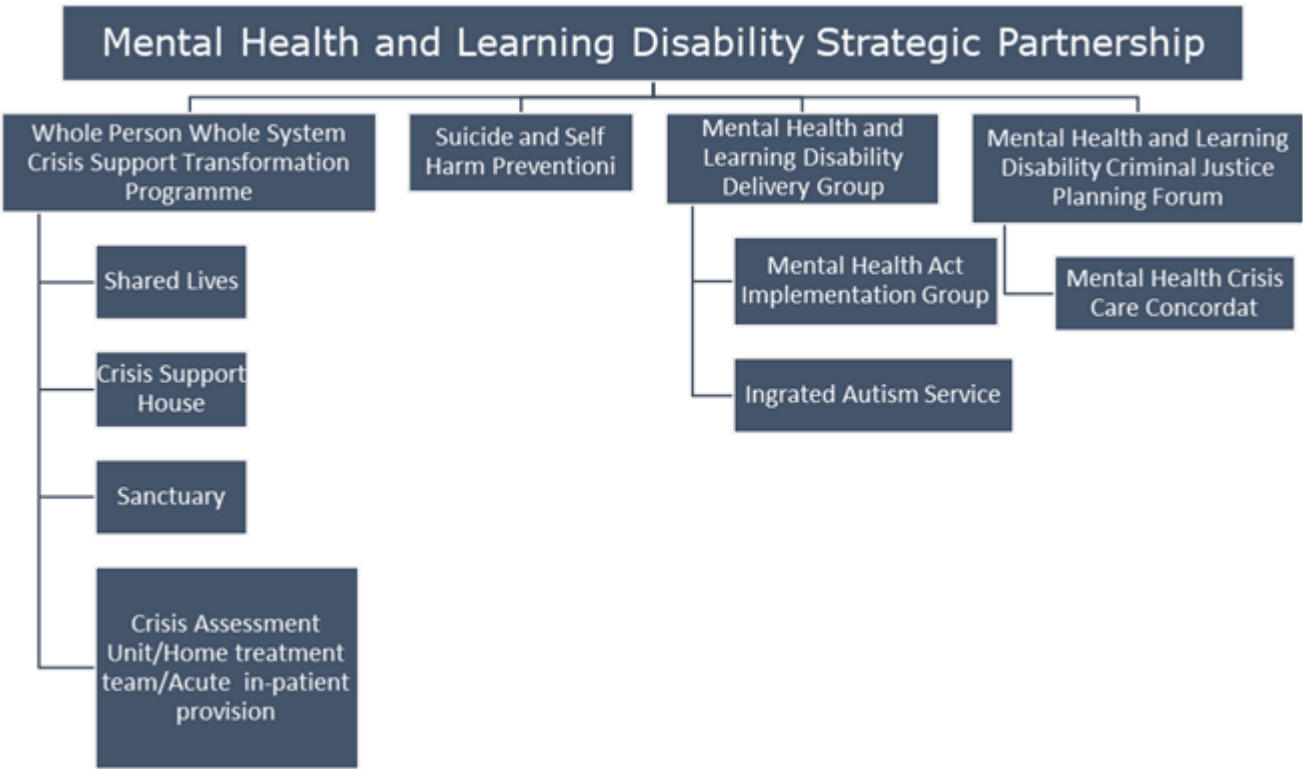
- Develop a strategic vision for improving Mental Health and Learning Disability services to enable best use of resources across partner organisations.
- Oversee the delivery of the Gwent Integrated Mental Health and Learning Disability Strategies
- Oversee the delivery of the 'Together for Mental Health' strategy and other relevant Mental Health and Learning Disability strategies such as 'Talk to Me 2' and the 'ASD Strategic Action Plan'.
- Agree the strategic and operational issues of joint working in relation to mental health and learning disability and identify areas for collaboration and integration.
- Identify key strategic national and local issues requiring a collaborative approach in order that the benefit to service users and carers is maximised.
- Agree multi-agency strategies and the contribution of stakeholder agencies taking into account other partnership arrangements both within the area and nationally.
- Ensure the crosscutting links are made between the other regional strategic partnerships.

The Mental Health and Learning Disability Strategic Partnership is accountable to the Gwent Leadership Group and ultimately to the Gwent Regional Partnership Board.

The Strategic Partnership is currently chaired by the Divisional Director for Mental Health and Learning Disabilities.

Under the governance of the Mental Health and Learning Disability Strategic Partnership, there are currently four sub-groups. Diagram One below provides a summary of the sub-groups that report directly to the Mental Health and Learning Disability Strategic Partnership.

**Diagram One: Mental Health and Learning Disability Strategic Partnership Governance Structure**



## NHS Wales Mental Health Network Board

In September 2018 the first meeting of the NHS Wales Mental Health Network Board was held.

The agreed purpose for the Network Board is to advise NHS Wales on issues regarding the development of mental health services in Wales and, on behalf of NHS Wales, to oversee and guide the work of the Mental Health Network. It is also intended to drive, facilitate and enable transformational change and sustained improvement for NHS commissioned and/or delivered mental health services in Wales by promoting a prudent, whole system approach.

The NHS Wales Mental Health Network Board is accountable to NHS Wales through the Collaborative Executive Group (Chief Executives) and ultimately to the Collaborative Leadership Forum (Chairs and Chief Executives).

The Mental Health Network Board is chaired by the CEO of Powys Teaching Health Board and the Executive Director of Primary, Community and Mental Health represents ABUHB within the Board.

Under the governance of the Mental Health Network Board, there are currently four Network sub-groups;

- Adult Mental Health
- Perinatal Mental Health
- Eating Disorders
- CAMHS

### Assessment and Conclusion

The current paper has provided an overview of the key governance arrangements within the Mental Health and Learning Disability Division.

### Recommendation

The Committee is asked to note the governance structure outlined within the report.

### Supporting Assessment and Additional Information

<b>Risk Assessment (including links to Risk Register)</b>	Not relevant to this paper.
<b>Financial Assessment, including Value for Money</b>	Not relevant to this paper.
<b>Quality, Safety and Patient Experience Assessment</b>	Not relevant to this paper.

<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	Not relevant to this paper.
<b>Health and Care Standards</b>	Not relevant to this paper.
<b>Link to Integrated Medium Term Plan/ Corporate Objectives</b>	Not relevant to this paper.
<b>Glossary of New Terms</b>	None.
<b>Public Interest</b>	This paper has been written to be put into the public domain.