



MENTAL HEALTH AND LEARNING DISABILITIES COMMITTEE
Thursday 13th June 2019, 2:00pm
in the Conference Room 3,
Aneurin Bevan University Health Board Headquarters,
St Cadoc's Hospital

AGENDA

1	Preliminary Matters				2:00
	1.1	Welcome and Introductions	Verbal	Chair	5 mins
	1.2	Apologies for Absence	Verbal	Chair	
	1.3	Declarations of Interest	Verbal	Chair	
	1.4	Minutes of the Meeting held on 11 th April 2019	Attachment	Chair	10 mins
	1.5	Action Log of Meeting held on 11 th April 2019	Attachment	Chair	
2	Governance Matters				
	2.1	Revised Terms of Reference - Update	Verbal	Chair	
	2.2	Review of Mental Health Act Managers Scheme of Delegation	Verbal	Richard Bevan	
	2.3	Mental Health Act Practice Issues resulting from Board Development Session <ul style="list-style-type: none">• Section 140• Hospital Conveyance• Section 117 Aftercare	Attachment	Ana Llewellyn	
3	Agenda Items				
	3.1	Mental Health Act Update	Attachment	Ana Llewellyn	
	3.2	Power of Discharge Sub-Committee Update	Attachment	Katija Dew	
4	Final Matters/For Information				
	4.1	Items for Board Consideration To agree agenda items for Board consideration and discussion	Verbal	Chair	
5	Date of Next Meeting				
Thursday 17 th October 2019, 2:00pm in the Executive Meeting Room, ABUHB Headquarters, St Cadoc's Hospital					Chair



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Mental Health & Learning Disabilities Committee
13th June 2019
Agenda Item: 1.4

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health and Learning Disabilities Committee held on Thursday 11th April 2019 at 2:00pm in Executive Meeting Room, Headquarters St Cadoc's Hospital, Caerleon

Present:

Emrys Elias	- Vice Chair (Chair)
Katija Dew	- Independent Member
Cllr Richard Clark	- Independent Member of Local Government

In Attendance:

Dr Chris O'Connor	- Divisional Director for Mental Health and Learning Disabilities
Nick Wood	- Executive Director of Primary, Community and Mental Health Services
Ian Thomas	- General Manager, Mental Health and Learning Disabilities
Ana Llewellyn	- Divisional Nurse
Lin Slater	- Deputy Director of Nursing
Danielle O'Leary	- Committee Secretariat

Apologies:

Frances Taylor	- Independent Member
Martine Price	- Interim Director of Nursing
Richard Bevan	- Board Secretary

MH&LDC 1104/01 Welcome and Introductions

The Chair welcomed members and guests to the meeting.

MH&LDC 1104/02 Apologies for Absence

Apologies for absence were noted.

MH&LDC 1104/03 Declarations of Interest

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

MH&LDC 1104/04 Minutes of the Meeting held on 7th February 2019

The minutes were agreed as a true and accurate record.

MH&LDC 1104/05 Action Log of the Meeting held on 10 October

The Committee agreed the actions from the previous meeting.

The Committee was updated in respect of action **MH&LDC 0702/10 IMTP SCP 4** – A programme of engagement regarding adult acute in-patient services had not yet been developed as the interdependencies between this work and the wider development of the business case associated with a Low Secure Unit, High Dependency Unit and Psychiatric Intensive Care Unit were significant. A programme of engagement would be presented to the Committee once finalised.

ACTION: Secretariat/Ana Llewellyn

The Committee was advised that action MH&LDC 0702/12 National Benchmarking would be deferred until the June 2019 meeting as further information was due to be included.

ACTION: Secretariat/Nick Wood

MH&LDC 1104/06 Tawel Fan Task and Finish Group Report

The Committee was updated in respect of the actions that had been undertaken by the Health Board subsequent to the published Tawel Fan report.

The Minister for Health and Social Services had requested all Health Boards undertake an internal review of their services following the recommendations from the Report.

The Deputy Director of Nursing confirmed that a regional Dementia Action Plan has been developed by the Dementia Board and the Dementia Board had also commissioned a mapping exercise across the Health Board area to determine what services were provided. The Committee queried if there was a detailed action plan developed to provide further assurance that all recommendations were being implemented.

The Committee discussed the mechanism for monitoring the Health Board actions associated with the recommendations from this report going forward. The Committee concluded that as the actions outlined within the report were wider than the Mental Health Division, it was agreed that the Regional Dementia Action Plan alongside this report, would be presented to the next Quality and Patient Safety Committee meeting.

ACTION: Secretariat/Lin Slater

The Committee was assured that implementation of the recommendations was underway and many had already been implemented or were already established.

MH&LDC 1104/07 Performance Primary Care Mental Health Support Services (PCMHSS)

The Committee received the report. The Committee was advised that the Division was aware of some sustainability issues in relation to Primary Care Mental Health Support Services (PCMHSS) and was taking appropriate action to address these issues. It was also noted that there were issues in relation to sustaining performance levels within Children's and Young Peoples (CYP) services. It was reiterated that mitigating plans and actions were being undertaken and recruitment into key posts was underway.

A number of key points in relation to areas of improvement were highlighted in the report:

- Additional resource had been received to further develop CYP services.
- It was anticipated by the end of May 2019 the backlog in CYP services would be cleared and made sustainable.
- A new service model for PCMHSS was being developed in conjunction with Neighbourhood Care Networks. .

The Committee was assured that mechanisms were in place to robustly monitor and fully evaluate the performance targets related to the work of the Mental Health and Learning Disability Division. The Division attends monthly assurance meetings with the Director of Primary, Community and Mental Health Services. The Division was anticipating improvement in

performance compliance with the Measure targets following completion of the above actions.

The Committee was advised that performance in relation to PCMHSS was anticipated to drop during April and May 2019 due to a temporary reduction in service capacity resulting from releasing staff for training. The Committee was assured that compliance levels would be recovered following the training during summer 2019. Members queried what level the 'dip' in performance was likely to be. The Division responded that performance was not likely to drop less than 70% however, it would not meet the Welsh Government target.

MH&LDC 1104/08 Mental Health Act Managers Update

The Committee received an update in respect of the recruitment of 3 new Mental Health Act Managers. The Health Board was in the process of conducting the relevant DBS checks and a programme of training and induction was also being developed.

The Committee agreed that the new Mental Health Act Managers would form a team with the existing Managers. It was further agreed that a timetable of meetings would be developed to enable the Power of Discharge Sub-Committee to occur prior to the Mental Health and Learning Disability Committee. The Chair requested that the Division establish how other organisations report their Mental Health Act data and a new style of report would be tested at the June 2019 Committee meeting.

ACTION: Ana Llewellyn/Secretariat

MH&LDC 1104/09 Key Risks and Issues

The Committee noted the Divisional risk register and commented on the number of high level risks that were described. It was noted that a number of the high level risks were associated with estates and it was the Division's understanding that in order to apply for discretionary capital funding, estate related risks needed to be highly scored. The Committee was assured that this approach was being reviewed at the Discretionary Capital Group and a revised risk register would be presented to the next Committee meeting.

ACTION: Ian Thomas

The Committee noted that some of the risks on the register related to HIW recommendations. The Committee acknowledged that the Health Board's Estate Prioritisation Strategy addressed some of the HIW recommendations and therefore this could be reflected on the next risk report in June 2019.

ACTION: Ian Thomas

The Committee was advised that most of the Estates related risks could be removed from the register as they had been mitigated. The Committee requested that timescales be included on the risk register for future meetings.

ACTION: Ian Thomas

The Committee discussed the risks associated with WCCIS and it was agreed that a risk in relation to the slippage on timescales of implementation of the new information system should be included on the next risk register report for the June 2019 meeting.

ACTION: Ian Thomas

MH&LDC 1104/11 Items for Board Consideration

There were no items for Board consideration.

MH&LDC 1104/12 Community Mental Health Team (CMHT) Review

The Committee noted the report for their information. It was noted that the South Caerphilly CMHT was reviewed in October 2018 as part of the national review carried out by HIW. As a result of the review, an action plan had been developed and recommendations were being implemented.

The Health Board was anticipating a further review of other CMHTs within the Health Board area, over the next few months. The Division welcomed the focus on CMHTs and the opportunity to improve services going forward.

MH&LDC 1104/13 Date and Time of Next meeting

The next meeting of the Mental Health and Learning Disabilities Committee will be held on Thursday 13th June 2019 at 2.00pm in the Conference Room 3, ABUHB Headquarters, St Cadoc's Hospital.



Mental Health and Learning Disabilities Committee
Thursday 13th June 2019
Agenda Item: 1.5


Mental Health and Learning Disabilities Committee Action Log – 11th April 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 – 11th April 2019

Action Reference	Action Description	Lead	Progress
MH&LDC 1104/05	Action Log of Meeting held on 10th October 2019 A programme of engagement in relation to IMTP SCP 4 to be presented to the Committee once finalised.	Secretariat/Ana Llewellyn	Item added to Committee work programme.
	Benchmarking item to be deferred to June 2019 meeting as further information was due to be included.	Secretariat/Nick Wood	Item added to June 2019 agenda.
MH&LDC 1104/06	Tawel Fan Task and Finish Group Report The Dementia Action Plan to be presented to the Committee at its June meeting.	Lin Slater/Secretariat	Item added to June 2019.
	As the Tawel Fan report recommendations had implications wider than the Mental Health Division, it was agreed that the report and the Regional Dementia Plan would also be presented to the QPSC at their June 2019 meeting.	Lin Slater/Secretariat	This has been communicated to the Secretariat for QPSC and added to their work programme.

Action Reference	Action Description	Lead	Progress
MH&LDC 1104/08	Mental Health Act Managers Update The Committee agreed that the Division would review other Health Board's mechanisms for reporting Mental Health Act compliance data and it was further agreed that a revised report would be presented to the next Committee meeting.	Ana Llewellyn/Secretary	Item has been added to the June Committee agenda.
MH&LDC 1104/09	Key Risks and Issues A revised approach to risk rating in relation to discretionary capital funding to be included in the next iteration of the report.	Ian Thomas	Completed. Directorates have revised scoring mechanisms accordingly.
	Remove the risks relating to HIW recommendations that had been addressed through the Health Board's Estate Prioritisation Strategy.	Ian Thomas	Completed. HIW actions have been removed from Risk Register once actions completed.
	Timescales to be included on the risk register going forward.	Ian Thomas	When known, timescales are added to the risk register and risk review dates are included and updated
	A new risk in relation to delayed implementation of WCCIS to be included on the next iteration of the risk register.	Ian Thomas	WCCIS implementation risk has been updated on the Risk Register

 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health and Learning Disabilities Committee 13th June 2019 Agenda Item: 2.3
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Aneurin Bevan University Health Board

Mental Health Act Report on Issues Arising from Board Development Session

Executive Summary

This report provides the Mental Health and Learning Disabilities Committee with an update on the practice issues arising from the Mental Health Act (1983) Board Development Session.

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

The Board 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: Ana Llewellyn, Divisional Nurse

Report Received consideration and supported by :

Executive Team		Committee of the Board [Committee Name]	Mental Health and Learning Disabilities Committee
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Date of the Report: 6th June 2019

Supplementary Papers Attached:

MAIN REPORT:

Purpose of the Report

This report provides the Mental Health and Learning Disabilities Committee with an update on the issues arising from the Mental Health Act (1983) Board Development Session.

The report asks Committee to receive the report for assurance and compliance with the legislative requirements of the Mental Health Act (1983) and the Wales Code of Practice (2006).

Background and Context

In May 2019 a Mental Health Act Board Development Session was held that included training on the Mental Health Act sections, an update on the Board's responsibility in relation to the Act and a legislative case law update. The session was led by a national legal expert, a Responsible Clinician and the Integrated Mental Health Act trainer from Aneurin Bevan University Health Board's Mental Health and Learning Disabilities Division.

There were three issues arising from the session that required further clarification. The Board sought assurance that there were local arrangements in place for the management of Section 140, Section 117 and conveyance.

This report seeks to provide an update on the arrangements that are currently in place.

Assessment and Conclusion

1. Section 140 Mental Health Act (1983)

Section 140 is not a detaining section and as such there are no powers of conveyance, treatment or detention. Section 140 largely relates to the provision and commissioning of beds. Section 140 has a high profile in the discourse relating to the Mental Health Act due to the practice of admitting acutely unwell people out of area when there is no local bed availability.

1.1 Section 140 (a)

This places a duty on Health Boards to notify Local Social Services Authorities about the hospitals to which their patients can be admitted in cases of exceptional urgency where there is no identified bed. The intention is to ensure that the lack of a bed is no barrier to a patient accessing treatment where that need is urgent while arrangements are made to secure an appropriate resource with a bed.

In Aneurin Bevan University Health Board emergency admissions are managed by the three Crisis Resolution Home Treatment Teams (CRHTT) up until 10 pm and thereafter by the junior doctor based at County Hospital. It is the responsibility of these clinicians to identify a bed for admission. In the exceptional circumstance of no bed being available, the division has a well-established protocol for the establishment of emergency beds. There are dedicated wards in the division that have the ability to create additional capacity.

The protocol has been developed to ensure that the division does not admit acutely unwell people out of area. Implementation of the protocol has only been required once in the last three years and this was for a short period of days.

1.2 Section 140 (b)

This places a duty for the provision of accommodation or facilities designed so as to be specially suitable for patients who have not attained the age of 18 years when they require admission under the Mental Health Act (1983).

In Wales this duty is shared between Welsh Health Specialised Services Committee (WHSSC) and the Health Boards. WHSSC is responsible for the commissioning of the two dedicated mental health in-patient services for young people in Wales. The South Wales service is hosted by Cwm Taf Morgannwg Health Board and is in Bridgend. The Health Boards are responsible for providing for the ability to admit young people on a short-term basis while waiting for a bed to become available in the regional unit.

In Aneurin Bevan University Health Board young people under the age of sixteen are admitted to a paediatric wards and young people aged sixteen and seventeen are admitted to the designated Child and Adolescent Mental Health area on the adult acute admission ward Ty Cyfannol at Ysbyty Ystrad Fawr. This is in keeping with the National Institute for Health and Care Excellence (NICE) Guidelines on the management of self-harm (2004).

There is a joint protocol between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) that provides guidance on providing support to these young people. Staff on Ty Cyfannol ward have additional children's safeguarding training and the young people receive daily input from CAMHS.

2. Section 117 Mental Health Act (1983)

Section 117 of the Act requires Health Boards and Local Authorities, in co-operation with other relevant non-statutory agencies, to provide, or arrange for the provision of, after-care to patients detained in hospital for treatment under Section 3, 37, 45A, 47 or 48 of the Act who cease to be detained and leave hospital.

The Code of Practice for Wales (2016) states that after-care services means services which have the purpose of meeting a need arising from, or related to, the patient's mental disorder, and which reduce the risk of a deterioration in the patient's mental condition (and, accordingly, reduce the risk of the patient requiring admission to hospital again for treatment for mental disorder). The duty to provide after-care services continues for as long as the patient is in need of such services.

The Code of Practice for Wales (2016) states that Local Authorities and Health Boards have a joint responsibility to provide or commission mental health after-care services. It also states that they should maintain a record of patients for whom they provide or commission after-care and what after-care services are provided.

Whilst the Health Board is compliant with the Code of Practice requirements for its role in the commissioning of after-care services, there are significant opportunities to improve the management of Section 117 provision, commissioning and record-keeping in Gwent on a partnership basis. Further discussions are required to agree a Gwent-wide process for the decision-making related to joint commissioning of Section 117 after-care packages and individual agencies maintain their own records of patients.

As the management of Section 117 is a multi-agency issue, this is an issue being addressed through the partnership arena. Early discussions between the Health Board and Directors of Social Services have taken place to consider alternative models to support people eligible for both Section 117 aftercare and Continuing Health Care.

The division would be minded to provide a future update to Committee on the progress of this work.

3. Conveyance

The term conveyance relates to the transport of patients from one place to another under the provisions of the Mental Health Act (1983).

There are a range of circumstances where people experiencing mental health crisis need to be conveyed from the community to hospital for assessment. In addition there are circumstances where patients need to be conveyed between hospitals, from and between places of safety, returned to a unit if they are absent without leave, or are subject to a Community Treatment order and are being recalled from the community. The most common situations requiring conveyance are:

- taking a person to hospital who has been assessed and detained under the mental health act or agreed to a voluntary admission following the assessment
- Transferring of patients requiring Mental Health assessment from Emergency Departments.
- taking a person to or between places of safety under S136 or S135 so an assessment can take place
- transferring a patient from one hospital to another so they can obtain appropriate assessment and treatment
- returning detained patients to hospital who are absent without leave
- returning people subject to Guardianship to the place they are required to reside
- taking Supervised Community Treatment (SCT) patients or conditionally discharged patients to hospital on recall
- transferring patients to and from court

The following Table explains who is responsible for coordinating conveyance:

Reason for Conveyance	Legal Authority	Responsibility for coordinating conveyance
Admission to hospital	Section 6 (1)	The applicant (AMHP or Nearest Relative)
Transfer between hospitals	Section 19 and associated regulations	Hospital Managers
Conveyance into guardianship or between places for guardianship	Section 18 (7)	The applicant (AMHP, Nearest Relative) or guardian
Transfer between places of safety	Section 135 (3A) or section 136 (3)	Police or AMHP or person authorized by them depending on place of safety
Return of patients absent without leave	Section 18	Police, AMHP, Hospital Managers, or hospital staff

Recall from SCT or conditional discharge	Section 17E & 17 F or section 42(3) as applicable	Responsible Clinician
Transfer to hospital from prison/court	Sections 35 (9)(a) , 37(4) 38 (4) and 40(1)	Court
Return to court or prison	Section 35 (9), 36 (8), 50 (1)(a) 51 (3) and (4) and 53 (2)	Responsible clinician or hospital manager

For many years Approved Mental Health Practitioners (AMHP), Gwent Police and ABUHB staff including General Practitioners, have been raising concerns about the timely availability of the Welsh Ambulance Service Trust (WAST) to convey people experiencing a mental health crisis to hospital.

The Gwent multi-agency Crisis Concordat Delivery Group developed a proposal in April 2017 that was successful in securing Integrated Care Fund (ICF) resource. A pilot was developed within the ABUHB footprint for a conveyancing service based within the Acute Mental Health inpatient Unit, Talygarn Ward at County Hospital Pontypool. The funding allowed for one driver to be based within Talygarn ward who had access to a vehicle to assist in the conveyancing of patients detained under Section 136 of the Mental Health Act or had been assessed in the community for detention under the Act.

Due to initial recruitment difficulties the service commenced in July 2017 although it remained with some significant staffing shortfalls. During the period until March 2018 there were 340 requests for the conveyancing service and 288 of these were completed.

During the period between September and November 2018 there were 420 occasions where the conveyance service was requested which was spread over a 7 day period. The service has been used regularly by all Local Authorities, Police and staff within ABUHB. The majority of calls relate to transfers between hospitals sites but there were over 150 requests for support in Mental Health Act work in the first 8 months of the year.

In December 2018, 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.

Recommendation

The report asks Committee to receive the report for assurance, compliance with the legislative requirements of the Mental Health Act (1983) and adherence to the Wales Code of Practice (2006).

The division seeks to provide a further update to Committee on the partnership model to support people eligible for Section 117 after-care as this work progresses.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There are potential legislative risks to the health board if patients are not lawfully detained under the Mental Health Act.
Financial Assessment, including Value for Money	No specific financial issues have been identified.
Quality, Safety and Patient Experience Assessment	The lawful application of the Mental Health Act is essential to the safeguarding of patients' rights and liberties.
Equality and Diversity Impact Assessment (including child impact assessment)	No specific equality and diversity issues have been identified.
Health and Care Standards	Relevant to Health and Care Standards 2, 4 and 7
Link to Integrated Medium Term Plan/Corporate Objectives	No specific link to the IMTP.
	Integration – the statutory requirements are limited to hospital provision
	Collaboration – the application of the Mental Health Act requires collaboration with the local authority
Glossary of New Terms	
Public Interest	There is a public interest in this report being shared.

 <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Mental Health and Learning Disabilities Committee 13th June 2019 Agenda Item: 3.1</p>
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Aneurin Bevan University Health Board

Mental Health Act Interim Report

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

The Board 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: Ana Llewellyn, Divisional Nurse and Hayley Jones, Mental Health Act Administration

Report Received consideration and supported by :

Executive Team		Committee of the Board [Committee Name]	Mental Health and Learning Disabilities Committee
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Date of the Report: 4th June 2019

Supplementary Papers Attached:

- Mental Health Act Activity Report October 2018 – March 2019
- Glossary of Common Terms Mental Health Act (1983)
- Annual NHS Wales Mental Health Act Benchmarking Report

MAIN REPORT:

Purpose of the Report

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

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

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 the 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 six monthly 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 Aneurin Bevan University Health Board.

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

Recommendation

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

Supporting Assessment and Additional Information

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

Link to Integrated Medium Term Plan/Corporate Objectives	No specific link to the IMTP.
	Integration – the statutory requirements are limited to hospital provision
	Collaboration – the application of the Mental Health Act requires collaboration with the local authority
Glossary of New Terms	
Public Interest	There is a public interest in this report being shared.



Mental Health Act Monitoring Committee Report

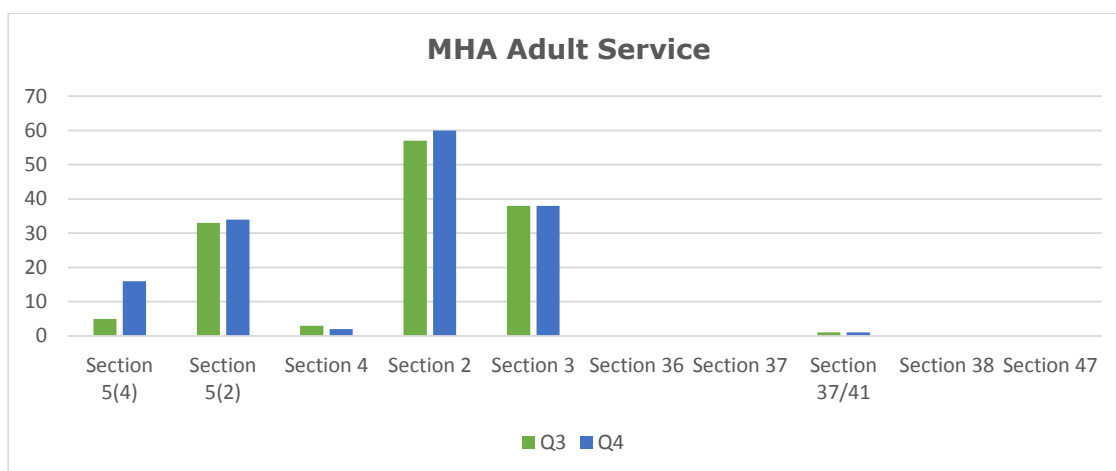
Activity Report

October 2018 – March 2019

Mental Health Act Monitoring Report Q3 and Q4 Activity Report for October 2018 to March 2019

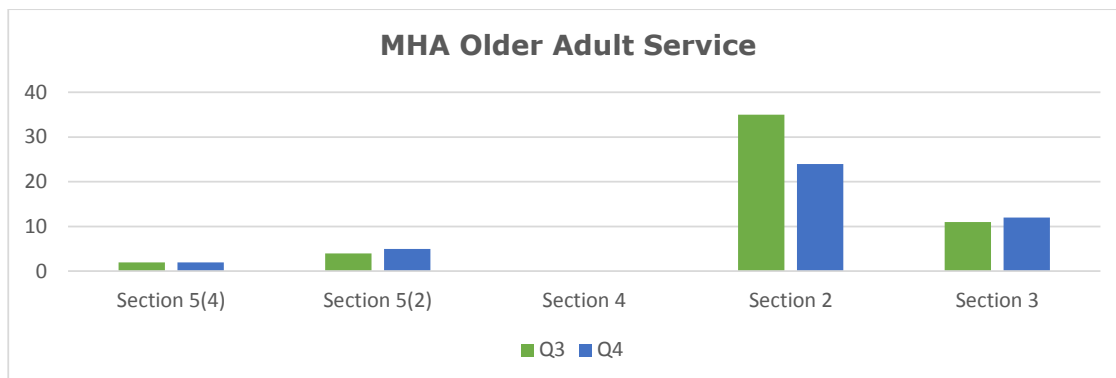
❑ In-Patient MHA Activity

Number of Adult compulsory admissions under the MHA (1983) for Quarters 3 & 4 (October 2018 to March 2019).



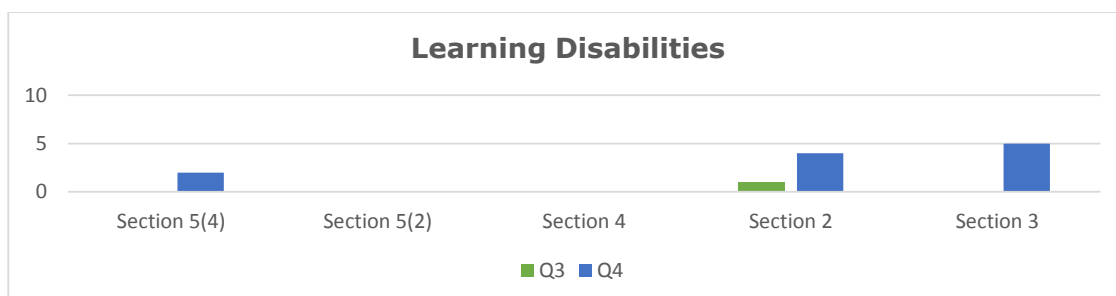
Section	Q3	% of total	Q4	% of total
Section 5(4)	5	4%	16	10%
Section 5(2)	33	24%	34	22%
Section 4	3	2%	2	1%
Section 2	57	42%	60	39%
Section 3	38	28%	38	25%
Section 36	0	0%	0	0%
Section 37	0	0%	0	0%
Section 37/41	1	1%	1	1%
Section 38	0	0%	0	0%
Section 47	0	0%	0	0%
Section 47/49	0	0%	2	1%
TOTAL	137		153	

Number of Older Adult compulsory admissions under the MHA (1983) for Quarters 3 & 4 (October 2018 to March 2019)



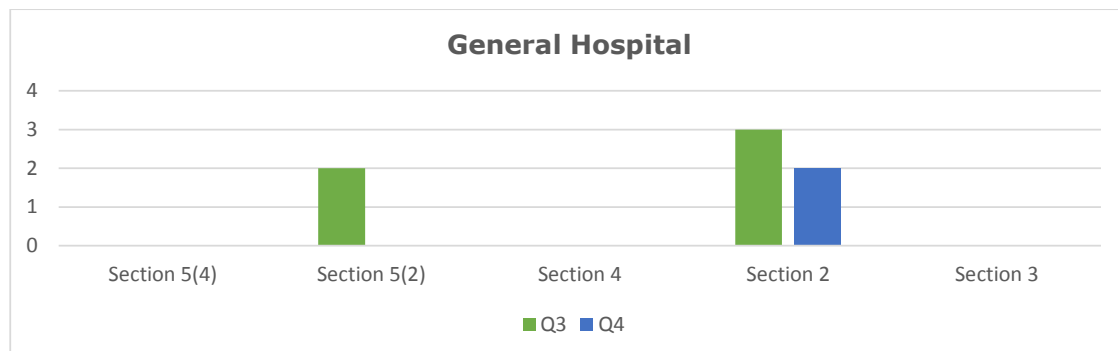
Section	Q3	% of total	Q4	% of total
Section 5(4)	2	4%	2	5%
Section 5(2)	4	8%	5	12%
Section 4	0	0%	0	0%
Section 2	35	67%	24	56%
Section 3	11	21%	12	28%
TOTAL	52		43	

Number of Learning Disability compulsory admissions under the MHA (1983) for Quarters 3 & 4 (October 2018 to March 2019)



Section	Q3	% of total	Q4	% of total
Section 5(4)	0	0%	2	18%
Section 5(2)	0	0%	0	0%
Section 4	0	0%	0	0%
Section 2	1	100%	4	36%
Section 3	0	0%	5	45%
TOTAL	1		11	

Number of General Hospital compulsory admissions under the MHA (1983) for Quarters 3 & 4 (October 2018 to March 2019)



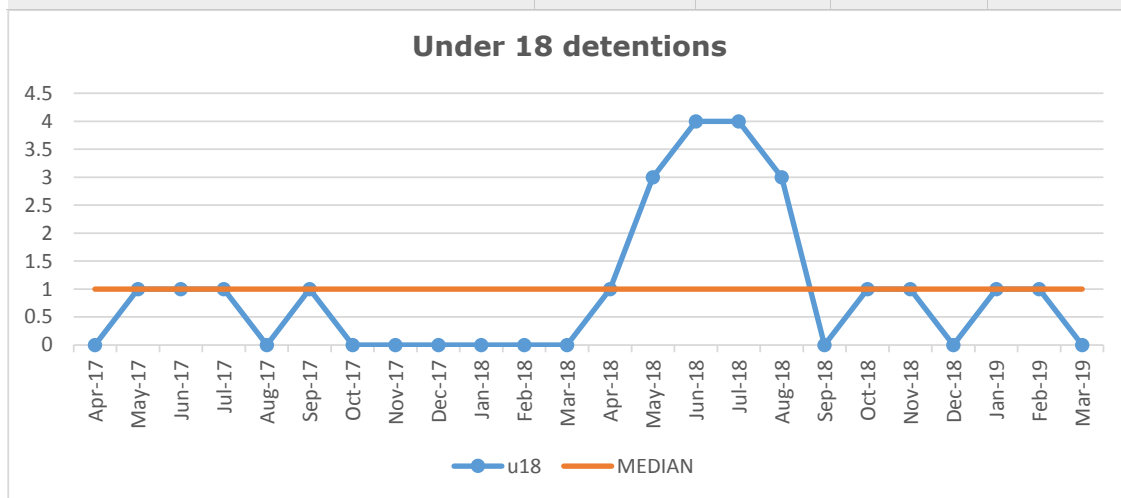
Section	Q3	% of total	Q4	% of total
Section 5(4)	0	0%	0	0%
Section 5(2)	2	40%	0	0%
Section 4	0	0%	0	0%
Section 2	3	60%	2	100%
Section 3	0	0%	0	0%
TOTAL	5		2	

Total number of patients compulsory admitted under the MHA (1983) for Quarters 3 & 4 (October 2018 to March 2019)

Service	Q3	%	Q4	%
Adult Service Detentions	137	70%	153	73%
Older Adult Service Detentions	52	27%	43	21%
Learning Disability Detentions	1	1%	11	5%
General Hospital Detentions	5	2%	2	1%
TOTAL	195		209	

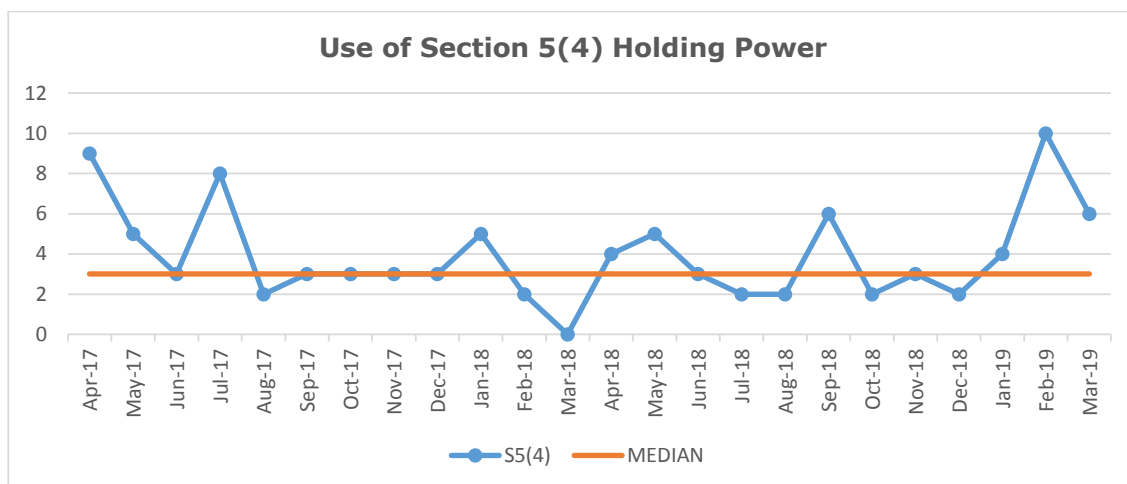
Total number of Under 18 patients compulsory admitted under the MHA (1983) for Quarters 3 & 4 (October 2018 to March 2019)

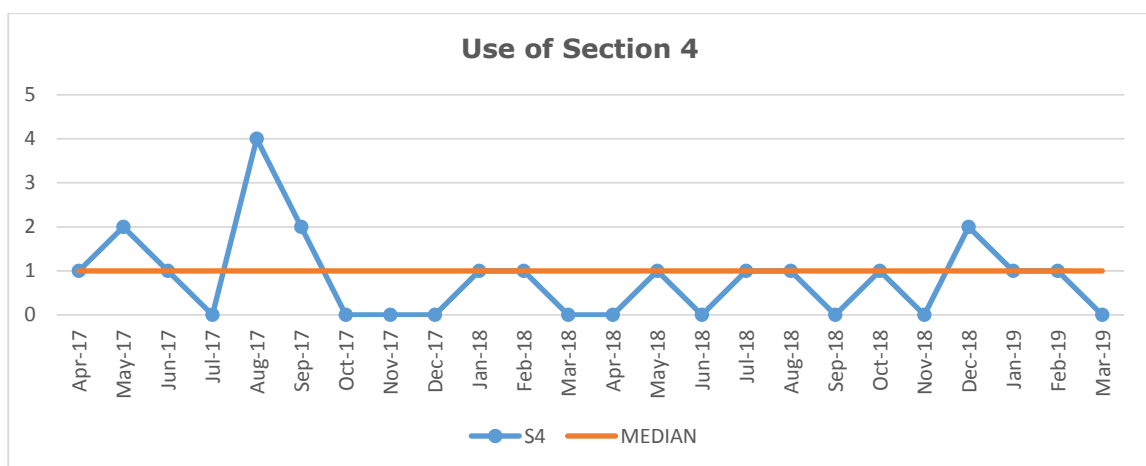
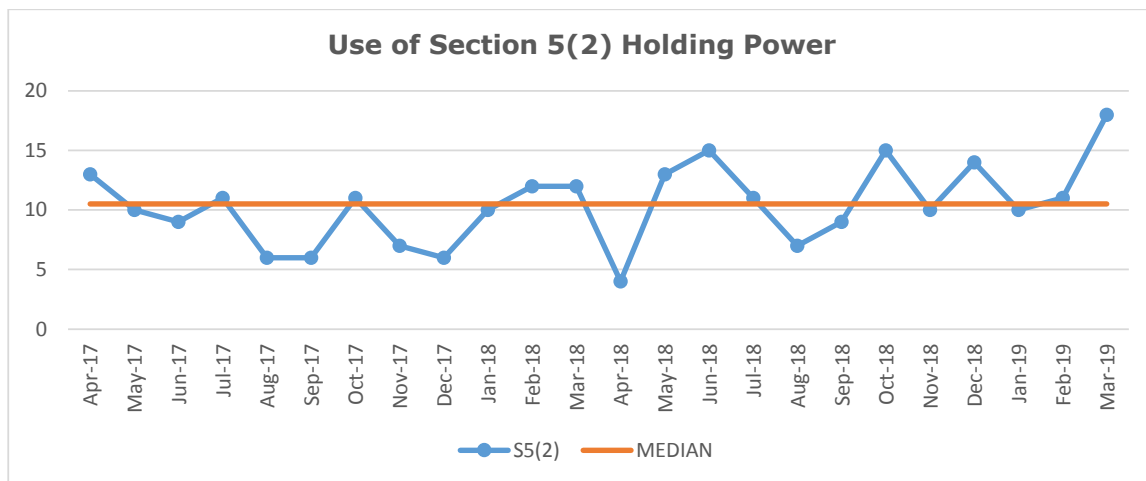
Under 18 years Detentions	Q3	%	Q4	%
Section 5(4)	0	0%	0	0%
Section 5(2)	0	0%	0	0%
Section 2	2	100%	2	100%
Section 3	0	0%	0	0%
TOTAL	2		2	



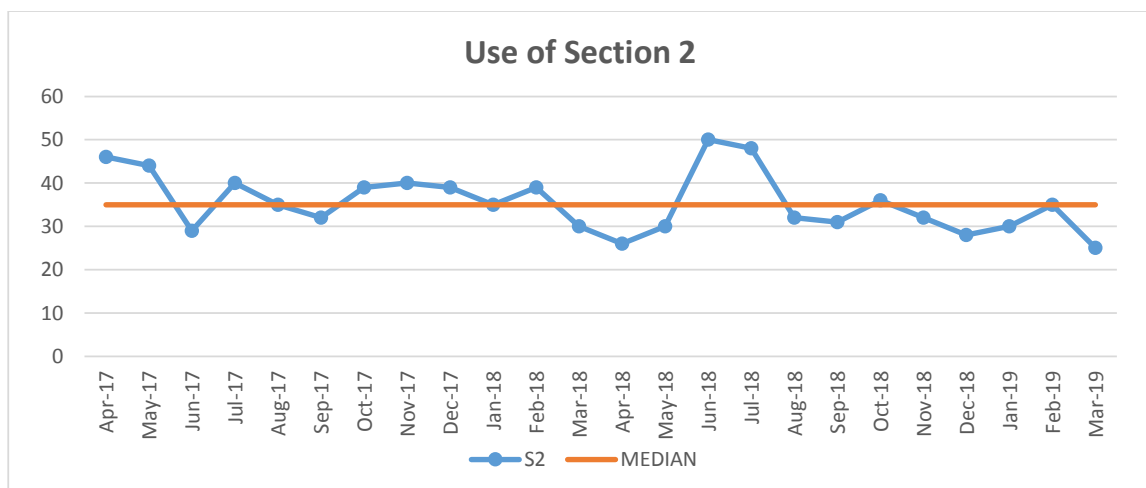
Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. The MHA Administration Department monitor the trends on a regular basis.

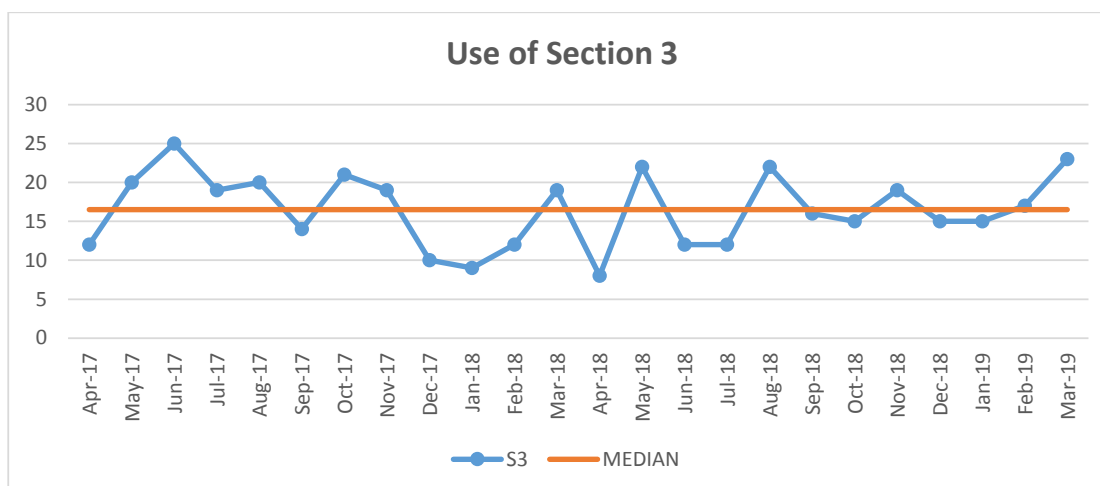
Monthly breakdown of the main compulsory admissions across all services from April 2017 to March 2019:





The use of Section 4 is a relatively rare event and data remains low. Section 4 will be used only in emergency situations where it is not possible to secure 2 doctors for a section 2 immediately and it is felt necessary for a person's protection to detain under a section of the MHA.





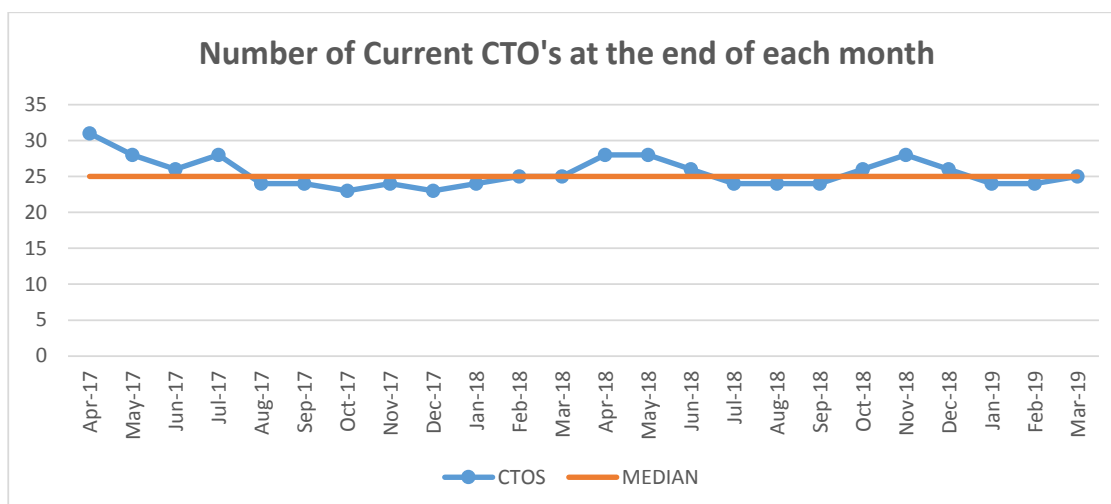
Renewal of In-patient Detentions under the MHA (1983) for Quarters 3 & 4 (October 2018 to March 2019)

Section	Q3	Q4
Section 3 renewal	4	10
Section 37 renewal	0	0
Section 47 renewal	0	0
TOTAL	4	10

☐ Community Treatment Orders

Community Treatment Orders (CTOs) for Quarters 3 and 4 (October 2018 to March 2019)

Section	Power	Q3	Q4
17A	CTOs made	10	5
	CTOs extended	3	5
	Recalled to hospital and not admitted	2	0
	Recalled to hospital and revoked	1	1
	Discharged from CTO	7	5



Unlawful Detentions/Failed Medical Scrutiny/Rectifiable Errors

Unlawful Detentions for Quarters 3 and 4 (October 2018 to March 2019)

	Q3	Q4
Unlawful Detentions	0	0

Failed Medical Scrutiny for Quarters 3 and 4 (October 2018 to March 2018)

	Q3	Q4
Failed Medical Scrutiny	0	0

Rectifiable Errors on Documents for Quarters 3 and 4 (October 2018 to March 2019)

	Q3	Q4
Rectifiable Errors on Documents	16	12

Rectifiable errors are considered a 'slip of a pen'. Identification of these errors by the MHA Administration Department evidences robust scrutiny. However, there are further opportunities for training regarding the acceptance and scrutiny of documentation at ward level before submission to the MHA Administration Department.

❑ **Sections 135 and 136**

Section 135 for Quarters 3 and 4 (October 2018 to March 2019)

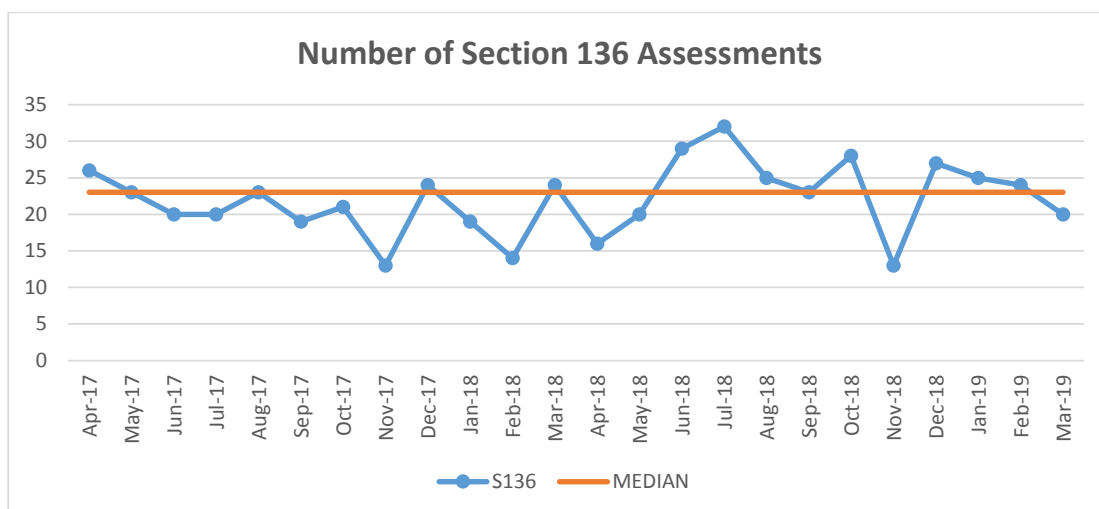
Section 135 of the MHA	Q3	Q4
Assessed and admitted informally	0	0
Assessed and discharged	0	0
Assessed and detained under Section 2	5	3
Assessed and detained under Section 3	0	1
Assessed and CTO Revoked	0	0

The MHA Administration department can confirm the above data is not complete and has been unable to capture the true activity information for the data periods due to not receiving all copies of executed Section 135 warrants.

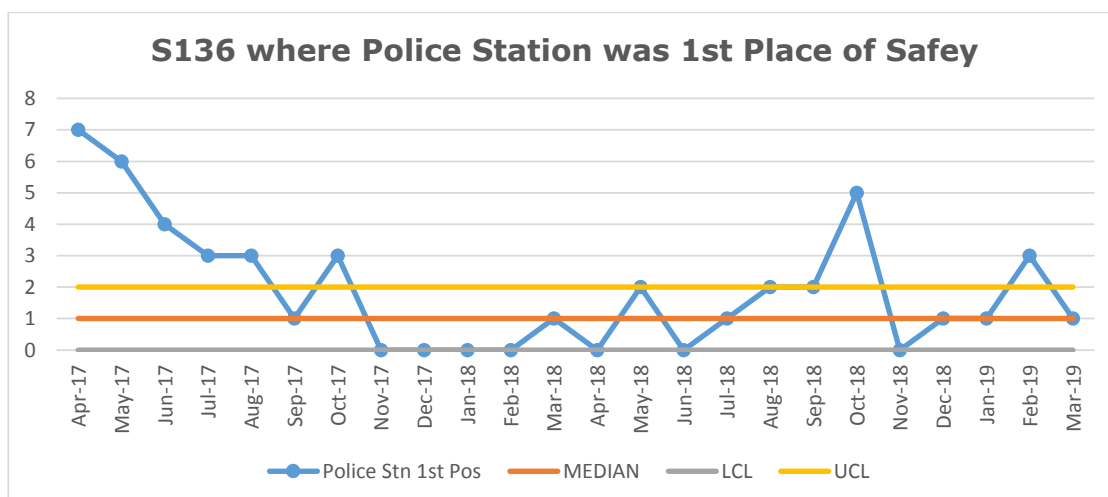
There are on-going inter-agency discussions between Health, Local Authorities and Gwent Police to ensure all Section 135 activity is correct and is collected in a timely manner.

Section 136 for Quarters 3 and 4 (October 2018 to March 2019)

Section 136 of the MHA	Q3	Q3 %	Q4	Q4 %
Assessed and admitted informally	15	22%	13	19%
Assessed and detained under Section 2	8	12%	10	14%
Assessed and detained under Section 3	0	0%	1	1%
Assessed and detained under Section 4	0	0%	1	1%
Discharged – no follow-up required	16	24%	16	23%
Discharged – with follow-up plan	29	43%	28	41%
Section 136 lapsed	0	0%	0	0%
TOTAL	68		69	



Section 136 of the MHA	Q3	Q4
TOTAL	N=68	N=69
Gender:		
% Male	68% (46)	68% (47)
% Female	32% (22)	32% (22)
Place of Safety:		
% Hospital	91% (62)	93% (64)
% Police Station	9% (6)	7% (5)
% Under 18 Years	7% (5)	7% (5)
Use of Illicit Substances:		
% Alcohol	41% (28)	30% (21)
% Drugs	9% (6)	9% (6)
% Both Alcohol and Drugs	0% (0)	4% (3)
Where Assessment took place:		
% Hospital	100%	100%
% Police Station	0%	0%



Following the introduction of the Police and Crime Act in December 2017 persons detained under section 136 (MHA) will not be taken to a Police Station as a first Place of Safety unless there is a substantive need to do so.

For the period October 2018 to March 2019 there were 11 persons detained under s136 and taken to a Police Station as first Place of Safety, as shown below:

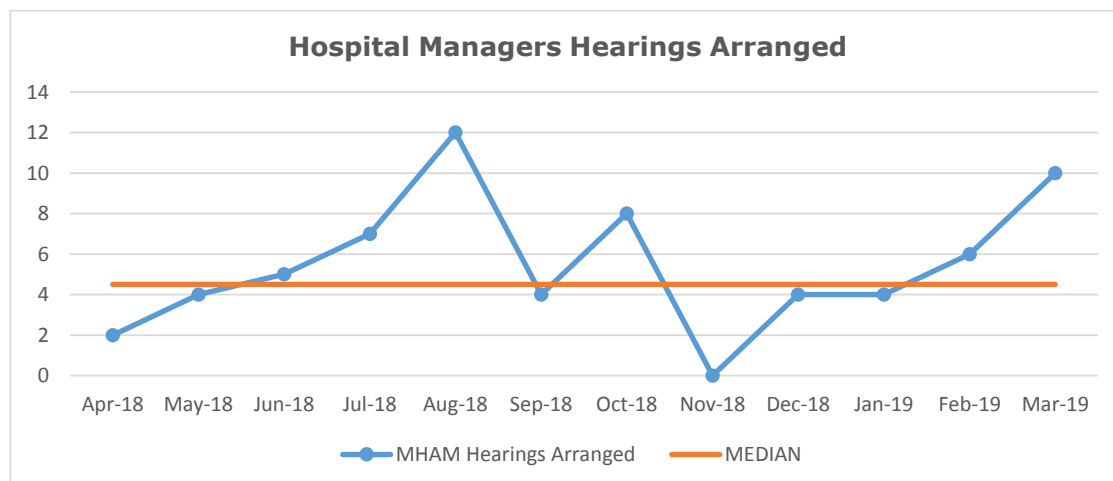
- 6 were arrested for a substantive offence
- 2 unknown reasons
- 2 presented at the Police Station voluntarily
- 1 taken to Police Station due to violent behaviour

The above were transferred to the Section 136 hospital suite for a mental health assessment.

❑ Mental Health Act Manager Review Hearings

Mental Health Act Manager Review Hearings for Quarters 3 and 4 (October 2018 to March 2019)

Hospital Manager Hearings	Q3	Q4
Applications by patient – Inpatient	2	2
Applications by patient – CTO	0	0
Renewal Hearing Applications – Inpatient	6	12
Renewal Hearing Applications – CTO	6	4
Barring Hearings	0	0
Hearing cancelled before being heard	7	14
Hearing held - Patient Discharged by Hospital Managers	0	0
Hearing held – Section continued	5	6

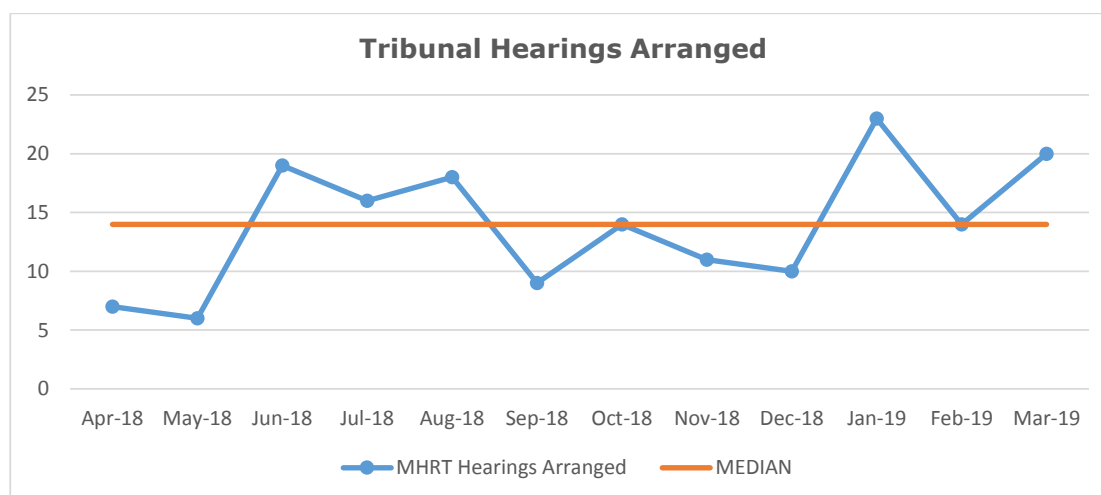


The MHA Code of Practice for Wales (2008, Revised 2016) advises that a responsible clinician should hold a review before the period of detention or Community Treatment Order expires. At present there are delays in arranging Hospital Manager hearings due to the MHA Administration Department prioritising their legislative requirements. The division is undertaking a review of Mental Health Act Administration Department in order to determine what capacity is required to fulfil this Code of Practice requirement.

❑ **Mental Health Review Tribunals**

Mental Health Review Tribunals for Quarters 3 and 4 (October 2018 to March 2019)

Tribunal Hearings	Q3	Q4
Applications by patient – Inpatient	37	51
Applications by patient – CTO	3	2
Renewal Hearing Applications – Inpatient	5	3
Renewal Hearing Applications – CTO	4	5
Referral by MOJ	0	1
Referral by Welsh Ministers	0	1
Outcomes: Hearing Cancelled before being heard	24	39
Outcomes: Patient Discharged by MHRT	1	4
Outcomes: Section Continued	10	14



There is a statutory requirement for the referral of cases to Mental Health Review Tribunals (MHRT) in particular circumstances. The MHRT is a statutory independent body for hearing appeals against detention.

The Tribunal panel is composed of a Judge, Medical and specialist lay member with the judge chairing the proceedings. A solicitor can be appointed at no cost to the patient to represent at a Tribunal hearing.

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"> the right of appeal to the Crown Court or Court of Appeal to have the conviction quashed or a different sentence imposed. the right to appeal to the Tribunal, but only in the second six months and then once in each subsequent period of detention. 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.
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"> o ensuring the patient receives medical treatment o preventing the risk of harm to the patient's health or safety o protecting other persons.

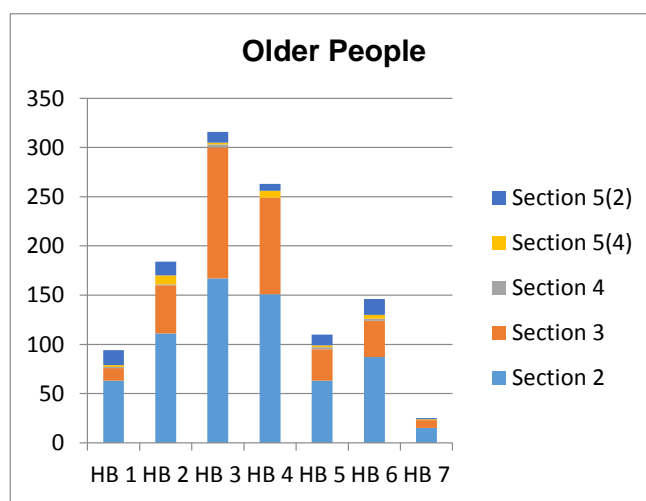
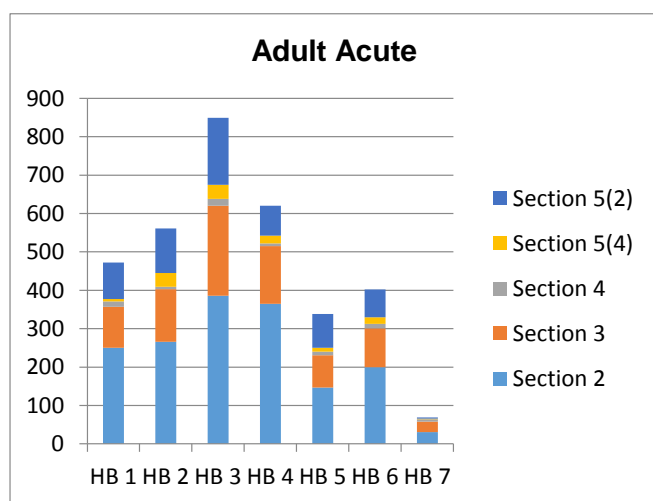
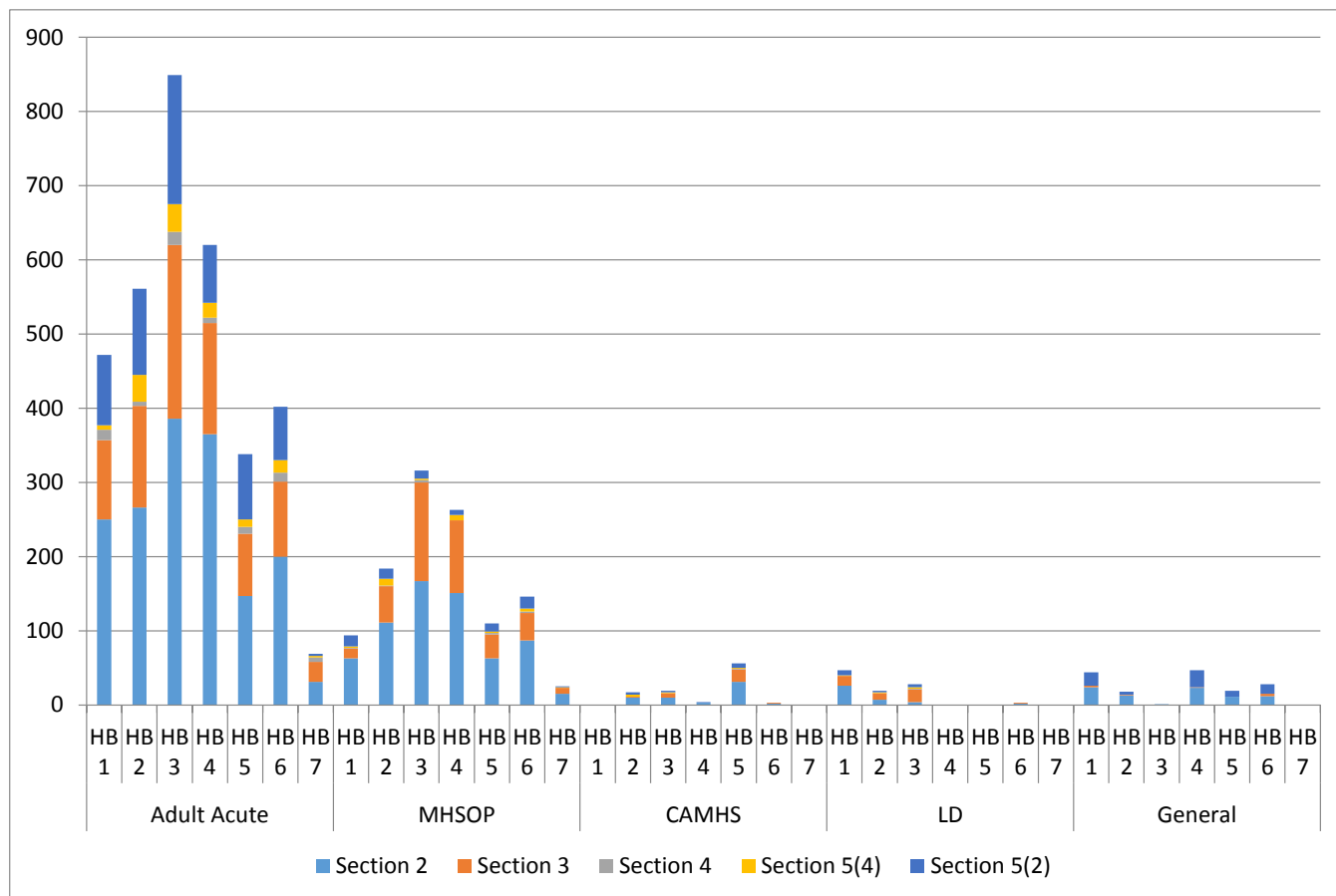
	Once on a CTO, the patient may be recalled to hospital for up to 72 hours where the treatment rules under the Act apply during that period of recall.
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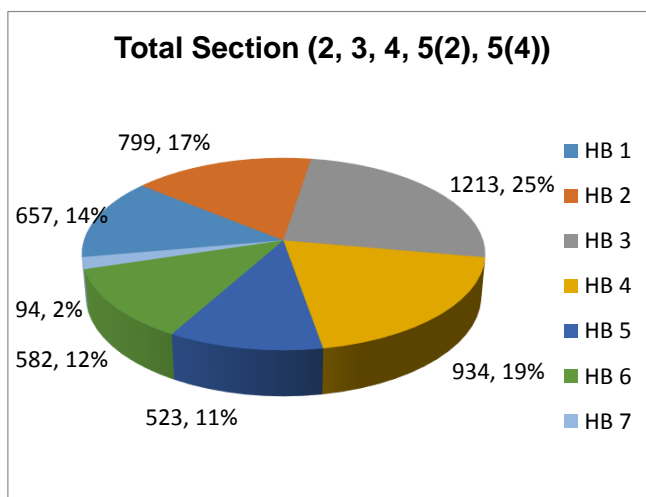
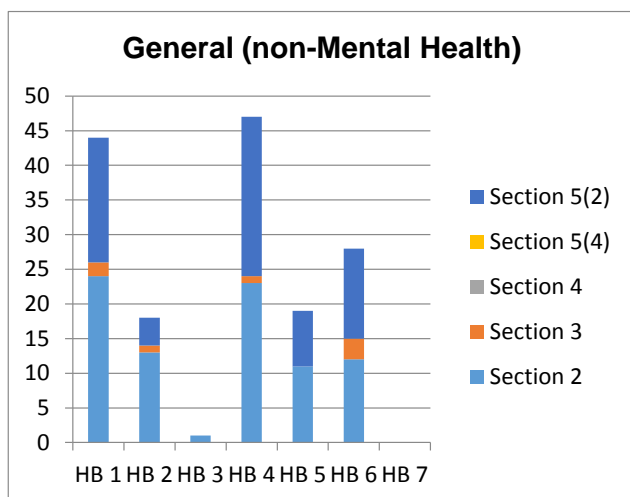
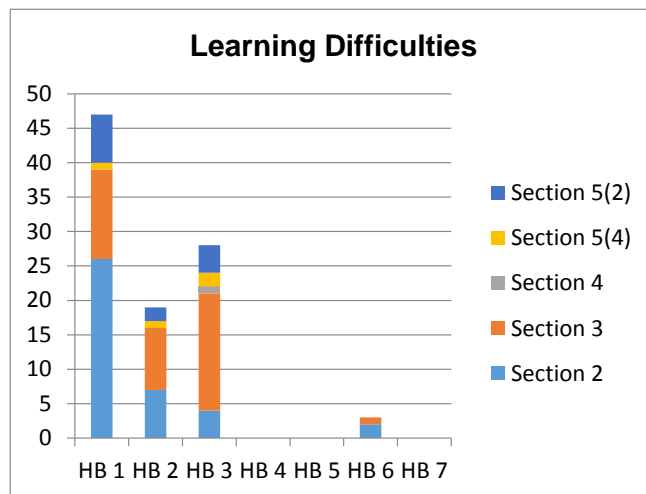
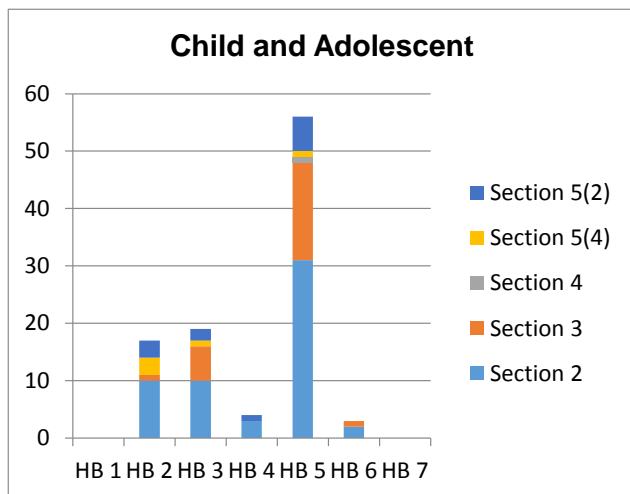
Benchmarking data April 2018 – March 2019:

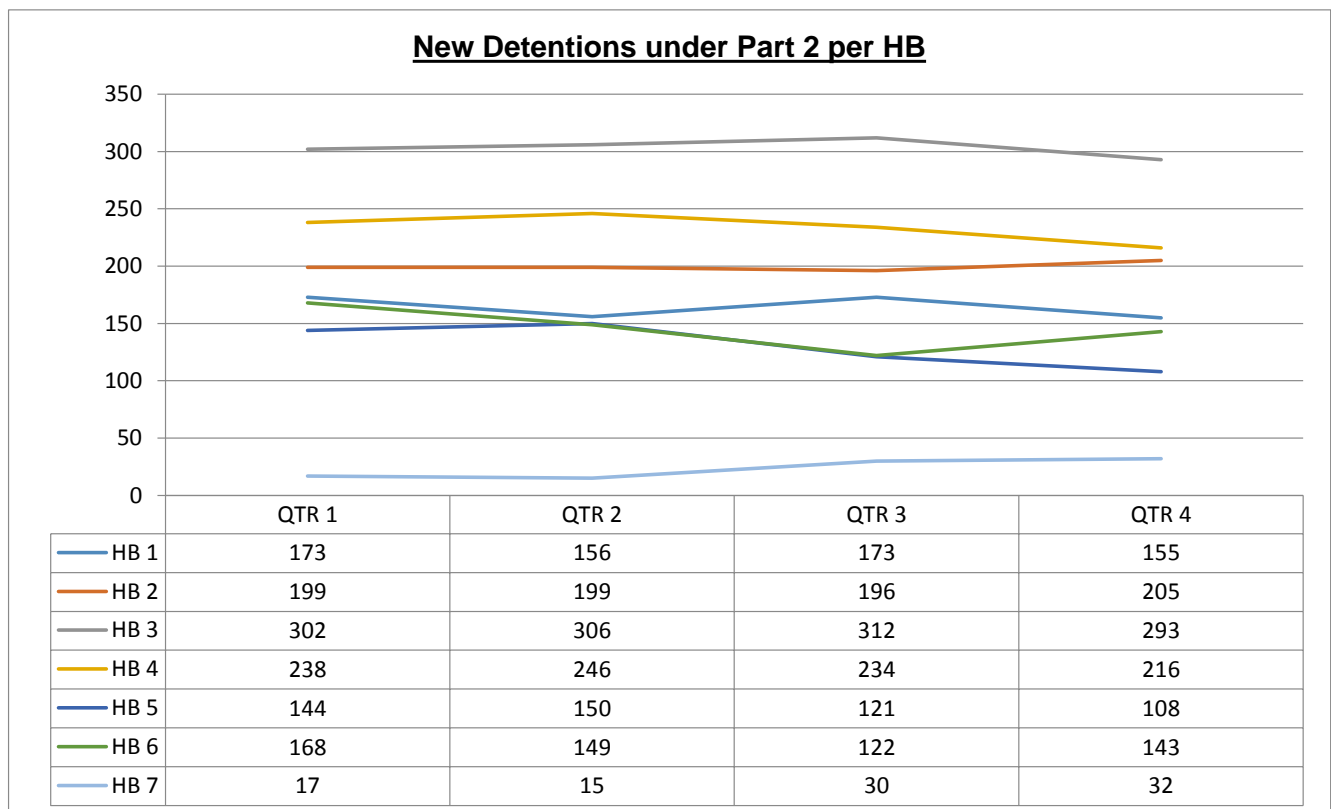
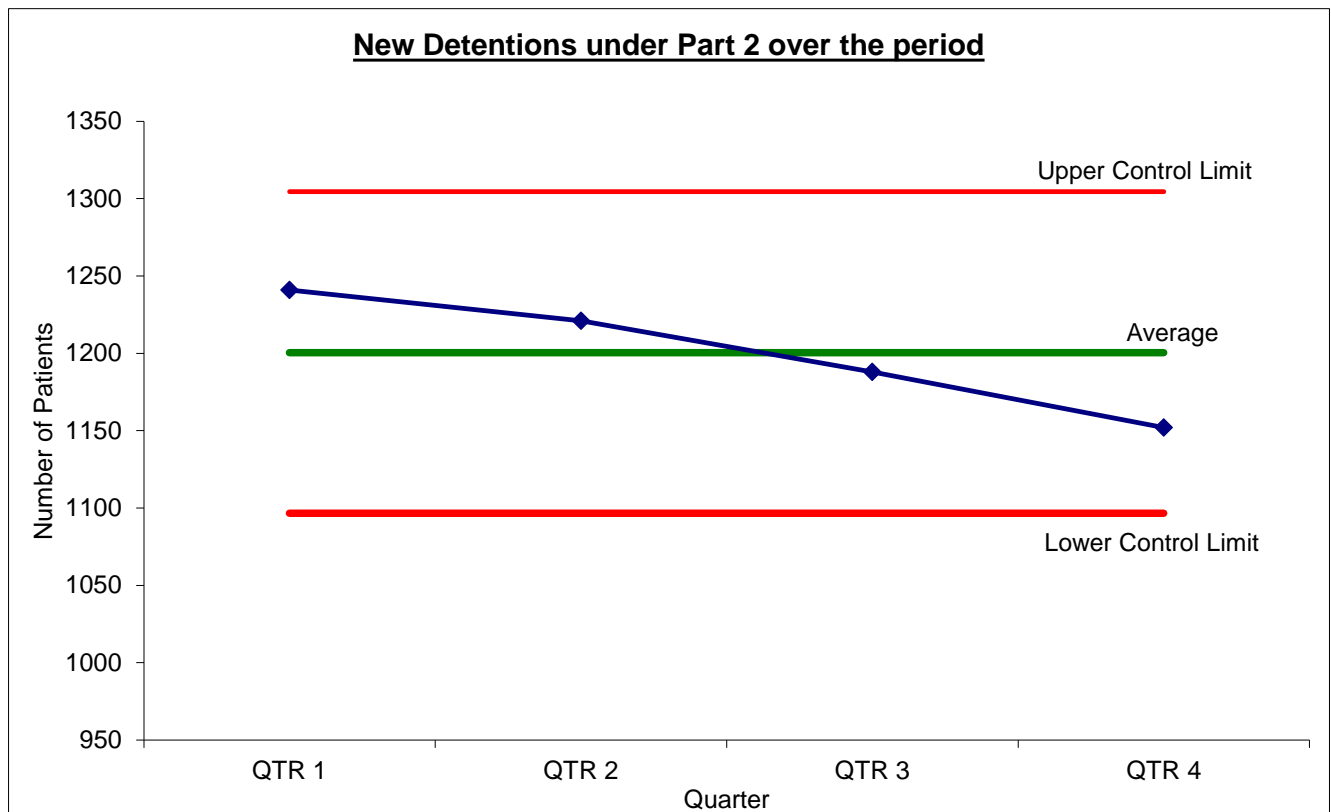
Health Board	Population
Abertawe Bro Morgannwg University Health Board	531,858
Aneurin Bevan University Health Board	587,743
Betsi Cadwaladr University Health Board	696,284
Cardiff & Vale University Health Board	493,446
Cwm Taff University Health Board	299,080
Hywel Dda University Health Board	384,239
Powys Teaching Health Board	132,515
Total Population of Wales:-	3,125,165

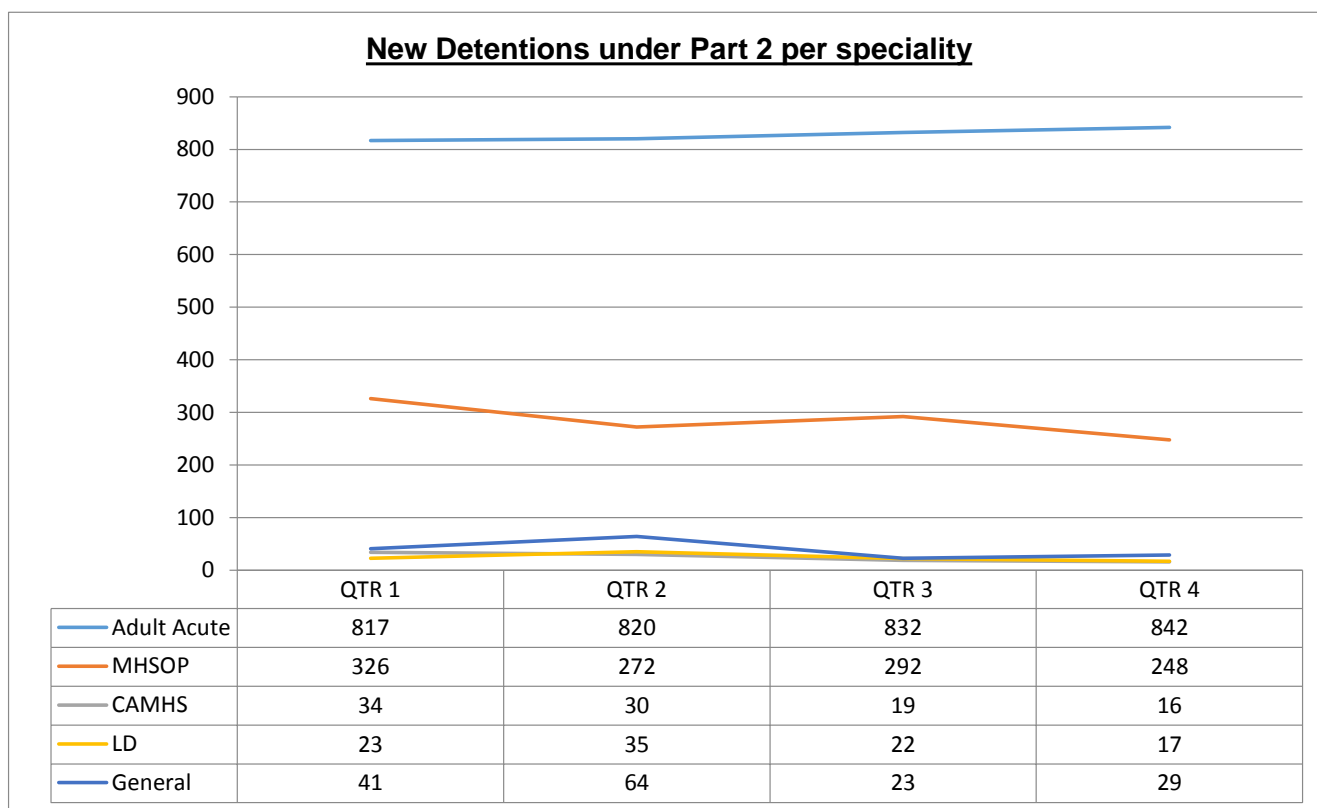
Part 2 MHA Activity

During the period a total of 4802 patients were made subject to the part 2 provisions of the MHA 1983 across Wales.









The above charts show a clear steady reduction in the use of Part 2 as a whole. Looking at the detail shows that within the specialities a general decline, with the exception of Adult Acute which rose steadily. The largest change over the year was within MHSOP, which showed a difference of 78 applications between the first and final quarter.

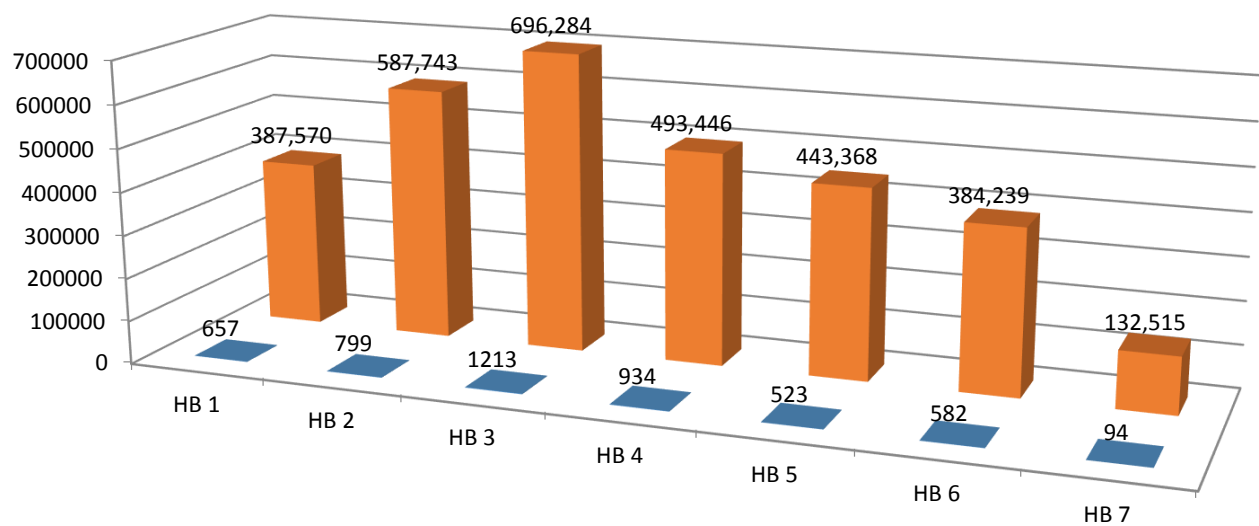
It is difficult to see on the chart but the most significant change was within CAMHS, where the difference between the first and last quarter showed a greater than 50% drop in numbers.

Part 2 MHA Activity Compared to Health Board Population

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

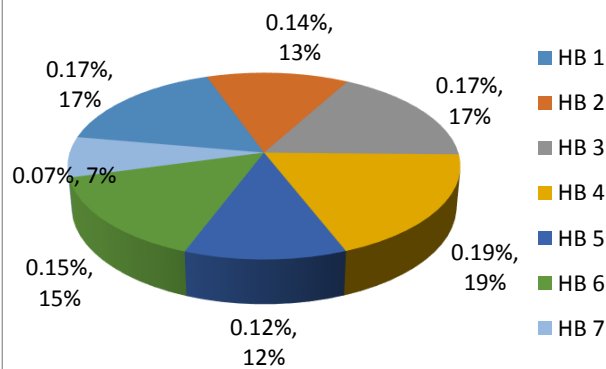
The latest available population by Health Board figures available at the time of writing were mid-2017.

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

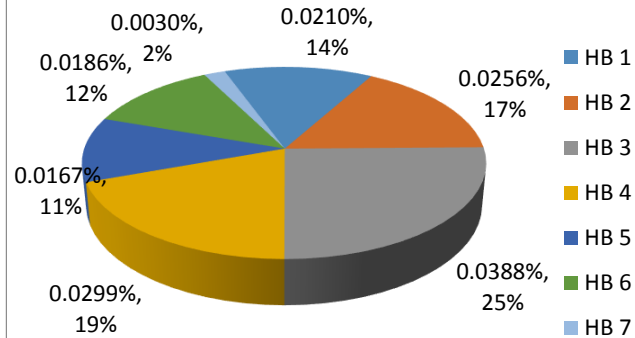


	HB 1	HB 2	HB 3	HB 4	HB 5	HB 6	HB 7
On Section	657	799	1213	934	523	582	94
Population	387,570	587,743	696,284	493,446	443,368	384,239	132,515

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

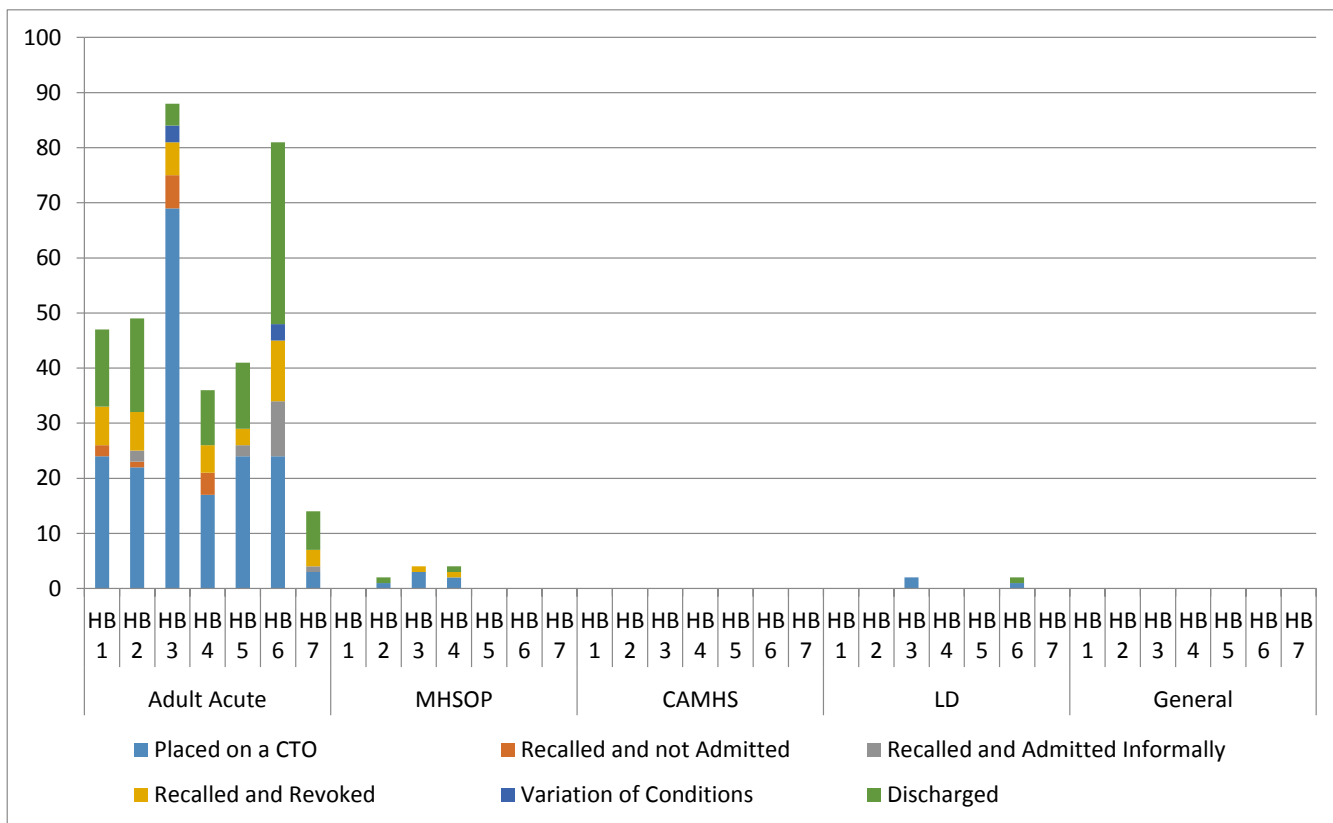


Inpatient Formal Sections (2, 3, 4, 5(2), 5(4)) Compared to the Population of Wales

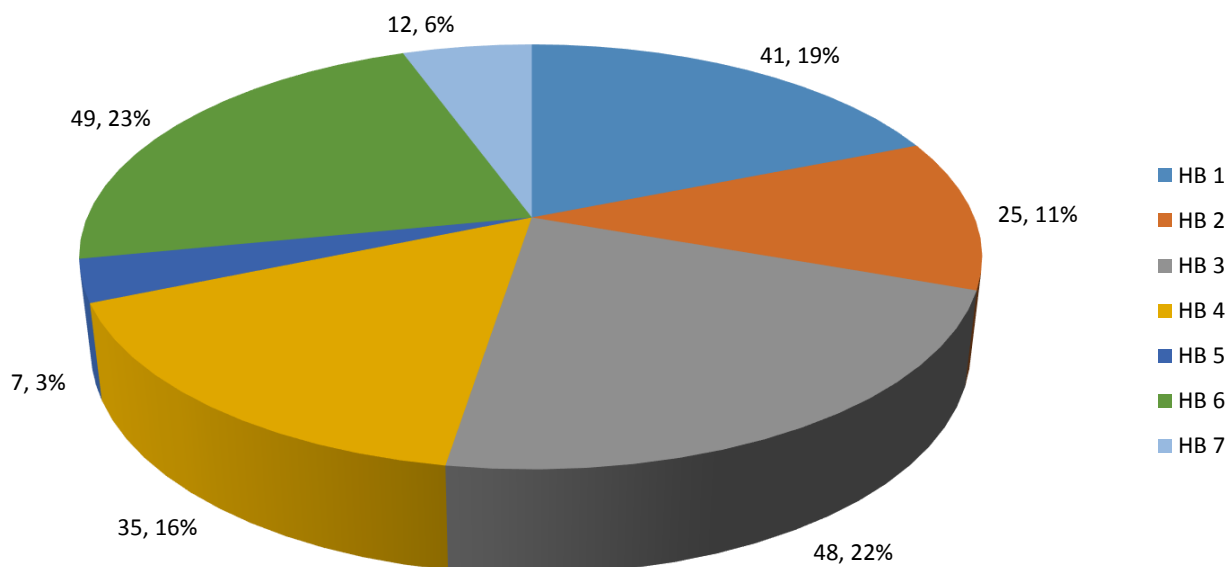


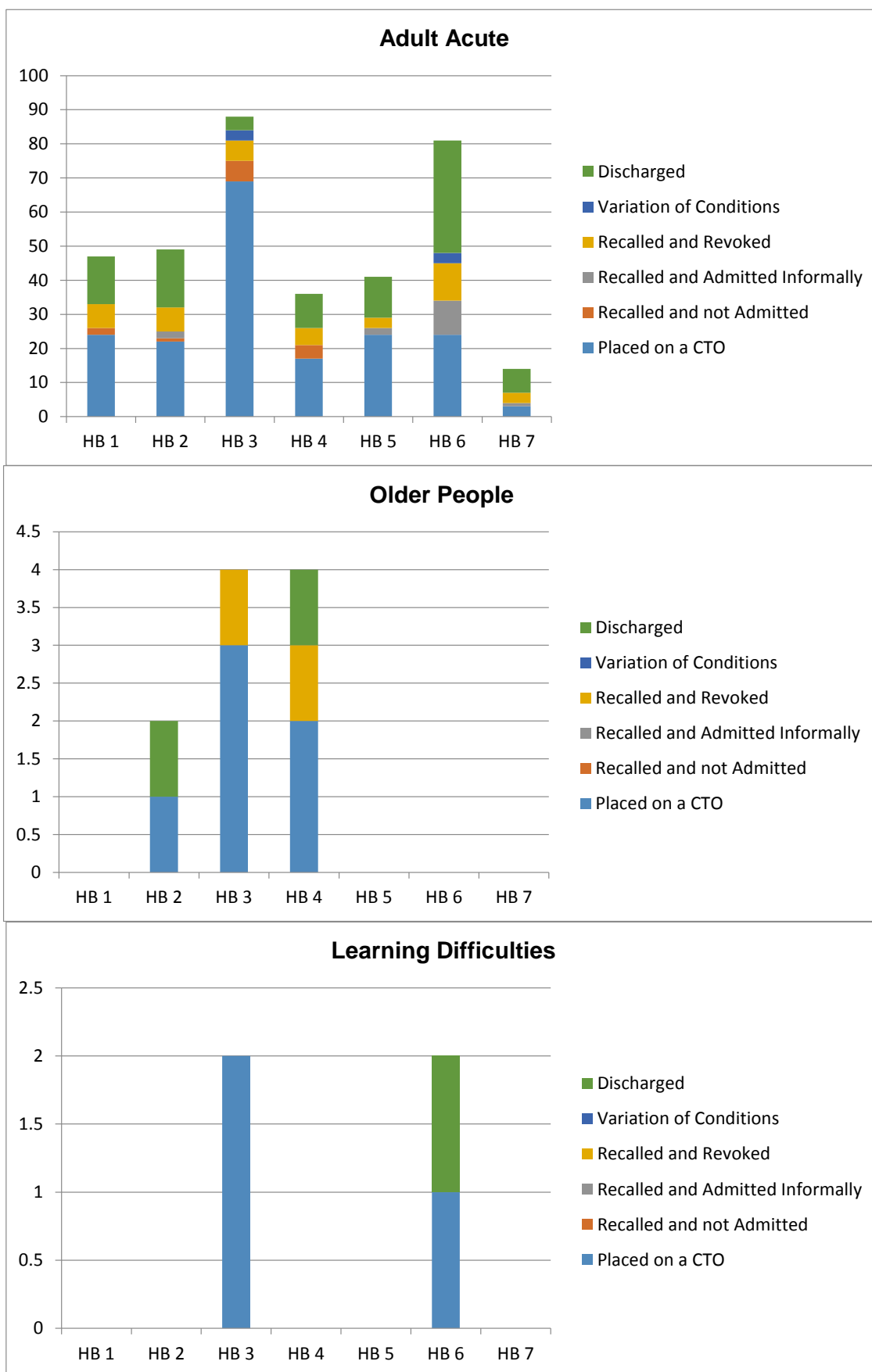
Community Treatment Order

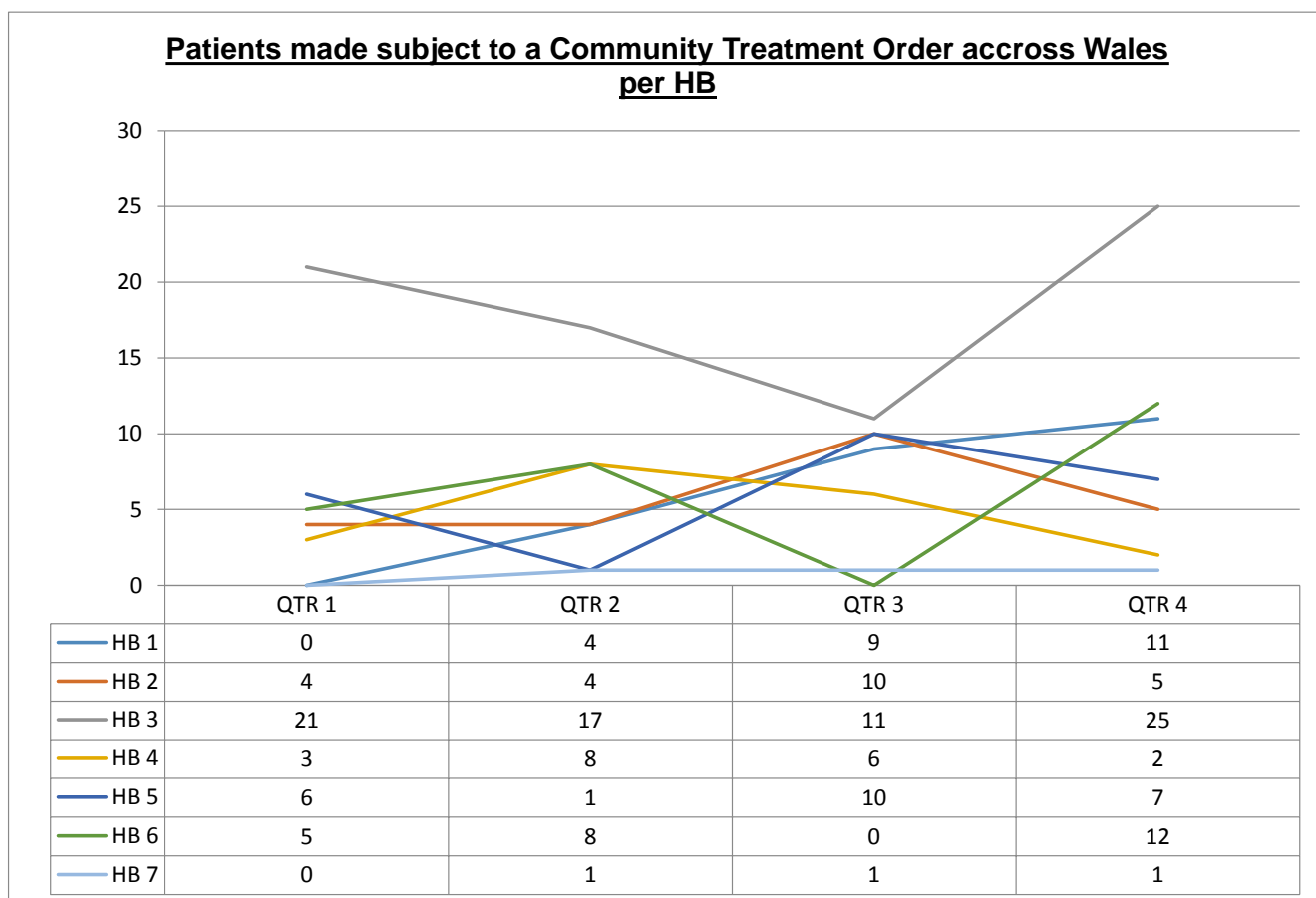
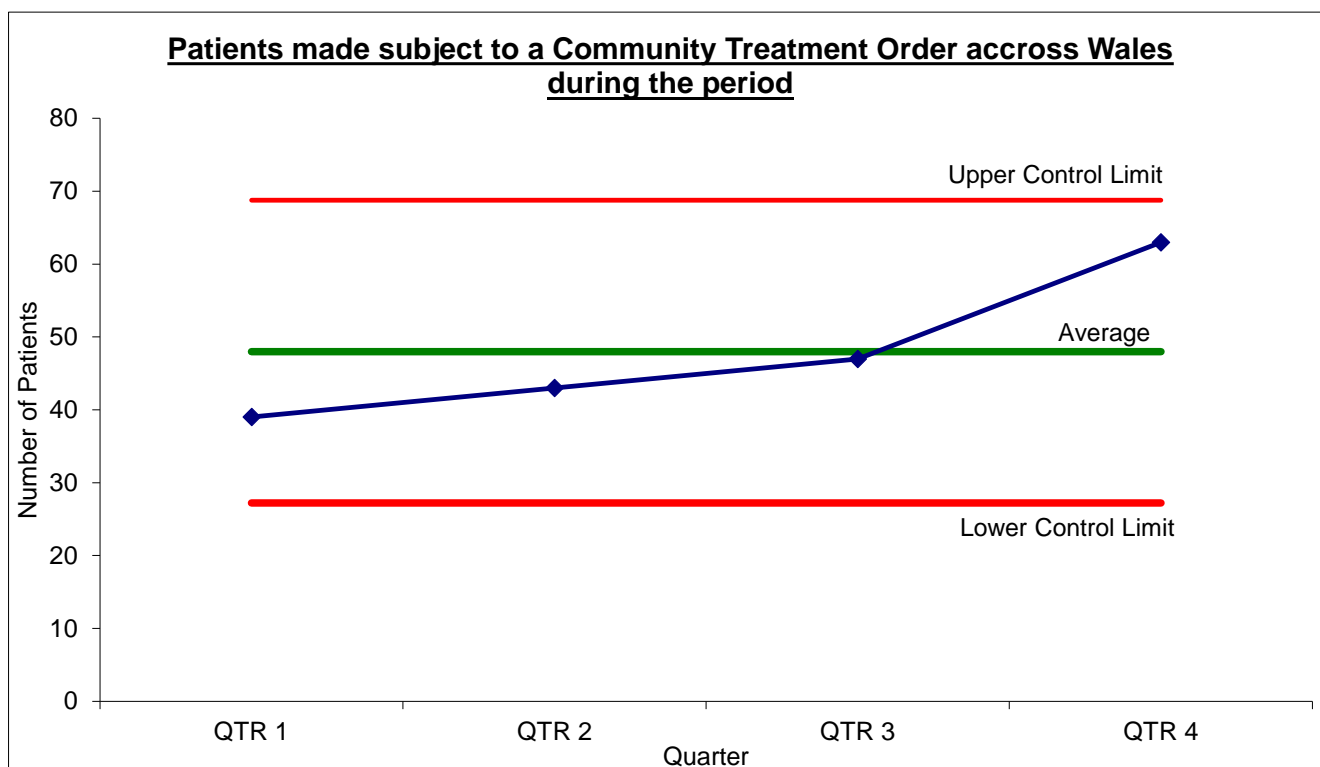
During the period a total of 192 patients were made subject to a Community Treatment Order across Wales.



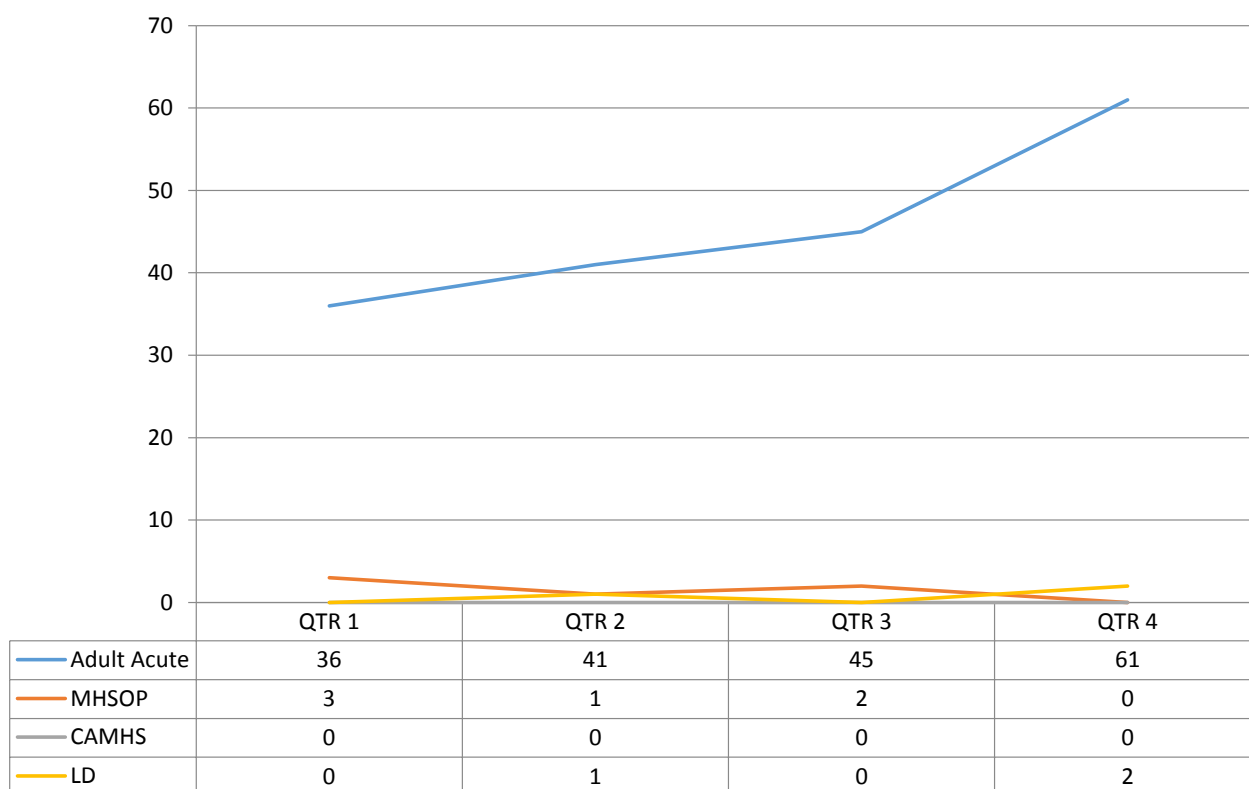
Patients Subject to Community Treatment Order on 31/03/2019







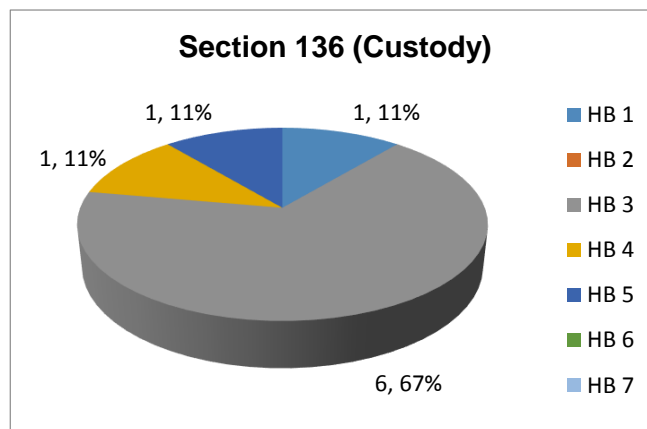
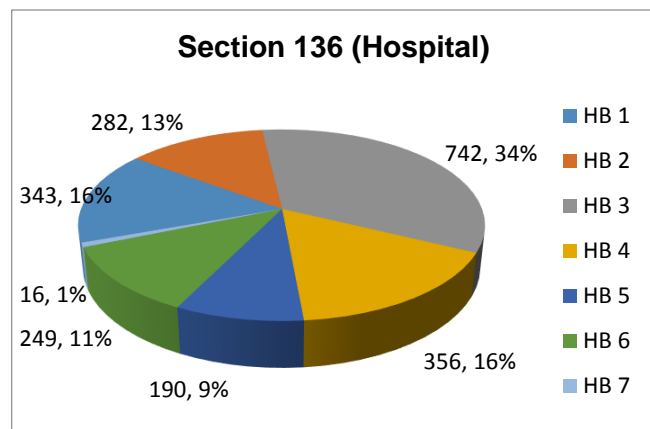
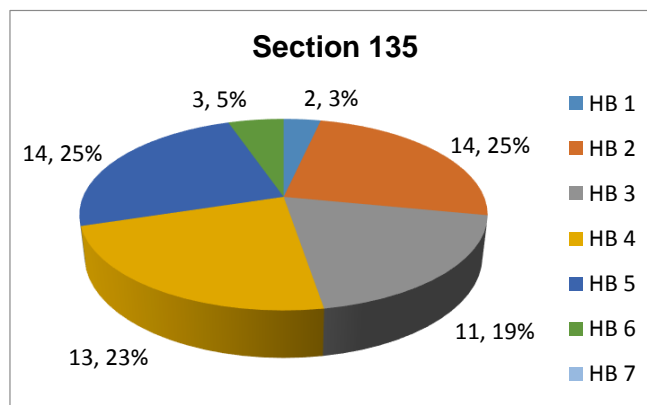
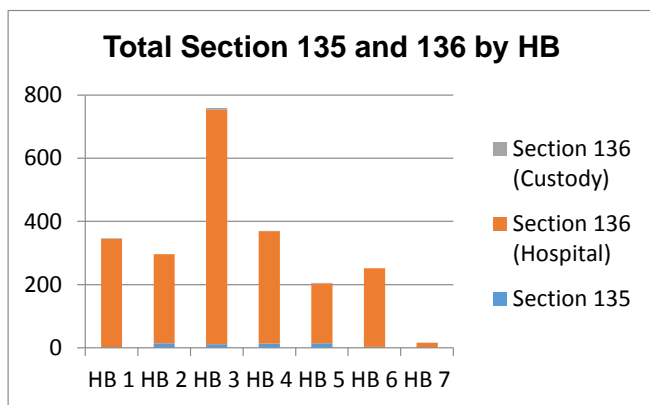
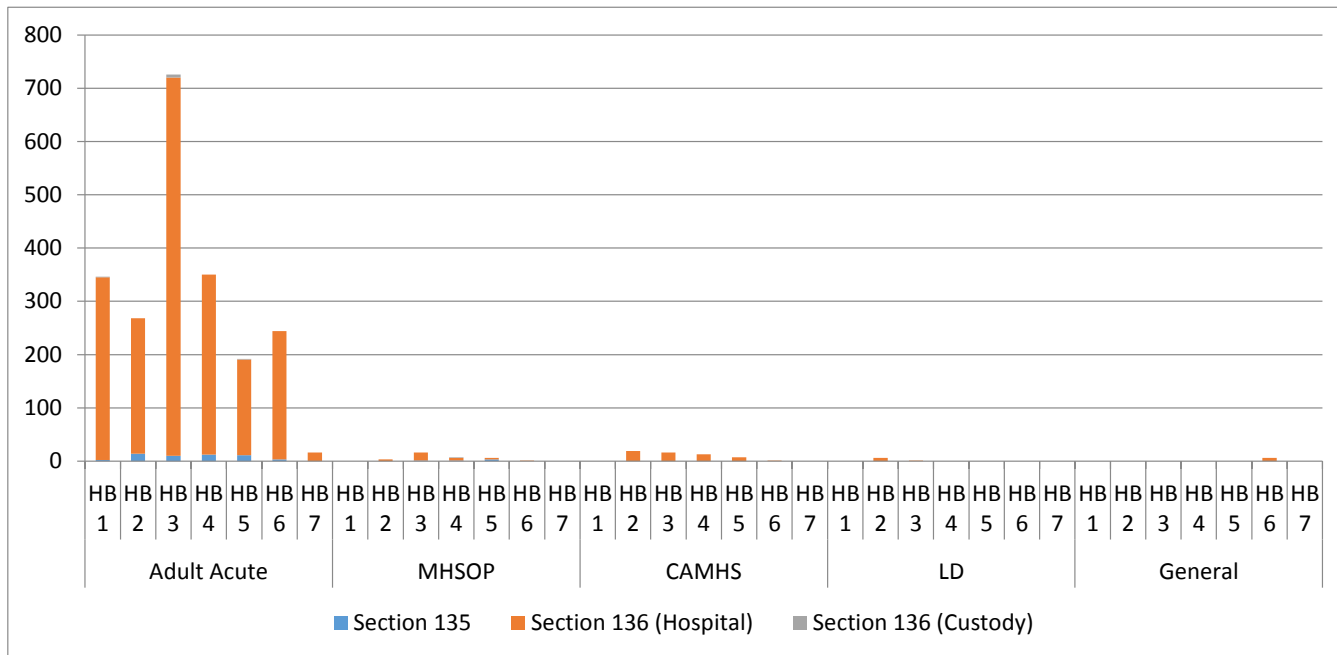
Patients made subject to a Community Treatment Order accross Wales per speciality

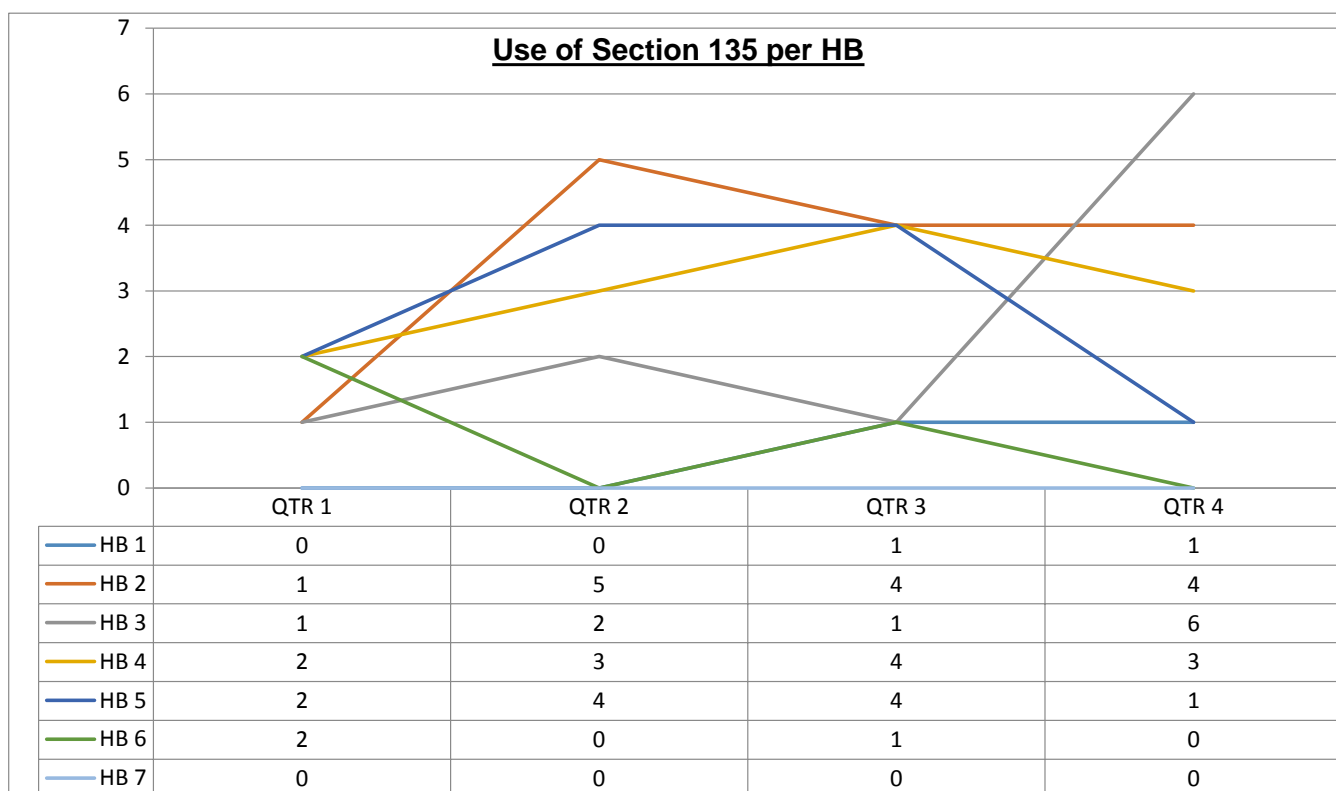
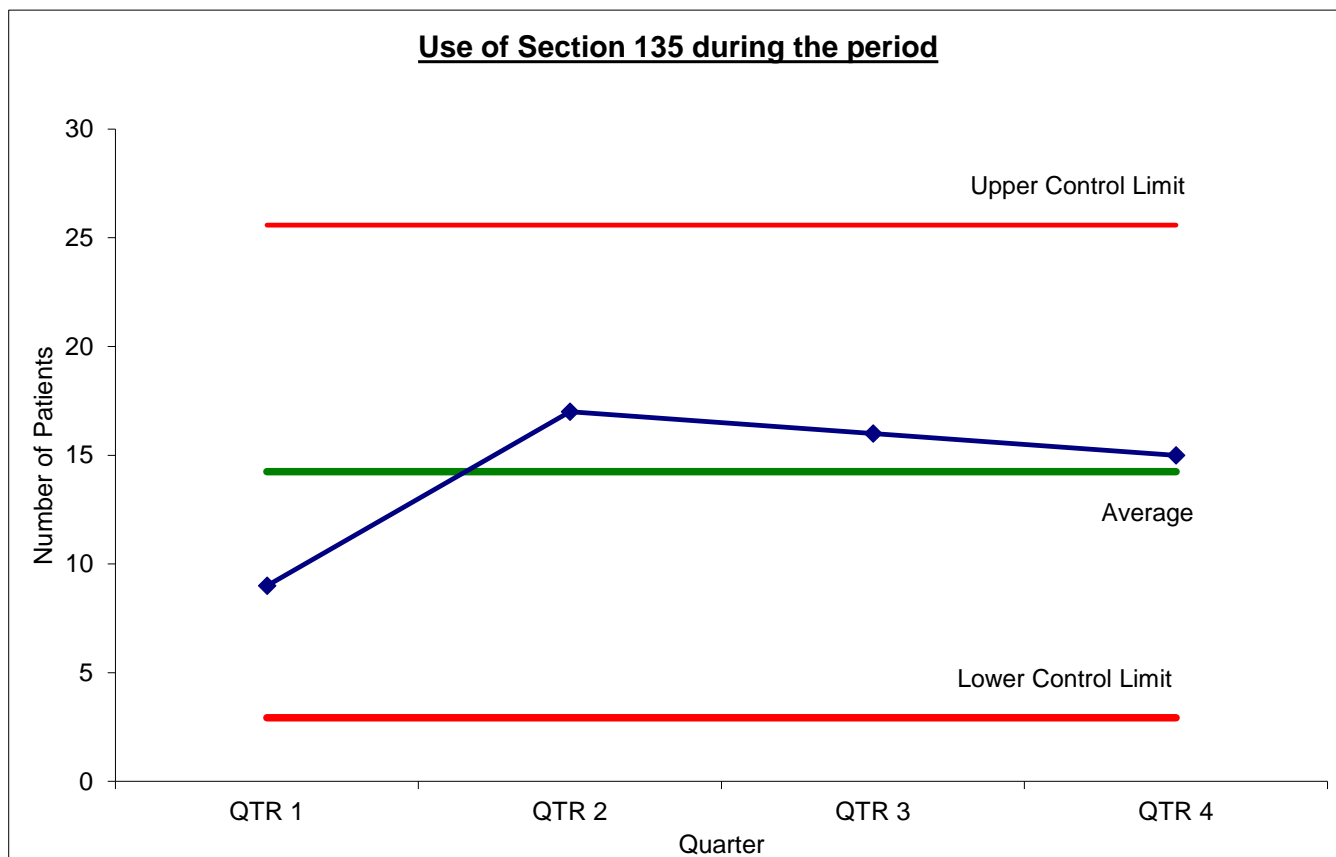


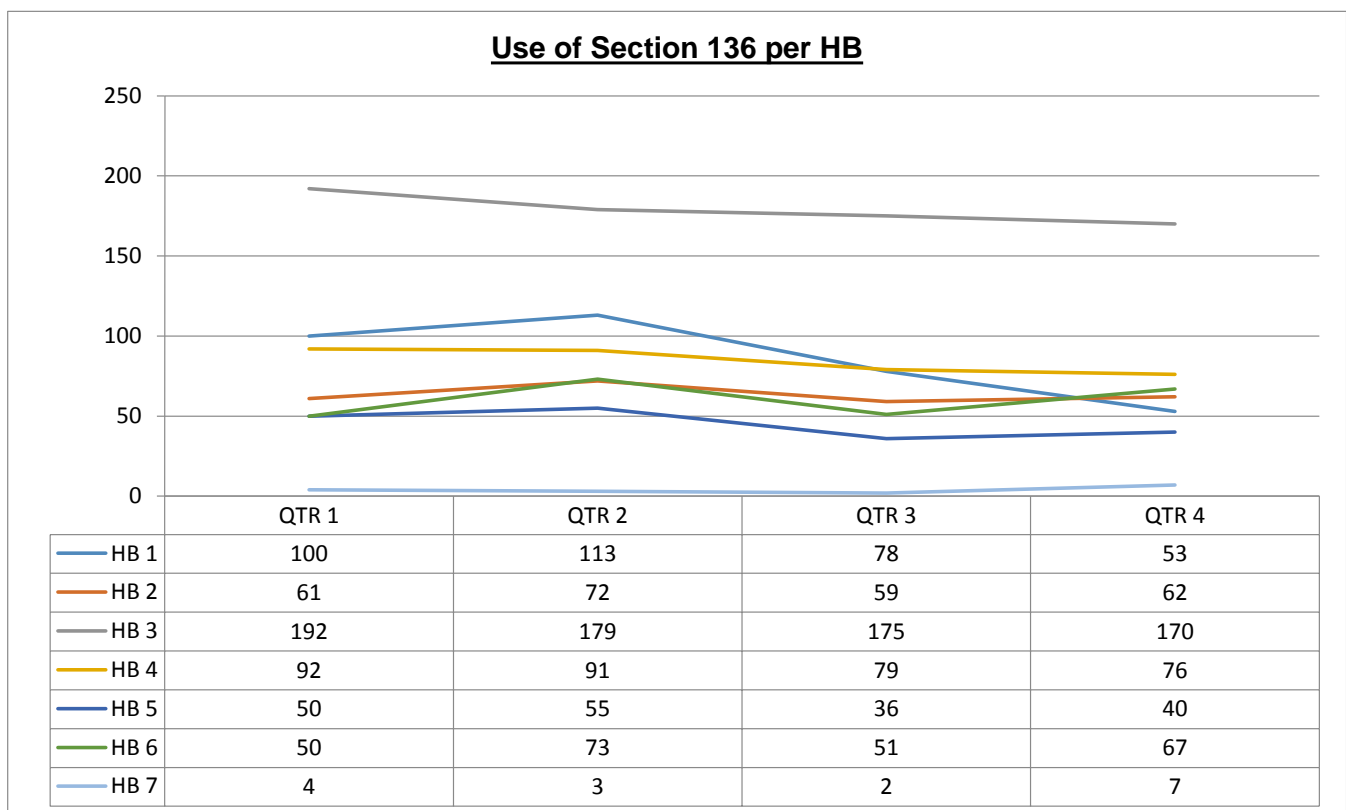
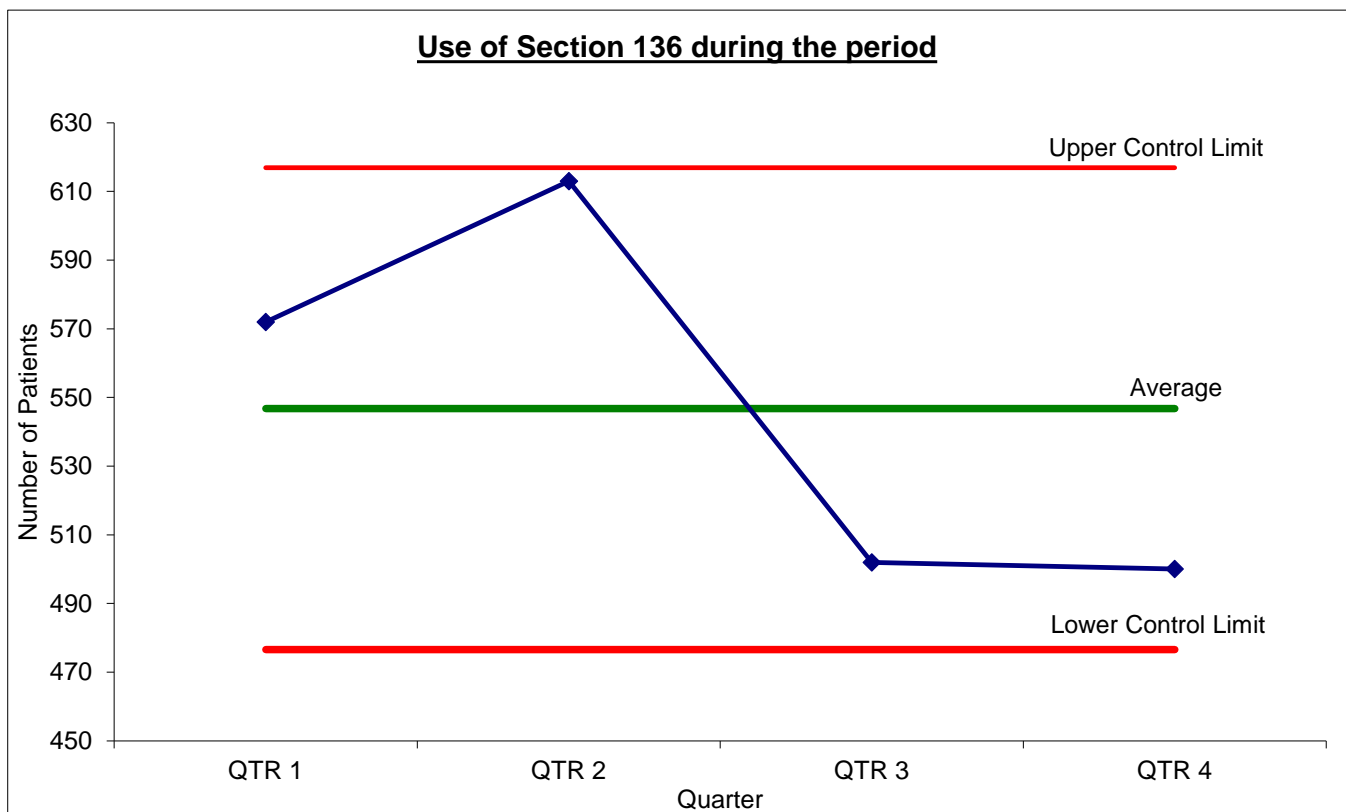
The above charts show a clear steady increase of the use of Community Treatment Order over the period. However, this is not reflected across all specialties or Health Boards. Its use within both Learning Difficulties and Mental health Services for Older People is very minimal, whilst being non-existent in the Child and Adolescent Mental Health Services. There has been a steady rise in its use within Adult Acute, which has spiked significantly in Quarter 4.

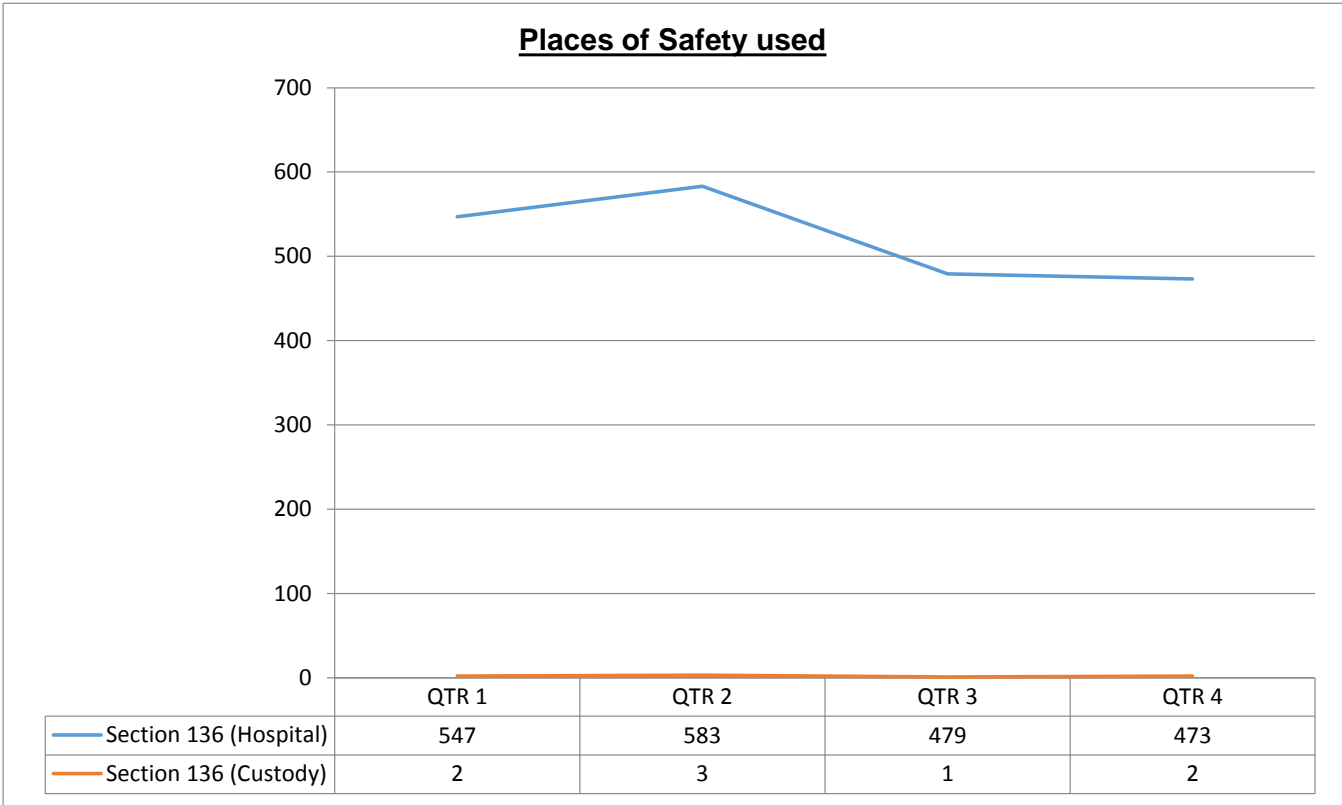
Section 135 & 136

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







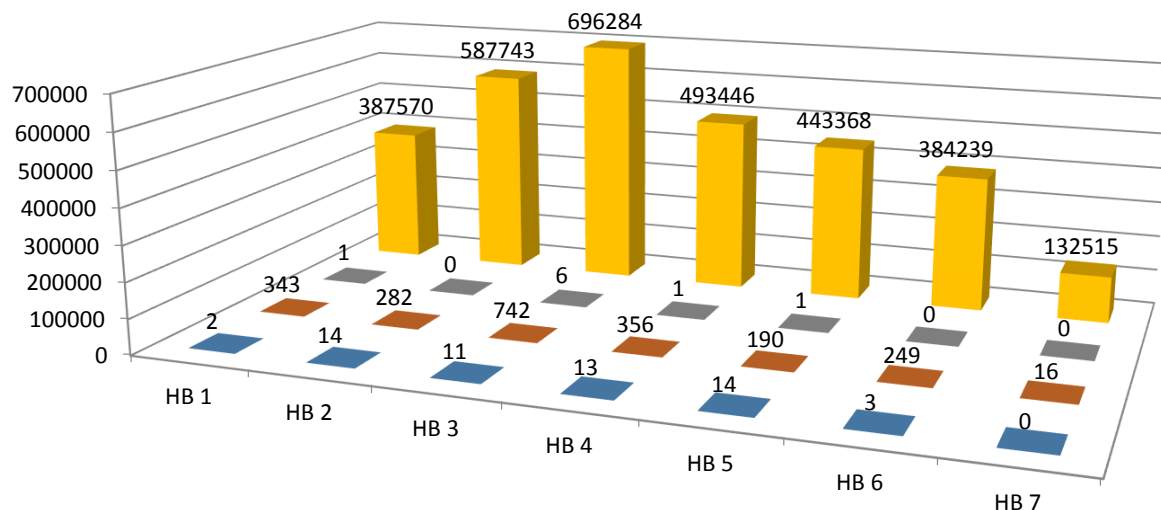


The above charts show a rapid and significant decrease in the use of Section 136 during the period, between Quarters 2 and 3. This decrease was across all Health Boards, with some showing a larger decrease than others.

Also shown is the minimal use of Custody as the Place of Safety, of which the total across Wales is eight during the period.

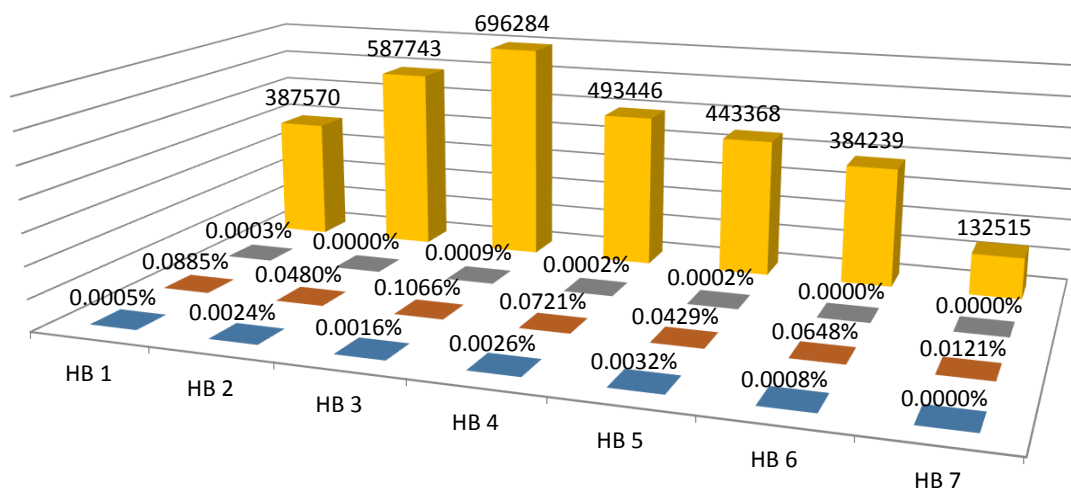
Section 135 and 136 Compared to Health Board Population

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

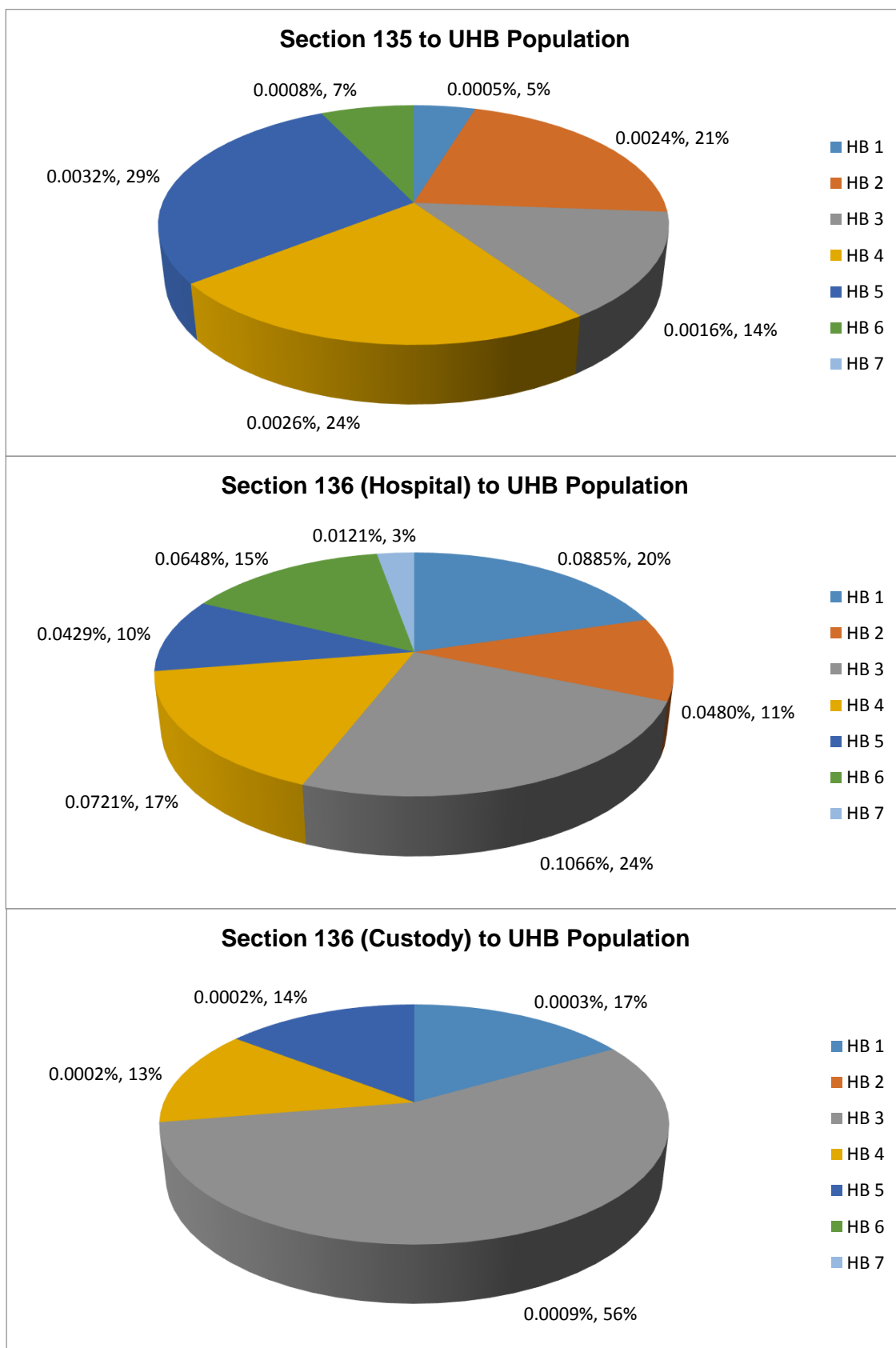


	HB 1	HB 2	HB 3	HB 4	HB 5	HB 6	HB 7
Section 135	2	14	11	13	14	3	0
Section 136 (Hospital)	343	282	742	356	190	249	16
Section 136 (Custody)	1	0	6	1	1	0	0
HB Population	387570	587743	696284	493446	443368	384239	132515

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

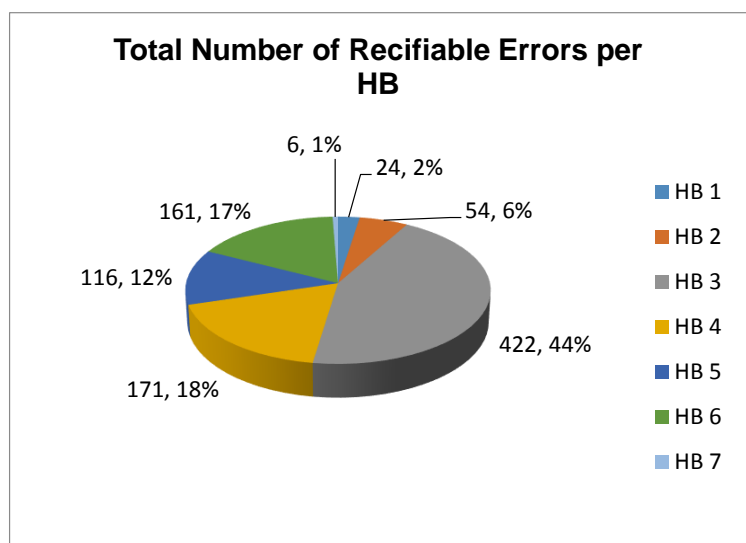
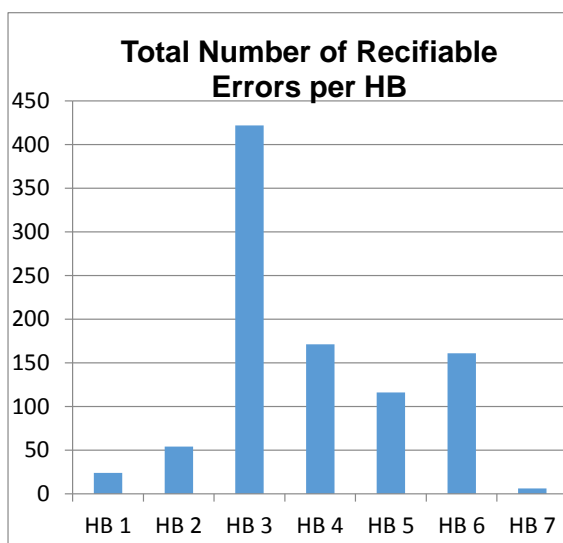
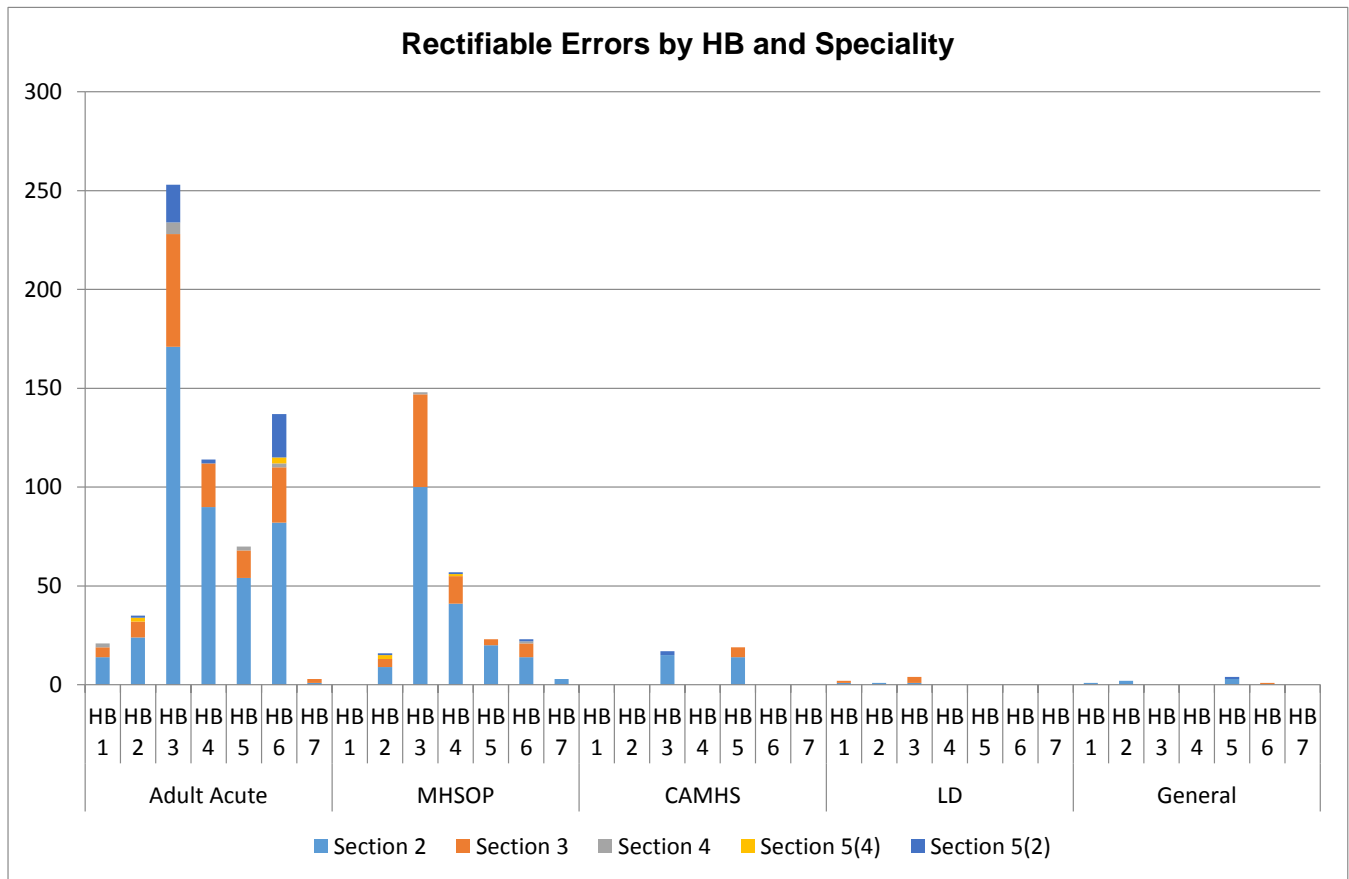


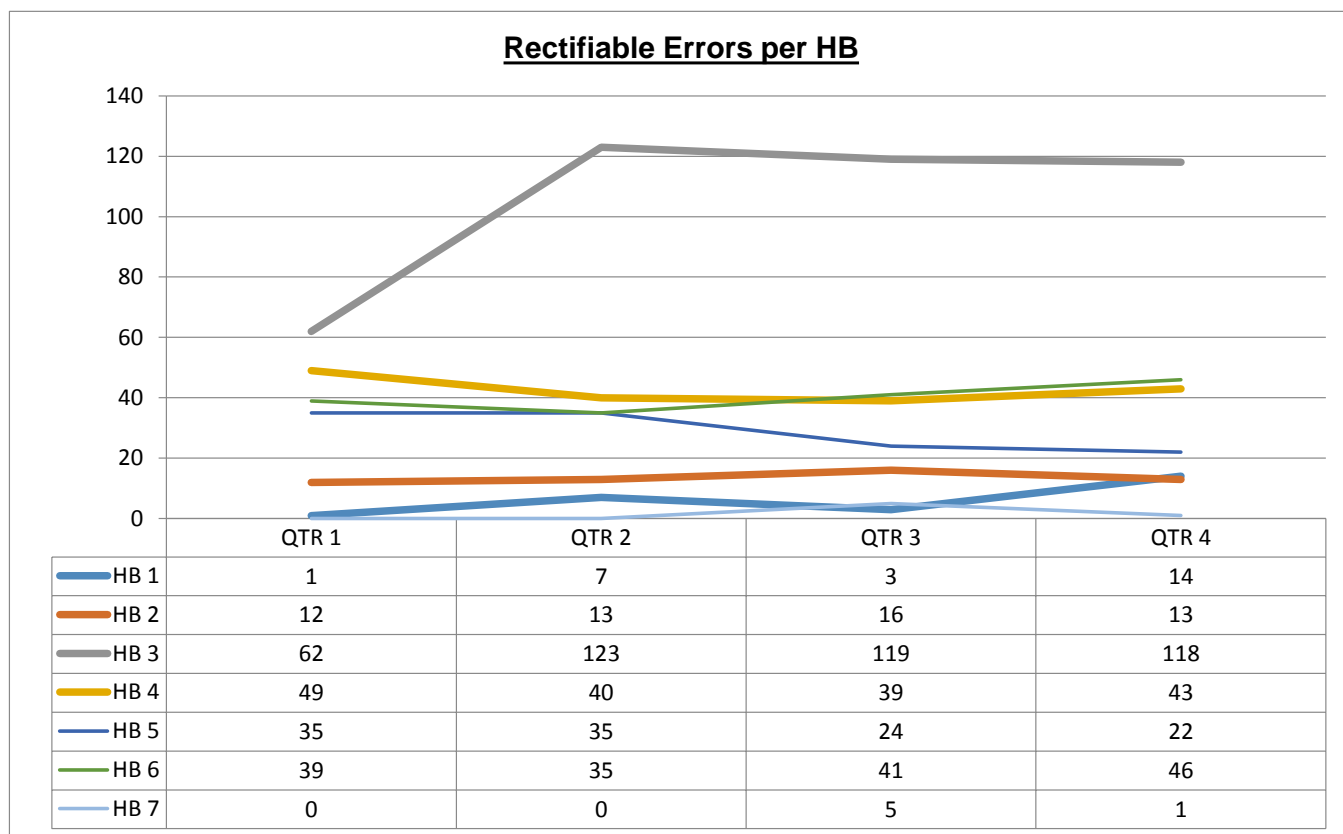
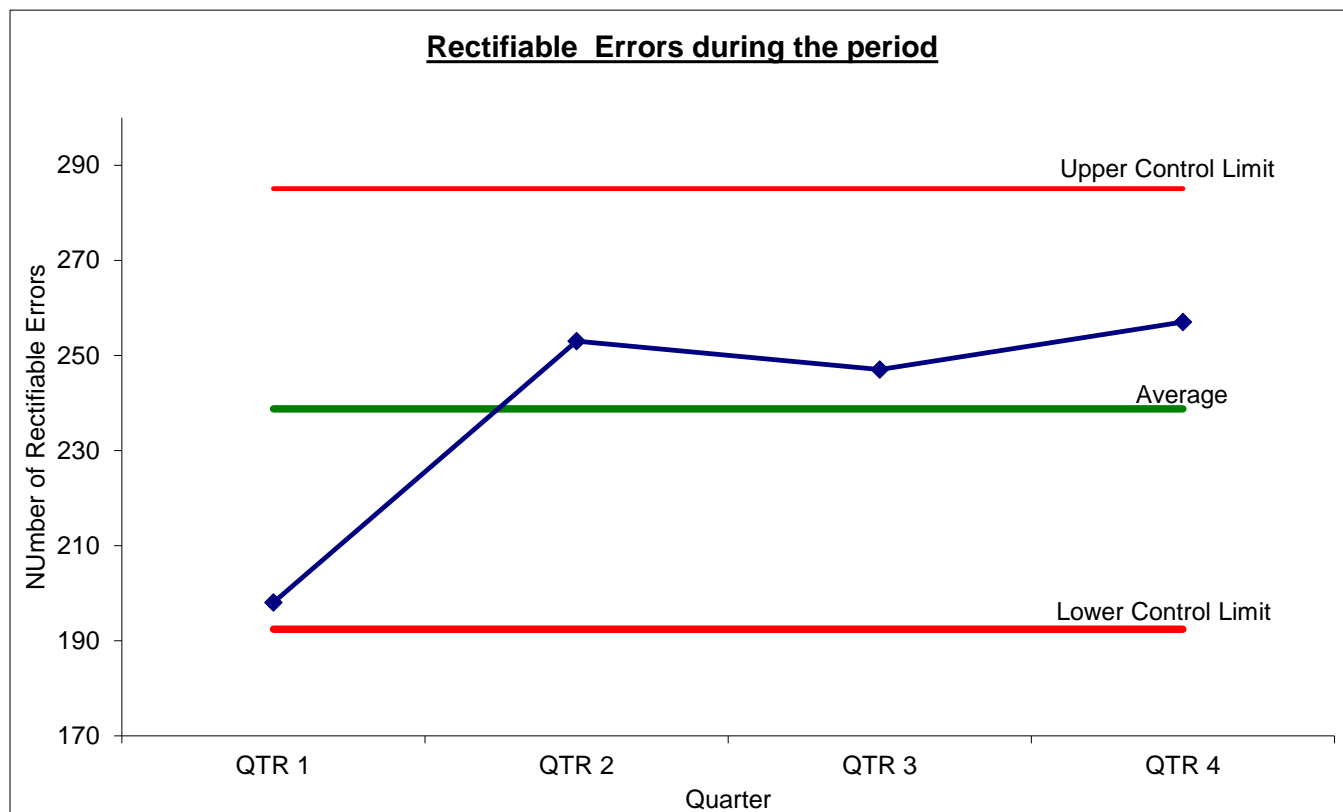
	HB 1	HB 2	HB 3	HB 4	HB 5	HB 6	HB 7
Section 135 to UHB Population	0.0005%	0.0024%	0.0016%	0.0026%	0.0032%	0.0008%	0.0000%
Section 136 (Hospital) to UHB Population	0.0885%	0.0480%	0.1066%	0.0721%	0.0429%	0.0648%	0.0121%
Section 136 (Custody) to UHB Population	0.0003%	0.0000%	0.0009%	0.0002%	0.0002%	0.0000%	0.0000%
HB Population	387570	587743	696284	493446	443368	384239	132515



Rectifiable Errors

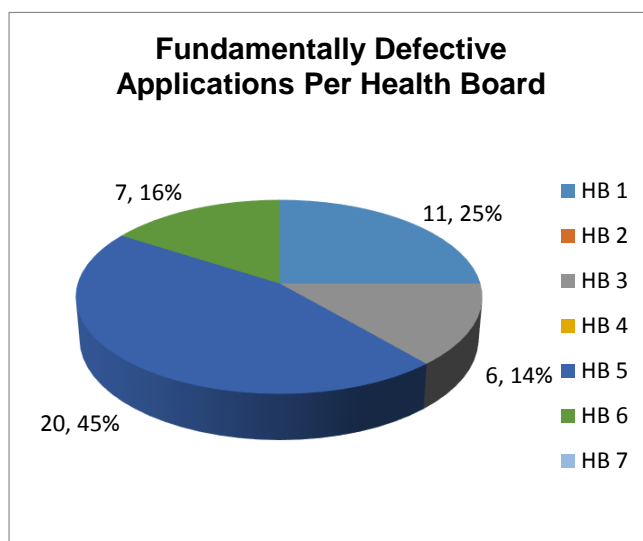
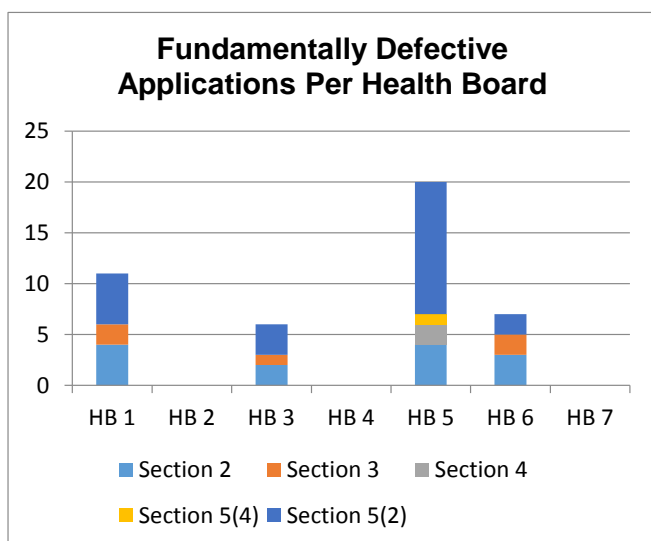
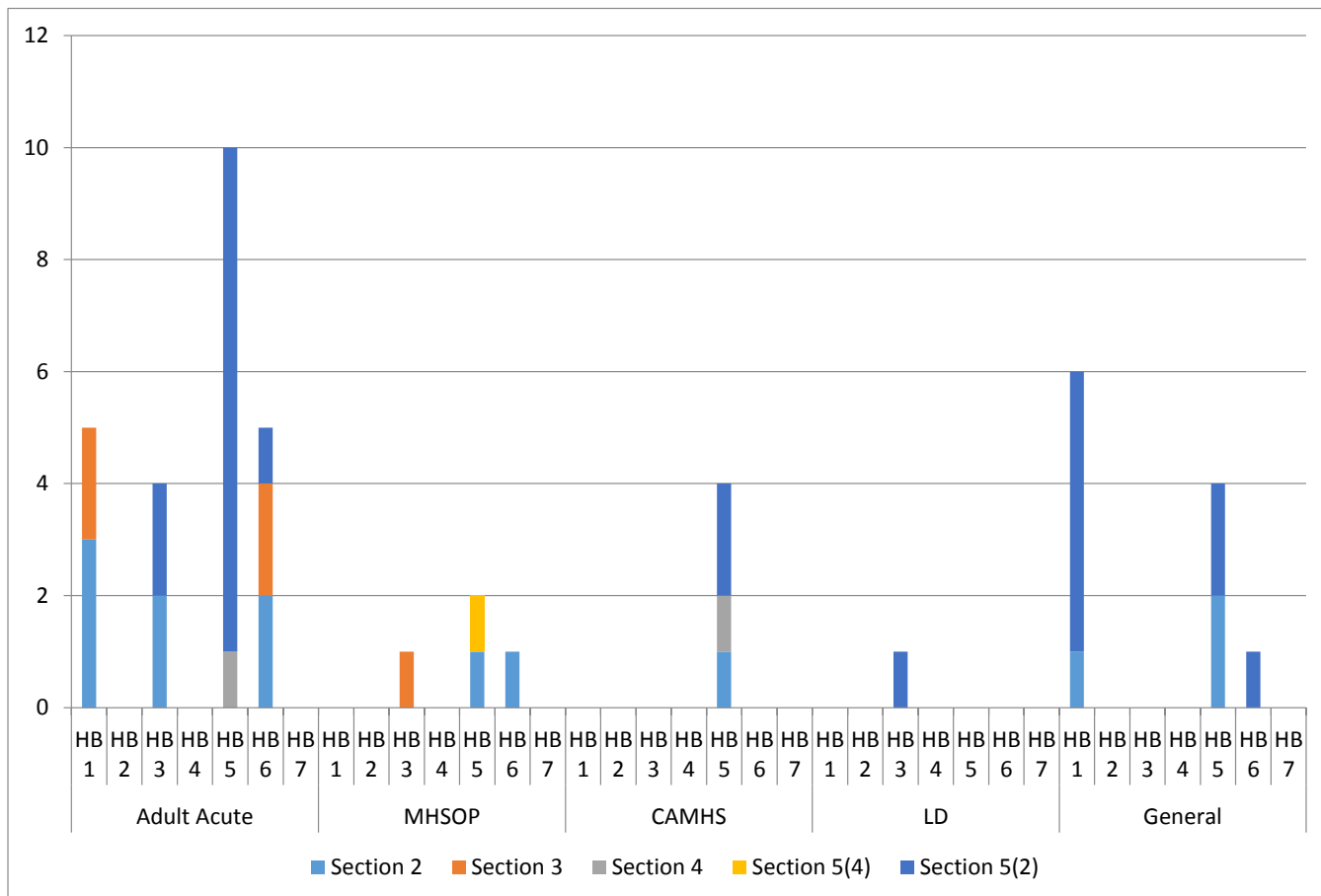
Rectifiable errors by HB and speciality.

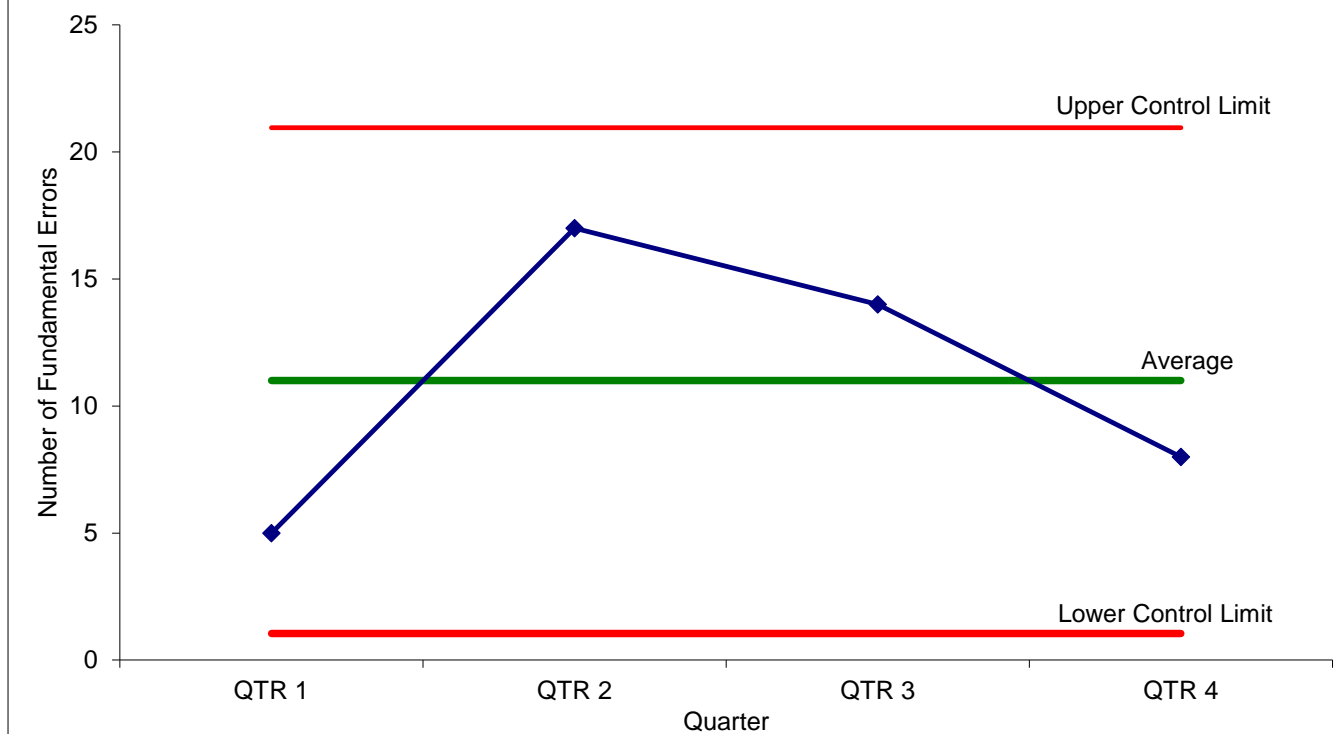
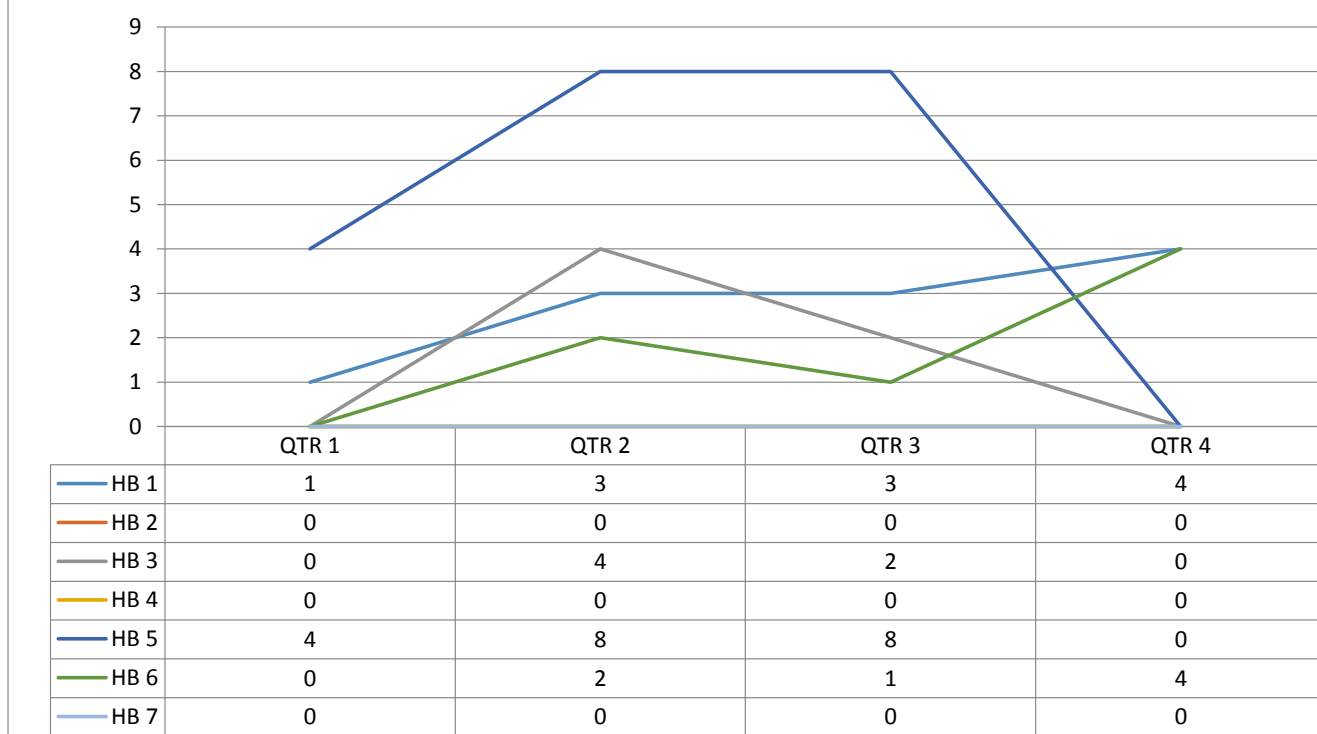




Fundamentally Defective

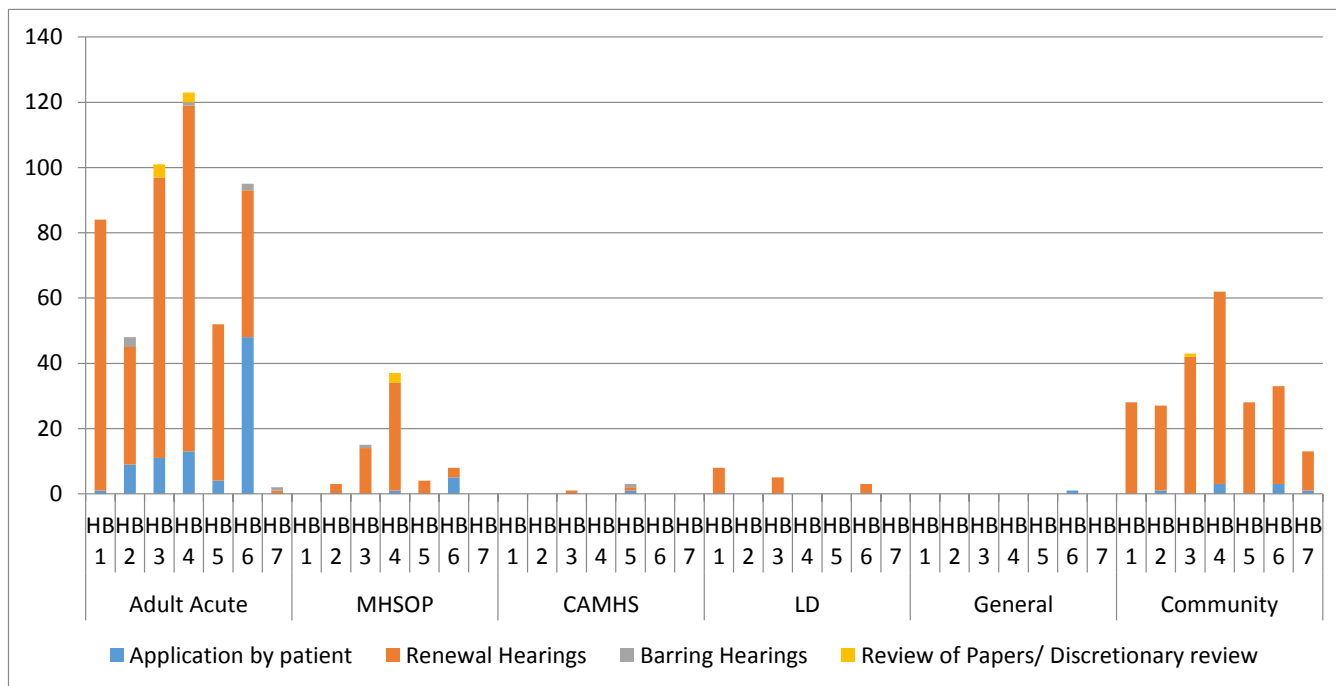
Number of fundamentally defective applications by speciality and HB.



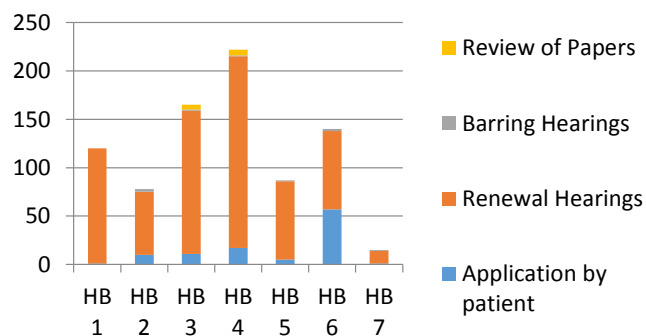
Fundamentally Defective Yearly Activity**Fundamental Errors during the period****Fundamental Errors per HB**

Hospital Manager Hearings Activity

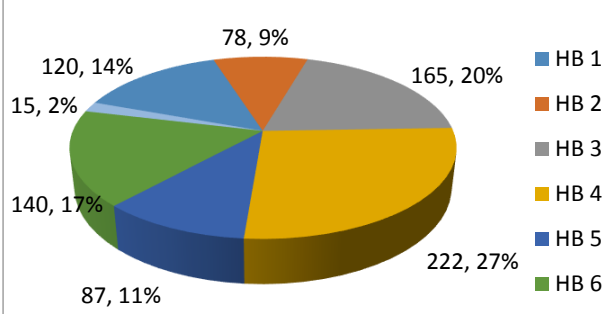
Hospital Managers' Hearings arranged during the period by speciality and HB.



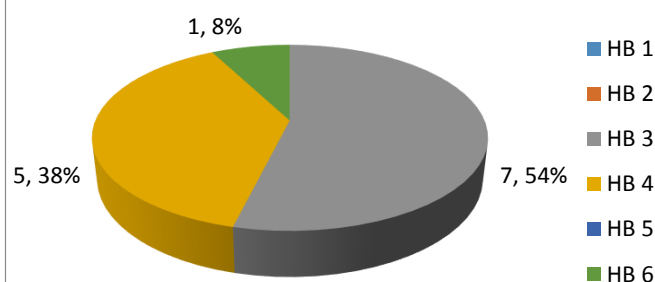
Hearings Arranged by Health Board

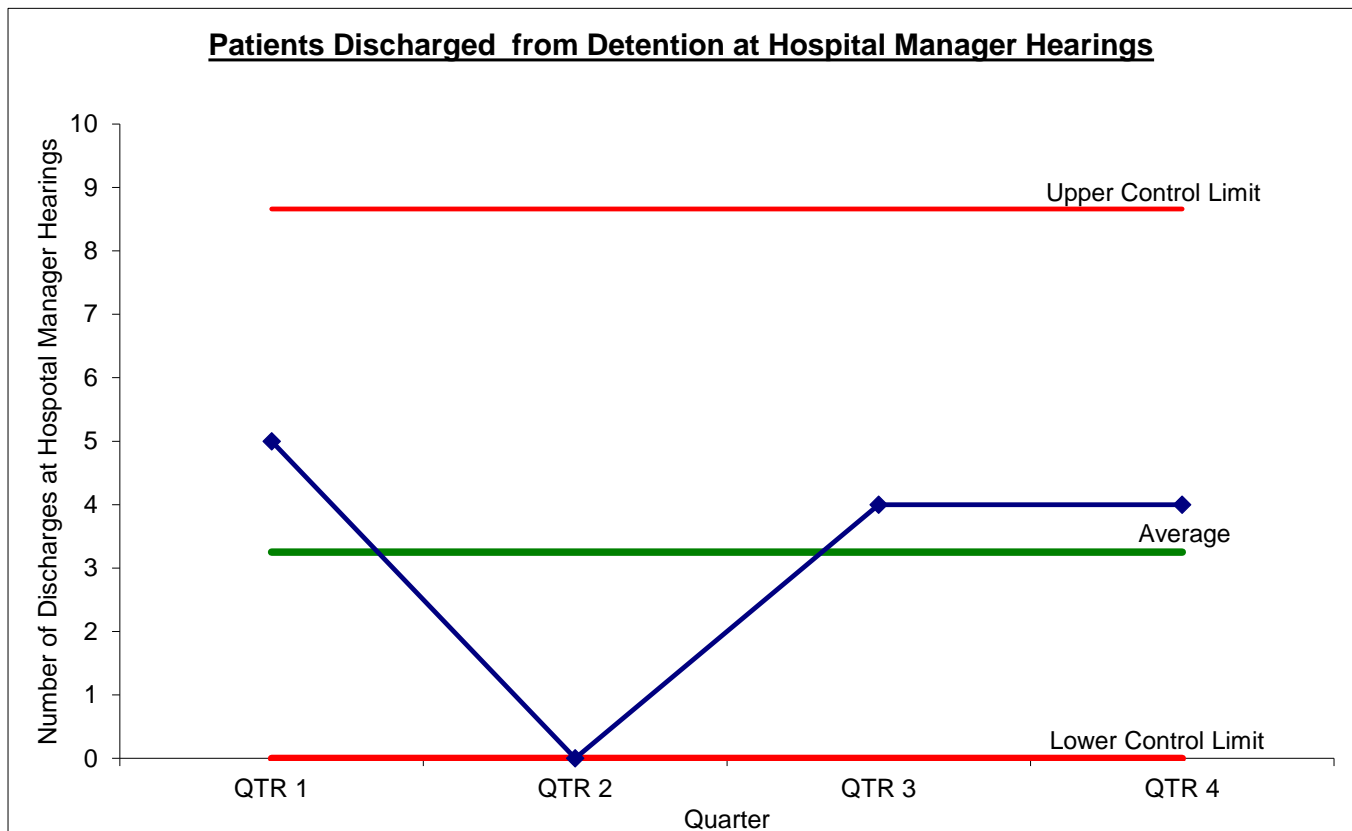
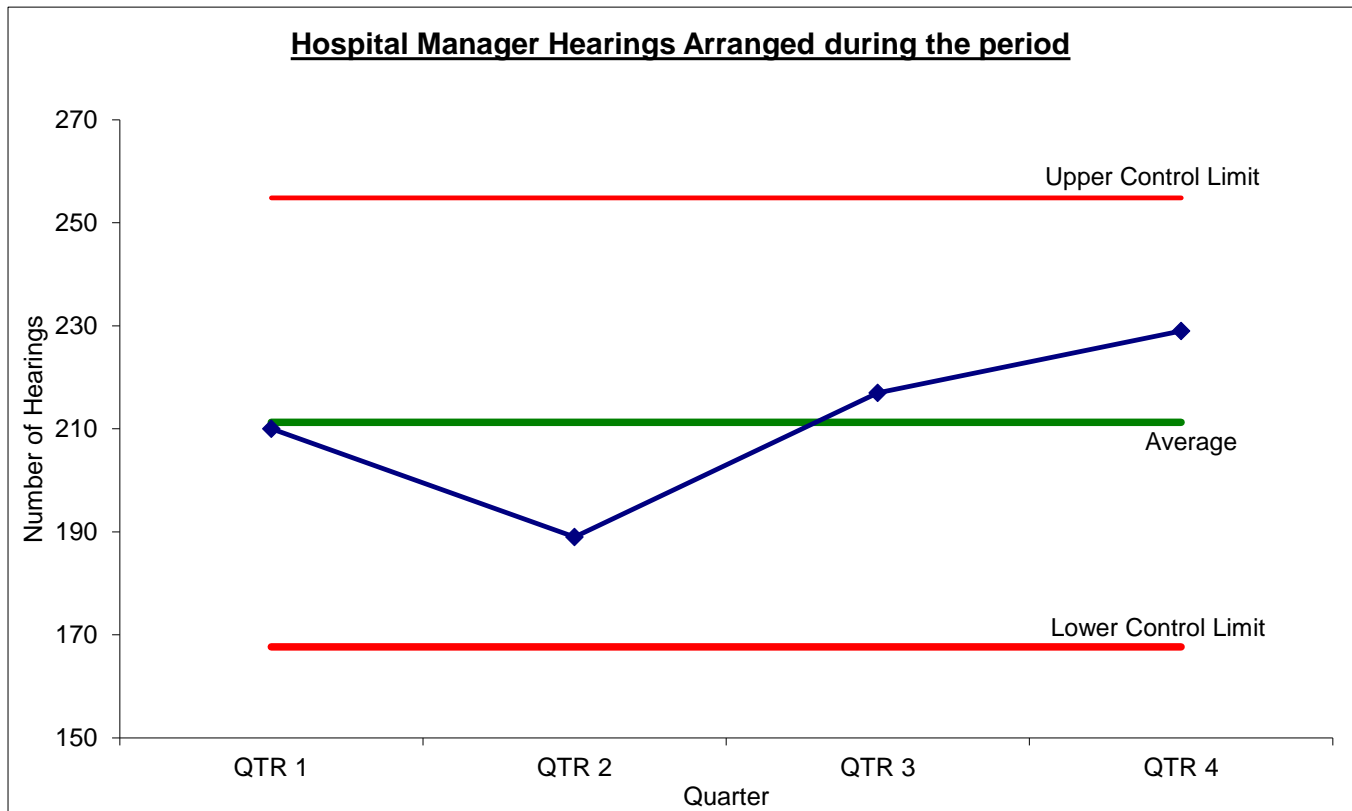


Hearings Arranged by Health Board

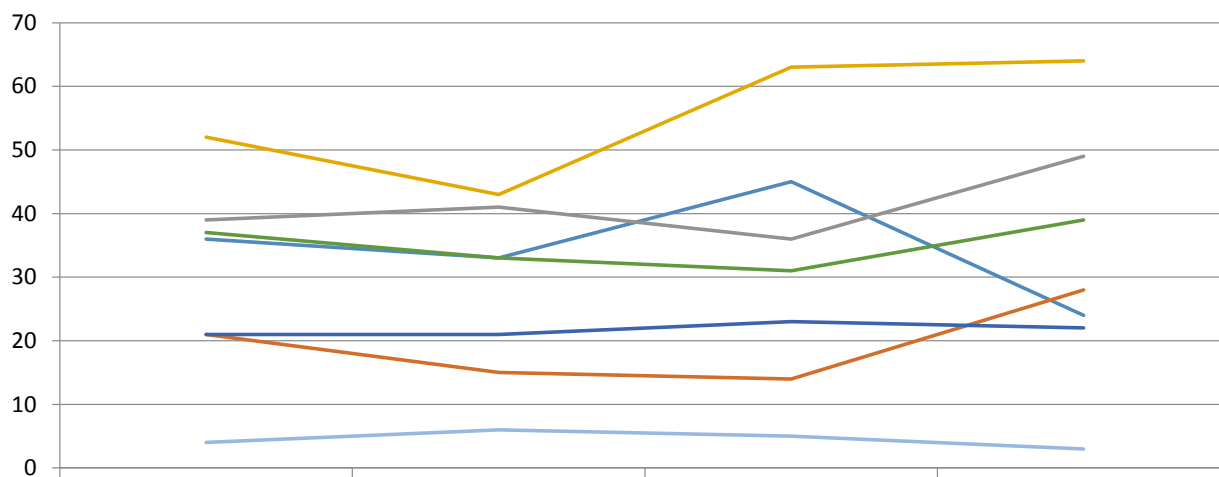


Patients Discharged by Hospital Managers



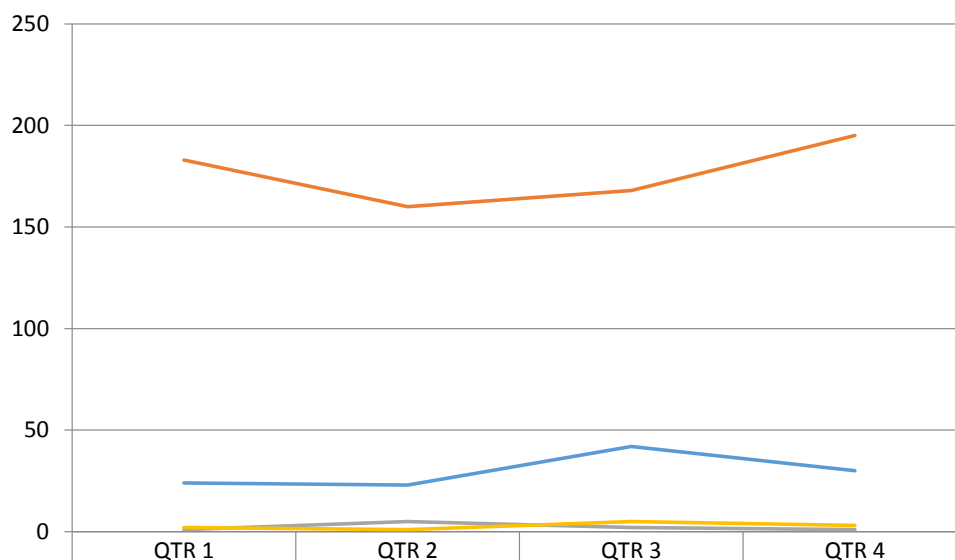


Hospital Manager Hearings Arranged per HB



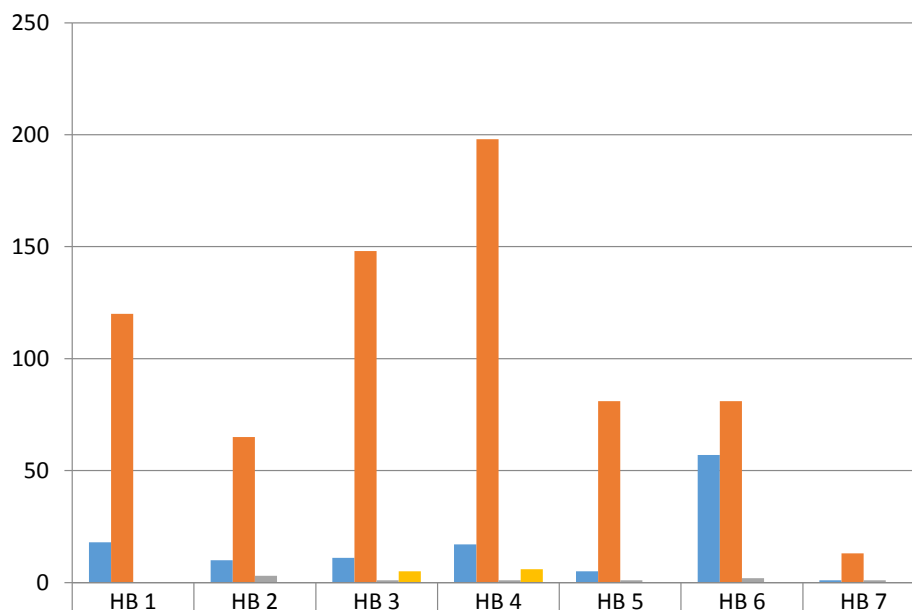
	QTR 1	QTR 2	QTR 3	QTR 4
HB 1	36	33	45	24
HB 2	21	15	14	28
HB 3	39	41	36	49
HB 4	52	43	63	64
HB 5	21	21	23	22
HB 6	37	33	31	39
HB 7	4	6	5	3

Source of Hospital Manager Hearings



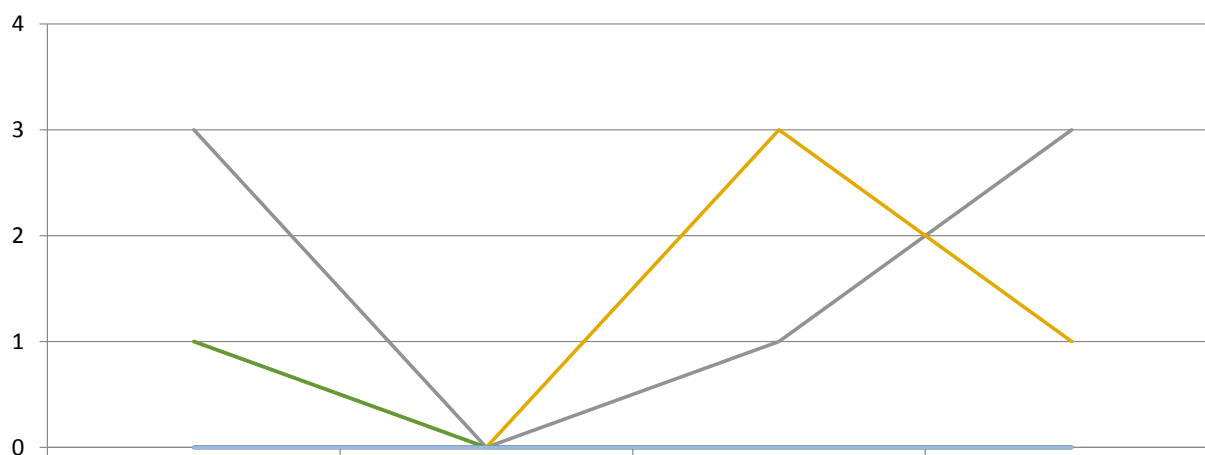
	QTR 1	QTR 2	QTR 3	QTR 4
Application by patient	24	23	42	30
Renewal Hearings	183	160	168	195
Barring Hearings	1	5	2	1
Review of Papers/ Discretionary review	2	1	5	3

Source of Hospital Manager Hearings per HB



Application by patient	18	10	11	17	5	57	1
Renewal Hearings	120	65	148	198	81	81	13
Barring Hearings	0	3	1	1	1	2	1
Review of Papers/ Discretionary review	0	0	5	6	0	0	0

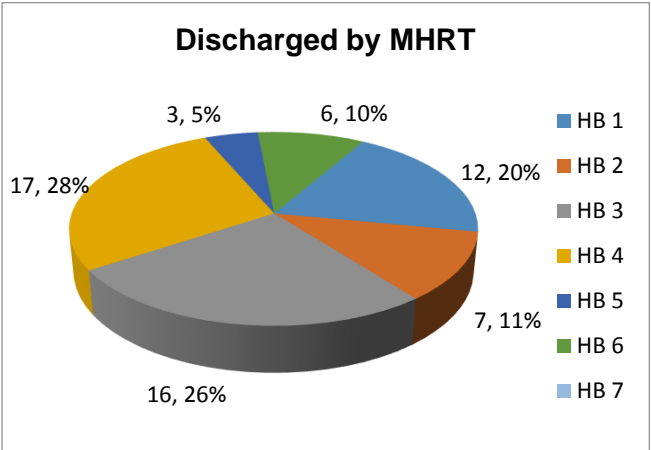
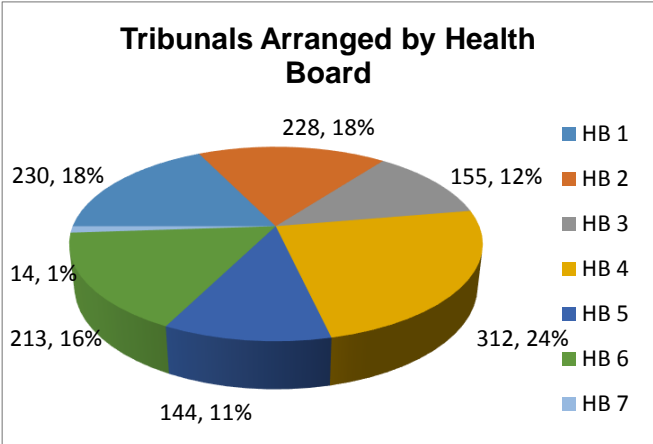
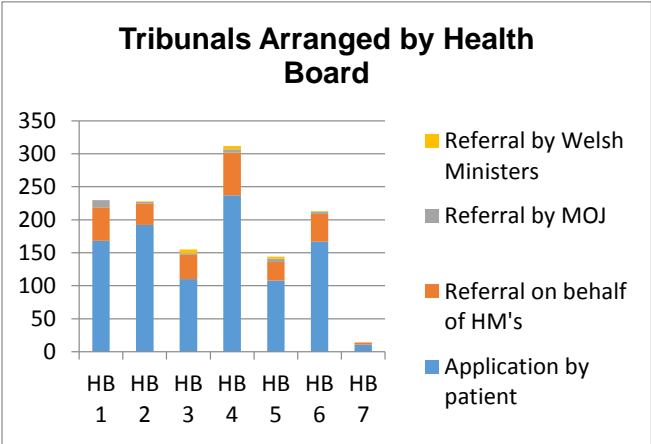
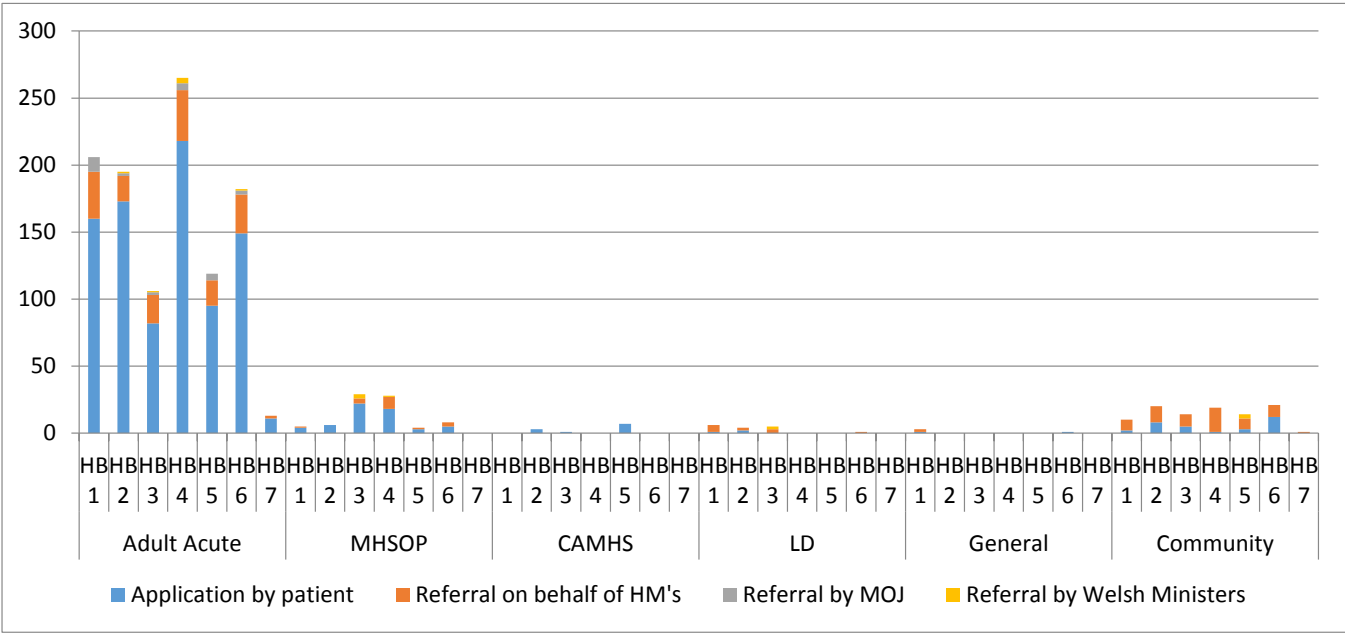
Patients Discharged from Detention at Hospital Manager Hearings

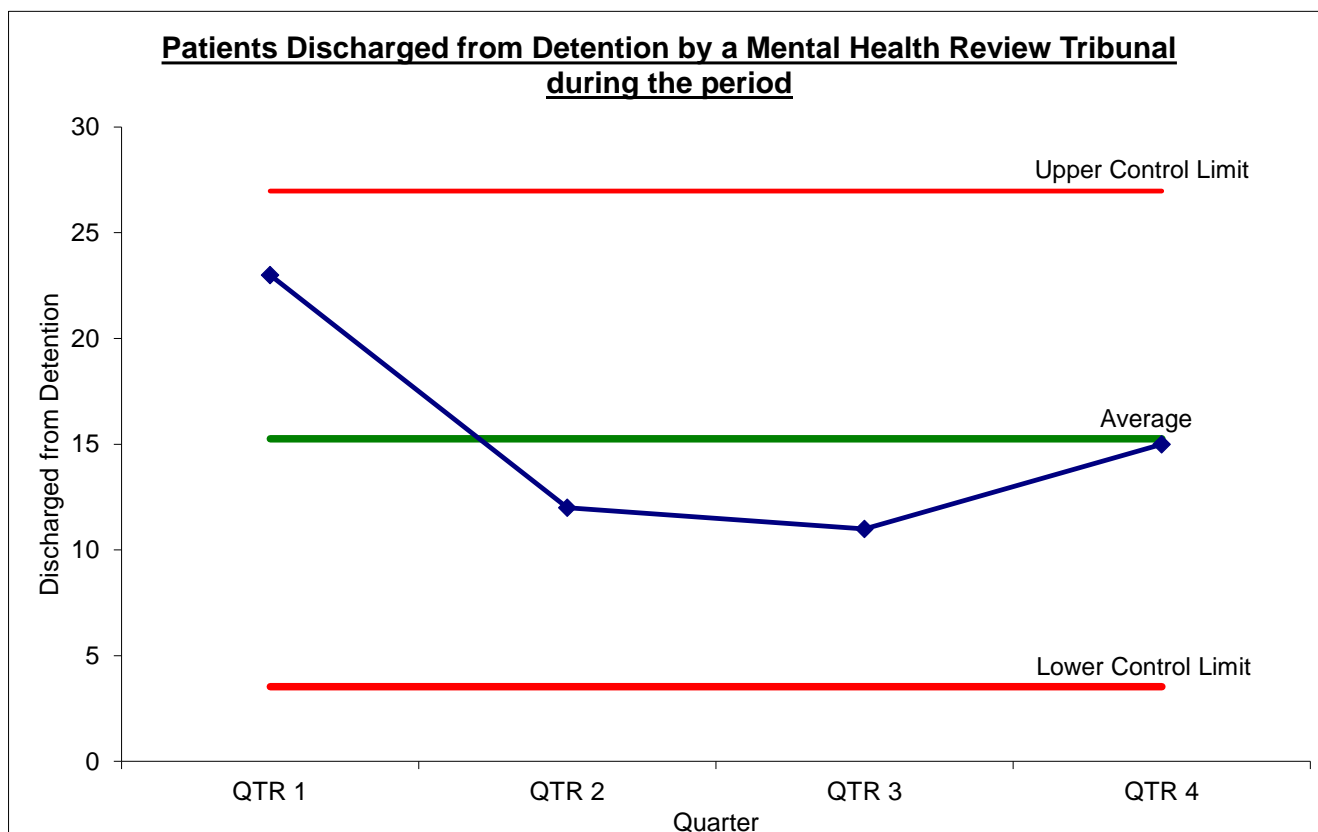
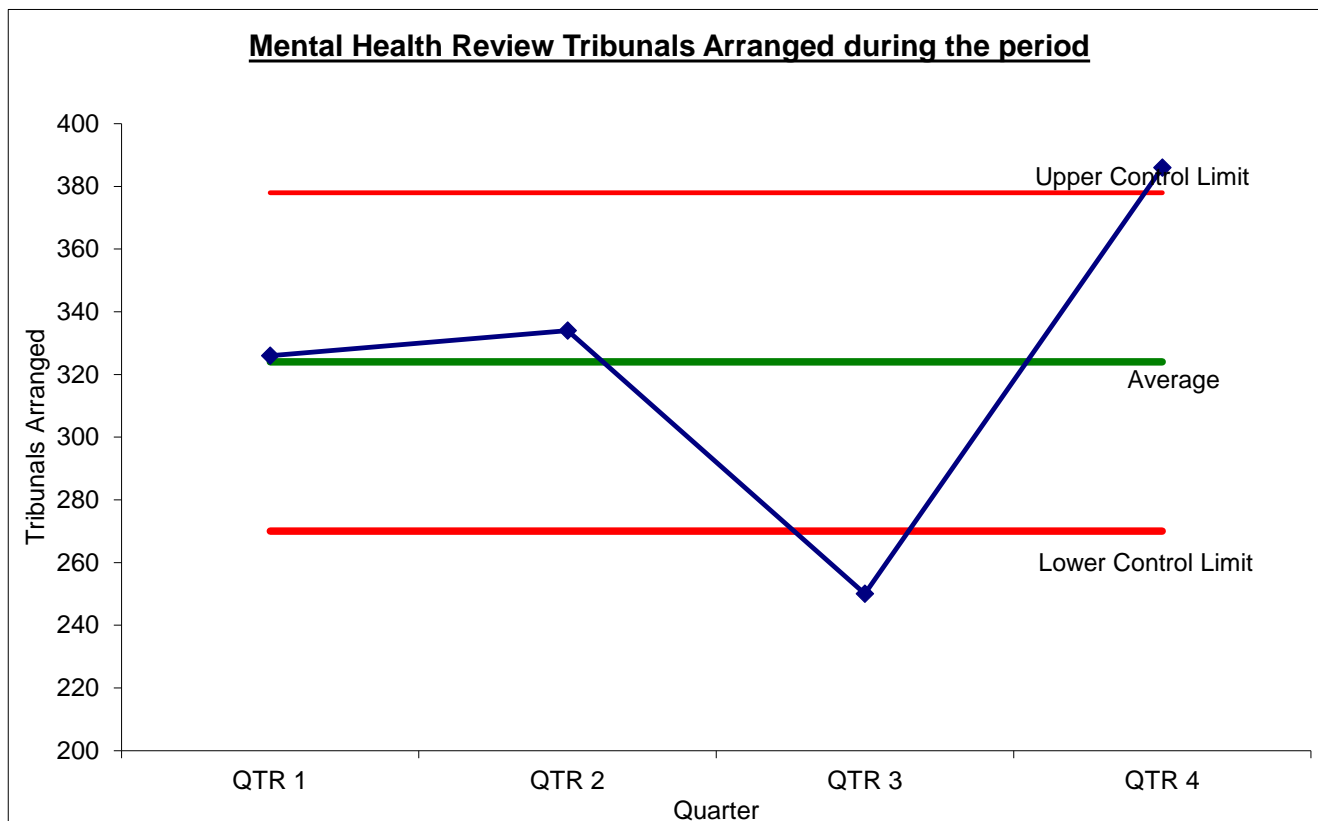


	QTR 1	QTR 2	QTR 3	QTR 4
HB 1	0	0	0	0
HB 2	0	0	0	0
HB 3	3	0	1	3
HB 4	1	0	3	1
HB 5	0	0	0	0
HB 6	1	0	0	0
HB 7	0	0	0	0

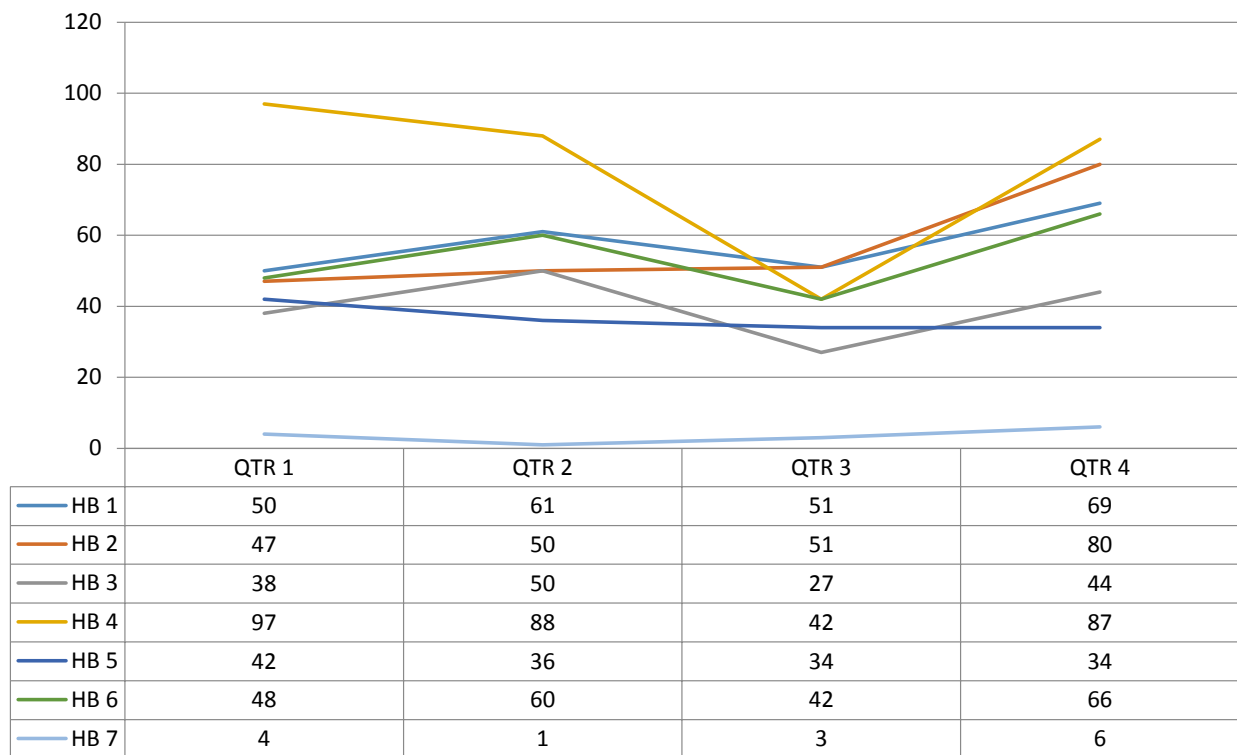
MHRT Activity

Mental Review Tribunal arranged during the period by speciality and HB.

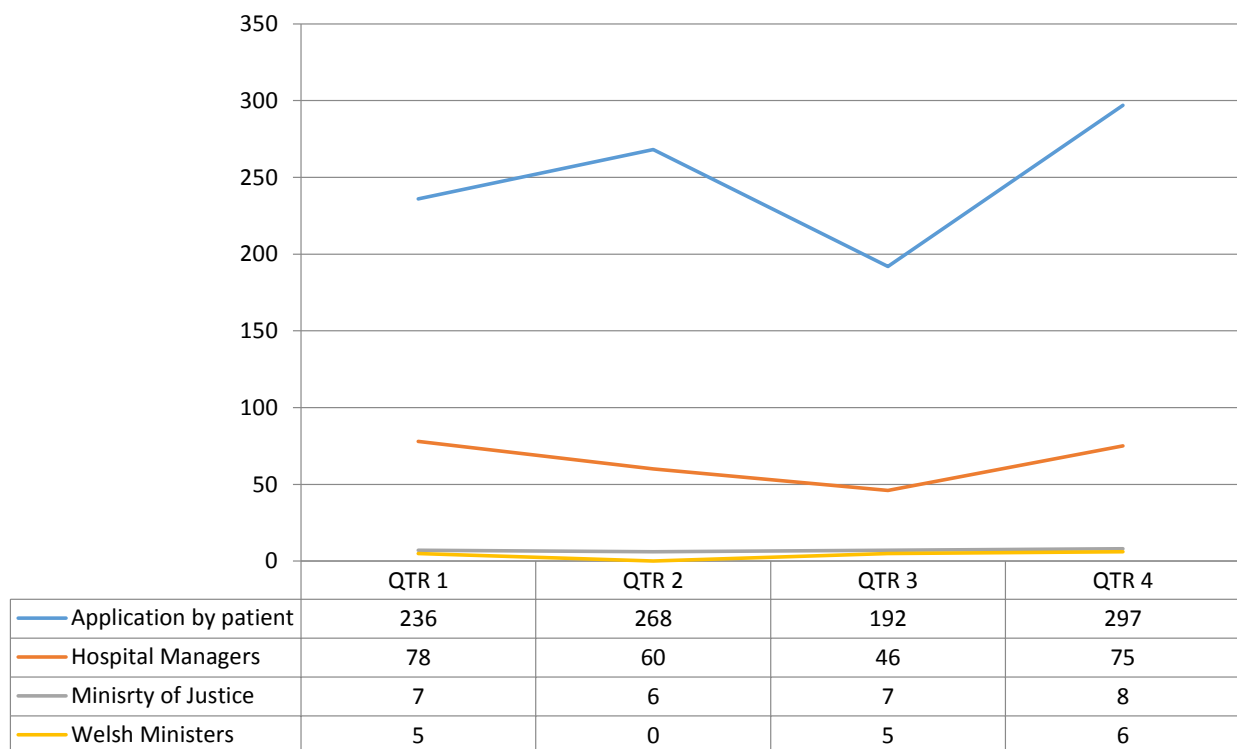




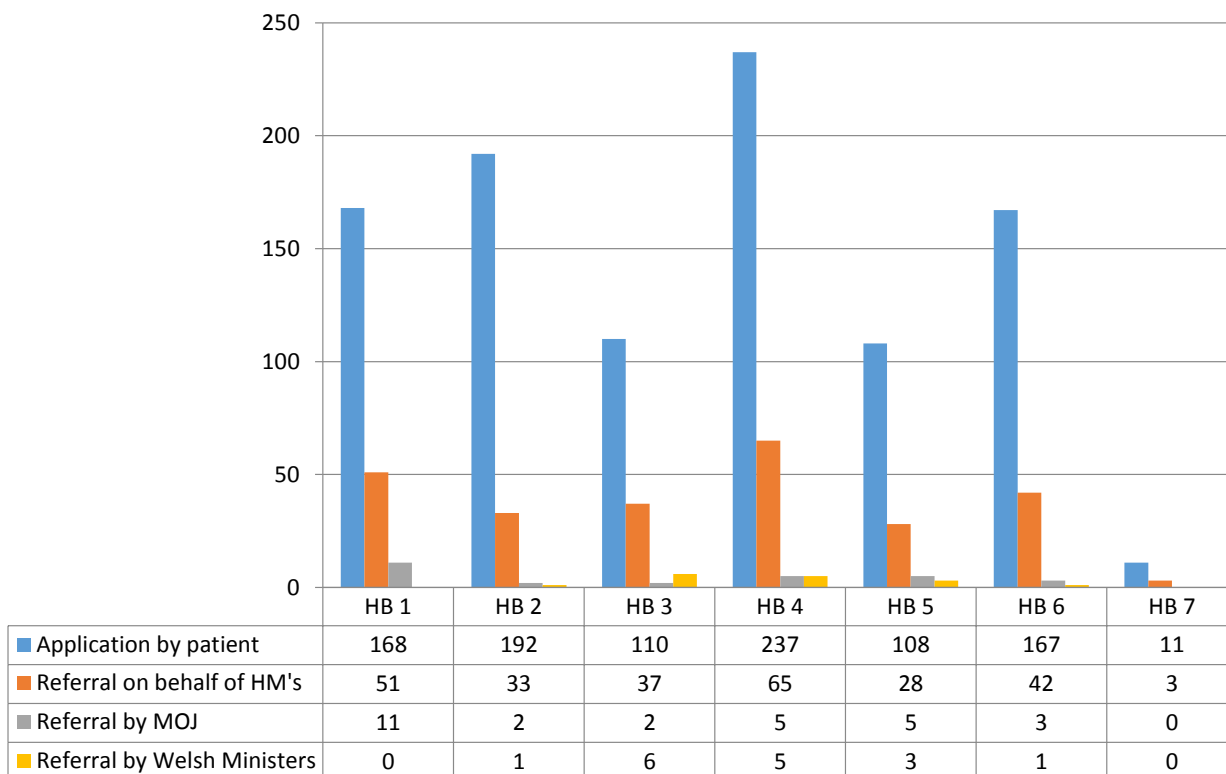
Mental Health Review Tribunals Arranged per HB



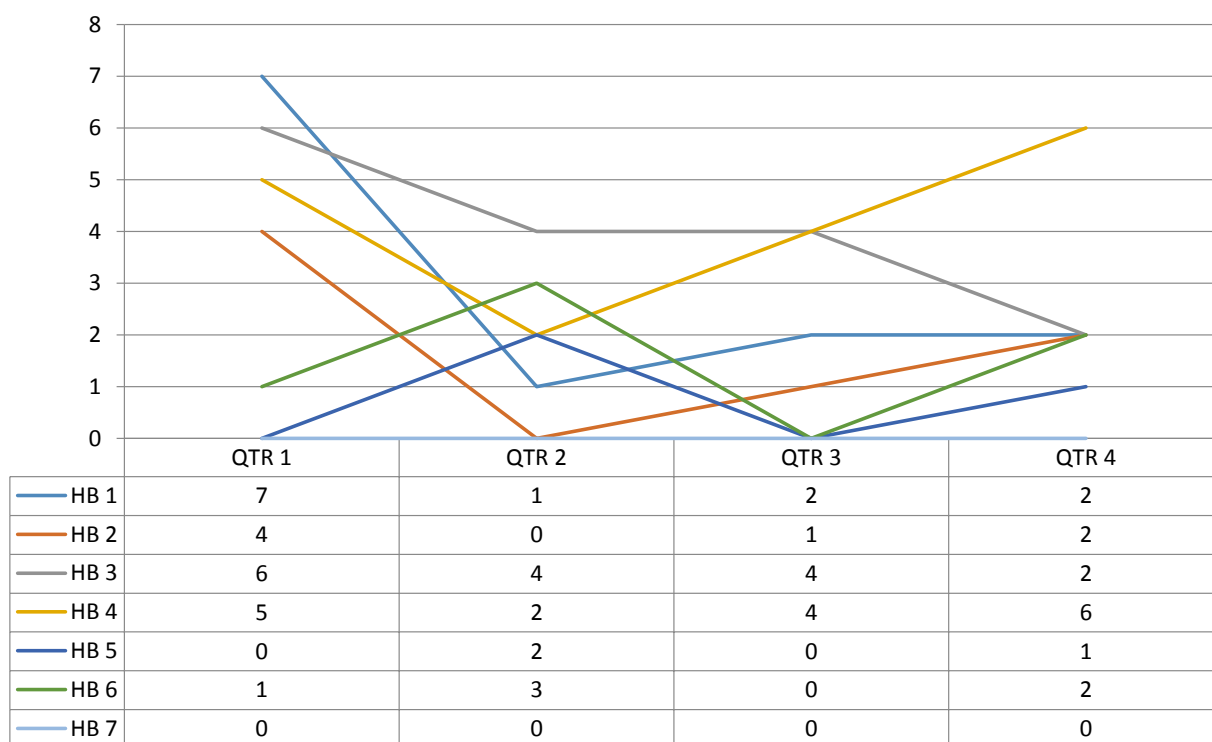
Source of Applications for a Mental Health Review Tribunal




Source of Applications for a Mental Health Review Tribunal per HB



Patients Discharged from Detention by Mental Health Review Tribunal



 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	Mental Health and Learning Disabilities Committee 13th June 2019 Agenda Item: 3.2
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Aneurin Bevan University Health Board
Power of Discharge Sub-Committee Interim Report

Executive Summary			
<p>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.</p> <p>The report asks Committee to receive the report for assurance and compliance with the legislative requirements.</p>			
The Board 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 Primary, Community and Mental Health Services			
Report Author: Julie Davies, Clinical Lead Mental Health Act Administration; Ana Llewellyn, Divisional Nurse on behalf of Katija Dew, Chair of the Power of Discharge Sub-Committee			
Report Received consideration and supported by :			
Executive Team		Committee of the Board [Committee Name]	Mental Health and Learning Disabilities Committee
Date of the Report: 4 th June 2019			
Supplementary Papers Attached:			

MAIN REPORT:

Purpose of the Report	
<p>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.</p>	

The report asks 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 standards.

The report details the activity of the Mental Health Act Associate Hospital Managers in relation to Hearings and scrutiny undertaken for the period October 2018 – March 2018.

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 Associate Director of Nursing/Divisional Nurse, 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 in the period October 2018 – March 2019. The Power of Discharge aims to align its meetings to the Mental Health and Learning Disabilities Committee schedule.

1.1 Revised Agreements and Recruitment

Over the six month period the sub-committee has been focussed on the revising the agreements and terms of office for existing Associate Hospital Managers and on the recruitment of new Associate Hospital Managers.

Interviews were held in January 2019 and three individuals were appointed. Unfortunately one individual later withdrew. The two new Associate Hospital Managers have now been recruited and a period of shadowing is underway.

The revised agreements for Associate Hospital Managers included the development of the role of Hearing Chair in order to provide a co-ordination and mentoring function. The Chair is also responsible for the administration of the hearing. Previously the Mental Health Act Administration Department undertook this role and had the consequence of impacting on capacity to meet the legislative requirements.

The Associate Hospital Managers have requested additional documentation, Risk Assessments, and CTP documents be supplied to them for hearings. Although this is not a legal requirement, it is felt that this information, although available within the integrated files, is beneficial to see prior to the hearings. This is being provided at their request.

1.2 Training

An all Wales Associate Hospital Managers Training Day was held in November and proved to be a big success. A further All Wales training day will take place September 2019.

It was agreed that the first part of the Power of Discharge Sub-Committee would be dedicated to a specialist guest speaker to provide further learning development.

A comprehensive Mental Health Act, Mental Capacity Act and DoLs training prospectus has been developed and approved. This training programme commences June 2019.

1.3 Appraisal

It has been agreed that the Appraisal process will be undertaken by the Health Board for all the Associate Hospital Managers on an annual basis. An all Wales competencies document has been developed.

The specifics of the appraisal process for the Health Board will be developed over the coming months.

2. Associate Hospital Manager Hearings

A total of 11 hearings were held this 6-month period resulting in no discharges. From the hearings held 10 were section renewals and 1 appeal by the patient.

A breakdown of the hearing activity is detailed below:

Month	Hearings Arranged	Outcome of Hearings
October 2018	8 hearings arranged	3 hearings cancelled as patients were discharged by the Responsible Clinician prior to the hearing.

	4 hearings section renewals and 1 was a patient appeal.	5 detentions were upheld.
November 2018	0 hearings arranged	
December 2018	4 hearings arranged	4 hearings cancelled as 1 patient was transferred and 3 patients were discharged by the Responsible Clinician prior to the hearing.
January 2018	4 hearings arranged 1 hearing was a section renewal.	3 hearings cancelled as patients discharged by Responsible Clinician prior to the hearing 1 detention was upheld
February 2018	6 hearings arranged 4 hearings held were section renewals.	2 hearings cancelled as patients discharged by Responsible Clinician prior to the hearing. 4 detentions were upheld.
March 2019	10 hearings arranged 1 hearing was a section renewal	5 hearings cancelled as the patients were discharged by the Responsible Clinician prior to the hearing. 4 patients had Tribunal hearings. 1 detention was upheld.

2.1 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 11 hearings were scrutinised by the Mental Health Act Administration Department.

Recommendation

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

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	There are potential legislative risks to the health board if patients are not lawfully detained under the Mental Health Act.
Financial Assessment, including Value for Money	No specific financial issues have been identified.
Quality, Safety and Patient Experience Assessment	The lawful application of the Mental Health Act is essential to the safeguarding of patients' rights and liberties.
Equality and Diversity Impact Assessment (including child impact assessment)	No specific equality and diversity issues have been identified.
Health and Care Standards	Relevant to Health and Care Standards 2, 4 and 7
Link to Integrated Medium Term Plan/Corporate Objectives	No specific link to the IMTP.
	Integration – the statutory requirements are limited to hospital provision
	Collaboration – the application of the Mental Health Act requires collaboration with the local authority
Glossary of New Terms	
Public Interest	There is a public interest in this report being shared.