

# Mental Health Act & Monitoring Committee

Wed 06 December 2023, 14:00 - 16:00

Microsoft Team



## Agenda

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### 0 min **1. PRELIMINARY MATTERS**

#### **1.1. Welcome and Introductions**

*Oral*      *Chair*

#### **1.2. Apologies for Absence**

*Oral*      *Chair*

#### **1.3. Declarations of Interest**

*Oral*      *Chair*

#### **1.4. Draft Minutes of the Last Meeting held on 5th September 2023**

*Attached*      *Chair*

 1.4 Draft Mental Health Monitoring Act Committee 05\_09\_23 V2 BC& APPROVED BY Chair.pdf (6 pages)

#### **1.5. Committee Action Log**

*Attached*      *Chair*

 1.5 MHAMC Action Log- as at 6th December 2023.pdf (2 pages)

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### 0 min **2. ITEMS FOR APPROVAL/RECTIFICATION/DECISION**

#### **2.1. Mental Health Act Managers Policy**

*Attached*      *Director of Corporate Governance*

 2.1 ABUHB\_Corporate\_1113 Mental Health Act Managers Policy v1.1.pdf (46 pages)

 2.1a MHAM Policy Update.pdf (4 pages)

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### 0 min **3. ITEMS FOR DISCUSSION**

#### **3.1. Review of Committee Programme of Business**

*Attached*      *Chair/Director of Corporate Governance*

 3.1 MASTER MHAM Committee Work Programme 2023-24.pdf (2 pages)

#### **3.2. Mental Health Act Compliance Report**

*Attached*      *Head of Quality & Improvement*

- Update on Section 4 and the Review of the Process in Obtaining a 2nd Doctor's Evaluation

 3.2 MHA Update Report Q2 2023-24.pdf (24 pages)

### **3.3. Power of Discharge Committee Update**

*Attached Chair/ Independent Member*

 3.3 PODSC Meeting Minutes 15.08.23.pdf (5 pages)

 3.3a PODSC Meeting Minutes 21.08.23.pdf (4 pages)

### **3.4. Committee Self Assessment**

*Attached Director of Corporate Governance*

 3.4 Mental Health Act Monitoring Committee\_Self Assessment of Committee Effectiveness Cover Report.pdf (4 pages)

 3.4a appendix 1 MHAMC Self Assessment Template.pdf (7 pages)

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0 min **4. ITEMS FOR INFORMATION**

No items for Information

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0 min **5. OTHER MATTERS**

#### **5.1. Items to be Brought to the Attention of the Board and Other Committees**

*Oral Chair*

#### **5.2. Any Other Urgent Business**

*Oral Chair*

#### **5.3. Date of the Next Meeting**

Wednesday 21st February 2023 at 10:00am

<b>DATE OF MEETING</b>	5 <sup>th</sup> September 2023
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Pippa Britton, Independent Member/Committee Chair Paul Deneen, Independent Member
<b>IN ATTENDANCE</b>	Leanne Watkins, Chief Operating Officer Kavitha Pasunuru, Assistant Divisional Director Sarah Cadman, Head of Quality & Improvement Helen Dodoo, General Manager for Mental Health and Learning Disabilities Bryony Codd, Head of Corporate Governance Catherine Currier, Meeting Secretariat
<b>APOLOGIES</b>	Chris O'Connor, Divisional Director for Mental Health and Learning Disabilities Michelle Forkings, Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing

<b>MHMAC/05/09/1</b>	<b>PRELIMINARY MATTERS</b>
<b>MHMAC/05/09/1.1</b>	<b>Welcome and Introductions</b>  Pippa Britton (PB), Committee Chair opened the meeting and welcomed Helen Dodoo and Nadine Gould to their first Mental Health Monitoring Act Committee meeting.
<b>MHMAC/05/09/1.2</b>	<b>Apologies for Absence</b>  Pippa Britton (PB), Committee Chair noted the above apologies.
<b>MHMAC/05/09/1.3</b>	<b>Declarations of Interest</b>  There were no Declarations of Interest.
<b>MHMAC/05/09/1.4</b>	<b>Draft Minutes of the Last Meeting</b>  The Draft minutes for the Mental Health Monitoring Act Committee of 19 <sup>th</sup> June 2023 was noted as an accurate record and accepted.

<b>MHMAC/05/09/1.5</b>	<p><b>Committee Action Log</b></p> <p>Pippa Britton (PB), Committee Chair noted that two verbal updates were expected at today’s meeting.</p> <p><b>MHAMC 0903/07.3 Mental Health Act Compliance Report:</b> Kavita Pasunuru (KP), Assistant Divisional Director and Sarah Cadman (SC), Head of Quality &amp; Improvement confirmed that there were low numbers of asylum seekers accessing Mental Health Services and this was not an area of concern. Work was underway to capture data on the number of asylum seekers accessing Specialist Services. The Committee agreed that this Action could be closed.</p> <p><b>MHAMC 1906/2.1.2 Mental Health Act Compliance Report- including All Wales Benchmarking Data:</b> SC confirmed that the Section 136 figures had increased this quarter. The Committee agreed that this action could be closed.</p>
<b>MHMAC/05/09/2.</b>	<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>
<b>MHMAC/05/09/2.1</b>	It was noted there were no items for inclusion in this section.
<b>MHMAC/05/09/3.</b>	<b>ITEMS FOR DISCUSSION</b>
<b>MHMAC/05/09/3.1</b>	<p><b>Mental Health Act Compliance Report</b></p> <p>Sarah Cadman (SC), Head of Quality &amp; Improvement took the Committee through the Mental Health Act Compliance Report for Quarter 1 (April – June 2023).</p> <p>SC took the Committee through the Inpatient Compulsory Admissions data. The information included the previous quarter’s and 2022-23 Quarter 1 figures for comparison. The Committee felt that this approach was beneficial in highlighting any peaks and troughs.</p> <p>It was noted that in Learning Disabilities there had been a slight increase in use of the MHA this quarter, which reflected discharges, patients who had been admitted informally and then admitted formally later in the admission.</p> <p>The Committee asked if the discharge of learning disabilities patients into the Community with support, was a planned approach. SC confirmed this was a planned approach and that detentions for patients with Learning Disabilities were to Tŷ Lafant Assessment and Treatment Unit, as an acute ward; discharges of patients back into the community are planned provided there is</p>

appropriate community support based on the individual's needs.

SC took the Committee through the General Hospital admission statistics. It was noted that the report should state that under 18's admissions had decreased by 100% not increased.

The Committee felt it would be helpful to understand how long young people, who are admitted as an emergency, spend on an adult ward i.e. are they there for 2 hours or 6 days. SC explained that Section 5.4 was up to 6 hours and Section 5.2 was up to 72 hours. The Committee considered that this information should be included in the narrative for this section. Kavitha Pasunuru (KP), Assistant Divisional Director provided background on an All Wales study on the use of Adolescent Holding Beds, which showed the Health Board's threshold for admitting young people or using the Mental Health Act was low in comparison to other Health Boards.

Members asked what facility the Health Board currently used for inpatient provision. KP stated that the Health Board does not have an inpatient CAMHS facility; however, there was a holding bed in YYF and explained the threshold and policy for the use of the holding bed. Pippa Britton (PC), Committee Chair noted the Bridgend Facility came under WHSCC and was included in their report to PQSOC.

SC took the Committee through the Trend Analysis by Service and explained how each Section was used. It was highlighted that over the last 3 years, the Health Board had seen an increase in use of Section 4 and this reflected the difficulty in getting hold of 2<sup>nd</sup> Doctor. It was noted that the current process was being reviewed. It was confirmed the increased use of Section 4 was within the normal range for Wales and when used, this was justified. PB requested an update was provided at the next Mental Health Monitoring Act Committee meeting.

**Action:**

- **Head of Quality & Improvement** to provide an update on the use of Section 4 and the review of the process in obtaining a 2<sup>nd</sup> Doctor's evaluation.

SC highlighted that the Division had identified a number of Section 2s that had expired, rather than re-grading. This was being raised with Clinical Directors for discussions with individual clinicians and discussed at the monthly Gwent Senior Psychiatrist meeting.

The Committee discussed Section 3 and if there were any issues with patients' compliance of Community Treatment Orders. SC explained how Community Treatment Orders were used and confirmed the Order puts an obligation on individuals to remain in touch with Hospital Teams, as a safeguarding option. Section 3 also allowed patients to demonstrate their ability to self-manage, but provided an option to reintroduce the Act, if required.

The Committee discussed the process for 'Executed Warrants' and what data was being captured by which organisation. It was confirmed that discussions were ongoing at the Mental Health Delivery Group, which was a multi-agency meeting working to develop a joint data collection process.

The Committee noted the trend analysis of Section 1.3.6 showed 'other welsh resident and non-welsh resident'. SC explained these were people, who do not live in the Health Board locality or Gwent Police Force area, but had been arrested by Gwent Police under this section and admitted to the Health Board for assessment.

The Committee asked how long it took for a Mental Health Tribunals to be arranged. SC to confirm the timescales and provide an update to the next Committee.

**Action:**

- **Head of Quality & Improvement** to ascertain timeframe for Mental Health Tribunals should be scheduled within.

The Committee asked if there was an All Wales report, which benchmarking data for Health Boards. SC confirmed Welsh Government produced an Annual Report, at the end of the financial year. It was agreed the Annual Report would be added to the Committee's Cycle of Business for June/July 2024 meeting.

**Action:**

- **Meeting Secretariat** to add the Welsh Government Annual Report to the Committee's Cycle of Business.

The Mental Health Act Monitoring Committee **RECEIVED** the information provided on the use of the Mental Health Act.

*Helen Dodoo left the meeting at 11 am*

<b>MHMAC/05/09/3.2</b>	<p><b>Update from the Mental Health Act Managers Group</b></p> <p>Paul Deneen (PD), Independent Member provided an update from the two meetings held. The meetings had reviewed the previous minutes and the updated policy document. It was noted the updated Policy would be submitted to the December's Committee meeting.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Head of Corporate Governance</b> to submit the update Mental Health Act Managers Policy to the next Committee meeting.</li> </ul> <p>The meeting also discussed recruitment of new members and felt there was a need to review the Induction Programme and develop an Annual Plan with scheduled meeting dates.</p> <p>It was noted a regional meeting was being planned to provider regional training. Consideration was being given to establishing a series of Annual Reviews of members and the development of an internal training plan.</p> <p>The Committee <b>NOTED</b> the update.</p>
<b>MHMAC/05/09/4.</b>	<b>ITEMS FOR INFORMATION</b>
<b>MHMAC/05/09/4.1</b>	<p><b>Committee Work Plan 2023/24</b> was received for information and the following items were to be added:</p> <ul style="list-style-type: none"> <li>• Welsh Government Mental Health Act Benchmarking Report - June/July 2024</li> <li>• Revision of Policy of Managers Mental Health Act Group – December 2023</li> </ul>
<b>MHMAC/05/09/4.2</b>	<p><b>Mental Health Act Annual Report 2022/23</b> was received for information.</p>
<b>MHMAC/05/09/5.</b>	<b>OTHER MATTERS</b>
<b>MHMAC/05/09/5.1</b>	<p><b>Items to be Brought to the Attention of the Board and Other Committees</b></p> <ul style="list-style-type: none"> <li>• Pippa Britton (PB), Committee Chair to raise the use of Body Camera's at the Crisis Care Concord meeting.</li> </ul>
<b>MHMAC/05/09/5.2</b>	<p><b>5.2 Any Other Urgent Business</b></p> <p>Paul Deneen (PD), Independent Member raised a comment by the Police Service that when providing support to Hospitals, when patients are admitted should be a 'Security' responsibility and if this had caused any issue for the Health Board. Pippa Britton (PB), Committee</p>

Chair, as Chair of the Welsh Government's Crisis Care Concord confirmed there were ongoing discussions around 'right care, right person'; however the decision had been made there would be no changes to the current Police practice, until there has been a proper review by Welsh Government and an evaluation of pilot in England.

Paul Deneen (PD), Independent Member asked about the use of cameras across the Health Board. Sarah Cadman (SC), Head of Quality & Improvement confirmed this had been discussed within the Division about 6 months ago and colleagues were against the use of cameras, particularly for this patient group and their specific concerns. Leanne Watkins (LW), Chief Operating Officer noted work was ongoing to develop an CCTV policy and confirmed there were 'violence and aggression' cameras in Emergency Care, which are triggered if an event should occur. However, cameras were not the Health Board's preferred approach, which was to consider safeguarding risks and concerns via the risk assessment process.

PD asked if the use of body cameras in hospital settings could be raised at the Crisis Care Concord for advice/guidance. LW confirmed there had not been any requests from staff/unions for the use of body cameras.

MHMAC/05/09/

**5.3 Date of the Next Meeting** was noted as 6<sup>th</sup> December 2023



**MENTAL HEALTH ACT MONITORING COMMITTEE  
ACTION LOG**

<b>Outstanding</b>	<b>In Progress</b>	<b>Not Due</b>	<b>Completed</b>	<b>Transferred to another Committee</b>
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
05/09/2023	<b>MHMAC/05/09/3.1</b>	<b>Mental Health Act Compliance Report</b> provide an update on the use of Section 4 and the review of the process in obtaining a 2 <sup>nd</sup> Doctor's evaluation.	Head of Quality & Improvement	Dec 2023	Added to December Agenda as item 3.2
05/09/2023	<b>MHMAC/05/09/3.1</b>	<b>Mental Health Act Compliance Report</b> to ascertain timeframe for Mental Health Tribunals should be scheduled within.	Head of Quality & Improvement	TBC	Section 2 appeals must be heard within 7 days, other than in exceptional circumstances. All other appeals are within 6 weeks, though there is some flexibility.
05/09/2023	<b>MHMAC/05/09/3.1</b>	<b>Mental Health Act Compliance Report</b> add the Welsh Government Annual Report to the	Meeting Secretariat		Complete



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		Committee's Cycle of Business.			
05/09/2023	<b>MHMAC/05/09/3.2</b>	<b>Update from the Mental Health Act Managers Group</b> submit the update Mental Health Act Managers Policy to the next Committee meeting.	Head of Corporate Governance	Dec 2023	Added to December Agenda as item 2.1

*All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready.*

*Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.*



**Aneurin Bevan University Health Board**

# **Mental Health Act Managers Policy**

*N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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Status: Issue 1  
Approved by: Mental Health Act Monitoring Committee  
Owner:

Issue date: 15 June 2023  
Review by date: 15 June 2026  
Ref No:

## Contents:

<b>Introduction</b>	<b>2</b>
<b>Statement</b>	<b>2</b>
<b>Aims/Purpose</b>	<b>3</b>
<b>Objectives</b>	<b>3</b>
<b>Scope</b>	<b>3</b>
<b>Roles &amp; Responsibilities</b>	<b>4</b>
<b>Appointment and Review of Associate Hospital Managers</b>	<b>8</b>
<b>Feedback on Associate Hospital Managers</b>	<b>11</b>
<b>Remuneration</b>	<b>12</b>
<b>Concerns raised by Associate Hospital Managers</b>	<b>12</b>
<b>Implementation</b>	<b>12</b>
<b>Equality</b>	<b>12</b>
<b>Appendices</b>	<b>13</b>
1.Delegated Duties of Mental Health Act Managers Policy	14
2. Power of Discharge Sub Committee Terms of Reference	15
3. Advert	20
4. Job Description	22
5. Training/Induction	28
6. Agreement	32
7. Personal Review Process	42

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## 1. Introduction/Overview

The Mental Health Act Associate Hospital Manager is a statutory role as defined in the Mental Health Act (1983). It provides a safeguard for those patients who are detained under the MHA and champions their rights. They are independent individuals who are not officers or employees of the Health Board but do carry out some functions on behalf of the Health Board.

Associate Hospital Managers (AHMs), as appointed by the Health Board, have the authority to detain patients under the Mental Health Act 1983. They have a range of responsibilities including:

- Ensuring that patient's care and treatment complies with the act;
- Authority to detain patients admitted under the act; and
- Power to discharge certain patients which can only be exercised by three or more members of a committee formed for that purpose (Power of Discharge Sub Committee).

There are many other duties and responsibilities carried out on behalf of the health board by 'authorised officers' (staff) of the hospitals. These include receipt, scrutiny and amendment of detention documents, ensuring patients' rights are made known to them, referral for and arranging Mental Health Review Tribunals, ensuring compliance with renewal/extension, consent treatment and second opinion dates. Further information is available in the '**Delegated Duties of Mental Health Act Managers Policy**' (appendix one).

The Mental Health Monitoring Act Committee is responsible for providing assurance to the Board that those functions of the act which they have delegated are being carried out correctly and the wider operation of the act is operating properly.

## 2. Statement

The Health Board is responsible for ensuring that the Mental Health Act is used lawfully and fairly, in accordance with the principles of the Mental Health Act Code of Practice for Wales, including ensuring all paperwork is scrutinised for validity, that detained patients are informed of their rights, and that patients are referred to the tribunal within the timeframes set out in the Mental Health Act. They also have various powers, to discharge patients from detention, transfer detained patients to other hospitals in accordance with regulations, as well as withholding a patient's outgoing correspondence where the law permits.

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### 3. Aims/Purpose

This policy should ensure that all staff authorised for the receipt and scrutiny of Mental Health Act documentation are aware of their responsibilities and requirements both individually and collectively in relation to the delegated duties. It is the responsibility of the Mental Health Act administration team to maintain records of all original documentation and record this information.

### 4. Objectives

Using this procedure AHM's will know how to use the systems and processes that are used to support them in fulfilling their role.

After consulting this procedure AHM's will:

- a) Know the amount and type of mandatory training that is provided for them to attend. (Legal Information, Information Governance, Health and Safety, Safeguarding etc as required by the Health Board).
- b) Be clear about the remuneration that they will receive for each task undertaken and know at what intervals this will be reviewed.
- c) Be clear about the processes that are used to recruit people to this role.
- d) Know the process by which to report concerns regarding clinical care. In the first instance, via the Mental Health Act Administrators who will facilitate the DATIX reporting mechanism if appropriate.
- e) Know and understand the support and managerial systems that are available to them in relation to both individual cases and for their general practice as an AHM.

After consulting this procedure staff will:

- a) Be able to explain the role of an AHM to colleagues, service users and their families.

### 5. Scope

This policy should be read by all staff responsible for detained patients or patients under a Community Treatment Order (CTO), by Mental Health Act Office Staff and appointed Hospital Managers.

## **6. Roles and Responsibilities**

### **Aneurin Bevan University Health Board**

The Health Board is responsible for ensuring that the Mental Health Act (MHA) is used lawfully and fairly, in accordance with the principles of the MHA Code of Practice for Wales (revised 2016), including ensuring all paperwork is scrutinised for validity, that detained patients are informed of their rights, and that patients are referred to the Tribunal within the timeframes set out in the MHA. They also have various powers, to discharge patients from detention, transfer detained patients to other hospitals in accordance with regulations, as well as withholding a patient's outgoing correspondence where the law permits.

In practice the Hospital Managers (Health Board) delegate most of their functions to staff, who receive MHA paperwork on their behalf and carry out audits on how the Act is used. The Health Board's power to discharge patients from detention cannot be delegated, except to a panel of AHM's set up for this purpose, who are not employees of the Hospital. ABUHB recruits AHM's to undertake this role on behalf of the Health Board against an agreed job role and person specification. The Health Board retains responsibility for the performance of all of their functions and must ensure that people acting on their behalf are competent to do so. This process is led by the Head of Quality and Improvement, who in association with the MHA Manager are responsible for the review of the AHM's.

### **Chief Operating Officer**

The Chief Operating Officer has Executive responsibility for the effective implementation and management of the Mental Health Act.

### **Vice Chair of the Health Board**

The Vice-Chair has a specific brief and responsibility for overseeing the Health Board's performance in the planning, delivery, and evaluation of mental health services. In this capacity, the Vice Chair of the Health Board has overall responsible for the appointment of AHMs, review of AHMs and termination of agreements with AHMs

### **Chair of the Power of Discharge Sub Committee**

The Health Board has appointed an Independent Member of the Board to Chair the Power of Discharge (POD) Committee a Sub Committee of the Mental Health Act Monitoring Committee (Chaired by the Vice Chair of the Board). They have the responsibility to ensure that there are sufficient qualified, adequately trained AHM's to undertake the work prescribed in the MHA 1983 and the MHA Code of Practice for Wales 2016. The Chair of the

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POD will represent the needs of the AHM's with the Health Board and ensure that their work is understood and acknowledged by the Board.

As the AHM's undertake duties on behalf of the Health Board where necessary, and following discussion with the Chair the POD Committee, the Committee may report significant issues directly to the attention of the Health Board. The Chair of the POD Committee will advise members of the committee on what shall constitute a significant issue and confirm the manner in which the issue(s) will be raised with the Health Board.

### **Associate Hospital Managers**

All AHM's have a responsibility to understand and comply with the procedure on a day-to-day basis.

They also have a responsibility to maintain their own competency and to ensure they keep themselves current and updated with mental health developments.

They are responsible for:

Safeguarding the Health Board and Service Users in relation to ensuring that the Health Board complies with the MHA 1983. They will participate in Discharge Panels (detain or discharge), CTO's renewals and Barring Orders. They will undertake scrutiny in relation to patient's case notes and section papers.

### **Head of Quality Improvement**

The Head of Quality Improvement for the Health Board will provide overall Practice Management and support for all matters relating to the MHA 1983.

The Head of Quality Improvement or the MHA Manager will undertake the Annual Review meetings with the AHM's on an individual basis to ensure that the person being reviewed still meets the required competencies and is happy to continue in their role.

The Head of Governance will ensure travel expenses are processed.

### **Mental Health Act Manager**

This postholder will operationally support and oversee the work of the AHM's, providing leadership and direction in relation to ensuring that best practice is followed. They will report to the POD Committee and the MHAMC

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on a quarterly basis of the work undertaken by the AHM's highlighting any concerns raised within that quarter.

The MHA Manager will ensure that the AHM's are kept informed and up to date with any changes that affect the MHA Office and in turn themselves.

The postholder will support the facilitation of training for the AHM's and ensure Health Board compliance is maintained. (DBS, Confidentiality)

The MHA Manager will intervene on behalf of the AHM's in relation to any concerns they have about clinical issues and any systems failure which may prevent them from carrying out their role.

The MHA Manager will work closely with the Head of Quality Improvement appraising them of the work and progress completed in relation to the AHM's.

The MHA Manager will ensure that day to day activities in relation to panel bookings are efficient and that hearings are fairly distributed, that hearings are facilitated within the language of choice by the patient and that there are sufficient Associate Hospital Managers who speak Welsh. The MHA Manager will ensure submission of session remuneration.

**Mental Health Act Office Staff  
(Mental Health Act Administrators and Mental Health Act Assistants)**

The role of the Mental Health Act Office Staff is to:

Carry out all statutory duties delegated to them by the Hospital Managers (Health Board).

Oversee the appropriate scrutiny of statutory documentation, on behalf of the Hospital Managers, to ensure compliance with the MHA 1983 and current legislation and any errors are amended within the given time limits as set in legislation.

The Administrators will ensure that wards/areas are prepared for the AHM's when they attend to scrutinise casenotes.

The MHA Administrators will provide advice if requested on certain legislation/administrative issues relating to the MHA 1983. They will liaise with other professionals such as Clinical Staff, Social Services, Mental

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Health Review Tribunal (MHRT), Legal Representatives and Independent Mental Health Advocates (IMHA).

The Administrator or the Assistant will lead the co-ordination and organisation of the AHM's Discharge Panel Hearings in the event of an Appeal against detention of a Renewal, Review or Barring of Nearest Relative. Ensuring that:

- Panel members are booked appropriately, fairly and in a timely manner.
- Facilities for the venue are arranged.
- All reports prepared are dispatched (in accordance with the Health Board Information Governance Policies) within a timely manner or in the event of short timeframes provide an explanation and arrange for alternative collection/viewing as necessary.
- Support is available via telephone or at the venue via Health Board Admin Staff
- The panel are aware of how to return their decision forms, documents and who the link person is at a particular venue.

### **Associate Hospital Managers Power of Discharge Members.**

There are ten AHM POD Member positions.

The members of the POD Committee are expected to:

Attend the quarterly meetings and adhere to the Terms of Reference and Operating Arrangements as detailed in **Appendix two**.

### **Associate Hospital Managers Representatives on the Mental Health Act Monitoring Committee**

There will be two AHM Representatives. These must be agreed by the Chair of the POD Committee and the Committee members.

AHM Representatives will be elected using the following process once a vacancy occurs:

- a) When a Representative position becomes available, all AHM's have the opportunity to nominate themselves / be nominated by another AHM.
- b) Representatives will be elected for a four year term of office with a re-appointment not to exceed a maximum of eight years in total.

The role of the AHM Representative is to:

- a) Act as a central point of contact for the AHM's

- b) Act as a conduit for communications between AHM's with Health Board Managers, raising any concerns/issues with the Head of Quality Improvement, MHA Manager or Chair of the POD committee (as appropriate).
- c) Attend the POD Committee Meeting and the MHAC Meeting to share any agreed issues.
- d) Provide any additional support to other AHM's where this is requested and liaise through the Head of Quality Improvement or MHA Manager in respect of requests for additional support.
- e) Liaise with the Head of Quality Improvement and MHA Manager in respect of planning future events and training for AHM's.
- f) To assist the MHA Manager in the review and development of appropriate documentation and forms associated with the AHM's.

## **7. Appointment and Review of Associate Hospital Managers**

Aneurin Bevan University Health Board has appointed a group of AHM's to act as Panel Members for the purposes of Sections 20, 20A(5) and 23 (4) of the MHA 1983. Under these provisions they will conduct, as a Panel, reviews of detention (inpatients under relevant sections) and those on CTO's (outpatients).

AHM's are appointed by the Health Board to act with probity, use good independent judgement and abide by the law and the principles of good practice, they are not employees but are volunteers recruited to this specific role.

The Head of Quality Improvement or the MHA Manager will liaise with the AHM's then support and deal with any issues of procedure for Managers Discharge Panel Hearings or Reviews that arise, and to organise training.

In order to effectively carry out this role, AHM's who are appointed to serve on the POD will be expected to attend the quarterly committee meetings. It is expected that those appointed to serve on the POD will attend most if not all meetings. If attendance falls below 75% the POD may wish to consider an alternative appointment.

All AHM's will be expected to attend training events. Attendance will be monitored and will be a key factor in determining whether an individual

retains up to date competencies required to sit on panels. The MHAC will determine a minimum attendance level for training events with the Chair retaining discretion in exceptional circumstances, eg prolonged periods of illness.

The AHM's will be expected to complete the core competency training as set out by ABUHB which relates to all personnel who are on the premises providing a service for the Health Board. Any AHM who does not comply in reasonable time with the competency training will not be offered hearings until their compliance is up to date.

### **Appointment, Training and Review Appointment**

The number of AHM's will be monitored closely by the Head of Quality Improvement and the MHA Manager to ensure that there is sufficient AHM's to meet demand. Adverts (**Appendix Three**) will be published via social media and local engagement mechanisms will also be used to promote the role to ensure the community has access to the information.

The interview process will be led by the Vice Chair of the Health Board, supported by the MHA Manager. The Vice Chair may delegate responsibility for the appointment of MHA Managers to the Chair of the Power of Discharge Sub Committee.

Every effort will be made to recruit AHMs from a diverse range of background reflecting the local population. In addition, sufficient Welsh language AHMs will be recruited to provide panels with Welsh speakers.

There are no formal qualifications for appointment. Relevant professional or career backgrounds or life experiences will be helpful. There will be a formal 'recruitment' process including a semi formal interview adapted so that it reflects the unique nature of appointments to this role. The appointment of a successful candidate will be based on meeting the Job Role and Person Specification. Having ensured that candidates reasonably understand the requirements of the role a judgment will be made on each candidate's suitability and experience particularly in relation to their ability to:

- a) Understand the law
- b) Work with patients and professionals
- c) Work with appropriate empathy and professionalism
- d) Reach sound judgements
- e) Act with discretion and adhere to confidentiality requirements
- f) Properly record their decisions
- g) Understand, retain and appropriately consider complex information and differing points of view.

Following successful appointment and completion of the Health Board's induction/orientation programme and Local Induction Process (**Appendix four**) the individual will sign the 'Contract for Associate Hospital Managers' (**Appendix five**). This details responsibilities and obligations of the AHM, and the session remuneration arrangements.

### **Training**

Newly appointed AHM's will follow an agreed induction programme detailed in Appendix 3 which will provide:

- a) Mentorship and supervised practice
- b) Basic introduction to Mental Health Law (Mental Health Act 1983 as amended 2007) including the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2007
- c) Information on the role of an AHM
- d) Outline the work of the Health Board
- e) Understanding of confidentiality and Information Governance

All AHM's will be encouraged to develop the necessary skills to chair panels through training, reflection and experience. It is acknowledged, however that some people may prefer not to chair so this will not be an essential requirement in exercising this role.

All posts are subject to an annual Review undertaken by the Head of Quality Improvement / MHA Manager. Details of the personal review process can be found in Appendix six.

The Head of Quality Improvement will arrange for appropriate training for the AHM's, two sessions a year, which may include:

- a) The Law especially the Mental Health Act 1983 (Revised 2007) / Mental Capacity act 2005 (MCA) and Deprivation of Liberty safeguards 2007 (DoLS)
- b) Overall process – duties and responsibilities of Associate Hospital Managers under the Code of Practice and the Mental Health Act.
- c) Documenting the process and the discussions appropriately
- d) Any other ad hoc requirement such as Chairing skills, internal departmental information
- e) Relevant Case Law
- f) Updates and relevant information connected with the Health Board and the services provided.

This procedure will be supported by training on the MHA 1983 (as amended 2007) provided on general induction to the Health Board and is mandatory. AHMs will also complete the Health Boards Core Mandatory Training Programme which includes topics such as Information Governance, Personal Safety, Fire Training, Safeguarding Adults and Children, Health and Safety, MCA and Equality and Diversity. All AHMs must be aware of the ABUHB Confidentiality Policy. Information Governance updates will support this.

### **Review and Reappointment**

Appointment to the role of AHM is for an initial fixed period of 4 years, subject to satisfactory annual review. Appointments can be extended beyond the 4 years subject to continuing suitability. There is no maximum period of appointment.

One to one annual review meetings will be held between the AHM and the MHA Manager. This process will ensure that the AHM still meets the required competencies and is happy to continue in their role.

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Information from the one-to-one meetings will be shared with the Head of Quality Improvement and a decision will then be made to:

- a) Agree further renewal
- b) Agree renewal with conditions, ie further training, increase supervision
- c) Agree non-renewal.

If necessary, the AHM may be requested to attend a further meeting with a Senior Manager (Head of Quality Improvement/ Vice Chair).

Decisions on appointments and resignations together with any re-appointments will be reported to the POD.

A letter confirming the decision will be forwarded following the review meeting.

## **8. Feedback on Associate Hospital Managers**

The Health Board is keen to ensure that over and above this process, it positively encourages honest feedback from patients, professional staff, lawyers, other panel members and anyone else attending hearings. Where concerns have been expressed which cast doubt on the AHM's ability to carry out the role in a professional and appropriate manner, these will be raised with the Head of Governance for further action by them or any person they may reasonably appoint for that purpose and investigated under the appropriate framework dependant on the concern. AHM's will always be given full opportunity to respond to such concerns.

## **9. Remuneration**

The remuneration provided to each AHM is set by the Health Board and reviewed regularly.

Sessions will be remunerated at £50 per session, plus travel expenses. A session is defined as one morning (9am to 1pm) or one afternoon (1pm to 5pm).

The Health Board expects each manager to take part in at least 12 panels per year.

## **10. Concerns raised by Associate Hospital Managers**

All AHMs are positively encouraged to raise any concerns that they may have about observed practice. The smallest level of concern should be raised (verbally or via email) with the Nurse in Charge or Responsible Clinician (RC), which then must be shared with the MHA Administrator, MHA Manager and Head of Quality Improvement as soon as possible. If applicable a Datix must be completed by the appropriate discipline.

Where the panel hear or discover any concerns during a Hearing regarding the progress of the patient's recovery or discharge plan, they should record this in the relevant section on the decision form. These concerns will be raised by the MHA Manager with the appropriate discipline, recorded and feedback conveyed back to the AHMs within the newsletter and at meetings.

## **11. Implementation**

This document will be widely disseminated to staff in ABUHB. It will be published on the organisation's intranet and referred to during relevant training.

## **12. Equality**

Every effort will be made to recruit AHMs from a diverse range of background reflecting the local population. In addition, sufficient Welsh language AHMs will be recruited to provide panels with Welsh speakers.

## **13. Appendices**

To include any procedures, templates to support the guidelines

1. Delegated Duties of Mental Health Act Managers Policy
2. Power of Discharge Sub Committee Terms of Reference (To Be Added)
3. Advert
4. Job Description
5. Training/Induction
6. Agreement
7. Personal Review Process



## Appendix One

### Delegated Duties of Mental Health Act Managers Policy

[https://nhs.wales365.sharepoint.com/sites/ABB\\_Pulse\\_Policies/Mental Health/Delegated Duties of Mental Health Act Managers \(Hospital Managers\) Issue 1.pdf](https://nhs.wales365.sharepoint.com/sites/ABB_Pulse_Policies/Mental_Health/Delegated_Duties_of_Mental_Health_Act_Managers_(Hospital_Managers)_Issue_1.pdf)

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## Appendix Two



# Aneurin Bevan University Health Board Hospital Managers - Power of Discharge Sub-Committee

## Terms of Reference

Ratified by Mental Health and Learning  
Disabilities Committee in February 2015

## 1. INTRODUCTION

The Aneurin Bevan University Health Board (ABUHB) is required under the Mental Health Act (MHA) Code of Practice (para 11.8) to develop a scheme of delegation for the duties identified by the MHA legislation. ABUHB made the decision to delegate the power of discharge under the MHA to the 'Power of Discharge Sub-Committee'. It is vital when duties are delegated in this way to clarify the exact nature of the roles, responsibilities and accountabilities involved and that is the primary purpose of these Terms of Reference for the Power of Discharge Sub-Committee.

The Power of Discharge Sub-Committee (PODSC) is a Sub-Committee of the ABUHB Mental Health & Learning Disabilities Committee which is directly accountable to the ABUHB. The Chair of the PODSC must be a member of the Mental Health & Learning Disabilities Committee and will for assurance purposes make regular reports to the Mental Health and Learning Disabilities Committee on the work of the PODSC.

The PODSC will comprise MHA managers who have been independently appointed. The MHA managers sit as panels of three or more in order to exercise their power of discharge as detailed in chapter 27 of the MHA Code of Practice. The decisions made by the panels are binding and therefore are not required to be ratified by the Mental Health and Learning Disabilities Committee or by the Health Board. However, the procedures and behaviours adopted by the panel are subject to scrutiny and as such the MHA Managers are accountable to the Board via the Mental Health and Learning Disabilities Committee.

## 2. REQUIREMENTS OF THE MHA

The primary purpose of the 1983 Act is to ensure that compulsory measures can be taken, where necessary and justified, to ensure that people who suffer from a mental disorder get the care and treatment they need. Because these provisions place people under compulsion (for example to receive treatment) the 1983 Act also contains a number of safeguards. These include, for example, a right to apply for discharge to the Hospital Managers. Hospital Managers have a central role in operating the provisions of the Act and as detailed above the Health Board has made the decision to delegate this responsibility to the PODSC, and assurance will be provided to the Board through monitoring by the Mental Health and Learning Disabilities Committee.

### **3. PURPOSE OF THE POWER OF DISCHARGE SUB-COMMITTEE**

The purpose of the PODSC is as follows: -

- To enable the ABUHB to delegate their power of discharge
- To ensure that all MHA managers receive the support and guidance they require to undertake their duties
- To ensure that all MHA managers have their training needs identified and with support from the Mental Health and Learning Disabilities Division to ensure that regular training is provided. This will enable all MHA managers to undertake the necessary training to keep up to date with changing legislation.
- To provide a forum for the sharing and dissemination of common issues.
- To act as the point of liaison with the MHA administration department.
- To provide a forum for the identification of issues that require addressing through the Mental Health and Learning Disabilities Division
- To escalate any issue to the Mental Health and Learning Disabilities Committee that the PODSC consider has not been sufficiently addressed.

### **4. PODSC MEMBERSHIP**

**4.1** The membership of the PODSC is as follows: -

Chair	Independent Member (who must be a member of the Mental Health and Learning Disabilities Committee)
Members	All of the Mental Health Act Managers appointed by the ABUHB
By invitation	The Committee Chair may invite:  any other ABUHB officials and/or  any others from within or outside the organisation

The invitees may be asked to attend all or part of a meeting to assist it with its discussions on any particular matter.

**4.2 Secretariat**

The secretariat for the PODSC will be via the Mental Health Act Managers Team.

#### **4.3 Member Appointments**

The membership of the Committee shall be determined by the Mental Health and Learning Disabilities Committee, based on the recommendation of the Sub - Committee Chair and the membership of the Sub-Committee will be reviewed annually.

### **5. SUPPORT TO THE PODSC**

The PODSC will receive support from The Mental Health Act Administration Department.

### **6. PODSC MEETINGS**

#### **6.1 Quorum**

A Quorum of a third of the whole number, including the Independent Member of the Health Board as Chair of the Sub-Committee.

#### **6.2 Frequency of Meetings**

Meetings shall be held no less than quarterly or more frequently if deemed necessary by the chair of the PODSC.

### **7. RELATIONSHIP & ACCOUNTABILITIES OF THE PODSC**

The PODSC is directly accountable to the Health Board for its performance in exercising the functions set out in these terms of reference. The accountability is achieved by the appointment of a PODSC chair who must be included in the membership of the Mental Health and Learning Disabilities Committee. Accountability will also be achieved by the submission of the minutes of all PODSC meetings to the Mental Health and Learning Disabilities Committee acting on behalf of the Board. The Committee will also provide assurance reports to the Board, which will include information relating to its monitoring role of the PODSC.

### **8. REPORTING AND ASSURANCE ARRANGEMENTS**

The PODSC Chair shall:

- report formally, regularly and on a timely basis to the Mental Health and Learning Disabilities Committee on the PODSC's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;

- bring to the Mental Health and Learning Disabilities Committee's Chair specific attention any significant matters needing their consideration.
- ensure appropriate escalation arrangements are in place to alert the ABUHB Chair, Vice Chair, Chief Executive (Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the ABUHB.

## 9. REVIEW

- 9.1 These PODSC terms of reference shall be reviewed bi-annually by the Mental Health and Learning Disabilities Committee.

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## Appendix Three

### Advert

#### Associate Hospital Manager

Most people admitted to hospital in the UK due to their mental illness or learning disability are admitted with their consent. However, a small proportion of patients need to be admitted under a section of the Mental Health Act 1983 for assessment or to receive treatment.

Unlike 'voluntary' patients, detained patients and those subject to supervised community treatment are not free to discharge themselves; they may only be discharged by: the clinician with overall responsibility for their case; the patient's designated nearest relative; the Mental Health Review Tribunal for Wales, or a panel of lay people appointed by Aneurin Bevan University Health Board to review detention and supervised community treatment (Associate Hospital Managers).

Aneurin Bevan Health Board is seeking to appoint suitable persons to the role of (Mental Health Act) Associate Hospital Managers.

**By law, MHA Hospital Managers cannot be employees of the Trust but are lay members of the community who are appointed to carry out functions under the Mental Health Act, specifically to review the detention or other legal status of patients that are subject to the Act.**

The role involves reviewing written reports and being part of a panel of three members to hear evidence from the patient, doctor, social workers and others professionals; attending the MHA Hospital Managers panel. The MHA Hospital Manager is also required to attend meetings, training and an annual contract review.

The role does not attract a salary however you would receive £50 per session (4 hours). Meetings may be held via Teams or in person, as appropriate. Mileage will be paid where meetings are held in person. Panels will usually be held at times between 9am and 5pm, Monday – Friday.

We are looking for people who have an understanding of mental health issues, excellent communications skills, who are good listeners, recognise and respect issues of confidentiality and are able to assimilate information quickly and make a decision in a fair and lawful manner based on the evidence presented to them.

We would like to ensure that persons in this role reflect the diverse community we serve in Gwent. We therefore would strongly encourage applications from people who are, or have been, service users or carers, from minority ethnic backgrounds and disabled persons.

There is an induction into the role of MHA Hospital Manager which will involve training on the Act and associated legislation such as the Mental Capacity Act, Deprivation of Liberty Safeguards and the Human Rights Act and Equality, Diversity and Inclusion. As part of the induction you will be able to shadow MHA Hospital Managers panels to gain familiarity with the processes.

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## Appendix Four

### DIVISION OF MENTAL HEALTH AND LEARNING DISABILITY

<b>Title:</b>	Associate Member - Hospital Manager Power of Discharge Committee
<b>Hours:</b>	Sessional - as and when required
<b>Remuneration:</b>	Sessional fee, plus travel
<b>Terms:</b>	Renewable by Joint review/Fixed term for 3 years
<b>Department:</b>	Mental Health Act Administration
<b>Location:</b>	Pan Gwent
<b>Responsible to:</b>	Chair of Power of Discharge Sub-Committee
<b>Accountable to:</b>	Vice Chair Aneurin Bevan University Health Board

#### **Background**

The Mental Health Directorate provides services across Newport, Monmouthshire, Blaenau Gwent, Torfaen and Caerphilly

#### **Organisational Arrangements**

The Mental Health Act Associate Hospital Manager is a statutory role as defined in the Mental Health Act (1983). It provides a safeguard for those patients who are detained under the MHA and champions their rights. They are independent individuals who are not officers or employees of the Health Board, but do carry out some functions on behalf of the Health Board.

Detention of mentally ill people against their wishes is a measure of last resort when they have become too disordered to recognize their own condition and could deteriorate without treatment, perhaps becoming a risk to themselves or to others. However, depriving a citizen of their liberty is a serious step that must be taken with care and is subject to stringent review.

The Code of Practice to the Mental Health Act 1983 sets out procedures under which a detained patient may make an appeal against their detention heard by the Managers Discharge Panel. Written evidence is taken from appropriate doctors, nurses and social workers; oral evidence may be taken from these professionals, from the patient and from others as appropriate. The Health Board presents its case for continuing detention under the Section of the Act. The patient may have support of a legal representative and an advocate. The panel, having

heard all the evidence, decides whether to support the detention or require it to be lifted.

The MHA Associate Manager should have the skills to communicate with people at all levels in the organisation and to allow the patient to communicate their own feelings about their detention in hospital, including how their treatment plan is progressing. They must be good listeners, recognise and respect issues around strict confidentiality, be able to assimilate information quickly and make a decision in a fair and lawful manner based on evidence presented to them.

The MHA Associate Manager should conduct their hearings in a manner that is fair, in good faith and without bias in order to ensure that all parties concerned have the opportunity to state their case. The Patient's health and safety; and the protection of themselves and others is key to this role.

The appointment to the role of MHA Associate Manager will be for a fixed term of three years with any re-appointments preceded by an annual review.

## **Duties and Responsibilities**

### **Hearings**

- The Associate Hospital Managers are responsible for making decisions regarding the detention of patients under the Mental Health Act.
- Attend, and where appropriate Chair Managers Discharge Panels at NHS venues across Aneurin Bevan Health Board, ensuring that the review satisfies the fundamental legal requirements of fairness, reasonableness and lawfulness. Revised Code of Practice for Wales 2016 (Chapter 38.13)
- Section 23(4) of the Act gives a panel of three or more Associate Hospital Managers the power to end a patient's liability to be detained under certain sections of the Act. Associate Hospital Managers must ensure that the grounds for continued detention or continued CTO under the Act are satisfied and that relevant documentation is in order.
- Formally record the evidence considered in reaching a decision of whether or not to discharge from detention, under Section 23.

### **Scrutiny**

- Be willing to participate as a member of a scrutiny panel.
- Report deficiencies found both orally and record in writing, as appropriate, and ensure that remedial action is taken.
- Ensure areas of concern are monitored and action accordingly, via the Mental Health Act Administration Department.

## **Training**

- Attend dedicated training events, up to a maximum of 1 full day annually, as well as any ad hoc training days.
- To maintain a good knowledge and understand of the Mental Health Act, Code of Practice with particular reference to Sections 2, 3, and 23 of the Act and Code of Practice Chapters 37 and 38. To maintain knowledge of the Mental Health (Wales) Measure 2010.
- To attend mandatory training as stipulated by the Health Board.
- Associate Hospital Managers will undertake an ongoing assessment of their competence and will take part in a formal review with The Vice Chair of ABUHB.

## **Power of Discharge Sub Committee**

- The Power of Discharge Committee members. Appointed members will attend, and participate, in the Power of Discharge Sub Committee Meetings, held 3 monthly.
- To provide feedback and report any issues of concerns, via the Chair of the meeting.

## **General Conduct Requirements**

In line with the Mental Health Act Revised Code of Practice for Wales 2016 (38.4 - 38.6) ABUHB will ensure that persons appointed to the managers' discharge panel fully comprehend the role they are to perform and that they receive adequate and appropriate training to ensure they:

- Understand the Mental Health Act and other relevant legislation
- Understand the associated Codes of Practice
- Are able to reach sound judgments and properly record their decisions.

In order to fulfil the role, managers' discharge panel members should ensure that they have an understanding of the needs of particular groups including those listed below:

- Patients from minority, cultural or ethnic backgrounds
- Patients with physical and/or sensory impairments
- Patients with learning disabilities and/or autistic spectrum disorders
- Patients who lack mental capacity to make specific decision regarding their care and treatment
- Equality issues in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Panel members must be able to communicate effectively with patients. Whilst conducting reviews and in meetings, they are required to adopt a fair and sympathetic approach and an ability to listen carefully and tolerantly is essential.

Associate Hospital Managers must treat everyone with dignity and respect at all times whilst undertaking the role. This includes patients and their representatives, Health Board staff and fellow Associate Hospital Managers.

The Health Board will ensure that Associate Hospital Managers will receive appropriate training with regards to the Mental Capacity Act (2005), Equality Act (2010) and Human Rights Act (1998).

Associate Hospital Managers should adhere to the Mental Health Act 1983, Code of Practice for Wales (Revised 2016) guiding principles.

### **Confidentiality**

Associate Hospital Managers will have access to confidential information and must maintain confidentiality with regard to information regarding patients or employees at all times. Failure to do so will result in termination of appointment.

### **Expenses**

An attendance allowance will be paid by the Health Board along with travel expenses. Access to the Health Board systems will be granted for this purpose and a (staff) number generated.

### **Terms of appointment**

Associate Hospital Managers are expected to carry out their duties in accordance with the Health Boards Equal Opportunities Policy.

### **Status**

Associate Hospital Managers undertake the duties above entirely on a voluntary basis and may choose whether or not to perform their duties at any stage. However, commitment to the role by accepting the above duties and conditions must be demonstrated in order to assure the Board of the competence of individual Associate Hospital Managers to continue within the role.

**Person Specification**

<b>Qualifications</b>		
<b>Essential</b>	<b>Desirable</b>	<b>Method of assessment</b>
Good general standard		Curriculum Vitae Certificate check
<b>Experience</b>		
<b>Essential</b>	<b>Desirable</b>	
Working well with others		CV/Interview
General life experience will contribute to the role of MHA Manager		CV/Interview
Demonstrate: Fairness, reasonableness and an understanding of lawfulness.		CV/Interview
Demonstrate understanding of equality and diversity issues.		Interview
Demonstrate objectivity and non-judgementally a sensitive and positive attitude to the needs of people with mental health problems.		Interview
<b>Skills</b>		
<b>Essential</b>	<b>Desirable</b>	
Able to scrutinise, interpret and challenge complex information presented both orally and in report form.	Computer Skills	
Good interpersonal and communication skills.	Ability to speak Welsh	
Demonstrate total commitment to confidentiality issues and guidelines.		

<b>Special knowledge</b>		
<b>Essential</b>	<b>Desirable</b>	
Demonstrate some knowledge and awareness of legislation associated with the MHA (1983)  Demonstrate some knowledge and awareness of mental illness	Knowledge of Mental Health (Wales) Measure (2010).	
<b>Personal Attributes</b>		
<b>Essential</b>	<b>Desirable</b>	
Independently mobile within a geographical area.  Be able to commit time to participate in a minimum number of hearings/reviews		

*Print Name:* \_\_\_\_\_

*Signed Name:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**Appendix Five**

**Training/Induction Process**

**Training Curriculum Grid For Associate Hospital Managers**

<b>Curriculum Grid</b>					
<b>Topic</b>	<b>Frequency of Delivery</b>	<b>Compulsory or Developmental</b>	<b>Length of course</b>	<b>E-learning resource available</b>	<b>Facilitator/Tutor</b>
Legal and Knowledge					
Clarity about role, legal status of AHMs (insisting on remit) and governance	<b>Induction</b>	<b>Compulsory</b>	<b>½ hr</b>	<b>No</b>	<b>Chair of AHM Committee</b>
Introduction to Mental Health Act + Code of Practice + Guiding principles Introduction to how MHA assessments/recalls are run	<b>Induction (2yr update)</b>	<b>Compulsory</b>	<b>2hr</b>	<b>No</b>	<b>Clinical Lead Mental Health Act Administration</b>
Introduction to the Mental Capacity Act (decision + time specific, presumption, best interests, test) & DOLs	<b>Induction (2yr update)</b>	<b>Compulsory</b>	<b>2 hrs</b>	<b>No</b>	<b>Integrated Mental Health Act Trainer</b>
Introduction to the Human Rights Act (natural justice, speedy review, Art 5 + 8)	<b>Induction (2yr update)</b>	<b>Compulsory</b>	<b>½ hr</b>	<b>No</b>	<b>Integrated Mental Health Act Trainer</b>

Introduction to the Equalities Act (key dimensions, diversity, cultures)	<b>Induction (2yr update)</b>	<b>Compulsory</b>	<b>½ hr</b>	<b>No</b>	<b>To Be Arranged</b>
Introduction to Data Protection Act + Information Governance	<b>Induction (annual)</b>	<b>Compulsory</b>	<b>1 hr</b>	<b>No</b>	<b>Head of IG</b>
Introduction to Health & Safety at Work Act <i>including risk assessment of venues</i> (individual + corporate responsibility, key risks)	<b>Induction (annual) CHAIR ONLY</b>	<b>Compulsory</b>	<b>1 hr</b>	<b>No</b>	<b>Health and Safety Lead</b>
<b>Practical experience</b>					
Observing different types of hearings	<b>Induction</b>	<b>Compulsory</b>	<b>As required</b>	<b>No</b>	<b>As agreed by Chair of AHM Committee</b>
Ward visits	<b>Induction</b>	<b>Development</b>	<b>As required</b>	<b>No</b>	<b>As agreed by Chair of AHM Committee</b>
Peer support, coaching and quality monitoring.	<b>On-going</b>	<b>Development</b>	<b>On-going</b>	<b>No</b>	<b>Chair of AHM Committee</b>
<b>Procedural knowledge</b>					
Procedure at hearings (including emergency and	<b>Induction</b>	<b>Compulsory</b>	<b>½ hr</b>	<b>no</b>	<b>Chair of AHM Committee</b>

incident handling)					
<b>Topic</b>	<b>Frequency of delivery</b>	<b>Developmental</b>	<b>Length of course</b>	<b>E-learning?</b>	<b>Facilitator/Tutor</b>
<b>Psychiatric awareness (to be offered as developmental when required)</b>					
Introduction to types of mental disorders		<b>Developmental</b>	<b>As required</b>	<b>No</b>	<b>To Be Arranged</b>
Introduction to treatment methods		<b>Developmental</b>	<b>As required</b>	<b>No</b>	
Introduction to CTP		<b>Developmental</b>	<b>As required</b>	<b>No</b>	
Key clinical roles (nurse, AMHP, RC)	<b>Induction</b>	<b>Compulsory</b>	<b>1 hr</b>	<b>No</b>	<b>Clinical Lead Mental Health Act administration</b>
Skills					<b>As appropriate</b>
Interpersonal skills including listening skills, using tact and sensitivity when dealing with service users, carers and relatives <b>(attributes to be looked for in interview)</b>	<b>Induction</b>	<b>Developmental (as required)</b>		<b>No</b>	<b>To be Arranged</b>

Chairing skills (assertiveness, mentoring, peer support)	<b>Induction for Chairs</b>	<b>Compulsory for chairs (1<sup>st</sup>yr)</b>	<b>On-going</b>	<b>No</b>	<b>To Be Arranged</b>
Decision recording	<b>Induction for Chairs</b>	<b>Compulsory (1<sup>st</sup> year)</b>	<b>1 hr</b>	<b>No</b>	<b>To Be Arranged</b>

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## APPENDIX SIX

### **AGREEMENT FOR (NAME.....) TO PROVIDE A SERVICE TO ANEURIN BEVAN UNIVERSITY HEALTH BOARD AS A MEMBER OF THE MENTAL HEALTH ACT HOSPITAL MANAGERS' POWER OF DISCHARGE SUB GROUP FOR THE PURPOSE OF REVIEWING PATIENT DETENTIONS AND COMMUNITY TREATMENT ORDERS**

#### **1. Commencement of appointment**

- 1.1 Your appointment commenced on ..... and will be subject to satisfactory performance.
- 1.2 Subject to the remaining provisions of this letter, your appointment shall be for a fixed period of 3 (three) years from the date of this letter and terminable within that period by either party giving to the other one month's prior written notice.
- 1.3 Your appointment will be subject to an annual review, as well as feedback meetings when necessary and in line with the Health Board's Associate Hospital Managers policy. The Health Board may terminate your appointment if you fail to meet the standards expected of an Associate Hospital Manager.

#### **2. Time commitment**

- 2.1 The time required to be devoted may change from time to time. Overall we anticipate that you will attend a minimum of 12 sessions a year but the number of sessions are not guaranteed.
- 2.2 By accepting this appointment, you confirm that you are able to allocate sufficient time to meet the expectations of your role.
- 2.3 You will be expected to attend all review sessions that you are requested and have agreed to attend as well as other training courses and meetings relevant to your appointment as requested by the Health Board. The Health Board will provide you with induction training upon commencement of your appointment.

#### **3. Role and duties**

- 3.1 You are not an employee of Aneurin Bevan University Health Board. Accordingly nothing in this letter shall be construed as, or taken to create, an agreement of employment between yourself and Aneurin Bevan University Health Board.

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- 3.2 It is a condition of this appointment that you fulfil the responsibilities set out within the role description, the person specification and in accordance with the Protocol for the Conduct of Hospital Managers' Power of Discharge Hearings.
- 3.3 Throughout the period of provision of service to Aneurin Bevan University Health Board, you will accept, as do employees of the Health Board, the rules and standards governing conduct which are set out as per Aneurin Bevan University Health Board Disciplinary Rules, Capability Policy, Dignity at Work Policy and other appropriate Employee Policies (available on ABUHB intranet). The following is a summary of the standards of conduct required by Aneurin Bevan University Health Board.
- 3.4 Aneurin Bevan University Health Board is committed to building and improving standards of service for everything it does within the organisation. In your dealings with the public and staff, you should always bear in mind that they have a right to expect you to deal with them politely, efficiently, promptly and with respect.
- 3.5 You will be subject to the Operational Practices and Codes of Conduct of the Health Board. Under the terms of the agreement, you will be expected to comply with the Disciplinary Rules of Aneurin Bevan University Health Board and in the event of issues regarding conduct, the Health Board will carry out an investigation and this may result in retraining, or you being deemed unsuitable to offer your services.

#### **4. Accountability**

- 4.1. You will be principally accountable to the Chair of the Power of Discharge Sub Committee, Aneurin Bevan University Health Board. Day to day enquiries, and allocation of duties, will be addressed by the Mental Health Act Administrators via the Mental Health Act Office.
- 4.2 As a member, you will be given the opportunity to periodically meet with the Chair of the Health Board to reflect on your role, review performance and evaluate the arrangement between you and Aneurin Bevan University Health Board.

#### **5. Good Governance Standards**

- 5.1 You must adhere to the standards of good governance set for the NHS in Wales, which are based on the Welsh Government's Citizen Centred Governance Principles. These principles incorporate Nolan's 'Seven Principles of Public Life i.e.-

- Selflessness
- Integrity
- Objectivity
- Accountability

- Openness
- Honesty
- Leadership

Managers will be expected to perform their role displaying the Nolan principles of public life.

## **6. Training & Development**

- 6.1 You will be required to undertake initial training to enable you to attain and demonstrate the required level of competence to undertake this role. Thereafter, you will maintain this level of competence by attending training sessions when required. Reviews of performance will be used as the basis for the annual appraisal which will be conducted by the Vice Chair, Aneurin Bevan University Health Board

## **7. Political Activity**

- 7.1 You are expected to inform the Health Board if you intend to accept a prominent position in any political party and understand that your appointment may be terminated early, if it is felt that the position is incompatible with your appointment.

## **8. Confidentiality/use of official information**

- 8.1 It is a condition of this agreement that you will not disclose any confidential information obtained in the course of your duties other to those who are authorised to receive it. You will not disclose either during this contract or after termination of this contract any information of a confidential nature relating to Aneurin Bevan University Health Board, its clients, contractors or any third party obtained in the course of this contract without first obtaining written permission of the party concerned. You will take all reasonable steps to ensure that confidential documents, statistics, reports etc., are kept secure at all times. In addition if you have access to personal data obligations exist under the Data Protection Act to maintain confidentiality of information. Contravention of this condition may result in immediate termination of this agreement. It is a condition of your agreement that you accept and agree to abide by the policy concerning confidentiality as outlined above.
- 8.2 You are required to exercise care in the use of information that you acquire in the course of your duties and to protect information that is held in confidence.
- 8.3 At Aneurin Bevan University Health Board, we strive to provide the best quality care for patients and the highest standard of service to staff and managers. Respect for the confidential nature of personal information is

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fundamental to both these aims. Therefore, all information and matters of a confidential nature must not be divulged or passed on to an unauthorised person(s) or a third party under any circumstances. Confidential information may therefore only be divulged in the proper course of your appointment. Such matters will include without limitation:

- clinical and patient identifiable information, including all and any details relating to the treatment and care of patients;
- details relating to staff, managers and Health Board that you may have access to as a result of your role.

8.4 Under no circumstances may any information be given to representatives of the media on any subject concerning Aneurin Bevan University Health Board's services, facilities, its patients or staff, without authority vested in the post or permission specifically given by an officer of appropriate seniority.

8.5 Breach of confidentiality is viewed most seriously by the Health Board and your appointment could be terminated immediately should this occur. Breach of confidentiality could also result in possible legal action by other organisations or individuals.

8.6 "Confidential Information" means all documents and information in whatever form disclosed or made available to you during or in connection with your appointment by the Health Board, but shall not include information which:

- Is already in the public domain; or
- Is disclosed to you without any obligation or confidence by a third party who has not derived it directly or indirectly from the Health Board; or
- Is trivial or cannot reasonably be considered to be confidential.

## **9. Information Governance**

9.1 There will be 3 main review types which are:

- Contested
- Uncontested
- Paper review

### **9.2 Contested**

- The MHA Administrators will arrange an appropriate room with access for the Managers at a suitable location within Aneurin Bevan University Health Board to hold the Review.

- The review panel will consist of 3 members. The panel members and the Chair will be allocated by the MHA Administrators. A record of attendance will be kept by the MHA Administrators.
- Reports and a decision recording form will be sent to a designated person (Nurse in Charge/Care Coordinator) who will print copies on the day of the review. That person will ensure the reports are available for the Chair at each venue. The Chair is responsible for the collection of the reports and distributing them to the panel members.
- The Chair will lead and co-ordinate the work of the panel during the review. They will ensure that each panel member is actively engaged in the process and has a chance to ask the professionals questions that are relevant and that will contribute to their decision making.
- The Chair is responsible for the quality of the process, i.e. ensuring that processes are timely, standards are adhered to and decisions are achieved through thoughtful reflection. The Chair will complete the decision recording form, take a note of any concerns and report them back to the MHA Administration Lead.
- Following the review the Chair will return the reports, statements and decision documentation to the appropriate person who will scan a copy of the decision to the MHA Department return the original decision to the MHA Administration via the Boards secure courier service. All reports will be shredded by the designated person.
- The Chair is responsible for telephoning the MHA Administration department with their decision as soon as possible following the review.

### 9.3 **Uncontested**

- In cases where the patient and/or a representative would like to attend the hearing, the Care Coordinator / Nurse will be required to attend.

Same process as per contested hearing to arrange and conduct.

### 9.4 **Paper Review**

- Paper reviews will be arranged by the MHA Administration Department and will be held centrally in St Cadoc's Hospital. The Chair will collect the reports from the MHA Administration Department.
- Following the review the Chair will return the reports, statements and decision recording form to the MHA Department. All reports will be shredded by the MHA Department.
- The Chair is responsible for telephoning the MHA Administration Department with their decision as soon as possible following the review.

- 9.5 The MHA Department will on occasions conduct quality assurance monitoring to report to the annual review for MHLCC.  
In exceptional circumstances (Complex Case) it may be appropriate for MHA Department to attend a review. The department will liaise with the Chair if this is the case.

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**The MHA Administrators can be contacted on 01633 436765/66/67/68****10. Conflicts of interest**

10.1 You must declare to the Chair any personal or business interest which may, or may be perceived (by a reasonable member of the public) to influence your judgement in performing your functions and obligations under this agreement. These interests include (without limitation), personal direct and indirect pecuniary interests and any such interests of your close family members and/or of people living in the same household as you or as your close family members.

**11. Complaints/Issues raised by an Associate Hospital Manager:**

11.1 As an Associate Hospital Manager if you have a complaint or an issue about a member of Aneurin Bevan University Health Board staff, another volunteer or patient, you should first discuss the matter with the Chair of the Associate Hospital Managers Committee or the Mental Health Act Administration Office.

11.2 If the complaint or issue is against the Chair of the Committee or the Mental Health Act Administration Office it should be referred to the Executive Director of the Health Board.

11.3 At the first stage the aim will be to resolve the issue through informal discussion. If informal measures are not successful the next stage is for the Associate Hospital Manager to put their concerns in writing to the Mental Health Act Administration Lead.

11.4 The complaint will be investigated by the relevant Manager and responded to within 30 working days. Their decision will be final.

**12. Complaints/Issues raised against an Associate Hospital Manager:**

12.1 Where an Associate Hospital Manager's behaviour or performance causes concern or complaints are received, this will be raised through a feedback session or appraisal.

12.2 Where necessary the Chair of the Associate Hospital Managers Committee will look into the issues raised taking into account the perspectives of the Associate Hospital Manager.

12.3 If the need for further training or extra support is identified this will be supplied if it is felt appropriate.

12.4 If necessary the matter will be fully investigated and this should take no

longer than 30 working days. If necessary the Associate Hospital Manager may be temporarily advised to step down while the issue is being addressed.

12.5 This decision will be final.

### **13. Data Protection Act**

13.1 Aneurin Bevan University Health Board is required by law to comply with the Data Protection Act 1998 (DPA). The DPA enables individuals to have greater access to their personal information and enhance the levels of protection given to that information. It also places obligations on those who hold, record and use personal information to be open about its use and ensure that the processing of personal information meets the requirements of the DPA.

### **14. Health and Safety**

14.1 In accordance with the provisions of the Health & Safety at Work Act 1974, Aneurin Bevan University Health Board undertakes to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all its staff. Such provisions are included in the Health and Safety policy.

14.2 It is your duty to take reasonable care for the health and safety of yourself and of others at work. You are therefore required to co-operate with Aneurin Bevan University Health Board, to ensure that all and any health and safety requirements or duties imposed on the Health Board are complied with.

Therefore, you are required not to intentionally or recklessly interfere with anything provided, including personal protective equipment, for the health, safety and welfare of staff at work or of patients or visitors. You are encouraged to bring to the attention of the appropriate manager any example you perceive of unsafe practice, arrangement, equipment, facilities or overall environment.

Any injury sustained by you as a result of an incident or untoward occurrence on Aneurin Bevan University Health Board premises or in the course of performing your duties should be reported to the Health Board and recorded on an Incident Form.

If you are found to have intentionally or recklessly interfered with or misused anything which may endanger the health, safety or welfare of any member of staff, patient or visitor it will be regarded most seriously and may lead to your appointment being terminated.

### **15. No Smoking Policy**

- 15.1 To give all patients, visitors and staff the best chance to be healthy, all Aneurin Bevan University Health Board sites including buildings and grounds are smoke-free. Staff are encouraged to promote and actively support our No Smoking Policy. Advice and support on quitting smoking is available for all staff and patients.

## **16. Property**

### **16.1 Protection of Aneurin Bevan University Health Board Property**

Aneurin Bevan University Health Board will take all reasonable steps to protect its property and effects and those of its patients and staff and managers working on its behalf.

In circumstances of suspected misappropriation, the Health Board reserves the right to conduct a search. Members of the Power of Discharge Sub Group are expected to co-operate fully in the event of a search needing to be undertaken. Failure to co-operate may be taken into account when considering any allegation of misconduct.

### **16.2 Personal Property**

Aneurin Bevan University Health Board does not accept responsibility for the personal belongings that are lost or damaged in work by fire, theft, burglary, or otherwise. Members of the Power of Discharge Sub Group are therefore discouraged from bringing into the hospital any personal belongings or effects which are not needed.

## **17. Support and Supervision**

- 17.1 Aneurin Bevan University Health Board will ensure that you are made aware of the relevant Health Board policies, procedures and working protocols and that you receive an outline of your role and responsibilities with clear objectives.
- 17.2 Aneurin Bevan University Health Board will also ensure that you receive adequate advice, supervision and support to achieve these objectives and to ensure that you are not put in a situation where you exceed your level of competence in performing your duties.
- 17.3 It is your responsibility to inform the Health Board if you are not competent to perform a duty.

## **18. Disclosure & Barring Service (DBS) Checks**

- 18.1 Your appointment is subject to a Disclosure & Barring Service (DBS) Check, and where appropriate, you may not be allowed to commence in your role until a satisfactory check has been completed.

## **19. Remuneration and Expenses**

- 19.1 You may be entitled to receive a taxable remuneration for your attendance at hearings - £50 as a panel member and £70 for Chairperson. Remuneration is paid per session (9am to 1pm and 1pm to 5pm)
- 19.2 The post does not attract annual or special leave allowance. There is no sickness absence payment scheme for public appointees, but remuneration will continue to be paid as described in 19.1 unless the appointment is terminated under paragraph 23.
- 19.3 In addition to your remuneration fee, you will be eligible to claim for travel and subsistence expenses incurred while on Aneurin Bevan University Health Board business. Agenda for Change rates will apply.

## **20. Assistance for Disabled Members**

- 20.1 Where appropriate all reasonable adjustments will be made to enable those that require assistance to effectively carry out their duties.

## **21. Eligibility**

- 21.1 You must conduct yourself at all times in a manner which will maintain public confidence.
- 21.2 In particular, you are required to declare whether you are aware of anything in your private or professional life that would be an embarrassment to yourself or to Aneurin Bevan University Health Board if it became known at any point during your appointment with the Health Board.

## **22. Indemnity**

- 22.1 Aneurin Bevan University Health Board has indicated that an individual Power of Discharge Sub Group member, who has acted honestly and in good faith, will not have to meet out of their personal resources any personal liability which is incurred in the execution of their duties. Such cover excludes any personal criminal liability, nor will it protect the reckless or those who have acted in bad faith.

## **23. Notice/Termination**

- 23.1 The Trust may terminate your appointment with immediate effect if you have:-

- 
- committed any serious or repeated breach or non-observance of your obligations under the Mental Health Act 1983 (the Act) or the Code of Practice of the Act ; or
  - been guilty of any fraud or dishonesty or acted in any manner which, in the opinion of the Health Board, brings or is likely to bring you or the Health Board into disrepute; or
  - been declared bankrupt or have made an arrangement with or for the benefit of your creditors, or if you have a county court administration order made against you under the County Court Act 1984; or

On termination of the appointment, you shall only be entitled to accrued fees as at the date of termination together with reimbursement of any expenses properly incurred prior to that date.

23.2 Either party may terminate this contract for any reason before the expiry of the fixed period by giving one month's notice in writing.

23.3 Aneurin Bevan University Health Board may terminate your appointment immediately, by giving notice in writing, if you are guilty of any conduct that in the opinion of the Aneurin Bevan University Health Board means that you are unsuitable to continue to hold this appointment.

23.4 You will receive no notice if this appointment is terminated early by mutual consent.

I accept appointment as a Member of the Power of Discharge Sub Group of Aneurin Bevan University Health Board on the terms set out in this letter of appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix Seven**

### **Personal Review Process**

#### **ASSOCIATE HOSPITAL MANAGER ANNUAL REVIEW MEETING**

This document outlines the process for annual review of Health Board's Associate Hospital Managers.

#### **BACKGROUND**

The Code of Practice for Wales (2016) (para38.7) states "Appointments to managers' discharge panel should be made for a fixed period and reappointment, where permitted, should not be automatic and an individual's continued suitability should be reviewed".

#### **REVIEW AND REFLECTION**

The annual review meeting will take the form of an information discussion, focusing on both the individual Associate Hospital Manager's experience of the role and their views on how well they match the core competencies as well as any difficulties they have encountered and any perceived training or development needs.

The meeting will provide an opportunity for focused discussion which may include difficulties encountered in particular hearings. To preserve confidentiality, no patient identifiable information will be recorded.

A review may also be carried out at any other time within the year where the Vice Chair or the Head of Quality Improvement believes this is warranted in an individual case. The reviewer leading the process will complete the form any concerns will be raised with the Vice Chair of the Health Board. The documentation will be forwarded to the Mental Health Act Manager for inclusion in the Associate Hospital Managers personal file, a copy will be forwarded to the Associate Hospital Manager.

Date	Name of Associate Manager
Venue	Name (s) of Reviewers

Chair to introduce those present and explain the purpose of the meeting – thanking the Associate Manager for their service	
Hearings – administration: <ul style="list-style-type: none"> <li>• Are the hearings you attend administered efficiently?</li> <li>• Is there anything you can suggest which may improve the process?</li> </ul>	
Hearings – activity – discuss: <ul style="list-style-type: none"> <li>• Number of hearings</li> <li>• Variety of hearings</li> <li>• Any problems with hearings</li> <li>• Issues that have arisen in hearings</li> <li>•</li> </ul>	
Hearings – the clinical team: <ul style="list-style-type: none"> <li>• Generally, is the clinical team looking after the patient usually in attendance at the meeting?</li> <li>• Do reports which are presented at the hearing provide</li> </ul>	

<p>sufficient information to enable the panel to reach a decision?</p> <ul style="list-style-type: none"> <li>Do the professionals involved produce sufficient evidence in relation to the 'burden of proof'?</li> </ul>	
<p>Hearings – development:</p> <ul style="list-style-type: none"> <li>Do you have any wish to develop further skills/knowledge in relation to specialist areas such as Chairmanship of panels, CAMHS, LD?</li> </ul>	
<p>Scrutiny:</p> <ul style="list-style-type: none"> <li>Do you undertake sessions on MHS scrutiny panels?</li> <li>If not, are you willing to be trained and undertake this role?</li> <li>Are there any specific training needs?</li> </ul>	
<p>Development and training requirements and action plan</p>	
<p>Any other comments to note from Associate Hospital Manager / Reviewer</p>	
<p>To confirm that the Associate Hospital Manager wishes to continue in this role and that written confirmation will be received.</p>	



**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	06 December 2023
<b>CYFARFOD O: MEETING OF:</b>	Mental Health Act Monitoring Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Act Managers Policy Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Rani Dash, Director of Corporate Governance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Bryony Codd, Head of Corporate Governance

**Pwrpas yr Adroddiad  
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Mental Health Act Associate Hospital Manager is a statutory role as defined in the Mental Health Act (1983). It provides a safeguard for those patients who are detained under the MHA and champions their rights. They are independent individuals who are not officers or employees of the Health Board but do carry out some functions on behalf of the Health Board.

The Mental Health Monitoring Act Committee is responsible for providing assurance to the Board that those functions of the act which they have delegated are being carried out correctly and the wider operation of the act is operating properly.

Many of the Health Board's current Mental Health Act Managers (MHAM) have been in post for a number of years and there was a need to recruit additional/replacement MHAM's.

## Cefndir / Background

The Health Board is responsible for ensuring that the Mental Health Act is used lawfully and fairly, in accordance with the Principles of the MHA Code of Practice for Wales. This includes ensuring that all paperwork is scrutinised for validity, that all detained patients are informed of their rights and that patients are referred to the tribunal within the timeframes set out in the MHA. They also have various including the power to discharge patients from detention and transfer detained patients to other hospitals.

The Health Board has delegated most of these responsibilities to staff who receive MHA paperwork on their behalf and carry out audits on how the Act is used (the Mental Health Act Office).

The Health Board has delegated the power to discharge patients from detention to a panel of Associate Hospital Managers (Mental Health Act Managers), who are not employees of the Health Board.

The Health Board recruits MHAMs to undertake this role against an agreed job role and person specification. The Health Board retains responsibility for the performance of all of their functions and must ensure that the people acting on their behalf are competent to do so. This process is led by the Head of Quality and Improvement.

## Asesiad / Assessment

As outlined above, many of the Health Board's current Mental Health Act Managers (MHAM) have been in post for a number of years and there was a need to recruit additional/replacement MHAM's.

Although the appointment process, and continued monitoring and management of the Mental Health Act Managers, is undertaken by the MHAM Office, the individuals are independent and are a Board appointment.

In order to provide clarity, primarily around the recruitment process, a new Mental Health Act Managers Policy was developed and approved by the Committee (Virtually) in June 2023.

The policy confirms the Vice Chair as having overall responsibility for the appointment of Mental Health Act Managers. An amendment has subsequently been requested to include that this may be delegated to the Chair of the Power of Discharge Sub Committee (also an Independent Member of the Board).

This amendment has been included at page 9 of the attached policy.

### **Ownership of the Policy**

There has been some debate as to the ownership of this Policy and whether it should be a corporate led policy, due to the independence of the Mental Health Act Managers, or owned by the Mental Health and Learning Disabilities Division, as a core component of ensuring compliance with the Mental Health Act.

In terms of policy ownership, the following principles usually apply:

- The person who is the author / subject matter expert
- The person who is responsible for reviewing/revising the document
- The person who responsible for ensuring the document is implemented

A review of policies in other areas shows that the policy is owned by the Division in other Health Boards, including Powys, Betsi Cadwalader and Cardiff and Vale.

On this basis, it is proposed that the policy be owned by the Division.

### **Argymhelliad / Recommendation**

The Committee is requested to approve the amendment to the Mental Health Act Managers Policy and to agree the owner of the policy.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Choose an item. Choose an item.

### **Gwybodaeth Ychwanegol:**

### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau:	

Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Choose an item.
• <b>Service Activity &amp; Performance</b>	Choose an item.
• <b>Financial</b>	Choose an item.
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	Choose an item.  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Choose an item. Choose an item.



## **MENTAL HEALTH ACT MONITORING COMMITTEE PROGRAMME OF BUSINESS 2023/24**

The purpose of the **Mental Health Act Monitoring Committee** is to advise and assure the Board and the Accountable Officer by critically monitoring and reviewing the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983 (the MH Act).

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board in March 2023;
- the Board's Assurance Framework (based on its Annual Objectives for 2022/23 and 2023/24);
- key risks identified through the Corporate (Strategic) Risk Register and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee); and
- key statutory, national, and best practice requirements and reporting arrangements.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			19 <sup>th</sup> June	5 <sup>th</sup> Sept	6 <sup>th</sup> Dec	21 <sup>st</sup> Feb
<b>Preliminary Matters</b>						
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓
Declarations of Interest		All Members	✓	✓	✓	✓
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓
Action Log and Matters Arising		Chair	✓	✓	✓	✓
<b>Committee Requirements as set out in Standing Orders</b>						
Development of Committee Annual Programme of Business 2023/24	Annually	Chair & Director of CG				✓
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2023/24	Annually	Chair & Director of CG				✓
Annual Review of Committee Effectiveness 2023/24	Annually	Chair & Director of CG				✓
Committee Annual Report 2023/24	Annually	Chair & Director of CG				✓
<b>Mental Health Act Compliance</b>						
Mental Health Act Compliance Report	Standing Item	Head of Quality & Improvement	✓	✓	✓	✓
Power of Discharge Committee Update	Standing Item	Head of Quality & Improvement	✓	✓	✓	✓
<b>Items requested by Committee members/internal stakeholders</b>						
Annual Benchmarking Report MHMAC/05/09/3.1 BC Requested for June/July 2024	Annually	Director of CG				

KEY	
D of CG	Director of Corporate Governance



**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	06 December 2023
<b>CYFARFOD O: MEETING OF:</b>	Mental Health Act Monitoring Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Act Update Report Q2 2023-24
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Leanne Watkins, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Amelia James / Sarah Cadman

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The report provides activity information on the use of the Mental Health Act over Quarter 2, July – September 2023/24 and provides a comparison of activity over the previous quarter. Where available, other information sources will be used in order to highlight any trends, patterns or variation over time.

The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

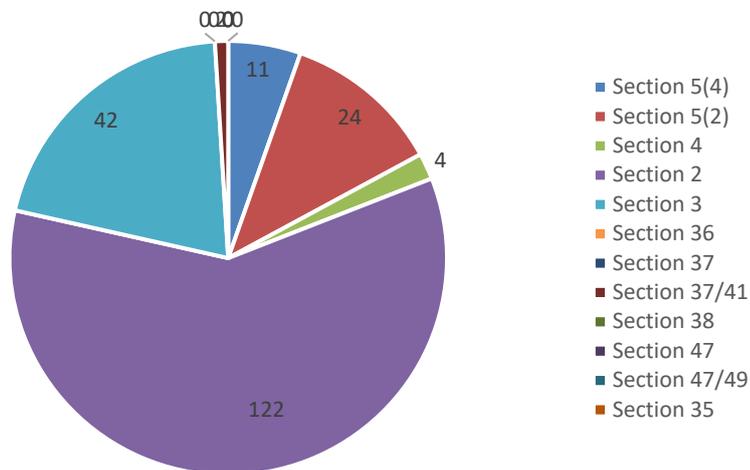
**Cefndir / Background**

The report presents data for the second quarter of 2023/24 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

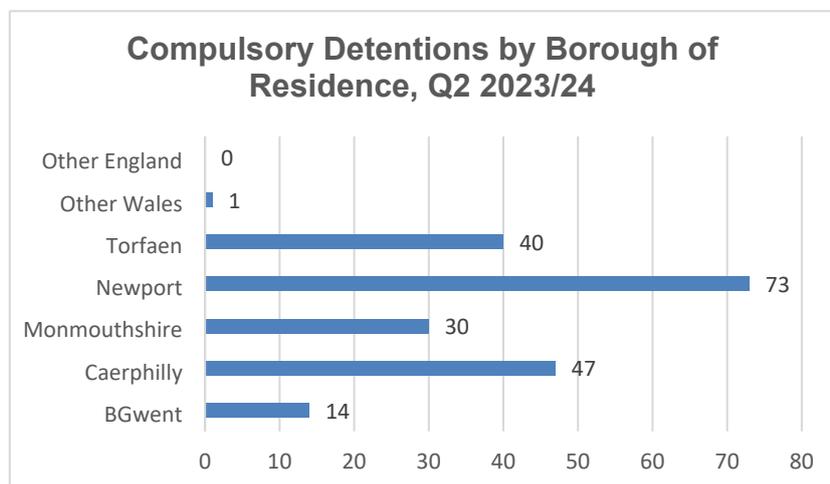
## 1. In-Patient MHA Activity, Q2 2023/24

Data on the use of compulsory admission under the MHA by quarter is shown below. The pie chart provides a high-level summary on the use of the Act by section across all ages/specialties in the Health Board.

**Total Compulsory Admissions  
Q2 2022/23, July - Sept**



A breakdown of all compulsory admissions by borough of residence of each patient is shown below. This shows that there is some variation in the number of detentions by borough in comparison to population size. Newport and Torfaen had the highest number of detentions per population.



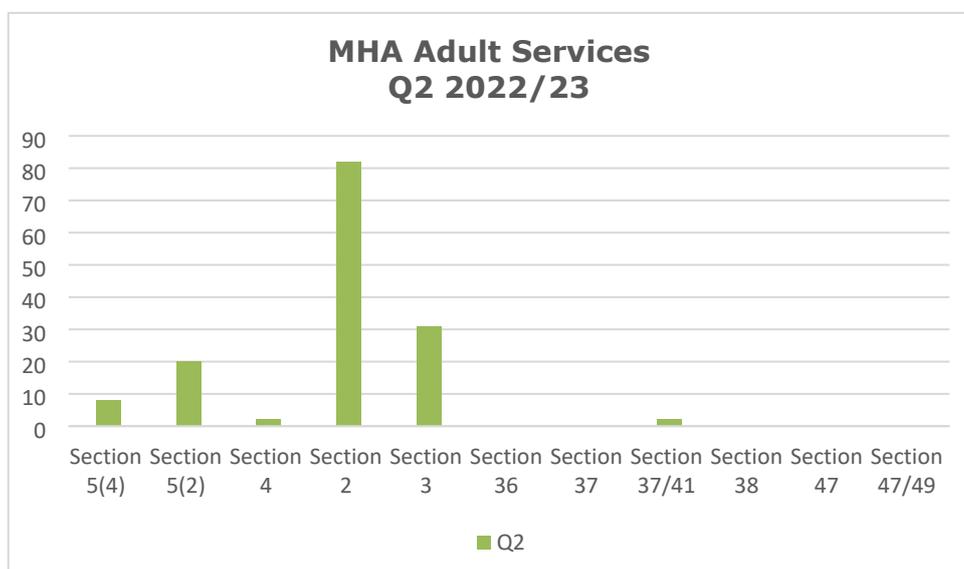
Borough	Detentions Q2 2023/24	Population (000's)	Detentions per 1,000 population Q2 2023/24 (Previous Qtr.)
Caerphilly	47	176	<b>0.3 (0.4)</b>
Newport	73	159	<b>0.5 (0.3)</b>
Blaenau Gwent	14	66	<b>0.2 (0.2)</b>
Torfaen	40	92	<b>0.4 (0.5)</b>
Monmouthshire	30	93	<b>0.3 (0.3)</b>

In comparison to the previous quarter, there has been a slight increase in the overall number of patients detained under the Act. Compared to the same quarter of last year (22/23) there has been a 20% decrease.

Section	Q2 2022/23	Previous Quarter	Q2 2023/24
Section 5(4)	12	6	11
Section 5(2)	37	29	24
Section 4	8	4	4
Section 2	136	115	122
Section 3	51	45	42
<b>Total</b>	<b>247</b>	<b>203</b>	<b>205</b>

• **MH Adult Compulsory Admissions Under the MHA (1983)**

A breakdown of all compulsory admissions to mental health wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that over half (57%) of all admissions are under Section 2 (Assessment) of the MHA, with 21% of detentions under section 3 (Treatment). 20% of all adult detentions were under Section 5 of the Act. There was an overall increase (1%) in the number of detentions compared to the previous quarter.



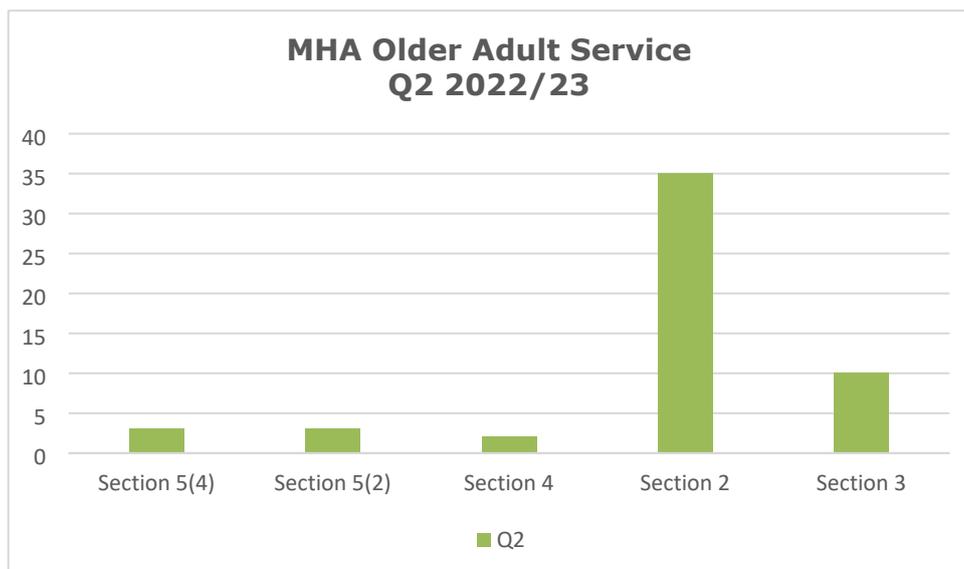
Section	Previous Quarter	Q2 2023/24
Section 5(4)	5	8
Section 5(2)	26	20
Section 4	3	2
Section 2	75	82
Section 3	30	31

Section 36	0	0
Section 37	1	0
Section 37/41	2	2
Section 38	0	0
Section 47	0	0
Section 47/49	0	0
Other*	1	0
<b>TOTAL</b>	<b>143</b>	<b>145</b>

\*Section 48/49

• **MH Older Adult Compulsory Admissions Under the MHA (1983)**

Within the older adult population patients admitted and detained, 85% were admitted under Sections 2 or 3 of the MHA with 12% admitted under Section 5 provision and 4% (2 people) admitted under Section 4. There was a slight increase (4%) in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q2 2023/24
Section 5(4)	0	3
Section 5(2)	2	3
Section 4	1	2
Section 2	35	35
Section 3	13	10
<b>TOTAL</b>	<b>51</b>	<b>53</b>

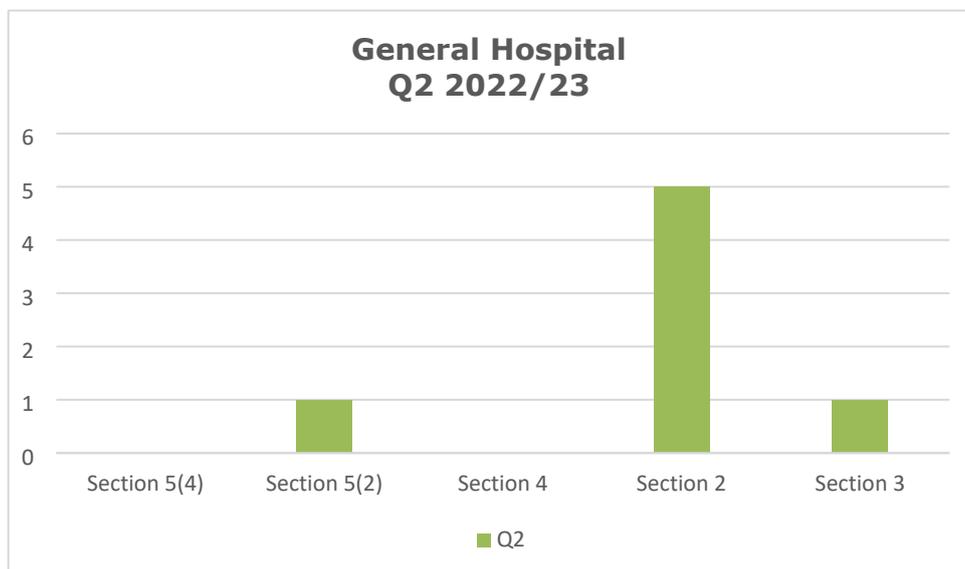
- **Learning Disability Compulsory Admissions Under the MHA (1983)**

For individuals with a learning disability requiring admission under the MHA there were 0 detentions taking place in quarter 2.

Section	Previous Quarter	Q2 2023/24
Section 5(4)	1	0
Section 5(2)	1	0
Section 4	0	0
Section 2	3	0
Section 3	0	0
<b>TOTAL</b>	<b>7</b>	<b>0</b>

- **General Hospital Compulsory Admissions Under the MHA (1983)**

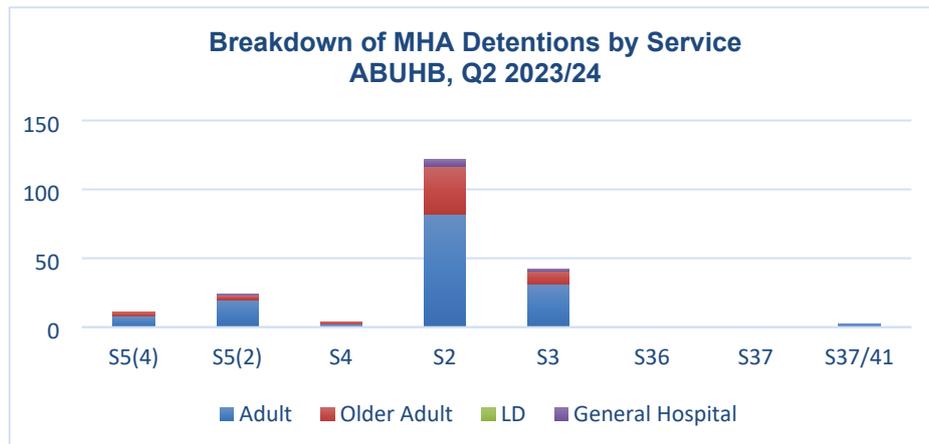
For patients detained under the MHA in a General Hospital setting, 71% (5) were admitted under Section 2 of the MHA with 14% (1) admitted under section 5(2) and 14% (1) admitted under section 3. There was an overall increase in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q2 2023/24
Section 5(4)	0	0
Section 5(2)	0	1
Section 4	0	0
Section 2	2	5
Section 3	0	1

**TOTAL****2****7**

The below chart shows the total MHA detentions broken down by service for quarter 2, 2023/24.



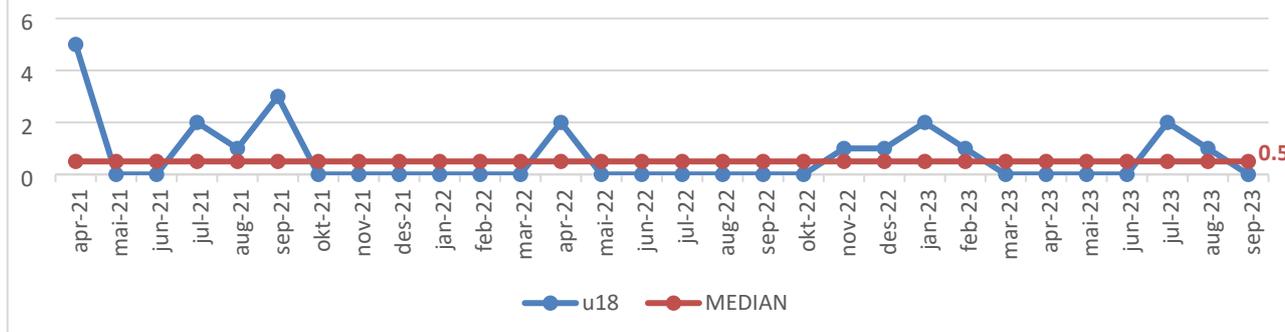
- Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

Within Aneurin Bevan there is no dedicated Children and Young Persons CAMHS inpatient provision. Access to emergency provision for a bed in Ty Cyfannol extra care area for up to 72 hours is provided locally for 16–17-year-olds, with younger patients normally being admitted to a paediatric ward if necessary.

There was an increase in the number of under 18 detentions taking place in quarter 2 in comparison to the previous quarter.

<b>Under 18 years Detentions</b>	<b>Previous Quarter</b>	<b>Q2 2023/24</b>
Section 5(4)	0	0
Section 5(2)	0	0
Section 2	0	2
Section 3	0	1
CTO	0	0
<b>TOTAL</b>	<b>0</b>	<b>3</b>

### Under 18 Compulsory Detentions



A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. 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. Access to CAMHS specialist inpatient provision has also been escalated to Welsh Government previously. The MHA Administration Department monitors the trends on a regular basis.

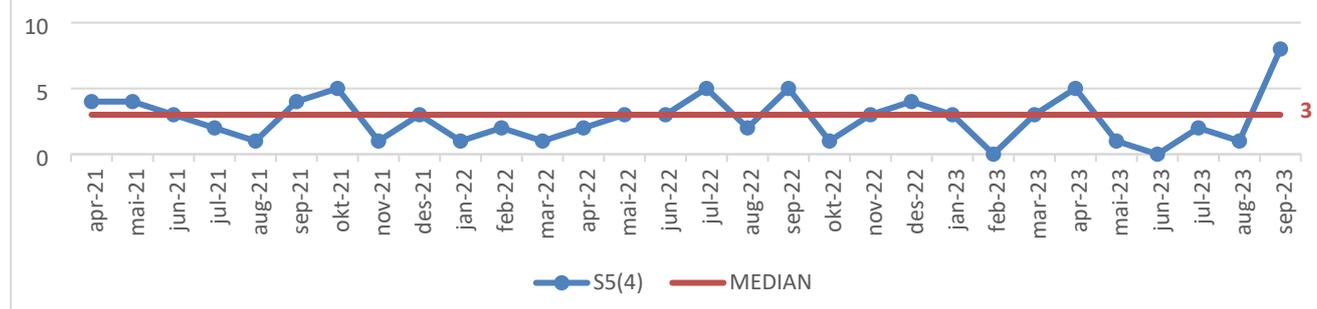
## 2. Trend Analysis of the main compulsory admissions across all services from April 2021 to September 2023

This section briefly highlights any trends noted in the use of the Mental Health Act.

### • Use of Section 5 Holding Powers

The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 11 uses of this holding power over the quarter with 45% of these resulting in a doctor/approved clinician detaining the patient under Section 5(2) and 55% ending or lapsing without further detention under the MHA.

### Use of Section 5(4) Holding Power

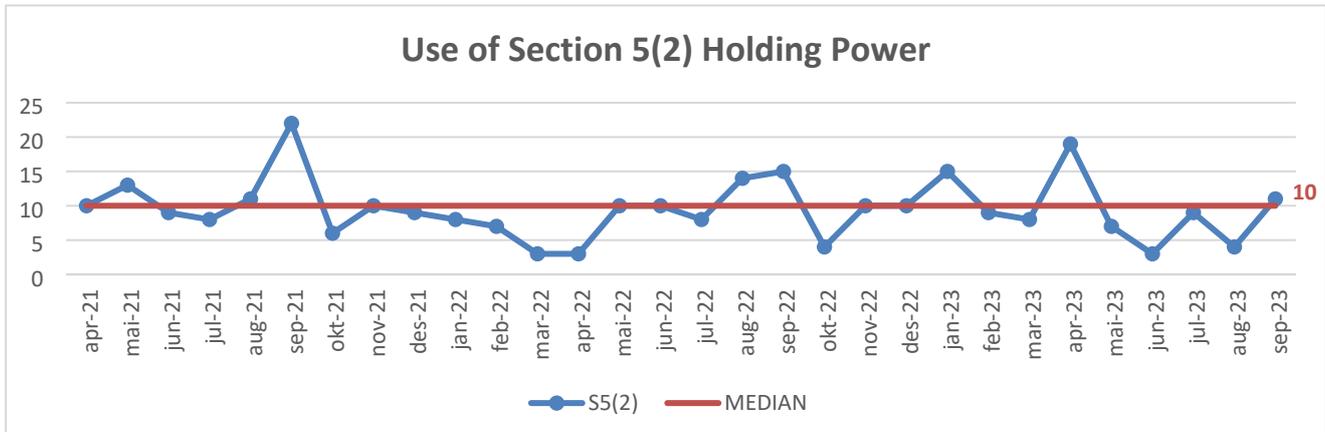


### Outcome of Section 5(4) – Q2 2023/24

Outcome	Total
Lapsed	5
Ended	1
Section 5(2)	5
Section 2	0

Section 3	0
<b>Total</b>	<b>11</b>

The use of Section 5(2) resulted in 33% of patients being detained under section 2, 17% being detained under section 3 and 50% ending or lapsing without further detention under the MHA.



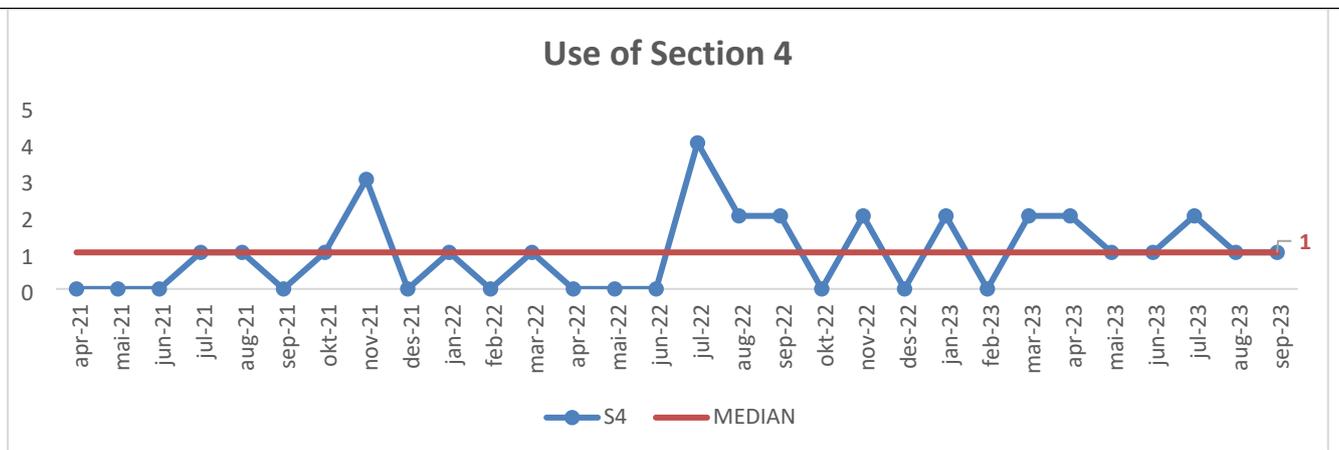
### Outcome of Section 5(2) – Q2 2023/24

Outcome	Total
Lapsed	8
Ended	4
Section 2	8
Section 3	4
<b>Total</b>	<b>24</b>

- **Use of Section 4**

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 assessment immediately and it is felt necessary for a person’s protection to detain under a section of the MHA.

While the use of this provision is uncommon it can be an indicator of a problem in the availability of two doctors to undertake an assessment. The chart below shows that the use of Section 4 has remained steady over the past 6 months. Section 4 was used on 4 occasions this quarter (Q2).



The main outcome of the use of Section 4 is that the individual will normally be placed on a Section 2 (admission for assessment), 100% of cases in this quarter.

### Use of Section 4 in Adult Mental Health Services – Q2 2023/24

- The patient was taken to Cwm Coch for an emergency assessment with HTT. The patient had been threatening to kill staff at the homeless unit and damaged the property. The patient had been observed behaving bizarrely, was disinhibited, displaying erratic and chaotic behaviour and voicing suicidal ideation. HTT were concerned with the level of risk and requested MHA assessment. It was agreed that due to the risks to the patient and others the need for an urgent MHA assessment outweighed waiting for a second doctor.
- The patient was wandering aimlessly around the streets of Newport for approximately 3 days refusing family efforts to engage him and return him home. Attempts by Mental Health professionals were also unsuccessful as were requests for police to use 136 powers. Ambulance paramedics were more successful and expressed concerns for the patient's physical health but assessed his mental health deterioration as the most pressing issue. They managed to persuade the patient to come into the ambulance and transport him to St Cadoc's under Section 5 MCA. A MHA assessment was arranged quickly with one doctor who detained the patient under Section 4 due to the severity of the situation. The patient was detained to Adferiad ward and was reassessed by another doctor on the same day when he was detained under Section 2 MHA.

### Use of Section 4 in Older Adult Mental Health Services – Q2 2023/24

- The patient is the main carer for her 70-year-old blind son. Attempts to engage her in conversation resulted in the patient threatening to hit the Dr and AMHP with her metal crutch and blind her close friend who was also present. When her son tried to reason with her, she yelled abuse at him and threatened to kill him. She hit her son across the head with her crutch. Any further delay in awaiting a Section 12 doctor would result in increased risk to the patient and her son.
- MHA assessment took place due to ongoing concerns and an incident involving paramedics being threatened with a hammer and knife. The patient was detained on Section 4 due to there being no other Section 12 doctors available at that time, including the GP.

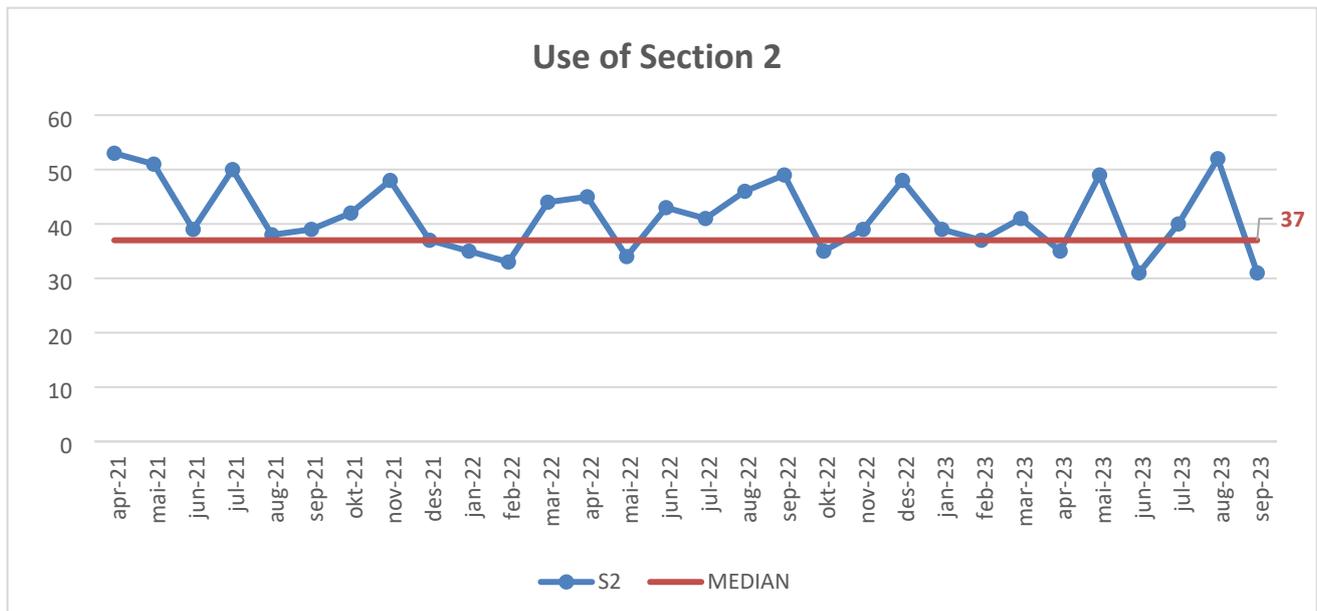
All 4 uses of section 4 this quarter are proportionate and reasonable in the circumstances

### Outcome of Section 4 – Q2 2023/24

Outcome	Total
Discharged	0
Section 2	4
<b>Total</b>	<b>4</b>

#### • Use of Section 2

60% of all detained admissions were admitted under Section 2 during the quarter, with the number of admissions remaining fairly stable over the last two years.



### Outcome of Section 2, Q2 2023/24

Outcome	Total
Expired	9
Regraded S3	32
Transferred	4
Died	0
Ended: 0-3 days	5
Ended: 4-14 days	30
Ended: 15-28 days	42
<b>Total</b>	<b>122</b>

A total of 122 detentions were made using Section 2, with 67% of these in adult mental health services, 29% in older adult and 4% in a general hospital setting.

Of the total 122 patients detained under Section 2:

- 32 (26%) were regraded to Section 3
- 4 (3%) were transferred out of the Health Board during the Section 2

Of the remaining 88 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

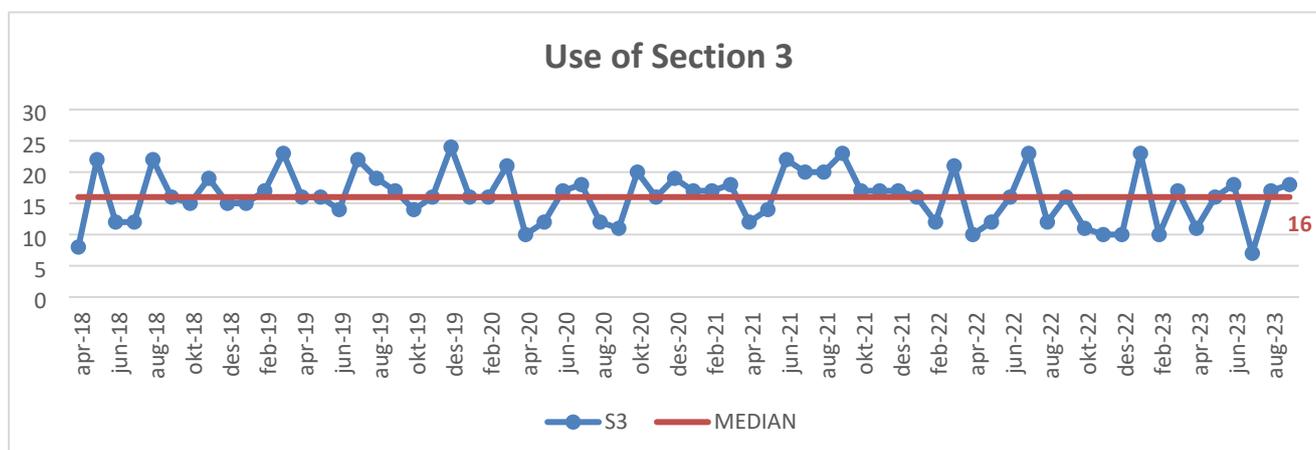
- 0-3 days 5 (4%) were detained between 0-3 days
- 4-14 days 30 (25%) were detained between 4-14 days
- 15-28 days 42 (34%), were detained between 15-28 days

Of this cohort, 9 (7%) detentions were allowed to lapse. This is a 10% decrease, compared to the last quarter. It is considered allowing a Section 2 to lapse as poor practice, as it raises the question whether the patient met the criteria to be discharged at an earlier stage of the detention. Where detentions are allowed to lapse the MHA Administration Department highlights this issue to the relevant medical and ward staff.

• **Use of Section 3**

20% of all detained admissions were admitted under Section 3 during the quarter. A total of 42 detentions were made using Section 3, with 74% of these in adult mental health, 24% in older adult mental health and 2% in a general hospital setting.

The committee requested a longer timeframe to analyse use of Section 3 over time. The graph below shows use of s3 across the Health Board over 5 years. The graph shows that whilst there is some variance from month to month and quarter to quarter, use of s3 is consistently within expected controls over the last 5 years and continues to be into this year.



Of the total 42 patients detained under Section 3:

- 22 (52%) detentions remained as ongoing detentions as of 27.10.2023
- 15 (36%) detentions were ended as of 27.10.2023
- 2 (5%) detentions were regraded to CTO
- 2 (5%) detentions were renewed
- 1 (2%) detention was transferred

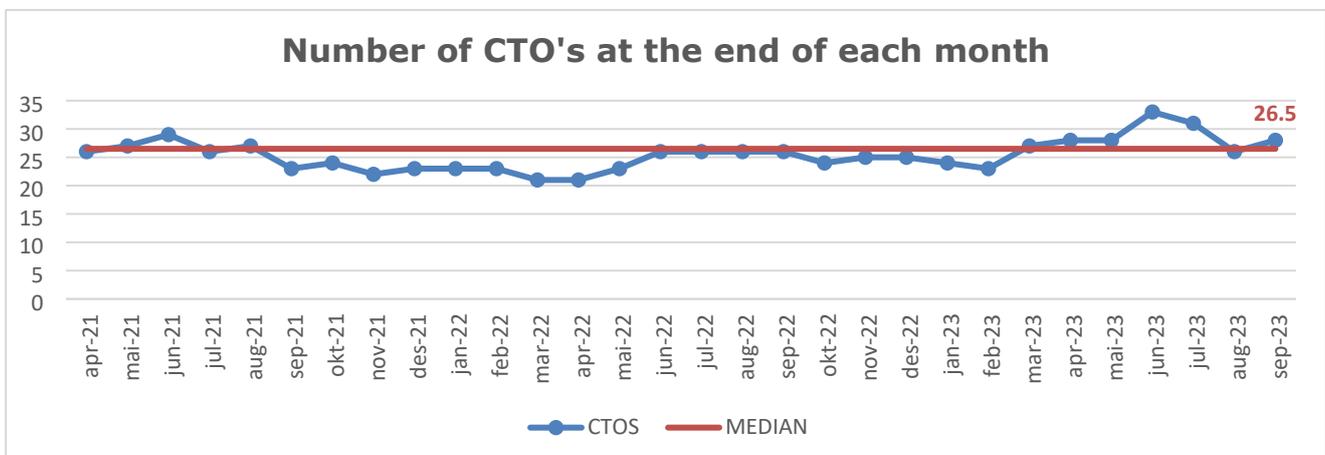
• **Renewal of In-patient Detentions under the MHA (1983)**

The table below shows that the number of renewals of inpatient detentions increased 86% during the quarter compared to the previous period.

Section	Previous Quarter	Q2 2023/24
Section 3 renewal	6	12
Section 37 renewal	0	1
Section 47 renewal	1	0
<b>TOTAL</b>	<b>7</b>	<b>13</b>

- Use of Community Treatment Orders (CTOs)**

The number of Community Treatment Orders at the end of each month has decreased by 15%, from 33 at the end of quarter 1, 2023/24 to 28 at the end of quarter 2, 2023/24.



A summary of the use / changes to CTOs is shown below

### Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q2 2023/24
<b>17A</b>	CTOs made	<b>13</b>	<b>2</b>
	CTOs extended	<b>4</b>	<b>2</b>
	Recalled to hospital and not admitted	<b>1</b>	<b>0</b>
	Recalled to hospital and revoked	<b>2</b>	<b>5</b>
	Discharged from CTO	<b>3</b>	<b>2</b>

### 3. Unlawful Detentions/Failed Medical Scrutiny / Rectifiable Errors

A summary of unlawful detentions, section papers that failed medical scrutiny and section papers with rectifiable errors during the quarter is provided below.

- Unlawful Detentions**

There were 1 unlawful detention identified during the quarter. Where errors are identified the Mental Health Act Administration will immediately contact the ward/clinical team who will inform the patient and the clinical team will determine the appropriate next steps such as undertaking a new assessment.

	Previous Quarter	Q2 2023/24
<b>Unlawful Detentions</b>	<b>0</b>	<b>1</b>

- Invalid Section 2 – Section papers not received and ward couldn't locate a copy of the HO14

- **Failed Medical Scrutiny**

The Health Board has 14 days to undertake medical scrutiny of section papers. Where medical scrutiny identifies that further information is required the papers are returned to the doctor who completed the assessment highlighting what further information is required and returned within the 14-day period.

	Previous Quarter	Q2 2023/24
<b>Failed Medical Scrutiny</b>	<b>0</b>	<b>0</b>

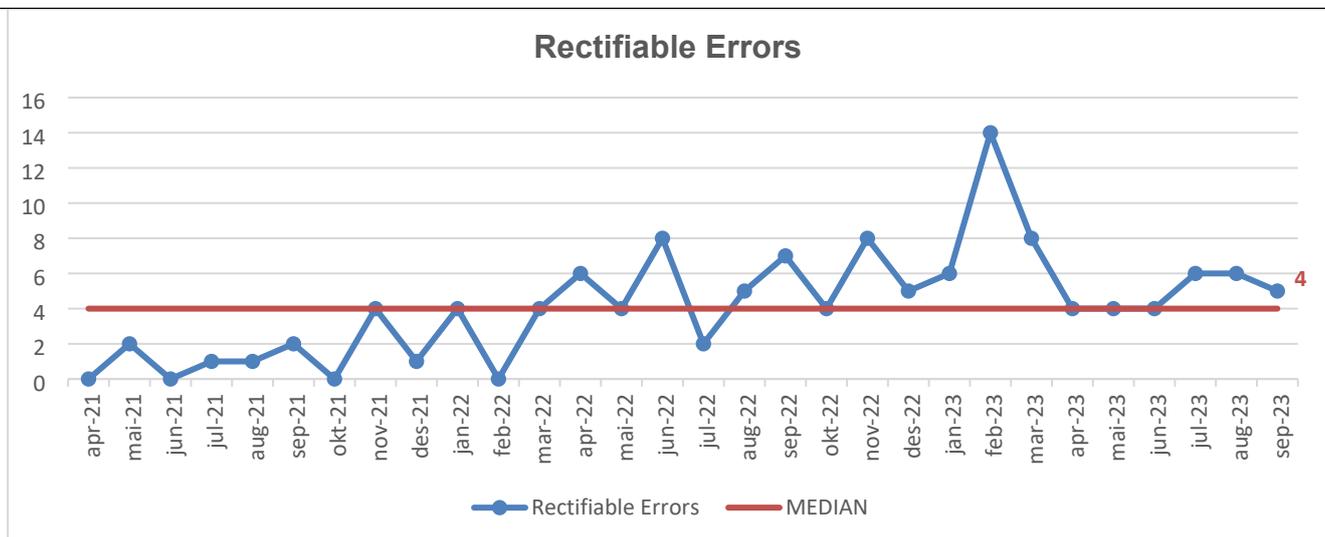
- **Rectifiable Errors on Documents**

Rectifiable errors are considered a 'slip of a pen'. Section 15 of the Mental Health Act allows for any documents containing rectifiable errors to be amended by the professional who completed the form within 14 days of the date the person was admitted onto a section. Common rectifiable errors include names not stated in full, misstating of places including hospitals and patients addresses, names or places being inconsistent, spelling errors, nearest relative address missing and deletions not being completed.

There has been a slight increase in the number of rectifiable errors this quarter, however, overall, this remains around the median. In 22/23, there was a steady increase, however quarter 2 figures this year remain lower than the previous year. The issue has been raised with the Senior Psychiatrists Committee for continued awareness, vigilance and action

	Previous Quarter	Q2 2023/24
<b>Rectifiable errors on document</b>	<b>12</b>	<b>17</b>

The chart below shows rectifiable errors. It can be seen that there was a significant reduction in rectifiable errors in 2021-2, with an increase in 2022-3. The first quarter of 2023-4 demonstrates a significant reduction, however whilst there has been a slight increase quarter 2, 2023/24, this is still within controls.



#### 4. Use of Sections 135 and 136

- Section 135**

There are data completeness issues with the compilation of Section 135 data. The table below therefore provides a summary of the available data.

##### Use of Section 135, Q2 2023/24

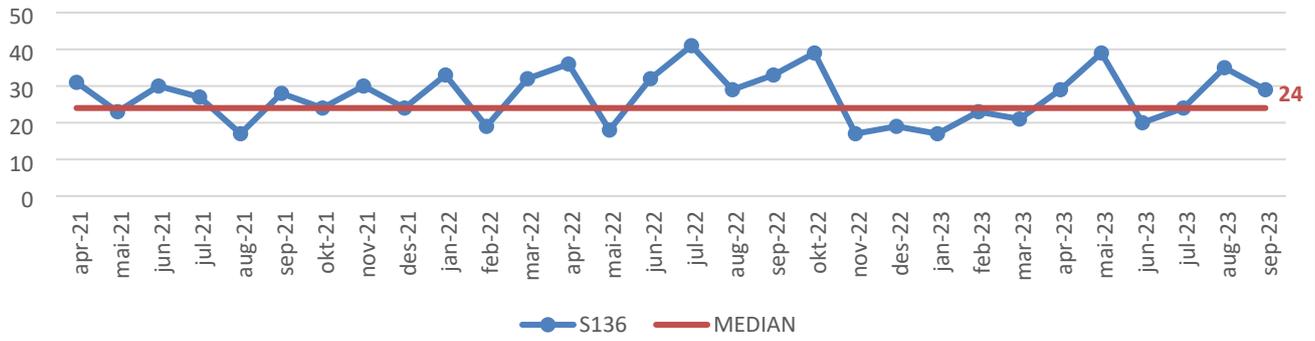
Section 135 of the MHA	Previous Quarter	Q2 2023/24
Assessed and admitted informally	0	0
Assessed and discharged	0	0
Assessed and detained under Section 2	7	2
Assessed and detained under Section 3	1	0
Assessed and CTO Revoked	0	0
Other	0	0
<b>Total</b>	<b>8</b>	<b>2</b>

The MHA Administration department has confirmed that 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 that all Section 135 activity is correct and is collected in a timely manner.

- Section 136**

A breakdown of the number of 136 assessments undertaken at the 136 Suite (Place of Safety) at St Cadoc's Hospital is shown in the table below.

### Number of Section 136 Assessments - ABUHB



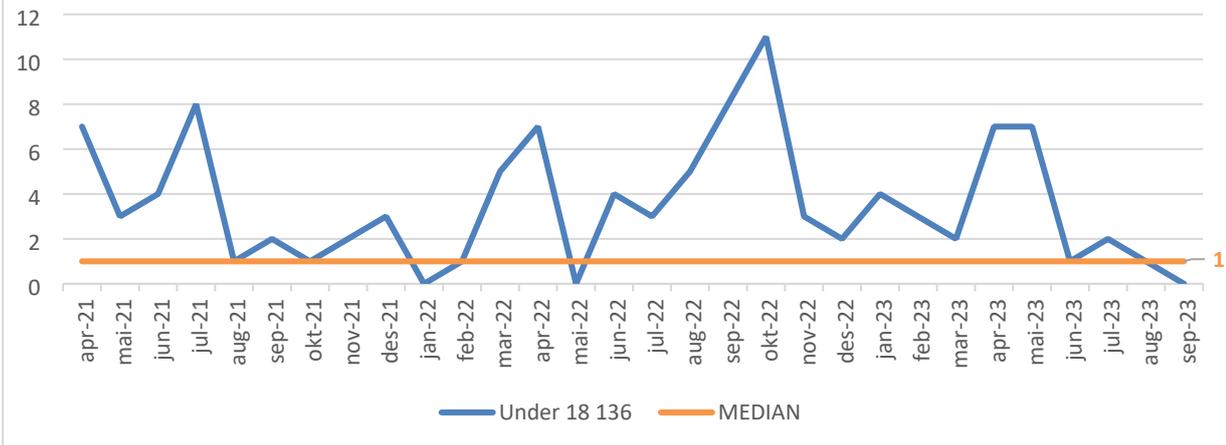
A breakdown of the outcome of 136 assessments is shown in the table below. A total of 88 assessments were undertaken. Of those assessed 33% were admitted, with 41% of those admitted being formally detained. 30% of individuals assessed were discharged with no follow up required, while 38% were discharged with a follow up plan in place.

### Use of Section 136, Q2 2023/24

Section 136 of the MHA	Previous Quarter	Q2 2023/24
Assessed and admitted informally	7	17
Assessed and detained under Section 2	24	12
Assessed and detained under Section 3	0	0
Assessed and detained under Section 4	1	0
Discharged – no follow-up required	15	26
Discharged – with follow-up plan	40	33
Section 136 lapsed	1	0
<b>TOTAL</b>	<b>88</b>	<b>88</b>

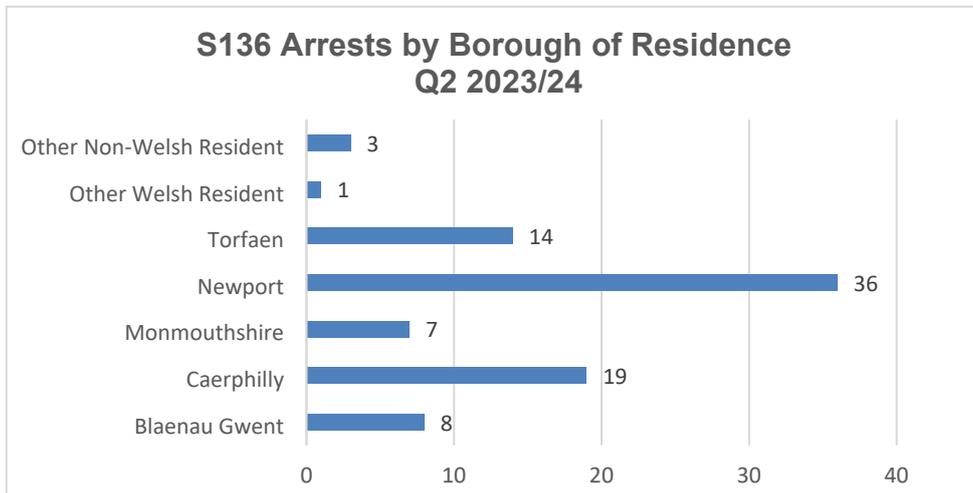
A breakdown of the number of under 18's undergoing 136 assessment is shown in the graph below. The graph shows that the number of under 18's undergoing assessment has decreased by 80% in quarter 2 in comparison to quarter 1.

**Number of Section 136 Detentions - Under 18's**



A breakdown of assessed patients by borough shows that Newport and Caerphilly had higher demand than other boroughs, together accounting for 63% of all assessments.

**S136 Arrests by Borough of Residence Q2 2023/24**



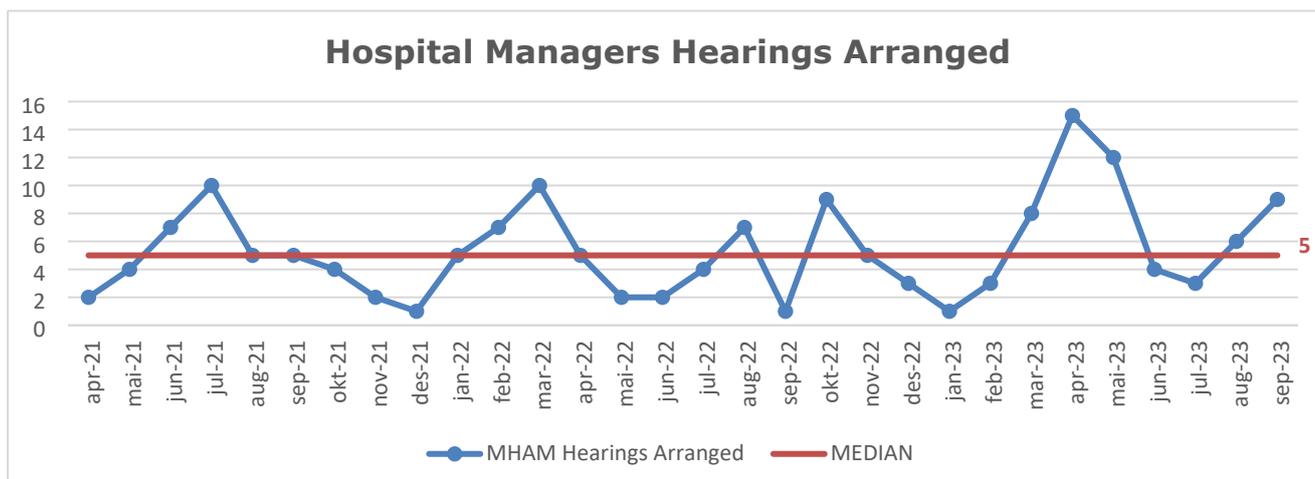
A breakdown of all 88 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 39% of all cases; 3% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

<b>Section 136 of the MHA</b>	<b>Previous Quarter</b>	<b>Q2 2023/24</b>
<b>TOTAL</b>	<b>N=88</b>	<b>N=88</b>
Gender:		
% Male	51%	43%
% Female	49%	57%
Place of Safety:		
% Hospital	98%	98%
% Police Station	2%	2%
% Under 18 Years	15%	3%
Use of Illicit Substances:		
% Alcohol	24%	30%

% Drugs	3%	7%
% Both Alcohol and Drugs	9%	2%
Where Assessment took place:		
% Hospital	99%	100%
% Police Station	0%	0%
12 Hour extension required /granted	0%	0%

### 5. Mental Health Act Managers Hearings

18 hearings were arranged, with 4 hearings held during the quarter.



A summary of activity and outcome of hearings is provided in the table below.

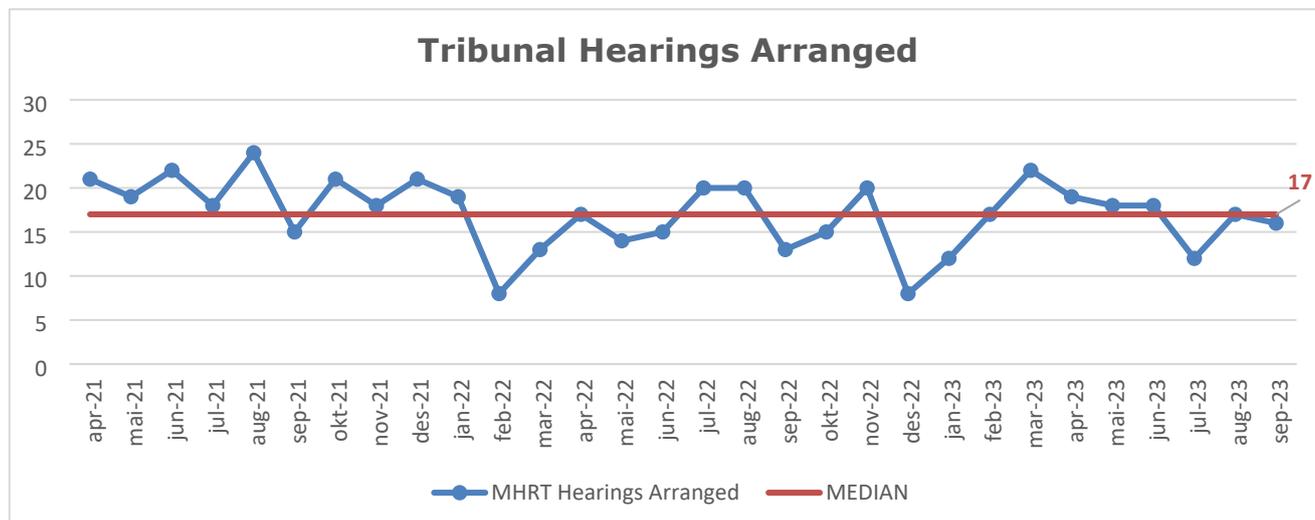
### Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Previous Quarter	Q2 2023/24
Applications by patient – Inpatient	0	1
Applications by patient – CTO	0	0
Renewal Hearing Applications – Inpatient	12	23
Renewal Hearing Applications – CTO	2	16
Barring Hearings	0	1
Hearing cancelled before being heard	4	14
Hearing held - Patient Discharged by Hospital Managers	0	0
Hearing held – Section continued	27	4

### 6. Mental Health Review Tribunals

There continues to be a trend for patients to apply for a Tribunal hearing as opposed to Manager’s hearings within the Health Board. The MHRT is a statutory independent body for hearing appeals against detention.

The chart below highlights the activity and outcomes of Tribunals arranged over the last two years. Overall, the number of hearings appears to be relatively consistent over the period of the last 12 months, with an 18% decrease in the number of hearings arranged in Q2 in comparison to the previous quarter.



The activity and outcomes of arranged tribunals over the quarter is summarised in the table below.

### Mental Health Review Tribunals Activity

MH Review Tribunal Hearings	Previous Quarter	Q2 2023/24
Applications by patient – Inpatient	45	34
Applications by patient – CTO	1	0
Renewal Hearing Applications – Inpatient	6	6
Renewal Hearing Applications – CTO	1	3
Referral by MOJ	4	2
Referral by Welsh Ministers	1	1
Outcomes: Hearing Cancelled before being heard	32	25
Outcomes: Patient Discharged by MHRT	1	0
Outcomes: Section Continued	22	20

This shows that a significant number of Tribunals continue to be cancelled before being heard.

This report is designed to provide information on trends and analysis of the use of the Mental Health Act and associated processes and to provide assurance to the Health Board that there are adequate governance arrangements in place to ensure the fair and lawful application of the Act. The Mental Health and Learning Disabilities Division will continue to develop and refine the report using feedback provided.

**Argymhelliad / Recommendation**

The Committee is asked to receive the information provided on the use of the Mental Health Act.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 4. Dignified Care 7.1 Workforce 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Not Applicable Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	The Mental Health Act (1983) Mental Health Act Code of Practice for Wales (Revised 2016)

**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 36 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 24 hours (this can sometimes be extended for 12 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:** 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.

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.

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.

**Section 3:** 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.

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.

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.

**Section 37:** Section 37 provides for a court to sentence a person to hospital for treatment (or guardianship) for up to six months.

The criteria and resulting admission work in the same way as a section 3 except for the appeal process. A section 37 patient has:

- 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 48:** Also known as a 'Transfer Direction'. Enables the Secretary of State, on the advice of two doctors, to remove a prisoner awaiting sentencing to hospital for treatment of a serious mental health problem.

**Section 48/49:** As Section 48, but with special restrictions added for that transfer.

	<p><b>Section 49:</b> Also known as a 'Restriction Direction'. Enables the Secretary of State for Justice to add an order restricting the patient's discharge from hospital.</p> <p><b>Section 17A, Community Treatment Order:</b> 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>• ensuring the patient receives medical treatment</li> <li>• preventing the risk of harm to the patient's health or safety</li> <li>• 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>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Choose an item.

<ul style="list-style-type: none"> <li>• <b>Service Activity &amp; Performance</b></li> </ul>	Not Applicable
<ul style="list-style-type: none"> <li>• <b>Financial</b></li> </ul>	Not Applicable
<p><b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b></p>	<p><b>No does not meet requirements</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies</p> <p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p>

**Power of Discharge Sub-Committee Meeting**

**Tuesday 15<sup>th</sup> August 2023 14:00 – 15:00**

**Virtually via Microsoft Teams**

**Present:**

Paul Deneen – Chair, Independent Board Member  
 Sarah Cadman – Head of Quality and Improvement  
 Julie Roberts – Associate Hospital Manager  
 Keith Dunn – Associate Hospital Manager  
 Lyndon Moore – Associate Hospital Manager  
 Carol Morgan – Associate Hospital Manager  
 Bev Hopkins – MHA Team Lead  
 Amelia James – Mental Health Act Support Officer

**Apologies:**

Peter Evans – Associate Hospital Manager

Agenda Item	Key Discussion points /Updates	Action	Who
1. Apologies and Welcomes	1. Apologies and welcomes given		
2. Matters Arising and Minutes from previous Meeting	1. The minutes and action points from 11 <sup>th</sup> November 2022 were reviewed and agreed. 2. AJames to update the minutes from the last meeting and add apologies from Carol Morgan 3. The issue of Alan Williams and whether he had been sent a letter of thanks for his service was discussed.	AJames to add apologies for CMorgan to the minutes of the last meeting.  PDeneen will send Alan Williams a letter/card to thank him for his service. AJames to pass on contact details.	<b>AJames</b>  <b>PDeneen / AJames</b>

	<p>4. HMoon was going to contact Laura Meredith for training around the Mental Capacity Act.</p> <p>5. LMoore raised the fact that the Hospital Managers hadn't received training in some time and that he felt an update was needed.</p> <p>6. It was requested at the last meeting that dates, patients initials and whether the hearing will be taking place online were included on emails to organise hearings – this has been actioned.</p> <p>7. The issues surrounding laptops were discussed. HMoon contacted IT who said that the Hospital Managers are able to use their personal devices to access teams and emails through office.com. Concerns around this in regards to confidentiality and data protection were raised by PDeneen, SCadman and JRoberts. BHopkins discussed that there is still an issue with the managers being unable to get on their health board laptops.</p> <p>LMoore discussed that he has not had a good experience with the laptops and expressed frustration around having to attend a ABUHB site once a month to ensure the laptop is updated. KDunn noted that his laptop works okay. CMorgan discussed the fact that her laptop was collected from her some time ago and that she has been using her iPad since. She noted that she will need training on the use of her laptop. JRoberts acknowledged that she has had no problems with her laptop and doesn't need to bring it to ABUHB and is confident using it because of the data protection issues.</p> <p>PDeneen asked that the managers be provided with training on their laptops. It was agreed that details of training needs would be collated on an individual basis.</p> <p>8. The topic of electronic signatures was discussed. PDeneen suggested that the AHM's electronic signatures are held centrally</p>	<p>SCadman and HMoon to pick this up</p> <p>PDeneen will take the issue of training on</p> <p>MHA Admin team to collate IT training needs with the Hospital Managers on the laptops</p>	<p><b>SCadman / HMoon</b></p> <p><b>PDeneen</b></p> <p><b>MHA Admin</b></p>
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	and when a hearing is held the chair is responsible for transferring the panel members signature onto the report. They would need to contact the panel members and get their approval for their electronic signature to be used. This would simplify the process.	Bev to look into the legalities around electronic signatures on such reports in Wales	
3. Items for Decision	1. No items for decision		
4. Items for Discussion	<p><b><u>Feedback from AHM's</u></b></p> <ol style="list-style-type: none"> <li>1. LMoore asked that PDeneen attend one or two of the hearing panels in order to see how they work. PDeneen discussed that he used to be a Hospital Manager elsewhere and that he is more than happy to attend.</li> <li>2. KDunn discussed the suitability of some of the meeting rooms at St. Cadoc's. It is difficult for all 3 panel members to be huddled around a laptop and is not in the best interests of the patients. BHopkins discussed the fact that Seminar Room B is the most appropriate room but it is not always possible for it to be used. This comes back to the issues of the laptops. If everyone brought their own laptops and logged on this wouldn't be a problem.</li> </ol> <p><b><u>Update on the recruitment of new AHM's</u></b></p> <ol style="list-style-type: none"> <li>1. SCadman gave an update on the recruitment of new AHM'S. The board has agreed to the recruitment of 5 new AHM's. The job advert has been sorted and they are currently looking at where to advertise in order to attract people from a wide sector of society. The final thing to be looked at is who is going to sit on the recruitment panel.</li> </ol>	PDeneen and SCadman will look at this further and discuss it at the upcoming MHAMC meeting	<b>PDeneen / SCadman</b>

	<p>2. CMorgan raised the issue of mentors and what would happen once the new AHM's had been recruited. PDeneen explained that there would be an induction process and that rather than setting up a mentoring system there would be a support system.</p> <p><b><u>Mental Health Act Managers Policy</u></b></p> <p>1. The new policy has gone to Board. It is a comprehensive document and will be the line in the sand for the new recruits. SCadman noted that a term of office has been set because it brings it in line with independent members and other similar roles in the health board.</p> <p><b><u>Update on the MHA Admin Team</u></b></p> <p>1. BHopkins gave an update on the changes within the MHA admin team. Aimee Whitehead, Amy Keenan and Gemma Palmer have left the department. Three new members of staff have been recruited and they are doing really well.</p> <p>2. Alun Jennings is currently setting up the AHM reviews, but unfortunately there is currently a backlog.</p> <p>3. PDeneen asked that a structure of the MHA admin team be provided.</p>	<p>MHA office to distribute structure of the MHA team</p>	<p><b>MHA Admin</b></p>
<p>5. Items for Information</p>	<p><b><u>Feedback from MHAMC (June 2023)</u></b></p> <p>1. The Mental Health Act Monitoring Committee spend time going through the facts and figures of the last Mental Health Act Update Report. It goes through the statistics and compares them to previous months and to the rest of Wales.</p>	<p>AJames to send out the Q4 2022-23 MHA Update Report</p>	<p><b>AJames</b></p>

	<p><b><u>Future Meetings</u></b></p> <ol style="list-style-type: none"> <li>1. PDeneen discussed that it would be useful for this group to meet before the Mental Health Act Monitoring Committee so that it can feed into that meeting.</li> <li>2. PDeneen asked the AHM's which days of the week were best suited and stated that the days of the week that were most suitable for him are Monday, Tuesday or Friday. JRoberts said that Tuesdays are best for her and LMoore explained that he could do any day of the week as long as he had plenty of notice.</li> <li>3. There is still no date for the regional AHM's meeting. AJames has been in contact with Cardiff and Vale who are still in discussions to secure a date.</li> </ol>	<p>PDeneen to look at dates with SCadman</p>	<p><b>PDeneen / SCadman</b></p>
<p>6. Any Other Business</p>	<p>None to discuss</p>		
<p><b>Date of next meeting: TBC</b></p>			

**Power of Discharge Sub-Committee Meeting**

**Monday 21<sup>st</sup> August 2023 14:00 – 15:00**

**Virtually via Microsoft Teams**

**Present:**

Paul Deneen – Chair, Independent Board Member  
Sarah Cadman – Head of Quality and Improvement  
Peter Walters – Associate Hospital Manager  
Helen Moon – MHA Lead / MHA Trainer  
Amelia James – Mental Health Act Support Officer

**Apologies:**

Peter Evans – Associate Hospital Manager

Agenda Item	Key Discussion points /Updates	Action	Who
1. Apologies and Welcomes	1. Apologies and welcomes given		
2. Matters Arising and Minutes from previous Meeting	1. Minutes have been sent out from the meeting on 15/08/2023. 2. The main issues discussed in the previous meeting were IT difficulties and the suitability of the meeting rooms		
3. Items for Decision	1. No items for decision		
4. Items for Discussion	<b><u>Feedback from AHM's</u></b> 1. PWalters raised concerns around the backlog of managers hearings and wanted to know how big the backlog currently is.	SCadman to discuss with Bev and provide an update.	<b>SCadman</b>

	<ol style="list-style-type: none"> <li>2. PWalters raised concerns around the high turnover of staff within the MHA admin team recently. SCadman gave an update and explained that the three staff members who recently left had done either due to a change in personal circumstances or because of a promotion. All of the replacement positions have been filled in the first round of recruitment.</li> <li>3. PWalters discussed the fact that questionnaires asking patients if they would like a contested or uncontested hearing are not being returned and as such hearings are being held as full contested hearings when often they could be held as a paper hearing. He asked that the possibility of sending the letters to those patients in the community via recorded delivery be considered as this would serve as proof that the person had received it. The care coordinator could then follow this up and this could potentially alleviate workloads.</li> <li>4. PWalters raised the question of why the AHM's need to travel to St Cadoc's to participate in hearings taking place via Microsoft Teams when this can be done from home. PDeneen discussed that some AHM's are having issues using their laptops and that an email has been sent out to identify the problems individual AHM's are facing. Once the problems have been identified we can see if we can get them resolved and then look at the hearings being held virtually.</li> <li>5. PWalters discussed Appraisals and the fact that the AHM's have been promised regularly that they would have appraisals but only one ever took place. PDeneen discussed that they wouldn't be as formal as an appraisal and that a review would be a better suited title. SCadman discussed that an annual review has been written into the new policy and that there is a template within the policy.</li> </ol> <p><b><u>Update on the recruitment of new AHM's</u></b></p>	<p>SCadman to explore this further</p>	<p><b>SCadman</b></p>
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	<p>1. The board has agreed to the recruitment of 5 new AHM's.</p> <p><b><u>Mental Health Act Managers Policy</u></b></p> <p>1. The new policy has been agreed by the board and outlines everything in terms of what's required etc. There are some things that still need to be tweaked. SCadman discussed that it has been brought in line with other non-employee roles and there are terms of office rather than open ended appointments. SCadman also discussed that although AHM's aren't employees of the Health Board, the values around dignity, privacy, confidentiality etc are still embedded in the policy.</p>		
<p>5. Items for Information</p>	<p><b><u>Future Meetings</u></b></p> <p>1. PDeneen discussed that he was anxious to get programme planner in place that details the meetings throughout the year.</p> <p>2. There is still no date for the AHM Regional conference as Cardiff are still trying to coordinate it.</p> <p>3. PDeneen discussed which days of the week were best suited for the PODSC meetings to be held. In the last meeting it was agreed that Tuesday was a convenient day. PWalters discussed that this isn't an ideal day for him but he could make himself available, particularly in the morning.</p> <p><b><u>Feedback from MHAMC (June 2023)</u></b></p> <p>1. The Mental Health Act Monitoring Committee spend time going through the facts and figures of the last Mental Health Act Update</p>		

	Report. It goes through the statistics and compares them to previous months and to the rest of Wales.		
6. Any Other Business	<ol style="list-style-type: none"> <li>1. HMoon discussed that a while ago she met with the AHM's and they requested more structured days to hold hearings on. HMoon sent out an email asking for which days, times etc would be suitable for each individual, however she didn't receive any responses.</li> <li>2. HMoon asked PWalters if he had seen a difference in the number of paper reviews taking place. PWalters stated that there are virtually none taking place currently.</li> </ol>	HMoon to follow this up	<b>HMoon</b>
<b>Date of next meeting: TBC</b>			



**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	06 December 2023
<b>CYFARFOD O: MEETING OF:</b>	Mental Health Act Monitoring Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Act Monitoring Committee Self-Assessment
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Director of Corporate Governance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Head of Board Business

**Pwrpas yr Adroddiad  
Purpose of the Report**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this report is to inform the Committee of the annual self-assessment process and to discuss the self-assessment template, which is appended to the report as Appendix 1.

**Cefndir / Background**

As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment will enable the Committee to identify areas of development and focus for the coming year, such as any training and development, as well as changes to processes and procedures.

### **Asesiad / Assessment**

Traditionally, the self-assessment is completed at the end of every financial year to determine committee members' opinions on the effectiveness of the committee throughout the year; however, it has been agreed that the self-assessment process will be completed midway through the year, (October/November) on the basis, that this will inform the Committee Annual Report, Annual Accountability Report and Governance Statement. This will also inform the Board's overall evaluation of its effectiveness.

Following discussion, if the Committee considers the self-assessment template (appendix 1) is a useful tool, which is based on the Committee's terms of reference, the template will be shared with members by the first week of November for a period of four weeks. Following this, the Corporate Governance Team will compile the responses into charts for the next Mental Health Act Monitoring Committee's consideration and discussion.

### **Argymhelliad / Recommendation**

The Committee is asked to:

- NOTE the report,
- CONSIDER the self-assessment template for completion in order to inform areas of development for the forthcoming year, and;
- AGREE to the Committee undertaking the self-assessment as per the timescales set out.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The self-assessment of committee effectiveness ensures risk is appropriately monitored and managed.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Not Applicable Choose an item. Choose an item. Choose an item.
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

<https://futuregenerations.wales/about-us/future-generations-act/>

## Mental Health Act Monitoring Committee Self-Assessment Checklist

### Introduction

The self-assessment tool is a way for our Mental Health Act Monitoring Committee (MHAMC) to develop its effectiveness. The Board and its sub-Committees should aim to assess their effectiveness against these questions on an annual basis.

To gain an overall view of MHAMC effectiveness, it is important that the individual views of all members are considered as a whole, therefore, each area of the effectiveness tool allows space for comments. This provides an important opportunity to expand on any considerations relating to that section of the effectiveness tool and to highlight any concerns about the Committee's performance.

At the end of the self-assessment there is an opportunity for you to provide an overall score on the Committee's effectiveness using the scoring scale below.

Score	Measure	Description
<b>1</b>	<b>Room for improvement</b>	The MHAMC is falling short of requirements and should consider how it can work towards becoming more effective in this area
<b>2</b>	<b>Meeting standards</b>	The MHAMC is performing to the required standard in this area. There may be room for improvement, but the MHAMC can be seen to be discharging its responsibilities effectively.
<b>3</b>	<b>Excelling</b>	This is an area where the MHAMC is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

The completed self-assessments will enable the Corporate Governance Team to: -

1. generate an overall view of MHAMC effectiveness; and
2. drill down and analyse specific areas of strength or improvement on a section, sub-section, and individual question level.

The results of which will be reported to the Committee in February 2024 and used to inform the Committee Annual Report, Annual Accountability Report and Governance Statement.

## Section 1 - Committee Processes: Composition, Establishment, and Ways of Working

Question		Response Yes / No	Comments	Suggested Improvement Actions
1	Does the Committee have written terms of reference and have they been approved by the Board?			
2	Are the terms of reference reviewed annually?			
3	The number of meetings held during the year is sufficient to allow the Committee to perform as effectively as possible?			
4	Has the Committee been quorate for each meeting this year?			
5	In terms of numbers, membership of the Committee is sufficient to discharge its responsibilities?			
6	Members who have recently joined the MHAMC have been provided with induction training to help them understand their role and the organisation?			
7	The Committee is clear about its role in relationship to other Committees that play a role in relation to mental health?			
8	Committee members understand their responsibilities regarding identifying, declaring, and resolving conflicts of interest?			
9	The Committee uses assurance mapping to identify where assurance is required and identify any key gaps where no assurance is provided, or where the quality of the assurance is poor?			
10	The Committee has an established a plan of matters to be dealt with across the year?			

11	Does the Committee consider issues at the right time and in the right level of detail?			
12	The Committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives?			
13	Are the Committee's papers distributed in sufficient time for members to give them due consideration?			
14	The quality of the Committee's papers received allows Committee members to perform their roles effectively?			
15	Committee meetings are chaired effectively?			
16	The Committee chair allows debate to flow freely and does not assert his/her own view too strongly?			
17	The Committee environment enables people to express their views, doubts, and opinions?			
18	The Committee challenges management and other assurance providers to gain a clear understanding of their findings?			
19	Members hold their assurance providers (management) to account for late or missing assurance?			
20	Each agenda item is 'closed off' appropriately so that the Committee is clear on the conclusion; who is doing what, when and how and how it is being monitored?			

21	At the end of each meeting the Committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc?			
22	Decisions and actions are implemented in line with the timescale agreed?			
23	Are the outcomes of each meeting and any issues of concern reported to the next Board meeting?			
24	Does the Committee prepare an annual report on its work and performance for the Board?			
25	The results of the annual self-assessment are used to inform and influence succession planning and improve effectiveness.			
26	The self-assessment is objective and rigorous enough for meaningful conclusions to be drawn?			

## Section 2 – Governance and Assurance

Question		Response Yes/No	Comments	Suggested Improvement Actions
27	Is the Committee assured that the delegated functions under the Mental Health Act are being exercised in line with Code of Practice requirements?			
28	Does the Committee consider the multi-agency training requirements of those exercising the functions under the Mental Health Act?			
29	Does the Committee consider issues arising from the operation of the hospital managers' power of discharge?			
30	Does the committee receive sufficient information regarding the operation of the Mental Health Act with the Health Board?			
31	Is the Committee assured that there is a suitable mechanism for reviewing multi agency protocols/policies relating to the Mental Health Act?			

32	Does the Committee consider trends and patterns on the use of the Mental Health Act?			
33	Does the Committee consider lessons learned from difficulties in practice and the development of areas of good practice?			

Overall Assessment		
Score	Measure	Description
1	<b>Room for improvement</b>	The MHAMC is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	<b>Meeting standards</b>	The MHAMC is performing to the required standard in this area. There may be room for improvement, but the MHAMC can be seen to be discharging its responsibilities effectively.
3	<b>Excelling</b>	This is an area where the MHAMC is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.

**Comments:**