

Mental Health Act Monitoring Committee

Wed 21 February 2024, 10:00 - 12:00

Microsoft Teams



Agenda

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 6th December 2023

Attached Chair

1.4 Draft Mental Health Monitoring Act Committee 06.12.23 PB Approved.pdf (5 pages)

1.5. Committee Action Log

Attached Chair

1.5 MHAMC Action Log- February 2024.pdf (4 pages)

0 min **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

2.1. Development of Committee Annual Programme of Business 2023/24

Attached Director of Corporate Governance

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

2.2. Annual Review of Committee Effectiveness Results 2023/24

Attached Director of Corporate Governance

2.2 MHAMC Self Assessment of Committee Effectiveness Cover Report. RD reviewed.pdf (6 pages)

2.2a Appendix A MHAMC Self Assessment Template.pdf (7 pages)

2.2 b Appendix B Mental Health Act Monitoring Committee Self-Assessment Checklist.pdf (18 pages)

2.3. Committee Annual Report 2023/24

Attached Director of Corporate Governance

2.3 MHAMC Annual Report 2023-24. MJ edit.pdf (21 pages)

0 min **3. ITEMS FOR DISCUSSION**

3.1. Mental Health Act Compliance Report

Attached *Head of Quality & Improvement*

 3.1 MHA Update Report Q3 2023-24.pdf (24 pages)

3.2. Power of Discharge Committee Update

Attached *Paul Deneen Independent Member*

Power of Discharge Committee Minutes

 3.2 PODSC Meeting Minutes 28.11.23.pdf (6 pages)

3.3. Mental Health Act Monitoring Policy

Attached *Head of Corporate Governance*

 3.3 Feb 24 MHAM Policy Update rd.pdf (4 pages)

 3.3 ABUHB_Corporate_1113 Mental Health Act Managers Policy v1.1 comments PD track changes.pdf (48 pages)

0 min 4. ITEMS FOR INFORMATION

No Items for Information

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 Next Meeting

Tuesday 4th June 2024

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING
MINUTES OF THE MENTAL HEALTH MONITORING
ACT COMMITTEE**

DATE OF MEETING	Wednesday 6th December 2023 at 14:00 pm
VENUE	Microsoft Teams

PRESENT	Pippa Britton, Independent Member/Committee Chair Paul Deneen, Independent Member
IN ATTENDANCE	Chris O'Connor, Divisional Director for Mental Health, and Learning Disabilities Sandra Mason, Assistant Director Primary Care, Community and Mental Health Sarah Cadman, Head of Quality & Improvement Michelle Forkings, Divisional Nurse for Mental Health, and Learning Disabilities/Associate Director of Nursing Rhian Gard, Internal Audit Michelle Jones, Head of Board Business Bryony Codd, Head of Corporate Governance Fern Cook, Meeting Secretariat
APOLOGIES	Helen Dodoo, General Manager for Mental Health and Learning Disabilities Rani Dash, Director of Corporate Governance Leanne Watkins, Chief Operating Officer

MHAMC/06/12/0.1	PRELIMINARY MATTERS
MHAMC/06/12/1.1	Welcome and Introductions The Chair welcomed everyone to the meeting.
MHAMC/06/12/1.2	Apologies for Absence Apologies for absence were noted.
MHAMC/06/12/1.3	Declarations of Interest There were no Declarations of Interest.
MHAMC/06/12/1.4	Draft Minutes of the Last Meeting The Draft minutes for the Mental Health Monitoring Act Committee of 5 th September 2023 were noted as an accurate record of the meeting.

MHAMC/06/12/1.5	<p>Committee Action Log</p> <p>The Committee received the action log. Members were content with progress made and noted the outstanding action MHMAC/05/09/3.1 had now been completed.</p>
MHAMC/05/09/2.	<p>ITEMS FOR APPROVAL/RATIFICATION/DECISION</p>
MHAMC/06/12/2.1	<p>Mental Health Act Managers Policy</p> <p>Bryony Codd (BC), Head of Corporate Governance, provided the Committee with an overview of the changes made to the updated Mental Health Act Managers Policy.</p> <p>BC made Members aware there was a section in the policy for 2 associated members from the Power of Discharge Committee to attend the Mental Health Act Monitoring Committee on a regular basis, noting this had not happened previously.</p> <p>The Committee agreed that going forward to fulfil the requirement of having representation from the Power of Discharge Committee (PODC), that Paul Deneen (PD) Independent Member who attends the PODC, would provide regular updates that would include the provision of the minutes from this committee. It was agreed that PD would liaise with the Head of Corporate Governance to ensure that the policy is amended to reflect the agreed way forward. Action: Paul Deneen Independent Member, Bryony Codd, Head of Corporate Governance.</p> <p>Bryony Codd, (BC) Head of Corporate Governance, raised the question of who would be responsible for the Mental Health Act Managers Policy going forward. The committee noted that in the majority of cases such policies sit within the respective Directorate. The Committee agreed that BC would look at the scheme of delegation and would provide an update to the next Committee meeting that was scheduled for February. .Action: Bryony Codd, Head of Corporate Governance.</p> <p><i>The Committee received the Mental Health Act Managers Policy and requested for the policy to be brought to the next Committee to determine where the responsibility for the policy would rest and to receive the update on the policy wording prior to agreeing the policy. Action Bryony Codd, Head of Corporate Governance</i></p>
MHAMC/06/12/0.3	<p>ITEMS FOR DISCUSSION</p>
MHAMC/06/12/3.1	<p>Review of Committee Programme of Business</p>

Michelle Jones, (MJ), Head of Board Business, provided the Committee with an overview of the programme of business. In response to a question MJ assured members that moving forwards the synergy between committees as part of this activity would be further considered and noted that the focus of each committee activity is determined by the terms of reference

The Committee considered the Programme of Business and were content with the plans for February's Meeting

MHAMC/06/12/3.2

Mental Health Act Compliance Report

Sarah Cadman, (SC), Head of Quality & Improvement provided an overview of the Mental Health Act Compliance Report for Quarter 2.

The following key points were highlighted: -

- There had been an increase in compulsory detentions across the Health Board with Newport with the highest number this quarter.
- Section 4 there had been a reduction in detentions.
- Learning Disabilities there were no detentions reported.
- Increase in people detained in general hospital with majority of the detentions come under section 2.
- Under 18's 3 detentions with 2 under section 2 and 1 under section 3. Pippa Britton (PB), Chair, questioned whether under 18's detentions were short stays due to the Health Board not having many beds available. SC advised majority would be admitted to a paediatric bed or a tier 4 facility where they would be held 72hours to manage a crisis.
- Section 5 there had been 8 detentions which was slightly higher based on previous years.
- Section 4 was reported to have been used more in 2023 than previous years and this quarter there had been 4 uses of detention which were then converted to section 2. Pippa Britton (PB), Chair queried if there was an expectation that section 4 might be used more often in the future. Chris O'Connor (CO), Divisional Director for Mental Health and Learning Disabilities, advised that it would be reasonable to use section 4 to urgently manage the safety of a patient. The Committee asked to continue to have an explanation of the cases in which section 4 was used to provide assurance that it's been used appropriately.

Action: Sarah Cadman, Head of Quality & Improvement

- Section 2 there were 9 detentions out of 122 expired and 32 regraded to a section 3.
- There is ongoing work to try to decrease the number of detentions under 2 that had lapsed, and monthly updates were in place to raise any issues with the clinical directors.
- There had been 1 unlawful detention due to the section paperwork not being received by the Mental Health Act administration department in a timely manner.
- Mental Health Act Managers hearings - there had been 14 cancellations before getting to the hearing date.
- Mental Health review tribunal hearing had decreased this quarter with having 34 applications.

The Committee requested that moving forward the report should capture the performance of the current quarter alongside the annual figures for each section to enable better comparison and to secure greater assurance. **Action: Sarah Cadman, Head of Quality & Improvement**

The Mental Health Act Monitoring Committee received the report for assurance.

MHAMC/06/12/3.3

Power of Discharge Committee (PODC) Update

Paul Deneen, (PD), Independent Member provided an update from the two meetings held and the meeting noted: -

- Regular meetings of the PODC had arranged to align with the Mental Health Act Monitoring Committee.
- An All Wales Managers meeting was due to be held in March 2024.
- 8 new members were to be appointed to the PODC.
- The meeting had an effective structure and process in place and PD described that these were working well.

The Committee noted the update.

Committee Self-Assessment

Michelle Jones (MJ), Head of Board Business, provided an overview of the self-assessment process for this Committee. The Committee agreed to completed the self-assessment and a date for completion of Friday 12th January 2024 was agreed.

	<i>The Committee considered and approved the Self-Assessment form for completion.</i>
MHMAC/05/09/4.	ITEMS FOR INFORMATION
MHMAC/05/09/4.1	No items for information.
MHMAC/05/09/5.	OTHER MATTERS
MHMAC/05/09/5.1	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>An item to be placed on the FWP for the People & Culture Committee assessing violence towards staff within the Mental Health Division and the appropriate support that is in place Action: FWP for People and Culture Committee and action log t be updated to include this item</p>
MHMAC/05/09/5.2	<p>Any Other Urgent Business</p> <p>There was none.</p>
MHMAC/05/09/	<p>Date of the Next Meeting</p> <p>Wednesday 21st February 2023.</p>

DRAFT



**MENTAL HEALTH ACT MONITORING COMMITTEE
ACTION LOG**

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
--------------------	--------------------	----------------	------------------	-----------------------------------------

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
05/09/2023	MHMAC/05/09/3.1	Mental Health Act Compliance Report to ascertain timeframe for Mental Health Tribunals should be scheduled within.	Head of Quality & Improvement	February 2024	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.
06/12/2023	MHAMC/06/12/2.1	Mental Health Act Managers Policy It was agreed that PD would liaise with the Head of Corporate Governance to ensure that the policy is amended to reflect the agreed way forward.	Paul Deneen Independent Member, Bryony Codd, Head of Corporate Governance.	February 2024	Revised policy included on the agenda for approval Complete



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		The Committee agreed that BC would look at the scheme of delegation and would provide an update to the next Committee on the owner of the policy.			Scheme of Delegation confirms that the Chief Operating Officer has delegated responsibility for the Mental Health Act. The Division are therefore the owners of the policy. This has also been confirmed with the COO and Director of Corporate Governance
06/12/2023	MHAMC/06/12/3.2	<p>Mental Health Act Compliance Report</p> <p>The Committee asked to continue to have an explanation of the cases in which section 4 was used to provide assurance that it's been used appropriately.</p>	Sarah Cadman, Head of Quality & Improvement	February2024	The report includes the explanation of the cases. Complete

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
06/12/2023	MHAMC/06/12/3.2	<p>Mental Health Act Compliance Report</p> <p>The Committee requested that moving forward the report should capture the performance of the current quarter alongside the annual figures for each section to enable better comparison and to secure greater assurance.</p>	Sarah Cadman, Head of Quality & Improvement	February 2024	<p>The report has been updated to include the information requested.</p> <p>Complete</p>
06/12/2023	MHMAC/05/09/5.1	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>An item to be placed on the FWP for the People & Culture Committee assessing violence towards staff within the Mental Health Division and the</p>	Chief Operating Officer	February 2024	<p>Action transferred to People & Culture action log and Forward planner</p> <p>Complete</p>

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		appropriate support that is in place			

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.



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 th June	5 th Sept	6 th Dec	21 st Feb
Preliminary Matters						
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓
Declarations of Interest		All Members	✓	✓	✓	✓
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓
Action Log and Matters Arising		Chair	✓	✓	✓	✓
Committee Requirements as set out in Standing Orders						
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				✓
Mental Health Act Compliance						
Mental Health Act Compliance Report	Standing Item	Head of Quality & Improvement	✓	✓	✓	✓
Power of Discharge Committee Update	Standing Item	Head of Quality & Improvement	✓	✓	✓	✓
Items requested by Committee members/internal stakeholders						
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**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 February 2024
CYFARFOD O: MEETING OF:	Mental Health Act Monitoring Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Self-Assessment 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Board Business

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to discuss the findings from the annual self-assessment process in respect of the Mental Health Act Monitoring Committee.

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, well as any development of a comprehensive Board Business Improvement Plan.

At the meeting held on 6th December 2023 the Committee agreed to undertake the self- assessment.

Asesiad / Assessment

The self-assessment for the Mental Health Act Monitoring Committee was completed throughout December 2023/January 2024 by both Committee members and those individuals who regularly support the work of the Committee. Three responses were received to the questionnaire. The self-assessment template is included in Appendix A, and the completed response are included in Appendix B

Following completion of the self-assessments, the sections were analysed to provide a summary of the response and recommendation for improvements for each section. The suggestion will help the development of a comprehensive Board Improvement Plan.

Summary of Individual Sections

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

There was positive feedback with all respondents agreeing that Committee processes are well executed, and that the overall co-ordination and management of the meeting was consistent and well managed to allow the Committee to discharge its responsibilities effectively.

There were some opportunities for strengthening identified, in particular these included:

- Inclusion of a standard agenda item to facilitate Committee Members reflection of the meeting held.
- Members to have oversight of the Terms of Reference on an annual basis.
- Review of the Committee Membership to include a Primary Care Lead (please note this wouldn't be appropriate given the Committee's membership is constituted by Independent Members).
- Provision of induction training for new committee members.

Section 2 - Governance and Assurance

All respondents agreed that the Committee agreed that the Committee was discharging its delegated functions under the Mental Health Act in line with Code of Practice.

One respondent commented that there was room for improvement when reviewing the multi-agency protocols and policies that relate to this Committee to ensure that the process are followed irrespective of the personnel involved.

There was one opportunity for strengthening identified:

- RCRP/Concordat information report to be shared with Committee Members for information to support when reviewing multi agency protocols/policies.

Specific Responses for Charitable Funds Committee Improvement

The table below details the specific areas where suggestions for improving the Committee's effectiveness were made.

Specific Actions to deliver improvements in the Committee's effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder
Section 1 Committee Processes: Composition, Establishment, and Ways of Working	<ul style="list-style-type: none"> • Inclusion of a standard agenda item to facilitate Committee Members reflection of the meeting held. • Members to have oversight of the Terms of Reference on an annual basis. • Induction training for Committee Members. 	All actions to inform the development of an overarching Board Business Improvement Plan – March 2024 for Board approval	Director of Corporate Governance with Head of Board Business
Section 2 Governance and Assurance	<ul style="list-style-type: none"> • RCRP/Concordat information report to be shared with Committee Members for information to support when reviewing multi agency protocols/policies. 	to be factored into the Committee's workplan 2024/25	Director of Corporate Governance with Head of Board Business

Overall Assessment of Effectiveness

To determine the overall effectiveness of the Committee, a standardised scoring matrix has been used to assess each Committee; this is in accordance with the Well-Led Framework for Leadership and Governance Developmental Reviews and is shown below.

Overall Assessment		
Score	Definition	Description
1	Room for improvement	The Mental Health Act Monitoring Committee is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	The Mental Health Act Monitoring Committee is performing to the required standard in this area. There may be room for improvement, but the Mental Health Act Monitoring Committee can be seen to be discharging its responsibilities effectively.

3	Excelling	This is an area where the Mental Health Act Monitoring Committee is performing beyond the standard expectations and is a real area of strength when it comes to exercising its responsibilities.
----------	------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

All of respondents (100%) provided a statement in respect of the overall assessment of the Committee's effectiveness, as shown below.

Return ID	Assurance Rating	Comments
1	Excelling	'Excelling - 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.
2	Meeting standards	'Meeting standards - 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	Excelling	'Excelling - 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

All the respondents (100%) confirmed that the Committee was meeting the standard for effectiveness with two respondents stating that the Committee's was performing beyond the standard expectations.

Overall Assurance Rating

The table below provides a breakdown of the responses to each section, as well as an overall assurance rating against the committee's effectiveness.

Section	No of Questions	Number of Possible Responses	Number of responses 'Yes'	Number of responses 'No'	Number that 'Didn't Answer'	Overall Assurance Rating
1	26	78	69	4	5	
2	7	21	20	0	1	
Total	33	99	89	4	6	

In conclusion, the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Mental Health Act Monitoring Committee is performing to the required standard in this area. There may be room for improvement, but the Mental Health Act Monitoring Committee can be seen to be discharging its responsibilities effectively.

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. The effectiveness of the Board's Business function is reported through the Annual

Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators and partners.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the performance information contained within the report,
- **CONSIDER** the proposed actions to address those areas as requiring further improvement, and;
- **NOTE** the proposed improvement actions to be taken forward within the Committee Forward Plan for 2024/25 or the wider Board Business Improvement Plan.

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 Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

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
-------------------------------------------------------------------------------------------------------------------------------------------------------	------

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	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:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well-Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	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.

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
1	Room for improvement	The MHAMC is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	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	Excelling	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	Room for improvement	The MHAMC is falling short of requirements and should consider how it can work towards becoming more effective in this area
2	Meeting standards	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	Excelling	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:

Section 1

ID	Start time	Completion time	Email	Name	Last modified time	Question	1. Does the Committee have writt
1	1/2/24 11:32:33	1/2/24 11:41:34	anonymous				Yes
2	1/9/24 21:47:21	1/9/24 22:00:09	anonymous				No
3	1/11/24 9:16:30	1/11/24 11:53:34	anonymous				Yes
Yes							2
No							1
Didn't Answer							0

1a. Comments	1b. Suggested Improvement Action	2. Are the terms of reference reviewed	2a. Comments	2b. Suggested Improvement Action	2b. Suggested Improvement Action
		Yes			
I do not have a copy of the terms of reference so unable to answer accurately			not sure	attach the updated terms of reference to minutes so that the committee can be reminded of renewal dates	
		Yes			
			2		
			0		
			1		

3. The number of meetings held during the period	3a. Comments	3b. Suggested Improvement Action	4. Has the Committee been quorate during the period?	4a. Comments	4b. Suggested Improvement Action
Yes			Yes		
Yes	quarterly frequency is right and gives enough time to review the pattern and pick up the themes	none	Yes	attendance to these meetings is usually good.	none
Yes	The committee has a very narrow mandate - to monitor the use of the MHA within the Health Board. Quarterly meetings are sufficient to achieve this		Yes		
3				3	
0				0	
0				0	

5. In terms of numbers, members	5a. Comments	5b. Suggested Improvement Action	6. Members who have recently joined	6a. Comments	6b. Suggested Improvement Action
Yes			Yes	I have not recently joined and so cannot answer for others	An additional option to respond to this question might be N/A if you have not recently joined.
Yes	we have good representation on this committee. It may be worth considering having a Primary care lead	as above	No	I did not have any induction when I joined this committee	An induction training would help
Yes			Yes	As far as I'm aware	
	3			2	
	0			1	
	0			0	

7. The Committee is clear about it: 7a. Comments		7b. Suggested Improvement Action		8. Committee members understand: 8a. Comments		8b. Suggested Improvement Action	
Yes				Yes			
Yes				Yes			
Yes				Yes	As far as I'm aware		
	3				3		
	0				0		
	0				0		

9. The Committee uses assurance	9a. Comments	9b. Suggested Improvement Actio	10. The Committee has an establis	10a. Comments	10b. Suggested Improvement Acti
Yes			Yes		
Yes			Yes		
Yes			Yes		
3			3		
0			0		
0			0		

11. Does the Committee consider i		11a. Comments		11b. Suggested Improvement Acti		12. The Committee ensures that tl		12a. Comments		12b. Suggested Improvement Acti	
Yes						Yes					
Yes						Yes					
Yes						Yes					
	3						3				
	0						0				
	0						0				

13. Are the Committee's papers di		13a. Comments		13b. Suggested Improvement Acti		14. The quality of the Committee's		14a. Comments		14b. Suggested Improvement Acti	
Yes						Yes					
Yes						Yes					
Yes						Yes					
	3						3				
	0						0				
	0						0				

15. Committee meetings are chaired		15a. Comments		15b. Suggested Improvement Acti		16. The Committee chair allows de		16a. Comments		16b. Suggested Improvement Acti	
Yes						Yes					
Yes						Yes					
Yes						Yes					
	3						3				
	0						0				
	0						0				

17. The Committee environment e 17a. Comments		17b. Suggested Improvement Acti		18. The Committee challenges ma 18a. Comments		18b. Suggested Improvement Acti	
Yes				Yes			
Yes				Yes			
Yes				Yes			
	3				3		
	0				0		
	0				0		

19. Members hold their assurance		19a. Comments		19b. Suggested Improvement Acti		20. Each agenda item is 'closed off		20a. Comments		20b. Suggested Improvement Acti	
Yes						Yes					
Yes						Yes					
Yes						Yes					
	3						3				
	0						0				
	0						0				

21. At the end of each meeting the		21a. Comments	21b. Suggested Improvement Acti	22. Decisions and actions are impl	22a. Comments	22b. Suggested Improvement Acti
No		We don't do this as a set item, although sometimes discussion does happen		Yes		
Yes				Yes		
Yes				Yes		
	2				3	
	1				0	
	0				0	

23. Are the outcomes of each mee	23a. Comments	23b. Suggested Improvement Acti	24. Does the Committee prepare a	24a. Comments	24b. Suggested Improvement Acti
Yes			Yes	The board gets assurance report after every meeting	
Yes				Not sure	
Yes	As far as I'm aware			An annual report is submitted to the committee - I assume this is feedback to the Board - this is a difficult question to answer as the role of this committee is very different to others	
	3			1	
	0			0	
	0			2	

25. The results of the annual self-a	25a. Comments	25b. Suggested Improvement Acti	26. The self-assessment is objectiv	26a. Comments	26b. Suggested Improvement Acti
Yes			Yes		
No	The annual self assessment results need to reviewed and discussed to infirm next steps		Yes		
	I'm unable to comment on this - I don't recall if a self assessment process has been used before for this committee?			I'm unable to comment on this - I don't recall if a self assessment process has been used before for this committee?	
1				2	
1				0	
1				1	

Section 2

27. Is the Committee assured that	27a. Comments	27b. Suggested Improvements Act	28. Does the Committee consider	28a. Comments	28b. Suggested Improvement Acti
Yes			Yes		
Yes			Yes		
Yes			Yes		
3			3		
0			0		
0			0		

29. Does the Committee consider i	29a. Comments	29b. Suggested Improvement Acti	30. Does the committee receive st	30a. Comments	30b. Suggested Improvement Acti
Yes	This is an area where we have improved a great deal recently		Yes	Very well reported in an open and transparent way by staff	
Yes					
Yes			Yes		
3			2		
0			0		
0			1		

31. Is the Committee assured that	31a. Comments	31b. Suggested Improvement Acti	32. Does the Committee consider	32a. Comments	32b. Suggested Improvement Acti
Yes	At present, yes, since the Chair is involved with the Crisis Care concordat and RCRP, but there is no set process beyond this personal link.	RCRP/Concordat information report could be sent to committee members for information. Although they do not always refer to the Act, the links might be helpful for committee background knowledge.	Yes	This is always interrogated	
Yes			Yes		
Yes			Yes		
3			3		
0			0		
0			0		

33. Does the Committee consider	33a. Comments	33b. Suggested Improvement Acti	Question2	Score
Yes	I think there is reasonable discussion allowing this to happen			Excelling - 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.
Yes				Meeting standards - 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.
Yes				Excelling - 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.
	3			
	0			
	0			



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Mental Health Act Monitoring Committee

Annual Report for 2023-24

DATE February 2024

CONTENTS

Foreword

1.	Introduction to the report and the Mental Health Act Monitoring Committee (MHAMC)	4
2.	2023-24 Work Programme	4
3.	Frequency of Committee Meetings and Membership	5
4.	MHAMC Reporting Arrangements	5
5.	Self-assessment and Evaluation	6
6.	Key Areas of Focus in 2024-25	6
7.	Conclusion	7
Appendix 1	MHAMC Terms of Reference (March 2023)	8
Appendix 2	MHAMC Work Programme for 2023-24	17
Appendix 3	MHAMC Meetings in 2023-24	18

Chair's Foreword

I am pleased to present the Mental Health Act Monitoring Committee's (the Committee's) Annual Report for the year ended 31 March 2024.

In this report we provide an overview of the work of the Committee in ensuring compliance with the legislative requirements of the Mental Health Act.

Diolch yn Fawr / Thank you

Pippa Britton
Chair
Mental Health Act Monitoring Committee

1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the Mental Health Act Monitoring Committee (referred to throughout this document as 'MHAMC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.
- 1.3 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).
- 1.4 This report describes how the MHAMC discharged its role and responsibilities during the period 1 April 2023 to 31 March 2024.

2. 2023-24 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for MHAMC in 2023-24 is attached to this report (see **Appendix 2**).

A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives MHAMC flexibility to identify changing priorities or any need for further assurance or information.

- 2.2 The focus of the MHAMC is to monitor and review the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983. The Committee therefore receives the Mental

Health Act and Compliance quarterly report, that provides an overview of performance across key areas and in doing so provides assurance to the Committee on the level of compliance with the legislative requirements of the Mental Health Act.

- 2.3 Arising from this report during the year, the Committee heard that the number of detentions held under Section 4 of the Mental Health Act, that permits an emergency application for detention in hospital for 72 hours demonstrated that numbers had increased for those who are detained but are within the normal range for Wales.
- 2.4 As part of strengthening reporting arrangements and to provide greater assurance, Members requested that moving forwards that within this report a performance trend is provided and that this would include the annual figures for each section to better aid comparison and the identification of trends.
- 2.5 The Committee also received assurance that the number of Asylum Seekers presenting with Mental Health concerns following their arrival in the UK was not an area of concern as numbers are low. Members were also assured that when a young person is detained there was a planned approach of the patient to the Community.
- 2.6 During the year the Committee also reviewed and agreed the revised Mental Health Act Managers Policy, that provides for two associate members of the Power of Discharge Committee to attend the Committee, although confirmation was sought as to who would be the responsible owner for this policy moving forwards.

2.7 **Power of Discharge Sub Committee(PDSC):**

The Health Board, as Hospital Managers, may arrange for their functions under the Mental Health Act to be performed on a day-to-day basis by an Officer or Lay Member on their behalf. These individuals appointed by the Health Board are known as Associate Hospital Managers and form the membership of the Power of Discharge Sub-Committee.

During the year the Committee discussed what the Sub-Committee had done to move forward with the requirements of the Power of Discharge Sub Committee. The Committee was assured to note that the actions included:

- The minutes of the meetings are now routinely shared with the Committee as part of the regular update.
- Regular meetings had been arranged to align with the MHAMC.

- Reports from the PDSC are routinely share with the Committee for assurance and developmental purposes.
- Effective structure and process are in place.
- Recruitment of 8 new members are in train to support the Sub-Committee.

This provides the Committee with assurance that the processes and procedures that operate in respect of the Power of Discharge Committee are fit for purpose.

3. MHAM Committee Meetings and Membership

- 3.1 During 2023-24, the MHAMC met four times via Microsoft Teams- June 2023, September 2023, December 2023, and February 2024. Details of the Members and Executive Directors who attended these meetings is provided at **Appendix 3**.
- 3.2 The Committee comprised the following Independent Members:
- Pippa Brittons (Chair)
 - Vice Chair (Vacant post)
 - Paul Deneen

Arrangements are underway to fill the vacant position on this committee to ensure that it appropriately constituted.

- 3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration as part of the Improving Board Business action plan.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

4. MHAMC Reporting Arrangements

- 4.1 Following each meeting, the MHAMC submits an Assurance Report to

the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#)

5. Self-assessment and Evaluation

5.1 The Board has undertaken an overall assessment of its effectiveness during 2023/24 using the NHS England and NHS Improvement (NHSE and NHSI) Well-led Framework for Leadership and Governance Developmental Reviews.

The Well-led Framework supports boards to maintain and develop the effectiveness of their leadership and governance arrangements and has a strong focus on integrated governance and leadership across quality, finance and operations as well as an emphasis on organisational culture, improvement and system working.

The outcome of the current years self-assessment that was reported to the Committee on 21st February 2024 confirms that, the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Mental Health Act Monitoring Committee is performing to the required standard in this area. There may be room for improvement, but the Mental Health Act Monitoring Committee can be seen to be discharging its responsibilities effectively.

Further, all of the respondents confirmed that the Committee was either meeting or excelling the standard for the effectiveness of this Committee.

Then main areas for improvement identified as part of the self assessment are shown below:

Specific Actions to deliver improvements in the Committee's effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder

<p>Section 1 Committee Processes: Composition, Establishment, and Ways of Working</p>	<ul style="list-style-type: none"> • Inclusion of a standard agenda item to facilitate Committee Members reflection of the meeting held. • Members to have oversight of the Terms of Reference on an annual basis. • Induction training for Committee Members. 	<p>All actions to inform the development of an overarching Board Business Improvement Plan – March 2024 for Board approval</p>	<p>Director of Corporate Governance with Head of Board Business</p>
<p>Section 2 Governance and Assurance</p>	<ul style="list-style-type: none"> • RCRP/Concordat information report to be shared with Committee Members for information to support when reviewing multi agency protocols/policies. 	<p>to be factored into the Committee’s workplan 2024/25</p>	<p>Director of Corporate Governance with Head of Board Business</p>

These findings will be used to inform a comprehensive annual assessment of the Board’s effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. The effectiveness of the Board’s Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board’s Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2024-25

To maintain focus on ensuring compliance with the legislative requirements of the Mental Health Act, and will also be informed by the findings of the Annual Committee Self-Assessment that will include for the RCRP/Concordat information reports to be routinely shared with the Committee when reviewing multi agency protocols/policies. Members have also requested that a standing agenda item on reflection is included on future agendas to enable a continuum of learning, reflection and improvement.

7. Conclusion

- 7.1 This report provides a summary of the work undertaken by the MHAMC during 2023-24, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Appendix One

Mental Health Act Monitoring Committee

Terms of Reference 2022/23

Document Title:	Mental Health Act Monitoring Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that *"The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Mental Health Act Monitoring Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the **Mental Health Act Monitoring Committee** ("the 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).

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity (clinical and non-clinical) within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

In this respect a **Power of Discharge Sub-Committee** will be created.

The Health Board, as Hospital Managers, may arrange for their functions under the Mental Health Act to be performed on a day-to-day basis by an Officer or Lay Member on their behalf. These individuals appointed by the Health Board will be known as Associate Hospital Managers and will form the membership of the Power of Discharge Sub-Committee.

The Sub-Committee will report routinely to the Committee for assurance and developmental purposes.

4. Function and Work Programme

4.1. Governance and Assurance

The Committee's programme of work will consider:

- how the delegated functions under the Mental Health Act are being exercised (for example using a programme of Annual Audit) and in line with the 'Code of Practice' requirements
- the operation of the 1983 Act within the Aneurin Bevan University Health Board area
- the multi-agency training requirements of those exercising the functions (including discussing the training report for assurance)
- issues arising from the operation of the hospital managers' power of discharge
- a suitable mechanism for reviewing multi agency protocols/policies relating to the 1983 Act
- trends and patterns of use of the Mental Health Act 1983
- cross-agency audit themes and sponsor appropriate cross-agency audits
- lessons learnt from difficulties in practice and the development of areas of good practice

To assist it the Committee will utilise the work of scrutiny and other assurance services including NHS Wales Internal Audit and Audit Wales, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

4.2. Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

4.3. Access

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Committee at any time, and vice versa.

The Chair of the Mental Health Act Monitoring Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership

The Mental Health Act 1983 gives responsibility to health and social care organisations and practitioners, in collaboration with a range of other agencies including police and ambulance services, as well as third sector

bodies such as advocacy providers. Therefore, consideration will be given to reflecting this wider partnership in the membership of the Committee, as different agencies and practitioners have differing responsibilities and duties under the Act.

5.1. Members

The Committee shall comprise of three (3) members:

Chair: Vice Chair of the Health Board

Vice Chair: Independent member of the Board

Other Members: One other independent member of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.2. Attendees

Health Board:

- Director of Primary Care, Community and Mental Health will be the lead Executive but will not be a formal member of the Committee.
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board official and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

5.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

6. Support

6.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

6.2. Advice and Member Support

The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;
and
- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

7. Committee Meetings

7.1. Quorum

At least two of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Director of Primary Care, Community and Mental Health (or deputy) will count towards quorum, although is not considered a member of the Committee.

7.2. Frequency of Meetings

Meetings will be held quarterly per annum and otherwise as the Chair of the Committee deems necessary – consistent with the Health Boards plan of Board business.

7.3. In Committee and withdrawal of individuals in attendance

The Chairman may ask any or all of those who normally attend but who are not members of the Committee to withdraw to receive information which may include matters of a sensitive and/or confidential nature.

7.4. Record of the Committee Meeting

A record of the meeting will be presented as notes and action points.

7.5. Public Meetings

The Committee will be open to the public.

8. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- ~ Joint planning and co-ordination of Board and Committee business and
- ~ Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report and the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. Review

These terms of reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two

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

Appendix Three

Mental Health Act Monitoring Committee: Attendance at meetings in 2023-24

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	19 th June	5 th September	6 th December
Independent Members			
Pippa Britton	x	x	x
Paul Deneen	x	x	x
Executive Directors			
Chris O'Connor	x	x	x
Leanne Watkins	x	x	x
Rani Dash	x	x	x



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 February 2024
CYFARFOD O: MEETING OF:	Mental Health Act Monitoring Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Act Update Report Q3 2023-24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	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 3, October – December 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.

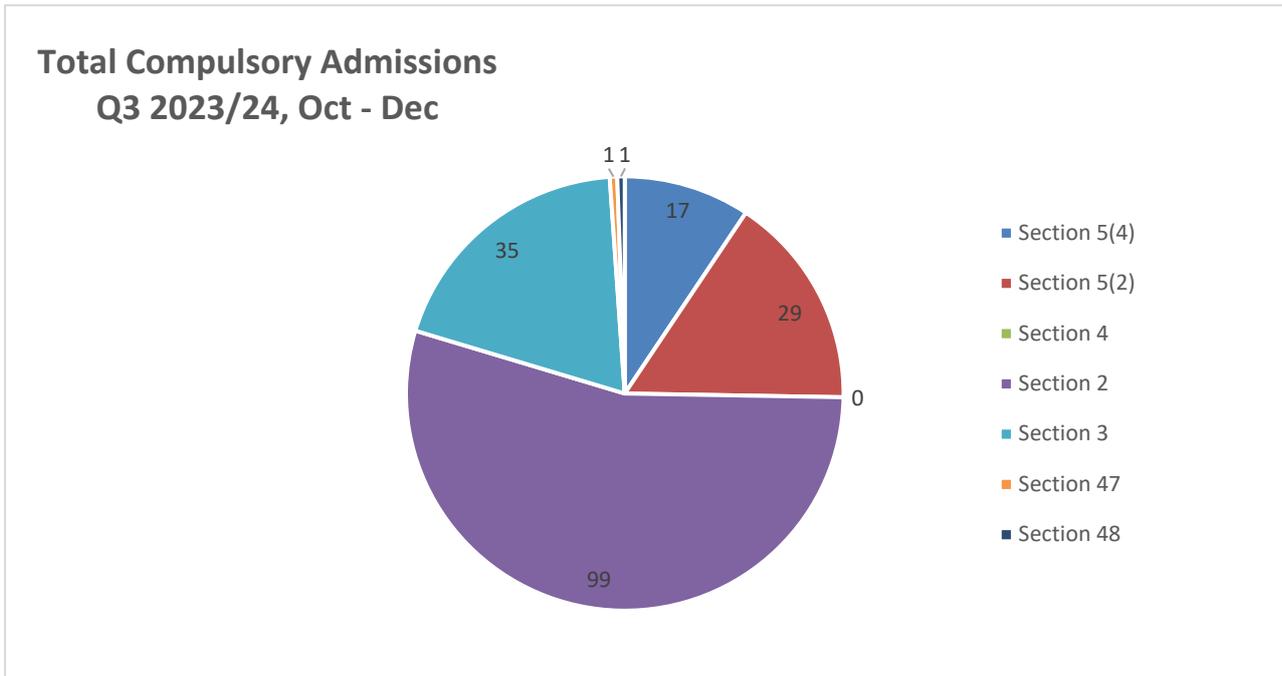
The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

Cefndir / Background

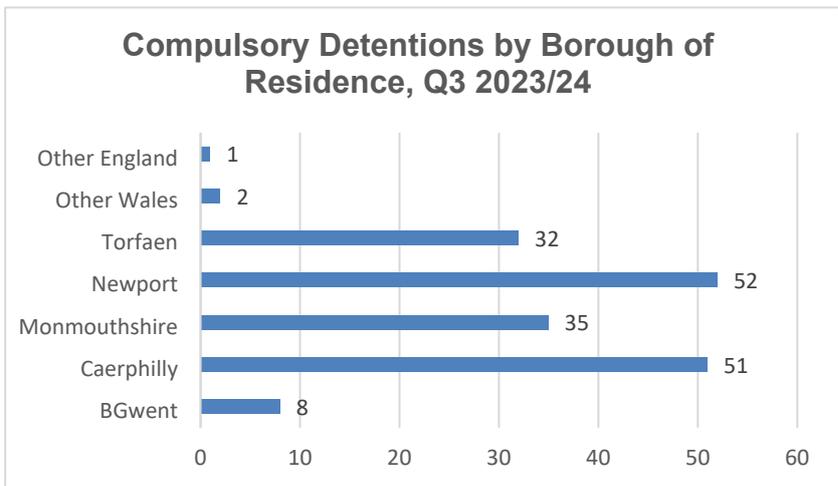
The report presents data for the third quarter of 2023/24 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

1. In-Patient MHA Activity, Q3 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.



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. Monmouthshire had the highest number of detentions per population.



Borough	Detentions Q3 2023/24	Population (000's)	Detentions per 1,000 population Q3 2023/24 (Previous Qtr.)
Caerphilly	51	176	0.3 (0.3)
Newport	52	161	0.3 (0.5)
Blaenau Gwent	8	67	0.1 (0.2)
Torfaen	32	92	0.3 (0.4)
Monmouthshire	35	93	0.4 (0.3)

In comparison to the previous quarter, there has been a 11% decrease in the overall number of patients detained under the Act. Compared to the same quarter of last year (22/23) there has been a 6% decrease.

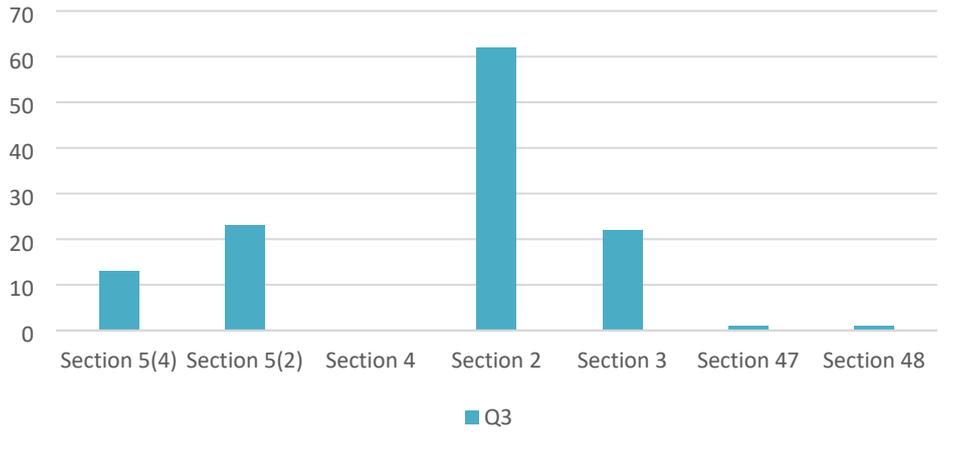
Section	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Section 5(4)	8	6	6	11	17
Section 5(2)	24	32	29	24	29
Section 4	2	4	4	4	0
Section 2	121	116	115	122	99
Section 3	32	51	45	42	35*
Section 36	0	1	0	0	0
Section 37	1	0	1	0	0
Section 37/41	2	1	2	2	0
Section 38	0	0	0	0	0
Section 47	1	0	0	0	1
Section 47/49	1	1	0	0	0
Section 48	0	0	1	0	0
Section 48/49	1	0	0	0	1
Total	193	212	203	205	182

*This figure includes a notional 37 detention. A notional 37 detention begins if a patient is still in hospital when their prison sentence ends.

• **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 (51%) of all admissions are under Section 2 (Assessment) of the MHA, with 18% of detentions under section 3 (Treatment). 30% of all adult detentions were under Section 5 of the Act. There was an overall decrease (16%) in the number of detentions compared to the previous quarter.

**MHA Adult Services
Q3 2023/24**

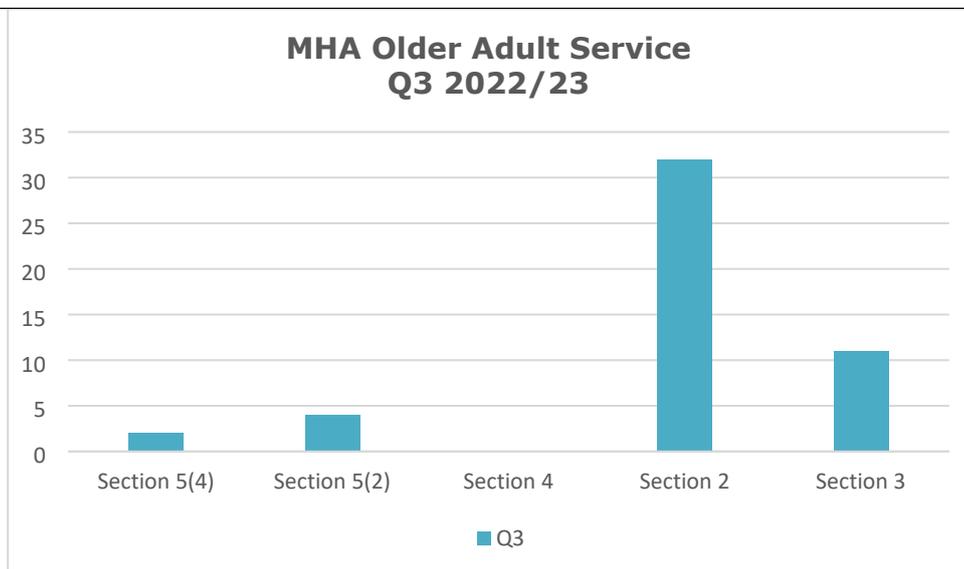


Section	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Section 5(4)	7	5	5	8	13
Section 5(2)	23	29	26	20	23
Section 4	1	1	3	2	0
Section 2	71	81	75	82	62
Section 3	18	35	30	31	22*
Section 36	0	1	0	0	0
Section 37	1	0	1	0	0
Section 37/41	2	1	2	2	0
Section 38	0	0	0	0	0
Section 47	1	0	0	0	1
Section 47/49	1	1	0	0	0
Section 48	0	0	1	0	1
Section 48/49	1	0	0	0	0
TOTAL	126	154	143	145	122

*This figure includes a notional 37 detention.

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

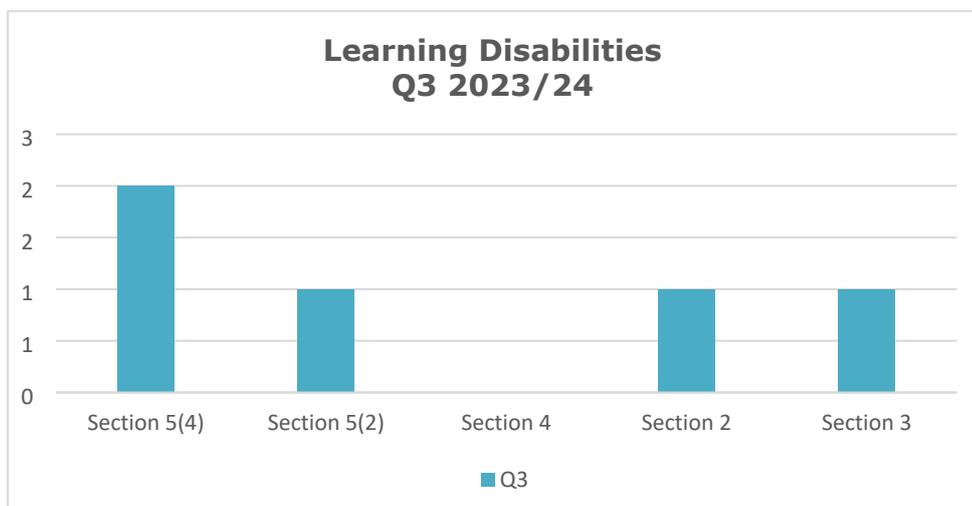
Within the older adult population patients admitted and detained, 88% were admitted under Sections 2 or 3 of the MHA with 12% admitted under Section 5 provision. There was an 8% decrease in the number of detentions compared to the previous quarter.



Section	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Section 5(4)	1	1	0	3	2
Section 5(2)	1	1	2	3	4
Section 4	1	3	1	2	0
Section 2	44	31	35	35	32
Section 3	11	15	13	10	11
TOTAL	58	51	51	53	49

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

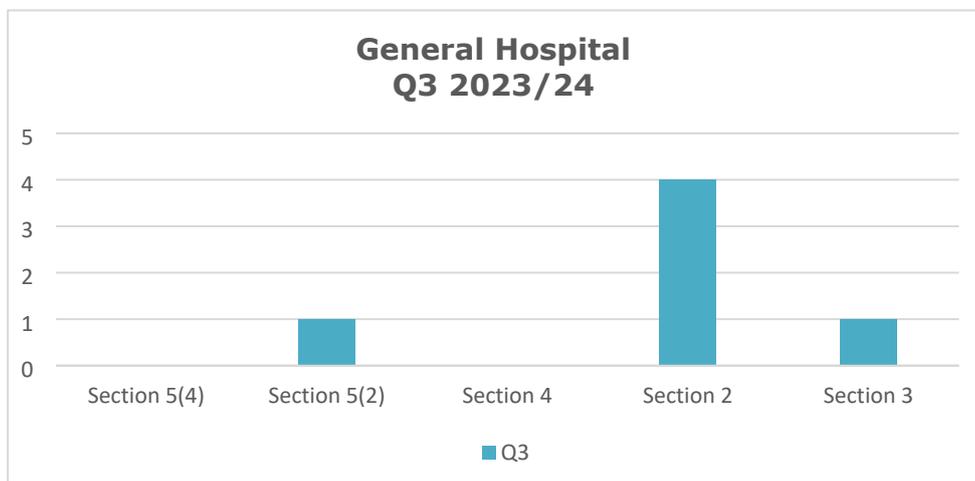
For individuals with a learning disability requiring admission under the MHA, 40% were admitted under Sections 2 or 3 of the MHA with 60% admitted under Section 5 provision. There was an overall increase in detentions compared to the previous quarter.



Section	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Section 5(4)	0	0	1	0	2
Section 5(2)	0	1	1	0	1
Section 4	0	0	0	0	0
Section 2	1	1	3	0	1
Section 3	2	0	2	0	1
TOTAL	3	2	5	0	5

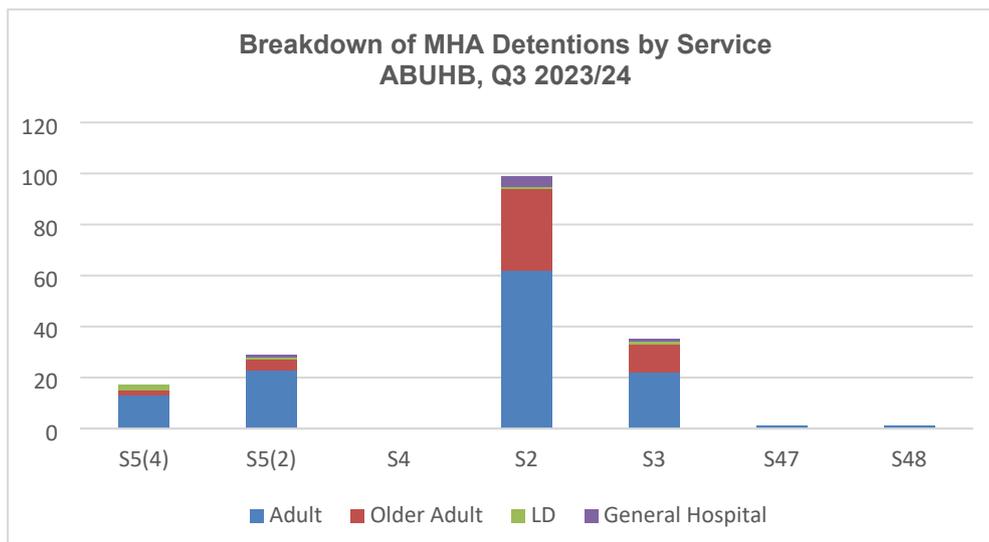
- General Hospital Compulsory Admissions Under the MHA (1983)**

For patients detained under the MHA in a General Hospital setting, 83% were admitted under Sections 2 or 3 of the MHA with 17% admitted under Section 5 provision. There was an overall 14% decrease in the number of detentions compared to the previous quarter.



Section	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Section 5(4)	0	0	0	0	0
Section 5(2)	0	1	0	1	1
Section 4	0	0	0	0	0
Section 2	5	3	2	5	4
Section 3	1	1	0	1	1
TOTAL	6	5	2	7	6

The below chart shows the total MHA detentions broken down by service for quarter 3, 2023/24.

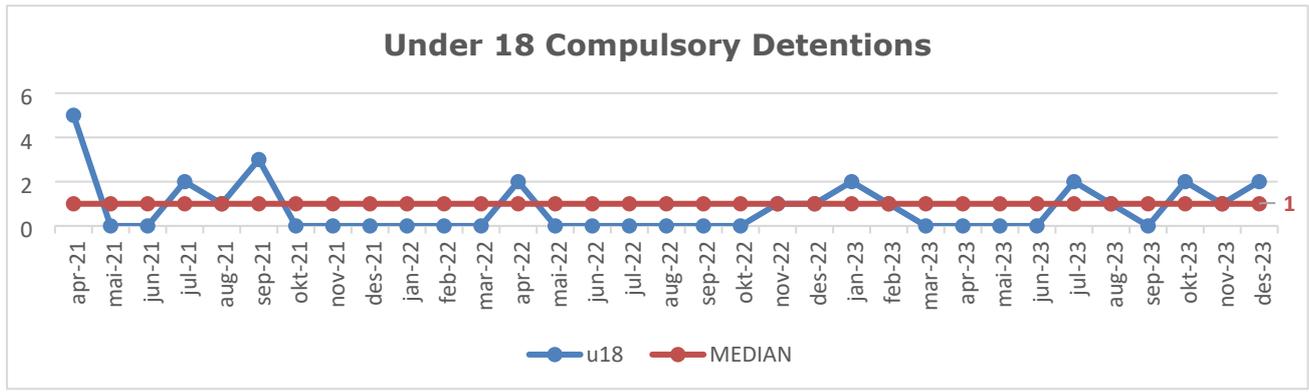


• **Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

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 a 33% increase in the number of under 18 detentions taking place in quarter 3 in comparison to the previous quarter.

Under 18 years Detentions	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Section 5(4)	0	2	0	0	0
Section 5(2)	0	1	0	0	1
Section 2	2	0	0	2	3
Section 3	0	0	0	1	0
CTO	0	0	0	0	0
TOTAL	2	3	0	3	4



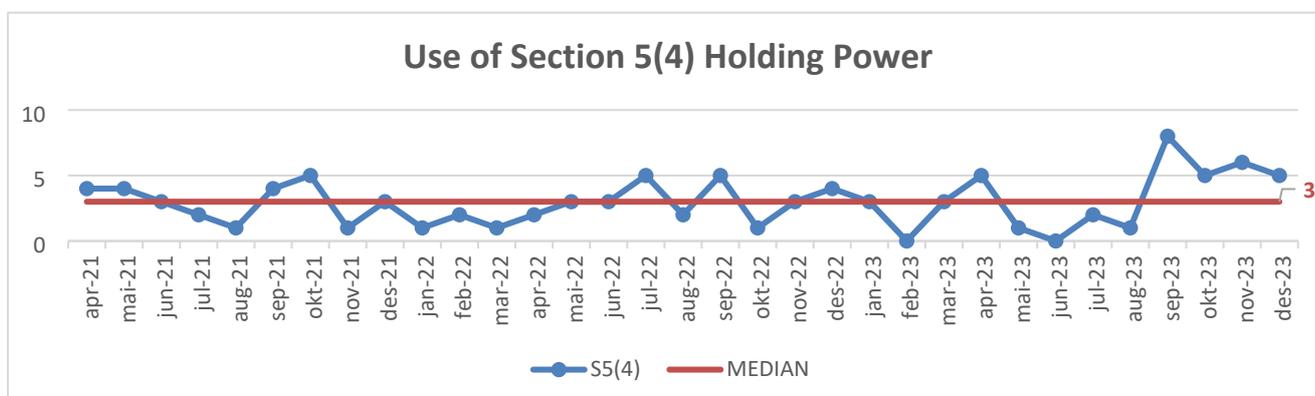
A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision 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 December 2023

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

• Use of Section 5 Holding Powers

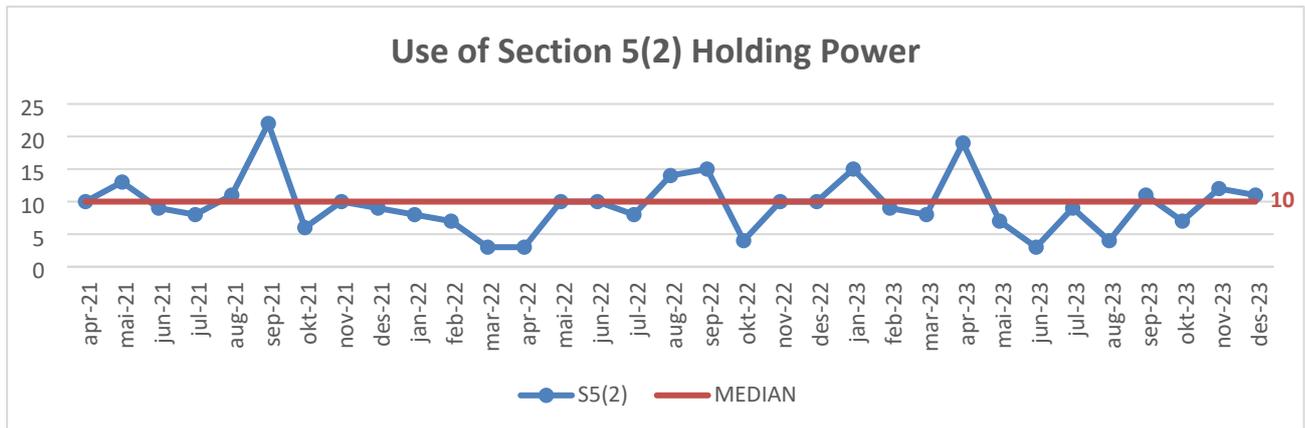
The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 17 uses of this holding power over the quarter with 59% of these resulting in a doctor/approved clinician detaining the patient under Section 5(2), 12% were regraded to Section 2 and 29% were ended or lapsed without further detention under the MHA.



Outcome of Section 5(4) – Q3 2023/24

Outcome	Total
Lapsed	5
Ended	0
Section 5(2)	10
Section 2	2
Section 3	0
Total	17

The use of Section 5(2) resulted in 52% of patients being detained under section 2, 3% being detained under section 3 and 45% ending or lapsing without further detention under the MHA.



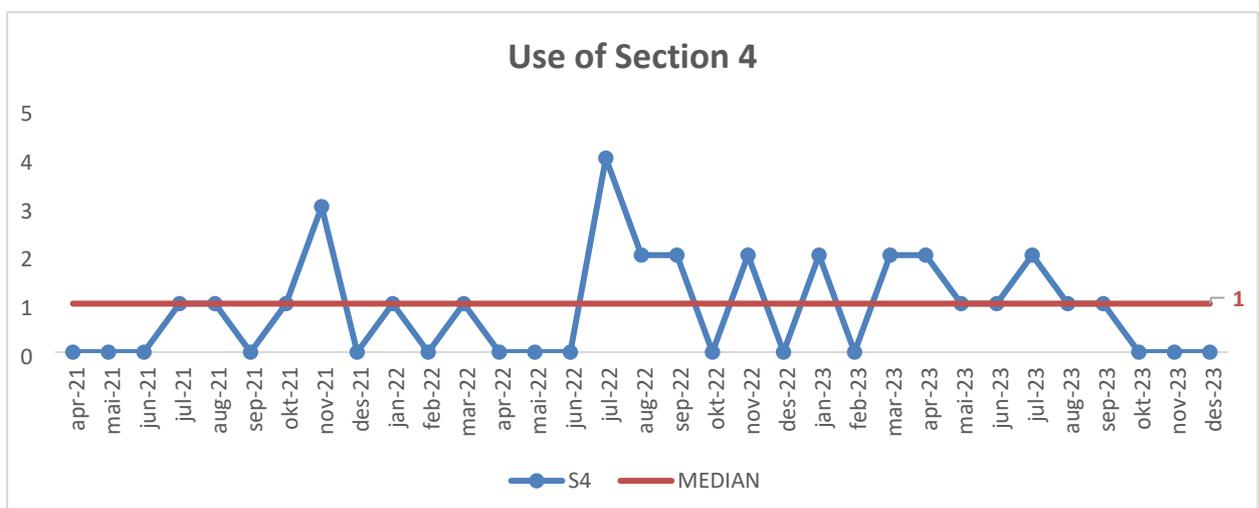
Outcome of Section 5(2) – Q3 2023/24

Outcome	Total
Lapsed	9
Ended	4
Section 2	15
Section 3	1
Total	29

- Use of Section 4**

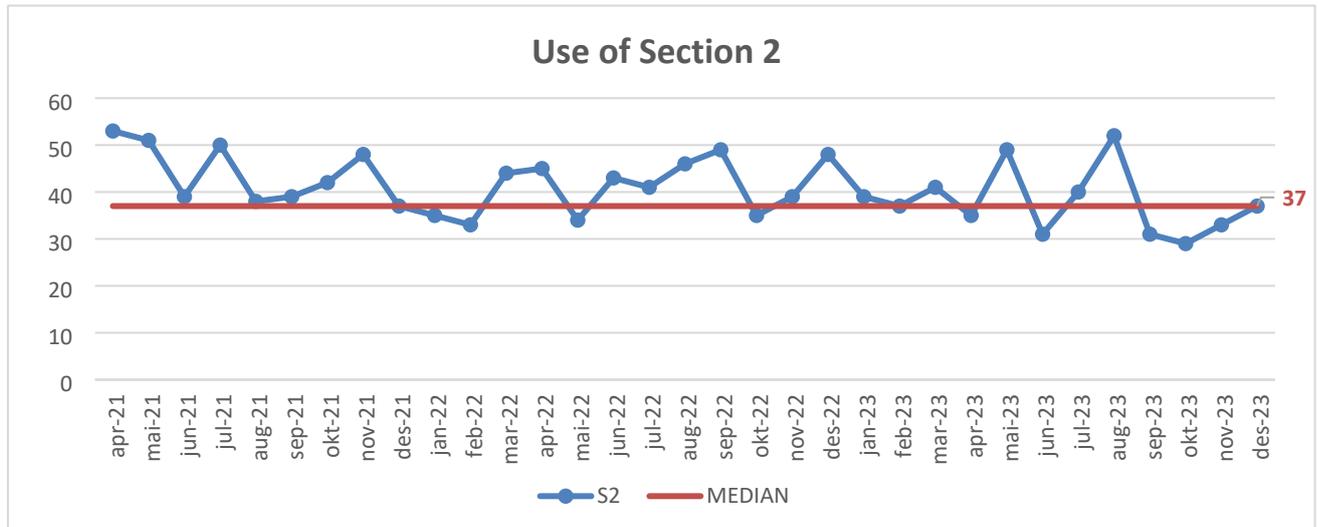
The use of Section 4 is a relatively rare event and data remains low. Section 4 will be used only in emergency situations where it is not possible to secure 2 doctors for a Section 2 assessment immediately and it is felt necessary for a person’s protection to detain under a section of the MHA.

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. Section 4 was used on 0 occasions this quarter (Q3). The chart below shows that the use of Section 4 has decreased by 100% in comparison to the previous quarter.



- **Use of Section 2**

54% 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, Q3 2023/24

Outcome	Total
Expired	7
Regraded S3	16
Transferred	5
Died	0
Ended: 0-3 days	3
Ended: 4-14 days	19
Ended: 15-28 days	49
Total	99

A total of 99 detentions were made using Section 2, with 63% of these in adult mental health services, 32% in older adult, 4% in learning disabilities and 2% in a general hospital setting.

Of the total 99 patients detained under Section 2:

- 16 (16%) were regraded to Section 3
- 5 (5%) were transferred out of the Health Board during the Section 2

Of the remaining 78 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 3 (3%) were detained between 0-3 days
- 4-14 days 19 (19%) were detained between 4-14 days
- 15-28 days 49 (49%), were detained between 15-28 days

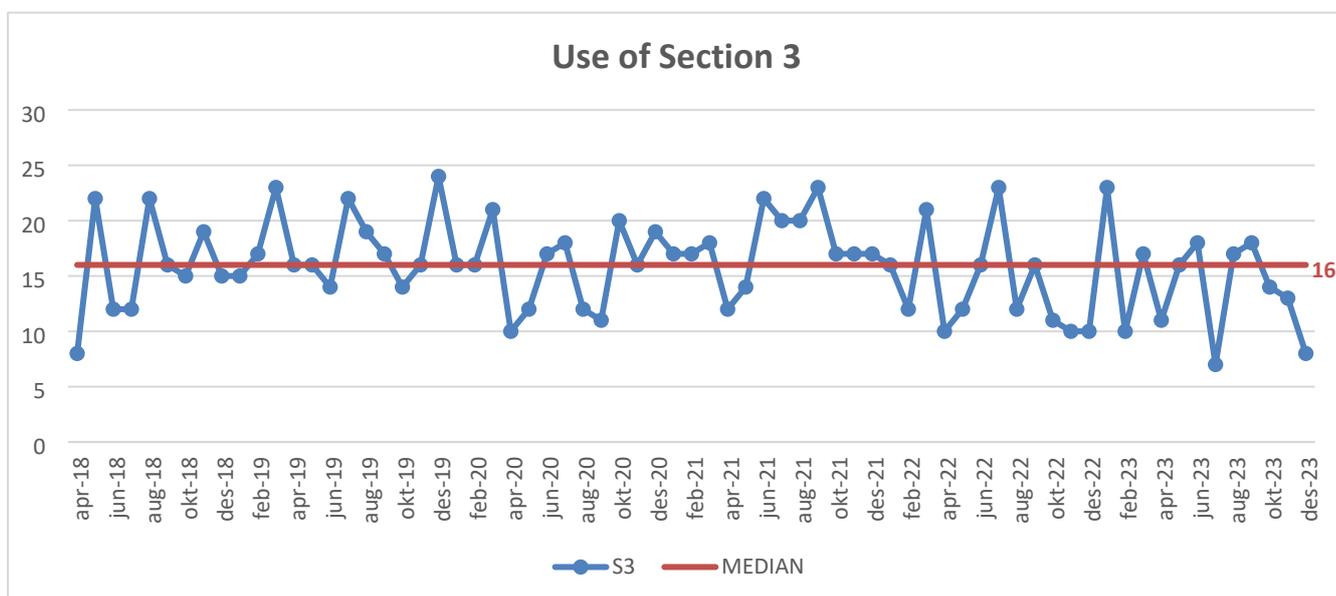
Of this cohort, 7 (7%) detentions were allowed to lapse. This is a 22% decrease, compared to the last quarter. It is considered allowing a Section 2 to lapse as poor practice, as it raises the question whether the patient met the criteria to be discharged

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**

19% of all detained admissions were admitted under Section 3 during the quarter. A total of 35 detentions were made using Section 3, with 63% of these in adult mental health, 31% in older adult mental health, 3% in learning disabilities and 3% 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 35 patients detained under Section 3:

- 16 (47%) detentions remained as ongoing detentions as of 29.01.2024
- 16 (47%) detentions were ended as of 27.10.2023
- 2 (6%) detentions were regraded to CTO

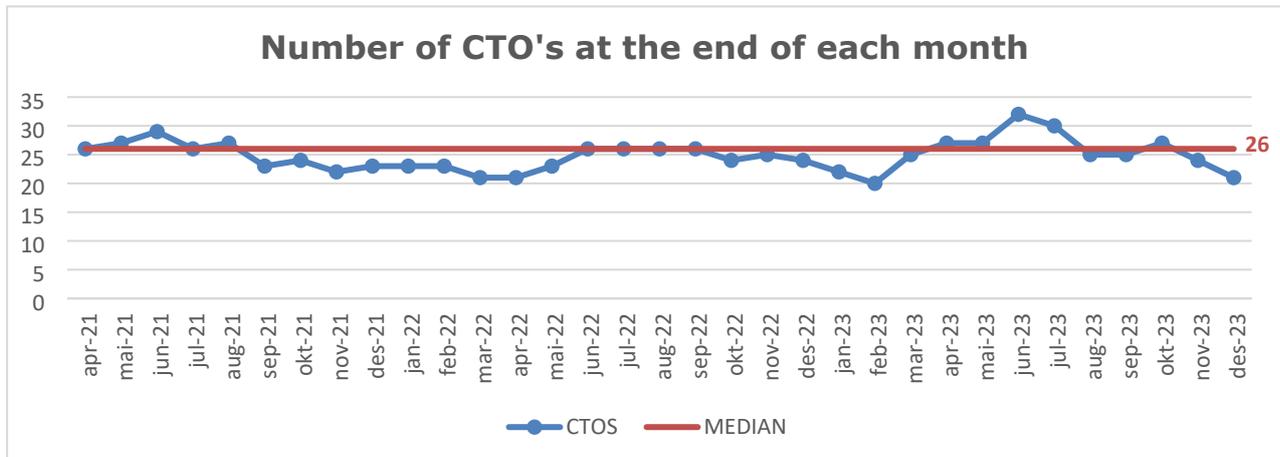
- **Renewal of In-patient Detentions under the MHA (1983)**

The table below shows that the number of renewals of inpatient detentions decreased by 31% during the quarter compared to the previous quarter.

Section	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Section 3 renewal	10	8	6	12	9
Section 37 renewal	0	1	1	1	0
Section 47 renewal	0	0	1	0	0
TOTAL	10	9	8	13	9

- **Use of Community Treatment Orders (CTOs)**

The number of Community Treatment Orders at the end of each month has decreased by 16%, from 25 at the end of quarter 2, 2023/24 to 21 at the end of quarter 3, 2023/24.



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

Community Treatment Orders (CTOs)

Section	Power	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
17A	CTOs made	5	7	13	2	8
	CTOs extended	9	3	4	2	7
	Recalled to hospital and not admitted	3	0	1	1	3
	Recalled to hospital and revoked	4	4	2	5	3
	Discharged from CTO	3	2	3	4	9

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 0 unlawful detentions 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.

	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Unlawful Detentions	0	0	0	1	0

- **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.

	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Failed Medical Scrutiny	2	0	1	0	3

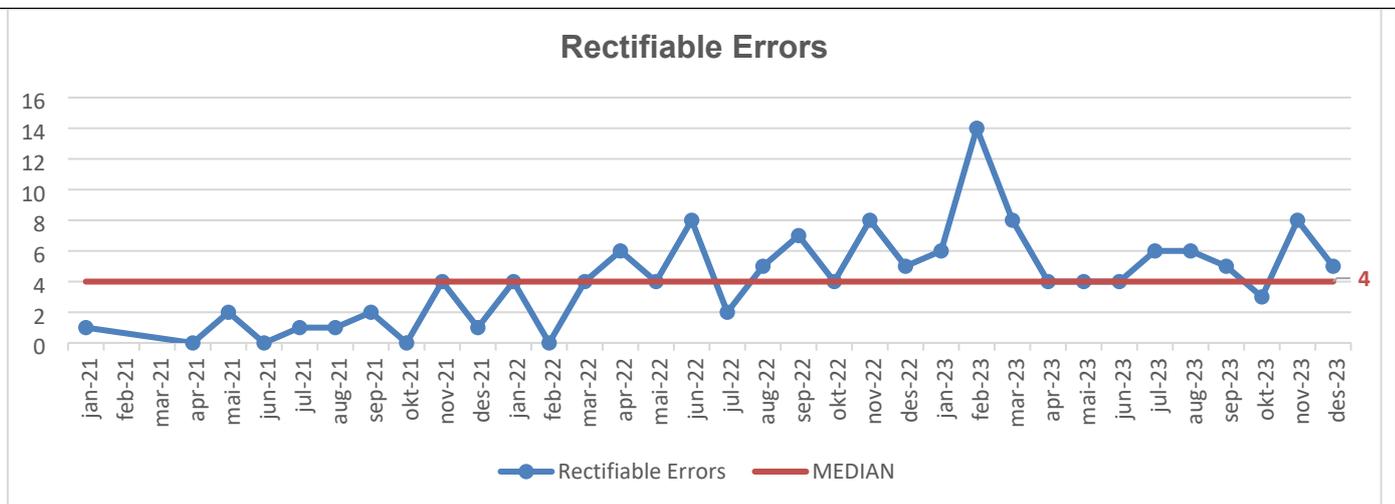
- **Rectifiable Errors on Documents**

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 6% decrease in the number of rectifiable errors this quarter, demonstrating that there has been an improvement. Despite this, there is still a need for continued awareness regarding the acceptance and scrutiny of documentation before it is received into the MHA Administration Department to ensure that documentation is as accurate as possible. This has been raised with the Senior Psychiatrists Committee for awareness, vigilance and action

	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Rectifiable errors on document	17	28	12	17	16

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 this has increased during quarters 2 and 3 2023/24.



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, Q3 2023/24

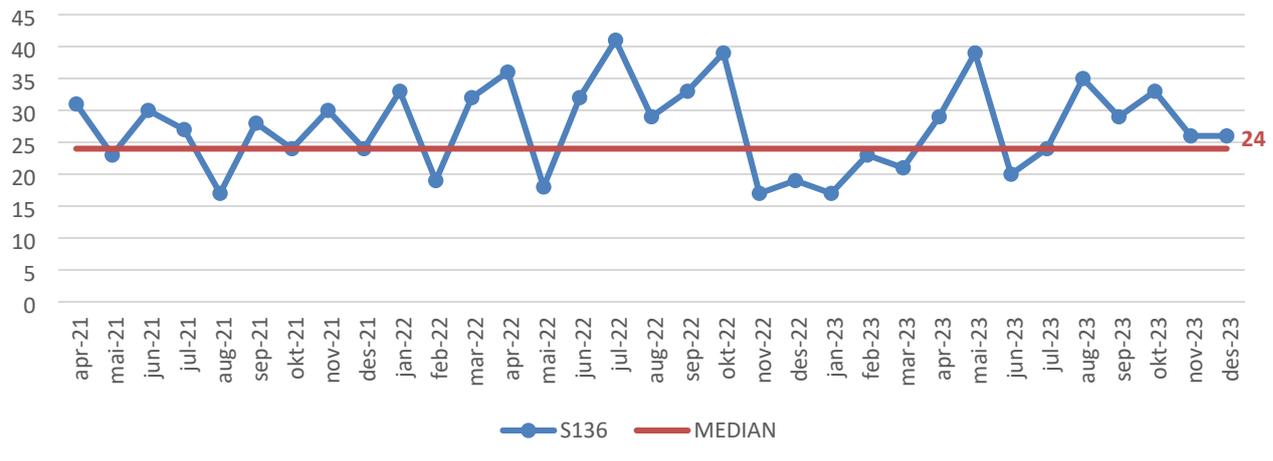
Section 135 of the MHA	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Assessed and admitted informally	1	1	0	0	0
Assessed and discharged	1	0	0	0	0
Assessed and detained under Section 2	2	2	7	2	3
Assessed and detained under Section 3	0	0	1	0	4
Assessed and CTO Revoked	0	0	0	0	0
Other	0	0	0	0	0
Total	4	3	8	2	7

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 on 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



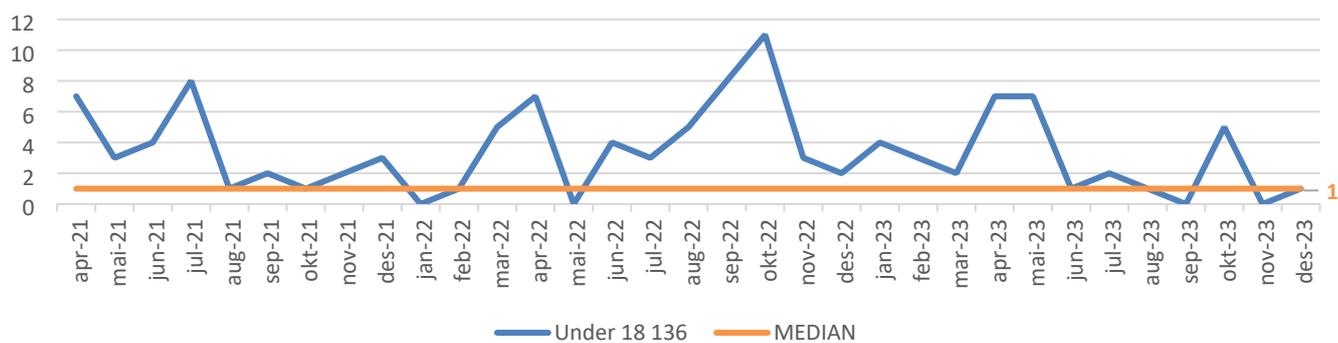
A breakdown of the outcome of 136 assessments is shown in the table below. A total of 85 assessments were undertaken. Of those assessed 30% were admitted, with 54% of those admitted being formally detained. 26% of individuals assessed were discharged with no follow up required, while 42% were discharged with a follow up plan in place.

Use of Section 136, Q3 2023/24

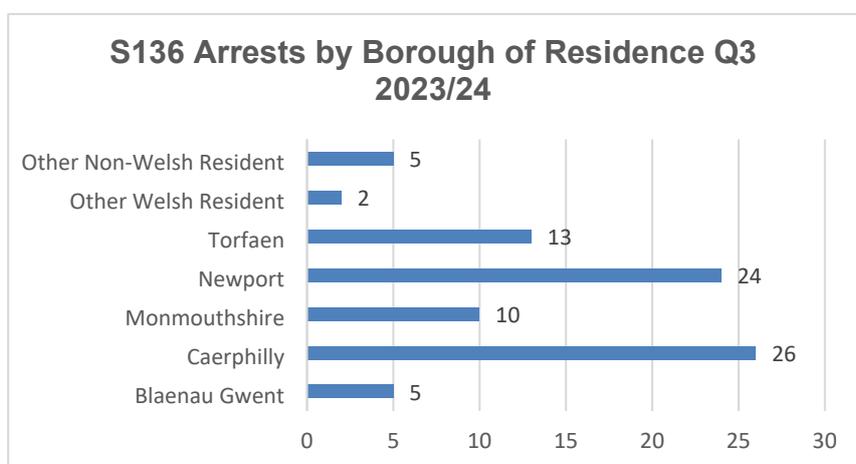
Section 136 of the MHA	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Assessed and admitted informally	19	11	7	17	12
Assessed and detained under Section 2	16	18	24	12	13
Assessed and detained under Section 3	0	0	0	0	0
Assessed and detained under Section 4	0	0	1	0	0
Discharged – no follow-up required	10	9	15	26	22
Assessed and Recalled under CTO	0	0	0	1	1
Discharged – with follow-up plan	28	23	40	32	36
Section 136 lapsed	2	1	1	1	1
TOTAL	75	62	88	89	85

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 increased by 100% in 3.

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 59% of all assessments.



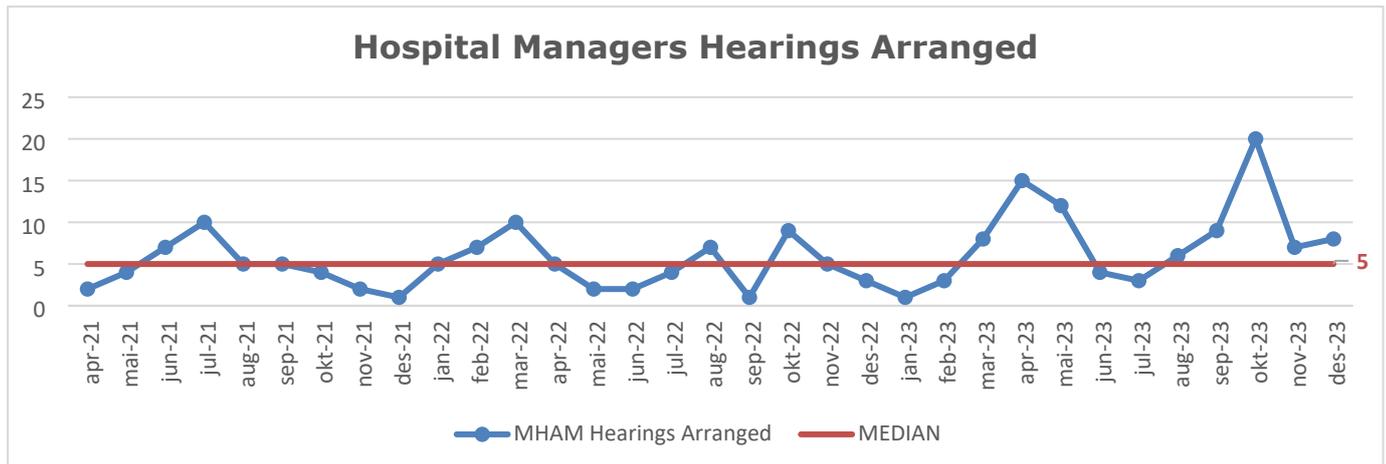
A breakdown of all 85 events shows that the majority of patients were male patients; alcohol and/or drugs being a related factor in 34% of all cases; 7% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
TOTAL	N=75	N=62	N=88	N=89	N=85
Gender:					
% Male	52%	53%	51%	44%	55%
% Female	48%	47%	49%	56%	45%
Place of Safety:					
% Hospital	99%	98%	98%	98%	100%
% Police Station	1%	2%	2%	2%	0%
% Under 18 Years	21%	15%	17%	3%	7%
Use of Illicit Substances:					
% Alcohol	24%	21%	24%	30%	24%
% Drugs	7%	8%	3%	7%	2%
% Both Alcohol and Drugs	3%	3%	9%	2%	8%
Where Assessment took place:					
% Hospital	97%	98%	99%	99%	99%
% Police Station	0%	0%	0%	0%	0%

12 Hour extension required /granted	0%	0%	1%	0%	0%
-------------------------------------	----	----	----	----	----

5. Mental Health Act Managers Hearings

There has been a 95% increase in the number of MHA Managers hearings arranged over the last quarter in comparison to the previous period. To overcome the constraints of Covid-19 each independent manager has been provided with a laptop and training on holding Manager Hearings via video conferencing. There were 19 hearings held during the quarter.



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

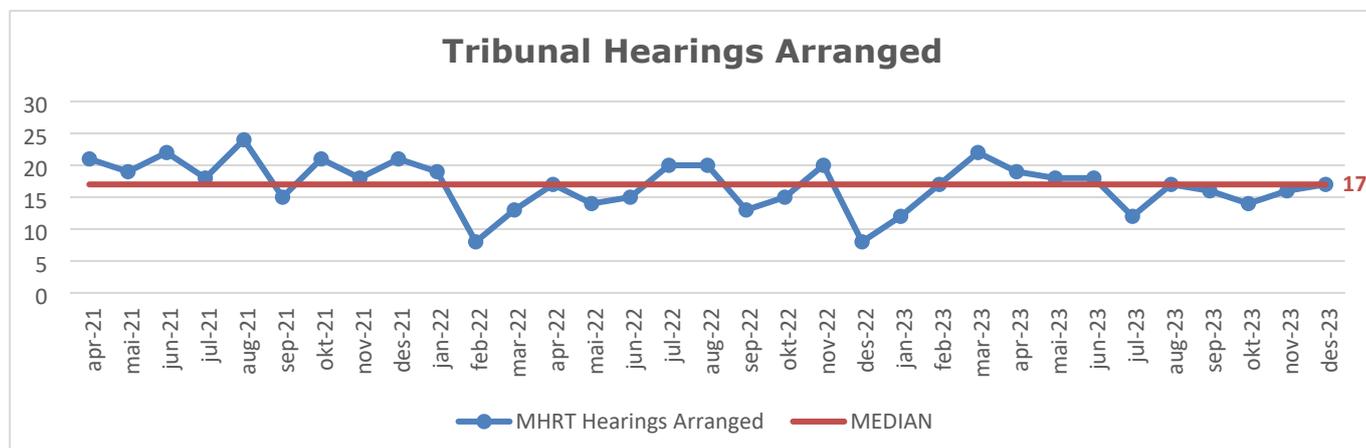
Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Applications by patient – Inpatient	0	1	0	1	1
Applications by patient – CTO	0	0	0	0	0
Renewal Hearing Applications – Inpatient	8	5	12	23	23
Renewal Hearing Applications – CTO	7	1	2	16	16
Barring Hearings	0	0	0	1	0
Hearing cancelled before being heard	12	5	4	14	14
Hearing held - Patient Discharged by Hospital Managers	0	0	0	0	0
Hearing held – Section continued	5	7	27	4	19

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 4% increase in the number of hearings arranged in Q3 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	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Applications by patient – Inpatient	31	51	45	34	29
Applications by patient – CTO	1	2	1	0	2
Renewal Hearing Applications – Inpatient	3	7	6	6	13
Renewal Hearing Applications – CTO	0	4	1	3	6
Referral by MOJ	1	2	4	2	1
Referral by Welsh Ministers	0	0	1	1	0
Outcomes: Hearing Cancelled before being heard	24	28	32	25	31
Outcomes: Patient Discharged by MHRT	2	3	1	0	4
Outcomes: Section Continued	17	20	22	20	12

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

Asesiad / Assessment

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.

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):	2. Safe Care 4. Dignified Care 7.1 Workforce 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

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 or 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>Section 49: 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>Section 17A, Community Treatment Order: 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"> • ensuring the patient receives medical treatment • preventing the risk of harm to the patient's health or safety • protecting other persons. <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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	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:
• Workforce	Choose an item.

<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • Financial 	Not Applicable
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>No does not meet requirements</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 ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</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 28th November 2023 11:00 – 12:30

Virtually via Microsoft Teams

Present:

Paul Deneen – Chair, Independent Board Member
 Sarah Cadman – Head of Quality and Improvement
 Helen Moon – Integrated Mental Health Act Trainer and Clinical Lead Mental Health Act
 Julie Roberts – Associate Hospital Manager
 Keith Dunn – Associate Hospital Manager
 Peter Evans – Associate Hospital Manager
 Lyndon Moore – Associate Hospital Manager
 Carol Morgan – Associate Hospital Manager
 Bev Hopkins – MHA Team Lead

Apologies:

Peter Walters – Associate Hospital Manager
 Amelia James – Mental Health Act Implementation Support Officer

Agenda Item	Key Discussion points /Updates	Action	Who
1. Apologies and Welcomes	Apologies and welcomes given		
2. Matters Arising and Minutes from previous Meeting	The minutes and action points from 15 th & 21 st August 2023 were reviewed and agreed. <ul style="list-style-type: none"> • Mental Capacity Act – This hasn't happened. No imminent changes that we are aware of. • IT training needs – submitted to the MHA department 		

	<ul style="list-style-type: none"> • Meeting Rooms – We don't have the usable estate. Continue to have use of boardroom at St. Cadoc's and other sites but there is unlikely to be any significant shift anytime soon. • Facts and Figures – Sarah will send out following next weeks Mental Health Act Monitoring Committee Meeting. • Copy of Structure – Received from the MHA department. • Dates of meetings – It was proposed that the PODSC meeting will take place on the Tuesday morning a week before the Mental Health Act Monitoring Committee meeting. The next PODSC meeting will be 13th February. • Backlog of hearings – Sarah thanked Keith for raising the issue of the backlog of hearings. Helen, Amelia, Bev and Sarah had a deep dive into what was going on and it was our system that was failing. One of the MHA administrators is overseeing the arranging of hearings and Amelia is sending weekly updates to Sarah on hearings that are due in the next 3 months. Helen is monitoring it and there is a much better grasp on it. • Keith acknowledged that things had definitely improved and a lot more hearings are now taking place. 		
3. Items for Decision	No items for Decision		
4. Items for Discussion	<p><u>Feedback from AMH's</u></p> <p><u>Cancellations</u> Keith raised an issue where the managers had travelled in to St. Cadoc's and found that the boardroom was booked by somebody else and the managers were waiting outside to know what was going on and the hearing ended up being cancelled so there is still work to be done around cancellations and advance notice.</p>		

	<p>Bev discussed that she is still investigating this because one of the care team was unaware of the managers review so emailed colleague who set up the hearing to find out who he contacted to ensure he contacted the right people.</p> <p>Capacity Carol raised concerns around the numbers of managers that are available at the moment. Hearings have been set up and then can't go ahead because there are not three panel members available. There are a number of times this has occurred. This reiterates how desperate we are for additional managers.</p> <p>Training Lyndon raised concerns around training. There have been occasions where a WARRN report has been included in the papers for hearings and it is fairly extensive so it would be nice to have some training around the WARRN document.</p> <p>Sarah noted that the managers wouldn't need to understand whether risk has been appropriately formulated or not as this is stepping into the clinical, however it might be helpful to give an update on what generally a WARRN and Care and Treatment Plan may cover.</p> <p>Expenses Keith discussed frustrations with the fee payment system. Currently Bev puts these on the system and the AHM's receive a slip and you can't identify what you are paid for. Keith proposed that from January or whenever is appropriate the AHM's would be able to input their own claims onto the system.</p> <p>Bev talked through the current process. There is a spreadsheet for when the AHM's attend a review and it is marked off when they attend and chair, and then this is submitted to payroll. In terms of</p>	<p>Sarah, Helen and Bev to take a look into training</p>	<p>SCadman / HMoon / BHopkins</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------	--------------------------------------------------

	<p>expenses, Bev is delegated to put on expenses on behalf of the AHM' and this is submitted for approval by the general manager. The system has taken a long time to set up and has been very sporadic but going forward Bev is hoping to provide the AHM's a copy of what is submitted.</p> <p>Sarah noted that in the past it had been experimented that everybody put their own expenses on, however it didn't work out for everyone and we need to have one system for everyone rather than individual systems.</p> <p><u>Update on recruitment of new AHM's</u> Paul has spoken with Pippa Britton, the chair of the MHA monitoring Committee and the process for recruitment is being followed. Interviews and the processes for the follow up is in situ.</p> <p>Sarah has had to put the AHM vacancies on the electronic system in order for it to be authorised and audited correctly. Sarah was assured that an advert was going out on 27/11/2023 and has been told that it is out of the health board and is with the shared services partnership for their authorisation and it should be out this week.</p> <p>Sarah confirmed 8 posts were advertised.</p> <p><u>Update on All-Wales Conference</u> There is a provisional date of the 3rd March 2023 with a caveat that this might change. As soon as there is a confirmed date Paul will let the AHM's know.</p> <p><u>Managers Hearing Observation</u> Paul is hoping to attend and observe a manager's hearing on Monday 11th December 2023.</p>	<p>Bev to liaise with AHM's and we will have a further discussion in next meeting in February.</p> <p>Sarah to let AHM's know when the advert goes out</p> <p>Paul to send confirmed date to AHM's</p>	<p>BHopkins</p> <p>SCadman</p> <p>PDeneen</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

	<p>It was agreed that going forward we will have a new model of working – the usual meeting with followed by a training session.</p> <p>Paul gave his thanks to the AHM's for their contribution to the health board.</p>		
<p>Date of next meeting: Tuesday 13th February 2024</p>			



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 February 2024
CYFARFOD O: MEETING OF:	Mental Health Act Monitoring Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Act Managers Policy Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	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 Act Monitoring 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.

The Policy was revised and approved by the Committee in June 2023. Further amendments were requested in December 2023. These amendments have been made and are attached for approval.

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.

At a Board-level, the Chief Operating Officer has delegated responsibility for compliance with the MHA. Most of these responsibilities are further delegated to staff who receive MHA paperwork 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 [MHAMs]), 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 within the Mental Health and Learning Disabilities Division.

Asesiad / Assessment

As outlined in previous reports, and through discussion by the MHAMC, 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 ultimately 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.

A subsequent amendment was requested regarding the delegation of responsibility for the appointment of Mental Health Act Managers from the Vice Chair to the Chair of the Power of Discharge Sub Committee, as appropriate. This amendment was approved by the Committee in December 2023.

During this discussion, it was noted that a section in the policy allowed for 2 Associate Mental Health Act Managers to attend the Committee. The Committee agreed that this requirement would be fulfilled by the attendance of the Chair of the Power of Discharge Sub Committee at the MHAMC. The Policy was subsequently further reviewed by the Chair of the Power of Discharge Sub Committee. A copy of the revised Policy, highlighting the track changes, is attached for approval.

Ownership of the Policy

There has been some debate as to the ownership of this Policy and whether it should be a corporately owned 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

This issue was discussed by the Committee in December 2023 and it was agreed that the Scheme of Delegation would be reviewed to confirm ownership. The Scheme of Delegation confirms that the Chief Operating Officer has delegated responsibility for the Mental Health Act. The Division are therefore the owners of the policy. This position has been confirmed by the Chief Operating Officer in discussion with the Director of Corporate Governance.

Argymhelliad / Recommendation

The Committee is requested to approve the amendments to the Mental Health Act Managers Policy and to note the owner of the policy as set out.

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 Link to IMTP	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 Strategic Equality Objectives 2020-24	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:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

Resource Assessment:	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:
• Workforce	Choose an item.
• Service Activity & Performance	Choose an item.
• Financial	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	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 ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.



Aneurin Bevan University Health Board

Mental Health Act: Role of Associate Hospital Manager Policy 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.

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:

Introduction	2
Statement	2
Aims/Purpose	3
Objectives	3
Scope	3
Roles & Responsibilities	4
Appointment and Review of Associate Hospital Managers	8
Feedback on Associate Hospital Managers	11
Remuneration	12
Concerns raised by Associate Hospital Managers	12
Implementation	12
Equality	12
Appendices	13
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

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 Associate Hospital 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.

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.

e)f) Be able to utilise different ways of working e.g virtual and in person meetings

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 [Associate](#) 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^{SC}) 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 PODSC 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 PODSC-Committee, the Committee may report significant issues directly to the attention of the Health Board. The Chair of the PODSC 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-Quality Improvement 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 PODSC-Committee and the

MHAMC 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

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, or virtual meeting, 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 PODSC Member positions.

The members of the PODSC Committee are expected to:

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

The Independent Member who Chairs the Power of Discharge Sub Committee will:

- Act as the central point of liaison between the AHMs and the Mental Health Act Monitoring Committee;
- Liaise with the Mental Health Act Team to agree agendas for the AHM's meetings which will be held prior to each MHAMC meeting;
- Present the minutes of the PODSC to the MHAMC, with any actions at that time being agreed by the MHAMC;

Training (local and regional) will be arranged as part of an overall programme. This will be discussed on an annual basis with AHMs.

~~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 MHAMC 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.
- h) Be able to utilise ICT for any virtual hearings or meetings.

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
- f) Utilising ICT for hearings and meetings

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 any additional 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. 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 reappointments will be reported to the PODSC.

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 Quality Improvement 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.

[Arrangements for payment and recording will be shared with AHMs on a regular basis.](#)

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 records](#) 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)

Appendix Two



Aneurin Bevan University Health Board Hospital Managers - Power of Discharge Sub-Committee (PODSC)

Terms of Reference

Ratified by ~~Mental Health and Learning
Disabilities Committee in February 2015~~the
Mental Health Act Monitoring Committee
February 2024

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

The PODSC will comprise MHA Associate Hospital Managers who have been independently appointed. The MHA Associate Hospital 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 MHAMC or by the Health Board. However, the procedures and behaviours adopted by the panel are subject to scrutiny and as such the MHA Managers AHM's are accountable to the Board via the MHAMC 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 MHAMC.

3. PURPOSE OF THE POWER OF DISCHARGE SUB-COMMITTEE

The purpose of the PODSC is as follows: -

- To enable the Chair of the PODSC to liaise with all AHMs
 - To enable the ABUHB to delegate their power of discharge
 - To ensure that all ~~MHA-manage~~AHMs receive the support and guidance they require to undertake their duties
 - To ensure that all ~~MHA-managers~~AHMs 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~~AHMs 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~~ MHAMC 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 MHAMC)
Members	All of the Mental Health Act <u>Associate Hospital</u> 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 Powers of Discharge Sub-Committee shall be determined by the ~~Mental Health and Learning Disabilities Committee~~ Mental Health Act Monitoring Committee, based on the recommendation of the Sub - Committee Chair and the membership of the Sub-Committee will be reviewed annually. All AHMs will be members of the PODSC.

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~~ Act Monitoring Committee. Accountability will also be achieved by the submission of the minutes of all PODSC meetings to the Mental Health ~~and Learning Disabilities~~ Act Monitoring 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~~ Act Monitoring 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~~Act Monitoring 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~~CommitteeAct Monitoring Committee.

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 Associate Hospital Managers cannot be employees of the Health Board 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 Associate 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, good ICT 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 [Associate](#) 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 [Associate](#) Hospital Managers panels to gain familiarity with the processes.

Appendix Four

DIVISION OF MENTAL HEALTH AND LEARNING DISABILITY

Title:	Associate Member - Hospital Manager Power of Discharge Committee
Hours:	Sessional - as and when required
Remuneration:	Sessional fee, plus travel
Terms:	Renewable by Joint review/Fixed term for 4 3 years
Department:	Mental Health Act Administration
Location:	Pan Gwent
Responsible to:	Chair of Power of Discharge Sub-Committee
Accountable to:	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 ~~Associate Hospital Manager's~~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 Hospital 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 Hospital 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 Hospital 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 University 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 s on an annual basis. with The Vice Chair of ABUHB.~~

Power of Discharge Sub Committee

- The Power of Discharge Sub 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 to the Mental Health Act Monitoring Committee.

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 [availablegranted](#) 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

Qualifications		
Essential	Desirable	Method of assessment
Good general standard <u>of education</u>		Curriculum Vitae Certificate check
Experience		
Essential	Desirable	
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
Skills		
Essential	Desirable	
Able to scrutinise, interpret and challenge complex information presented both orally and in report form.	Computer Skills	<u>Interview</u>
<u>Good ICT skills, including virtual meetings.</u>	Ability to speak Welsh	<u>Interview</u>
Good interpersonal and communication skills.		<u>Interview</u>
Demonstrate total commitment to confidentiality issues and guidelines.		<u>Interview</u>

Special knowledge		
Essential	Desirable	
Demonstrate some knowledge and awareness of legislation associated with the MHA (1983)	Knowledge of Mental Health (Wales) Measure (2010).	<u>Interview</u>
Demonstrate some knowledge and awareness of mental illness		<u>Interview</u>
Personal Attributes		
Essential	Desirable	
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 – A plan will be agreed with AHM’s to include the following:

Curriculum Grid

Topic	Frequency of Delivery
Legal and Knowledge	
Clarity about role, legal status of AHMs (insisting on remit) and governance	Induction
Introduction to Mental Health Act + Code of Practice + Guiding principles Introduction to how MHA assessments/recalls are run	Induction (2yr update)
Introduction to the Mental Capacity Act (decision + time specific, presumption, best interests, test) & DOLs	Induction (2yr update)
Introduction to the Human Rights Act (natural justice, speedy review, Art 5 + 8)	Induction (2yr update)
Introduction to the Equalities Act (key dimensions, diversity, cultures)	Induction (2yr update)
Introduction to Data Protection Act + Information Governance	Induction (annual)
Introduction to Health & Safety at Work Act <i>including risk assessment of venues</i> (individual + corporate responsibility, key risks)	Induction (annual) CHAIR ONLY
Practical experience	
Observing different types of hearings	Induction
Ward visits	Induction
Peer support, coaching and quality monitoring.	On-going

Procedural knowledge	
Procedure at hearings (including emergency and incident handling)	Induction
Topic	Frequency of delivery
Psychiatric awareness (to be offered as developmental when required)	
Introduction to types of mental disorders	
Introduction to treatment methods	
Introduction to CTP	
Key clinical roles (nurse, AMHP, RC)	Induction
Skills	
Interpersonal skills including listening skills, using tact and sensitivity when dealing with service users, carers and relatives (attributes to be looked for in interview)	Induction
Chairing skills (assertiveness, mentoring, peer support)	Induction for Chairs
Decision recording	Induction for Chairs

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 43 (~~four~~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.
- 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. ~~The Chair of the PODSC will oversee the arrangements for training and development, 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 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; or will arrange virtual hearings, whichever is deemed most appropriate.
- 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.
- Reviewing each hearing and providing feedback will also support continued improvement.

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 (in person or virtual).

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.
- Papers may be circulated electronically for virtual meetings

9.5 The MHA Department will on occasions conduct quality assurance monitoring to report to the annual review for Mental Health Act Monitoring CommitteeMHLCC.

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.

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~~Power of Discharge Sub 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 Powers of Discharge Sub 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 Committee~~ 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 an Associate Hospital Manager and a Member of the Power of Discharge Sub ~~Group~~ Committee 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~~Chair of PODSC 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~~Chair of the PODSC. 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.

Any appeal would be made in writing to the Chair of the Mental Health Act Monitoring Committee, within 10 days of any decision. The outcome of the issues would be reviewed by the Chair of the MHAMC and a final decision on the matter would be made within 10 days.

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"> • Are the hearings you attend administered efficiently? • Is there anything you can suggest which may improve the process? 	
Hearings – activity – discuss: <ul style="list-style-type: none"> • Number of hearings • Variety of hearings • Any problems with hearings • Issues that have arisen in hearings • 	
Hearings – the clinical team: <ul style="list-style-type: none"> • Generally, is the clinical team looking after the patient usually in attendance at the meeting? 	

<ul style="list-style-type: none"> • Do reports which are presented at the hearing provide sufficient information to enable the panel to reach a decision? • Do the professionals involved produce sufficient evidence in relation to the 'burden of proof'? 	
<p>Hearings – development:</p> <ul style="list-style-type: none"> • Do you have any wish to develop further skills/knowledge in relation to specialist areas such as Chairmanship of panels, CAMHS, LD? 	
<p>Scrutiny:</p> <ul style="list-style-type: none"> • Do you undertake sessions on MHS scrutiny panels? • If not, are you willing to be trained and undertake this role? • Are there any specific training needs? <u>Any observations on the Power of Discharge Cub Committee meetings?</u> 	
<p>Development and training requirements and action plan</p>	
<p>Any other comments to note from Associate Hospital Manager / Reviewer</p>	

To confirm that the Associate Hospital Manager wishes to continue in this role and that written confirmation will be received.	
--------------------------------------------------------------------------------------------------------------------------------	--