

**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**


DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Document Approval Form for Policy 743 – Section 135, Mental Health Act Warrant to search for and remove patients
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ruth Bourke, MHA Administration Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
<u>Sefyllfa / Situation</u> The Mental Health Legislation Committee is asked to approve <i>Policy 743 – Section 135, Mental Health Act – Warrant to search for and remove patients</i> which has undergone the three yearly review process. This report provides the required assurance that Policy 190 – Written Control Documentation has been adhered to in the <i>review</i> of the above mentioned written control document and that therefore the document is in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

<u>Cefndir / Background</u>	
Is this a new or revised document?	<i>Revised Supersedes Policy 743 – Version 2 – January 2022 Section 135 Warrant to search for and remove patients</i>
Brief summary of the document	<i>Procedure for the use of Section 135 – Warrant to search for and remove patients. Outlines the process for obtaining a warrant from a magistrate’s court. Includes practical information for police officers and staff. Welsh Government Section 135/6 form is also included.</i>
Scope of the document	<i>The procedure covers all areas of the HDUHB. It applies to police officers involved in implementing a section 135 and all nursing staff, doctors and Approved Mental Health Professionals involved in Section 135.</i>
Reason(s) for developing/adopting/reviewing the document	Improve/standardise clinical/organisational procedures
	Response to complaint, incident or claim
	Response to alert, safety notifications, WHC
	Re-organisation of service/department
	New/amended legislation
	AW document, national guidance to be adopted

	Replacement/updating existing documents	✓
	Other – provide details	
Is the document about invasive procedures?	NO	
Is the document in support of avoiding a 'Never Event' as defined by WHC/2018/12?	NO	
Is the Nurse Staffing Levels (Wales) Act 2016 relevant to this document?	NO	
Owning group	Name owning group – Mental Health Written Control Documentation Group	
	Chair of owning group – Becky Temple-Purcell, Assistant Director of Nursing, MH & LD.	
	Date signed off by owning group	
Lead author	Name Ruth Bourke Job title – MHA Administration Lead	

Assurance		
Equality Impact Assessment	<p>The attached EqIA is a screening. Section 135 Mental Health Act Warrant to search for and remove patients is regarded as having a low relevance to the General Equality Duties</p> <p>It has been assessed as having a neutral impact in relation to protected characteristics YES delete as appropriate</p>	 EqIA Screening.docx
Evidence base	Does the reference section list all the sources of evidence which has informed the content of the document? YES Did the Lead Author on behalf of the Owning Group source the references themselves? YES	
	(Clinical WCDs only) <i>Has the NICE Co-ordinator reviewed the document and confirmed that relevant and up to date NICE and national guidance has informed the content of the document?</i> NO - No required for Mental Health Act policies (agreed 2023) – no changes to the detail of the policy.	
	(Clinical WCDs only) <i>If other national guidance rather than relevant NICE guidance has been used to inform the content of the document explain why</i>	
	<i>Is the document is fully compliant with the chosen evidence base?</i> YES	
Compliance with legislation/regulation/alert	<i>List the relevant legislation/regulation/alert:</i> Mental Health Act 1983	

	<p><i>Is the document in full compliance with the above legislation/regulation/alert ? YES</i> If no, identify the areas of non-compliance and the reason as to why</p>
<p>Targeted consultation of key stakeholders</p>	<p><i>List the staff groups/professional groups/clinical specialities/services that have been contacted as part of the targeted consultation:</i></p> <p>Externally: Local authorities – Carmarthenshire, Ceredigion and Pembrokeshire – involved in working group undertaking review Dyfed Powys Police - involved in working group undertaking review HM Courts and Tribunal Service Wales – 11.10.24 West Wales Action for Mental Health – response received from Director of the organisation – 16.09.24</p> <p>Internally: Mental Health Team Managers (inpatient and community) – during October 2024 Mental Health Legislation Scrutiny Group – 14.11.24 Mental Health Medical Staffing Committee 15.10.24 Procurement 13.09.24 Finance 13.09.24 Mental Health Business Management 23.09.24</p> <p>Joint Partnership Board via Chair of Mental Health Written Control Documents Group – October 2024</p> <p>All key stakeholders have confirmed that:</p> <ul style="list-style-type: none"> • they are in agreement with their relevant section of the content of the document • they are able to implement or comply with their relevant section of the content of the document • Wales Action Mental Health – positive response received from the Director of the organisation <p><i>List any feedback received from key stakeholders which has not been included in the document and the reason as to why not:</i> Not applicable</p> <p>There has not been any feedback received from key stakeholders indicating concern regarding the implementation or compliance of the document.</p>
<p>Collaboration with others (interested parties)</p>	<p><i>List the interested parties (including other groups/sub-committees and committees):</i> All parties identified above</p>

	Interagency policy with Dyfed Powys Police, Carmarthenshire Local Authority, Pembrokeshire Local Authority and Ceredigion Local Authority.
Global consultation	The policy was circulated via global consultation for a period of 2 weeks from 14.10.2024 - 28.10.2024
Patient Information	<i>Is patient information required? NO</i>
Dissemination	<i>How will the document be disseminated to those who will be required to use it or comply with it (Hywel Today is not a dissemination route)</i> Available on the Health Board sharepoint page and also a direct link on the Mental Health Act Information page via sharepoint
Implementation	Following Approval – Mental Health Legislation Committee 02.12.2024
Monitoring	<i>How and by whom and by when will compliance with the document be monitored including how any identified issues of non-compliance will be addressed?</i> All matters relating to the use of the Mental Health Act are monitored via the Mental Health Legislation Scrutiny Group and assurance via the Mental Health Legislation Committee.
Proposed review date of the document	<i>Does the document require a review date prior to the maximum standard of three years? NO</i> <i>If no, identify the next review date and reason as to why the document requires a review within 3 years</i>

Argymhelliad / Recommendation

For Mental Health Legislation Committee to assure itself, prior to approval, that Section 135 Interagency Procedure (743) has been *reviewed* in line with Policy 190 and to:

- Recommend the document for uploading to the Policy Co-ordination Officer onto the intranet (for procedures and guidelines only)

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To approve related policies and procedures
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	Choose an item. Choose an item. Choose an item. Choose an item.

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Choose an item. Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termau: Glossary of Terms:	Contained within each written control document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to XXXX Committee:	As detailed in the assessment

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	A full equality impact assessment has been undertaken for each separate policy/procedure