

Mental Health Legislation Assurance Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	April 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	2018/2019 annual overview of written control documentation owned by the MH&LD WDG
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:	Dr Phil Kloer, Medical Director and Director of Clinical Strategy
SWYDDOG ADRODD: REPORTING OFFICER:	Christine James Policy Co-Ordination Officer

Pwrpas yr Adroddiad (dilewch fel yn addas) Purpose of the Report (delete as appropriate)		
Ar Gyfer Penderfyniad For Decision	Ar Gyfer Trafodaeth For Discussion	Er Gwybodaeth For Information
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ADRODDIAD SCAA **SBAR REPORT**

<p><u>Sefyllfa / Situation</u></p> <p>The purpose of this paper is to present the Mental Health Legislation Assurance Committee with an overview, as at the end of the financial year 2018/2019, on the status of related written control documentation it is responsible for.</p> <p>This annual overview helps provide assurance in respect of the work undertaken by the Mental Health Legislation Assurance Committee during 2018/2019 and outlines the main achievements in relation to written control documentation which has contributed to robust integrated governance across the UHB.</p>
<p><u>Cefndir / Background</u></p> <p>It is imperative that the UHB has up to date and accurate written control documentation in order to comply with relevant legislation, clinical evidence and safety alerts and therefore minimise any associated risk.</p> <p>The Mental Health Legislation Assurance Committee is the 'owning' committee identified for 9 written control documents relating to mental health & learning disabilities. The annual overview provides an outline of the current status of the relevant written control documentation including review dates and details of the documents approved during 2018/2019 in line with the UHB's 190 - Written Control Document Policy.</p>

<p><u>Asesiad / Assessment</u></p> <p>The 9 related written control documents are uploaded the UHB's intranet Clinical Written Control Documentation Page. See schedule 1 which provides a summary of the status of each written control document.</p> <p><u>During 2018/2019 the following documents were reviewed and approved</u></p> <p>3 written control documents were reviewed and approved during 2018/2019 in line with the</p>
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UHB's 190 - Written Control Documentation Policy:

- 395 - [Section 136 Mental Health Act 1983 - Mentally Disordered Persons Found in Public Place - Inter Agency Procedure](#)
- 741 - [Patients Rights Procedure Section Mental Health Act 1983](#)
- 731 - [Leave of Absence Policy - S17 MHA Act 1983](#)

Documents within their review dates

8 written control documents are currently within their review dates.

Documents which have exceeded their review dates and for which extension was sought and approved during 2018/2019

None.

Documents which have exceeded their review dates

1 written control documentation has exceeded its review date of 08.01.2019 and urgent confirmation is sought that the document is fit for purpose and can remain accessible on the intranet whilst a review is finalised:

- 214 - [The provision and access to the Independent Mental Health Advocacy \(IMHA\) Service](#)

During 2019/2020 the following documents require to be reviewed

None.

The Group receive 9 months notice prior to the expiry of the review date.

Documents which were initiated and are still in development at the end of 2018/2019

The following document is currently being developed in line with Policy 190 – Written Control Documentation:

- 743 - Section 135 MHA 1983: Warrant to search for and remove patients Policy

Documents which have been removed from the intranet during 2018/2019

None.

Audit of documents on the intranet

An audit of the UHB's intranet pages has identified a number of written control documents, which have been uploaded directly onto library pages but of which the governance is unclear. There is an urgent need for these documents to be reviewed and managed in line with Policy 190 – Written Control Documentation.

There are no mental health legislation related documents which have been highlighted as part of the audit.

Argymhelliad / Recommendation

For the MH&LD WDG to take note of the status of the written control documentation it has responsibility for and to take appropriate action in line with Policy 190 – Written Control Documentation:

- Finalise development of written control documents as listed above
- Provide CWCDG with the assurance that the written control documents which have expired remain fit for purpose whilst being reviewed and can therefore remain on the policy, procedure and other written control documentation intranet webpage
- Finalise reviews of written control documents as listed above
- Review written control documents as listed above in a timely manner

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 Person Centred Care Safe Care Effective Care Dignity care Timely care Individual care Staff & resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	9 - To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable Choose an item. Choose an item. Choose an item.

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 within each written control document

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
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:	Not applicable
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

SCHEDULE 1 – STATUS OF WRITTEN CONTROL DOCUMENTATION OWNED BY THE MENTAL HEALTH LEGISLATION ASSURANCE GROUP

	Exceeds review date
	Due for review later in 2019
	Due for review 2019/2020

Number	Written Control Document	Review Date
214	The provision and access to the Independent Mental Health Advocacy (IMHA) Service	08/01/2019
625	Community Treatment Order Policy	14/12/2020
596	Doctors Holding Power Policy - Section 5(2)	14/12/2020
363	Hospital Managers' Scheme of Delegation Procedure Mental Health Act 1983	14/12/2020
626	Nurses Holding Power Policy - Section 5(4)	14/12/2020
688	Section 117 After-care Joint Health Board and Local Authorities Policy	15/03/2021
731	Leave of Absence Policy - S17 MHA Act 1983 -	13/09/2021
741	Patients Rights Procedure Section Mental Health Act 1983	13/09/2021
395	Section 136 Mental Health Act 1983 - Mentally Disordered Persons Found in Public Place - Inter Agency Procedure	13/09/2021