

Reference Number: UHB 408	Date of Next Review: 26/06/2021
Version Number: 1	Previous Trust/LHB Reference Number: N/A
<p align="center">Community Treatment Order Procedure Mental Health Act, 1983</p>	
<p>Introduction and Aim</p> <p>This document supports the Community Treatment Order Policy, Mental Health Act, 1983.</p> <p>To ensure staff are aware of their individual and collective responsibilities when considering and assessing individuals for CTOs</p> <p>To Provide clear guidance to staff in relation to their legal responsibilities under the Mental Health Act 1983 as amended by the MHA 2007.</p> <p>To Ensure that statutory requirements under the Mental Health Act 1983 are met.</p>	
<p>Objectives</p> <p>This procedure describe the following with regard to a CTO</p> <ul style="list-style-type: none"> • The purpose of a CTO • The process for assessing the suitability for the use of a CTO • The duties of the practitioners and agencies involved in the management of patients subject to a CTO <p>Practitioners must have due regard to the Mental Health Act Code of Practice generally and specifically to the Guiding Principles when they are considering the use of CTOs. This will ensure that considerations are given as to whether the objectives can be met in a less restrictive way.</p>	
<p>Scope</p> <p>This procedure is applicable to employees within all Mental Health inpatient settings, community settings and general hospital settings, including those with honorary contracts where patients are subject to Community Treatment Orders.</p>	
<p>Equality and Health Impact Assessment</p>	<p>There is potential for both positive and negative impact. The procedure is aimed at improving services and meeting diverse needs. Mitigation actions are already in place to offset any potential negative outcome, e.g. through the monitoring of the procedure. There is nothing, at this time, to stop the procedure from being implemented.</p>
<p>Documents to read alongside this Procedure</p>	<ul style="list-style-type: none"> • The Mental Health Act 1983 (as amended by the Mental Health Act 2007) • Mental Health (hospital, guardianship, community treatment and consent to treatment)(Wales)

	<p>regulations 2008</p> <ul style="list-style-type: none"> • The Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards delegated to this Act under the Mental Health Act 2007) • The respective Codes of Practice of the above Acts of Parliament • The Human Rights Act 1998 (and the European Convention on Human Rights) • Domestic Violence, Crime and Victims Act, 2004 <p>All Cardiff and Vale policies on the Mental Health Act 1983 as appropriate including:</p> <p>Community Treatment Order Policy Hospital Managers' Scheme of Delegation Policy Hospital Managers' Scheme of Delegation Procedure</p>
Approved by	Mental Health and Capacity Legislation Committee

Accountable Executive or Clinical Board Director	<i>Chief Operating Officer</i>
Author(s)	<i>Mental Health Act Manager</i>
<p style="text-align: center;"><u>Disclaimer</u></p> <p style="text-align: center;">If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	26/06/2018	02/07/2018	New document

Glossary of terms

Term	Definition
AC	Approved Clinician – A mental health professional approved by the Welsh Ministers to act as an approved clinician for the purposes of the Act. In practice, Health Boards take these decisions on behalf of the Welsh Ministers
AMHP	Approved Mental Health Professional - A professional with training in the use of the Act, approved by a local authority to carry out a number of functions under the Act.
AWOL	Absent without leave - when CTO patients and conditionally discharged restricted patients don't return to hospital when recalled
CTO	Community Treatment Order – Written authorisation on a prescribed form for the discharge of a patient from detention in a Hospital onto supervised community treatment
HIW	Healthcare Inspectorate Wales – The independent body which is responsible for monitoring the operation of the Act in Wales.
IMHA	Independent Mental Health Advocate – An advocate independent of the team involved in patient care available to offer support to patients.
MDT	Multi Disciplinary Team
MHRTfW	Mental Health Review Tribunal for Wales – A judicial body that has the power to discharge patients from detention, community treatment orders, guardianship and conditional discharge
Part 4A treatment	The Part of the Act which deals with the medical treatment for mental disorder of CTO patients when they have not been recalled to hospital.
RC	Responsible Clinician - The approved clinician with overall responsibility for the patient's case.
SOAD	Second Opinion Approved Doctor – An independent doctor appointed by Healthcare Inspectorate Wales who gives a second opinion on whether certain types of medical treatment for mental disorder should be given without the patient's consent.
Section 5	The powers in Section 5 allow hospital inpatients to be detained temporarily so that a decision can be made about whether an application for detention should be made.
Section 25	Restrictions on discharge by nearest relatives
Section 62	Urgent treatment given to detained patients
Section 20A	Community treatment period

Section 23	Discharge of patients
Section 58 treatment	A form of medical treatment for mental disorder to which the special rules in section 58 of the Act apply, which means medication for mental disorder for detained patients after an initial three-month period.
Section 117	Aftercare - Services provided following discharge from hospital; especially the duty of health and social services to provide after-care under section 117 of the Act following the discharge of a patient from detention for treatment under the Act. The duty applies to CTO patients and conditionally discharged patients, as well as those who have been absolutely discharged.

Keywords	CTO, Mental Health Act, Section, Supervised Community Treatment, Community Treatment Order
----------	--

CONTENTS

1.	Introduction	7
2.	Procedure Statement	7
3.	Scope	7
4.	Matters for consideration for care in the community	7
5.	Who is eligible for CTO	7
6.	Eligibility Criteria	8
7.	Recommendation by the Mental Health Review Tribunal (MHRT)	8
8.	Risk Assessment	8
9.	Assessment for CTO	8
10.	Consultation	9
11.	Who to consult	9
12.	Who makes the decision	9
13.	The role of the Approved Mental Health Professional	9
14.	Care and treatment planning meeting	10
15.	Conditions	10
16.	Completing a community treatment order	11
17.	Commencement of CTO	11
18.	Duration of CTO	11
19.	Community Treatment Period	12
20.	Giving information to the patient	12
21.	Giving information about the Independent Mental Health Advocate to the patient	12
22.	Variations in/suspension of any conditions of a CTO	12
23.	Change of Responsible Clinician	13
24.	Medical treatment for mental disorder in the community	13
25.	Agreeing location for CTO patient to be examined by the SOAD	13
26.	CTO – prior arrangements and preparation for a SOAD’s visit	14
27.	Arranging for a SOAD visit	14
28.	CTO patient – identifying attorney/advance decisions	14
29.	SOAD visit – planned visit to a community facility	14
30.	Effect of CTO	15
31.	Application for discharge from CTO	15
32.	Informing CTO patient of location of the MHRT hearing	15
33.	Access to patients clinical records	16
34.	Legal representation	16

Document Title: Community Treatment Order Procedure	6 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

35.	Attendance at hearings	16
36.	Monitoring CTO patients	16
37.	Responding to concerns raised by carers and others	17
38.	Admission to hospital of CTO patients on a voluntary basis	17
39.	Procedure for recall of CTO patients to hospital	17
40.	Community patients who are absent without leave	18
41.	Powers in respect of recalled patients	19
42.	Power of recall to a hospital other than the responsible hospital	19
43.	Transfer of a recalled patient	19
44.	Transfer of a recalled CTO patient to a hospital under different managers	20
45.	Assignment of responsibility for CTO patients	20
46.	Records to be kept for recalled patient	20
47.	Medical treatment for mental disorder – Recalled patients	21
48.	Revoking a CTO	22
49.	Effect of revoking a CTO	22
50.	Medical treatment for mental disorder – on revocation of a CTO	22
51.	Duty to inform nearest relative	23
52.	Extension of community treatment period	23
53.	Consultation by RC prior to extension of community treatment period	23
54.	How can a community patient be discharged from CTO?	23
55.	Effect of expiry of a CTO	23
56.	Safeguards for CTO patients	24
57.	Monitoring	24
58.	Training	24
59.	Implementation	24
60.	Responsibilities	24
	60.1 Chief executive	24
	60.2 Chief Operating Officer	24
	60.3 Community Team Managers/Service Managers	24
61.	References	25
62.	Appendices	25
	APPENDIX A Treatment with medication for patients in community	26/27

Document Title: Community Treatment Order Procedure	7 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

1. INTRODUCTION

This procedure sets out to describe the process of using Community Treatment Orders (CTO). Those on CTO will be known as community patients. It also gives guidance on the duties of the practitioners involved in the management of CTO.

CTO provides a statutory framework for community patients to receive their aftercare. It also allows conditions to be applied to the patients and gives the Responsible Clinician (RC) the power to recall the patient to hospital for treatment if it becomes necessary. Hence, for suitable patients, CTO will provide a positive alternative to treatment in hospital and an opportunity to minimise the disruption in their lives and reduce the risk of social exclusion.

2. PROCEDURE STATEMENT

This procedure has been developed to guide staff on the implementation and management of Community Treatment Orders (CTOs) in accordance with the Mental Health Act 1983 as amended by MHA 2007. This guidance has been developed in line with the Mental Health Act 1983 Code of Practice for Wales 2016 ("the Code of Practice").

CTOs are intended to allow suitable patients to be safely treated in the community rather than under detention in hospital, and to provide a way to help prevent relapse and harm to the patient or to others. It is one of a range of options for mental health treatment in the community and is implemented through the making of a CTO.

3. SCOPE

This procedure is applicable to employees within All Mental Health inpatient settings, community settings and general hospital settings where patients are subject to Community Treatment Orders.

4. MATTERS FOR CONSIDERATION FOR CARE IN THE COMMUNITY

To support and deliver care in the community for a patient detained on a treatment order, the options include:

- Section 17 leave of absence. This can be short term or for extended leave of absence (Section 17);
- Section 117 aftercare;
- Transfer onto guardianship; or
- Community treatment order.

5. WHO IS ELIGIBLE FOR CTO

To be considered for CTO a patient must be currently detained under section 3 of the Mental Health Act (MHA) or an unrestricted Part 3 patient (section 37, section 45A, section 47 or

Document Title: Community Treatment Order Procedure	8 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

section 48). Those detained for assessment on section 2 are not eligible. Furthermore, CTO can only be used for patients whose treatment needs have already been assessed in hospital under one of the above-mentioned detention orders and if they meet the eligibility criteria.

6. ELIGIBILITY CRITERIA

The patient's treatment needs have already been fully assessed under section 3 or as an unrestricted Part 3 patient and the patient is still liable to be detained. An individual patient can be discharged onto CTO if s/he satisfies the eligibility criteria, which are that:

- The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment;
- It is necessary for the patient's health or safety or for the protection of other persons that they should receive such treatment;
- Subject to the patient being liable to be recalled as mentioned below, such treatment can be provided without the patient continuing to be detained in a hospital;
- It is necessary that the responsible clinician should be able to exercise the power under s17E(1) of the Act to recall the patient to hospital; and
- Appropriate medical treatment is available for the patient.

7. RECOMMENDATIONS BY THE MENTAL HEALTH REVIEW TRIBUNAL (MHRT)

The MHRT may decide not to discharge a patient who has made such an application to them. The MHRT may decide, instead, to recommend that the RC should consider whether the patient should go onto CTO (qualifying patients only). The RC will carry out the assessment of the patient's suitability for CTO in the usual way.

However, it will be for the RC to decide whether or not CTO is appropriate for that patient. The assessment may have to be carried out within a period of time as allowed for by the MHRT.

8. RISK ASSESSMENT

Whilst determining whether the criteria to recall the patient is met, the RC shall consider, having regard to the patient's history of mental disorder and any other relevant factors, what risks there would be of a deterioration of the patient's condition if s/he were not detained in a hospital. The following must be assessed:

- Failure to follow a treatment plan;
- Patient's insight and attitude to treatment;
- The risk of patient's condition deteriorating after discharge;
- The risk of harm arising from the patient's disorder is sufficiently serious to justify the power of recall;
- The co-operation of the patient in consenting to the proposed treatment.

9. ASSESSMENT FOR CTO

The Responsible Clinician and the Approved Mental Health Professional (AMHP) will need to consider whether the objectives of CTO could safely and effectively be achieved in a less

Document Title: Community Treatment Order Procedure	9 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

restrictive way. The RC will decide whether CTO is the right option for any patient and requires the agreement of the AMHP. The RC must be satisfied that appropriate treatment is, or would be, available for the CTO patient in the community. The key factor is whether the patient can safely be treated for mental disorder in the community with the RC's power to recall the patient to hospital for treatment if necessary. The RC would also assess the risk there would be of the patient's condition deteriorating after discharge, e.g. as a result of refusing or neglecting to receive treatment.

10. CONSULTATION

When the RC considers that a patient may be suitable for CTO, then the first step would be to consult with those involved in the care of the patient including the care coordinator and, where applicable, a different RC who will take over the responsibility for the patient in the community. Consultation is necessary when a CTO is first considered but it should also take place on any review of CTO, when a change of condition is considered and prior to recall of a community patient unless the need for recall is too urgent.

The patient does not have to consent formally to CTO. However, in practice patients need to be involved in decisions about the treatment to be provided in the community and how and where it is to be given, and be prepared to co-operate with the proposed treatment.

The RC must be fully aware of the diverse needs of the patient when considering a CTO and must take them into account at all times. They must ensure the patient fully understands what is happening to them in a language and format which they are able to understand, this will include sensory and cognitive abilities and physical impairment. Where necessary, an interpreter should be obtained.

11. WHO TO CONSULT

- The patient, who may be supported by the Independent Mental Health Advocate (IMHA);
- The care coordinator;
- A different RC (if applicable) who will take over responsibility for the CTO patient;
- The nearest relative/carers (unless the patient objects or it is not reasonably practical)
- The multi-disciplinary team involved in the care of the patient;
- Anyone with authority to act on behalf of the patient under the MCA 2005, such as an attorney or a deputy;
- The GP; it is important for the GP to be aware that the patient is to go onto CTO. A patient without a GP should be encouraged and helped to register with a practice; and
- Other relevant professionals.

12. WHO MAKES THE DECISION

The RC and the AMHP make the decision as to whether a CTO is the right option for the patient. They would also have considered whether there is a less restrictive way to achieve the same objectives. The RC must be satisfied that the relevant criteria are met. An AMHP must state in writing that they agree with that opinion and that it is appropriate to make the order. This will be done by completing the appropriate part of Form CP 1.

Document Title: Community Treatment Order Procedure	10 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

13. THE ROLE OF THE APPROVED MENTAL HEALTH PROFESSIONAL (AMHP)

The AMHP must reach an independent professional view. The AMHP should ensure that they consider the patient's wider social circumstances including any cultural issues. They should also consider any support networks the patient may have, the potential impact on the patient's family, employment and educational circumstances.

If the AMHP does not agree that a CTO should be made or does not agree to the conditions, the CTO cannot proceed. It would not be appropriate for the RC to approach another AMHP in the absence of changes to the plan. Where such disagreement occurs, an alternative plan should be developed by the relevant professionals.

When an AMHP disagrees to the making of a CTO, s/he should make a written entry to that effect in the patient's clinical record.

14. CARE AND TREATMENT PLANNING MEETING

CTO patients are entitled to aftercare services under section 117 of the Act. The care and treatment plan will reflect the needs to be met by the services from the Health Board and the Local Social Services Authority (LSSA). Such care plan, coherent with CTO, must be in line with the requirements of care and treatment planning and a care coordinator will need to be identified. Good care planning will be essential to the success of CTO. This would include an appropriate package of treatment and support services and the identification of a care coordinator. There would be a record of the patient having an attorney if applicable and also of any advance decisions.

As part of the pre-discharge arrangement, the team should identify the statutory consultees who will have to meet the second opinion approved doctor (SOAD) in person during their forthcoming visit for the purpose of providing a Part 4A Certificate. Again the local venue where the patient must attend to be examined by the SOAD must be agreed with the patient.

Before giving a Part 4A certificate, the SOAD will need to consult two other persons who have been professionally concerned with the patient's medical treatment. At least one must not be a doctor and neither must be the patient's RC or the Approved Clinician (AC) in charge of the patient's treatment in question (see s64(H)(3)(a)(b)).

15. CONDITIONS

A CTO will specify the conditions to which the patient is to be subject whilst on a CTO. All CTOs must include the "mandatory conditions":

- A condition that the patient must avail themselves for examination when an extension of the CTO is being considered; and
- Where necessary to allow a second opinion approved doctor (SOAD) to provide a Part 4A certificate authorising the patient's treatment in the community.

The MHA Code of Practice for Wales suggests that the RC with the agreement of the AMHP may also set other conditions that are necessary or appropriate to ensure one or more of the following purposes:

- Ensuring that the patient receives medical treatment;
- Preventing risk of harm to the patient's health or safety;

Document Title: Community Treatment Order Procedure	11 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

- The protection of other persons.

With the exception of the two mandatory conditions, other conditions are in themselves not enforceable. The reasons for any conditions should be explained to the patient and others and be recorded in the patient's notes.

Where applicable the RC should take account of any representation from a victim or their family, where the provisions of the Domestic Violence, Crime and Victims Act 2004 apply.

The conditions might include stipulating:

- Where a community patient is to live;
- The arrangements for receiving treatment in the community;
- The avoidance of the use of illegal drugs and/or alcohol where their use has led to relapse in their mental disorder.

16. COMPLETING A COMMUNITY TREATMENT ORDER

The RC is responsible for initiating the process. The patient is entitled to ask the (IMHA) to support them at this point. Staff should assist the patient in contacting the IMHA if requested. The decision to go ahead is a joint one by the RC and the AMHP (who may be a member of the multidisciplinary team).

- The RC completes Part 1 of the Statutory Form CP1;
- The AMHP completes Part 2 of the Form CP1;
- The RC completes Part 3 of the above Form CP1;
- As soon as reasonably practical the RC shall furnish the Mental Health Act Administrator (on behalf of the managers of the responsible hospital) with the duly completed Form CP 1 together with an up-to-date risk assessment and care and treatment plan;
- The Mental Health Act Administrator will ensure that a copy of the Form CP1 is scanned onto PARIS and the original kept in the patients legal file;
- The date on which the patient is discharged on CTO shall be the date on Part 3 of the duly completed Form CP1;
- The community patient is informed of the effect of CTO by the care coordinator / Mental Health Act Administrator;
- A copy of the CP1 is sent to the patients GP

17. COMMENCEMENT OF CTO

The day on which the CTO is made is determined by the date on the duly completed Part 3 of Form CP1. Hence, that will be the date on which the patient shall be discharged onto CTO. Similarly, for patients who are already on s17 leave, they will instead be 'transferred' onto CTO from that date. This date may be a short period after the date on which the form is signed, to allow for arrangements to be put in place for the patient's discharge.

When the CTO is in force, the patient becomes a 'community patient' and the treatment order they are subject to does not expire and the hospital managers' authority to detain is suspended.

Document Title: Community Treatment Order Procedure	12 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

18. DURATION OF CTO

The CTO will be in force, until:

- The community treatment period expires;
- The patient is discharged by the Responsible Clinician or Hospital Managers under s23 or under a direction by the MHRT under s72 (1)(c);
- (For Part 2 Patients) the nearest relative applies for discharge and it is not barred by the RC;
- The patient no longer satisfies all the criteria for CTO;
- The CTO is revoked under s17F.

19. COMMUNITY TREATMENT PERIOD

The community treatment period shall cease to be in force on expiry of the period of six months beginning with the day on which it was made. The day it was made is arrived at by the date on the duly completed Part 3 of Form CP1. Unless the CTO has previously ceased to be in force, it can be extended for a period of six months and thereafter for a period of one year at a time.

20. GIVING INFORMATION TO THE PATIENT

Following the decision to make the CTO, the RC should inform the patient and others consulted of:

- The decision;
- The conditions to be applied to the CTO; and
- The services which will be available for the patient in the community.

Unless the patient objects, the nearest relative should be informed where practicable of the conditions to be applied and of their right to apply for the discharge of the patient from CTO.

21. GIVING INFORMATION ABOUT THE IMHA TO CTO PATIENTS

CTO Patients are qualifying patients for the purpose of accessing the services of the Independent Mental Health Advocate (IMHA). The care coordinator will give CTO patients information both orally and in writing as soon as practicable after the patient goes onto CTO about the availability of the IMHA service. This may be done as soon as practicable when the CTO is being considered.

The Mental Health Act Administrator will send such information to the Nearest Relative, unless the patient requests otherwise (or does not have a Nearest Relative).

22. VARIATIONS IN / SUSPENSION OF ANY CONDITIONS OF A CTO

With exception of the two mandatory conditions, the RC may vary or suspend any of the above conditions applied to a community patient. There is no requirement for the RC to obtain an AMHP's agreement before doing so. Unless there is an urgent need to vary, it would be good practice to obtain an AMHP agreement before doing so. Any variation of the conditions by the RC shall be recorded on Form CP2. The RC may by order in writing vary the conditions of the CTO from time to time. Additionally, the RC may suspend any condition specified in the CTO. The RC may consider any failure to comply with the conditions for the purpose of recalling the

Document Title: Community Treatment Order Procedure	13 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

patient. However, the power to recall is not restricted to cases where there is such a failure. The RC should record any decision to suspend conditions in the patient's notes, with reasons.

As soon as practicable, the RC shall furnish the Mental Health Act Administrator with a duly completed Form CP2. The Mental Health Act Administrator will ensure that a copy is sent to the care coordinator and that the information about any such changes is brought to the attention of the patient and anyone affected by the changes. They must understand the reasons for the changes and how to comply with them. The original Form CP2 will be filed with the Form CP1 in the patient's legal file.

23. CHANGE OF RESPONSIBLE CLINICIAN

In certain circumstances, the RC for an inpatient may not be the RC for the CTO patient. In such cases, at an early stage of planning for the CTO the RC must liaise with the different RC to take over responsibility for the patient. Hence, as part of the CTP review, on the inpatient unit both the community team and the different RC who will take over the responsibility for the CTO patient must attend such reviews. Alternatively, transfer can take place during a CTP review and the CTO patient informed accordingly.

24. MEDICAL TREATMENT FOR MENTAL DISORDER IN THE COMMUNITY

The provision of medical treatment for mental disorder is governed by the new Part 4A of the Act. There are two types of requirements in Part 4A, namely authority and certification. In all cases, the person giving the treatment must have the authority to do so and the certificate requirement must be met for section 58 and 58A type treatment.

To a negligible extent, those on CTO who are under the age of 16 may have the competence to consent to the treatment. The MCA 2005 is not directly relevant. The child's own consent will provide the authority. However, the Act also requires a SOAD or the AC in charge of their treatment to certify this on a Part 4A certificate. Under 16 year olds, who do not have competence, can be treated by the AC in charge of the treatment or someone acting under the AC's direction provided certain conditions are satisfied.

CTO patients with capacity to consent cannot be treated in the community against their wishes. A CTO patient will be recalled to hospital when treatment for the patient's mental disorder is clinically necessary and the patient is not consenting. There are no exceptions to this rule, even in emergencies.

The authority to treat patients who lack capacity to consent to a treatment may come from an attorney, a deputy or the Court of Protection. The AC in charge of the treatment or someone acting under that AC's direction would be able to provide treatment to the person who lacks capacity provided certain conditions are met (see ch 24.17 of the Code). The only exceptions will be in emergencies where patients lack the capacity to consent to treatment which is immediately necessary to prevent harm to the patient and is a proportionate response to that harm.

25. AGREEING LOCATION FOR CTO PATIENT TO BE EXAMINED BY THE SOAD

As part of the above 'mandatory conditions' the RC will inform the patient of the exact location where the patient would be examined by the SOAD with regard to the provision of a Part 4A

Document Title: Community Treatment Order Procedure	14 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

certificate. The location would normally be a local outpatient facility, day hospital or somewhere that the patient might visit regularly such as a drop-in centre. In some circumstances a local inpatient facility may be used should the patient be required to attend the facility as part of the care plan. Prior to using such non-NHS locations the care coordinator would have obtained the agreement of the centre in question. The location will have a facility for the SOAD to interview the patient in private unless agreed otherwise.

26. CTO – PRIOR ARRANGEMENT AND PREPARATION FOR A SOAD'S VISIT

The Mental Health Act Administrator will be aware whenever a patient is discharged onto CTO. The MHA Administrator on behalf of the RC will contact Healthcare Inspectorate Wales (HIW) to request an SOAD for a patient discharged on CTO. The RC would also identify the location where the patient will attend for reviews and hence to be examined by the SOAD.

HIW or the SOAD will contact the care coordinator and/or Mental Health Act Administrator to confirm a date and time and a mutually agreed venue for the SOAD's visit.

27. ARRANGING FOR A SOAD VISIT

If a SOAD is required to provide for treatment under Part 4A, arrangements should be made prior to the CTO patient leaving the inpatient facility. The Community Responsible Clinician should complete HIW SOAD Request Form (CTO only) and identify the two consultees. In this instance, the care coordinator is ideally placed to be one of the consultees. The care coordinator may be a nurse, an Occupational Therapist (OT) or an AMHP but not a registered medical practitioner. The second consultee can be a registered staff member who has been professionally concerned with the patient's medical treatment such as a doctor, OT or AMHP, but not the patient's RC or the Approved Clinician in charge of the treatment in question.

In circumstances whereby the care coordinator would be on leave s/he will make the necessary arrangements for another registered staff member who has been professionally concerned with the patient's medical treatment to take his/her place as the lead professional. The patient's health record should be made available to the SOAD on the day of the visit.

28. CTO PATIENT – IDENTIFYING ATTORNEY / ADVANCE DECISIONS

If the patient lacks capacity to consent to treatment, the care coordinator will remind the RC/AC to inform the SOAD if the patient has an attorney or deputy and details of any advance decisions or any expressed views, wishes or feelings, both past and present.

29. SOAD VISIT – PLANNED VISIT TO A COMMUNITY FACILITY

The care coordinator will contact the patient to inform him/her of the venue, date and time s/he must attend for an examination by the SOAD. The care coordinator will remind the patient of the above and make suitable transport arrangements if necessary.

The following should be made available on the day of the visit:

- The treatment proposal for the patient completed by the RC;
- The clinical records of the patient containing the MDT meeting notes on which it was based (can be given before or at the time of the visit);

Document Title: Community Treatment Order Procedure	15 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

- The relevant CTO papers;
- The statutory consultees;
- Any other relevant people, including the IMHA or any attorney/deputy of the patient;
- The treatment proposed to be authorised in case the patient is recalled to hospital completed by the RC/AC in charge of the treatment.

Wherever possible the SOAD will discuss the case with the RC/AC in charge of the treatment in question face to face and also the two statutory consultees. If this is not possible at the time of the visit the SOAD will make telephone contact with them.

The care coordinator may take copies of the Part 4A certificate to keep in the patient's record. The original must be posted to the Mental Health Act Administrator who will scan the certificate onto PARIS.

30. EFFECT OF CTO

The application for treatment will not cease to have effect because the patient has become a 'CTO patient'. However, whilst the patient remains on a CTO:

- The authority of the managers to detain him (section 6(2)) with regard to that application shall be suspended; and
- Any reference however expressed in this or any other legislation to patients liable to be detained or detained under this Act shall not include that patient on a CTO.
- Furthermore, whilst the patient remains on CTO, section 20 shall not apply to the patient, however, section 20A will apply.

The authority for the detention of the patient shall not expire during any period in which that authority is suspended.

31. APPLICATION FOR DISCHARGE FROM CTO

CTO patients are entitled to request the hospital managers to consider their discharge from CTO. Additionally, their nearest relative can apply for their discharge from CTO giving 72 hours' notice, unless the RC issues a barring certificate. They are also entitled to apply to the MHRT during each period of detention or renewal of detention. The hospital managers shall refer them, should they not have applied to a Tribunal, to a MHRT after six months and three years.

The unbroken period of detention together with the period of CTO, whether they have been recalled or not, and when the CTO is revoked counts as a continuous period of time for both referrals to the MHRT and treatment under Part 4 of the Act. Such a period will only be broken should the patient be received onto guardianship or when they are discharged by the MHRT or under section 23 of the Act.

The effect of discharge is to end the CTO and liability to detention. The patient can no longer be recalled to hospital or required to stay in hospital.

32. INFORMING CTO PATIENT OF LOCATION OF THE MHRT HEARING

CTO patients will be entitled to ask for a tribunal hearing. As they would be community patients the hearing need not necessarily take place in the hospital. When a CTO patient applies to the

Document Title: Community Treatment Order Procedure	16 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

MHRT the care coordinator will inform the patient of the agreed location of the tribunal hearing. The Mental Health Clinical Board should identify a community setting where such hearings can take place for CTO patients being treated in the community.

33. ACCESS TO PATIENTS' CLINICAL RECORDS

The medical member of the Tribunal may want to examine the patient before the hearing takes place. Hospital Managers must ensure that the medical member can see the patient in private and any records relating to the patient's detention or treatment, to be produced for their inspection. The patient should be told of the visit in advance so that they can be available to meet the medical member.

34. LEGAL REPRESENTATION

Patients should be informed that they are entitled to free legal advice and representation. Hospital Managers and local social services authorities should inform patients of their rights to present their own case to the Tribunal or to be represented by someone else. A list of solicitors who undertake tribunal work should be available for use by patients – this is especially important for CTO patients who may not have daily contact with professionals.

35. ATTENDANCE AT HEARINGS

It is important that the Responsible Clinician and other relevant staff involved in the patient's care should attend for the full hearing, as their evidence will be crucial in the decision reached by the Tribunal as to whether the patient still meets the criteria for CTO under the Act.

Patients do not need to attend the hearing but should be encouraged to do so, unless it would be detrimental to their health or wellbeing. Wherever possible the RC and other relevant staff should attend the full hearing so they are aware of all the evidence and the tribunal's decision and reasons.

36. MONITORING CTO PATIENTS

CTO should form a part of the patient's care and treatment plan, in accordance with section 8 of the Mental Health (Wales) Measure 2010 and regulations pursuant to it.

It will be important to maintain close contact with a patient on CTO and to monitor their mental health and wellbeing. The care coordinator will normally be responsible for coordinating the care and treatment plan, working with the RC, the team responsible for the patient's care and any others with an interest. The type and scope of the arrangements will vary depending on the patient's needs and individual circumstances and would include access to services provided locally. Appropriate action will need to be taken if the patient becomes unwell, engages in high risk behaviour as a result of mental disorder, or withdraws consent to treatment or begins to object to it. The reasons for a failure to comply with any condition must be considered and if necessary reviewed. The patient's compliance with the conditions will be a key indication of how CTO is working in practice.

Document Title: Community Treatment Order Procedure	17 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

If the patient refuses crucial treatment, an urgent review of the situation will be needed. If suitable alternative treatment is available which would allow CTO to continue safely and which the patient would accept, the RC should consider such treatment if this can be offered.

A failure to comply with a condition is not in itself enough to justify recall. Each case should be considered on its own merits and any actions are proportionate to the level of risk posed by the patient's non-compliance.

37. RESPONDING TO CONCERNS RAISED BY CARERS AND OTHERS

The care coordinator / community team must give due weight to any concerns raised that the patient is not complying with any conditions and/or that their mental health is deteriorating. The care coordinator / Community Mental Health Team (CMHT) / out-of-hours services will deal with any such concern as an urgent referral. The practitioner concerned will access the CTO patient's records including the care plan and risk assessment.

The practitioner concerned will also obtain all the relevant details of the concerns to make a decision as to whether to meet with the person who raised the concerns and/or the CTO patient. Depending on the risk, the practitioner concerned / care coordinator will discuss the concerns with the RC / on-call consultant so that the RC / on-call consultant can decide whether to recall the CTO patient or not.

38. ADMISSION TO HOSPITAL OF CTO PATIENTS ON A VOLUNTARY BASIS

CTO patients may agree to be admitted to hospital on a voluntary basis. Clearly, on such occasions the CTO patient would not have been recalled to hospital by their RC. Such patients may be referred to as 'Part 4A patients'. CTO patients who are in hospital on a voluntary basis can be recalled if there is a need to. However, as Part 4A 'patients' the medical treatment they may receive is governed by the rules applied to CTO patient as in Chapter 25 of the Code.

The Mental Health Act Administrator will send a reminder to the RC to undertake a review to determine if the patient still satisfies all the criteria for CTO, whilst the patient remains on the ward.

39. PROCEDURE FOR RECALL OF CTO PATIENTS TO HOSPITAL

The power to recall includes circumstances when the community patient is already in hospital at the time the power of recall is exercised. The RC may recall a community patient if s/he is of the opinion that:

- The patient requires medical treatment for his mental disorder in hospital; and
- There would be a risk of harm to the health or safety of the patient or to other persons if the patient was not recalled to hospital for that purpose.

Failure to comply with the conditions of attending for medical examination as required will result in the RC recalling a community patient. The notice in writing to recall the community patient to a named hospital shall be sufficient authority for the managers of that hospital to detain the patient in hospital.

Document Title: Community Treatment Order Procedure	18 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

All patients on CTO have a hospital which is responsible for oversight of their case while they are in the community. The Act referred to this hospital as the “responsible hospital”. There is no special procedure to follow if the CTO patient is re-assigned to another hospital which is under the same managers.

The RC may recall a patient to a hospital other than the responsible hospital. In such instances, the RC has responsibility for coordinating the recall process, unless agreed with someone else. The power of recall will be carried out by notice in writing to the patient. The RC will complete Form CP5 to recall a community patient. Two copies of the completed Form CP5 must be taken. One copy is to be kept on the patient’s records and the original faxed and forwarded to the Mental Health Act administrator.

It will not usually be appropriate to post a notice of recall to the CTO patient. It is important that, whenever possible, the notice should be handed to the patient personally. When the need for recall is urgent, it will be important that there is certainty as to the timing of the delivery of the notice. When such a notice of recall is handed to the patient, it is effective immediately. This may not be possible if the patient’s whereabouts are unknown, or if the patient is unavailable or simply refuses to accept the notice.

Regulation 3 of the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 states that a notice of recall may be served by delivery to the patient’s usual or last known address. Delivery of the recall notice relating to CTO is secured by delivery in person or by pre-paid post.

SERVING THE NOTICE – WHEN NOT HANDED TO CTO PATIENT

- If it is urgent, the notice should be delivered **by hand** to the patient’s usual or last known address. The notice is then **deemed to be served** (even though it may not actually be received by the patient) on the **day after it is delivered**. That is, the day beginning immediately after midnight following delivery.
- First class post can be used. The notice is deemed to be served on the second working day after posting. Sufficient time must be allowed, as detailed above, for the patient to receive the notice before any action is taken to ensure compliance.

Once the notice of recall is duly served the patient can be treated as absent without leave if that is necessary and taken and conveyed to hospital. Should the police be informed, the care coordinator would inform the police that the CTO patient has been duly recalled and is now absent without leave.

There may be cases whereby the patient’s whereabouts are known but access to the patient cannot be obtained. In such cases, it may be necessary to consider whether a warrant issued under section 135 (2) is needed.

40. COMMUNITY PATIENTS WHO ARE ABSENT WITHOUT LEAVE

Patients on CTO are considered to be absent without leave (AWOL) if:

- They fail to return to hospital when they are recalled; or
- They abscond from hospital following recall.

Document Title: Community Treatment Order Procedure	19 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

Hence, such a patient, who is AWOL, may be taken into custody by an AMHP, an officer on the staff of the responsible hospital, a constable or anyone authorised in writing by the RC or the Hospital Managers, and returned to the hospital to which they were recalled.

That may only be done before:

- The time at which the CTO is due to expire (assuming it were not to be extended); or
- The end of the six months beginning with the first day of the absence without leave, if that is later.

If patients are taken into custody, or come to the hospital voluntarily, before the end of the period during which they could be taken into custody, the 72 hours for which they can be detained effectively starts again on their arrival at the hospital, even if they had already been detained for part of that period before they went AWOL.

Special arrangements apply if a patient is AWOL at any point during the week which ends on the day their CTO is due to expire, and an extension report has yet to be made. The arrangements are equivalent to those of Part 2 detained patients.

If a patient is taken into custody, or comes to the hospital voluntarily, within 28 days, an examination and the report under section 20A may be furnished to the managers to extend the CTO.

If patients are taken into custody, or come to the hospital voluntarily, after being absent for more than 28 days, their CTO expires at the end of the week starting on the day of their arrival at the hospital unless the relevant practitioner furnishes a report to the managers within that time to extend the CTO using Form CP 4. The CTO may also be revoked under section 21B(4)(a).

41. POWERS IN RESPECT OF RECALLED PATIENTS

The community patient may be recalled to a hospital other than the responsible hospital.

- The recalled patient may be transferred to another hospital.
- Subject to meeting the necessary conditions and written agreement of an AMHP, the RC may by order in writing revoke the CTO.
- The RC may at any time release the patient but not after the CTO has been revoked.
- If the CTO has not been revoked or the recalled patient released at the end of 72 hours, the patient shall be released from hospital. However, a released patient remains subject to the CTO. The “holding powers” of section 5 may not be used to keep the patient in hospital after the end of the 72-hour period.

The period of 72 hours begins at the time the detention in hospital begins by virtue of the notice of recall.

Section 5(6) makes it clear that a patient subject to CTO is not to be held on either section 5(2) or section 5(4) of the Act.

Document Title: Community Treatment Order Procedure	20 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

42. POWER OF RECALL TO A HOSPITAL OTHER THAN THE RESPONSIBLE HOSPITAL

The hospital managers (or a person authorised by them) from the hospital from which the patient is to be transferred must use Form TC6 to authorise the transfer to the managers of the hospital to which the patient is being transferred.

A copy of the duly completed Form CP5 to recall the patient will be provided to the managers of the hospital to which the patient is recalled as soon as possible after it is served to the patient. This will provide sufficient authority for the managers of the named hospital to detain the patient. The legislation allows a recalled patient to be transferred to another hospital provided it is done within the 72-hour period.

A transfer between hospitals while a patient is recalled does not change the responsible hospital.

43. TRANSFER OF A RECALLED PATIENT

A CTO patient who has been duly recalled may be transferred to another hospital managed by the same hospital managers. There is only the transfer arrangement, as an internal issue, to be carried out so as not to negatively affect the continuity of care. This can only be done within the same 72-hour period. The nurse in charge of the receiving unit must know the time at which the 72 hours started and must ensure that the Form CP5 is duly completed and returned to the MHA Administrator.

44. TRANSFER OF A RECALLED CTO PATIENT TO A HOSPITAL UNDER DIFFERENT MANAGERS

A recalled CTO patient may also be transferred to another hospital under different managers. In such cases the transfer must be effectuated within the 72-hour period. The Ward Manager / On-call Manager or the MHA Administrator, on behalf of the hospital managers, must complete Part 1 of Form TC5. Part 2 of the form must be completed by someone authorised by the managers of the receiving hospital.

When Part 2 is duly completed, a photocopy of the completed Form TC5 must be obtained and sent to the MHA Administrator.

45. ASSIGNMENT OF RESPONSIBILITY FOR CTO PATIENTS

Responsibility for a CTO patient may be assigned to another hospital managed by different hospital managers other than Cardiff and Vale University Health Board.

If the hospital is satisfied that arrangements have been made for the assignment of responsibility of the CTO patient to the hospital to which responsibility for the CTO patient is being assigned, the Shift Coordinator or MHA Administrator, on behalf of the managers, must complete Part 1 of Form TC5.

On assignment the managers of the hospital to which responsibility for the CTO patient is being assigned must record the assignment in the form set out in Part 2 of Form TC5. When Part 2 is duly completed, a photocopy of the completed Form TC5 must be obtained and sent to our MHA Administrator.

Document Title: Community Treatment Order Procedure	21 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

In the event of assignment, the MHA Administrator on behalf of the hospital managers of the hospital to which responsibility has been assigned must notify:

- The patient, in writing, of the name and address of the responsible hospital and the details of the hospital managers; and
- The patient's nearest relative of the name and address of the responsible hospital and the details of the hospital managers of that hospital (if the patient does not object).

46. RECORDS TO BE KEPT FOR RECALLED PATIENT

The MHA Administrator, on behalf of the hospital managers, will keep a record of the time and date of the patient's detention as a result of the notice of recall given by the RC. The start time and date will be the time and date of the patient's arrival on the inpatient unit.

The nurse in charge must record the start date and time of the recall and also the release of the recalled patient using Form CP6 to and also record this in the patient's clinical record.

When completed the Form CP6 must be faxed and the original sent to the MHA Administrator who will keep a record of these times and dates on behalf of managers of the responsible hospital. A copy will be retained on the ward to be filed in the patient's notes.

Prior to the release, the care coordinator and anyone else involved must be informed of the CTO patient's release.

47. MEDICAL TREATMENT FOR MENTAL DISORDER – RECALLED PATIENTS

Though the CTO patient has been recalled to a hospital, the required treatment may be given on an outpatient basis when appropriate. CTO patients who have been recalled to hospital are subject to the same rules on medical treatment (with certain exceptions) as other detained patients and are subject to Part 4 of the Act.

Part 4A does not apply to the treatment of CTO patients who have been recalled to hospital, unless or until they are released from detention in hospital.

Part 4 applies to such patients instead, but with three differences.

First, treatment which would otherwise require a certificate under section 58 or 58A can be given without such a certificate if it is expressly approved instead by the patient's Part 4A certificate (if the patient has one). It is expressly approved if the SOAD states in the certificate that the treatment in question may be given to a patient who has been recalled. The certificate may contain conditions. The conditions may, for example, be different for the patient who is not recalled. However, the Part 4A certificate cannot authorise section 58A treatment for which there would be no authority under Part 4A itself.

Second, medication which would otherwise require a certificate under section 58 can be given without such a certificate if the certificate requirement in Part 4A would not yet apply to the treatment because less than one month has passed since the making of the patient's CTO. In other words, no certificate is required for the administration of most medications to a patient who has been a CTO patient for less than a month.

Document Title: Community Treatment Order Procedure	22 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

Third, treatment that was already being given on the basis of a Part 4A certificate before the patient was recalled to hospital may be continued temporarily, even though it is not authorised for administration on recall on the Part 4A certificate, if the person in charge of the treatment in question considers that withdrawing the treatment would cause serious suffering to the patient. However, this exception only applies pending a new certificate being obtained.

SOADs providing Part 4A certificates need to consider what treatments (if any) to approve, should the patient be recalled to hospital.

These exceptions also apply to CTO patients who's CTOs have been revoked except that, for section 58 type treatments, continuance with medication will continue pending compliance with section 58 requirements.

Part 4A does apply to CTO patients who are in hospital, either voluntarily or when complying with a condition of their CTO without having been recalled.

HIW may at any time notify the AC in charge of the treatment in question that a Part 4A certificate will cease to apply from a certain date.

48. REVOKING A COMMUNITY TREATMENT ORDER

A CTO may only be revoked while the patient is detained in a hospital as a result of being recalled. The RC may by order revoke the CTO if:

- In their opinion the patient again needs to be admitted to hospital for medical treatment under the Act; and
- The AMHP agrees in writing with the RC and that it is appropriate to revoke the CTO.

The RC's order revoking the CTO will be in the form of a duly completed Form CP7. The RC will complete Part 1 and the AMHP will complete Part 2 of the Form CP7. Again, as soon as practicable the RC will furnish the MHA Administrator with that form. The original Form CP7 will be sent by post to the MHA Administrator. The nurse in charge at the time will have a photocopy made and the copy will be filed in the patient's notes.

The MHA Administrator, on behalf of the managers of the hospital, must refer the patient's case to the MHRT as soon as practicable after the revocation of the CTO. As soon as practicable, the care coordinator and the relevant CMHT must be informed of the revocation of the CTO.

If the AMHP does not agree that the CTO should be revoked then the patient cannot be detained in hospital after the end of the maximum recall period of 72 hours. The patient will remain on CTO. The AMHP's decision and full reasons should be recorded in the patient's notes.

49. EFFECT OF REVOKING A COMMUNITY TREATMENT ORDER

Below is the effect of revoking the CTO in respect of the patient.

- Section 6(2) shall have effect as if the patient has never been discharged from hospital on a CTO. The patient's detention under their original treatment order will be re-instated from the date of revocation.

Document Title: Community Treatment Order Procedure	23 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

- The provision of this or any other Act relating to patients being liable to be detained (or detained) in pursuance to an application for admission for treatment shall apply to the patient as was prior to the CTO being made.
- When the patient is being detained in a hospital other than the responsible hospital, the provisions of this Act will have the effect as if the application for admission for treatment were made to that other hospital and he had been admitted to that other hospital at the time when the patient was originally admitted in pursuance of that application.

In any case of a patient being revoked, section 20 shall have the effect as if the patient had been admitted to hospital in pursuance of the application for admission for treatment on the day on which the order is revoked. The detention will last for six months and the RC will be able to renew the detention order, if appropriate, two months prior to the last day of the detention order.

Where the CTO patient has been recalled to a hospital which is not the responsible hospital, the RC / MHA Administrator must furnish the managers of that hospital with a copy of the order.

50. MEDICAL TREATMENT FOR MENTAL DISORDER – ON REVOCATION OF A CTO

Upon revocation of the CTO, the patient would be detained on a treatment order. As such the patient will be subject to Part 4 of the Act as far as medical treatment for mental disorder is concerned. The period of time spent receiving treatment on section 2 and section 3 and CTO will count as being continuous.

51. DUTY TO INFORM NEAREST RELATIVE

The MHA Administrator on behalf of the hospital managers will inform the nearest relative that a detained patient is to be discharged from hospital, unless that patient or the relative has asked that such information should not be given. This duty applies equally where patients are to be discharged from hospital by means of a CTO.

52. EXTENSION OF COMMUNITY TREATMENT PERIOD

Within two months ending on the day on which the CTO would cease to be in force, it shall be the duty of the RC to examine the patient and, if it appears to him that the conditions are satisfied and that the AMHP has agreed in writing, the RC must furnish the managers of the responsible hospital a report on the prescribed Form CP3. However, before providing the report the RC must consult one or more other persons who have been professionally involved with the patient's medical treatment.

The report, duly furnished, would extend the CTO for the prescribed period. Unless the hospital managers discharge the patient under section 23, the care coordinator as delegated by the hospital managers would inform the community patient of the renewal.

53. CONSULTATION BY RC PRIOR TO EXTENSION OF COMMUNITY TREATMENT PERIOD

Before furnishing the above CTO Form to the hospital managers, the RC must consult one or more other persons who have been professionally concerned with the patient's medical treatment. The RC will need to complete Part 3 of Form CP3 with details such as the name and profession of the person consulted. Ideally, it may be the care coordinator, an Occupational

Document Title: Community Treatment Order Procedure	24 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

Therapist, a Community Psychiatric Nurse (CPN) or a chartered psychologist who has been professionally concerned with the patient's medical treatment.

54. HOW CAN A COMMUNITY PATIENT BE DISCHARGED FROM CTO?

A community patient ought to be discharged from a CTO if the patient no longer meets the grounds for CTO. Such a patient can be discharged from CTO in the following ways:

- Discharge by the RC at any time;
- By the hospital managers under section 23 of the Act;
- For Part 2 patients following application by their Nearest Relative (NR) giving 72 hours' notice;
- By the MHRT;
- Following the patient's reception under guardianship.

55. EFFECT OF EXPIRY OF A COMMUNITY TREATMENT ORDER

A patient will be absolutely discharged from CTO and liability to be recalled to hospital and the application for admission for treatment will similarly cease to have any effect when the CTO expires.

56. SAFEGUARDS FOR CTO PATIENTS

Patients on CTO will be entitled to similar safeguards to patients detained in hospital including nearest relative rights and the right to apply to an MHRT. All patients on CTO will also have their treatment (if it involves giving medicines) reviewed and certified by a second opinion appointed doctor after three months from when medication was first given or one month from discharge from hospital onto CTO, whichever is later. CTO patients will have their case reviewed regularly and will be discharged when they no longer meet the criteria.

57. MONITORING

Following recall, the hospital managers are responsible for ensuring no patient is detained for longer than 72 hours unless the CTO is revoked. The relevant statutory form must be completed on the patients arrival at hospital. Arrangements should be put in place to ensure the patients length of stay following the time of detention after recall, as recorded on the form, is carefully monitored.

The hospital managers should also ensure there are clear guidelines and procedures in place to cover any necessary transfers of responsibility between responsible clinicians in the community and in hospital and the procedure to be followed when a patient is receiving inpatient services from a private provider and a community treatment order is appropriate.

58. TRAINING

The Health Board will provide ongoing training for staff who are involved with the care and treatment of patients subject to Community Treatment Orders. Details of training available can be found by contacting the Mental Health Act Department.

Document Title: Community Treatment Order Procedure	25 of 27	Approval Date: 26 Jun 2018
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2018
Approved By: MHCLC		

59. IMPLEMENTATION

This document will be widely disseminated to staff across Cardiff and Vale University Health Board. It will be published on the organisations intranet site and referred to during training relevant to the Act.

60. RESPONSIBILITIES

60.1 Chief Executive

The Chief Executive Officer has overarching responsibility for ensuring that Cardiff and Vale University Health Board is compliant with the law in relation to the Mental Health Act.

60.2 Chief Operating Officer

The Chief Operating Officer is the Executive Lead for Mental Health. He has overarching responsibility for ensuring compliance with the contents of this procedure.

60.3 Community Team Managers/Service Managers

It is the responsibility of all clinical managers to:

- Ensure that this procedure is brought to the attention of all their staff, and that they understand and adhere to the guidance/procedure contained within.
- Ensure that all staff involved in the care and treatment of CTO patients have received adequate training and are competent to carry out these guidelines.

61. REFERENCES

All staff will work within the Mental Health Act 1983 and in accordance with the Code of Practice for Wales 2007, Mental Capacity Act 2005, and Human Rights Act 1998.

Mental Health Act 1983 - www.legislation.gov.uk/ukpga/1983/20/contents

Mental Capacity Act 2005 - www.legislation.gov.uk/ukpga/2005/9/schedule/7

Mental Health Review Tribunal for Wales - www.justice.gov.uk/tribunals/mental-health

Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents

Domestic Violence, Crime and Victims Act 2004

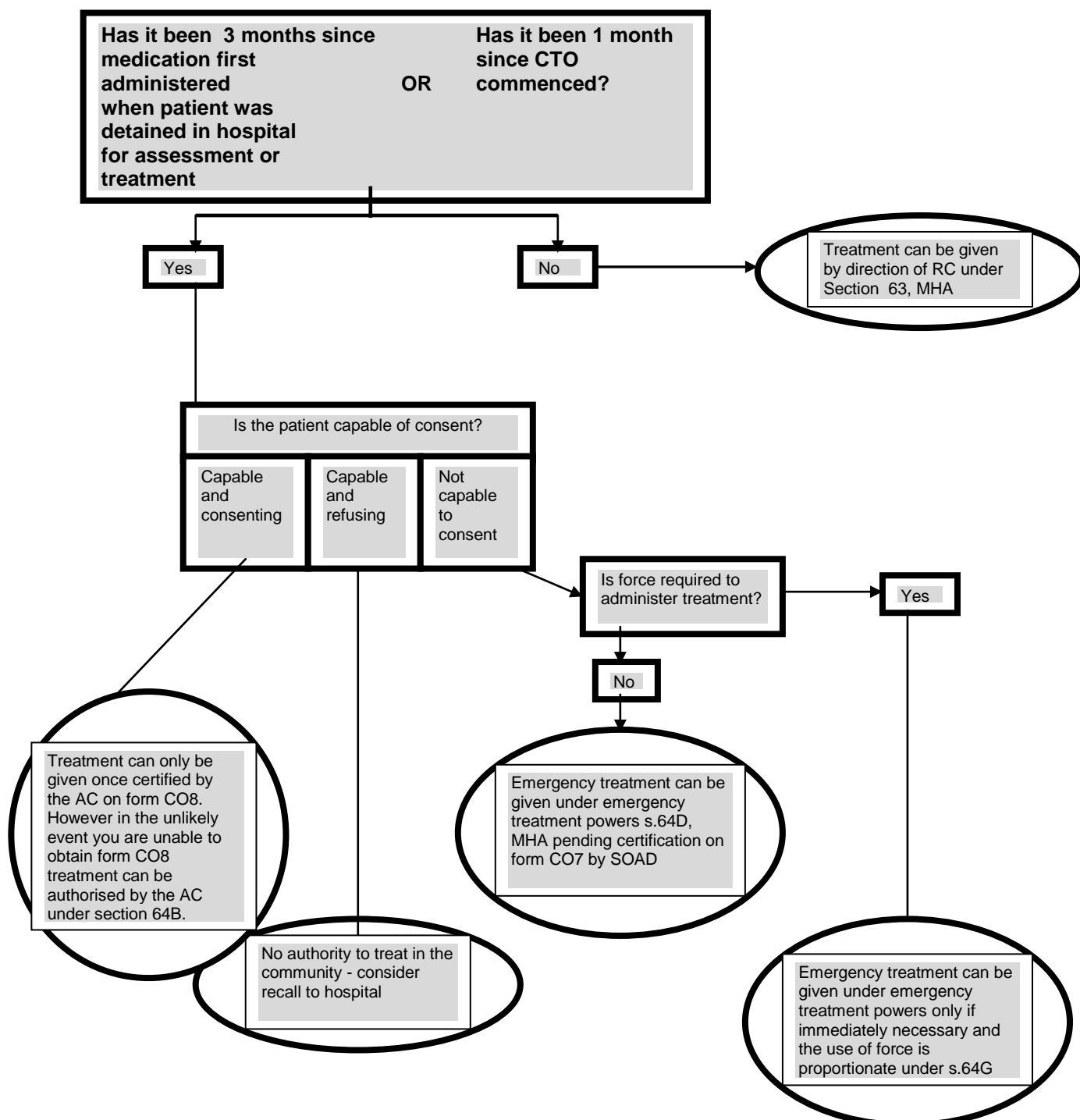
Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008

62. APPENDICIES

Appendix A – Treatment with medication for patients subject to a Community Treatment Order.

Appendix A

TREATMENT WITH MEDICATION FOR PATIENTS IN COMMUNITY SUBJECT TO A CTO



Document Title: Community Treatment Order Procedure	27 of 27	Approval Date: 26 Jun 2020
Reference Number: UHB 408		Next Review Date: 26 Jun 2021
Version Number: 1		Date of Publication: 02 Jul 2020
Approved By: MHCLC		

KEY:

s.63, MHA	Treatment not requiring consent
s.64B, MHA	Adult community patients
s.64D, MHA	Adult community patients lacking capacity
s.64G, MHA	Emergency treatment for patients lacking capacity or competence
CO7	Certificate of appropriateness of treatment to be given to a community patient (Part 4A certificate)
CO8	Certificate of consent to treatment for community patient (Approved Clinician Part 4A certificate)