

Tribiwnlys Adolygu | Mental Health Review
Iechyd Meddwl Cymru | Tribunal for Wales

Guidance Report content and layout

Mental Health Review Tribunal for Wales
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What must the statement and reports contain

The Mental Health Review Tribunal for Wales Rules 2008 sets out what must be provided in statements and reports. This booklet is for guidance only and you should refer to the Rules when compiling any statement or reports.

Our guidance booklet MHRTW-10 ([Link to page 1.4](#)) provides information on what information is required by type of case.

This guidance considers five types of cases

In Patients
Guardianship Patients
Community Patients
Conditionally Discharged Patients
Patients under the age of 18

Front page

It would be helpful if the first page of the report contained information on what the report is about, who wrote it and the date it was written. For example:

- Title: [e.g. Psychiatric, Medical, Clinical/Social Circumstances/Nursing/Care Plan]
Report for the Mental Health Review Tribunal for Wales
- Patient's Name
- Patient's Date of Birth and age
- Current Section
- Place of Detention/Residence
- Relevant Diagnoses (if known)
- Name of report author
- Report author's job title/position
- Contact details of report author

All reports should be clearly signed and dated. All reports should be self-contained and not rely on addenda.

Where an update has been directed, the update **should not** repeat information already provided by the author, but should contain only new information.

Statement of information (Part A statement)

The statement provided to the Tribunal must include the following up to date information:

1. The patient's full name (and alternative names used in their patient records);
2. The patient's date of birth and age;
3. The patient's first language and, if it is not English, whether an interpreter is required, and if so in which language;
4. If the patient is deaf whether the patient will require the services of a sign language interpreter or a relay interpreter;
5. The application, order or direction made under the Act to which the Tribunal proceedings relate and the date on which the application, order or direction commenced;
6. Details of the original authority for the detention or guardianship of the patient, including the statutory basis for that authority and details of any subsequent renewal of or change in that authority;
7. In cases where a patient has been transferred to hospital under sections 45A, 47 or 48 of the Act, details of the Order, Direction or Authority under which the patient was being held in custody before his transfer to hospital;
8. Except in relation to a patient subject to guardianship or after-care under supervision, or a community patient, the hospital or hospital unit at which the patient is presently liable to be detained under the Act, and the ward or unit on which he is presently detained;
9. If a condition or requirement has been imposed that requires the patient to reside at a particular place, details of the condition or requirement and the address at which the patient is required to reside;
10. In the case of a community patient, details of any condition attaching to the patient's Community Treatment Order under section 17B(2) of the Act;
11. The name of the patient's Responsible Clinician and the length of time the patient has been under their care;
12. Where another approved clinician is or has recently been largely concerned in the treatment of the patient, the name of that clinician and the period that the patient has spent in that clinician's care;
13. The name (job title and full address) of any care co-ordinator appointed for the patient;
14. Where the patient is subject to the guardianship of a private guardian, the name and address of that guardian;
15. Where there is an Extant Order of the Superior Court of Record established by section 45(1) of the Mental Capacity Act 2005, the details of that Order;
16. Unless the patient requests otherwise, the name and address of the person exercising the functions of the nearest relative of the patient;

17. Where a Local Health Board, a National Health Service Trust, a Primary Care Trust, a NHS Foundation Trust, a Strategic Health Authority, the Welsh Ministers or the Secretary of State has or have a right to discharge the patient under the provisions of section 23 (3) of the Act, the name and address of such Board, Trust, Authority, Person or Persons;
18. In the case of a patient subject to after-care under supervision, the name and address of the local Social Services Authority and NHS body that are responsible for providing the patient with after-care under section 117 of the Act, or will be when they leave hospital;
19. The name and address of any person who plays a substantial part in the care of the patient but who is not professionally concerned with it;
20. The name and address of any other person who the Responsible Authority considers should be notified to the Tribunal.

Responsible Clinician's report

This report must be up-to-date and specifically prepared for the tribunal. Unless it is not reasonably practicable, the report should be written or counter-signed by the patient's responsible clinician:

- An up-to-date clinical report, prepared for the Tribunal, including the relevant clinical history and a full report on the patient's mental condition;
- The report should also address the statutory criteria relating to the Section to which the patient is subject and the reason why any particular criterion is being relied upon to justify the continuation of the Section

Other reports

An up to date social circumstances report specifically prepared for the Tribunal. It should include full details of the following:

1. The patient's home and family circumstances, including the views of the patient's nearest relative or the person so acting;
2. The opportunities for employment or occupation and the housing facilities which would be available to the patient if discharged;
3. The availability of community support and relevant medical facilities;
4. The financial circumstances of the patient;
5. The views of the responsible authority on the suitability of the patient for discharge;
6. Where provisions of Section 117 of the Act may apply to the patient, a proposed after care plan in respect of the patient;
7. Any other information or observations on the application which the responsible authority wishes to make.

MENTAL HEALTH REVIEW TRIBUNAL FOR WALES
(E.g. Psychiatric, Medical, Clinical/Social Circumstances/Nursing/Care Plan)

(Delete as appropriate)

Patient's Name:

Patient's Date of Birth:

Patient's age

Current Section:

Date Section commenced

Hospital/current Address
(including postcode):

Relevant Diagnoses (if known):

Name of report author:

Report author's job title/position:

Contact details of report author:

Date of Report:

Part A Statement

Patient's full name
(and alternative names used in their patient records)

Patient's date of birth

Age

patient's first language

If it is not English, please state whether an interpreter is required, and if so in which language.

If the patient is deaf please state whether the patient will require the services of a sign language interpreter or a relay interpreter;

The application, order or direction made under the Act to which the Tribunal proceedings relate and the date on which the application, order or direction commenced;

Date

Details of the original authority for the detention or guardianship of the patient, including the statutory basis for that authority and details of any subsequent renewal of or change in that authority;

In cases where a patient has been transferred to hospital under sections 45A, 47 or 48 of the Act, details of the Order, Direction or Authority under which the patient was being held in custody before his transfer to hospital;

Except in relation to a patient subject to guardianship or after-care under supervision, or a community patient, the hospital or hospital unit at which the patient is presently liable to be detained under the Act, and the ward or unit on which he is presently detained;

If a condition or requirement has been imposed that requires the patient to reside at a particular place, details of the condition or requirement and the address at which the patient is required to reside;

In the case of a community patient, details of any condition attaching to the patient's Community Treatment Order under section 17B(2) of the Act;

Name of the patient's Responsible Clinician

Length of time the patient has been under their care

Where another approved clinician is or has recently been largely concerned in the treatment of the patient

Name of Clinician

Length of time the patient has been under their care

Name of Care Co-Ordinator appointed to patient

Job title of Care Co-Ordinator:

Full Address and Post code of Care Co-Ordinator

Where the patient is subject to the guardianship of a private guardian

Name of the guardian

Full Address and Post code of guardian

Where there is an Extant Order of the Superior Court of Record established by section 45(1) of the Mental Capacity Act 2005, the details of that Order;

Unless the patient requests otherwise, the name and address of the person exercising the functions of the nearest relative of the patient

Name of the nearest relative

Full Address and Post code of nearest relative

Where a Local Health Board, a National Health Service Trust, a Primary Care Trust, a NHS Foundation Trust, a Strategic Health Authority, the Welsh Ministers or the Secretary of State has or have a right to discharge the patient under the provisions of section 23 (3) of the Act, the name and address of such Board, Trust, Authority, Person or Persons

Name Board, Trust, Authority, Person or Persons

Full Address and Post code

Name and address of the local Social Services Authority and NHS body that are responsible for providing the patient with after-care under section 117 of the Act, or will be when they leave hospital;

Name of the Social Services Body

Full Address and Post code

Name of the NHS body

Full Address and Post code

Name and address of any person who plays a substantial part in the care of the patient but who is not professionally concerned with it

Name

Full Address and Post code

Name and address of any other person who the Responsible Authority considers should be notified to the Tribunal.

Name

Full Address and Post code

Signed:

Position:

Date:

Responsible Clinician's report

Up to date clinical report, please include all relevant clinical history and a full report on the patient's mental condition:

Statutory criteria relating to the Section to which the patient is subject and the reason why any particular criterion is being relied upon to justify the continuation of the Section

This report must be up-to-date and specifically prepared for the tribunal. Unless it is not reasonably practicable, the report should be written or counter-signed by the patient's responsible clinician

Signed:

Position:

Date:

Social Circumstances Report

The patient's home and family circumstances, including the views of the patient's nearest relative or the person so acting

The opportunities for employment or occupation and the housing facilities which would be available to the patient if discharged;

The availability of community support and relevant medical facilities;

The financial circumstances of the patient;

The views of the responsible authority on the suitability of the patient for discharge

Where provisions of Section 117 of the Act may apply to the patient, a proposed after care plan in respect of the patient

Any other information or observations on the application which the responsible authority wishes to make.

Signed:

Position:

Date:

This document is also available in Welsh.

The Mental Health Review Tribunal for Wales welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English.

You may submit forms, documents and make written representations to the Mental Health Review Tribunal in Welsh or English.