

# Mental Health Act Monitoring Committee

Thu 08 December 2022, 11:00 - 13:00

Microsoft Teams



## Agenda

11:00 - 11:30  
30 min

### 1. Preliminary Matters

#### 1.1. Welcome and Introductions

Verbal                      Chair

#### 1.2. Apologies for Absence

Verbal                      Chair

#### 1.3. Declarations of Interest

Verbal                      Chair

#### 1.4. Draft Minutes of the last Meeting held on 6th September 2022

Attachment                      Chair

1.4 Draft MHAMC Minutes (Chair Approved) 6th September 2022.pdf (4 pages)

#### 1.5. Committee Action Log- December 2022

Attachment                      Chair

1.5 MHAMC Action Log December 2022.pdf (3 pages)

11:30 - 11:45  
15 min

### 2. Committee Governance

#### 2.1. Committee Work Plan 2022/23

Attachment                      Head of Corporate Governance

2.1 MHAM\_Committee Work Programme 2022-23.pdf (2 pages)

11:45 - 11:45  
0 min

### 3. Items for Approval/Ratification/Discussion

None included in this agenda.

11:45 - 12:50  
65 min

### 4. Items for Discussion

#### 4.1. Mental Health Act Compliance Report

Attachment                      Head of Quality & Improvement MHL D

4.1 MHA Update Report Q2 2022-23.pdf (23 pages)

## **4.2. Update from the MHA Managers Group (Power of Discharge Committee)- including an update on the Recruitment of Hospital Managers**

*Verbal*

*Head of Quality & Improvement MHL D*

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**12:50 - 12:50**  
0 min

## **5. Items for Information**

None included on this agenda.

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**12:50 - 13:00**  
10 min

## **6. Other Matters**

### **6.1. Items to be Brought to the Attention of the Board and Other Committees and predicted changes to the MHA**

*Verbal*

*Chair*

### **6.2. Any Other Urgent Business**

*Verbal*

*Chair*

### **6.3. Date of the Next Meeting is Thursday 9th March 2023, 10:00-12:00 via Microsoft Teams**

*Verbal*

*Chair*

## ANEURIN BEVAN UNIVERSITY HEALTH BOARD

### Minutes of the Mental Health Act Monitoring Committee held on Tuesday 6<sup>th</sup> September 2022 at 10:00 am via Teams

#### Present:

Pippa Britton	Independent Member (Chair)
Paul Deneen	Independent Member

#### In attendance:

Chris O'Connor	Director of Primary Care, Community and Mental Health
Bryony Codd	Head of Corporate Governance
Kathryn Waters	Interim Divisional Director, Mental Health and Learning Disabilities
Sarah Cadman	Head of Quality and Improvement for Mental Health and Learning Disabilities
Stephen Chaney	Deputy Head of Internal Audit, Audit Wales

#### Apologies:

Rani Mallison	Director of Corporate Governance
Ian Thomas	General Manager, Mental Health and Learning Disabilities
Michelle Forkings	Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing
Katija Dew	Independent Member

	Preliminary Matters
<b>MHAMC 0609/01</b>	<b>Welcome and Introductions</b> The Chair welcomed everyone to the meeting.
<b>MHAMC 0609/02</b>	<b>Apologies for Absence</b> Apologies for absence were noted.
<b>MHAMC 0609/03</b>	<b>Declarations of Interest</b> There were no Declarations of Interest to record.
	Committee Governance
<b>MHAMC 0609/04</b>	<b>Draft Minutes of the Meeting Held on the 13<sup>th</sup> June 2022</b>  Paul Deneen, Independent Member, requested that in section MHAMC 1306/05 of the previous minutes, the sentence ' <i>Paul Deneen, Independent Member, questioned if the term 'Hospital Managers' was for</i>

	<p><i>purpose,' be amended to read 'Paul Deneen, Independent Member, questioned if the term 'Hospital Managers' was fit for purpose.'</i> <b>Action: Secretariat</b></p> <p>Subject to required amendments, the minutes of the Charitable Funds Committee meeting held on the 13<sup>th</sup> of June 2022 were noted as a true and accurate record.</p>
<b>MHAMC 0609/05</b>	<p><b>Mental Health Act Committee Action Log- September 2022</b></p> <p><b>MHAMC 0912/06 Templates and supporting guidance- The Committee queried the lack of an Equality and Diversity impact assessment within the report. Head of Corporate Governance confirmed that there was work required to review report templates and supporting guidance.</b> Bryony Codd, Head of Corporate Governance, informed members that the templates were being reviewed and updated documents, aligning with the Health Boards Equality Impact Assessment, will be shared once completed. <b>Action: Head of Corporate Governance/Secretariat</b></p> <p><b>MHAMC 0103/06.1 Mental Health Act Compliance Report- Head of Quality and Improvement informed members that this data covered all Mental Health Act activity and that a further breakdown of the data was required to determine the impact on bed base. Action: A further look at data, comparing data to pre-COVID and aligning with lockdown periods.</b> Sarah Cadman, Head of Quality and Improvement for Mental Health and Learning Disabilities, updated members that a chart, mapping data reviewing activity pre-COVID and during lockdown periods, would come back for discussion to the next Committee meeting.</p> <p><b>MHAMC 0103/06.2 Mental Health Act Compliance- Head of Quality and Improvement to determine if there is an operational risk associated with gaps in recruitment. Action: Update on recruitment of Hospital Managers to come back to next meeting.</b> Sarah Cadman informed the Committee that work was being undertaken with the Human Resources (HR) Division, with the potential to go out to advert for the posts over the coming months. The Chair requested that the action remain, and once Hospital Manager posts commence, regular reviews come back to the Committee for assurance.</p> <p><b>MHAMC 1306/09 Section 117 Update-The Chair requested any further updates on Section 117 and its links to the MHA to come back to the Committee. General Manager of MHL D to clarify with Head of Quality and Improvement outside of the meeting.</b> From the next Committee meeting, updates on Section 117 aftercare will be incorporated into the Mental Health Act Compliance Report.</p>
<b>MHAMC 0609/06</b>	<p><b>Mental Health Act Compliance Report</b></p> <p>Sarah Cadman, Head of Quality and Improvement, provided an overview of the use of the Mental Health Act in the Health Board during Quarter 1.</p>

Members were informed that a further look at inpatient data, mapping against COVID activity, would be included in the response to previous Action MHAMC0103/06.1 at the next Committee meeting. This would determine any correlation in spikes in inpatient and pandemic activity. The Chair requested information on the numbers of older adults requiring admission. A breakdown of data by Directorate to be included in future reports. **Action: Head of Quality and Improvement**

The report outlined a rise in the use of Section 5(4) *intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital*. Members were assured that all activity was monitored, and the Health Board was not concerned by this small rise in activity.

Paul Deneen, Independent Member, queried how the Health Board commissioned and monitored placements for individuals with Learning Disabilities who require treatment outside of the Health Board. Members were informed that the report covers the use of the Mental Health Act in inpatient and community teams within the Health Board. Chris O'Connor, Director of Primary Care, Community and Mental Health, informed members that the report would show any individuals with Learning Disabilities who require treatment alongside the use of the Mental Health Act, with admission to the Ty-Lafant unit. The Health Board commission a range of services for people with Learning Disabilities. The monitoring of Commissioned Services is the joint responsibility of the Health Board and the National Collaborative Commissioning Unit Service (NCCU) Quality Assurance Improvement Service. Each commissioned provider is overseen by the Health Board's Commissioning Team, who carry out checks and assurance measures prior to commissioning a provider. The NCCU Quality Assurance Improvement Service assesses, rates, and monitors each provider. In addition to this, the Health Board's Community Learning Disability Teams monitor placements and individual care packages, reporting through the Divisional Continuing Care Panel that meets weekly. The Chair requested that the monitoring of Commissioned Services be reported to the Patient Quality, Safety & Outcomes Committee. **Action: Director of Primary Care, Community and Mental Health/Secretariat**

Sarah Cadman informed members that the use of Section 2 had steadily increased over the past few years. Section 2 is the detention of patients for assessment. Of the Section 2 cohort, 13 were allowed to lapse. Allowing a Section 2 to lapse was noted as poor practice. Where detentions have lapsed, the MHA Administration Department have highlighted the issue to the relevant practitioners. An update on this to come back to a future Committee meeting. **Action: Head of Quality and Improvement**

A rise in Community Treatment orders since the end of March 2022 was highlighted. This would be monitored over the coming months.

There had been an increase in rectifiable errors. Members were assured that these rectifiable errors had had no impact on patient care and treatment, and that there had been no unlawful detentions. Members requested future reports include: -

1. explanations of rectifiable errors

	<p>2. a timeframe in which errors were rectified</p> <p>3. benchmark data in the main report against All Wales data.</p> <p><b>Action: Head of Quality and Improvement</b></p> <p>The frequency of Mental Health Act Managers Hearings had improved, and backlog had been addressed. Recruitment for Hospital Managers was being progressed. Members were informed that Hospital Managers were monitored and supported by the Mental Health Act Administration Team.</p> <p>An overview of benchmarking data for Mental Health Activity across Wales was discussed. The data covered the period from April-June 2022 (Quarter 1). Members discussed the data which indicated that the Health Board had the highest use of the Mental Health Act in older adults. Further discussions to take place with other Health Board's to assess why the numbers were slightly higher. <b>Action: Head of Quality and Improvement</b></p> <p>The Committee <b>RECEIVED</b> the report for <b>ASSURANCE</b>.</p> <p>Members thanked the Mental Health teams for their hard work and requested that visits for Independent Members include the Mental Health and Learning Disabilities Division. <b>Action: Head of Corporate Governance</b></p>
<b>MHAMC 0609/07</b>	<p><b>Committee Work Plan 2022/23</b></p> <p>Bryony Codd, Head of Corporate Governance, invited Committee members to share any items they would like to see on the Committee Workplan for assurance. The following standing items were agreed: -</p> <ul style="list-style-type: none"> <li>• Mental Health Act Compliance Report</li> <li>• Updates as received from the Power of Discharge Committee</li> </ul> <p>A draft Committee Work Plan for 2022/23 would be shared with members outside of the Committee. <b>Action: Head of Corporate Governance/Secretariat</b></p>
	<b>Other Matters</b>
<b>MHAMC 0609/8</b>	<p><b>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees, and predicted changes to the Mental Health Act</b></p> <p>There were no items to escalate to the Board and no predicted changes to the Mental Health Act.</p> <p>The Chair requested that the Monitoring of Commissioned Services be reported, by exception, to the Patient Quality, Safety &amp; Outcomes Committee. <b>Action: Secretariat</b></p>
	<b>Date of Next Meeting</b>
<b>MHAMC 0609/9</b>	<p>The date of the next meeting was noted as: -</p> <p>Thursday 8th December 2022 11:00 -13:00 via Microsoft Teams.</p>

**Mental Health Act Monitoring Committee  
December 2022  
Action Sheet**

(The Action Sheet also includes actions agreed at previous meetings of the Mental Health Act Monitoring Committee and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the Mental Health Act Monitoring Committee these actions will be taken off the rolling action sheet.)

**Agreed Actions Key:**

<b>Overdue</b>	<b>Not yet due</b>	<b>Due</b>	<b>Transferred</b>	<b>Complete</b>	<b>In progress</b>
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Action Ref	Action Description	Due date	Lead	Progress	Status
<b>MHAMC 0912/06 Templates and supporting guidance</b>	The Committee queried the lack of an Equality and Diversity impact assessment within the report. Rani Mallison confirmed that there was work required to review report templates and supporting guidance.		<b>Director of Corporate Governance</b>	Work to review corporate reporting templates will be taken forward as part of governance improvement related objectives for 2022/23.	<b>In progress</b>
<b>MHAMC 0103/06.1 Mental Health Act Compliance Report</b>	A further look at data, comparing data to pre-COVID and aligning with lockdown periods.	<b>Dec 2022</b>	<b>Head of Quality &amp; Improvement MHLD</b>	Included in the update of the MHA Compliance Report for December 2022.	<b>Complete</b>

Action Ref	Action Description	Due date	Lead	Progress	Status
<b>MHAMC 0103/06.2 Mental Health Act Compliance Report</b>	Update on recruitment of Hospital Managers to come back to next meeting.	<b>June 2022</b>	<b>Head of Quality &amp; Improvement MHL D</b>	Update on recruitment of Hospital Managers to be included in Power of Discharge Committee updates at future meetings.	<b>Complete</b>
<b>MHAMC 1306/09 Section 117- Update and progress on the Monmouthshire County Council Pilot</b>	The Chair requested any further updates on Section 117 and its links to the MHA to come back to the Committee.	<b>Dec 2022</b>	<b>General Manager MHL D/ Head of Quality &amp; Improvement MHL D</b>	From December 2022, all Mental Health Act Compliance Reports will incorporate updates on Section 117 Aftercare.	<b>Complete</b>
<b>MHAMC 0609/06 Mental Health Act Compliance Report</b>	Further information to be provided on the numbers of older adults requiring admission. A breakdown of data by Directorate to be included in future reports.	<b>Dec 2022</b>	<b>Head of Quality and Improvement</b>	Included in the update of the MHA Compliance Report for December 2022.	<b>Complete</b>
<b>MHAMC 0609/06.1 Mental Health Act Compliance Report</b>	The Chair requested that the monitoring of Commissioned Services be reported to the Patient Quality, Safety & Outcomes Committee.		<b>Director of Primary Care, Community and Mental Health/secretariat</b>	To be discussed at the February 2023 meeting of the PQSOC.	<b>Transferred</b>



Action Ref	Action Description	Due date	Lead	Progress	Status
<b>MHAMC 0609/06.2 Mental Health Act Compliance Report</b>	An update on the increase in the use of Section 2, alongside the numbers of the Section 2 cohort allowed to lapse, to come back to a future meeting.	<b>Dec 2022</b>	<b>Head of Quality Improvement</b>	Included in the update of the MHA Compliance Report for December 2022.	<b>Complete</b>
<b>MHAMC 0609/06.3 Mental Health Act Compliance Report</b>	Future reports to include explanations of rectifiable errors, a timeframe in which errors were rectified and benchmark data in the main report against All Wales comparative data.	<b>Dec 2022</b>	<b>Head of Quality Improvement</b>	Included in the update of the MHA Compliance Report for December 2022.	<b>Complete</b>
<b>MHAMC 0609/06.4 Mental Health Act Compliance Report</b>	Discussions to take place with other Health Boards to assess why ABUHB had higher numbers of the use of the MHA on older adults.	<b>Dec 2022</b>	<b>Head of Quality Improvement</b>	Verbal update to be provided at the Committee meeting.	<b>In progress</b>
<b>MHAMC 0609/06.5 Mental Health Act Compliance Report</b>	Visits for Independent Members to include the Mental Health and Learning Disabilities Division.		<b>Head of Corporate Governance</b>	Director of Nursing team undertaking work to re-instate the IM visits, to all areas of the Health Board.	<b>Complete</b>
<b>MHAMC 0609/07 Committee Workplan</b>	A draft Committee Work Plan for 2022/23 would be shared with members outside of the Committee.	<b>Dec 2022</b>	<b>Head of Corporate Governance/ Secretariat</b>	Included in agenda for December 2022 meeting.	<b>Complete</b>

## **MENTAL HEALTH ACT MONITORING COMMITTEE PROGRAMME OF BUSINESS 2022/23**

The purpose of the **Mental Health Act Monitoring Committee** is to advise and assure the Board and the Accountable Officer by critically monitoring and reviewing the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983 (the MH Act).

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board in March 2022;
- the Board's Assurance Framework (based on its Annual Objectives for 2021/22 and 2022/23);
- key risks identified through the Corporate (Strategic) Risk Register and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee); and
- key statutory, national and best practice requirements and reporting arrangements.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			13 <sup>th</sup> June	6 <sup>th</sup> Sept	8 <sup>th</sup> Dec	9 <sup>th</sup> March			
Preliminary Matters									
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓			
Declarations of Interest		All Members	✓	✓	✓	✓			
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓			
Action Log and Matters Arising		Chair	✓	✓	✓	✓			
Committee Requirements as set out in Standing Orders									
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG				✓			
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓			
Annual Review of Committee Terms of Reference 2022/23	Annually	Chair & Director of CG				✓			
Annual Review of Committee Effectiveness 2022/23	Annually	Chair & Director of CG				✓			
Committee Annual Report 2022/23	Annually	Chair & Director of CG				✓			
Mental Health Act Compliance									
Mental Health Act Compliance Report	Standing Item	Head of Quality & Improvement	✓	✓	✓	✓			
Power of Discharge Committee Update	Standing Item	Head of Quality & Improvement	✓	✓	✓	✓			
Update on Pilot Projects with potential impact on the MHA	Cmt request		✓						

KEY	
D of CG	Director of Corporate Governance



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Mental Health Act Monitoring Committee  
Thursday 8<sup>th</sup> December 2022  
Agenda Item: 4.1

## Aneurin Bevan University Health Board

### Mental Health Act Update

#### Executive Summary

This report provides the Mental Health Act Monitoring Committee with an update on the use of the Mental Health Act within Aneurin Bevan University Health Board.

#### The Committee is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

X

Note the Report for Information Only

**Executive Sponsor:** Dr Chris O'Connor, Interim Director Primary, Community and Mental Health Services

**Report Authors:** Amelia James, Mental Health Act Administration.

#### Report Received consideration and supported by:

**Executive Team**

**Committee of the Board**

Mental Health Act Committee

**Date of the Report:** 01/11/2022

**Supplementary Papers Attached:** Glossary of Terms

#### Purpose of the Report

The report provides activity information on the use of the Mental Health Act over Quarter 2, July – September 2022/23 and provides a comparison of activity over the previous quarter. Where available, other information sources will be used in order to highlight any trends, patterns or variation over time.

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

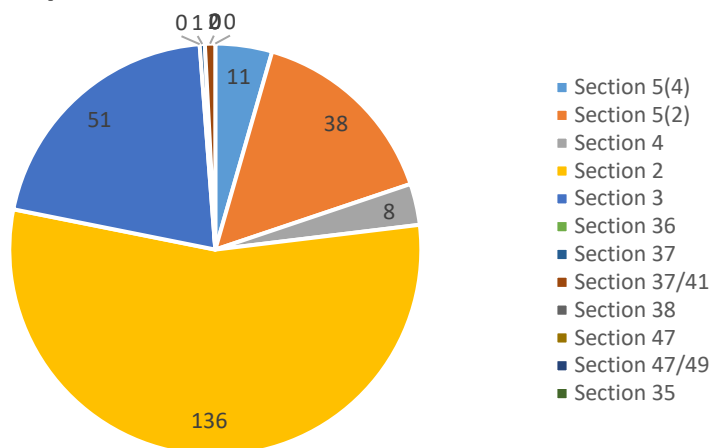
#### Background and Context

The report presents data for the second quarter of 2022/23 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

## 1. In-Patient MHA Activity, Q2 2022/23

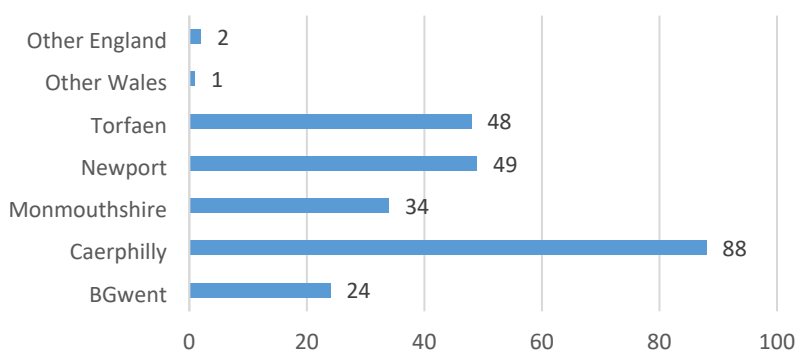
Data on the use of compulsory admission under the MHA by quarter is shown below. The pie chart provides a high-level summary on the use of the act by section across all ages/specialties in the Health Board.

**Total Compulsory Admissions  
Q2 2022/23, July - Sept**



A breakdown of all compulsory admissions by borough of residence of each patient is shown below. This shows that there is some variation in the number of detentions by borough in comparison to population size. Caerphilly, Newport and Torfaen had the highest number of detentions per population.

**Compulsory Detentions by Borough of  
Residence, Q2 2022/23**



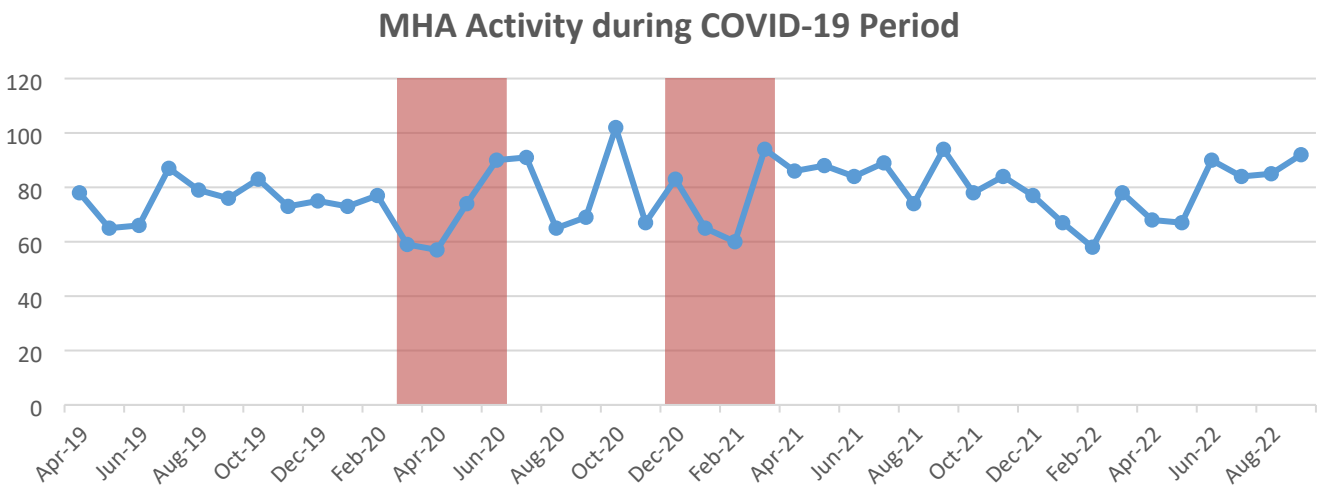
Borough	Detentions Q2 2022/23	Population (000's)	Detentions per 1,000 population Q2 2022/23 (Previous Qtr.)
Caerphilly	88	181	<b>0.5 (0.3)</b>
Newport	49	156	<b>0.3 (0.3)</b>
Blaenau Gwent	24	70	<b>0.3 (0.2)</b>
Torfaen	48	94	<b>0.5 (0.4)</b>
Monmouthshire	34	95	<b>0.4 (0.3)</b>

In comparison to the previous quarter, there has been a 27.3% increase in the overall number of patients detained under the Act.

Section	Previous Quarter	Q2 2022/23	Trend
Section 5(4)	8	11	↑
Section 5(2)	23	38	↑
Section 4	0	8	↓
Section 2	122	136	↑
Section 3	38	51	↓
Total	194	247	Overall 27.3% increase

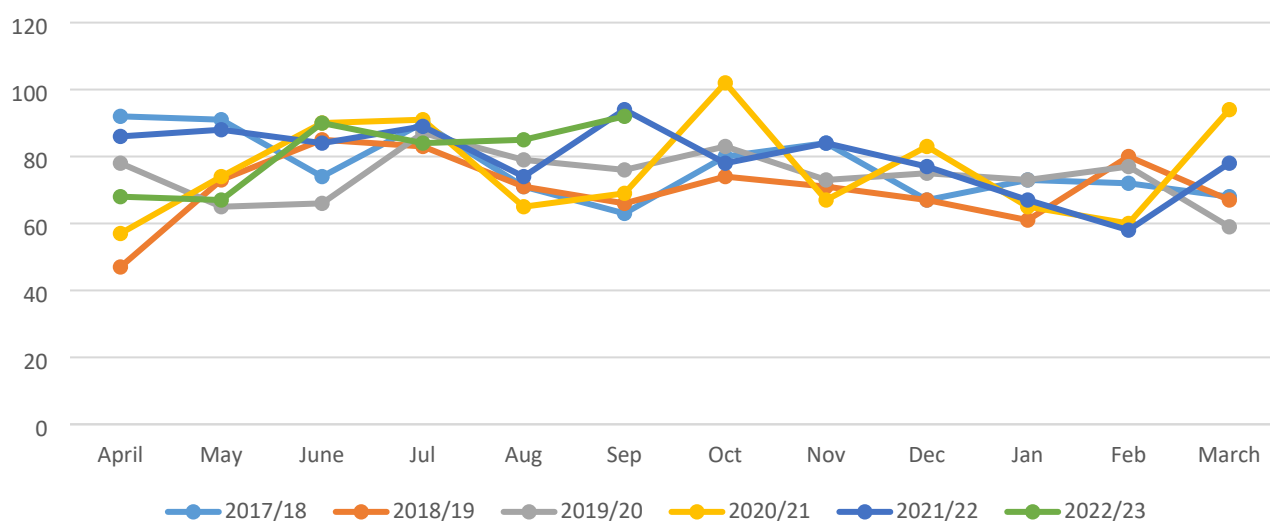
• **Monitoring Mental Health Act Activity during Covid-19**

The below chart shows the number of MHA compulsory detentions across the Covid-19 period and for the year preceding it. The red sections denote where there was a period of lockdown across Wales. It can be seen that the number of detentions goes down during these lockdown periods.



The below graph shows the number of MHA compulsory detentions reviewed against the same period of the previous year on a month-by-month basis.

### MHA Activity During Covid-19 Period

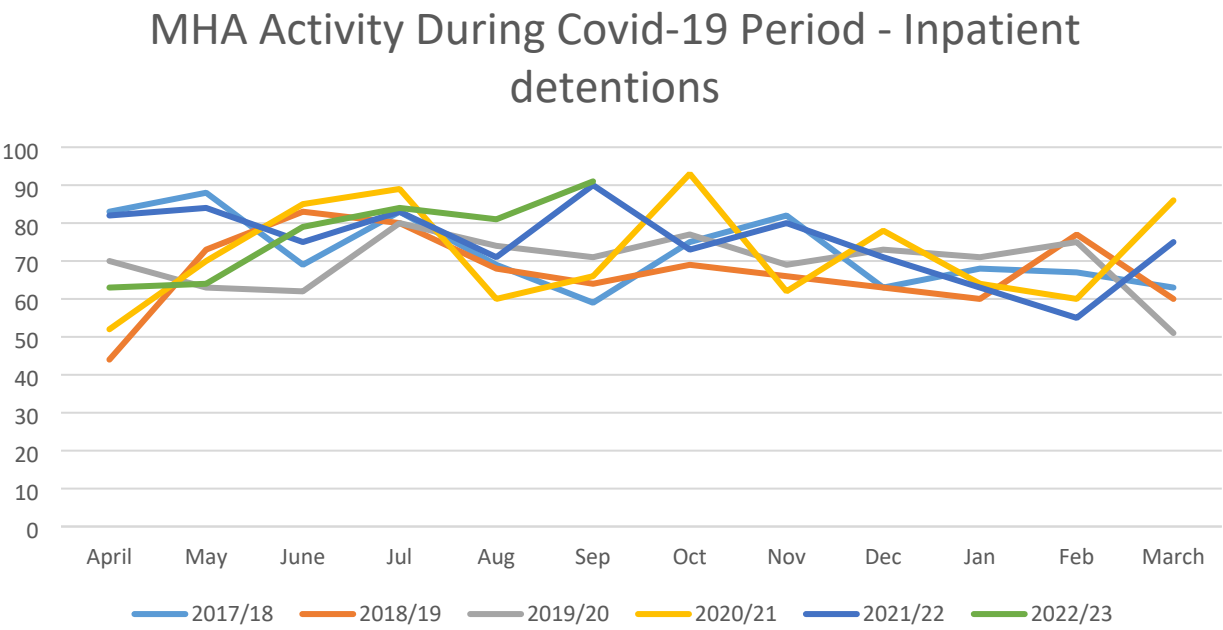


*Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal*

The last financial year (21/22) saw a 4% increase in the number of overall detentions in comparison to the previous year (20/21). However, there has been a 6% decrease thus far in 2022/23 in comparison to the same period in 2021/22.

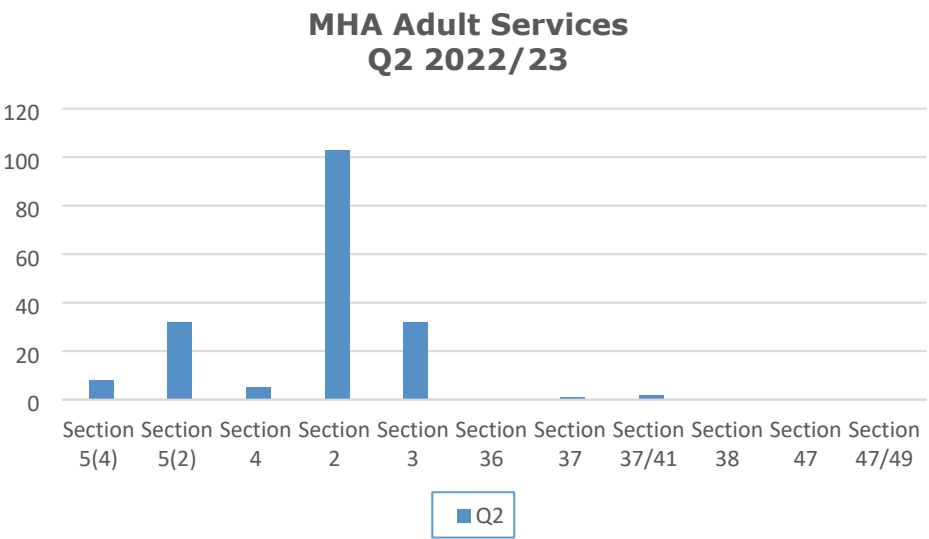
Month	Total MHA Detentions 2021/22	Total MHA Detentions 2022/23	Trend
April	86	68	↓ 21%
May	88	67	↓ 24%
June	84	90	↑ 7%
July	89	84	↓ 6%
August	74	85	↑ 15%
September	94	92	↓ 2%
<b>Total</b>	<b>515</b>	<b>486</b>	<b>Overall 6% decrease</b>

The below chart shows inpatient detentions only during the same period.



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

A breakdown of all compulsory admissions to mental wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that over half (56%) of all admissions are under Section 2 (Assessment) of the MHA, with 15% of detentions under section 3 (Treatment). 22% of all adult detentions were under Section 5 of the Act. There was an overall 40% increase in the number of detentions compared to the previous quarter.

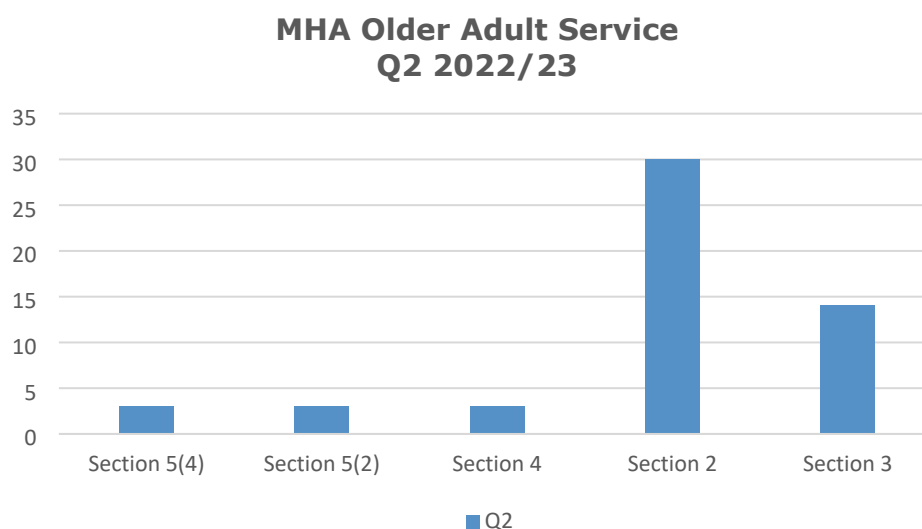




Section	Previous Quarter	Q2 2022/23	Trend
Section 5(4)	5	8	+60%
Section 5(2)	17	32	+88%
Section 4	0	5	+100%
Section 2	79	103	+30%
Section 3	27	32	+19%
Section 36	1	0	-100%
Section 37	1	1	-
Section 37/41	1	2	+100%
Section 38	0	0	-
Section 47	0	0	-
Section 47/49	0	0	-
Other	0	0	-
<b>TOTAL</b>	<b>131</b>	<b>183</b>	<b>Overall, 40% increase</b>

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

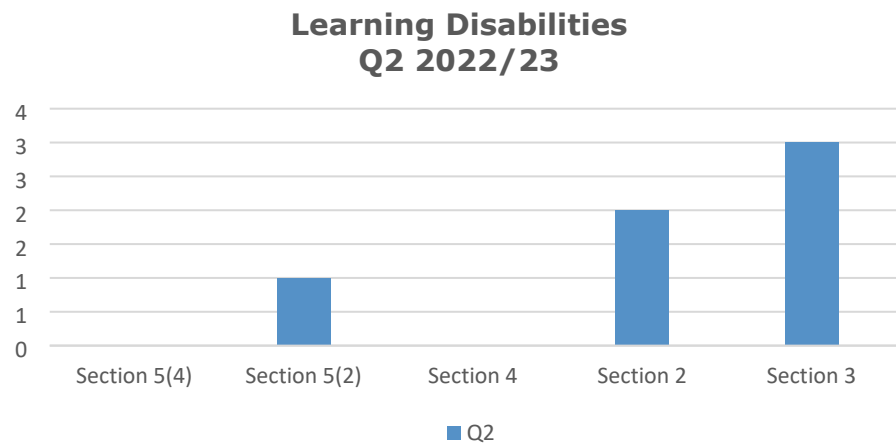
Within the older adult population patients admitted and detained, 83% were admitted under Sections 2 or 3 of the MHA with 11% admitted under Section 5 provision. There was an overall 2% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q2 2022/23	Trend
Section 5(4)	3	3	-
Section 5(2)	2	3	+50%
Section 4	0	3	+100%
Section 2	39	30	-23%
Section 3	10	14	+40%
TOTAL	54	53	Overall, 2% decrease

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

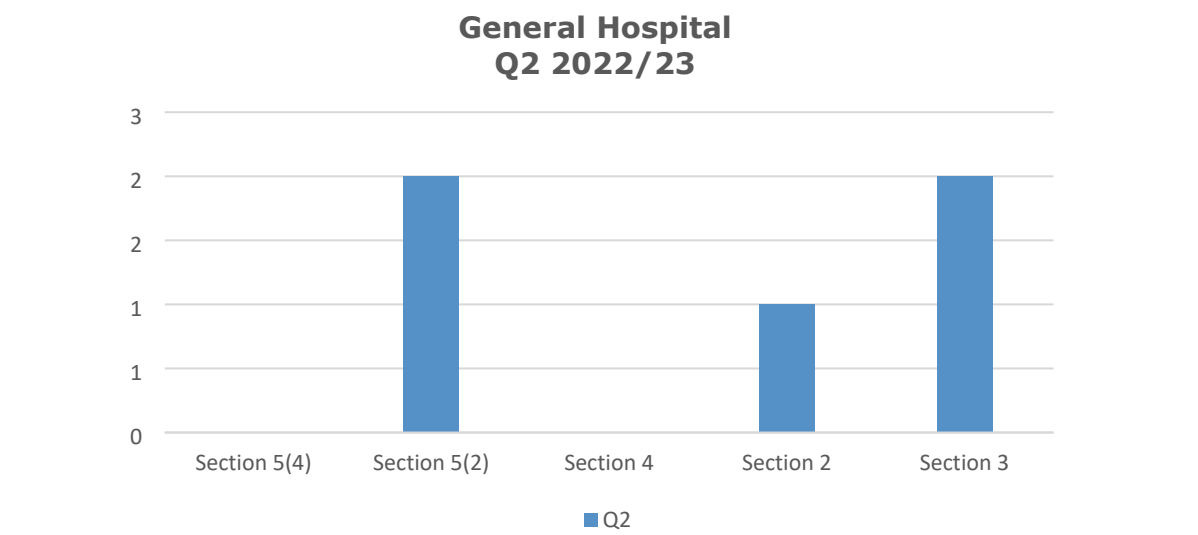
For individuals with a learning disability requiring admission under the MHA, 83% were admitted under Sections 2 or 3 of the MHA. There was an overall 200% increase in detentions compared to the previous quarter.



Section	Previous Quarter	Q2 2022/23	Trend
Section 5(4)	0	0	-
Section 5(2)	0	1	+100%
Section 4	0	0	-
Section 2	1	2	+100%
Section 3	1	3	+200%
TOTAL	2	6	Overall, 200% increase

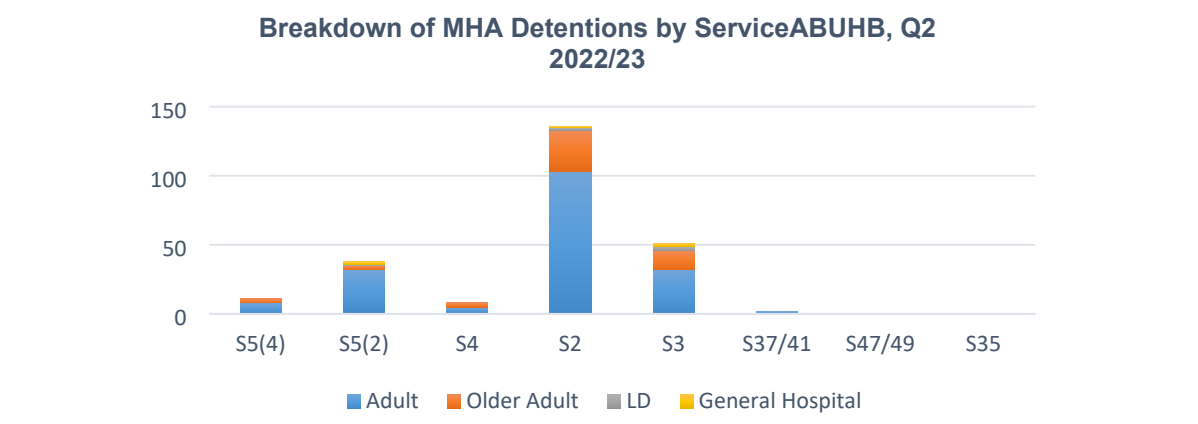
• **General Hospital Compulsory Admissions Under the MHA (1983)**

For patients detained under the MHA in a General Hospital setting, 60% were admitted under Sections 2 or 3 of the MHA with 20% admitted under Section 5 provision. There was an overall 29% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q2 2022/23	Trend
Section 5(4)	0	0	-
Section 5(2)	4	2	-50%
Section 4	0	0	-
Section 2	3	1	-67%
Section 3	0	2	-100%
TOTAL	7	5	Overall, 29% decrease

The below chart shows the total MHA detentions broken down by service for quarter 2, 2022/23.



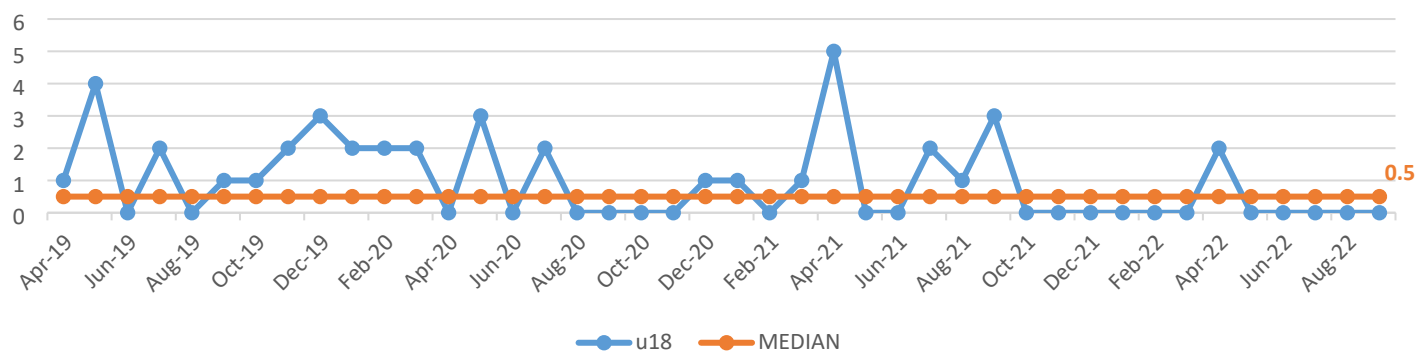
• **Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

Within Aneurin Bevan there is no dedicated Children and Young Persons CAMHS inpatient provision. Access to emergency provision for a bed in Ty Cyfannol extra care area for up to 72 hours is provided locally for 16-17 year olds, with younger patients normally being admitted to a paediatric ward if necessary.

There were 0 under 18 detentions in the last 6 months of 2021/22, however this trend did not continue into 2022/23 with 2 under 18 detentions in quarter 1, an increase of 100% compared to the previous quarter. However, quarter 2 saw a return to the earlier trend with 0 under 18 detentions.

Under 18 years Detentions	Previous Quarter	Q2 2022/23	Trend
Section 5(4)	0	0	-
Section 5(2)	0	0	-
Section 2	2	0	-100%
Section 3	0	0	-
CTO	0	0	-
TOTAL	2	0	-100%

Under 18 Compulsory Detentions



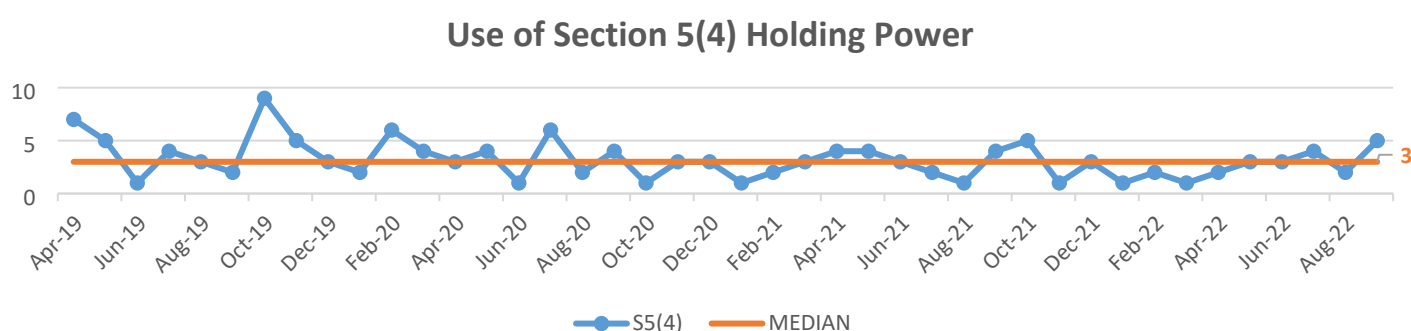
A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision has also been escalated to Welsh Government previously. The MHA Administration Department monitors the trends on a regular basis.

## 2. Trend Analysis of the main compulsory admissions across all services from April 2019 to September 2022

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

### • Use of Section 5 Holding Powers

The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 11 uses of this holding power over the quarter with 6 (55%) of these resulting in a doctor/approved clinician detaining the patient under Section 5(2). 2 (18%) was regraded to section 2 and 2 (18%) lapsed.



### Outcome of Section 5(4) – Q2 2022/23

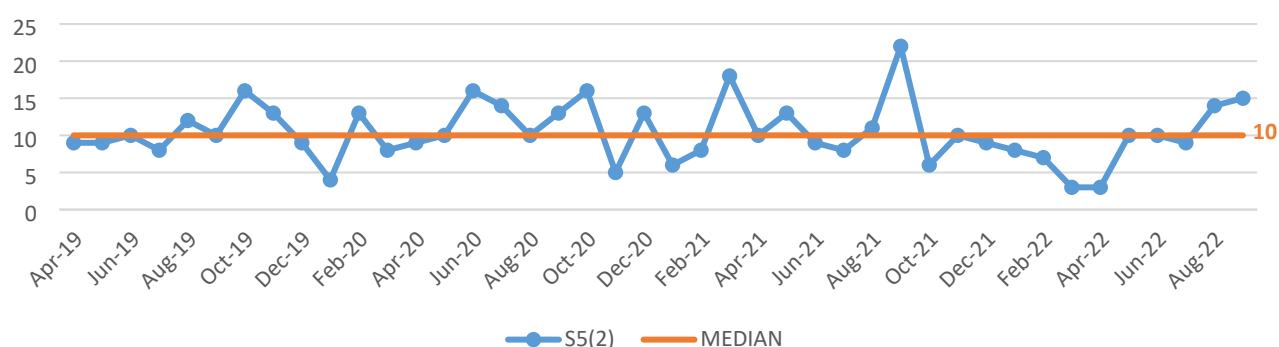
Outcome	Total	%
Lapsed	2	18%
Ended	1	9%
Section 5(2)	6	55%
Section 2	2	18%
Section 3	0	-
<b>Total</b>	<b>11</b>	

The use of Section 5(2) resulted in 61% being detained under section 2, 5% being detained under section 3 and 34% ending or lapsing without further detention under the MHA.

### Outcome of Section 5(2) – Q2 2022/23

Outcome	Total	%
Lapsed	5	13%
Ended	8	21%
Section 2	23	61%
Section 3	2	5%
<b>Total</b>	<b>38</b>	

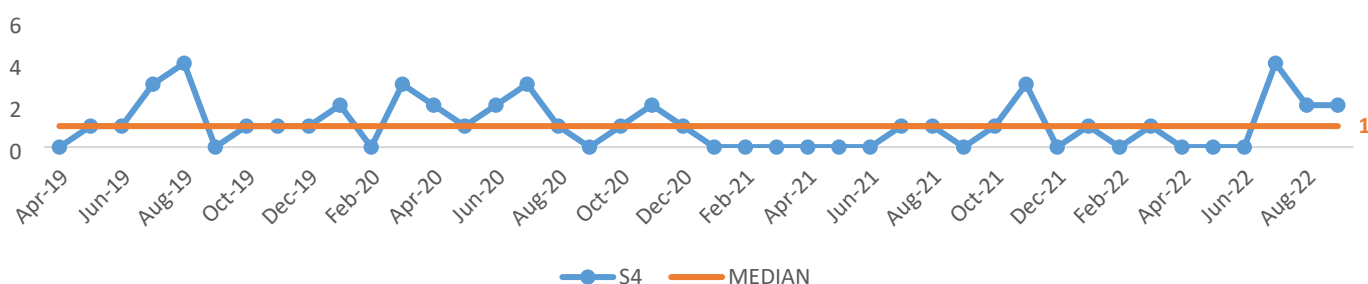
### Use of Section 5(2) Holding Power



### • Use of Section 4

The use of Section 4 is a relatively rare event and data remains low. Section 4 will be used only in emergency situations where it is not possible to secure 2 doctors for a Section 2 assessment immediately and it is felt necessary for a person's protection to detain under a section of the MHA. While the use of this provision is uncommon it can be an indicator of a problem in the availability of two doctors to undertake an assessment. The chart below shows that there has been an increase in the use of this provision over peak Covid-19 periods. Section 4 was used on 8 occasions this quarter (Q2) which is an increase on the previous quarter where it was used on 0 occasions.

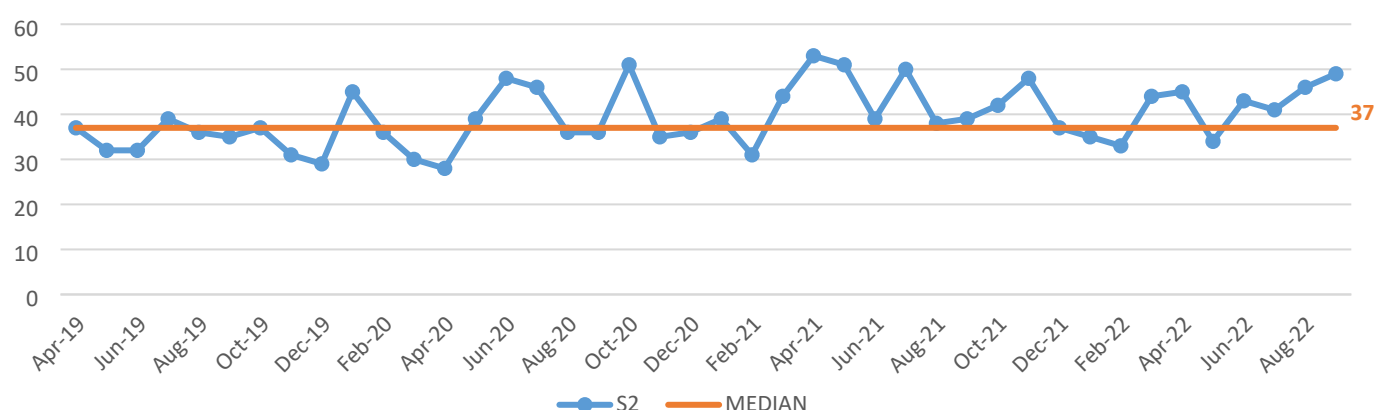
### Use of Section 4



### • Use of Section 2

55% of all detained admissions were admitted under Section 2 during the quarter, with the number of admissions remaining fairly stable over the last two years.

## Use of Section 2



## Outcome of Section 2, Q2 2022/23

Outcome	Total	%
Expired	8	6%
Regraded S3	18	13%
Transferred	4	3%
Died	0	-
Ended: 0-3 days	11	8%
Ended: 4-14 days	35	26%
Ended: 15-28 days	40	29%
Ongoing as at 18/10/22	20	15%
<b>Total</b>	<b>136</b>	

A total of 136 detentions were made using Section 2, with 76% of these in adult mental health services, 22% in older adult, 1% in a general hospital setting and 1% in learning disabilities.

Of the total 136 patients detained under Section 2:

- 18 (13%) were regraded to Section 3
- 4 (3%) were transferred out of the Health Board during the Section 2

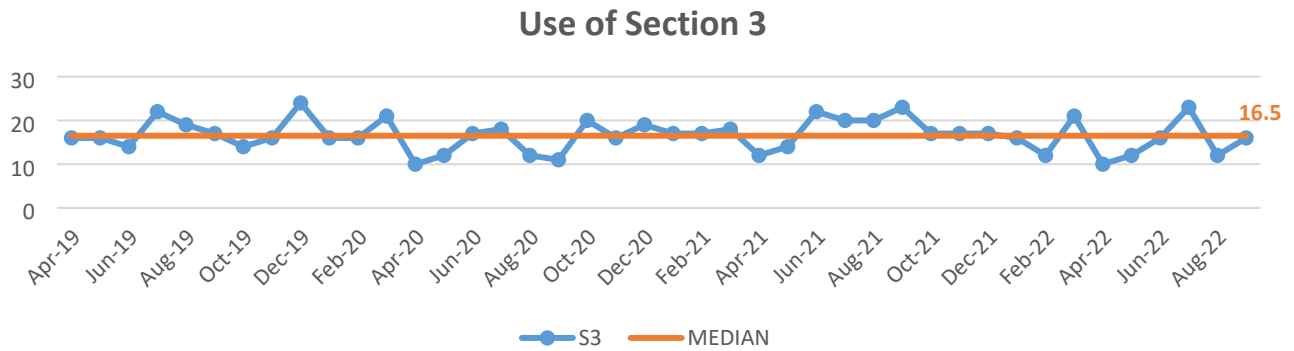
Of the remaining 114 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 11 (8%) were detained between 0-3 days
- 4-14 days 35 (26%) were detained between 4-14 days
- 15-28 days 40 (29%), were detained between 15-28 days

Of this cohort, 8 (6%) detentions were allowed to lapse. This is a 43% decrease, compared to the last quarter. It is considered allowing a Section 2 to lapse as poor practice, as it raises the question whether the patient met the criteria to be discharged at an earlier stage of the detention. Where detentions are allowed to lapse the MHA Administration Department highlights this issue to the relevant medical and ward staff.

## • Use of Section 3

21% of all detained admissions were admitted under Section 3 during the quarter. A total of 51 detentions were made using Section 3, with 63% of these in adult mental health, 27% in older adult mental health, 6% in learning disabilities and 4% in a general hospital setting.



Of the total 51 patients detained under Section 3:

- 47% (24) detentions remained as ongoing detentions as of 18.10.2022
- 47% (24) detentions were ended as of 18.10.2022
- 2% (1) detention lapsed
- 2% (1) detention was transferred
- 2% (1) detentions were ended as of 22.07.2022

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

The table below shows that the number of renewals of inpatient detentions decreased 19% during the quarter compared to the previous period.

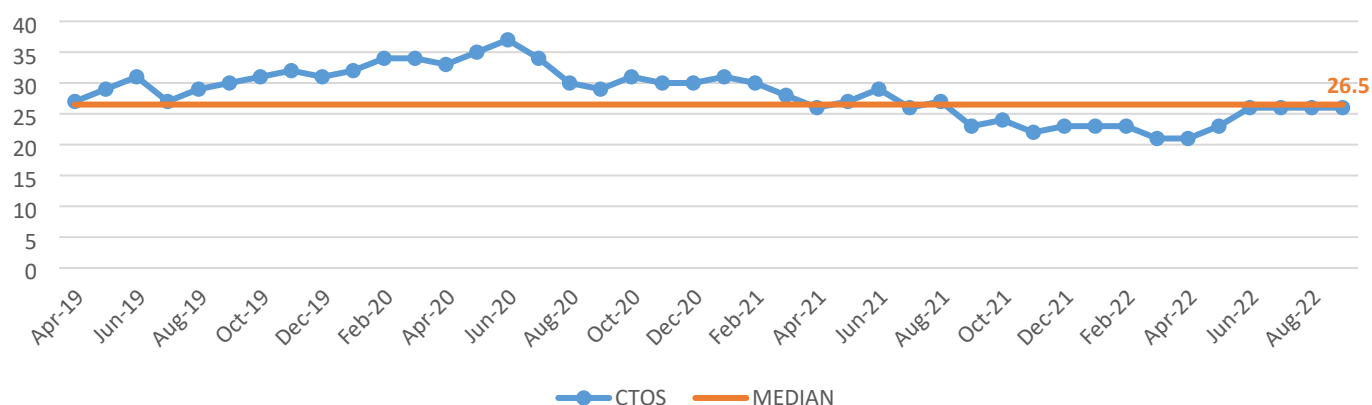
Section	Previous Quarter	Q2 2022/23	Trend
Section 3 renewal	15	12	↓
Section 37 renewal	1	1	—
Section 47 renewal	0	0	—
<b>TOTAL</b>	<b>16</b>	<b>13</b>	↓

#### • **Use of Community Treatment Orders (CTOs)**

The number of Community Treatment Orders at the end of each month has remained steady at 26 since the end of the last quarter.



**Number of CTO's at the end of each month**



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

### Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q2 2022/23	Trend
17A	CTOs made	9	2	↓
	CTOs extended	8	3	↓
	Recalled to hospital and not admitted	1	0	↓
	Recalled to hospital and revoked	3	1	↓
	Discharged from CTO	1	1	—

### 3. Unlawful Detentions/Failed Medical Scrutiny / Rectifiable Errors

A summary of unlawful detentions, section papers that failed medical scrutiny and section papers with rectifiable errors during the quarter is provided below.

#### • Unlawful Detentions

There were 2 unlawful detentions identified during the quarter. Where errors are identified the Mental Health Act Administration will immediately contact the ward/clinical team who will inform the patient and the clinical team will determine the appropriate next steps such as undertaking a new assessment.

	Previous Quarter	Q2 2022/23	Trend
Unlawful Detentions	0	2	↑

- Invalid Section 2 – No HO14 completed
- Invalid CTO Revoke – Missing the second page of the CP7

- **Failed Medical Scrutiny**

The Health Board has 14 days to undertake medical scrutiny of section papers. Where medical scrutiny identifies that further information is required the papers are returned to the doctor who completed the assessment highlighting what further information is required and returned within the 14-day period.

	Previous Quarter	Q2 2022/23	Trend
<b>Failed Medical Scrutiny</b>	0	0	—

- **Rectifiable Errors on Documents**

Rectifiable errors are considered a 'slip of a pen'. Section 15 of the Mental Health Act allows for any documents containing rectifiable errors to be amended by the professional who completed the form within 14 days of the date the person was admitted onto a section. Common rectifiable errors include names not stated in full, misstating of places including hospitals and patients addresses, names or places being inconsistent, spelling errors, nearest relative address missing and deletions not being completed.

There has been a 22% decrease in the number of rectifiable errors this quarter. However, there is still a need for ongoing training regarding the acceptance and scrutiny of documentation before it is received into the MHA Administration Department to ensure that documentation is as accurate as possible.

	Previous Quarter	Q2 2022/23	Trend
<b>Rectifiable errors on document</b>	18	14	↑

#### 4. Use of Sections 135 and 136

- **Section 135**

There are data completeness issues with the compilation of Section 135 data. The table below therefore provides a summary of the available data.

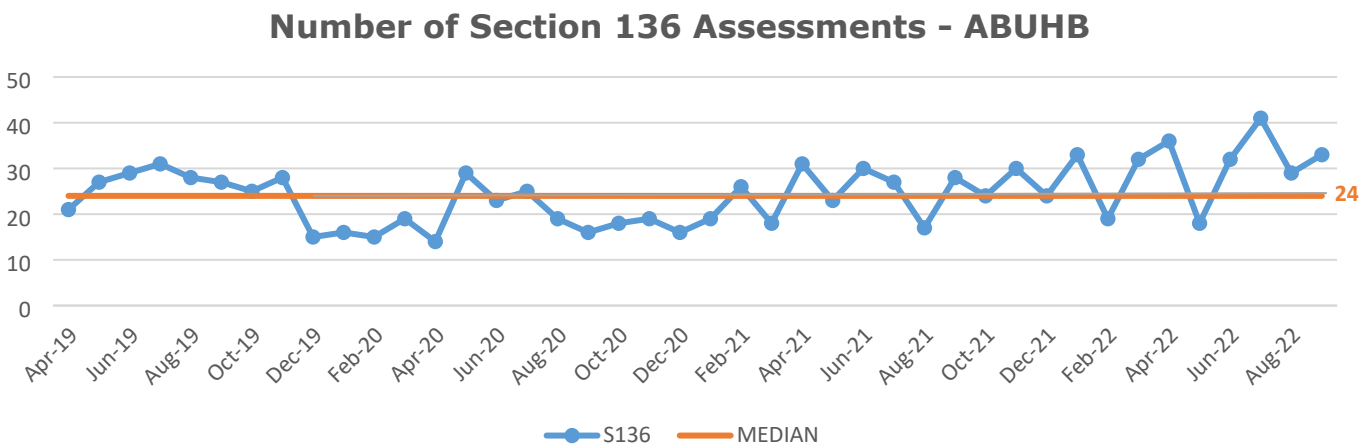
#### Use of Section 135, Q2 2022/23

Section 135 of the MHA	Previous Quarter	Q2 2022/23	Trend
<b>Assessed and admitted informally</b>	0	0	—
<b>Assessed and discharged</b>	0	0	—
<b>Assessed and detained under Section 2</b>	3	1	↓
<b>Assessed and detained under Section 3</b>	0	1	—
<b>Assessed and CTO Revoked</b>	0	0	—
<b>Other</b>	0	0	—
<b>Total</b>	3	2	↓

The MHA Administration department has confirmed that the above data is not complete and has been unable to capture the true activity information for the data periods due to not receiving all copies of executed Section 135 warrants. There are on-going inter-agency discussions between Health, Local Authorities and Gwent Police to ensure that all Section 135 activity is correct and is collected in a timely manner.

• **Section 136**

A breakdown on the number of 136 assessments undertaken at the 136 Suite (Place of Safety) at St Cadoc’s Hospital is shown in the table below.

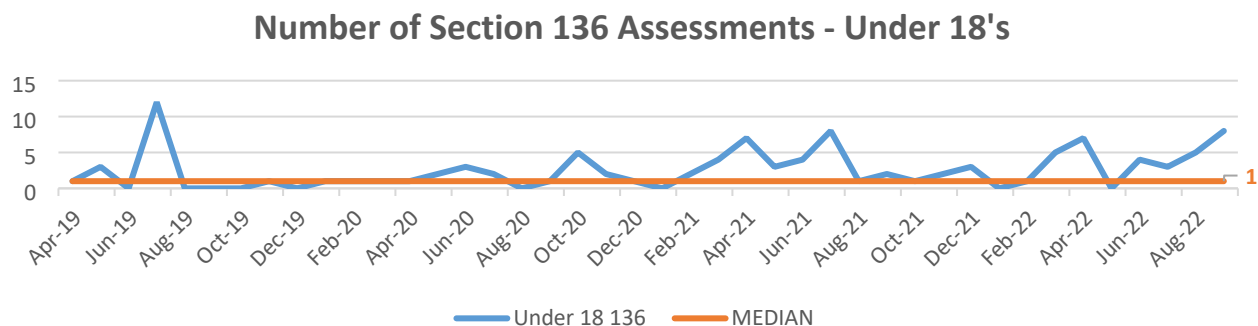


A breakdown of the outcome of 136 assessments is shown in the table below. A total of 103 assessments were undertaken. 1 detention lapsed due to physical health overtaking mental health and the assessments did not take place in these cases. Of those assessed 55% were admitted, with 60% of those admitted being formally detained. 7% of individuals assessed were discharged with no follow up required, while 37% were discharged with a follow up plan in place.

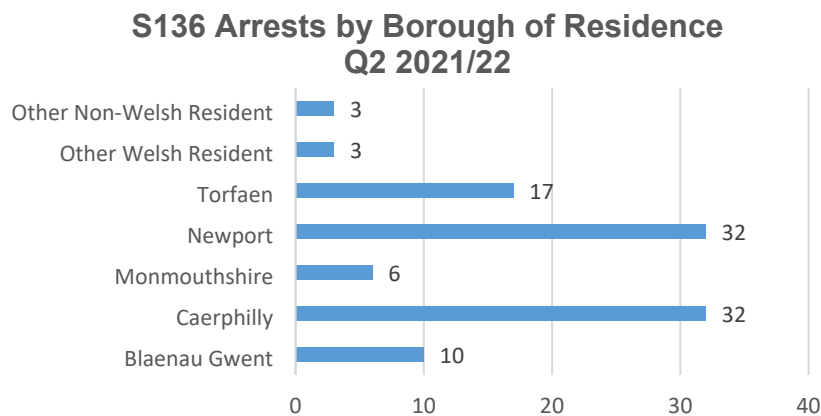
**Use of Section 136, Q2 2022/23**

Section 136 of the MHA	Previous Quarter	Q2 2022/23	Trend
Assessed and admitted informally	15	23	↑
Assessed and detained under Section 2	26	33	↑
Assessed and detained under Section 3	0	0	—
Assessed and detained under Section 4	0	1	↑
Discharged – no follow-up required	12	7	↓
Discharged – with follow-up plan	32	38	↑
Section 136 lapsed	1	1	—
TOTAL	86	103	↑

A breakdown of the number of under 18's undergoing 136 assessment is shown in the graph below. The graph shows that the number of under 18's undergoing assessment has increased by 45% in comparison to the previous quarter.



A breakdown of assessed patients by borough shows that Caerphilly and Newport had higher demand than other boroughs, together accounting for 62% of all assessments.

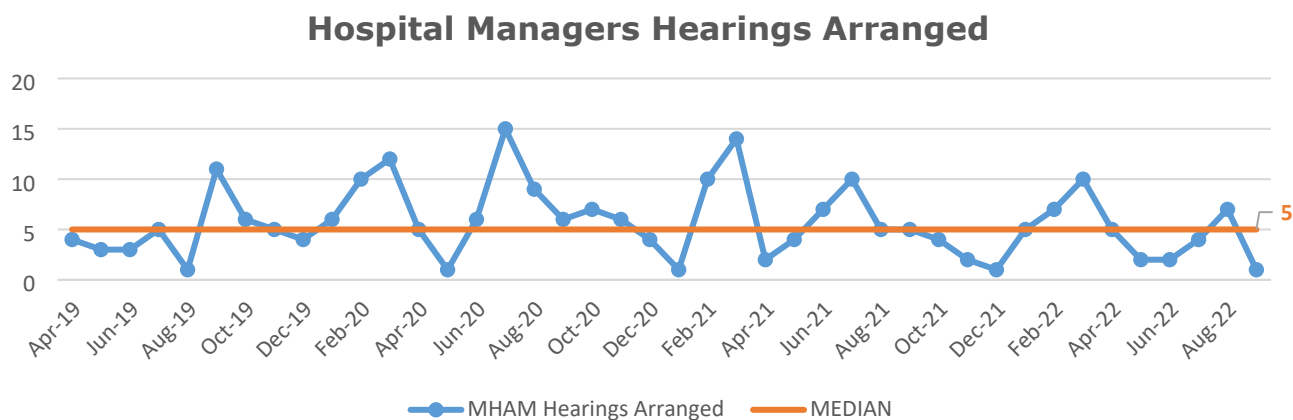


A breakdown of all 103 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 30% of all cases; 16% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Previous Quarter	Q2 2022/23
TOTAL	N=86	N=103
Gender:		
% Male	45%	42%
% Female	55%	58%
Place of Safety:		
% Hospital	97%	98%
% Police Station	3%	2%
% Under 18 Years	13%	16%
Use of Illicit Substances:		
% Alcohol	23%	12%
% Drugs	14%	9%
% Both Alcohol and Drugs	1%	9%
Where Assessment took place:		
% Hospital	99%	99%
% Police Station	0%	0%
12 Hour extension required/granted	1%	2%

## 5. Mental Health Act Managers Hearings

There has been a 33% increase in the number of MHA Managers hearings arranged over the last quarter in comparison to the previous period. To overcome the constraints of Covid-19 each independent manager has been provided with a laptop and training on holding Manager Hearings via video conferencing. There were 7 hearings held during the quarter.



A summary of activity and outcome of hearings is provided in the table below. The majority of hearings requested relate to inpatients. During the quarter 1 patient was discharged by Hospital Managers.

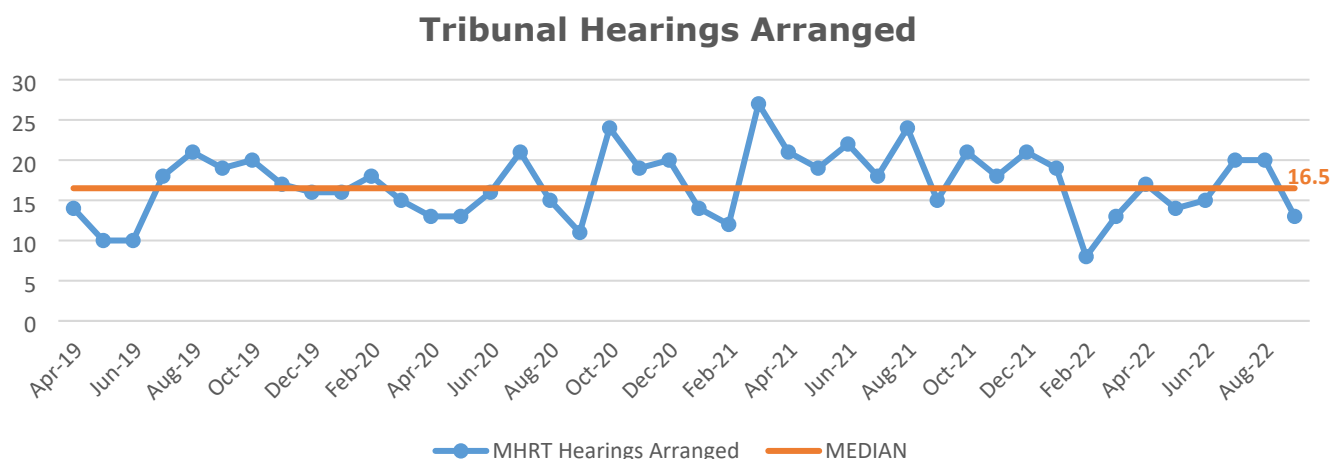
### Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Previous Quarter	Q2 2022/23	Trend
Applications by patient – Inpatient	1	0	↓
Applications by patient – CTO	0	0	—
Renewal Hearing Applications – Inpatient	5	17	↑
Renewal Hearing Applications – CTO	0	11	↑
Barring Hearings	2	1	↓
Hearing cancelled before being heard	5	6	↑
Hearing held - Patient Discharged by Hospital Managers	0	1	↑
Hearing held – Section continued	4	5	↑

## 6. Mental Health Review Tribunals

There continues to be a trend for patients to apply for a Tribunal hearing as opposed to Manager's hearings within the Health Board. The MHRT is a statutory independent body for hearing appeals against detention.

The chart below highlights the activity and outcomes of Tribunals arranged over the last two years. Overall, the number of hearings appears to be relatively consistent over the period of the last 12 months.



The activity and outcomes of arranged tribunals over the quarter is summarised in the table below.

### Mental Health Review Tribunals Activity

MH Review Tribunal Hearings	Previous Quarter	Q2 2022/23	Trend
Applications by patient – Inpatient	44	39	↓
Applications by patient – CTO	2	1	↓
Renewal Hearing Applications – Inpatient	8	10	↑
Renewal Hearing Applications – CTO	0	0	—
Referral by MOJ	0	0	—
Referral by Welsh Ministers	1	0	↓
Outcomes: Hearing Cancelled before being heard	22	35	↑
Outcomes: Patient Discharged by MHRT	3	3	—
Outcomes: Section Continued	21	14	↓

This shows that a significant number of Tribunals are cancelled before being heard. 3 patients were discharged by the Tribunal during the quarter.

<b>Assessment and Conclusion</b>
This report is designed to provide information on trends and analysis of the use of the Mental Health Act and associated processes and to provide assurance to the Health Board that there are adequate governance arrangements in place to ensure the fair and lawful application of the act. The Mental Health and Learning Disabilities Division will continue to develop and refine the report using feedback provided.

<b>Recommendation</b>
The Committee is asked to receive the information provided on the use of the Mental Health Act.

<b>Supporting Assessment and Additional Information</b>	
<b>Risk Assessment (including links to Risk Register)</b>	Potential legislative risks to the Health Board if patients are not lawfully detained under the Mental health Act or treated under the safeguards of the Mental Health Capacity Act/ Deprivation of Liberty Safeguards
<b>Financial Assessment, including Value for Money</b>	None identified.
<b>Quality, Safety and Patient Experience Assessment</b>	The lawful application of the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards is essential to the safeguarding of patients' rights and liberties.
<b>Equality and Diversity Impact Assessment (including child impact assessment)</b>	No specific equality and diversity issues have been identified.
<b>Health and Care Standards</b>	Relevant to Healthcare Standards 2,4 and 7
<b>Link to Integrated Medium Term Plan/Corporate Objectives</b>	No specific link to IMTP priorities
<b>The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working</b>	This section should demonstrate how each of the '5 Ways of
	<b>Integration</b> – Statutory requirements are limited to hospital provision <b>Collaboration</b> – the application of the Mental Health act requires collaborative working with local authorities.
<b>Glossary of New Terms</b>	None
<b>Public Interest</b>	There is public interest in this report being shared.

## Glossary of Terms

Definition	Meaning
Informal patient	Someone who is being treated for mental disorder in hospital and who is not detained under the Act.
Detained patient	A patient who is detained in hospital under the Act or who is liable to be detained in hospital but who is currently out of hospital (e.g. on section 17 leave).
Section 135(1)	Provides the power to forcibly enter a property to look for and remove a person to a place of safety (usually a hospital) for a period of up to 36 hours for assessment, if it appears to a magistrate that there is reasonable cause to suspect that a person believed to be suffering from mental disorder; has been ill-treated, neglected or kept otherwise than under proper control or is living alone and unable to care for themselves.
Section 135(2)	Authorises forcible entry of a property to look for and remove a detained patient who is absent without leave (AWOL) from hospital if on information given, it appears to a magistrate that there is reasonable cause to believe that a patient already subject to a section is to be found on premises within the jurisdiction of the magistrate and admission to the premises has already been refused or a refusal of entry is predicted.
Section 136	Under this section, if a police officer believes that a person in a public place is "suffering from mental disorder" and is in "immediate need of care and control", the police officer can take that person to a "place of safety" for a maximum of 24 hours (this can sometimes be extended for 12 hours) so that the person can be examined by a doctor and interviewed by an Approved Mental Health Professional (AMHP) and any necessary arrangements can be made for the person's treatment and care.
Section 5(4)	Allows a registered nurse to detain an informal patient of a patient lacking capacity for up to 6 hours. The person already has to be receiving treatment for mental disorder as an inpatient and is indicating that they wish to leave hospital and there has to be an immediate need to prevent this where a doctor or approved clinician is not available to complete a section 5(2) instead. This section is intended as an emergency measure.
Section 5(2)	This section provides the authority for a doctor or approved clinician to detain either an informal patient or a patient who lacks capacity for up to 72 hours. It is designed to provide the time required to complete an application for section 2 or section 3 if the person wishes to leave hospital before the necessary arrangements for these applications can be made.



Section 4	Provides the power to forcibly admit and detain a person in hospital for up to 72 hours where it is of urgent necessity for the person to be admitted and detained under section 2 but only one doctor is available at the time to make a medical recommendation.
Section 2	<p>The detention period lasts for a period of up to 28 days to enable assessment or assessment followed by treatment for mental disorder to take place.</p> <p>Patients have the right of appeal to the Hospital Managers at any time and without limit to the number of appeals (at the discretion of the Hospital Managers) during the 28 days but they may only appeal to the Mental Health Review Tribunal within the first fourteen days of detention.</p> <p>Section 2 cannot be renewed but under certain circumstances, the 28-day period may be extended whilst an application is made to a county court to have another person appointed as nearest relative depending if certain grounds are met.</p>
Section 3	<p>This admission is initially for a period of up to six months; if it runs its full course, the section may be renewed for a further six months and twelve-monthly periods thereafter.</p> <p>Patients may appeal to the Hospital Managers at any time during a period of detention but they can only appeal to the Mental Health Review Tribunal once in each period of detention.</p> <p>Where the patient has recently had a hearing (either MHRT or Managers), the chair of the Hospital Managers Power of Discharge Panel may refuse for the case to be considered unless there has been a significant change in the patient's circumstances or condition since that hearing. This prevents unnecessary hearings taking place which may distress the patient and impact on those involved in their care.</p>
Section 37	<p>Section 37 provides for a court to sentence a person to hospital for treatment (or guardianship) for up to six months.</p> <p>The criteria and resulting admission work in the same way as a section 3 except for the appeal process. A section 37 patient has:</p> <ul style="list-style-type: none"> <li>• the right of appeal to the Crown Court or Court of Appeal to have the conviction quashed or a different sentence imposed.</li> <li>• the right to appeal to the Tribunal, but only in the second six months and then once in each subsequent period of detention.</li> </ul>

	<ul style="list-style-type: none"> <li>the right of appeal to the Hospital Managers at any time and without limit to the number of appeals at the discretion of the Hospital Managers.</li> </ul>
Section 38	Empowers a Crown Court or Magistrates Court to send a convicted offender to hospital to enable an assessment to be made on the appropriateness of making a hospital order or direction.
Section 41	Empowers the Crown Court, having made a hospital order under section 37, to make a further order restricting the patients discharge, transfer or leave of absence from hospital without the consent of the Secretary of State for Justice.
Section 47	Enables the Secretary of State to direct that a person serving a sentence of imprisonment or other detention be removed to and detained in a hospital to receive medical treatment for mental disorder.
Section 49	Enables the Secretary of State for Justice to add an order restricting the patients discharge from hospital to a section 47.
Section 17A, Community Treatment Order	<p>This allows for a patient to receive the care and treatment they need for their mental disorder in the community rather than in hospital. To be eligible for CTO the patient must have been detained on one of the treatment sections when the application for the CTO was made.</p> <p>Each time a period of section 17 leave is granted to a detained patient for more than 7 consecutive days, their RC must consider whether it would be appropriate for the patient to be subject to CTO rather than an inpatient on extended section 17 leave.</p> <p>The patient's responsible clinician may specify conditions to be applied by the CTO. The only limitation on conditions is that they are "necessary" or "appropriate" for:</p> <ul style="list-style-type: none"> <li>o ensuring the patient receives medical treatment</li> <li>o preventing the risk of harm to the patient's health or safety</li> <li>o protecting other persons.</li> </ul> <p>Once on a CTO, the patient may be recalled to hospital for up to 72 hours where the treatment rules under the Act apply during that period of recall.</p>