

Mental Health Act Monitoring Committee

Thu 09 March 2023, 10:00 - 12:00

Via Microsoft Teams



Agenda

1. Preliminary Matters

Draft MHAMC Agenda 09.03.23.pdf (2 pages)

1.1. Welcome and Introductions

Verbal Chair

1.2. Apologies for Absence

Verbal Chair

1.3. Declarations of Interest

Chair Verbal

1.4. Draft Minutes of the last Meeting held on 8th December 2022

Attachment Chair

1.4 Draft MHAMC Minutes 8th December 2022 bc.pdf (5 pages)

1.5. Committee Action Log

Attachment Chair

1.5 Action Log Revised TemplateMarch 2023.pdf (3 pages)

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

3. Items for Discussion

3.1. Mental Health Act Compliance Report

Attachment Head of Quality & Improvement MHLD

3.1 MHA Update Report Q3 2022-23.pdf (24 pages)

3.2. Update from the MHA Managers Group- to include an update on the Recruitment of Hospital Managers (Power of Discharge Committee)

Verbal Katija Dew, Independent Member (Chair of MHA Managers Group)/Head of Quality & Improvement MHLD

4. Items for Information

4.1. Committee Work Programme

Attachment *Chair*

 4.1 MHAM_Committee Work Programme 2022-23.pdf (2 pages)

5. Other Matters

5.1. Items to be Brought to the Attention of the Board and Other Committees

Verbal *Chair*

5.2. Any Other Urgent Business

Verbal *Chair*

5.3. Date of Next Meeting

Monday 19th June 2023 at 10am

AGENDA

Date and Time	Thursday 9th March 2023, 10am-12pm
Venue	Via Microsoft Teams

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence	Oral	Chair
1.3	Declarations of Interest	Oral	Chair
1.4	Draft Minutes of the last Meeting held on 8 th December 2022	Attached	Chair
1.5	Committee Action Log	Attached	Chair
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
	<i>There are no items for inclusion in this section</i>		
3	ITEMS FOR DISCUSSION		
3.1	Mental Health Act Compliance Report	Attachment	Head of Quality & Improvement MHL D
3.2	Update from the MHA Managers Group- to include an update on the Recruitment of Hospital Managers (Power of Discharge Committee)	Verbal	Katija Dew, Independent Member (Chair of MHA Managers Group)/Head of Quality & Improvement MHL D
4	ITEMS FOR INFORMATION		
4.1	Committee Work Plan 2022/23	Attachment	Chair
5	OTHER MATTERS		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: <ul style="list-style-type: none"> Monday, 19th June 2023 @ 10:00am 		

KEY:

Priority 1	• Every Child has the Best Start in Life
Priority 2	• Getting it Right for Children and Young Adults
Priority 3	• Adults in Gwent Live Healthily and Age Well
Priority 4	• Older Adults are Supported to Live Well and Independently

Priority 5	<ul style="list-style-type: none"> • Dying Well as part of Life
Enablers	<ul style="list-style-type: none"> • Experience, Quality & Safety • Partnership First • Research, Innovation, Improvement, Value • Workforce & Organisational Development • Finance • Digital, Data, Intelligence • Estate • Regional Solutions • Governance

Motion to Exclude Members of the Public and the Press
<p>There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:</p> <p>“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.</p> <p><i>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</i></p>

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health Act Monitoring Committee held on Tuesday 8th December 2022 at 10:00 am via Teams

Present:

Pippa Britton	Independent Member (Chair)
Paul Deneen	Independent Member
Katija Dew	Independent Member

In attendance:

Chris O'Connor	Interim Director of Primary Care, Community and Mental Health Services
Bryony Codd	Head of Corporate Governance
Kavitha Pasunuru	Assistant Divisional Director, Child & Adolescent Mental Health
Michelle Forkings	Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing
Kathryn Waters	Interim Divisional Director, Mental Health and Learning Disabilities
Clare Lipetz	Divisional Director of Families and Therapies
Philip Lewis-Davies	Principle Auditor, NWSSP

Apologies:

Rani Dash	Director of Corporate Governance
Sarah Cadman	Head of Quality and Improvement for Mental Health and Learning Disabilities

	Preliminary Matters
MHAMC 0912/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
MHAMC 0812/02	Apologies for Absence Apologies for absence were noted.
MHAMC 0812/03	Declarations of Interest There were no Declarations of Interest to record.

	Committee Governance
MHAMC 0812/04	<p>Draft Minutes of the Meeting Held on the 6th September 2022</p> <p>Chris O'Connor (CO'C) Interim Director of Primary Care, Community and Mental Health Services, requested that his title in the minute read 'Interim'.</p> <p>Action: Secretariat</p> <p>Subject to the above amendment, the minutes of the meeting of the Mental Health Act Monitoring Committee held on the 6th September 2022 we noted as a true and accurate record.</p>
MHAMC 0812/05	<p>Mental Health Act Committee Action Log- December 2022</p> <p>The Committee thanked the teams for the completion of actions and updates on progress. The below actions were discussed.</p> <p>MHAMC 0912/06 Templates and supporting guidance. Action: The Committee queried the lack of an Equality and Diversity impact assessment within the report. The Director of Corporate Governance confirmed that there was work required to review report templates and supporting guidance. Paul Deneen (PD), Independent Member, queried whether or not the Governance Team used the Audit Commissioning Guidance to inform the updated templates and supporting guidance. Bryony Codd (BC), Head of Corporate Governance, assured members that this would be considered/cross referenced in the template update process, including the Equality Impact Assessment. Finalised templates would be shared in January 2023.</p> <p>MHAMC 0609/06.4 Mental Health Act Compliance Report. Action: Discussions to take place with other Health Boards to assess why ABUHB had higher numbers of the use of the Mental Health Act (MHA) on older adults. Michelle Forkings (MF), Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing, informed members that the National Benchmarking Conference had been rescheduled for 2023. The conference would enable the Mental Health (MH) team to provide comparative data on a national level to members at a future meeting. Influencing factors of the higher use of the MHA in older adults in the Health Board were discussed. MF informed members that the different bed status across Wales may be an influencing factor, alongside a variations in the presentation of need in older adults in the Health Board, including higher demand in MH acuity. Chris O'Connor (CO), Interim Director of Primary Care, Community and Mental Health Services, informed members that the pandemic had had an impact and that the Health Board had seen higher demand and level of acuity, including a rise in complex needs in presentations. The increase in Mental Health acuity in older adults would continue to be reviewed by the Division, informing future patient care requirements, and driving future service development.</p> <p>Members requested that the action remain, with an update at the next Committee meeting to include possible trends and a review on whether the Health Board was an outlier on the use of the MHA in older adults.</p>

MHAMC 0812/06	Committee Work Plan 2022-23 The Committee APPROVED the final workplan for 2022/23.
MHAMC 0812/07	Mental Health Act Compliance Report Michelle Forkings (MF), Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing, provided an overview of the use of the Mental Health Act 1983 (MHA) in the Health Board during Quarter 2. The following key points were highlighted to members: - <ul style="list-style-type: none"> • Data was correct within the report; however, some chart displayed trends were incorrect. This would be rectified during the next reporting period. • There had been a 27.3% increase in numbers of patients detained under the MHA since Quarter 1, with a notable increase in the use of Sections 5(4), 5(2) and Section 4. • The marked increase of 88% in the use of Section 5(2) was highlighted. • The considerable reduction in the number of detentions under the MHA during national Covid-19 lockdown periods was noted. • There had been a 40% overall increase in adult compulsory admissions under the MHA since Quarter 1. • There had been a 29% decrease in hospital admissions under the MHA. • Two unlawful detentions were noted, in relation to incorrect record keeping, during Quarter 2. Members were assured that relevant training had been undertaken to address the errors, maintaining an open and transparent line of communication with both patients and families. Members requested that staff uptake on training relating to Duty of Candour be included in future reports. Action: Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing • In Quarter 2, there had been a 22% decrease in rectifiable errors. • An increase of 45% of under 18's undergoing section 136 assessments was noted and potential influencing factors were discussed. The Health Board would continue to improve on the robust risk assessment and management processes with local Police colleagues, providing the most appropriate support and care based upon individual care needs. A wider systemic approach to supporting young people was discussed. Members requested further discussion at the Public Service Board (PSB), highlighting the use of the MHA in under 18's and the review of current collaborative wrap around services provided for children and young people to support mental health and wellbeing. Action: Head of Corporate Governance/secretariat <p>Pippa Britton (PB), Independent Member and Committee Chair, requested further information on the increase in the use of the MHA, in particular the increase in Section 5(2), including whether or not the Health Board had identified any influencing factors. MF assured members that the Mental Health Group would be scrutinising the data to determine factors influencing the increase. An update on the review of the increase of the use of Section 4, Section 5(2) and Section 5(4) in Quarter 2, including contributing factors, to</p>

	<p>come back to the next Committee meeting. Action: Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing</p> <p>Paul Deneen (PD), Independent Member, queried if the increase in the use of the MHA data, as outlined in the report, was measured on an individual patient basis or by the total use of the MHA. MF informed members that the data was presented based on use of the MHA. It was agreed that future reporting of the use of the MHA would be broken down by borough to identify any patterns or trends. Action: Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing</p> <p>Kavitha Pasunuru (KP), Assistant Divisional Director, Child & Adolescent Mental Health, discussed the use of the MHA on children. There remained a high clinical threshold for admission of children and adolescents. Members were informed that Child and Adolescent Mental Health Teams (CAHMS) worked collaboratively with Adult Mental Health Services, and Local Authority partners, to provide the best care for patients presenting in crisis. The Health Board was researching nurturing and therapeutic alternative care provisions to support children and adolescents presenting in crisis, noting that the Windmill Farm facility would be opening in 2023.</p> <p><i>Kathryn Walters joined the meeting.</i></p> <p>PD requested information on the use of adult mental health bed provision for children and adolescents presenting in crisis. KP informed members that the Health Board had one bed that could be utilised for under 18's if required. In addition, the CAHMS team worked collaboratively with Adult Mental Health Services, Local Authorities, and families to provide the most appropriate, safe care for the patients.</p> <p>Members thanked the team for the informative report and update.</p> <p>The Committee RECEIVED the report for ASSURANCE.</p>
<p>MHAMC 0812/08</p>	<p>Update from the Mental Health Act (MHA) Managers Group- including an update on the Recruitment of Hospital Managers (Power of Discharge Committee)</p> <p>Katija Dew (KD), Independent Member and Chair of the MHA Managers Group, provided an update to the Committee.</p> <p>Members were reminded of the current low numbers of Hospital Managers, as highlighted at a previous meeting. Discussions had taken place with governance leads in relation to required recruitment. Governance leads were liaising with other Health Boards around best practice for recruitment. KD requested that the recruitment process commence as soon as possible, to include succession planning prior to March 2023. Members discussed the importance of a diverse group of Hospital Managers, with a variety of knowledge and experience across the Health Board and third sector partners.</p> <p>Paul Deneen (PD), Independent Member, suggested some targeted communication, outlining the opportunities and requirements for Hospital</p>

	<p>Managers, with public and private sector employers across Gwent. KD thanked PD for the suggestion.</p> <p><i>Clare Lipetz joined the meeting.</i></p> <p>Bryony Codd (BC), Head of Corporate Governance, confirmed that conversations had taken place with Deputy Board Secretary colleagues, regarding processes for the recruitment of Mental Health Act Managers, in order to develop a local process.</p> <p>KD assured members that the MHA Managers Group had identified a workflow model for future meeting cycles and ongoing relevant training for legislation updates and best practice.</p> <p>Chris O'Connor (CO), Interim Director of Primary Care, Community and Mental Health, alongside Members, thanked Katija Dew (KD) for the hard work, support, and dedication as the Chair of the MHA Managers Group.</p> <p>The Committee RECEIVED the update.</p>
	Other Matters
MHAMC 0812/09	<p>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees, and predicted changes to the Mental Health Act</p> <p>There were no items to escalate to the Board and no predicted changes to the Mental Health Act.</p> <p>Members requested further discussion at the Public Service Board (PSB) to highlight the use of the MHA in under 18's, including a review of collaborative Local Authority wrap around services provided for children and young people to support mental health and wellbeing.</p>
	Date of Next Meeting
MHAMC 0812/10	<p>The date of the next meeting was noted as: - Thursday 9th March 2023, 10:00 -12:00 via Microsoft Teams.</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

MENTAL HEALTH ACT MONITORING COMMITTEE ACTION LOG

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
9 December 2021	MHAMC 0912/06	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.	Director of Corporate Governance	January 2023	Revised Templates issued.
6 September 2022	MHAMC 0609/06.4	Discussions to take place with other Health Boards to assess why ABUHB had higher numbers of the use of the MHA on older adults. Updated action: update at the next Committee meeting to include possible trends and a review on whether the Health Board was an outlier on the use of the MHA in older adults.	Head of Quality Improvement	December 2022	Updated provided at December meeting, with further update verbal update to be provided to the March meeting.



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

MENTAL HEALTH ACT MONITORING COMMITTEE ACTION LOG

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
8 th December 2022	MHAMC 0812/07	Mental Health Act Compliance Report: staff uptake on training relating to Duty of Candour to be included in future reports.	Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing	June 2023	The Health Board is not currently in a position to report training (this is a national issue)
		Mental Health Act Compliance Report: Members requested further discussion at the Public Service Board (PSB), highlighting the use of the MHA in under 18's and the review of current collaborative wrap around services provided for children and young people to support mental health and wellbeing.	Head of Corporate Governance	March 2023	Request raised with Deputy Director of Public Health
		Mental Health Act Compliance Report: An update on the review of the increase of the use of Section 4, Section 5(2) and Section 5(4) in Quarter 2, including contributing factors, to come back to the next Committee meeting.	Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing	March 2023	Complete. Information incorporated into report (Agenda Item 3.1)
		Mental Health Act Compliance Report: It was agreed that future reporting of the use of the MHA would be broken down by borough to identify any patterns or trends.	Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing	March 2023	Verbal update to be provided at the meeting.

MENTAL HEALTH ACT MONITORING COMMITTEE ACTION LOG

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed

All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready.

Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.

 <p>GIG CYMRU NHS WALES</p> <p>Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board</p>	<p>Mental Health Act Monitoring Committee Thursday 09 March 2023 Agenda Item: 3.1</p>
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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 Board 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 Monitoring Committee
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Date of the Report: 30/01/2023

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 3, October – December 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.

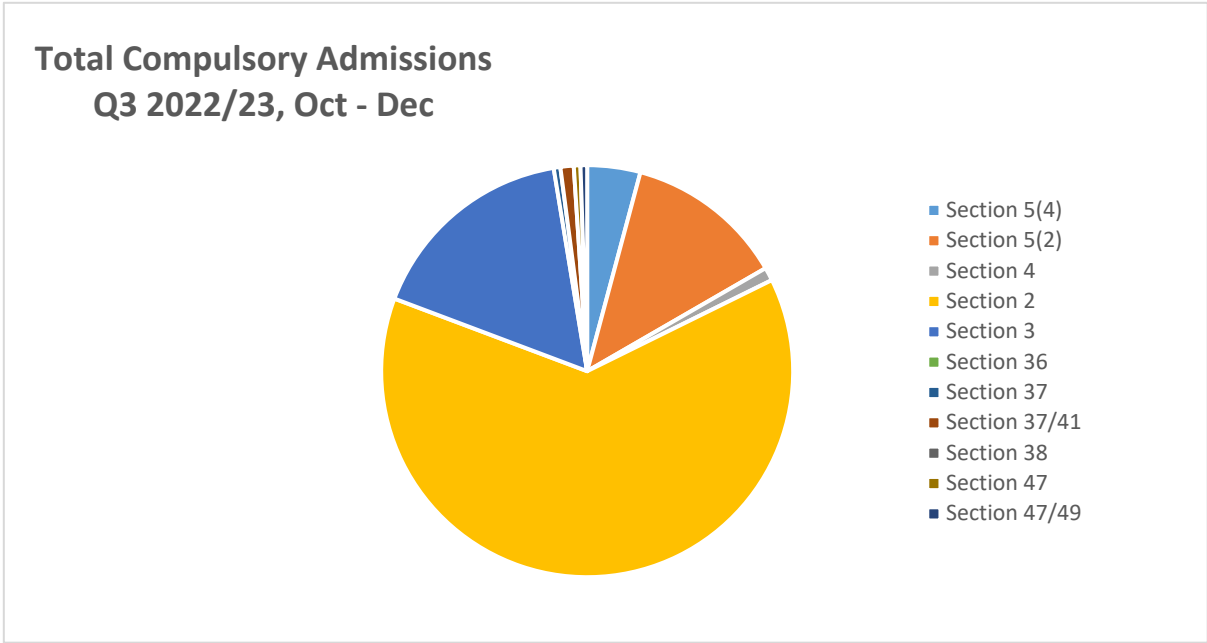
The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

Background and Context

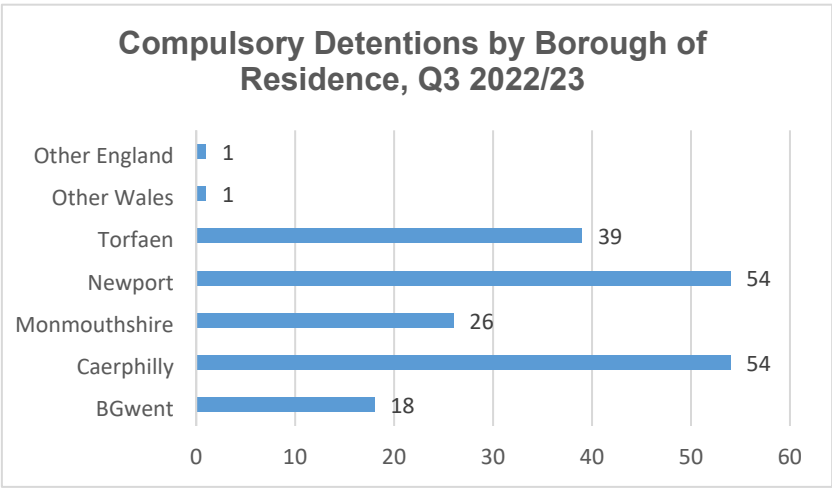
The report presents data for the third quarter of 2022/23 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

1. In-Patient MHA Activity, Q3 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.



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. Torfaen had the highest number of detentions per population.



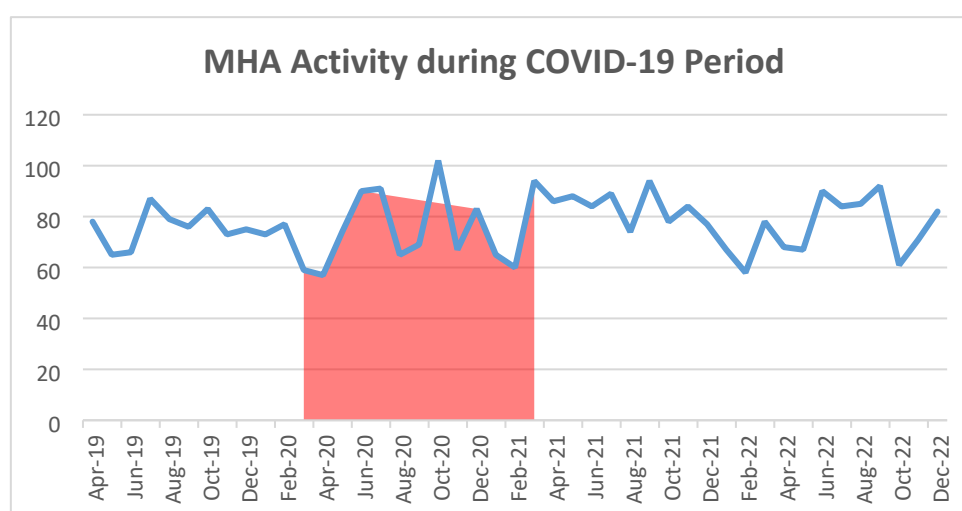
Borough	Detentions Q3 2022/23	Population (000's)	Detentions per 1,000 population Q3 2022/23 (Previous Qtr.)
Caerphilly	54	176	0.3 (0.5)
Newport	54	159	0.3 (0.3)
Blaenau Gwent	18	66	0.3 (0.3)
Torfaen	39	92	0.4 (0.5)
Monmouthshire	26	93	0.3 (0.4)

In comparison to the previous quarter, there has been decrease in the overall number of patients detained under the Act.

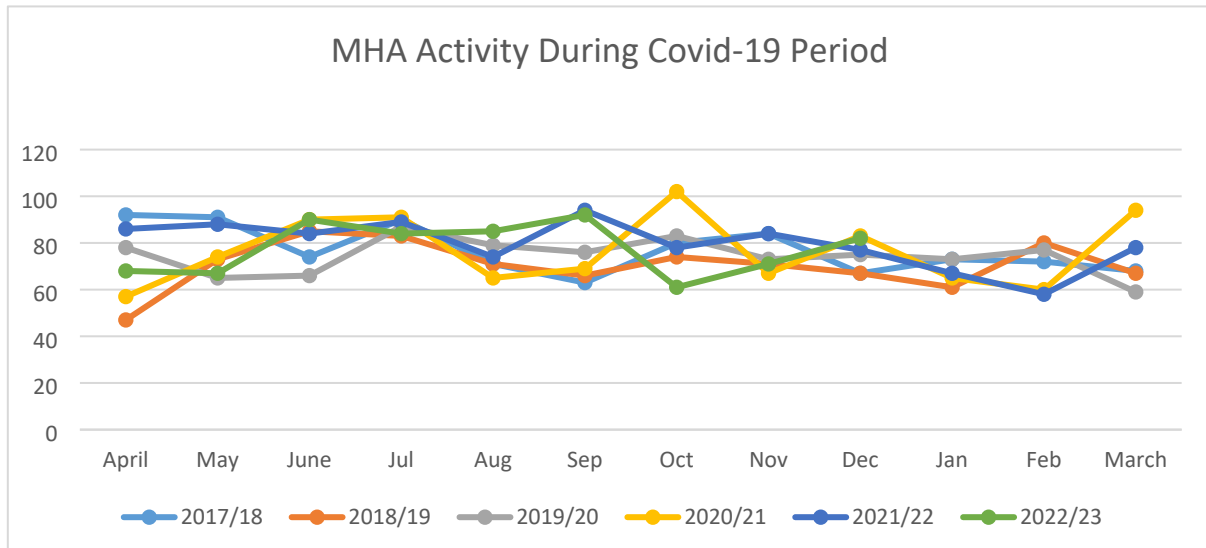
Section	Previous Quarter	Q3 2022/23
Section 5(4)	12	8
Section 5(2)	37	24
Section 4	8	2
Section 2	136	121
Section 3	51	32
Total	247	193

• **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.

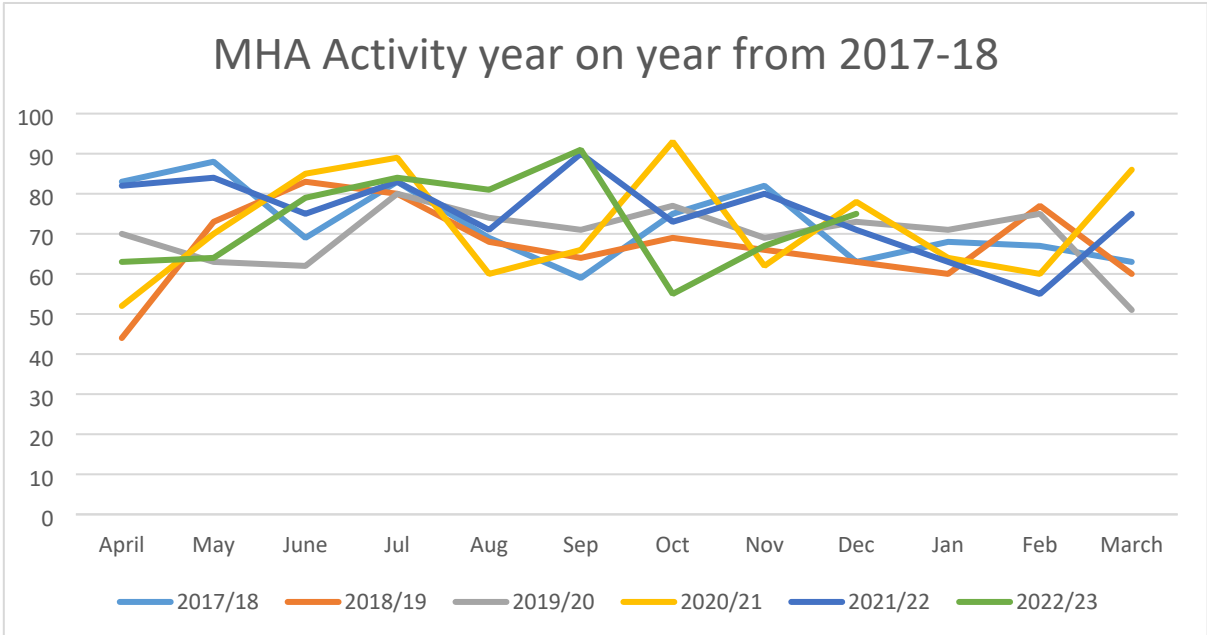


Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal

The table below shows detentions compared to the same month the previous year.

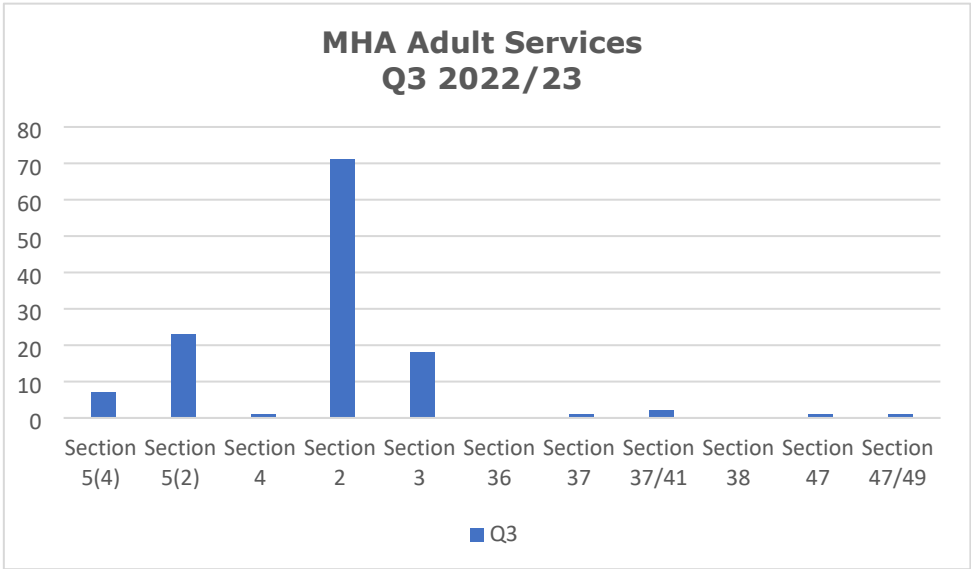
Month	Total MHA Detentions 2021/22	Total MHA Detentions 2022/23
April	86	68
May	88	67
June	84	90
July	89	84
August	74	85
September	94	92
October	78	61
November	84	71
December	77	82
Total	754	700

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



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

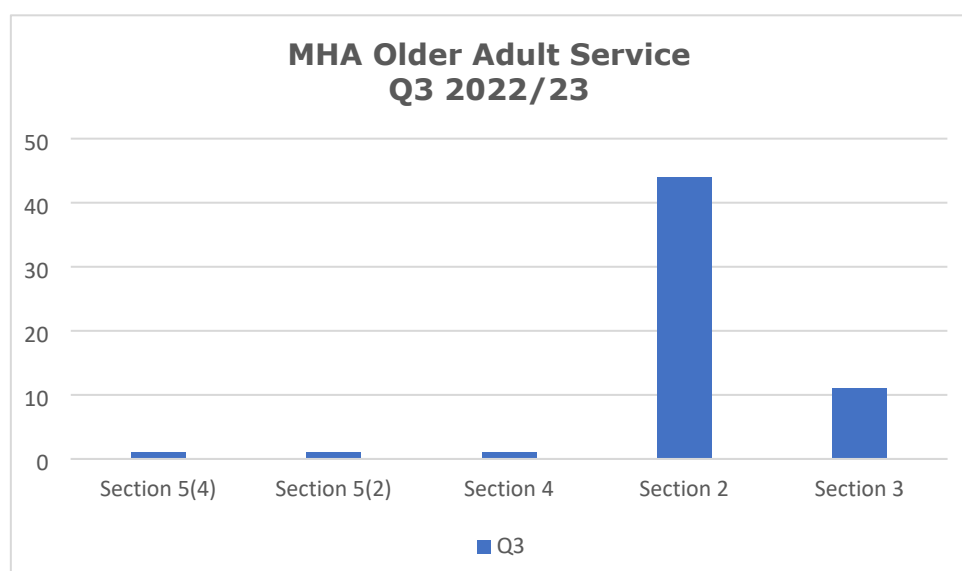
A breakdown of all compulsory admissions to mental wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that over half of all admissions are under Section 2 (Assessment) of the MHA.



Section	Previous Quarter	Q3 2022/23
Section 5(4)	9	7
Section 5(2)	31	23
Section 4	5	1
Section 2	103	71
Section 3	32	18
Section 36	0	0
Section 37	1	1
Section 37/41	2	2
Section 38	0	0
Section 47	0	1
Section 47/49	0	1
Other	0	1
TOTAL	183	126

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

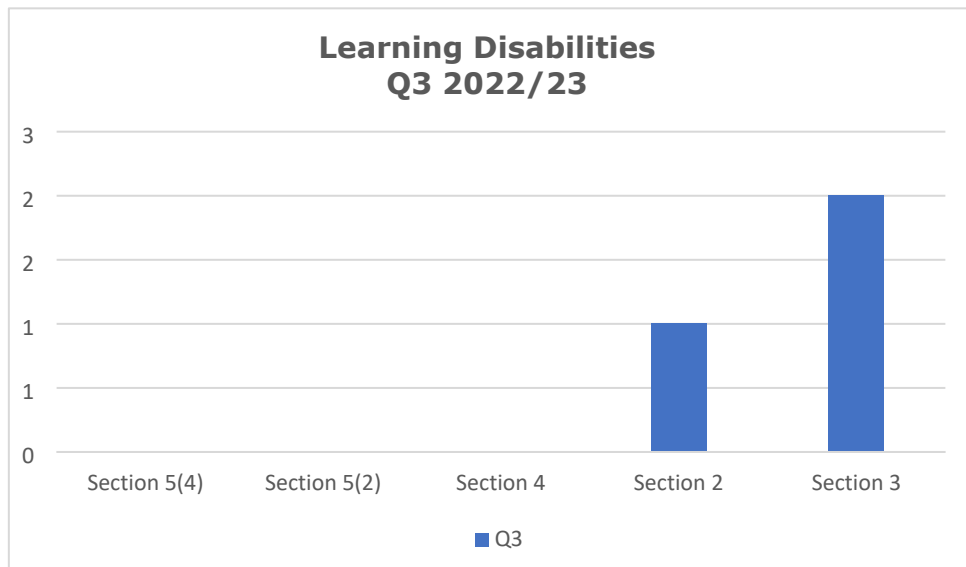
Within the older adult population patients admitted and detained, the vast majority of patients were admitted under Section 2 of the MHA.



Section	Previous Quarter	Q3 2022/23
Section 5(4)	3	1
Section 5(2)	3	1
Section 4	3	1
Section 2	30	44
Section 3	14	11
TOTAL	53	58

• Learning Disability Compulsory Admissions Under the MHA (1983)

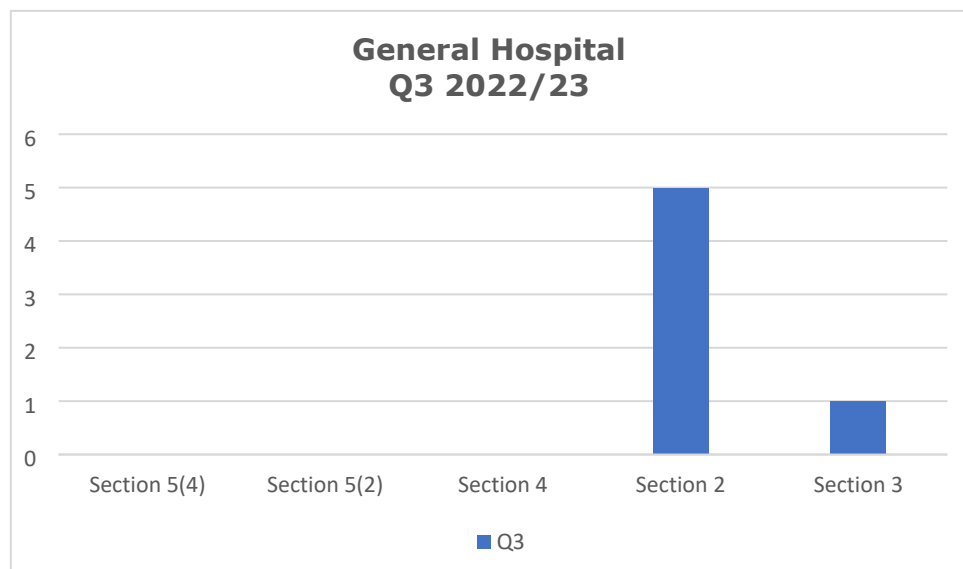
Of the 3 individuals with a learning disability requiring admission under the MHA, 1 was admitted under Sections 2 and two under section 3 of the MHA.



Section	Previous Quarter	Q3 2022/23
Section 5(4)	0	0
Section 5(2)	1	0
Section 4	0	0
Section 2	2	1
Section 3	3	2
TOTAL	6	3

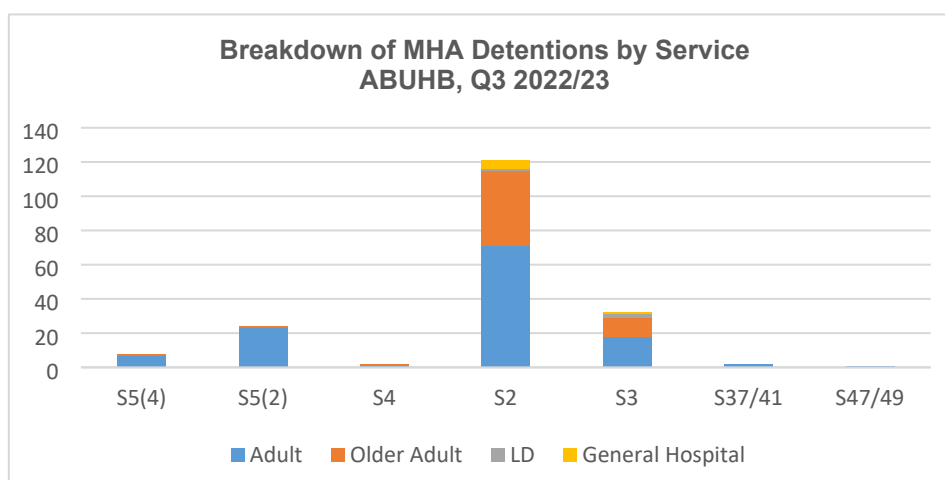
• General Hospital Compulsory Admissions Under the MHA (1983)

For patients detained under the MHA in a General Hospital setting, five were admitted under Section 2 and one under section 3 of the MHA.



Section	Previous Quarter	Q3 2022/23
Section 5(4)	0	0
Section 5(2)	2	0
Section 4	0	0
Section 2	1	5
Section 3	2	1
TOTAL	5	6

The below chart shows the total MHA detentions broken down by service for quarter 3, 2022/23.

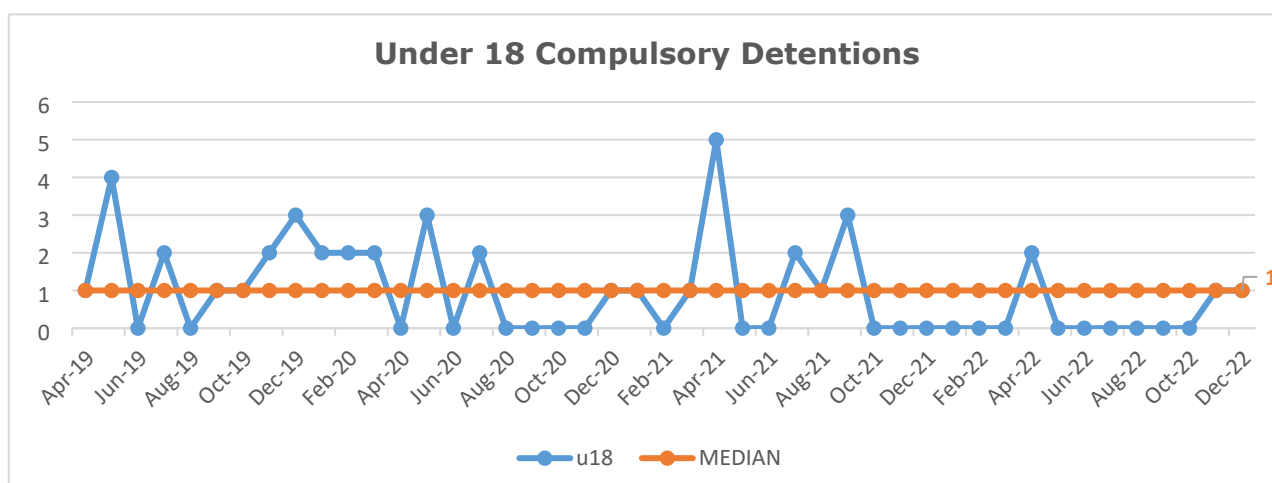


• Total number of Under 18s Compulsory Detentions Under the MHA (1983)

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 no under 18 detentions in the last 6 months of 2021/22, however this trend did not continue into 2022/23 with two under 18 detentions in quarter 1. Quarter 2 saw a return to the earlier trend with no under 18 detentions, however quarter 3 saw an increase with two under 18 detentions taking place.

Under 18 years Detentions	Previous Quarter	Q3 2022/23
Section 5(4)	0	0
Section 5(2)	0	0
Section 2	0	0
Section 3	0	2
CTO	0	0
TOTAL	0	2



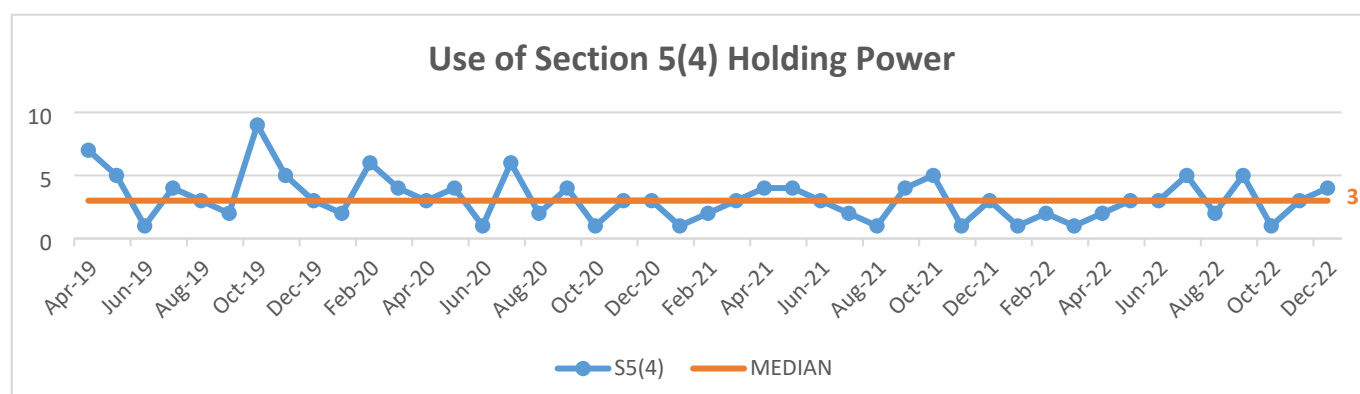
A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision 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 December 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 allow Registered Mental Health Nurses to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 8 uses of this holding power over the quarter with 5 of these resulting in a doctor/approved clinician detaining the patient under Section 5(2). 1 was ended and 2 lapsed.



Outcome of Section 5(4) – Q3 2022/23

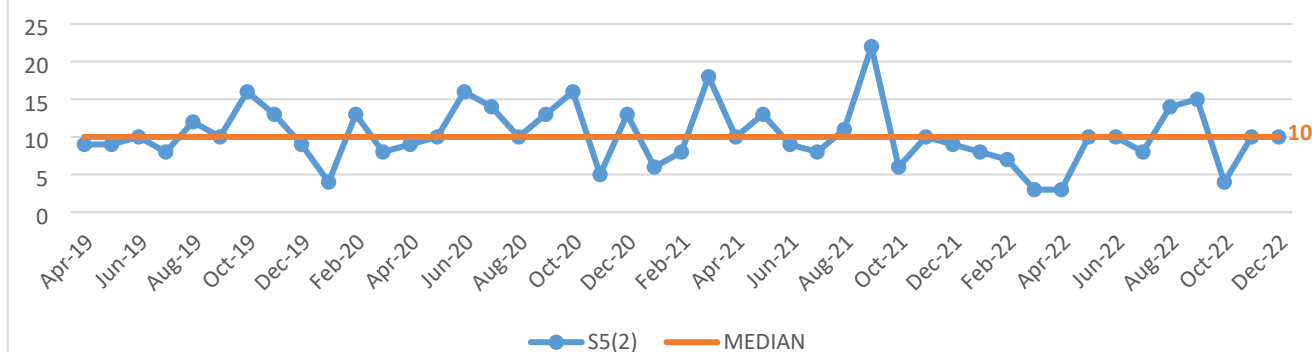
Outcome	Total
Lapsed	2
Ended	1
Section 5(2)	5
Section 2	0
Section 3	0
Total	8

The use of Section 5(2) resulted in 14 people being detained under section 2, two being detained under section 3 and eight ending or lapsing without further detention under the MHA.

Outcome of Section 5(2) – Q3 2022/23

Outcome	Total
Lapsed	4
Ended	4
Section 2	14
Section 3	2
Total	24

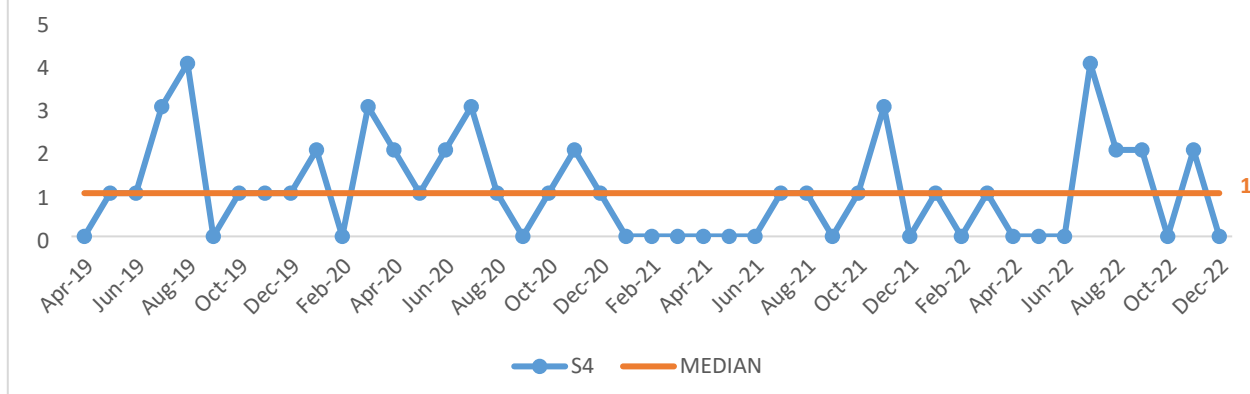
Use of Section 5(2) Holding Power



• 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 was an increase in the use of this provision over peak Covid-19 periods. Section 4 was used on 2 occasions this quarter (Q3)

Use of Section 4



The usual outcome of the use of Section 4 is that the individual will normally be placed on a Section 2 (admission for assessment), 100% of cases in this quarter.

Section 4 was used in Adult Mental Health services when it was established at a planned out-patient appointment with her Consultant Psychiatrist and CPN that the patient was having an acute relapse in her mental health and was a risk to herself. Due to her concerning presentation and the risks involved she was hospitalised as a matter of urgency under section 4 while waiting for a second doctor to assess.

Section 4 was used in Older Adult Mental Health services when concerns regarding a patient's safety and suicidal intent were raised to his social worker and an emergency care home placement was sought. The patient was transported to the placement. Whilst there the patient became unsettled and tried to leave the care home. Due to the patient's insistence on leaving and his

suicidal intent, a MHA assessment was arranged, but a second, section 12 approved doctor could not attend until 2 ½ hours later. Given the immediate risks to the patient, a section 4 was applied for. This was discussed on the phone with the s12 Dr who agreed that Section 4 was appropriate in the circumstances and that they would attend as soon as possible to complete the assessment for section 2.

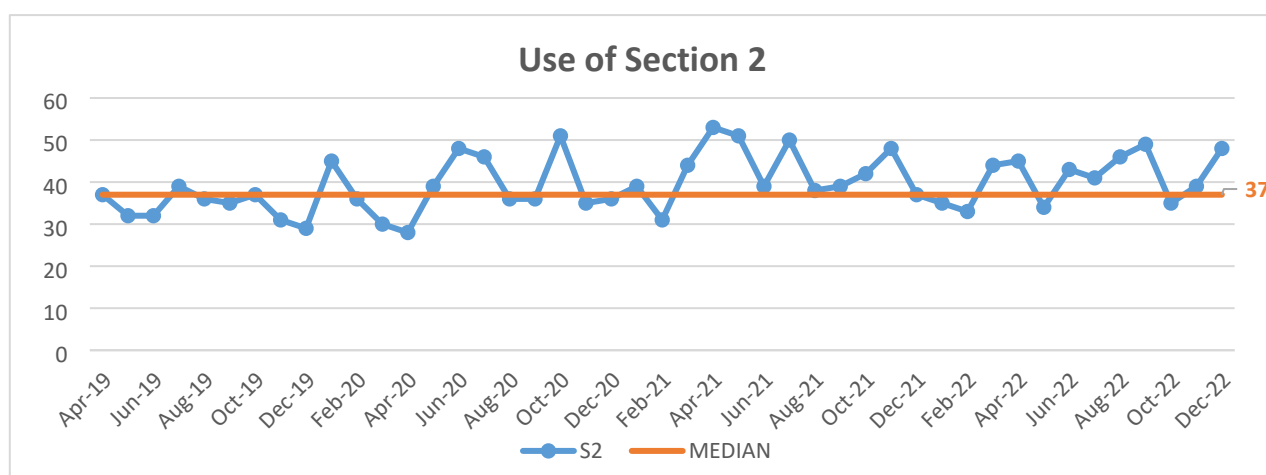
Both uses of section 4 this quarter are proportionate and reasonable in the circumstances.

Outcome of Section 4 – Q3 2022/23

Outcome	Total
Discharged	0
Section 2	2
Total	2

• Use of Section 2

63% 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.



Outcome of Section 2, Q3 2022/23

Outcome	Total
Expired	7
Regraded S3	26
Regraded S37/41	1
Transferred	5
Died	0
Ended: 0-3 days	7
Ended: 4-14 days	33
Ended: 15-28 days	41
Ongoing as at 30/01/23	1
Total	121

A total of 121 detentions were made using Section 2, with 59% of these in adult mental health services, 36% in older adult, 4% in a general hospital setting and 1% in learning disabilities.

Of the total 121 patients detained under Section 2:

- 26 (21%) were regraded to Section 3
- 1 (1%) was regraded to Section 37/41
- 5 (4%) were transferred out of the Health Board during the Section 2

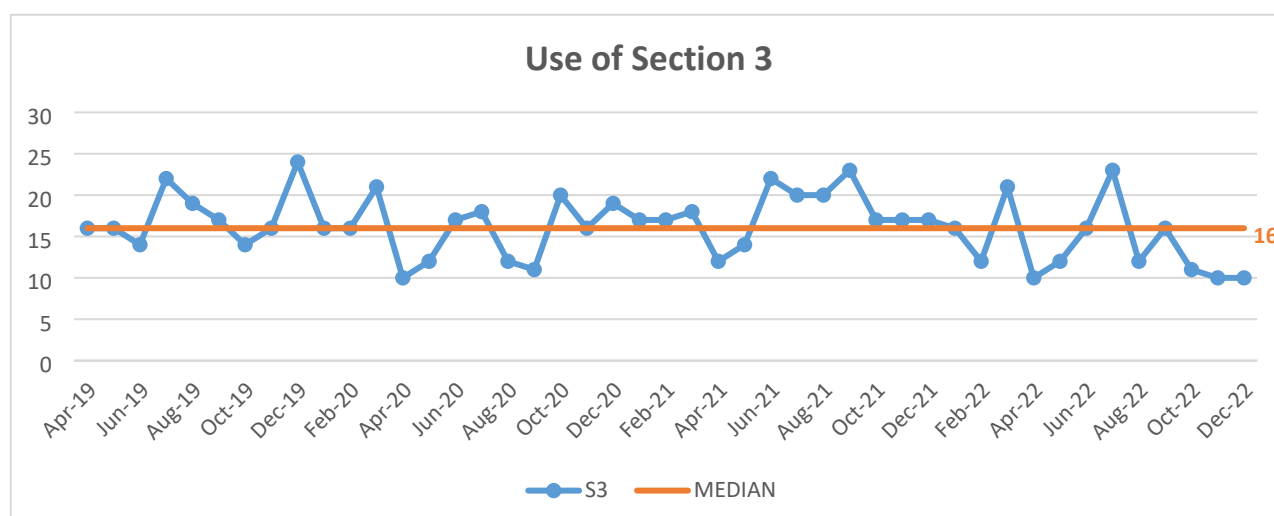
Of the remaining 91 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 7 (6%) were detained between 0-3 days
- 4-14 days 33 (27%) were detained between 4-14 days
- 15-28 days 41 (34%), were detained between 15-28 days

Of this cohort, 7 (6%) detentions were allowed to lapse. This is a 46% 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

17% of all detained admissions were admitted under Section 3 during the quarter. A total of 32 detentions were made using Section 3, with 56% of these in adult mental health, 34% in older adult mental health, 6% in learning disabilities and 3% in a general hospital setting.



Of the total 32 patients detained under Section 3:

- 18 (56%) detentions remained as ongoing detentions as of 30.01.2022
- 12 (38%) detentions were ended as of 30.01.2022
- 1 (3%) detention was regraded to CTO
- 1 (3%) detention was transferred

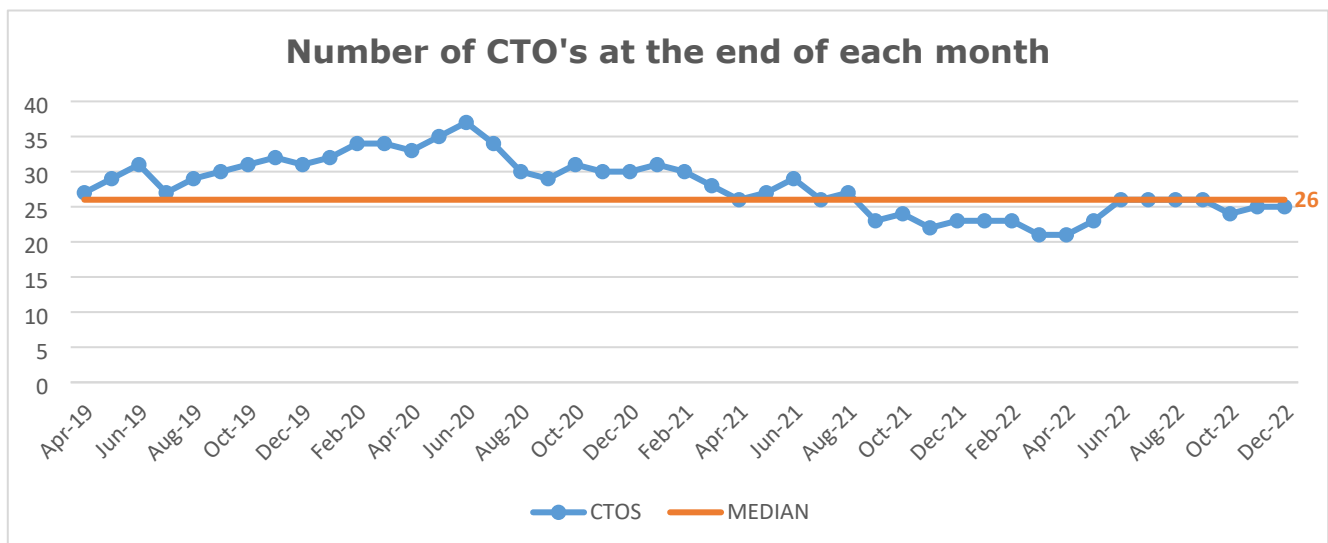
• Renewal of In-patient Detentions under the MHA (1983)

The table below shows that the number of renewals of inpatient detentions decreased 17% during the quarter compared to the previous period.

Section	Previous Quarter
Section 3 renewal	11
Section 37 renewal	1
Section 47 renewal	0
TOTAL	12

- Use of Community Treatment Orders (CTOs)**

The number of Community Treatment Orders at the end of each month has decreased by 4%, from 26 at the end of quarter 2 to 25 at the end of quarter 3.



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

Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q3 2022/23
17A	CTOs made	2	5
	CTOs extended	3	9
	Recalled to hospital and not admitted	0	3
	Recalled to hospital and revoked	1	3
	Discharged from CTO	1	3

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 0 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	Q3 2022/23
Unlawful Detentions	2	0

• **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	Q3 2022/23
Failed Medical Scrutiny	0	1

In this case, the Consultant who was scrutinising the documentation found that there was insufficient information about the patient’s informal admission prior to formal detention. This was sent back to the doctor making the recommendation who provided this information and this then passed second scrutiny.

• **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 21% increase in the number of rectifiable errors this quarter, demonstrating that 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 ensures that documentation is as accurate as possible.

	Previous Quarter	Q3 2022/23
Rectifiable errors on document	14	17

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.

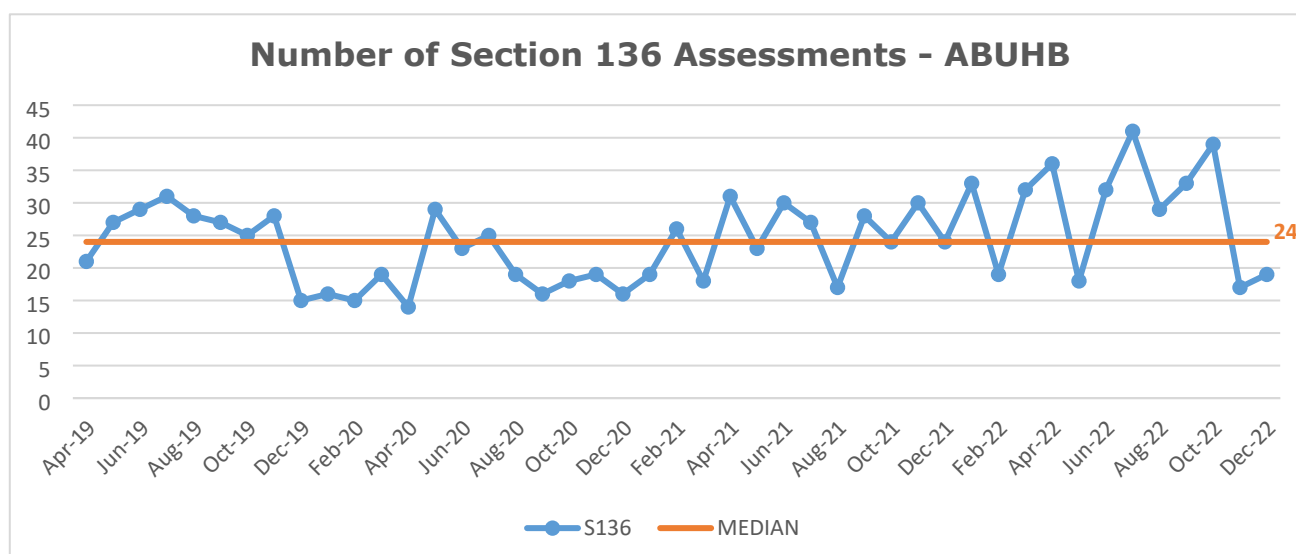
Use of Section 135, Q3 2022/23

Section 135 of the MHA	Previous Quarter	Q3 2022/23
Assessed and admitted informally	0	1
Assessed and discharged	0	0
Assessed and detained under Section 2	1	1
Assessed and detained under Section 3	1	0
Assessed and CTO Revoked	0	0
Other	0	0
Total	2	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.

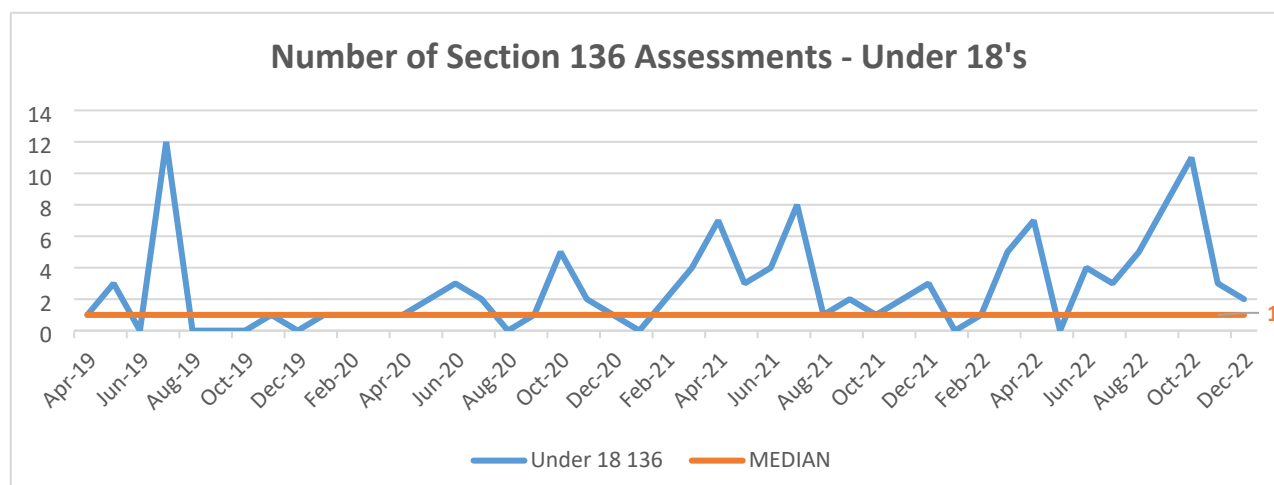


A breakdown of the outcome of 136 assessments is shown in the table below. A total of 75 assessments were undertaken. 2 detentions lapsed due to physical health overtaking mental health and the assessments did not take place in these cases. Of those assessed 48% were admitted, with 46% of those admitted being formally detained. 14% of individuals assessed were discharged with no follow up required, while 38% were discharged with a follow up plan in place.

Use of Section 136, Q3 2022/23

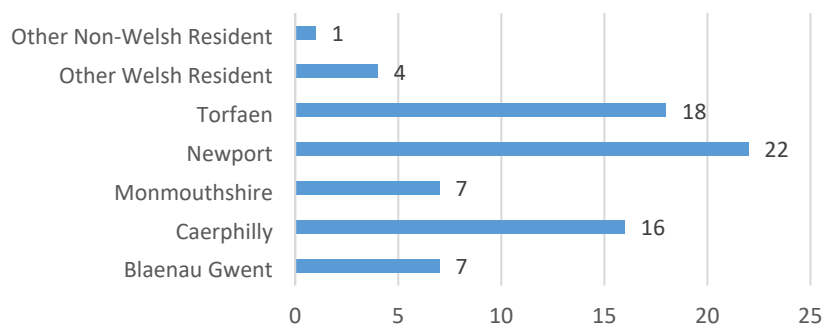
Section 136 of the MHA	Previous Quarter	Q3 2022/23
Assessed and admitted informally	23	19
Assessed and detained under Section 2	33	16
Assessed and detained under Section 3	0	0
Assessed and detained under Section 4	1	0
Discharged – no follow-up required	7	10
Discharged – with follow-up plan	38	28
Section 136 lapsed	1	2
TOTAL	103	75

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 remained steady for the past 6 months with 16 assessments taking place in both Q2 and Q3. It is important to note that 7 (44%) of the assessments that took place in Q3 were for the same person.



A breakdown of assessed patients by borough shows that Newport, Torfaen and Caerphilly had higher demand than other boroughs, together accounting for 74% of all assessments.

S136 Arrests by Borough of Residence Q3 2021/22

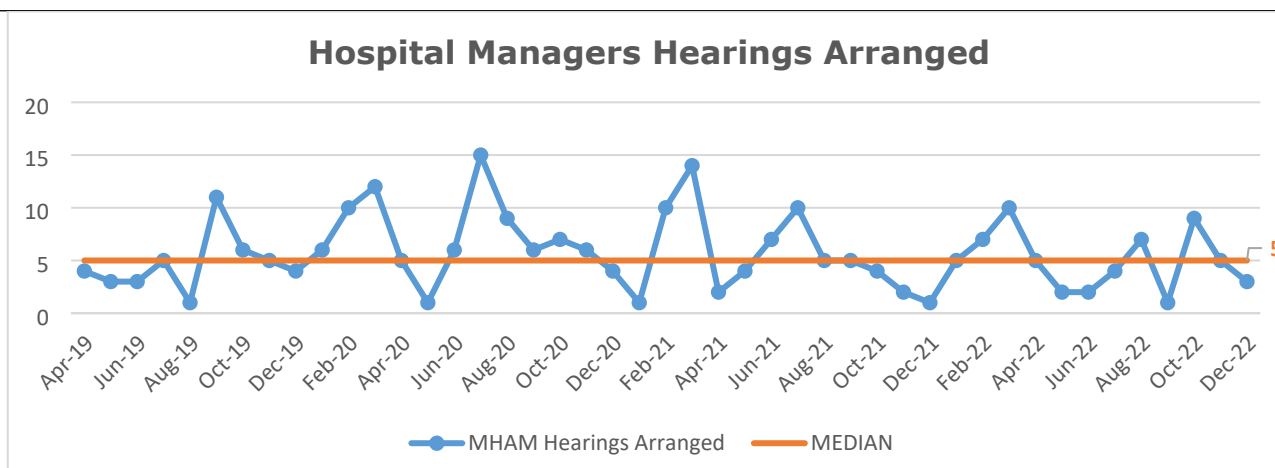


A breakdown of all 75 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 33% of all cases; 21% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Previous Quarter	Q3 2022/23
TOTAL	N=103	N=75
Gender:		
% Male	42%	52%
% Female	58%	48%
Place of Safety:		
% Hospital	98%	99%
% Police Station	2%	1%
% Under 18 Years	16%	21%
Use of Illicit Substances:		
% Alcohol	12%	24%
% Drugs	9%	7%
% Both Alcohol and Drugs	9%	3%
Where Assessment took place:		
% Hospital	99%	97%
% Police Station	0%	0%
12 Hour extension required/granted	3%	0%

5. Mental Health Act Managers Hearings

There has been a 42% 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 5 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.

Mental Health Act Manager Review Hearings

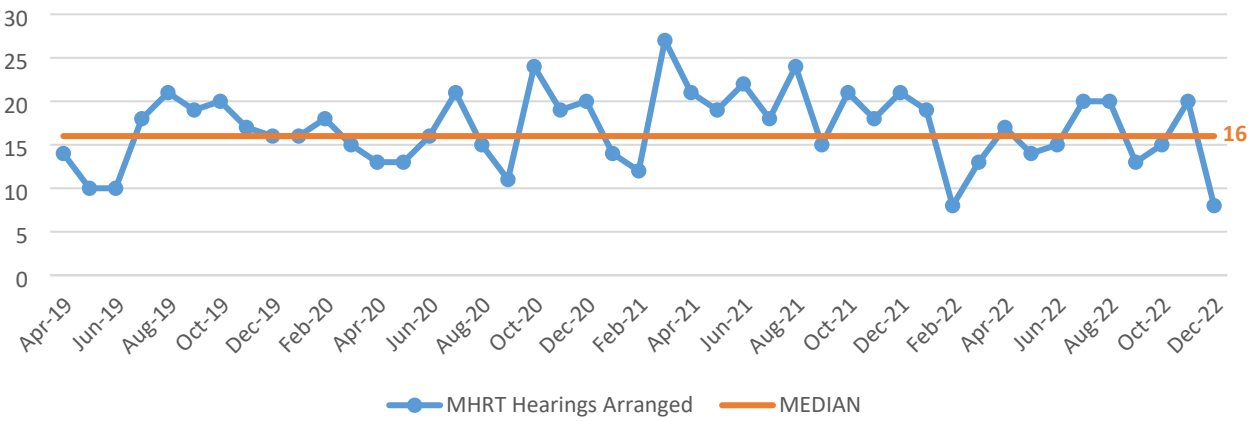
Hospital Manager Hearings	Previous Quarter	Q3 2022/23
Applications by patient – Inpatient	0	0
Applications by patient – CTO	0	0
Renewal Hearing Applications – Inpatient	17	8
Renewal Hearing Applications – CTO	11	7
Barring Hearings	1	0
Hearing cancelled before being heard	6	12
Hearing held - Patient Discharged by Hospital Managers	1	0
Hearing held – Section continued	5	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, with a 19% decrease in the number of hearings arranged in Q3 in comparison to Q2.

Tribunal Hearings Arranged



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	Q3 2022/23
Applications by patient – Inpatient	39	31
Applications by patient – CTO	1	1
Renewal Hearing Applications – Inpatient	10	3
Renewal Hearing Applications – CTO	0	0
Referral by MOJ	0	1
Referral by Welsh Ministers	0	0
Outcomes: Hearing Cancelled before being heard	35	24
Outcomes: Patient Discharged by MHRT	3	2
Outcomes: Section Continued	14	17

This shows that a significant number of Tribunals are cancelled before being heard. 2 patients were discharged by the Tribunal during the quarter.

Assessment and Conclusion

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.

Recommendation

The Committee is asked to receive the information provided on the use of the Mental Health Act.

Supporting Assessment and Additional Information	
Risk Assessment (including links to Risk Register)	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
Financial Assessment, including Value for Money	None identified.
Quality, Safety and Patient Experience Assessment	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.
Equality and Diversity Impact Assessment (including child impact assessment)	No specific equality and diversity issues have been identified.
Health and Care Standards	Relevant to Healthcare Standards 2,4 and 7
Link to Integrated Medium Term Plan/Corporate Objectives	No specific link to IMTP priorities
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	This section should demonstrate how each of the '5 Ways of
	Integration – Statutory requirements are limited to hospital provision Collaboration – the application of the Mental Health act requires collaborative working with local authorities.
Glossary of New Terms	None
Public Interest	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"> • the right of appeal to the Crown Court or Court of Appeal to have the conviction quashed or a different sentence imposed. • the right to appeal to the Tribunal, but only in the second six months and then once in each subsequent period of detention.

	<ul style="list-style-type: none"> 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.
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"> o ensuring the patient receives medical treatment o preventing the risk of harm to the patient's health or safety o protecting other persons. <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>

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 th June	6 th Sept	8 th Dec	9 th 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	✓	✓	✓	✓			

KEY	
D of CG	Director of Corporate Governance