

# Mental Health Act Monitoring Committee

Mon 19 June 2023, 10:00 - 12:00

Microsoft Teams



## Agenda

### 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 9th March 2023

Attachment                      Chair

 1.4 Draft MHAMC Minutes 9.3.23 Chair Approved.pdf (6 pages)

#### 1.5. Committee Action Log

Attachment                      Chair

 1.5 MHAMC Action Log June 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, including All Wales Benchmarking data

Attachment                      Head of Quality & Improvement MHL D

 3.1 Mental Health Act Compliance Update Report Q4 2022-23.pdf (25 pages)

 3.1a Updated Benchmarking for Q4 JANUARY TO MARCH 23(1).pdf (18 pages)

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

Verbal                      Head of Quality & Improvement MHL D

### 4. Items for Information

## **4.1. Committee Work Plan 2023/2024**

*Attachment*

*Director of Corporate Governance*

 4.1 MHAM Committee Work Programme 2023-24.pdf (2 pages)

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## **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 is Tuesday 5th September 2023**

*Oral*

*Chair*

## MENTAL HEALTH ACT MONITORING COMMITTEE MEETING

<b>DATE OF MEETING</b>	Thursday 9 <sup>th</sup> March 2023, 10.00am to 12.00pm
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Pippa Britton, Independent Member (Chair) Paul Deneen, Independent Member Katija Dew, Independent Member
<b>IN ATTENDANCE</b>	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 Kathryn Waters, Interim Divisional Director, Mental Health and Learning Disabilities Sarah Cadman, Head of Quality and Improvement for Mental Health and Learning Disabilities Lucy Windsor, Corporate Services Manager – Policies and Procedures (Minutes) Rebecca Atkinson, Committee Secretariat (Minutes)
<b>APOLOGIES</b>	Rani Dash, Director of Corporate Governance

<b>MHAMC/0903/01</b>	<b>Welcome and Introductions</b> The Chair welcomed everyone to the meeting. Pippa Britton, Independent Member (PB) reported that this was Katija Dew's (KD) last meeting. PB formally extended the committees thanks to KD for her support and commitment to the committee.  KD thanked the Committee for its comments and reported how grateful she was to have had the experience.
<b>MHAMC/0903/02</b>	<b>Apologies for Absence</b>  Apologies for absence were noted.
<b>MHAMC/0903/03</b>	<b>Declarations of Interest</b>  There were no Declarations of Interest to record.
<b>MHAMC/0903/04</b>	<b>Draft Minutes of the Meeting Held on the 8<sup>th</sup> December 2022</b>  The minutes of the meeting of the Mental Health Act Monitoring Committee held on the 8 <sup>th</sup> December 2022 we noted as a true and accurate record.

<b>MHAMC/0903/05</b>	<p><b>Mental Health Act Committee Action Log- March 2023</b></p> <p>The Committee thanked the teams for the completion of actions and updates on progress. The below actions were discussed.</p> <p><b>MHAMC 0609/06.4 Action: 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>  <b>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.</b></p> <p>Sarah Cadman (SC), Head of Quality and Improvement for Mental Health and Learning Disabilities assured the Committee that ABUHB were not an outlier.</p> <p><b>MHAMC 0812/07 Mental Health Act Compliance Report: Action: staff uptake on training relating to Duty of Candour to be included in future reports.</b></p> <p>This action to be carried forward to next meeting. SC reported that there had been Duty of Candour awareness sessions within the Division. Pippa Britton (PB), Independent Member (Chair) noted that there had been a lack of material issued on a national basis.</p> <p><b>MHAMC 0812/07 Mental Health Act Compliance Report: Action: 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.</b></p> <p>Bryony Codd (BC), Head of Corporate Governance confirmed that the issue had been raised with the Deputy Director of Public Health and further conversations would be held with the secretariat for the PSB. <b>Action: Head of Corporate Governance/ Assistant Divisional Director, Child &amp; Adolescent Mental Health</b></p> <p><b>MHAMC 0812/07 Mental Health Act Compliance Report: Action: It was agreed that future reporting of the use of the MHA would be broken down by borough to identify any patterns or trends.</b></p> <p>After receiving the Mental Health Act Compliance Report (Agenda item 3.1) the committee were satisfied that the criteria for this action had been met and the action was closed.</p>
	<p><b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b></p>
<b>MHAMC/0903/06</b>	<p>There are no items for inclusion in this section.</p>
	<p><b>ITEMS FOR DISCUSSION</b></p>
<b>MHAMC/0903/07</b>	<p><b>Mental Health Act Compliance Report</b></p>

Sarah Cadman (SC), Head of Quality and Improvement for Mental Health and Learning Disabilities, provided an overview of the use of the Mental Health Act 1983 (MHA) in the Health Board during Quarter 3 October – December 2022/23.

The following key points were highlighted to members: -

- Section 2 Admissions were down and within normal controls.
- Q3 figures were as expected. Benchmarked data was within expected boundaries.
- Section 2 and Section 3 were lower but not significantly statistically.
- Pippa Britton (PB), Chair, reported that from March 2023 she would become the Chair of the Crisis Care Concordant.
- Learning Disabilities – there are more under Section 2 than Section 3. Good feedback had been received from a family of a patient at Ty Lafant regarding treatment. There had been no Section 5 (2)'s
- Under 18's had slightly increased by 1 person per month.
- PB commented that the narrative to explain the detentions was extremely helpful. The committee agreed.
- Section 2 use has slightly risen but the median of 121 had been met.
- Section 3 use is down, and SC apologised that a column was missing on the report. SC to send to BC to update the Committee. **ACTION: Head of Quality and Improvement for Mental Health and Learning Disabilities**
- There were no unlawful Detentions
- All Rectifiable Errors had been completed. PB congratulated SC on reducing the numbers and identifying the need for ongoing training. SC will pass this onto the Team.
- Information as to completion for Section 135 and 136 was proving difficult to obtain from the Local Authority and Police. Paul Deneen (PD), Independent Member requested that the number of applications on the data is included and to seek the information on completion from the Courts. SC to look into this. **ACTION: Head of Quality and Improvement for Mental Health and Learning Disabilities**
- Section 136 Under 18's was 1 individual who presented a number of times.
- Mental Health Act Managers Hearings had previously reduced but were beginning to increased. The current process is fragile but there are plans to improve this process once the new Hospital Managers are recruited.
- Tribunal Hearing had reduced in December. Face to Face meetings were due to start in April 2023. The preference for Tribunals was face to face but a virtual option will still be offered. Tribunal hearings are held on the MH Ward.

PD expressed concern about discrimination in the Under 65's and whether the reporting in Section 2 and Section 3 was the same as for older adults. SC assured the Committee that it was the same.

PD asked how many of the patients were repeat patients. SC reported that she was unable to inform the committee without looking at the data in depth. SC further reported that there were fewer re-admissions in ABUHB as our admission length is longer which could be a factor. ABUHB also has the Crisis Programme and Shared Lives scheme which have both worked well to prevent re-admissions.

PD reported that he had read an article regarding how the Police will be stepping back from being responsible for staying with mental health patients and asked who would be responsible for undertaking this in the Police's absence. Chris O'Connor (CO), Interim Director of Primary Care, Community and Mental Health Services reported that ABUHB had been working with Gwent Police over several years and there was an initiative in place where a Mental Health Practitioner within Gwent Police advises on the management of mental health patients. The initiative has worked well and Gwent Police have been very supportive of this. CO further reported that the 111 press 2 service was available to the community 9am – midnight 7 days a week where patients can speak to a mental health practitioner. This helped patients to gain easy access to services. CO advised that this system was a local model within Gwent. Kavitha Pasunuru (KP), Assistant Divisional Director, Child & Adolescent Mental Health reported that the Police had been supportive with Under 18's and would need to stay with them if they were under a Police Protection or Breach of Peace Order.

PD asked if there had been any news on WG provision for the under 18's. KP reported that there was a National Clinical Collaborative as it had been identified that working in a collaborative nature was essential.

PD asked if there was any evidence that cannabis and psychosis were evident in the under 18's. KP reported that drug use could be a factor, but they do not have many.

PD asked if there was any data available regarding ethnic minorities issues facing asylum seekers and refugees accessing the service. KP reported that currently no data was collected but they could look to start to capture the data. KD advised that by capturing this data it would help to show early signs of any patterns and trends emerging and any changes will be quickly identified. CO advised the Committee that part of the Government's overall offer to Asylum Seekers and Refugees is a mental health component which they can take up if needed.

**Action: Assistant Divisional Director, Child & Adolescent Mental Health**

The Committee **RECEIVED** the report for **ASSURANCE**.

**MHAMC/0903/08**

**Update from the Mental Health Act (MHA) Managers Group- including an update on the Recruitment of Hospital Managers (Power of Discharge Committee)**

	<p>Katija Dew (KD), Independent Member and Chair of the MHA Mangers Group provided an update to the Committee.</p> <p>KD assured the Committee that the Corporate Governance Team and MH colleagues had been working to review the Hospital Managers role within the Health Board. This was a complex process and discussions with other Health Boards were ongoing.</p> <p>It was proposed to recruit new members to the team with a balance of experienced hospital managers i.e., those currently working in other Health Boards, and staff new to the sector.</p> <p>Bryony Codd (BC), Head of Corporate Governance, confirmed that a draft policy had been prepared and requested that it be circulated to members of the committee for comment and virtual approval prior to the next meeting. Members agreed to this approach and also requested that the Policy be included on the Committee's Forward Work Programme on an Annual basis for review. <b>Action: Head of Corporate Governance</b></p> <p>PB asked KD what succession planning was in place for Chairing this group. KD had contacted Ann Lloyd, Chair of ABUHB who will advise on this matter. CO advised the Committee that the Health Board would appreciate input from an Independent Member to help shape and evolve this group. There was discussion regarding the Chair of the Power of Discharge Sub Committee and whether this should be an Independent Member of the Board. BC agreed to raise this with the Director of Corporate Governance. <b>Action: Head of Corporate Governance</b></p>
	<b>ITEMS FOR INFORMATION</b>
<b>MHAMC/0903/08</b>	<p><b>Committee Work Plan 2022/23</b></p> <p>No items were raised.</p>
	<b>OTHER MATTERS</b>
<b>MHAMC/0903/09</b>	<p><b>Items to be Brought to the Attention of the Board and Other Committees</b></p> <p>No items were raised.</p>
	<b>DATE OF NEXT MEETING</b>
<b>MHAMC/0903/10</b>	<p>The date of the next meeting was noted as: - Monday 19<sup>th</sup> June 2023, 10:00 -12:00 via Microsoft Teams.</p>

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Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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<b>Committee Meeting</b>	<b>Minute Reference</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Target Date</b>	<b>Progress/ Completed</b>
8 <sup>th</sup> December 2022	<b>MHAMC 0812/07</b>	<b>Mental Health Act Compliance Report:</b> staff uptake on training relating to Duty of Candour to be included in future reports.	<b>Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing</b>	June 2023	The Health Board is not currently in a position to report training (this is a national issue).
8 <sup>th</sup> December 2022	<b>MHAMC 0812/07</b>	<b>Mental Health Act Compliance Report:</b> 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.	<b>Assistant Divisional Director, Child &amp; Adolescent Mental Health</b>	September 2023	Head of Corporate Governance to support the Assistant Divisional Director, Child & Adolescent Mental Health to arrange a meeting with the Public Service Board.

## MENTAL HEALTH ACT MONITORING COMMITTEE ACTION LOG

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
9 <sup>th</sup> March 2023	<b>MHAMC</b> <b>0903/07.1</b>	<b>Mental Health Act Compliance Report:</b> An update on the use of Section 3 (column not included in report) to be shared with Committee members.	<b>Head of Quality Assurance/Head of Corporate Governance</b>	June 2023	An update on the use of section 3 in quarter 3 (2022-3) included in the MHA Compliance report for quarter 4.
9 <sup>th</sup> March 2023	<b>MHAMC</b> <b>0903/07.3</b>	<b>Mental Health Act Compliance Report:</b> Section 135 and 136 was proving difficult to obtain from the Local Authority and Police. Number of applications on the data to be included in future reports.	<b>Head of Quality and Improvement for Mental Health and Learning Disabilities</b>	March 2024	This action is being progressed through the MH Delivery Group, which includes local authority and police partners.

*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.*

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 June 2023
<b>CYFARFOD O: MEETING OF:</b>	Mental Health Act Monitoring Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Act Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mental Health Act Implementation Support Officer

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

## **ADRODDIAD SCAA SBAR REPORT**

### **Sefyllfa / Situation**

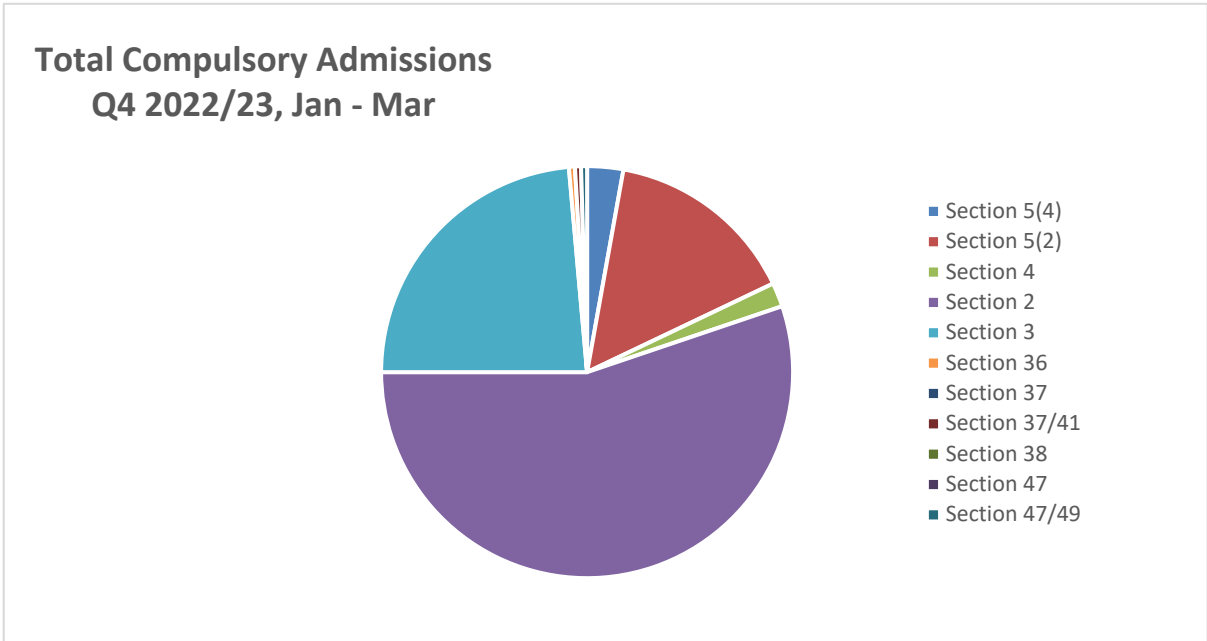
The report provides activity information on the use of the Mental Health Act over Quarter 4, January – March 2022/23 and provides a comparison of activity over the previous quarter. Where available, other information sources will be used in order to highlight any trends, patterns or variation over time.

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

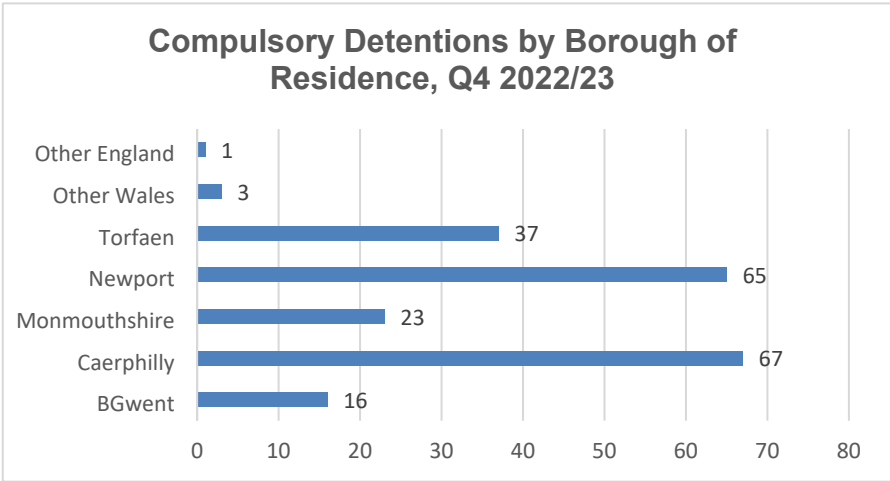
The report presents data for the fourth quarter of 2022/23 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

### **1. In-Patient MHA Activity, Q4 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. Caerphilly, Newport and Torfaen had the highest number of detentions per population.



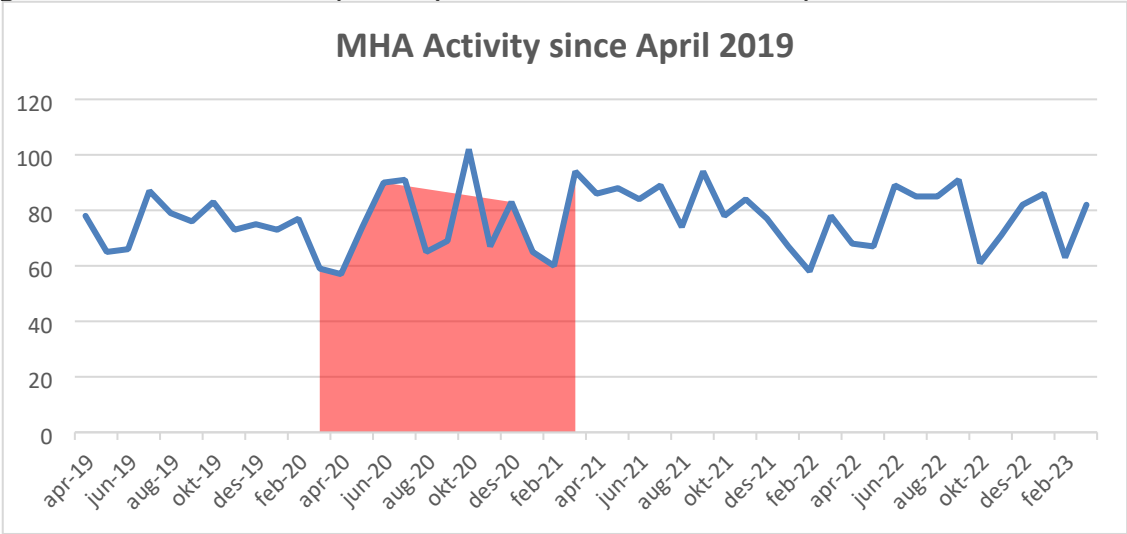
Borough	Detentions Q4 2022/23	Population (000's)	Detentions per 1,000 population Q4 2022/23 (Previous Qtr.)
Caerphilly	67	176	0.4 (0.3)
Newport	65	159	0.4 (0.3)
Blaenau Gwent	16	66	0.2 (0.3)
Torfaen	37	92	0.4 (0.4)

In comparison to the previous quarter, there has been a 10% increase in the overall number of patients detained under the Act.

Section	Previous Quarter	Q4 2022/23
Section 5(4)	8	6
Section 5(2)	24	32
Section 4	2	4
Section 2	121	116
Section 3	32	51
<b>Total</b>	<b>193</b>	<b>212</b>

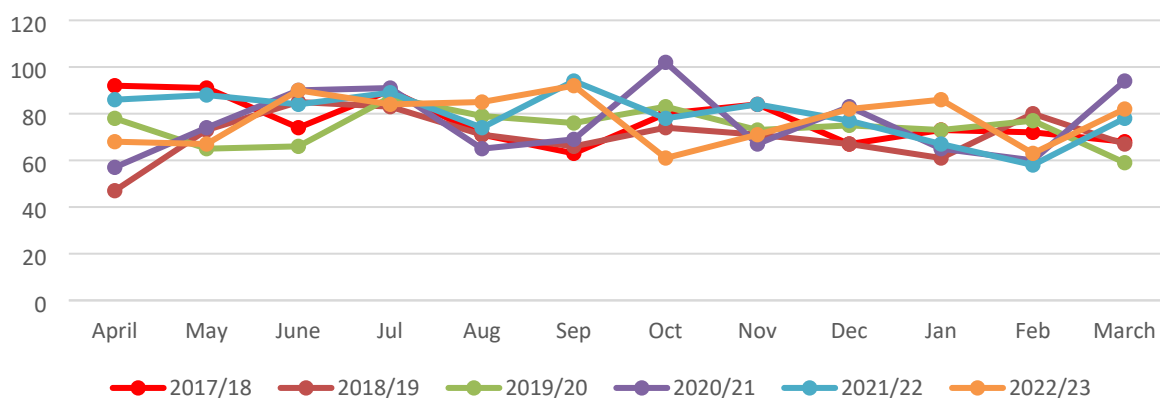
• **Longer Term Monitoring Mental Health Act Activity since April 2019**

The below chart shows the number of MHA compulsory detentions per month since April 2019 across the Division. The red sections denote where there was a period of lockdown across Wales due to Covid 19. It can be seen that the number of detentions decreases during these lockdown periods, but in between (Oct 2020, n=102) marks the highest number of compulsory detentions between April 2019 – March 2023



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 month by month since Apr 2017

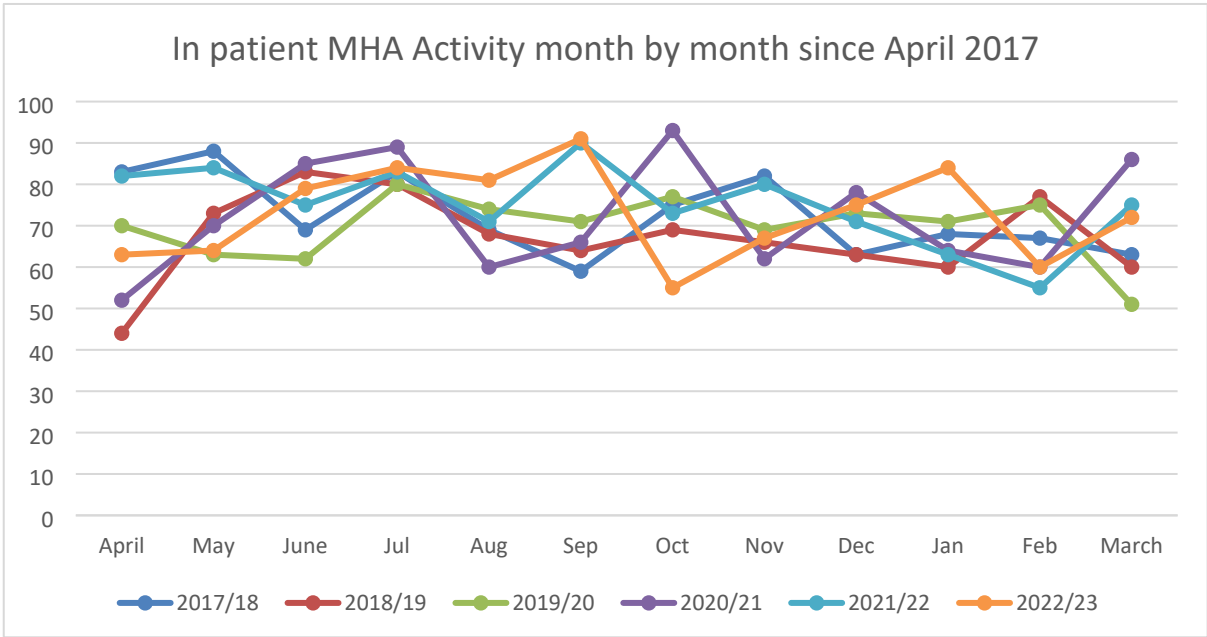


*Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal*

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

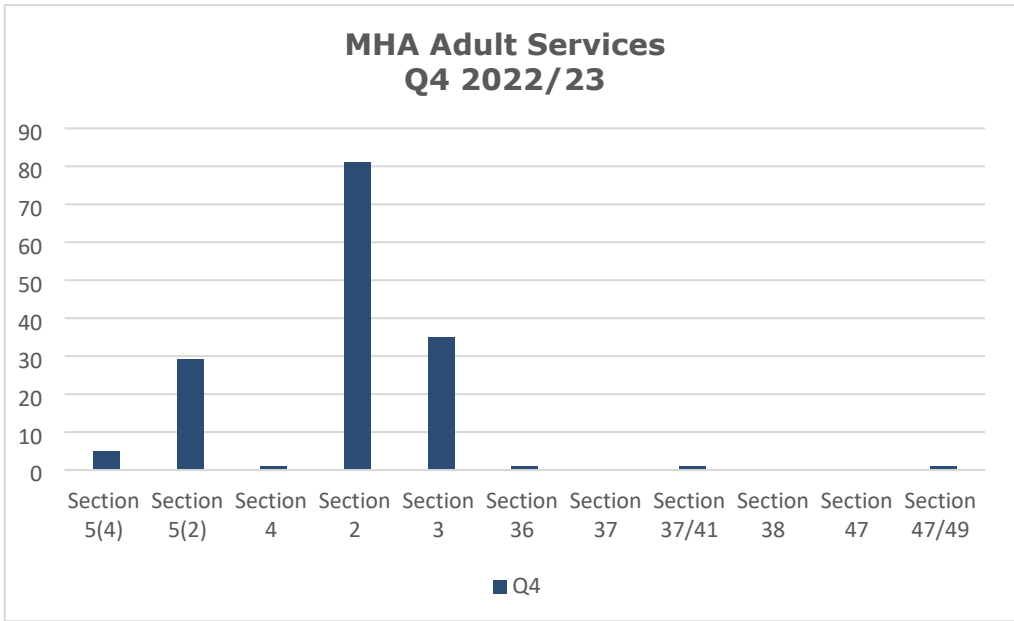
Month	Total MHA Detentions 2021/22	Total MHA Detentions 2022/23
April	86	68
May	88	67
June	84	90
July	89	84
August	74	85
September	94	92
October	78	61
November	84	71
December	77	82
January	67	86
February	58	63
March	78	82
<b>Total</b>	<b>957</b>	<b>931</b>

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 health wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that over half (53%) of all admissions are under Section 2 (Assessment) of the MHA, with 23% of detentions under section 3 (Treatment). 22% of all adult detentions were under Section 5 of the Act. There was an overall 22% increase in the number of detentions compared to the previous quarter.



Previous  
Quarter

Q4 2022/23



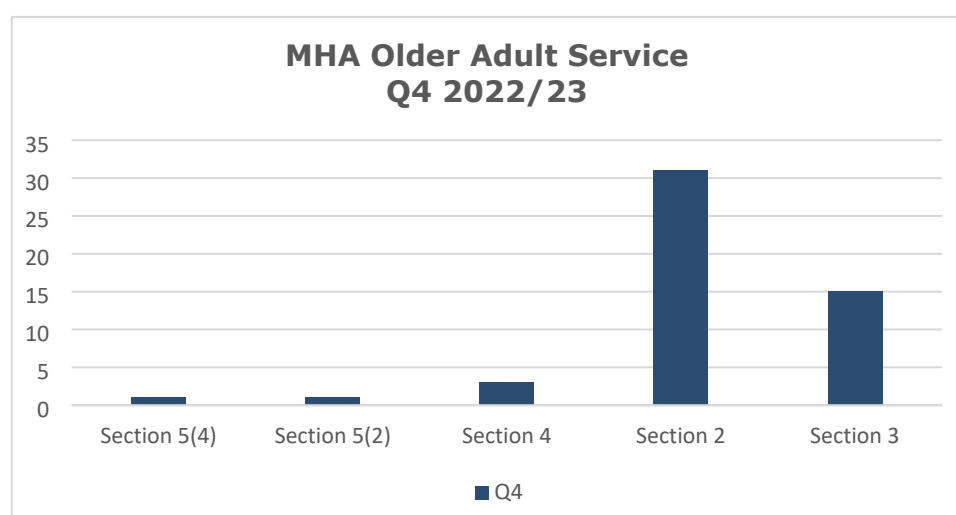


Section		
Section 5(4)	7	5
Section 5(2)	23	29
Section 4	1	1
Section 2	71	81
Section 3*	18	35
Section 36	0	1
Section 37	1	0
Section 37/41	2	1
Section 38	0	0
Section 47	1	0
Section 47/49	1	1
Other	1	0
<b>TOTAL</b>	<b>126</b>	<b>154</b>

\* This figure includes a notional 37 detention. A notional 37 detention begins if a patient is still in hospital when their prison sentence ends.

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

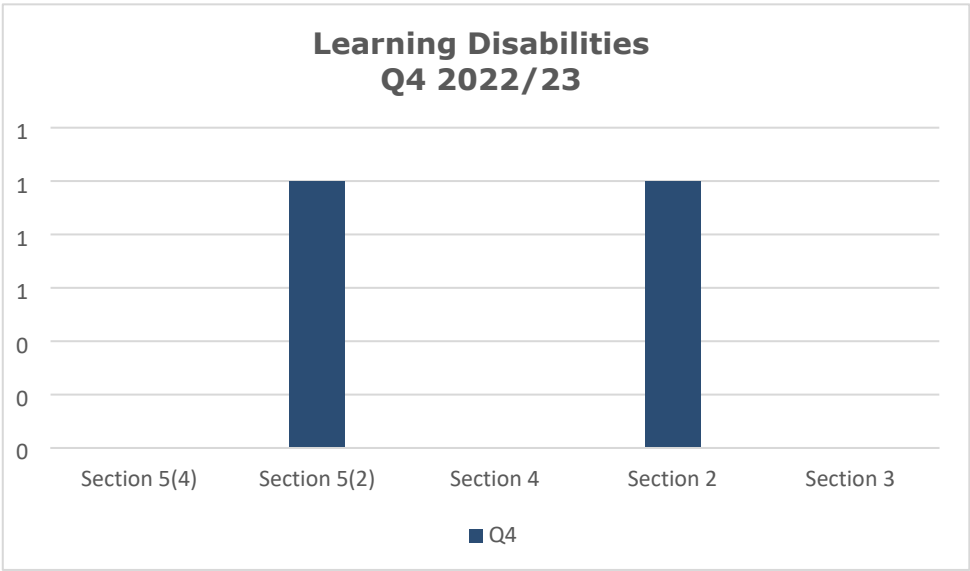
Within the older adult population patients admitted and detained, 90% were admitted under Sections 2 or 3 of the MHA with 6% admitted under Section 4 and 4% detained under Section 5 provision. There was an overall 12% decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q4 2022/23
Section 5(4)	1	1
Section 5(2)	1	1
Section 4	1	3
Section 2	44	31
Section 3	11	15
TOTAL	58	51

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

For the two individuals with a learning disability requiring admission under the MHA, 1 was admitted under Sections 2 of the MHA with 1 detained under Section 5 provision.

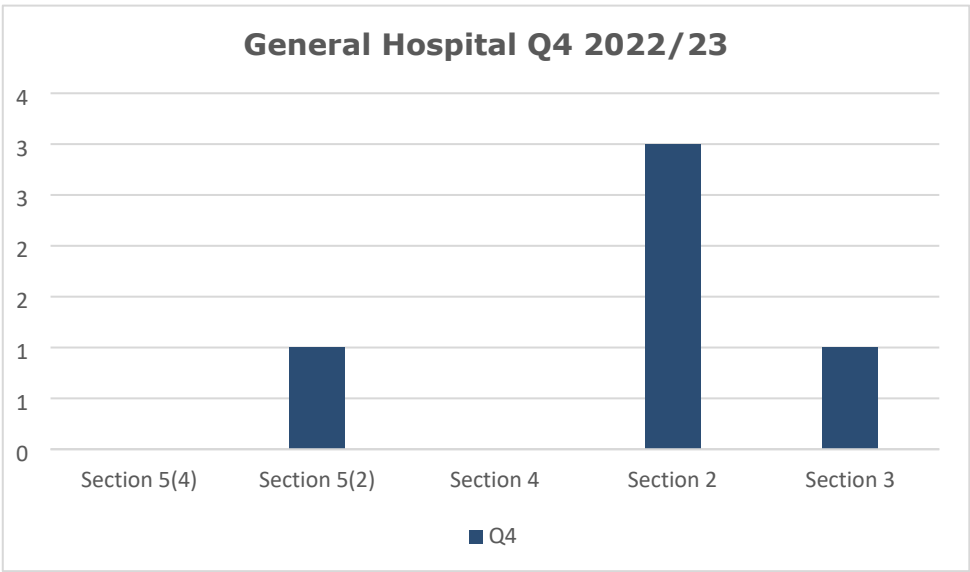


Section	Previous Quarter	Q4 2022/23
Section 5(4)	0	0
Section 5(2)	0	1
Section 4	0	0
Section 2	1	1
Section 3	2	0
TOTAL	3	2



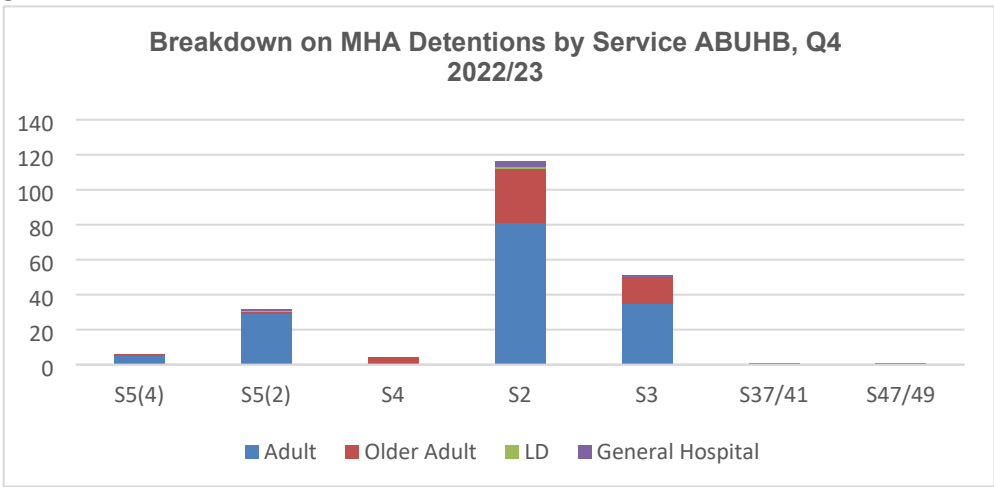
• **General Hospital Compulsory Admissions Under the MHA (1983)**

For patients detained under the MHA in a General Hospital setting, 4 were admitted under Sections 2 or 3 of the MHA with 1 detained under Section 5 provision.



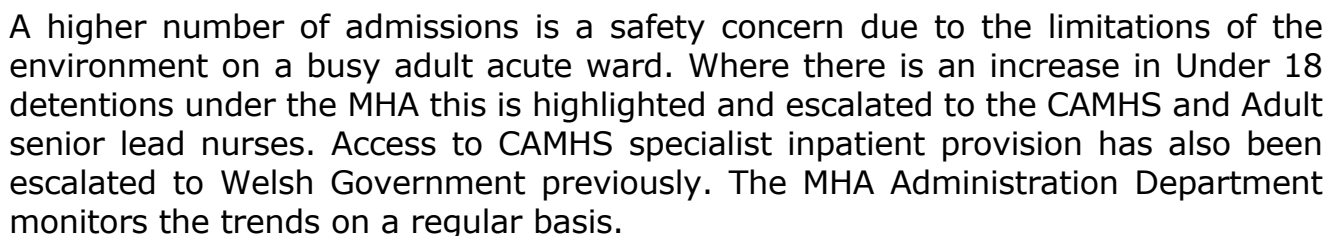
Section	Previous Quarter	Q4 2022/23
Section 5(4)	0	0
Section 5(2)	0	1
Section 4	0	0
Section 2	5	3
Section 3	1	1
TOTAL	6	5

The below chart shows the total MHA detentions broken down by service for quarter 4, 2022/23.



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.

<b>Under 18 years Detentions</b>	<b>Previous Quarter</b>	<b>Q4 2022/23</b>
<b>Section 5(4)</b>	<b>0</b>	<b>2</b>
<b>Section 5(2)</b>	<b>0</b>	<b>1</b>
<b>Section 2</b>	<b>0</b>	<b>0</b>
<b>Section 3</b>	<b>2</b>	<b>0</b>
<b>CTO</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>2</b>	<b>3</b>

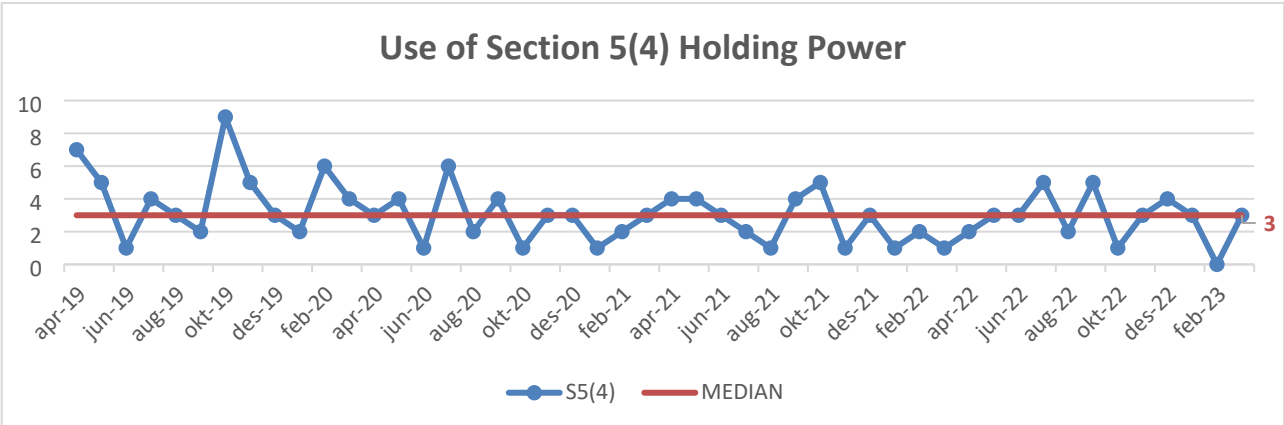


2. Trend Analysis of the main compulsory admissions across all services from April 2019 to March 2023

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 6 uses of this holding power over the quarter with 4 of these resulting in a doctor/approved clinician detaining the patient under Section 5(2). 1 was ended and 1 lapsed.

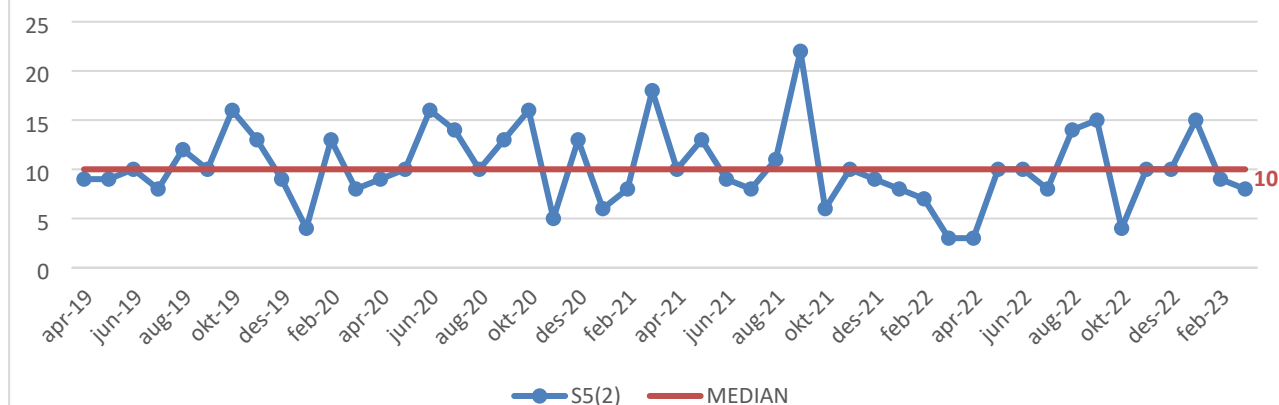


Outcome of Section 5(4) – Q4 2022/23

Outcome	Total
Lapsed	1
Ended	1
Section 5(2)	4
Section 2	0
Section 3	0
Total	6

The use of Section 5(2) resulted in 15 people being detained under section 2, 5 being detained under section 3 and 12 ending or lapsing without further detention under the MHA.

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



### Outcome of Section 5(2) – Q4 2022/23

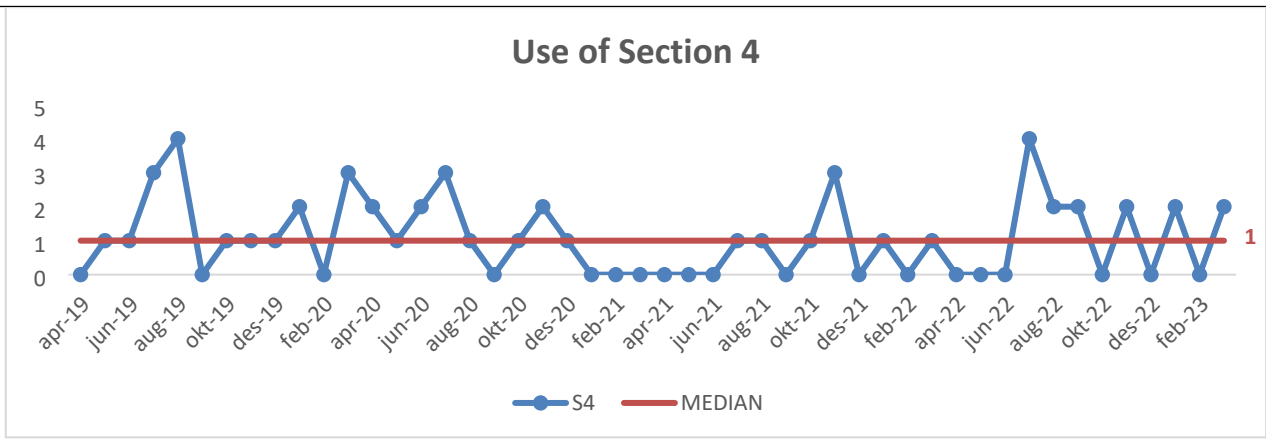
Outcome	Total
Lapsed	4
Ended	8
Section 2	15
Section 3	5
<b>Total</b>	<b>32</b>

#### • 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 4 occasions this quarter (Q4) three times in OAMH and once in AMH. In OAMH, in two instances, the patient was highly agitated and threatening to harm their family member/carer. It was assessed that waiting several hours for another doctor to attend would increase the risk to others. In the other instance, the patient was very confused and agitated and wanting to leave her property. This was assessed as presenting a high risk of harm to herself.

In AMH, the patient was attending an out-patient appointment and became hostile (verbally, and throwing furniture) when offered informal admission, thus detention under s4 to manage immediate risk to self and others was arranged. All uses of s4 were appropriate and proportionate to patient need.



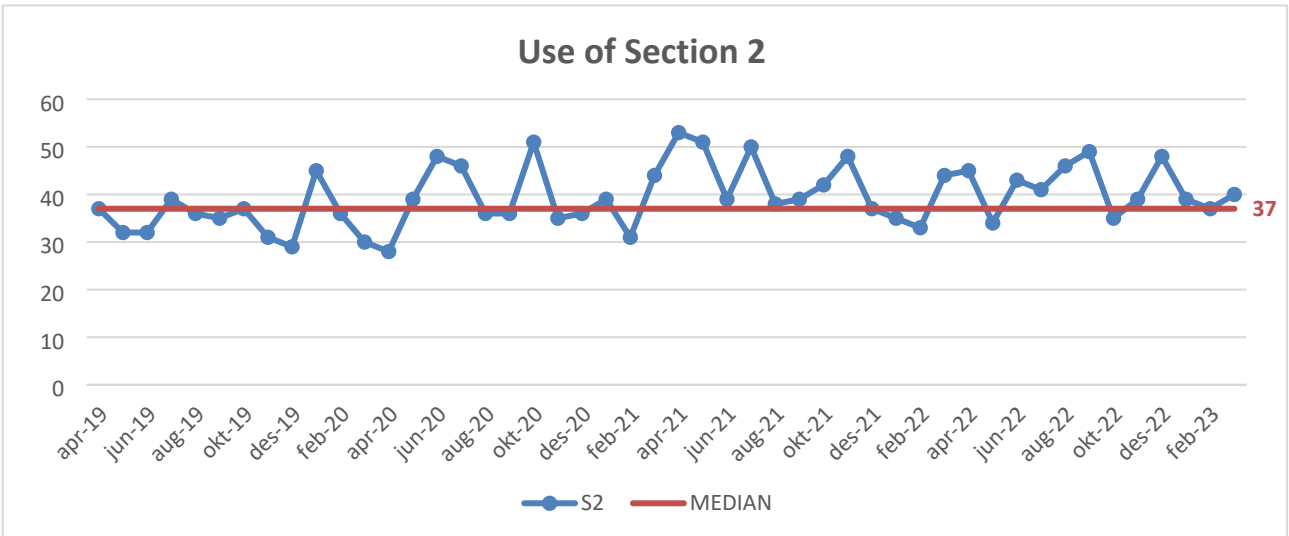
The usual outcome of the use of Section 4 is that the detention will be regraded to Section 2 (admission for assessment), which was the outcome in all cases this quarter.

### Outcome of Section 4 – Q4 2022/23

Outcome	Total
Discharged	0
Section 2	4
<b>Total</b>	<b>4</b>

### • Use of Section 2

Just over half (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.



## Outcome of Section 2, Q4 2022/23

Outcome	Total
Expired	11
Regraded S3	25
Transferred	3
Ended: 0-3 days	5
Ended: 4-14 days	34
Ended: 15-28 days	38
<b>Total</b>	<b>116</b>

A total of 116 detentions were made using Section 2, with 70% of these in adult mental health services, 27% in older adult, 3% in a general hospital setting and 1% in learning disabilities.

Of the total 116 patients detained under Section 2:

- 25 (22%) were regraded to Section 3
- 3 (3%) were transferred out of the Health Board during the Section 2

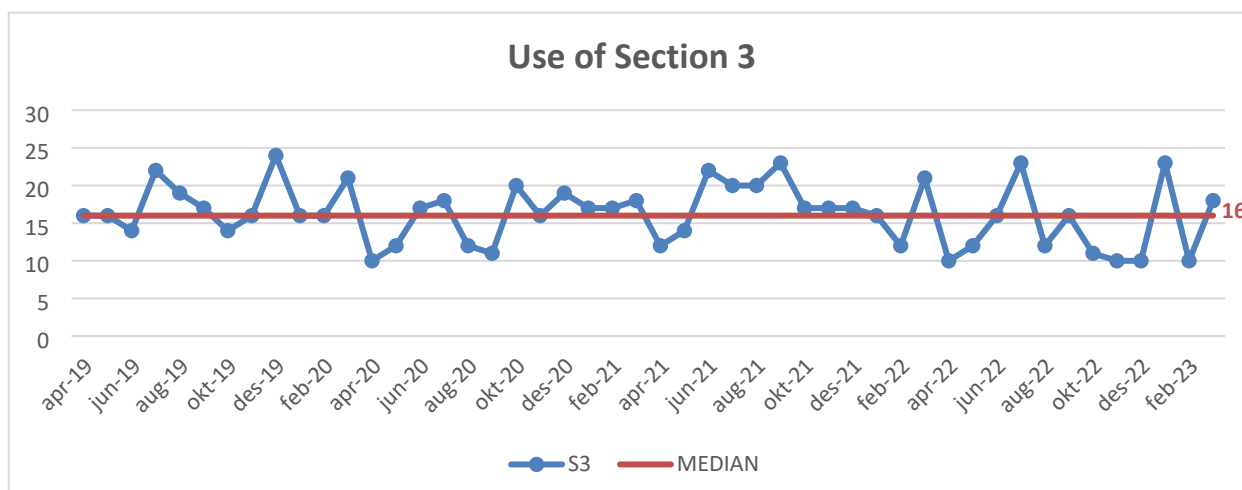
Of the remaining 88 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 5 (4%) were detained between 0-3 days.
- 4-14 days 34 (29%) were detained between 4-14 days.
- 15-28 days 38 (32%), were detained between 15-28 days.

Of this cohort, 11 (9%) detentions were allowed to lapse. 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

24% of all detained admissions were under Section 3 during the quarter. A total of 51 detentions were made using Section 3, with 69% of these in adult mental health, 29% in older adult mental health and 2% in a general hospital setting.





Of the total 51 patients detained under Section 3:

- 23 (45%) detentions remained as ongoing detentions as of 19.05.2023
- 23 (45%) detentions were ended as of 19.05.2023
- 3 (6%) detentions were regraded to CTO
- 1 (2%) detention was transferred

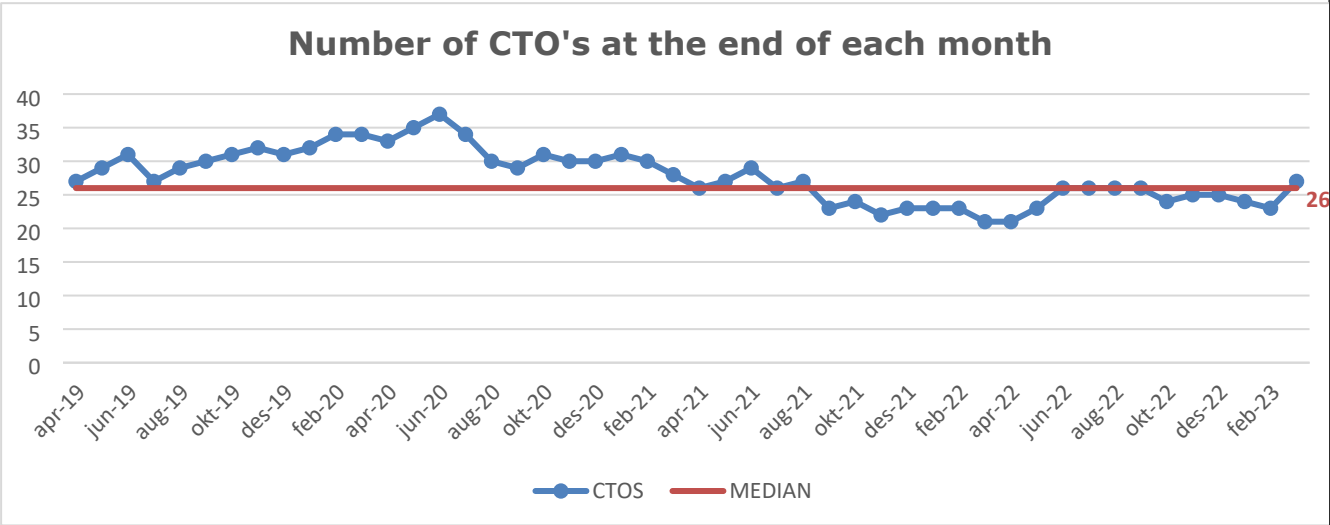
• **Renewal of In-patient Detentions under the MHA (1983)**

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	Q4 2022/23
Section 3 renewal	10	8
Section 37 renewal	0	1
Section 47 renewal	0	0
TOTAL	10	9

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

The number of Community Treatment Orders at the end of each month has increased from 24 at the end of quarter 3 to 27 at the end of quarter 4.



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

**Community Treatment Orders (CTOs)**

Section	Power	Previous Quarter	Q4 2022/23
17A	CTOs made	5	7
	CTOs extended	9	4
	Recalled to hospital and not admitted	3	0



	Recalled to hospital and revoked	<b>4</b>	<b>4</b>
	Discharged from CTO	<b>3</b>	<b>0</b>

### 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.

	<b>Previous Quarter</b>	<b>Q4 2022/23</b>
<b>Unlawful Detentions</b>	<b>0</b>	<b>0</b>

#### • 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.

	<b>Previous Quarter</b>	<b>Q4 2022/23</b>
<b>Failed Medical Scrutiny</b>	<b>2</b>	<b>0</b>

#### • 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 an increase in the number of rectifiable errors this quarter, demonstrating that there is still a need for awareness 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.

	<b>Previous Quarter</b>	<b>Q4 2022/23</b>
<b>Rectifiable errors on document</b>	<b>17</b>	<b>28</b>



#### 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.

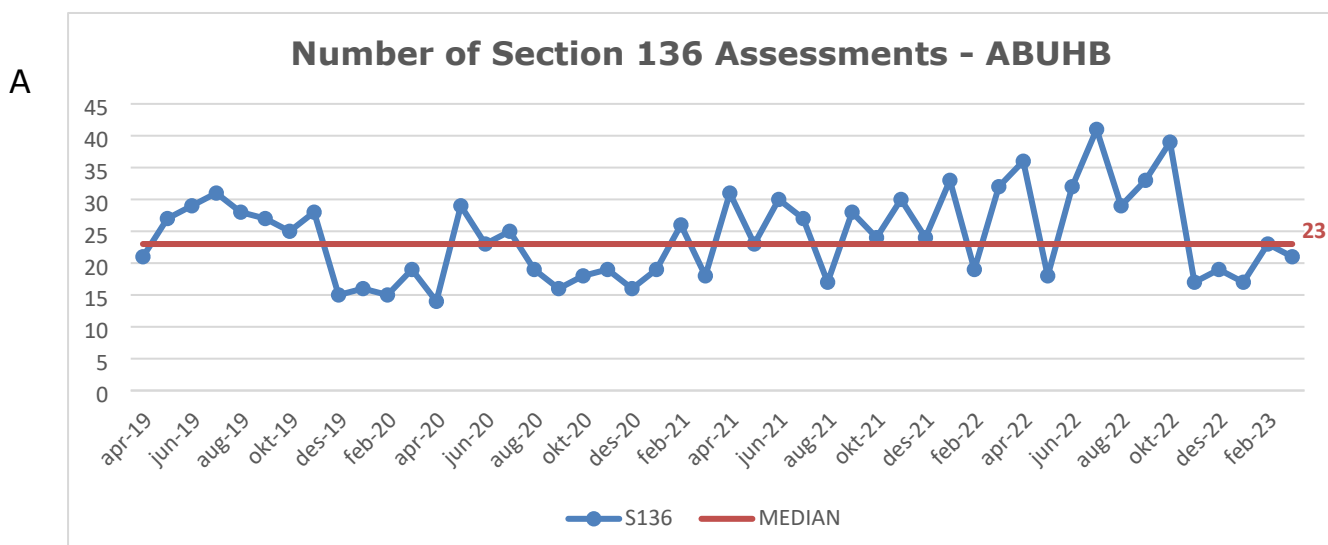
##### Use of Section 135, Q4 2022/23

Section 135 of the MHA	Previous Quarter	Q4 2022/23
<b>Assessed and admitted informally</b>	<b>1</b>	<b>1</b>
<b>Assessed and discharged</b>	<b>2</b>	<b>0</b>
<b>Assessed and detained under Section 2</b>	<b>3</b>	<b>2</b>
<b>Assessed and detained under Section 3</b>	<b>0</b>	<b>0</b>
<b>Assessed and CTO Revoked</b>	<b>0</b>	<b>0</b>
<b>Other</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>4</b>	<b>3</b>

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 ongoing 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.



breakdown of the outcome of 136 assessments is shown in the table below. A total of 62 assessments were undertaken. 1 detention lapsed due to physical health needs overtaking mental health needs and the assessment did not take place in this case. Of those assessed 48% were admitted, with 62% of those admitted being

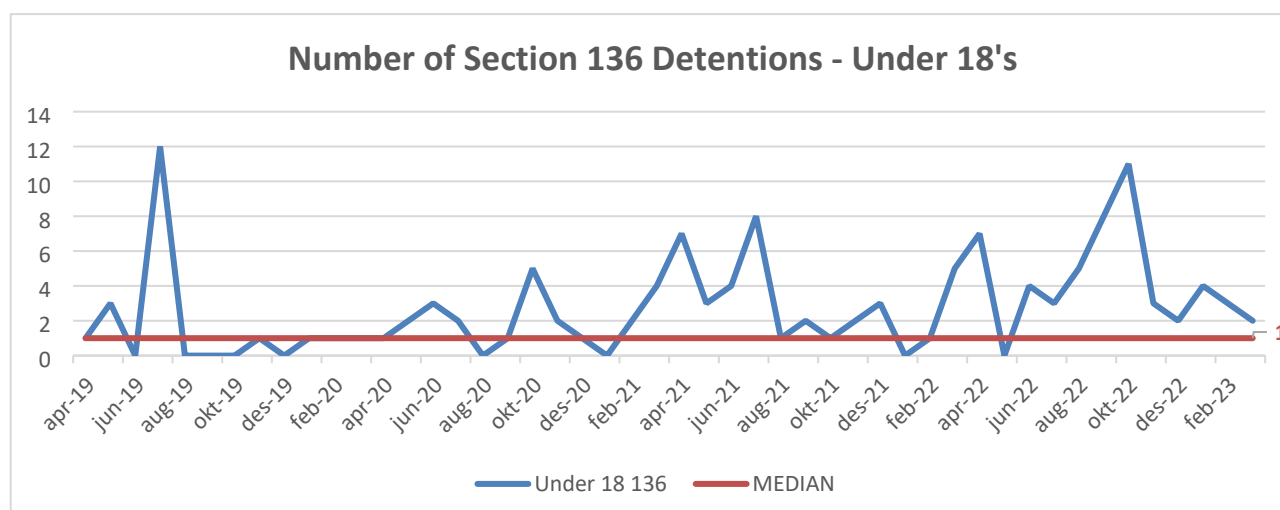


formally detained. 15% of individuals assessed were discharged with no follow up required, while 38% were discharged with a follow up plan in place.

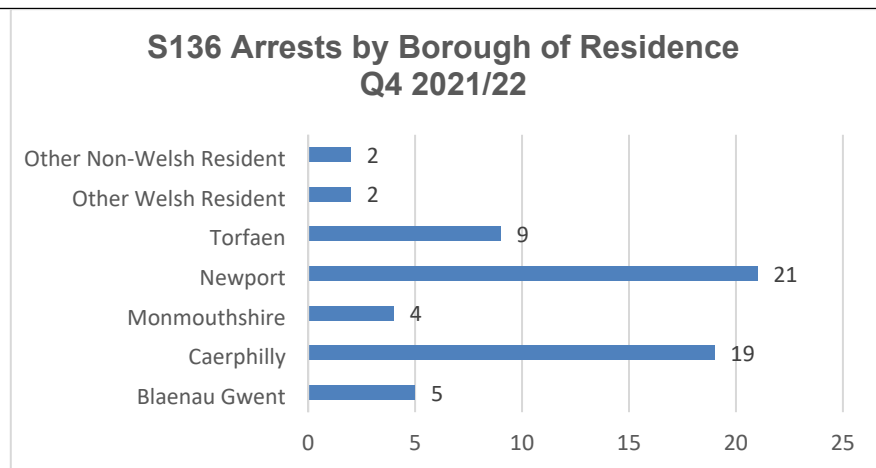
### Use of Section 136, Q4 2022/23

Section 136 of the MHA	Previous Quarter	Q4 2022/23
Assessed and admitted informally	19	11
Assessed and detained under Section 2	16	18
Assessed and detained under Section 3	0	0
Assessed and detained under Section 4	0	0
Discharged – no follow-up required	10	9
Discharged – with follow-up plan	28	23
Section 136 lapsed	2	1
<b>TOTAL</b>	<b>75</b>	<b>62</b>

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 decreased by in quarter 4. It is important to note that 3 of the assessments that took place in Q4 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 63% of all assessments.

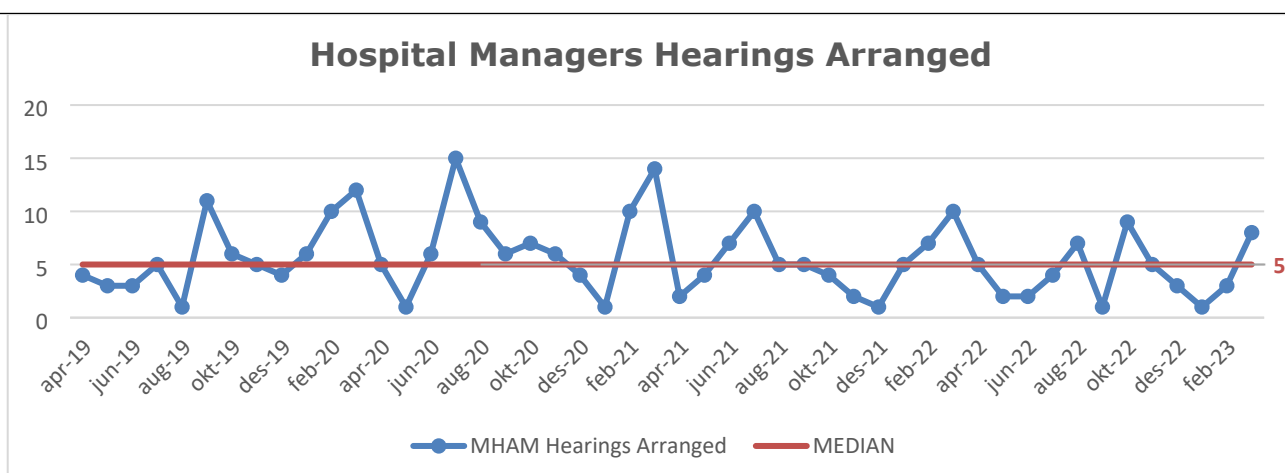


A breakdown of all 62 events shows that the majority of patients were male patients; alcohol and/or drugs being a related factor in 33% of all cases; 15% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Previous Quarter	Q4 2022/23
<b>TOTAL</b>	<b>N=75</b>	<b>N=62</b>
<b>Gender:</b>		
% Male	52%	53%
% Female	48%	47%
<b>Place of Safety:</b>		
% Hospital	99%	98%
% Police Station	1%	2%
<b>% Under 18 Years</b>	21%	15%
<b>Use of Illicit Substances:</b>		
% Alcohol	24%	21%
% Drugs	7%	8%
% Both Alcohol and Drugs	3%	3%
<b>Where Assessment took place:</b>		
% Hospital	97%	98%
% Police Station	0%	0%
<b>12 Hour extension required/granted</b>	0%	0%

## 5. Mental Health Act Managers Hearings

There has been a decrease in the number of MHA Managers hearings arranged (12) over the last quarter in comparison to the previous period (17). There were 7 hearings held during the quarter (with 5 being cancelled before they were heard).



A summary of activity and outcome of hearings is provided in the table below. The majority of hearings requested relate to inpatients.

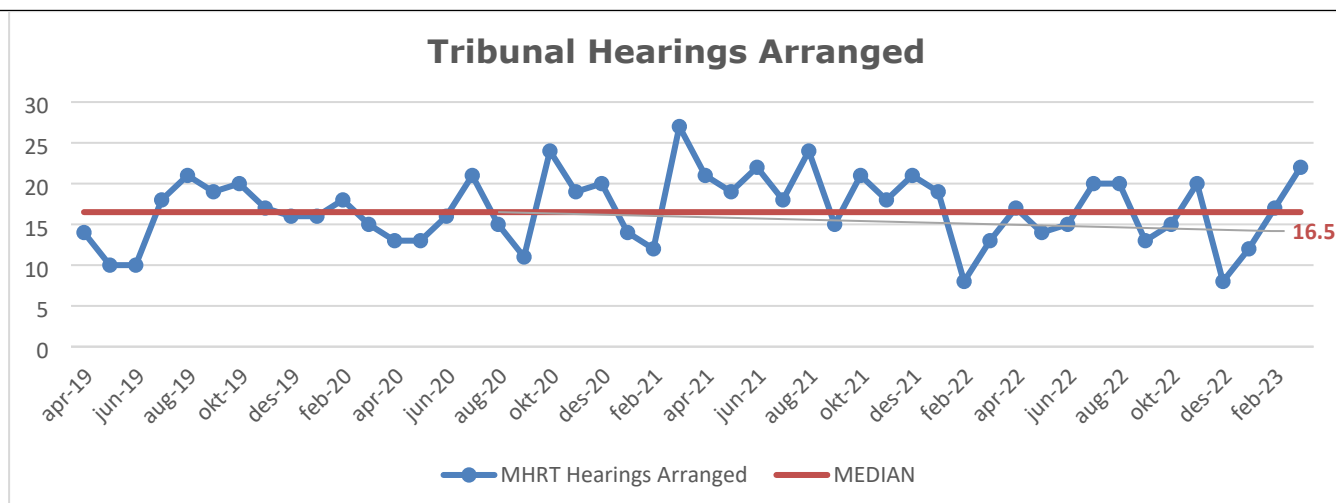
### Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Previous Quarter	Q4 2022/23
Applications by patient – Inpatient	0	1
Applications by patient – CTO	0	0
Renewal Hearing Applications – Inpatient	8	5
Renewal Hearing Applications – CTO	7	1
Barring Hearings	0	0
Hearing cancelled before being heard	12	5
Hearing held - Patient Discharged by Hospital Managers	0	0
Hearing held – Section continued	5	7

## 6. Mental Health Review Tribunals

There continues to be a trend for patients to apply for a Tribunal hearing as opposed to Managers' 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% increase in the number of hearings arranged in Q4 in comparison to Q3.



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	Q4 2022/23
<b>Applications by patient – Inpatient</b>	<b>31</b>	<b>51</b>
<b>Applications by patient – CTO</b>	<b>1</b>	<b>2</b>
<b>Renewal Hearing Applications – Inpatient</b>	<b>3</b>	<b>7</b>
<b>Renewal Hearing Applications – CTO</b>	<b>0</b>	<b>4</b>
<b>Referral by MOJ</b>	<b>1</b>	<b>2</b>
<b>Referral by Welsh Ministers</b>	<b>0</b>	<b>0</b>
<b>Outcomes: Hearing Cancelled before being heard</b>	<b>24</b>	<b>28</b>
<b>Outcomes: Patient Discharged by MHRT</b>	<b>2</b>	<b>3</b>
<b>Outcomes: Section Continued</b>	<b>17</b>	<b>20</b>

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

### Asesiad / Assessment

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.



## Argymhelliad / Recommendation

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

### **Amcanion: (rhaid cwblhau)**

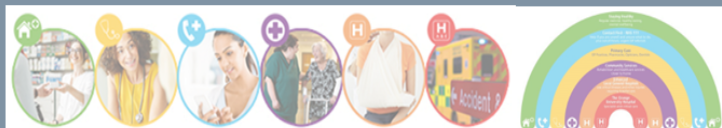
### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	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
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities	Choose an item.
<a href="#">Link to IMTP</a>	N/A
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item. Choose an item. Choose an item.

### **Gwybodaeth Ychwanegol:**

### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	Appendix 1
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	





**Effaith: (rhaid cwblhau)**  
**Impact: (must be completed)**

	<b>Is EIA Required and included with this paper</b>
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives



## Appendix 1 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> <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>



NHS  
WALES  
GIG  
CYMRU

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

### Benchmarking data January- March 2023:

Health Board

Population

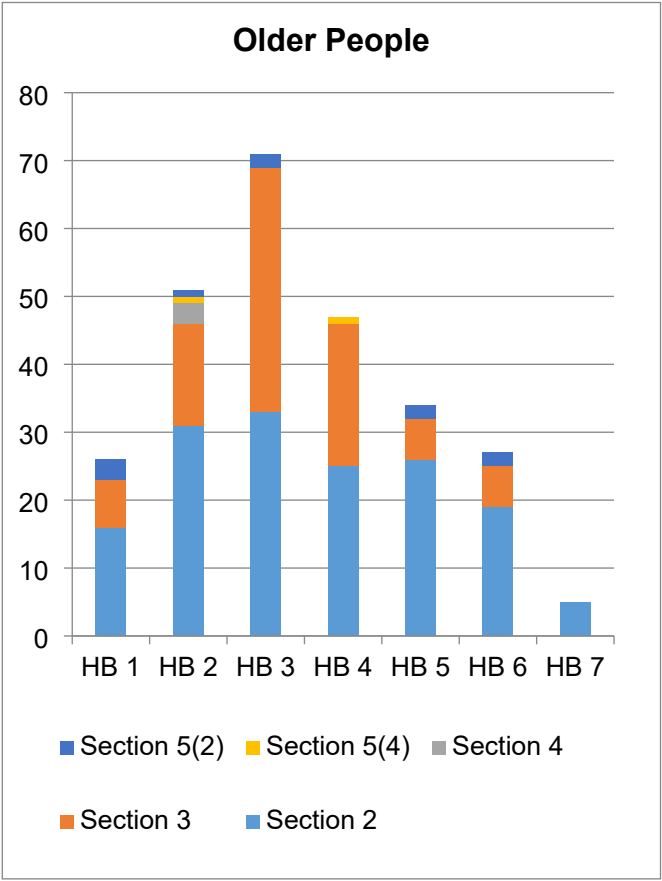
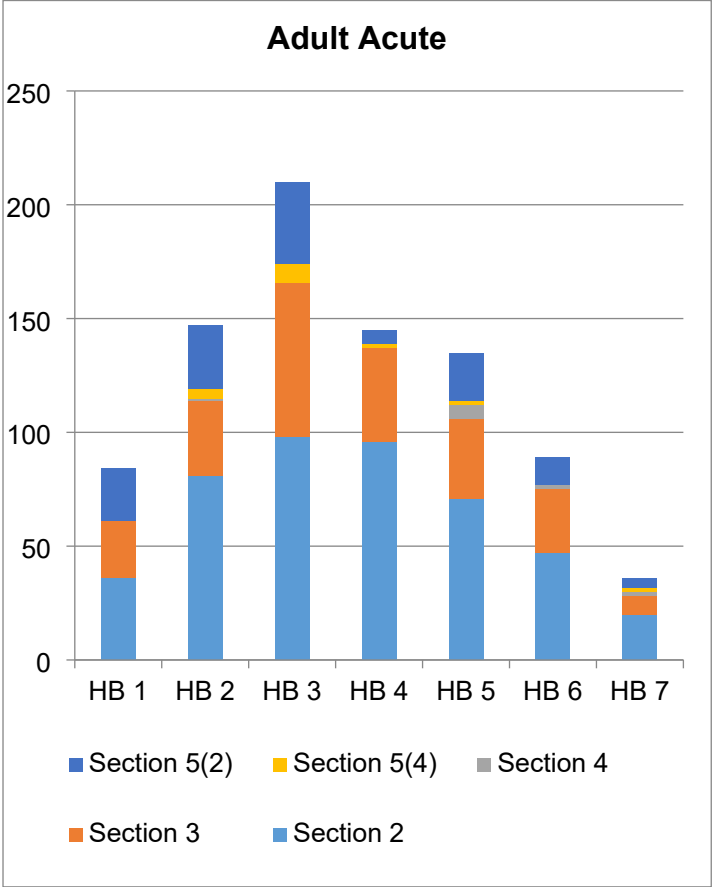
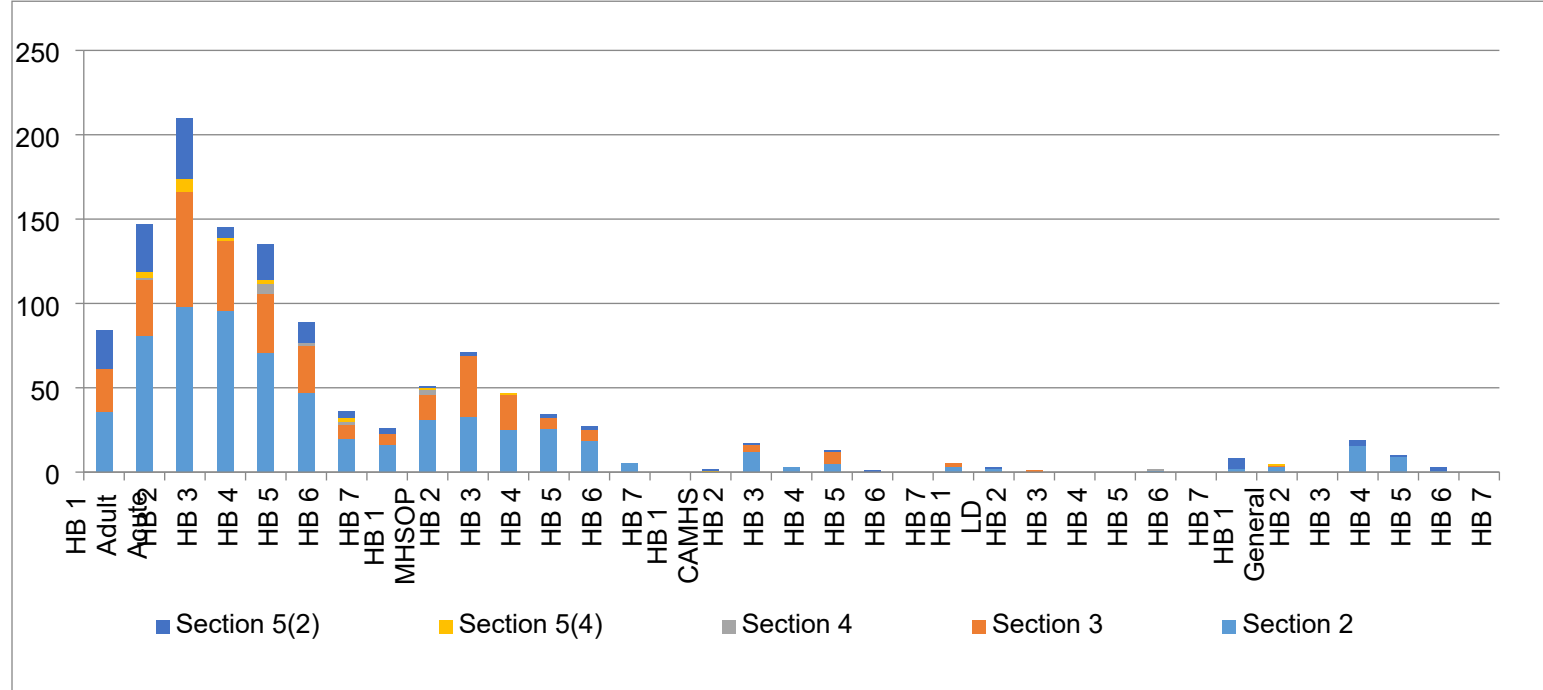
[REDACTED]	[REDACTED]
Aneurin Bevan University Health Board(HB2)	588,303
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Total Population of Wales:- 3,105,410

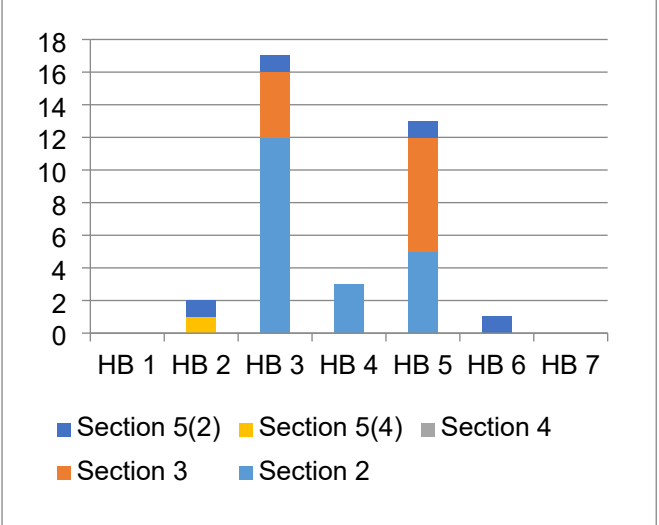
**Please note that pie chart percentages within this report are percentages of that specific chart rather than percentages of each Health Board's total**

**Part 2 MHA Activity**

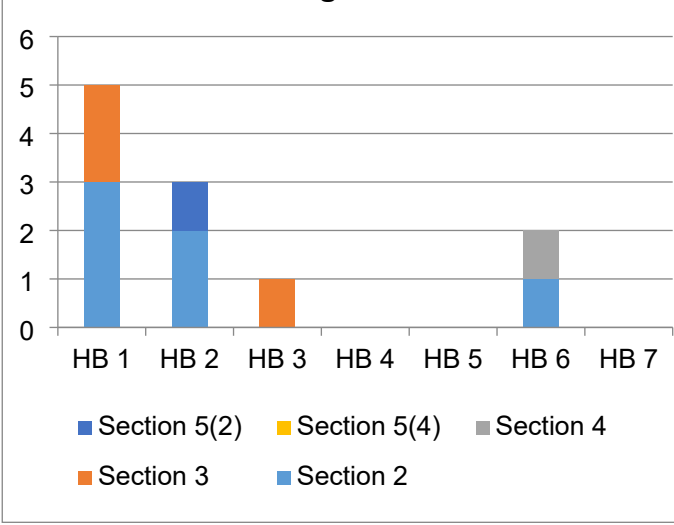
During the period a total of 1199 patients were made subject to the part 2 provisions of the MHA 1983 across Wales.



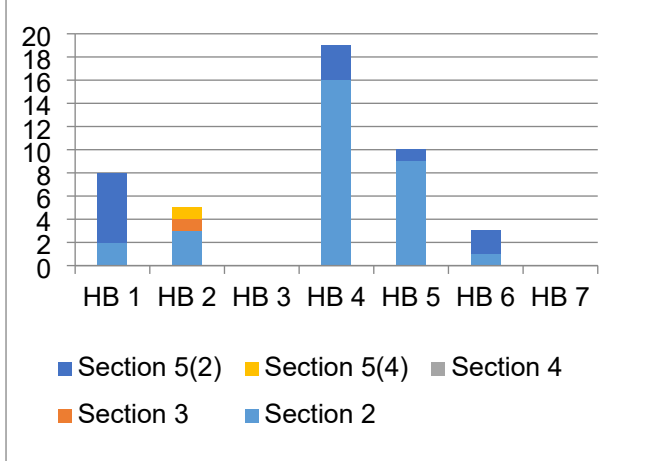
Child and Adolescent



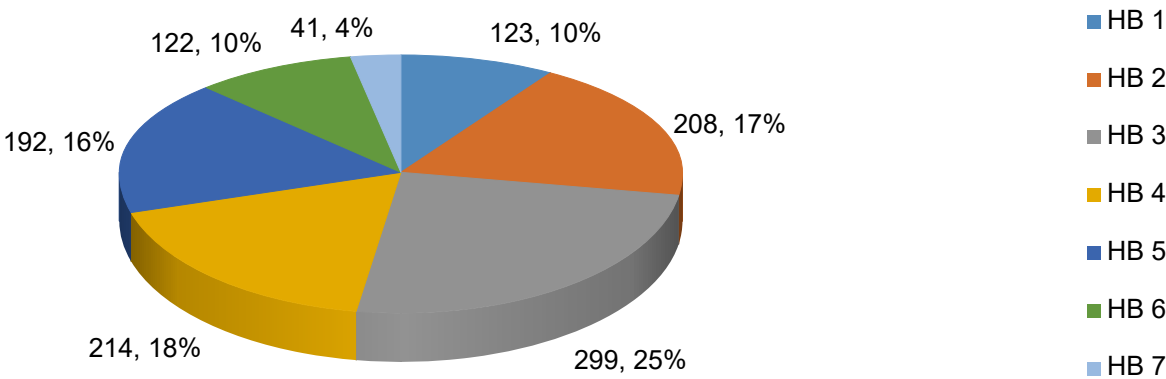
Learning Disabilities



General (non-Mental Health)



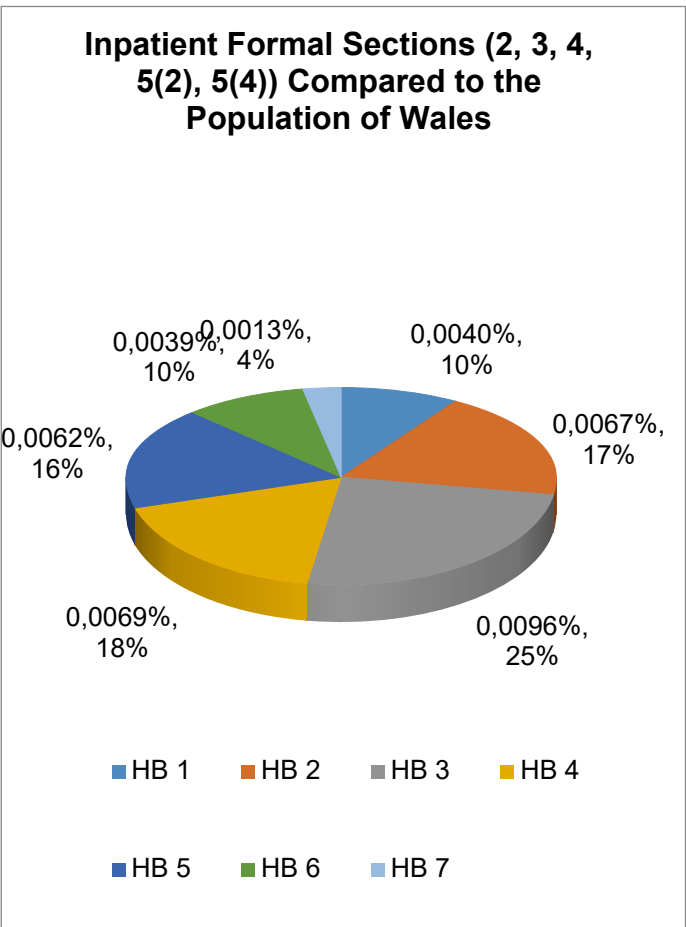
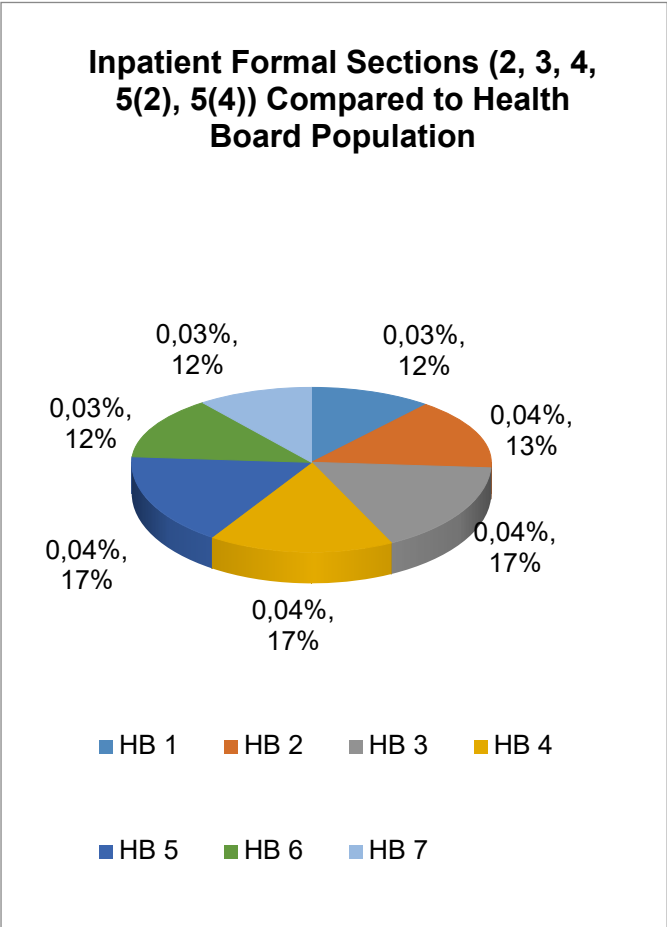
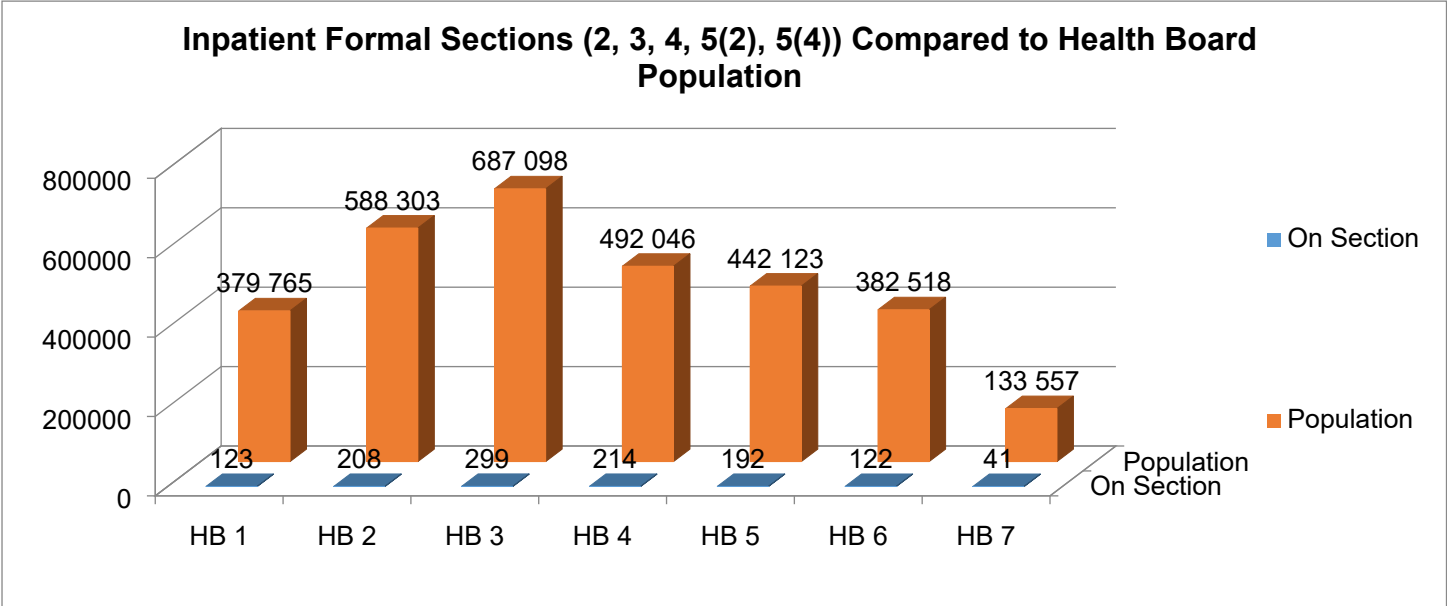
Total Section (2, 3, 4, 5(2), 5(4))



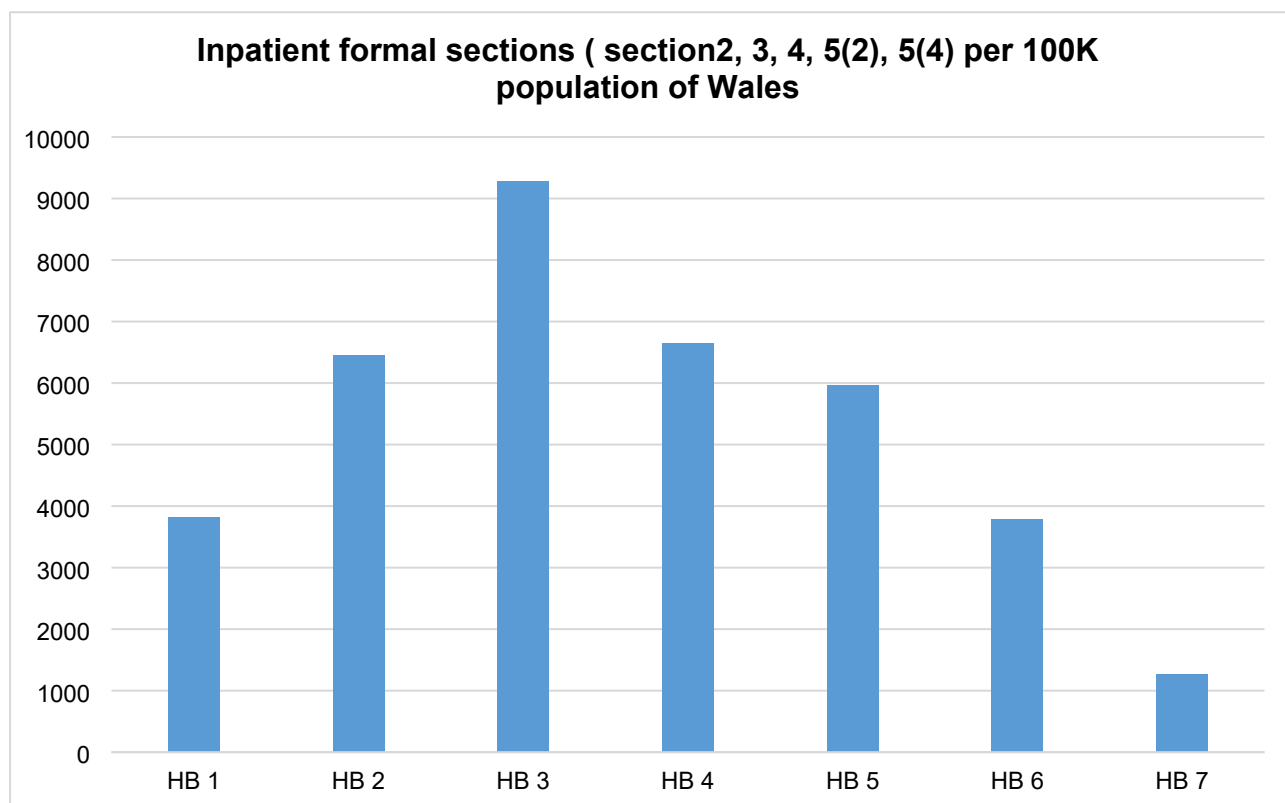
Part 2 MHA Activity Compared to Health Board Population

Population figures taken from <https://statswales.gov.wales>

The latest available population by Health Board figures available at the time of writing were mid-2021.

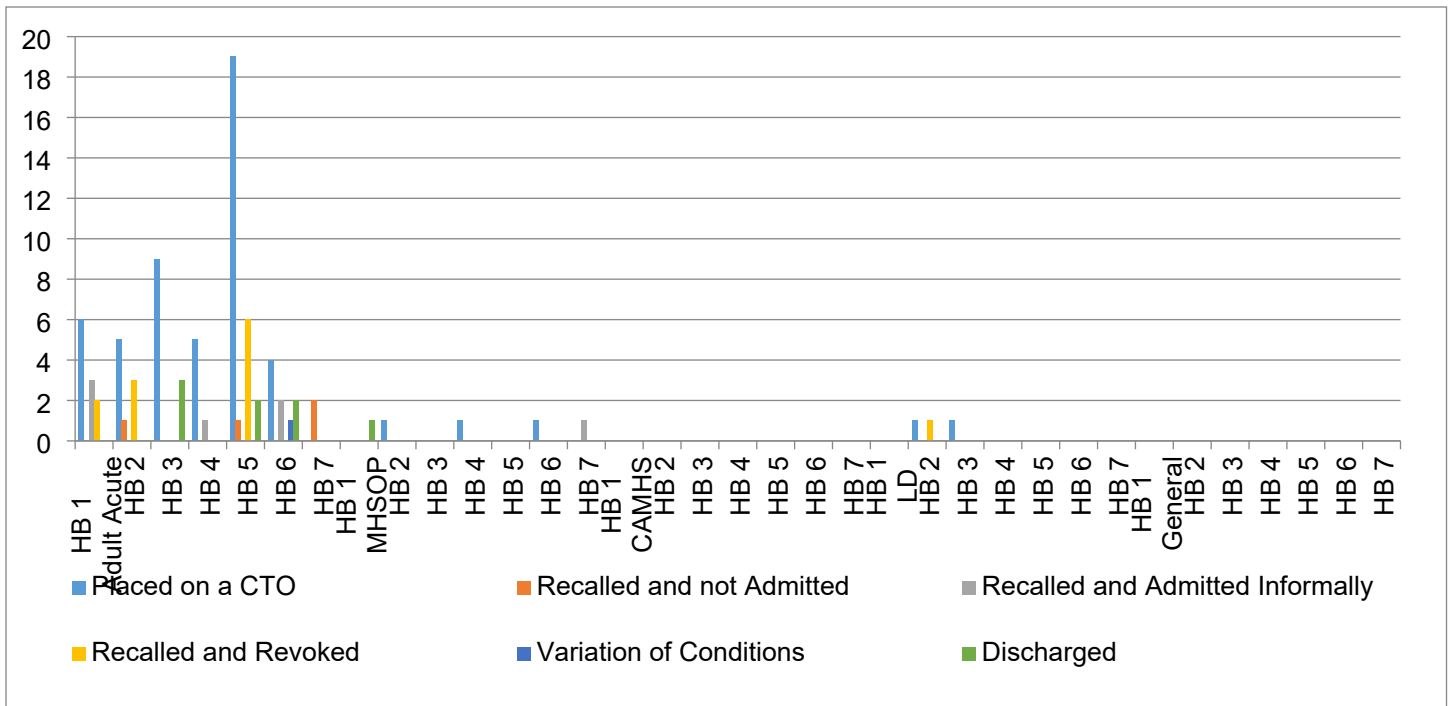




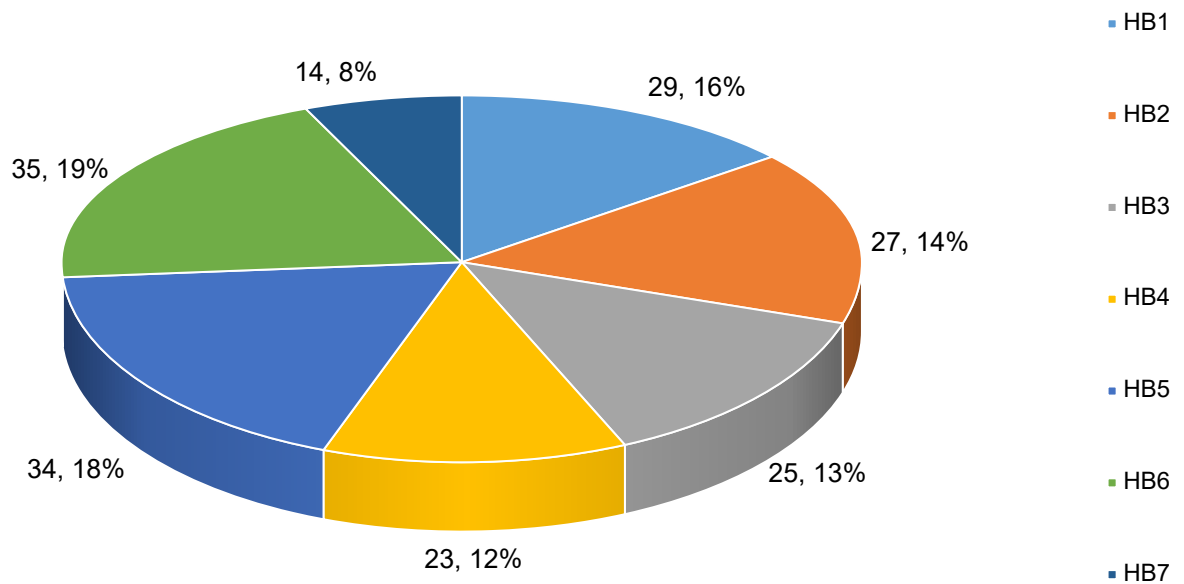


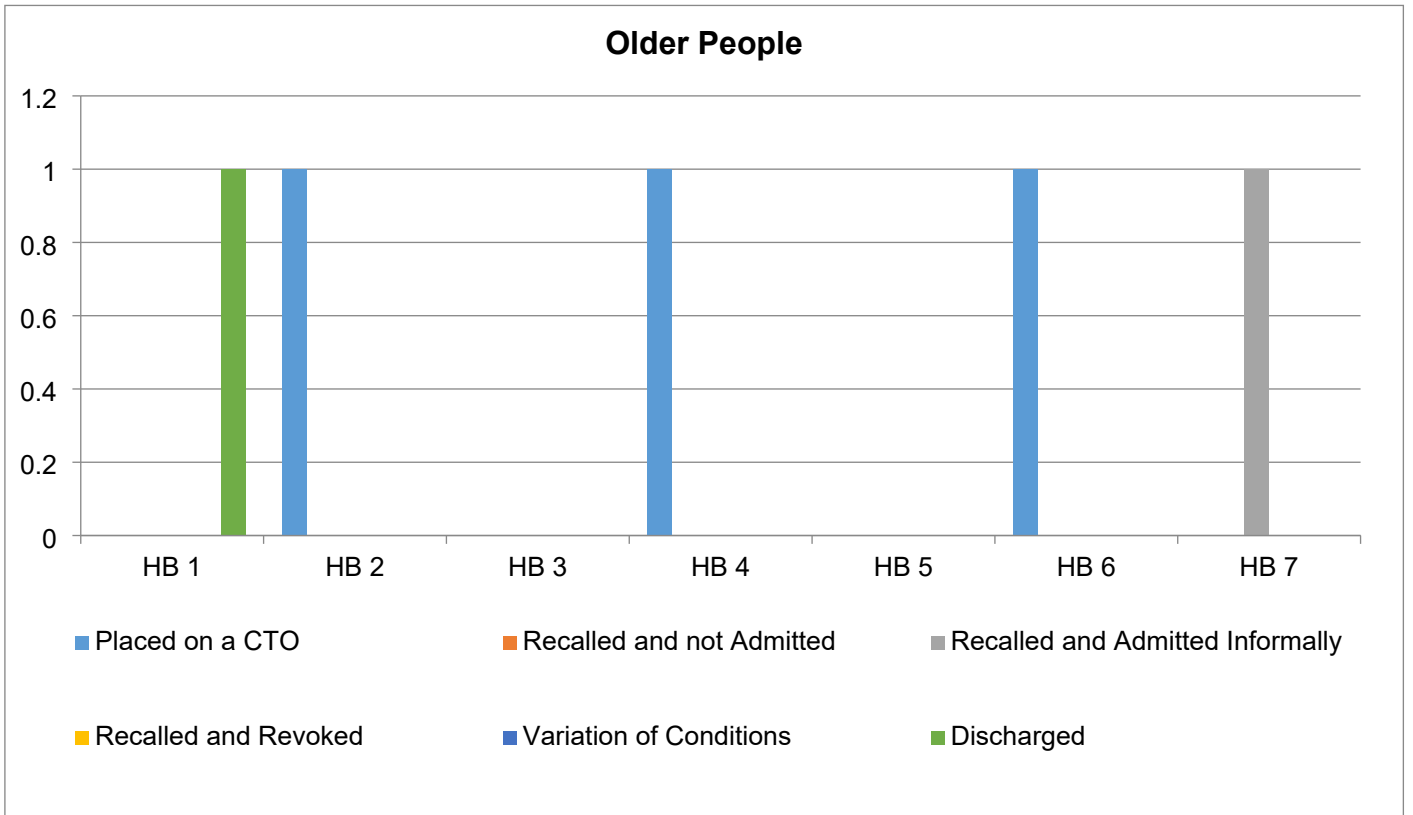
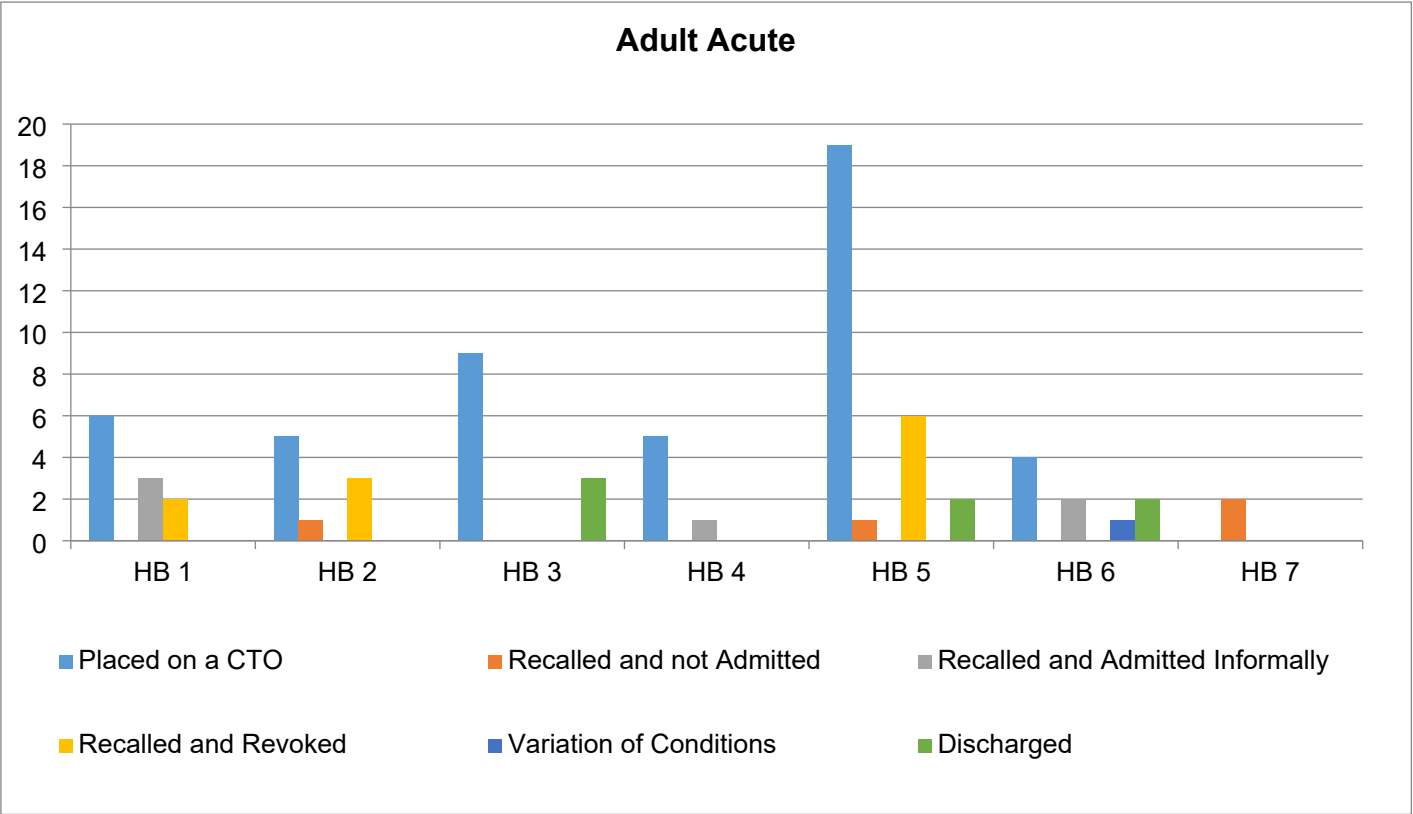
## Community Treatment Order

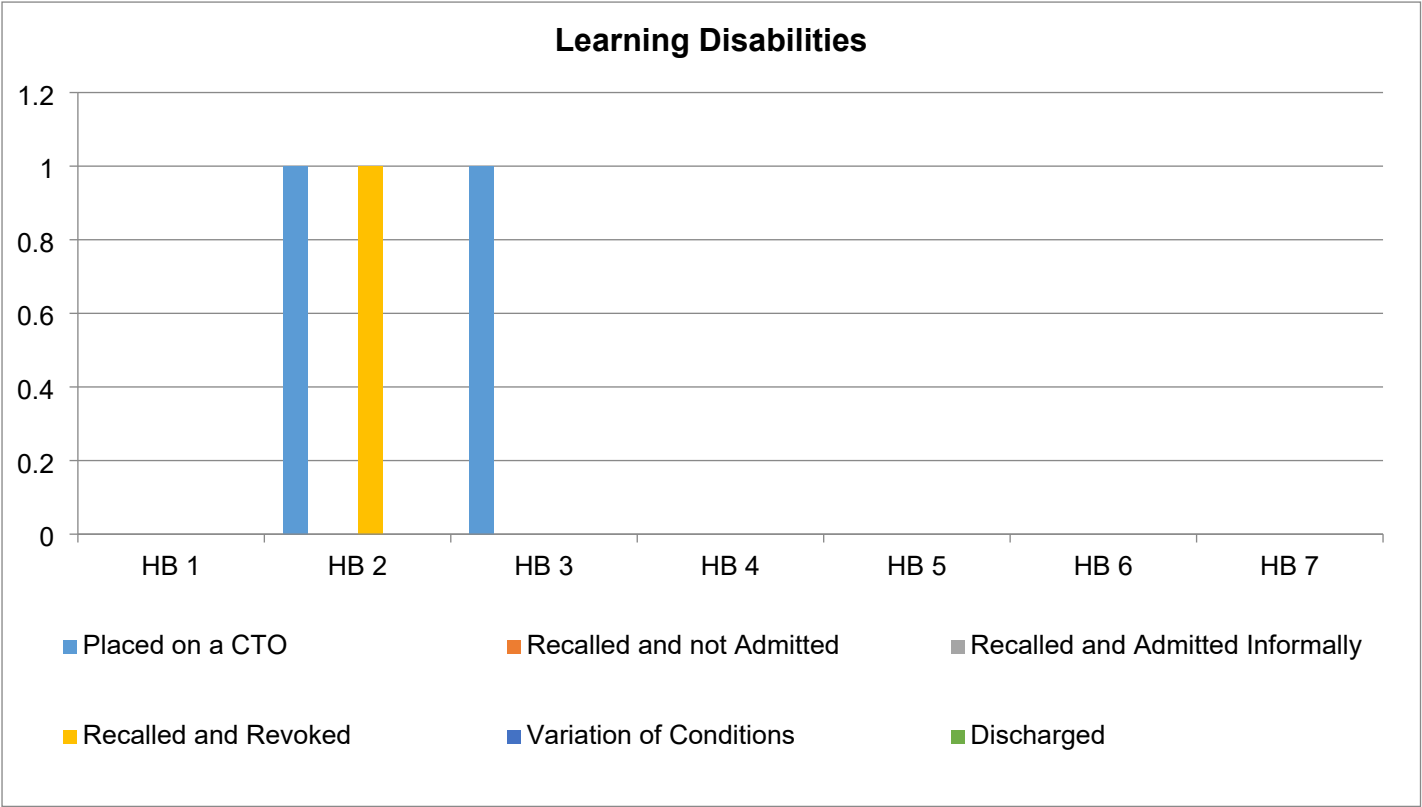
During the period a total of 53 patients were made subject to a Community Treatment Order across Wales.



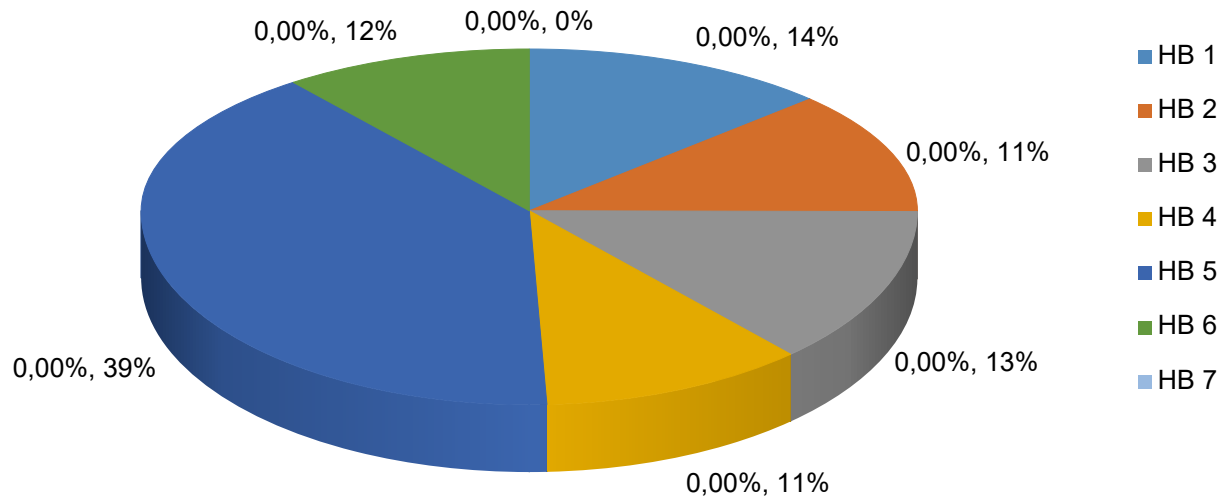
## Patients subject to CTO as of 31st March 2023



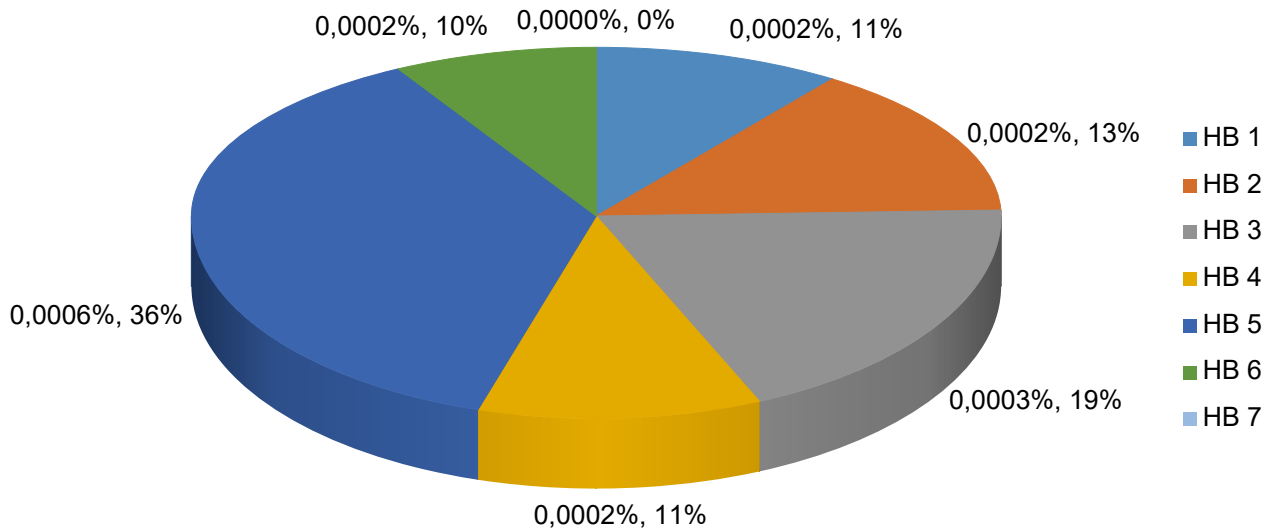




**Patients Subject to a Community Treatment Order Compared to Health Board Population**

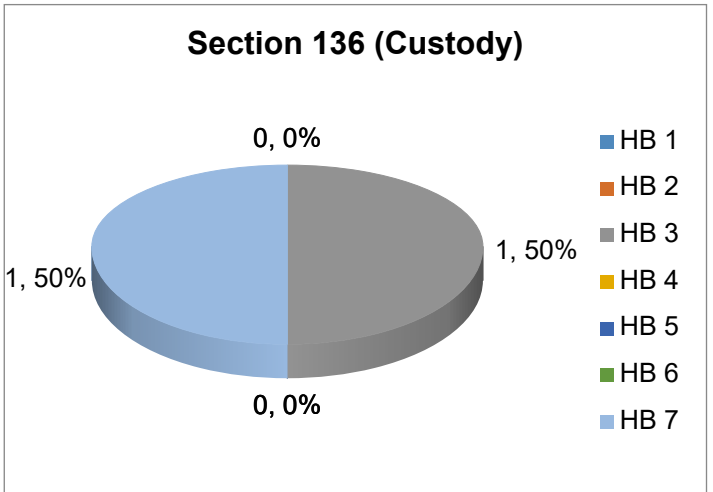
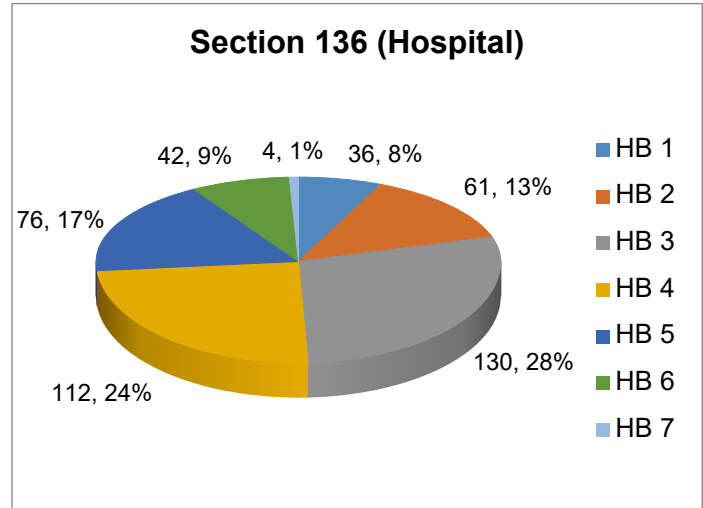
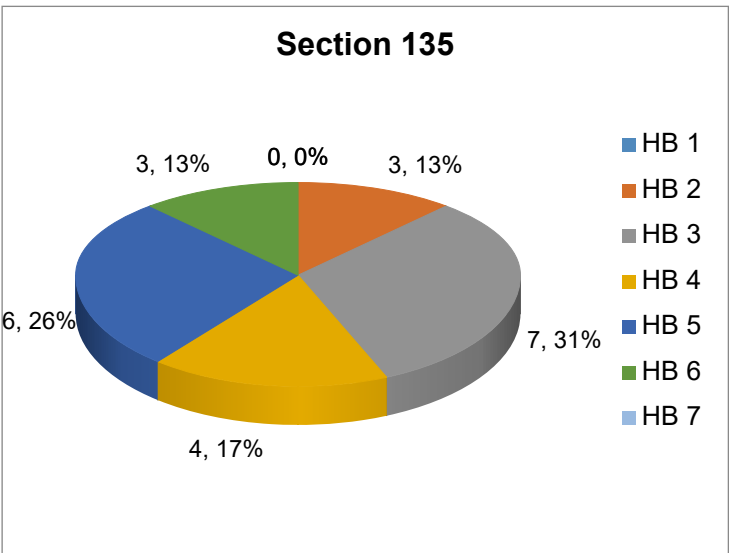
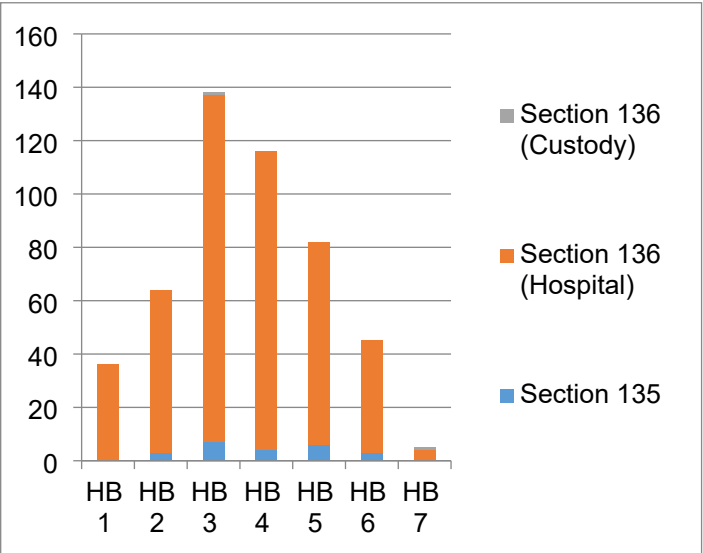
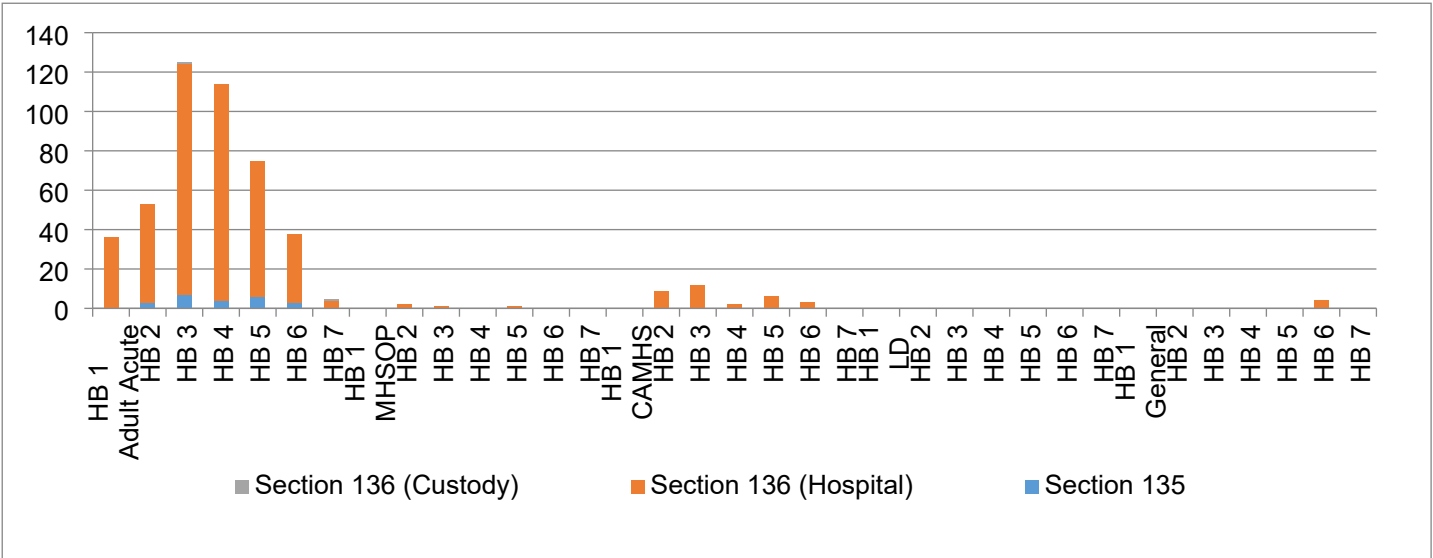


**Patients Subject to a Community Treatment Order Compared to the Population of Wales**



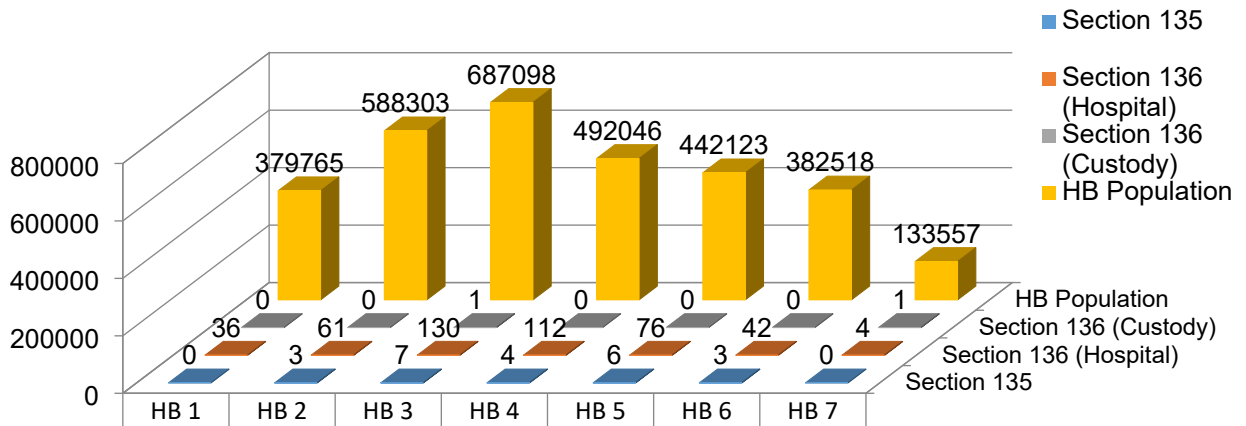
Section 135 & 136

The charts below provide data on how section 135/136 is used across Wales broken down into specialities, HB's and total activity.



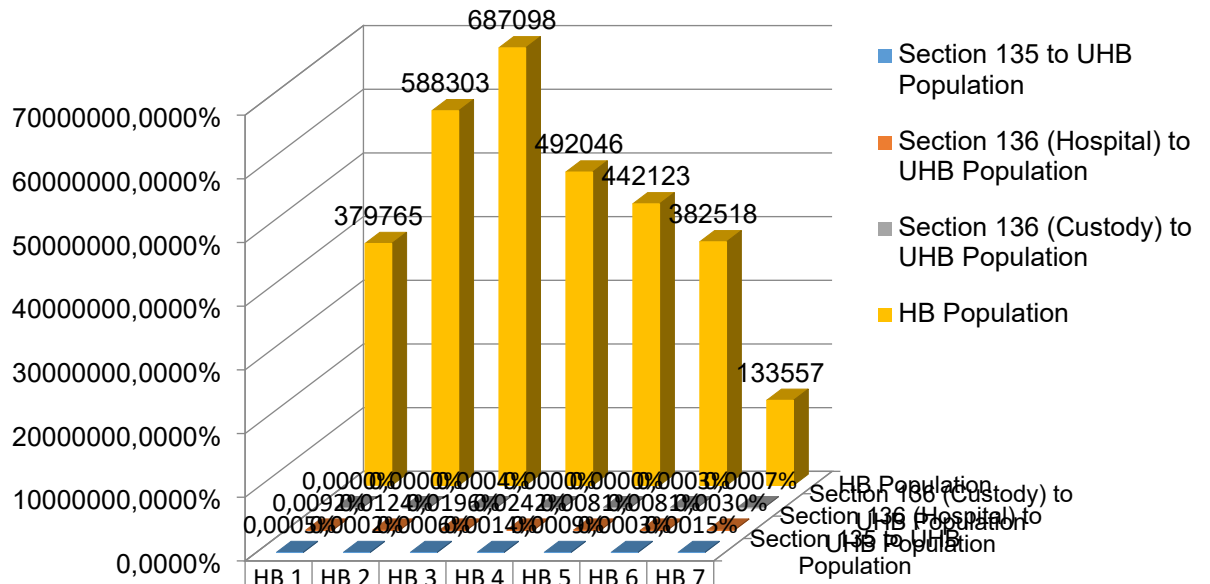
## Section 135 and 136 Compared to Health Board Population

### Section 135 and 136 Compared to Health Board Population (Numbers)

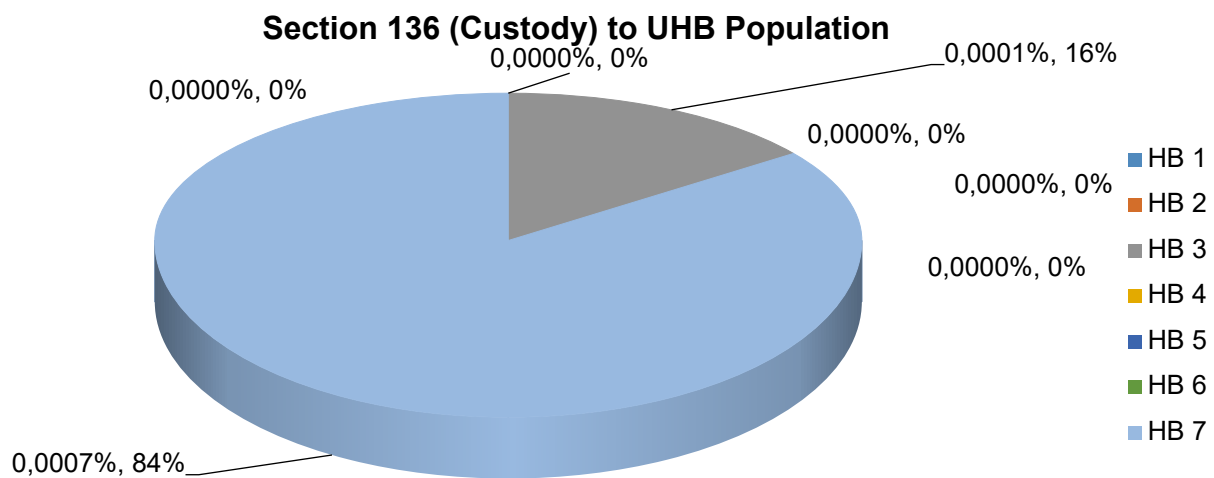
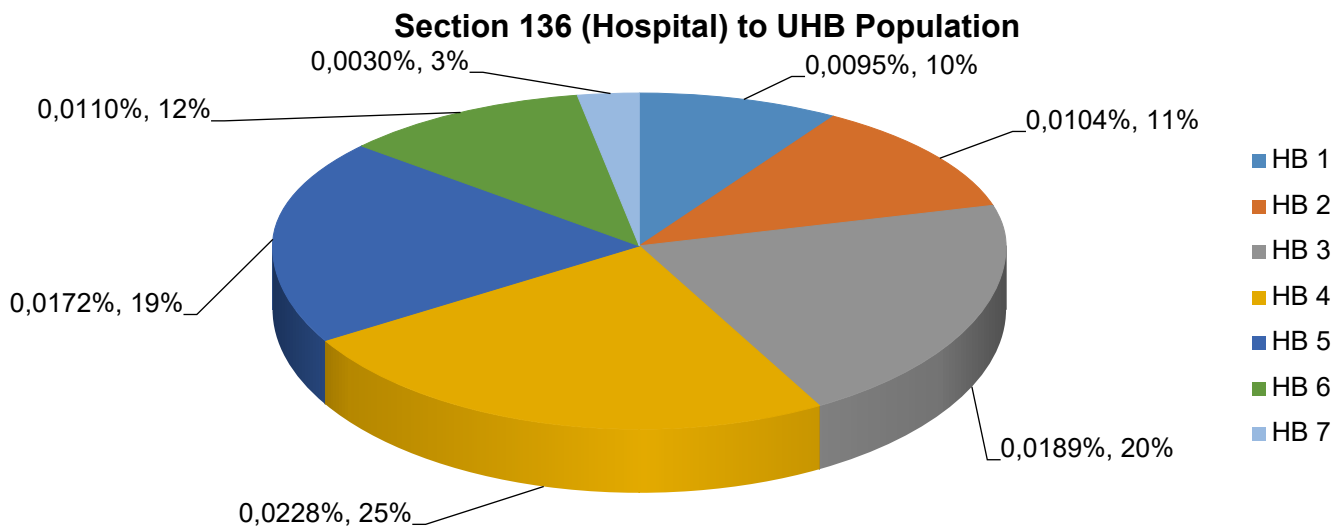
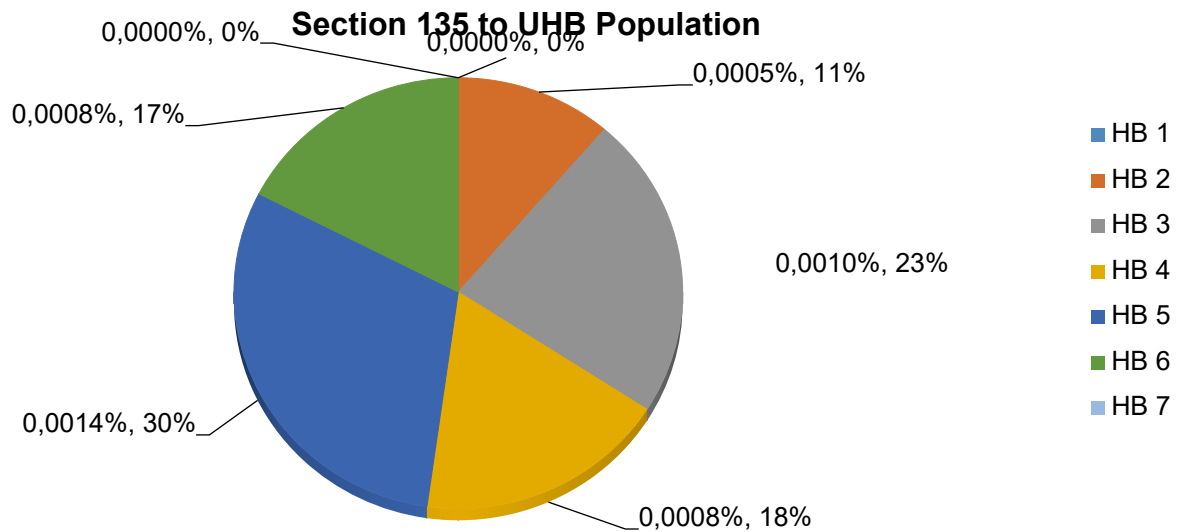


Section 135	0	3	7	4	6	3	0
Section 136 (Hospital)	36	61	130	112	76	42	4
Section 136 (Custody)	0	0	1	0	0	0	1
HB Population	379765	588303	687098	492046	442123	382518	133557

### Section 135 and 136 Compared to Health Board Population (Percentage)



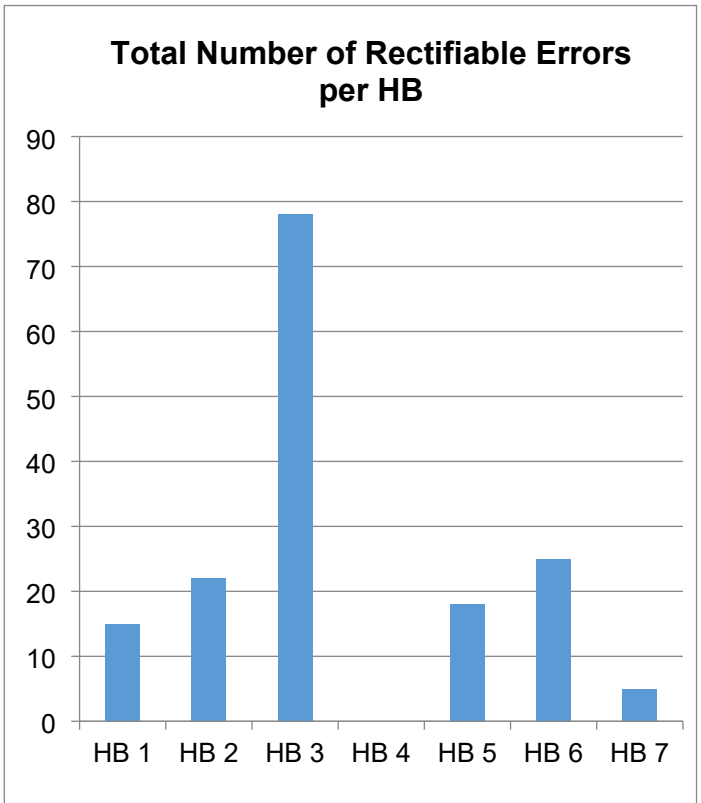
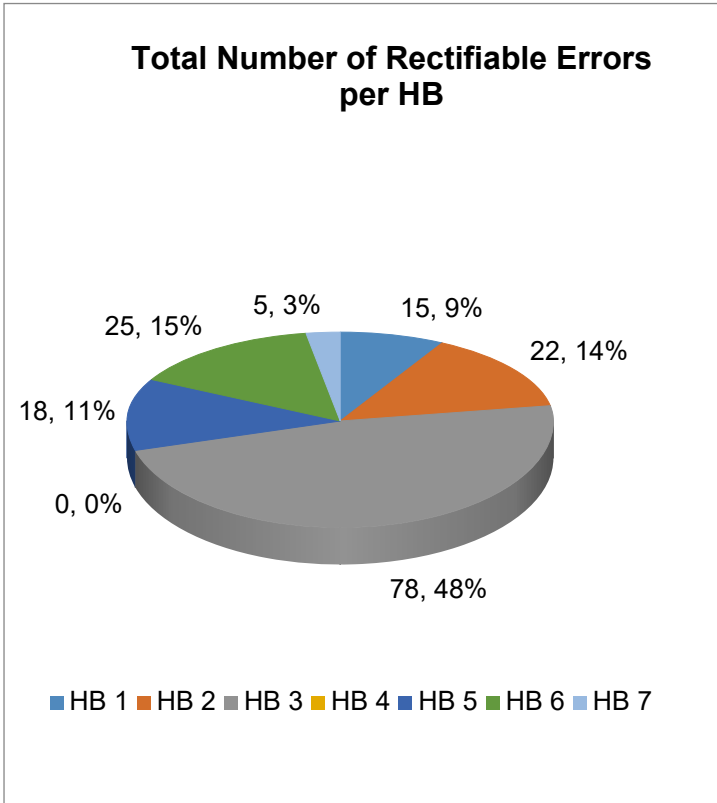
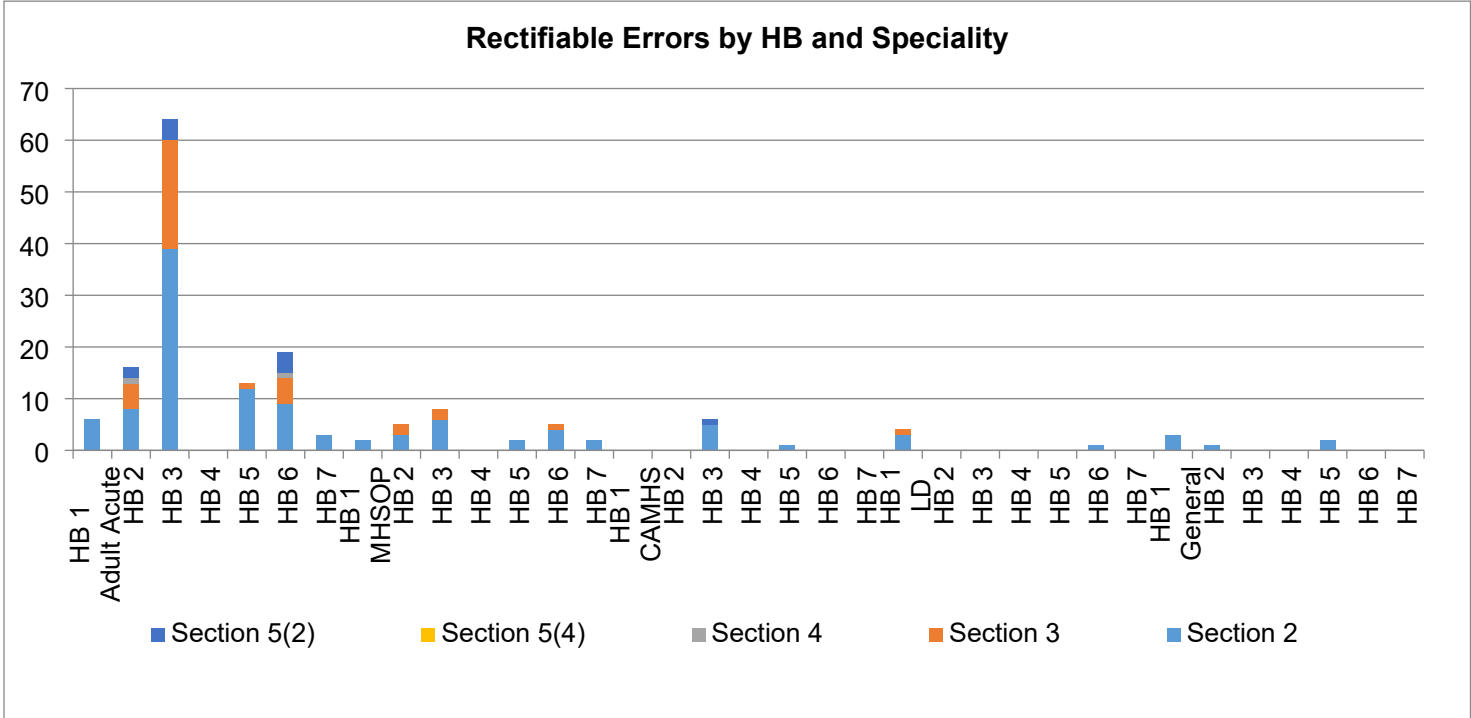
Section 135 to UHB Population	0,0005%	0,0002%	0,0006%	0,0014%	0,0009%	0,0031%	0,0015%
Section 136 (Hospital) to UHB Population	0,0092%	0,0124%	0,0196%	0,0247%	0,0081%	0,0081%	0,0030%
Section 136 (Custody) to UHB Population	0,0000%	0,0000%	0,0004%	0,0000%	0,0000%	0,0003%	0,0007%
HB Population	379765	588303	687098	492046	442123	382518	133557





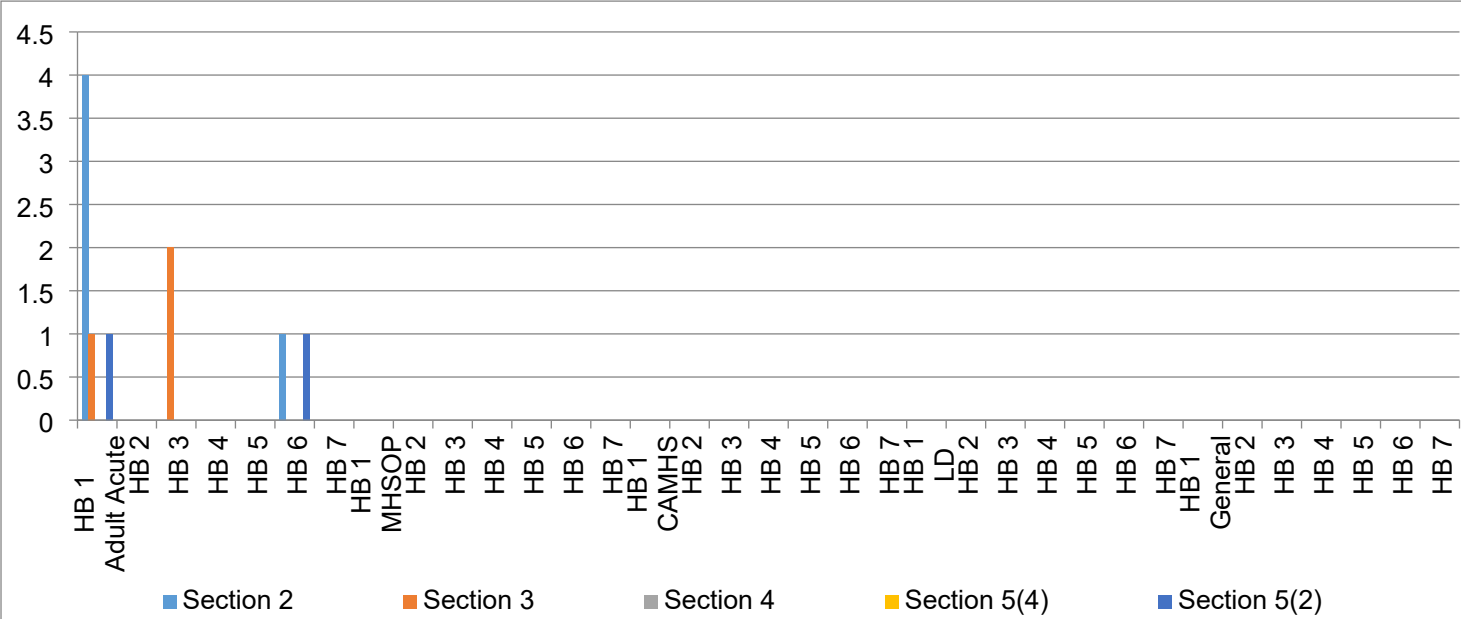
**Rectifiable Errors**

Rectifiable errors by HB and speciality. The large variation in numbers of rectifiable errors is due to differences in the methodology that each Health Board uses to record errors.

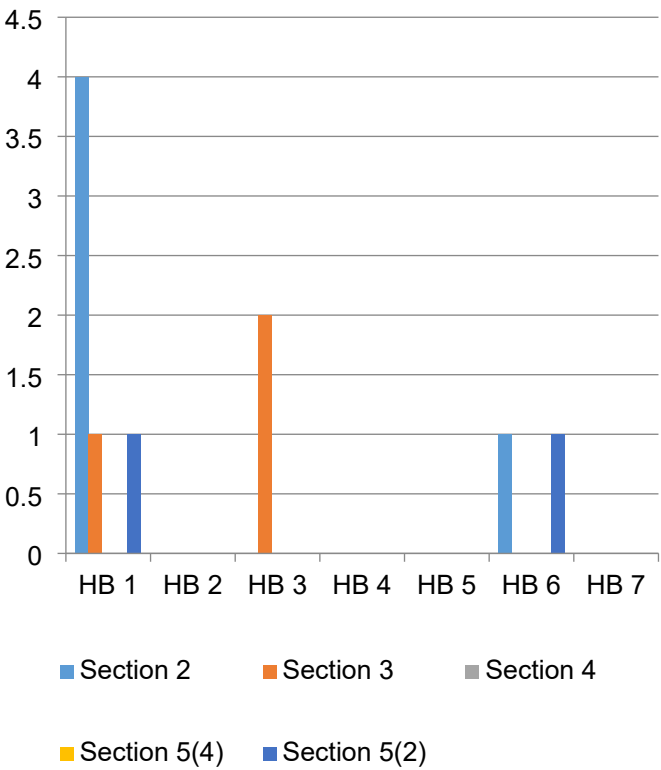


**Fundamentally Defective**

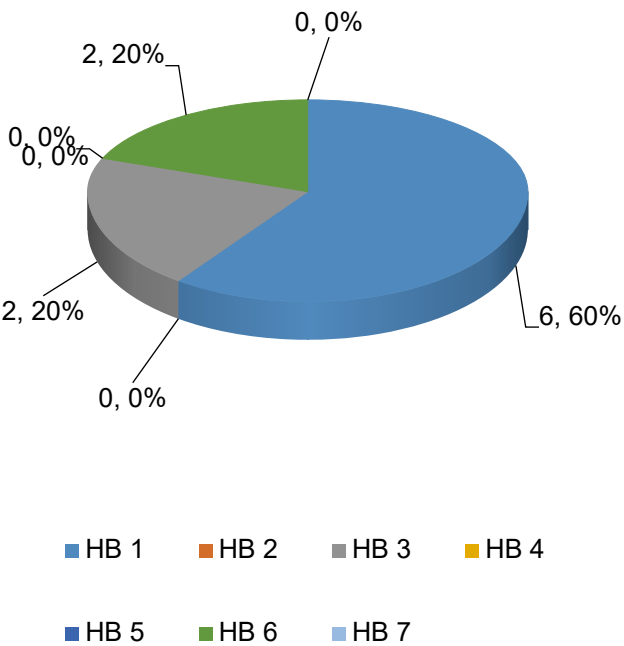
Number of fundamentally defective applications by speciality and HB.



**Fundamentally Defective Applications Per Health Board**

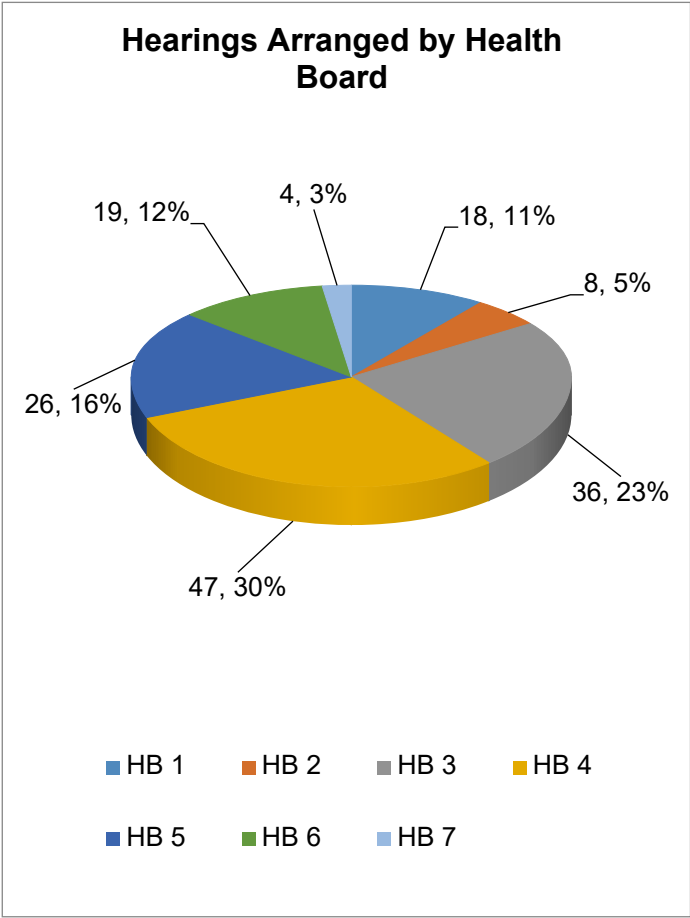
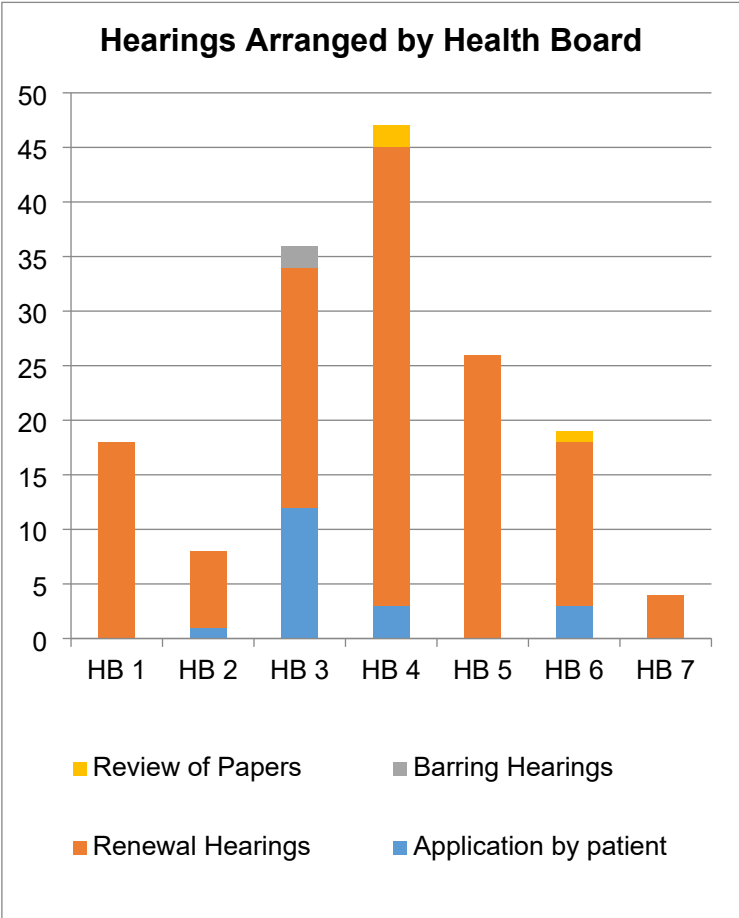
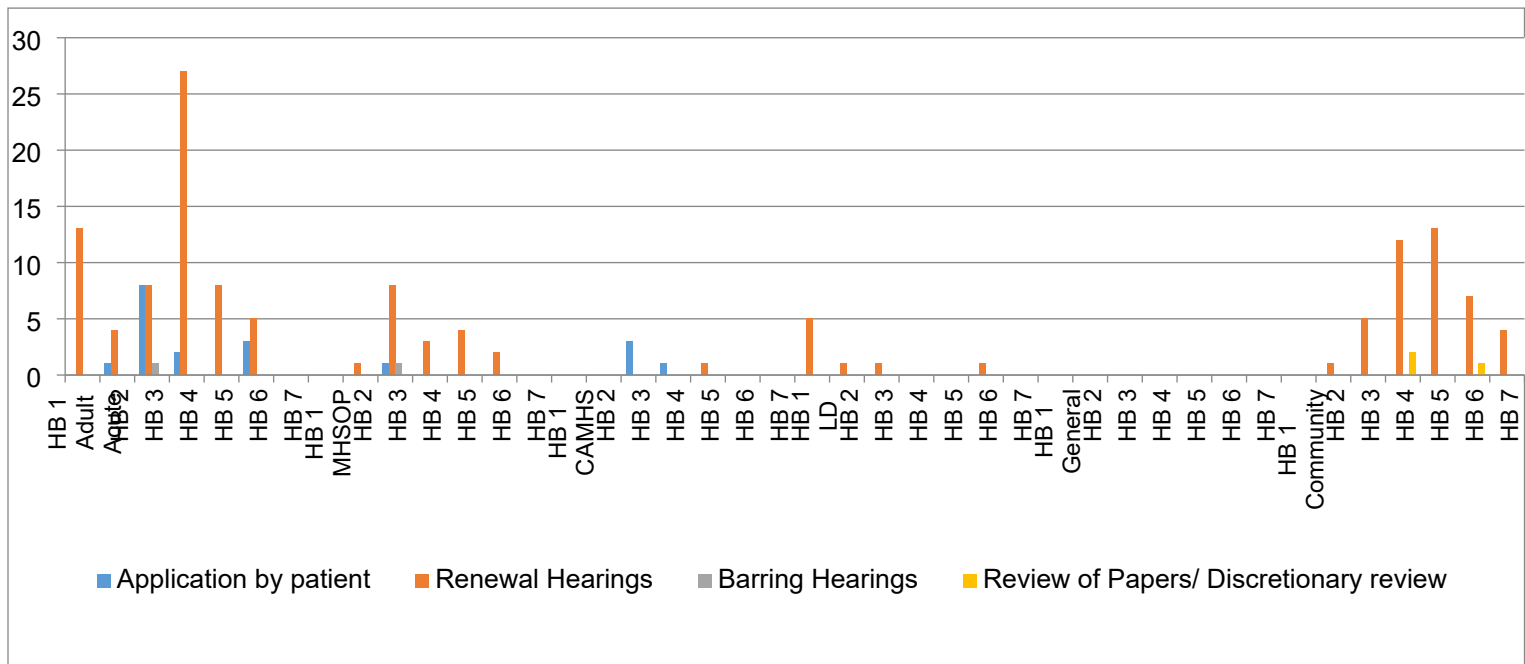


**Fundamentally Defective Applications Per Health Board**

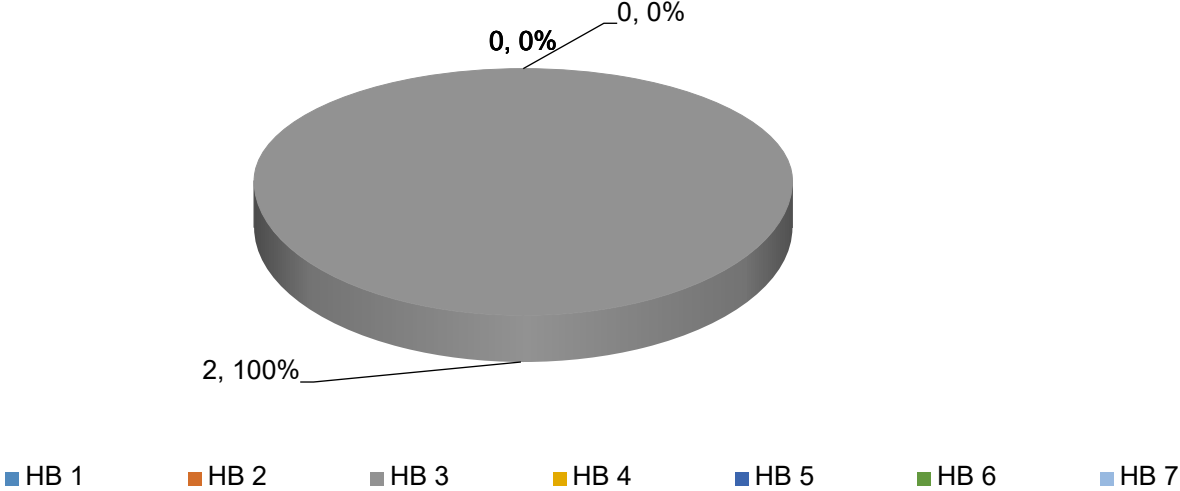


**Hospital Managers Activity**

Hospital Managers' Hearings heard during the period by speciality and HB.

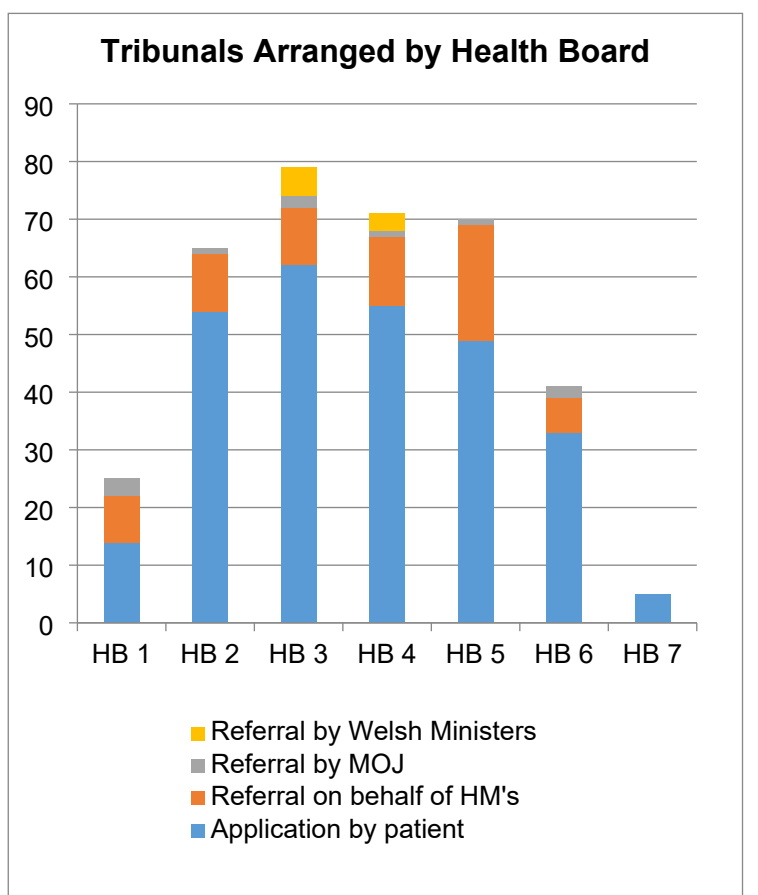
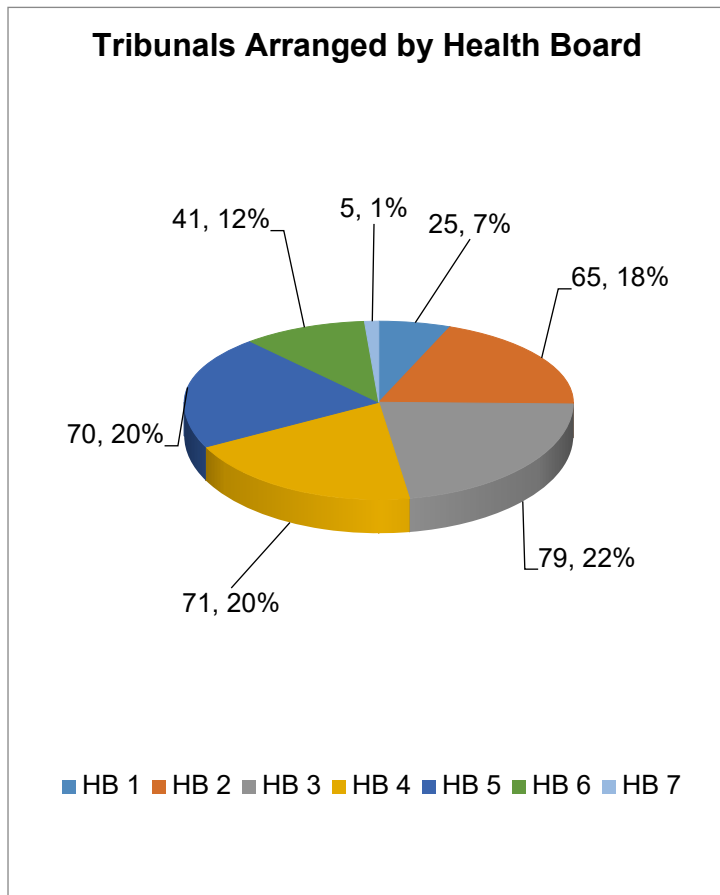
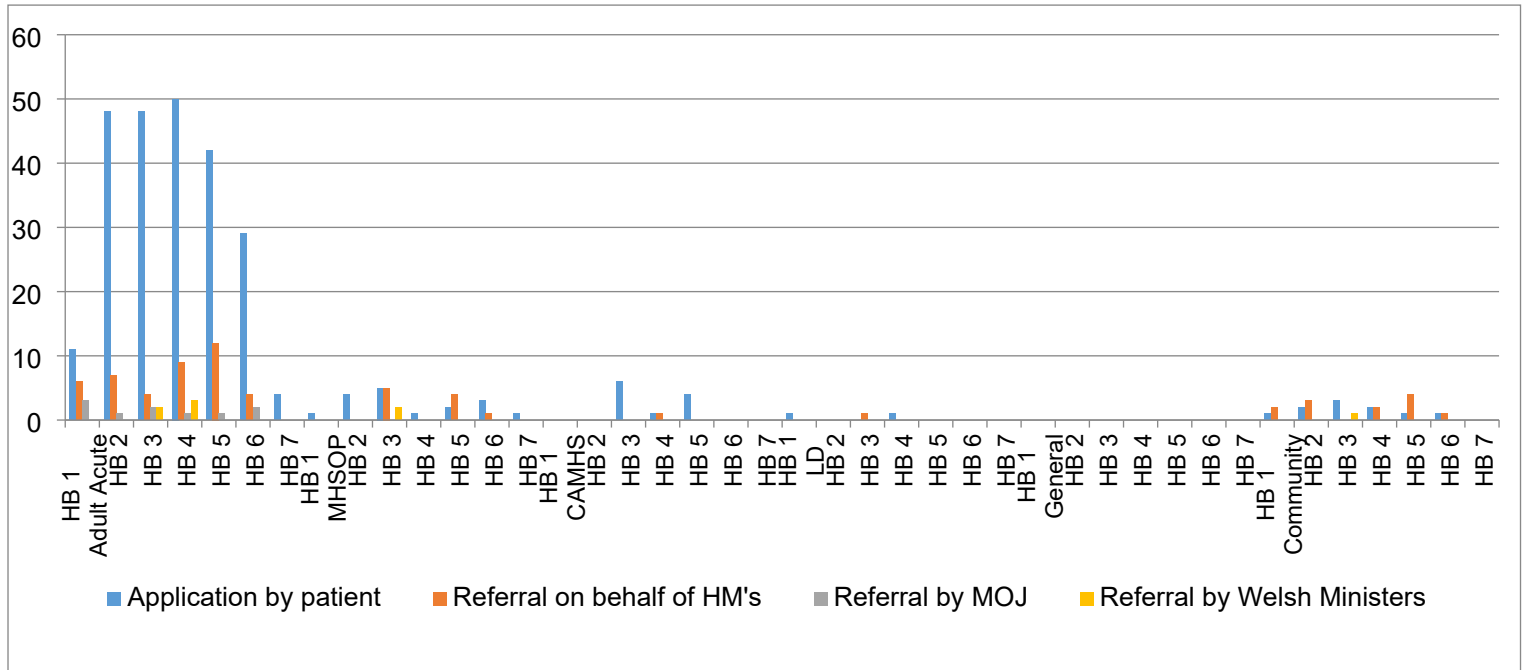


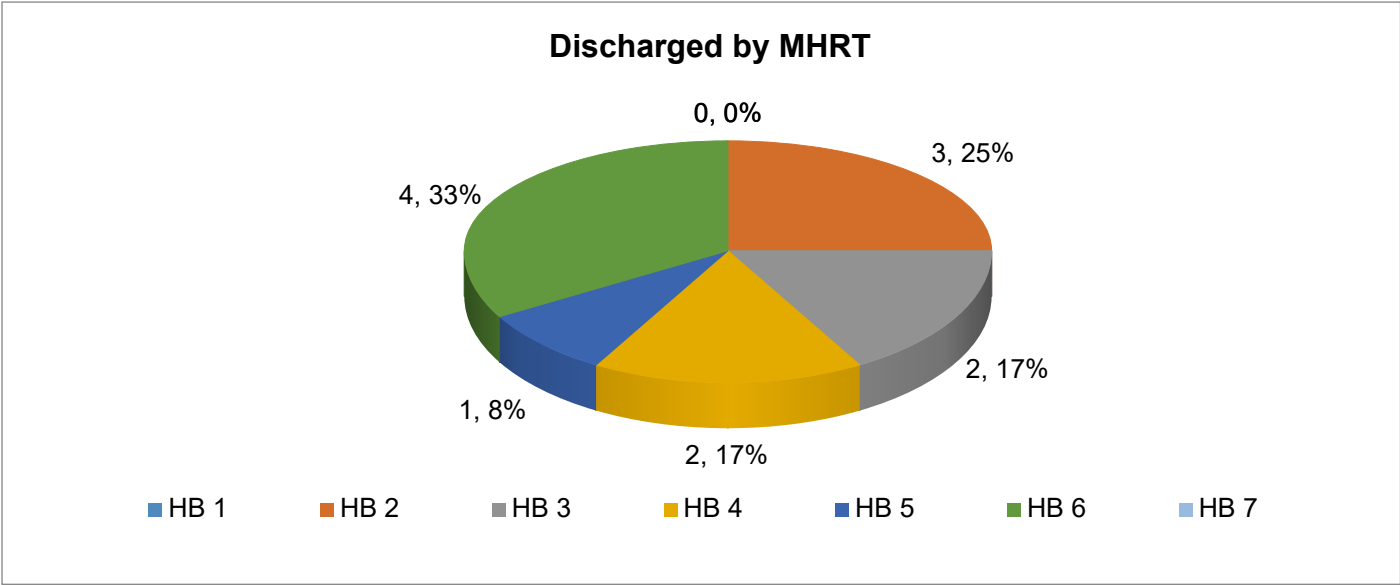
Patients Discharged by Hopsital Managers



## MHRT Activity

Mental Health Review Tribunals arranged during the period by speciality and HB.







## **MENTAL HEALTH ACT MONITORING COMMITTEE PROGRAMME OF BUSINESS 2023/24**

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 2023;
- the Board's Assurance Framework (based on its Annual Objectives for 2022/23 and 2023/24);
- 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 2023/24			
			19 <sup>th</sup> June	5 <sup>th</sup> Sept	6 <sup>th</sup> Dec	21 <sup>st</sup> Feb
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 2023/24	Annually	Chair & Director of CG				✓
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2023/24	Annually	Chair & Director of CG				✓
Annual Review of Committee Effectiveness 2023/24	Annually	Chair & Director of CG				✓
Committee Annual Report 2023/24	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	✓	✓	✓	✓
Items requested by Committee members/internal stakeholders						

KEY	
D of CG	Director of Corporate Governance