


Agenda

4. Items for Information

4.1. Committee Work Plan 2023/24

Attachment *Chair*

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

4.2. Mental Health Act Annual Report 2022/23

Attachment *Head of Quality & Improvement MHLD*

 4.2 MHA Update Report 2022-23 Annual.pdf (26 pages)

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*

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

**MINUTES OF THE MENTAL HEALTH ACT
MONITORING COMMITTEE MEETING**

DATE OF MEETING	Monday 19 th June 2023
VENUE	Microsoft Teams

PRESENT	Pippa Britton- Independent Member, Committee Chair Paul Deneen- Independent Member, Vice Chair
IN ATTENDANCE	Leanne Watkins- Chief Operating Officer Chris O'Connor- Divisional Director of Mental Health & Learning Disabilities (MHL D) Sarah Cadman- Head of Quality Improvement, Mental Health and Learning Disabilities Michelle Forkings- Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing Kavitha Pasunuru- Assistant Divisional Director, Child and Adolescent Mental Health Laura Howells- Principal Auditor, NWSSP
APOLOGIES	Rani Dash- Director of Corporate Governance

MHAMC 1906/1	Preliminary Matters
MHAMC 1906/1.1	Welcome and Introductions The Chair welcomed everyone to the meeting.
MHAMC 1906/1.2	Apologies for Absence Apologies for absence were noted.
MHAMC 1906/1.3	Declarations of Interest There were no declarations of interest raised to record.
MHAMC 1906/1.4	Minutes of the previous meeting Chris O'Connor, Divisional Director of MHL D, requested changes to the following; - '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' should read 'CO advised the Committee that part of the Health Boards overall pathway for Asylum Seekers and Refugees was a mental health component which they can take up if needed.'

	<p>Subject to the above amendments, the minutes of the meeting held on the 9th of March 2023 were agreed as a true and accurate record.</p>
<p>MHAMC 1906/1.5</p>	<p>Committee Action Log- June 2023</p> <p>The Committee received the action log. Pippa Britton (PB), Committee Chair, flagged that all actions listed in the minutes had not been recorded in the action log. Secretariat to update action log to reflect this in readiness for the next meeting. Action: Secretariat</p> <p>PB requested an update on action '<i>MHAMC 0812/07 Mental Health Act Compliance Report: staff uptake on training relating to Duty of Candour to be included in future reports.</i>' requesting assurance on staff uptake on training in the Mental Health division, informing compliance. Leanne Watkins (LW), Chief Operating officer assured members that staff had received the relevant information and training and were applying the Duty of Candour principles. Members were content with action being closed and removed from the log.</p> <p>Members were content with progress made in relation to completed actions and against any outstanding actions.</p>
<p>MHAMC 1906/2</p>	<p>Items for Discussion</p>
<p>MHAMC 1906/2.1</p>	<p>Mental Health Act Compliance Report- including All Wales Benchmarking Data</p> <p>Sarah Cadman (SC), Head of Quality Improvement, Mental Health and Learning Disabilities (MHLD), provided an overview of the report to the Committee, covering the use of the Mental Health Act (MHA) for Quarter 4, January to March 2023.</p> <p>The following key points were highlighted; -</p> <ul style="list-style-type: none"> • There was a slight increase in detentions in Quarter 4, except for Blaenau Gwent and Torfaen. Nothing significant to note. • Data on the use of the MHA across the last six years was included in the report; it was noted that there was a pattern of a higher use of the MHA in July each year. Pippa Britton (PB), Committee Chair, queried what influenced the increase in the use of the MHA in July. SC could not provide specific reasons for July increases, but informed members that discussions and analysis of data took place at divisional level.

	<ul style="list-style-type: none"> Section 2 was the most frequently used section in quarter 4. Members flagged that the use of Section 3 had doubled since the previous quarter. Members requested a longer data set on the use of Section 3 to be included in the next report to determine how much this has increased over the past few years. Action: Head of Quality Improvement, MHL D Data from April 2020 indicated a slight increase in the use of Section 2. Paul Deneen (PD), Independent Member, queried if there was any evidence that indicated that Covid had impacted the use of the MHA. Chris O'Connor (CO), Divisional Director of MHL D, informed members that modelling indicated there would be an impact, but further work would be required to determine if increases were directly related to Covid. Kavitha Pasunuru (KP), Assistant Divisional Director, Child and Adolescent Mental Health (CAHMS), informed members that the rise in the use of the MHA was multifactorial. There had been a decrease in the use of Section 136. SC to discuss this with police colleagues at the next meeting of the MHA Authority Group to determine reasons. Update to come back to the next Committee meeting. Action: Head of Quality Improvement, MHL D <p>PB noted that the report data read February 2023, and requested that future reports included updated data available closer to the meeting date. Action: Head of Quality Improvement, MHL D</p> <p>The Committee RECEIVED the report for ASSURANCE.</p>
MHAMC 1906/2.2	<p>Update from the MHA Managers Group- to include an update on the Recruitment of Hospital Managers (Power of Discharge Committee)</p> <p>The Committee received a verbal update, noting that Mental Health Act Manager recruitment process had commenced in June 2023.</p> <p>Members congratulated Paul Deneen, Independent Member, who had been selected for the role of Chair of the MHA Managers Group.</p> <p>Members were assured that an update from the MHA Managers Group and finalised recruitment would come back to the next meeting.</p>
MHAMC 1906/3	Items for Information

MHAMC 1906/3.1	Committee Annual Report 2022/23 The Committee Annual Report was RECEIVED for INFORMATION .
MHAMC 1906/4	Other Matters
MHAMC 1906/4.1	Items to be Brought to the Attention of the Board and Other Committees There were no items to escalate to the Board and other Committees.
MHAMC 1906/4.2	Any Other Urgent Business There was no urgent business to note and no predicted changes to the Mental Health Act.
MHAMC 1906/4.3	Date of the next meeting is Tuesday 5th September 2023



GIG
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University Health Board

MENTAL HEALTH ACT MONITORING COMMITTEE ACTION LOG

Outstanding

In Progress

Not Due

Completed

**Transferred to another
Committee**

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
8 th December 2022	MHAMC 0812/07	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.	Assistant Divisional Director, Child & Adolescent Mental Health	Sept 2023	Following discussion, it was agreed that this would be better placed with the RPB. The September meeting of the RPB would focus on CYP emotional and mental health. Complete
9 th March 2023	MHAMC 0903/07.2	Mental Health Act Compliance Report: Section 135 and 136 was proving difficult to obtain from the Local Authority and Police. Number of applications on the	Head of Quality and Improvement for Mental Health and Learning Disabilities	March 2024	This action is being progressed through the MH Delivery Group, which includes local authority and police partners.



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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		data to be included in future reports.			
9 th March 2023	MHAMC 0903/07.3	Mental Health Act Compliance Report: Members requested MH teams capture data on asylum seekers and refugees accessing Mental Health Services, to show early signs of trends and patterns emerging with difficulties in accessing and using the Service.	Assistant Divisional Director, Child & Adolescent Mental Health/ Head of Quality and Improvement for Mental Health and Learning Disabilities	Sept 2023	Verbal update to be provided at the September meeting.
9 th March 2023	MHAMC 0903/08.1	Update from the Mental Health Act (MHA) Managers Group- including an update on the Recruitment of Hospital Managers (Power of Discharge Committee): Draft policy on the recruitment of Hospital Managers to be shared with members for comment.	Head of Corporate Governance		Complete. Policy approved by the Committee and published

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
9 th March 2023	MHAMC 0903/08.2	Update from the Mental Health Act (MHA) Managers Group- including an update on the Recruitment of Hospital Managers (Power of Discharge Committee): Members discussed 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.	Director of Corporate Governance		Chair of the Power of Discharge Committee appointed. Complete
19 th June 2023	MHAMC 1906/2.1.1	Mental Health Act Compliance Report- including All Wales Benchmarking Data: Members requested a longer data set on the use of Section 3 to be included in the next report to determine how much this has increased over the past few years.	Head of Quality and Improvement for Mental Health and Learning Disabilities	Sept 2023	Included in the September MHA Compliance Report. Complete

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
19 th June 2023	MHAMC 1906/2.1.2	Mental Health Act Compliance Report-including All Wales Benchmarking Data: The Head of Quality Improvement to discuss the decrease in the use of Section 136 with police colleagues at the next meeting of the MHA Authority Group. An update on the reasons for the decrease in the use of Section 136 to come back to the next Committee meeting.	Head of Quality and Improvement for Mental Health and Learning Disabilities	Sept 2023	Verbal update to be provided by the Head of Quality and Improvement for Mental Health and Learning Disabilities at the September meeting.
19 th June 2023	MHAMC 1906/2.1.3	Mental Health Act Compliance Report-including All Wales Benchmarking Data:	Head of Quality and Improvement for Mental Health and Learning Disabilities	Sept 2023	Included in the September MHA Compliance Report. Complete

MENTAL HEALTH ACT MONITORING COMMITTEE ACTION LOG

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		The Committee Chair requested that data presented to the committee reflect dates closer to the meeting itself.			

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.



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 September 2023
CYFARFOD O: MEETING OF:	Mental Health Act Monitoring Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Act Update Report Q1 2023-24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Amelia James/ Sarah Cadman

Pwrpas yr Adroddiad Purpose of the Report

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 1, April – June 2023/24 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.

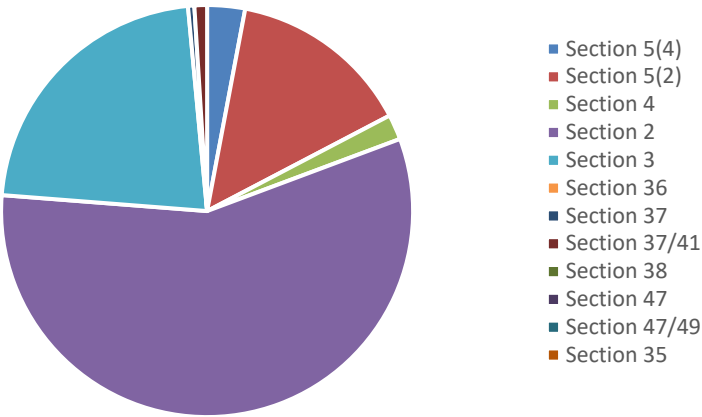
Cefndir / Background

The report presents data for the first quarter of 2023/24 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.

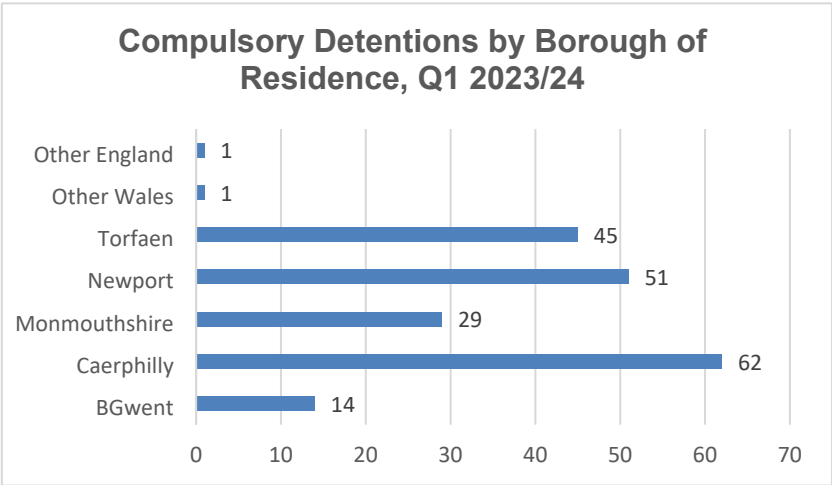
1. In-Patient MHA Activity, Q1 2023/24

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

Total Compulsory Admissions
Q1 2023/24, April - June



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 and Caerphilly had the highest number of detentions per population.



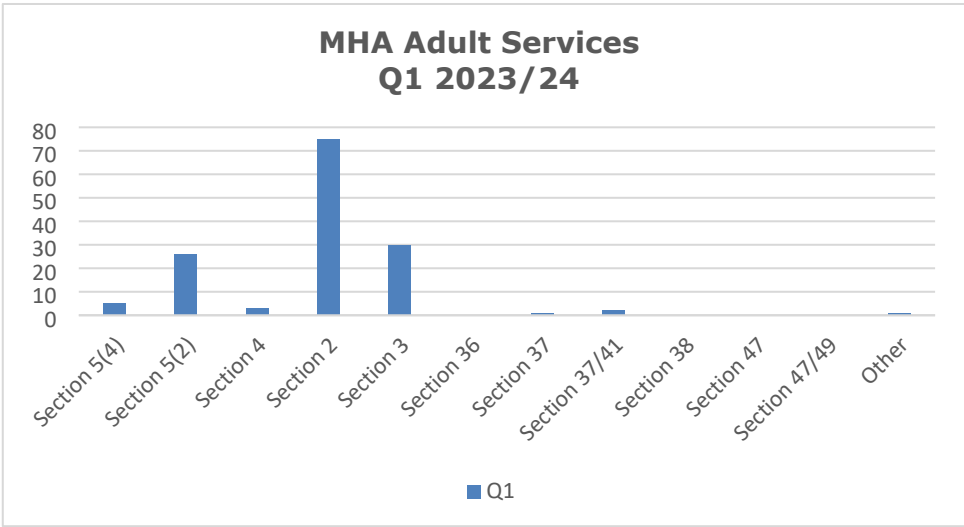
Borough	Detentions Q1 2023/24	Population (000's)	Detentions per 1,000 population Q1 2023/24 (Previous Qtr.)
Caerphilly	62	176	0.4 (0.4)
Newport	51	159	0.3 (0.4)
Blaenau Gwent	14	66	0.2 (0.2)
Torfaen	45	92	0.5 (0.4)
Monmouthshire	29	93	0.3 (0.2)

In comparison to the previous quarter, there has been a slight decrease in the overall number of patients detained under the Act. Compared to the same quarter of last year (22/23) there has been a slight increase, but not of statistical significance.

Section	Q1 2022/23	Previous Quarter	Q1 2023/24
Section 5(4)	8	6	6
Section 5(2)	23	32	29
Section 4	0	4	4
Section 2	122	116	115
Section 3	38	51	45
Total	194	212	203

• **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 (52%) of all admissions are under Section 2 (Assessment) of the MHA, with 21% of detentions under section 3 (Treatment). 21% of all adult detentions were under Section 5 of the Act. There was an overall decrease in the number of detentions compared to the previous quarter.



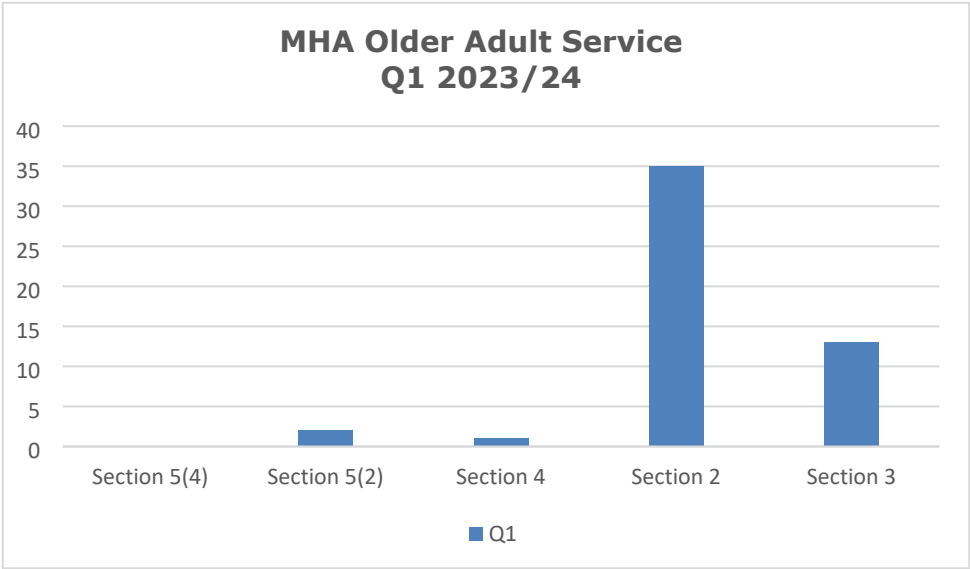
Section	Previous Quarter	Q1 2023/24
Section 5(4)	5	5
Section 5(2)	29	26
Section 4	1	3
Section 2	81	75
Section 3	35	30
Section 36	1	0
Section 37	0	1

Section 37/41	1	2
Section 38	0	0
Section 47	0	0
Section 47/49	1	0
Other*	0	1
TOTAL	154	143

*Section 48/49

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

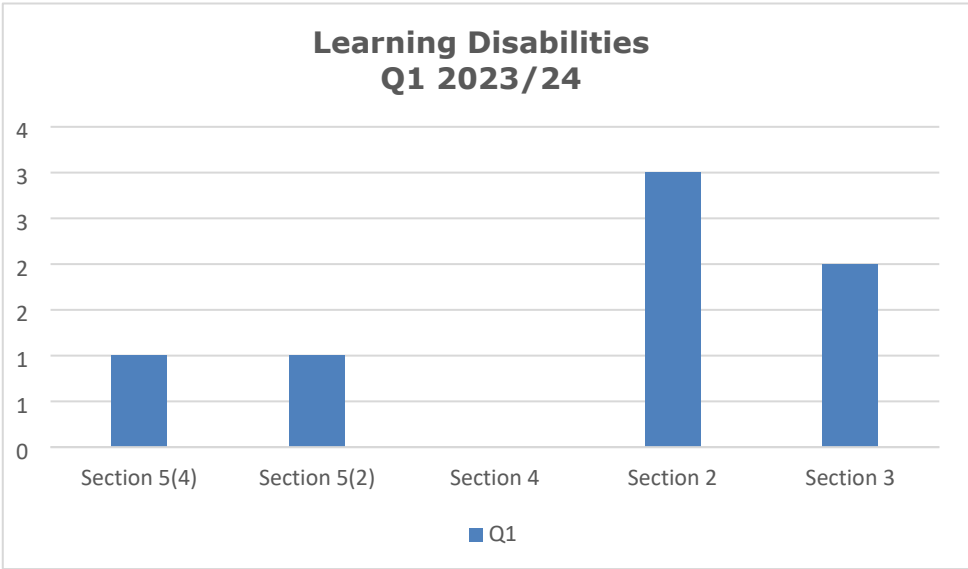
Within the older adult population patients admitted and detained, 94% were admitted under Sections 2 or 3 of the MHA with 4% (2 people) admitted under Section 5 provision and 2% (1 person) admitted under Section 4. There was no change in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q1 2023/24
Section 5(4)	1	0
Section 5(2)	1	2
Section 4	3	1
Section 2	31	35
Section 3	15	13
TOTAL	51	51

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

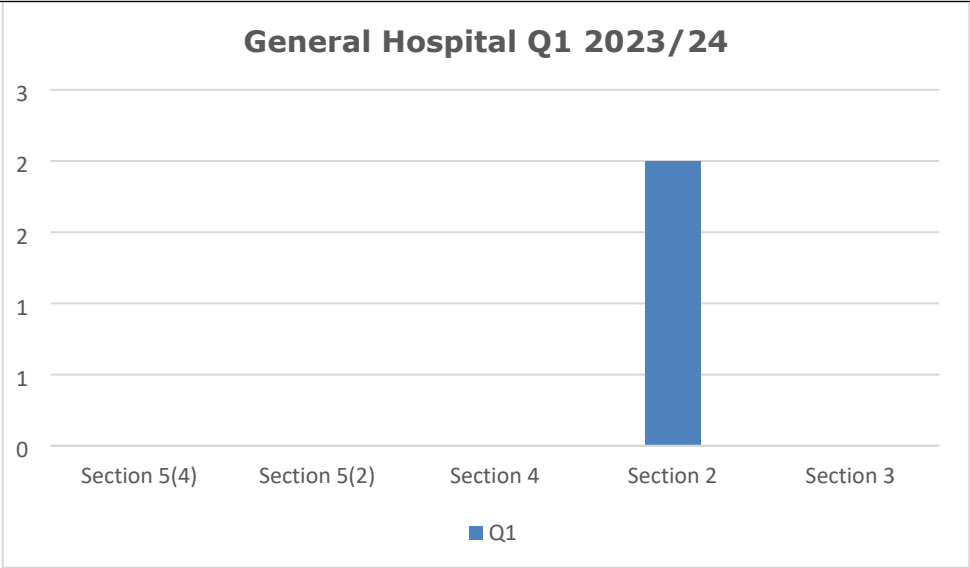
For individuals with a learning disability requiring admission under the MHA, 72% (5 people) were admitted under Sections 2 or 3 of the MHA with 28% (2 people) admitted under Section 5 provision. There was an overall increase in detentions compared to the previous quarter.



Section	Previous Quarter	Q1 2023/24
Section 5(4)	0	1
Section 5(2)	1	1
Section 4	0	0
Section 2	1	3
Section 3	0	2
TOTAL	2	7

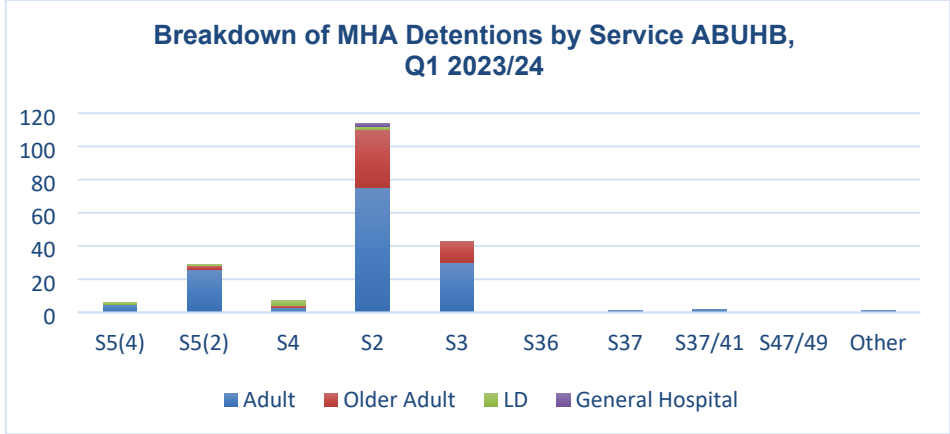
• **General Hospital Compulsory Admissions Under the MHA (1983)**

For patients detained under the MHA in a General Hospital setting, all were admitted under Section 2 of the MHA. There was an overall decrease in the number of detentions compared to the previous quarter.



Section	Previous Quarter	Q1 2023/24
Section 5(4)	0	0
Section 5(2)	1	0
Section 4	0	0
Section 2	3	2
Section 3	1	0
TOTAL	5	2

The below chart shows the total MHA detentions broken down by service for quarter 1, 2023/24.

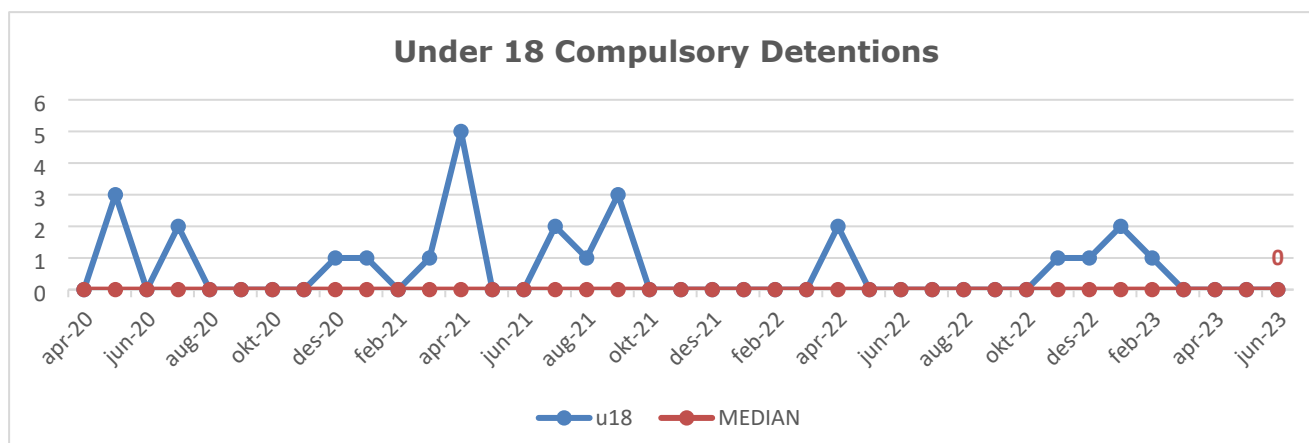


• **Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

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 was a 100% increase in the number of under 18 detentions taking place in quarter 1 in comparison to the previous quarter.

Under 18 years Detentions	Previous Quarter	Q1 2023/24
Section 5(4)	2	0
Section 5(2)	1	0
Section 2	0	0
Section 3	0	0
CTO	0	0
TOTAL	3	0



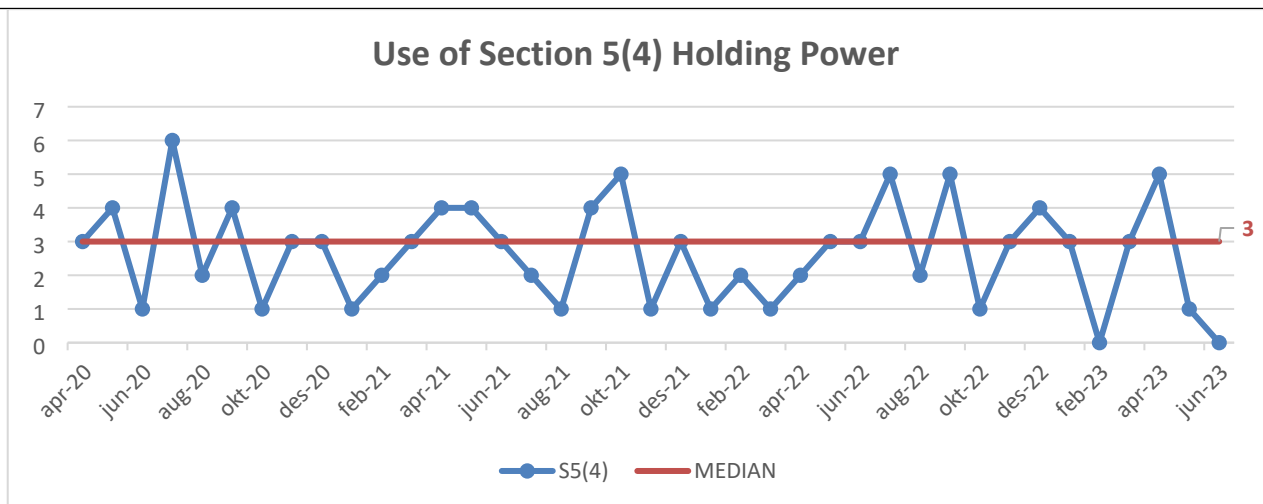
A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision 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 2020 to June 2023

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

• Use of Section 5 Holding Powers

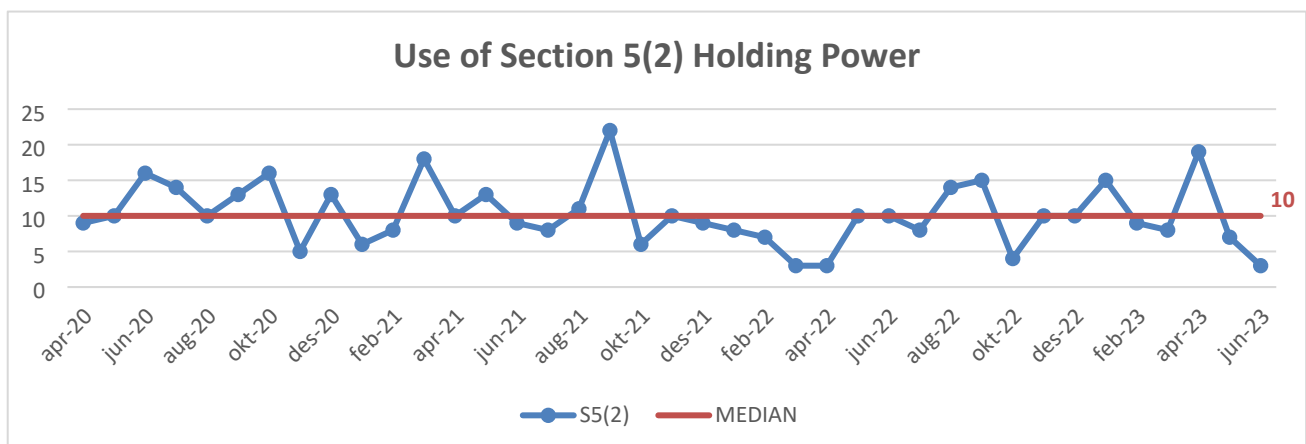
The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 6 uses of this holding power over the quarter with all 6 (100%) of these resulting in a doctor/approved clinician detaining the patient under Section 5(2).



Outcome of Section 5(4) – Q1 2023/24

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

The use of Section 5(2) resulted in 59% of patients being detained under section 2, 7% being detained under section 3 and 34% ending or lapsing without further detention under the MHA.



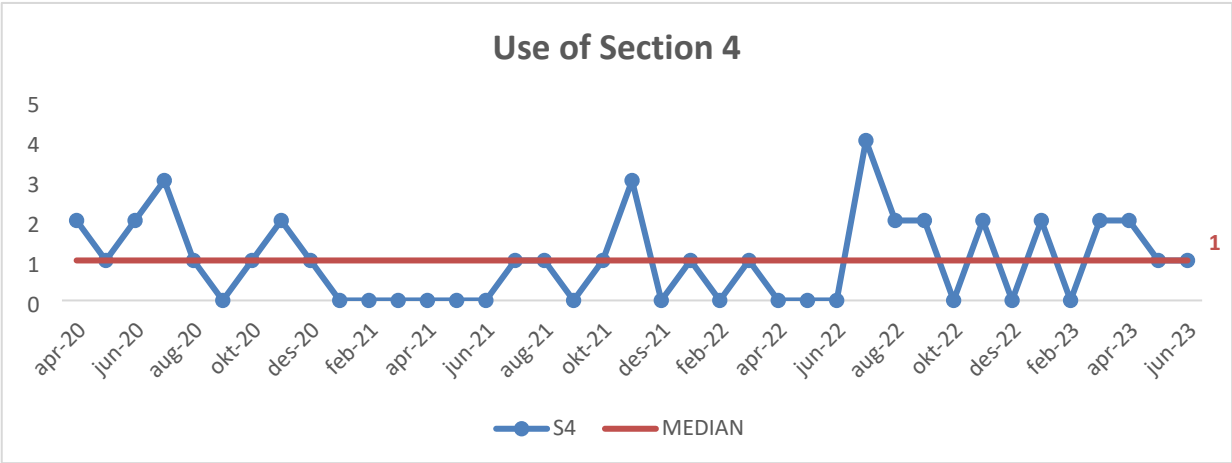
Outcome of Section 5(2) – Q1 2023/24

Outcome	Total
Lapsed	4
Ended	6
Section 2	17
Section 3	2
Total	29

• **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 the use of Section 4 has remained steady over the past 6 months. Section 4 was used on 4 occasions this quarter (Q1).



The main outcome of the use of Section 4 is that the individual will normally be placed on a Section 2 (admission for assessment), 75% of cases in this quarter.

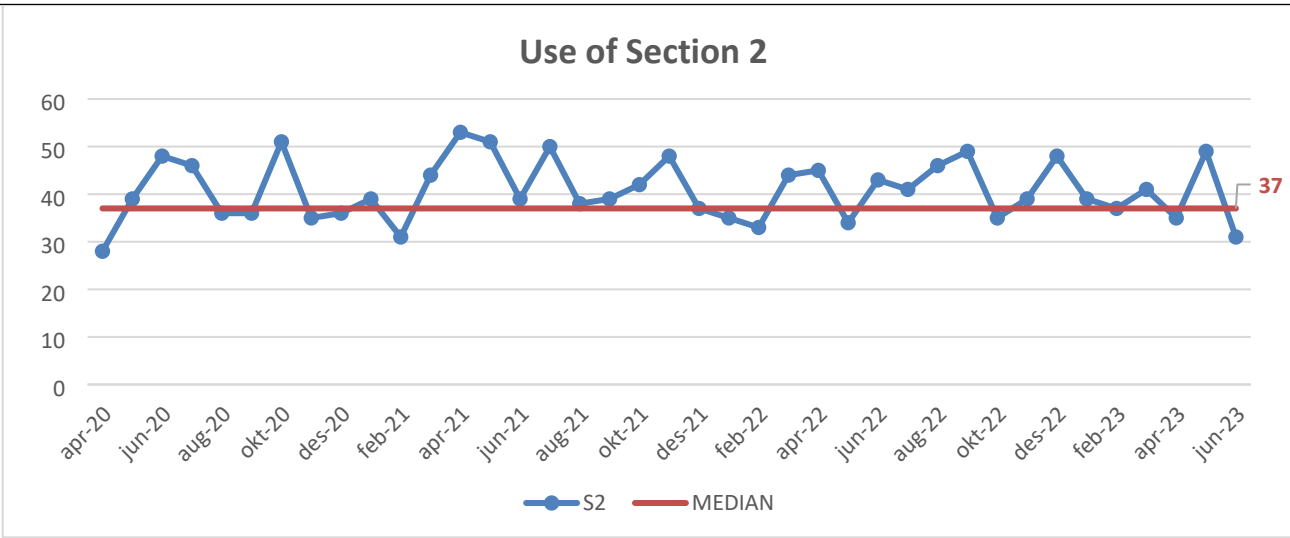
All 4 uses of section 4 this quarter are proportionate and reasonable in the circumstances

Outcome of Section 4 – Q1 2023/24

Outcome	Total
Discharged	1
Section 2	3
Total	4

• **Use of Section 2**

57% 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, Q1 2023/24

Outcome	Total
Expired	10
Regraded S3	21
Transferred	1
Died	1
Ended: 0-3 days	6
Ended: 4-14 days	27
Ended: 15-28 days	49
Total	115

A total of 115 detentions were made using Section 2, with 65% of these in adult mental health services, 30% in older adult, 3% in learning disabilities and 2% in a general hospital setting.

Of the total 115 patients detained under Section 2:

- 21 (18%) were regraded to Section 3
- 1 (1%) were transferred out of the Health Board during the Section 2
- 1 (1%) died during the Section 2

Of the remaining 92 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

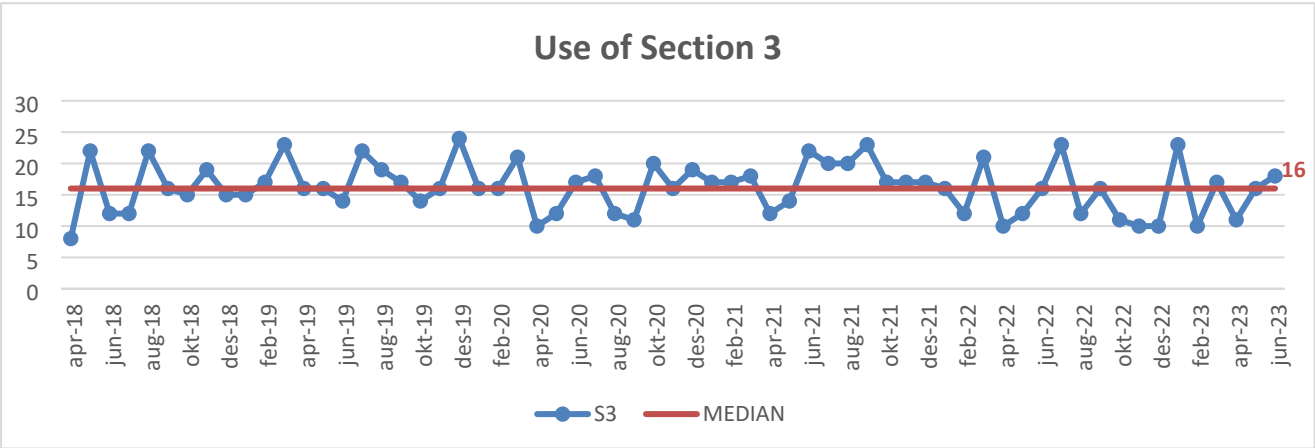
- 0-3 days 6 (5%) were detained between 0-3 days
- 4-14 days 27 (23%) were detained between 4-14 days
- 15-28 days 49 (43%), were detained between 15-28 days

Of this cohort, 10 (9%) detentions were allowed to lapse. This is a 9% decrease, compared to the last quarter. It is considered allowing a Section 2 to lapse as poor practice, as it raises the question whether the patient met the criteria to be discharged at an earlier stage of the detention. Where detentions are allowed to lapse the MHA Administration Department highlights this issue to the relevant medical and ward staff.

- **Use of Section 3**

21% of all detained admissions were admitted under Section 3 during the quarter. A total of 45 detentions were made using Section 3, with 67% of these in adult mental health, 29% in older adult mental health and 4% in learning disabilities.

The committee requested a longer timeframe to analyse use of Section 3 over time. The graph below shows use of s3 across the Health Board over 5 years. The graph shows that whilst there is some variance from month to month and quarter to quarter, use of s3 is consistently within expected controls over the last 5 years and continues to be into this year.



Of the total 45 patients detained under Section 3:

- 24 (53%) detentions remained as ongoing detentions as of 18.08.2023
- 15 (33%) detentions were ended as of 18.08.2023
- 3 (7%) detentions were regraded to CTO
- 3 (7%) detention was transferred

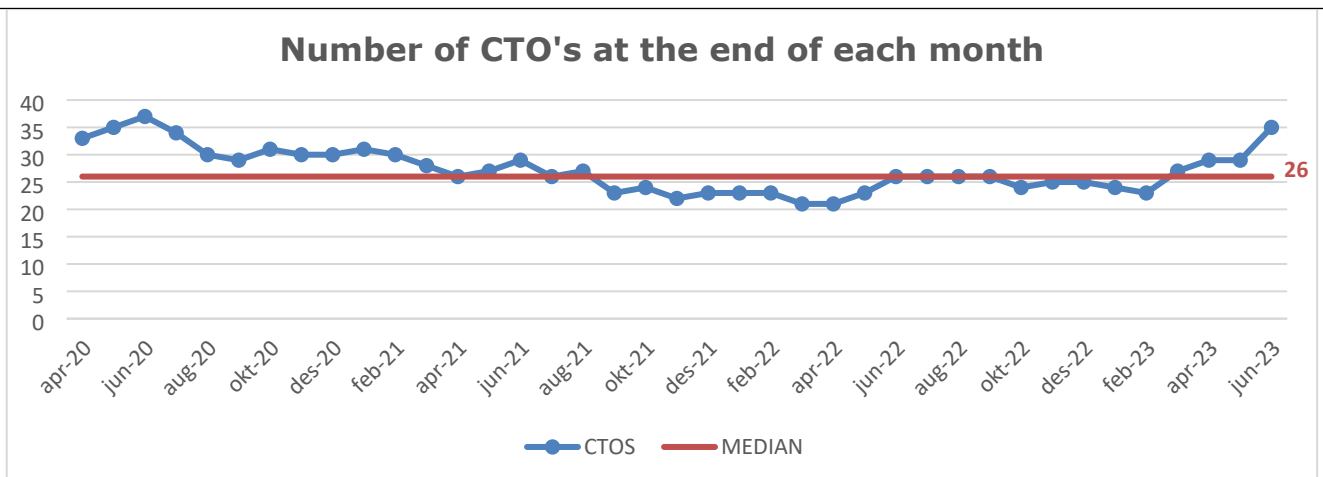
• **Renewal of In-patient Detentions under the MHA (1983)**

The table below shows that the number of renewals of inpatient detentions decreased 22% during the quarter compared to the previous period.

Section	Previous Quarter	Q1 2023/24
Section 3 renewal	8	6
Section 37 renewal	1	0
Section 47 renewal	0	1
TOTAL	9	7

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

The number of Community Treatment Orders at the end of each month has increased by 27%, from 27 at the end of quarter 4, 2022/23 to 35 at the end of quarter 1, 2023/24.



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

Community Treatment Orders (CTOs)

Section	Power	Previous Quarter	Q1 2023/24
17A	CTOs made	7	13
	CTOs extended	4	4
	Recalled to hospital and not admitted	0	1
	Recalled to hospital and revoked	4	2
	Discharged from CTO	3	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	Q1 2023/24
Unlawful Detentions	0	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	Q1 2023/24
Failed Medical Scrutiny	0	0

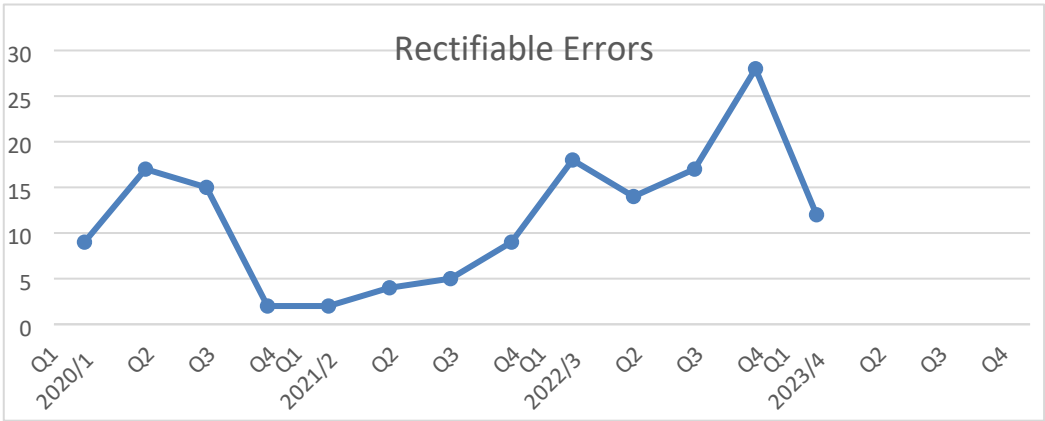
• **Rectifiable Errors on Documents**

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

There has been a 57% decrease in the number of rectifiable errors this quarter, demonstrating that there has been an improvement. There is still a need for continued awareness 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. This has been raised with the Senior Psychiatrists Committee for awareness, vigilance and action

	Previous Quarter	Q1 2023/24
Rectifiable errors on document	28	12

The chart below shows rectifiable errors per quarter over the past three years. It can be seen that there was a significant reduction in rectifiable errors in 2021-2, with an increase in 2022-3. The first quarter of 2023-4 demonstrates a significant reduction which will continue to be monitored.



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.

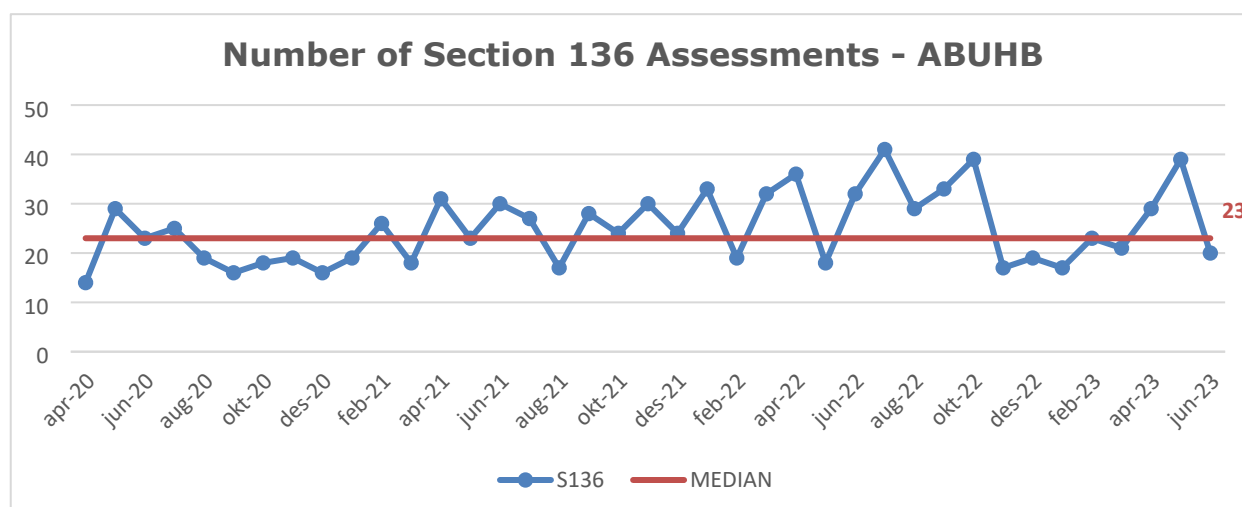
Use of Section 135, Q1 2023/24

Section 135 of the MHA	Previous Quarter	Q1 2023/24
Assessed and admitted informally	1	1
Assessed and discharged	0	0
Assessed and detained under Section 2	2	7
Assessed and detained under Section 3	0	1
Assessed and CTO Revoked	0	0
Other	0	0
Total	3	7

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.



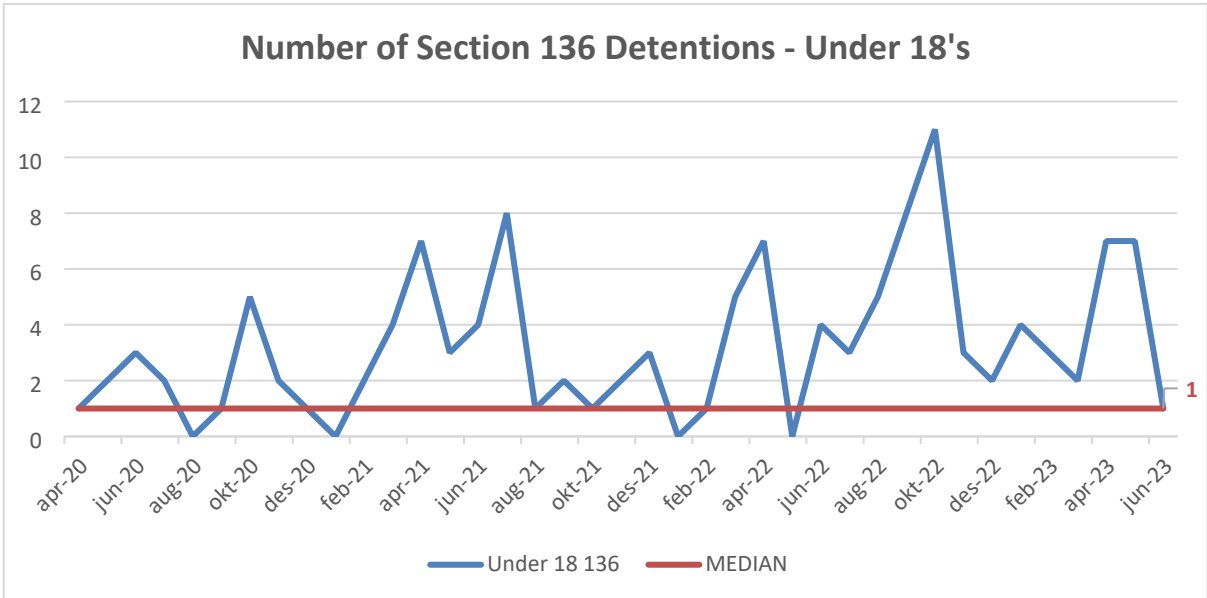
A breakdown of the outcome of 136 assessments is shown in the table below. A total of 87 assessments were undertaken. 1 detention lapsed due to physical health overtaking mental health need and the assessment did not take place in this case. Of those assessed 37% were admitted, with 78% of those admitted being formally detained. 17% of individuals assessed were discharged with no follow up required, while 46% were discharged with a follow up plan in place.

Use of Section 136, Q1 2023/24

Section 136 of the MHA	Previous Quarter	Q1 2023/24
Assessed and admitted informally	11	7

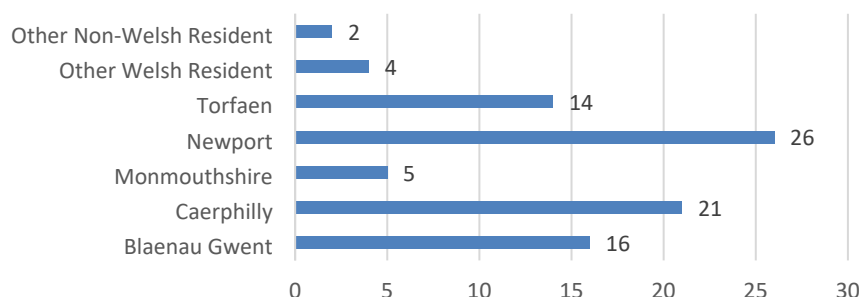
Assessed and detained under Section 2	18	24
Assessed and detained under Section 3	0	0
Assessed and detained under Section 4	0	1
Discharged – no follow-up required	9	15
Discharged – with follow-up plan	23	40
Section 136 lapsed	1	1
TOTAL	62	88

A breakdown of the number of under 18’s undergoing 136 assessment is shown in the graph below. The graph shows that the number of under 18’s undergoing assessment has increased by 67% in quarter 1.



A breakdown of assessed patients by borough shows that Newport and Caerphilly had higher demand than other boroughs, together accounting for 54% of all assessments.

S136 Arrests by Borough of Residence Q1 2023/24

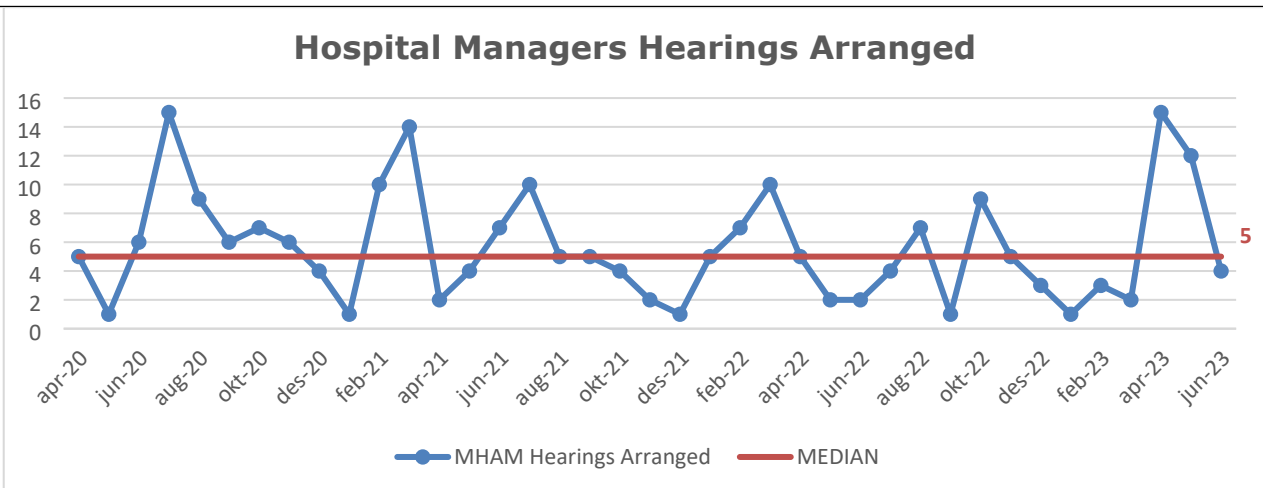


A breakdown of all 88 events shows that the majority of patients were male patients; alcohol and/or drugs being a related factor in 36% of all cases; 15% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Previous Quarter	Q1 2023/24
TOTAL	N=62	N=88
Gender:		
% Male	53%	51%
% Female	47%	49%
Place of Safety:		
% Hospital	98%	98%
% Police Station	2%	2%
% Under 18 Years	15%	15%
Use of Illicit Substances:		
% Alcohol	21%	24%
% Drugs	8%	3%
% Both Alcohol and Drugs	3%	9%
Where Assessment took place:		
% Hospital	98%	99%
% Police Station	0%	0%
12 Hour extension required /granted	0%	1%

5. Mental Health Act Managers Hearings

There has been a 158% 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 27 hearings held during the quarter.



A summary of activity and outcome of hearings is provided in the table below.

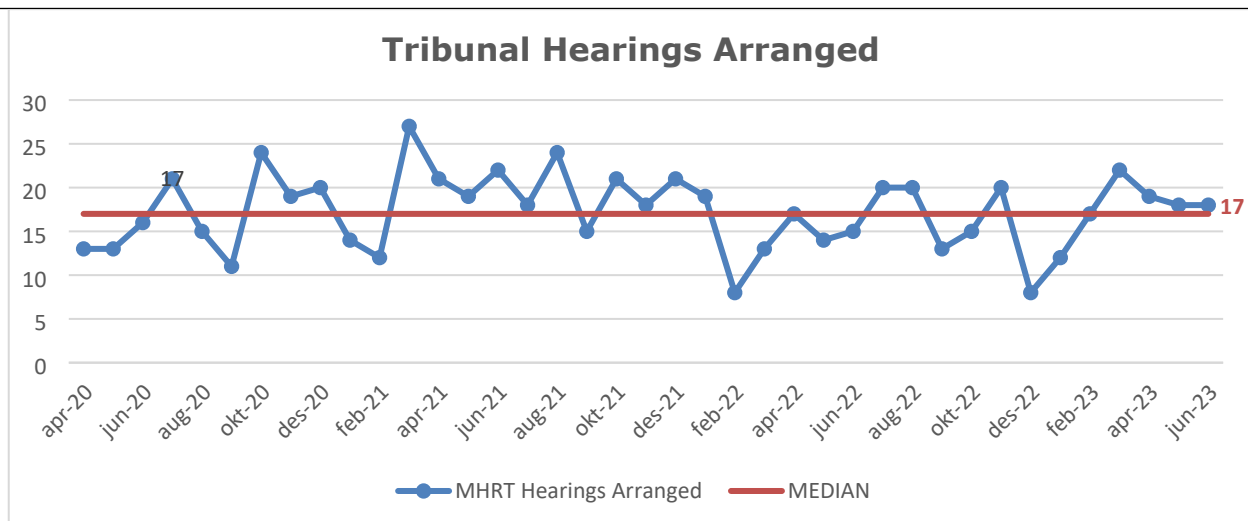
Mental Health Act Manager Review Hearings

Hospital Manager Hearings	Previous Quarter	Q1 2023/24
Applications by patient – Inpatient	1	0
Applications by patient – CTO	0	0
Renewal Hearing Applications – Inpatient	5	12
Renewal Hearing Applications – CTO	1	2
Barring Hearings	0	0
Hearing cancelled before being heard	5	4
Hearing held - Patient Discharged by Hospital Managers	0	0
Hearing held – Section continued	7	27

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 an 8% increase in the number of hearings arranged in Q1 in comparison to the previous quarter.



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	Q1 2023/24
Applications by patient – Inpatient	51	45
Applications by patient – CTO	2	1
Renewal Hearing Applications – Inpatient	7	6
Renewal Hearing Applications – CTO	4	1
Referral by MOJ	2	4
Referral by Welsh Ministers	0	1
Outcomes: Hearing Cancelled before being heard	28	32
Outcomes: Patient Discharged by MHRT	3	1
Outcomes: Section Continued	20	22

This shows that a significant number of Tribunals continue to be cancelled before being heard. 1 patient was 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 Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 4. Dignified Care 7.1 Workforce 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Mental Health Act (1983) Mental Health Act Code of Practice for Wales (Revised 2016)
Rhestr Termau: Glossary of Terms:	<p>Informal patient: Someone who is being treated for mental disorder in hospital and who is not detained under the Act.</p> <p>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).</p> <p>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</p>

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: 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.

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.

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.

Section 3: 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.

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.

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.

Section 37: Section 37 provides for a court to sentence a person to hospital for treatment (or guardianship) for up to six months.

The criteria and resulting admission work in the same way as a section 3 except for the appeal process. A section 37 patient has:

- 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.
- 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 48: Also known as a 'Transfer Direction'. Enables the Secretary of State, on the advice of two doctors, to remove a prisoner awaiting sentencing to hospital for treatment of a serious mental health problem.

Section 48/49: As Section 48, but with special restrictions added for that transfer.

Section 49: Also known as a 'Restriction Direction'. Enables the Secretary of State for Justice to add an order restricting the patient's discharge from hospital.

Section 17A, Community Treatment Order: 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

	<p>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"> • ensuring the patient receives medical treatment • preventing the risk of harm to the patient's health or safety • 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>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements</p> <p>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 ABB.EDI@wales.nhs.uk</p>

<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>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</p> <p>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</p>
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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 th June	5 th Sept	6 th Dec	21 st 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



CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 September 2023
CYFARFOD O: MEETING OF:	Mental Health Act Monitoring Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Act Update Annual Report 2022/23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins
SWYDDOG ADRODD: REPORTING OFFICER:	Amelia James/ Sarah Cadman

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 the last financial year (2022-23) and provides a comparison of activity over the previous year. Where available, other information sources will be used in order to highlight any trends, patterns or variation over time.

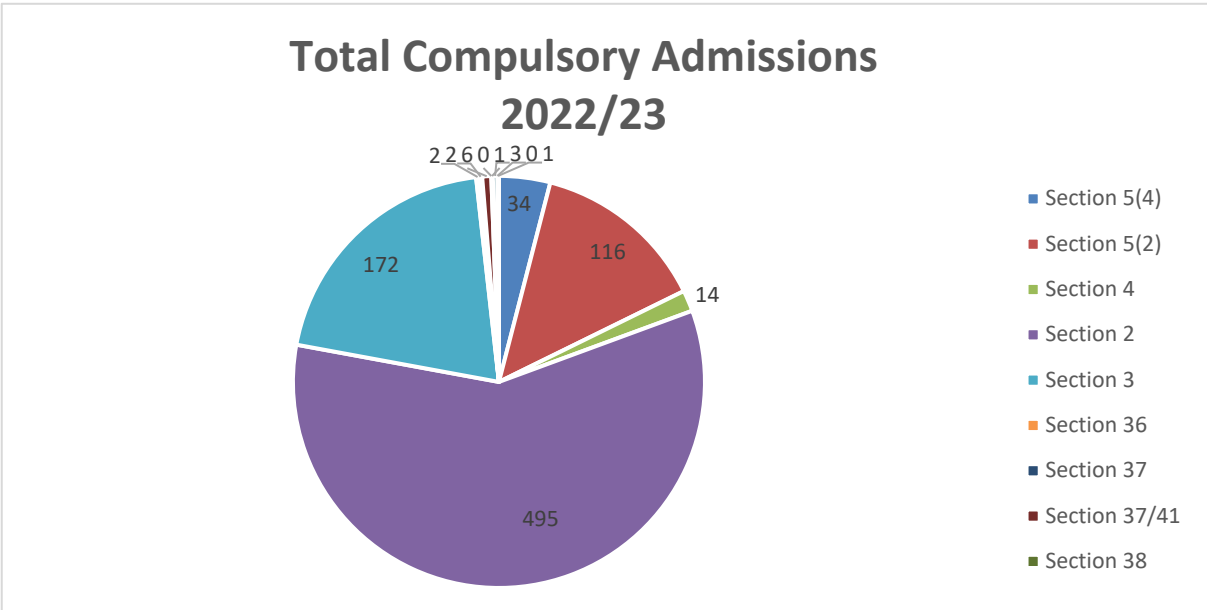
The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

Cefndir / Background

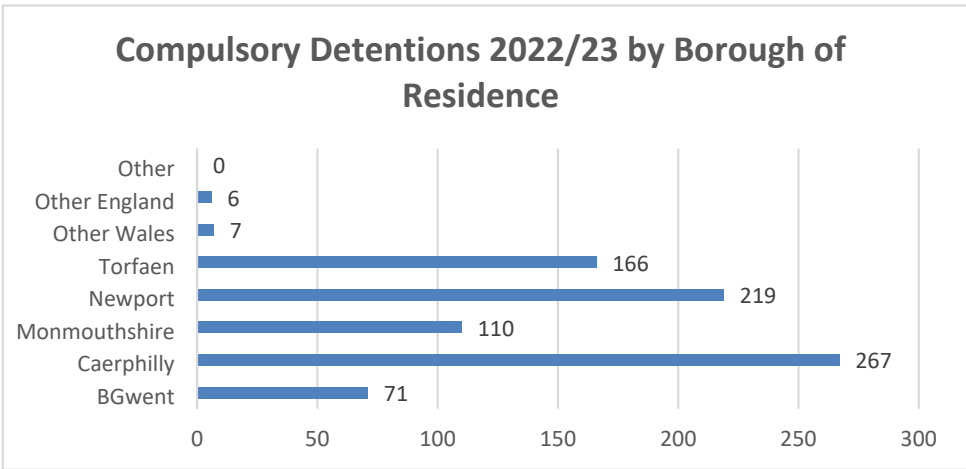
The report presents data by quarter over the 2022-23 financial year on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

1. In-Patient MHA Activity 2022-23

Data on the use of compulsory admission under the MHA 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, Caerphilly and Newport had the highest number of detentions per population.



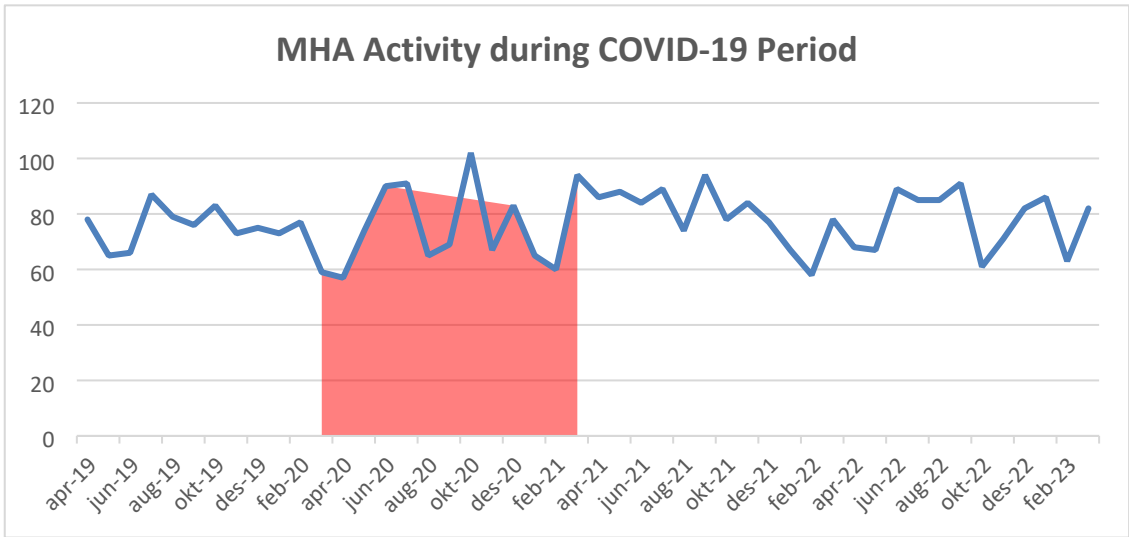
Borough	Detentions 2022/23	Population (000's)	Detentions per 1,000 population 2022/23
Caerphilly	267	176	1.5
Newport	219	159	1.4
Blaenau Gwent	71	66	1.1
Torfaen	166	92	1.8
Monmouthshire	110	93	1.2

In comparison to the previous financial year (2021/22), there has been a 5.4% decrease in the overall number of patients detained under the Act.

Section	Total 2021/22	Total 2022/23
Section 5(4)	31	34
Section 5(2)	117	116
Section 4	8	14
Section 2	509	495
Section 3	212	172
Total	894	846

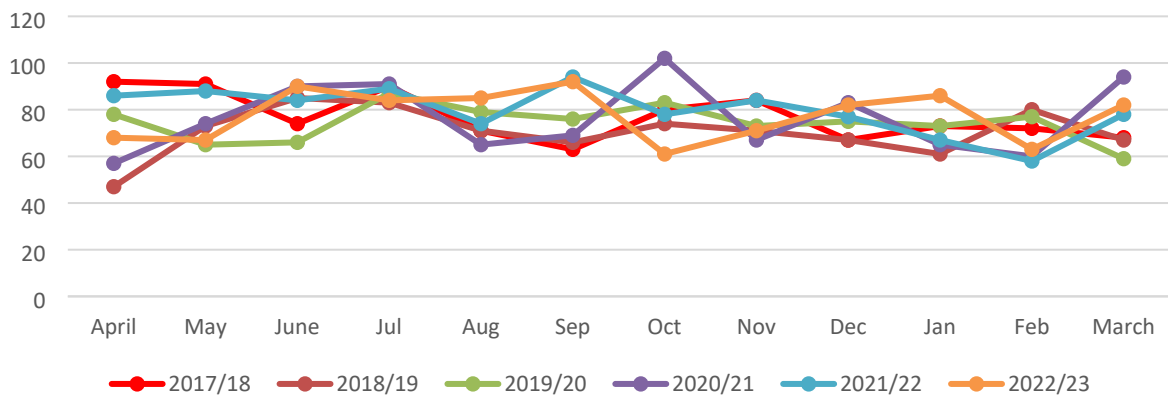
• **Monitoring Mental Health Act Activity during Covid-19**

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



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

MHA Activity During Covid-19 Period



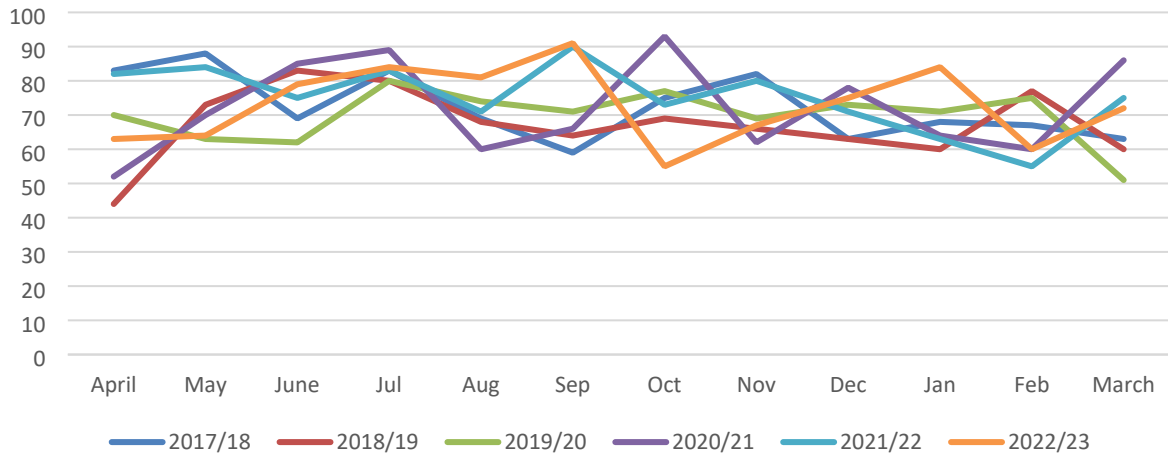
Includes all MHA detentions – S5(4), S5(2), S4, S2, S3, CTO, CTO Revoke, S3 Renewal, CTO Renewal

The 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
Total	957	931

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

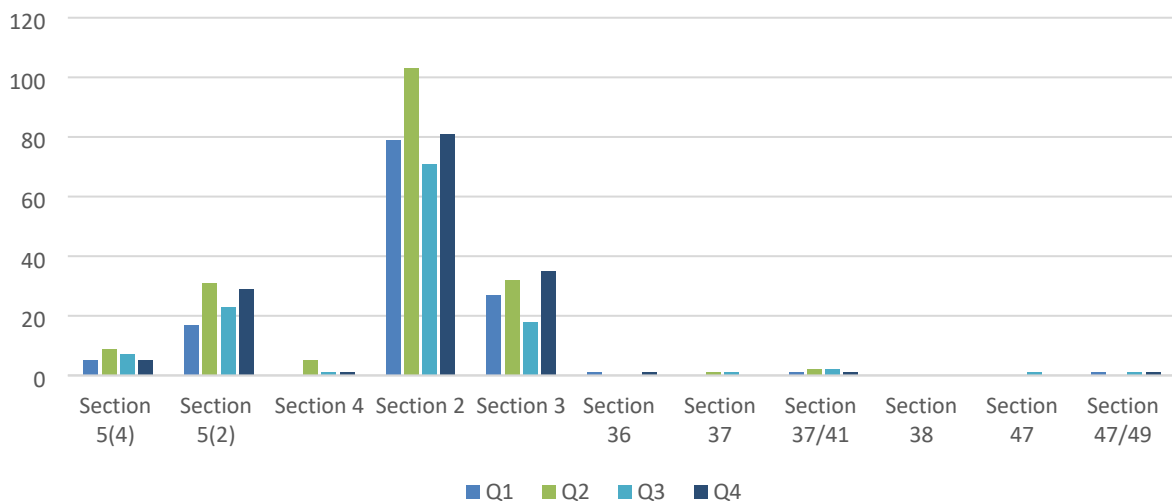
MHA Activity During Covid-19 Period - Inpatient detentions



• 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 (56%) of all admissions are under Section 2 (Assessment) of the MHA, with under a quarter (19%) of detentions under section 3 (Treatment). 21% of all adult detentions were under Section 5 of the Act. There was an overall 4% decrease in the number of detentions compared to the previous financial year.

MHA Adult Services April 2022 - March 2023 (per quarter)



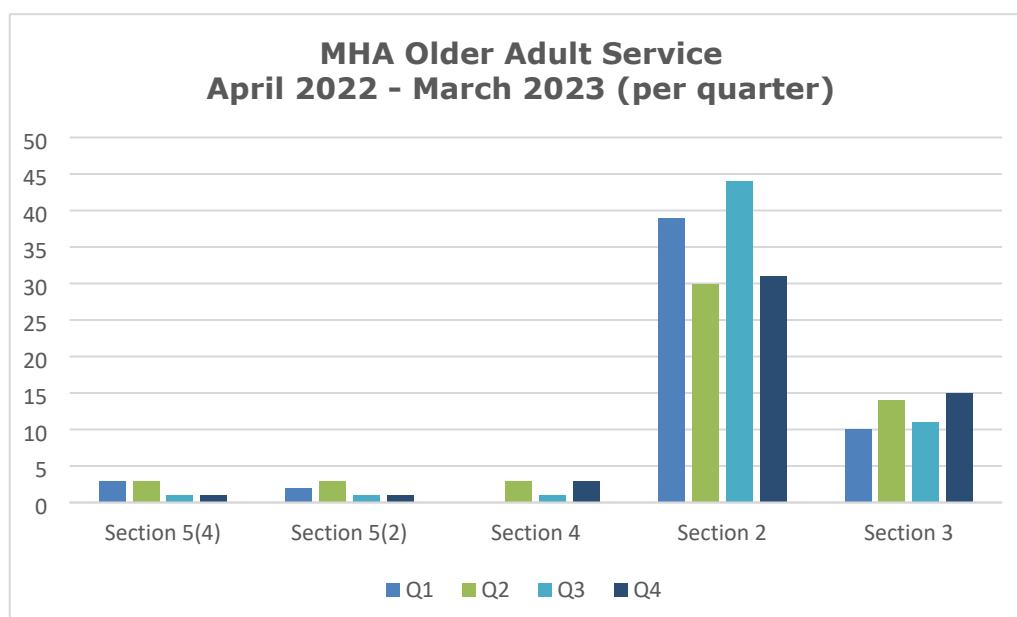
Section	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	TOTAL	% of Total
Section 5(4)	5	9	7	5	26	4%
Section 5(2)	17	31	23	29	100	17%
Section 4	0	5	1	1	7	1%

Section 2	79	103	71	81	334	56%
Section 3*	27	32	18	35	112	19%
Section 36	1	0	0	1	2	0%
Section 37	0	1	1	0	2	0%
Section 37/41	1	2	2	1	6	1%
Section 38	0	0	0	0	0	0%
Section 47	0	0	1	0	1	0%
Section 47/49	1	0	1	1	3	1%
Other	0	0	1	0	1	0%
TOTAL	131	183	126	154	594	

* 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 7% admitted under Section 5 provision. There was an overall 10% decrease in the number of detentions compared to the previous financial year.

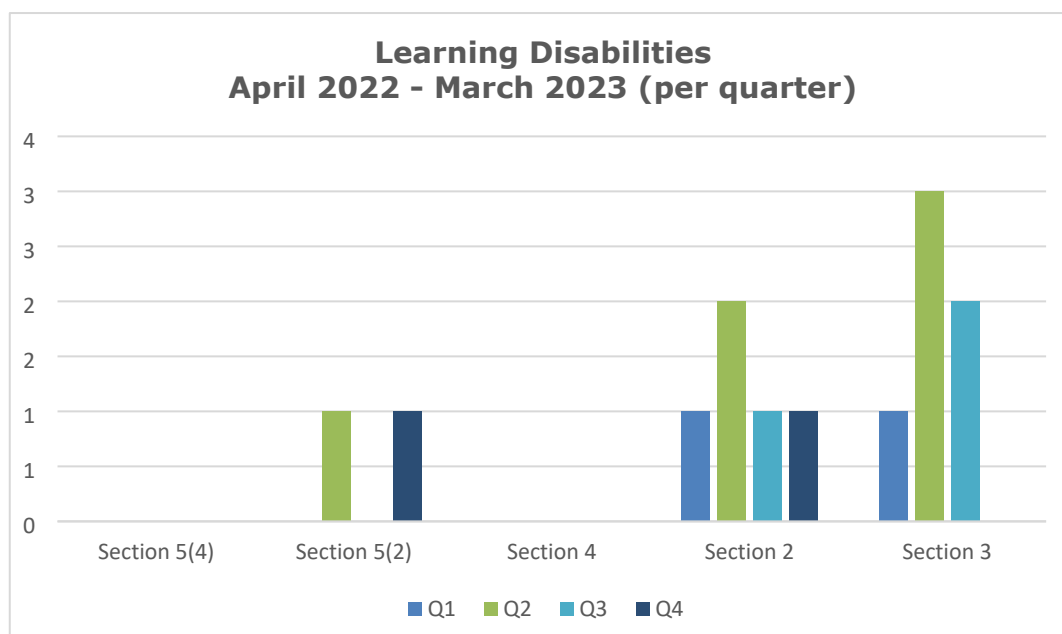


Section	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	TOTAL	% of Total
Section 5(4)	3	3	1	1	8	4%
Section 5(2)	2	3	1	1	7	3%
Section 4	0	3	1	3	7	3%

Section 2	39	30	44	31	144	67%
Section 3	10	14	11	15	50	23%
TOTAL	54	53	58	51	216	

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

For individuals with a learning disability requiring admission under the MHA, 85% were admitted under Section 2 or 3, with 15% admitted under section 5. The number of detentions remained steady at 13 in comparison to the previous financial year.

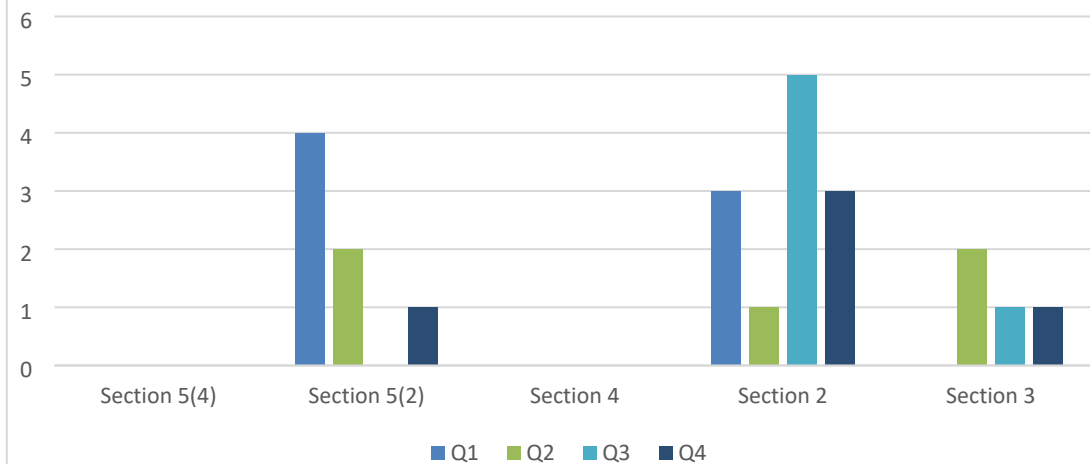


Section	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	TOTAL	% of Total
Section 5(4)	0	0	0	0	0	0%
Section 5(2)	0	1	0	1	2	15%
Section 4	0	0	0	0	0	0%
Section 2	1	2	1	1	5	38%
Section 3	1	3	2	0	6	46%
TOTAL	2	5	3	2	13	

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

For patients detained under the MHA in a General Hospital setting, 70% were admitted under Sections 2 or 3 of the MHA with 30% admitted under Section 5 provision. There was an overall 10% increase in the number of detentions compared to the previous financial year.

**General Hospital
April 2022 - March 2023 (per quarter)**

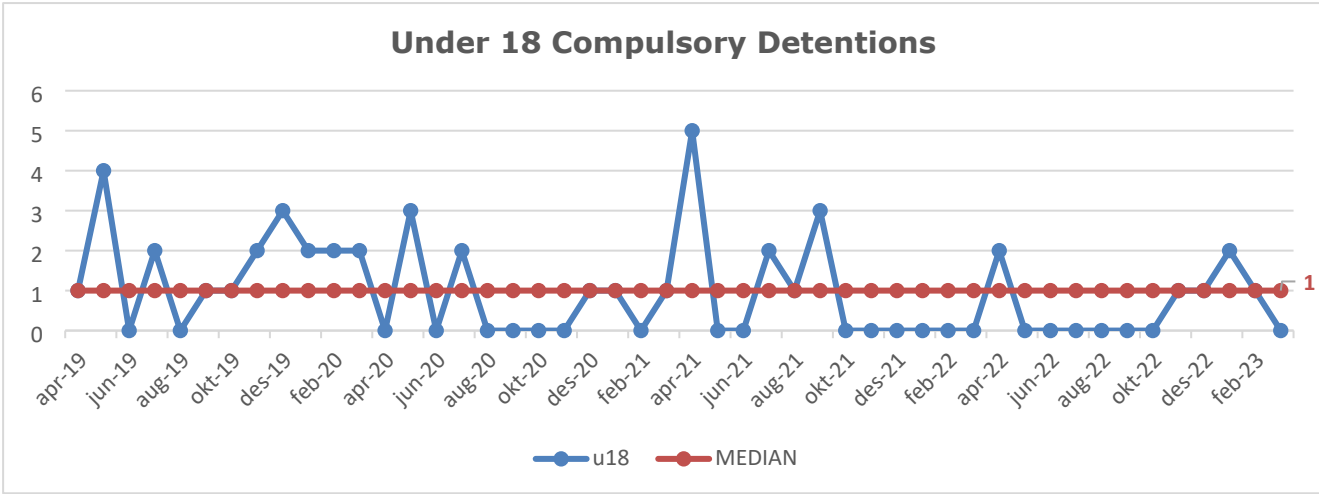


Section	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	TOTAL	% of Total
Section 5(4)	0	0	0	0	0	0%
Section 5(2)	4	2	0	1	7	30%
Section 4	0	0	0	0	0	0%
Section 2	3	1	5	3	12	52%
Section 3	0	2	1	1	4	17%
TOTAL	7	5	6	5	23	

- 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. The number of admissions rose significantly between 2017/18 (4 admissions) and 18/19 (19 admissions) and stabilised at the higher level during 2019/20. The number of admissions significantly decreased in 2020/21 with only 8 admissions. This increased in 2021/22 with 11 admissions. 2022/23 saw a decrease of 36% with 7 admissions.

Under 18 years Detentions 2022/23	Q1	Q2	Q3	Q4	Total
Section 5(4)	0	0	0	2	2
Section 5(2)	0	0	0	1	1
Section 2	2	0	2	0	4
Section 3	0	0	0	0	0
CTO	0	0	0	0	0
TOTAL	2	0	2	3	7



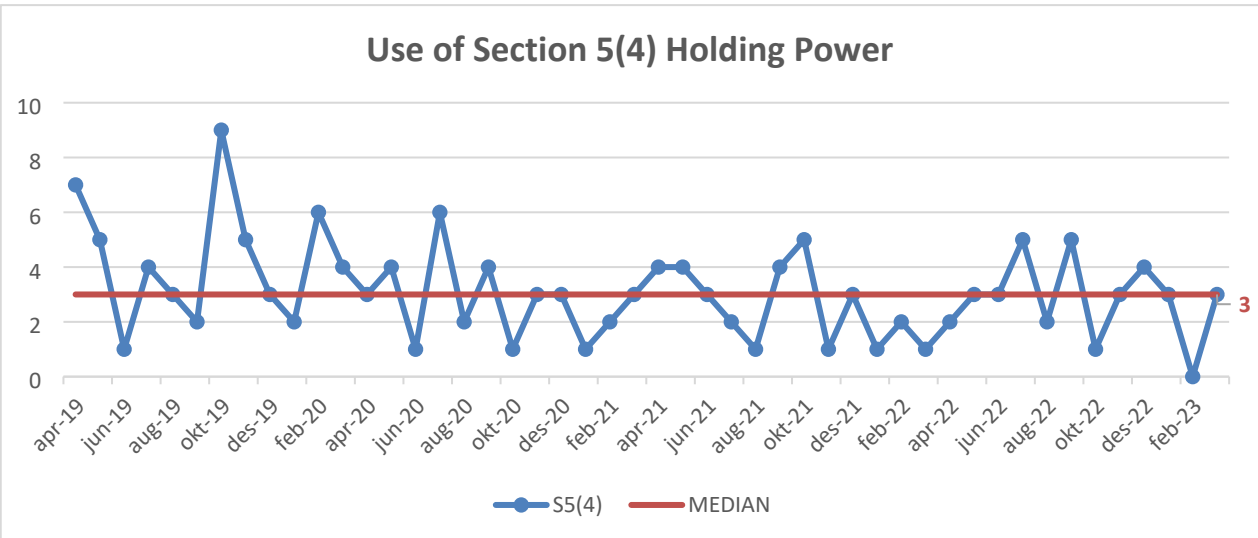
A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision 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 March 2023

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

- **Use of Section 5 Holding Powers**

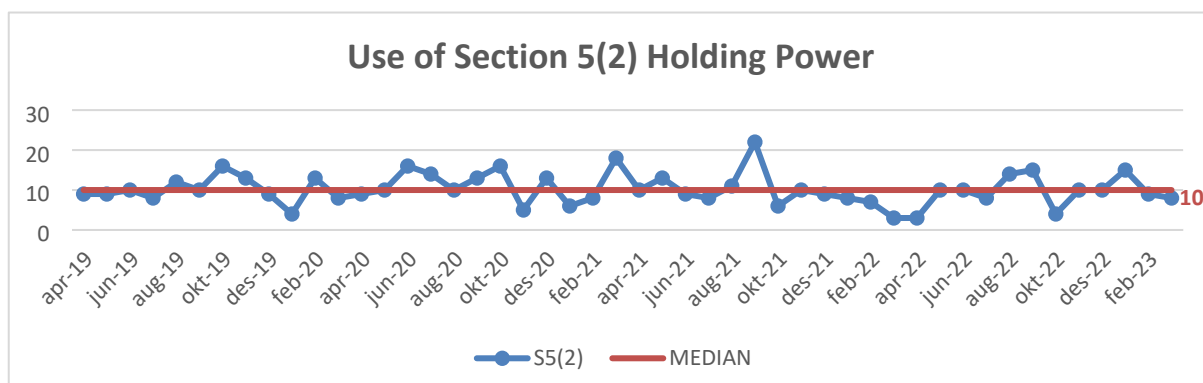
The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 34 uses of this holding power over the last financial year, nearly two thirds (65%) of these resulting in a doctor/approved clinician detaining the patient under Section 5(2).



Outcome of Section 5(4) – April 2022 to March 2023

Outcome	Total	%
Lapsed	6	18%
Ended	3	9%
Section 5(2)	22	65%
Section 2	3	9%
Section 3	0	0%
Total	34	

The use of Section 5(2) resulted in 52% being detained under section 2, 12% being detained under section 3 and 36% ending or lapsing without further detention under the MHA.



Outcome of Section 5(2) – April 2022 to March 2023

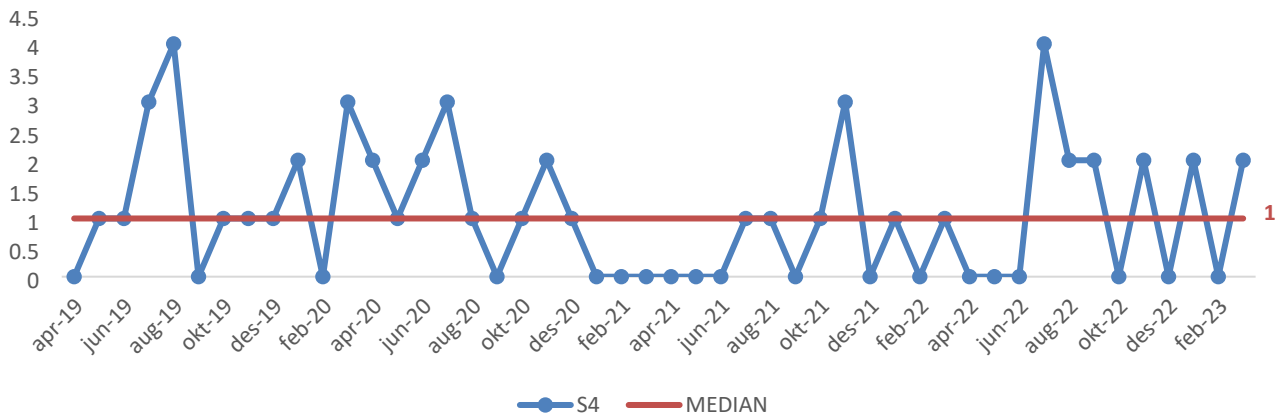
Outcome	Total	%
Lapsed	17	15%
Ended	25	22%
Section 2	60	52%
Section 3	14	12%
Total	116	

• Use of Section 4

The use of Section 4 is a relatively rare event and data remains low. Section 4 will be used only in emergency situations where it is not possible to secure 2 doctors for a Section 2 assessment immediately and it is felt necessary for a person's protection to detain under a section of the MHA. While the use of this provision is uncommon it can be an indicator of a problem in the availability of two doctors to undertake an assessment.

The chart below shows that there has been an increase in the use of this provision over peak Covid-19 periods. Section 4 was used on 14 occasions over the course of the financial year which is a 75% increase on the previous financial year.

Use of Section 4



The main outcome of the use of Section 4 is that the individual will normally be placed on a Section 2 (admission for assessment), 86% of cases in this financial year.

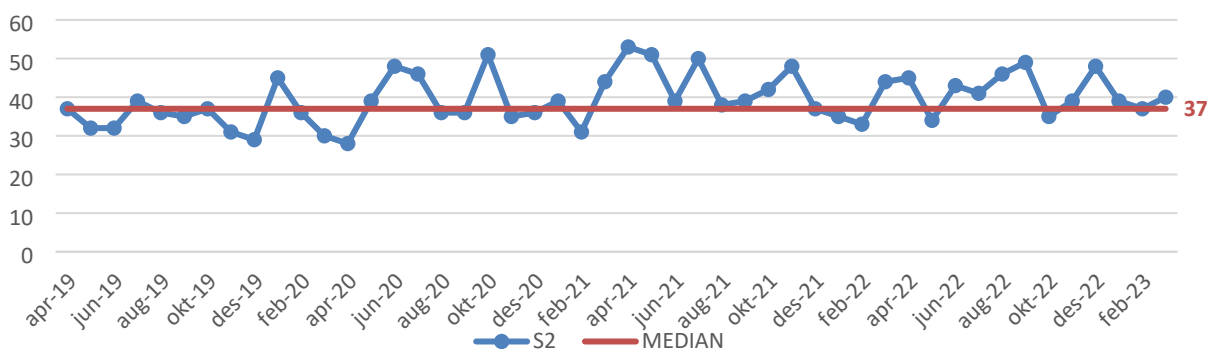
Outcome of Section 4 – April 2022 to March 2023

Outcome	Total	%
Discharged	2	14%
Section 2	12	86%
Total	14	

• Use of Section 2

59% of all detained admissions were admitted under Section 2 with the number of admissions remaining fairly stable over the last three years.

Use of Section 2



Outcome of Section 2 – April 2022 – March 2023

Outcome	Total	%
Expired	45	9%
Regraded S3	100	20%
Regraded S37/41	1	0%
Transferred	14	3%
Died	1	0%

Ended: 0-3 days	29	6%
Ended: 4-14 days	133	27%
Ended: 15-28 days	172	35%
Total	495	

A total of 495 detentions were made using Section 2, with 67% of these in adult mental health services, 29% in older adult, 2% in a general hospital setting and 1% in learning disabilities.

Of the total 495 patients detained under Section 2:

- 100 (20%) were regraded to Section 3
- 14 (3%) were transferred out of the Health Board during the Section 2
- 1 (0%) died whilst on section

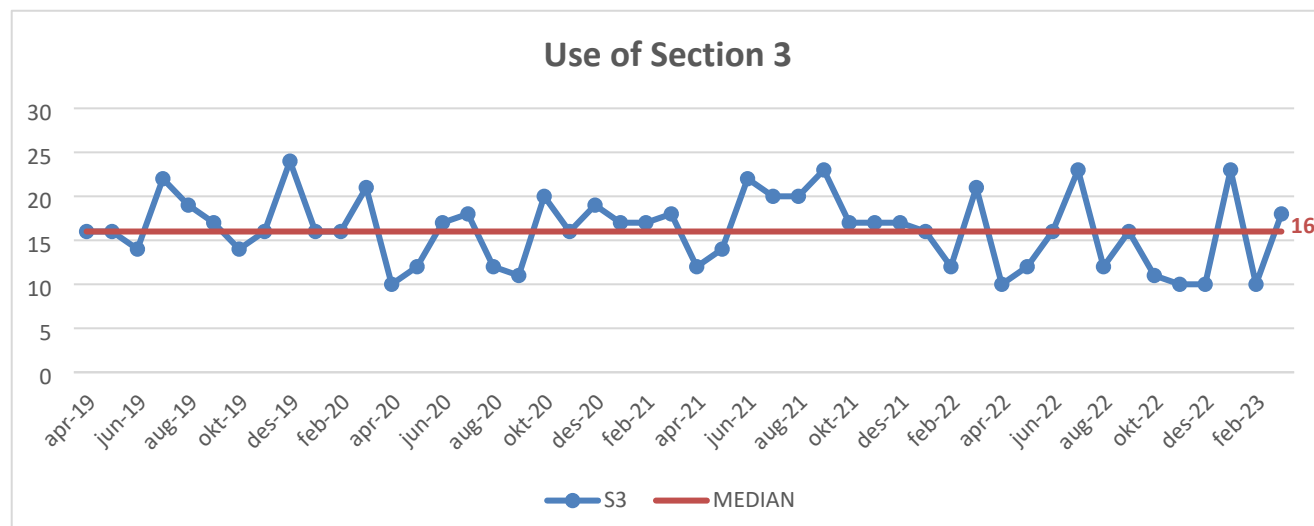
Of the remaining 380 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

- 0-3 days 29 (6%) were detained between 0-3 days
- 4-14 days 133 (27%) were detained between 4-14 days
- 15-28 days 172 (35%), were detained between 15-28 days

Of this cohort, 45 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

A total of 172 (20%) detentions were made using Section 3, with 65% of these in adult mental health, 29% in older adult mental health, 3% in Learning Disabilities and 2% in a general hospital setting.



Of the total 172 patients detained under Section 3:

- 18 (10%) detentions remained as ongoing detentions as of 13.06.2022
- 124 (70%) detentions were ended or lapsed as of 13.06.2022
- 11 (6%) were regraded to a CTO
- 10 (6%) were transferred out of the Health Board during the Section 3

- 3 (2%) died whilst on section

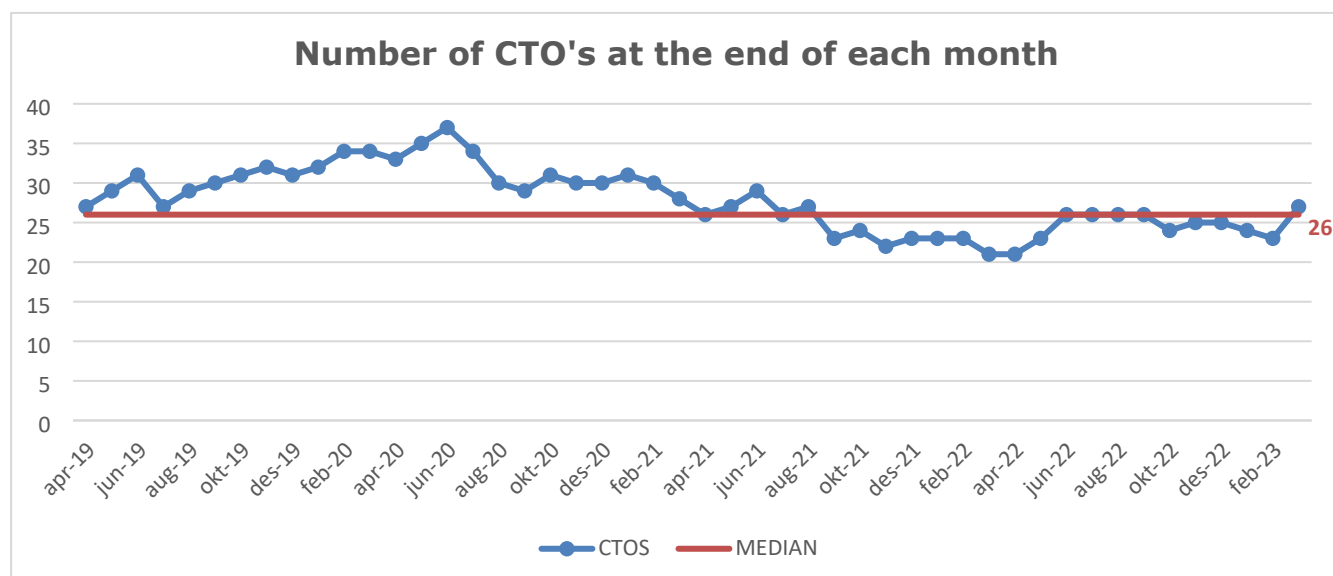
• **Renewal of In-patient Detentions under the MHA (1983)**

The table below shows that the number of renewals of inpatient detentions has remained fairly consistent over the last year with an increase in Q1. There was a total of 43 Section 3 renewals over the full year.

Section	Q1	Q2	Q3	Q4	Total
Section 3 renewal	14	11	10	8	43
Section 37 renewal	2	1	0	1	4
Section 47 renewal	0	0	0	0	0
TOTAL	16	12	10	9	47

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

The number of Community Treatment Orders has increased by 29% during this financial year, with 21 at the beginning of the year and 27 at the end of the year.



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

Community Treatment Orders (CTOs)						
Section	Power	Q1	Q2	Q3	Q4	Total
17A						1
	CTOs made	9	2	5	7	23
	CTOs extended	8	3	9	4	24
	Recalled to hospital and not admitted	1	0	3	0	4
	Recalled to hospital and revoked	3	1	4	4	12
	Discharged from CTO	1	1	3	0	5

3. Unlawful Detentions/Failed Medical Scrutiny / Rectifiable Errors

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

- **Unlawful Detentions**

There was a total of 2 unlawful detentions identified during 2022/23. The reasons for the unlawful detentions are highlighted in the table below. 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.

	Q1	Q2	Q3	Q4	Total
Unlawful Detentions	0	2	0	0	2

- Invalid Section 2 - (Adferiad Ward) No HO14 completed
- Invalid CTO Revoke - (Ty Cyfannol Ward) Second page of the CP7 missing

- **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.

	Q1	Q2	Q3	Q4	Total
Failed Medical Scrutiny	0	0	2	0	2

In both instances further information was required regarding the patient's informal admission.

- **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 65% 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 ensure that documentation is as accurate as possible. The MHA

department have been holding regular training sessions surrounding the scrutiny of MHA paperwork and will continue to do so for the foreseeable future.

	Q1	Q2	Q3	Q4	Total
Rectifiable errors on document	18	14	17	28	77

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.

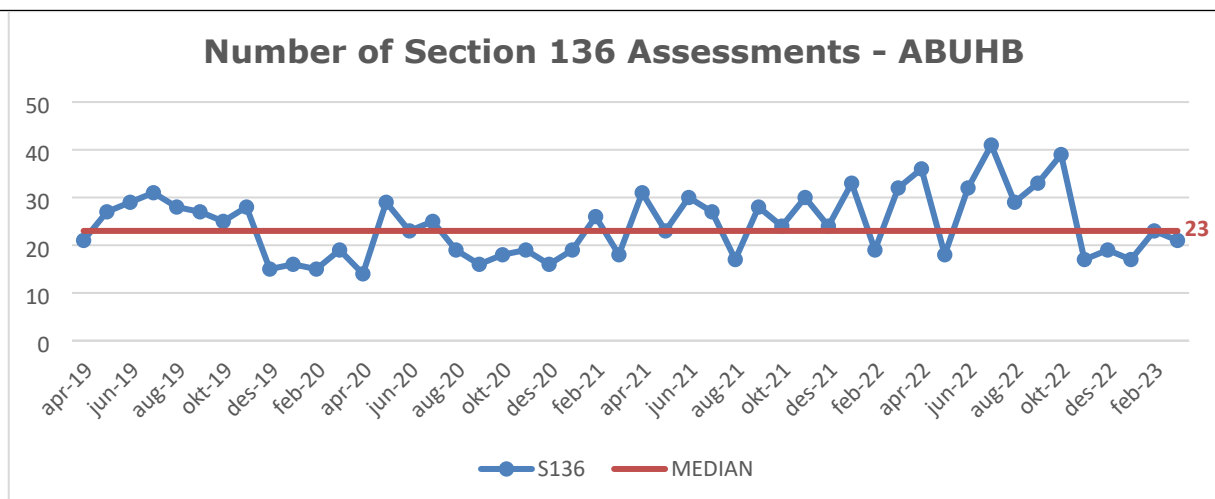
Use of Section 135, April 2022 – March 2023

Section 135 of the MHA	Q1	Q2	Q3	Q4	Total
Assessed and admitted informally	0	0	1	1	2
Assessed and discharged	0	0	1	0	1
Assessed and detained under Section 2	3	2	2	2	9
Assessed and detained under Section 3	0	1	0	0	1
Assessed and CTO Revoked	0	0	0	0	0
Total	3	3	4	3	13

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 (Place of Safety) Suite at St Cadoc's Hospital is shown in the table below. There was a slight increase of 3% in comparison to the previous financial year, however there is no clear trend of change at present. The activity is closely monitored by police and health board both locally and nationally.



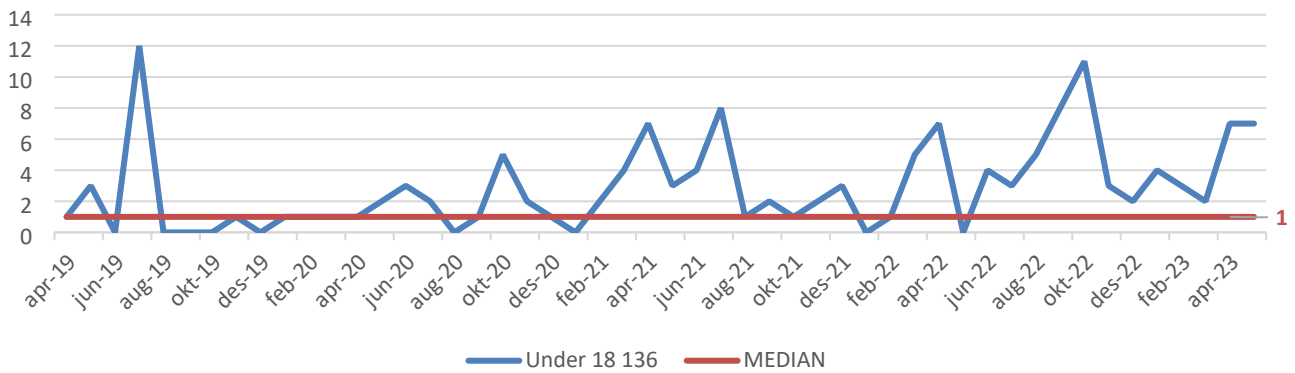
A breakdown of the outcome of 136 assessments is shown in the table below. A total of 326 assessments were undertaken. Of those assessed 50% were admitted, with 58% of those admitted being formally detained. 12% of individuals assessed were discharged with no follow up required, while 38% were discharged with a follow up plan in place. Five detentions lapsed due to physical health overtaking mental health and the assessments did not take place in these cases.

Use of Section 136, April 2023 – March 2023

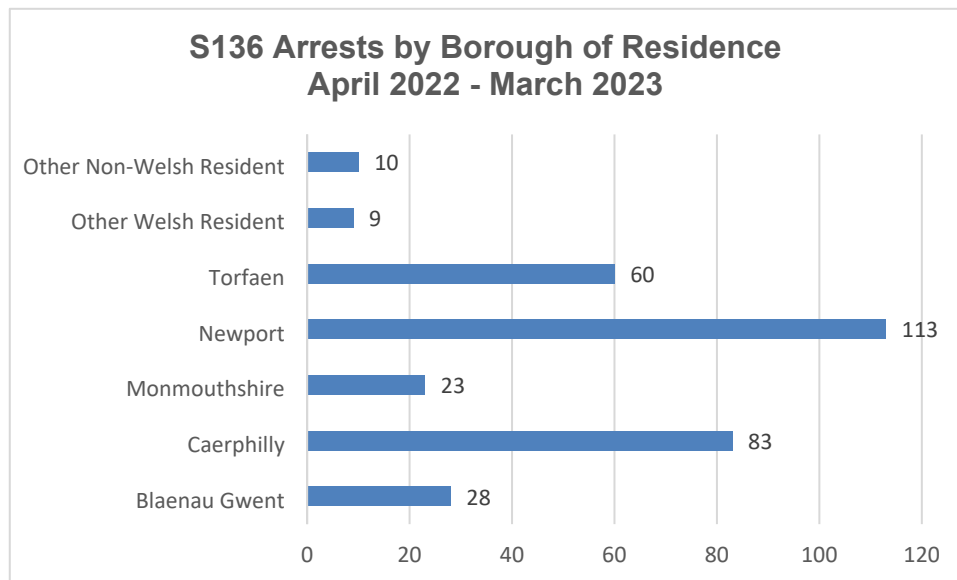
Section 136 of the MHA	Q1	Q2	Q3	Q4	Total
Assessed and admitted informally	15	23	19	11	68
Assessed and detained under Section 2	26	33	16	18	93
Assessed and detained under Section 3	0	0	0	0	0
Assessed and detained under Section 4	0	1	0	0	1
Discharged – no follow-up required	12	7	10	9	38
Discharged – with follow-up plan	32	38	28	23	121
Section 136 lapsed	1	1	2	1	5
TOTAL	86	103	75	62	326

A breakdown of the number of under 18's undergoing 136 assessment is shown in the graph below. The graph shows that the number of under 18's undergoing assessment has increased by 41% over the last financial year, rising from 37 in 2021/22 to 52 in 2022/23. It is important to note that 18 (35%) of the assessments that took place were for the same person.

Number of Section 136 Detentions - Under 18's



A breakdown of assessed patients by borough shows that Newport had higher demand than other boroughs, accounting for 35% of all assessments.

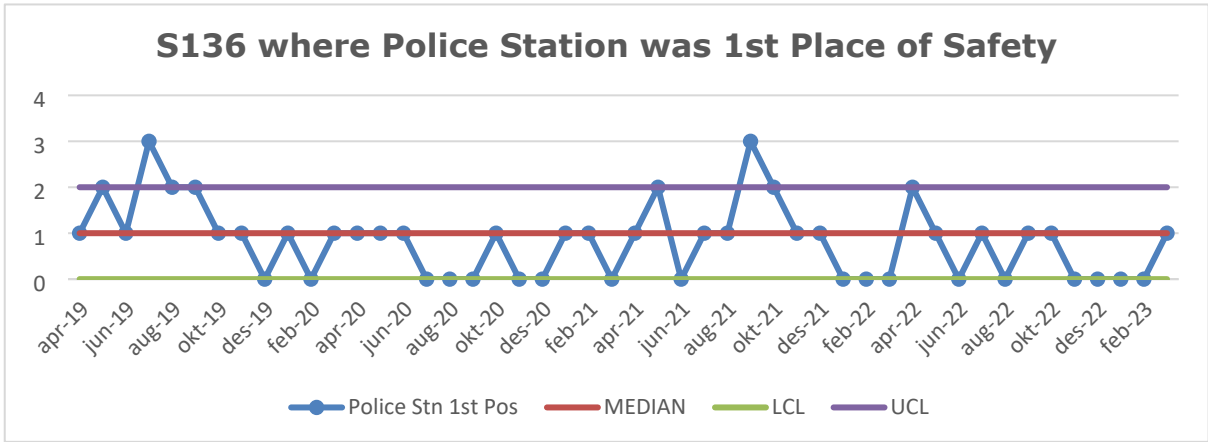


A breakdown of all 326 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 31% of all cases; 16% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Q1	Q2	Q3	Q4
TOTAL	n=86	n=103	n=75	n=62
Gender:				
% Male	45%	42%	52%	53%
% Female	55%	58%	48%	47%
Place of Safety:				
% Hospital	97%	98%	99%	98%
% Police Station	3%	2%	1%	2%
% Under 18 Years	13%	16%	21%	15%
Use of Illicit Substances:				
% Alcohol	23%	12%	24%	21%
% Drugs	5%	9%	7%	8%

% Both Alcohol and Drugs	1%	9%	3%	3%
Where Assessment took place:				
% Hospital	99%	99%	97%	98%
% Police Station	0%	0%	0%	0%
12 Hour extension granted	1%	3%	0%	0%

Following the introduction of the Police and Crime Act in December 2017 persons detained under section 136 (MHA) will not be taken to a Police Station as a first Place of Safety unless there is a substantive need to do so. The graph below shows the number of individuals who were taken to the Police station or self-presented there.



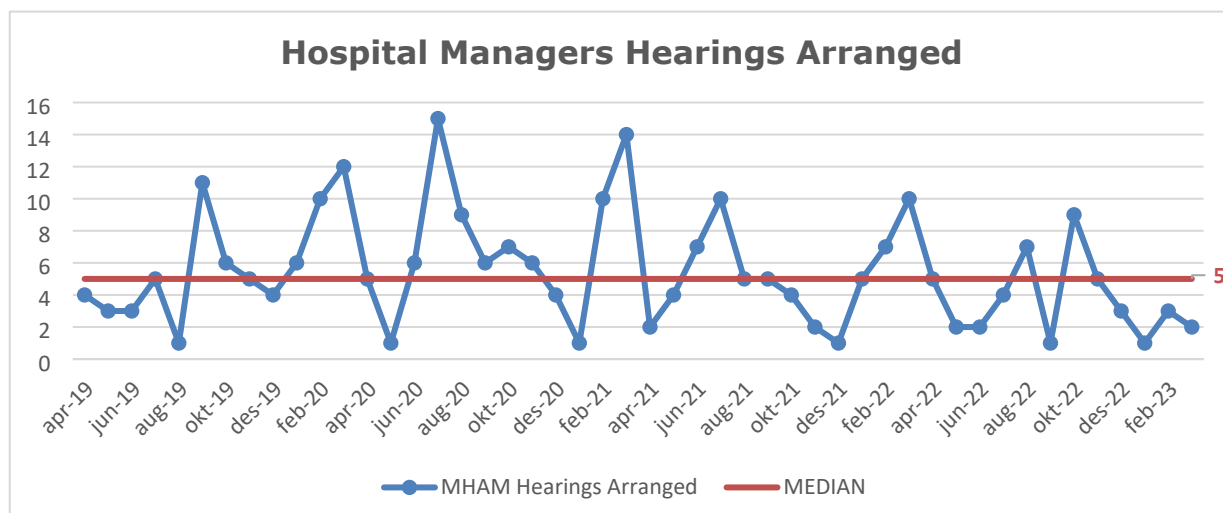
For the period April 2022 – March 2023 there were 7 persons detained under s136 and taken to or presented at a Police Station as first Place of Safety. The reasons where recorded are shown below:

- 1 presented at the Police Station voluntarily
- 1 was arrested for a substantive offence
- 2 were arrested for assault
- 1 was released under investigation and before leaving stated they were going to kill themselves
- 1 was taken to the police station as a place of safety under the police power of protections and their behaviour escalated.

All the above were transferred to the Section 136 hospital suite for a mental health assessment.

5. Mental Health Act Managers Hearings

In comparison to the previous financial year (2021/22) there has been an overall 29% decrease in the number of MHA Managers hearings arranged.



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 25 hearings held during the last 12 months.

A summary of activity and outcome of hearings is provided in the table below. The majority of hearings requested relate to inpatients. During 2022-23, 1 patient was discharged by Hospital Managers.

Mental Health Act Manager Review Hearings April 2022 – March 2023

Hospital Manager Hearings	Q1	Q2	Q3	Q4	Total
Applications by patient – Inpatient	1	0	0	1	2
Applications by patient – CTO	0	0	0	0	0
Renewal Hearing Applications – Inpatient	5	17	8	5	35
Renewal Hearing Applications – CTO	0	11	7	1	19
Barring Hearings	2	1	0	0	3
Hearing cancelled before being heard	5	6	12	5	28
Hearing held - Patient Discharged by Hospital Managers	0	1	0	0	1
Hearing held – Section continued	4	5	5	7	21

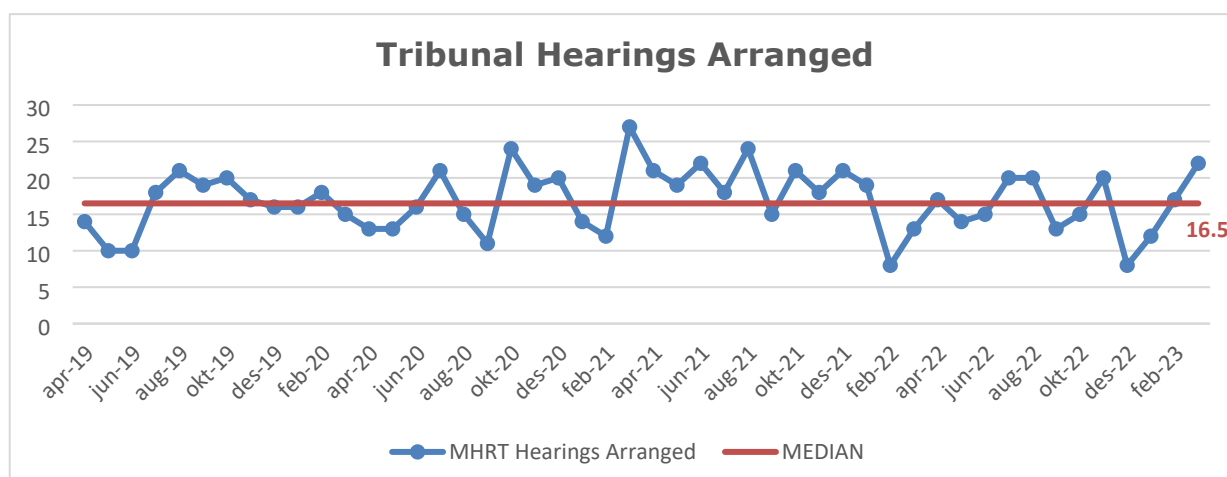
6. Mental Health Review Tribunals

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 Tribunal panel is composed of a judge, medical and specialist lay members with the judge chairing the proceedings. A solicitor can be appointed at no cost to the patient to represent at a Tribunal hearing.

In contrast to the Tribunal there is no requirement for the Hospital Managers panel to contain legally or qualified members, and there is no funding to appoint a solicitor to represent a patient.

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



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

Mental Health Review Tribunals April 2022 – March 2023

MH Review Tribunal Hearings	Q1	Q2	Q3	Q4	Total
Applications by patient – Inpatient	44	39	31	51	165
Applications by patient – CTO	2	1	1	2	6
Renewal Hearing Applications – Inpatient	8	10	3	7	28
Renewal Hearing Applications – CTO	0	0	0	4	4
Referral by MOJ	0	0	1	2	3
Referral by Welsh Ministers	1	0	0	0	1

Outcomes: Hearing Cancelled before being heard	22	35	24	28	109
Outcomes: Patient Discharged by MHRT	3	4	2	3	12
Outcomes: Section Continued	21	14	17	20	72

This shows that a significant number of Tribunals are cancelled before being heard. A total of 12 patients were discharged by the Tribunal over the last 12 months.

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 Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 4. Dignified Care 7.1 Workforce Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Choose an item. Choose an item. Choose an item. Choose an item.

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth:
Evidence Base:

Rhestr Termau:
Glossary of Terms:

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: 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.

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.

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.

Section 3: 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.

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.

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.

Section 37: Section 37 provides for a court to sentence a person to hospital for treatment (or guardianship) for up to six months.

The criteria and resulting admission work in the same way as a section 3 except for the appeal process. A section 37 patient has:

- 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.
- 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

	<p>and detained in a hospital to receive medical treatment for mental disorder.</p> <p>Section 48: Also known as a 'Transfer Direction'. Enables the Secretary of State, on the advice of two doctors, to remove a prisoner awaiting sentencing to hospital for treatment of a serious mental health problem.</p> <p>Section 48/49: As Section 48, but with special restrictions added for that transfer.</p> <p>Section 49: Also known as a 'Restriction Direction'. Enables the Secretary of State for Justice to add an order restricting the patient's discharge from hospital.</p> <p>Section 17A, Community Treatment Order: 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">• ensuring the patient receives medical treatment• preventing the risk of harm to the patient's health or safety• 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>
Partion / 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)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
<ul style="list-style-type: none"> • Workforce 	Not Applicable
<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • Financial 	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements</p> <p>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 ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	<p>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</p> <p>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</p>