

# Mental Health Act Monitoring Committee

Tue 04 June 2024, 09:00 - 11:00

Microsoft Teams



## Agenda

---

### 0 min **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 Meeting held on 21st February 2024**

*Attached*      *Chair*

 1.4 Draft Mental Health Monitoring Act Committee 21.02.24. reviewed by PB.pdf (5 pages)

#### **1.5. Committee Action Log**

*Attached*      *Chair*

 1.5 MHAMC Action Log- June 2024.pdf (3 pages)

---

### 0 min **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

#### **2.1. Development of Committee Annual Programme of Business 2024/25**

*Attached*      *Director of Corporate Governance*

 2.1 MHMAC FWP cover report. Approved by Rani.pdf (3 pages)

 2.1 MHAMC FWP 2024-25 v3 approved by Rani.pdf (5 pages)

---

### 0 min **3. ITEMS FOR DISCUSSION**

#### **3.1. Mental Health Act Compliance Report**

*Attached*      *Head of Quality & Improvement*

 3.1 MHA Update Report Q4 2023-24 (002).pdf (25 pages)

#### **3.2. Impact of the changes of Right Care, Right Person Report**

*Oral*      *Head of Quality & Improvement*

#### **3.3. Power of Discharge Committee Update**

0 min **4. ITEMS FOR INFORMATION**

No items for information

---

0 min **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. Meeting Reflections**

*Oral*      *Chair*

**5.4. Date of the Next Meeting:**

Monday 16th September 2024
----------------------------

**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY  
HEALTH BOARD MEETING  
MINUTES OF THE MENTAL HEALTH MONITORING  
ACT COMMITTEE**

<b>DATE OF MEETING</b>	<b>Wednesday 21st February 2024 at 10:00am</b>
<b>VENUE</b>	<b>Microsoft Teams</b>

<b>PRESENT</b>	Pippa Britton, Independent Member/Committee Chair Paul Deneen, Independent Member
<b>IN ATTENDANCE</b>	Nadine Gould, Divisional Director for Mental Health, and Learning Disabilities (Interim) Sandra Mason, Assistant Director Primary Care, Community and Mental Health Sarah Cadman, Head of Quality & Improvement Kavitha Pasunuru, Assistant Divisional director Michelle Jones, Head of Board Business Bryony Codd, Head of Corporate Governance Fern Cook, Meeting Secretariat
<b>APOLOGIES</b>	Helen Dodoo, General Manager for Mental Health and Learning Disabilities Rani Dash, Director of Corporate Governance Michelle Forkings, Divisional Nurse for Mental Health, and Learning Disabilities/Associate Director of Nursing Leanne Watkins, Chief Operating Officer

<b>MHAMC 2102/1.</b>	<b>PRELIMINARY MATTERS</b>
<b>MHAMC 2102/1.1</b>	<b>Welcome and Introductions</b>  The Chair welcomed everyone to the meeting.
<b>MHAMC 2102/1.2</b>	<b>Apologies for Absence</b>  Apologies for absence were noted.
<b>MHAMC 2102/1.3</b>	<b>Declarations of Interest</b>  There were no Declarations of Interest.
<b>MHAMC 2102/1.4</b>	<b>Draft Minutes of the Last Meeting</b>  The minutes of the meeting held on 6 <sup>th</sup> December 2023 were confirmed as an accurate record of the meeting subject to the following amendments: <ul style="list-style-type: none"> <li>• A request to change PODC to PODSC in section 2.1 and</li> <li>• Apologies for absence were received from Kavitha Pasunuru, Assistant Divisional Director</li> </ul>

<b>MHAMC 2102/1.5</b>	<p><b>Committee Action Log</b></p> <p>The Committee received and noted the action log.</p>
<b>MHAMC 2102/2</b> <b>MHAMC 2102/2.1</b>	<p><b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b></p> <p><b>Development of Committee Annual Programme of Business 2023/24</b></p> <p>Michelle Jones (MJ), Head of Board Business, provided the Committee with an overview of the final Programme of Business for 2023/2024.</p> <p>The Committee was advised that the 2024/2025 forward work plans were being developed and would be brought to the next meeting. <b>Action Michelle Jones, Head of Board Business.</b></p> <p><b><i>The Committee was content with the programme of business and approved the programme.</i></b></p>
<b>MHAMC 2102/2.2</b>	<p><b>Annual Review of Committee Effectiveness Results 2023/24</b></p> <p>Michelle Jones (MJ), Head of Board Business, provided the Committee with an overview of the Committee Self-Assessment results for 2023/24.</p> <p>MJ confirmed that the outcome of the self-assessment was that respondents felt that the Committee was meeting the requirements and working in an effective way but noted that there were areas for improvement that would be included in the Improving Board Business Action Plan.</p> <p><b><i>The Committee agreed to approve the Annual Review of the Committee Effectiveness Results for 2023/24.</i></b></p>
<b>MHAMC 2102/2.3</b>	<p><b>Committee Annual Report 2023/24</b></p> <p>Michelle Jones (MJ), Head of Board Business, provided the Committee with an overview of the Annual Report for 2023/24 for this Committee and noted that there was presently a vacancy for Vice Chair that was being addressed within a wider review of committee membership.</p> <p>Pippa Britton (PB), Committee Chair, and Paul Deneen, Independent Member, both suggested that it may be helpful that future reports record the title of the Director and their attendance, instead of recording individuals'</p>

names. In addition, assurance was sought as to whether a deputy could attend on behalf of the individual Director and if so whether the recording of attendance should be modified to reflect this. **Action Michelle Jones, Head of Board Business.**

***The Committee approved the Committee Annual Report for 2023/24***

**MHAMC 2102/3.**

**ITEMS FOR DISCUSSION**

**MHAMC 2102/3.1**

**Mental Health Act Compliance Report**

Sarah Cadman, (SC), Head of Quality & Improvement, provided an overview of the Mental Health Act Compliance Report for Quarter 3 (October to December 2023 ) and advised that the format of the report had been changed following the request of the Committee.

The following key points were highlighted: -

- Section 4 (an emergency application for detentions in hospital for up to 72hours) - there had been a reduction in detentions to 0. It was noted that this was the first time this year where this figure had been recorded.
- Learning Disabilities - there were 40% admitted under section 2 (allows for a person to be admitted to hospital for up to 28days) & 3 (allows a person to be admitted to hospital for treatment if their mental disorder requires treatment) and 60% admitted under section 5 (allows nurses ability to detain someone in hospital for 6hours and a doctor 72hours). The Committee noted an overall increase in detentions this quarter.
- Under 18's - a slight increase in the use of section 2 was reported for this period.

Pippa Britton (BP), Committee Chair, questioned whether under 18's detentions were the result of the Christmas period as the numbers were the same last year. SC advised there was a higher risk at Christmas especially with patients that presented with eating disorders.

The Committee also noted that:-

- The incidents reported were mainly used in adult services with the use of Section 5 (2) and Section 5 (4) having an increase.
- Section 4 there had been no usage across the Health Board during the period.
- Section 3 overall usage had reduced over the year across the Health Board.

- Failed medical Scrutiny, 3 assessment papers that had been submitted by the doctors had failed and a request for more information was to be added.
- Rectifiable Errors on documents, 16 errors had been found within the quarter, noting this was an improvement since the same period last year.
- Section 136 (Provided police with emergency powers) were reported to have the highest detentions in Newport and Caerphilly at 59%.
- Section 135 (allows police to enter a person's home and taken them to a place of safety) reported 7 incidents with 3 assessed and detained under section 2 and 4 assessed and detained under section 3.
- Mental Health Act Managers Hearings were mostly held for renewing applications.

Paul Deneen (PD), Independent Member, requested for a report to come to a future Committee on the impact of the changes of Right Care, Right Person and what changes this may have on the Police arrangements.

**Action Sarah Cadman, Head of Quality & Improvement**

***The Committee received the report detailing the use of the Mental Health Act during the period for assurance.***

## MHAMC 2102/3.2

### **Power of Discharge Sub Committee (PODSC) Update**

Paul Deneen, (PD), Independent Member, provided an update from meeting held on 13<sup>th</sup> February 2023 and it was noted that: -

- The Meeting Secretariat had confirmed that the minutes of PODSC will be completed in time for this meeting to ensure that this Committee has timely over sight of the PODSC minutes.
- Regular meetings of the PODSC are diarised, with a focus of 1hour of training and 30minutes training for each meeting.
- An annual programme of training had been drafted and would be reviewed at the next PODSC.
- All Wales Managers Conference was due to be held in March 2024 and members would be attending.
- The data from the Mental Health Act Compliance Report would be shared with Members in the next PODSC.

	<ul style="list-style-type: none"> <li>New processes had now been established for the PODSC to have a clear view of what was expected of the Committee.</li> </ul> <p>Sarah Cadman (SC), Head of Quality &amp; Improvement, advised that managers that attend PODSC had advised that they had a voice and that the new meeting structure for PODSC was working well.</p> <p><b><i>The Committee noted the update.</i></b></p>
<b>MHAMC 2102/3.3</b>	<p><b>Mental Health Act Monitoring Policy</b></p> <p>Bryony Codd (BC), Head of Corporate Governance, advised the Committee that the Mental Health Act Monitoring Policy had previously been considered by this Committee and that the amendments requested had now been included in the policy. BC also advised that the ownership of the policy would now sit with the Chief Operating Officer. The Committee noted that the Head of Quality and Improvement as yet, had not reviewed the updated version.</p> <p><b><i>The Committee approved the policy and asked that Sarah Cadman, Head of Quality &amp; Improvement, urgently review the final version. Action: Bryony Codd, Head of Corporate Governance.</i></b></p>
<b>MHMAC 2102/4.</b>	<b>ITEMS FOR INFORMATION</b>
<b>MHMAC 2102/4.1</b>	No items for information.
<b>MHMAC 2102/5.</b>	<b>OTHER MATTERS</b>
<b>MHMAC 2102/5.1</b>	<p><b>Items to be Brought to the Attention of the Board and Other Committees</b></p> <p>There were no items to be brought to the attention of the Board and Other Committees.</p>
<b>MHMAC 2102/5.2</b>	<p><b>Any Other Urgent Business</b></p> <p>Sarah Cadman (SC), Head of Quality &amp; Improvement, advised the Committee there had been changes to the Health Board's QPS Department and that the representation on this Committee may change going forward.</p>
<b>MHMAC 2102/5.3</b>	<p><b>Date of the Next Meeting</b></p> <p>Tuesday 4<sup>th</sup> June 2023.</p>



Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

## MENTAL HEALTH ACT MONITORING COMMITTEE ACTION LOG

<b>Outstanding</b>	<b>In Progress</b>	<b>Not Due</b>	<b>Completed</b>	<b>Transferred to another Committee</b>
--------------------	--------------------	----------------	------------------	---

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
05/09/2023	<b>MHAMC/05/09/3.1</b>	<p><b>Mental Health Act Compliance Report</b></p> <p>To ascertain timeframe for Mental Health Tribunals should be scheduled within.</p>	Head of Quality & Improvement	December 2023	<p><b>Completed</b></p> <p>Section 2 appeals must be heard within 7 days, other than in exceptional circumstances. All other appeals are within 6 weeks, though there is some flexibility.</p>
21/02/2024	<b>MHAMC 2102/2.1</b>	<p><b>Development of Committee Annual Programme of Business 2023/24</b></p> <p>The 2024/2025 forward work plans were being developed and would be brought to the next meeting.</p>	Head of Board Business	June 2024	<p><b>Completed</b></p> <p>Included on agenda for 4<sup>th</sup> June 2024 meeting under agenda item 2.1</p>



Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
21/02/2024	<b>MHAMC 2102/2.3</b>	<p><b>Committee Annual Report 2023/24</b></p> <p>It was advised it may be helpful that future reports record the title of the Director and their attendance, instead of recording individuals' names. In addition, assurance was sought as to whether a deputy could attend on behalf of the individual Director and if so whether the recording of attendance should be modified to reflect this.</p>	Head of Board Business	June 2024	<p><b>Completed</b></p> <p>Future Annual reports would include the Title of the Director and not the name. A Deputy can attend on behalf of a Director as they are not a member of the meeting.</p>

<b>Committee Meeting</b>	<b>Minute Reference</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Target Date</b>	<b>Progress/ Completed</b>
21/02/2024	<b>MHAMC 2102/3.1</b>	<p><b>Mental Health Act Compliance Report</b></p> <p>Request for a report to come to a future Committee on the impact of the changes of Right Care, Right Person and what changes this may have on the Police arrangements.</p>	Head of Quality & Improvement	June 2024	<p><b>Completed</b></p> <p>Included on agenda for 4th June 2024 under agenda item 3.2</p>

*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**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 June 2024
<b>CYFARFOD O: MEETING OF:</b>	Mental Health Act Monitoring Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Act Monitoring - Committee Forward Work Plan 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Director of Corporate Governance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Head of Board Business

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)  
**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Mental Health Act Monitoring Committee is asked to consider the draft Committee Forward Work Plan appended to this report for approval. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2023/24 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- seek assurance that governance, risk, and assurance arrangements are in place and working well.

**Cefndir / Background**

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).

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements are in accordance with the standards of good governance determined for the NHS in Wales.

In line with good governance practice, a committee forward work plan has been developed to ensure statutory requirements for items of Committee business are scheduled in across the year. The work plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

### Asesiad / Assessment

The Committee is requested to approve the Committee forward work plan as outlined in **Appendix 1** noting that the work plan will be presented at each Committee meeting for oversight and noting.

### Argymhelliad / Recommendation

The Committee is requested to:

- **RECIEVE** and **APPROVE** the proposed Committee work plan and **NOTE** that it will be brought forward to each future Committee meeting for oversight.

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

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

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Not Applicable Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	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:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<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>	Not Applicable Choose an item.



## **Annual Programme of Business for 2024-25**

### **Mental Health Act Monitoring Committee**

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

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2023/24
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

**Area of Focus as per Standing Orders:**

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).

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

As appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek the following assurance:

- how the delegated functions under the Mental Health Act are being exercised (for example using a programme of Annual Audit) and in line with the 'Code of Practice' requirements.
- the operation of the 1983 Act within the Aneurin Bevan University Health Board area.
- the multi-agency training requirements of those exercising the functions (including discussing the training report for assurance).
- issues arising from the operation of the hospital managers' power of discharge.
- a suitable mechanism for reviewing multi agency protocols/policies relating to the 1983 Act.
- trends and patterns of use of the Mental Health Act 1983.
- cross-agency audit themes and sponsor appropriate cross-agency audits, and
- lessons learnt from difficulties in practice and the development of areas of good practice.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 04/06/24	QTR 2 July to Sept 16/09/24	QTR 3 Oct to Dec 02/12/24	QTR 4 Jan to Mar 10/03/24
<b>Preliminary Matters</b>						
Attendance and Apologies	Chair	<b>SI</b>	✓	✓	✓	✓
Declarations of Interest	Chair	<b>SI</b>	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	<b>SI</b>	✓	✓	✓	✓
Action Log and Matters Arising	Chair	<b>SI</b>	✓	✓	✓	✓
<b>Committee Governance</b>						
Development of Committee Annual Programme of Business 2024/25	Chair DoCG	<b>AN</b>	✓			
Review of Committee Programme of Business 2024/25	Chair DoCG	<b>SI</b>	✓	✓	✓	✓
Annual Review of Committee Terms of Reference	DoCG	<b>AN</b>				✓
Annual Review of Committee Effectiveness 2024/25	Chair DOCG	<b>AN</b>			✓	
Outcome of Annual Review of Committee Effectiveness 2024/25	Chair DoCG	<b>AN</b>				✓
Committee Annual Report 2024/25	Chair DoCG	<b>AN</b>				✓
Reflection of the meeting held	Chair	<b>SI</b>	✓	✓	✓	✓

<b>Committee Core Business</b>						
Mental Health Act Compliance Report	HoQI	<b>SI</b>	✓	✓	✓	✓
Power of Discharge Committee Update	HoQI	<b>SI</b>	✓	✓	✓	✓
Annual Benchmarking Report	HoQI	<b>AN</b>		✓		
RCRP/Concordat information report (to support when reviewing multi agency protocols/policies)	HoQI	<b>SI</b>	✓	✓	✓	✓

<b>Lead Officer</b>	
<b>Key</b>	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director

DOD	Director of Digital
HoQI	Head of Quality Improvement for MHLD
Chair	Chair

Frequency of Inclusion	
<b>Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions</b>	
<b>SI</b>	Standing Item
<b>An</b>	Annual
<b>1/4ly</b>	Quarterly
<b>BI</b>	!/2 yearly
<b>Schedule of Meetings</b>	
<b>v</b>	Scheduled agenda item in FWP
<b>D</b>	Deferred from this agenda
<b>vD</b>	Deferred Scheduled agenda item
<b>W</b>	Withdrawn from FWP
<b>T</b>	Transferred to another Committee
<b>IC</b>	Matter discussed In Committee



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 June 2024
<b>CYFARFOD O: MEETING OF:</b>	Mental Health Act Monitoring Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Act Update Report Q4 2023-24
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Leanne Watkins, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 over Quarter 4, January – March 2024 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.

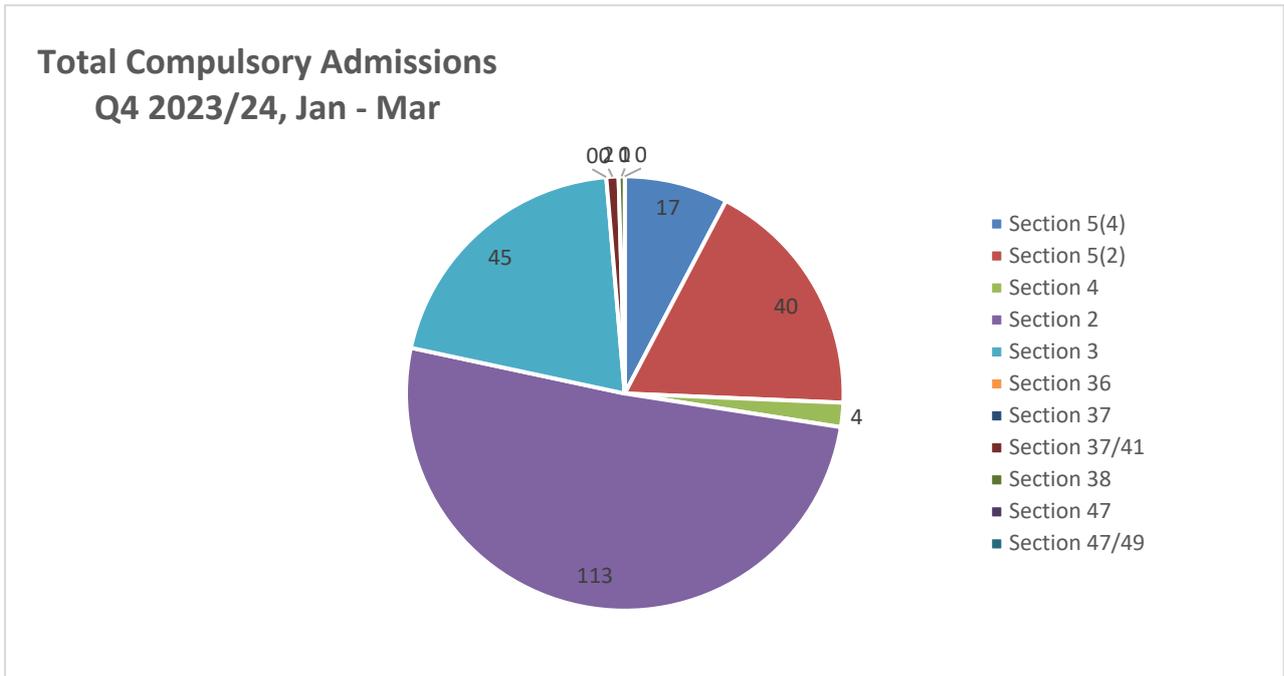
The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

**Cefndir / Background**

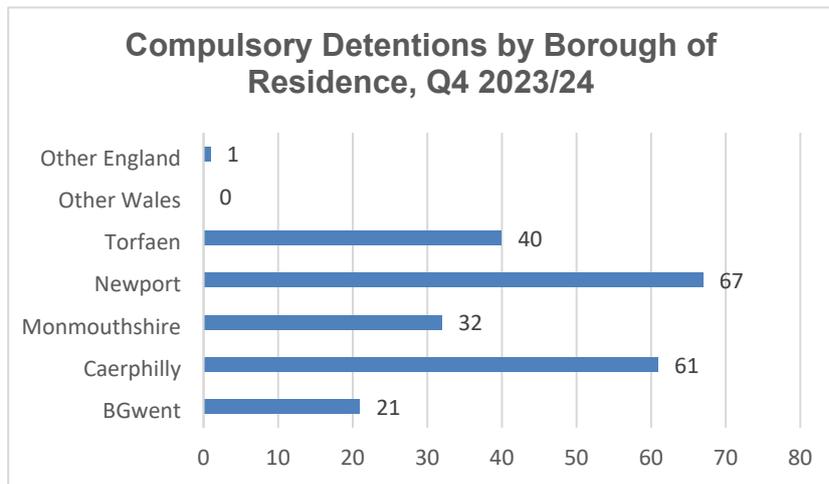
The report presents data for the fourth quarter of 2023/24 on the use of the Mental Health Act (MHA) across the Health Board. The data is currently collected and analysed manually through the Mental Health Act Administration Office.

**1. In-Patient MHA Activity, Q4 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.



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. Newport and Torfaen had the highest number of detentions per population.



<b>Borough</b>	<b>Detentions Q4 2023/24</b>	<b>Population (000's)</b>	<b>Detentions per 1,000 population Q4 2023/24 (Previous Qtr.)</b>
Caerphilly	61	176	<b>0.3 (0.3)</b>
Newport	67	161	<b>0.4 (0.3)</b>
Blaenau Gwent	21	67	<b>0.3 (0.1)</b>
Torfaen	40	92	<b>0.4 (0.3)</b>
Monmouthshire	32	93	<b>0.3 (0.4)</b>

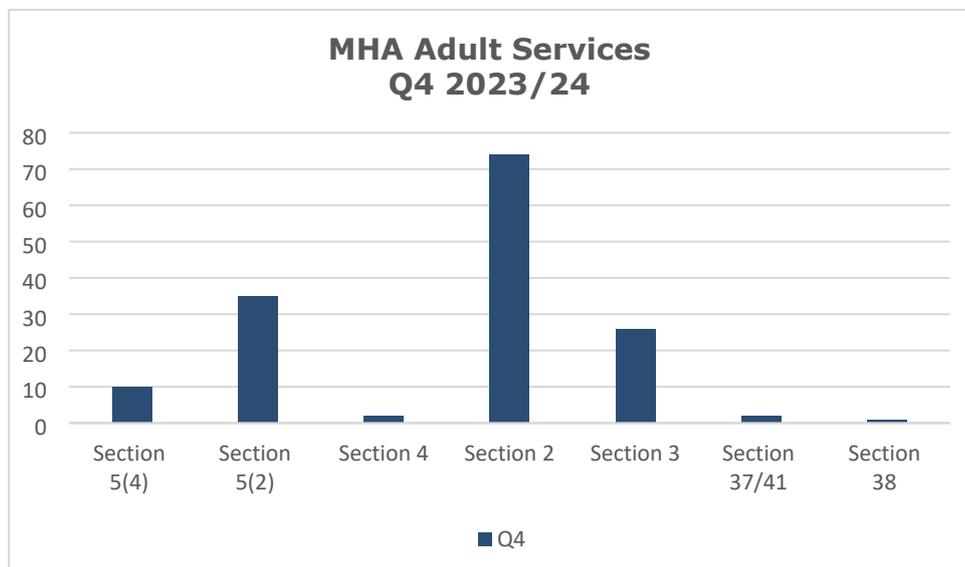
In comparison to the previous quarter, there has been a 22% increase in the overall number of patients detained under the Act. Compared to the same quarter of last year (22/23) there has been a 5% increase.

<b>Section</b>	<b>Q4 2022/23</b>	<b>Q1 2023/24</b>	<b>Q2 2023/24</b>	<b>Q3 2023/24</b>	<b>Q4 2023/24</b>
Section 5(4)	6	6	11	17	17
Section 5(2)	32	29	24	29	40
Section 4	4	4	4	0	4
Section 2	116	115	122	100	113
Section 3	51	45	42	35*	45
Section 36	1	0	0	0	0
Section 37	0	1	0	0	0
Section 37/41	1	2	2	0	2
Section 38	0	0	0	0	1
Section 47	0	0	0	1	0
Section 47/49	1	0	0	0	0
Section 48	0	1	0	0	0
Section 48/49	0	0	0	1	0
<b>Total</b>	<b>212</b>	<b>203</b>	<b>205</b>	<b>182</b>	<b>222</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 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 just under half (49%) of all admissions are under Section 2 (Assessment) of the MHA, with 17% of detentions under section 3 (Treatment). 30% of all adult detentions were under Section 5 of the Act. There was an overall increase (22%) in the number of detentions compared to the previous quarter.

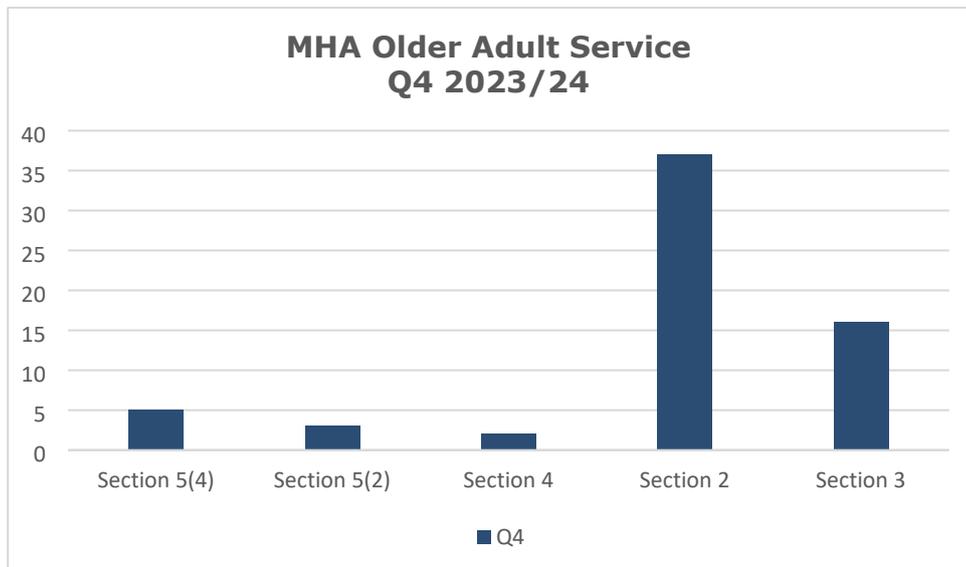


Section	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Section 5(4)	5	5	8	13	10
Section 5(2)	29	26	20	23	35
Section 4	1	3	2	0	2
Section 2	81	75	82	63	74
Section 3	35	30	31	22*	26
Section 36	1	0	0	0	0
Section 37	0	1	0	0	0
Section 37/41	1	2	2	2	2
Section 38	0	0	0	0	1
Section 47	0	0	0	0	0
Section 47/49	1	0	0	0	0
Section 48	0	0	0	1	0
Section 48/49	0	1	0	0	0
<b>TOTAL</b>	<b>154</b>	<b>143</b>	<b>145</b>	<b>123</b>	<b>150</b>

\*This figure includes a notional 37 detention.

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

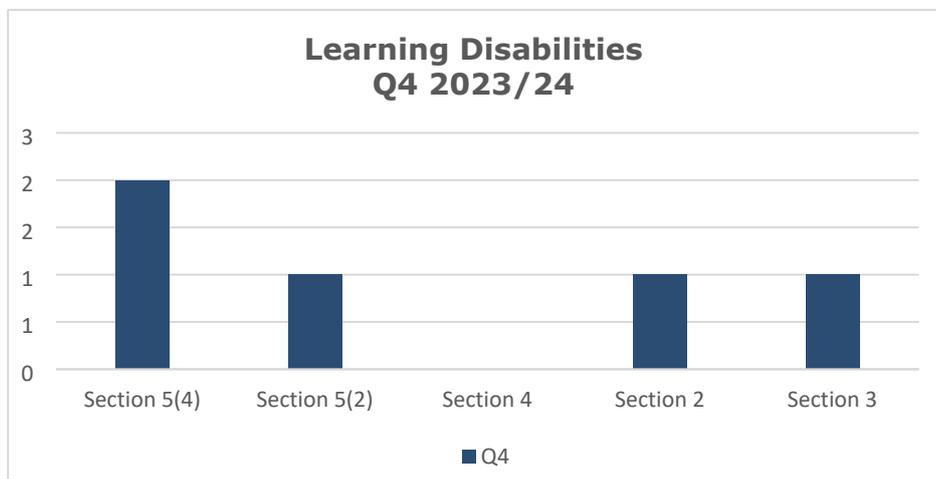
Within the older adult population patients admitted and detained, 84% were admitted under Sections 2 or 3 of the MHA with 13% admitted under Section 5 provision. There was a 29% increase in the number of detentions compared to the previous quarter.



Section	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Section 5(4)	1	0	3	2	5
Section 5(2)	1	2	3	4	3
Section 4	3	1	2	0	2
Section 2	31	35	35	32	37
Section 3	15	13	10	11	16
<b>TOTAL</b>	<b>51</b>	<b>51</b>	<b>53</b>	<b>49</b>	<b>63</b>

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

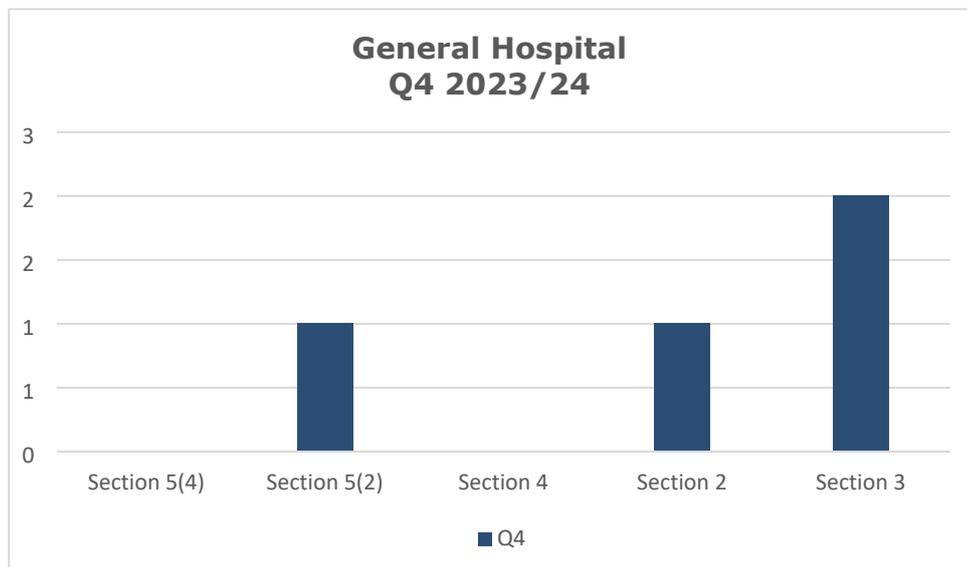
For individuals with a learning disability requiring admission under the MHA, 40% were admitted under Sections 2 or 3 of the MHA with 60% admitted under Section 5 provision. The number of detentions stayed the same in comparison to the previous quarter.



Section	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Section 5(4)	0	1	0	2	2
Section 5(2)	1	1	0	1	1
Section 4	0	0	0	0	0
Section 2	1	3	0	1	1
Section 3	0	2	0	1	1
<b>TOTAL</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>5</b>	<b>5</b>

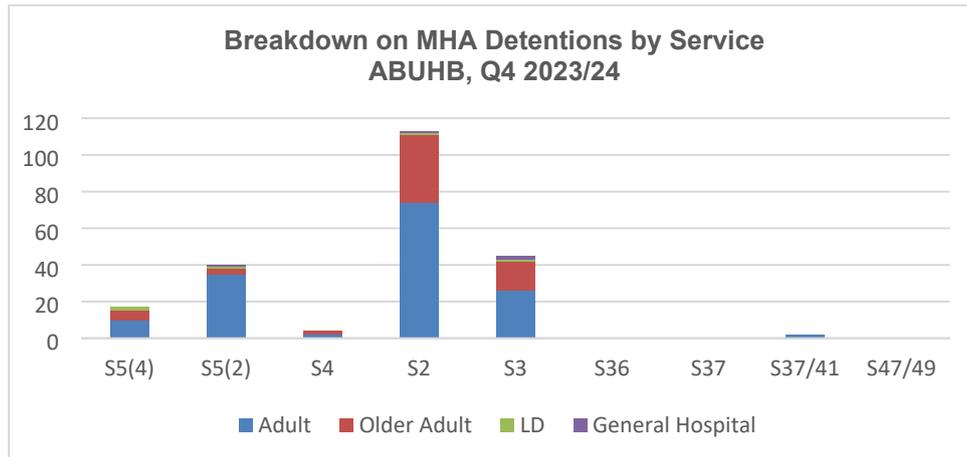
- General Hospital Compulsory Admissions Under the MHA (1983)**

For patients detained under the MHA in a General Hospital setting, 75% were admitted under Sections 2 or 3 of the MHA with 25% admitted under Section 5 provision. There was an overall 33% decrease in the number of detentions compared to the previous quarter.



Section	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Section 5(4)	0	0	0	0	0
Section 5(2)	1	0	2	1	1
Section 4	0	0	0	0	0
Section 2	3	2	5	4	1
Section 3	1	0	0	1	2
<b>TOTAL</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>6</b>	<b>4</b>

The below chart shows the total MHA detentions broken down by service for quarter 4, 2023/24.

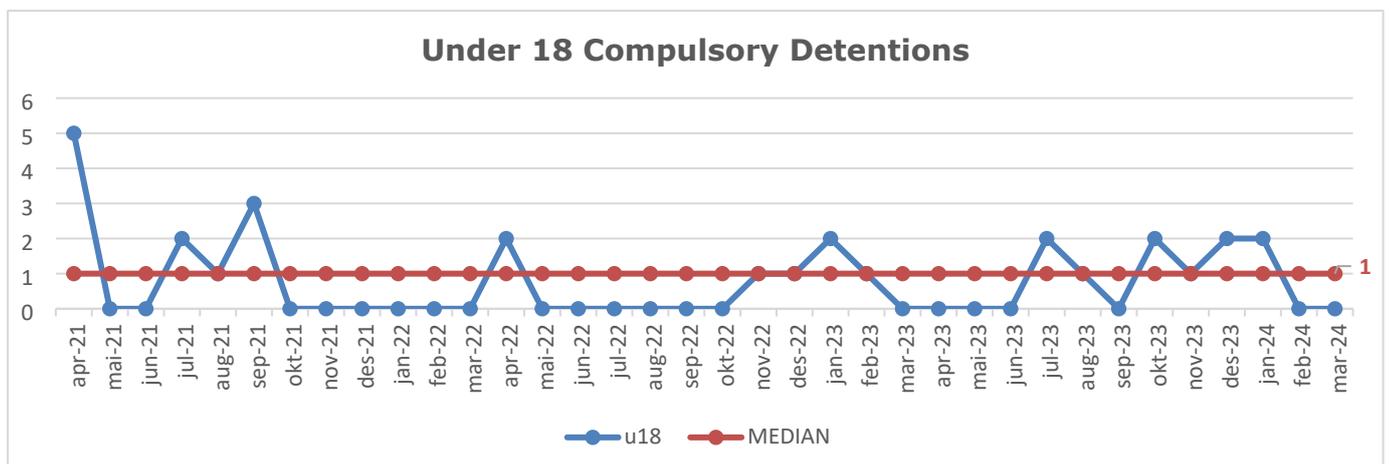


• **Total number of Under 18s Compulsory Detentions Under the MHA (1983)**

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 50% decrease in the number of under 18 detentions taking place in quarter 4 in comparison to the previous quarter.

Under 18 years Detentions	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Section 5(4)	2	0	0	0	0
Section 5(2)	1	0	0	1	0
Section 2	0	0	2	3	1
Section 3	0	0	1	0	1
CTO	0	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>2</b>



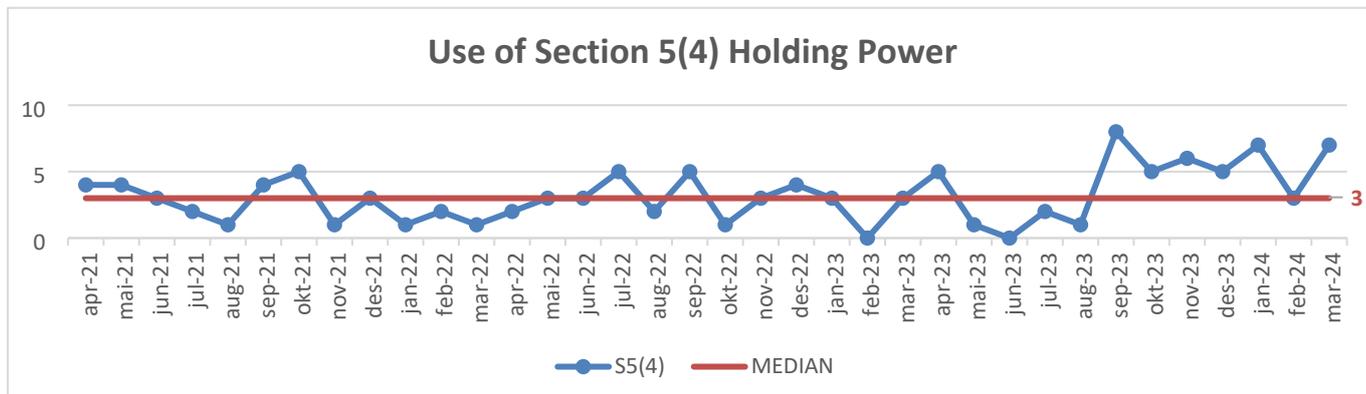
A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision 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 2021 to March 2024

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

### • Use of Section 5 Holding Powers

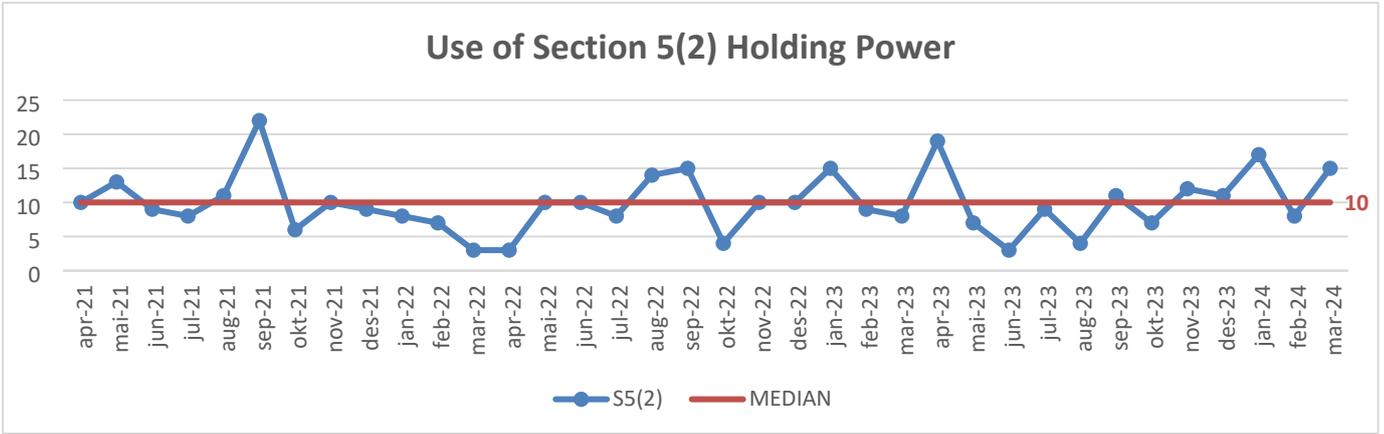
The use of Section 5(4) is intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital. There were 17 uses of this holding power over the quarter with 65% of these resulting in a doctor/approved clinician detaining the patient under Section 5(2) and 35% either ending or lapsing without further detention under the MHA.



### Outcome of Section 5(4) – Q4 2023/24

Outcome	Total
Lapsed	5
Ended	1
Section 5(2)	11
Section 2	0
Section 3	0
<b>Total</b>	<b>17</b>

The use of Section 5(2) resulted in 55% of patients being detained under section 2, 10% being detained under section 3 and 35% ending or lapsing without further detention under the MHA.



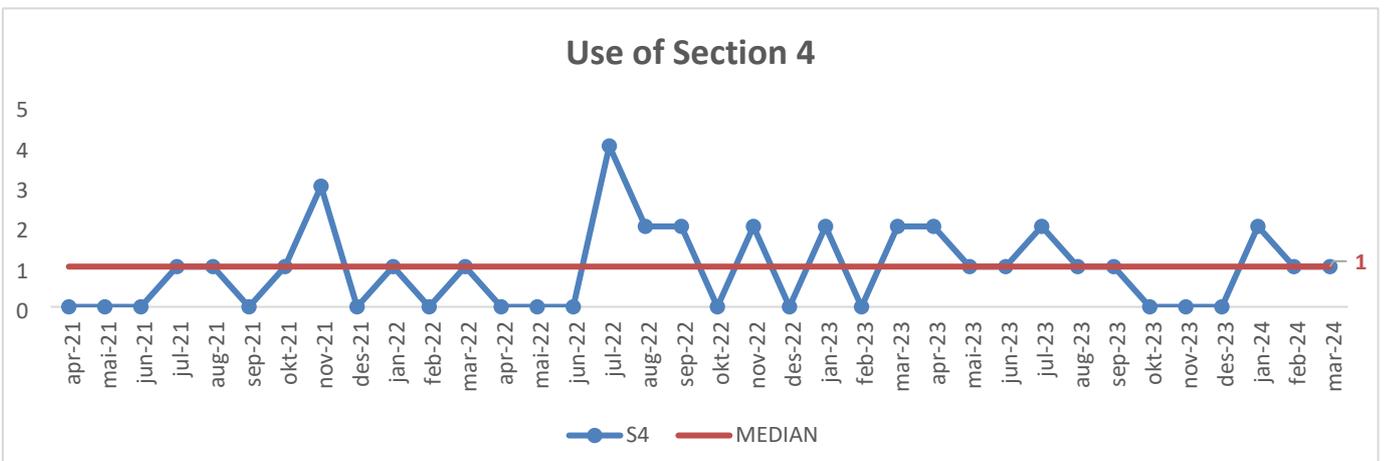
### Outcome of Section 5(2) – Q4 2023/24

Outcome	Total
Lapsed	6
Ended	8
Section 2	22
Section 3	4
<b>Total</b>	<b>40</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. Section 4 was used on 4 occasions this quarter (Q4). The chart below shows that the use of Section 4 has increased by 100% in comparison to the previous quarter.



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.

### **Use of Section 4 in Adult Mental Health Services – Q4 2023/24**

- The patient was detained under Section 136 and a MHA assessment was arranged. The patient presented as thought disordered and garrulous with a pressure of speech throughout. He had fixed delusional beliefs and lacked insight around his presenting needs. Due to the risk of vulnerability and further deterioration he was detained under Section 4 of the MHA. There would have been in excess of a two hour wait for a second doctor to attend.
- Police had been called to the patient’s property following an altercation between the patient and his family and as result called requesting an emergency assessment. The patient was presenting as floridly psychotic, laughing and talking to himself and had attempted to strangle his sister and brother-in-law resulting in 3 members of his family having to restrain him until police arrived. The patient was agreeable to an assessment and was transported to Cwm Coch. It was agreed that the patient was suffering from a mental disorder of a degree which would warrant further assessment in hospital under S2. Due to the perceived risks and urgency of the situation it was not reasonably practicable to delay the detention until a further doctor was available.

### **Use of Section 4 in Older Adult Mental Health Services – Q4 2023/24**

- The request for a MHA assessment came late in the day and there was no second S12 Doctor available but it was felt that the risk was too great to delay the MHA assessment. It was felt that the patient was having an acute stress reaction psychotic episode. The family were not able to support but were very concerned about the risk the patient posed to herself and others. Hospital admission was offered but the patient declined. It was agreed that because of the nature and degree of the mental disorder the patient should be admitted under Section 4 of the MHA.
- The patient was declining food and drinks and it was unclear how long she had been abstaining from eating and drinking. The patient denied suicidal ideation but declined to answer some questions and displayed minimal engagement, appearing catatonic in presentation. An urgent MHA assessment was requested due to the patient’s presentation and the risk of dehydration. The suitability of s4 was discussed and the doctor felt it was appropriate given the circumstances and the fact that the patient’s lack of engagement was preventing further assessment and treatment in the community.

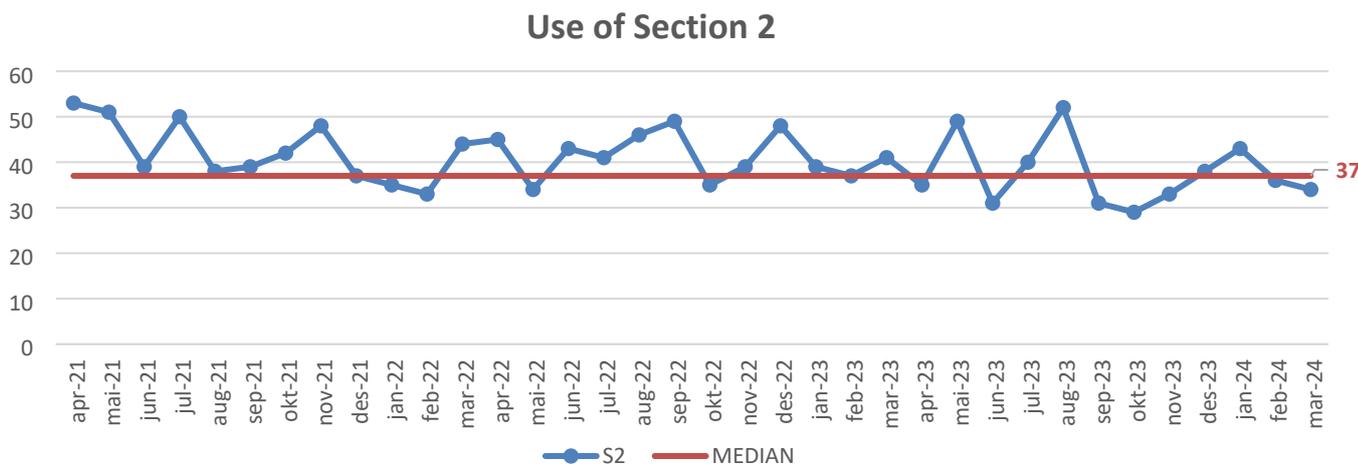
All 4 uses of section 4 this quarter are proportionate and reasonable in the circumstances

### **Outcome of Section 4 – Q2 2023/24**

<b>Outcome</b>	<b>Total</b>
Discharged	1
Section 2	3
<b>Total</b>	<b>4</b>

## • Use of Section 2

54% 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 2023/24

Outcome	Total
Expired	3
Regraded S3	15
Transferred	2
Died	0
Ended: 0-3 days	8
Ended: 4-14 days	38
Ended: 15-28 days	47
<b>Total</b>	<b>113</b>

A total of 113 detentions were made using Section 2, with 65% of these in adult mental health services, 33% in older adult, 1% in learning disabilities and 1% in a general hospital setting.

Of the total 113 patients detained under Section 2:

- 15 (13%) were regraded to Section 3
- 2 (2%) were transferred out of the Health Board during the Section 2

Of the remaining 96 detentions under Section 2, a breakdown of the length of admission of these individuals shows that:

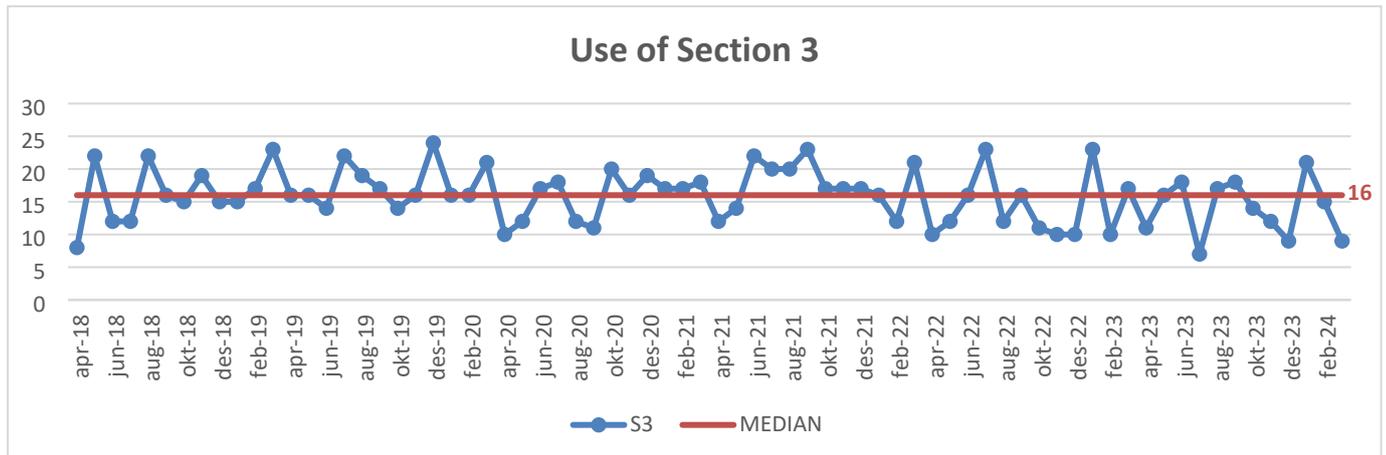
- 0-3 days                    8 (7%) were detained between 0-3 days
- 4-14 days                    38 (34%) were detained between 4-14 days
- 15-28 days                    47 (42%), were detained between 15-28 days

Of this cohort, 3 (3%) detentions were allowed to lapse. This is a 57% 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**

20% of all detained admissions were admitted under Section 3 during the quarter. A total of 45 detentions were made using Section 3, with 58% of these in adult mental health, 36% in older adult mental health, 2% in learning disabilities and 4% in a general hospital setting.

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:

- 25 (57%) detentions remained as ongoing detentions as of 23.04.2024
- 16 (36%) detentions were ended as of 23.04.2024
- 3 (7%) detentions were regraded to CTO

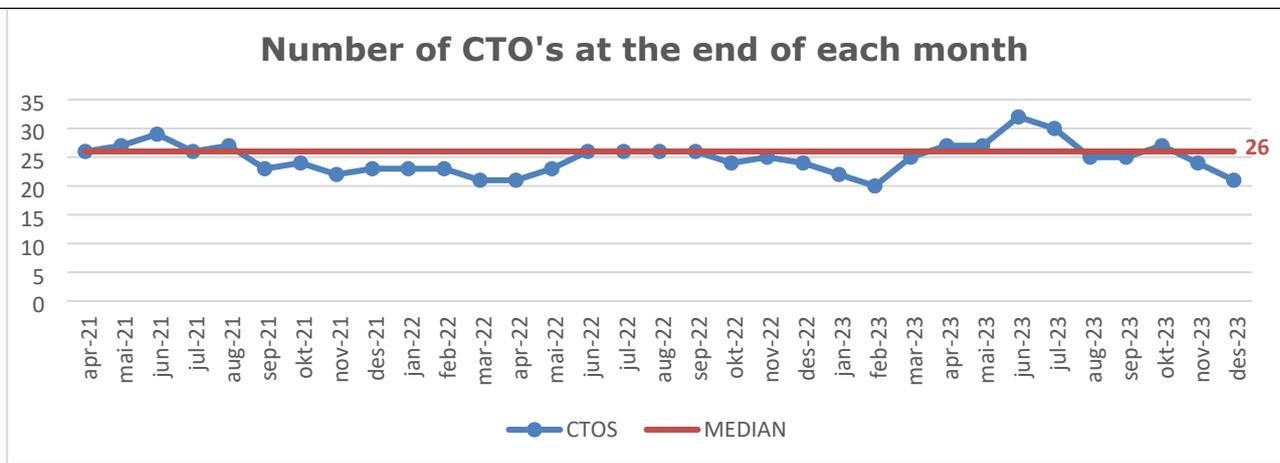
- **Renewal of In-patient Detentions under the MHA (1983)**

The table below shows that the number of renewals of inpatient detentions decreased by 31% during the quarter compared to the previous quarter.

Section	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Section 3 renewal	8	6	12	10	6
Section 37 renewal	1	1	1	0	0
Section 47 renewal	0	1	0	0	0
<b>TOTAL</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>10</b>	<b>6</b>

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

The number of Community Treatment Orders at the end of each month has increased by 10%, from 21 at the end of quarter 3, 2023/24 to 23 at the end of quarter 4, 2023/24.



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

### Community Treatment Orders (CTOs)

Section	Power	Q4 2022/23	Q1 2022/23	Q2 2023/24	Q3 2023/24	Q4 2023/24
17A	CTOs made	7	13	2	8	7
	CTOs extended	3	4	2	7	3
	Recalled to hospital and not admitted	0	1	1	3	1
	Recalled to hospital and revoked	4	2	5	3	3
	Discharged from CTO	2	4	4	9	2

### 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.

	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Unlawful Detentions	0	0	1	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.

	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
<b>Failed Medical Scrutiny</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>1</b>

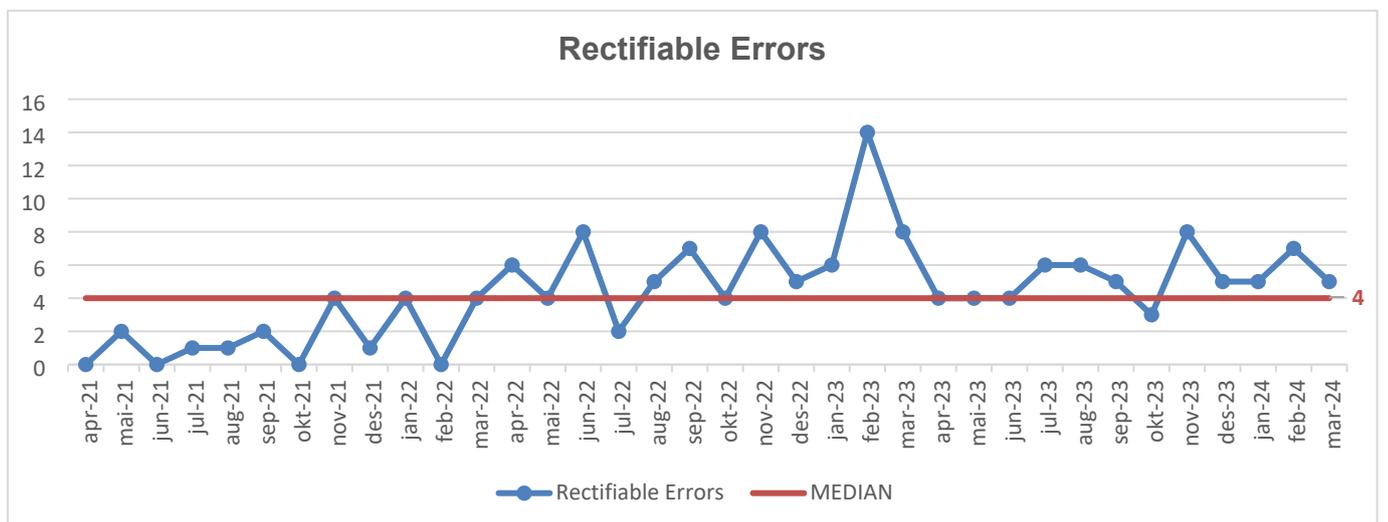
**Rectifiable Errors on Documents**

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 a 6% increase in the number of rectifiable errors this quarter, demonstrating that 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 ensure that documentation is as accurate as possible. This has been raised with the Senior Psychiatrists Committee for awareness, vigilance and action and training around the scrutiny process is being conducted the MHA Administration Department.

	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
<b>Rectifiable errors on document</b>	<b>28</b>	<b>12</b>	<b>17</b>	<b>16</b>	<b>17</b>

The chart below shows rectifiable errors. 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, however this has increased during quarter 2 and stayed steady for the remainder of 2023-24.



#### 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.

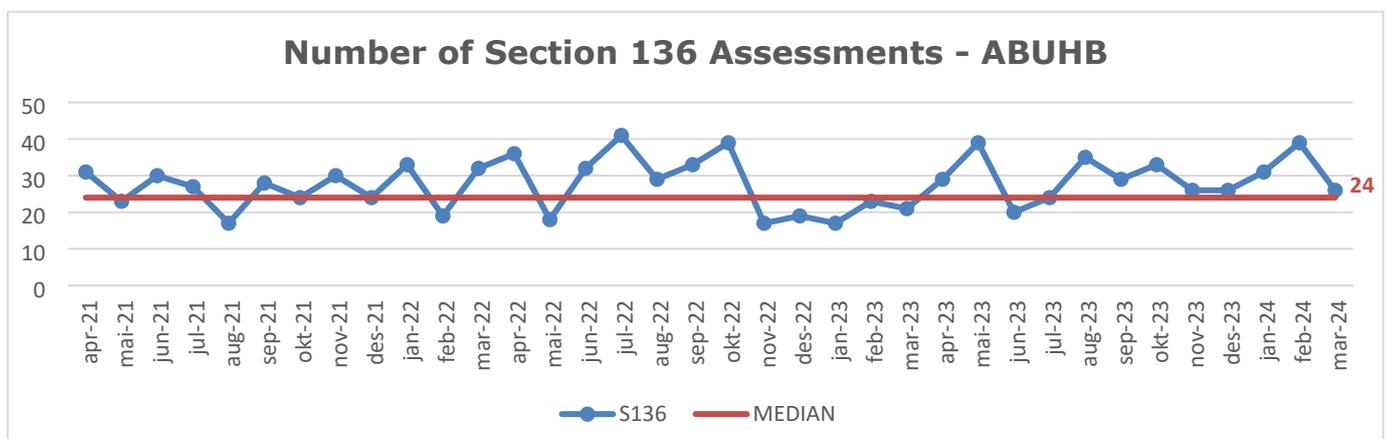
#### Use of Section 135, Q4 2023/24

Section 135 of the MHA	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Assessed and admitted informally	1	0	0	0	0
Assessed and discharged	0	0	0	0	0
Assessed and detained under Section 2	2	7	2	3	2
Assessed and detained under Section 3	0	1	0	4	0
Assessed and CTO Revoked	0	0	0	0	1
Other	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>7</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 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.

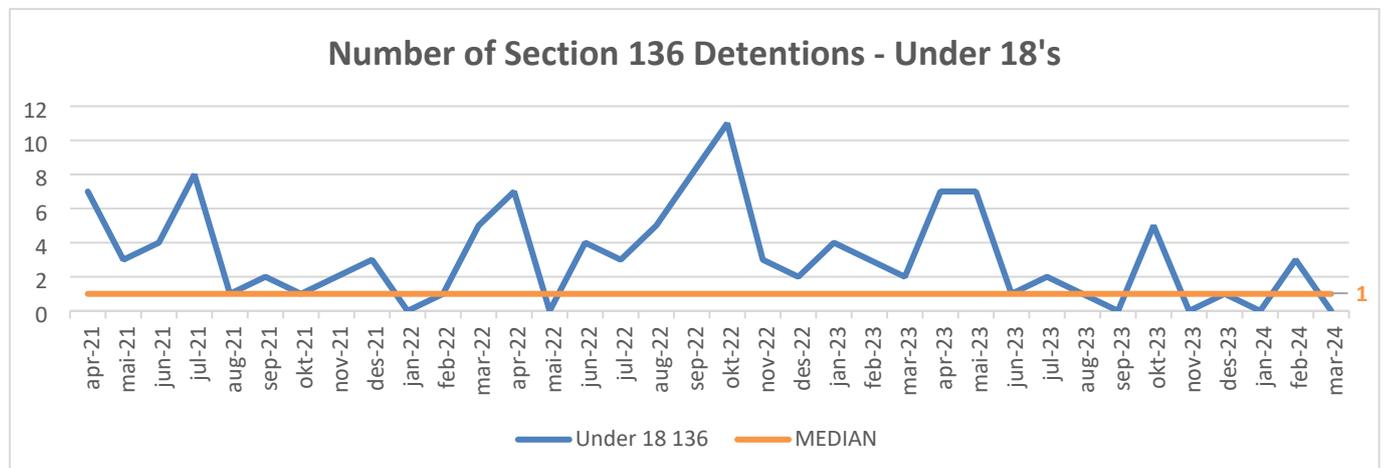


A breakdown of the outcome of 136 assessments is shown in the table below. A total of 96 assessments were undertaken. Of those assessed 52% were admitted, with 52% of those admitted being formally detained. 19% of individuals assessed were discharged with no follow up required, while 28% were discharged with a follow up plan in place.

## Use of Section 136, Q4 2023/24

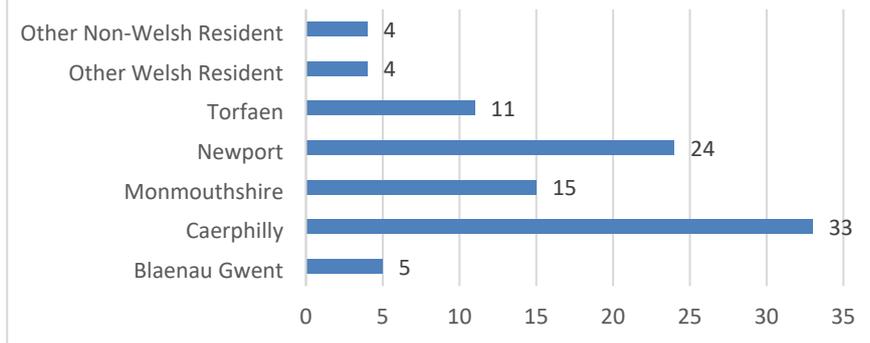
Section 136 of the MHA	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Assessed and admitted informally	11	7	17	12	24
Assessed and detained under Section 2	18	24	12	13	23
Assessed and detained under Section 3	0	0	0	0	2
Assessed and detained under Section 4	0	1	0	0	1
Discharged – no follow-up required	9	15	26	22	18
Assessed and Recalled under CTO	0	0	1	1	0
Discharged – with follow-up plan	23	40	32	36	27
Section 136 lapsed	1	1	1	1	4
<b>TOTAL</b>	<b>62</b>	<b>88</b>	<b>89</b>	<b>85</b>	<b>96</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 50% in quarter 4.



A breakdown of assessed patients by borough shows that Newport and Caerphilly had higher demand than other boroughs, together accounting for 59% of all assessments.

### S136 Arrests by Borough of Residence Q4 2023/24



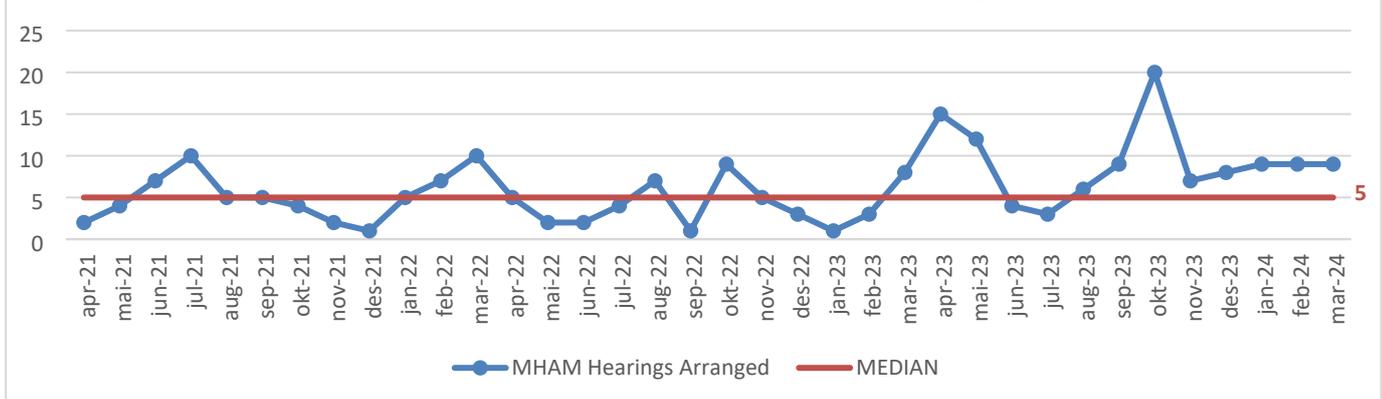
A breakdown of all 96 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 33% of all cases; 3% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Q4 2022/23	Q1 2022/23	Q2 2023/24	Q3 2023/24	Q4 2023/24
<b>TOTAL</b>	<b>N=62</b>	<b>N=88</b>	<b>N=89</b>	<b>N=89</b>	<b>N=96</b>
Gender:					
% Male	53%	51%	44%	55%	45%
% Female	47%	49%	56%	45%	55%
Place of Safety:					
% Hospital	98%	98%	98%	100%	98%
% Police Station	2%	2%	2%	0%	2%
% Under 18 Years	15%	17%	3%	7%	3%
Use of Illicit Substances:					
% Alcohol	21%	24%	30%	24%	17%
% Drugs	8%	3%	7%	2%	7%
% Both Alcohol and Drugs	3%	9%	2%	8%	9%
Where Assessment took place:					
% Hospital	98%	99%	99%	99%	99%
% Police Station	0%	0%	0%	0%	0%
12 Hour extension required /granted	0%	1%	0%	0%	2%

### 5. Mental Health Act Managers Hearings

There has been a 23% decrease 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 14 hearings held during the quarter.

### Hospital Managers Hearings Arranged



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

### Mental Health Act Manager Review Hearings

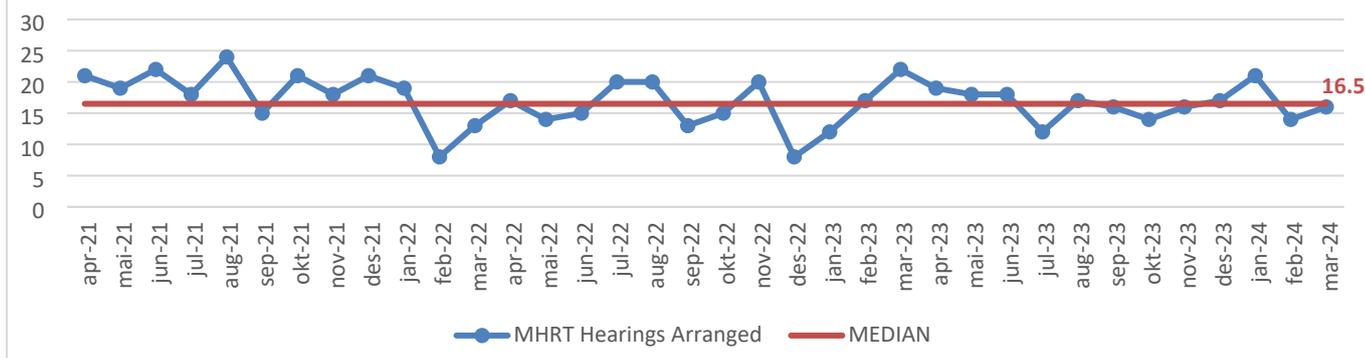
Hospital Manager Hearings	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Applications by patient – Inpatient	1	0	1	1	0
Applications by patient – CTO	0	0	0	0	0
Renewal Hearing Applications – Inpatient	5	12	23	17	15
Renewal Hearing Applications – CTO	1	2	16	9	11
Barring Hearings	0	0	1	0	0
Hearing cancelled before being heard	5	4	14	16	13
Hearing held - Patient Discharged by Hospital Managers	0	0	0	0	0
Hearing held – Section continued	7	27	4	19	19

### 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. Section 2 appeals must be heard within 7 days, other than in exceptional circumstances. All other appeals are within 6 weeks, though there is some flexibility.

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 9% increase in the number of hearings arranged in Q4 in comparison to the previous quarter.

### Tribunal Hearings Arranged



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

### Mental Health Review Tribunals Activity

MH Review Tribunal Hearings	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
Applications by patient – Inpatient	51	45	34	29	35
Applications by patient – CTO	2	1	0	2	3
Renewal Hearing Applications – Inpatient	7	6	6	13	7
Renewal Hearing Applications – CTO	4	1	3	6	2
Referral by MOJ	2	4	2	1	0
Referral by Welsh Ministers	0	1	1	0	1
Outcomes: Hearing Cancelled before being heard	28	32	25	31	33
Outcomes: Patient Discharged by MHRT	3	1	0	4	2
Outcomes: Section Continued	20	22	20	12	16

This shows that a significant number of Tribunals continue to be cancelled before being heard.

### 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.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Not Applicable Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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:	<b>Informal patient:</b> Someone who is being treated for mental disorder in hospital and who is not detained under the Act.  <b>Detained patient:</b> 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 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.

	<p><b>Section 17A, Community Treatment Order:</b> 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>• ensuring the patient receives medical treatment</li> <li>• preventing the risk of harm to the patient's health or safety</li> <li>• 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>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	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:
• <b>Workforce</b>	Choose an item.
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb</b>	<b>No does not meet requirements</b>

<p><b>Equality Impact Assessment (EIA) completed</b></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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></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>

**Power of Discharge Sub-Committee Meeting**

**Tuesday 13<sup>th</sup> February 2024 11:00 – 12:30**

**Virtually via Microsoft Teams**

**Present:**

- Paul Deneen – Chair, Independent Board Member
- Sarah Cadman – Head of Quality and Improvement
- Helen Moon – Integrated Mental Health Act Trainer and Clinical Lead Mental Health Act
- Julie Roberts – Associate Hospital Manager
- Keith Dunn – Associate Hospital Manager
- Peter Walters – Associate Hospital Manager
- Lyndon Moore – Associate Hospital Manager
- Carol Morgan – Associate Hospital Manager
- Bev Hopkins – MHA Team Lead
- Daniel Webb – CTP, WARRN & Clinical Audit Lead – Mental Health
- Amelia James – Mental Health Act Implementation Support Officer

Agenda Item	Key Discussion points /Updates	Action	Who
1. Apologies and Welcomes	<p>Apologies and welcomes given</p> <p>Paul updated the committee that Peter Evans has retired from his role as Associate Hospital Manager. Paul sent a card to him expressing thanks on behalf of the health board and received an email response from Peter.</p>		
2. Training Session on Wales Applied Risk Research Network (WARRN)	<p>Daniel Webb conducted a training session on Wales Applied Risk Research Network (WARRN). This included a basic introduction to WARRN, a practical example of and answered any questions raised by the committee.</p> <p>It was discussed how useful the training session had been and Paul thanked Daniel for attending and conducting the training session. Amelia to send out training resources to the committee.</p>	Dan to send training resources to Amelia to disseminate	<b>AJames</b>

<p>3. Matters Arising and Minutes from previous Meeting</p>	<p>The minutes and action points from 28<sup>th</sup> November 2023 were reviewed and agreed.</p> <ul style="list-style-type: none"> <li>• It was agreed that training topics will be agreed for a 12-month period once the agenda has been confirmed for the All-Wales Manager Conference.</li> <li>• Bev confirmed that the expenses are up to date and discussed that there was a delay due to her being off from work over Christmas.</li> <li>• The All-Wales Hospital Managers Conference will take place on 29<sup>th</sup> February 2024.</li> <li>• Sarah distributed the Mental Health Act Update Report, Quarter 2 2023/24.</li> </ul>	<p>Helen to develop a programme of training</p>	<p><b>HMoon</b></p>
<p>4. Items for Decision</p>	<p>No items for Decision</p>		
<p>5. Items for Discussion</p>	<p><b><u>Feedback from AMH's</u></b></p> <p><b><u>Online Hearings</u></b>        Peter discussed the possibility of conducting online manager reviews in order to save money and time. Bev discussed that she had been speaking with IT regarding this and was waiting for a phone call from Information Governance regarding using a secure portal. The issue has been that there have been problems with some managers accessing their health board issued laptops so Bev is looking into a way that online hearings can be conducted via personal devices whilst ensuring documents are secure.</p> <p>Keith discussed the importance of IT giving Bev a deadline in regards to this so the issue doesn't drag on as it has in the past. Paul discussed that if Bev needs him to get involved with this then to let him know and he will help facilitate this.</p>	<p>Bev to have discussion with Information Governance around this and update the committee</p>	<p><b>BHopkins</b></p>

	<p><b><u>Laptops</u></b> Lyndon discussed frustrations with the fact that the health board issued laptops require the password to be reset if they are not used for a certain period of time. When this happens, he has to take the computer to Mamhilad to be looked at and it takes up around half of his day. Lyndon’s laptop is currently with the MHA office being looked into by IT.</p> <p>It was discussed that there should no longer be a need to change password as per the health board policy.</p> <p>Helen discussed that she called IT when she had trouble with her laptop and they connected her laptop to her mobile phone and she has had no problems since.</p> <p><b><u>Staffing</u></b> Keith discussed the staffing pressures the MHA office are under.</p> <p><b><u>Expenses</u></b> Keith expressed concern that there is nobody else that is able to process expenses when Bev is unavailable.</p> <p><b><u>ID Badge Update</u></b> AHM’s to inform Bev if their ID badges need updating. If they need updating, please send a digital photograph via email to Bev.</p> <p><b><u>All-Wales Hospital Managers Conference</u></b> We still don’t have an agenda/programme for the All-Wales Hospital Managers Conference taking place on 29<sup>th</sup> February 2024.</p> <p>Keith sent his apologies that he is not able to attend the conference as he will be in London in his role with the Japanese Consul. Paul noted that any paperwork would be brought back for Keith and Carol.</p>	<p>Bev to provide an update</p> <p>AHM’s to inform Bev if their ID badge needs updating</p> <p>Amelia to send out information once it has been sent out</p>	<p><b>BHopkins</b></p> <p><b>AHM’s / BHopkins</b></p> <p><b>AJames</b></p>
--	---	---	--

	<p><b><u>Update on recruitment of new AHM's and induction programme for new members</u></b></p> <p>Sarah updated the committee on the recruitment process. The advert for the post went out before Christmas and only received 2 applications, both of which were from people who don't live in Wales were only prepared to attend virtual hearings. Whilst there is some space for people who can only do virtual hearings, the biggest need at the moment is those who can do face to face. Sarah has asked a couple of times for the advert to go back out and for the net to be cast wider and has been in contact with the business partner in Workforce and OD who is progressing this and will continue to chase this up.</p> <p>It was suggested that the post be advertised with GAVO and the local bench magistrates as they already possess a number of the skills required. The idea of approaching neighbouring health boards was raised. Bev discussed that she has approached Cardiff &amp; Vale and is waiting for a response from them and that there may be opportunity to discuss this at the conference.</p> <p>It was noted that a number of other organisations are also having the same problems.</p> <p>Keith suggested that there needs to be a refresh of the advertisement as it looks very daunting and it needs to be more user friendly and fully explain what the post is about. It was noted that the title hospital manager may be off-putting to people.</p> <p>Julie discussed that it needed to be about respecting the volunteers and suggested that there be set days of the week that people are expected to volunteer. Julie also discussed that she feels like there isn't enough respect given to members of the panel and that there is a need to change a few things to optimize the efficiency and the clarity that is given to volunteers coming on the review panel.</p>		
--	---	--	--

	<p>Carol suggested that contact be made with the Public Appointments Office to see if they have a register of people who would be interested.</p> <p>Sarah raised the possibility of looking at something regional in regards to the recruitment process.</p> <p><b><u>Annual member conversation/feedback review</u></b> Paul discussed that there is a duty of care to the panel members and as such they are looking at an annual conversation taking place. Paul discussed that he envisions these taking place annually with Sarah and then tri-annually with himself as chair of the committee.</p> <p>The conversation will cover what was working well, what wasn't working so well, what we could do to help and what development needs have arisen. Paul will work with Sarah on this.</p> <p>All AHM's were in agreement with this review process.</p>	Paul and Sarah to work on Annual Conversation	<b>PDeneen / SCadman</b>
6. Items for Information	<p><b><u>Feedback from Mental Health Act Monitoring Committee (December 2023)</u></b> Sarah distributed the Mental Health Act Update Report, Quarter 2, July – September 2023.</p> <p><b><u>Mental Health Act Monitoring Committee Q3 Report</u></b> Following the MHA Monitoring Committee meeting next week Sarah will send out a copy of the Mental Health Act Update Report, Quarter 3, October – December 2023 to all of the AHM's.</p>	Sarah to send out MHA Monitoring report	<b>SCadman</b>
7. Any Other Business	<p>There have been proposed changes regarding the structure of the division. Sarah will update on any changes at the next meeting.</p>	Sarah to update on any changes	<b>SCadman</b>

	<p>The need for any updates to legislation and case law was discussed. It was decided to add this as a standing agenda item.</p> <p>Paul discussed that the Mental Health Act Monitoring Committee is considering the policies and procedures regarding the PODSC to ensure that it is all updated. Sarah will also review the associate hospital managers handbook to ensure that this is also up to date in readiness for the induction of any new members.</p> <p>Paul gave his thanks to the committee and to the hospital managers for their valuable time.</p>	<p>Amelia to add update on legislation/ case law as a standing item on the agenda.</p>	<p><b>AJames</b></p>
<p><b>Date of next meeting: Tuesday 28<sup>th</sup> May 2024 at 11:00</b></p>			