

Mental Health Act Monitoring Committee

Wed 02 March 2022, 14:00 - 17:00

Virtual via Teams



Agenda

14:00 - 14:00 0 min **1. PRELIMINARY MATTERS**

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence

Chair

To Note

1.3. Declarations of Interest

Chair

To Note

14:00 - 14:00 0 min **2. CONSENT AGENDA**

2.1. Unconfirmed Minutes of the Meeting Held on 3 November 2021

Chair


For Approval


 2.1 Unconfirmed Minutes 3.11.21 MHAM Committee 2 March 2022.pdf (8 pages)

2.2. Mental Health Act Monitoring Committee Annual Cycle of Business 2022-23

Director of Corporate Governance

For Approval


 2.2 Committee Annual Cycle of Business 2022-23 MHAM Committee 2 March 2022.pdf (2 pages)

 2.2.a Appendix 1 Annual Cycle of Business MHAM Committee 2 March 2022.pdf (3 pages)

2.3. Action Log

Chair

To Note

 2.3 Action Log MHAMC 2 March 2022 v2.pdf (5 pages)

14:00 - 14:00 0 min **3. MAIN AGENDA**

3.1. IMPROVING CARE

3.1.1. Report from the MHA Operational Group

Robert Goodwin

Report to include updates on:
The review of Policies currently marked 'red'.
Update on actions to address CAMHS compliance

For Discussion/Noting

 3.1.1 MHA Operational Group Report MHAM Committee 2 March 2022.pdf (13 pages)

3.1.2. MHA Quarterly Activity Report/Breaches & Unlawful Detentions

Philip Lewis

it was agreed at the last meeting that the two items would be combined into one report.

for Discussion/Noting

 3.1.2 Quarter 3 Activity combined with Errors & Breaches Report MHAM Committee 2 March 2022.pdf (23 pages)

3.1.3. Risks Relating to the Monitoring of the MHA

Julie Denley

For Discussion/Noting


 3.1.3 Risks Related to the MHA MHAM Committee 2 March 2022.pdf (4 pages)


3.1.4. Strategic Update from South Wales Police


Peter Thomas

for Discussion/Noting

 3.1.4 SWP Strategic Report MHAM Committee 2 March 2022.pdf (4 pages)

 3.1.4a Sanctuary SWP Request MHAM Committee 2 March 2022.pdf (1 pages)

 3.1.4b Wellbeing retreat Quarterly report Oct - Dec 2021 MHAM Committee 2 March 2022.pdf (5 pages)

 3.1.4c Bridgend Retreat Monthly Jan 22 MHAMC 2 March 2022.pdf (5 pages)

 3.1.4d Q3 2021-22 Suicide Report MHAMC 2 March 2022.pdf (6 pages)

 3.1.4e S136 Place of Safety 2021-22 Quarter 3 MHAM Committee 2022.pdf (45 pages)

3.1.5. Risks highlighted to the Organisational Risk Register - Verbal

Director of Governance/Board Secretary

For Discussion

3.1.6. Strategic Update from Local Authority Partners - Verbal

LA Partners

To Note

14:00 - 14:00
0 min

4. OTHER MATTERS

4.1. Committee Highlight Report to Board

Chair

4.2. Forward Work Programme

Chair

 4.2 Forward Work Programme MHAMC 2 March 2022.pdf (2 pages)

4.3. Any Other Urgent Business

Chair

4.4. How Did We Do Today?

Chair

4.5. Date and Time of Next Meeting

Chair

8 June 2022 at 2pm



CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

'UNCONFIRMED' MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT MONITORING COMMITTEE HELD ON 3 NOVEMBER 2021, AS A VIRTUAL MEETING WHICH WAS HELD VIA MICROSOFT TEAMS

PRESENT

- Jayne Sadgrove - Independent Member/ Health Board Vice-Chair (Chair)
- James Hehir - Independent Member
- Mel Jehu - Independent Member

IN ATTENDANCE

- Julie Denley - Director of Primary, Community & Mental Health
- Robert Goodwin - Service Group Manager, Mental Health
- Peter Thomas - South Wales Police Advisor for Mental Health
- Mark Wilkinson - Bridgend County Borough Council
- Angela Edavene - Merthyr Tydfil County Borough Council
- Frances Hall - Rhondda Cynon Taff County Borough Council
- Karen Thomas - South Wales Police
- Alyson Jones - Merthyr Tydfil County Borough Council
- Katie McPheat-Collins - Welsh Ambulance Service NHS Trust
- Wendy Penrhyn-Jones - Head of Corporate Governance and Board Business
- Kathrine Davies - Corporate Governance Manager (Secretariat)

PART 1. PRELIMINARY MATTERS

MHA/21/11/1 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

MHA/21/11/2 **APOLOGIES FOR ABSENCE**

Apologies for absence had been received from Philip Lewis, Head of Nursing, Mental Health.

MHA/21/11/3 **DECLARATIONS OF INTERESTS**

There were no interests declared.

PART 2. CONSENT AGENDA

Members confirmed that the Action Log would be moved to the main agenda for further updates.

MHA/21/11/4 **'UNCONFIRMED' MINUTES OF THE MEETING HELD ON 4 AUGUST 2021**

Resolution: The minutes were **APPROVED** as a true and accurate record.

MHA/21/11/5 **'UNCONFIRMED' MINUTES OF THE IN COMMITTEE MEETING HELD ON 4 AUGUST 2021**

Resolution: The minutes were **APPROVED** as a true and accurate record.

PART 3 - MAIN AGENDA

MHA/21/11/8 **ACTION LOG**

The Committee **noted** updates on the following actions:

- MHA/20/041 - Training to be included at induction for locums and agency doctors – J. Denley would pick up with P. Lewis outside the meeting.
- MHA/201/011 – Training and Refresher Training for Independent Members in the Mental Health Act – R. Goodwin advised that a training slot would try to be arranged prior to Christmas and whether Independent Members would consider putting themselves forward for the role of associate hospital managers.
- MHA/21/011 – St. John Ambulance Pilot – Update contained within the Operational Group Report.
- MHA/21/011 – Clinical Representation on the Committee – J. Denley advised that this would be considered with the new Associate Medical Director. The job description was awaiting approval and the advert was due to be live within the next month.
- MHA/21/013 – All Wales Benchmarking Data – J. Denley advised that an update was contained within the Errors and Breaches report.
- MHA/21/8/9 – MHA Quarterly Activity Report, data to be extracted on Section 135/136 for 2019/20 – J. Denley advised that P. Lewis would be asked to provide an update on this for the Action Log.

IMPROVING CARE

MHA/21/11/9

MHA OPERATIONAL GROUP REPORT

R Goodwin presented the report which provided Members with an update on the work of the MHA Operational Group.

J. Hehir queried whether a date has been set for the estimated roll-out times for the new Welsh Community Care Information System (WCCIS) into community adult mental health. R. Goodwin advised that there was no date set as yet for the roll-out but clarification had been sought. J. Denley advised that a report would be going to the Management Board in December 2021. The pilot was being led by Aneurin Bevan University Health Board and progress was being monitored.

M. Jehu referred to the four policies contained on page 8 that were marked 'red' and currently under review and queried whether there was a possibility of harm to service users due to the reviews having not yet been concluded. R. Goodwin advised that he was not aware of any issues within the existing policy framework and confirmed that he would undertake a high level review with the MHA team to ensure that the service was not being compromised.

The Chair referred paragraph 2.6 and queried whether any progress had been made with regard to the misinterpretation and conflict of interest amongst clinicians over the Code of Practice. R. Goodwin advised that some progress had been made, however, the evidence would be more visible when the numbers of Section 4 reduced to lower levels and the Approved Mental health Professionals (AMHPs) were confident that they would be able to secure the services of a Section 12 doctor. He confirmed that there was an update report on Section 12 doctors later on in the agenda. F. Hall advised that there had previously been misunderstanding around the use of the Act but had not been of recent.

R. Goodwin advised that the team had been engaging in further training with the doctors, however, feedback would be obtained from consultant colleagues at the forthcoming consultant committee meeting in order that an update could be brought back to the Committee.

Resolution: The Committee **APPROVED** the Report.

Action: MH team to undertake high level review of the policies currently marked red to ensure that the service was not being compromised.

Action: Feedback to be obtained from consultant colleagues at the consultant committee meeting on the conflict of interest and misinterpretation of the code of practice.

MHA/21/11/10 **MENTAL HEALTH ACT QUARTERLY ACTIVITY REPORT**

Julie Denley presented the report that provided the Committee with an overview of MHA activity for Adult, Older Persons and CAMHS for Quarter 2 July - September 2021.

J. Hehir referred to the current capacity issues within the MH team and sought assurance that this was being managed. J. Denley advised that it was a very small team. The bandings had also been uplifted to reflect the work that staff were doing and currently seeking to recruit temporary administrative staff for basic administrative roles and bench-marking in terms of sustainability within the team.

J. Sadgrove referred to the increase of adult detentions within the Bridgend area and queried whether there was a reason for this. J. Denley stated that the numbers fluctuated quarter to quarter. M. Dickinson advised that he would ask the AMHP team in Bridgend to provide analysis on whether there were any changes in terms of trends, looking into detail of each assessment and this would be channel through to the Committee by way of the Operational Group report.

M. Jehu referred to paragraph 2.6 on page of the report and sought clarity J. Denley confirmed that the training related to staff that had been trained but required re-fresher training and also for novice staff who required additional training.

M. Jehu referred to the CAMHS compliance and queried whether this was a legal requirement and were there any issues that the Committee should be made aware of. J. Denley advised that the Operational Group were carrying out triangulation work with a dedicated meeting to take forward along with an action plan to address the lack of compliance that the group will oversee and report back on. The Chair requested that updates on this to be provided within the Operational Group report to the Committee.

Resolution: The Committee **NOTED** the report.

Action: AMHP team in Bridgend to provide some analysis on the increase in Adult detentions and report back to Operational Group.

Action: Updates on actions to address CAMHS compliance to be provided within the Operational Group report to the Committee.

MHA/21/11/11 **BREACHES/ANALYSIS OF UNLAWFUL DETENTIONS**

J. Denley presented the report that provided the Committee with the data regarding errors and breaches that occurred during the application of the Act.

The Committee discussed consolidating the Quarterly Activity Report and the Breaches Report together which would be more helpful.

Resolution: The Committee **NOTED** the report.

Action: To consolidate the Quarterly Activity Report and Breaches Report.

MHA/21/11/12 **RISKS RELATING TO THE MONITORING OF THE MENTAL HEALTH ACT**

J Denley presented the report which provided an overview of the current risks relating to the monitoring of the Mental Health Act for Quarter 2 July – September 2021.

M. Jehu referred to page 2 of the report Section 5 (4) and queried whether there was any difference in the locations with regard to the legislation. J. Denley advised that there had been the last quarter but had reduced significantly this month. R. Goodwin advised that this matter had been referred to the Head of Nursing in Taff Ely to investigate.

Resolution: The report was **NOTED**

MHA/21/11/12 **CRISIS CARE CONCORDAT QUARTERLY UPDATE REPORT**

F. Thomas presented the report which provided an update on progress in relation to the development of a Regional Crisis Care Concordat group.

J. Hehir queried how much of the work of the Concordat was being managed and commissioned within NHS resources. F. Thomas confirmed that in terms of the work of the group, they were

currently in the process of undertaking a fact finding exercise to ascertain what was being delivered between the NHS, Police, third sector and voluntary sector which would form the basis of the work plan for the group moving forward. This detail would be provided to the Committee once completed.

The Chair commented that it was good to see the plans taking shape and looked forward to receiving a further update in six month's time.

Resolution: The report was **NOTED**.

MHA/21/11/13 **INDIVIDUALLY COMMISSIONED PLACEMENTS AND NHS USE AND ASSURANCE**

J. Denley provided a verbal update to the Committee.

Members **NOTED** the update and **AGREED** to receive further written reports to future meetings on the Mental Health and Learning Disability aspect of the commissioned placements.

Resolution: The Committee **NOTED** the verbal update.

MHA/21/11/14 **STRATEGIC UPDATE FROM SOUTH WALES POLICE**

P Thomas presented the report that provided the Committee with key data highlights and comparisons on Section 136, Suicides and the Alternative Place of Safety.

M. Jehu commended the Chief Officer for the support commitment to working with the NHS and the community psychiatric nurses in the Public Service Centre.

M. Jehu referred to the numbers of suicides on page 2 of the report, which was indicative of a downward trend compared with 2020 showing a decrease of 20% and queried whether it was possible to break this down for the CTM area to enable the Committee to contextualise. P. Thomas confirmed he was able to do so and proceeded to provide this detail.

P. Thomas advised that the data was also provided to the British Transport Police.

The Chair confirmed that the issue of suicides was periodically reported to Quality & Safety Committee and strands of this work

were also received at the Together for Mental Health multi-sector Group.

J. Denley confirmed that given the remit of the Committee was to oversee the application of the Mental Health Act the reporting route was via the Suicide Board.

Resolution: The Committee **NOTED** the report.

MHA/21/11/15 STRATEGIC UPDATE FROM LOCAL AUTHORITY PARTNERS

M. Dickinson sought clarity from the Committee on what they would like to see in terms of updates from the Local Authority and whether it would be strategic or operational. It was **AGREED** that the terms of reference for the Committee would be shared and a discussion outside of the meeting to consider the future updates.

Action: The Committee Terms of Reference to be shared.

MHA/21/11/16 UPDATE ON THE RECRUITMENT PROCESS FOR SECTION 12 DOCTORS

R. Goodwin presented the report that provided the Committee with an update on the current recruitment process of Section 12 Doctors.

The Chair queried that with regard to the lack of willingness to share the All-Wales list of validated doctors that data protection and confidentiality issues should be explored with the assistance of the Director of Corporate Governance/Board Secretary as to issues preventing access to the register. The Committee **AGREED** that advice be sought through the Director of Corporate Governance with regard to the need to validate the list of approved doctors.

Resolution: The Committee **NOTED** the work of the MHA Operational Group in reviewing the independent Section 12 Approved Doctor list and developing a recruitment plan to increase the pool of available doctors.

Action: Advice be sought through the Director of Corporate Governance with regard to the need to validate the list of approved doctors.

PART 4 – OTHER MATTERS

MHA/21/11/17 **TO DISCUSS AND AGREE THE COMMITTEE HIGHLIGHT REPORT TO BOARD**

Resolution: The Committee considered items to include within the report and **AGREED** that the report would be prepared by the Governance Team following the meeting.

MHA/21/11/18 **FORWARD WORK PLAN**

Resolution: The Forward Work Programme was **NOTED**.

MHA/21/11/19 **ANY OTHER URGENT BUSINESS**

P. Thomas advised the Committee that Superintendent K. Thomas was retiring at the end of the month and paid tribute to her. Members of the Committee also expressed their good wishes.

MHA/21/11/20 **HOW DID WE DO TODAY**

A discussion was held to evaluate the meeting. The following responses were provided:

- Local Authority Partners be asked to consider any updates required for future meetings of the Committee to the meeting.
- The Committee had grown over the last six years and had made significant improvements in terms of the quality of reports which helped Independent Members to scrutinise compliance with the provisions of the Mental Health Act.

MHA/21/11/21 **DATE AND TIME OF NEXT MEETING**

- 2 March 2022 at 2:00 pm



AGENDA ITEM
2.1.2

MENTAL HEALTH ACT MONITORING COMMITTEE

MENTAL HEALTH ACT MONITORING COMMITTEE CYCLE OF BUSINESS

Date of meeting	02/03/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Kathrine Davies, Corporate Governance Manager
Presented by	Georgina Galletly, Director of Corporate Governance
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The Mental Health Act Monitoring Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.



1.2 The Cycle of Business covers the period 1 March 2022 to 31 March 2023.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Please refer to **Appendix 1** – Mental Health Act Monitoring Committee Cycle of Business for further detail.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore ensuring good governance within the Trust can support quality care.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	Not required.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee is asked to **APPROVE** the Committee Cycle of Business.

Mental Health Act Monitoring Committee

Cycle of Business (1st March 2022 – 31st March 2023)

The Mental Health Act Monitoring Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Mental Health Act Monitoring Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st March 2022 to 31st March 2023.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the Committee is set out in the Standing Orders 1.0.1.

The Committee is an independent member committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference. The Committee will function in accordance with the NHS Audit Committee Handbook.

The purpose of the Committee is to advise and assure the Board that the arrangements to monitor and review the way functions under the Act are exercised on its behalf are operating appropriately and effectively and in accordance with legislation.

Mental Health Act Monitoring Committee Cycle of Business (1st March 2022 – 31st March 2023)

Strategic Objectives	Provide high quality, evidence based and accessible care	Work with Communities and partners to reduce inequality, promote well-being and prevent ill health	Ensure sustainability in all that we do, economically, environmentally and socially	Co-create with staff and partners a learning and growing culture
Threats to the Strategic Objectives	<ul style="list-style-type: none"> Failure to deliver a high quality, safe and effective service that improves population health Failure to provide timely health and wellbeing care & services Failure to deliver a service user and carer focussed service. 	<ul style="list-style-type: none"> Failure to engage effectively with our communities to inform, develop and deliver an effective, safe and responsive service that meets the health needs of our communities Failure to engage, listen and act on issues / feedback that would help to reduce inequalities, promote wellbeing and prevent ill health within our communities. 	<ul style="list-style-type: none"> Failure to make robust, informed decisions for our communities and execute them within a sound system of Governance Failure to deliver and maintain financial sustainability Failure to continually adapt and respond to a changing environment. Failure to adopt new technology and innovations to enable change and sustainability 	<ul style="list-style-type: none"> Failure to listen, learn and respond appropriately to the views of our staff and partners to enable continual improvement in our services and culture. Failure to engage, listen and act on feedback to shape services and culture. Failure to engage constructively with partners and have a mutual understanding of each other's issues. Failure to sustain an engaged and effective workforce.

Item of Business	Executive Lead	Reporting period	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Consent Agenda																	
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings			✓			✓			✓			✓			✓
Action Log	Director of Corporate Governance	All Regular Meetings			✓			✓			✓			✓			✓
Main Agenda - Governance																	
Organisational Risk Register* (* There are currently no risks assigned to the Committee)	Director of Corporate Governance	All Regular Meetings (if applicable)			✓			✓			✓			✓			✓
Mental Health Act Monitoring Committee Annual Report	Director of Corporate Governance	Annually						✓									
Mental Health Act Monitoring Committee Annual Self-Assessment	Director of Corporate Governance	Annually									✓						
Mental Health Act Monitoring Committee Terms of Reference	Director of Corporate Governance	Annually						✓									
Mental Health Act Monitoring Committee Annual Cycle of Business	Director of Corporate Governance	Annually			✓												✓
Committee Forward Work Programme	Director of Corporate Governance	All Regular Meetings			✓			✓			✓			✓			✓
Main Agenda – Improving Care																	
Report from the Mental Health Act Operational Group	Lead Nurse & Chair MH Act Operational Group	All Regular Meetings			✓			✓			✓			✓			✓



Item of Business	Executive Lead	Reporting period	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 202	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Mental Health Act Quarterly Activity Report / Breaches/Analysis of Unlawful Detentions - Mental Health Act	Head of MH Nursing Merthyr & Cynon ILG	All Regular Meetings			✓			✓			✓			✓			✓
Risks related to the Monitoring of the Mental Health Act	Head of MH Nursing Merthyr & Cynon ILG	All Regular Meetings			✓			✓			✓			✓			✓
Strategic Update from South Wales Police	South Wales Police	All Regular Meetings			✓			✓			✓			✓			✓
Strategic Update from Local Authority Partners	Local Authority Partners	All Regular Meetings			✓			✓			✓			✓			✓
Crisis Care Concordat National and Local Update	Clinical Service Group Manager MH Rhondda & Taff Ely ILG	Six Monthly						✓						✓			

ACTION LOG - MENTAL HEALTH ACT MONITORING COMMITTEE					
Minute Reference	Date of Meeting Action Originated	Issue	Lead Officer	Timescale for Action to be completed	Status of Action (as at 22 February 2022 date papers where circulated)
MHA/20/011	March 2020	Strategic Update from South Wales Police Members noted that the pilot for the <i>Alternative Place of Safety</i> at The Sanctuary, Swansea would be operational late 2020 and agreed that it would be helpful to visit once it was fully established.	Peter Thomas – South Wales Policies	August 2022	In progress Agreed to arrange for 2022 due to IM's currently carrying out site visits across CTM (including MH Units).
MHA/20/041	November 2020	Breaches/Analysis of Unlawful Detentions of the MHA Members discussed training and suggested that this should be included at induction for locums and agency doctors.	Head of Nursing, Mental Health	January 2022	In progress J. Denley would pick up with P. Lewis outside the meeting.
MHA/21/011	May 2021	Operational Group Report Training and refresher training for Independent Members and new Committee Members on the Mental Health Act to be recommended and discussed with the Hospital Managers Power of Discharge Committee.	Chair/Clinical lead Operational Group	February 2022	Completed Training for all IM's undertaken on the 2 February 2022.

MHA/21/011	May 2021	Operational Group Report Update to the next meeting on the conveyance to patients to hospital and the service provided by St. Johns Ambulance.	Chair/Clinical lead Operational Group	November 2021	Completed Committee received an update within the Operational Group Report at the November 2021 meeting.
MHA/21/011	May 2021	Operational Group Report Clinical Representation on the Committee to be sought from the Clinical Directors.	Chair/Clinical Lead Operational Group	March 2022	In progress Committee advised at November 2021 meeting that this would be considered with the new Associate Medical Director. The job description was awaiting approval and the advert was due to be live within the next month.
MHA/21/013	May 2021	Breaches/Unlawful Detention of the MHA Update on all-Wales benchmarking data to be provided at next meeting	Head of Nursing, Mental Health	November 2021	Completed Committee received an update at the November 2021 meeting.
MHA/21/8/8	August 2021	Operational Group Report Suggested that a deep dive to be undertaken with regard to community treatment orders and the use of Section 54.	Head of Nursing, Mental Health	November 2021	Completed Report received at the November 2021 meeting.
MHA/21/8/8	August 2021	Operational Group Report Progress report to be received at the next meeting on the recruitment process for Section 12 doctors.	Chair/Clinical Lead Operational Group	November 2021	Completed Report received at the November 2021 meeting.

MHA/21/8/8	August 2021	Operational Group Report Update on the patients waiting for CTO's to be reviewed and reported back.	Chair/Clinical Lead Operational Group	November 2021	Completed Update received within the Operational Group Report at the November 2021 meeting.
MHA/21/8/9	August 2021	MHA Quarterly Activity Report Data to be extracted on Section 135/136 from the 2019/2020 activity to review as an example of a more typical year	Head of Nursing, Mental Health	March 2022	In progress Added to Forward Plan for June 2022 meeting.
MHA/21/8/10	August 2021	Breaches/Unlawful Detentions of the MHA Complaints received with regard to outliers to be checked and reported back.	Director of Primary, Community & Mental health/Head of Nursing Mental Health	November 2021	Completed Update contained within the Breaches Report to the Committee at the November 2021 meeting.
MHA/21/8/10	August 2021	Breaches/Unlawful Detentions of the MHA Link in with patient care and safety colleagues with regard to referring the breaches to the Shared Listening and Learning forum, and if not meeting a referral would need to be made to Quality & Safety Committee.	Director of Primary, Community & Mental health/Head of Nursing Mental Health	November 2021	Completed Referral made to the Shared Listening and Learning Forum for November 2021 meeting.
MHA/21/8/14	August 2021	Strategic Update from SWP Consideration to be given as to whether the Committee should receive an Annual Report from the Suicide Review Group	Peter Thomas (South Wales Police)	November 2021	In progress SWP have an annual review of suicides March 2020 – 31 st March 2021. The next one will be 2021/22 and would be provided to the Committee if so required.

MHA/21/11/9	November 2021	Operational Group Report MH team to undertake high level review of the policies currently marked red to ensure that the service was not being compromised.	Chair/Clinical Lead Operational Group	March 2022	In progress Sub group of the operational group to be established to focus on policy review. Will have multidisciplinary/agency/service user involvement. MHA team back up to full strength which will help with review process.
MHA/21/11/9	November 2021	Operational Group Report Feedback to be obtained from consultant colleagues at the consultant committee meeting on the conflict of interest and misinterpretation of the code of practice	Chair/Clinical Lead Operational Group	March 2022	In Progress Issues again raised with medical leads at the monthly senior clinical staff meeting in MH
MHA/21/11/10	November 2021	MHA Quarterly Activity Report AMHP team in Bridgend to provide some analysis on the increase in Adult detentions and report back to Operational Group.	Adult MH Team/Chair/Clinical Lead Operational Group	March 2022	Completed Discussed at the February operational group meeting. Clinical colleagues believe higher number reflective of the pandemic lockdown and development of acute MH problems. Numbers reduced in Q3 as restrictions eased.
MHA/21/11/10	November 2021	MHA Quarterly Activity Report Updates on actions to address CAMHS compliance to be provided within the Operational Group report to the Committee.	Head of Nursing Mental Health/Chair/Clinical Lead Operational Group	March 2022	Completed Meetings held with CAMHS and improvement actions agreed. These include early scheduling of renewal hearings and development of clear pathway to assist RCs when they request a mental health assessment from a local area

MHA/21/11/11	November 2021	<p>Breaches/Analysis of Unlawful Detentions</p> <p>The Committee agreed to consolidate the Quarterly Activity Report and Breaches Report which would be more helpful.</p>	Director of Primary, Community & Mental health	March 2022	<p>Completed</p> <p>Combined report on agenda for March 2022 meeting.</p>
MHA/21/11/15	November 2021	<p>Strategic Update from Local Authority Partners</p> <p>LA Partners sought clarity from the Committee in terms of strategic or operational matters to be report to the Committee. It was agreed that the terms of reference for the Committee would be shared and a discussion to be held outside of the meeting to consider future updates.</p>	Local Authority Partners	March 2022	<p>Completed</p> <p>Terms of Reference shared outside meeting via email with LA Partners.</p>



AGENDA ITEM

3.1.1

MENTAL HEALTH ACT MONITORING COMMITTEE

(MENTAL HEALTH ACT OPERATIONAL GROUP REPORT)

Date of meeting	(02/03/22)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	(Robert Goodwin, Clinical Service Group Manager Bridgend ILG)
Presented by	(Robert Goodwin, Clinical Service Group Manager Bridgend ILG)
Approving Executive Sponsor	Julie Denley Director of Primary Care, Community & Mental Health
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

	MHA – Mental Health Act
	AMHP – Approved Mental Health Practitioner
	EDT – Emergency Team
	SWP – South Wales Police
	CAMHS – Child and Adolescent Mental Health Service
	IMHA – Independent Mental Health Advocacy

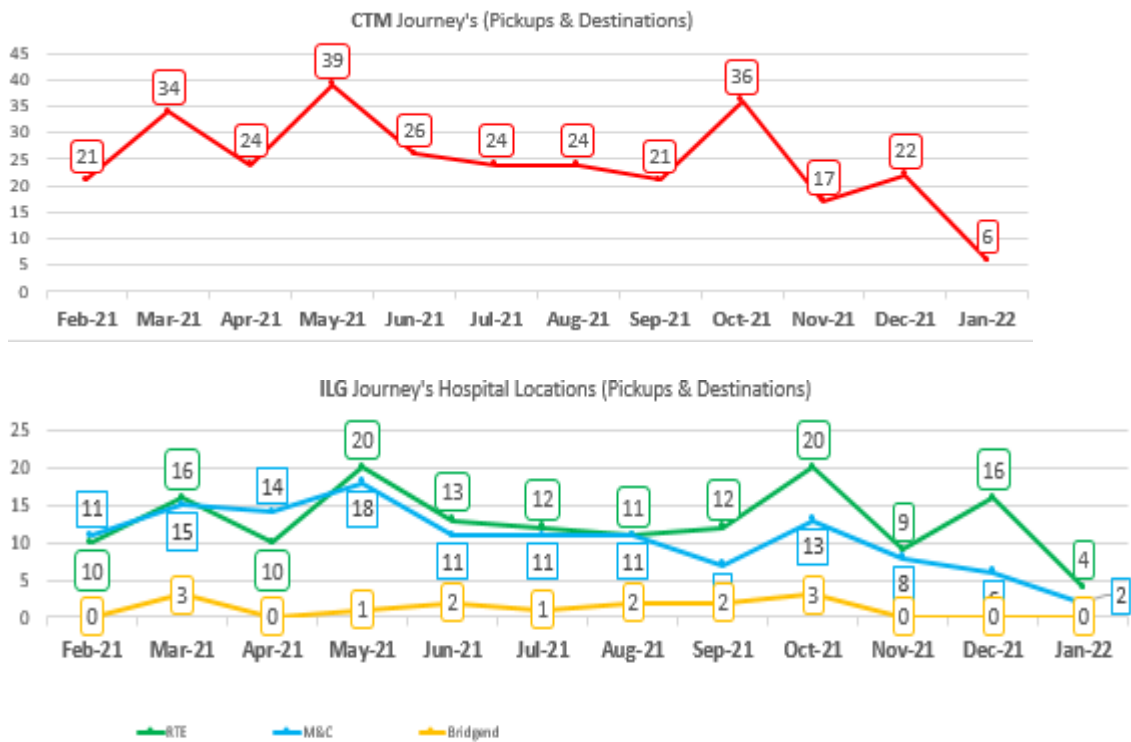


1. SITUATION/BACKGROUND

1.1 The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place on 3 November 2021. The meeting on 4 February 2022 was well attended with representatives from across Adult Mental Health, CAMHs, the Mental Health Act team, Social Services and the Community Advocacy Service.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 St John's Ambulance Cymru Mental Health Conveyance Pilot Scheme



The group reviewed the activity report on the St John's Ambulance Patient Conveyance Scheme. The higher number of journeys in Rhondda Taff Ely (RTE) and Merthyr Cynon (MC) may in part be explained by the number of community assessments which took place in those areas. It was agreed that this would helpfully be an area of investigation by the group. Notwithstanding this AMHPs and Service Managers agreed to further promote the use of the scheme in all areas including Older People Services.



2.2 Application of the Mental Health Act for Adult Mental Health patients placed within an Independent Sector Provider

The MHA Monitoring Committee at their meeting on 3 November 2021 asked the Operational Group to review the use of the MHA in the Independent Sector. Healthcare Inspectorate Wales (HIW) have a statutory role to review the use of the Act in each facility which may provide care for patients from many locations across Wales and the UK. Where there are specific concerns HIW would notify the patient's resident Health Board. The table below shows 49 patients from CTMUHB who were detained in Independent Sector provider facilities in January 2022. Those with a MHA status other than Section 3 and Section 37 are subject to restrictions from the Ministry of Justice who have power of discharge.

Provider	MHA Status								
	DoLS	S3	S37	S37/ 41	S47	S47 (Notional 37)	S47/ 49	S48/ 49	Grand Total
Cygnnet Behavioural Health Limited - St Teilo House		3							3
Cygnnet Health Care Limited - Blackheath		1							1
Cygnnet Health Care Limited - Stevenage								1	1
Elysium Healthcare Limited - Aderyn				1					1
Elysium Healthcare Limited - Arbury Court		2							2
Elysium Healthcare No.2 Limited - Aberbeeg Hospital		1							1
Elysium Healthcare No.2 Limited - Thornford Park		1		1					2
Elysium Healthcare No.2 Limited - Ty Gwyn		1	1						2
Hafal		1							1
Heatherwood Court Limited		9							9
Partnerships in Care - Llanarth Court		2		2		1			5
Partnerships in Care (Rhondda) Limited - Ty Cwm Rhondda		3	2	3	1				9
Pinetree Care Services Limited		5					1		6
Rushcliffe Independent Hospital (Aberavon) Ltd		2		1					3
St Andrew's Healthcare Northampton						1			1
St Peters Hospital Limited	2								2
Grand Total	2	31	3	8	1	2	1	1	49

2.3 Developing a Strategic Mental Health Workforce Plan for Health and Social Care



CONSULTATION DOCUMENT

- This consultation is open from 1st February 2022 until midnight on 28th March 2022.
- Please contribute your views through our [on-line consultation questionnaire](#)



Health Education and Improvement Wales (HEIW) and Social Care Wales are currently consulting on a Mental Health Workforce Plan. Section 5 within suggested actions is to 'develop and implement plans to ensure that there is an appropriate supply of trained professionals to undertake new and existing roles'. This includes Approved Mental Health Professionals (AMHPs) and Section 12 Doctors who have specific responsibilities under the Mental Health Act 1983.



2.4 Mental Health Advocacy Report

The IMHA service continues to have problems with their local IT systems. This prevented them from submitting a report to the Operational Group. A current activity report and update on the CTO audit was requested for the next meeting of the group.

2.5 Health Inspectorate Wales Unannounced Visit to Ty Llidiard 8th to 10th November 2021

The review of the MHA during the visit had been largely positive. Whilst the final report from HIW had not yet been received the need to display information on their role and function was mentioned in the feedback meeting. The poster below has been displayed in the Unit.





<h3>BETH MAE AROLYGWYR GOFAL IECHYD YN EI WNEUD?</h3> <p>Mae Arolygiaeth Gofal Iechyd Cymru (AGIC) yn arolygu gwasanaethau'r GIG a darparwyd gofal iechyd annibynnol i sicrhau bod pobl yng Nghymru yn derbyn gofal da.</p> <p>Yn ystod ein harolygiadau, rydym;</p> <ul style="list-style-type: none"> • Holi pobl am eu profiadau o ofal • Siarad â'r staff a gwirio bod y systemau a'r prosesau cywir yn eu lle • Gwirio a yw safonau'n cael eu bodloni <p>Rydym yn cyhoeddi'r canfyddiadau o'n harolygiadau ar ein gwefan ac yn eu rhannu gyda darparwyd gwasanaethau i helpu i wella gwasanaethau.</p> <p>www.agic.org.uk</p>	<h3>WHAT DO HEALTHCARE INSPECTORS DO?</h3> <p>Healthcare Inspectorate Wales (HIW) inspects NHS services and independent healthcare providers to check that people in Wales are receiving good care.</p> <p>During our inspections, we:</p> <ul style="list-style-type: none"> • Ask people about their experiences of care • Talk to staff and check that the right systems and processes are in place • Check if standards are being met <p>We publish the findings from our inspections on our website and share them with service providers to help improve services.</p> <p>www.hiw.org.uk</p>
<h3>SUT I GYSYLLTU Â NI</h3> <p>☎ 0300 062 8163</p> <p>✉ hiw@llyw.cymru</p> <p>🐦 @AGIC_Cymru</p> <p>📘 @aroelygiaethgofaliechydycymru</p> <p>📍 AGIC, Adeiladau'r Llywodraeth, Parc Busnes Rhyd-y-car, Merthyr Tudful, CF48 1UZ</p> <p><small>CCIL © Haftraint y Goron / Crown copyright 2019 WIG38752</small></p>	<h3>HOW TO GET IN TOUCH</h3> <p>☎ 0300 062 8163</p> <p>✉ hiw@gov.wales</p> <p>🐦 @HiW_Wales</p> <p>📘 @healthcareinspectoratewales</p> <p>📍 HIW, Government Buildings, Rhyd-y-car Business Park, Merthyr Tydfil, CF48 1UZ</p>

2.6 CAMHS compliance issues with the Mental Health Act

Whilst there had been good attendance at local MHA training events and communication between CAMHS and the MHA Team had improved there remained some compliance issues. Two well attended targeted meetings have been held with CAMHS on 14th and 26th January 2022 to discuss these. Two key issues required consideration. The first was the timely completion of renewals and discharge from Section. Whilst good notice was given by the MHA Team they often reported CAMHS as waiting until the last day of the Section to renew the detention or discharge the patient. This risked a lapse in the detention and gave the MHA Team little time to scrutinise the documentation. Improvement actions such as the better use of the Patients' Safety at a Glance (PSaG Boards), the local issuing of reminders to senior medical staff and the early scheduling of MHA reviews were agreed.

The second issue concerned the need for the RC requesting a MHA assessment to liaise with the local area AMHP. Whilst the assessment could be delegated by agreement to Bridgend County Borough Council it was important that the assessment was commissioned by the local area service. A contact list and flow chart would be developed by local AMHPs for use by the RCs in CAMHS.

2.7 Out of Area 'looked after children' being placed in the CTMUHB region

CAMHS colleagues raised concern about the increasing trend of out of area 'looked after children' being placed in the CTMUHB region. It was confirmed that when a Mental Health Act Assessment is required this must be coordinated with the local area authority.

2.8 A 24 Month Review on the use of Section 5(4) within RGH Hospital

A previous review on the use of the nurses holding power (Section 5(4)) between 01/04/2019 and 31/03/2021 found it had been used on 39 occasions, 35 of which were in RGH. The group confirmed that the use of Section 5 (4) was an important tool in helping to keep patients safe. A deeper review of 10 cases aimed to provide a better understanding about the circumstances of its use rather than deter nursing staff from utilising this Section. It was noted in the Quarter 3 MHA Activity Report that there were 3 further uses of Section 5(4) all in the RGH.

This holding power enables a registered nurse to prevent a voluntary inpatient from leaving a ward if they are concerned about their safety or the safety of others. The sample of 10 patients found that 8 were from the Merthyr and Cynon Locality with 8 also being females. 4 of the 10 patients presented with psychotic symptoms, the remaining 6 assessed as a risk of self-injury. Only 1 of the Section 5(4)'s was applied by night duty staff. All detentions were completed by substantive staff members. All of the detentions were reviewed within the 6 hour timeframe with 50% resulting in further detention under the MHA. The group noted the information on the review and would wait to determine if the recent temporary reorganisation of senior medical staff into separate inpatient and community roles in Adult Services would have an impact on the utilisation of this Section.

2.9 All Wales Benchmarking Report

A quarterly report is prepared by Cardiff and Vale UHB. At the time of our Operational Group Meeting the Q3 report was not available. This would be reviewed at the next meeting of the group.

2.10 All Wales AMHP Group

This newly established group had begun by circulating a questionnaire to all Local Authorities. The group would aim to help standardise documentation and procedure which would be beneficial.

2.11 Section 117 Aftercare Registers

The Bridgend Section 117 Register had been validated 3 years ago following a targeted audit in this area. A similar review of registers in other areas of the Health Board would need to be completed before a robust central register could be developed.

2.12 Register of Social and Clinical Supervisors for restricted patients

All restricted patients subject to a conditional discharge by the Ministry of Justice (MoJ) are required to have a nominated social and clinical supervisor. Further work is required to develop a central register. It is understood that Health Boards in Wales do not routinely maintain a register of conditionally discharged patients. Our MHA Team Leader will raise the issue in the All Wales MHA Forum.

2.13 Mental Health Act Activity Quarter 3

Section 4 and Section 5(4) were each used on 3 occasions in Royal Glamorgan Hospital (RGH). One of our older people died on 12 November 2021 whilst on Ward 7 in Ysbyty Cwm Cynon. The

patient was subject to Section 2 of the MHA at the time. There were two fundamental defective errors which are considered in the separate Mental Health Activity Report. There was discussion around the reduction in adult detentions in Bridgend in Quarter 3. Clinical colleagues considered that during the 'lock down' in Quarter 2 a number of well know patients with mild to moderate mental health concerns were presenting with acute problems.

The relatively high number of Section 136 cases in Bridgend was also considered and the group agreed to undertake a longitudinal review so that we could review any trends. It was understood that the circumstances surrounding the detention of a young person in Merthyr Tydfil Police Station in September 2021 were the subject of a separate review within the Health Board.

In Quarter 3 no adolescents from Bridgend were detained to the Adult Mental Health Ward F in Neath Port Talbot Hospital. There were 2 such detentions in RGH. There was 1 adolescent detention on the paediatric Ward 31 in Prince Charles Hospital (PCH).

2.14 Mental Health Act Training

On 13th January and 15th February 2022, Dr Debbie Martin delivered training to a multidisciplinary/agency audience on the interface between MHA and MCA



Content

- The Kings fund - Understanding clinical decision-making at the interface of the Mental Health Act (1983) and the Mental Capacity Act (2005)
- Deprivation of liberty – human rights
- Deprivation of liberty – how to spot it
- Means of lawful deprivation of liberty – choice?
- Deprivation of liberty – case studies
- Deprivation of liberty – children and young people (MHA, Court or PR)

An overview of the Mental Health Act was delivered to nursing staff using Microsoft Teams on 08/12/2021. The same overview was shared with 5 Independent Members of the Health Board on 02/02/2022. A recording of this training was also shared with the remaining Independent Members.

The presentations from the training events on Mental Health Law, which covered Hospital Managers Barring Hearings together with CTO recalls and revocations have been uploaded onto Share Point. These can be accessed using the following link:

http://ctuhb-intranet/dir/MH/MHAH/Tr/_layouts/15/start.aspx#/SitePages/Home.aspx

2.15 Mental Health Act Audit Plan Review

A timetable of statutory documentation audits has been prepared for the year. This includes visits to all 14 CAMHS and Adult Service wards. The audits will include compliance with the HIW process for filing MHA paperwork.

2.16 Operational Policies

The MHA team have applied the Health Board's Risk Assessment Tool to each of the policies listed in the table below. Those highlighted in red have been identified as a priority for review. A sub group of the Operational Group is to be established to take responsibility for



review of policy. The group will include multidisciplinary and service user involvement.

REF NUMBER	TITLE	LEAD PERSON	PROGRESS
MH04	Community Treatment Policy	Alison Thomas	Agreed 15/10/2021
MH09	Hospital Managers Operational Procedure	Alison Thomas	Agreed 09/07/2021
MH12	Section 17 leave policy	Jeremy Burgwyn	Agreed 09/07/2021
MH28	Hospital Managers Scheme of Delegation	Alison Thomas	Agreed 09/07/2021
MH17	Section 132&133 patient's rights procedure	Jeremy Burgwyn	Awaiting ratification in Operational Group 04.02.22
MHA117	Section 117 Policy	Jeremy Burgwyn	Working group established
New	Allocation of Responsible Clinician	Alison Thomas	Discussed in meeting 15/10/2021
MH03	Section 136	Jeremy Burgwyn	Discussed in meeting 15/10/2021. Police to circulate national policy
MH02	Section 135(1) Section 135(2)	Jeremy Burgwyn	Discussed in meeting 15/10/2021. Police to circulate national policy
MH16	IMHA Procedure	Alison Thomas	For review Lapsed 18/07/2021
MH29	Applying to become an Approved Clinician	Alison Thomas	For review Lapsed 18/07/2021
MH19	Section 19 transfer procedure	Alison Thomas	Priority for review Lapsed 15/11/2019
MH06	Section 5 (4)	Alison Thomas	Awaiting ratification in the Operational Group meeting 04.02.22 (Lapsed 08/11/2020)
MH07	Section 5 (2)	Alison Thomas	Priority for review Lapsed 18/07/2021
MH08	Consent to Treatment Sec 58 and Sec 58a	Alison Thomas	Priority for review- in progress Lapsed 14/10/2017

AGREED
 FOR REVIEW
 FOR PRIORITY REVIEW

2.17 Operational Group Work Program

The group considered a proposed work plan including the following items:-



Activity	Progress	Timescale
Service user feedback	Advocacy Support Cymru to report back to the Operational Group on their audit of patients subject to a CTO	May 2022
Audit	Progress on Audit Program to be considered at the next meeting	May 2022
Policy Work	Timetable to be agreed with the newly established Operational Policy Sub Group for review of prioritised policies	May 2022
Use of Section 5(4)	Utilisation within RGH to be monitored following reorganisation of medical staff	August 2022
Conveyance of patients to hospital	St John's Ambulance pilot scheme to be promoted within CTMUHB by the local AMHPs	May 2022
MHA Activity	CAMHS improvement actions following focused meeting to be considered at next Operational Group	May 2022

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Health Inspectorate Wales Unannounced Visit to Ty Llidiard 8th to 10th November 2021

The final report from HIW was expected shortly.

3.2 Allocation of Responsible Clinicians for patients detained under the MHA

The Mental Health Act Team were hopeful that the recent temporary reorganisation of senior medical staff in RTE and MC would have a positive impact on the allocation of Responsible Clinicians for patients detained under the MHA.

3.3 Out of Area 'looked after children' being placed in the CTMUHB region

CAMHS colleagues raised concern about the increasing trend of out of area 'looked after children' being placed in the CTMUHB region.

3.4 Specific Concerns around the use of the MHA within CAMHS

Following two focused meetings with clinical colleagues from CAMHS some improvement actions to help with the timely renewal and

discharge of Section together with a clear pathway for commissioning MHA assessments with local AMHPs were agreed.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Safe Care If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. The MHA Operational Group meets bi-monthly to review the application of the Act across CTMUHB
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the work of the MHA Operational Group.



AGENDA ITEM

3.1.2

MENTAL HEALTH ACT MONITORING COMMITTEE

**MENTAL HEALTH ACT MONITORING
ACTIVITY REPORT FOR QUARTER 3 (OCTOBER-DECEMBER 2021)**

Date of meeting	02/03/2022
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Mrs Alison Thomas -Mental Health Act Team Leader
Presented by	Phil Lewis, Head of Mental Health Nursing.
Approving Executive Sponsor	Executive Director of Primary, Community & Mental Health
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Mental Health Act office staff		SUPPORTED



ACRONYMS	
MHA	Mental Health Act
CTMUHB	Cwm Taf Morgannwg University Health Board
CAMHS	Child & Adolescent Mental Health Services
CTO	Community Treatment Order
RC	Responsible Clinician
AC	Approved Clinician
AMHP	Approved Mental Health Professional
CoPW	Code of Practice for Wales
PICU	Psychiatric Intensive Care Unit
POW	Princess of Wales Hospital
RCT	Rhondda Cynon Taf
CMHT	Community Mental Health Team

Summary

In the reporting period, there has been an increase in detentions within Adult, Older Persons and CAMHS services.

There has been 3 occasions in the use of Section 4 and 3 uses of Section 5(4) during the quarter; all in the Royal Glamorgan Hospital.

There was 1 death of a patient who was detained under Section 2 of the MHA 1983.

There were 2 fundamentally defective errors, the details of which are included at the end of this report and which will be considered by the monitoring committee when it meets on 2nd March 2022.



1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to present activity data regarding the application of the Act within CTMUHB. This report presents the MHA activity to the MHA Monitoring Committee in respect of Q3 (October – December 2021/2022).
- 1.2 The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB.
- 1.3 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.4 A Glossary of terms is attached for ease of reference (Appendix 2.)

2. SPECIFIC MATTERS FOR CONSIDERATION BY THE COMMITTEE (ASSESSMENT)

- 2.1 This quarterly MHA activity report is distributed to members of the MHA Operational Group Meeting and is considered at individual Clinical Service Group Quality & Risk meetings. Trends are monitored to highlight and manage any risks to the organisation.

2.2 Adult Detentions

There has been an increase in the total number of detentions, which have risen from 108 to 110 between Q2 and Q3. The number of Section 2 detentions increased from 54 to 63 with the number of Section 3 detentions decreasing from 25 to 23.

The figures are split by localities as follows:

In Merthyr detentions increased by 10% from 20 in Q2 to 22 in Q3.

In Cynon detentions increased by 75% from 12 to 21.

In Taff Ely detentions increased by 164.71% from 11 to 28.

In Rhondda detentions increased by 7.69% from 13 to 14.

In Bridgend detentions decreased by 47.06% from 34 to 18.

Out of area detentions decreased by 61.11% from 18 to 7.

The use of Section 4 emergency applications was applied on three occasions in Q3, with 2 patients from the Cynon area and 1 from Merthyr. One detention occurred during working hours on a Friday but the other two were applied out of normal working hours.

All three were regraded to Section 2 within the 72- hour period.

There was 3 occasions when the nurses' holding power under Section 5(4) was used. All occurred over the weekend in the Royal Glamorgan Hospital. The same patient was detained on two Section 5(4)'s on consecutive days. On both occasions, the patient was assessed and agreed to remain in hospital on an informal basis. The other patient was regraded to Section 5(2). A doctor assessed all of the patients within the 6-hour period.

2.3 Older Persons Detentions

The total number of detentions in Older Persons increased from 29 in Q2 to 32 in Q3, a 13.79% increase, with variance across the localities as below:

In Cynon detentions increased from 3 to 8 – a 166.67% increase

In Rhondda detentions increased from 5 to 7– a 40% increase

In Bridgend detentions increased from 6 to 10 – a 66.67% increase

In Merthyr detentions decreased from 4 to 3 – a 25% decrease

In Taff detentions decreased from 8 to 4 – a 50% decrease

Out of area detentions decreased from 3 to 0.

2.4 CAMHS Detentions

CAMHS detentions increased from 11 new detentions in Q2 and 14 in Q3, a 27.27% increase.

In Q3, the 14 detentions were from the following Health Boards (1 from Aneurin Bevan, 4 from Cardiff and Vale UHB, 1 from Powys Teaching LHB, 3 from Swansea Bay UHB and 5 from CTM UHB).

Out of the 14, 1 young person was detained twice on an Adult ward within a Mental Health Unit and 1 on a paediatric ward within the Health Board.

2.5 Community Treatment Orders (CTO)

There were 7 new CTOs applied in Q3 compared with 4 in Q2, a 42.86% increase.

In Q3, there were 4 CTOs extended, 5 recalled, 5 recalled and revoked. 4 patients were discharged from detention under CTO.

There were 26 CTOs in place at the end of Q3 on 31st December 2021.

2.6 Use of Section 135/136 Police Powers

Section 136 detentions decreased from 68 in Q2 to 61 in Q3. Section 135 detentions, in Q2 there was 1 and 6 in Q3.

Use of Section 135 and 136 by area for Q3 2021/2022

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
Taff	8	5	9
Rhondda	11	6	14
Merthyr	8	8	6
Cynon	3	13	7
Bridgend	22	33	22
Out of area	5	4	9
Total	57	69	67

- The triage scheme that works alongside SWP should ensure that patients are being appropriately sign posted to the correct service rather than receiving a crisis assessment.
- The new electronic forms are helping police officers ask the right questions to patients, which may possibly lead to an increase in informal crisis assessments.

The use of Section 136 will continue to be monitored in the MHA Operational Group meeting. Any trends will be discussed and reported back to the Committee.

2.7 Current Challenges

- Issue of Responsible Clinician cover across all localities in the former Cwm Taf.
- Trial of the model in RGH, which is operational in the Bridgend locality
- Additional long term sickness in the MHA office



2.8 Errors and Breaches

2.9 Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and AMHPs within 14 days of admission to hospital. Within this report, it is helpful to consider the categories of errors & breaches of the Act.

2.10 Rectifiable Errors

These are minor errors resulting from inaccurate recordings, which can be rectified under Section 15 of the Act. Examples include incomplete addresses and misspelled names.

The application or medical recommendation, if found to be incorrect or defective, may, within that period, be amended by the person by whom it was signed. Upon such amendments being made the application or recommendation shall have effect and shall be deemed to have had effect as if it had been originally made.

2.11 Fundamentally Defective

These are errors, which cannot be rectified under Section 15 and render the detention unlawful, therefore resulting in a breach of the Act. Examples include unsigned section papers, incorrect hospital details or the wrong form being used. Medical recommendations and applications that are not signed cannot be remedied under Section 15 and therefore render the detention invalid.

Administrative and medical scrutiny of section documentation is carried out by the MHA Office and medical staff approved under Section 12 of the Act to ensure compliance and to identify any amendments needed within the target time limit. The majority of errors recorded within this report are minor, relating to demographics, but all breaches are reported via Datix to enable monitoring and for training to be put in place as necessary.

2.12 The total number of **minor** errors across all services was 43, which were all rectified within the time limit. This can be broken down further into detaining hospitals and wards.

Category	Q1 2021/22	Q2 2021/22	Q3 2021/22
Rectifiable (minor errors)	33	35	43
Fundamentally defective	4	2	2



❖ 43 minor errors rectified within 14 days as per Section 15 MHA.

	Angelton	POW			RGH					Ty Lliardiard	YCC	Pinewood	PCH
Sections	2	7	14	PICU	Admissions	21	23	PICU	Seren	Enfys	7	Pinewood	31
Section 2	5	1	2	1	12	1	1	5	1	1	2	0	1
Section 3	0	0	1	0	0	1	0	1	0	3	0	1	0
Section 4	0	0	0	0	0	0	0	0	1	0	0	0	0
Section 5(2)	0	0	0	0	0	0	0	0	0	0	0	0	0
CTO	0	0	0	0	0	1	0	0	0	1	0	0	0
Total	5	1	3	1	12	3	1	6	2	5	2	1	1

2.11 The table below provides a more detailed breakdown of the type of error

Rectifiable Errors		Angelton	POW			RGH					Ty Lliardiard	YCC	Pinewood	PCH	
Responsible for Error	Forms	2	7	14	PICU	Admissions	21	23	PICU	Seren	Enfys	7	Pinewood	31	Total
AMHP	HO2	4	0	1	1	5	0	0	4	1	1	2	0	1	20
AMHP	HO6	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Doctor	HO4	0	0	0	0	8	0	0	0	0	0	0	0	0	8
Doctor	HO8	0	0	2	0	0	0	0	0	2	2	0	0	0	6
Doctor	CP1	0	0	0	0	0	1	0	0	0	1	0	0	0	2
Nurse	HO14	3	1	1	0	5	2	1	2	1	2	1	1	1	21
	Total	7	1	4	1	18	3	1	6	5	6	3	1	2	58

❖ Some detentions contain multiple errors on the section papers

The breakdown of errors will assist the MHA team in identifying areas of concern, which will highlight the priority areas for MHA training

The overall aim is to reduce the number of minor errors from being made and eliminate any fundamental breaches of the Act.

The total number of fundamentally **defective** errors across all services in Quarter 3 was 2, the same figure in Q2. This is broken down below into hospitals and wards.

Q3 Fundamental Errors	Angelton	POW	RGH
Sections	2	PICU	Admissions
Section 2	1	0	1
Section 3	0	0	0

❖ **Invalid Section 2**

The wrong hospital was named on the AMHP's application form HO2 for detention under Section 2 of the MHA on 17/10/2021.

Following an assessment in the Crisis suite and a bed being identified by the RC on Seren ward in RGH, the AMHP completed the application form HO2 to RGH. Subsequently, Seren could not accept the admission due to the number of COVID-19 cases on the ward.

As no other beds were available in RGH, the patient was admitted to Ward 2 in Angelton Clinic, Bridgend, without the completion of a fresh application.

Under Section 6 of the MHA, it is unlawful to take a patient to a hospital that is not named on the application form, even though the two hospitals come under the same Hospital Managers.

Once the fundamental breach had been identified by the MHA office, they advised the RC to formally discharge the patient, by completion of a Form HO17. A new MHA assessment was undertaken and the patient lawfully detained under Section 2 on 18/10/2021.

The MHA Office formally wrote to the patient informing them of the reasons for the discharge.

❖ **Invalid Section 2**

One of the medical recommendations for detention under Section 2 of the Act, on Form HO4 was not signed or dated by the doctor.

This rendered the Section 2 dated 05/12/2021 fundamentally defective, as the error is not rectifiable under Section 15.

The MHA Office informed the AMHP and the RC that the Section 2 was unlawful and advised the RC to exercise their powers under Section 23 to formally discharge the patient from detention, by completing the form HO17.

This is required because, once an application has been accepted by the hospital managers, only the courts can decide on the lawfulness of the application.

The deputy ward manager was asked to inform the patient that they were of informal status. The MHA Office formally wrote to the patient informing them of the discharge.

❖ **Actions**

The MHA team have re-circulated the receipt & scrutiny checklist to all ward managers and AMHP team leaders.



TRAINING

- ❖ Overview of the Mental Health Act 1983 was completed on MS teams on 8/12/2021 for nursing staff.
- ❖ Interface between the Mental Health Act and Mental Capacity Act- 13/01/2022.
- ❖ Overview of the MHA to for the Independent Board Members - 02/02/2022.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The lack of availability of Consultant cover in all areas has proved problematic for the Mental Health Act department.

The urgent issue of RC cover has resulted in uncertainty of whom to contact for Mental Health Assessments for detained inpatients, which has led to the potential risk of a lapsed detention and failure to adhere to the statutory requirements of the MHA 1983 and Code of Practice for Wales.

- 3.2 Additional staff sickness in the Mental Health Act team has prevented MHA training and updating of Mental Health Act policies from being completed. The priority of the current team is to mitigate the risk of litigation against the Health Board, in relation to invalid detentions and to ensure that patients' rights are safeguarded.

At present, the health and well- being of the staff is the key priority.

- 3.3 The lack of a bespoke system to record and monitor MHA activity, which allows for the production of accurate reports.
- 3.4 The wards across CTMUHB are using different types of health records – Adult wards in old Cwm Taf use Care Partner, whereas Older persons Mental Health, CAMHS and Bridgend wards, all use paper based records.

4 EXAMPLES OF GOOD PRACTICE

- 4.1 MHA training materials on Hospital Managers Barring Hearings, CTO recalls and revocations and the Overview of the Mental Health Act have been uploaded onto Share Point, which can be accessed using the following link:



http://ctuwb-intranet/dir/MH/MHAH/Tr/_layouts/15/start.aspx#/SitePages/Home.aspx

- 4.2 No sections were allowed to lapse during the quarter, which is a credit to the hard work of the limited staff in the MHA team in their communication with the RCs.
- 4.3 An unexpected three- day visit by Healthcare Inspectorate Wales (HIW) to Ty Llidiard in November produced excellent verbal feedback.

5. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care



6. RECOMMENDATION

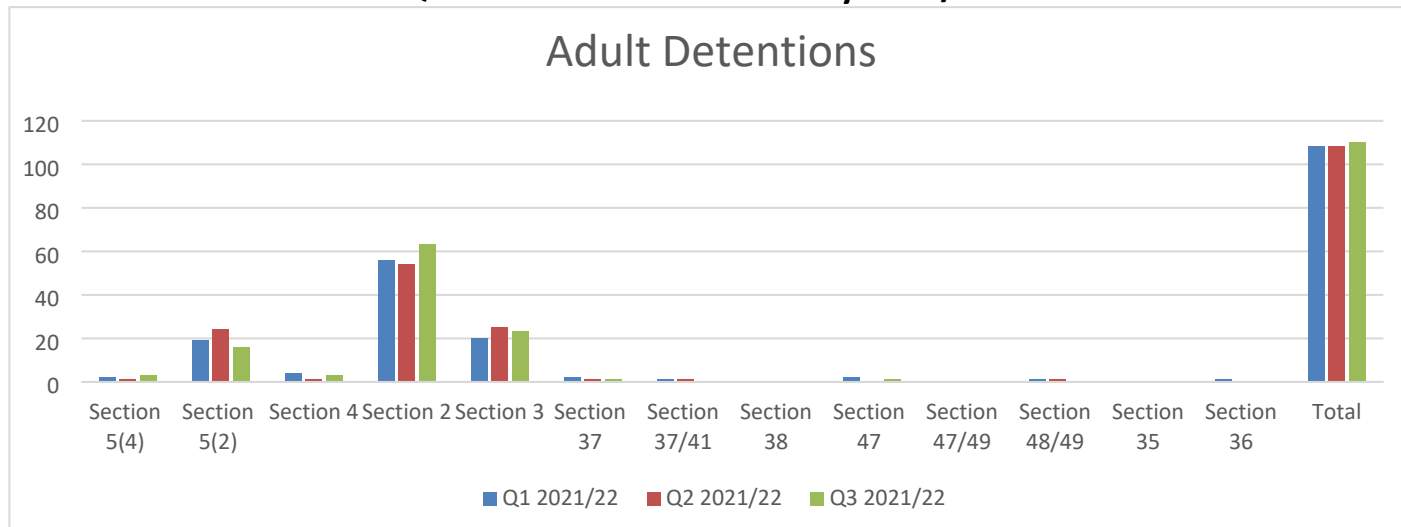
6.1 The MHA Monitoring Committee is asked to:

- **DISCUSS** and **NOTE** the report



Appendix 1.

Quarter 3 MHA Adult Activity 2021/2022



Quarter 3 MHA Adult Activity 2021/2022

Section	Q1 2021/22	% of Total	Q2 2021/22	% of Total	Q3 2021/22	% of Total
Section 5(4)	2	1.85%	1	0.93%	3	2.73%
Section 5(2)	19	17.59%	24	22.22%	16	14.55%
Section 4	4	3.70%	1	0.93%	3	2.73%
Section 2	56	51.85%	54	50.00%	63	57.27%
Section 3	20	18.52%	25	23.15%	23	20.91%
Section 37	2	1.85%	1	0.93%	1	0.91%
Section 37/41	1	0.93%	1	0.93%	0	0.00%
Section 38	0	0.00%	0	0.00%	0	0.00%
Section 47	2	1.85%	0	0.00%	1	0.91%
Section 47/49	0	0.00%	0	0.00%	0	0.00%
Section 48/49	1	0.93%	1	0.93%	0	0.00%
Section 35	0	0.00%	0	0.00%	0	0.00%
Section 36	1	0.93%	0	0.00%	0	0.00%
Total	108	100%	108	100%	110	100%

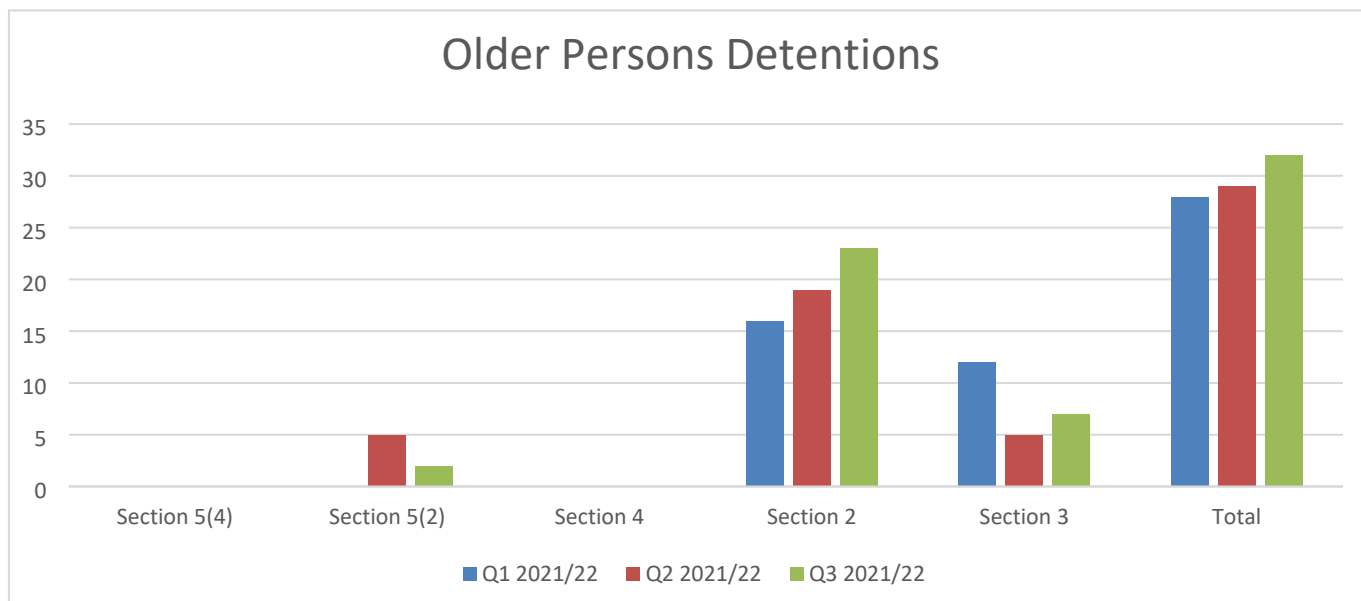
Number of Adult MHA detentions per locality

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
Merthyr	22	20	22
Cynon	18	12	21
Taff	23	11	28
Rhondda	11	13	14



Bridgend	18	34	18
Out of area	16	18	7

Quarter 3 MHA Older Persons Activity 2021/2022



Quarter 2 MHA Older Persons Activity 2021/2022

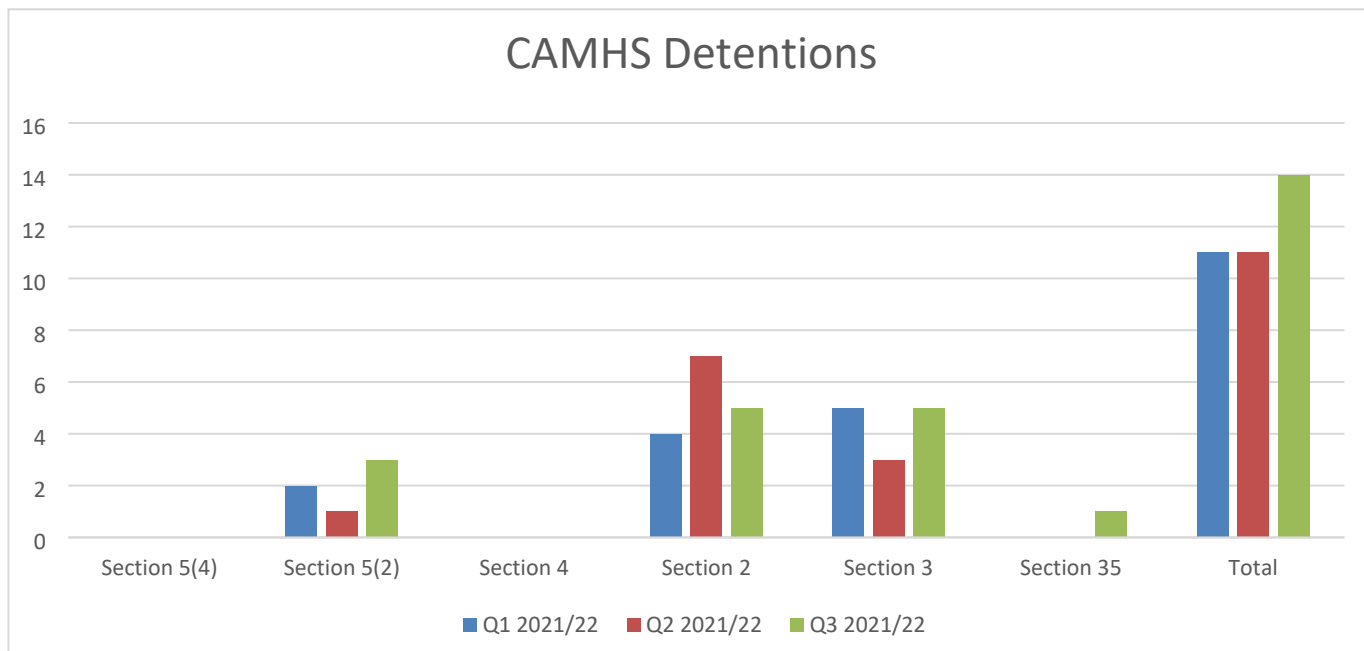
Section	Q1 2021/22	% of Total	Q2 2021/22	% of Total	Q3 2021/22	% of Total
Section 5(4)	0	0%	0	0%	0	0%
Section 5(2)	0	0%	5	17.24%	2	6.25%
Section 4	0	0%	0	0%	0	0%
Section 2	16	57.14%	19	65.52%	23	71.88%
Section 3	12	42.86%	5	17.24%	7	21.88%
Total	28	100%	29	100%	32	100%

Number of Older Persons MHA detentions per locality

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
Merthyr	6	4	3
Cynon	10	3	8
Taff	2	8	4
Rhondda	2	5	7
Bridgend	8	6	10
Out of area	0	3	0



Quarter 3 CAMHS Activity 2021/2022



Quarter 3 CAMHS Activity 2021/2022

Section	Q1 2021/22	% of Total	Q2 2021/22	% of Total	Q3 2021/22	% of Total
Section 5(4)	0	0.00%	0	0.00%	0	0.00%
Section 5(2)	2	18.18%	1	9.09%	3	21.43%
Section 4	0	0.00%	0	0.00%	0	0.00%
Section 2	4	36.36%	7	63.64%	5	35.71%
Section 3	5	45.45%	3	27.27%	5	35.71%
Section 35	0	0.00%	0	0.00%	1	7.14%
Total	11	100%	11	100%	14	100%

Number of CAMHS MHA detentions per locality

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
Cwm Taf Morgannwg	1	3	5
Swansea Bay	2	1	3
Cardiff & Vale	7	3	4
Hywel Dda	1	0	0
Aneurin Bevan	0	4	1
Powys Teaching	0	0	1



Out of the 14 detentions for Q3 - 2 were detained on an Adult Mental Health ward and 1 was on a Paediatric ward.

In Q3, there were no occasions whereby a CTMUHB CAMHS patient was admitted to an emergency CAMHS bed in Ward F, Neath Port Talbot Hospital.

USE OF SECTIONS AND OUTCOMES for October - December 2021

Section 5(2) of the Mental Health Act 1983

A 'holding power' can be used by doctors to detain an inpatient in hospital for up to 72hrs for assessment under the Act. This cannot be used in A&E because the patient is not an inpatient This section can be used by a non-psychiatric doctor on a general medical ward.

S5(2) OUTCOMES	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21
Section 2	1	7	2	5	4	2	3	1	5
Section 3	0	1	1	0	1	1	0	0	1
Informal	3	4	3	8	2	7	4	7	0
Lapsed	1	1	0	0	0	0	0	0	0
Invalid	0	0	0	0	0	0	0	0	0

Section 2 of the Mental Health Act 1983

The power to detain someone believed to be suffering mental disorder for assessment (and treatment). The order lasts for up to 28 days and cannot be extended or renewed. The patient has a right of appeal against detention to a Mental Health Review Tribunal.

S 2 OUTCOMES	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21
Section 3	7	8	13	11	6	3	6	7	6
Informal	10	15	15	9	11	11	16	20	16
Discharged	7	0	3	9	4	7	7	4	7
Lapsed	0	0	0	0	0	2	0	0	0
Invalid	0	0	0	0	0	1	1	0	1
Transfer	1	2	0	1	3	4	1	3	0
Deceased	0	0	0	0	0	0	0	1	0

Section 3 of the Mental Health Act 1983

The power to detain someone for treatment of mental disorder. This order lasts for up to 6 months and can be renewed. Patient has the right of appeal against detention to a Mental Health Review Tribunal.

S 3 OUTCOMES	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21
Section 3 renewed	2	4	4	2	4	1	2	0	3
Informal	4	3	3	14	3	3	2	11	3
Discharged	1	1	3	7	3	2	1	3	2
Lapsed	0	0	0	0	0	0	0	0	0



Invalid	0	0	0	0	0	0	0	0	0
Transfer	4	2	2	5	1	2	0	1	1
CTO	0	0	1	0	1	2	1	3	1

Number of compulsory admissions under the Mental Health Act 1983 (Section 2, 3, 4 and 37 only)

	Q1 2021/22	Q2 2021/22	Q3 2021/22
Adult Detentions	78	92	91
Older Persons detentions	28	24	31
CAMHS detentions	6	10	10
TOTAL	112	126	132

SECTION LAPSING

Detentions under the Mental Health Act can lapse for the following reasons:

- A section expires without the Responsible Clinician exercising their power to discharge under Section 23 MHA or the patient is not further detained under Section 3 of the MHA.
- The AMHP and Responsible Clinician have a difference of opinion on the appropriateness of further detention under Section 3 of the MHA.
- No further assessment by an AMHP and/or Responsible Clinician has taken place in respect of the next steps in relation to the patient's detention status.

Although it is permitted to allow the section to lapse near the end of the section when no further detention is required, it is good practice for the Clinician to complete a discharge form.

It is particularly poor practice to allow the section to lapse when the Responsible Clinician has not seen the patient. In this instance, the issue is reported to the Clinical Director and monitored to avoid re-occurrence.

Section lapses	Section	Q1 2021/22	Q2 2021/22	Q3 2021/22
Adult	2	0	1	0
	3	0	0	0
	4	0	0	0
Older Persons	2	0	0	0
	3	0	0	0
	4	0	0	0
CAMHS	2	0	1	0
	3	0	0	0
	4	0	0	0



TRANSFER BETWEEN HOSPITALS

Section 19 of The Mental Health Act allows for the transfer of Part 2 (Section 2, 3 and CTO Patients) and some Part 3 (Section 37,37/41, 47, 47/49 and 48/49) detained patients from a hospital under one set of managers to a hospital under a different set of managers. For restricted patients transfers are subject to the prior agreement of the Secretary of State.

SECTION	Q1 2021/22	Q2 2021/22	Q3 2021/22
Part 2 Patients to CTUHB	7	18	12
Part 3 patients to CTUHB	2	0	1
Part 2 patients from CTUHB	6	16	8
Part 3 patients from CTUHB	1	1	0
TOTAL	16	35	21

COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q3 CTO Activity 2021/2022

SECTION	Power	Q1 2021/22	Q2 2021/22	Q3 2021/22
17A	Community Treatment Order made	3	4	7
20A	Community Treatment Order extended	2	9	4
17E	Recalled to hospital and not revoked	3	2	0
17F	Recalled to hospital and revoked	5	1	5
23	Discharged from CTO	6	5	4
19	Transferred	5	0	0
	Other (Deceased)	0	0	0

Current CTO by area

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
Merthyr	7	8	6
Cynon	4	1	2
Taff	6	6	5
Rhondda	7	8	8
Bridgend	5	5	4
CAMHS	0	0	1
Out of area	0	0	0
Total	29	28	26



USE OF SECTION 135 AND SECTION 136

Police powers under the MHA to authorise removal to a Place of Safety.

Section 135

Warrants under the Act for (1) assessments on private premises and (2) recovering patients who are absent without leave. Lasts for up to 36hrs.

Section 135 of the Mental Health Act	Q1 2021/22	Q2 2021/22	Q3 2021/22
Assessed and admitted informally	0	0	0
Assessed and Discharged	0	0	0
Assessed and detained under Section 2	3	1	5
Assessed and detained under Section 4	0	0	0
Assessed and detained under Section 3	0	0	0
Recalled from CTO	0	0	1
TOTAL	3	1	6

Section 136

Power to detain someone in immediate need of care or control and remove him or her to a place of safety. Power to detain lasts for up to 24hrs.

Section 136 of the Mental Health Act	Q1 2021/22	Q2 2021/22	Q3 2021/22
Assessed and admitted informally	5	9	9
Assessed and detained under Section 2	6	9	13
Assessed and detained under Section 4	0	0	0
Assessed and detained under Section 3	1	0	0
Discharged with no follow up required	11	15	7
Discharged referred to community services	31	35	28
Section 136 lapsed	3	0	2
Other /(Recall from CTO)/ or transfer	0	0	2
TOTAL	57	68	61



HOSPITAL MANAGERS HEARINGS

Under the provisions of the Mental Health Act 1983, detained patients have a right to have their detention reviewed by the Hospital Managers. The Hospital Managers responsibilities are as follows:

- Undertake a review of detention at any time
- Must review a patient’s detention when Responsible Clinician (RC) submit a report under Section 20/20A renewing detention and extending CTOs
- Must consider holding a review when a patient requests it
- Must consider holding a review when the RC makes a report under Section 25 (1) barring a nearest relative application for the patient’s discharge.

Hospital Managers Hearings	Q1 2021/22	Q2 2021/22	Q3 2021/22
Number of Hearings held	7	21	9
Number of Referrals by Hospital Managers	9	23	7
Number of Appeals to Hospital Managers	4	0	0
Number of Detentions upheld by Hospital Managers	7	18	8
Number of detentions discharged by Hospital Managers	0	0	0
Number of patients discharged by RC prior to Hearing	2	2	1

- Q3:** 2 hearings were postponed
 1 hearing was adjourned
 1 patient was placed on CTO prior to Hearing
 0 patients were transferred prior to the Hearing



TRIBUNAL HEARINGS

The Mental Health Review Tribunal for Wales (MHRT) is a statutory body that works independently of the Health Board to review appeals made by detained patients for discharge from their detention and community orders under the Mental Health Act 1983. Patients are also automatically referred by the Hospital Managers in certain circumstances.

MHRT Hearings	Q1 2021/22	Q2 2021/22	Q3 2021/22
Number of Hearings held	24	33	15
Number of Referrals by Hospital Managers	12	5	8
Number of referrals by Ministry of Justice	0	1	0
Number of referrals by Welsh Ministers	0	0	0
Number of Appeals to MHRT	46	42	28
Number of Detentions upheld by MHRT	24	25	15
Number of detentions discharged by MHRT	0	1	0
Number of Hearings adjourned/postponed	9	9	2
Number of Hearings cancelled by patient	5	8	8
Number of patients transferred to another Health Board prior to Hearing	2	2	2
Number of patients discharged by RC prior to Hearing	11	13	11

OTHER ACTIVITY

Death of a Detained Patient

The Hospital Managers have a duty to report to Healthcare Inspectorate Wales (HIW) any patients deceased who are subject to the Mental Health Act within 72 hours of death. This applies to in-patients as well as community treatment order and guardianship patients. The Coroner must also be informed.

Q3: There was 1 death of a patient who was detained under Section 2 of the MHA 1983.



Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

<p>Section 5(4) Nurse holding power.</p>	<p>This means that if a Nurse feels that a patient suffers from a mental disorder and should not leave hospital s/he can complete this form allowing detention for 6 hours pending being seen by doctor or Approved Clinician</p> <p><i>(1 holding power form required)</i></p>
<p>Section 5(2) Doctor's or Approved Clinician's Holding power</p>	<p>This means that an inpatient is being detained for up to 72 hours by a doctor or Approved Clinician if appears to suffer from mental disorder and patient wishes to leave hospital.</p> <p><i>(1 holding power form required)</i></p>
<p>Section 4 Admission for assessment in cases of emergency</p>	<p>Individual is detained for up to 72 hours if Doctor believes person is suffering from mental disorder and seeking another Doctor will delay admission in an emergency.</p> <p><i>(1 Medical Recommendation and AMHP assessment required)</i></p>
<p>Section 2 Admission for assessment</p>	<p>Individual is detained in hospital for up to 28 days for assessment of mental health.</p> <p>Criteria: Suffering from mental disorder of a nature or degree that warrants the detention of the patient in hospital for assessment for at least a limited period.</p> <p>And it is necessary that patient ought to be detained in the interests of own health, own safety, protection of other persons</p> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
<p>Section 3 Admission for Treatment</p>	<p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p>Criteria: Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital. In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.</p>



	<i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i>
Section 7 Guardianship	<p>Individual who suffers from mental disorder can be given a guardian to help them in the community. Guardianship runs for six months and can be renewable.</p> <p>Criteria: Live in a particular place Attend for medical treatment, occupational; education or training at set places and at set times. Allow a doctor, an approved mental health professional or other named person to see patient</p> <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p>
Section 37 Guardianship by Court Order	<p>Court can make an order (6 months) that patient be given a guardian if needed because of mental disorder. The guardian is someone from social services.</p> <p>Criteria: Live in particular place Attend for medical treatment, occupational education or training at set places and times Allow a doctor or an approved mental health professional or other named person to see you</p> <p><i>(Court Order required)</i></p>
Section 37/41 Admission to hospital by a Court Order with restrictions	<p>Individual admitted to hospital on the order of the Court. This means that the Court on the advice of two doctors thinks that patient has mental disorder and need to be in hospital for treatment. The Court makes restrictions and as such, patient cannot leave hospital or be transferred without the Secretary of state for Justice agreement.</p> <p><i>(Court Order with restrictions required)</i></p>
Section 135 Admission of patients removed by Police under a Court Warrant	<p>Individual brought to hospital by a Police Officer on a warrant from Justice Of Peace, which means that an AMHP feels that individual is suffering from mental disorder for which s/he must be in hospital. Warrant last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Section 135 (1){non-detained patient} warrant required or Section 135 (2){ sections and CTO patients} required)</i></p>
Section 136 Admission of mentally disordered persons found in a public place	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder. Assessment by Section 12 Approved Doctor and Approved Mental Health Professional. Section 136 last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Police Service Section 136 monitoring form required)</i></p>
Section 17 A Community Treatment Order (CTO)	<p>CTO allows patients to be treated in the community rather than detention in hospital. Order last 6 months and is renewable. There are conditions attached which are:</p>



	<p>Be available to be examined by Responsible Clinician for review of CTO and whether should be extended. Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued.</p> <p>The Responsible Clinician may also set other conditions if relevant to individuals, carers and/or family.</p> <p><i>(CP1 Form to be completed by Responsible Clinician and AMHP)</i></p>
Section 17 leave	<p>Allows Responsible Clinician (RC) to grant day and/or overnight leave of absence from hospital to patient liable to be detained under the Mental Health Act 1983. Leave can have set of conditions attached for the patient's protection as well as protection of others. Leave can be limited to specific occasions or longer-term. There is a requirement for RC to consider CTO if overnight leave will be over 7 days. Patients can be recalled to hospital if they do not comply with the requirement of their leave.</p> <p><i>(Section 17 leave non-statutory form required)</i></p>
Section 117 aftercare	<p>This section applies to persons who are detained under Section 3, 37, 45 A, transferred direction under section 47 or 48 and who cease to be detained after leaving hospital. It is the duty of the Health Board and Local Authorities to provide aftercare under Section 117 free of charge to patients subject to the above sections. Patients can be discharged from Section 117 aftercare if they no longer receiving services.</p>
MHAM Hearings (Mental Health Act Managers)	<p>Patients detained under sections of the Mental Health Act are entitled to appeal against their detention to the Hospital Managers several times during their period of detention. Patients are also referred to the Hospital Managers by the Mental Health Act Administrators when the Responsible Clinician (RC) submits a report renewing the section.</p>
MHRT Hearings (Mental Health Review Tribunal)	<p>Patients detained under Sections of the Mental Health Act are entitled to appeal against their detention to the Mental Health Review Tribunal for Wales once in each period of detention. If a patient decides to withdraw their appeal, they can appeal again at a later date and do not lose the right of appeal. Patients are also automatically referred to the Mental Health Review Tribunal by the Mental Health Act Administrators if they have not exercised their right of appeal after a set period. Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.</p>



AGENDA ITEM

3.1.3

MENTAL HEALTH ACT MONITORING COMMITTEE

RISKS RELATED TO THE MONITORING OF THE MENTAL HEALTH ACT

Date of meeting	02/03/2022
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Julie Denley Director Primary Care & Mental Health
Presented by	Julie Denley Director Primary Care & Mental Health
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Mental Health Act Team	(DD/MM/YYYY)	SUPPORTED

ACRONYMS

MHA	Mental Health Act
UHB	University Health Board
ILG	Integrated Locality Group



CAMHS	Child & Adult Mental Health Services
AMHP	Advanced Mental Health Practitioner

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to present risks related to the monitoring of the Mental Health Act (MHA) evident in Quarter 3 2021/22 and for discussion and scrutiny related to actions and key milestones related to mitigating these risks.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Review of Section 5(4) and its use in the three Locality Areas. The sustained reduction in use quarter 3 is noted and the fuller review of the circumstances of use over a longer period welcomed. As per the operational group report monitoring recent changes to the reorganisation of senior medical staff into separate inpatient and community roles in Adult Services for its impact on the use of the Act is important.
- 2.2 It was pleasing to see the specific concerns around the use of the MHA within CAMHS was progressed with joint meetings and some agreed improvement actions.
- 2.3 There were 43 minor errors on section papers that were all rectified within the fourteen day time limit. This compares with 35 in Q2 and 22 in Q1. There had been a reported delay outside of the services control in Q2 but no mention of this in Q3 reports in relation to the review of CTM's position against that of the rest of Wales.
- 2.4 There were 2 fundamentally defective errors which maintains the improvement seen from quarter 1 into quarter 2. There were two invalid Section 2 – Improper use of Section 2.

The first instance saw the wrong hospital named on the AMHP's application form HO2 for detention under Section 2 of the MHA on 17/10/2021 as the place for admission had to change late in the process due to COVID risks so one not likely to be a recurrent issue and the patient was subsequently lawfully detained.

The second instance arose as one of the medical recommendations for detention under Section 2 of the Act, on Form HO4 was not signed or dated by the doctor. There have been similar issues previously and

clearly there is still work to improve the receipt and checking of papers real time.

At the last meeting it was recommended that the mental Health Services – Health and Local Authority processes for learning lessons, including those related to the application of the MHA are set out in a report for Committee at the next meeting, accepting progressing of some of the forums / processes may not all operate as well as the paper sets out during these unprecedented times. Clearly another wave of Covid has impacted on capacity so this work should come through to the next committee.

- 2.5 The application of the Mental Health Act for Adult Mental Health patients placed within an Independent Sector Provider data was helpful to see and it is recognised that Healthcare Inspectorate Wales (HIW) have a statutory role to review the use of the Act in each facility which may provide care for patients from many locations across Wales and the UK. The operational report advised where there are specific concerns HIW would notify the patient’s resident Health Board but it does not say if any such incidents have occurred which would be the point of this review to give confidence in relation to the commissioning of such placements.
- 2.6 The operational report set out a need to validate section 117 aftercare registers and the need for a central register of Social and Clinical Supervisors for restricted patients but no clear action for same.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 An action to recirculate the receipt of MHA papers checklist is noted but as per the action from the last Committee, a more rounded approach is likely to help people understand the reason for accuracy and buy into achieving this and a report should be received next committee setting out the processes and forums for learning in relation to the Act and breeches and errors.
- 3.2 The data in the appendix of the quarterly activity report is helpful to see but would aid the Committee if the last year and this year are shown in a run chart so the right variances are focused on.
- 3.3 The review of the application of the Mental Health Act for adult mental health patients placed within an independent sector provider should report at next Committee in relation to any issues related to CTM patients flagged to the Health Board and any action we took through commissioning as a result.



3.4 The risk of the need to validate one register and develop a second is noted and it is asked that this is added to the work plan of the operational group for oversight until completion.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Mental Health Act Monitoring Committee is asked to:

DISCUSS and **NOTE** the report and the areas for reporting through to Board.

SUBJECT	Cwm Taf Morgannwg University Health Board, Legislative Committee Meeting.
GPMS CLASSIFICATION	OFFICIAL
REPORT BY	PETER THOMAS FORCE ADVISOR ON MENTAL HEALTH
CONTACT OFFICER	SUPERINTENDENT PHIL SPARROW
SUMMARY AND PURPOSE OF REPORT Briefing paper for Cwm Taf Morgannwg University Health Board	
RECOMMENDATIONS None	

Sir,

I refer to the Mental Health Act Monitoring Committee meeting for Cwm Taf Morgannwg University Health Board 2nd March 2022 and report on the following matters: - Section 136 figures for 2021/22, community psychiatric nurses in the public service centre, the alternative place of safety in Swansea, the wellbeing clinic in Bridgend, the force suicide prevention strategy and the real time suicide surveillance project group.

Operational Practise

The s136 figures for quarter 3 2021/22 show a slight increase in s136 detentions from 150 to 170, an increase of 13% over the same quarter in 2020 with the admission rate increasing by 16%. For CTMUHB the number of detention has increased from 32 to 60 an increase of 87% over the same quarter in 2020 with the admission rate increasing to 90%.

South Wales Police Footprint Quarter 3

	2020/2021	2021/2022
Decrease of s136's	150	170 (+13%)
Admission rate	49	57 (+ 16%)
Repeats	47	23(-51%)

Swansea Bay University Health Board

	2020/2021	2021/2022
Decrease of s136's	39	32 (-17%)
Admission rate	13	11 (-15%)
Repeats	4	1 (-75%)

Cardiff and Vale University Health Board

	2020/2021	2021/2022
Decrease of s136's	79	78 (-1%)
Admission rate	25	25 (0%)
Repeats	40	22 (-45%)

Cwm Taf Morgannwg University Health Board

	2020/2021	2021/2022
Increase of s136's	32	60 (+87%)
Admission rate	11	21 (+90%)
Repeats	3	0 (-100%)

Community Psychiatric Nurses in the Public Service Centre

The contracts have been drafted by SWP joint legal services and have been forwarded to CTMUHB for scrutiny and comment and we are awaiting a response.

Mental Health Triage Case Studies

SWP feels the need to commission further research to understand how the Triage delivers the 'human qualitative' benefits for vulnerable people. In order to do this, SWP are working with partners to access specific data within Health and Social Services and have submitted a number of case studies for analysis in order to provide an evidence trail of the benefits of the mental health triage team. This matter has been raised by Supt Sparrow to the director of nursing in Swansea Bay University Health Board and Welsh Government (Mat Downton) for a progress update. The matter remains with Welsh Government at the time of writing.

SOUTH WALES POLICE • HEDDLU DE CYMRU

Alternative Place of Safety- The Sanctuary House, Swansea

The referral figures below from 1st September 2020 - 31st January 2022 are :

Total Number of Referrals: 470

There is a separate document detailing analysis of referrals by month, district and professionals.

Wellbeing Retreat, Bridgend

The referral figures below from 1st September 2020 - 31st January 2022 are :

Total Number of Referrals: 274

There are separate documents detailing analysis of referrals by month, age range by gender, district, parenting needs, contributory causes and feedback quotes.

Suicide Prevention Strategy

Forcewide

Quarter three of 2021/22 has seen forty five suicide occurrences. This is an increase of 13%, when compared with quarter two and an increase of 25%, when compared with the same period in 2020/21. Just one of these occurrences is thought to be Covid-19 related.

Mid Glamorgan BCU breakdown

In quarter three of 2021/22 nineteen suicide occurrences have been recorded in Mid Glamorgan BCU. This is an increase of 46%, six occurrences, when compared with quarter two and an increase of 19%, three occurrences, when compared with the same period of 2020/21. None of these occurrences were thought to be linked to Covid-19.

Real Time Suicide Surveillance Project Group (RTSS)

The real time suicide surveillance Group continues to meet on a regular basis. The current landscape is being mapped and may require DPIA agreement(s) to be put in place to share data across partner organisations. This work is being coordinated by Welsh Government.

Welsh Government have produced a minimum data set (MDS) which is currently being compared against the BTP data set to provide a more holistic set of information for research by Public Health Wales. This is work in progress and is coordinated by the police liaison unit in Cathays Park.

Peter Thomas

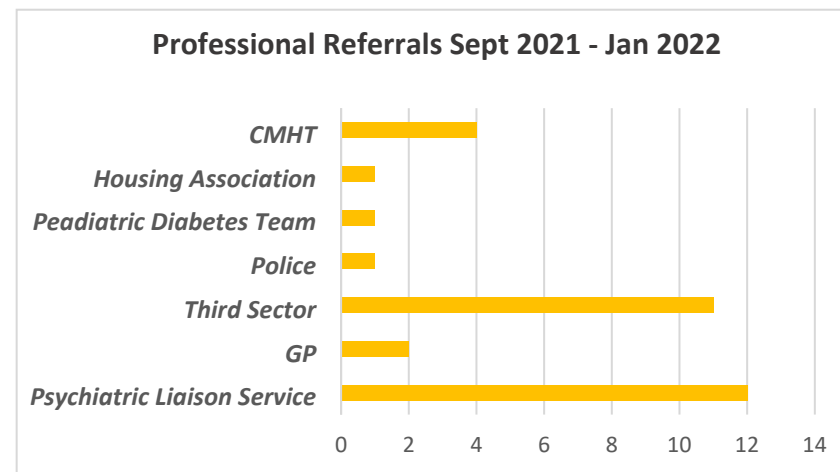
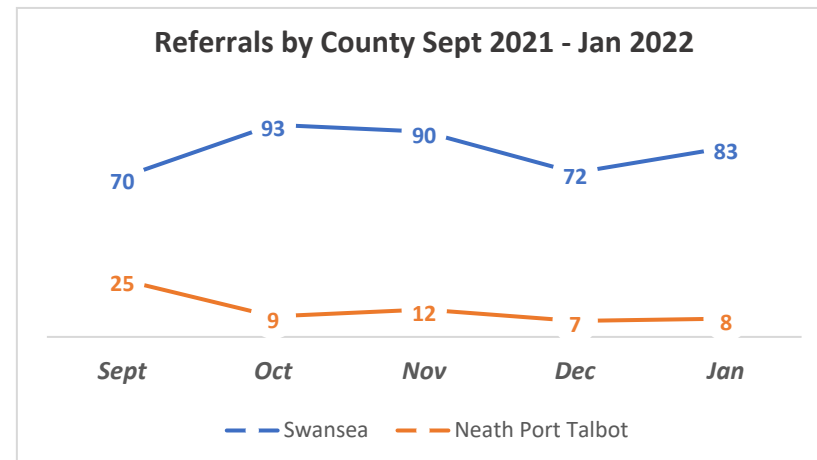
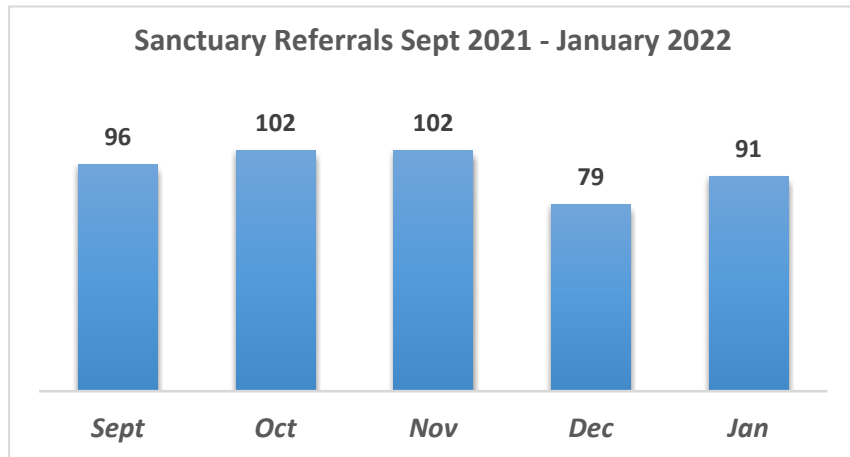
Force Advisor on Mental Health

Swansea Sanctuary Referrals

1st September 2021 – 31st January 2022



From September 2021, the service has received **470** referrals.





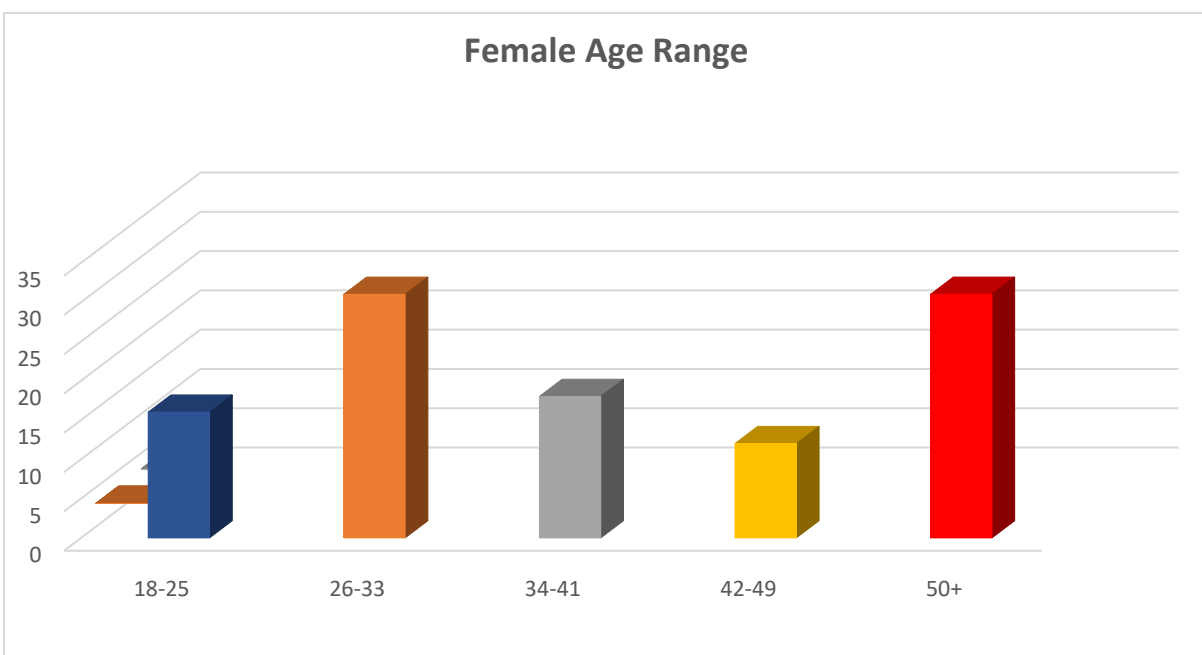
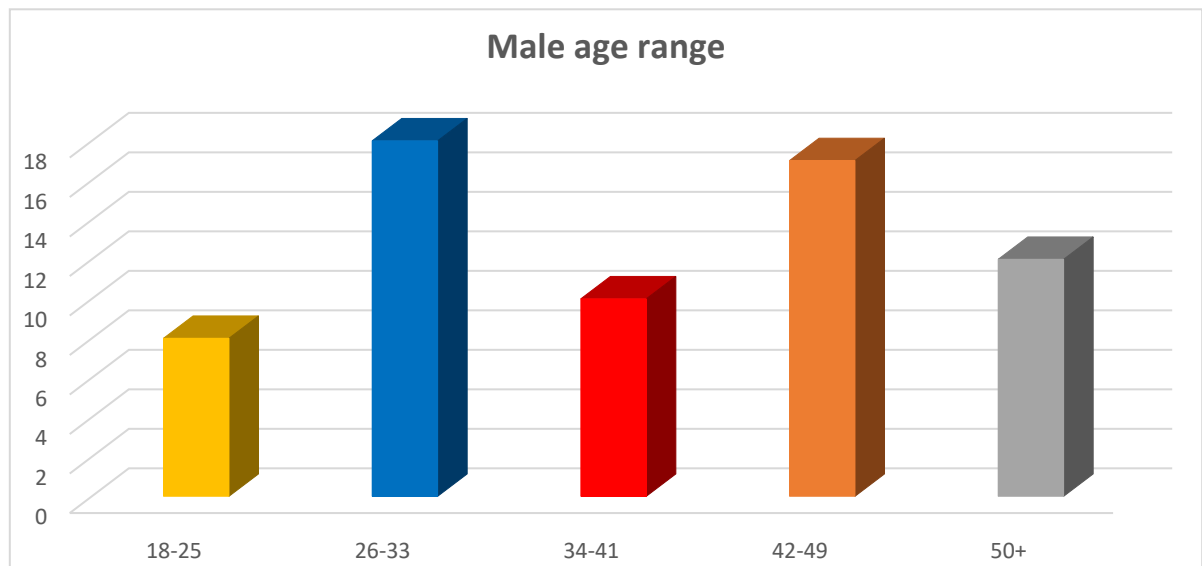
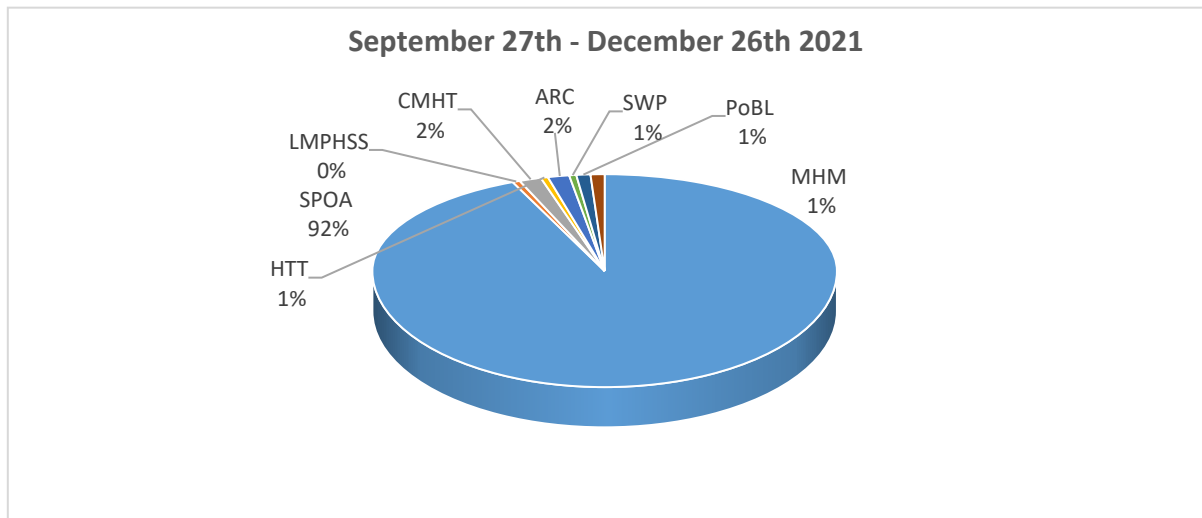
**MENTAL HEALTH
MATTERS WALES**

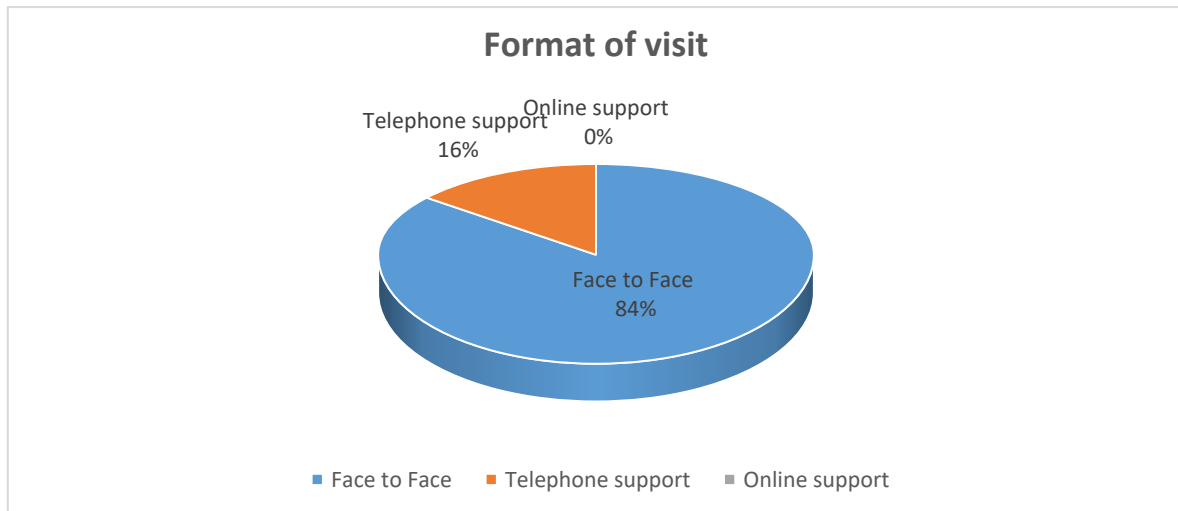


Wellbeing Retreat Quarterly overview report
Monday 27/09/21– Sunday 26/12/2021

natalie.jones@mhmwales.org

Number of referrals

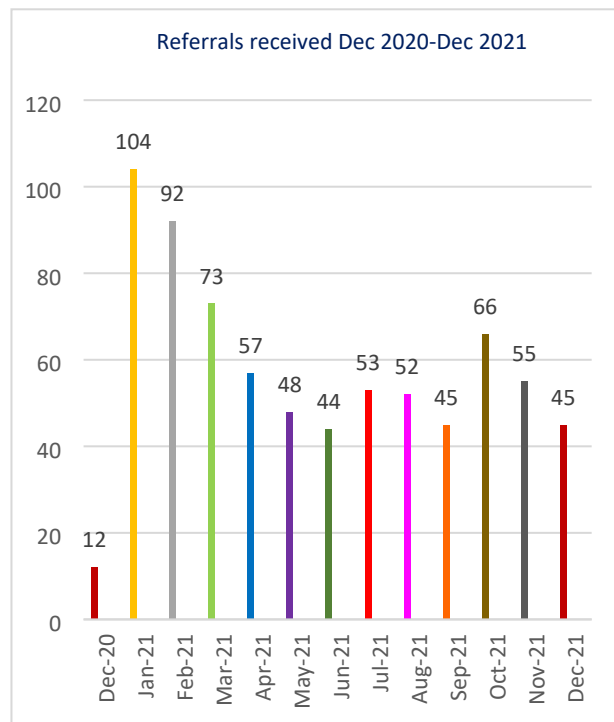




36 people were sent back to original referrers due to lack of contact.

Referrals to date 18th of December 2020 – 26th December 2021

722 Referrals Received 18/12/20- 26/12/2021	
Dec-20	12
Jan-21	104
Feb-21	72
Mar-21	69
APRIL-21	57
MAY-21	48
JUNE 21	44
JULY 21	53
AUGUST 21	52
SEPTEMBER 21	45
OCTOBER 21	66
NOVEMBER 21	55
DECEMBER 21	45



Feedback quotes

"I found this telephone call very supportive than any other help I have received"

"A big thank you, I really feel so much better."

"I would like to thank staff for the help and support being put in place and also for listening to me and not judging me."

"I am very thankful for the support I have received tonight, I found it very easy to express my feelings and felt relaxed leaving."

"Really friendly and approachable. Makes everything easy to understand."

"Thank you for making me feel welcome and listened to, it's nice to know there is support out there"

"Really helpful and able to speak openly about what I'm struggling with"

"Thank you for helping me understand the process I need to go through. I am so grateful for your help. Thank you."



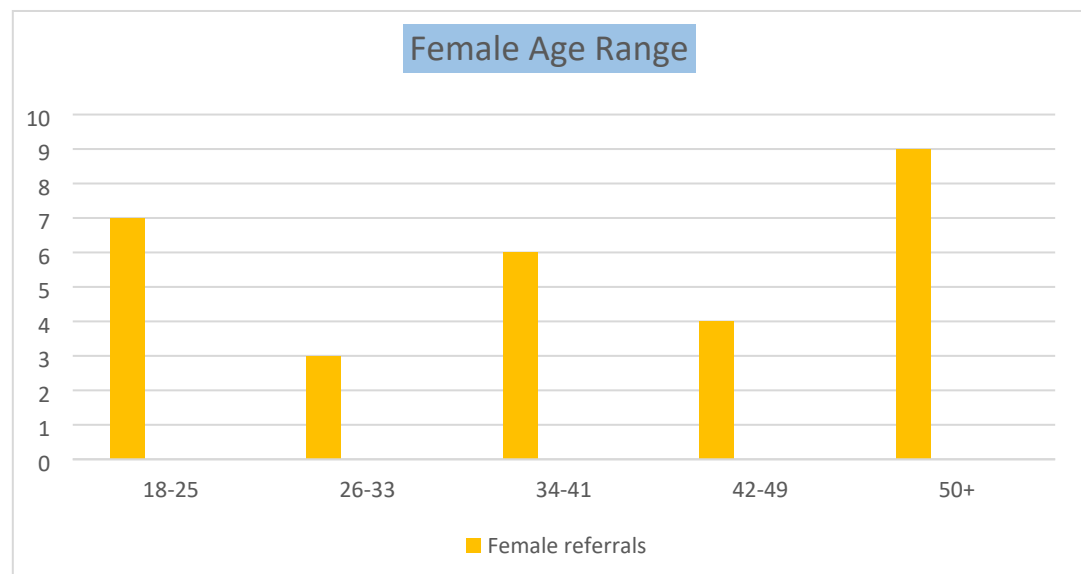
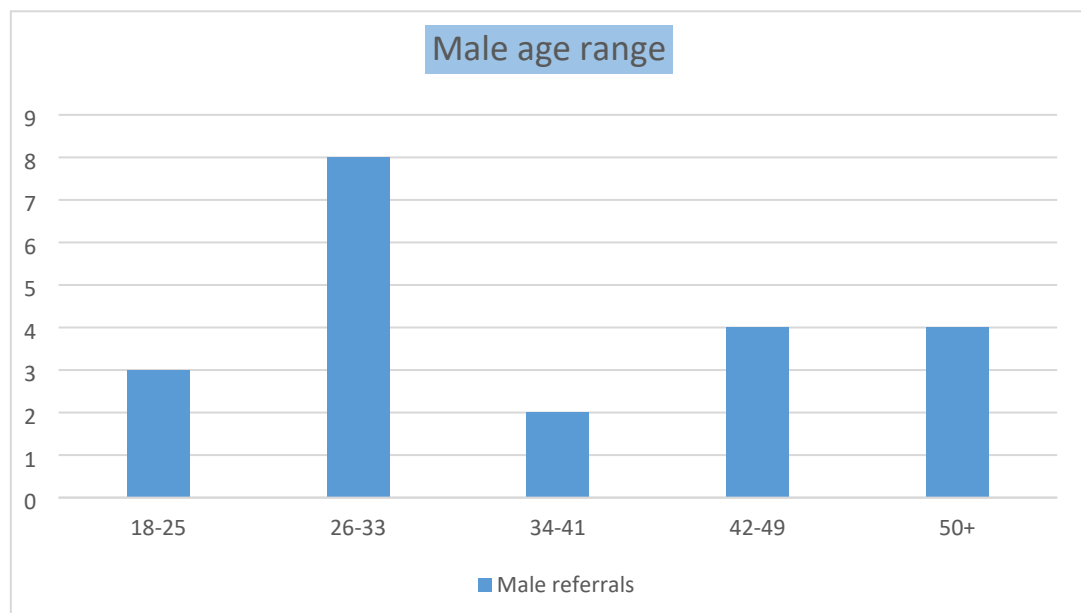
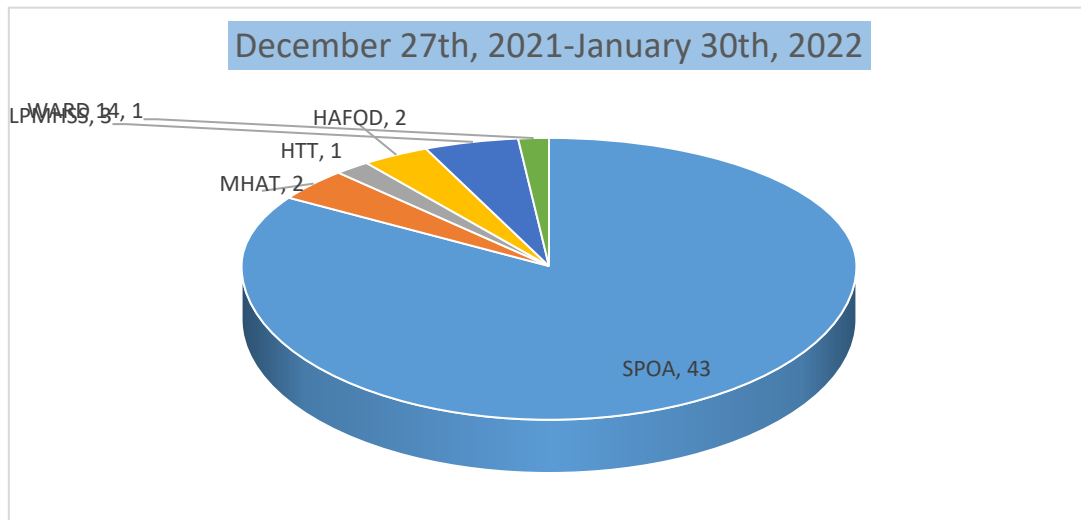
**MENTAL HEALTH
MATTERS WALES**



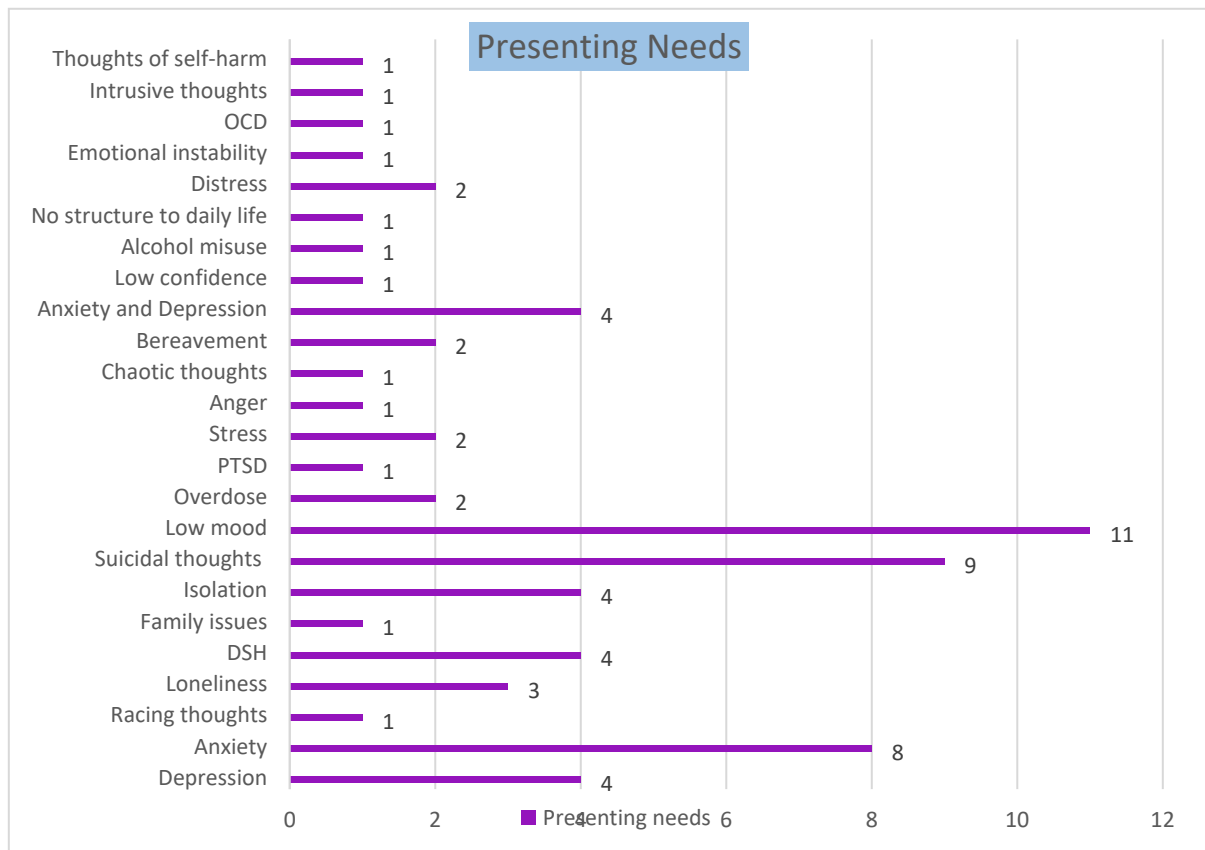
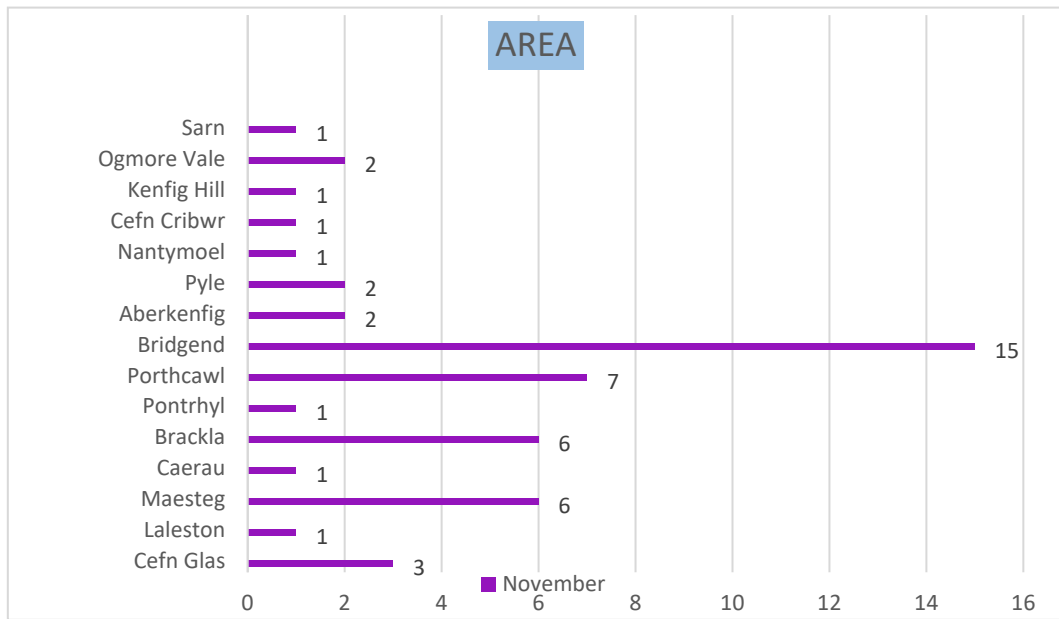
Wellbeing Retreat Monthly overview report
Monday 27/12/21– Sunday 30/01/2022

natalie.jones@mhmwales.org

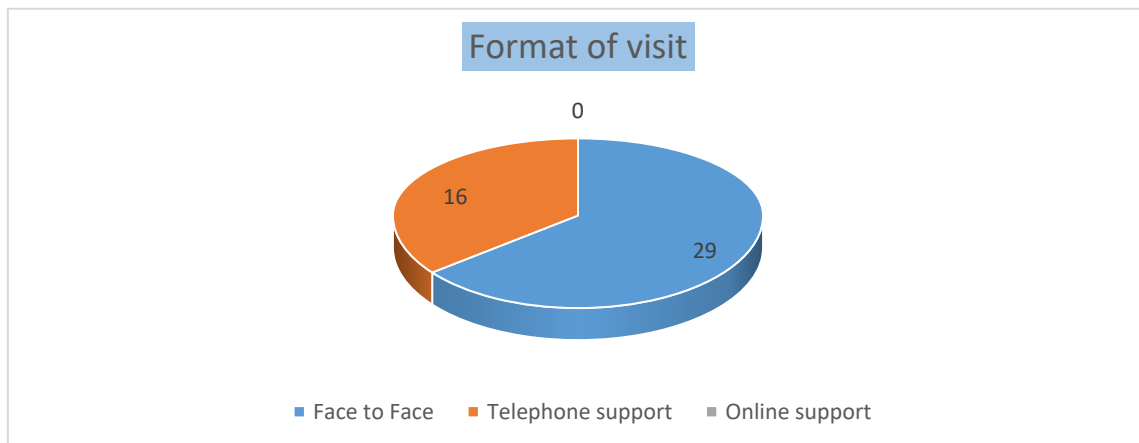
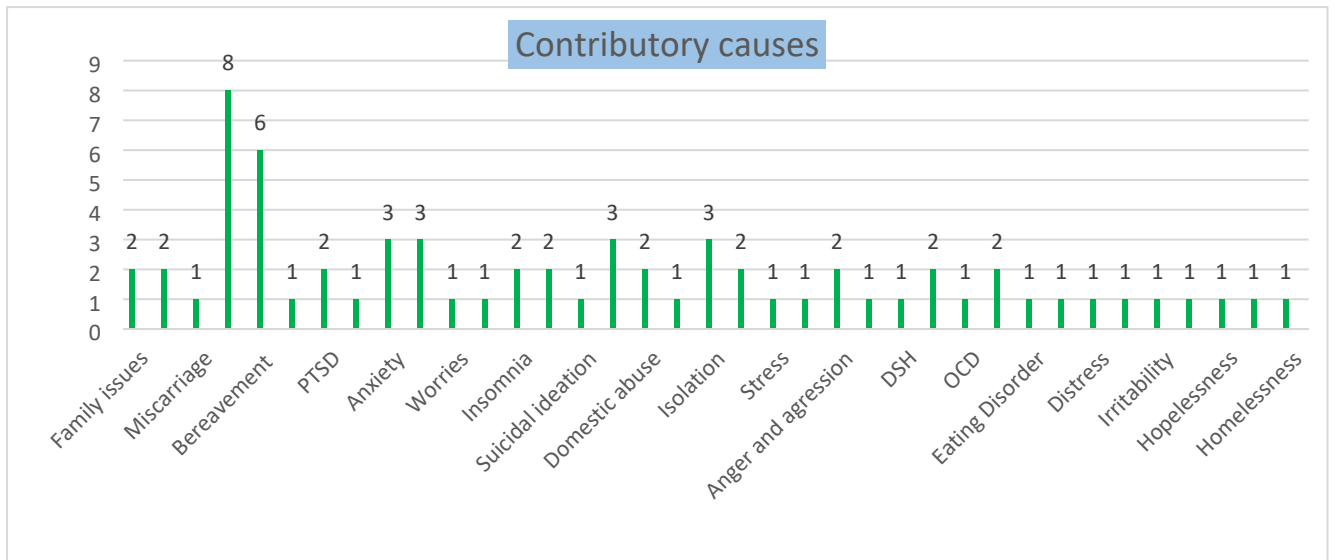
Number of referrals



Wellbeing Retreat monthly overview report

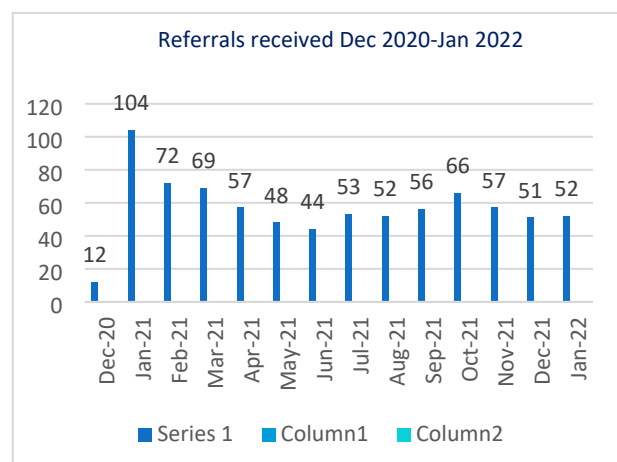


Wellbeing Retreat monthly overview report



Referrals to date 18th of December 2020 – 30th January 2022

793 Referrals Received 18/12/20- 30/01/22	
Dec-20	12
Jan-21	104
Feb-21	72
Mar-21	69
APRIL-21	57
MAY-21	48
JUNE 21	44
JULY 21	53
AUGUST 21	52
SEPTEMBER 21	56
OCTOBER 21	66
NOVEMBER 21	57
DECEMBER 21	51
JANUARY 22	52



Feedback

"I feel so much better!"

"A very comfortable environment that provided a lot of information without feeling overwhelming"

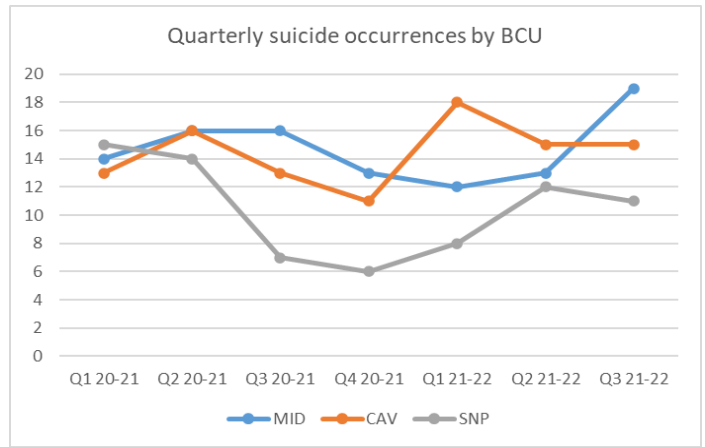
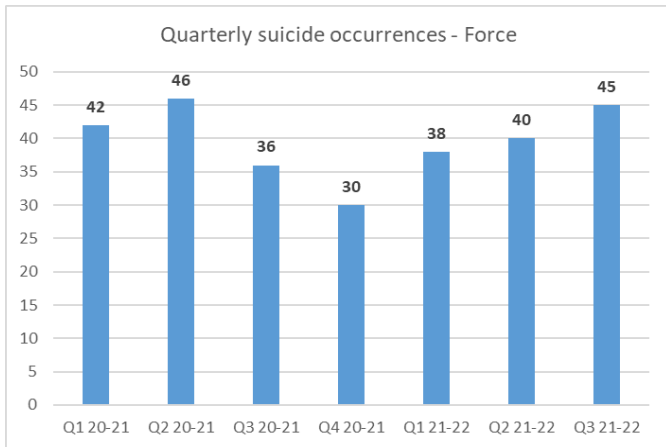
"Very happy with the outcome and support suggested."

"Amazing! This helped so much; made me feel like I am getting somewhere!"

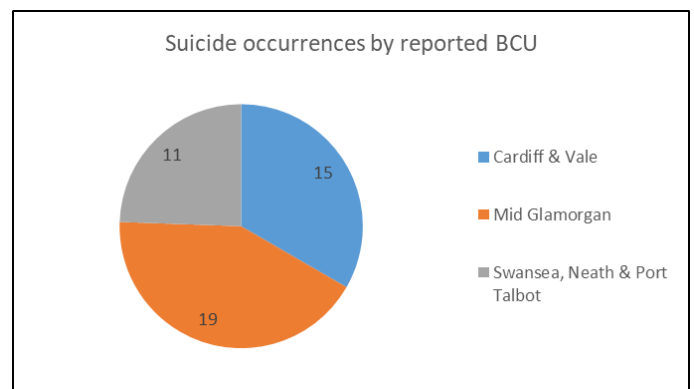
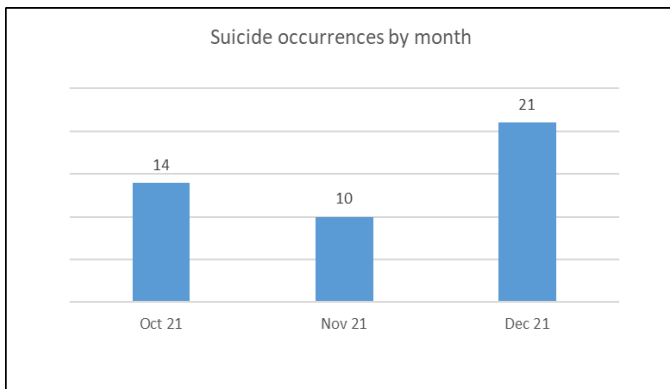
"Lovely staff at the retreat, very helpful and with lots of different services. It's a shame this is only a one off visit."

Q3 2021-22 Suicide Report

Quarter three of 2021/22 has seen forty five suicide occurrences. This is an increase of 13%, when compared with quarter two and an increase of 25%, when compared with the same period in 2020/21. Just one of these occurrences is thought to be Covid-19 related.

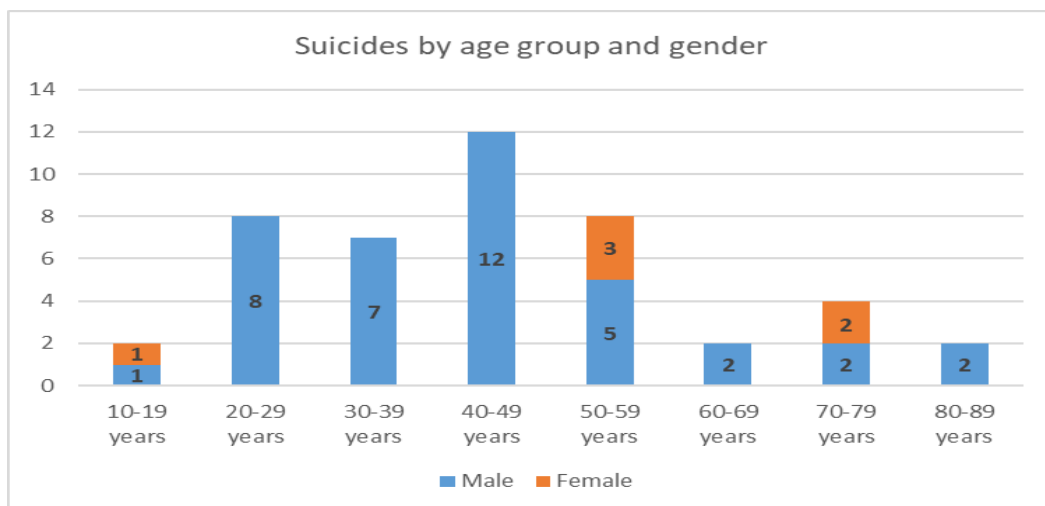


Mid Glamorgan BCU saw the highest number of suicide occurrences with 19, followed by Cardiff and Vale with 15 and Swansea, Neath & Port Talbot with 11. December saw the highest number of suicide occurrences.



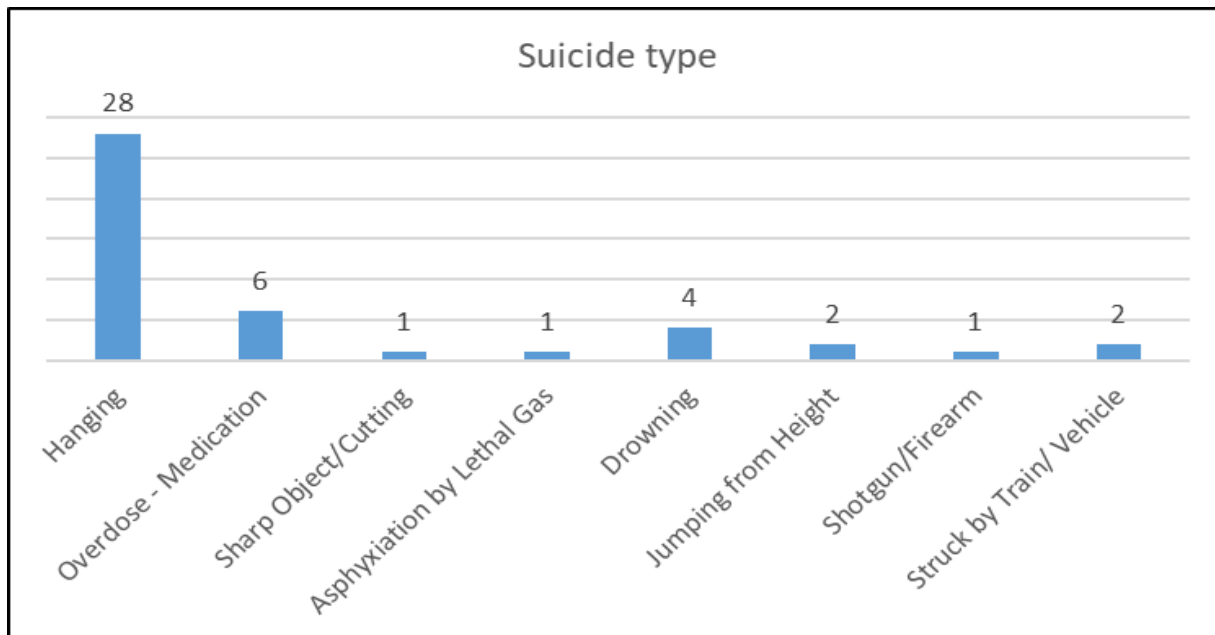
Thirty nine of the occurrences, 87%, are linked to males and six to females. The youngest person was 14 years old, the oldest was 82 years old. Forty four people were recorded as IC1. White – North European, one as Mixed ethnicity.

Twelve of these people were aged between 40-49 years. Eight people were recorded in age groups 20-29 and 50-59 and seven in age group 30-39. These group combined 20-59, account for 78% of suicide occurrences this quarter. The age/gender group with the highest number of suicide occurrences were males aged between 40-49 years.



62% (28) of the suicide occurrences were recorded as hanging, compared with 58% (23) last quarter. All these people were male, the youngest was 17 years old, the oldest was 82 years old. Eighteen were aged between 20 and 46 years old.

13% of the suicide occurrences were recorded as overdose by medication and 9% by drowning.



Thirty nine of these people were known to the Police, twelve had previously been involved in domestic abuse occurrences.

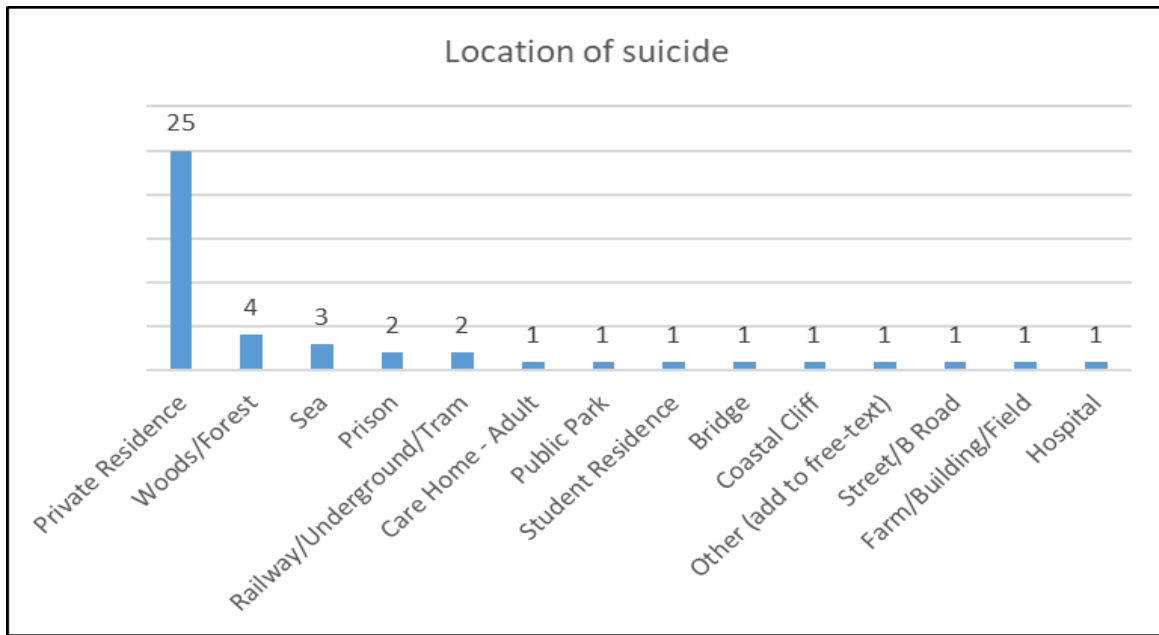
Twenty of these people had been in contact with Police in the six months prior to their death either as victims of crime, subject of concern calls, offenders or reporting persons. Nine of these people had contact relating to one or more of the following reasons: arrested, interviewed under caution, RUI/Police bail, charged and bailed to court. Two people were inmates in prison (both in Cardiff).

Twenty four of these people were known to mental health services and thirty six occurrences for this quarter had historical risk factors noted (more than one risk factor can be recorded for each person).

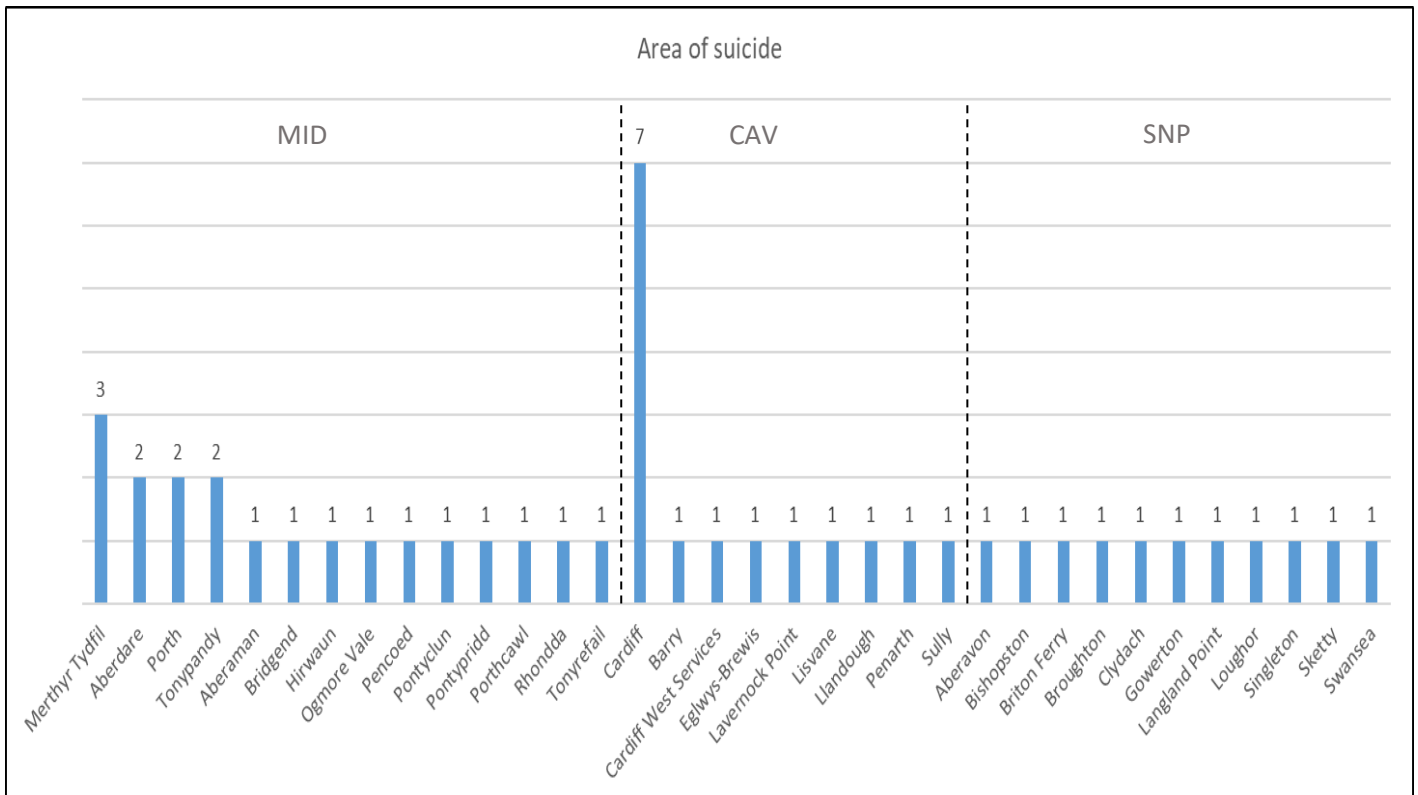
Risk Factor	Count	Risk Factor	Count
Mental Health Illness	9	Affected by Suicide	1
Relationship Issues (ie. Partner/Friends)	9	Learning Difficulties	1
Bereavement / Bereaved by Suicide	4 / 2	Sexual Orientation Concern	1
Awaiting CJ Outcome	4	Social Isolation	1
Alcohol Misuse/Abuse	4	Substance Misuse/Abuse	1
Drug Misuse/Abuse	4	Work Issues	1
Other Medical Issues	4	Other (Spouse having end of life care)	1
Financial Issues	2		

Sixteen of these people left a message of intention and twelve had been reported missing or had concern for welfare raised with Police.

Twenty five of these occurrences, 56%, took place at a private residence. One is recorded as 'Other', this took place in supported accommodation.



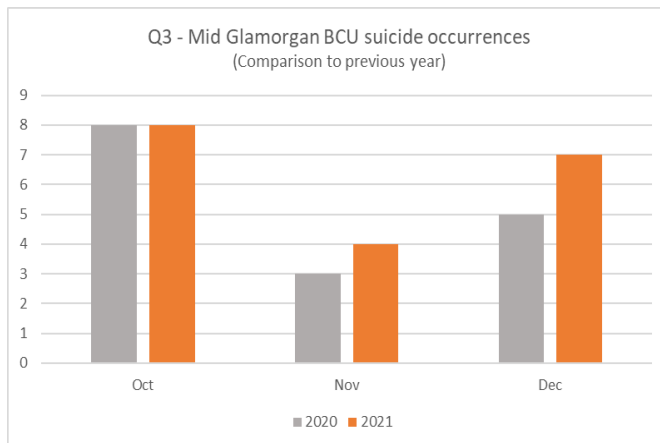
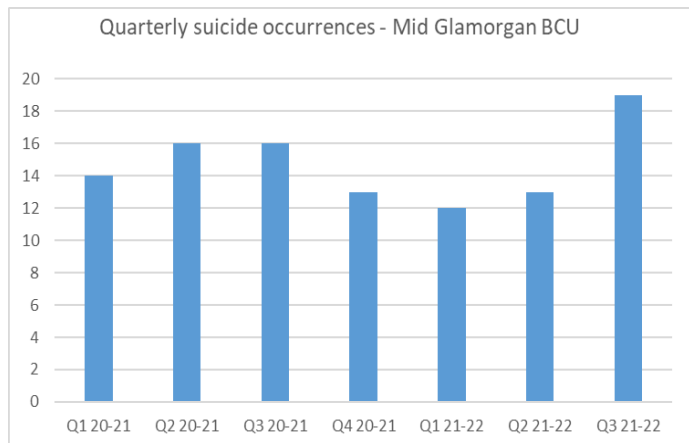
Eight occurrences took place in Cardiff (including one in Lisvane), five occurrences took place in the Swansea area and three in Merthyr Tydfil.



Mid Glamorgan BCU breakdown

In quarter three of 2021/22 nineteen suicide occurrences have been recorded in Mid Glamorgan BCU. This is an increase of 46%, six occurrences, when compared with quarter two and an increase of 19%, three occurrences, when compared with the same period of 2020/21. None of these occurrences were thought to be linked to Covid-19.

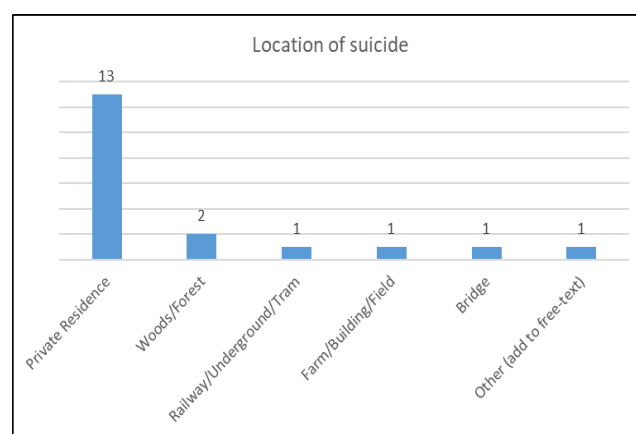
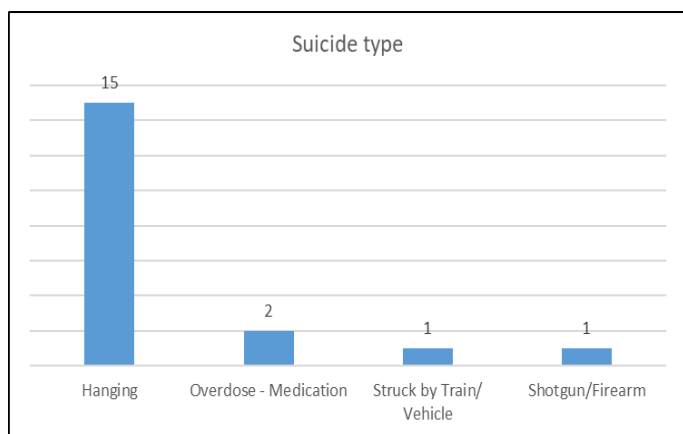
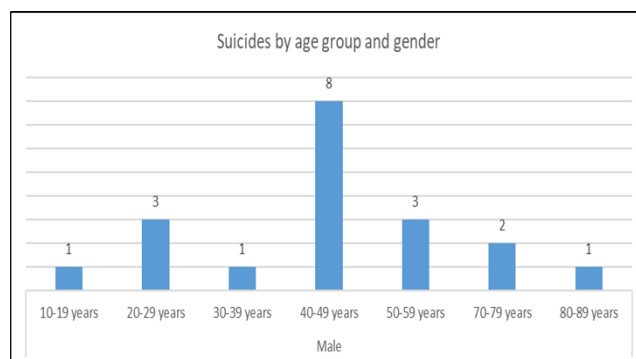
October saw the highest number of suicide occurrences this quarter.



All nineteen of the occurrences in Q3 were linked to males.

Eight were aged between 41 and 49 years old. The youngest person was 17 years old, the oldest was 82 years old.

All were categorised as IC1 – White - North European.



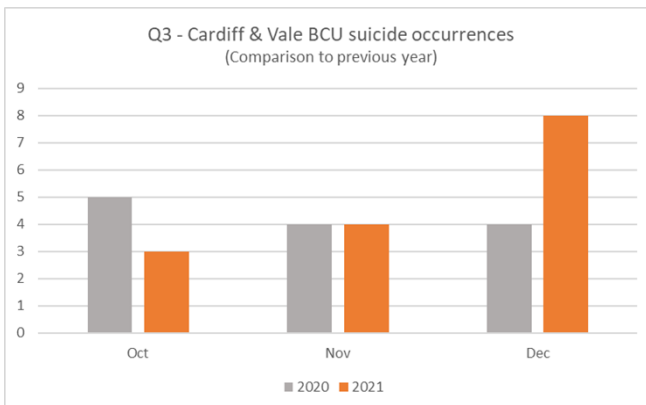
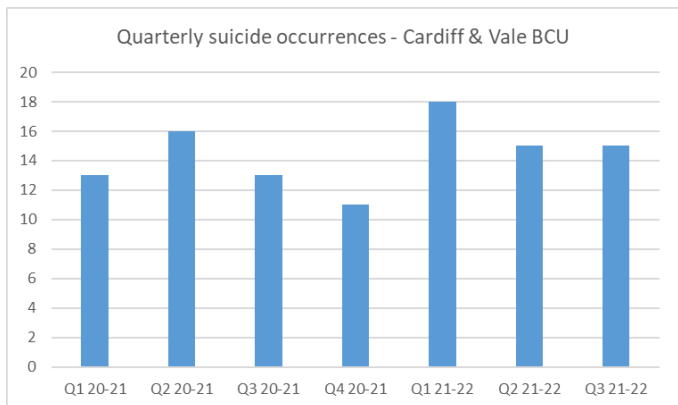
79% of the suicide occurrences in Q3 were carried out by hanging. This accounts for just over half of all suicides completed by hanging for the force this quarter.

68% of the occurrences took place at a private residence.

Cardiff and Vale BCU breakdown

In quarter three of 2021/22 fifteen suicide occurrences have been recorded in Cardiff and Vale BCU. This is the same number of occurrences as Q2, and a 15% increase when compared with the same period in 2020/21. One of these occurrences was thought to be linked to Covid-19.

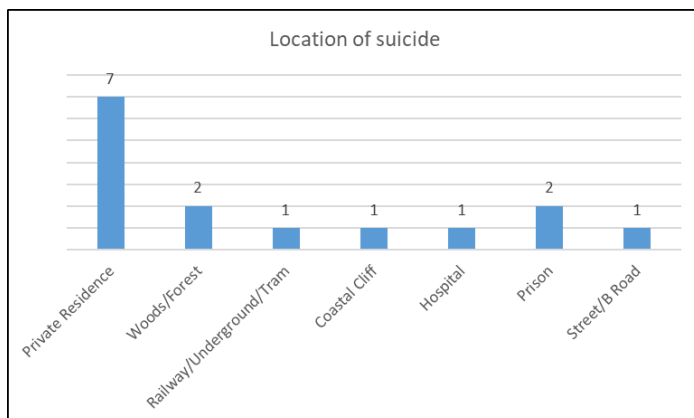
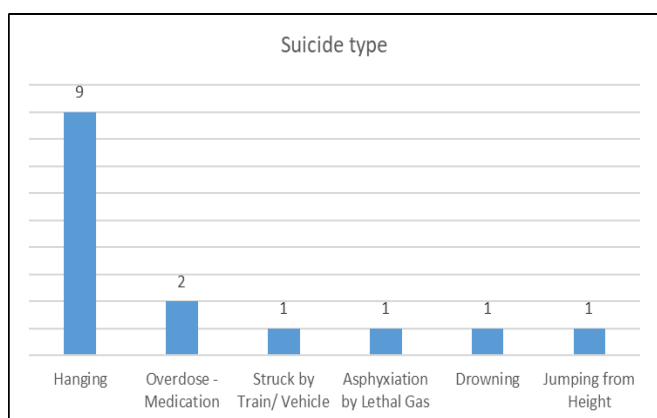
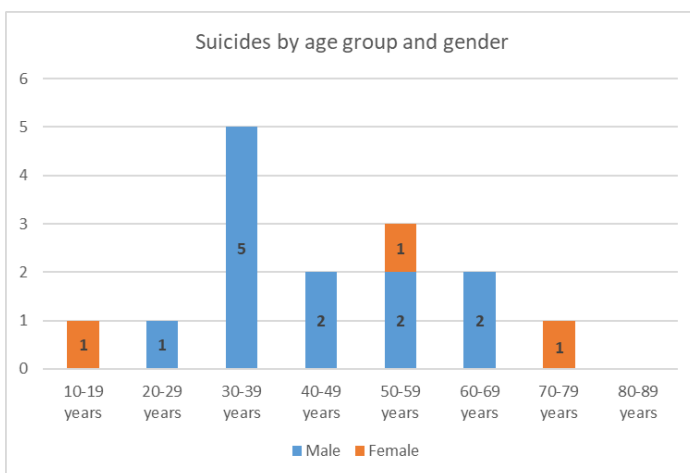
December saw the highest number of suicide occurrences this quarter with double the occurrences recorded in November.



Twelve of the occurrences in Q3 were linked to males and three to females.

Ten people were aged between 30 and 56 years old. The youngest person was 14 years old, the oldest was 77 years old.

Fourteen of these people were categorised as IC1 – White - North European, one person as Mixed ethnicity.



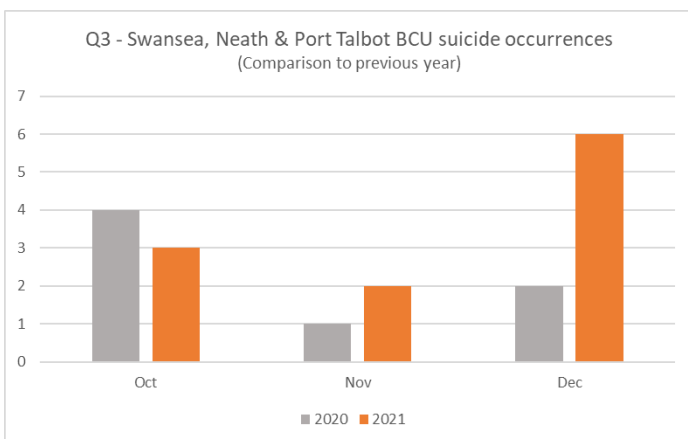
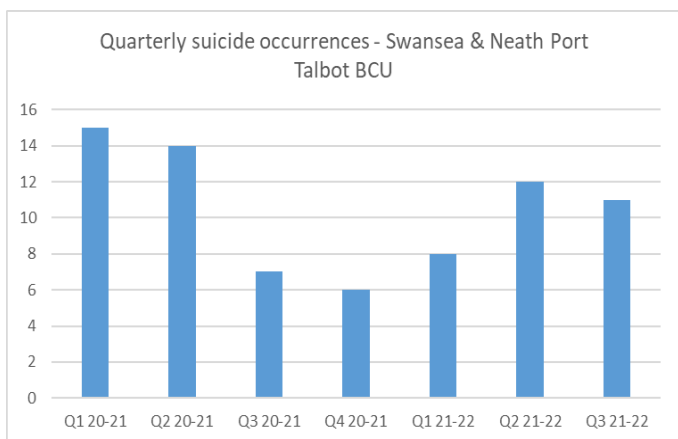
60% of the suicide occurrences in Q3 were carried out by hanging.

47% of the occurrences took place at a private residence.

Swansea, Neath and Port Talbot BCU breakdown

In quarter three of 2021/22 eleven suicide occurrences have been recorded in Swansea, Neath and Port Talbot BCU. This is a decrease of 8%, one occurrence, when compared with quarter one and an increase of 54%, four occurrences, when compared with the same period in 2020/21. None of these occurrences were thought to be linked to Covid-19.

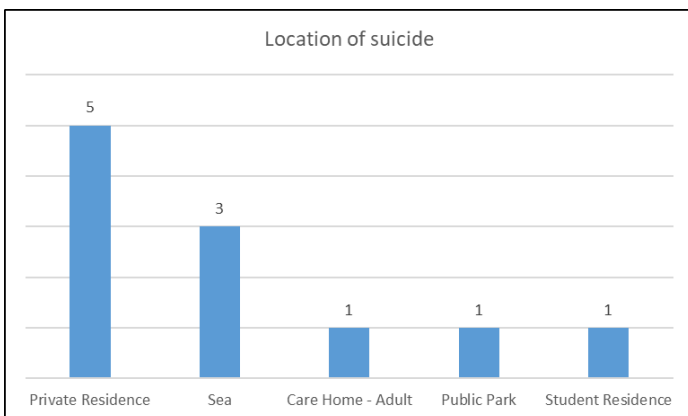
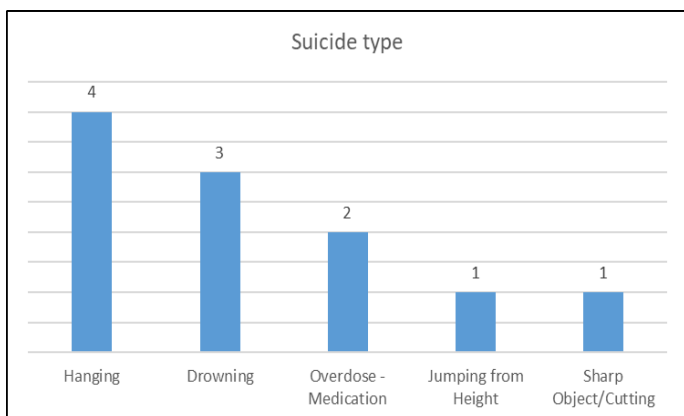
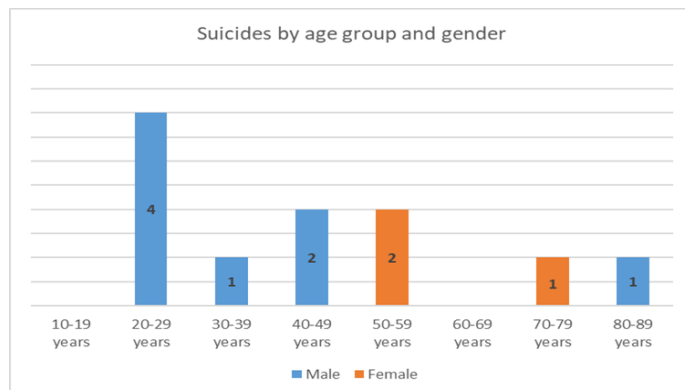
December saw the highest number of suicide occurrences this quarter with double the occurrences recorded in October and three times the occurrences recorded in November.



Eight of the suicide occurrences in Q3 were linked to males and three to females.

Nine people were aged between 23 and 58 years old. The youngest person was 23 years old, the oldest was 81 years old.

All were categorised as IC1 – White - North European.



36% of the suicide occurrences in Q3 were carried out by hanging, 27% by drowning.

45% of the occurrences took place at a private residence.

Year:	2021-22	Values only	
Period:	Quarter 1		
Section 136 for: South Wales Policing Area		Gender	
		Female	Male
Total Section 136	236	115	121
Place of Safety	Hospital	113	119
		98.3%	98.3%
Custody		2	2
		1.7%	1.7%
Outcome	Section	19	13
		16.5%	10.7%
	Informal	14	15
		12.2%	12.4%
	Admitted	33	28
		28.7%	23.1%
Discharged to Community Services		54	64
		47.0%	52.9%
Discharged - No Mental Disorder		25	29
		21.7%	24.0%
Unknown		3	0
		2.6%	0.0%
Repeats		40	19
		34.8%	15.7%
Section 136 for: Swansea Bay UHB		Gender	
		Female	Male
Total Section 136	37	19	18
Place of Safety	Hospital	19	18
		100.0%	100.0%
Custody		0	0
		0.0%	0.0%
Outcome	Section	2	1
		10.5%	5.6%
	Informal	1	2
		5.3%	11.1%
	Admitted	3	3
		15.8%	16.7%
Discharged to Community Services		5	10
		26.3%	55.6%
Discharged - No Mental Disorder		11	5
		57.9%	27.8%

Unknown		0
		0.0%
Repeats		6
Section 136 for: Cardiff and Vale HB		
Total Section 136	141	
Place of Safety	Hospital	139
		98.6%
Custody		2
		1.4%
Outcome	Section	24
		17.0%
	Informal	17
		12.1%
	Admitted	41
		29.1%
Discharged to Community Services		67
		47.5%
Discharged - No Mental Disorder		32
		22.7%
Unknown		1
		0.7%
Repeats		46
		32.6%
Section for: Cwm Taf Morgannwg HB		
Total Section 136	58	
Place of Safety	Hospital	56
		96.6%
Custody		2
		3.4%
Outcome	Section	5
		8.6%
	Informal	9
		15.5%
	Admitted	14
		24.1%
Discharged to Community Services		36
		62.1%
Discharged - No Mental Disorder		6
		10.3%
Unknown		2

0	0
0.0%	0.0%
6	0
31.6%	0.0%
Gender	
Female	Male
71	70
71	68
100.0%	97.1%
0	2
0.0%	2.9%
14	10
19.7%	14.3%
10	7
14.1%	10.0%
24	17
33.8%	24.3%
33	34
46.5%	48.6%
13	19
18.3%	27.1%
1	0
1.4%	0.0%
30	16
42.3%	22.9%
Gender	
Female	Male
25	33
23	33
92.0%	100.0%
2	0
8.0%	0.0%
3	2
12.0%	6.1%
3	6
12.0%	18.2%
6	8
24.0%	24.2%
16	20
64.0%	60.6%
1	5
4.0%	15.2%
2	0

RESTRICTED

UNKNOWN	3.4%
Repeats	7
	12.1%

8.0%	0.0%
4	3
16.0%	9.1%

RESTRICTED

required to be entered in cells highlighted in yellow for each health board below.
All orange and grey coloured cells are automatically calculated.

		Age Group		Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	
0	219	17	4	3	0	2	223	4	
0	215	17	4	2	0	2	220	4	
	98.2%	100.0%	100.0%	66.7%		100.0%	98.7%	100.0%	
0	4	0	0	1	0	0	3	0	
	1.8%	0.0%	0.0%	33.3%		0.0%	1.3%	0.0%	
0	31	1	1	1	0	2	28	0	
	14.2%	5.9%	25.0%	33.3%		100.0%	12.6%	0.0%	
0	24	5	2	0	0	0	27	0	
	11.0%	29.4%	50.0%	0.0%		0.0%	12.1%	0.0%	
0	55	6	3	1	0	2	55	0	
	25.1%	35.3%	75.0%	33.3%		100.0%	24.7%	0.0%	
0	110	8	0	2	0	0	114	2	
	50.2%	47.1%	0.0%	66.7%		0.0%	51.1%	50.0%	
0	52	2	1	0	0	0	51	2	
	23.7%	11.8%	25.0%	0.0%		0.0%	22.9%	50.0%	
0	2	1	0	0	0	0	3	0	
	0.9%	5.9%	0.0%	0.0%		0.0%	1.3%	0.0%	
0	55	4	0	0	0	0	59	0	
	25.1%	23.5%	0.0%	0.0%		0.0%	26.5%	0.0%	
		Age Group		Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	
0	32	5	1	0	0	0	35	1	
0	32	5	1	0	0	0	35	1	
	100.0%	100.0%	100.0%				100.0%	100.0%	
0	0	0	0	0	0	0	0	0	
	0.0%	0.0%	0.0%				0.0%	0.0%	
0	3	0	1	0	0	0	2	0	
	9.4%	0.0%	100.0%				5.7%	0.0%	
0	2	1	0	0	0	0	3	0	
	6.3%	20.0%	0.0%				8.6%	0.0%	
0	5	1	1	0	0	0	5	0	
	15.6%	20.0%	100.0%				14.3%	0.0%	
0	12	3	0	0	0	0	14	1	
	37.5%	60.0%	0.0%				40.0%	100.0%	
0	15	1		0	0	0	16	0	
	46.9%	20.0%	0.0%				45.7%	0.0%	

RESTRICTED

0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%					0.0%	0.0%	
0	5	1	0	0	0	0	6	0	
	15.6%	20.0%	0.0%				17.1%	0.0%	
	Age Group		Ethnicity						
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	
0	133	8	2	3	0	2	132	2	
0	131	8	2	2	0	2	131	2	
	98.5%	100.0%	100.0%	66.7%		100.0%	99.2%	100.0%	
0	2	0	0	1	0	0	1	0	
	1.5%	0.0%	0.0%	33.3%		0.0%	0.8%	0.0%	
0	23	1	0	1	0	2	21	0	
	17.3%	12.5%	0.0%	33.3%		100.0%	15.9%	0.0%	
0	14	3	2	0	0	0	15	0	
	10.5%	37.5%	100.0%	0.0%		0.0%	11.4%	0.0%	
0	37	4	2	1	0	2	36	0	
	27.8%	50.0%	100.0%	33.3%		100.0%	27.3%	0.0%	
0	63	4	0	2	0	0	64	1	
	47.4%	50.0%	0.0%	66.7%		0.0%	48.5%	50.0%	
0	32	0	0	0	0	0	31	1	
	24.1%	0.0%	0.0%	0.0%		0.0%	23.5%	50.0%	
0	1	0	0	0	0	0	1	0	
	0.8%	0.0%	0.0%	0.0%		0.0%	0.8%	0.0%	
0	43	3	0	0	0	0	46	0	
	32.3%	37.5%	0.0%	0.0%		0.0%	34.8%	0.0%	
	Age Group		Ethnicity						
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	
0	54	4	1	0	0	0	56	1	
0	52	4	1	0	0	0	54	1	
	96.3%	100.0%	100.0%				96.4%	100.0%	
0	2	0	0	0	0	0	2	0	
	3.7%	0.0%	0.0%				3.6%	0.0%	
0	5	0	0	0	0	0	5	0	
	9.3%	0.0%	0.0%				8.9%	0.0%	
0	8	1	0	0	0	0	9	0	
	14.8%	25.0%	0.0%				16.1%	0.0%	
0	13	1	0	0	0	0	14	0	
	24.1%	25.0%	0.0%				25.0%	0.0%	
0	35	1	0	0	0	0	36	0	
	64.8%	25.0%	0.0%				64.3%	0.0%	
0	5	1	1	0	0	0	4	1	
	9.3%	25.0%	100.0%				7.1%	100.0%	
0	1	1	0	0	0	0	2	0	

RESTRICTED

RESTRICTED

	1.9%	25.0%	0.0%				3.6%	0.0%
0	7	0	0	0	0	0	7	0
	13.0%	0.0%	0.0%				12.5%	0.0%

RESTRICTED

	CHECK					Q1 2020-21	Change
Total							
236	236	236	236	236	TRUE	147	60.5%
232	232	232	232	232	TRUE	147	57.8%
98.3%							
4	4	4	4	4	TRUE	0	#DIV/0!
1.7%							
32	32	32	32	32	TRUE	28	14.3%
13.6%							
29	29	29	29	29	TRUE	21	38.1%
12.3%							
61	61	61	61	61	TRUE	49	24.5%
25.8%							
118	118	118	118	118	TRUE	59	100.0%
50.0%							
54	54	54	54	54	TRUE	38	42.1%
22.9%							
3	3	3	3	3	TRUE	1	200.0%
1.3%							
59	59	59	59	59	TRUE	30	96.7%
25.0%							
Total	Check						
37	37	37	37	37	TRUE	34	8.8%
37	37	37	37	37	TRUE	34	8.8%
100.0%							
0	0	0	0	0	TRUE	0	#DIV/0!
0.0%							
3	3	3	3	3	TRUE	8	-62.5%
8.1%							
3	3	3	3	3	TRUE	5	-40.0%
8.1%							
6	6	6	6	6	TRUE	13	-53.8%
16.2%							
15	15	15	15	15	TRUE	10	50.0%
40.5%							
16	16	16	16	16	TRUE	11	45.5%
43.2%							

RESTRICTED

0	0	0	0	0	TRUE	0	#DIV/0!
0.0%							
6	6	6	6	6	TRUE	1	500.0%
16.2%							
Total	Check						
141	141	141	141	141	TRUE	80	76.3%
139	139	139	139	139	TRUE	80	73.8%
98.6%							
2	2	2	2	2	TRUE	0	#DIV/0!
1.4%							
24	24	24	24	24	TRUE	16	50.0%
17.0%							
17	17	17	17	17	TRUE	8	112.5%
12.1%							
41	41	41	41	41	TRUE	24	70.8%
29.1%							
67	67	67	67	67	TRUE	32	109.4%
47.5%							
32	32	32	32	32	TRUE	34	-5.9%
22.7%							
1	1	1	1	1	TRUE	0	#DIV/0!
0.7%							
46	46	46	46	46	TRUE	26	76.9%
32.6%							
Total	Check						
58	58	58	58	58	TRUE	33	75.8%
56	56	56	56	56	TRUE	33	69.7%
96.6%							
2	2	2	2	2	TRUE	0	#DIV/0!
3.4%							
5	5	5	5	5	TRUE	4	25.0%
8.6%							
9	9	9	9	9	TRUE	8	12.5%
15.5%							
14	14	14	14	14	TRUE	12	16.7%
24.1%							
36	36	36	36	36	TRUE	17	111.8%
62.1%							
6	6	6	6	6	TRUE	3	100.0%
10.3%							
2	2	2	2	2	TRUE	1	100.0%

RESTRICTED

3.4%							
7	7	7	7	7	TRUE	3	133.3%
12.1%							

Year:		2021-22		Values only		
Period:		Quarter 2				
Section 136 for: South Wales Policing Area				Gender		
		Female	Male			
Total Section 136	208			98	110	
Place of Safety	Hospital	207	97	97	110	
		99.5%	99.0%	100.0%		
Place of Safety	Custody	1	1	1	0	
		0.5%	1.0%	0.0%		
Outcome	Section	40	12	12	28	
		19.2%	12.2%	25.5%		
	Informal	15	7	7	8	
		7.2%	7.1%	7.3%		
	Admitted	55	19	19	36	
		26.4%	19.4%	32.7%		
Discharged to Community Services	82	45	45	37		
	39.4%	45.9%	33.6%			
Discharged - No Mental Disorder	70	33	33	37		
	33.7%	33.7%	33.6%			
Unknown		1	1	1	0	
		0.5%	1.0%	0.0%		
Repeats		28	20	20	8	
		13.5%	20.4%	7.3%		
Section 136 for: Swansea Bay UHB				Gender		
		Female	Male			
Total Section 136	55			29	26	
Place of Safety	Hospital	55	29	29	26	
		100.0%	100.0%	100.0%		
Place of Safety	Custody	0	0	0	0	
		0.0%	0.0%	0.0%		
Outcome	Section	14	8	8	6	
		25.5%	27.6%	23.1%		
	Informal	3	2	2	1	
		5.5%	6.9%	3.8%		
	Admitted	17	10	10	7	
		30.9%	34.5%	26.9%		
Discharged to Community Services	14	7	7	7		
	25.5%	24.1%	26.9%			
Discharged - No Mental Disorder	24	12	12	12		
	43.6%	41.4%	46.2%			

Unknown		0
		0.0%
Repeats		2
		3.6%
Section 136 for: Cardiff and Vale Health Board		
Total Section 136	86	
Place of Safety	Hospital	85
		98.8%
Custody		1
		1.2%
Outcome	Section	16
		18.6%
	Informal	7
		8.1%
	Admitted	23
		26.7%
Discharged to Community Services		39
		45.3%
Discharged - No Mental Disorder		23
		26.7%
Unknown		1
		1.2%
Repeats		26
		30.2%
Section for: Cwm Taf Morgannwg HB		
Total Section 136	67	
Place of Safety	Hospital	67
		100.0%
Custody		0
		0.0%
Outcome	Section	10
		14.9%
	Informal	5
		7.5%
	Admitted	15
		22.4%
Discharged to Community Services		29
		43.3%
Discharged - No Mental Disorder		23
		34.3%
Unknown		0

0	0
0.0%	0.0%
2	0
6.9%	0.0%
Gender	
Female	Male
43	43
42	43
97.7%	100.0%
1	0
2.3%	0.0%
2	14
4.7%	32.6%
4	3
9.3%	7.0%
6	17
14.0%	39.5%
25	14
58.1%	32.6%
11	12
25.6%	27.9%
1	0
2.3%	0.0%
18	8
41.9%	18.6%
Gender	
Female	Male
26	41
26	41
100.0%	100.0%
0	0
0.0%	0.0%
2	8
7.7%	19.5%
1	4
3.8%	9.8%
3	12
11.5%	29.3%
13	16
50.0%	39.0%
10	13
38.5%	31.7%
0	0

UNKNOWN	0.0%
Repeats	0
	0.0%

0.0%	0.0%
0	0
0.0%	0.0%

*required to be entered in cells highlighted in yellow for each health board below.
All orange and grey coloured cells are automatically calculated.*

		Age Group		Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	
0	198	10	0	5	0	2	199	2	
0	197	10	0	5	0	2	198	2	
	99.5%	100.0%		100.0%		100.0%	99.5%	100.0%	
0	1	0	0	0	0	0	1	0	
	0.5%	0.0%		0.0%		0.0%	0.5%	0.0%	
0	39	1	0	3	0	1	36	0	
	19.7%	10.0%		60.0%		50.0%	18.1%	0.0%	
0	13	2	0	0	0	0	15	0	
	6.6%	20.0%		0.0%		0.0%	7.5%	0.0%	
0	52	3	0	3	0	1	51	0	
	26.3%	30.0%		60.0%		50.0%	25.6%	0.0%	
0	76	6	0	1	0	0	80	1	
	38.4%	60.0%		20.0%		0.0%	40.2%	50.0%	
0	69	1	0	1	0	1	67	1	
	34.8%	10.0%		20.0%		50.0%	33.7%	50.0%	
0	1	0	0	0	0	0	1	0	
	0.5%	0.0%		0.0%		0.0%	0.5%	0.0%	
0	28	0	0	0	0	0	28	0	
	14.1%	0.0%		0.0%		0.0%	14.1%	0.0%	
		Age Group		Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	
0	53	2	0	2	0	0	53	0	
0	53	2	0	2	0	0	53	0	
	100.0%	100.0%		100.0%			100.0%		
0	0	0	0	0	0	0	0	0	
	0.0%	0.0%		0.0%			0.0%		
0	14	0	0	1	0	0	13	0	
	26.4%	0.0%		50.0%			24.5%		
0	3	0	0	0	0	0	3	0	
	5.7%	0.0%		0.0%			5.7%		
0	17	0	0	1	0	0	16	0	
	32.1%	0.0%		50.0%			30.2%		
0	13	1	0	0	0	0	14	0	
	24.5%	50.0%		0.0%			26.4%		
0	23	1	0	1	0	0	23	0	
	43.4%	50.0%		50.0%			43.4%		

RESTRICTED

0	0	0	0	0	0	0	0	
	0.0%	0.0%			0.0%			
0	2	0	0	0	2	0		
	3.8%	0.0%			3.8%			
Age Group			Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated
0	80	6	0	3	0	2	80	1
0	79	6	0	3	0	2	79	1
	98.8%	100.0%		100.0%		100.0%	98.8%	100.0%
0	1	0	0	0	0	0	1	0
	1.3%	0.0%		0.0%		0.0%	1.3%	0.0%
0	15	1	0	2	0	1	13	0
	18.8%	16.7%		66.7%		50.0%	16.3%	0.0%
0	5	2	0	0	0	0	7	0
	6.3%	33.3%		0.0%		0.0%	8.8%	0.0%
0	20	3	0	2	0	1	20	0
	25.0%	50.0%		66.7%		50.0%	25.0%	0.0%
0	36	3	0	1	0	0	37	1
	45.0%	50.0%		33.3%		0.0%	46.3%	100.0%
0	23	0	0	0	0	1	22	0
	28.8%	0.0%		0.0%		50.0%	27.5%	0.0%
0	1	0	0	0	0	0	1	0
	1.3%	0.0%		0.0%		0.0%	1.3%	0.0%
0	26	0	0	0	0	0	26	0
	32.5%	0.0%		0.0%		0.0%	32.5%	0.0%
Age Group			Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated
0	65	2	0	0	0	0	66	1
0	65	2	0	0	0	0	66	1
	100.0%	100.0%					100.0%	100.0%
0	0	0	0	0	0	0	0	0
	0.0%	0.0%					0.0%	0.0%
0	10	0	0	0	0	0	10	0
	15.4%	0.0%					15.2%	0.0%
0	5	0	0	0	0	0	5	0
	7.7%	0.0%					7.6%	0.0%
0	15	0	0	0	0	0	15	0
	23.1%	0.0%					22.7%	0.0%
0	27	2	0	0	0	0	29	0
	41.5%	100.0%					43.9%	0.0%
0	23	0	0	0	0	0	22	1
	35.4%	0.0%					33.3%	100.0%
0	0	0	0	0	0	0	0	0

RESTRICTED

RESTRICTED

	0.0%	0.0%					0.0%	0.0%
0	0	0	0	0	0	0	0	0
	0.0%	0.0%					0.0%	0.0%

RESTRICTED

						Q2 2020-21	Change
Total	CHECK						
208	208	208	208	208	TRUE	209	-0.5%
207	207	207	207	207	TRUE	205	1.0%
99.5%							
1	1	1	1	1	TRUE	4	-75.0%
0.5%							
40	40	40	40	40	TRUE	29	37.9%
19.2%							
15	15	15	15	15	TRUE	25	-40.0%
7.2%							
55	55	55	55	55	TRUE	54	1.9%
26.4%							
82	82	82	82	82	TRUE	98	-16.3%
39.4%							
70	70	70	70	70	TRUE	57	22.8%
33.7%							
1	1	1	1	1	TRUE	0	#DIV/0!
0.5%							
28	28	28	28	28	TRUE	35	-20.0%
13.5%							
Total	Check						
55	55	55	55	55	TRUE	57	-3.5%
55	55	55	55	55	TRUE	56	-1.8%
100.0%							
0	0	0	0	0	TRUE	1	-100.0%
0.0%							
14	14	14	14	14	TRUE	7	100.0%
25.5%							
3	3	3	3	3	TRUE	5	-40.0%
5.5%							
17	17	17	17	17	TRUE	12	41.7%
30.9%							
14	14	14	14	14	TRUE	23	-39.1%
25.5%							
24	24	24	24	24	TRUE	22	9.1%
43.6%							

RESTRICTED

0	0	0	0	0	TRUE	0	#DIV/0!
0.0%							
2	2	2	2	2	TRUE	12	-83.3%
3.6%							
	Check						
Total							
86	86	86	86	86	TRUE	92	-6.5%
85	85	85	85	85	TRUE	90	-5.6%
98.8%							
1	1	1	1	1	TRUE	2	-50.0%
1.2%							
16	16	16	16	16	TRUE	15	6.7%
18.6%							
7	7	7	7	7	TRUE	6	16.7%
8.1%							
23	23	23	23	23	TRUE	21	9.5%
26.7%							
39	39	39	39	39	TRUE	47	-17.0%
45.3%							
23	23	23	23	23	TRUE	24	-4.2%
26.7%							
1	1	1	1	1	TRUE	0	#DIV/0!
1.2%							
26	26	26	26	26	TRUE	23	13.0%
30.2%							
	Check						
Total							
67	67	67	67	67	TRUE	60	11.7%
67	67	67	67	67	TRUE	59	13.6%
100.0%							
0	0	0	0	0	TRUE	1	-100.0%
0.0%							
10	10	10	10	10	TRUE	7	42.9%
14.9%							
5	5	5	5	5	TRUE	14	-64.3%
7.5%							
15	15	15	15	15	TRUE	21	-28.6%
22.4%							
29	29	29	29	29	TRUE	28	3.6%
43.3%							
23	23	23	23	23	TRUE	11	109.1%
34.3%							
0	0	0	0	0	TRUE	0	#DIV/0!

RESTRICTED

0.0%							
0	0	0	0	0	TRUE	0	#DIV/0!
0.0%							

Year:	2021-22	Values only required All or		
Period:	Quarter 3			
Section 136 for: South Wales Policing Area		Gender		
		Female	Male	Trans-gender
Total Section 136	170	77	92	1
Place of Safety	Hospital	166	76	1
		97.6%	98.7%	100.0%
Custody		4	1	0
		2.4%	1.3%	0.0%
Outcome	Section	37	20	0
		21.8%	26.0%	0.0%
	Informal	20	10	0
		11.8%	13.0%	0.0%
	Admitted	57	30	0
		33.5%	39.0%	0.0%
Discharged to Community Services		70	27	1
		41.2%	35.1%	100.0%
Discharged - No Mental Disorder		43	20	0
		25.3%	26.0%	0.0%
Unknown		0	0	0
		0.0%	0.0%	0.0%
Repeats		23	12	0
		13.5%	15.6%	0.0%
Section 136 for: Swansea Bay UHB		Gender		
		Female	Male	Trans-gender
Total Section 136	32	13	19	0
Place of Safety	Hospital	31	13	0
		96.9%	100.0%	
Custody		1	0	0
		3.1%	0.0%	5.3%
Outcome	Section	8	4	0
		25.0%	30.8%	
	Informal	3	0	0
		9.4%	0.0%	15.8%
	Admitted	11	4	0
		34.4%	30.8%	36.8%
Discharged to Community Services		10	4	0
		31.3%	30.8%	31.6%
Discharged - No Mental Disorder		11	5	0
		34.4%	38.5%	31.6%

Unknown		0
		0.0%
Repeats		1
		3.1%
Section 136 for: Cardiff and Vale Health Board		
Total Section 136	78	
Place of Safety	Hospital	75
		96.2%
Custody		3
		3.8%
Outcome	Section	19
		24.4%
	Informal	6
		7.7%
	Admitted	25
	32.1%	
Discharged to Community Services		28
		35.9%
Discharged - No Mental Disorder		25
		32.1%
Unknown		0
		0.0%
Repeats		22
		28.2%
Section for: Cwm Taf Morgannwg HB		
Total Section 136	60	
Place of Safety	Hospital	60
		100.0%
Custody		0
		0.0%
Outcome	Section	10
		16.7%
	Informal	11
		18.3%
	Admitted	21
	35.0%	
Discharged to Community Services		32
		53.3%
Discharged - No Mental Disorder		7
		11.7%
Unknown		0

0	0	0
0.0%	0.0%	
0	1	0
0.0%	5.3%	
Gender		
Female	Male	Trans-gender
39	38	1
38	36	1
97.4%	94.7%	100.0%
1	2	0
2.6%	5.3%	0.0%
11	8	0
28.2%	21.1%	0.0%
2	4	0
5.1%	10.5%	0.0%
13	12	0
33.3%	31.6%	0.0%
14	13	1
35.9%	34.2%	100.0%
12	13	0
30.8%	34.2%	0.0%
0	0	0
0.0%	0.0%	0.0%
12	10	0
30.8%	26.3%	0.0%
Gender		
Female	Male	Trans-gender
25	35	0
25	35	0
100.0%	100.0%	
0	0	0
0.0%	0.0%	
5	5	0
20.0%	14.3%	
8	3	0
32.0%	8.6%	
13	8	0
52.0%	22.9%	
9	23	0
36.0%	65.7%	
3	4	0
12.0%	11.4%	
0	0	0

RESTRICTED

UNKNOWN	0.0%
Repeats	0
	0.0%

0.0%	0.0%	
0	0	0
0.0%	0.0%	

RESTRICTED

to be entered in cells highlighted in yellow for each health board below. Range and grey coloured cells are automatically calculated.

Age Group		Ethnicity						
Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	Total
159	11	4	1	0	2	162	1	170
155	11	4	0	0	2	159	1	166
97.5%	100.0%	100.0%	0.0%		100.0%	98.1%	100.0%	97.6%
4	0	0	1	0	0	3	0	4
2.5%	0.0%	0.0%	100.0%		0.0%	1.9%	0.0%	2.4%
37	0	4	0	0	1	31	1	37
23.3%	0.0%	100.0%	0.0%		50.0%	19.1%	100.0%	21.8%
17	3	0	0	0	0	20	0	20
10.7%	27.3%	0.0%	0.0%		0.0%	12.3%	0.0%	11.8%
54	3	4	0	0	1	51	1	57
34.0%	27.3%	100.0%	0.0%		50.0%	31.5%	100.0%	33.5%
65	5	0	0	0	1	69	0	70
40.9%	45.5%	0.0%	0.0%		50.0%	42.6%	0.0%	41.2%
40	3	0	1	0	0	42	0	43
25.2%	27.3%	0.0%	100.0%		0.0%	25.9%	0.0%	25.3%
0	0	0	0	0	0	0	0	0
0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	0.0%
20	3	0	0	0	1	22	0	23
12.6%	27.3%	0.0%	0.0%		50.0%	13.6%	0.0%	13.5%

Age Group		Ethnicity						
Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	Total
32	0	0	0	0	0	32	0	32
31	0	0	0	0	0	31	0	31
96.9%						96.9%		96.9%
1	0	0	0	0	0	1	0	1
3.1%						3.1%		3.1%
8	0	0	0	0	0	8	0	8
25.0%						25.0%		25.0%
3	0	0	0	0	0	3	0	3
9.4%						9.4%		9.4%
11	0	0	0	0	0	11	0	11
34.4%						34.4%		34.4%
10	0	0	0	0	0	10	0	10
31.3%						31.3%		31.3%
11	0	0	0	0	0	11	0	11
34.4%						34.4%		34.4%

RESTRICTED

0	0	0	0	0	0	0	0	0
0.0%						0.0%		0.0%
1	0	0	0	0	0	1	0	1
3.1%						3.1%		3.1%
Age Group		Ethnicity						
Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	Total
71	7	4	1	0	2	70	1	78
68	7	4	0	0	2	68	1	75
95.8%	100.0%	100.0%	0.0%		100.0%	97.1%	100.0%	96.2%
3	0	0	1	0	0	2	0	3
4.2%	0.0%	0.0%	100.0%		0.0%	2.9%	0.0%	3.8%
19	0	4	0	0	1	13	1	19
26.8%	0.0%	100.0%	0.0%		50.0%	18.6%	100.0%	24.4%
6	0	0	0	0	0	6	0	6
8.5%	0.0%	0.0%	0.0%		0.0%	8.6%	0.0%	7.7%
25	0	4	0	0	1	19	1	25
35.2%	0.0%	100.0%	0.0%		50.0%	27.1%	100.0%	32.1%
24	4	0	0	0	1	27	0	28
33.8%	57.1%	0.0%	0.0%		50.0%	38.6%	0.0%	35.9%
22	3	0	1	0	0	24	0	25
31.0%	42.9%	0.0%	100.0%		0.0%	34.3%	0.0%	32.1%
0	0	0	0	0	0	0	0	0
0.0%	0.0%	0.0%	0.0%		0.0%	0.0%	0.0%	0.0%
19	3	0	0	0	1	21	0	22
26.8%	42.9%	0.0%	0.0%		50.0%	30.0%	0.0%	28.2%
Age Group		Ethnicity						
Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated	Total
56	4	0	0	0	0	60	0	60
56	4	0	0	0	0	60	0	60
100.0%	100.0%					100.0%		100.0%
0	0	0	0	0	0	0	0	0
0.0%	0.0%					0.0%		0.0%
10	0	0	0	0	0	10	0	10
17.9%	0.0%					16.7%		16.7%
8	3	0	0	0	0	11	0	11
14.3%	75.0%					18.3%		18.3%
18	3	0	0	0	0	21	0	21
32.1%	75.0%					35.0%		35.0%
31	1	0	0	0	0	32	0	32
55.4%	25.0%					53.3%		53.3%
7	0	0	0	0	0	7	0	7
12.5%	0.0%					11.7%		11.7%
0	0	0	0	0	0	0	0	0

RESTRICTED

RESTRICTED

0.0%	0.0%					0.0%		0.0%
0	0	0	0	0	0	0		0
0.0%	0.0%					0.0%		0.0%

RESTRICTED

CHECK					Q3 2020-21	Change
170	170	170	170	TRUE	150	13.3%
166	166	166	166	TRUE	149	11.4%
4	4	4	4	TRUE	1	300.0%
37	37	37	37	TRUE	28	32.1%
20	20	20	20	TRUE	21	-4.8%
57	57	57	57	TRUE	49	16.3%
70	70	70	70	TRUE	60	16.7%
43	43	43	43	TRUE	38	13.2%
0	0	0	0	TRUE	3	-100.0%
23	23	23	23	TRUE	47	-51.1%
Check					Total	
32	32	32	32	TRUE	39	-17.9%
31	31	31	31	TRUE	39	-20.5%
1	1	1	1	TRUE	0	#DIV/0!
8	8	8	8	TRUE	9	-11.1%
3	3	3	3	TRUE	4	-25.0%
11	11	11	11	TRUE	13	-15.4%
10	10	10	10	TRUE	11	-9.1%
11	11	11	11	TRUE	15	-26.7%

0	0	0	0	TRUE	0	#DIV/0!
1	1	1	1	TRUE	4	-75.0%
Check					Total	
78	78	78	78	TRUE	79	-1.3%
75	75	75	75	TRUE	78	-3.8%
3	3	3	3	TRUE	1	200.0%
19	19	19	19	TRUE	13	46.2%
6	6	6	6	TRUE	12	-50.0%
25	25	25	25	TRUE	25	0.0%
28	28	28	28	TRUE	31	-9.7%
25	25	25	25	TRUE	21	19.0%
0	0	0	0	TRUE	2	-100.0%
22	22	22	22	TRUE	40	-45.0%
Check					Total	
60	60	60	60	TRUE	32	87.5%
60	60	60	60	TRUE	32	87.5%
0	0	0	0	TRUE	0	#DIV/0!
10	10	10	10	TRUE	6	66.7%
11	11	11	11	TRUE	5	120.0%
21	21	21	21	TRUE	11	90.9%
32	32	32	32	TRUE	18	77.8%
7	7	7	7	TRUE	2	250.0%
0	0	0	0	TRUE	1	-100.0%

0	0	0	0	TRUE	3	-100.0%

Year:	2021-22		<i>Values only required All or</i>		
Period:	Quarter 4				
Section 136 for: South Wales Policing Area			Gender		
			Female	Male	Trans-gender
Total Section 136	0		0	0	0
Place of Safety	Hospital	0	0	0	0
	Custody	0	0	0	0
Outcome	Section	0	0	0	0
	Informal	0	0	0	0
	Admitted	0	0	0	0
	Discharged to Community Services	0	0	0	0
	Discharged - No Mental Disorder	0	0	0	0
Unknown		0	0	0	0
Repeats		0	0	0	0
Section 136 for: Swansea Bay UHB			Gender		
			Female	Male	Trans-gender
Total Section 136	0		0	0	0
Place of Safety	Hospital				
	Custody				
Outcome	Section				
	Informal				
	Admitted	0	0	0	0
	Discharged to Community Services				
	Discharged - No Mental Disorder				

UNKNOWN	
Repeats	

RESTRICTED

								0

RESTRICTED

CHECK					Q4 2020-21	Change
0	0	0	0	TRUE	188	-100.0%
0	0	0	0	TRUE	184	-100.0%
0	0	0	0	TRUE	4	-100.0%
0	0	0	0	TRUE	29	-100.0%
0	0	0	0	TRUE	17	-100.0%
0	0	0	0	TRUE	46	-100.0%
0	0	0	0	TRUE	92	-100.0%
0	0	0	0	TRUE	47	-100.0%
0	0	0	0	TRUE	3	-100.0%
0	0	0	0	TRUE	62	-100.0%
Check					Total	
0	0	0	0	TRUE	45	-100.0%
0	0	0	0	TRUE	44	-100.0%
0	0	0	0	TRUE	1	-100.0%
0	0	0	0	TRUE	4	-100.0%
0	0	0	0	TRUE	8	-100.0%
0	0	0	0	TRUE	12	-100.0%
0	0	0	0	TRUE	21	-100.0%
0	0	0	0	TRUE	12	-100.0%

0	0	0	0	TRUE	0	#DIV/0!
0	0	0	0	TRUE	3	-100.0%
Check					Total	
0	0	0	0	TRUE	109	-100.0%
0	0	0	0	TRUE	106	-100.0%
0	0	0	0	TRUE	3	-100.0%
0	0	0	0	TRUE	17	-100.0%
0	0	0	0	TRUE	4	-100.0%
0	0	0	0	TRUE	21	-100.0%
0	0	0	0	TRUE	52	-100.0%
0	0	0	0	TRUE	33	-100.0%
0	0	0	0	TRUE	3	-100.0%
0	0	0	0	TRUE	47	-100.0%
Check					Total	
0	0	0	0	TRUE	34	-100.0%
0	0	0	0	TRUE	34	-100.0%
0	0	0	0	TRUE	0	#DIV/0!
0	0	0	0	TRUE	8	-100.0%
0	0	0	0	TRUE	5	-100.0%
0	0	0	0	TRUE	13	-100.0%
0	0	0	0	TRUE	19	-100.0%
0	0	0	0	TRUE	2	-100.0%
0	0	0	0	TRUE	0	#DIV/0!

RESTRICTED

0	0	0	0	TRUE	12	-100.0%

RESTRICTED

Year:	2021-22	
Period:	Annual Total YTD	
Section 136 for: South Wales Policing Area		
Total Section 136	614	
Place of Safety	Hospital	605
		98.5%
Custody	9	
	1.5%	
Outcome	Section	109
		17.8%
	Informal	64
		10.4%
	Admitted	173
		28.2%
Discharged to Community Services	270	
	44.0%	
Discharged - No Mental Disorder	167	
	27.2%	
Unknown		4
		0.7%
Repeats		110
		17.9%
Section 136 for: Swansea Bay UHB		
Total Section 136	124	
Place of Safety	Hospital	123
		99.2%
Custody	1	
	0.8%	
Outcome	Section	25
		20.2%
	Informal	9
		7.3%
	Admitted	34
		27.4%
Discharged to Community Services	39	
	31.5%	
Discharged - No Mental Disorder	51	
	41.1%	

<i>All values and</i>	
Gender	
Female	Male
290	323
286	318
98.6%	98.5%
4	5
1.4%	1.5%
51	58
17.6%	18.0%
31	33
10.7%	10.2%
82	91
28.3%	28.2%
126	143
43.4%	44.3%
78	89
26.9%	27.6%
4	0
1.4%	0.0%
72	38
24.8%	11.8%
Gender	
Female	Male
61	63
61	62
100.0%	98.4%
0	1
0.0%	1.6%
14	11
23.0%	17.5%
3	6
4.9%	9.5%
17	17
27.9%	27.0%
16	23
26.2%	36.5%
28	23
45.9%	36.5%

Unknown		0
		0.0%
Repeats		9
		7.3%
Section 136 for: Cardiff and Vale Health Board		
Total Section 136	305	
Place of Safety	Hospital	299
		98.0%
Custody		6
		2.0%
Outcome	Section	59
		19.3%
	Informal	30
		9.8%
	Admitted	89
	29.2%	
Discharged to Community Services		134
		43.9%
Discharged - No Mental Disorder		80
		26.2%
Unknown		2
		0.7%
Repeats		94
		30.8%
Section for: Cwm Taf Morgannwg HB		
Total Section 136	185	
Place of Safety	Hospital	183
		98.9%
Custody		2
		1.1%
Outcome	Section	25
		13.5%
	Informal	25
		13.5%
	Admitted	50
	27.0%	
Discharged to Community Services		97
		52.4%
Discharged - No Mental Disorder		36
		19.5%
Unknown		2

0	0
0.0%	0.0%
8	1
13.1%	1.6%
Gender	
Female	Male
153	151
151	147
98.7%	97.4%
2	4
1.3%	2.6%
27	32
17.6%	21.2%
16	14
10.5%	9.3%
43	46
28.1%	30.5%
72	61
47.1%	40.4%
36	44
23.5%	29.1%
2	0
1.3%	0.0%
60	34
39.2%	22.5%
Gender	
Female	Male
76	109
74	109
97.4%	100.0%
2	0
2.6%	0.0%
10	15
13.2%	13.8%
12	13
15.8%	11.9%
22	28
28.9%	25.7%
38	59
50.0%	54.1%
14	22
18.4%	20.2%
2	0

RESTRICTED

UNKNOWN	1.1%
Repeats	7
	3.8%

2.6%	0.0%
4	3
5.3%	2.8%

RESTRICTED

All totals in the tables below are calculated automatically from quarterly workbook table values

	Age Group		Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated
1	576	38	8	9	0	6	584	7
1	567	38	8	7	0	6	577	7
100.0%	98.4%	100.0%	100.0%	77.8%		100.0%	98.8%	100.0%
0	9	0	0	2	0	0	7	0
0.0%	1.6%	0.0%	0.0%	22.2%		0.0%	1.2%	0.0%
0	107	2	5	4	0	4	95	1
0.0%	18.6%	5.3%	62.5%	44.4%		66.7%	16.3%	14.3%
0	54	10	2	0	0	0	62	0
0.0%	9.4%	26.3%	25.0%	0.0%		0.0%	10.6%	0.0%
0	161	12	7	4	0	4	157	1
0.0%	28.0%	31.6%	87.5%	44.4%		66.7%	26.9%	14.3%
1	251	19	0	3	0	1	263	3
100.0%	43.6%	50.0%	0.0%	33.3%		16.7%	45.0%	42.9%
0	161	6	1	2	0	1	160	3
0.0%	28.0%	15.8%	12.5%	22.2%		16.7%	27.4%	42.9%
0	3	1	0	0	0	0	4	0
0.0%	0.5%	2.6%	0.0%	0.0%		0.0%	0.7%	0.0%
0	103	7	0	0	0	1	109	0
0.0%	17.9%	18.4%	0.0%	0.0%		16.7%	18.7%	0.0%
	Age Group		Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated
0	117	7	1	2	0	0	120	1
0	116	7	1	2	0	0	119	1
	99.1%	100.0%	100.0%	100.0%			99.2%	100.0%
0	1	0	0	0	0	0	1	0
	0.9%	0.0%	0.0%	0.0%			0.8%	0.0%
0	25	0	1	1	0	0	23	0
	21.4%	0.0%	100.0%	50.0%			19.2%	0.0%
0	8	1	0	0	0	0	9	0
	6.8%	14.3%	0.0%	0.0%			7.5%	0.0%
0	33	1	1	1	0	0	32	0
	28.2%	14.3%	100.0%	50.0%			26.7%	0.0%
0	35	4	0	0	0	0	38	1
	29.9%	57.1%	0.0%	0.0%			31.7%	100.0%
0	49	2	0	1	0	0	50	0
	41.9%	28.6%	0.0%	50.0%			41.7%	0.0%

RESTRICTED

0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%			0.0%	0.0%
0	8	1	0	0	0	0	9	0
	6.8%	14.3%	0.0%	0.0%			7.5%	0.0%
	Age Group		Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated
1	284	21	6	7	0	6	282	4
1	278	21	6	5	0	6	278	4
100.0%	97.9%	100.0%	100.0%	71.4%		100.0%	98.6%	100.0%
0	6	0	0	2	0	0	4	0
0.0%	2.1%	0.0%	0.0%	28.6%		0.0%	1.4%	0.0%
0	57	2	4	3	0	4	47	1
0.0%	20.1%	9.5%	66.7%	42.9%		66.7%	16.7%	25.0%
0	25	5	2	0	0	0	28	0
0.0%	8.8%	23.8%	33.3%	0.0%		0.0%	9.9%	0.0%
0	82	7	6	3	0	4	75	1
0.0%	28.9%	33.3%	100.0%	42.9%		66.7%	26.6%	25.0%
1	123	11	0	3	0	1	128	2
100.0%	43.3%	52.4%	0.0%	42.9%		16.7%	45.4%	50.0%
0	77	3	0	1	0	1	77	1
0.0%	27.1%	14.3%	0.0%	14.3%		16.7%	27.3%	25.0%
0	2	0	0	0	0	0	2	0
0.0%	0.7%	0.0%	0.0%	0.0%		0.0%	0.7%	0.0%
0	88	6	0	0	0	1	93	0
0.0%	31.0%	28.6%	0.0%	0.0%		16.7%	33.0%	0.0%
	Age Group		Ethnicity					
Trans-gender	Aged 18+	Aged Under 18	Asian	Black	Mixed	Other	White	Not Stated
0	175	10	1	0	0	0	182	2
0	173	10	1	0	0	0	180	2
	98.9%	100.0%	100.0%				98.9%	100.0%
0	2	0	0	0	0	0	2	0
	1.1%	0.0%	0.0%				1.1%	0.0%
0	25	0	0	0	0	0	25	0
	14.3%	0.0%	0.0%				13.7%	0.0%
0	21	4	0	0	0	0	25	0
	12.0%	40.0%	0.0%				13.7%	0.0%
0	46	4	0	0	0	0	50	0
	26.3%	40.0%	0.0%				27.5%	0.0%
0	93	4	0	0	0	0	97	0
	53.1%	40.0%	0.0%				53.3%	0.0%
0	35	1	1	0	0	0	33	2
	20.0%	10.0%	100.0%				18.1%	100.0%
0	1	1	0	0	0	0	2	0

RESTRICTED

RESTRICTED

	0.6%	10.0%	0.0%				1.1%	0.0%
0	7	0	0	0	0	0	7	0
	4.0%	0.0%	0.0%				3.8%	0.0%

RESTRICTED

						2020-21	Change
Total	CHECK						
614	614	614	614	614	TRUE	694	-11.5%
605	605	605	605	605	TRUE	685	-11.7%
98.5%							
9	9	9	9	9	TRUE	9	0.0%
1.5%							
109	109	109	109	109	TRUE	114	-4.4%
17.8%							
64	64	64	64	64	TRUE	84	-23.8%
10.4%							
173	173	173	173	173	TRUE	198	-12.6%
28.2%							
270	270	270	270	270	TRUE	309	-12.6%
44.0%							
167	167	167	167	167	TRUE	180	-7.2%
27.2%							
4	4	4	4	4	TRUE	7	-42.9%
0.7%							
110	110	110	110	110	TRUE	174	-36.8%
17.9%							
Total	Check					Total	
124	124	124	124	124	TRUE	175	-29.1%
123	123	123	123	123	TRUE	173	-28.9%
99.2%							
1	1	1	1	1	TRUE	2	-50.0%
0.8%							
25	25	25	25	25	TRUE	28	-10.7%
20.2%							
9	9	9	9	9	TRUE	22	-59.1%
7.3%							
34	34	34	34	34	TRUE	50	-32.0%
27.4%							
39	39	39	39	39	TRUE	65	-40.0%
31.5%							
51	51	51	51	51	TRUE	60	-15.0%
41.1%							

RESTRICTED

0	0	0	0	0	TRUE	0	#DIV/0!
0.0%							
9	9	9	9	9	TRUE	20	-55.0%
7.3%							
	Check						
Total						Total	
305	305	305	305	305	TRUE	360	-15.3%
299	299	299	299	299	TRUE	354	-100.0%
98.0%							
6	6	6	6	6	TRUE	6	0.0%
2.0%							
59	59	59	59	59	TRUE	61	-3.3%
19.3%							
30	30	30	30	30	TRUE	30	0.0%
9.8%							
89	89	89	89	89	TRUE	91	-2.2%
29.2%							
134	134	134	134	134	TRUE	162	-17.3%
43.9%							
80	80	80	80	80	TRUE	102	-21.6%
26.2%							
2	2	2	2	2	TRUE	5	-60.0%
0.7%							
94	94	94	94	94	TRUE	136	-30.9%
30.8%							
	Check						
Total						Total	
185	185	185	185	185	TRUE	159	16.4%
183	183	183	183	183	TRUE	158	15.8%
98.9%							
2	2	2	2	2	TRUE	1	100.0%
1.1%							
25	25	25	25	25	TRUE	25	0.0%
13.5%							
25	25	25	25	25	TRUE	32	-21.9%
13.5%							
50	50	50	50	50	TRUE	57	-12.3%
27.0%							
97	97	97	97	97	TRUE	82	18.3%
52.4%							
36	36	36	36	36	TRUE	18	100.0%
19.5%							
2	2	2	2	2	TRUE	2	0.0%

RESTRICTED

1.1%							
7	7	7	7	7	TRUE	18	-61.1%
3.8%							

MENTAL HEALTH ACT – FORWARD WORK PLAN 2022				
Origin of Request	Category of Report / Presentation (Deferred Item/ Additional Item/ Ad-Hoc Item)	Item Title	Lead Officer	Intended Meeting Date
Originally on forward work programme for March 2022	Additional Item	SWP Update on the Use of the Mental Health APP	South Wales Police	8 June 2022
Request made by Committee at November 2021 meeting to receive further written reports to future meetings on the Mental Health and Learning Disability aspect of the commissioned placements	Additional Item	Individually Commissioned Placements, NHS Use and Assurance	Director of Primary, Community & Mental Health	8 June 2022
Originally requested at August 2021 meeting for November 2021.	Additional Item	Data on Section 135/136 from the 2019/2020 activity to review as an example of a more typical year.	Head of Nursing, MH	8 June 2022
Request made by the	Additional Item	Use of the Mental Health Act for residents of CTM with a Learning	Chair/Clinical Lead	7 September 2022

Committee at its meeting held on November 2021 for a future update.		Disability – Activity and Compliance against Code of Practice	Operational Group	
Request made by Committee Members at the August 2021 meeting for a further update on this item.	Additional Item	Community Treatment Orders – Service Support and use and Patient Experience	Chair/Clinical Lead Operational Group	7 September 2022