



AGENDA ITEM

4.2

MENTAL HEALTH ACT MONITORING COMMITTEE

**ACTIVITY REPORT AND BREACHES AND ERRORS FOR QUARTER 2
(JULY-SEPTEMBER 2022)**

Date of meeting

07 December 2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

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Presented by

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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
WCCIS	Welsh Community Care Information System

Summary

In the reporting period, there has been an increase in detentions within the Adult and Older Persons services between Q1 and Q2 in the current year whilst the CAMHS service has witnessed a decrease in detentions.

Section 4 was not applied during the quarter. The nurse holding power under Section 5(4) was applied once during the quarter.

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 7th December 2022.

In Quarter 2, there were 36 minor errors on section papers, all of which were rectified within the fourteen day limit as per Section of the MHA. This compares with 26 in Q1, which represents an increase of 33%



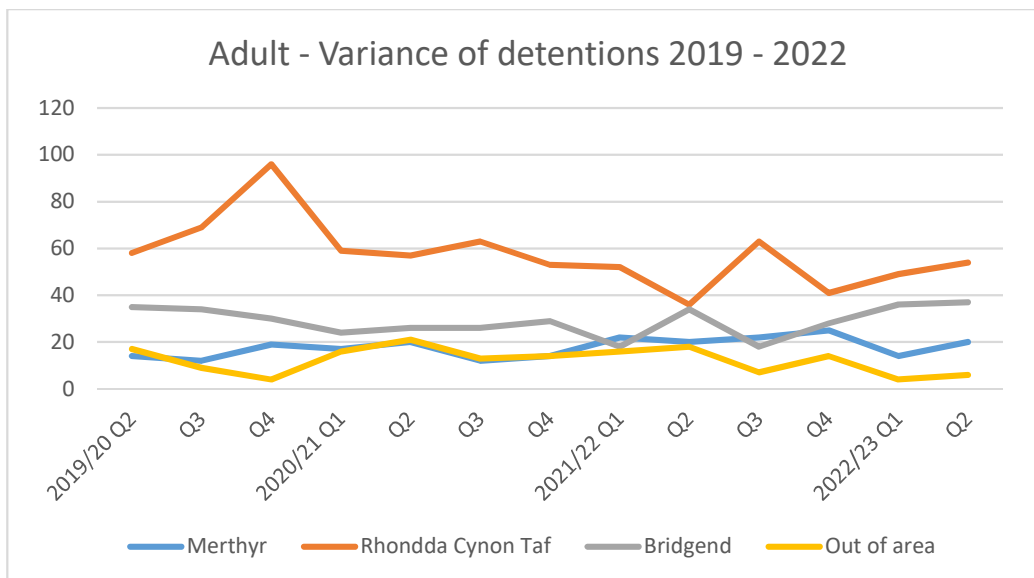
1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within CTMUHB. This report presents the MHA activity to the MHA Monitoring Committee in respect of Q2 (July –September 2022).
- 1.2 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. While the minor errors are defined by “principal de minimus” (meaning they are immaterial and too small to be of any consequence), the fundamental errors (breaches) are more serious and require further attention and scrutiny to ensure that lessons are learned and the breach does not reoccur.
- 1.3 The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB.
- 1.4 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.5 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 a marginal increase of 15.53% in the total number of detentions, which has risen from 103 to 119 between Q1 and Q2. The number of detentions under S5 (2) increased from 8 to 23. Section 2 detentions increased from 62 to 64 with the number of Section 3 detentions decreasing from 30 to 27.



The mean figures for each area during 2019 and 2022 are shown below, along with the figures for Q2.

Locality	Mean 2019/22	Q2 2022/23
Merthyr	18	20
Rhondda Cynon Taff	58	54
Bridgend	29	37
Out of area	12	6

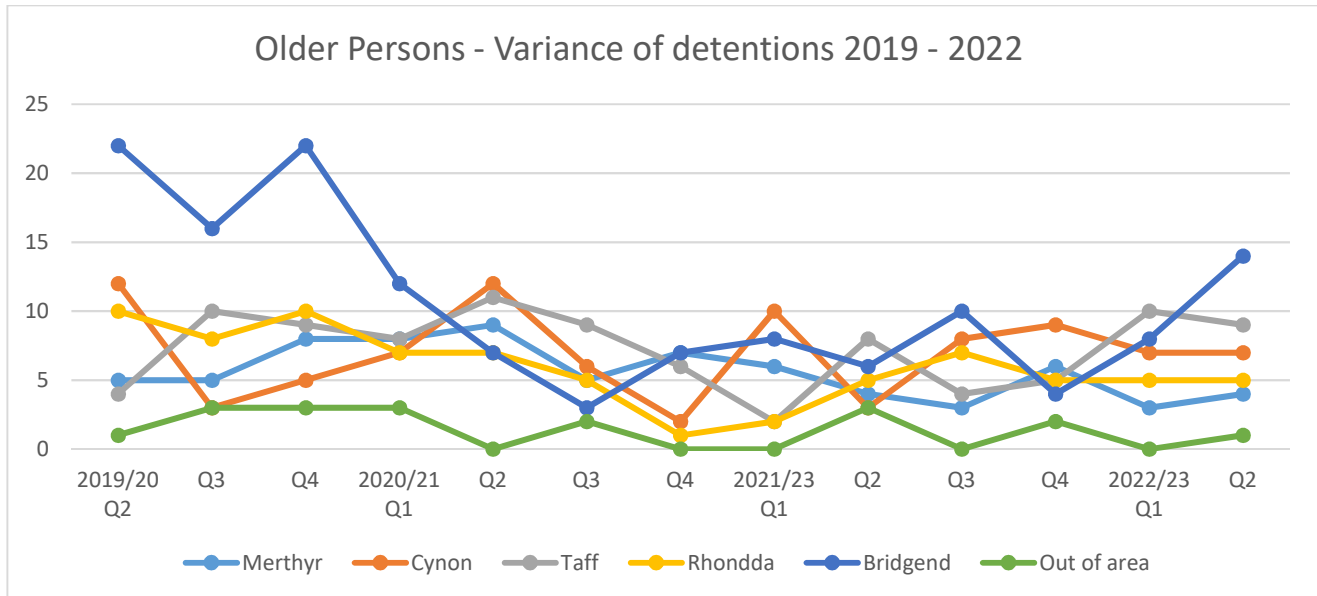
2019/22 Mean to Q2 shifts as follows:

- In Merthyr detentions increased from baseline mean by 2 (11%) from 18 to 20
- In Rhondda Cynon Taff detentions decreased from baseline mean by 4 (6%) from 58 to 54.
- In Bridgend detentions increased from baseline mean by 8 (27%) from 29 to 37.
- Out of area detentions decreased from baseline mean by 6 (50%) from 12 to 6.

In Q2, there was 1 occasion when the nurses' holding power under Section 5(4) was utilised in the Royal Glamorgan Hospital. This patient was assessed by a doctor within the 6-hour period and regraded to Informal status, in line with the guidance in the Code of Practice for Wales.

2.3 Older Persons Detentions

The total number of detentions in Older Persons witnessed a 5% increase from the baseline mean 38 to 40 in Q2, with variance across the localities as below:



The mean figures for each area during this period are shown below, along with the figures for Q2.

Locality	Mean 2019/22	Q2 2022/23
Merthyr	6	4
Rhondda Cynon Taf	20	21
Bridgend	11	14
Out of area	1	1

2019/22 Mean to Q2 shifts are as follows:

In Merthyr detentions decreased from baseline mean by 2 (33%) from 6 to 4.

In Rhondda Cynon Taf detentions increased from baseline mean by 1 (5%) from 20 to 21.

In Bridgend detentions increased from baseline mean by 3 (27%) from 11 to 14.

Out of area, detentions remained the same

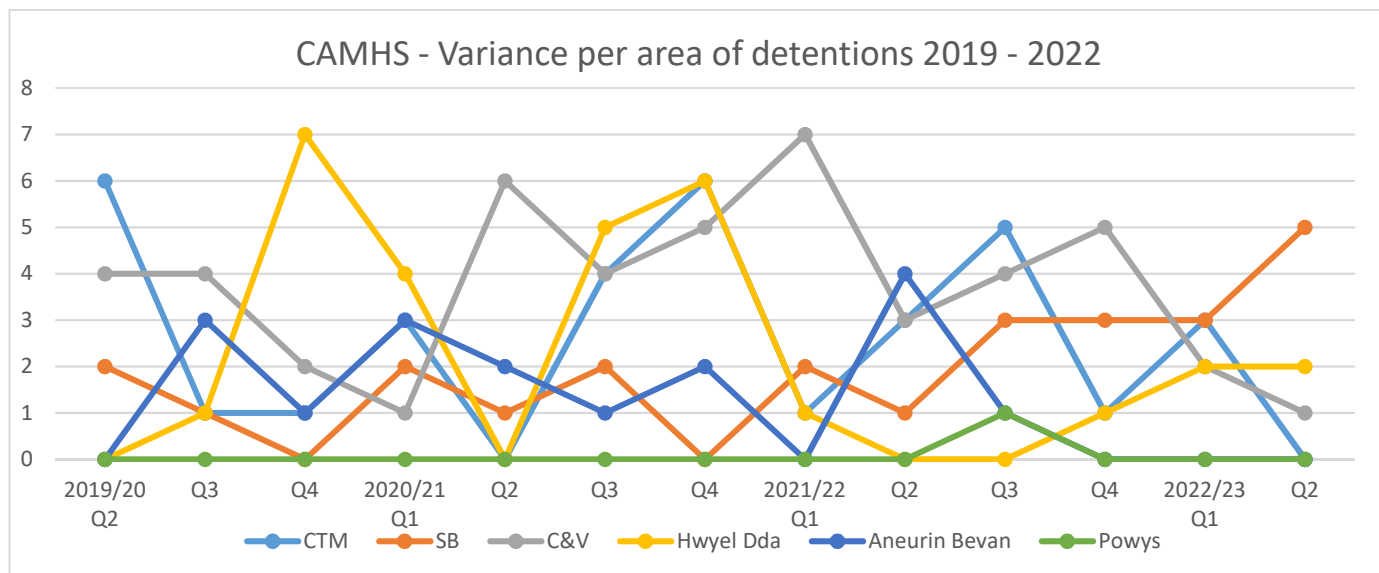


2.4 CAMHS Detentions

CAMHS detentions witnessed a decrease.

In Q2, there were 8 detentions (5 from Swansea Bay UHB, 2 from Hywel Dda UHB and 1 from Cardiff and Vale UHB).

All 8 younger persons were detained in Ty Llidiard.



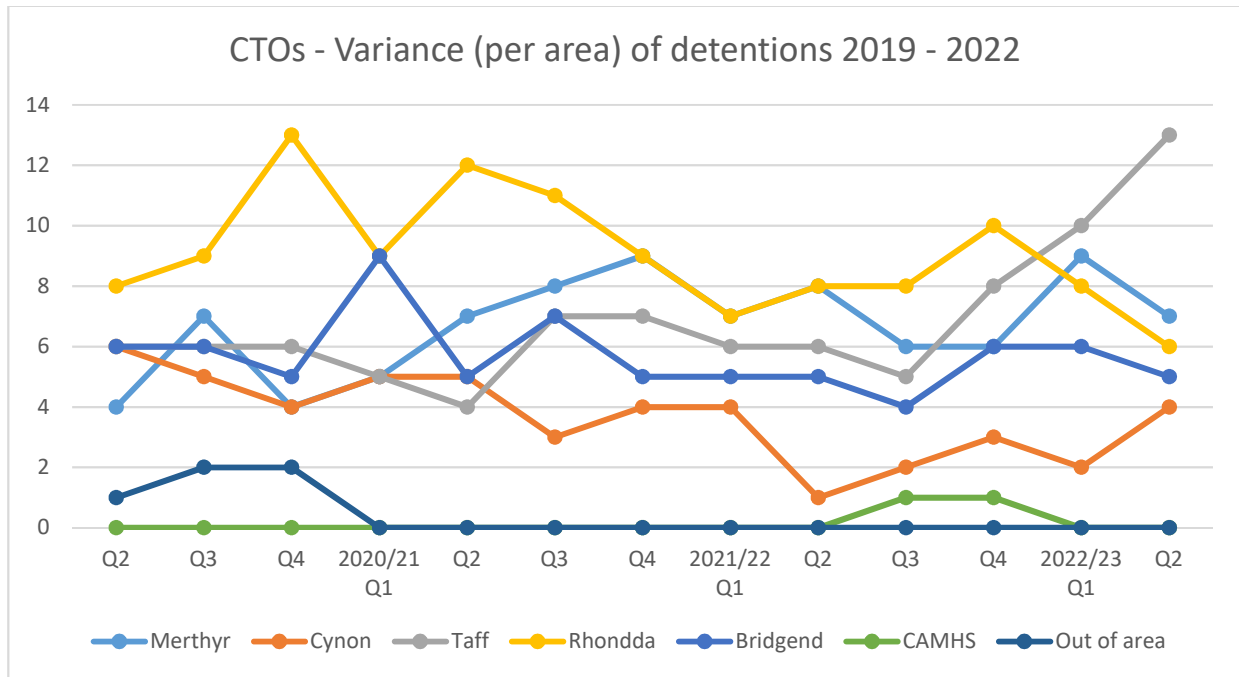
The mean figures for each area during this time period are shown below, along with the figures for Q2.

Health Board	Mean 2019/22	Q2 2022/23
Cwm Taf Morgannwg	3	0
Swansea Bay	2	5
Cardiff & Vale	4	1
Hywel Dda	2	2
Aneurin Bevan	1	0
Powys	0	0

2.5 Community Treatment Orders (CTO)

There were 8 new CTOs applied in Q2 of the current reporting period, which was the same figure as in Q1.

In Q2, there were 7 CTOs extended, 1 recalled, 3 recalled and revoked. 5 patients were discharged from detention under CTO in the quarter.



The mean figures for each area during this time period are show below.

Locality	Mean 2019/22	Q2 2022/23
Merthyr	7	7
Rhondda Cynon Taf	20	23
Bridgend	6	5
CAMHS	0	0
Out of area	0	0

There were 35 CTOs in place as at the end of Q2.

2.6 Use of Section 135/136 Police Powers

Section 136 detentions increased from 40 in Q1 to 73 in Q2. A 82% increase.
Section 135 detentions decreased from 5 in Q1 to 3 in Q2. A 40% decrease.



Use of Section 135 and 136 by area for Q2 2022/2023

Area	Q1 2022/23	Q2 2022/23
Merthyr	5	15
Rhondda Cynon Taf	19	38
Bridgend	18	22
Out of area	3	1
Total	45	76

The triage scheme that works alongside SWP should ensure that patients are being appropriately signposted 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.

- There was one lapse of a S136 detention in the reporting period.
- A person was taken to the Accident & Emergency department in the Royal Glamorgan Hospital on 28/08/2022 at 15.00 hours.
- As the patient was being treated for medical reasons and not assessed by a Doctor during the 24 hour period, the S136 lapsed.
- The registered medical practitioner, who was responsible for the examination of the person detained under the S136, could have requested an extension of a further 12 hours.
- The MHA team have circulated the guidance in the Policing and Crime Act 2017 to all AMHPs and RCs

2.7 Current Challenges

The MHA team are still experiencing problems with the constant turnover of medical personnel, especially when an appointed locum does not have Approved Clinician status. This means that they are unable to perform the functions of the Responsible Clinician and are unable to complete some of the statutory documentation for detained patients.



This is proving to be a challenge for the MHA team, who need to ensure that patients, who are subject to the Consent to Treatment provisions of Part 4 of the MHA 1983, are being treated with a valid form of authority. In line with the statutory requirements of Chapter 25.84 of the Code of Practice for Wales.

In order to mitigate the potential risk of non compliance with the statutory requirements of Chapter 25.84 of the Code of Practice for Wales, the MHA team seek clarification from senior management and the Clinical Directors as to which RC is responsible for performing the statutory obligations of the Act. When there is a change of RC, the transferring RC informs the MHA office via email.

When a patient is transferred from one ward to another, which also impacts on the change of RC, the nursing staff inform the MHA team as part of their patient transfer protocol.

2.8 Errors and Breaches

In Quarter 2, there were 36 minor errors on section papers, all of which were rectified within the 14 day time limit as per S15 of the MHA. This compares with 27 in Q1, which represents an increase of 33%.

A meeting held in October 2022 by Mental Health Act team leaders across Wales highlighted there are different reporting formats for minor errors within Health Boards. All MHA teams were required to submit a list of what each constitutes a minor error. A uniformed all Wales approach to the recording of minor errors under S15 of the Act was agreed. This would avoid confusion for the Members of the MHAMC when they analyse the error and breaches section of the All Wales quarterly benchmarking report.

A further meeting is in the process of being arranged to agree the way forward.

There were 2 fundamentally defective errors during Q2, which is the same as in Q1.

- ❖ 2 Invalid Section 2s

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.

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.

All breaches are reported via DATIX to enable monitoring and for training to be put in place as necessary.

- 2.9 The total number of minor errors across all services was 36, all of which were rectified within the time limit. This can be broken down further into detaining hospitals and wards.

	Angelton	POW			RGH					YCC	YGT	Ty Lliardiard	
Sections	2	14	PICU	4	Adm.	21	22	PICU	St David's	7	Seren	Enfys	Total
Section 2	2	4	1	1	5	0	0	0	1	2	2	1	19
Section 3	0	1	2	0	1	1	2	5	1	2	0	0	15
Section 4	0	0	0	0	0	0	0	0	0	0	0	1	1
Section 5(2)	1	0	0	0	0	0	0	0	0	0	0	0	1
Total	3	5	3	1	6	1	2	5	2	4	2	2	36



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

Rectifiable Errors		Angelton	POW			RGH					YCC	YGT	Ty Lliard	Total
Responsible for Error	Forms	2	14	PICU	4	Admissions	21	22	PICU	St David's	7	Seren	Enfys	
AMHP	HO2	2	1	1	0	1	0	0	3	0	0	0	1	9
AMHP	HO6	0	0	0	0	1	0	1	0	0	2	0	0	4
Doctor	HO3	0	0	0	0	0	0	0	0	0	0	0	0	0
Doctor	HO4	0	2	0	1	3	0	0	1	1	0	0	1	9
Doctor	HO8	0	0	1	0	0	1	1	0	1	0	0	0	4
Doctor or Nurse	HO12	1	0	0	0	0	0	0	0	0	0	0	0	1
Nurse	HO14	0	2	1	0	1	0	0	1	0	2	2	0	9
Other UHB	TC1	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	3	5	3	1	6	1	2	5	2	4	2	2	36

**** Some detentions contain multiple errors on the section papers**

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

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

2.14 The total number of fundamentally **defective** errors across all services in Q2 was 2 as there were in Q1.

This is broken down below into hospitals and wards.

Invalid Section 2

Fundamental Errors	POW	Ty Lliard	
Sections	PICU	Enfys	
Section 2	1	1	
Total	1	1	2

2.15 The patient was detained under S2 of the MHA on 04/08/2022.

2.16 The Form HO3 was sent for medical scrutiny to a different Responsible Clinician.



- 2.17 On 16/08/2022, the reasons on the joint medical recommendation (Form HO3) were found to be insufficient to warrant detention under the Act. This rendered the detention invalid.
- 2.18 Following emailed confirmation that the medical recommendation had failed medical scrutiny, the MHA team advised the RC to formally discharge the patient, by completion of a Form HO17.
- 2.19 The nursing staff were requested by the team to orally inform the patient that they were no longer detained under S2 of the Act and the MHA team formally wrote to the patient.
- 2.20 On 16/08/2022, the patient agreed to remain on the ward as an informal patient but on 18/08/2022, as the patient was asking to leave, the doctor's holding power under S5(2) was applied. A new MHA assessment was completed and the patient further detained under S2.
- 2.21 As a joint medical recommendation form had been completed, this could not be rectified under S15.
- 2.22 If the AMHP's application had been based on two medical recommendations and one of those medical recommendation were found to be insufficient, it would have been possible to correct the error with the completion of a fresh medical recommendation.
- 2.23. The MHA team liaised with local authority team leaders to discourage the use of joint medical recommendations for the above reasons.

Invalid Section 2

- 2.24 The patient was detained under S2 of the MHA on 18/08/2022.
- 2.25 As above, the joint medical recommendation Form HO3 failed medical scrutiny on 23/08/2022 as the reasons for detention were insufficient to warrant detention under the Act.
- 2.26 The MHA team advised the RC to formally discharge the patient, by completion of a Form HO17.
- 2.27 When the nursing staff informed the patient, they were no longer detained under the Act but were of informal status, they asked to leave the ward.
- 2.28. On 23/08/2022, the doctor's holding power under S5 (2) was applied. Following a MHA assessment on the same day, the patient was further detained under S2.
- 2.29. The MHA team informed the patient by letter of the discharge and redetention.



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

3.1 Until the introduction and roll out of WCCIS, all data relating to MHA detentions, applications and referrals under the MHA 1983 are recorded on an Excel spreadsheet.

All further options of using different electronic systems, such as the PIMS+ to record and monitor MHA activity, which allows for the production of accurate reports, have been dismissed.

3.2 The second audit of statutory documentation for detained patients has commenced, which has highlighted that 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.

To date, three wards have been audited, which has highlighted that compliance is higher with those wards, which use electronic patient records.

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
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5. RECOMMENDATION

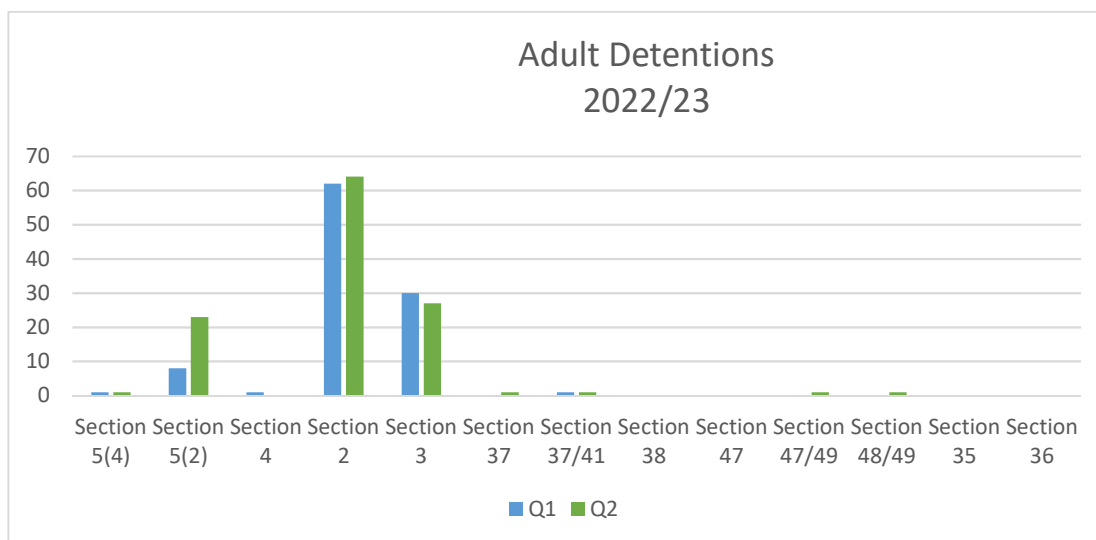
5.1 The MHA Monitoring Committee is asked to:

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



Appendix 1.

Quarter 2 MHA Adult Activity 2022/2023



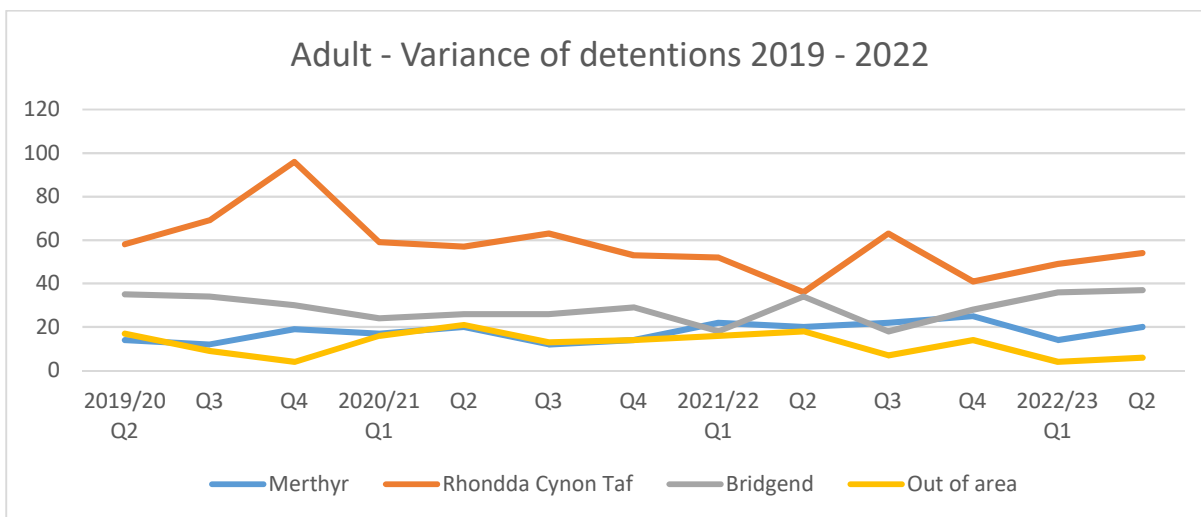
Quarter 2 MHA Adult Activity 2022/2023

Section	Q1	% of total	Q2	% of total
Section 5(4)	1	0.97%	1	0.84%
Section 5(2)	8	7.77%	23	19.33%
Section 4	1	0.97%	0	0.00%
Section 2	62	60.19%	64	53.78%
Section 3	30	29.13%	27	22.69%
Section 37	0	0.00%	1	0.84%
Section 37/41	1	0.97%	1	0.84%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	1	0.84%
Section 48/49	0	0.00%	1	0.84%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	103	100%	119	100%

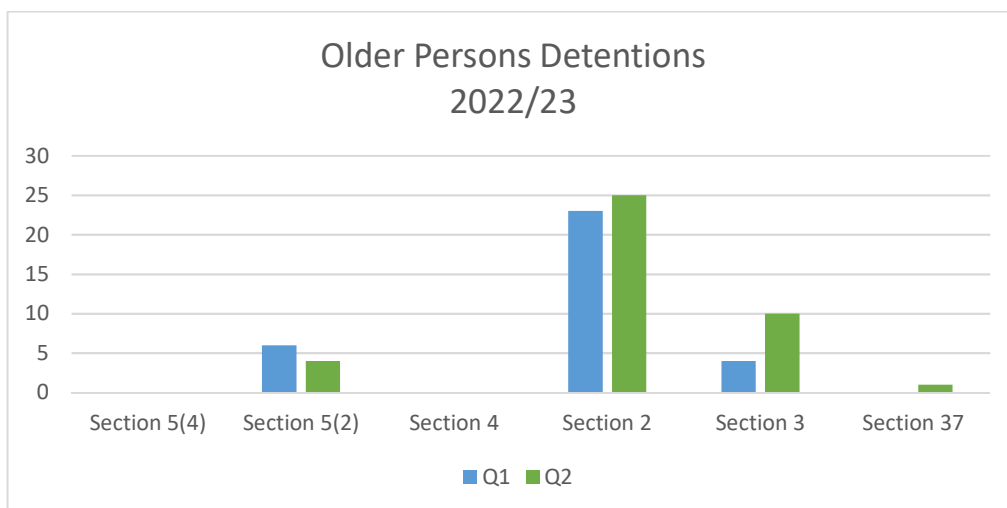


Number of Adult MHA detentions per locality

Area	Q1 2022/23	Q2 2022/23
Merthyr	14	21
Rhondda Cynon Taf	49	55
Bridgend	36	37
Out of area	4	6



Quarter 2 MHA Older Persons Activity 2022/2023



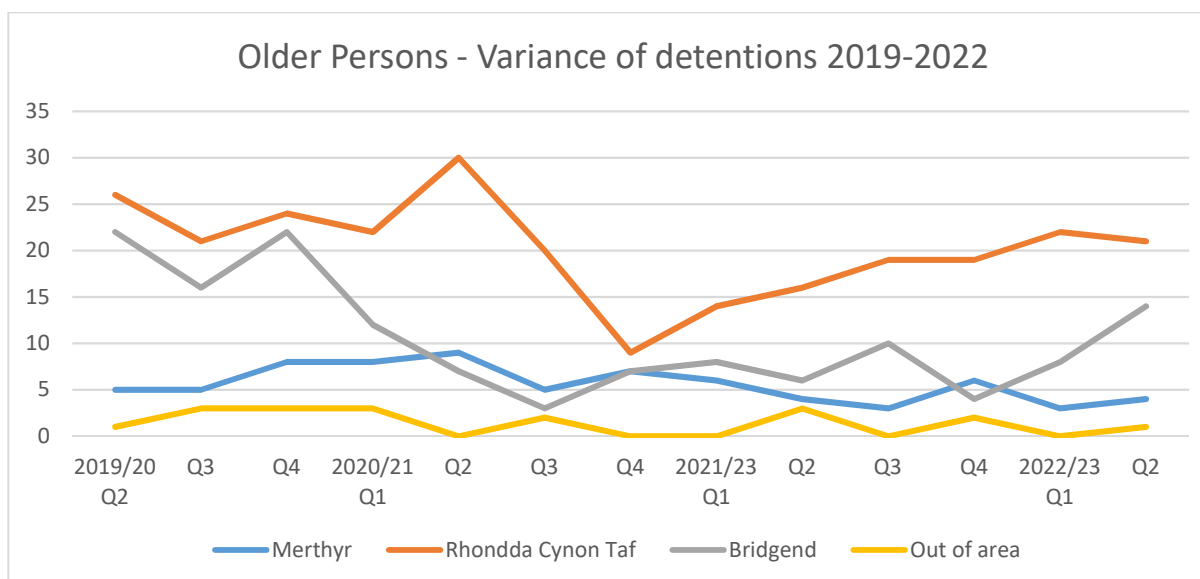


Quarter 2 MHA Older Persons Activity 2022/2023

Section	Q1	% of total	Q2	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	6	18.18%	4	10.00%
Section 4	0	0.00%	0	0.00%
Section 2	23	69.70%	25	62.50%
Section 3	4	12.12%	10	25.00%
Section 37	0	0.00%	1	2.50%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	33	100%	40	100%

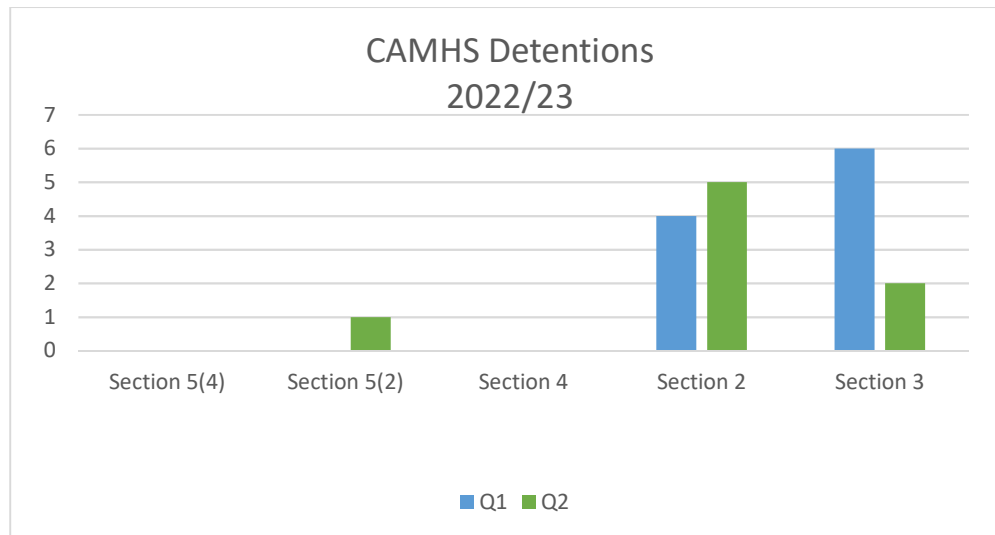
Number of Older Persons MHA detentions per locality

Area	Q1 2022/23	Q2 2022/23
Merthyr	3	4
Rhondda Cynon Taf	22	21
Bridgend	8	14
Out of area	0	1





Quarter 2 CAMHS Activity 2022/2023

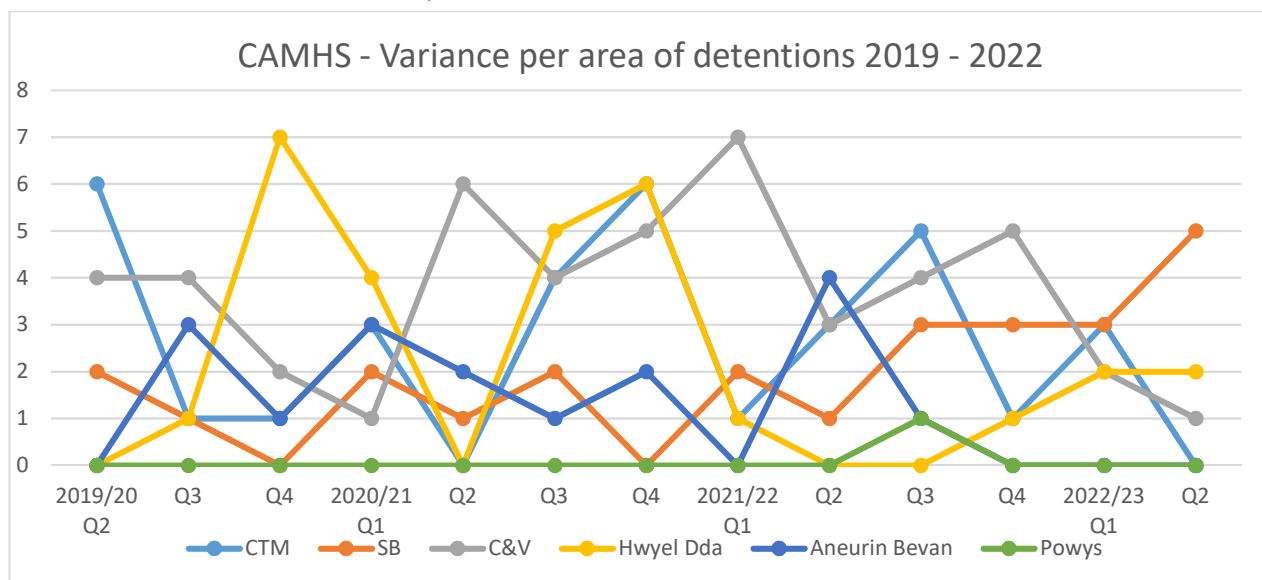


Quarter 2 CAMHS Activity 2022/2023

Section	Q1	% of total	Q2	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	0	0.00%	1	12.50%
Section 4	0	0.00%	0	0.00%
Section 2	4	40.00%	5	62.50%
Section 3	6	60.00%	2	25.00%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	10	100%	8	100%

Number of CAMHS MHA detentions per locality

Health Board	Q1 2022/23	Q2 2022/23
Cwm Taf Morgannwg	3	0
Swansea Bay	3	5
Cardiff & Vale	2	1
Hywel Dda	2	2
Aneurin Bevan	0	0
Powys Teaching	0	0



Out of the 8 detentions for Q2, all were detained in Ty Llidiard.

USE OF SECTIONS AND OUTCOMES for April – September 2022

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. A non-psychiatric doctor on a general medical ward can use this section.

S5(2) OUTCOMES	April 22	May 22	June 22	July 22	Aug 22	Sept 22
Section 2	3	2	1	6	6	5
Section 3	0	0	0	3	2	0
Informal	1	2	5	2	2	2
Lapsed	0	0	1	0	0	0
Invalid	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.

S2 OUTCOMES	April 22	May 22	June 22	July 22	Aug 22	Sept 22
Section 3	6	9	8	10	7	4
Informal	16	8	17	15	13	21
Discharged	13	6	0	4	8	12
Lapsed	0	0	1	1	0	0
Invalid	0	0	0	0	0	0
Transfer	0	2	1	0	1	0



Section 3 of the Mental Health Act 1983

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

S 3 OUTCOMES	April 22	May 22	June 22	July 22	Aug 22	Sept 22
Section 3 renewed	2	1	0	0	4	2
Informal	3	6	7	3	11	6
Discharged	3	3	5	4	1	3
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	2	3	0	2	1	3
CTO	1	1	2	0	0	1

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

	Q1 2022/23	Q2 2022/23
Adult Detentions	92	91
Older Persons detentions	27	36
CAMHS detentions	10	7
TOTAL	129	134

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 2022/23	Q2 2022/23
	2	0	0
	3	0	0
	4	0	0
	CTO	0	1
	136	0	1
Older Persons	2	1	1
	3	0	0
	4	0	0
CAMHS	2	0	0
	3	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 2022/23	Q2 2022/23
Part 2 Patients to CTUHB	10	9
Part 3 patients to CTUHB	0	1
Part 2 patients from CTUHB	9	10
Part 3 patients from CTUHB	1	1
TOTAL	20	21

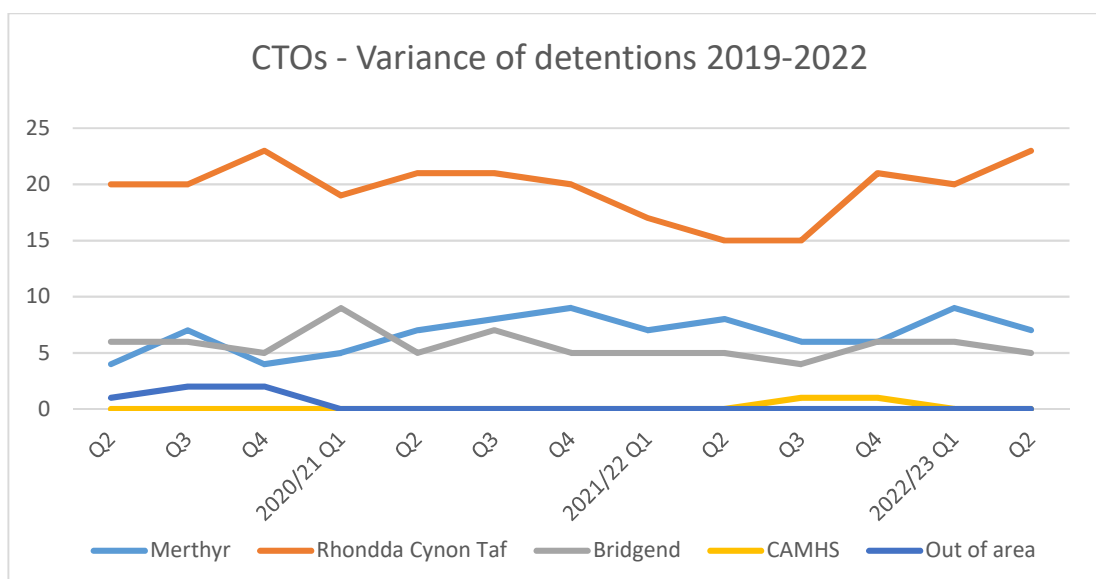
COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q2 CTO Activity 2022/2023

SECTION	Power	Q1 2022/23	Q2 2022/23
17A	Community Treatment Order made	8	8
	Community Treatment order extended	8	7
	Recalled to hospital and not revoked	2	1
	Recalled to hospital and revoked	4	3
	Discharged from CTO	0	5
	Transferred	0	0
	Other (Deceased)	0	0



Current CTO by area

Area	Q1 2022/23	Q2 2022/23
Merthyr	9	7
Rhondda Cynon Taf	20	23
Bridgend	6	5
CAMHS	0	0
Out of area	0	0
Total	35	35



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 2022/23	Q2 2022/23
Assessed and admitted informally	0	0
Assessed and Discharged	1	0
Assessed and detained under Section 2	3	2
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	1	1
TOTAL	5	3



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 2022/23	Q2 2022/23
Assessed and admitted informally	9	8
Assessed and detained under Section 2	9	11
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Discharged with no follow up required	5	13
Discharged referred to community services	16	39
Section 136 lapsed	1	1
Other //(Recall from CTO)/ or transfer	0	0
TOTAL	40	73 (1 no outcome)

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 2022/23	Q2 2022/23
Number of Hearings held	13	5
Number of Referrals by Hospital Managers	20	14
Number of Appeals to Hospital Managers	0	0
Number of Detentions upheld by Hospital Managers	13	5
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	0	2

Q2:

5 hearings were postponed
1 hearing was adjourned



1 CTO revoked

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 2022/23	Q2 2022/23
Number of Hearings held	33	23
Number of Referrals by Hospital Managers	13	8
Number of referrals by Ministry of Justice	2	2
Number of referrals by Welsh Ministers	0	0
Number of Appeals to MHRT	47	42
Number of Detentions upheld by MHRT	31	21
Number of detentions discharged by MHRT	2	2
Number of Hearings adjourned/postponed	5	7
Number of Hearings cancelled by patient	10	10
Number of patients transferred to another Health Board prior to Hearing	4	0
Number of patients discharged by RC prior to Hearing	10	12

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.

Q2: There were no deaths of detained patients during this quarter.

EXAMPLES OF GOOD PRACTICE

- On 29/11/2022, the MHA team are attending a demo of the WCCIS system, which has recently gone live in Aneurin Bevan Health Board.
- The MHA team have booked multiple Overview of the Mental Health Act sessions across the Health Board between October 2022- March 2023, some face- to face, some via MS Teams. This training has been offered to a wide variety of health professionals including liaison nurses and nurse practitioners on the general wards

TRAINING



- ❖ A joint training event on the subject of Nearest Relative has been booked for 13th October 9.30-12.30 on Microsoft Teams.
- ❖ A free two day on line course is available on 17-18th October facilitated by Northumbria University, to include discussion on the Draft MHA Bill
- ❖ Joint training event on Part 3 of the MHA has been booked for 6th December 9.30-12.30 on Microsoft Teams



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.</p> <p>In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.</p> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>



<p>Section 7 Guardianship</p>	<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>
<p>Section 37 Guardianship by Court Order</p>	<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>
<p>Section 37/41 Admission to hospital by a Court Order with restrictions</p>	<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>
<p>Section 135 Admission of patients removed by Police under a Court Warrant</p>	<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>
<p>Section 136 Admission of mentally disordered persons found in a public place</p>	<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>
<p>Section 17 A Community Treatment Order (CTO)</p>	<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.</p>



	<p>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.</p> <p>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.</p> <p>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.</p> <p>Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.</p>