



<b>AGENDA ITEM</b>
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<b>MENTAL HEALTH ACT MONITORING COMMITTEE</b>
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<b>ACTIVITY REPORT AND BREACHES AND ERRORS FOR QUARTER 3 (OCTOBER-DECEMBER 2022)</b>
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<b>Date of meeting</b>	8 <sup>th</sup> March 2023
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Mrs Alison Thomas -Mental Health Act Team Manager  Jeremy Burgwyn – Mental Health Act Team Leader
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<b>Presented by</b>	Mr Robert Goodwin- Service Group Manager, Bridgend
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<b>Approving Executive Sponsor</b>	Ana Llewellyn, Nurse Director, Primary Community and Mental Health in the absence of Deputy COO Primary Community and Mental Health
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<b>Report purpose</b>	FOR DISCUSSION / REVIEW
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
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<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
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Mental Health Act office staff		SUPPORTED
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<b>ACRONYMS</b>	
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 decrease in detentions within Adult services, Olders Persons remained the same, whilst the CAMHS service has witnessed an increase in detentions between Q2 and Q3 of the current year.

Section 4 was applied on three occasions during the reporting period. The nurse's holding power under Section 5(4) was applied on two occasions 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 8<sup>th</sup> March 2023.

In Quarter 3, there were 18 minor errors on section papers, all of which were rectified within the fourteen day limit as per Section of the MHA. This compares with 36 in Q2, which represents an decrease of 50%

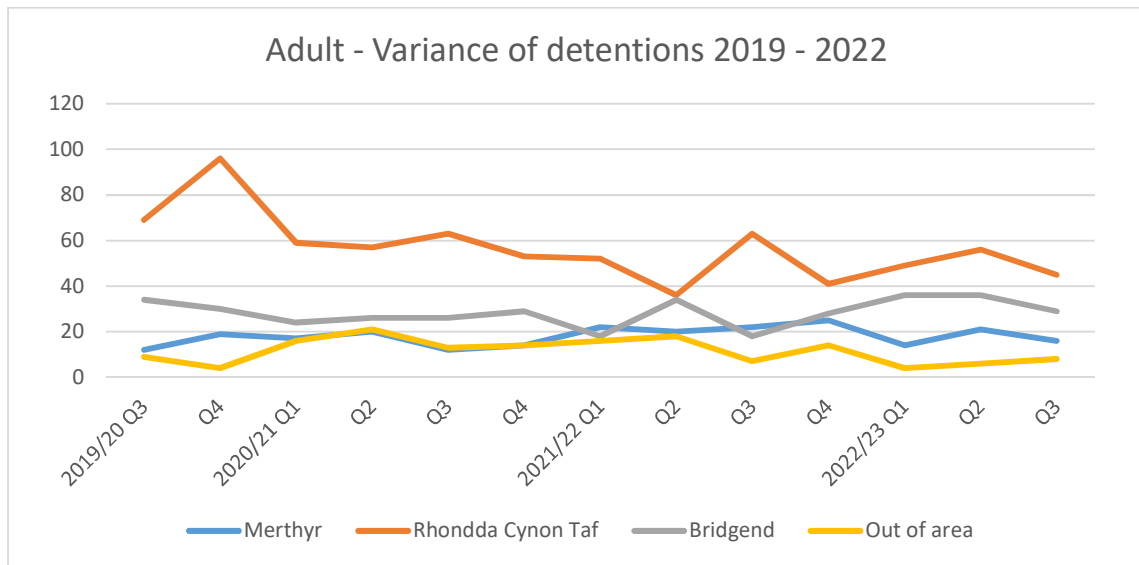
## **1. SITUATION/BACKGROUND**

- 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 Q3 (October – December 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 decrease of 20.35% in the total number of detentions, which has dropped from 113 to 90 between Q2 and Q3. The number of detentions under S5 (2) decreased from 23 to 16. Section 2 detentions decreased from 62 to 48 with the number of Section 3 detentions decreasing from 25 to 21.



The mean figures for each area during 2019 and 2022 are shown below, along with the figures for Q3.

Locality	Mean 2019/22	Q3 2022/23
Merthyr	18	16
Rhondda Cynon Taff	57	45
Bridgend	28	29
Out of area	12	8

2019/22 Mean to Q3 shifts as follows:

- In Merthyr detentions decreased from baseline mean by 2 (11%) from 18 to 16
- In Rhondda Cynon Taff detentions decreased from baseline mean by 12 (21%) from 57 to 45
- In Bridgend detentions increased from baseline mean by 1 (4%) from 28 to 29.
- Out of area detentions decreased from baseline mean by 4 (33%) from 12 to 8.

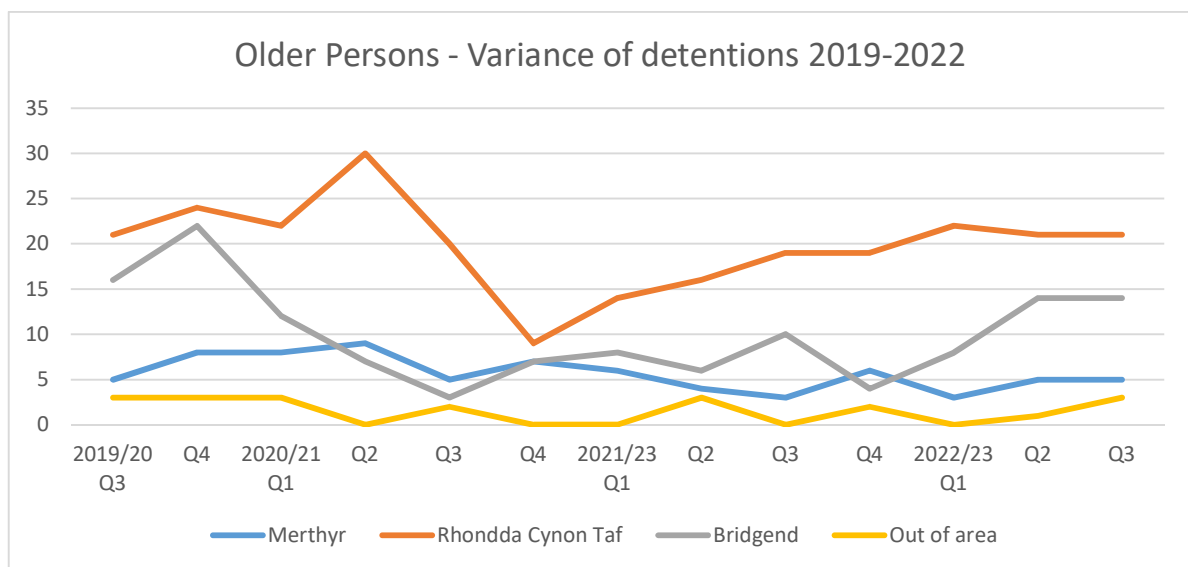
In Q3, there was 1 occasion when the nurses' holding power under Section 5(4) was utilised in the Royal Glamorgan Hospital. This patient was assessed by a

doctor within the 6-hour period and regraded to Informal status , in line with the guidance in the Code of Practice for Wales.

Section 4 was used on three occasions within the reporting period, two in Princess of Wales Hospital and one in Royal Glamorgan.  
All three section 4's were converted to section 2 within 24 hours.

### 2.3 Older Persons Detentions

The total number of detentions in Older Persons services remained the same in Q3 as Q2 at 40, with variance across the localities as below:



The mean figures for each area during this time period are shown below, along with the figures for Q3.

Locality	Mean 2019/22	Q3 2022/23
Merthyr	6	5
Rhondda Cynon Taf	20	21
Bridgend	10	14
Out of area	2	3

2019/22 Mean to Q3 shifts are as follows;

In Merthyr detentions decreased from baseline mean by 1 (17%) from 6 to 5.

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

In Bridgend detentions increased from baseline mean by 4 (40%) from 10 to 14.

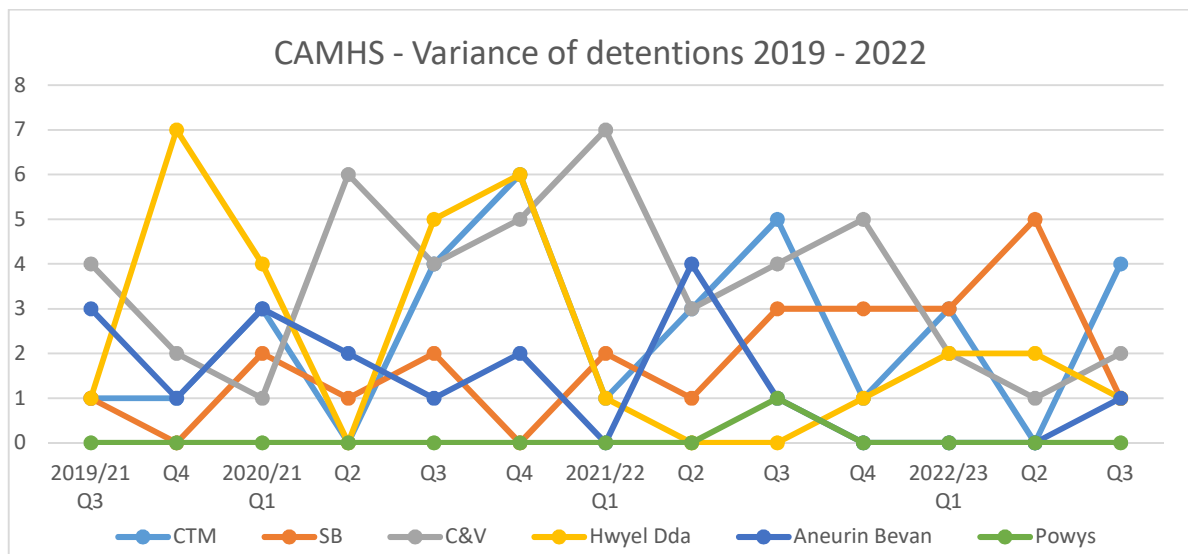
Out of area, detentions increased from baseline mean by 1(50%) from 2 to 3 .

## 2.4 CAMHS Detentions

CAMHS detentions witnessed an increase.

In Q3, there were 9 detentions (1 from Swansea Bay UHB, 1 from Hywel Dda UHB, 2 from Cardiff and Vale UHB, 1 Aneurin Bevan and 4 from Cwm Taf Mprgannwg UHB).

In Q3, 9 younger persons were detained in Ty Llidiard and the designated CAMHS bed in RGH.



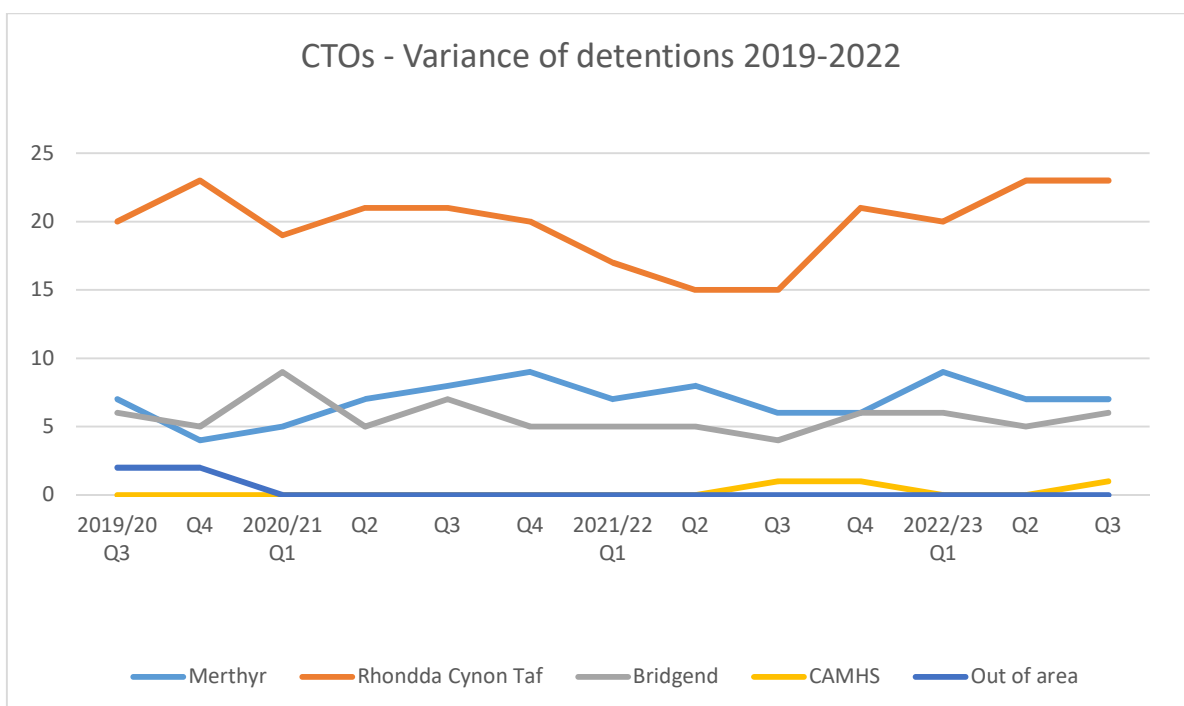
The mean figures for each area during this time period are shown below, along with the figures for Q3.

Health Board	Mean 2019/22	Q3 2022/23
Cwm Taf Morgannwg	2	4
Swansea Bay	2	1
Cardiff & Vale	4	2
Hywel Dda	2	1
Aneurin Bevan	1	1
Powys	0	0

## 2.5 Community Treatment Orders (CTO)

There were 10 new CTOs applied in Q3 of the current reporting period, in comparison with 8 in Q2.

In Q3, there were 10 CTOs extended, 2 recalled, 2 recalled and revoked. 2 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	Q3 2022/23
Merthyr	7	7
Rhondda Cynon Taf	20	23
Bridgend	6	6
CAMHS	0	1
Out of area	0	0

There were 37 CTOs in place as at the end of Q3.

## 2.6 Use of Section 135/136 Police Powers

Section 136 detentions decreased from 73 in Q2 to 36 in Q3- a 51% decrease  
Section 135 detentions increased from 3 in Q2 to 4 in Q3- a 33% increase

Use of Section 135 and 136 by area for Q3 2022/2023

Area	Q2 2022/23	Q3 2022/23
Merthyr	15	9
Rhondda Cynon Taf	38	14
Bridgend	22	15
Out of area	1	2
<b>Total</b>	<b>76</b>	<b>40</b>

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.

## 2.7 Current Challenges

The MHA team are experiencing problems with processing the s12 claim forms from doctors, who have undertaken Mental Health Act assessments.

Initially, the issue was the lack of communication by pay role , informing the team of the change of email address for the submission of the forms, which appears to have been resolved.

There is some confusion within the pay role department if section 12 doctors (being employed by CTM) and our locum doctors are eligible for payment., as they deemed MHA assessments to be part of their daily duties.

There also appears to be a difference of opinion within our Clinical Directors. This issue has been escalated to senior management as urgent clarity is required for all involved.

## 2.8 Errors and Breaches

There were 2 fundamentally defective errors during Q3, which is the same as in Q2.

## ❖ 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 18, all of which were rectified within the time limit.
- 2.10 The table below provides a more detailed breakdown of the type of error.

This data is included for information only and should be of little concern to the committee due to it's inconsequential nature.



Rectifiable Errors		POW		RGH					YCC	YGT	
Responsible for Error	Forms	PICU	Acute Medical Unit	Admissions	21	22	PICU	St David's	7	Seren	Total
AMHP	HO2	1	1	2	1		1	2			8
AMHP	HO6							1		1	2
Doctor	HO3										0
Doctor	HO4			2			2		1	1	6
Doctor	HO8								1		1
Doctor or Nurse	HO12										0
Nurse	HO14					1					1
Other UHB	TC1										0
	<b>Total</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>18</b>

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

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

2.13 The total number of fundamentally **defective** errors across all services in Q3 was 2 as there were in Q2. As mentioned previously, whereas the minor errors are inconsequential, the fundamentally defective errors (breaches) require investigation by the MHA team and are always reported via the Datix system.

2.14 The breaches are broken down below into hospitals and wards

Fundamental Errors	RGH	YGT	
Sections	Ward 6	Seren	
Section 2	1	1	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>

### Invalid Section 2

2.15 The patient was detained under S2 of the MHA on 14/12/2022.

2.16 Upon receipt of the scanned copies of the detention paperwork on 15/12/2022, the MHA team discovered that the AMHP's application ( Form HO2) had been made out to the wrong hospital.

- 2.17 RGH had been stated on the application form instead of YGT, which rendered the detention invalid.
- 2.18 The MHA team advised the Responsible Clinician to immediately discharge the patient from detention under section 2, by completion of a Form HO17 and to assess if the patient required further detention under the Act.
- 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.

### Invalid Section 2

- 2.20 2.20 A section 2 discharge Form HO17 was received by the MHA office on 22.12.22 at 13:30.
- 2.21 The MHA team were unaware of the patient being detained under s2 since 18.12.22.
- 2.22 The MHA team manager called to the general ward in RGH to locate the statutory paperwork, only to discover that they no Form HO14 had been completed.
- 2.23 2.23 As the paperwork had not been receipted on behalf of the Hospital Managers, the detention was deemed invalid.
- 2.24 As the Responsible Clinician had already discharged the patient from liability to be detained, the ward manager was informed of the error and explained the importance of contacting the MHA office when they have a detained patient on the ward.
- 2.25 The MHA team informed the patient by letter explaining the illegal detention.
- 2.26 The MHA office have since met with the liaison team in RGH and established a protocol for the receipt and scrutiny of section papers on the general wards within the Health Board. This includes guidance on the completion of the Form HO14 and the use of the receipt & scrutiny checklist.

### 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 been completed. This has again highlighted that the wards across CTMUHB are still 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.

Compliance with the filing of statutory documentation, as recommended by HIW is higher on those wards which use electronic records than paper based files.

The consent to treatment element of the audit emphasised that some wards were not fully compliant with the Code of Practice for Wales :

Chapter 25.22- which states that a copy of the current certificate to treat the patient must be kept with the prescription chart.

Chapter 25.84 – which requires a new consent to treatment certificate to legally treat the patient, when there is a permanent change of Responsible Clinician.

The MHA manager has addressed these concerns with the required professionals and emphasised the importance of nursing staff completing the weekly section 58 audit. This will help mitigate non-compliance in these areas.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Safe Care If more than one Healthcare Standard applies please list below:



<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	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
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care

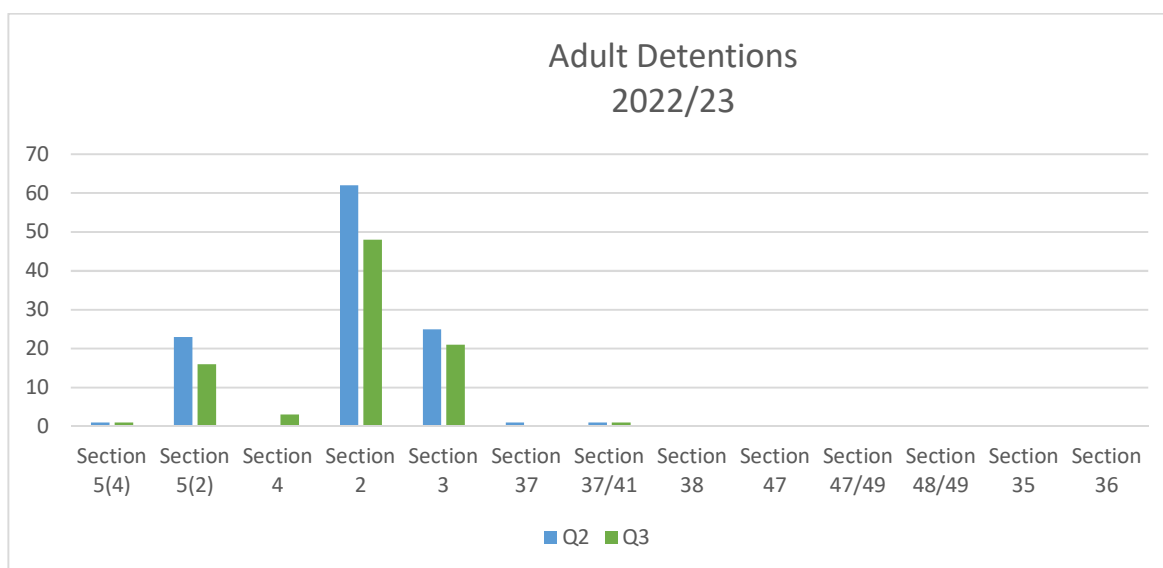
## 5. RECOMMENDATION

5.1 The MHA Monitoring Committee is asked to:

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

## Appendix 1.

### Quarter 3 MHA Adult Activity 2022/2023



### Quarter 3 MHA Adult Activity 2022/2023

Section	Q2	% of total	Q3	% of total
Section 5(4)	1	0.88%	1	1.11%
Section 5(2)	23	20.35%	16	17.78%
Section 4	0	0.00%	3	3.33%
Section 2	62	54.87%	48	53.33%
Section 3	25	22.12%	21	23.33%
Section 37	1	0.88%	0	0.00%
Section 37/41	1	0.88%	1	1.11%
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%
<b>Total</b>	<b>113</b>	<b>100%</b>	<b>90</b>	<b>100%</b>

\*there were 8 out of area detentions in Q3

### Number of Adult MHA detentions per locality

Area	Q2 2022/23	Q3 2022/23
Merthyr	21	16
Rhondda Cynon Taf	56	45
Bridgend	36	29
Out of area	6	8

### Quarter 3 MHA Older Persons Activity 2022/2023



### Quarter 3 MHA Older Persons Activity 2022/2023

Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	1	2.50%
Section 5(2)	4	10.00%	8	20.00%
Section 4	0	0.00%	0	0.00%
Section 2	24	60.00%	25	62.50%
Section 3	11	27.50%	6	15.00%
Section 37	1	2.50%	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%

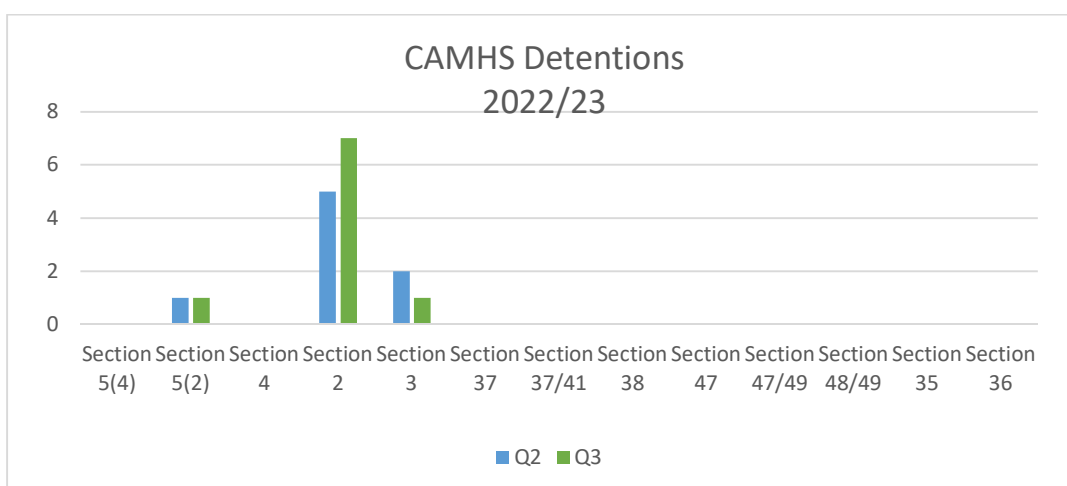


Total	40	100%	40	100%
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### Number of Older Persons MHA detentions per locality

Area	Q2 2022/23	Q3 2022/23
Merthyr	5	5
Rhondda Cynon Taf	21	21
Bridgend	14	14
Out of area	1	3

### Quarter 3 CAMHS Activity 2022/2023



### Quarter 3 CAMHS Activity 2022/2023

Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	1	12.50%	1	11.11%
Section 4	0	0.00%	0	0.00%
Section 2	5	62.50%	7	77.78%
Section 3	2	25.00%	1	11.11%
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%
<b>Total</b>	<b>8</b>	<b>100%</b>	<b>9</b>	<b>100%</b>

### Number of CAMHS MHA detentions per locality

Health Board	Q2 2022/23	Q3 2022/23
Cwm Taf Morgannwg	0	4
Swansea Bay	5	1
Cardiff & Vale	1	2
Hywel Dda	2	1
Aneurin Bevan	0	1
Powys Teaching	0	0

Out of the 9 detentions for Q3, all were detained in Ty Llidiard.

### USE OF SECTIONS AND OUTCOMES for October – December 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	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22
Section 2	6	6	5	10	3	4
Section 3	3	2	0	2	0	0
Informal	2	2	2	3	1	4
Lapsed	0	0	0	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	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22
Section 3	10	7	4	8	5	3
Informal	15	13	21	13	12	12
Discharged	4	8	12	5	5	9
Lapsed	1	0	0	0	1	0
Invalid	0	0	0	0	0	1



<b>Transfer</b>	0	1	0	2	2	0
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### 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	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22
<b>Section 3 renewed</b>	0	4	2	3	5	3
<b>Informal</b>	3	11	6	5	5	3
<b>Discharged</b>	4	1	3	5	6	2
<b>Lapsed</b>	0	0	0	0	0	0
<b>Invalid</b>	0	0	0	0	0	0
<b>Transfer</b>	2	1	3	2	2	1
<b>CTO</b>	0	0	1	2	1	3

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

	Q2 2022/23	Q3 2022/23
<b>Adult Detentions</b>	91	78
<b>Older Persons detentions</b>	36	33
<b>CAMHS detentions</b>	7	8
<b>TOTAL</b>	<b>134</b>	<b>119</b>

### 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	Q2 2022/23	Q3 2022/23
<b>Adult</b>	2	0	1
	3	0	0
	4	0	0
	CTO	1	0
	136	1	0
<b>Older Persons</b>	2	1	0
	3	0	0
	4	0	0
<b>CAMHS</b>	2	0	0
	3	0	0
	4	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	Q2 2022/23	Q3 2022/23
Part 2 Patients to CTUHB	9	9
Part 3 patients to CTUHB	1	1
Part 2 patients from CTUHB	10	11
Part 3 patients from CTUHB	1	0
<b>TOTAL</b>	<b>21</b>	<b>21</b>

### COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q3 CTO Activity 2022/2023

SECTION	Power	Q2 2022/23	Q3 2022/23
<b>17A</b>	Community Treatment Order made	8	10
	Community Treatment order extended	7	10
	Recalled to hospital and not revoked	1	2
	Recalled to hospital and revoked	3	2
	Discharged from CTO	5	2



	Transferred	0	1
	Other (Deceased)	0	0

### Current CTO by area

Area	Q2 2022/23	Q3 2022/23
Merthyr	7	7
Rhondda Cynon Taf	23	23
Bridgend	5	6
CAMHS	0	1
Out of area	0	0
<b>Total</b>	<b>35</b>	<b>37</b>

### 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	Q2 2022/23	Q3 2022/23
Assessed and admitted informally	0	0
Assessed and Discharged	0	0
Assessed and detained under Section 2	2	3
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	1	0
Recalled from Community Treatment Order	0	1
<b>TOTAL</b>	<b>3</b>	<b>4</b>

#### 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	Q2 2022/23	Q3 2022/23
Assessed and admitted informally	8	7
Assessed and detained under Section 2	11	6
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Discharged with no follow up required	13	12
Discharged referred to community services	39	11
Section 136 lapsed	1	0
Other /(Recall from CTO)/ or transfer	0	0
<b>TOTAL</b>	<b>73( 1 no outcome)</b>	<b>36</b>

## 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	Q2 2022/23	Q3 2022/23
Number of Hearings held	5	22
Number of Referrals by Hospital Managers	14	14
Number of Appeals to Hospital Managers	0	2
Number of Detentions upheld by Hospital Managers	5	20
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	2	0

### Q3:

- 1 patient transferred prior to hearing
- 1 pending
- 3 hearings postponed

## 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	Q2 2022/23	Q3 2022/23
Number of Hearings held	23	30
Number of Referrals by Hospital Managers	8	10
Number of referrals by Ministry of Justice	2	1
Number of referrals by Welsh Ministers	0	0
Number of Appeals to MHRT	42	36
Number of Detentions upheld by MHRT	21	24
Number of detentions discharged by MHRT	2	2
Number of Hearings adjourned/postponed	7	8
Number of Hearings cancelled by patient	10	11
Number of patients transferred to another Health Board prior to Hearing	0	2
Number of patients discharged by RC prior to Hearing	12	2

### Q3:

1 patient conditionally discharged by the MHRT

## 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 a death of a patient detained under Section 37 of the MHA 1983 in November 2022.

## EXAMPLES OF GOOD PRACTICE

- On 29/11/2022, the MHA team attended a demo of the WCCIS system with their fellow colleagues in Aneurin Bevan Health Board.
- The MHA team have received positive feedback from their training on the 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.

- ❖ Two joint training events on the subjects of Nearest Relative and Part of the MHA , which took place on 13<sup>th</sup> October and 6<sup>th</sup> December retrospectively were both well attended.

All professionals in attendance found the presentations very informative and relevant to their roles. The sessions have been uploaded to Share Point within the training section.

## **TRAINING**

- ❖ The joint training programme between health and the local authorities is yet to be arranged.
- ❖ Medication awareness training for the Associate Hospital Managers has been arranged for 9<sup>th</sup> March 2023.

## Appendix 2

### MENTAL HEALTH ACT (1983)

#### GLOSSARY OF TERMS

#### SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

<p><b>Section 5(4)</b> 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><b>Section 5(2)</b> 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><b>Section 4</b> 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><b>Section 2</b> Admission for assessment</p>	<p>Individual is detained in hospital for up to 28 days for assessment of mental health.</p> <p><b>Criteria:</b> 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><b>Section 3</b> Admission for Treatment</p>	<p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p><b>Criteria:</b> 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> <p><i>( 2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>



<p><b>Section 7</b> 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><b>Criteria:</b> 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><b>Section 37</b> 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><b>Criteria:</b> 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><b>Section 37/41</b> 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><b>Section 135</b> 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><b>Section 136</b> 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><b>Section 17 A</b> 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>
<b>Section 17 leave</b>	<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>
<b>Section 117 aftercare</b>	<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>
<b>MHAM Hearings (Mental Health Act Managers)</b>	<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>
<b>MHRT Hearings (Mental Health Review Tribunal)</b>	<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>