

Bundle Power of Discharge Sub-Committee 12 March 2021

Agenda attachments

Agenda_Power_of_Discharge_Sub-Committee_12_March_2021 V1.0.docx

- 1 09:30 - POD21/1 Welcome and Apologies for Absence
Apologies received from Jo Whitehead, Chief Executive Officer and Teresa Owen, Executive Director of Public Health.
- 1.1 09:33 - POD21/2 Declaration of Interests
- 1.2 09:35 - POD21/3 Draft PoD Sub-Committee Minutes of the meeting held on 8.12.2020
To confirm as a correct record the Minutes of the last meeting held on 8.12.2020.
POD21.3 Draft PODSub C draft mins 8.12.2020 v0.5 TAO IW LR.docx
- 1.3 09:37 - POD21/4 PoD Sub-Committee Matters arising and Review of Summary Action Log
1\ To deal with any matters arising not dealt with elsewhere on the agenda\.
2\ To review the Summary Action Log\.
POD21.4 POD Summary Action Plan live version as at 3.3.21.doc
- 2 FOR DISCUSSION
- 2.1 09:44 - POD21/5 Hospital Managers' Update Report
Wendy Lappin, Mental Health Act Manager
Recommendation: The Committee is asked to note the report.
POD21.5 Associate Hospital Managers Update Report.docx
- 3 FOR INFORMATION
- 3.1 10:16 - POD21/6 Performance Report
Wendy Lappin, Mental Health Act Manager
Recommendation: The Sub-Committee is asked to note the Performance report for information only.
POD21.6 a MHA Performance Report v0.2.docx
POD21.6 b Appendix 1 - MHAct Report V2.pdf
POD21.6 c Appendix 2 Divisional S136 Report February 2021.pdf
POD21.6 d Appendix 3 - CAMHS S136 Report Feb 21.pdf
- 4 CLOSING BUSINESS
- 4.1 10:21 - POD21/7 Issues of Significance to inform the Chair's Report to the Mental Health Act Committee
- 4.2 10:24 - POD21/8 Any other Business
- 4.3 10:29 - POD21/9 Date of next meeting - 25th June, 2021

Agenda Power of Discharge Sub-Committee

Date	12/03/2021
Time	9:30 – 10:30
Location	Virtual Microsoft Teams
Chair	Lucy Reid

1 POD21/1 Welcome and Apologies for Absence

9:30 Apologies received from Jo Whitehead, Chief Executive Officer and Teresa Owen, Executive Director of Public Health.

1.1 POD21/2 Declaration of Interests

9:33

1.2 POD21/3 Draft PoD Sub-Committee Minutes of the meeting held on 8.12.2020

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1.3 POD21/4 PoD Sub-Committee Matters arising and Review of Summary Action Log

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1. To deal with any matters arising not dealt with elsewhere on the agenda.
2. To review the Summary Action Log.

2 FOR DISCUSSION

2.1 POD21/5 Hospital Managers' Update Report

9:44

Wendy Lappin, Mental Health Act Manager
Recommendation: The Committee is asked to note the report.

3 FOR INFORMATION

3.1 POD21/6 Performance Report

10:16

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Recommendation: The Sub-Committee is asked to note the Performance report for information only.

4 CLOSING BUSINESS

4.1 POD21/7 Issues of Significance to inform the Chair's Report to the Mental Health Act Committee

10:21

4.2 POD21/8 Any other Business

10:24

4.3 POD21/9 Date of next meeting – 25th June, 2021

10:29



Power of Discharge (PoD) Sub Committee

DRAFT Minutes of the Meeting Held on 08.12.20 via Webex

Present:

Lucy Reid
Eifion Jones
Jackie Hughes

Vice Chair (Chair)
Independent Member (IM) (*part meeting*)
Independent Member (*co-opted member*)

Frank Brown
Diane Arbabi
Shirley Davies
Jackie Parry
Helena Thomas
Satya Schofield
John Williams

Associate Hospital Manager (AHM)
Associate Hospital Manager
Associate Hospital Manager
Associate Hospital Manager
Associate Hospital Manager
Associate Hospital Manager
Associate Hospital Manager

In Attendance:

Mike Smith
Iain Wilkie
Jody Evans
Liz Jones
Simon Evans-Evans
Teresa Owen
Wendy Lappin

Interim Director of Nursing, Mental Health & Learning Disabilities (MHL D)
Interim Director, MHL D
Secretariat, Corporate Governance Officer
Assistant Director, Corporate Office
Interim Director of Governance
Executive Director, Public Health & Acting Deputy Chief Executive
Mental Health Act Manager, MHL D

AGENDA ITEM DISCUSSED	ACTION BY
<p>POD20/9 Welcome and apologies</p> <p>POD20/9.1 The Chair welcomed everyone to the meeting and explained the virtual meeting etiquette standards to those present.</p> <p>POD20/9.2 The Chair confirmed that apologies had been received from Cheryl Carlisle - Independent Member, Hilary Owen - Head of Governance and Compliance, Hugh Jones - Associate Hospital Manager (AHM), Matthew Joyes - Acting Associate Director of Quality Assurance & Assistant Director of Patient Safety & Experience.</p> <p>POD20/9.3 The Chair welcomed Jackie Hughes as the Independent (co-opted) Member to the Sub-Committee, attending in place of Cheryl Carlisle – Independent Member.</p> <p>POD20/9.4 The newly appointed Interim Director of Governance also introduced himself to the Sub-Committee and an overview of the Interim Director responsibilities was noted by the attendees.</p>	

<p>POD20/10 Update on Sub-Committee Membership</p> <p>POD20/10.1 The Chair informed members that the Health Board were looking at the governance arrangements for the Committees and one consideration is that this Sub-Committee and the Mental Health Act Committee (MHAC) could form a combined Committee, subject to a wider governance review being undertaken. The Chair informed members and attendees that their input and suggestions regarding revised terms of reference would be welcomed. It was agreed for LR, WL and JE to meet to discuss and review the current membership.</p> <p>POD20/10.2 Expressions of interest received - Vacancies on the POD and MHAC The Chair confirmed that there had been 3 expressions of interest received regarding the Associate Hospital Manager (AHM) vacancies on the Sub-Committee. It was also noted that there had been one expression of interest received regarding the AHM position on the MHAC. It was agreed that in light of the terms of reference and wider governance review, there would not be any immediate appointments made until the review had concluded.</p>	<p>ALL</p> <p>LR/WL/JE</p>
<p>POD20/11 Previous minutes of the meeting held on 19th October 2020 and matters arising</p> <p>POD20/11.1 The minutes were confirmed as an accurate record, apart from the need to record the attendance at the last meeting of Diane Arbabi – AHM and Simon Evans-Evans - Interim Director of Governance.</p>	<p>JE</p>
<p>POD20/12 Items circulated to members since the previous meeting:</p> <p>POD20/20.12.1 The summary action log was reviewed and updated accordingly.</p>	
<p>POD20/13 Associate Hospital Managers Update</p> <p>POD20/13.1 The Mental Health Act Manager provided an update on the activities of the AHMs during the quarter July to October 2020. The reporting period detailed four months of activity, given the request to bring the most up to date information to the committee wherever possible. The update report included details in relation to hearings, scrutiny, training, recruitment, forums and key performance indicators (KPIs) - as referred to within Appendix 1.</p> <p>POD20/13.2 The Mental Health Act Manager explained that all hearings had continued to be held remotely via Skype, due to the Covid 19 pandemic. It was noted that hearings would be held via Microsoft Teams in the future, due to the changeover to Microsoft Office 360. Training was received by the AHMs during November. It was also noted that technical challenges with video conferencing had been experienced at the outset of the pandemic, but overall it was agreed that the system had worked well. It was also noted that holding hearings remotely had enabled managers from across the Health Board to support the work, as many may not have been able to travel such distances in the pre-Covid period. It was further stated that telephone hearings were being resisted, in favour of the video sessions, due to concerns raised. WL confirmed that feedback questionnaires would be distributed in order to improve the service going forwards.</p>	

<p>POD20/13.3 The breakdown of activity was presented to the Sub-Committee. It was confirmed that since the previous reporting period, fifteen hearings were held during the months of July – October 2020. It was confirmed that there were no discharges and that twelve were section renewals and three had been appeals.</p> <p>POD20/13.4 It was noted that the KPI target set for the hearings was at 73% which demonstrated an improvement from the previous report. The structure of the hearings and limited IT equipment had meant that only one hearing could take place at any one time. It was confirmed that during December there would be additional equipment secured along with the move to Microsoft Teams.</p> <p>POD20/13.5 It was confirmed that on-site scrutiny visits by AHMs was suspended and sessions would be reinstated once it was safe for the AHMs to physically attend in the Health Board units. It was confirmed that all other HB scrutiny had continued, as per policy for all detentions.</p> <p>POD20/13.6 The Mental Health Act Manager clarified the number of current vacancies of AHMs to date, following the sad passing of Mrs Susan Roberts and three recent resignations from Shirley Cox, Delia Fellowes and Ann Owens. It was expressed that the Managers concerned were all very experienced and their input would be greatly missed. It was confirmed that shadowing was taking place and interviews had been arranged for the month of January 2021, in order to recruit to the vacant positions.</p> <p>POD20/13.7 The Chair then invited questions from Independent Members and none were received. The Chair therefore expressed her sincere thanks to the team for their ongoing commitment, recognising the flexibility and adaptability of the virtual systems in place. The Sub-Committee noted the report and update. It was agreed for future meetings to be conducted via Microsoft Teams, in light of the AHMs now utilising the system. JE to arrange via calendar invitations accordingly.</p>	JE
<p>6. FOR INFORMATION</p>	
<p>POD20/14 Mental Health Act Committee Performance Report</p> <p>POD20/14.1 The Mental Health Act Manager presented the performance report for information, assurance and discussion and explained that it included an update regarding compliance with the Mental Health Act requirements within the division during the four month period from July to October 2020. It was confirmed that additional appendices had been included which detailed the four month reporting period, due to the change in the reporting schedule to ensure that the most up to date information was provided to both the Sub-Committee and MHAC.</p> <p>POD20/14.2 The Mental Health Act Manager confirmed that during the reporting period there had been five lapsed sections and two fundamentally defective. It was confirmed that all had been Datix reported and investigations had taken place. It was confirmed that the narrative relating to each section had been fully provided. It was noted that benchmark data was not received from Cardiff and Vale at the time of reporting in relation to reportable errors rates. It was confirmed that there had been further reductions regarding the number of errors that the BCUHB had reported and it was confirmed that the figure was 28% for the quarter. It was also confirmed that the Central area had identified as having the highest number of errors compared to the</p>	

<p>East and West areas for the period. It was explained that the Central area had seen the rise in reportable errors due to it being the admissions area. It was also confirmed that the number of section 136s being reported had reduced, with an initial rise within July. Reporting statistics in relation to under 18s had seen two children repeatedly detained under the section 136 status in the month of November. An overview of the numbers of patients being detained in independent hospitals in and out of Wales was also included in the report; and it was further confirmed that they are monitored by the Continuing Healthcare team.</p> <p>POD20/14.3 A discussion took place with regards to the Criminal Justice Liaison Service (CJLS) due to the report highlighting that there had been consultations which resulted in detentions. It was confirmed that the number of section fours had been reviewed and issues around obtaining two doctors were raised along with the themes regarding the sourcing of a second doctor. The rarity of the incidents was discussed and no concerns had been raised. Following a further discussion and query raised by an AHM, it was agreed to review data where possible and include within future reports with regards to the use of Approved Mental Health Professionals on an exception basis only. Comparisons of area data were also noted and pathways were commented upon, which had affected activity throughout the pandemic. The sudden variances in data in relation to demographics were discussed and it was agreed to supply the future reporting template with the caveat to cover the variances raised in relation to the statistics, situation and demographics.</p> <p>POD20/14.4 Members also asked a range of questions regarding the information relating to Section 136 data. A question was asked regarding non-detainees and the risks associated with possible self-harm, following non-detentions. A discussion took place and it was agreed that an opportunity to review and potentially conduct a clinical audit relating to joint working with the CJLS would be beneficial in the future. It was agreed to follow up once the CJLS service had matured over time.</p> <p>POD20/14.5 The Sub-Committee noted the report for information.</p>	<p>WL</p> <p>WL</p>
<p>POD20/15 Issues of Significance to inform the Chair's Report to the Mental Health Act Committee - Nothing to report at present.</p>	
<p>POD20/16 Any other business</p> <p>POD20/16.1 An AHM raised that the AHMs had held a virtual meeting where several felt that their remuneration was overdue for an increase. It was confirmed that the Mental Health Act Manager and the Interim Director, MHL D were reviewing this issue.</p>	
<p>POD20/17 Date of next meeting</p> <p>POD10/17.1 12th March 2021. (It was noted that the North Wales Regional Partnership Board meeting is to take place on the same date in March, therefore the Chair and Lead Executive would discuss their availability in due course).</p>	

BCUHB POWER OF DISCHARGE SUB COMMITTEE**Summary Action Plan – Live Document – last updated 05/03/2021 15:10**

Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
October 2020				
JE	POD20/1.3 3 Associate Hospital Manager (AHM) resignations from the Sub-Committee. Expressions of interest to be sought via the Corporate Governance Officer.	November 2020	Update – 22nd Oct 2020 – Email sent requesting for expressions of interest. Update – 16th Nov 2020 – Expressions of interest received and forwarded onto the Chair, the Assistant Director of Corporate Office and the Mental Health Act Manager. Update – 8th December 2020 – It was agreed to inform those who had expressed an interest, that the Health Board is undertaking a review of its governance framework including the terms of reference for each of its committees and subgroups. As a result of the review, the Committee decided to defer a decision on future membership until this is completed. Update 16th December 2020 – The AHMs (that had expressed an interest) have been informed of the above.	TBC

JE	POD20/1.4 Vacancy - Associate Hospital Manager position upon the Mental Health Act Committee. The Corporate Governance Officer agreed to issue out a call for expressions of interests.	November 2020	<p>Update – 22nd Oct 2020 – Email sent requesting for expressions of interest.</p> <p>Update – 18th Nov 2020 – Expression of interest received and forwarded to the Chair, the Assistant Director of Corporate Office and the Mental Health Act Manager.</p> <p>Update – 8th December 2020 – It was agreed to inform those who had expressed an interest, that the Health Board is undertaking a review of its governance framework including the terms of reference for each of its committees and subgroups. (Complete - Informed by way of the discussion at the Sub-Committee meeting in December 2020). As a result of the review, the Committee decided to defer a decision on future membership until this is completed.</p>	TBC
December 2020 (Taken from the draft minutes).				
ALL LR/WL/JE SEE	POD20/10.1 The Chair informed members and attendees that their input and suggestions regarding revised terms of reference would be welcomed. It was agreed for LR, WL and JE to meet to discuss and review the current membership.	March 2021	<p>Update as at 22nd January 2021: Comments received from Wendy Lappin and sent to the Chair for consideration.</p> <p>Update as at 15th February 2021: Governance Review being undertaken. Outcome of the governance and terms of reference review awaited.</p> <p>Verbal update to be provided by SEE at the March meeting.</p>	Verbal update - March
JE	POD20/11.1 JE to record the attendance at the last meeting of Diane Arbabi – AHM and Simon Evans-Evans - Interim Director of Governance.	January 2021	Update 11th January 2021 – Action complete.	Action to be closed.

JE	POD20/13.7 It was agreed for future meetings to be conducted via Microsoft Teams, in light of the AHMs now utilising the system. JE to arrange via calendar invitations accordingly.	February 2021	<p>Update as at 23rd February 2021 - Virtual platform to be agreed via the Board Secretary – awaiting feedback. (Calendar invites have been distributed with current membership stating “virtual platform to be confirmed” in relation to the next POD Meeting).</p> <p>Update as at 2nd March 2021 - Virtual platform confirmed (Microsoft Teams). Invitations updated and re-sent.</p>	Action to be closed.
WL	<p>POD20/14.3 Mental Health Act Committee Performance Report</p> <p>The sudden variances in data in relation to demographics were discussed and it was agreed to supply the future reporting template with the caveat to cover the variances raised in relation to the statistics, situation and demographics.</p>	March 2021	Update as at 23rd February 2021 – Confirmation received that the caveat is now included within the reporting template.	Action to be closed.
WL	POD20/14.4 It was agreed that an opportunity to review and potentially conduct a clinical audit relating to joint working with the CJLS would be beneficial in the future. It was agreed to follow up once the CJLS service had matured over time.	Date to be confirmed	Update as at 23rd February 2021 – WL had made contact with the CJLS and is awaiting feedback on a timeframe.	TBC



Cyfarfod a dyddiad: Meeting and date:	Power of Discharge Sub Committee 12.03.2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Associate Hospital Managers Update Report (November 2020 – January 2021)						
Cyfarwyddwr Cyfrifol: Responsible Director:	Iain Wilkie, Divisional Director of Mental Health and Learning Disabilities (Interim)						
Awdur yr Adroddiad Report Author:	Wendy Lappin, Mental Health Act Manager						
Craffu blaenorol: Prior Scrutiny:	Gold Command meeting on behalf of MHL D Senior Leadership Team Quality Safety and Experience Group 20.02.2021						
Atodiadau Appendices:	Appendix 1 – Quarterly Activity.						
Argymhelliad / Recommendation:							
The Sub-Committee is asked to note the report.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
The Associate Hospital Managers Update Report provides details regarding the Associate Hospital Managers Activity within the division for the detailed period. The report in Appendix 1 details activity in the areas of: Hearings, Scrutiny, Training, Recruitment, Forums and Meetings and the key performance indicators.							
Cefndir / Background:							
Section 23 of the Mental Health Act (the Act) gives certain powers and responsibilities to 'Hospital Managers'. In Wales, NHS hospitals are managed by local health boards. The local Health Board is therefore for the purposes of the Act defined as the 'Hospital Managers'.							
Hospital Managers have the authority to detain patients under the Act. They have responsibility for ensuring the requirements of the Act are followed. In particular, they must ensure patients are detained and treated only as the Act allows and that patients are fully informed of, and are supported in, exercising their statutory rights. Hospital Managers have equivalent responsibilities towards Community Treatment Order (CTO) patients. (CoPW 37.4)							
In practice, most of the decisions of the Hospital Managers are undertaken by individuals (or groups of individuals) on their behalf by means of the formal delegation of specified powers and duties. (CoPW 37.5)							

In particular, decisions about discharge from detention and CTOs are taken by Hospital Managers' Discharge Panels, specifically selected for the role. They are directly accountable to the Board in the execution of their delegated functions. (CoPW 37.6).

This report provides assurance that the individuals who form the Hospital Managers' Discharge Panels (namely **Mental Health Act Associate Hospital Managers** (MHA AHM)) are in receipt of adequate training and conform to the Health Board standards.

The report (Appendix 1) details the activity of the Associate Hospital Managers in relation to Hearings and activity undertaken, concerns raised and improvements to the Division or service to which they have input for the period November 2020 – January 2021.

Asesiad / Assessment & Analysis

Strategy Implications

The use of the Mental Health Act is determined by patient needs, and the least restrictive options are at the forefront of all professionals practice. The Associate Hospital Managers have a duty as independent persons to ensure that the Health Board only detains patients who meet the criteria for detention.

Financial Implications

The Associate Hospital Managers are paid a sessional fee for each activity. The closure of local post offices and the need to collect documents from a main depot has meant an increase in travel claims. Additional safeguards in relation to Information Governance, has an impact on financial costings due to security requirements for posting reports.

Risk Analysis

The number of Associate Hospital Managers must be kept at a reasonable levels to ensure the availability of persons for this activity. The Health Board addressed this by having an open direct hire advert to ensure that the cohort is kept at an adequate level.

Hearings for patients should be conducted as close to the renewal date as possible. If a patient requests a hearing this should be given priority. Risks associated with not conducting a hearing as close as possible to the relevant date, would be:

- Transfers impacting on hearings with the potential for a hearing to be missed or rearranged.
- The Associate Hospital Managers Discharge Panel may not agree with the professionals and feel that patient should be discharged any delay in the hearing may result in the patient being detained for longer than necessary.

Legal and Compliance

The Mental Health Act determines that the Health Board must ensure that there are Associate Hospital Managers available to conduct panels for the patients on their request or at the time of a renewal. These Managers cannot be employees of the Health Board to ensure that an independent view is taken when reviewing the detention.

Impact Assessment

All policies in relation to the Associate Hospital Managers have been equality impact assessed.

Appendix 1.

Quarterly Activity

1 Hearings

At the time of writing (08.02.2021) hearings continue to be held remotely via Microsoft Teams, this system has proved more reliable than Skype and the Hospital Managers are now trained and experienced in accessing. We still operate a process of allocating four panel members to include a deputy chair and a 4th person as back up to safeguard against a hearing having to be reconvened due to technology difficulties.

A total of 17 hearings were held during the months November – January 2021. There were no discharges, all hearings were section renewals.

A breakdown of the hearing activity is detailed below:

November

- ***Eight hearings arranged (Five held)***

Two hearings were for community patients and three inpatients.

Three hearings were cancelled – Two patients were discharged and one was regraded to informal.

Outcomes of hearings held

All detentions were upheld

December

- ***Six hearings arranged and held***

Three hearings were for community patients and three inpatients.

Outcomes of hearings held

All detentions were upheld.

January

- ***Seven hearings arranged (Six held)***

Three hearings were for community patients and three inpatients.

One hearing was cancelled – The patient was regraded to informal.

Outcomes of hearings held

All detentions were upheld

Hearing KPIs

Following a renewal there is no timeframe specified within the Mental Health Act that a hearing must be held, only the confirmation that one 'must' be held. Good practice suggests this should be done as close to a renewal date as possible. The division has set a KPI at one month following the renewal date. An analysis of the hearings held this quarter is detailed below.

The Responsible Clinician can renew a detention within the period two months prior to the section expiry date. In some instances when the paperwork has been returned in advance the hearing will be held prior to the renewal date.

In instances where the patient appeals their detention the hearing should be held as close as possible to the appeal date.

There were no applications from the patients during this period and there were no barring hearings.

Renewal Date	Hearing Date	KPI (31 days)
10/05/2020	18/12/2020	222 (see below)
28/06/2020	07/01/2021	193 (see below)
10/09/2020	17/11/2020	68
11/09/2020	06/11/2020	56
30/09/2020	16/11/2020	47
08/10/2020	30/11/2020	53
24/10/2020	10/12/2020	47
01/11/2020	17/11/2020	16
06/11/2020	22/01/2021	77
11/11/2020	02/12/2020	21
19/11/2020	14/12/2020	25
22/11/2020	01/12/2020	9
10/12/2020	15/12/2020	5
16/12/2020	08/01/2021	23
19/12/2020	26/01/2021	38
14/01/2021	15/01/2021	1
18/01/2021	12/01/2021	Held before

During the summer of 2020 due to Covid a number of hearings were held back when the patient was not contesting the renewal to allow for staffing to become more stable there are two instances above where the hearings were arranged at a later date than would normally have occurred, both of these were CTO yearly renewals, the service users were in agreement with this approach.

Following a move to use Microsoft Teams and the procurement of additional equipment in December 2020 the area office administrators now facilitate the hearings enabling more than one hearing to take place at a time.

Feedback forms are provided to patients to gain a view on virtual hearings, positive feedback has been received and to date all have indicated that for the future they would like to have the option of how their hearing would be held, it is envisaged that

this option will be incorporated into the patients request form when face to face hearings are able to resume.

2 Scrutiny

The Associate Hospital Managers (on a monthly basis) visit the psychiatric units to scrutinise detention paperwork and case notes as defined in the Policy for: Admission, Receipt and scrutiny of Statutory Documentation (MHL D 0026).

Scrutiny was suspended from April 2020 due to the Covid Pandemic. This will be reinstated once it is deemed safe for the managers to start to enter the units.

All other Health Board Scrutiny activity has continued as per the policy for all detentions, i.e. medical scrutiny, pharmacy scrutiny, administration scrutiny and AMHP scrutiny.

3 Training

All managers who are undertaking hearings are having 1:1 reviews, and training is discussed to ensure that they can access the ESR system and receive help if required. To date there are three managers who are not participating, one has returned to assist the local authority as an AMHP and two prefer not to do remote hearings, these managers are happy to return once face to face hearings resume.

The third All Wales Associate Hospital Managers day has been postponed we are awaiting new dates.

4 Recruitment

The Associate Hospital Manager cohort at the time of writing this report consists of: 22 persons of which 19 are actively involved in hearings or shadowing. The active cohort is made up of 8 male and 11 female members, of which 4 are Welsh speakers.

Of the active members we have 9 chair persons, 4 male and 5 female, of which 3 are Welsh speakers.

One new member is participating in shadowing. Applications were received from interested persons, interviews were arranged for January, and a new member has been appointed and is progressing through recruitment checks.

One resignation has been received this quarter. Brenda Irving was very experienced initially employed as a Director in 1993 and dedicating 20 plus years to assisting mental health services, she will be missed by her colleagues.

5 Forums and Meetings

The Associate Hospital Managers Forum Meeting is held on a quarterly basis linked in with training to allow the Associate Hospital Managers to get together and discuss any relevant information and receive updates about changes within the Health Board that is relevant to their role.

A meeting is scheduled for the 25th of February via Microsoft Teams.



Cyfarfod a dyddiad: Meeting and date:	Power of Discharge Sub-Committee 12.03.2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Mental Health Act Committee Performance Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Iain Wilkie, Divisional Director of Mental Health and Learning Disabilities (Interim)						
Awdur yr Adroddiad Report Author:	Hilary Owen, Head of Governance Wendy Lappin, Mental Health Act Manager						
Craffu blaenorol: Prior Scrutiny:	Gold Command meeting on behalf of MHLD Senior Leadership Team Quality Safety and Experience Group 20.02.2021						
Atodiadau Appendices:	Appendix 1 MHA Committee Performance Report November 2020 – January 2021 Appendix 2 S136 Divisional Report – February 2021 Appendix 3 S136 CAMHS Report – February 2021						
Argymhelliad / Recommendation:							
The Sub-Committee is asked to note the Performance report.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	√	Ar gyfer sicrwydd For Assurance	√	Er gwybodaeth For Information	√
Sefyllfa / Situation:							
The Mental Health Act Committee Performance Report provides an update in relation to the Mental Health Act Activity within the division for the detailed period. (Additional appendices are included as determined by the Mental Health Act Committee when assurance is required for specific use of certain sections under the Mental Health Act).							
During the Covid 19 pandemic the service followed an alternate pathway approach for admissions. The Ablett Unit became the admissions unit regardless of the demographics of the patient origin. This has affected admission and transfer statistics from March 2020 to January 2021.							
Cefndir / Background:							
The Health Board has a duty to monitor and report the number of persons placed under a section of the Mental Health Act. This reporting is undertaken monthly, quarterly and annually. This report is therefore presented as an advisory report to the Mental Health Act Committee. The report also includes comparison figures for the previous month and quarter, to highlight the activity and use of the Mental Health Act sections.							

Within the report the section activity is recorded in tables and charts, detailing outcomes and timeframes of the section use for adults and young persons. Forensic data is also included. Additionally information regarding transfers in and out for specialist services and repatriation.

Lapsed sections are reported as 'exceptions' throughout the report and Invalid detentions recorded as Fundamentally Defective.

Up to date S136 reports are submitted to the Committee.

Asesiad / Assessment & Analysis

Strategy Implications

The use of the Mental Health Act is determined by patient needs, and the priority is always to aim for the least restrictive options. In line with the Health Board strategy, the MHL D division gives consideration to care closer to home wherever possible, and in line with the wellbeing objectives, is increasingly focused on early intervention where possible.

Options considered

Not Applicable

Financial Implications

The rise in Mental Health Act detentions, and also legal advice requirements in general have financial implications.

Risk Analysis

The Mental Health Act detentions fall into a category of being legal or illegal (invalid) which may result in challenges from legal representatives on behalf of their clients. All detentions are checked, and any invalid detentions are reported through Datix, investigated and escalated as appropriate.

Within this reporting period one section was deemed 'fundamentally defective', and there have been three sections which lapsed. These are reported as exceptions within the report and all have been datixed.

Legal and Compliance

This report is generated quarterly. The Mental Health Act sections are monitored, to ensure they are legal and the Health Board is operating in compliance with the Mental Health Act 1983 (amended 2007), and the Code of Practice for Wales 2016.

Impact Assessment

The use of the Mental Health Act Sections apply to all persons. All policies in relation to the use of the Mental Health Act have been equality impact assessed.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Mental Health Act Committee
Performance Report

January 2021

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Report to Mental Health Act Committee Additional Appendices will be included as requested.

This report provides assurance to the Mental Health Act Committee of our compliance against key sections of the legislative requirements of the Mental Health Act 1983 as amended 2007.

Seven Domains

We present performance to the committee using the 7 domain framework against which NHS Wales is measured. This report is consistent with the 7 domain performance reporting for our Finance and Performance Committee and Quality, Safety and Experience Committee. The Mental Health Act Committee are responsible for scrutinising the performance for Mental Health indicators under Timely Care and Individual Care.

It is recognised that during the Covid 19 pandemic the service followed a different pathway with Ablett being the admissions unit prior to transfer regardless of the demographics a person hails from this affects admission and transfer statistics from March 2020 to January 2021.

Advisory Reports & Exception reports

Each report for the Mental Health Act will be presented as an advisory report.

Exceptions are noted throughout the report within this period three sections lapsed: 1 x S2 - INC249407 following a decision to allow the section to lapse and 2 x S136s INC 252876 and INC247549 both due to the detainees being unfit for assessment.

One section was fundamentally defective - the person was admitted to a hospital not named on the documents.



Section 5(4) Nurses Holding Power (up to 6 hours): Criteria: "...the patient is suffering from mental disorder to such a degree that it is necessary for his health and safety or for the protection of others for him to be immediately restrained from leaving the hospital". Secondly the nurse must believe that "...it is not practicable to secure the immediate attendance of a practitioner or clinician for the purposes of furnishing a report under subsection (2)

Section 5(2) Doctors Holding Power (up to 72 hours): Criteria is: that an application for compulsory detention "ought to be made". Patient must be in-patient, can be used in general hospital.

Section 4: Admission for emergency (up to 72 hours): Criteria: "it is of urgent necessity for the patient to be admitted and detained under section 2" and that compliance with the provisions relating to application under that section "would involve undesirable delay"

Section 2: Admission for assessment (up to 28 days): Criteria needs to be met:

- a)** is suffering from mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period;
- b)** ought to be so detained in the interests of his own health or safety or with a view to the protection of other persons

Section 3: Admission of treatment (up to 6 months, renewable for 6 months, 12 monthly thereafter): Criteria

- a)** is suffering from mental disorder of a nature or degree which makes it appropriate for him/her to receive medical treatment in hospital;
- b)** it is necessary for the health and safety of the patient or for the protection of other persons that he/she should receive such treatment and it cannot be provided unless he is detained under this section;
- c)** appropriate medical treatment is available for him/her

Section 17A: Supervised Community Treatment, also referred to as a CTO – its duration is up to 6 months, renewable for 6 months and 12 months thereafter.

Section 17E: Recall – the recall can last for up to 72 hrs. The clinical team must decide to release from Recall, Revoke or Discharge

Section 17F: Revocation. Once a patient has been revoked, essentially the Section 3 comes back into force - which can last up to 6 months, renewable for 6 months, then 12 monthly thereafter.

Section 135 Warrant to search and remove: Section 135(1) – warrant to enter and remove: Section 135(1) empowers a magistrate to authorize a police constable to remove a person lawfully from private premises to a place of safety. Section 135(2) – warrant to enter and take or retake. Section 135(2) concerns the taking into custody of patients who are unlawfully absent.

Section 136 Place of Safety (up to 24 hours): The powers of section 136 provide authority for a police officer who finds a person who appears to be suffering from mental disorder, in any place other than a private dwelling or the private garden or buildings associated with that place, to remove or keep a person at, a place of safety under section 136(1) or to take a person to a place of safety under section 136(3)

Section 35: Remand to hospital for report on accused's mental condition – for up to 28 days but can be extended to a maximum of 12 weeks.

Section 36: Remand of accused person to hospital – up to 28 days but duration will be set by the Court – maximum of 12 weeks.

Section 37: Hospital Order or Guardianship Order - up to 6 months, renewable for 6 months, 12 monthly thereafter

Section 37/41: Hospital Order with Restrictions – made with no time limit

Section 38: Interim Hospital Order – up to 12 weeks, but duration set by the Court – maximum 12 months

Section 47/49: Transfer of sentenced prisoners (including with restrictions)

Section 48/49: Transfer of other prisoners (including with restrictions) for urgent assessment

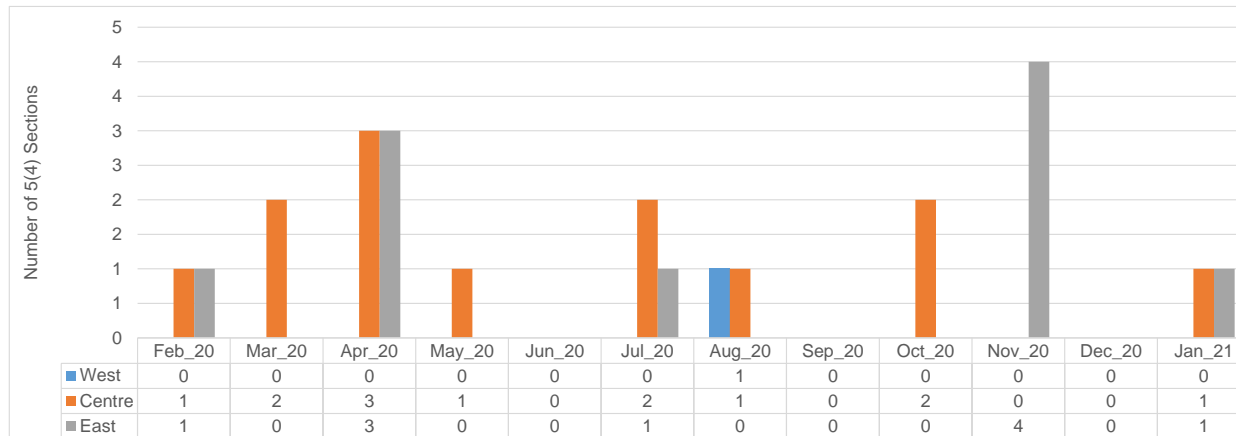
Section 62: Emergency Treatment of a detained patient regardless of section status

Rectifiable Errors: concerned with errors resulting from inaccurate recording, errors which can be rectified under Section 15 of the Act

Fundamentally Defective Errors: concerned with errors which cannot be rectified under section 15

Lapses of section: refers to sections that have come to the end of their time period. It is not good practice for sections to lapse and reasons are investigated.

Section 5(4) - BCUHB	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 5(4) during Quarter	Quarter 5(4) Sections
Section 5: Application in respect of patients already in hospital	2	0	↑	6	4	↑	6	1 East	5
								2 Centre	1
								3 West	0



A Section 5(4) will be used if a staff nurse feels that it is necessary to detain a patient to await the arrival of a doctor for assessment. The 5(4) will be used if there are no doctors immediately available and the staff nurse feels this is in the best interest of the patient.

All of the patients this quarter were assessed within the 6 hour timeframe. The highlighted episodes denote when there is multiple detentions for a patient. Four instances relate to the same person who is currently detained on a Section 3. Investigation of the documentation has shown that on assessment the person was agreeing to stay initially this being the least restrictive pathway they returned to informal on three occasions.

LAPSES

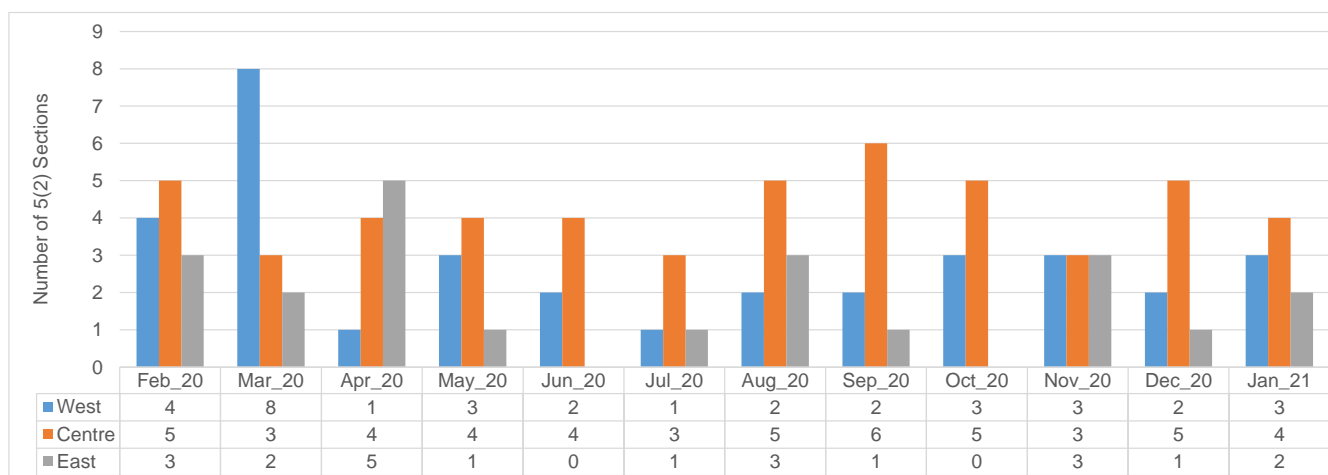
There are no lapses to report this period.

WEST	
Duration (hh:mm)	Outcome

CENTRE		
Month	Duration (hh:mm)	Outcome
Jan_21	01:00	Section 5(2)

EAST		
Month	Duration (hh:mm)	Outcome
Nov_20	00:20	Informal
Nov_20	00:45	Section 5(2)
Nov_20	03:07	Section 5(2)
Nov_20	05:25	Informal
Jan_21	00:30	Section 5(2)

Section 5(2) - BCUHB	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 5(2) during Quarter	Quarter 5(4) Sections
Section 5: Application in respect of patients already in hospital	9	8	↑	26	27	↓	27	1 Centre	12
								2 West	8
								3 East	6



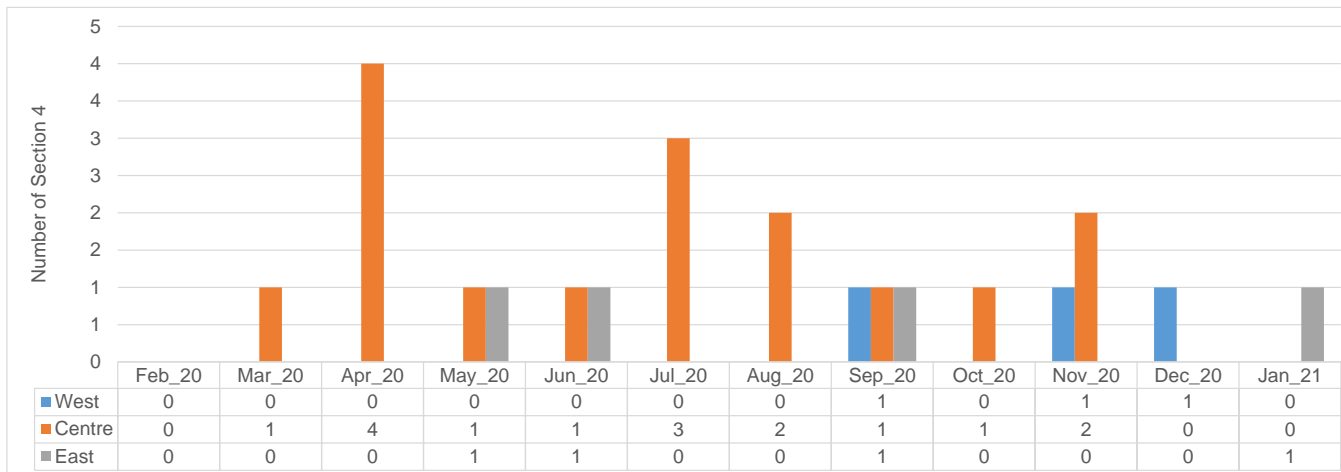
Section 5(2) Outcomes			
	Nov 2020	Dec 2020	Jan 2021
Section 2:	4	3	3
Section 3:	1	2	1
Informal:	5	3	3
Lapsed:	0	0	0
Invalid:	0	0	0
Discharged:	0	0	1
Other:	0	0	0

The data above does not include

A Section 5(2) on occasions will be enacted within the acute hospital wards, during November - January there were three instances none of which progressed to a further detention.

There are no exceptions to report for this period

Section 4 - BCUHB	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 4 during Quarter	Quarter Section 4
Section 4: Admission for assessment: Cases of emergency	1	1	➡	5	6	⬇	6	1 Centre	2
								1 West	2
								3 East	1



The use of section 4 is a relatively rare event and figures remain low.

Section 4 will be used in emergency situations where it is not possible to secure two doctors for a section 2 immediately and it is felt necessary for a persons protection to detain under a section of the Mental Health Act.

There are no exceptions to report.

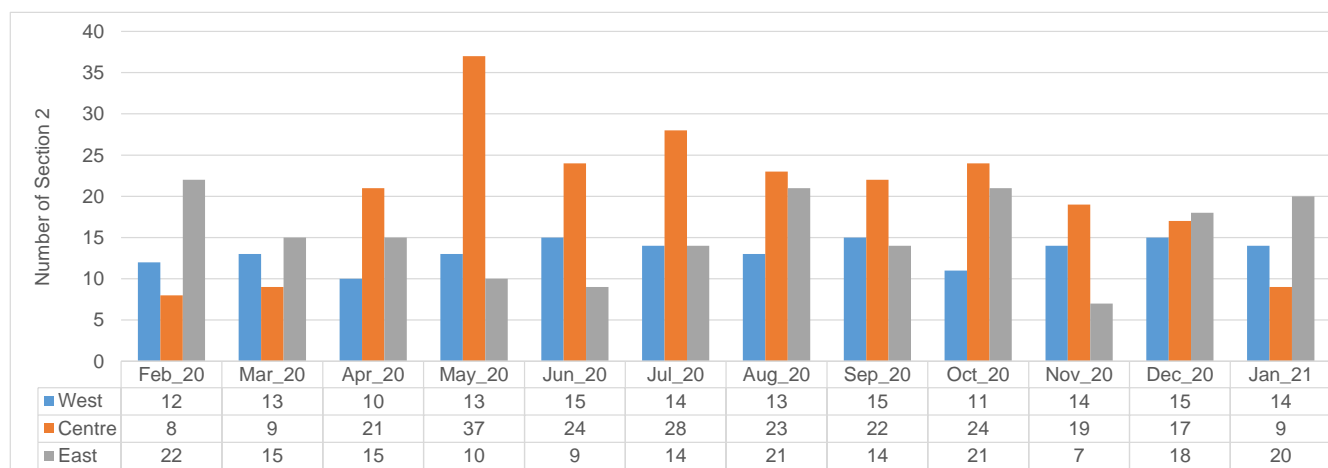
The documents have been considered to reveal if the S4 was used for emergency purposes or due to a lack of doctor availability.

WEST		
Month	Duration (hh:mm)	Outcome
Nov_20	20:00	Section 2
Dec_20	44:00	Informal

CENTRE		
Month	Duration (hh:mm)	Outcome
Nov_20	20:00	Section 2
Nov_20	07:20	Section 2

EAST		
Month	Duration (hh:mm)	Outcome
Jan_21	38:25	Section 2

Section 2 - BCUHB	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 2 during Quarter	Quarter Section 2
Section 5: Admission for assessment	43	50	↓	133	164	↓	147	1 Centre	45
								2 East	45
								3 West	43



* data is as at position and is subject to change

It is hard to interpret these figures in isolation. It must be noted from April the Ablett Unit has been used as the admissions unit for adults and Heddfan for older persons.

There were five under 18s placed on a Section 2 this period.

Two young persons were in the general hospital prior to transfer to an age appropriate bed.

One young person was transferred in from an out of area placement to an age appropriate bed in CAMHS.

Two detentions were following assessments under S136.

Section 2 Outcomes

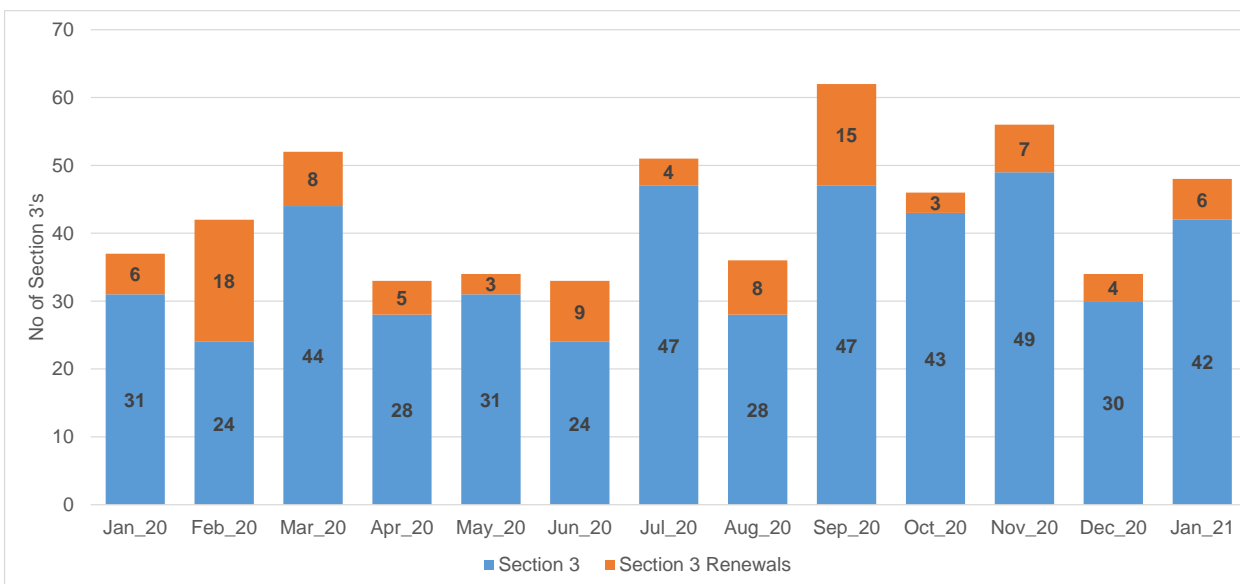
	Nov 2020	Dec 2020	Jan 2021
Section 3:	16	10	17
Informal:	18	22	6
Lapsed:	0	0	1
Pending:	0	0	0
Discharged:	4	5	6
Transferred:	11	12	12
Invalid and Other:	0	0	0

EXCEPTIONS:

There is one exception to report this period.

EAST: (January) A Section 2 expired as the reviewing Consultant was asked by the treating team to allow the section to lapse rather than discharging following a decision not to convert to a Section 3. INC249407

Section 3 - BCUHB	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 3 during Quarter	Quarter Section 3
Section 3 (Including Renewals): Admission for treatment	48	34	↑	138	144	↓	132	1 East	46
								2 West	46
								3 Centre	46

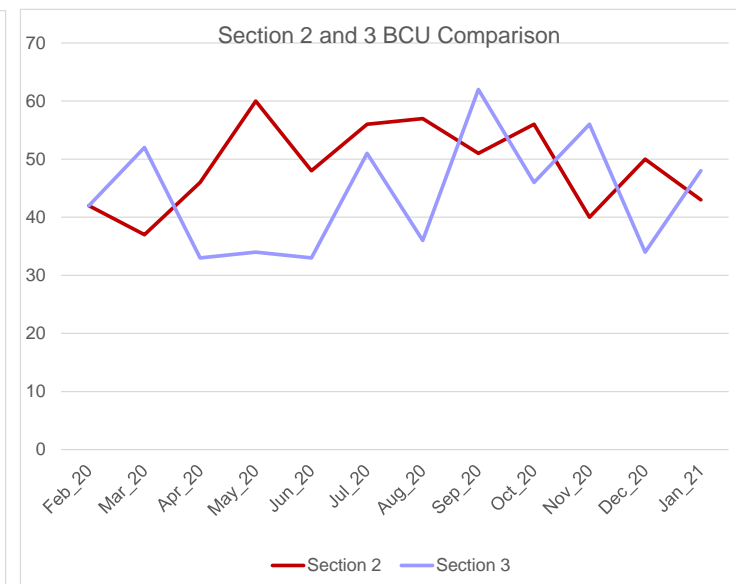


* data is as at position and is subject to change

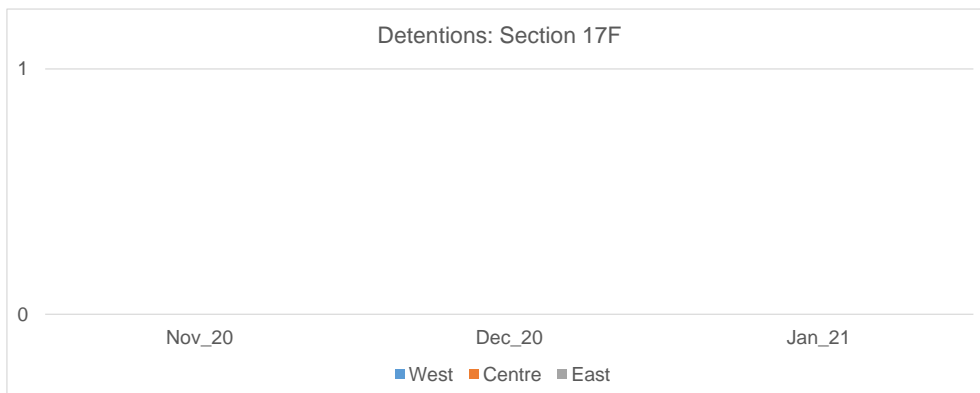
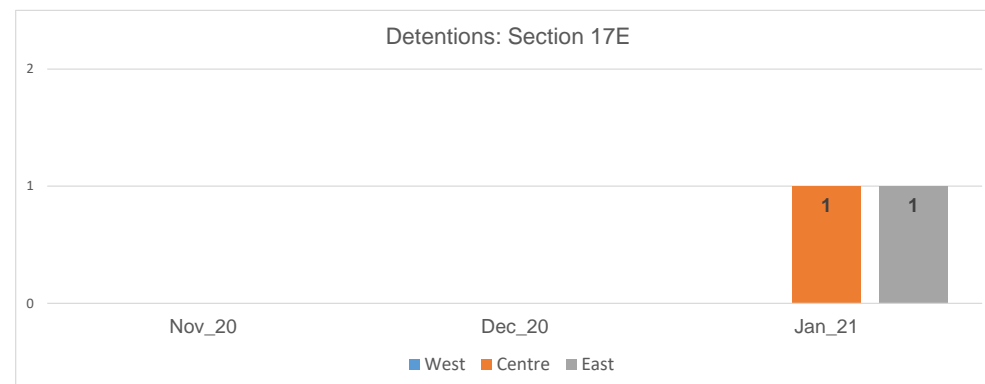
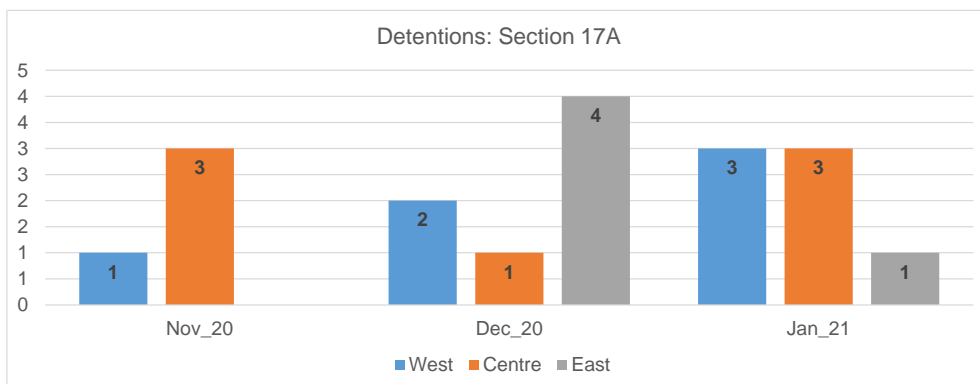
These numbers also include any renewal sections undertaken within the month. As with the data for section 2 it is hard to interpret these figures in isolation and previous months figures are prone to change due to admissions into the Health Board.

This period there were four under 18s made subject to a section 3, two were in the general hospitals prior to transfer to an age appropriate bed. The trend for use of S2 and S3 over the 12 months at the end of January continues to remain upward despite the quarterly trend reporting as downward.

There are no exceptions to report.



Section 17 A-F - BCUHB	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 17 during Quarter	Quarter Section 17
Section 17A (Including Renewals)-17F: Community Treatment Orders	9	7	↑	20	27	↓	19	1 Centre	8
								2 East	6
								2 West	6



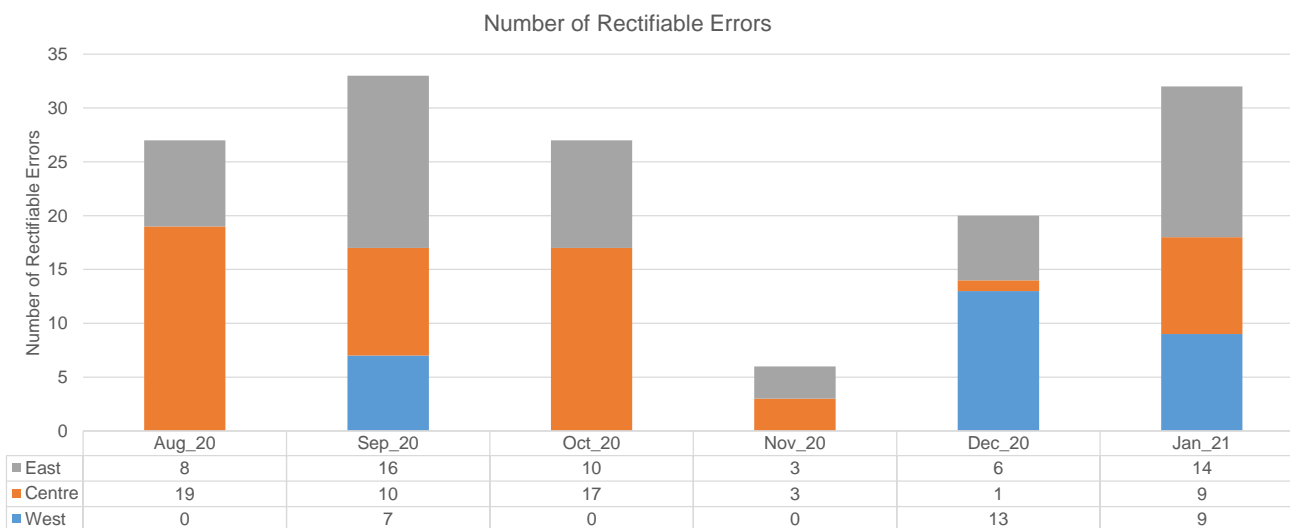
This quarterly data 17A shows the numbers of patients who are being placed on a CTO for the first time, as well as any renewals within the month. 17E data shows those who have been recalled to hospital from their CTO and 17F data shows those who have had their CTO revoked and become subject to a Section 3.

The number of patients subject to a CTO at the end of January West:13, Central: 11 and East: 12.

There has been an Increase in the number of patients subject to a CTO for each area this quarter.

Exceptions: There are no exceptions to report.

Fundamental and Rectifiable Errors	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Errors during Quarter	Quarter Errors
Fundamental and Rectifiable Errors in line with Health Boards in Wales	32	20	↑	76	80	↓	107	1 East	23
								2 West	22
								3 Centre	13



Rectifiable Errors

Rectifiable errors are reported on a quarterly basis and benchmarked with the other health boards throughout Wales. Due to coronavirus we have not received any benchmarking reports for the year 2020 onwards so are not aware of our current position. data from BCUHB has been submitted at the required times.

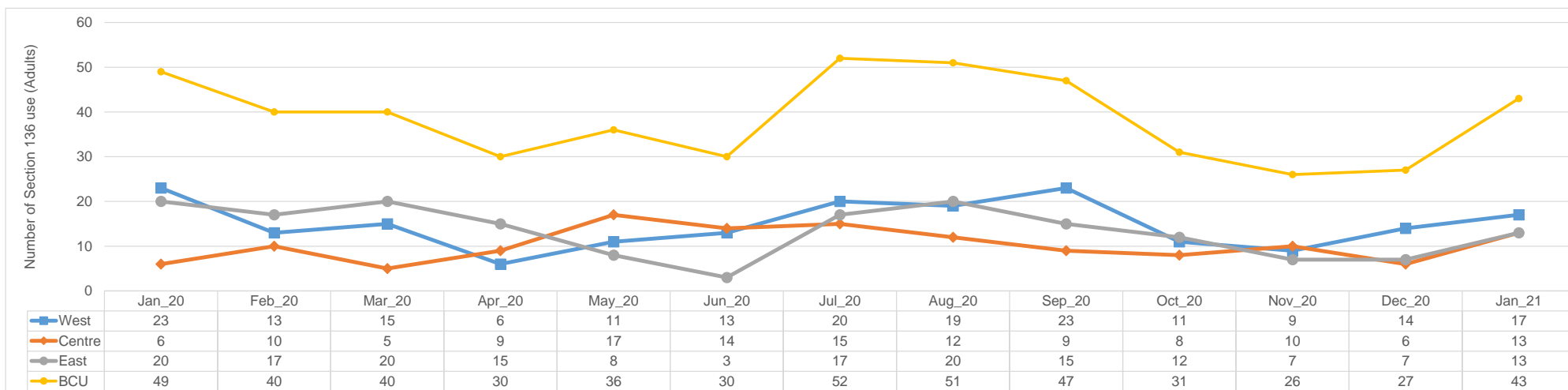
The reporting period that is benchmarked shows 13% of the total detentions contained errors compared to 28% last quarter. This improvement has continued to be seen each quarter.

Exceptions are reported as lapses and fundamentally defective (invalid sections) throughout the report.

This period there was one section deemed fundamentally defective due to a decision made to transfer paperwork was not completed correctly resulting in the person being admitted out of hours not under a detention for a period of 4 hours until reassessment could be completed.

This period there has been 3 lapsed Sections:- 1 x Section 2 and 2 x Section 136s.

Section 135 - 136	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 during Quarter	Quarter S.136 detentions
Section 135 and 136: Patient transfers to a place of safety (Adults)	43	27	↑	96	129	↓	113	1 West	40
								2 Centre	29
								3 East	27



The data above does not include S135 or under 18's.

There have been six S135 detentions this period all resulting in detention under S2 or S3.

Two Section 136s lapsed this quarter, INC247549 and INC252876. Both instances were due to the detainees being unfit for assessment and no extension was requested, in one instance it was recorded that the Consultant had made the decision not to extend as the person would still not be fit for assessment following an additional 12 hours.

There were two people noted to be in custody as their first place of safety, one in December and one in January.

One S136 12 hour extension was granted due to the person not being fit for assessment, on assessment they were discharged and referred to services.

Section 136	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 during Quarter	Quarter S.136 detentions
Section 136: Patient transfers to a place of safety (Adults)	43	27	↑	96	129	↓	113	1 West	40
								2 Centre	29
								3 East	27

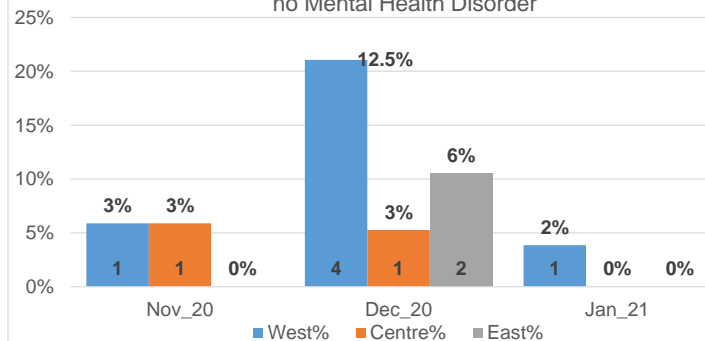
Section 136 Outcomes

	Nov 2020	Dec 2020	Jan 2021
Discharged:	17 54.84%	19 65.52%	26 56.52%
Informal Admission:	6 19.35%	3 10.34%	9 19.57%
Section 2:	7 22.58%	6 20.69%	8 17.39%
Section 3:	1 3.23%	1 3.45%	3 6.52%
Other:	0 0.00%	0 0.00%	0 0.00%

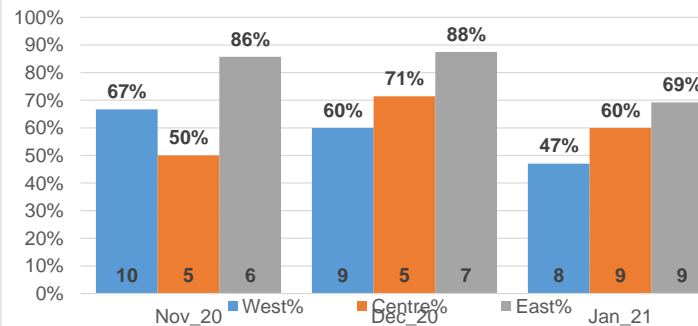
Section 136 - Known to Service

	Nov 2020	Dec 2020	Jan 2021
Yes	21	20	25
Yes (percentage)	65.63%	66.67%	55.56%

Of those discharged, how many were discharged as having no Mental Health Disorder



Section 136: Detentions over 4 hours



The data shows figures from outcomes recorded and whether a patient is known to service. Whilst a large proportion of 136's are discharged those with no mental disorder has historically been around 20% This quarter has seen two months considerably lower.

Total percentages for the months for those discharged with no mental disorder are:

November 6%
 December 21.5%
 January 2%

Data below shows the percentage of the remaining discharges that are followed up by services or new referrals into services:

November 22% discharged with follow up and 9% referred to services.

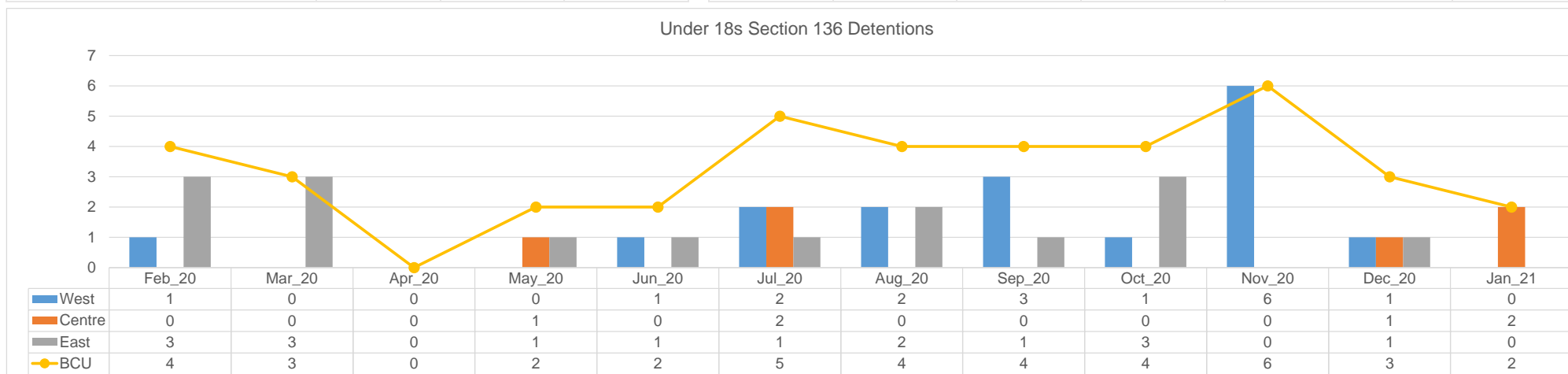
December 9% discharged with follow up and 18% referred to services.

January 17% discharged with follow up and 19% referred to services.

The Criminal Justice Liaison Service has been working out of North Wales Police Headquarters and in the community since January 2020. The service has been actively involved in assisting the police and signposting people in crisis to other avenues rather than the police using the S136 power. Since January this has been recorded and 111 people have not become detained on a S136 due to CJLS intervention. This period accounts for 22 of those figures.

Data is now being recorded in relation to those that do progress to being detained on a S136 following consultation, since September 2020 there have been 27 instances.

Section 135 - 136 (Under 18)	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 (<18) during Quarter	Quarter <18 S.136 use
Section 135 and 136: Patient transfers to a place of safety (<18)	2	3	↓	11	12	↓	10	1 West	7
								2 Centre	3
								3 East	1



A total of eleven under 18's were assessed this period between the ages of 16 and 17 years. Five assessments resulted in discharge with follow up to services, , one young person was discharged recorded as no mental disorder, four resulted in admissions, three to the childrens wards two without the restriction of a detention and one under section 2. There was one admission to the Psychiatric Unit under a section 2 and one S136 lapsed due to the young person not being fit for assessment.

The tables below shows the ages of young persons assessed and the outcomes for the year period April 20 - March 21.

Under 18 Assessments

AGE	No of Assessments
12	0
13	0
14	3
15	1
16	11
17	17

Outcome of Assessments

Outcome	Number
Returned Home	16
Returned to Care Facility	3
Admission to childrens ward	5
Admission to Adult ward / S136 suite	2
Admission NWAS/CAMHS	3
Admission OOA	1
Other (Friends, Hotel, B&B)	2

Month of Admission	Place of Assessment	Outcome	Assessing Clinician	Total Hours	Age
November	Hergest	Discharged	CAMHS	9:50:00	17
November	Hergest	Admission	CAMHS	11:00:00	16
November	Hergest	Admission	CAMHS	17:41	16
November	Hergest	Discharged	CAMHS	13:00:00	16
November	Hergest	Admission	CAMHS	17:10	16
November	Hergest	Admission	CAMHS	04:40	16
December	Hergest	Lapsed	CAMHS	24:01:00	16
December	Heddfan	Discharged	CAMHS	17:25	17
December	Ablett	Discharged	CAMHS	14:21	17
January	Ablett	Discharged	Adult	03:25	17
January	Ablett	Discharged	CAMHS	22:53	17

Out of the 11 young persons assessed all originated from their own home.

8 of the detentions were initiated out of hours.

The Assistant Area Directors of the CAMHS service are notified straight away if a young persons, 15 and under who is detained under a S136. Within hours the MHA office notify, out of hours the responsibility lies with the duty staff.

Average PoS hours: 14:07 hrs this is an increase on the previous quarter figures of (10:17 hrs).

Under 18's admitted to Adult Psychiatric Wards

There was one admission to an Adult Psychiatric Ward this quarter from a S136.

The table below shows the county that the young persons originated from and where they were assessed for the period April 20 - March 21

County Originated from and where assessed.

County	East	Central	West
Wrexham	3		1
Flintshire	6	3	
Denbighshire	1	2	2
Conwy		1	4
Gwynedd			3
Ynys Mon			5
Out of Area			

A

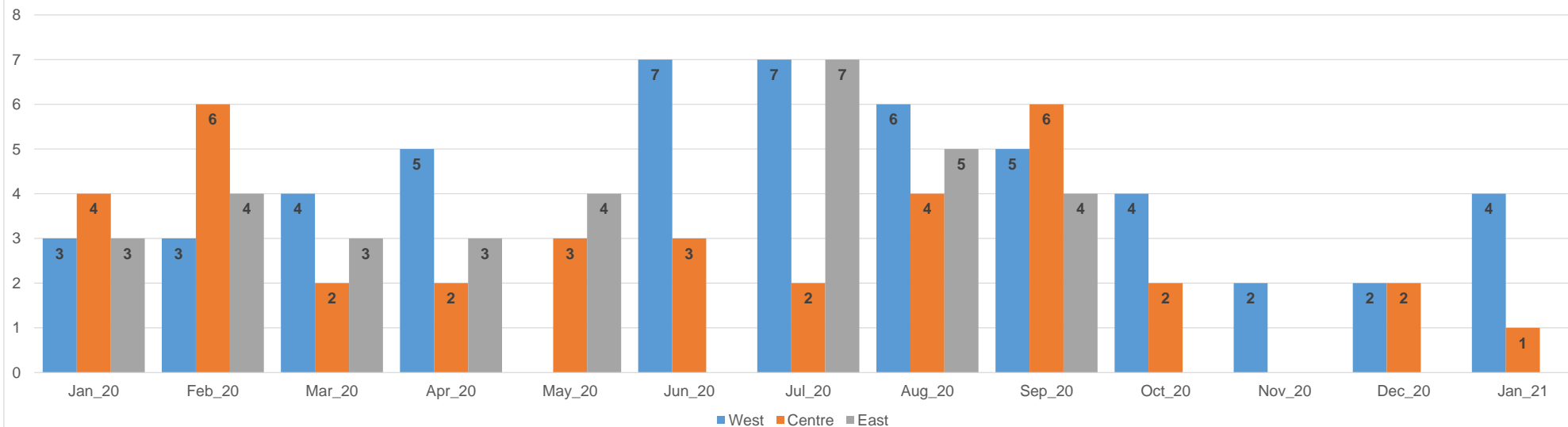
Section	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021
Section 35:	0	0	0	0	0	0	0	0	0	0	0	0
Section 37:	1	1	1	0	0	0	0	0	0	0	0	0
Section 37/41:	12	12	9	9	9	8	8	9	8	9	9	9
Section 38:	0	0	0	1	1	1	1	0	0	0	0	1
Section 47:	4	4	2	2	2	2	3	3	3	3	3	3
Section 47/49:	4	4	2	2	3	3	2	2	2	3	3	4
Section 48:	0	0	0	0	0	0	0	0	0	0	0	0
Section 48/49:	0	0	0	0	0	0	0	0	0	0	1	0
Section 3:	2	2	2	2	2	3	3	3	3	3	3	3
Section 45A	1	1	1	1	1	1	1	1	1	1	1	1
Total:	24	24	17	17	18	18	18	18	17	19	20	21

Ty Llywelyn Medium Secure Unit is a 25 bedded all male facility.

The nature of the forensic sections does not always generate rapid activity.

There are times when section 3 patients will be detained within the unit.

Use of Section 62 by Area



Monitoring of section 62 is a requirement of the Code of Practice (25.38)

Reason for S62 use:

Medication changes

Patient no longer able to give consent to treatment or refusing consent

ECT

Awaiting a Second Opinion Appointed Doctor (SOAD) to arrive and three month consent to treatment has expired.



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**Cyfarwyddiaeth Perfformiad
Performance Directorate**
Tim Rheolaeth Perfformiad
Performance Management Team

S.136/135 use in BCUHB

KPI Report for: February 2021

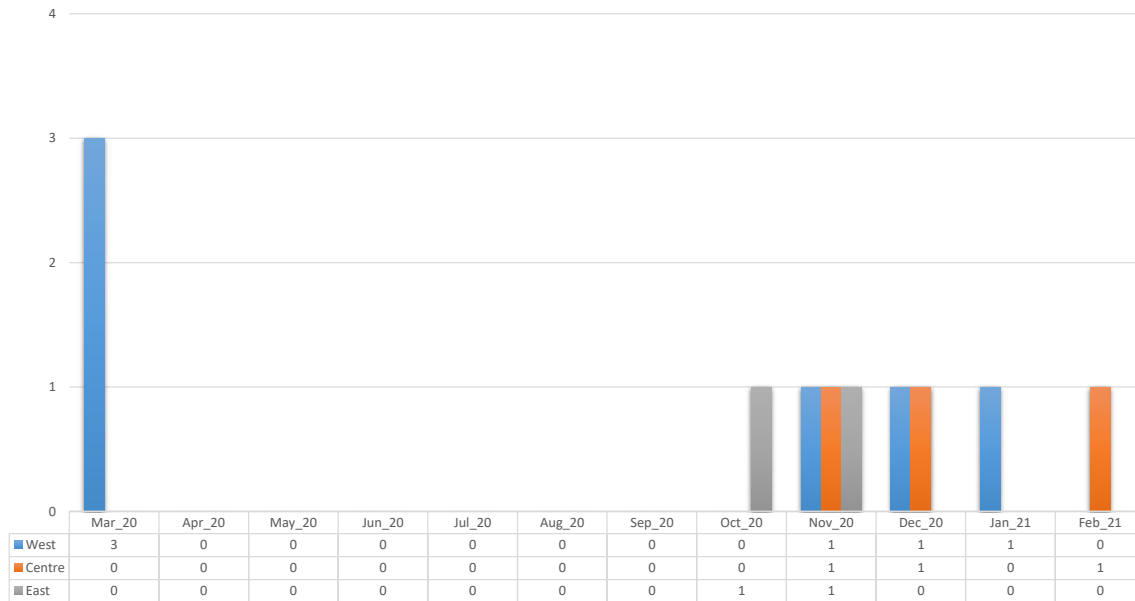
Data Source: BCUHB MHA Database

Report Created on: 04/03/2021

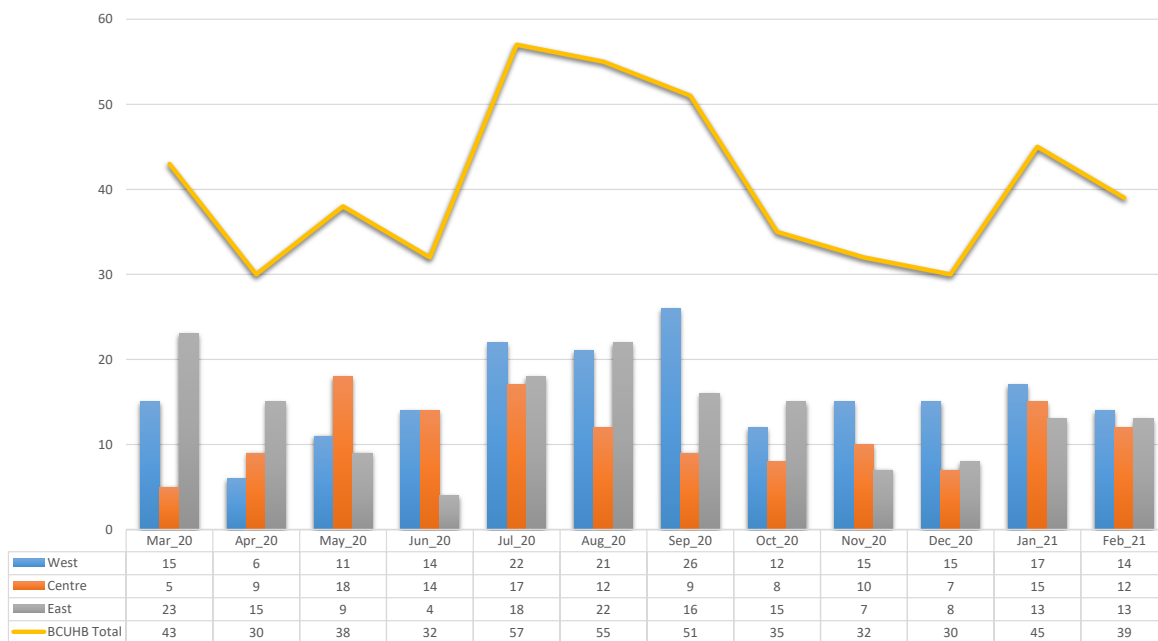
Report Created by: Performance Directorate

Section A: 12 Month Data and Trends

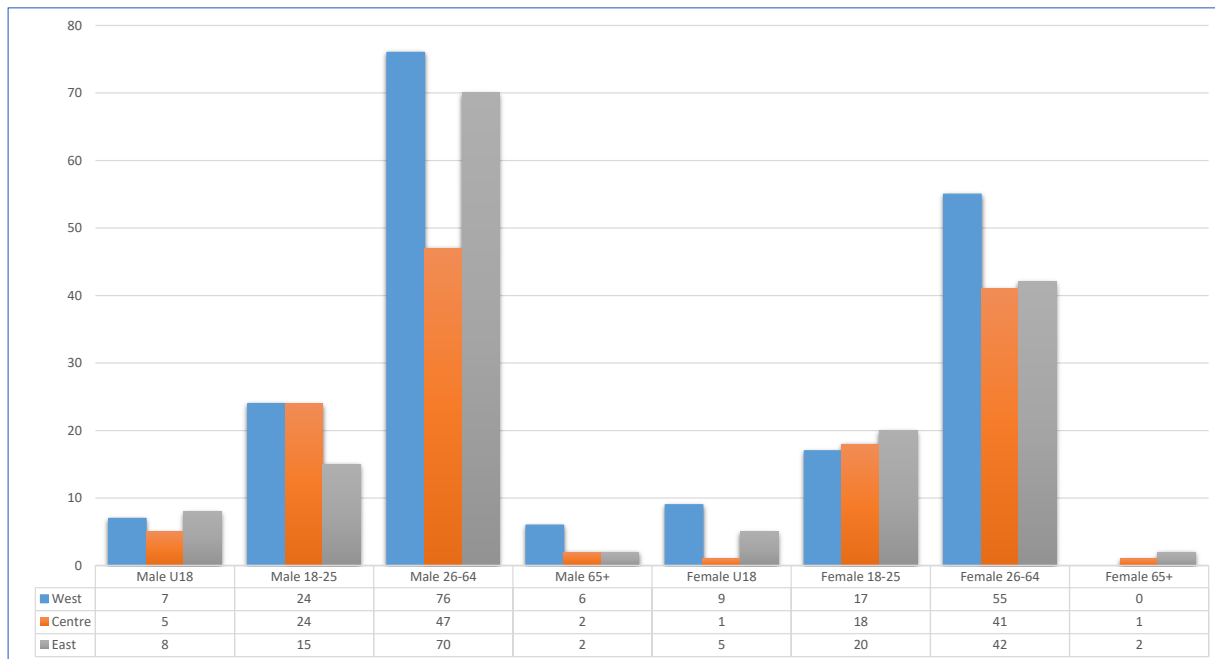
1.1: Section 135 twelve month trend up to and including Feb_21



2.1: Section 136 twelve month trend up to and including Feb_21



3.1: 12 month combined S.135 and S.136 split by Gender and Age bands for all areas



4: 1st Place of Safety 12 month trend up to and including Feb_21

Area Split - 1st Place of Safety by category

1st Place of Safety	Feb_21			12 Month Total		
	West	Centre	East	West	Centre	East
A&E	1	3	3	27	30	28
Ward	0	0	0	0	0	0
PICU	0	0	0	0	0	0
136 Suite	12	9	10	152	103	126
Hospital	0	0	0	3	2	4
Independent Hospital	0	0	0	0	0	0
Care Home for mentally disordered persons	0	0	0	0	0	0
Police Station (Custody)	1	0	0	5	0	3
Residential accommodation provided by Social Services Authority	0	0	0	0	0	0
Any other place	0	0	0	0	1	0

4.2: 12 month trend A&E and 136 Suite as 1st Place of Safety split by Area

1st Place of Safety: A&E Split	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20	Sep_20	Oct_20	Nov_20	Dec_20	Jan_21	Feb_21
West	2	0	3	2	2	4	2	2	2	3	4	1
Centre	2	3	4	5	5	1	2	2	0	0	3	3
East	8	0	1	0	3	1	1	3	1	2	5	3

1st Place of Safety: 136 Suite Split	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20	Sep_20	Oct_20	Nov_20	Dec_20	Jan_21	Feb_21
West	13	6	7	12	18	16	23	10	11	11	13	12
Centre	3	6	14	9	12	11	5	5	10	7	12	9
East	13	14	8	4	15	20	12	12	5	6	7	10

5: County in which person was actually detained under s.136

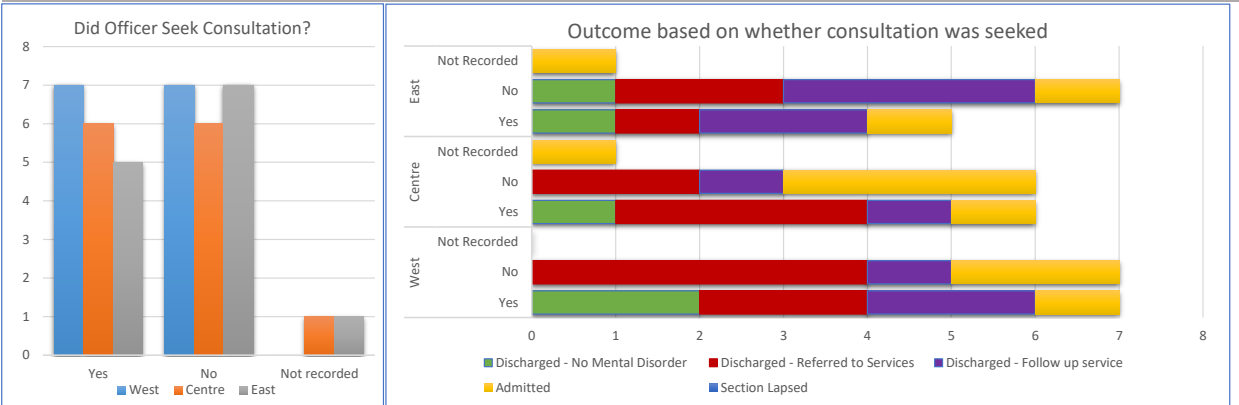
5.1: Area split 3 month table up to and including Feb_21 and latest 12 month total

West	Dec_20	Jan_21	Feb_21	12 Month Total	Centre	Dec_20	Jan_21	Feb_21	12 Month Total	East	Dec_20	Jan_21	Feb_21	12 Month Total	Incident rate by county (12 mth total)
Ynys Mon	2	1	4	30	Ynys Mon	0	1	0	4	Ynys Mon	0	0	0	1	Ynys Mon 4.99
Gwynedd	7	5	5	72	Gwynedd	1	3	0	9	Gwynedd	0	1	0	1	Gwynedd 6.63
Flintshire	0	2	0	17	Flintshire	0	1	2	16	Flintshire	1	5	4	52	Flintshire 5.49
Wrexham	0	2	2	12	Wrexham	1	1	1	25	Wrexham	7	5	7	92	Wrexham 9.27
Conwy	5	4	3	34	Conwy	2	2	5	31	Conwy	0	0	0	5	Conwy 5.99
Denbighshire	1	3	0	14	Denbighshire	3	7	4	46	Denbighshire	0	1	2	10	Denbighshire 7.33
Powys	0	0	0	0	Powys	0	0	0	0	Powys	0	0	0	0	Powys #N/A
OOA	0	0	0	2	OOA	0	0	0	0	OOA	0	1	0	1	OOA #N/A
Incident Rate per 10,000 population	0.77	0.88	0.72	9.34	Incident Rate per 10,000 population	0.33	0.71	0.56	6.17	Incident Rate per 10,000 population	0.27	0.44	0.44	5.51	BCUHB 6.77

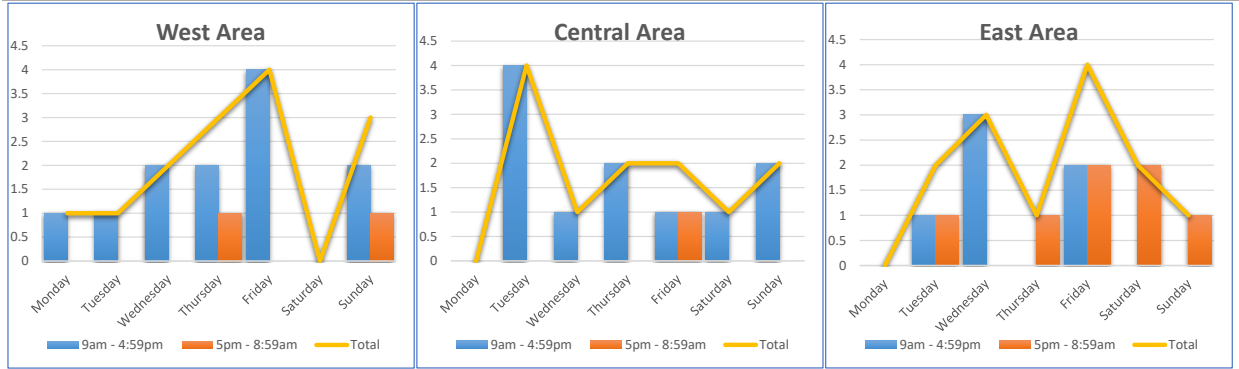
*Please note: due to County Detained was only captured from November 2017, residents per detention by county detained will only be accurate from November 2018 onwards. Area data is accurate from April 2016

Section B: 12 Month Data for Feb_21

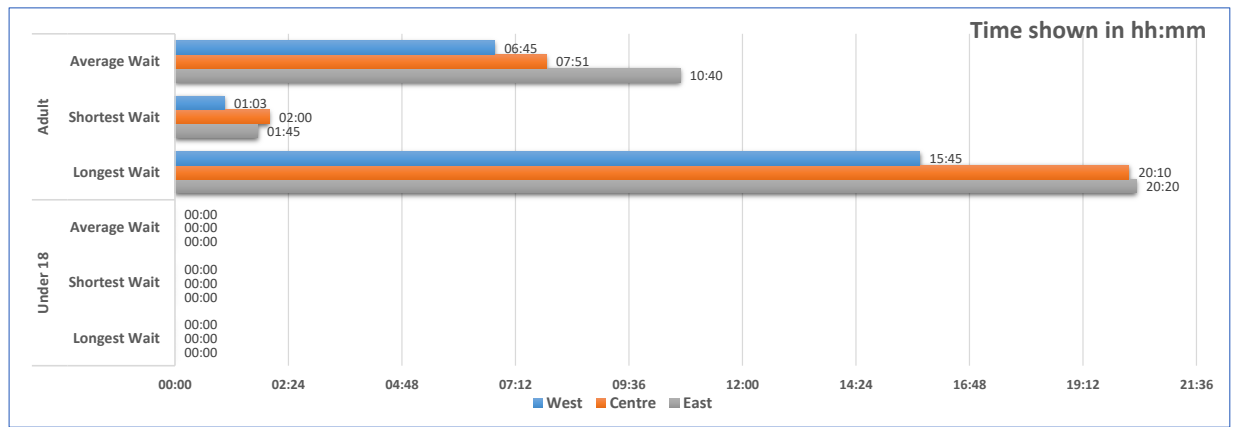
6.1: Consultations and Outcomes all areas during Feb_21



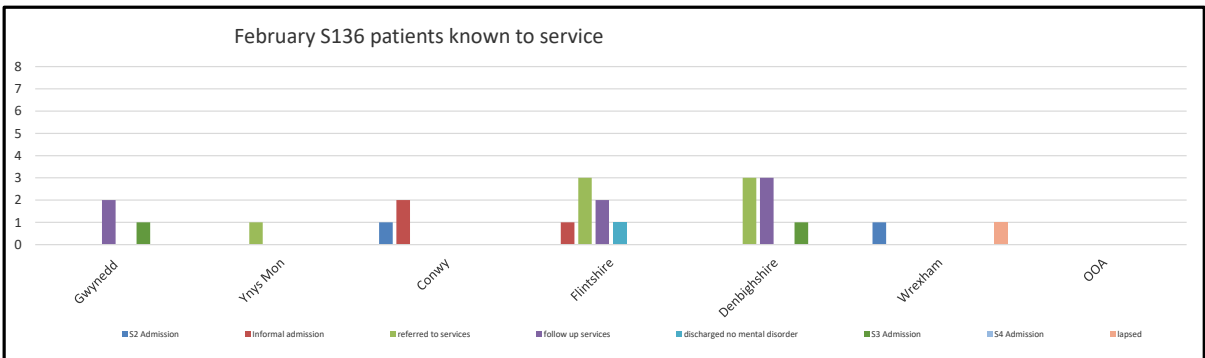
7.1: Area split of S.136 use by Day and Time for Feb_21



8.1: Duration in S.136 Suite for Feb_21



Within this month there were no S136 detentions for young persons under 18, no lapses and no extensions.



The table below shows the area that someone originates from, where they were detained and which S136 suite they were taken to. Out of the 39 S136 detentions 8 people were not seen within the closest S136 suite.

6 were due to no capacity, and 2 did not have the reason recorded.

Local Authority Originates from	Detained in	S136 Suite assessed at
Wrexham x 2	Wrexham x 2	Hergest
Conwy	Conwy (Abergele)	Hergest
Flintshire	Wrexham	Ablett
Flintshire x 2	Flintshire x 2	Ablett
Denbighshire x 2	Denbighshire x 2	Heddfan

The Criminal Justice Liaison Service is now actively involved in the police control rooms with qualified nursing staff on hand to assist the police with advice prior to the use of S136. The department has now began monitoring the instances where the use of S136 does not occur due to the person being diverted to another form of help following consultation either with the Duty Nurse or the Criminal Justice Liaison Service.

Within the month of February the Mental Health Act Office has received notification that there have been six instances where the Criminal Justice Liaison Nurses have assisted in preventing a S136 and signposting to a different support network.

Consultations with the service that have lead to a S136 are monitored for the month of February there have been eight of these instances, one being recorded as against the advice of the CJLS service.

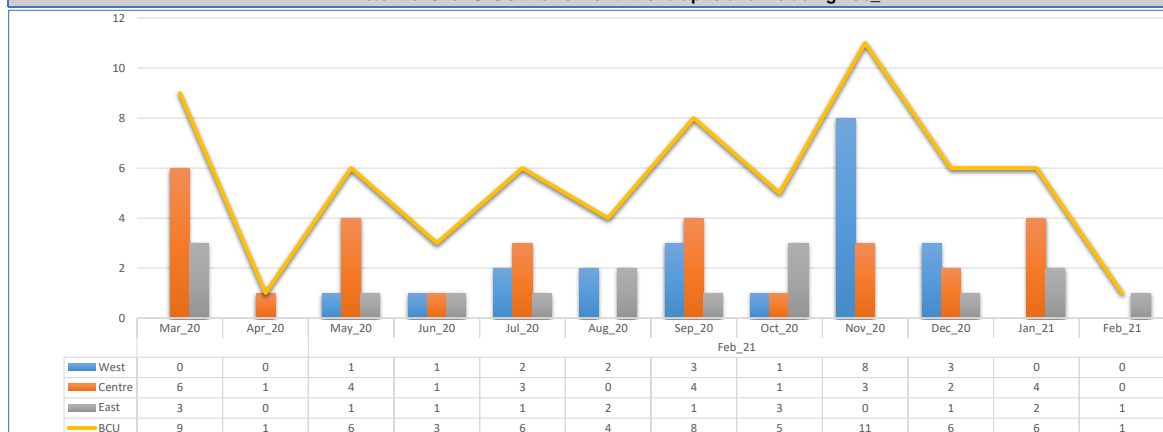
Under 18's detentions in North Wales

KPI Report for: **February 2021**

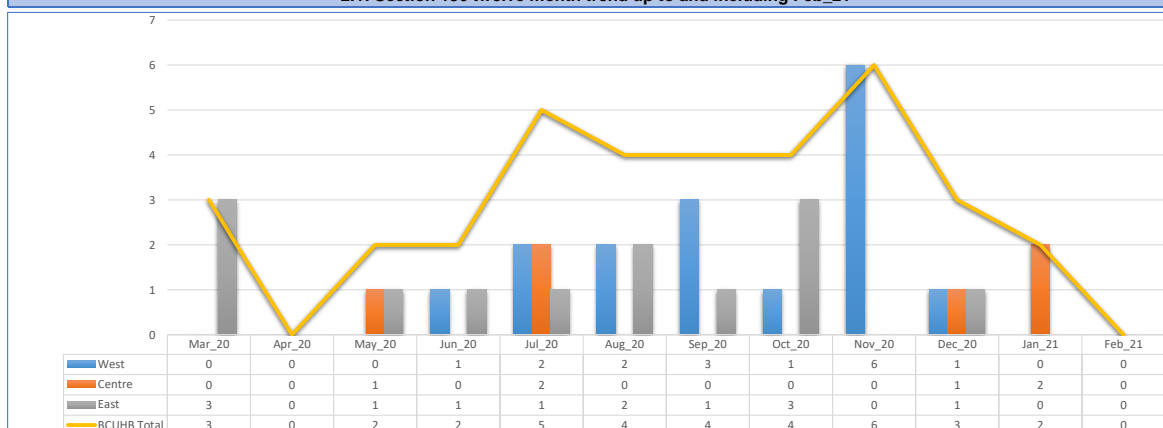
Data Source: BCUHB MHA Database
 Report Created on: 02/03/2021
 Report Created by: Performance Directorate

Section A: 12 Month Data and Trends

1.1: All Detentions for U18's twelve month trend up to and including Feb_21



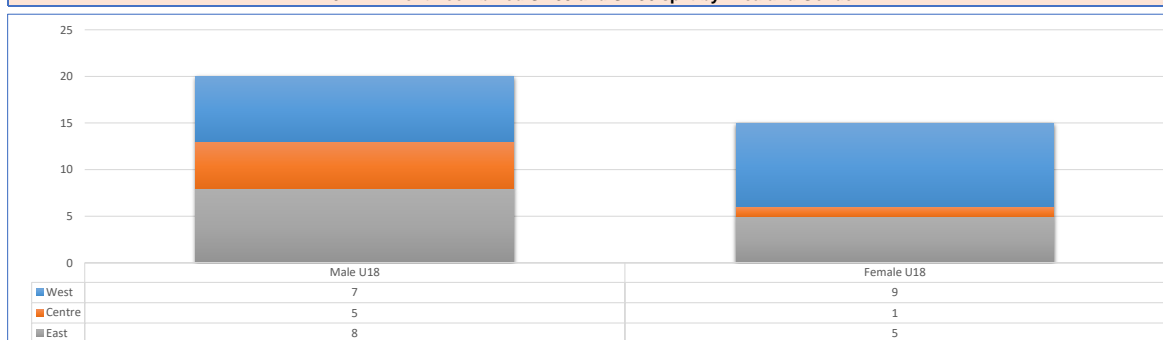
2.1: Section 136 twelve month trend up to and including Feb_21



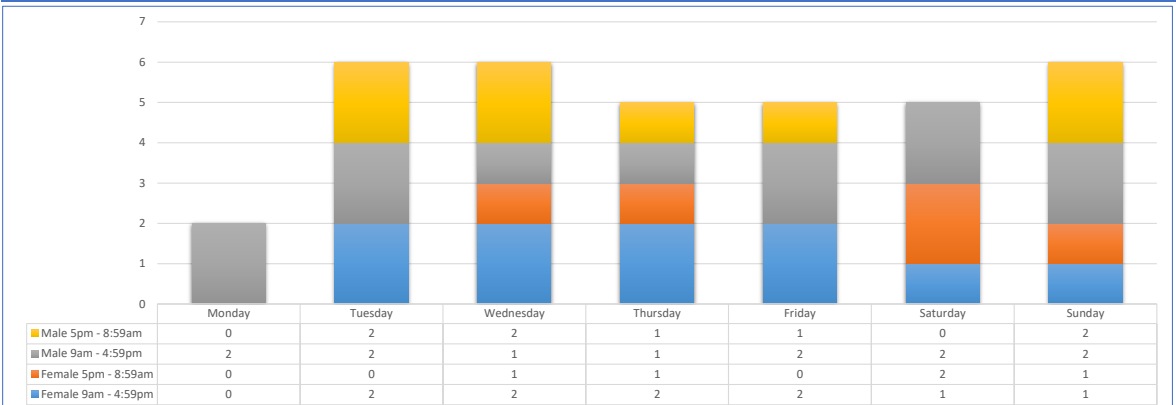
2.2: Section 136 Outcomes twelve month trend up to and including Feb_21

Outcome of 136 detention	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20	Sep_20	Oct_20	Nov_20	Dec_20	Jan_21	Feb_21
Discharged - No Mental Disorder	1	0	0	0	0	0	1	0	1	0	0	0
Discharged - Referred to Services	0	0	0	0	3	1	0	0	1	1	0	0
Discharged - Follow up service	1	0	0	1	2	2	1	3	0	1	2	0
Admitted	1	0	2	1	0	1	2	1	4	0	0	0
Section Lapsed	0	0	0	0	0	0	0	0	0	1	0	0

3.1: 12 month combined S.135 and S.136 split by Area and Gender



3.2: 12 month combined S.135 and S.136 split by Gender, day and time band of admission



4: 1st Place of Safety 12 month trend up to and including Feb_21

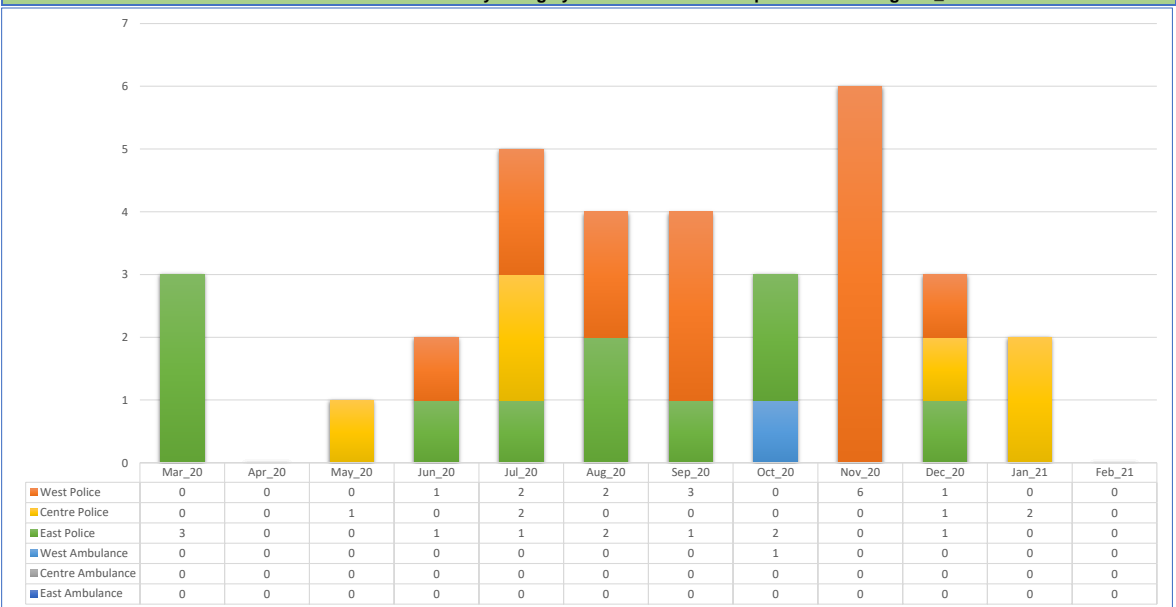
4.1: 1st Place of Safety by BCUHB and split by category

[illegible]

4.2: A&E as 1st Place of Safety split by Area

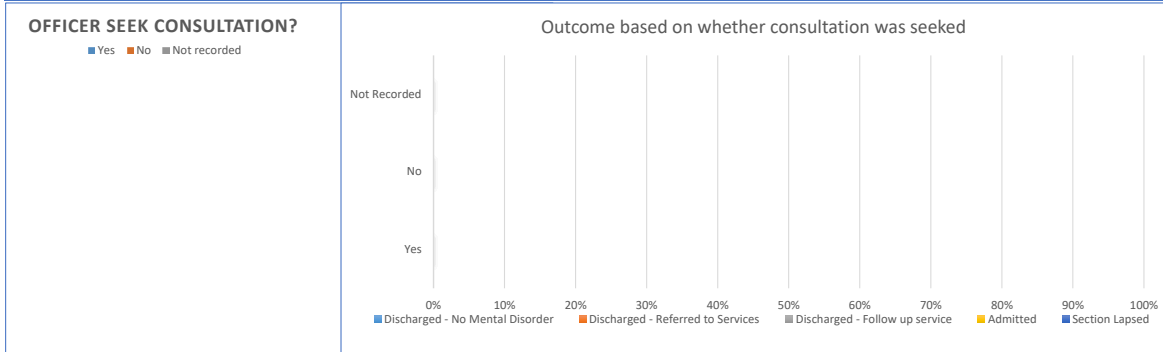
[illegible]

5.1: Police and Ambulance conveyancing by Area 12 month trend up to and including Feb_21

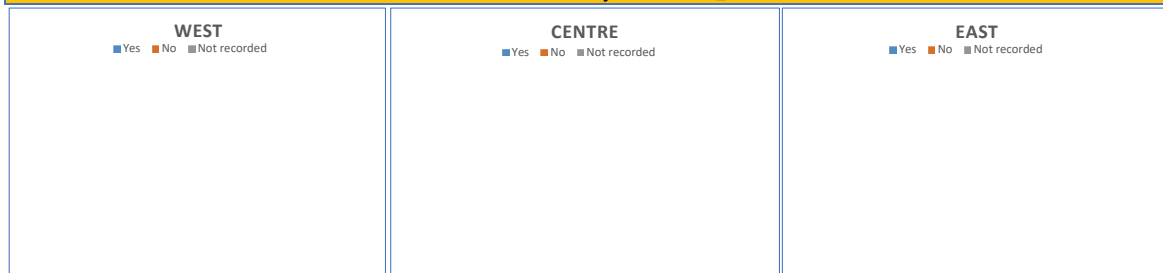


Section B: Data for Feb_21

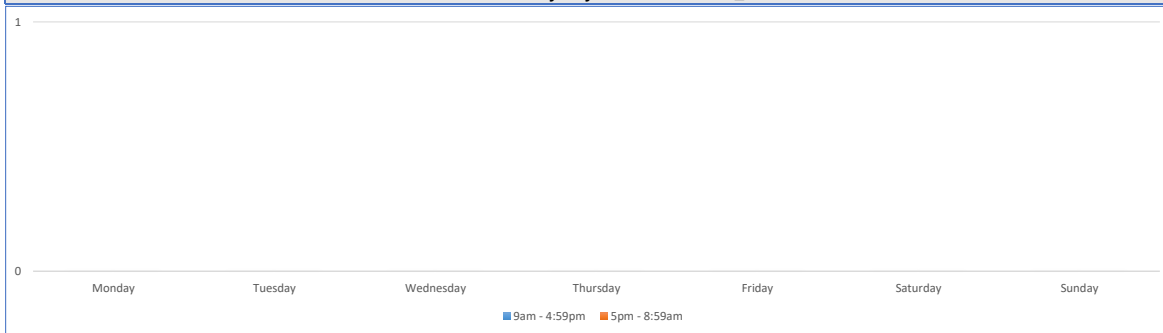
7.1: Consultations and Outcomes for Feb_21



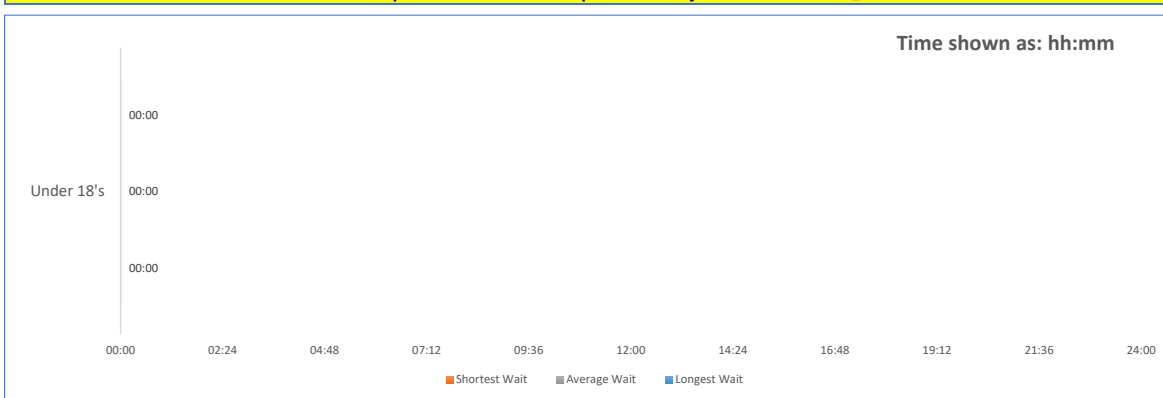
7.2: Consultations by Area for Feb_21



8.1: S.136 use by Day and Time for Feb_21



9.1: Time spent in S136 Suite / 1st place of safety until Outcome Feb_21



10.1: Narrative for Feb_21

There were no S136 detentions in February, one young person was placed on a section but this was not following a S136. The chart below details the length of time that young people have been detained under a S136 and a trend line for the last 30 detentions. The columns have been defined by colour: Blue are in reference to CAMHS assessments, Red for Adult and Green for joint. All assessments not undertaken solely by CAMHS were in relation to 17 yr olds

