

## Bundle Power of Discharge Sub-Committee 25 June 2021

### Agenda attachments

Agenda\_Power\_of\_Discharge\_Sub-Committee\_25\_June\_2021.docx

- 1 POD21/10 Welcome and Apologies for Absence
- 1.1 POD21/11 Declaration of Interests
- 1.2 POD21/12 Draft PoD Sub-Committee Minutes of the meeting held on 12.3.2021  
*To confirm as a correct record the Minutes of the last meeting held on 12.3.21*  
POD 21.12 Draft PODSub C draft mins 12th March 2021 v0.3.docx
- 1.3 POD21/13 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.*  
POD 21.13 POD Summary Action Plan live version as at 27.5.21.doc
- 2 FOR DISCUSSION
- 2.1 POD21/14 Hospital Managers' Update Report  
*Wendy Lappin, Mental Health Act Manager, Administration*  
*Recommendation: The Sub Committee is asked to note the report.*  
POD 21.14 Associate Hospital Managers Update Report.docx
- 3 FOR INFORMATION
- 3.1 POD21/15 Performance Report  
*Wendy Lappin, Mental Health Act Manager, Administration*  
*Recommendation: The Sub-Committee is asked to note the Performance report for information only*  
POD 21.15 Coversheet MHA Performance Report June 21 (002).docx  
POD 21.15.1 Appendix 1 MHAct Report.pdf  
POD21.15.2 MHAC21.24c and POD 21.14 Appendix 2 Divisional Matron S136 Report May 2021.pdf  
POD21.15.3 MHAC21.24d and POD 21.14 Appendix 3 CAMHS S136 Report May 21.pdf  
POD21.15.4 Appendix 4 S136 Deep Dive.docx
- 4 POD21/16 Any other Business
- 5 POD21/17 Issues of Significance to inform the Chair's Report to the Mental Health Act Committee
- 6 POD21/18 Date of next meeting - 24.9.21

## **Agenda Power of Discharge Sub-Committee**

**Date** 25/06/2021  
**Time** 9:30 – 10:30  
**Location** Virtual Microsoft Teams  
**Chair** Lucy Reid

- 1** **POD21/10 Welcome and Apologies for Absence**
- 1.1** **POD21/11 Declaration of Interests**
- 1.2** **POD21/12 Draft PoD Sub-Committee Minutes of the meeting held on 12.3.2021**  
To confirm as a correct record the Minutes of the last meeting held on 12.3.21
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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** **POD21/14 Hospital Managers' Update Report**  
Wendy Lappin, Mental Health Act Manager, Administration  
Recommendation: The Sub Committee is asked to note the report.
- 3** **FOR INFORMATION**
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- 4** **POD21/16 Any other Business**
- 5** **POD21/17 Issues of Significance to inform the Chair's Report to the Mental Health Act Committee**





## Power of Discharge (PoD) Sub-Committee

### **DRAFT** Minutes of the Meeting Held on 12.03.2021 via Teams

#### **Present:**

Lucy Reid  
Cheryl Carlisle  
Eifion Jones

Vice Chair (Chair)  
Independent Member (IM)  
Independent Member

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

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

#### **In Attendance:**

Jody Evans  
Simon Evans-Evans  
Liz Jones  
Matthew Joyes

Secretariat, Corporate Governance Officer  
Interim Director of Governance  
Assistant Director, Corporate Office  
Acting Associate Director of Quality Assurance & Assistant Director of Patient Safety And Experience  
Mental Health Act Manager, Mental Health & Learning Disabilities (MHLD)  
Head of Governance & Compliance, MHLD  
Interim Director of Nursing, MHLD  
Interim Director, MHLD

Wendy Lappin  
Hilary Owen  
Mike Smith  
Iain Wilkie

AGENDA ITEM DISCUSSED	ACTION BY
<p><b>POD21/1 Welcome and apologies</b></p> <p><b>POD21/1.1</b> The Chair welcomed everyone to the meeting and explained the virtual meeting etiquette standards to those present.</p> <p><b>POD21/1.2</b> The Chair confirmed apologies had been received from Jo Whitehead, Chief Executive Officer, Teresa Owen, Executive Director of Public Health, Frank Brown, AHM and Hugh Jones, AHM.</p>	
<p><b>POD21/2 Declaration of Interests</b></p> <p>None received.</p>	
<p><b>POD21/3 Previous minutes of the meeting held on 8<sup>th</sup> December 2021 and matters arising</b></p>	

<p><b>POD21/3.1</b> The minutes were approved as an accurate record.</p>	
<p><b>POD21/4 PoD Sub-Committee Matters arising and Review of Summary Action Log</b></p> <p><b>POD21/4.1</b> The action log was reviewed and updates were provided.</p> <p><b>POD21/4.2</b> The Chair had invited the Interim Director of Governance to provide a verbal update regarding the recent BCUHB Committee Governance Review. The update had been requested in response to various items on the summary action log.</p> <p><b>POD21/4.2.1</b> The Interim Director provided an overview of the Committee restructuring plan and of the proposed transformation across the Health Board. The Interim Director then outlined the proposed reconfiguration of the POD Sub-Committee and of the Mental Health Act Committee (MHAC). It was proposed following the Governance Review that the PoD Sub-Committee be renamed the “PoD <b>Group</b>”, and the MHAC be renamed the “Mental Health Act &amp; <b>Compliance</b> Committee” (MHACC). The Sub-Committee was also informed of the proposed focus of both meetings, which included compliance, scrutiny and the streamlining of the respective agendas. It was also proposed that AHM representatives would continue to be included within the MHACC membership. The Chair thanked the Interim Director for the update and discussion ensued regarding the MHL D Divisional Quality Safety Experience meeting agendas and the clear requirement for an overall compliance committee within the Health Board.</p> <p><b>POD21/4.2.2</b> The Sub-Committee supported the proposed changes and it was agreed that the newly formed POD Group should meet in private and then provide minutes of the meetings and significant issues to the MHACC.</p>	
<p><b>FOR DISCUSSION</b></p>	
<p><b>POD21/5 Associate Hospital Managers Update Report</b></p> <p><b>POD21/5.1</b> The Mental Health Act (MHA) Manager provided an update on the activities of the AHMs during the quarter November 2020 to January 2021. 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><b>POD20/5.2</b> The MHA Manager explained that all hearings continued and had been held remotely via Microsoft Teams.</p> <p><b>POD20/5.3</b> The breakdown of activity was presented to the Sub-Committee. It was confirmed that since the previous reporting period, seventeen hearings were held during the months of November 2020 – January 2021. It was confirmed that there were no discharges and that all hearings had been section renewals.</p> <p><b>POD20/5.4</b> The Sub-Committee acknowledged the update regarding the positive feedback questionnaires, (in particular with regards to hearings). It was noted that the MHA Manager would in-future incorporate the question of opinion regarding face to face and virtual consultations, once the face to face hearings were reinstated.</p>	

<p><b>POD20/5.5</b> It was confirmed that on-site scrutiny visits continued to be suspended and that the sessions would be reinstated once it was safe for the AHMs to physically attend Health Board units. It was confirmed that all other scrutiny had continued, as per policy for all detentions.</p> <p><b>POD20/5.6</b> It was noted that there were three AHMs not participating, (one had returned to assist the local authority as an AMHP and two preferred not to undertake remote hearings, it was reiterated that the managers would return once face to face hearings resume). It was confirmed that the third All Wales AHM day had been postponed until further notice. It was also reported by the MHA Manager that due to AHMs not attending on site, fire training wasn't being undertaken at present, but was to recommence once the face to face sessions resumed.</p> <p><b>POD20/5.7</b> It was noted that there had been one new AHM member appointed during the period, along with one resignation of a very experienced AHM. The MHA Manager paid tribute to the service of the staff member and confirmed that she will be missed by her colleagues. It was stated that an AHM Forum meeting had successfully taken place in February, virtually via Microsoft Teams.</p> <p><b>POD20/5.8</b> A discussion ensued with regards to future scrutiny sessions being reinstated (once safe to do so), and the Chair flagged the requirement of there being an up to date risk assessment in place, which was noted. It was agreed that views from unit managers would be obtained by the MHA Manager regarding timescales for AHMs returning to conduct scrutiny.</p> <p><b>POD20/5.9</b> Following the report overview the Chair then invited questions from Independent Members and none were received.</p> <p><b>POD20/5.10</b> The Chair expressed her sincere thanks to the MHA Manager and the team for their ongoing commitment, whilst recognising the flexibility and adaptability of the virtual systems in place. The Sub-Committee members also thanked the MHA Manager for the positive report, along with the adaptations and challenges faced.</p> <p><b>POD20/5.11</b> The Sub-Committee noted the report and update.</p>	
<p><b>FOR INFORMATION</b></p> <p><b>POD21/6 Mental Health Act Committee Performance Report</b></p> <p><b>POD21/6.1</b> The MHA Manager presented the performance report and appendices for information, assurance and discussion. It was explained that it also included an update regarding compliance with the Mental Health Act requirements within the Division during the four month period from November 2020 – January 2021.</p> <p><b>POD20/6.2</b> It was confirmed that during the reporting period there had been one section which was deemed 'fundamentally defective' along with three sections which had lapsed. It was noted that they had been reported as exceptions within the report and had been reported within Datix and investigated. It was confirmed that overall, there had been a decrease in the use of all sections.</p>	

<p><b>POD20/6.3</b> It was recognised that rectifiable errors had reduced and 13% of all detentions had required rectifying. Improvements were noted and acknowledged. It was also recognised that there had been a reduction in the number of people detained in independent hospitals in Wales. The total stood at 79 and out of those, 40 had been outside Wales.</p> <p><b>POD20/6.4</b> An AHM queried the information relating to exceptions, which seemed to have lapsed rather than been classed as a discharge. The AHM requested further detail. It was agreed for the MHA Manager to clarify and provide further detail in relation to the investigation. It was further agreed for the information to be shared in-between meetings and logged accordingly. Another AHM queried the data with regards to the fundamentally flawed admission on page 3, regarding the annex and expectations. The MHA Manager provided the overview and stated that due to the pressures of transfer, and the fact that the transfer had taken place over a weekend, it had been raised as an incident on Datix and brought to the attention of the site manager accordingly.</p> <p><b>POD20/6.5</b> The Sub-Committee thanked the MHA Manager for the report which was noted for information. The Chair expressed her thanks for the report and level of scrutiny provided by the AHMs, in order to receive assurance and of actions being taken in relation to sharing of outputs through to the MHAC.</p>	WL
<b>CLOSING BUSINESS</b>	
<b>POD21/7 Issues of Significance to inform the Chair's Report to the Mental Health Act Committee</b> - Nothing to report at present.	
<p><b>POD21/8 Any other business</b></p> <p>Nothing to report.</p>	
<p><b>POD21/9 Date of next meeting</b></p> <p><b>POD10/9.1</b> 25<sup>th</sup> June 2021.</p>	

**BCUHB POWER OF DISCHARGE SUB COMMITTEE****Summary Action Plan – Live Document – last updated 17/06/2021 14:27**

Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
<b>October 2020</b>				
JE	<p><b>POD20/1.3</b> 3 Associate Hospital Manager (AHM) resignations from the Sub-Committee. Expressions of interest to be sought via the Corporate Governance Officer.</p> <p><b>POD20/1.4</b> 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.</p>	November 2020	<p><b>Update – 22<sup>nd</sup> Oct 2020</b> – Email sent requesting for expressions of interest.</p> <p><b>Update – 16<sup>th</sup> Nov 2020</b> – Expressions of interest received and forwarded onto the Chair, the Assistant Director of Corporate Office and the Mental Health Act Manager.</p> <p><b>Update – 8<sup>th</sup> December 2020</b> – 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.</p> <p><b>Update 16<sup>th</sup> December 2020</b> – The AHMs (that had expressed an interest) have been informed of the above.</p>	<p><b>TBC</b></p> <p><i>(Now awaiting the outcome of the finalised Governance Review).</i></p>



ALL	<b>POD20/10.1</b> 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	<b>Update as at 22<sup>nd</sup> January 2021:</b> Comments received from Wendy Lappin and sent to the Chair for consideration.	<b>Action to be closed.</b>
LR/WL/JE			<b>Update as at 15<sup>th</sup> February 2021:</b> Governance Review being undertaken. Outcome of the governance and terms of reference review awaited.	
SEE			Verbal update to be provided by SEE at the March meeting.  <b>Update as at 12<sup>th</sup> March 2021:</b> Overview of the Governance Review provided by SEE – as per minute ref POD21/4.2.1.  <b>Update as at 27<sup>th</sup> May 2021:</b> Governance Review concluding revised Terms of Reference to be presented to the Board in July 2021.	

WL	<b>POD20/14.4</b> 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.	March 2022	<p><b>Update as at 23<sup>rd</sup> February 2021</b> – WL had made contact with the CJLS and is awaiting feedback on a timeframe.</p> <p><b>Update as at 12<sup>th</sup> March 2021</b> – WL informed the Sub-Committee that she had spoken with the CJLS Lead and it was agreed to review and potentially conduct a clinical audit in 12 months' time. It was agreed to add the item onto the Cycle of Business for a future meeting.</p>	<p><b>Action to be closed.</b></p> <p><b>Item added to COB (March 2022)</b></p> <p><b>Action to be closed.</b></p>
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**March 2021** (Actions taken from the draft minutes)

WL	<b>POD20/6.4</b> An AHM queried the information relating to exceptions, which seemed to have lapsed rather than been classed as a discharge. The AHM therefore requested further detail. It was agreed for the MHA Manager to clarify and provide further detail in relation to the investigation.	April 2021	<b>Update as at 27<sup>th</sup> May 2021</b> – MHA Manager has shared the information as requested.	<b>Action to be closed.</b>
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<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Power of Discharge Sub Committee 25.06.2021</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Associate Hospital Managers Update Report (February 21 – April 2021)						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mr Iain Wilkie, Divisional Director of Mental Health and Learning Disabilities (Interim)						
<b>Awdur yr Adroddiad Report Author:</b>	Wendy Lappin, Mental Health Act Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Mental Health and Learning Disabilities, Senior Leadership Team Quality Safety and Experience Group 15/06/2021						
<b>Atodiadau Appendices:</b>	Appendix 1						
<b>Argymhelliad / Recommendation:</b>							
The Sub Committee is asked to note the report.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>	√	<b>Ar gyfer sicrwydd For Assurance</b>	√	<b>Er gwybodaeth For Information</b>	√
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
This report does not inform strategic decisions it relates to the day to day operations of the Associate Hospital Managers who are delegated functions under legal obligations of the Mental Health Act. Strategic changes would only need considering if the Mental Health Act was amended to detail a different course of action for Hospital Managers.							
<b>Sefyllfa / Situation:</b>							
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.							
<b>Cefndir / Background:</b>							
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 February 2021 – April 2021.

### **Asesu a Dadansoddi / Assessment & Analysis**

#### **Goblygiadau Strategol / 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.

#### **Opsiynau a ystyriwyd / Options considered**

Not applicable for this report the functions of the Associate Hospital Managers are governed by legislation, the Associate Hospital Manager Panels are a requirement of the law.

#### **Goblygiadau Ariannol / 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. Hearings held via virtual means has reduced the claims for travel, but has incurred additional costs given 'back up' arrangements.

#### **Dadansoddiad Risk / 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.

**Cyfreithiol a Chydymffurfiaeth / 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.

**Asesiad Effaith / Impact Assessment**

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

## Quarterly Activity

### 1 Hearings

At the time of writing (27.05.2021) hearings continue to be held remotely via Microsoft Teams.

Four Associate Hospital Managers are secured for a hearing in case of technological difficulties. This number includes a deputy chair and a '4<sup>th</sup>' person as back up to safeguard against a hearing having to be reconvened due to technological difficulties. Whilst a small number of technological difficulties have occurred, securing this 4<sup>th</sup> person has proved effective in situations when documents have not been delivered in time and when one of the main three panel members has had to give apologies at short notice. Information Governance has been contacted to ascertain possible options for transferring reports electronically.

A total of 22 hearings were held during the months February – April 2021. The hearings consisted of one Community Treatment Order (CTO) appeal, CTO renewals, Section (S)3 and S47 renewals. One person was discharged from their section.

Panels were unable to come to a unanimous decision in two hearings, an additional hearing was held for one person, and the other was discharged by their Responsible Clinician (RC) prior to the new hearing. Legal advice has been shared by Swansea Bay University Health Board following a challenge from a patient's nearest relative and legal representative, which concludes this is not the practice we should be following. It is noted that a number of the Health Boards in Wales have been following the same practice as BCUHB. This was discussed at the Associate Hospital Managers Forum meeting (27<sup>th</sup> May 2021). The current view is the Health Board is not acting illegally and is going above and beyond. Further advice is being obtained as to options and best practice.

A breakdown of the hearing activity is detailed below:

#### **February**

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

One hearing was for a community patient, and five were for inpatients.

***Four hearings were cancelled*** – One patient was discharged, one was regraded to informal, one patient withdrew their appeal and one hearing was rearranged as the video conferencing room was not available, and the hearing was held two weeks later and the patient continued to be detained.

#### **Outcomes of hearings held**

- Four detentions were upheld.

- One hearing was reheard as the panel of the initial hearing could not come to a unanimous decision, and the second panel upheld the detention.
- One hearing the panel could not come to a unanimous decision the RC discharged the patient from their CTO prior to the hearing being rescheduled.

### **March**

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

All hearings were section renewals, one for a community patient and six inpatients.

***One hearing was cancelled*** – The patient was discharged by their RC.

#### **Outcomes of hearings held**

All detentions were upheld.

### **April**

- ***Seventeen hearings arranged (Nine held)***

Two hearings were for community patients (an appeal and a renewal), and seven were inpatients renewals.

***Eight hearings were cancelled*** – One patient was transferred, the hearing was rearranged (this accounts for two cancelled episodes) prior to the new hearing being held the RC discharged the patient.

One hearing was postponed as the patient had appealed to the Mental Health Review Tribunal (MHRT) and the Managers. The MHRT had been scheduled for the same day, and following the Tribunal the patient withdrew their appeal.

One patient withdrew their appeal.

Two patients were discharged by their RC.

One patient was absent without leave following a CTO recall notice.

One hearing was adjourned due to confusion over the process. (The legal representative had confirmed they wished to attend, however the patient had not seen the reports or discussed these with their solicitor).

#### **Outcomes of hearings held**

Eight detentions were upheld

One patient was discharged.

### **Hearing KPIs**

Following a renewal, there is no timeframe specified within the Mental Health Act that a hearing must be held within, only the confirmation that one 'must' be held. Good practice suggests this should be undertaken 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 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. The KPI for appeals focused on working days to allow for reports to be produced and distributed.

There was one application from a patient under a CTO during this period, and there were no 'barring' hearings. 73% of hearings were held within the KPI.

<b>Renewal Date</b>	<b>Hearing Date</b>	<b>KPI (31 days)</b>
14/08/2020	24/02/2021	194
15/12/2020	03/02/2021	50
11/01/2021	16/04/2021	95
23/01/2021	22/02/2021	30
24/01/2021	05/02/2021	12
29/01/2021	26/03/2021	56
30/01/2021	08/02/2021	9
17/02/2021	24/03/2021	35
18/02/2021	15/03/2021	25
22/02/2021	22/03/2021	28
25/02/2021	15/04/2021	49
26/02/2021	19/02/2021	Held prior
26/02/2021	05/03/2021	7
09/03/2021	06/04/2021	28
12/03/2021	25/03/2021	13
16/03/2021	15/03/2021	Held prior
23/03/2021	16/04/2021	23
01/04/2021	19/04/2021	18
02/04/2021	19/04/2021	17
05/04/2021	30/04/2021	25
05/04/2021	21/04/2021	16
<b>Appeal by Patient Date</b>	<b>Hearing Date</b>	<b>KPI (31 days)</b>
05/03/2021	20/04/2021	30 working days

Issues which extended the KPI dates have related to Consultant and Solicitor availability. In the instance of the 194 days, this was recorded for one person, due to the change in Consultants (which totalled three within a six month period). Hearings were arranged and subsequently had to be cancelled to allow for the new RC to become acquainted with the patient and the history.

Feedback has been requested from the patients following their hearings. For this period 36% (8) of patients completed the feedback form. It is recognised that there may not be a 100% achievement for feedback, as some patients may not have the capacity to be able to complete the document and some documents are not returned.

Of those that completed the feedback forms:

- Six people were happy with the hearing being held via Teams. One was not, and one did not answer the question.
- Six people confirmed they attended the hearing.



- Six people expressed they would like to be given the option of how a hearing would be held in the future.
- No comments for improvements were received.

Discussions on this topic have been held with Mental Health Act Managers from the other Health Boards throughout Wales. The general view is that patients will be given the choice of how they wish their hearing to be held in future.

Mental Health Review Tribunals continue to be held over the telephone. Following a joint communication to the MHRT organised by Cardiff and Vale, the Tribunal contacted the Health Board to ascertain the psychiatric unit's video conference and virtual capabilities. This information was returned, with the expressed opinion that the Associate Hospital Managers have been conducting virtual hearings which have gone well. An update is awaited from the Tribunal and a follow up communication requested.

## **2 Scrutiny**

'Scrutiny' has been actively suspended since April 2020 due to the Covid Pandemic. It has been agreed to reinstate this in the units that have meeting rooms large enough for social distancing. 'Scrutiny' is therefore arranged for June and July (2021) initially in the main psychiatric units. Whilst managers have queried when this activity would be reinstated, a small number have confirmed that they were willing to conduct at the present time.

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 receiving 1:1 reviews, and training is discussed to ensure that they can access the ESR system and receive help if required. To date three managers are not participating:- one has returned to assist the local authority as an Approved Mental Health Professional (AMHP), and two prefer not to undertake remote hearings, (these managers are happy to return once face to face hearings resume).

Managers have been informed that they are able to arrange to contact the Health Board for assistance from the Mental Health Act Manager if there are problems accessing ESR or passwords require resetting.

Multi-Agency Public Protection Arrangements (MAPPA) training is arranged for the 22<sup>nd</sup> of June via Microsoft Teams. This will assist the Associate Hospital Managers with information/knowledge for forensic hearings.

## **4 Recruitment**

The Associate Hospital Manager cohort at the time of writing this report consists of:

22 persons of which 20 are actively involved in hearings or shadowing. The active cohort consists of 8 male and 12 female members, of which 4 are Welsh speakers.

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

The newest member of the cohort will begin shadowing in June 2021 following an induction process.

### **5 Forums and Meetings**

The Associate Hospital Managers Forum Meeting is held on a quarterly basis. This is 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.

The last meeting was held on the 27<sup>th</sup> of May 2021 via Microsoft Teams.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Power of Discharge Sub-Committee 25.06.2021</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Mental Health Act Committee Performance Report						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mr Iain Wilkie, Divisional Director of Mental Health and Learning Disabilities (Interim)						
<b>Awdur yr Adroddiad Report Author:</b>	Hilary Owen, Head of Governance Wendy Lappin, Mental Health Act Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Mental Health and Learning Disabilities, Senior Leadership Team Quality Safety and Experience Group 15/06/2021						
<b>Atodiadau Appendices:</b>	Appendix 1 MHA Committee Performance Report February – April 2021 Appendix 2 S136 Divisional Report – May Appendix 3 S136 CAMHS Report – May Appendix 4 S136 Deep Dive						
<b>Argymhelliad / Recommendation:</b>							
The Sub-Committee is asked to note the report for information only.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>	√	<b>Ar gyfer sicrwydd For Assurance</b>	√	<b>Er gwybodaeth For Information</b>	√
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
The report and appendices details the obligations the Health Board has under the Mental Health Act Legislation and reports on the data for each period as a retrospective report. Strategic implications may occur if the legislation was changed.							
<b>Sefyllfa / Situation:</b>							
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.							
It is recognised that during the Covid 19 pandemic the service followed a different pathway 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.							
<b>Cefndir / Background:</b>							
The Health Board has a duty to monitor and report the number of persons placed under a section of the Mental Health Act, and 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							

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 table and charts, detailing outcomes and timeframes of the section use for adults and young persons. Forensic data is also included, as is information regarding transfers in and out for specialist services and repatriation.

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

Up to date S136 reports are submitted to the Committee.

### **Asesu a Dadansoddi / Assessment & Analysis**

#### **Goblygiadau Strategol / Strategy Implications**

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.

#### **Opsiynau a ystyriwyd / Options considered**

Not applicable for this paper.

#### **Goblygiadau Ariannol / Financial Implications**

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

#### **Dadansoddiad Risk / 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 for validity and any invalid detentions are reported through Datix, investigated and escalated as appropriate.

Within this reporting period there were no fundamentally defective sections, there have been four sections which lapsed, these are reported as exceptions within the report, all have been datixed.

#### **Cyfreithiol a Chydymffurfiaeth / 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.

#### **Asesiad Effaith / 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

April 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 four sections lapsed: 1 x S5(4) - no clear documentation as to when the section was discharged following a decision to follow a previous management plan, 1 x S2 (INC258446) - the RC was off sick there was a failure to escalate over the weekend, 1 x CTO (INC261752) - RC failed to complete paperwork to renew in time and 1 x S136 (INC260134) due to an admission to the Intensive Care Unit and not being unfit for assessment.

There are no fundamentally defective sections to report.





**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

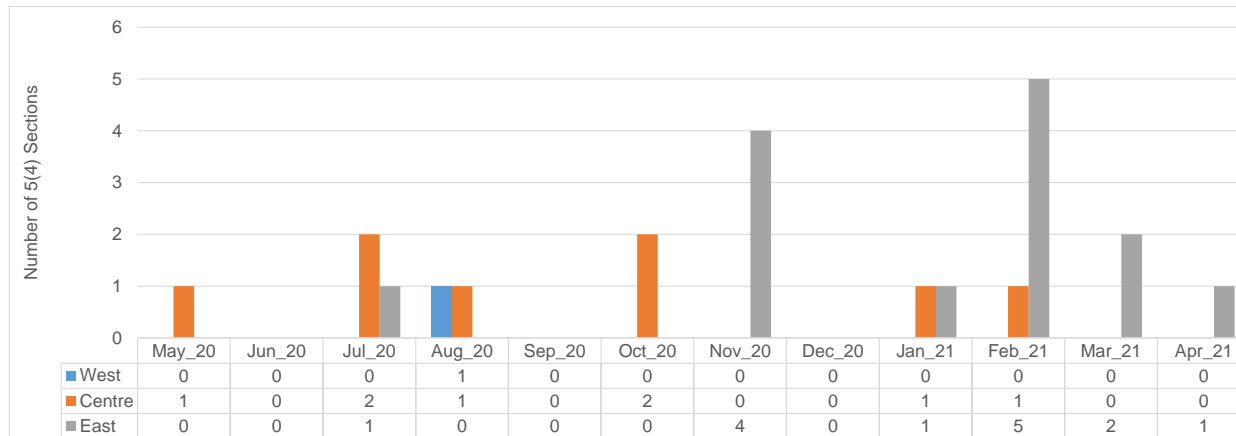
**Section 62:** Emergency Treatment of a detained patient regardless of section status

**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	1	2	↓	9	6	↑	6	1 East	8
								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 sections this period met the criteria. The highlighted episodes denote when there is multiple detentions for a patient. The instances relate to two people, one had two 5(4)s enacted on separated days by different staff (Mar 21) and one was within the same day (Feb 21). This person subsequently was detained under Section 2.

## LAPSES

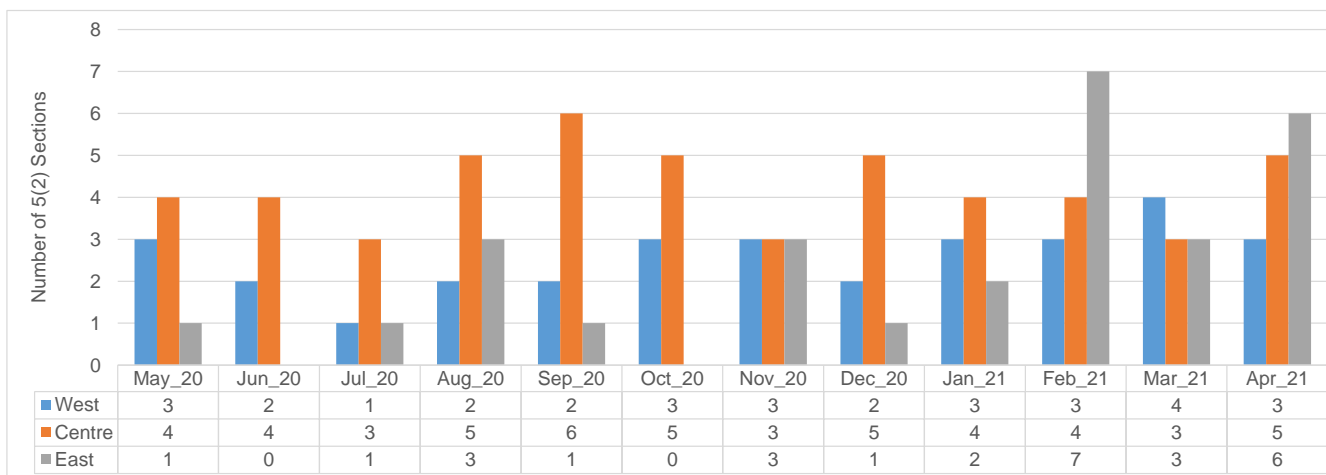
The lapsed section had previously involved a 5(2) to which there was a management plan in place, following the 5(4) it was not clearly noted what time it was agreed to continue with this plan and what time the detention ended.

WEST	
Duration (hh:mm)	Outcome

CENTRE		
Month	Duration (hh:mm)	Outcome
Feb_21	04:55	Section 5(2)

EAST		
Month	Duration (hh:mm)	Outcome
Feb_21	06:00	Section 5(2)
Feb_21	02:30	Section 5(2)
Feb_21	06:00	Lapsed
Feb_21	03:35	Section 5(2)
Feb_21	01:40	Informal
Mar_21	00:45	Informal
Mar_21	03:13	Informal
Apr_21	00:11	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
<b>Section 5:</b> Application in respect of patients already in hospital	14	10	↑	38	26	↑	28	1 East	16
								2 Centre	12
								3 West	10



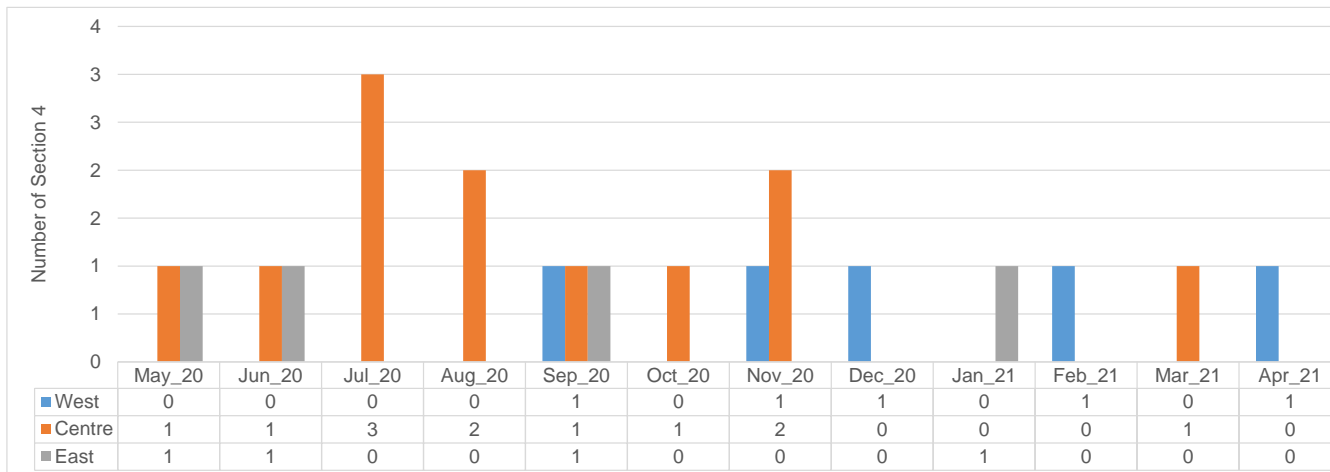
Section 5(2) Outcomes			
	Feb 2021	Mar 2021	Apr 2021
Section 2:	1	4	6
Section 3:	7	4	0
Informal:	4	3	7
Lapsed:	0	0	0
Invalid:	0	0	0
Discharged:	2	0	1
Other:	0	0	0

### The data above does not include

A Section 5(2) on occasions will be enacted within the acute hospital wards, during February - April there were two instances, one of which progressed to a Section 2.

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	➔	3	5	⬇️	5	1 West	2
								2 Centre	1
								3 East	0



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.

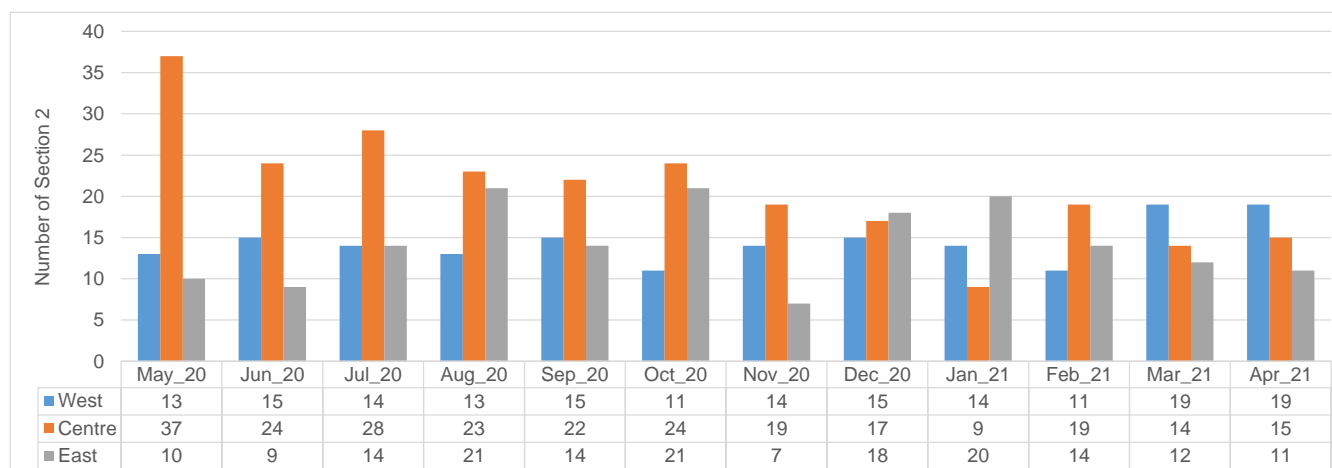
The documents have been considered to reveal if the S4 was used for emergency purposes or due to a lack of doctor availability.

WEST		
Month	Duration (hh:mm)	Outcome
Feb_21	21:25	Section 2
Apr_21	17:00	Informal

CENTRE		
Month	Duration (hh:mm)	Outcome
Mar_21	19:00	Section 2

EAST		
Month	Duration (hh:mm)	Outcome

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
<b>Section 5: Admission for assessment</b>	45	45	➡	134	133	⬆	149	1 West 2 Centre 3 East	49 48 37



\* 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 2020 to January 2021 the Ablett Unit was used as the admissions unit for adults and Heddfan for older persons.

There were three 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 admitted to the adult unit age appropriate bed.

None of the detentions were following a S136.

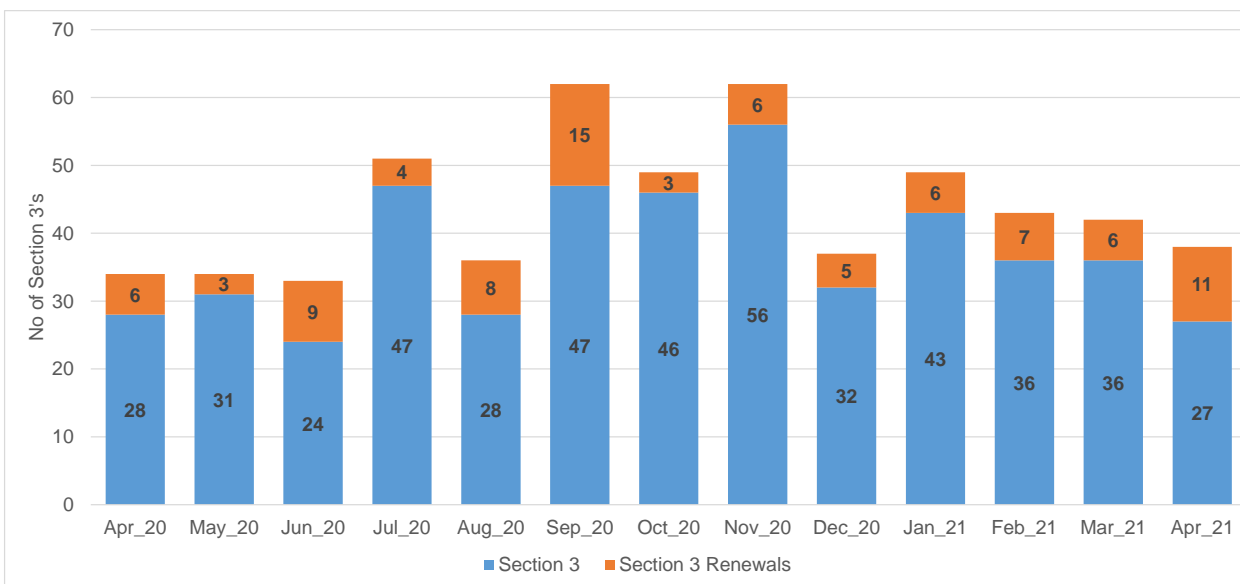
### EXCEPTIONS:

There is one exception to report this period.

**EAST:** (April) A Section 2 expired as the RC was off sick and the covering RC and On Call were not notified. INC258446. Plan to mitigate in future - A new process has been introduced to alert Senior Management and Ward Managers in weekly meetings of MHA actions required for the upcoming week across the Health Board.

Section 2 Outcomes			
	Feb 2021	Mar 2021	Apr 2021
Section 3:	7	13	13
Informal:	15	8	18
Lapsed:	0	0	1
Pending:	0	0	0
Discharged:	8	10	2
Transferred:	6	13	8
Invalid and Other:	0	0	0

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
<b>Section 3 (Including Renewals):</b> Admission for treatment	38	42	↓	123	148	↓	134	1 East 2 West 3 Centre	49 39 35

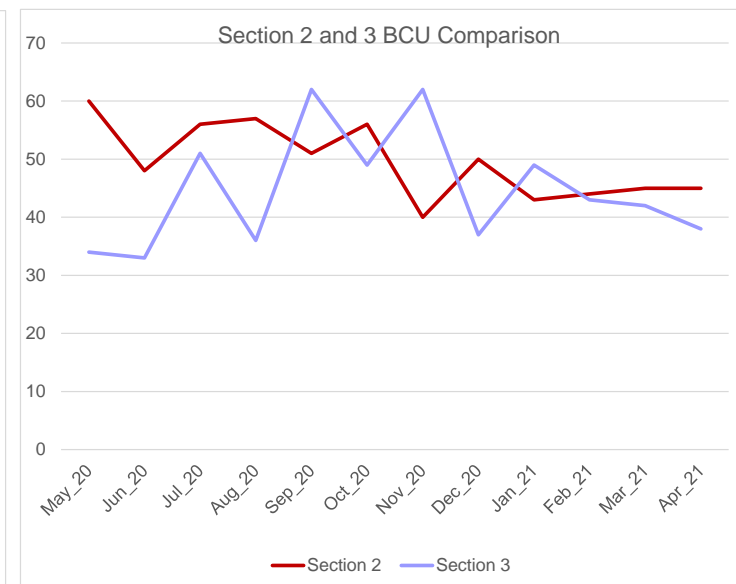


\* data is as at position and is subject to change

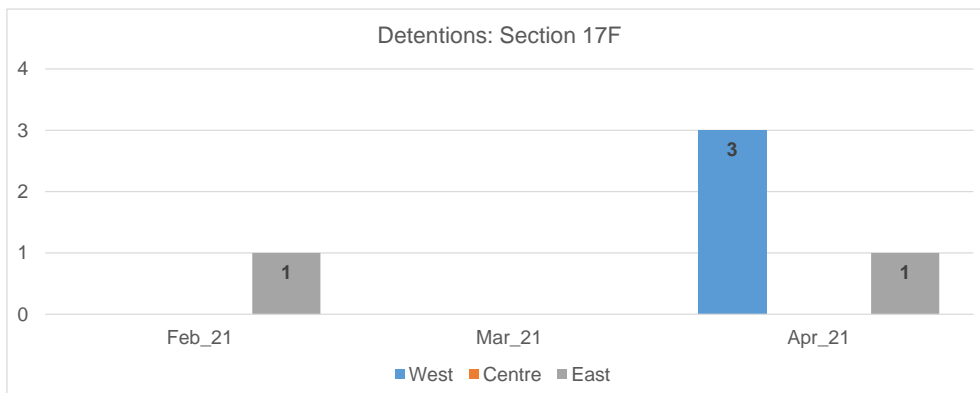
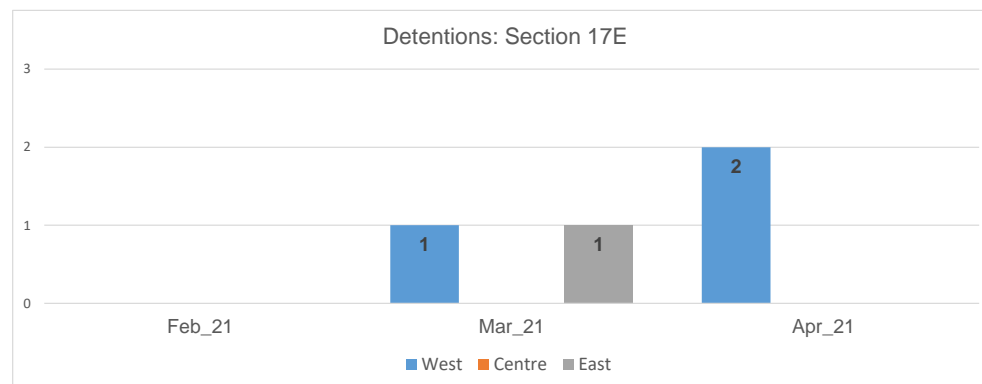
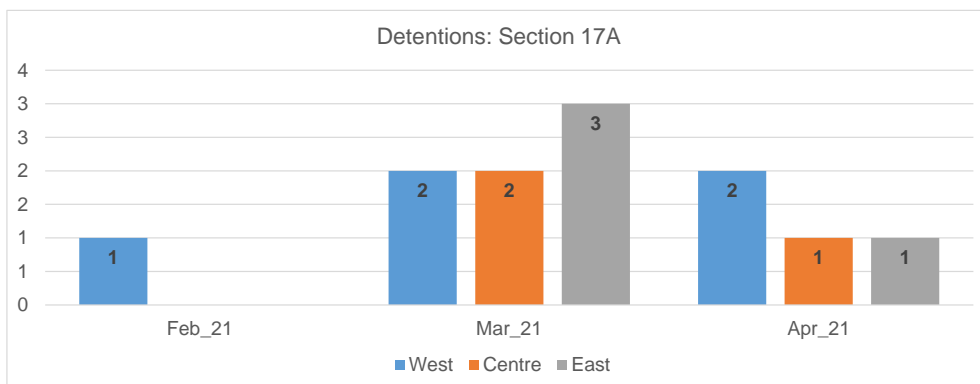
These numbers also include any renewal sections undertaken within the month. As with the data for section 2 it is hard to interpret these figures in isolation and previous months figures are prone to change due to admissions into the Health Board.

This period there were four under 18s made subject to a section 3, two admissions to adolescent services, one renewal of a Section 3 and one was within the general hospital prior to transfer to an age appropriate bed. The trend for use of S2 and S3 over the 12 months at the end of April shows S2 as being downward and S3 as upward.

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	10	9	↑	21	20	↑	20	1 West	11
								2 East	7
								3 Centre	3



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 April West:8, Central: 10 and East: 7.

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

**Exceptions:** (EAST) The RC failed to complete the paperwork in time.

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	18	11	↑	76	80	↓	107	1 Centre	13
								1 East	13
								3 West	10



## 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 in relation to the other healthboards. Data from BCUHB has been submitted at the required times. Cardiff and Vale have confirmed they will begin republishing from June 2021.

The reporting period that is benchmarked (January - March) shows 16% of the total detentions contained errors compared to 13% last quarter. The majority of rectifiable errors occur on Section 2 paperwork and are in relation to consistency across all paperwork for addresses and full names of the patients. It is important to note that these are rectifiable errors which can be amended under Section 15 of the Mental Health Act and do not render the detention invalid.

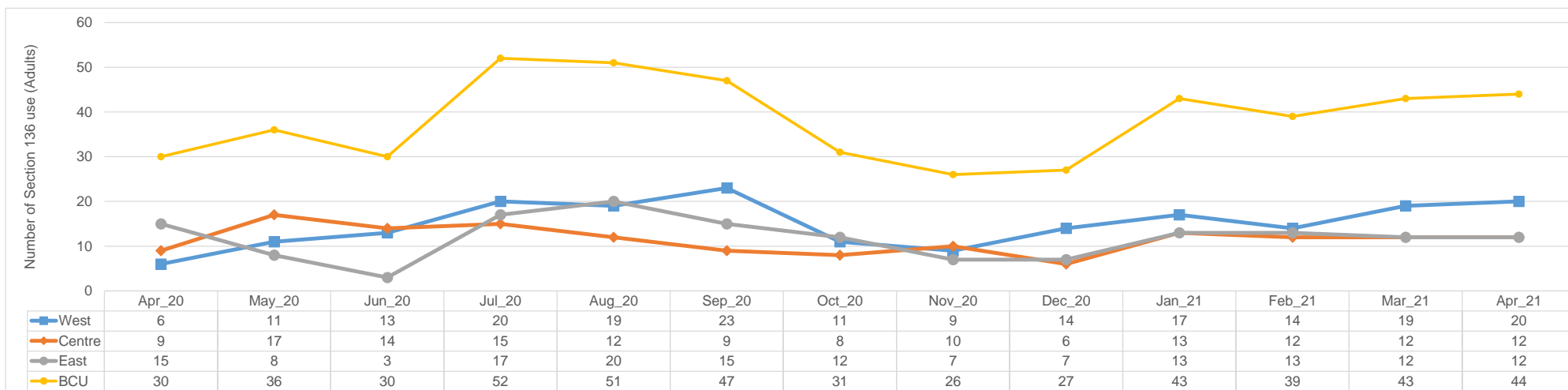
**Exceptions are reported as lapses and fundamentally defective (invalid sections) throughout the report.**

This period there have been no fundamentally defective sections.

This period there have been 4 lapsed Sections:- 1 x Section 5(4), 1 x Section 2, 1 x CTO and 1 x Section 136.



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)	44	43	↑	126	96	↑	117	1 West	53
								2 East	37
								3 Centre	36



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

There have been two S135 detentions this period both resulting in detention under S2 and S3.

One Section 136 lapsed this quarter, INC260134 the person was within ICU and it was confirmed they would not be fit for assessment for at least 48 hours an extension was therefore of no use.

One person was noted to be in custody as the first place of safety within this period in February.

One S136 12 hour extension was granted due to the person not being fit for assessment, on assessment they were discharged to be followed up by 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
<b>Section 136:</b> Patient transfers to a place of safety (Adults)	44	43	↑	126	96	↑	117	1 West	53
								2 East	37
								3 Centre	36

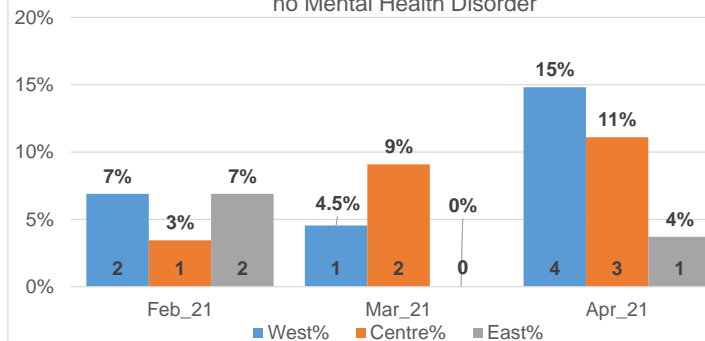
### Section 136 Outcomes

	Feb 2021	Mar 2021	Apr 2021
Discharged:	29 74.36%	22 51.16%	27 57.45%
Informal Admission:	3 7.69%	9 20.93%	11 23.40%
Section 2:	6 15.38%	10 23.26%	8 17.02%
Section 3:	1 2.56%	2 4.65%	1 2.13%
Other:	0 0.00%	0 0.00%	0 0.00%

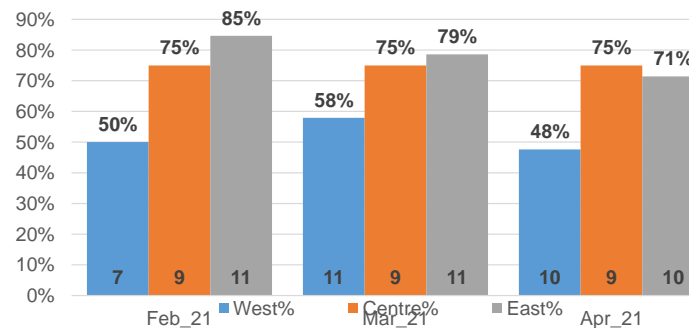
### Section 136 - Known to Service

	Feb 2021	Mar 2021	Apr 2021
Yes	25	32	30
Yes (percentage)	65.79%	71.11%	65.22%

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 again seen lower figures.

Total percentages of all detentions for those discharged with no mental disorder are:

February 13%

March 7%

April 17%

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

February 35% discharged with follow up and 48% referred to services.

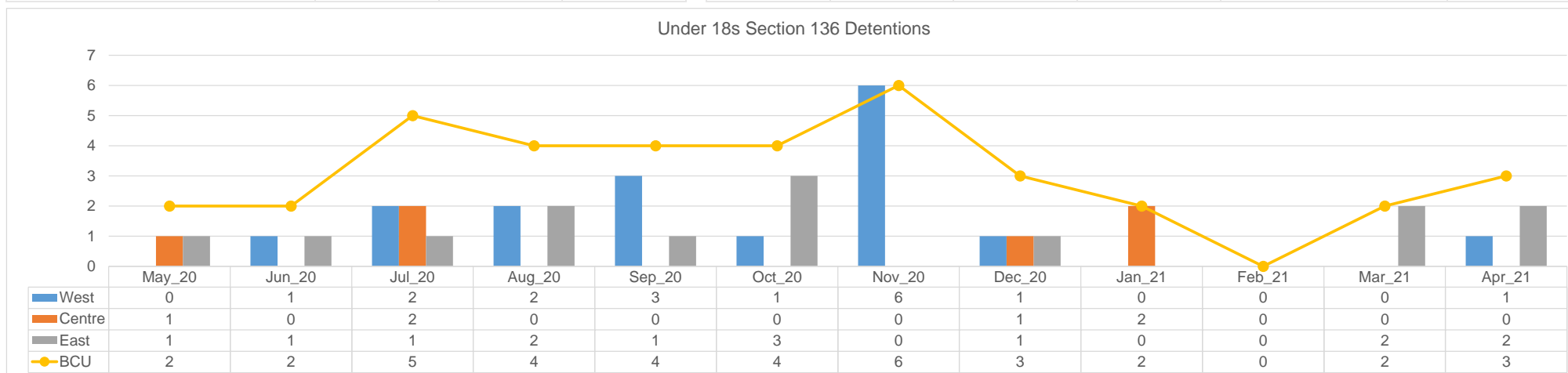
March 50% discharged with follow up and 36.5% referred to services.

April 33% discharged with follow up and 37% 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 138 people have not become detained on a S136 due to CJLS intervention. This period accounts for 27 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 39 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)	3	2	↑	5	11	↓	9	1 East	4
								2 West	1
								3 Centre	0



A total of five under 18's were assessed this period between the ages of 14 and 17 years. Three assessments resulted in admissions to adolescent services, two under section 3 and one under section 2. Two assessments resulted in discharge with follow up to services and a referral to services.

The tables below shows the ages of young persons assessed and the outcomes for the year period April 20 - March 21 (April 21 additional figures are within brackets).

### Under 18 Assessments

AGE	No of Assessments
12	0
13	0
14	4 (1)
15	1
16	11
17	18 (2)

### Outcome of Assessments

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

Month of Admission	Place of Assessment	Outcome	Assessing Clinician	Total Hours	Age
March	Heddfan	Admission OOA	CAMHS	9:05:00	14
March	Heddfan	Admission OOA	CAMHS	9:05:00	17
April	Heddfan	Admission	CAMHS	20:30	17
April	Heddfan	Discharged	CAMHS	12:55:00	14
April	Hergest	Discharged	CAMHS	13:10	17

Out of the 5 young persons assessed 4 originated from their own home and 1 from a care facility.

3 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: 12:57 hrs this is a decrease on the previous quarter figures of (14:07 hrs).

### Under 18's admitted to Adult Psychiatric Wards

There were no admissions 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 (April 21 in brackets)

### County Originated from and where assessed.

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

A

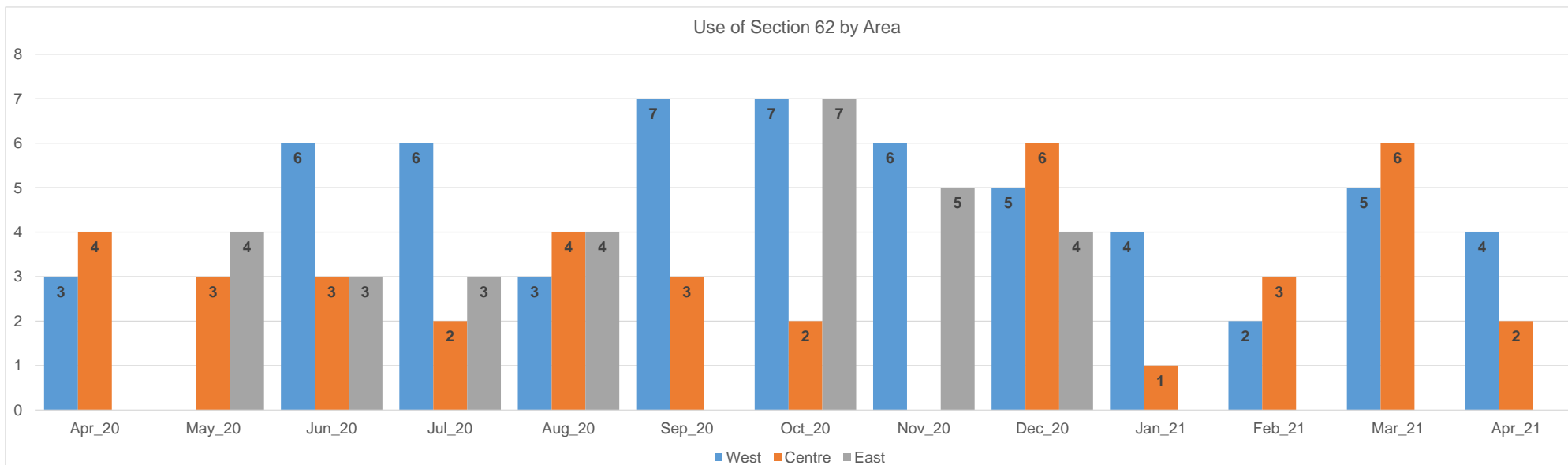
Section	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Section 35:	0	0	0	0	0	0	0	0	0	0	0	0
Section 37:	0	0	0	0	0	0	0	0	0	0	0	0
Section 37/41:	9	9	8	8	9	8	9	9	9	9	9	9
Section 38:	1	1	1	1	0	0	0	0	1	1	1	0
Section 47:	2	2	2	3	3	3	3	3	3	2	2	2
Section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

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.





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.



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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

## S.136/135 use in BCUHB

**KPI Report for: May 2021**

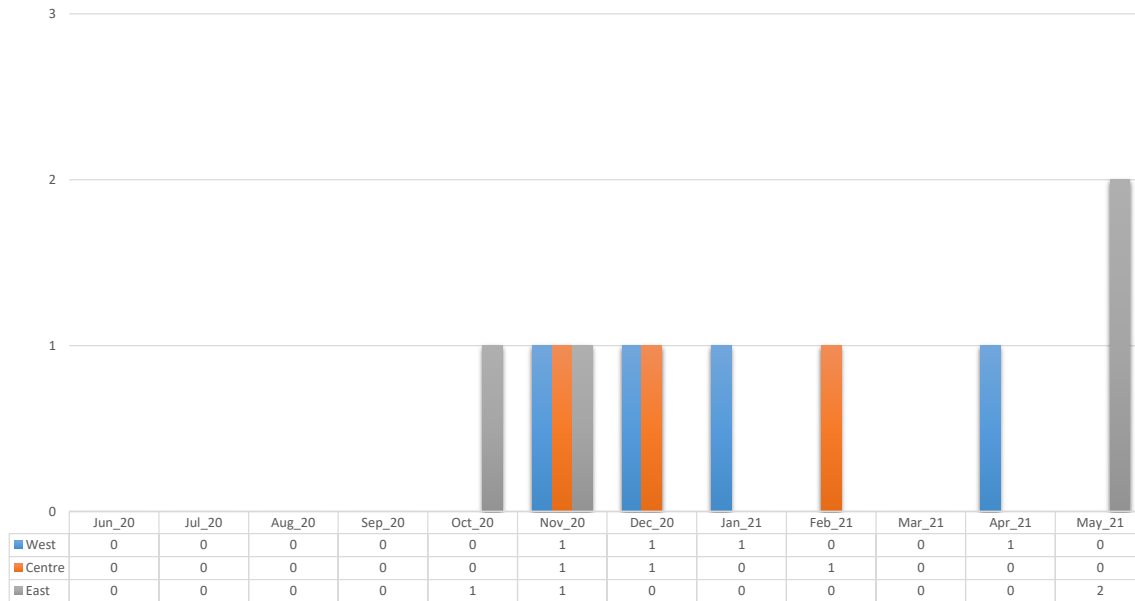
**Data Source:** BCUHB MHA Database

**Report Created on:** 07/06/2021

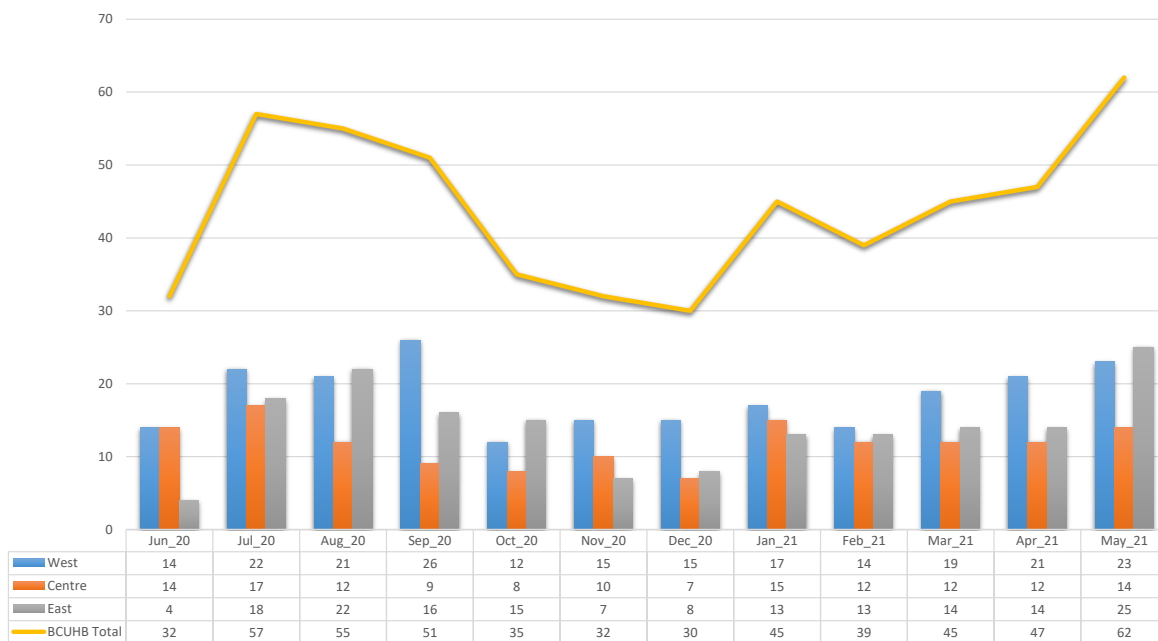
**Report Created by:** Performance Directorate

## Section A: 12 Month Data and Trends

### 1.1: Section 135 twelve month trend up to and including May\_21

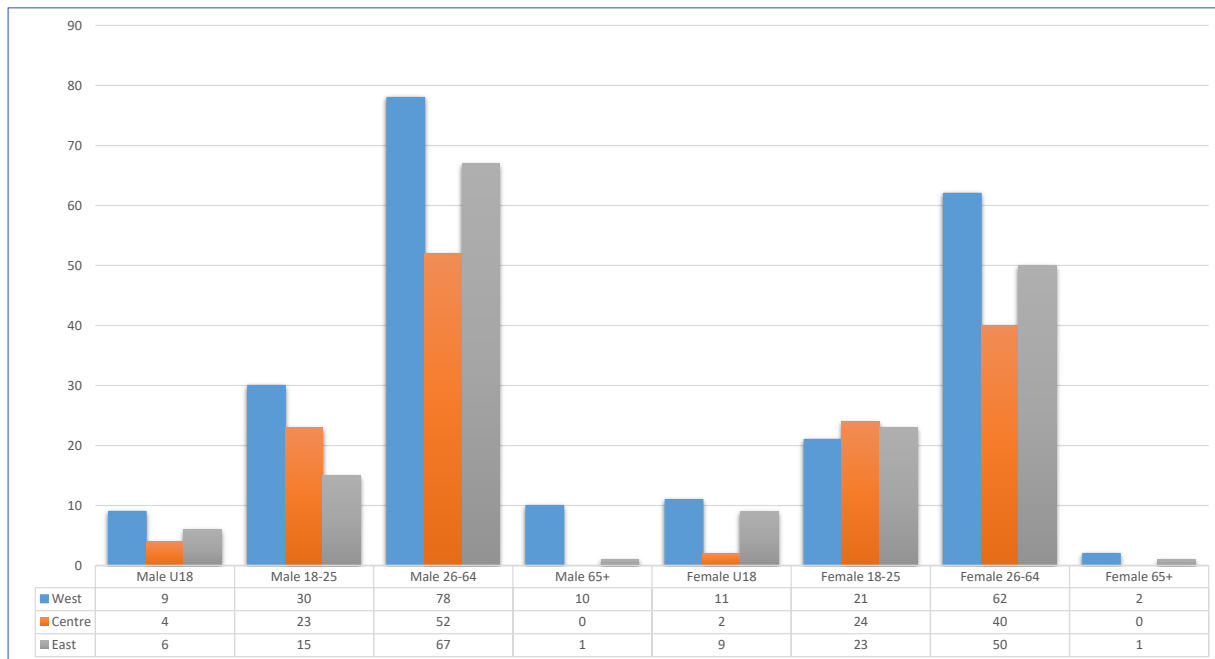


### 2.1: Section 136 twelve month trend up to and including May\_21





### 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 May\_21

#### Area Split - 1st Place of Safety by category

1st Place of Safety	May_21			12 Month Total		
	West	Centre	East	West	Centre	East
A&E	9	3	6	41	28	29
Ward	0	0	0	0	0	0
PICU	0	0	0	0	0	0
136 Suite	13	10	18	169	110	133
Hospital	1	0	0	4	2	3
Independent Hospital	0	0	0	0	0	0
Care Home for mentally disordered persons	0	0	0	0	0	0
Police Station (Custody)	0	0	0	4	0	2
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	Jun_20	Jul_20	Aug_20	Sep_20	Oct_20	Nov_20	Dec_20	Jan_21	Feb_21	Mar_21	Apr_21	May_21
West	2	2	4	2	2	2	3	4	1	5	5	9
Centre	5	5	1	2	2	0	0	3	3	3	1	3
East	0	3	1	1	3	1	2	5	3	1	3	6

1st Place of Safety: 136 Suite Split	Jun_20	Jul_20	Aug_20	Sep_20	Oct_20	Nov_20	Dec_20	Jan_21	Feb_21	Mar_21	Apr_21	May_21
West	12	18	16	23	10	11	11	13	12	14	16	13
Centre	9	12	11	5	5	10	7	12	9	9	11	10
East	4	15	20	12	12	5	6	7	10	13	11	18

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

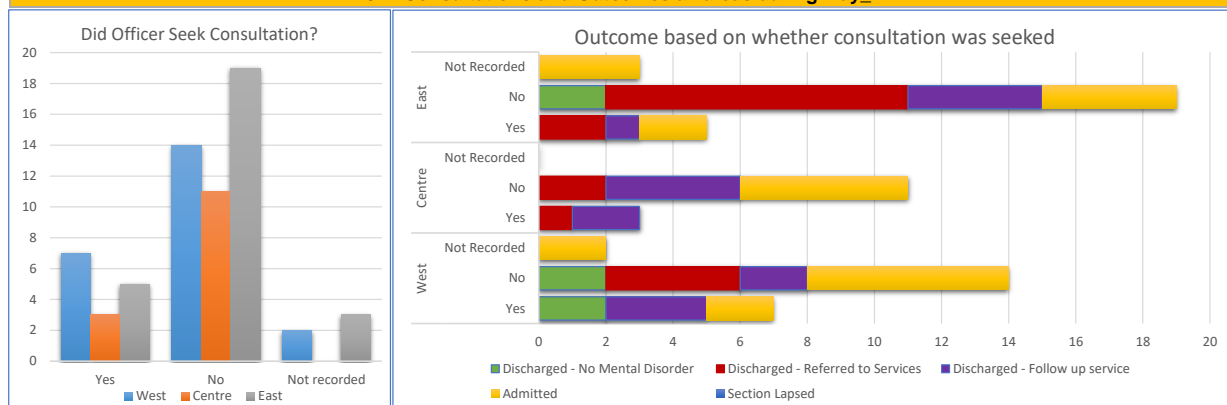
#### 5.1: Area split 3 month table up to and including May\_21 and latest 12 month total

West	Mar_21	Apr_21	May_21	12 Month Total	Centre	Mar_21	Apr_21	May_21	12 Month Total	East	Mar_21	Apr_21	May_21	12 Month Total	Incident rate by county (12 mth total)
Ynys Mon	4	3	4	38	Ynys Mon	0	0	0	4	Ynys Mon	0	0	1	2	Ynys Mon 6.27
Gwynedd	9	12	9	86	Gwynedd	0	0	2	9	Gwynedd	0	1	2	4	Gwynedd 8.01
Flintshire	0	0	0	15	Flintshire	3	1	1	18	Flintshire	6	5	8	62	Flintshire 6.13
Wrexham	0	0	0	10	Wrexham	0	3	1	22	Wrexham	7	6	10	80	Wrexham 8.05
Conwy	5	4	9	48	Conwy	3	1	0	25	Conwy	0	0	1	6	Conwy 6.76
Denbighshire	1	2	1	17	Denbighshire	6	7	9	58	Denbighshire	0	1	3	12	Denbighshire 9.11
Powys	0	0	0	0	Powys	0	0	0	0	Powys	0	0	0	0	Powys #N/A
OOA	0	0	0	1	OOA	0	0	1	1	OOA	1	1	0	3	OOA #N/A
Incident Rate per 10,000 population	0.98	1.08	1.19	11.09	Incident Rate per 10,000 population	0.56	0.56	0.66	6.45	Incident Rate per 10,000 population	0.48	0.48	0.85	5.75	BCUHB 7.44

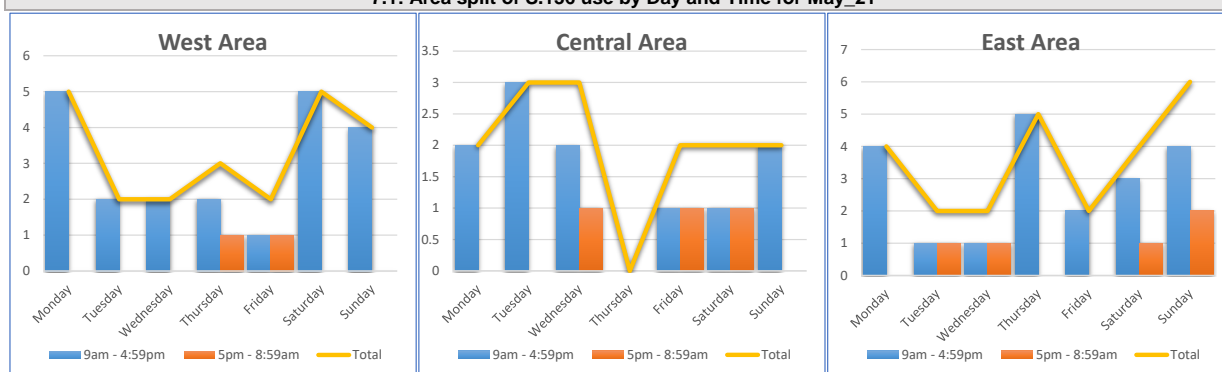
\*Please note: due to County Detained was only captured from November 2017, residents per detention by county detained will only be accurate from November 2018 onwards. Area data is accurate from April 2016

## Section B: 12 Month Data for May\_21

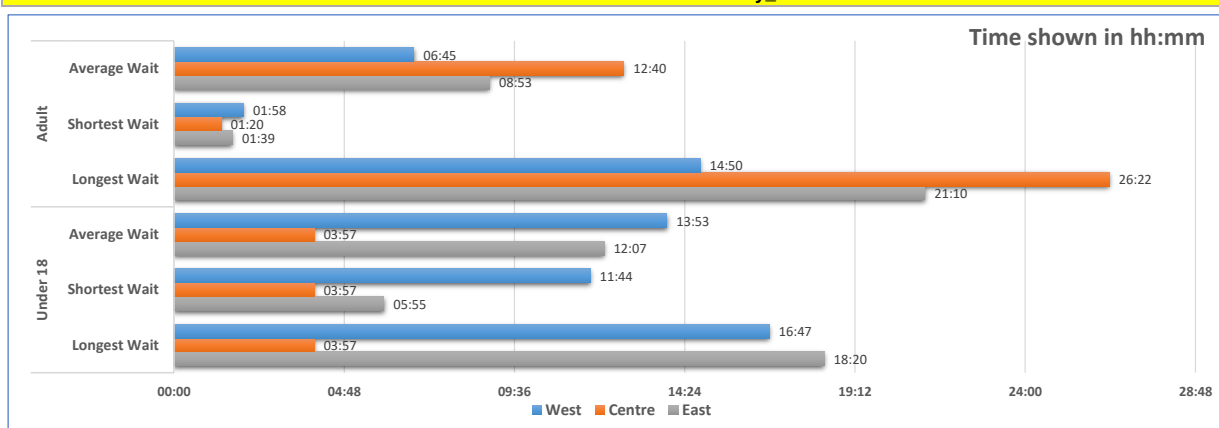
6.1: Consultations and Outcomes all areas during May\_21



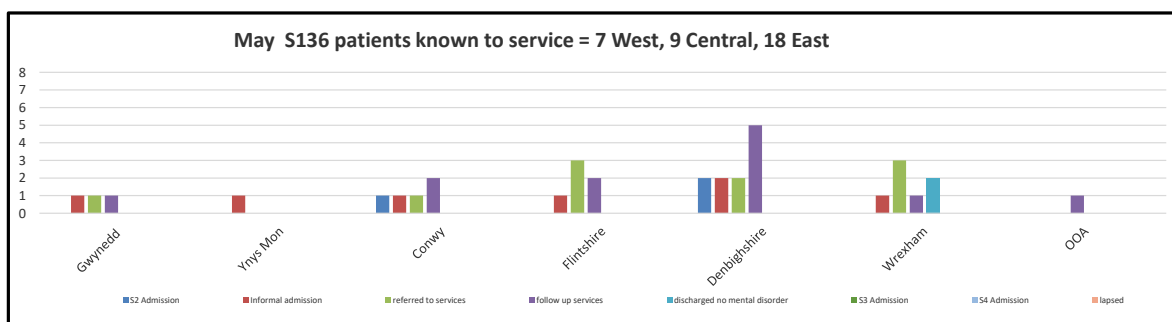
7.1: Area split of S.136 use by Day and Time for May\_21



8.1: Duration in S.136 Suite for May\_21



Within this month there was one request for an extension due to the detained person not being fit for assessment, they were assessed within the 36 hour timeframe. Delayed assessments were recorded as: 12 due to the detained persons being unfit for assessment, one delay due to the uncooperation of the detainee, one due to AMHP availability and one in relation to AMHP and RC availability.



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 62 S136 detentions 13 people were not seen within the closest S136 suite.

Eight were due to no capacity, five the reason was not recorded.

Local Authority Originates from	Detained in	S136 Suite assessed at
Ynys Mon	Gwynedd	Ablett
OOA	Wrexham	Ablett
Flintshire	Flintshire	Ablett
Gwynedd	Gwynedd	Ablett
Denbighshire	Denbighshire	Hergest
Conwy	Conwy (Rhos)	Hergest
Conwy	Conwy	Heddfan
Denbighshire x 3	Denbighshire x 3	Heddfan
Gwynedd x 2	Gwynedd x 2	Heddfan
Ynys Mon	Ynys Mon	Heddfan

The Criminal Justice Liaison Service have been 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.

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 are monitored along with consultations which have lead to a S136.

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

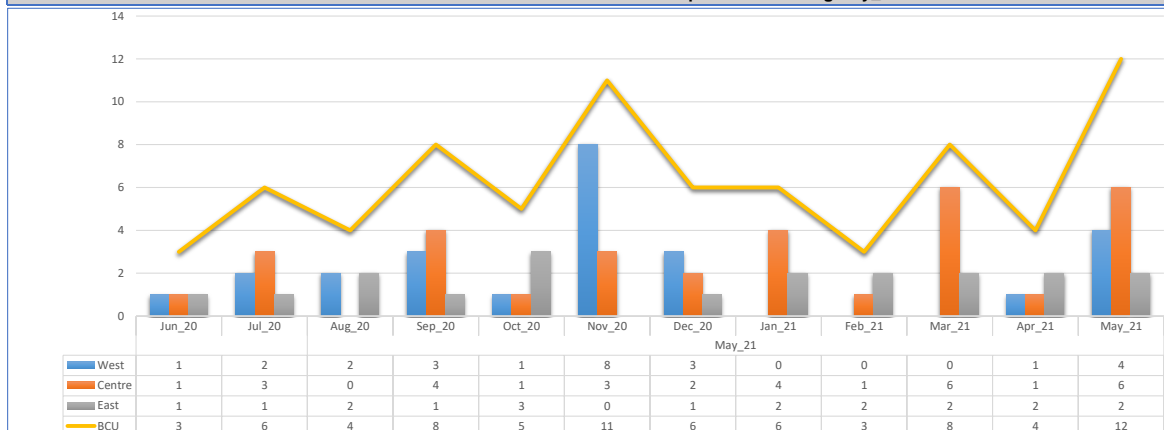
There were two consultations with the service that lead to a S136 for the month of May

**Under 18's detentions in North Wales**  
**KPI Report for: May 2021**

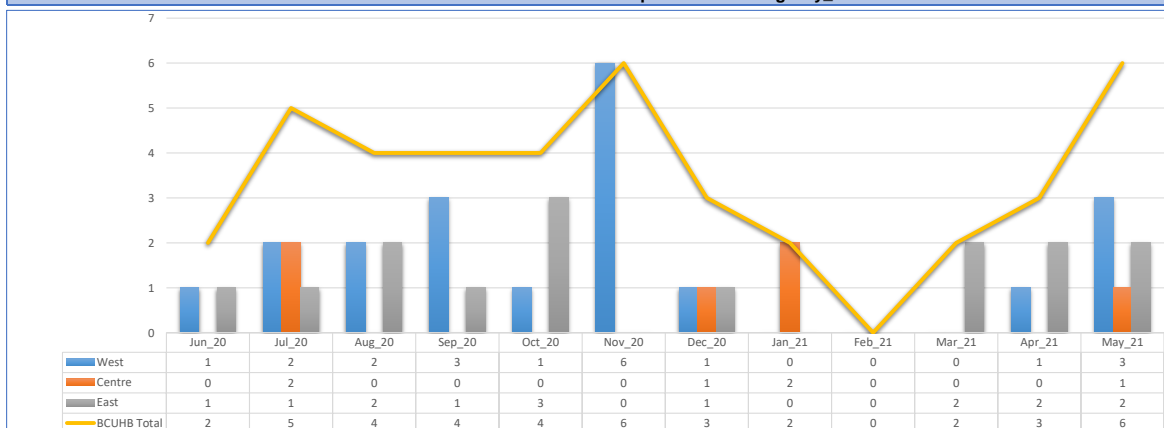
Data Source: BCUHB MHA Database  
 Report Created on: 07/06/2021  
 Report Created by: Performance Directorate

**Section A: 12 Month Data and Trends**

**1.1: All Detentions for U18's twelve month trend up to and including May\_21**



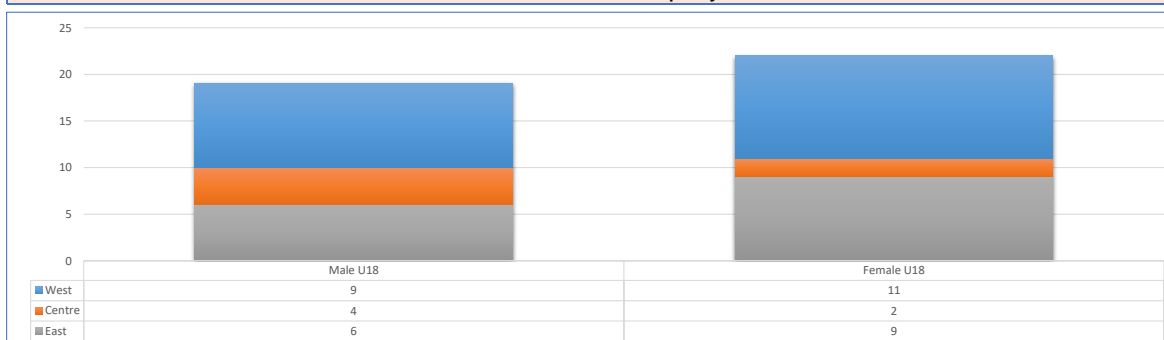
**2.1: Section 136 twelve month trend up to and including May\_21**



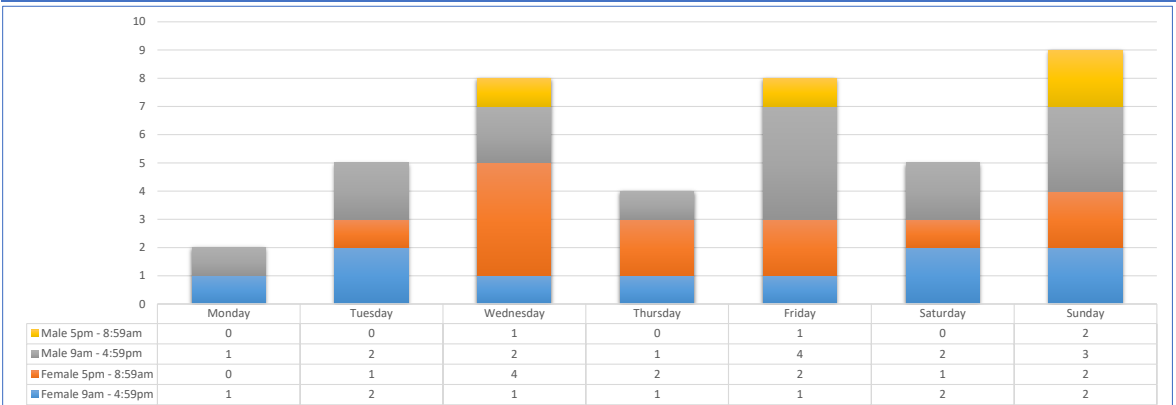
**2.2: Section 136 Outcomes twelve month trend up to and including May\_21**

Outcome of 136 detention	Jun_20	Jul_20	Aug_20	Sep_20	Oct_20	Nov_20	Dec_20	Jan_21	Feb_21	Mar_21	Apr_21	May_21
Discharged - No Mental Disorder	0	0	0	1	0	1	0	0	0	0	0	0
Discharged - Referred to Services	0	3	1	0	0	1	1	0	0	0	1	0
Discharged - Follow up service	1	2	2	1	3	0	1	2	0	0	1	4
Admitted	1	0	1	2	1	4	0	0	0	2	1	2
Section Lapsed	0	0	0	0	0	0	1	0	0	0	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 May\_21**

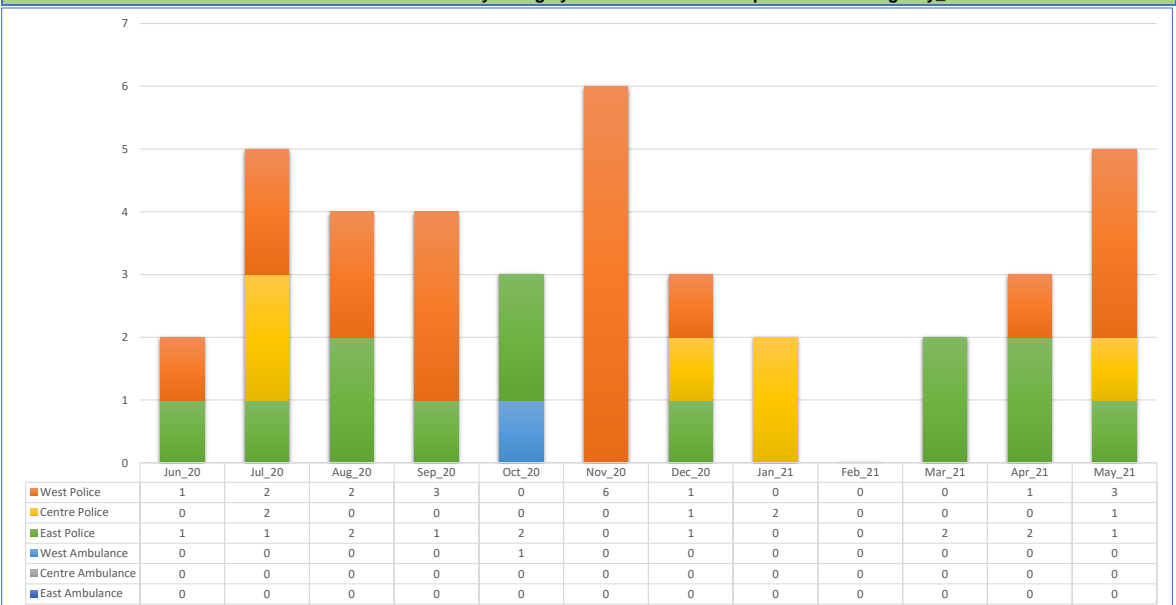
#### 4.1: 1st Place of Safety by BCUHB and split by category

[illegible]

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

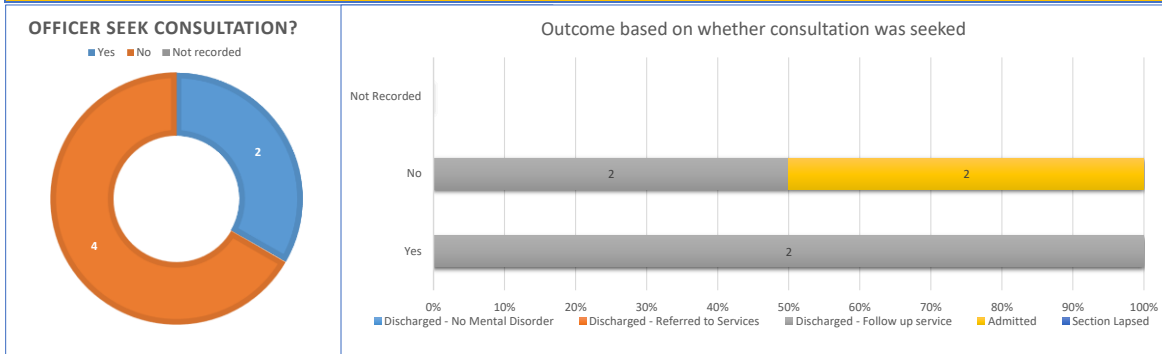
[illegible]

5.1: Police and Ambulance conveyancing by Area 12 month trend up to and including May\_21

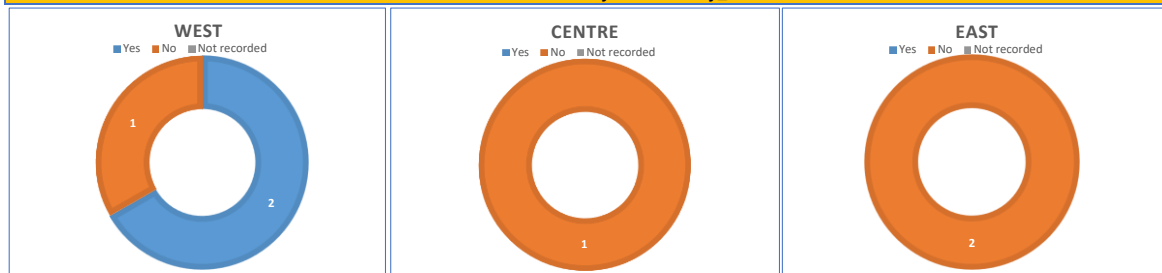


## Section B: Data for May\_21

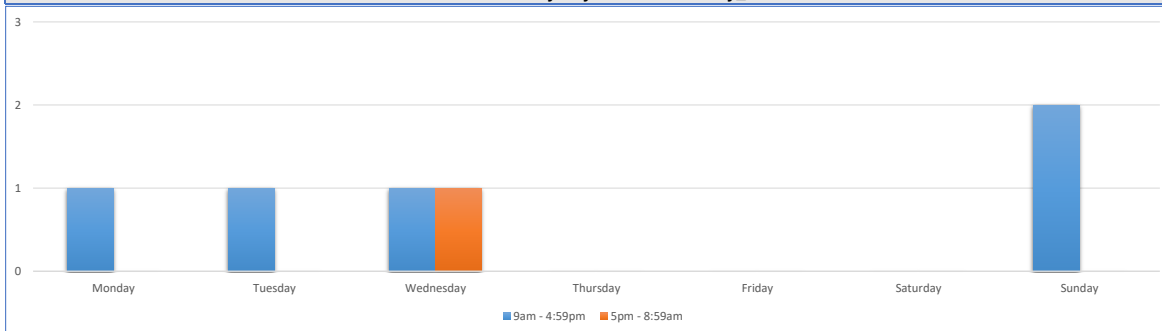
### 7.1: Consultations and Outcomes for May\_21



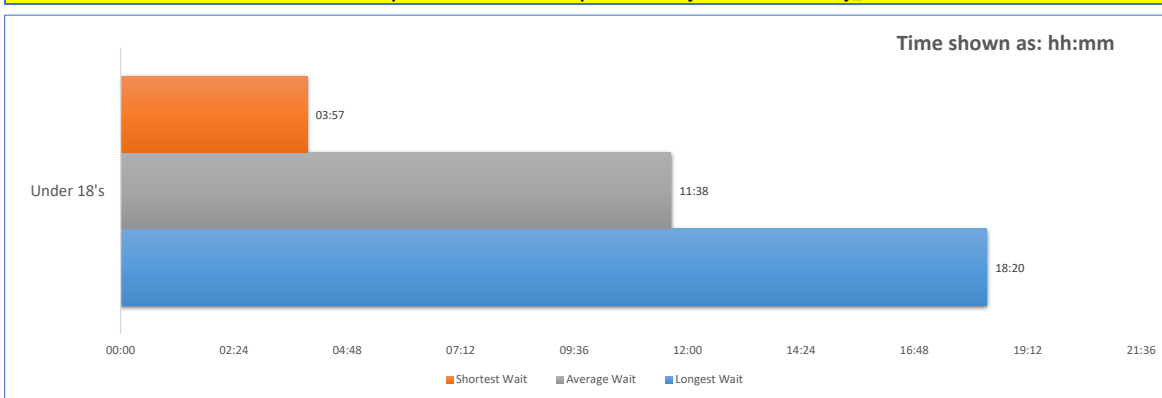
### 7.2: Consultations by Area for May\_21



### 8.1: S.136 use by Day and Time for May\_21



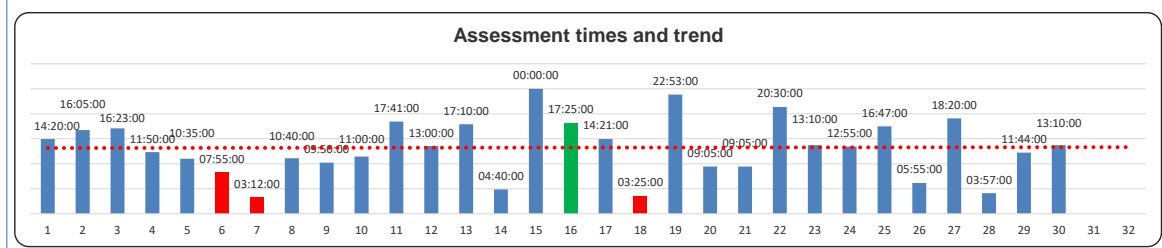
### 9.1: Time spent in S136 Suite / 1st place of safety until Outcome May\_21



### 10.1: Narrative for May\_21

There were twelve detentions this month involving eight young persons. Six under S136, One x S5(4), S5(2) and S3 which was a progression for one young person and three x S2, one young person accounted for two of the S2 detentions due to a transfer of location following an initial S136, there were no detention renewals for young persons this month. 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.

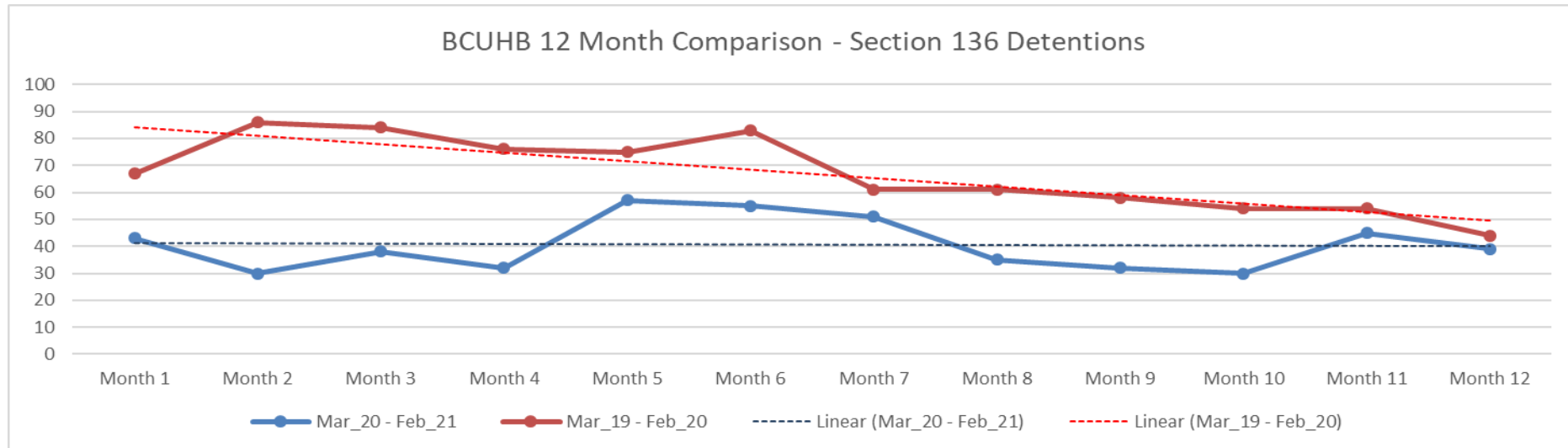
All assessments not undertaken by CAMHS were in relation to 17 yr olds, the joint assessment was for a 17 year old.



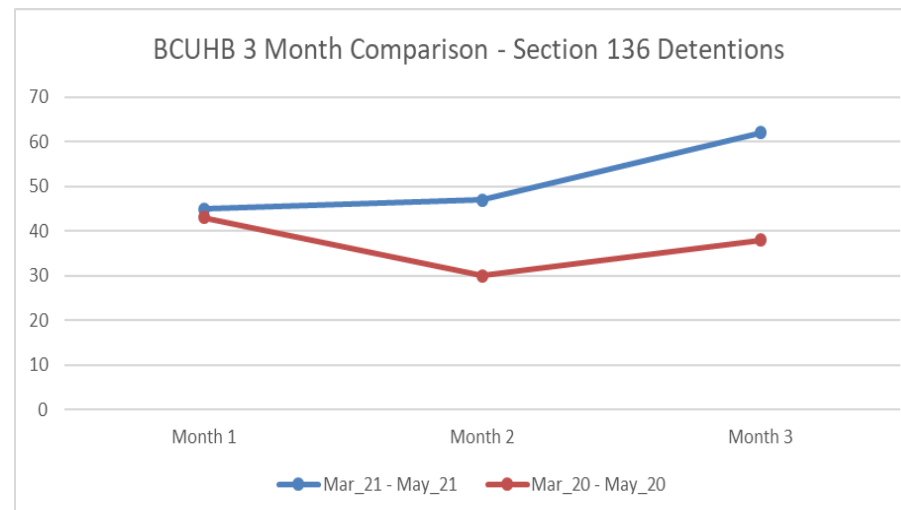
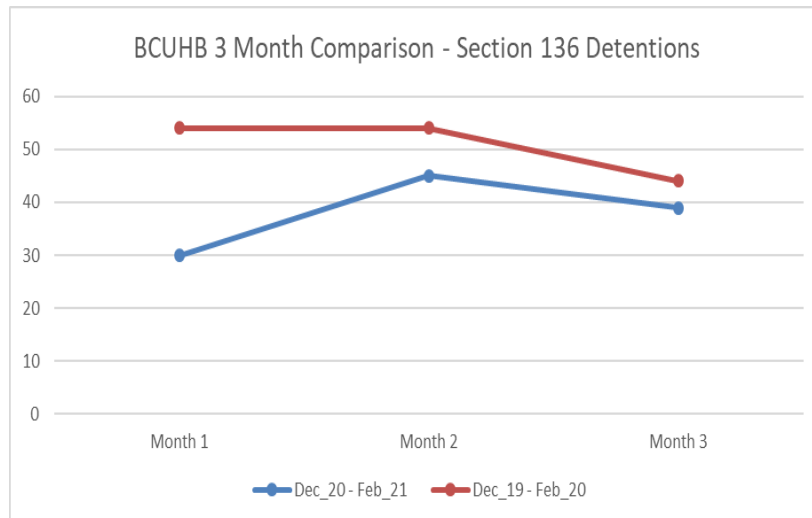


## S136 Deep Dive

### 12 Month comparison March 2020 – February 2021



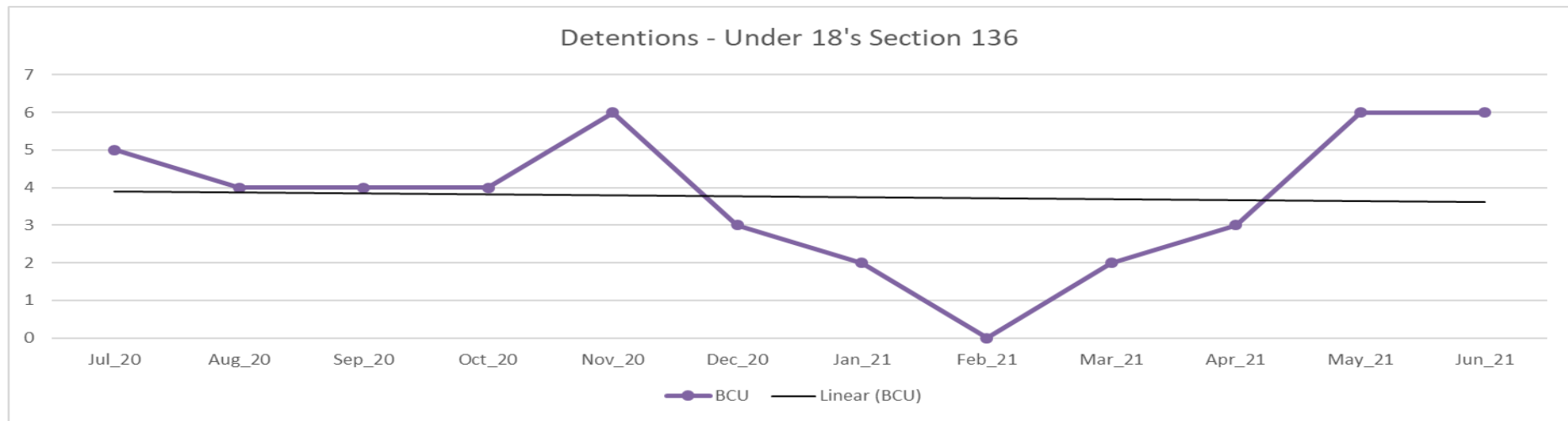
### Three month comparisons



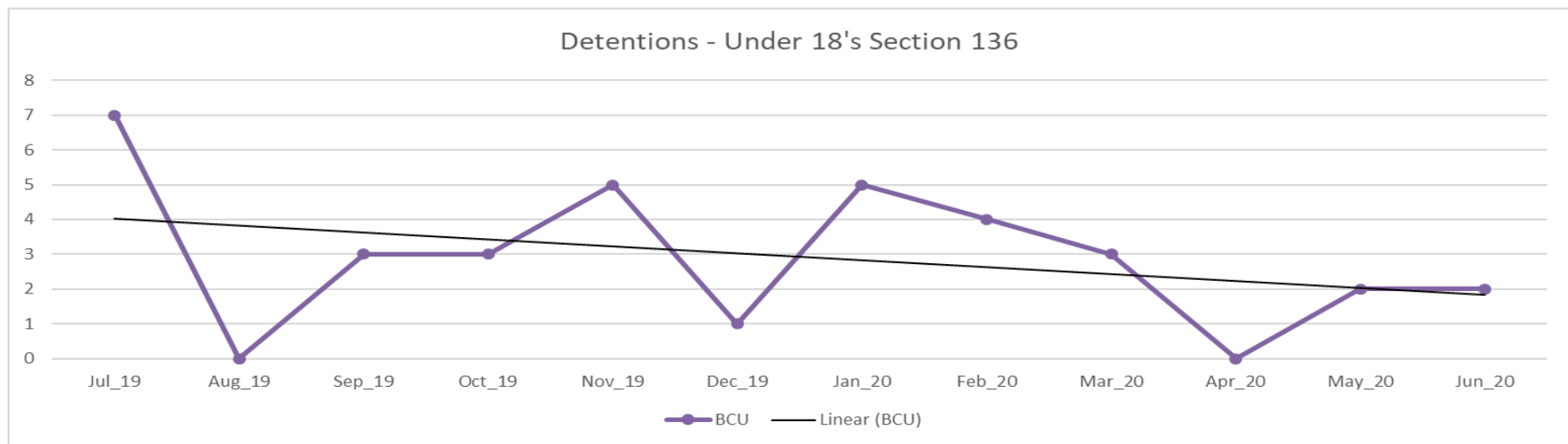


## Under 18 S136

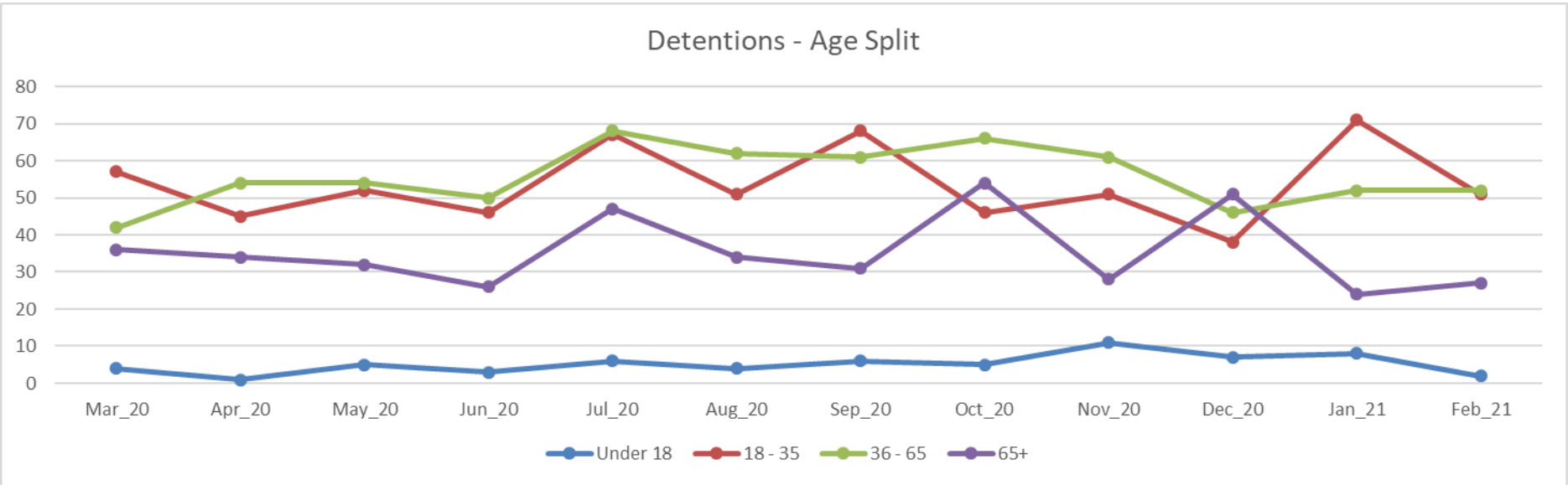
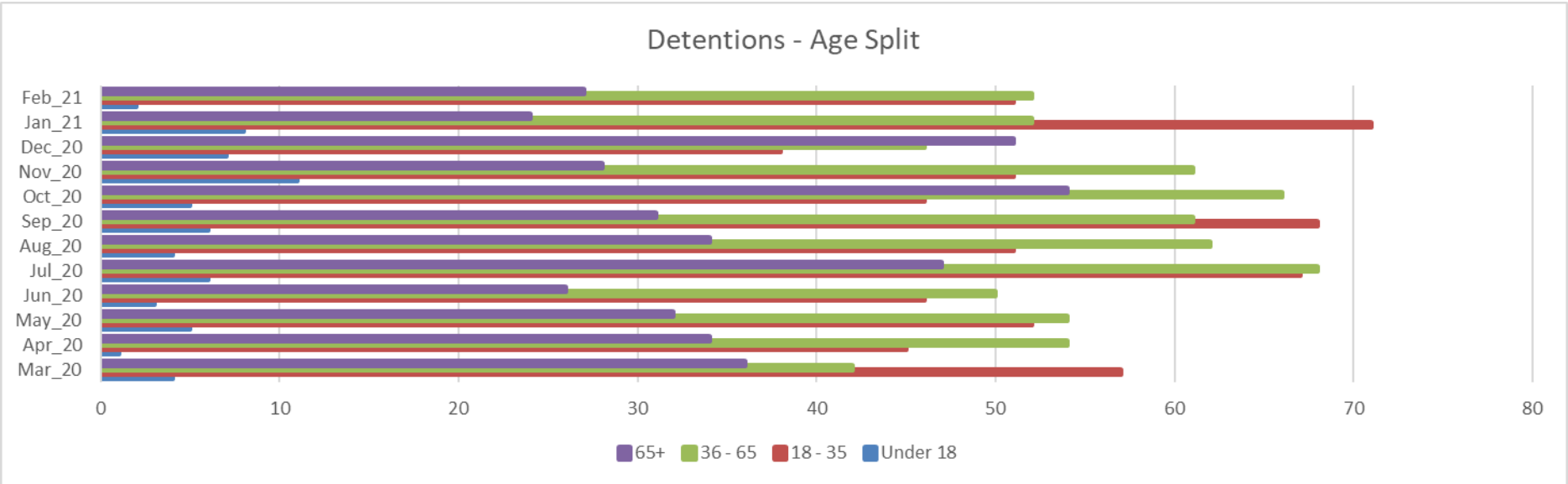
To date due to current rise in under 18s.



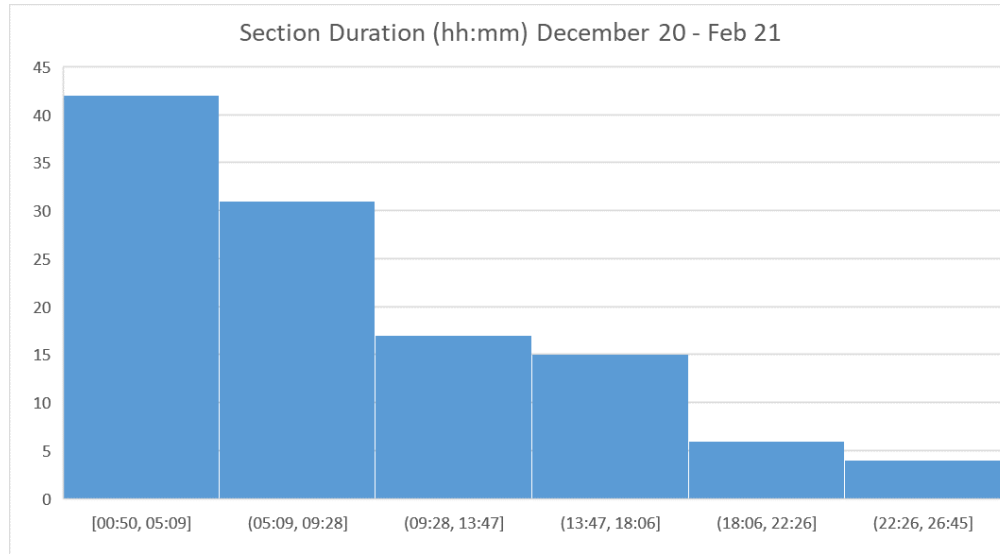
## July 19 – June 20



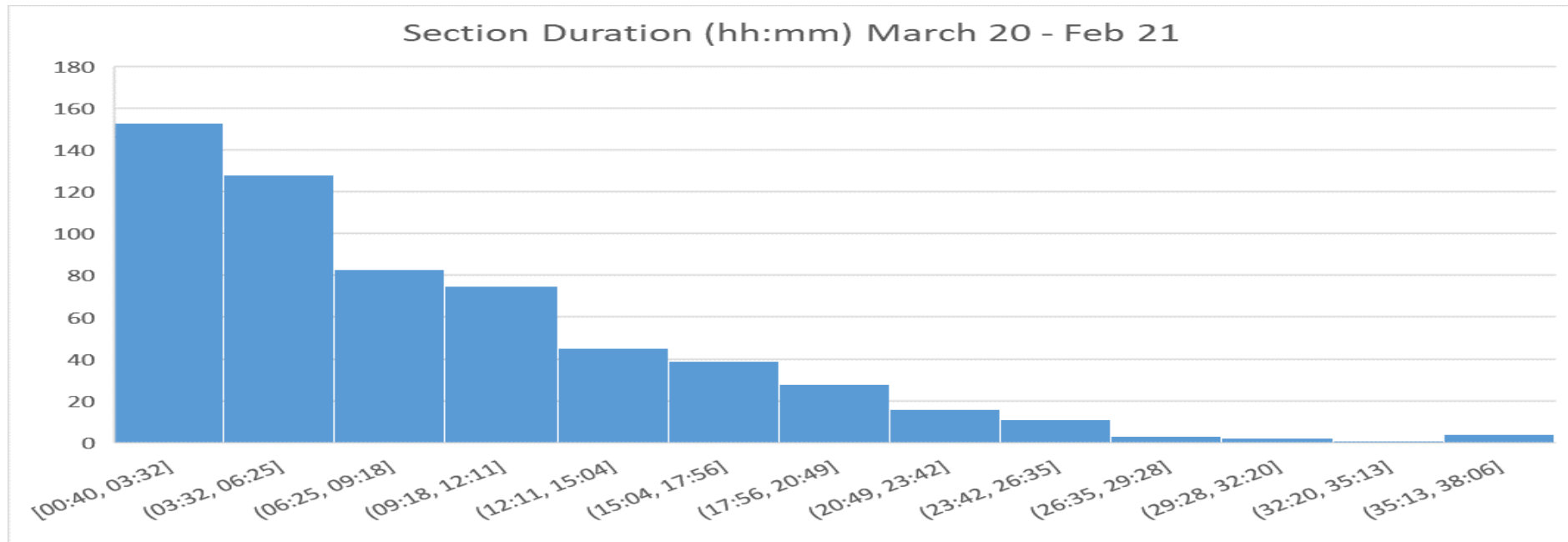
Detentions by age split



## Time spent on S136 December 20 – February 2021



## March 20 – February 21



SPC S136 reports to date

