

Bundle Power of Discharge Sub-Committee 8 December 2020

To be held from 13:30pm - 14:30pm.
To be held virtually via Webex.

Agenda attachments

Agenda_Power_of_Discharge_Sub-Committee_8_December_2020 V2.0.docx

- 1 OPENING BUSINESS
 - 1.1 13:30 - POD20/9 - Welcome and Apologies for Absence
 - Cheryl Carlisle, Independent Member **(to attend for part of the meeting, due to a prior commitment).**
 - 1.2 13:34 - POD20/10 Update on Sub-Committee Membership
 - 1.3 13:44 - POD20/11 Minutes of Last Meeting
 - 1\ *To confirm as a correct record the Minutes of the last meeting held on 19th October\, 2020\.*
POD20.11 Draft PODSub C draft mins Oct 2020 v0.2.docx
 - 1.4 13:46 - POD20/12 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\.*
POD20.12 POD Summary Action Plan live version 27.11.2020.doc
- 2 FOR DISCUSSION
 - 2.1 13:48 - POD20/13 - Hospital Managers' Update
 - Wendy Lappin, Mental Health Act Manager
 - Recommendation:
The Sub-Committee is asked to note the report.
POD20.13 Associate Hospital Managers Update Report v0.2.docx
- 3 FOR INFORMATION
 - 3.1 14:18 - POD20/14 Performance Report
 - Wendy Lappin, Mental Health Act Manager
 - Recommendation:
The Sub-Committee is asked to note the Performance report for information only.
POD20.14a MHA Performance Report v0.2.docx
POD20.14b Appendix 1 MHAct Activity Report.pdf
POD20.14c Appendix 2 Divisional S136 Report November 2020.pdf
POD20.14d Appendix 3 CAMHS S136 Report Nov 2020.pdf
- 4 CLOSING BUSINESS
 - 4.1 14:23 - POD20/15 Issues of Significance to inform the Chair's Report to the Mental Health Act Committee
 - 4.2 14:24 - POD20/16 Any other Business
 - 4.3 14:29 - POD20/17 Date of next meeting

Agenda Power of Discharge Sub-Committee

Date 08/12/2020
Time 13:30 – 14:30
Location Virtual via Webex
Chair Lucy Reid
Description

1 OPENING BUSINESS

1.1 POD20/9 – Welcome and Apologies for Absence

13:30 • Cheryl Carlisle, Independent Member *(to attend for part of the meeting, due to a prior commitment)*.

1.2 POD20/10 Update on Sub-Committee Membership

13:34

1.3 POD20/11 Minutes of Last Meeting

13:44 1. To confirm as a correct record the Minutes of the last meeting held on 19th October, 2020.

1.4 POD20/12 Matters arising and Review of Summary Action Log

13:46 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 POD20/13 – Hospital Managers' Update

13:48 Wendy Lappin, Mental Health Act Manager
Recommendation:
The Sub-Committee is asked to note the report.

3 FOR INFORMATION

3.1 POD20/14 Performance Report

14:18 Wendy Lappin, Mental Health Act Manager
Recommendation:
The Sub-Committee is asked to note the Performance report for information only.

4 CLOSING BUSINESS

4.1 **POD20/15 Issues of Significance to inform the Chair's Report to the Mental**
14:23 **Health Act Committee**

4.2 **POD20/16 Any other Business**
14:24

4.3 **POD20/17 Date of next meeting**
14:29



Power of Discharge Sub (POD) Committee

DRAFT Minutes of the Meeting Held on 19.10.20 via Webex

Present:

Mrs Lucy Reid	Vice Chair (Chair)
Cllr Cheryl Carlisle	Independent Member
Mr Eifion Jones	Independent Member

Mr Frank Brown	Associate Hospital Manager
Mrs Shirley Davies	Associate Hospital Manager
Mr Huw Jones	Associate Hospital Manager
Ms Jackie Parry	Associate Hospital Manager
Ms Satya Schofield	Associate Hospital Manager
Mr John Williams	Associate Hospital Manager

In Attendance:

Mrs Jody Evans	Secretariat, Corporate Governance Officer
Mrs Liz Jones	Assistant Director, Corporate Office
Mrs Wendy Lappin	Mental Health Act Manager, Mental Health and Learning Disabilities (MHL D)
Mrs Hilary Owen	Head of Governance, MHL D
Mr Mike Smith	Interim Director of Nursing, MHL D
Mr Iain Wilkie	Interim Director, MHL D

AGENDA ITEM DISCUSSED	ACTION BY
<p>POD20/1 Welcome and apologies</p> <p>POD20/1 The Chair welcomed everyone to the meeting and explained the virtual meeting etiquette standards to those present.</p> <p>POD20/2 The Chair confirmed that apologies had been received from; Teresa Owen-Executive Director, Diane Arbabi-Associate Hospital Manager, Matthew Joyes-Acting Associate Director of Quality Assurance, Patient Safety and Experience, and Alberto Salmoiraghi-Consultant Psychiatrist/Medical Director, Mental Health & Learning Disabilities.</p> <p>POD20/3 In the absence of Alberto Salmoiraghi the Interim Director of Nursing was to present item POD20.05 on behalf of the Mental Health Division.</p>	
<p>POD20/01 Update on Sub-Committee Membership</p> <p>POD20/01.1 The Chair expressed her sincere condolences on the sad passing of Mrs Susan Roberts, Associate Hospital Manager. It was confirmed that Mrs Roberts had</p>	

<p>not been involved in the POD Sub-Committee nor Mental Health Act Committee directly, but was well respected by the rest of the team. The Head of Governance also expressed condolences and paid tribute to Mrs Roberts, particularly with regards to the significant and active contributions which Mrs Roberts had made in relation to scrutiny panels and the focused dedication she gave in relation to patient care.</p> <p>POD20/1.2 The Sub-Committee welcomed the two newly appointed members to the Sub Committee; Ms Helena Thomas, Associate Hospital Manager and Mr Hugh Jones, Associate Hospital Manager.</p> <p>POD20/1.3 Following the commencement of the Covid pandemic, it was confirmed that there had been 3 Associate Hospital Manager resignations from the Sub-Committee. The Sub-Committee expressed their sincere gratitude and thanks to those members for their long standing dedication and contributions made to date. It was confirmed that expressions of interest would be sought via the Corporate Governance Officer, in order to ensure the correct membership of the sub-committee.</p> <p>POD20/1.4 The Sub-Committee noted the vacant Associate Hospital Manager position on the Mental Health Act Committee. The Corporate Governance Officer agreed to issue a call for expressions of interests, with the deadline confirmed as 13th November 2020.</p>	<p>JE</p> <p>JE</p>
<p>POD20/2 Previous minutes, matters arising and summary action plan</p> <p>POD20/2.1 Confirmed as an accurate record.</p> <p>POD20/2.2 The summary action log was reviewed and updates had been made accordingly.</p>	
<p>POD20/3 Items circulated to members since the previous meeting:</p> <p>POD20/3.1 The Chair explained as a consequence of the ongoing Covid-19 situation; she had taken the decision to stand down the March and June 2020 meetings. It was confirmed that the governance, leadership, and quality and safety matters relating to mental health fell within the remit of the Quality, Safety and Experience (QSE) Committee, and It was confirmed that the QSE Committee had continued to meet throughout the first wave of the pandemic. The Chair confirmed that all key reports on performance had been circulated to members since the previous POD and MHA Committee meetings held back in December 2019. The Chair also expressed her sincere thanks to those staff who had produced the reports and confirmed that all Committee work would continue in light of the predicted 2nd wave of the pandemic.</p> <p>POD20/3.2 It was also stated that the decision to postpone the POD Sub-Committee together with the Mental Health Act Committee; which was due to take place on 18th September 2020 had been due to a number of changes in leadership and report writing request updates.</p>	

POD20/4 Associate Hospital Managers Update, to include periodic updates on training and appraisals

POD20/4.1 The Mental Health Act Manager provided an update on the activities of the Associate Hospital Managers during the quarter, April to June 2020. The update report included details in relation to hearings, training, recruitment, forums and Key Performance Indicators (as referred to within Appendix 1).

POD20/4.2 The Mental Health Act Manager explained that all hearings had taken place remotely due to the Covid 19 pandemic, with the option to use the telephone function within Skype or via the video link. The reduced number of hearings held over the time period due to the ongoing pandemic was noted. It was confirmed that guidance had been issued by Welsh Government regarding Hospital Managers discharge powers (S23) under the Mental Health Act. It was reported that a number of Associate Hospital Managers had stood down from participating in hearings, as only a handful wished to do so remotely. It had been confirmed that managers participating in hearings are having one to one reviews, along with training and support to ensure they can access the Electronic Staff Record (ESR) system. It was also recognised that there were a number of hearings not arranged within the set key performance indicators (KPIs) due to the ongoing pandemic.

POD20/4.3 It was confirmed that since April, scrutiny had been suspended, and sessions would be reinstated once it is safe for the Associate Hospital Managers to physically reconvene in the Health Board units.

POD20/4.4 It was explained that the third All Wales Associate Hospital Managers day was cancelled and that it had been postponed to a future date in 2021.

POD20/4.5 Recruitment data detail had also been clarified to date by the Mental Health Act Manager.

POD20/4.6 The Chair then invited questions from Independent Members:

POD20/4.6.1 An Independent Member expressed her thanks to all staff involved with hearings throughout the challenging pandemic crisis. The Independent Member raised three queries; in relation to I.T and hearing support, Associate Hospital Managers currently shielding and the suspension of scrutiny of paperwork in mental health units. The Mental Health Act Manager confirmed that support had been provided and any issues had been worked through together. It was explained that the hearing process had been adapted to include a total of four Associate Hospital Managers in attendance virtually, to allow slippage for technical difficulties. The technical challenges at the outset of the pandemic were noted by the Sub-Committee, but overall it was agreed that the system worked well. In relation to the Associate Hospital Managers shielding, it was confirmed that the hearings were not being held in Health Board units, until it becomes safe to do so. It was confirmed that all but the final step of the scrutiny of paperwork had continued during the pandemic. The Head of Governance confirmed that the final step was in a long process, and confirmed that all other required steps in relation to administration, pharmacy, medical and AMP scrutiny had continued to date.

<p>POD20/4.7 Concerns were raised by the Chair regarding the use of telephones during hearings. It was confirmed that the telephones were utilised due to lack of broadband width for use of the Skype video system. It was confirmed that the telephone option is therefore there as a backup, and that the virtual video system is utilised predominantly.</p> <p>POD20/4.8 The Chair thanked the team for the ongoing commitment in unprecedented times recognising the flexibility and adaptability of the systems in place. The Sub-Committee noted the report and update.</p>	
<p>POD20/5 Recruitment and Medical Staffing Vacancies in Mental Health and Learning Disabilities (MHL) Division</p> <p>POD20/5.1 The Chair informed the Sub-Committee that the update report had been requested at a previous Mental Health Act Committee meeting to brief the members on detail and to provide assurance in relation to the status update on the consultant workforce in MHL, and on the availability of Approved Clinician doctors. It was raised that the report had not included the relevant detail, as previously sought, however the report brief was welcomed.</p> <p>POD20/5.2 The Interim Director of Nursing presented the paper and informed the members of the recruitment issues on a national scale along with a demographic picture with regards to the filling of vacant posts. Retirements had also been noted along with financial impacts with regards to locum and agency staffing. It was confirmed that ongoing wider work continues with Workforce and Organisation Development colleagues.</p> <p>POD20/5.3 Following the overview of the report the Interim Director of Nursing asked that the Sub-Committee accept the report content as assurance. An Independent Member raised a concern in relation to the impacts on hearings in relation to stability of permanent staffing involvement. A discussion took place, following which the Sub-Committee confirmed that the overall update did not provide an adequate level of assurance. Further discussion took place in relation to psychiatric recruitment along with changes to doctors' contracts and pensions.</p> <p>POD20/5.4 An Associate Hospital Manager also raised a concern with regards to patient experience relating to consistency and turnover of locum and non-permanent staffing. The need for confidence was raised in relation to continuity of care. It was explained that the Division would incorporate this issue into the longer term strategy going forwards.</p> <p>POD20/5.5 The Chair referred to recruitment issues regarding consultant psychiatrists within Child and Adolescent Mental Health Services (CAMHS) and explained that the tier four model was in place, which included nurse led functions. It was noted that the systems in place within Mental Health should conform to the Mental Health Act legislation and that the Division is working with Workforce and Organisational Development colleagues on the longer term strategy.</p> <p>POD20/5.6 An Independent Member expressed concern in relation to the staffing issues raised and also asked for clarification on the financial costings in relation to</p>	

<p>agency workers. It was confirmed that all costs relating to agency staffing had been included in budgetary planning for the Division.</p> <p>POD20/5.7 It was stated that work was ongoing with the Workforce and Organisational Development function in order to strengthen recruitment. It was also noted that a meeting had taken place within the Division to discuss concerns in relation to the availability of section 12{2} doctors across North Wales. It was noted that there was acceptance that there wasn't a simple solution, but the Division was keen to work collaboratively to address the problem going forwards.</p> <p>POD20/5.8 The Sub-Committee noted the report update.</p>	
<p>6. FOR INFORMATION</p>	
<p>POD20/6 Mental Health Act Committee Performance Report</p> <p>POD/6.1 The Mental Health Act Manager presented the performance report for information and explained that it included compliance with the Mental Health Act requirements and the Mental Health Measures. The report also included data in relation to the S136 Divisional Report for Audit and the S136 CAMHS Report.</p> <p>POD/6.2 Members asked a range of questions relating to the information including the monitoring of exceptions data. The Mental Health Act manager confirmed that there had been five lapsed sections reported. It was also confirmed that the report did not include benchmarking data for the purposes of comparison of the Health Board against other similar organisations in Wales. This was due to no Wales benchmarking reports being issued during the reporting period as a result of the pandemic. It was confirmed that the number of Section 136 rectifiable errors had again reduced in the last quarter covered by the report.</p> <p>POD/6.3 Concerns were raised in relation to CAMHS and transitions through to Adult Mental Health. It was confirmed that regular meetings in relation to transfers to adult services were taking place. An Associate Hospital Manager expressed concerns regarding section 5.2 - inappropriate transfer between wards. It was confirmed that the incident had been reported via the Datix system and dealt with accordingly. It was noted that the incident was investigated and lessons were learnt in relation to supervision. An issue with regards to an age appropriate bed was also commented upon by an Independent Member regarding the length of time taken to transfer the patient. The Mental Health Act Manager agreed to provide feedback to the Independent Member accordingly. Meanwhile for assurance it was confirmed that nursing huddles always escalate issues on a rapid basis.</p> <p>POD/6.4 The Chair referred to a walk around visit to the Heddfan Unit and expressed concern with regards to the availability of Section 136 suites. The concern was noted and it was confirmed by the Head of Governance that there are three suites across North Wales (within acute hospitals). Clarification was given regarding the admission of under 18's and vacancies of beds and on the strict management controls in place.</p> <p>POD/6.5 Significant improvements were also noted by the Head of Governance regarding the involvement of the Criminal Justice Liaison Team and data via the Policy</p>	<p>WL</p>

regarding Section 136 admissions. It was noted that a further update would be provided at the Mental Health Act Committee meeting to follow. POD/6.6 The Sub-Committee noted the report for information.	
POD20/7 Any other business Nothing further to note.	
POD20/8 Date of next meeting To be confirmed – December 2020.	

DRAFT

BCUHB POWER OF DISCHARGE SUB COMMITTEE
Summary Action Plan – Live Document – last updated 02/12/2020 17:45

Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
December 2019				
HO	POD19/22.8 HO agreed to circulate information on the number of patients who are sectioned on Individual packages of care within the last 12 months.	December 2019	Update as at August 2020 – HO reported that the information had been requested. Update as at October 2020 – HO reported that the information had been circulated. The Sub-Committee also agreed to add the data report to the Cycle of Business.	Action to be closed.
October 2020				
JE	POD20/1.3 3 Associate Hospital Manager 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.	
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	Update – 22nd Oct 2020 – Email sent requesting for expressions of interest. 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.	
WL to feedback to CC	POD/6.3 Age appropriate beds concerns regarding the length of time taken to transfer. The Mental Health Act Manager agreed to provide feedback to the Independent Member accordingly.	November 2020	Update – 23rd Oct 2020 – Feedback provided as required via email.	Action to be closed.



Cyfarfod a dyddiad: Meeting and date:	Power of Discharge Sub-Committee 08.12.2020						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Associate Hospital Managers Update Report (July – October 2020)						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr 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:	MHLD Senior Leadership Team Quality Safety and Experience Group 19.11.2020						
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:							
This “Update Report” provides details regarding the Associate Hospital Managers Activity within the division for the detailed period – July to October 2020. The report (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, local Health Boards manage NHS hospitals. 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 Community Treatment Orders (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 the period July 2020 – October 2020. The reporting period details a four months period, given the request to bring the most up to date information to the committee wherever possible.

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 the security requirements for posting reports.

Risk Analysis

The number of individual Associate Hospital Managers must be kept at a reasonable level to ensure the availability for this activity. The Health Board has 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 renewal 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.

Quarterly Activity

1 Hearings

At the time of writing (09.11.2020) hearings continue to be held remotely using SKYPE. The Health Board is moving to Microsoft TEAMS which will be used going forward following assurance that all Associate Hospital Managers can access. A period of training is to be conducted during November.

A total of 15 hearings were held during the months July – October 2020. There were no discharges - 12 were section renewals and three were appeals by the patients.

A breakdown of the hearing activity is detailed below:

July

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

Two hearings were for community patients and four inpatients. (Two hearings were applications from the patients).

One hearing was cancelled - the patient had appealed against their Section 3 detention whilst being considered for a Community Treatment Order (CTO). Once the CTO came into force the patient withdrew their request.

Outcomes of hearings held

One hearing was adjourned due to internet problems, and a new hearing was not rearranged as the patient was initially transferred and the case was regraded to informal status. All other detentions were upheld.

August

- **Four hearings arranged (Three held)**

All hearings were in relation to inpatient units. One hearing was an application by the patient.

One hearing was cancelled – the patient appealed against their Section 2 detention, and this was regraded to informal on assessment by their Responsible Clinician (RC).

Outcomes of hearings held

All detentions were upheld.

September

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

One hearing was for a community patient and four were for inpatients.

One hearing was cancelled – This hearing was a patient request. It was postponed due to the patient lacking capacity and a confirmation of a referral to the

Independent Mental Health Advocacy (IMHA) services required. This hearing was rearranged for October 2020.

Outcomes of hearings held

Four detentions were upheld and one hearing had to be rescheduled due to background noise and feedback from the system. It was agreed to reschedule this after the upcoming Mental Health Review Tribunal (MHRT). Following the MHRT the patient and solicitor confirmed that the hearing was no longer required as per Welsh Government Guidance.

October

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

The hearing was for an inpatient.

- ***Four hearings were cancelled***

- One patient's CTO was revoked resulting in the patient returning to the ward environment as an inpatient. The requirement for the Managers Hearing then became void.
- One patient was unexpectedly admitted to the general hospital. The hearing was rearranged for a week later, but unfortunately did not go ahead due to an administrative error with invites. (This accounts for two hearings data and is now due to take place mid-November).
- One hearing could not go ahead due to a change in the Responsible Clinician and the retirement of the previous one. It is planned to be held late November/early December 2020.

Outcomes of hearing held

The detention was upheld.

Covid 19 and Associate Hospital Managers Hearings

The Division is continuing to follow the guidance issued by Welsh Government for Hospital Managers Hearing and MHRTs, so that a consistent approach is maintained.

In relation to Hospital Managers' discharge powers (S23) under the Mental Health Act the guidance below is to be followed. This is because the patients' right to liberty as, set out in Article 5(4) (*Everyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful*) is protected by the MHRT for Wales and not the Hospital Managers.

Guidance:

- If a patient requests a hearing under a S2 appeal it should be suggested that he or she makes an application to the MHRT for Wales.
- During the current Covid 19 crisis, it is suggested that a panel should not sit if the MHRT for Wales has considered the patient's case in the last six weeks or is due to do so in the next eight weeks.

- Hearings should take place as soon as it is practicable for the hearing to be arranged.
- It is likely that, for the foreseeable future, some hearings will need to be adjourned or to take place remotely.

It should be noted that the Mental Health Review Tribunals have been conducted via telephone whilst the Associate Hospital Managers have been conducting hearings via SKYPE and will move to TEAMS shortly. It is felt this is a positive step for patient participation during these difficult times and may alleviate some of the anxiety that could potentially be caused by the panel not being visible to the patient.

Holding hearings remotely has enabled the use of Managers from across the Health Board to support the work. Many may not have been able to travel such distances in the pre-Covid period.

Hearing Key Performance Indicators (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 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 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 three applications from the patients during this period to the Associate Hospital Managers for which hearings were held and there were no barring hearings.

Renewal Date	Hearing Date	KPI (31 days)
05/06/2020	02/07/2020	27
20/06/2020	07/08/2020	48
18/07/2020	25/08/2020	38
10/08/2020	21/07/2020	Held prior
13/08/2020	16/07/2020	Held prior
17/08/2020	22/07/2020	Held prior
26/08/2020	04/09/2020	9
06/09/2020	11/09/2020	5
08/09/2020	08/09/2020	0
11/09/2020	11/09/2020	0
16/09/2020	22/09/2020	6
23/09/2020	15/10/2020	22
Patient Application Date	Hearing Date	KPI (31 days)
08/06/2020	10/07/2020	32
24/06/2020	20/07/2020	26
23/07/2020	26/08/2020	34

This reporting period has seen an improvement in the KPIs from the previous period. The structure of the hearings and limited IT equipment has meant that only one hearing is able to take place at any one time. This will be rectified during December with additional equipment being secured and the move to Microsoft TEAMS.

2 Scrutiny

The Associate Hospital Managers visit the psychiatric units (on a monthly basis) 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 in April 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

A number of the managers have stood down from undertaking hearings, as only a handful wanted to do these remotely. 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.

The third All Wales Associate Hospital Managers day was due to be held in BUILT Wells in September 2020. This has been postponed to February 2021, and it is expected that this may be further delayed.

4 Recruitment

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

22 persons of which 15 are actively involved in hearings or shadowing. The active cohort is made up of 7 male and 8 female members, of which 4 are Welsh speakers.

Of the active members there are 7 chair persons, 3 male and 4 female, of which 3 are Welsh speakers.

Shadowing for two new Associate Hospital Managers will begin in mid-November. Applications have been received from interested persons and interviews will be set up in the near future.

There has been a decline in the number of Associate Hospital Managers: Mrs Susan Roberts sadly passed away late summer and will be missed by her colleagues, and her family have expressed gratitude to the condolences received. There has been three recent resignations, Shirley Cox, Delia Fellowes and Ann Owens. All were very experienced Associate Hospital Managers, and their input will be missed by their 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 26th of November via TEAMS.

Cyfarfod a dyddiad: Meeting and date:	Power of Discharge Sub-Committee 08.12.2020						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Mental Health Act Committee Performance Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Iain Wilkie, (Interim) Divisional Director of Mental Health and Learning Disabilities						
Awdur yr Adroddiad Report Author:	Hilary Owen, Head of Governance Wendy Lappin, Mental Health Act Manager						
Craffu blaenorol: Prior Scrutiny:	MHLD Senior Leadership Team Quality Safety and Experience Group						
Atodiadau Appendices:	Appendix 1 MHA Committee Performance Report July - October Appendix 2 S136 Divisional Report – November Appendix 3 S136 CAMHS Report – November						
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:							
<p>The Mental Health Act Committee Performance Report provides an update in relation to the Mental Health Act Activity within the division for the period, and update with October/November 2020 data.</p> <p>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. This report details a four month period due to a change in the reporting schedule to ensure up to date information is provided wherever possible.</p>							
Cefndir / Background:							
<p>The Health Board has a duty to monitor and report the number of persons placed under a section of the Mental Health Act. This report 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.</p> <p>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 included and information regarding transfers in and out for specialist services and repatriation.</p>							

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 MHAC.

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 Health Board strategy, the MHLA gives consideration to care closer to home wherever possible, and in line with the wellbeing objectives, is increasingly focused on early intervention where possible.

Financial Implications

The rise of Mental Health Act Detentions has a financial implication, two doctors are required to assess for some of the sections and a conflict of interest between clinicians as specified under the Mental Health Act needs to be avoided. This results in the use of independent S12(2) doctors and those that work as GPs.

Legal advice is obtained in relation to some detentions and the use of the Mental Health Act. No specific budget is in place for this legal advice.

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.

Legal and Compliance

This report is generated quarterly. The Mental Health Act sections are monitored closely, 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.



CONTENTS:

Contents	2	Errors	12
Foreword	3	Section 136 (Adult)	13 - 14
Advisory Reports Definitions	4 - 5	Section 136 (Under 18s)	15 - 16
Section 5(4)	6	Forensic	17
Section 5(2)	7	Transfers	18
Section 4	8	Section 62	19
Section 2	9		
Section 3	10	There are two exceptions to report this period.	
Section 17	11		

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.



1

Advisory Reports & Exception reports

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

Reports for the Mental Health Measure are no longer included in the Mental Health act Committee Performance Report due to reporting being detailed at the Quality, Safety and Experience Group.

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

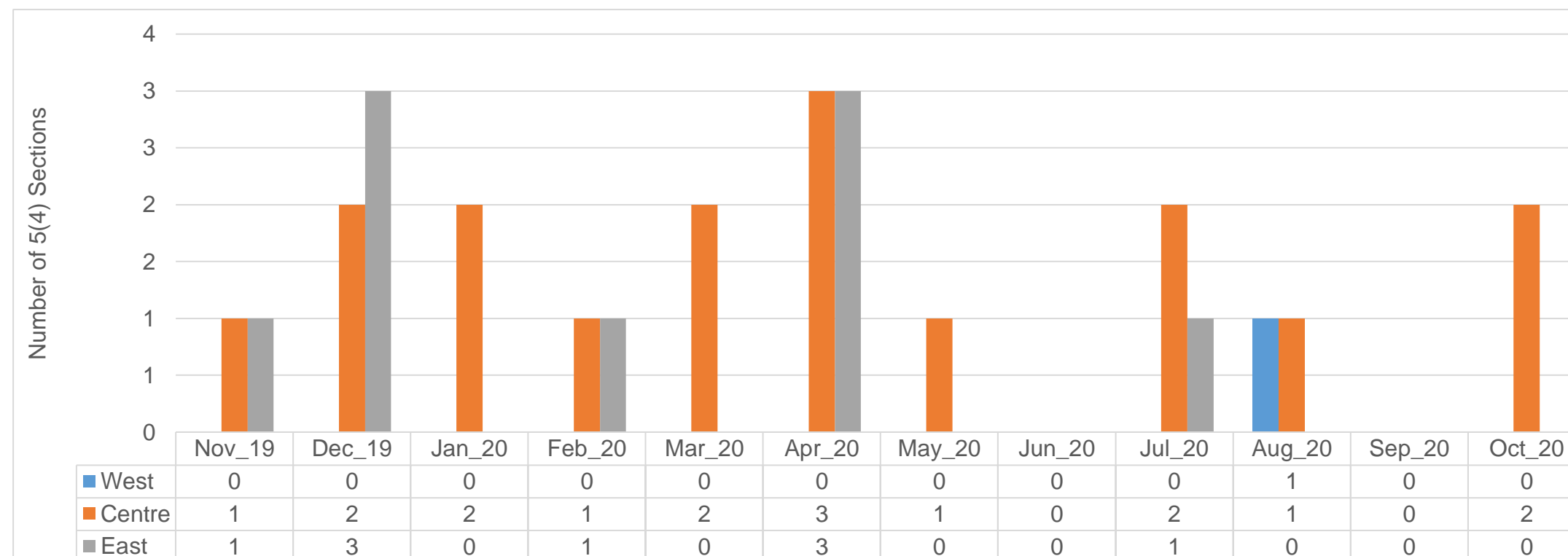
Section 62: Emergency Treatment of a detained patient regardless of section status

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	↑	4	4	→	7	1 Centre 2 West 3 East	3 1 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.

There were two instances in Central where the section lasted for the full duration as the patients were noted to have become settled and there was no requirement for the doctor to progress. It is not acceptable to allow a section to run for the full timeframe without clear documentation that this is no longer in place. The policy has been reviewed to reflect this.

LAPSES

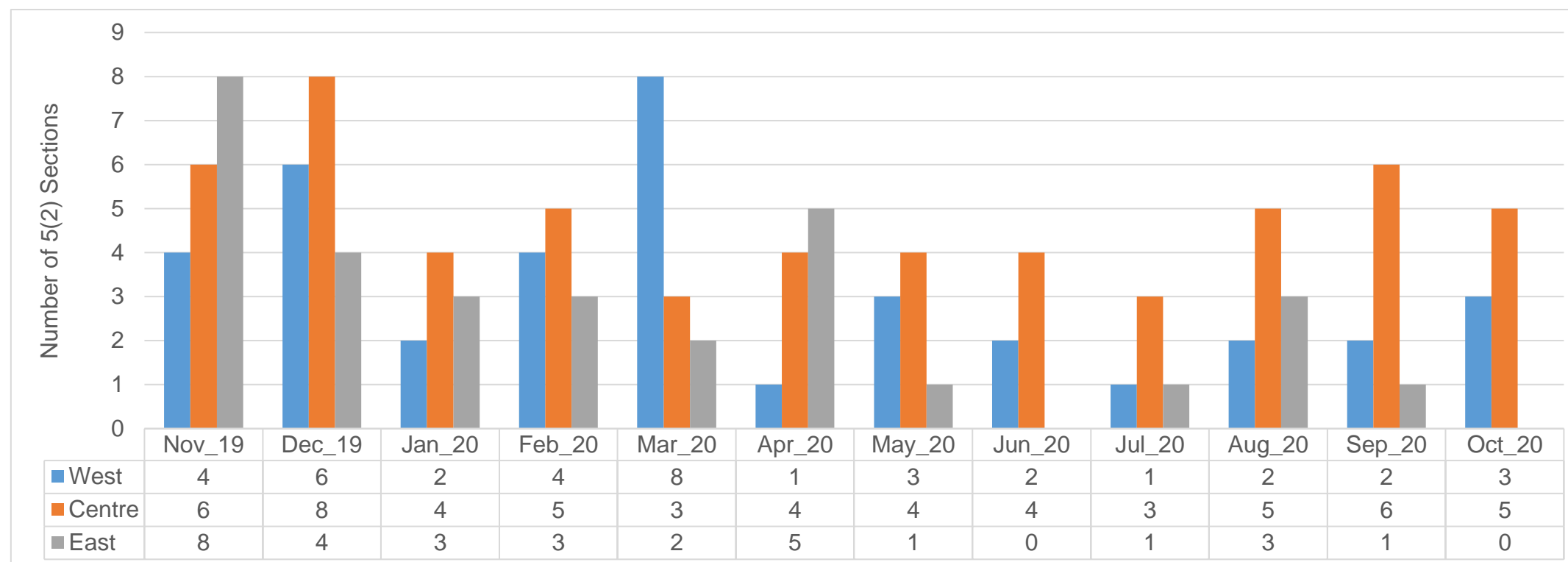
One section was noted to have lapsed, there is no evidence of consideration of section 5(2) or assessment under the MHA for further detention. INC241177

WEST		
The data	Duration (hh:mm)	Outcome
Aug_20	04:40	DOLS

CENTRE		
Month	Duration (hh:mm)	Outcome
Aug_20	06:00	Informal
Oct_20	00:20	Section 5(2)
Oct_20	06:00	Lapsed
Jul_20	04:05	Section 5(2)
Jul_20	06:00	Informal

EAST		
Month	Duration (hh:mm)	Outcome
Jul_20	05:30	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	8	9	↓	27	19	↑	32	1	Centre
								2	West
								3	East
									16

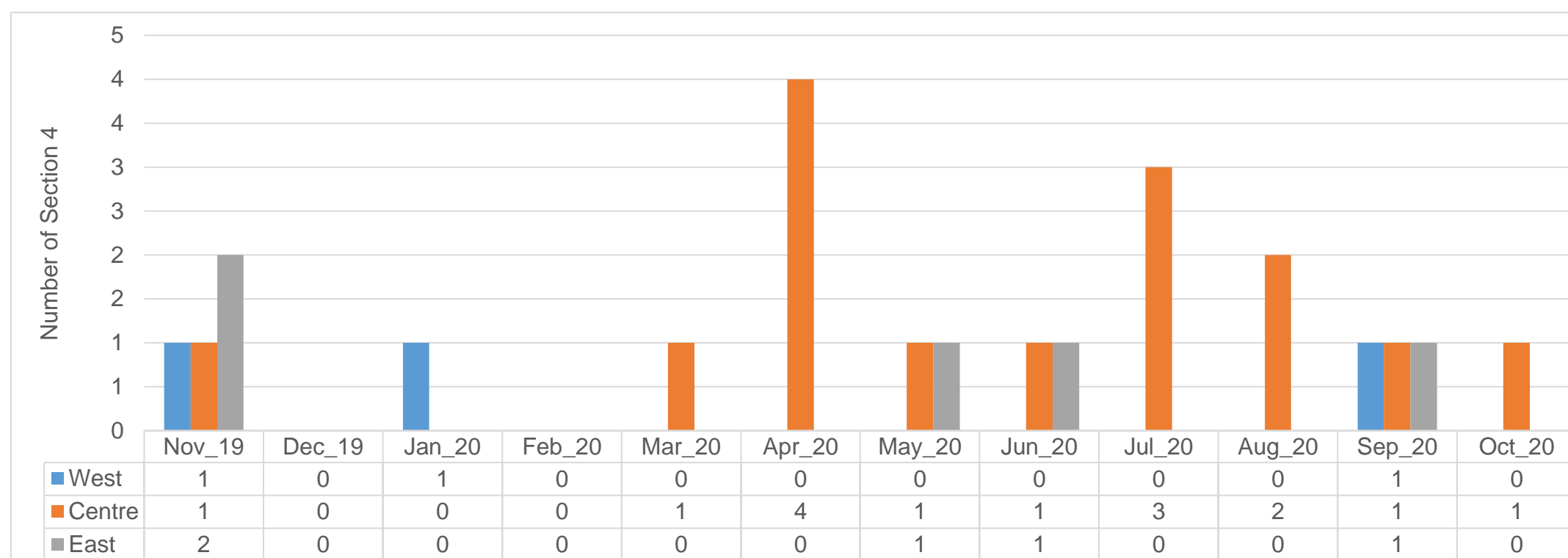


Section 5(2) Outcomes			
	Aug 2020	Sep 2020	Oct 2020
Section 2:	5	3	2
Section 3:	0	2	4
Informal:	6	3	0
Lapsed:	0	0	0
Invalid:	0	0	0
Discharged:	0	0	0
Other:	0	0	0

A Section 5(2) on occasions will be enacted within the acute hospital wards, during July - October there was one instance which resulted in the patient being detained under 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	3	↓	6	7	↓	6	1 Centre	4
								2 East	1
								2 West	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 person's protection to detain under a section of the Mental Health Act.

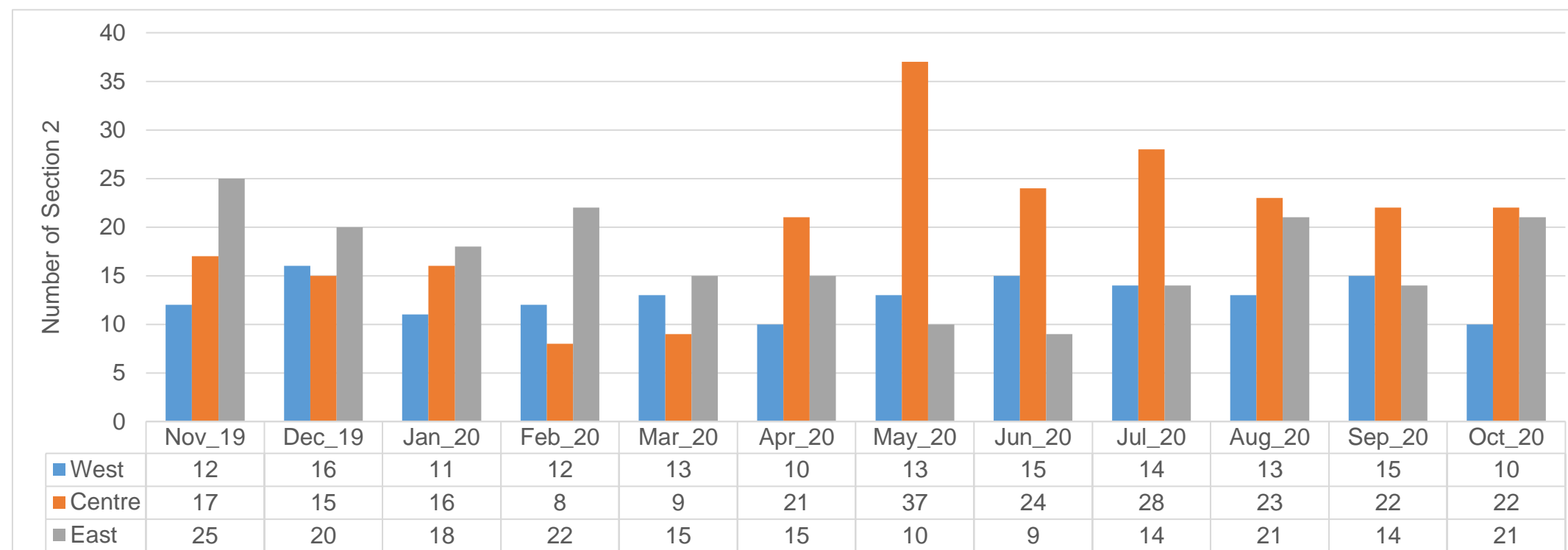
There was a spike in April which may have been due to Coronavirus but this did not continue through to May and June. Central area has the highest number of S4s since March, the availability of S12(2) doctors potentially could be having an impact this is being considered by the Medical Director and avenues explored.

WEST		
The data	Duration (hh:mm)	Outcome
Sep_20	05:40	Section 2

CENTRE		
Month	Duration (hh:mm)	Outcome
Aug_20	21:35	Section 2
Aug_20	04:25	Section 2
Sep_20	18:30	Section 2
Oct_20	11:50	Section 2

EAST		
Month	Duration (hh:mm)	Outcome
Sep_20	63:05	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	53	51	↑	161	164	↓	150	1	Centre
								2	East
								3	West
									67
									56
									38



* 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 was one under 18 placed on a Section 2 this period admission was to an age appropriate bed in CAMHS.

Section 2 Outcomes

	Aug 2020	Sep 2020	Oct 2020
Section 3:	11	14	7
Informal:	14	16	21
Lapsed:	0	0	0
Pending:	0	0	0
Discharged:	7	6	8
Transferred:	12	13	16
Invalid and Other:	0	0	1

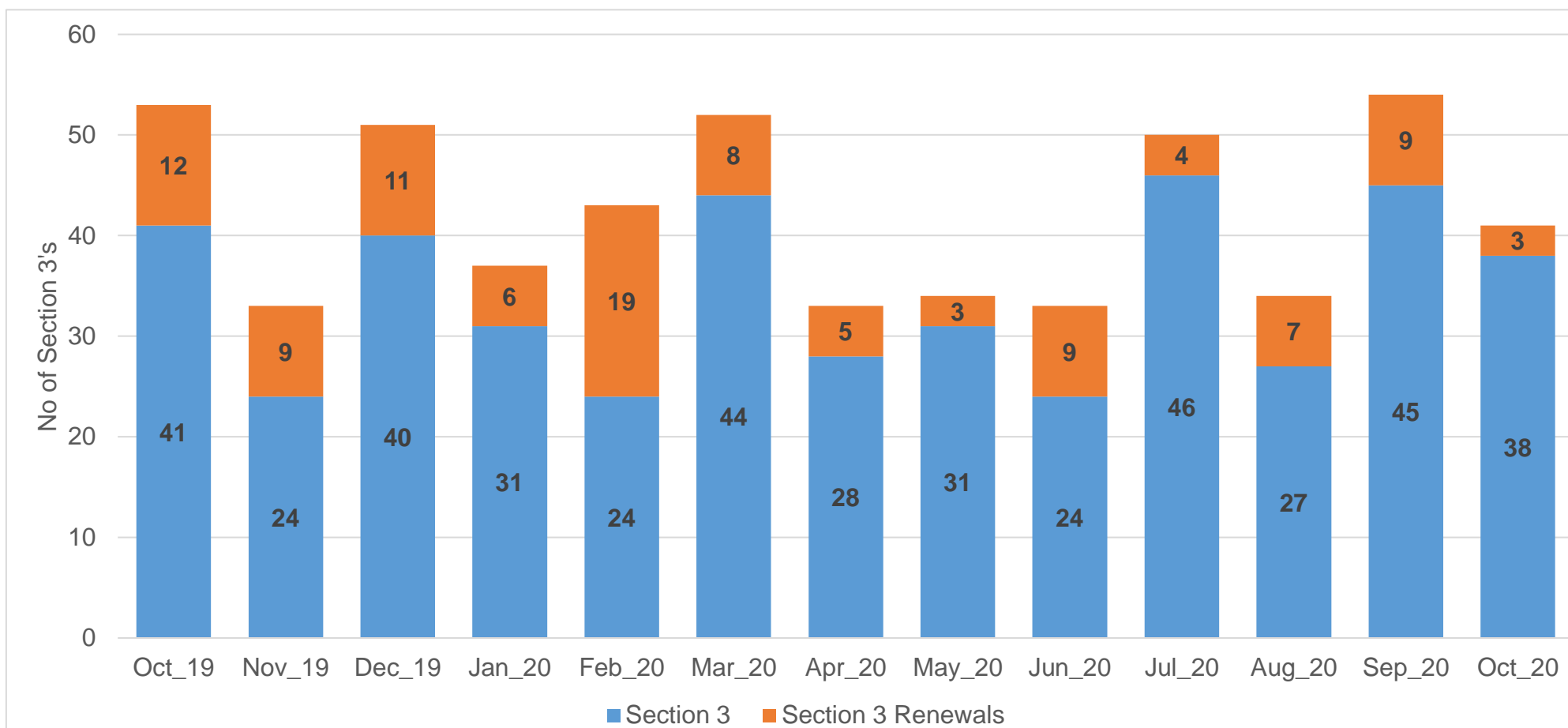
EXCEPTIONS:

There are two exceptions to report this period.

WEST: (July) A Section 2 expired as the AMHP did not complete the Section 3 paperwork in time INC232470.

CENTRAL: A Section 2 was found to be invalid as the joint medical recommendation had not been signed by both doctors. INC239612.

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	41	54	↓	129	117	↑	124	1	Centre
								2	East
								3	West

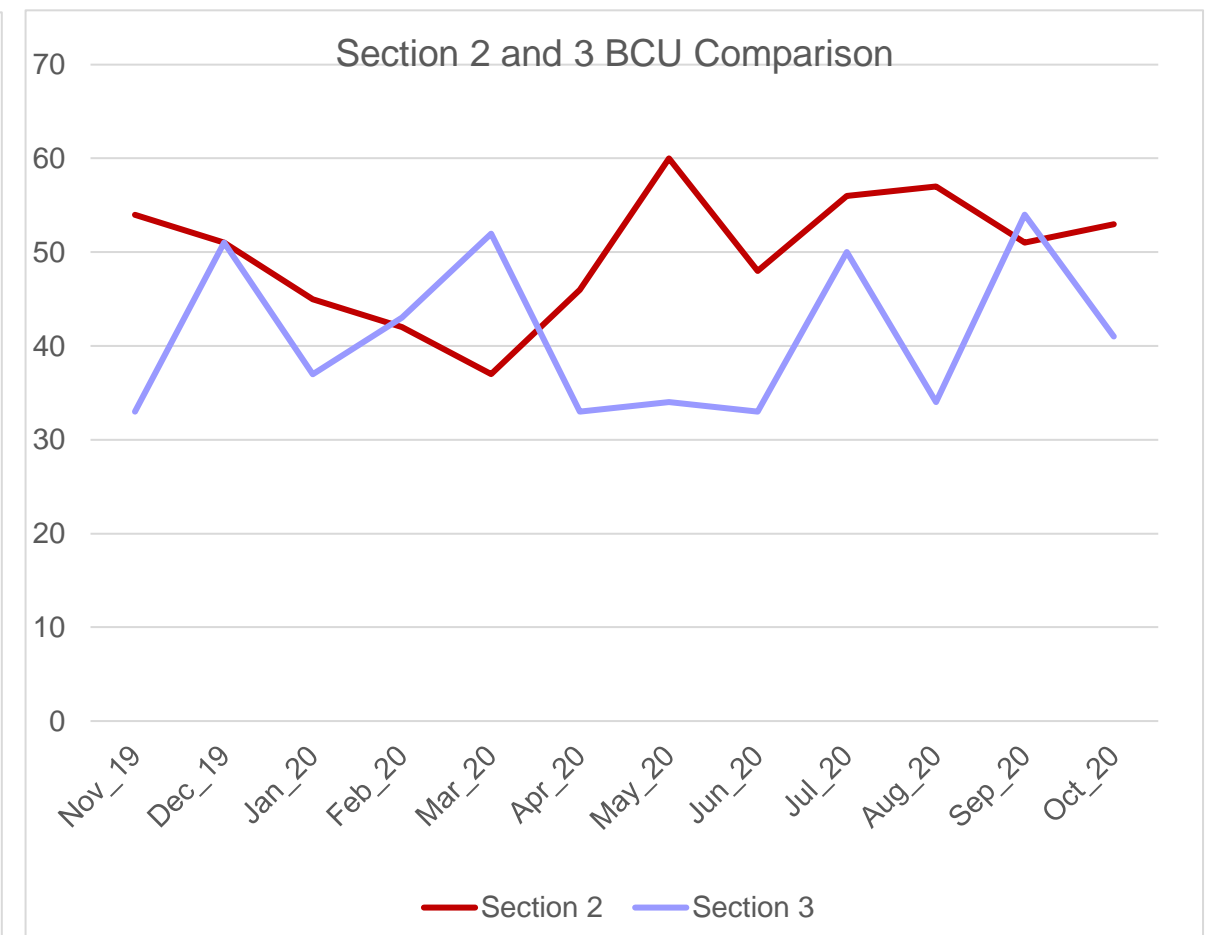


* data is as at position and is subject to change

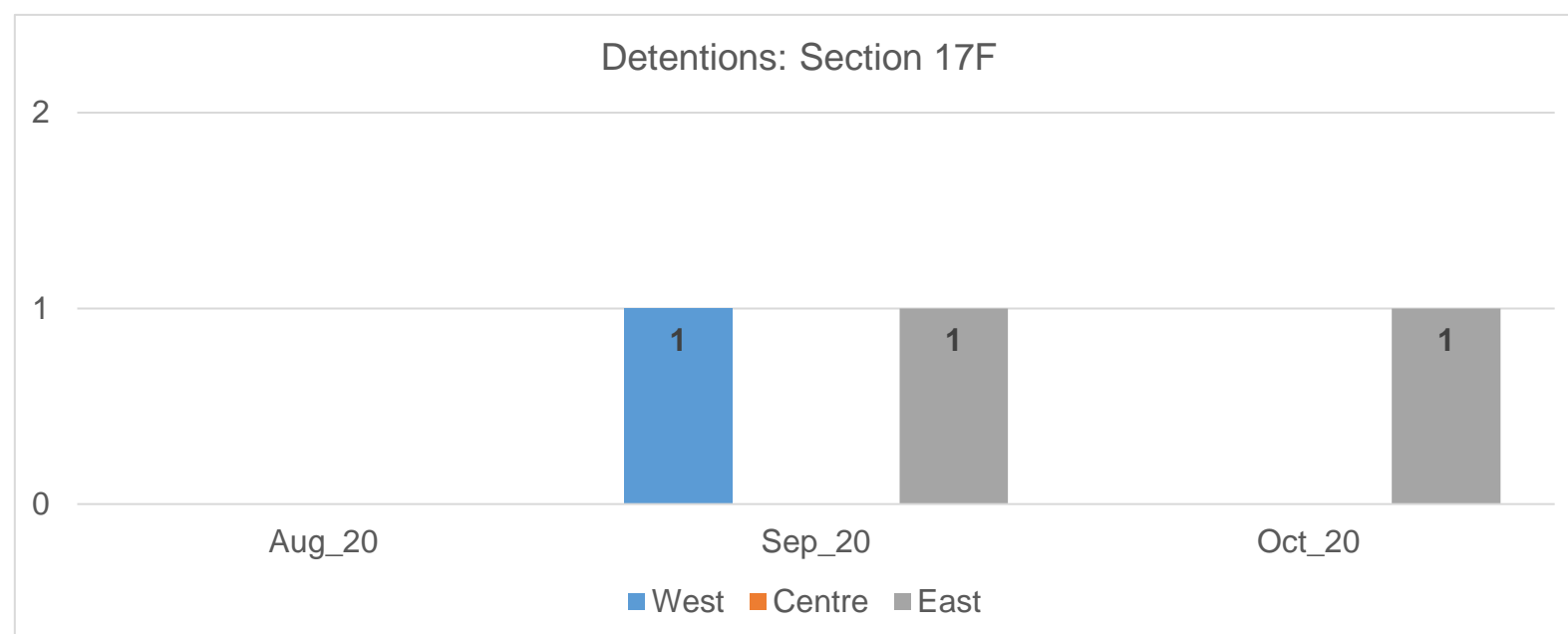
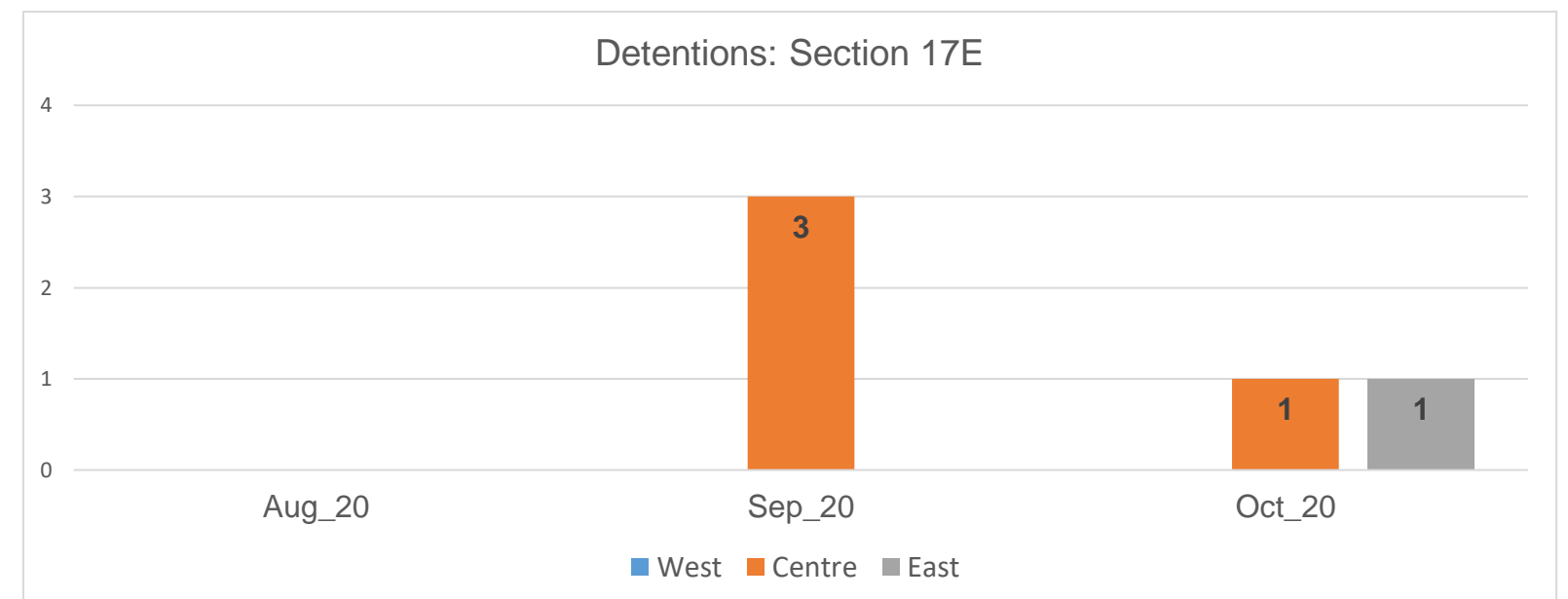
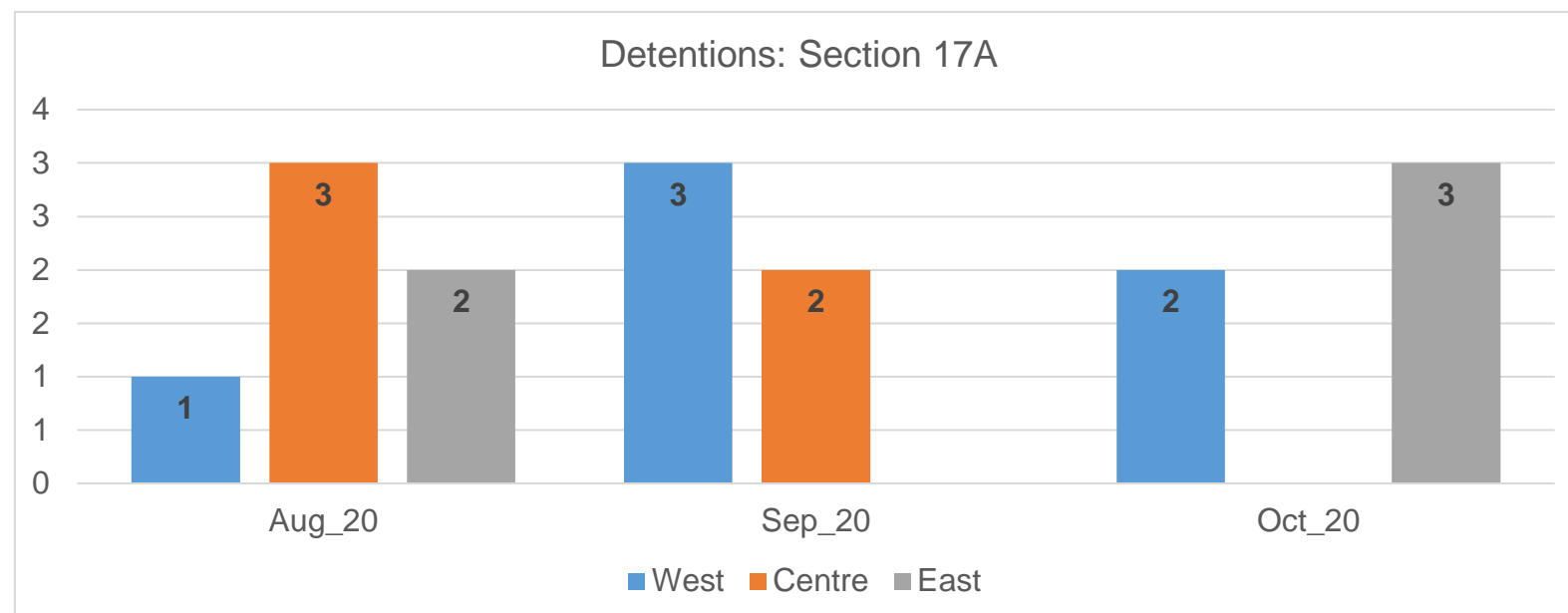
These numbers also include any renewal sections undertaken within the month. As with the data for section 2 it is hard to interpret these figures in isolation and previous months figures are prone to change due to admissions into the Health Board.

This period there were three under 18s made subject to a section 3 in an age appropriate setting. The trend for use of S2 and S3 at the end of October is showing as upward.

There was one exception to report this period initially completed in WEST which was discovered on transfer to the EAST, permission had not been obtained from one local authority for another to act on their behalf rendering the section invalid, INC238100.



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	8	10	↓	24	10	↑	16	1 Centre	9
								2 East	8
								3 West	7



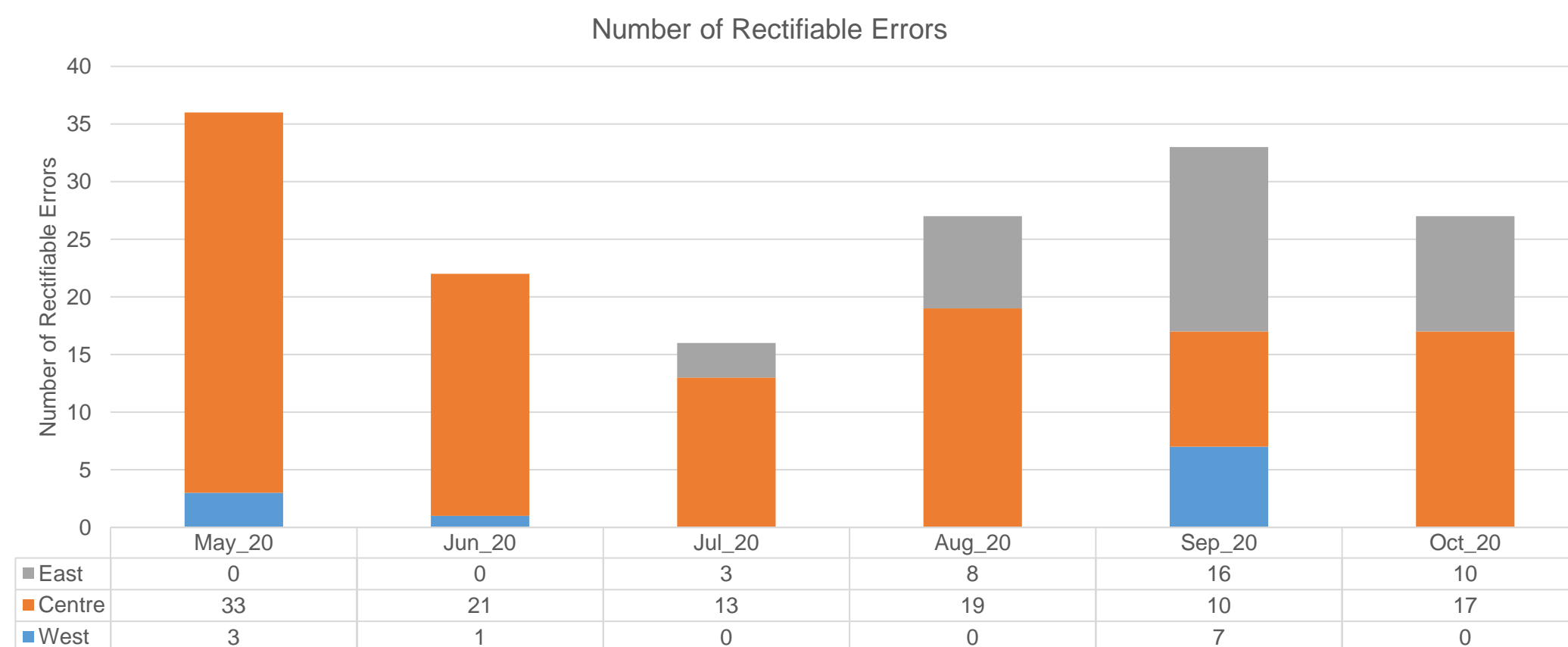
This quarterly data 17A shows the numbers of patients who are being placed on a CTO for the first time, as well as any renewals within the month. 17E data shows those who have been recalled to hospital from their CTO and 17F data shows those who have had their CTO revoked and become subject to a Section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

The number of patients subject to a CTO at the end of October: West:10, Central: 10 and East: 9.

There has been a decrease in the number of patients subject to a CTO for each area from September to October.

Exceptions: There was one CTO which lapsed this quarter this has been datixed INC238205.

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	27	33	↓	76	80	↓	107	1 Centre	46
								2 East	34
								3 West	7



Rectifiable Errors

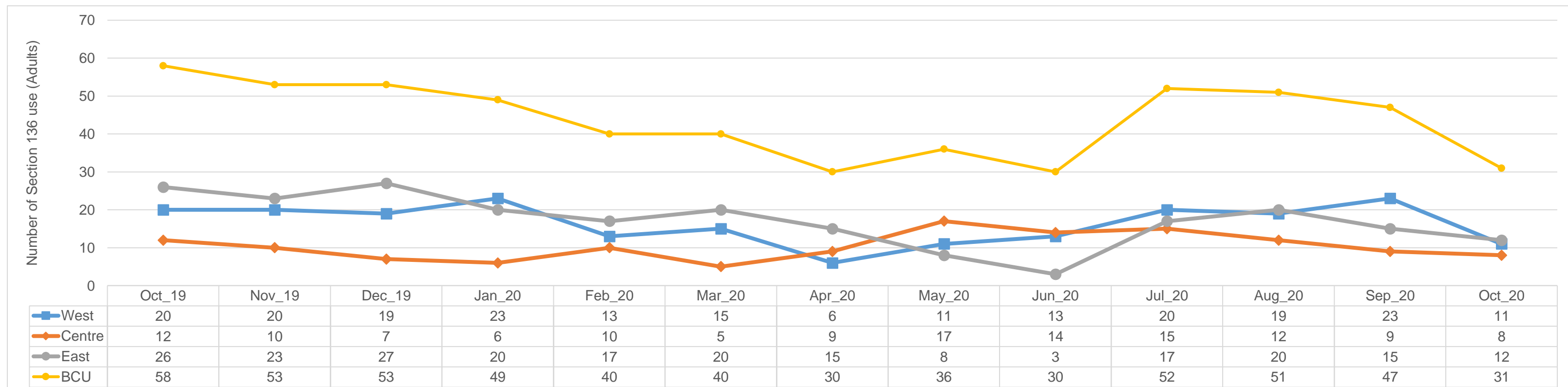
Rectifiable errors are reported on a quarterly basis and benchmarked with the other health boards throughout Wales. Due to coronavirus we have not received any benchmarking reports for the year 2020 so are not aware of our current position. data from BCUHB has been submitted at the required times. Scrutiny of BCUHB data for the reported quarters show that although the month on month (August to September) increased, 28% of the total detentions contained errors compared to 31% last quarter. Central is identifying the majority of errors due to this area being the admission unit during the previous quarter and therefore the majority of detentions originate here. October has again shown a decrease in errors and will be part of the reporting period Oct-Dec within the benchmarking data.

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

This period there has been a Section 2 and a Section 3 deemed fundamentally defective rendering the sections invalid.

This period there has been 5 lapsed Sections:- 1 x Section 5(4), 1 x Section 2, 2 x Section 136 and 1 x CTO. There were also 2 x Section 5(4)s that were allowed to expire without correct documentation confirming termination times.

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)	31	47	↓	129	118	↑	128	1 West	53
								2 East	47
								3 Centre	29



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

There has been one S135 this period.

Three Section 136s lapsed this quarter, two have been datixed INC235129 and INC237653.

One instance was due no handover paperwork produced by the police, resulting in confusion around whether a detention had been enacted, information had to be obtained from the police at a later date following investigation.

There were three people noted to be in custody as their first place of safety, two in August and one in July.

Four S136 12 hour extensions were granted due to not being fit for assessment, one resulted in discharge with referral to services, one in a voluntary admission and two admissions under section 2.

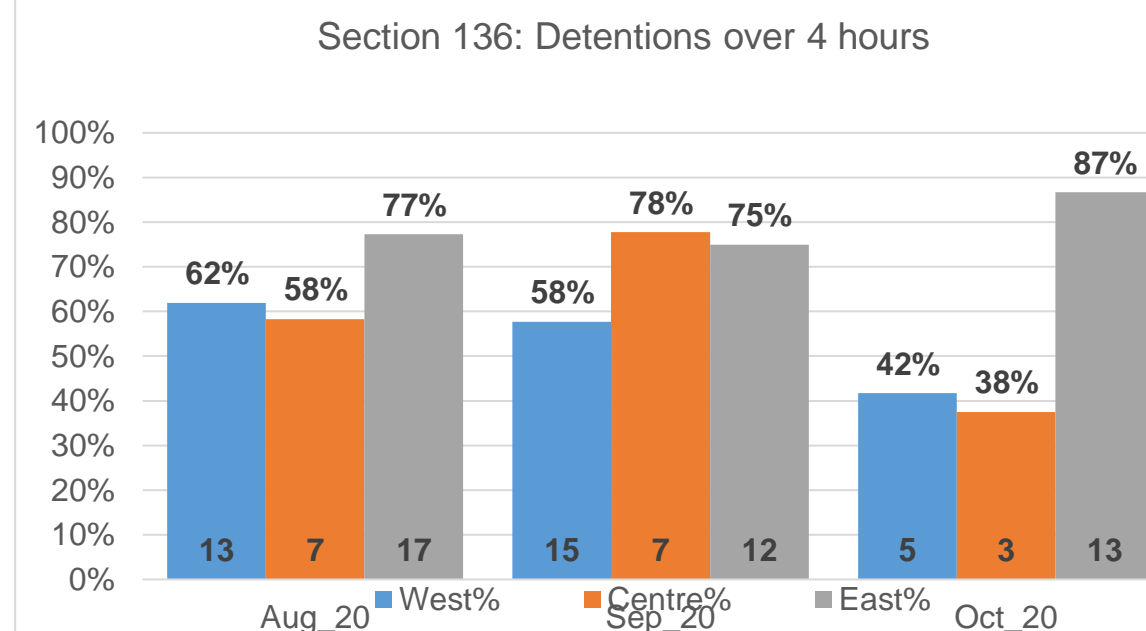
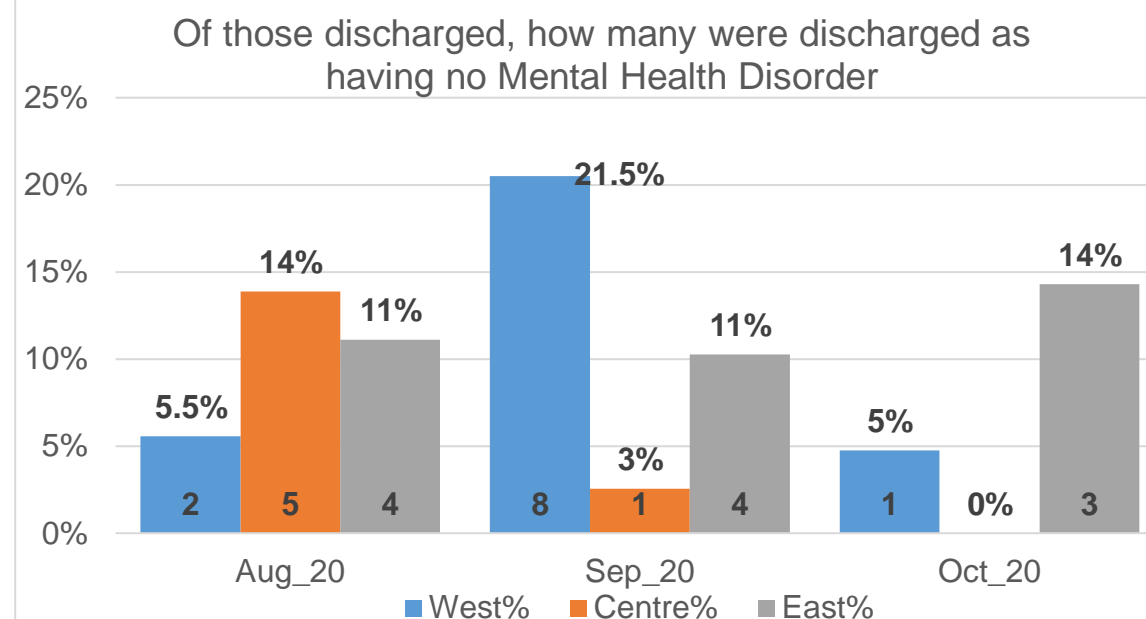
Section 136	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 during Quarter	Quarter S.136 detentions
Section 136: Patient transfers to a place of safety (Adults)	31	47	↓	129	118	↑	128	1 West 2 East 3 Centre	53 47 29

Section 136 Outcomes

	Aug 2020	Sep 2020	Oct 2020
Discharged:	36 67.92%	39 75.00%	21 60.00%
Informal Admission:	10 18.87%	6 11.54%	4 11.43%
Section 2:	6 11.32%	7 13.46%	8 22.86%
Section 3:	1 1.89%	0 0.00%	2 5.71%
Other:	0 0.00%	0 0.00%	0 0.00%

Section 136 - Known to Service

	Aug 2020	Sep 2020	Oct 2020
Yes	27	23	25
Yes (percentage)	49.09%	45.10%	71.43%



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 continues to be around 20%.

Total percentages for the months for those discharged with no mental disorder are:
August 18%
September 25%
October 11%

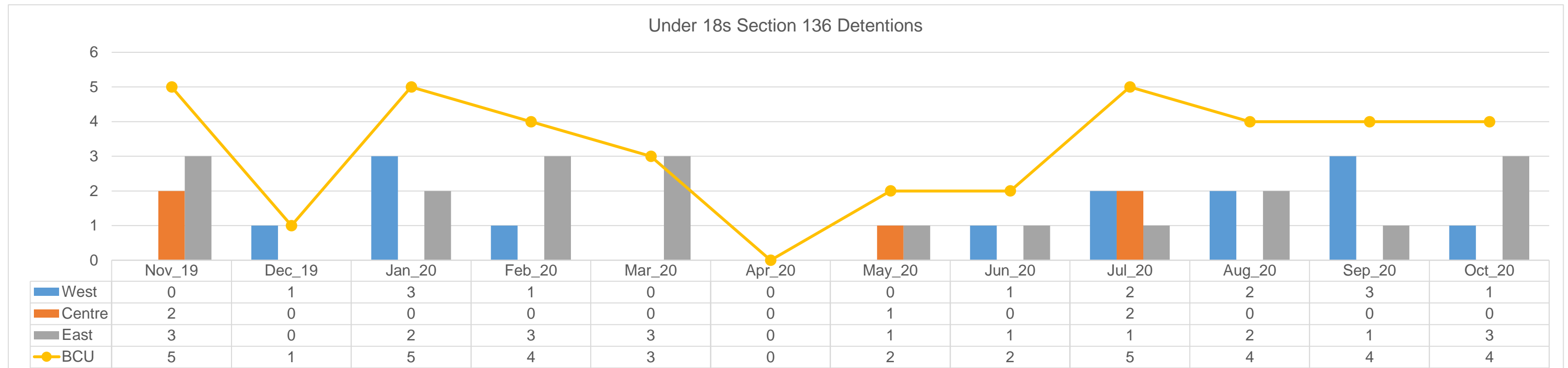
Data below shows the percentage of the remaining discharges that are followed up by services or new referrals into services:

August 33% discharged with follow up and 36% referred to services.
September 29.5% discharged with follow up and 35% referred to services.
October 57% discharged with follow up and 24% 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 89 people have not become detained on a S136 due to CJLS intervention. This period accounts for 40 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 13 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)	4	4	➡	12	9	⬆	10	1 East	6
								1 West	6
								3 Centre	0



A total of seventeen under 18's were assessed this period between the ages of 14 and 17 years. Nine assessments resulted in discharge with follow up to services, two resulted in new referrals to CAMHS, one young person was discharged recorded as no mental disorder, four resulted in admissions, two to NNAS under a section 2 and section 3 and two were admitted to the childrens wards without the restriction of a detention.

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	5
17	12

Outcome of Assessments

Outcome	Number
Returned Home	9
Returned to Care Facility	3
Admission to childrens ward	2
Admission to Adult ward / S136 suite	1
Admission NNAS/CAMHS	3
Admission OOA	1
Other (Friends, Hotel, B&B)	2

Month of Admission	Place of Assessment	Outcome	Assessing Clinician	Total Hours	Age
July	Heddfan	Discharged	CAMHS	13:35	14
July	Ablett	Discharged	CAMHS	05:10	14
July	Ablett	Discharged	CAMHS	11:20	17
July	Hergest	Discharged	CAMHS	13:40	14
July	Hergest	Discharged	CAMHS	11:15	16
August	Heddfan	Admission	CAMHS	04:50	17
August	Heddfan	Discharged	CAMHS	07:17	17
August	Hergest	Discharged	CAMHS	13:05	17
August	Hergest	Discharged	CAMHS	07:12	17
September	Heddfan	Admission	CAMHS	14:20:00	17
September	Hergest	Discharged	CAMHS	16:05	16
September	Hergest	Admission	CAMHS	16:23	15
September	Hergest	Discharged	CAMHS	11:50	16
October	Hergest	Admission	CAMHS	10:35	17
October	Heddfan	Discharged	Adult	07:55	17
October	Heddfan	Discharged	Adult	03:12	17
October	Heddfan	Discharged	CAMHS	10:40	17

Out of the 17 young persons assessed 13 originated from their own home.

14 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: 11:14 hrs this is a decrease on the previous quarter figures of (12:53 hrs). For the four months July to October Average PoS hours: 10:29 hours.

Under 18's admitted to Adult Psychiatric Wards

There were no admissions to Adult Psychiatric Wards 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	5	3	
Denbighshire	1		2
Conwy			2
Gwynedd			3
Ynys Mon			1
Out of Area			

A

Section	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020
Section 35:	0	0	0	0	0	0	0	0	0	0	0	0
Section 37:	1	1	1	1	1	1	0	0	0	0	0	0
Section 37/41:	11	12	12	12	12	9	9	9	8	8	9	8
Section 38:	0	0	0	0	0	0	1	1	1	1	0	0
Section 47:	3	3	3	4	4	2	2	2	2	3	3	3
Section 47/49:	4	4	4	4	4	2	2	3	3	2	2	2
Section 48:	0	0	0	0	0	0	0	0	0	0	0	0
Section 48/49:	1	1	1	0	0	0	0	0	0	0	0	0
Section 3:	2	2	2	2	2	2	2	2	3	3	3	3
Section 45A	1	0	0	1	1	1	1	1	1	1	1	1
Total:	23	23	23	24	24	17	17	18	18	18	18	17

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.

Total Transfers for the Quarter

	Aug 2020	Sep 2020	Oct 2020
Internal Transfers	18	33	36
External Transfers (Total)	6	10	6
External Transfers (In)	4	7	5
External Transfers (Out)	2	3	1

Internal Transfers

This data only includes detained patient transfers between BCU facilities, including the transfer of rehab patients which will be part of their patient pathway. Due to the changes for the admissions process there have been a larger number of patients transferred internally.

External Transfers

This data only includes detained patient transfers both in and out of BCU facilities. The majority will be facilities in England and will also include any complex cases requiring specialist service. Those repatriated are returning to their home area or transferring in for specialised care.

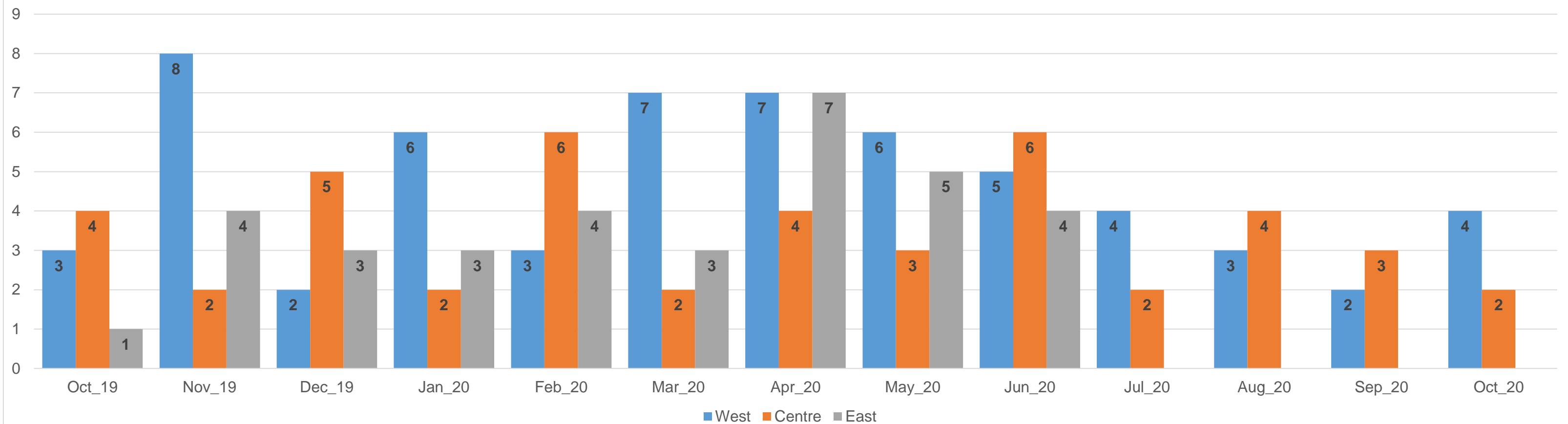
The table details IN - where the patient has come from and their local area and OUT where the patient has gone to.

Patients detained in Independent Hospitals (in Wales and outside of Wales) There are a number of persons who will be detained in independent hospitals that are offering services required. Currently there are 97 detained patients within independent hospitals 51 of these are outside of Wales ie out of area placements.

Month	Transfers In
Aug_20	HMP Berwyn (Gwynedd)
Aug_20	New Hall (Denbighshire)
Aug_20	Bowmere (Flintshire)
Aug_20	Priory, Bristol (Ynys Mon)
Sep_20	Cygnnet (Flintshire)
Sep_20	St Davids Independent Hospital (Flintshire)
Sep_20	Cygnnet Maidstone (Conwy)
Sep_20	Coed Du Hall (Wrexham)
Sep_20	Cygnnet (Wrexham)
Sep_20	Ty Grosvenor (Wrexham)
Oct_20	Priory, Ticehurst (Gwynedd)
Oct_20	Aberystwyth (Gwynedd)
Oct_20	Wintson Hospital (Gwynedd)
Oct_20	Cheadle Royal (Wrexham)
Oct_20	The Redwoods Centre (Wrexham)

Month	Transfers Out
Aug_20	HMP Berwyn (Wrexham)
Aug_20	Transferred to The Priory Hospital Nottingham (Repatriated)
Sep_20	Cygnnet Mold (Gwynedd)
Sep_20	Transferred to Goodmayes (Repatriated)
Sep_20	Maidstone (Conwy)
Oct_20	Cheadle (Conwy)

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.



**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: November 2020

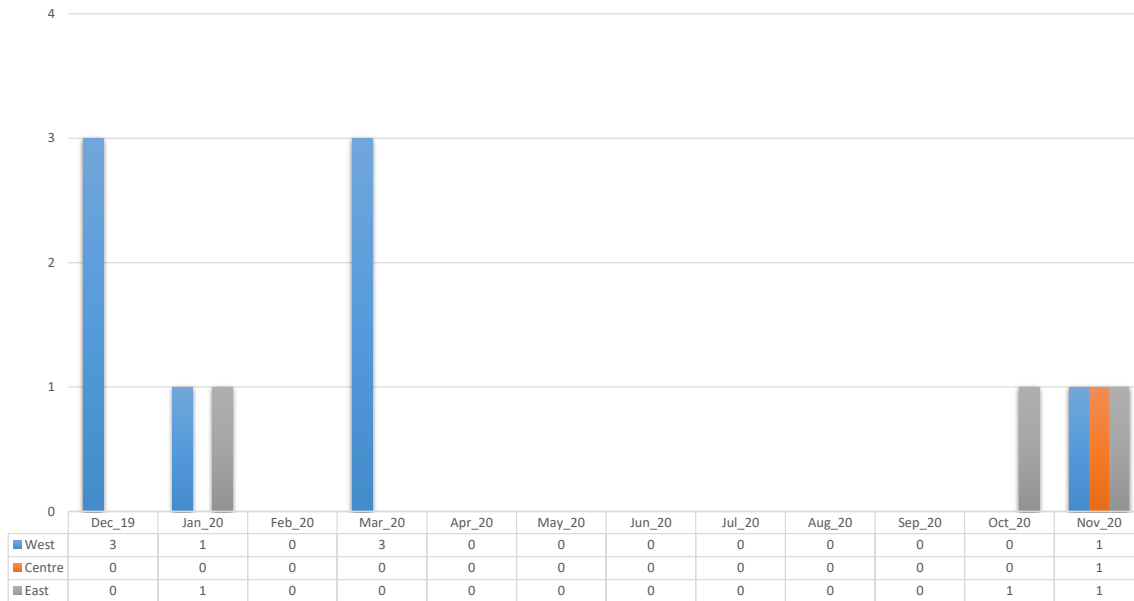
Data Source: BCUHB MHA Database

Report Created on: 02/12/2020

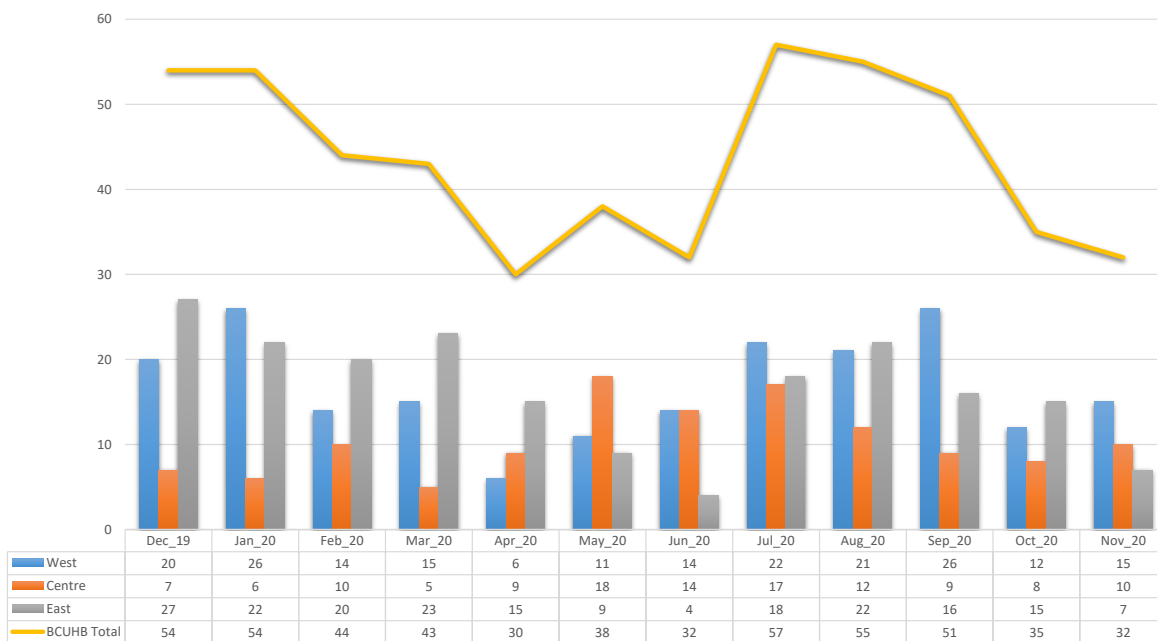
Report Created by: Performance Directorate

Section A: 12 Month Data and Trends

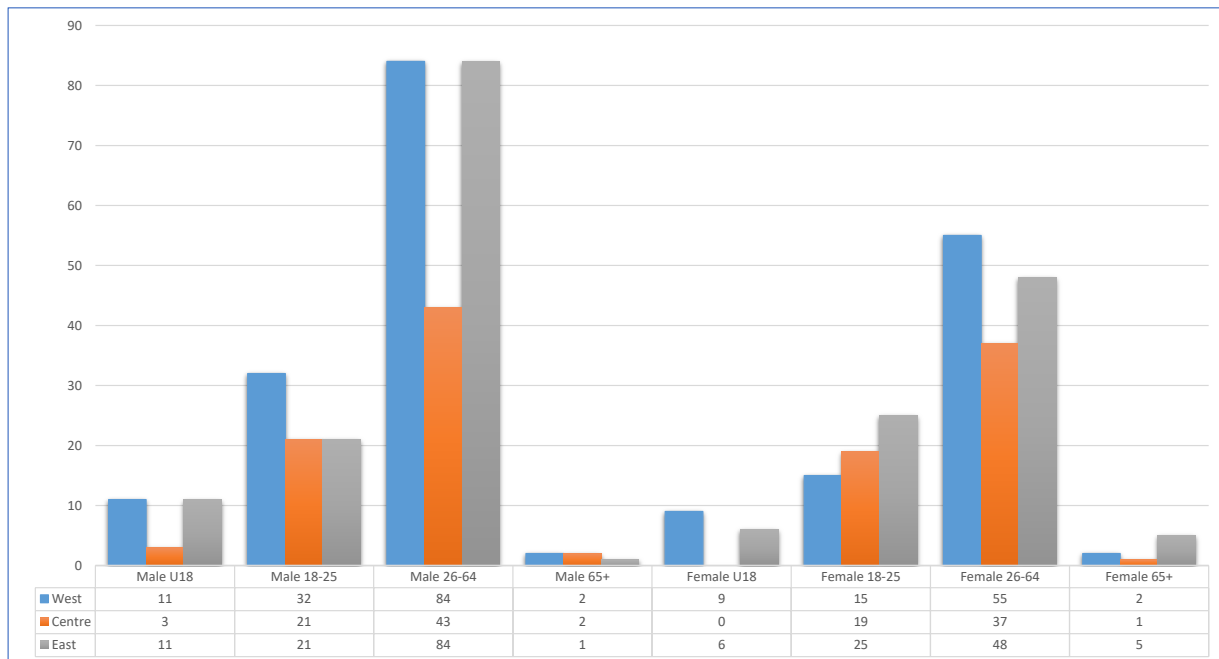
1.1: Section 135 twelve month trend up to and including Nov_20



2.1: Section 136 twelve month trend up to and including Nov_20



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 Nov_20

Area Split - 1st Place of Safety by category

1st Place of Safety	Nov_20			12 Month Total		
	West	Centre	East	West	Centre	East
A&E	2	0	1	29	28	32
Ward	0	0	0	0	0	0
PICU	0	0	0	0	0	0
136 Suite	11	10	4	163	94	155
Hospital	1	0	0	3	2	5
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	6	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	Dec_19	Jan_20	Feb_20	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20	Sep_20	Oct_20	Nov_20
West	3	5	2	2	0	3	2	2	4	2	2	2
Centre	2	1	1	2	3	4	5	5	1	2	2	0
East	5	6	3	8	0	1	0	3	1	1	3	1

1st Place of Safety: 136 Suite Split	Dec_19	Jan_20	Feb_20	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20	Sep_20	Oct_20	Nov_20
West	15	20	12	13	6	7	12	18	16	23	10	11
Centre	5	5	9	3	6	14	9	12	11	5	5	10
East	22	15	16	13	14	8	4	15	20	12	12	4

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

5.1: Area split 3 month table up to and including Nov_20 and latest 12 month total

West	Sep_20	Oct_20	Nov_20	12 Month Total	Centre	Sep_20	Oct_20	Nov_20	12 Month Total	East	Sep_20	Oct_20	Nov_20	12 Month Total	Incident rate by county (12 mth total)
Ynys Mon	2	3	4	28	Ynys Mon	1	0	0	4	Ynys Mon	0	0	0	2	Ynys Mon 4.85
Gwynedd	12	6	5	79	Gwynedd	1	1	1	8	Gwynedd	0	0	0	2	Gwynedd 7.20
Flintshire	3	1	1	23	Flintshire	1	2	0	15	Flintshire	7	6	0	59	Flintshire 6.26
Wrexham	0	1	0	10	Wrexham	1	0	0	28	Wrexham	6	8	4	119	Wrexham 11.28
Conwy	6	0	3	35	Conwy	2	2	2	26	Conwy	1	0	1	6	Conwy 5.73
Denbighshire	3	1	0	14	Denbighshire	3	2	5	39	Denbighshire	2	1	0	7	Denbighshire 6.28
Powys	0	0	0	0	Powys	0	0	0	0	Powys	0	0	0	0	Powys #N/A
OOA	0	0	0	4	OOA	0	0	0	0	OOA	0	0	0	0	OOA #N/A
Incident Rate per 10,000 population	1.34	0.62	0.67	9.96	Incident Rate per 10,000 population	0.42	0.33	0.38	5.65	Incident Rate per 10,000 population	0.54	0.51	0.17	6.63	BCUHB 7.25

*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

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 32 S136 detentions 4 people were not seen within the closest S136 suite.

3 were due to no capacity, and 1 did not have the reason recorded.

Local Authority Originates from	Detained in	S136 Suite assessed at
Flintshire	Flintshire	Hergest
Wrexham	Wrexham	Hergest
Gwynedd	Gwynedd	Ablett
Conwy	Conwy	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 November the Mental Health Act Office has received notification that there have been nine 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 monitoredfor the month of November there have been four of these instances.



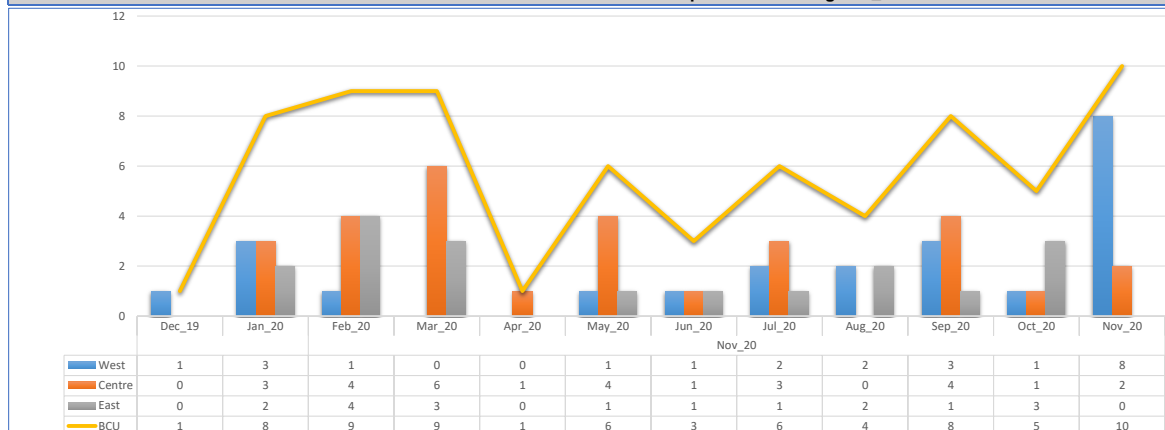
Under 18's detentions in North Wales

KPI Report for: **November 2020**

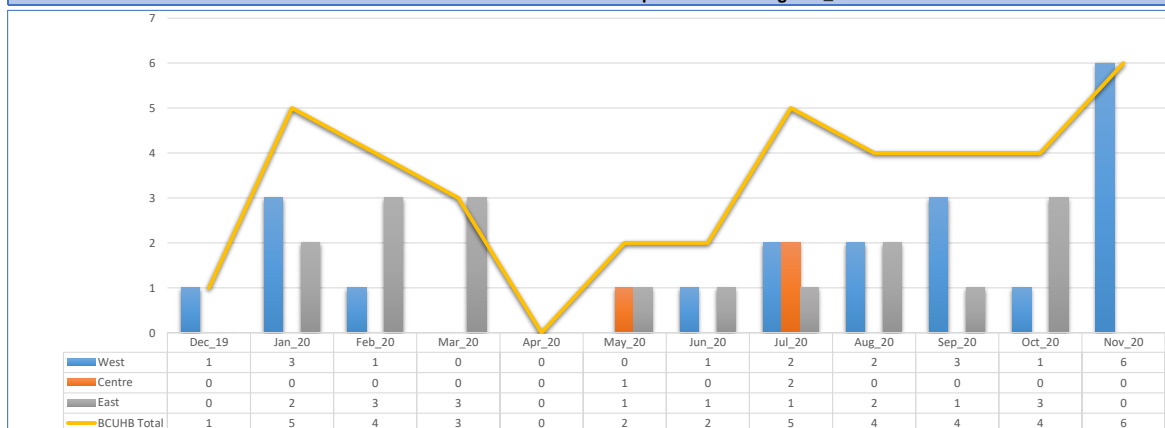
Data Source: BCUHB MHA Database
Report Created on: 02/12/2020
Report Created by: Performance Directorate

Section A: 12 Month Data and Trends

1.1: All Detentions for U18's twelve month trend up to and including Nov_20



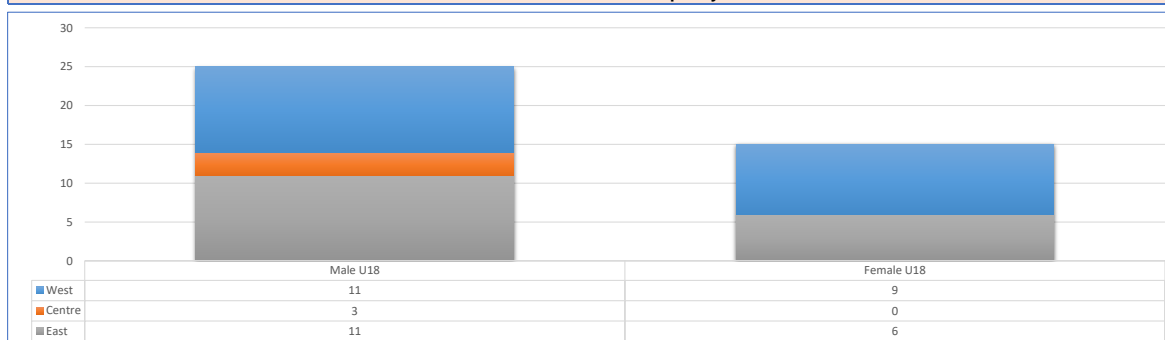
2.1: Section 136 twelve month trend up to and including Nov_20



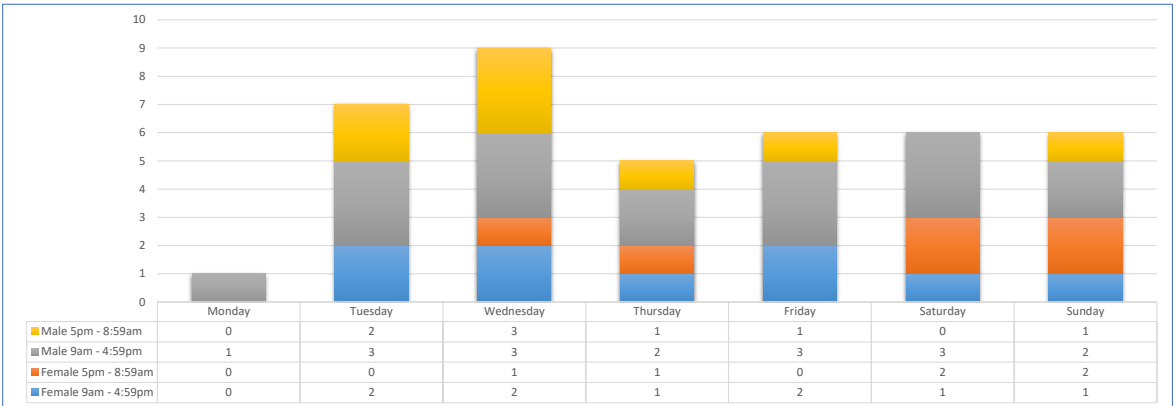
2.2: Section 136 Outcomes twelve month trend up to and including Nov_20

Outcome of 136 detention	Dec_19	Jan_20	Feb_20	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20	Sep_20	Oct_20	Nov_20
Discharged - No Mental Disorder	0	1	0	1	0	0	0	0	0	1	0	1
Discharged - Referred to Services	0	0	0	0	0	0	0	3	1	0	0	1
Discharged - Follow up service	1	3	3	1	0	0	1	2	2	1	3	0
Admitted	0	1	1	1	0	2	1	0	1	2	1	4
Section Lapsed	0	0	0	0	0	0	0	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 Nov_20

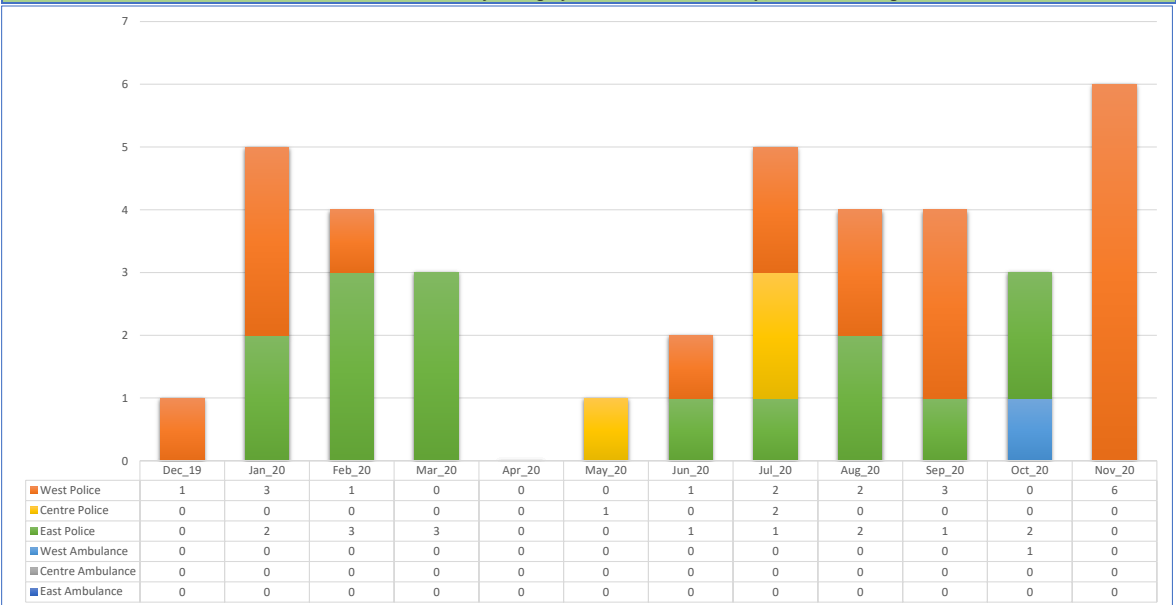
4.1: 1st Place of Safety by BCUHB and split by category

[illegible]

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

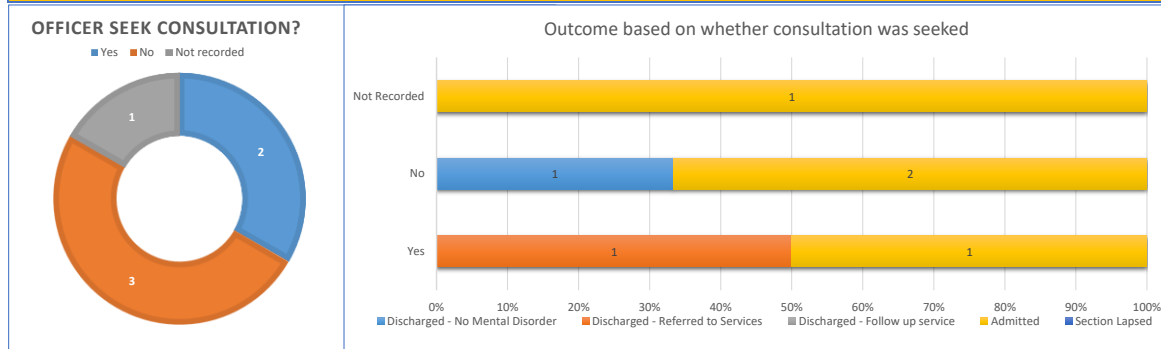
[illegible]

5.1: Police and Ambulance conveyancing by Area 12 month trend up to and including Nov_20

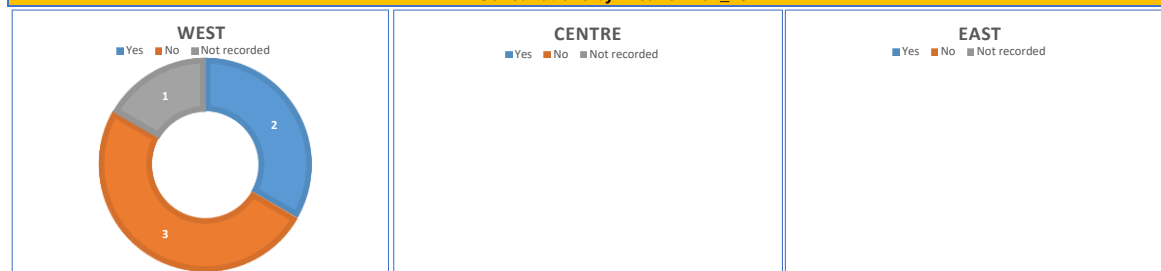


Section B: Data for Nov_20

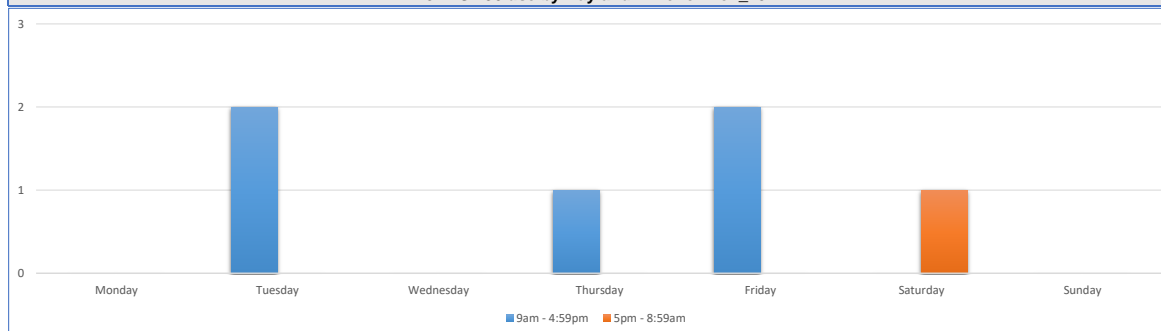
7.1: Consultations and Outcomes for Nov_20



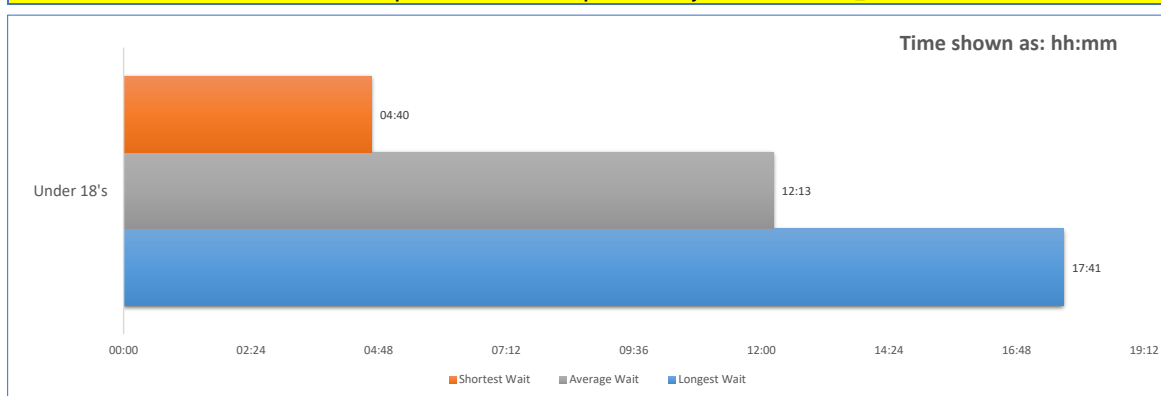
7.2: Consultations by Area for Nov_20



8.1: S.136 use by Day and Time for Nov_20



9.1: Time spent in S136 Suite / 1st place of safety until Outcome Nov_20



10.1: Narrative for Nov_20

Three under 18s account for the S136 assessments in November. There were two admissions under a section this month, one initially to the adult unit prior to transfer to an age appropriate bed. Time spent on a S136 was 17:41 hours followed by 18:10 hours under the S2 prior to transfer. One S2 was to a paediatric ward within the general hospital. The chart below details the length of time that the young people have been detained under a S136 and a trend line for the last 30 detentions.

Assessment times and trend

