

Bundle Power of Discharge Sub-Committee 18 September 2020

To be held virtually via Webex from 9:30am - 10:30am

Agenda attachments

Agenda_Power_of_Discharge_Sub-Committee_18_September_2020 v1.0.docx

- 1 09:30 - POD20/1 Welcome and apologies
Apologies received from Teresa Owen, Executive Director of Public Health, Lesley Singleton, Director of Partnership Mental Health, David Fearnley, Executive Medical Director and Alberto Salmoiraghi, Consultant Psychiatrist/Medical Director.
- 1.1 09:33 - POD20/1.1 Update on Sub-Committee membership
- 2 09:38 - POD20/2 Previous minutes, matters arising and summary action plan
 - 1\ *To confirm as a correct record the Minutes of the last meeting and to deal with any matters arising\, not dealt with elsewhere on the agenda\.*
 - 2\ *To review the Summary Action Log\.*

POD20.02a Draft Minutes Power of Discharge Sub Committee 20th Dec 2019 v0.3 LR.docx

POD20.02b Summary Action Plan live version.doc
- 3 09:48 - POD20/3 Items circulated to members since the previous meeting:
** To acknowledge the receipt of performance reports, including s136 performance and Associate Hospital Managers updates - sent via email on 20/7/2020.*
- 4 09:49 - POD20/4 Associate Hospital Managers Update to include periodic updates on training and appraisals
Wendy Lappin - Mental Health Act Manager to present.
Recommendation: The Power of Discharge Subcommittee is asked to note the report for information.

POD20.04 Associate Hospital Managers Update Report.docx
- 5 10:06 - POD20/5 Recruitment and Medical Staffing Vacancies in Mental Health and Learning Disability Division
To be presented by Mike Smith, Interim Director of Nursing, Mental Health & Learning Disabilities.
Recommendation: The Power of Discharge Subcommittee is asked to note this report for information only.

POD20.05 POD Medical Recruitment - 18.09.2020..docx
- 6 FOR INFORMATION
- 6.1 10:23 - POD20/6 Mental Health Act Committee Performance Report
Wendy Lappin - Mental Health Act Manager
Recommendation: The Power of Discharge Subcommittee is asked to note the report for information only.

POD20.06a Coversheet MHA Performance Report.docx

POD20.06b Appendix 1 MHA Committee Performance Report Quarter April - June - MHAct Report.pdf

POD20.06c Appendix 2 Divisional S136 Report August 20.pdf

POD20.06d Appendix 3 CAMHS S136 Report Aug 2020.pdf
- 7 10:26 - POD20/7 Any other business
- 8 10:29 - POD20/8 Date of next meeting
Friday, 11th December 2020.

Agenda Power of Discharge Sub-Committee

Date 18/09/2020
Time 9:30 – 10:30
Location Virtual via Webex
Chair Lucy Reid

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9:33

2 POD20/2 Previous minutes, matters arising and summary action plan

9:38

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Wendy Lappin – Mental Health Act Manager to present.

Recommendation: The Power of Discharge Subcommittee is asked to note the report for information.

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10:06

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Recommendation: The Power of Discharge Subcommittee is asked to note this report for information only.

6 FOR INFORMATION

6.1 POD20/6 Mental Health Act Committee Performance Report

10:23 Wendy Lappin – Mental Health Act Manager

Recommendation: The Power of Discharge Subcommittee is asked to note the report for information only.

7 POD20/7 Any other business

10:26

8 POD20/8 Date of next meeting

10:29 Friday, 11th December 2020.



Draft Power of Discharge Sub Committee

Draft Minutes of the Power of Discharge Sub Committee held on Friday 20th December 2019 Boardroom, Carlton Court

Lyn Meadows	Independent Member (Chair)
Lucy Reid	Independent Member (Future Chair)
Eifion Jones	Independent Member
Ann Owens	Associate Hospital Manager
Frank Brown	Associate Hospital Manager
Jackie Parry	Associate Hospital Manager
John Williams	Associate Hospital Manager
Satya Schofield	Associate Hospital Manager

In Attendance

Francine Moore	Risk and Governance Lead, Mental Health Services
Wendy Lappin	Mental Health Act Manager
Jody Evans	Corporate Governance Officer, Office of the Board Secretary

Agenda Item	Action
<p>POD19.27 – Apologies, welcome and remarks</p> <p>POD19.27.1 The Chair welcomed everyone to the meeting. The Chair introduced Mrs Lucy Reid, BCUHB Vice Chair and advised the Sub Committee that LR would be the future Chair of the Sub-Committee from March 2020.</p> <p>POD19.27.2 The Chair also introduced Mr Eifion Jones, Independent Member to the Committee.</p> <p>POD19.27.3 Apologies had been received from Gill Harris, Steve Forsyth, Andy Roach, Shirley Ann-Davies, Cheryl Carlisle, Diane Arbabi, Shirley Cox and Delia Fellowes.</p>	
<p>POD19.28 – Declarations of Interest</p> <p>POD19.28.1 - There were no declarations of interest made at the meeting.</p>	

<p>POD19.29 – Minutes of Last Meeting & Review of Summary Action Log</p> <p>POD19.29.1 – Minutes of the meeting held on 27th September were agreed as an accurate record.</p> <p>POD19.29.2 – Action log was reviewed and updated.</p>	
<p>POD19.30 – Membership updates</p> <p>POD19.30.1 Members discussed the Expressions of Interest received in relation to the vacant Associate Hospital Manager position upon the sub-committee.</p> <p>POD19.30.2 There was some discussion about the two expressions received and whether both could be accommodated within the Terms of Reference. It was agreed that the Terms of Reference regarding numbers was clear, however not all members attended regularly. It was agreed that current members with a low attendance record would be contacted to ask whether they wished to remain on the Sub Committee. The Corporate Governance Officer agreed to collate recent attendance and liaise with the Mental Health Act Manager to contact existing members before a decision is taken on the Expressions of Interest.</p> <p>RESOLVED It was agreed that members with low attendance would be contacted before consideration is given to the AHM who had made Expressions of Interest.</p>	<p>WL/JE</p>

<p>POD19.31.1 – Hospital Manager's Update to include periodic updates on training and appraisals</p> <p>POD19.31.2 The Mental Health Act Manager provided an update on the activities of the Associate Hospital Managers during the quarter, June to September 2019. The update report included details in relation to hearings, training, recruitment, forums and Key Performance Indicators (As referred to within Appendix 1).</p> <p>POD19.31.3 A discussion took place in relation to Responsible Clinicians and challenges regarding recruitment and retention. Members were concerned at the turnover of Responsible Clinicians which impact upon the continuity of information presented at hearings. It was agreed that an update regarding the recruitment and retention of psychiatrists would be provided for the meeting in March.</p> <p>POD19.31.4 A discussion took place regarding awareness of rights and it was agreed that the Mental Health Act Manager would provide further analysis of the data. Elements in relation to hearings being arranged and availability of staff within set dates was also discussed.</p> <p>POD19.31.5 The Mental Health Act Manager reported that 26 scrutiny sessions had taken place since the month of February and that 144 files had been scrutinised. She confirmed that an annual audit would be produced in January 2020 and will be included as an appendix for the next meeting.</p> <p>POD19.31.6 Mandatory training had been continuous and at the time of reporting the compliance rate was 40%. A training day provided in August for the Associate Hospital Managers had been well received. Follow up training would take place on the 30th January 2020.</p> <p>POD19.31.7 Recent recruitment activity was discussed with 2 recent appointments being made. New appointments would be announced in the Newsletter once checks had been completed. There was discussion about the induction and appraisal system for Associate Hospital Managers and whether there should be a 4 year tenure period considered to keep decision making current. The consensus was that any concerns about decision making could be addressed through regular appraisals.</p> <p>POD19.31.8 The Associate Hospital Managers Forums had been held within October and was very well attended.</p> <p>RESOLVED: The sub-committee noted the report and update.</p>	<p>WL</p> <p>WL</p> <p>WL</p>
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<p>POD19.32 – Performance Report</p> <p>POD 19/32.1 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.</p> <p>POD19/32.2 Members asked some questions for clarification on some of the information including the section 136 and 5 (4) data.</p> <p>RESOLVED: The sub-committee noted the report for information only.</p>	
<p>POD19.33 To review and agree the Cycle of Business for the coming year</p> <p>POD19.33.1 The Sub Committee considered the Cycle of Business for the coming year and approved the draft version. It was clarified that the Sub Committee would continue to accept adhoc items within forthcoming agendas.</p> <p>RESOLVED: The Sub Committee approved the Cycle of Business for 2020/2021.</p>	
<p>POD19.34 - Issues of Significance to inform the Chair's Report to the Mental Health Act Committee</p> <p>POD19.34.1 The Chair agreed to raise any issues of concern within the Assurance report to the Board.</p>	LM/LR
<p>POD19.35– Date of Next Meeting</p> <p>POD19.35.1 The date of the next Sub-Committee Meeting is 27th March 2020 – Boardroom, Carlton Court.</p>	

BCUHB POWER OF DISCHARGE SUB COMMITTEE**Summary Action Plan – Live Document – last updated 10/09/2020 15:45**

Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
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	HO to provide update. Update as at August 2020 – HO reported that the information had been requested.	



Cyfarfod a dyddiad: Meeting and date:	Power of Discharge Sub Committee 18.09.2020						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Associate Hospital Managers Update Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Director of Mental Health and Learning Disabilities						
Awdur yr Adroddiad Report Author:	Wendy Lappin, Mental Health Act Manager						
Craffu blaenorol: Prior Scrutiny:	MHLD QSE Divisional Directors Meeting						
Atodiadau Appendices:	Appendix 1 – Quarterly Activity						
Argymhelliad / Recommendation:							
The 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 type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
The Associate Hospital Managers Update Report provides details regarding the Associate Hospital Managers Activity within the division for the detailed quarter. The report details activity in the areas of: Hearings, Scrutiny, Training, Recruitment, Forums and Meetings and KPIs in Appendix 1.							
Cefndir / Background:							
Section 23 of the Mental Health Act (the Act) gives certain powers and responsibilities to 'Hospital Managers'. In Wales NHS hospitals are managed by local health boards. The local Health Board is therefore for the purposes of the Act defined as the 'Hospital Managers'.							
Hospital Managers have the authority to detain patients under the Act. They have responsibility for ensuring the requirements of the Act are followed. In particular, they must ensure patients are detained and treated only as the Act allows and that patients are fully informed of, and are supported in, exercising their statutory rights. Hospital Managers have equivalent responsibilities towards Community Treatment Order (CTO) patients. (CoPW 37.4)							
In practice, most of the decisions of the Hospital Managers are undertaken by individuals (or groups of individuals) on their behalf by means of the formal delegation of specified powers and duties. (CoPW 37.5)							

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

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

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

Asesiad / Assessment & Analysis

Strategy Implications

The use of the Mental Health Act is determined by patient needs and least restrictive options. The Associate Hospital Managers have a duty as independent persons to ensure that the Health Board is detaining 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 includes an increase in travel claims. Additional safeguards in relation to Information Governance has an impact on financial costings due to security requirements for posting reports.

Risk Analysis

The number of Associate Hospital Managers must be kept at a reasonable levels to ensure the availability of persons for the future. We have 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 would be:

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

Legal and Compliance

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

Impact Assessment

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

Appendix 1.

Quarterly Activity

1 Hearings

Due to the Coronavirus outbreak there was a period where different systems required setting up to be able to facilitate hearings remotely. This resulted in a lower number of hearings being held.

A total of 9 hearings were held this quarter, there were no discharges. Of the 9 hearings all were section renewals.

A breakdown of the hearing activity is detailed below:

April

- **11 hearings arranged (3 held)**
All hearings were in relation to inpatient units.

8 hearings were cancelled

3 hearings were postponed due to changes having to be made to the processes under the coronavirus.

4 hearings were cancelled, 1 patient was regraded to informal, 2 patients were discharged and 1 patient was discharged by the MHRT.

1 hearing was adjourned due to logging in difficulties with Skype hearings.

Outcomes of hearings held

All detentions were upheld

May

- **9 hearings arranged (3 held)**
All hearings were in relation to inpatient units.

- **6 hearing were cancelled**
1 patient was discharged by the Responsible Clinician (RC), 2 patients were transferred, 2 hearings were adjourned due to problems with the Skype facility and 1 patient passed away.

Outcomes of hearings held

All detentions were upheld.

June

- **7 hearings arranged (3 held)**

All hearings were held in the inpatient units.

- **4 hearings were cancelled**

1 patient was discharged by the RC, 2 patients were regraded to informal by the RC and 1 patient passed away.

Outcomes of hearings

All detentions were upheld.

Covid 19 and Associate Hospital Managers Hearings

Throughout the Covid 19 pandemic Associate Hospital Managers hearings were arranged in line with the same guidance issued by Welsh Government for Mental Health Review Tribunals, therefore a uniformed approach has been maintained.

Additional guidance as below, was issued by Welsh Government in relation to Hospital Managers' discharge powers (S23) under the Mental Health Act. This was because the patients' right to liberty as set out in Article 5(4) is protected by the MHRT for Wales and not the Hospital Managers.

Guidance followed was:

- 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.

In reference to the final point above, patients who had capacity to indicate they did not object to their section renewal were scheduled to be held at a later date, patients who were objecting or did not have capacity to do so have had a hearing arranged as per the usual process, this guidance has been followed since the end of March. All hearings are held remotely at the current time.

The Associate Hospital Managers Cohort is predominantly made up of persons who are retired and older in age. Therefore to ensure that safety is maintained telephone hearings have been arranged for the hearings to allow those who were self-isolating or had concerns about attending the hospital to still participate. The process of conducting a hearing via telephone was distributed to all who expressed a desire to be part of a panel at this time.

Hearing KPIs

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

Renewal Date	Hearing Date	KPI (31 days)
13/03/2020	21/04/2020	39
11/04/2020	22/04/2020	11
14/02/2020	21/04/2020	66
16/05/2020	14/05/2020	Held before
09/03/2020	19/05/2020	58
12/04/2020	29/05/2020	47
17/04/2020	11/06/2020	55
20/04/2020	19/06/2020	60
19/05/2020	22/06/2020	34

There were a number of the hearings not arranged within the set KPI this is due to the Coronavirus and the time it took to initiate setting up hearings and problems that were encountered due to the Skype facility. It is expected that there will be an improvement within the next quarter due to the process now working.

The RC 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, an analysis is included below for the quarter

There were no applications from the patients during this quarter to the associate hospital managers and no barring hearings.

2 Scrutiny

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

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

3 Training

A number of the managers have stood down from doing hearings as only a handful wanted to do these remotely. Managers who are doing 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 Builth Wells in September 2020 this has been postponed to February 2021.

4 Recruitment

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

26 persons of which 25 are actively involved in hearings or shadowing, the active cohort is made up of 10 male and 15 female members of which 7 are Welsh speakers. Out of the active members we have 13 chair persons, 4 male and 9 female of which 4 are Welsh speakers. 1 new member is progressing through training.

Following interviews held in February a further two managers were appointed due to the pandemic they are still waiting to be processed through the systems before commencing shadowing and training. Currently shadowing is not being facilitated whilst telephone hearings are in progress.

Currently there are 14 Associate Hospital Managers who opted to assist with Skype hearings. There is an even split of males and females of which 7 persons are competent chairpersons (3 male and 4 female), 3 of the members are also Welsh speakers.

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.

The meeting scheduled for the 25th of March was cancelled this will be held once it is safe to do so.



Cyfarfod a dyddiad: Meeting and date:	Power of Discharge Sub-Committee 18 th September 2020				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Recruitment and Medical Staffing Vacancies in Mental Health and Learning Disability Division				
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr. Alberto Salmoiraghi Medical Director Mental Health & Learning Disabilities				
Awdur yr Adroddiad Report Author:	Dr. Alberto Salmoiraghi Medical Director for Mental Health & Learning Disabilities				
Craffu blaenorol: Prior Scrutiny:	Director of Mental Health				
Atodiadau Appendices:	N/A				
Argymhelliad / Recommendation:					
The Power of Discharge Subcommittee is asked to note this report.					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information
					R
Sefyllfa / Situation:					
This briefing note is for the purpose of the Power of Discharge Subcommittee and the Mental Health Act Committee. Members of the Committee have requested a status update on consultant workforce in Mental Health and Learning Disability in North Wales and availability of Approved Clinician Doctors.					
Cefndir / Background:					
Before describing the details of the situation in North Wales, it is worth contextualising the medical recruitment, in particular for Psychiatry, at a National level. The BMA published a document that reported significant shortage of medical and nursing staff across the UK. In this document it reported a shortage of about 10% Nationally of Consultant Psychiatrists. In Wales the situation is very much area based, with an average vacancy rate of 13%. For example, Cardiff and Vale have a high recruitment and retention rate but other Health Boards, such as Hywel Dda, face similar problems to North Wales. The recruitment and retention in North Wales is also impeded further by the vicinity of Mental Health Trusts in the North West such as North Boroughs Trust, Cheshire and Wirral Trust and MerseyCare Trust. They are all Foundation Trusts that can offer independent contractual packages with no bond to a National contract such as in Wales.					
Asesiad / Assessment & Analysis					

Strategy Implications

In North Wales, we started a strong recruitment campaign 3 years ago that was based on a head hunting approach, offering flexible job plans and investing in doctors in training. This has led to the recruitment of in excess of 22 Consultant Psychiatrists over the last 3 years. Retention rate has been excellent, only 8 Consultants have left the Division over the last 2 years, 5 of these were due to retirement and 3 moved to a different position. This data can be considered normal for the size of our medical workforce.

Until recently, the vacancy rate was about 22%. However, in February we had 3 (out of 4) consultants retiring. We also had one consultant resigning to find a position closer to home.

The current situation across North Wales is that we have 17 Consultant vacancies between the specialities of Adult and OPMH Psychiatrists. This is out of a total of 53 Consultants for those specialities. This constitutes about 33% of vacancy rates for these specialities. However, in other specialities, the vacancy rate is different. For example, in Substance Misuse the vacancy rate is 0% and in Learning Disability is 30%. Some of the vacancies have been kept purposely empty as the jobs are going to be reconfigured shortly due to the service redesign currently underway within the Division. Furthermore, the vacancy rate is not geographically evenly distributed, with the west carrying the highest number of vacancies.

We have 1 candidate that will join our substantive establishment in the west and we are in the process of formalising the contract. Furthermore, we have recently appointed a consultant in learning disabilities in Wrexham. We are currently going through salary confirmation and pre-employment checks.

The conversion rate of senior trainees into consultant posts is relatively high and in excess of 50%. We have in fact a senior trainee starting a consultant post in May and another one who has expressed intentions to remain in North Wales and possibly will join us next year.

Options considered

All options have been considered, including joining national recruitment strategy.

Financial Implications

Most of the vacancies are covered by Agency Locums, although in lower numbers due to the fact that their job plan provides them to cover more than one service to produce a financial saving.

Risk Analysis

The situation is regularly monitored and risk assessed in the medical workforce meetings. The financial implications of having agency locum doctors is substantial, although the successful recruitment described above has ameliorated the situation.

Legal and Compliance

For the moment we do not have any legal implication as we have maintained a critical number of doctors to comply with the MHA and MCA.

Impact Assessment

N/A

Cyfarfod a dyddiad: Meeting and date:	Power of Discharge Sub-Committee 18.09.2020				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Mental Health Act Committee Performance Report				
Cyfarwyddwr Cyfrifol: Responsible Director:	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 QSE Divisional Directors Meeting				
Atodiadau Appendices:	Appendix 1 MHA Committee Performance Report Quarter April - June Appendix 2 S136 Divisional Report – August Appendix 3 S136 CAMHS Report - August				
Argymhelliad / Recommendation:					
The Sub-Committee is asked to note the report.					
Please tick one as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>
Er gwybodaeth For Information					
Sefyllfa / Situation:					
The Mental Health Act Committee Performance Report provides an update in relation to the Mental Health Act Activity within the division for the detailed quarter. 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.					
Cefndir / Background:					
The Health Board has a duty to monitor and report the number of persons placed under a section of the Mental Health Act, this reporting is done 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 included and 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 MHAC.					

Asesiad / Assessment & Analysis

Strategy Implications

The use of the Mental Health Act is determined by patient needs and least restrictive options. Consideration is made regarding care closer to home. Considering the Health Boards Well-Being Objectives the use of the Mental Health Act is in line with improving physical, emotional and mental health and well-being for all, targeting resources to those with the greatest need this is including putting resources into preventing problems occurring or getting worse for the population of North Wales.

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 to which there is no budget for.

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 as used 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 who may or may not fall under the protected characteristics. All policies in relation to the use of the Mental Health Act have been equality impact assessed.



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Mental Health Act Committee
Performance Report

June 2020

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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.



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

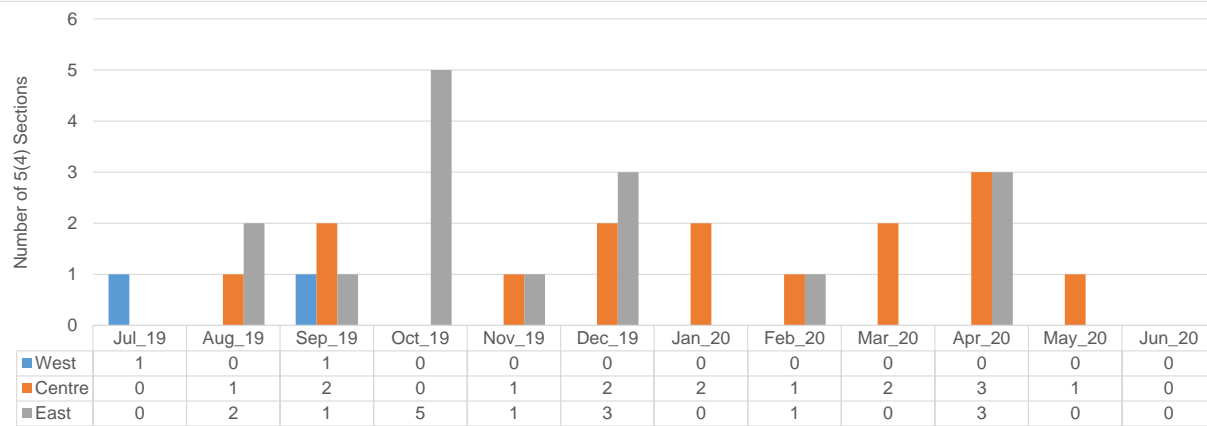
Section 62: Emergency Treatment of a detained patient regardless of section status

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	0	1	↓	7	6	↑	8	1 Centre	4
								2 East	3
								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 5(4) sections within this period were appropriate.

The highlighted entries refer to the same person, these were on separate days and enacted by different staff.

LAPSES

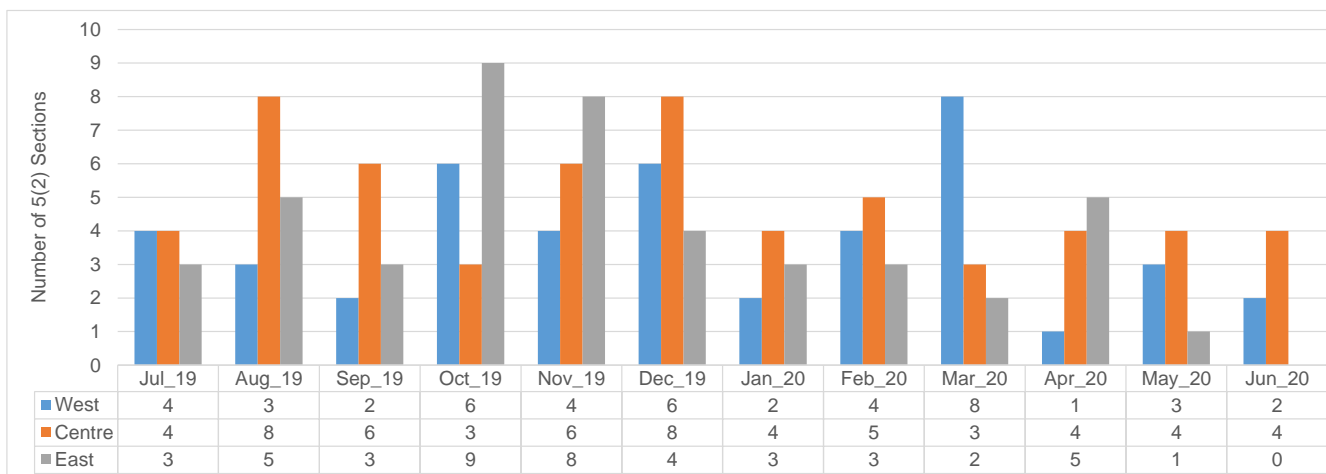
There were no lapses or exceptions to report this quarter

WEST		
Month	Duration (hh:mm)	Outcome

CENTRE		
Month	Duration (hh:mm)	Outcome
Apr_20	04:34	Section 5(2)
Apr_20	01:53	Section 3
Apr_20	00:20	Section 5(2)
May_20	03:45	Informal

EAST		
Month	Duration (hh:mm)	Outcome
Apr_20	05:00	Informal
Apr_20	05:12	Section 2
Apr_20	05:47	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	6	8	↓	24	34	↓	38	1 Centre	12
								2 East	6
								2 West	6



Section 5(2) Outcomes			
	Apr 2020	May 2020	Jun 2020
Section 2:	2	2	2
Section 3:	3	3	2
Informal:	3	2	2
Lapsed:	1	0	0
Invalid:	1	1	0
Discharged:	1	0	0
Other:	0	0	0

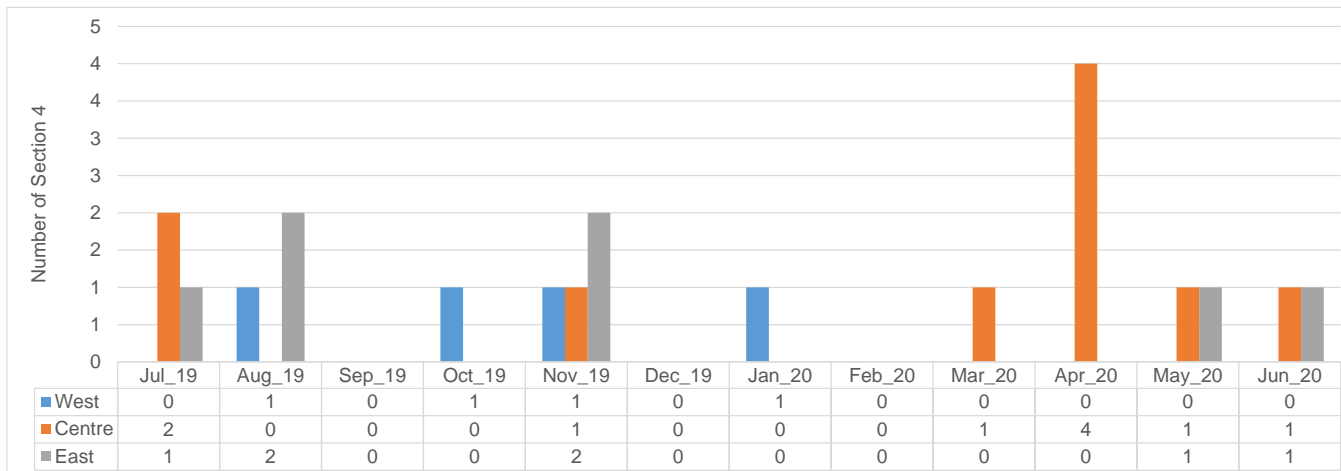
A Section 5(2) on occasions will be enacted within the acute hospital wards, during this quarter there was one instance which resulted in the patient being discharged to informal status.

This quarter there are three exceptions to report

East: One S5(2) lapsed as the S2 was not completed on time, this was due to the 5(2) following a 5(4) and the combined timeframe was not taken into account. A S2 was completed. One was deemed invalid as the patient did not have the capacity to consent to an informal admission prior to the use of section 5(2).

West: One was deemed invalid as the noted reason for use of the S5(2) was so that the patient could be transferred between wards, this is not an adequate reason.

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	2	2	→	8	2	↑	5	1 Centre	6
								2 East	2
								3 West	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.

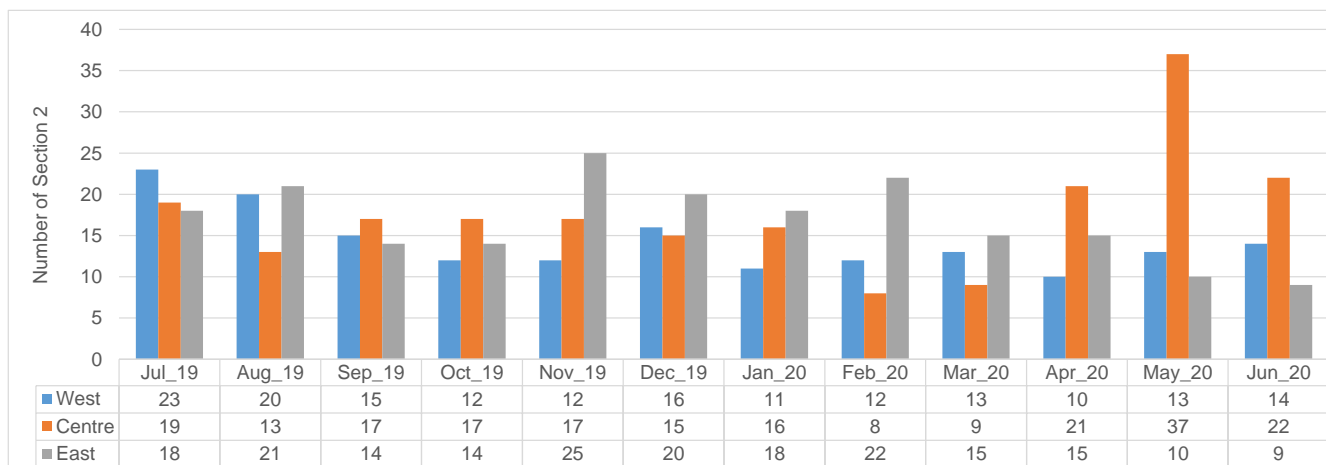
There was a spike in April which may have been due to the Coronavirus but this did not continue through to May and June.

WEST		
Month	Duration (hh:mm)	Outcome

CENTRE		
Month	Duration (hh:mm)	Outcome
Apr_20	21:00	Informal
Apr_20	19:00	Section 2
Apr_20	18:30	Section 2
Apr_20	04:40	Informal
May_20	04:47	Section 2
Jun_20	67:17	Section 3

EAST		
Month	Duration (hh:mm)	Outcome
May_20	18:00	Section 2
Jun_20	02:25	Section 2

Section 2 - BCUHB	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 2 during Quarter	Quarter Section 2
Section 5: Admission for assessment	45	60	↓	151	124	↑	146	1 Centre	80
								2 West	37
								3 East	34



* data is as at position and is subject to change

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

There were four under 18s placed on a Section 2 this quarter three were within an age appropriate bed in CAMHS and one within the adult unit following a S136, this person was moved to an age appropriate bed.

EXCEPTIONS:

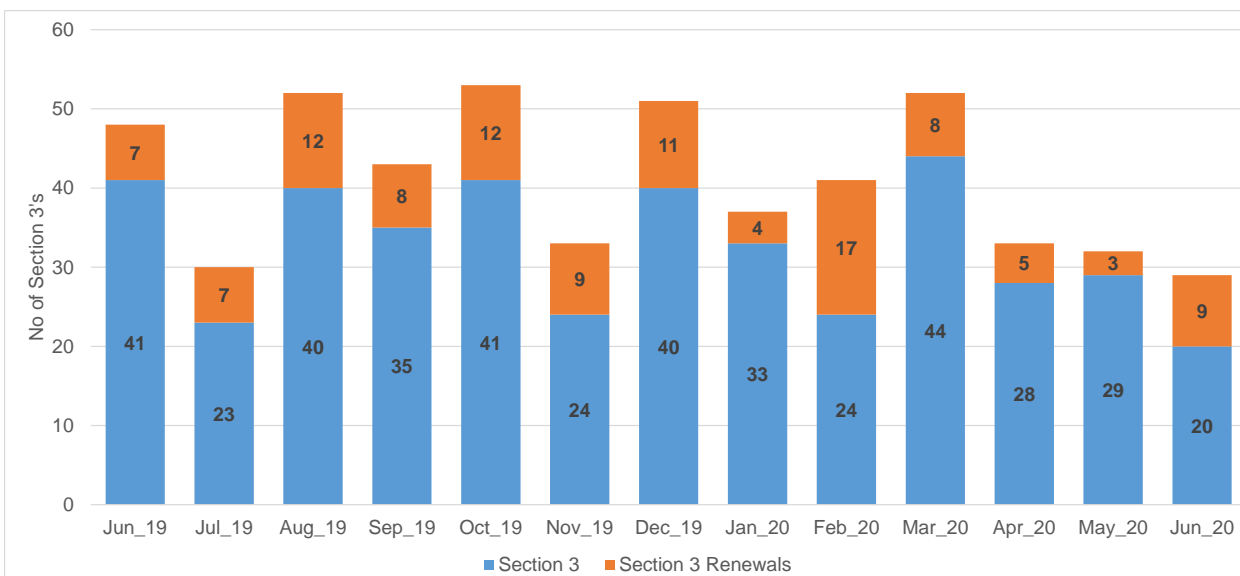
There are three exceptions to report this quarter in relation to lapsed sections. two of these occurrences were in the East and one in the West.

West: The S2 lapsed as no further paperwork was completed. The patient agreed to stay in hospital as an informal patient.

East: Two S2s lapsed due to a 2nd doctor not being available to complete the assessments in time. Lack of experience from the admin contributed to these lapses and additional safeguards have now been put in place.

Section 2 Outcomes			
	Apr 2020	May 2020	Jun 2020
Section 3:	5	11	5
Informal:	9	22	26
Lapsed:	1	0	2
Pending:	0	0	0
Discharged:	4	5	9
Transferred:	7	14	13
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
Section 3 (Including Renewals): Admission for treatment	29	32	↓	94	130	↓	122	1 Centre	35
								2 West	31
								3 East	28

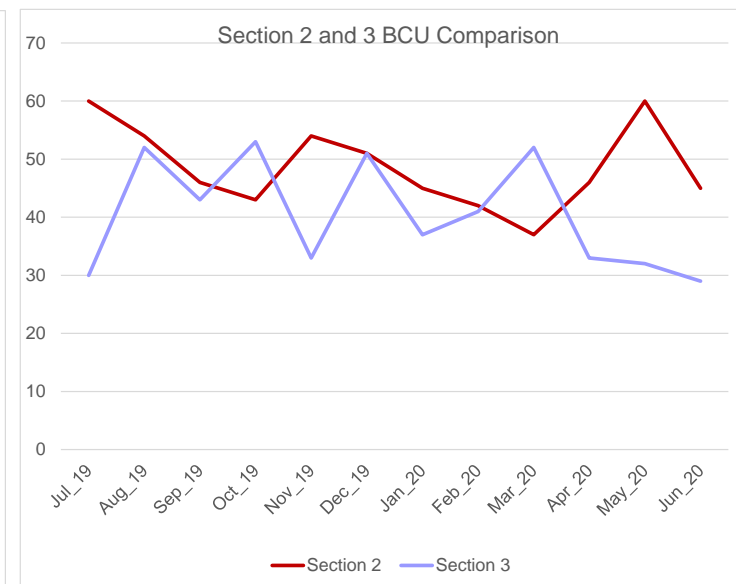


* data is as at position and is subject to change

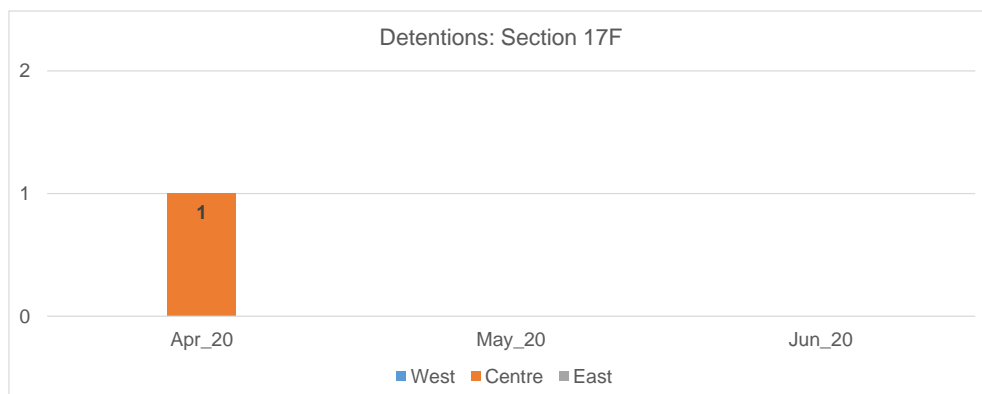
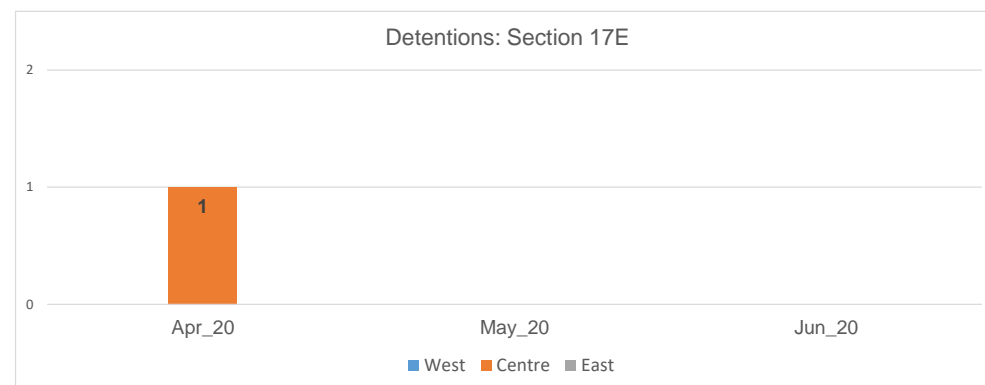
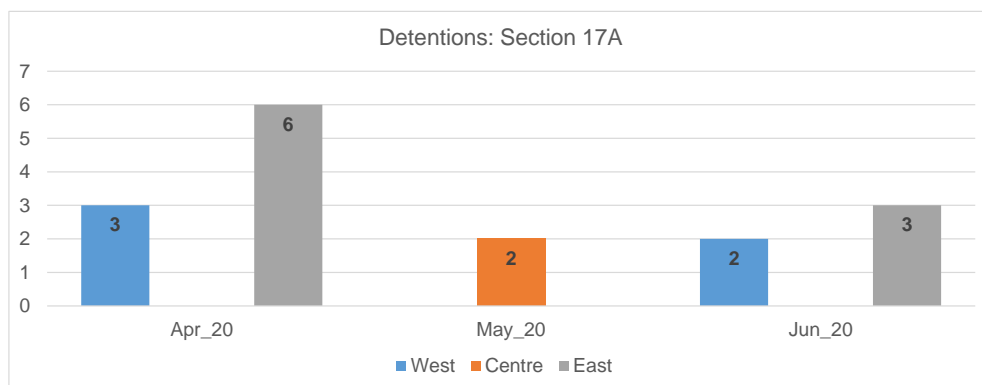
These numbers also include any renewal sections undertaken within the month. As with the data for section 2 it is hard to interpret these figures in isolation and previous months figures are prone to change due to admissions into the Health Board.

This quarter there was one under 18 made subject to a section 3 in an age appropriate setting. The trend for use of S3 and S2 are both on a downward trend.

There were no exceptions to report this period.



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	5	2	↑	18	8	↑	19	1 East	9
								2 West	5
								3 Centre	4



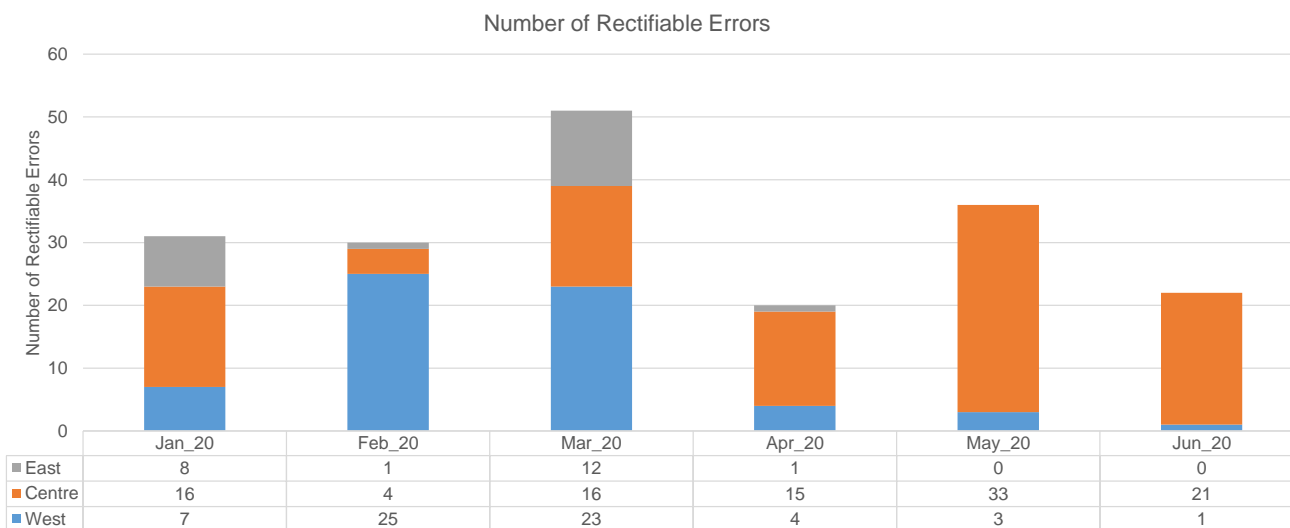
This quarterly data 17A shows the numbers of patients who are being placed on a CTO for the first time, as well as any renewals within the month. 17E data shows those who have been recalled to hospital from their CTO and 17F data shows those who have had their CTO revoked and become subject to a Section 3. Within this period there were no 17E or 17F activity.

The number of patients subject to a CTO at the end of June: West:15, Central: 8 and East: 6.

There has been a decrease in the West of patients subject to a CTO whilst the East has begun to increase.

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

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	22	37	↓	80	114	↓	124	1 Centre	70
								2 West	9
								3 East	1



Rectifiable Errors

The number of rectifiable errors for the last quarter has again decreased.

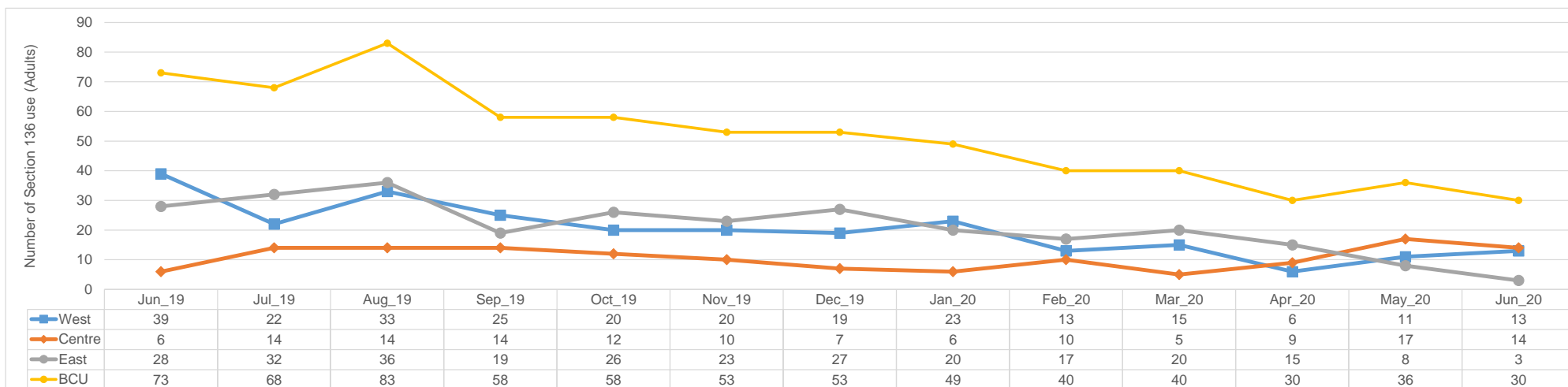
In relation to the other health boards throughout Wales due to the coronavirus we have not received any benchmarking reports for the year 2020 so are not aware of our current position. data from BCUHB has been submitted at the required times.

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

This quarter there has been 2 x Section 5(2) deemed fundamentally defective rendering the section applications invalid.

This quarter there has been 5 lapsed Sections:- 1 x Section 5(2), 3 x Section 2 and 1 x CTO.

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)	30	36	↓	96	129	↓	150	1 Centre	40
								2 West	30
								3 East	26



The data above does not include S135 or under 18's. The last quarter has seen a 25% decrease on the previous quarters figures.

There were no S135s this quarter.

There were no lapses of S136 detentions this quarter.

there were no persons noted to be in custody as their first place of safety.

One S136 12 hour extension was granted in June due to not being fit for assessment, resulting in the person being informally admitted to thier home area hospital.

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)	30	36	↓	96	129	↓	150	1 Centre 2 West 3 East	40 30 26

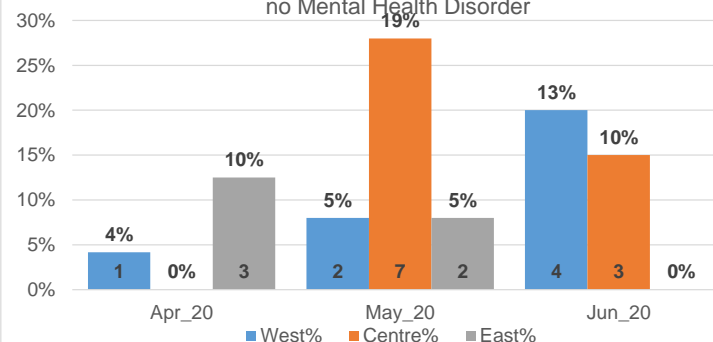
Section 136 Outcomes

	Apr 2020	May 2020	Jun 2020
Discharged:	24 77.42%	25 65.79%	20 62.50%
Informal Admission:	2 6.45%	3 7.89%	5 15.63%
Section 2:	5 16.13%	8 21.05%	7 21.88%
Section 3:	0 0.00%	2 5.26%	0 0.00%
Other:	0 0.00%	0 0.00%	0 0.00%

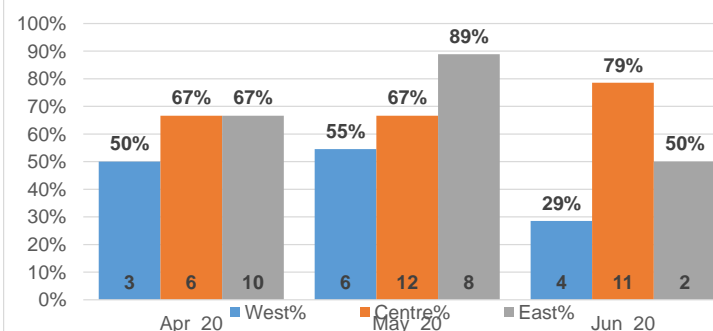
Section 136 - Known to Service

	Apr 2020	May 2020	Jun 2020
Yes	14	19	12
Yes (percentage)	66.67%	50.00%	37.50%

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 alone has decreased this quarter although it is regularly above 20%.

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

April 14%
 May 29%
 June 23%

For additional persons discharged these are further broken down as below indicating those followed up by services or new referrals into services:

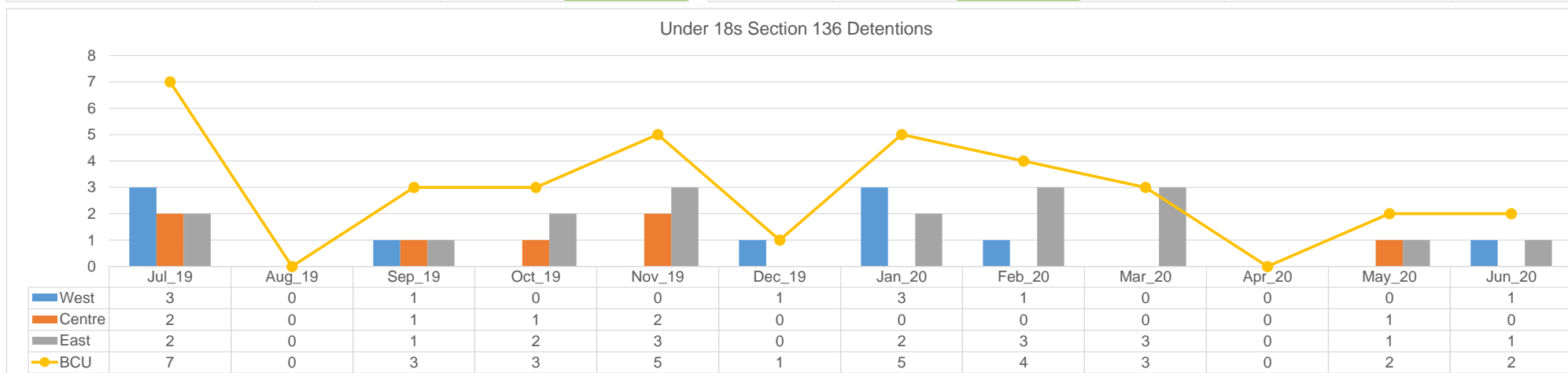
April 26% discharged with follow up and 38% referred to services.

May 3% discharged with follow up and 33% referred to services.

June 19% discharged with follow up and 21% 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 49 people did not end up on a S136 due to the CJLS intervention. This quarter accounts for 22 of those figures.

Section 135 - 136 (Under 18)	Latest Month	Previous Month	Monthly Trend	Latest Quarter	Previous Quarter	Quarter Trend	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 (<18) during Quarter	Quarter <18 S.136 use
Section 135 and 136: Patient transfers to a place of safety (<18)	2	2	➔	4	12	⬇	9	1 East 2 Centre 2 West	2 1 1



A total of four under 18's were assessed this quarter between the ages of 16 and 17 years. One assessment resulted in discharge with follow up to services, three resulted in admissions, one to NWAS under a section 2, one to an out of area bed under Section 2 and one remained in the S136 suite on a section 2 until an age appropriate bed was obtained in NWAS.

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	0
15	0
16	2
17	2

Outcome of Assessments

Outcome	Number
Returned Home	1
Returned to Care Facility	0
Admission to childrens ward	0
Admission to Adult ward / S136 suite	1
Admission NWAS/CAMHS	1
Admission OOA	1
Other (Friends, Hotel, B&B)	0

Month of Admission	Place of Assessment	Outcome	Assessing Clinician	Total Hours	Age
May	Ablett	Admission	CAMHS	5:30:00	16
May	Heddfan	Admission	CAMHS	23:00:00	16
June	Hergest	Discharged	CAMHS	01:45	17
June	Heddfan	Admission	CAMHS	21:20:00	17

Out of the 4 young persons assessed 3 originated from their own home.

3 out of the 4 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: 12:53 hrs this is an increase on the previous quarter figures of (10:03 hrs).

Under 18's admitted to Adult Psychiatric Wards

There was one admissions to Adult Psychiatric Wards this quarter from a S136. although the young person remained in the S136 suite whilst an age appropriate bed was sought for transfer.

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			
Flintshire	1	1	
Denbighshire	1		
Conwy			
Gwynedd			1
Ynys Mon			
Out of Area			

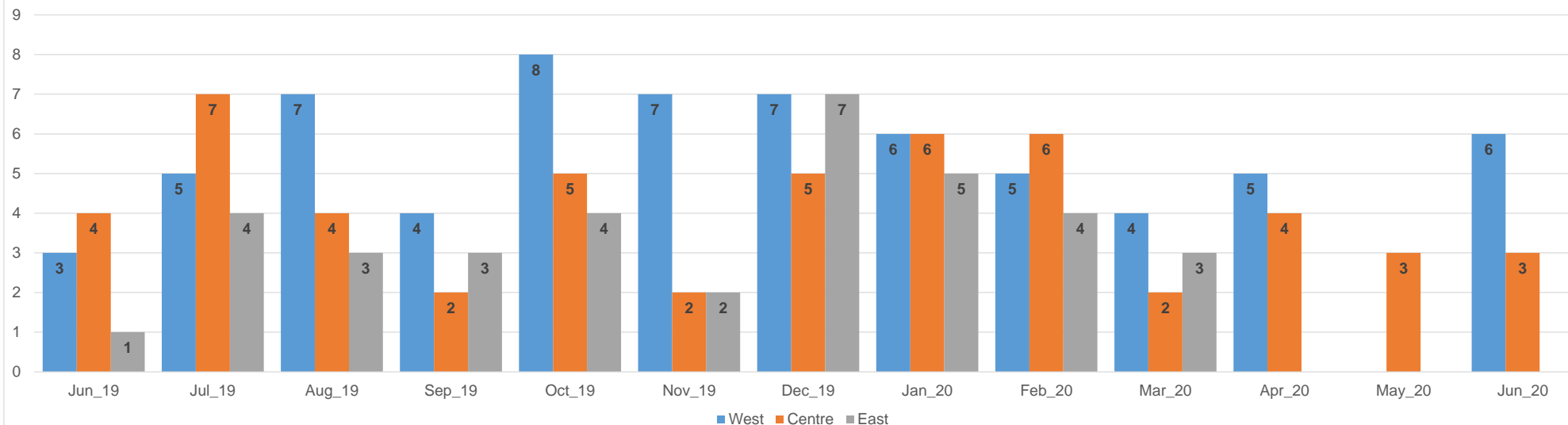
Section	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
Section 35:	0	0	0	0	0	0	0	0	0	0	0	0
Section 37:	1	1	1	1	1	1	1	1	1	1	0	0
Section 37/41:	11	11	11	11	11	12	12	12	12	9	9	9
Section 38:	0	0	0	0	0	0	0	0	0	0	1	1
Section 47:	4	3	3	3	3	3	3	4	4	2	2	2
Section 47/49:	5	5	5	4	4	4	4	4	4	2	2	3
Section 48:	0	0	0	0	0	0	0	0	0	0	0	0
Section 48/49:	0	0	0	1	1	1	1	0	0	0	0	0
Section 3:	1	1	2	2	2	2	2	2	2	2	2	2
Section 45A	0	0	0	1	1	0	0	1	1	1	1	1
Total:	22	21	22	23	23	23	23	24	24	17	17	18

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

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

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

Use of Section 62 by Area



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

Reason for S62 use:

Medication changes

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

ECT

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



**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: August 2020

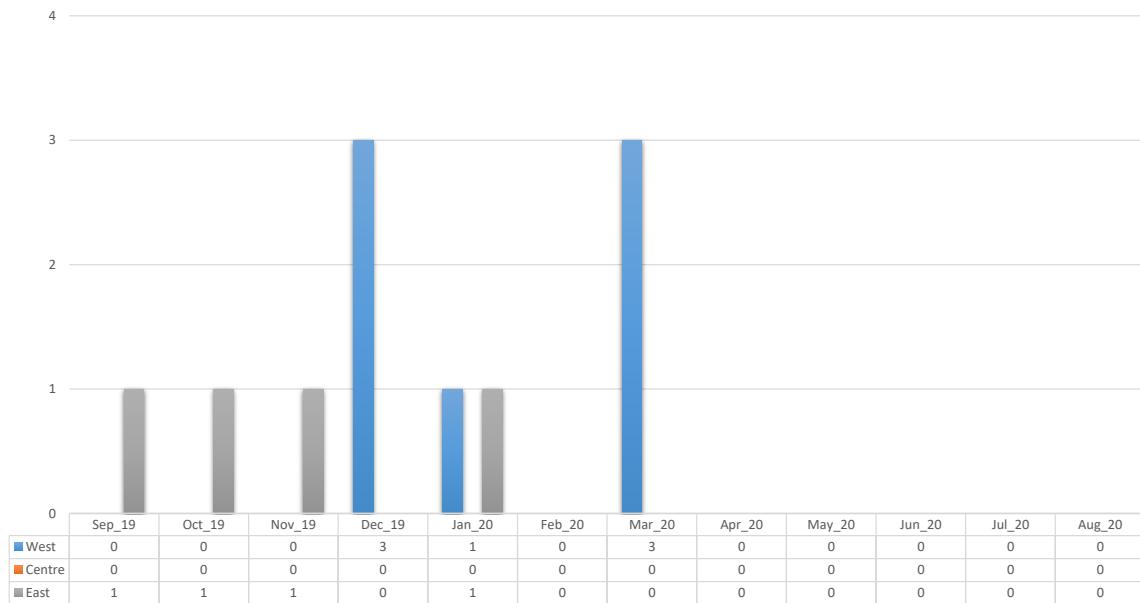
Data Source: BCUHB MHA Database

Report Created on: 04/09/2020

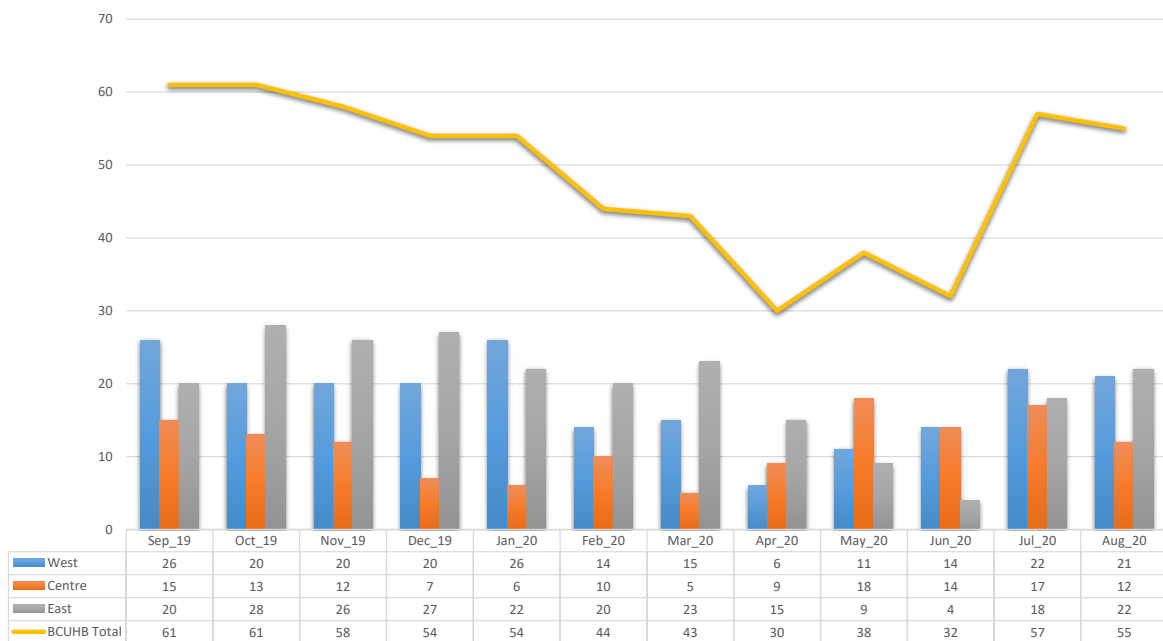
Report Created by: Performance Directorate

Section A: 12 Month Data and Trends

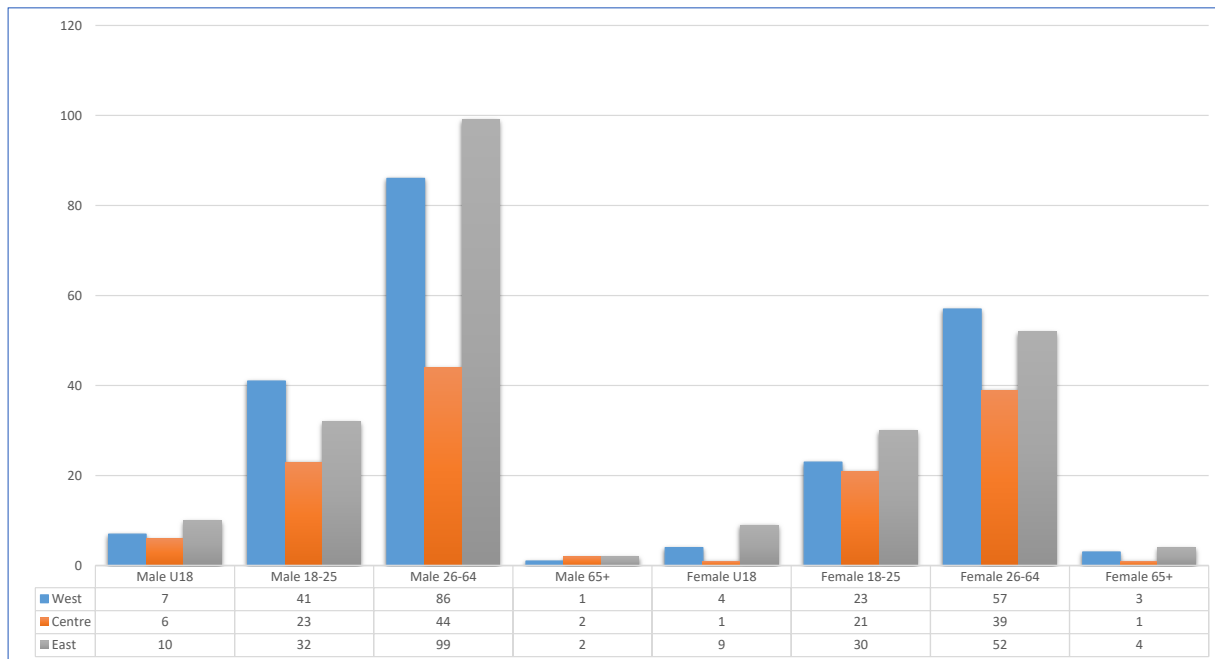
1.1: Section 135 twelve month trend up to and including Aug_20



2.1: Section 136 twelve month trend up to and including Aug_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 Aug_20

Area Split - 1st Place of Safety by category

1st Place of Safety	Aug_20			12 Month Total		
	West	Centre	East	West	Centre	East
A&E	4	1	1	39	32	38
Ward	0	0	0	1	0	1
PICU	0	0	0	0	0	0
136 Suite	16	11	20	164	106	183
Hospital	0	0	0	3	0	3
Independent Hospital	0	0	0	0	0	0
Care Home for mentally disordered persons	0	0	0	0	0	0
Police Station (Custody)	1	0	1	7	0	5
Residential accommodation provided by Social Services Authority	0	0	0	0	0	0
Any other place	0	0	0	0	0	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	Sep_19	Oct_19	Nov_19	Dec_19	Jan_20	Feb_20	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20
West	9	3	4	3	5	2	2	0	3	2	2	4
Centre	2	4	2	2	1	1	2	3	4	5	5	1
East	3	3	5	5	6	3	8	0	1	0	3	1

1st Place of Safety: 136 Suite Split	Sep_19	Oct_19	Nov_19	Dec_19	Jan_20	Feb_20	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20
West	17	14	14	15	20	12	13	6	7	12	18	16
Centre	13	9	10	5	5	9	3	6	14	9	12	11
East	16	23	17	22	15	16	13	14	8	4	15	20

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

5.1: Area split 3 month table up to and including Aug_20 and latest 12 month total

West	Jun_20	Jul_20	Aug_20	12 Month Total	Centre	Jun_20	Jul_20	Aug_20	12 Month Total	East	Jun_20	Jul_20	Aug_20	12 Month Total	Incident rate by county (12 mth total)
Ynys Mon	2	5	3	26	Ynys Mon	1	0	1	3	Ynys Mon	0	0	1	4	Ynys Mon 4.70
Gwynedd	6	6	5	79	Gwynedd	0	0	0	7	Gwynedd	0	0	0	5	Gwynedd 7.36
Flintshire	2	2	4	25	Flintshire	4	2	1	17	Flintshire	2	8	9	63	Flintshire 6.78
Wrexham	1	3	0	15	Wrexham	5	5	4	35	Wrexham	2	9	9	148	Wrexham 14.23
Conwy	1	2	6	46	Conwy	2	2	2	30	Conwy	0	1	1	6	Conwy 7.02
Denbighshire	1	2	2	13	Denbighshire	2	8	2	44	Denbighshire	0	0	2	7	Denbighshire 6.70
Powys	0	0	0	0	Powys	0	0	0	0	Powys	0	0	0	0	Powys #N/A
OOA	0	0	1	4	OOA	0	0	0	0	OOA	0	0	0	0	OOA #N/A
Incident Rate per 10,000 population	0.67	1.03	1.08	10.73	Incident Rate per 10,000 population	0.66	0.80	0.47	6.40	Incident Rate per 10,000 population	0.14	0.61	0.75	7.92	BCUHB 8.24

*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 55 S136 detentions 17 people were not seen within the closest S136 suite.

9 were due to no capacity 8 did not have the reasons recorded.

Local Authority Originates from	Detained in	S136 Suite assessed at
OOA	Flintshire	Hergest
Conwy	Denbighshire	Hergest
Denbighshire x 2	Denbighshire x 2	Hergest x 1 Heddfan x 1
Wrexham	Flintshire	Hergest
Flintshire x 3	Flintshire x 3	Hergest x 2 Ablett x 1
Denbighshire	Conwy	Hergest
OOA	Wrexham	Ablett
Ynys Mon x 2	Ynys Mon x 2	Ablett x 1 Heddfan x 1
Wrexham x 3	Wrexham x 3	Ablett
Gwynedd	Denbighshire	Heddfan
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 August the Mental Health Act Office has received notification that there have been seven instances where the Criminal Justice Liaison Nurses have assisted in preventing a S136 and signposting to a different support network.

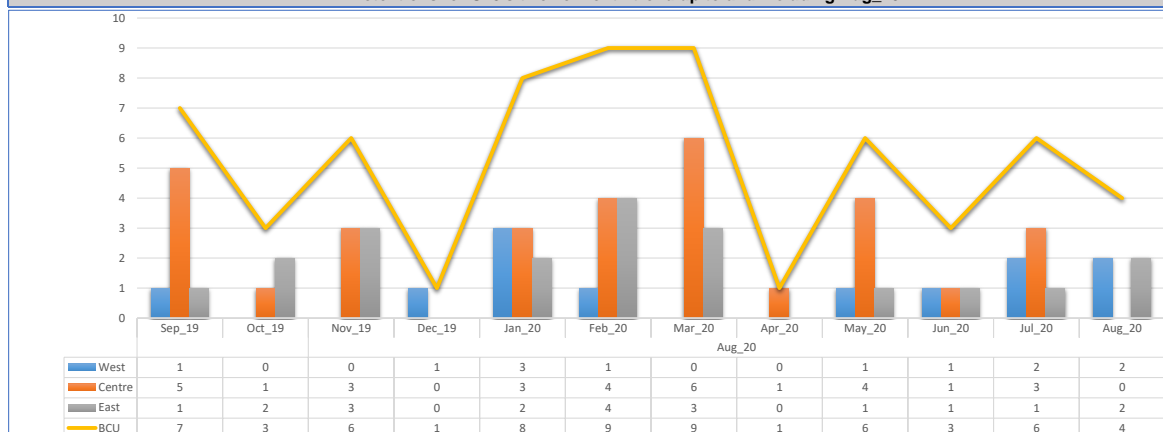
Under 18's detentions in North Wales

KPI Report for: **August 2020**

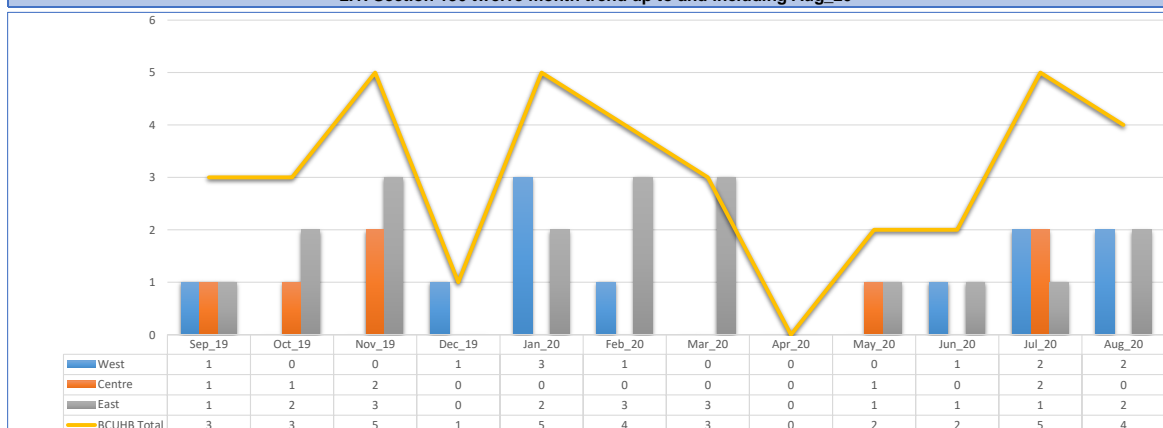
Data Source: BCUHB MHA Database
 Report Created on: 03/09/2020
 Report Created by: Performance Directorate

Section A: 12 Month Data and Trends

1.1: All Detentions for U18's twelve month trend up to and including Aug_20



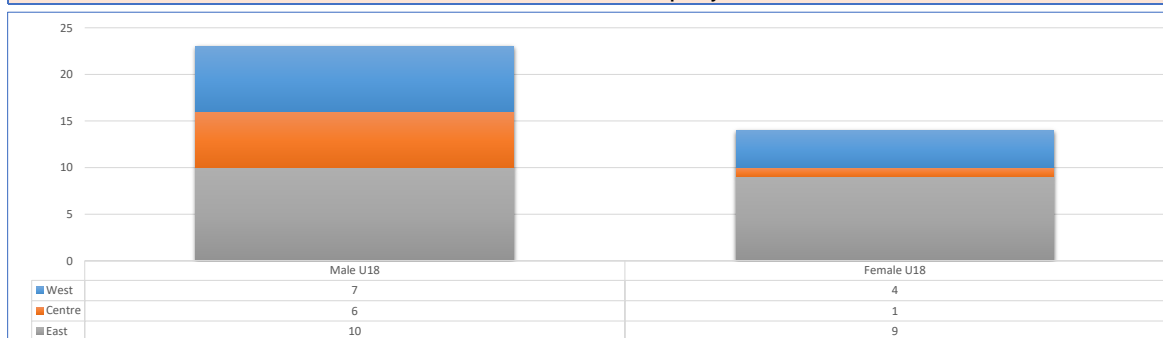
2.1: Section 136 twelve month trend up to and including Aug_20



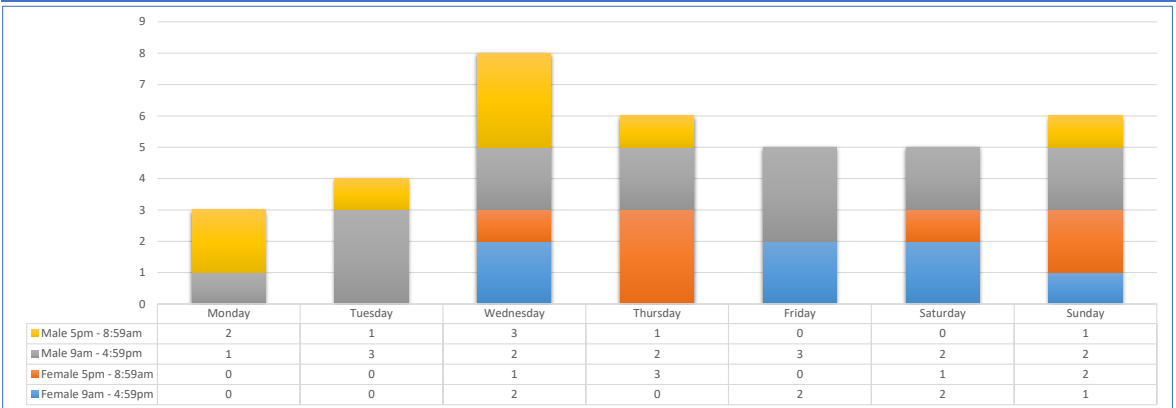
2.2: Section 136 Outcomes twelve month trend up to and including Aug_20

Outcome of 136 detention	Sep_19	Oct_19	Nov_19	Dec_19	Jan_20	Feb_20	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20
Discharged - No Mental Disorder	0	0	2	0	1	0	1	0	0	0	0	0
Discharged - Referred to Services	0	2	0	0	0	0	0	0	0	0	3	1
Discharged - Follow up service	3	0	1	1	3	3	1	0	0	1	2	2
Admitted	0	1	2	0	1	1	1	0	2	1	0	1
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 Aug_20

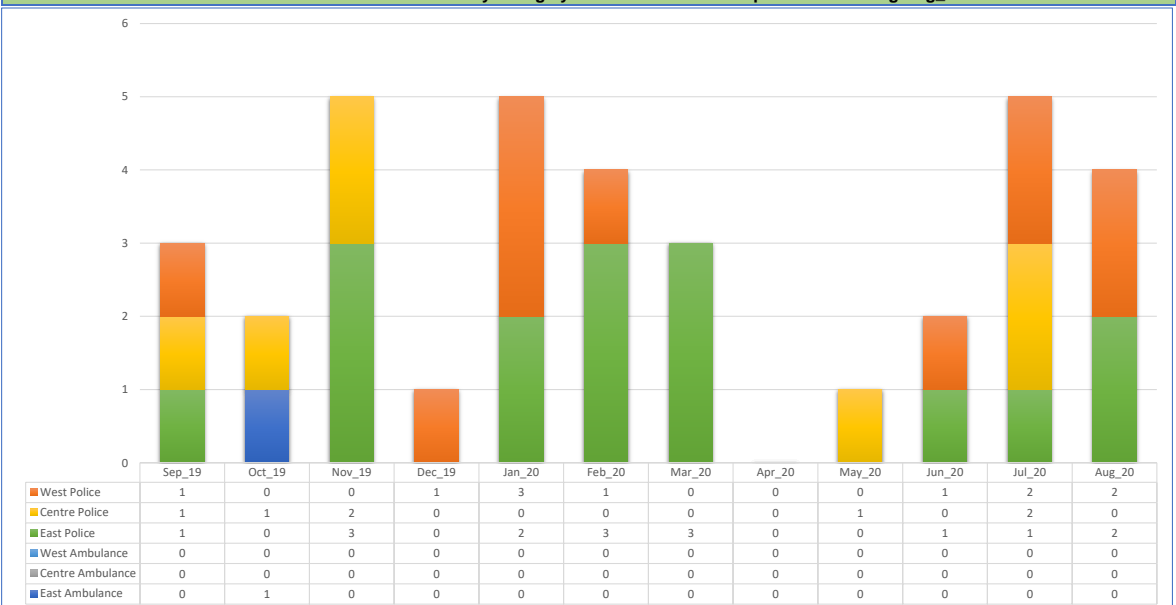
4.1: 1st Place of Safety by BCUHB and split by category

[illegible]

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

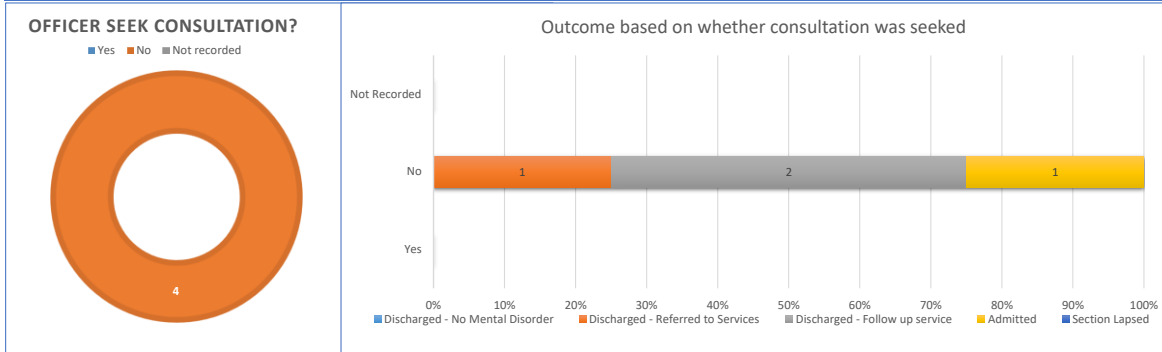
1st Place of Safety: A&E Split	Sep_19	Oct_19	Nov_19	Dec_19	Jan_20	Feb_20	Mar_20	Apr_20	May_20	Jun_20	Jul_20	Aug_20
West	1	0	0	1	0	0	0	0	0	0	0	2
Centre	0	0	1	0	0	0	0	0	1	0	0	0
East	0	0	0	0	1	0	0	0	0	0	0	0

5.1: Police and Ambulance conveyancing by Area 12 month trend up to and including Aug_20

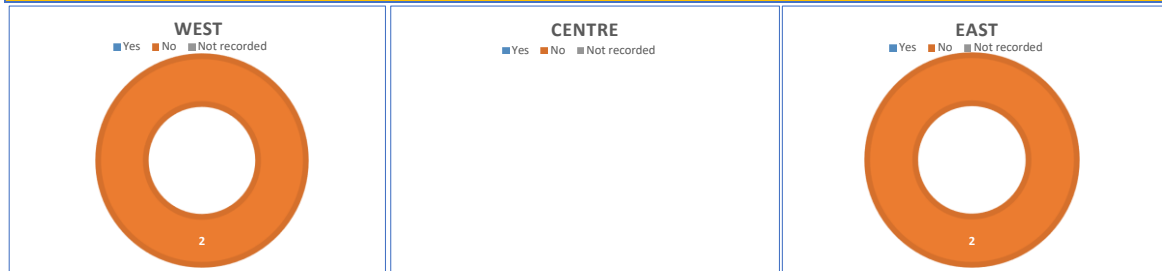


Section B: Data for Aug_20

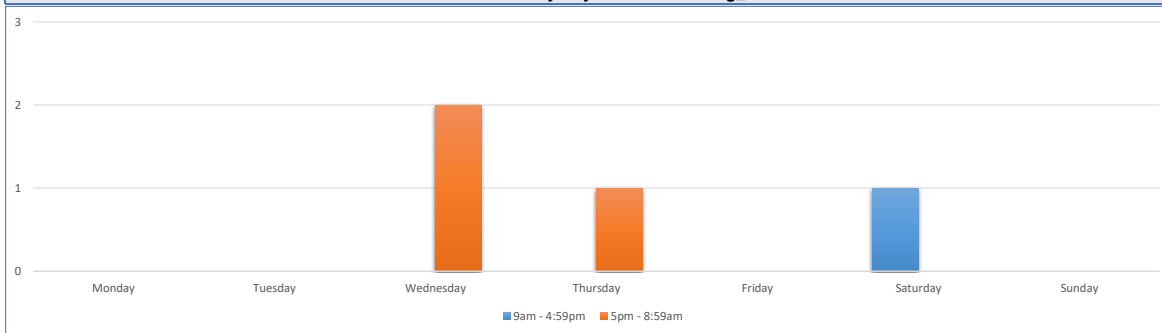
7.1: Consultations and Outcomes for Aug_20



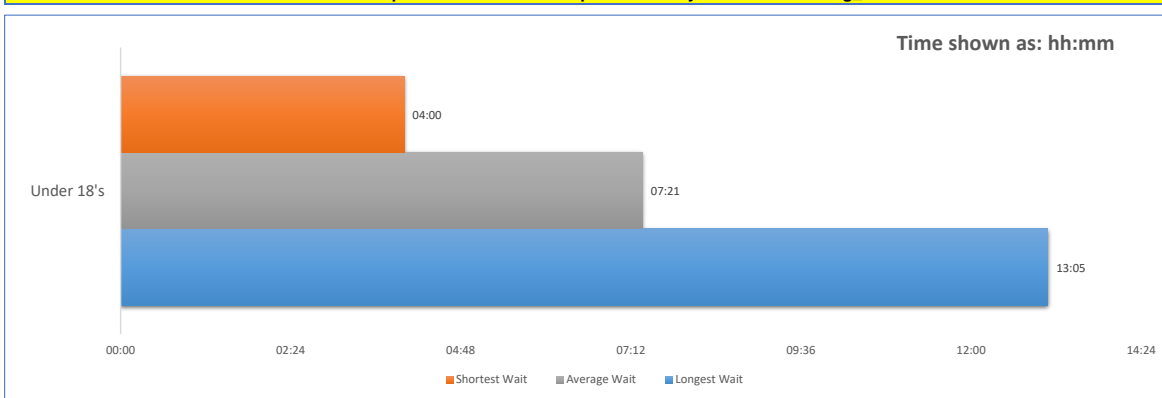
7.2: Consultations by Area for Aug_20



8.1: S.136 use by Day and Time for Aug_20



9.1: Time spent in S136 Suite / 1st place of safety until Outcome Aug_20



10.1: Narrative for Aug_20

Following the S136 assessments there were no admissions under a section this month, one young person was admitted to a childrens ward. All assessments were conducted by a CAMHS Consultant. The chart below details the length of time that the young person was detained under a S136 and a trend line for the last 30 detentions. The S136 clinical pathway has been updated to ensure that Safeguarding are made aware of a young person under a S136 detention at the time rather than this being reported retrospectively.

Assessment times and trend

