



**PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	Tuesday 1 st March 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Committee Quarterly Performance Report. Quarter 3 October - December 2021
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Mrs Ruth Bourke, Mental Health Act Administration Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
For information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation
The purpose of the paper is to present to the Mental Health Legislation Committee the quarterly Mental Health Performance Report in relation to statutory mental health legislation in Wales including:

- The Mental Health Act (1983), as amended;
- The Mental Health (Wales) Measure 2010;

The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities Directorate where related to mental health legislation.

Cefndir / Background
This Report provides assurance in respect of the work that has been undertaken by Mental Health and Learning Disabilities (MHL) Services during the quarter, that those functions of the Mental Health Act 1983 (the Act) which have delegated to officers and staff, are being carried out correctly; and that the wider operation of the 1983 Act in relation to the Local Health Board's area is operating properly.

The hospital managers must ensure that patients are detained only as the Act allows, that their treatment and care fully comply with it, and that the patients are fully informed of, and are supported in exercising, their statutory rights. Hospital managers must also ensure that a patient's case is dealt with in line with other legislation which may have an impact, including the Human Rights Act 1998 and the Data Protection Act 1998.

The Terms of Reference of the Committee itself require the submission of a quarterly report to the Board to summarise the work of the Committee and identify how it has fulfilled the duties required of it. Regulations permit the Hywel Dda University Health Board to delegate functions to committees or sub-committees whose members need not be members of the Board. However, the Board retains the ultimate responsibility for the hospital managers' duties.

This report is prepared following the quarterly meeting of the Mental Health Legislation

Scrutiny Group. The purpose of this Group is to allow senior managers and clinicians from Hywel Dda University Health Board, its partner agencies and other stakeholders to scrutinise the University Health Board's (UHB) performance, to highlight areas of good practice, and any areas of concern that must be brought to the Committee's attention.

Asesiad / Assessment

Summary

The report outlines how the Mental Legislation Committee has complied with the duties through the Terms of Reference and also identifies key actions to address developments.

Part One -

The Mental Health Act, 1983

Any exceptions highlighted in the Mental Health Act activity report are intended to raise the Committee's awareness of matters relating to the functions of the hospital managers and give assurance that the care and treatment of patients detained within Hywel Dda University Health Board and those subject to a community treatment order is only as the Act allows. Rates of detention under different sections of the Act typically fluctuate between each quarter therefore only significant points are highlighted.

Use of the Act appears to be relatively consistent with constant levels of applications, changes in legal status and discharges during this quarter. There are early signs to suggest a possible trend in the reduced use of section 2 and section 3. Detained patients have continued to be provided with their legal rights and supported by IMHAs and legal representatives when requested.

The data below illustrates the use of the Mental Health Act during Quarter 3 of 2021.

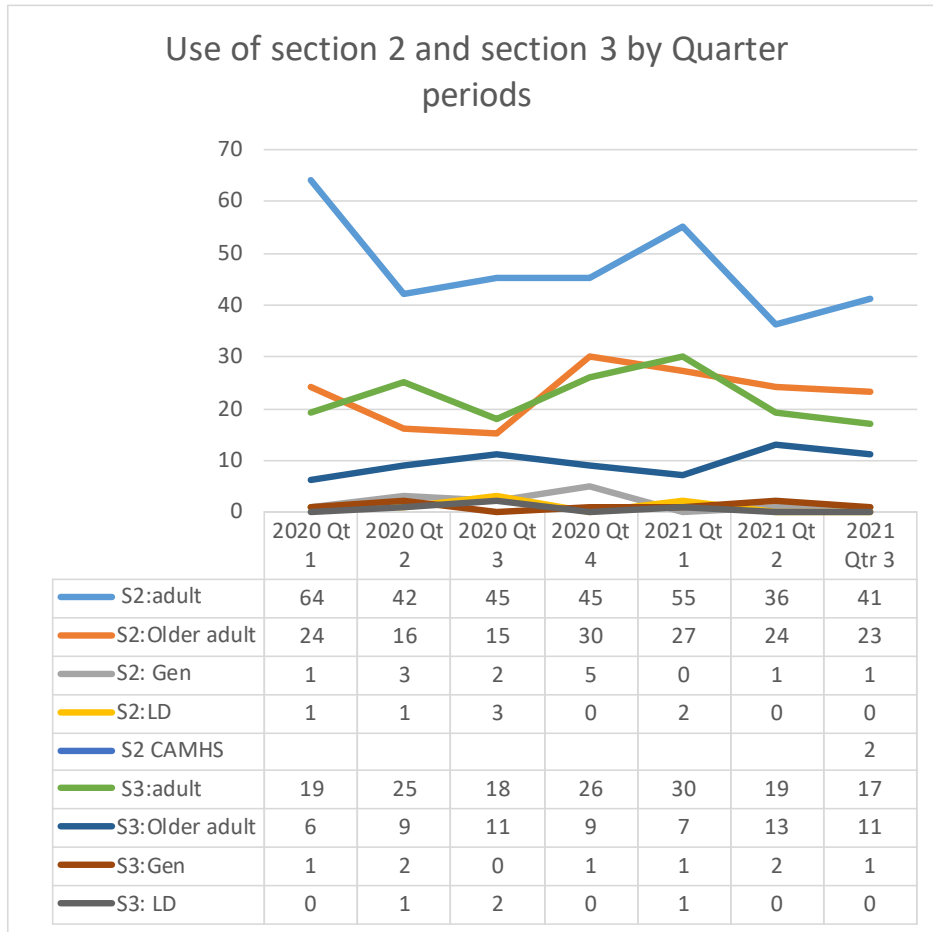
Use of the different sections shown in the table below are shown in comparison to average numbers based over the previous 3 years as opposed to last quarter's activity which overall was an unusually high period of activity.

Section of MHA	Average use per Qtr	Qtr 3 activity	Notes
2	77	67 ↓	Low use of this section during this quarter however consistent with last quarter figure of 63.
3	34	29 ↓	Also low use this quarter
4	3	1 ↓	Use of section 4 is consistently low and this number is not overly unusual despite being low
5(4)	3	6 ↑	Use of this section of the Act is always minimal. This use of a nurses holding power is higher than usual.
5(2)	22	21	Nothing of note
17A (CTO)	8	7	Nothing of note
135	2	1	Numbers remain small and this section is rarely used
136	57	65 ↑	Use of S136s continue to fluctuate anywhere between high 40s to high 70s.

Part III	3	5 ↑	Numbers are minimal so generally a higher number than usual in Part III detentions
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Detentions under S.2 and 3

Section 2¹ and Section 3² are the most commonly used sections of the Act in the detention for assessment and treatment of individuals suffering from a mental disorder. Below is a graph to demonstrate their use of the previous 7 quarter periods.



Overall use of Section 2 and 3 by Qtr

Section	2020 Qtr 1	2020 Qtr 2	2020 Qtr 3	2020 Qtr 4	2021 Qtr 1	2021 Qtr 2	2021 Qtr 3
2	91	78	65	80	86	63	67
3	26	37	31	36	39	35	29

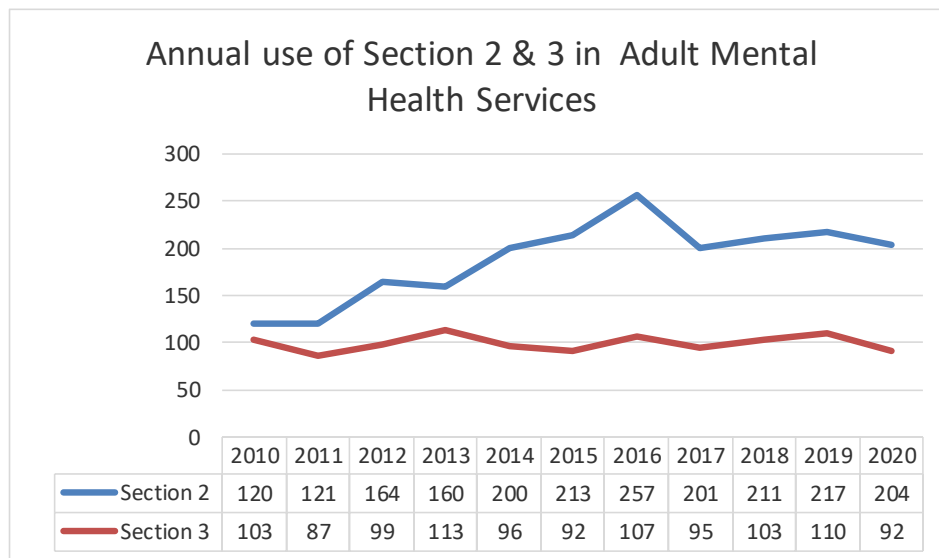
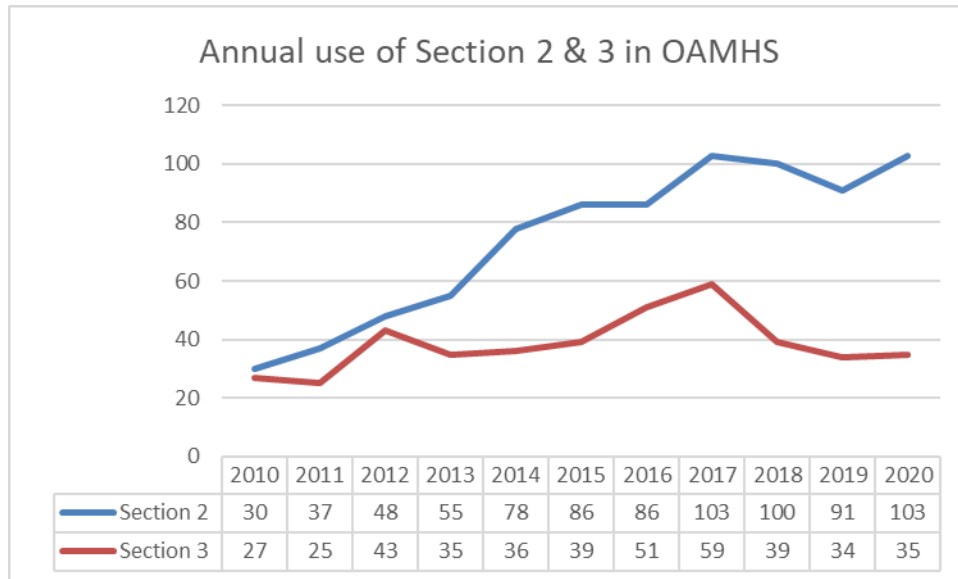
- Use of both section 2 and section 3 overall this quarter were lower than average.
- Quarter 3 saw almost the lowest use of detentions overall in adult services based on quarterly figures over the past three years. Despite this numbers were very much consistent with the previous quarter.
- Likewise in older adult services section 2 was lower this quarter generally

¹ Section 2 of the Act allows for a period of detention in hospital for up to 28 days for assessment and treatment.

² months for treatment and may be renewed.

however is more consistent with previous periods. Section 3 use in older adults does appear to be the exception in trend. Figures are very much consistent but there is clearly no decreasing trend.

The annual trend in annual use of section 2 and section 3 can be found in the graph below:



The MH Scrutiny Group considered the above and explored reasons for decreasing use of detentions under section 2 and section 3. No clear explanation obtained but the data will continue to be monitored.

The scrutiny group are tasked with focussing on what is happening to people prior to their admission under section 2, the level of activity, service input and if could have avoided any detentions.

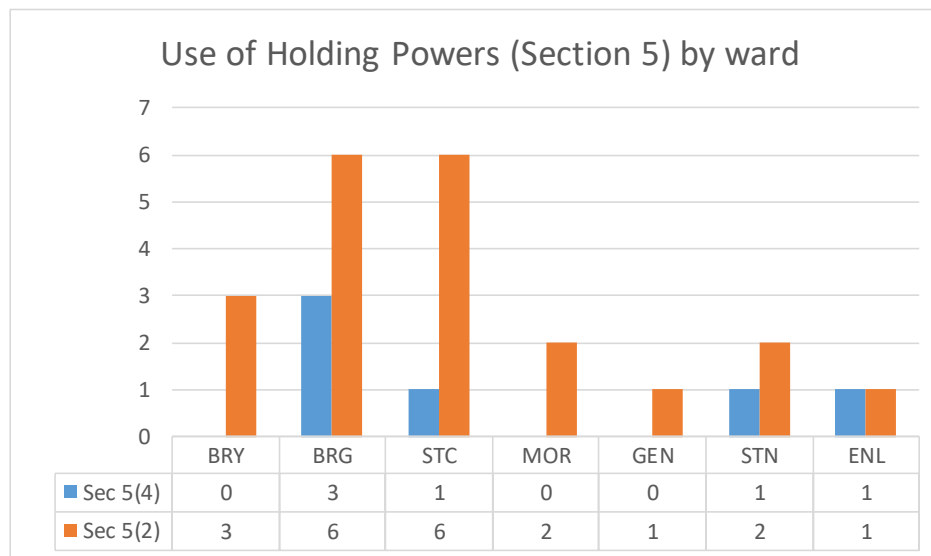
Section 4³ is an emergency admission which is based upon one medical recommendation and application by AMHP. It allows for a second medical recommendation to be obtained within 72 hours at that point converting it to section 2.

³ Section 4 of the Act allows for an emergency admission for assessment lasting up to 72 hours.

- There was 1 admission under section 4 during this quarter. The average use of Section 4 per quarter based over the previous three years is 3.

The MH Scrutiny Group reflected on the above case. In the case above a section 12 doctor was secured for the MHA assessment. The person was in police custody so an urgent assessment was considered appropriate to avoid additional distress. The MH Scrutiny group accept that due process was followed.

Holding Powers - detentions under Section 5



- Section 5(4)⁴ is used rarely with the average quarterly use being three. During this quarter the nurses holding power was used on 6 occasions with the majority being in older adult wards.
- Use of this holding power during this quarter was that it was used on 21 occasions. This compares to 23 in the last and the average use (based on last three years) which is 22.
- Use within general hospital ward settings of the Mental Health Act remains low however detentions under section 5(2) has generally increased over recent years. During this quarter it was used on 1 occasion with the outcome of a voluntary admission.
- 20 out of 21 assessments were carried out within 60 hours and 13 of those patients were further detained on Section 2 or 3

The MH Scrutiny Group considered and explored reasons for the high use of nurses holding powers. It was suggested that this, as well the increased number of sections lapsing during this quarter may be a result of limited doctor availability in wards. Members were pleased to note that use of section 5(2) in the general ward settings had reduced this quarter, only being used on one occasion. The MH Legislation Manager provided training to general nurses in order to support in the use of section 5(2) across the general hospital sites.

Detention without authority or Invalid Detentions

	Jan – Mar 21	Apr – June 21	Jul – Sept 21	Oct – Dec 21
Detention Papers	118	129	106	97
Rectifiable Errors	35	36	42	49
Non Rectifiable Errors	4	3	3	4

- 97 statutory documents were medically scrutinised with 49 rectifiable errors made on medical documents under section 15, MHA which allows corrections to be carried out within the statutory time limits (14 days). These errors are generally spelling mistakes or missing middle names.
- Other errors not covered under Section 15 include:-
 - HO12s – There was an unusually high number of errors with Section 5(2) papers 15 in total.
 - Section 20 (renewals in detention) increase in errors with submissions of HO15 forms with patient being seen outside the 2 months prior to the expiry of the section and HO15 forms documented the RC has consulted with another professional being of the same profession (i.e. another doctor). All renewals had to be redone.
- There were four invalid detentions –
- Section 3 – the time between the 2 medical recommendations were more than 5 days apart (St Nons Ward)
- Section 3 – medical recommendation was not signed and dated (Enlli Ward).
- Section 2 – the application by AMHP was dated prior to the medical recommendations (Bryngofal Ward).
- Section 3 – the medical recommendations did not identify a bed to which the patient should be detained to (Morlais Ward).

All above errors were reported through appropriate management structure. A specific training programme has been developed on Scrutiny and Receipt of MHA detention papers with training offered to nursing staff on a monthly basis with additional training and guidance available from the MHA department. An action of the Scurtinity Group was for further discussions to take place between MHA Lead and Medical Staffing to consider doctors errors on forms.

CAMHS and Learning Disabilities

Use of the MHA within both CAMHS and LD services remain small.

A separate report has been provided by the CAMHS services and can be found as an embedded document below:

⁴ Section 5(4) allows for a mental health and learning disability nurse to hold an in-patient up to 6 hours to allow for a decision to be made whether an application for detention should be made.



The use of Section 135/6⁵

- Use of Section 135/6 has increased during this period - 66 occasions compared to 53 occasions in the last quarter. The places of safety used for the MHA assessment were as follows:-
 - 27 to Bryngofal ward
 - 5 to Morlais Ward
 - 18 to Bro Cerwyn
 - 6 to DGHs
 - 9 to Gorwelion Resource Centre.
 - 1 to PICU
- Of the 66 MHA assessments 31 were discharged but referred to community services, 10 were discharged with no follow up arrangements. 5 were admitted to hospital on an informal basis and 20 were directly admitted and detained to an adult acute ward.
- Of the 65 x S136's seven cases resided outside the Hywel Dda catchment area with 3 assessments resulting in hospital admissions that occurred externally.
- It has also been reported that on 29 out of the 65 (s136) occasions the consultation process did not take place. There are 2 other cases where it is not known whether a consultation occurred as there are no records for the persons. There are 7 cases of S136 where the consultation took place with a professional other than a nurse, including an OT, doctor and AMHPs.
- No assessment had to be extended over 24 hours.
- There was no instances of custody being used as a place of safety.
- There was 1 x Section 135 during this quarter to return a person already subject under the Mental Health Act.
- There were 5 x S136s carried out on under 18s during this period. This involved 3 individuals.
- Section 136 policy is currently under review.

A more detailed analysis of the use of Section 136 is detailed below providing information on which persons were previously known to MH&LD services, the follow up they received following the Section 136 and whether or not they had a care and treatment plan or were care co-ordinated. The Committee via the MH Scrutiny Group needs to understand person's experience of being detained therefore the MH Scrutiny Group is currently focusing on how this is measured and will report its findings separately to this Committee.

2021/22 QTR 3	Oct	Nov	Dec	TOTAL
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⁵ Section 136 allows a police officer to remove a person to a place of safety, if the person appears to be suffering from a mental disorder and to be in immediate need of care or control.

SEC 136 MONTHLY ACTIVITY					
COUNTY OF RESIDENCE	CARMS	17	6	4	27
	PEMBS	8	8	5	21
	CERED	5	2	3	10
	OOA	2	0	5	7
PLACE OF SAFETY	BRYNGOFAL	18	4	5	27
	BRO CERWYN	4	8	5	17
	MORLAIS	5	0	0	5
	GORWELION	2	3	4	9
	GEN HOSP	3	1	2	6
	PICU	0	0	1	1
M/F/O	MALE	11	8	6	25
	FEMALE	21	8	11	40
	OTHER	0	0	0	0
OUTCOME	DETAINED	8	4	7	19
	VOLUNTARY ADMISSION	3	1	1	5
	DISCHARGED	3	4	3	10
	Discharged & Referred to Services	18	7	6	31
	LAPSED	0	0	0	0
KNOWN TO SERVICE	NO	4	1	6	11
	YES	28	15	11	54
	CARE CO-ORDINATED	9	3	3	15
	CTP IN PLACE	10	5	2	17

Scrutiny Group noted areas of good practice – no S136s to custody reported during this quarter (2nd quarter in a row).

Discussion took place around the increased numbers of S136s in young people.

Consultation levels remain low but are discussed and reviewed within the S136 local review groups with police representation. Guidance on the consultation process has been provided to police officers during this quarter however early consultation continues to be a matter raised.

Section 136 Joint Policy currently under review with an estimated completion date of March 2022.

Locked Door

The doors were locked on the three acute wards for the full period of Quarter 3. This was to ensure a safe enclosed environment.

A variety of methods are used on the elderly and learning disability wards to prevent vulnerable patients from leaving the ward, these include digital locks, automatic locks and keypad locks.

The Scrutiny group acknowledged the locked door policy is due for review by June 2022. Group members will support the review and in particular methods of recording of locked doors on the adult acute wards. During the pandemic the issue of wards being continually locked has not been challenged but members felt the time is right to start considering the report in more detail.

Exclusion of Visitors

There were no visitors excluded from visiting detained patients during Qtr 3.

Applications for Discharge to Hospital Managers and Mental Health Review Tribunal

In order to determine whether activity deviates from the norm current quarterly activity can be found in the table below compared against average activity based over the previous 3 years.

Activity	Average per Qtr	Qtr 3 activity	Notes
Applications to the Hospital Managers	11	8 ↓	Numbers of applications have dropped in applications particularly since Covid and following Welsh Government advice that Hospital Managers hearings should not follow where there is a MHRTfW application arranged or has been held within 6 to 8 weeks. Despite this guidance remote hearings continue to be arranged for applications for detentions lasting longer than 28 days (section 2).
Renewals / Extension reviews	21	18 ↓	Every renewal of section / extension of CTO must have a hospital managers review. See narrative below
Applications by nearest relative	2	2	This is consistent with average
Applications/ referrals to MHRTfW	54	42 ↓	Very low quarterly activity – proportionate with the lower use of MHA detentions

There were 8 applications for discharge made to the hospital managers during this quarter compared to 4 made in the same quarter last year. 2 hospital manager appeal hearings were arranged and 1 person was regraded to informal status prior to the hearing being conducted. 2 cases withdrew applications and 3 others had either a section 2 MHRT hearing scheduled within 7 days.

During this quarter Welsh Government were contacted with regards to advising over the appropriateness to return to face to face reviews. Their response was that the previous guidance issued in April 2020 remains in force however this guidance was currently under review. In the guidance issued hospital managers are advised face to face reviews are not appropriate and that where a person detained under section 2 had a MHRT hearing within 7

days or a section 3 within 6 weeks prior or 8 weeks scheduled then a further hospital managers hearing need not be held. Local agreement has been reached however that where a person appeals to the hospital managers under section 3, as well-established processes are now in place, a remote hearing will be arranged due to the turnaround of hospital managers being more timely than MHRT applications.

The hospital managers heard 18 renewals which is equivalent to the previous quarter but a reduction on the same quarter last year of 22 hearings. The average number of renewal hearings based over the last three years are 21 per quarter. The Code of Practice states renewal hearings should be held before the section expiry date. 3 (out of 18) hearings had to be held past the renewal date – on two occasions this was due to the Responsible Clinician being on leave around the period of the renewal of detention and on another occasion a hospital manager failed to attend the review resulting in a postponement to a later date. The hospital managers agreed to renew all cases that were considered during this period.

There have been 2 applications for discharge made by a nearest relative during this quarter. On one occasion the RC agreed the patient was well enough and ordered the section be discharged prior to the 72 hours expiring on the nearest relative application. The other case was withdrawn by the nearest relative.

There were 42 applications/referrals to the Mental Health Review Tribunal which is the same number as the last quarter however compares to 54 - the average over the previous three years. There were 27 hearings that took place during this quarter, 32 during the last quarter and 31 the quarter before.

There have been 4 discharges ordered by the MHRT during this quarter – 1 section 2 (deferred discharge), 2 CTO patients and 1 restricted Ministry of Justice patient.

All hospital managers hearings during this quarter have taken place via MSTeams. The prospect of returning to face to face reviews is discussed and risk assessed at regular intervals.

On 8th November 2021 the MHRT provided notice that use of MS Teams would be accessible for future hearings. Prior to this all hearings were conducted by telephone conference calls. Since this date there have been 13 MHRT cases held with 2 using video (MSTeams) all others have been by telephone. A further update from MHRTfW office indicated that testing (use of MS Teams) was in final stages with formal confirmation on future rollout expected by end of January.

The Scrutiny group discussed the future of telephone / video reviews for patient appeals against detentions of the MHA both to Hospital managers and Mental Health Review Tribunals. Frustrations continued to be highlighted at what is considered a slow transition from telephone to video conference for the purposes of Mental Health Review.

Policies

During this quarter work has been undertaken on the following policies and procedures:-

Section 135 Inter Agency Procedure (743)
Approved

Section 136 Inter Agency Procedure (395)
Under review / collating final comments

Section 117 After-care Joint Health Board and Local Authorities Policy (688)
Delayed – referred to Clinical Written Control Documents Group (CWCDG) following inability to reach agreement within some areas of the policy between the local authority long term care and health commissioning team. Following period of consultation agreement to develop a centralised Section 117 register was obtained. This to be funded jointly between health and local authority. This post has not progressed following the delay of the policy review.

Locked Door Policy (321)
Due for review. Recommendation to update reporting of locked doors process to digital format.

MH Scrutiny group discussed policy reviews.
Anticipated completion Section 136 policy March 2022.
Lead on Locked Door Policy to be identified by service manager
Section 117 Policy some further actions to be undertaken before final sign off can be agreed- a 2 month extension has been requested.

Part Two -

The Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure 2010 has been reported to the Committee on a quarterly basis in order to provide assurance that activity is closely monitored and that practice is compliant with the requirements of The Measure. This is primary legislation that was passed by the Welsh Government in 2010 and became operational during 2012. The intention of the legislation is to ensure that people are able to access appropriate mental health support services, receive care that is co-ordinated by a named person, enables direct access back to services following discharge and that the entitlement to independent mental health advocacy is increased.

To achieve this the Measure is divided into four Parts:

Part 1 - The expansion of mental health services within primary care settings

Part 2 - The introduction of the statutory Care and Treatment Planning for individuals receiving secondary mental health services

Part 3 - Enabling former users of secondary mental health services who have been discharged to refer themselves back for assessment without having to first go to their GP

Part 4 - Expanding the Independent Mental Health Advocacy (IMHA) to informal patients.

Part 1 – Local Primary Mental Health Support Services

Part 1 of the Measure is monitored in two parts, Target 1 and Target 2 as detailed in the table below. Performance is being monitored by the Head of Adult Mental Health Services with the LPMHSS Team Leaders.

PART 1	Detail		Oct 21	Nov 21	Dec 21
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	93.4	81.6%	83.9%
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	CAMHS	9.1%	2.5%	3.2%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	94.3%	94.9%	97.1%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	CAMHS	53.6%	38.5%	18.2%

Part 2 – Care and Treatment Planning

PART 2	Detail	Oct 21	Nov 21	Dec 21
Measure 1	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	93.5%	93.2%	93.6%

Part 3 – Self Referral to Secondary Care for Former Service Users

PART 3	Detail	Oct 21	Nov 21	Dec 21
Measure 1	Individuals are re-assessed in a timely manner; and a copy of a report to that individual is provided no later than 10 working days. (Total number of requests for re-assessment received) Target 100%	100%	100%	100%

Part 4 – Independent Mental Health Advocacy

PART 4	Detail	Oct 21	Nov 21	Dec 21
	100% of hospitals to have arrangements in place to ensure advocacy is available to all qualifying patients – Percentage of qualifying compulsory / voluntary patients have been offered advocacy services in the mental health services (Target 100%)	<i>Data captured separately and contained within the Scrutiny Report</i>		

The MH Scrutiny Group discussed the performance data in relation to the Welsh Measure. Further information provided within the MH Scrutiny report to the Committee.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	<ol style="list-style-type: none"> 1. Improve population health through prevention and early intervention 2. Support people to live active, happy and healthy lives 3. Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners?
	Collaboration – The Mental Health Legislation Committee comprises external agencies, carer representatives and local authorities

	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population?
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Committee, Power of Discharge sub committee and scrutiny group
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Mental Health Legislation Scrutiny Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> ; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i> ; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> . Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: Legal:	s

Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

S-CAMHS Update Report for CYSUR

In line with the Welsh Government document “Admission Guidance”, HDUHB has in place a robust Admission Policy/Pathway outlining the process for admitting any young person into an Adult Mental Health Ward. The Guidance stipulates that the Health Board must have a designated Unit and within HDUHB this is Morlais Ward on the Glangwili Hospital campus.

A new Protocol has been approved to meet this statutory requirement which will ensure compliance against Welsh Government expectations.

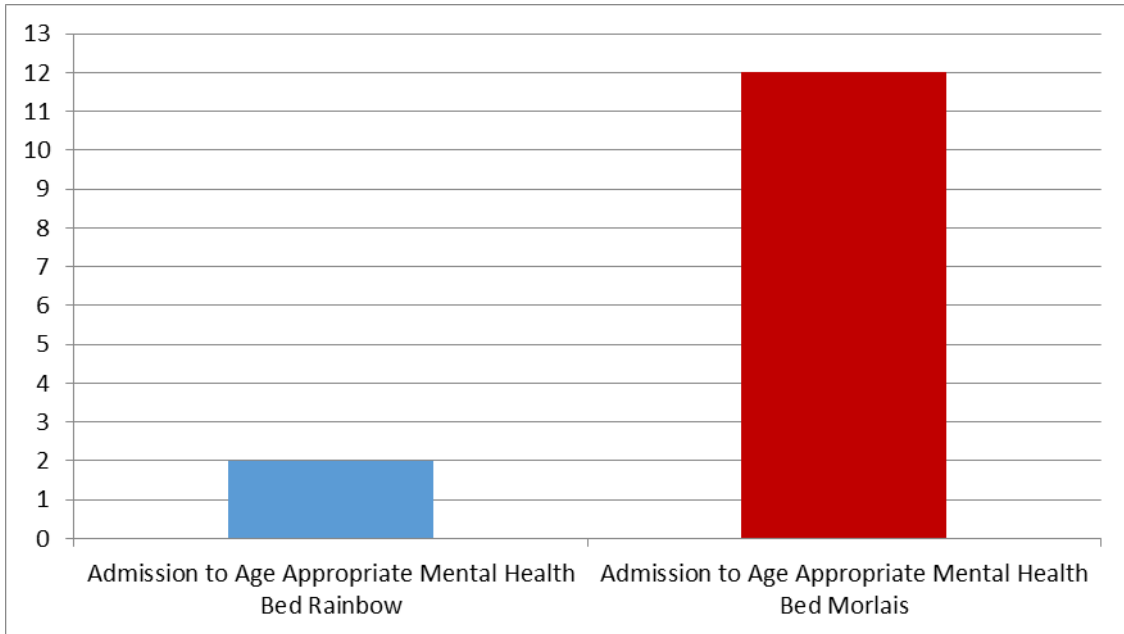
Admission to an adult mental health ward can be a frightening experience and every attempt is made to consider the least restrictive alternative for admission. In the majority of cases a young person is admitted to the designated unit on Cilgerran Ward supported by staff from the mental health unit.

In line with the guidance, the staff have received additional training in safeguarding young people and in addition the staff on Morlais ward have all undertaken the following:

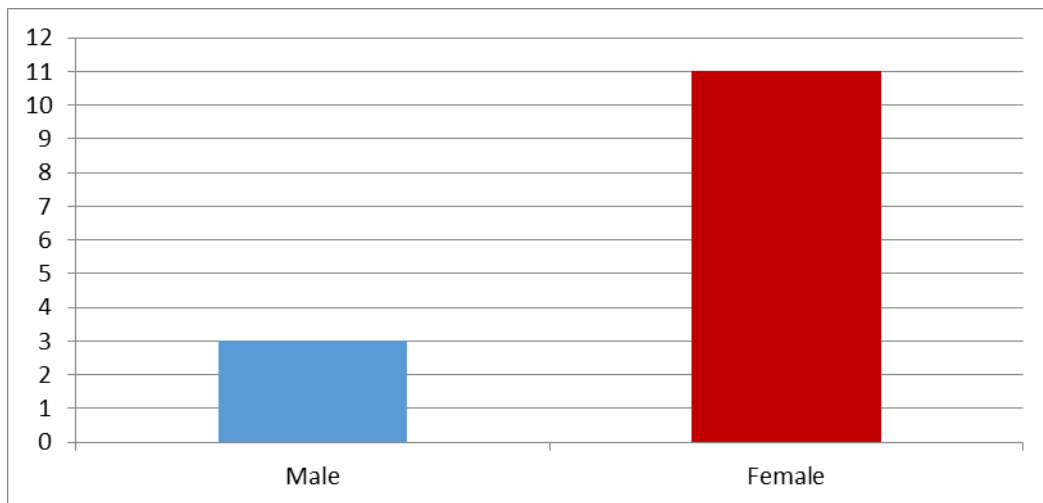
- Safeguarding Children Level 3 Training
- Have a valid Enhanced DBS in place
- Undertaken specific training on the emotional and mental health needs of children and young people
- Training on the Mental Health Act and Social Services and Wellbeing (Wales) Act 2014

All admissions to the mental health bed must be reported, initially internally as a DATIX, and followed by a Serious Untoward Incident report to the Delivery Unit in line with the Welsh Government’s Admission Guidance Document.

Q3 Admissions to the age appropriate bed on the Rainbow bed and Morlais Adult Mental Health Ward Glangwili Hospital site:



Q3 Admission to Age Appropriate Mental Health Bed Rainbow / Morlais Bed by gender:

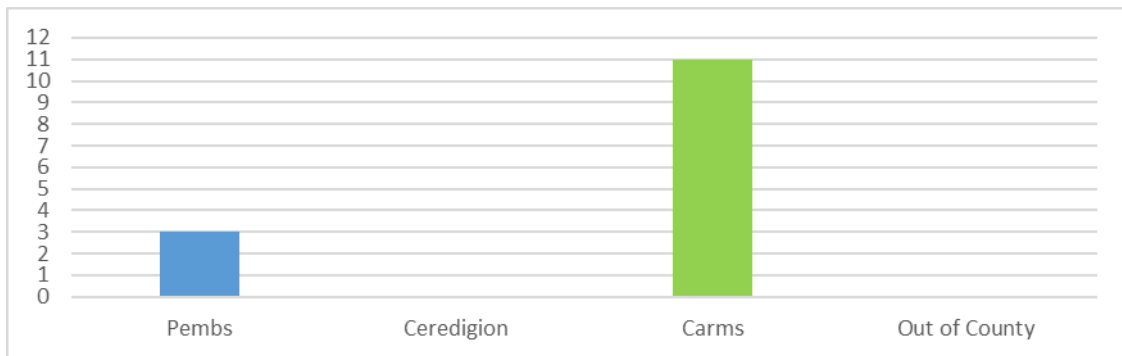


To note, during the period of Oct-Dec there were 3 females that were admitted on more than one occasion.

Angela Lodwick Head S-CAMHS – October 2021

- 1 Female admitted twice within the month of October and then was re-admitted in November.
- 1 Female admitted twice within the month of November.
- 1 Female admitted in November and then re-admitted twice within the month of December.

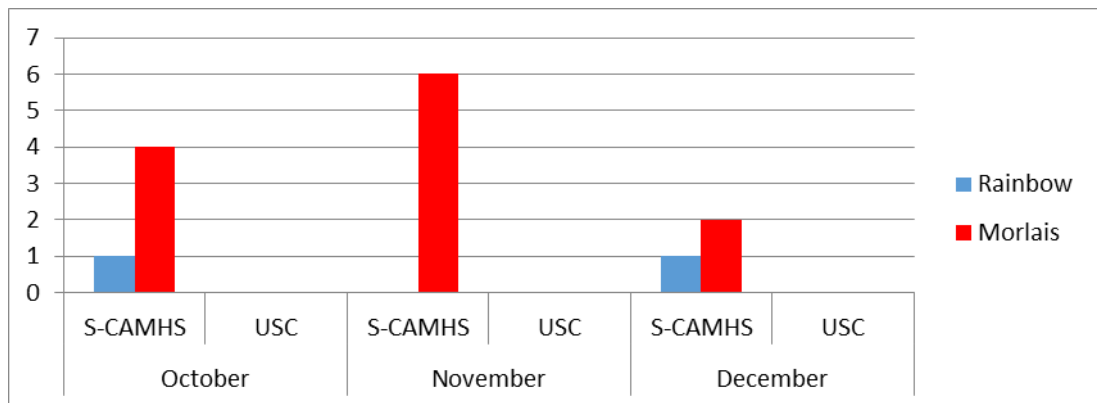
Q3 Admissions to Rainbow / Morlais Bed according to Locality:



Admissions to Paediatric Age Appropriate Bed (Rainbow Unit, Non reportable)

Specialist CAMHS records for Quarter 3 are outlined above with 14 Admissions in total, with 2 Admissions to the Paediatric bed and 12 Admissions to the Adult Mental Health Ward (Morlais).

Q3 Admissions to Rainbow / Morlais split by admitting team:



Mental Health Act Status

There were 5 x S136 cases of under 18s during this period. This involved 3 individuals.

There were 2 individuals subject to section 2 of the Mental Health Act during this reporting period.

Admission Outcomes

	Discharged Home	Onward Admission	Remains on Ward
Rainbow	2	0	0
Morlais	12	0	0

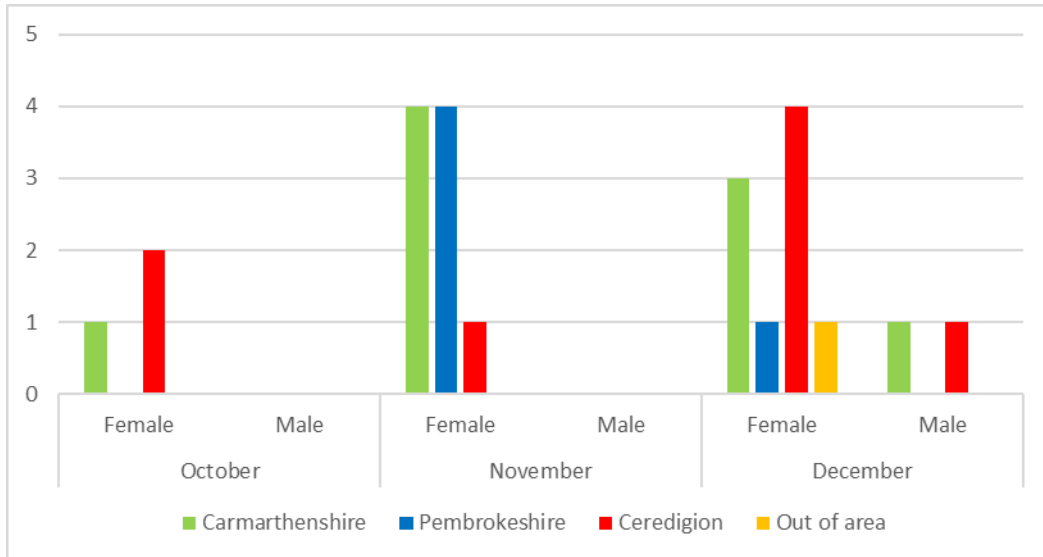
Admissions relating to Self-Harm

Within HDUHB there are robust systems in place for S-CAMHS to provide a mental health assessment, following referral from the Paediatric ward where any young person is admitted following an episode of self harm. The reason for admission is generally following an overdose but, on occasions, it can be following deliberate cutting or an attempted hanging.

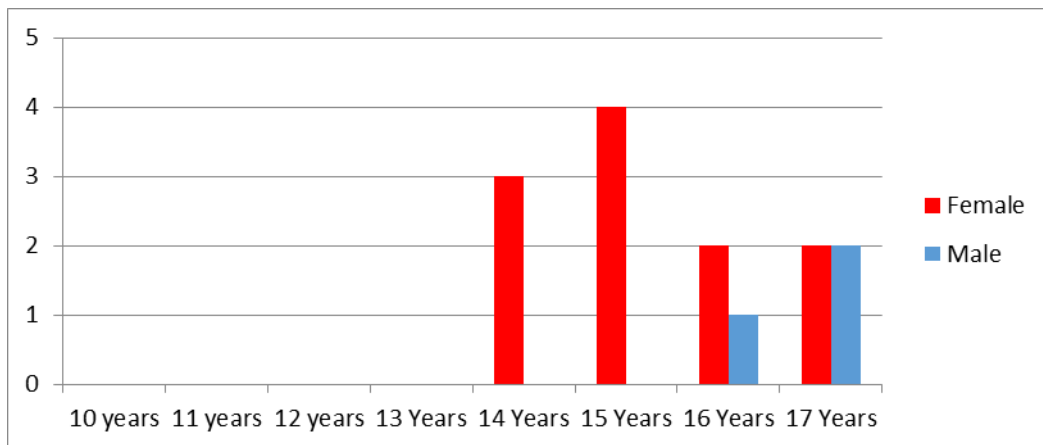
All overdose/self harm admissions receive a follow up appointment within three working days to monitor risk and provide support. There is a robust Pathway in place along with Guidance for admission of all young people who present following self harm in order that a comprehensive mental health assessment and risk management plan can be agreed. Where appropriate, referral to the Safeguarding team and/or Social Services may be considered.

The following table details the numbers of admissions following Deliberate Self Harm (DSH) Quarter 3 2021-2022 for the 3 Local Authority Areas:

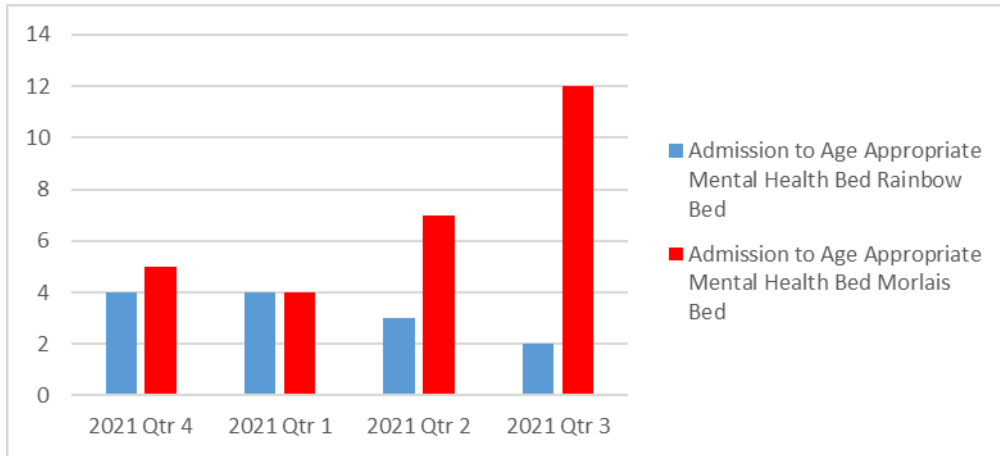
Q3 Self-harm / Overdose Admission Statistics split by gender and locality:



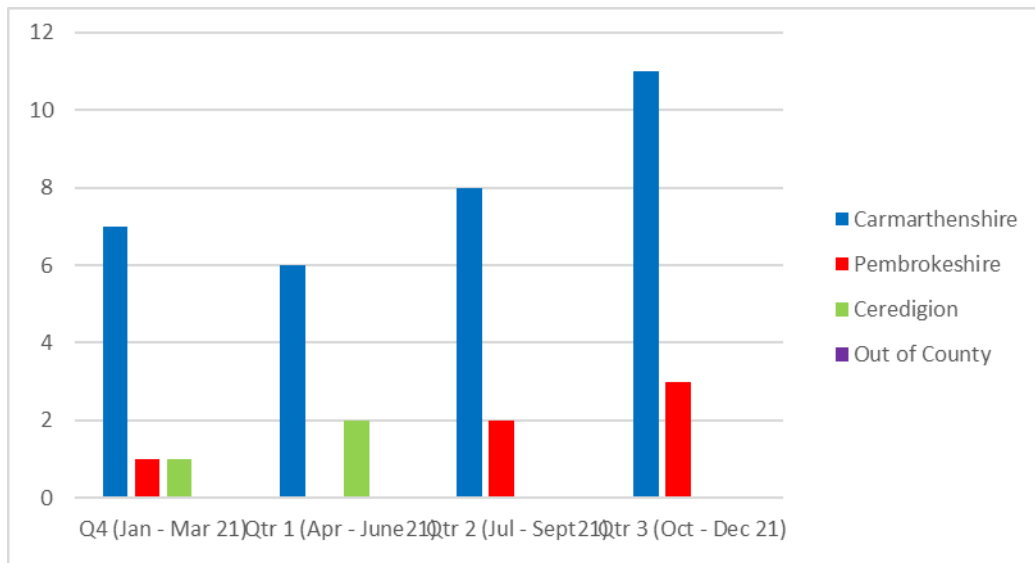
Q3 Self-harm / Overdose Admission Statistics split by gender and age profile:



Comparison Data (last 12 months) - Age Appropriate Bed



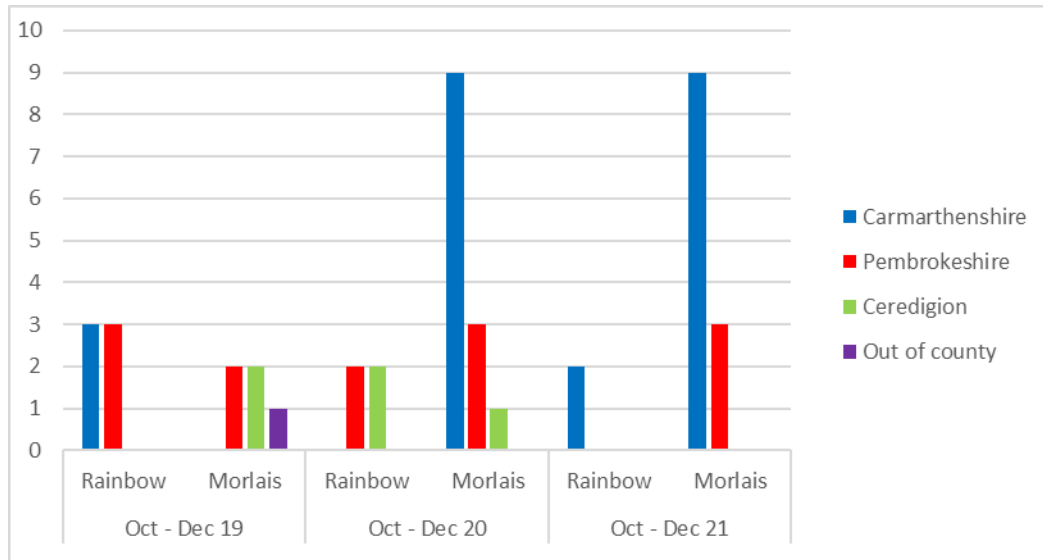
Admission Trend comparison by locality (last 12 months)



Angela Lodwick Head S-CAMHS – October 2021

Annual Admission Comparison by locality

The following graph compares the numbers of admissions for Quarter 3 2021/2022 against the number of admissions for the same quarter of 2020/2021 and 2019/2020, further defined by locality.



Advocacy

In line with the Mental Health (Wales) Measure 2012, Health Boards are expected to ensure that access to Advocacy Services is in place, as per Part 4 of the Measure, for any individual admitted into hospital. All young people admitted to Morlais Ward are asked on admission if they would like access to an Independent Mental Health Advocate. The expected performance target is that 100% of clients are offered this and this information is recorded and reported via our Information Analyst.

On Cilgerran Ward, information is provided to young people on admission on the availability of access to the Advocacy Service. However, the above performance standard is not applicable therefore data is not routinely collated.