



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 September 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Committee Quarterly Performance Report. Quarter 1, April – June 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), as amended, and the Mental Health (Wales) Measure 2010 (the Measure) which they have delegated to officers and staff, are being carried out correctly; and that the wider operation of the 1983 Act and the Measure 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 Assurance Committee has complied with the duties through the Terms of Reference set, and also identifies key actions to address developments.

PART ONE – THE MENTAL HEALTH ACT (1983), AS AMENDED

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 hospital managers and give assurance that the care and treatment of patients detained in 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 MHA typically fluctuate between each quarter therefore only significant points are highlighted here.

Covid 19 current impact on the Act

Whilst the Coronavirus Act 2020 was never enacted that allowed temporary adaptations to the Mental Health Act other operations and processes within the Act have remain modified during this quarter.

MHRT hearings

The Mental Health Review Tribunal for Wales (MHRTfW) extended a temporary Practice Direction in October 2020. As a result, preliminary examinations by medical members continue to be suspended and all hearings continue to be held by telephone conference. The MHRTfW recognises that it did not anticipate the modifications to last so long and have informed the health board that a pilot is due to be conducted over the next month or so where a range of hearings will be conducted via video.

All patients had the same opportunity to appeal and access to legal representatives by telephone prior to hearings taking place.

Hospital Managers reviews

All Hospital Managers reviews have been remotely during this quarter via use of MS Teams. This is continually evaluated through the Hospital Managers Power of Discharge Sub Committee. Rights to appeal against ongoing detentions have not been compromised as a result of remote hearings as a result patients' right to liberty as set out in Article 5(4) ultimately is still being protected.

Healthcare Inspectorate Wales (HIW) – SOAD service change

With effect from 27 March 2020 HIW issued guidance on the interim methodology for second opinions. All physical visits by SOADs were suspended and certificates are provided electronically directly to MHA administrations teams. This process has continued throughout the reported quarter, with a positive impact on the time taken to provide certificates noted. HIW have updated the Board that this approach will continue whilst the interim operating arrangements for the SOAD service are reviewed.

MHLD Leave and Visiting Arrangements

Leave and visiting arrangements within the Health Board were amended in March 2020 in

order to protect both patient and staff safety in wards areas. Leave and visiting has continued to be impacted by the pandemic during this quarter. Additional Ipads to enable contact with family and friends have been provided to wards.

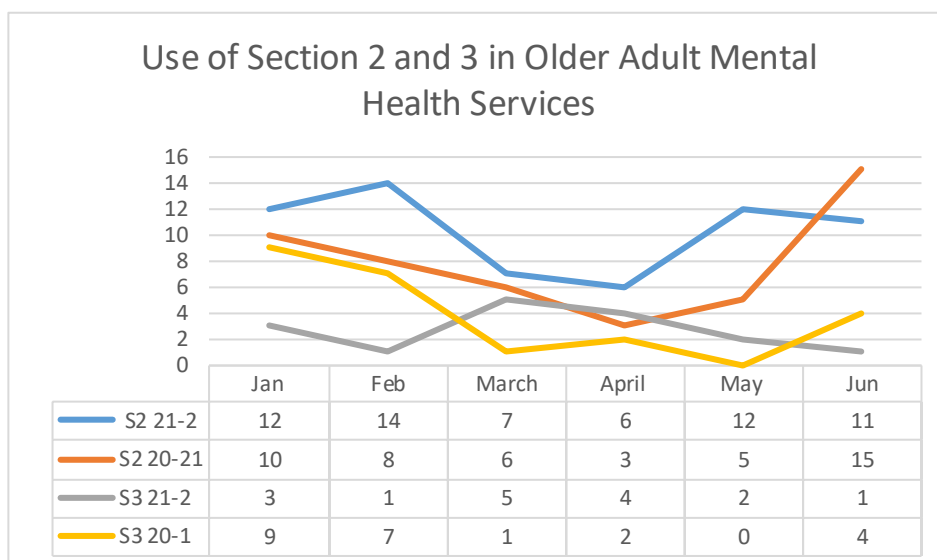
Doors to all wards have remained locked throughout this quarter.

However the use of the Act remains relatively consistent with constant levels of applications, changes in legal status and discharges under the Act. Detained patients have continued to be provided with their legal rights and supported by IMHAs and legal representatives when requested.

A more detailed breakdown of the Act is as follows.

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.

Detentions under S.2 and 3

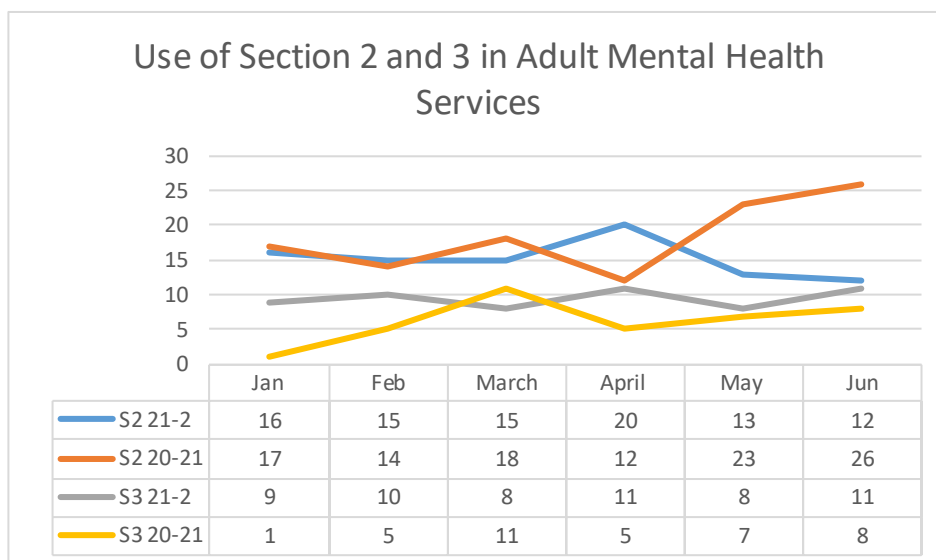
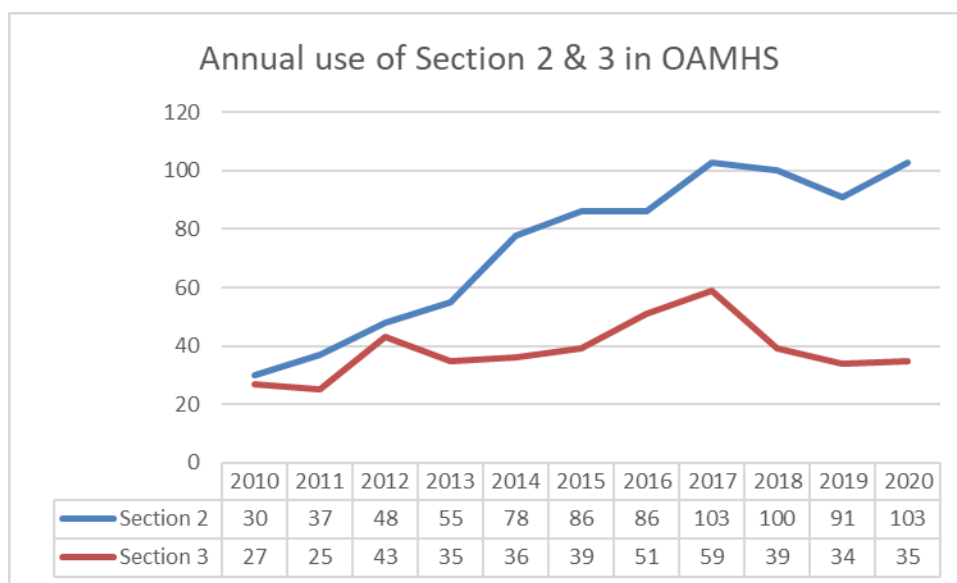


- In older adult services the use of both Section 2 and Section 3 has increased during this quarter when compared to the same three months last year. However figures fluctuate quite significantly, particularly section 2, month to month.

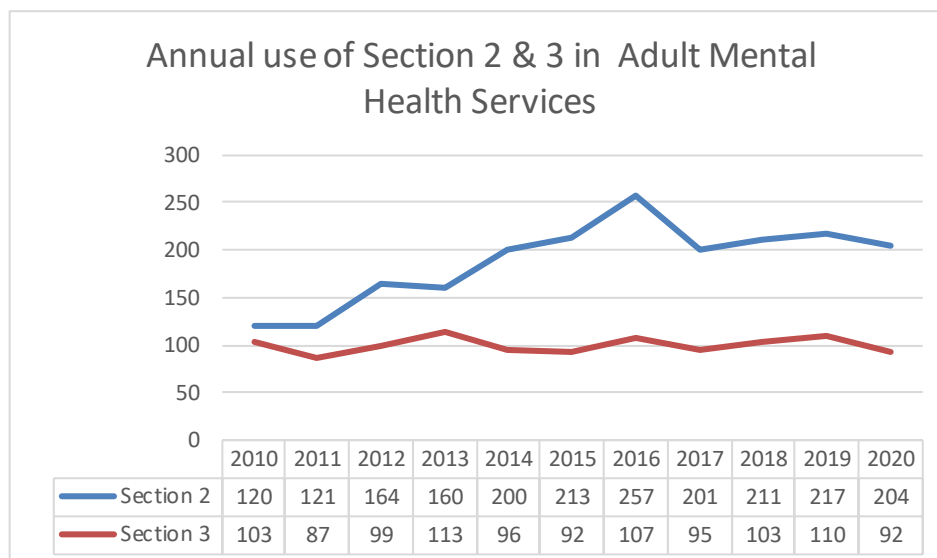
A more accurate trend may be obtained from annual use of section 2 and section 3 which can be found in the graph below:

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

² Section 3 of the Act allows for a period of detention in hospital for up to six months for treatment and may be renewed.

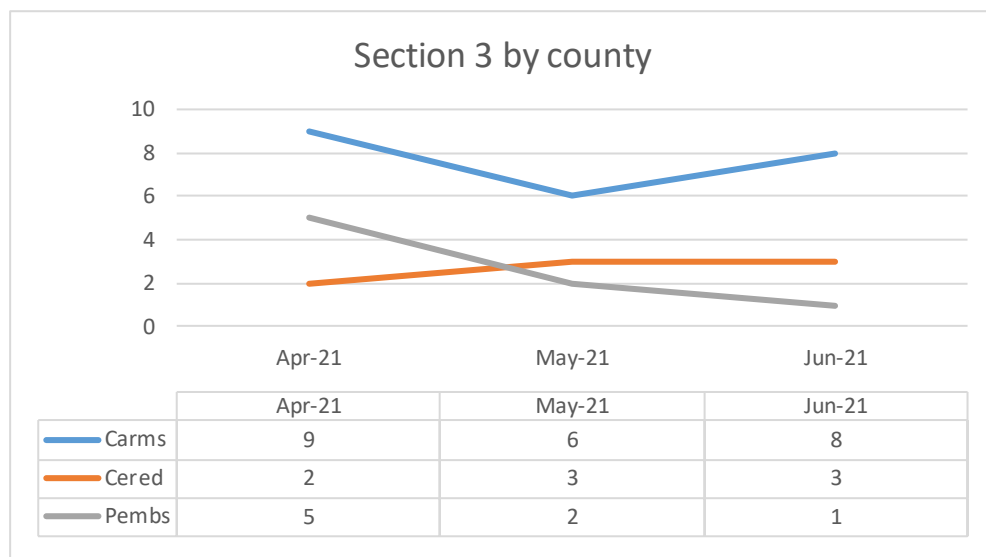


- Use of both Section 2 and 3 in adult services remain consistent overall with the same period for 2020. Whilst there is a decrease of 16 cases of section 2 in adult services compared to 2020 figures this is counteracted by an increase in the use of 10 section 3 cases.

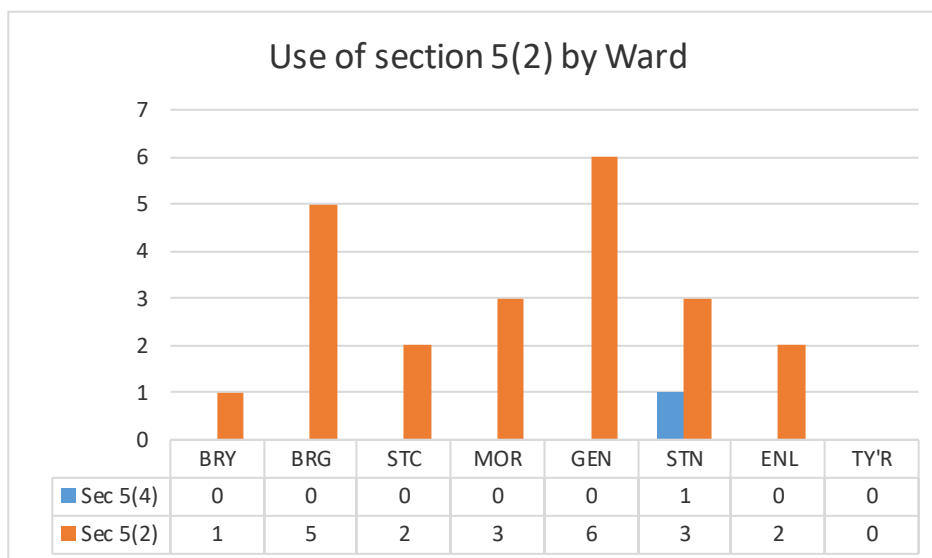


- New detentions under the MHA within the learning disability services remain extremely low. During this quarter there has been two Section 2 and one Section 3. There has also been one use of S3 in CAMHS during this quarter.
- Overall use of section 2 during this quarter has increased to 86 compared to 80 during the last quarter. The average use of Section 2 (based over the previous 8 quarters) is 78.
- 66 patients were admitted to a ward directly from the community (this includes direct admissions under the Act from the general hospital wards).
- 20 out of 86 patients detained under section 2 during this quarter went on to Section 3 for treatment.
- There were 2 admissions under section 4 during this quarter. The average use of Section 4 per quarter based over the previous two years is 3.

The MH Scrutiny Group are currently 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.



Holding Powers - detentions under Section 5



- Section 5(4)³ is extremely rare and was used on one occasion during this quarter in St Nons Ward. This was regraded to section 5(2) within the six hours timeframe.
- Section 5(2)⁴ was used on 23 occasions during this quarter which compares to 22 in the last quarter.
- Section 5(2) was used in adult MH ward settings on 10 occasions, older adult MH ward settings on 6 occasions and in a general hospital ward setting on 6 occasions.
- 20 of these assessments were carried out within 60 hours.
- 14 of those patients were further detained on Section 2 or 3.

Detention without authority or Invalid Detentions

- 129 statutory documents were medically scrutinised
- 36 rectifiable errors were made on medical documents under section 15, MHA which allows corrections to be carried out within the statutory time limits (14 days).
- Other errors not covered under Section 15 includes:-
 - HO12s – not stating time / date of report being furnished to hospital managers
 - Missing names and details on the reasons why detention is necessary
 - Original paperwork is not being sent to MHA departments and/or getting lost in transit
 - HO14s being filled out incorrectly e.g. stating direct when indirect section or not being signed
- There were three invalid detentions –
 - Section 2 – English application and medical recommendations used (using digital forms and signatures – not in force in Wales)
 - Section 2 – unsigned / undated application
 - Section 3 – medical recommendations identified bed in one ward but application was made out to another.

Errors highlighted with respective professionals and teams involved at time with relevant actions taken.

	Jul – Sept 20	Oct – Dec 20	Jan – Mar 21	Apr – June 22
Detention Papers	118	98	118	129
Rectifiable Errors	42	42	35	36
Non Rectifiable Errors	5	2	4	3

³ 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.

⁴ Section 5(2) grants a doctor in both mental health and general hospital ward settings to hold an inpatient for up to 72 hours to make a decision whether an application for detention should be made.

The use of Section 135/6⁵

Use of Section 135/6 has increased during this period being at the highest number since our records began almost 20 years ago. Used on 78 occasions compared to 53 in the last quarter. The Section 136 activity is discussed at the Section 136 review group.

- The places of safety used for the MHA assessment were as follows:-
 - 49 to Bryngofal ward
 - 5 to Morlais Ward
 - 14 to St Caradog Ward
 - 3 to DGHs
 - 5 to Gorwelion Resource Centre.
 - 2 to other (S135s)
- There were one instance where a person was seen in Gorwelion under S136 and later transferred to Bryngofal as a further place of safety. This was due to risk factors.
- A&E was used as a first place of safety on 19 occasions before being transferred to a further place of safety for assessment. Similarly custody was used on one occasion as a first place of safety but was then removed to a health based place of safety for an assessment.
- It is recorded within the monitoring forms that some form of restraint was used on 32 occasions.
- There was one instance of the assessment being extended over 24 hours.
- Section 135⁶ was used on three occasions during this quarter with two resulting in detention under the Mental Health Act and one as a voluntary admission following assessment.
- There were 5 x S136s carried out on under 18s during this quarter.
- A police officer is now required to consult one of a list of healthcare professionals, where it is practicable to do so, before deciding whether or not to keep a person at, or remove a person to, a place of safety under Section 136. The purpose being to help decide a course of action that is in the best interests of the person concerned. During this quarter of the 75 assessments consultation was recorded as having occurred on 66 occasions, the majority of which was with nurses. The Three Counties Section 136 meetings group look at individual cases where consultation has not taken place.

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.

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.

⁶ Section 135(1) is a warrant provided by a magistrate authorising a police officer to lawfully remove a person from a private premises and remove them to a place of safety. Evidence will have been provided that there is cause to suspect the person to be suffering from a mental disorder.

2021/22 QTR 1		APR	MAY	JUNE	TOTAL
SEC 136 MONTHLY ACTIVITY					
COUNTY OF RESIDENCE	CARMS	12	9	11	32
	PEMBS	7	5	12	24
	CERED	2	4	10	16
	OOA	1	0	5	6
PLACE OF SAFETY	BRYNGOFAL	17	11	21	49
	ST CARADOG	2	4	8	14
	MORLAIS	2	0	3	5
	GORWELION	0	2	3	5
	GEN HOSP	0	1	2	3
	OTHER	1	0	1	2
M/F/O	MALE	7	11	28	28
	FEMALE	15	7	9	24
	OTHER	0	0	1	1
OUTCOME	DETAINED	7	4	9	20
	VOLUNTARY ADMISSION	7	3	1	11
	DISCHARGED	0	1	7	8
	Discharged & Referred to Services	8	9	20	37
	LAPSED	0	1	1	2
KNOWN TO SERVICE	NO	2	1	7	10
	YES	20	14	31	65
	CARE CO-ORDINATED	5	5	8	18
	CTP IN PLACE	9	4	12	25

Locked Door

The doors were locked on the three adult acute mental health wards for the full period. This was to ensure a safe enclosed environment and compliance with Health Board temporary policy on visitors during the Coronavirus pandemic. Visitors to all areas across the Health Board have been extremely limited during this period.

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.

Exclusion of Visitors

Visitors to all areas across the Health Board have been extremely limited during this period due to the Coronavirus pandemic. In addition there has been 3 reports on excluding particular visitors to detained patients during this quarter. Reasons provided:

- Safeguarding concerns – visit stopped as allegations were being investigated by police and safeguarding
- Disruption and difficulties occurring with patients care and treatment plan. Was arrested for breach of peace and breaking into side of hospital ward. Has been prevented from visiting on several occasions.

- Part III patient – MDT agreed only family members to visit currently. Excluded visitor not family member. Concerns raised regarding the visitor bringing in illicit drugs for the patient.

Applications for Discharge to Hospital Managers and Mental Health Review Tribunal

There have been 10 applications for discharge made to the hospital managers during this quarter. Two have resulted in a review with one case pending. Two applications were withdrawn and all other applications had a Mental Health Review Tribunal hearing within 6 weeks of the application being made or within 7 days if on section 2.

The hospital managers heard 18 renewals which is a decrease on last quarter of 20. The average number of renewals per quarter over the last three years are 21. The Code of Practice states renewal hearings should ideally be held before the section expiry date. Due to numerous factors including staffing resources, late reports and unavailability of responsible clinicians only two-thirds of hearings were conducted prior to the section date expiring. All renewals were upheld.

There were two applications for discharge made by a nearest relative during this quarter. On one occasion the RC agreed the patient was well enough to be discharged. The other case was barred and is due to be reviewed by the hospital managers.

There were 57 applications/referrals to the Mental Health Review Tribunal which is the same number as the last quarter however compares to 46 – the average over the previous four quarters. There were 32 hearings that took place during this quarter both being a significant increase from 18 the quarter before.

There have been 2 discharges by the MHRT during this quarter – both cases were Section 2. One being an application for discharge and the other being a referral made by the MHA team (on behalf of the Hospital Managers) to Welsh Ministers.

All hearings during this quarter took place remotely. Hospital managers started using Microsoft Teams during September 2020 and have continued to hold reviews in this way. The MHRT continue to take place via telephone conferencing. This is currently under review with a pilot being developed to utilise video calls in certain hearings.

PART ONE – 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		APR 21	MAY 21	JUN 21
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	93.7%	96.3%	97.4%
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	CAMHS	17.1%	20.5%	16.0%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	89.1%	91.1%	94.6%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	CAMHS	84.6%	75.0%	63.2%

Part 2 – Care and Treatment Planning

PART 2	Detail	APR 21	MAY 21	JUN 21
Measure 1	90% of LHB residents who are in receipt of secondary mental health services (all ages) to have a valid CTP	88.8%	92.4%	91.7%

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

PART 3	Detail	JAN 21	FEB 21	MAR 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

Informatics are currently looking at developing a report to capture this data.

Argymhelliad / Recommendation

To discuss the Mental Health Legislation Committee Quarterly Performance Paper.

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 Assurance 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?

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 Termiau: 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:	
Enw Da: Reputational:	Not Applicable

Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 September 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	S-CAMHS Admissions to Rainbow/ Morlais Report. Quarter 1, April – June 2021
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Angela Lodwick, Head of Service, Specialist Child & Adolescent Mental Health Service

**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 admissions of children and young people under the age of 18, to the Rainbow Suite and the age appropriate bed on Morlais Ward.

Cefndir / Background

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, Rainbow Suite, 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 internally as a DATIX.

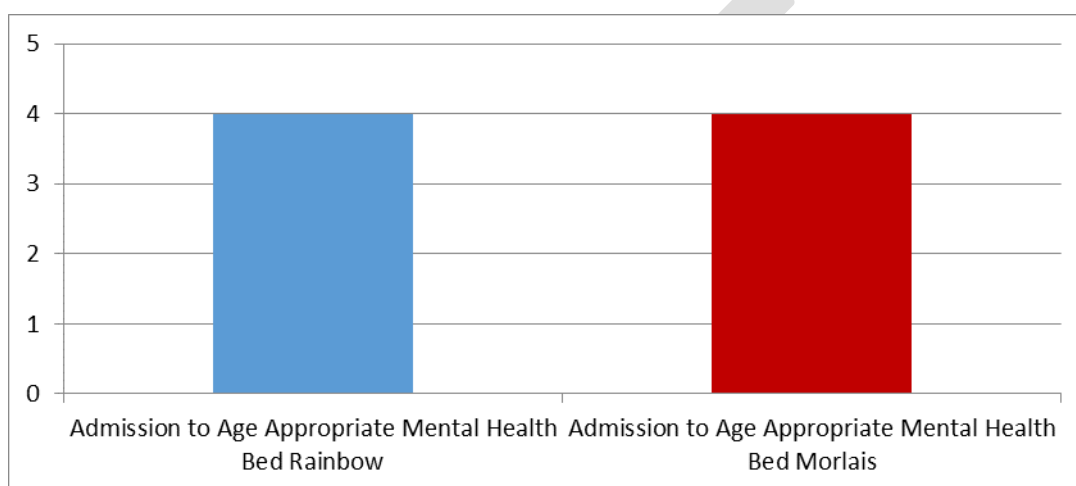
Asesiad / Assessment

Summary

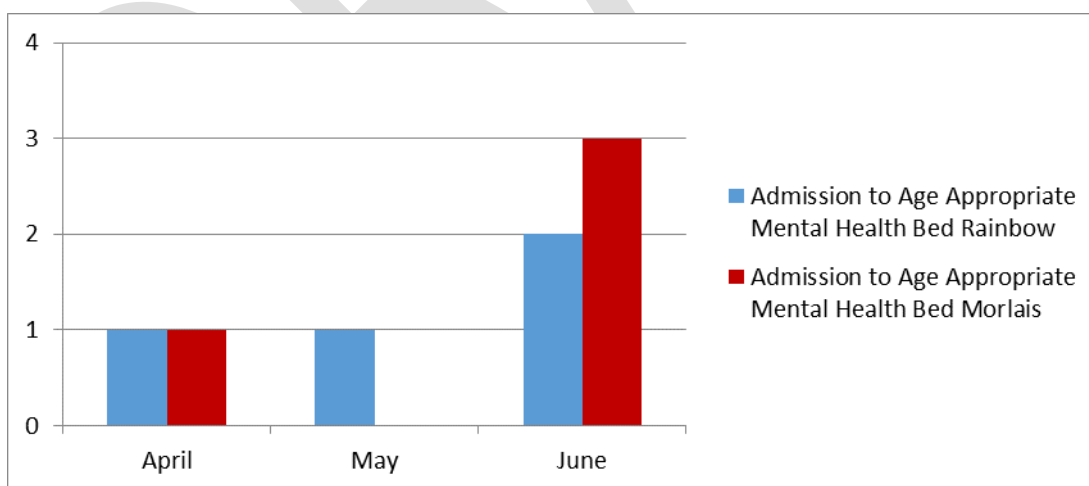
The report outlines the admissions to both the Rainbow Suite on Cilgerran Ward, and the Age Appropriate Bed on Morlais Ward, during April to June 2021. This report also covers the young people admitted due to deliberate self-harm (DSH), and comparison data for reference.

Specialist CAMHS records for Quarter 1 are outlined below with 8 Admissions in total, with 4 Admissions to the Paediatric bed and 4 Admissions to the Adult Mental Health Ward (Morlais).

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

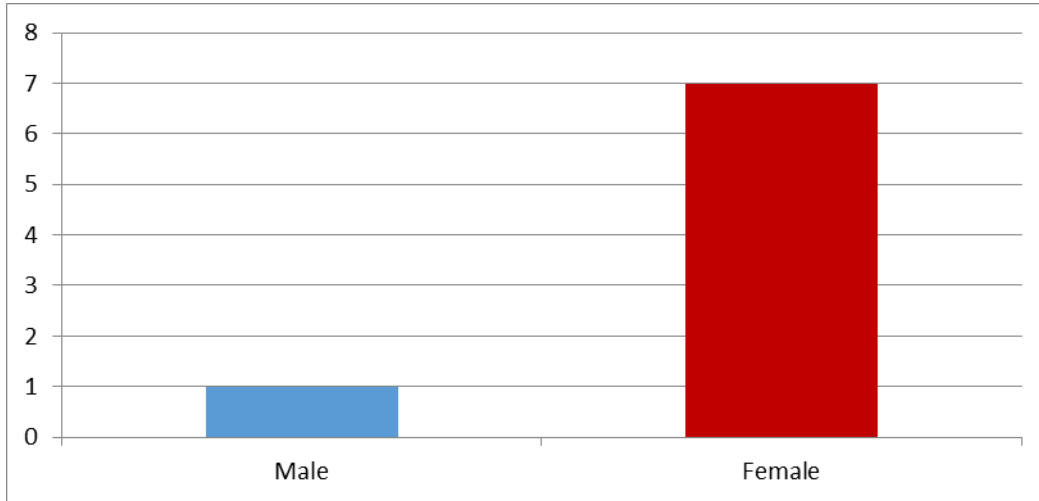


Quarter 1 data shows an even split between Morlais admissions and Rainbow Suite admissions.



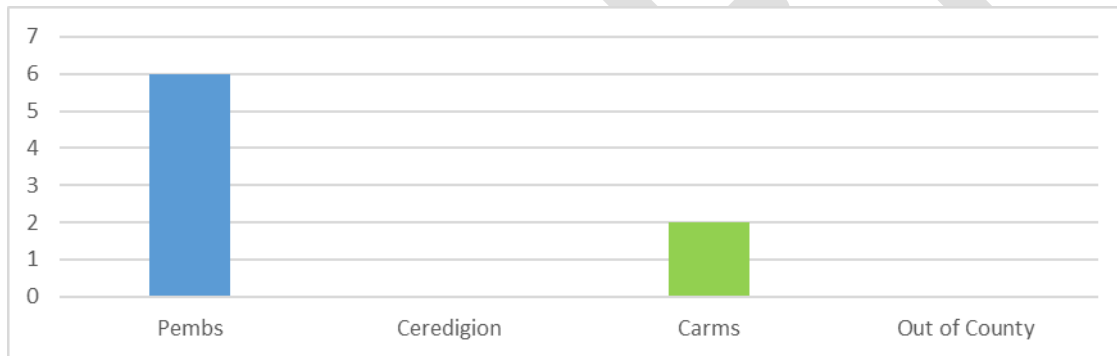
A breakdown of each month of Quarter 1 clearly shows a marked increase in June admissions when compared to April and May.

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



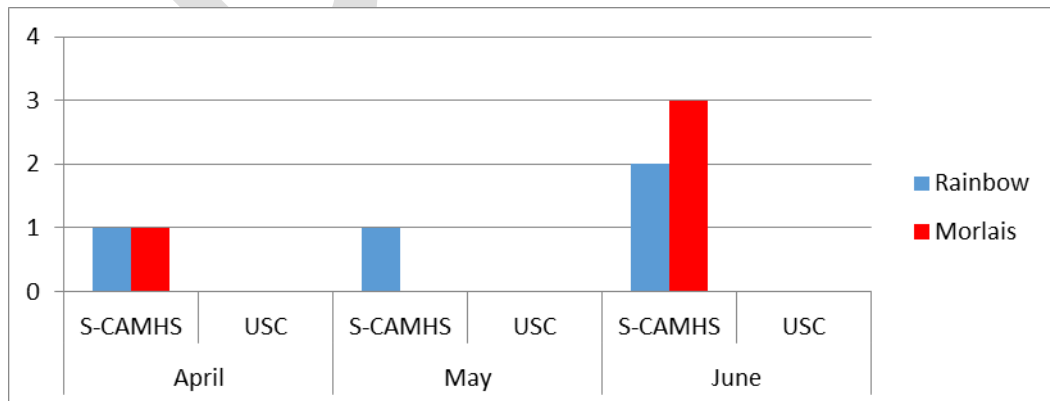
As is usual within Specialist Child & Adolescent Mental Health Service, admissions by gender shows the majority are female for this quarter.

Admissions to Rainbow / Morlais Bed according to Locality:



The majority of admissions across both Rainbow Suite and Morlais bed are from Pembrokeshire with 6 of the total 8 from this county. The remaining 2 are from Carmarthenshire.

Admissions to Rainbow / Morlais split by admitting team:



Mental Health Status

1 individual was subject to Section 2 of the Mental Health Act during this reporting period.

Admission Outcomes

	Discharged Home	Onward Admission	Remains on Ward
Rainbow	4	0	0
Morlais	3	1	0

This table demonstrates the outcome following admission, broken down into 3 categories. The majority of admitted children and young people are discharged to their home environment following admission.

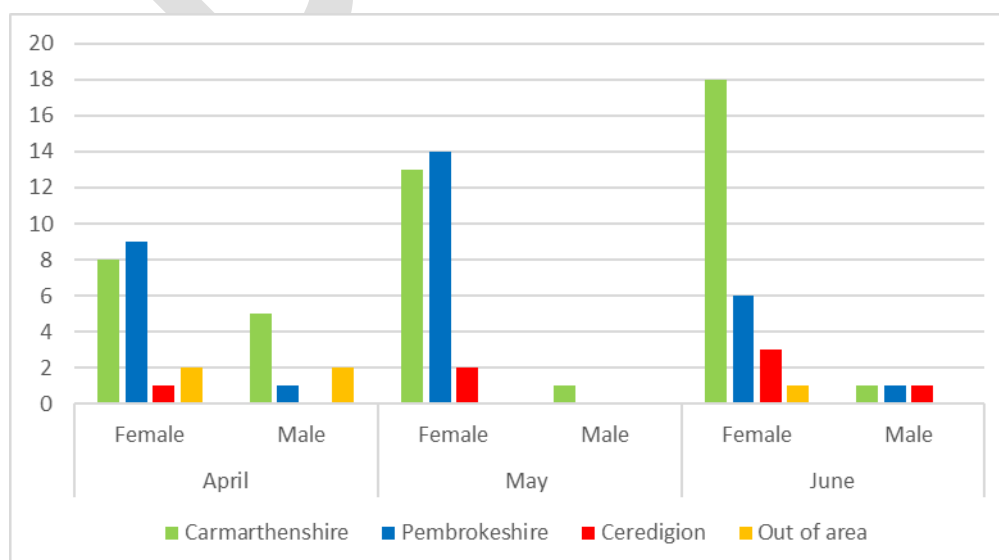
Admissions relating to Self-Harm

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 occasion, 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.

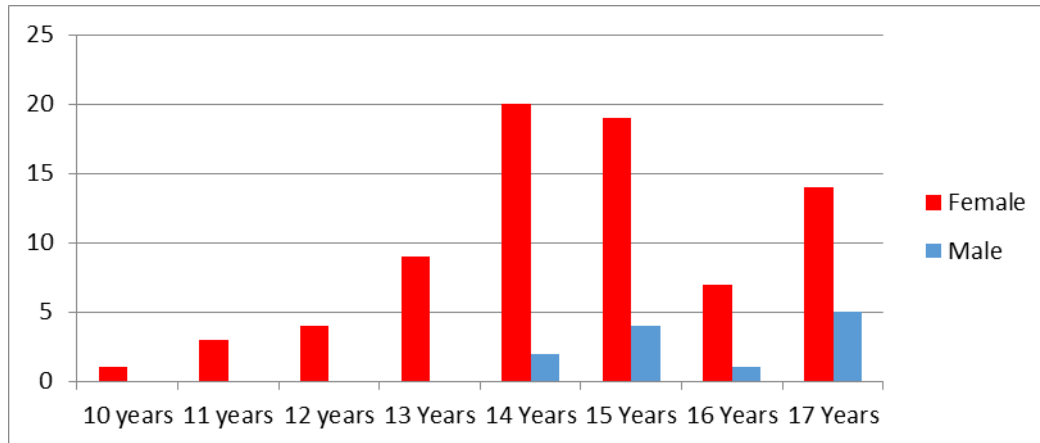
The following table details the numbers of admissions following Deliberate Self Harm (DSH) Quarter 1 2021-2022 for the 3 Local Authority Areas:

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



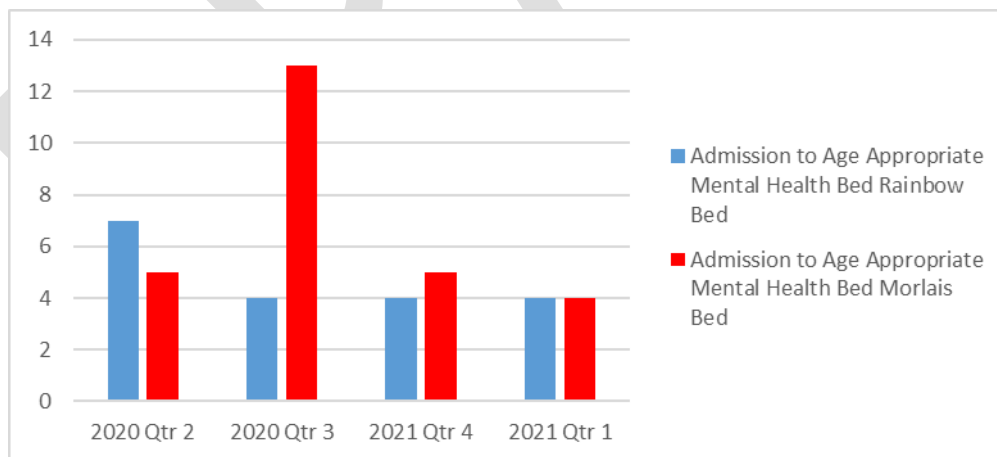
Admissions in Quarter 1 due to self-harm / Overdose are profiled by gender and locality above. A significant amount are female, with a steady increase experienced as the month's progress. Admissions under this section include A&E admissions and general ward admissions.

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



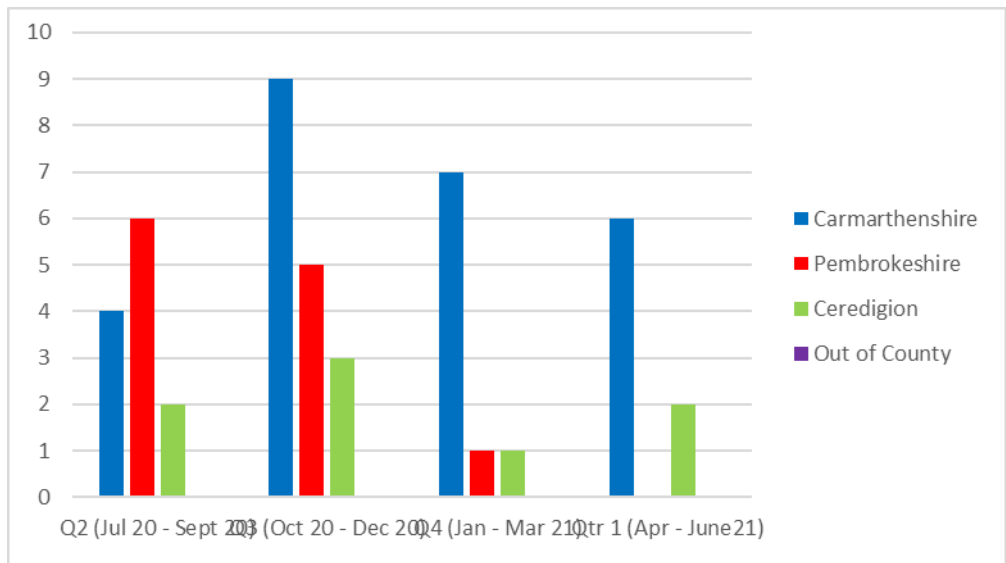
Quarter 1 data broken down by age shows a significant volume of self-harm/ overdose in the ages of 14, 15 and 17.

Comparison Data (last 12 months) - Age Appropriate Bed



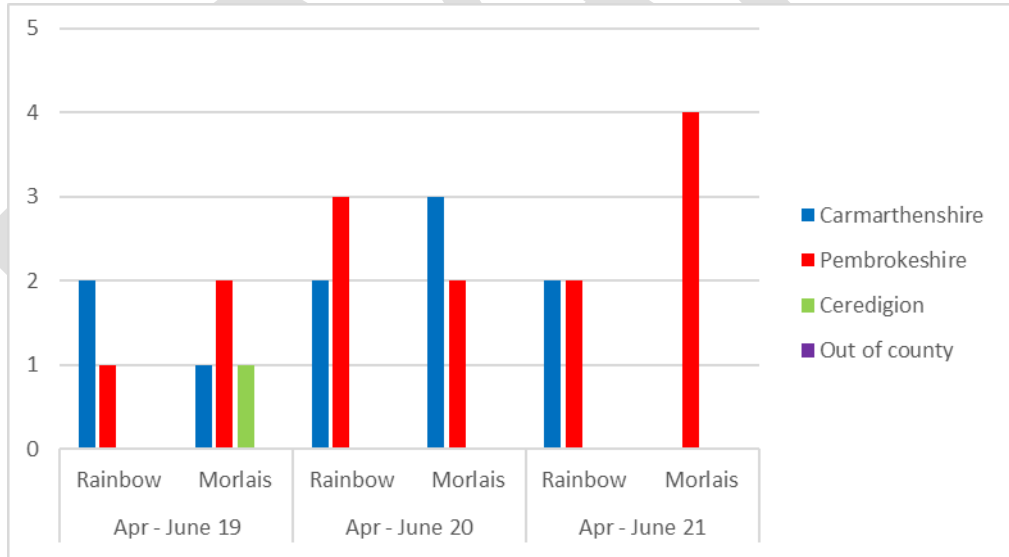
Other than the significant volume of admissions to the Age Appropriate Bed in Quarter 3, admissions remain at a steady level.

Admission Trend comparison by locality (last 12 months)



Annual Admission Comparison by locality

The following graph compares the numbers of admissions for Quarter 1 2021/2022 against the number of admissions for the same quarter of 2020/2021 and 2020/2019, 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.

Argymhelliad / Recommendation

To discuss the Mental Health Legislation Committee Quarterly Performance Paper.

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 Assurance 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?

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Assurance Committee, Power of Discharge sub committee and scrutiny group
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Mental Health Legislation Scrutiny Group Mental Health Operational 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:	Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: Legal:	
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable