Pwyllgor Deddfwriaeth Iechyd Meddwl/ Mental Health Legislation Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**01 SEPTEMBER 2026**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health Legislation Committee – Mental Health Act Data Performance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ruth Bourke, Mental Health Act Administration Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of the paper is to present to the Mental Health Legislation Committee (MHLC) the quarterly Mental Health Act Data Performance Report in relation to statutory mental health legislation in Wales including The Mental Health Act (MHA,1983), as amended.

The paper also includes assurance of other work undertaken 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 (MHLD) Services during the quarter, that those functions of the Mental Health Act 1983 (the Act) which have delegated to officers and staff, are being undertaken appropriately; 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 is fully compliant, and that patients are fully informed of, and are supported in exercising, their statutory rights. Hospital managers must also ensure that a patient's case is managed in line with other legislation which may have an impact, including the Human Rights Act 1998 and the Data Protection Act 2018.

The MHLC Terms of Reference require the submission of a quarterly report to the Board to summarise the work 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 (MHLSG). 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.

A copy of the full report received to inform the MH Legislation Scrutiny Group is attached (with any numbers of less than 5 omitted for confidentiality purposes).

Asesiad / Assessment

The MHLSG received a report detailing various activities trends relating to the Mental Health Act during the period 1st April 2026 to 30 June 2026. Particular attention was made to the following areas:-

- Challenges and concerns around the reduced staffing within the Health Board's MHA administration team following the resignations by several numbers within the team.
- Members noted the reduced level of data provided within the MHA Performance Report as a result of the above.
- A high percentage of all Section 136 detentions continue to be conveyed and assessed within A&E departments. This continues to place a burden regarding the quality of data being provided and processes such as ensuring patients are informed of statutory rights.
- Further discussion around use of Section 136s ensued and challenges arising from outcomes requiring an informal admission out of hours and how these admissions can proactively be gatekept in the same format of in hour admissions.
- Members acknowledged the one un-rectifiable error during this period due to an unsigned medical recommendation, however welcomed that such errors are rare.
- Discussions were held around forthcoming Tribunal changes to scheduling hearings whereby Responsible Clinicians are being requested to "hold dates" in advance. Acknowledgement of the negative impact this has caused in other areas where already implemented.

Argymhelliad / Recommendation

The Committee is asked to receive assurance on governance systems and processes of the Mental Health Act.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1 Those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the UHB's area is operating properly.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Agenda, papers and minutes of the Mental Health Legislation Scrutiny Group
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Mental Health Legislation Scrutiny Group

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian:	Not Applicable

Financial / Service:	
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Tegwch Iechyd: **Health Equity:**	
Risg: **Risk:**	Risk of non-compliance with the 1983 Act and with the Welsh Government's *Mental Health Act 1983 Code of Practice for Wales*; the *Mental Health (Wales) Measure 2010 Code of Practice;* and with the *Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance*. Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: **Legal:**	Above
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	MHA performance report available on request.
Cydraddoldeb: **Equality:**	Not Applicable

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Report on the

on the use of

The Mental Health Act, 1983

1 April 2026 – 30 June 2026

(Quarter 1)

Contents

1.0 Introduction

The Mental Health Legislation Scrutiny Group''s (MHLSG) principle purpose is to ensure that the Mental Health Act 1983 and Mental Health (Wales) Measure 2010 are being carried out and operating properly within the Health Board and to report to the Mental Health Legislation Committee (MHLC) allowing for inadequacies and extraordinary activity to also be reported.

This report provides information relating to the use of the Mental Health Act 1983 (the Act) within the health board during Quarter 1, 2026/27.

To protect identity and comply with Information Governance any figures below five will not be disclosed when provided to a Board Committee.

A more detailed breakdown of the Act is as follows:

Mental Health Act, 1983 - Data Collection and Exception Reporting

2.0 Summary

This report presents Mental Health Act (MHA) activity within Hywel Dda University Health Board for Quarter 1 2026/27 (1 April – 30 June 2026).

Overall, MHA activity during the quarter remained largely consistent with expected levels and historical trends. Most statutory powers were used within normal variation, with no significant areas of concern identified. Activity demonstrates the continuing demand for assessment, treatment, and place of safety services across the Health Board.

Key detention activity under Part II of the Act remained stable although Section 3 admissions for treatment increased to 44, exceeding the quarterly average of 40. The increase in Section 3 use was primarily seen within adult inpatient services.

Documentation scrutiny continues to identify a high volume of rectifiable administrative errors. Seventy-one rectifiable errors were identified across 124 detention documents, meaning over half of detention episodes required amendment. One non-rectifiable error was identified. Whilst statutory safeguards ensured legal compliance was maintained, reducing documentation errors remains an important area for improvement.

No significant concerns were identified regarding compliance with the Mental Health Act Code of Practice for Wales. Monitoring arrangements remain in place for restrictive practices, patient rights, consent to treatment, and access to advocacy services.

The Mental Health Act Team continued to support services through statutory administration, scrutiny processes, tribunal management and training. However, staffing pressures within the department have resulted in a reduced level of service.

Overall, Quarter 1 demonstrates stable and effective operation of the Mental Health Act across Hywel Dda University Health Board, with activity largely consistent with established trends. Areas requiring ongoing scrutiny include Section 136 activity, the use of A&E as a place of safety, documentation quality, and implementation planning associated with future changes arising from the Mental Health Act reforms.

Use of the different sections in the table below are shown in comparison to average numbers based over the previous 3 years.

Section of MHA	Average use per Qtr	Qtr 4 activity	Notes
2	71	68 ↓	
3	40	44 ↑	Higher use than average use of this section.
4	3	Less than 5 ↓	Use of Section 4 is quite infrequent and tends to fluctuate between 0 - 5 occasions per quarter.
5(4)	1	Less than 5 ↑	Use of this section is relatively rare however will fluctuate in use between zero to as many as 6
5(2)	19	18	
17A (CTO)	6	5 ↓	
135	4	6 ↑	
136	45	38 ↓	
Part III	2	Less than 5	Average number of Part III patients during the quarter.

3.0 Findings and Information

3.1 Part II, MHA

3.1.1. Section 2 - Admission for Assessment

The use of Section 2 provides for someone to be detained in hospital for assessment and treatment of their mental disorder.

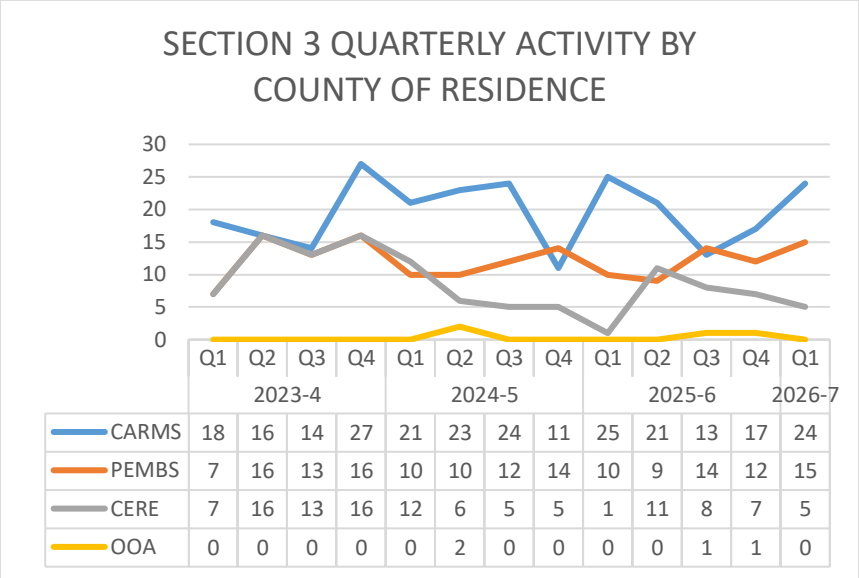
- Section 2 has been used on 68 occasions which is relatively average.

3.1.2. Section 3 - Admission for Treatment

The use of Section 3 provides for someone to be detained in hospital for treatment of their mental disorder.

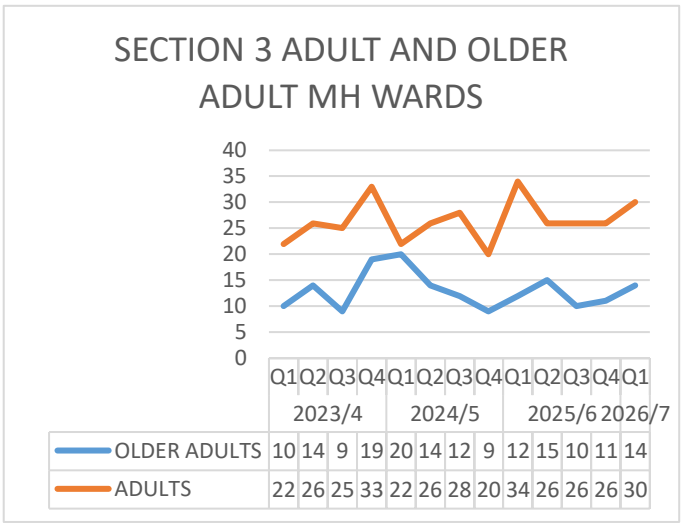
- Use of Section 3 occurred on 44 occasions which is slightly higher than the quarterly average. A chart to show a breakdown of Section 3 use in the different services and counties can be found below.

SECTION 3 QUARTERLY ACTIVITY BY COUNTY OVER 3 YEARS



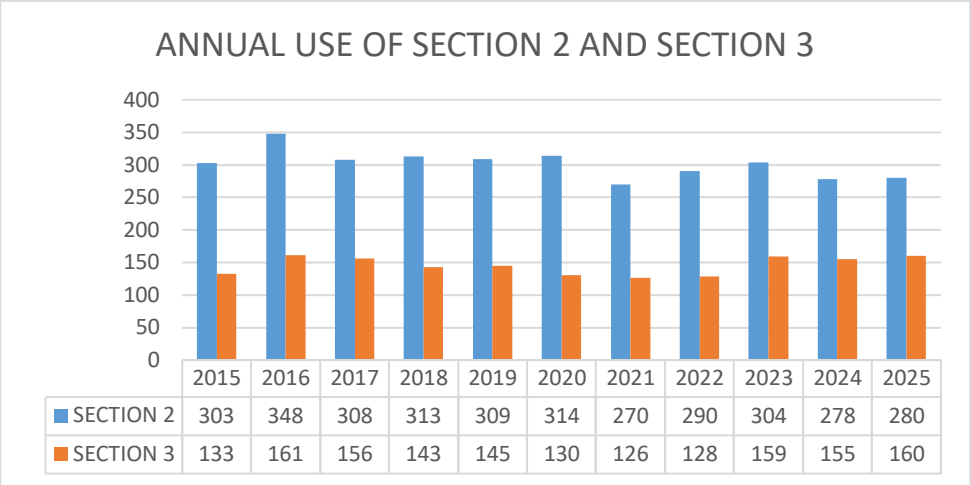
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	2023-4				2024-5				2025-6				2026-7
CARMS	18	16	14	27	21	23	24	11	25	21	13	17	24
PEMBS	7	16	13	16	10	10	12	14	10	9	14	12	15
CERE	7	16	13	16	12	6	5	5	1	11	8	7	5
OOA	0	0	0	0	0	2	0	0	0	0	1	1	0

SECTION 3 QUARTERLY ACTIVITY - OLDER AND ADULT INPATIENT BEDS (MH)



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	2023/4				2024/5				2025/6				2026/7
OLDER ADULTS	10	14	9	19	20	14	12	9	12	15	10	11	14
ADULTS	22	26	25	33	22	26	28	20	34	26	26	26	30

TOTAL USE OF SECTION 2 AND SECTION 3 OVER THE LAST 10 YEARS



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
SECTION 2	303	348	308	313	309	314	270	290	304	278	280
SECTION 3	133	161	156	143	145	130	126	128	159	155	160

3.1.3. Section 4 – Admission for Emergency

The use of Section 4 can be made on the basis of a single medical recommendation supported by the AMHP application and is used when the admission to hospital is urgent and would be unsafe to wait for a second medical recommendation for admission under section 2.

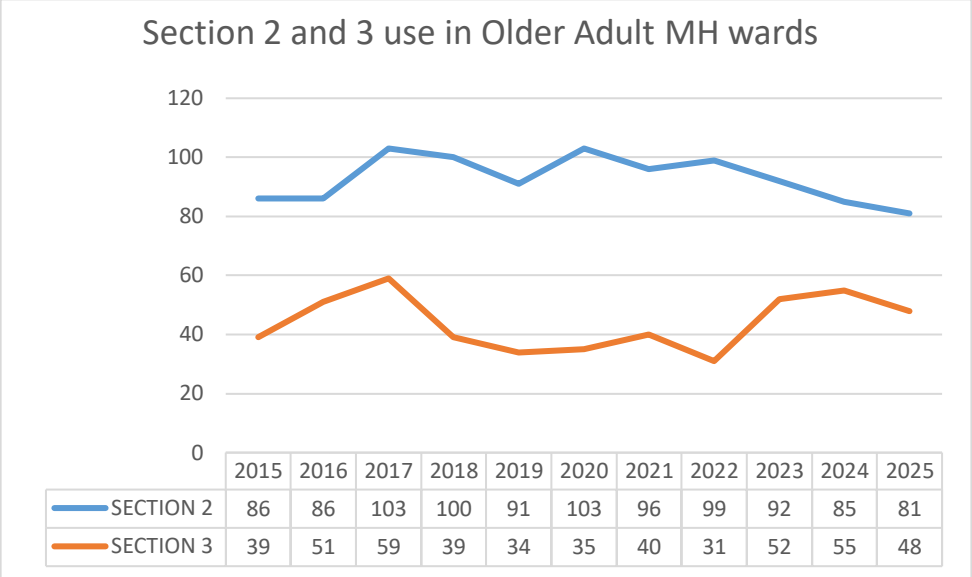
- On average it is used on three occasions per quarter. During this quarter it was used on less than 5 occasions.
- 100% were completed by a S12 approved doctor.

3.1.4. Section 5 – Holding Powers

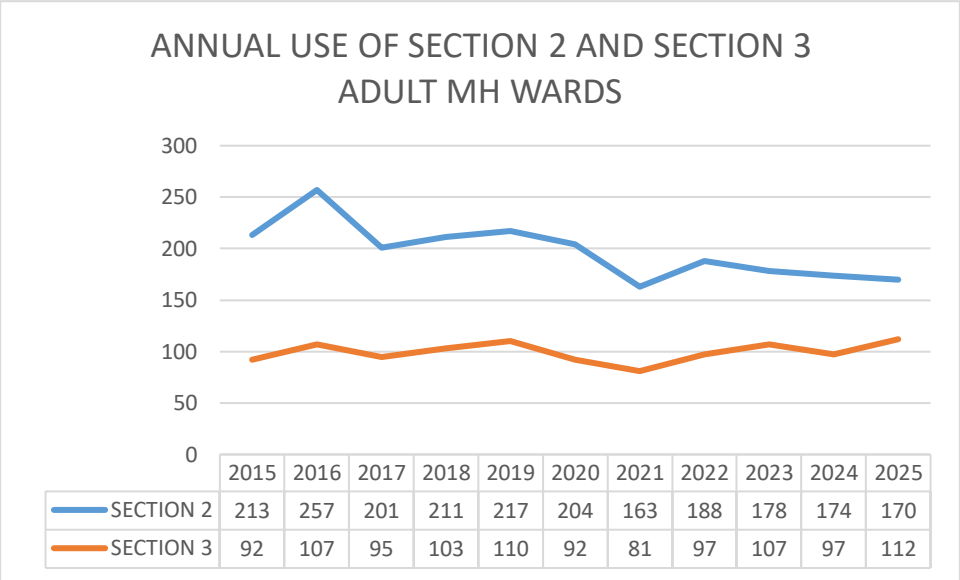
Section 5(2) – used by Doctors in both mental health and general hospital settings to detain an in-patient for up to 72 hours to allow for a mental health act assessment to take place. Section 5(4) is used by mental health and learning disability nurses in mental health in-patient settings for up to 6 hours to allow for a further assessment to take place

- Use of the nurses holding power is rare. It has been utilised less than 5 during this quarter.
- The doctors holding power was used on 18 occasions.
- Of the 18 Section 5(2)s used 7 were used in adult MH acute wards and 7 in the district general hospitals. Comparative outcomes of these two groups were 100% were further detained in the MH settings compared to 86% further detained in the general hospital settings.

3.1.5. Trends and Service Specific Information relating to Part II, MHA (Sections 2, 3, 4 and 5)

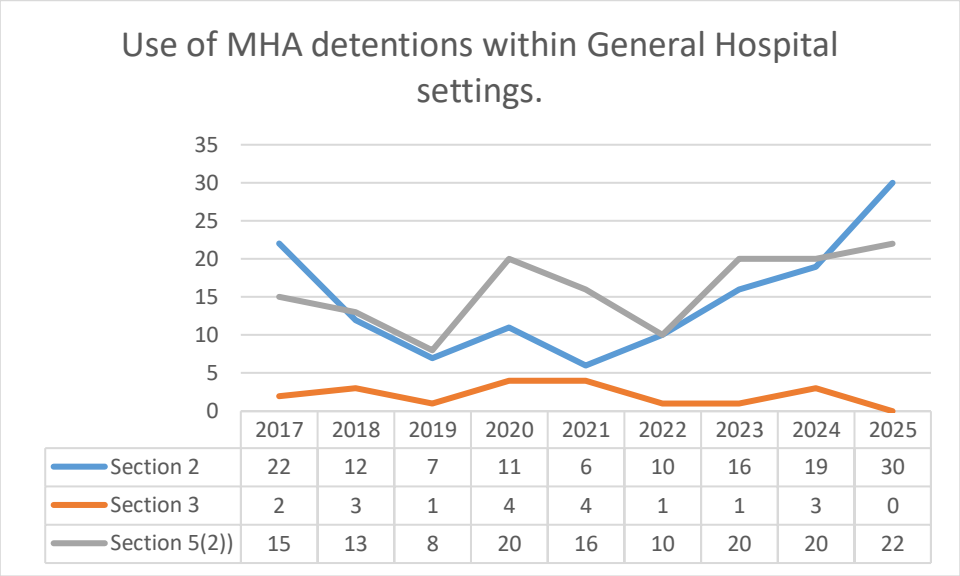


	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
SECTION 2	86	86	103	100	91	103	96	99	92	85	81
SECTION 3	39	51	59	39	34	35	40	31	52	55	48



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
SECTION 2	213	257	201	211	217	204	163	188	178	174	170
SECTION 3	92	107	95	103	110	92	81	97	107	97	112

Use of the Act within the General Hospital settings over the last 8 years



No of Detentions to the General Hospital Wards (by Quarter)					
	Apr- June 25	July – Sep 25	Oct – Dec 25	Jan – Mar 26	April-June 26
Section 2	7	7	(1-5)	11	5
Section 3	0	0	0	0	0
Section 5(2)	5	5	(1-5)	9	7

3.2. Use of Police Powers Sections 135 & Section 136

3.2.1. Section 136 – Removal of Mentally Disordered Persons to a place of Safety

The powers of section 136 provide authority for a police officer who finds a person who appears to be suffering from mental disorder, in a place to which the public has access, to remove him to a place of safety if the person:

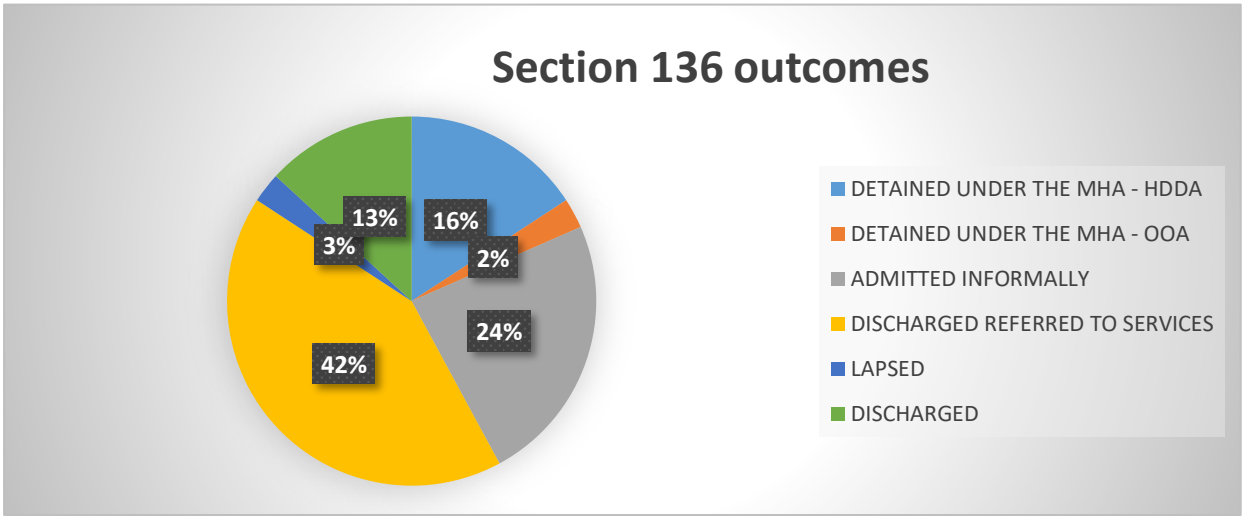
Difficulties continue in obtaining accurate data relating to the use of Section 136. Monitoring forms are often poorly completed with much of the required information missing. When persons are taken to A&E it is often difficult to locate monitoring forms and on a couple of occasions monitoring forms (in line with local policy) were not provided. Therefore some of the data provided is uncertain and some data has been lifted from other sources such as patient records, WPAS data systems and from contacting professionals directly.

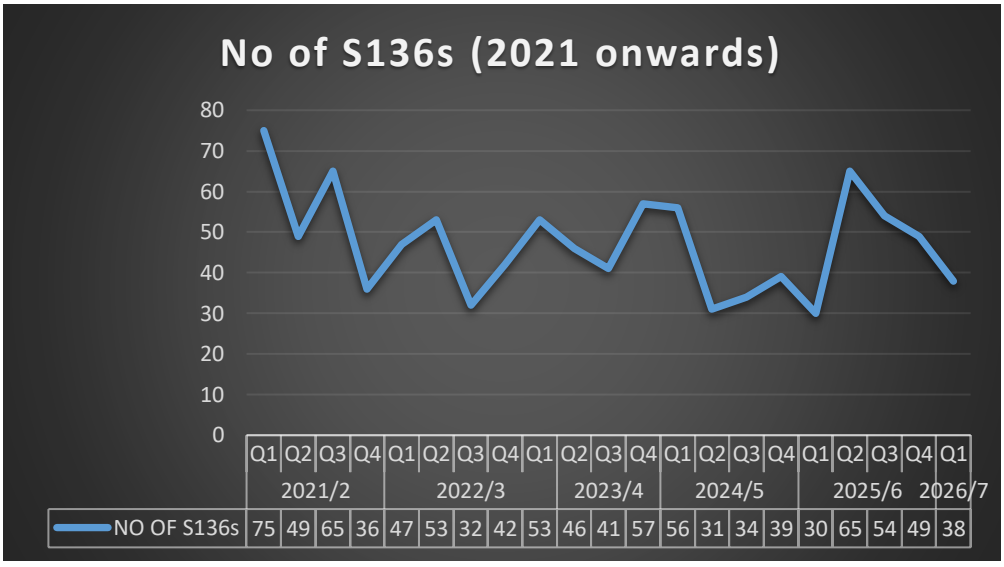
- On average it is used 45 times per quarter. During this quarter it was used on 38 occasions. For the same period last year it was used on 30 occasions.
- A number of individuals having undergone multiple S136 detentions during the same quarter period.

- The places of safety used for the MH assessment were as follows:-
  - Bryngofal (28)
  - Morlais (less than 5)
  - 13 to A&E (8)
    - Withybush Hospital
    - Glangwili Hospital
    - Bronglais Hospital

- Morlais Ward is a place of safety for the purpose of assessing under 18's subject to S136. It has not been used as a place of safety for anyone over the age 18 during this period.
- Restraint is recorded on monitoring forms and are used in the majority of cases.
- The duty to inform patients of their statutory rights was evidenced in 76%.
- Consultation is recorded as having occurred in 68%

Outcomes of the assessments as follows:





3.2.2. Section 135 – Warrant to search and remove person

Section 135 empowers a magistrate to authorise a police constable to remove a person lawfully from private premises to a place of safety.

Section 135 is split into two categories as follows:

- Section 135(1) warrant applied for by an AMHP (the local authority) if reasonable cause to suspect that a person is suffering from a mental disorder.
- Section 135(2) warrant by any constable or other person authorised (*will generally be health professional)* to remove someone already liable to be detained and remove them to a place they are meant to be.

- 6 x Section 135(1) was used during this period.
- It is not known exactly how many warrants are applied for but get refused by court or alternatively granted but then not executed under this section.
- Both Pembrokeshire and Carmarthenshire local authority applied Section 135 warrants during this period.
- 100% of assessments resulted in further detention under the Act.

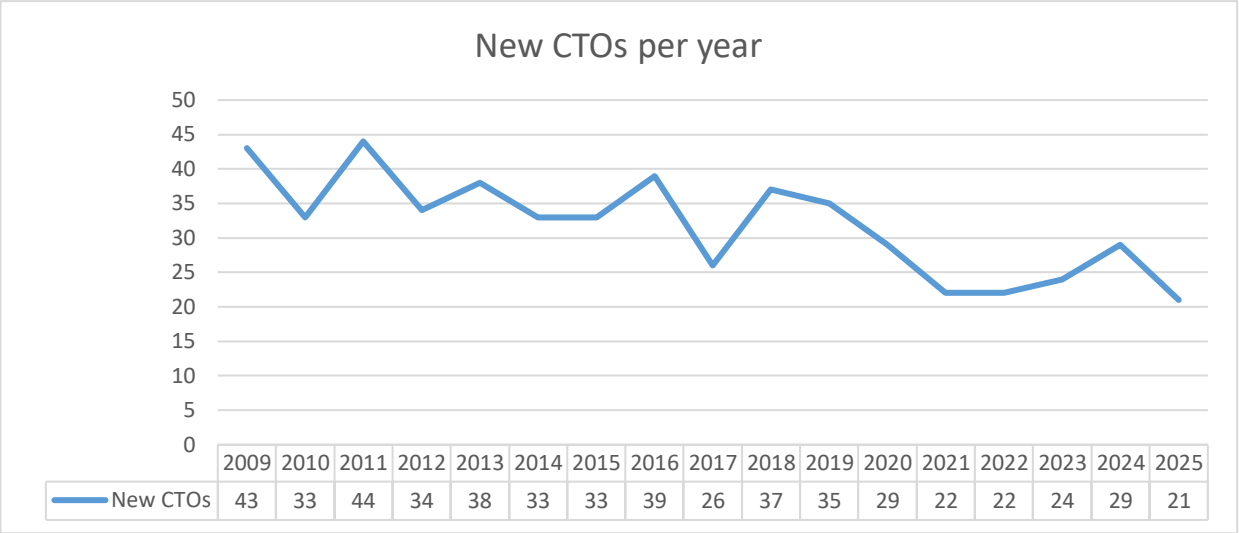
3.3. Section 17A - G, Community Treatment Orders

3.3.1. Community Treatment Order Activity

There were 28 Community Treatment Orders in place as at 30th June 2026.

County	Number of CTO's	Ethnicity
Carmarthenshire	11	White British – 100%
Ceredigion	6	White British – 100%
Pembrokeshire	11	White British – 91% Other ethnicities – 9%

- 5 new CTO for the quarter.
- There was less than 5 recall during this quarter.
- Less than 5 CTO's were discharged by the Responsible Clinicians



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
New CTOs	43	33	44	34	38	33	33	39	26	37	35	29	22	22	24	29	21

3.4 Part III

3.4.1. Patients Concerned in Criminal Proceedings or Under Sentence

Part III of the MHA deals with the circumstances in which patients may be admitted to or detained in hospital on the order of a court or by transfers from prisons.

- Use of this area of the Act is minimal within the Health Board. During this quarter it has been used on less than 5 occasions.

3.5 Errors

3.5.1. Section 15 - Rectifiable Errors

Section 15, MHA allows corrections to be carried out within the statutory time limits (14 days).

- 124 statutory documents were medically scrutinised
- 71 rectifiable errors were made on detention papers.
- Common errors on both the medical recommendations and applications included middle names missing, failing to delete whether the nearest relative had been informed of the detention, spelling errors, omitting specific information (e.g. reasons neither doctors had acquaintance with patient) and overuse of abbreviations. Scrutiny of errors are undertaken by senior MHA Administrators and an Approved Clinician at Consultant level.
  Amendments can be made within 14 days under Section 15, MHA. All rectifiable errors consume resources within the department arranging for the amendments to be undertaken. Over half the of all detentions received had at least one error to be amended.

3.5.2. Section 15 - Non-Rectifiable Errors

Where the type of error cannot be rectified under Section 15 the appropriate action is taken.

- There was one un-rectifiable errors made during this current quarter as a result of a medical recommendation not being signed and dated.

3.5.3. Other errors

Section 15 relates only to detentions under Section 2, 3 and 4 of the MHA. Errors under this heading of the report relate to other areas of the MHA including Section 5, Community Treatment Orders and Consent. Appropriate action is taken with relevant teams.

- HO12s are completed by a doctor for the purposes of Section 5(2). During this period five errors were received on forms and of these some detentions were not appropriately applied. The highest number of errors under this section of the Act come from the general hospital wards.
- TC1s are completed when a detained patient transfers between one set of hospital managers to another. During this quarter TC1s were completed in our general wards where not necessary as the patient was remaining within the same hospital managers.
- HO15s are forms to be completed when Section 20, MHA is undertaken, that being, Section 3 or 37 is renewed for a further period. During this quarter a HO15 was submitted and rejected by the MHA administration team as it was completed by a doctor that did not have authority to do so (non approved clinician).
- Errors relating to certificates proving authority to treat under the MHA have also occurred during this quarter. Healthcare Inspectorate Wales (HIW) highlighted one error and another has been highlighted and actioned by the MHA administration team.

3.6. Code of Practice for Wales

An annual report on the use of restrictive practice policies should be received and considered by the health board. This should include aggregated data. (CoP pg262)

3.6.1. Locked Door Activity (Chapter 26 CoP for Wales)

The Code of Practice provides guidance around the use of locked doors and recommends that a policy should be developed at an organisational level but may be adapted for specific locations. The policy should be considered as part of ward/unit management system.

The Health Board operates a locked door policy across all services however expects staff to ensure patients are aware of their rights, reasons for the locked door and options for access and exit are made clear to both patients and visitors.

Adherence to the “Locked Door and Associated Safeguards for Mental Health and Learning Disability Wards Policy” (321) is provided via the Mental Health’s Ward Management Forum.

3.6.2. Exclusion of Visitors (Chapter 11, COP for Wales)

The Code of Practice states that Hospital Managers should regularly monitor the exclusion from the hospital of visitors to detained patients. “Any decision to exclude a visitor should be fully documented and available for independent scrutiny by HIW”. Ward managers within the mental health services report any instances of exclusion of visitors to the MHA office.

3.6.3. Withholding of postal packets (Sec 134 MHA)

Patients should have access to any correspondence they receive and send and their privacy respected. However, Section 134, MHA provides authority and withholding of a detained patient's outgoing and incoming mail. The procedure to be adopted is included in The Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 where it provides occurrences should be reported upon.

3.6.4. Information to Detained Patients and Nearest Relatives

The MHA monitor and contact wards and departments to help ensure all patients detained under the MHA are provided with information relating to the rights of detention.

Most patients are provided with rights during the first 72 hours of detention however there are occasions whereby this is not possible, for example due to a temporary loss of capacity to retain the information or that the risks are deemed too high to staff to do this safely.

3.7. Part IV / IVA Act (Sections 57 – 64) Consent to Treatment and SOAD (Second Opinion Appointed Doctor) requests to Healthcare Inspectorate Wales.

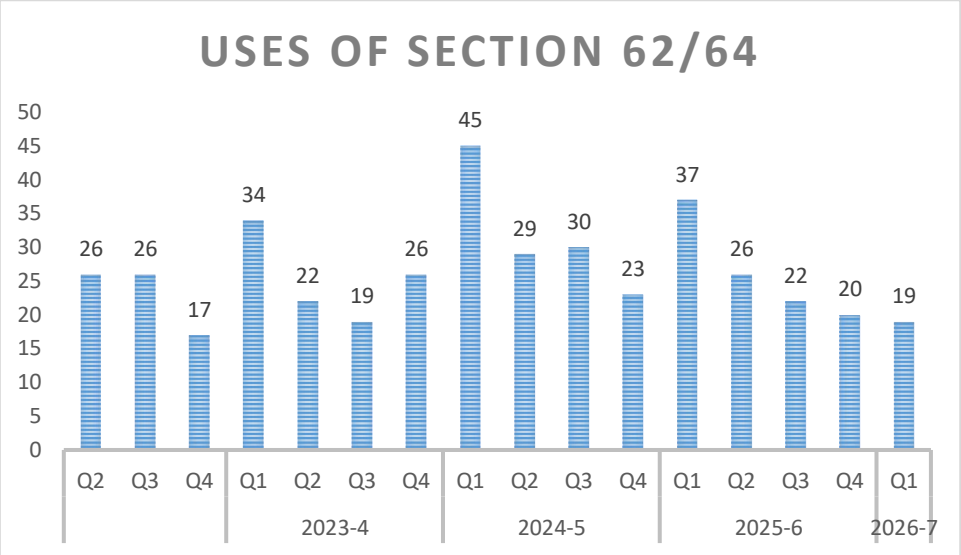
3.7.1. Certification for Treatment – Capacity and Consenting Status

During this quarter there have been 11 new treatment authorisation documents

3.7.2. Certification for Treatment – Non capacious or non-consenting status

When a detained patient requires authority for treatment to proceed but does not have the capacity to consent or refuses to consent then a Second Opinion Appointed Doctor must certify the treatment. SOADS are allocated through HIW.

- 20 SOAD requests were made (18 last quarter period; 23 in Qtr 3) and the following certificates were completed:
  - 13 CO3s (detained patients)
  - Less than 5 CO7s (CTOs)
  - CO6s (ECT)
- Average waiting time for a SOAD (medication for inpatients) was 11 days (decrease from 13 days last quarter).



3.7.3. Section 61, Review of Treatment

When a section is renewed under Section 15 or a CTO is extended the Responsible Clinician is required to review the treatment and progress for patients that have been subject to a SOAD certificate during the previous period of detention. A report is sent to HIW on each case (HIW1).

There were 14 records made during this quarter under Section 61 which is slightly higher than the previous quarter when there 10 undertaken.

3.8. Sections 23, 24, 20/20A and 65-79 MHA – Discharge from Detention

3.8.1. Applications for Discharge to Hospital Managers

The number of applications for discharge to the Hospital Managers remains Less than 5, the same as the previous quarter. This is a significant drop compared to the three previous quarters which ranged from 5 to 15 per quarter. During the same quarter in 2018, 14 applications were made. Less than 5 applications for discharge were reviewed by the Hospital Managers and less than 5 discharge ordered. The other did not go ahead because a Section 2 MHRT hearing was scheduled within 7 days.

All applicants appealing their detention are given the choice to request whether they want a face to face or remote type hearing.

3.8.2. Renewals/ Extensions of Sections

The hospital managers heard 16 renewals this quarter which is slightly higher than the previous quarters of 13 and 12. The Code of Practice states renewal hearings should be held before the section expiry date. There were less than five occasions where this target could not be met due to the Responsible Clinician being unavailable.

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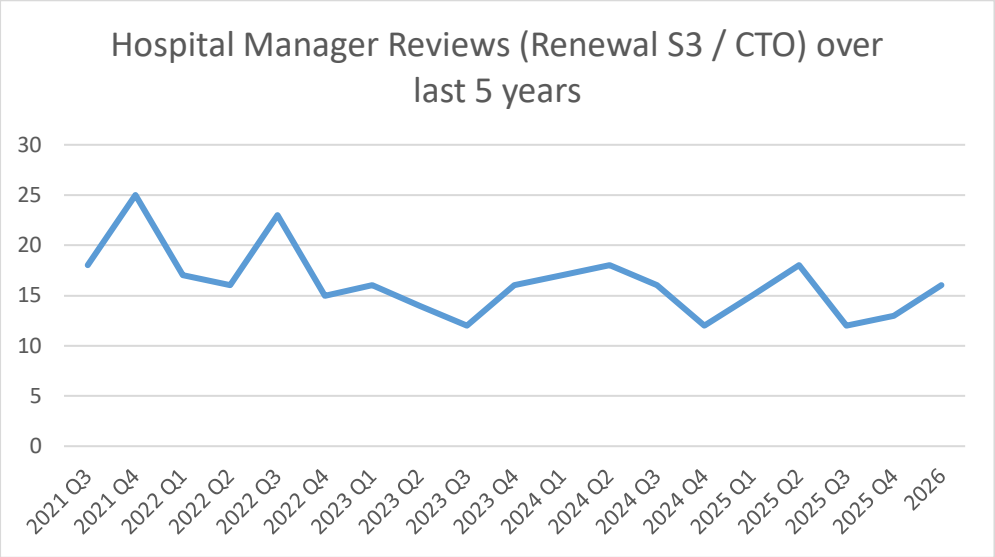

3.8.3. Application for Discharge by Nearest Relative

There were no applications for discharge made by the nearest relative during this quarter.

3.8.4. Hospital Managers Hearings

During the quarter, Hospital Managers conducted 18 reviews. Members noted that attendance by patients and supporting representatives varied across hearings, with some reviews attended by patients and others represented by advocates, legal representatives or family members.

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No applications were made for a Welsh hearing. No use of translation services were requested.

3.8.5. Applications, Referrals and Outcomes at the Mental Health Review Tribunal

There have been 39 applications/referrals to the Mental Health Review Tribunal (MHRTfW) during this quarter with 17 hearings conducted. During this period the MHRTfW office advised that all hearings would be conducted via Teams unless significant reasoning was provided not to do so. As a result, of 17 hearings less than five occurred in person and 14 remotely.

There were less than five discharges ordered by the MHRT during this quarter period.

No applications were made for a Welsh hearing. No use of translation services were requested.

3.8.6. Comparative Information relating to Hospital Managers and Tribunals processes

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

Activity	Average per Qtr 2018/19	Average per Qtr Now	Qtr 4 activity	Notes
Applications to the Hospital Managers	14	5	Less than 5	Applications to hospital managers generally remain significantly lower than pre-covid years.
Renewals / Extension reviews		15	16	Every renewal of section / extension of CTO must have a hospital manager review.
Applications by nearest relative	Less than 5	Less than 5	0	Figures are generally low
Applications/referrals to MHRTfW	44	49	39	Lower with average
MHRT hearings held		23	17	Lower with average

3.9. Miscellaneous

3.9.1. Policies

Policies referred to within the Code of Practice are "*Owned by*" the Mental Health Written Control Documents Group and are "*Approved by*" the Mental Health Legislation Committee (MHLC).
During this quarter policies were reviewed as followed:
(596) Section 5(2) Nurses Holding Power – *under review*
*(*625) Community Treatment Orders – *under review*

3.9.2. Training

The Mental Health Act Team continues to provide training to services and partner Agencies on the use and processes in performing the functions of the Act. During Quarter 1 some training sessions have been provided however due to staffing shortages within the department have been scaled back temporarily.

A pre-recorded training presentation on Section 136 and Section 5(2) and receiving and completion of detention forms are available on the MHA Administration SharePoint page - readily and easily accessible to all staff across the Hywel Dda sites. Further presentations to be developed.

3.9.3. Operational

Lasting Power of Attorneys

The MHA department are required to notify the MHRTfW about any Powers of Attorneys/Deputies. This is in addition to any other responsibilities to Attorneys and Deputies as outlined in Code of Practice (Chapter 7). No details of LPA's have been provided for detained patients during this quarter to the MHA administration team.

CAMHS ASSESSMENTS
The MHA has been utilised within this service during the last quarter for Section 136 detentions. Where a CAMHS assessment is undertaken a specialist doctor in this field should make themselves available.

DATIX REPORTING
All incidents relating to breaches within the MHA are reported upon internally via the DATIX system by the MHA Administrator and reporting it to MHA Administration Lead.

3.9.4. Section 117 Aftercare

A centralised Section 117 register to serve both Health Board and the Local Authority is currently under review.

During this quarter there were 22 new S117 applicable persons were detained to the health board under the Act. The total figure may be slightly more than that if persons within the area have been detained outside of the health board.

In addition to the above there were a further 19 persons detained under a qualifying section of the Act but who were already on the Section 117 register.

During this quarter we have been notified of 14 who have been removed from the centralised register either through a formal discharge or when deceased.

The centralised register is under development within the MHA department currently. At the present time it shows that there are 1240 persons eligible for Section 117 aftercare within the