

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	02 September 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Legislation Scrutiny – Mental Health Act Data Performance Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 the quarterly Mental Health Performance Report in relation to statutory mental health legislation in Wales including The Mental Health Act (1983), as amended.

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 (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 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 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 1998.

The Terms of Reference of the Committee 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.

A copy of the full report received to inform the MH Legislation Scrutiny Group is ATTACHED

## Asesiad / Assessment

The MH Scrutiny Group received a report detailing various activities and trends relating to the Mental Health Act during the period April to June 2025. Particular attention was made to the following areas:-

- Use of Section 4 (*Emergency Admissions for Assessment*) was the highest use on record for a quarter period. Consideration given to whether this is a result of doctor shortages within some areas.
- Use of Section 5(2)'s (*Doctors Holding Powers*) was the lowest number on record. Consideration given whether this is due to the majority of admissions to hospital will already be a result of a detention order. Voluntary patients are more likely to be able to receive care and treatment in a community setting.
- Almost half of all Section 5(2)s occurred within general hospital ward settings.
- Section 136's (*Removal of mentally disordered person by a police officer*) – continue to be removed to A&E settings. This may be due to S136 health based place of safety being unavailable or that there is a clinical requirement. Concerns highlighted as a result includes - police requiring to remain longer with persons as opposed to if they had been removed to a health based place of safety and these persons remaining in police transport awaiting assessments. Increased numbers in these circumstances of failures to be informed of their rights and provision of the data for monitoring purposes.
- During this period there has been a small increase in the number of applications to the Hospital Managers for discharge. A recent recruitment drive has resulted in 3-4 further appointments of Lay Members of the Hospital Managers Power of Discharge sub-committee.
- Difficulties encountered as a result of Welsh Regulations that require Approved Clinicians (AC's) and Approved Mental Health Professionals (AMHP's) to be authorised to act within Wales only. References on papers to doctors that are not AC's and forms completed by AMHPs not approved to act within Wales (but are so in England) have required further scrutiny and investigation by officers. Some of this work is now resolved.

## Argymhelliad / Recommendation

Members are asked to note the content of the report for ASSURANCE on governance systems and processes of the Mental Health Act.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	The purpose of the Mental Health Legislation Committee is to assure the Bord on the following: 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 a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality	Not Applicable Choose an item.

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agenda, papers and minutes of the Mental Health Legislation Scrutiny Group
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Mental Health Legislation Scrutiny Group

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	
<b>Gweithlu: Workforce:</b>	-

<b>Risg:</b> <b>Risk:</b>	<p>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>.</p> <p>Safety of patients</p> <p>Assurance – use of statutory mechanisms</p>
<b>Cyfreithiol:</b> <b>Legal:</b>	<p><a href="#">Above</a></p>
<b>Enw Da:</b> <b>Reputational:</b>	
<b>Gyfrinachedd:</b> <b>Privacy:</b>	<p><a href="#">MHA performance report available on request.</a></p>
<b>Cydraddoldeb:</b> <b>Equality:</b>	



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Report on the  
use of  
The Mental Health Act, 1983**

**1<sup>st</sup> April 2025 – 30<sup>th</sup> June 2025  
(Quarter 1)**

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## **1.0 Introduction**

The Mental Health Legislation Scrutiny Group's principal 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 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, 2025/26.

To protect identity and comply with Information Governance any figures below five will not be disclosed.

A more detailed breakdown of the Act is as follows:

### **Mental Health Act, 1983 - Data Collection and Exception Reporting**

## **2.0 Summary**

Quarter 1, 2025/26 use of the Mental Health Act (MHA) has seen a number of both highest and lowest recorded uses of sections. of the Act.

There has been a marked increase in the use of both Section 4 (emergency admission for assessment) and Section 135 (warrant to enter property to remove a person to place of safety) once again during this quarter. This is most likely attributed to the reported lack of doctors within the Ceredigion area and the reported lack of bed availability in order for patients to be admitted.

Use of Section 136's has continued to remain lower than numbers seen over the past few years. Police continue to consult prior to applying its use in most cases and the proportion of detentions resulting in further detention of the MHA demonstrate that overall use of this section of the Act is adequate and appropriately applied.

However, A&E continues to be used as a place of safety for Section 136 detentions, either as the first place of safety or for the place of safety where the assessment is conducted. In this last quarter 53% of S136s were assessed in an A&E department. Whilst there may be an identified clinical need for removing the person to A&E there are operational challenges that arise. This includes monitoring forms not being located and detained persons not being informed of their statutory rights. There is evidence of 17/30 being informed of their rights when detained under Section 136 during this period.

The use of the MHA within the general ward settings continues to gradually increase. During this quarter 13% of Section 2's were initially detained to a general hospital ward setting. There has also been a number of issues relating to the use of Section 5(2) holding powers where the holding powers have lapsed without arrangements in place for an assessment or incorrect documentation has been completed when applying this area of the Act.

The MHA management team have continued to provide training across the health board and with key stakeholders.

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	52 ↓	Lower than average use of this section.
3	38	46 ↑	Slightly higher average use of this section with a majority arising from section 2 cases progressing onto section 3.
4	3	8 ↑	Use of Section 4 is quite infrequent and tends to fluctuate between 0 - 5 occasions per quarter. Highest use of Section 4 recorded
5(4)	1	0	Use of this section is relatively rare however will fluctuate in use between zero to as many as 6
5(2)	19	12 ↓	Lowest use of this section recorded
17A (CTO)	6	Under 5 ↓	A low use of this section this quarter with the use of Community Treatment Orders steadily decreasing since their introduction in 2007.
135	3	6 ↑	Use of this section of the Act has seen a marked increase over recent months.
136	43	30 ↓	Use of this section remains much lower than average in previous years.
Part III	2	Under 5	Average number of Part II 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 52 occasions which is significantly lower than the quarterly average based against the previous 12 quarters (April 2022 – March 2025). which is 71. It is the lowest use within a quarter period in over 10 years.
- Its use within older adult services has dropped quite significantly. The average use is 23 per quarter however during this period was only used on 16 occasions.
- 28 of the 52 patients were admitted to hospital directly from the community. i.e. they were not already in hospital when they were detained, community settings can be a patient's home, care home or general hospital and can also include transfers from other hospitals outside of Hywel Dda UHB.

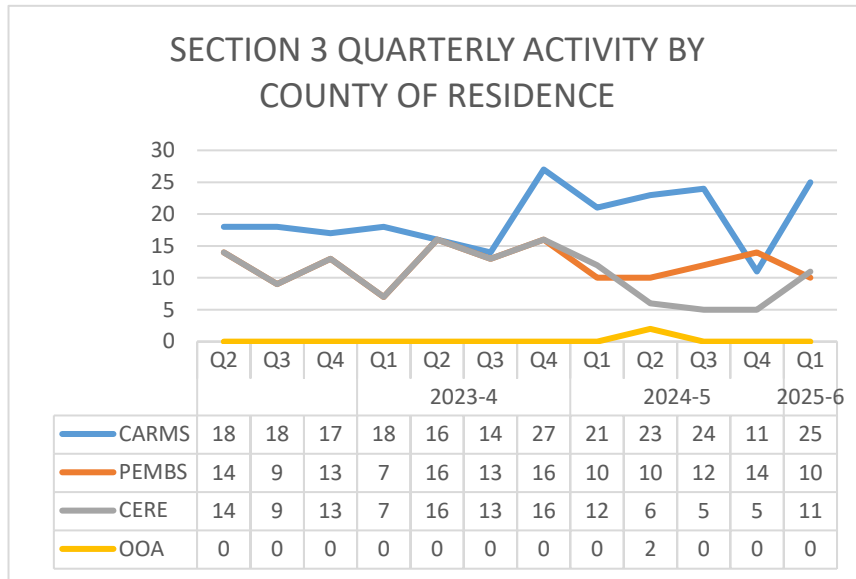
- There were 7 Section 2 detentions to the general hospital ward settings. This equates to 13% of all Section 2's which is much higher than usual.
- There were less than 5 uses of Section 2 to the CAMHS service and none to Learning Disabilities service.
- The times the detention orders were "received on behalf of the hospital managers" (not necessarily when the assessment was conducted) is as follows:
  - Monday to Friday 9am to 5pm: 22/52
  - Friday 05.01pm to Monday 08.59am: 14/52
  - Weekday out of hours (5.01pm to 08.59am): 16/52
- 92% were of white British ethnicity which is relatively consistent with previous quarters other ethnicities included White European, Black African and Asian Chinese.

### **3.1.2. Section 3 - Admission for Treatment**

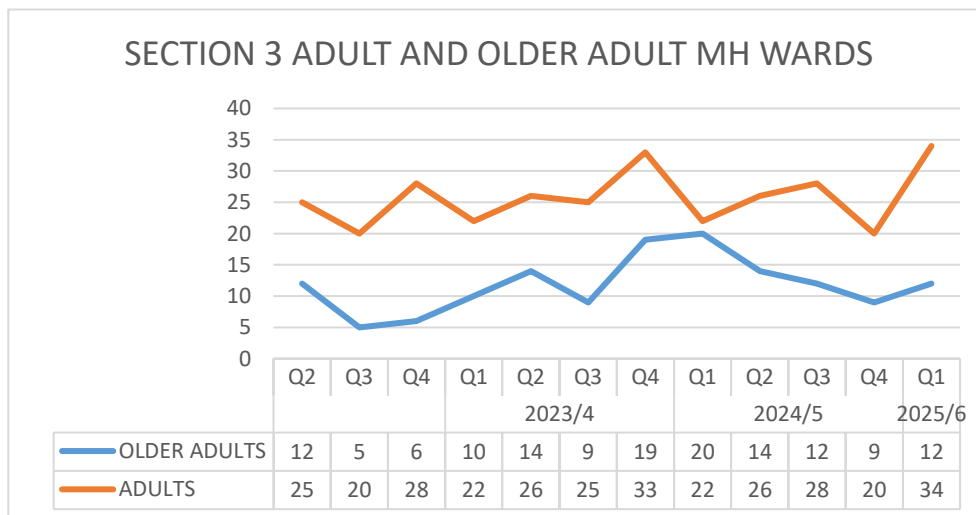
The use of Section 3 provides for someone to be detained in hospital for treatment of their mental disorder.

- Use of Section 3 occurred on 46 occasions which is higher than the quarterly average (based across last 3 years) which is 38. A chart to show a breakdown of Section 3 use in the different services and counties can be found below.
- There were 7 direct admissions under this section, this would include transfers from other hospitals. The rest were changes in legal status e.g. from informal status. section 5(2) or section 2. 30 Section 3s were implemented following a Section 2 detention order.
- Of the 46 overall section 3s 34 were detained to adult inpatient wards and 12 to older adult wards.
- 43 Section 3s were discharged during this quarter with the following outcomes - 13 regraded to informal status (which could include DoLS authority), 26 were discharged from hospital. The remainder were transferred out to another hospital or placed in the community subject to a Community Treatment Orders.
- 93% were of white British ethnicity.

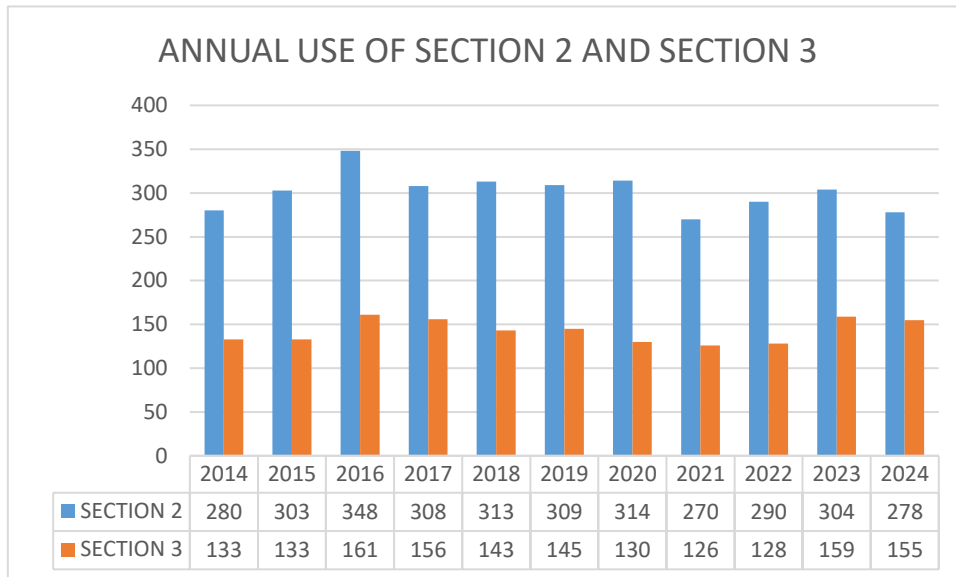
### SECTION 3 QUARTERLY ACTIVITY BY COUNTY OVER 3 YEARS



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



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



### 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 there were eight detentions under this section of the Act. This is the highest use ever recorded within the Health Board.
- 63% were completed by a S12 approved doctor.
- 5 of the emergency admissions were from Ceredigion whereby the AMHPs recorded difficulties in securing Section 12 doctors or a doctor that was available to carry out an admission of urgent necessity.
- Half of the admissions under Section 4 were regraded to Section 2 the remainder were either regraded to informal status or discharged.
- Ethnicity – 100% white British, Gender - 50% male/ 50% female.

### 3.1.4. Section 5 – Holding Powers

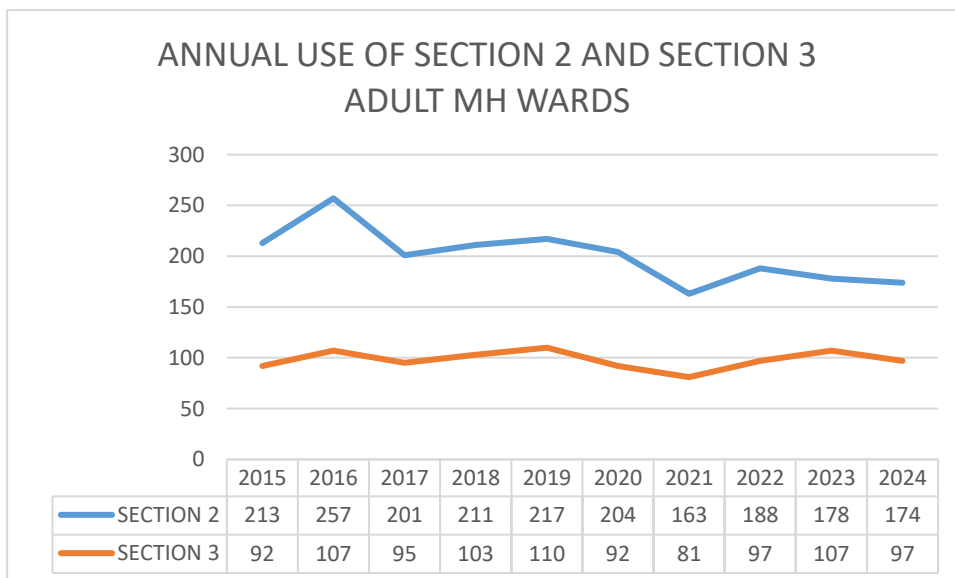
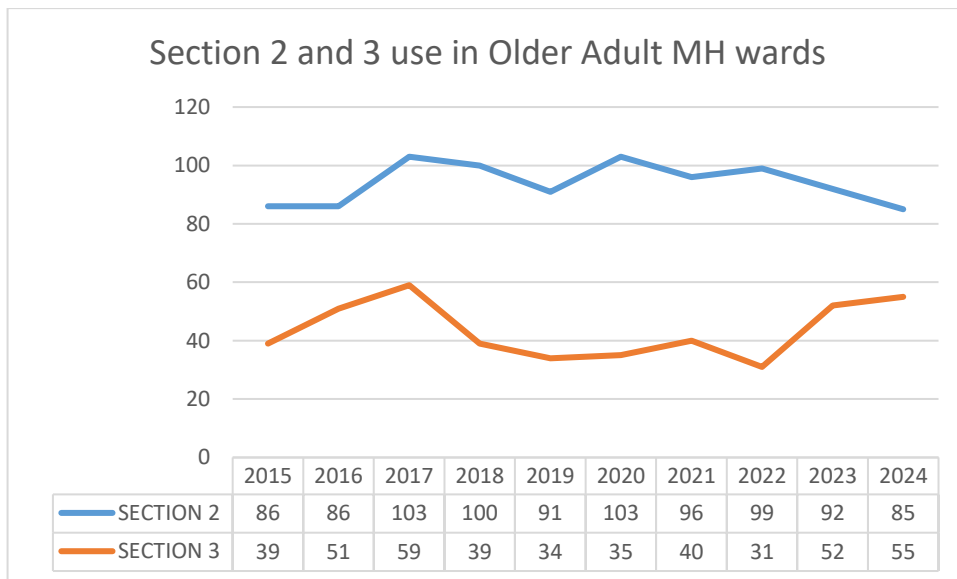
Section 5(2) – used by Doctors in both mental health and general hospital settings to detain an in-patient for up to 72 hours to allow for a mental health act assessment to take place. Section 5(4) is used by mental health and learning disability nurses in mental health in-patient settings for up to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

- Use of the nurses holding power is rare and has not been used during this quarter.
- The doctors holding power was used on 12 occasions during this quarter which is its lowest use ever recorded.
- Of the 12 Section 5(2)s 5 were used in adult MH acute wards.
- No under 18s were detained under Section 5(2) during this period.
- Section 5(2) may be used within general hospital wards. During this quarter it was used lawfully and appropriately on 5 occasions (42% of total Section 5(2) use). The

outcomes of these holding powers were that all 40% were detained under a longer term section of the MHA. The remainder were regraded to voluntary or lapsed with no MHA assessment being conducted within the required period.

- Please refer to 3.5.3 below relating inappropriate use of Section 5(2).
- 25% of assessments were carried out within 24 hours.
- 75% were further detained under Section 2 or 3 (higher than previous quarter at 62%)
- Statistics:
  - 100% white British, 17% male, 83% female

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



The table below demonstrates the % of which service both section 2 and section 3 were utilised. For example, it can be seen that in 2024 Quarter 1 56% of all section 2's were adult services with 10% of its use in the general hospital setting.

% of Overall Activity	2024/2025				2025/2026
	QTR 1	QTR 4	QTR 3	QTR 4	QTR 1
<b>SECTION 2</b>	%	%	%	%	%
Adult	56	57	60	58	58
Older Adult	31	39	24	30	27
General DGH	10	1	7	8	13
CAMHS	3	3	7	3	2
Learning Disabilities	0	2	2	1	0
<b>SECTION 3</b>					
Adult	51	63	68	67	74
Older Adult	47	35	29	30	26
General DGH	2	2	0	3	0
CAMHS	0	0	3	0	0
Learning Disabilities	0	0	0	0	0

**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 24	July-Sept 24	Oct – Dec 24	Jan- March 25	Apr – June 25
Section 2	7	(1-5)	(1-5)	6	7
Section 3	(1-5)	(1-5)	0	(1-5)	0
Section 5(2)	7	(1-5)	(1-5)	7	5

**Legal Status of Patients:**

The table below is a snapshot the legal status's broken down as a % in each ward as of 30<sup>th</sup> June 2025

Ward	MHA includes home leave pts	DoLS	Informal	Home leave
Bryngofal	89%	0%	11%	11%
Bryngolau	47%	27% - authorised DoLS 13% - Informal with a DoLS request – awaiting assessment	13%	0%
St Caradog	69%	0% - authorised DoLS	31%	13%
St Nons	20%	40% - authorised DoLS	40%	0%
Morlais	100%	0%	0%	10%
Enlli	18%	27% - authorised DoLS 10% - Informal with a DoLS request – awaiting assessment	45%	0%
Low Secure	100%	0%	0%	7%
PICU	100%	0%	0%	0%

### 3.2. Use of Police Powers Sections 135 & Section 136

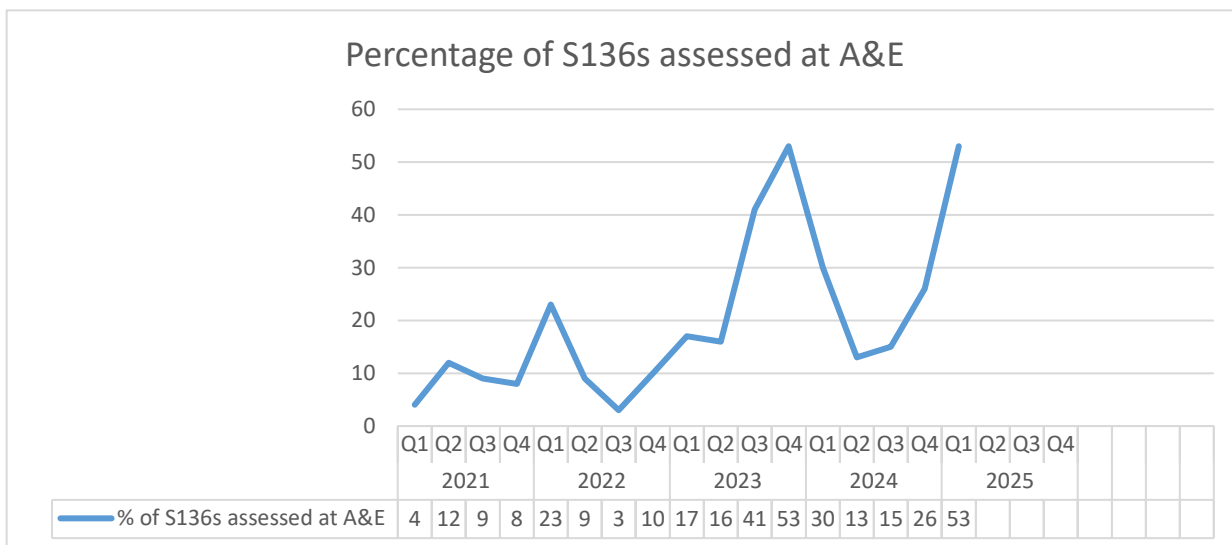
#### 3.2.1. Section 136 – Removal of Mentally Disordered Persons to a place of Safety

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:

- Use of Section 136 continues to remain lower than the quarterly average and numbers seen in previous years. During this quarter it has been used on 30 occasions. This is the lowest number per quarter in over a decade.
- 27 different individuals were placed on S136. There were less than 5 individuals having undergone multiple S136 detentions during the same quarter period.
- 53% of all Section 136's were assessed in an A&E department. In addition, a further 10 cases were taken to A&E as a first place of safety before being transferred to a second place of safety. (See graph below for % of S136s assessed at A&E per quarter).
- Of the 26 total occasions A&E was used as a place of safety 13 was due to a clinical need. An additional report has been submitted directly to the Chair of the Scrutiny Group on those not taken to A&E as an identified clinical need for further investigation. However it appears that in the majority of cases that the Section 136 designated suite was not available to officers or that the person had been in A&E with a voluntary agreement to attend however changed their mind at which time the police officers applied a S136. It has been agreed the Scrutiny Group Chair will continue to routinely monitor use of A&Es as a place of safety.
- 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 any monitoring form. In addition, the MHA Administration Team are often contacted over disputes

relating to the start times of Section 136s, difficulties in obtaining assessments and transport issues for patients.

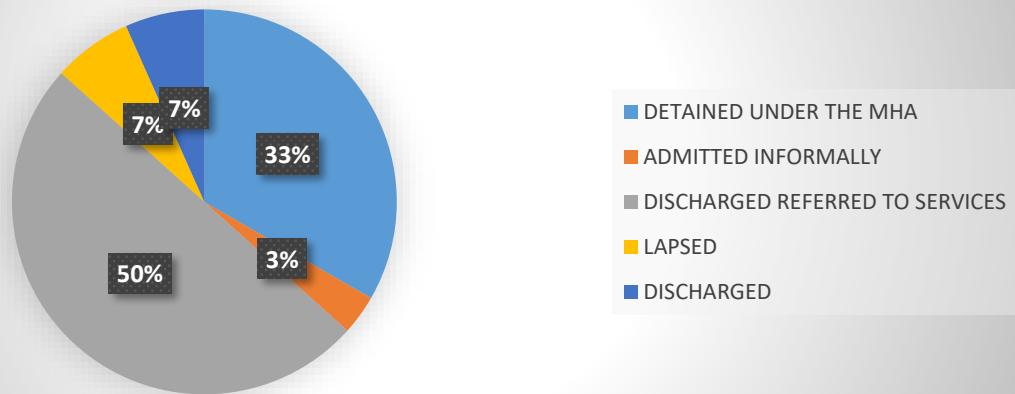
- The table below shows the % of overall S136s that were assessed in an A&E setting as opposed to a health-based place of safety.



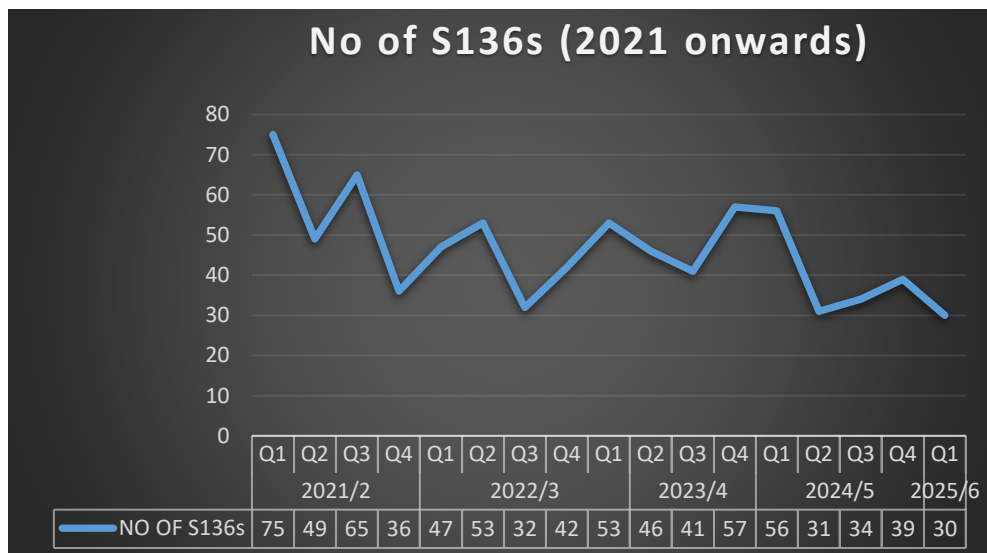
- Morlais Ward is a place of safety for the purpose of assessing under 18’s subject to S136. It was not used as a place of safety for an over 18s during this quarter.
- Custody has not been used as a place of safety for assessment during this quarter and can only be used for adults in exceptional cases. However, it is regularly reported that persons detained under S136 are being “held” in police vans outside A&E settings once the S136 period has already commenced.
- There were less than 5 under 18s detained on Section 136 with handcuffs used in 33% of cases during the detention period.
- In total it is recorded within the monitoring forms that some form of restraint was used on 22 occasions (73%) which is higher than usual, for example, the last quarter it was 64% and the two previous quarters were around 45%.
- The duty to inform patients of their statutory rights was evidenced in 17 out of 30 cases overall which is 57% of all cases. Where A&E was used for S136 assessment this dropped to 31% of all cases.
- Consultation is recorded as having occurred in 21 out of the 30 occasions (70%) which is slightly lower than last quarter at 82% however it is reported that where consultation did not occur 6 out of 9 cases this was a result of an emergency situation. All consultations during this period were with a nurse.
- There is a report under the Out of Hours service that has a record of diverted S136s. There are LESS THAN 5 cases listed during the period of Quarter 1. Records suggest that instead the majority were taken to A&E on a voluntary basis.
- 28 of the 30 resided within Hywel Dda catchment area.

Outcomes of the assessments as follows:

## Section 136 outcomes



- It is rare for Section 136 to lapse without an outcome. However during this period a number of Section 136s lapsed after 24 hours. This was attributed to there being no beds available to admit the patient to. There were instances whereby Section 136 lapsed at 24 hours, the medical recommendations for section 2 had been completed however the applications for admission could not be made as no bed was identified. Therefore, there was no legal framework in place for the detention to continue.
- Where the outcome of the assessment did not result in detention under the MHA – 7 of 17 utilised 2 doctors for the assessment.
- 28/30 assessments took over 4 hour and 2 assessments were extended.
- Ethnicity statistics –
  - 93% White British
  - 77% Female 23% Male



### 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.

- Both Section 135(1) and 135(2) were used during this period resulting in its use on 6 occasions in total.
- 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.
- All executed Section 135's were from Carmarthenshire or Ceredigion local authorities.
- 100% of assessments resulted in further detention under the Act.

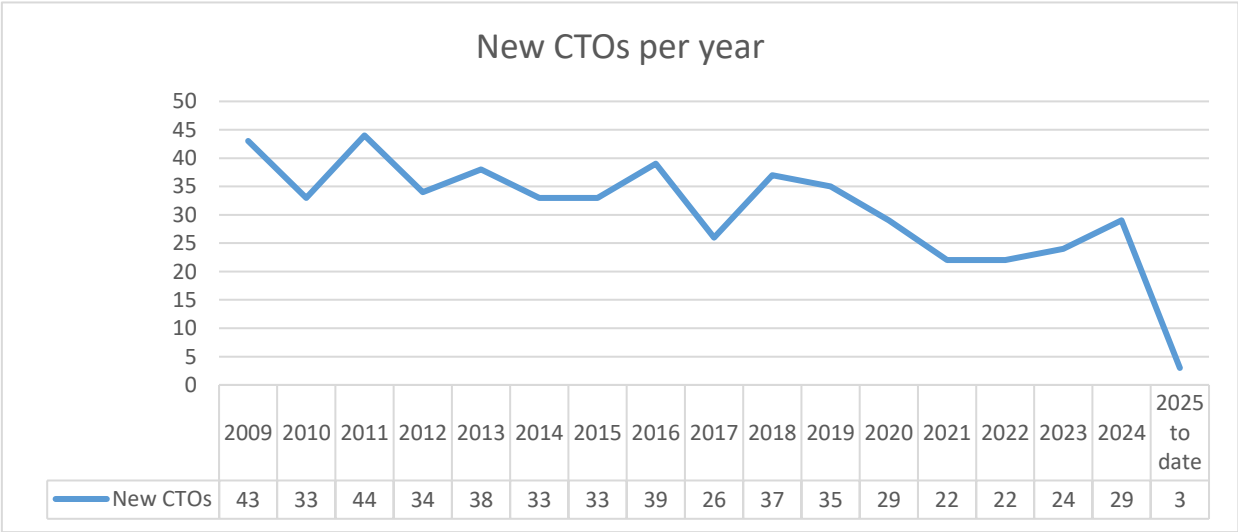
**3.3. Section 17A - G, Community Treatment Orders**

**3.3.1. Community Treatment Order Activity**

There were 27 Community Treatment Orders in place as at 30<sup>th</sup> June 2025.

County	Number of CTO's	Ethnicity
Carmarthenshire	11	White British – 100%
Ceredigion	Under 5	White British – 100%
Pembrokeshire	12	White British – 83% Other ethnicities – 17%

- Less than 5 new CTO's for the quarter.
- Less than 5 recalls during this quarter.
- Less than 5 were discharged by the Responsible Clinicians



### **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 was used on less than 5 occasions.
- Unrestricted patients can be made subject to Community Treatment Orders however no new CTO for Part III patients were made.
- No restricted patients were discharged by the MHRTfW during this period.
- There were no unrestricted patient discharges.
- As of the 30<sup>th</sup> June 2025 the total number of Part III patients are split into the following – 64% restricted; 29% unrestricted; 7% CTOs.

### **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).

- 91 statutory documents were medically scrutinised
- Rectifiable errors were made on medical recommendations, applications for admission and receiving of detention papers. Amendments can be made within 14 days under Section 15 of the Act and this process is carried out by the MHA administration team liaising with the professionals involved.
- Common errors made by doctors on medical recommendations included middle names missing, spelling errors with names and addresses, incorrect dates, not deleting whether they are Section 12 approved or not providing sufficient reasons where indicated.
- Common errors, by AMHPs, on applications included missing middle names, not specifying when acting on behalf of another Local Authority, deletions not undertaken or completing unrequired information, incorrect nearest relative names and address.
- Common errors by nurses upon receiving detention papers have included missing details regarding the section number, middle name, time and date of section. Also completing they are receiving a second medical recommendation in relation to a Section 4 when this is not the case.
- A short powerpoint training presentation on scrutiny of section papers has been uploaded onto the MHA administration sharepoint page in order for professionals to access.

#### **3.5.2. Section 15 - Non-Rectifiable Errors**

Where the error is so severe that the error cannot be rectified under Section 15 the appropriate action is taken.

- There were less than five un-rectifiable errors made during this current quarter.
- This has included an assessment with two medical recommendations for a differing section of the Act and an instance whereby the application had not been signed or dated.
- Carmarthenshire Local Authority notified the Health Board of a breach in a number of applications made. This matter is currently being investigated and affects a number of detained patients over several years.

### **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).
  - There has been 6 inappropriate or invalid Section 5(2)s which have all derived from general hospital wards.
 

These have included insufficient reasoning for the detention, completing forms that do not comply with the Welsh Regulations and not completing the hospital to which the patient is to be detained. In addition on a number of occasions papers to detain via Section 5(2) were completed and filed in patient records without notifying mental health services or the local authorities within or near the end of the 72 hour detaining period.
- Consent – authority to treat under the Act may only be completed by a SOAD or Approved Clinician.
  - Forms have been received during this period by doctors that are not approved clinicians, equally requests for SOADs to HIW have named the Responsible Clinicians as doctors who are not an Approved Clinician. As a result a number of treatment certificates have had to be reissued.

## **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. During this reporting period there were no reports of visitors excluded.

### **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.

There has not been any post withheld during this reporting period.

### **3.6.4. Information to Detained Patients and Nearest Relatives**

The MHA team 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 completed for consenting to treatment instances: -

7 x C02 – to certify person has capacity and consents to treatment (detained patients)  
Less than 5 x C08 – as above (CTOs)

Less than 5 CO4 – as above for the treatment of ECT

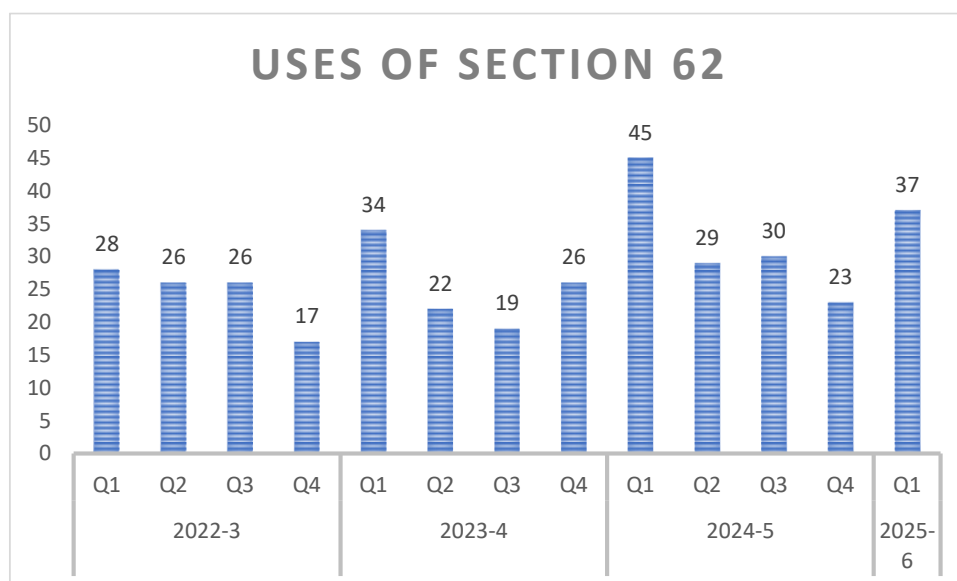
This compares with 27 new certificates issued during the last quarter and 17 the quarter before.

### **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.

- 34 SOAD requests were made (27 last quarter period) and the following certificates were completed:
  - 24 CO3s (detained patients)
  - 7 CO7s (CTOs)
  - Less than 5 CO6s (ECT)

- Less than 5 certificates pending carried forward to current quarter period
- Average waiting time for a SOAD (medication for inpatients) was 9 days (same as quarter 4).
- Of the 34 certificates issued by a SOAD 12 patients were seen in person with the remaining 22 reviews conducted remotely before issuing the relevant certificate to authorise treatment. HIW advised that this ratio is likely to remain.
- There were LESS THAN 5 authority certificates for Electro-convulsive therapy (ECT). The average wait for a SOAD to certify treatment for ECT was 11 days (increase from 8 days last quarter).
- Longest waiting time for a certificate was 25 days. HIW have their own key performance indicators, however they are set from the point they allocate a doctor to the issuing of the certificate as opposed from when the SOAD request is made to the certificate being issued. They have reported that the SOAD was unable to make contact with a consultee and then a delay occurred with the SOAD forwarding the certificate to HIW.
- Section 62 and 64 (emergency) treatment allows for lawful and short-term administration of treatment in the absence of a SOAD certificate. Use of this emergency treatment during this quarter was higher than average as can be seen from the line chart below showing its use over per quarter over the past 3 years. It was used on 37 occasions.



- Reasons for its use is as follows:
  - On 10 occasions to authorise ECT. On 5 occasions S62 ECT was given whereby a SOAD had not yet been requested. In the other 5 cases a SOAD had been requested but had not yet authorised treatment.
  - On 16 occasions to authorise medication because three month rule had expired or the previous certificate had an expiry date and the SOAD had not yet authorised treatment.
  - On 6 occasions there was a change of medication or Responsible Clinician.
  - On the other occasions it was due to change in legal status (CTO revoked) or the patient had changed their consent status.

Use of emergency Section 62 treatment could be reduced with more prompt SOAD requests or certificate being provided by the SOADs. There were 2 occasions during

the last quarter when SOADs were requested by Responsible Clinicians within 3 days of the three month rule expiring. This is an improvement on the previous quarter.

### **3.7.3. Section 61, Review of Treatment**

When a section is renewed under Section 15 or a Community Treatment Order 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 Healthcare Inspectorate Wales on each case (HIW1).

There were 11 records made during this quarter under Section 61 which is consistent with the previous quarter.

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

### **3.8.1. Applications for Discharge to Hospital Managers**

There has been a slight increase of late in the number of applications made to the hospital managers with 5 applications for discharge made during Quarter 1. However this remains much lower than applications made pre-covid years, for example, the same period in 2018 14 applications to the hospital managers were made. Of the 5 applications less than 5 did not take place due to having a MHRT arranged within a 7 day period and less than 5 withdrew therefore less than 5 hearings were arranged.

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 15 renewals compared to 12 in the previous quarter. This is slightly lower than the same quarter last year when 17 renewals were considered for the same period. There is a slight reducing trend in the number of section renewals being reviewed by the hospital managers as seen in the line chart below. The Code of Practice states renewal hearings should be held before the section expiry date. All renewal hearings met this target.

The Responsible Clinician is required to personally examine a patient who is renewed under Section 20 (Section 3) and Section 20a (Community Treatment Orders). There have been instances whereby the nominated Responsible Clinician are reporting difficulties in carrying out this process. This is further referenced in the medical risk register for the service.

### **3.8.3. Application for Discharge by Nearest Relative**

There were 0 applications for discharge made by a nearest relative during this quarter.

### **3.8.4. Hospital Managers Hearings**

In total (all hearing types) the Hospital Managers held 15 reviews during this quarter. Of the 15 cases patients were present in 9 reviews and of those less than 5 had the support of a solicitor present, 5 had the support of an IMHA and less than 5 advocated themselves independently. Of the 6 where patients did not attend less than 5 had either an IMHA, solicitor or relative present at the review.

No applications were made for a Welsh hearing. Translation services were not required.

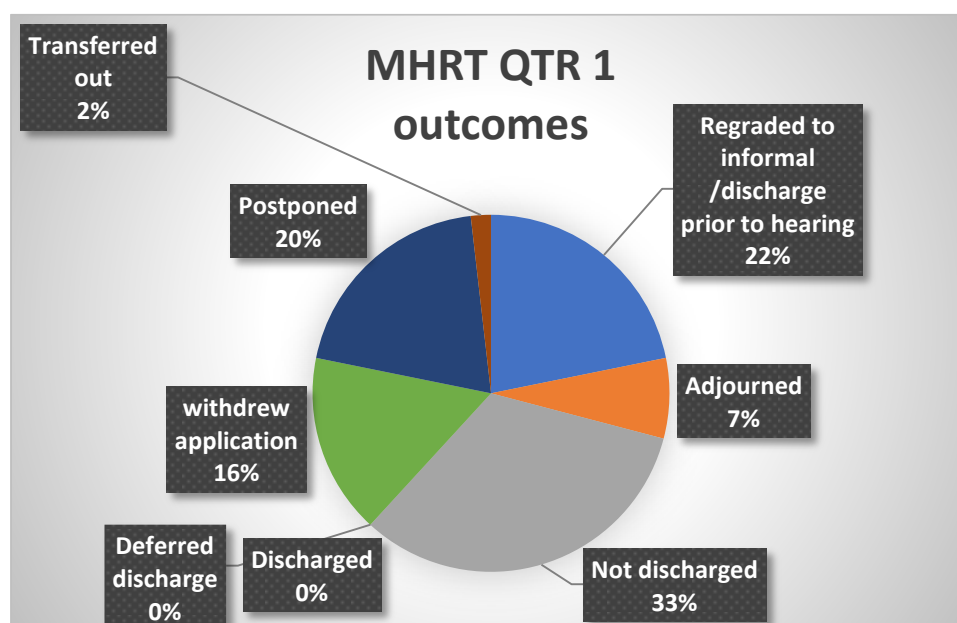
### 3.8.5. Applications, Referrals and Outcomes at the Mental Health Review Tribunal

There have been 49 applications/referrals to the Mental Health Review Tribunal (MHRTfW) during this quarter with 22 hearings conducted. The MHRTfW office offer the option of face to face or remote reviews based upon patient choice. Of the 22 hearings 13 occurred in person, 8 via MS Teams and less than 5 via telephone.

The tribunal did not order any discharges during this period.

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

The outcomes of the arranged tribunals during this quarter can be seen below:



### 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 compared against average activity based over the previous 3 years.

Activity	Average per Qtr 2018/19	Average per Qtr	Qtr 1 activity	Notes
Applications to the Hospital Managers	14	5	5	Applications to hospital managers generally remain lower than pre-covid years.
Renewals / Extension reviews	-	16	15	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	48	49	Slightly increased number of applications to the Tribunal this quarter period
MHRT hearings held	-	24	22	Consistent with the average number of hearings held.

### 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:

(395) Section 136 MHA Mentally Disordered Persons found in public places – *extension of review period granted for 12 months to allow for legislation changes.*

(688) Section 117 Aftercare Procedure Mental Health Act 1983 – *review commenced – due by 26.10.2025*

#### 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- the following sessions have been provided either face to face or via MS Teams

Date	Group	Topic
21.05.25	Preceptorship nurses – Pembs	MHA overview
21.06.25	Preceptorship nurses – Llanelli	
28.06.25	Preceptorship nurses – Carmarthen	
18.06.25	Dyfed Powys Police trainees	Section 135/6
27.06.25	Pharmacist	MHA overview – particularly Part IV of the Act (Consent to Treatment)

Ward management teams often report difficulties in ability to release staff for training purposes therefore pre-recorded powerpoint training presentations are being prepared and uploaded to the MHA Administration Sharepoint page – readily and easily accessible to all staff across Hywel Dda sites. Topics so far include *Section 136* and *Section 5(2)* and

recently added "*Receipt and Scrutiny of Statutory Papers*". Further presentations to be developed and should be available in due course.

### **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**

There has been a number of areas where the MHA has been utilised within this service during the last quarter - Section 136, Section 2 and Section 4 detentions have all been used. 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 21 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 23 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 18 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 1229 persons eligible for Section 117 aftercare within the health board.