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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



Meeting Date	06 August 2020	Agenda Item	3.1
Report Title	Mental Health Act Performance Report for the period 1 January 2020 – 30 <sup>th</sup> June 2020		
Report Author	Ian Stevenson, Interim Mental Health Act Manager assisted by Penny Cram and Samantha Jones - MHA administrators		
Report Sponsor	David Roberts, Service Director, Mental Health & Learning Disabilities Service Delivery Unit		
Presented by	David Roberts, Service Director, Mental Health & Learning Disabilities Service Delivery Unit		
Freedom of Information	Open		
Purpose of the Report	The purpose of the paper is to present to the Mental Health Legislation Committee the quarterly Mental Health Act performance report in relation to Hospital Managers' scheme of delegated duties under the Mental Health Act 1983 and the functions, including s23.		
Key Issues	The hospital managers must ensure that patients are detained only as the Act allows, that individuals' care and treatment fully comply with it, and that patients are fully informed of, and 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, Mental Capacity Act 2005 and Mental Health (Wales) Measure 2010.		

Specific Action Required	Information	Discussion	Assurance	Approval
<i>(please choose one only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the report for submission to the Health Board.</li> </ul>			

Governance and Assurance		
<b>Link to Enabling Objectives</b>  <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>

	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
This report does not impact on the quality, safety and patient experience although the aim of the Committee's work is to assure the Board that Mental Health and Learning Disabilities Delivery Unit are performing in accordance with the Mental Health Act 1983, which directly impacts on patient care.		
<b>Financial Implications</b>		
There are no financial implications in this report.		
<b>Legal Implications (including equality and diversity assessment)</b>		
There are no specific legal implications (although non-compliance with the Mental Health Act could result in legal proceedings being brought against the Health Board who is the detaining authority).		
<b>Staffing Implications</b>		
There are no workforce issues in this report.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
The report does not impact on population health		
<b>Report History</b>	Considered by the Mental Health & Learning Disabilities Legislative Committee Operational Group on 14 July 2020	
<b>Appendices</b>	<b>1. Reasons for detention without authority Jan – June 2020</b> <b>2. Exceptions and non-rectifiable errors Jan – June 2020</b> <b>3. Hospital Managers information Jan – June 2020</b>	

<b>MAIN REPORT</b>		Swansea Bay University Health Board
<b>MENTAL HEALTH LEGISLATIVE OPERATIONAL GROUP</b>		Date of Meeting: Tuesday 14 <sup>th</sup> July
<b>Subject</b>	<b>Mental Health Act Performance Report for the period January 1<sup>st</sup> – June 30<sup>th</sup> 2020</b>	
<b>Prepared by</b>	Ian Stevenson with assistance from Penny Cram and Samantha Jones	

## **1. PURPOSE**

The purpose of the paper is to present to the Mental Health Legislative Operational Group the quarterly Mental Health Act performance report in relation to Hospital Managers' scheme of delegated duties under the Mental Health Act 1983 and the functions, including section 23.

## **2. INTRODUCTION**

The report provides assurance in respect of the work that has been undertaken by Mental Health and Learning Disabilities (MHLDD) Services during the quarter, that those functions of the Mental Health Act 1983 (the Act), which have been delegated to officers and staff under the policy for Hospital Managers' Scheme of Delegation, are being carried out correctly, and that the wider operation of the Act across the Health Board area is operating properly.

The hospital managers must ensure that patients are detained only as the Act allows, that their care and treatment fully comply with it, and that patients are fully informed of, and 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, Mental Capacity Act 2005 and Mental Health (Wales) Measure 2010.

## **EXCEPTION REPORT**

### **3.1 Data Collection and Exception Reporting**

Any exceptions highlighted in the Mental Health Act activity report are intended to raise awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained in Swansea Bay University Health Board and those subject to a community treatment order is only as the Act allows.

### **3.2 Detention without authority or Invalid Detentions**

There were 70 exceptions for this period and 4 invalid detentions identified by the Mental Health Act Department. There were no breaches to the Mental Act for in-

patients admitted to Swansea Bay UHB who are under the age of 18. An analysis of the reason for the invalid detention between the periods 1<sup>ST</sup> January-30<sup>th</sup> June, with actions taken and by whom, is documented to provide assurance that actions are being taken to minimize or eradicate this occurring (appendix 1)

The table below identifies the types and number of errors and areas within the Delivery Unit where they occurred from 1<sup>st</sup> January 2020 to 30<sup>th</sup> June 2020.

<b><u>S.12 Errors</u></b>		
<b><u>Type of Error</u></b>	<b><u>Number of Errors:</u></b>	<b><u>Hospital:</u></b>
Patients Full name missing	26	CCH/NPT/LDS
Nearest Relative details not completed	10	CCH/NPT/LDS
Postcode missing	6	CCH/NPT/Caswell
Date missing on form	5	CCH/NPT/Morrison
Reasons why neither doctor knew the patient	5	CCH/NPT
Reasons why informal admission is not appropriate	2	NPT
Incorrect name entered	2	CCH/NPT
Information on forms	2	NPT/Tonna
Deletions not made to form	2	CCH/Morrison
Incorrect section entered on form	1	LDS
Incorrect address entered on form	1	LDS
Full address of hospital not completed	1	Tonna
Hospital Address incorrectly completed	1	Tonna

<b><u>Non S.12 Errors</u></b>		
<b><u>Type of Error</u></b>	<b><u>Number of Errors:</u></b>	<b><u>Hospital:</u></b>
Patients Full name missing	6	CCH/NPT/LDS
Incorrect form used	3	CCH/NPT
Patients address incorrect/not fully completed	3	CCH/NPT
Postcode missing	3	CCH/NPT/Tonna
Incorrect section entered on form	2	LDS/Taith

Reasons why informal admission is not appropriate	1	CCH
Date missing on form	1	CCH

### **Mental Health Act 1983**

A report along with definitions of relevant section of the Act is included below which summarises key points of the use of the Act within ABMU Health Board. Rates of detention under different sections of the Act typically fluctuate between each quarter.

### **KEY TO SECTIONS**

#### **Part 2 – Compulsory Admission to Hospital or Guardianship**

- Section 5(4) Nurses Holding Power (up to 6 hours)
- Section 5(2) Doctors Holding Power (up to 72 hours)
- Section 4 Emergency Admission for Assessment (up to 72 hours)
- Section 2 Admission for Assessment (up to 28 days)
- Section 3 Admission for Treatment (6 months, renewable)
- Section 7 Application for Guardianship (6 months, renewable)
- Section 17A Community Treatment Order (6 months, renewable)

#### **Part 3 - Patients Concerned with Criminal Proceedings or Under Sentence**

- Section 35 Remand for reports (28 days, maximum 12 weeks)
- Section 36 Remand for treatment (28 days, maximum 12 weeks)
- Section 38 Interim Hospital Order (Initial 12 weeks, maximum 1 year)
- Section 47/49 Transfer of sentenced prisoner to hospital
- Section 48/49 Transfer of un-sentenced prisoner to hospital
- Section 37 Hospital or Guardianship Order (6 months, renewable)
- Section 37/41 Hospital Order with restriction (Indefinite period)
- Section 45A Hospital Direction and Limitation Direction
- CPI 5 Criminal Procedure (Insanity) & Unfitness to Plead (Indefinite period)

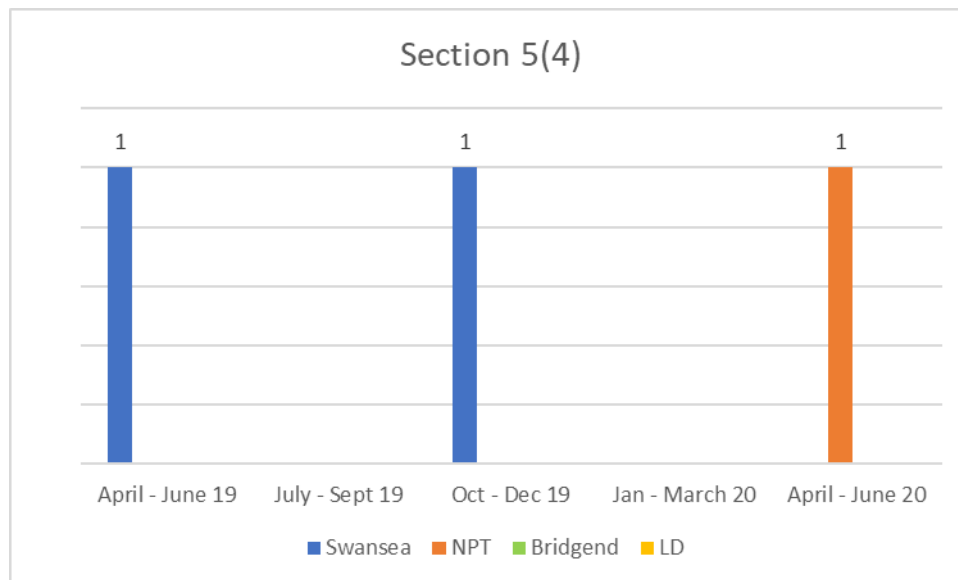
#### **Part 10 – Miscellaneous and Supplementary**

- Section 135(1) Warrant to enter and remove (up to 24 hours)
- Section 135(2) Warrant to enter and take or retake (up to 24 hours)
- Section 136 Removal to a place of safety (up to 24 hours)

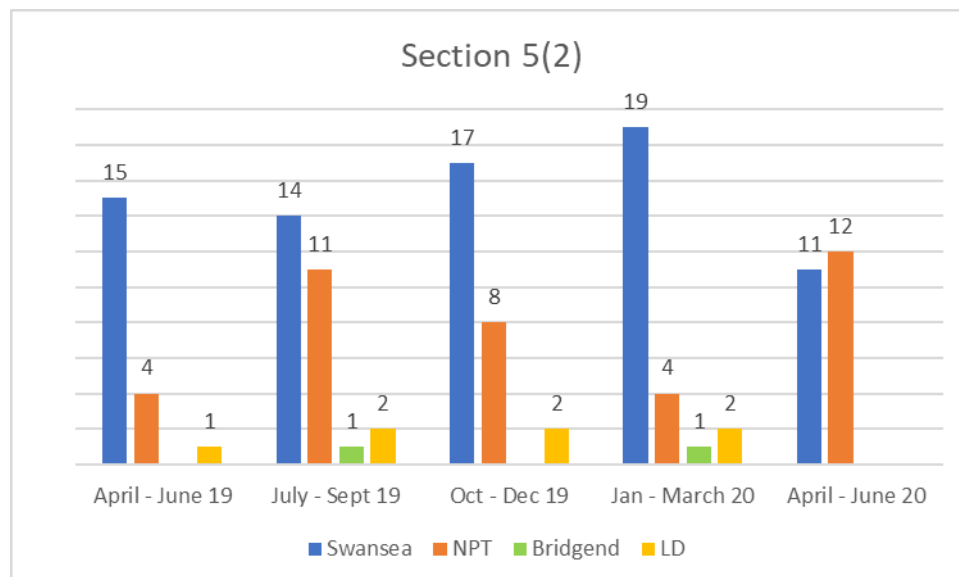
The data below summarises some of the key points of the use of the Mental Health Act (1983) during the quarter. Benchmarking provided against earlier quarterly data.

### **i) Detention under Section 5 – Holding Powers**

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. This section of the Act was used on 1 occasion in the 2 quarters, January to June 2020. Previous data provided as benchmark.



Section 5(2) is 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. The use of this holding power was used on 49 occasions in the 2 quarters, January – June 2020. Benchmarking provided.

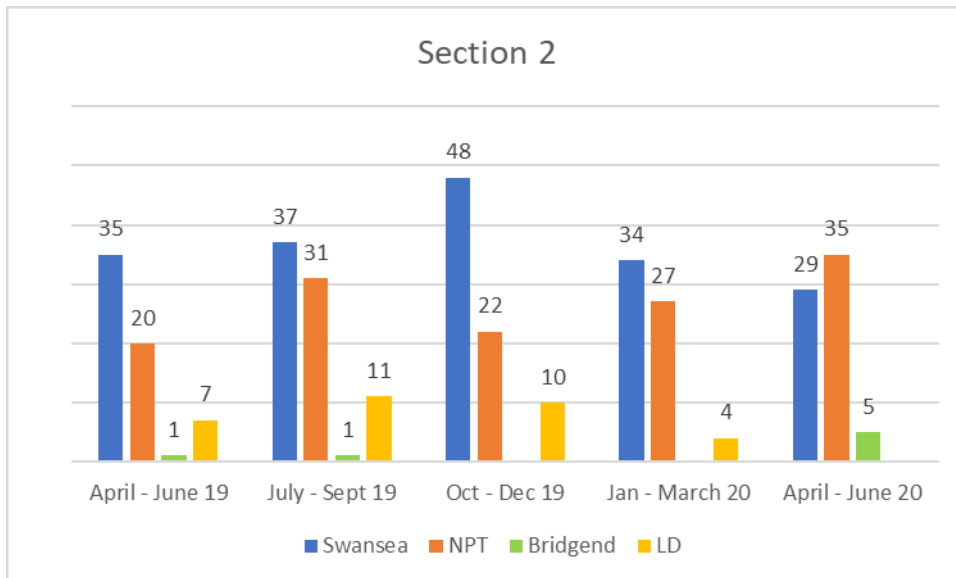


## ii) Section 2 – Admission for Assessment



This section authorises the compulsory admission of a patient to hospital for assessment (or for assessment followed by medical treatment), for mental disorder for up to 28 days.

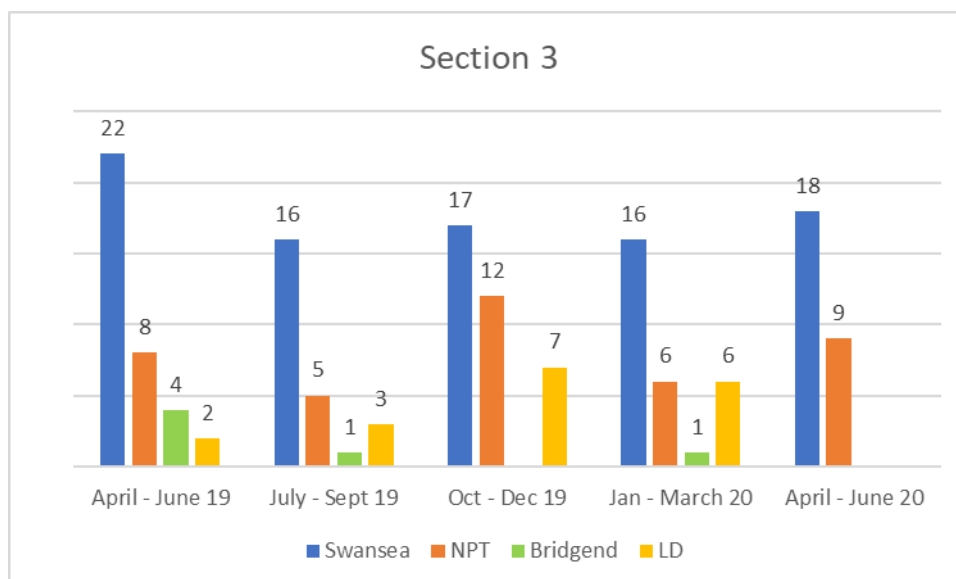
Section 2 was used on 134 occasions for the 2 quarters, January – June 2020. Benchmarking provided.



### iii) **Section 3 – Admission for Treatment**

This section provides for the compulsory admission of a patient to hospital for treatment for mental disorder. The detention can last for an initial period of six months.

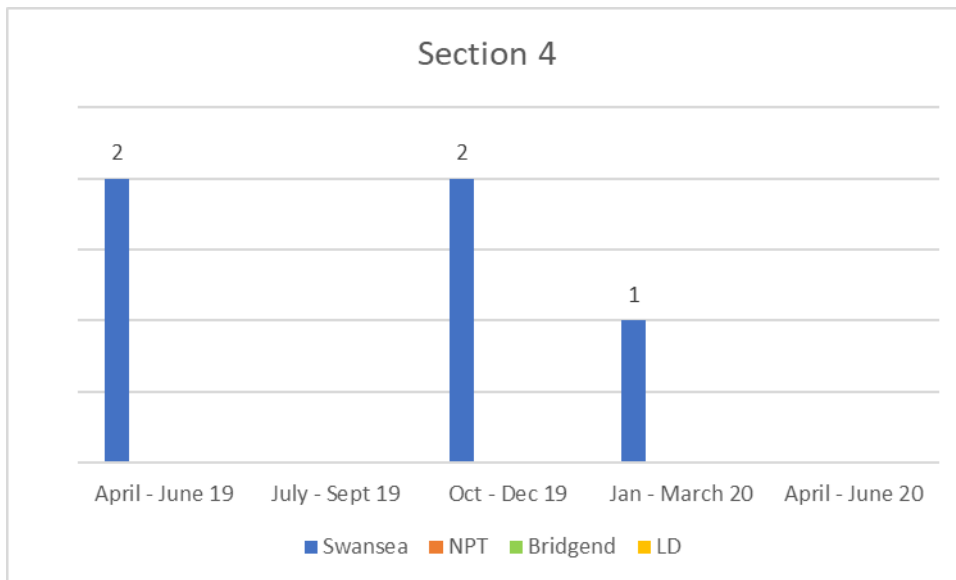
The number of new Section 3 were 56 for the 2 quarters. Benchmarking provided



#### iv) Section 4 – Emergency Admission for Assessment

The use of section 4 of the Mental Health Act 1983 is to enable an admission for assessment to take place in cases of urgent necessity. It should only be used to avoid an unacceptable delay and as such is infrequently used and specifically examined by Mental Health Act Managers when this is the case.

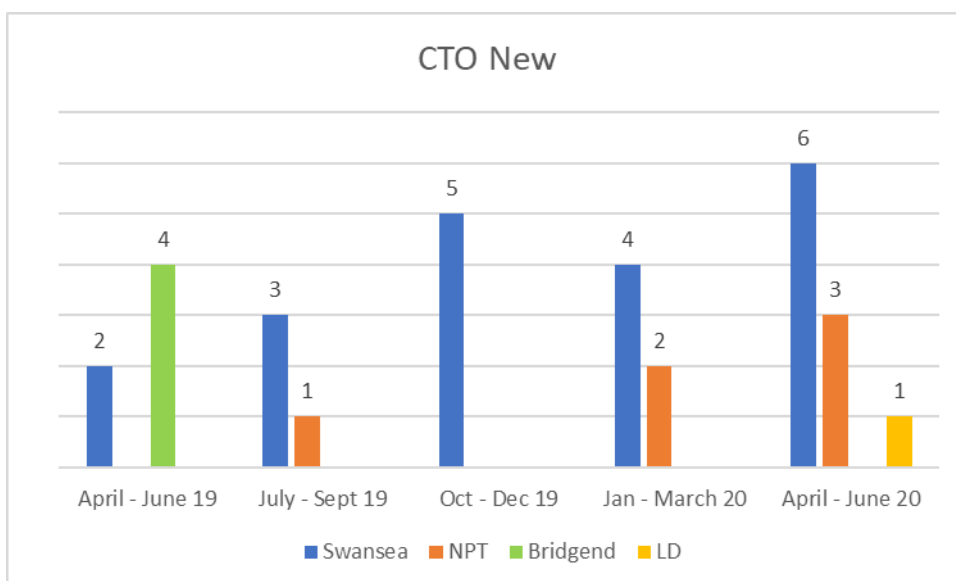
Section 4 was used on 1 occasion in the 2 quarters, January to June 2020. Benchmarking provided.



#### v) Section 17A – Community Treatment Order

This section provides a framework to treat and safely manage certain eligible patients who have been detained in hospital for treatment, in the community, whilst still being subject to powers under the Act.

6 new CTOs in the 2 quarters, January to June 2020. Benchmarking provided.



## **vi) Police Powers to Remove a Person to a Place of Safety under Section 136**

This section empowers a constable to remove a person from a public place to a place of safety if it is considered the person is suffering from mental disorder and is in immediate need of care or control.

Section 36 was enacted on 60 occasions during the 2 quarters.

Information from the Force Advisor on Mental Health, South Wales polices highlights a number of headline figures as regards to Section 136's across the force

- Reduction of 17% in s 136's across the force in 19/20 v 18/19
- The Health Board had a reduction of 58% in s 136's for 19/20 v 18/19
- The Health Board admissions were 38% the highest in the force area in the same period
- Repeats were 13% for s 136's in the same period
- As a force, South Wales are one of two forces in Wales and England that has seen a reduction in s 136's
- The success of the mental health triage together with the liaison work with police officers and hcp's in the Health Board has been pivotal in reducing the demand for all services.
- The force has made the decision at the end of the current pilot on 30<sup>th</sup> September to retain the mental health triage team with SWP funding.

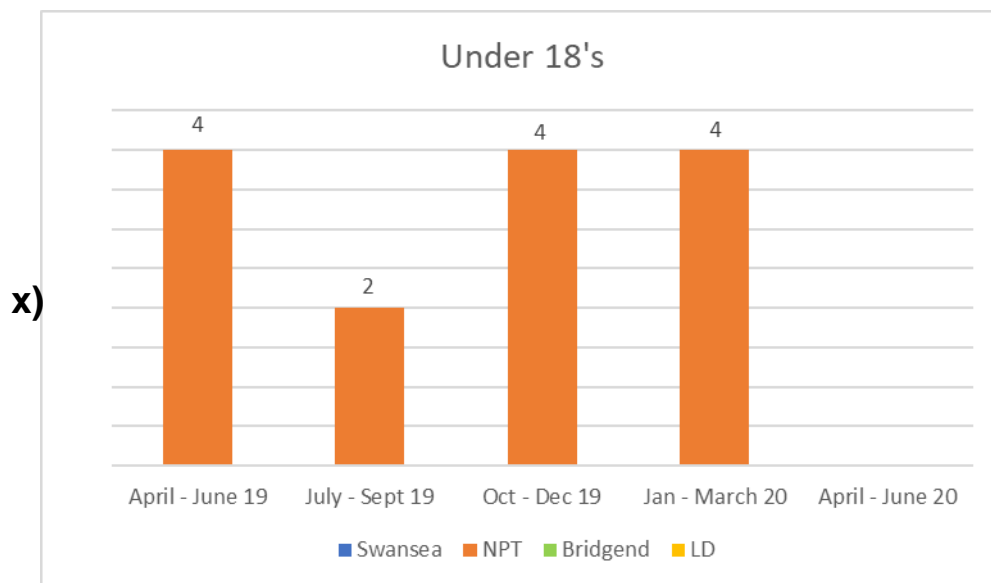
## **vii) Scrutiny of Documents**

Section 15 of the Act provides for certain admission documents which are found to be incorrect or defective to be rectified within fourteen days of the patient's admission. Rectification or correction is mainly concerned with inaccurate recording and it cannot be used to enable a fundamentally defective application to be retrospectively validated. See Appendix 1.

## **viii) Deaths of detained patients**

There were 2 deaths during the 2 quarters from 1<sup>st</sup> January 2020 to 30<sup>th</sup> June 2020.

## **ix) Admissions of under 18s to adult wards**



#### 4. Hospital Managers Power of Discharge Committee

This short briefing paper has been prepared to update the MH/LD Operational Legislation Group regarding arrangements for Hospital Manager Hearings, since the Covid-19 pandemic.

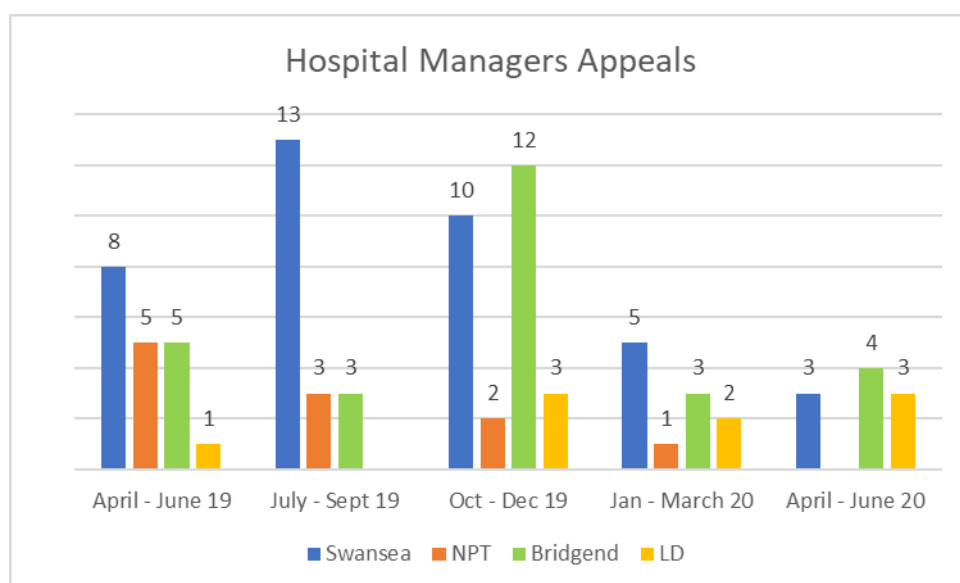
During the early stages of the Coronavirus (COVID-19) pandemic, it was necessary to suspend Hospital Managers' hearings, also known as Associate Managers' hearings, to limit the spread of the virus. However, due to the anticipated backlog of hearings SBUHB took the decision to reinstate Hospital Managers' Hearings, through the use of Microsoft Teams, and telephone conferencing. Over the past few months, the Mental Health Act Team has been successfully using Microsoft Teams as a platform for holding Hospital Managers Hearings. Overall, the response from Hospital Managers has been positive and enthusiastic, with the majority of panel members already experienced in the use of Teams. For those who did not have previous experience of using Teams, we have been able to offer support from the Informatics Department, which has been gratefully received by panel members.

Hospital Managers Hearings were successfully reinstated on 14 May 2020 with a member of the Mental Health Act Team present as the clerk for each hearing, to ensure the efficient running of the process, and to guide all participants through each stage. The 'backlog' of some 20+ hearings have been quickly cleared within the first few weeks of start-up, and hearings have continued on a regular basis. This was enabled by following the Welsh Government Guidance:

**‘Coronavirus: guidance for Local Health Boards and Independent Hospitals in Wales exercising Hospital Managers’ discharge powers under the Mental Health Act 1983’. Which suggested that:**

‘During the current COVID-19 crisis, it is suggested that a panel should not sit if the MHRT for Wales has considered the patient’s case in the last six weeks or is due to do so in the next eight weeks. This is in order to avoid duplication of effort and to save staff time. The patients’ right to liberty as set out in Article 5 (4) is protected by the MHRT for Wales, not the HMs’.

This shift to virtual hearings was entirely organised and executed by MHA Administrator Carly Handley.



#### **4. Healthcare Inspectorate Wales (HIW) Visits to Mental Health & Learning Disabilities Units**

No visits to the Mental Health and Learning Disabilities Delivery Unit have taken place during the period from January 1<sup>st</sup> 2020 to June 30<sup>th</sup> 2020.

#### **5. Recommendations**

- Training and awareness raising of errors through virtual communication being examined and the use of new software.
- A review of the current systems operating with the Mental Health Act team is currently taking place, to meet the changes in technology post Covid, to enhance and improve communication and finally to rectify errors quickly.



## Appendix 1

No.	Reason for detention without authority	Actions taken	By Whom
1.	<p><b>Caswell Clinic</b> <b>(Tenby Ward)</b></p> <p>Transfer Warrant that legally transfers the patient from Prison to Hospital had expired the day before transfer had taken place.</p> <p>Detention without authority: <b>38 Hours</b></p> <p><b>MHA department was made aware that the patient had arrived on the ward the previous day. Upon scrutinising the documents it appeared that the transfer warrant shortly before the patient arrived therefore making the detention without authority 38 hours.</b></p>	<p>Ward manager informed that detention is invalid.</p> <p>Doctor informed that detention is invalid and discussed whether further section needs to be applied.</p> <p>Doctor informed to make an entry in the patients' health record to document incident and outcome.</p> <p>Correspondence sent to patient to inform them of the incident.</p> <p>Incident Report Form completed.</p>	<p>MHA Administrator</p> <p>MHA Administrator</p> <p>MHA Administrator</p> <p>MHA Administrator</p> <p>MHA Administrator</p>
2.	<p><b>Morrison Hospital</b></p> <p>Patient was placed on Section 5(2) which was not timed by the Doctor, therefore making the detention invalid</p>	<p>Ward Managers informed that the detention was invalid.</p> <p>Doctor informed that the detention was invalid.</p> <p>Incident form was generated.</p> <p>Patient informed by letter</p>	<p>MHA Administrator</p> <p>MHA Administrator</p>

	<p>Detention without authority:</p> <p><b>72 hours</b></p> <p>Morriston hospital had posted the Section 5(2) rather than scanning it to the MHA Department therefore the documents wasn't scrutinised before the 72 hours.</p>	of error	MHA Administrator
3.	<p><b>Cefn Coed Hospital</b></p> <p><b>(Fendrod Ward)</b></p> <p>Section 2 Application had not been signed or dated by the AMHP</p> <p>Detention without authority:</p> <p><b>6 Hours</b></p>	<p>Ward manager informed that detention is invalid.</p> <p>AMHP contacted to inform them of error.</p> <p>Doctor informed that detention is invalid and discussed whether further section needs to be applied.</p> <p>Doctor informed to make an entry in the patients' health record to document incident and outcome.</p> <p>Correspondence sent to patient to inform them of the incident.</p> <p>Incident Report Form completed.</p>	<p>MHA Administrator</p> <p>MHA Administrator</p> <p>MHA Administrator</p> <p>MHA Administrator</p> <p>MHA Administrator</p> <p>MHA Administrator</p>
4.	<p><b>Morriston Hospital</b></p> <p>Patient was placed on Section 5(2) and was signed by Nurse</p>	<p>Ward Managers informed that the detention was invalid.</p> <p>Doctor informed that the detention was invalid.</p>	<p>MHA Administrator</p> <p>MHA Administrator</p>



	with wrong date.  Detention without authority:  <b>12 hours</b>	Incident form was generated.  Patient informed by letter of error	MHA Administrator
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## Appendix 2

### Report on exceptions and non-rectifiable errors on Mental Health Act statutory documents for the period 1 January 2020 – 31 March 2020

Hospital	Ward	Exceptions under Section 15 of the Act	By Whom	Section
CCH	Derwen	Reasons why neither doctor knew the patient not recorded on Form HO2	AMHP	2
LDS	Llwyneryr	Patients full name missing on HO14	Nurse	3
NPTH	G	Patient and Section details not entered onto form	Nurse	3
CCH	Fendrod	Patients name not entered on HO14	Nurse	2
NPTH	F	Patients name not entered on HO14	Nurse	3
NPTH	F	Patients name not entered on HO14	Nurse	3
LDS	Rowan House	Incorrect section details completed on HO14	Nurse	3
NPTH	F	Patients full name not entered on HO14	Nurse	3
NPTH	F	Patients full name missing on both HO8 forms	Dr	3
NPTH	F	Reasons why informal admission is not appropriate not completed on Form HO8	Dr	3
NPTH	F	Reasons why neither Dr had previous acquaintance not completed on Form HO6	AMHP	3
LDS	Hafod Y Wennol	Hospital address incorrect on Form HO2	AMHP	2
CCH	Fendrod	Nearest Relative Details not completed on Form HO2	AMHP	2
CCH	Clyne	Reasons why neither Dr had previous acquaintance not	AMHP	2

		completed on Form HO2		
CCH	Clyne	Incorrect Date entered on HO14	Nurse	2
CCH	Fendrod	Patients full name missing on Form HO2	AMHP	2
CCH	Fendrod	Patients full name not completed on Form HO14	Nurse	2
CCH	Onnen	Patients full name missing on Form HO6	Dr	3
CCH	Clyne	Patients full name missing on HO14	Nurse	3
CCH	Clyne	Patients full name not completed on Form HO6	AMHP	3
<b>Area</b>		<b>Non-correctable errors under Section 15 of the Act</b>	<b>By Whom</b>	<b>Section</b>
CCH	Fendrod	Application made on English Form A2 instead of Welsh Form HO2	AMHP	2
NPTH	F	Incorrect form used to discharge patient off Section. CP8 used rather than HO17	Responsible Clinician	3
CCH	Fendrod	Incorrect form to treat patient completed. Form CO8 instead of CO2 was used	Responsible Clinician	3
CCH	Fendrod	Full name of patient not entered on Form HO7 – joint medical recommendation.	Dr	2
CCH	Celyn	Reasons why informal admission is not appropriate not entered on Form HO3	AMHP	2
CCH	Onnen	Full name of patient not entered onto Form HO7	DR	3

**Report on exceptions and non-rectifiable errors on Mental Health Act statutory documents for the period 1 April – 30 June 2020**

<b>Hospital</b>	<b>Ward</b>	<b>Exceptions under Section 15 of the Act</b>	<b>By Whom</b>	<b>Section</b>
CCH	Fendrod	Postcode missing on Form HO2	AMHP	2
CCH	Derwen	Postcode missing on Form HO2	AMHP	2
CCH	Fendrod	Incorrect name entered on Form HO17	Responsible Clinician	2
CCH	Fendrod	Patients full name not entered on HO17	Responsible Clinician	2
NPTH	F	Patients name spelt incorrect on For HO8	Dr	3
NPTH	F	Date not entered on Form HO4	Dr	2
MPTH	F	Postcode missing on Form HO2	AMHP	2
TONNA	Suite 4	Information not entered on Form HO14	Nurse	2
NPTH	G	Patients full name not entered on Form HO14	Nurse	2
Caswell Clinic	Ogmore	Patients full name not entered on Form CO2	Dr	3
CCH	Clyne	Postcode missing on form HO17	DR	2
CCH	Fendrod	Reasons why neither Dr had previous acquaintance not entered on Form HO2	AMHP	2
CCH	Fendrod	Patients full name not entered on Form HO14	Nurse	2
NPTH	F	Nearest Relatives details not enetered on Form HO2	AMHP	2
CCH	Fendrod	Incorrect Date entered on HO14	Nurse	2
CCH	Fendrod	Patients full name missing on Form HO2	AMHP	2
CCH	Fendrod	Patients full name not completed on Form HO14	Nurse	2
CCH	Fendrod	Patients full name not entered on Form HO17	Dr	3

NPTH	F	Patients details not entered on Form HO14	Nurse	2
Tonna	Suite 4	Full address of hospital not entered on Form HO2	AMHP	2
NPTH	F	Patients full name not entered on Form HO14	Nurse	2
Morrison	Pembroke	Incorrect date entered on Form HO14	Nurse	2
CCH	Onnen	Patients full name missing on Form HO17	RC	2
NPTH	F	Patients full name missing on Form HO14	Nurse	2
NPTH	F	Reasons why neither Dr had previous acquaintance not completed on Form HO2	AMHP	2
NPTH	F	Patients full name missing on Form HO14	Nurse	2
NPTH	F	Patients full name missing on Form HO14	Nurse	2
Tonna	Suite 4	Hospital address incorrectly entered on Form HO14	Nurse	2
<b>Area</b>		<b>Non-correctable errors under Section 15 of the Act</b>	<b>By Whom</b>	<b>Section</b>
CCH	Fendrod	Expiry of date patient is liable to be detained not entered on Form HO15	RC	3
NPTH	G	Patients full name not entered on Form HO3 – Joint medical recommendation	DR	2
LDS	Hafod Y Wennol	Patients full name not entered on Form HO15	Responsible Clinician	3
LDS	Rowan House	Expiry of date patient is liable to be detained incorrectly entered on Form HO15	Responsible Clinician	3
Tonna	Suite 4	Postcode not entered on Form HO3	DRs	2
CCH	Clyne	Patients full address not entered	DRs	3

		on Form HO7		
CCH	Fendrod	Incorrect address entered on Form HO3	Drs	2
Taith Newydd	Rowan	Expiry of date patient is liable to be detained entered incorrectly on Form HO15	RC	3
Tonna	Suite 4	Incorrect address of hospital entered on Form HO3	Drs	2
CCH	Fendrod	Postcode not entered on Form HO3	Drs	2
NPTH	F	Postcode not entered on Form HO3	AMHP	2
NPTH	F	Patients full name not entered on Form HO3	DRs	2

## Appendix 3

### Hospital Managers Postponed/Adjourned 1 January – 31 March 2020

Postponed/Adjourned	Type of hearing	Date/time	Reason for postponement/adjournment	Outcome
Adjourned	Renewal of detention	03/01/2020 10am	Panel member did not attend.	Rescheduled hearing on 12/02/2020
Postponed	Renewal of detention	31/01/2020 10am	RC had to leave country due to family emergency	Rescheduled hearing on 24/03/2020 <b><i>however this was postponed due to Covid-19 pandemic</i></b>
Adjourned	Extension of CTO	07/02/2020 2pm	Care Coordinator failed to attend after advising panel that he was making his way.	Rescheduled hearing on 02/03/2020
Postponed	Extension of CTO	07/02/2020 2:45pm	Patient wanted hearing to take place at his supported accommodation, rather than in hospital.	Rescheduled hearing on 13/02/2020
Postponed	Renewal of detention	11/02/2020 10am	Social worker unable to attend	Rescheduled hearing on 24/02/2020
Postponed	Extension of CTO	18/02/2020 2:45pm	Patient was not originally attending hearing however, changed their mind so an alternative venue had to be sought	Rescheduled hearing on 18/03/2020 <b><i>However this was also postponed due to panel member becoming unwell</i></b>
Postponed	Application	28/02/2020 11:30am	Solicitor postponed on behalf of patient who wanted to wait until after a CTP meeting	Rescheduled hearing on 13/03/2020 <b><i>However this was postponed as patient's solicitor was not aware of the new date – a subsequent</i></b>

				<b><i>hearing planned for 24/03/2020 was also postponed due to the Covid-19 pandemic</i></b>
Postponed	Extension of CTO	06/03/2020 2pm	Patient CTO was revoked	Rescheduled hearing on 19/03/2020 <b><i>however this was postponed due to Covid-19 pandemic</i></b>
Postponed	Renewal of detention	13/03/2020 10:30am	Panel member reported as unwell	Rescheduled hearing on 23/03/2020 <b><i>however this was postponed due to Covid-19 pandemic</i></b>
Postponed	Extension of CTO	17/03/2020 10am	Panel member reported as unwell	Not rescheduled immediately due to Covid-19 pandemic
Postponed	Renewal of Detention	27/03/2020 2pm	All hearings postponed due to Covid-19 pandemic	Not rescheduled immediately due to Covid-19 pandemic



### Hospital Managers Postponed/Adjourned 1 April – 30 June 2020

Postponed/Adjourned	Type of hearing	Date/time	Reason for postponement/adjournment	Outcome
All 3 Hospital managers Hearings scheduled for <b>April 2020</b> were postponed due to the Covid-19 pandemic				
In line with Welsh Government Guidelines Hospital Managers Hearings are to be cancelled if either of the following apply: <ul style="list-style-type: none"> <li>if the MHRT for Wales has considered the patient's case in the last six weeks,</li> <li>or is due to do so in the next eight weeks.</li> </ul>				
Cancelled	13/05/2020 2:30pm	Renewal of detention	MHRT had sat within previous six weeks	
Cancelled	20/05/2020 10:30pm	Renewal of detention	MHRT due to sit within following eight weeks	
Postponed	29/05/2020 2pm	Renewal of detention	Solicitor unable to attend	Not rescheduled as yet
Cancelled	04/06/2020 2pm	Renewal of detention	MHRT due to sit within following eight weeks	
Postponed	05/06/2020 10:30am	Extension of CTO	Patient wanted a solicitor	Not rescheduled as yet
Adjourned	16/06/2020	Renewal of	Panel member had mistaken the time of the hearing and	Not rescheduled as yet

	11am	detention	attendees were unable to wait for them to arrive	
Postponed	18/06/2020 10:30am	Renewal of detention	RC asked for postponement as patient was on s 17 leave and about to be discharged	
Adjourned	22/06/2020 2pm	Renewal of detention	Panel unable to make a decision	
Postponed	24/06/2020 2pm	Renewal of detention	Patients solicitor unable to make the date	