

**Unconfirmed**  
**MINUTES OF THE**  
**MENTAL HEALTH LEGISLATION COMMITTEE**  
**HELD ON 6<sup>th</sup> MAY 2021 AT 9.30AM**  
**SBUHB HEADQUARTERS/MICROSOFT TEAMS**

<b>Present</b>	Stephen Spill Martyn Waygood Rab Mcewan Christine Williams Dai Roberts	Vice Chair (in the chair) Independent Member Interim Chief Operating Officer Interim Director of Nursing and Patient Experience Service Director, Mental Health and Learning Disabilities (until minute 38/21)
<b>In Attendance</b>	Rhonwen Parry Penny Cram Claire Mulcahy Diane Fletcher Nicola Edwards Stephen Jones	Head of Psychology and Therapies Interim Mental Health Act Manager Corporate Governance Manager Interim Head of Long Term Care (Minute 38/21) Head of Safeguarding (Minute 38/21) Unit Nurse Director, Mental Health and Learning Disabilities (Minute 39/21)

MINUTE		ACTION
30/21	<b>WELCOME AND INTRODUCTIONS</b>	
	Stephen Spill welcomed all to the meeting.	
31/21	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were received from Jackie Davies, Independent Member and Maggie Berry, Independent Member and Pam Wenger, Director of Corporate Governance.	
32/21	<b>DECLARATIONS OF INTEREST</b>	
	There were none.	
33/21	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	The minutes of the meeting held on 6 <sup>th</sup> February 2021 were <b>received</b> and <b>approved</b> as a true and accurate record.	
34/21	<b>MATTERS ARISING</b>	
	There were none.	
35/21	<b>ACTION LOG</b>	
	The action log was <b>received</b> and <b>noted</b>	
36/21	<b>MENTAL HEALTH ACT 1983 MONITORING REPORT</b>	

MINUTE		ACTION
	<p>A report providing an update on performance against the Mental Health Act 1983 was <b>received</b>.</p> <p>In introducing the report, Dai Roberts highlighted the following points:</p> <ul style="list-style-type: none"> <li>- The report presented the data for the period 1st January 2021 to 31<sup>st</sup> March 2021 together with comparison data for the previous 12-month period;</li> <li>- During the reporting period there had been 23 exceptions and no invalid detentions identified by the Mental Health Act (MHA) Department;</li> <li>- There were 3 admissions to Ward F at Neath Port Talbot Hospital those aged under 18 and work was underway to with Welsh Government colleagues to address the capacity issues for patients under the Child and Adolescents Mental Health Services (CAMHS);</li> <li>- There had been a 13% reduction in Section 136 due to the positive partnership working with South Wales Police ;</li> <li>- There was one death of patient under a Community Treatment Order (CTO) during the period;</li> <li>- The position within the MHA team was stable and two vacancies had been filled;</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Martyn Waygood made reference to 40% of hospital managers hearings being postponed, Penny Cram advised that the panel was adjourned on three occasions due to Hospital Managers not being able to make a decision. She advised that legal advice was sought and 'no discharge' should have been the outcome.</p> <p>Martyn Waygood queried the arrangements after the end of June in relation to the Mental Health Act (MHA) team. David Roberts informed that events were in the pipeline regarding permanent arrangements.</p> <p>Martyn Waygood was pleased to see no invalid detentions during the period. Penny Cram advised that it was encouraging to see the relationship building that has taken place between the MHA team and the wards.</p> <p>Steve Spill made reference to the usage of Section 5(2) being associated with poor processes and queried what was being done to address this. Penny Cram advised there had been issues of awareness of process on the general wards and the MHA Team were not receiving notification for some four to five days later. She advised the team were working closely with general wards to increase knowledge and training.</p> <p>In reference to the use of the bed on an adult acute ward for patients under the age of 18, Steve Spill queried if there was anything that could be done to limit the use. David Roberts advised that this had been a matter of concern for some time and discussions with Welsh Government had taken place with regards to it. It was hoped that the Welsh Government allocation for mental health would be used to target level 4 access for the CAMHS facility. This would take some</p>	

MINUTE		ACTION
	time to come to fruition but the hope that by the end of quarter 3 to 4 of 2021-22 there would be some progress.	
<b>Resolved</b>	The report be <b>noted</b> .	
<b>37/21</b>	<b>MENTAL HEALTH MEASURE 2010 MONITORING REPORT</b>	
	<p>A report providing an update on performance against the Mental Health (Wales) Measure 2010 (1<sup>st</sup> March 2020 to 28<sup>th</sup> February 2021) was <b>received</b>.</p> <p>In introducing the report, Dai Roberts highlighted the following points:</p> <ul style="list-style-type: none"> <li>- For Part 1a, which related to access to local primary mental health services (LPMHSS) for over 18's, compliance stood at 97.6% of assessments taking place within the 28-day referral period.</li> <li>- For Part 1b (interventions), 96.9% of interventions started within the 28 days following an assessment by LPMHSS;</li> <li>- For under 18's (CAMHS) compliance stood at 97.5% for assessments and 96.9% for interventions;</li> <li>- Part 2, which relates to care and treatment plans (CTPs), most recent data showed that 91% of patients who were in receipt of secondary mental health services had valid care and treatment plans in place at the end of the month;</li> <li>- Parts 3 and 4 of the measure (relating to self-referral and advocacy) were met throughout the period;</li> </ul> <p>In discussing the report, the following points were raised;</p> <p>Martyn Waygood commented that it was good to see performance figures for CAMHS figures back on track but queried whether this was sustainable. Dai Roberts advised that he would query the position with the health board's Commissioner but the recent allocation from Welsh Government should help and make the position more sustainable.</p> <p>In reference to the quality of Care and Treatment Plans, Martyn Waygood queried whether feedback had been received from patients themselves. Rhonwen Parry advised that the new audit standards required the co-production of the CTPs with patients, as well as the use of standard outcome measures which were patient focussed. There was also a patient experience working group. Martyn Waygood queried whether the Patient Experience Working Group fed into the Quality and Safety Governance Group and Rhonwen Parry undertook to find out.</p> <p>Rhonwen Parry further added that discussions were underway with regards to the reinstatement of face to face assessments. Dai Roberts advised that there had been a very successful digital offering in place for patient engagement and group therapy but the hope was that face to face reviews would resume. Rhonwen Parry advised that a standard operating procedure around face to face reviews was in development. Currently, a standardised letter was sent to patients which outlined what can be provided. There was a blended approach to therapy with some patients requesting face to face and others</p>	

MINUTE		ACTION
	taking up the virtual option which was helpful for those hard to reach patients.	
<b>Resolved:</b>	- The report be <b>noted</b> .	
<b>38/21</b>	<b>MENTAL CAPACITY ACT 2005 AND DEPRIVATION OF LIBERTY SAFEGUARDS MONITORING REPORT</b>	
	<p>Diane Fletcher and Nicola Edwards were welcomed to the meeting.</p> <p>A report providing an update on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) position for Quarter 4 was <b>received</b>.</p> <p>In introducing the report, Diane Fletcher and Nicola Edwards highlighted the following points;</p> <ul style="list-style-type: none"> <li>- In quarter 4, there were 167 referrals received, of those 25 were assessed by the 2 dedicated BIAs, the internal (not primary role) BIA's did not complete any assessments and the external BIAs assessed 22 resulting in 26 being granted;</li> <li>- The internal (not primary role) BIA's have not completed any assessments and work was underway to strengthen this arrangement and the development of a business case was in process;</li> <li>- The external BIA's assessed 39 of which 28 were granted, with 0 awaiting completion for the period Jan to March 2021 0 and 10 not granted as patients were either discharged/not a deprivation or died;</li> <li>- The cumulative number of discharges from 1<sup>st</sup> April to 31<sup>st</sup> March 2021 equates to 655, which includes 162 for quarter 4.</li> <li>- Although the number of breaches had reduced to 60 in quarter 4, most breaches were due to the continuing lack of BIA Assessors and COVID-19 restrictions.</li> <li>- Corporate Nursing colleagues had acknowledged the need to develop a business cases around DoLS and MCA and opportunities are being taken to progress this in quarter 1 of 2021-22;</li> <li>- Level 1 and Level 2 Safeguarding Training continues via an e-learning and Level 3, aimed at senior nurses continues via a virtual platform;</li> <li>- A webinar had been delivered by Swansea University and is accessible via SharePoint;</li> <li>- The Independent Mental Capacity Advocate service (IMCA) reported a consistent level of referrals despite the pandemic, and have acknowledged that the complexity of the cases is made more difficult by the circumstances surrounding the pandemic;</li> </ul> <p>In discussion, the following points were made;</p> <p>In relation to the Best Interest Assessment breaches, Christine</p>	

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	<p>Williams advised a review was taking place as to what was needed to improve the position and it had been identified that an increase in resource would help. The implementation of the Liberty Protection Safeguards would require an in depth review of the overall requirement. The review would be concluded within two to three months and reported to committee. Martyn Waygood queried whether the review would take account of the financial element in which the health board is under- financed in comparison to other health boards. Christine Williams advised that she was aware that the resource is insufficient and the review of the LPS would require the health board to consider what the requirement will be. There would be an option of utilising regional solutions and all areas would be considered.</p> <p>With regards to the 8A MCA management position, Martyn Waygood queried the progress on this. Diane Fletcher advised that this had been put forward but not progressed but it was now included as part of the business case.</p> <p>Stephen Spill queried the figures of BIA reviews in that only 35 out of 135 referrals for BIA assessment had taken place. Diane Fletcher advised that there were a number of reasons including the lack of BIA support and restricted access to the wards since April 2020. Stephen Spill queried who made the decisions in the absence of the BIA assessors. Diane Fletcher informed that guidance throughout COVID-19 set out that DoLS assessments were secondary to patient's treatment.</p> <p>Stephen Spill stated that the issue of BIA's would need to be brought to the attention of Board as a briefing and Christine Williams undertook to raise with Pam Wenger with regards to the timing.</p>	
<b>Resolved;</b>	<ul style="list-style-type: none"> <li>- The performance data for Quarter 4 – January to March 2021 (Appendix 1) and cumulative annual data for information only - April to March 2021 (Appendix 2 &amp; 3) were <b>noted</b>.</li> <li>- It was <b>noted</b> that further LPS guidance has been delayed due to the COVID-19 pandemic. The new implementation date, has been confirmed as April 2022;</li> <li>- Welsh Government Letter (Appendix 5) to set out governance arrangements to implement the Mental Capacity (Amendment) Act 2019 and to seek partner organisations' assurances that equivalent executive level engagement, planning and scrutiny is in place to deliver LPS implementation within your organisation was <b>noted</b>.</li> <li>- LPS Baseline Data Questionnaire SBU HB Response (Appendix 6) was <b>noted</b>.</li> </ul>	
<b>39/21</b>	<b>CARE AND TREATMENT PLANNING UPDATE</b>	
	<p>Stephen Jones was welcomed to the meeting.</p> <p>A report on progress following the review on Care and Treatment Planning was <b>received</b>.</p>	

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	<p>In introducing the report, Stephen Jones highlighted the following points;</p> <ul style="list-style-type: none"> <li>- The report provided updates on the status of the action plans, the internal audit cycle;</li> <li>- There was now a new audit schedule, audits would be undertaken twice yearly in September and April;</li> <li>- The audit is on the same basis as the NHS Delivery Unit audit and the scope of which has been extended to 17 areas within the three localities;</li> <li>- The outstanding recommendations from the Delivery Unit audit are risk assessment and risk assessment training;</li> <li>- Work is underway to establish the best mechanism to consider risk management. WARRN has been used as a tool across Wales but Welsh Government are further considering the most robust mechanism;</li> <li>- Risk assessment training was now being facilitated with a planned programme for implementation;</li> <li>- The committee were requested to endorse the conclusion of the NHS Delivery Unit action plan and move to the established audit process with feedback presented to committee;</li> </ul> <p>In discussion, the following points were made;</p> <p>Stephen Spill queried whether the results of the audit would be received at Quality and Safety Committee. Stephen Jones advised they would come via the report from the Mental Health Quality and Safety Group. Martyn Waygood commented that the results would warrant a further in depth report for Q&amp;S and this could be an agenda item later in the year.</p> <p>Martyn Waygood queried whether there was now a more robust process in terms of the audit scope. Stephen Jones informed that there was, with more Units involved and a more rigorous approach.</p> <p>In reference to page 9 of Appendix 1 in relation to risk management and Martyn Waygood commented on the varying levels of consistency. There was good practice in some areas but not in others and he stressed the need to ensure that the good practice is extended across the service. He also commented on the importance of taking the views of service users.</p> <p>Rhonwen Parry informed that external training had been commissioned for suicide and self-harm awareness on a national level, with the aim for it to be part of core competencies for all NHS staff.</p>	
<b>Resolved;</b>	<ul style="list-style-type: none"> <li>- The progress made and the improvements that have been achieved against the DU audit over the past 3 years were <b>noted</b>;</li> <li>- The findings of the internal Service Group audit conducted in September 2020 were <b>noted</b>;</li> </ul>	

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	<ul style="list-style-type: none"> <li>- The closure of the current action plans to be superseded by the plans being developed from the new audit was <b>endorsed</b>;</li> <li>- The receipt of the action plans from the latest audit cycle at the next Committee meeting was <b>agreed</b>;</li> </ul>	<b>SJ</b>
<b>40/21</b>	<b>ANY OTHER BUSINESS</b>	
	<p>(i) <u>Mother and Baby Unit at Tonna</u></p> <p>Martyn Waygood made reference to a recent article in the press which praised the new Mother and Baby Unit at Tonna Hospital and formally expressed his congratulations to all who were involved.</p>	
	<b>DATE OF THE NEXT MEETING</b>	
	The next meeting would take place on <b>Thursday, 5<sup>th</sup> August 2021</b>	