

Unconfirmed
MINUTES OF THE
MENTAL HEALTH CAPACITY LEGISLATION COMMITTEE
HELD ON 3RD AUGUST 2017
IN THE BOARD ROOM, HEADQUARTERS

Present	Charles Janczewski	Vice-Chairman (in the chair)
	Maggie Berry	Non-Officer Member
	Rory Farrelly	Director of Nursing and Patient Experience
In Attendance	Janet Williams	Head of Operations, Mental Health
	Lynda Rogan	Mental Health Act Manager
	Malcolm Jones	Service Manager, Mental Health (from minute 24/17)
	Liz Stauber	Committee Services Manager
	Sian Dolling	Service Manager, Mental Health (until minute 21/17)
	Jan Day	Caswell Clinic Occupational Therapy Team Leader (until minute 21/17)
	Louise Taplin	Occupational Therapy Technician (until minute 21/17)

MINUTE		ACTION
18/17	WELCOME AND INTRODUCTIONS	
	Charles Janczewski welcomed everyone to the meeting.	
19/17	APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Chantal Patel, Non-Officer Member; David Roberts, Service Director for Mental Health and Learning Disabilities; Steve Combe, Director of Corporate Governance and Alex Howells, Interim Chief Executive.	
20/17	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
21/17	PATIENT STORY	
	<p>Charles Janczewski welcomed Sian Dolling, Jan Day and Louise Taplin to the meeting and invited them to present the patient story, which highlighted the following points:</p> <ul style="list-style-type: none"> - The patient had been at Caswell Clinic for four years due to self-harming; - She had a number of mental health and personality conditions and her mental health varied from day-to-day; - Caswell Clinic staff had established a treatment plan which not only included medication, but also one-to-one sessions with staff and activities off the ward; - During her time at the hospital, the patient had learned how to express herself and ask for help; - The patient's hope for the future was to move into supported 	

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	<p>living accommodation but she acknowledged that she would need a specific package of care.</p> <p>In discussing the presentation the following points were raised:</p> <p>Charles Janczewski stated that while it was a short story, the impact was significant. Jan Day responded that patient stories should only last for three minutes as they lose their power after this and should also be told in the patient's voice.</p> <p>Maggie Berry commented that a safe environment with support could help patients with their rehabilitation and queried how plans were developed to relocate patients outside of hospital. Sian Dolling explained that the hospital covered six health board areas and so options varied by area. Janet Williams queried if patients returned to their original health board area. Sian Dolling confirmed that they did.</p> <p>Rory Farrelly sought details as to the learning from such stories. Jan Day advised that the story 'validated' the work undertaken by the hospital and the patient was very positive about the support she had received and the feeling of being safe. Sian Dolling added that the team had worked with the patient to develop the treatment plan and it was important to recognise that the patient's needs would vary day-to-day. As such, the plan needed to be flexible so the team did not have to wait for a doctor's review if her condition deteriorated.</p> <p>Maggie Berry queried the liaison process with other health boards for patients' relocation. Sian Dolling replied that all patients had a care co-ordinator within their local health board and links had also been established with continuing healthcare leads.</p> <p>Charles Janczewski noted that the patient was reliant on Caswell Clinic staff for support and queried how she could become more independent. Sian Dolling responded that it was important that staff helped her to develop life skills and a belief in herself. She added that the patient was already undertaking voluntary roles.</p> <p>Charles Janczewski stated the patient story was excellent and thanked the team for presenting it.</p>	
22/17	MINUTES OF THE PREVIOUS MEETING	
	<p>The minutes of the meeting held on 22nd February 2017 were received and confirmed as a true and accurate record except to note the following typographical error:</p> <p><u>10/17 Key Issues Arising from the Operational Group</u></p> <p>In discussing the minutes Rory Farrelly queried whether the training which had been postponed for ward F at Neath Port Talbot Hospital had been rearranged.</p>	
23/17	MATTERS ARISING	
	There were no matters arising.	
24/17	ACTION LOG	

MINUTE		ACTION
	<p>The action log was received and noted with the following updates:</p> <p>i. <u>Action Point 3 Key issues Arising from the Operational Group</u></p> <p>Janet Williams advised that while the training for Ward F had been arranged, it had been rescheduled for August 2017 due to service challenges. It had been made clear that the training must go ahead on this date.</p> <p>ii. <u>Action Point 4 Progress Update Action Plan Arising from Welsh Government's Report on Older People</u></p> <p>Charles Janczewski advised that he had discussed the action plan with David Roberts and was satisfied that there were no requirements for the committee.</p> <p>iii. <u>Action Point 6 Action Log</u></p> <p>Charles Janczewski confirmed that he and internal audit had attended meetings of the operational group.</p> <p>iv. <u>Action Point 7 Mental Health (Wales) Measure 2010 Performance Report</u></p> <p>Charles Janczewski advised that discussions had taken place with regard to children and adolescent mental health services (CAMHS) care and treatment plans and while the number was improving, more work was required.</p> <p>v. <u>Action Point 8 Care and Treatment Plans</u></p> <p>Rory Farrelly commented that the subject of care and treatment plans had been raised by Welsh Government at a meeting the previous day and as such he would share with them the report to be received as part of the meeting's agenda. Charles Janczewski added that positive feedback had been received from external assessors in relation to care and treatment plans at Angelton Clinic and Taith Newydd.</p>	
25/17	WORK PROGRAMME	
	The committee's work programme for 2016/17 was received and noted .	
26/17	MATTERS ARISING FROM THE OPERATIONAL GROUP	
	<p>An oral report of the meeting of the operational group was received.</p> <p>In introducing the report, Janet Williams advised that there were no matters arising from the operational group to draw to the committee's attention.</p>	
Resolved:	The report be noted .	
27/17	MINUTES OF THE POWER OF DISCHARGE COMMITTEE	
	The minutes of the Hospital Managers Powers of Discharge Committee held on 2 nd March 2017 were received and noted .	
28/17	DEPRIVATION OF LIBERTY SAFEGUARDS / MENTAL CAPACITY ACT PERFORMANCE REPORT	

MINUTE		ACTION
	<p>A report providing an update regarding deprivation of liberty safeguards (DoLs) standards was received and noted.</p> <p>In introducing the report, Rory Farrelly highlighted the following points:</p> <ul style="list-style-type: none"> - The health board's DoLs position had been included on the corporate risk register which had been reviewed by the Audit Committee; - The approach to best interest assessors had been reviewed and it had been agreed to train a further 15. <p>In discussing the report, Maggie Berry noted that there were 83 outstanding cases and queried if this was reducing. Rory Farrelly stated that at the start of the year the position had been 950, so performance was heading in the right direction. He added that it was important that the best interest assessors were given the time away from the day job to complete the assessments and with more about to be trained, the reduction in numbers should continue.</p>	
Resolved:	The report be noted .	
29/17	HEALTHCARE INSPECTORATE WALES ANNUAL REPORT 2016-17	
	<p>The annual report from Healthcare Inspectorate Wales (HIW) report was received.</p> <p>In introducing the report, Rory Farrelly highlighted the following points:</p> <ul style="list-style-type: none"> - The annual report had been received by the board at its June 2017 development session; - It outlined the findings of inspections undertaken and reemphasised the concerns raised immediately after a visit to Cefn Coed Hospital; - An inspection was currently in progress; - There was no evidence found that the health board was learning lessons from inspections and putting issues right. <p>In discussing the report, the following points were raised:</p> <p>Janet Williams advised that improvement groups were now being established across all sites and the findings of HIW visits part of the agendas. She added that the documentation process at Angelton Clinic had been complimented and this was to be used as the standard.</p> <p>Maggie Berry commented that it was important that the learning was used across the health board, not just the site to which it referred, as it should be common practice. Rory Farrelly advised that it had been made clear to all units that they needed to demonstrate lessons had been learned. He added that while it was to be accepted that there would be elements of variation, improvements needed to be evident as this was in the best interest of the patient.</p> <p>Charles Janczewski stated that there were four main themes outlined in the report for improvement and the onus was on the health board to build a relationship with HIW.</p>	

MINUTE		ACTION
Resolved:	The report be noted .	
30/17	MENTAL HEALTH ACT PERFORMANCE REPORT	
	<p>A report providing an update on performance against the Mental Health Act between January and June 2017 was received.</p> <p>In introducing the report, Janet Williams highlighted the following points:</p> <ul style="list-style-type: none"> - There had been 10 invalid detentions and analyses had been undertaken; - Three patients under the age of 18 had been admitted into adult services; - Five patients detained under the Mental Health Act had died; - Section four had been used on two occasions but converted to section two within 72 hours; - Nine patients had been readmitted; - HIW had visited wards F and G at Neath Port Talbot Hospital and no issues relating to the Mental Health Act had been identified; - A HIW visit to Angelton Clinic and Taith Newydd had resulted in compliments to the teams. <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry noted that some of the invalid detentions had been for a long period of time. Lynda Rogan advised that the department had been restructured and as such, all learning disabilities cases had been reviewed and some errors identified.</p> <p>Maggie Berry sought more details as to the support available for patients notified of an invalid detention. Lynda Rogan responded that a letter was sent apologising for the mistake, following which the key nurse would explain the situation further.</p> <p>Rory Farrelly noted that four of the invalid detentions had occurred at Morriston Hospital and questioned why this had happened as a flow chart was in place to outline the process in an acute hospital. Lynda Rogan responded that training had been arranged for the hospital to explain clinical staff's responsibilities under the Mental Health Act. Rory Farrelly commented that the flow chart was clear and the committee would need assurance at the next meeting that staff at Morriston Hospital were aware of the process. This was agreed.</p> <p>Rory Farrelly stated that a 'lessons learned' process was being undertaken for one particular case which had involved multi-agency working. He offered his thanks to all those involved as it had been difficult and complex.</p> <p>Charles Janczewski noted that one invalid detention had lasted for more than eight years and asked what assurance the committee could take that there would be no further cases. Janet Williams confirmed that an extensive review had been undertaken of all mental health and learning disabilities patients detained under the Mental Health Act and she was satisfied that there were no further errors.</p>	DR

MINUTE		ACTION
	<p>Charles Janczewski noted that the deaths of patients detained under the Mental Health Act were reported to HIW and queried if any themes had been identified. Lynda Rogan advised that the patients had been elderly.</p> <p>Charles Janczewski highlighted the restructuring of the Mental Health Act department and queried what learning had been achieved. Janet Williams commented that due to vacancy money, new posts were established to develop a central system to monitor and review detentions, which meant a safer environment for patients.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - An update be received at the next meeting that staff at Morriston Hospital were aware of the Mental Health Act process. 	DR
31/17	MENTAL HEALTH (WALES) MEASURE 2010 PERFORMANCE REPORT	
	<p>A report setting out compliance with the Mental Health (Wales) Measure 2010 between June 2016 and June 2017 was received.</p> <p>In introducing the report, Janet Williams highlighted the following points:</p> <ul style="list-style-type: none"> - The service continued to achieve parts one to four; - A meeting had taken place in June 2017 with Cwm Taf University Health Board to discuss the collation of CAMHS data; - The target in relation to care and treatment plans had been met and an audit was to take place to capture experience. <p>In discussing the report, the following points were raised:</p> <p>Charles Janczewski sought further details in relation to reporting CAMHS data. Malcolm Jones advised that this would record compliance with the tier one assessment and intervention target.</p> <p>Charles Janczewski queried the introduction of the part one and part two operational groups. Malcolm Jones responded that these were adult service mental health groups which focussed on operational and strategic services. He added that they were first implemented in Swansea and were to be established in Bridgend and Neath Port Talbot.</p> <p>Charles Janczewski noted that performance in relation to waiting times for interventions had dipped in April 2017 and questioned the reasons as to why. Malcolm Jones commented that an improvement had been evident since the previous year but the number of people awaiting one-to-one therapy was increasing. He added that he was chairing a group to improve performance and the first step was to understand the data in order to establish waiting lists for appropriate interventions.</p> <p>Charles Janczewski highlighted the regular meetings between Cwm Taf University Health Board which were chaired by ABMU's Assistant Director of Strategy. He added that he received updates from these meetings but it was yet to be established what the intended outcomes and actions would be. Maggie Berry suggested that the Assistant Director of Strategy be invited to a forthcoming committee meeting to provide an update from these discussions. This was agreed.</p> <p>Rory Farrelly commented that performance with regard to care and</p>	JAD

MINUTE		ACTION
	treatment plans for adult services appeared static. Malcolm Jones responded that the patient group changed regularly so there were often periods when plans were not in place as the patients were new.	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - A report be received from the Assistant Director of Strategy providing an update with regard to CAMHS meetings with Cwm Taf University Health Board. 	JAD
32/17	CARE AND TREATMENT PLANS (INCLUDING CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES)	
	<p>A report outlining care and treatment plans was received.</p> <p>In introducing the report, Janet Williams highlighted the following points:</p> <ul style="list-style-type: none"> - The unit was performing well in relation to compliance targets; - Clear themes were emerging following a quality check and areas requiring training had been identified; - An audit programme had been developed; - Satisfaction questionnaires were to be circulated to patients and carers. <p>In discussing the report, the following points were raised:</p> <p>Malcolm Jones stated that the target masked the purpose of the plans and while 90% of patients did have them, the quality needed to improve.</p> <p>Rory Farrelly commented that there was a model care and treatment plan which should be used as an audit tool. He added that principles from the older person's charter could also be used. Malcolm Jones advised that an audit team had been established and was using the all-Wales audit tool. Rory Farrelly responded that the all-Wales audit tool could be enhanced locally using the model care and treatment plan.</p> <p>Charles Janczewski stated it was unclear from the report with whom the results of the audit would be shared and the intended outcomes. He added that there was no indication as to how best practice would be shared and suggested that a further update be received at the next meeting. This was agreed.</p>	DR
Resolved:	<ul style="list-style-type: none"> - The report be noted. - A further update be received at the next meeting. 	DR
33/17	END OF LIFE CARE ISSUES	
	<p>An oral report regarding end of life care issues was received.</p> <p>In introducing the report, Charles Janczewski advised that the query had been raised at a previous meeting but there was no separate end-of-life pathway for patients with mental health or learning disabilities.</p> <p>In discussing the report, Rory Farrelly suggested that a report be received by the operational group to outline how the pathway was implemented and then in turn, this would be reported to the committee</p>	DR

MINUTE		ACTION
	as part of its regular update. This was agreed.	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - A report be received by the operational group as to the implementation of the end-of-life pathway for patients with mental health and learning disabilities. 	DR
34/17	MENTAL HEALTH AND CAPACITY ACT LEGISLATION COMMITTEE TERMS OF REFERENCE	
	The committee's terms of reference were received and approved without amendment.	LS
35/17	HOSPITAL MANAGERS POWERS OF DISCHARGE COMMITTEE TERMS OF REFERENCE	
	<p>The terms of reference for the Hospital Managers Powers of Discharge Committee were received.</p> <p>In discussing the terms of reference, Lynda Rogan suggested that the reference to directorates be changed to delivery units. This was agreed.</p>	LS
Resolved:	The terms of reference for the Hospital Managers Powers of Discharge Committee be approved , subject to the suggested amendment.	LS
36/17	MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE ANNUAL REPORT 2016/17	
	<p>The committee's annual report for 2016-17 was received.</p> <p>In discussing the report, the following points were raised:</p> <p>Maggie Berry noted that the committee's title within the report was incorrect and asked this to be updated.</p> <p>Rory Farrelly suggested that the DoLs position for the start and end of the year be included to demonstrate performance. This was agreed.</p> <p>Charles Janczewski asked that any further comments be sent to Liz Stauber by 18th August 2017.</p>	LS LS All
Resolved:	<ul style="list-style-type: none"> - The annual report be approved subject to suggested amendments. - Comments to be sent to Liz Stauber by 18th August 2017. 	LS All
37/17	HOSPITAL MANAGERS POWERS OF DISCHARGE COMMITTEE ANNUAL REPORT 2016-17	
	<p>The annual report for the Hospital Managers Powers of Discharge Committee was received.</p> <p>In discussing the report, Charles Janczewski asked that any comments be sent to Liz Stauber by 18th August 2017.</p>	All
Resolved:	<ul style="list-style-type: none"> - The annual report be approved subject to suggested amendments. 	LS

MINUTE		ACTION
	- Comments to be sent to Liz Stauber by 18 th August 2017.	All
38/17	STANDARD OF MEDICAL REPORTS TO MENTAL HEALTH REVIEW TRIBUNALS	
	<p>An oral report regarding the standard of medical reports to the mental health review tribunals was received.</p> <p>In introducing the report, Janet Williams advised that the unit medical director was to develop a standard reporting template.</p> <p>In discussing the report, the following points were raised:</p> <p>Rory Farrelly commented that the issue had been raised at a recent meeting with Welsh Government, highlighting the inconsistency of reports. He added that there needed to be a timeframe identified as to when the report template would be ready and a commitment that staff would be given the time to complete the reports. He suggested an update be received at the next meeting. This was agreed.</p> <p>Maggie Berry stated that it was important that the views of those receiving the reports were accepted by the authors and the input of the hospital managers needed to be valued. Rory Farrelly concurred, adding that the authors should be supported to develop the skillset to receive the feedback in a positive way.</p>	DR
Resolved:	<ul style="list-style-type: none"> - The report be noted. - An update in relation to the timeframe to develop a standard reporting template be received at the next meeting. 	DR
39/17	ISSUES TO BE REPORTED TO THE BOARD	
	Charles Janczewski stated these had been discussed during the meeting.	
40/17	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
41/17	DATE OF THE NEXT MEETING	
	The next meeting would take place on Thursday, 2nd November 2017, at 2pm, in the Board Room, Glanrhyd Hospital.	