

Unconfirmed
MINUTES OF THE
MENTAL HEALTH LEGISLATION COMMITTEE
HELD 7th FEBRUARY 2019
IN THE MILLENIUM ROOM, HEADQUARTERS

Present	Emma Woollett	Vice-Chair (in the chair)
	Martyn Waygood	Independent Member
	Jackie Davies	Independent Member
	Maggie Berry	Independent Member
	Gareth Howells	Director of Nursing and Patient Experience
	Dai Roberts	Service Director, Mental Health and Learning Disabilities
	Rhonwen Parry	Head of Psychology and Therapies

In Attendance	Lynda Rogan	Mental Health Act Manager
	Claire Mulcahy	Committee Services Officer
	James Hehir	Independent Member , Cwm Taf Health Board

MINUTE		ACTION
01/19	WELCOME AND INTRODUCTIONS	
	Emma Woollett welcomed everyone to the meeting, in particular James Hehir, Independent Member from Cwm Taf, who was observing the meeting in anticipation of the Bridgend boundary change.	
02/19	APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Chris White, Chief Operating Officer; Pam Wenger, Director of Corporate Governance and Ian Stevenson, Partnership and Development Support Manager.	
03/19	DECLARATIONS OF INTEREST	
	There were none.	
04/19	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting held on 7th November 2018 were received and confirmed as a true and accurate record.	
05/19	MATTERS ARISING	
	<u>CAMHS Bed Position</u> An update was received with regards to the CAMHS bed at Neath Port Talbot Hospital. Gareth Howells highlighted the following points: <ul style="list-style-type: none"> • The CAMHS bed in Ward F was a default for when there was lack of capacity at the CAMHS unit. • He felt confident that this was operationally managed within the guidelines. • He was making links with the National CAMHS working group. 	

MINUTE		ACTION
	<ul style="list-style-type: none"> • He informed that historically there had been capacity at Ty Lydiard, which was a purpose built unit, but in recent years, the bed numbers had been reduced. • A WHSSC working group meeting had been arranged for March in which he would enquire as to whether the reduction of beds was a permanent arrangement and what options there were for a dedicated CAMHS bed at the NPT unit. <p>Emma Woollett commented that it would be useful to know whether other health boards have children in adult beds and whether this was a national issue. David Roberts informed that all health boards in South Wales had this arrangement and hold a CAMHS bed on an adult ward to deal with emergencies. Emma Woollett responded that what was important was how frequently the emergency bed was required. It appeared that this was most months for ABMU, which was too frequent to be described as emergency use only.</p> <p>Rhonwen Parry further added that this was bigger than the CAMHS bed itself and was linked to Needs Assessments across CAMHS. She informed that the CAMHS working group was sighted on this high-risk issue and work was underway to resolve.</p> <p>It was agreed that this should remain on the agenda.</p>	GH
06/19	ACTION LOG	
	<p>The action log was received and noted with the following updates:</p> <p>(i) <u>Action Point 2</u></p> <p>Emma informed that this should be within the service level agreement. She was due to have a conversation with Joanne-Abbot Davies as to how it could be reported to the committee and would update at the next meeting</p> <p>(ii) <u>Action Point 10</u></p> <p>Dai Roberts informed that due to the Bridgend boundary change, there had been discussion regarding the relocation of the mental Health Act Team with the options being explored in Swansea and Headquarters, Baglan.</p>	
07/19	COMMITTEE'S SELF ASSESSMENT	
	<p>A report to inform the committee of the opinions received as part of the self-assessment was received.</p> <p>Feedback from the self-assessments showed a need to focus on the following areas for the improvement of the committee: structure and reporting mechanisms, administration improvement, the robustness of data and training.</p> <p>Emma Woollett stated she felt that there seemed to be a lack of executive structure surrounding the committee. She stated that it was important for the committee to have a single point of contact, in which there would be designated person to oversee and take ownership. She added that it still felt as though anything related to mental health came to this committee where in fact other committees should be dealing with</p>	EW

MINUTE		ACTION
	<p>the quality and performance aspects of mental health service provision. Emma undertook to discuss this with Pam Wenger. David Roberts made the comment that the Committee had improved enormously since the internal audit review in 2015.</p> <p>Emma Woollett also made the point that across the organisation the understanding of mental health legislation needed to improve; Jackie Davies concurred and stated she felt the Service Delivery Units did not have a grasp on the legality. There needed to be single lead to oversee Mental Capacity Act compliance across the health board. Gareth Howells informed the committee that he had recently recruited a safeguarding lead and mental capacity and DOLS would sit under her remit once the Bridgend boundary change had been established</p> <p>Discussion ensued regarding inviting internal audit to the committee to seek their views. Emma undertook to have a discussion with Pam Wenger about how best to ensure that the committee fulfilled its terms of reference in relation to mental health legislation and that non-legislative issues relating to mental health were adequately covered in other board committees, notably Performance and Finance Committee and Quality and Safety Committee.</p> <p>Regarding training, Martyn Waygood informed that there was free training provided by Blake Morgan solicitors on mental health legislation, which would be beneficial to committee members. Claire Mulcahy undertook to make the enquiries.</p>	<p>EW</p> <p>CM</p>
Resolved	<ul style="list-style-type: none"> - Emma Woollett to have discussions with Pam Wenger regarding the executive structure underpinning the committee and about how to ensure that the committee fulfilled its terms of reference in relation to mental health legislation with non-legislative issues relating to mental health being adequately covered in other committees.. - Claire Mulcahy to make enquiries regarding the mental health legislation training with Blake Morgan Solicitors. 	<p>EW</p> <p>CM</p>
08/19	WORK PROGRAMME	
	<p>The Committee received the work programme for 2019/20.</p> <p>Emma Woollett informed members that there would be ward walk-around at Ward F, Neath Port Talbot hospital, which would take place before the committee on the 9th May 2019. Claire Mulcahy undertook to contact Sue Sharpe to make the arrangements.</p> <p>Martyn Waygood raised the point that there needed to be more structure around Independent Member inductions with relation to visits of particular sites and areas. Emma undertook to speak with Pam Wenger on this.</p>	<p>CM</p> <p>EW</p>
Resolved	<ul style="list-style-type: none"> - Claire Mulcahy to make arrangements for the Ward F visit on the 9th May 2019. - Emma Woollett to speak with Pam Wenger with regards to the Independent Member inductions. - The work programme for 2019/20 was noted. 	<p>CM</p> <p>EW</p>

MINUTE		ACTION
09/19	MENTAL HEALTH ACT 1983 - MONITORING REPORT	
	<p>A report providing an update on performance against the Mental Health Act 1983 was received.</p> <p>In introducing the report, Lynda Rogan highlighted the following points:</p> <ul style="list-style-type: none"> - During the reporting period, there had been three exceptions and three invalid detentions identified by the Mental Health Act (MHA) Department; - Two under 18's had been admitted to an adult acute ward for a period of one day. - Section 4 had been applied on four occasions; all patients had their Section 4 converted to Section 2 with the 72 hour period allowed. - The nurses holding power under section 5(4) of the Act was used on three occasions; this was necessary as it was not practicable to secure the immediate attendance of a doctor to furnish a report under section 5 (2). - During the reporting period there were no visits by HIW to hospital wards or units in the Mental Health and Learning Disabilities Unit. - Training for qualified staff on the receipt and scrutiny of Mental Health Act documentation was continuing across all mental health hospital sites and learning disability units. <p>In discussing the report, the following points were raised:</p> <p>Lynda Rogan raised the point that the Mental Health Units had few errors and that the majority of defects occurred on the general wards. She advised this could be due to lack of training but informed that although every effort was made to train as many staff as possible, the MHA team are relatively small and are unable to train everyone. Martyn Waygood observed that illegal detentions posed a reputational risk for the Health Board and were not acceptable. It was agreed that greater accountability for legislative requirements was needed across general wards, and there was discussion about how we could be assured that our processes were robust. It was agreed that a peer review or an internal audit might be appropriate.</p> <p>Discussion ensued surrounding Appendix 2, which sets out the reasons for the postponement or adjournment of hospital manager hearings. Emma Woollett stressed that it was clear that hospital manager's process was not working. Jackie Davies highlighted that reasons for postponements were due to the non-attendance of those responsible and the inadequacy of the documentation. Lynda Rogan added that there were pockets of resistance throughout the organisation and the mental health act team were always chasing for attendance. Emma raised the question of where the responsibility of these hearings sat within the organisation. She stated the Committee needed assurance that someone was taking ownership. Gareth Howells and Dai Roberts undertook to clarify this.</p>	<p>GH</p> <p>GH/DR</p>

MINUTE		ACTION
	Dai Roberts gave his thanks to Lynda Rogan for her preparation of the report and her attendance at the meeting.	
Resolved:	<ul style="list-style-type: none"> - Peer review or internal audit on the processes for complying the with the Mental Health Act on general wards - Gareth Howells and Dai Roberts to make enquiries as to who is responsible for the hospital manager's hearings. - The report be noted. 	GH GH/DR
10/19	MENTAL CAPACITY ACT (MCA) MONITORING REPORT	
	<p>A report providing an update on performance against the Mental Capacity Act 2005 was received.</p> <p>In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - Staff training for Mental Capacity Act Level 1 and 2 was available as an e-learning course although there continued to be difficulties obtaining compliance figures from the ESR system. - The MCA Level 3 Workshop was delivered each month by lecturers from Swansea University. - During the period October – December 2018, the IMCA provider service, Mental Health Matters, received 25 instructions for an Independent Mental Capacity Advocate (IMCA) from the health board. - The Primary Care and Community Service Delivery Unit had recently appointed two substantive Best Interest Assessors. - The corporate safeguarding team were working to establish an effective way to record the number of occasions where best interest decisions were made and this will be reported via the Safeguarding Committee. - There were currently 13 ongoing Court of Protection DoLS cases that the legal team were engaged in involving ABMU. - There is currently no dedicated lead for MCA and DoLS and this has been put onto the risk register. Funding for the MCA/DoLS Officer that had been funded by the three local authorities, will soon lose the contribution from Bridgend due to the impending Bridgend boundary change. This is also a cost pressure for the health board. <p>In discussing the report, the following points were raised:</p> <p>With regards to the training data for MCA and DoLS , Gareth Howells informed that the ESR data does not correlate with the information that the service delivery units obtain for their unit performance reports and this needed to be explored further.</p> <p>Emma Woollett stated that a training needs analysis was needed; from the information provided, it felt that there was inadequate coverage of</p>	GH EW

MINUTE		ACTION
	<p>MCA and DoLS training, and that this should be part of mandatory training. Emma Woollett undertook to raise at the next Workforce and OD Committee.</p> <p>Regarding the MCA and DoLS model itself, Jackie Davies highlighted that the Cwm Taf and ABMU models for were very different. She stated that Cwm Taf's model was the safest and clearest in that they had a dedicated team. Gareth Howells stated that ABMU would look to adopt the Cwm Taf model once the Bridgend transfer was completed. He commended Jason Crowl for the great work he had undertaken in the interim but stated the health board needed a clear model in place going forward. Jackie Davies concurred and commented that any posts for the dedicated team needed to be advertised and approved as soon as possible and should not wait until the transfer of Bridgend had taken place.</p>	
Resolved:	<ul style="list-style-type: none"> - Discrepancy between ESR data and that provided by delivery units in relation to MCA and DoLS training to be investigated - Emma Woollett to raise the issue of training needs analysis for MCA and DoLS at the next Workforce and OD Committee - The report be noted. 	<p>GH</p> <p>EW</p>
11/19	DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS) UPDATE	
	<p>A report providing an update regarding (DoLS) standards was received. In introducing the report, Gareth Howells highlighted the following points:</p> <ul style="list-style-type: none"> - Internal Audit had completed a follow-up review and the health board wide DoLS position remained at a limited assurance level; - A review into the reasons why delays occur in the system has been undertaken, resulting in a clearer understanding of the underlying causes which has informed the action plan; - The Supervisory Body (Primary Care and Community Services Delivery Unit) is taking a lead role in working through the Internal Audit action plan and managing the implementation of the DoLS improvement plan; - Managing Authorities (Singleton, Morriston, NPT, POW, Gorseinon and Maesteg and the Mental Health and Learning Disabilities Delivery Unit) will be working to address some of the issues which lead to delays. <p>In discussing the report, the following points were raised:</p> <p>Emma Woollett queried whether a delay in DoLS assessment would cause a delay in patient care. Gareth Howells confirmed that this would be this case. Emma Woollett stated this was a huge risk to the patient and to the health board.</p> <p>Jackie Davies commented that a DoLS team structure was not in place and stated assurance was needed that it would be going forward. Gareth Howells assured that there was focus on improving the structure. He pointed out that this needed to be an organisational commitment and</p>	

MINUTE		ACTION
	<p>operationalising this would be everyone's responsibility. Jackie Davies concurred and stated that the message needed to be at a health board level.</p> <p>With regards to the appendices (internal audit reports), Jackie Davies highlighted the point of the discrepancy between the manual records and the DoLS database. There were 15 breaches reported on incident forms but 170 were recorded on the DOLS database. She commented that it appeared the importance and relevance of DoLS was not understood at a ward level. There needed to be local ownership of it on each ward.</p> <p>Martyn Waygood commented that it was concerning that there were 21 best interest assessors waiting to be deployed but were delayed due to DBS checks. He stated he felt that DoLS was not dealt with seriously enough across the health board and its profile needed to be raised for the most vulnerable group of patients.</p> <p>Emma asked the question of whether DoLS had been placed on the health board risk register, Gareth Howells informed that this was the case and he would be the designated lead for it.</p> <p>Emma summarised the discussion, commenting that there was now evidence of progress and grip of the action plan through the Supervisory Body but that the issue remained a high risk for the organisation. It is imperative that the importance of DoLS is recognised by the whole organisation, not within mental health services; indeed the impact of DoLS delays is more likely to be in non-mental health services than in mental health services.</p>	
Resolved:	- The report be noted .	
12/19	MENTAL HEALTH MEASURE MONITORING REPORT	
	<p>A report providing an update on performance against the Mental Health (Wales) Measure 2010 (1st April to November 2018) was received.</p> <p>In introducing the report, Dai Roberts highlighted the following points:</p> <ul style="list-style-type: none"> - For Part 1a, which related to access to primary mental health services, ABMU met the target of 80% for the seven months excluding CAMHS data; - For Part 1b (interventions), ABMU met the target for the seven months including and excluding CAMHS data; - Part 2, which relates to care and treatment plans, was met in six out of seven months. Compliance was achieved and sustained since August; - Parts 3 and 4 of the measure (relating to self referral and advocacy) were met throughout the seven months. - The Health Board has regular meetings with Cwm Taf University Health Board to review and discuss performance and the quality of care in CAMHS. <p>Dai Roberts informed that access to psychological therapies across ABMU had improved enormously. This was due to the 'Matrics Cymru'</p>	

MINUTE		ACTION
	initiative, which sets the 26-week target for patient access into the services. He stated that the health board had hit this target at the end of January and hundreds of patients had been seen in the last few months.	
Resolved:	The report be noted .	
13/19	CARE AND TREATMENT PLANNING IN MENTAL HEALTH AND LEARNING DISABILITIES – EXECUTIVE SUMMARY	
	<p>An executive summary regarding the progress regarding the NHS Wales Delivery Unit's Care and Treatment Planning (CTP) report was received.</p> <p>In introducing the report Dai Roberts highlighted the following points:</p> <ul style="list-style-type: none"> - Locality plans had been developed that incorporate the actions specifically identified for that locality; - Clear guidelines had been given to all staff that a multidisciplinary process is to be the default position; - A refresher-training framework was being developed to consider CTP's being central to care planning. An engagement strategy was being developed to ensure all CTPs are person centred and involve service user groups, third sector and advocacy groups; - All of the action plans submitted have identified; objectives, actions, accountability through identified leads, start dates, projected completion dates and monitoring arrangements. <p>In discussing the report the following points were raised:</p> <p>Dai Roberts commented that there appeared to be a lack of accountability with regards to the care and treatment plans. All the professionals involved in care and treatment planning needed to comply with the recommendations. Jackie Davies queried whether CTPs could form part of the clinical performance reviews. Dai Roberts concurred and Emma Woollett undertook to raise with Richard Evans, Medical Director.</p> <p>Martyn Waygood observed with regards to the action plans, that some did not have 'completed by' dates and commented there need to be a level of consistency. Dai Roberts undertook to ensure this was corrected.</p> <p>The committee requested that an update on the progress and assurance that actions had been completed would be received at the August 2019 committee.</p>	<p>EW</p> <p>DR</p>
Resolved	<ul style="list-style-type: none"> - The committee noted the locality plans and overall response to the NHS Delivery Unit's Report on Care and Treatment Planning. - Emma Woollett to enquire whether CTPs could form part of the clinical performance reviews. 	EW

MINUTE		ACTION
	<ul style="list-style-type: none"> - Update on progress and assurance that actions have been completed to be received at the August 2019 committee. 	DR
14/19	CAMHS SCRUTINY INQUIRY PANEL – LETTER TO CABINET MEMBER	
	<p>A letter sent from the Child and Adolescent Mental Health Services Scrutiny Inquiry Panel to the Cabinet Member for Children's Services was received by the Committee.</p> <p>In discussing the letter, Emma Woollett commented that it was pleasing to see positive news about the CAMHS services provided by ABMU.</p> <p>Martyn Waygood did raise his concern with regards to one point within the letter about CAMHS referrals being blocked by the school. Gareth Howells undertook to raise and make enquiries about this at the Safeguarding Board.</p>	GH
Resolved	<ul style="list-style-type: none"> - Gareth Howells undertook to raise and make enquiries regarding the CAMHS referrals at the Safeguarding Board. - The report be noted. 	GH
15/19	ANY OTHER BUSINESS	
	<p>James Hehir thanked the Chair for allowing him to attend the committee as an observer and extended the invitation to Emma Woollett to attend one of Cwm Taf's Mental Health Legislative Committees.</p> <p>There was no further business and the meeting was closed.</p>	
16/19	DATE OF THE NEXT MEETING	
	The next meeting would take place on 9th May 2019 at Neath Port Talbot Hospital .	