

Unconfirmed
MINUTES OF THE
MENTAL HEALTH LEGISLATION COMMITTEE
HELD ON 5TH NOVEMBER 2020 AT 9.30am
MILLENNIUM ROOM, SBUHB HEADQUARTERS/MICROSOFT TEAMS

Present	Martyn Waygood	Interim Vice Chair (in the chair)
	Jackie Davies	Independent Member
	Christine Williams	Interim Director of Nursing and Patient Experience
	Chris White	Director of Primary Care, Community and Mental Health
	Pam Wenger	Director of Corporate Governance
	Dai Roberts	Service Director, Mental Health and Learning Disabilities
In Attendance	Pam Wenger	Director of Corporate Governance
	Penny Cram	Interim Mental Health Act Manager
	Claire Mulcahy	Corporate Governance Manager
	Tanya Spriggs	Interim Unit Nurse Director (Minute 43/20)
	Georgia Pennells	Corporate Governance Administrator

MINUTE		ACTION
35/20	WELCOME AND INTRODUCTIONS	
	Martyn Waygood welcomed all to the meeting.	
36/20	APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Maggie Berry, Independent Member and Nicola Edwards, Head of Safeguarding.	
37/20	DECLARATIONS OF INTEREST	
	There were none.	
38/20	MINUTES OF THE PREVIOUS MEETING	
	The minutes of the meeting held on the 6 th August 2020 were received and approved as a true and accurate record.	
39/20	MATTERS ARISING	
	There were none.	
40/20	ACTION LOG	
	The action log was received . (i) <u>Action Point 1</u> Christine Williams advised that a meeting had taken place to discuss the health board requirements for Best Interest Assessors (BIA's) as there wasn't the capacity to release internal BIA's from the units, the proposal was to appoint substantive BIAs to ensure assessments	

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	<p>were carried out in a timely and robust manner. A business case would be progressed but due to COVID this has been scheduled towards the end of the financial year. Jackie Davies commented that vast improvement was made in this area when substantive BIAs were employed by the health board.</p> <p>Martyn Waygood requested that the committee is updated on the position in February 2021.</p> <p>(ii) <u>Action Point 4</u></p> <p>Jackie Davies advised that Associate Hospital Managers were now receiving the confidential papers for hearings via email. With regards to IT equipment, this was all in hand and work was underway to provide equipment to those that require it.</p>	CWilliams
Resolved:	<ul style="list-style-type: none"> - Update on the position of best interest assessors be provided in February 2021; - The action log be noted. 	CWilliams
41/20	WORK PROGRAMME 2020/21	
	<p>The work programme for 2019/20 was received and noted.</p> <p>Pam Wenger commented that there was the need to be as flexible as possible in response to COVID -19. As it stands the plan is to go ahead with the committee scheduled for February 2021.</p> <p>Chris White further commented that as this committee forms part of the health board's legislative framework, it was important to continue these 'check points' to ensure we are fulfilling our legislative duties.</p>	
42/20	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, Dai Roberts highlighted the following points:</p> <ul style="list-style-type: none"> - During the reporting period 1st July 2020 to 30th September 2020, there had been 37 exceptions and no invalid detentions identified by the Mental Health Act (MHA) Department; - There were no breaches of the Mental Health Act in relation to in-patients admitted who were under the age of 18; - There were currently 5 new community treatment orders (CTO) in place as at 30th September 2020. One CTO was allowed to lapse in July due to unforeseen circumstances surrounding consultant cover; - During the period, 22 Hospital Managers' panels had taken place, of which 3 were postponed and 1 was adjourned. Overall performance in this area had improved; - There was 1 Healthcare Inspectorate Wales Tier 1 quality check undertaken on Newton Ward in Caswell Clinic in August. The review focussed on the ward's preparedness for and response to COVID 19, and was largely positive with two 	

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	<p>areas of improvement identified;</p> <p>In discussing the report, the following points were raised:</p> <p>Jackie Davies commented that it was evident improvements had been made but it would be helpful for this to be visualised within the report for comparison purposes. Dai Roberts undertook to provide information from the previous eight quarters in the next iteration of the report.</p> <p>With regards to the number of rectifiable errors, Jackie Davies highlighted the importance of attention to detail. She made reference the health board's policy for the administration of medicine, in which there is a process where managers are required to support those individuals who have made errors to ensure continual learning. She advised that this process had been effective in driving down the number of errors.</p> <p>Penny Cram replied that in terms of rectifiable errors, the process had been followed robustly, the current process within the MHA team is to return in-correct documentation accompanied with a letter from the Head of Operations setting out the reasoning for the return of documentation. There had been an improvement in the numbers of errors needing to be rectified. She further added that the above proposal from Jackie Davies could be incorporated into the process already in place. Jackie Davies requested that information with regards to the return of in-correct documentation is included within the next iteration of the report.</p> <p>Martyn Waygood made reference to the non-rectifiable errors set out in page 11 of the report, stating how important it was for these to also be addressed. Penny Cram replied that there was an ongoing training programme in place, with two sessions planned that are directed at newly qualified student psychiatrists and mental health nurses. The training would reiterate the importance of the legal requirements and to follow the process through flowcharts etc.</p> <p>Martyn Waygood made reference to the community treatment order lapse due to consultant cover not being provided. Dai Roberts assured that this was not a usual occurrence but undertook to raise this with the Unit Medical Director to ensure this does not happen again.</p>	<p>DR/PC</p> <p>DR/PC</p>
Resolved	<ul style="list-style-type: none"> - Information from the previous eight quarters be included in the next iteration of the report; - Dai Roberts to raise the issue of consultant cover in relation to the lapsed community treatment order with the Unit Medical Director; - The report be noted. 	<p>DR/PC</p> <p>DR</p>
43/20	MENTAL CAPACITY ACT 2005 AND DEPRIVATION OF LIBERTY SAFEGUARDS MONITORING REPORT	
	A report providing an update on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) position for Quarters 1 and	

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	<p>2 was received.</p> <p>In introducing the report, Tanya Spriggs highlighted the following points;</p> <ul style="list-style-type: none"> - In quarter 1, there were 176 referrals received, of those 54 were assessed by the 2 dedicated BIAs, the internal (not primary role) BIA's did not complete any assessments and the external BIAs assessed 1 resulting in 38 being granted; - In quarter 2, there were 177 referrals received, of those 48 were assessed by the SBUHB dedicated BIAs, of which 22 were granted, with 8 awaiting completion and 18 not granted as patients were either discharged/not a deprivation or died; - The cumulative number of discharges for the first quarter was 117, whilst in the second it was 64; - The DoLS team have continued to work to complete actions within the internal audit report; - Although the number of breaches have reduced, most breaches were due to the continuing lack of BIA Assessors and COVID restrictions. A business case was being progressed to strengthen the team to include more substantive BIAs and an 8A management post; - Safeguarding training had been suspended in March in response to COVID-19. In July 2020, the first session of virtual MCA training was delivered by Swansea University and feedback was positive; - The Independent Mental Capacity Advocate service (IMCA) reported a consistent level of referrals despite the pandemic. Their process had been adapted and contact was now provided via phone or video conferencing services; - During the pandemic, there had been no adjustments made to MCA and DoLS legislative responsibilities, - There were ongoing risks to health board compliance with legislation due to the following; the lack of availability of BIA assessors, restrictions to visiting patients on wards, reduced footfall on hospital sites and limited ability to undertake remote assessments i.e. lack of equipment; - In terms of breaches, there was significant improvement in compliance however 46.5% of referrals breached; - The new date of implementation for the Liberty Protection Safeguards legislation is April 2022; - One of the most significant challenges for the health board would be ensuring that all wards are fully up to date with the new legislation; <p>In discussion the report, the following points were raised;</p> <p>With regards to the decision of assessments not being carried out due to COVID-19 restrictions, Jackie Davies queried where this had been agreed. Tanya Spriggs assured that guidelines were followed</p>	

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	<p>and quality impact assessments (QIAs) were undertaken via the reset and recovery process. Jackie Davies queried whether this decision had been challenged as the health board had a legal requirement to complete best interest assessments. Christine Williams agreed in terms of challenge but assured that the QIA was a robust process used in the stepping down of services and each decision would have been considered by the executive lead.</p> <p>Jackie Davies made reference to the 8A management post within the MCA/DoLS team and queried whether this was just a supervisory post for BIA's. Tanya Spriggs advised that the post was more than just DoLS and included MCA compliance within it. She added that the health board did not have a lead currently and this would be a combined role rather than a supervisory role for BIA's. This post would put the health board in line with other health boards in Wales.</p> <p>Christine Williams informed that when the infrastructure was considered, it was ensured that the 8A role would be a wider role to ensure compliance with standards and also the management of the team. The role would also support training and visibility for the MCA across the health board. With regards to the current substantive BIA's within the team, Tanya Spriggs further assured that their roles were not just about carrying out assessments, their role involved softer training, coaching and support for ward staff. Their knowledge and approach was excellent.</p> <p>Martyn Waygood stated that he hoped to see progress in this area in terms of the business case and funding. The health board appeared to be out of sync with other health boards in Wales in terms of MCA staff resources. He felt reassured by the proposal of an 8A post as this would give a much greater focus for MCA and DoLS across the board.</p>	
Resolved	The report be noted .	
44/20	MENTAL HEALTH MEASURE 2010 MONITORING REPORT	
	<p>A report providing an update on performance against the Mental Health (Wales) Measure 2010 (1st Sept 2019 to 31st August 2020) 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 local primary mental health services (LPMHSS) for over 18's, compliance stood at 100% of assessments taking place within the 28-day referral period. For under 18's compliance stood at 98.6%. The target for both is 80%; - For Part 1b (interventions), 100% of interventions started within the 28 days following an assessment by LPMHSS; - Part 2, which relates to care and treatment plans (CTPs), most recent data showed that 92% of patients who were in receipt of secondary mental health services had valid care 	

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	<p>and treatment plans in place at the end of the month;</p> <ul style="list-style-type: none"> - Parts 3 and 4 of the measure (relating to self-referral and advocacy) were met throughout the period; <p>In discussing the report, the following points were raised;</p> <p>Dai Roberts informed that the service delivery unit had met with Welsh Government colleagues and they were pleased with the health board's performance on the measure. He added that although the performance figures were positive, the team were not complacent and were closely monitoring the position and the impacts of the pandemic.</p> <p>Members relayed how particularly pleased they were with the performance for Child and Adolescent Mental Health Services (CAMHs). David Roberts advised that he needed to commend the health board commissioning team for their work in this area.</p> <p>Chris White commented that the consistency of high performance across all areas provides both committee and the board with assurance. The recognition from Welsh Government was also pleasing and they do could gain assurance and confidence through the high performance in these areas at SBUHB. Members concurred.</p>	
Resolved:	The report be noted .	
45/20	CARE AND TREATMENT PLANNING UPDATE	
	<p>A report on progress following the review on Care and Treatment Planning was received.</p> <p>In introducing the report, Dai Roberts highlighted the following points;</p> <ul style="list-style-type: none"> - The report provided updates on the progress within the separate action plans; <i>Neath Port Talbot Mental Health, Swansea Adult Mental Health, Learning Disability Health Teams</i>; - There were 3 recommendations made for Swansea Locality , these had all been achieved; - There were 6 recommendations made for the Neath port Talbot locality, 2 had been achieved, 4 partially achieved; - There were 6 recommendations made for learning disabilities of which 2 had been achieved and 4 partially achieved; - Work was underway within the team to fully achieve the recommendations, but this was challenging due to current circumstances with COVID-19; <p>In discussion, the following points were made;</p> <p>Jackie Davies referred to Wales Applied Risk Research Network (WARRN) training and queried the reason why this had not taken place. Dai Roberts informed that this had not taken place due to the current circumstances with COVID-19. In response, Jackie Davies requested that action logs provide an explanation and more detail is</p>	

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	<p>provided on actions that have been delayed due to the pandemic. Dai Roberts undertook to relay this to the team.</p> <p>Christine Williams highlighted that some of the actions were set with completion dates prior to COVID-19 and should have already been completed in line with these dates. She stated that it was important to have clear and robust plans in place with clear time-scales.</p> <p>Dai Roberts undertook to relay the issue of clear timescales and more detail in relation delays due to the pandemic, back to the team for action.</p>	DR
Resolved	<ul style="list-style-type: none"> - Dai Roberts undertook to relay the issue of clear timescales and more detail in relation delays due to the pandemic, back to the team for action. - The report be noted. 	DR
46/20	ANY OTHER BUSINESS	
	There was none.	
47/20	DATE OF THE NEXT MEETING	
	The next meeting would take place on Thursday, 4th February 2020	