

**Unconfirmed**  
**MINUTES OF THE**  
**MENTAL HEALTH LEGISLATION COMMITTEE**  
**HELD ON 4<sup>th</sup> NOVEMBER 2021 AT 9.30AM**  
**SBUHB HEADQUARTERS/MICROSOFT TEAMS**

<b>Present</b>	Stephen Spill	Vice Chair (in the chair)
	Martyn Waygood	Independent Member
	Maggie Berry	Independent Member
	Jackie Davies	Independent Member
	Gareth Howells	Executive Director of Nursing and Patient Experience (Interim)
	Dai Roberts	Service Director, Mental Health and Learning Disabilities
<b>In Attendance</b>	Penny Cram	Interim Mental Health Act Manager
	Claire Mulcahy	Corporate Governance Manager
	Rhonwen Parry	Head of Psychology
	Tanya Spriggs	Nurse Director, PCC Service Group (Minute 68/21)

MINUTE		ACTION
61/21	<b>WELCOME AND INTRODUCTIONS</b>	
	Stephen Spill welcomed all to the meeting.	
62/21	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were received from Inese Robotham, Chief Operating Officer and Pam Wenger, Director of Corporate Governance.	
63/21	<b>DECLARATIONS OF INTEREST</b>	
	There were none.	
64/21	<b>MINUTES OF THE PREVIOUS MEETING</b>	
	The minutes of the meeting held on 5 <sup>th</sup> August 2021 were <b>received</b> and <b>approved</b> as a true and accurate record.	
65/21	<b>MATTERS ARISING</b>	
	There were none.	
66/21	<b>ACTION LOG</b>	
	The action log was <b>received</b> . The following points were made; i. <u>Action Point 2</u> Martyn Waygood advised that the issue of the young people on adult acute wards had been raised at a recent All-Wales Quality and Safety	

MINUTE		ACTION
	<p>Committee. This had been raised as a concern and a general risk across all health boards in Wales and the consensus was that a dedicated facility was needed across the region. Gareth Howells advised that the issue had also been discussed at Board to Board with Welsh Health Specialised Services Committee (WHSSC) and there was a regrouping in process. An action had been requested from the health board Quality and Safety Committee which was to provide a report on what the health board's adolescent/paediatric mental health provision looks like. An update would be disaggregated back to this committee for information.</p>	GH
	<ul style="list-style-type: none"> <li>- Gareth Howells to provide an update to the Committee on the health board's adolescent/paediatric mental health provision following the report to Quality and Safety Committee.</li> <li>- The action log be <b>noted</b>.</li> </ul>	GH
<b>67/21</b>	<b>MENTAL HEALTH ACT 1983 MONITORING REPORT</b>	
	<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 July 2021 to September 2021;</li> <li>- During the reporting period there had been 51 exceptions and 2 invalid detention identified by the Mental Health Act (MHA) Department;</li> <li>- The invalid detentions related to incomplete documentation;</li> <li>- Training on the completion of MHA documentation had commenced and a suite of training guides had been developed</li> <li>- There were 3 admissions to Ward F at Neath Port Talbot Hospital of those aged under 18 with length of stay between 2 and 4 days;</li> <li>- Police detentions had increased due to a high prevalence of drug and alcohol related incidents and there were 55 Section 136 detentions during the period;</li> <li>- It was encouraging to see an increase in Voluntary Assessments.</li> </ul> <p>In discussing the report, the following points were raised:</p> <p>Gareth Howells queried whether the training of staff included those who already know the Mental Health Act or whether it was aimed at those who should know but do not. Penny Cram advised it was aimed at both and the primary issue was the completion of the paper work, staff are generally fully aware of the Act itself.</p> <p>Steve Spill queried if a patient presented at emergency department whether the staff would be aware of the requirements under the Act. Penny Cram advised that nursing holding powers cannot be used at the emergency department. She stated that there were a number of errors from general wards and a dialogue with the Psychological Liaison Officers had taken place and the suite of training information had been shared. This had made some improvement but there were still a number of issues</p>	

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	<p>to address. This required commitment from all and a mandate needed.</p> <p>Martyn Waygood made reference to the increase in use of Section 2 of the Act in Neath Port Talbot and the evident decrease in the Swansea area. Penny Cram informed that the reason for this was Neath Port Talbot was the single point of access through COVID-19.</p> <p>Jackie Davies commented that as Mental Health Practitioner herself, she felt the attention to detail in the completion of documentation had declined over the years. This was a legal requirement and was as important as the completion of a ward medication chart. The MHA documentation was not held in the same regard and it should be as it does hold implications for the health board.</p> <p>Penny Cram informed that following last committee, the Service Group Medical Director had been approached with regards to addressing Dr's documentation errors. It had been agreed that a record would be kept within the MHA team, a six monthly report produced and would be raised with the relevant staff member during the appraisal process.</p> <p>Maggie Berry raised her concerns surrounding the wellbeing of the patients themselves when they are in receipt of a letter outlining the unlawful detention.</p> <p>Rhonwen Parry informed that Cardiff and Vale University Health Board were now holding drop in training sessions. Penny Cram advised that they had a programme of training for staff with a dedicated lead. The health board did not have a formal framework in place as yet.</p> <p>Dai Roberts commented that due to the statutory requirement to monitor the administration of MHA documentation, errors were being identified. This could give an indication of poor processes and inefficiencies throughout our services, which in turn could be impacting on patient flow. He advised that at a recent Management Board, the theme of digitisation across all services had been raised and the solution may be digitisation where systems would provide support to clinical teams and fundamentally manage 'patient stay' for us.</p> <p>Penny Cram added that in England, the statutory MHA documentation is digitalised and had proved to be effective. In Wales, Welsh Government had not agreed to progress with this at the moment. The issue had been raised at a recent Forum and it was acknowledged. Gareth Howells offered his support and undertook to write to Welsh Government colleagues to raise the issue further on behalf of the committee. Penny Cram undertook to provide the form of words to Gareth Howells.</p>	
<b>Resolved</b>	<ul style="list-style-type: none"> <li>- Penny Cram to provide a form of words for Gareth Howells and he will raise the issue of digitisation with Welsh Government colleagues on behalf of the committee;</li> <li>- The report to be <b>noted</b>.</li> </ul>	<b>GH/PC</b>
<b>68/21</b>	<b>MENTAL CAPACITY ACT 2005 AND DEPRIVATION OF LIBERTY SAFEGUARDS MONITORING REPORT</b>	
	<p>Tanya Spriggs and Nicola Edwards were welcomed to the meeting.</p> <p>A report providing an update on the Mental Capacity Act (MCA) and</p>	

MINUTE		ACTION
	<p>Deprivation of Liberty Safeguards (DoLS) position for Quarter 1 was <b>received</b>.</p> <p>In introducing the report, Tanya Edwards and Nicola Edwards highlighted the following points;</p> <ul style="list-style-type: none"> <li>- In quarter 2, there were 238 referrals received, of those 23 were assessed by the dedicated BIAs, the external BIAs assessed 28;</li> <li>- There were significant challenges in terms of breaches with the number increasing in Quarter 2 to 109 and were due to the continued lack of assessors;</li> <li>- Safeguarding training continued via a virtual platform for levels 1 and 2;</li> <li>- Safeguarding training was now raised as part of the completion of ward and department Safeguarding Assurance Audits.</li> <li>- Welsh Government had responded to a Bid put forward to address DoLS backlog and preparation for the Liberty Protections Safeguards legislation;</li> <li>- The health board received £327k which would be divided to cover; DoLS backlog and to meet training needs for mental capacity and Best Interest Assessors;</li> <li>- There had been a further delay in relation to the implementation of the Liberty Protection Safeguards (LPS) legislation;</li> <li>- Addressing the DoLS backlog was a key priority;</li> <li>- A dedicated lead had been established for MCA and DoLS and their focus would be preparation for the LPS, DoLS backlog and training;</li> <li>- Additional hours had been offered to Nurse Assessors via Bank for Best Interest Assessments and BIA training offered via Swansea University;</li> <li>- A DoLS dashboard was in development which would put the health board in a good position for the LPS implementation;</li> </ul> <p>In discussion, the following points were made;</p> <p>Stephen Spill made reference to page 3 of the report which stated that legislative time frame for assessors to complete the assessments does not start until 2<sup>nd</sup> assessor has been allocated and asked whether the problem was worse than was being reported. Tanya Spriggs informed that process was in line with Welsh Government guidance but undertook to look at this further and report back to committee.</p> <p>In reference to training numbers, Stephen Spill highlighted the low numbers of attendances given the size of the workforce, he asked whether training was being mandated. Tanya Spriggs informed that this was the reason a dedicated lead was required, training was a key priority prior to the onset of the LPS legislation and ensuring staff understand how they are to deliver the care was imperative.</p> <p>In relation to reasons for instructing Independent Mental Capacity Advocate (IMCA's), members requested that acronyms were explained clearly. Tanya Spriggs undertook to do this in the next iteration of the</p>	<p><b>TS</b></p> <p><b>TS</b></p>

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	<p>report.</p> <p>Martyn Waygood commented that it was great to see funding received for the nurse assessors and queried if this money would be ring-fenced. Tanya Spriggs advised that this was the case and clarified that the nurse assessors were part of the Long Term Care Team and had been offered additional hours for weekends and evenings work to help clear the DoLS backlog.</p> <p>Martyn Waygood highlighted the Band 6 BIA fixed term post, Tanya Spriggs advised that they were awaiting a start date but the hope was that there would be additional funding and the opportunity to roll this post beyond March 2022.</p> <p>Stephen Spill commented that there was a fundamental issue across the piece with regards to financial year funding and receiving funding in parts throughout the year. There needed to be a stream of funding which would enable and help decisions and actions to be made sooner. He advised that Welsh Government had been made aware of this.</p>	
<b>Resolved;</b>	<ul style="list-style-type: none"> <li>- Tanya Spriggs to ensure acronyms are clearly explained within the next iteration of the report;</li> <li>- Tanya Spriggs to seek clarity on the guidance on the legislative time frame for breaches report back to the committee;</li> <li>- The performance data for Quarter 2 was <b>noted</b>;</li> <li>- It was <b>noted</b> that the further LPS guidance has been delayed due to the COVID-19 pandemic. The new implementation date, has been confirmed as April 2022;</li> </ul>	<p><b>TS</b></p> <p><b>TS</b></p>
<b>69/21</b>	<b>MENTAL HEALTH MEASURE 2010 MONITORING REPORT</b>	
	<p>A report providing an update on performance against the Mental Health (Wales) Measure 2010 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 above target of 80% of assessments taking place within the 28-day referral period.</li> <li>- For Part 1b (interventions), above 80% of interventions started within the 28 days following an assessment by LPMHSS;</li> <li>- For under 18's (CAMHS), compliance was variable for the period;</li> <li>- Part 2, which relates to care and treatment plans (CTPs), the most recent data showed that below 83% 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>- A performance management process had been established to address to increase performance to the target of 90%;</li> <li>- Parts 3 and 4 of the measure (relating to self-referral and</li> </ul>	

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	<p>advocacy) were met throughout the period;</p> <p>In discussion, the following points were raised;</p> <p>Dai Roberts advised that there had been a discussion at Executive level on the future of Child and Adolescent Mental Health Services (CAMHS) and the suggestion to repatriate some services, namely primary CAMHS back in to health board. Further meetings with the Chief Executive were underway to discuss the matter. The Chief Executive would also be escalating and looking at a regional solution for age appropriate beds for CAMHS patients. The concerns had also been raised at Welsh Government level and they supported the suggestion to repatriate.</p> <p>Dai Roberts added that significant work had been undertaken by Rhonwen Parry to recruit into the CAMHS Service and this would help bolster the service further. Rhonwen Parry added that other health boards had successfully repatriated CAMHS and this had created a much more integrated step care model.</p>	
<b>Resolved:</b>	The report be <b>noted</b> .	
<b>70/21</b>	<b>POWERS OF DISCHARGE COMMITTEE UPDATE</b>	
	<p>A verbal update on the Powers of Discharge Committee was received.</p> <p>Jackie Davies highlighted the following points.</p> <ul style="list-style-type: none"> <li>- The committee met in February and July 2021 and had been functioning well via virtual means;</li> <li>- The Associate Hospital Managers had been provided with appropriate health board IT equipment;</li> <li>- Training is routinely provided on a 6 monthly basis but due to COVID-19, the all-Wales training had not taken place for 2 years;</li> <li>- The number of Associate Managers would soon decrease from 14 down to 9 and this was a concern;</li> <li>- An agreement had been made for Independent Members to participate on the hearing panels;</li> <li>- Joint training with Hywel Dda University Health Board was being provided for Independent Members and attendance was important;</li> <li>- A recruitment process would normally take place but due to the onset of the LPS legislation, the Hospital Managers role may be made obsolete, therefore would not take place until further notice;</li> <li>- The Information Governance issue had been resolved , as well as travel expenses and the new enhanced remuneration had been in place since January 2021;</li> </ul>	
<b>Resolved;</b>	The report be <b>noted</b> .	
<b>71/21</b>	<b>POWERS OF DISCHARGE COMMITTEE ANNUAL REPORT 2020-21</b>	
	The Powers of Discharge Committee Annual Report 2020-21 was <b>received</b> .	

<b>MINUTE</b>		<b>ACTION</b>
	<p>In discussion, the following points were raised.</p> <p>Maggie Berry made reference to the concerns raised surrounding decision forms not allowing for comprehensive summary of the hearings, adding that this needed to be addressed urgently. Penny Cram advised that she had canvassed other health boards and a new form had been developed, it had been through a consultation process and was now fit for purpose. This would go-live within the coming weeks.</p>	
<b>Resolved;</b>	The Annual Report for 2020-21 was <b>approved</b> .	
<b>72/21</b>	<b>ANY OTHER BUSINESS</b>	
	There was none.	
<b>73/21</b>	<b>DATE OF THE NEXT MEETING</b>	
	The next meeting would take place on <b>Thursday, 3<sup>rd</sup> February 2022</b> .	