Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Mental Health Legislation Committee meeting held in PUBLIC
on 1 August 2024 10:00 – 11:30
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Gareth Williams (GW)	Health Board Vice Chair, and Chair of Mental Health Legislation Committee
Dyfed Jones (DJ)	Independent Member
Rhian Watcyn Jones (RWJ)	Independent Member
In Attendance	
Dr Prashant Bhat (PB)	Consultant Psychiatrist, Child and Adolescent Health
Jenny Gilmore (JG)	Associate Hospital Manager
Olivia Jones (OJ)	Graduate Trainee
Chris Lyons (CL)	Deputy Executive Director of Nursing and Midwifery
Tomos McFarlane (TM)	Graduate Trainee
Teresa Owen (TO)	Executive Director of AHP's and Health Science
Philippa Peake-Jones (PPJ)	Head of Corporate Affairs
Alberto Salmoiraghi (AS)	Consultant Psychiatrist/Medical Director, Mental Health and Learning Disabilities
Chris Walker (CW)	Head of Safeguarding Adults
Phil Williams (PW)	Associate Hospital Manager
Matthew Joyes	Deputy Director of Quality

Agenda Item	**Action**
OPENING BUSINESS	
MH24/16 Welcome and Apologies **MH24/16.1** Apologies were received from Dyfed Edwards, Carol Shillabeer, Nick Lyons, Angela Wood (Chris Lyons was in attendance on her behalf), Pam Wenger Ffion Johnston, Michelle Green, Michelle Denwood (Chris Walker in attendance on her behalf), Wendy Lappin and Iain Wilkie	
MH24/17 Declarations of Interest **MH24/17.1** No declarations of interest were raised.	
MH24/17 Minutes from the previous meeting	

MH24/17.1 The minutes were approved as an accurate record subject to a few minor changes.	
MH24/18 Matters Arising & Table of Actions **MH24/18.1** Updates to actions were received and where appropriate transferred to the Committee Forward Work Plan.	
FOR ASSURANCE	
MH24.20 Mental Health Act Assurance Report **MH24.20.1** MJ introduced the paper noting that it was the standard report received at all Mental Health Legislation Committees, that any feedback previously received had been included in the report but further refinement would take place. There were no issues or risks to highlight. **MH24.20.2** GW queried why renewal dates had been missed and if the forthcoming electronic record system would help with this. MJ confirmed that it would and that when the system was being procured Mental Health Act compliance should be included as part of the specification. **MH24.20.3** RWJ noted that the arrows on the tables stated that they were showing a trend but actually the arrow just highlighted that there had been a change from the previous month. **MH24.20.4** GW took the Committee through the report in detail, a discussion took place around the fact that although there was a higher level of sections in the Centre, the number of 135/136 cases was lower in the Centre than in the East and West and why that was the case. The Committee were informed that the police may be able to help with this discussion, that the figures reflected inpatient capacity and that a recent study on 136 suite usage found that proximity of the incident to a section 135/6 suite was a key factor in whether police used their powers. The members reflected that the police handle many mental health issues and that a system change would be required to address the problem. **MH24.20.5** Concern was raised around the use of 136 suites for young people and the Committee were informed of a recent placement and the details surrounding it. PB advised that North Wales Adolescent Service (NWAS) were fully linked in when young people were placed in 136 suites. He noted that some of the cases recorded related to the same person being readmitted to a 136 suite for safety. Again, the use of 135/6 suites for young people highlighted systemic issues, for example the lack of local authority staff availability out of hours. It was agreed that these issues could be raised at the North Wales Together for Mental Health Partnership. **MH24.20.6** GW highlighted that in recent months there had been more transfers into than out of area which was very positive. AS advised that a stronger focus	

was required on community services to continue to reduce pressure on inpatient places and the use of out of area placements. **MH24.20.7** In relation to Appendix 3, MJ advised that some of the units presented had low numbers and that those details would be included in the next iteration of the paper. GW asked that MJ feedback to colleagues how important the explanation of rights to patients were as this was very important to the Committee. He queried why a high proportion of treatment plans in Ty Llewellyn had not been signed off. AS advised that it was likely due to patients disagreeing with the plans but that it was to be expected. At the right point in their patient journey they should and would be signed off. **MH24.20.8** DJ asked whether compliance in Cefni would improve or had improved. MJ advised that a problem had been that they were using old paperwork and that the audit was on the paper work. This had now been corrected. **MH24.20.9** PB explained that when young people were admitted for in-patient treatment as a result of a crisis, they often had not had contact with CAMHS Community Services meaning that they would not have had a Treatment Coordinator who would be the person responsible for signing off the treatment plan as there were not enough Treatment Coordinators in the Community. GW responded that given there were only two cases which had been audited of which one did not have a treatment plan the figures were not as alarming as they might seem. **MH24.20.10** PW highlighted that there was a potential weakness around the explanation of rights process, because there was no formal target for how soon after admission this should be done. The Health Board had set a 30-day limit, but that nationally there wasn't an agreed period and many people would take the view that 30 days was too long. AS commented that it was often not possible to give this information on admission when a patient might be very disturbed, but agreed that it should be done within a relatively short timescale, and every effort needed to be made to inform family or representatives of the patients' rights as soon as possible. MJ agreed, noting that electronic records would be a good way to monitor the time taken to fulfil this legal requirement. TO agreed to link in with colleagues in the rest of Wales on the agreed period as did GW who advised that he would raise this with other Vice Chairs. **MH24.20.11** TO invited colleagues to visit sites should they wish to understand what was happening at a local level. **It was resolved that** the Committee • **Discussed** and **noted** the report and appendices	
MH24.21 Mental Capacity Assurance Report **MH24.21.1** JG declared an interest on this point as Chair of the Advocacy Service.	

MH24.21.2 CW advised the Committee that the new responsible UK Minister had stated that he would be reviewing both the Mental Health Act and the Mental Capacity Act but that the former would be taken forward first: he would update the Committee once further information was available. He clarified the reference in the paper to the Internal Audit findings of Assurance and Limited Assurance noting that the Limited Assurance was on the specific areas highlighted to the Committee, notably that Bank, Locum and Interim staff were low on compliance as contracts had previously not required them to undertake mandatory training on the MCA. This would be changed as of September.

MH24.21.3 CW updated on DOLS Authorisations noting that applications have doubled over the past four years and that although every application was audited any administrative errors did not invalidate the authorisation. The Committee noted that the delay in completing applications was down to four or five weeks. While this was good in comparison to four years ago where the wait would have been 12 weeks, members were concerned that this was still lengthy, given that these cases were often elderly patients admitted for relatively short-term treatment. Members were reassured that discharge was not delayed if a required DoLS assessment had not been undertaken and it was noted that the Health Board had been commended on the work they had done in reducing the backlog. The Welsh Government had advised that the £450,000 funding that had been awarded on a non-recurrent annual basis would be made permanent although the Health Board would have to apply for this each year.

MH24.21.4 CW advised that on the whole things were positive and that there was a plan to have a MHA specialist at each of the District General Hospitals. Nevertheless, the flow of applications was close to unmanageable. The system whereby a new DoLS application was required when a patient with a care home DoLS assessment was admitted to hospital, and a further new DoLS assessment was required if the patient was subsequently transferred back to the Care Home were explained. Similarly, if a patient was transferred from a District General Hospital (DGH) to a Community Hospital, a new DoLS assessment was needed, even if one had been undertaken in the DGH.

MH24.21.4 RWJ asked for clarification on Best Interest Assessors as to who they were and how they could be present all the time given that there were only six in post. CW advised that they were a mix of nurses and social workers but that the role was open to therapists too. It was noted that they were based across the whole of North Wales and often had to work outside Wales for patients who were out of area. CW explained how an assessment worked and that they often worked on weekends. It was noted that the system seemed unwieldy and GW advised that he would raise it within the Vice Chairs Group.

It was resolved that the Committee

- **Accepted** the DoLS and MCA Report and the identified activity for the period of Q1 2024-25
- **Received** the DoLS and MCA Audit Action Plan and recorded progress.

MH24.22 Health Inspectorate Wales (HIW) Assurance Report **MH24.22.1** MJ advised that there had been no inspections and that it was likely that there would be a reduction in HIW inspections throughout the year. **It was resolved that** the Committee • **Noted** the report	
MH24.23 Associate Hospital Managers Update Report **MH24.23.1** MJ presented the report noting that it gave a summary of the hearings undertaken: hearings were generally scheduled to take place within six weeks. Some exceptions were highlighted within the report and the reasons associated noted. **MH24.23.2** PW advised that there was a recruitment process ongoing to employ some more Associate Hospital Managers. GW asked if Associate Hospital Managers generally found the staff at the inpatient units easy to deal with and PW responded that they did, that they were well prepared and that there was a good relationship. JG commented that it was nice when patients attended as Associate Hospital Managers were then able to get a better feel of the situation. A discussion took place around the process, timeframe and renewal of hearings. GW thanked the Associate Hospital Managers for attending and asked that they flag any concerns through the correct channels. **It was resolved that** the Committee • **Noted** the report	
MH24.24 Report from the Power of Discharge Group **It was resolved that** the Committee • **Noted** the report	
CLOSING BUSINESS	
MH24.25 Agree Items for referral to Board/other Committees There were no items for referral	
MH24.26 Agree Items for Chairs Assurance Report It was noted that GW and PPJ would produce this after the meeting.	
MH24.27 Review of Meeting Effectiveness **MH24.27.1** Attendees felt that the meeting had focussed on the right areas in order to keep patients safe. It was noted that although Independent Members were still learning, the reports enabled that learning to take place and they felt	

that they were able to ask questions. TO supported previous comments and also highlighted that it was really positive to have guests attending and also have a representative from Children and Young People in attendance. **MH24.27.2** There was feedback on the use of too many acronyms and the status of attendees which would be reviewed as part of the refresh of the Terms of Reference. **MH24.27.3** PB queried how significant court cases were shared with the Committee and it was agreed that thought would be given on how to bring this to the meeting. **MH24.27.4** RWJ thanked colleagues for allowing her to attend via Teams and asked that if additional papers were added would it be possible for them to be added to the end of the agenda pack. **MH24.27.5** AS raised an issue in relation to the payment of Section 12.2 doctors and it was agreed that it would be dealt with outside of the meeting with the Operational Management Team.	
MH24.28 Date of Next Meeting The next meeting will be held on 7 November 2024	