

Mental Health Legislation Committee (MHLC)

Confirmed Minutes of the Mental Health Legislation Committee meeting
held on 2 May 2024
Via Teams / Boardroom, Carlton Court

Committee Members Present	
Name	Title
Gareth Williams	Health Board Vice Chair (Chair)
Dyfed Jones	Independent Member
Rhian Watcyn Jones	Independent Member
In Attendance:	
Emma J Hosking (EJH)	IHC Medical Director (East)
Matthew Joyes (MJ)	Deputy Director of Quality
Hayley Lloyd (HL)	Regional Manager, Safeguarding
Chris Lynes (CL)	Deputy Executive Director of Nursing and Midwifery
Ceri McGaugie (CM)	Senior Secretary
Teresa Owen (TO)	Lead for Mental Health and Welsh Language
Philippa Peake-Jones (PPJ)	Head of Corporate Affairs
Mat Phillips (MP)	Regional Safeguarding Specialist
Alberto Saimoiraghi (AS)	Consultant Psychiatrist/Medical Director, Mental Health and Learning Disabilities
Pam Wenger (PW)	Director of Corporate Governance
Iain Wilkie (IW)	Interim Director, Mental Health & Learning Disabilities

Agenda item	Action
<p>MH24.5 – Apologies</p> <p>MH24.5.1 The Chair welcomed everyone to the meeting and thanked all in attendance. It was noted that the meeting was being recorded.</p> <p>MH24.5.1 Apologies were received from Angela Wood, Nick Lyons, Carol Shillabeer.</p>	
<p>MH24.6 - Declarations of Interest</p> <p>There were no declarations of interest made in respect of items on the agenda</p>	

<p>MH24.7 - Minutes from the Previous Meeting</p> <p>MH24.7.1 GW asked if there were any issues of accuracy. It was noted that Louise Bell's title needed to be corrected. PPJ noted that due to the changes in the Terms of Reference some regular attendees had not received a timely invitation. GW noted that representatives of the Associate Hospital Managers should have a standing invitation and that new nominations from the group would be invited moving forward.</p> <p>MH24.7.2 The draft minutes of meeting held on 11 January 2024 were approved.</p>	PPJ
<p>MH24.8 - Matters Arising & Table of Actions</p> <p>MH24.8.1 The updates provided within the action log were agreed.</p>	
<p>MH24.9 - Mental Health Assurance Report</p> <p>MH24.9.1 MJ introduced the paper noting that it had been produced by Wendy Lappin and her team.</p> <p>MH24.9.2 MJ highlighted key points particularly around rectifiable errors, noting these were from typographical errors, for example, inputting the incorrect hospital. The Committee noted that the report was sent to AS and his Team monthly and cascaded through the organisation, giving the Committee some assurance of learning. Currently there were no fundamental errors, but there continued to be minor ones mostly as a result of the paper based system.</p> <p>MH24.9.3 Appendix 5 provided some information around training and e-learning awareness: the paper captured feedback and gave assurance as to how any issues were managed as they arise.</p> <p>MH24.9.4 The Committee discussed the data, noting that the percentages could be somewhat misleading given what were often very low absolute numbers. The sample inspected would be clarified on each page going forwards. No significant issues were raised other than areas where improvement was needed and it was noted that these were within smaller units. The Committee noted that all Audit reports were shared with other services for reflection and sharing of learning, there were no significant issues reported.</p> <p>MH24.9.5 The Committee noted that the Health Board was fully compliant, although there was currently a lack of consistent data on the use of Section 136 Suites across Wales. It was expected that the NHS Executive would be collating this data in future. The Committee noted ongoing work between the police and the team and the importance of reducing the use of the Suites in cases which proved not to merit admission or further support from the Division, noting that there was a lot of medical hours and other resources committed to each person brought to the 136 suites. It was agreed that this would be discussed at a future meeting and the police invited to attend to share their experience around Right Care Right Place.</p>	IW

<p>MH24.9.6 In relation to Section 12 (2) Doctors, the Committee were advised that it was difficult to employ them as doctors needed to have a number of years in psychiatry and be approved by the Secretary of State in order for them to undertake Sections 2 and 3. Funding has been received for social work with work ongoing on piloting a phone app in North Wales with the list of Section 12 (2) Doctors. AS noted not all wish to be part of the list although the app does allow for those listed to be clear about when they are and are not available.</p> <p>MH24.9.6 A further discussion took place around Right Care Right Place with IW noting that a Crisis Care Concordat commenced in January 2024 and that the Together 4 Mental Health Partnership received updates on this work as well. IW advised that he was happy to present a paper on this. DJ noted the comprehensive report and supported moves to reduce out of area placements. A discussion took place around the quality of care for patients placed out of area, with AS noting that in terms of legal responsibility, once a patient was placed out of area legal responsibility for ensuring the requirements of the Act were respected rested with the care provider: similarly, where a patient from out of area was admitted to BCUHB facilities, legal responsibility for compliance rested with BCUHB. The matter of repatriation was highlighted noting that the Health Board was responsible for seeking repatriation of its patients wherever possible: this was however, complex, with the pressure on community services impacting on the capacity to discharge from acute care, but this was something being seen across the whole of the Country</p> <p>MH24.9.7 TO spoke about crisis care and 136 Suites and the importance of ensuring the quality of such care was kept under review by the QSE Committee.</p> <p>MH24.9.8 Clarification around Hospital Managers titles and responsibilities were discussed. RWJ thanked MJ for the briefing at the Development Session, highlighting the discussion about how much work was involved in ensuring compliance. It was noted that the Health Board was meeting statutory obligations and that there was a clear picture of learning and measuring impact and trends, but that the work was onerous, not least because so much of it was necessarily paper based given the lack of acceptance of electronic signatures. GW agreed, noting that it had long been recognised that a significant overhaul of the legislation was required.</p> <p>MH24.9.9 It was noted that the requirement for ‘wet signatures’ was laid down in Statute and could not be waived by the Health Board. AS also confirmed that patients had to be seen face to face as a matter of human rights: the courts had ruled that virtual interviews (i.e. by Teams or Zoom) were not acceptable AS did however believe that the system was working well: there was no unnecessary deprivation of human rights and appeals processes were fully operational.</p> <p>MH24.9.10 A discussion took place around the need for patients to be able to communicate in their primary language. TO agreed to look into examples of this happening to share with the Committee.</p> <p>MH24.9.11 To conclude GW agreed that the report was good noting that it was work in progress and the content was really valuable.</p>	<p>IW</p> <p>TO</p>
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<p>MH24.10 - Mental Capacity Assurance Report</p> <p>MH24.10.1 MP presented the report to the Committee, advising that it was a joint approach providing assurance of an improving picture at the Health Board around the safeguarding of liberty. Information was shared around valuable learning under NPS and that as national network there was a focus on implementing learning from DOLS paperwork, noting digitalisation of paperwork, and that a working group for this and developing to a digital system had been set up.</p> <p>MH24.10.2 The Committee noted that Welsh Government wanted a continued focus on MCA training and that improved awareness had resulted in an increase in applications for DOLS. Progress was highlighted on the ability to address the application backlog by improving systems and timescales for completion and thanks to ring-fenced funding from the Welsh Government. RWJ queried that if Welsh Government were to stop funding would the progress in reducing the backlog be reversed, the response being that it would, given the 200+ applications per month.</p> <p>MH24.10.3 It was discussed that further assurance would be gained through an Audit and Action Plan which would form the basis of future reports. The Committee discussed training and the improvement of compliance for some wards and that ESR was being redeveloped to align with statutory requirements in respect of MCA training.</p> <p>MH24.10.4 AS advised that Court of Protection cases were becoming more common for a number of reasons, and that they were very time consuming, often complex cases, with high costs associated due to legal fees etc. It was noted that in future more of this work would be handled within the Health Board and that there would need to be discussions around who should lead on this, perhaps with a view to looking at it being centrally managed. GW asked if the Committee could focus on this at a future meeting.</p>	<p>PPJ</p>
<p>MH24.11 - HIW Assurance Report</p> <p>MH24.11.1 MJ introduced the report advising that only issues relating to the Mental Health Legislation Committee were being shared. The Committee noted that there was an inspection report on CMHT Nant y Glyn which had been published that week: there were some improvements required but these were not significant in terms of the Act. More generally, every action in response to HIW recommendations was tracked and evidence collated before being signed off and submitted to HIW.</p>	
<p>MH24.12 - Associate Hospital Managers Update Report</p> <p>MH24.12.1 MJ presented the report noting that Hospital Managers act independently from the organisation as lay people, that they sit as a panel supported by WL and MJ. The Committee were advised that summary notes were of a good standard, and that although there was no mandated timeframe, patients had access to appropriate rights and potential for redress.</p>	

<p>MH24.12.2 GW queried if Associate Managers overturned decisions and was advised that it was rare and hadn't occurred that quarter. The Committee were updated on the training and the appraisal process, noting that there were 15 active Hospital Managers currently in place with an ongoing recruitment process being promoted through social media and with the Welsh Language team, with the aim to increase diversity of the cohort.</p>	
<p>MH24.13 - Report from the Power of Discharge (Associate Managers) Group</p> <p>MH24.13.1 The Committee noted that the last meeting of the group was held on 23 April 2024 and that no issues were being escalated. The Committee were informed that the group were very active and the only issue to highlight was that timely receipt from approved mental health practitioners could be something the Committee could be sighted on, that the delay was likely due to capacity issues which IW and TO would pick up with Local Authorities.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Ratified the Terms of Reference for the Power of Discharge Group noting that there were now 8 Hospital Managers on the Group whereas before there had been 10. • Noted the expression of interest from colleagues who would like to come to the Committee meetings, viz. Phil Williams, Jenny Gilmour and Louise Cunliffe • Agreed that Louise Cunliffe should attend as the formal member with Phil Williams and Jenny Gilmour attending as an observer for six months each. 	TO
<p>MH24.14 - Closing Business</p> <p>MH24.14.1 GW asked for feedback on the meeting. It was felt that there had been a good discussion, and that it was helpful it had been focussed on providing assurance to the Board on the operation of the legislation rather than wider issues of the service provided by the Mental Health and Learning Disability Division which were properly the responsibility of other committees, notably QSE and PFIG.</p> <p>There were positive comments on how the different Committees were working together and that this would be further improved with the introduction of the Integrated Governance Advisory Group which would be the Chair of each Committee meeting in attendance.</p>	
<p>MH24.15 - Date of Next Meeting</p> <p>1 August 2024, Boardroom, Carlton Court</p>	