



Mental Health Act Committee (MHAC)

DRAFT Minutes of the Meeting Held on 12.3.21 via Teams

Present:

Lucy Reid	Health Board Vice Chair (Chair)
Cheryl Carlisle	Independent Member (IM)
Eifion Jones	Independent Member

In Attendance:

Frank Brown	Associate Hospital Manager (AHM)
Michelle Denwood	Associate Director of Safeguarding
Jody Evans	Secretariat
Simon Evans-Evans	Interim Director of Governance {part meeting}
Gill Harris	Deputy Chief Executive Officer/Executive Director Nursing and Midwifery {part meeting}
Heulwen Hughes	All Wales Approval Manager for Approved Clinicians & Section 12(2) Doctors
Sanjay Ingley	Consultant Psychiatrist, Mental Health & Learning Disabilities (MHLD) {part meeting}
Matthew Joyes	Acting Associate Director of Quality Assurance & Assistant Director of Patient Safety & Experience
Liz Jones	Assistant Director, Corporate Governance
Wendy Lappin	Mental Health Act Manager, MHLD
Hilary Owen	Head of Governance and Compliance, MHLD
Dr Alberto Salmoiraghi	Consultant Psychiatrist/Medical Director, MHLD
Mike Smith	Interim Director of Nursing, MHLD
Dr Ben Thomas	Consultant Nephrologist, Assistant Medical Director - Law and Ethics (representing the Office of the Medical Director)
Iain Wilkie	Interim Director, MHLD
Marilyn Wells	Head of Nursing – East Area for Child and Adolescent Mental Health Services, Neuro-developmental and Learning Disability Services {part meeting}

AGENDA ITEM DISCUSSED	ACTION BY
MHAC21.1 Welcome, opening remarks and apologies MHAC21.2 The Chair welcomed everyone to the meeting and confirmed that apologies had been received from Jo Whitehead, Chief Executive Officer, Teresa Owen, Executive Director of Public Health, Chris Stockport, Executive Director Primary & Community Care, and Rachel Turner, Ward Manager - RCN Steward, Adult Mental Health & Social Care.	

<p>MHAC21.3 – The Chair expressed her sincere condolences on the sad passing of Mr Christopher Pearson, Deprivation of Liberty Safeguards Manager/Safeguarding Specialist Practitioner. The Associate Director of Safeguarding also expressed her condolences and paid tribute to Mr Pearson. It was confirmed that the Health Board had been fully engaged with the family.</p>	
<p>MHAC21/2 Declarations of Interest</p> <p>MHAC21/2.1 None noted.</p>	
<p>MHAC21/3 Previous minutes of the meeting held on 8.12.20</p> <p>MHAC21/3.1 The minutes were confirmed as an accurate record of the previous meeting.</p>	
<p>MHAC21.4 Matters arising and Review of Summary Action Log</p> <p>MHAC21/4.1 The summary action log was reviewed and updated accordingly.</p> <p>MHAC21/4.2 The Chair had invited the Interim Director of Governance to provide a verbal update on the BCUHB Committee Governance Review. The update had been requested in response to various items on the summary action log.</p> <p>MHAC21/4.3 The Interim Director of Governance provided the verbal update and informed the Committee of the rationale behind the review and of the proposed reconfiguration of the Power of Discharge Sub-Committee (PoD) and MHAC. It was envisaged that the PoD Sub Committee would be renamed the PoD Group, and that the MHAC would be renamed the Mental Health Act Compliance Committee (MHACC). It was confirmed that the MHACC would continue as a standalone Committee, focusing on mental health compliance with legislation, mainstreamed to quality. A discussion ensued in relation to the dedicated focus of both meetings which included compliance, scrutiny and of the formal status' linked to streamlining of the data, which had been presented on both meeting agendas.</p> <p>MHAC21/4.4 Committee Members and Attendees confirmed their agreeance with the proposals. The Chair thanked the Interim Director of Governance for the update.</p> <p><i>The Interim Director of Governance left the meeting at 10:44am.</i></p>	
<p>MHAC21/5 Draft minutes of the Power of Discharge Sub-Committee meeting held on 8.12.20 and verbal update from the earlier meeting</p> <p>MHAC21/5.1 The Mental Health Act Manager presented a verbal account of relevant feedback from the Sub-Committee meeting, held earlier that day.</p>	
<p>MHAC21/6 Items circulated since the previous meeting</p>	

<ul style="list-style-type: none"> Detail (<i>via email</i>) circulated to members only on the 1/3/21 with regards to: - Devon Partnership NHS Trust v Secretary of State for Health and Social Care [2021] EWHC 101 (Admin). <p><i>Sanjay Ingley, Consultant Psychiatrist, MHL D and Marilyn Wells, Head of Nursing – East Area for Child and Adolescent Mental Health Services, Neuro-developmental and Learning Disability Services joined the meeting at approx. 11:00am.</i></p>	
FOR DISCUSSION	
<p>MHAC21/7 Patient Story</p> <p>MHAC21/7.1 The Director of Nursing, MHL D (Interim) presented the patient story relating to a patient who had attended the Emergency Department (ED) in crisis. The patient's experience of the support provided on assessment and admission and the post discharge support was acknowledged.</p> <p>MHAC21/7.2 A member sought assurance on how well the staff coped with the situation and confirmed his support for the proposed actions listed in the report. The Chair acknowledged there were a number of positive aspects to the patient's experience but that the report clearly highlighted gaps in the system. The patient had waited a long time in ED before the psychiatric liaison officer had attended which could have resulted in the patient leaving before receiving help. The Chair emphasised the need for a Crisis Pathway. A discussion ensued regarding reliance upon the 3rd sector in respect of patients unknown to MHL D services. It was noted that MHL D colleagues were aware of the models of care available and that they envisaged that they be incorporated as part of the redevelopment of the Ablett Unit. It was confirmed that the team had met with the Delivery Unit and discussions had taken place in relation to the Crisis Pathway. An independent member also informed the Committee about the Vulnerable Persons Service within the Borough of Conwy. The MHL D Medical Director stated that the team had been developing a single model in relation to crisis response in the Wrexham area and that links were being made to the MHL D strategy.</p> <p>MHAC21/7.3 It was agreed that follow-up actions in relation to all patient stories received by the Committee would be reported back at the year end to provide assurance that lessons learnt had been implemented and embedded. (Secretariat to add to the Cycle of Business.)</p> <p>MHAC21/7.4 The Director of Nursing, MHL D (Interim) agreed to produce an action log to track patient stories and he would provide feedback directly to members regarding progress against the actions.</p> <p>MHAC21/7.5 The Committee noted the patient story and the lessons learnt.</p>	<p>JE</p> <p>MS</p>

<p>MHAC21/8 Update on the approval functions of Approved Clinicians and Section 12(2) Doctors in Wales</p> <p>MHAC21/8.1 The All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors presented the report and the Committee was asked to note the governance arrangements, processes and activities in place that underpin the approval and re-approval of Approved Clinicians and Section 12(2) Doctors in Wales.</p> <p>MHAC21/8.2 The Chair commented upon the increase in uptake of approvals training and further queried how the Health Board advertise this. The All Wales Manager gave an overview of the process to date and clarified that information had been sent to the Lead Director of MHL D confirming how the training was advertised and how often training takes place.</p> <p>MHAC21/8.3 A further discussion took place regarding awareness of recruitment opportunities relating to the role of an approved clinician. It was noted that some staff groups were not aware of the opportunities available to them. Following discussion, it was confirmed that the process of raising awareness would be further explored within the Task and Finish Group, in order to incorporate all relevant staff groups.</p> <p>MHAC21/8.4 The Committee noted the report for information.</p>	<p>Task & Finish Group Agenda item (AS)</p>
<p>MHAC 21/9 Update on Section 12 (2) Recruitment – update with regards to the current situation.</p> <p>MHAC 21/9.1 The Medical Director of MHL D presented the update. It was reported that Leads within the MHL D Division had met and that due to the interdependencies with other divisions and corporate functions, it was agreed to form a Task and Finish (T&F) Group (led by the Executive Director of Public Health), to write a detailed proposal. It was further noted that the proposal would be submitted to an Executive Team meeting in due course.</p> <p>MHAC 21/9.2 An Independent Member confirmed his support and noted the importance of the matters raised. The Medical Director stated that the report would be ready for submission to the next Committee meeting in June and stated that he would inform the Chair of any delays along the way. It was also confirmed that the Executive Director of Primary and Community Care would participate in the Task and Finish group.</p> <p>MHAC 21/9.3 The Committee noted the report and progress to date.</p>	<p>Task & Finish Group (AS)</p> <p>June agenda item</p>
<p>MHAC21/10 Mental Health Act Performance Report</p> <p>MHAC21/10.1 The Mental Health Act (MHA) Manager presented the report. The MHA Manager explained that the data included compliance with the Mental Health Act requirements within the division for the period from November to January 2021.</p>	

MHAC21/10.2 The MHA Manager stated that on page 3 of the foreword section contained an additional caveat (as previously requested), in order to highlight that during the Covid-19 pandemic, the service followed the different pathway with Ablett being the admissions unit prior to transfer. It was confirmed that exceptions were documented as requested.

MHAC21/10.3 The MHA Manager informed the Committee of the highlights on page 6 in relation to section 5.4s reported and confirmed that the highlighted areas all related to the same patient. The Committee noted that in instances where sections related to the same patient, they had been fully monitored throughout. Reference was made to section 4 delays relating to availability of second doctors. It was noted that the delays had been on a Friday evening. It was confirmed that there had been one exception reported within the period and that the lapse had been reported via Datix. The MHA Manager confirmed that she would provide an update on the outcome and share with members. Legal aspects of transfers were also raised and bed availability in relation to the Central and East was noted. It was confirmed that the issues had been reported to the Clinical Site Manager. It was also noted that there had not been any exceptions relating to Section 3's and that there were four under 18s made subject to a section 3; two had been in the general hospital prior to transfer to an age-appropriate bed.

WL

MHAC21/10.4 The number of patients subject to Community Treatment Orders (CTO) was also confirmed within the report and it was noted that there had been an increase in the number of patients subject to a CTO for each area. It was confirmed that there were no exceptions to report. It was noted that information was shared with Approved Mental Health Practitioner colleagues and local authorities regarding CTOs out of hours, in order to improve the good governance and working links.

MHAC21/10.5 Rectifiable errors had been noted within the report, which demonstrated that 13% of the total detentions involved errors compared to 28% last quarter. It was confirmed that the improvement had continued quarter upon quarter. It was reported that any section lapse detailed within the report had been reported and investigated via Datix. It was confirmed that within the period there had been 3 lapsed sections: - 1 x section 2 and 2 x section 136s. It was stated that, on a positive note, the Criminal Justice Liaison Service had been actively involved in assisting the police and signposting people in crisis, rather than the police using the S136 powers.

MHAC21/10.6 Data in relation to Child and Adolescent Mental Health Services (CAMHS) had also been reviewed, and it was confirmed that all data was now captured by age, doctor, and by the level of monitoring.

MHAC21/10.7 Forensic transfers were also commented upon in relation to the high number of internal transfers, due to the admissions process pathway. It was confirmed that detainees within independent hospitals had reduced. It was confirmed that there were 79 individuals in independent hospitals, with 40 being outside Wales. The Medical Director of MHLD commented in relation to secure care and benchmarking of data; it was noted that the trend in England had slightly increased and that within BCUHB there had been a slight decrease. It was also

<p>stated that Welsh Government and the national collaboration teams had completed the second report with regard to forensics and they had been working through to address issues relating to forensic care in a systematic manner, along with the crisis concordat which would be dealt via the forensic route.</p> <p>MHAC21/10.8 The Associate Director of Safeguarding confirmed that she was interested in the identification of key themes and trends. It was confirmed that a listing would be shared at a later date, in order to triangulate ways of working which could be linked together as regards to administration errors. A further discussion took place regarding key omissions out of hours. It was confirmed that the differences between rectifiable errors and validations/non validations are mostly always picked up and that the bigger concerns were any non-rectifiable errors which led to re-assessment. The robust processes in place were acknowledged along with the need to marry the current reporting data against DoLS data collectively.</p> <p>MHAC21/10.9 The Chair observed that on page 9, some detail appeared to have been cut off mid-sentence. It was stated that the most up to date report had been submitted to the committee. The Chair requested that the issue be reviewed and that the most up to date and correct version be circulated immediately following the meeting. The Chair also asked that the Office of the Board Secretary to investigate why the incorrect report had been published.</p> <p>MHAC21/10.10 The Committee noted the report.</p>	<p>WL</p> <p>WL LJ</p>
<p>MHAC20/11 Healthcare Inspectorate Wales (HIW) Monitoring Report</p> <p>MHAC20/11.1 The MHA Manager provided an update regarding the inspections conducted by Healthcare Inspectorate Wales (HIW) which covered a 12 month period. It was confirmed that new and updated inspections had been included against the action plans covered within the HIW report and it was clarified that the findings were detailed within the appendices.</p> <p>MHAC20/11.2 The new inspection overview relating to the Ablett Unit was provided along with the Quality Inspection Summary listed as Appendix 2. The Interim Divisional Director for MHL D confirmed that there had been no required improvements identified in relation to the Mental Health Act.</p> <p>MHAC20/11.3 A general discussion on the inspections ensued with reference to occasions where patients had been admitted to a 136 suite due to lack of beds. It was confirmed that the admissions had been valid and that the planned discharges took place the following day. It was confirmed that any such occurrences had been Datixed accordingly and reviewed.</p> <p>MHAC20/11.4 Discussion also ensued with regard to the MHL D Bed Escalation Policy and concerns were raised regarding the expired review date and the meeting cancellation relating to the ratification of the policy. It was stressed that policies continue to be reviewed and updated as and when scheduled, and that the governance arrangements are clear. It was confirmed that there was a meeting scheduled for the 29th April, in order to ensure that any policies for ratification are</p>	

<p>taken through the due process. A further discussion took place regarding ratification of policies. The Acting Associate Director of Quality Assurance & Assistant Director of Patient Safety & Experience confirmed that he would investigate and feed back to the team in relation to the processes. It was further noted that there was currently no document management system in place at present, and a system with automated workflows was in the pipeline. The Chair highlighted the importance of policies being formally ratified and that using policies still in draft was not legally defensible.</p> <p>MHAC20/11.5 The Chair noted that the Quality Inspection Summary Report for the Ablett Unit made reference to up to date Infection Prevention Control and Covid-19 specific policies and that this would be referred to the QSE Committee as it was not within the terms of reference of the MHAC.</p> <p>MHAC20/11.6 The Committee noted the report.</p>	<p>MJ</p> <p>QSE / Chair</p>
<p>MHAC21/12 Hospital Manager's Update Report</p> <p>MHAC21/12.1 The MHA Manager provided a verbal summary update, based on feedback from the earlier PoD Sub-Committee meeting regarding the activities of the Associate Hospital Managers during the quarter November to January 2021. The verbal update included details in relation to hearings, scrutiny, training, recruitment, forums and key performance indicators.</p> <p>MHAC20/12.2 The Committee noted the verbal update.</p>	
<p>MHAC21/13 Draft Committee Annual Report 2020/21, which also incorporated the Draft Cycle of Business 2021/22 and current Terms of Reference</p> <p>MHAC21/13.1 The Acting Associate Director of Quality Assurance & Assistant Director of Patient Safety & Experience Committee presented the draft report for 2020/21.</p> <p>MHAC21/13.2 It was confirmed that the draft report had been reviewed by the Chair, Lead Executive Director and the Lead Director of MHL D. The Committee acknowledged the status and content. It was agreed for clinical audits to be presented to future Committee meetings. It was agreed for the Medical Director MHL D and the Acting Associate Director of Quality Assurance & Assistant Director of Patient Safety & Experience to discuss outside the Committee, in order to pick up and create the relevant links alongside the Governance Review. It was agreed that Chair's Action be used to approve the final Committee Annual Report for submission to the Audit Committee meeting on 25th May.</p> <p>MHAC21/13.3 The Committee agreed to approve the draft report to provide the Chair's action as required.</p>	<p>MHACC to receive Clinical Audits</p> <p>AS/MJ</p> <p>Chairs Action</p>

CLOSING BUSINESS	
<p>MHAC21/14 Any other business</p> <p>MHAC21/14.1 The Head of Governance and Compliance informed the Committee of the White Paper titled “Reforming the Mental Health Act” which had been published by the UK Government for consultation, following the independent review undertaken in 2018. It was reported to the Committee that the consultation feedback would be included on the June MHACC Agenda. The Secretariat agreed to add the item to the cycle of business.</p>	<p>HO JE</p>
<p>MHAC20/15 Issues of significance to inform the Chair's assurance report</p> <p>MHAC20/15.1 To be agreed by the Chair.</p>	
<p>MHAC20/16 Date of next meeting: 25th June 2021.</p>	