



Mental Health Act Committee (MHAC)
Minutes of the meeting held on 25.6.21 via Teams

Present:	
Lucy Reid	Health Board Vice Chair (Chair)
Cheryl Carlisle	Independent Member
Eifion Jones	Independent Member
In Attendance:	
Dr Alberto Salmoiraghi	Consultant Psychiatrist/Medical Director, MHL D
Teresa Owen	Executive Director of Public Health (part meeting)
Frank Brown	Associate Hospital Manager (AHM)
Michelle Denwood	Associate Director of Safeguarding
Iain Wilkie	Interim Director, MHL D
Simon Evans-Evans	Interim Director of Governance
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, MHL D
Marilyn Wells	Head of Nursing – East Area for Child and Adolescent Mental Health Services, Neuro-developmental and Learning Disability Services
Rachel Turner	Ward Manager, MHL D
Ruth Joyce	Criminal Justice Liaison Service Manager, MHL D
Tristan Edwards	Performance Officer (Observer)
Laura Jones	Secretariat

Agenda item	Action
<p>MHAC21/17 Welcome and apologies</p> <p>MHAC21/17.1 The Chair welcomed everyone to the meeting and confirmed that apologies had been received from Jo Whitehead, Chief Executive Officer; Gill Harris, Executive Director Nursing and Midwifery / Deputy Chief Executive Officer; Mike Smith, Interim Director of Nursing; Bethan Jones, Area Director for Central and Sue Hamilton, Consultant in Child & Adolescent Psychiatry.</p>	
<p>MHAC21/18 Declarations of Interest</p> <p>MHAC21/18.1 The Chair and the Independent Member, Eifion Jones declared an interest in relation to the Criminal Justice System as Justices for the Peace for the Central bench and the North West Wales bench.</p>	

<p>MHAC21/19 minutes of the last meeting held on 12.03.21 to be confirmed and review of Summary Action Log</p> <p>MHAC21/19.1 The minutes were confirmed as an accurate record of the previous meeting.</p> <p>MHAC21/19.2 The summary action log was reviewed and updated accordingly.</p>	
<p>MHAC21/20 Minutes of the Power of Discharge Sub-Committee</p> <p>MHAC21/20.1 The Mental Health Act Manager presented a verbal account of relevant feedback from the sub committee meeting, held earlier that day. The minutes were confirmed and ratified.</p>	
<p>MHAC21/21 FOR DISCUSSION</p>	
<p>MHAC21/22 Deprivation of Liberty Safeguards Annual Report (DoLS)</p> <p>MHAC21/22.1 The Associate Director of Safeguarding presented the report highlighting the key issues and referencing the significant amount of work that has been accomplished within this annual period. The annual report includes activity and data which evidences the improvement made and provides a level of assurance for those areas which have significant challenges. Since 2018-19 there has been a steady increase in applications for consideration of DoLS including applications which do not meet the threshold. The quality of reporting has been analysed and a number of delays have been identified resulting in the need for further work to be completed across the organisation to ensure staff are acting appropriately to mitigate errors and omissions in the process.</p> <p>MHAC21/22.2 A significant amount of work has taken place in relation to training and there have been changes in case law that will affect practice. Going forward there is a need to focus on case law for 16 and 17 year olds who have an impact on CAMHS and working with services to ensure processes are followed and children are not being unlawfully detained. The Associate Director of Safeguarding highlighted new legislation which has been introduced and will be known as Liberty Protection Safeguards. The Code of Practice is yet to be implemented however a Task and Finish Group has been established to develop the Terms of Reference and scoping of the new legislation. It was suggested that these documents could be brought to the next meeting for agreement and oversight to ensure the implementation is monitored.</p> <p>MHAC21/22.3 The Associate Director of Safeguarding highlighted the evidence and impact of training and engagement which included learning from clinical case discussions. The learning has allowed for the development and strengthening of pathways which includes confirmation that patients follow the clinical assessment pathway and are appropriately referred in line with the legal framework. A case was highlighted where the capacity was not assessed and the impact that had in terms of unlawful detainment. This area is being reviewed and a process will be implemented to address it. Due to an increase in DoLS applications, additional authorisers have been employed to undertake this</p>	<p>MD</p>

<p>additional legal work. Audit activity has been taking place to scrutinise the completed documentation and there is a requirement for the Health Board to provide clear assurance in terms of the legislation.</p> <p>MHAC21/22.4 The Chair thanked the Associate Director of Safeguarding for the report and the detail relating to the case studies and learning. The Medical Director of MHL D confirmed there are implications in terms of resources in relation to the new Mental Health Capacity Act. There has also been an increase in section 49 requirements particularly those with short timescales and this activity will increase in the future due to the changes in the legislation. Whilst funding has been provided by Welsh Government, it does not accommodate all of the additional training requirements necessary to ensure compliance.</p> <p>MHAC21/22.5 A Committee Member queried what the training budget from Welsh Government included and how additional training for staff will impact on the service. The Associate Director of Safeguarding confirmed that the training focused on capturing the right people at the right level within Paediatrics and CAMHS and the service are currently waiting on confirmation from Welsh Government in terms of the funding for the Liberty Protection Safeguards. A Committee Member raised concerns in relation to the increase in cases, the requirement for training at ward level and also queried how the business case is progressing and how quickly the resources will be in place. The Associate Director of Safeguarding confirmed that the business case is imminent, it has had final sign off from Finance and will be going to the Executive Team for approval. The team are hoping to receive additional resources for this year and next to enable implementation. The team have been completing job descriptions and adverts to help move things forward as quickly as possible once the business case has been approved.</p> <p>MHAc21/22.6 The Chair advised that meetings have taken place with the Minister where concerns about funding and resources were highlighted. The Associate Director of Safeguarding highlighted that it is still unclear when the guidance will be available and this is causing concern as well.</p> <p>MHAC21/22.7 The Committee accepted the report.</p>	
<p>MHAC21/23 Hospital Manager’s Update Report</p> <p>MHAC21/23.1 The Mental Health Act Manager provided a verbal update on the report presented to the Power of Discharge Sub Committee. 73% of the hearings have taken place within the required timescale. One case had taken 194 days to hold the hearing due to changes in the Responsible Clinician.</p> <p>MHAC21/23.2 The Committee noted the update.</p>	
<p>MHAC21/24 Performance Report</p> <p>MHAC21/24.1 The Mental Health Act Manager presented the report highlighting the activity over the last 3 months from February to April noting that there were 4</p>	

sections which lapsed throughout this period which are detailed within the report. There are currently some under 18s on a section 2 and no exceptions in terms of sections 3s. The number of CTOs has decreased although there has been an exception where a CTO expired due to lack of paperwork. There has been small rise in the number of Mental Health Act errors this quarter with the majority being in relation to section 2 paperwork. There is a need to ensure legal documentation is correct therefore any errors need to be rectified.

MHAC21/24.2 In terms of section 135 and 136 there has been one section 136 which lapsed due to the patient being on ICU and not being fit for assessment. Since September 2020 the report has been recording those detained following consultation, in relation to under 18s the figures have been low and there has also been a decrease. During this quarter there have not been any admissions from a section 136 to the adult unit. There are currently 81 patients being detained in independent hospitals, 41 of those are outside of Wales. In relation to forensic figures, the unit is not accepting admission due to medical staffing and capacity. The report also now includes monitoring of section 62s following a request from Health Inspectorate Wales.

MHAC21/24.3 The Medical Director of MHL D highlighted the current staffing issues, which has resulted in some transfers being blocked due to lack of staffing. However, individual risk assessments are taking place and if the relevant staff are available, the admission can go ahead. A meeting is taking place with WHSSC to highlight this issue. A Committee Member requested further information in relation to the CAMHS section 136 report. The Mental Health Act Manager confirmed that the report details all detentions that may have occurred for under 18s over the past 12 months. Section 136s for CAMHS have increased. Every time a child is detained under a section 136, safeguarding are informed and it is recorded as a Datix incident. The Chair queried how the information is being gathered via Datix and also whether an alternative to the use of Excel for the Mental Health Act team to record sections is being reviewed. The Mental Health Act Manager confirmed that the information is currently input into an Excel database and an alternative system was being reviewed however the team are unsure whether the system would work for all staff. The Committee expressed concern in relation to the IT capability in terms of the recording and monitoring system that the Mental Health office currently utilise. The Chair also highlighted the use of the terms “previous month” and “latest month” within the report and requested this information is changed to use the actual month going forwards to avoid confusion. The Performance Officer agreed to make this change for future reports.

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MHAC21/24.4 The Chair asked whether an assessment is undertaken when a young person is placed in a 136 suite to determine whether that is the most appropriate place of safety. The Mental Health Act Manager explained that the decision to take someone to a 136 lies with the police. The Medical Director of MHL D added that if a child is brought in on a section 136, the paediatric team are asked to do the initial assessment. The Head of Nursing for CAMHS East confirmed that they do not assess whether there is an alternative place of safety other than the 136 suite. It was suggested this could be discussed at the Adult / CAMHS Forum as it has previously been raised that the environment is too

<p>welcomed a clear process going forward and a need to ensure all divisions now follow this process.</p> <p>MHAC21/25.2 A Committee Member highlighted the improvement plan in terms of Coed Celyn Hospital included in appendix 2 and queried whether the infection control audit took place in April. The Acting Associate Director of Quality Assurance agreed to track back through the system and also follow up with Coed Celyn Hospital to ensure this was completed.</p> <p>MHAC21/25.3 The Committee noted the report.</p>	<p>MJ</p>
<p>MHAC21/26 Update on Section 12 (2) Recruitment</p> <p>MHAC21/26.1 The Medical Director of MHL D presented the report highlighting that the action plan has been divided into 5 themes and going forward, proposed that a meeting will take place in 3 months time to update the actions and a total of 6 months to complete the actions. The report will then come back to the Committee to provide any updates in terms of exceptions and asked for any comments on the action plan to be provided. The Executive Director of Public Health highlighted that the plan has been developed following cross Health Board discussions. The challenge is how this will be delivered, however the team are making progress. A Committee Member queried whether there is a similar plan available in terms of the shortage of nurses. The Medical Director of MHL D confirmed that the Nurse Director of MHL D is putting together a nursing recruitment strategy that will link in with the universities. The Chair confirmed that the nurse staffing query should transfer over to the Quality, Safety and Experience Committee as this is an issue across the Health Board and is within the remit of that Committee. In terms of the action plan presented, the Chair confirmed that a verbal update should be provided to the Committee in September and a written update against the action plan should be presented to the Committee in January 2022.</p> <p>MHAC21/26.2 The Committee noted the report.</p> <p><i>The Head of Nursing left the meeting</i></p>	<p>LJ</p> <p>AS</p>
<p>MHAC21/27 Risk Register Review</p> <p>MHAC21/27.1 The Interim Director of MHL D highlighted the risks confirming these mirror the conversations that have taken place in terms of 136 usage and concerns regarding the availability of psychiatrists in Ty Llewellyn. The nursing leads for CAMHS and MHLDS have been working together to review the risk register. The Chair reminded the Committee that the need for this item was identified when the annual report for the Committee was completed, which highlighted a requirement under the terms of reference for the Committee to review risks relating to the Mental Health Act. She reiterated that the risk register review should be confined to the remit of this Committee and is not a general review of risks relating to mental health services across the Health Board, which should be covered by other governance arrangements. The Interim Director of Governance highlighted that the new terms of reference will state that risks</p>	

<p>associated with compliance in terms of the Mental Health Act will be referred to this Committee as it is important these issues are discussed as part of the Committee. The Chair queried whether the team will be in a position to provide a risk register report to the next Committee, the Interim Director of MHLA agreed.</p> <p>MHAC21/27.2 The Committee noted the verbal update.</p>	<p>IW</p>
<p>MHAC21/28 Clinical Audit / Audit Activity</p> <p>MHAC21/28.1 The Mental Health Act Manager presented the report highlighting that a 3 month rolling audit has been introduced for the Bryn y Neuadd, Rehab and Ty Llewellyn. The audit has been registered and will be presented to the Clinical Effectiveness Group. This will also cross reference with the Mental Health Act and the correspondence file to ensure the correct information is being collated. Also to note, the care and treatment plans are in date and patients are being offered treatment in their primary language. The first audit report will be presented to the Committee in September. The Chair thanked the team and as this is an important form of assurance for this Committee.</p> <p>MHAC21/28.2 The Committee noted the verbal update.</p>	
<p>MHAC21/29 Reforming the Mental Health Act White Paper Consultation Responses from BCUHB</p> <p>MHAC21/29.1 The report provided the Committee with a summary of the white paper consultation and responses provided by the Health Board. The Chair highlighted the removal of the Associate Hospital Manager role in reviewing patients for discharge and also the additional work required in terms of the process to discharge rather than detain people. The Mental Health Act Manager confirmed a letter has been circulated to the Committee giving people the opportunity to respond individually and a response will also be sent to the Board for approval prior to submission.</p> <p>MHAC21/29.2 The Committee noted the report.</p>	
<p>MHAC21/30 Criminal Justice Liaison Service Update Report</p> <p>MHAC21/30.1 The Criminal Justice Liaison Service Manager presented the report highlighting this is the second report to be presented to the Committee. The performance in terms of the work with the Control Centre was highlighted and also referred to in terms of the data from North Wales Police as the team are looking to promote the service for local policing teams to utilise. The highest percentage of calls received by the service relate to calls for safety and the majority of calls are managed within 30 minutes or less. The team have been consulted on 70 potential S136s this quarter with 27 of those patients being diverted to alternative intervention and liaison with appropriate services. The team are working closely with North Wales Police in terms of training including bespoke training for detectives in relation to adult mental health issues.</p>	

<p>MHAC21/30.2 A Committee Member welcomed the report particularly the work in terms of offenders and prevention and highlighted concerns in relation to Colwyn Bay and Gwynedd and the clinics available. The Criminal Justice Liaison Service Manager has flagged Caernarfon as a concern due to the higher rate of DNAs within that area due to the distance people need to travel and is proposing the use of a clinic closer to the area on a monthly basis. The Chair suggested it would be helpful for the service to link in with the magistrates court as they may not be aware of the service and confirmed the team are having a great impact and suggested a focus on outcomes and financial implications for future reports.</p> <p>MHAC21/30.3 The Committee noted the report.</p>	<p>RJ</p>
<p>POLICY APPROVALS</p>	
<p>MHAC21/31 Mental Health Act Policies</p> <p>MHAC21/31.1 Policy for Section 5(2) Doctors holding power in psychiatric units MHL0034</p> <p>MHAC21/31.1.2 This policy was approved.</p> <p>MHAC21/31.2 Policy for the implementation of Section 5(4) Nurses Holding Power MHL0033</p> <p>MHAC21/31.2.1 The Chair highlighted that the policy reads more like a procedure rather than a policy. The Mental Health Act Manager agreed and confirmed that discussions have taken place with other Health Boards and Mental Health services and the document is deemed as a policy if it follows the code of conduct. The Medical Director of MHL0033 confirmed the need to comply with the legal requirement and the team agreed to take the comments away and review the documentation requirements.</p> <p>MHAC21/31.2.2 The policy was approved.</p> <p>MHAC21/31.3 Policy for Information to Patients (S132/3 Mental Health Act) MHL0030</p> <p>MHAC21/31.3.1 The policy was approved.</p>	
<p>FOR INFORMATION</p>	
<p>MHAC21/34 Update on the approval functions of Approved Clinicians and Section 12(2) Doctors in Wales</p> <p>MHAC21/34.1 The Chair raised concerns, which have been discussed with the Board Secretary, in relation to the robustness of the governance arrangements for this item as it is received for information but assurance is required in terms of the approval process. The Executive Director of Public Health confirmed the report is presented to the Committee for information, in terms of governance, the Health Board are the host organisation therefore the required progress is being</p>	

<p>discussed with the Board Secretary. The Interim Director of Governance confirmed this is an All Wales service therefore there is a need to provide reports for assurance purpose not the process being undertaken. The Chair requested for the wording on the cover page to be amended.</p> <p>MHAC21/34.2 The Committee noted the report.</p>	
<p>MHAC21/35 Mental Health Act Committee Annual Report : feedback from Audit Committee</p> <p>MHAC21/35.1 The Committee noted the approval of the report at a recent Audit Committee workshop.</p>	
<p>MHAC21/36 Issues of Significance to inform Chair’s Report to the Board</p>	
<p>MHAC21/37 Date of next meeting</p> <p>24.9.21</p>	