

**Bundle Power of Discharge Sub-Committee 28 June 2019**

9.30am Boardroom, Carlton Court LL17 0JG

- 1            POD19.10 - Apologies for Absence
- 2            POD19.11 - Declarations of Interest
- 3            POD19.12 - Minutes of Last Meeting and review of Summary Action Log
- 1) *To confirm as a correct record the Minutes of the last meeting held on 29th March 2019.*
- 2) *To deal with any matters arising not dealt with elsewhere on the agenda*
- 3) *To review the Summary Action Log*
- Draft Minutes Power of Discharge Sub Committee March 2019 v0.1.docx
- POD Summary Action Plan live version.doc
- 4            POD19.13 - Hospital Managers' Update
- POD19.13 - Associate Hospital Managers Update Report.docx
- 7            POD19.16 - Issues of Significance to inform the Chair's Report to the Mental Health Act Committee
- 9            POD19.17 - Date of next meeting
- Friday 27th September 2019 - Boardroom, Carlton Court*



**Power of Discharge Sub Committee**

**Draft Minutes of the Power of Discharge Sub Committee held on  
Friday 29<sup>th</sup> March 2019  
Boardroom, Carlton Court**

**Present:**

Marian Wyn Jones [Chair]	Vice Chair, BCUHB
Cheryl Carlisle	Independent Member
Frank Brown	Associate Hospital Manager
Jackie Parry	Associate Hospital Manager
Lyn Meadows	Independent Member
Satya Schofield	Associate Hospital Manager
Shirley Cox	Associate Hospital Manager
Shirley Davies	Associate Hospital Manager

**In Attendance**

Andy Roach	Director of Mental Health & Learning Disabilities
Hilary Owen	Head of Governance
Jill Timmins	Director of Operations & Service Delivery
Sandra Ingham	Business Support Manager [BCUHB]
Wendy Lappin	MH Act Manager [BCUHB]

<b>Agenda Item</b>	<b>Action</b>
<p><b>POD19.01 – Apologies</b></p> <p>POD 18.25.1 Apologies were received from Gill Harris, Steve Forsyth</p>	
<p><b>POD19.02 – Declarations of Interest</b></p> <p>POD 19.02.1 - There were no declarations of interest made at the meeting.</p>	
<p><b>POD19.03 – Minutes of Last Meeting &amp; Review of Summary Action Log</b></p> <p>POD19.03.1 – Minutes of the meeting held on 14<sup>th</sup> December were agreed as an accurate record with the amendments to attendance.</p> <p>POD19.03.2 – Actions were recorded therein</p>	
<p><b>POD19.04 – Hospital Manager’s Update</b></p>	

<p>POD19.04.1 – There were 31 hearings from October to December and one discharge. 8 hearings were cancelled, 3 of which were due to sickness. Following discussions with other Health Boards, going forward, hearings will only be arranged once the renewal paperwork has been received from the clinician, this will reduce the number of hearings being cancelled.</p> <p>POD19.04.2 – All hospital managers were compliant with their mandatory training; it was noted that WL will advise when training has expired. New appointments will be required to complete full training before being allowed to shadow hearings.</p> <p>POD19.04.3 - Risk assessments are now being requested prior to hearings taking place.</p>	
<p><b>POD19.05 – Defining a Health Based Place of Safety for Young People Under 18 years – MHA Section 136</b></p> <p>POD19.05.1 - Report distributed for information and members were asked if they had any issues or concerns to raise.</p> <p>POD19.05.2 - AR advised that Adult Mental Health were working closely with CAMHS to ensure the issues around adults in 136 provision, Welsh Government are asking that action is provided on how this is going to change going forward to ensure we are fulfilling our safeguarding duties to children.</p> <p>POD19.05.3 – There has been a significant reduction with admissions down to 22 but this was still thought to be too many. Previous reports counted each individual admission, the new data is for each individual patient resulting in a reduction. Situations were still arising where children were spending excess time in 136 suites, whilst the safety of the child is priority at all times, we continue to try and develop a better solution.</p> <p>POD19.05.3 – A priority solution is required for high risk children and whilst Abergele was being considered, there are issues around resourcing and out of hours. Whilst not acceptable this is the best safeguarding solution we currently have. Issues in the main are out of hours. It was noted that adult clinicians are very flexible and will carry out an assessment on a child with advice from CAMHS colleagues. AR to provide an update on the recruitment day scheduled next month.</p> <p><b>Resolved:</b> That the report be noted and the actions outlined be progressed</p>	<p>AR</p> <p>AR</p>
<p><b>POD19.06 – Independent Review of Mental Health Act</b></p>	

<p>POD19.06.1 - Report was distributed for information. The recommendations were published in December; Health Board have provided a briefing paper split in to the 4 principles. Proposed changes to practice that may affect the HB and new ideas not currently being undertaken.</p> <ul style="list-style-type: none"> <li>• Patients being able to nominate someone to be involved in their care</li> <li>• Advance choice document to express their care and treatment preferences.</li> </ul> <p>POD19.06.2 - Strengthening assurance that patients are detained appropriately, this will create additional administration tasks. Increase in section 12[2] doctors required.</p> <p>POD19.06.3 - SS expressed her concern at what she read as implications to the current role of the Associate Hospital Manager, returning to more of a hospital visitor role and not having the power to discharge anymore. WL asked that it be noted these are only recommendations, it does not mean they will be implemented.</p> <p>POD19.06.4 - That the report be noted and updates be provided as and when available.</p> <p><b>Resolved:</b> That the report be noted</p>	
<p><b>POD19.07 – Consideration of Changes to future POD and MHAC Meetings</b></p> <p>POD19.07.1 - Paper produced following discussions of the duplication across Power of Discharge Sub Committee and Mental Health Act Committee, legal clarification was sought along with the systems used in other Health Boards. Not a lot of updated information since the guidance issued in 2010.</p> <p>POD19.07.2 – The scoping exercise concluded that MHA Committee could be disbanded provided all the items could be discussed in QSE Committee. Given the large remit of this meeting this was not deemed to be appropriate. Various options have been provided: -</p> <p><b>Option 1</b>, members have already raised concerns about duplication and time constraints.</p> <p><b>Option 2</b> - Whilst the Health Board could move to a different model, Members of the Board may be concerned about doing this at a point when the Health Board remains in Special Measures, particular if then viewed as an outlier in Wales. Furthermore, the current workload of QSE is extensive and given it has only recently moved to bi-monthly meetings this arrangement needs to stabilise before QSE’s workload is expanded.</p>	

<p><b>Option 3 – Preferred option</b> - Retain both the MHAC and the POD but rationalise the business currently being presented and hold both meetings on the same day (in a condensed timeframe of morning or afternoon). This would potentially mean changes to the agenda in the following areas:-</p> <ul style="list-style-type: none"> <li>○ Cease submitting separate IMHA, S136 and CAMHS reports as the data is already incorporated into the overarching performance activity report.</li> <li>○ Remove the MHM compliance section from the performance report as this is already presented to QSE.</li> <li>○ HIW updates – only present these to MHAC not the POD. These reports should only be where HIW have specifically made recommendations concerning the Mental Health Act. NB the wider HIW reports are presented to QSE.</li> </ul> <p>POD19.07.3 – Under 18yrs Mental Health Act Section 136 data will not be provided as an individual item as this is included within the Mental Health Act Activity Report.</p> <p>POD19.07.4 – The preferred option was option 3 and it was agreed once the Division was out of special measures this can be reviewed again</p> <p>POD19.07.3 – Meetings will remain on a quarterly basis with no change at present to attendees. Agenda’s will be rationalised to avoid duplication</p> <p><b>RESOLVED:</b> It was agreed by the Sub Committee that option 3 be implemented.</p>	
<p><b>POD19.08 – Issues of Significance to inform the Chair’s Report to the Mental Health Act Committee</b></p> <p>POD19.08.1 – The Chair agreed to raise any issues of concern in her Assurance report to the Board</p>	
<p><b>POD19.09 – Date of Next Meeting</b></p> <p>28<sup>th</sup> June 2019 – Boardroom, Carlton Court</p>	

**BCUHB POWER OF DISCHARGE SUB COMMITTEE****Summary Action Plan – Live Document – last updated 20/06/2019 23:05**

<b>Officer</b>	<b>Minute Reference and Action Agreed</b>	<b>Original Timescale</b>	<b>Latest Update Position</b>	<b>Revised Timescale</b>
AR	<b>POD19.05.2</b> – AR to provide assurance on what is being done re children in S136 provision	June		
AR	<b>POD19.05.3</b> – AR to provide an update on the recruitment day held in April 2019	June		

<b>Power of Discharge Sub Committee</b>  28 <sup>th</sup> June 2019	 <b>GIG CYMRU NHS WALES</b>	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
<b>To improve health and provide excellent care</b>		

<b>Report Title:</b>	Hospital Managers Update Report
<b>Report Author:</b>	Wendy Lappin, Mental Health Act Manager
<b>Responsible Director:</b>	Andy Roach, Director of Mental Health and Learning Disabilities
<b>Public or In Committee</b>	Public
<b>Purpose of Report:</b>	To provide an update in relation to the (Mental Health Act) Associate Hospital Managers Activity within the Division
<b>Approval / Scrutiny Route Prior to Presentation:</b>	This paper prior to presentation at the Power of Discharge Committee Meeting has been presented to the MH&LD Q-SEEL meeting for the Senior Management Team and the Divisional Directors Meeting
<b>Governance issues / risks:</b>	The number of Associate Hospital Managers must be kept at reasonable levels to ensure the availability of persons for the future. We have addressed this by having an open direct hire advert to ensure that the cohort is kept at an adequate level.
<b>Financial Implications:</b>	The closure of local post offices and the need to collect documents from a main depot includes an increase in travel claims.
<b>Recommendation:</b>	The committee is asked to note the report

<b>Health Board's Well-being Objectives</b> <i>(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)</i>	√	<b>WFGA Sustainable Development Principle</b> <i>(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)</i>	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		

**Special Measures Improvement Framework Theme/Expectation addressed by this paper**

**Governance and Leadership – to ensure compliance with the Mental Health Act and Mental Health (Wales) Measure.**

<http://www.wales.nhs.uk/sitesplus/861/page/81806>

**Equality Impact Assessment**

**Retrospective looking report therefore no EqIA required.**

*(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see <http://howis.wales.nhs.uk/sitesplus/861/page/47193> )*

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*



## Hospital Manager's Update Report

### 1. Purpose of report

To provide an update in relation to the (Mental Health Act) Associate Hospital Managers Activity within the Division.

### 2. Introduction/Context

Section 23 of the Mental Health Act (the Act) gives certain powers and responsibilities to 'Hospital Managers'. In Wales NHS hospitals are managed by local health boards. The local Health Board is therefore for the purposes of the Act defined as the 'Hospital Managers'.

Hospital Managers have the authority to detain patients under the Act. They have responsibility for ensuring the requirements of the Act are followed. In particular, they must ensure patients are detained and treated only as the Act allows and that patients are fully informed of, and are supported in, exercising their statutory rights. Hospital Managers have equivalent responsibilities towards Community Treatment Order (CTO) patients. (CoPW 37.4)

In practice, most of the decisions of the Hospital Managers are undertaken by individuals (or groups of individuals) on their behalf by means of the formal delegation of specified powers and duties. (CoPW 37.5)

In particular, decisions about discharge from detention and CTOs are taken by Hospital Managers' Discharge Panels, specifically selected for the role. They are directly accountable to the Board in the execution of their delegated functions. (CoPW 37.6).

This report provides assurance that the individuals who form the Hospital Managers' Discharge Panels (namely Mental Health Act Associate Hospital Managers (MHA AHM)) are in receipt of adequate training and conform to the Health Board standards.

The report details the activity of the Mental Health Act Associate Hospital Managers in relation to Hearings and Scrutiny undertaken, concerns raised and improvements to the Division or service to which they have input for the period January 2018 – March 2018.

### 3. Activity

#### 3.1 Hearings

A total of 33 hearings were held this quarter resulting in 2 discharges. Of the hearings held 27 were section renewals, 5 appeals by the patient and 1 discretionary review. The discharges were following the discretionary review and a CTO renewal.

A breakdown of the hearing activity is detailed below:

## **January**

- ***16 hearings arranged (13 held)***

10 of the hearings held were section renewals, 1 discretionary review and 2 were patient appeals.

5 hearings were held in the inpatient units all renewal of S3 detentions, 8 hearings were held within a CMHT or an outpatient hospital.

- ***3 hearings were cancelled***

1 patient's CTO was revoked

1 hearing was adjourned due to the solicitor being unable to attend, the hearing was held in February and the CTO upheld.

1 barring hearing was cancelled due to the withdrawal of the Nearest Relative requesting discharge.

### **Outcomes of hearings held**

11 detentions were upheld

2 patients were discharged, discretionary review of a S3 and a CTO renewal.

## **February**

- ***17 hearings arranged (14 held)***

12 of the hearings held were section renewals and 2 appeals from the patient.

8 hearings were held in the inpatient units including 5 CTO renewals in the East (due to room availability in the CMHT's), 6 hearings were held within a CMHT or community setting.

- ***3 hearings were cancelled***

1 patient was regraded to informal

1 patient was discharged from their CTO

1 hearing was cancelled due to the unavailability of the RC, the patient has been discharged on a CTO.

### **Outcomes of hearings held**

11 detentions were upheld

1 hearing the panel could not agree, the patient was subsequently recalled to hospital from their CTO.

1 hearing was postponed due to the availability of the RC, a subsequent hearing has been held and the patient's detention was upheld.

1 hearing was adjourned due to a query regarding capacity, a subsequent hearing has been held and the patient's detention was upheld.

## **March**

- ***6 hearings arranged and held***

5 of the hearings held were section renewals and 1 a patient appeal.

5 hearings were held in the inpatient units to include 1 CTO renewal, 1 hearing was held in a CMHT.

### **Outcomes of hearings**

5 detentions were upheld

1 hearing was adjourned due to the attendance of appropriate professionals who knew the patient at the hearing and a lack of information to be able to come to a decision, this was rearranged to April, the patient is still subject to a CTO.

### **3.2 Scrutiny**

Scrutiny for 2019 began in February, 6 sessions have taken place with a total of 36 files scrutinised.

An annual audit will continue to be produced.

### **3.3 Training**

Mandatory training is continuing at the time of this report 33% of Managers are fully compliant. This is a reduction following the last report due to a number of trainings coming up for renewal. Out of the 11 training sessions Associate Hospital Managers are expected to complete a total of 84.5% of the total training has been completed. Those not completed include 5% which are flagged for renewal.

The Associate Hospital Managers Training Day for June unfortunately was cancelled and is to be rearranged as soon as possible.

### **3.4 Recruitment**

The Associate Hospital Manager cohort at the 31<sup>st</sup> of January 2019 consists of:

28 persons, 25 actively involved in hearings, 1 person currently stepped down, 2 persons shadowing.

This cohort is made up of 13 male and 15 female members of which 9 are Welsh speakers. Out of the active members we have 13 chair persons, 4 male and 9 female of which 5 are Welsh speakers.

### **3.5 Forums and Meetings**

The Chairs Forum and Associate Hospital Managers Forum Meetings are held regularly.

It is felt by the Associate Hospital Managers that these are useful meetings for sharing of information.

## **4. Assessment of risk and key impacts**

The process by which Associate Hospital Managers are appointed for a panel has changed and is conducted in the instance of renewals following the receipt of the renewal paperwork from the RC.

Following a renewal there is no timeframe specified within the Mental Health Act that a hearing must be held only the confirmation that one 'must' be held. Good practice suggests this should be done as close to a renewal date as possible. Risks associated with not conducting a hearing as close as possible would be transfers impacting on hearings being missed or rearranged.

Key impacts for the Associate Hospital Managers will be that they will be subject to less cancellations, there will be assurance that hearings should go ahead and in instances of cancellations there will be more robust reporting in relation to the AHM's activity.

#### **5. Equality Impact Assessment**

This is a retrospective report therefore no EQIA required.

#### **6. Conclusions / Next Steps**

**Scrutiny** – To continue for 2019.

**Training** –Managers to be supported in the completion of training.

**Recruitment** –Progress to be reported in future reports.

#### **7. Recommendations**

It is recommended that the Committee notes this report.