



Power of Discharge Sub Committee

**Minutes of the Power of Discharge Sub Committee held on
Friday 29th 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]

Agenda Item	Action
<p>POD19.01 – Apologies</p> <p>POD 18.25.1 Apologies were received from Gill Harris, Steve Forsyth</p>	
<p>POD19.02 – Declarations of Interest</p> <p>POD 19.02.1 - There were no declarations of interest made at the meeting.</p>	
<p>POD19.03 – Minutes of Last Meeting & Review of Summary Action Log</p> <p>POD19.03.1 – Minutes of the meeting held on 14th December were agreed as an accurate record with the amendments to attendance.</p> <p>POD19.03.2 – Actions were recorded therein</p>	
<p>POD19.04 – Hospital Manager’s Update</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>POD19.05 – Defining a Health Based Place of Safety for Young People Under 18 years – MHA Section 136</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>Resolved: That the report be noted and the actions outlined be progressed</p>	<p>AR</p> <p>AR</p>
<p>POD19.06 – Independent Review of Mental Health Act</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"> • Patients being able to nominate someone to be involved in their care • Advance choice document to express their care and treatment preferences. <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>Resolved: That the report be noted</p>	
<p>POD19.07 – Consideration of Changes to future POD and MHAC Meetings</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>Option 1, members have already raised concerns about duplication and time constraints.</p> <p>Option 2 - 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>Option 3 – Preferred option - 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"> ○ Cease submitting separate IMHA, S136 and CAMHS reports as the data is already incorporated into the overarching performance activity report. ○ Remove the MHM compliance section from the performance report as this is already presented to QSE. ○ 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. <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>RESOLVED: It was agreed by the Sub Committee that option 3 be implemented.</p>	
<p>POD19.08 – Issues of Significance to inform the Chair’s Report to the Mental Health Act Committee</p> <p>POD19.08.1 – The Chair agreed to raise any issues of concern in her Assurance report to the Board</p>	
<p>POD19.09 – Date of Next Meeting</p> <p>28th June 2019 – Boardroom, Carlton Court</p>	