CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

'UNCONFIRMED' MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT MONITORING COMMITTEE HELD ON 7 DECEMBER 2022, AS A VIRTUAL MEETING WHICH WAS HELD VIA MICROSOFT TEAMS

PRESENT

Jayne Sadgrove	-	Independent Member/ Health Board Vice-Chair (Chair)
Mel Jehu	-	Independent Member
James Hehir	-	Independent Member

IN ATTENDANCE

Robert Goodwin	-	Service Group Manager, Mental Health
Alyson Jones	-	Merthyr Tydfil County Borough Council
Gemma Moiller	-	South Wales Police
Ana Llewellyn	-	Head of Nursing, Primary, Community, Mental Health & Learning Disabilities Care Service Group
Aaron Jones	-	
Mary Self	-	Consultant Psychiatrist
Krisha Menon	-	Clinical Director for Child & Adolescent Mental Health Services (CAMHS)
Wendy Penrhyn-Jones	-	Head of Corporate Governance and Board Business
Kathrine Davies	-	Corporate Governance Manager (Meeting Secretariat)

PART 1. PRELIMINARY MATTERS

MHA/22/12/1 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting including Dr. Krishna Menon, and Dr Mary Self, who were attending their first meeting.

MHA/22/12/2 **APOLOGIES FOR ABSENCE**

Apologies for absence had been received from Gethin Hughes, Chief Operating officer, Julie Denley, Director of Primary, Community & Mental Health and Alexandra Beckham, Rhondda Cynon Taff County Borough Council.

MHA/22/12/3 **DECLARATIONS OF INTERESTS**

There were no interests declared.

PART 2. CONSENT AGENDA

MHA/22/12/4 **'UNCONFIRMED' MINUTES OF THE MEETING HELD ON 12 OCTOBER 2022**

Resolution: The minutes were **APPROVED** as a true and accurate record.

MHA/22/20/5 **Committee Self-Effectiveness Survey Outcome & Improvement Plan**

Resolution: The Report was **APPROVED.**

MHA/22/12/6 **Amendment to the Standing Orders – Schedule 2 Mental Health Act Monitoring Committee Terms of Reference**

Resolution: The Terms of Reference were **APPROVED.**

MHA/22/12/7 **ACTION LOG**

Resolution: The Committee **NOTED** the Action Log.

PART 3 - MAIN AGENDA

IMPROVING CARE

MHA/22/12/8 **MHA OPERATIONAL GROUP REPORT**

R Goodwin presented the report, which provided Members with an update on the work of the MHA Operational Group.

M. Jehu referred to the place of safety room within the Accident and Emergency Department at Prince Charles Hospital (PCH) and advised that he had escalated this with the Ground and First Floor Project Board. R. Goodwin thanked M. Jehu and advised that the Local Authority had also been made aware of the issues.

M. Jehu referred to the meeting that had been held with South Wales Police in relation to the Custody Suite in Bridgend with regard to Sections 135 and 136 and queried whether it had involved all Police Officers from Rhondda, Cynon and Taff areas as well as Bridgend. R. Goodwin confirmed that it had been a regional meeting for all areas of the Police Force within the Cwm Taf Morgannwg area. He advised that one of the main areas discussed at the

meeting was the practice that had been developed in the Royal Glamorgan Hospital in which there had been agreement that the Police could leave a patient after 30 minutes if they were settled. He added that clarity was required on the renewal of the policy and operational arrangements moving forward to ensure everyone was protected.

A. Jones referred to the place of safety room in Prince Charles Hospital and advised that the issue was not just about the room but also about the lack of crisis staff which also tied in with the Police leaving a patient after 30 minutes. She advised that it was a two part approach, the room was not fit for purpose and there were no crisis practitioners able to provide adequate support as they were now working from two sites.

J. Hehir referred to the fundamental breaches on page 2 of the report which stated a meeting would be held to discuss medical scrutiny of the papers and to develop guidelines with regard to this and sought clarity as to whether progress had been made. R. Goodwin advised that the outcome of this had been included within the Quarterly Activity report on today's agenda and suggested he responded to this point when that report was received.

J. Sadgrove advised that there was lots of work to be undertaken to ensure that this was operated safety and requested that the Committee receive an update at the next meeting on the improvements made.

J. Sadgrove referred to the increase in minor errors, and queried whether there was something causing this. R. Goodwin advised that they found that there had been some issues in relation to the Advanced Mental Health Practitioners (MPAs) making particular selections on the form for example, not ticking the box where immediate relative had been informed, use of abbreviations and inaccurate patient details. He advised that the checklist was reviewed continuously to ensure that it was as helpful as possible, looking to align with the all-Wales approach.

J. Sadgrove referred to paragraph 2.3 and the Register of Conditionally Discharged Patients and advised that some people had been on the list for a long time and queried whether that was normal. R. Goodwin advised that this was related to those patients whose passage through the Mental Health Act was overseen in part by the Ministry of Justice which was responsible for approval of any

discharge from conditionally discharged patients. He added that in some cases patients who had been subject to those provisions for a longer period were viewed by the Ministry of Justice as still requiring potential recall.

In response to the question, A. Jones, advised that it would be likely that patients could be on the list for a considerable amount of time, they could request an absolute discharge and could go to a tribunal, but most patients were reluctant to go through that process. M. Self added that if patients did not request a tribunal they would have a routine tribunal that comes up periodically when it was reviewed in line with the Mental Health Act requirements.

J. Sadgrove referred to paragraph 2.8 the Review of Section 3 patients detained in Older Peoples Mental Health Services who were transferred onto a Deprivation of Liberty Standards (DoLS) and queried what would normally happen. R. Goodwin, in response, advised that in most cases when patients moved onto a Section 3 that would be tested through a Tribunal Hearing which would happen quickly and those papers would be applied. However, on some occasions with older people when they move from the Mental Health Act (MHA) to the Mental Capacity Act there could be a potential issue in terms of assessments between the Advanced Mental Health Practitioners and the DoLS assessors to ascertain whether the patient had cognitive impairment.

A. Jones advised that they had been concerned as none of the AMPs had ever gone to Tribunal for a patient with dementia so they had asked the Operational Group to look at the figures because often, if someone was admitted under the detention of the MHA this would require two doctors and an AMP for them to be transferred onto DoLS. This was about ensuring that older people had the same rights as younger people and trying to understand why there had not been any Tribunals in the Merthyr Tydfil area. She advised that the Mental Health Administrators were looking at the statistics to fully understand the data.

J. Sadgrove commented that it was good to note progress with MHA training and the policy renewal process.

Resolution: The Committee **NOTED** the Report.

Action: To receive a further update on the place of safety room at Prince Charles Hospital at the next meeting.

HA/22/12/9 **MENTAL HEALTH ACT QUARTERLY ACTIVITY REPORT/ BREACHES/ANALYSIS OF UNLAWFUL DETENTIONS**

R. Goodwin presented the report that provided the Committee with an overview of MHA activity for Adult, Older Persons and Child & Adult Mental Health Services (CAMHS) for Quarter 2 July - September 2022.

M. Self referred to the consent to treatment and advised that there had been a significant staff turnaround of locum doctors recently which had contributed to the problem. She reassured the Committee that a communication had been sent out that week stating that consent to treatment and any Responsible Clinician (RC) change between two consultants would have to be confirmed and agreed by a written communication via email and this had been copied into the Mental Health Act office. It had also been raised at the most recent consultant meeting.

J. Sadgrove referred to the fundamental breach and queried why it had been completed on a joint basis. R. Goodwin advised that because they had been completed on a joint single recommendation where both doctors signed a single recommendation, if there was a problem with the application then it would invalidate the application and cause a fundamental breach. K. Menon, clarified that the issue had arisen in CAMHS and the doctor involved was from an agency. A. Jones added that there were two issues they were having with the joint forms in that the MHA administrators prefer the doctors to use separate forms but some doctors prefer joint forms as they then take the lead from the consultant.

J. Hehir sought reassurance that lessons were being learned and that they were realising the benefits of increased awareness of what was required and consistency of practice was essential. He added that the staff turnover with the number of locums was not helpful to service efficiencies.

J. Sadgrove commented that from the Committee's perspective they understood what had happened and what was being done to rectify this, however, it would be helpful to receive a further update on this within the Operational Group Report at the next meeting. R. Goodwin confirmed that they would do this and would also look over the fundamental breaches for the last 10 quarters.

J. Sadgrove referred to Section 3 Older Persons Detentions and referred to the graph that was showing Bridgend to be much higher than the rest of CTM. R. Goodwin advised that one possible explanation could be the admitting policies or arrangements with key consultants in that more patients were detained by a particular consultant who wanted to manage the risks in those ways rather than trying to admit people informally or caring for people in the community.

M. Self advised that they did not have a specific capacity form and this had occurred with some incidents last year. She advised that a working group was looking to develop a form and she would check on the progress of this. K. Menon advised that there was a form on share-point for the Royal Glamorgan Hospital and would be a good template to use as a starting point. He advised that he would share this outside of the meeting with M. Self.

A. Jones advised that the form had been developed and had been shared by R. Richards for comments.

Resolution: The Committee **NOTED** the report.

Action: Further update on fundamental breaches to be brought back to the next meeting.

Action: R. Richards to be contacted with regard to the draft form developed.

MHA/22/12/10 **RISKS RELATING TO THE MONITORING OF THE MENTAL HEALTH ACT**

R. Goodwin presented the report on behalf of J. Denley that provided an overview of the current risks relating to the monitoring of the Mental Health Act for Quarter 2 July - September 2022.

Members noted that the items raised in the previous report were also contained within this report and therefore there were no further questions to ask.

Resolution: The report was **NOTED**

MHA/22/12/11 **HIW REPORT ON CAMHS – ACTION PLAN PROGRESS REPORT**

K. Menon presented the report that provided the Committee with an update on the progress with the Action Plan.

J. Sadgrove referred to the Appendix that was indicating good progress with the Section 17 leave forms. K. Menon advised that a few things had been identified missing from the forms such as the intended outcome or purpose of the leave, and how the leave had been the requirement for a section for the patient to sign to indicate their involvement and agreement to their leave and to also contain a photograph or description of the patient to enable safe return if the patient fails to return from leave.

J. Hehir sought assurance on how confident they would be if they had an audit that they would get a good outcome. K. Menon advised that they were constrained by the structure of the form and that currently a photograph of the patient was not held on file. R Goodwin stated that a system had already been in use within forensic mental health services which included photographs and this was helpful in that this could be shared with the police should the patient go missing.

K. Menon advised that this had been discussed but was something worth looking at and he would take this back. R. Goodwin advised that he would share a copy of the form and this could be reviewed as part of the improvement and a further update at a future meeting on the actions being taken forward.

Resolution: The report was **NOTED.**

Action: To share the Missing Patient Form as part of the improvement plan.

MHA/22/12/12 **CRISIS CARE CONCORDAT NATIONAL AND LOCAL UPDATE**

A. Jones presented the report that provided the Committee with an update on progress in relation to the National and Local Crisis Care Concordat groups tasked with the successful implementation of the Wales Crisis Care Concordat National Action Plan 2019 – 2022 across the Cwm Taf Morgannwg region in collaboration with partner agencies and third sector organisations.

J. Hehir commented that it was a good report and that he would like to see more focus on benefits realisation and how the service had become more effective to demonstrate whether this was working and where it could be improved for future reports to the Committee.

A Jones advised that they had held a benefits realisation session just before this meeting and one of learning points from Cohort 1 was that Swansea Bay and Aneurin Bevan were to put a resource within the team to ensure that this was captured and it was encouraging that all the activity that went through the 111 pilot did not go through the emergency departments. It was noted that the intention was to input data into a dashboard to capture such information for future reports.

Alyson Jones referred to queries raised which included what the rationale was to just have all Registered Mental Health Nurses (RMN) and why it was not broader maybe for social work staff or teams to have a more holistic approach as a lot of queries were not only about medication, they could be, for example, about bereavement and loneliness. Aaron. Jones, in response advised that would have preferred to have lower band staffing and also staff from the third sector, however, the staffing model was being steered nationally but he would be feeding these issues back to the centre.

Resolution: The report was **NOTED**

MHS/22/12/13 **STRATEGIC UPDATE FROM SOUTH WALES POLICE**

G Moeller and T. Holder provided a verbal update to the Committee on the following:

- 111 Pilot and the reassurance of the progress made in CTM. A. Jones advised that the Crisis Care Concordat had been in discussions with colleagues from South Wales Police in regard to the 111 pilot and in particular a Police triage system that would migrate into 111. T. Holder advised that they had been having discussions with Swansea Bay University Health Board regarding this who were further ahead and they had been provided with a number to use outside of hours and again ensuring that there were enough people to answer the calls.

- Section 136 – The Committee were advised that there was nothing concerning at the moment, however, discharges were increasing slightly. They were looking at the outcomes of the Section 136 and trying to measure whether those detentions were of value and whether people were being signposted.

Resolution: The Committee **NOTED** the verbal update.

MHA/22/12/14 **STRATEGIC UPDATE FROM LOCAL AUTHORITY PARTNERS**

A. Jones advised that her updates had been raised within the previous agenda items so had nothing further to add.

Resolution: The Committee **NOTED** the verbal update.

PART 4 – OTHER MATTERS

MHA/22/12/15 **TO DISCUSS AND AGREE THE COMMITTEE HIGHLIGHT REPORT TO BOARD**

Resolution: The Committee considered items to include within the report and **AGREED** that the report would be prepared by the Governance Team following the meeting.

MHA/22/12/16 **FORWARD WORK PLAN**

The Chair advised that if there were any suggested items for future meetings to relay these to the Governance Team.

Resolution: The Forward Work Programme was **NOTED.**

MHA/22/12/17 **ANY OTHER URGENT BUSINESS**

MHA/22/12/18 **HOW DID WE DO TODAY**

The Chair invited members to comment and reminded them that they could also relay feedback outside of the meeting.

MHA/22/12/19 **DATE AND TIME OF NEXT MEETING**

8 March 2023 at 2:00 pm