

**COFNODION Y CYFARFOD  
PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL  
CYMERADWYO / APPROVED  
MINUTES OF THE  
MENTAL HEALTH LEGISLATION ASSURANCE COMMITTEE (MHLAC)**

Date and Time of Meeting:	13.30-16.00am, Tuesday 15 <sup>th</sup> June 2021
Venue:	Via MS Teams

Present:	<ul style="list-style-type: none"> <li>• Mrs Judith Hardisty, Vice Chair of Hywel Dda University Health Board</li> <li>• Mr Maynard Davies, Independent Member</li> </ul>
In Attendance:	<ul style="list-style-type: none"> <li>• Mr Clive Smith, Carer Representative</li> <li>• Mr Andrew Carruthers, Director of Operations</li> <li>• Ms Liz Carroll, Director of Mental Health &amp; Learning Disabilities</li> <li>• Dr Warren Lloyd, Associate Medical Director/Consultant Psychiatrist</li> <li>• Ms Ruth Bourke, Mental Health Act Administration Lead</li> <li>• Mrs Sara Rees, Assistant Director of Nursing, Mental Health &amp; Learning Disabilities</li> <li>• Ms Donna Pritchard, Ceredigion County Council</li> <li>• Mr Rob Jeffrey, Welsh Ambulance Service</li> <li>• Mr Ken Jones, Community Health Council Representative</li> <li>• Ms Jane Hitchings, Pembrokeshire Local Authority</li> <li>• Ms Melanie Evans, Head of Service, Learning Disabilities</li> <li>• Ms Kay Isaacs, Head of Service, Adult Mental Health</li> <li>• Ms Nicola Hopkins, Nurse Assessor, Mental Health &amp; Learning Disabilities Directorate</li> </ul> <p>• Secretariat: Mrs Elizabeth Cook, (EC3) MH&amp;LD PA</p>

<b>GOVERNANCE</b>		
Agenda Item	Introductions and Apologies for Absence	Action
1.1	<p>Mrs Judith Hardisty welcomed all to the meeting and noted thanks for work and involvement in the Committee, including interim Chair to Mr Paul Newman, Independent Member who had now left the membership and welcomed Mr Iwan Thomas who was joining the Committee as an Independent Member.</p> <p>The following apologies for absence were received:</p> <ul style="list-style-type: none"> <li>• Mrs Delyth Raynsford, Independent Member</li> <li>• Ms Angela Lodwick, CAMHS &amp; IPTS Head of Service</li> <li>• Ms Aileen Flynn, Transformation &amp; Strategic Partnerships Manager</li> <li>• Superintendent Ross Evans, Dyfed-Powys Police</li> <li>• Ms Angie Darlington, Third Sector Representative</li> <li>• Mr Richard Jones, Nurse Consultant, MH&amp;LD</li> <li>• Mr Iwan Thomas, Independent Member</li> </ul>	
1.2	<p><b>Declarations of Interests</b></p> <p>No declarations of interest were made.</p>	

1.3	MHLAC Terms of Reference	
	The revised Terms of Reference incorporating the amendments agreed at the meeting held on 1 <sup>st</sup> September 2020 were received and accepted. The Chair confirmed these would now be received by Board for formal approval.	
	The Committee <b>NOTED and APPROVED</b> the content of the revised MHLAC Terms of Reference 2020/21.	
1.4		
	The minutes of the meeting held on <b>2<sup>nd</sup> March 2021</b> were <b>APPROVED</b> as an accurate reflection of the previous meeting.	
	The Committee <b>NOTED and APPROVED</b> the minutes from the previous MHLAC meeting in March 2021.	
1.5	<b>Matters Arising, including Table of Actions from the Minutes of the Meeting held on 2<sup>nd</sup> March 2021</b>	
	<p>The Table of Actions was reviewed and the following noted:</p> <p><b>MHLAC (20) 77</b> This action point is to be marked as completed. It was acknowledged that this would be an ongoing matter for Scrutiny Group to continue to monitor the movement of individuals and service contact and may include additional meetings outside of the Committee structure with KI/AD/CS or wider, this would be included as part of the regular update received from Scrutiny Group to the Mental Health Legislation Assurance Committee.</p> <p><b>MHLAC(21)02</b> This action point is to be marked as completed. Mrs Rees confirmed she had met with Mr Clive Smith, Mr Ken Jones and Ms Angie Darlington and explored a number of issues, including a variety of ways to receive feedback and connect with carers. Mr Ken Jones provided details which fitted with the Putting Things Right Process and operational services will always, in the first instance, engage with carers before referring to a formal route to resolve any issues. Mrs Sara Rees noted that the Carers Champion had been seconded into a post within the vaccine provision which had left the Quality Assurance &amp; Practice Development Department short staffed, however it was also noted that a Band 7 had been recruited and was expecting to start within the department in August which would allow the triangle of carers networks to restart. Mrs Sara Rees invited Mr Clive Smith and Mr Ken Jones to give their perspective of the meeting. Mr Clive Smith confirmed there had been a positive exchange of opinions and noted that carers should not only be seen as a source of complaint and that the process would be ongoing. Mr Ken Jones agreed the need for empathy when dealing with carers and the need for clarity and support for the next step if a service user is not admitted but carer involvement and continued support is necessary. Both Mr Clive Smith and Mr Ken Jones welcomed the opportunity for the debate.</p> <p>No other issues were raised.</p>	
	The Committee <b>NOTED</b> the MHLAC Table of Actions.	

1.6	<p><b>Staff Story – provided by Nicola Hopkins, Nurse Assessor MH&amp;LD</b></p> <p>Mrs Judith Hardisty was delighted that Ms Nicola Hopkins was able to present to the meeting and welcomed the return of the Patient/Staff story to the agenda.</p> <p>Mrs Liz Carroll also thanked Ms Nicola Hopkins for attending the meeting and for sharing her story.</p> <p>Ms Nicola Hopkins gave an enthusiastic and animated illustration of her experience in the use of Care and Treatment Plans and how a person-focused approach can and did make a difference to the patient involved.</p> <p>Mrs Judith Hardisty thanked Ms Nicola Hopkins for her presentation and obvious and infectious enthusiasm. Mr Clive Smith echoed the Chair’s thanks and hoped that Ms Hopkins would be able to enthuse other nurses to encourage full participation in Care and Treatment Plans with the focus on recovery which would elevate community care.</p> <p>Ms Nicola Hopkins thanked the Mental Health Legislation Assurance Committee for the invitation and opportunity to present. Ms Hopkins left the meeting.</p> <p>The Committee was pleased to <b>RECEIVE</b> the presentation of the Staff Story.</p>	
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1.7	<p><b>SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (SCAMHS)</b>  <b>Admission &amp; Patient Pathway Report</b></p> <p>Ms Liz Carroll presented the Admission &amp; Patient Pathway Report on behalf of Ms Angela Lodwick, Head of Service for CAMHS and it was noted that Dr Warren Lloyd was also in attendance at today’s meeting.</p> <p>Ms Liz Carroll noted that the report was timely due to the increase in admissions of Children and Young People to age appropriate beds and the paper sets out the strict criteria that the Welsh Government expect health boards to have in place with regards to supporting children and young people in those beds.</p> <p>An admission to any unit with a mental health issue is challenging and a frightening time for children and young people, carers and families. The intention is to minimise stays and make the stay as therapeutic as possible. The longstanding arrangement with Morlais Ward and staff continuing to be well engaged with CAMHS and offering daily support is noted.</p> <p>Guidance on training requirements was provided. Ms Liz Carroll explained there is an expectation of appropriate admissions, including a Datix report for each admission. Regular training sessions between CAMHS and other staff is providing ongoing support. It was noted that within the developing relationship between Adult and CAMHS (Morlais Ward) there have been an increased number of children and young people requiring admission and the Directorate are reviewing</p>	
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the option to provide a second Band6 as a member of the core team with CAMHS expertise to provide ongoing support.

Ms Liz Carroll noted the illustration of an increase of cases and further expectation for increased use. Welsh Government Leads noted that all health boards were reporting similar increases with some health boards experiencing higher numbers (relative to the size of the particular health board). The Admission Guidance Policy was also included in the papers for information and Ms Liz Carroll noted that this Guidance was to be reviewed by October 2021.

Dr Warren Lloyd added an expression of gratitude for colleagues in child health and adult health in supporting complex situations and trying to manage individual needs of young people who need to be admitted in crisis. Dr Lloyd noted the need to maintain admission in beds for longer periods of time and were now requiring beds for much longer. Dr Warren Lloyd also noted the lack of specialist Tier4 inpatient beds for children and young people across the UK, not restricted to Wales.

Ms Liz Carroll also noted the Specialist CAMHS Service Specification was also to be reviewed in the near future and confirmed that Mrs Angela Lodwick was currently revising the structure to ensure appropriate management and allow clinical need and governance processes to be in place to support the growing demand and enable services to be delivered safely and effectively.

Mr Maynard Davies expressed concern at the increase in admission and lengths of stay and asked for further detail on the numbers within the service provision – how many beds are available within the health board and the two Tier4 units in Wales?

Dr Warren Lloyd confirmed that there were x2 age specific beds within the health board, one designated within Cilgerran Ward and one within the Acute ward (Rainbow suite). The Rainbow suite was usually for admissions under the age of 16 who were presenting in crisis. It was noted that the Rainbow Ward was a self-contained unit within the Acute ward.

Dr Warren Lloyd further explained that if a young person presents with a complex eating disorder and requires physical intervention or monitoring they would need to be supported on Cilgerran ward and Morlais ward as an acute inpatient unit with a designated bed for young people over 16 years old. Dr Warren Lloyd explained the demand was running over capacity with those beds, averaging 4-5 young people in health board beds over the last several months. It was acknowledged this was not unique in terms of the position across Wales and England and that NHS England were experiencing similar challenges to access beds.

Ms Liz Carroll highlighted that staff involved have to be specifically trained, have the health board has to utilise those areas where beds are already in place and any admissions have a consequence on the impact into adult inpatient unit with high acuity. Each service supporting another part of the service to enable support to those individuals has a consequence for Adult and Older Adult Mental Health Services bed availability.

Dr Warren Lloyd further noted the additional training needs required to enable management of children or young people on Cilgerran ward. Dr

	<p>Lloyd reported a current national review of Tier4 beds and an acknowledgement that demand was outstripping capacity across Wales, England and within the independent sector who provide some beds. Dr Lloyd noted that the Tier4 Bed Review was also investigating eating disorders across all age ranges in recognition of the increase in requirements and the Directorate were engaging with this All-Wales work.</p> <p>Mrs Judith Hardisty asked how this would fit with the health board's children's strategy? Ms Liz Carroll acknowledged this would align however this paper was specific for CAMHS services and would interface in terms of pathways with Women's and Children's Services as detailed within the description of the Hywel Dda SCAMHS provision.</p> <p>Mrs Liz Carroll provided a recommendation that the Committee takes assurance that the service is following the guidelines as set out by the Welsh Government in the delivery of services in relation to Morlais and Cilgerran Wards.</p>	
	The Committee <b>NOTED</b> the content of the SCAMHS Admissions and Pathway Report and was <b>ASSURED</b> that the Service is following the guidelines as set out by Welsh Government.	

1.8	<b>Mental Health Legislation Assurance Committee Self-Assessment</b>	
	<p>Mrs Judith Hardisty introduced the concept of the Self-Assessment process to the Committee and explained this would be circulated after the meeting for each member to provide their assessment of the performance and inclusion of the committee over the previous 12 months.</p> <p>The responses will be collated and included in a report to the next Mental Health Legislation Assurance Committee meeting and would form part of a wider learning exercise for all committee services.</p>	<b>EC3</b>
	The Committee <b>NOTED</b> the future circulation of the Self-Assessment documentation for completion and return.	

	<b>PERFORMANCE</b>	
2.1	<b>Risk Register</b>	
	<p>Mrs Judith Hardisty referred to the requirement within the Terms of Reference to review the Mental Health Risk Register and noted that Directorate Risks are communicated and discussed within other committees and groups and asked for identification of those risks that were specific to the Mental Health Legislation Assurance Committee to be distributed to Committee members outside of the meeting and to receive a paper for inclusion in the next meeting.</p> <p>Mr Andrew Carruthers noted the difficulty in identifying specific risks for the Mental Health Legislation Committee as the risks contained in the Corporate Risk Register are reviewed within the Directorate. Mr Andrew Carruthers noted that the risk would have to be specific or for the purpose of its inclusion to be clearly identified to Mental Health Legislation Assurance Committee to avoid duplication of work by other groups/committees.</p> <p>Mrs Judith Hardisty noted that the Mental Health Legislation Assurance Committee should receive risks specific to that committee and requested</p>	

	<p>a paper be brought to the next meeting showing how they relate directly to legislation and could be included in the Table of Actions.</p> <p>Mr Clive Smith commented that there was a need to link the risk to the business of the Mental Health Legislation Assurance Committee and in particular relate to the risk of insufficient staff as he did not currently feel sufficiently assured.</p> <p>Mrs Jane Hitchings also highlighted the difficulty in recruiting and retaining AMHPs and the current situation meant that the Local Authority was increasing risk for all organisations to maintain statutory functions and asked if this remained on the Directorate/Health board Risk Register. Mrs Liz Carroll questioned if this should be on the Health board Register or if it was more appropriate for it to be included as a Local Authority risk. Mrs Jane Hitchings explained that as an AMHP could be employed by either health board or local authority it could be classified as a cross-sector risk and would forward the definition to Mrs Liz Carroll for suitability of inclusion in the Operational Risk Register/Directorate Risk Register/TMH Register.</p> <p>Mrs Judith Hardisty also noted that any issues relating to Workforce and Quality would be reviewed within their appropriate Committee settings and asked that Mrs Liz Carroll, in conjunction with Mr Andrew Carruthers review the risks aligned to the Mental Health Legislation Assurance Committee and return to this group for scrutiny and receive assurance.</p>	<b>LC/AC</b>
	The Committee expected to receive a paper at the next meeting.	

<b>2.2</b>	<b>Mental Health Legislation Assurance Committee Annual Report</b>	
	<p>Mrs Judith Hardisty introduced the Mental Health Legislation Assurance Committee Annual Report and confirmed this had been approved under Chair's Action and ratified by the Board.</p> <p>Mrs Judith Hardisty outlined the Annual Report provided information on the work the Mental Health Legislation Assurance Committee had undertaken over the previous year, including summarising the duties of its sub-committee (Power of Discharge) and sub-group Mental Health Legislation Scrutiny Group. The Mental Health Legislation Assurance Committee continued to receive updates on standing items and also approved a number of key policies during the year that have now become working documents. Mrs Judith Hardisty confirmed this was an accurate summary of the business of the Mental Health Legislation Assurance Committee and gave an accurate report of an overview of the last year.</p>	
	The Committee <b>RECEIVED</b> and <b>NOTED</b> the Annual Report 2020-21.	

<b>2.3</b>	<b>Mental Health Act Quarterly Report</b>	
	Ms Ruth Bourke introduced the Mental Health Act Quarterly Report which noted temporary modifications due to the Covid-19 pandemic although use of the Act continued through the quarter, with certain restrictions on leave and visitors.	



	<p>Mrs Ruth Bourke reported the use of the Act remained largely unchanged and use of application was relatively consistent with the exception (on page 4) that the use of section 2 and 3 had increased over the past 10 years. It was suggested that unscheduled care rollout through 24/7 provision may coincide with the increased numbers but this would need in depth investigation due to the length of time.</p> <p>Mrs Judith Hardisty asked for any specific trends to be referenced and the Mental Health Legislation Assurance Committee would need full understanding of reasoning, to be taken into account for the next report.</p> <p>The Mental Health Legislation Assurance Committee undertook a brief discussion regarding the increased use of Section 2 and the possible explanations. Dr Warren Lloyd requested further clarification as data had been provided previously and questioned the capacity of operational staff to respond to questions and review details from historic data. Mrs Judith Hardisty agreed that reviewing the historical data would not be required and noted the increased use of Section 2 and Section 3 had been highlighted.</p> <p>Mrs Judith Hardisty highlighted local primary mental health support noted at page 11 and commended that targets had been maintained even during the pandemic and acknowledged the work undertaken.</p> <p>Mrs Liz Carroll referred to Part 4 (Data Collection) and explained the health board had moved from PAS to WPAS which had been a huge project. The Directorate were in the process of working with Infomatics and work was in progress and continuing. Data will be provided for future meetings however Mrs Liz Carroll provided a summary that there had been a dip in performance for April in terms of Part 1 and Part 2 of the Measure. It was noted that this could be attributed to pressures in CAMHS and there were plans in place to address those. Other areas came under care and Treatment Planning. Mrs Liz Carroll reported that there should be a clear expectation that the progress table would not be illustration green or completion throughout.</p> <p>Mr Andrew Carruthers commented that it was timely to reflect on the work of the Board and Performance Reporting and assurance to the Board relating to the plan and could consider if anything specific into this arena in relation to Hywel Dda outcomes and measures and consider the Mental Health &amp; Learning Disabilities aspect.</p> <p>Mrs Donna Pritchard extended her apologies and had to leave the meeting for another commitment at 3pm.</p>	
	<p>The Mental Health Legislation Assurance Committee <b>RECEIVED</b> the Mental Health Act Quarterly Report.</p>	

2.4	<p><b>Power of Discharge: Terms of Reference</b></p> <p>Mrs Ruth Bourke introduced the Power of Discharge: Terms of Reference, due for review by the sub-committee in May. Mrs Ruth Bourke reported that the layout had been reformatted and one point had been added regarding virtual meetings with an expectation that a physical meeting would occur at least once every two years.</p>	
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	The Mental Health Legislation Assurance Committee <b>APPROVED</b> the revised Terms of Reference for the Power of Discharge Sub-Committee	
2.5	<p><b>Power of Discharge: Update Report</b></p> <p>Mrs Ruth Bourke introduced the Power of Discharge Update Report explaining the Sub Committee, Hospital Managers includes details for discharge. The Sub Committee also looks at caseloads and the role of Hospital Managers. Richard Griffiths was a member of the Sub Committee and Senior Lecturer at the School of Health Science and provided regular training on relevant topics, including Hospital Managers Refresher Session and Next of Kin. Mrs Ruth Bourke could provide copies of the training materials on request.</p>	
	The Mental Health Legislation Assurance Committee <b>RECEIVED</b> the Power of Discharge Sub-Committee Update Report	
	<b>ASSURANCE</b>	
3.1	<p><b>Mental Health Legislation Scrutiny Group Report</b></p> <p>Mrs Kay Isaacs introduced the report and confirmed that meetings of the group had continued throughout the Covid-19 pandemic with the last meeting being held on 11<sup>th</sup> May 2021, receiving an informative report from Mrs Ruth Bourke. Mrs Kay Isaacs noted a concern regarding the management of documentation in District General Hospital and within the newly developing Liaison Service had been highlighted and will report via the Scrutiny Group.</p> <p>Mrs Kay Isaacs noted the Group considered Data around the Measure and welcomed attendance by the Senior Nurse, Quality Assurance &amp; Practice Development who provided reports giving data and quality of Care and Treatment Plans, involvement of carers and capturing the patient experience. It was noted the Local Authority have excellent representation and attendance from all three counties. Mrs Jane Hitchings confirmed that detail highlighted at the last meeting regarding the lack of S12 doctors had enabled an adaptation within their service provision and also referred to the recent presentation from the Head of Consent and Mental Capacity Protection.</p> <p>Mrs Kay Isaacs also highlighted the Scrutiny Group carefully monitor conveyance and the timely conveyance of individuals detained in community which has historically been problematic across Wales and England. Mrs Kay Isaacs was pleased to report that Hywel Dda had been very fortunate to be part of a 6 month pilot and have secured a St Johns' Ambulance purely for Directorate use. The Ambulance arrived at the beginning of May and Scrutiny Group will capture further detail to share as part of the evaluation.</p>	
	The Mental Health Legislation Assurance Committee <b>RECEIVED</b> the Mental Health Legislation Scrutiny Group Report	
3.2	<p><b>Quality Safety &amp; Experience Group Update Report</b></p> <p>Mrs Sara Rees introduced the Quality, Safety &amp; Experience Group Update Report to the Mental Health Legislation Assurance Committee for information, noting that the Group was no longer a Sub-Committee to the Mental Health Legislation Assurance Committee and reported directly to Operational Quality Safety Experience Assurance Committee. The Quality Safety &amp; Experience Group meet bi-monthly and the update report demonstrated the breadth of information the Group receives and</p>	



	reflects its clinical governance structure within its reporting. It was also noted that the Mental Health Legislation Scrutiny Group paper is also received at the Quality Safety & Experience Group meeting to ensure consistency and wide publication.	
	The Mental Health Legislation Assurance Committee <b>RECEIVED</b> the Quality, Safety & Experience Group Update Report	

	<b>FOR INFORMATION</b>	
4.1	<b>Mental Health &amp; Learning Disabilities Directorate Draft Clinical Governance Structure Illustration</b>	
	<p>Mrs Sara Rees introduced the Mental Health &amp; Learning Disabilities Directorate Draft Clinical Governance Structure Illustration, as requested by an Independent Member for information and hoped this provided assurance of the governance structure. The reporting mechanisms illustrated in the diagram were also reflected in the reports received to the Quality Safety &amp; Experience Group Update Report.</p> <p>Mrs Judith Hardisty requested a clearer delineation from the Mental Health Legislation Scrutiny Group into the Quality Safety &amp; Experience Group.</p>	<b>EC3</b>
	The Mental Health Legislation Assurance Committee <b>RECEIVED</b> the Mental Health & Learning Disabilities Directorate Draft Clinical Governance Structure Illustration	

4.2	<b>Health Board Response to Department of Health Consultation on Review of the Mental Health Act</b>	
	<p>Mrs Judith Hardisty requested Mrs Ruth Bourke provide a copy of the submitted Health Board Response be circulated to the Mental Health Legislation Assurance Committee members.</p> <p>Mrs Sara Rees noted it had been a very wide consultation via Medical Staffing Committee, global email and a variety of forums both inside and outside of mental health and learning disabilities.</p> <p>Dr Warren Lloyd noted that although it was a response collated on behalf of the Health board and all stakeholders on the Committee were able to submit individual responses, there would not an option to give accurate detail of where specific responses were received from.</p> <p>Mrs Judith Hardisty highlighted to the Finance Director that Welsh Government had queried costs as a result of the Consultation and this will continue to be monitored. The Health Board Response had been received by the Mental Health National Board for final comments</p>	<b>RB</b>
	The Mental Health Legislation Assurance Committee <b>NOTED</b> the submission of the Health board's Response to the Department of Health Consultation on Review of the Mental Health Act	

5.1	<b>Any Other Business</b>	
	Mr Clive Smith questioned reporting frequency from the Partnership Board or Transformation of Mental Health. Mr Andrew Carruthers noted that the last Transformation Project meeting was held February 2020 and noted a lot of the strategy steps had been taken as part of the Covid-19 response. Mrs Judith Hardisty reported that Ms Aileen Flynn had attended the previous meeting of the Mental Health Legislation Assurance Committee and provided an extensive report.	

Mrs Liz Carroll questioned if Transformation Project reporting should be incorporated into the Terms of Reference for this Committee or if it was helpful to receive updates for information. Provision of papers from the Transformation Project would not normally be brought to the Mental Health Legislation Assurance Committee however the paper being provided to Board for their September meeting could be provided as an update. Mr Clive Smith acknowledged receipt of the Transformation Project paper received for the March meeting and agreed the September meeting should follow the definition within the Terms of Reference.

Mrs Judith Hardisty confirmed that the agenda for each Mental Health Legislation Assurance Committee is agreed in advance with Mrs Liz Carroll and Mr Andrew Carruthers.

Mrs Judith Hardisty thanked Mr Rob Jeffrey, Welsh Ambulance Service for his attendance at the Mental Health Legislation Assurance Committee and looked forward to extending the invitation to WAS for their continued involvement and wished Mr Rob Jeffrey all best for his retirement. Mr Rob Jeffrey thanked the Chair and expressed his enjoyment at being part of the group and his involvement with Hywel Dda University Health Board.

6.	<b>Date, Time and Venue of Next Meeting</b>	
	The next meeting of the Mental Health Legislation Assurance Committee will be held on Thursday 2 <sup>nd</sup> September at 9.30am via MSTeams.	