



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	24 June 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Legislation Assurance Committee Annual Report 2018/19
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Paul Newman, Chair, Mental Health Legislation Assurance Committee
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joe Teape, Deputy Chief Executive Officer, Director of Operations

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to present the Mental Health Legislation Assurance Committee's Annual Report for 2018/19. The Annual Report outlines how the Mental Health Legislation Assurance Committee has complied with the key responsibilities set through its terms of reference and also identifies key areas of work intended to provide further assurance that the Committee's terms of reference are being adequately discharged.

**Cefndir / Background**

The UHB's Standing Orders and terms of reference for the Mental Health Legislation Assurance Committee (MHLAC) require submission of an Annual Report with the intention of outlining the work of the Committee and to identify how it has fulfilled the duties required of it.

Whilst the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its patients, service users, staff and the wider public, it has delegated authority to the Committee to undertake functions as set out within the Terms of Reference of the Committee.

In respect of its provision of advice to the Board, the Mental Health Legislation Assurance Committee is required to:

- Review reports from Healthcare Inspectorate Wales visits, the Delivery Unit and other external scrutiny bodies and approve the action plans for monitoring through its sub-committee structure;
- Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by the Mental Health Legislation Scrutiny Group;
- Receive Mental Health Legislation Scrutiny Group updates;
- Consider issues arising from its sub-committee and group structure;
- Receive the Hywel Dda Mental Health Partnership Board Annual Report and consider issues in relation to the implementation of the Mental Health Strategy across the Hywel Dda area;
- Receive update reports from the Mental Health Programme Group on improvement

programmes for high quality, safe and sustainable mental health services which are consistent with the Board's overall strategic direction.

- Receive Hospital Manager's Power of Discharge Committee Update Report & Minutes from previous meetings.

Membership of the Mental Health Legislation Assurance Committee consists of Independent Members. The Vice Chair of the Health Board undertakes the role of Chair of the Committee given their specific responsibility for overseeing the Board's performance in relation to Mental Health Services. Membership of the Committee consists of four Independent Members only – for assurance purposes.

In attendance membership includes University Health Board manager representation, a wide range of partner organisations, including local authority, police, advocacy, user representation, carer representation, Welsh Ambulance Services NHS Trust and the Community Health Council. The Committee may also request the attendance of any other officers of the Health Board as required.

In discharging its duties, the Committee receives information of all activity undertaken in relation to the 1983 Act and the MH Measure which includes:

- Regular reporting on the use of the Mental Health Act within the area served by the University Health Board;
- Regular reporting on the activity and compliance with the Mental Health (Wales) Measure 2010;
- Performance reporting;
- Healthcare Inspectorate Wales reviews.

The Committee has one Sub-Committee following the UHB's governance review in 2015; the Hospital Managers Power of Discharge Sub-Committee.

The Committee agreed to the establishment of the Hospital Managers Power of Discharge Sub-Committee (the Sub-Committee), made up of all Independent Members and Lay Members. Section 23 of the 1983 Act (the power of discharge) was delegated to the Sub-Committee. Officers can attend but are not members. A panel of three or more members drawn from the Sub-Committee hear individual cases where patients or their nearest relative have applied for discharge. The panels also sit on renewal hearings – these are collectively known as Hospital Managers reviews.

In respect of its provision of assurance to the Board, the Sub-Committee is required to:

- Review and monitor how the operation of the delegated functions under Section 23 of the 1983 Act are being exercised;
- Discuss the work of individual panels;
- Discuss the training requirements of review panel members;
- Discuss any impact of legislative change on the role of Hospital Managers;
- Highlight any impact of service changes; and
- Provide learning opportunities.

The Sub-Committee meetings are held three times each year and are divided into two parts: the first part deals with the Sub-Committee's governance and the second part has a training focus to ensure members are kept up to date with current legislation and of changes within the University Health Board.

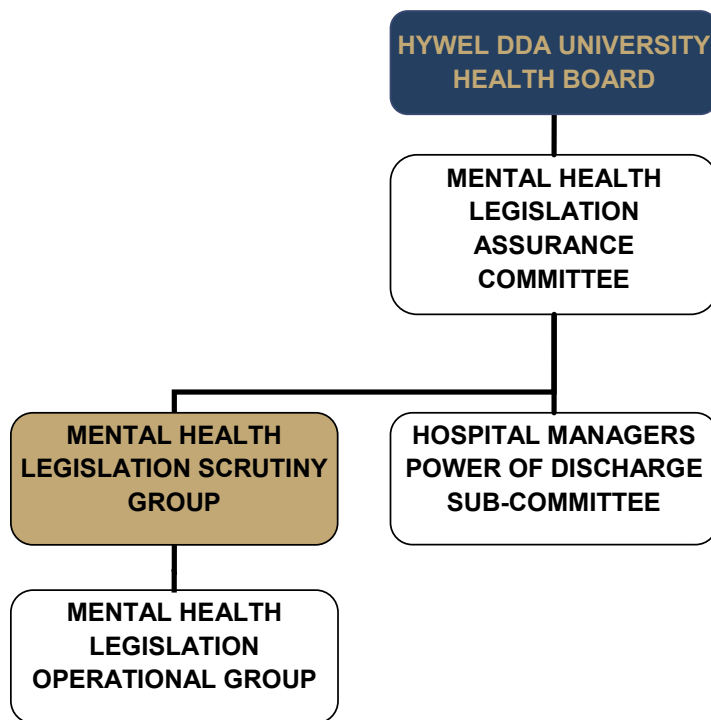
The Chair of the Sub-Committee is Professor John Gammon (Independent Member) who took over those duties in January 2016. This provides an additional level of assurance and scrutiny. The Mental Health Act administration lead is an attendee.

During the year members received training on the following areas:

- All Wales Hospital Managers Conference – Edge Training
- The role of the Mental Health Review Tribunal for Wales
- Medication for a mental disorder – Gwen Hughes, Pharmacist
- Part 3 patients – Ruth Bourke, Mental Health Act Administrator
- Joint training event - The Role and Functions of the Hospital Managers, Richard Griffith, Swansea University

### **Compliance with Mental Health Legislation (Sub-Groups)**

The Mental Health Legislation Assurance Committee has two Sub-Groups that provide additional layers of scrutiny to the University Health Board's (UHB) compliance with statutory mental health legislation.



The Mental Health Legislation Scrutiny Group (Scrutiny Group) representation consists of senior service managers from health and local authority stakeholders. It also includes representatives of service users, carers and advocacy groups. It is chaired by the Head of Adult Inpatient Services and it meets quarterly, four weeks prior to MHLAC. Its purpose is to scrutinise the UHB's compliance with mental health legislation and to investigate any areas of concern, independently or as directed by MHLAC. It reports directly to MHLAC through a quarterly performance paper and may also provide additional papers to MHLAC on areas of concern being investigated.

Beneath the Scrutiny Group, the Mental Health Legislation Operational Group (Operational Group) consists of team leaders and other relevant clinicians from health and local authority stakeholders. It is chaired by the Mental Health Act administration lead for the UHB. It meets quarterly, prior to the Scrutiny Group. Within this group, team leaders, local authority leads and external agencies are able to review data and highlight any operational issues or difficulties they encounter, as well as areas of good practice. This information is reported to the Scrutiny

Group on a quarterly basis. The Scrutiny Group may task the Operational Group with gathering evidence of any problems reported in order to be able to critically analyse any difficulties and agree solutions.

The roles of the Scrutiny Group and Operational Group are evolving, however their primary benefits to date have been to:

- More clearly identify any areas of concern and present greater clarity of exception reporting to MHLAC;
- Provide a clear line of communication between practicing clinicians and managers to the MHLAC assurance process;
- Quickly identify any areas of concern and instigate further investigation and intervention, thereby improving the quality of care delivery.

## Asesiad / Assessment

### The Mental Health (Wales) Measure 2010

	Target	Apr 18	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar 19
Part 1, T1	80%	94.9%	97.1%	96.6%	96.2%	93.4%	93.8%	96.6%	93.0%	93.5%	92.5%	96.5%	91.9%
Part 1, T2	80%	88.0%	96.0%	88.9%	95.1%	90.7%	87.5%	92.5%	95.6%	93.8%	87.2%	85.5%	81.5%
Part 2	90%	93.4%	92.3%	91.8%	91.1%	93.3%	91.2%	91.8%	92.1%	92.5%	91.3%	91.6%	91.1%
Part 3	100%	100.0%	44.4%	100.0%	62.5%	100.0%	100.0%	100.0%	100.0%	no P3 reports	100.0%	100.0%	100.0%
Part 4	100%	100.0%	90.1%	97.6%	89.9%	97.5%	94.7%	97.6%	95.7%	94.4%	97.7%	98.5%	100.0%

**Part One** – Target One – Assessed within 28 days of referral

Target Two – Treated within 28 days of assessment

Compliance with this target has been consistent in the main – the services are made up of small teams of staff which are sensitive to vacancies and sickness absence. Waiting time initiatives are used at times, resourced by funding available through vacancies.

**Part Two** – Patients in secondary care to have a valid Care and Treatment Plan

The service has been consistently compliant, albeit marginally at times. Fluctuations are mostly seen in adult services in teams where there are vacancies – this target is monitored at service level.

**Part Three** – 100% of assessment reports sent within ten working days

There is some variation in compliance with this target; the numbers of individuals involved are small.

**Part Four** – (Internal Target) – All patient admissions offered Independent Mental Health Advocate

The variation in compliance with this target is largely down to the adult acute inpatient units and

is often due to higher levels of acuity as well as instances where patients on admission are less receptive to a discussion about advocacy services.

## **Inspections**

Two Joint Inspections (Healthcare Inspectorate Wales and Care Inspectorate Wales) took place in Pembrokeshire and Ceredigion; both were Adult Community Mental Health Teams.

There were two unannounced Healthcare Inspectorate Wales visits:

- Bryngofal Ward (Adult Acute Inpatient) 5<sup>th</sup>-6<sup>th</sup> April 2018
- Cwm Seren (Low Secure Unit and Psychiatric Intensive Care Unit) 14<sup>th</sup>-16<sup>th</sup> January 2019

Action plans are devised for each visit that takes place and these are monitored through the Mental Health and Learning Disabilities Quality, Safety and Experience Sub-Committee.

## **Other Areas of Responsibility**

- The Committee agreed new policies on Section 5(2) Doctors Holding Power, Section 5(4) Nurses Holding Power, Community Treatment orders, an updated Hospital Managers Scheme of Delegation, Section 132 Patients' Rights, Section 17 leave and also approved the Section 117 after-care policy.
- The Committee was provided with an update on the use of Section 136 following the implementation of the Policing and Crime Act in 2017.
- The finalised standard operating procedure for commissioned out of county placements was presented to the Committee, this will be incorporated into the annual work plan.
- The Healthcare Inspectorate Wales Annual Report was noted for information.

## **Annual Work Plan**

The Committee will continue to review all work undertaken by the UHB which lies within its remit and provide assurance to the Board that its statutory obligations are being met.

The Committee takes an annual work plan-based approach to the management of its work and reminds members and stakeholders at every meeting that they can influence this work plan at any time. In addition to the previous work highlighted within this paper, this included:

- Regular updates from the Mental Health Programme Group on the MH transformation project. The Committee will continue to receive these quarterly.
- Regular updates from the Mental Health Partnership Board. The Committee will continue to receive regular updates throughout 2018/19.
- Regular updates on out-of-area placements.

## **Argymhelliad / Recommendation**

The Board is asked to endorse the Mental Health Legislation Assurance Committee Annual Report for 2018/19.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	Governance, Leadership and Accountability 2. Safe Care 3. Effective Care 4. Dignified Care
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Assurance Committee meeting 2018/19
Rhestr Termau: Glossary of Terms:	Included within body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Director of MH&LD Vice Chair/Chair of Mental Health & Legislation Assurance Committee

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Ariannol:</b> <b>Financial / Service:</b>	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	There is a Service User representative on the Mental Health Legislation Assurance Committee
<b>Gweithlu:</b> <b>Workforce:</b>	Not applicable
<b>Risg:</b> <b>Risk:</b>	Safety of patients Assurance – use of statutory mechanisms
<b>Cyfreithiol:</b> <b>Legal:</b>	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> ; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i> ; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> .

<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable