

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Minutes of the Mental Health Act Monitoring Committee held on Tuesday 6th September 2022 at 10:00 am via Teams

Present:

Pippa Britton	Independent Member (Chair)
Paul Deneen	Independent Member

In attendance:

Chris O'Connor	Interim Director of Primary Care, Community and Mental Health
Bryony Codd	Head of Corporate Governance
Kathryn Waters	Interim Divisional Director, Mental Health and Learning Disabilities
Sarah Cadman	Head of Quality and Improvement for Mental Health and Learning Disabilities
Stephen Chaney	Deputy Head of Internal Audit, Audit Wales

Apologies:

Rani Mallison	Director of Corporate Governance
Ian Thomas	General Manager, Mental Health and Learning Disabilities
Michelle Forkings	Divisional Nurse for Mental Health and Learning Disabilities/Associate Director of Nursing
Katija Dew	Independent Member

	Preliminary Matters
MHAMC 0609/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
MHAMC 0609/02	Apologies for Absence Apologies for absence were noted.
MHAMC 0609/03	Declarations of Interest There were no Declarations of Interest to record.
	Committee Governance
MHAMC 0609/04	Draft Minutes of the Meeting Held on the 13th June 2022 The minutes of the Mental Health Act Monitoring Committee meeting held on the 13 th of June 2022 were noted as a true and accurate record.

<p>MHAMC 0609/05</p>	<p>Mental Health Act Committee Action Log- September 2022</p> <p>MHAMC 0912/06 Templates and supporting guidance- The Committee queried the lack of an Equality and Diversity impact assessment within the report. Head of Corporate Governance confirmed that there was work required to review report templates and supporting guidance. Bryony Codd, Head of Corporate Governance, informed members that the templates were being reviewed and updated documents, aligning with the Health Boards Equality Impact Assessment, will be shared once completed. Action: Head of Corporate Governance/Secretariat</p> <p>MHAMC 0103/06.1 Mental Health Act Compliance Report- Head of Quality and Improvement informed members that this data covered all Mental Health Act activity and that a further breakdown of the data was required to determine the impact on bed base. Action: A further look at data, comparing data to pre-COVID and aligning with lockdown periods. Sarah Cadman, Head of Quality and Improvement for Mental Health and Learning Disabilities, updated members that a chart, mapping data reviewing activity pre-COVID and during lockdown periods, would come back for discussion to the next Committee meeting.</p> <p>MHAMC 0103/06.2 Mental Health Act Compliance- Head of Quality and Improvement to determine if there is an operational risk associated with gaps in recruitment. Action: Update on recruitment of Hospital Managers to come back to next meeting. Sarah Cadman informed the Committee that work was being undertaken with the Human Resources (HR) Division, with the potential to go out to advert for the posts over the coming months. The Chair requested that the action remain, and once Hospital Manager posts commence, regular reviews come back to the Committee for assurance.</p> <p>MHAMC 1306/09 Section 117 Update-The Chair requested any further updates on Section 117 and its links to the MHA to come back to the Committee. General Manager of MHL D to clarify with Head of Quality and Improvement outside of the meeting. From the next Committee meeting, updates on Section 117 aftercare will be incorporated into the Mental Health Act Compliance Report.</p>
<p>MHAMC 0609/06</p>	<p>Mental Health Act Compliance Report</p> <p>Sarah Cadman, Head of Quality and Improvement, provided an overview of the use of the Mental Health Act in the Health Board during Quarter 1.</p> <p>Members were informed that a further look at inpatient data, mapping against COVID activity, would be included in the response to previous Action MHAMC0103/06.1 at the next Committee meeting. This would determine any correlation in spikes in inpatient and pandemic activity. The Chair requested information on the numbers of older adults requiring admission. A breakdown of data by Directorate to be included in future reports. Action: Head of Quality and Improvement</p>

	<p>The report outlined a rise in the use of Section 5(4) <i>intended as an emergency measure to detain informal patients for up to 6 hours to prevent an individual already receiving treatment from leaving hospital</i>. Members were assured that all activity was monitored, and the Health Board was not concerned by this small rise in activity.</p> <p>Paul Deneen, Independent Member, queried how the Health Board commissioned and monitored placements for individuals with Learning Disabilities who require treatment outside of the Health Board. Members were informed that the report covers the use of the Mental Health Act in inpatient and community teams within the Health Board. Chris O'Connor, Interim Director of Primary Care, Community and Mental Health, informed members that the report would show any individuals with Learning Disabilities who require treatment alongside the use of the Mental Health Act, with admission to the Ty-Lafant unit. The Health Board commission a range of services for people with Learning Disabilities. The monitoring of Commissioned Services is the joint responsibility of the Health Board and the National Collaborative Commissioning Unit Service (NCCU) Quality Assurance Improvement Service. Each commissioned provider is overseen by the Health Board's Commissioning Team, who carry out checks and assurance measures prior to commissioning a provider. The NCCU Quality Assurance Improvement Service assesses, rates, and monitors each provider. In addition to this, the Health Board's Community Learning Disability Teams monitor placements and individual care packages, reporting through the Divisional Continuing Care Panel that meets weekly. The Chair requested that the monitoring of Commissioned Services be reported to the Patient Quality, Safety & Outcomes Committee. Action: Interim Director of Primary Care, Community and Mental Health/Secretariat</p> <p>Sarah Cadman informed members that the use of Section 2 had steadily increased over the past few years. Section 2 is the detention of patients for assessment. Of the Section 2 cohort, 13 were allowed to lapse. Allowing a Section 2 to lapse was noted as poor practice. Where detentions have lapsed, the MHA Administration Department have highlighted the issue to the relevant practitioners. An update on this to come back to a future Committee meeting. Action: Head of Quality and Improvement</p> <p>A rise in Community Treatment orders since the end of March 2022 was highlighted. This would be monitored over the coming months.</p> <p>There had been an increase in rectifiable errors. Members were assured that these rectifiable errors had had no impact on patient care and treatment, and that there had been no unlawful detentions. Members requested future reports include: -</p> <ol style="list-style-type: none"> 1. explanations of rectifiable errors 2. a timeframe in which errors were rectified 3. benchmark data in the main report against All Wales data. <p>Action: Head of Quality and Improvement</p> <p>The frequency of Mental Health Act Managers Hearings had improved, and backlog had been addressed. Recruitment for Hospital Managers was being progressed. Members were informed that Hospital Managers were monitored and supported by the Mental Health Act Administration Team.</p>
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	<p>An overview of benchmarking data for Mental Health Activity across Wales was discussed. The data covered the period from April-June 2022 (Quarter 1). Members discussed the data which indicated that the Health Board had the highest use of the Mental Health Act in older adults. Further discussions to take place with other Health Board's to assess why the numbers were slightly higher. Action: Head of Quality and Improvement</p> <p>The Committee RECEIVED the report for ASSURANCE.</p> <p>Members thanked the Mental Health teams for their hard work and requested that visits for Independent Members include the Mental Health and Learning Disabilities Division. Action: Head of Corporate Governance</p>
MHAMC 0609/07	<p>Committee Work Plan 2022/23</p> <p>Bryony Codd, Head of Corporate Governance, invited Committee members to share any items they would like to see on the Committee Workplan for assurance. The following standing items were agreed: -</p> <ul style="list-style-type: none"> • Mental Health Act Compliance Report • Updates as received from the Power of Discharge Committee <p>A draft Committee Work Plan for 2022/23 would be shared with members outside of the Committee. Action: Head of Corporate Governance/Secretariat</p>
	Other Matters
MHAMC 0609/8	<p>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees, and predicted changes to the Mental Health Act</p> <p>There were no items to escalate to the Board and no predicted changes to the Mental Health Act.</p> <p>The Chair requested that the Monitoring of Commissioned Services be reported, by exception, to the Patient Quality, Safety & Outcomes Committee. Action: Secretariat</p>
	Date of Next Meeting
MHAMC 0609/9	<p>The date of the next meeting was noted as: - Thursday 8th December 2022 11:00 -13:00 via Microsoft Teams.</p>