

**Minutes of the Mental Health Legislation and Mental Capacity Act Committee
Held on 30th April 2024
Via MS Teams**

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Chair:		
Ceri Phillips	CP	Committee Chair / University Health Board Vice Chair
Present:		
Sara Moseley	SM	Committee Vice Chair / Independent Member – Third Sector
Rhian Thomas	RT	Independent Member – Capital & Estates
In Attendance:		
Matt Phillips	MP	Director of Corporate Governance
Daniel Crossland	DC	Director of Operations - Mental Health
David Seward	DS	Mental Health Act Manager
Neil Jones	NJ	Clinical Board Director – Mental Health
Jeff Champney-Smith	JCS	Chair, Powers of Discharge Sub-Committee
Robert Kidd	RK	Interim Clinical Director Psychology & Psychological Therapies
Catherine Wood	CW	Director of Operations – Children & Women
Chloe Evans	CE	MCA & Consent Lead
Jane Murphy	JM	Director of Nursing
Becci Ingram	BI	General Manager – Acute Child Health
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Jason Roberts	JR	Executive Director of Nursing
Paul Bostock	PB	Chief Operating Officer

Item No	Agenda Item	Action
MHLMCA 30/04/001	<p>Welcome & Introductions</p> <p>The Committee Chair (CC) welcome everybody to the meeting in English and in Welsh.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=1</p>	
MHLMCA 30/04/002	<p>Apologies for Absence</p> <p>Apologies for Absence were noted</p> <p>The Committee Resolved that:</p> <p>a) The Apologies for Absence were noted.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=21</p>	
MHLMCA 30/04/003	<p>Declarations of Interest</p> <p>The IMTS was appointed the Chair for Health and Care Professional's Council which includes psychologists.</p> <p>The Committee Resolved that:</p> <p>a) The Declarations of Interest were noted.</p>	

	<p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=58</p>	
MHLMCA 30/04/004	<p>Minutes of the Meeting held on 30th January 2024</p> <p>The Minutes of the Meeting held on 30th January 2024 were received and approved.</p> <p>The Committee Resolved that:</p> <p>a) The minutes of the meeting held on 30.01.2024 were agreed as a true and accurate record.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=94</p>	
MHLMCA 30/04/005	<p>Action Log from the meeting held on 30th January 2024</p> <p>The Action Log was received and discussed.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was noted.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=118</p>	
MHLMCA 30/04/006	<p>Committee Chair's Actions</p> <p>The Committee Resolved that:</p> <p>a) No Chair's Actions were taken since the last meeting.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=216</p>	
MHLMCA 30/04/007	<p>Any Other Urgent Business Agreed with the Chair</p> <p>The Committee Resolved that:</p> <p>a) No other urgent business was agreed with the Chair.</p>	
	Mental Capacity Act	
MHLMCA 30/04/008	<p>Mental Capacity Act Monitoring Report and DoLS Monitoring</p> <p>The MCA & Consent Lead (MCL) presented the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Monitoring report which provided a general update on current issues related to the MCA and DoLS and highlighted the following:</p> <ul style="list-style-type: none"> • 743 staff took part in training but didn't reflect in the mandatory figures • 17 staff undertaking the Masters Module course with Swansea University • The share point page was a helpful resource with links / helpful articles • A Mental Health Capacity Act policy was being developed • 44 assessments completed in March with 52 new applications <p>The MCL confirmed a pilot was being led by Diane Walker to look at whether the clinical teams should assess a patient's capacity for their care and support needs due to long waits. No end date was confirmed for the pilot and need to evaluate if to roll out elsewhere.</p>	

	<p>Action –The CC to arrange a meeting regarding training with the MCL.</p> <p>The EMD & MCL discussed training & timeframes and want to encourage medical & dental staff to attend training.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report and the current compliance and actions with Mental Capacity Act and Deprivation of Liberty indicators were noted.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzAA7B9IVZC6mznqn8msCNnOV&t=226</p>	
Mental Health Act		
<p>MHLMCA 30/04/009</p>	<p>Mental Health Act Monitoring Exception Report</p> <p>The MHAM presented the Mental Health Act (MHA) Monitoring Exception Report and highlighted the following:</p> <ul style="list-style-type: none"> • 2 defective applications this quarter, with the first being a section 2 who was assessed in England and detained • A patient transferred from a private provider to HYC under section 3 and had not been renewed • Talked to WG and they need policy time but have no resources <p>The IMCE noted the resource issue wasn't unique to CAV and asked if the time impacted on patients could be quantified. She questioned if other HB's help emphasised the time wasted and added that it was a compelling argument to WG.</p> <p>The MHAM explained that NHS England had moved to a digital space and was disappointed that CAV hadn't but he would help put a case to WG to push this forward.</p> <p>The DCG asked for the regulations / policies to be shared with him to enable him to help move this work forward.</p> <p>The MHAM highlighted the following:</p> <ul style="list-style-type: none"> • Lapsed applications – a patient absconded in the final week of section 2 • A patient was transferred to HYC from a private provider and the AMP team emailed a general mailbox on the Friday night (no one seen the email until Monday morning) to confirm they had transferred back and the patient was detained under section 3 • The Wet signature was an issue • The use of section 136 had reduced from 161 to 138 during this quarter • Section 136 in CAMHS rose to 6 this quarter, with 4 discharged and 2 admitted informally • The joint commissioning committee were informed of these issues <p>The IMTS asked if the proportion showed that section 136 was being used inappropriately? The CBDPPT explained that this was the inherent powers of the Police to think if a patient is mentally unfit and needed to go back to the police and their decision making.</p> <p>The DOMH the right care right person has paused. We need to monitor 136 as we are commissioned as a sanctuary and 136 should decrease. We do monitor on several other</p>	

	<p>elements around 136. Its difficult to know the powers and the reasons may vary around detaining a patient.</p> <p>The MHAM highlighted:</p> <ul style="list-style-type: none"> • A new form was issued for parking • Workshops continue to be run and have undertaken junior doctor training, nurse foundation and RAMP training with Swansea University <p>The CC suggested for the parking issues to be taken to Board.</p> <p>The Committee resolved that:</p> <p>a) The approach taken by the Mental Health Clinical Board to ensure compliance with the appropriate Mental Health legislation, as set out in the report, was noted.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=1352</p>	
<p>MHLMCA 30/04/010</p>	<p>Section 117 Supreme Court Ruling Judgement – verbal update</p> <p>The DOMH gave a verbal update on the Section 117 Supreme Court Ruling Judgement and highlighted the following:</p> <ul style="list-style-type: none"> • Update to who pays guidance and advice, with the integrated care boards retaining responsibility • Wales remain behind and not in the same position as England <p>The CC noted this could have significant financial implications for the HB and caused concern in Clinical Boards & Finance. What extent are they giving priority to this?</p> <p>The DOMH explained that it was discussed with the Executives and he suggested to raise at the JET meeting. The DCG confirmed this was included in the JET slides submitted to WG on 26.04.24.</p> <p>The CC planned to meet with the new minister for MH and wanted to raise this issue with the politicians to ensure it wasn't ignored.</p> <p>The Committee resolved that:</p> <p>a) The Section 117 Supreme Court Ruling Judgement update was noted.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=2455</p>	
<p>MHLMCA 30/04/011</p>	<p>UHB Response to the Consultation on the Mental Health Standards of Care (Wales) Bill</p> <p>The DOMH noted the UHB Response to the Consultation on the Mental Health Standards of Care (Wales) Bill was submitted to the Senedd and highlighted the following:</p> <ul style="list-style-type: none"> • Replace the nearest relative with the nearest person • Introduce virtual or remote assessment with second opinion • Extend part 3 rights to include person specified by the patient • Concerns raised around the wet signature • Queries around if greater safeguards were required 	

	<ul style="list-style-type: none"> Challenges around SOAD and health advocates <p>The Committee resolved that:</p> <p>a) The submission of the consultation on behalf of the UHB was noted.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=2785</p>	
<p>MHLMCA 30/04/012</p>	<p>RAMP Protocol and the Part 1 Scheme</p> <p>The DOMH presented the RAMP Protocol and the Part 1 Scheme and noted the following:</p> <ul style="list-style-type: none"> The protocol related to adult patients RAMP operates with community MH teams Large numbers of service users are under the care of secondary health providers The protocol is to provide those patients with good standards of care RAMP outlines how we would operate patients <p>The CC queried the relationship with the university and referred to the MH liaison service. The DOMH noted the Scheme articulated the provision and the University would not undertake care and treatment planning.</p> <p>The Committee resolved that:</p> <p>a) The RAMP Protocol and the Part 1 Scheme was discussed and noted.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=3183</p>	
	<p>Mental Health Measure</p>	
<p>MHLMCA 30/04/013</p>	<p>Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report</p> <p>The Mental Health Measure Report which outlined the performance of CAVUHB against the various mental health specific targets was presented with the following highlighted:</p> <ul style="list-style-type: none"> 28-day target referral to assessment – performance dropped due to significant demand and lower capacity in team 120 referrals were received in 1 day during April 2024 Remain compliant within the adult MH services 90% received an assessment within 28 days, with a slight dip in January 2024 A full capacity review was undertaken along with job plans & case loads A number of LTS in the intervention team but have supplemented with agency staff A new service was initiated for Psychology Education <p>The IMTS wondered if the collaborations with the universities could be utilised to analyse what was behind the surge and demand and evaluate the alternative approaches.</p> <p>The CBDPPT noted the document from the NHS Exec for the rules we are reporting on and more of a steer of what they are expecting for PROM's / PREM's. There were a variety of interventions and the need for digital support to get information out to people speedily.</p> <p>The IMCE reflected on the sickness levels and asked the following:</p>	

- What proportion of staff were on LTS
- What management work was being done to try and resolve these issues
- How likely was this number going to increase

The GMACH noted 2 of the LTS staff members were maternity related and all LTS were managed by the HR teams. She added that the agency staff supported the Clinical Board and were with the team long term.

The CC asked what other support could be offered from the Board to help with the current issues. The DOMH noted the legislated assessors were from a pool and this limited CAV's ability to recruit. Jan – Dec 10.5% increase of demand to the adult MH service. In the pandemic we predicted there would be issues / increase on the well being service. We expected the graph would begin to tail off as the pandemic effects MH. We have put additional resource in to PMS and we have found we need at least 3 WTE staff to support the demand.

The IMTS asked what evidence was provided for what was driving this work and what solution was working.

The CC suggested to increase the awareness amongst Board members. He planned to speak to the HB Chair to get the Board more involved in this area of work.

The DOMH explained the following points:

- CAV have the highest case load within NHS Wales
- Target performance had slightly improved
- Hope to see improvement following the introduction of RAMP

The GMACH highlighted the following:

- Paediatrics delivered just under the target
- The paperwork was challenging as it wasn't child friendly
- Additional funds were provided and hope to open a hangout in the Vale

The CC suggested to invite the new deputy minister with responsibility for MH to the Hangout. He noted the staffing issues added significant pressures, and the Board need to be aware of these issues. 28 days wasn't a clinical standard validation and this conveyed a sense of what we are doing to try and provide appropriate care in a meaningful timescale.

The Committee Resolved that:

- a) The contents of the Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report was noted.

To view the minute:

<https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=3453>

Items to bring to the attention of the Committee for Noting / Information

**MHLMCA
30/04/014**

Sub-Committee Meeting Minutes:

The following Minutes were noted:

1. Hospital Managers Power of Discharge Sub-Committee Minutes – January 2024
2. Mental Health Legislation and Governance Group (MHLGG) – January 2024

The Committee Resolved that:

	<p>a) The Sub-Committee Meeting Minutes were noted.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=5213</p>	
Items for Approval / Ratification		
MHLMCA 30/04/015	<p>Policies</p> <p>The MHAM explained the policy was how to allocate a deputy for people who had been detained.</p> <p>The following policies were approved for publication:</p> <p>i) Allocation of Responsible Clinicians and Nominated Deputy, Mental Health Act, 1983 (UHB 478)</p> <p>The Committee resolved that:</p> <p>a) The policy was approved.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=5566</p>	
MHLMCA 30/04/016	<p>Annual Report for the Mental Health Legislation and Mental Capacity Act Committee 2023-24</p> <p>The Annual Report was approved.</p> <p>The Committee resolved that:</p> <p>a) The Annual Report for the Mental Health Legislation and Mental Capacity Act Committee 2023-24 was approved.</p> <p>To view the minute: https://youtu.be/BXRZctARoF4?list=PLLVdfcKNzmAA7B9IVZC6mznqn8msCNnOV&t=5663</p>	
MHLMCA 30/04/017	<p>Any Other Business</p> <p>No items.</p>	
MHLMCA 30/04/018	<p>To note the date, time and venue of the next meeting:</p> <p>6th August 2024 at 10:00-12:00 Via MS Teams</p>	