



**Mental Health Capacity and Compliance Committee (MHCCC)
minutes of the meeting held on 29.4.22 via Teams**

Present:	
Lucy Reid	Health Board Vice Chair (Chair)
John Gallanders	Independent Member
In Attendance:	
Louise Bell	Assistant Director Children and Adolescent Mental health Services (CAMHS)
Wayne Davies	Locality Manager, Welsh Ambulance Services Trust (part meeting)
Michelle Denwood	Director of Safeguarding and Public Protection
Simon Evans-Evans	Interim Director of Governance (part meeting)
Gill Harris	Executive Director Integrated Care / Deputy Chief Executive (part meeting)
Matthew Joyes	Interim Associate Director of Quality Assurance & Assistant Director of Patient Safety & Experience
Ruth Joyce	Criminal Justice Liaison Service Manager, MHL D
Wendy Lappin	Mental Health Act Manager, MHL D
Teresa Owen	Executive Director of Public Health
Justine Parry	Assistant Director Risk and Information Governance (part meeting)
Anna Reid	Head of Legal Services
Dr Alberto Salmoiraghi	Consultant Psychiatrist/Medical Director, MHL D
Helena Thomas	Associate Hospital Manager
Gaynor Thomason	Interim Executive Director of Nursing and Midwifery
Diane Davies	Corporate Governance Manager – for minutes

Agenda item	Action
<p>MC22/0 Welcome</p> <p>The Chair welcomed to their first MHCC Committee meeting the newly appointed Interim Executive Director Nursing & Midwifery, Head of Legal Services and Associate Hospital Manager representative.</p>	
<p>MC22/1 Patient Story and Patient Experience update -</p> <p>MC22/1.1 The Acting Associate Director of Quality Assurance introduced this item which described the struggle Eleni's son, Paolo, had experienced in trying to access mental health support in Wrexham and the impact on her as his carer.</p>	

<p>MC22/1.2 The Committee was concerned to hear of ‘Eleni’'s Carer experience with her adult son ‘Paolo’ and the variety of support and quality of services that were provided to each of them when they moved home to a different area within BCU’s geographical area. The waiting times, lack of care co-ordination, communication with the carer and treatment plans were of significant concern to the Committee, and especially the family’s decision to wish to relocate across the border in order to receive the level of service they needed. This was particularly concerning given that the family had advised that their first experiences within a different area of BCU had been supportive.</p>	
<p>MC22/1.3 The Committee questioned how advocacy services were offered across BCU which was explained by the MH Medical Director and the Interim Associate Director of Quality Assurance. It was noted that third sector organisations were also signposted for support provision. The MH Director also advised that the newly formed Clinical Senate was exploring patient pathways that included issues highlighted in primary care monitoring the effects of medications issued in respect of mental health. The Executive Director of Public Health undertook to explore further improving signposting communication in regard to advocacy.</p>	<p>TO</p>
<p>MC22/1.4 In response to the Committee’s question regarding Carer’s needs and involvement, discussion ensued on BCU’s Carers strategy, shared responsibilities with local authorities and communication. The MH Medical Director also clarified that pathway sign off should involve the patient and family.</p>	
<p>MC22/1.5 The Interim Executive Director Nursing and Midwifery questioned whether an action was in place that included references to advocacy and the need to address shared learning across the organisation. The Committee concurred with the Director of Safeguarding and Public Protection that more organisational attention was required on ensuring advocacy signposting within services. The Together 4 Mental Health Programme Board would raise this for discussion in partnership.</p>	<p>TO/LR</p>
<p>MC22/1.6 The Committee Chair summarised her concerns in regard to the purpose of the story, the difference in quality of services across different areas served by the Health Board and the lack of an action plan provided to the Committee to demonstrate learning was being monitored and thereby providing assurance and greater confidence in current practice. She stated there was a recurrent theme of concern emerging regarding appropriate Treatment and Care plans in regard to accuracy and timeliness. The Committee remained concerned that the knowledge around the Mental Health Act was perceived as an area within the MH portfolio, however this was required across all of the Board’s services and needed to be embedded appropriately.</p>	
<p>MC22/1.7 It was agreed that the Committee Chair would write to assure the family that that this experience had been listened to by Board members and further learning would be disseminated across the</p>	<p>AR</p>

<p>organisation. An invitation to discuss this with senior officers would also be extended.</p> <p>It was resolved that the Committee noted the patient story and agreed the following actions be followed up</p> <ul style="list-style-type: none"> ▪ Lack of Treatment plan is a wider thematic issue (not only MH) – provide assurance and how learning will be disseminated across organisation in all services ▪ Variation in quality of patient experience in the MH Services encountered across areas ▪ Provide assurance the action plan has been addressed and learning embedded ▪ Clarify the key responses ▪ Clarify staffing issues ▪ Provide assurance that robust processes are in place to ensure advocacy service is referenced in relation to MH Act and wider services and is appropriately communicated. 	<p>TO</p>
<p>MC22/2 Patient Story Follow up – Children and Adolescent Mental Health Service (CAMHS)</p> <p>MC22/2.1 The Assistant Director CAMHS presented the report which followed up actions agreed at the meeting held on 24.9.21 in regard to the CAMHS Patient Experience update and young person’s patient story. She advised that many improvements had been introduced and that listening was the key issue. Thanks to the patient’s ability to articulate her experiences well a much better understanding of patient trauma was helping to improve the organisation’s approach which also needed to be shared outside MH services.</p> <p>MC22/2.2 Outside of Area placements were an issue for young people and the Committee was pleased to understand that a Patient Experience and Family Co-Ordinator role had been appointed and a detailed action plan was in place to move work forward. However, it would be important to ensure the organisation did not view this as solely the individual’s responsibility in this area.</p> <p><i>The Executive Director Integrated Care joined the meeting</i></p> <p>MC22/2.3 The Committee questioned how patients were supported in moving from CAMHS to Adult Mental Health services, especially in regard to trauma informed approach. The MH Medical Director explained ongoing developments and training with examples. The Criminal Justice Liaison Service Manager also stated the importance of taking into account trauma experience when a CAMHS patient was involved with North Wales Police.</p> <p>MC22/2.4 It was agreed that the Director of Safeguarding and Public Protection would share information on the Sammy Woodhouse, Rotherham case with Committee members and Assistant Director CAMHS for information. It was also agreed that the Assistant Director CAMHS would advise whether risks regarding CAMHS / MH Act were recorded on</p>	<p>MD</p>

<p>a risk register and that Group Terms of Reference were provided before the next meeting. The Executive Director of Public Health agreed to provide analysis of repeat S136s linking in with the CJL Service Manager, Interim MH Director and Director of Safeguarding and Public Protection for discussion at a future Together for Mental Health Partnership Board (T4MHPB) meeting.</p> <p>It was resolved that the Committee noted the learning from the patient story follow up</p>	<p>LB TO</p>
<p>MC22/3 Apologies</p> <p>Apologies had been received from Cheryl Carlisle, Chris Stockport, Hilary Owen, Iain Wilkie and Mike Smith.</p>	
<p>MC22/4 Declarations of Interest</p> <p>None were declared</p>	
<p>MC22/5 Draft minutes of the meeting held on 17.12.21</p> <p>The minutes were confirmed as an accurate record.</p>	
<p>MC22/6 Matters arising and table of actions</p> <p>There were no matters arising from the minutes and the table of actions updates were accepted with exception of MC21/24 which was re-opened to address the issues as detailed within the minutes of the patient's experiences, especially in regard to communication.</p>	<p>MJ</p>
<p>MC22/7 Report of the Chair</p> <p>The Committee Chair reported that the Terms of Reference and Workplan for the Committee needed to be progressed. The governance around the Regional Partnership Board (RPB) and T4MHPB was being discussed and the Committee will be updated as appropriate.</p>	
<p>MC22/8 Report of the Lead Executive</p> <p>The Executive Director of Public Health stated that there was work to do to ensure the Mental Health Act was more embedded within other areas of the Health Board.</p>	
<p>The Future Developing Strategies and plans</p> <p>MC22/9 Reforming the Mental Health Act White Paper</p>	

<p>It was noted that the timescale for the introduction of the revised MHA white paper was currently unknown, however it was understood that there would be phased implementation. The Interim MH Director and Workforce and OD colleagues were aware of the resource impact and the Chair advised that there had been robust discussion at T4MHPB in regard to the revision.</p>	
<p>MC22/10 Liberty Protection Safeguards (LPS) Update</p> <p>MC22/10.1 The Director of Safeguarding and Public Protection advised that there had been delay to the Code of Practice which resulted in the consultation period ending on 14.6.22. Work was continuing within BCU to prepare for the impacts including training however, the delay had impacted the organisation's action plan. She stated it would be key that BCU recognised the challenge ahead and supported the Group whose TOR had been approved.</p> <p>MC22/10.2 The Committee Chair emphasised that the enormity of LPS was important to understand, and its impact would be very significant across the organisation.</p> <p>MC22/10.3 The MH Medical Director commented that the new LPS practice would potentially increase clinician workload by 30% which included areas that already had capacity issues.</p> <p>It was resolved that the Committee noted the LPS verbal update</p>	
<p>MC22/11 Mental Health Policy : MHLD 0026 – Policy for admission, receipt and scrutiny of statutory documentation</p> <p>The Committee Chair commended the work undertaken within the EQIA. The Executive Director of Integrated Care undertook to discuss the governance route required to approve the policy which appeared to be overly lengthy.</p> <p>It was resolved that the Committee approved the policy</p>	GH
<p>Monitoring Existing Strategies or plans</p>	
<p>MC22/12 Update on the approval functions of Approved Clinicians and Section 12(2) Doctors in Wales</p> <p>It was resolved that the Committee noted the report</p>	
<p>MC22/13 Update on Section 12(2) Doctors</p> <p>MC22/13.1 The Executive Director of Public Health provided background to the update which had been requested by the Committee Chair due to a concern over availability of Section S12(2) doctors. The MH Medical</p>	

<p>Director advised that progress had been made in various areas. The Committee was supportive of actions being progressed by the Executive Team in moving forward more robust arrangements for the provision of Section 12(2) doctors.</p> <p>MC22/13.2 The Committee Chair requested that the T4MHPB be kept abreast of developments. In discussion of the issue that training posts recommended by HEIW had not been funded, it was agreed that the MH Medical Director escalate the issue to the Executive Medical Director on behalf of the Committee. The Executive Director of Public Health undertook to raise this externally also.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • acknowledged the report and progress on the matter • supported the actions detailed in the report – so that the detail could be further progressed by operational teams. 	<p>AS</p> <p>AS</p> <p>TO</p>
<p>THE PRESENT for assurance</p>	
<p>MC22/14 Corporate Risks</p> <p>MC22/14.1 The Assistant Director Risk and Information Governance presented the paper and took on board the Committee Chair’s comments regarding the length of the paper. The Executive Director of Integrated Care advised that discussion would shortly be taking place between herself, the office of the Board Secretary and a new Governance lead to move forward risk reporting.</p> <p>MC22/14.2 It was agreed that the Executive Director of Public Health would work with the Executive Medical Director and Interim MH Director to advise how changes to the Mental Health Act risks would be monitored in BCU. In addition the MH Medical Director would feedback how national forums were dealing with risk in regard to changes to the Mental Health Act.</p> <p>It was resolved that the Committee agreed the recommendations :</p> <p>1. Review, note and approve the progress on the Corporate Tier 1 Operational Risk Register Report as set out below and in detail at Appendix 1:</p> <p>a) Note the transfer of this risk to the MHCC for future oversight from the QSE Committee on 11th January 2022.</p> <p>b) Note the controls have been updated to include the successful bid from Welsh Government for interim funding to support increased bespoke Mental Capacity Act training in primary and community settings and to increase physical capacity in the out of hours (OOH) service delivery.</p> <p>c) Note an additional assurance has been included to cover the monitoring and reporting of training compliance and DoLS backlog by the Safeguarding and Performance Governance Group and Welsh Government.</p>	<p>TO</p> <p>AS</p>

<p>d) Note the ET recognise the progress in the management of the risk including the alignment with the Intermediate Medium Plan to support additional resources and the strengthening of the governance arrangements for the Liberty Protection Safeguards (LPS) Implementation Group in preparation for the publication of the LPS Code of Practice.</p> <p>e) Note the clarification regarding the inherent risk score being lower than the current risk score due to the unforeseen significant increase in activity (44%).</p> <p>f) Note the completion of the Actions ID15705, 15709, 18983 and 18984 approved by ET, so that they will be archived and removed from the next report, recognising that a new action has been captured to support the increase in activity within Safeguarding until the LPS Code of Practice is published.</p> <p>2. Note there are no new risks being presented to this Committee for escalation approval at this time.</p> <p>3. Note there are no risks being presented to this Committee for closure or de-escalation consideration at this time.</p>	
<p>MC22/15 CAMHS Transformation & Improvement Programme - Crisis Care Response for Children and Young People</p> <p>MC22/15.1 The Assistant Director CAMHS presented this item, drawing attention to the improvement plan and pilot schemes which were underway. She advised that the Delivery Unit Crisis Care review would be imminently available. She acknowledged that there would be more work to do.</p> <p>MC22/15.2 A discussion ensued on the sanctuary scheme in which the CJL Manager stated that the soft launch had been low in uptake and also described recruitment issues. The MH Medical Director concurred with the current poor psychiatry cover however he stated that mitigation was in place. It was noted that the Director of Safeguarding and Public Protection highlighted the need to address that 55% of S136 presentations occurred out of hours.</p> <p>MC22/15.4 In response to the Committee, the Assistant Director CAMHS undertook to provide the Child pathway of journey presenting at ED to provide assurance. Following discussion, the Executive Director of Public undertook to feedback on how a child’s psychological therapy and social care needs were met to ensure no gap, and how that risk is monitored within BCU. In discussion of RPB involvement in this area, it was noted that a Children’s Sub Group was now in place, of which the Regional Assistant Director CAMHS was Vice Chair. She advised this to be an everyday risk and pressure.</p> <p>It was resolved that the Committee noted the report</p>	<p>LB TO</p>

<p>MC22/16 Deprivation of Liberty Safeguards (DoLS) Quarterly Report January 2022</p> <p>MC22/16.1 The Committee commented that there had been a significant increase in DoLS and legal issues and sought assurance on how any further increase would be dealt with. The Director of Safeguarding and Public Protection advised that WG had provided some financial support to drive the agenda forward and had reduced backlog. In addition a training plan was in place however, staff would also need to be in place by the last quarter to ensure OOH and 7 day working could be addressed. In response to the Committee, the Executive Director of Integrated Care confirmed that a potential for financial claims was captured in a risk register.</p> <p>MC22/16.2 A discussion arose regarding physical restraint, in which an Independent Member commented on potential differences between English / Welsh organisations and it was agreed that the Executive Director of Integrated Care would provide assurance on how physical restraint monitoring and risk management was effectively carried out across BCU services and accounted for at BCU's Committees. The Executive Director of Public Health agreed to research how other Health Boards monitor physical restraint and associated risk.</p> <p>MC22/16.3 The Committee Chair requested that the Head of Legal Services link in with the team regarding Capacity assessments to support the wider organisation.</p> <p>It was resolved that the Committee resolved to</p> <ul style="list-style-type: none"> • accept the Deprivation of Liberty Safeguards Quarterly Report and the identified activity for the period of Q4 2021-22. • receive the DoLS Action Plan and progress. • accept the position in preparation for the implementation of Liberty Protection Safeguards (LPS). 	<p>GH</p> <p>TO</p> <p>AR</p>
<p>MC22/17 Associate Hospital Managers Update Report</p> <p>It was resolved that the Committee noted the report</p>	
<p>MC22/18 MHA Performance Report</p> <p>MC22/18.1 The Committee questioned why the East was an outlier in regard to Section 2 (5) Admissions for Assessment. A discussion ensued and it was agreed that the MH Medical Director and MHA Manager would analyse the data in respect of the East outlier to consider if any underlying issue, not associated with population density, could be identified.</p> <p>MC22/18.2 The Assistant Director CAMHS undertook to explore data to ascertain if there was any underlying issue with the very unbalanced gender split on Appendix 3 S136 following an observation raised by the</p>	<p>WL/AS</p> <p>LB</p>

<p>Committee. Following a discussion around potential domestic violence and female offending behaviours, the Executive Director of Public Health also agreed to explore this with her Public Health team.</p> <p>It was resolved that the Committee noted the report</p>	TO
<p>Learning from the Past</p> <p>MC22/19 Healthcare Inspectorate Wales (HIW) monitoring reports</p> <p>MC22/19.1 The Committee Chair requested that as the Tan Y Coed implementation actions had not been provided, the report be resubmitted to the next meeting along with an updated action plan.</p> <p>MC22/19.2 The Director and Safeguarding and Public Protection questioned how incident training/learning was being taken forward and undertook to discuss this further with the Interim MH Director. The Interim Associate Director of Quality Assurance also agreed to link in with the Director of Safeguarding and Public Protection to share recent work undertaken on razor blades.</p> <p>MC22/19.3 Following an observation by the Committee regarding a previous learning point of the Ockenden report, the need to put in place a robust monitoring process to ensure learning was embedded and sustained was emphasised. In order to ensure that any unembedded learning was identified by the organisation at an earlier stage rather than by the findings of an adhoc external inspection.</p> <p>MC22/19.4 The Executive Director of Public Health stated the MH Improvement Plan would be key to ensuring embedded learning was addressed.</p> <p>It was resolved that the Committee noted the report.</p>	TO MD MJ
<p>MC22/20 Compliance with the Mental Health Act quarterly report</p> <p>The Committee Chair was concerned with recurrent themes regarding accurate completion of care and treatment plans which she emphasised was a legal requirement. The Committee also noted that there was variation across different areas of the Health Board. Following discussion regarding ongoing work to address the issue and the fragility of current workforce levels (with sickness rates at its highest since the commencement of the pandemic), it was agreed that the Executive Director of Public Health would discuss the variation and quality of Care and Treatment plans, along with process efficiency, with the Interim MH Director to make improvements. The current staffing pressures were acknowledged by the Committee.</p> <p>It was resolved that the Committee noted the report.</p>	TO
<p>MC22/21 Power of Discharge (POD) Group report</p>	

<p>The Committee was disappointed to note the poor attendance at the previous meeting and quoracy issues. In response to the MHA Manager, the Executive Director of Public Health undertook to seek clarification with the Board Secretary whether two Associate Hospital Managers were required to be present at each MHCCC meeting or one present and another nominated as deputy in respect of the Terms of Reference.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the report • approved three new POD appointments • supported in principle that PODG and Associate Hospital Managers be provided with overnight accommodation to attend an all Wales event on 11.5.22 and progression of their IT requests 	TO
<p>MC22/22 Court of Protection update</p> <p>MC22/22.1 The Committee was pleased to welcome the newly appointed Head of Legal Services who would be joining future meetings to present regular Court of Protection reports in this new role. The Committee Chair welcomed Committee focus in this area and recognised both patient and reputational risks for BCU.</p> <p>MC22/22.2 The Interim Associate Director of Quality Assurance provided a verbal update on two current cases, one at Ysbyty Glan Clwyd and the other in the West area. He reported that BCU was currently compliant with both and informed that, moving forward, the Interim Secondary Care Nurse Director was recruiting Complex Care Co-ordinators. The Executive Director Integrated Care reflected on the lengthy development time of these roles and the importance of understanding how lengthy recruitment processes impacted services and also the requirement to manage risks in the interim period to appointment.</p> <p>MC22/22.3 The Committee Chair welcomed news of the new roles and improvements in monitoring Court of Protection judgements. She asked that future reports include assurance that judges' directions and any issues highlighted had been dealt with.</p> <p>It was resolved that the Committee noted the verbal report.</p>	AR
<p>MC22/23 Agree items for referral to Board / Other Committees</p> <p>None were identified.</p>	
<p>MC22/24 Review of risks highlighted in the meeting for referral to Risk Management Group</p> <p>To be considered following the meeting.</p>	-

MC22/25 Agree items for Chairs Assurance report To be considered following the meeting.	
MC22/26 Review of meeting effectiveness To be considered following the meeting.	
MC22/27 Date of next meeting 17.6.22 Post meeting note – to be deferred to July date TBA	