



**Mental Health Capacity and Compliance Committee (MHCCC)  
Minutes of the meeting held on 29.07.21 via Teams**

<b>Present:</b>	
Lucy Reid	Health Board Vice Chair (Chair)
Cheryl Carlisle	Independent Member
John Gallanders	Independent Member
<b>In Attendance:</b>	
Teresa Owen	Executive Director of Public Health
Frances Millar	Head of Safeguarding, Adults representing Director Of Safeguarding And Public Protection
Gaynor Thomason	Interim Executive Director of Nursing & Midwifery
Iain Wilkie	Interim Director, MHL D
Louise Bell	Assistant Director Children and Adolescent Mental health Services (CAMHS)
Matthew Joyes	Acting Associate Director of Quality Assurance & Assistant Director of Patient Safety & Experience
Marilyn Wells	Head of Nursing – East Area for Child and Adolescent Mental Health Services, Neuro-developmental and Learning Disability Services
Wayne Davies	Locality Manager, Welsh Ambulance Services Trust (part meeting)
Wendy Lappin	Mental Health Act Manager, MHL D
Fiona Lewis	Minute taker

<b>Agenda item</b>	<b>Action</b>
<p><b>MHAC22/27 Welcome and apologies</b></p> <p><b>MHAC22/27.1</b> The Chair welcomed everyone to the meeting and confirmed that apologies had been received from Gill Harris, Executive Director of Integrated Clinical Services / Deputy Chief Executive Officer; Dr. Alberto Salmoiraghi, Consultant Psychiatrist / Medical Director, MHL D; Michelle Denwood, Director of Safeguarding and Public Prosecution; Helena Thomas, Associate Hospital Manager; Ruth Joyce, Criminal Justice Liaison Service Manager, MHL D, Justine Parry, The Assistant Director for Information Governance &amp; Risk and Helena Thomas, Associate Hospital Manager.</p>	
<p><b>MHAC22/28 Declarations of Interest</b></p> <p><b>MHAC22/28.1</b> The Chair declared an interest with relation to the Criminal Justice Report item on the Agenda, as Justice for the Peace for the Central Bench.</p>	

<p><b>MHAC22/29 Minutes of the last meeting held on 29.4.22 to be approved.</b></p> <p><b>MHAC22/29.1</b> The minutes were approved as an accurate record of the previous meeting once an amendment to item MC22/15.4 note for accuracy of minutes – Regional Assistant Director CAMHS is Vice Chair of the Children’s RPB Sub Group, rather than Director of Safeguarding, as noted in minutes.</p>	
<p><b>MHAC22/30. Action Log</b></p> <p><b>MHAC22/30.1</b> The summary action log was reviewed and updated accordingly.</p> <p><b>MHAC22/30.2</b> It was noted that both the minutes of the previous meeting and the action log were not provided in a timely manner which resulted in many actions not being fulfilled. Both the Chair and the Executive Director of Public Health had intentions to discuss this matter with the Office of the Board Secretary.</p>	
<p><b>MHAC22/32 Approval of All Wales Approved Clinicians and Section 12 (2) Doctors – Executive Medical Director</b></p> <p><b>MHAC22/32.1</b> The Executive Director of Public Health presented the report. The Chair had been notified of a process issue, whereby there was a GMC sanction for a doctor which had not been flagged as part of the approvals process. The Executive Director of Public Health agreed to enquire what the expectations of the Health Board were as a host. The Medical Director MHL, The Executive Medical Director, The Board Secretary, The Associate Director of Governance and The All Wales Approval Manager for Clinicians and Section 12(2) Doctors) to provide an update on the host arrangements and assurance to the Committee.</p> <p><b>MHAC22/32.2</b> An Independent Member requested assurance that there was sufficient capacity within the system financially to fulfil the Health Board’s contracted obligations to Welsh Government and the other Health Boards as he felt that this left the Health Board open to significant criticism. The Executive Director of Public Health agreed to seek clarification regarding ring-fenced finance provided for the hosting of the service, as opposed to the separate issue the Health Board has had on an ongoing basis on the capacity of its Section 12(2) doctors to speak with the Interim Director of Regional Delivery, whose responsibility it is.</p> <p><b>MHAC22/32.3</b> The Interim Director for MHL informed the Committee that he was not aware of any incidents relating to capacity in this area, however recognised there were significant challenges within the division and these do feature on the Risk register.</p> <p><b>MHAC22/32.4</b> The Committee received the report for assurance, subject to the queries raised.</p>	<p>TO</p> <p>TO / PM</p>
<p><b>MHAC22/33 Update on Reforming the Mental Health Act</b></p>	

<p><b>MHAC22/33.1</b> The Mental Health Act Manager presented her report, noting that the report reflected what had been outlined in the Draft Mental Health Bill published 27<sup>th</sup> June 2022.</p> <p><b>MHAC22/33.2</b> Since writing her report, the Mental Health Act Manager advised that indicative timescales have now been provided and that the Bill is expected to be introduced into Parliament in the spring of 2023. Phased implementation is planned between 2024 and 2031. Welsh Government's response to the draft Bill is still awaited.</p> <p><b>MHAC22/33.3</b> An Independent Member enquired as to the impact on the Health Board of the removal of Police Stations and prisons, as places of safety. The Mental Health Act Manager agreed that this was a concern, however the numbers that this currently relates to is low.</p> <p><b>MHAC22/33.4</b> The Chair wished to see this as an opportunity to bring the Health Board and its partners together but asked if there would be an implementation plan/risk register put together to address the effects on the wider Health Board, not only the Mental Health Division. It was agreed that the Executive Director of Public Health would take the paper to the executive team and the Together for Mental Health Partnership Board, to ensure it can be discussed with partners.</p> <p><b>MHAC22/33.5</b> The Committee accepted the report.</p>	TO / LR
<p><b>MHAC22/35 Associate Hospital Managers Update Report</b></p> <p><b>MHAC22/35.1</b> The Mental Health Act Manager presented her report, which covered four months (February to May) rather than the usual three, due to the move of the Committee meeting. She highlighted that fact that although they were still holding virtual hearings, patients were now being offered face to face hearings. Forms have been adjusted to incorporate feedback on whether patients are being offered face-to-face meetings, whether they were happy with this and if they got the service they wanted. This information will be incorporated into subsequent reports.</p> <p><b>MHAC22/35.2</b> Within the four month period, twenty five hearings had taken place with two patients being discharged and with regards to the KPIs, 64% of the hearings took place within the recognised timeframe – a decrease due in part to necessary staff being unavailable, due to covid-related staffing issues.</p> <p><b>MHAC22/35.3</b> Four further people have been appointed to assist with hearings and were due to start their training shadowing, within the next four weeks.</p> <p><b>MHAC/35.4</b> An Independent Member noted that within the report, some hearings were delayed due to administrative errors or lack of legal representations and sought assurance that there were no legal implications for the Board, if hearings were not held within the appropriate time. The Mental Health Act Manager stated there were no consequences and that when a</p>	

<p>patient's section was to be renewed, the Mental Health Act required this to take place within a set timeframe and the Associate Hospital Managers act independently, to ensure that people are not being detained unnecessarily.</p> <p><b>MHAC/35.5</b> The Chair sought assurance regarding reference to the ongoing training and discussions about reinstating the six-monthly training. The Mental Health Act Manager explained that historically this was done by the Office of the Board Secretary but since responsibility for the Associate Managers had moved over to the Quality Directorate, the Mental Health Act Manager felt this might in time move over to them.</p> <p><b>MHAC22/35.4</b> The Committee noted the report.</p>	
<p><b>MHAC22/34 Deprivation of Liberty (Dols) Update</b></p> <p><b>MHAC22/34.1</b> The Head of Adult Safeguarding (representing Director Of Safeguarding And Public Protection) provided a verbal update. She wished to note that the LPS Strategic and Operational Implementation Group held its inaugural meeting in the last quarter and was due to meet again during the Summer.</p> <p><b>MHAC/22/34.2</b> The Head of Adult Safeguarding noted also that there had been a 40% increase in DoLs applications in the 12 month period 2021/22, as opposed to the previous 12 months, which increased the risk of non-compliance and might lead to an unlawful deprivation. This risk has been recorded as part of the Tier 1 Corporate risk. The Committee sought assurance that when comments, as noted in the report, state 'can result in non-compliance', that the organisation will not get into non-compliance. The Executive Director of Public Health agreed to take this forward and discuss the process and risks involved, with the Deputy CEO/Executive Director of Integrated Clinical Services.</p> <p><b>MHAC22/34.3</b> The Head of Adult Safeguarding noted the recent Court Protection case which resulted in a BCUHB patient being detained unlawfully for a significant period of time. The case is ongoing and relates to an individual in the community.</p> <p><b>MHAC22/34.4</b> A new protocol is being developed to help manage complex interfaces between the Mental Health Act and the Mental Capacity Act and to review informal psychiatric patients who are not objecting to their care and treatment, as defined in the Mental Health Act.</p> <p><b>MHAC22/34.5</b> The Head of Adult Safeguarding wished it noted that there were no financial implications from the report, however as part of the wider Corporate Safeguarding team review, it had been placed on the reserve list for the IMTP and is pending an Executive Management Group agreement on the revised Corporate Safeguarding team business case that is being put forward.</p> <p><b>MHAC22/34.6</b> It was noted that there was a written paper which, due to an administrative error, had not been included in the agenda. The Head of Adult</p>	TO / GH



<p>regarding the adults' mental health assessment room being placed within the Paediatric ED area at YGC, and the problems this causes, as highlighted in the recent HIW report. The Interim Executive Director of Nursing &amp; Midwifery agreed to look at the progress as to the possibility of relocating the assessment unit away from the Paediatric ED in YGC. Regarding the positioning of the adult Mental Health Assessment area within the Paediatric waiting area at YGC, The Interim Director of Mental Health was asked to find out what had been done to mitigate the situation where adults in mental distress, waiting to be assessed, are being placed next to children – as witnessed by a Committee member on an unannounced visit recently. The possibility of relocating the room was discussed.</p> <p><b>MHAC22/36.4</b> Within the two reports relating to both Under 18s and Adults, The Mental Health Act Manager reported there were 3 detentions that lapsed under a 136, however all 3 detainees were not fit for assessment. All have been Datixed, investigated and the patients discharged from hospital with follow-ups from services but not re-admitted.</p> <p><b>MHAC22/36.5</b> The Mental Health Act Manager wished to note that the number of patients discharged with an outcome of no mental disorder had reduced dramatically. For a long period it had stood at around 20% and within the timeframe of the report now stood at 8.8%.</p> <p><b>MHAC22/36.5</b> With regards to the Criminal Justice Liaison Service, the Executive Director of Public Health wished to highlight the need for the consultation piece of work that the Criminal Justice Liaison Service Manager had for some time been attempting to get completed, which aimed to increase the level of training to better inform the police as to best practice in these situations. The Executive Director of Public Health agreed to pick this up with the Criminal Justice Liaison Service Manager to get clarification as to the need for reinstating police training to avoid inappropriate placing of patients into the S136 suite and what can be done to avoid this. It was suggested that a small study be carried out to discover what the Health Board knows of the cohort that go through 136, how patients are monitored, tracked, their outcomes, including the number re-presenting.</p> <p><b>MHAC22/36.6</b> The Committee noted the reports.</p>	<p>GT</p> <p>IW</p> <p>TO / RJ</p>
<p><b>MHAC22/37 Mental Health Legislation Risk Register</b></p> <p><b>MHAC22/37.1</b> The Executive Director of Public Health presented the report, acknowledging the new, shorter style of report.</p> <p><b>MHAC22/37.2</b> The Committee noted with concern that the report showed 92 live risks under Tier 1 and 88 under Tier 3, all of which had been identified but none of which had been developed. The Executive Director of Public Health agreed to feed the concern back to The Assistant Director for Information Governance and Risk.</p>	<p>TO</p>

<p><b>MHAC22/37.3</b> Noting the lengthy time taken for business cases to go through the approvals process, thus raising the possibility that funds already agreed and allocated for projects within the IMTP were running the risk of not being utilised within the financial year. The Committee asked The Executive Director of Public Health to raise this concern with the Executive Team.</p> <p><b>MHAC22/37.4</b> The Committee asked for assurance that certain areas noted as having the potential to become non-compliant, risked the possibility of things going wrong if they had not been followed through. The Executive Director of Public Health agreed to bring this to the attention of The Assistant Director for Information Governance &amp; Risk.</p> <p><b>MHAC22/37.5</b> The Committee noted the report.</p>	<p>TO</p> <p>TO</p>
<p><b>MHAC22/38 Criminal Justice Liaison Report</b></p> <p><b>MHAC22/38.1</b> The Executive Director of Public Health presented the report.</p> <p><b>MHAC22/38.2</b> The Committee was concerned for the service provision and what appeared to be an increase in frequency of evening/early morning incidents and whether the service is meeting the demand. The Executive Director of Public Health agreed to take this concern to Ruth Joyce, Criminal Justice Liaison Service Manager.</p> <p><b>MHAC22/38.3</b> The Committee asked for clarification as to whether the figures recording emergency calls involving the police actually pick up those incidents that involved the transport police. The Executive Director of Public Health agreed to take this concern to Ruth Joyce, Criminal Justice Liaison Service Manager.</p> <p><b>MHAC22/38.4</b> Clarification was also sought as to how returns on investment figures were being calculated and reported for this service. The Executive Director of Public Health agreed to ask her Public Health colleagues if there was any literature that might help with this calculation.</p> <p><b>MHAC22/38.5</b> The Committee sought clarification as to why, with regards to the increased numbers of young people requiring the service, there was such a restricted time period of service operation - Monday to Thursday 6.00am to midnight - when Friday to Sunday appeared to be the busiest period. It was noted that this service was originally set up based on figures from the East area, and the current service times covered this and that a piece of work was underway to analyse the figures contained within the report and how best to adapt the service provided. The Assistant Director Children and Adolescent Mental Health Services (CAMHS) confirmed that they were working to extending their Crisis and Unscheduled Care Service to a 24/7 and that they were working with their Adult Mental Health colleagues on the 111+2 project to do likewise with that service, which will link into the local authority EDTs and the Criminal Justice and Liaison Service and the North Wales Police control rooms.</p>	<p>TO</p> <p>TO</p> <p>TO</p>

<p><b>MHAC22/38.6</b> The Head of Nursing – East Area for Child and Adolescent Mental Health Services noted that funding for this service was now mainstream and not funded as a project, as had originally been the case.</p> <p><b>MHAC22/38.7</b> The Committee noted the report.</p>	
<p><b>MHAC22/39 Report on the Use of Restraints</b></p> <p><b>MHAC22/39.1</b> The Interim Director, MHL D, provided a verbal report. The Chair expressed concern that the Committee was not sighted on the use of restraints across the Health Board and felt that, as it is an area of high risk, it should be. The Interim Director, MHL D agreed that there were very important implications and that there was a large piece of work underway which includes input from CAMHS colleagues, the Director of Governance, the Head of IT along with other health boards.</p> <p><b>MHAC22/39.2</b> The Head of Nursing – East Area for Child and Adolescent Mental Health Services wished to bring to the Committee’s attention a recent BBC news article in relation to a young person that had been detained under section in the Hillview Secure Unit, and wished to assure the Committee that learning from this incident was taking place in the Health Board.</p> <p><b>MHAC22/39.3</b> The Acting Associate Director of Quality Assurance &amp; Assistant Director of Patient Safety &amp; Experience offered to share some guidance released in England in 2014 on Restraint Reduction, titled ‘Positive and Safe Care’, which set out certain suggestions about incident that should be reported through to Board. He felt it might be a useful piece of work, which followed the national review in England by the Department of Health, with the support of Minds.</p> <p><b>MHAC22/39.4</b> The Assistant Director of CAMHS noted that on Datix there is currently no way of recording restraint incidents involving children. The Committee sought assurance that this function on Datix would be made available to Emergency Departments also. The Acting Associate Director of Quality Assurance &amp; Assistant Director of Patient Safety &amp; Experience agreed to look into the matter and find the timescale involved nationally in enhancing Datix accordingly.</p> <p><b>MHAC22/39.5</b> The Head of Nursing – East Area for Child and Adolescent Mental Health Services wished to note that paediatric colleagues do not restrain and that some situations have resulted in the child’s carers often staying with them and it is they who do the restraining. She noted that there is a need for a piece of work to be done, in conjunction with the local authorities, to ensure safe practice and levels of observation to maintain safety. The Executive Director of Public Health and The Interim Director of MHL D agreed to provide a proposal to the Committee in November, providing context and being clear of the scope of what is wanted to be measured under the Mental Health Act, using the code of practice and with reference to the information being provided by The Acting Associate Director of Quality Assurance and Assistant Director of Patient Safety &amp; Experience, what the process is currently and how incidents are recorded and</p>	<p>MJ</p> <p>MJ</p>



<p>monitored. The proposal would, using the information scoped, find where the gaps are and how we intend to address those gaps. This proposal is intended to provide assurance that the use of restraints under the Mental Health Act, are being appropriately used and monitored.</p> <p><b>MHAC22/39.3</b> The Committee accepted the verbal report.</p>	TO / IW
<p><b>MHAC22/40 Report on Medium Secure Unit</b></p> <p><b>MHAC22/40.1</b> The Interim Director, MHL D suggested that a meeting be arranged outside the Committee, which would involve himself, the Chair, the Acting Associate Director of Quality Assurance and Assistant Director of Patient Safety and Experience and the Executive Director of Public Health to determine exactly what the scope is, to ensure that he can deliver what the Committee required at the next meeting. The Committee felt that as the people detained in medium secure units are there for long periods of time, sometimes years, the Chair felt that the primary concern of the Committee was that it needed assurance that those patients the organisation is responsible for, are being kept safe.</p> <p><b>MHAC22/40.2</b> The Committee accepted the verbal update.</p>	
<p><b>MHAC22/41 Court of Protection</b></p> <p><b>MHAC22/41.1</b> The Acting Associate Director of Quality Assurance and Assistant Director of Patient Safety and Experience provided a verbal update, noting that there was nothing new to escalate to the Committee.</p> <p><b>MHAC22/41.2</b> He noted that they had been working through restructuring of the Board's clinical and legal function. This meant that going forward they would have responsibility for overseeing compliance with the Court of Protection cases.</p> <p><b>MHAC22/41.3</b> The Acting Associate Director of Quality Assurance and Assistant Director of Patient Safety and Experience confirmed that for the next meeting he would bring a clear policy and procedure around the Court of Protection, for approval, as currently this does not exist. He also described the work that is being done in conjunction with Legal and Risk, around creating a database of cases to ensure there is organisational oversight. He also noted the new escalation process which, along with other measures, demonstrated that they were tightening up their governance processes.</p> <p><b>MHAC22/41.4</b> The Committee accepted the verbal update.</p>	MJ
<p><b>MHAC22/42 Quarterly Mental Health Act Rolling Audit Report</b></p> <p><b>MHAC22/42.1</b> The Mental Health Act Manager presented her report. Within the report it showed that overall, since the last report, there had been some improvements, however there were still some areas for concern. She also noted that due to administrative shortages some standards had been affected but</p>	

<p>where this had happened, the responsible person had been informed where improvements were necessary.</p> <p><b>MHAC22/42.2</b> The Committee sought assurance that where papers had gone missing, requiring documentation to be produced retrospectively, that the narrative does not get changed and that there is a truly and accurate record and that any such documentation is clearly noted as being created retrospectively.</p> <p><b>MHAC22/42.3</b> The Committee sought assurance regarding two areas within the report which highlighted low compliance – Carig Fawr and Ty Llewellyn. The Mental Health Act Manager responded by noting that the Carig Fawr ward Manager was putting together a paper with regards to the requirement for administrative support not being allowed to work from home, when paper files were involved and she agreed to follow this up to see how this had progressed. With regards to Ty Llewellyn, a comprehensive training package had been put together for the administration staff so that they were clear as to what had to be within the Mental Health Act sections and what needed to be carried forward - the next audit would show if this intervention had worked. The Committee asked why it was necessary for a paper to be written to show that administrative staff must not work from home when paper files are involved and the Interim Director MHL D agreed and said he would urgently look into the matter and report back.</p> <p><b>MHAC22/42.4</b> The Committee wished to acknowledge that, from an assurance perspective, the improvement in the quality of the Audit report, particularly bearing in mind that these had only been introduced very recently, was impressive.</p> <p><b>MHAC22/42.5</b> The Committee sought assurance regarding care and treatment plans, as these continued to be an area of non compliance and has also been raised in inspections undertaken by HIW. The Mental Health Act Manager believed that they were to start more in-depth scrutiny with regards to care and treatment plans, and agreed to ascertain the progress in this regard. The Interim Director, MHL D agreed that this recurring theme was unacceptable and that he and the Mental Health Act Manager would discuss the best way forward outside the meeting.</p> <p><b>MHAC22/42.6</b> The Committee noted the report.</p>	<p>WL</p> <p>IW</p> <p>WL / IW</p>
<p><b>MHAC22/43 Consideration of any HIW/Inspection Reports/Audit reports as appropriate to the Meeting</b></p> <p><b>MHAC22/43.1</b> The Mental Health Act Manager advised the Committee that there had been two inspections relevant to the Committee. The first inspection specifically focussed on Covid-19 and the risk of infection transmission on the ward. The report noted that in relation to the Mental Health Act and DoLs, they did require assurance on how the Health Board was discharging its duty of care but that no areas of improvement were identified under the governance of the Mental Health Act or DoLs for that ward.</p>	

<p><b>MHAC22/43.2</b> The Mental Health Act Manager wished to update the Committee on the Tan Y Coed's actions, as at the last meeting it had been queried as to why the timescale said February 2022 and whether the actions had been closed. She noted that the actions had been updated but initially, when they had responded to HIW, they believed they were too ambitious regarding these timescales. They were continuing to work on the action plan, with students looking at projects around medication and the CT work was aligned to the pathway work. The Mental Health Act Manager will provide updates as and when the situation changes.</p> <p><b>MHAC22/43.3</b> The Committee received the reports.</p>	
<p><b>MHAC22/44 PoD Chairs Assurance Report</b></p> <p><b>MHAC22/44.1</b> The Mental Health Act Manager presented her report. She noted that both Huw Jones and Laurence Naggs would both be leaving the PoD Group and the Health Board, and that their expertise would be greatly missed.</p> <p><b>MHAC22/44.2</b> The Mental Health Act Manager advised the Committee that they were progressing with electronic support for hospital managers, which had been approved and work was ongoing with IT. She hoped that by the time of the next meeting, all would be in place and that they would be able to go 'paperless'.</p> <p><b>MHAC22/44.3</b> It was noted that face to face hearings had resumed, dependent on the patients' wishes; that staffing was fully up to complement, along with the Children's Services, Mental Health and that there had been no expressions of interest to join the Mental Health Committee.</p> <p><b>MHAC22/44.4</b> The Committee sought assurance that enough support had been offered by the organisation to the Associate Hospital Managers. The Mental Health Act Manager confirmed that at a recent Associate Hospital Forum Managers' meeting, where they had discussed, with particular attention to the following - support from the organisation and herself, IT, their expenses, ESR, were they receiving enough support when attending difficult hearings, etc, and the general consensus was that they were.</p> <p><b>MHAC22/44.5</b> The Committee raised the question as to why the Associate Hospital Directors were required by ESR to do Manual Handling courses. The Mental Health Act Manager understood that it was mandatory training required by ESR. The Executive Director of Public Health asked the Mental Health Act Manager to write a summary of the inappropriate mandatory training that was currently required by the Associate Hospital Managers and she would link with the Workforce and OD colleagues and have them opted out of these requirements.</p> <p><b>MHAC22/44.6</b> The Chair raised concerns about the operation and attendance at the Committee of key personnel. She asked the Executive Director for Public Health to raise this with the Executive Team, to ensure that the Committee is given the appropriate priority and representation.</p>	<p>WL / TO</p> <p>TO</p>

<b>MHAC22/44.7</b> The Committee noted the report.	
<b>MHAC22/45 Date of next meeting</b> 4.11.22	