



**Mental Health Capacity and Compliance Committee (MHCCC)
Minutes of the meeting held on 17.12.21 via Teams**

Present:	
Lucy Reid	Health Board Vice Chair (Chair)
Cheryl Carlisle	Independent Member
John Gallanders	Independent Member
In Attendance:	
Louise Bell	Assistant Director Children and Adolescent Mental health Services (CAMHS)
Frank Brown	Associate Hospital Manager
Wayne Davies	Locality Manager, Welsh Ambulance Services Trust
Michelle Denwood	Director of Safeguarding and Public Protection
Gill Harris	Executive Director Nursing and Midwifery / Deputy Chief Executive (part meeting)
Bethan Jones	Area Director - Centre
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 (part meeting)
Hilary Owen	Head of Governance and Compliance MHL D
Teresa Owen	Executive Director of Public Health
Steve Riley	Consultant Nurse CAMHS
Dr Alberto Salmoiraghi	Consultant Psychiatrist/Medical Director, MHL D
Mike Smith	Interim Director of Nursing MHL D
Iain Wilkie	Interim Director, MHL D
Diane Davies	Corporate Governance Manager – for minutes

Agenda item	Action
<p>MC21/24 Patient Story and Patient Experience update -</p> <p>MC21/24.1 The Acting Associate Director of Quality Assurance introduced this item which describes Z 's experience as she went through gender reassignment surgery, but also describes a difficult upbringing with an extensive history as a service user of mental health services over a decade, including some periods of detention under the Mental Health Act. In addition, difficulty in accessing some services and the raising of a complaint which is currently under investigation was highlighted. The Quality Team was grateful for the sharing of this experience in order that future training, planning around equality and signposting for staff and patients could be improved going forward.</p>	

<p>advised that she had recently been appointed as a Mental Health Act reviewer for Healthcare Inspectorate Wales (HIW).</p>	
<p>MC21/27 Draft minutes of the inaugural meeting held on 24.9.21</p> <p>The minutes were confirmed as an accurate record subject to a typographical error at MC21/16.2 being amended to 'Medacs'.</p>	
<p>MC21/28 Matters arising and table of actions</p> <p>There were no matters arising from the minutes and the table of actions updates were accepted.</p>	
<p>MC21/29 Report of the Chair</p> <p>The Committee Chair reported that, due to the escalating pandemic response, the time allocation for all Committee meetings had been reduced. Therefore all Committee papers would be taken as read by Committee members and questions would be raised at the outset of each agenda item.</p>	
<p>MC21/30 Report of the Lead Executive</p> <p>The Executive Director of Public Health reported that a paper on local progress with S12 doctors would be provided to the next meeting, supported by the MH Medical Director.</p> <p>In addition, she sadly highlighted that the coming festive period would inevitably see more patient demand for mental health services and potentially its own challenges in terms of Mental Health Act compliance.</p>	AS/TO
<p>MC21/31 Notification of matters referred from other Board Committees on this or future agendas</p> <p>None.</p>	
<p>MC21/32 Terms of Reference (ToRs)</p> <p>MC21/32.1 The Executive Director of Public Health advised that she had consulted with the Interim Director of Governance in moving forward the suggestions made at the previous meeting, which had now been incorporated. In response to the Committee it was clarified that should the Committee need to meet in private session, only members and officers in attendance were required to be present as set out in the ToRs.</p> <p>MC21/32.2 It was acknowledged that the ToRs would require further amendment following role changes set out in the new operating model when approved. The Executive Director of Public Health undertook to</p>	TO

<p>verify if staffside groups were included in all the new Committee ToRs following the Integrated Governance Review</p> <p>It was resolved that the Committee approved the Terms of Reference which would be reported to the Board via the Chair Assurance report.</p>	
<p>The Future Developing Strategies and plans</p> <p>MC21/33 Liberty Protection Safeguards (LPS) Update</p> <p>MC21/33.1 The Director of Safeguarding and Public Protection advised that a Welsh Government briefing the previous day advised that a proposed date for the new Code of Practice was not currently known. It was understood that, when it became available, a 3 month consultation period would be undertaken and significant challenge was expected.</p> <p>MC21/33.2 A discussion ensued on training needs within the organisation in regard to capacity assessment, and attention was particularly drawn to how this was addressed in BCU’s utilisation of agency staff. The Interim MH Nurse Director clarified that there was not a great reliance within adult Mental Health services on agency staff, unlike other services. The Director of Safeguarding and Public Protection advised of various safeguarding checks undertaken (such as on wards through desk top reviews when required) however, she acknowledged the challenges. The Committee was pleased to hear that bank staff received appropriate training through contractual arrangements, and that the Workforce department was supportive in respect of safeguarding training which was an integral part of the mandatory staff training programme.</p> <p>It was resolved that the Committee noted the LPS position report in preparation for the implementation of Liberty Protection Safeguards (LPS) on 1st April 2022.</p>	
<p>The Present</p> <p>MC21/34 Deprivation of Liberty Safeguards (DoLS) Quarterly Report September 2021</p> <p>MC21/34.1 The Director of Safeguarding and Public Protection assured that work was being undertaken with the Patient Liaison service to address the production of ‘easy read’ documentation and leaflets in regard to the use of language for many different patient groups; and consideration being given to a targeted and simplified approach that would ensure BCU was above the curve in relation to embedding the revised legislation. Discussion ensued on ‘parental comment no longer being required’ as set out in the report. The Director of Safeguarding and Public Protection assured that there was a plan and programme in place, along with additional work within paediatrics. In regard to the complex case outlined on page 51, she was unable to provide a timeline on when</p>	

<p>learning could be shared from review of the high court case however, assurance was provided that appropriate teams were involved in working together to bring the learning to the forefront.</p> <p>It was resolved that the Committee noted the report</p>	
<p>MC21/35 Associate Hospital Managers Update Report (Aug 2021 – October 2021)</p> <p>It was resolved that the Committee noted the report</p> <p>The Committee and Lead Executive took the opportunity to thank the Associate Hospital Manager for his commitment and dedication over many years as a valued colleague, as this was to be his last meeting.</p>	
<p>MC21/36 Mental Health Act Performance report</p> <p>MC21/36.1 In regard to Mental Health Act data storage and reporting, the MHA Manager advised that meetings were currently being held with both IT and Performance departments to explore an alternative system (eg Sharepoint), at pace to address the risks which the Committee had previously highlighted. The MHA Manager directed the Committee to the data provided within the report on prisoner admissions, in response to a query raised. In regard to the Committee's concern on the level of 21% rectifiable errors reported, the MHA Manager pointed out this was an improvement on previous performance and much work had been undertaken to address this. The MHA Manager highlighted the type of data error this might involve eg missing postcodes. The Associate Hospital Manager observed that most rectifiable errors occurred within the community however, the scrutiny process in place would enable these to be identified at an early stage.</p> <p>MC21/36.2 Discussion ensued on S136 data for Young People in which it was highlighted that, due to the low numbers involved, there might appear to be a skew within certain Local Authority area presentations. It was agreed this would be explored further.</p> <p>It was resolved that the Committee noted the report</p>	WL
<p>MC21/37 Mental Health services – Management of crisis and s136 detentions of Children and Young People presenting in a hospital setting</p> <p>MC21/37.1 In response to the Committee, the Area Director Centre clarified that young people were defined as below 18 years of age. In regard to questions raised around the out-of-hours (OOH) service data provided, the Assistant Director CAMHS described the work taking place with North Wales Police partners around education and training of patient presentations and admissions processes. She highlighted the current difficulties in recruiting to BCU child health psychiatry services and the</p>	

<p>efforts being made to address them with alternative practitioners. In addition she emphasised the importance of ideally avoiding the need to use s136 as advised within the report. The Assistant Director CAMHS also referred to joined up pathway work being progressed with the Interim MHLN Nursing Director. The Consultant Nurse CAMHS described how most young people who were detained were in an emotional crisis and that options were needed going forwards in providing safe alternatives and meeting with them earlier in the crisis process so that the need to use the Mental Health Act could be avoided. The analysis showed that a very small number of young people went on to be sectioned from the s136.</p> <p>MC21/37.2 The Executive Director of Primary and Community Services was supportive of the work being undertaken however, he reminded that it was important to consider the importance of working in partnership to provide solutions rather than consider some areas to be outside of BCU control. A discussion ensued on work in this area, including reflections from the Criminal Justice Liaison Service Manager. In discussion of the S136 graph it was agreed that the MHA Manager would explore ways to provide information on admission times, with the aim to provide greater clarity on CAMHS OOHs presentations. The Assistant Director CAMHS also advised that on recruitment of a Mental Health Act administrator for CAMHS services, data provision and analysis would improve and thereby inform future community provision.</p> <p>MC21/37.3 In response to the Committee’s question regarding progress on the three crisis project schemes which were in the early planning stages, the Assistant Director CAMHS advised timelines for Care Homes and 111, however others were more challenging. She undertook to advise the Committee of the pilot work being undertaken and further details on timelines.</p> <p>MC21/37.4 Following a question raised on the current condition of S136 suites, the Interim Director MHLN Nursing gave a brief overview but agreed to follow up this up and provide more comprehensive information for the member who pointed out that good surroundings were beneficial in calming crisis situations. He also agreed to advise the Committee Chair should the stagnant water issue remain, in order that she could seek assistance to remedy the issue.</p> <p>It was resolved that the Committee noted the report</p>	<p>WL</p> <p>LB</p> <p>MS</p> <p>MS</p>
<p>MC21/38 Criminal Justice Liaison report</p> <p>MC21/38.1 The Committee Chair reflected on her experience as a magistrate dealing with defendants whom had reached crisis point whilst trying unsuccessfully to access mental health services and, on occasion, resorted to self medication with drugs and alcohol. A discussion ensued in which other examples of people in this form of crisis were raised and how previously co-located services worked together at an earlier stage for the benefit of individuals under probation. The Criminal Justice Liaison</p>	

<p>Manager (CJLM) spoke of potential strategic developments in recovery and the challenges of meeting day to day management with other expectations of the service as outlined in the report.</p> <p>MC21/38.2 The Committee Chair suggested that this issue be discussed at the Together for Mental Health Partnership Board (T4MHPB) as appropriate organisations would be around the table to work towards finding a solution, such as the viability of a fast track referral pathway based upon risk. The Head of MHLG Governance also concurred with these experiences as a magistrate, especially welcoming the potential to work in partnership with the probation service.</p> <p>MC21/38.3 In response to the Committee the CJLM confirmed that, preCovid, a member of the Criminal Justice Liaison Team would be in attendance at courts and she outlined how the service was provided. The Executive Director of Public Health agreed to arrange to move this conversation forward through the T4MHPB, following which there could be potential for discussion at other relevant Boards. The Associate Director Safeguarding and Protection advised that during a recent conversation with the Probation service, they confirmed that they would welcome engagement with the T4MHPB. It was agreed this would be moved forward following a discussion to take place between the Committee Chair, CJLM and the Deputy Director of Mental Health and Learning Disabilities.</p> <p>It was resolved that the Committee noted the report</p>	<p>TO</p>
<p>MC21/39 Mental Health Act risk register</p> <p>The Committee acknowledged the next steps to be undertaken in order to assign Tier one risks to the Committee, however the Committee Chair questioned whether Risk “<i>CRR21-14 There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients</i>” should be transferred from the Quality, Safety and Experience Committee as this might ‘fit’ with both Committees. The Executive Director of Public Health agreed to seek further guidance from the Interim Director of Governance on this matter. It was acknowledged that the risks previously discussed by the Committee were at level 2 or 3 and therefore not required to be monitored further by MHCCC.</p> <p>It was resolved that the Committee agreed to seek further governance advice on whether Corporate risk CRR21-14 would transfer from QSEC.</p>	<p>TO</p>
<p>MC21/40 Court of Protection cases</p> <p>MC21/40.1 The Committee welcomed the provision of this new report which would help to improve efficiency and safety, it was envisaged to be provided on a regular basis.</p>	

<p>MC21/40.2 The Interim Associate Director of Quality clarified that a recent case under the oversight of the Court of Protection drew criticisms which the assurance report sought to address. He indicated that he will now hold regular Court of Protection Case Oversight meetings in order to ensure awareness and oversight of all cases. A central register of cases would be maintained and it was noted that a qualified and practicing solicitor was to be recruited as Head of Legal Services, supported by a newly created Legal Services Department that would bring together various healthcare law strands into a single unified service. An escalation process had also been developed and put into policy to ensure complex cases were escalated in a timely manner to senior staff.</p> <p>MC21/40.3 In response to the Committee Chair, the Interim Associate Director of Quality Assurance confirmed that future reports would not provide details of individual cases but rather key themes and learning from them as well as providing assurance on compliance with any Court orders issued. He undertook to advise when future reports would be provided for incorporation to the Cycle of Business. The Interim Director of Nursing MHL D welcomed the report and pointed out that the themes would be broader than just mental health.</p> <p>It was resolved that the Committee noted the report</p>	MJ
<p>MC21/41 Approval for All Wales Approved Clinicians and Section 12(2) Doctors)</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the report • appropriate governance arrangements, processes and activities were in place to underpin the approval and re-approval of Approved Clinicians and Section 12(2) Doctors in Wales. 	
<p>Learning from the Past</p> <p>MC21/42 Healthcare Inspectorate Wales (HIW) monitoring reports</p> <p>It was resolved that the Committee noted the report.</p>	
<p>MC21/43 Compliance with the Mental Health Act quarterly report</p> <p>MC21/43.1 The Committee Chair highlighted concern in regard to the rates of compliance with care and treatment plans and particularly the large performance level variation of medical record keeping within different units. She reflected that these areas also featured in a number of complaints and incidents.</p> <p>MC21/43.2 In response to the Committee Chair, the Head of Governance and Compliance MHL D explained that moving forward a HIW audit tool would be used in order to provide greater level of detail. She also advised that an action plan was being developed in regard to a serious untoward incident with specific actions around care and treatment plans, and particularly around risk. These would be built into morning huddles. The</p>	

<p>Committee Chair requested that future reports include a brief summary in order to bring wider perspective for those particular actions in order that the audit loop could be closed.</p> <p>It was resolved that the Committee noted the report.</p>	HOWL
<p>MC21/44 Power of Discharge Group chair's assurance report</p> <p>It was resolved that the Committee noted the report.</p>	
<p>MC21/45 Agree items for referral to Board / Other Committees</p> <p>None were identified.</p>	
<p>MC21/46 Review of risks highlighted in the meeting for referral to Risk Management Group</p> <p>None</p>	-
<p>MC21/47 Agree items for Chairs Assurance report</p> <p>To be considered following the meeting.</p>	
<p>MC21/48 Review of meeting effectiveness</p> <p>Whilst the Committee timing overran slightly, the Committee Chair reflected that the depth of discussion had been helpful and worthwhile.</p>	
<p>MC21/49 Date of next meeting 25.3.22</p>	