



**Mental Health Capacity and Compliance Committee (MHCCC)
Minutes of the meeting held on 24.9.21 via Teams**

Present:	
Lucy Reid	Health Board Vice Chair (Chair)
Cheryl Carlisle	Independent Member
Mark Polin	Health Board Chairman
In Attendance:	
Frank Brown	Associate Hospital Manager
Michelle Denwood	Associate Director of Safeguarding
Bethan Jones	Area Director - Centre
Matthew Joyes	Acting Associate Director of Quality Assurance & Assistant Director of Patient Safety & Experience
Ruth Joyes	Criminal Justice Liaison Service Manager, MHL D (part meeting)
Wendy Lappin	Mental Health Act Manager, MHL D
Hilary Owen	Head of Governance and Compliance MHL D
Teresa Owen	Executive Director of Public Health
Dr Alberto Salmoiraghi	Consultant Psychiatrist/Medical Director, MHL D
Mike Smith	Interim Director of Nursing MHL D
Marilyn Wells	Head of Nursing – East Area for Child and Adolescent Mental Health Services, Neuro-developmental and Learning Disability Services
Iain Wilkie	Interim Director, MHL D
Diane Davies	Corporate Governance Manager – for minutes

Agenda item	Action
<p>MC21/1 Patient Story and Patient Experience update - Children and Adolescent Mental Health Service (CAMHS)</p> <p>MC21/1.1 The Area Director Central introduced this item which highlighted the difficulties some young people had experienced through the pandemic and also learning gained. She reported that a CAMHS Patient Experience Officer had recently been appointed which had made a tremendous difference within the service. The Head of Nursing CAMHS East encouraged to Committee to read through the patient story through the lens of a young person and drew attention to the affects of the experience on family and the varied locations across the UK where the patient had been treated.</p> <p>MC21/1.2 In response to the Committee, the Executive Director of Public Health agreed to provide greater clarity on how BCU processes enable 'real time' tracking of a young person's transfer through multiple treatment centres and social workers in order that the organisation was cogniscent, along with</p>	TO

<p>consideration of the patient’s family. A discussion ensued on ways to improve care co-ordination, in which the Area Director East highlighted the specialist skills required to treat young people, which were different to adults, and which needed to be focussed on to ensure retention that would build stability and improve patient trust.</p> <p>MC21/1.3 In discussion of governance the Acting Associate Director of Quality Assurance undertook to assist the Head of Nursing CAMHS East in regard to their processes.</p> <p>MC21/1.4 The Committee questioned how learning would be demonstrated going forward, given that this patient’s journey had commenced in 2015, to provide assurance to the Board. The Executive Director of Public Health agreed to ensure future Patient Stories involved the Acting Associate Director of Quality Assurance to ensure a corporate template format was utilised and lessons learned clearly demonstrated within the document</p> <p>MC21/1.5 The Committee discussed potential learning to take forward in the care of other young patients and commended the patient’s resolve in coming forward and was pleased to hear of her career plans for the future.</p> <p>It was resolved that the Committee noted the patient story</p>	<p>MJ/MW</p> <p>TO</p>
<p>MC21/2 Terms of Reference</p> <p>MC21/2.1 The Executive Director of Public Health introduced the Terms of Reference which had been agreed at the Health Board in July and invited further discussion by Committee members.</p> <p>MC21/2.2 It was agreed that the Executive Director of Public Health would resolve the following points, or raise with the Interim Director of Governance where necessary, and resubmit to the next meeting:</p> <ul style="list-style-type: none"> • Quoracy – consider whether sufficient number • Timing (Quarterly not Bimonthly) • Membership queries : <ul style="list-style-type: none"> ○ CAMHS representatives to be identified ○ Safeguarding representation – clarity of post holder/s required ○ Lead Dols Manager – requires inclusion ○ Head of Governance and Compliance – requires inclusion • Clarity on MH Measure references (3.2.12) • Question whether the approval of Hospital Managers section could be moved forward through potential chair actions that will require reporting to future meetings in order to avoid recruitment delays • Provide clarity on whether Scheme of delegation re MHA should be discussed at the Committee prior to Board submission <p>MC21/2.3 In addition, the Assistant Director Safeguarding questioned whether the Together for Mental Health Partnership Board ToRs had been cross referenced in order to avoid duplication.</p>	<p>TO</p>

<p>It was resolved that the Committee did not approve the Terms of Reference and sought submission to the next meeting following appropriate consideration of the Committee's discussion</p>	
<p>MC21/3 Cycle of Business</p> <p>The Executive Director of Public Health invited members to discuss the initial cycle of business. It was agreed that the ToRs would be cross referenced to the Cycle of Business in order to ensure the future annual report objectives would be met, and members were asked to advise of any gaps identified before the next meeting.</p> <p>It was resolved that the Committee approved the initial Cycle of Business subject to cross referencing the Terms of Reference as agreed.</p>	<p>TO (OBS) Members</p>
<p>MC21/4 Apologies</p> <p>Apologies had been received from Jo Whitehead, Gill Harris, and Chris Stockport – for whom Bethan Jones deputised.</p>	
<p>MC21/5 Declarations of Interest</p> <p>None received.</p>	
<p>MC21/6 Draft minutes of the final Mental Health Act Committee (MHAC) meeting held on 25.6.21 to be confirmed and review of Summary Action Log</p> <p>The minutes were confirmed as an accurate record of the final MHAC meeting.</p>	
<p>MC21/7 Matters arising and MHAC summary action</p> <p>MC21/7.1 The Committee considered the final MHAC summary action plan and closed all actions with the exception of MHAC21/10.8, which was transferred to the MHCCC table of actions.</p> <p>MC21/7.2 In addition, the Committee Chair requested clarity on the process being followed on the Transfer of Children and Young People (CYP) from S136, in order to provide assurance to the Board that future CYP patients would not be required to wait excessive time in unsuitable environments. The Executive Director of Public Health acknowledged this to be a significant challenge and would work with Area Director – Centre to address the action.</p>	<p>TO - BJ</p>
<p>MC21/8 Report of the Chair</p> <p>The Committee Chair reported this to be the inaugural meeting of the Committee, following the Board's approval of an Integrated Governance Framework at its July meeting. She sought a commitment that as the Power of Discharge Group was not a subCommittee, it would be timed to meet regularly</p>	

<p>ahead of future MHCCC meetings and provide a Chair Assurance report. The Executive Director of Public Health agreed to ensure this was actioned and supported by the MHL D Division.</p>	TO
<p>MC21/9 Report of the Lead Executive</p> <p>The Executive Director of Public Health undertook to support the Committee going forward as Lead Executive</p>	
<p>The Future Developing Strategies and plans</p> <p>MC21/10 Reforming the Mental Health Act (MHA) White Paper - Update</p> <p>MC21/10.1 The Mental Health Act Manager presented the report highlighting the proposed changes, the proposals that were highlighted for further consideration and discussion by government. It was also noted that the proposal to introduce a clearer process for deciding if someone should be detained under the MHA or Deprivation of Liberty Safeguards (LPS) was not intended to be taken forward at this time. She advised that the timescale was not yet apparent. The proposal in regard to removal of the Associate Hospital Managers role in reviewing patients for discharge was also highlighted.</p> <p>MC21/10.2 The Committee questioned the impact of the proposal that autism or a learning disability was no longer be considered a mental disorder for the purpose of most powers of the MHA which the Mental Health Act Manager agreed to feedback to the Committee.</p> <p>MC21/10.3 The Committee questioned what staffing and recruitment plans were being put in place to address the additional work required. The Mental Health Act Manager explained the current situation and the Committee was assured that the Interim Director of MHL D would discuss with Workforce & OD colleagues potential requirement for further resource to enable compliance with the reform amendments</p> <p>It was resolved that the Committee noted the report</p>	<p>TO (WL)</p> <p>TO (IW)</p>
<p>MC21/11 Liberty Protection Safeguards (LPS) Update</p> <p>MC21/11.1 The Associate Director Safeguarding presented this report which provided a position statement on preparedness for the implementation of Liberty Protection Safeguards (LPS) on 1st April 2022.</p> <p>MC21/11.2 In response to the Committee's question regarding whether there might be a bottleneck in training provision, the Associate Director Safeguarding described the current developments being undertaken however, due to the delay in publication of the Code of Practice this was affecting implementation planning. She stated that steps were being worked forward but she acknowledged the resource issue. It was also noted that LPS and Deprivation</p>	

<p>of Liberty safeguards would be moved forward on a twin tracked process at implementation. The Associate Director Safeguarding stated that there would not be an involvement with Care Homes. She also advised that there would be an improvement with the S12 doctor position. The Head of Governance and Compliance reported that staff were currently being encouraged to take up training that was available free of charge.</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>MC21/12 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>The Present</p> <p>MC21/13 Deprivation of Liberty Safeguards (DoLS) Quarterly Report September 2021</p> <p>MC21/13.1 The Associate Director of Safeguarding presented the report highlighting that throughout the Covid19 pandemic the Corporate Safeguarding - DoLS/MCA Team had continued to offer full engagement and support to all services across BCUHB. The figures did not reflect the level of complexity and demand upon the DoLS/MCA service and it was evident that there was an upward trend for DoLS applications. An increase in the number of Best Interest Assessor's (BIA's) to 6 had little impact upon the applications waiting list.</p> <p>MC21/13.2 In regard to 'completion of documentation errors' reported, she advised that, whilst work was being focussed to address this, there were resource issues. It was noted that a business case was under development, with the objective of strengthening organisational performance and provide assurance that authorisations were completed within the legal timeframe, reducing unlawful detentions and improving patient experience and the reduction of potential harm. The MHLD Medical Director also emphasised the volume of work required by professionals to address the Court of Protection requirement.</p> <p>It was resolved that the Committee noted the Deprivation of Liberty Quarterly Report and the identified activity for the period of April 2021 to August 2021.</p>	
<p>MC21/14 Associate Hospital Managers Update Report (May 2021 – July 2021)</p>	

<p>MC21/16.1 Mental Health Act Adult risk register : Age appropriate support when children are admitted to an acute adult mental health facility</p> <p>Discussed in the previous item MC21/7.2 (S136).</p> <p>It was resolved that the Committee noted the risk of age appropriate support when children are admitted to an acute adult mental health facility within the Adult risk register</p>	
<p>MC21/16.2 Mental Health Act Adult risk register : Recruitment and retention of senior doctors, including 12(2) doctors</p> <p>The Medical Director MHL D highlighted the issues around this risk including Medax, locum recruitment and also provided greater detail of some of the actions being undertaken, which included progression of a refreshed medical recruitment strategy.</p> <p>It was resolved that the Committee noted the risk of Recruitment and retention of senior doctors, including 12(2) doctors within the Adult risk register</p>	
<p>MC21/16.3 Mental Health Act Adult : Committee mapping</p> <p>It was resolved that the Committee noted the diagram illustrating the governance structure of the MHL D Division.</p>	
<p>Learning from the Past</p> <p>MC21/17 Healthcare Inspectorate Wales (HIW) Monitoring Report</p> <p>The Head of Governance and Compliance MHL D presented this report. She highlighted that there had been a recent HIW visit to the Hergest Unit at Ysbyty Gwynedd which would be available for publication within 3 months, and advised that there were no mental health issues raised.</p> <p>It was resolved that the Committee noted the report.</p>	
<p>MC21/18 Compliance with the Mental Health Act in the Forensic, Rehab and Older Persons Units Audit</p> <p>MC21/18.1 The Executive Director of Public Health presented the report, acknowledging the work undertaken by the Team. In regard to the inconsistencies in documentation reported, the Mental Health Act Manager clarified that feedback had been provided to the unit involved in order to address the anomalies and learn from them going forward.</p> <p><i>The Committee Chair left the meeting to attend to an urgent matter</i></p> <p>MC21/18.2 The MHL D Medical Director raised his concern with the level of inconsistencies and the Committee emphasised the importance of correct documentation processes for patient care. A member also reflected that it was</p>	

<p>important that administration staff supported administrative processes in order to release clinical staff to apply their skillsets.</p> <p>MC21/18.3 The Acting Associate Director of Quality Assurance commented that where there were areas of concern, reports should also include action plans to address them in future reports.</p> <p>It was resolved that the Committee noted the audit report.</p>	<p>TO (HO/WL)</p>
<p>MC21/19 Agree Items for referral to Board / Other Committees</p> <p>None were identified.</p>	
<p>MC21/20 Review of risks highlighted in the meeting for referral to Risk Management Group</p> <p>Discussion on risk papers would be followed up with Risk Management colleagues.</p>	
<p>MC21/21 Agree items for Chairs Assurance report</p> <p>The following areas of discussion were identified for inclusion within the Chair assurance report to be submitted to the November Health Board meeting</p> <ul style="list-style-type: none"> • Patient Story • S136 • Ligatures • Key legislative changes to LPS and MHA. 	
<p>MC21/22 Review of meeting effectiveness</p> <p>The Committee reflected that the additional time undertaken to discuss membership within the Terms of Reference was well spent in order to ensure correct representation, especially CAMHS, which would be better for patients.</p>	
<p>MC21/23 Date of next meeting 17.12.21</p>	