

**CONFIRMED MINUTES OF THE
MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE
(MHCLC)
HELD AT 09.30AM ON TUESDAY 6TH FEBRUARY 2018
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski
Eileen Brandreth
Sara Moseley

MHCLC Chair and Vice Chair, Cardiff and Vale UHB
Independent Member and MHCLC Vice Chair
Independent Member

In attendance:

Steve Curry
Ian Wile
Sunni Webb
Dr Jenny Hunt
Julia Barrell
Lucy Phelps
Amanda Morgan
Kay Jeynes

Chief Operating Officer (Lead Executive for Mental Health)
Director of Operations, Mental Health
Mental Health Act Manager
Clinical Psychologist
Mental Capacity Act Manager
Service User Representative
Service User Representative
Director of Nursing, PCIC

Apologies

Jeff Champney Smith
Jayne Tottle
Peter Welsh
Dr Graham Shortland

Chair, Hospital Managers Power of Discharge Sub-Committee
Mental Health Clinical Board Nurse
Director of Corporate Governance
Medical Director (Lead Executive for Mental Capacity)

Secretariat:

Helen Bricknell

MHCLC 16/123 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

MHCLC 16/124 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

MHCLC 16/125 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the Agenda. None were declared.

**MHCLC 16/126 MINUTES OF THE PREVIOUS MEETING OF THE
MENTAL HEALTH AND CAPACITY LEGISLATION
COMMITTEE HELD ON 29TH NOVEMBER 2017**

The minutes were **RECEIVED** and **CONFIRMED** as a true and accurate record for 29th November 2017 subject to the following the amendments:

MHCLC 16/115: The Chair asked when would the CAMHS service reach their target of 80%, this was delivered in October 2017.

MHCLC 16/117: The measure relates to timely assessment for children and young people to enable early intervention. Fluctuations in demand together with small capacity losses (eg sickness) in a small team means it is difficult to “right size” the service. Work in underway to address this.

The Chair opened up for any matters arising from the minutes:
No Matters Arising to record.

MHCLC 16/127 ACTION LOG REVIEW

MHCLC 16/028 **Section 136 Partnership Arrangements**
Item to be brought back into Current Actions for further updates.

MHCLC 16/110 **DNA CPR**
No timescales have been noted on the Action Log currently. A verbal update was given from the Mental Capacity Act Manager informing that the Medical Director has asked for this to be addressed at the next Agenda setting meeting for Quality and Safety.
The Chair agreed to speak to the Chair of Quality and Safety around DNA CPR.

MHCLC 16/046 **MCA Clinical Boards**
Recorded as Complete in the Action Log, if this item is to be monitored it needs to be incorporated within the Work-plan.

The Chair would like to review the way the Action Log captures relevant information. This would be undertaken outside of the meeting with the Director of Corporate Governance and the Secretariat.

The Committee **SUPPORTS** this request.
The Committee **RECEIVED** and **NOTED** the Action Log.

MHCLC 16/128 ANY OTHER URGENT BUSINESS AGREED WITH THE CHAIR.

There was no other urgent business.

MHCLC 16/129 DEPRIVATION OF LIBERTY SAFEGUARDS MONITORING REPORT

The Mental Capacity Act Manager would inform the Medical Director of any queries surrounding the report. The Chair asked as a point of order, why there is no positioning SBAR paper outlining why the report has been submitted to the Committee; the status since the last report; the risks if any; what needs to be considered, supported, approved or any strategic issues.

It was stated that the report is delivered to the Partnership Board and therefore it is important the MHCL Committee receives a covering paper which deals with the above issues.

ACTION: At the next Committee meeting a covering paper to be submitted outlining any risks, status since last report, considerations and any strategic issues.

The Committee **RECEIVED** and **NOTED** the report.

MHCLC 16/130 MENTAL CAPACITY ACT MONITORING REPORT – SBAR

The Mental Capacity Act Manager delivered a brief overview of the report on how the Health Board is complying with the Mental Capacity Act (the legal framework within which treatment and care can be given to patients).

The training figures, provided by Learning, Education and Development Department were broken down by Clinical Board, and they currently showed a lack of training uptake by clinical staff. Without training, staff will not be able to use the Mental Capacity Act within their clinical practice. The Mental Capacity Act has been in force for over 10 years and needs to be used correctly. The

Independent Mental Capacity Advocacy Service (IMCA) has highlighted that a majority of clinicians do not understand how to assess a patient's capacity nor how to work out a patient's best interests in relation to treatment and care.

The Chair opened up for discussion and the following points were noted:

The Director of Nursing PCIC services, questioned the validity of the data, as the Clinical Board has a record of high compliance with mandatory training. There may be an issue with how the figures have been recorded. It was suggested that monitoring the use of the Act in practice could be difficult as recording of the necessary information is often poor.

The report highlighted the serious potential adverse impact that non-compliance with the Mental Capacity Act can have on the safety and effective treatment of patients. Not following the requirements of the Act can lead to Ombudsman involvement and clinicians being reported to their professional bodies.

The Chair asked about the apparent lack of information provided by the Clinical Boards. The Mental Capacity Act Manager has asked for compliance with training to be built into the Performance reporting.

The Chair expressed his concern that whilst there is training available, policies and procedures in place and plenty of information readily accessible there still seems to be evidence that suggests staff are not completing the training and are not following the Act.

The Chair mentioned that perhaps the paper could be shaped differently to allow the Committee to monitor more effectively and to give assurance for the Board.

It was highlighted that even though training is available the application of this knowledge is paramount for assurance to the Board.

The chief Operating officer revisits earlier points and informs the committee that it is not a regular feature (standing item) of the performance review data sheet.

The Chair has suggested a meeting with the Medical Director and the Chief Executive to attend the next meeting, so the Committee can discuss how it can support and give assurance that this is dealt with in the Performance Reviews and reach optimum targets.

The Committee **NOTED** the report

MHCLC 16/131 MENTAL HEALTH ACT EXCEPTION REPORT

The Director of Operations, Mr. Ian Wile gave a brief overview of the report, during the fourth quarter the Mental Health Act department have no exceptions to report.

On the figures relating to the use of Section 136, a question was raised regarding the follow up of individuals who are assessed under this power of arrest but where there are no further follow up action by mental health services. Particularly in light of the low rate of admission from 136 assessments which is currently 10%. Ian Wile confirmed that the crisis services report that follow up rates by mental health services is low, but there is little comprehensive information on the outcomes for those individuals.

Cardiff and Vale Health Board, the police and two adjacent Health Boards are considering the collaborative development of a public service call center. This will be based in ABMU and professionally supported by Cwm Taff along with Cardiff and Vale UHB supporting operational functions. The idea is that there will be a mental health resource at the end of the phone, for front line police officers in South Wales to contact for any assistance or advice needed.

The funding, staffing and operational needs are currently being discussed with the intention of adopting a similar model to Gwent services.

Meeting is being held on the 26th February with the Care and Management Team to discuss the layout the Agenda, working alongside the practitioners in Mental Health, completing reviews and interviews with service users, encouraging staff to complete the audits alongside them so knowledge can be obtained in the completion of Care and Treatment Plans.

The Committee **NOTED** the report.

The Committee **RECOGNISED** the good performance.

MHCLC 16/132 HEALTHCARE INSPECTORATE WALES ANNUAL REPORT

The Director of Operations, Mr. Ian Wile gave a brief overview of the report explaining this was published last November. The paper supporting this item outlined the areas of concern and the actions followed. The main concern is Section 17 leave, how it is accommodated and applied. Staff, are to refresh on the understanding and raise the awareness within the service following the report.

It was discussed whether there has been more difficulty in accommodating the Section 17 leave since transferring to University Hospital Llandough (UHL), and how has this been overcome. The Director of Operations

mentioned that the staff has accommodated the Section 17 leave, which can include enough time to visit the local shops or the patients themselves can decide to take the time in blocks. It has been reported through Hospital Managers hearings around the time allowances.

It was brought to the Committee's attention that on page 76 there is mention of an Action Plan which has not been submitted. The Director of Operations has mentioned this is an oversight and there is some confusion around the wording.

The Chief Operating Officer suggests that many of the actions, including to raise awareness should be within the Performance Reviews as opposed to a wider Action Plan.

The Committee has **NOTED** the report.

The Committee has **CONSIDERED** and **APPROVED** the approach taken by the Mental Health Clinical Board.

MHCLC 16/133 MENTAL HEALTH ACT INSPECTION REPORTS

The Director of Operations, Mr. Ian Wile gave a verbal update stating there is not a completed written report at this time, upon receipt it will be submitted to the next Committee meeting. However, there have been two unannounced ward inspections in UHL both were carried out this month. Verbal updates given from the inspections have been supportive and positive.

The Committee **NOTED** the verbal report.

MHCLC 16/134 MENTAL HEALTH MEASURE MONITORING REPORT Progress on Care and Treatment Plans

The Director of Operations, Mr. Ian Wile presented the report and notes that we are now compliant for Part 1 of the measure with the standards in line with Welsh Government.

The UHB is also compliant with Part 2 of the measure. The Committee noted that with the aspirations of professionals involved we can use the Care and Treatment plans on a therapeutic level in future planning.

The Chair opened up for comments, the following were discussed:

Under 18's assessment activity – Children & Young People service is reporting below the Welsh Government target.
CAMHS is reporting the performance is just below 40% compliant.

Part 1 of the Measure which includes Children Young People primary service missed their target in December due to operational issues and the assessments were being carried out in 29 days (just outside of the 28 day timeframe). Requests for assessments have increased over the last two years this alone stripping the demands on the service.
Sometimes intervention has to be provided before the assessment,

The Chief Operating Officer, Mr. Steve Curry mentions that discussions with Children's and Women Clinical Board in their last performance reviews indicated that delivery against Part 1 of the Measure for CAMHS had successfully reached 86%. Improvements of the service including right sizing *service capacity* and reforming of such a small team are being worked through to be sustainable and compliant and gather assurance for the Committee.

The Chief Operating Officer and Executive Director of Public Health has been successful in gaining support for resources from Central Government. This has enabled the project management of repatriating secondary care CAMHS to move forward. An update on Part 1 CAMHS Measure will be provided at the next meeting.

ACTION: Chief Operating Officer to provide a paper on repatriation of CAMHS. Staff from Children and Women Clinical Board to attend the next Committee on this topic. 20 minute presentation at the next meeting.

It was asked who will be project managing the Repatriation of the work, the lead will be Cardiff and Vale University Health Board working to an April 2019 completion schedule.

A discussion took place around the type of primary care model that may be implemented in the future in relation to the scheme of work around describing Part 1 of the Mental Health Measure and its suitability for both CAMHS and Adult Mental Health services. A primary Care Liaison Pilot in Cardiff East is supporting Mental Health services to review its service and pathways in and around primary care services.

The Chair has asked the Director of Operations to provide a presentation on the strategic intent outlining the way in which the Mental Health services are going to model the services going forward.

ACTION: Director of Operations, Mr. Ian Wile to present at the next Committee meeting (10 mins).

The Committee **AGREED** the recommendation:
The approach taken by the Mental Health Clinical Board

MHCLC 16/135 COMMITTEE WORK PLAN

The Chair has brought the Work plan to the Committee with an invitation to all Committee members to give any submissions on shaping or alterations to the current Work plan within the next fourteen days to the Secretariat of the meeting. All submissions will be discussed at a further meeting outside of the Committee, and a new Work plan to be brought for Approval at the next Committee meeting.

The Committee **SUPPORTED** the Chair.

MHCLC 16/136 TERMS OF REFERENCE

The Chair opened up for any comments or queries with the current Terms of Reference for the Committee. The following were highlighted:

- P134. Item 4.2 The list of Attendees need to be reviewed / updated and presented to the next Committee in preparation for approval at the next Board meeting.
- The Chair observed that the Terms of Reference need to be reviewed annually. It was agreed any submissions or comments within fourteen days to the Chair or the Secretariat.

The Committee **SUPPORTED** the **RECOMMENDATIONS** of the Chair.

MHCLC 16/137 HOSPITAL MANAGERS' POWER OF DISCHARGE SUB COMMITTEE MINUTES

The Committee **RECEIVED** and **NOTED** the report.

MHCLC 16/138 REVIEW OF THE MEETING

The meeting was reviewed, it was noted the Chair would like the Committee to undertake an Annual Self-Assessment of the Committee and feedback where appropriate.

The Director of Operations informed the Committee that the National Benchmarking report is currently available electronically. For consideration to be placed on the Work plan.

MHCLC 16/139 DETAILS OF NEXT MEETING

The next meeting will be held on Tuesday 26th June 2018 at 10am,
Boardroom, Headquarters, University Hospital of Wales.

