

**CONFIRMED MINUTES OF THE  
MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE  
(MHCLC)  
HELD AT 09.00 AM ON TUESDAY 9th MAY 2017  
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

**Prof Marcus Longley**  
Martyn Waygood  
Margaret McLaughlin

**MHCLC Chair and Vice Chair, Cardiff and Vale UHB**  
Independent Member and MHCLC Vice Chair  
Independent Member – Third Sector

**In attendance:**

Sue Bailey	Clinical Director for Quality, Safety and Patient Experience
Maria Jones	Nurse Representative
Dr Graham Shortland	Medical Director
Ian Wile	Director of Operations, Mental Health
Sunni Webb	Mental Health Act Manager
Dr Jenny Hunt	Clinical Psychologist
Julia Barrell	Mental Capacity Act Manager
Kay Jeynes	Director of Nursing, PCIC
Steve Curry	Acting Chief Operating Officer
Lucy Phelps	Service User Representative
Amanda Morgan	Service User Representative
Jeff Champney-Smith	Vice-Chair, Hospital Managers Power of Discharge Sub-Committee

**Apologies**

Alice Casey	Chief Operating Officer (Lead Executive)
Dr Annie Proctor(DNA)	Clinical Board Director, Mental Health
Jayne Tottle	Clinical Board Nurse
Peter Welsh	Director of Corporate Governance
Dr Richard Evans(DNA)	Clinical Board Director, Medicine
Andy Cole	Operational Manager, Mental Health, Vale of Glamorgan Social Services
Eileen Brandreth	Independent Member – Information, Communication and Technology
Steve Lewis (DNA)	Director, Advocacy Support Cymru
Jane Hancock (DNA)	Service User Representative

**Secretariat:**

Helen Bricknell

**MHCLC 16/080 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**MHCLC 16/081      APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**MHCLC 16/082      DECLARATIONS OF INTEREST**

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

**MHCLC 16/083      MINUTES OF THE PREVIOUS MEETING OF THE  
MENTAL HEALTH AND CAPACITY LEGISLATION  
COMMITTEE HELD ON 29TH NOVEMBER 2016**

The minutes were RECEIVED and CONFIRMED as a true and accurate record following the amendment to minute MHCLC 16/068:

The monthly Quality and Safety meetings report on all usage of the MCA, no audit has been undertaken from the Community Child Health Directorate. An audit will be undertaken during 2017 with the Audit Clinical Lead, however no clinical incidents in Child Health had been reported.

**MHCLC 16/084      ACTION LOG REVIEW**

The Committee RECEIVED and NOTED the Action Log

**MHCLC 16/085      ANY OTHER URGENT BUSINESS**

There was no other urgent business.

**MHCLC 16/086      PATIENT STORY – MENTAL CAPACITY ACT**

There was no Patient Story.

**MHCLC 16/087      MENTAL CAPACITY ACT CLINICAL BOARD  
PRESENTATIONS**

**1. Clinical Diagnostics and Therapeutics**

The Clinical Director for CD&T, Sue Bailey presented the position in Clinical Diagnostics and Therapy. It was advised that ongoing Mental Capacity Act

training was provided to all staff as it is now an element of Mandatory training from April 2017 and Personal Appraisal Development Reviews (PADR). Compliance figures were unavailable from LED at the current time.

The Clinical Board dementia action plan and Dementia Champions across the patch all provide a helpful service within the clinical board. A baseline audit was undertaken and the following was highlighted:

- No clinical incidents relating to capacity
- From April 2016 to March 2017, 49 incidents of violence and aggression behavior were reported, 5 of these lacked capacity, 19 deemed to have capacity and the remainder not known. Phlebotomy and Occupational Therapy were the main areas.
- There is a mis-understanding of “capacity”, and what constitutes capacity within these areas. Mainly verbal consent is gained within the Clinical Boards. At point of referral it has been assumed that capacity has been recorded and this is not always the case.
- The Medical Director has agreed with the report presented and with the Mental Capacity Act being part of the Mandatory Training element, it has improved the compliance recording and the impact it has received within the services.
- The Interim Chief Operating Officer has clarified the importance of the different types of consent given and how it is recorded, given the vast multiplex of procedures that are undertaken by the Clinical Boards.
- Vice Chair asks how well the PADR works with the staff and the training levels, it has been agreed that it is a good mechanism for staff to complete and is taken seriously and it is important in identifying training needs and setting objectives.

The Committee **NOTED** the reports and the action that would be taken in support and **AGREED** to review the effectiveness of these presentations when all Clinical Boards had been heard.

## 2. Mental Health

The Director of Operations, Mental Health, Ian Wile gave a presentation on the 3 directorates within Mental Health, Working Adults, Older People Services and Psychology/Therapies. The report/audit compiled is an amalgamation of the 3 directorates.

Clinical Directors are responsible for their areas but felt that all staff have a responsibility to have an understanding of the Mental Capacity Act. The Mental Health Clinical Board have a quality and safety meeting and the Mental Capacity Act and Deprivation of Liberty Safeguards are standing agenda items with no outstanding items to report within.

Mental Health is a high reporting topic that is dealt with promptly throughout the Clinical Boards. Governance issues that have been reported in Psychology/ Counselling. Concerns have been raised with senior clinicians relating to informal admissions and consent to admission. But no capacity to such admission has been obtained and documentation completed on patients files to reflect this.

Healthcare Inspectorate Wales have visited older people services recently and compliance with DoLS and MCA has been questioned relating to staff training and awareness.

Training data feedback has not been made readily available, but mandatory training can be recorded and monitored.

- No evidence of audit through the Mental Health Clinical Board. Professor Robert Kidd has outlined an audit which is due to be rolled out this summer.
- Clinical incidents and assaults on staff by patients have been identified through the Sentinels' group. Assessments are to be undertaken prior to staff prosecuting.
- Comment from the older people's directorate that training is needed.
- Older People's Service not aware of any incidents regarding the Mental Capacity Act.
- Issues raised by IMCA services have been disseminated to Clinical Boards.
- Lack of awareness around the Adult services and DoLS regulations.

Comment was made on the compliance figure of 80% around Mental Capacity Act awareness/compliance and how it has been achieved throughout the Clinical Board, more training and awareness over the next 18-24 months to improve the outcome on Mental Capacity Act awareness.

- The feedback from the IMCA services is a valuable tool, raising awareness across the Health Board.
- The issue for the Mental Health Clinical Board is the difference between the MHA Act to the MCA, it has been highlighted that the DoLS training could be more beneficial.
- Within patient files especially in older people services written documentation surrounding the MCA can be improved upon.
- Being able to demonstrate that using the least restrictive measures have been considered and documented are more apparent than being threaded through patients' notes.
- Code of practice states that if someone needs to be detained then it is appropriate to do so, but there is a need to ensure that it is

documented thoroughly within the notes/care and treatment plan and which avenues are explored.

- Community areas have more practical avenues and ways of gaining consent but more detail needed around area of capacity.
- Moving forward the data of Mental Capacity Act training can be captured on ESR training.
- Centrality of training is highlighted throughout the Clinical Boards

Maria Jones and Sue Bailey leave the Committee meeting.

The Committee **NOTED** the reports and the action that would be taken in support and **AGREED** to review the effectiveness of these presentations.

### **MHCLC 16/088      UPDATED DoLS MONITORING REPORT**

The Committee received and noted the report from the Operations Manager. The Chair opened up to questions and discussion. There are currently urgent assessments outstanding for Cardiff and Vale due to the nature of hospital referrals.

- The statistic table does not meet 100% on the last page of the report due to a typo.
- Debate has been around the costings of the assessments and budgets being met.
- Apologies around lateness of dissemination of the report.
- Discussion is needed on how to take forward the regular reporting of the Clinical Boards.
- Having all clinical boards attend and present at the committee has focused more on the awareness of MCA.
- Auditing can identify the key issues needing more training.
- Issues raised in IMCA's reports need to be raised, a strategy plan is in place to ensure all components can be discussed and carried forward with best governance practices and Data Protection Act being adhered to.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNA CPR), issues raised around this and the root cause analysis.
- Training and how to report into performance reviews
- Audits can be carried out in sections and feedback reviewed over the next 12 months.

Committee to receive reports 3 times a year without clinical board presentations.

Chair summarizes and a report to be brought forward to next committee.  
**ACTION** – Medical Director

### **MHCLC 16/089      MENTAL HEALTH ACT ACTIVITY REPORT**

The Director of Operations, Mental Health, Mr. Ian Wile presented the report and advised there were no exceptions to the report. Explanations of the breaches to the Mental Health Act were reported, why and what steps were followed to rectify the breaches. The Mental Health Clinical Board was reporting a high standard of non-compliance due to mis-communication and incorrect paperwork breaches occurred. The 4 occasions of unlawful detentions have not been taken further.

The number of 136 assessments in custody have remained low.

The Chair of the Committee leaves the meeting 10.32am, Mr. Martyn Waygood continued to Chair as Vice Chair of the Committee.

The Committee **NOTED** the report.

### **MHCLC 16/090      SECTION 117 COMPLIANCE**

The Director of Operations, Mental Health, Mr Ian Wile gave an oral update on Section 117, stating it would no longer come to Committee as a standing item. A serious incident had been reported where a service user fell out of contact from the services and 117 aftercare was not maintained. A centralized list of 117 aftercare and monitoring of compliance has been compiled and is best practice throughout Wales. Cardiff and Vale University Health Board have gone through in excess of 21,000 files to ensure the sector is covered with patients that move out of area or who are no longer under the care of Section 117. Up to date lists are audited every 2/3 months.

The Vice Chair **NOTED** the report, the committee **AGREED** that it will no longer be a standing item on the Agenda.

The Committee **NOTED** the report.

### **MHCLC 16/091      a) SECTION 136 PARTNERSHIP ARRANGEMENTS**

The Director of Operations, Mr Ian Wile gave an oral report, this piece of work was in conjunction with the police. The amount of mental health well-being and social care issues have increased across all of the services, and are aiming to be targeted more effectively.

Partnership working is taking place to provide better services with a “sanctuary” for those not in need of the acute/crisis setting.

## **b) CONCORDANT DELIVERY PLAN**

The Director of Operations had nothing further to add to the report, but outlined the following:

- Training front line officers
- Place of refuge for those in need of well-being support, short stay
- Mental Health Learning Disability being taken forward by Caswell Clinic
- Representation by all health boards and Cardiff and Vale are coming forward with nominations.
- Call centre triage, mental health practitioners – 24/7 support.
- Not to implement another layer and for it to be addressed initially within the current infrastructure.

Medical director leaves the committee 10.47hrs

The Committee **NOTED** the report

### **MHCLC 16/092 HEALTH INSPECTORATE WALES - MENTAL HEALTH ACT ANNUAL REPORT**

The Chair **NOTED** that there is no current report available.

### **MHCLC 16/093 HEALTH INSPECTORATE WALES – INSPECTION REPORTS**

The Chair **NOTED** that there is no current report available.

### **MHCLC 16/094 REVIEW OF SMOKING EXEMPTION**

The Committee **NOTED** there is no written report and Ian Wile gave an oral update

Project group put together in Mental Health service, including the caring staff, patients and Ethics Committee on the general overview that a proposal of no smoking within Mental Health services. A draft plan to be taken back to the project group and for it to be piloted in the summer with a period of 3 months initially.

The Chair opened up to discussion, NO COMMENTS made.

### **MHCLC 16/095 HOSPITAL MANAGERS POWER OF DISCHARGE SUBCOMMITTEE MINUTES**

The Vice Chair of the Power of Discharge group had nothing further to add to the report.

The Vice Chair opened up to comments:

- It was noted how well the appraisal system for the Power of Discharge members has been working effectively in their development process.

The Committee had no further questions or comments and the report was **NOTED**.

### **MHCLC 16/096 MENTAL HEALTH ACT BENCHMARKING REPORT**

The Director of Operations, Mental Health, Ian Wile gave an overview of the report produced. It was documented that the definitions around invalid detentions are to be investigated .

Due to the sensitivity of information shared anonymised data was given from 4 other health boards which was included in the report. It was discussed that the noting of rectifiable errors is of importance for training standards within the directorate and work is taking place on reducing them. The report will be refined and completed bi-annually for submitting at committee. Mr Ian Wile to attend the Mental Health Act Managers' meeting and encourage the other Health Boards in Wales to share information and complete their reports. The work completed from Cardiff and Vale Health Board surrounding the current status of invalid detentions and the measures in reducing these will enable the All Wales group to reduce these figures dramatically.

The Vice Chair opened up to comments :

The Interim Chief Operating Officer commented that it was only when seeing the data in front of you it impacts on how it has been functioning within the Clinical Board to date.

The committee **NOTED** the report

The Vice Chair mentioned that "All Wales Benchmarking" will be brought back in 2017 for further discussion.

## **MHCLC 16/097      MENTAL HEALTH MEASURE MONITORING REPORT**

The Director of Operations, Mental Health, Mr. Ian Wile delivered an oral update. The Manager of the service, Mr. Julian Willett has given some predictions over the yearly quarters of 2017/18; currently there has been high profile from the media with regard to the royal family, (Prince Harry) and the discussions around Mental Health services. Over 1200 referrals were received over the last 12 months putting high pressures within the team. The recruitment process is nearly complete for the assessing roles to enable the vast quantity to flow more productively and meet the 28 day target.

- Good progress on the CAMHS service.
- Single point of referrals for GP's into part 1 services.
- No long term sickness has been reported

Report tabled from CAMHS, the target was achieved for under 16's, breach was made for not reaching target of 56 days for assessment within the services due to a member of staff leaving the post.

The Committee **NOTED** the report

## **MHCLC 16/098      COMMITTEE WORK PLAN**

The Committee **RECEIVED** and **NOTED** the work plan

## **MHCLC 16/099      HOSPITAL MANAGERS' POWER OF DISCHARGE SUB COMMITTEE MINUTES**

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

## **MHCLC 16/100      REVIEW OF THE MEETING**

The Chair reviewed the meeting and no comments were brought forward.

## **MHCLC 16/101      DETAILS OF NEXT MEETING**

The next meeting will be held on Tuesday 3<sup>rd</sup> October 2017, Boardroom, Headquarters, UHW