

**CONFIRMED MINUTES OF MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE  
ON 12th FEBRUARY 2019  
CORPORATE MEETING ROOM, HQ**

**Present:**

Charles Janczewski	CJ	Vice Chair
Eileen Brandreth	EB	Independent Member – ICT
Sara Moseley	SM	Independent Member – Third Sector

**In Attendance:**

Julia Barrell	JB	Mental Capacity Act Manager
Steve Curry	SC	Chief Operating Officer
Nicole Foreman	NF	Director of Corporate Governance
Jane Hancock	JH	Service User Representative
Jenny Hunt	JH	Clinical Psychologist
Kay Jaynes	KJ	Director of Nursing, PCIC
Robert Kidd	RK	Consultant Psychiatrist
Dr Graham Shortland	GS	Medical Director
Katie Simpson	KS	Project Manager for CAMHS Repatriation
J C Smith	JS	Mental Health Act Hospital Manager
Sunni Webb	SW	Mental Health Act Manager
Ian Wile	IW	Director of Operations, Mental Health

**Secretariat:**

HB	Helen Bricknell
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**Apologies:**

Amanda Morgan	AM	Service User Representative
Lucy Phelps	LP	Service User Representative
Annie Proctor	AP	Clinical Board Director – Mental Health
Jane Tottle	JT	Mental Health Clinical Board Nurse

<b>MH19/02/001</b>	<b>WELCOME AND INTRODUCTIONS</b>	<b>ACTION</b>
	The Chair welcomed everyone to the meeting.	
<b>MH19/02/002</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were noted.	
<b>MH19/02/003</b>	<b>DECLARATIONS OF INTEREST</b>	
	The Chair invited Members to declare any interests in the proceedings. Mr Charles Janczewski stated that he is Chair of the WHSSC Quality and Patient Safety Committee and Sarah Moseley informed the Committee that she was the Director of MIND Cymru.	
<b>MH19/02/004</b>	<b>MINUTES OF THE COMMITTEE MEETING HELD ON 23<sup>rd</sup> OCTOBER 2018</b>	
	<b>Resolved – that:</b>	

- (a) The Committee agreed the minutes of the meeting held on 23 October 2018

**MH19/02/005 ACTION LOG FOLLOWING THE LAST MEETING**

The Committee received the Action Log from the October meeting.

Resolved that:

The Committee Members reviewed the action log for the meeting held in October 2018.

**MH19/02/006 ANY OTHER URGENT BUSINESS**

There was no other business to raise

**MH19/02/007 DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS) MENTAL CAPACITY ACT 2005**

Dr Graham Shortland, Medical Director introduced the report. The following comments were made:

- The key issues remain the same as previously.
- There were significant waiting times and urgent referrals were being given priority
- Blake Morgan, Solicitors, would be delivering training to staff who would be undertaking the DoLS signatory role on the 6<sup>th</sup> and 7<sup>th</sup> March 2019.
- 15 reviews were not undertaken for Learning Disability clients who would be jointly funded within the community. The results were not shown with the reviews which had not taken place since 2016 due to constraints within the team. Regarding the Court of Protection applications – Independent Mental Capacity Assessments and Best Interest Assessments, these needed to be submitted as soon as they were completed and this had been raised with the Local Authority. The high demand on requests for COP and DoLS was having an impact on the timeliness of assessments. The Local Authority had put an action plan in place and every effort was being made to expedite the process.

**Resolved – that:**

- (a) The Committee noted the report.

**MH19/02/008 MENTAL CAPACITY ACT (MCA) UPDATE REPORT**

The above report was presented to the Committee and the following comments were made:

- The Learning, Education and Development (LED) Department had not provided the MCA training figures.
- The LED Department had stated that they would be able to produce the training statistics for the next meeting.
- It was agreed that MCA information should be explicitly included in the Healthcare Standards assessments that Clinical Boards

JB/MD

undertake. The Medical Director would liaise with the Assistant Director of Nursing, Patient Safety, about this.

- Monitoring and triangulation includes the monitoring of incident reports and training around the Mental Capacity Act. If a more detailed audit were undertaken on patients' notes would the correct recording of the Mental Capacity Act be documented in how it was considered, mentioned or used.
- Jane Hancock, Service User Representative mentioned that conversations could be recorded with patients in order to demonstrate that MCA was being followed. However, it was agreed that this would be a large piece of work to undertake.
- Kay Jeynes, Director of Nursing PCIC mentioned that the audit cycle was important as it flags up opportunities for training.
- The uptake by Drs of MCA training needs to increase. The potential consequences of non-compliance were raised and it was agreed that this needed to be discussed outside of the meeting.

**Resolved – that:**

- (a) The Committee noted and approved the continuing arrangements for the DoLS service.

**MH19/02/009 MENTAL CAPACITY ACT REPORT**

**Resolved – that:**

- (b) The Committee noted the MCA report.

**MH19/02/010 MENTAL HEALTH ACT MONITORING REPORT**

The Director of Operations, Ian Wile introduced the report and presented an overview of the exception report, highlighting the following:

- Section 135 Legislation. There was no further direction from Richard Jones on the start time of Section 136.
- Section 136 Legislation – Patients were distressed when admitted on section 136 and not being signposted to other pathways within Mental Health services when the section starts. The Health Board had been advised to adhere to the Code of Practice which was the Statutory Guidance but was still awaiting a response from Welsh Government on what their position was.
- The Chair of the Crisis Care Concordat and Ministerial Assurance Group and the Board was unable to provide assurance in South Wales and the matter had been escalated.
- Trends on activity would be reported on in the next Mental Health Act Report for the Committee.

**Resolved – that:**

- (a) The Committee noted the report

MH19/02/011	<p><b>MENTAL HEALTH BENCHMARKING REPORT (RCP)</b></p> <p>The Director of Operations, Ian Wile introduced the above report and the following was noted:</p> <ul style="list-style-type: none"> <li>• For each quarter the information gets reported to Ian Wile, Director of Operations Mental Health for the purpose of performance reporting</li> <li>• It was noted that Part 2 was currently compliant.</li> </ul> <p><b>Resolved – that:</b></p> <p>a) The Committee noted the national benchmarking information</p>
MH19/02/012	<p><b>NATIONAL REVIEW OF MENTAL HEALTH ACT 1983</b></p> <p>The Director of Operations, Ian Wile introduced the report and informed members that 154 recommendations had been made.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the report</p>
MH19/02/013	<p><b>HOSPITAL MANAGER’S HEARINGS AND OBSERVATIONS</b></p> <p>A verbal update was provided by the Mental Health Act Manager, Sunni Webb and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Seven Mental Health Act Hospital Manager’s hearings were observed and it was noted that effective communication was delivered at all times during the course of the hearings.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the update</p>
MH19/02/014	<p><b>MENTAL HEALTH MEASURE MONITORING REPORT</b></p> <p>The Director of Operations, Ian Wile provided a report on the above. The following comments were made:</p> <ul style="list-style-type: none"> <li>• The Delivery Unit audit of care and treatment plans the last year part 2 was poor across Wales, and Cardiff was no exception. An action plan has been developed with the DU which will be monitored through the 90 day review cycle with them.</li> <li>• Part 1b was out of compliance for a number of months due to a fault with reporting. This had now been corrected to show C&amp;V had never been out of compliance with this Tier 1 target.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The MHCLC Committee were asked to note the report</p>
MH19/02/015	<p><b>PART 2 MENTAL HEALTH MEASURE CARE AND TREATMENT PLANS</b></p>

The Director of Operations, Ian Wile presented the above report. The following comments were made:

- An action plan was in place due to the need for the issues to be addressed.
- Care Aims model - The standards needed to be re-audited.
- Care and Treatment Plan training was carried out in January and it was queried if the timetable should be rolled out further.

**Resolved – that:**

- (a) The Committee noted the report

**MH19/02/016**

**TIER 2 CAMHS UPDATE**

Project Manager for CAMHS Repatriation, Katie Simpson provided an update:

- The Committee asked to see CAMHS benchmarking information
- For adult services a senior Band 7 post has been appointed to lead a program of work to reduce Average Length of stay and the problems to patients associated with that.
- There was low compliance on Care and Treatment Plans of 53% in CAMHS
- It was 6 weeks to transfer day and a single Point of Access had been mapped out
- There had been no risks identified at the time of transfer and all steps had been taken to ensure a safe transition for patients.
- The Health Board recognised that there were risks currently around non-compliance of waiting time targets and more understanding around the KAPPA model was required.
- After 1<sup>st</sup> April a large amount of vacancies would become available and it was important that this was recognised and how the recruitment to these roles would be managed within the Organisation.
- Mental Health Measure Part 1 of the scheme is being updated around the single point of access.
- Part 2 Compliance lies within the specialist CAMHS service and the service are doing work around achieving the targets.
- Current performance target for referrals is 28 days and it was reported that we are currently treating approximately 65% of these.
- Target Date for the services to be open was the 1st April 2019.
- Eileen Brandreth, mentioned that we should ensure that the caseloads/referral figures are correct so that the team are aware of the level expected.
- The age of Children to transfer into Adult services is 17½ years of age.

IW

**Resolved – that:**

- (a) The Committee noted the update

**MH19/02/017**

**MENTAL HEALTH OPERATIONAL GROUP**

Dr Robert Kidd provided a verbal update:

- If the Chair meets with the Minister a mention of Section 136 status would be helpful as would input from Welsh Government.
- A new poster had been approved relating to Section 136 and it could be placed in the A& E Department.
- Section 135 warrant that allows entry into a persons' home and the process of obtaining a warrant.
- Section 136 forms would be going electronic in the near future.
- It was mentioned that other Forums can cascade information down to the Mental Health Operational Group for further discussion.
- AMHP forum has been invited to share any operational issues with them so items can be dealt with together.

**Resolved – that:**

- (a) The Committee noted the update

**MH19/02/018**

**CONTROLLED DOCUMENTS TO BE APPROVED**

The Director of Operations, Ian Wile introduced:

- Patient Rights Information to Detained/Community Patients under Mental Health Act, 1983 Policy
- Patient Rights Information to Detained/Community Patients Mental Health Act, 1983 Procedure
- Admission to Hospital under Part II of the Mental Health Act, 1983 Policy
- Application for admission to hospital under Part II of the Mental Health Act, 1983 Procedure
- Review of Detention and Community Treatment Order, Mental Health Act 1983 Policy
- Review of Detention and Community Treatment Order, Mental Health Act 1983 Procedure

**Resolved – that:**

- (a) The Committee approved the documents

**MH19/02/019**

**Self-Assessment**

- Self-assessments needed to be rolled out to every member of the Committee for them to complete.
- Results would then be reported back to a future meeting of the Committee.

**Resolved – that:**

NF

- (a) The Committee approved the process for self-assessment.

**MH19/02/020**

**Annual Report 2018/19**

The Annual Report was introduced by the Director of Corporate Governance. The report provided detail of the work of the Committee for the past 12 months.

**Resolved – that:**

- The Committee recommended approval of the Annual Report to the Board.

**MH19/02/021**

**Terms of Reference Review**

The Director of Corporate Governance introduced the report stating it was good governance and in line with Standing Orders that Terms of Reference should be revised annually.

**Resolved – that:**

- (a) The Committee recommended approval of the Terms of Reference by the Board.

**MH19/02/022**

**Work Plan 2019/20**

The Director of Corporate Governance introduced the report which provided a plan for 2019/20 for the Committee.

**Resolved – that:**

- (a) The Committee recommended approval of the work plan from the Board.

**MH19/02/023**

**ITEMS TO BRING TO THE ATTENTION OF OTHER BOARD/COMMITTEE:**

**INSPECTION/REGULATION COMPLIANCE HIW REPORT**

The Director of Operations, Ian Wile gave a verbal update:

- This item to be brought to the next meeting.

**Resolved – that:**

- (a) The Committee agreed the updates

**MH19/02/024**

**HOSPITAL MANAGERS POWER OF DISCHARGE**

The Chair of the Power of Discharge Group, Jeff Champney-Smith introduced:

- Sub-Committee Minutes
- Terms of Reference

**Resolved – that:**

- (a) The MHCLC Committee agreed the Sub-Committee minutes and Terms of Reference

**MH19/02/025 REVIEW OF THE MEETING**

There was nothing to report

**MH19/02/026 DATE OF THE NEXT MEETING:**

Tuesday June 4<sup>th</sup> 2019 at 10am, Corporate Meeting Room, Headquarters