

**CONFIRMED MINUTES OF THE
MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE
(MHCLC)
HELD AT 10.00AM ON TUESDAY 26TH JUNE 2018
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Charles Janczewski
Eileen Brandreth

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

In attendance:

Steve Curry
Ian Wile
Sunni Webb

Chief Operating Officer (Lead Executive for Mental Health)
Director of Operations, Mental Health
Mental Health Act Manager

Julia Barrell
Dr. Graham Shortland
Jeff Champney Smith
Dr. Jane Hancock
Dr. Robert Kidd

Mental Capacity Act Manager
Medical Director (Lead Executive for Mental Capacity)
Chair, Hospital Managers Power of Discharge Sub-Committee
Service User Representative
Consultant Clinical & Forensic Psychologist

Apologies:

Jayne Tottle
Peter Welsh
Sara Moseley
Dr. Jenny Hunt
Kay Jeynes
Amanda Morgan
Lucy Phelps

Mental Health Clinical Board Nurse
Director of Corporate Governance
Independent Member
Clinical Psychologist
Director of Nursing, PCIC
Service User Representative
Service User Representative

Secretariat:

Helen Bricknell

MHCLC 18/01 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

MHCLC 18/02 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

MHCLC 18/03 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the Agenda.

- It was noted that the Chair attends WHSSC meetings.
- It was noted that Dr. Robert Kidd is a member of the All Wales AC Approval group.

MHCLC 18/04 MINUTES OF THE PREVIOUS MEETING OF THE MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE HELD ON 6TH FEBRUARY 2018

The minutes were **RECEIVED** and **CONFIRMED** as a true and accurate record for 6th February 2018.

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

MHCLC 18/05 ACTION LOG REVIEW

MHCLC 16/129: DoLS Covering Report. This item is complete.

All other items have been completed and will be removed from the Action Log.

MHCLC 18/06 ANY OTHER URGENT BUSINESS AGREED WITH THE CHAIR.

There was no other urgent business.

MHCLC 18/07 DEPRIVATION OF LIBERTY SAFEGUARDS MONITORING REPORT

The Medical Director delivered a brief outline of the report, including the limited assurance given by the recent Internal Audit on DoLS. Regular performance meetings are underway.

There are inadequate numbers of staff trained on the DoLS legislation. The All Wales HIW/CSW DoLS report has been published. This has been discussed by the DoLS Partnership Board and also with Internal Audit department.

All Health Boards across Wales have been struggling to uphold the legal timescales for completing DoLS authorisations.

Internal Audit report stated that that timescales for making the authorizations are delayed and therefore it is logged on the Risk Register. Internal Audit is

working with the Medical Director to agree a set of standards and performance indicators to ensure consistency with the HIW/CSW DoLS report.

The Chair advised the Committee that the Audit Committee has also considered the Internal Audit report and has indicated that the UHB needs to set realistic action plans when trying to complete the recommendations contained within the report. The following points were discussed:

- What percentage of workforce is required to undertake the training?
- What is the cumulative training undertaken per Clinical Board and the percentage of staff within that Board that need the training?
- It was stated that between Cardiff Council and the Vale, individuals are waiting up to a year for their DoLS authorisation and there is a risk of unlawful deprivation of liberty being identified through the Courts.
- A recent court case has established that patients receiving life sustaining care in hospital are not being deprived of their liberty. They therefore do not require a DoLS authorization.

ACTION: Medical Director to work with Internal Audit to determine a suitable timescale for completion of report recommendations and establishing suitable standards and Performance Indicators.

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

The Committee **AGREED** actions to be taken in light of the Internal Audit Limited Assurance

MHCLC 18/08 MENTAL CAPACITY ACT MONITORING REPORT

The Medical Director presented the report. A number of actions have been put in place to improve the Mental Capacity Act training

The Mental Capacity Act Manager stated that more clinical staff have completed the training but there is still limited evidence that the Act is being used appropriately and becoming embedded in clinical practice. However, in some Clinical Boards it seemed that Drs' uptake of MCA training was very low.

It was noted that CD&T, Medicine and Mental Health Clinical Boards have not provided any updates on what they are doing to embed MCA within clinical practice.

ACTION: The Medical Director will write to each Clinical Board to request that they develop an action plan for MCA, with particular emphasis on MCA training for Drs and dentists, to be reported at the next MHCLC meeting. The Chief Operating Officer will lend support.

ACTION: The Chair asked the Medical Director to report back on progress at the next meeting on the actions he will take as set out in the report.

The Chief Operating Officer said that there will come a time where measures will have to be taken if MCA does not become embedded. The chair will consider an escalation process, if considered necessary, with the support of the committee. An effort will be made to obtain bench-marking data from other parts of Wales. .

A question was raised about whether there are consequences with non-compliance with mandatory training – e.g. pay progression and PADRs. In response, it was noted that the Executive Director of Workforce is looking at the issues surrounding this.

The Committee **NOTED** the report and action that the Medical Director is taking to improve doctors' compliance with Mental Capacity Act training with the Mental Capacity Act Manager.

MHCLC 18/09 MENTAL HEALTH ACT EXCEPTION REPORT

The Mental Health Act Manager, Ms. Sunni Webb gave a brief outline indicating within the last quarter there have been three incidents of non-compliance with the Mental Health Act.

- Two issues have been addressed between the Approved Mental Health Professionals and the Emergency Duty Team Service and their approval process.
- The third breach involved a young person in Accident and Emergency department on Section 136, a management plan is now in place and no further issues have arisen.

The above cases have been passed to the Legal team for further advice. Training for officers across the board who will be involved in Mental Health Act assessments was discussed.

The Committee **NOTED** the report for assurance

MHCLC 18/10 MENTAL HEALTH MEASURE MONITORING REPORT

The Director of Operations, Mr. Ian Wile gave a brief overview of the report, including Part 1A of the Mental Health Measure, the 28 day referral process and Part 1b, the follow up within 28 Days following an assessment to receive treatment (56 day period in total).

The Mental Health Clinical board is meeting Part1a of the Measure consistently however it was breached under Part 1b last month. This is largely due to the introduction of Matrics Cymru which requires a broader and deeper

implementation of the range of Psychological Interventions as part of the Part 1 scheme. To enable consistent compliance with the measure Ian Wile contacted Welsh Government for advice on its implementation and Mr. Wile will report back at the next meeting.

ACTION: Ian Wile to provide update at next meeting

Within Part 2, it is a legal right for every service user to have a Care and Treatment Plan. Recently the patient register on PARIS has been cleansed of duplications of care plans and reduced the overall number. This has resulted in the amount of doctors without care plans for patients they are caring for alone has become a bigger proportion of the whole number leading to a breach of 5%. This equated to circa 150 patients.

The long term plan for these patients with very low need on medical caseloads is to be discharged from services. Until that time Mr. Wile will discuss with medical staff the issues being these figures with a view to recovering the target for the September reporting period.

The Chief Operating Officer mentioned best practices need to be followed. A service user mentioned on-going issues with care and treatment plans and having to utilize their own named nurse within the services who may not be readily available due to their substantive hours of working. An issue surrounding an advanced directive which will be brought up with the Medical Director or Nurse Director on an individual basis.

The D.U undertook an All Wales review of the quality of Care and Treatment plans a few months ago to highlight whether the plans are being used as therapeutic tools or not. When the report is disseminated it will be reported to the Committee. The Advocacy Service has been reported on 100%.

The Committee **NOTED** the report.

MHCLC 18/11 PCIC PRESENTATION

The presentation was delivered by Director of Operations, Rachel Burton of Children/Women Clinical Board on Meeting the legal implications of Part 1 Mental Health Measures for CAMHS and repatriation.

The Committee has **RECEIVED** the presentation.

MHCLC 18/12 MENTAL HEALTH OPERATIONAL GROUP

The Director of Operations, Mr. Ian Wile gave a verbal update stating that the group is up and running. Dr. R Kidd mentioned there were high attendance levels, focusing on highly operational matters and discussing what is affecting the quality of the work within the Mental Health Act.

Minutes from the previous Mental Health Legislation and Governance group have been brought back to allow continuous working on some Agenda items which pose a difficulty to the service.

Representation from the AMHP services at the meeting, feedback from both Local Authorities. Approved Mental Health Professionals do meet at their own group and the minutes from their forum have been invited to feed into those minutes of the Operational Group.

There have been discussions around the usage of Section 136 and further information has been given by Prof Richard Jones. The accuracy of Care and Treatment Plans to feed back at the next Mental Health Quality and Safety meeting. The interfaces with other legislation, DoLS and Mental Capacity Act will also be discussed. The Terms of Reference for this meeting was agreed by the Chair.

The Committee **NOTED** the verbal report.

MHCLC 18/13 COMMITTEE WORKPLAN

The Chair introduced the revised Work-plan and offered for any feedback.

The Committee **AGREED** the Work-plan

MHCLC 18/14 DOCUMENTS FOR COMMITTEE APPROVAL

The Committee:

- **APPROVED** the Community Treatment Order Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Community Treatment Order Procedure
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Hospital Manager's Scheme of Delegation Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Hospital Manager's Scheme of Delegation Procedure
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Section 5(2) Doctors' Holding Power Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Section 5(2) Doctors' Holding Power Procedure
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Section 5(4) Nurses' Holding Power Policy
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

The Committee:

- **APPROVED** the Section 5(4) Nurses' Holding Power Procedure
- **APPROVED** the full publication of it in accordance with the UHB Publication Scheme

MHCLC 18/15 HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE MINUTES / HOSPITAL MANAGERS POWER OF DISCHARGE HANDBOOK /

Power of Discharge Recommendations

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

MHCLC 18/16 REVIEW OF THE MEETING

The Chair asked for any opinions or views from the committee, it was mentioned that the slight changes of the agenda worked well. It was mentioned that it was good to see the fruition of the Operational Group

MHCLC 18/17 DETAILS OF NEXT MEETING

The next meeting will be held on Tuesday 23rd October 2018 at 10am, Boardroom, Headquarters, University Hospital of Wales.