AGENDA ITEM 2.2g

UNCONFIRMED MINUTES OF THE
MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE (MHCLC)
HELD AT 9.00 AM ON TUESDAY 11 NOVEMBER 2014
BOARD ROOM, HEADQUARTERS, UHW

Present:
Prof Marcus Longley (Chair)
Margaret McLaughlin Independent Member – Third Sector

Vice Chair, Cardiff and Vale UHB

In attendance:
Julia Barrell Mental Capacity Act Manager
Alice Casey Chief Operating Officer (Lead Executive)
Wendy Gilbert Mental Health Act Manager
Elaine Gorvett Hospital Managers Power of Discharge sub-Committee representative
Steve Lewis Director, Advocacy Support Cymru
Dr Graham Shortland Medical Director
Jayne Tottle Clinical Board Nurse
Melanie Westlake Head of Corporate Risk and Governance

Apologies
Helen Bennett Project Lead for the Police Commissioner/Joint working on Section 136 (For agenda item 2.2)
Andy Cole Operational Manager, Mental Health, Vale of Glamorgan Social Services
Cllr Chris Elmore Independent Member
Saleem Kidwai Independent Member – Equality
Dr Annie Procter Clinical Board Director, Mental Health
Sian Walker Cardiff Council
Vicky Warner Clinical Board Nurse, PCIC rep Director, PCIC
Martyn Waygood (Vice Chair) Independent Member
Peter Welsh Board Secretary
Ian Wile Head of Operations and Delivery, Mental Health

MHCLC 14/063 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

MHCLC 14/064 APOLOGIES FOR ABSENCE

Apologies for absence were noted.
MHCLC 14/065  DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. No interests were declared.

MHCLC 14/066  MINUTES OF THE PREVIOUS MEETING OF THE MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE HELD ON 2 SEPTEMBER 2014

The minutes were confirmed as a true and accurate record, subject to the following amendments:

Page 1  Mental Health Capacity Act Manager should read Mental Capacity Act Manager
Page 9  MHCLC 14/058 paragraph 4: “It was recommended that the case study should be passed to the Equalities Manager for inclusion in training to illustrate some serious legal and patient implications, to ensure that the MCA is clearly embedded in practice” – this action should be recorded on the action log and an update provided to the Committee for assurance.
ACTION: R Armitage/P Welsh

MHCLC 14/067  MATTERS ARISING FROM THE MINUTES OF THE MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE HELD ON 2 SEPTEMBER 2014

Page 7  MHCLC 14/055: Hospital Managers’ Handbook – An update was requested on the recruitment of new members to the Hospital Managers Power of Discharge sub-Committee. It was confirmed that applications had been submitted and would be reviewed, with a view to shortlisting to a formal selection process, following the MHCLC meeting on 11 November 2014.

MHCLC 14/068  ACTION LOG REVIEW

The Committee received and noted the Action Log. The following points were highlighted:

MHCLC 14/028  Implementation of Section 117 of the Mental Health Act (MHA) within the Mental Health Clinical Board: It was confirmed that the Auditor had revisited the Clinical Board. The MHA Manager confirmed that revision of the Joint Policy on Section 117 of the Mental Health Act 1983 and Section 25a - 25i of the Mental Health (Patients in the Community) Act 1995 is currently under way and would be completed before the end of December 2014.

MHCLC 14/035 and 14/050  MHA Hospital Managers Power of Discharge sub Committee Annual Report: the sub-Committee would be meeting in February 2015 but would be able to provide its Annual Report in March 2015.
MHCLC 14/040  Update Report on Clinical Board Mental Capacity Act Training: It was confirmed that training is being requested increasingly frequently and a six-monthly report will be submitted in March 2015.

MHCLC 14/052  MHA Monitoring Report April – June 2014: Use of Section 5(2), Doctors’ Holding Power: it was noted that all the actions under this item were to be included in the MHA Monitoring Report but that the report had not been submitted to this meeting. The Committee would return to this matter under Agenda item 2.1.

MHCLC 14/058  Mental Capacity Act (MCA) 2005 Report: it was reported that the MCA e-learning package had been prepared but had not been launched. This was an All Wales concern. The UHB Medical Director agreed to contact the NWIS Medical Director and Lead Specialist (Data Warehouse) to expedite the publication of the package.

**ACTION: G Shortland**

MHCLC 14/059  The use of the Deprivation of Liberty Safeguards (DoLS) in Cardiff and Vale UHB inpatient facilities: the Medical Director confirmed that he was currently in discussion with Local Authority partners and had taken a position statement to the Executive Team meeting on 5 November 2014. A small amount of additional funding had been made available from the UHB budget for 2015/16 in recognition of the 15-fold increase in the number of DoLS applications. Local Authority partners had agreed to process UHB urgent authorisations as priority and the issue had been included in the UHB financial plan for 2015/16 as a cost pressure in recognition of the statutory requirement for authorisations. It was confirmed that Welsh Government had released £137k across Wales to support the DoLS process.

MHCLC 14/069  ANY OTHER URGENT BUSINESS

There was no other urgent business.

MHCLC 14/070  CORPORATE RISK ASSURANCE FRAMEWORK – MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE EXTRACT – NOVEMBER 2014

The Head of Corporate Risk and Governance summarised the corporate arrangements for managing risks.

**Risk 5.1.18 Provision of appropriate mental health support to prisoners** The risk rating had been reduced to 12 subsequent to the publication of this report. It was confirmed that joint work had been undertaken between the Mental Health In-reach team and Primary, Community and Intermediate Care Clinical Board to mitigate the identified risk.

**Risk 8.1.2 Failure to comply with Mental Health Legislation** It was confirmed that risks associated with section 117 had been highlighted by a very serious untoward incident. In response there had been a detailed case note review and subsequent monthly case note
audits across the adult and older people’s mental health services to ensure compliance with section 117. In addition the PARIS management system had been updated to provide alerts for patients on section 117, to provide greater safeguards. The Clinical Board would review the risk rating and include an update in its report to Committee in March 2015.

**Risk 8.1.3 Compliance with Mental Capacity and Consent policies** It was confirmed that this risk existed across the organisation so there could be no assurance provided. It was noted that the risk crossed the portfolios of the Medical Director, Nurse Director and Chief Operating Officer and was important in terms of patient experience. The Medical Director agreed to discuss this outside the meeting with the Nurse Director and Chief Operating Officer.

**ACTION:** G Shortland

**MHCLC 14/071 EXCEPTIONS TO THE MENTAL HEALTH ACT MONITORING REPORT**

The Committee **NOTED** the report of the Chief Operating Officer indicating the reasons that the MHA Monitoring Report had not been produced.

The Committee expressed its concern at the lack of a report. It was noted that the MHA Office capacity had recently diminished by 50%, in light of which it had been decided by the Clinical Board (CB) to prioritise operational compliance with the MHA.

The Chair sought assurance that there had been no breaches of the Act; no assurance could be given although it was confirmed that the remaining experienced staff had focused on ensuring compliance on an ongoing basis. It was confirmed that a trainee had been appointed and a further appointment was expected early in 2015. It was confirmed that the Mental Health Monitoring Report would be submitted to Committee in March 2015, to cover the both current period and the next quarter.

The Committee recognised the pressure experienced in the Mental Health Act office but emphasised that it was a key responsibility of the Committee to ensure UHB legal compliance.

The Chair highlighted the Committee’s statutory duty to demonstrate assurance on MHA compliance and that evidence was necessary to corroborate assurance. It was emphasised that the report must be provided for the next and every subsequent meeting of the Committee, in the format agreed at the September meeting of the Committee.

**ACTION:** J Tottle

**MHCLC 14/072 MONTHLY REPORT FOR MANAGEMENT BOARD OF MULTI-AGENCY POLICE/HEALTH/LOCAL AUTHORITY PROJECT**

The Committee **RECEIVED** and **NOTED** the report of the Project Lead for the Police Commissioner/Joint working on Section 136. The report was welcomed as helpful. It was noted that GP engagement had been highlighted as at risk level red; the Committee offered to support the project to resolve this matter if necessary. The Chair agreed to raise with Helen Bennett any outstanding issues and offer Committee support.

**ACTION:** M Longley
It was recommended that future reports should highlight problems so that the Committee could do all possible to assist resolution of issues.

MHCLC 14/073 HEALTH INSPECTORATE WALES MENTAL HEALTH ACT INSPECTION REPORTS

Visit to St Barruc's Ward Barry Hospital 26 November 2013

The Chair queried the timescale for presentation of this response to the MHCLC. The CB Nurse gave assurance that the Mental Health CB had worked to prescribed timescales. The Chair emphasised that the over all response time was unsatisfactory, noting that this is the second example of a delayed report. The Medical Director agreed to discuss the process and timelines with the Nurse Director and Chief Operating Officer and provide an oral update to the Committee in March 2015.

ACTION: G Shortland

MHCLC 14/074 MINUTES OF THE MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE SUB-COMMITTEE

The Chair of the Power of Discharge sub-Committee reported that there had been no meeting held. Mrs Gorvett formally thanked the MHA Manager, Wendy Gilbert, for all the support provided to herself and to the sub-Committee, and wished her well in her forthcoming retirement.

MHCLC 14/075 MENTAL HEALTH MEASURE MONITORING REPORT

The Chair and Chief Operating Officer congratulated the CB on their achievement of best in Wales, and on maintaining this progress in the context of sustained demand.

The Chair sought assurance on whether the current performance could be sustained. It was confirmed that the CB would review the location, format and processes of Community Mental Health Teams, to ensure the performance could be maintained. It was not expected that demand would increase. It was noted that the UHB model was under consideration for implementation across Wales.

The Committee agreed that there should be formal evaluation of the impact on GP burden. The Chair agreed to raise this at his next meeting with Welsh Government.

ACTION: M Longley

MHCLC 14/076 REVISION OF THE MENTAL HEALTH ACT 1983 CODE OF PRACTICE FOR WALES

The Committee NOTED that the Mental Health CB had contributed to the review of the Mental Health Act 1983 Code of Practice for Wales.

MHCLC 14/077 REVIEW OF MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD OR OTHER COMMITTEES

There were no items to bring to the attention of the Board or other Committees.
There was discussion on the revised format of the agenda and papers, noting that it had worked well on this occasion. It was noted that the revised methodology would continue to be monitored.

MHCLC 14/078 PERSONALIA

The Chair expressed his and the Committee’s thanks and appreciation to Wendy Gilbert, MHA Manager, for all her hard work over the years, noting that it had been very reassuring to know that Wendy had been ensuring a kind and responsive service to patients. The Committee extended best wishes for her future.

MHCLC 14/079 DATE OF NEXT MEETING

The next meeting will be held on Tuesday 3 March 2015 at 9.00 am in the Boardroom, Headquarters, University Hospital of Wales (UHW)
AGENDA ITEM 2.2h

UNCONFIRMED MINUTES OF THE
MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE (MHCLC)
HELD AT 9.00 AM ON TUESDAY 3 MARCH 2015
BOARD ROOM, HEADQUARTERS, UHW

Present:
Prof Marcus Longley (Chair)
Martyn Waygood (Vice Chair) Independent Member
Margaret McLaughlin Independent Member – Third Sector
Saleem Kidwai Independent Member – Equality

In attendance:
Julia Barrell Mental Capacity Act Manager
Alice Casey Chief Operating Officer (Lead Executive)
Andy Cole Operational Manager, Mental Health, Vale of Glamorgan Social Services
Elaine Gorvett Hospital Managers Power of Discharge sub-Committee representative
Dr Graham Shortland Medical Director
Peter Welsh Board Secretary
Ian Wile Head of Operations and Delivery, Mental Health

By invitation
Katie Dalton Policy and Public Affairs Manager Gofal (for presentation)
Steve Thomson Information Manager (part of meeting)

Apologies
Cllr Chris Elmore Independent Member
Dr Annie Procter Clinical Board Director, Mental Health
Sian Walker Cardiff Council
Vicky Warner Clinical Board Nurse, PCIC rep Director, PCIC
Steve Lewis Director, Advocacy Support Cymru
Jayne Tottle Clinical Board Nurse

MHCLC 15/001 PRESENTATION: RESULTS OF ANNUAL SURVEY OF PATIENTS’ EXPERIENCES OF PRIMARY MENTAL HEALTH SUPPORT SERVICES

The Chair welcomed to the meeting Katie Dalton, Policy and Public Affairs Manager for Gofal, who gave a presentation on the results of the annual survey of Patients’
Experiences of Primary Mental Health Support Services (PMHSS). The survey recorded progress since implementation of the Mental Health (Wales) Measure 2010.

The Chair welcomed comments from members. The following points were discussed.

- Mechanisms for feeding back the results of the survey to GPs and secondary mental health services
- Language barriers, noting that the survey had not raised any issues relating to languages other than Welsh but that speakers of other languages may not have participated in the survey
- The correlation between people’s experience of the service and the extent of their health improvement, noting that a negative response from a GP may lead to lack of future presentation or engagement in all treatment options
- Funding for future iterations of the survey to ensure that patients continue to have a voice.

The Committee thanked Ms Dalton for her presentation.

(9.25 am Katie Dalton left the meeting)

MHCLC 15/002 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

MHCLC 15/003 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

MHCLC 15/004 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings on the agenda. No interests were declared.

MHCLC 15/005 MINUTES OF THE PREVIOUS MEETING OF THE MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE HELD ON 11 NOVEMBER 2014

The minutes of were CONFIRMED as a true and accurate record, SUBJECT TO the following amendment:

Page 2 para 5 Reference to Power of Discharge sub-Committee Annual Report should be to Power of Discharge sub-Committee Annual Review.

MHCLC 15/006 ACTION LOG REVIEW

The Committee RECEIVED and NOTED the Action Log. The following points were highlighted:

MHCLC 14/040 Update Report on Clinical Board Mental Capacity Act Training: Mental Capacity Act training had been included in the mandatory training suite but was not recorded in the same way as other
mandatory modules. The Medical Director agreed to discuss with the Interim Director of Human Resources inclusion of MCA training in the new framework.

**ACTION:** G Shortland


MHCLC 14/058 Mental Capacity Act (MCA) 2005 Report: included in agenda item 1.10.

**MHCLC 15/007 ANY OTHER URGENT BUSINESS**

There was no other urgent business.

**MHCLC 15/008 EXCEPTIONS TO THE MENTAL HEALTH ACT MONITORING REPORT**

The Head of Operations and Delivery, Mental Health summarised the exception report.

There was discussion on realignment of the workforce to match the patients’ needs, confirming that this would be addressed in the Integrated Medium Term Plan. It was confirmed that training was available to all professionals on an ongoing basis to ensure that the skill mix remains appropriate, and that staff enjoyed the challenge of working in an increased acuity environment. This was reflected in the relatively stable workforce and that Psychiatry had been shown to be one of the most engaged groups on the Medical Engagement Scale.

There was discussion that the UK Police Force was gradually withdrawing from allowing Section 136 (removal to a place of safety) assessments in Police Stations, intending to have withdrawn support by the end of 2015. Collaborative work was ongoing between Mental Health Services, the Emergency Unit and the Police, and assessments were increasingly frequently being carried out on health premises. It was highlighted that the EU was not a designated place of safety. There was discussion on the implications for the UHB of managing Police s.136 assessments, including capacity and the fitness for purpose of the new Mental Health Unit at University Hospital Llandough. It was noted that when the Police present someone for a s.136 assessment they retain responsibility for that person. The attendant risks of the new procedures were recognised, noting that there would always be some service users who required Police supervision owing to their level of violence. It was confirmed that the Chief Executive would write to the Police Commissioner on this matter.

Assurance was sought, and provided, that the UHB partnership working on s.136 was unaffected by the circumstances above, on which decisions made at Home Office level.

There was discussion on the presentation of the report. It was confirmed that data on patients who were absent without leave were included in the detailed supporting reports which had been provided electronically, and remained within normal limits for the UHB. All Wales benchmarking data was being sought.

The Chair summarised that the three year time period covered by the report was helpful, as was the commentary and the filtering of exceptional items to discuss.
The Committee:

- **NOTED** the report
- **AGREED** the revised format and process of exceptions continuing to be selected by the Head of Operations and Delivery, Mental Health.

(10.05 am Steve Thomson left the meeting.)

**MHCLC 15/009 IMPLEMENTATION OF SECTION 117 OF THE MENTAL HEALTH ACT WITHIN THE MENTAL HEALTH CLINICAL BOARD**

The Head of Operations and Delivery provided an update on progress experienced within the last 12 months. A single electronic record had been devised for patients on s.117 to be used by Health and Social Services, to track the eligibility of the patients to that section. Internal Audit (IA) had carried out a re-audit, to follow up on the earlier No Assurance IA report, and a further audit was scheduled for March 2015. The recent IA had demonstrated that the Clinical Board (CB) had acted on recommendations made. In addition an internal CB audit had been carried out and work was under way with the two partner Local Authorities (LAs) to devise policy documents.

There was discussion on unattached service users. Assurance was given that a process for safe discharge via the multidisciplinary team had been devised which was compliant with legal responsibilities. It was confirmed that discharge was determined jointly between health and social care professionals as robustly as discharge arrangements for existing patients; the discharge decisions were subsequently audited internally to ensure good governance. In addition the PARIS electronic system included flag to ensure that persons subject to s.117 had a review every 12 months; other Health Boards across Wales had expressed an interest in adopting a similar system.

The Committee:

- **AGREED** the approach being taken by the Mental Health Clinical Board
- **AGREED** to receive the Internal Audit Report of the re-audit in March at the next meeting of the Committee

**ACTION:** I Wile

**MHCLC 15/010 MENTAL HEALTH MEASURE COMPLIANCE REPORT**

The Head of Operations and Delivery, Mental Health presented the report, referencing the additional insights provided by the findings of the annual survey of patients’ experiences of Primary Mental Health Support Services as described in Katie Dalton’s presentation.

**Part 1: Service Users to receive an assessment within 28 days**  It was highlighted that the PMHSS stepped approach had been working in parallel with the long-established primary care counselling service which experienced much longer waiting times of up to 18 months. It was highlighted that the PMHSS was compliant with targets, indicating that the integrity of the psychological model was correct.

It was confirmed that an investment bid for £150,000 had been submitted for additional workforce for outreach to difficult to reach groups, especially speakers of other first
languages. It was noted that demand in CMHTs remained at a level which prevented redirection of resources. It was recognised that it would be important to make GPs aware of the level of demand.

Part 2: Care and Treatment Planning within Secondary Mental Health Services

It was highlighted that the focus was on the quality of care and treatment plans and the measuring of patient outcomes. The Committee **AGREED** to receive audit results at its next meeting.

**ACTION:** I Wile

Part 3: Right to request and assessment by self-referral

There was discussion on the low rate of acceptance of patients who had self-referred, noting that the multi-disciplinary assessment process was identical to that for referrals from other professionals and that the conversion rate was consistent across both groups. It was confirmed that patients not accepted to secondary mental health services were signposted to other services, including to the PMHSS or to Third Sector providers.

The Committee:

- **APPROVED** the approach continued by the Mental Health Clinical Board

MHCLC 15/011 MENTAL CAPACITY ACT 2005 (MCA) UPDATE

The Medical Director presented the report, emphasising the progress made on availability of MCA training, including an e-learning module linked with the launch of the core skills framework and recording attendance at the training on the staff training record.

It was noted that the IMHA/IMCA service results had indicated that targeted work was necessary in certain areas. It was recognised that this work was very important to the organisation, noting that it would be balanced against the existing busy organisational agenda. It was highlighted that since the Medical Director had sent a letter to Clinical Boards there had been increased demand for training.

It was highlighted that failure to comply with the MCA could also lead to patients with capacity being deemed as lacking capacity, with serious consequences. It was recommended that MCA compliance should be incorporated into the CB Authorisation process, noting that improved statutory and mandatory training compliance would make a significant difference. It was confirmed that MCA compliance would be embedded in appraisals, noting that mandatory training would be strengthened to the point that it would be possible to check whether individual staff had undergone the training. The Medical Director agreed to provide a report to the next meeting of the Health System Management Board.

**ACTION:** G Shortland

The Committee:

- **AGREED** to the actions set out to improve compliance with the MCA 2005.

MHCLC 15/012 DEPRIVATIONS OF LIBERTY SAFEGUARDS (DoLS) MONITORING REPORT
The Medical Director presented the report, highlighting that some additional funding had been secured in the 2015/16 budget for Best Interests Assessors (BIAs) and for the management of DoLS and section 12 work by Doctors. It was noted that numbers of DoLS referrals continued to increase owing to the recent change in the law. Referrals which were urgent or for people in unstable situations were prioritised by the LA BIA team to ensure the meeting of statutory timescales within the hospital sector; most DoLS referrals were received from the care home settings for which there was a backlog of around 6 months. It was confirmed that the BIA rota had been increased from 15 to 60 to work across both LAs and the UHB and temporary additional BIAs had been appointed to resolve the backlog. Assurance was provided that this significant risk to the LAs would not impact on the service to the UHB. The Medical Director confirmed that discussions were ongoing with the Nurse Director regarding accommodating DoLS within the Safeguarding function.

The Committee:

- NOTED the report
- AGREED to continue to receive updates at all future meetings.

ACTION: G Shortland

MHCLC 15/013 NATIONAL BENCHMARKING REPORT – MENTAL HEALTH

The Head of Operations and Delivery, Mental Health presented the report, highlighting that the UHB had participated in a national benchmarking exercise for the previous 4 years but that 2014/15 was the first year in which Welsh performance had been isolated. It was noted that the data relating to Older People’s services were incomplete and work was ongoing with the National Benchmarking Club to complete those data. It was confirmed that the results had assisted with the preparation of the IMTP and in demand/capacity analysis. It had been identified that Welsh acute adult services were improving in comparison with England.

There was discussion on the number of Delayed Transfers of Care (DTocs), noting that this could reflect a larger bed stock in the UHB than elsewhere. It was suggested that the figures reflected UHB reporting of internal transfer delays which had not been reported by other organisations. It was also noted that there was a very short average length of stay (ALOS) in the acute wards which may reflect the low numbers of DTocs in other areas. It was confirmed that the results were being reviewed through the Continuing NHS Healthcare streams.

There was discussion on the higher levels of bed stock in Mental Health Services for Older People; such beds were not included in the English figures, demonstrating that Welsh benchmarking was more appropriate.

There was discussion on the numbers of qualified nurses per 10 beds in the UHB, noting that the CMHT caseloads appeared to be lower than average. It was noted that ALOS appeared to be high in CMHTs; this data was being checked. It was confirmed that a survey of Social Work caseloads in CMHTs had shown the UHB caseloads to be in line with the average. It was acknowledged that the data should take account of the demand expected for the population, noting that serious mental illness in the UHB area was slightly higher than in other areas.

The Committee:
• NOTED the report.

MHCLC 15/014 MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE WORK PLAN 2015-16

The Board Secretary presented the Plan noting that it was constantly under review and was required to be flexible to meet the ongoing needs of the Committee through the year.

The Committee:

• APPROVED the Mental Health and Capacity Legislation Committee Work Plan for 2015-16

MHCLC 15/015 MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE TERMS OF REFERENCE

The Board Secretary presented the Terms of Reference highlighting the duty to review them regularly.

The following points were highlighted.

• Attendees should include the Board Secretary
• Attendees should omit the Chief Superintendent of South Wales Police, noting that invitations to attend could be extended as necessary
• Page 8 para 1 (production of the Chair’s briefing) should be deleted

The Committee:

• APPROVED the Terms of Reference of the Mental Health and Capacity Legislation Committee SUBJECT TO the amendments highlighted above.

MHCLC 15/016 POWER OF DISCHARGE SUB-COMMITTEE ANNUAL REPORT

The Chair of the Hospital Managers’ Power of Discharge sub-Committee presented the report noting that reference to Power of Discharge sub-Committee Annual Report should be to Power of Discharge sub-Committee Annual Review. The annual report would be submitted in May 2015.

ACTION: E Gorvett

It was highlighted that there was an improvement in care plan quality and noted that disputed content of reports might relate to information that, while necessary, distressed the patient and family.

It was confirmed that the sub-Committee aimed to engender beneficial change to the quality of life for patients even if it was not possible to approve discharge at the time of application. It was noted that instances when issues were not satisfactorily concluded were rare with no specific hot spots identified.

The Committee:
• **NOTED** the reports and the actions taken.

**MHCLC 15/017 CORPORATE RISK ASSURANCE FRAMEWORK – COMMITTEE EXTRACT – NOVEMBER 2014**

The Board Secretary presented the report noting that all identified risks remained under review and that the CRAF needed to correlate with the CB risk register. It was confirmed that a workshop on 7 April would review all UHB risks to ensure that they were appropriately recorded.

It was recommended that a clearer narrative should be provided on the gaps in assurance relating to the MCA.

The Committee:

• **NOTED** the extract from the CRAF for those risks assigned to the Committee.

**MHCLC 15/018 MONTHLY REPORT FOR MANAGEMENT BOARD OF MULTI-AGENCY POLICE/HEALTH/LOCAL AUTHORITY PROJECT**

The Committee **RECEIVED** and **NOTED** the report of the Project Lead for the Police Commissioner/Joint working on Section 136. It was noted that data was being collected on people who re-present for s.136 in order to inform preventative work.

**MHCLC 15/019 MINUTES OF THE MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE SUB-COMMITTEE**

The Committee **RECEIVED** and **NOTED** minutes of the Mental Health Act Hospital Managers Power of Discharge sub-Committee.

**MHCLC 15/020 HEALTH INSPECTORATE WALES MENTAL HEALTH ACT INSPECTION REPORTS**

The Committee **RECEIVED** and **NOTED** the response to the Health Inspectorate Wales Mental Health Act Inspection Report on the visit to Ward W3, noting that the date of the visit should read 6 November 2014.

**MHCLC 15/021 DEPRIVATIONS OF LIBERTY AUDIT**

The Committee **RECEIVED** and **NOTED** the Deprivations of Liberty Audit.

**MHCLC 15/022 REVIEW OF MEETING AND ITEMS TO BRING TO THE ATTENTION OF THE BOARD OR OTHER COMMITTEES**

It was agreed that the following matters should be brought to the attention of the Board:

• The UHB success against targets set by the Measure
• Improvements in IA findings

**MHCLC 14/079 DATE OF NEXT MEETING**

The next meeting will be held on Tuesday 19 May 2015 at 9.00 am in the Boardroom, Headquarters, University Hospital of Wales (UHW).