

**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 07 June 2024 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Mental Health Legislation Committee (MHLC) Self-Assessment Outcome Report 2023/24 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Eleanor Marks, MHLC Chair Andrew Carruthers, Executive Director of Operations Joanne Wilson, Director of Corporate Governance/Board Secretary |
| SWYDDOG ADRODD: REPORTING OFFICER: | Charlotte Wilmshurst, Assistant Director of Assurance and Risk |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to present to the Mental Health Legislation Committee (MHLC) the outcome of the MHLC Self-Assessment 2023/24 process.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

A refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability. For MHLC, this involved:

- Short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee's inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee's impact
 - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters escalated to the Board
- IM Reflective sessions
- Auditor/Regulator feedback

The MHLC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better.

Asesiad / Assessment

The MHLC Chair and Lead Director met to consider the responses from the digital form completed by Committee members, and other intelligence on how the Committee currently operates, to ascertain where it has made an impact and what it has shone a light on, and the areas where it could have done better.

Look back at Committee's effectiveness over previous 12 months...

The below analysis was based on responses from the digital form (47% completion rate) and feedback from auditors/regulators and other intelligence on how the Committee currently operates:

- Good response rate to digital survey
- Effective chairing (however change of Chair was recognised)
- The Committee has driven improvements in:
 - 136 suites,
 - Children adolescent cams service at Bro Myrddin
 - 111 call 2 service, Assurance Governance Performance
 - identification of risk (at the MHLSC and is a standing agenda item)
 - the creation of a separate paper from MHLSC on Measure Legislation data
 - exception reporting and outcomes
 - expansion of membership of MHLSC to include a General Practitioner (GP)
 - presentation of information
 - articulation of risk and avoidance of straying into areas of operational business that do not meet with the Terms of Reference

We are less good at...

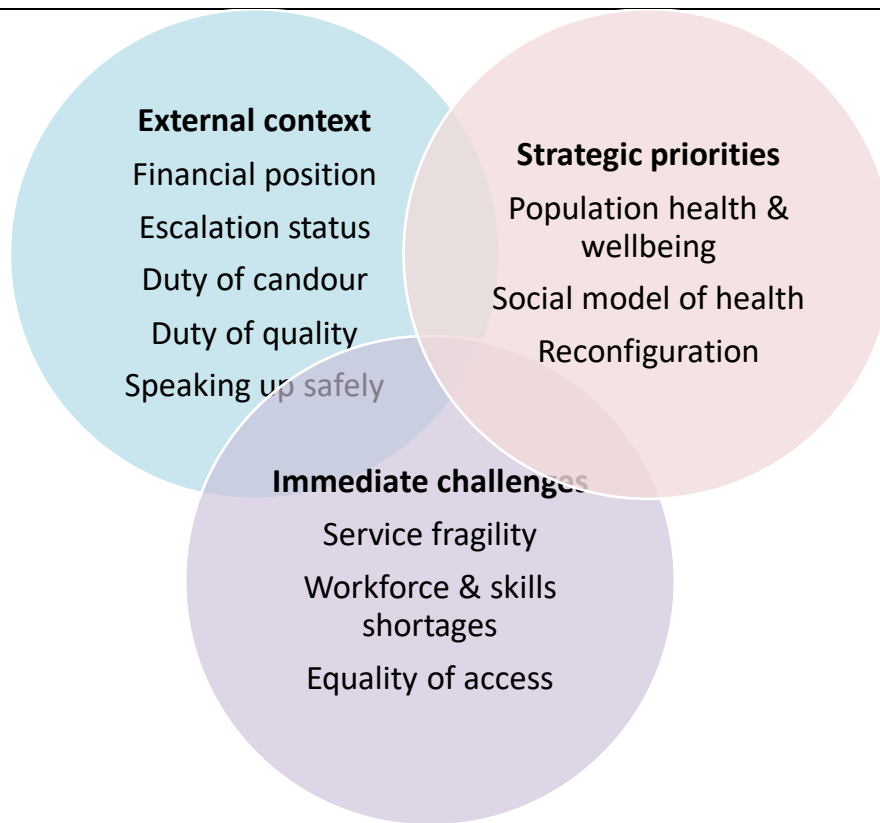
| Matters raised | Responses |
|--|--|
| <ul style="list-style-type: none"> • The governance and administration of Committee – Clear Terms of Reference on responsibilities, membership and expectations, and alignment of workplan to priorities, and ensuring all members are able to partake equally in discussions | <ul style="list-style-type: none"> • Review Terms of Reference and ensure the Committee work plan reflects the operational responsibilities stated on the Terms of Reference, and the Health Board's objectives. • Previously when compliance has been lower in CAMHS, this has not been evident from the reports presented to the committee. Going forward the agenda will be split into adult/children with corresponding legislation, and a report of how many cases have gone through hospital manager review. |
| <ul style="list-style-type: none"> • Attendance by (1) Executive Directors (including representation for adult/ children/community) and (2) Clinical staff | <ul style="list-style-type: none"> • The Director of Operations is the only Executive Director listed as an 'In-attendance' member of MHLC. This is appropriate given that the Director of Operations is the Lead ED for Mental |

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| | <p>Health and the bespoke nature of this committee.</p> <ul style="list-style-type: none"> • Executive attendance could be improved by either accepting a deputy/representative represents the Director of Operations when unable to attend or by increasing the number of Executive Directors attending this Committee. There is already provision for this within the MHLC ToRs; Section 5.5 states that: <i>Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.</i> • Clinical representation is already included within the core membership by the following: <ul style="list-style-type: none"> - Director of Mental Health and Learning Disabilities, - Assistant Director of Nursing MH&LD Consultant Psychiatrist <p>There is also provision for inviting additional clinical representation when appropriate within the MHLC ToRs; Section 5.3 states that: <i>Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter; this could include other clinical ED's, where required.</i></p> |
| <ul style="list-style-type: none"> • Content, presentation of papers to enable the Committee to focus on most significant matters for assurance and responses to questions | <ul style="list-style-type: none"> • These are common themes arising from the Committee self-assessments undertaken to date. • Work is underway to review the current reporting template which will be supported by guidance materials on how to write and present reports for Committees. |
| <ul style="list-style-type: none"> • Understanding of risks and how they are being managed | <ul style="list-style-type: none"> • Following a review of Section 136, 2 risks are now being presented to MHLC. • Most mental health risks are aligned to the Mental Health and Learning Disabilities Quality, Safety and Experience Group (MHLQSG) as they tend to have an impact on quality and safety. The Committee agenda and the report from MHLQSG reference the risk register in relation to any risks relevant to mental health legislation |
| <ul style="list-style-type: none"> • Facilitate open, transparent and productive debate and courteous and professional behaviours | <ul style="list-style-type: none"> • Members should follow the Health Board Values and Behaviours Framework and |

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| | thus ensuring that any challenges are conducted in a professional manner. |
| <ul style="list-style-type: none"> • IMs managing boundaries between scrutiny and operational detail | <ul style="list-style-type: none"> • Agreed. |
| <ul style="list-style-type: none"> • Clarifying the boundaries and improve cross-referral/collaborative working with other Committees | <ul style="list-style-type: none"> • An induction meeting in order to clarify the MHLC ToRs could take place with new MHLC members. |
| <ul style="list-style-type: none"> • Seeking and providing of assurance on compliance with MH legislation, improve reporting to the Board on the Committee's activities and feedback, and scrutiny/challenge to the Committee from the Board on matters reported | <ul style="list-style-type: none"> • 3As report template has been developed to improve reporting to Board from Committees and ensure reports to Board are more focussed on the key matters to it wishes to advise, assure and alert the Board to. |
| <ul style="list-style-type: none"> • Areas where the Committee has been unable to provide assurance to the Board or has deteriorated whilst being monitored by the Committee – <ul style="list-style-type: none"> ○ involvement of carers in relation to mental health care and treatment delivery especially in relation to Out of County placements, ○ assurance that the Code of Practice for the Mental Health Legislation is being used and adhered and if not where the variance from this is recorded (and staff training in relation to the Code of Practice is taking place). ○ Evidence of workforce planning and training in relation to the Mental Health Legislation including the code of practice ○ Monitoring of outcomes and measurements around timely, efficient and effective in terms of mental health care and support and the duties in the legislation | <ul style="list-style-type: none"> • The areas that are within the remit of the MHLC ToRs are to be included in the Committee Workplan for 2024/25. |
| <ul style="list-style-type: none"> • Access to training | <ul style="list-style-type: none"> • When IMs commence in post they are trained on the Mental Health Act as part of their induction and have access to a Teams channel with training material. Training is also a standing agenda item on the three meetings per year. With an annual All Wales event funded by Welsh Government, which IM's can attend. • Additionally, regular refresher training on the Mental Health Act will be organised for IM's every 3 years. |

Current context and challenges...

In order to set priorities for the next 12 months, it is important to understand the current challenges and what is being asked of the Health Board. These are set out below:



Actions to be taken forward:

The following actions will be taken forward by the Committee Lead Director and the Director of Corporate Governance/Board Secretary (DoCG):

| Action | By whom | By when |
|---|---------------|-----------|
| Review Terms of Reference and ensure the Committee work plan reflects the operational responsibilities stated on the Terms of Reference, and the Health Board’s objectives. | Chair/ED Lead | June 2024 |
| Ensure the agenda is split into adult/children with corresponding legislation, and a report of how many cases have gone through hospital manager review. | Chair/ED Lead | June 2024 |
| Review reporting template (SBAR) and update report writing guidance for authors to reflect the need to focus less on process and more on delivery, impacts and outcomes | DoCG | Aug 2024 |
| Update Committee Workplan to include areas the Committee was been unable to provide assurance to the Board (listed on page 4) in line with its Terms of Reference | CSO | June 2024 |
| Arrange refresher training on the Mental Health Act for IMs. | DoCG | June 2024 |

Argymhelliad / Recommendation

The Committee is asked to consider the outputs from the Committee Self-Assessment process, and to agree the actions to be taken to improve its effectiveness.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|---|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | N/A |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | Not Applicable |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | Not Applicable |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | Not Applicable |
| Amcanion Cynllunio Planning Objectives | Not Applicable |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 10. Not Applicable |

| Gwybodaeth Ychwanegol: Further Information: | |
|---|---|
| Ar sail tystiolaeth: Evidence Base: | MHLC Terms of Reference MHLC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment and Internal Audit reports |
| Rhestr Termiau: Glossary of Terms: | Included within report |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee: | MHLC Chair Director of Operations Director of Corporate Governance/Board Secretary |

| Effaith: (rhaid cwblhau) Impact: (must be completed) |
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| Ariannol / Gwerth am Arian: Financial / Service: | No direct impacts. |
| Ansawdd / Gofal Claf: Quality / Patient Care: | No direct impacts. |
| Gweithlu: Workforce: | No direct impacts. |
| Risg: Risk: | No direct impacts. |
| Cyfreithiol: Legal: | No direct impacts. |
| Enw Da: Reputational: | No direct impacts. |
| Gyfrinachedd: Privacy: | No direct impacts. |
| Cydraddoldeb: Equality: | No direct impacts. |

Mental Health Legislation Committee Effectiveness Outcome

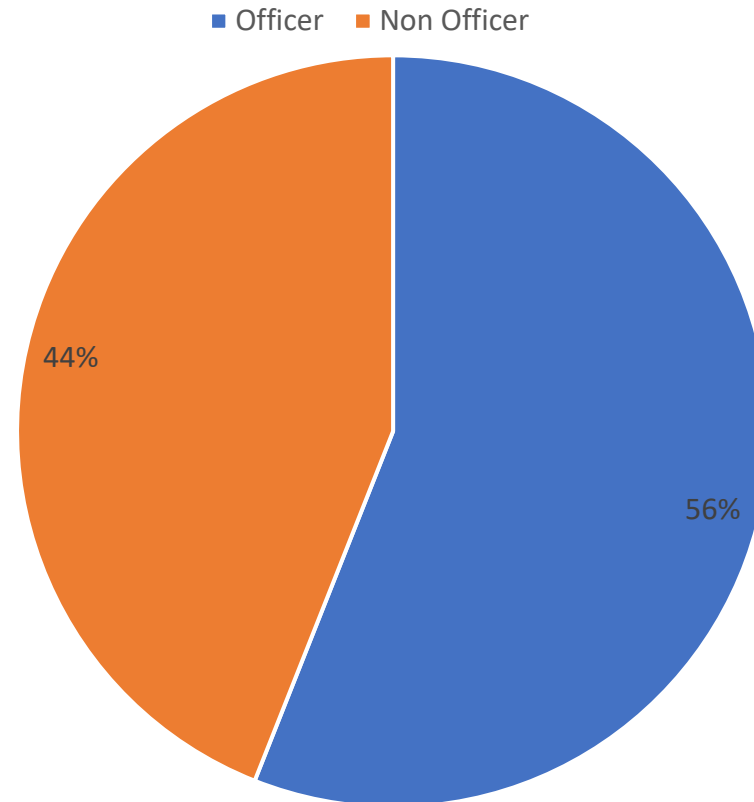


- To review Committee's effectiveness over preceding 12 months taking into account the key themes from
 - Digital survey responses
 - Matters escalated to the Board
 - IM Reflective sessions
 - Changes to risks and outcome measures aligned to the Committee
 - Auditor/Regulator feedback
- Develop an improvement plan and work that it can take forward with other Committees
- Produce an outcome report identifying
 - 4 areas where the Committee has added value
 - Areas that it could have done better
 - Actions to be taken forward by the Committee for next 12 months



Section 1

1. What is your role within the Committee?



Section 2 – About the Committee’s governance and administration

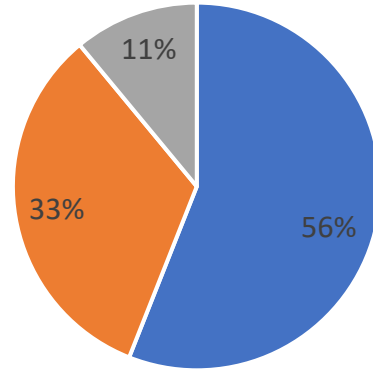


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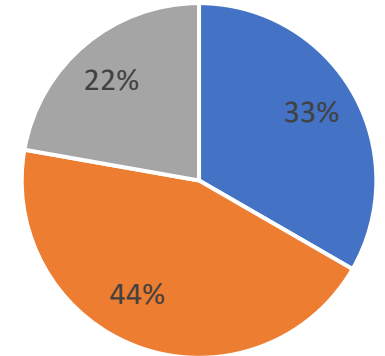
2. The Committee terms of reference clearly, adequately and realistically set out the Committee's role, nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.

■ Strongly agree ■ Agree ■ Disagree



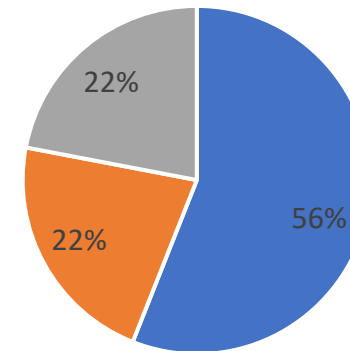
3. The Committee’s cycle of business is comprehensive and well balanced, paying attention to both short term priorities and longer-term needs, and aligned to HDdUHB’s strategic objectives.

■ Strongly agree ■ Agree ■ Disagree



4. The Committee meetings are well organised, efficient and effective. They occur often enough and are of appropriate length to allow discussion of planned matters and emerging issues consistent with the Committee’s responsibilities.

■ Strongly agree ■ Agree ■ Disagree



Section 2 - About the Committee's governance and administration (cont)



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5. Please share any further information you think is relevant to the Committee's governance and administration.

"I sometimes feel that the agenda for this should be split more into adult /children with corresponding legislation and a report of how many cases gone through hospital manager review".

"A former member used to take over the meeting and was quite detrimental to development and discussions occurring comfortably. The tensions between the Chair and this member made it a very uncomfortable meeting to attend and participate in."

"The Committee needs to ensure that all members have the opportunity to participate and to raise the issues they need, and that there is a culture of encouraging members to question and be able to offer different views and opinions."

"The report that is written by the chair of Mental Health Legislation Scrutiny Group (MHL SG) is submitted both to Committee and also the Mental Health Quality Safety and Experience Group."

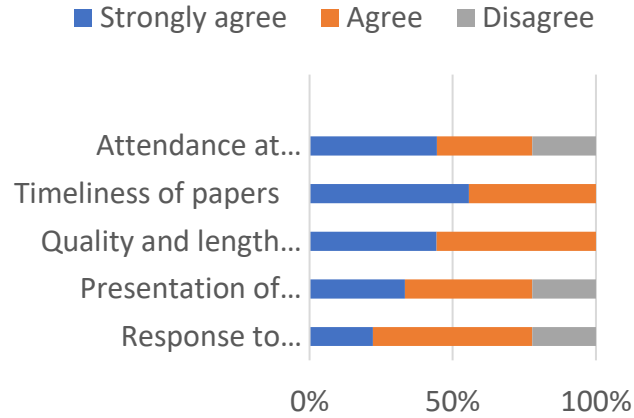
Section 3 – About the Committee’s inputs



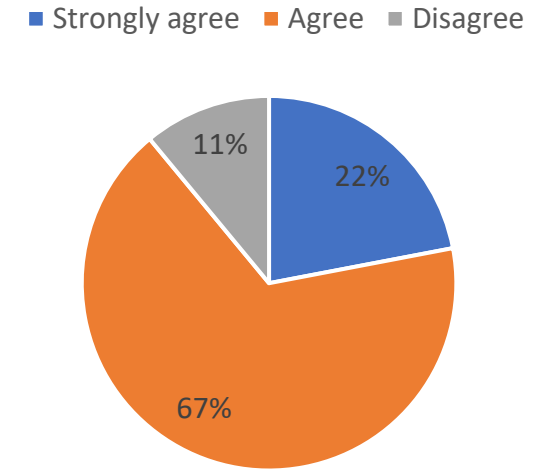
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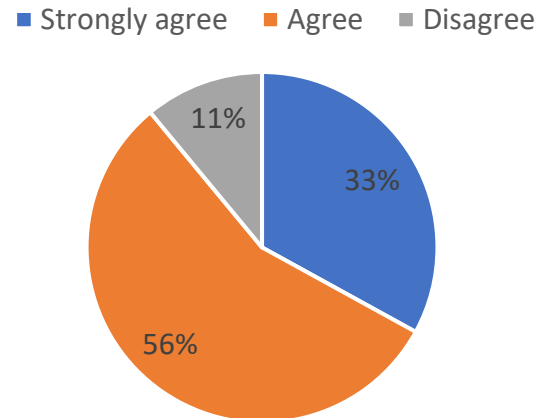
6. The Committee is adequately supported by Executive Directors (and/or deputies/representatives) in terms of the following:



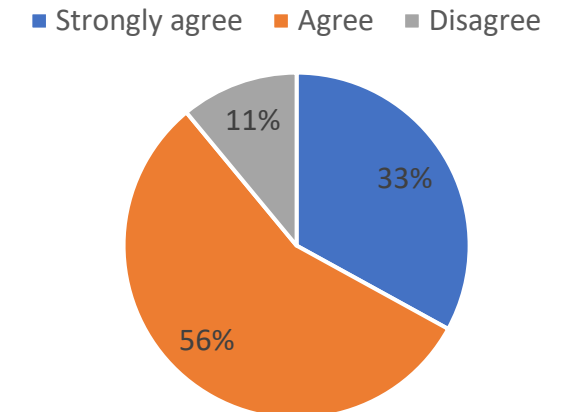
7. Attendance and contribution are suitably representative of the multi-disciplinary clinical workforce.



8. The papers provide the Committee with a clear and succinct understanding of the risks facing the Health Board and how they are being managed/mitigated and improved over time.



9. The papers enable Members to focus in on the most significant matters of assurance, rather than get lost in the operational detail.



Section 3 – About the Committee’s inputs (cont)



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10. Please share any further information you think is relevant to the Committee’s inputs:

“The papers do focus on matters of assurance rather than operational details which is good on this committee but I don’t feel there is enough executive representation across the mental health sites there should be director or executive level representation for adult/children/community.”

“The Committee agenda and the report from MHLSG reference the risk register in relation to any risks relevant to mental health legislation.”

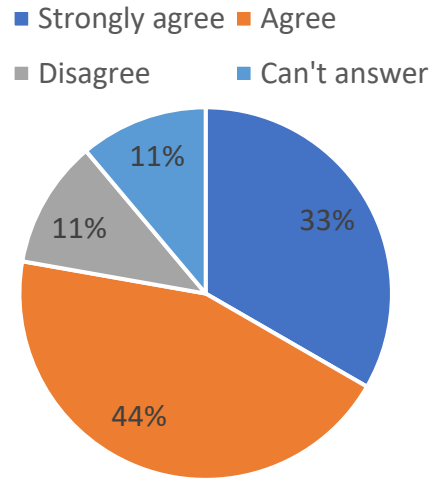
Section 4 – About the conduct of Committee meetings



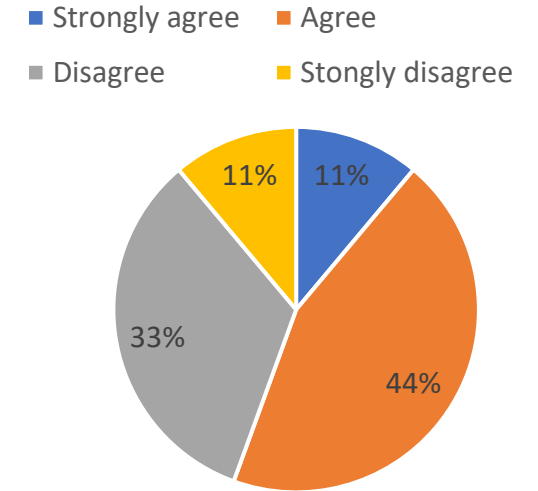
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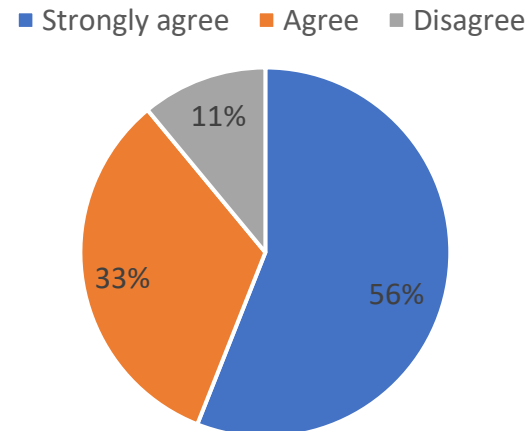
11. The Committee meetings are chaired effectively and with clarity of purpose and outcome.



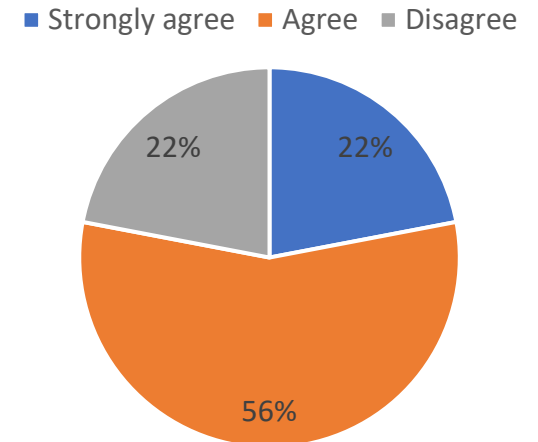
12. The atmosphere at the meetings is conducive to open and productive debate and the behaviour of all Members/attendees is courteous and professional.



13. Independent Members contribute equally and constructively challenge Executive Directors and presenters, ensuring there is appropriate scrutiny of agenda items.



14. Independent Members manage their boundary between scrutiny and operational involvement/detail effectively.



Section 4 – About the conduct of Committee meetings (cont)



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15. Please share any further information you think is relevant to the conduct of Committee meetings.

“The committee was chaired well a new chair has now been identified so cannot comment at this time reiterate there’s not enough executive level representation”.

“At times the carers representative's input (Not an IM) was not always clear and there was occasion when it could be regarded as discourteous in relation to papers being presented from Scrutiny Group members at Committee.”

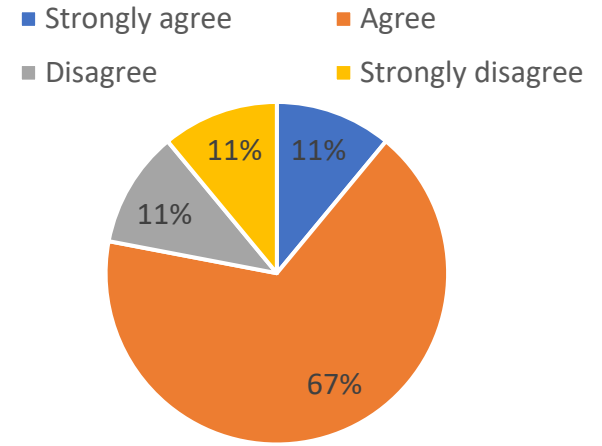
Section 5 – About the interface with other Committees including the Board



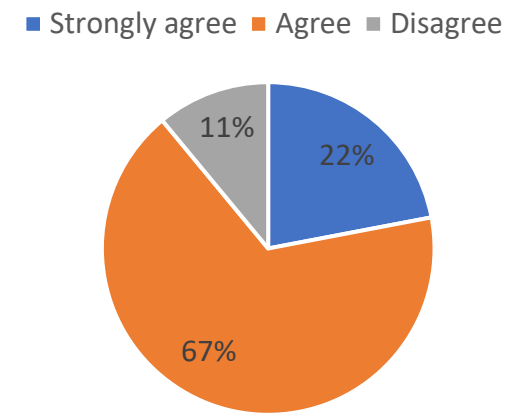
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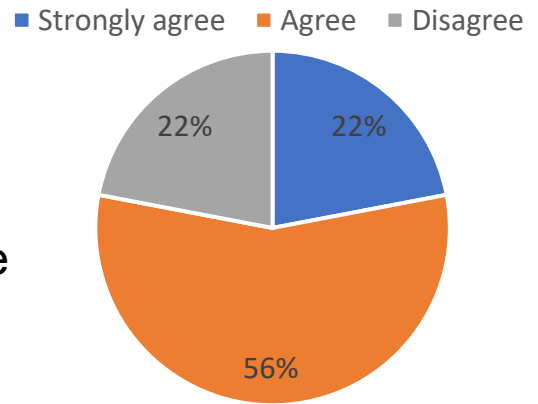
16. The boundaries between this Committee and other Committees are clearly defined with adequate cross-referral/collaborative working, where appropriate.



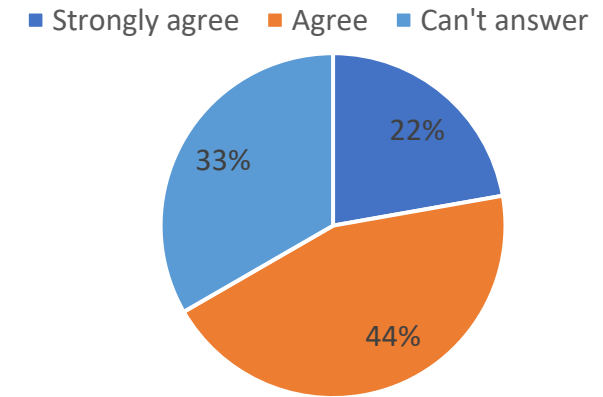
17. The Committee Chair provides clear and concise information to the Board on the activities of the Committee and the implication of all identified gaps in assurance and/or control.



18. The Board provides sufficient scrutiny and challenge to the Committee and provides feedback where appropriate on areas that raised to the Board's attention.



19. Private meetings of the Committee have been used appropriately – i.e. only for items that should not be discussed in the public domain (i.e. commercially sensitive, identifiable information).



Section 5 – About the interface with other Committees including the Board (cont)



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20. Please share any further information you think is relevant to the interface with other Committees including Board.

“At sub-committee level the feedback is implemented then unless specific item has been identified that could interlink with another committee such as PODCC or QSEC ect.”

“Personally, I am not aware of the relationship of this Committee with other ones.”

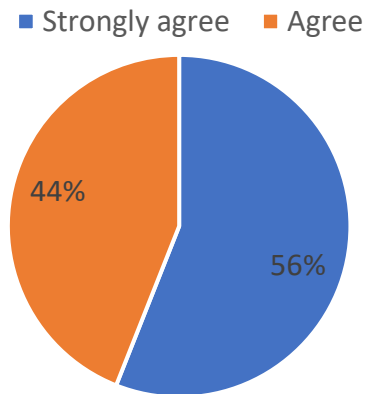
Section 5 – About the interface with other Committees including the Board



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21. The Committee has driven improvements on specific matters during the year.



22. If yes, please provide 3 examples

“136 suites, Children adolescent cams service at Bro Myrddin, 111 call 2 service.”

“Improvement in the presentation of information, articulation of risk and avoidance of straying into areas of operational business that do not meet with the Terms of Reference.”

“Assurance Governance Performance.”

“Identification of risk, this is more widely scrutinised now at the Scrutiny Group and is a standing agenda item. The creation of a separate paper from MHL SG on Measure Legislation data, exception reporting and outcomes. Expansion of membership of MHL SG to include a General Practitioner (GP).”

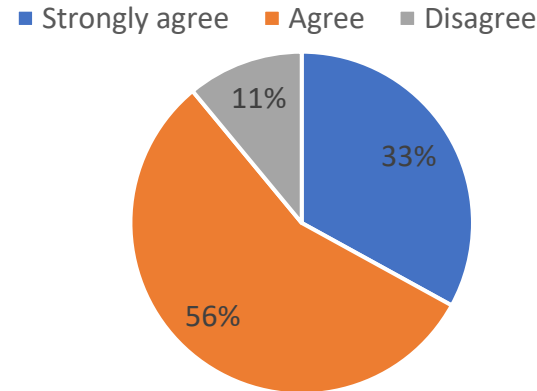
Section 5 – About the interface with other Committees including the Board



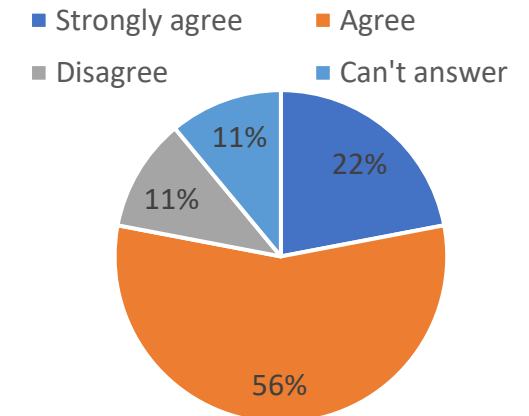
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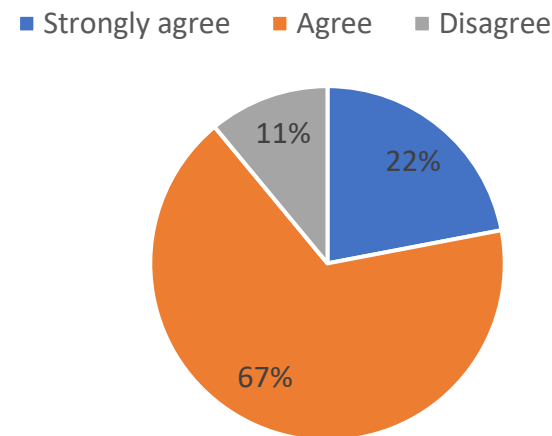
23. The Committee is effective in assuring the Board on compliance with mental health legislation.



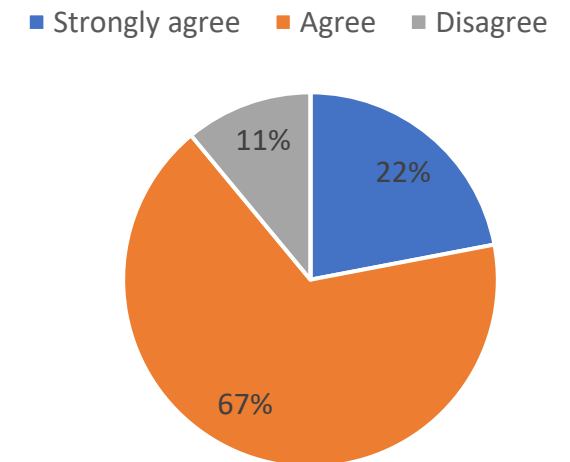
24. The Committee is effective in advising the Board of any areas of concern in relation to compliance with mental health legislation.



25. The Committee is effective in seeking assurances that the operation of mental health legislation is fair and lawful.



26. The Committee is effective in monitoring and managing risks related to compliance with mental health legislation.



Section 5 – About the interface with other Committees including the Board

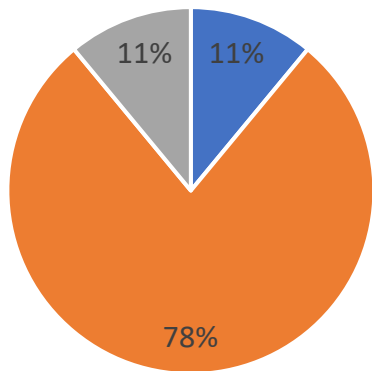


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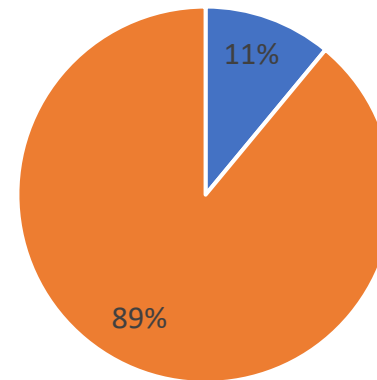
27. The Committee is effective in ensuring that staff have the required skills and competencies to discharge the Board's responsibilities.

■ Strongly agree ■ Agree ■ Disagree



28. *Are there any areas where the Committee has been unable to provide assurance to the Board or has deteriorated whilst being monitored by the Committee.*

■ Yes ■ No



Section 6 – About the Committee’s impact



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29. If yes, please provide examples:

“If there have been any areas where the committee has unable to provide assurance they’ve been addressed before the next the committee was held.”

“The evidence of active involvement of carers in relation to mental health care and treatment delivery especially in relation to Out of County placements as outlined in the legislation.”

“Assurance that the Code of Practice for the Mental Health Legislation is being used and adhered and if not where the variance from this is recorded (and staff training in relation to the Code of Practice is taking place).”

“Evidence of workforce planning and training in relation to the Mental Health Legislation including the code of practice.”

“The monitoring of outcomes and measurements around timely, efficient and effective in terms of mental health care and support and the duties in the legislation in relation to this.”

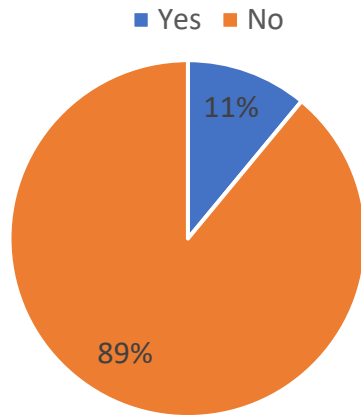
Section 6 – About the Committee’s impact



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30. Do you need any additional training to fulfil your role as a Member (or attendee of the Committee).



31. If yes, please specify

“I’ve been looking at attending some of the face-to-face or if not possible the Teams mental health meetings that have been arranged across the health board they’ve been advertised on global.”

Section 7 – About your role



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32. What do you think should be the focus of the Committee's attention in the coming year?

“A focus on the Code of Practice for Mental Health and how this is implemented and monitored as this is very relevant to the implementation and assurance around the Mental Health legislation. The experience of carers in relation to the Mental Health legislation and assurance around the mental health legislation and carer rights and involvement in relation to this. Assurance around Out of County placements and the use of this and assurance of the involvement and support for carers also in relation to such placements for family members (including travel costs and consideration on how to help carers and individuals maintain contact). Workforce planning and training in relation to assuring the specific requirements of the legislation are being met and can continue to be met. Outcome measures in relation to timely, effective and efficient mental health care as outlined in the legislation..”

“Ensure legislation is continued to be scrutinised. Support any changes required to be implemented. Impact of Right Care Right Person implementation.”

“The weakest areas seem to be staffing of community mental health team which is very slightly improved but we could possibly look at more support in that area seeing as 111 call two has a lot more community reach.”

“Assurance Governance Performance.”

Section 7 – About your role



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32. What do you think should be the focus of the Committee's attention in the coming year (cont'd)?

“The Terms of Reference is concerned that Mental Health legislation is administered and adhered to and this needs to be the continued focus of the committee.”

“Any increased use of the MHA in the expected period of required HB financial savings. Any impact in respect to the Measure, in particular reduced compliance with WG requirements during expected period of HB financial savings Quality of Care, Work with Carers and Staff Training, which is provided by the Quality Assurance Practice Development Team who attend and submit a report at MHLSG.”

33. Any other comments

None received.

Matters escalated to the Board



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- No matters have been escalated to the Board.



March 2023

- No update provided in the meeting.

May 2023

- Need to review TORs so clear on membership and expectations
- Only Committee not services centrally by the corporate function

July 2023

- General discussion post AW Review of BCU Board Effectiveness (key points on next slide)

No feedback provided to Chair's meetings held in December 2023 and January 2024

Risks and Outcomes



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- **Structured Assessment 2023** – Committee was not observed during review.
- **Internal Audits** – no specific internal audits related to mental health legislation reported to Committee, however the IA Plan included the following
 - MHLD Service – Timely Access (Reasonable Assurance) - This review links to risk 1032 which is aligned to QSEC in relation to timely access to ASD services and identified the following improvements: 1. Further work to strengthen and support existing controls; 2. Lack of documentation; 3. Reviewing and revising of risk 1032; 4. Identifying the root cause of the ASD performance decrease; and 5. Establishment of the ASD trajectory.
- **HIW Reports** –
 - HIW improvement plan, adapted from the Reviewing the Quality of Discharge Arrangements from Adult Inpatient Mental Health Units within Cwm Taf Morgannwg University Health Board). The report includes a recommendation relating to *The health board must ensure that mental capacity assessments are undertaken by relevant staff, which reflect the criteria set within the relevant legislation and national guidance.* The Health Board has already implemented.
 - HIW St Non, St Caradog, Canolfan Bro Cerwyn WGH report – The report confirms that *Legal documentation to detain patients under the Mental Health Act was compliant with the requirements of the legislation.*

Key themes – what is being done well



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- Good response rate to digital survey
- Effective chairing
- The Committee has driven improvements in:
 - 136 suites,
 - Children adolescent cams service at Bro Myrddin
 - 111 call 2 service, Assurance Governance Performance
 - identification of risk (at the MHLSG and is a standing agenda item)
 - the creation of a separate paper from MHLSG on Measure Legislation data
 - exception reporting and outcomes
 - expansion of membership of MHLSG to include a General Practitioner (GP)
 - presentation of information
 - articulation of risk and avoidance of straying into areas of operational business that do not meet with the Terms of Reference

Key themes – what we could do better



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- The governance and administration of Committee – Clearer Terms of Reference on responsibilities, membership and expectations, and alignment of workplan to priorities, and members encouraged to partake in discussions
- Attendance by Executive Directors (including representation for adult/children/community) and Clinical staff,
- Content, presentation of papers to enable the Committee to focus on most significant matters for assurance and responses to questions
- Understanding of risks and how they are being managed
- Facilitate open, transparent and productive debate and courteous and professional behaviours.
- IMs managing boundaries between scrutiny and operational detail
- Clarifying the boundaries and improve cross-referral/collaborative working with other Committees
- Seeking and providing of assurance on compliance with MH legislation, improve reporting to the Board on the Committee's activities and feedback, and scrutiny/challenge to the Committee from the Board on matters reported
- Areas where the Committee has been unable to provide assurance to the Board or has deteriorated whilst being monitored by the Committee –
 - involvement of carers in relation to mental health care and treatment delivery especially in relation to Out of County placements,
 - assurance that the Code of Practice for the Mental Health Legislation is being used and adhered and if not where the variance from this is recorded (and staff training in relation to the Code of Practice is taking place).
 - Evidence of workforce planning and training in relation to the Mental Health Legislation including the code of practice
 - Monitoring of outcomes and measurements around timely, efficient and effective in terms of mental health care and support and the duties in the legislation
- Access to training (slide 16)

Key themes – Areas of improvement for next 12 months



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- Assurance that Mental Health legislation is administered and adhered to/ Focus on the Code of Practice for Mental Health and how this is implemented and monitored
- Experience of carers in relation to the Mental Health legislation and assurance around the mental health legislation and carer rights and involvement in relation to this
- Assurance around Out of County placements and the use of this and assurance of the involvement and support for carers also in relation to such placements for family members (including travel costs and consideration on how to help carers and individuals maintain contact)
- Workforce planning and training in relation to assuring the specific requirements of the legislation are being met and can continue to be met
- Outcome measures in relation to timely, effective and efficient mental health care as outlined in the legislation
- Impact of Right Care, Right Person implementation
- staffing of community mental health team / 111 call two
- Assurance Governance Performance
- Any increased use of the MHA and any impacts in respect to the Measure, in particular reduced compliance with WG requirements during expected period of HB financial savings, quality of care, work with carers and staff training, which is provided by the Quality Assurance Practice Development Team who attend and submit a report at MHLSG



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