

**MENTAL WELFARE COMMISSION FOR SCOTLAND
MINUTES OF THE MEETING OF THE BOARD ON TUESDAY 31 OCTOBER 2017
IN CONFERENCE ROOM, THISTLE HOUSE, EDINBURGH AT 10.30 AM**

Present:

The Very Rev'd Dr Graham Forbes CBE
Mr Norman Dunning
Mr Paul Dumbleton
Ms Mary Twaddle
Mr Gordon Johnston
Mr Sandy Riddell
Dr S Sashidharan
Mrs S Baxter

In attendance:

Mr Colin McKay, Chief Executive
Ms Alison McRae, Head of Corporate Services
Mrs Alison Thomson, Executive Director, Nursing
Ms Kate Fearnley, Executive Director, Engagement and Participation
Mr Mike Diamond, Executive Director, Social Work
Dr Gary Morrison, Executive Director, Medical

Secretary: Mrs Alison Smith, Casework Manager

1. Welcome and Apologies

There were no apologies

2. Declaration of interest

Mr Riddell advised that he was undertaking consultancy work in NHS Shetland.

3. Announcements

None.

4. Minutes of Board meeting held on 29 August 2017

Approved with minor amendments.

5. CEO Update

The review of whether people with learning disability and/or autism should be included in the mental health act will start soon. The announcement of the Chair of the review is imminent and staff are being recruited.

The Scottish Government will consult on proposed changes to AWI Act in January.

A review on deaths of inpatients in mental health units has commenced. Colin McKay and Gary Morrison will meet with the Chair of the review.

The Scottish Government is consulting on a proposal for investigations where a person who has recently been in touch with mental health services commits homicide.

National Preventative Mechanism –Colin McKay is now the Scottish representative on NPM. Graham Morgan has been invited to speak to a conference in Geneva.

Benefits – meeting with SG and benefit agency officials.

Visits

The report on visits to individuals in forensic wards was published in August with wide support for its recommendations.

The visits to people with dementia in community hospitals are completed and the report is due to be published in March 2018.

The visits to people with borderline personality disorder are getting underway.

Investigations

Mr QR investigation was published and received a lot of press coverage. We will follow up on the recommendations.

The case around the boundaries of using the Mental Health Act in treatment for physical conditions is resolved for the time being.

Monitoring

The mental health act ten year analysis and young people monitoring reports were published at the beginning of October. The adults with incapacity monitoring report will be published today.

The second stage of place of safety monitoring is almost completed where we have interviewed police officers using the order.

We have a new duty under the 2015 Act to monitor the provision of advocacy services. This is being done by way of initial consultation and then a questionnaire to health boards. The returns are currently being analysed with a report scheduled for the December Board meeting.

The annual report will be published on 1 November 2017.

6 Items for discussion and/or approval

6.1 Mid Year Business Plan Review

The Board noted the mid-year review of the business plan.

6.2 Financial commentary

The main risk to the budget is the proposed upgrade to patient information system servers. The contractor is currently undertaking an impact analysis on the proposed upgrade but it is taking longer than anticipated with a risk to the upgrade not going ahead this financial year. Commission staff are working to get this resolved.

The Board noted the paper.

6.3 MWC Core revised budget

The Board approved the mid-year revisions to the budget.

6.4 50/50 by 2020

The Board was content to sign up to the Partnership for Change but noted that recruitment of Board members was not in their gift as they were appointed by the Scottish Government. The Commission did have an opportunity when recruiting staff to consider the Government's policy and would do so.

6.5 Board Member Conflict of Interest

The Board was asked to change its current policy of excluding members of the Mental Health Tribunal from applying to be a Board member of the Commission. This policy was introduced at a time when Commissioners were appointed to work for the Commission and they held both a governance and an operational role. Since 2011 the Board members have not had any operational responsibilities and any operational aspects of the mental health act are delegated in the standing orders to the Chief Executive. Some of the Board felt that perception of a conflict of interest could be an issue and that there was no need to change the policy given the small numbers involved. Other members of the Board felt that the inclusion of Board members with experience of working with the Tribunal could enrich the MWC Board. It was agreed that any conflict of interest was not that different to that faced by Board members who currently worked in health boards or local authorities and could be similarly managed.

The Board agreed to change the conflict of interest policy and this would take effect in the recruitment round scheduled for December 2017.

6.6 Advisory Committee Membership

The Board noted that attendance at the Advisory Committee had dropped and agreed that a letter be sent to organisations to ensure that the names of representatives that the Commission held was up to date. It would also be helpful to thank representatives who did attend for their time and input. The Board approved the invitation of new organisations to the committee and that it would be useful to consider extending the invitation to join the Advisory Committee to other relevant organisations including IJCBs.

6.7 End of Year meeting dates

The Board noted the end of year meeting dates and were asked to inform staff of any meetings they wanted to attend.

6. Items for information

7.1 Engagement Strategy Board Report

Noted

7.2 Advisory Committee Note of Meeting held on 7/9/2017

Noted

7.3 Equality Scheme Update – Interim Report

Noted

7.4 Board and Audit Committee Meeting dates

Noted

7. Discussion session on Business Plan 2018/19

Colin McKay introduced a session to discuss business planning and to get information from the Board that will inform the draft business plan objectives which will be presented to the Board for discussion in December.

Visits

The Board noted that local visits were continuing as normal, themed visits had been reduced from 3 to 2 and two had been identified for the coming year; to people with autism and severe and enduring mental illness in rehabilitation wards.

Visits for 2019/20 were being identified with Eating Disorder Units being among them. Discussions on where to visit will continue at the advisory group and future Board meetings.

Investigations

The number of investigations has reduced and discussions were taking place about the falling numbers of referrals to OMG from practitioners. The Commission wanted to identify the number of lower level investigations that practitioners were undertaking and a facilitated review of the investigation process was currently being undertaken. The outcome of these discussions will come to the Board at a later date.

Influencing

The influencing work the Commission was undertaking will continue with the a response on the Scottish Government's AWI consultation; supporting the learning disability and autism review and the review of a system to investigate when a person in touch with mental health services commits a homicide. Work will also

continue on supporting the Scottish Government's mental health strategy; supported decision making; wider reform of the MH Act; and responding to distress and how work across health and criminal justice systems with links to the current visits to people with borderline personality disorder.

The Board agreed that the list of areas seemed about right with some areas requiring a bit more definition.

Monitoring

Dr Gary Morrison advised that work on monitoring was continuing. The important work for the Commission was the work completed by the administrative team in processing the forms that were notified to the Commission. This was a lot of work involving around 32,000 forms per year. A more robust process for Advance Statement overrides had been introduced and included informing patients about the outcomes. DMP work was ongoing and admin were picking up a lot of the errors made in forms in this area. The annual monitoring reports had recently been published and the data from these reports are used to inform our end of year meetings with services.

The MHA report this year included a review of the use of the Act over the last 10 years.

Alison McRae advised that the intention is to ask stakeholders what monitoring information would be useful to them and this may inform what monitoring reports we do in the future. The Board suggested that there could be some partners in academia who could make use of the data to look at the trends in the use of mental health legislation. It is currently difficult to know whether a reduction in CTOs was a reflection of good practice or poor practice. It was agreed that the Commission could discuss with the Scottish Government whether this was something that ISD could take forward and if not whether the Commission do something separately.

Good Practice

Kate Fearnley advised that work on the advice line was continuing. Good practice guidance had been updated this year and was on the website. Learn pro was being reviewed as an online learning tool but rejected for the excellence into practice sessions as interactivity was important. Mike Diamond was giving consideration to doing a roadshow for MHOs similar to the ones carried out for CPNs. The patient rights pathway "Rights in mind" was to be followed up with evaluation and research. The Board felt that there was some work could be done on looking at how other organisations manage their advice lines where it crosses with the Commission's remit. Kate Fearnley advised that organisations could refer to the Commission's publications on the website and some did so. It was agreed that some liaison with other bodies might be useful. We intended to produce a more accessible version of our supported decision making guide.

Alison McRae highlighted that financial constraints were a risk to achieving our ongoing strategic priorities with the budget remaining at £3.6m. The current three year budget scenarios assume a flat budget absorbing a 2% pay increase in each of the three years. Staffing costs are over 80% of the budget. The accommodation project may realise some savings but the upfront costs to reducing our accommodation may make any business case difficult to make. Cyber security issues are adding pressures to the budget. The Board asked whether sharing back office functions would bring any savings. Alison McRae said that this already happens with payroll, purchasing and accountancy systems and nhs email but experience had shown sharing services did not always provide savings. The Board agreed that sharing services could also lead to questions about the Commission's independence

Date of next meeting – Tuesday 12 December 2017