

Mental Health Commission Meeting
Minutes of Meeting held on 17 December 2020
Held by way of MS Teams
10.30am – 1.00pm

Commission Members	Initials
John Saunders	JS
Rowena Mulcahy	RM
Dr Michael Drumm	MD
Tómas Murphy	TM
Nicola Byrne	NB
Dr Margo Wrigley	MW
Jack Nagle	JN
Patrick Lynch	PL
Ned Kelly	NK
Dr John Hillery	JH

Apologies	Initials
Colette Nolan	CN

Executive in Attendance	Initials
Orla Keane, Secretary to the Commission, Head of Legal / Division Lead for MHT	OK
Dr Susan Finnerty, Inspector of Mental Health Services	SF
Gary Kiernan, Director of Regulation	GK
Elena Hamilton, Interim Director of Standards and Quality Division	EH
Simon Murtagh, Chief Operations Officer	SM
Áine Flynn, Director DSS	AF
Jenna Goodwin, Corporate Governance Manager	JG

Executive Apologies	Initials
John Farrelly, Chief Executive ¹	JF

No.	Matter	Action Required By
1	Private Session of the Commission The Commission held a short private session without the Executive present.	
2	Declarations of Interests – To be signed and returned by email.	JG
3	Welcome to Director of Regulation	

¹ Discussed and agreed with the Chair in advance of the meeting.

	The Chair introduced Gary Kiernan as the new Director of Regulation and formally welcomed him to the Commission. GK spoke briefly to the Members.	
4	<p>The Minutes of the meeting held on 15 October were agreed.</p> <p>Decision 28 JN proposed approval of the minutes and NB seconded same.</p> <p>The Minutes of the meeting held on 19 November were agreed pending a number of amendments.</p> <p>Decision 29 MW proposed approval of the minutes and NK seconded same.</p>	OK
5	<p>Chairperson's Business</p> <p>The Chair informed the Members of the following –</p> <ol style="list-style-type: none"> 1. Update on New Commission Members – There has been no further update. The Chair noted that he will send a letter to DOH following the meeting to request an update. 2. It was agreed that an invitation would be extended to Minister Rabbitte to attend a Commission Meeting in 2021 re DSS. 3. It was agreed that the 2-day meeting would be deferred to the second half of 2021. It was also agreed that the number of meetings in 2021 would be reduced from 11 to 10 but that this would be kept under review. The Commission Dates for 2021 were agreed. 4. Self-Assessment for 2020 – Email will issue tomorrow. 5. Ethics Declaration for 2020 – Email will issue tomorrow. 6. Training for Members 2021 – A calendar of the events being hosted by the IPA was circulated to the Members and these can be pre-booked. In addition to this, if Members have proposals or requests for specific topics to be addressed, they are requested to send same to the Secretary as soon as possible. 7. For information – Suite of Corporate Governance documents to be updated in Q1 2021 <p>In relation to the Action Plan on the IPA Report, it was agreed that –</p> <ul style="list-style-type: none"> • Action 4 of the IPA Report - a link to the Strategic Plan rather than the whole Strategic Plan be included in the Corporate Governance Documents. • Action 12 of the IPA Report - a Performance Indicator Dashboard is currently in the process of being developed. It was agreed that a draft should be presented to the Commission Meeting in advance of the Dashboard being put in place. • Action 13 of the IPA Report - The FARC sought confirmation that a review of the Risk Appetite Statement will be included as part of the IPA's review of the MHC's Risk Management Process. Therefore Action 13 will be amended to reflect this. 	<p>OK / JS</p> <p>OK</p> <p>JG / OK</p> <p>JG / JF</p> <p>JG / OK</p>
6	<p>Chief Executive and Executive Reports</p> <p><u>CE's Report</u></p> <p><u>Corporate</u></p> <p>SM noted the following:</p> <ul style="list-style-type: none"> • The final drawdowns for 2020 have been made and a surplus noted. The October management accounts were presented and a detailed breakdown was provided of the savings in expenditure lines. • Attention was drawn to the section of the report relating to the internal controls environment and it was noted that this had been discussed by FARC at its meeting. It 	

	<p>was agreed that SM would provide responses to the list of control questions provided by C&AG which would then be reviewed by FARC, who in turn would make its recommendation to the Chair and the Commission on approving the Statement of Internal Control.</p> <ul style="list-style-type: none"> • The Business Plan for 2021 is currently in draft stage and under review by SLT. OK noted that this will be presented to the Commission in January for review and approval. • Four Internal Audits were completed in 2020 and two of these reports have been presented to the FARC. The other two are being finalised. This meets the MHC’s internal audit requirements for 2020. The FARC agreed to defer the fifth audit scheduled in 2020 until 2021. <p><u>Legal</u> OK provided an update on one case in her report, further to a request from one member.</p> <p>In relation to Item 3 in the report, Assisted Decision-Making (Capacity) (Amendment) Bill, RM queried when this would be circulated to the Commission. It was noted that the timeline is not clear but that a meeting is taking place on Monday 21 December with the bilateral team which will hopefully provide some clarity.</p> <p><u>RMT Report</u> The following was noted:</p> <ul style="list-style-type: none"> • GK - All 2020 registrations have been completed and the team continues to monitor the conditions attached to those registrations. • GK - There were 34 applications to renew registration in 2020. They have been completed. The number of renewal registrations was higher than the previous year and this may account for some additional enforcement actions. • EH - Provided the Members with details relating to the two most recent immediate actions and ongoing enforcement in relation to two other approved centres. • JS - Noted and the other Members agreed that the tolerance in relation to the length of time that a condition is in place needs to be considered. • GK - The Covid-19 monitoring unit is operational and is actively monitoring centres where there are Covid-19 outbreaks. • It was agreed that the table for “condition monitoring” on page 47 of the papers should also include the details for the previous year for analysis purposes. • JN - Requested that the turnaround time for inspection reports be addressed in the Business Plan. • In response to a query from MW in relation to the quality framework, GK provided a brief outline and noted that this piece of work has been included in the 2021 Business Plan. <p><i>Restrictive Practices Report</i> It was noted that the Report will be published on 18 December.</p> <p>It was noted that the Report provides insight in relation to the figures provided. MW noted a discrepancy between Children’s Units and the use of seclusion. It was noted that some units do not have the facility for restrictive practice, so will transfer patients to another approved centre with those facilities, which results in a slight distortion of the figures for the relevant approved centres.</p>	<p>SM</p> <p>OK</p>
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TM queried what the intention is now for using the data provided in the Report and whether it will feed into the Restraint and Reduction Strategy. GK noted that the Report will be used to promote and encourage improvement but that the Code of Practice also needs to be revised. Business plans for 2021 are being put in place to address this. GK further noted that a data analysis piece of work will be undertaken and that the need for additional expertise within the team has been identified to ensure the data is being used to inform regulatory plans and the reports from the regulatory management team.

ECT Report

It was noted that this report would be published over Christmas.

It was noted that the report noted a limitation in collecting data about individuals receiving treatment due to data protection legislation. It was requested that this be reviewed to ensure that all relevant data may be used.

MW noted the level of ECT being provided in St. Patricks and queried whether there is a clinical difference between private and public patients and the use of ECT. SF noted that eight or nine years ago small centres were giving ECT only 3-4 times per year. In some cases, the approved centres did not have the relevant expertise. This has now changed. ECT is offered in accredited centres / centres of excellence. This may mean that patients requiring this service are transferred to St. Patricks or similar centres for treatment.

MHT

OK noted that all MHTs were being held and that work on the VC project was progressing well.

Covid-19 Committee Update

GK noted that a memo on the Covid-19 Tripartite Committee Meeting has been circulated with the papers. Terms of reference for the group are currently being drawn up. During the Tripartite meeting MHC representatives raised the issue of funding for the ongoing monitoring unit and vaccinations for approved centres / 24-hour community residences. The Department of Health acknowledged the effective working arrangements in place to oversee and escalate centres with outbreaks.

OK noted that the main issue that MHC emphasised during the meeting is the importance of ensuring that the vaccine is available to residents of approved centres / 24-hour community residences at the same time as it is available to nursing homes. OK added that the President of the High Court wrote to the HSE asking for the wards of court to receive the vaccine in a timely manner. The MHC has written to the Department of Health asking for a formal response to this issue. This is an important point as regards parity for this sector.

DSS

AF noted that the format of the report provided reflects the revised project reporting structure agreed some months ago.

AF then noted that her team is working on a revised resourcing plan & design, workforce plan and separate demand forecasting work is ongoing which will inform fee structuring. As mentioned, there is an external meeting being held with the Department (DCEDIY) on Monday 21 December in relation to the amending legislation, regulations and related matters and with the full Inter Department Steering Group on Tuesday 22 December.

	<p>AF further noted that there are 30 sub-projects currently ongoing which have been distributed across the team. The Dashboard provided in her Report is new and risks and issues are relatively static at present. A key piece of work the team will focus on is engagement with key stakeholders who will be using the system.</p> <p>It was noted that the current working assumption for the “go live” date is July 2022 and this matches with the plan presented to the Department of Justice and Equality previously.</p> <p>It was requested that the target date of July 2022 be included in all reports to the Commission going forward and where the Project is at in relation to the date. It was further requested that a one-page word document be provided at each meeting outlining the critical milestones, dependencies and completion dates for these milestones be presented at each Commission Meeting.</p> <p>TM queried whether a formal request has been made to the DSS to be on the expert panel for nursing homes. AF noted that there were two recommendations made in that Report that would impact the work of the DSS. AF wrote to the Chair of the Implementation Committee and received a response noting the Implementation Committee does not plan to open separate channels of communication in relation to these recommendations at this time. AF wrote again to clarify that the implementation of specific recommendations relates directly to the work of the DSS and has received no further response.</p>	<p>AF</p>
<p>5</p>	<p>Risk Management This was dealt with as part of the FARC Report.</p>	
<p>6</p>	<p>Committee Updates</p> <p>1. FARC PL referred to his report and noted that most of the items had been addressed above. In relation to the balance the following was noted:</p> <ol style="list-style-type: none"> 1. Risk Register – This will be reviewed as part of the external Risk Management review process to take place in 2021. It was noted that a procurement process has taken place and the IPA has been identified as the preferred supplier. It was agreed that time would be set aside at the January Commission Meeting to discuss the process further. 2. FARC Charter – PL noted that minor changes had been made to the FARC Charter, as per the document provided. Those changes were being recommended to the Commission for approval. <p>Decision 30 PL proposed approval of the updated FARC Charter and NK seconded same.</p> <p>JS noted the Commission’s thanks to the FARC for all its work throughout 2020.</p> <p>2. Legislation Committee – No scheduled meeting since the last Commission meeting.</p>	
	<p>Next Meeting – 21/01/2021 at 10.30 am</p>	

ACTION LOG			
No	Action	Person Responsible	Status
1.	Letter to be issued to DOH re new Commission Members	OK	Not required
2.	Invitation to be extended to Minister Rabbitte to attend Commission Meeting	OK	Done
3.	Update Action Items 4, 12 and 13 of the IPA Report as per the above	JG / OK / JF	In Progress
4.	C&AG Guidance document with questions with regard to internal controls is to be completed	SM	In Progress
5.	On page 47 of the Combined papers – RMT Report - there is a table in relation to “Condition Monitoring”, it was requested that the same data for the previous year be included to allow the Members to monitor trends and progress.	SF / GK	Done
6.	Review and revert to the Commission in a few months (end Q1) clarifying figures provided in the ECT Report.		May meeting
7.	All reports from DSS should ensure that go live date of July 2022 is included, and DSS - one-page narrative outlining the critical path milestones, dependencies and completion dates for these milestones be presented at each Commission Meeting.	AF	AF to address at the Jan meeting

Dated: 21/01/2021

Signed:



By the Chair