

Mental Health Commission
Minutes of Meeting held on 5 September 2017
11.00 – 14:00
Held in Waterloo Exchange, Waterloo Road, Dublin

Present:

Commission Members	Arrive	Depart	Initials
John Saunders	10.50	2.45	JS
Catherine O'Rorke	11.00	2.45	CoR
Nicola Byrne	10.40	2.45	NB
Michael Drumm	11.00	2.40	MD
James Lucey	11.00	2.30	JL
Patrick Lynch	10.40	2.40	PL
Xavier Flanagan	11.20	2.47	XF
Margot Wrigley	11.20	12.10	MW

Apologies:	
Colette Nolan	CN
Aaron Galbraith	AG

Executive in Attendance:	
Patricia Gilheaney - Chief Executive	PG
Orla Keane - Secretary to the Commission	OK
Ray Mooney - for Item 4 Executive Reports	RM
Susan Finnerty - for Item 4 Executive Reports	SF
Deirdre Hyland - for Item 4 Executive Reports	DH

1. JS opened the meeting and requested Members to complete the Declaration of Interest document for this meeting.
2. Minutes of Commission meeting held on 3 July 2017 were approved following a proposal from COR which was seconded by PL.

Decision – 16 of 2017

JS noted that the Matters Arising were addressed in the Agenda. PL requested that the Agenda be emailed to the Members.

Action: OK agreed this would be done.

3. Chairman's Business

3.1 Meeting with the new Minister of State, Mr John Daly T.D. - JS confirmed that it has been fixed for 18 September at 11am. JS, PG and as per the last Commission meeting MW will also attend. The items to be discussed are a) the urgent need for Resources, b) the review of the Mental Health Act 2001, c) a Vision for Change and what requires to be addressed, and d) the DSS

3.2. DSS - JS noted that the PG would provide an update on this as part of her report.

3.3 Letter from the DOH re Remaining Commission Members - JS noted the contents of the letter and said the issue would be brought to the attention of the Minister at the forthcoming meeting if there was no update in the interim.

3.4 Reports from Deloitte in relation to the CIS Project

PG stated that concerns had been raised in relation to the CIS Project. A decision was made to put the Project on hold in July. The SMT asked our Internal Auditors to carry out a review of the Project to identify the issues of concern and to put forward solutions. The Supplier was contacted and agreed to take part in the Review. The time period from putting the Project on hold to getting the final Reports (with meetings / documents / comments from all relevant persons) was six weeks. Issues were identified with the performance of both parties. Solutions have been proposed. PG explained that a Memo was provided to the Members prior to the meeting with the proposed solutions and the issues with regard to implementing those solutions. A key issue for the MHC is that certain additional resources are required to progress the Project.

The Members engaged in a useful discussion on the matter - the need for the CIS, how the concerns had arisen, the issues that had been identified, the solutions proposed, how they might be actioned and any other concerns of the Executive. The Members considered all options put forward and following a detailed discussion asked the Executive to seek further information and to bring the matter back to the Members for further consideration. The Members also queried whether this was an issue for them to be aware of or an issue that they had to make a decision on.

Action - PG/ OK to 1. Review pausing the Project for 9/12 months to obtain resources, 2. The cost implications, if any, of this, 3. If possible, what addendum is required to the contract, and 4. If pausing not possible, what are the implications of stopping.

4. Executive Reports

Director of Corporate Services

RM referred Members to the updated Business Plan in the meeting papers detailing Corporate Services activities since the July 2017 meeting.

RM went through his Report. He noted the increase in rent of €250Kpa with effect from May 2017. He added that the negotiation was done by OPW as the leaseholder and they in turn informed the MHC of the decision. This will be the last review until the end of the leases in 2022.

Head of Legal Services – Legal advice / litigation privilege

OK referred to her report and addressed a few specific issues –

1. TR (AB) – OK said the Applicant has cross appealed and in doing so had raised an issue about his locus standi. OK advised that the result of this cross appeal is that all matters will now be reheard by the Court. She said that she did not think it appropriate for the MHC to query an applicant's right of standing, that it would be difficult to appeal one issue and not another. She said that the decision not to appeal should stand albeit the Court may find in favour of the arguments being made by the Applicant. The Members agreed.

Decision – 17 of 2017

2. LR-PC – OK noted that the LR had not returned his files on the 9 patients. She noted that assistance had been sought from the ODPC but was not forthcoming. She also noted we are in communication with the Law Society. She said they have powers and may be able to retrieve the records but we do not. The only thing we could do is bring a High Court application seeking the return of the records. She said that she would recommend following up with the Law Society and that she would update the Board at the next meeting. The Members agreed.

Action – OK to follow up with Law Society re return of records.

3. TCP – OK explained the issue that had occurred. She was asked what corrective action had been taken to mitigate the risk of reoccurrence. She confirmed that an exercise was being done to remove all Panel Members that were not appointed to the 2016 Panels from SIAT. This exercise is ongoing and will be completed in the next couple of weeks.

4. Procurement of Legal Services – OK noted that we had met with the OGP and provided them with information. We are now waiting to hear back from them with the draft RFT.
5. Letter to the Policing Authority – The draft letter was agreed and it was noted that same could be issued.

Director of Standards & Quality Assurance

DH presented an update on the work of the Standards & Quality Assurance Division. She drew attention to the child admissions year to date. She said that 3 of the 4 ACs are not operating to full capacity and the reason for same was resources. There was a discussion as to how the issue of resources was verified by the MHC. PL queried what independent audit was being done. DH and SF (whose was present in relation to her report) explained how the Inspectorate Team and S&QA operate in relation to the inspection and subsequent monitoring of the ACs. JS noted that the Inspector is the independent audit and the investigative arm of the MHC. JL noted that in his experience the Inspectorate / S&QA are very diligent in following up on matters.

DH and SF explained that issues arising out of the Inspection Reports are following up and monitored by S&QA who may seek further information, documentation, a focused inspection and / or meetings with the relevant personnel from the AC. All information is interrogated and where required further information / verification is required.

JL and PL queried what more should the MHC be doing in relation to highlighting the information out of the Inspections Reports and the ongoing monitoring. It was noted that this issue would be scheduled as a standalone item for discussion at a Commission meeting.

DH did note that while there were a lot of areas of concern that compliance and significantly increased in 2016 (45%) and that this is welcome news.

DH then mentioned the International Conference on 26 to 28 October, which all Members have been invited (the details of which were sent with their papers). The Members were encouraged to attend.

DH then went through the 2014/ 2015 Activities Report on The Use of Seclusion. Mechanical Means of Bodily Restraint and Physical Restraint in Approved Centres and the trends which had emerged which in summary are 1. less people are being put in seclusion but those that are put in seclusion are there for longer periods, and 2. while seclusion has decreased physical restraint had increased.

The Members queried how this information is being used and that this should be part of the discussion referred to earlier. DH noted that monthly reports are provided to the HSE and the issues are followed up on by the Team where there are concerns. DH also noted that if the CIS was introduced then the Team could produce more reports and this would aid the monitoring process to a large degree. She also noted that there are 24 ACs which have conditions attached to them. It was queried if any AC was every closed. DH / PG confirmed there have been a number of proposals to close and

some subsequently closed. Further ACs will be closed if it is appropriate to do so. It was also noted that the MHC would benefit from further powers in relation to both approved centres and community residences.

It was agreed by all that there needs to be an increased focus the concerns in mental health and a strategy needs to be developed in relation to same.

Inspector of Mental Health Services

SF then presented her Report. She noted that the Team were on schedule - 44 inspections done and 20 to go. She noted there were specific concerns with 4 ACs and they have carried out focused inspections on 2 of those and may do other focused inspections. She said the issues identified are being followed up on by S&QA.

She said as well as identifying areas of non-compliance they are also looking at the reasons for non-compliance and working with the ACs to see how they be addressed. This is for the benefit of the patients. SF gave certain examples –

She highlighted that there is no consistency across the HSE in terms of training required – what is given, how it is given and by whom;

She said that SUs in a number of cases were not aware there were entitled to Care Plans – which is a major concern;

She said that in some cases they asked the AC do a deep clean when they were on Inspection due to the hygiene issues raised;

She noted there were still issues with ligature points despite the focus and discussions around same;

There has been some improvement on polices but not enough; and some ACs do not know how to carry out an audit / ongoing monitoring – which is a problem in itself.

PL sought information on the process regarding follow-up. He noted that one AC has had the same issues for a number of years. He wanted to know what action can be taken. The process was outlined and reference was made to the increase in the number of conditions that have been attached to the registration of approved centres since the introduction of our revised regulatory (inspection and enforcement) process in 2015. It was also noted that certain ACs reacted differently to others – some far more proactive.

Director of Decision Support Service

PG noted that the Director had signed her contract and is due to start on 2 October. PG also noted that we are following up with the DJ+E and DOH re staff for the Director – secondment / agency until the Budget / sanction for staff is agreed. Both Departments are also progressing the issue of the PM – expression of interest to be circulated. PG said the next meeting of the Steering Group is on 7 Sept and that there has been little progress since the last meeting.

Executive Report of Chief Executive

PG addressed the following –

1. She noted that the functions of the Director of Corporate Services had been divided between three members of the SMT with assistance from the members of the MMT.
2. Staffing – she gave a summary of matter since June. She noted that approval for outstanding replacement posts had been received. She also noted that out of the 40 posts sought 12.2 were being sanctioned. This will leave the MHC with an ongoing resource issue. PL and MD both noted that this is an ongoing issue for the MHC which has risks associated with it. It was noted that it was addressed in the 2017 Business Plan but will need to be addressed in the 2018 Plan also. PG also noted that there was a meeting with the DOH the following day on this issue and it would also be addressed with the Minister of State on 18 September. PG added that given the sanction provided we would have to continue with using Agency staff, which is not ideal.
3. PG added that the Tender Process for Recruitment services is ongoing and we hope to have same in place by early to mid-October and then recruit those staff that have been sanctioned.

PG presented the Management Accounts for June and July 2017 for approval. PL queried why the Commission and not the Executive were approving these. PG explained that adoption of the monthly management accounts is a requirement of the Board and that the C&AG review all Board minutes for evidence that this is done.

PG noted that queries had been raised at the ARC meeting in August in relation to the budgetary process. PL stated that in summary two queries were raised 1. The reason for Variances in the monthly accounts – does it arise from Spend or Budget, and 2. the reallocation of budget within cost centres. OK noted that these matters were discussed with the MHC financial services providers and that they will be addressing these issues pre the next ARC meeting and will be attending that meeting.

Decision 17 and 18 of 2017

COR proposed approval of the June Accounts and XF seconded it. PL proposed approval of the July Accounts and NB seconded it.

5 Risk Management

OK informed the Members that the S&QA team were progressing matters – they have drafted a new Risk Management Policy, they have commenced work on the various templates and are working towards having a draft of the revised Risk Management process including the Register by the end of September.

It was noted that the Risk Register / Documents should be in accordance with the Code and OK confirmed that this is what is being done.

6 Committee Reports

Audit and Risk Committee

PL said he had addressed most issues in his report. He noted –

1. An additional meeting has been organised in October to agree the Workplan of the Committee. As part of this the Audit Plan has to be drafted but given the position regarding the imminent expiry of the current contract for internal audit services this will need to be considered further.
2. Draft TOR had been prepared and were being updated to include additional emphasis on Risk and Governance.
3. There would be a review of the Audits done to date and the work outstanding.
4. Review of the Gap Analysis. It was noted that the ARC would have oversight of this and report to the Board. The Working Group would support the Executive but that the Executive would produce the work / reports to the ARC.

Reference was made to the discussion re the CIS Project and the expiry of the internal auditors' contract. OK noted that as the Audit contract was due to expire in November a plan needed to be put in place for the purpose of continuity and to address risk. She explained that in such circumstances organisations would normally roll forward on a month by month basis until the tendering process is completed. She said given the issues involved the Members might consider a six-month extension to give the MHC / ARC some stability. PL said he would prefer a 2 / 3 months extension but before agreeing anything he wanted a timeline as to how quickly a new provider could be put in place. PL asked OK to prepare a note on this for the Board and the ARC.

Action: OK to prepare note on Tender for Audit Services for the next meeting.

7 External Reports

JS noted this was dealt with under No. 3 above.

8 AOB

JS advised that there was no matter for AOB and declared the meeting closed. Members to meet again on 4 October 2017.

Signed: _____



**John Saunders
Chairman**

Date: _____

9/10/17

