Minutes of the Mental Health Legislation Committee
Held on 21st October 2025 via MS Teams

To view the meeting: https://youtu.be/SZ1OfTGPAIs

Chair:		
Ceri Phillips	CP	Committee Chair / University Health Board Vice Chair
Present:		
Rachna Upadhya	RU	Committee Vice Chair / Independent Member - General
Clive Curtis	CC	Independent Member - Community
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
In Attendance:		
Chloe Evans	CE	MCA & Consent Lead
Jason Roberts	JR	Executive Director of Nursing
David Seward	DS	Mental Health Act Manager
David Fluck	DF	Executive Medical Director
Matt Phillips	MP	Director of Corporate Governance
Julian Willett	JW	Transformation & Innovation Lead - Mental Health
Tara Robinson	TR	Interim Deputy Director of Nursing – Mental Health
Samuel Barrett	SB	Deputy Director of Operations Children & Women's Clinical Board
Secretariat:		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
Amanda Morgan	AM	Chair of the Power of Discharge Group
Alex Nute	AN	Vice Chair of the Power of Discharge Group

Item No	Agenda Item	Action
MHL 2025/10/1.1	**Welcome, Introductions and Apologies for Absence** Ceri Phillips (CP), the Committee Chair, welcomed everybody to the meeting in English and in Welsh.	
MHL 2025/10/1.2	**Declarations of Interest** *No declarations of interest were declared*.	
MHL 2025/10/1.3	**Minutes of the Meeting held on 26.08.2025** The Minutes of the Meeting held on 26.08.2025 were received and approved. **The Committee Resolved that:** a) The minutes of the meeting held on 26.08.2025 were agreed as a true and accurate record.	
MHL 2025/10/1.4	**Action Log from the meeting held on 26.08.2025** The Action Log was received and discussed. MHL 2025/08/3.1 - Mental Health Act Monitoring Exception Report – David Seward (DS). the Mental Health Act Manager, explained that the team had produced a questionnaire to	

	send to nearest relatives when they requested discharge. It was agreed that the paper would be circulated with Committee members following the meeting. **The Committee Resolved that:** a) The Action Log was noted.	
MHL 2025/10/1.5	**Committee Chair's Actions** *No Chair's Actions were taken since the last meeting.*	
	Mental Health Act	
MHL 2025/10/2.1	**Mental Capacity Act Monitoring Report and DoLS Monitoring** Chloe Evans (CE), the MCA & Consent Lead, presented the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Monitoring report which provided a general update on current issues related to the MCA and DoLS which included the following: • Mental Capacity Act Monitoring Actions (July - September 2025) • Mental Capacity IMCA Referral type • Awareness Raising / Training Sessions • Mandatory MCA Training • MCA Practitioner Led Training • MCA Team Advice and Support, and Resources for Staff • MCA Audit Action Plans • Deprivation of Liberty Safeguards Monitoring Actions - Quarterly Overview from July – September 2025 • Referrals and Assessments • Internal Audit – DoLS Rachna Upadhya (RU), the Committee Vice Chair, asked whether the team checked why applications had been withdrawn, and whether there was a follow-up process to ensure nothing was missed. CE responded that withdrawn applications were common due to patient discharge, ward transfers, or patients passing away. The MCA team administrator performed weekly checks to confirm patient status. Whilst they relied on ward updates, they also carried out their own checks as notifications could be delayed. CE added that in the past quarter, they identified around 10 withdrawal reasons, but due to strict Welsh Government (WG) criteria, only four were now officially recorded, which reduced the detail in their data. Regarding the Internal Audit – DoLS recommendation to improve DoLS training requirements for staff, RU asked which key staff this applied to. CE responded that this mainly applied to inpatient medicine, specialist services, and older adult mental health wards. Whilst other staff should be aware of DoLS, the legal process differed. They aimed to have trained DoLS staff on every ward to support colleagues. **It was suggested that this report included information on the key staff areas being targeted for DoLS training for completeness – ACTION.**	

	Susan Lloyd-Selby (SLS), the Independent Member – Local Authority, asked what the timescale was for the development of the Standard Operating Procedure (SOP) identified as one of the recommendations in the DoLS – Internal Audit report. CE responded that the aim was for it to be approved by the end of the financial year. SLS asked whether the MCA Practitioner Led Training session had been held in Barry Hospital to improve access for Vale of Glamorgan (VoG) staff, as suggested in a previous Committee meeting. CE responded that they had struggled to find a suitable venue outside Barry Hospital due to parking issues. The Civic Offices in Barry had been suggested, but they were awaiting confirmation. They hoped to run the session in Q4. Clive Curtis (CC), the Independent Member – Community, asked about equitable access to advocacy for younger adults, as a high proportion of referrals were from those aged 65+. CE responded that the INCA service provided advocacy for individuals of any age who lacked capacity for serious medical treatment or long-term care decisions. They promoted advocates' roles through ward visits and training. Whilst most referrals involved older patients, this reflected hospital demographics rather than any bias. Jason Roberts (JR), the Executive Director of Nursing, asked why they had seen an increase in the use of advocates since the last report. CE responded that awareness had improved (34 awareness raising sessions were held this quarter). Additional training was helping people to better understand advocacy and its role. JR noted that there had been a drop in mandatory MCA training across all staff groups, which may reflect current financial pressures. They would monitor this over the coming months. **The Committee resolved that**: a) The contents of the report were noted.	
	Mental Capacity Act	
MHL 2025/10/3.1	**Mental Health Act Monitoring Exception Report** DS presented the Mental Health Act (MHA) Monitoring Exception Report to the Committee which provided a summary of the below: • Use of the MHA • Fundamentally defective applications and reports • Section 136 - A&E and CAMHS • Nearest relatives discharge requests • Development sessions • Audits DS provided a summary of the following reported during the quarter: • No fundamentally defective applications • Two fundamentally defective reports • Three lapses – two Section 2s, one Section 3 • The use of Section 136s had decreased.	

	SLS asked what information they provided to help patients and families understand their rights and consequences if mistakes occur. DS responded that they provided a leaflet explaining patient's rights, their section, and how long it lasted. It there was an error, they write to inform them, explain the mistake, and advise that they could seek legal advice, speak to an advocate, or contact the team if they wished. SLS asked what percentage of patients sought legal advice. DS responded that they had not had anyone come back following legal advice. RU asked whether they could explore further if the increase in detentions were driven by genuine clinical need, or whether the two independent doctors were less confident to decide whether to keep patients informally. DS responded that this had been looked in to, and that it could be linked to changes in the DoLS case law and more stringent criteria. RU clarified whether the key driver seemed to be DoLS, rather than Section 2 or 3. DS responded that this trend was clear, as DoLS was not recorded in PARIS. They saw a clear marker that people are being detained more, because they could not be put onto DoLS. **Tara Robinson (TR), the Interim Deputy Director of Nursing – Mental Health, explained that there was a wider piece of work already underway to understand the rise in detained patients versus informal ones, so this could be considered as part of this work, and suggested bringing it to a future Committee – ACTION.** **JR and CP asked for the outcome of the Section 3 lapse investigation to be shared with himself and the Committee to get assurance about learning – ACTION.** Regarding nearest relative discharge requests, JR noted that concern was raised at the previous MH Committee and explained that they had produced a survey to distribute with a sample of relatives to understand their experience. CP noted that bare numbers alone did not provide the full picture – they needed to see them in proportion to the overall patient population. DS added that some relatives did not understand that a nearest relative discharge meant their loved ones would be returning home to them. Once they realised, they often withdrew their request. Feedback received would be included in future reports. SLS suggested reviewing how they communicated with families. If inappropriate requests were being withdrawn once relatives understood the implications, they may need to be more proactive. DS explained that they sent families a leaflet explaining informal status, also do local authorities (LAs). However, the UHB often only got involved once a discharge request had been made. DS was working with consultants to ensure that if a relative was considering discharge, the Responsible Clinician and the ward spoke with them first to	

	explain the implications. They aimed to be clear so that families understood what the request meant. **The Committee resolved that:** a) The approach taken by the Mental Health Clinical Board to ensure compliance with the appropriate Mental Health legislation, as set out in the report, was noted.	
MHL 2025/10/3.2	**Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy – Verbal Update** TR presented the slides to the Committee which provided an overview of the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy. It emphasised their person-centred, trauma informed, and preventative approaches, with a focus on early intervention, system-wide transformation, and accessible care. Both strategies required significant service redesign, workforce development, and partnership working. CP asked whether the lived experience team was involved in the service transformation work. TR responded that the lived experience team was a key partner and were involved in all aspects of service design and delivery. They aimed to embed their input throughout. David Fluck (DF), the Executive Medical Director, highlighted that it needed significant transformation, and asked how far they were from this model currently. TR responded that reaching same-day access approach would take significant time and effort. Some parts of their service may be closer, and 36 Degrees was supporting their redesign work. Julian Willett (JW), the Transformation & Innovation Lead - Mental Health, noted this would be a major shift – moving from long referral-based pathways to immediate, same-day access and prompt interventions. It was a big change, but with incremental steps and support from lived experience colleagues, they were confident they could get there. CP emphasised the importance of their relationship with the third sector, and that they had not yet reached their full potential with NHS 111 Press 2. JW explained they had been asked to identify and demonstrate a site for each UHB to get things moving. The focus would be on bolstering NHS 111 Press 2 to make it more effective. TR added that discussions were ongoing with primary care around aligning NHS 111 Press 2 with this work. 36 Degrees had scheduled meetings to support this. **It was suggested that the team bring a summary of the 36 Degrees report to the following Committee meeting to help provide a timeline and understanding of progress towards service redesign – ACTION.** **The Committee resolved that:** a) The verbal update was noted.	.
MHL 2025/10/3.3	**MHA / DoLS Interface - Verbal Update** CE highlighted she had met with a consultant from the Liaison Psychiatry Older People (LPOP) and the MHA office to review a guidance booklet which covered what ward staff	

	should do if someone was ineligible for DoLS and how to arrange an MHA assessment. It also included guidance on the use Section 5(2) and how to arrange an MHA assessment. CE noted that finalisation was due over the following weeks, with a sign-off meeting in November 2025. **It was agreed that the finalised guidance booklet on the DoLS and MHA interface be shared at the following Committee – ACTION.** **The Committee resolved that:** a. The update was noted.	
MHL 2025/10/3.4	**Section 12 Challenges and Futureproofing – Verbal Update** TR highlighted the following to the Committee: • The team were currently scoping the issue and reviewing data to understand what was driving the challenge. • Discussions with the LA were ongoing to identify a possible solution, with further progress expected the following day. • A Wales-wide pilot app was considered, but opportunity to be a part of this trial was limited, as they had questions before joining. The pilot had since closed, so they were looking at alternative options. • TR hoped to update the Committee at the following meeting. Matt Phillips (MP), the Director of Corporate Governance, asked for more context on Section 12 and the challenges around this. TR explained the difficulties in securing Section 12 doctors for assessments, which may be causing delays. To explore options effectively, they needed a clear understanding and data to develop a more comprehensive response. JR provided the following points: • They were working through the Section 12 issue raised by the Regional Safeguarding Board (RSB) and LA colleagues due to delays in assessments. • There were two types of doctors involved – UHB employed psychiatrists, and GPs who opted in independently. • Early indications suggested that delays were more likely with GPs, often due to being out of area and concerns around payment. • JR was coordinating discussions between mental health, the PCIC Clinical Board, and the LA to resolve this. • JR was due to report back to the RSP the following month. TR added that the payment for Section 12 doctors was considerably lower in Cardiff than in other areas. RU provided the following additional comments: • It would be useful to see how many Section 12 MHA doctors were available, and the split between psychiatrists and GPs. It was harder for GPs to get Section 12 approval, so assumed that psychiatrists made up the majority. • They needed to be cautious about potential bias in AMHPs selecting which doctors to call – availability could influence assessments and outcomes.	

	RU offered her help as she was a Section 12 approved psychiatrist. TR explained that the app being considered could help to reduce bias, which made it a promising option. They were currently reviewing the governance aspects around this. **CP suggested that a paper come to the following Committee which outlines the Section 12 challenges, actions to resolve them, and any issues that may need to be addressed. It was requested the paper also include the impact on patients and resource implications across hospital and community settings – ACTION.** **The Committee resolved that:** A) The update was noted.	
	Mental Health Measure	
MHL 2025/10/4.1	**Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report** TR, JW, and Samuel Barrett (SB), the Deputy Director of Operations Children & Women's Clinical Board, presented the Mental Health Measure Report and slides which outlined the performance of CAVUHB against the various mental health specific targets, which included: • Part 1a - target: 28-day referral to assessment compliance target of 80% (Adult) and (Children & Young People) • Part 1b – 28-day assessment to intervention compliance target of 80% (Adult) and (Children & Young People) • Part 2 – Care and Treatment Planning (over 18) and (Children & Young People) • Part 3 – Self-Referral Assessment Outcomes • Part 4 – Advocacy Access • Key priorities for the next quarter Regarding Part 2 care and treatment planning for children and young people, SLS noted the report highlighted challenges with engagement due to the adult-focused process and paperwork. She asked what impact this had, and what could they do more to support their involvement. SB agreed and noted they were working on engaging with children and young people to understand what was preventing their involvement. The one-size-fits-all approach did not work. **It was suggested that the team bring an update to a future Committee on the progress made to improve engagement of children and young people in Part 2 care and treatment planning, ensuring the process is adapted to their needs – ACTION.** **The Committee Resolved that:** a) The contents of the report was noted.	
	Items to bring to the attention of the Committee for Noting / Information	
MHL 2025/10/5.1	**Sub-Committee Meeting Minutes** The Committee noted the below Sub-Committee Meeting Minutes: • Hospital Managers Power of Discharge (POD) Sub-Committee Minutes – 07.10.2025 • Mental Health Legislation and Governance Group (MHLGG) - 09.10.2025	

	JW provided the following summary of the MHLGG 09.10.2025 minutes: • They were unable to discuss patients detained in A&E due to quorum issues. • Section 12 matters were covered, and Cardiff now had a centralised MHA assessment process, which should streamline things. • The POD Group raised concerns about WARRNs provision for tribunals, which would be taken to the Quality & Safety meeting for clarification. • They were unable to cover the locked doors issue due to quorum. • Feedback from the POD Group highlighted communication gaps, inefficiencies, and increased postponements. DS would meet with consultants to explore solutions. Similar concerns had been raised by advocacy support colleagues around adjournments. • The interface between the MHA and DoLS was discussed. **The Committee Resolved that:** a) The Sub-Committee Meeting Minutes were noted.	
	Items for Approval / Ratification	
MHL 2025/10/6.1	*No items.*	
	Any Other Business	
MHL 2025/10/7.1	CC asked how the closure of Cardiff and Vale Action on Mental Health (CAVAMH) had affected the Board's ability to engage with third sector mental health organisations. JW responded that they now worked with the organisation Adferiad for service user and care representation. They also engaged with the Recovery College. MP noted that a few items in the Committee were discussed without papers.	
MHL 2025/10/8.1	**To note the date, time and venue of the next meeting:** 27th January 2026 via MS Teams	