

Mental Health Legislation Committee

Tue 29 April 2025, 09:00 - 11:00

MS Teams

Agenda

09:00 - 09:05

1. Standing Items

5 min

1.1. Welcome & Introductions

Ceri Phillips

1.2. Apologies for Absence

Ceri Phillips

1.3. Declarations of Interest

Ceri Phillips

1.4. Minutes from the meeting held on 28.01.2025

Ceri Phillips

 1.4 - Draft MH Committee Minutes 28.01.2025.pdf (8 pages)

1.5. Actions from the meeting held on 28.01.2025

Ceri Phillips

 1.5 - Public MH Committee Action Log 28.01.2025.pdf (1 pages)

1.6. Chairs Actions taken since the last meeting

Ceri Phillips

1.7. Any Other Urgent Business as agreed with the Chair

Ceri Phillips

09:05 - 09:20

2. Mental Capacity Act

15 min

2.1. Mental Capacity Act Monitoring Report and DoLS monitoring

15 mins

Jason Roberts / Chloe Evans

 2.1 - MHLMCA Report Jan - Mar 2025.pdf (10 pages)

09:20 - 09:45

3. Mental Health Act

25 min

3.1. Mental Health Act Monitoring Exception Report

10 mins

David Seward

 3.1a - Attachment 4 Mental Health Act Monitoring Exception Report January 2025.pdf (7 pages)

📄 3.1b - Attachment 3 Mental Health Act Monitoring Report January - March 2025.pdf (37 pages)

3.2. Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy

5 mins Daniel Crossland

3.3. MHA and DoLS Interface

10 mins Daniel Crossland / Radhika Oruganti

📄 3.3 - MHA and DOLS Interface.pdf (4 pages)

09:45 - 10:00 4. Mental Health Measure

15 min

4.1. Mental Health Measure Monitoring Report including Care and Treatment Plans Update Report

15 mins Dan Crossland

📄 4.1 - Mental Health Measure Monitoring Report including Care and Treatment Plans Update Report.pdf (11 pages)

10:00 - 10:05 5. Items for Noting / Information

5 min

5.1. Sub-Committee Minutes

5 mins

5.1.1. Hospital Managers Power of Discharge Sub Committee Minutes

Amanda Morgan / Alex Nute

📄 5.1a - PoD minutes April 2025.pdf (3 pages)

📄 5.1b - Attachment 6 PoD comments and compliments January - March 2025.pdf (6 pages)

5.1.2. Mental Health Legislation and Governance Group Minutes

Robert Kidd

📄 5.1c - MHLGG Minutes April 2025.pdf (7 pages)

5.2. Mental Health Legislation Committee Annual Report 2024/25

0 mins Ceri Phillips

📄 5.2 - Draft MH Committee Chairs Report 2024-25.pdf (4 pages)

10:05 - 10:05 6. Items for Approval / Ratification

0 min

Ceri Phillips

No items.

10:05 - 10:05 7. Any Other Business

0 min

Ceri Phillips

10:05 - 10:05 8. Review of the Meeting

Chilled Rachel
2025-04-10 09:29:28

0 min

Ceri Phillips

10:05 - 10:05 9. Date and time of the next meeting:

0 min

Ceri Phillips

29th July 2025 via MS Teams

10:05 - 10:05 10. Declaration

0 min

Ceri Phillips

"To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]"

Chilcott, Rachel
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Minutes of the Mental Health Legislation Committee Held on 28th January 2025 via MS Teams

To view the meeting: [CAVUHB Mental Health Legislation Committee 28.01.2025](https://www.cavuhb.nhs.uk/mental-health-legislation-committee/28-01-2025)

Chair:		
Ceri Phillips	CP	Committee Chair / University Health Board Vice Chair
Present:		
Rhian Thomas	RT	Independent Member – Capital & Estates
Susan Lloyd-Selby	SLS	Independent Member – Local Authority
Sara Moseley	SM	Committee Vice Chair / Independent Member – Third Sector
Rachna Upadhya	RU	Independent Member - General
In Attendance:		
Daniel Crossland	DC	Director of Operations - Mental Health
David Seward	DS	Mental Health Act Manager
Robert Kidd	RK	Interim Clinical Director Psychology & Psychological Therapies
Chloe Evans	CE	MCA & Consent Lead
Jason Roberts	JR	Executive Director of Nursing
Matt Phillips	MP	Director of Corporate Governance
Samuel Barratt	SB	Deputy Director of Operations Children & Women's Clinical Board
Richard Skone	RS	Deputy Medical Director
Secretariat:		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies:		
David Fluck	DF	Executive Medical Director

Item No	Agenda Item	Action
MHLMCA 29/10/001	<u>Welcome & Introductions</u> The Committee Chair (CC) welcome everybody to the meeting in English and in Welsh.	
MHLMCA 29/10/002	<u>Apologies for Absence</u> Apologies for Absence were noted. The Committee Resolved that: a) The Apologies for Absence were noted.	
MHLMCA 29/10/003	<u>Declarations of Interest</u> No declarations of interest were declared.	
MHLMCA 29/10/004	<u>Minutes of the Meeting held on 29th October 2024</u> The Minutes of the Meeting held on 29 th October 2024 were received and approved. The Committee Resolved that: a) The minutes of the meeting held on 29.10.2024 were agreed as a true and accurate record.	
MHLMCA 29/10/005	<u>Action Log from the meeting held on 29th October 2024</u>	

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	<p>The Action Log was received and discussed.</p> <p>The Committee Resolved that:</p> <p>a) The Action Log was noted.</p>	
MHLMCA 29/10/006	<p>Committee Chair's Actions</p> <p>No Chair's Actions were taken since the last meeting.</p>	
MHLMCA 29/10/007	<p>Any Other Urgent Business Agreed with the Chair</p> <p>No other urgent business was agreed with the Chair.</p>	
	Mental Health Act	
MHLMCA 29/10/008	<p><u>Mental Capacity Act Monitoring Report and DoLS Monitoring</u></p> <p>The MCA & Consent Lead (MCA-CL) 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:</p> <ul style="list-style-type: none"> • Mental Capacity IMCA Referral type • Awareness Raising / Training Sessions • Mandatory MCA Training • MCA Practitioner Led Training – October to December 2024 • MCA Team Advice and Support • Deprivation of Liberty Safeguards Monitoring Actions • Quarterly Overview from July to September 2024 • Referrals and Assessments <p>The Interim Clinical Director Psychology & Psychological Therapies (ICDPPT) suggested that information on the Court of Protection Section 49 be covered within the report.</p> <p>The MCA-CL highlighted that the Court of Protection Process guidance was under legal review. The goal was to raise awareness so that any court notices/requests were reported to Corporate Governance for tracking. Once more data was available, it would be added into the report.</p> <p>The Committee Vice Chair (CVC) asked for more detail on the complexity of MCA queries and whether the team were able to deal with them effectively.</p> <p>The MCA-CL responded that referrals came from clinicians or through discussions with safeguarding colleagues. The aim was for MCA Practitioners to support without creating delays, helping clinicians to understand the legal processes and empower them to handle similar situations in the future.</p> <p>The CVC asked about the team's capacity as the numbers of queries rise.</p> <p>The MCA-CL responded that currently capacity was being managed, but there would be a need to reassess and consider using Welsh Government (WG) funding to extend capacity. This was under ongoing review.</p> <p>The Executive Nurse Director (END) noted that increasing training would empower staff to feel more confident in the assessment process but expressed concern on the uptake of</p>	

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	<p>training due to the financial restraints within the organisation and staffing issues. He concluded that the Consent Training post was presently on hold.</p> <p>The Independent Member – Capital & Estates (IM-CE) asked how effective word of mouth to increase training attendance.</p> <p>The MCA-CL responded that training uptake was largely driven by word of mouth, and welcomed suggestions to help push for further attendance.</p> <p>The Independent Member – Local Authority (IM-LA) asked whether there were any training opportunities across the UHB site outside of the University Hospital for Wales (UHW) and University Hospital of Llandough (UHL).</p> <p>The MCA-CL responded that training was held at central sites like UHW and UHL with the facilities and parking to capture the largest audience. She welcomed the possibility of offering one-off sessions in specific locations to make it more accessible.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report were noted.</p>	
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Mental Capacity Act		
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<p>MHLMCA 29/10/009</p>	<p><u>Mental Health Act Monitoring Exception Report</u></p> <p>The Mental Health Act Manager (MHAM) presented the Mental Health Act (MHA) Monitoring Exception Report to the Committee which provided a summary of the below:</p> <ul style="list-style-type: none"> • Use of the Mental Health Act • Fundamentally defective applications and reports • Section 136 - A&E and CAMHS • Nearest relatives discharge requests • Development sessions • Audits <p>The MHAM provided a summary of the following reported during the quarter:</p> <ul style="list-style-type: none"> • One fundamentally defective application • One fundamentally defective report • The use of Section 136s had decreased – there were four 136 lapses, and one 136 was unlawful • They had two nearest relative discharge requests. <p>The ICDPPT asked whether the Right Care Right Person (RCRP) initiative would reduce the number of Section 136s seen.</p> <p>The DO-MH responded that the reduction in Section 136s was unlikely, but there could be a change in who would convey the individual to hospital. The report highlighted that over three quarters of individuals brought to hospital were not detained and flagged restrictive practices by the police.</p> <p>The CVC asked whether good collaboration with the police was ongoing.</p> <p>The MHAM responded with the following:</p> <ul style="list-style-type: none"> • Collaboration with police partners was ongoing, with the implementation of Phase 4 of RCRP scheduled for March 2025. 	
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	<ul style="list-style-type: none"> • In 2023, Cardiff accounted for 28% of all Section 136 detentions in Wales, despite having only 16% of the population. • There were variations across Wales in how police obtained information before bringing individuals into hospital. • National work on conveyancing, supported by the Joint Commissioning Committee (JCC), includes exploring the use of video calls prior to enact a Section 136 or conveyance. <p>The ICDPPT noted that police officers had the inherent jurisdiction to exercise their Section 136 powers if necessary and that being a capital city may influence the threshold for officers deciding to act.</p> <p>The Committee resolved that:</p> <p>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.</p>	
<p>MHLMCA 29/10/010</p>	<p><u>Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy</u></p> <p>The DO-MH provided the following summary of the report:</p> <ul style="list-style-type: none"> • The consultation period for the two strategies closed in June 2024, and the summaries of responses was published by Welsh Government (WG) in October 2024. These strategies were set to replace the “Talk to Me 2” and the “Together for Mental Health” initiatives. • A response was provided by the UHB, who also encouraged individual responses. • The feedback on the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy was detailed within the report. • The local ‘The Amber Project’ had been closed as funding had been withdrawn. Now this had been closed, there was less of an offer locally. <p>The DO-MH highlighted the recommendations from the report:</p> <ul style="list-style-type: none"> • A mapping and scoping exercise needed to be undertaken locally with Public Health teams, the Third Sector, the Mental Health Clinical Board, Local Authorities (LAs), and the Regional Suicide and Self Harm Lead to understand the demand and current landscape. • Key elements of the published strategies would be communicated widely to teams to understand the implications locally. <p>The CVC asked who had funded the Amber Project and why the funding had been withdrawn. She noted concern about the sustainability of third sector provision under the current circumstances.</p> <p>The DO-MH agreed and responded that the Amber Project had been funded by the Church Army, but he was unsure why the funding had been withdrawn.</p> <p>The DO-MH noted that across the organisation and LAs, there may be duplication in the funding of various projects. Future commissioning would involve collaboration with third sector agencies and the wider community to ensure the best outcomes and impactful contracts.</p> <p>The CC believed that the mapping and scoping exercise would be significant and asked if there were any anticipated outputs from it.</p>	

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	<p>The DO-MH responded that the mapping of self-harm provisions could be done quickly, as there was not much available locally. The Regional Suicide Leader, who had centrally funded contracts from the NHS Executive, was a key partner in this work. The new local strategy development aimed to use these resources effectively for the best outcomes, especially for underserved groups.</p> <p>The CC asked for an update to be provided at the following meeting.</p> <p>The ICDPPT noted that the UHB would be establishing a new clinical safety group on suicide and self-harm, chaired by Mark Doherty.</p> <p>The CVC highlighted that the focus was on finding sustainable ways to ensure third sector provision was commissioned correctly and remained a reliable source of support.</p> <p>The CC agreed and noted it had wider significance for the UHB's strategic agenda. The Committee should log this point to be brought to the attention of Board via Chair's Report.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report was noted.</p>	
	<p>Mental Health Measure</p>	
<p>MHLMCA 29/10/011</p>	<p><u>Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report</u></p> <p>The DO-MH and the Deputy Director of Operations Children & Women's Clinical Board (DDOCWCB) presented the Mental Health Measure Report which outlined the performance of CAVUHB against the various mental health specific targets, which included:</p> <ul style="list-style-type: none"> • 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 – Right to request an assessment by self-referral • Part 4 – Advocacy – standard to have access to an IMHA within 5 working days <p>The IM-G sought more information about the increased demand for mental health services this January compared to the seasonal norm.</p> <p>The DO-MH responded that the demand for mental health services had increased by around 10.5% each year. The rise in demand was attributed to the consequences of lockdown, which was referred to as a “pandemic for mental health”, as well as the internalisation of mental health disorders and the extensive media coverage on mental health and wellbeing.</p> <p>The DO-MH suggested bringing a longer-term trajectory to illustrate these year-on-year rises in demand to the next MH Committee.</p> <p>The IM-G asked whether most cases were related to affective disorders (such as depression or mood-related issues), rather than psychotic episodes.</p> <p>The DO-MH responded that the Part 1 Measure measured referrals for mild to moderate presentations. The increase in demand was mainly within the mild to moderate sphere, and secondary care provision for moderate to severe conditions (including psychosis) had not seen significant increases in demand.</p>	

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	<p>The ICDPPT noted that potential reforms to the MHA emphasised the need for therapeutic benefits and the routine use of outcome measures to ensure positive experiences for those detained under the act.</p> <p>The Committee Resolved that:</p> <p>a) The contents of the report was noted.</p>	
Items to bring to the attention of the Committee for Noting / Information		
<p>MHLMCA 29/10/012</p>	<p>Sub-Committee Meeting Minutes:</p> <p><u>Hospital Managers Power of Discharge Sub-Committee Minutes – 14.01.2025</u></p> <p>The MHAM took the minutes as read and highlighted the following about the split decision issue:</p> <ul style="list-style-type: none"> • In CAV, when there had been a split decision on whether a patient should be discharged, the practice was that there should be a unanimous decision from all three panel members. If there was a split decision, a new panel would review the case. • However, it had come to light that case law stated that if the decision was not unanimous, the patient was not discharged, and there should not be another hearing unless new information was presented. • Discussion ensued around whether patients should be informed of a split decision. The group felt that not telling the patient would not be transparent about their detention. <p><u>Mental Health Legislation and Governance Group (MHLGG) – 16.01.2025</u></p> <p>The ICDPPT took the minutes as read and highlighted the following:</p> <ul style="list-style-type: none"> • There was discussion about 135 warrants and the procedure for obtaining them. • There had been an increased number of patients being placed out of area due to service pressures, which put additional demand on local authority AMHPs who had to conduct MHA assessments in provider units outside of their area. • Colleagues from the Children & Women Clinical Board services raised procedural issues regarding younger people detained under the Act. • The focus of the meeting was around the reform of the MHA which was currently tabled in Parliament. <p>The Committee Resolved that:</p> <p>a) The Sub-Committee Meeting Minutes were noted.</p>	
Items for Approval / Ratification		
<p>MHLMCA 29/10/013</p>	<p>Policies - <u>Cardiff & Vale UHB Mental Capacity Act (MCA) Policy</u></p> <p>The MCA-CL provided a summary of the Policy for the Committees information.</p> <p>The Committee Resolved that:</p> <p>a) The Cardiff & Vale UHB Mental Capacity Act (MCA) Policy was approved.</p>	
<p>MHLMCA 29/10/014</p>	<p>Any Other Business</p> <p>Section 117 Verbal Update</p>	

The DO-MH provided an update to the Committee:

- There was further challenge from a service user under Section 117 who was now in another area. Legal support was being provided, and issues had been raised nationally. Health Boards were sharing legal advice to ensure consistency in discussions.
- The JCC advised that the Mental Health Bill aimed to reduce some impacts, though this had not been shared.
- There was currently one area in dispute, with the Integrated Care Board accepting responsibility but debating who should cover the costs from an NHS England ICB Mental Health Clinical Board perspective.
- Will provide an update once they receive more information.

[Funding for Increased Resource for DoLS](#)

The MCA-CL and END highlighted the following:

- The report outlined how the DoLS process worked within the organisation.
- Funding for the service was split based on population, with the Health Board paying 45%, Cardiff LA 41%, and VoG 14%.
- Since the significant Cheshire West case in 2014, the demand for DoLS assessments had increased and led to a shortfall in completed assessments.
- The organisation had used surplus WG funding for the MCA and LPS to increase assessment capacity, but concerns remained about future funding and the need for additional best interest assessors and admin support.
- The DoLS ensured compliance with the patient's Article 5 rights, and any breaches could result in liability for the UHB. The issue had been registered on the safeguarding risk register.

The END noted that the UHB faced considerable risk post-March 31st 2025 due to the challenging financial landscape. A paper had been submitted to the Investment Group for consideration for next year's funding allocation. Additionally, the END would update the Chief Executive Officer to address the potential impact if the necessary funding for these posts was not secured.

The CVC asked what the legal risks and consequences of non-compliance were.

The MCA-CL responded that since her appointment in 2021, there had not been any known cases of damages, but there had been threats. Courts may take a firmer approach due to increased funding and the risk of harm to individuals who were unable to appeal their detention.

The MCA-CL noted that due to the uncertainty of additional funding, the organisation currently paid £560 per assessment via liquid. If the assessments were undertaken by salaried BIAs, the cost would be halved. Securing the full amount of funding would allow them to keep up with urgent assessments and double the assessment capacity.

The Committee noted their support for the request of the financial uplift which had gone to the Investment Group.

[DoLS and MHA Preference](#)

The DO-MH highlighted the following:

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	<ul style="list-style-type: none">• An issue had been raised regarding the use of DoLS and the preference of the MHA through their liaison psychiatry older people team on medical wards.• This may be subsequent to case law. There was concern around proportionality, as it could lead to costs through increasing the Section 117 eligibility requirements.• A paper would be brought to the following Committee to better understand the risks to the organisation.	
MHLMCA 29/10/015	To note the date, time and venue of the next meeting: 29 th April 2025 via MS Teams	

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Action Log
Mental Health Legislation and Mental Capacity Act Committee – 28.01.2025
 (Updated for 29th April 2025 Meeting).

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
ACTIONS COMPLETED					
MHLMCA 29/10/010	Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy	For an update on the mapping and scoping exercises for the two strategies to be provided at the following meeting.	29.04.2025	Daniel Crossland	COMPLETED <i>Added to the Forward Plan for April's MH meeting.</i>
MHLMCA 29/10/011	Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report	For a longer-term trajectory to illustrate the year-on-year rises in demand for mental health services to be presented at the following Committee.	29.04.2025	Daniel Crossland	COMPLETED <i>Added to the Forward Plan for April's MH meeting.</i>
MHLMCA 29/10/014	Any Other Business – DoLs and MHA Preference	For a briefing paper to be brought to the following Committee.	28.04.2025	Daniel Crossland	COMPLETED <i>Added to the Forward Plan for April's MH meeting.</i>
Actions in Progress					
ACTIONS REFERRED TO COMMITTEES OF THE BOARD / OTHER					

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Report Title:	Mental Capacity Act (MCA) and DoLS monitoring			Agenda Item no.	2.1
Meeting:	Mental Health Legislation Committee	Public	X	Meeting Date:	29.04.2025
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Jason Roberts, Executive Nurse Director				
Report Author:	Chloe Evans, MCA Project Lead				

Main Report

Background and current situation:

The purpose of this report is to provide a general update on current issues relating to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The MCA indicators provide a level of detail on MCA activity and training compliance across the UHB, over the last financial year. As previously, there is additional information contained within this report outlining the additional training and support provided by the MCA Team. There is a summary of the MCA Team's annual audit which identified a number of common themes in relation to application and implementation of the Act.

The DoLS indicators provide an overview of the last quarter's applications and assessments.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

MCA Team Audit 2024-5

The MCA conducted an audit across the UHB during September-November 2024. The aim of the audit was to gain understanding of the UHB's compliance with the MCA and identify themes in relation to any good or poor practice; via a review of medical notes. A total of 180 medical records were reviewed and 71 records met the criteria for inclusion, with a total of 114 decisions or instances where the MCA was or should have been applied.

Key themes identified:

1. Reason to doubt – lack of identification of reason to doubt mental capacity; therefore MCA process not instigated
2. DoLS – Failure to identify deprivation of liberty and apparent failure to carry out/include the associated capacity assessment with documentation
3. Documentation – Findings support the idea that the use of a proforma improved the quality of documentation relating to the MCA
4. Support to make decisions – lack of documented support to make decisions
5. Training – Some correlation between investment in staff training and improved MCA documentation

Summary of Recommendations:

1. Learning to be shared at CBs Q&S and each area to develop action plan of how to address concerns
2. All clinical boards to ensure representation of their area at the MCA Focus Group to be able to disseminate relevant information and raise awareness of issues relating to MCA compliance.

3. MCA Policy for the UHB, outlining roles and responsibilities of staff and clear guidance of process to follow
4. Staff to be supported and actively encouraged to attend training provided by the MCA Team: Level 2 MCA, Practical Application of the MCA, Deprivation of Liberty Safeguards (DoLS) in Practice.
5. MCA Team to review proformas for documenting capacity assessments and best interest decisions.
6. Improved DoLS awareness, resources for staff and training.
7. Develop 7 Minute Briefings in relation to: when to doubt capacity, role of the MCA Team, how to document a capacity assessment, DoLS awareness raising/training.
8. Ensure that there are processes in place for making patients and carers aware of their rights and best practice in relation to the MCA and Consent.

Practice based evidence:

Despite the limited improvements shown by the audit, the MCA team does see evidence of very good understanding and application of the MCA within the UHB. Examples include:

- GPs complex assessment of capacity which supported person to die at home in line with their previously voiced wishes
- Neurosurgeon providing extended clinic appointment to carry out detailed capacity assessment with clear evidence of support provided for complex patient
- Consultant Nurse supporting capacity assessment of complex vulnerable adult to support better assessment of care and support needs
- Social worker completing multiple complex capacity assessments for young person at risk of sexual exploitation

Mental Capacity Act Monitoring Actions (January – March 2025):

Mental Capacity IMCA Referral type

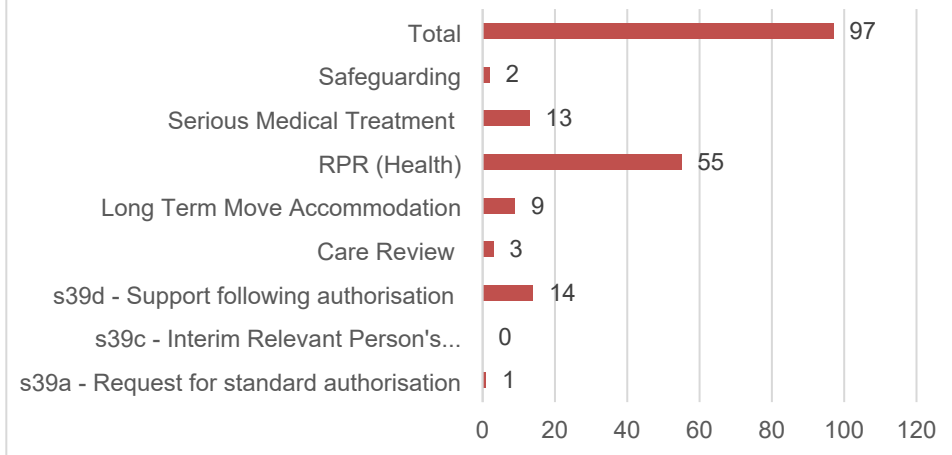
The MCA Indicators outline the breakdown of IMCA referrals for the period from January – March 2025.

Overall referral rates are noted to have reduced slightly to 97, from 114 in Q3, this is in keeping with a downturn in attendance at training and advice and support requests submitted to the MCA Team; though there is no clear reason for this. The figures are in keeping with referral rates for Q2 however, there has been an increase in referrals for Serious Medical Treatment, which is up this quarter to 13, compared with the average of 9. This may be due to growing awareness of the importance of instructing an IMCA when making such decisions however, this will require ongoing monitoring to establish whether there is an upwards trend.

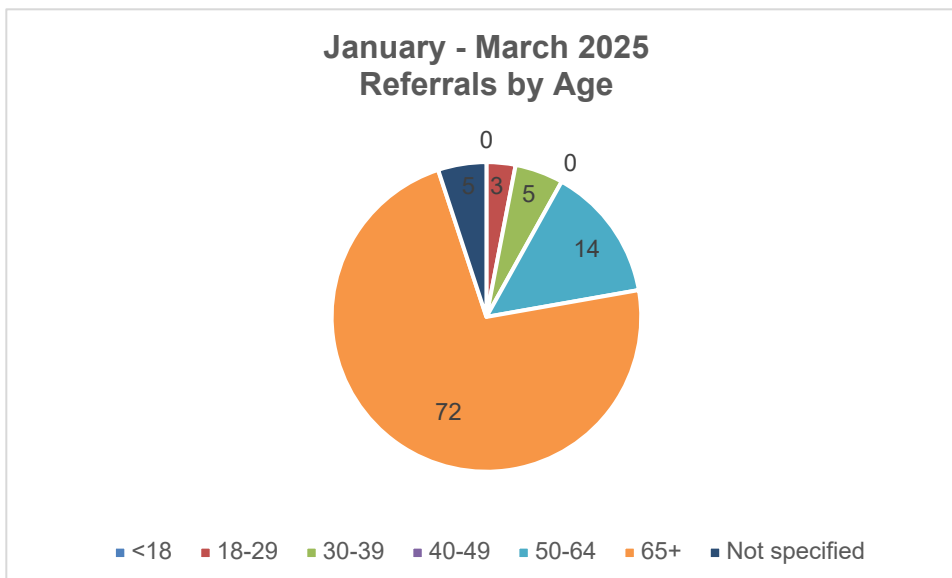
Referrals under s39(d) MCA – support for authorisation have increased significantly to 13 this quarter; compared with 2 (Q1), 1 (Q2), 2 (Q3). This category relates to situations where a person has a nominated unpaid RPR but additional support is required from a paid RPR. This may be at the request of the unpaid RPR or alternatively, referral may be made by the BIA where it is felt that professional support is required.

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January - March 2025 IMCA Referral by type



The below pie chart provides a breakdown of referrals for the last quarter by age. As the chart outlines, the majority of referrals were for people over the age of 65 (72 referrals), with the 50-64 age category coming in second (14 referrals). There were 3 referrals for the 18-29 age group and 5 for 30-39.



Awareness Raising / Training Sessions

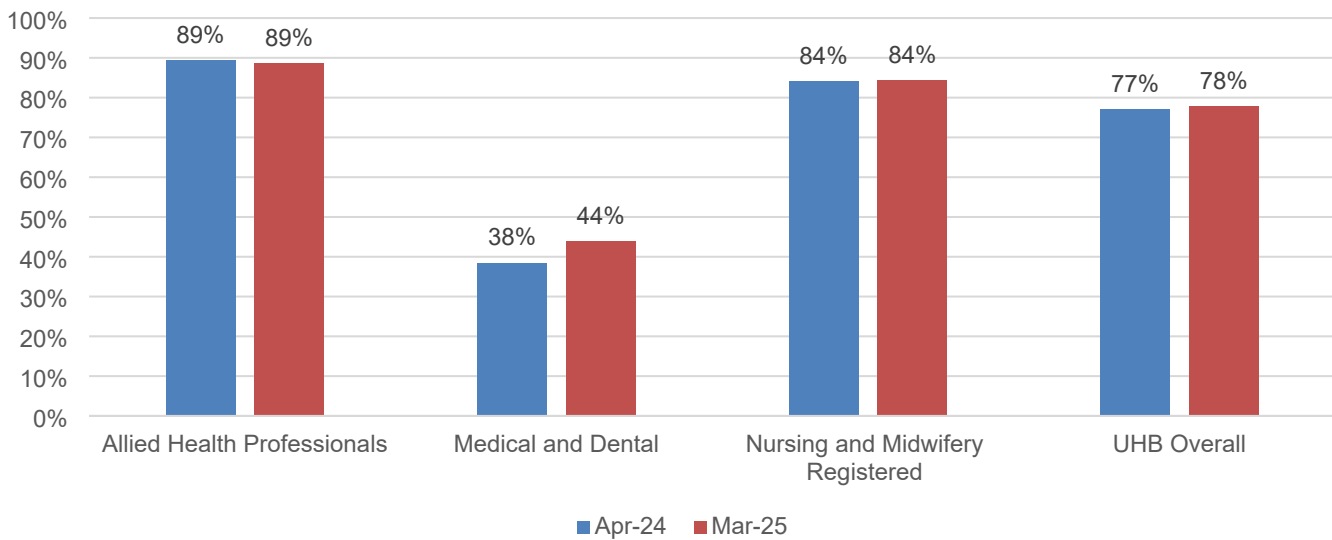
Advocacy Support Cymru continue to offer informal training sessions when visiting patient areas, with 28 sessions delivered across all sites within the UHB.

Mental Capacity Training

Mandatory MCA Training

The following graph demonstrates overall compliance by staff group from April 2024 to March 2025.. This appears to have remained stable for Nursing and Allied Health Professional groups, though there has been improvement in Medical and Dental; where compliance has increased by 6%.

MCA Level 2 Training Comparison of compliance from Apr 2024-Mar 2025



We are still awaiting the launch of the updated ESR Level 1 and 2 MCA training, though this is anticipated imminently.

MCA Practitioner led training: 2024/5

Training attendance has significantly reduced in the last quarter due to limitations on staff being released for 'non essential' training. It is hoped this will increase going forward however, the MCA Team continue to take a proactive approach to raise awareness of the training available through circulation of training posters on a monthly basis, targeted awareness and attendance at team meetings to deliver a 7 minute briefing around the role of the team and the resources and training that we offer.

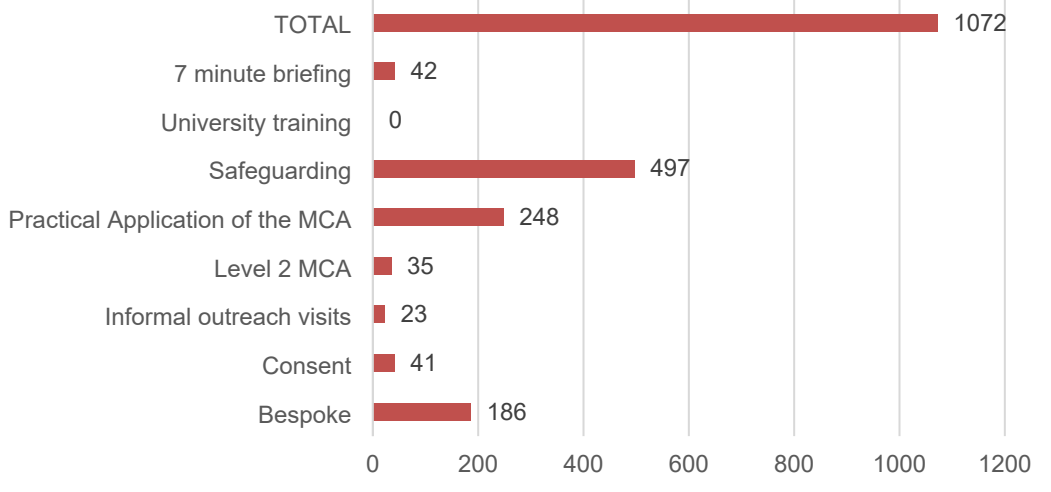
The MCA team have delivered 54 training sessions during 2024-5, with a total of 1072 staff trained across our various offerings.

The team support Safeguarding Level 3 training with presentations relating to Self Neglect (Vulnerable Adults) and the Court of Protection (Legal Aspects).

The below chart outlines attendance figures for the various training sessions offered by the MCA Team over the last year.

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Number of staff trained 2024-5



Despite lower attendance figures, feedback for the Practical Application of the MCA continues to be extremely positive, as outlined below.

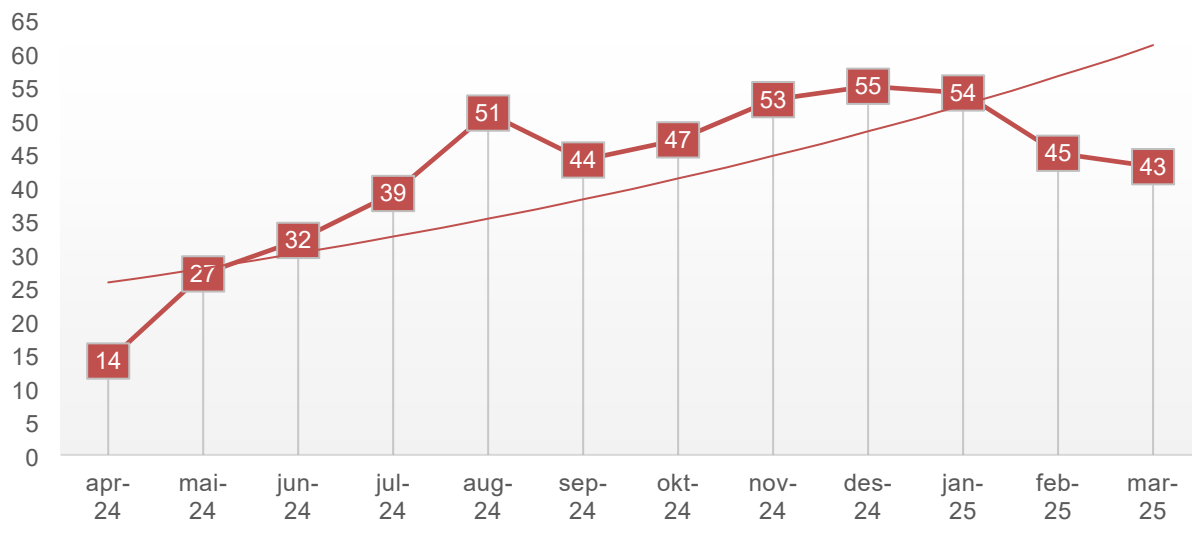
Training Feedback	% Agree or strongly agree	% Neutral, disagree or strongly disagree
My learning outcomes were met	99%	1%
Training was effective and easy to understand	98%	2%
I feel confident about applying principles of MCA to practice	94%	6%
Helped with practical application of MCA as well as theory	96%	4%
I feel confident in knowing how to access MCA support	97%	3%

MCA Team Advice and Support

Requests for advice and support from the MCA Team have reduced slightly over the last quarter however, as the below chart demonstrates, there has been an upward trend in requests over the last year; with a mean average of 42 per month (1.74 hours per case).

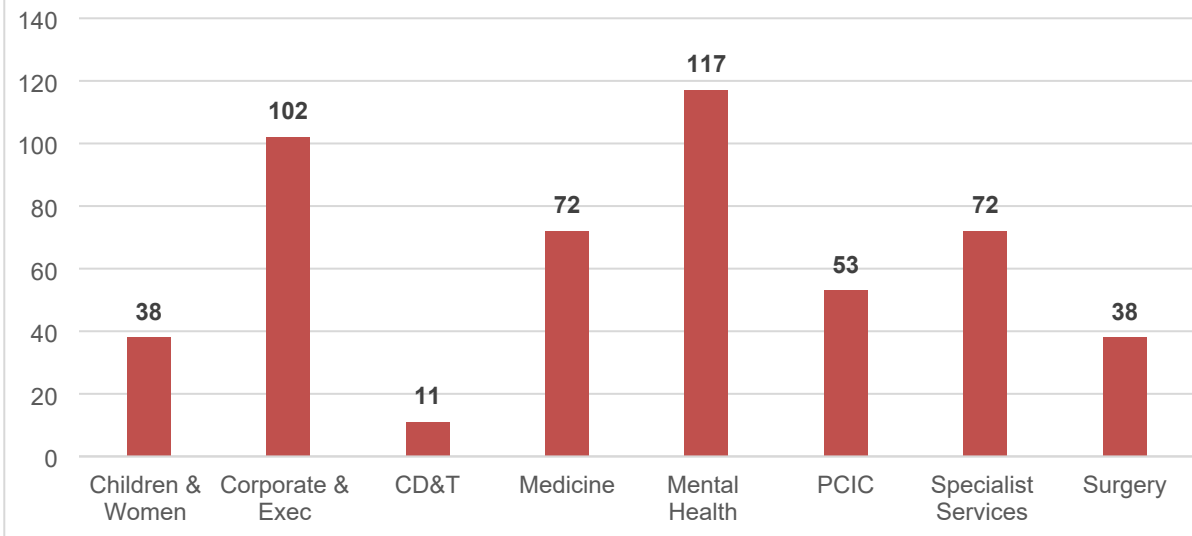
Chilcott, Rachel
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Advice and Support Requests 2024-5



The below chart outlines the number of referrals received by Clinical Board over the last year. The largest number of requests have come from Mental Health, which was expected. Corporate and Exec follow closely behind as these figures capture the team’s work in relation to reviews including those undertaken for Mortality Screening. CD&T requests are the lowest which is likely due to the fact that this Clinical Board is not attached to any particular inpatient areas.

Advice and Support Requests by Clinical Board 2024-5



MCA Team Resources for staff

The MCA Team have developed a significant number of resources for staff over the last year, which are available on the MCA Team’s SharePoint page.

7 minute briefings: MCA Team overview, when to doubt capacity, when to assess capacity, how to document a capacity assessment, self-neglect and the MCA, DoLS, Court of Protection.

Proformas: New proformas developed for documenting mental capacity assessments and making best interests decisions (currently with medical illustration for formatting).

DoLS: Understanding DoLS booklet for staff, THINK DoLS posters (when to consider a deprivation of liberty), DoLS process flowchart.

Policies and procedures: MCA Policy (approved January 2025) Court of Protection Process and Guidance (in progress), Memorandum of understanding MHA/DoLS Interface (in progress).

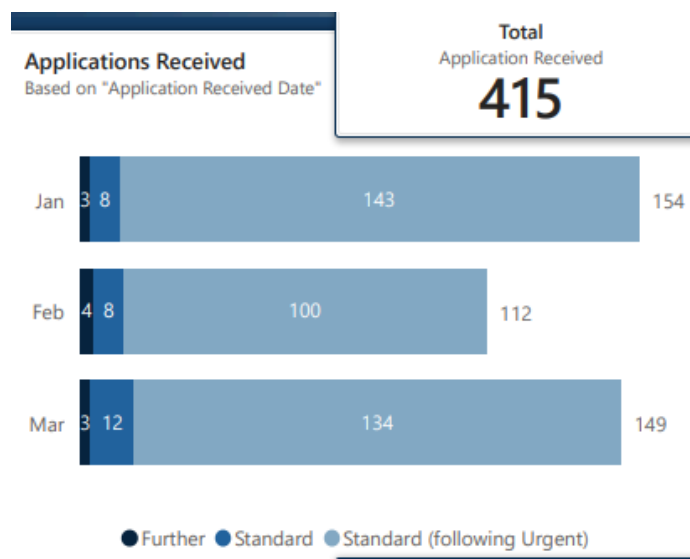
Deprivation of Liberty Safeguards Monitoring Actions:

Quarterly overview from July to September 2024

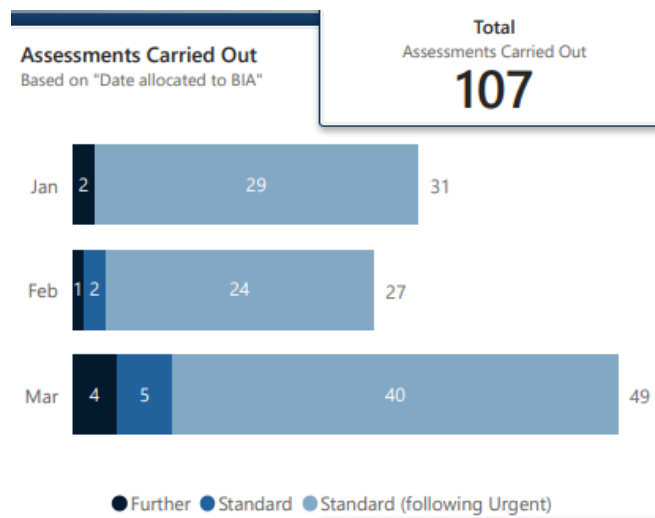
Applications Received	Assessments Carried out	Authorisations Granted	Total Waiting List	Applications Withdrawn
415	107	72	76	274

Referrals and Assessment

The referral figures for the last quarter are outlined below.

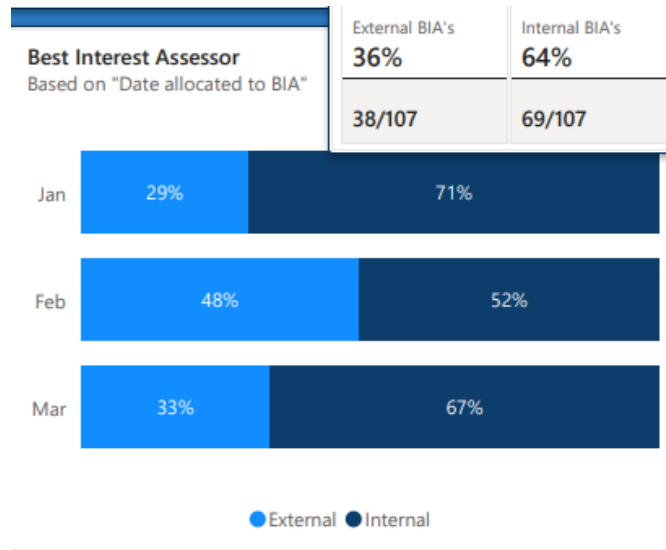


The below chart outlines the number of assessments carried out per month by type. This includes assessments using both existing funding and additional backlog monies.

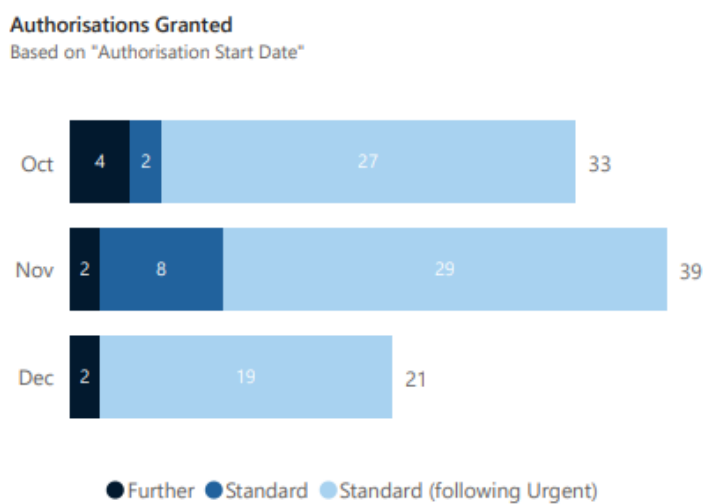


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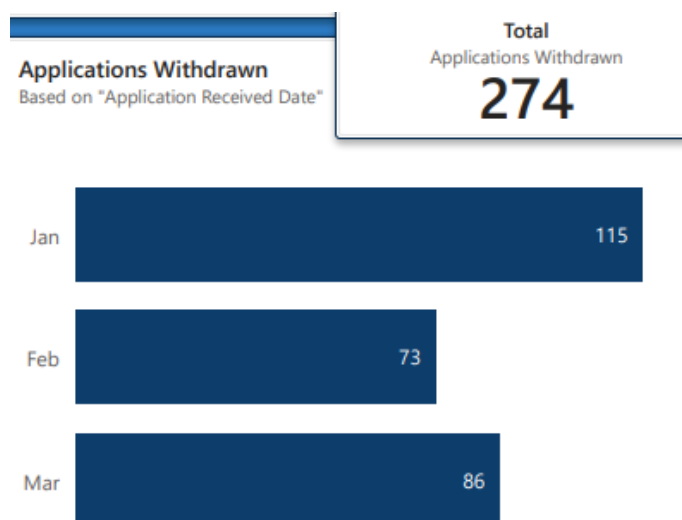
The below figures provide a breakdown outlining the number of assessments carried out within existing provision and the number carried out by external Best Interest Assessors using the additional backlog funding.



A total of 72 authorisations have been granted this quarter, with an average of 24 authorisations per month.



A total of 274 applications were withdrawn this quarter, compared with 283 last quarter.



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As previously reported, due to the MCA Team now carrying a full establishment of staff there will be no scope for additional funding to be put towards the DoLS backlog in 2025/6. A request for

increased UHB funding has been submitted and we continue to await a response regarding the outcome of this at the time of writing.


Recommendation:

The Committee is requested to:

- a) Note the contents of this paper

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

<p>1.  Putting People First</p> <p>Click the objective above to view more detail.</p>		<p>2.  Providing Outstanding Quality</p> <p>Click the objective above to view more detail.</p>	<p>X</p>
<p>3.  Delivering in the Right Places</p> <p>Click the objective above to view more detail.</p>		<p>4.  Acting for the Future</p> <p>Click the objective above to view more detail.</p>	

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention		Long term		Integration	X	Collaboration	X	Involvement	
------------	--	-----------	--	-------------	---	---------------	---	-------------	--

Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk

Yes – <i>(please provide completed QIA document)</i>	No – <i>(Please provide reasoning, e.g. not required)</i>	X	<i>Not required</i>
--	---	---	---------------------

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes
Risk of Non-compliance to the Mental Capacity Amendment Act 2019
Safety: No
Financial: No
Workforce: Yes
Risk of inability to recruit to posts
Legal: Yes
Risk of Non-compliance to the Mental Capacity Amendment Act 2019
Reputational: Yes
Risk of Non-compliance to the Mental Capacity Amendment Act 2019
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route (please note anywhere else this paper has been before):

Committee/Group/Exec	Date:
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Report Title:	Mental Health Act Monitoring Exception Report	Agenda Item no.	3.1
Meeting:	Mental Health Legislation and Mental Capacity Act Committee	Public	X
		Private	
Meeting Date:			29 April 2025
Status (please tick one only):	Assurance X	Approval	Information
Lead Executive:	Interim Chief Operating Officer		
Report Author (Title):	Mental Health Clinical Board Director of Operations		

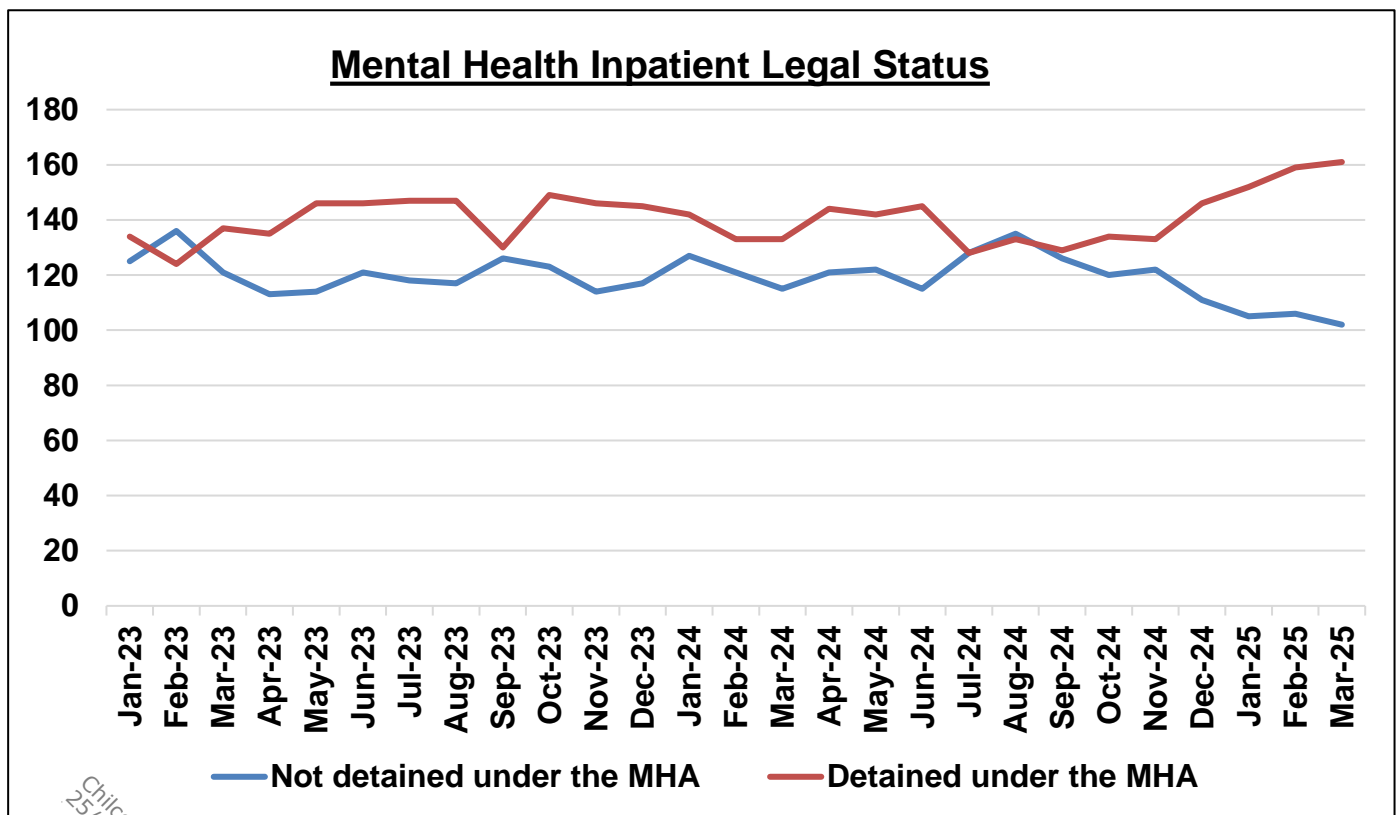
Main Report

Background and current situation:

This report provides the Committee with further information relating to wider issues of the Mental Health Act (MHA). Any exceptions highlighted in the MHA Monitoring report are intended to raise the Committee’s awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained by Cardiff and Vale University Health Board and those subject to a community treatment order is only as the MHA allows.

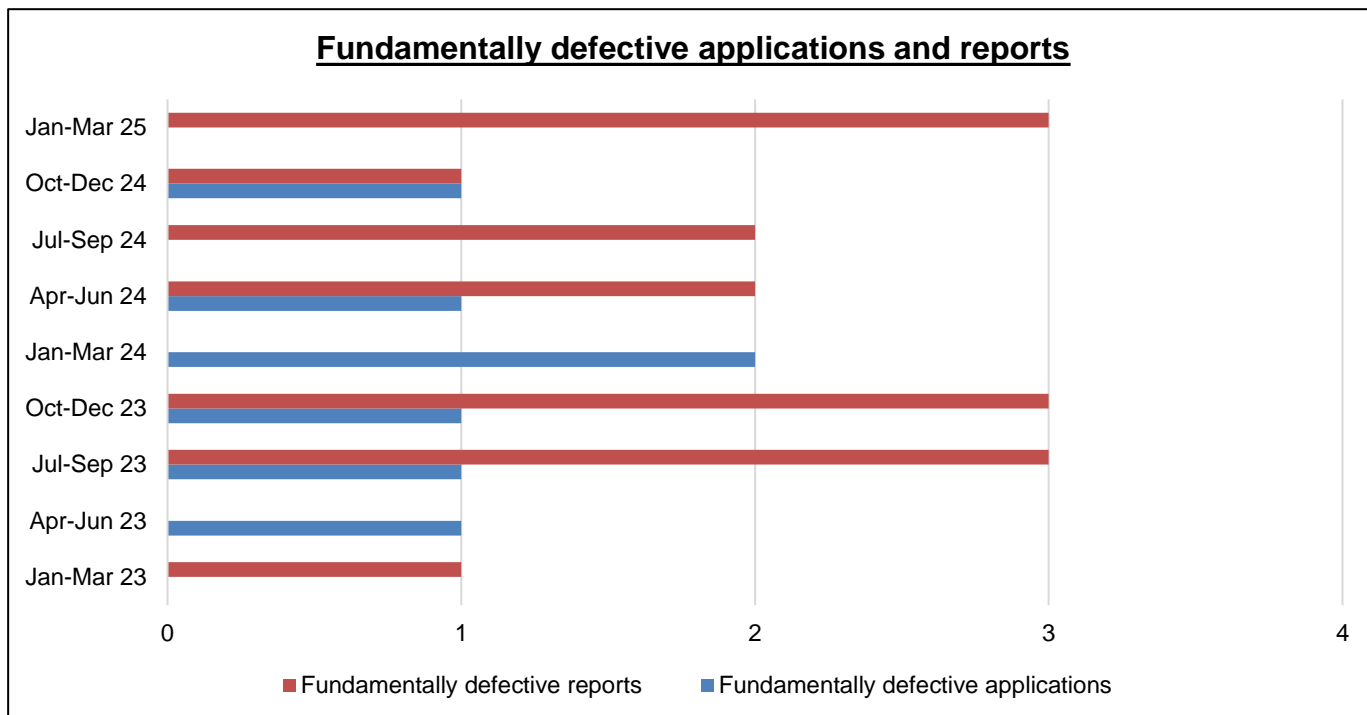
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Use of the MHA



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Fundamentally defective applications and reports



During the quarter there were two fundamentally defective reports.

P was detained in UHW where a 5(2) was completed however, the form couldn't be accepted as it was an improper use. The doctor had completed it pre-emptively in the event the patient might become agitated and attempt to leave. A doctor from liaison psychiatry called us to confirm that it wasn't valid as they had also picked up the error from the notes. Confirmed it was an improper use, patient and ward were advised.

P was detained in HYC where a 5(2) was completed however, the form couldn't be accepted as it was an improper use. The doctor had completed it pre-emptively in the event the patient might become agitated and attempt to leave, also due to the patient not being compliant with medication. MHAO advised the ward it was an improper use, and they advised the patient.

Section 136 A&E

There could be instances when treatment under a 136 is related to the mental disorder but the patient is not fit for a mental health act assessment within the 24/36-hour period causing the 136 to lapse, for example,

Patient has taken an overdose which is related to their mental disorder. Needs to go to A&E for physical treatment, therefore the clock starts ticking when they arrive in A&E. Patient receiving physical treatment beyond the 24/36-hour period. 136 has lapsed with no mental health act assessment.

In all instances where the 136 has lapsed due to the patient not being fit for a mental health act assessment, a DATIX will be completed.

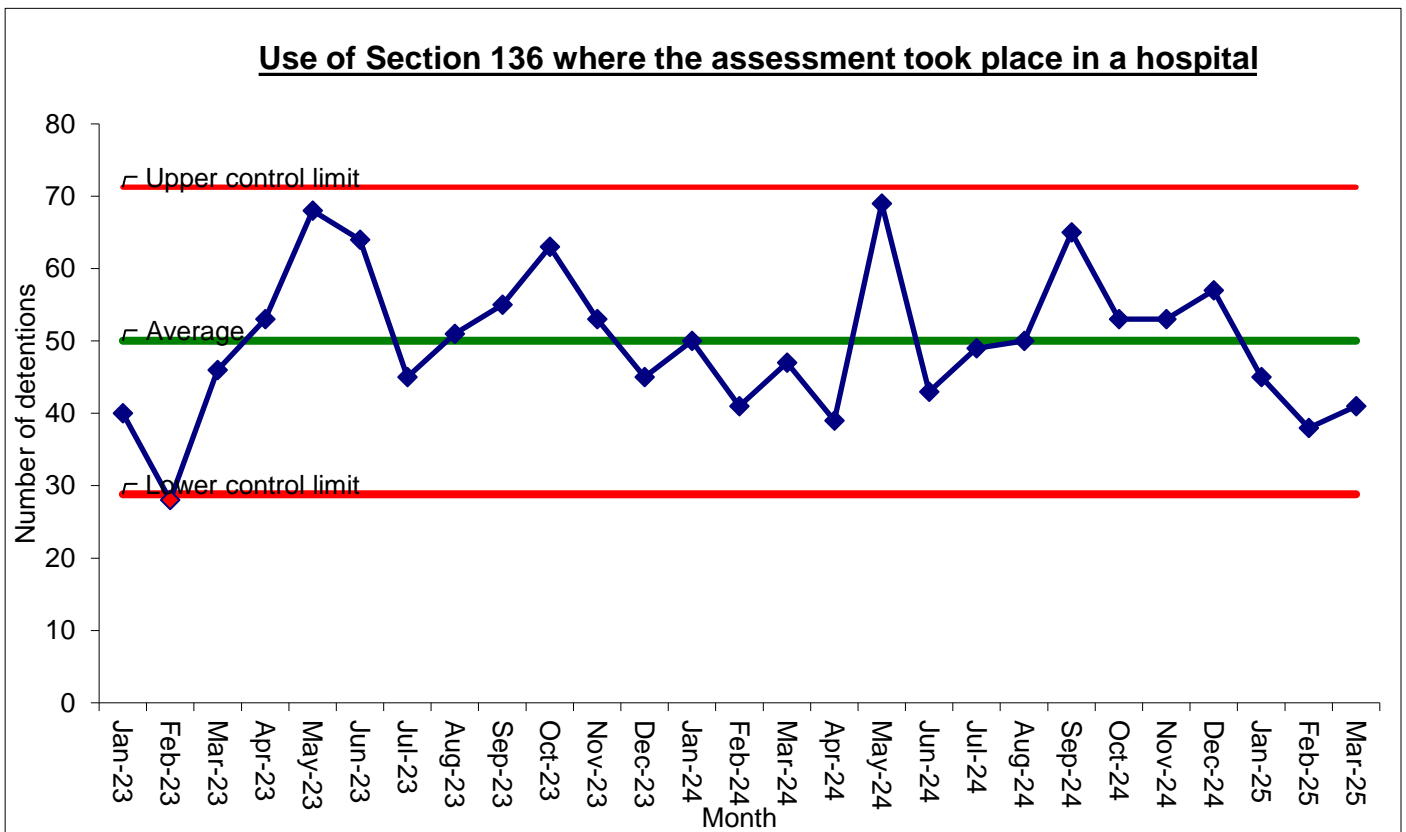
Section 136

During the period, the use of section 136 has decreased.

It was noted that 77.4% of individuals assessed were not admitted to hospital, with 43.5% being discharged to community services and 33.9% were discharged with no follow up. Overall, during the period 21.7% of patients were admitted to hospital following a 136 assessment which is higher than the previous quarter at 18.3%.

One 136 lapsed with no assessment taking place due to not being medically fit.

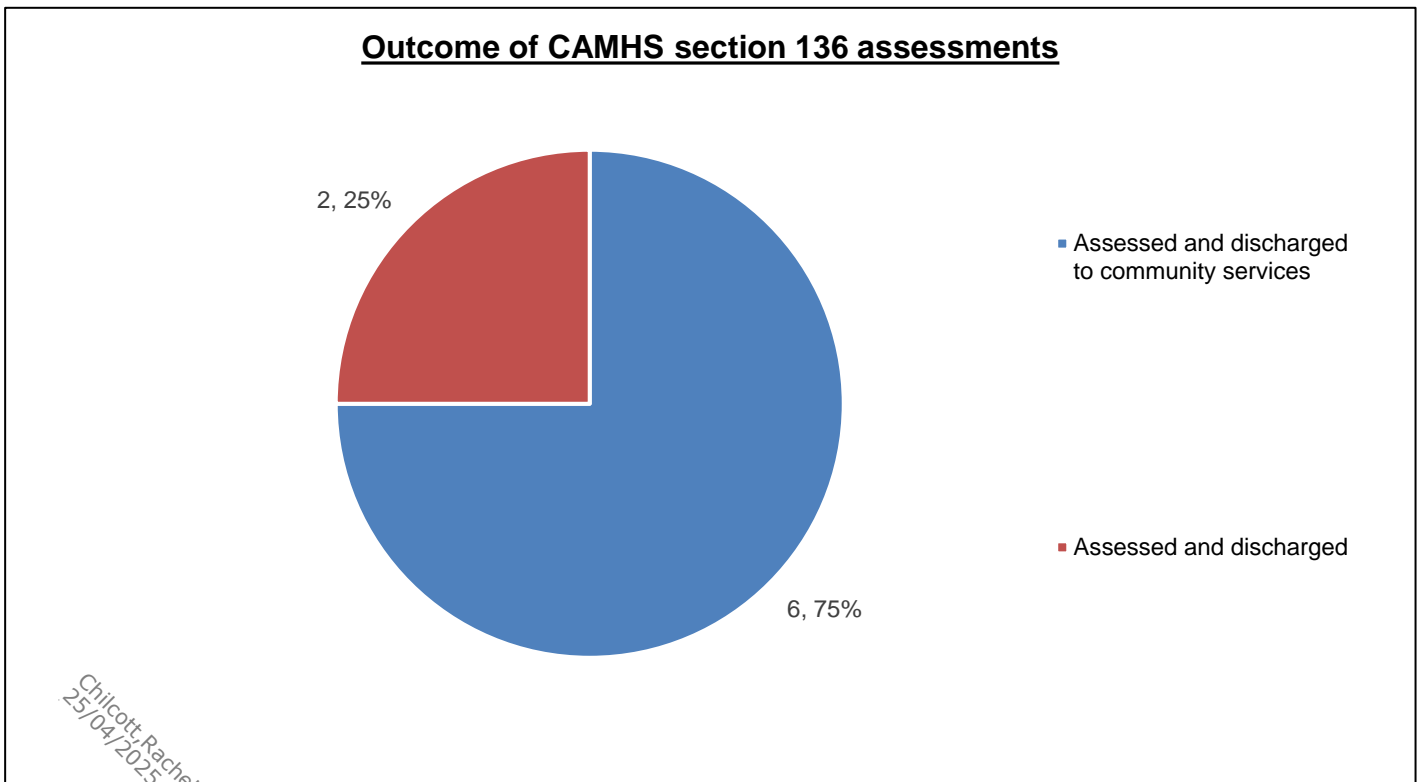
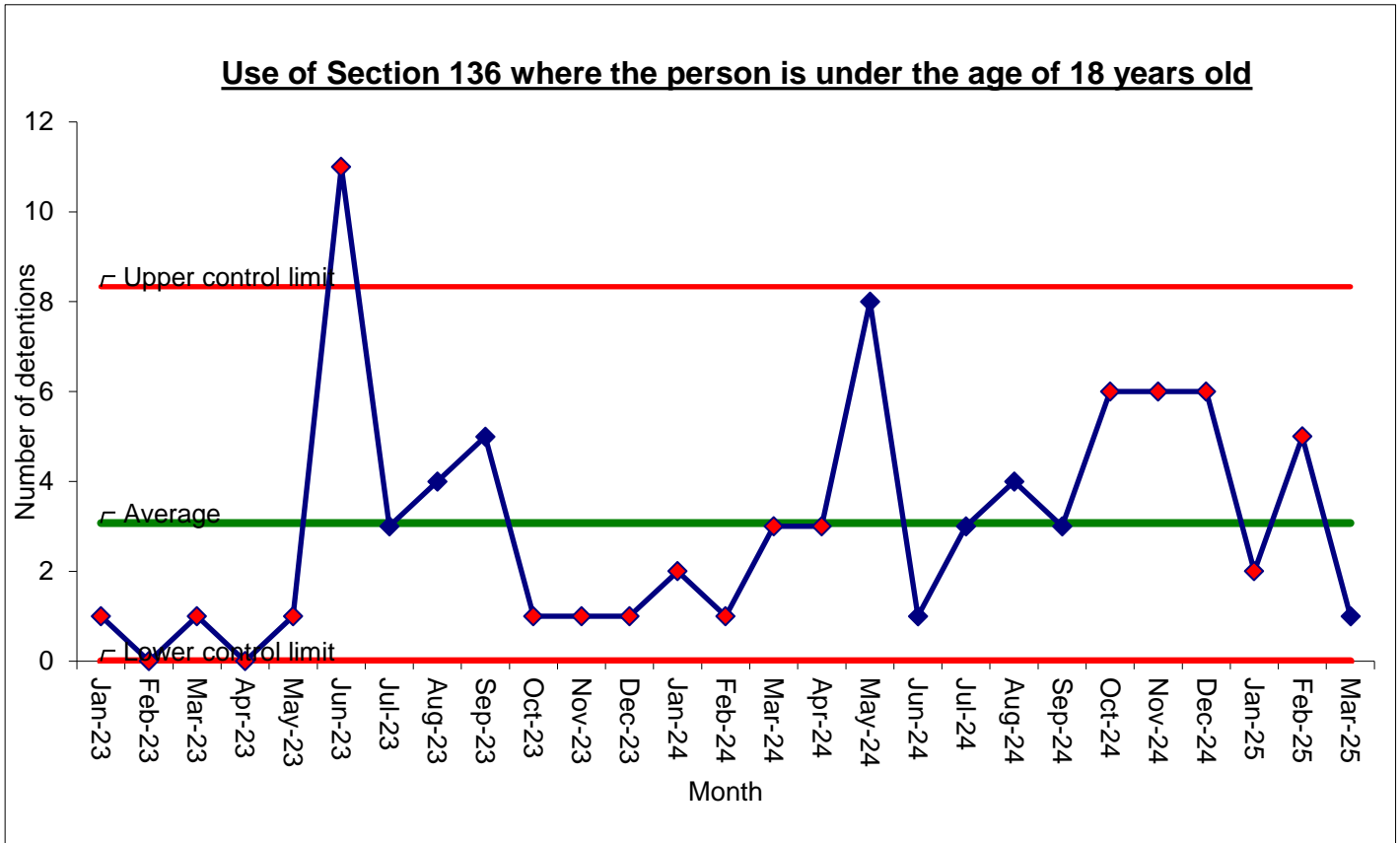
Period	% not admitted to hospital
January – March 2025	77.4%
October – December 2024	78.6%
July – September 2024	72.7%
April – June 2024	79.5%
January – March 2024	83.3%
October – December 2023	80.1%
July – September 2023	83.5%
April – June 2023	80.4%
January – March 2023	71.1%



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Section 136 - CAMHS

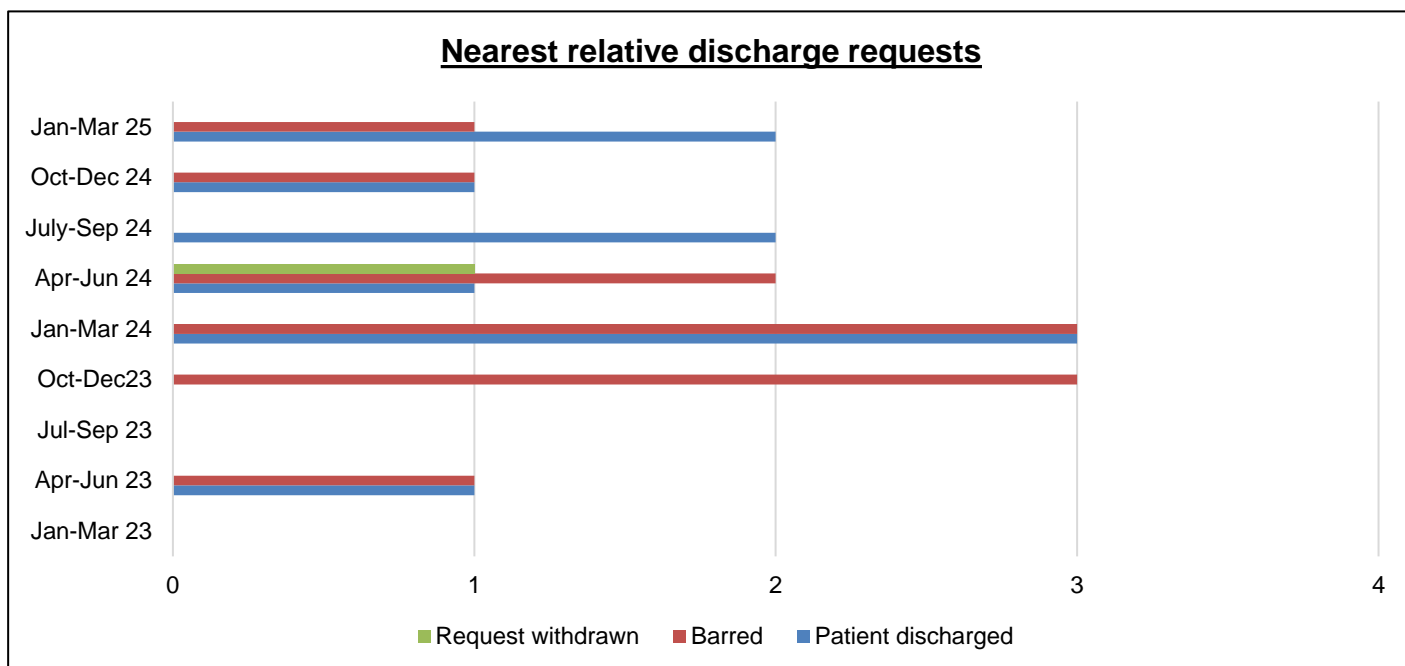
The number of those under 18 assessed under section 136 has decreased from 18 in the previous quarter to 8 in this quarter. 1 user had 2 repeat presentations.



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Nearest relatives discharge requests

There has been a rise in the number of nearest relative discharge requests over the past few months with seemingly no reason for this increase. I have investigated to see whether professionals are giving nearest relative's more information regarding their rights but they are still providing them the same leaflet/information.



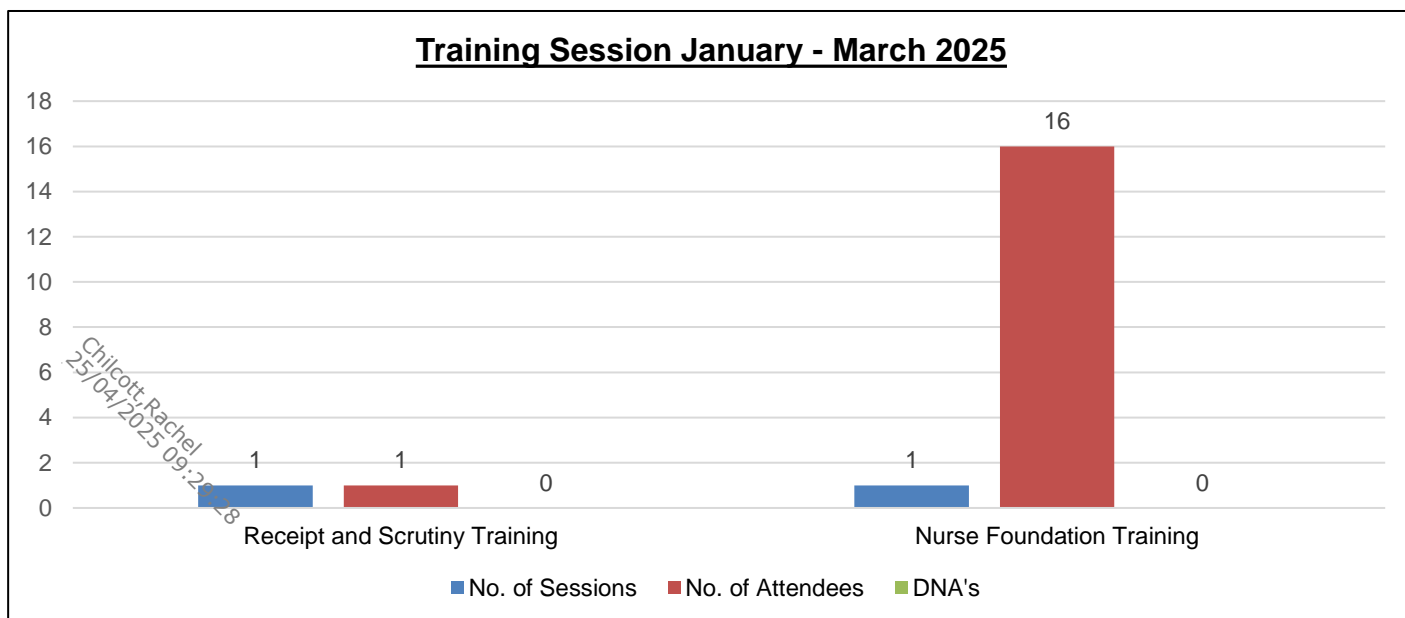
Development Sessions

The MHA office continues to run the below awareness sessions available to all staff within the Health Board:

- Bi monthly MHA training day
- Quarterly consent to treatment, rights and forensic workshops
- Yearly refresher receipt and scrutiny training for all shift coordinators

We also continue to support the below training programmes as and when required:

- Nurse foundation programme
- Junior Doctor's MHA inductions
- AMHP programme



Audits

The MHA office continue to audit all the wards and CMHT's within the UHB. This is to ensure compliance with the MHA and best practices are maintained. If any issues are found during the audit we will follow up with an e-mail to the ward manager and/or responsible clinician confirming what is needed to rectify the issue and re-audit within 4-6 weeks.

The Mental Health Clinical Board continues to take the following approach:

Fundamentally defective applications

Continue to ensure effective communication between the Local Authority and the UHB and promote MHA training across the UHB.

Fundamentally defective reports

Continue to ensure effective communication across the UHB and promote MHA training.

Invalid use of the MHA

Continue to ensure effective communication between the Local Authority and the UHB and promote MHA training across the UHB.

Section 136

Continue to monitor with colleagues in South Wales Police and ensure any incidents related to an assessment not being completed within the 24/36-hour period due to physical health issues are reported accordingly.

Section 136 – CAMHS

Continue to monitor and report accordingly ensuring that at least one of the people involved in the child's formal assessment (i.e. one of the two registered medical practitioners or the approved mental health professional) is an experienced specialist CAMHS practitioner wherever possible.

Mental Health Review Tribunal

Continue to work with the MHRT for Wales to find suitable resolutions to any issues, to ensure that appropriate action is taken to protect the patients' right to a fair hearing and ensure any incidents are reported accordingly.

Development sessions

Continue to develop a robust training rota to ensure that development sessions in relation to all areas of the MHA are available and easily accessible. This will be provided by creating an MHA e-learning module.

Audits

Continue to audit wards and CMHT's, while providing support and guidance on maintaining compliance with the MHA and best practices.

Recommendation:

The Committee is requested to:

- a) NOTE the approach taken by the Mental Health Clinical Board to ensure compliance with the appropriate Mental Health legislation, as set out in the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
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2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

No

Safety: Yes/No

Yes – there is a potential risk that if a 136 lapses with no assessment being completed the patient will be allowed to leave and could harm themselves or others.

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

Yes – communication between the UHB, Local Authority and South Wales Police needs to continue to be monitored to ensure all risks regarding detaining someone without authority are mitigated.

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:



NHS
WALES
GIG
CYMRU

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

**Report to the
Mental Health Legislation Committee
on the use of The Mental Health Act, 1983**

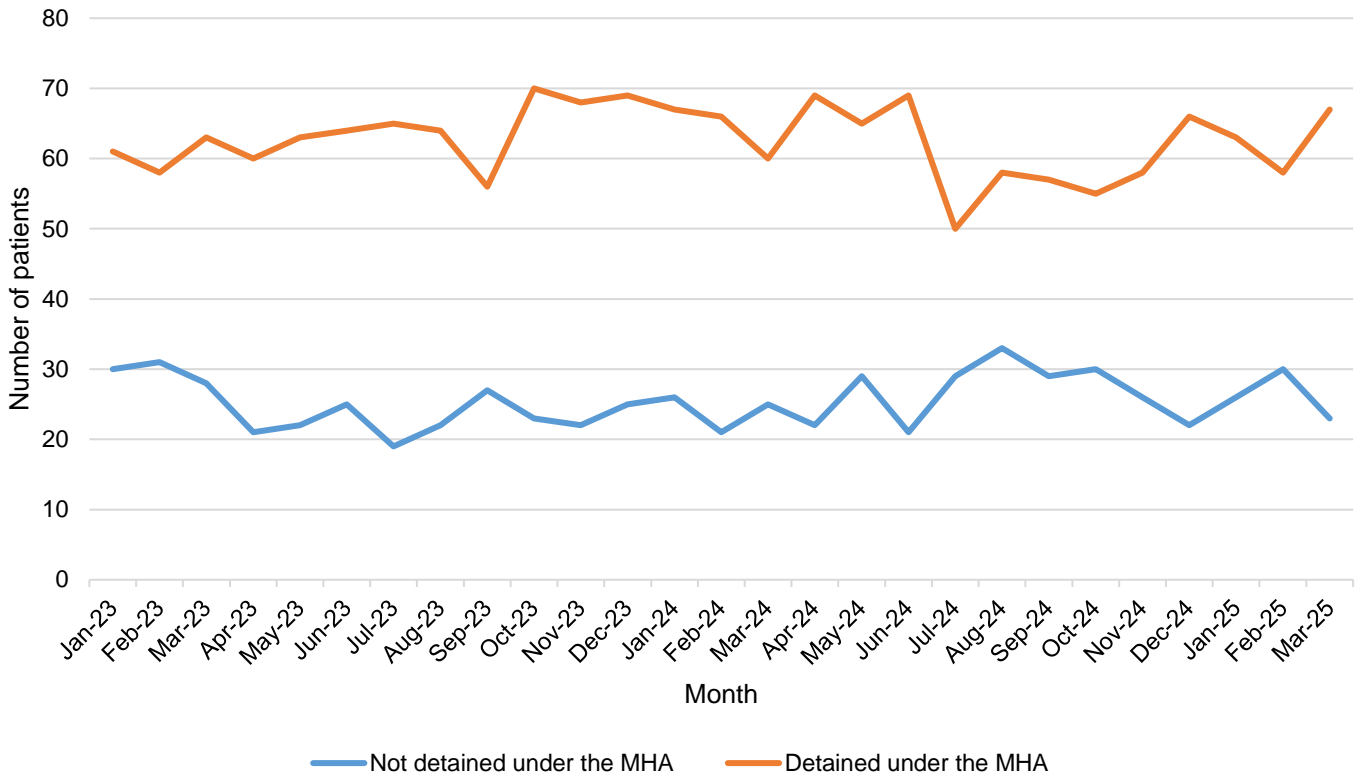
January – March 2025

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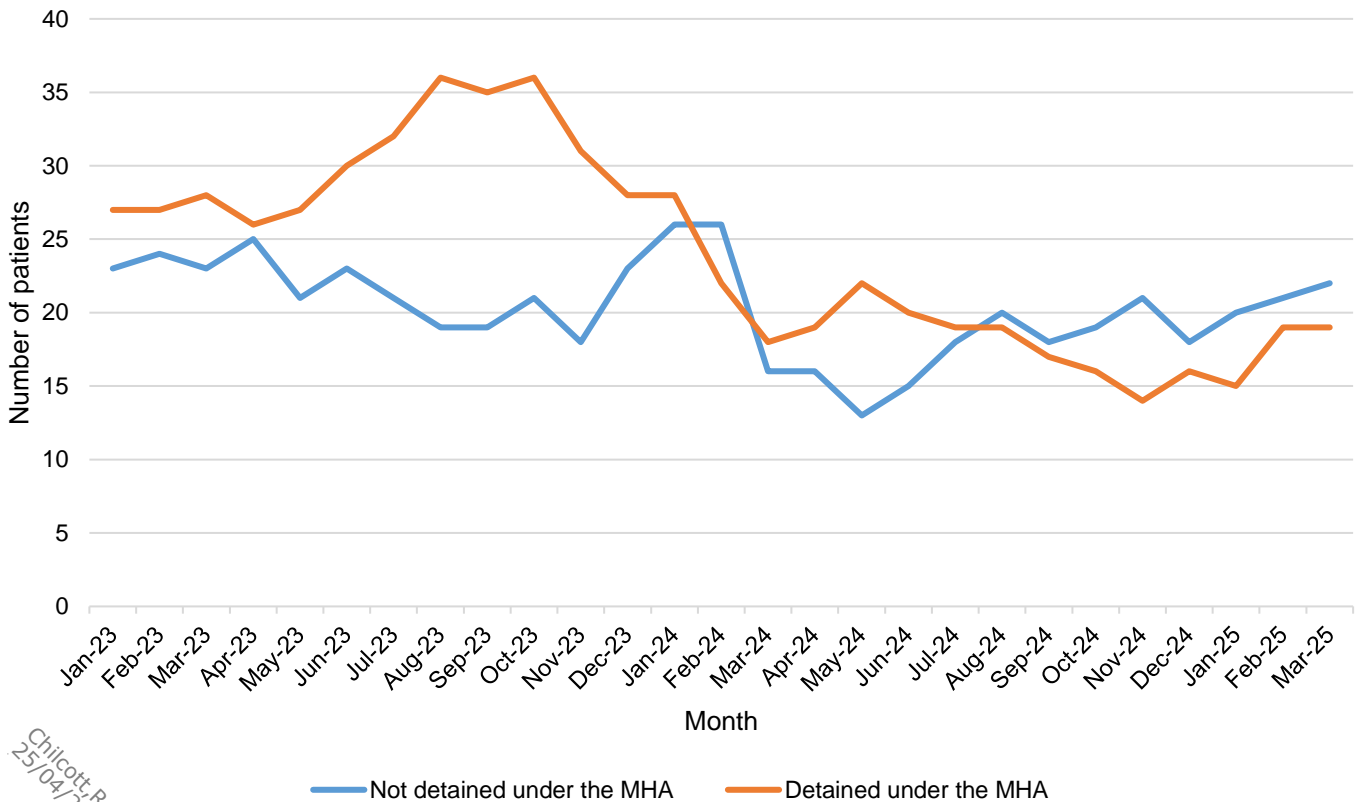
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Summary of other Mental Health Activity which took place during the period	39
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Adult Acute- detained/ not detained MHA

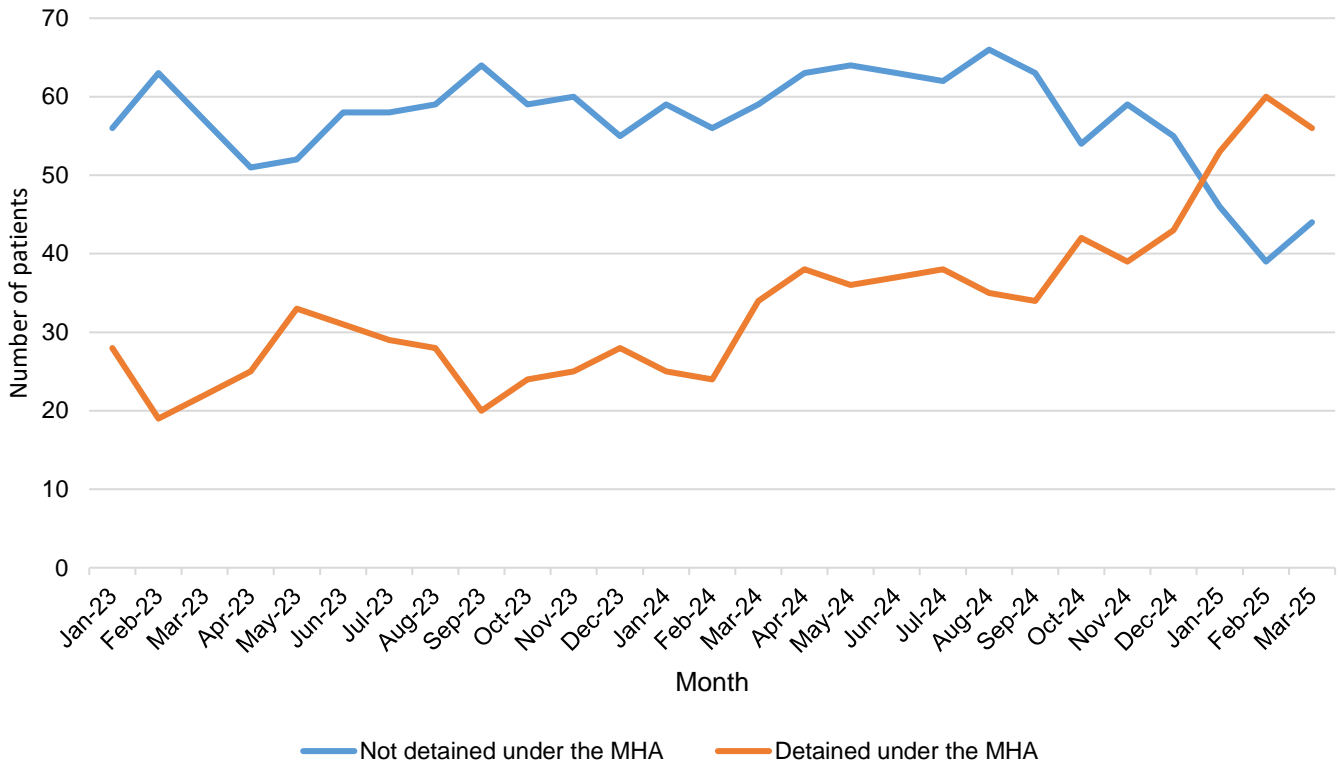


Rehabilitation- detained/ not detained MHA

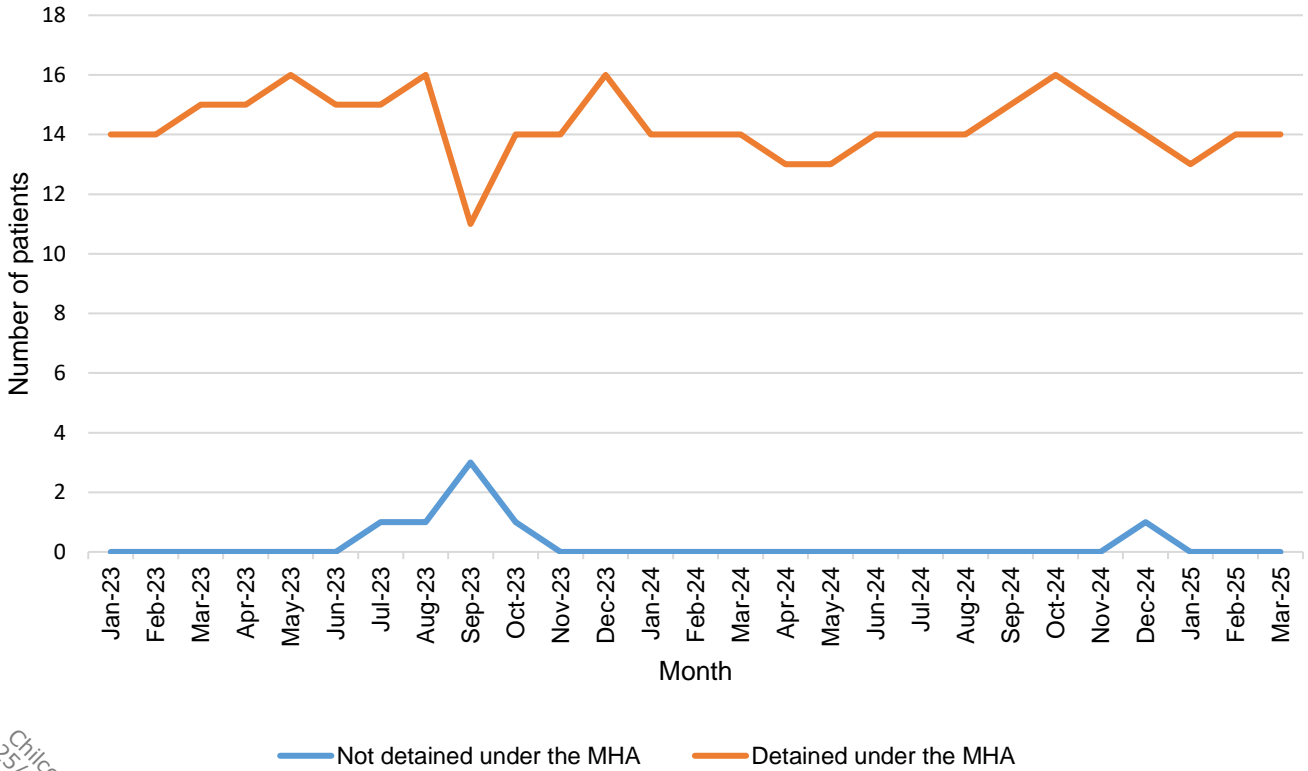


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Mental health services for older people- detained/ not detained MHA

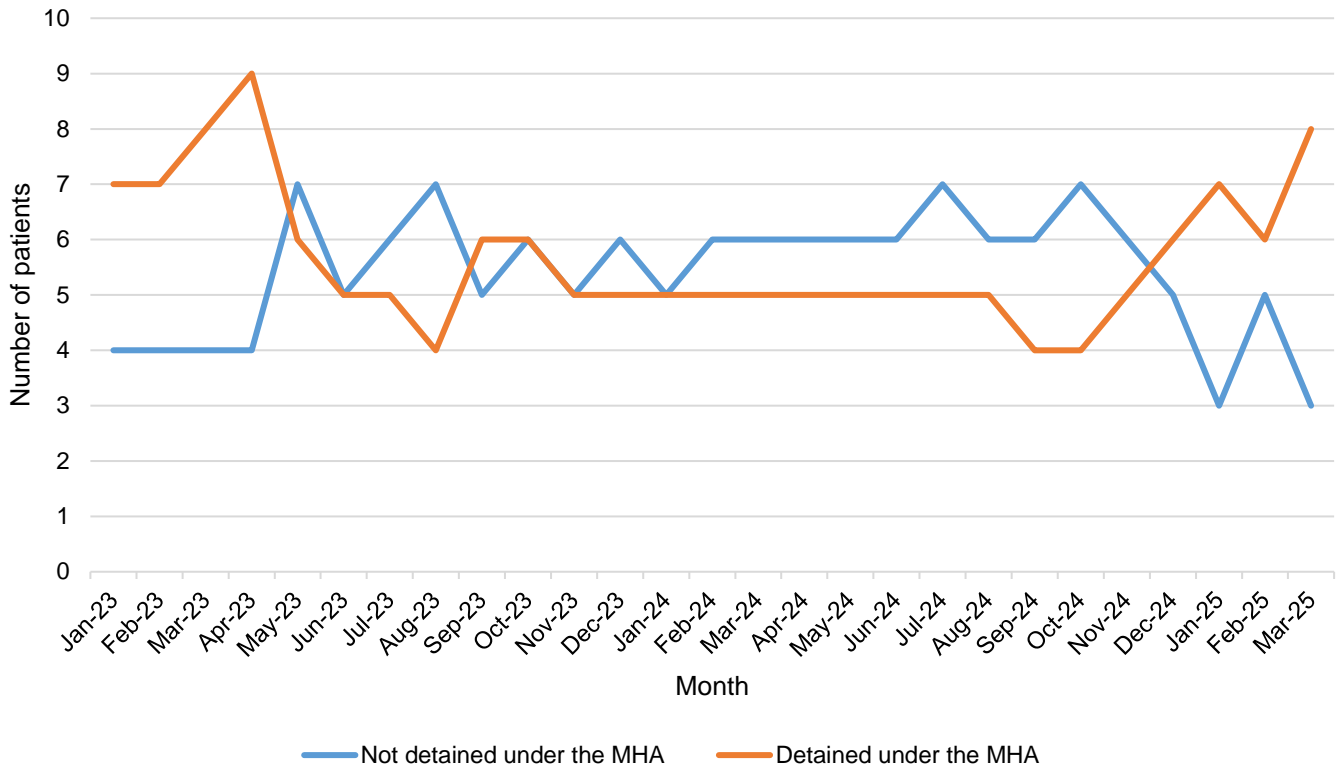


Low Secure- detained/ not detained MHA

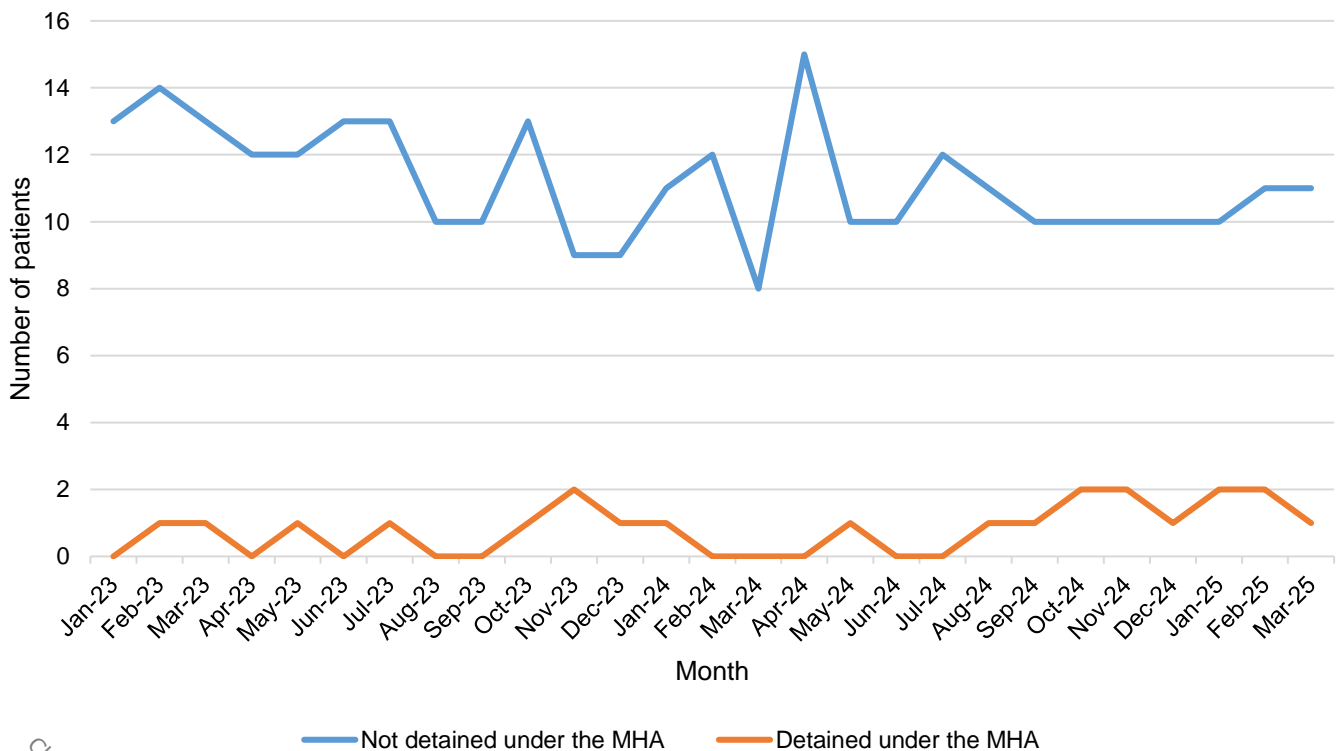


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Neuropsychiatry- detained/ not detained MHA



Addictions- detained/ not detained MHA



There has been one CAMHS patient detained in Hafan Y Coed during the period.

There have been no learning disability patients detained in Hafan Y Coed during the period.

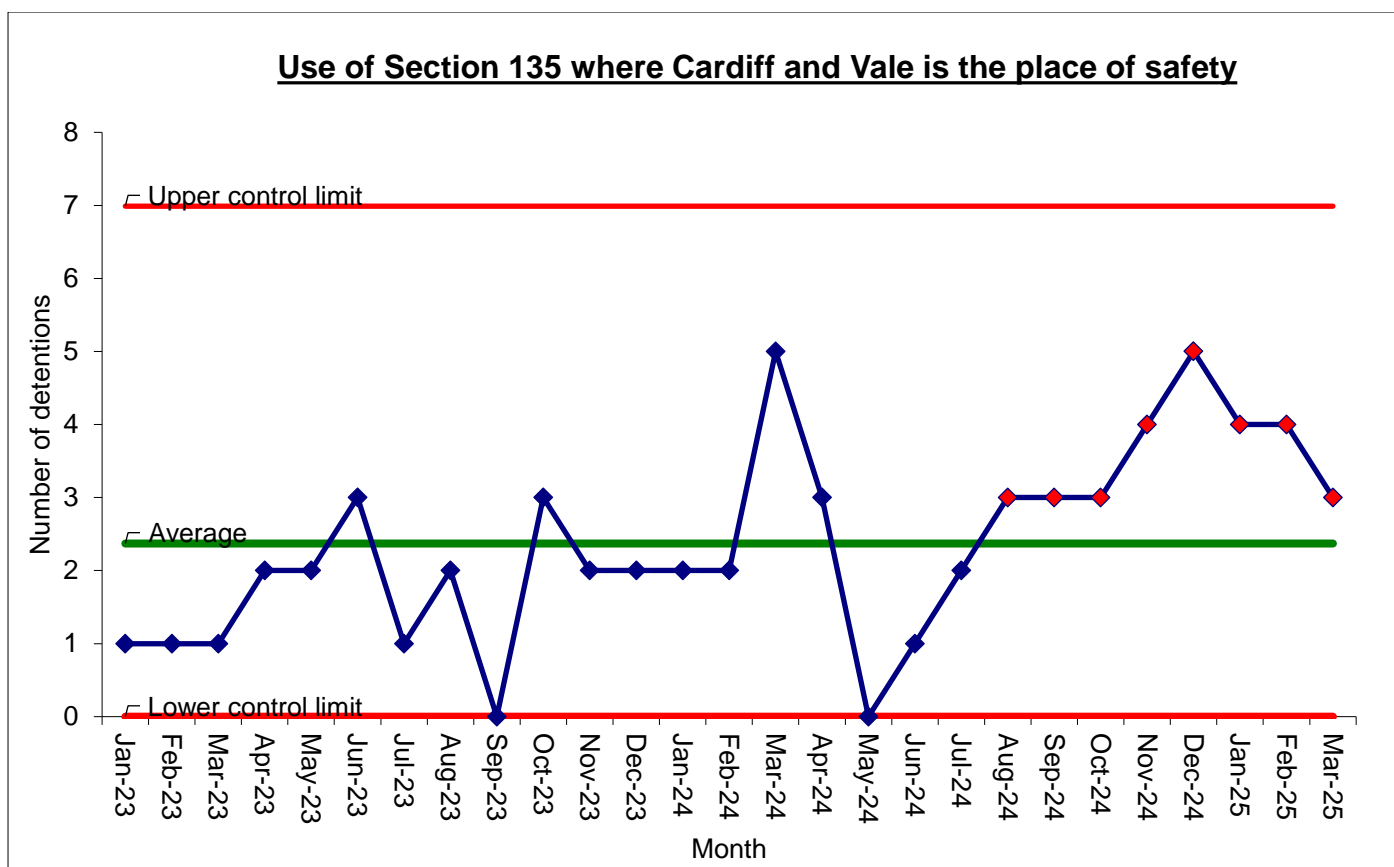
Section 135 – Warrant to search for and remove a mentally disordered person/patient from private premises to a place of safety

During the period Section 135 (1) powers were used on seven occasions.

- detained under Section 2 x6
- admitted informally x1

During the period Section 135 (2) powers were used on four occasions.

- CTO had been recalled x1
- Brought back to HYC under Section 2 x3



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Voluntary Assessment

During Summer 2020, the electronic All Wales Monitoring Form (AWMF) was put into use. This is an electronic form that should be completed by Police Officers for every occasion that they bring a patient to Hospital for a Mental Health Assessment. The reasons for this can be;-

- Use of s135
- Use of s136
- Voluntary Assessment
- Mental Capacity Act

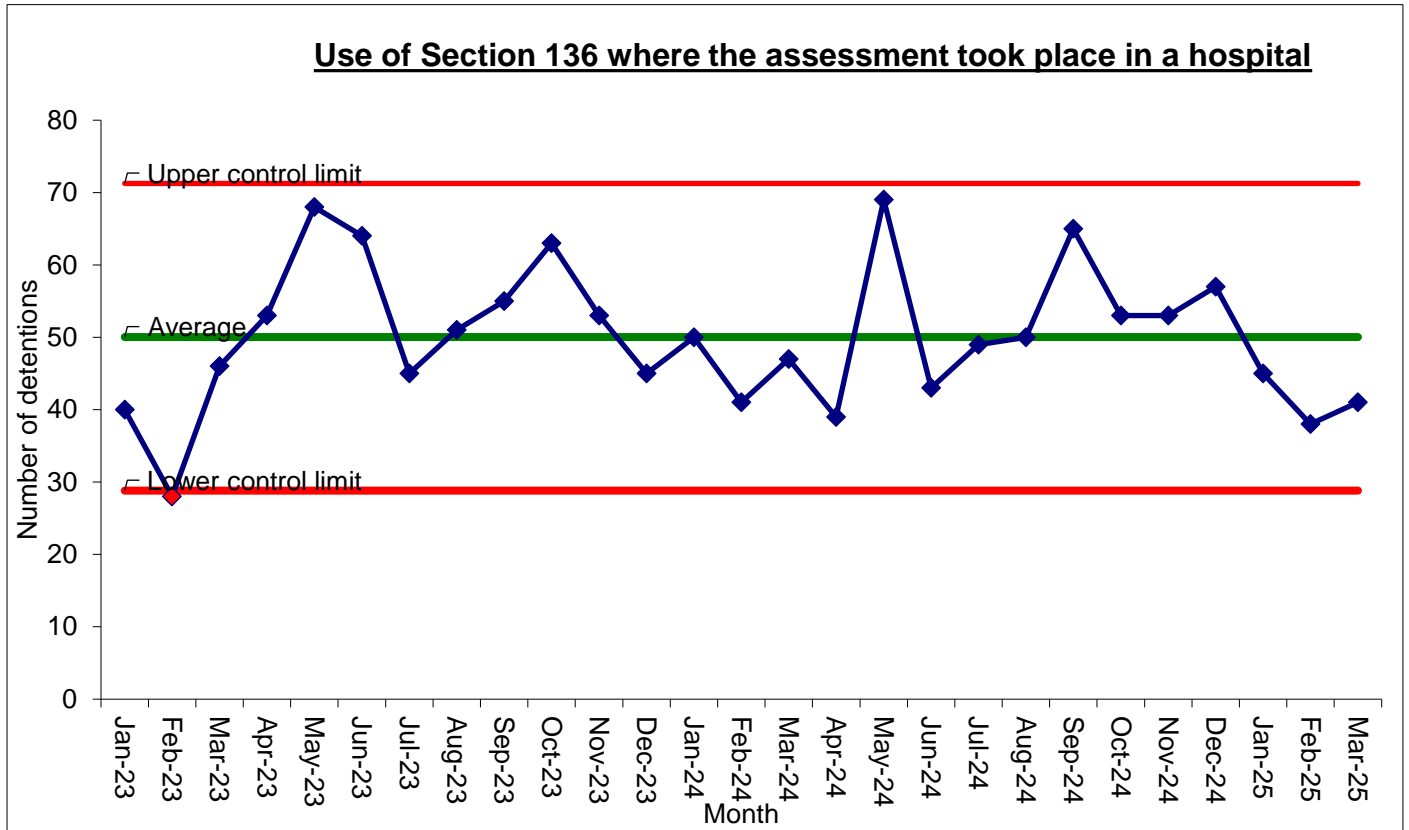
We continue to work with South Wales police to ensure the AWMF is completed each time a person is brought to hospital for an assessment and hope to see an improvement in the use of the electronic form going forward.

For this period, we have seen eighteen people for a Voluntary Assessment. One person was brought into hospital under the Mental Capacity Act.-

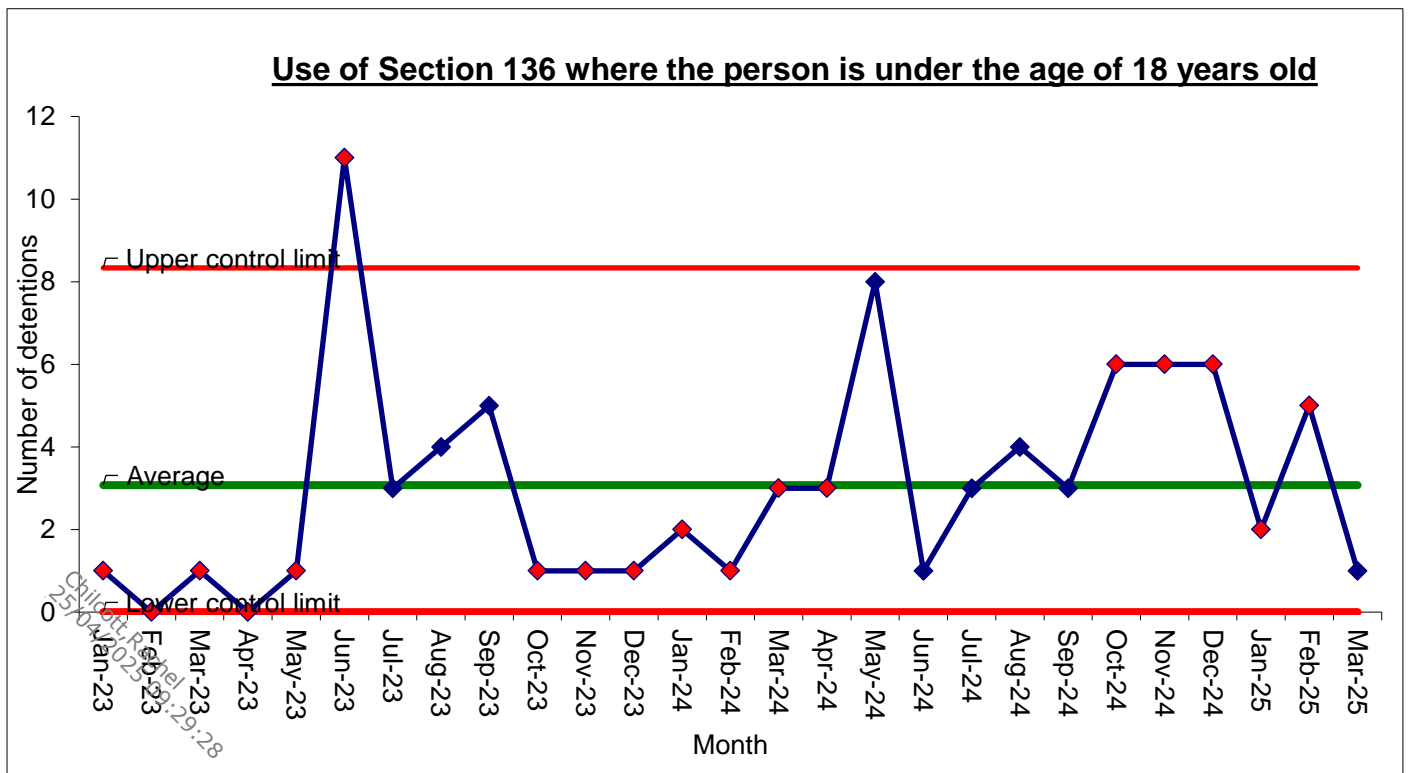
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Section 136- Mentally disordered persons found in public places Mental Health Act assessments undertaken within Cardiff and Vale UHB

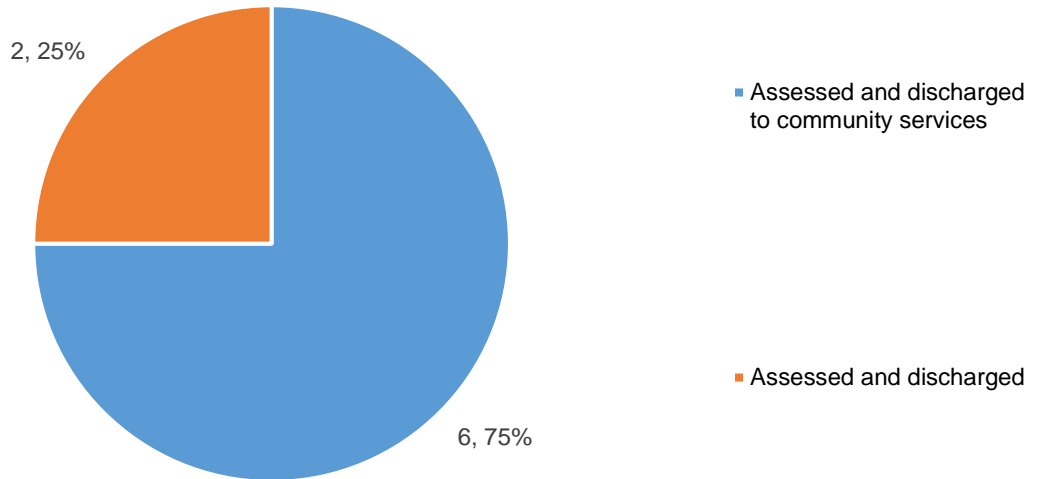
During the period a total of 124 assessments were initiated by Section 136 where the MHA assessment took place in a hospital as the place of safety.



Eighteen of those assessments were carried out on patients under the age of 18. Included in the above data are those under 18 years of age. Three service users had repeat presentations. This is extracted below;-

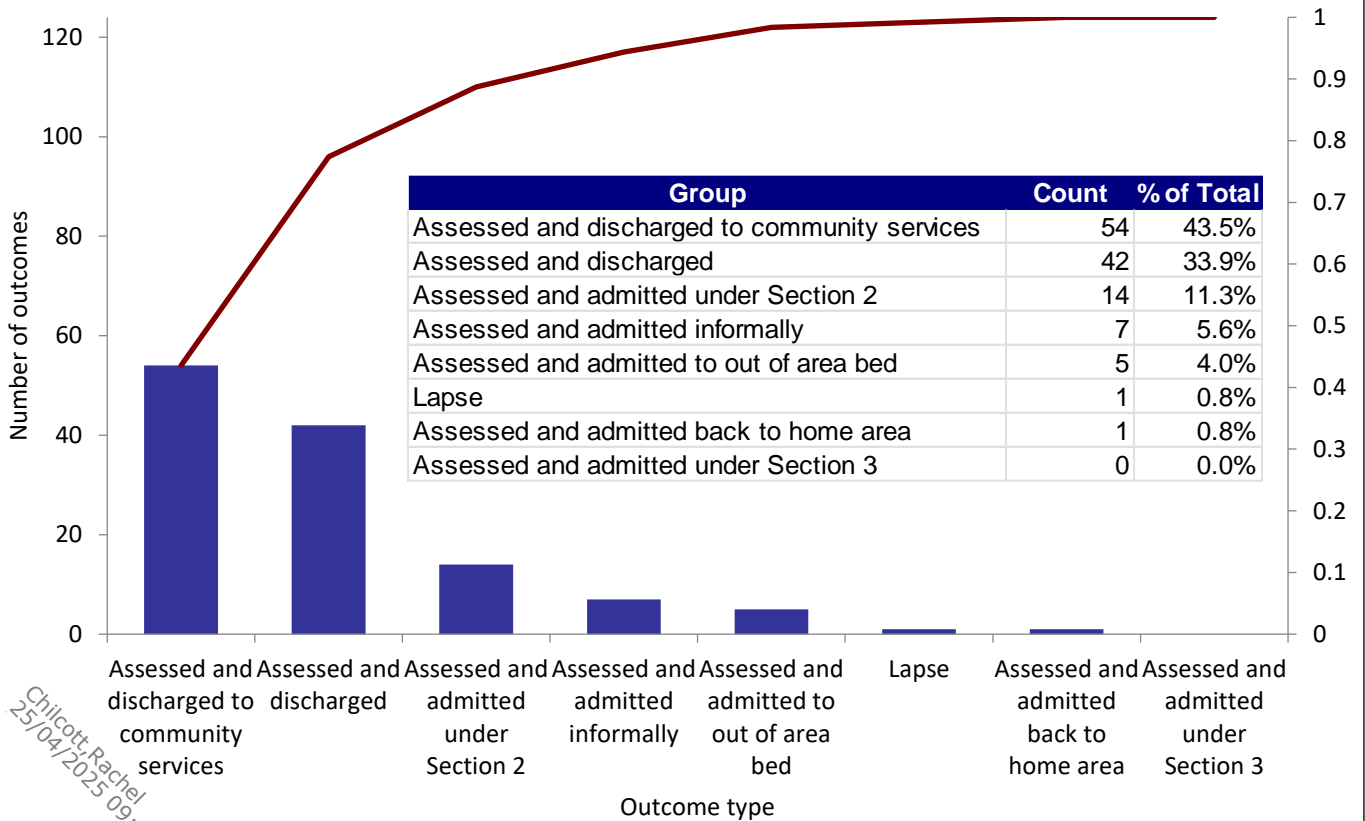


Outcome of CAMHS section 136 assessments



The pareto chart highlights that 77.4% of individuals assessed in hospital under Section 136 were not admitted to hospital. Those individuals who are not admitted or discharged to another service are provided with information on Mental Health support services for possible self-referral.

Outcome of Section 136 assessment which took place during the period



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Included in the above data are the outcomes for those under 18 years of age.

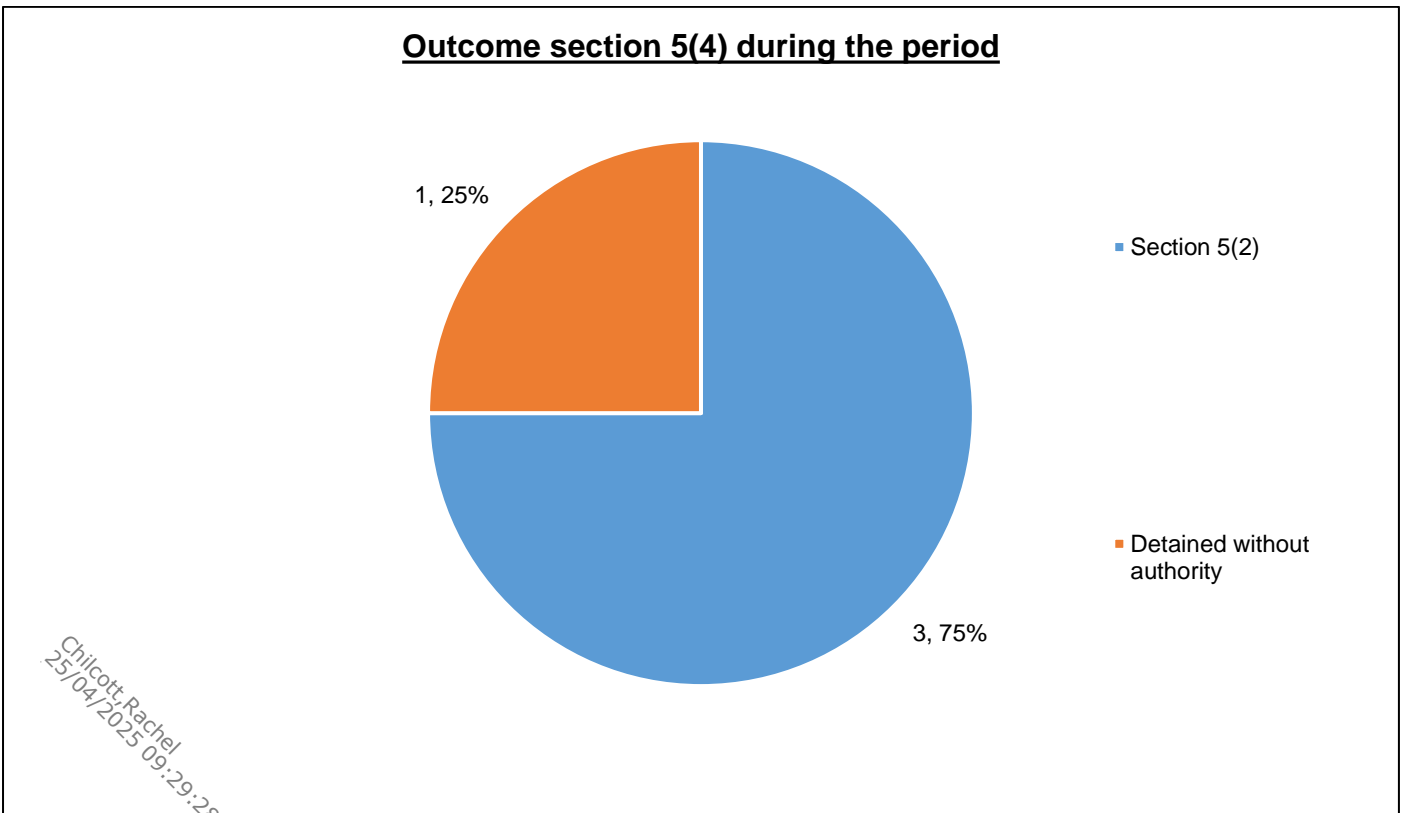
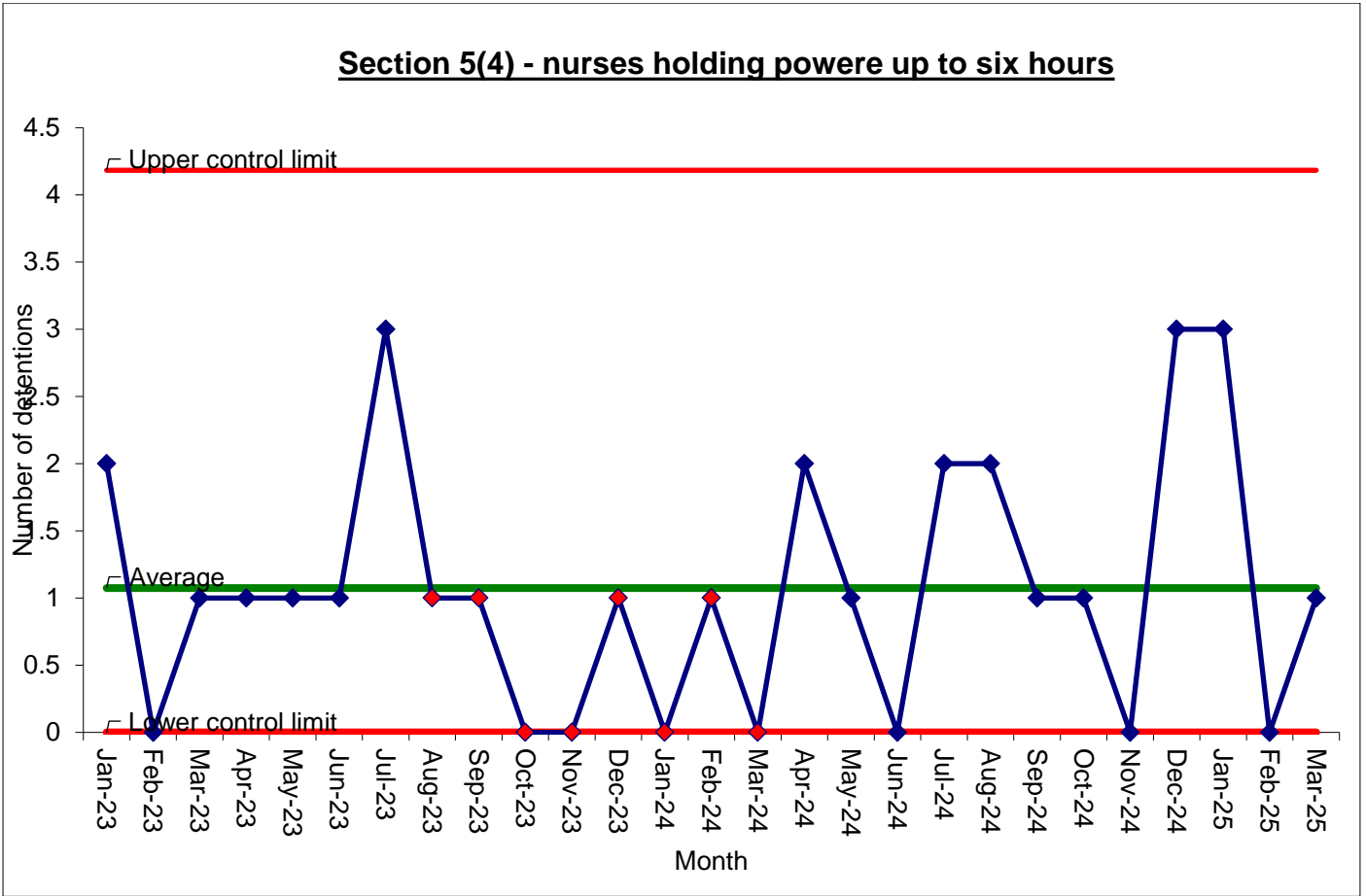
Out of the one lapsed detention, 1 was due to the patient not being fit for assessment.

Section 136- Mentally disordered persons found in public places Mental Health Act assessments undertaken within a Police Station

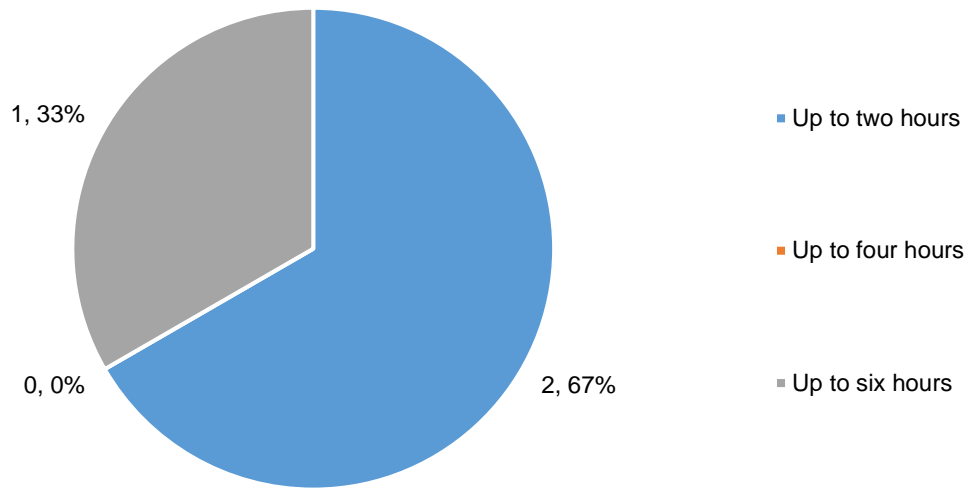
During the period there were no assessments initiated by Section 136 powers where the MHA Assessment took place in Cardiff Bay Custody Suite.

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Section 5(4) - Nurses Holding Power

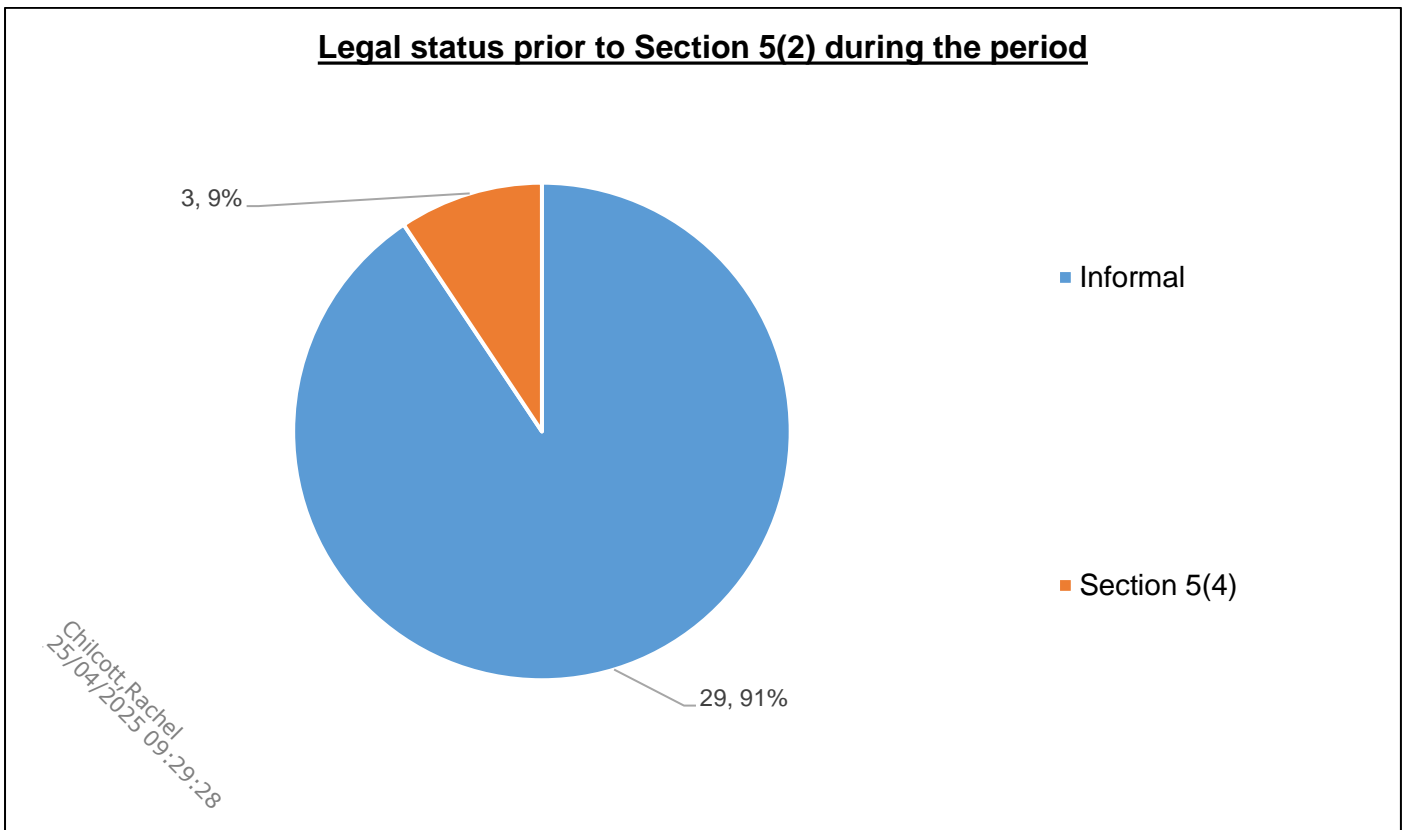
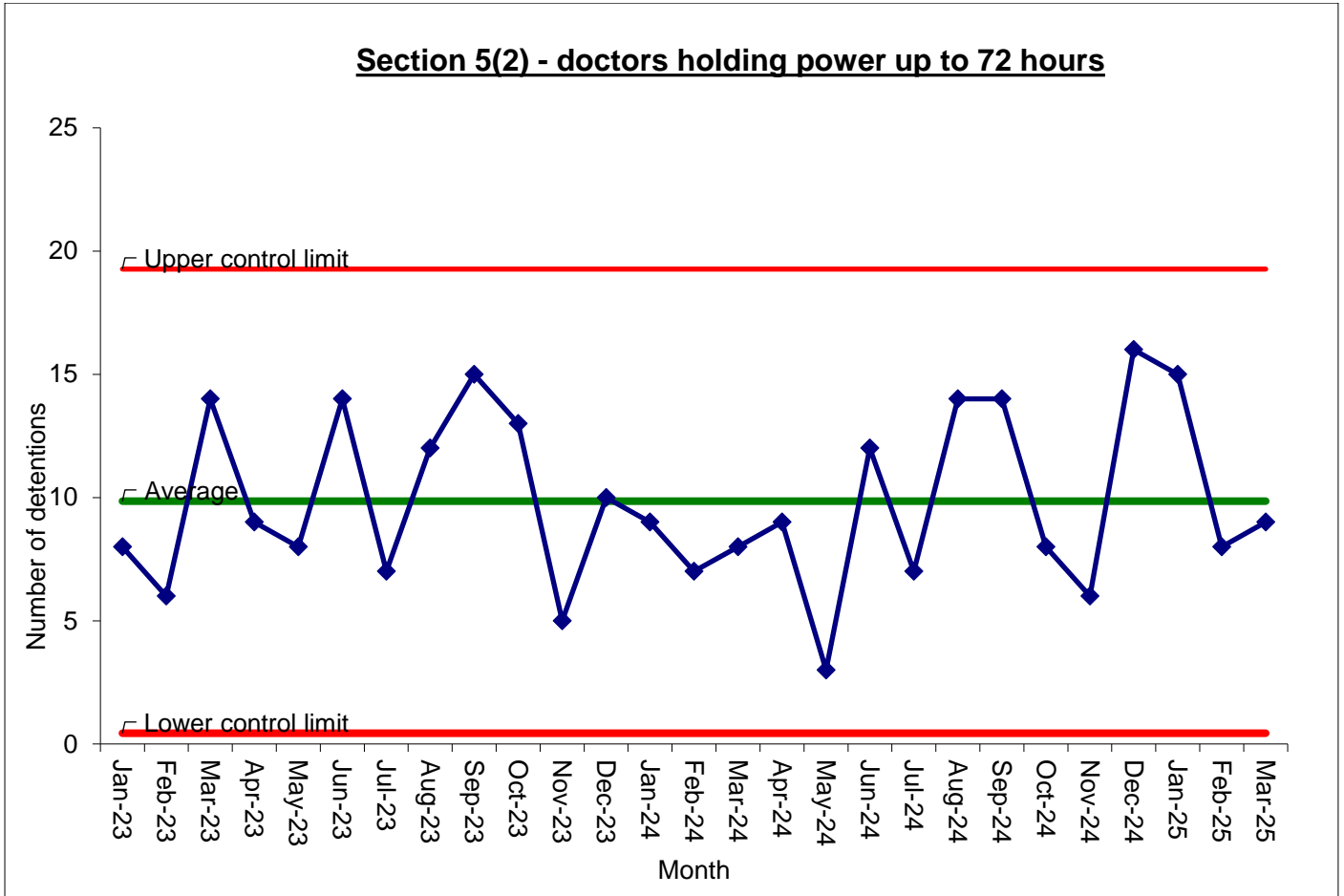


Number of hours patients were detained under Section 5(4) during the period

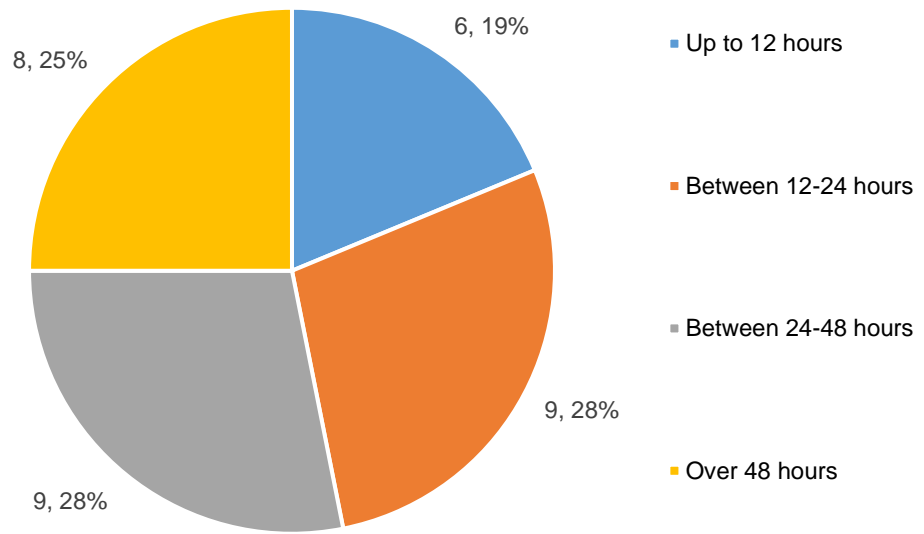


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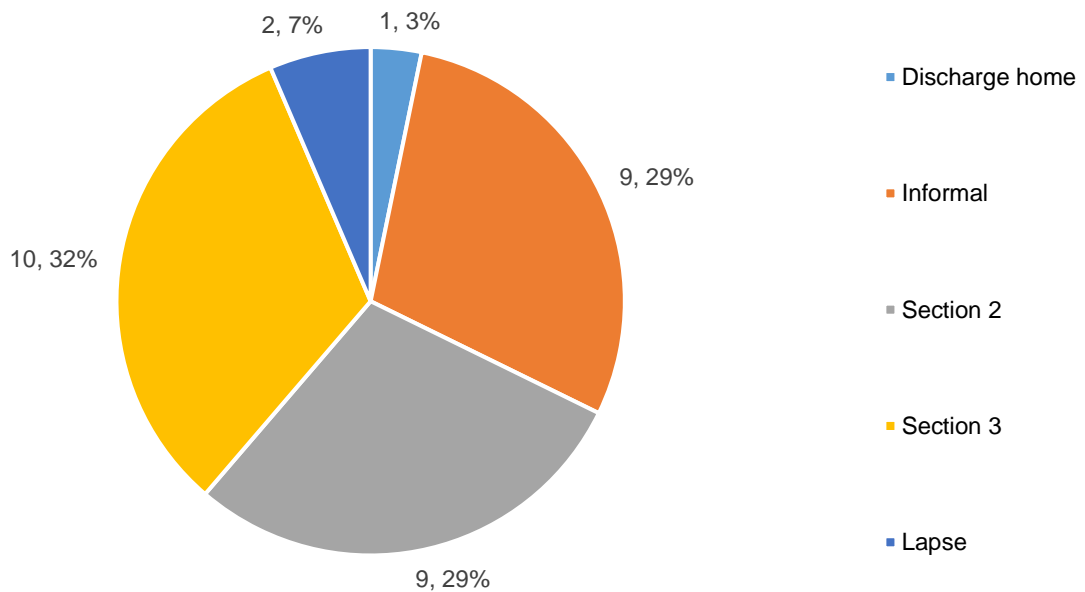
Section 5(2) - Doctors holding power



Number of hours patients were detained under Section 5(2) during the period



Outcome of Section 5(2) during the period



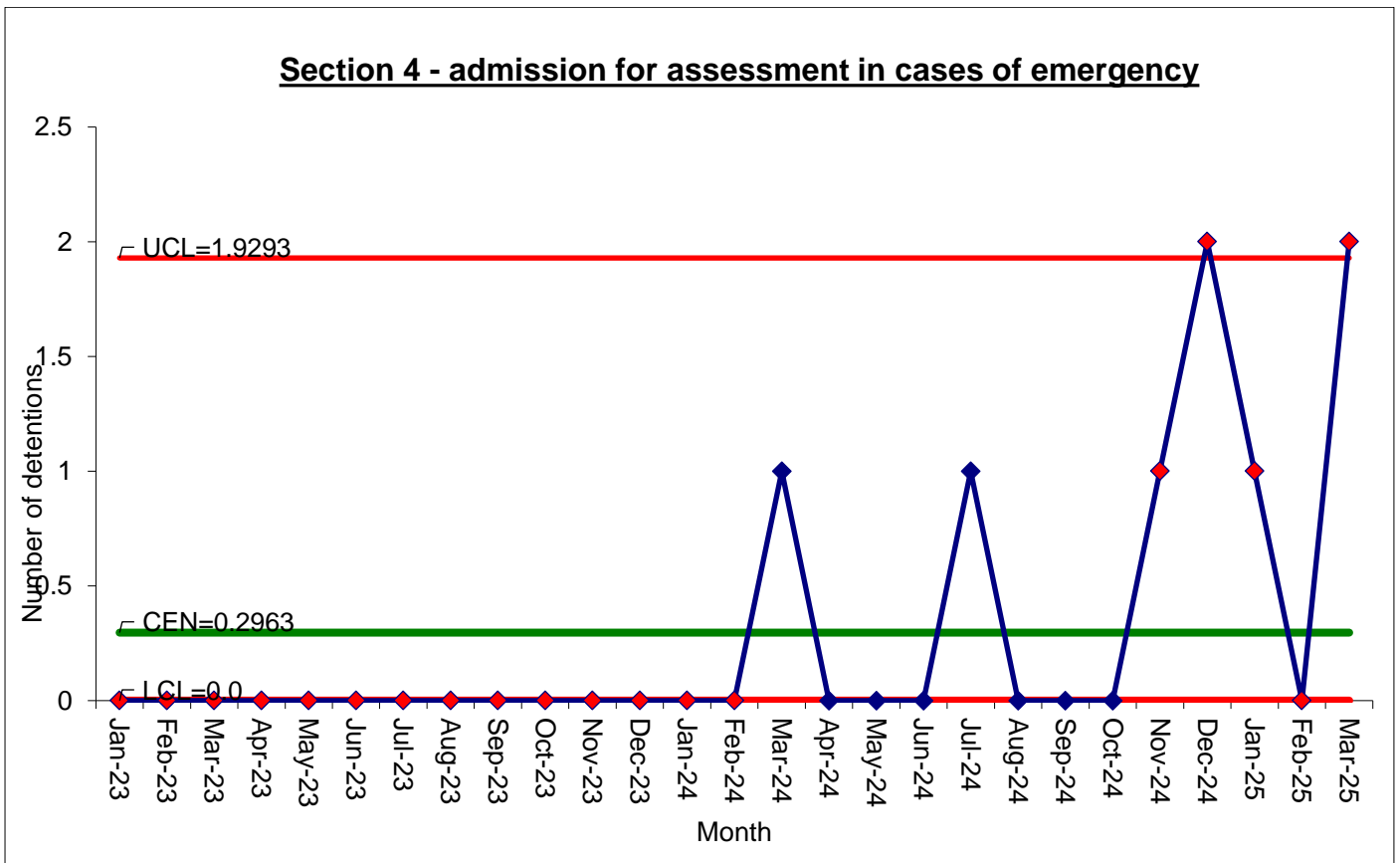
CAMHS Commissioned Inpatient Data

Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

During the period there were no uses of Section 5(2) or Section 5(4) holding powers on patients under the age of 18 in either Cardiff and Vale UHB or Cwm Taf Morgannwg UHB.

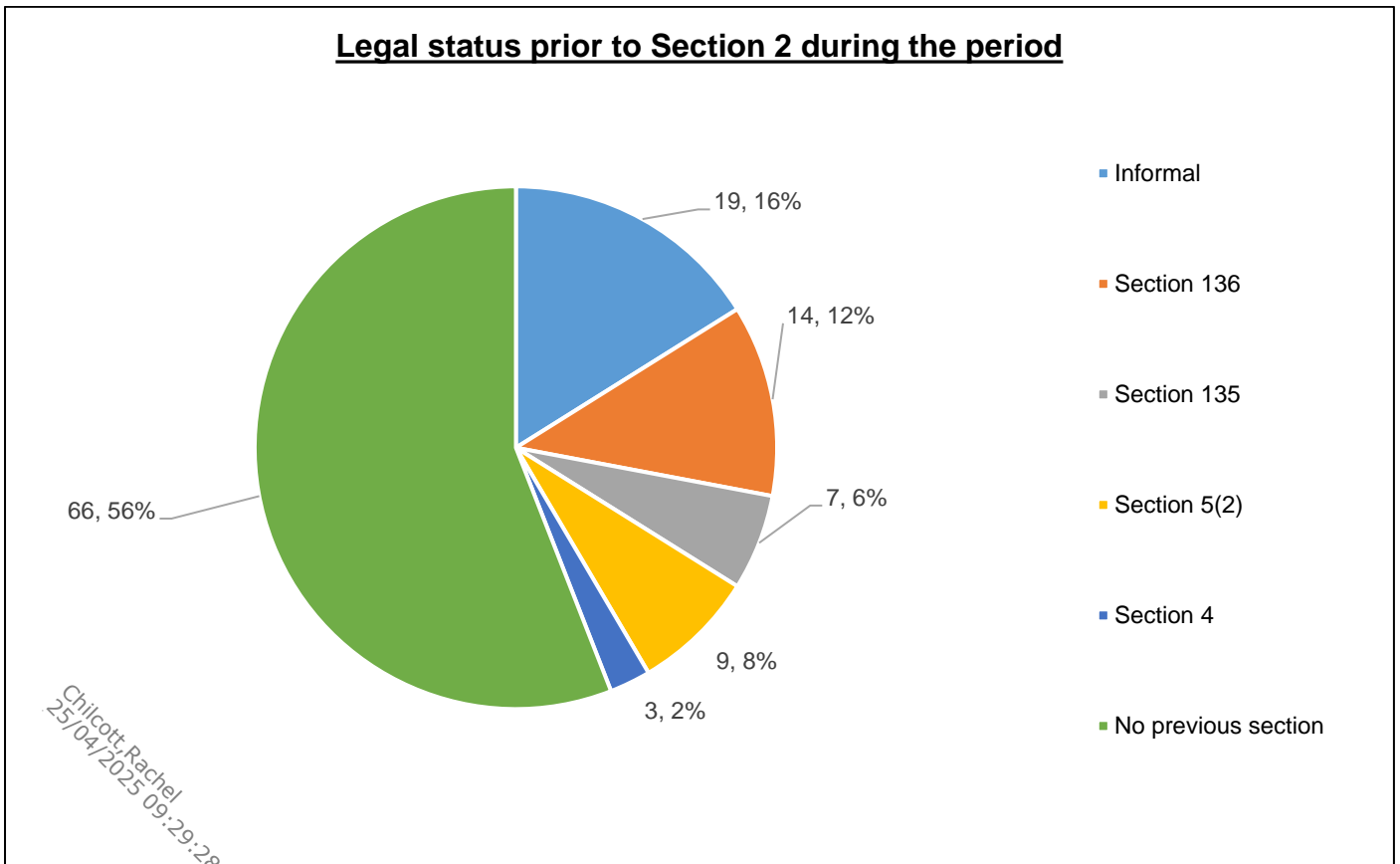
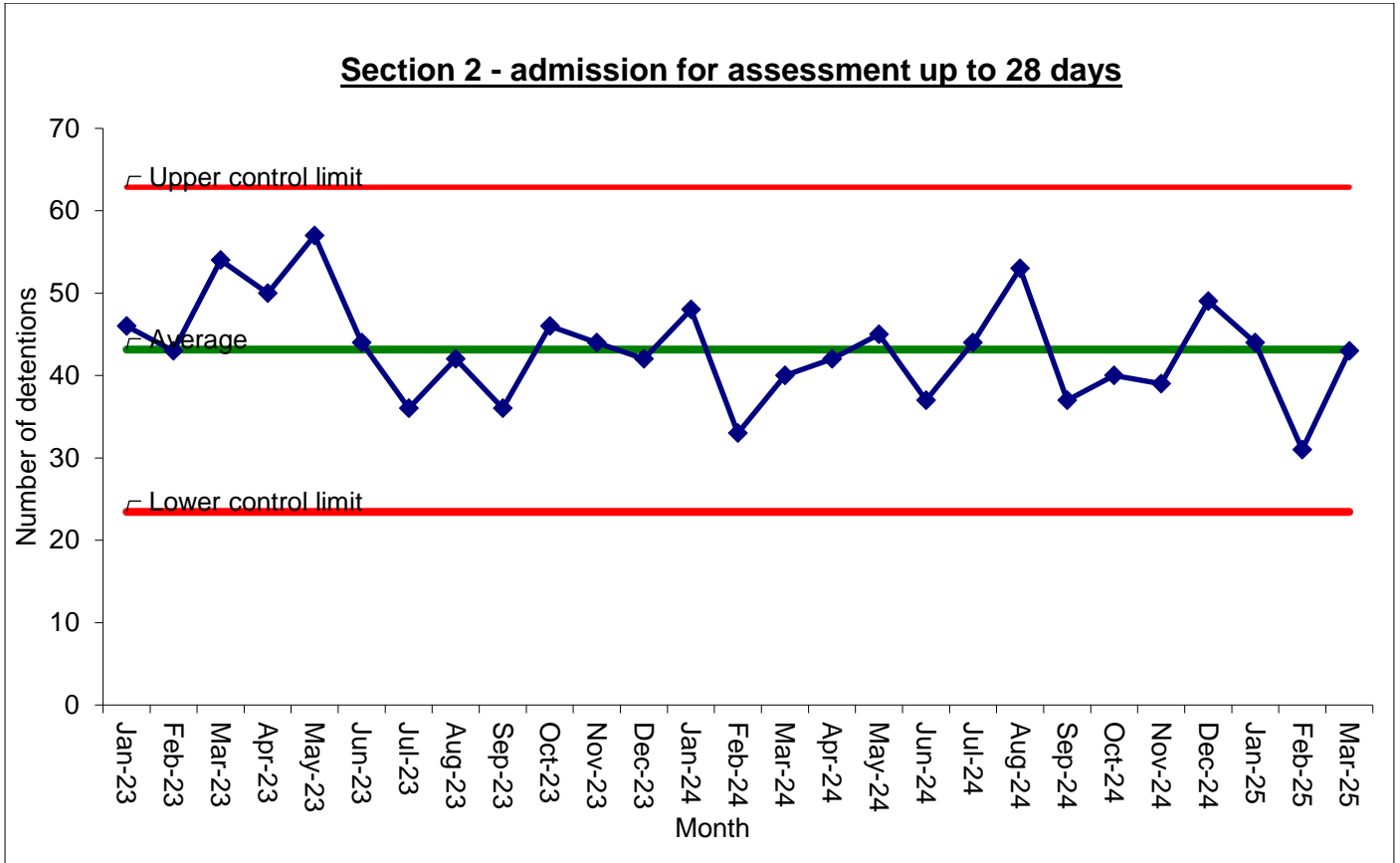
Section 4 - Admission for Assessment in Cases of Emergency

Section 4 was used three times during the period. All were subsequently placed on Section 2.



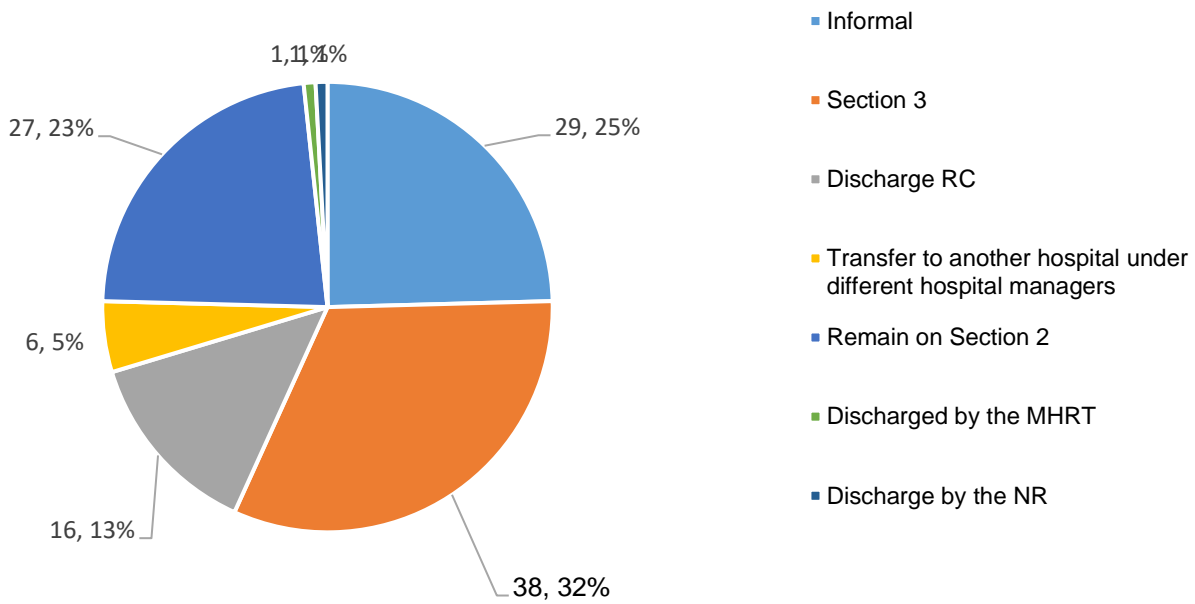
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Section 2 – Admission for Assessment



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Outcome following Section 2 during the period

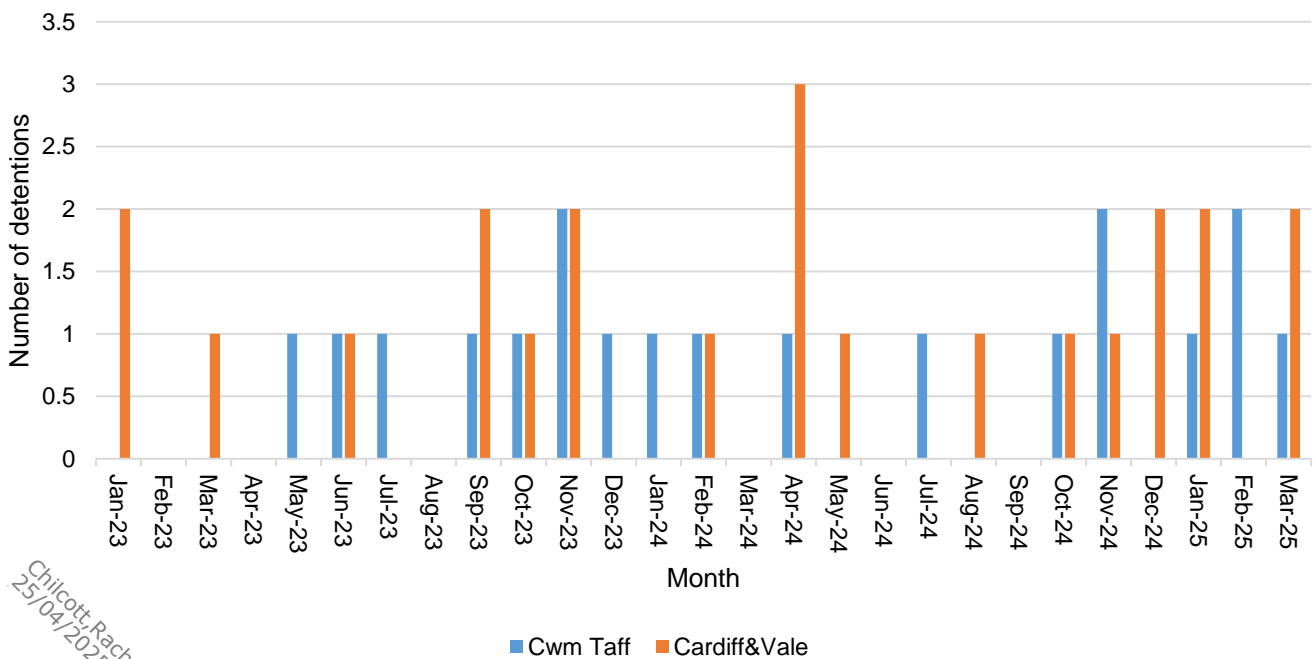


CAMHS Commissioned Inpatient Data

Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

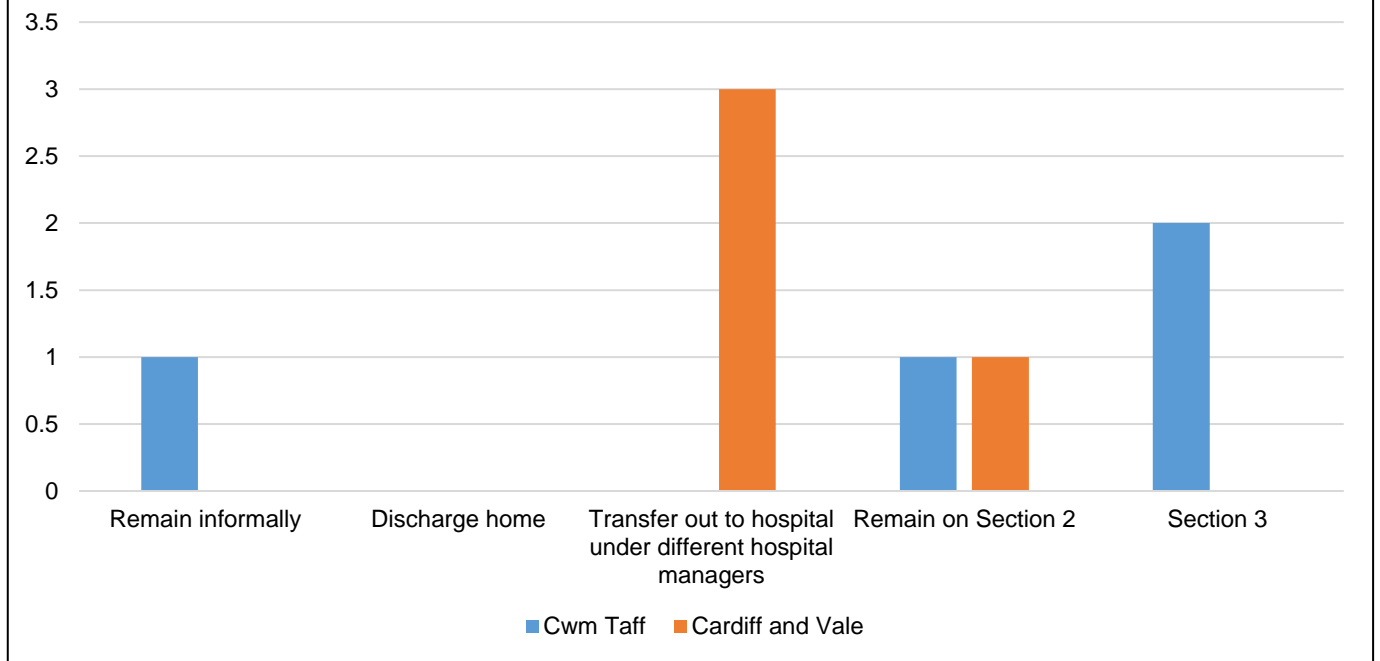
Included in the above data are those under 18 years of age. This is extracted below;-

Use of Section 2 on those under 18 years of age by detaining authority



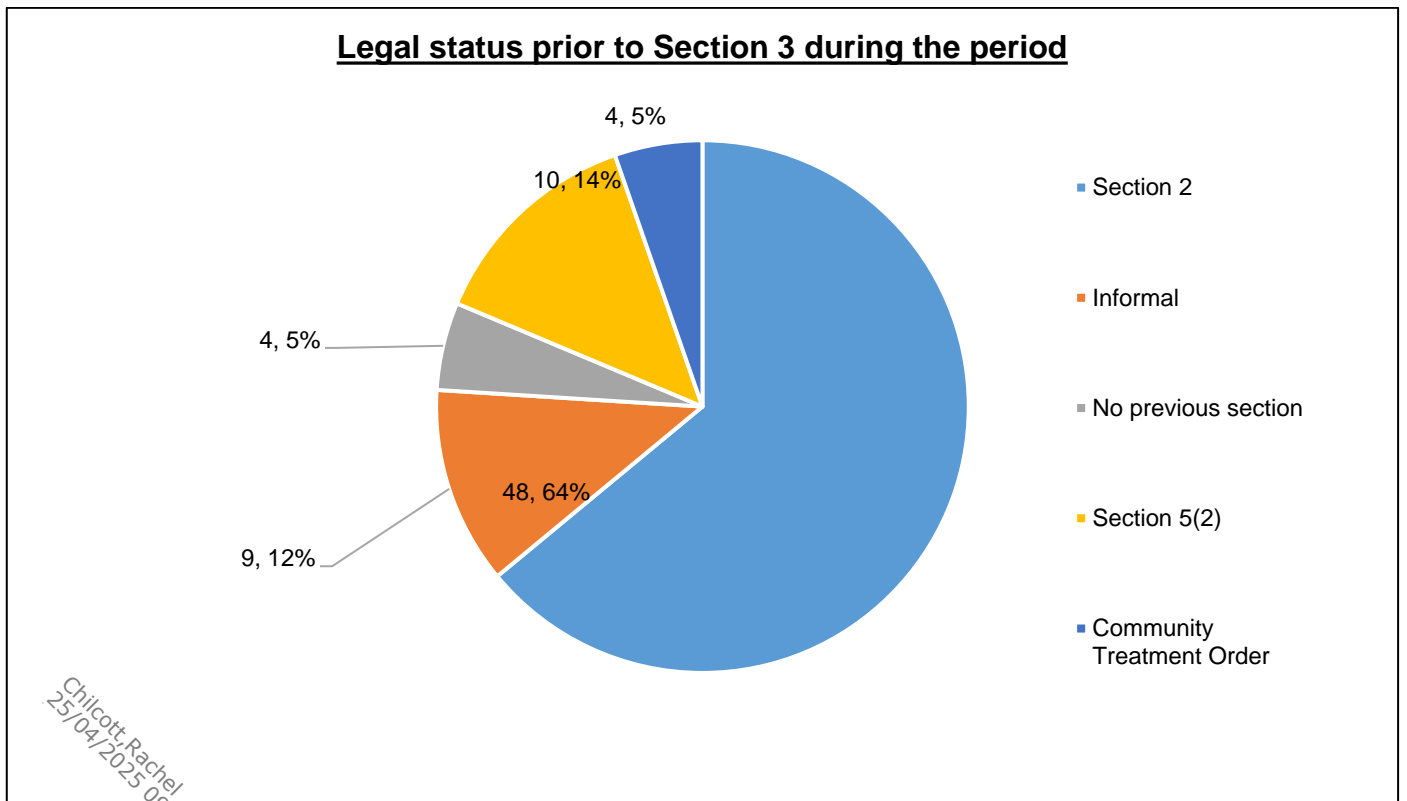
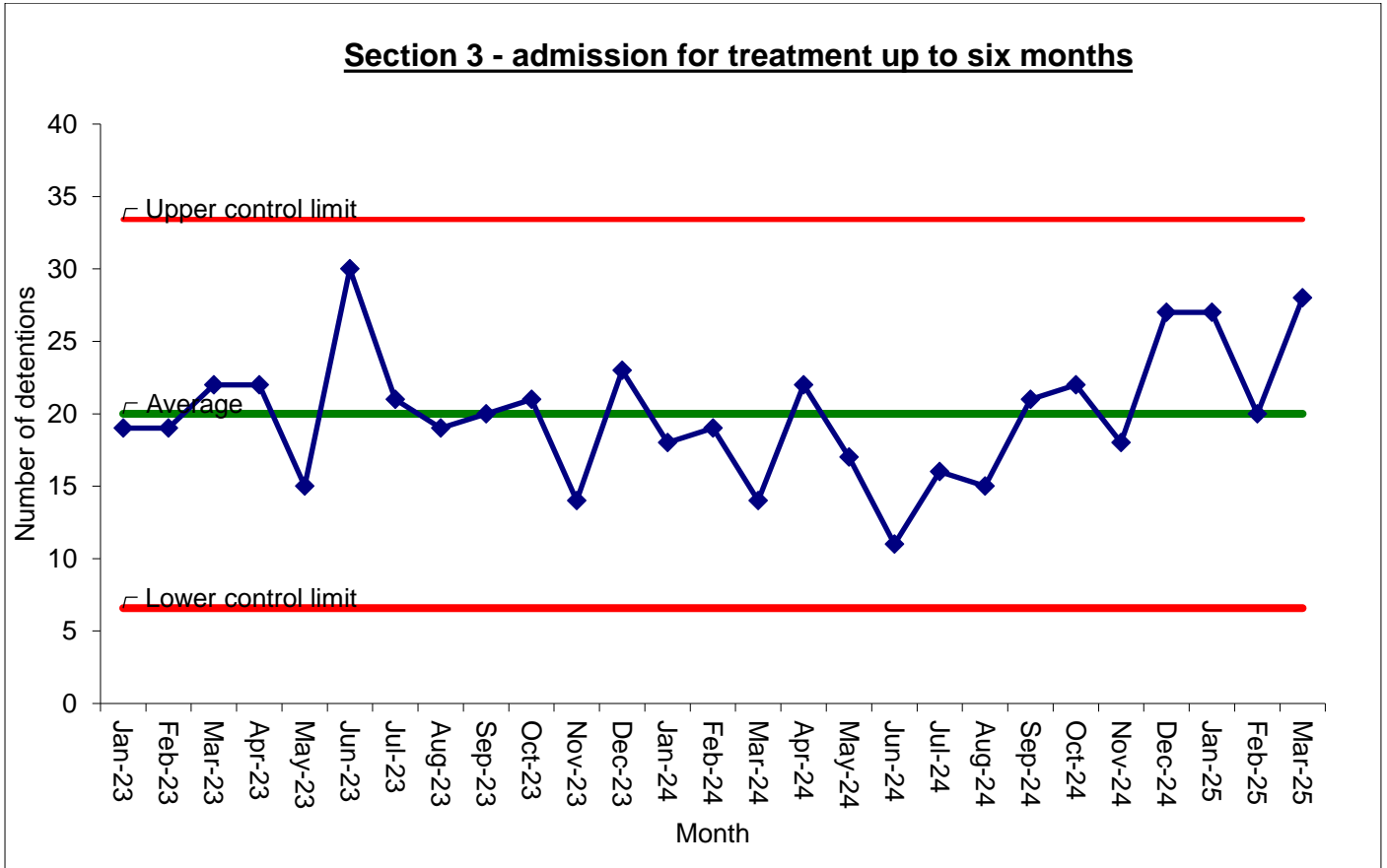
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Outcome of Section 2 for those under 18 years of age by detaining authority



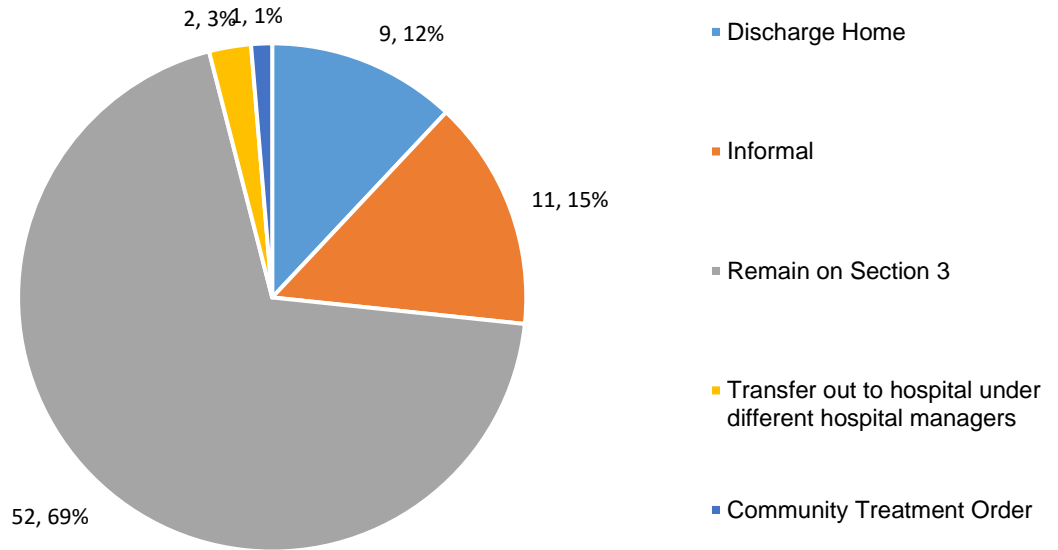
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Section 3 – Admission for Treatment



The above data would include those under 18 years of age.

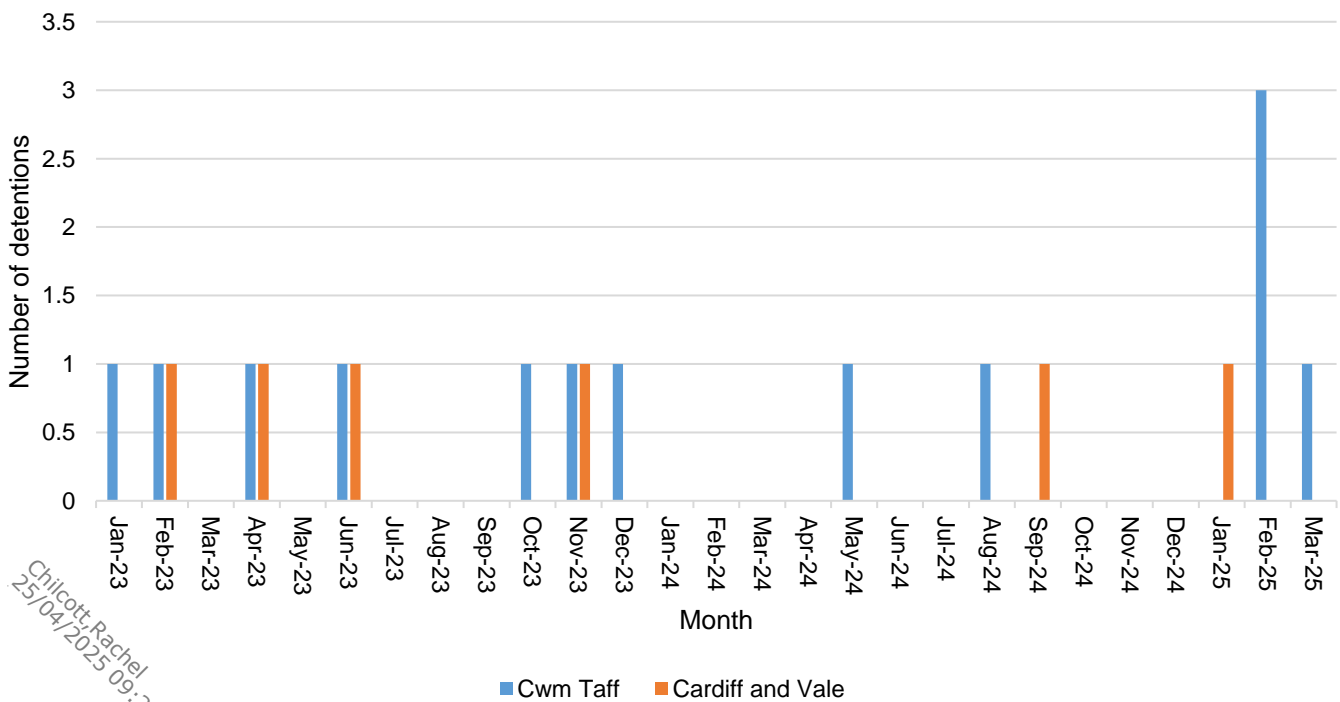
Outcome following Section 3 during the period



CAMHS Commissioned Inpatient Data

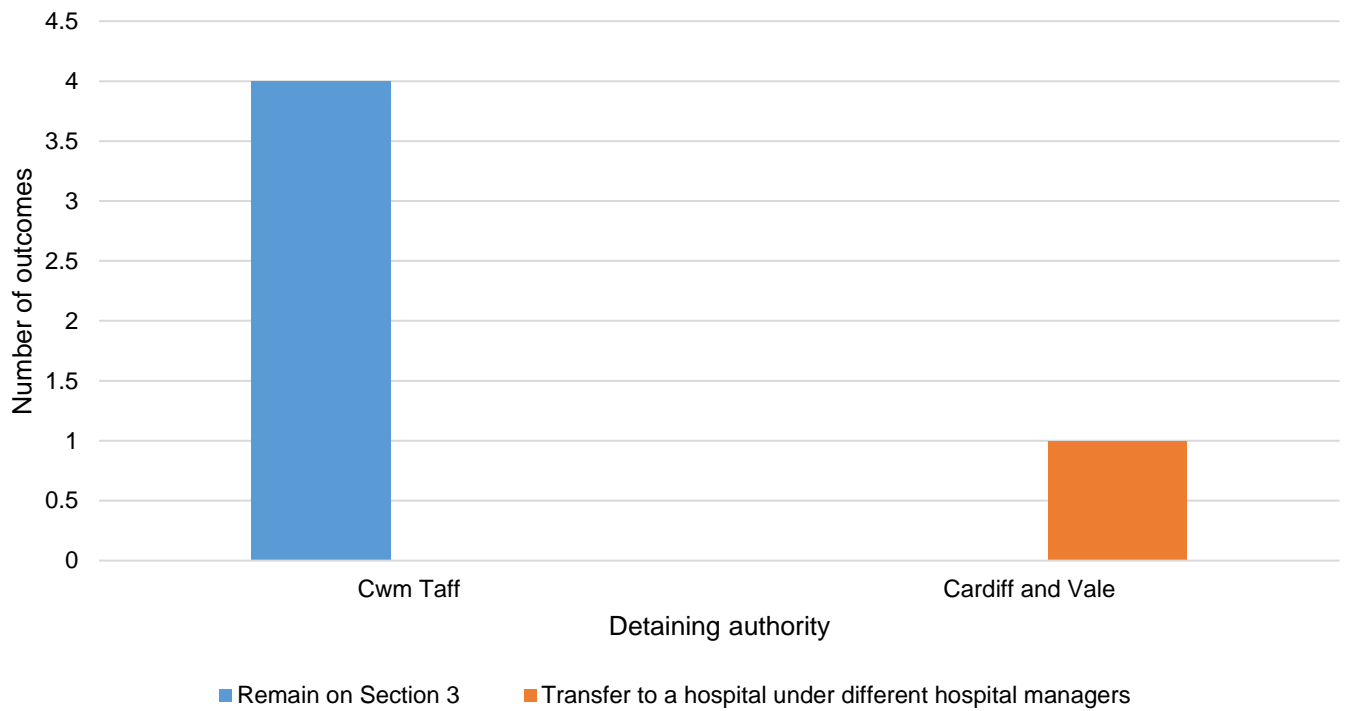
Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

Use of Section 3 on those under 18 years of age by detaining authority



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Outcome of Section 3 for those under 18 years of age by detaining authority

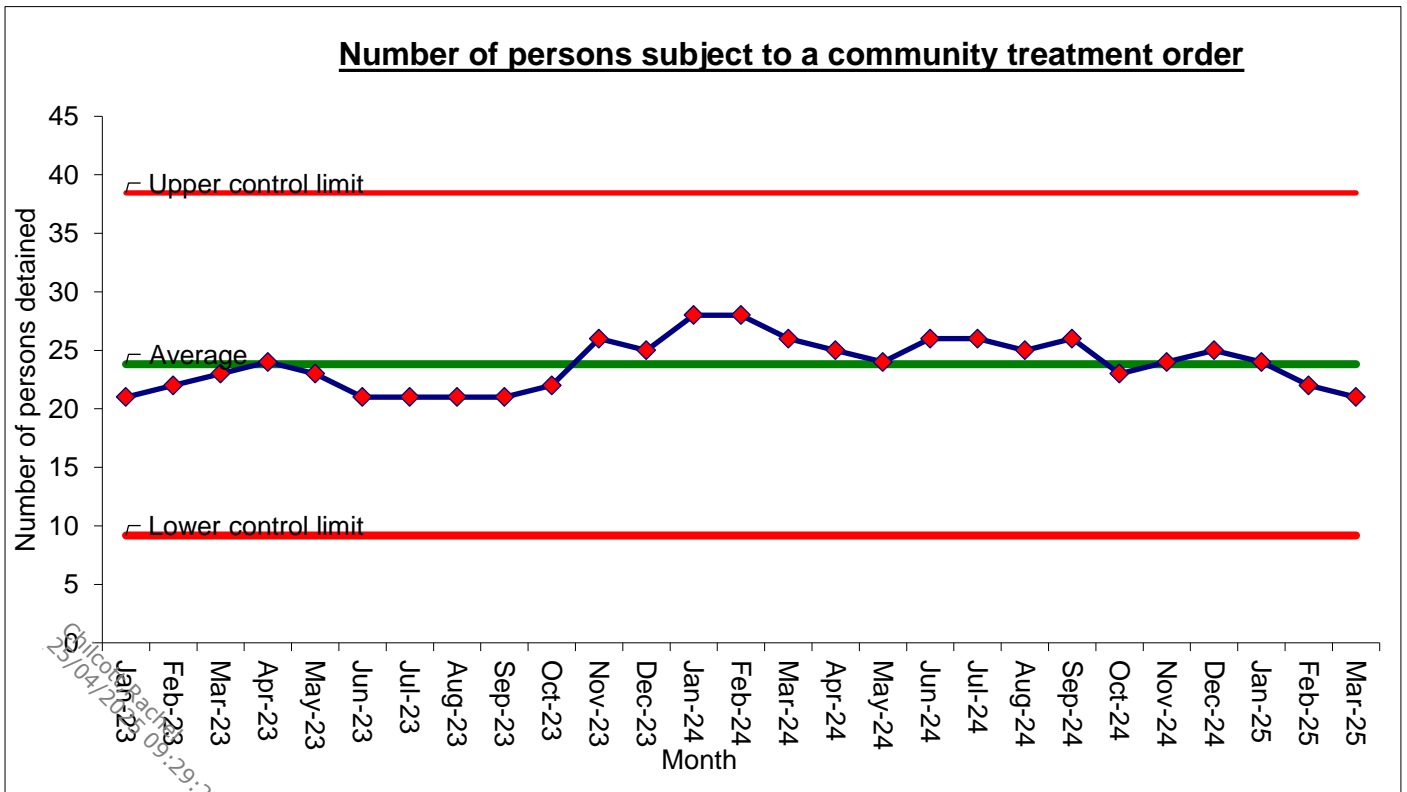
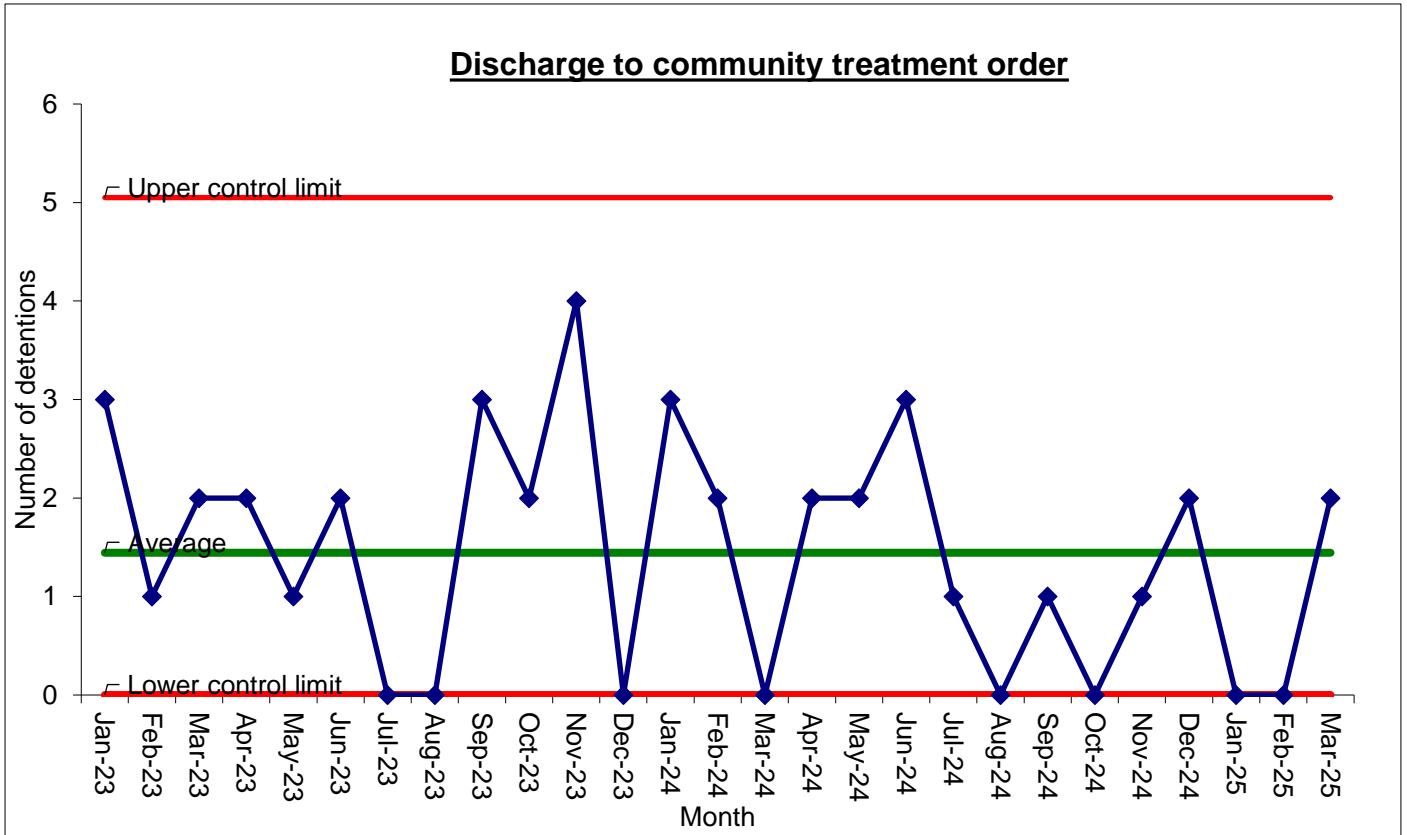


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Community Treatment Order

During the period January – March two patients were discharged to a Community Treatment Order.

As of 31st March 2025, twenty one patients were subject to a Community Treatment Order (CTO).



Recall of a community patient under Section 17E

During the period, the power of recall was used four times. All ended with the person being revoked.

CAMHS Commissioned Inpatient Data

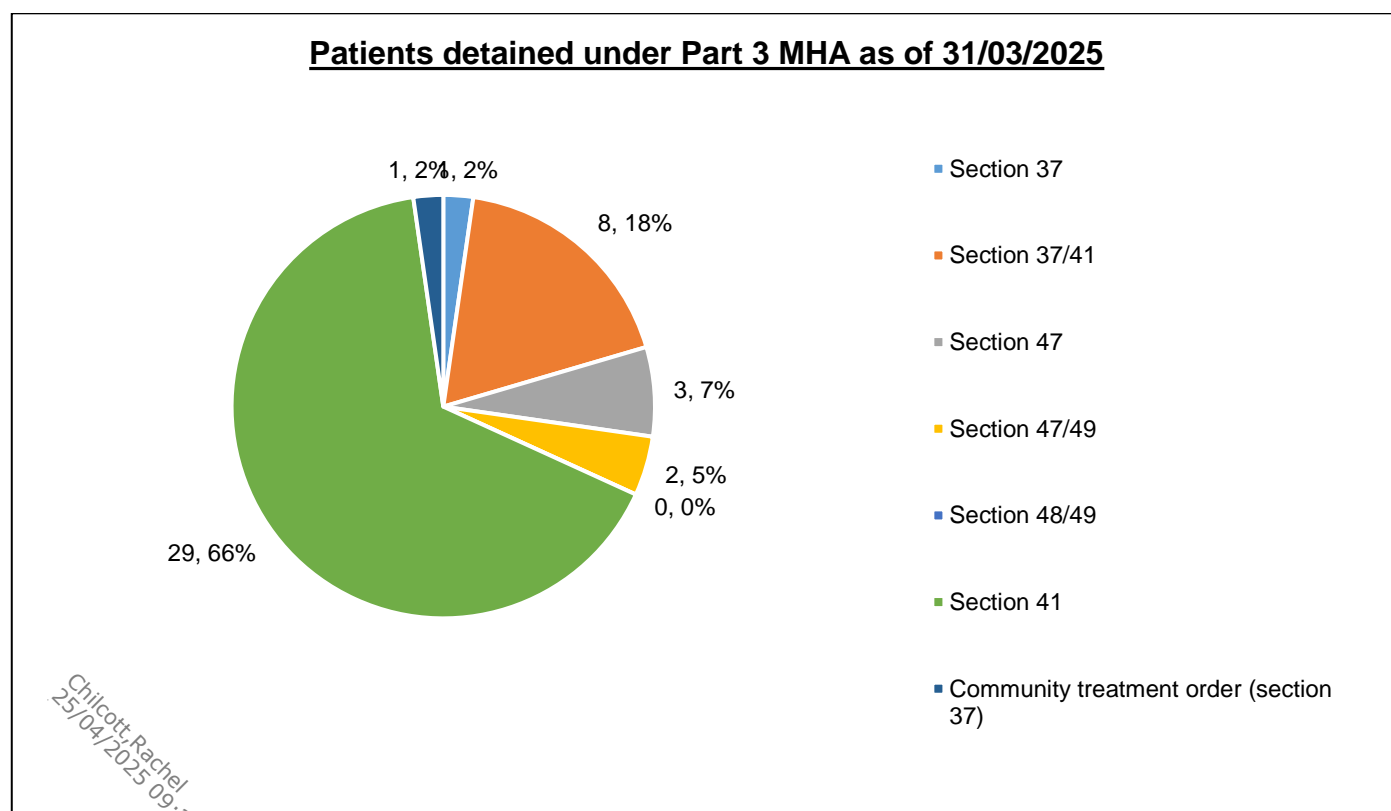
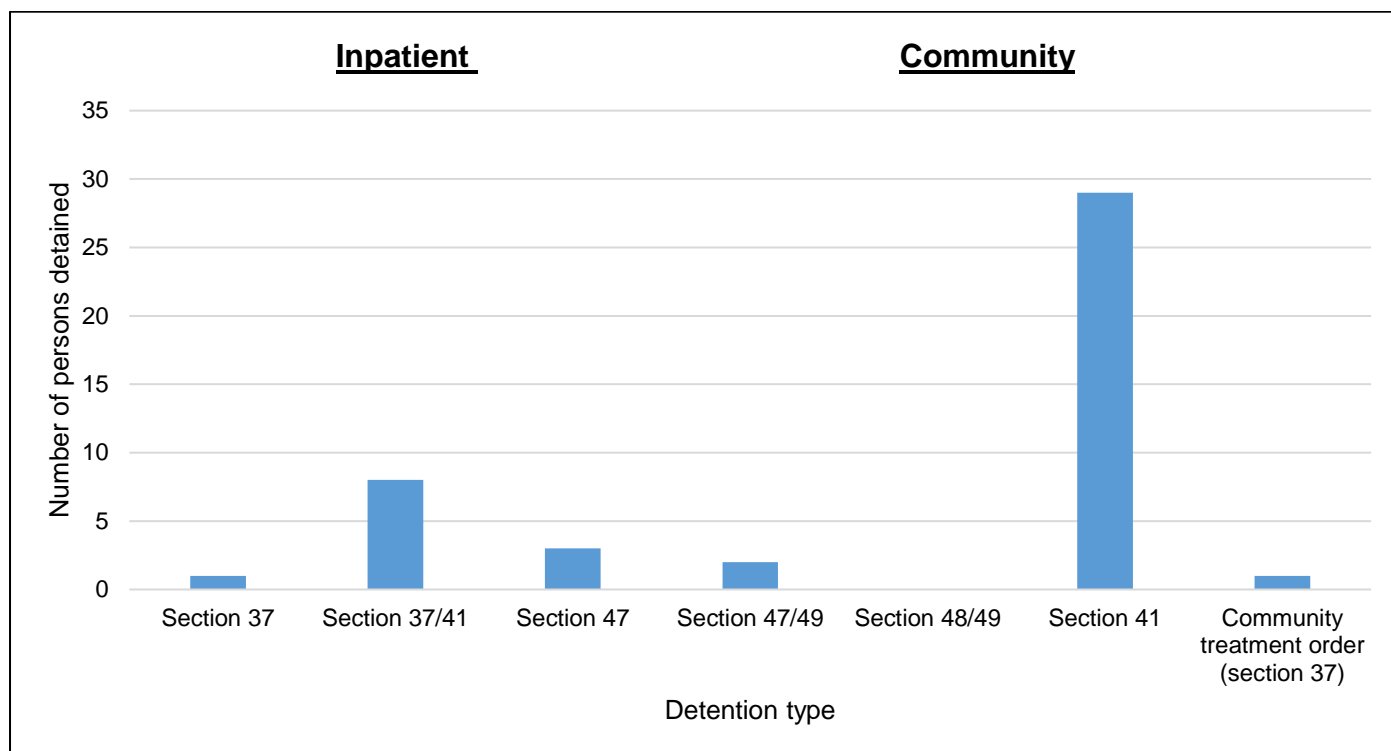
Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

During this period there no uses of Community Treatment Orders for persons under the age of 18 years of age.

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Part 3 of the Mental Health Act 1983

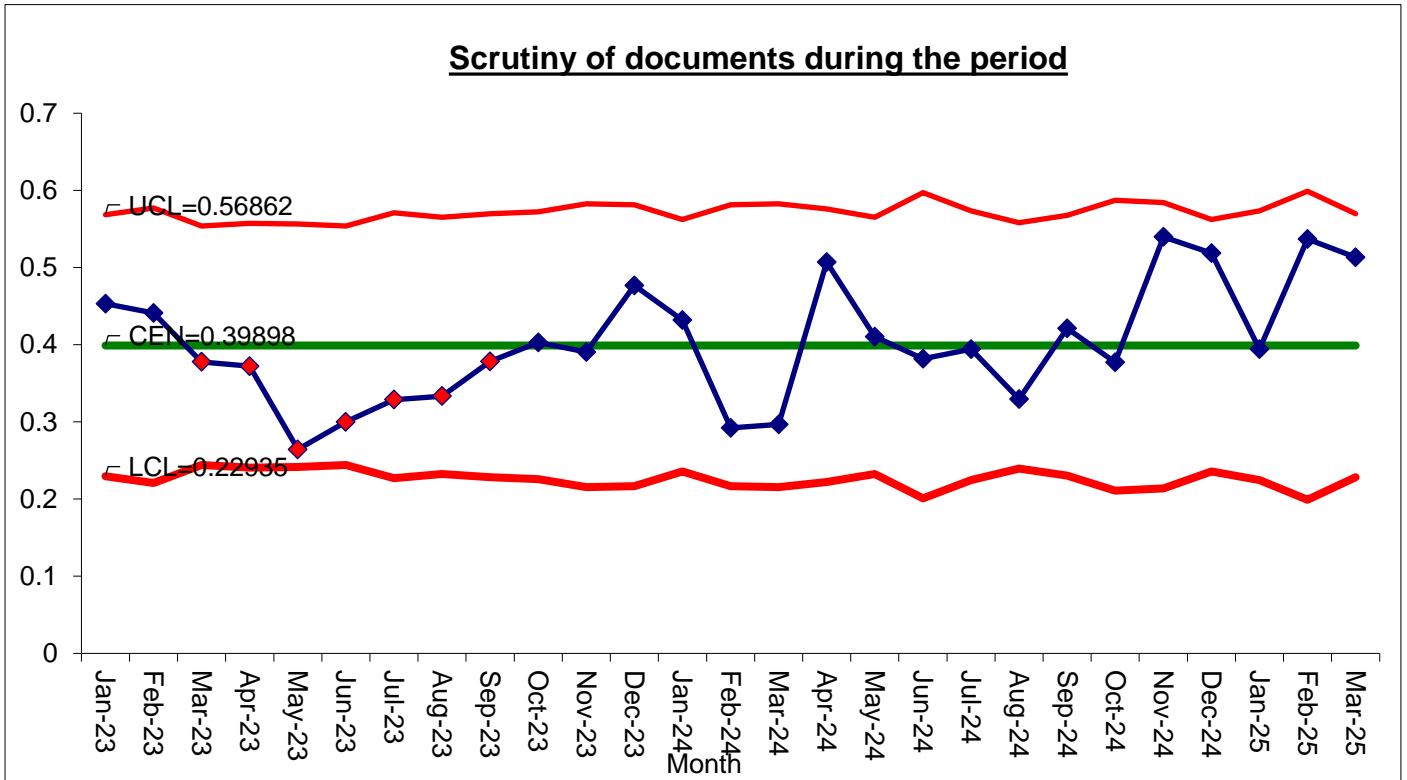
The number of Part 3 patients detained in Cardiff and Vale University Health Board Hospitals or subject to Community Treatment/Conditional Discharge in the community as at 31st December 2024.



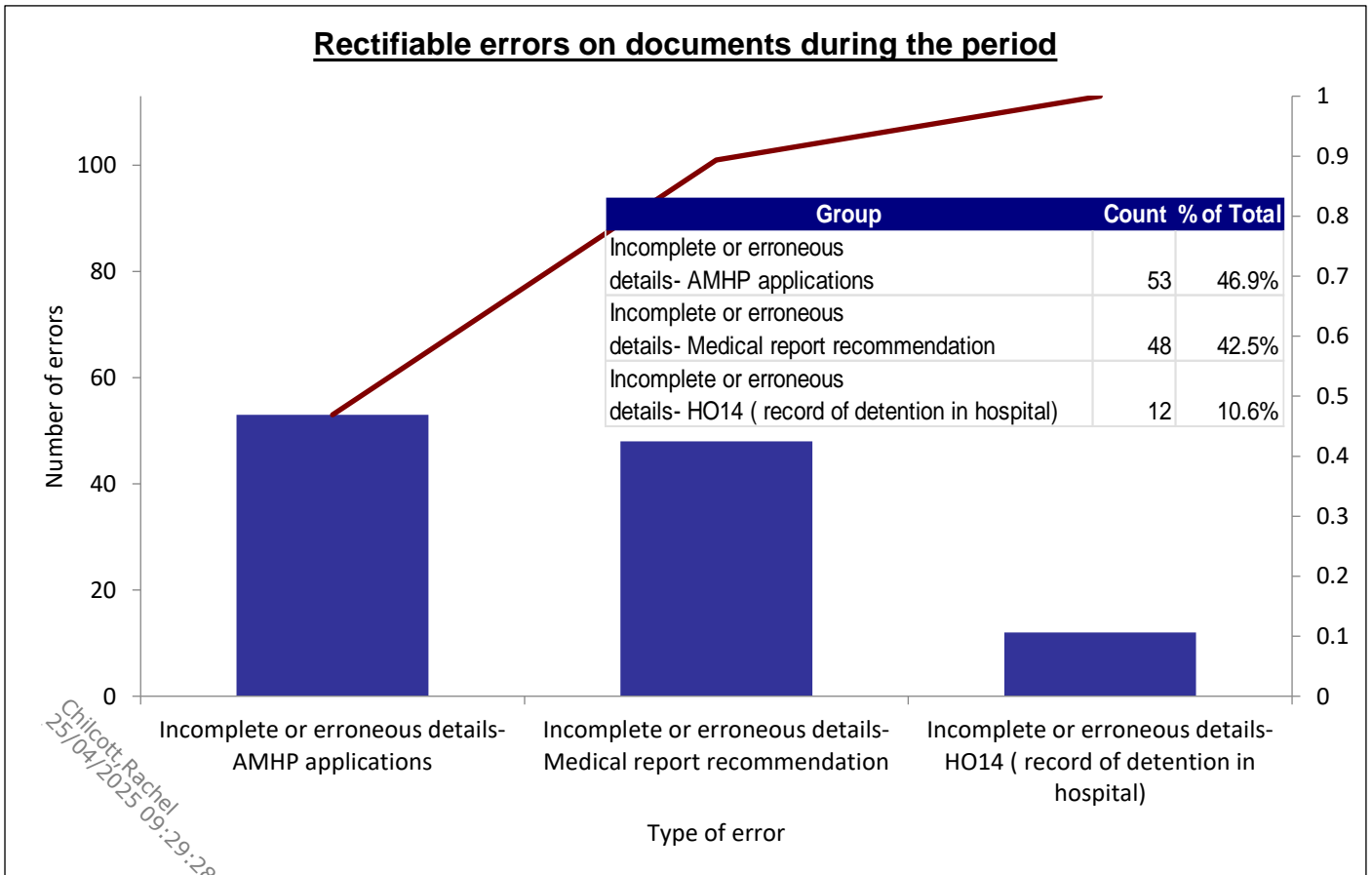
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Scrutiny of documents during the period

The chart below is a different type of control chart (P Chart) which looks at the proportions. The width of the control limits is dictated by the size of the denominator, so a larger denominator will have a narrower limit.

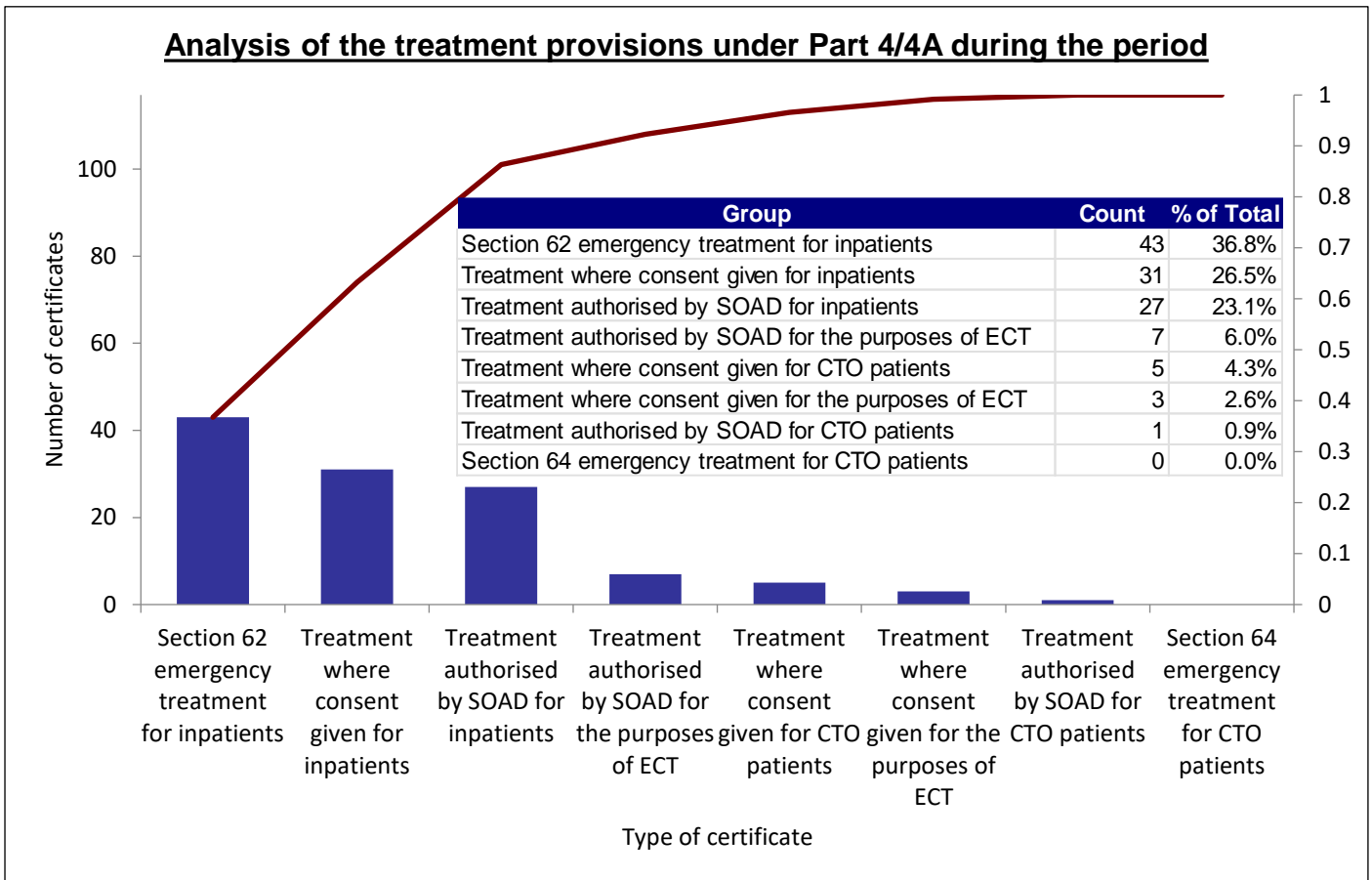


Rectifiable errors on documents during the period



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Consent to Treatment



Urgent Treatment

There are some circumstances in which the approved clinician may authorise a detained patient's urgent treatment under section 62 however this applies only to patients whose treatment is covered by Part 4 of the Act which is concerned with the treatment of detained patients and Part 4A supervised community treatment patients recalled to hospital.

Urgent treatment is defined as treatment that is:

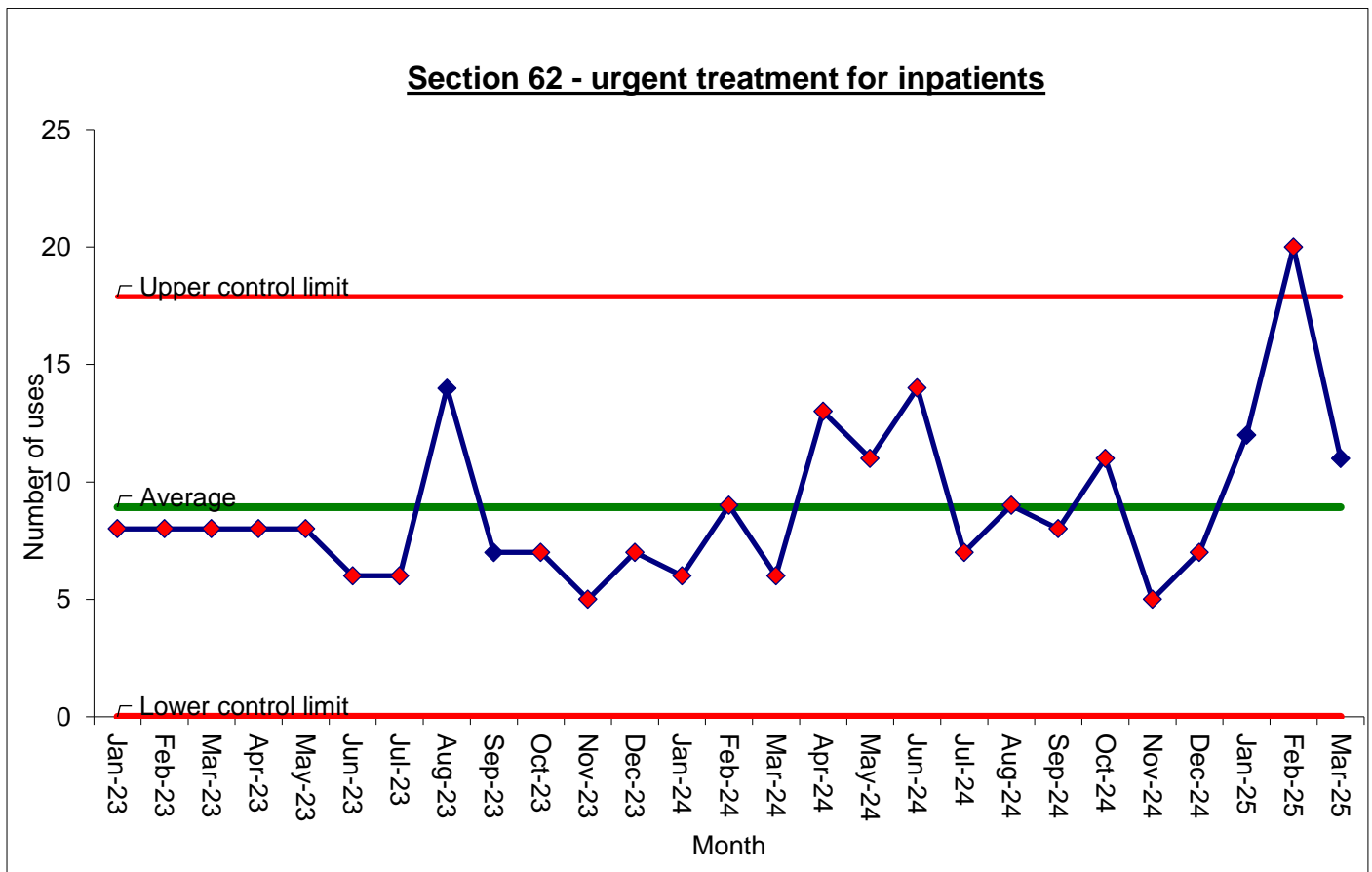
- Immediately necessary to save the patient's life; or
- That is not irreversible but is immediately necessary to prevent a serious deterioration of the patient's condition; or
- That is not irreversible or hazardous but is immediately necessary to alleviate serious suffering by the patient; or
- That is not irreversible or hazardous but is immediately necessary and represents the minimum interference to prevent the patient from behaving violently or being a danger to himself or others.

A patient's treatment may be continued pending compliance with s.58, if discontinuation would cause serious suffering to the patient.

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Urgent treatment can be used in any of the following instances:

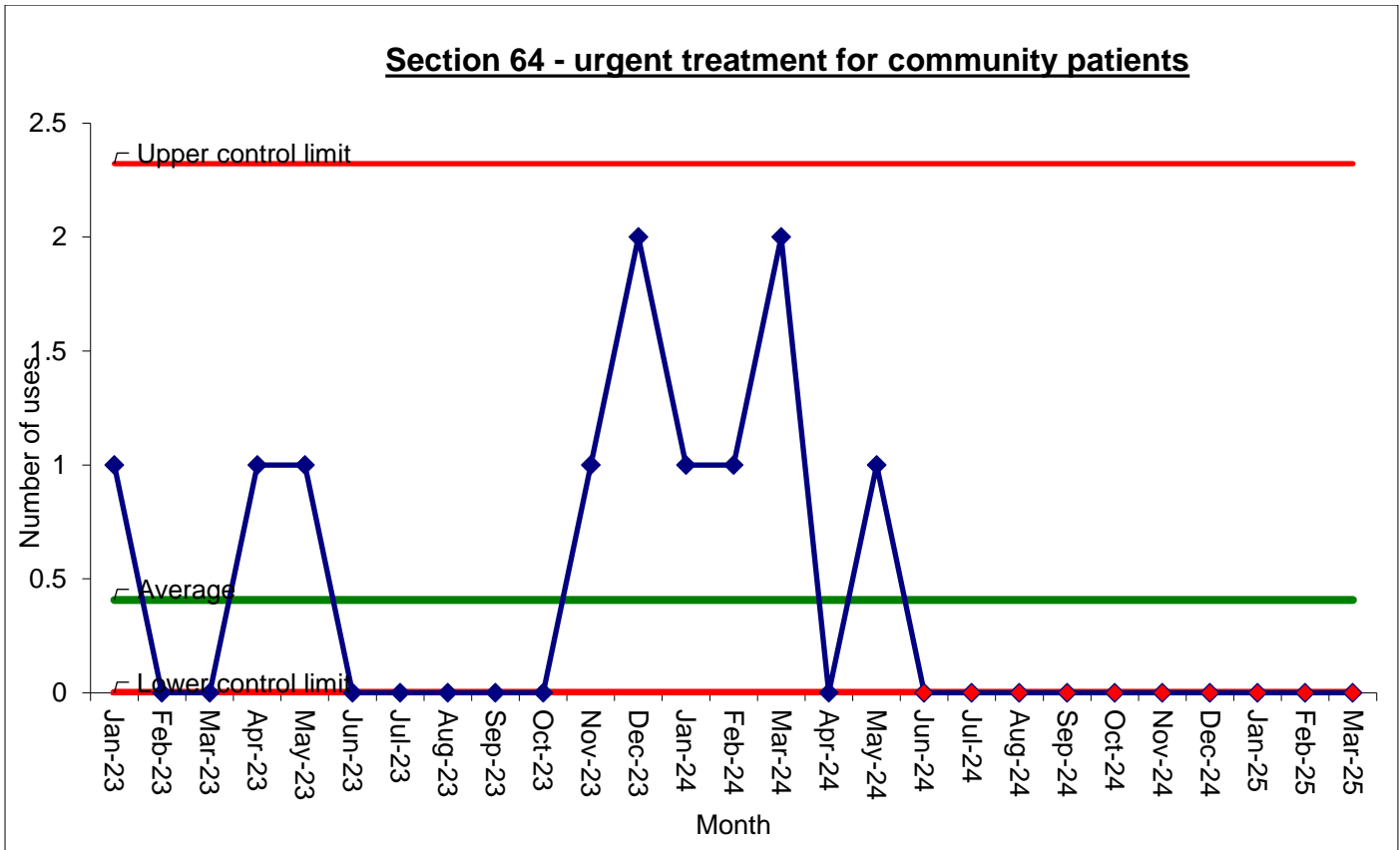
- Where the SOAD has not yet attended to certify treatment within the statutory timeframe.
- Where the SOAD has not yet certified treatment for ECT which needs to be administered as a matter of urgency.
- Where medication is prescribed outside of an existing SOAD certificate.
- Where consent has been withdrawn by the patient and the SOAD has not yet attended to certify treatment.
- Where the patient has lost capacity to consent to treatment and the SOAD has not yet attended for certification purposes.



The above chart highlights that Section 62 was used on forty-three occasions for the following reasons:

- Time limited certificate x2
- Change of medication x4
- Change of capacity x2
- Three-month rule x15
- Emergency ECT x18
- CTO revoke x1
- Transfer in x1

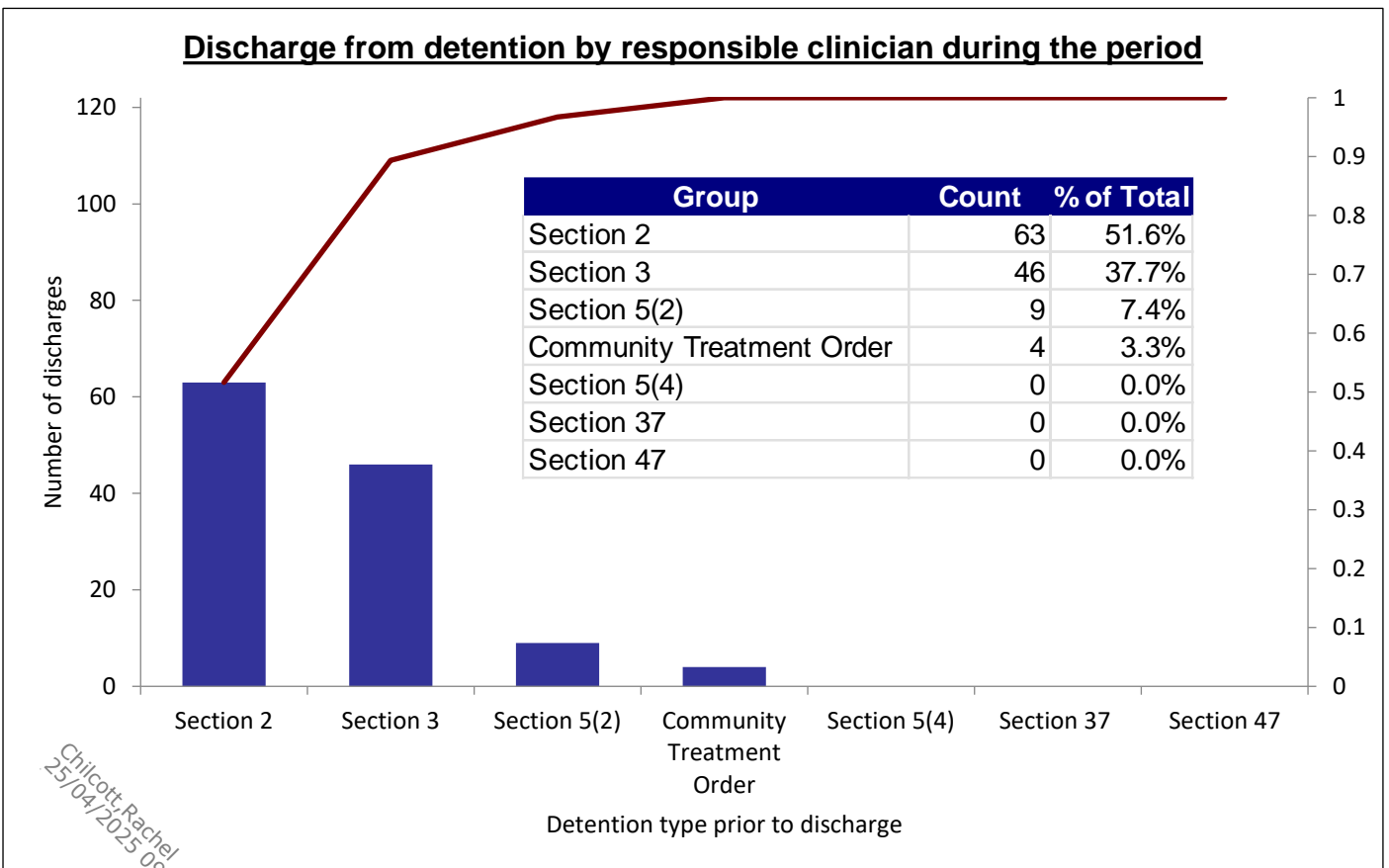
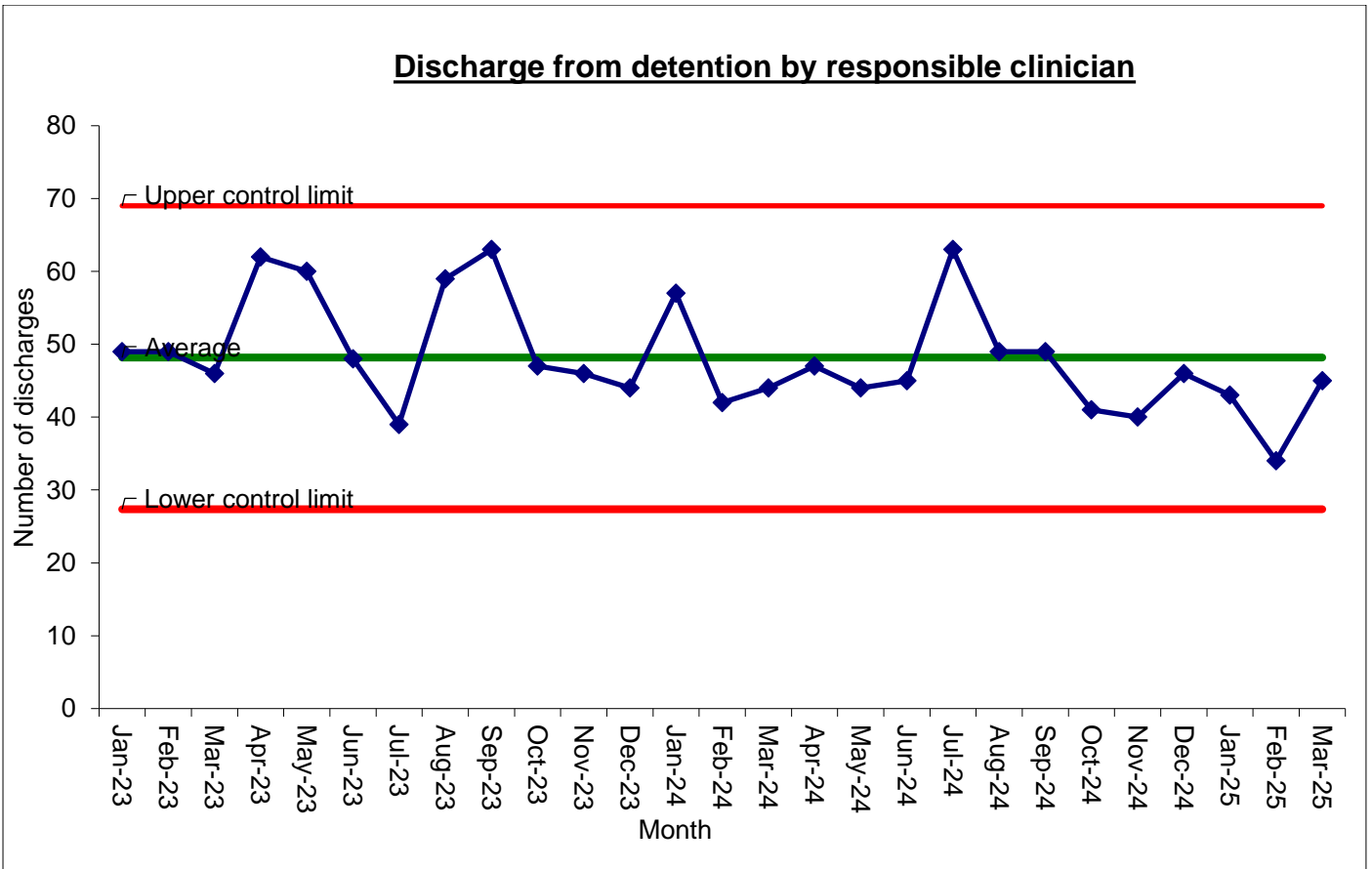
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The above chart highlights that Section 64 was not used during this period.

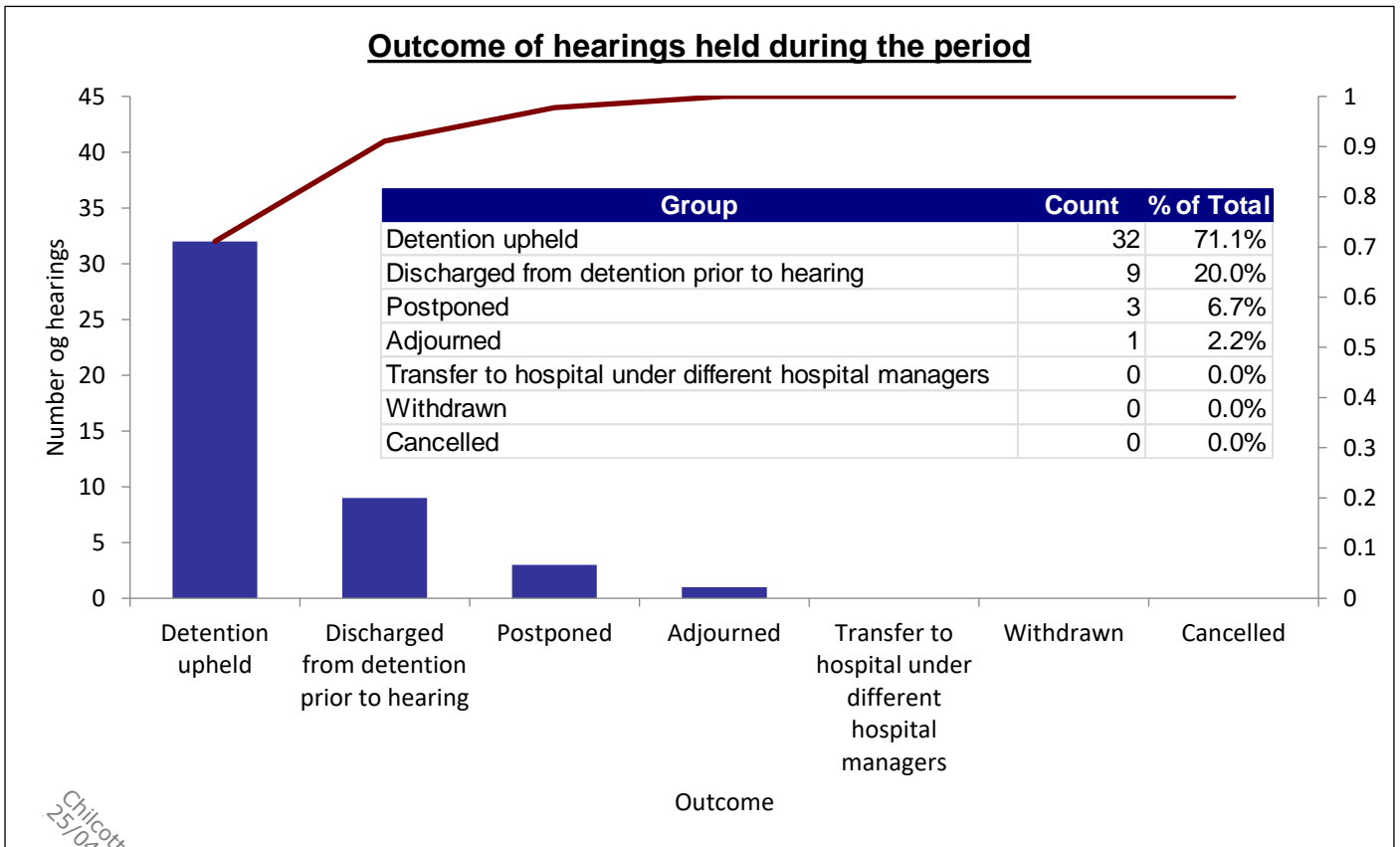
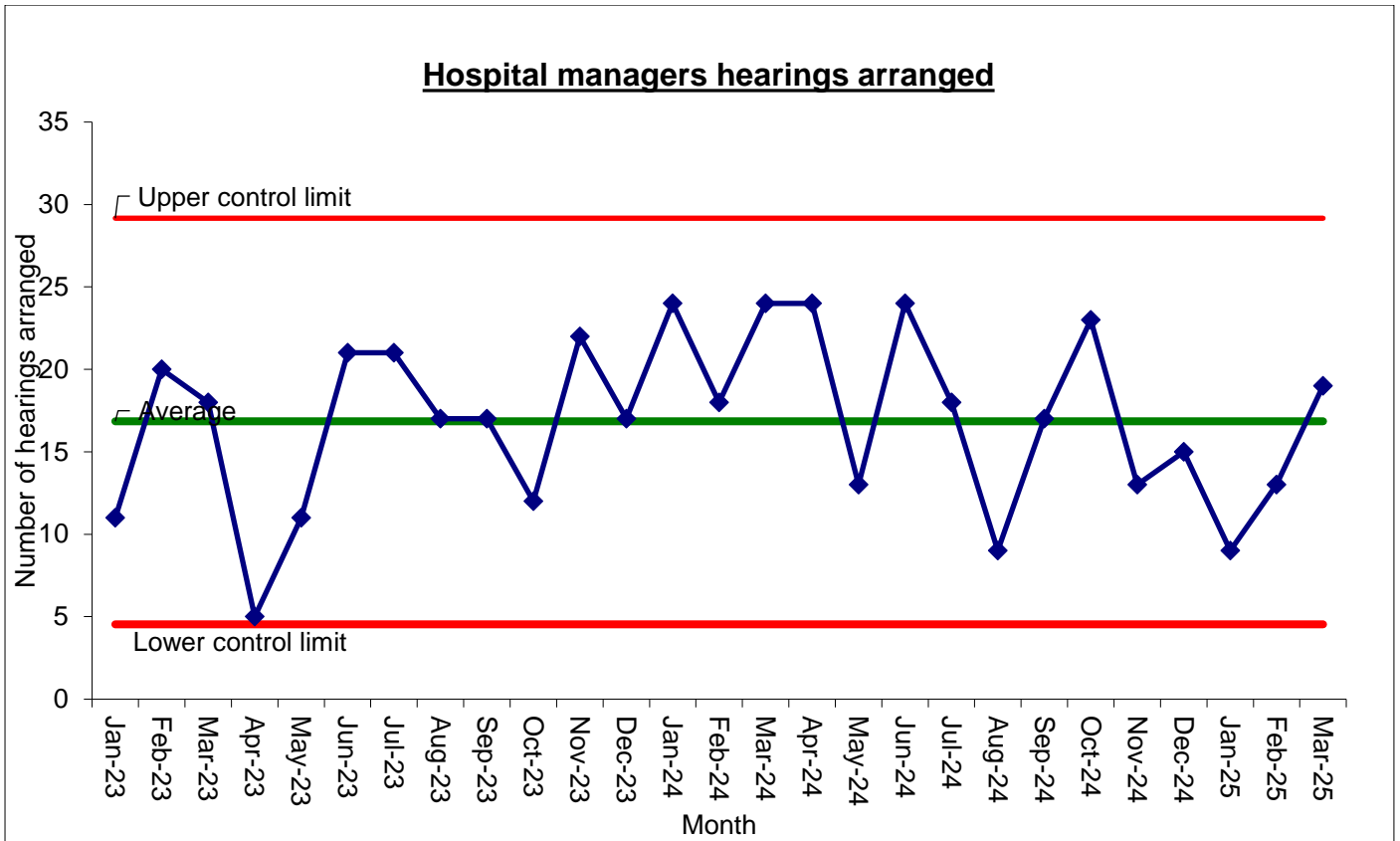
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Discharge



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Hospital Managers – Power of Discharge



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One hearing were adjourned for the following reasons:

- Panel member not available due to I.T. x1

Three hearings were postponed for the following reasons:

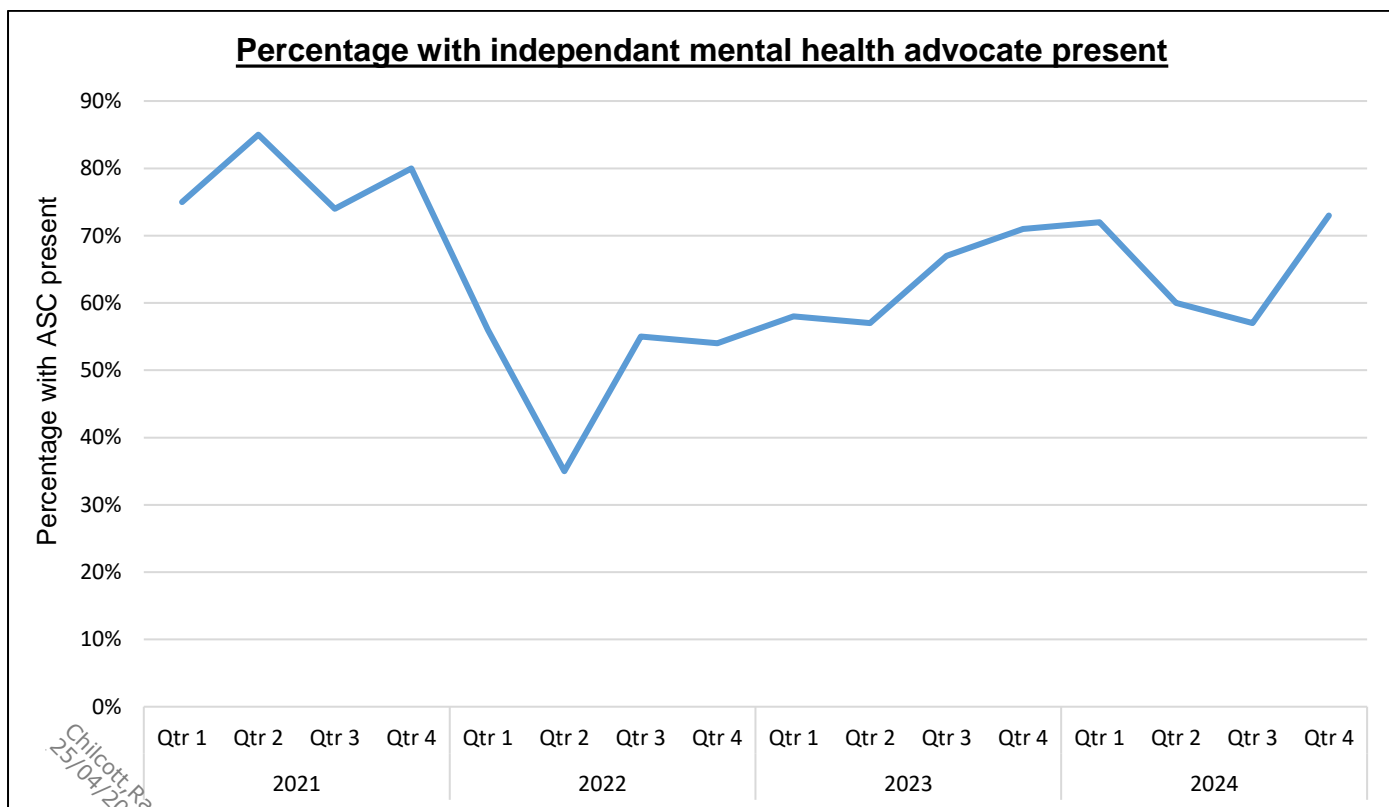
- RC unavailable x1
- SC report not available x1
- CTO had been revoked x1

Advocacy referrals:

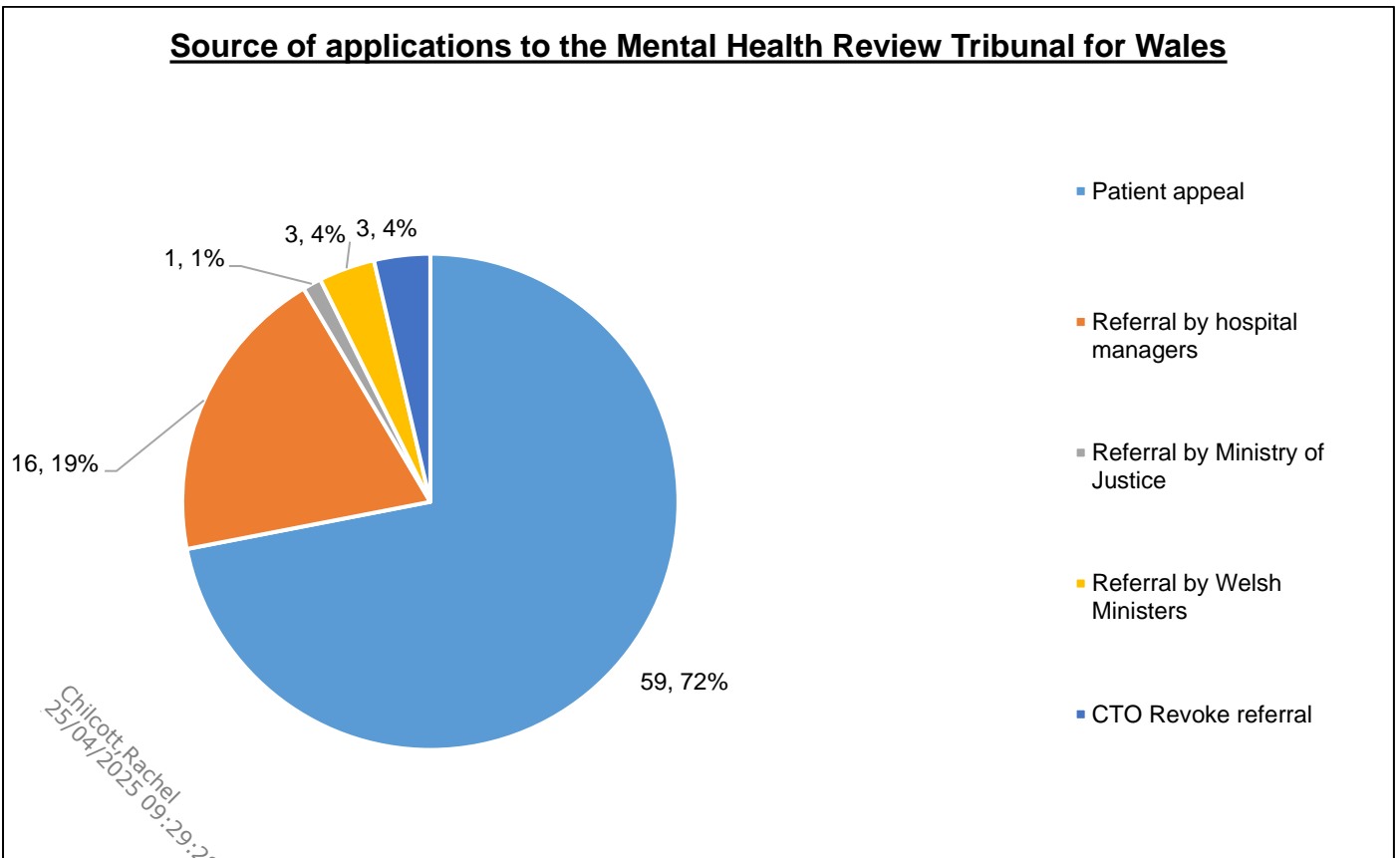
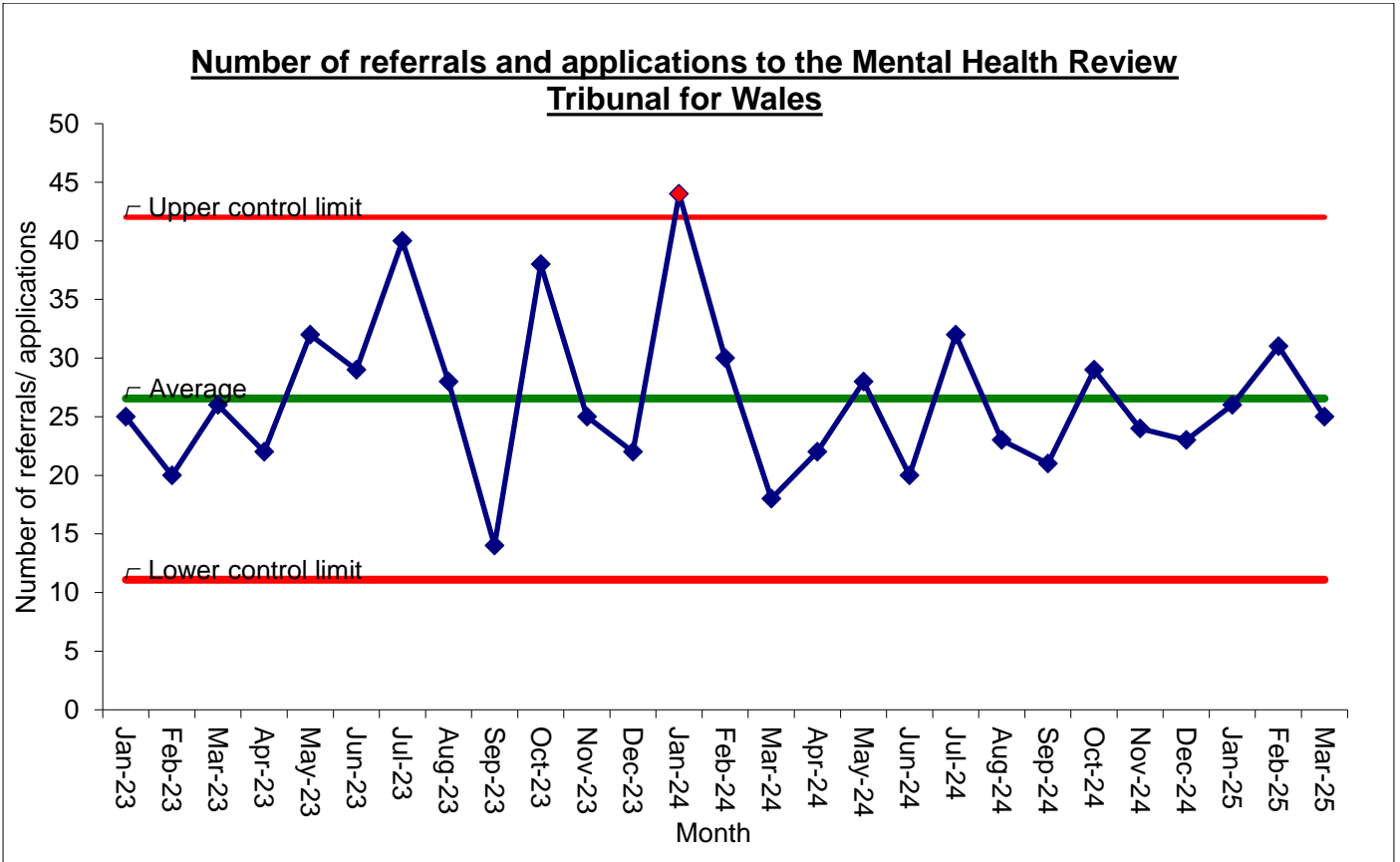
Out of 45 hearings that could have gone ahead during the quarter, 32 of those had been referred for an advocate and advocates attended 24 of those.

Advocates present:

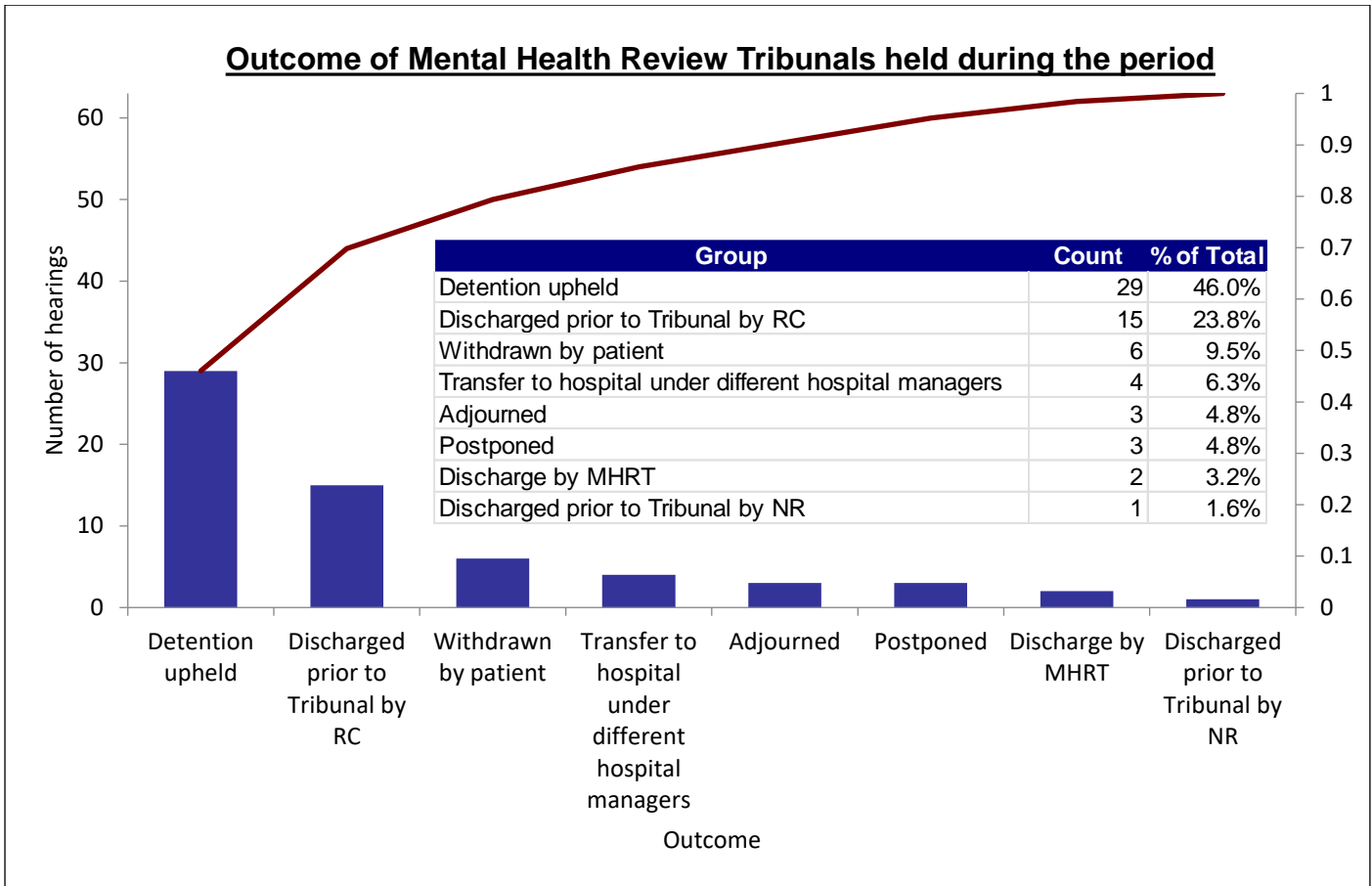
Out of the 45 hearings, only 33 hearings went ahead. Out of that 33, 24 had an advocate present and 9 didn't have an advocate.



Mental Health Review Tribunal (MHRT) for Wales



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Three hearings were adjourned for the following reasons:

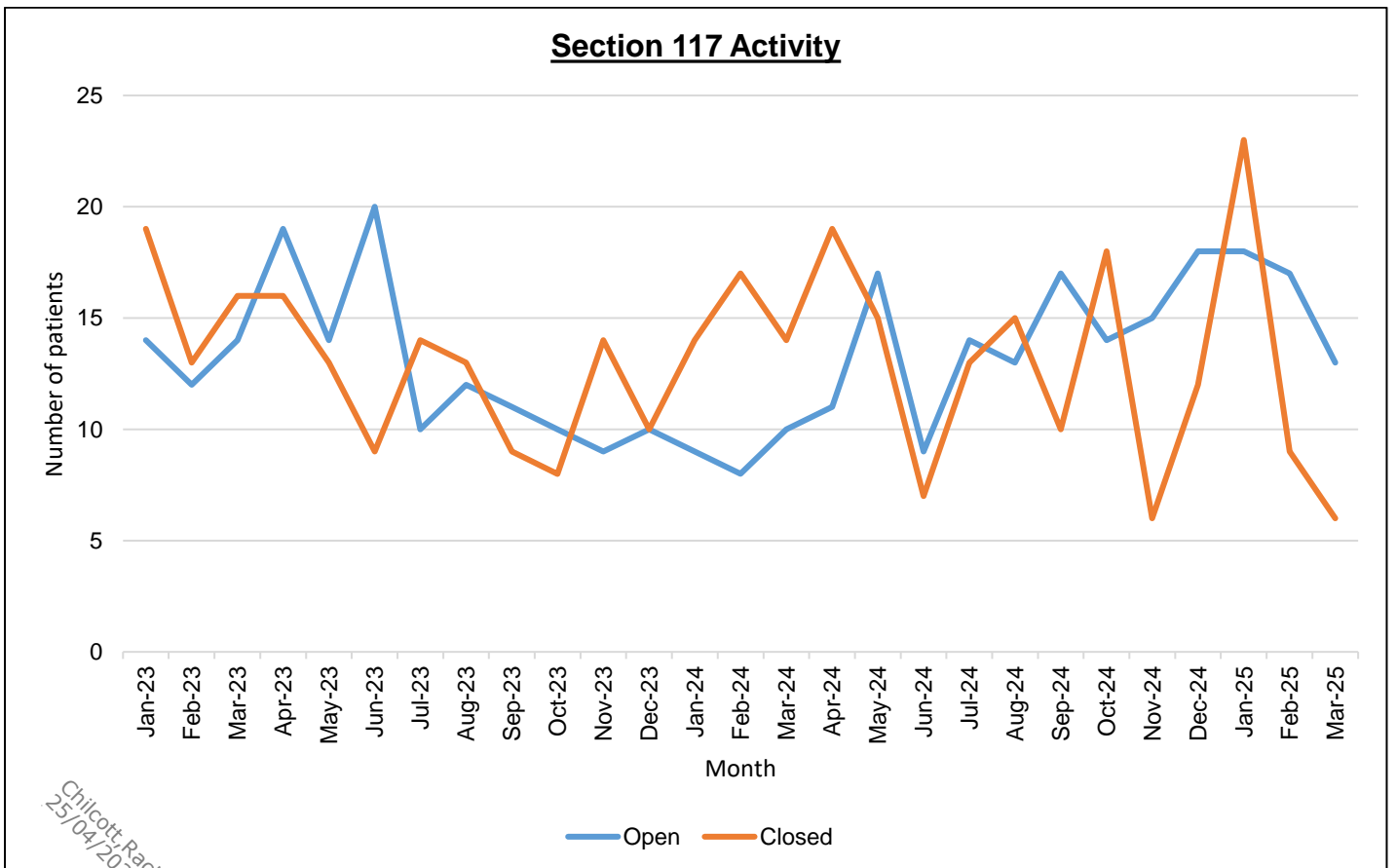
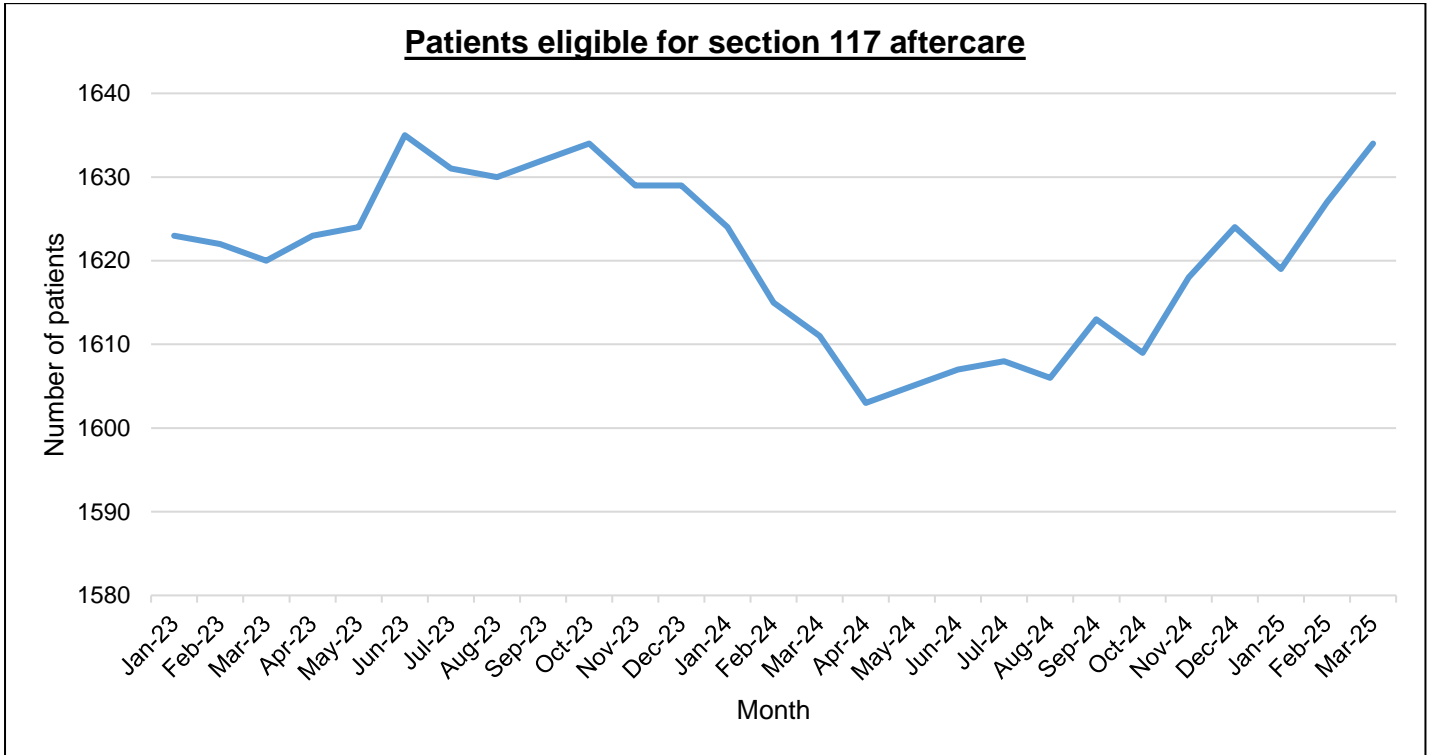
- Patient absconded x1
- Patient disruptive x1
- Needed further reports x1

Three hearings were postponed for the following reasons:

- RC unavailable x1
- RC report unavailable x1
- SW unavailable x1

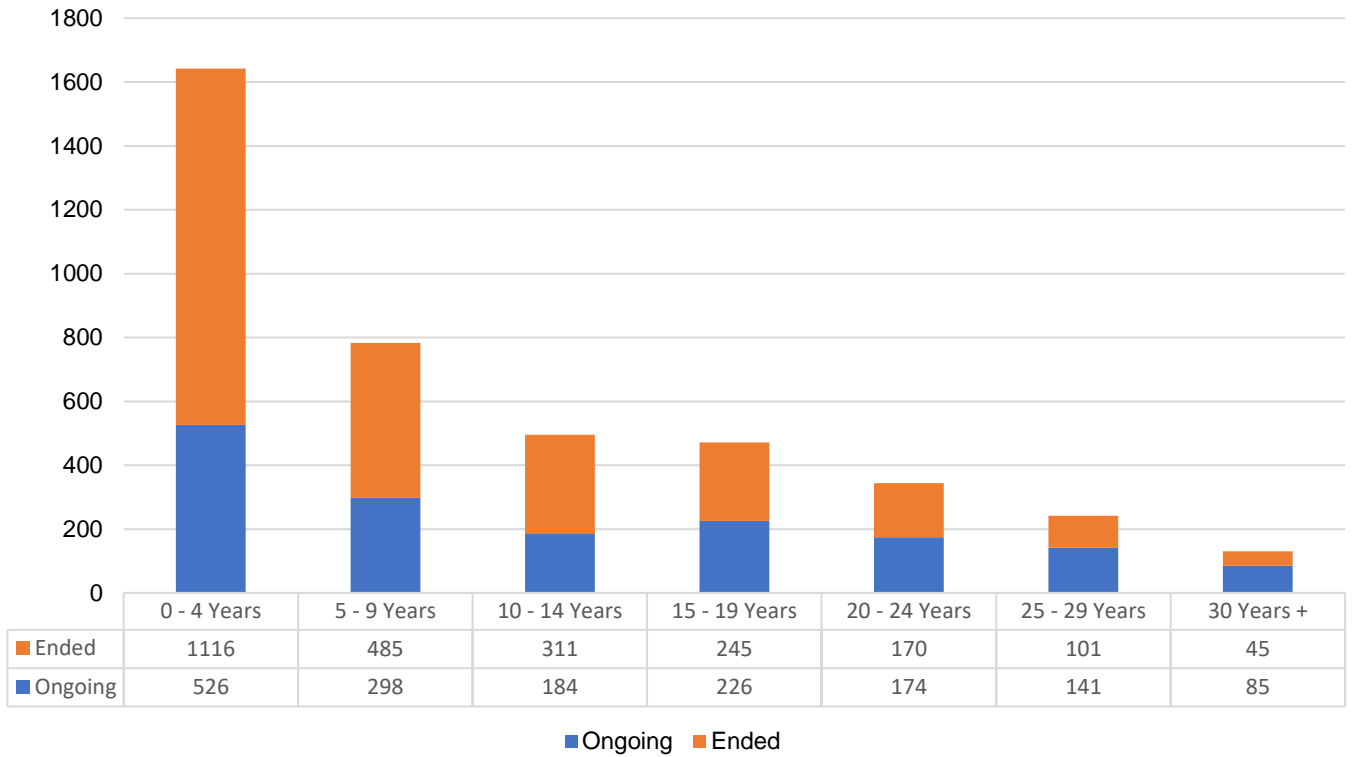
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Section 117 Aftercare



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Periods of time that patients remain eligible for Section 117 aftercare

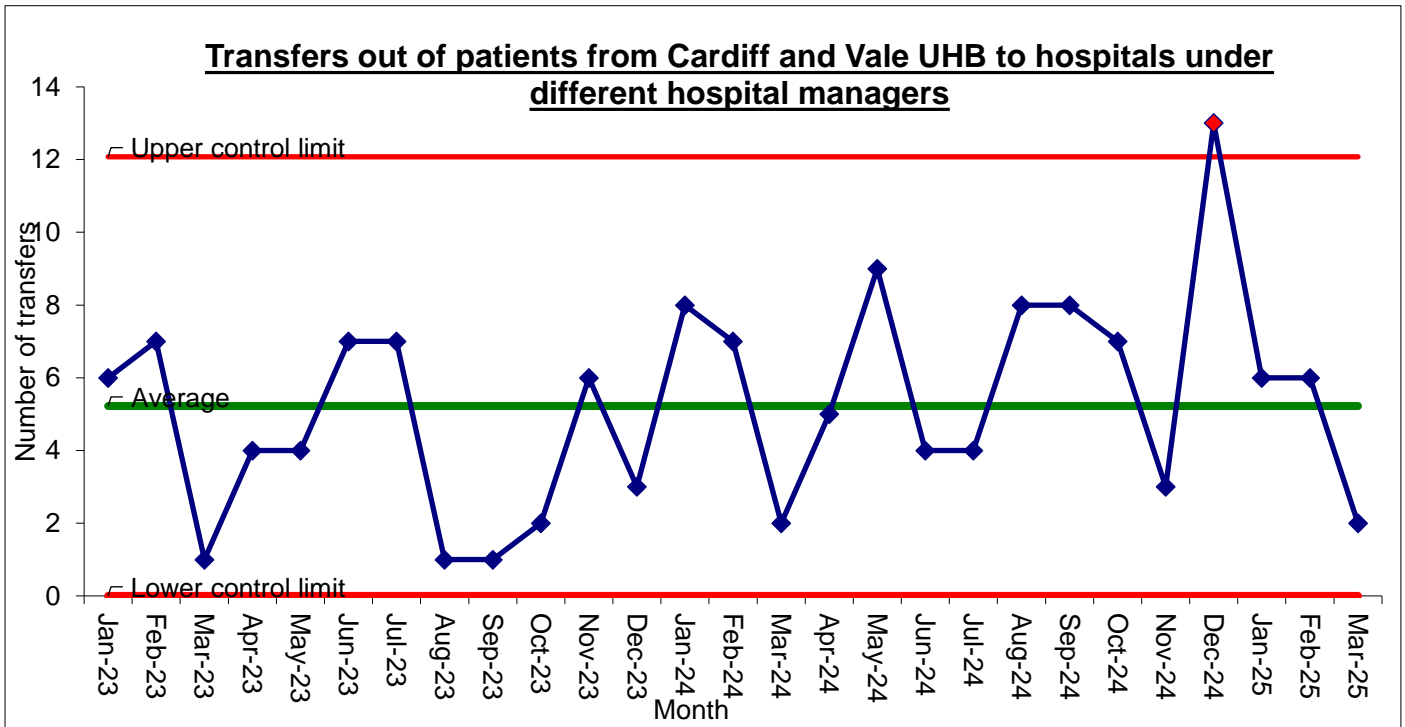


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Section 19 transfers to and from Cardiff and Vale UHB

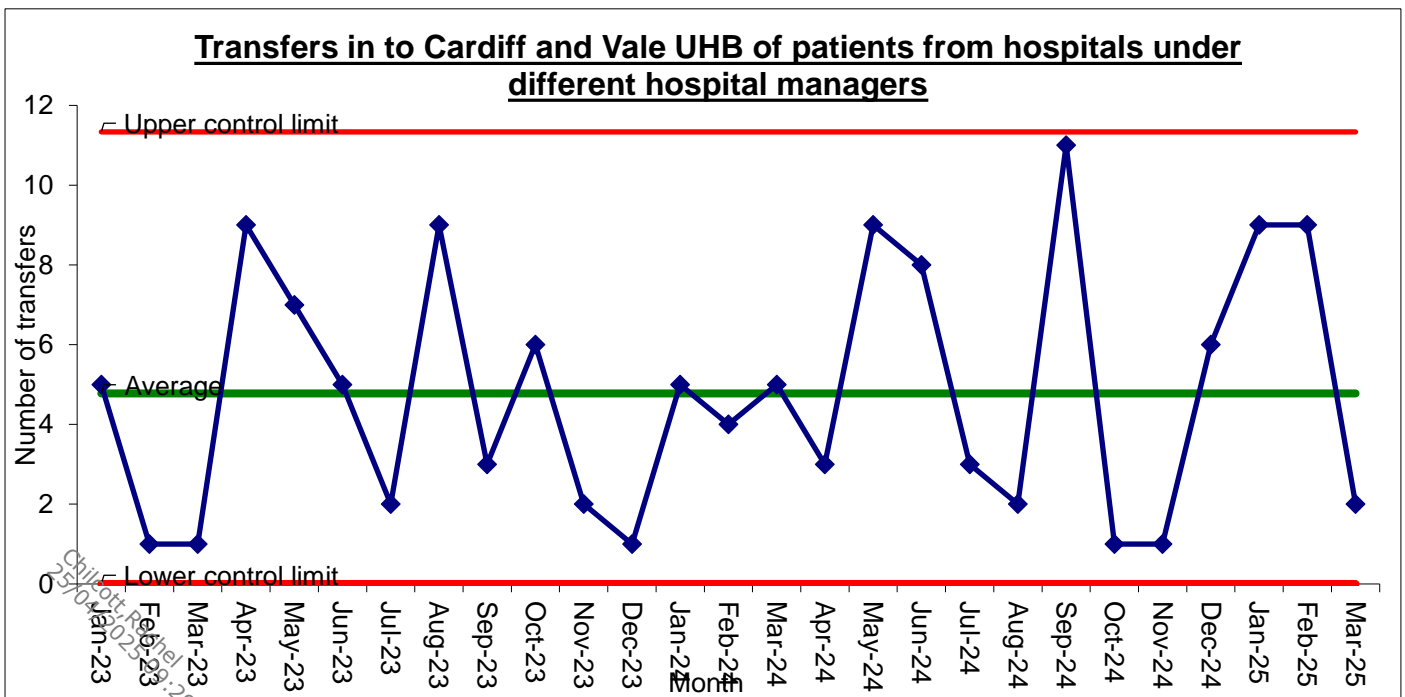
Twelve patients detained under Part 2 of the Mental Health Act were transferred from Cardiff and Vale UHB to a hospital under a different set of Managers.

Two patients detained under Part 3 of the Mental Health Act was transferred from Cardiff and Vale UHB to a hospital under a different set of Managers.



Nineteen patients detained under Part 2 of the Mental Health Act were transferred into Cardiff and Vale UHB from a hospital under a different set of Managers.

One patient detained under Part 3 of the Mental Health Act were transferred into Cardiff and Vale UHB from a hospital under a different set of Managers.



Summary of other Mental Health Activity which took place during the period

January – March 2025

Exclusion of visitors

Visiting on wards at Hafan Y Coed are allowed but by appointment only. This is managed through a booking in system.

Death of detained patient

During the period there was one death of a detained patient.

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Report Title:	MHA / DoLS Interface		Agenda Item no.	3.3	
Meeting:	Mental Health Legislation Committee	Public	X	Meeting Date:	29.04.2025
		Private			
Status:	Assurance	X	Approval	Information	X
Lead Executive:	Chief Operating Officer				
Report Author:	Director of Operations Mental Health Clinical Board				

Background and current situation:

A deprivation of liberty in hospital, for the purpose of providing care or treatment, is unlawful unless authorised by an established legal process.

The legal processes are:

- Consent of a patient who has capacity to make the decision themselves;
- Urgent Authorisation under the Deprivation of Liberty Safeguards (DoLS)
- Standard Authorisation under the Deprivation of Liberty Safeguards
- Part 4 of the Mental Health Act (MHA) which is inclusive of:
 - Section 2
 - Section 3
- An order of the Court of Protection;

Generally, it is clear which legal process should be applied in any given situation however, in some instances there is an overlap between the scope of the MHA and MCA; this is commonly referred to as the MHA/DoLS interface.

Mental Health Act:

The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with mental health disorder. People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.

MHA assessments are carried out by 2 doctors and an approved mental health professional (AMHP).

One of the doctors is specially certified (Section 12 approved) as having experience in the assessment or treatment of mental illness.

An application for admission to a Psychiatric ward for assessment may be made in respect of a patient on the grounds that—

- a. he **is suffering from mental disorder** of a **nature** or **degree** which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period; and
- b. he ought to be so detained in the interests of his own health or safety or with a view to the protection of other persons (legislation.gov.uk).

Deprivation of Liberty Safeguards (DoLS):

DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary **and in the person's best interests**. Representation and the right to

challenge a deprivation by way of appeal (s21a MCA) are other safeguards that are part of DoLS.

DoLS assessments are carried out by at least two professionals- a **best interests assessor** (BIA) who will be either a registered social worker, nurse, occupational therapist, or psychologist, who has the necessary skills and experience, and a **mental health assessor** (Section 12 approved doctor).

Neither assessor should be involved in the person's care or in making any other decisions about it.

Whilst the MCA allows for some restraint and restrictions to be used, providing they are in a person's best interests and necessary and proportionate; DoLS provides extra safeguards where these amount to a deprivation of the person's liberty and the person is being cared for in a hospital or care home.

What if the assessors find the person ineligible for DoLS?

Following developments in case law in recent years (most notably, Manchester University Hospital NHS Foundation Trust v JS & Others [2023] EWCOP 33) there has been some shift in how the law is applied which has led to an increase in the number of patients deemed to be ineligible for DoLS. This has amounted to 24 inpatients during the period from May 2024-March 2025.

The above case outlined that when considering whether the MHA or DoLS should be applied, the 'key questions' to ask are:

1. Is the person a 'mental health patient'?
2. Is the person an 'objecting' mental health patient?
3. Could the person be detained under the MHA?

If the answer to all is **yes**, DoLS/ MCA cannot be used.

If the answer is **no** to any of the above, DoLS/MCA can be used.

When considering what amounts to an 'objection', the MHA Code of Practice outlines that the bar is low and practitioners should '**err on the side of caution**' when determining whether a person is objecting. Examples of situations that would suggest there is objection from P include:

- The use of chemical restraint or covert medication for mental health
- Refusal of medication
- Distress upon personal care due to symptoms of mental health disorder
- Attempting to leave the ward
- The need for restraint of P to protect others is a strong indicator that the MHA is the appropriate legal framework
- Any form of physical restraint
- Enhanced levels of supervision or staffing for any interventions

As a result of this shift in practice, there are some implications for the UHB which it was felt should be brought to the attention of the Committee:

- Impact on patient flow and likely increase in patients being cared for on general wards requiring detention under the MHA where their physical symptoms are resolved and they are not able to leave hospital due to needing support from mental health presentation.
- Increase in requests for a transfer to MHSOP inpatient wards from medical wards.
- Potential increase in financial responsibility of the UHB in terms of funded s117 aftercare however, this can be seen as a benefit to the patient.
- Impact on community services in terms of need for ongoing support and aftercare for patients eligible for s117 i.e. need for regular reviews and limitations around discharge.
- Increase in requests for MH social worker allocations and CMHN allocations

- Issue in discharging settled patients that are not objecting from S2 MHA to DoLS – in these instances only a Standard DoLS Authorisation is appropriate which allows 21 days for assessment however, S2 expires after 28 days. As the Section cannot be rescinded until a standard DOLS authorisation is in place, this will increase S3 detentions while waiting for standard DOLS authorisation as there is no interim legal framework
- MHSOP inpatients will largely need to remain on S3 until discharge as they would not be eligible for DOLS based on the very nature of their admission to MHSOP wards unless presentation has settled and there is no evidence of objection.

Whilst DoLS may be seen as less restrictive by some it is worth noting some of the key differences between the two legal frameworks:

Mental Health Act	DoLS
Right to appeal detention and request Manager’s Hearing within 28 days of detention.	Right to appeal by way of S21a MCA via Court of Protection – often lengthy process. Once application has been made to CoP person cannot be moved to placement and will usually remain in hospital until judgement is made.
Right to s117 aftercare if detained under S3 – this involves provision of support and appropriate accommodation/care to meet the person’s needs. Joint responsibility of health and LA.	No right to aftercare.
Can be used regardless of capacity to consent.	Person must be found to lack capacity to consent to their admission.

Executive Director Opinion and Key Issues to bring to the attention of the Committee:

Following these changes it has been identified that joint efforts are required to address these issues and the following have/are being put in place to support a more streamlined process:

- Where a person may come within the scope of both regimes or may be found ineligible for DoLS on the above grounds, it is suggested that clinicians contact the DoLS team to discuss authorisation; this will allow for collateral information to be provided which may assist the assessment and/or for discussion around likely eligibility issues and therefore prevent unnecessary delay in waiting for assessment when the person would be better placed to be detained under the Mental Health Act. This would also prevent the potential need for a person to undergo two assessments (both DoLS and MHA) therefore limiting the impact of the interface on the individual.
- Development of memorandum of understanding of how the interface should be considered, agreed by both health and local authority.
- Joint training for health and local authority by independent trainer to allow for impartial advice and opportunity for discussion around the most recent case law and concerns/issues identified.
- Where there is ongoing disagreement about the most appropriate legal framework it is expected that attempts will be made to resolve these at a local level by escalating concerns through management and considering the advice from Justice Theis in the Manchester University Hospital NHS Foundation Trust v JS & Others [2023] EWCOP 33 case. Where disputes cannot be resolved, cases will need to be taken to the Court of Protection for the matter to be determined by a Judge, although this should only be considered as a last resort.

Use of S3 MHA means that a person is entitled to s117 aftercare which will have financial impact on the UHB and potentially increased workload for key staff.

Due to these changes in practice there are potential implications for:

- Patient flow

- Increase in requests for a transfer to MHSOP inpatient wards from medical wards.
- Increase in costs re: S117.
- Impact on community services, allocations for social worker and CMHNs



Recommendation:

The Committee is requested to:

- a) **NOTE** the contents of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>		 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>	
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>		 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>	

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term	Integration	Collaboration		Involvement	
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Quality Impact Assessment Completed?

Yes -	No –	X	n/a
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Impact Assessment:

Risk: n/a
Safety: n/a
Financial: n/a
Workforce: n/a
Legal: n/a
Reputational: n/a
Socio Economic: n/a
Equality and Health: n/a
Decarbonisation: n/a
Welsh Language: n/a

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
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Report Title:	Mental Health Measure Monitoring Report including Care and Treatment Plans Update Report		Agenda Item no.	3.3	
Meeting:	Mental Health Legislation Committee	Public	X	Meeting Date:	29.04.2025
		Private			
Status:	Assurance	X	Approval	Information	X
Lead Executive:	Chief Operating Officer				
Report Author:	Director of Operations Mental Health Clinical Board				

Background and current situation:

The UHB Mental Health Measure performance is reported to and monitored by the Welsh Government on a monthly basis, with reports back to the UHB Performance Monitoring Committee. For the information of the Committee the Delivery Unit has restarted its 90 day cycle of mental health services reviews across Wales to discuss performance against the various mental health specific targets. Cardiff and Vale has been visited with no exceptional issues to report.

The Mental Health (Wales) Measure 2010 (the Measure), is a National Assembly for Wales law that has similar legal status to an Act of Parliament. The Measure introduces a number of important changes to the assessment and treatment of people with mental health problems in Wales. Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance

Executive Director Opinion and Key Issues to bring to the attention of the Committee:

Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

For Parts 1, 2, 3 & 4 of the Measure, local activity and compliance information is collated and submitted to WG via standard reporting templates.

Part 1: PMHSS

Part 1a – target: 28-day referral to assessment compliance target of 80% (Adult)

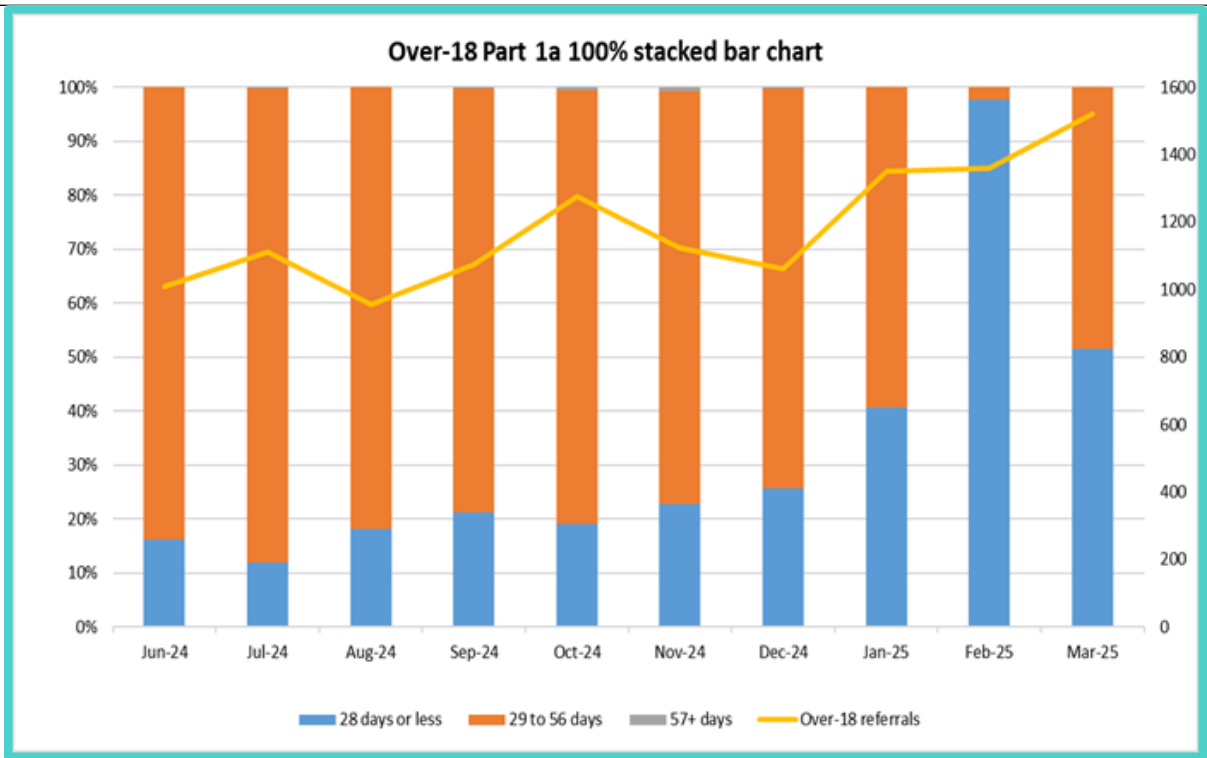
- Part 1a was 99% compliant for the month of February.
- The last month of full target compliance was February 2024.
- The service received 1358 referrals in February 2025 and 1522 referrals in March 2025.
- Compliance with the target dropped to 56% in March with 522 assessments completed.
- As of April 2025, the longest waiting time is 47 days with 744 appointments currently booked. If the service continues to receive this level of referrals then additional staffing will be required. Restrictions on booking bank shifts have impacted waiting times.
- The Organisational Change Policy was implemented to increase capacity within the team with new starters allocated from 1st April 2025. However, 2 staff are on maternity leave and 2.4 WTE are on long term sick.

Actions to restore compliance:

Additional staffing from the OCP included 1.0 WTE Band 7, and 4.0 WTE Band 6 practitioners. However of the new starters, one is on long-term sick and two are on maternity leave.

Graph 1:

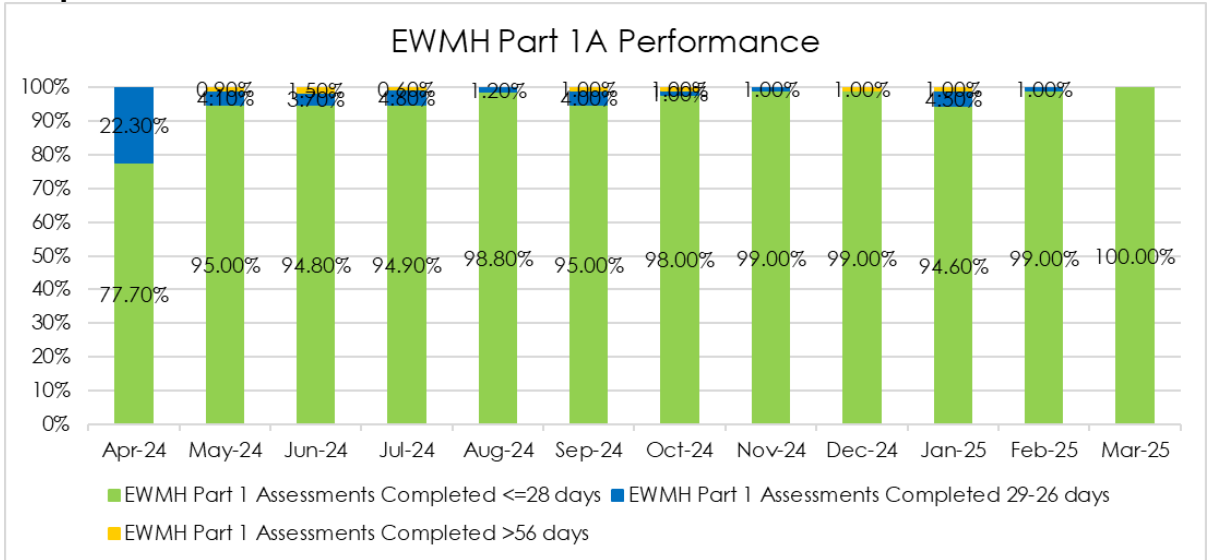
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Part 1a – target: 28-day referral to assessment compliance target of 80% (Children & Young People)

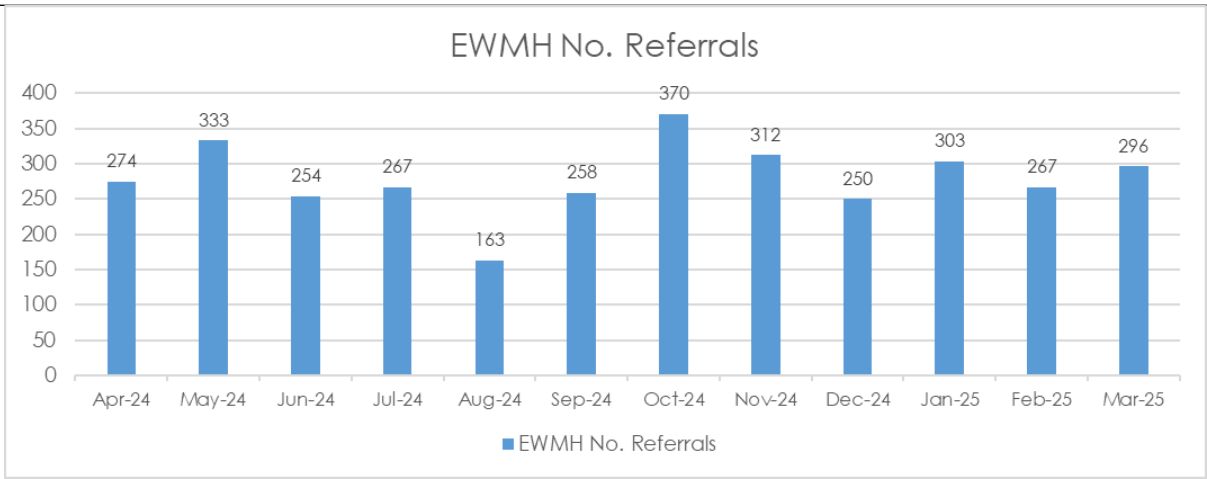
Compliance has been maintained and exceeded for all months in the past quarter. The establishment of the Assessment Team continues to support the service in providing sufficient capacity to meet incoming demand and the average wait for assessment currently fluctuates between 3-4 weeks.

Graph 2:

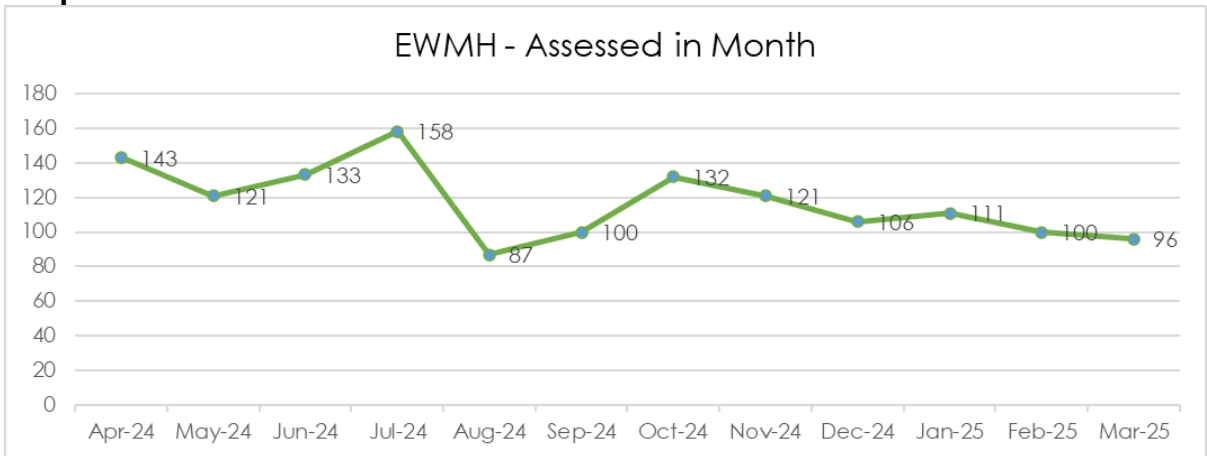


Graph 3:

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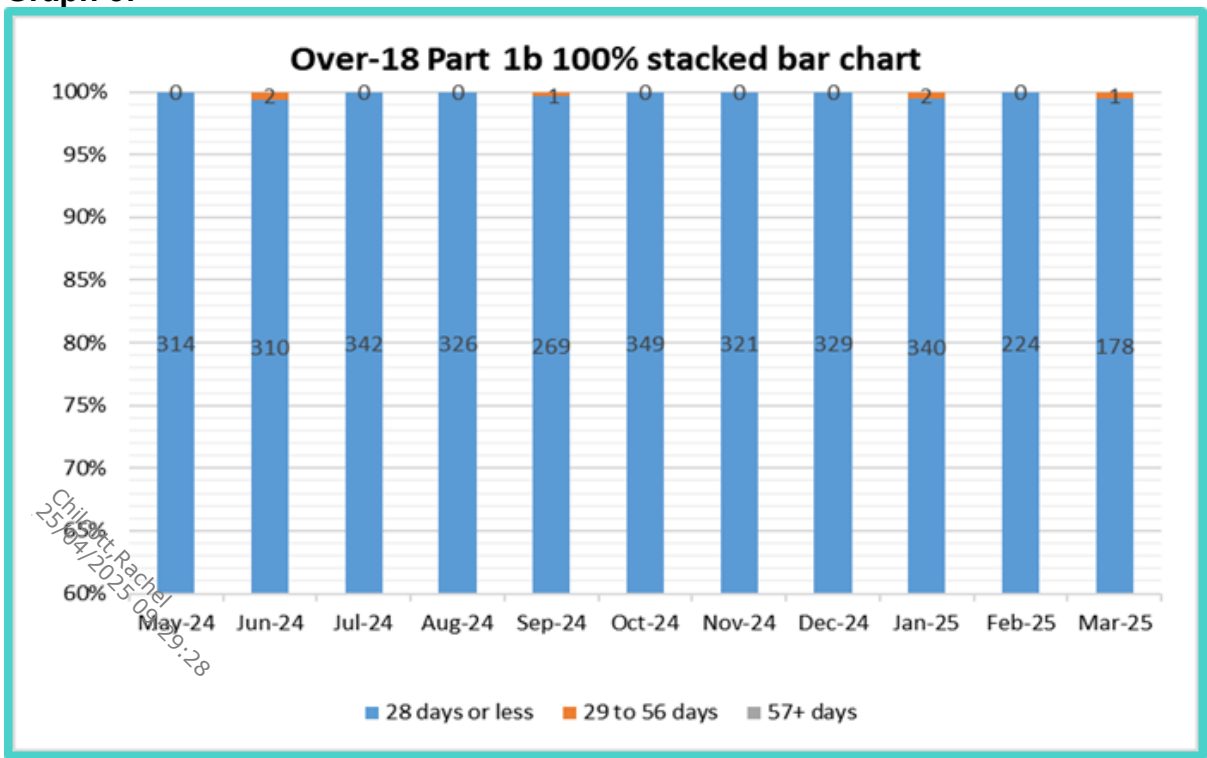
Graph 4:



Part 1b – 28 day assessment to intervention compliance target of 80% (Adult)

Part 1b remains compliant (Graph 5). The same professionals delivering Part 1a assessments also deliver the interventions in Part 1b.

Graph 5:



The PMHSS team continue to deliver group interventions for:

- Living Life to the Full
- Behavioural Activation
- ACT for Wellbeing

There is also open access to Stress Control.

Feedback for Stress Control using an online QR code is as follows:

- o *"Thank you soooooo much, this has given me the tools to effectively handle in stress and things that are out of my control. I can now be in control of what I can influence and change when there are stressful situations."*
- o *"I am going away with information to help me work on my problems."*
- o *"Easy to understand, practical approach."*
- o *"This course was life-changing, thank you so much. It was better than I expected!"*
- o *"Very well planned & delivered sessions, set at the right pace and was suitable for a generic audience. I wasn't able to attend all the sessions, but the ones I did attend were informative & helpful. Thank you."*
- o *"The staff were all competent and made me feel at ease."*
- o *"Excellent delivery by knowledgeable and empathetic professional presenters."*
- o *"Overall it is the best course for awareness about stress."*

Various Outcome Measurement tools are used to gather outcomes for all groups. However, Stress Control uses satisfaction scores due to the open access nature and flexibility of the course (Graph 6)

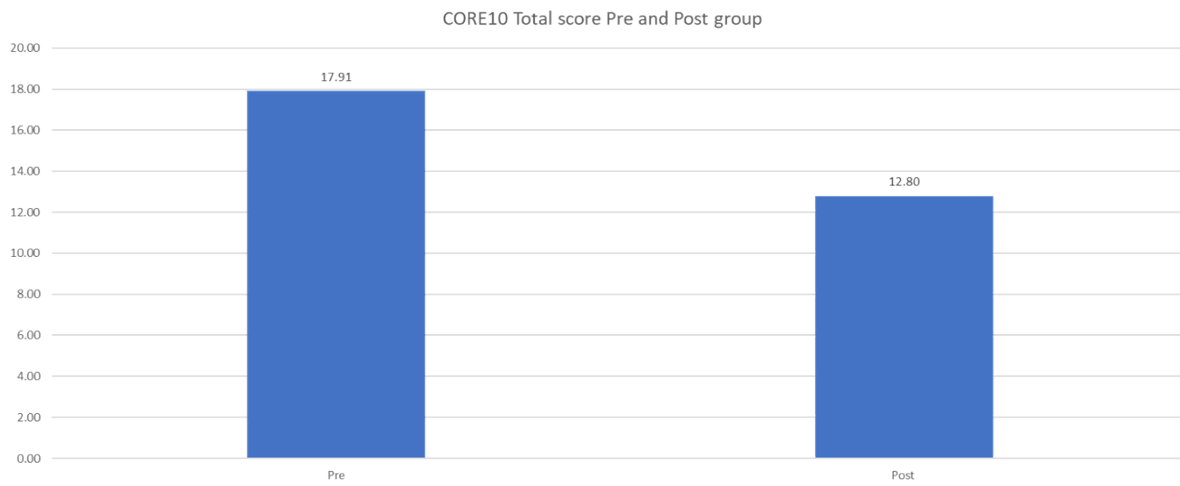
Graph 6:



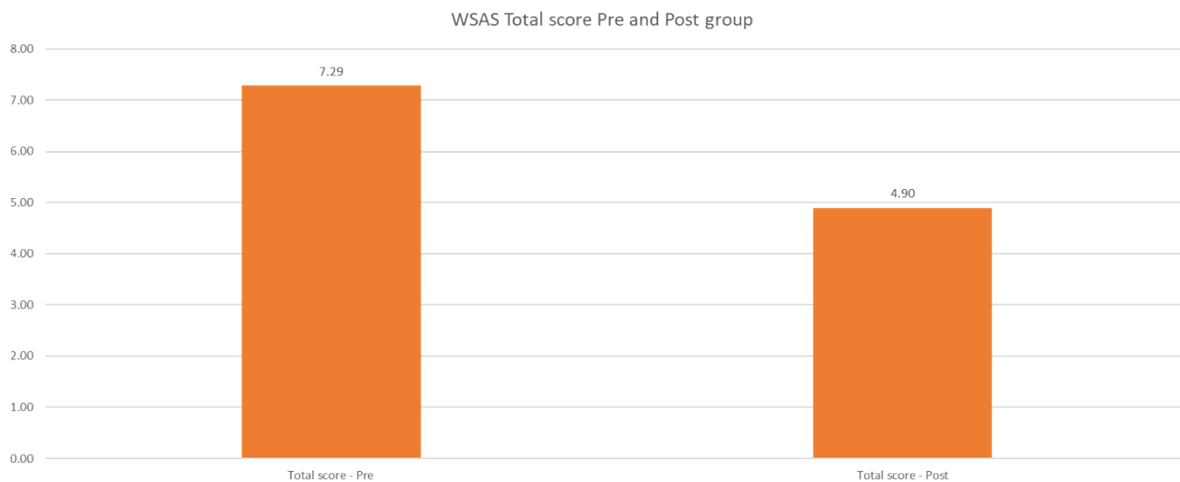
Core 10 Outcome measure data is below (Graph 7) for 40 responding participants showing a reduction in psychological distress for people following completion of the group. The Work and Social Adjustment Scale (WSAS) measures impairment in functioning (Graph 8) and shows improved function following group.

Graph 7: Living Life to the Full Clinical Outcomes

Report: Rachel
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Graph 8: Living Life to the Full Work and Social Adjustment Scale



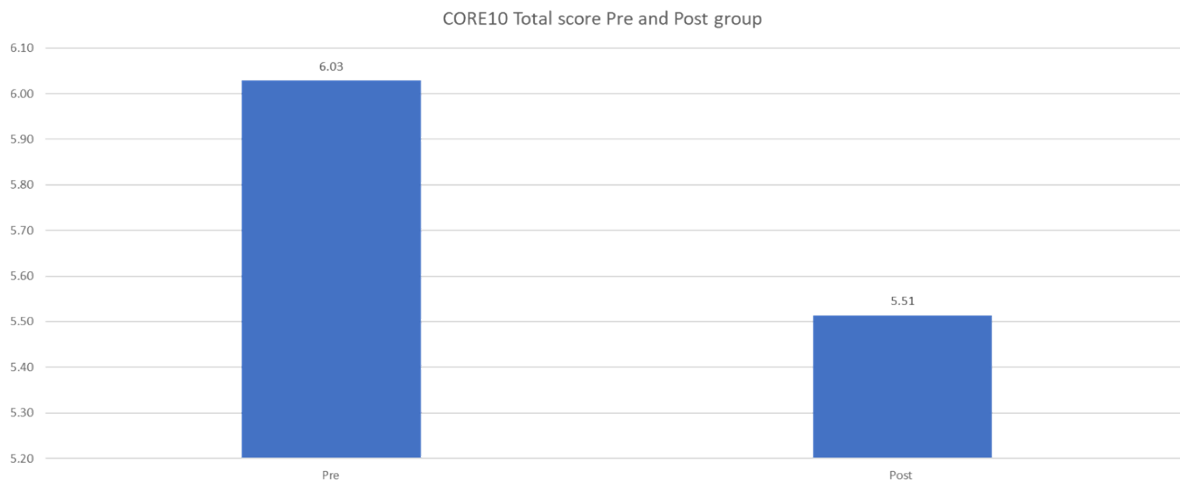
Feedback for Living Life to the Full is below:

- *“Amazing course instructors, made me feel safe & comfortable and that I could discuss anything. Very good at relating the issues discussed to something I could relate to. They are both very engaging, made the course material easy to digest, especially when they used examples from their own lives.”*
- *“This course was fantastic and would highly recommend. This course was amazing on my journey of making my mental health better.”*
- *“First class course. Very informative. Great help to me personally.”*
- *“I enjoyed meeting new people and have made friends. It's nice to share our struggles and realise that we are human.”*
- *“It's been useful to meet with other people, to share stories, strategies. It makes you realise you are not alone, that there are other people who seem 'normal' also struggling. It became a very safe, supportive environment.”*
- *“All of the course runners were really nice & really listened to people & gave considerate responses :)”*
- *“This group has given me the skills to implement action in my life, make plans and understand what I want to work on is ok and I can.”*

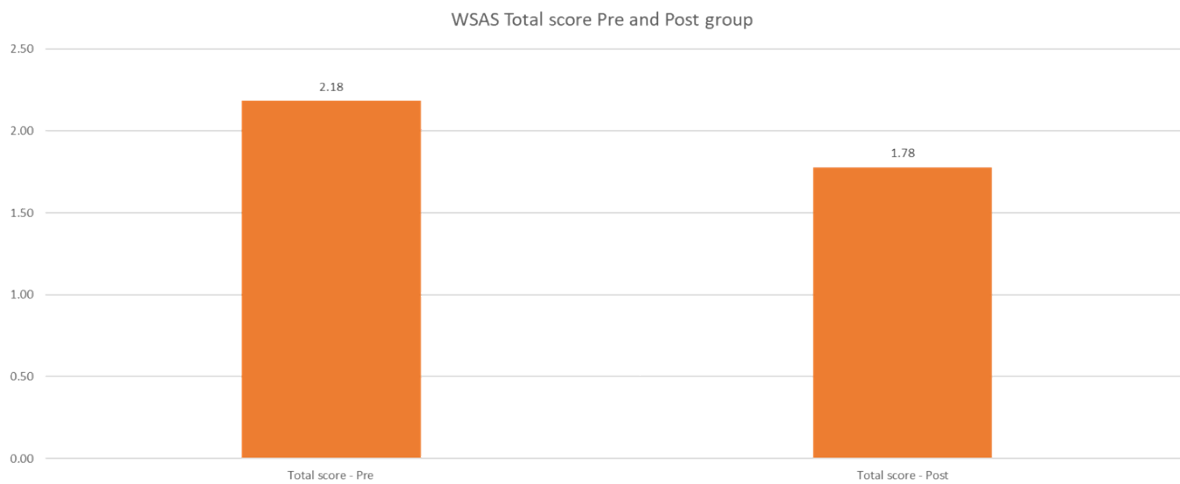
Behavioural Activation- clinical outcomes and participant feedback is below in Graphs 9 and 10

Graph 9: Behavioural Activation Core 10 outcomes

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Graph 10: Behavioural Activation Work and Social Adjustment Scale outcomes



Feedback from Behavioural Activation participants is below:

- *"I found the course very helpful. It reinforced things that I do, patterns of unhelpful behaviour that I need to break. Very helpful being with other people in similar situation."*
- *"The course was very well presented. The course literature was very helpful. The presenters were very professional."*
- *"Lovely course reps."*
- *"Tom and Nom both really lovely. Felt respected and understood"*
- *"Great to talk to people in similar circumstances."*
- *"I came here with nothing to lose and it has given me something to look forward to."*

Part 1b – 28-day assessment to intervention compliance target of 80% (Children & Young People)

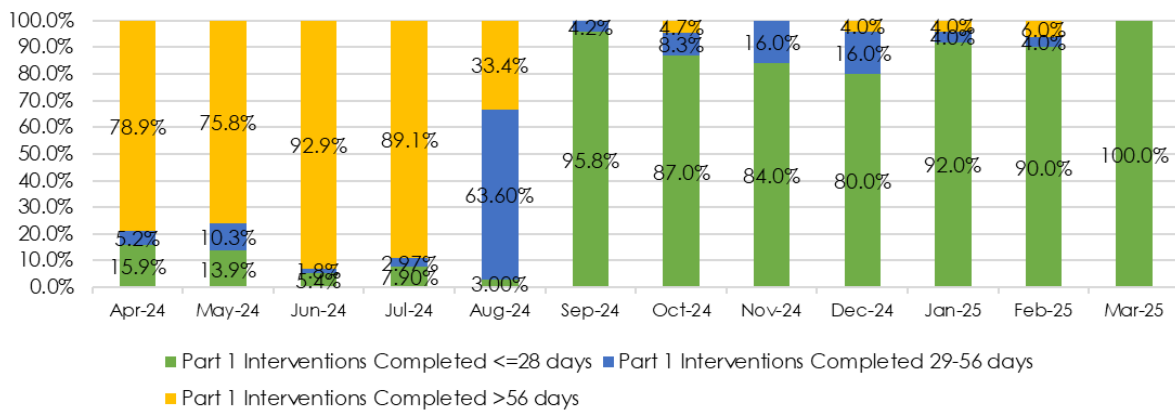
Compliance has been achieved and maintained during the last quarter. The impact of the Psychoeducation and Group offer continues to be positive in meeting the needs of CYP in a timely manner. Feedback from CYP and parents on the new offer is positive and we continue to work collaboratively with young people to inform the offer.

Ongoing weekly monitoring is in place to ensure compliance is maintained and wider work on managing capacity and demand for direct 1:1 intervention is underway.

Graph 11

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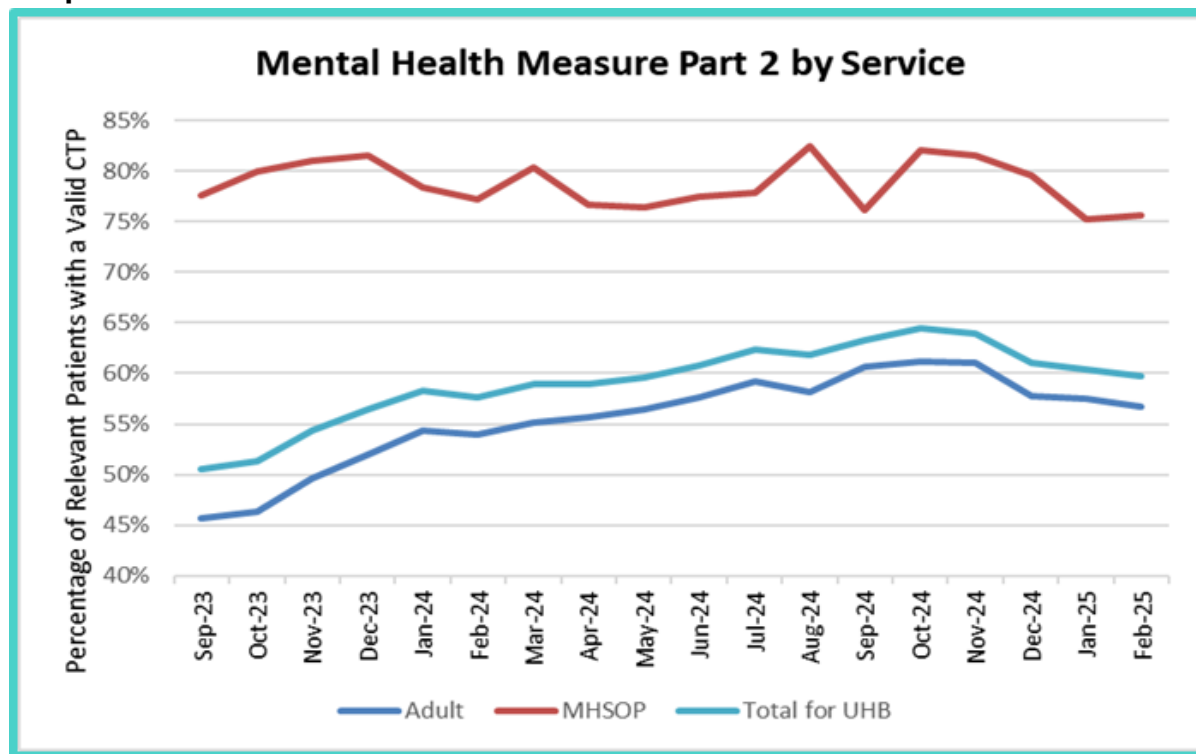
Part 1B Performance



Part 2 – Care and Treatment Planning (over 18)

Standard for all relevant service users in secondary care to have an outcomes based holistic co-produced care plan.

Graph 12:



There has been a continued reduction in overall compliance with Care and Treatment Plans in February 2025 due to a reduction in Adult compliance, which is outside of the trajectory of improvement since October 2024.

There has currently been some PARIS recording issues with the implementation of Care and Treatment Planning into Inpatient Units. This aims to improve Care and Treatment Planning Compliance and broaden the scope but unfortunately the capture of these within the reports is problematic. The service may need to return to the previous, less accurate method of capture that other Health Boards currently submit.

In wider actions to restore the target, the Recovery And Maintenance Programme (RAMP) Protocol has been implemented but there is currently limited PARIS development time to implement this electronically to demonstrate impact. The RAMP Protocol is designed for service users who only see a single clinician and where they cannot be discharged due to limits of provision in primary care (such as for medications where there is no shared care agreement).

The current assessment for RAMP is that there are over 700 patients now on the scheme. This means that a reduction of the overall caseload will raise compliance with the target as intended, though the margins for improvement are likely to be modest (currently the caseload is circa 3500, indicating RAMP could reduce the whole caseload by 14%).

The expected benefits for compliance will be that this will create the first provision in line with the Measure for 'Stable Severe' service users. The benefit for service users will be that their care will continue to be delivered, Part 3 rights will be protected, access to usual services such as the CMHT Duty worker will continue and all letters to the GP from the Outpatient Clinic are mandated to be sent to the service user.

When there is an electronic pathway, we expect to see large numbers transferring onto RAMP and consequently seeing an improvement in the performance.

Second to this following the Community Mental Health Summit, workers to implement a Stable Severe pathway within Part 1 are now in place. The plan is to begin an exploration with service users and their carers to assess the needs of this cohort using Care and Treatment Plans which will increase compliance and begin to reduce caseloads of Medical staff.

The Recovery and Wellbeing College course Care and Treatment Planning has running on the Adult Inpatient Wards, with Maple Ward having 25 attendees including all patients and staff on duty. This course has been developed with the Delivery and Assurance Unit and Health Education Improvement Wales (HEIW), Social Care Wales and co-produced with staff, service users and carers in the usual manner.

Actions to Improve Compliance:

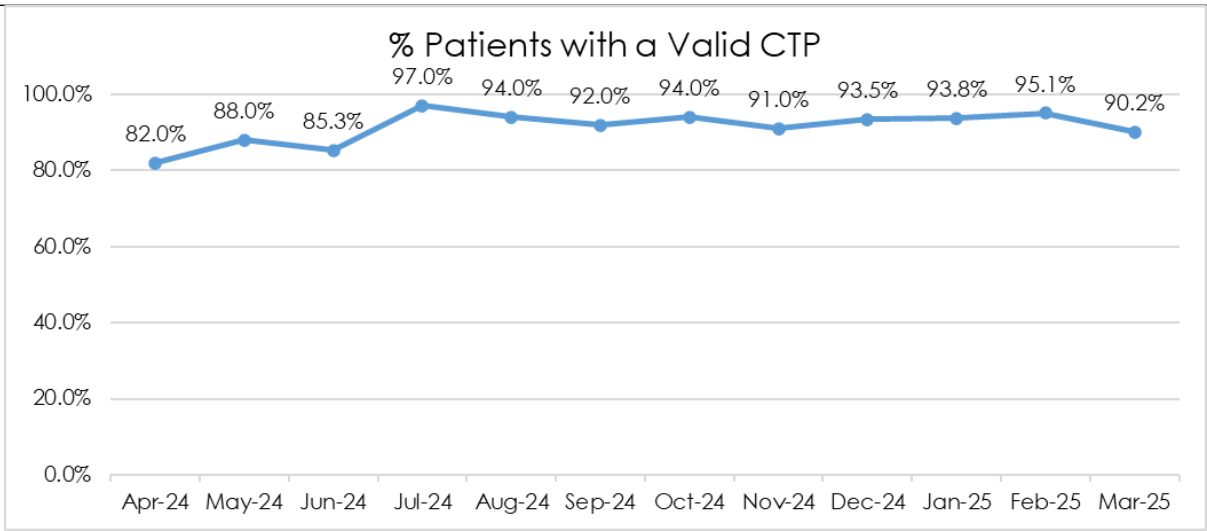
- Care and Treatment Planning courses run across Inpatient Units where Recovery College capacity allows
- Continued RAMP protocol roll out
- Commencement of Stable Severe workforce and planned submission of ADHD business plan by the next MHMCLC
- Monthly directorate performance meetings with Integrated Managers with focus on Part 2 and 3 compliance.

Part 2 – Care and Treatment Planning (Children & Young People)

Compliance has been achieved and maintained this quarter.

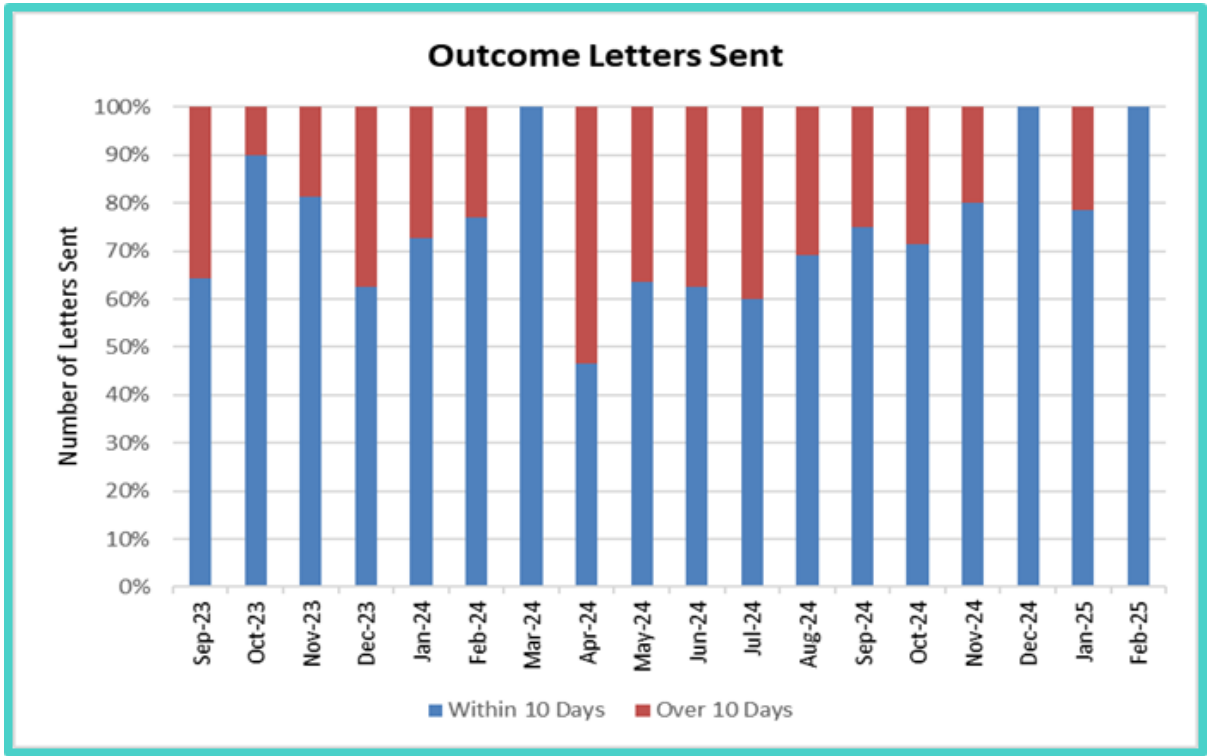
Challenges remain re engagement from CYP in the process due to the adult focus of the process and paperwork. Engaged in national discussions re CTP process for CYP through NHS Exec CAMHS Implementation Network.

Graph 13:



Part 3 - Right to request an assessment by self –referral.

Graph 14:



The target relates to service users who have self-referred, having a confirmation letter regarding the outcome of their assessment within 10 days. Graph 14 details our compliance of the target time of within 10 working days for an assessment outcome letter to be sent to the patient.

There were no breaches in February 2025 showing an improvement in the governance of Part 3 referral management within the Clinical Board. Performance has been under greater scrutiny from the Clinical Board and Directorate teams with performance reviewed at service, directorate and clinical board levels. Greater scrutiny and validation is being applied, with a more detailed understanding of any breaches occurring.

Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

100% compliance.

Advocacy Support Cymru have received 104 referrals this quarter, of which 35 were unable to request advocacy, and were assisted on a non-instructed basis. 89 cases have been closed, and 127 open at the end of the quarter, and so assisted 216 people in this reporting period. New referrals consist of 102 qualifying compulsory patients, of which 100 percent of appropriate referrals were seen within 5 working days, and 40 informal patients, of which 100 percent of appropriate referrals were seen within 5 working days.

With regards to Part 1-4 of the Measure, Committee Members are updated as follows:

- **Part 1:** Recruitment increasing staff numbers above funded establishment to meet demand.
- **Part 2:** Ongoing performance management and RAMP roll out
- **Part 3:** Monthly performance management and implementation of process mapping.
- **Part 4:** Continues to be 100% compliant with ongoing progress. Quarterly reports can be made available when requested.





Advocacy Support Cymru attends meetings as part of NWSSP ongoing monitoring of the specified Advocacy contract.

Recommendation:

The Committee is requested to:

- a) **NOTE** the contents of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
<https://shapingourfuturewellbeing.com/>

 <p>Putting People First</p> <p>1.</p> <p>Click the objective above to view more detail.</p>	 <p>Providing Outstanding Quality</p> <p>2.</p> <p>Click the objective above to view more detail.</p>
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>	 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>

Five Ways of Working (Sustainable Development Principles) considered

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Quality Impact Assessment Completed?

Yes -	No -	X	n/a
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Impact Assessment:	
Risk: n/a	
Safety: n/a	
Financial: n/a	
Workforce: n/a	
Legal: n/a	
Reputational: n/a	
Socio Economic: n/a	
Equality and Health: n/a	
Decarbonisation: n/a	
Welsh Language: n/a	
Approval/Scrutiny Route:	
Committee/Group/ Exec	Date:

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MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE HELD AT 15:00 ON 8th APRIL 2025 MENTAL HEALTH ACT OFFICE AND VIA TEAMS

Present

Amanda Morgan – Chair, PoD
Alex Nute – Vice Chair, PoD
Jeff Champney-Smith - PoD member
Liz Singer - PoD member
Alan Parker - PoD member
Margaret Jones – PoD member
Dr John Copley – PoD member via Teams
David Seward – MHA Manager
Mair Rawle - PoD member
Carol Thomas – PoD member via Teams

Apologies for absence

Sharon Dixon - PoD member
Gerrie Hughes – PoD member via Teams
Mike Lewis – PoD member
Peter Kelly – PoD member
Professor Ceri Phillips - Vice Chair, Cardiff and Vale Health Board via Teams
Rashpal Singh – PoD member

1. Welcome and Introductions

The meeting was held in the MHA office and via Teams and the new Chair welcomed all to the meeting. There were no new members.

2. Apologies

Apologies were received and noted.

3. Members points for open discussion

Paper review of patients from MHSOP patients who were previously managed under MCA and DoLs – a member raised the point that after a hearing for an MHSOP patients, a professional indicated that although hearings are important, they felt a paper review would be better so not to distract them from seeing other patients. Another member noted that the first hearing should be a full hearing, and potentially further hearings could be paper based. It brought on a discussion about MCA and DoLs and the criteria which has recently been changed by case law and by the Safeguarding team focussing on how DoLs are actually processed on the wards. The MHA Manager advised the group of the changes and that it was being raised in MHLGG and the MH Legislation Committee as there is concern that the change in DoLs process means the MHA will be used more, resulting in extra resource for AMHPs, RC's and MHAO. The group asked whether the new DoLs Lead could do some training about the subject. **Action – MHA Manager to arrange**

Drug testing on forensic wards – One member noted during a hearing a patient was subject to mandatory weekly drug testing even though there was no history of substance misuse, and it was queried whether this was a standard process for the forensic ward. The MHA Manager had reached out to the Ward Manager who confirmed it was standard process whether there was a history or not and that had been the process for years. **Action – Chair to raise at MHLGG**

Adolescent without any access to outside space – One member noted during a hearing of a CAMHs patient they hadn't been able to access outside space for 6 weeks which was said to be down to a safeguarding concern as there was too much risk to the patient. The patient has been on a ward by themselves staffed by two agency nurses 24/7 so were unable to take the patient out or let them into the gardens as this could be accessed by other adult patients. It was felt by the group that this needed to be reviewed. **Action – Chair to raise at MHLGG**

Feedback from social worker – One member raised an issue with a social worker who had provided feedback to the Hospital Managers while at a hearing where the patient had become agitated due to one panel member's glasses, their face and a picture of a map behind the panel member. The social worker didn't discuss this during the hearing but fed back that the panel member could have moved to appease the patient. It was discussed and agreed that the social worker could have been proactive and asked the panel member to move if they thought it would calm the patient given they know the patient best. It was agreed that a reminder about professionalism during hearings would be sent out to all professionals. **Action – MHA Manager to send out reminder**

4. Minutes of Meeting held on 14 January 2025

The minutes were confirmed as an accurate record of the meeting.

5. Matters Arising

Interpreters for NR's - issue previously raised on whether it was the Health Board's responsibility to provide an interpreter for NR's for barring hearings. The MHA Manager spoke to senior nurses who confirmed they would get an interpreter for NR's for CTP/ ward reviews so they assume this would be the case for hearings. As it is a rare occurrence it was agreed the MHA Manager would deal with it when it came up.

6. Operational Issues

Split decisions – following on from the previous meeting, the MHA Manager had sought legal advice from Richard Jones. Advice confirmed the default position was that the patient wasn't discharged if it's a split decision and a new hearing couldn't be set up due to the split decision as the decision is not discharged and it isn't enough to warrant an adjournment. The other issue of whether the patient should be told about the split decision was discussed with mixed views with a suggestion to advise the patient that should they think there is extra evidence to be presented, they could appeal to the Hospital Managers which some felt it would continue the openness and transparency the group strived for while some felt as the default was not discharged, that should be the only decision the patient knows about. The group were reminded that patients are told regularly of their right to appeal to the Hospital Managers, and they can exercise this right at any point during their detention. It was agreed more discussion was needed and feedback to the group would be provided. **Action – Chair and MHA Manager to discuss**

7. Lessons Learnt

Nothing to note.

8. MHA Activity Monitoring reports

Activity reports were provided for the period for both Hospital Managers and Tribunals. The contents of the reports were noted with the following issues highlighted: -

- Adjournments and postponements were down for both the Tribunal and the Hospital managers
- There was a continued increased representation by advocacy at Hearings in the last quarter and this one
- There were no discretionary reviews this quarter

9. Comments/compliments

Comments/compliments were provided for the period. The responses to the comments were noted.

- One was WIP due to the patient being transferred from Adult to MHSOP
- One was WIP as the MHCB has stopped adult wards from creating/editing/closing CTPs as they aren't care coordinators so a CTP should only be created/edited/closed by the CMHT's – this has been raised further
- It was noted there was an increase in nurses turning up to a hearing without having read the report or prepared for the hearing

10. Committee and Sub Committee feedback

The minutes from these meetings were attached. There was nothing further to add.

11. Training

As agreed in the meeting the MHA Manager will ask the DoLs Lead to come and deliver some training around DoLs/ MCA.

12. Any other business

Performance reviews – The MHA Manager reminded everyone of the yearly review process and an e-mail will be sent this week with slots that members need to book and that review documents are to be sent by the end of the month. **Action – MHA Manager to send**

One member raised a concern around NR barring hearings where it transpired that the two they had sat on the NR wasn't 100% sure of the process before requesting discharge and wanted to withdraw their request. The MHA Manager explained the MHA doesn't allow for a discharge request to be withdrawn after the RC has completed a barring report however, the Hospital Managers have the discretion not to hold the hearing, which was the case for this particular hearing. The member asked whether information was given to the NR about their responsibilities, and it was confirmed that the AMHP will send the NR a leaflet which explains the role and powers of a NR. Any discharge request that has been completed, it would be down to the RC to discuss that request with the NR, not the MHAO. **Action – MHA Manager to share NR leaflet from AMHPs**

Date and time of the next meeting 8th July 2025 3pm Hafan Y Coed/ Teams

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Areas of concern/compliments made by the Power of Discharge Group during the period January – March 2025

Row	Comment	Service	Date	Outcome
1	The start of the hearing was delayed as the nurse was unprepared and had to print out the nursing report which she had not read. The panel were of the view that this was unfair and put her in invidious position. It should be noted that she performed well under the circumstances.	MHSOP	06/01/2025	Please extend our apologies to the panel for the unpreparedness of the ward due to an error in escalation from the ward management. As it appears we the management did not forward the notification onto all qualified staff and did not forward in diary to prepare the nurse in charge that day this hearing was taking place. We commend Soya in her quick and effective practise, allowing the hearing to continue without further delay.
2	Care plan needs to be updated to address activities, hobbies and or interests with which the patient can engage.	Adult	09/01/2025	CTP has been completed. Patient now moved wards.

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3	The care plan needs updating. A care coordinator needs to be appointed.	Rehabilitation	05/02/2025	Care plan has been updated on the 08/02/25. Care coordinator has been appointed.
4	A Care co-ordinator needs to be clearly identified. The CTP needs updating.	Adult	11/02/2025	WIP The CTP has been updated.
5	The panel were confused as to how Michael was obtaining money or if anyone was holding it for him on the ward. The attending nurse seemed to be unsure herself. The panel would be grateful if clarity can be given to them on this in light of Michaels significant cognitive issues.	MHSOP	20/02/2025	When Mike was admitted to St Barrucs, we were told he was independently managing his finances, but he had no bank card and a limited amount of cash only. We have since done a capacity assessment and established that he does not have capacity to do this anymore and he is awaiting social worker allocation so that a referral can be made to the Friendly Trust (or equivalent).
6	Social worker agreed to look into the issue of the nearest relative.	MHSOP	28/02/2025	Nearest relative has been identified
7	There are factual date errors on page 18 of the medical report and section 26 of the social work report.	Rehabilitation	03/03/2025	I have amended my medical report. I have amended the social work report so when we use it as a base report for future

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				managers/tribunals, it will now be correct.
8	The panel note that the CTP needs updating and become more outcome focussed.	Adult	05/03/2025	WIP
9	The CTP needs to reflect current care and be outcome focussed. The patient has difficulty communicating as a result of an ABI. She is in need of specialist SALT. This isn't currently available to patients on Ash Ward.	Neuro	06/03/2025	The CTP was updated this morning. Unavailability of SALT is recorded as an unmet need within our service at this time - this remains ongoing.
10	The Panel consider that the Care and Treatment Plan requires some updating to fully reflect the patient's present situation. The Panel, knowing the demands on nursing staff resources would most respectfully request however, that any representative asked to attend and speak at a Managers Hearing knows the patient and is well briefed so far as possible to speak about them. It is not fair to the nurse representative, the patient and the hearing if this is not the case.	MHSOP	07/03/2025	CTP has now been completed and so it should be up to date now. Apologies for the delay in completion. The attending nurse was new to the ward and we apologise for this and will learn from it. In the future, we will ensure that any nurse representing a patient is thoroughly briefed and knows the patient well enough to speak knowledgeably at hearings.

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11	Care and Treatment Plan needs updating.	Forensics	10/03/2025	I have updated his Care and treatment plan with all relevant information.
12	The patient has benefited from the input of SALT. The panel note that this is currently not available on Ash Ward. A patient's ability to communicate with the world around them is an important fundamental skill. The lack of SALT potentially impacts all elements of a patient's rehabilitation.	Neuro	10/03/2025	Unavailability of SALT is recorded as an unmet need within our service at this time - this remains ongoing. The patient has been an inpatient since 2023 and built strong rapport with professionals who can identify cues in relation to their communication, though we agree SALT input would continue to be of benefit. Discharge planning is underway, and an appropriate transition plan will be discussed to support the patient in all aspects of their care, communication included, in their new placement environment.
13	This young patient has been unable to access outside space in the last 4 weeks due to safeguarding concerns. The panel wonders whether this could be reviewed to allow limited access to this outside space. They are also being treated in an environment without peers and has been for 6 months. The panel makes the above observations without criticism.	Adult	13/03/2025	WIP

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14	<p>Vanessa Owen was using headphones in a shared office space. Although the office seemed to be empty, there were occasions when staff were seen to be walking around behind her. Participants should be in a private space even when using headphones to assure confidentiality is being respected.</p> <p>There was difficulty for all panel members in hearing the voice of the nurse and the patient clearly, there was echo in the room and the sound seemed to be dropping out at times.</p>	Adult	25/03/2025	<p>Please accept my apologies for the issue below. Unfortunately, due to the late change of location for the meeting to online, I was unable to access a private computer and had to utilise a computer in the Headroom office space, using headphones. I would of course endeavour to book a private office in future</p> <p>WIP</p>
Row	Compliment	Service	Date	Outcome
1	The panel commend the clinical team on the provision of an up to date, patient focussed, care and treatment plan.	Rehabilitation	12/02/2025	Compliment sent to the clinical team.
2	The panel would like to compliment the clinical team on the high quality of their reports and the depth of knowledge and insight they were able to provide about the patient's treatment and progress.	Rehabilitation	17/02/2025	Compliment sent to the clinical team.
3	The CTP was patient and outcome focussed, good job.	Rehabilitation	03/03/2025	Compliment sent to the team.

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4	The panel would also like to commend the author of the medical report for its clarity and detail	Adult	05/03/2025	Compliment sent to the report author.
5	The medical report was well written and comprehensive. It provided the panel with a good holistic insight into the patient's current status.	Neuro	06/03/2025	Compliment sent to the report author.
Row	Relative Feedback	Service	Date	Outcome

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

**Minutes of the Mental Health Legislation and Governance Group held at 10:00
on 10 April 2025 via Microsoft Teams**

Present

Robert Kidd (RK)	(Chair) Consultant Psychologist
David Seward (DS)	Mental Health Act Manager
Morgan Bellamy (MB)	Deputy Mental Health Act Manager
Amanda Morgan (AM)	Chair, Power of Discharge Group
Ceri Phillips (CP)	Vice Chair, Cardiff & Vale University Health Board
Claire Thomas (CT)	South Wales Police Representative
Gemma Moeller (GM)	South Wales Police Representative
Beth Evans (BE)	EDT Service Lead
Casey Keegans (CK)	Shift Coordinator Representative
Jayne Jennings (JJ)	Senior Nurse for Crisis & Liaison Services, Adult MH
Kath Lewis (KL)	Consultant Social Worker AMHP/DoLS
Demi Barnard (DB)	Advocacy Support Cymru Team Lead
Noel Martinez (NM)	Social Work/ AMHP Manager, Vale LA
Ceri Lovell (CL)	CAMHs Representative
Sunni Webb (SW)	Service Manager, Inpatients & Rehab
Clare Davies (CD)	Consultant Representative, A&E
Chloe Evans (CE)	Mental Capacity Act Project Lead
Phil Ball (PB)	Senior Nurse, Community MH Teams, Adult MH
Kelle Al-Shayei	Shift Coordinator Representative
Marianne Seabright	Lead Nurse MHSOP and Neuropsychiatry
Tracey Lewis	Senior Nurse for Inpatients
Rhiain Lewis	Senior Nurse - Education, Quality, Safety and Patient Experience
Andrea Sullivan	Senior Nurse - Education, Quality, Safety and Patient Experience
Timothy Crowston	Team Lead for North Crisis Team

Apologies

Gemma Lewis	Service Manager Adult MH, Cardiff LA
Gwilym Griffiths	Service Manager, Crisis, Psychiatric Liaison & Community MH Services
Linda Woodley	Operational Manager MH, Vale of Glamorgan LA
Adele Watkins	Mental Health CNS, Acute Child Health
Rebecca Lendon	Consultant Representative, Adult MH

1 Welcome and Introductions

The Chair welcomed everyone to the meeting.

2 Apologies for absence

Apologies were noted.

3 Minutes of meeting held on 16 January 2025

No points of correction have been highlighted from the previous minutes.

4 MHA Activity

The MHA Monitoring report was gone through by DS who noted most of the activity remained stable this quarter however some parts were highlighted –

Section 4's continuing to increase with 3 this quarter. NM asked whether there was any data on why the section 4's had been used given the strict criteria for them. DS agreed to include this data in the report going forward.

Action – DS to include specific details in report going forward

Section 3's had steadily increased since June 2024 with a noticeable increase since the last quarter which could be a result of new DoLs case law and more patients being put under MHA than DoLs.

Section 62 has doubled this quarter from last with most of the increase due to ECT. DS explained that due to the nature of emergency section 62, each ECT treatment required a new form to be completed while waiting for a SOAD to issue a certificate and 4 or 5 could be used on a single patient. There was an increase in the use of section 62's for the 3 month rule too and the use is due to the RC's not completing a SOAD request form in good time of the 3 month rule expiring and only completing one the day before or the day of the expiry, meaning a section 62 is issued to cover medication until a SOAD has issued a certificate. Reminders are sent out to the RC by the MHAO 3 weeks prior and shows on their daily reports with a countdown from 25 days. Another issue with the 3 month rule and SOAD's issuing a certificate is that the SOAD is struggling to contact the statutory consultees so can't issue a certificate.

Section 135's was mentioned as was within the control limits with seven 135(1)'s, which resulted in six being detained on section 2 and one admitted informally and four 135(2)'s resulting in three being brought back under section 2 and one being brought back to hospital after being recalled from their CTO.

The exception report was gone through by DS who picked up the following that occurred within the last quarter –

The 'detained/ not detained' graph was discussed where there is a clear separation of more people being detained within our services over this quarter and looking at the individual areas, we can see that Neuro and MHSOP are affected which is in line with the new MHA/ DoLs case law.

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There were two fundamentally defective section 5(2) reports due to both being inappropriately used. Both were used in anticipation of the patient being agitated and wanting to leave with one adding because the patient wasn't complying with medication and section 5(2) can't be used for that purpose as it doesn't come under the scope of Part 4.

136's had decreased significantly this quarter. CAMHs 136's had decreased also with 1 patient having 2 repeat presentations. CT thought the rates in increased admission was positive meaning the powers were being used appropriately however, there is still some work to do on officers using 136's without proper consultation. CT said there is a slight rise on the compliance with consultation prior to the power being used and training is on-going. DS commented that voluntary assessments had increased to 18 this quarter but CT queried whether this was actually an increase or were officers just better at completing the paperwork, but DS confirmed there is no way to tell that as the data only shows more recorded.

GM offered to send professionals information about dial up sessions that were happening for RCRP and GM posting the below for all to see what is included –

Please see a short summary from the last partnership dial in:

1. **Partner feedback:** *There were **limited concerns** raised regarding the initial phase of RCRP, however, challenges around officer consultation and clear s 135 pathw*
2. *ays have been mentioned for consistency across agencies. Swansea Neath Port Talbot were particularly unclear when officers' duties end following the execution of a warrant.*
3. **Ambulance Service:** *Agreed to share clinical helpdesk data to further support the collation of Phase 3 and Phase 4 data to compare with Police dataset.*
4. **Staff Engagement:** *Mental Health Liaison will link in with local stations to emphasize the importance of officers utilizing the clinical helpdesk and Ambulance.*
5. **Mental Health Response Vehicle:** *A request was made for the Ambulance Service to share the service description/policy for the ambulance Mental Health response vehicle with meeting attendees.*
6. **Section Policy:** *It was decided to create a consistent, collaborative, comprehensive section policy. Health boards will continue with the current policy until the new policy has been reviewed and amended.*
7. **PVP Initiative:** *PVP will explore options for providing a professional line to reduce wait times for partners when calling 101.*

Nearest relative discharges are still being tracked with three this quarter – two resulted in being discharged as they didn't meet the dangerous criteria and the other being barred.

5 Matters for Action

Action log - this will be updated and sent separately.

6 Feedback on operational issues and incidents

Nothing to note.

7 Feedback from other meetings:

Vale of Glamorgan LA – NM raised an issue about section 3's in the community and NM felt strongly that this shouldn't happen unless a patient had been discharged from a section 2 a day or two prior. NM raised that they should go onto a section 2 first as that is what Parliament intended.

Cardiff LA – KL raised an issue around the new bed management policy and when a referral is made for an OOA bed it is the assessing teams role to do that including completing a 1A but there have been situations where the RC has made their medical recommendation and left, the section 12 doctor can't complete referral paperwork, crisis team haven't been in attendance so it only leaves the AMHP but they can't as they're in the community so there appears to be a gap in the policy. SW suggested that it was the role of the shift coordinator to coordinate, support and identify a suitable person to do that. JJ commented that it is difficult to complete referrals when they're not in the situation so don't have all the current information on risks/ presentation of the patient. TL confirmed that a referral can't be made without a 1A being completed so there is a gap. It was agreed a meeting would be set up by SW to discuss further.

Action – SW to arrange meeting with KL/ NM/ BE/ JJ/ TL

BE raised a concern around transport and she was not aware of St Johns Ambulance wasn't available out of hours anymore and is having a big impact on services. NM advised that Health staff were asking AMHP's to be cautious on using private ambulances but sometimes there is no choice.

South Wales Police – some issues noted around 136's in custody where a custody sergeant deemed a patient to be suffering from poor mental health and wanting them detained under a 136 but there is already an established pathway for that that should be used, and the issue is being addressed.

Advocacy – DB raised the issue again of no structure to ward rounds which makes it difficult for advocacy to support patients. RK confirmed there was ongoing work around the inpatient structure and once that has been completed, it may help with ward rounds.

8 Power of Discharge Group comments, compliments and feedback

AM was welcomed to her first meeting and raised three issues that came out of the PoD quarterly meeting. One was to do with routine drug testing for patients on forensic wards even if they have no history of substance misuse. CK advised she would raise this with the Senior Nurse for forensics as historically unfortunately drugs have been brought into the hospital and patients who haven't had a history of drug taking will start because drugs are in the hospital which is why they test for drugs so regularly. Another issue was surrounding split decisions and whether the patient should be informed of

this and some of the PoD group felt strongly that not telling them conflicts with the openness and transparency they strive for also if they don't know about the split decision, they might be less inclined to appeal. It was suggested to take these comments to quality and safety and through the live experience forum.

Action – DS to speak to lived experience and quality and safety

Another issue AM raised was concerning an individual CAMHs patient that is being housed on a ward by themselves with no access to the outside for 6 weeks. JJ confirmed that a suitable placement is being sought for this young person but is difficult due to the clinical picture. Due to the particular ward being open to a male forensic ward with some patients having had prison sentences it wouldn't be appropriate. CK confirmed that the patient has accessed outdoor space recently with no issues.

9 External reviews

HIW attended Hamadryad recently and PB confirmed that although there was no formal feedback as yet they did provide feedback on the day and it was mostly positive with some local patient experience issues which are easy to sort out. HIW raised issue around consultant case load and care coordinating but that isn't unique to our Health Board. They highlighted the flexibility and compassionate approach the team takes.

10 Interface MHA/MCA/DOLS

CE presented a report that she had prepared with other professionals which is being taken to the Mental Health Legislation Committee due to the recent (2023) case law. Guidance is being drafted and will be released after final sign off by legal and a memorandum of understanding has been created to help professionals apply it in practice. There is also joint training to be rolled out for both Health Board and Local Authority staff, so everyone is getting the same training/ same message. The report aims to make the Committee aware of the impact this could have on resource and financially.

[MHA&MCA interface report for MHLMCA 29.04.25.docx](#)

11 Quality indicators and audit activities

Nothing to note.

12 Mental Health Act Reform

RK noted that the draft MH Bill is going through the last stages of the House of Lords before moving onto the House of Commons. KL commented that there was an amendment being made to widen the people who have powers to detain someone under section 136 to include social workers, nurses, doctors and authorised hospital staff.

13 Any other business

Nothing to note.

14 Date of future meetings

10th July 2025

Mental Health Legislation & Governance Group Action Log

Key:	Red: Outstanding	Amber: In progress	Green: Completed
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ACTIONS FROM PREVIOUS MEETINGS

STATUS			
	SPRs not calling on call consultant if they aren't available for assessments	Chair to raise the issue with Assistant Clinical Director to remind SPRs of the agreement and duty to call on call consultant Lead Nurse, Adult MH to advise shift coordinators for an extra reminder	RK/EM RD
<u>To be removed</u>	RC's completing and leaving single medical recommendations on ward/MHAO	MHA Manager to collate data and send to both LA once we have enough data to collate	DS
<u>To be removed</u>	Bed management/s140 policy	Has been approved by CDOG and is in the final 28-day consultation process	SW
	Locked doors – do informal patients know their rights	Lead Nurse, Adult MH advised information leaflets are being created. Update at next meeting	RD
<u>To be removed</u>	Advocacy continues to struggle to support clients at ward rounds as timetable isn't being adhered to	Lead Nurse, Adult MH to discuss with Clinical Director to establish a firmer timetable for all.	RD/PY
<u>Revised below</u>	Patients being detained in A&E	Senior Nurse, Crisis and Service Manager, Crisis completing SOP with EU Department	GG/JW
<u>To be removed</u>	Voluntary assessments figures	MHA Manager to liaise with Crisis Team re: figures and include in monthly audit to SWP	DS
<u>To be removed</u>	RC's reviewing s5(2) before AMHP being called	MHA Manager to raise at MAC and remind RC's.	DS
<u>To be removed</u>	Advocacy providing awareness sessions in MHSOP	MHA Manager to liaise with Advocacy and CD, MHSOP	DS/DB/AC
<u>To be removed</u>	135(2) warrants	DS to confirm the process for 135(2) warrants	DS
<u>Revised below</u>	OOA patients	JJ to invite KL/ GL to the weekly OOA bed management meetings	JJ

Child Protection
25/04/2023 15:28

Revised below	S12 doctors survey	DS to add availability question to the S12 doctors survey and send out	DS
Revised below	Split decisions in Hospital Managers hearings	DS to obtain legal advice on whether a hearing can be reconvened after a split decision and whether we can advise the patient of that decision	DS

ACTIONS FROM THIS MEETING – 10th April 2025

STATUS	SUBJECT	AGREED ACTION	ACTION BY
	Specific details for section 4's	To include specific details on section 4's in the monitoring report going forward	DS
	Completing paperwork for OOA beds	To arrange a meeting with KL/ NM/ BE/ JJ/ TL to discuss a gap with the bed management policy around arranging OOA beds	SW
	Split decisions in Hospital Managers hearings	To speak to the live experience team and take to quality and safety	DS
	Patients being detained in A&E	SOP with EU had previously been created but need clarity on whether it's been ratified	JJ
	OOA patients	Patient flow manager to send OOA patient list to the local authority	TL
	S12 doctors survey	Survey results to be collated and shared with the group	DS

Chilcott, Rachel
25/04/2025 09:29:28

Annual Report of the Mental Health Legislation Committee 2024/25

Chilcott, Rachel
25/04/2025 09:29:28

1.0 INTRODUCTION

In accordance with best practice and good governance, the Mental Health Legislation Committee (“the Committee”) produces an Annual Report to the Board setting out how it has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

Each Committee will comprise a minimum 2 Independent Members and an identified Executive Lead. Each Committee will have an Independent Member Chair and Vice Chair. The CAVUHB website will maintain and up to date record of the Independent Members and Officer members required at each Committee. The Board will determine the above attendees. The Executive Lead for the Committee is the Executive Nurse Director.

3.0 MEETINGS & ATTENDANCE

The Committee met five times during the period 1 April 2024 to 31 March 2025. This is in line with its Terms of Reference.

Attendance	30.04.2024	06.08.2024	29.10.2024	28.01.2025	Attendance Percentage
Ceri Phillips (Chair)	√	√	√	√	100.00%
Sara Moseley (Vice Chair)	√	X	√	√	75.00%
Rhian Thomas	√	√	√	√	100.00%
Susan Lloyd-Selby	X	√	√	√	75.00%
Rachna Upadhya	n/a	n/a	n/a	√	100.00%
Jason Roberts	X	√	√	√	75.00%
Paul Bostock	X	X	X	n/a	0.00%
Matt Phillips	√	√	X	√	75.00%
Total					75%

The Committee achieved an attendance rate of 75% (80% is considered to be an acceptable attendance rate) during the period 1st April 2024 to 31st March 2025.

4.0 TERMS OF REFERENCE

Previously, there had been standalone terms of reference for each committee, available to access through the website. This allowed a degree of variation between some of the standard powers and responsibilities of the committees. A shared General Terms of Reference which applied to every Committee was reviewed and approved by the Board on the 28th November 2024.

5.0 WORK UNDERTAKEN

The principal remit of the Committee is to consider and monitor the use of the Mental Health Act 1983 (“MHA”), Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (“DoLS”) and the Mental Health (Wales) Measure 2010 (“the Measure”). In particular, the Committee should seek and provide assurance to the Board or to escalate areas of concerns and advise on actions to be taken in relation to:

- Hospital Managers’ duties under the Mental Health Act 1983;
- the provisions set out in the Mental Capacity Act 2005, and
- in the Mental Health Measure (Wales) 2010

are all exercised in accordance with statute and that there is compliance with:

- the Mental Health Act 1983 Code of Practice for Wales
- the Mental Capacity Act 2005 Code of Practice
- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice
- the associated Regulations

During the financial year 2024/25, the Committee considered the following:

- **Mental Capacity Act Monitoring Report and DoLS Monitoring:**

The Committee received the Mental Capacity Act (MCA) and DoLS Monitoring report which provided a general update on current issues related to the MCA and DoLS. The MCA and DoLS indicators provided an overview of the following:

- Mental Capacity IMCA Referral type

- Mental Capacity Act Training
- Additional training provision
- Consent to Examination and Treatment
- Assessing Decision Making Capacity MSc Module
- Quarterly Overviews
- MCA Team Advice and Support
- DoLS signatories
- Referrals and Assessments
- DoLS Monitoring Actions

- **Mental Health Act Monitoring Exception Report**

The report provided the Committee with further information relating to wider issues of the Mental Health Act. Any exceptions highlighted in the Mental Health Act Monitoring report were intended to raise the Committee's awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained by Cardiff and Vale University Health Board and those subject to a community treatment order are only as the Act allows.

- **Mental Health Measure Monitoring Report including Care and Treatment Plans Update Report**

At all meetings, Members of the Committee were presented with an update report for the Mental Health Measure Monitoring Reporting including Care and Treatment Plans. An update was provided at each meeting outlining issues, concerns and solutions.

Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision, which included:

- Part 1: PMHSS
 - 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 – Right to request an assessment by self-referral
- Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

- **Sub-Committee Meeting Minutes**

Presented to the Committee were the minutes from the:

- Hospital Managers Power of Discharge Minutes
- Mental Health Legislation and Governance Group Minutes

- **Policies and Procedures**

A number of policies and procedures were discussed & approved at the Committee as follows:

1. UHB 478 - Allocation of Responsible Clinicians and Nominated Deputy, Mental Health Act, 1983
2. UHB 044 - Restraint in the Care Management of Patients Aged 16 Years and Over with Impaired Mental Capacity – Policy and Procedure
3. UHB 532 - Cardiff & Vale UHB Mental Capacity Act (MCA) Policy

- **Other matters of business discussed during the year included: -**

- Section 117 Supreme Court Ruling Judgement
- UHB Response to the Consultation on the Mental Health Standards of Care (Wales) Bill
- RAMP Protocol and the Part 1 Scheme
- Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy

All of the items discussed were reported to the Board via the formally agreed minutes and Chairs Reports.

6.0 REPORTING RESPONSIBILITIES

The Committee reported to the Board following each of its meetings by presenting a summary report of the key discussion items at the Committee. The report is presented by the Chair of the Committee.

7.0 OPINION

The Committee is of the opinion that the Mental Health Legislation Committee Report 2024/25 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Ceri Phillips

Committee Chair

Chilcott, Rachel
25/04/2025 09:29:28