Mental Health Legislation Committee 21.20.2025

Tue 21 October 2025, 09:00 - 11:00

MS Teams

Agenda

09:00 - 09:05
5 min

1. Standing Items

1.1. Welcomes, Introductions & Apologies

Ceri Phillips

1.2. Declarations of Interest

Ceri Phillips

1.3. Minutes of the Meeting held on 26.08.2025

Ceri Phillips

- 1.3 - Draft MH Committee Minutes 26.08.2025.pdf (8 pages)

1.4. Actions from the meeting held on 26.08.2025

Ceri Phillips

- 1.4 - MH Committee Action Log from Aug 2025.pdf (2 pages)
- 1.4.2 - NR discharge request questionnaire v2.pdf (2 pages)

1.5. Chair's Action taken since last meeting

Ceri Phillips

09:05 - 09:20
15 min

2. Mental Capacity Act

2.1. Mental Health Act Monitoring Exception Report

15 mins *Chloe Evans*

- 2.1 - MHLMCA Report Q2 July - September 2025.pdf (10 pages)

09:20 - 09:50
30 min

3. Mental Health Act

3.1. Mental Health Act Monitoring Exception Report

10 mins *David Seward*

- 3.1.1 - Mental Health Act Exception Report October 2025.pdf (7 pages)
- 3.1.2 - Mental Health Act Monitoring Report for July- Sept 2025.pdf (37 pages)

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

5 mins *Tara Robinson*

- 3.2 - Mental Health and Wellbeing strategy 2025 (1).pdf (14 pages)

3.3. DoLS and MHA Interface - Verbal Update

10 mins *David Seward / Chloe Evans*

3.4. Section 12 Challenges and Futureproofing - Verbal Update

10 mins *Tara Robinson*

09:50 - 10:05
15 min

4. Mental Health Measure

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

15 mins *Tara Robinson / Samuel Barratt*

- 4.1 - October 2025 Mental Health Measure Monitoring Report(2).pdf (7 pages)
- 4.1.2 - MLLC October - Copy.pdf (13 pages)

10:05 - 10:10
5 min

5. Items for Noting / Information

5.1. Sub-Committee Meeting Minutes:

5 mins

5.1.1. Hospital Managers Power of Discharge Sub Committee Minutes

Amanda Morgan / Alex Nute

- 5.1.1 - PoD minutes October 2025.pdf (4 pages)

5.1.2. Mental Health Legislation and Governance Group Minutes

Julian Willett

- 5.1.2 - MHLGG minutes and action log October 2025.pdf (6 pages)

10:10 - 10:10
0 min

6. Items for Approval / Ratification

Ceri Phillips

No items.

10:10 - 10:10
0 min

7. Any Other Business

Ceri Phillips

10:10 - 10:10
0 min

8. Review of the Meeting

Ceri Phillips

10:10 - 10:10
0 min

9. To note the date, time and venue of the next meeting

Ceri Phillips

27th January 2026 via MS Teams

Minutes of the Mental Health Legislation Committee
Held on 26th August 2025 via MS Teams

To view the meeting: https://youtu.be/XxOJO5j7t4o

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

Item No	Agenda Item	Action
MHL 2025/08/1.1	**Welcome, Introductions and Apologies for Absence** The Committee Chair (CC) welcome everybody to the meeting in English and in Welsh. The CC thanked the Committee Vice Chair (CVC) for her contribution to the Mental Health Legislation Committee before starting a new post. The Executive Nurse Director (END) apologised for the late submission of papers.	
MHL 2025/08/1.2	**Declarations of Interest** *No declarations of interest were declared*.	
MHL 2025/08/1.3	**Minutes of the Meeting held on 29.04 2025** The Minutes of the Meeting held on 29.04.2025 were received and approved. **The Committee Resolved that:** a) The minutes of the meeting held on 29.04.2025 were agreed as a true and accurate record.	

MHL 2025/08/1.4	**Action Log from the meeting held on 29.04.2025** The Action Log was received and discussed. **The Committee Resolved that:** a) The Action Log was noted.	
MHL 2025/08/1.5	**Committee Chair's Actions** *No Chair's Actions were taken since the last meeting.*	
	Mental Health Act	
MHL 2025/08/2.1	**Mental Capacity Act Monitoring Report and DoLS Monitoring** 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: • Mental Capacity Act Monitoring Actions (April - June 2025) • Mental Capacity IMCA Referral type • Awareness Raising / Training Sessions • Mandatory MCA Training • MCA Practitioner Led Training – 2024/25 • MCA Team Advice and Support • MCA Team Resources for Staff • Deprivation of Liberty Safeguards Monitoring Actions • Referrals and Assessments • Other Business The Independent Member – General (IM-G) asked whether they could receive a further breakdown on the IMCA referrals by age, as the top classification was 65+. **It was suggested that the report include a further breakdown of IMCA referrals by age, specifically for the 65+ category – ACTION.** Regarding the training programme, the IM-G noted that 10% of people still did not feel confident applying the MCA principles in practice. She asked how they were following up with individuals to raise confidence levels. The MCA-CL responded that this was a common issue across all areas. They reassured staff during training that support was always available and encouraged people to reach out with queries. The IM-G suggested adding a Frequently Asked Questions (FAQs) section to the end of MCA training presentations to help improve staff confidence. **The Committee resolved that**: a) The contents of the report were noted.	
	Mental Capacity Act	
MHL 2025/08/3.1	**Mental Health Act Monitoring Exception Report**	

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:

- Use of the MHA
- Fundamentally defective applications and reports
- Section 136 - A&E and CAMHS
- Nearest relatives discharge requests
- Development sessions
- Audits

The MHAM provided a summary of the following reported during the quarter:

- No fundamentally defective applications or reports
- 1 lapse of Section 5(4)
- The use of Section 136s had increased

The CC asked why CAVUHB had received an increase in nearest relative discharge requests compared to other UHBs.

The MHAM responded that he did not know the reason. He had checked with AMPHS to see if any new information has been cascaded, but no new materials had been introduced.

The CC suggested including a graph in future reports to help visualise the increase in nearest relative discharge requests – ACTION.

The END suggested it could either mean that relatives were well informed, or that the UHB was not managing expectations effectively.

The MHAM agreed that it was good that relatives were informed of their rights, but the concern raised by the Power Discharge Group was whether they fully understand what they're requesting. The MHAM explained that he was open to suggestions.

The END suggested that he would review this with the mental health team outside of the meeting and report back to the following Committee - ACTION.

The IM-G referred to the 25.8% of patients discharged with no follow-up after a Section 136 assessment and asked how confident they were that no-follow up was the right decision. She suggested that it would be useful to audit this to understand whether these decisions were appropriate.

The MHAM responded that these decisions were clinical and would not be able to answer her query. Regarding auditing, their system was not set up for retrospective reviews, so an audit would need to be done manually if the Committee requested one.

The IM-G responded that it was to provide the Committee with assurance that nobody would slip through the net.

The MHAM suggested that he would look into the possibility of auditing cases where patients are discharged with no follow-up after a Section 136 assessment and report back to the committee – ACTION.

The Committee resolved that:

	a) The approach taken by the Mental Health Clinical Board to ensure compliance with the appropriate Mental Health legislation, as set out in the report, was noted.	
MHL 2025/08/3.2	**Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy – Verbal Update** The Interim Deputy Director of Nursing – Mental Health (IDDN-MH) provided the following summary: • The new strategy went live in April 2025. • CAVUHB was working with 36 Degrees to align and role model the service with the strategy. • Work would continue until March 2026 and would work with colleagues across Wales to contribute to an All-Wales approach. **The CC asked for a more detailed update to come back to the following Committee – ACTION.** **The Committee resolved that:** a) The verbal update was noted.	
MHL 2025/08/3.3	**MHA / DoLS Interface - Verbal Update** The MHAM provided the following summary: • He had met with the MCA-CL and Dr Oruganti to discuss the issue of general wards being unsure how to manage the Mental Health Act (MHA), especially when DoLS applied. • They would be undertaking some fact-finding with wards to identify what sort of information would be helpful – potentially a booklet with guidance on the MHA, DoLS, and contact details for the team. The MCA-CL added that the booklet would outline with the MHA applied, why DoLS might not, and include guidance on arranging assessments and key contacts. They felt posters could be overlooked, so a scoping exercise would be undertaken to find out what wards would find most useful. The MHAM noted that they were due to meet in six weeks to discuss the findings. **The CC asked for a progress update to come back to the following Committee – ACTION.** **The Committee resolved that:** a. The update was noted.	
MHL 2025/08/3.4	**Section 12 Challenges and Futureproofing – Verbal Update** The MHAM provided the following summary: • He had sent out a survey because many long-standing Section 12 doctors were retiring or stepping back from night shifts, leaving them short on overnight and weekend cover. • The survey explored their experience, priorities (e.g. DoLS vs mental health assessments), and whether they would recommend becoming Section 12 doctors.	

	• Responses were mixed, but the main issue raised was the fee – it had remained unchanged since 2005 and no travel reimbursement was made from the UHB (unlike some other UHBs). • They were looking at ways to retain and recruit Section 12 doctors, including how assessments were arranged. Currently, AMHPS relied on a long spreadsheet with contacts, but the Local Authority (LA) was trialling an app to streamline this. They needed UHB approval to start a free one-year trial, with future costs to be considered. The END raised that the Regional Safeguarding Board had flagged concerns about delays in securing Section 12 assessments. Whilst they had influence over UHB medical staff, they had less control over GPs. This issue would be looked at across the South Wales region. The CC asked whether the fee was something Welsh Government (WG) determined. The IM-G informed the Committee that she works as a Section 12 doctor, and highlighted the following: • She believed fees for paying Section 12 doctors was a national decision • Fees had not increased in years, and because assessments were ad hoc, doctors needed to be available all day. • Another challenge was that Approved Mental Health Professionals (AMHPs) often chose assessors they were familiar with, which can affect the independence of the process. Regarding the app, the Transformation & Innovation Lead - Mental Health (TIL-MH) explained that they were still waiting to confirm the ongoing costs after the initial trial period. However, it looked like an efficient tool to help improve their processes. The IM-G noted awareness of other UHBs using the app effectively, and that it would be a good way forward. **It was suggested that an update come to the following Committee on the wider investigation and analysis on the Section 12 doctor retention issues – ACTION.** **The Committee resolved that:** A) The update was noted.	
MHL 2025/08/3.5	**Board Assurance Framework – Verbal Update** The Director of Corporate Governance noted that the Board Assurance Framework (BAF) had been added to all UHB Committee agendas for discussion. He proposed it did not come to the Mental Health Committee as a standing item, as relevant strategy elements would be captured under strategic risks and brought to the Quality Committee. The CC agreed. **The Committee resolved that:** A) The contents of the report was noted.	
MHL 2025/08/3.6	**Mental Health Bill – Verbal Update** The MHAM summarised that the Bill was currently in the House of Commons at the report stage. Once this was complete, it would move to the third reading and then final amendments.	

	The END suggested that a gap analysis be undertaken once the Bill was agreed, to ensure that they were compliant. **The Committee resolved that:** A) The update was noted.	
	Mental Health Measure	
MHL 2025/08/4.1	**Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report** The IDDN-MH and the TIL-MH presented the Mental Health Measure Report and slides which outlined the performance of CAVUHB against the various mental health specific targets, which included: • Part 1a - target: 28-day referral to assessment compliance target of 80% (Adult) and (Children & Young People) • Part 1b – 28-day assessment to intervention compliance target of 80% (Adult) and (Children & Young People) • Part 2 – Care and Treatment Planning (over 18) and (Children & Young People) • Part 3 – Self-Referral Assessment Outcomes • Part 4 – Advocacy Access The CC thanked the teams for their hard work. The IDDN-MH provided assurance that they were working with NHS Executives to clearly define the recovery plans. The TIL-MH commented that it would be interesting to see the future of Part 1a, Part 1b, and the measure overall, especially with NHS performance heading towards a stepped care model and open access, which conflicted with PMHSS's referral only approach. **The Committee Resolved that:** a) The contents of the report was noted.	
	Items to bring to the attention of the Committee for Noting / Information	
MHL 2025/08/5.1	**Sub-Committee Meeting Minutes:** The Committee noted the below Sub-Committee Meeting Minutes: • Hospital Managers Power of Discharge Sub-Committee Minutes – 22.07.2025 • Mental Health Legislation and Governance Group (MHLGG) - 31.07.2025 **The Committee Resolved that:** a) The Sub-Committee Meeting Minutes were noted.	
	Items for Approval / Ratification	
MHL 2025/08/6.1	**Policies** Court of Protection Procedure & Guidance The MCA-CL provided the following summary: • There had been a notable rise in the number of Court of Protection (COP) cases within CAVUHB, reflecting a wider UK trend. • This seemed linked to an increased awareness of the statutory responsibilities of organisations under the MCA and more delayed discharges, leading to Section 21A appeals. • Cases were also becoming more complex.	

- The MH Committee had previously requested guidance and a process for staff, developed with Legal & Risk, which included a step-by-step guide, key contacts, and how to access legal advice.
- Legal & Risk also offered another COP training day in September 2025.

The Executive Medical Director (EMD) asked when appeals were made, what percentage were successful (meaning that the UHB got it wrong).

The MCA-CL responded that the court usually agreed that the person should be in hospital, but the issue often lay in discharge planning – whether they go home or to a care facility. It was a chance for individuals to have their voice heard.

The EMD explained that during the appeals process, patients remained in hospital whilst their discharge destination was decided. He wondered whether they could learn from this, especially since many patients may prefer to return home.

The MCA-CL responded that the Head of Integrated Discharge was actively looking into this and had liaised with Swansea Bay UHB (SBUHB), who explored interim placements. They were reviewing the legal aspects to ensure it was appropriate and patient centred.

The Committee Resolved that:

A) The Court of Protection Procedure & Guidance was approved.

Memorandum of Understanding: MHA/DoLS Interface Guidance

The MCA-CL provided the following summary:

- Following the report provided to the April 2025 MH Committee, they had developed staff guidance with LAs on when the MHA or DoLS was appropriate, given the complex interface between the two.
- They had also delivered joint training to health and LA staff, which was well received and seemed to have reduced issues.
- The changes in guidance as a result of case law can have potential implications for patient flow, increased requests for beds in older adult mental health services, Section 117, and an impact on community services.
- The guidance outlined legal implications and included escalation steps for disputes based on advice from the COP.
- Further work was planned on supporting staff when someone was found ineligible for DoLS.

The DCG explained that if this was an agreement with LAs, it may need to be signed by the Executive Lead (the END). If it was guidance for staff, it can sit in the UHBs policies.

The MCA-CL responded that she would be directed by the DCG.

The DCG suggested the Committee lending their support for the document, and he would follow-up with the MCA-CL and the END outside of the meeting.

The IM-G recommended that Figure 6 in the document be used as a visual aid and displayed across the UHB sites.

The Committee Resolved that:

A) The document received Committee support, to be followed up outside of the meeting by the DCG, the MCA-CL, and the END.

Any Other Business

MHL 2025/08/7.1	*No other business was discussed.*	
MHL 2025/08/8.1	**To note the date, time and venue of the next meeting:** 21st October 2025 via MS Teams	

Action Log
Mental Health Legislation Committee – 26th August 2025
(Updated for 21st October 2025 Meeting).

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
ACTIONS COMPLETED					
MHL 2025/08/2.1	**Mental Capacity Act Monitoring Report and DoLS Monitoring**	For future reports to include a further breakdown of IMCA referrals by age, specifically for the 65+ category.	**21.10.2025**	Chloe Evans	*Update to be provided in the following Committee's 'Action Log' section.*
MHL 2025/08/3.1	**Mental Health Act Monitoring Exception Report**	For the inclusion of a graph in future reports to help visualise the increase in nearest relative discharge requests.	**21.10.2025**	David Seward	*Update to be provided in the following Committee's 'Action Log' section.*
MHL 2025/08/3.1	**Mental Health Act Monitoring Exception Report**	For the END review with the mental health team the potential reasons for the high number of nearest relative discharge requests, and report back to the following Committee.	**21.10.2025**	Jason Roberts / David Seward	*Update to be provided within the Mental Health Act Monitoring Exception Report item.*
MHL 2025/08/3.1	**Mental Health Act Monitoring Exception Report**	For the MHAM and IDDN-MH to would look into the possibility of auditing cases where patients are discharged with no follow-up after a Section 136 assessment and report back.	**21.10.2025**	David Seward / Tara Robinson	*Update to be provided in the following Committee's 'Action Log' section.*
MHL 2025/08/3.2	**Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy**	For a more detailed update to come back to the following Committee.	**21.10.2025**	Tara Robinson	**COMPLETED –** *Added to the Forward Plan for October's meeting.*
MHL 2025/08/3.3	**MHA / DoLS Interface - Verbal Update**	For a progress update to come back to the following Committee.	**21.10.2025**	David Seward / Chloe Evans	**COMPLETED –** *Added to the Forward Plan for October's meeting.*
MHL 2025/08/3.4	**Section 12 Challenges and Futureproofing – Verbal Update**	For an update come to the following Committee on the wider investigation and analysis on the Section 12 doctor retention issues.	**21.10.2025**	Tara Robinson	**COMPLETED –** *Added to the Forward Plan for October's meeting.*

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions in Progress					
ACTIONS REFERRED TO COMMITTEES OF THE BOARD / OTHER					

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

Mental Health Act Department
Cardiff and Vale University Local Health Board
Hafan Y Coed
University Hospital Llandough
Penlan Road
Penarth
CF64 2XX

Dear

WE VALUE YOUR FEEDBACK……

Further to your recent request to discharge your relative from detention under the Mental Health Act, it would be helpful if you could complete the below questionnaire and return it to the Mental Health Act Manager by one of the following methods: We really appreciate you taking the time to complete this form.

- Hand to a member of staff
- Post to us at the address above
- Email: Mentalhealthact.Team.CAV@wales.nhs.uk

Patient name:

1. How did you know you could apply for you relative's discharge?

2. Before you made this decision, did you discuss this with your relative's doctor or a member of the care team in advance?

"This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg"

3. What was the reason for your decision?

4. Is there anything you think may be helpful to share with us?

Your feedback will be used to contribute to continuous improvement within the service provided by the Mental Health Clinical Board on behalf of Cardiff and Vale University Local Health Board.

"This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg"

Report Title:	**Mental Capacity Act (MCA) and DoLS monitoring**				Agenda Item no.	*2.1*	
Meeting:	**Mental Health Legislation Committee**		Public	X	Meeting Date:	21.10.2025	
			Private				
Status *(please tick one only):*	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 the provision of IMCA services and the MCA activity and training compliance across the UHB, over the last quarter. As previously, there is additional information contained within this report outlining the additional training and support provided by the MCA Team.

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 Committee:

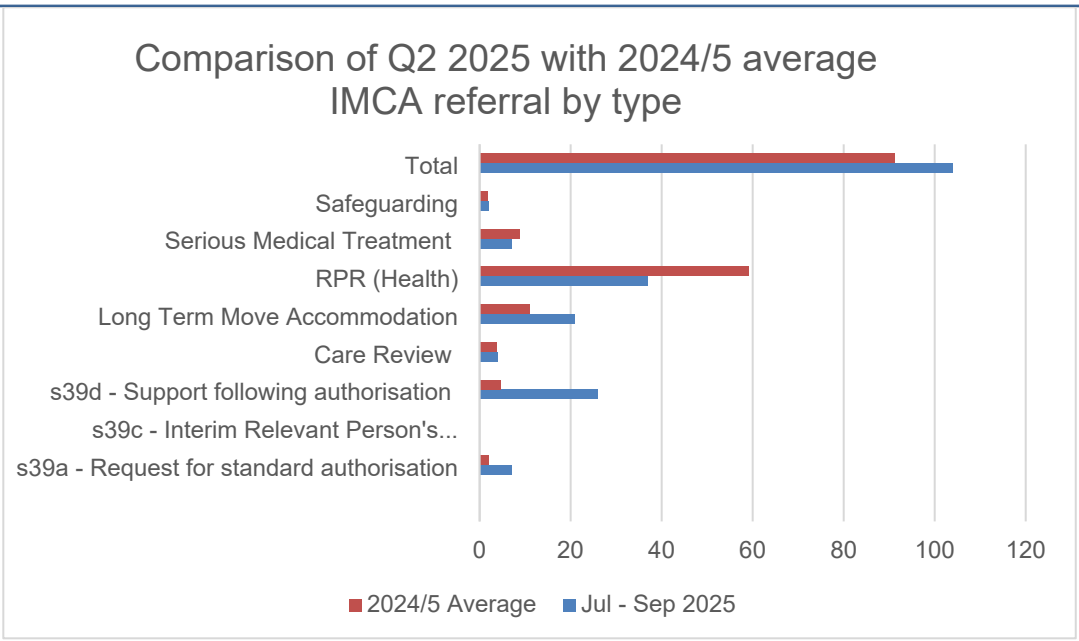
<u>Mental Capacity Act Monitoring Actions (July - September 2025):</u>

Mental Capacity IMCA Referral type

The MCA Indicators outline the breakdown of IMCA referrals for the period from July – September 2025 with a comparison of the 2024/5 mean average.

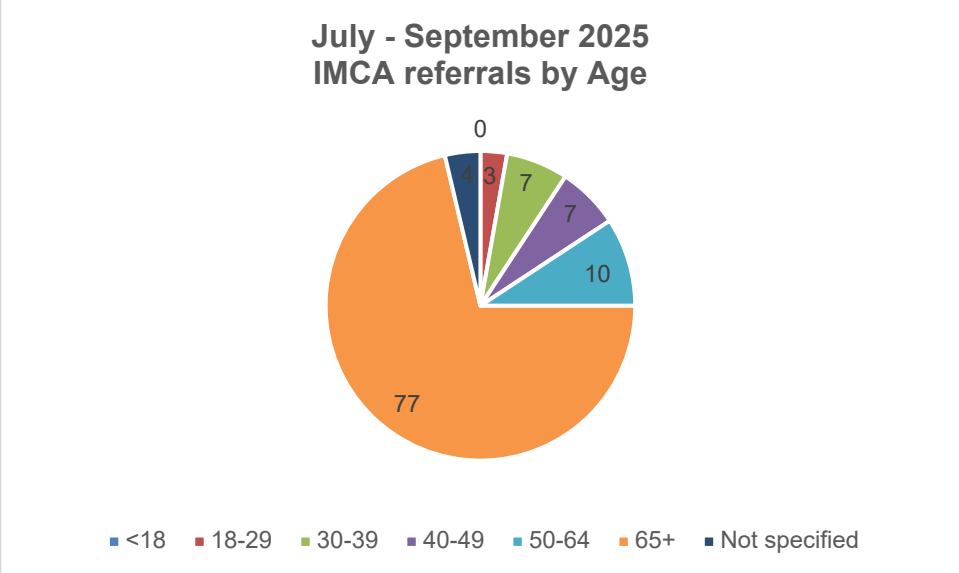
Overall referral rates are noted to have increased from last year's average by 13%. Whilst there has been a marked decrease in standard RPR referrals this quarter (37), compared with last year's average (59.25), there has actually been an increase in the use of advocates for people under DoLS when consideration is given to the increase in the use of advocates under s39a (increase from 2 to 7 referrals this quarter) and s39d (increased from 4.75 to 26) of the MCA. This equates to a 9% increase overall.

In addition, there has been a 52% increase in referrals for Long Term Move of Accommodation this quarter when compared with last year's average.



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 (71%), with the 50-64 age category much lower in comparison, at 9%. The 18-29 age group accounted for 3% of referrals, whilst the 30-39 and 40-49 age groups both accounted for 6%.

Following the last Committee meeting, a request has been made for the 65+ category to be broken down further to capture the number of referrals for people between the ages of 65-79 and 80+. Advocacy Support Cymru agreed to make a request to their developer with a view for this to be built into their database from the start of the next quarter, therefore this should be in place for reporting from Q3 onwards.



In terms of gender, referrals were only slightly more heavily weighted towards males (54 %) than females (46%) this quarter.

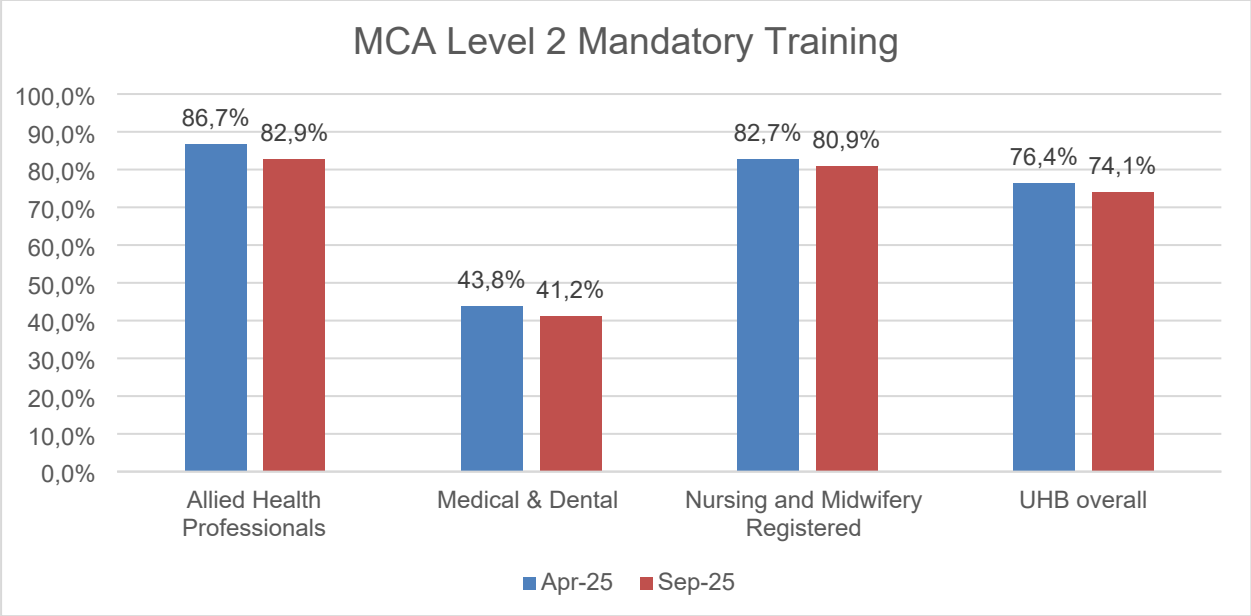
Awareness Raising / Training Sessions

Advocacy Support Cymru continue to offer informal training sessions when visiting patient areas, with 34 sessions delivered across all sites within the UHB and external units.

Mental Capacity Training

Mandatory MCA Training

The following graph provides a comparison of overall compliance by staff group from April to September 2025. Overall rates of compliance have reduced across all professional groups. It is believed that this is due to competencies expiring at the end of the 3-year renewal period. The team continue to raise awareness of the importance of compliance with mandatory MCA training at every opportunity and staff must be compliant with this to attend Practical Application of the MCA offerings. It is hoped this will improve following implementation of clinical board action plans but this will continue to be monitored.

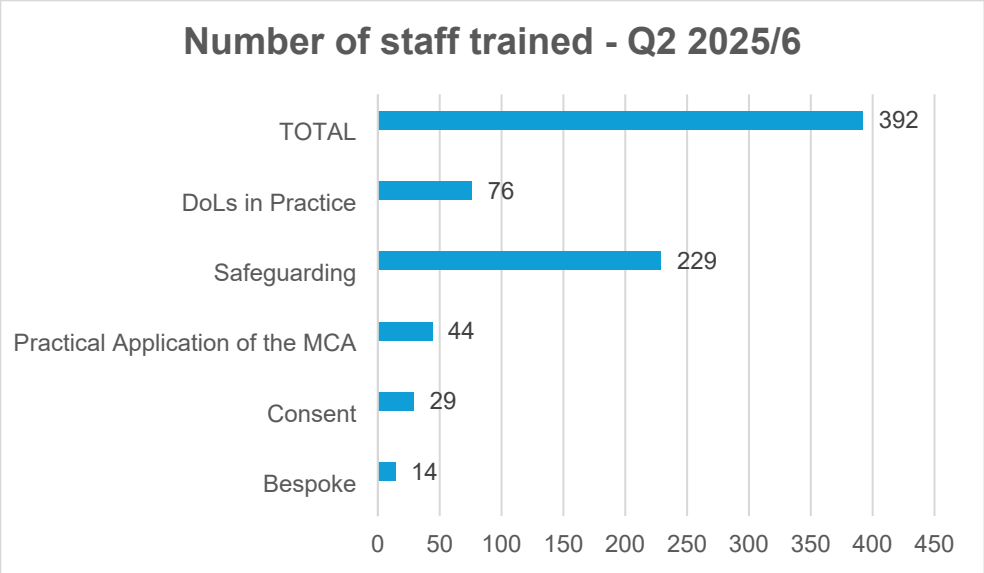


MCA Practitioner led training

Training attendance has improved slightly over the last quarter, with particular improvement in the number of staff accessing DoLS in Practice sessions. The Practical Application of the MCA training continues to have lower attendance but again, it is expected this will improve with the implementation of the clinical board action plans in response to the MCA audit findings. The team is also looking to arrange a session to be delivered in Barry to support improved access for staff working in the Vale, alongside the sessions already available on the Llandough Hospital site.

Following discussions with medical education, the team have arranged to pilot a slightly shortened version of the Practical Application of the MCA (3 hour session) for some of the medical staff working within Medicine Clinical Board. If successful, it is hoped this will allow the team to reach more staff and enable greater opportunities to include this offering into existing team training days or protected education time, as these are rarely able to accommodate a 4-hour session.

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



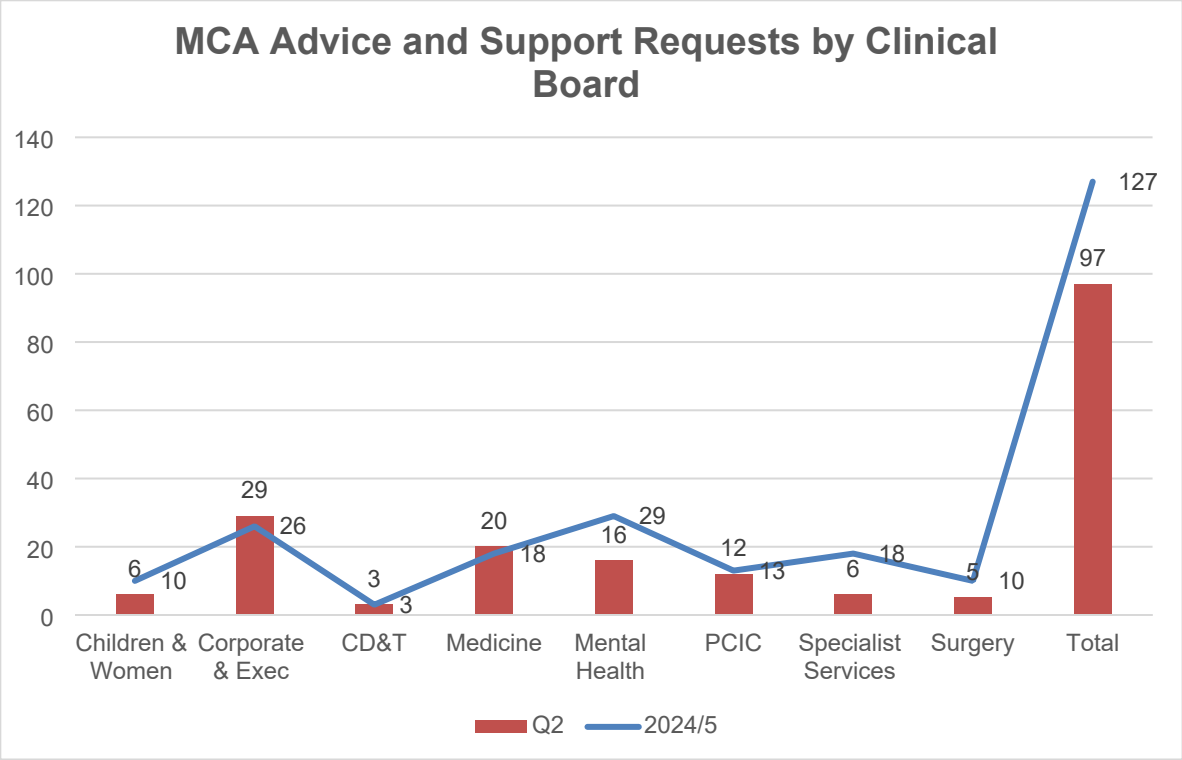
Training feedback is requested following each session of the Practical Application of the MCA, DoLS in Practice and MCA Level 2 face to face training and continues to demonstrate that the training is extremely well received by those that do attend.

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	92%	8%
I feel confident about applying principles of MCA to practice	92%	8%
Helped with practical application of MCA as well as theory	97%	3%
I feel confident in knowing how to access MCA support	99%	1%

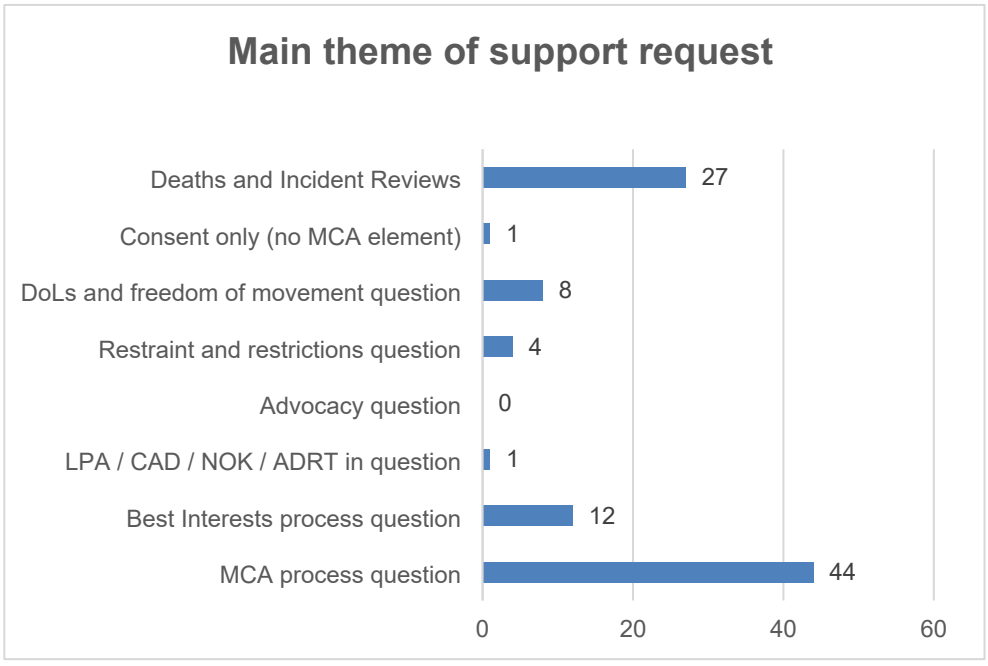
Following the last Committee meeting, the question around staff confidence in applying the principles of the MCA to practice has been amended to gain greater clarity. This has been actioned from 1st October and will be reviewed and the end of this quarter to see whether further work or a FAQs document is required.

MCA Team Advice and Support

The below chart outlines the number of referrals received by each Clinical Board during Q2 with a comparison of the mean average for 2024/5. There has been a noticeable decrease in requests over the last quarter compared with Q1, though rates are more in line with last year's average referral rates. The highest rate of referrals have come from Corporate and Executive, Medicine and Mental Health Clinical Boards; as would be expected. There is no clear reason for the reduction in overall referrals. This may be due to the time of year that this period covers however, this will continue to be monitored for any downward trend.



The main themes for advice and support requests are outlined below, with MCA process queries making up 45% of all referrals. Deaths and incident reviews comprise 28% and best interests (12%) and DoLS related questions (8%) are the next most notable reasons for advice and support.



MCA Team Resources for staff

In response to learning from reviews and the recent internal DoLS audit, the MCA Team are in the process of developing new resources in relation to the following:

7 minute briefings: The role of the LPA / CAD

Policies and procedures: DoLS Policy and Standard Operating Procedure; in progress.

MCA Audit Action Plans

All Clinical Boards now have identified leads for overseeing these action plans. The main focus is on supporting staff to access available training, raising awareness of the support available and improved governance through the use of the Quality and Safety meeting framework. The MCA team will continue to work closely with these leads to support implementation of the action plans and provide suitable and targeted training opportunities, as well as encouraging shared learning.

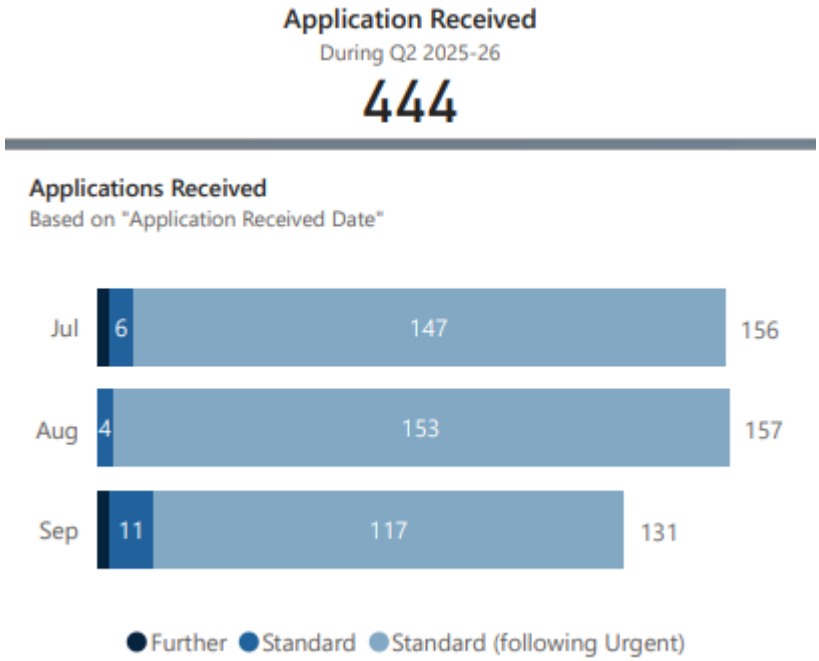
Deprivation of Liberty Safeguards Monitoring Actions:

Quarterly overview from July - September 2025

Applications Received	Assessments Carried out	Authorisations Granted	Total Waiting List	Applications Withdrawn
444	139	75	64	257

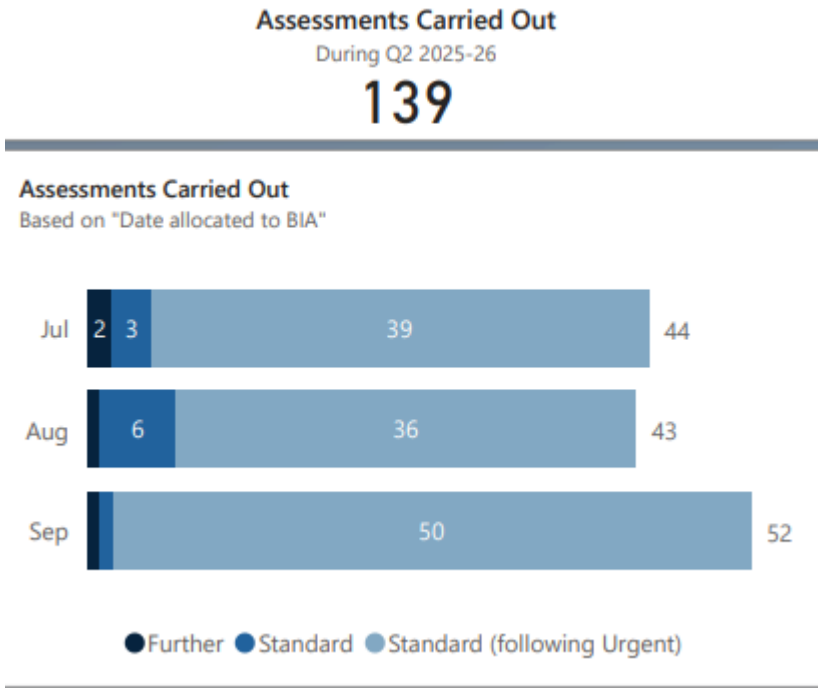
Referrals and Assessment

The referral figures for the last quarter are outlined below; this is in keeping with the usual quarterly rate for applications.

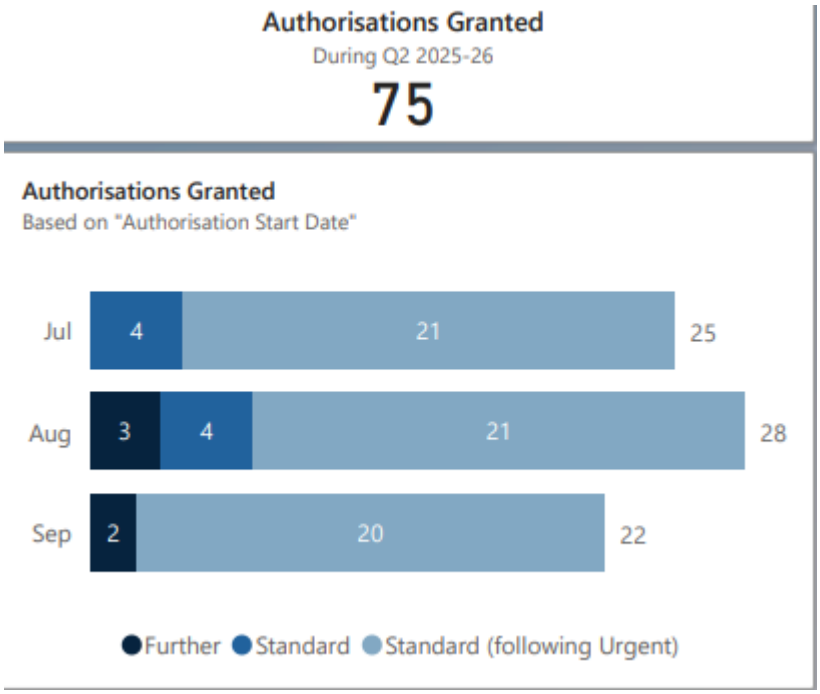


The below chart outlines the number of assessments carried out over the last quarter, by month and type. Since the week commencing 7th July the UHB has funded 5 additional assessments per week to increase assessment capacity. This has enabled 156 assessments to be undertaken in the last quarter however, 17 of these are not reflected in the below figure as these assessments have been withdrawn prior to final authorisation by a DoLS signatory. Of these 156 assessments, 56% (87

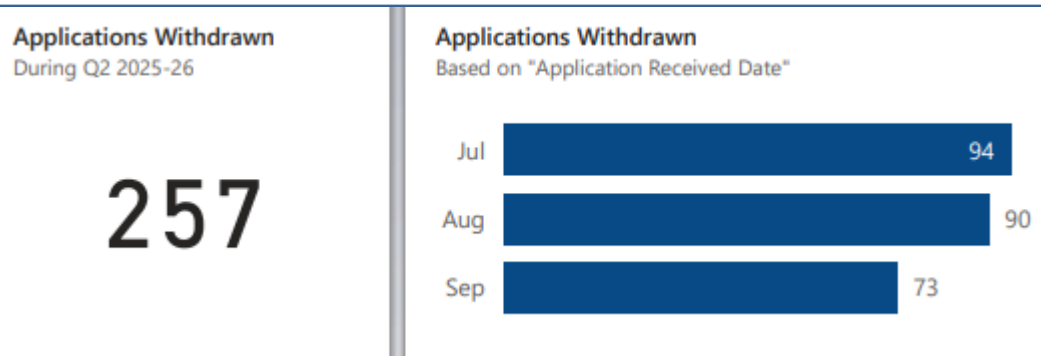
assessments) were completed by DoLS Team BIAs and a further 44% (69 assessments) by external assessors.



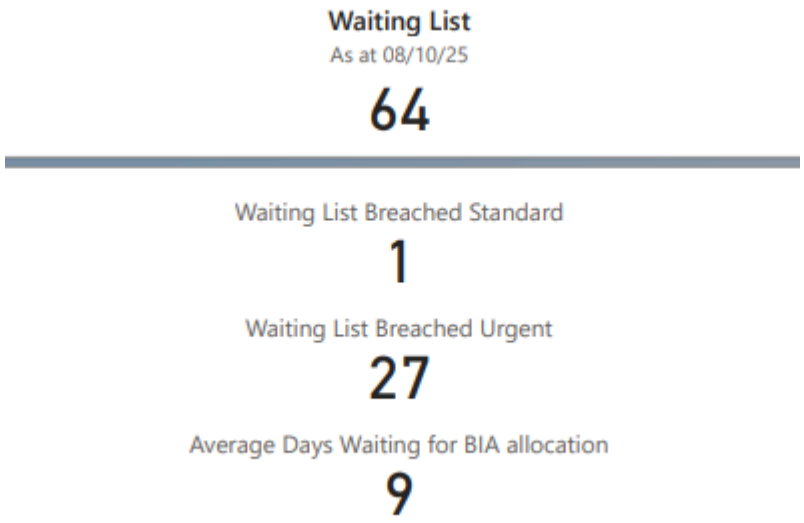
A total of 75 authorisations have been granted this quarter, with an average of 25 authorisations per month. The number of 'authorisations granted' refers to the number of instances where the full authorisation process has been completed. This does not include instances where the application has been withdrawn for any reason prior to sign off by the DoLS signatory. This is in line with Welsh Government reporting processes.



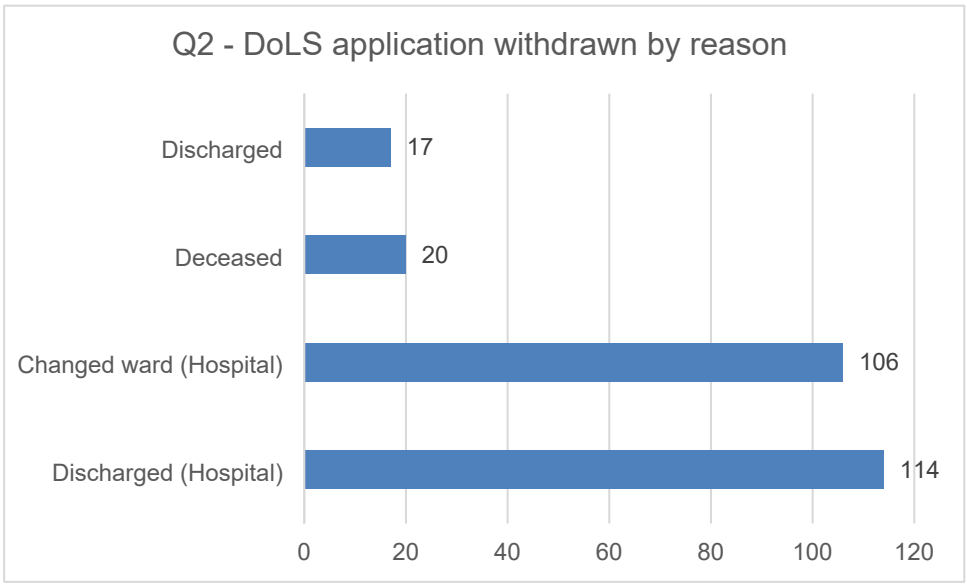
A total of 257 applications were withdrawn this quarter, compared with 311 last quarter.



Following the increase in DoLS assessments over Q2 the waiting list has reduced slightly from 69 to 64, demonstrating that the increased number of assessments would appear to be sufficient to meet demand. However, due to the backlog from Q1 there are still breaches to statutory timeframes for assessment. It is expected this will improve over time but this will require ongoing monitoring.



Below is a chart outlining the reason for withdrawal of DoLS applications for the last quarter. The most common reasons reported are: discharge (114), changed ward (106). The number of identified reasons for withdrawal available for this report have reduced due to the reporting requirements for Welsh Government; which only allow the below four categories to be recorded.



Internal audit – DoLS

The UHB received and overall rating of 'Reasonable Assurance' for its DoLS Processes.

Four domains were considered and the following recommendations outlined:

Policies and procedures – *'Limited Assurance'* - Recommended local policy and standard operating procedure are developed. It was noted that these were already outlined on the team's workplan tracker and due to commence from August 2025.
Training – '*Reasonable Assurance'* - Review of DoLS training requirements for staff.
Operational systems – *'Reasonable Assurance'* - Recommended increased resource to minimise risk of breaches. Review of Q1 suggests that additional assessments put in place form July should be sufficient to meet current rate of demand.
Reporting – *'Substantial Assurance'* – Accurate records maintained with robust overview of operational activity in place, monthly performance meetings between MCA Lead and DoLS Manager and assurance provided to Safeguarding Steering Group and MHLMCA Committee.

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.

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

Five Ways of Working (Sustainable Development Principles) considered:

Prevention		Long term		Integration	X	Collaboration	X	Involvement	

Quality Impact Assessment Completed?:

Yes – ***(please provide completed QIA document)***		No – ***(Please provide reasoning, e.g. not required)***	X	*Not required*

Impact Assessment:

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:

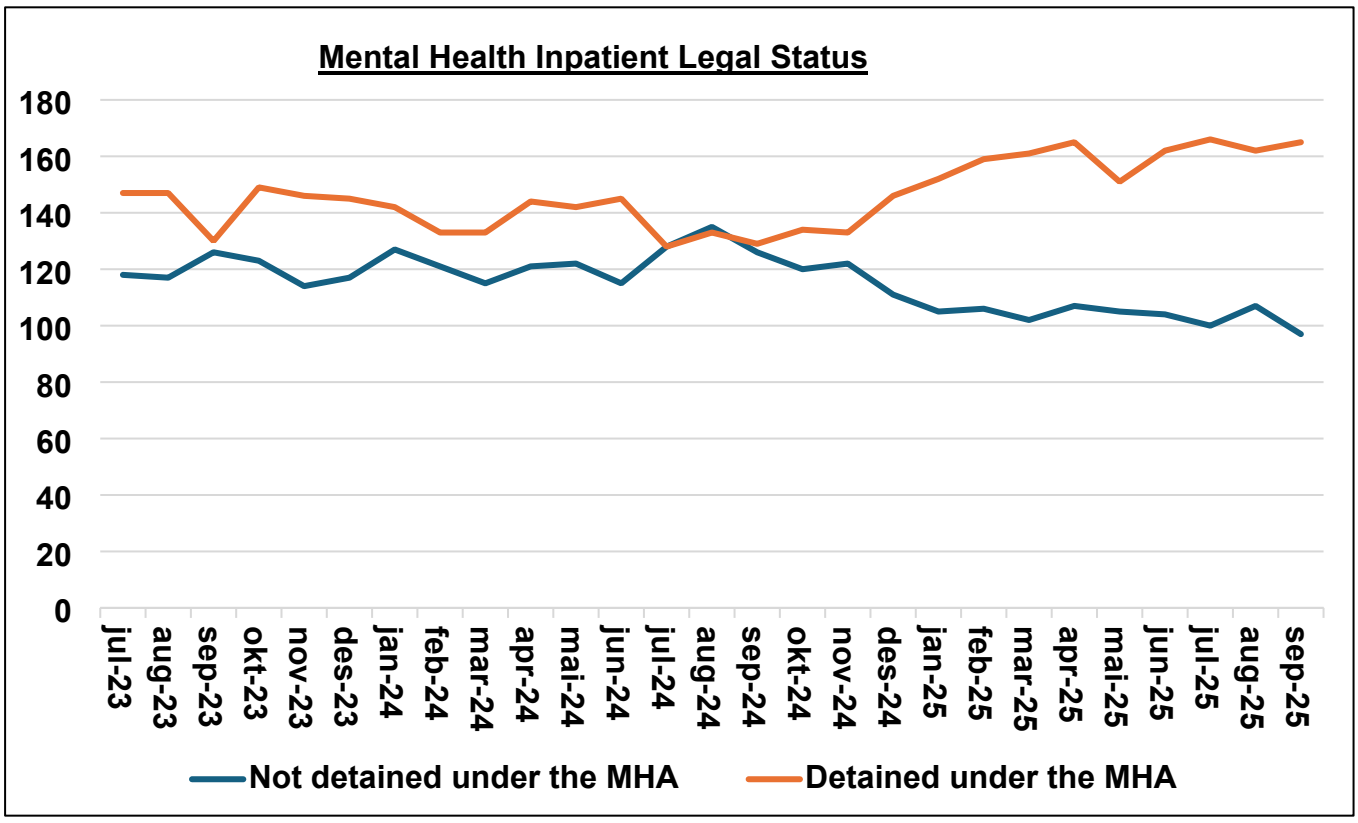
Report Title:	Mental Health Act Monitoring Exception Report				Agenda Item No:	3.1	
Meeting:	Mental Health Legislation Committee		Public	X	Meeting Date:	21st October 2025	
			Private				
Status	Assurance	X	Approval		Information/Noting		
Lead Executive	Executive Nurse Director						
Report Author	Mental Health Act Manager						

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.

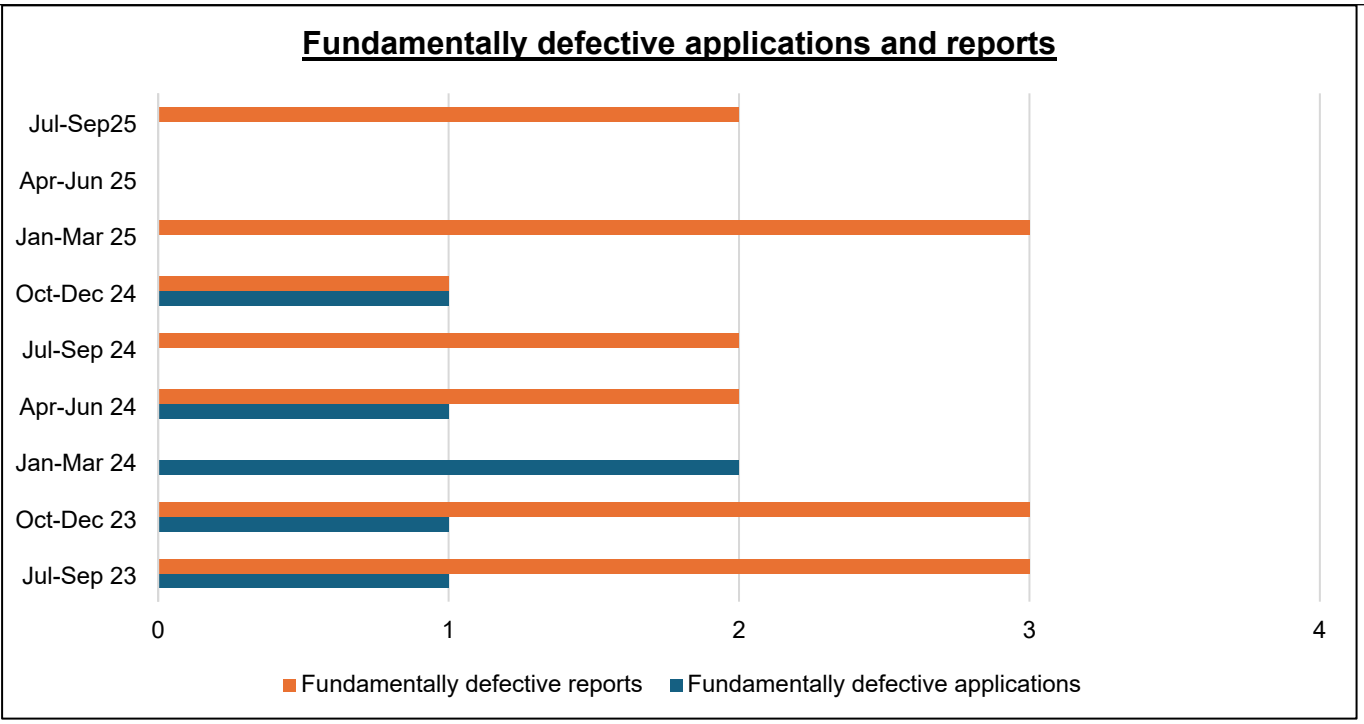
Executive Director Opinion & Key Issues to bring to the attention of the Committee

Use of the MHA



Chilcott Rachel
21/10/2025 14:42:43

Fundamentally defective applications and reports



During the quarter there were no fundamentally defective applications

During the quarter there were two fundamentally defective reports
P was assessed in UHW and a 5(2) was completed however, the paperwork was never formally furnished to the Hospital Managers. We were made aware of the 5(2) from Liaison Psychiatry and after investigating further, the patient was already on a DoLs. Although the patient was assessed by Psych Liaison and no further detention was required, the 5(2) was fundamentally defective.

P was assessed in UHW and a 5(2) completed. P moved from one ward to another within UHW and attempted to leave again so another 5(2) was completed. Staff were unaware that the 5(2) would remain in place as P only moved wards not hospitals. Although the patient was assessed and no further detention was required, the 5(2) was fundamentally defective

During the quarter there were three lapses
One section 2 lapsed as after an assessment, the AMHP didn't think section 3 criteria was met but the RC did so did not wish to exercise their right to discharge. Patient stayed in hospital informally.

One section 2 lapsed due to a nearest relative objecting to the use of section 3 and the RC did not wish to exercise their right to discharge. Patient went home with a follow up from their CMHT.

One section 3 lapsed due to a renewal document not being completed before the expiry of the section 3. P was on long term leave to a placement and waiting for a DoLs to be authorised. P has been sent a letter advising that they were liable to be detained for 5 days without authority. A DATIX has been raised to be investigated.

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.*

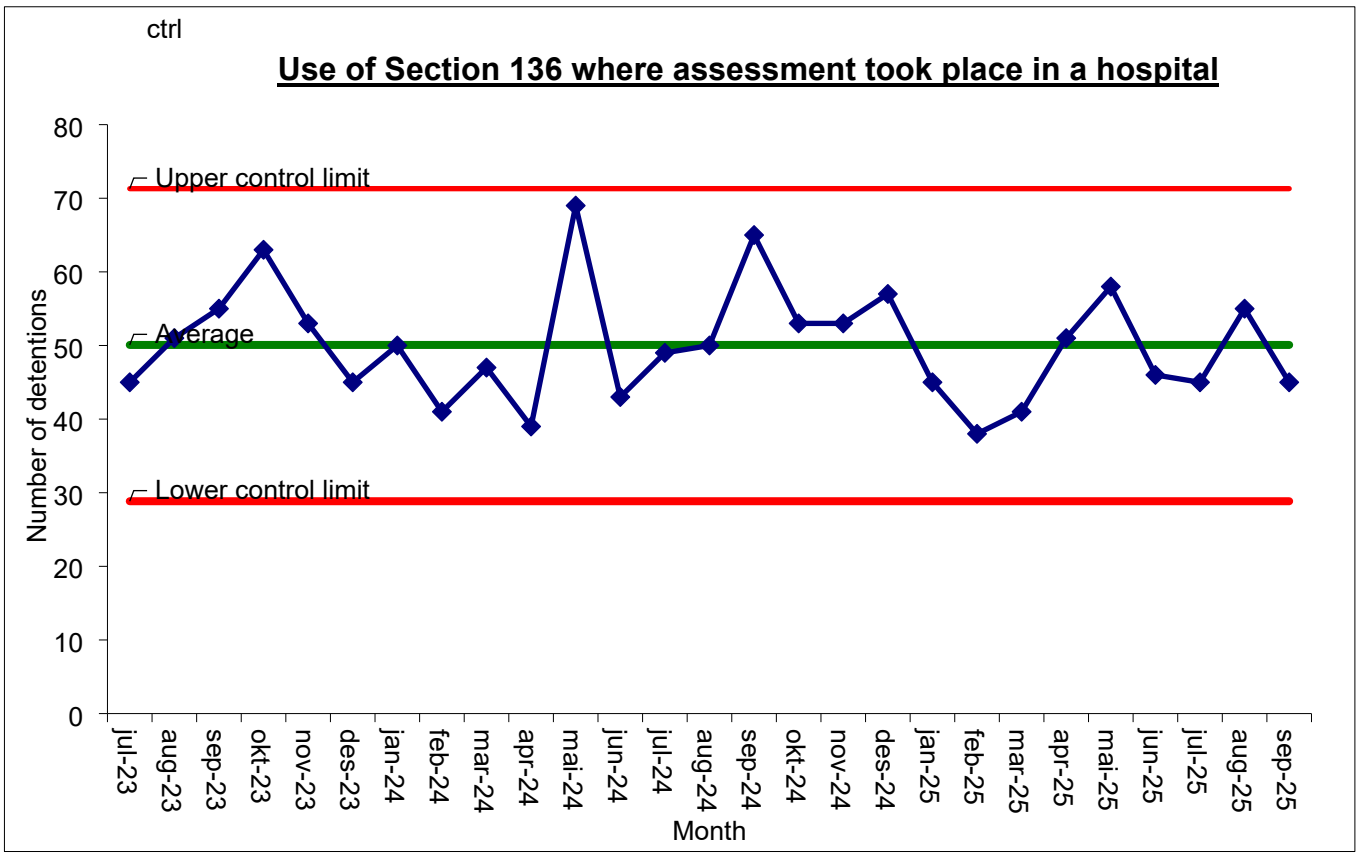
In all instances where the 136 has lapsed due to the patient not being fit for a mental health act assessment, a DATIX will be completed.

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

It was noted that 82.8% of individuals assessed were not admitted to hospital, with 46.9% being discharged to community services and 35.9% were discharged with no follow up. Overall, during the period 17.3% of patients were admitted to hospital following a 136 assessment which is lower than the previous quarter at 22.5%.

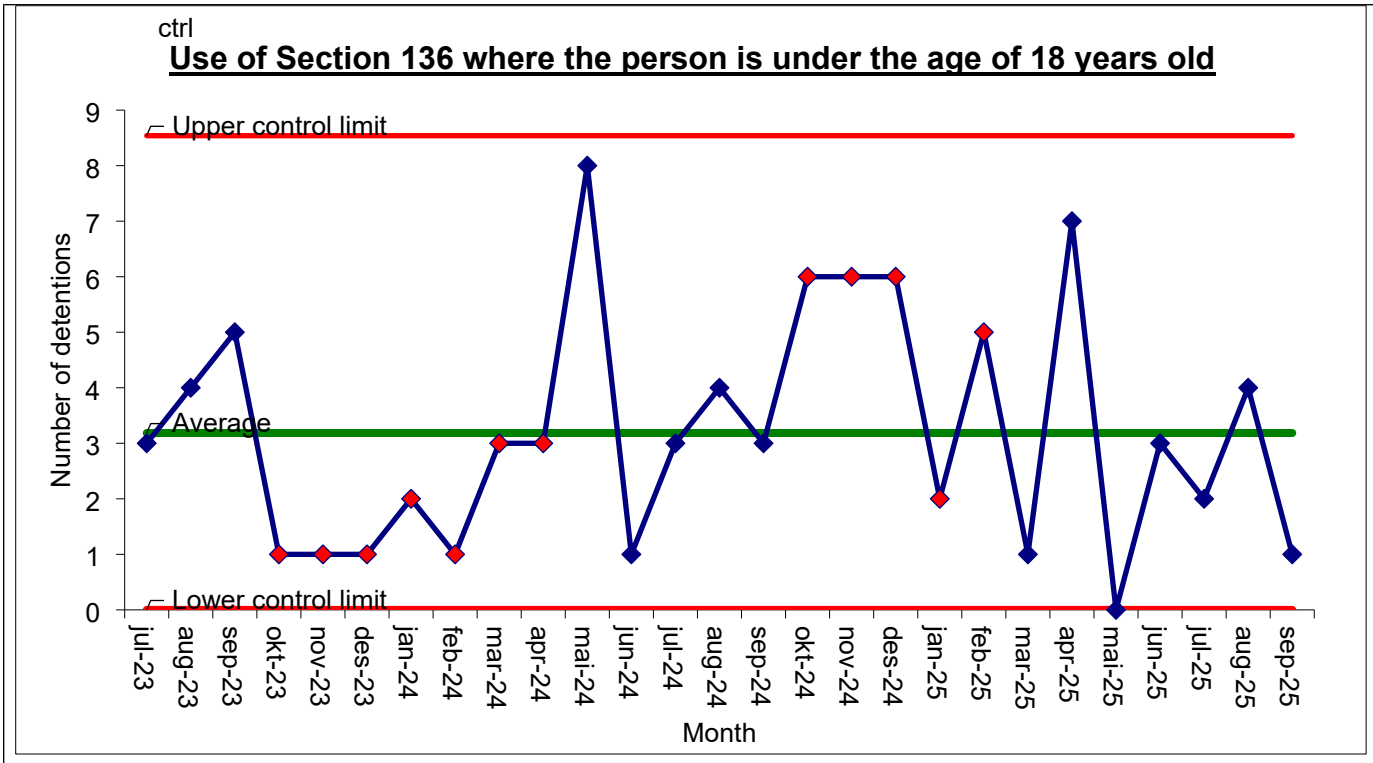
One 136 lapsed with no assessment taking place due to not being medically fit.

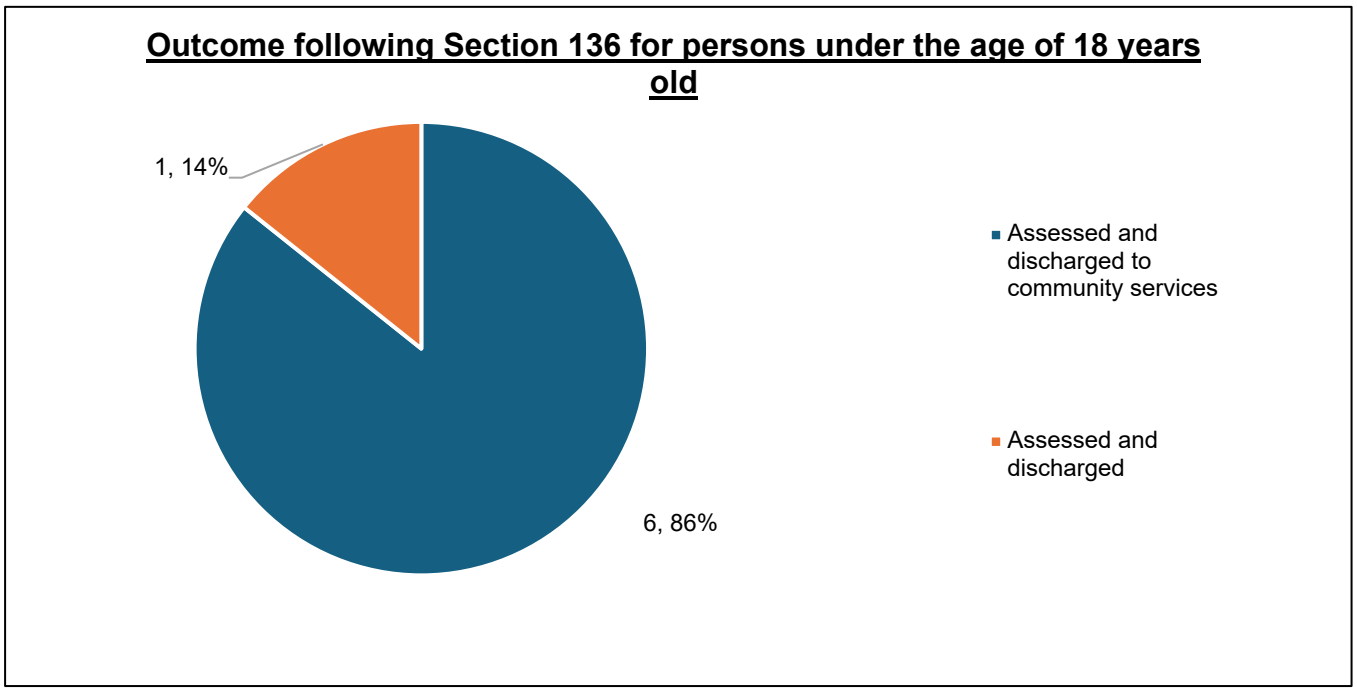
Period	% not admitted to hospital
July – September 2025	82.8%
April – June 2025	77.4%
January – March 2025	77.4%
October – December 2024	78.6%
July – September 2024	72.7%
April – June 2024	79.5%
January – March 2024	83.3%
October – December 2023	80.1%
July – September 2023	83.5%



Section 136 - CAMHS

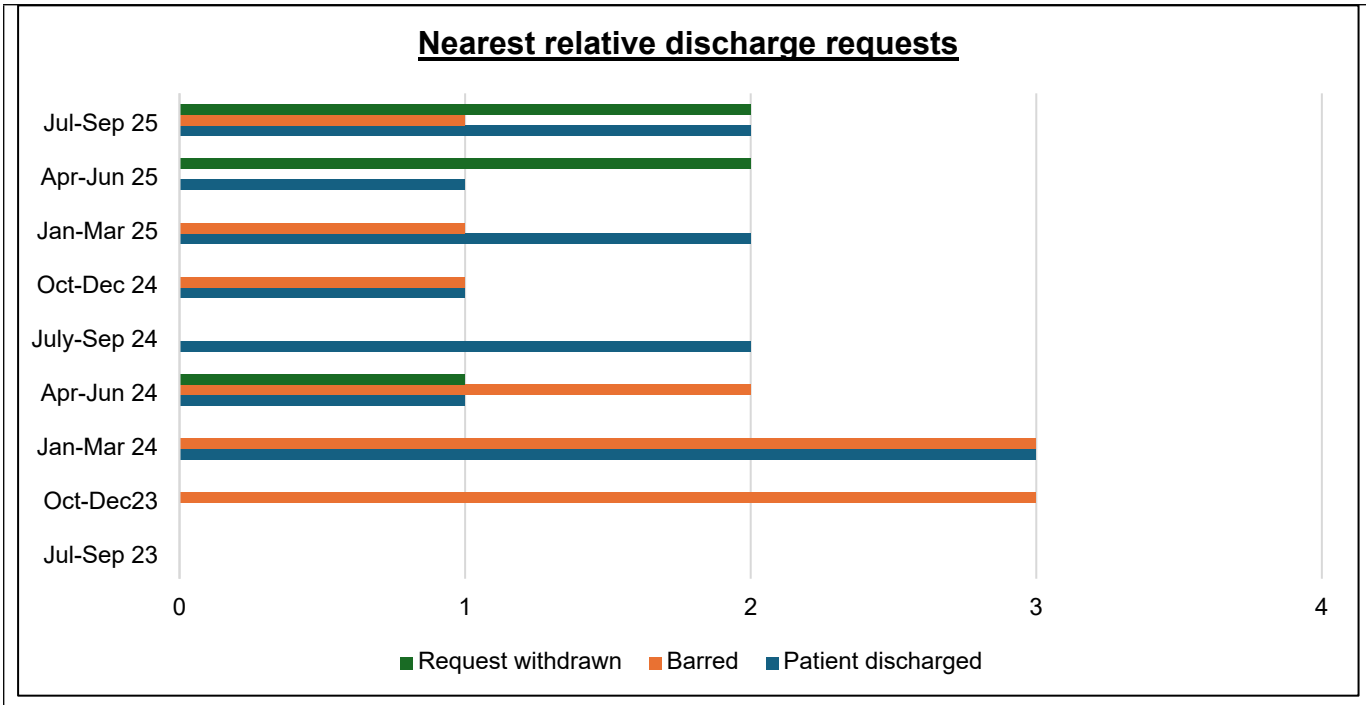
The number of those under 18 assessed under section 136 has decreased from eight in the previous quarter to seven in this quarter. Two service users had repeat presentations.

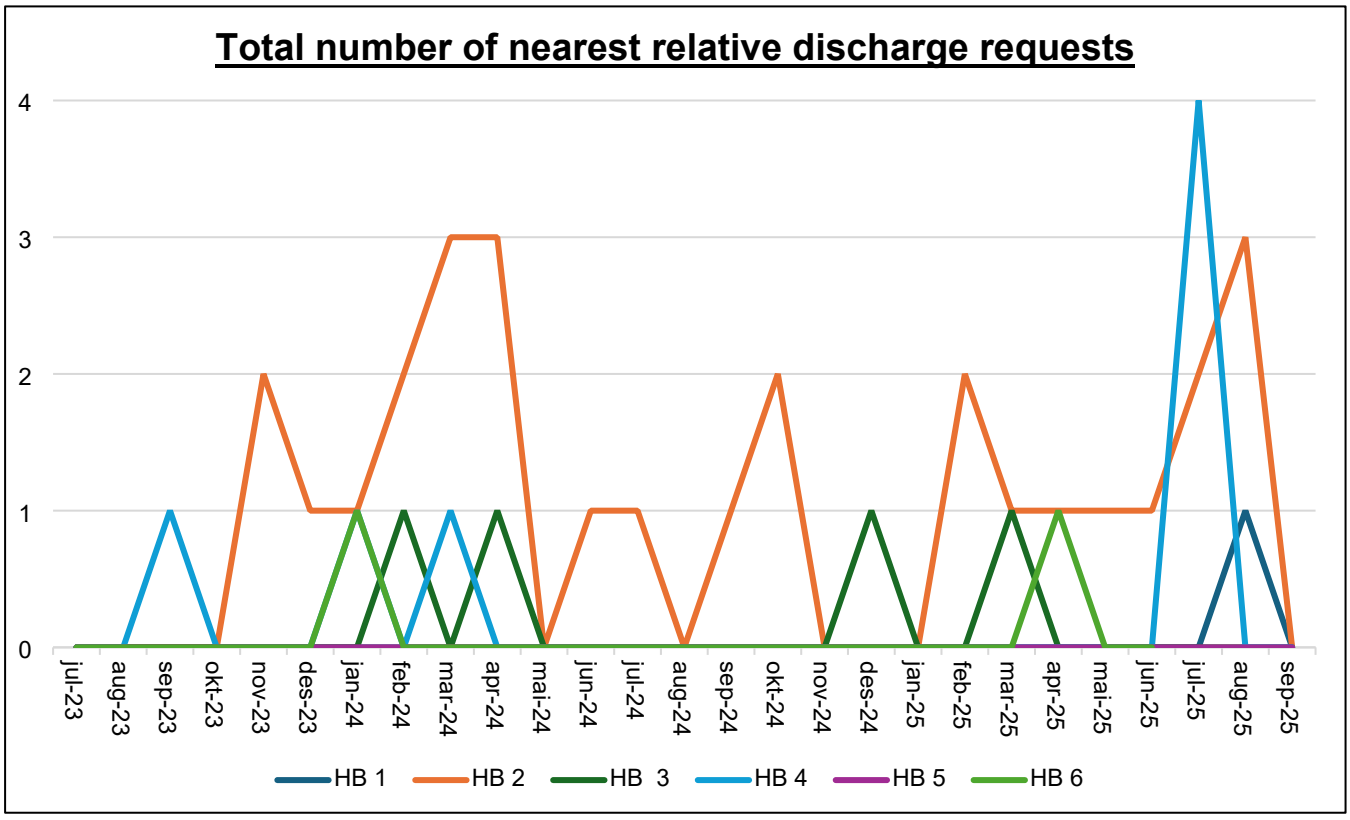




Nearest relatives discharge requests

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.





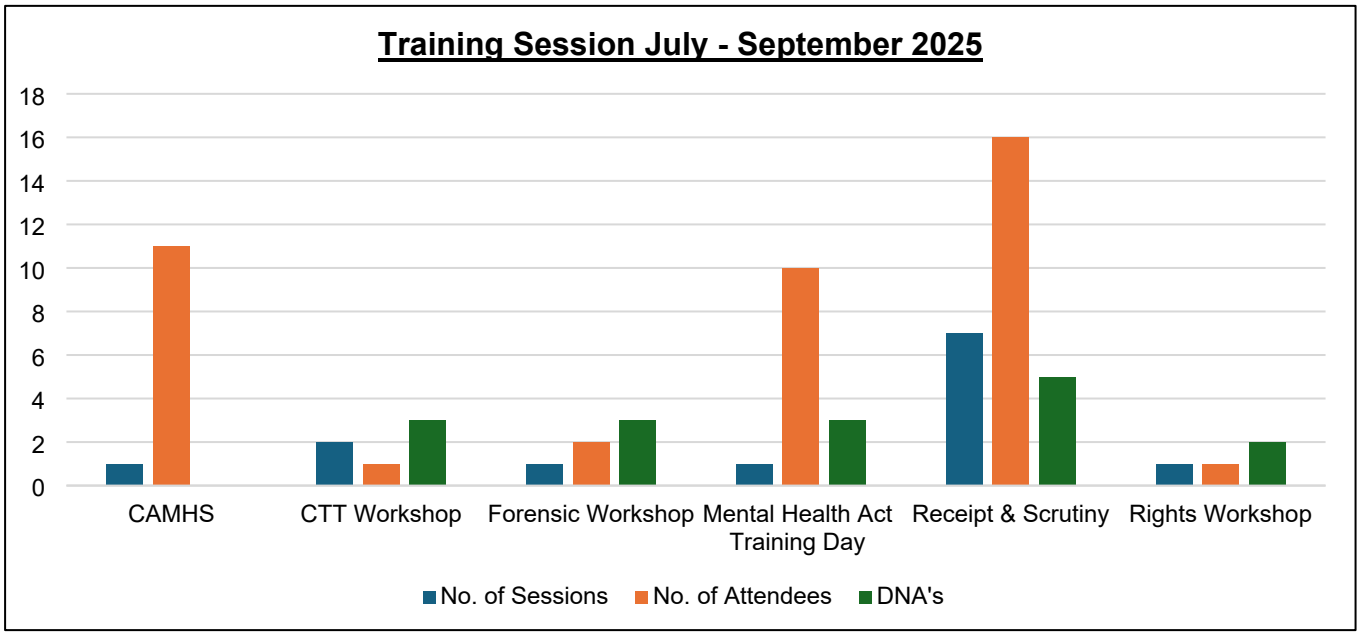
Development Sessions

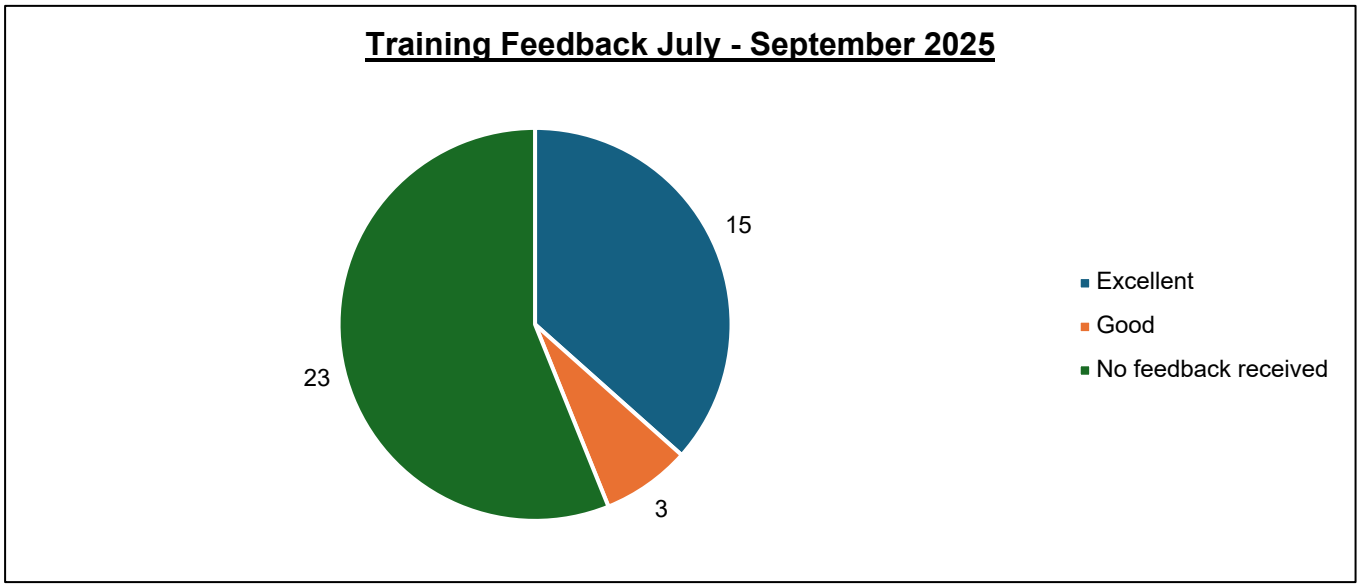
The MHA office continues to run the below awareness sessions available to all staff within the Health Board:

- 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.

Appendices (please list all appendices that accompany this report. Do **not** embed)

Recommendations:

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:

1. Putting People First		2. Providing Outstanding Quality	
3.		4.	

Delivering in the Right Places				Acting for the Future					

Five Waves of Working (Sustainable Development Principles) considered:									
Prevention	X	Long Term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required	X	Not required.

Impact Assessment
Risk: No
Safety: Yes
Financial: No
Workforce: No
Legal: 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: No
Socio Economic: No
Equality & Health: No
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:
Mental Health Legislation and Governance Group	09/10/2025

Chilcott Rachel 21/10/2025 14:42:43

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

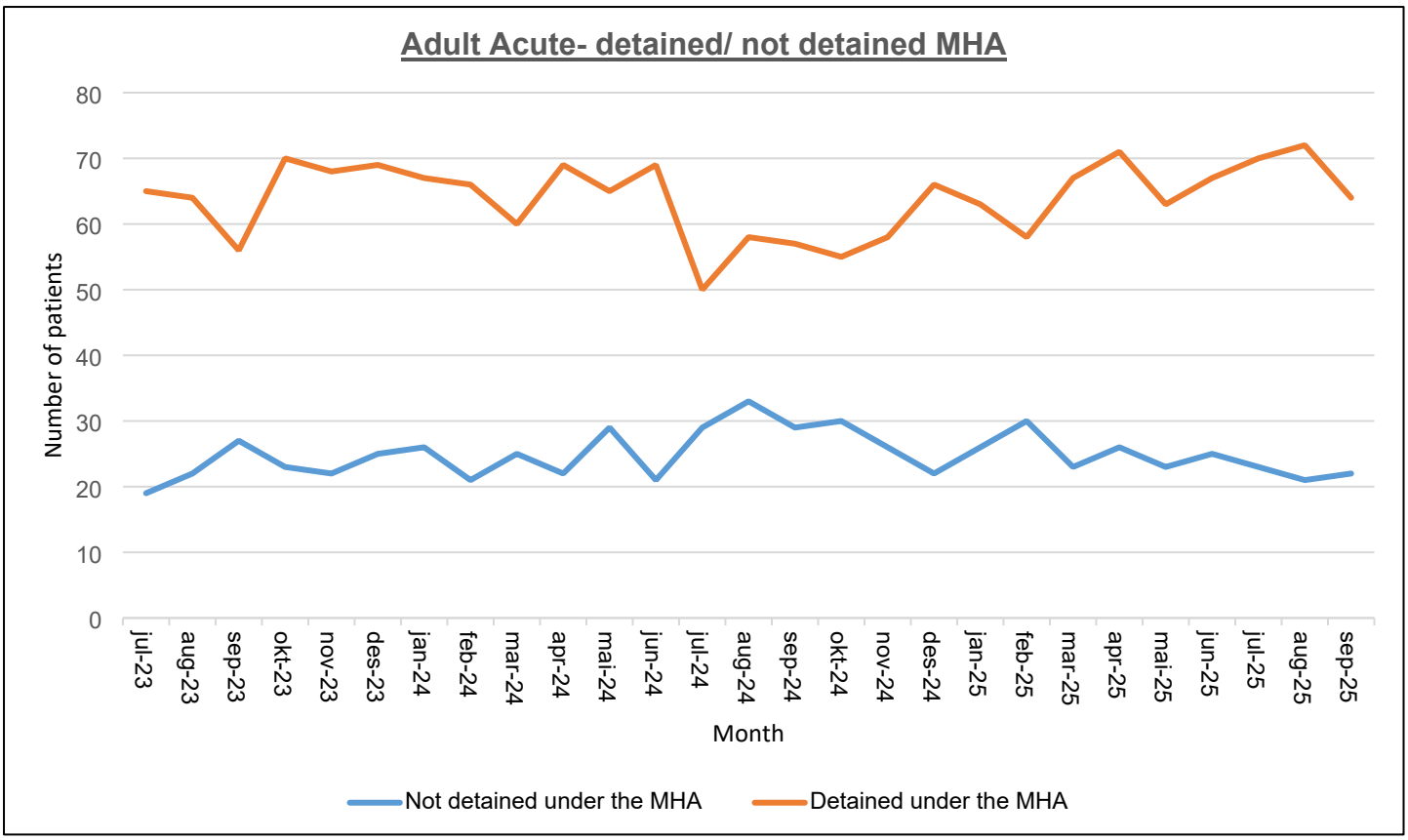
Report to the

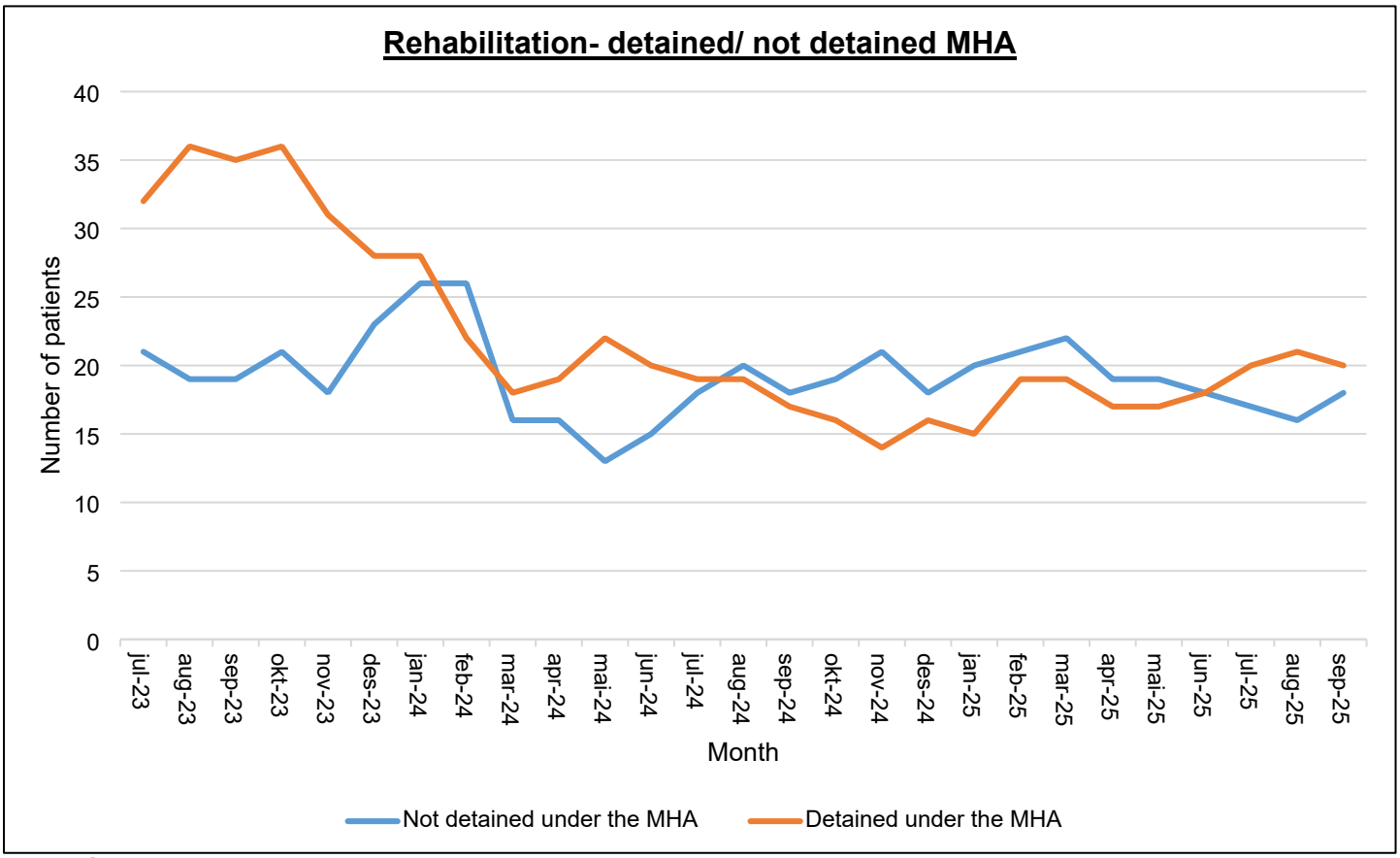
Mental Health Legislation Committee

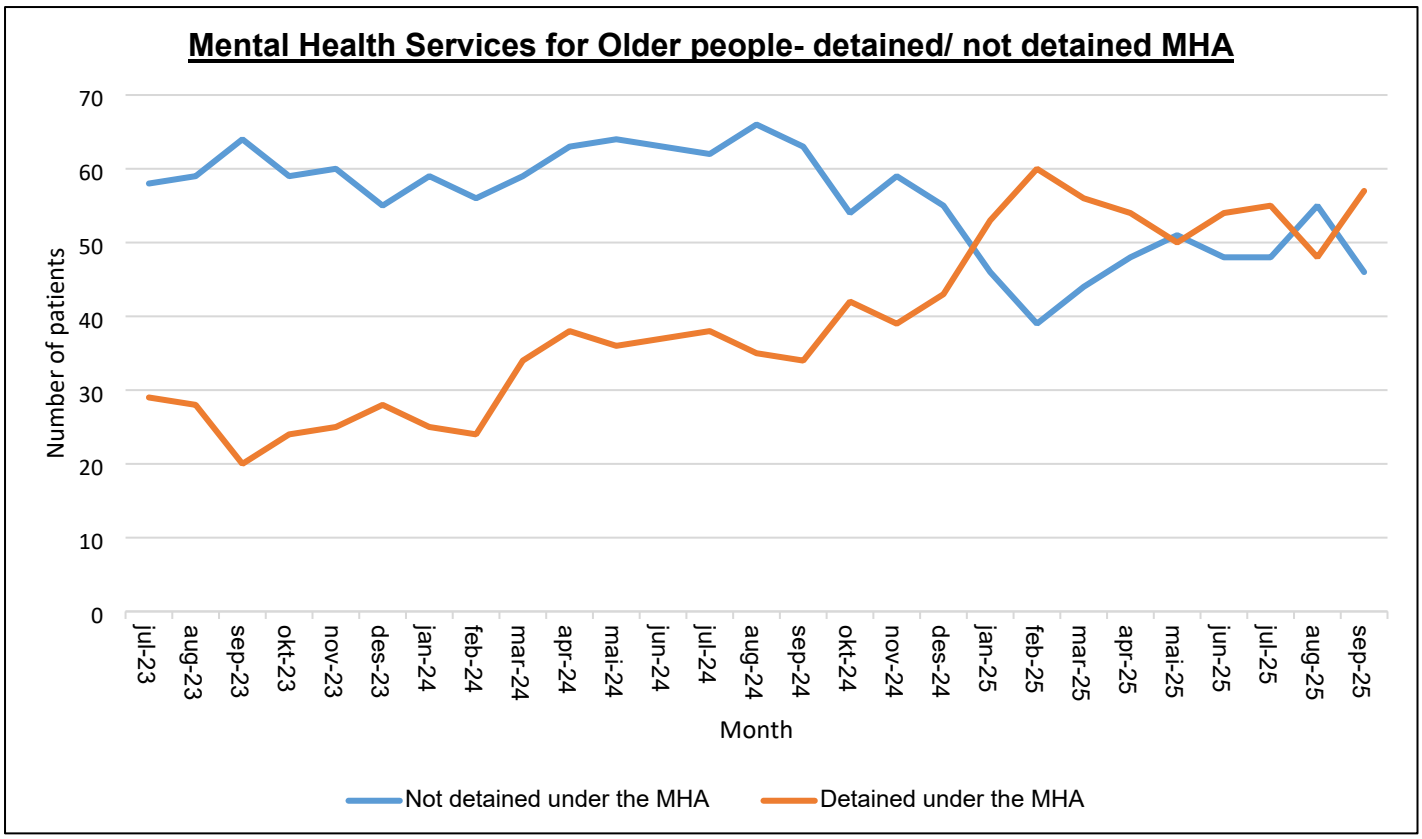
on the use of The Mental Health Act, 1983

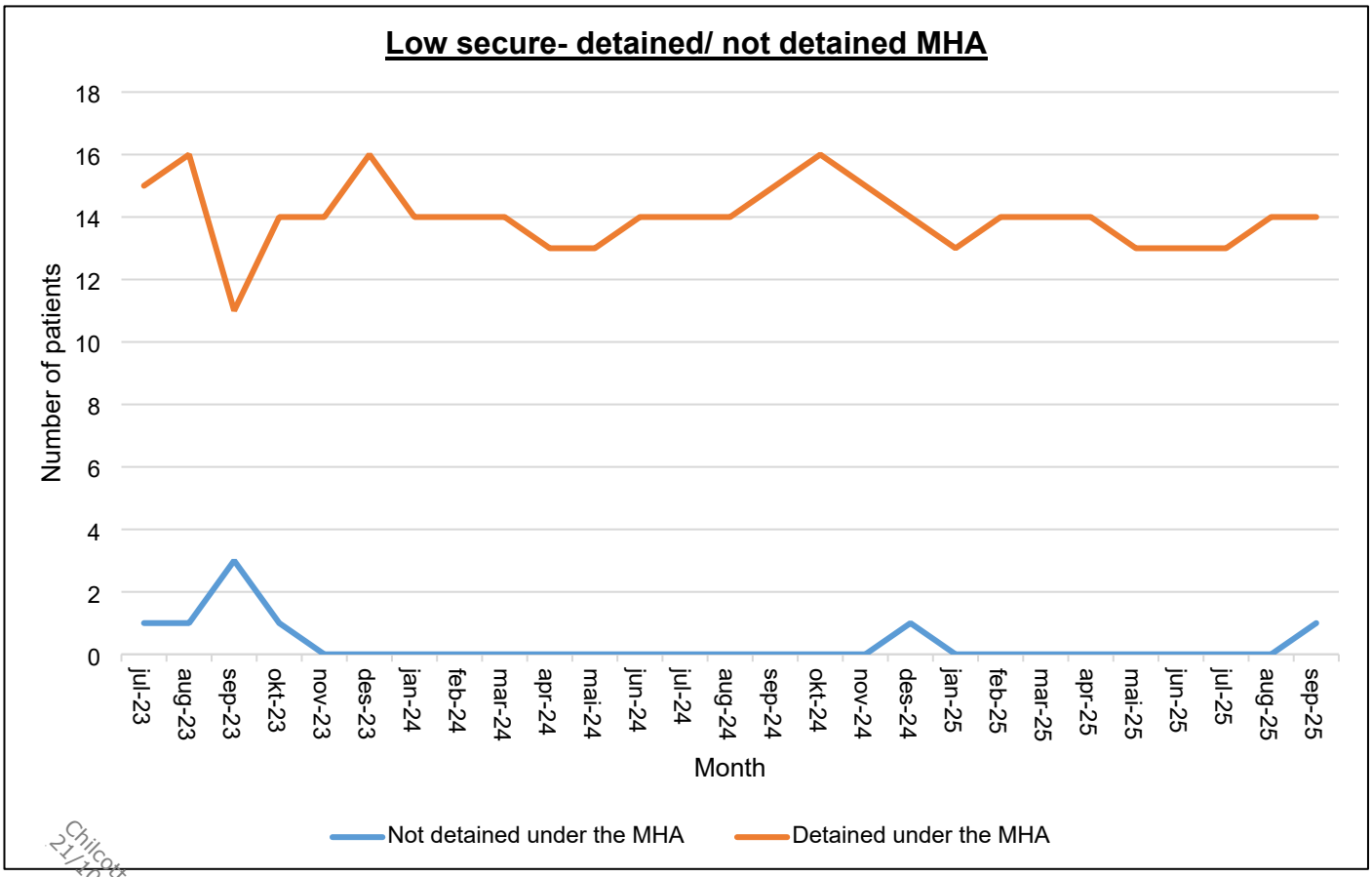
July- September 2025

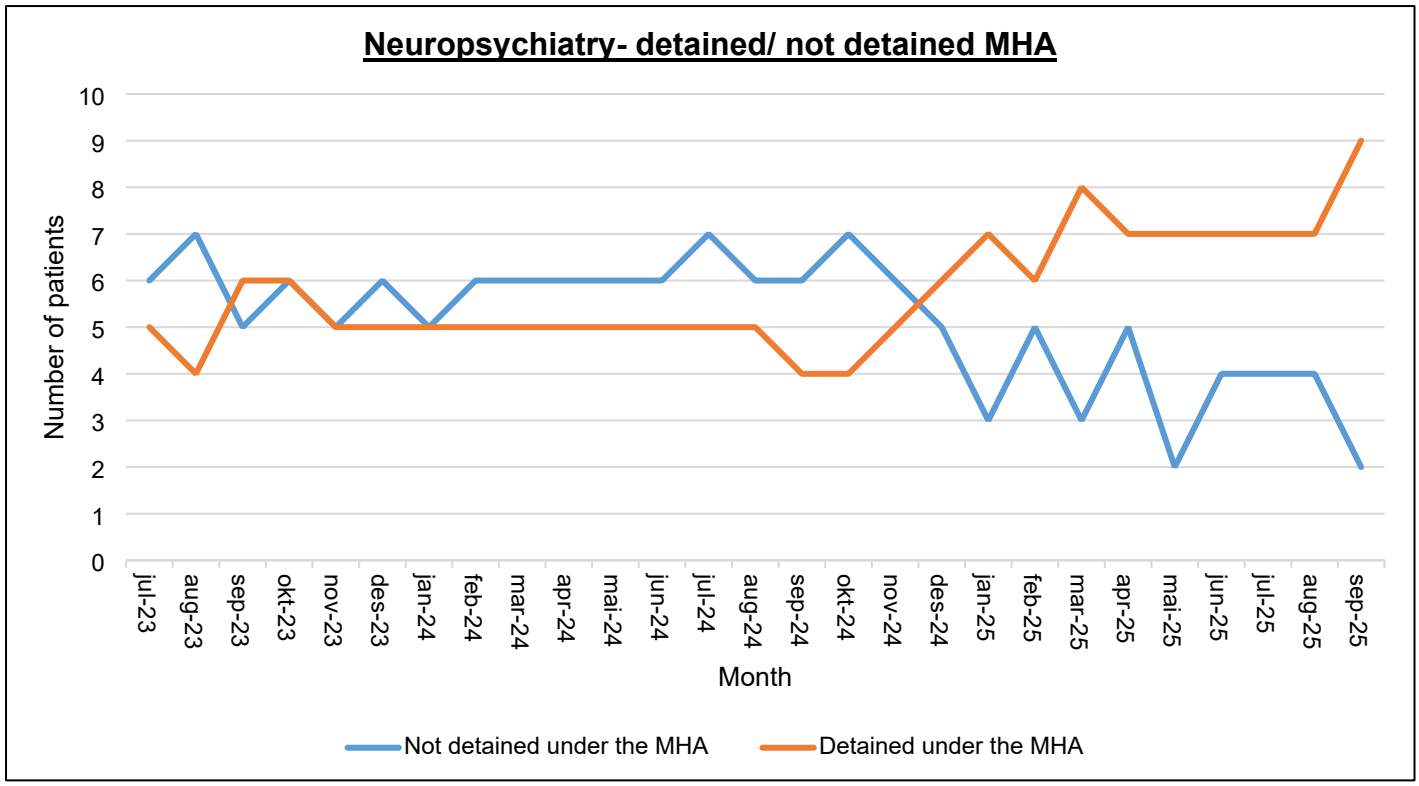
Contents **Page**

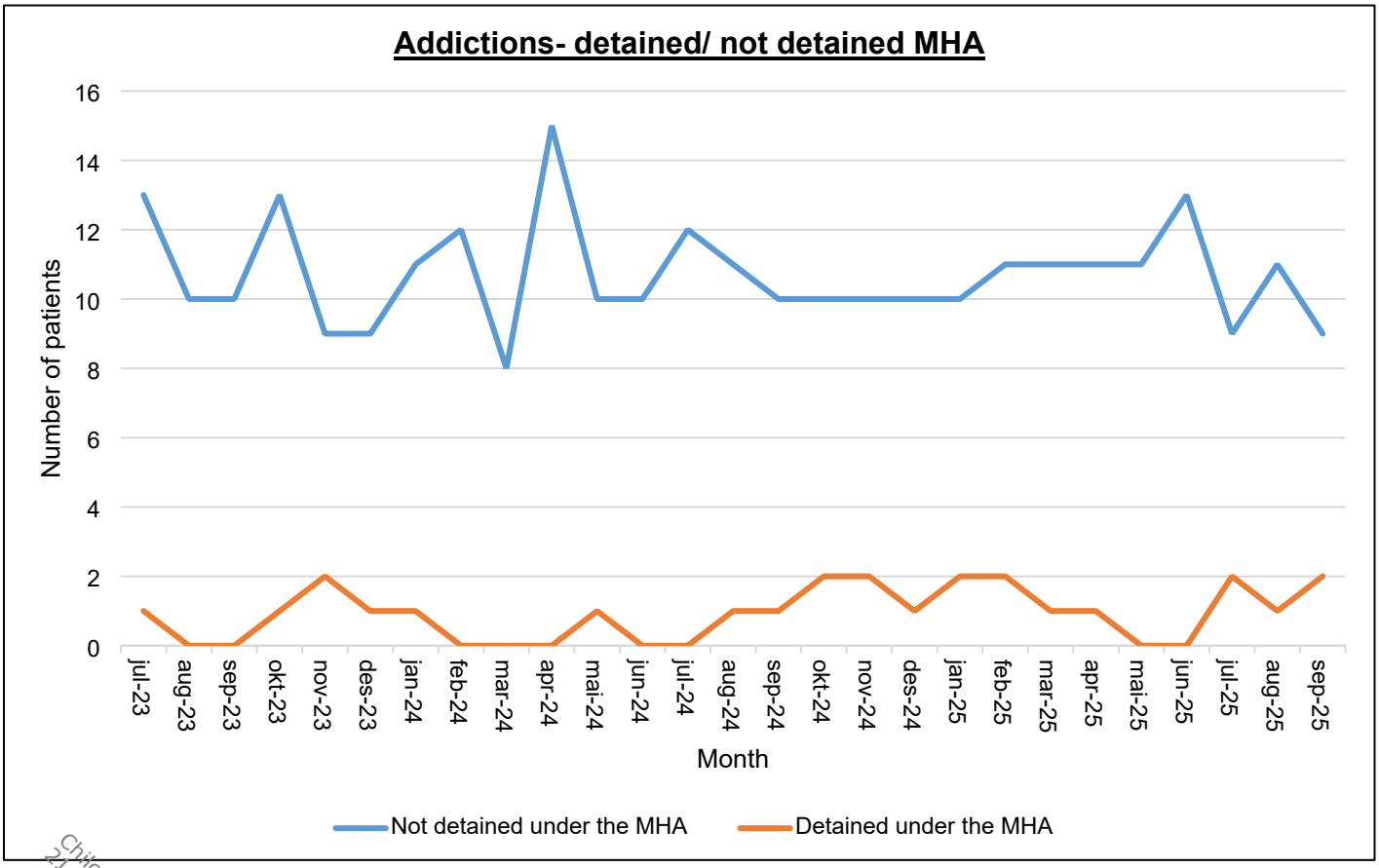












There has been three CAMHS patients detained in Hafan Y Coed during the period.

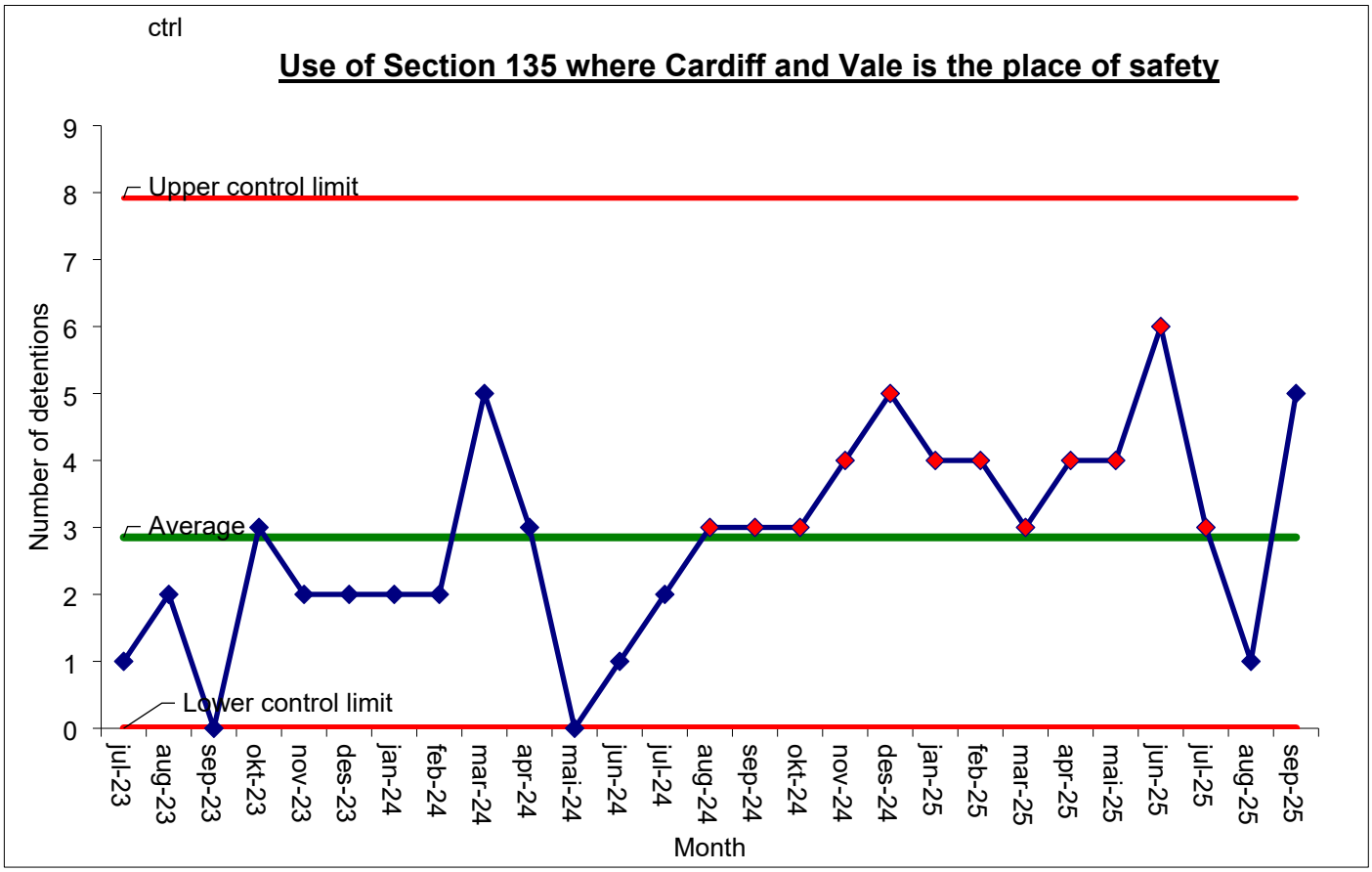
There have been one learning disability patient detained in Hafan Y Coed during the period.

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 x1
- detained under Section 3 x1
- detained to a hospital under different hospital managers x 3
- assessed and discharged x 1
- deemed not eligible for MHA assessment x 1

During the period Section 135 (2) powers were used twice- both persons were brought back to hospital under Section 2.



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;-

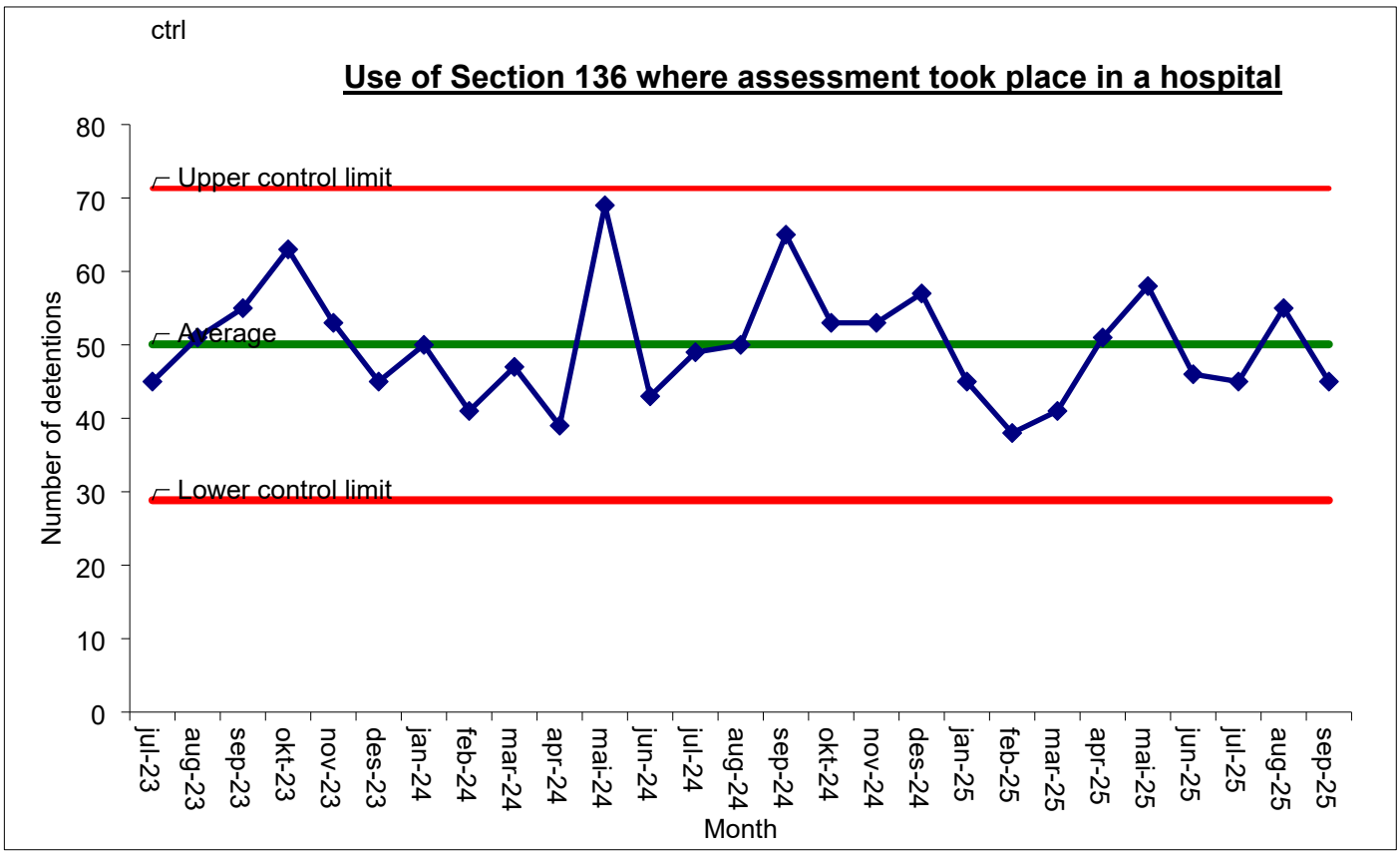
- Use of s135
- Use of s136
- Voluntary Assessment
- Mental Capacity Act

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.

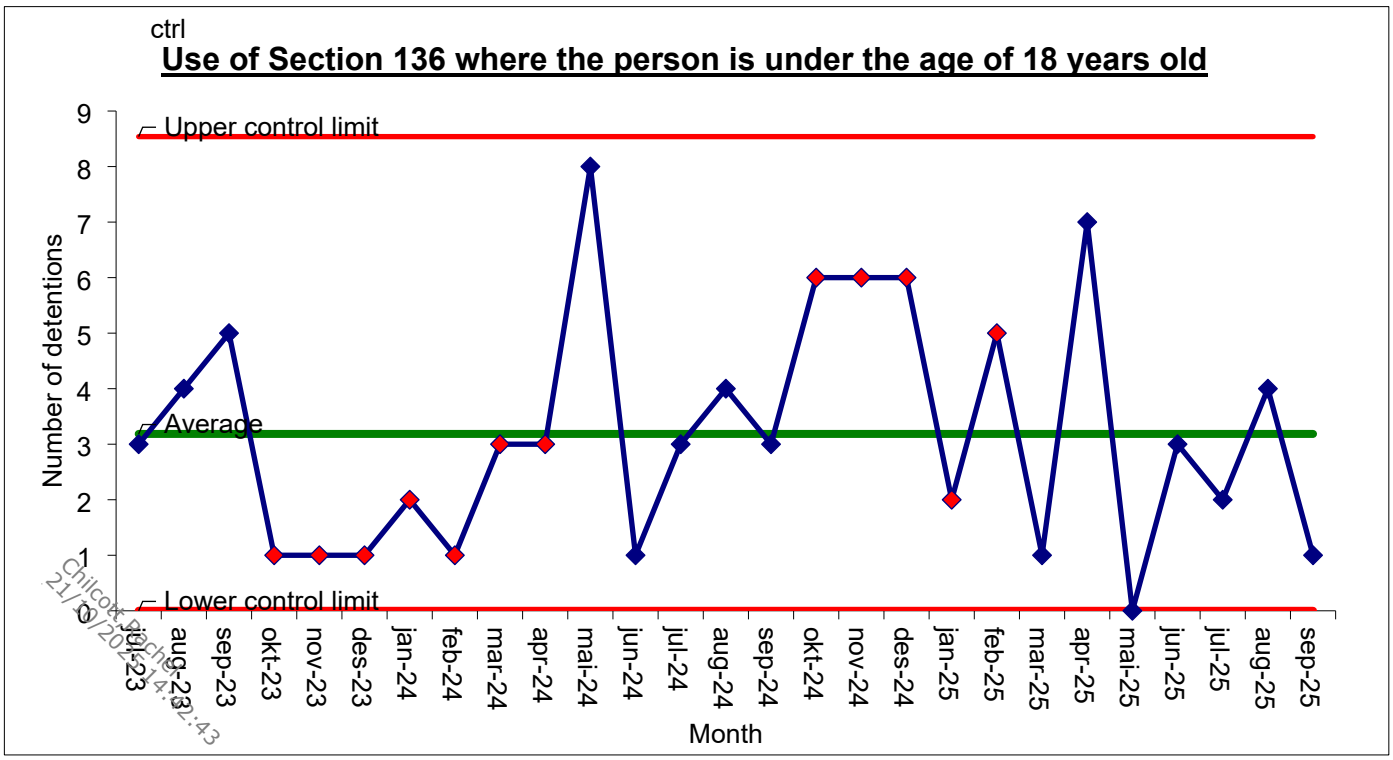
For this period, we have seen twelve Voluntary Assessments. No one was brought into hospital under the Mental Capacity Act.-

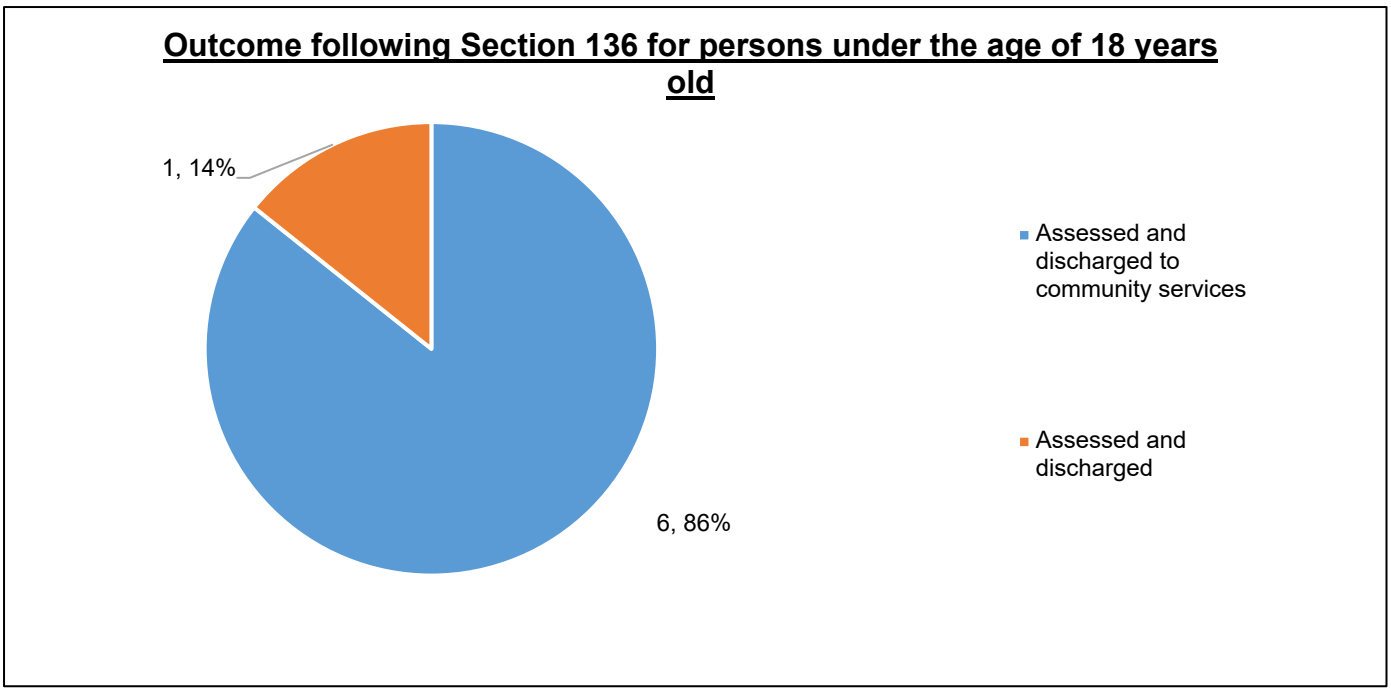
Section 136- Mentally disordered persons found in public places Mental Health Act assessments undertaken within Cardiff and Vale UHB

During the period a total of 145 assessments were initiated by Section 136 where the MHA assessment took place in a hospital as the place of safety.

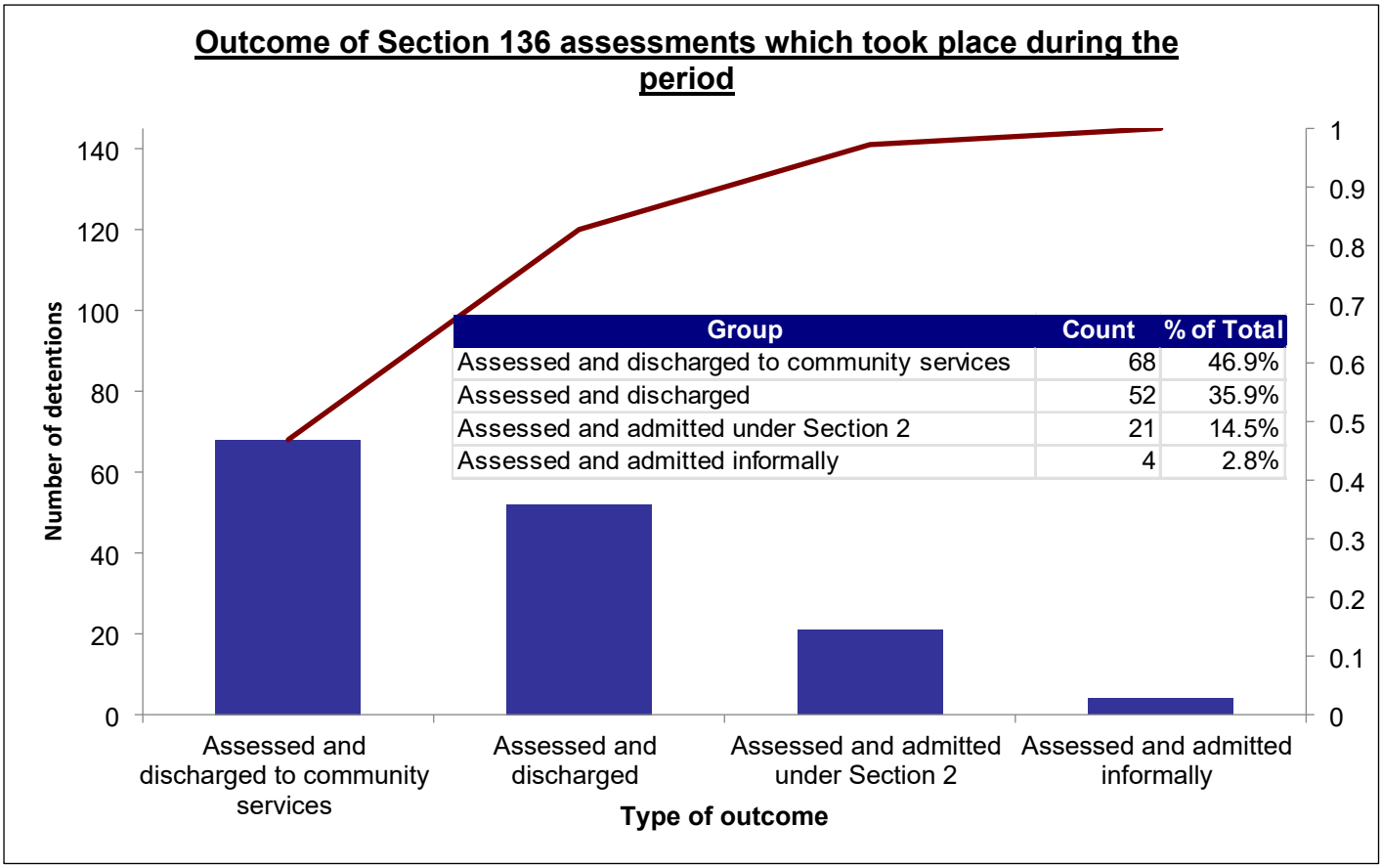


Seven of those assessments were carried out on patients under the age of 18. Included in the above data are those under 18 years of age. Two service users had repeat presentations. This is extracted below;-





The pareto chart highlights that 82.8% 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.



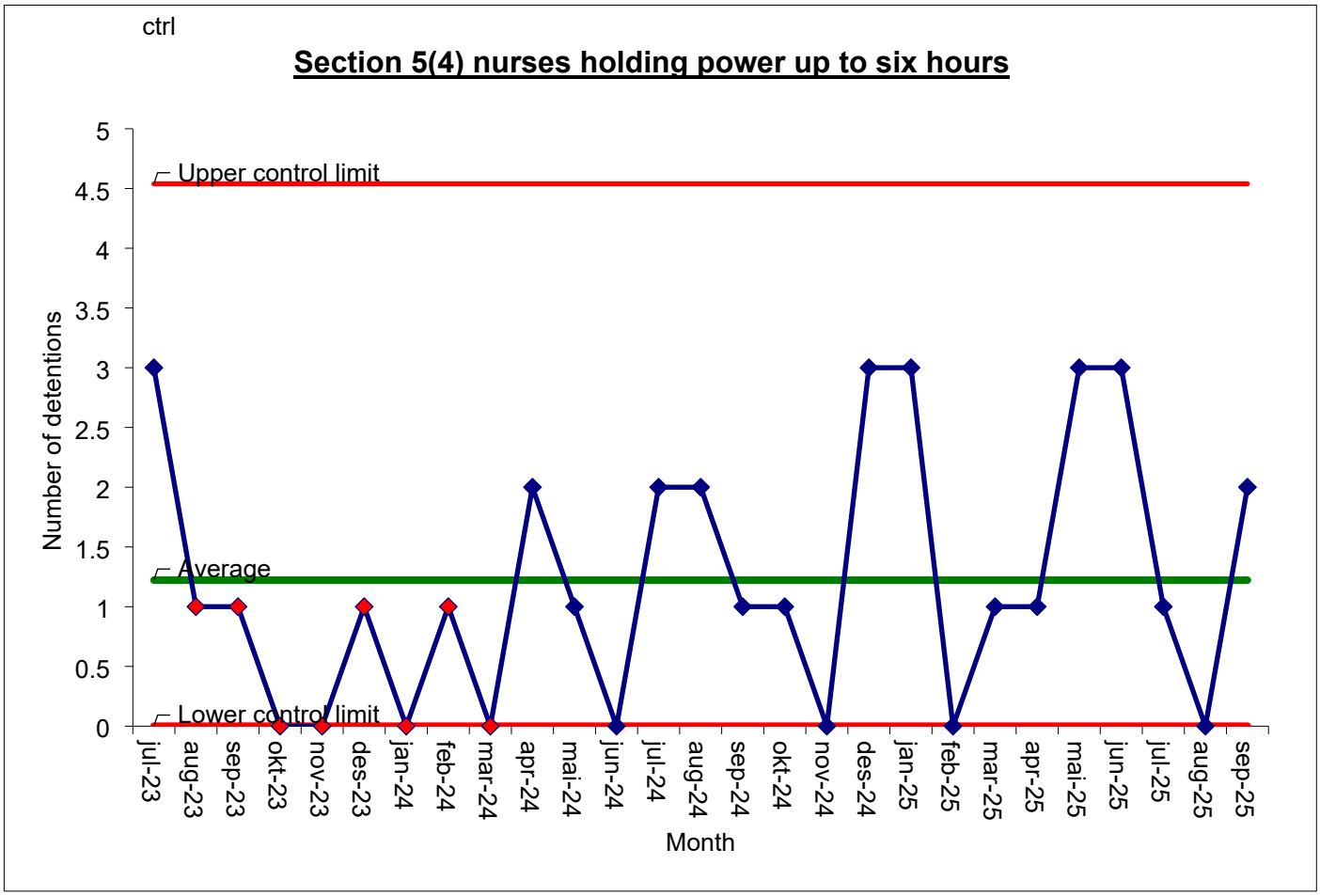
Group	Count	% of Total
Assessed and discharged to community services	68	46.9%
Assessed and discharged	52	35.9%
Assessed and admitted under Section 2	21	14.5%
Assessed and admitted informally	4	2.8%

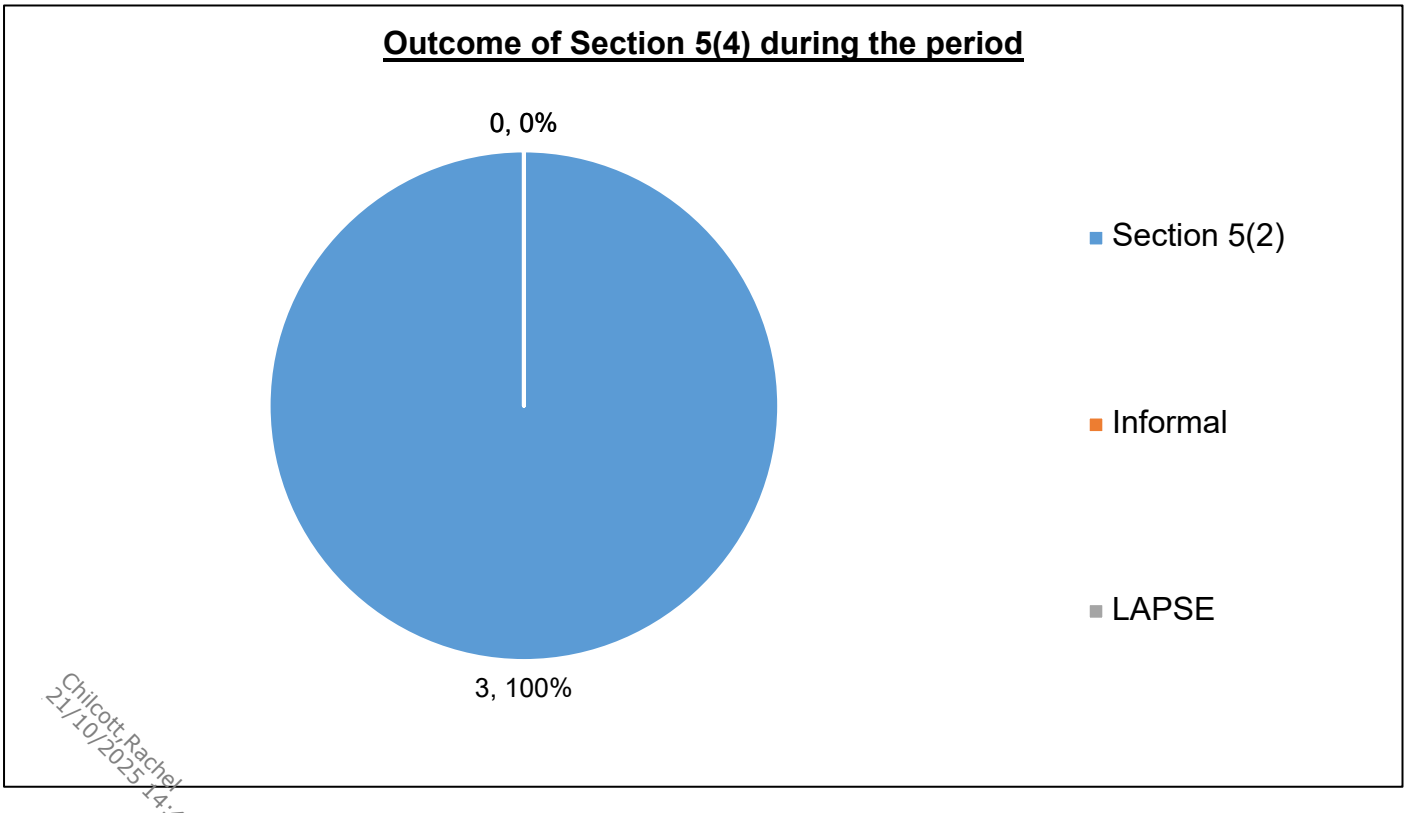
Included in the above data are the outcomes for those under 18 years of age.

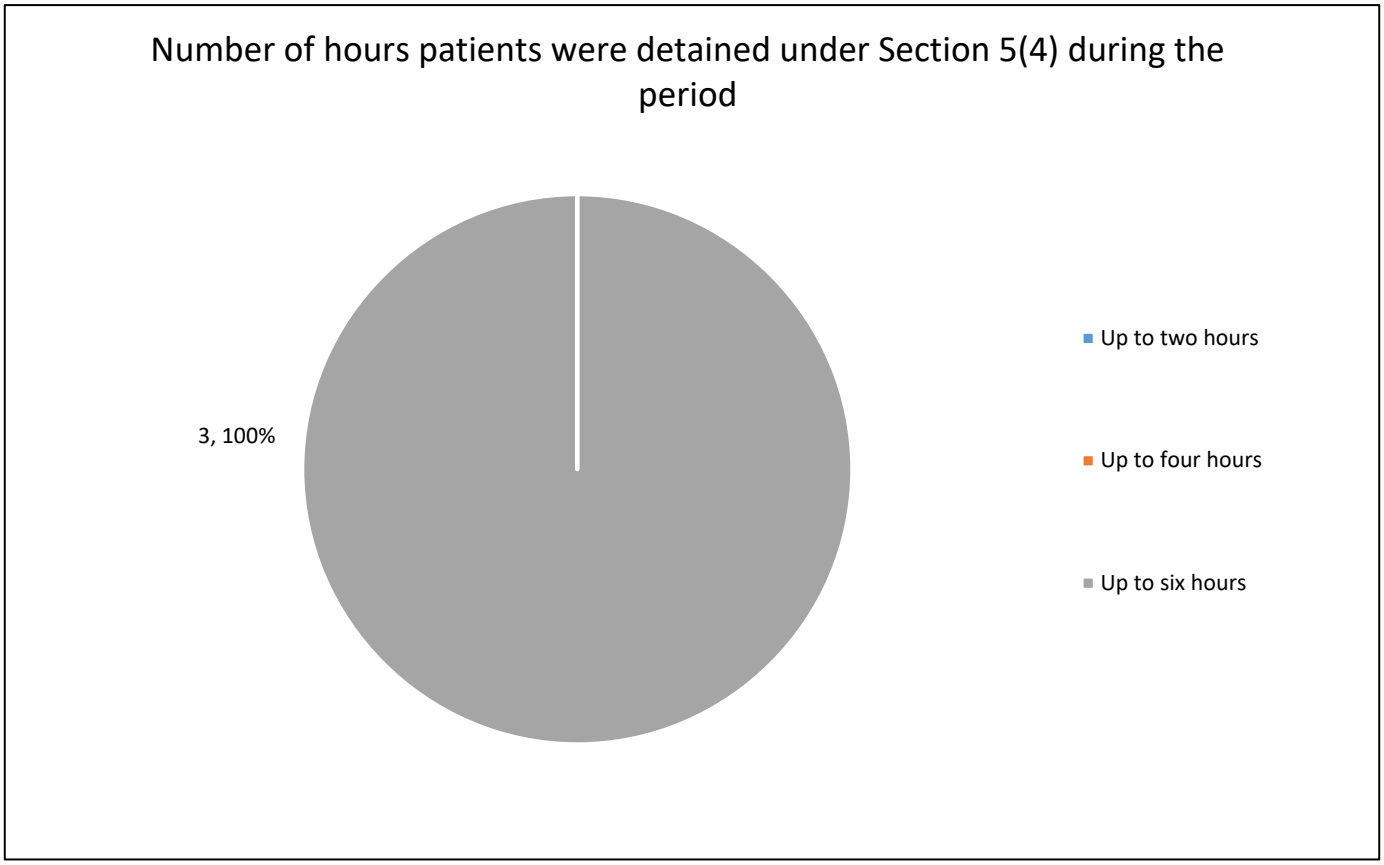
Section 136- Mentally disordered persons found in public places Mental Health Act assessments undertaken within a Police Station

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

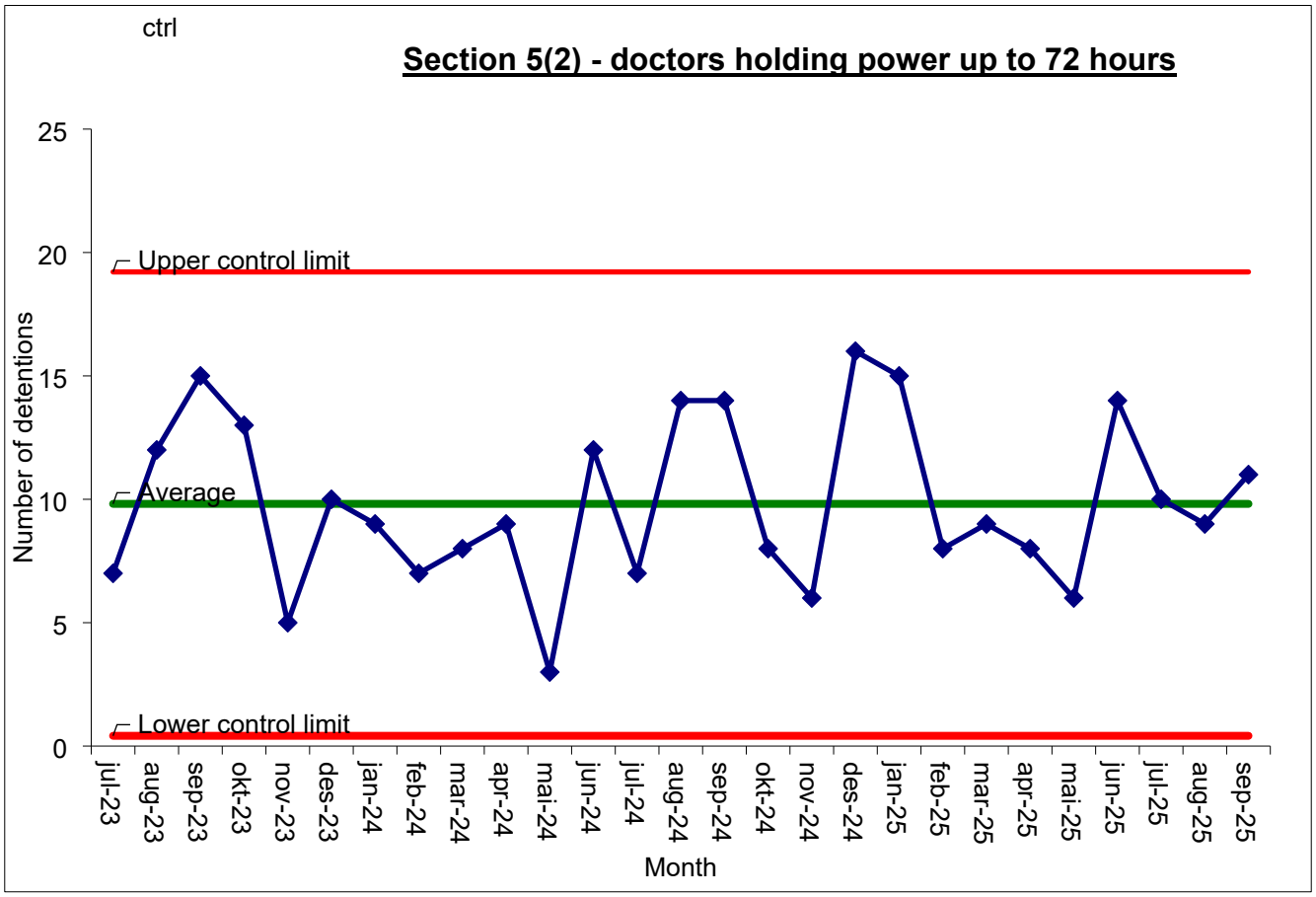
Section 5(4) - Nurses Holding Power

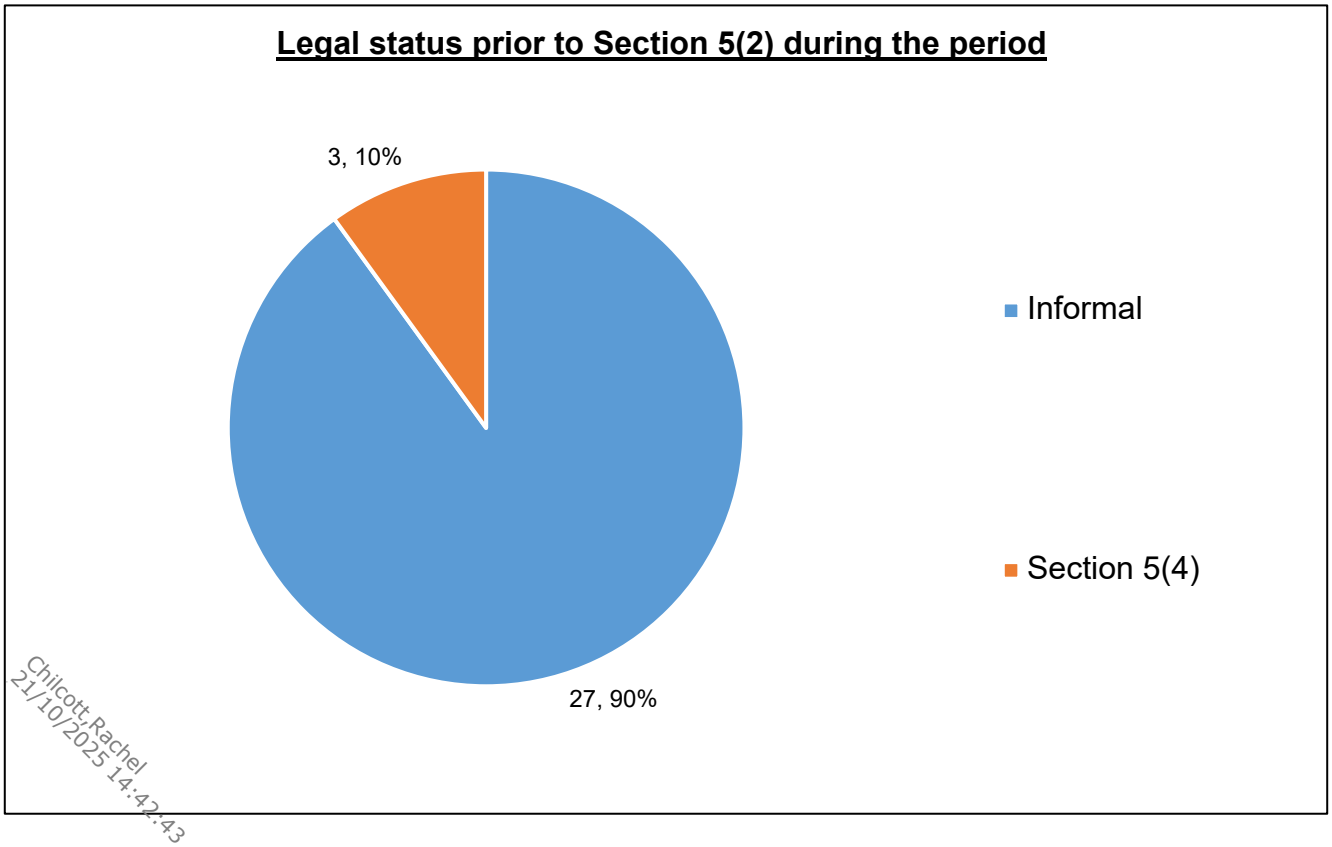


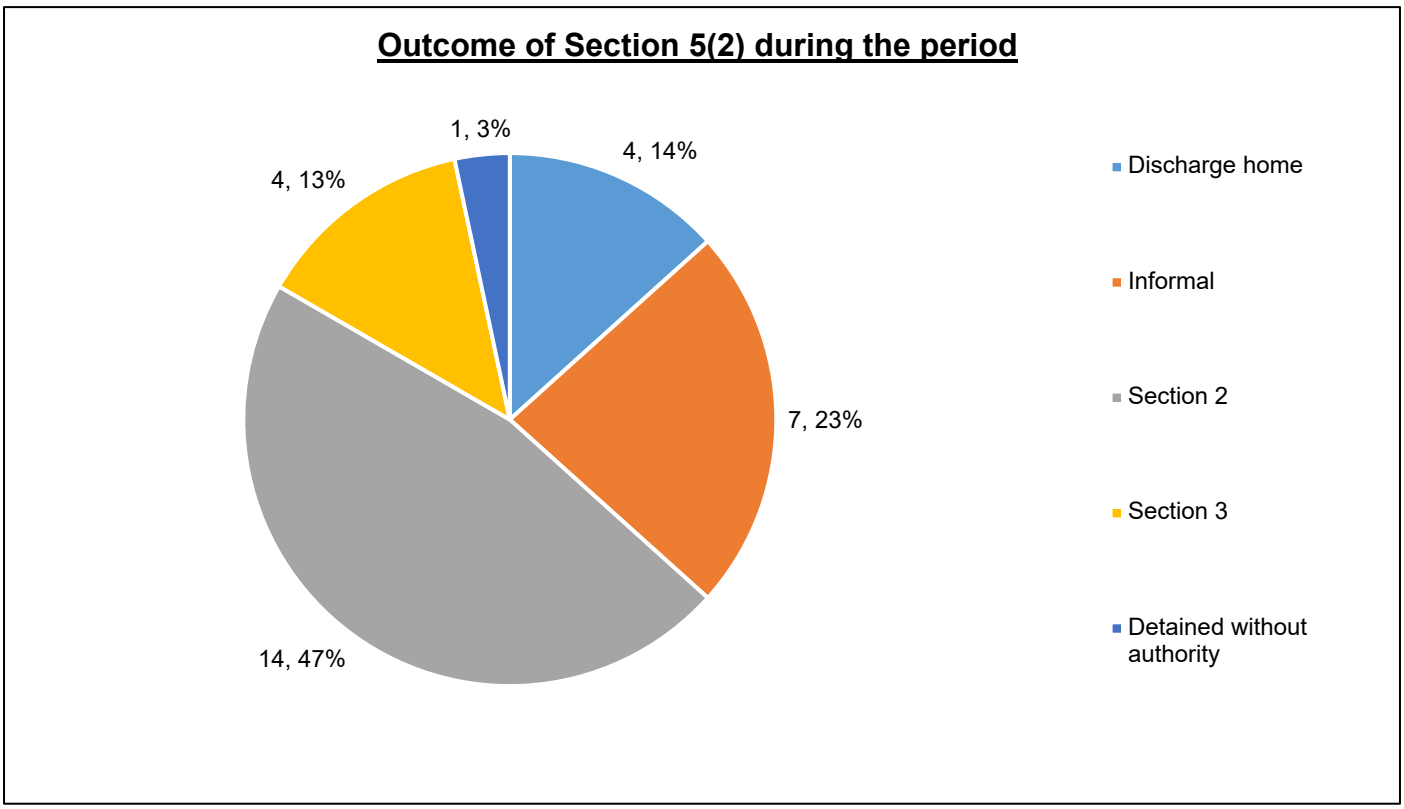




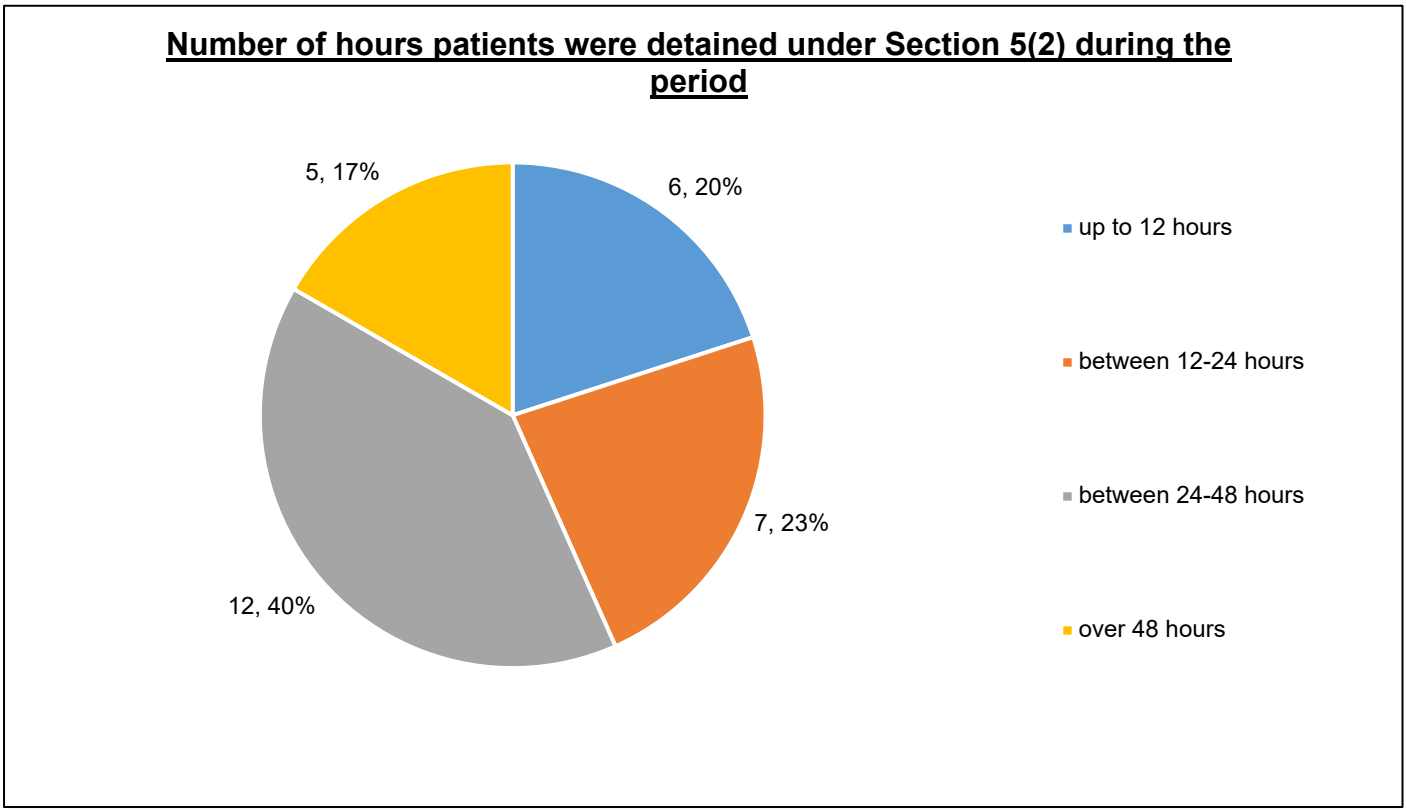
Section 5(2) - Doctors holding power







One Section 5(2) was not valid due to not being furnished to the hospital managers.



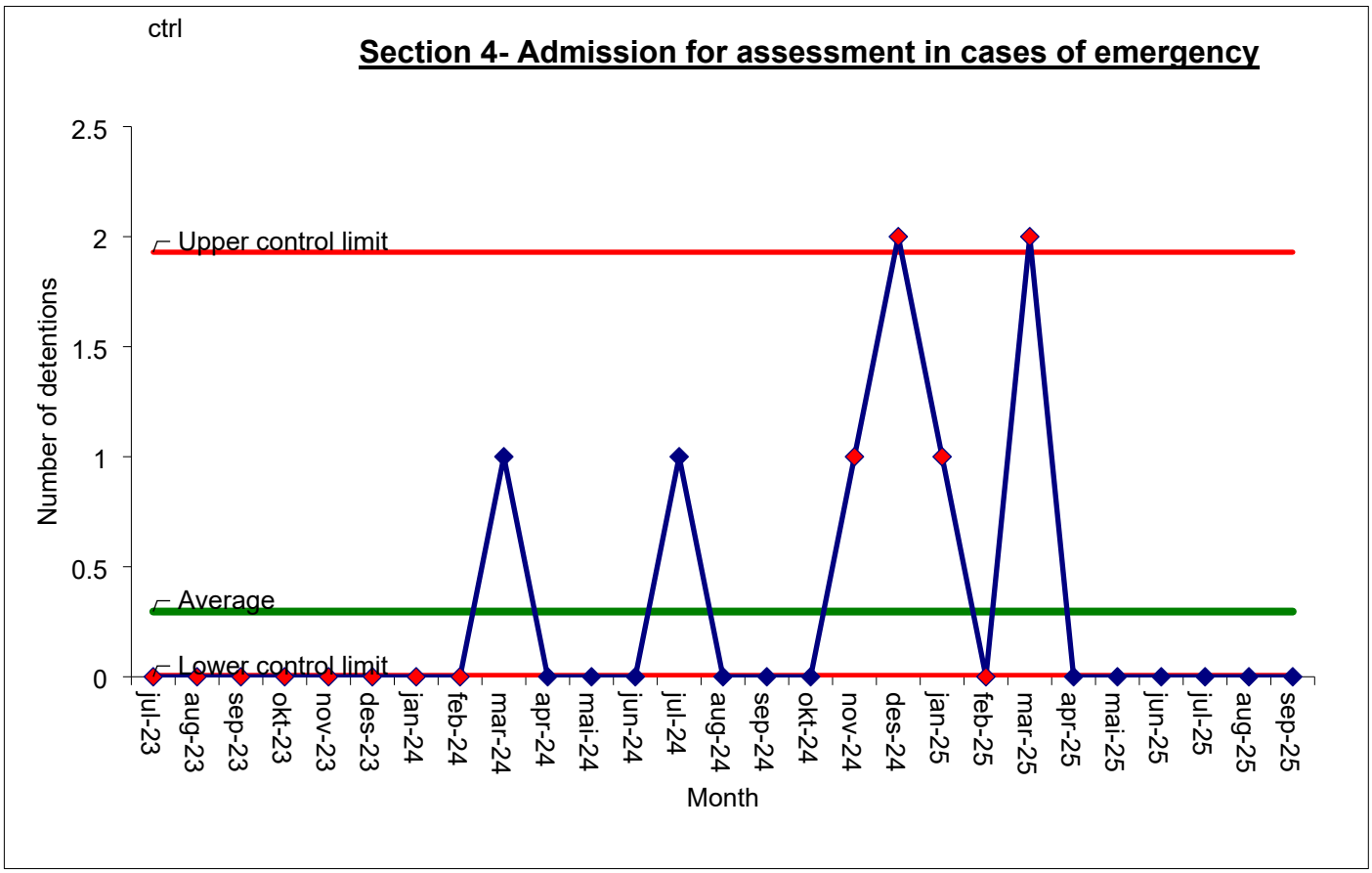
CAMHS Commissioned Inpatient Data

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

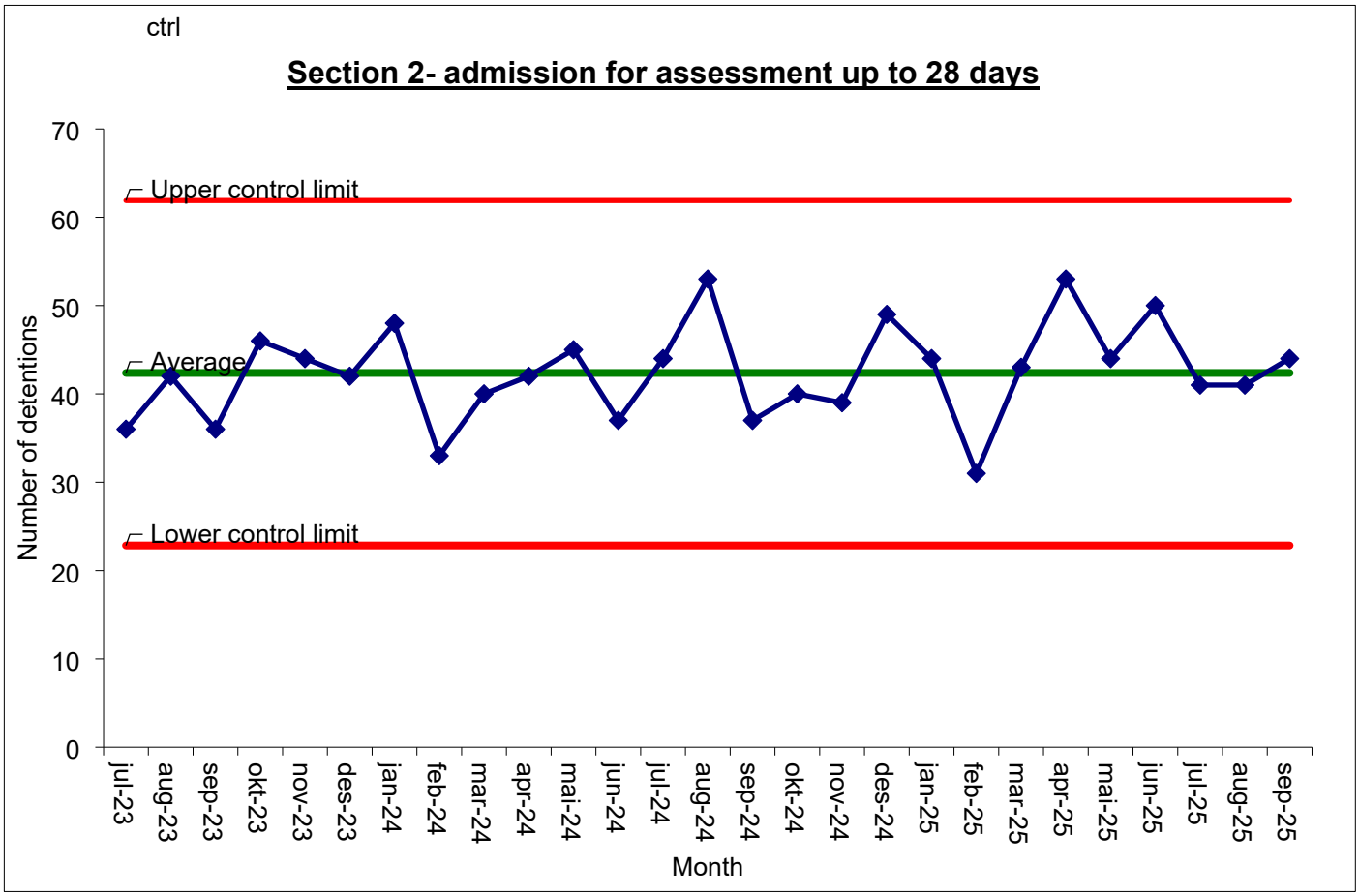
During the period there were no uses of Section 5(2) or Section 5(4) holding powers on patients under the age of 18 in either Cardiff and Vale UHB or Cwm Taf Morgannwg UHB.

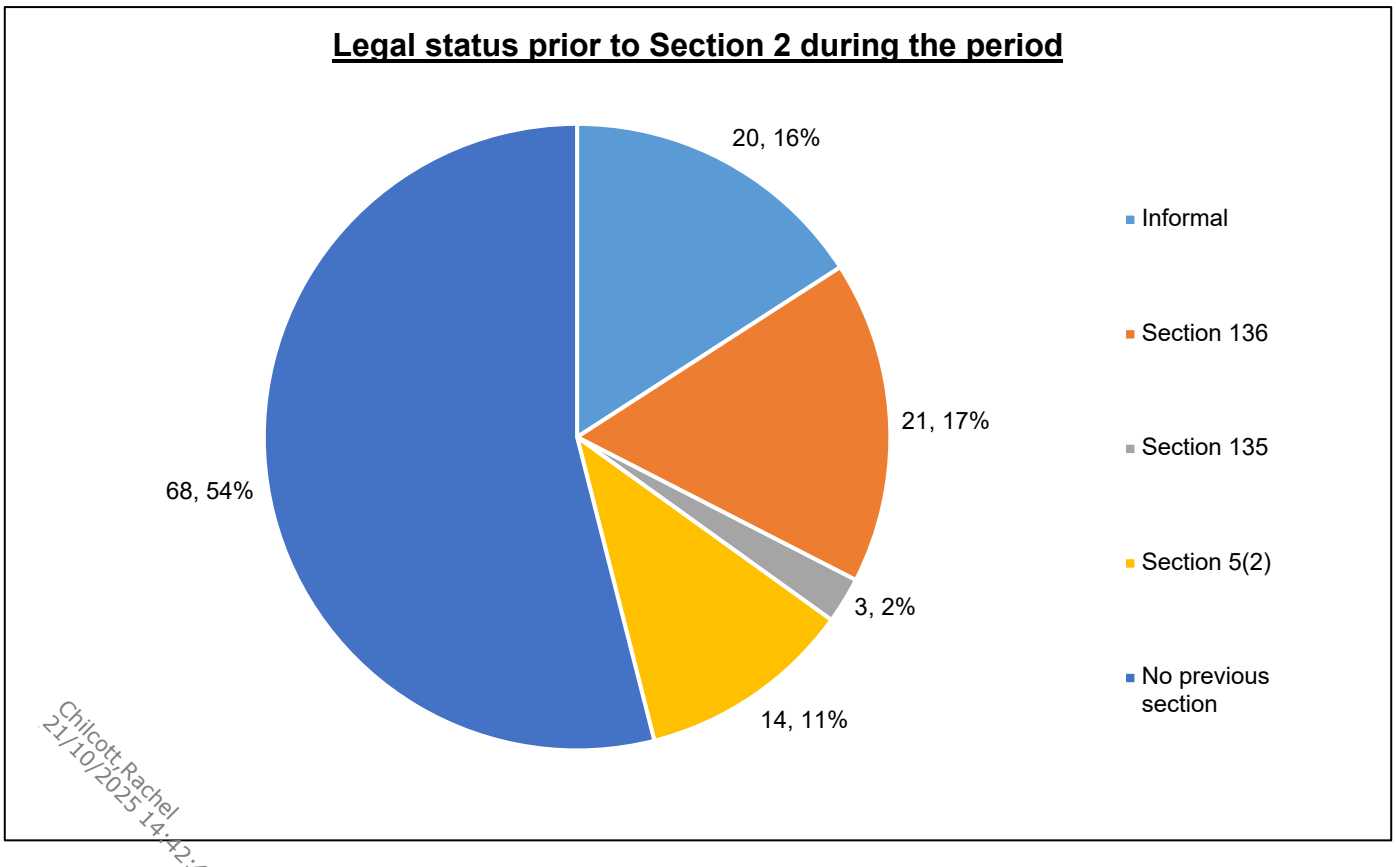
Section 4 - Admission for Assessment in Cases of Emergency

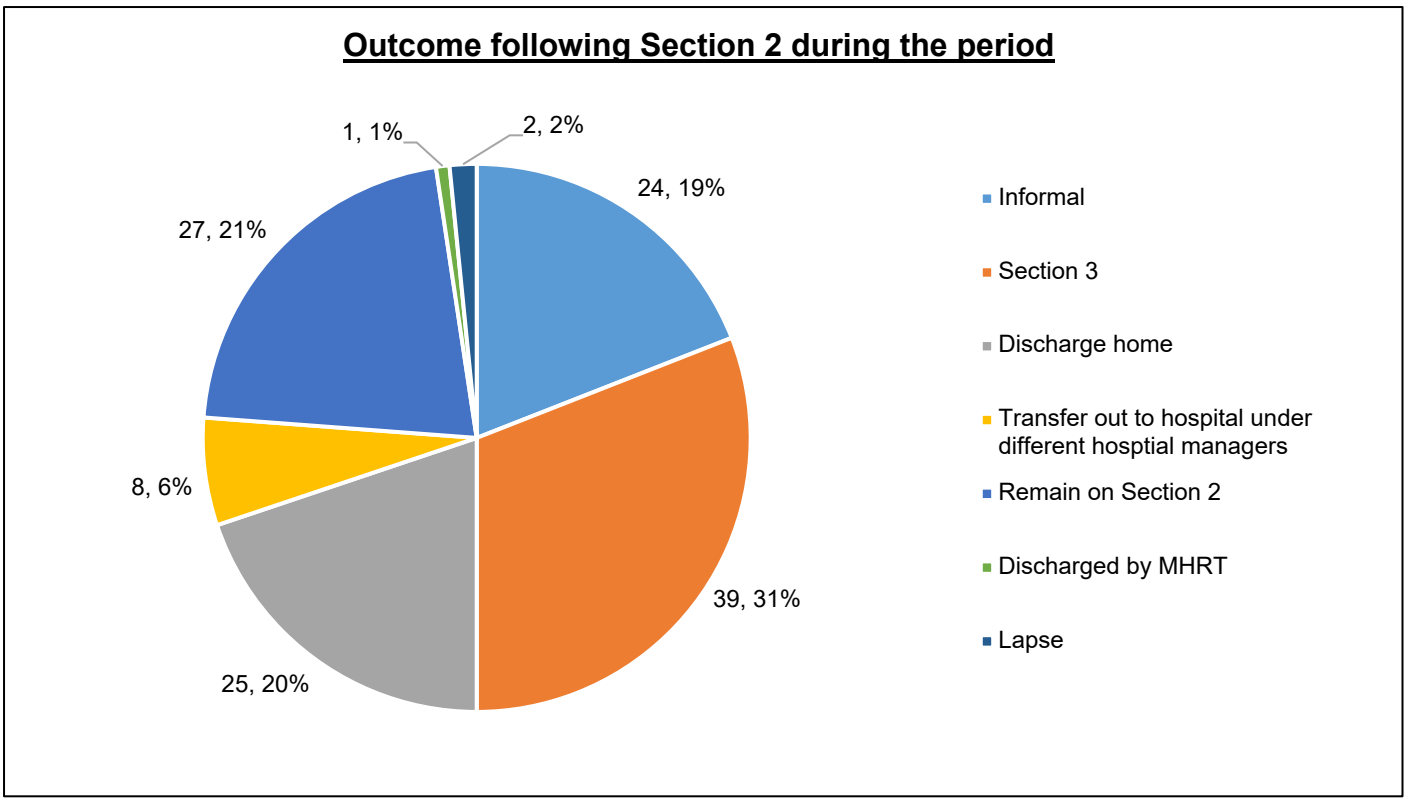
Section 4 was not used during the period.



Section 2 – Admission for Assessment





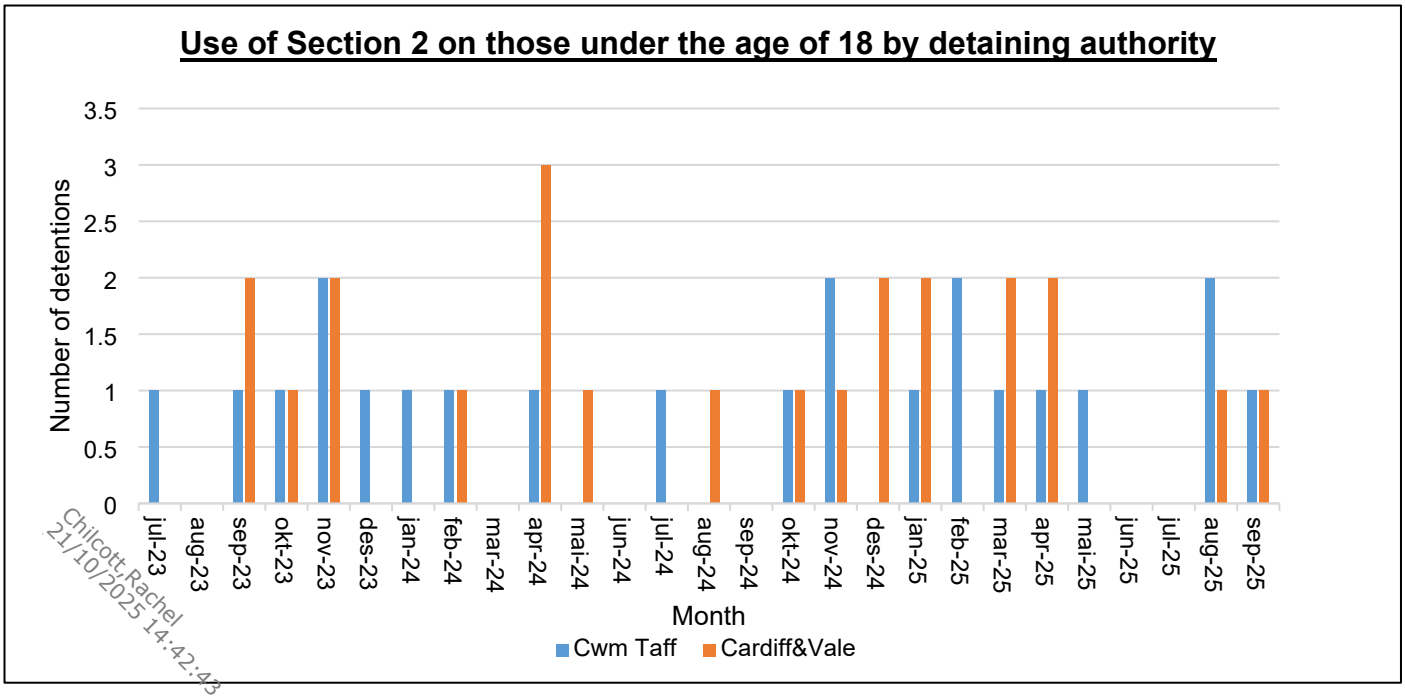


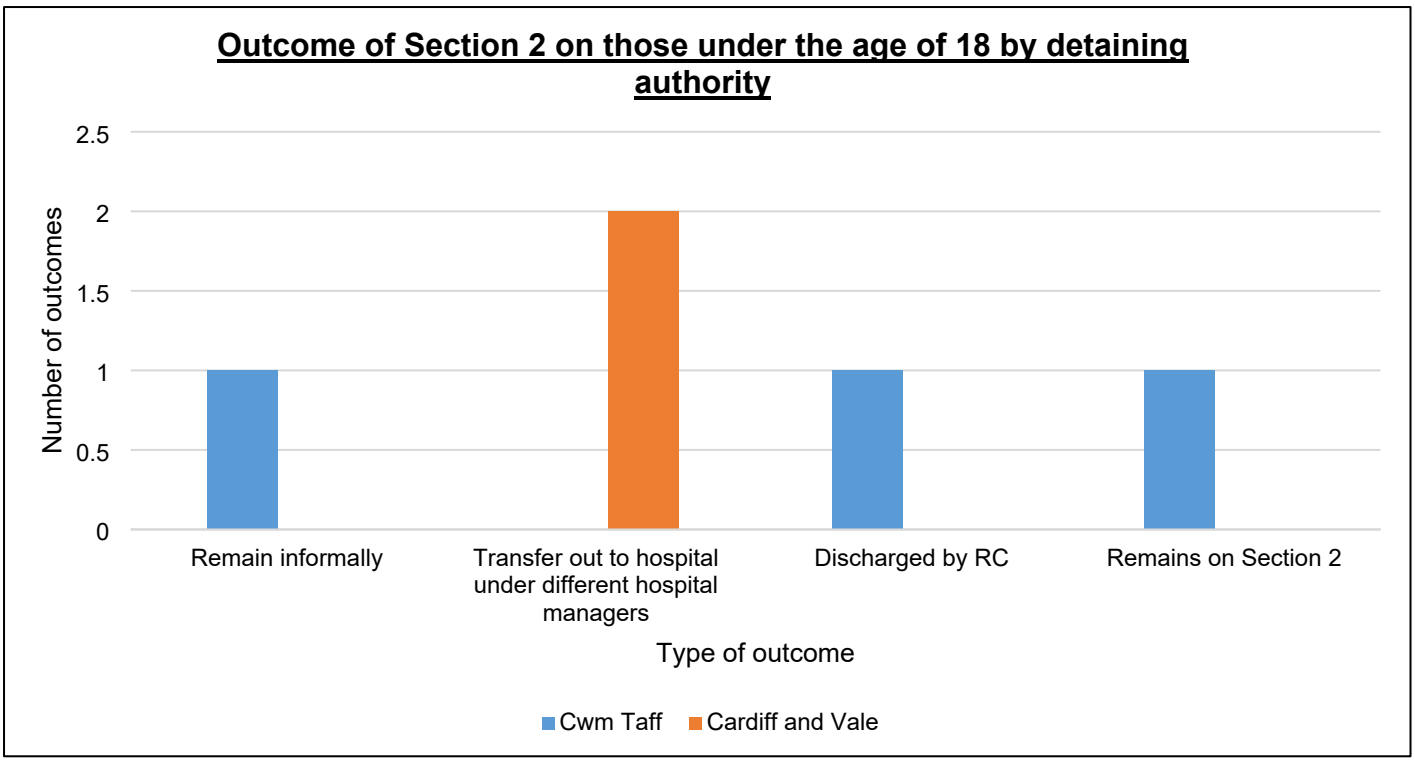
One detention lapsed as after an assessment, the AMHP didn't think Section 3 criteria was met. One lapsed due to a nearest relative objecting to the use of Section 3- RC did not wish to exercise her right to discharge.

CAMHS Commissioned Inpatient Data

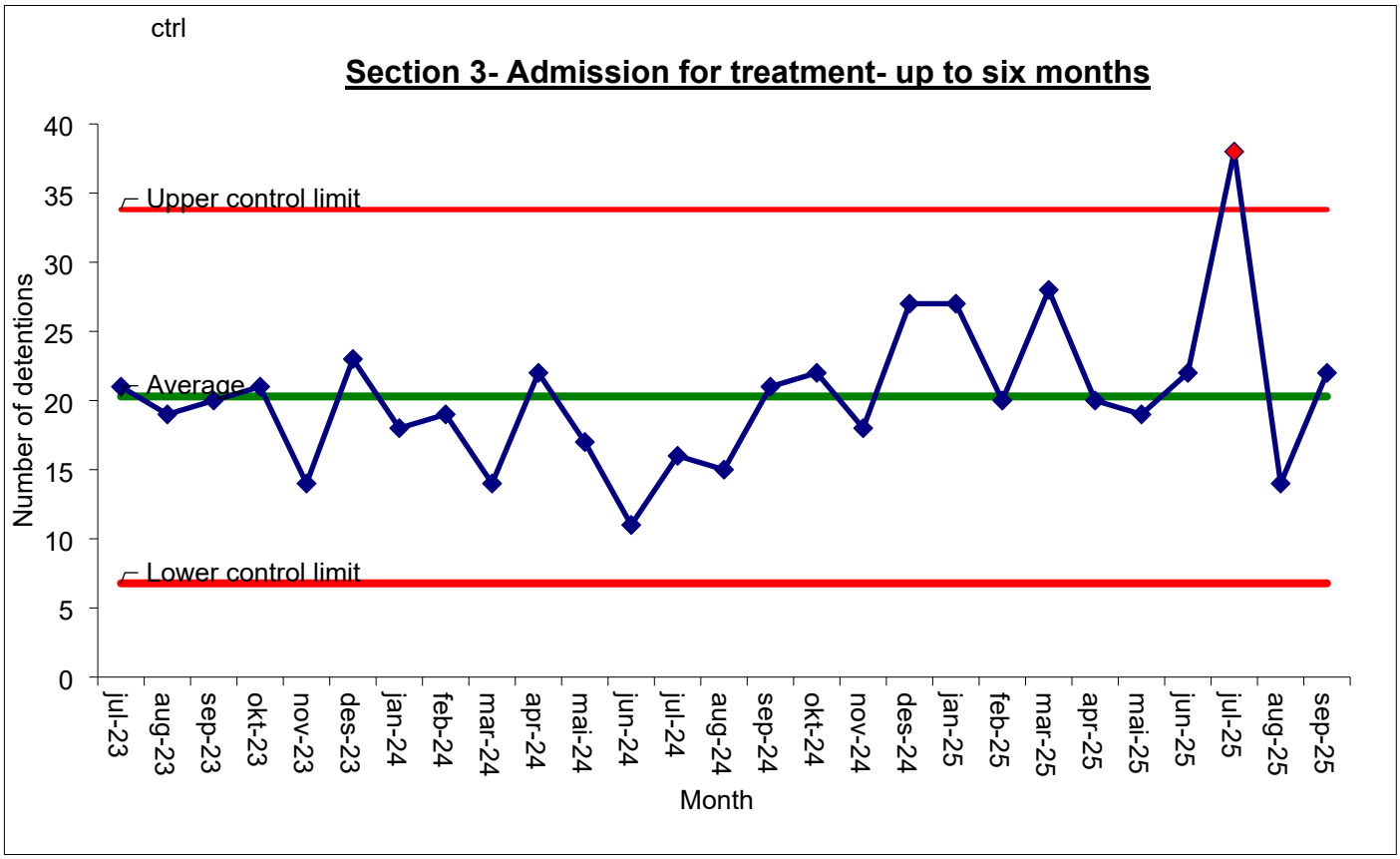
Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

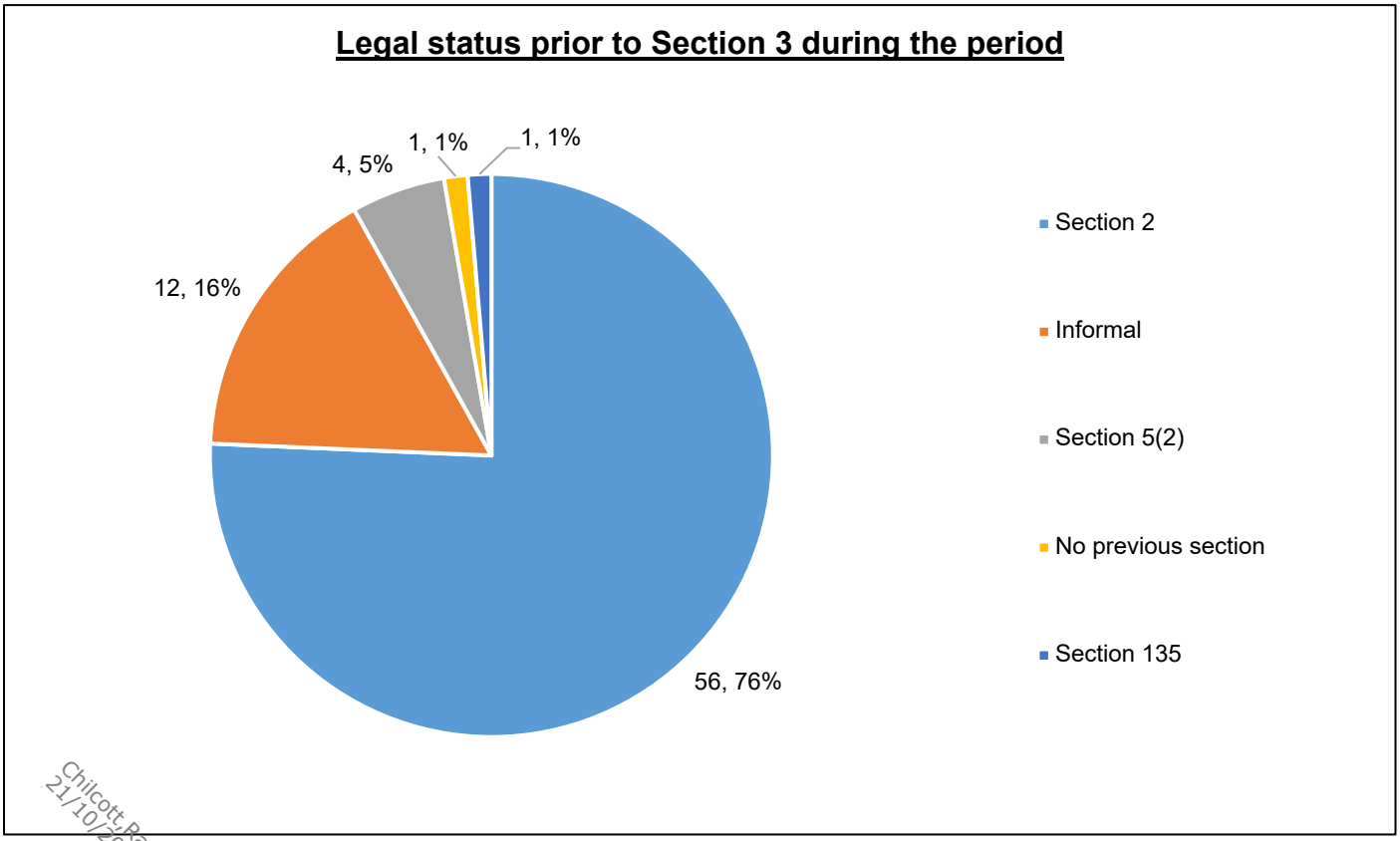
Included in the above data are those under 18 years of age. This is extracted below;-

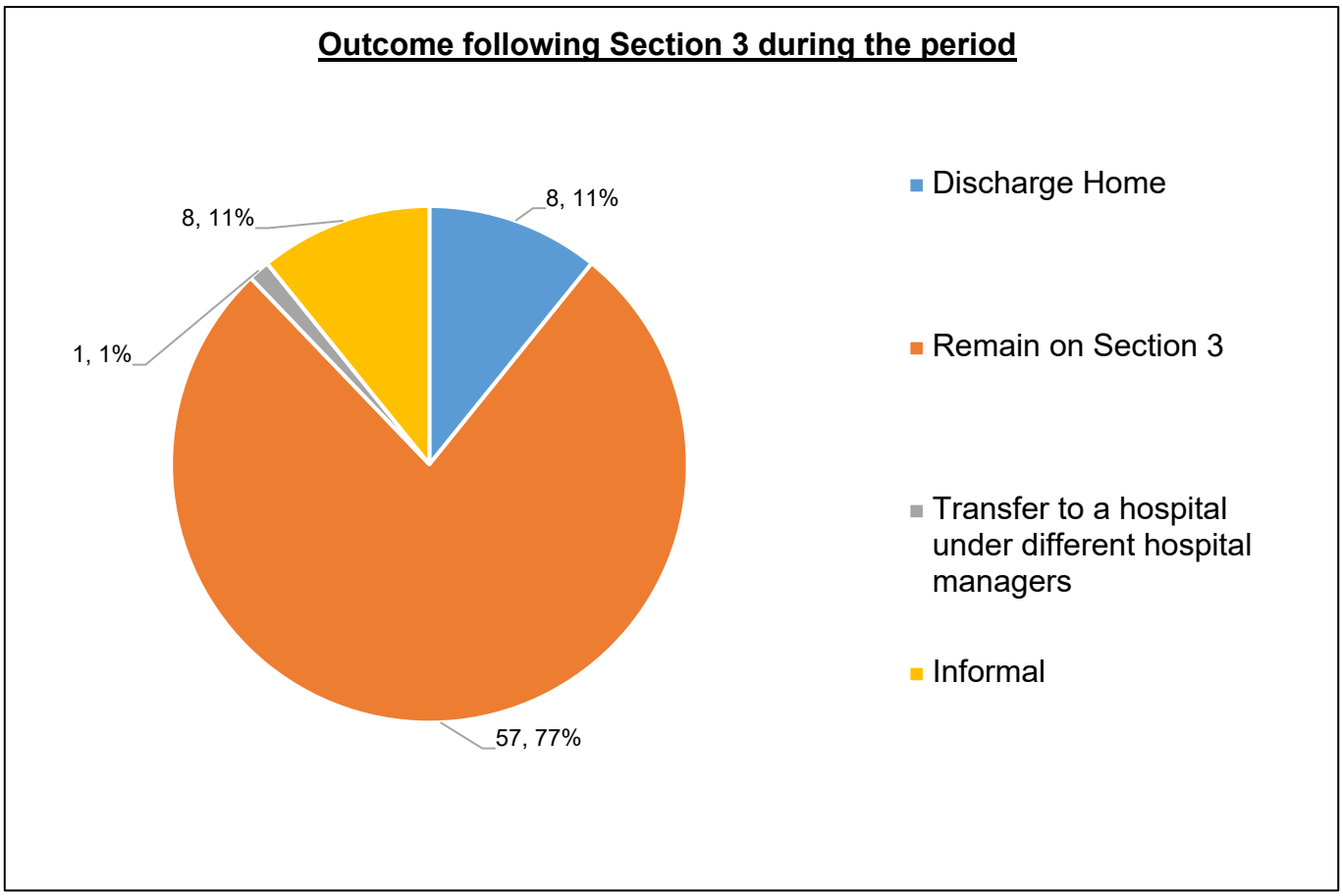




Section 3 – Admission for Treatment



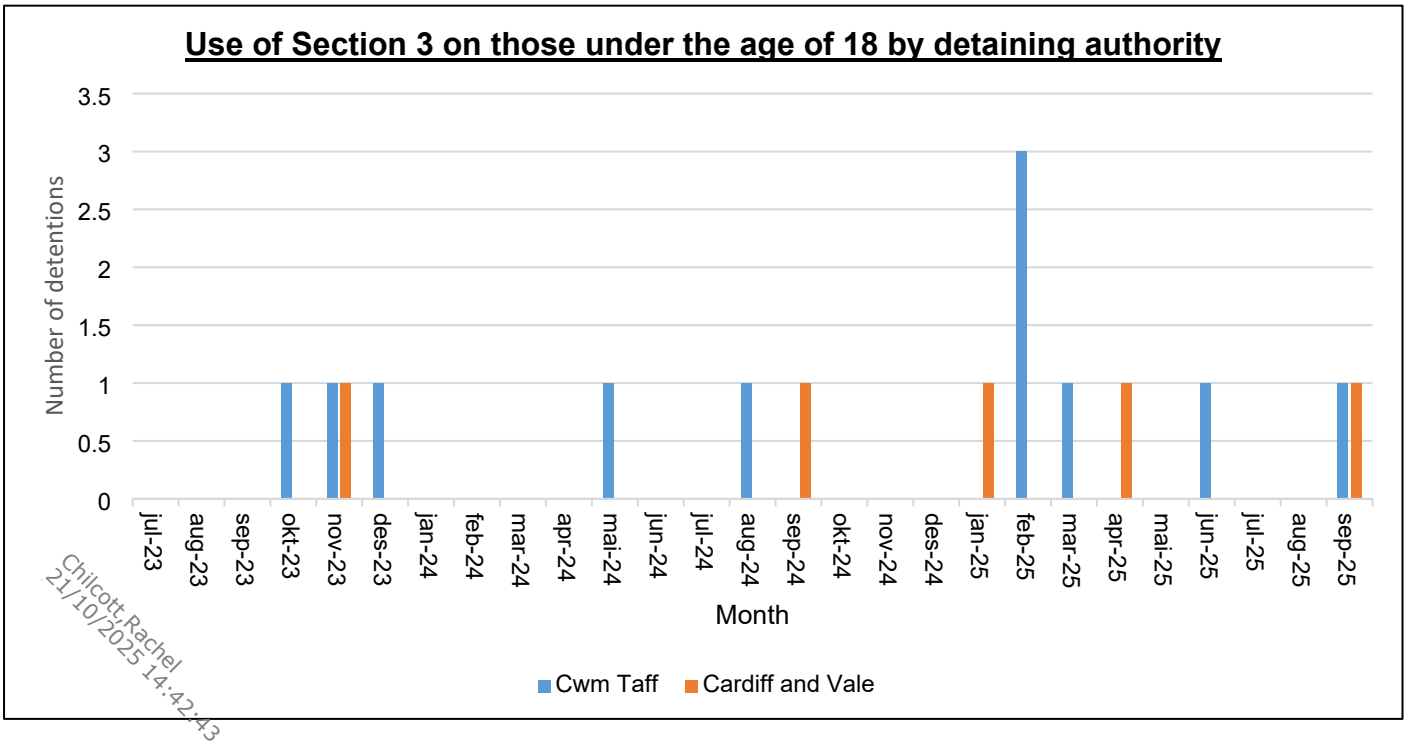


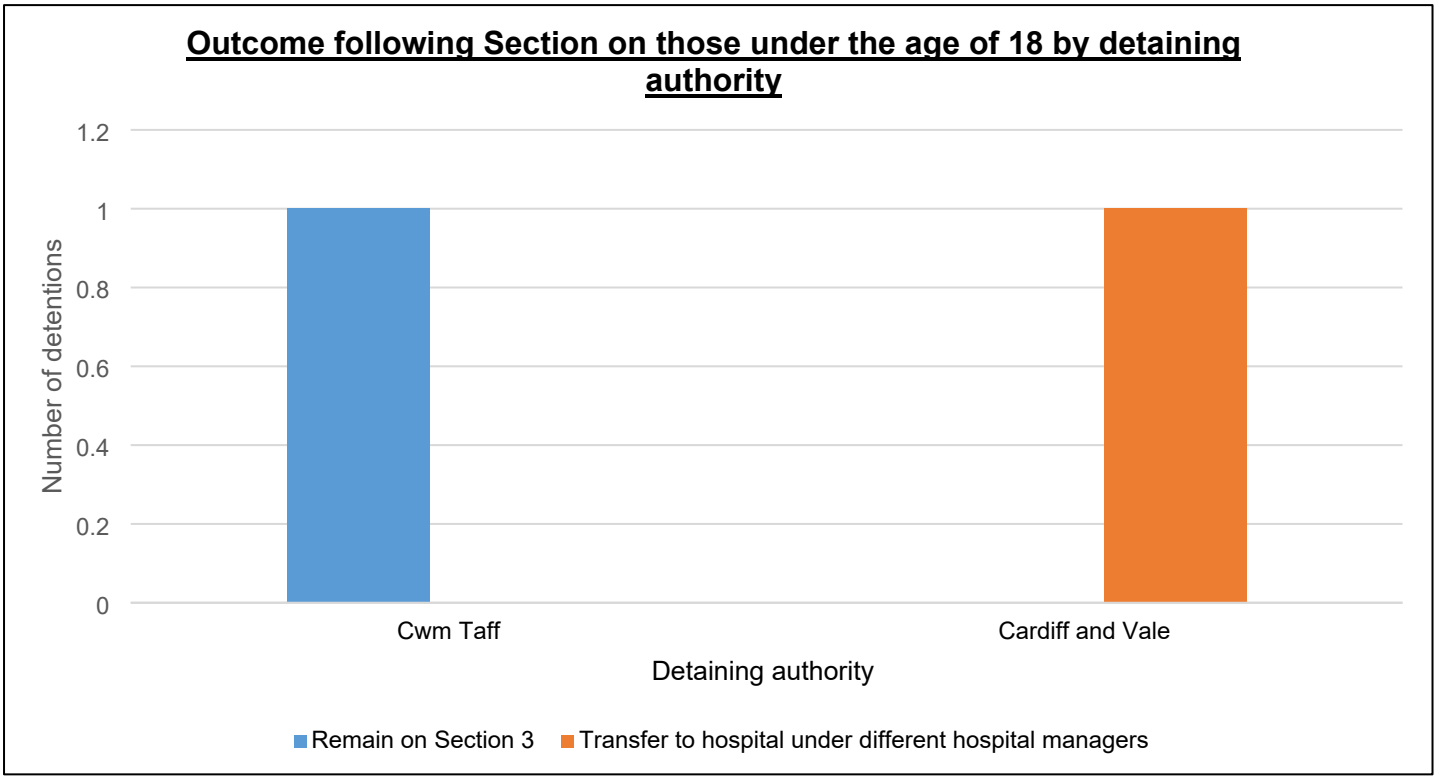


The above data would include those under 18 years of age.

CAMHS Commissioned Inpatient Data

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

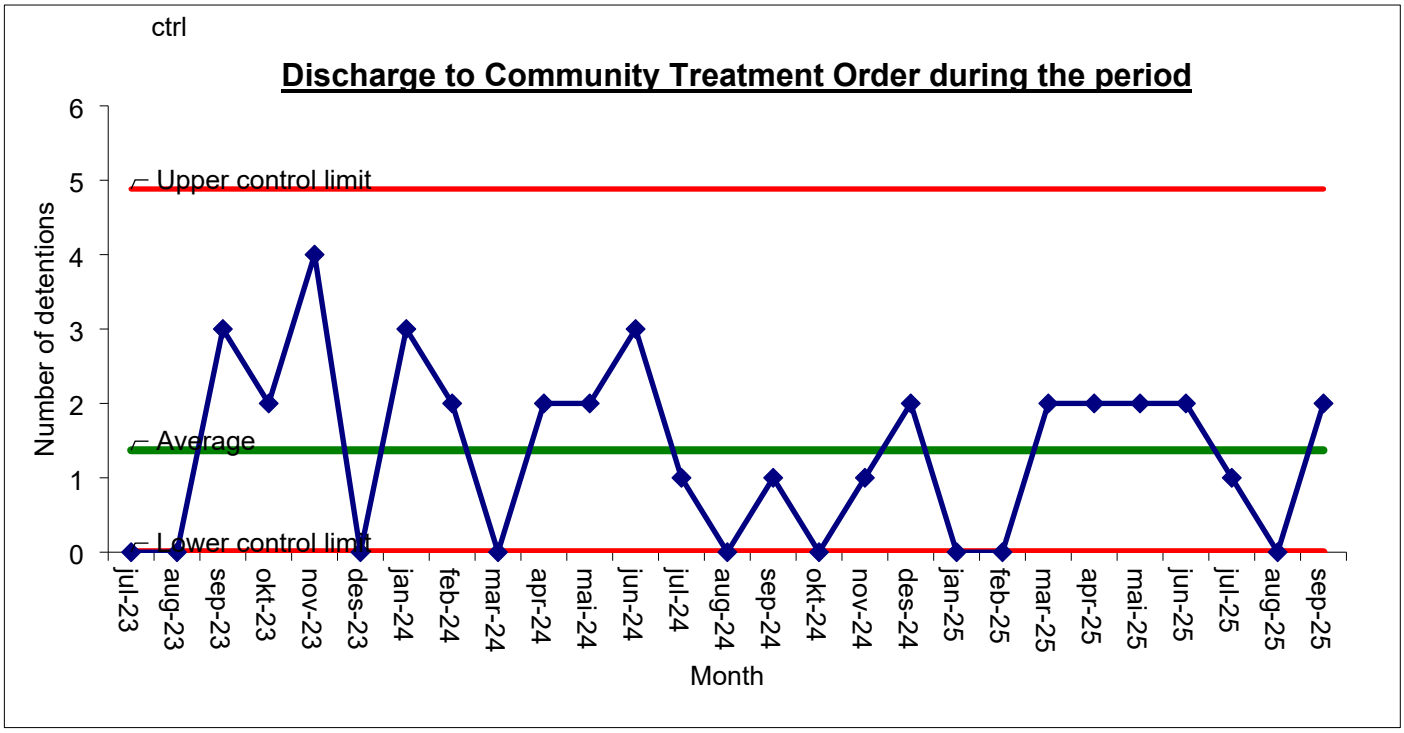


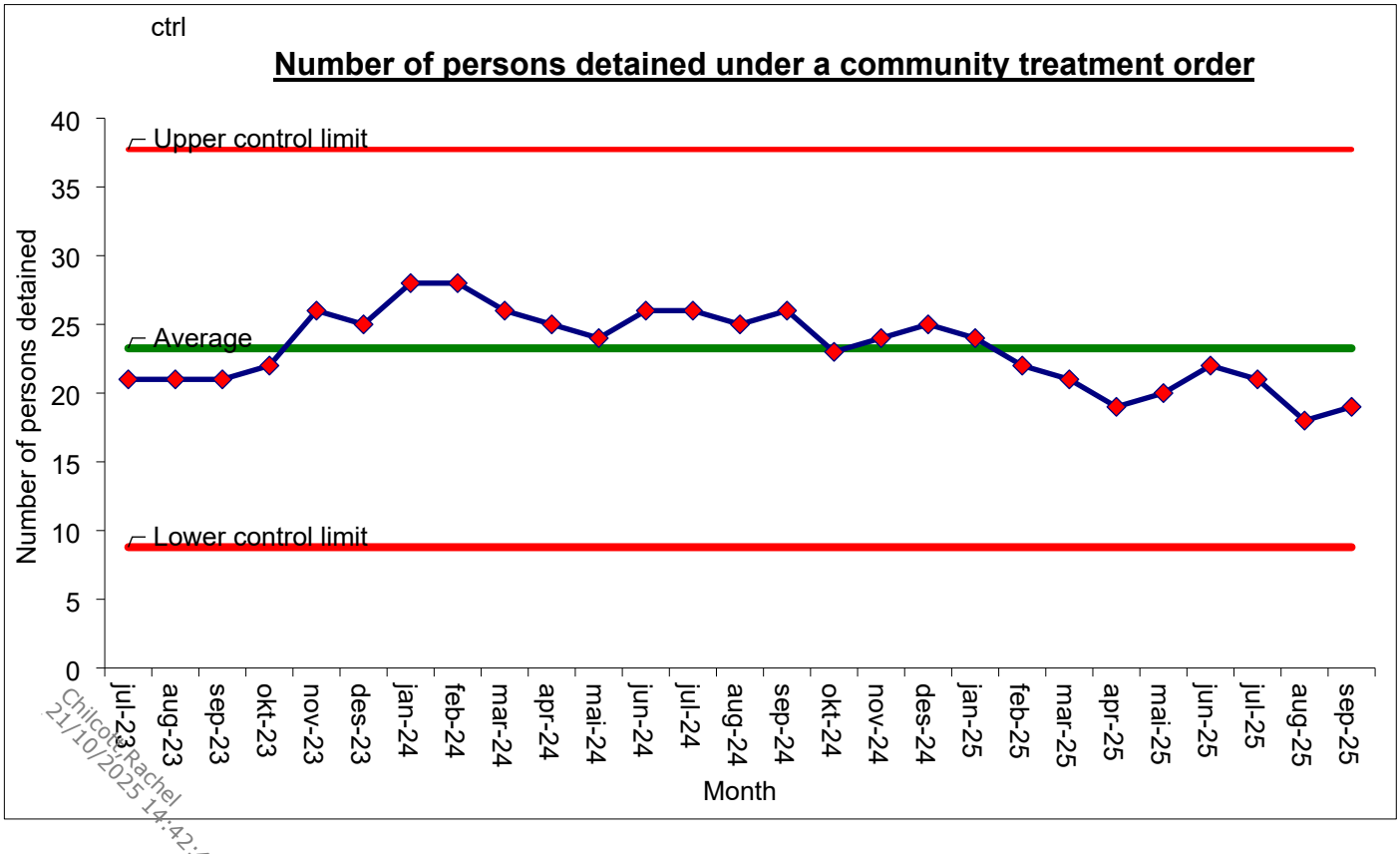


Community Treatment Order

During the period July- September three patients were discharged to a Community Treatment Order.

As of 30th September 2025, nineteen 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. Three ended with the person being revoked. One recall resulted in the person being released back onto their CTO.

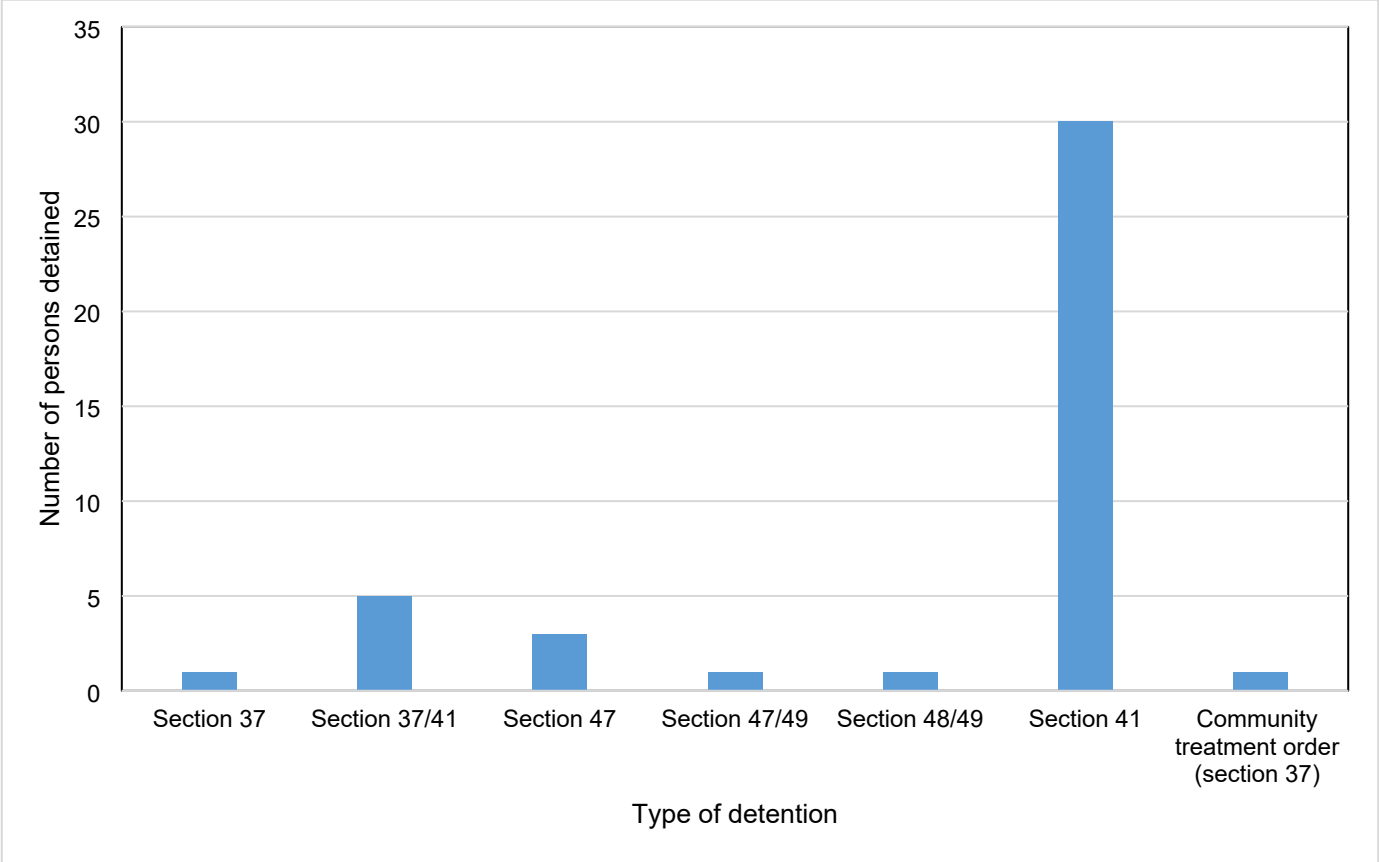
CAMHS Commissioned Inpatient Data

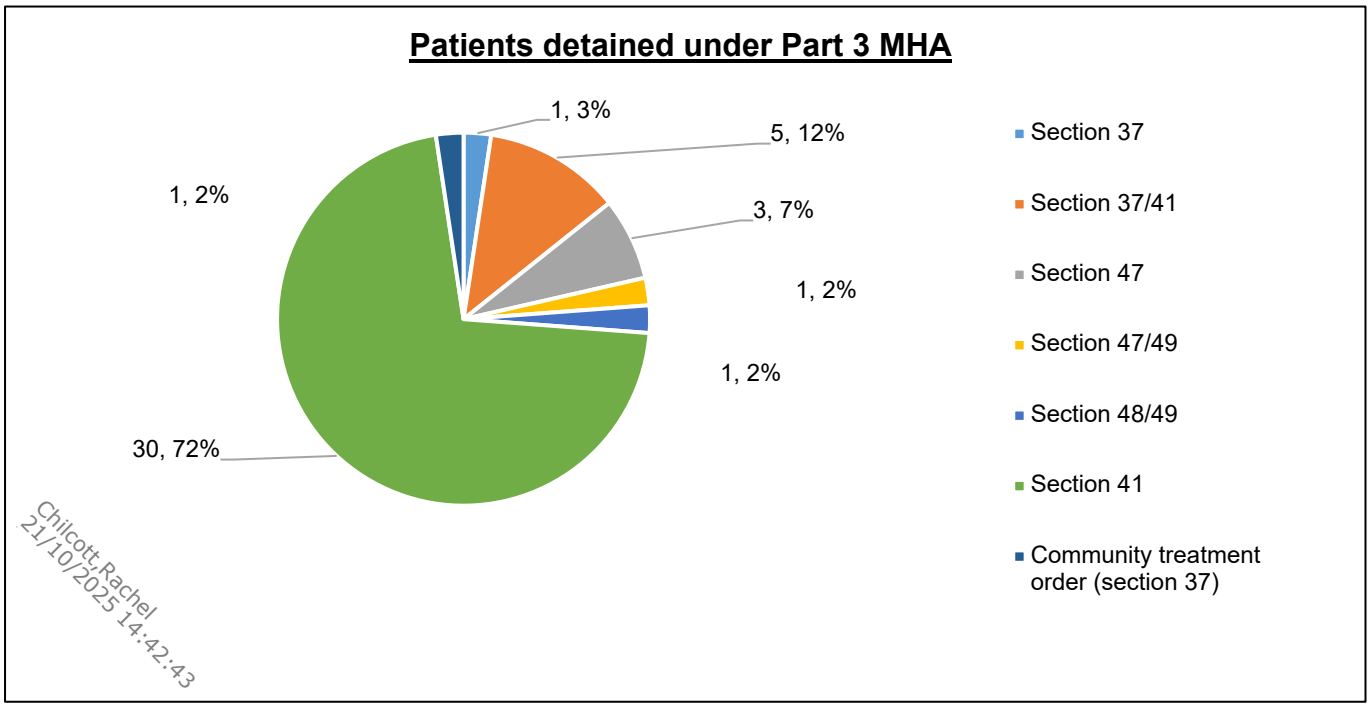
Cwm Taf Morgannwg UHB are commissioned to perform the role of Inpatient CAMHS for Cardiff and Vale UHB area patients.

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

Part 3 of the Mental Health Act 1983

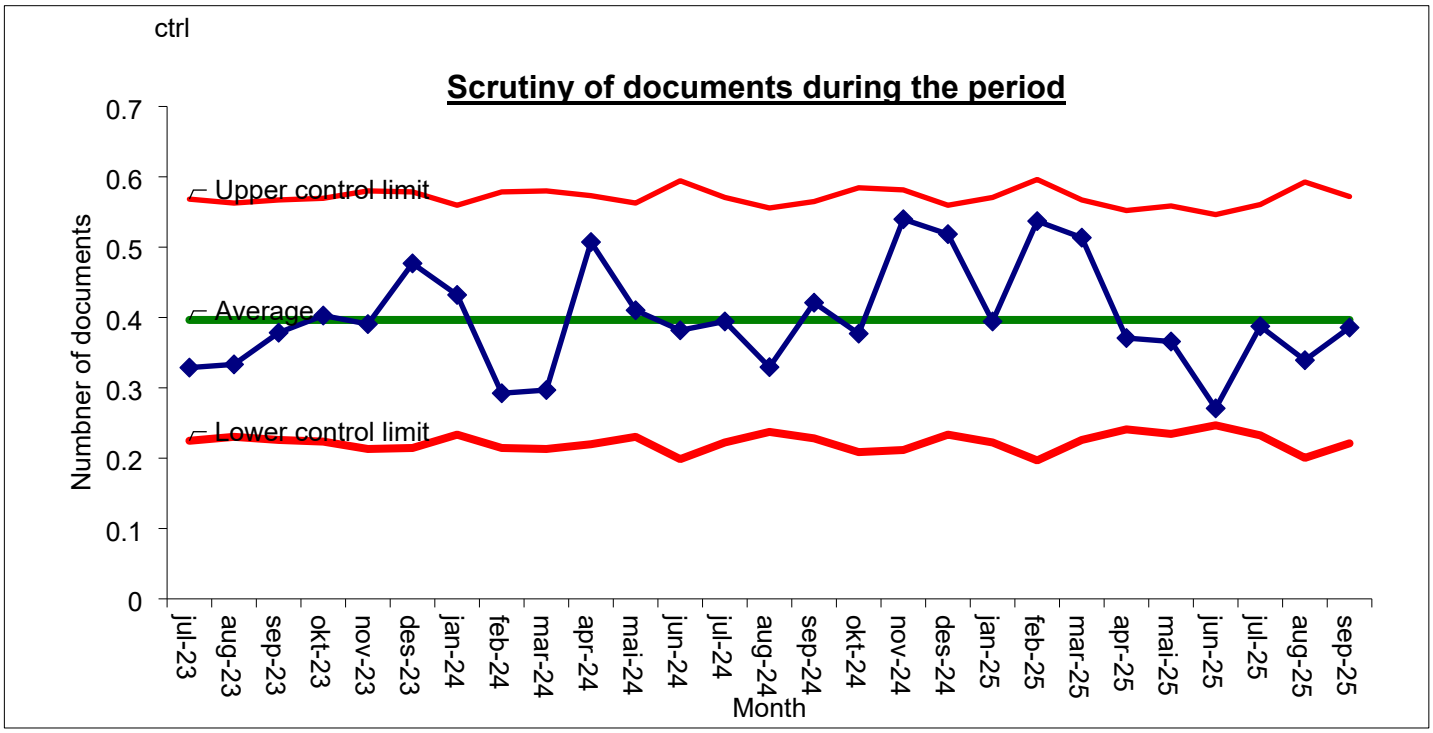
The number of Part 3 patients detained in Cardiff and Vale University Health Board Hospitals or subject to Community Treatment/Conditional Discharge in the community as of 30th September 2025.

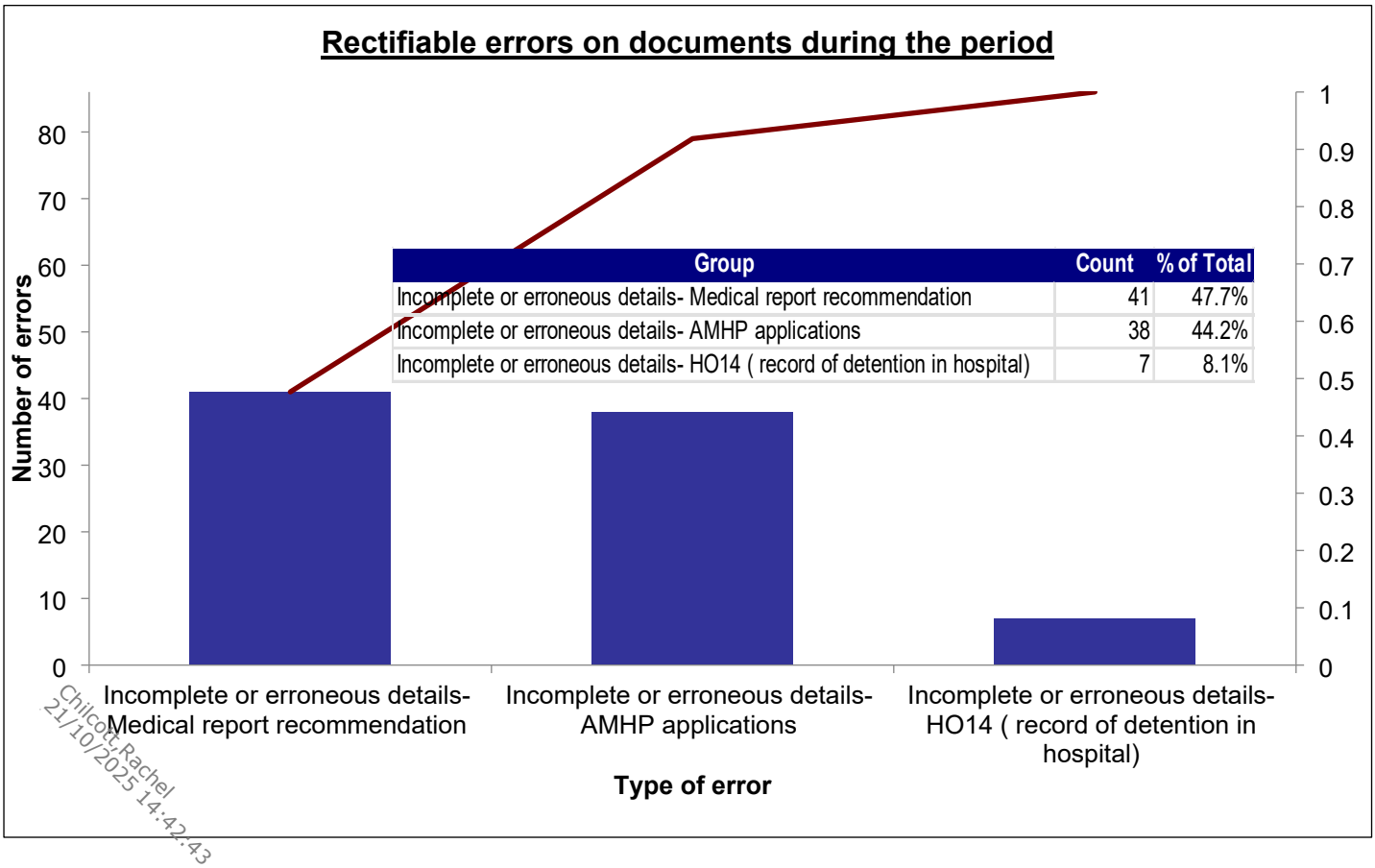




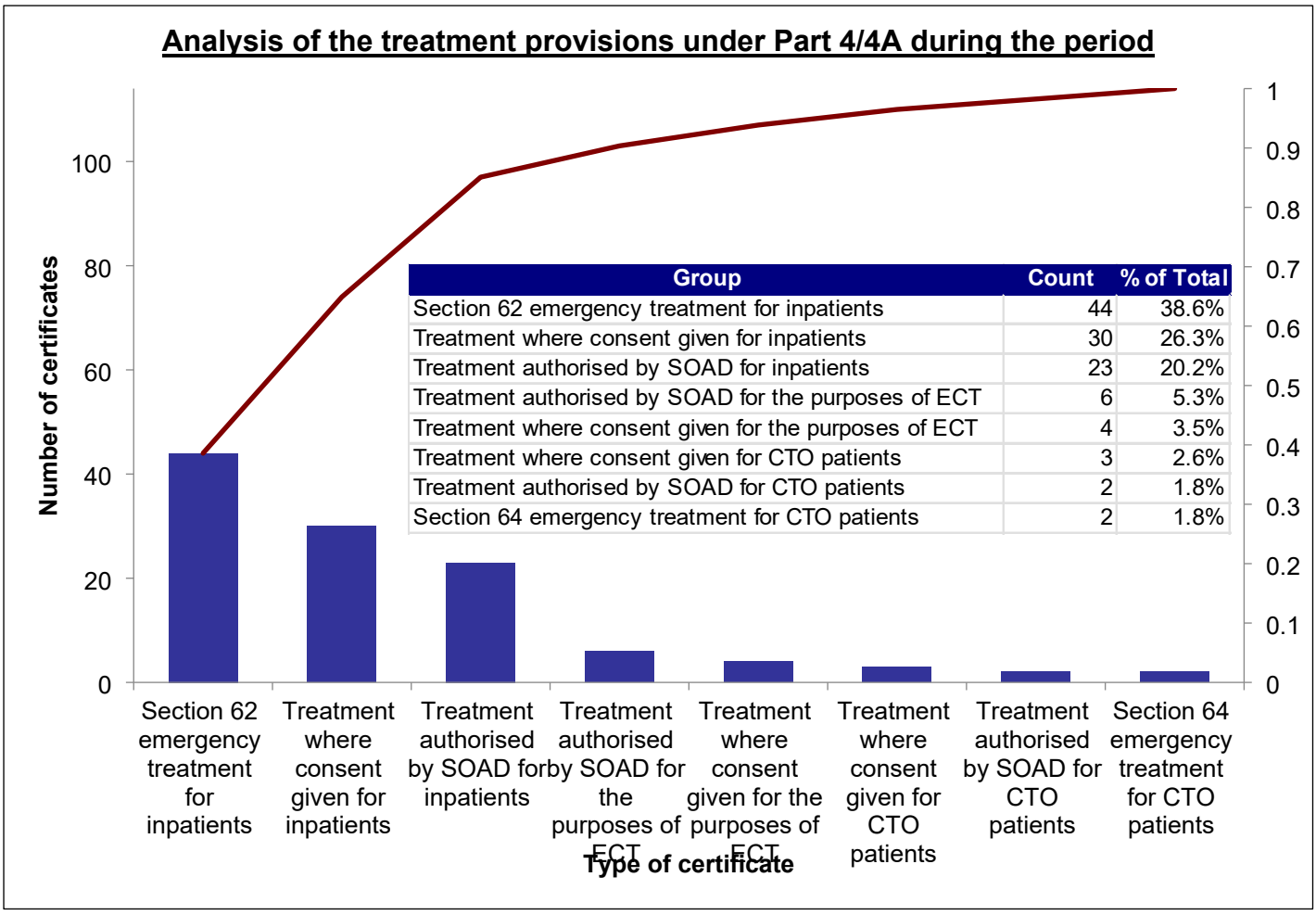
Scrutiny of documents during the period

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.





Consent to Treatment



Group	Count	% of Total
Section 62 emergency treatment for inpatients	44	38.6%
Treatment where consent given for inpatients	30	26.3%
Treatment authorised by SOAD for inpatients	23	20.2%
Treatment authorised by SOAD for the purposes of ECT	6	5.3%
Treatment where consent given for the purposes of ECT	4	3.5%
Treatment where consent given for CTO patients	3	2.6%
Treatment authorised by SOAD for CTO patients	2	1.8%
Section 64 emergency treatment for CTO patients	2	1.8%

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.

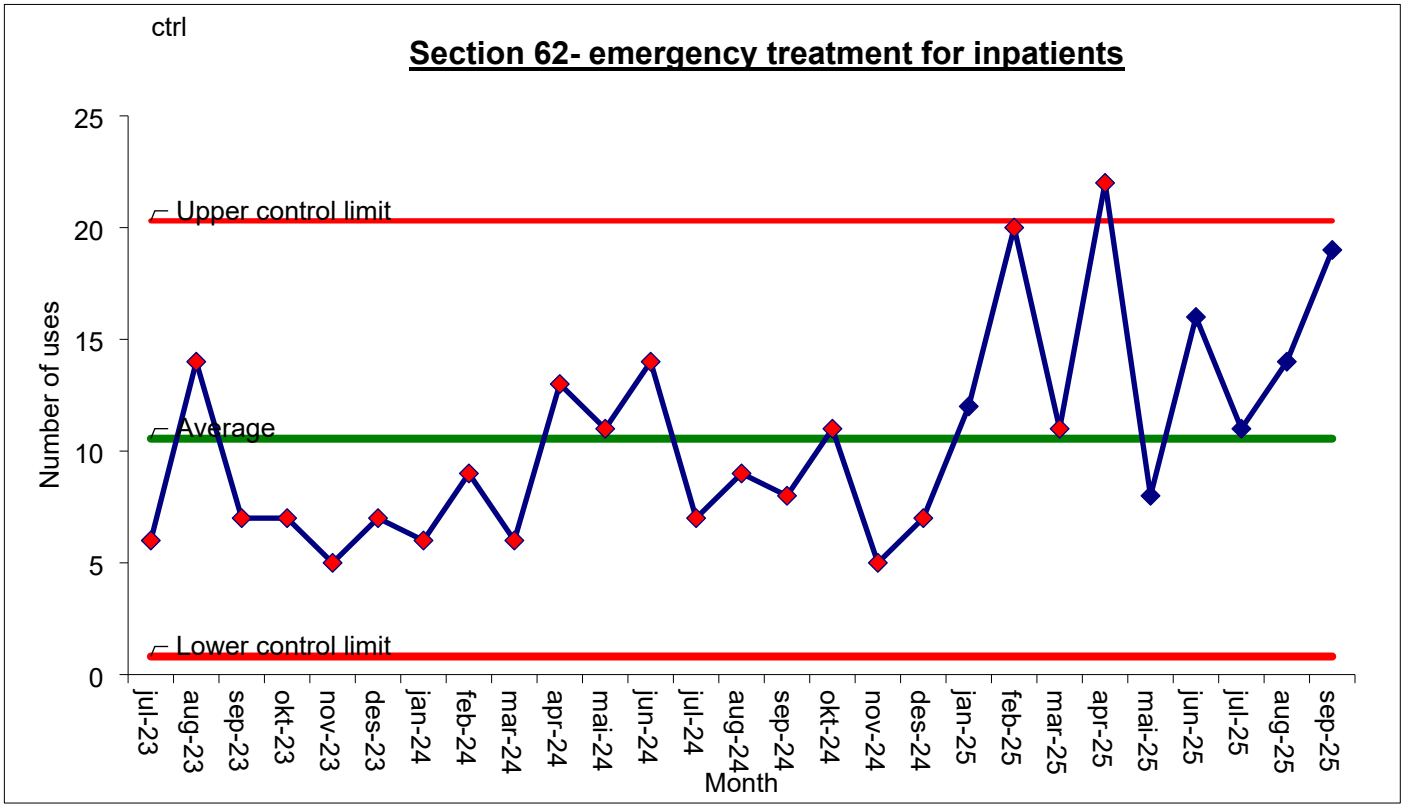
Urgent treatment is defined as treatment that is:

- 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.

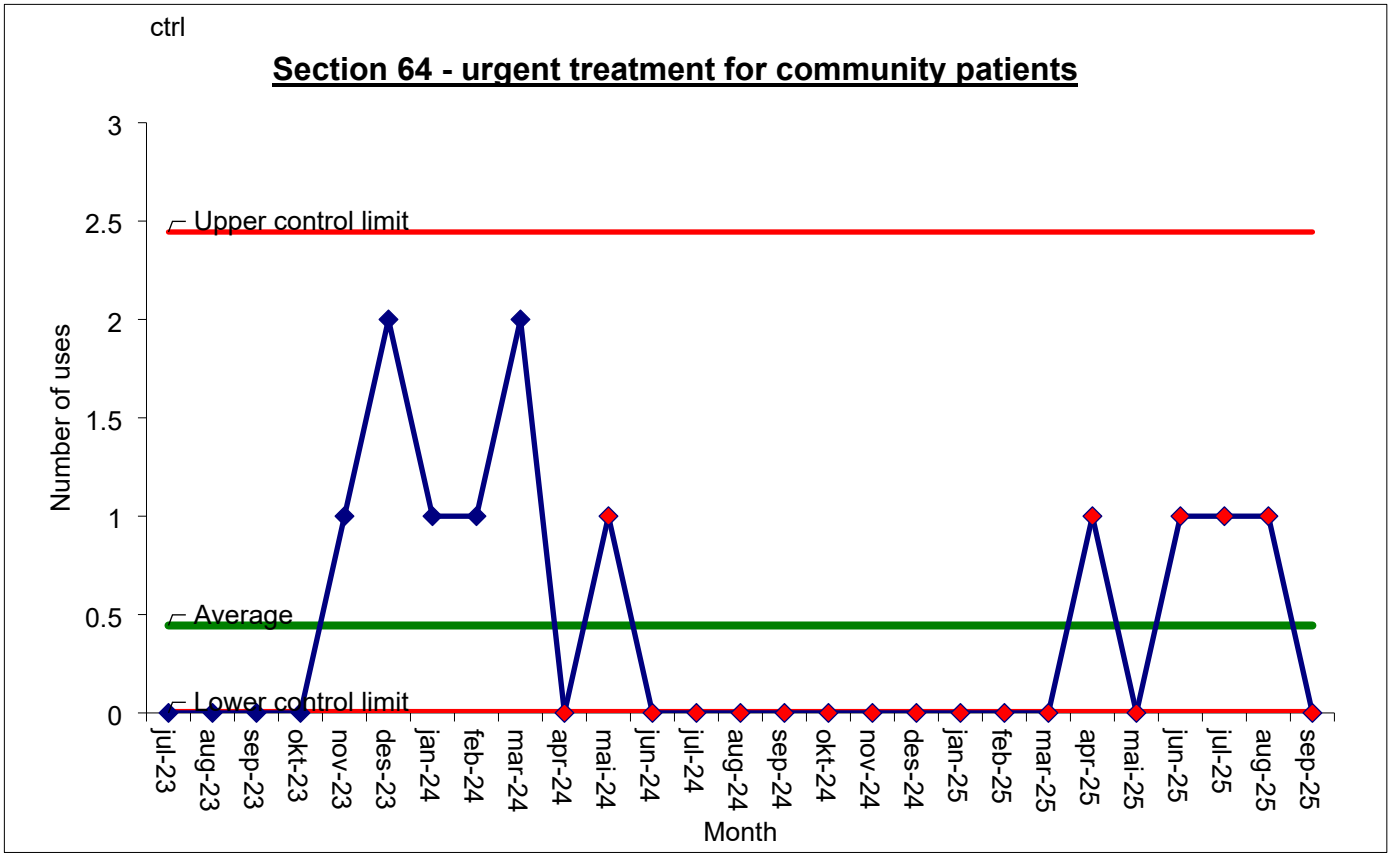
Urgent treatment can be used in any of the following instances:

- 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-four occasions for the following reasons:

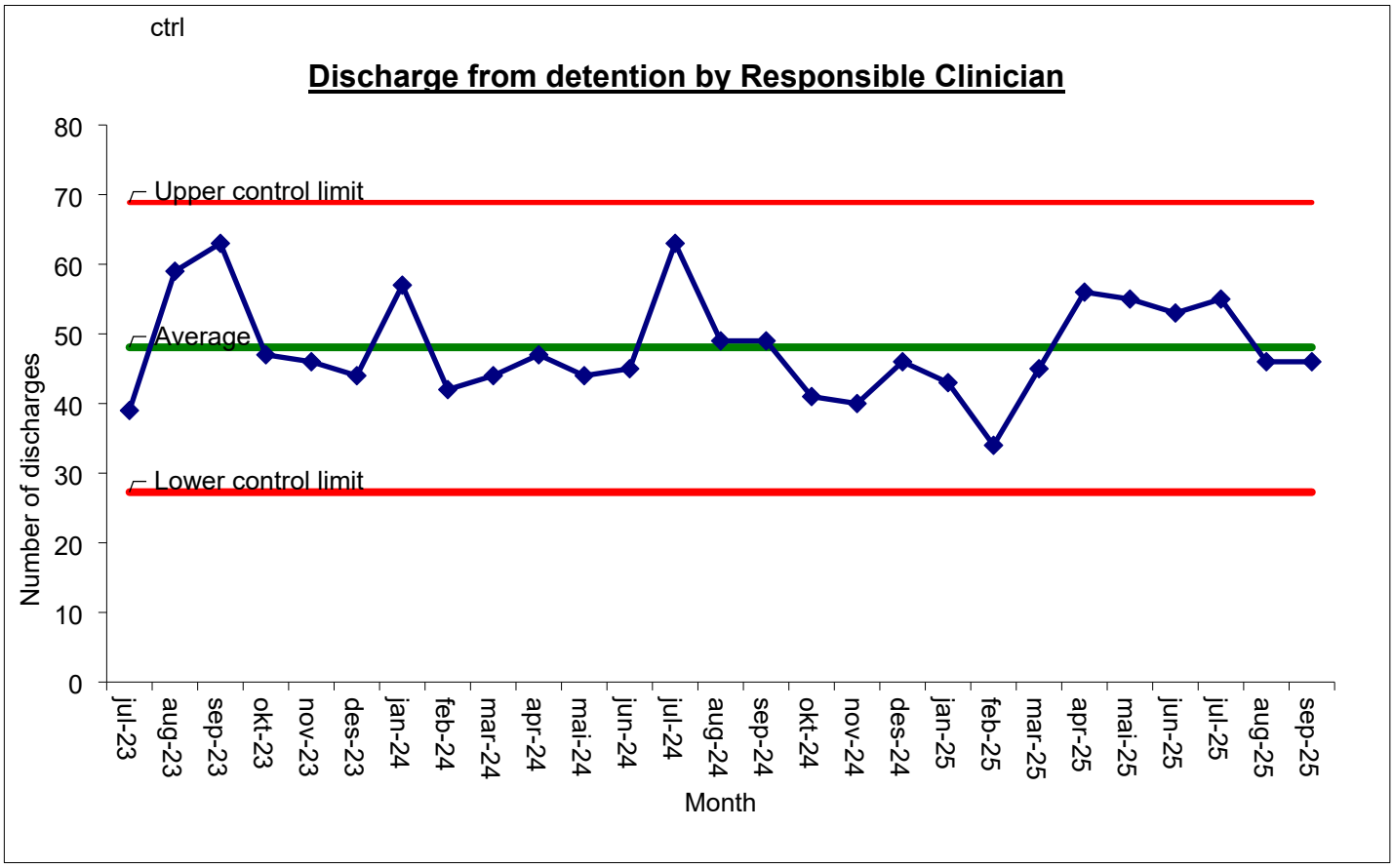
- Change of medication x 1
- Three-month rule x 22
- Emergency ECT x18
- CTO revoke x 2
- Change of capacity x 1

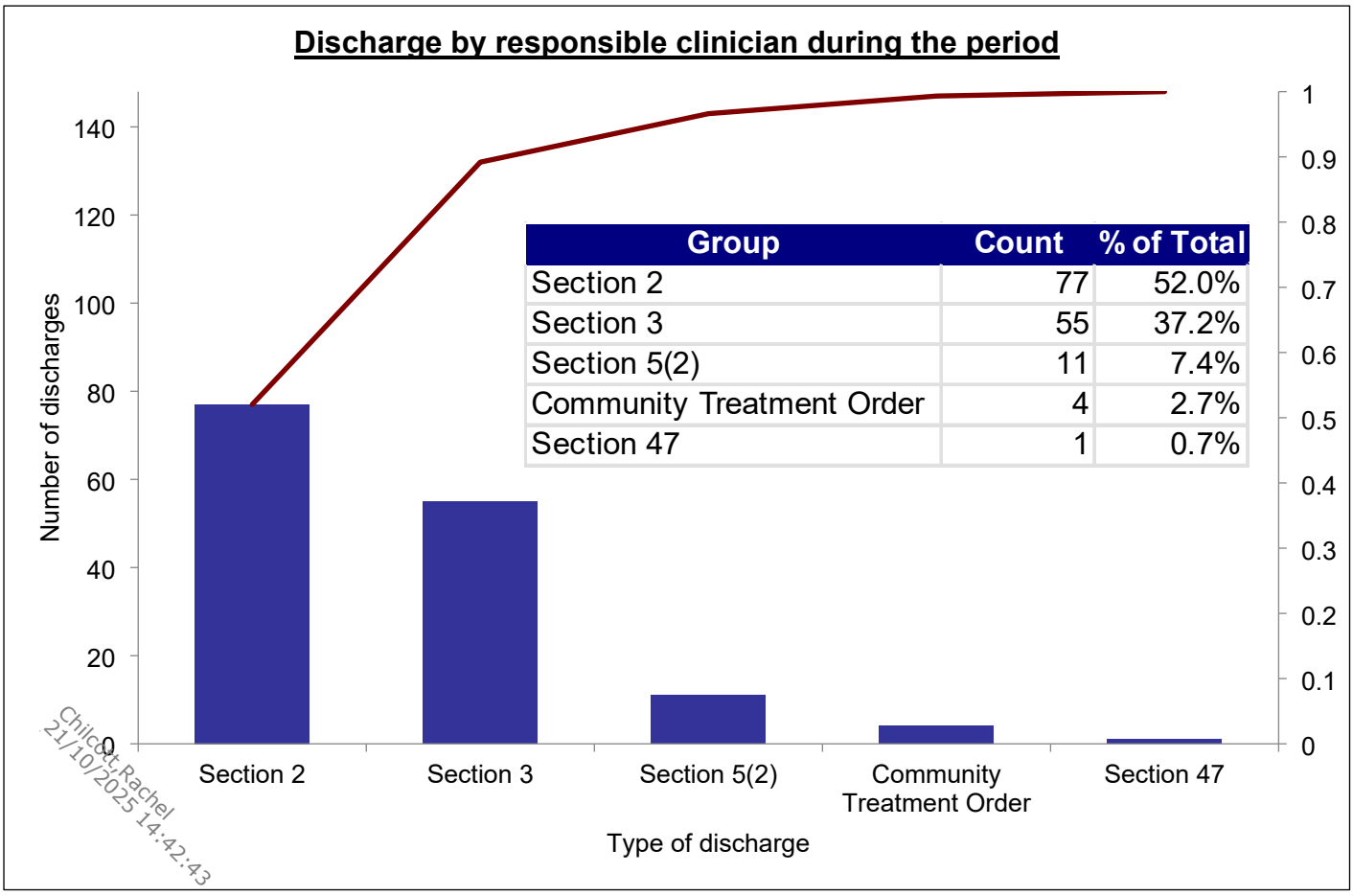


The above chart highlights that Section 64 was used twice during this period for the following reasons:

- One-month rule x2

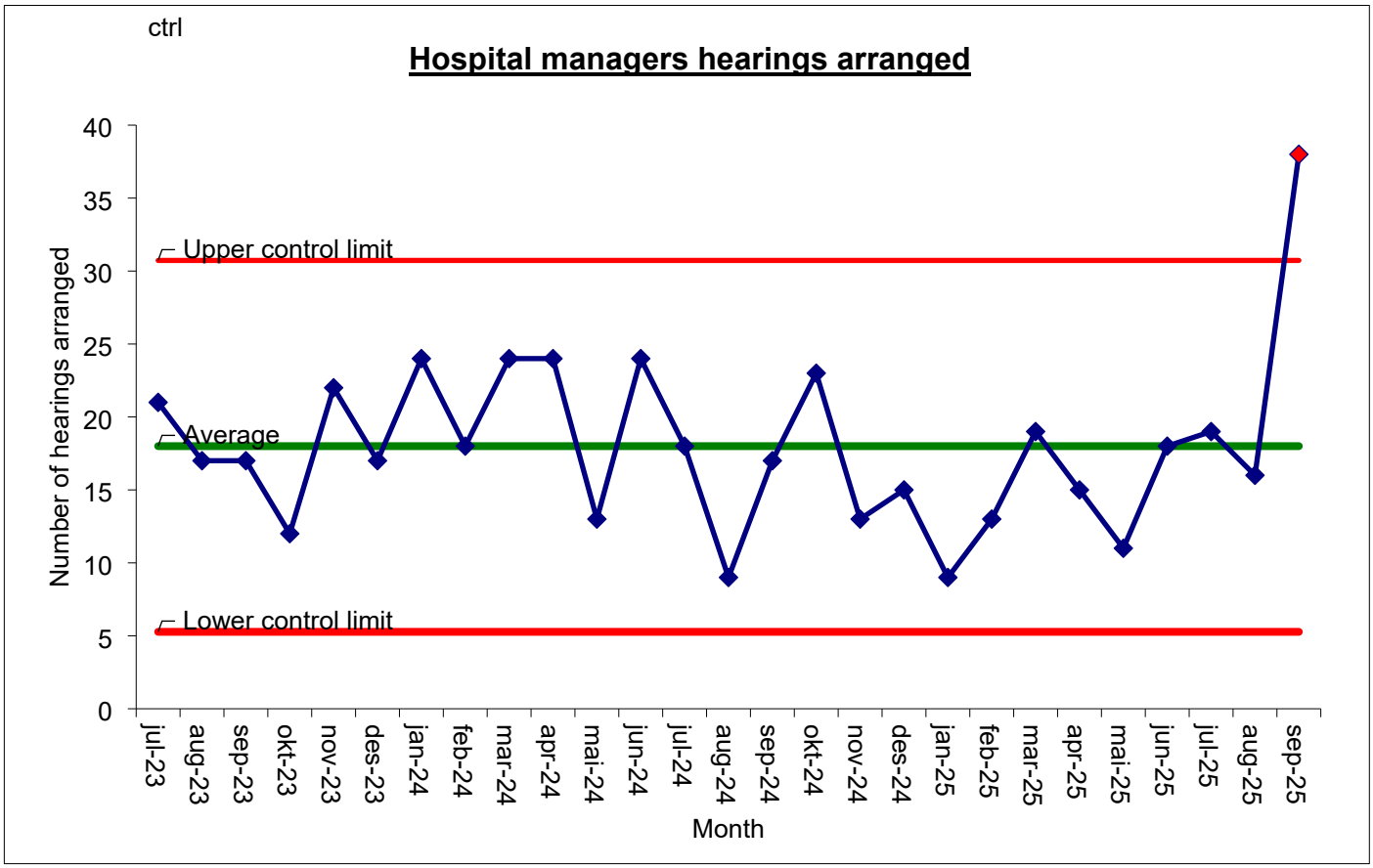
Discharge

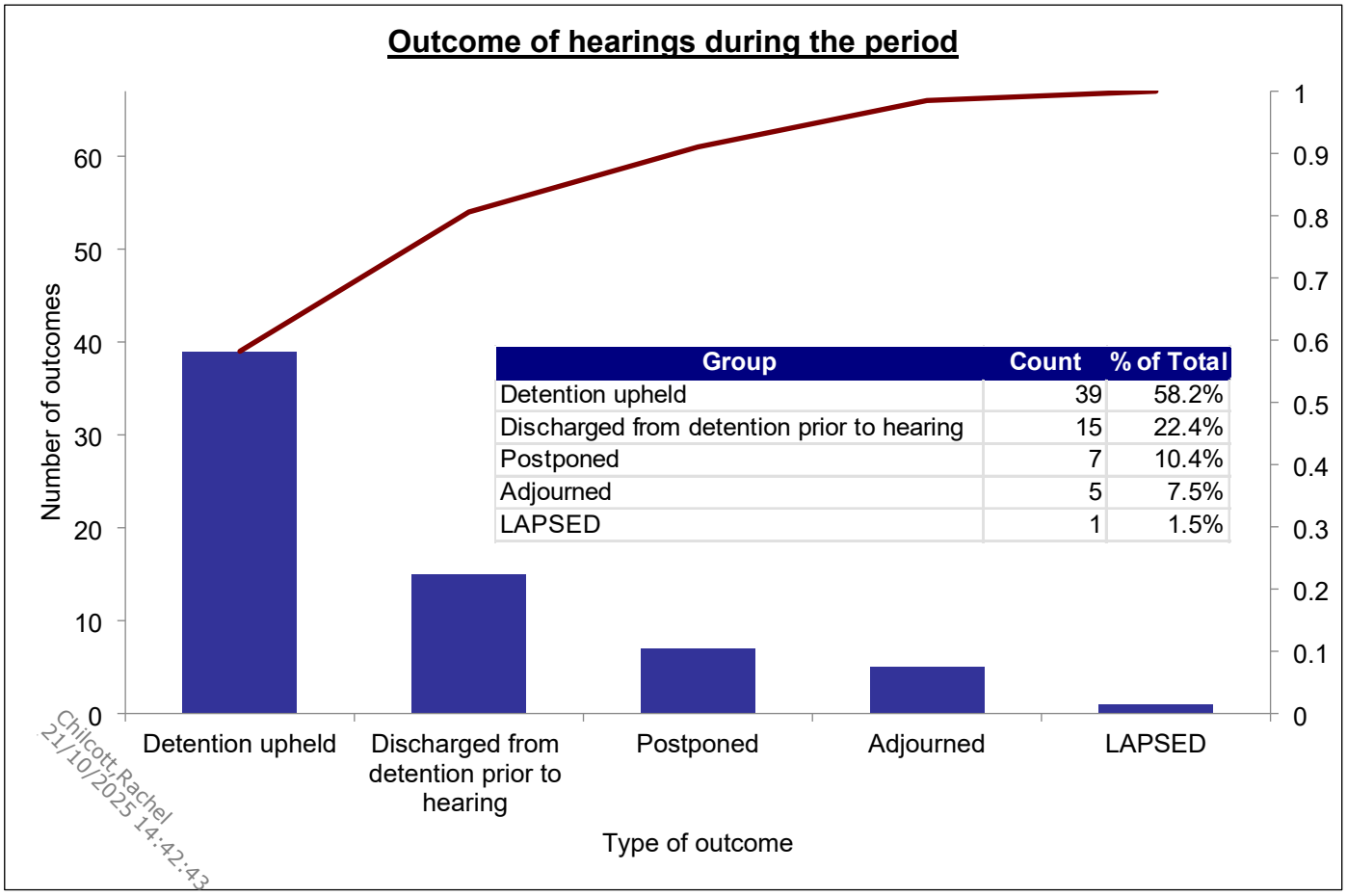




Group	Count	% of Total
Section 2	77	52.0%
Section 3	55	37.2%
Section 5(2)	11	7.4%
Community Treatment Order	4	2.7%
Section 47	1	0.7%

Hospital Managers – Power of Discharge





Group	Count	% of Total
Detention upheld	39	58.2%
Discharged from detention prior to hearing	15	22.4%
Postponed	7	10.4%
Adjourned	5	7.5%
LAPSED	1	1.5%

Five hearing were adjourned for the following reasons:

- To appoint an advocate x 1
- Panel member availability x 1
- Responsible Clinician unavailable x 2
- To provide extra reports x1

Seven hearings were postponed for the following reasons:

- Responsible Clinician unavailable x4
- Panel member availability x 1
- Late submission of reports 1
- To allow for a DOLS assessment x 1

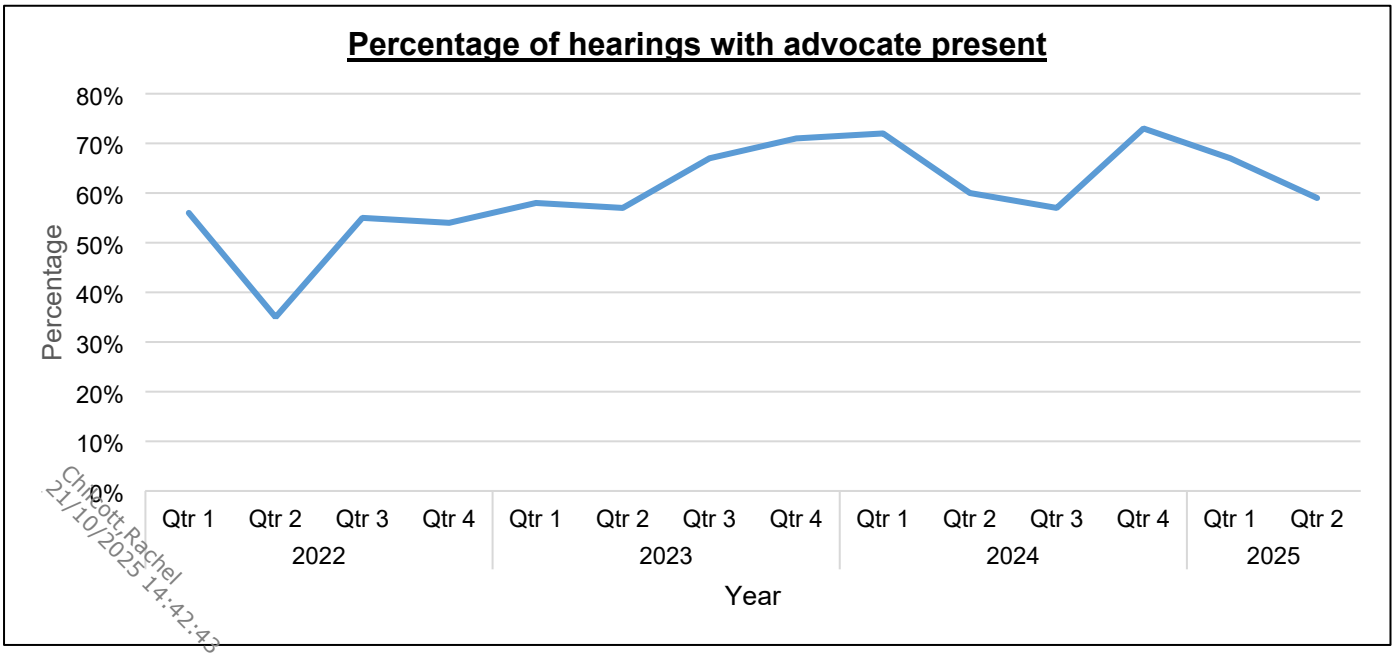
One section 3 lapsed due to the HO15 renewal document not being completed by the Responsible Clinician. The patient subsequently was placed on a DOLS.

Advocacy referrals:

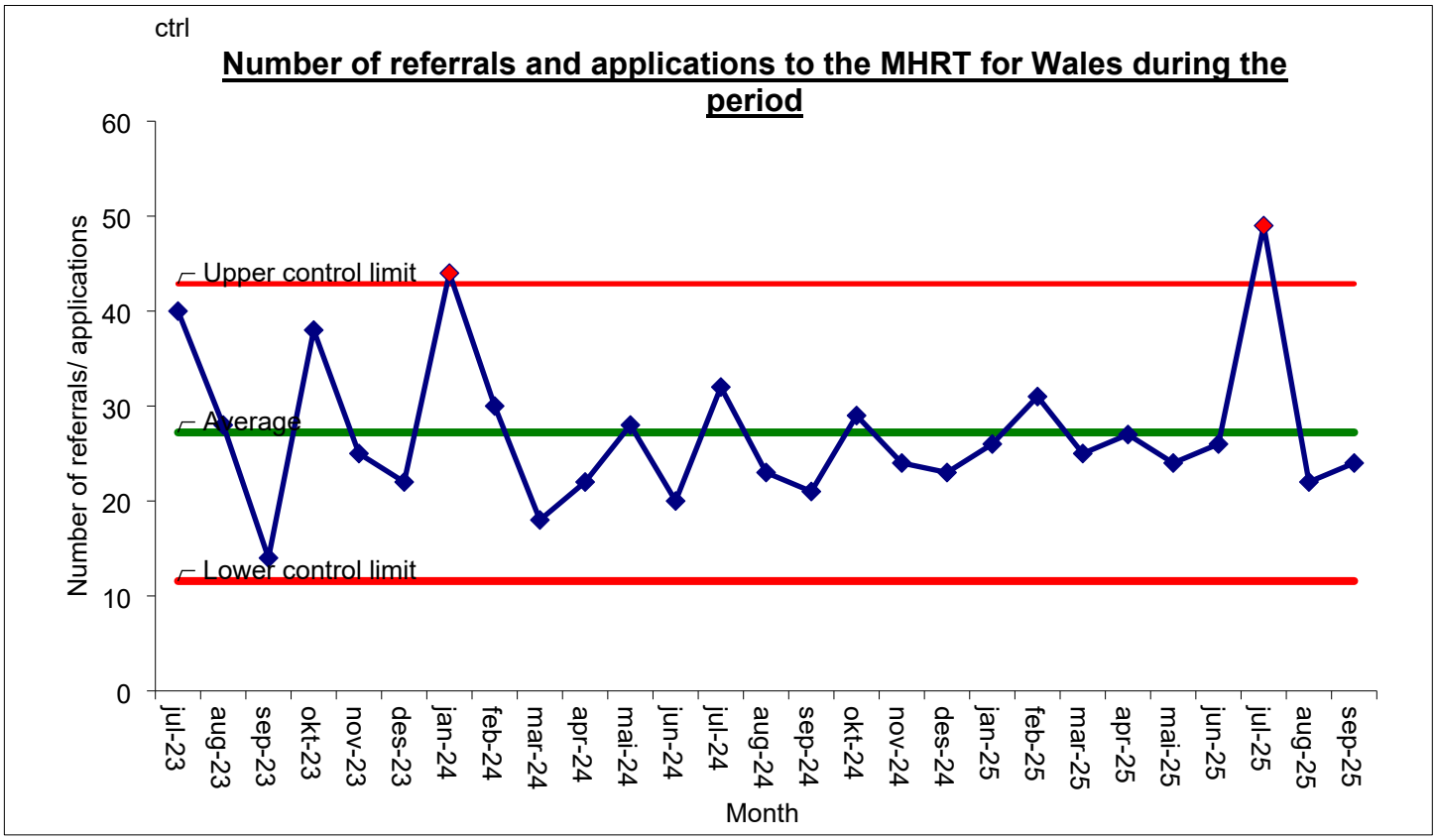
Out of 67 hearings that could have gone ahead during the quarter, 58 of those had been referred for an advocate and advocates attended 30 of those.

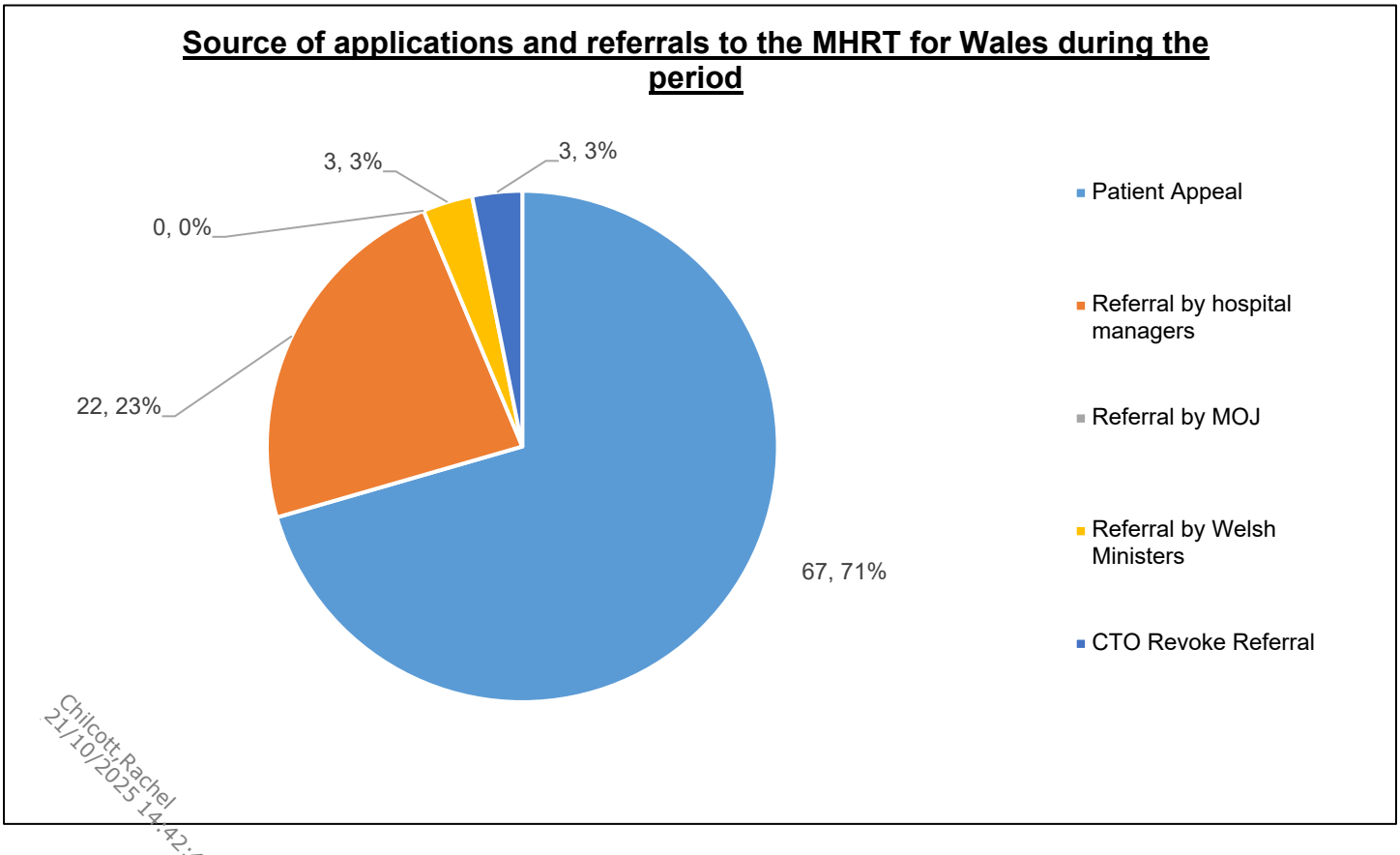
Advocates present:

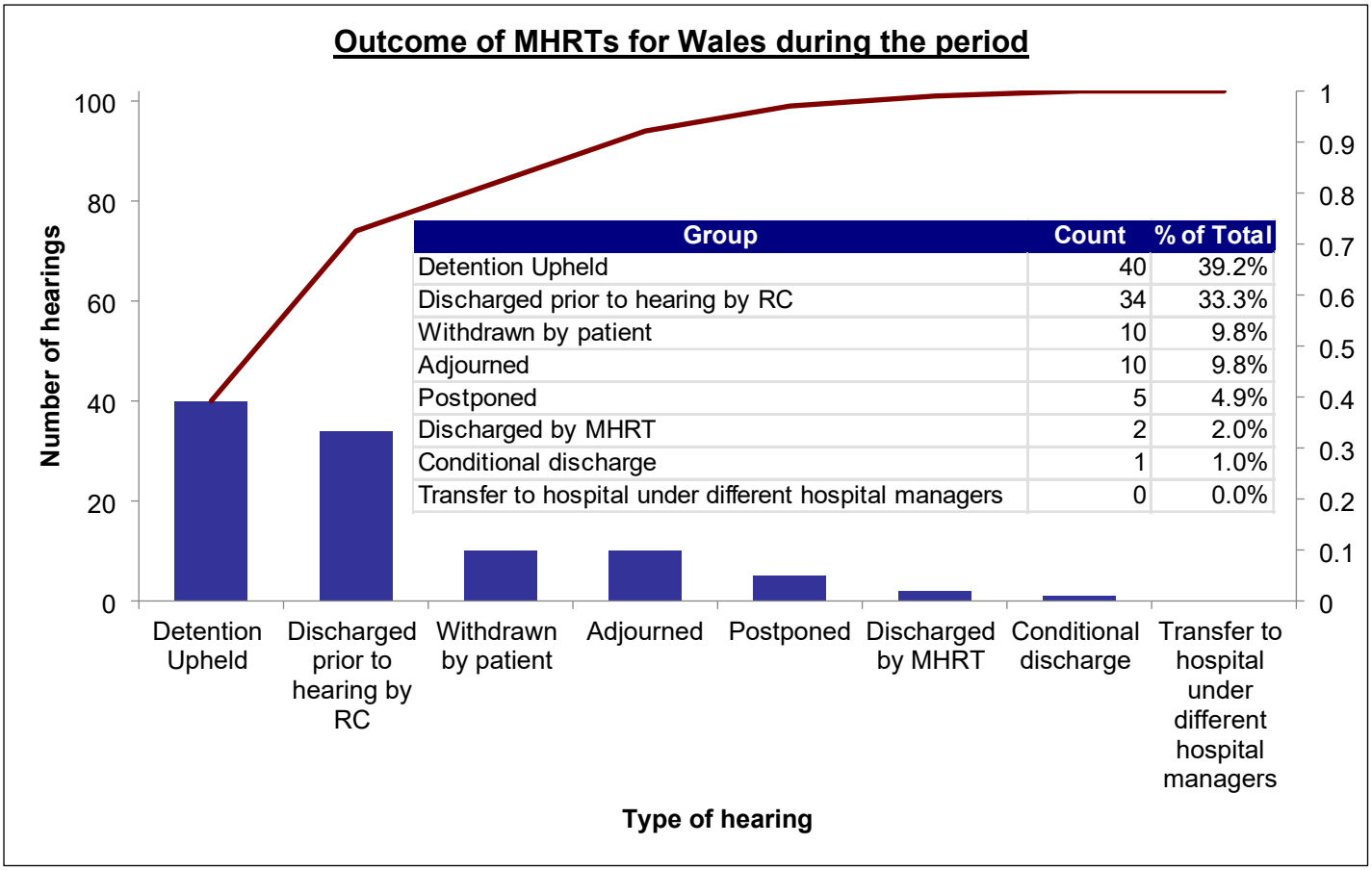
Out of the 67 hearings, only 37 hearings went ahead. Out of that 37, 30 had an advocate present and 7 didn't have an advocate.



Mental Health Review Tribunal (MHRT) for Wales







Group	Count	% of Total
Detention Upheld	40	39.2%
Discharged prior to hearing by RC	34	33.3%
Withdrawn by patient	10	9.8%
Adjourned	10	9.8%
Postponed	5	4.9%
Discharged by MHRT	2	2.0%
Conditional discharge	1	1.0%
Transfer to hospital under different hospital managers	0	0.0%

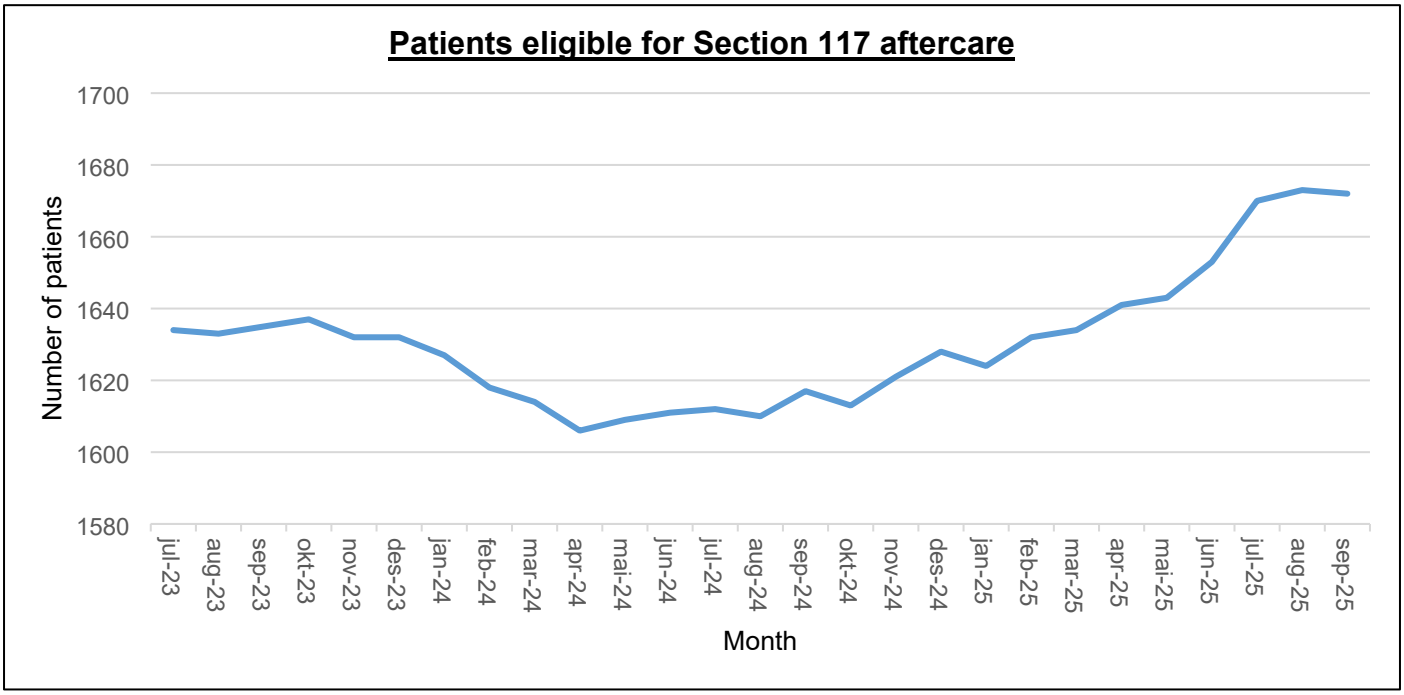
Ten hearings were adjourned for the following reasons:

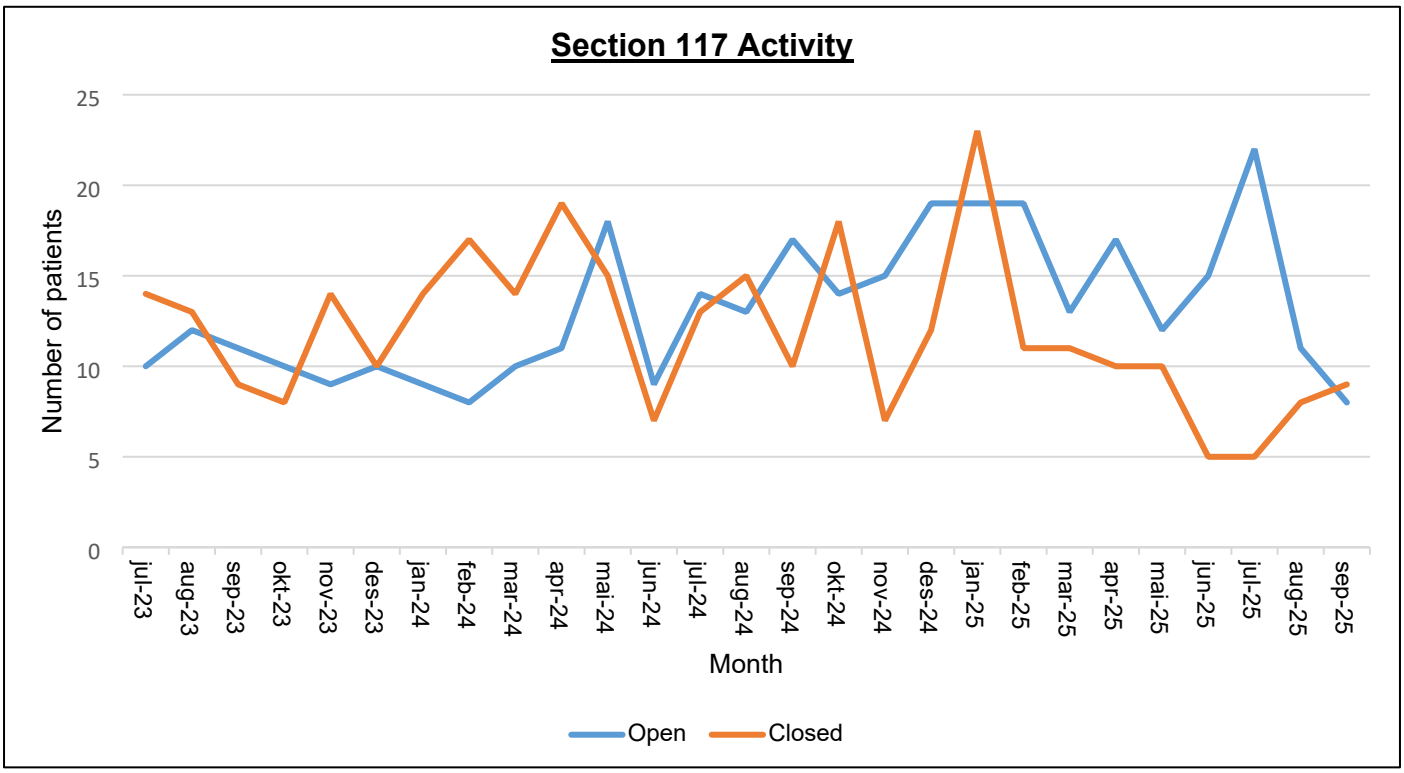
- Needed further reports x 4
- No social worker in attendance x 1
- Conflict of interest x 1
- Legal representative unavailable x 1
- To appoint a legal representative x 1
- RC unavailable x 1
- Dispute regarding diagnosis of patient x 1

Five hearings were postponed for the following reasons:

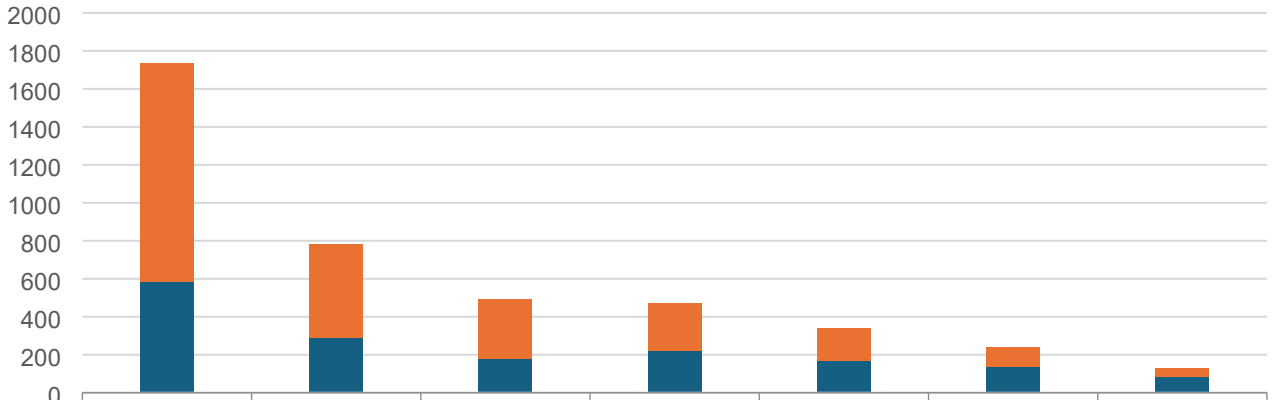
- Preparations being made for discharge x 1
- No venue available x 1
- No allocated social worker x 1
- Further information needed x 1
- Unforeseen circumstances x 1

Section 117 Aftercare





Periods of time that patients remain eligible for Section 117 aftercare

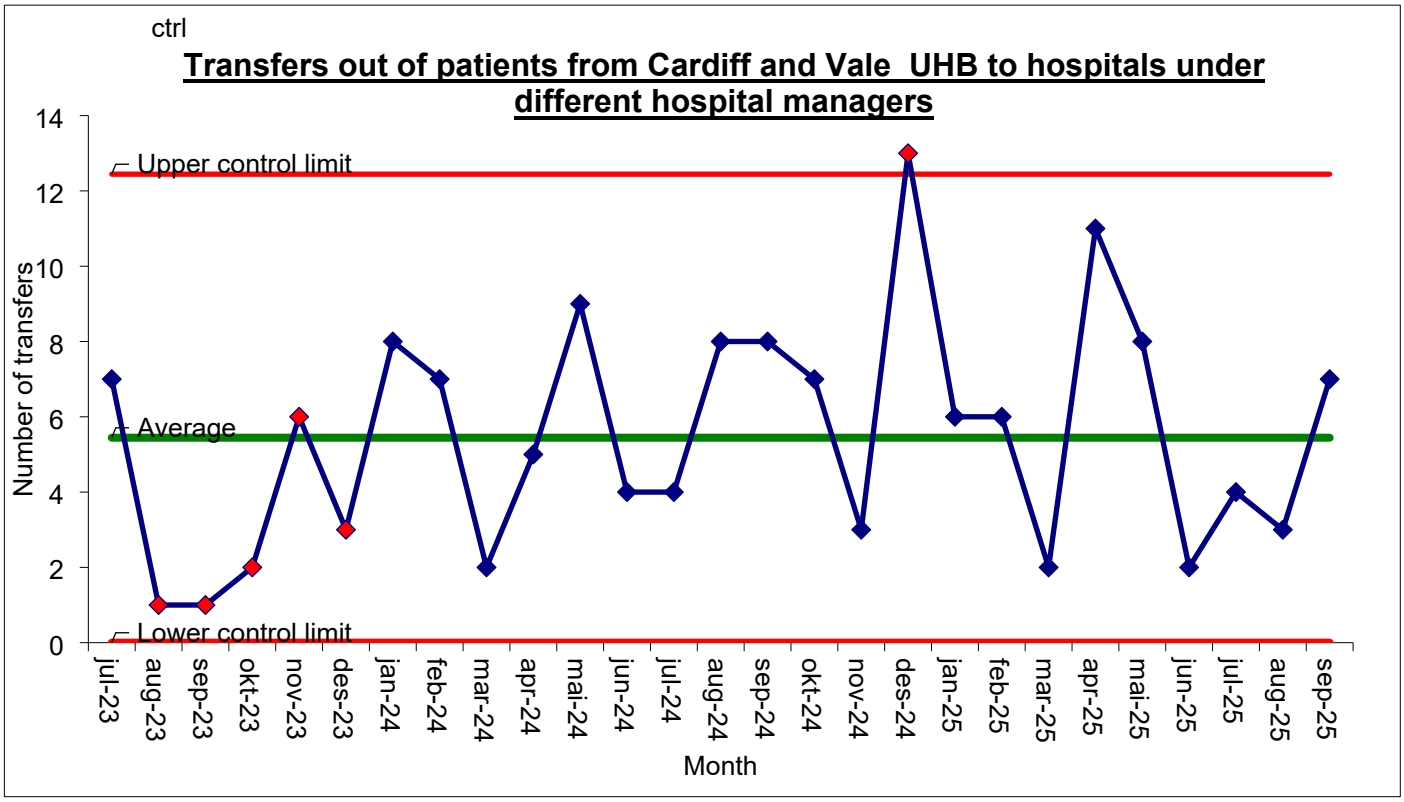


	0 - 4 Years	5 - 9 Years	10 - 14 Years	15 - 19 Years	20 - 24 Years	25 - 29 Years	30 Years +
Ended	1148	490	314	251	173	105	47
Ongoing	584	293	181	221	170	137	83

Section 19 transfers to and from Cardiff and Vale UHB

Fourteen 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.

No patients detained under Part 3 of the Mental Health Act were transferred from Cardiff and Vale UHB to a hospital under a different set of Managers.

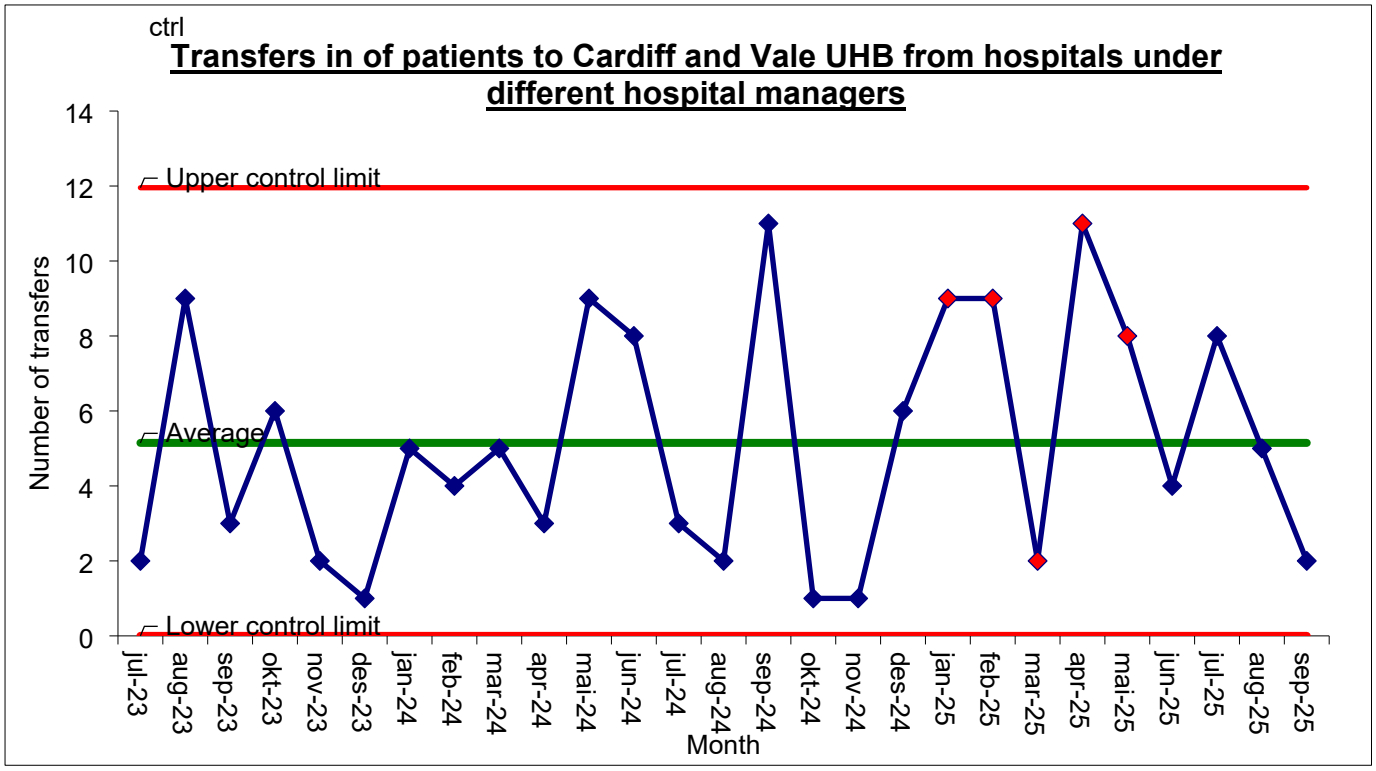


- To a private PICU bed x 7
- To a mother and baby unit x 2
- Back to home locality x 2
- To a CAMHS unit x 3

Thirteen 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.

One patient under a Community Treatment Order was transferred to back to Cardiff and Vale UHB from a hospital under different hospital managers.



- From an out of area PICU bed x 3
- From an out of area bed back to home locality x 10

Summary of other Mental Health Activity which took place during the period July- September 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 were no deaths of a detained patients.

Mental Health and Wellbeing Strategy and Suicide (2025-2035) and Self Harm Prevention Strategy (2025-2035 – Overview

Tara Robinson

Director of Nursing, Mental Health Clinical Board

Shared Priorities: Mental Health and Wellbeing & Suicide and Self-Harm Strategies

Priority	Summary
1. Person-Centred, Trauma-Informed	Compassionate, trauma-informed, co-produced care that promotes dignity and equity.
2. Prevention & Early Intervention	Focus on upstream action—wellbeing foundations and risk factor reduction.
3. System-Wide Collaboration	Multi-agency, cross-sector working with “No Wrong Door” and connected care pathways.
4. Shared Governance	Joint oversight via national boards ensures alignment and accountability.
5. Aligned Delivery Plans (2025–2028)	Coordinated timelines and structures for integrated implementation and evaluation.

Vision and Approach- Mental Health and Wellbeing Strategy

Whole-System, Preventative, and Person-Centred: The strategy replaces the previous "Together for Mental Health" plan, setting out a 10-year vision for a joined-up, preventative, and person-centred approach to mental health and wellbeing across Wales.

Co-Production and Engagement: Developed through extensive engagement with people with lived experience, the public, and stakeholders, co-production is at the heart of the strategy's delivery.

Four Vision Statements

BUILDING BLOCKS: STRENGTHEN THE SOCIAL DETERMINANTS OF MENTAL HEALTH TO CREATE THE FOUNDATIONS FOR GOOD MENTAL HEALTH AND WELLBEING.

KNOWLEDGE AND CONFIDENCE: EMPOWER INDIVIDUALS AND COMMUNITIES TO PROTECT AND PROMOTE THEIR OWN MENTAL WELLBEING.

CONNECTED SYSTEM: ENSURE THAT PEOPLE RECEIVE THE RIGHT LEVEL OFF SUPPORT WITH A FOCUS ON SEAMLESS PATHWAYS AND REMOVING BARRIERS TO ACCESS.

SEAMLESS SERVICES: DELIVER TIMELY, PERSON-CENTRED, NEEDS-LED CARE, GUIDING PEOPLE TO THE RIGHT SUPPORT FIRST TIME, WITHOUT DELAY.

Key Features and Commitments

Early Intervention and Prevention: The strategy is centred on early intervention, prevention, and easy access to support. There is a strong emphasis on open access and same-day support, moving away from traditional tiered models to a stepped, recovery-focused approach.

Holistic, Cross-Government Action: Recognises that good mental health depends on more than healthcare alone, addressing wider determinants such as housing, employment, loneliness, and community resilience.

Integration with Social Care: The strategy signals a shift from a health-led to a health and social care-led system, recognising that many people need support outside specialist mental health services.

Focus on Reducing Inequalities: There is a commitment to reducing health inequalities and addressing the needs of people with severe and enduring mental health conditions, including a focus on intersectionality and culturally competent care.

Delivery Plan: Accompanied by a 3-year delivery plan (2025–2028), with annual progress reviews and a strong emphasis on governance, accountability, and partnership working across sectors.

Notable Innovations

Same-Day Access: Ambition for Wales to be the first nation to achieve same-day mental health support for all, using a stepped approach.

Social Prescribing: Linking people to community-based, non-clinical support to address social and welfare needs.

Focus on Early Years and Perinatal Mental Health: Strong emphasis on infant mental health, the first 1,000 days, and supporting parent-infant relationships.

Key Actions for Cardiff & Vale UHB

1. Service Redesign

Shift towards integrated health and social care models

Prioritise early intervention and community-based support to reduce reliance on specialist and inpatient services

2. Workforce Development

Upskill staff in trauma-informed care, co-production, and culturally competent practice

Foster a culture of continuous learning and engagement with people with lived experience

3. Data and Evaluation

Implement new indicators and monitoring tools to track population-level wellbeing and service outcomes

Use data to drive improvement and ensure accountability

Key Actions for Cardiff & Vale UHB

4. Governance and Partnership

- Participate in national governance structures and adapt the outcomes framework locally
- Strengthen partnership working across health, social care, third sector, and community organisations

5. Reducing Inequalities

- Target actions to address health inequalities, intersectionality, and the needs of people with severe and enduring mental health conditions
- Ensure culturally competent and accessible services for all communities

6. Innovation and Access

- Work towards same-day access to mental health support for all
- Expand social prescribing and non-clinical support options
- Focus on early years and perinatal mental health, supporting families from the start

Overview: Understanding - The Suicide Prevention and Self-harm Strategy for Wales 2025 to 2035

The Welsh Government's new decade-long strategy, replacing the "Talk to Me 2"framework, presents a comprehensive ,cross-governmental, multi-agency plan to reduce suicide and self-harm in Wales. Supported by a three-year delivery plan(2025–2028), it aims to drive early progress and measurable outcomes.

Based on compassion, person-centred care, and a holistic, whole-system approach, the strategy addresses the complex nature of suicide and self-harm. Its objectives include reducing stigma, improving access to support, and ensuring timely, effective interventions.

Delivery plan 2025- 2028

Reduce the number of suicide deaths

Support people who self-harm and think about suicide

Support people who have lost someone to suicide

Strategic Objectives

Listening and Learning

Establish robust systems for collecting and analysing data, evidence, and lived experience.

Use insights to shape policy, services, and resource allocation.

Preventing

Tackle risk factors (e.g. poverty, trauma, isolation).

Restrict access to means of suicide and harmful online content.

Identify and manage high-risk locations.

Empowering

Equip the public and professionals with knowledge to recognise distress.

Promote compassionate, non-judgemental responses.

Supporting

Ensure timely, person-centred support for those experiencing suicidal ideation or self-harm.

Improve access across primary care, mental health, emergency, and third sector services.

Equipping

Strengthen services to identify and support at-risk individuals.

Promote holistic, trauma-informed, and culturally competent care.

Responding

Provide compassionate support to those bereaved or affected by suicide.

Reduce stigma and promote recovery through community engagement.

Key Differences: Focus and Scope

Aspect	Mental Health and Wellbeing Strategy (2025–2035)	Suicide and Self-Harm Strategy (2025–2035)
Timeframe	10 years (2025–2035)	10 years (2025–2035)
Primary Aim	Improve population mental wellbeing and transform mental health services	Reduce suicide rates and improve outcomes for those affected by suicide and self-harm
Target Population	All people in Wales, across the life course	People at risk of suicide or self-harm, those affected by suicide, and frontline responders
Strategic Vision	Four Vision Statements: building blocks, knowledge/confidence, connected systems, seamless services	Six Strategic Objectives: Listening & Learning, Preventing, Empowering, Supporting, Equipping, Responding
System Reform	Shift from tiered models to open access, recovery-focused, same-day support	Emphasis on crisis response, risk mitigation, and compassionate support for high-risk individuals
Delivery Mechanisms	Stepped Care 2.0, open access mental health hubs, digital innovation, workforce development	Restricting access to means, media guidelines, bereavement support, and suicide surveillance systems
Evidence & Research	Build evidence for what works in promoting wellbeing and preventing mental illness	Use real-time data, lived experience, and suicide/self-harm surveillance to inform rapid response

Key progress to date:

Established a unified improvement plan for the MHCB
Reviewing service models to align with strategic goals
Prioritised family engagement in service delivery
Comprehensive suicide prevention training
Integrated trauma-informed care across services
Rolling Safety and Stabilisation Programme.
Reviewing pathways for people with complex emotional needs.
Co-produced service design and policy with people with lived experience.
Working with partners to develop assertive outreach for seldom-heard groups.
Appointment of a dedicated Family Liaison Officer
Lead role in a developing a multi-agency agreed protocol to reduce risks from new and emerging methods
Development of a housing project with third sector and statutory partners

Key Messages

There is need for **broad system transformation framework**—shaping how services are delivered, accessed, and experienced across the population.

There is a requirement for **targeted, high-risk intervention framework**—focusing on acute needs, crisis response, and safeguarding.

These strategies offer a unified vision for compassionate, preventative, and collaborative care to drive system-wide transformation—ensuring services are **accessible**, **person-centred**, and **responsive** to the needs of our communities.

Report Title:	Mental Health Measure Monitoring Report including Care and Treatment Plans Update Report			Agenda Item no.		4.1	
Meeting:	Mental Health Legislation Committee		Public	X	Meeting Date:	21/10/2025	
			Private				
Status:	Assurance	X	Approval		Information		X
Lead Executive:	Chief Operating Officer						
Report Author:	Director of Nursing Mental Health Clinical Board						

Background and current situation, with summary:

The UHB Mental Health Measure performance is reported to and monitored by the Welsh Government monthly, 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.

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 several 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.

Summary

- **Part 1 (PMHSS):** Adult and CYP services exceed the 28-day referral-to-assessment and assessment-to-intervention targets, despite a significant rise in referrals. Additional bank shifts have supported compliance, but demand continues to outpace funded capacity.
- **Part 2 (Care and Treatment Planning):** Adult compliance remains below the 90% standard, but a five-month improvement plan is underway, aiming for compliance by March 2025. CYP compliance has been above 90% for a year, though engagement challenges persist.
- **Part 3 (Self-Referral Assessments):** Over 90% of outcome letters are sent within 10 working days for the sixth consecutive month.
- **Part 4 (Advocacy):** 100% compliance with timely access to advocacy.

Key Issues: Rising demand, ongoing performance management, and targeted improvement plans are in place, especially for adult care and treatment planning. Advocacy and self-referral standards are being met consistently.

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

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):
For Parts 1, 2, 3 & 4 of the Measure, local activity and compliance information are collated and submitted to WG via standard reporting templates.

<u>Part 1: PMHSS</u>

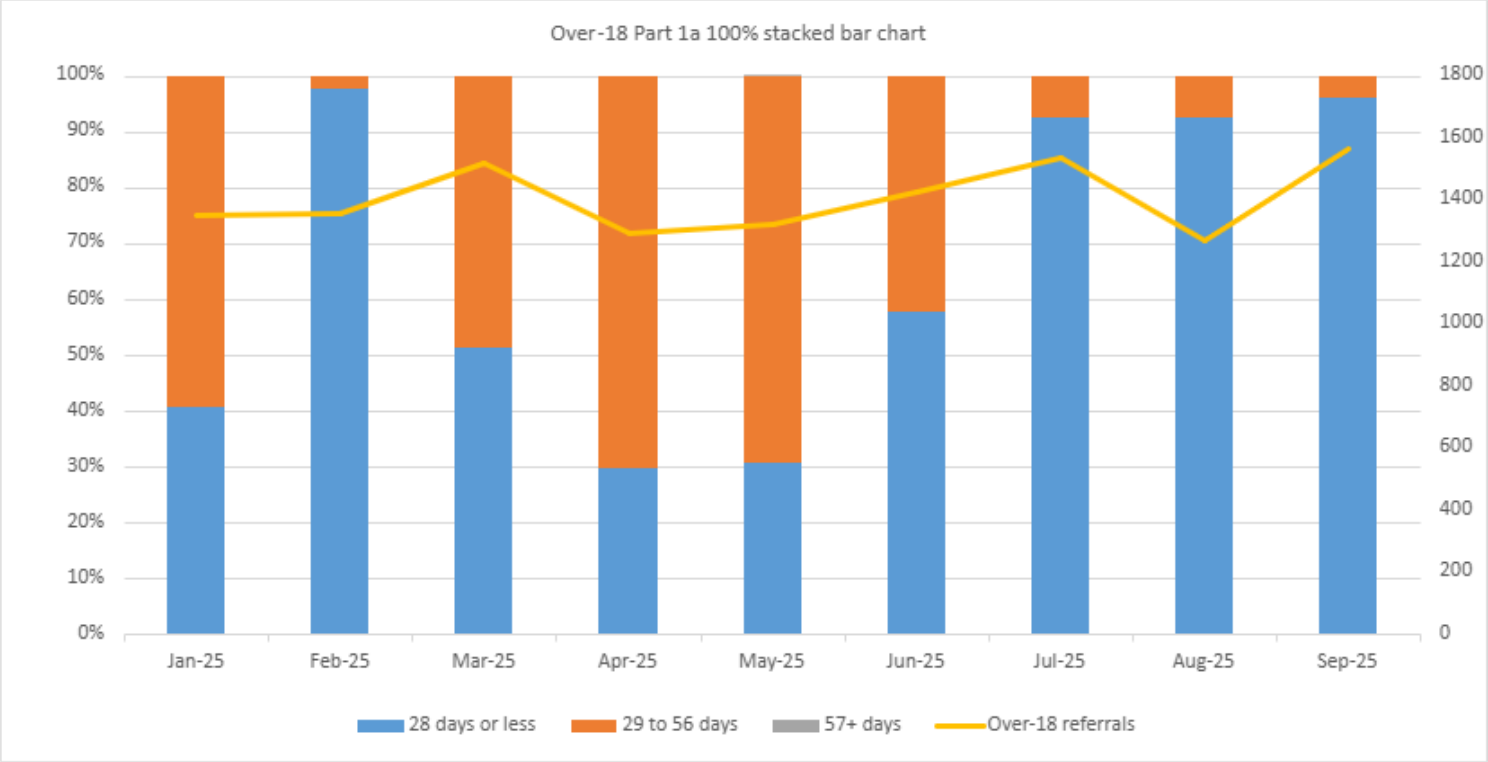
Part 1a – target: 28-day referral to assessment compliance target of 80% (Adult)

- Part 1a was 95% complainant for the month of September 25.
- This is the third consecutive month of compliance, the average wait for assessment is currently 22 days.
- The service received 1,528 referrals in July compared with 1,075 in July 2024.
- Compliance with target regained in July using bank shifts enable the service to offer 90 extra assessments slots.
- The service saw an 30% increase in referrals in August 2025- with 1263 received in comparison to 949 in August 2024.

- There was a 40% increase in referrals in September 2025 with 1,568 received, compared to 1065 in September 2024.

Actions to maintain compliance:
The data continues to show an overall increase in referrals, resulting in heightened pressure on service capacity and demand. To address this growth and ensure compliance with the Tier 1 target, additional bank assessments will be required to meet increased service demand.

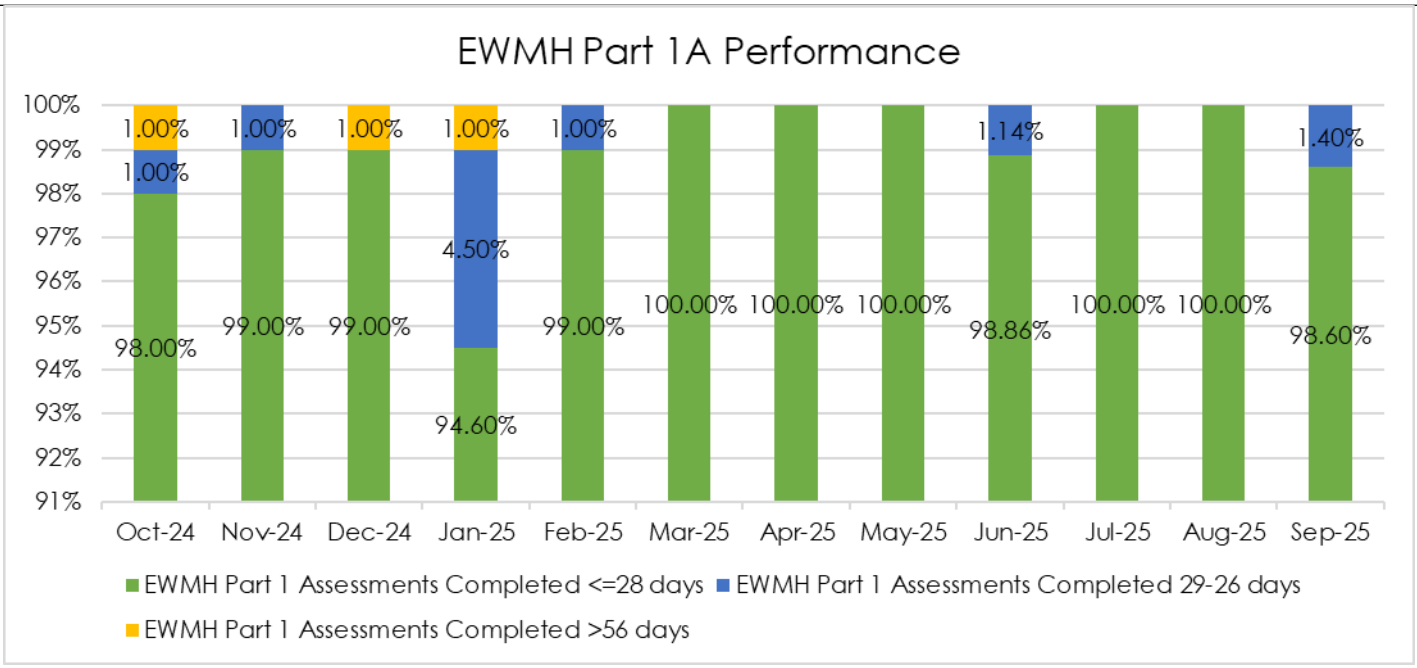
Graph 1:



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

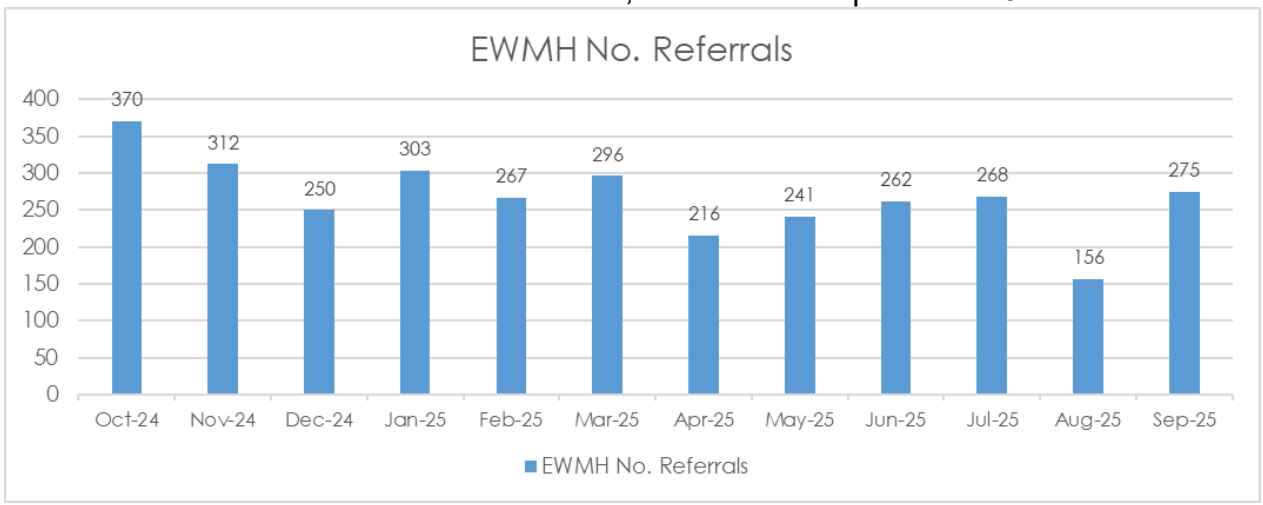
Compliance has been maintained. The establishment of the Assessment Team continues to support the service in providing sufficient capacity to meet incoming demand and the average wait for assessment is currently 20 days.

Graph 2:

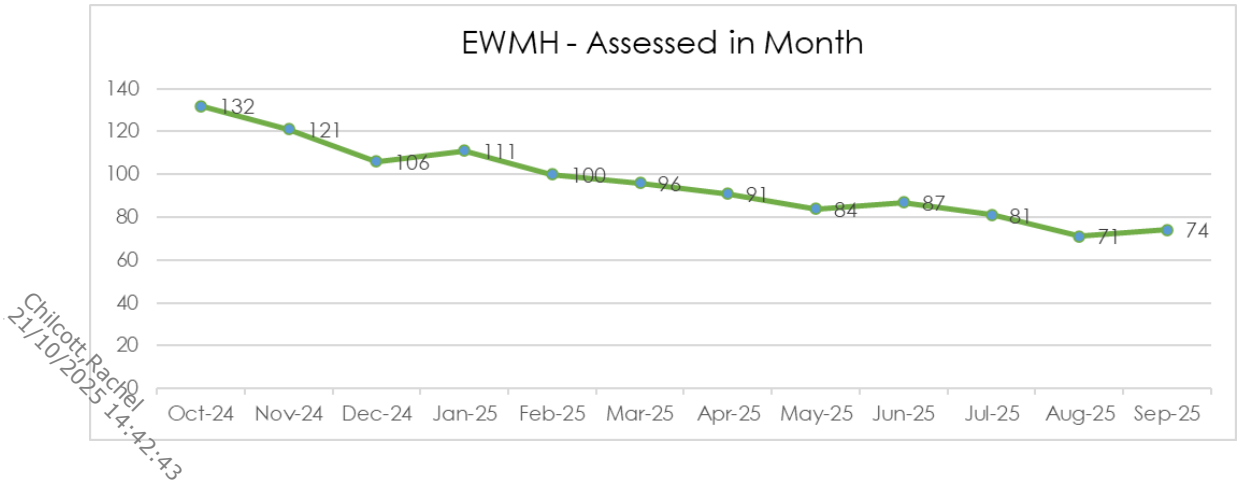


Graph 3:

September saw an increase in referrals to the service, at a six-month peak of 275 referrals received.

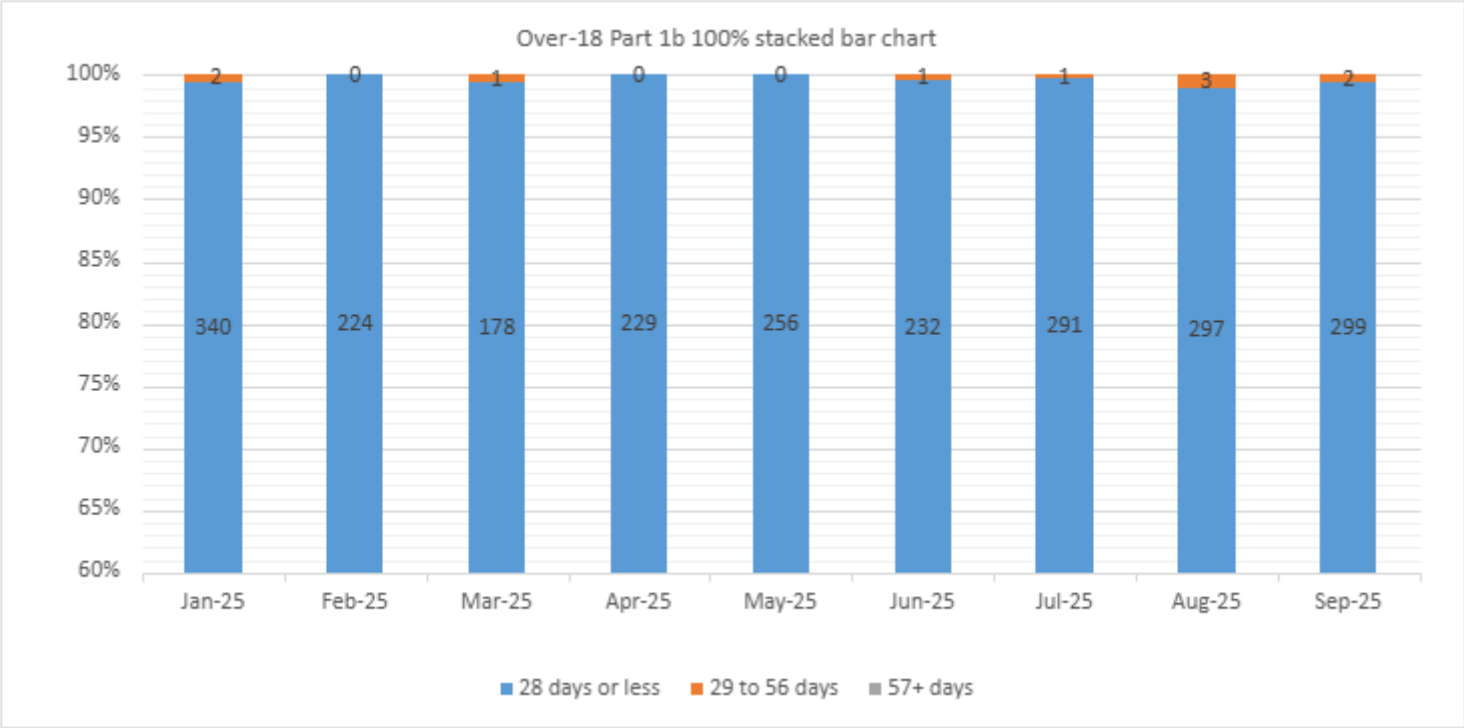


Graph 4:



Part 1b – 28-day assessment to intervention compliance target of 80% (Adult)
Part 1b remains compliant (Graph 5).

Graph 5:

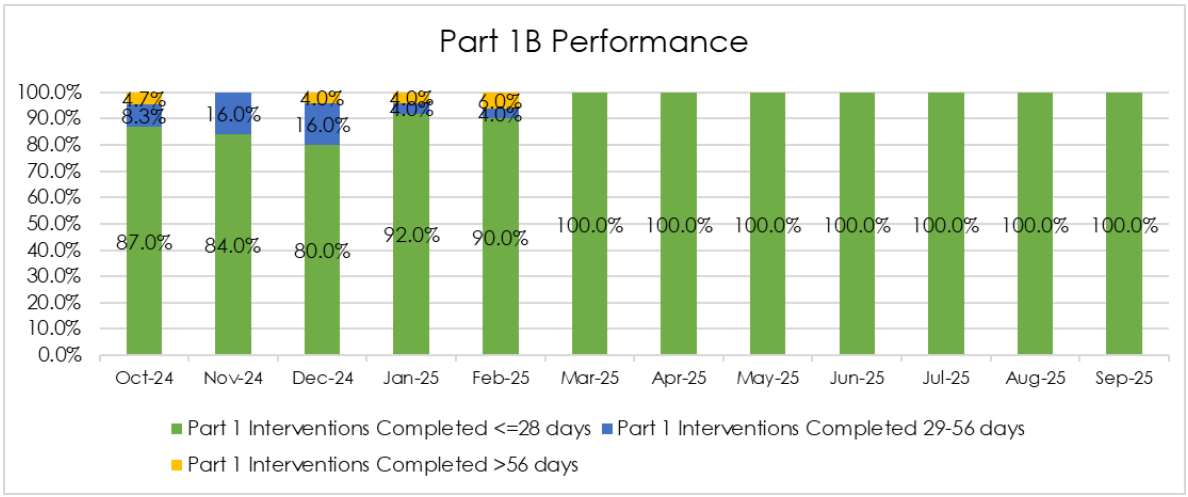


The PMHSS team continue to deliver Matrics Cymru compliant group interventions for:

- Living Life to the Full
- Behavioral Activation
- ACT for Wellbeing
- Open access to Stress Control.

Part 1b – 28-day assessment to intervention compliance target of 80% (Children & Young People)
100% compliance sustained for the 7th consecutive month.

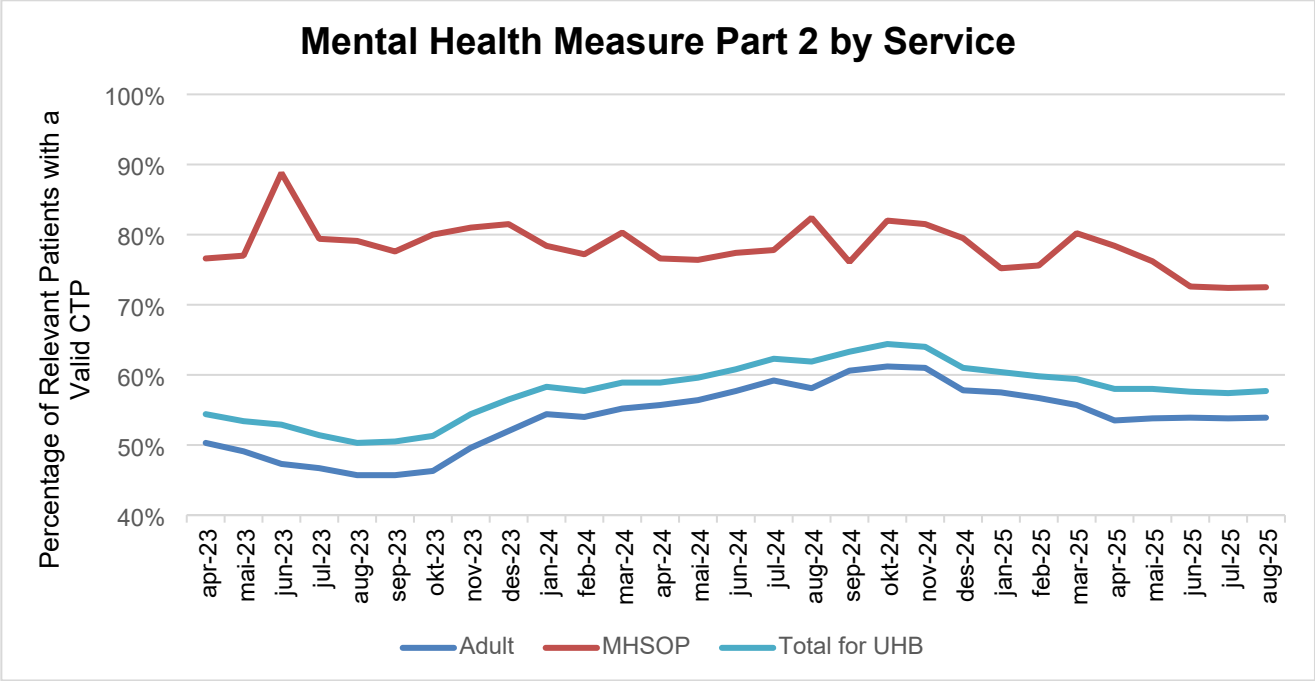
Graph 6



<u>Part 2 – Care and Treatment Planning (over 18)</u>

All relevant secondary care users should have an outcomes-based, holistic, co-produced care Plan.

Graph 7:



The CTP compliance for the Health Board continues to be an area which requires improvement. The Standard is that 90% of relevant patients should have a valid CTP. NHS performance and improvement has requested an improvement trajectory of the standard with relevant actions detailed to deliver.

Actions taken:

1. All CMHT's, who hold the majority of the responsibility for CTP compliance, have been met with to achieve:
    a. An agreed team level trajectory
    b. Detailing the nuances of delivery for each team to develop improvement plans

2. Agreed an improvement trajectory over a 5-month period for the Health Board.
This approach has been shared with NHS P+I in the monthly monitoring meeting and agreed as an acceptable approach.

Recovery plan:

1. Improvement plan over 5 months is based on working with individual professions sequentially
2. Where appropriate there will be a shift of care co-ordination from Psychiatrists to other appropriate professions
3. Individual CMHT's will develop their own improvement projects based on individual socio-economic demographics

Timeline:

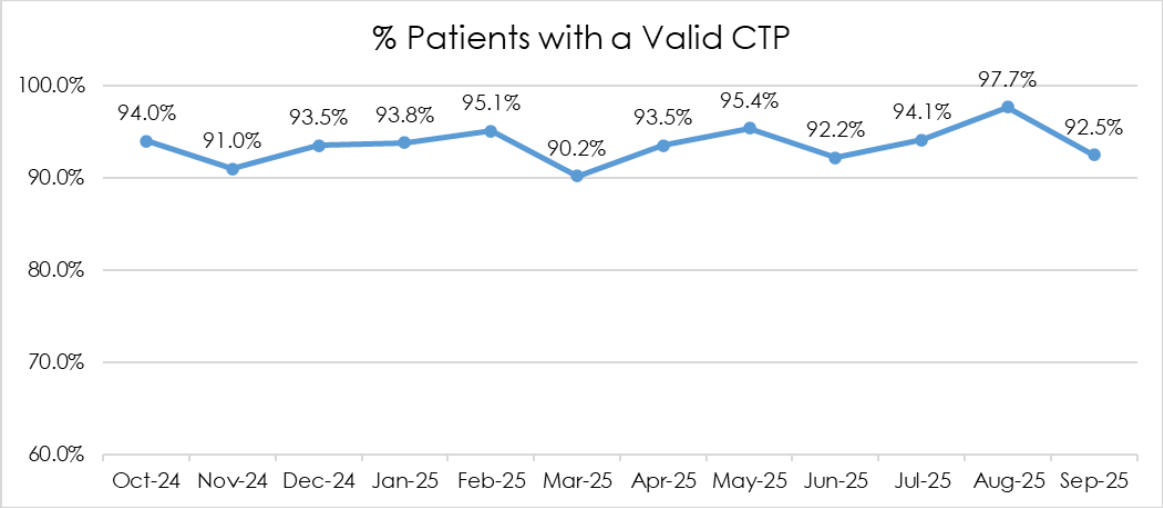
· Monitoring of improvement from November 2025 through Directorate performance reviews
· Further improvement plan opportunities to be developed in December to support sustainability
· Aim to meet standard by March 2025

<u>Part 2 – Care and Treatment Planning (Children & Young People)</u>

Compliance has been achieved and maintained above 90% for 12 consecutive months.

However, challenges remain with engagement from CYP due to the adult focus of the process and paperwork.

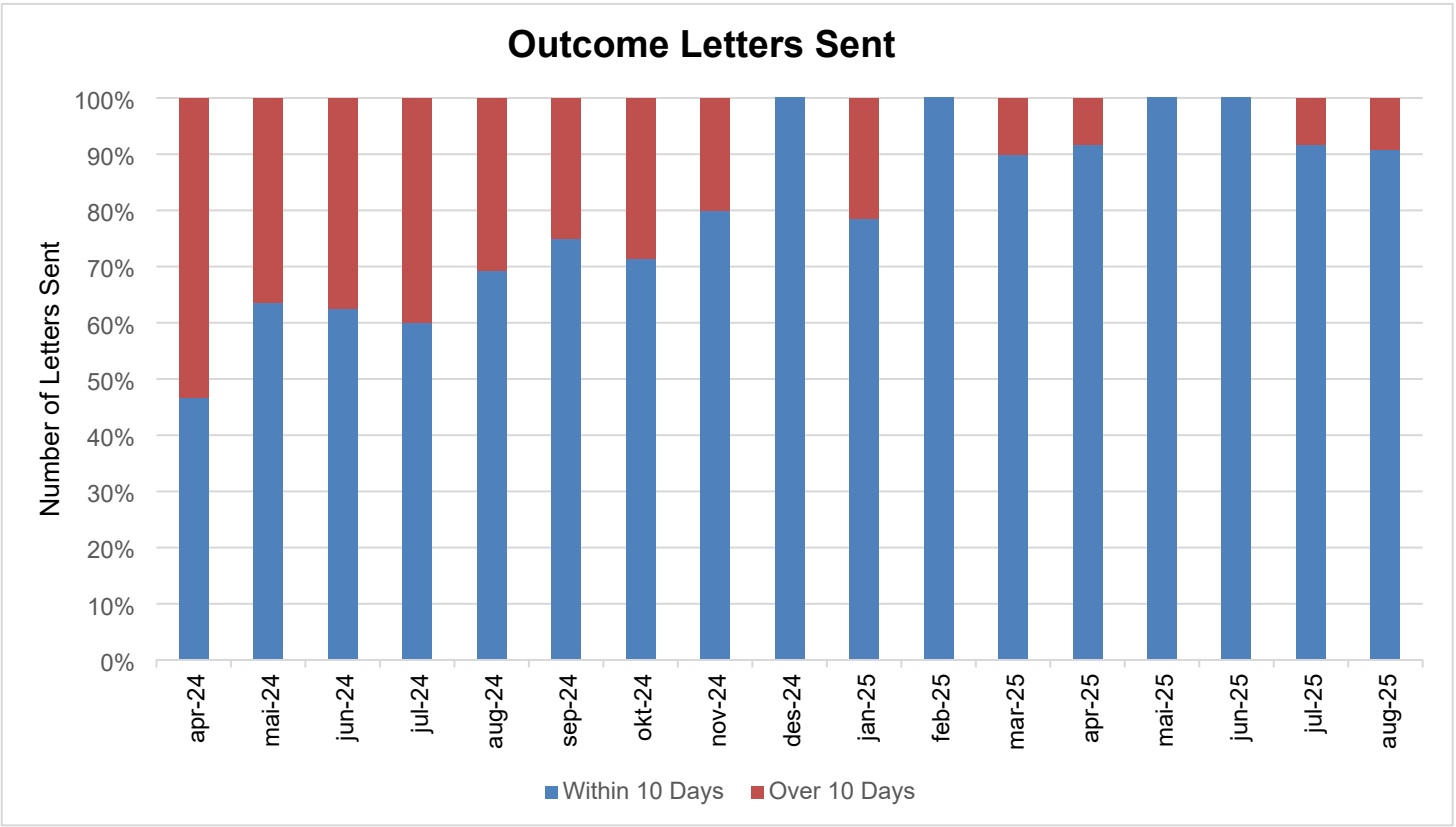
Graph 8:



<u>Part 3 - Right to request an assessment by self–referral</u>.

Graph 9:

Compliance in ensuring that service users who have self-referred receive an outcome letter of their assessment within 10 working days has remained above 90% for the last 6 consecutive months



<u>Part 4 – Advocacy – standard to have access to an IMHA within 5 working days</u>

100% compliance.

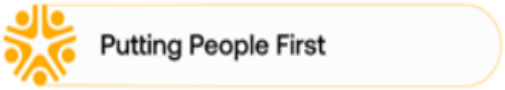
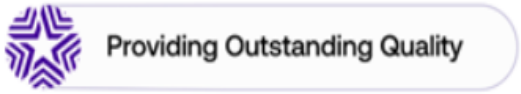
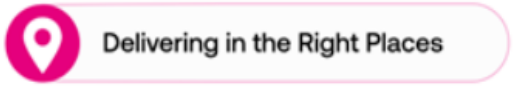
Conclusion

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

- **Part 1**: The number of individuals requesting assessments continues to rise, and the current funded establishment does not adequately meet the existing level of need.
- **Part 2:** Ongoing performance management, and the development of a recovery plan to improve compliance
- **Part 3:** Monthly performance management and implementation of process mapping.
- **Part 4:** Continues to be 100% compliant

The Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing: *https://shapingourfuturewellbeing.com/*			
1.  **Click the objective above to view more detail.**		 2. **Click the objective above to view more detail.**	
3.  **Click the objective above to view more detail.**		 4. **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes -		No –	X	n/a

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:

Mental Health Measure Monitoring Report

Director of Nursing, Mental Health Clinical Board

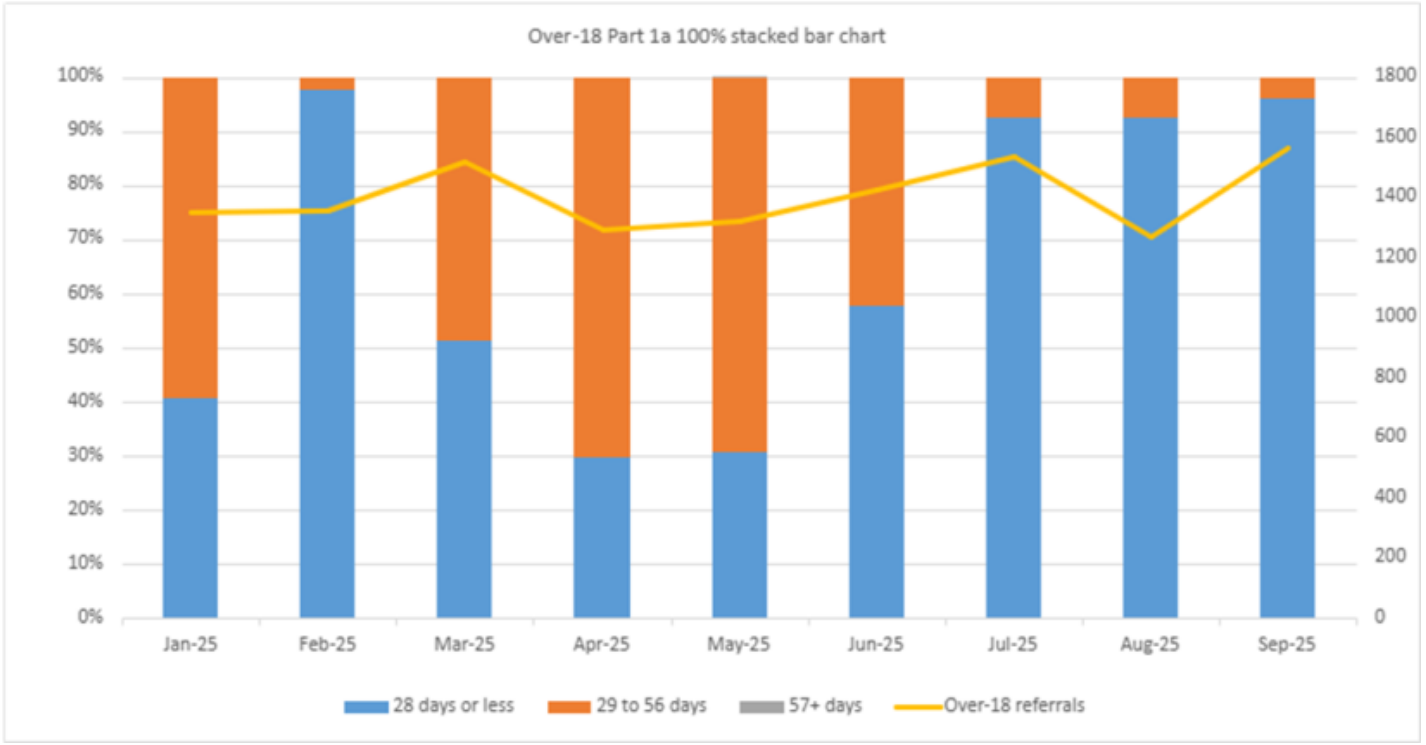
Background and Current Situation

The University Health Board's (UHB) performance concerning the Mental Health (Wales) Measure 2010 is reported to and monitored by the Welsh Government on a monthly basis.

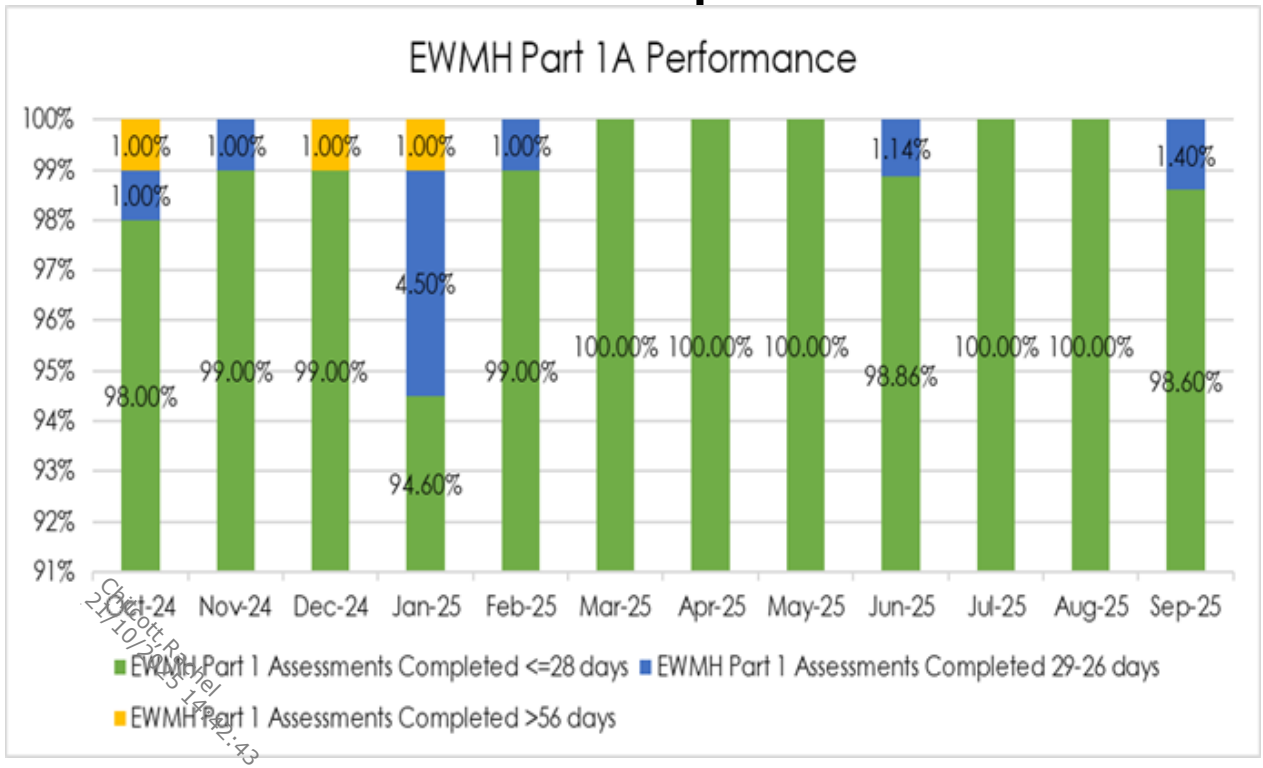
NHS Executives have resumed their 90-day cycle of mental health service reviews throughout Wales to evaluate performance against a range of mental health-specific targets.

Part 1a: Compliance with Adult Referral for Assessment

- **Target:** 80% assessed within 28 days
- **September 2025:** 95% compliance (third month above target)
- **Average wait:** 22 days
- **Referral growth:** July: +42%, August: +30%September: +40% (vs. previous year)
- **Action:** Extra bank shifts enabled 90 additional assessments
- **Challenge:** Rising referrals increasing pressure on capacity
- **Next step:** More bank assessments needed to maintain compliance



Part 1a Children & Young People Assessment Compliance



Target: 80% of referrals assessed within 28 days.

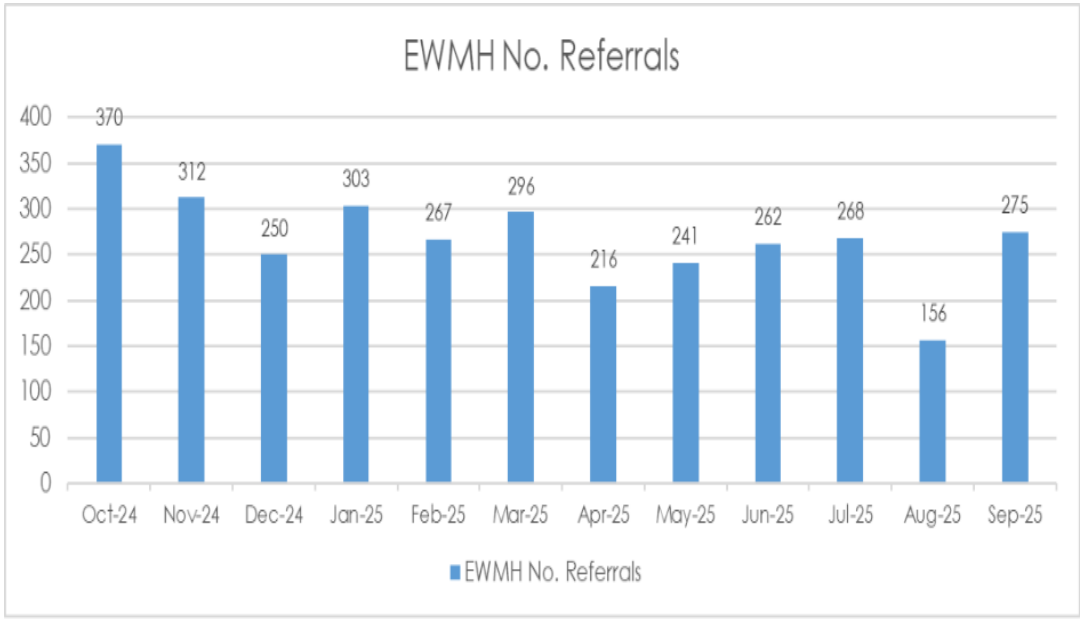
Current Performance: Compliance has been consistently maintained, with the average wait for assessment now at 20 days.

Service Capacity: The establishment of the Assessment Team has ensured sufficient capacity to meet ongoing demand.

Key Message: The service continues to meet the compliance target despite rising demand, demonstrating effective resource planning and sustained performance.

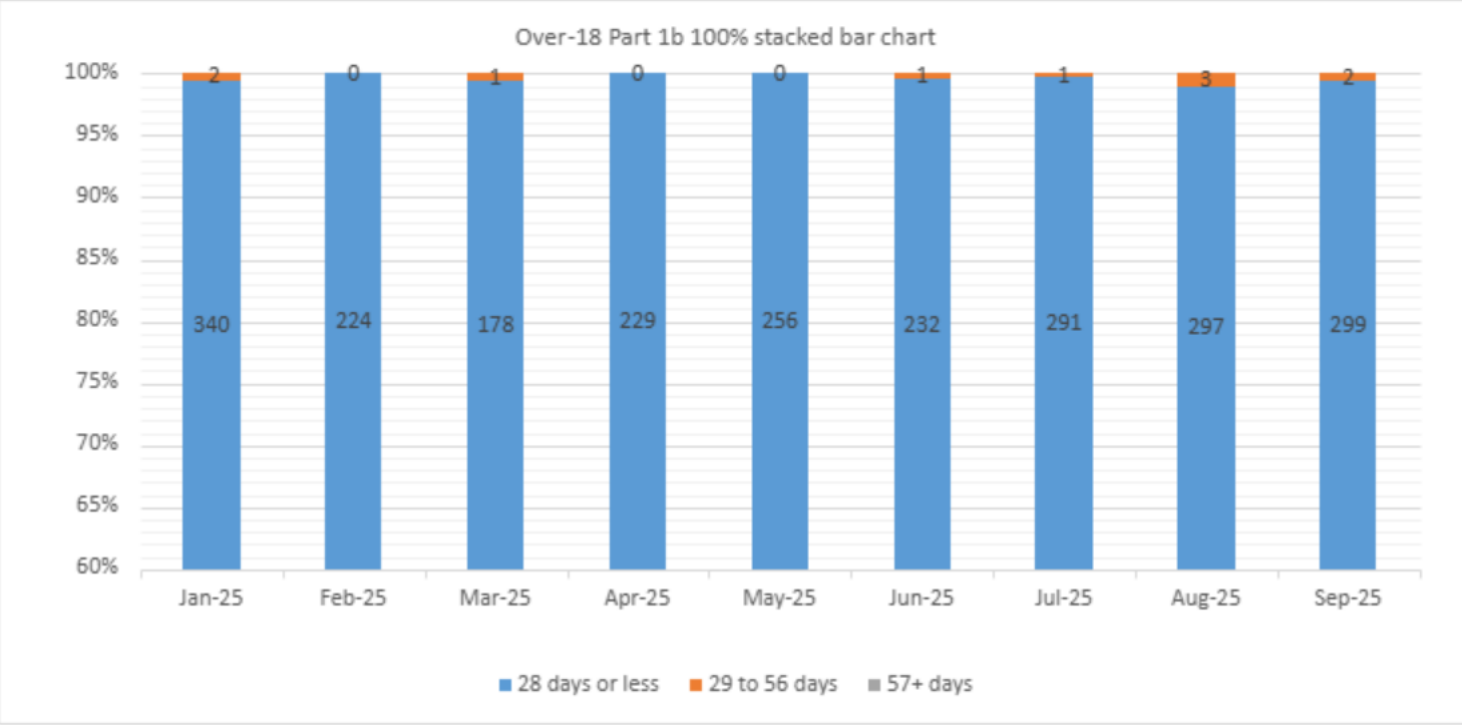
Referrals to service

In September, referrals to the service rose, reaching a six-month high with 275 referrals recorded.



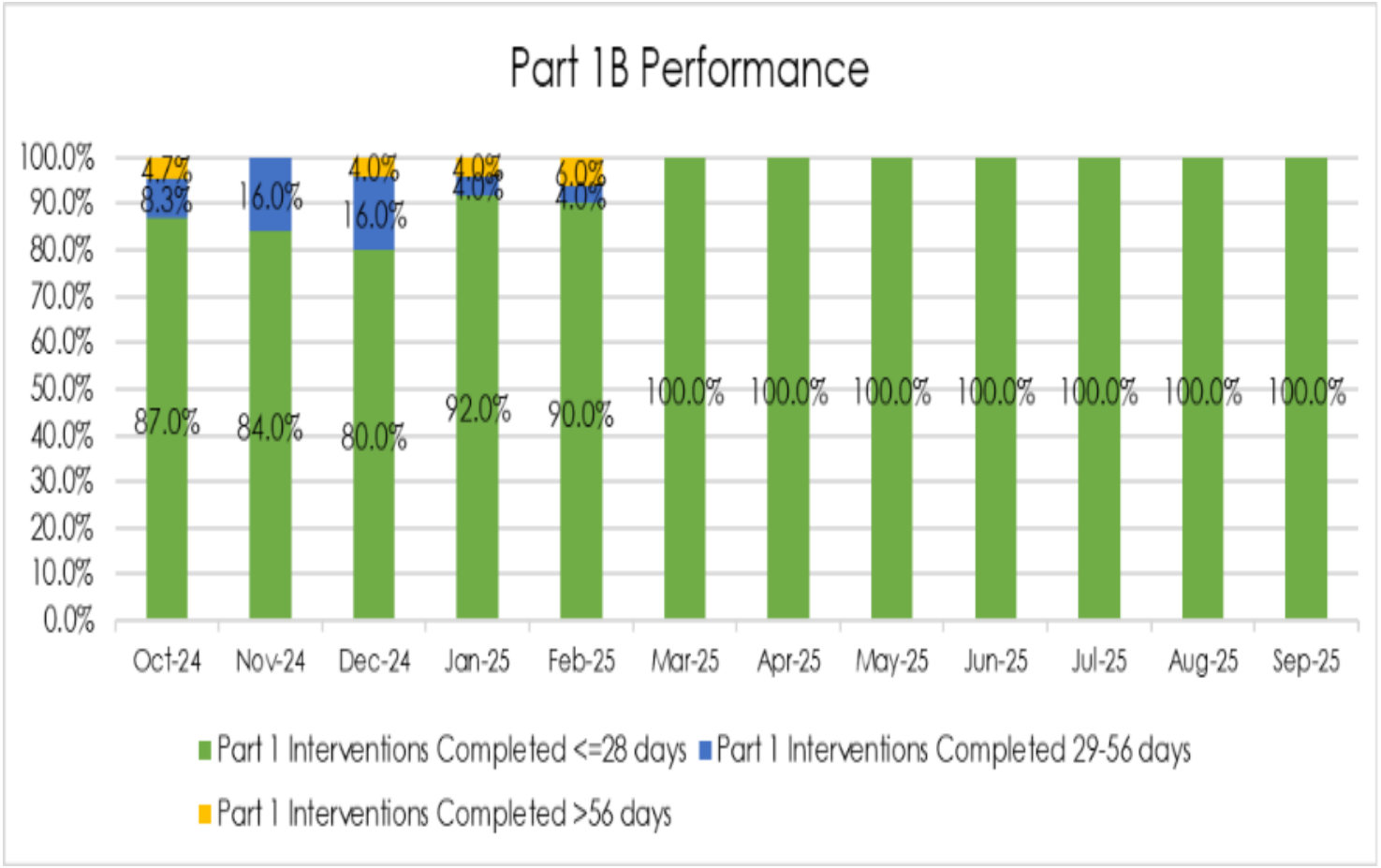
Part 1b Intervention Compliance (Children & Young People)

- Target remains compliant.
- PMHSS team delivers Matrics Cymru-compliant group interventions (Living Life to the Full, Behavioural Activation, ACT for Wellbeing, Stress Control).
- Group interventions are consistently delivered within target timeframes.



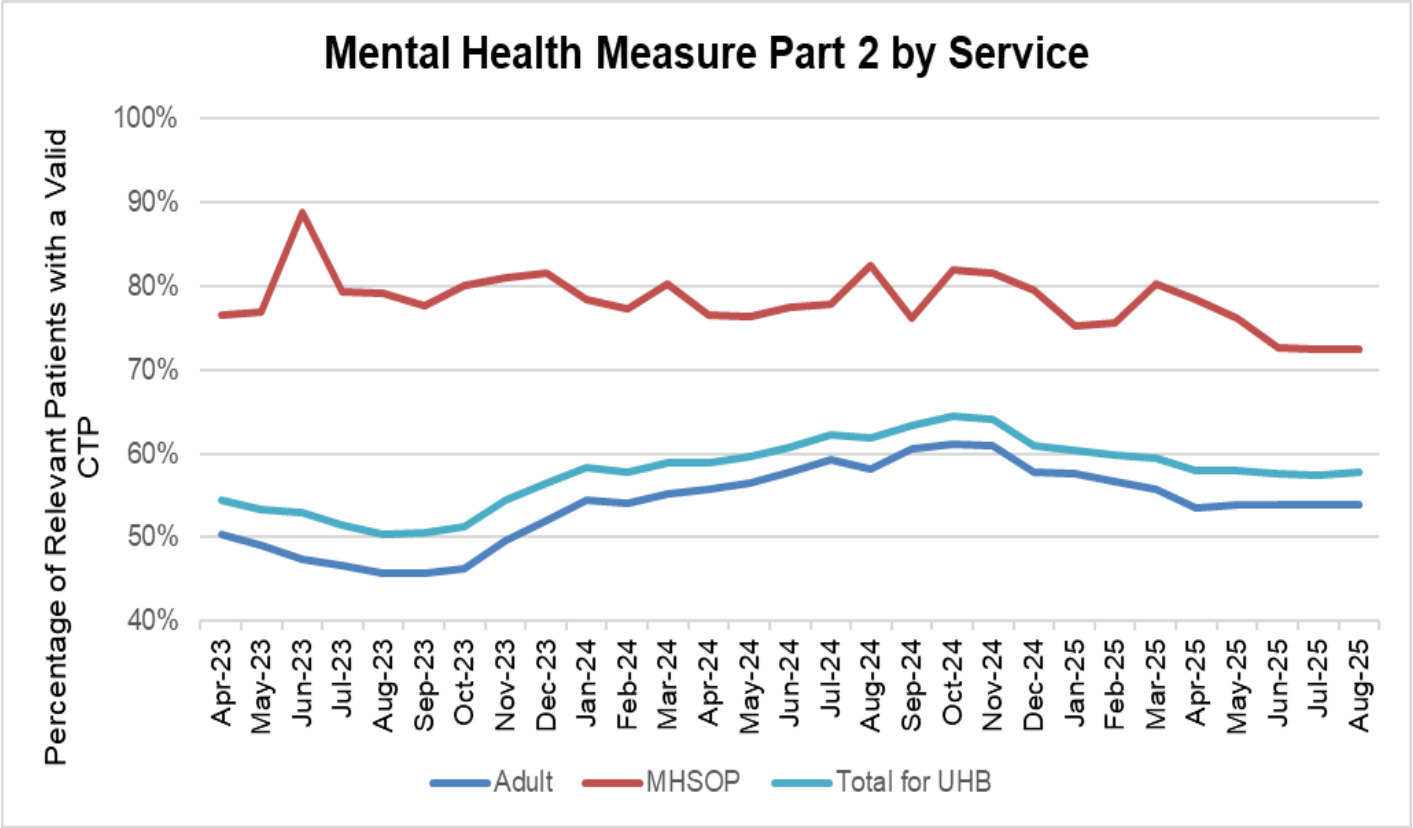
Part 1b – 28-day Assessment to Intervention Compliance (Children and Young people)

- The service set a compliance target of 80% for timely interventions.
- Achieved and maintained 100% compliance for seven consecutive months, demonstrating sustained high performance and effective service delivery.



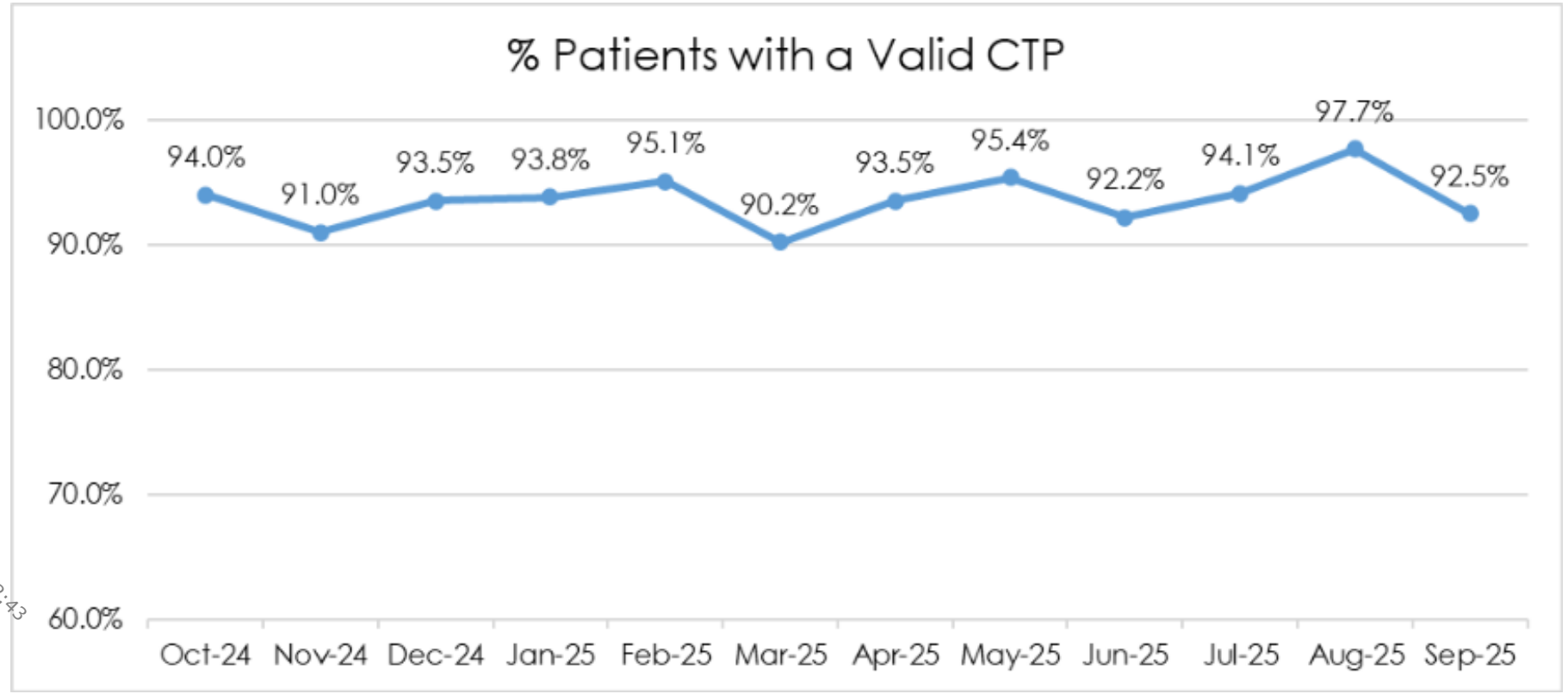
Part 2 Care and Treatment Planning (Adults)

- Below 90% compliance required
- CMHTs set team-level plans and trajectories
- Five-month improvement trajectory agreed with NHS P+I
- Recovery plan: sequential work with professions; shift care coordination as needed
- CMHTs to develop projects tailored to local needs
- Progress monitored from November; target 90% by March 2025



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

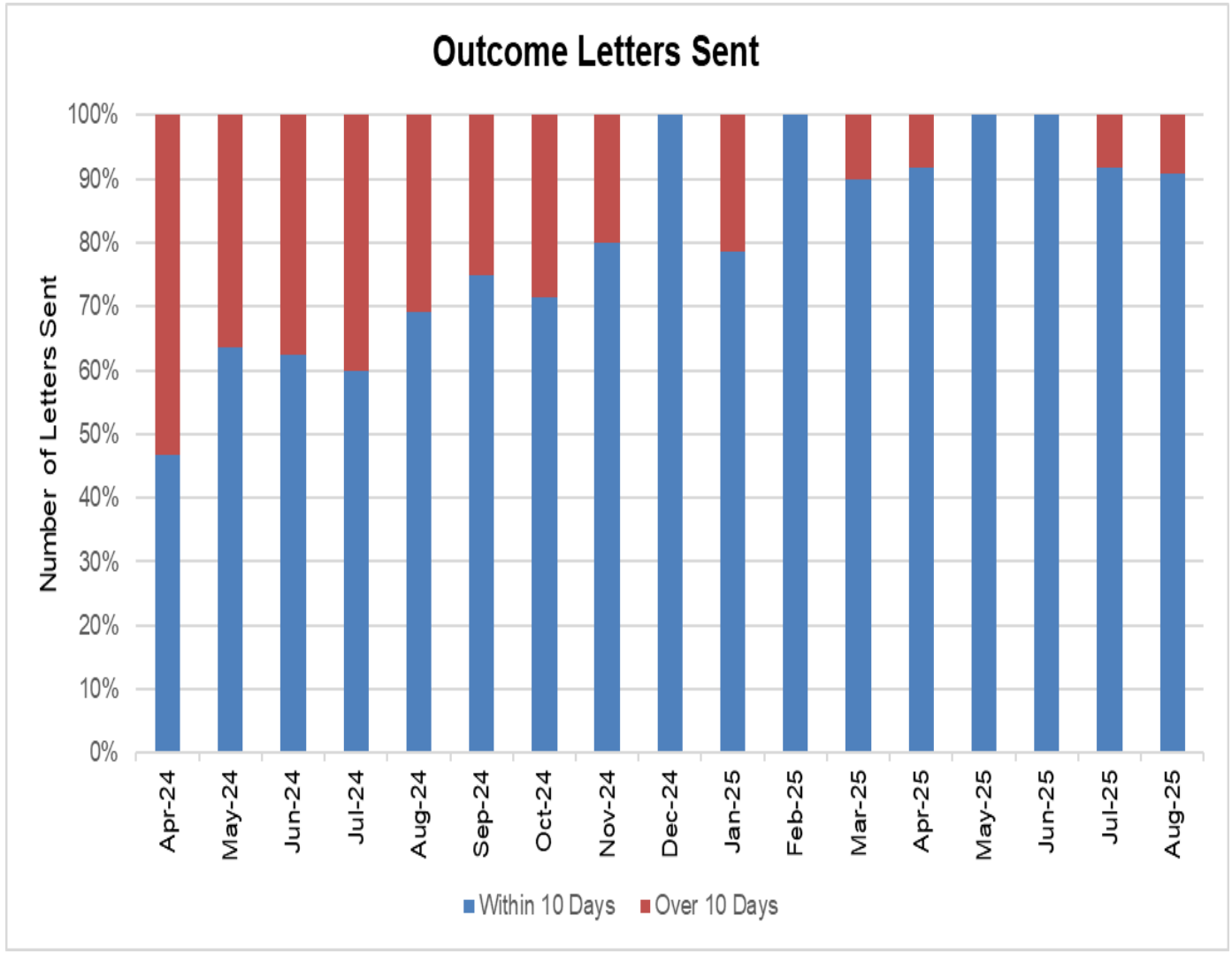
Compliance at target maintained for 12 months



Part 3 Self-Referral Assessment Outcomes

>90% of self-referral outcome letters sent within 10 working days for 6 months.

This sustained performance ensures timely communication, supports service user engagement, and promotes confidence in our assessment process



Part 4 Advocacy Access

Current Compliance: 100% compliance with access to Independent Mental Health Advocacy within five working days

Key Priorities – October 2025 Mental Health Measure Monitoring Report

Sustain	Deliver	Maintain
Sustain 28-day assessment targets for adults and children despite rising referrals, using additional capacity as needed.	Deliver the five-month improvement plan to achieve 90% compliance with adult Care and Treatment Plans by March 2025.	Maintain 100% advocacy access and over 90% timely self-referral outcomes as demand grows

Thank you for listening

For more information, please contact:

Tara.Robinson@wales.nhs.uk

MINUTES OF THE MEETING OF THE MENTAL HEALTH ACT HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE HELD AT 15:00 ON 7th OCTOBER 2025 MENTAL HEALTH ACT OFFICE AND VIA TEAMS

Present
Amanda Morgan (AM) – Chair, PoD
Alex Nute (AN) – Vice Chair, PoD
Liz Singer (LS) - PoD member
Alan Parker (AP) - PoD member
Margaret Jones (MJ) – PoD member
John Copley (JC) – PoD member via Teams
David Seward (DS) – MHA Manager via Teams
Morgan Bellamy (MB) – Deputy MHA Manager via Teams
Bianca Lepore (BL) – Deputy MHA Manager
Mair Rawle (MR) - PoD member
Peter Kelly (PK) – PoD member via Teams
Gerrie Hughes (GH) – PoD member
Mike Lewis (ML) - PoD member
Rashpal Singh (RS) – PoD member
Sharon Dixon (SD) – PoD member

Apologies for absence
Ceri Phillips - Vice Chair, Cardiff and Vale Health Board via Teams
Jeff Champney Smith - PoD member
Carol Thomas - PoD member

1. Welcome and Introductions
The meeting was held in the MHA office and via Teams and the Chair welcomed all to the meeting. There were no new members. It was explained that the agenda for the meeting has been reorganised.

2. Apologies
Apologies were received and noted.

For Information

3. Previous minutes and reporting:
AM provided the rationale for the reorganisation of the agenda and the group were informed that we will no longer go through each attachment in detail as the group should hopefully have had time to do this prior to the meeting. It is anticipated that this will leave more time for valuable discussion between members. DS informed the group that the most noticeable change in activity over the last quarter is the increase in the number of hospital managers hearings being arranged. This has tripled in volume. It was recognised that the number of postponed and adjourned hearings has increased- this has exacerbated the numbers. It was confirmed that the Mental Health Act Office staff have asked that the issue of postponed/ adjournments hearings be raised at the consultants meeting. It was noted that changes at last minute are detrimental to the patient, staff and various other stakeholders involved in hearings. It is hoped that a reminder will help see positive change.

The minutes of the previous meeting were agreed as correct at the time but since then there have been issues with saving formats which agreed would be noted in these

minutes. Some PoD members do appear to be having technical issues around the use of PDFs or ODFs for outcomes. It was agreed that this would be looked into to hopefully resolve these promptly. It was vocalised that the office now wishes to use PDFs.

4. **Comments/ Compliments from Power of Discharge Group: July- September**

Not discussed.

5. Matters Arising
Split decisions- The decision has been made that if a panel comes to a split decision, then the outcome for the service user will be not discharged. The follow up outcome letter to the service user will remind them of their rights to appeal. We will not be informing the service user the decision was a split one.

The contentious issue of WARRNS was discussed next. A prolonged discussion was held between several members about the potential pitfalls of not being provided with the WARRN. Members highlighted the difference in the expertise of the Tribunal panel and why perhaps they were more unhappy about the decision not to provide a WARRN than the Tribunal. The members were informed that consultants have been reminded to include risk assessments within the body of their report, but members remain unhappy about this decision. The group were informed that the decision has been made by the clinical board and has been benchmarked between other health boards. Members have asked for the decision to be looked at again.
Action – AM/AN/DS/MB/BL to discuss and feedback

Non-disclosure agreements were discussed. It was agreed that going forward non-disclosure requests will be looked over by the MHA management team and the Chair or Vice Chair of the PoD. A decision will be made about whether the request meets the relevant criteria. The criteria was explained to the members for their information. If the request doesn't meet the criteria, then the author will be informed of this and given the choice as to whether to include the information in the main body of the report or not include it in the report at all. The PoD members did question this system and were reassured that the system will be introduced to avoid any delays in hearings and have a consistent approach.

6. Operational Issues
DS made a request to PoD members to ensure they email the team on the non CJSM generic account for any non-urgent queries or cancellations regarding hearings or ring the office directly if an issue is more pressing. The group were informed that the majority of the department work part time and at different patterns and that the use of the generic account is being encouraged across the board.
ML highlighted a statement within the previous committee minutes that referenced a document that explains the interface between the use of DOLs or the MHA. DS confirmed that he would look into this and would disseminate it to the group if appropriate to do so.
Action – DS to looked into

<u>For Discussion</u>

7. Training
PoD members have shown interest in the following areas of training for the upcoming meetings:

Managing challenging conversations
Legal updates
Using interpreters
Process for transitioning from CAMHS
Forensic training

8. Themes for discussion:
The themes and outcomes from the appraisal process were discussed and it was noted that some discussions may be longer than others.

The matter of I.D badges was raised, and it was noted that new members won't be issued badges and that badge holders don't have a requirement to open the department without an MHA office staff member.

The format of the meeting was discussed, and it was noted that learning experiences should be discussed and shared.

The group were provided with health board laptops during Covid but unfortunately no log of who was given one was taken by a previous staff member. A discussion arose in relation to whether personal computers should be used for PoD work. It would appear that PoD members would have to give their personal computers back to the health board to destroy if they used them for PoD purposes. For this reason, the majority of members use the health board issued ones.
Action – BL to look into this and feedback

The health board is currently under significant financial pressure and is being asked to save money wherever possible. It has been suggested that in line with many other statutory meetings that the quarterly PoD meetings be held over teams rather than F2F. There will still be one face to face meeting per year and it is hoped that an away day/ training experience can be tagged onto the end of this. Several PoD members voiced their concerns regarding this change in location. There was concern that it may result in a lack of meaningful discussion and a lack of personal connection with one another. Members were reminded that this change only applies to their quarterly meetings, not patient hearings. It was eventually decided that the PoD group would need to follow the direction of travel of many other meetings and revert to a remote meeting the majority of the time. This will commence as of January 2026's meeting. It was agreed that tweaks to the way that PoD is formatted and presented to enable it to be as productive as possible.

The use of paper reviews was briefly discussed but no definitive decision can be made until the Code of Practice has been investigated in more detail. At present the suggestion is that the Code of Practice states every other review must be a full hearing. This would perhaps present extra logistical challenges to the MHA department. Feedback will be provided at the next meeting.
Action – DS to look into and feedback

PoD members were reminded to be kind and compassionate to each other and to check in on each other's welfare. Members were informed that if they felt they needed extra support, they can always contact either the Chair or Vice Chair or a member of the MHA management team.

Recruitment has been on the radar of the department for some time as our numbers of PoD members is decreasing. DS has agreed to investigate the process for recruiting new

staff and whether suggestions such as fixed term contracts could be implemented for both current and future PoD members. The job description and advert are going to be looked into to ensure they're still fit for purpose. We want to recruit people from as diverse a range of society as possible- this has thus far proved challenging. Reaching out to third sector organisations will be an assistance in this.
Action – BL to reach out to organisations
Action – DS to look into and feedback

A discussion was held in relation to whether an arbitrary age for stepping down from the PoD role should be implanted. It was broadly agreed that this wouldn't be correct stance for this group as there is valuable experience that needs to be maintained and utilised when recruiting new staff. It was agreed that there is a need to keep the group fresh and up to date and therefore that a more structured approach might help achieve this.
The appraisal process is recognised as needing review and this is a project that will be undertaken by the Chair, Vice Chair and MHA management team. The PoD members felt that having the Vice Chair of the health board attend some hearings and then have a meaningful insight into their reviews was helpful. DS noted that unfortunately there wasn't time in their scheduled to attend hearings.
It was agreed that if possible future meetings would be held over teams on a Thursday morning. This is on the caveat that other meetings can be rearranged too.

9. **Sharing experiences and best practices: To table for next meeting.**

10. Any other business:
It was noted that comments and compliments were not discussed this time, and this was of concern to those present. It was agreed that this is an important part of PoDs function and will be prioritised in future meetings.

11. Date of Future meetings
To be held on 13.01.26 at 10.00hrs over Teams.

Minutes of the Mental Health Legislation and Governance Group held at 10:00 on 9TH October via Microsoft Teams

Present

Julian Willett (JW)	(Chair) Transformation & Innovation Lead MHCB
Morgan Bellamy (MB)	Deputy Mental Health Act Manager
Amanda Morgan (AM)	Chair, Power of Discharge Group
Claire Thomas (CT)	South Wales Police Representative
Casey Keegans (CK)	Shift Coordinator Representative
Kath Lewis (KL)	Consultant Social Worker AMHP/DoLS
Matt Russell (MR)	Operations Manager MH, Cardiff LA
Sunni Webb (SW)	Service Manager, Inpatients & Rehab
Linda Woodley (LW)	Operational Manager MH, Vale of Glamorgan LA
Adele Watkins (AW)	Mental Health CNS, Acute Child Health
Samantha Kennedy (SK)	Integrated Team Manager MHSOP, Cardiff LA
Chloe Evans (CE)	Mental Capacity Act Project Lead
Marianne Seabright (MS)	Lead Nurse MHSOP and Neuropsychiatry
Ceri Lovell (CL)	CAMHS Representative
Gemma Lewis (GL)	Service Manager MH, Cardiff LA
Rebekah Vincent-Newson (RVN)	DoLS Team Lead
Noel Martinez Walsh (NMW)	Lead Social Worker- Vale of Glamorgan LA
Gemma Moeller (GM)	South Wales Police Representative
Alex Allegretto (AA)	ASC Representative

Apologies

David Seward (DS)	Mental Health Act Manager
Ceri Phillips	Vice Chair, Cardiff & Vale University Health Board
Arpita Chakrabarti	Clinical Director- MHSOP
Callista Hettiarachichi	CAMHS Consultant

1 Welcome and Introductions

The Chair welcomed everyone to the meeting.

2 Apologies for absence

Apologies were noted.

3 Minutes of meeting held on 31st July 2025

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

4 MHA Activity

It was confirmed that the main body of the MHA monitoring report will not be gone through in great detail as it is a long document and would likely take a big chunk of time. It was agreed that a more meaningful use of time was to go through the exception report for the previous quarter.

No fundamentally defective applications were made in the last quarter but there have been two fundamentally defective reports under Section 5(2) of the MHA. The rationale for these were explained to all those present. One use was defective due the person being subject to a different legal framework and the report having not been received by the hospital managers. The other use was defective as the individual was already being held under a Section 5(2).

This quarter has seen three detentions lapsing. It was explained that this isn't a positive reflection on the Health Board and the expectation is that we don't allow any lapses to occur. It was explained to those present that two of three lapses were outside of the realm of control of the MHA Department and were in relation to differences in opinion about the eligibility of patients to be detained under the MHA 1983. The other lapse was discussed in more detail and the steps following it were shared with the group. The group were informed that the error lay at the feet of both the MHA Department and the clinicians looking after the service user. A Datix has been raised.

The statistics in relation to the use of Section 136 were briefing discussed and it was noted that there have been no lapses of Section 136 this quarter. The amount of CAMHS Section 136s has broadly stayed the same.

The increase in the volume of nearest relatives requesting discharge was also highlighted. There doesn't appear to be any obvious cause for this, and we will continue to monitor this to attempt to recognise any trends. A graph was shared that benchmarked the number of discharge requests across Wales. Cardiff and Vale were recognised as being higher to the top of the numbers.

Awareness and training sessions continue to be facilitated across the board and the positive uptake of these was noted. Yearly refreshers for all shift coordinators are currently being undertaken and bespoke training is being facilitated wherever needed.

The reduction of ward audits in the last year was explained and it was noted that the volume of these should now increase. The group were informed what was audited and how we intend to keep track of this. Those present were informed that the following areas are checked by the MHA Department - consent to treatment and drug charts, section 17 leave, and the frequency of rights being read. Any concerns and anomalies are investigated further and will be resolved as a priority.

5 Matters for Action

Action log –

Split decisions at hospital managers hearings- this was sent to the lived experience team as suggested but no response has been received as of yet. The group were informed that the decision has been made that if a panel has a split decision, then the patient would remain liable to be detained. Further clarification will be provided to patients of their right to appeal.

Patients detained to A&E- to be tabled at next meeting.

The section 12 doctors survey was briefly highlighted, and it was explained that the results had been shared with TR who was not present at the meeting today. The survey hasn't been discussed in any other forums at present so no update can be provided. At a local authority level, it has been

discovered that the proposed trial of a Section 12 doctors app is now no longer available to us. The hope is that an alternative can be found.

The lack of SPRs at the end of the day issue appears to have now been discussed and resolved.

It was agreed that DS will add out of area beds to this meeting's agenda next time. It is currently unclear why this needs to added. This needs to be clarified. Some instances of the local authorities being asked to monitor patients in out of area beds was discussed. NMW has confirmed his concerns around this as he feels this should be managed by other strands of the directorate.

A meeting has been held in relation to the quality of REACT referrals and it is hoped that these will improve over time. A draft referral form has been considered but is not expected to be needed as of yet.

The process of referring people for MHA assessments in Cardiff is now centralised and this has been disseminated to all relevant parties.

WARRNS being provided to the Power of Discharge Group was discussed and it was noted that this is still an area of concern for the group. It has been agreed that this issue will be raised at quality of safety again. It was noted that our decision is in parallel with other organisations, e.g.- other Health Boards and the Mental Health Review Tribunal.

A new CAMHs pathway has now been agreed with all relevant staff members within CAMHS directorate. A small appendix will need to be added but other than that it ready to be shared and this will happen in due course.

Unfortunately, the group were informed that at present there is no psychiatric paediatrician who can act as Responsible Clinician if a young person is in need of detention. A risk assessment has been submitted at the highest level and discussions are ongoing in relation to how to support the team to come through this challenging period. A challenging assessment was briefly discussed and the ramifications of this lack of staff was highlighted. It is felt that contingency planning and clarification around pathways is needed. CL has agreed to share the requested information.

6 Feedback on operational issues and incidents

Locked doors - nothing to note, will roll over to next meeting. It was agreed that the matter does need to be progressed but that this will be within an alternative forum.

7 Feedback from other meetings:

No AMHP forum has been held since the last meeting. The move to a central booking system in Cardiff has proved a positive step forward on the whole. There are still problems identifying beds and this has resulted in people being assessed twice on a certain occasions. There have been occasions where people are left in potentially dangerous situations due to the lack of beds available in Hafan Y Coed at present. People being detained to out of area beds also has financial ramifications for our AMHP service in terms of paying for other authorities to carry out assessments or sending our AMHPs to various locations across the country. There is a hope that one of the historic wards within Hafan Y Coed will be opened back up.

The Vale Local Authority has highlighted the lack of crisis team involvement in MHA assessments. NMW also brought up the delays being caused by the slow issuing and coordination of 135 assessments. This is also an issue within the Cardiff LA.

Feedback from PoD includes problems around lack of communication between staff, inefficiencies and an increase in the number of postponements/ adjournments due to a lack of information. This will be raised at the consultants meeting by DS. There is a goal to recruit new PoD members in the near future.

The mental health police liaison meeting was well attended, and some good and thought-provoking conversations were held.

Advocacy Support Cymru reaffirmed the problems they are having regarding the postponement and adjournments of hospital managers hearings. There are also noted to have been an increase in the holistic volume of referrals. Advocates are still attending hospitals on a daily basis. Advocates have noticed compassionate and caring staff, and they would like this noted. It has been noted that there may need to be an arbitrary cut off for hearings to be postponed if reports aren't received. This will be discussed through the relevant channels.

There hasn't been a Tribunal meeting so nothing to feedback at present.

8 Power of Discharge Group comments, compliments and feedback

The main trends to come out of the comments and compliments was CTP's still being an issue. It was confirmed that comments and compliments only get escalated to quality and safety if there is a reason to do this.

9 External reviews

Nothing to note.

10 Interface MHA/MCA/DOLS

The guidance being written by CE and DS is still being ratified. The piece has been in the making for some time and there are many people waiting for its publication. It is hoped that statistics around the number of people being refused for DoLS can be collated. MS talked about the changes being seen as far as more older people on general wards being detained under the MHA rather than a DoLS (which would more likely have been the case in previous years) and the challenges this poses as far as discharge. It is felt a holistic approach is needed and trying to resolve this complex problem in isolation won't be possible. It has been agreed that these discussions are ongoing and are being raised in due course. It was noted that the PoD group would like to have a better understanding of the interface. They have requested training if possible.

11 Quality indicators and audit activities

Nothing to note.

12 Mental Health Act Reform

Nothing to note.

13 Any other business

Supreme Court Worcestershire v Swindon Judgment – KL and MR noted that with the new MH Bill it should clarify the issue around section 117 and hoping they will add around ordinary resident and the deeming principle in regard to patients being placed in other areas and re-detained, so the new area is then responsible.

The group were asked whether they can attend this meeting at 14.00hrs going forward. The consensus is that this is fine and therefore meetings will be at moved.

JW mentioned that there is an aim to possibly place a seclusion suite within the emergency assessment suite. This would be for Section 136 patients. He queried whether there were legal considerations around the use of a seclusion room for patients held on a 136 and it was agreed that this needs to be investigated thoroughly before any further decisions are made.

14 Date of future meetings

15th January 2026

Mental Health Legislation & Governance Group Action Log

Key:	Red: Outstanding	Amber: In progress	Green: Completed

ACTIONS FROM PREVIOUS MEETINGS

STATUS			
	Locked doors – do informal patients know their rights	Lead Nurse, Adult MH advised information leaflets are being created. Update at next meeting	**CF**
To be removed	~~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**
	S12 doctors survey	Survey results to be collated and shared with the group	**DS**
To be removed	~~SPRs not available for assessments towards the end of day shift~~	~~Julian to arrange a meeting with the Clinical Director and daytime/EDT AMHPs for Cardiff/Vale LA~~	~~**JW**~~
To be removed	~~OOA beds for discussion in MHLGG~~	~~Dave to add OOA beds as an agenda point going forward in MHLGG~~	~~**DS**~~
	S12 app	A meeting to be arranged to discuss the s12 app	**JW/LW**
To be removed	~~REACT referrals~~	~~A meeting to be arranged with REACT to discuss referral information~~	~~**LW**~~
To be removed	~~Cardiff LA new MHA assessment request process~~	~~Information on the new MHA assessment request process to be sent out~~	~~**KL**~~
Revised below	WARRNs in Hospital Managers hearings	A meeting to be arranged with PoD to discuss WARRNs	**MB/DS/AM/AN**
To be removed	~~CAMHs UHW pathway~~	~~New pathway to be sent out~~	~~**AW/KL**~~
	No cover for CAMHs on certain days	E-mail to be sent to KL to confirm the new temporary arrangements	**CH/KL**

ACTIONS FROM THIS MEETING – 9th October 2025

STATUS	SUBJECT	AGREED ACTION	ACTION BY
	WARRNs in Hospital Managers hearings	Issue to be taken to Q&S meeting again for further discussion	**MB/DS**
	CAMHS assessment/detention pathway	Any contingency planning and clarification around pathways to be shared with the group	**CL**
	Lack of information for Hospital Managers hearing	Issue to be taken to the consultants meeting and discussed	**DS**
	Hospital Managers hearing postponements	To be discussed whether a cut off period for postponements should be implemented	**DS/MB/BL/AM/AN**
	Change of meeting time	From April the meeting will be moved from 10:00 to 14:00	**DS**