

COFNODION Y CYFARFOD
PWYLLGOR SICRWYDD DEDDFWRIAETH IECHYD MEDDWL
HEB WEDI EU GYMERADWYO / UNAPPROVED
MINUTES OF THE
MENTAL HEALTH LEGISLATION COMMITTEE (MHLC)

Date and Time of Meeting:	10:30-12:00pm, Monday 1 December 2025
Venue:	Virtual meeting Via MS Teams

Present:	Ms Chantal Patel, Chair of MHLC Mr Iwan Thomas, Independent Member Ms Ann Murphy, Independent Member
In Attendance:	Liz Carroll, Service Director MH&LD Clinical Care Group Dr Warren Lloyd, Associate Medical Director & Clinical Director/Consultant Psychiatrist CAMHS Mrs Becky Temple-Purcell, Assistant Director of Nursing, Patient Safety, Quality and Experience MH&LD Ms Kay Isaacs, Assistant Service Director of MH&LD Ms Angie Darlington, West Wales Action for Mental Health Mrs Sarah Roberts, Mental Health Legislation Manager Mrs Lisa Bassett-Gravelle, Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service Ms Ruth Bourke, Mental Health Act Administration Lead Ms Jane Hitchings, Pembrokeshire Local Authority Ms Amanda Davies, Head of Service for Adult Mental Health Service Ms Kate Burton, Carmarthenshire Local Authority Ms Corinne Everett-Guy, Carmarthenshire Local Authority Ms Lydia Hayward, Service Manager Older Adult Community Mental Health Secretariat: Ms Manon Horscroft, Medical Business Manager/ Rota Manager MH&LD

MHLC (25) 35	Introductions and Apologies for Absence	Action
	Ms Chantal Patel introduced herself to the Committee and welcomed all attendees to the meeting. Members were informed that the meeting was quorate. The following apologies for absence were received: <ul style="list-style-type: none"> • Andrew Carruthers, Chief Operating Officer • Eleanor Marks, Vice Chair of HDUHB • Simon Thomas, Ceredigion Local Authority • Neil Mason, Head of Service Older Adult Mental Health • Supt Chris Neve, Dyfed-Powys Police 	

MHLC (25) 36	Declarations of Interests	Action
	No declarations of interest were made.	

MHLC (25) 37	Minutes of the meeting held on 2 September 2025	
	The minutes of the meeting held on 2 September 2025 were APPROVED as an accurate reflection of the meeting.	
	The Chair NOTED and APPROVED the minutes from the previous MHLC meeting held on the 2 September 2025 .	
MHLC (25) 38	Table of Actions from the meeting held on 2 September 2025	
	There were no outstanding actions to review from the previous meeting.	
	The Committee RECEIVED and NOTED the MHLC Table of Actions.	
MHLC (25) 39	Mental Health Legislation Scrutiny Terms of Reference	
	The Mental Health Legislation Committee reviewed the Terms of Reference for the Mental Health Legislation Scrutiny Group.	
	Mrs Rebecca Temple-Purcell confirmed that members were happy with the Terms of Reference as they stand but noted ongoing discussions regarding future chairing arrangements, as the current Chair, Ms Kay Isaacs, will be leaving in April. Mrs temple-Purcell advised that while there is time to resolve this, the Terms of Reference may need to be reviewed in a few months to reflect any changes in chairing responsibilities.	
	MS Patel clarified whether the group was required to approve or recommend the Terms of Reference to the Board, and members agreed to recommend approval. It was noted that a future review may be necessary once chairing arrangements are confirmed.	
	The Committee RECEIVED and APPROVED the Mental Health Legislation Scrutiny Terms of Reference.	
MHLC (25) 40	Mental Health Legislation Committee Annual Workplan 2026-2027	
	The Committee reviewed the annual work plan for the Mental Health Legislation Committee. Ms Patel noted that the work plan is a standardised document, and asked members if they were satisfied with its content. No concerns or amendments were raised, and members confirmed they were happy to approve the work plan as presented.	
	The Committee RECEIVED and APPROVED the Mental Health Legislation Committee Annual Workplan 2026-2027.	
MHLC (25) 41	Power of Discharge Sub-committee	

	<p>The Power of Discharge Sub-Committee met on 7 August 2025. The group focused particularly on matters relating to Section 23 of the Mental Health Act, specifically the discharge of patients whether by hospital managers, responsible clinicians, or the Mental Health Review Tribunal.</p> <p>The group also discussed the appointment of new hospital managers, with three successful candidates recently recruited. These individuals are scheduled to undergo induction next week, facilitated by the relevant team. In addition, a process has been established for the appraisal of all current hospital managers, which is conducted on a three-yearly basis. Feedback from these appraisals, particularly around training needs, has been reported back to the Power of Discharge Group and will be incorporated into future agendas. Encouragingly, there has been a noted increase in applications to become hospital managers, reversing the declining trend observed since the COVID-19 pandemic.</p> <p>Ms Patel raised a query regarding whether the service captures information on instances where patients withdraw their right to request discharge from detention, particularly when this decision is influenced by the inability to provide escorted or unescorted leave due to capacity issues or lack of appropriate warrants.</p> <p>Ms Patel noted that this concern had been raised previously and questioned whether it falls within the remit of the Powers of Discharge Sub-Committee (PODSC). Mrs Sarah Roberts added that the PODSC receives data on the number of applications made and withdrawals, with supporting information provided by Ms Bourke. Mrs Roberts clarified that issues relating to Section 17 leave have not been raised in recent reporting periods, although all granted leave is monitored. Mrs Roberts also highlighted successful recruitment efforts for Associate Hospital Managers, noting strong candidates have been appointed.</p> <p>Ms Patel reiterated the importance of gathering this information, citing examples from panels where patients expressed that their expectation of discharge was impacted by delays in implementing escorted or unescorted leave due to capacity constraints. Ms Patel also referenced a case where multiple transfers between units disrupted continuity of care.</p>	
	<p>The Committee RECEIVED and NOTED the Power of Discharge Sub-committee.</p>	
<p>MHLC (25) 42</p>	<p>Mental Health Legislation Scrutiny Group</p>	
	<p>Ms Isaacs provided an update on the recent meeting of the Mental Health Legislation Scrutiny Group held on 13 November, noting good representation and constructive discussion.</p>	

One matter arising related to Section 117 aftercare, where concerns were raised about individuals being discharged from their Care and Treatment Plans while remaining subject to Section 117 responsibilities. This issue appears to be occurring primarily in Pembrokeshire. Following discussion, it was agreed that the medical leads and the local authority lead for Pembrokeshire will review the cases and report back at the next meeting.

Ms Isaacs also updated the group on the Section 136 options appraisal regarding the place of safety, confirming that the appraisal work is complete and a paper is scheduled to go to the Board, with governance issues being resolved to enable submission by January or March at the latest.

In relation to the risk register, Ms Isaacs highlighted three legislative risks:

1. The temporary closure of the Section 136 suite, which will be addressed through the options appraisal.
2. Delays to hospital admission following Mental Health Act assessments due to bed availability.
3. Associated risks identified by local authority colleagues.

The group discussed the need for accurate data from local authorities to determine whether these risks remain valid.

Mrs Lisa Bassett-Gravelle provided an update on the risk relating to delayed admissions under the Mental Health Act due to bed capacity. She confirmed that following a review with the risk and assurance team, the risk has now been closed as all control measures are in place and there have been no recent reports of delayed admissions. Mrs Bassett-Gravelle noted that the risk can be reopened if demand exceeds capacity in the future. In response to a query from Ms Patel regarding contingency arrangements, she explained that an escalation process exists for requesting approval for out-of-area beds if required. Twice-daily bed conferences are held to monitor delayed discharges and ensure timely patient flow. Mrs Bassett-Gravelle also confirmed that data on waiting times for beds is captured within bed reports, enabling retrospective review of any delays.

Dr Warren Lloyd provided context regarding the challenges faced by the Health Board in managing inpatient acuity and bed demand, noting that similar pressures exist across neighbouring Health Boards, many of which have significant numbers of patients placed in out-of-area beds. Dr Lloyd acknowledged that while escalation plans allow for out-of-area placements when local beds cannot be identified, this is not the preferred option due to several factors: variable quality of care in external settings, the impact on patients being far from family, and significant cost implications, as these placements must be funded from operational budgets without additional resources. Dr Lloyd highlighted that these challenges

affect patient care, continuity, and reintegration into the local community, as well as financial sustainability, and are therefore recorded on the risk register and addressed through Clinical Care Group priorities and debt recovery forums. He emphasised the collaborative approach being taken, including twice-daily multi-agency patient flow meetings and a forthcoming multi-stakeholder workshop to explore system-wide solutions for both pre-admission delays and discharge challenges. Dr Lloyd confirmed that every decision is made in the best interest of patients and reiterated the aim to avoid out-of-area placements wherever possible.

In response to the Chair's query on whether this should be escalated to the Board under the "Alert, Advise, Assure" framework, Dr Lloyd advised that the issue has already been identified as a key priority within the Clinical Care Group annual plan and suggested that it remains a significant risk that should be highlighted to the Board.

Mrs Temple-Purcell noted that while the matter is being monitored through Clinical Care Group governance structures and integrated governance meetings, the associated risk has recently been closed on the risk register following review and mitigation measures. She suggested that escalation at this point may feel inconsistent but acknowledged that the risk remains dynamic and could be flagged in future if circumstances change. Ms Isaacs added that, despite the risk closure, local authority colleagues have been asked to continue providing data on any delays in admission following Mental Health Act assessments, and this will be monitored through the Scrutiny Group. Ms Patel invited views from Independent Members to determine whether further assurance or escalation is required.

Ms Ann Murphy expressed concern that, although the risk is currently closed, it should remain under regular review due to the potential impact on patients and the unplanned financial burden on the Mental Health team. Ms Murphy suggested maintaining this as a standing item on the work plan for regular updates, even if not recorded as an open risk. Ms Patel agreed and asked whether this could be incorporated into future agendas. Mrs Temple-Purcell proposed that the matter be monitored through the Mental Health Legislation Scrutiny Group and included in its report, given its operational nature.

Ms Isaacs then highlighted a third risk relating to staffing challenges within the Ceredigion Community Mental Health Team and Crisis Team, which had led to a temporary service change earlier in the year. Routine GP referrals were redirected to the 111 press 2 service from March, and the impact has been monitored throughout. Mrs Temple-Purcell confirmed that a paper was presented to the Board last week, which approved continued

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	<p>engagement across all three counties and retention of the current approach in Ceredigion pending a further paper in March. This risk is now aligned to the Quality and Safety Committee for ongoing monitoring.</p> <p>Ms Isaacs noted that performance issues linked to staffing challenges would be addressed later in the agenda under the Measure report. She also provided an update on quality assurance work, confirming that the audit process for Care and Treatment Plans has been significantly revised. The new audit cycle now includes the comprehensive assessment tool used at initial mental health assessments, quality of Care and Treatment Plans, compliance with risk assessments under the Wales Approved Risk Network, and record-keeping standards. The first audit cycle, covering adult and older adult Community Mental Health Teams, identified areas for improvement, and this will now be a standing item on the Scrutiny Group agenda.</p> <p>Ms Isaacs suggested formalising this into a written report for future committee meetings. Additionally, the group reviewed local authority reports and noted an increase in the use of Section 136, with individuals being taken to Bronglais Emergency Department. An action was agreed to investigate whether there was a clinical need for these ED attendances. The meeting concluded with confirmation that, in cases where no local beds are available, escalation processes include twice-daily bed conferences, exploring discharge options, and commissioning out-of-area beds if necessary, with daily contact maintained to repatriate patients as soon as possible.</p> <p>The Committee RECEIVED and NOTED the Mental Health Legislation Scrutiny Group.</p>	<p style="text-align: center;">KI</p>
<p>MHLC (25) 43</p>	<p>Mental Health Act Report</p>	
	<p>Mrs Roberts presented the Mental Health Act activity report for Quarter 2, noting that it had been an exceptionally busy period with an increase in the use of the Mental Health Act across nearly all sections.</p> <p>The report highlighted significant use of Section 136, including repeated detentions and instances where individuals were taken to emergency departments because the designated Section 136 place of safety was being used as a bed. This created operational challenges, including delays for AMHPs and police officers and issues with paperwork. Mrs Roberts confirmed that a decision was made in October to keep the Section 136 suite open exclusively for assessments, which has since improved handover times and overall efficiency. Tribunal and hospital manager activity was also higher than usual, which Mrs Roberts viewed positively as it reflects patients' awareness of their rights, though it has increased workload for clinicians and nursing staff in preparing reports and attending hearings. Mrs Roberts advised that the Section 117</p>	

	<p>policy was updated during the quarter and that amendments to the Section 136 policy, previously extended twice, will be addressed in the new year.</p> <p>Ms Angie Darlington welcomed the inclusion of additional data in the report, noting that it provides valuable insight into balancing system pressures with compassionate care. Ms Darlington highlighted the reduction in restraint use during Section 136 detentions as a positive indicator, reflecting efforts to avoid restraint unless necessary. Ms Darlington also observed that 22% of individuals detained under Section 136 had a care coordinator and 33% had a Care and Treatment Plan, which suggests that many cases involve people already known to secondary mental health services. This reinforces the importance of early intervention and relapse prevention within community pathways. Ms Darlington commended the team for collecting and presenting data that is not formally required, as it helps build a clearer picture of service pressures and outcomes.</p> <p>Mrs Roberts confirmed that this data will continue to be monitored locally and shared with police partners, as it is considered useful for improving practice. Mrs Temple-Purcell added that the report highlights the link between Mental Health Act activity and earlier discussions on community service risks, noting that pressures in community pathways can lead to increased use of the Act when early engagement is not possible. The Chair concluded that the committee was assured regarding governance systems and processes for Mental Health Act activity and confirmed members were content to receive the report.</p>	
	<p>The Committee RECEIVED and NOTED the Mental Health Act Report.</p>	
<p>MHLC (25) 44</p>	<p>Mental Health (Wales) Measure 2010 Report</p>	
	<p>Ms Amanda Davies presented the Measure report, noting that overall performance was positive and generated significant discussion at the meeting held on 13 November. For Part 1, both Adult Mental Health and CAMHS were fully compliant, reflecting recovery in performance. A slight dip was noted in Target B for CAMHS due to staffing challenges in Carmarthenshire, but recovery is underway and expected to improve by the next quarter.</p> <p>Part 2 performance was also strong, with most areas in the green, apart from a minor dip in Learning Disabilities linked to local authority staffing issues. Amanda highlighted that compliance in Adult Mental Health is supported by over-compliance in other areas, and the temporary pathway introduced in Ceredigion has enabled recovery, with compliance improving to 68% this month. The pathway is creating capacity within Community Mental Health Teams and reducing waiting times for assessments, which have improved from 42 days to 33 days. Ms Davies confirmed that the</p>	

	<p>new pathway through 111 Option 2 is helping patients access support more quickly and freeing up CMHT capacity for urgent cases.</p> <p>Ms Davies noted a discrepancy in data between new and existing patients, which balanced out overall. For Part 3, Adult Services remain non-compliant regarding issuing letters within 10 days, although letters are being sent within 11–12 days. Monitoring has been strengthened, and compliance is expected next quarter. Older Adult services are meeting targets. Advocacy remains at 100% for adults and older adults, and there were no CAMHS admissions this quarter. Additional data included 111 Option 2 call volumes, averaging around 1,500 per month, and 72-hour follow-up compliance for adults, which remains strong, with only one patient declining follow-up this month. Ms Davies emphasised that the new standards for follow-up were already being met prior to implementation, ensuring timely face-to-face contact post-discharge.</p> <p>Ms Darlington welcomed the comprehensive report and noted the relevance of 111 Option 2 data to whole-system planning. She queried the apparent absence of handovers from 111 to CMHT in the September data, which seemed unusual given the volume of calls. Ms Davies acknowledged this as an error and confirmed that handovers do occur regularly, often daily, and committed to amending the data accordingly. Ms Davies reiterated that engagement work with GPs will help reduce delays by promoting the use of 111 Option 2 for quicker access.</p>	
	The Committee RECEIVED and NOTED the Mental Health (Wales) Measure 2010 Report.	
MHLC (25) 45	Risk Register	
	<p>Mrs Temple-Purcell provided an update on the risk register, confirming that the key risks discussed earlier in the meeting were reflected in the report, although the register has since been updated. Mrs Temple-Purcell noted that one risk relating to the Ceredigion pathway has been realigned to the Quality and Safety Committee for ongoing monitoring. The risk concerning delays in admission for individuals with medical recommendations has been reassessed and closed following mitigation measures. The remaining active risk relates to the Section 136 place of safety in Ceredigion, which continues to be monitored, with mitigating actions in place and the risk score remaining stable.</p>	
	The Committee RECEIVED and ASSURED the Risk Register update.	

MHLC (25) 46	Annual Work Plan 2025-2026	
	For information only.	
MHLC (25) 47	Schedule of Meetings 2025-2026	

	For information only.	
MHLC (25) 48	Schedule of Meetings 2026-2027	
	For information only.	

MHLC (25) 49	Any Other Business	
	<p>Mrs Temple-Purcell informed the committee that since the last meeting in September, an unannounced inspection had taken place at Cwmseren, which includes the Psychiatric Intensive Care Unit (PICU) and low secure units. Verbal feedback has been received, and the written report is awaited, after which the Health Board will review and provide factual accuracy comments.</p> <p>Additionally, a planned joint assurance visit was undertaken in Carmarthenshire by Healthcare Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW), focusing on community care provision for individuals with learning disabilities. Mrs Temple-Purcell highlighted that both inspections provided very positive feedback regarding Mental Health Act administration, with no issues identified in documentation or compliance. Mrs Temple-Purcell expressed thanks to Mrs Roberts, Ms Bourke, and the Mental Health Act administration team for maintaining high standards of operational practice.</p> <p>Mrs Temple-Purcell informed the committee that this would be Miss Manon Horscroft's last meeting supporting the committee, as she has transitioned into a new role within MHL D. Mrs Temple-Purcell expressed appreciation for Miss Horscroft contribution and confirmed that future administrative support will be provided by Committee Services, ensuring consistency and equitable support across committees. Members joined in thanking Miss Horscroft for her positive impact she has had on the committee's work.</p>	

MHLC (25) 50	Matters for Escalation to Board	
	<p>Alert: The Mental Health Legislation Committee had no matters of which to alert the Board.</p> <p>Advise: The Mental Health Legislation Committee had no matters of which to advise the Board.</p> <p>Assure:</p> <ul style="list-style-type: none"> The Committee received the quarterly update from the Power of Discharge Sub-Committee, summarising key discussions from the meeting held on 7 August 2025. Key discussions included concerns around capacity assessments, increased applications to hospital managers, 	

	<p>and the absence of discharges over the past year. The Committee also reviewed the annual report, discussed lay member appraisals, discharge planning, and identified training needs.</p> <ul style="list-style-type: none"> • The Committee received an update from the Mental Health Legislation Scrutiny Group, confirming constructive discussion and good representation, including local authority and voluntary sector partners. • The Committee received the Mental Health Act Report, providing assurance that delegated responsibilities under the Mental Health Act 1983 are being correctly applied across the Health Board area. • The Committee received the Mental Health (Wales) Measure 2010 Report, confirming compliance with the four parts of the Measure and highlighting performance trends. <p>Review of Risks: The Mental Health Legislation Committee reviewed the Three corporate risks which are aligned to it. As part of its review, the Committee considered the status of each risk and the current score of each risk.</p>	
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MHLC (25) 51	Date, Time and Venue of Next Meeting	
	The next meeting of the Mental Health Legislation Committee will be held on Tuesday 3 rd March 2026. This may be in person and via MS Teams from 10:30am- 12:00pm. The venue for the in-person meeting will be notified nearer to the date of the meeting.	