



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **03/03/2026**
Time **10:30 - 12:00**
Location **Microsoft Teams Meeting**

Mental Health Legislation Committee- Virtual Only

HDD_Mental Health Legislation Committee

NHS Wales

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1 - Governance

1.1

5 Mins

1.1 - Welcome and Apologies

***Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)***

- Greetings
- Note meeting apologies

| For information

1.2

2 Mins

1.2 - Declaration of Interests

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)*

| For information

1.3

5 Mins

1.3 - Minutes of the meeting held 1 December 2025

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member)*

| For information

Attachments

[003. Minutes of the meeting held on 1 December 2025.pdf](#)



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

**KI,
SRo**

	<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>	KI
	<p>The Committee RECEIVED and NOTED the Mental Health Legislation Scrutiny Group.</p>	
MHLC (25) 43	Mental Health Act Report	
	<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.	

1.4

5 Mins

1.4 - Table of Actions from the meeting held on 1 December 2025

Chantal Patel (Hywel Dda UHB - Independent Board Member)

Attachments

[MHLIC Table of Actions from the meeting held on 1 December 2025.pdf](#)

TABLE OF ACTIONS FROM
MENTAL HEALTH LEGISLATION COMMITTEE
HELD ON 1 DECEMBER 2025

1 December 2025				
MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
MHLC (25) 42	<p>Mental Health Legislation Scrutiny Group:</p> <p>01. While escalation was considered unnecessary at this stage in respect to Delays to hospital admission following Mental Health Act assessments due to bed availability, members acknowledged the risk remains dynamic and could re-emerge if circumstances change. Local authority colleagues will continue providing data on admission delays, which will be monitored through the Mental Health Legislation Scrutiny Group.</p>	<p>KI, SRO</p>	<p>March 2026</p>	<p>Complete: This was discussed at the meeting on 12th February and is not currently a continuing issue. It will continue to be monitored through the Local Authority reports that are provided quarterly to the scrutiny group.</p>
	<p>02. The group reviewed local authority reports and noted an increase in the use of Section 136, with individuals being taken to Bronlais Emergency Department. An action was agreed to</p>	<p>KI</p>	<p>March 2026</p>	<p>Complete: The MHA report covers Section 136 and where the patients are brought to. Information is provided to Scrutiny Group on how many patients are going to Emergency Departments (ED's) across the Health Board and whether there was a physical or clinical</p>



	investigate whether there was a clinical need for these ED attendances.			need. It was discussed at the Scrutiny meeting on 12 th February where there was a large reduction in the number of people brought to EDs. This will continue to be reported on via MHA report and if there are any future anomalies this will be highlighted and investigated.
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1.5

10 Mins

1.5 - Good Practice/ Patient Story- Verbal

Rebecca Temple-Purcell (Hywel Dda UHB - Assistant Director of Nursing, Patient Safety, Quality and Experience), Kay Isaacs (Hywel Dda UHB - Assistant Service Director-MHLD Clinical Care Group)

2 - Assurance and Risk

2.1

15 Mins

2.1 - Mental Health Act Report

Sarah Roberts
(Hywel Dda UHB -
Mental Health
Legislation Manager)

| For discussion

Attachments

[2.4 MHA Report and S117 TOR \(1\).pdf](#)

[ToR 117 Final Draft \(1\).pdf](#)



**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Act Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Sarah Roberts, Mental Health Legislation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

As part of the annual review of the Terms of Reference for the Mental Health Scrutiny Group (MHSG) it was agreed that an update report on the review of the Mental Health Act would be provided on a regular basis to both MHSG and the Mental Health Legislation Committee (MHLC) as it progresses.

Cefndir / Background

Following an independent review of the Mental Health Act which commenced in 2017 the Government published a draft Mental Health Act Bill in 2022. Following its passage through Parliament the Mental Health Act review gained Royal Assent on 18 December 2025.

Asesiad / Assessment

Additional requirements came into force on 18 February 2026:

- Section (S) 30(2) (Periods for tribunal applications - Deprivation of Liberty (DoL) Conditionally Discharged (CD) patients)
- S32 (References: restricted patients subject to deprivation of liberty conditions)
- S35 (Conditional discharge subject to deprivation of liberty conditions)
- S36(1) and (3)(b) (Transfers of prisoners and others to hospital: conditions - S48 transfer grounds)
- S38 (Transfer directions for persons detained in youth detention accommodation)

None of the initial provisions will have any impact on our Mental Health services, as there are no restricted patients who are subject to deprivation of liberty conditions within the Health Board's hospitals.

The remainder of provisions will come into force on dates to be set out in regulations.

There will be significant workforce, infrastructure and system flow implications. The timeline for implementation is expected to be up to 10 years with a staggered rollout commencing in 2027/28. This timeline is subject to change as new Codes of Practices for England and Wales need to be drafted and consulted upon which will be the first stage in the process.

Mental Health Review Tribunal for Wales (MHRTW) Membership Bill

The Welsh Government published the Mental Health Review Tribunal for Wales Membership Bill on 5 January 2026.

[Written Statement: Draft of Mental Health Review Tribunal for Wales \(Membership\) Bill \(5 January 2026\) | GOV.WALES](#)

If passed, this will correct a technical issue concerning the qualification of Medical Members of the MHRTW.

It was an issue brought to the Tribunal Presidents attention following their recent appointment and on which legal advice was sought. That advice confirmed that legislation introduced by Westminster Government in 2008 did not cover Wales, only England, in defining Medical Members of the Tribunal as not requiring a current licence to practice.

The Health Board has been advised that this does not affect the validity of patient's past decisions; but the matter should be clarified as soon as possible by Senedd legislation aligning Wales with the position in England. In the meantime, those Medical Members without a current licence to practice are not sitting on MHRTW Tribunal panels. This is expected to be a short-term restriction.

The Bill was introduced at the Senedd on 13 January 2026 and is currently at post Stage 4. It is expected that the draft Legislation will be passed in the next couple of weeks.

MHRT HEARINGS

The MHRT took the decision to move to MS Teams hearings with immediate effect in December 2025 without any consultation. They will only hold face to face hearings in exceptional circumstances. Since then, the Health Board has one MHRT hearing adjourned due to the patient requesting a face-to-face hearing.

SECTION 117 REVIEW

NHS performance and Improvement are currently undertaking a desktop review of Section 117 arrangements across Wales (Appendix 1). They are looking at policies, monitoring, training and any best practice. They met with Community Mental Health Team managers on 27 January 2026 to discuss practice in their areas. They will also meet with other relevant members of mental health services whilst undertaking their review. Their report will be provided when all Health Boards have been reviewed.

Argymhelliad / Recommendation

- The Committee is asked to **NOTE** the content of the Mental Health Act Update Report.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.8 Identified matters of risk relating to compliance with mental health legislation are being appropriately mitigated;
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	5 Mental health and CAHMS
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	The content of this policy is developed utilising expert advice, with reference to legislation and guidance documentation.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the policy
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	MH Scrutiny Group

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
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Ansawdd / Gofal Claf: Quality / Patient Care:	To support patients seeking advocacy support under the Independent Mental Health Advocacy service
Gweithlu: Workforce:	Direct legal responsibilities for staff associated with use of Mental Health Act
Risg: Risk:	The Health Board must have an up to date and accurate written policies to avoid risk
Cyfreithiol: Legal:	Mental Health Act 1983 Mental Health (Wales) Measure 2010
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Equality Impact Assessments undertaken in collaboration with Senior Equality and Diversity Officer.

Mental Health and Learning Disabilities - Section 117 Aftercare Oversight & Monitoring Arrangements Across Wales

Terms of Reference

Background

Section 117 of the MHA 1983 imposes a joint duty on local social services authorities and LHBs to provide after-care for certain categories of mentally disordered patients who have ceased to be detained and leave hospital.

The Mental Health Measure Code of Practice recommends that the requirements to review aftercare arrangements under section 117 and the statutory duty to review care and treatment plans are combined meaning that as a minimum there should be an annual review.

There are currently no national arrangements that provide monitoring or oversight of how Section 117 aftercare is delivered in Wales. Each health board and local authority manages its own registers and policies, leading to risk of significant variation in practice, governance, and audit arrangements across Wales. Recent reports from Healthcare Inspectorate Wales have highlighted issues in audit and governance oversight, and following initial engagement with some health boards suggests that problems identified in one area are likely to exist elsewhere.

On behalf of Welsh Government, the NHSWP&I Performance and Assurance team have been asked to provide an understanding of the oversight and monitoring arrangements for section 117 across Wales

Objective

- Understand how statutory duties under section 117 of the Mental Health Act are met.
- Identify current approaches to oversight and monitoring for Section 117 in Wales.
- Understand the arrangements for training and supervision for the staff who provide Section 117 aftercare.
- Highlight best practices, areas for improvement, and ways to enhance consistency across regions.

Scope

The focus will be on the monitoring and oversight for adults who are considered as eligible for Section 117 aftercare. All health boards in Wales will be included and with a focus on:

- Governance, accountability, and reporting structures.
- How often and how well reviews, audits, and feedback processes happen.
- What training is available for staff, how accessible it is, how often staff access it, and what they think.
- How people are involved in their aftercare planning and reviews.

Approach

The approaches used to understand the current provision and oversight of 117 aftercare will be:

- Document reviews of the processes, protocols, operational procedures and governance arrangements (including audits) in place to support the provision and monitoring of 117 aftercare
- Semi - structured interviews with relevant staff e.g. MHA administrators and senior operational and team leaders to understand how health boards monitor their section 117 responsibilities

Timescales

January -March 2026

Outcome

Following completion, localised and national reports will be produced that will include findings, key messages and recommendations. Reports will be provided to each health board and to Welsh Government.

Roles and Responsibilities:

NHS Wales Performance and Improvement, on behalf of Welsh Government will work collaboratively with health boards in line with the terms of reference. The nominated lead officer will be the Assistant director for MH and LD within NHS Performance and Assurance (P&A). The nominated lead officer will be responsible for the overall undertaking and reporting of the oversight assessment, including providing an evidence base to support findings and any recommendations.

The health board will nominate a lead executive and service group lead. The role of the nominated health board leads will be to provide update on progress and assist with coordinating any on site attendance by the assessment team. An important role of the health

board nominated leads is to ensure staff are aware of the oversight assessment and its purpose and to support any potential anxieties within services this may create

NHS Wales Performance and Improvement lead:

Dave Semmens – Assistant Director, Mental Health and Learning Disabilities, Performance and Assurance,

Lara Homan- Quality Performance Improvement Manager Mental Health and Learning Disabilities, Performance and Assurance.

Welsh Government lead:

Matt Downton- Deputy Director Mental Health, Substance Misuse and Vulnerable groups, Welsh Government.

Escalation

Identification of Significant Risk

If during any of the phases the assessment team identifies significant risk to staff or patient care, this will be escalated to the health board service group nominated lead. It is the responsibility of the health board lead to confirm the actions to be taken by the health board to address the identified risk or concern. Any significant risks or concerns identified will also be shared with Welsh Government

Escalation to the Executive Team

If there remains concern about the level of action taken, this will be escalated to the Executive Lead.

Escalation to an Appropriate External Agency

If the health board has not fully addressed the identified significant risk, this will result in escalation to the appropriate external agency.

The NHS Performance and Improvement will be working closely with the health boards and making recommendations for the purpose of further improving and developing the services. On signing this document, both the NHS Performance and Improvement and the health board are agreeing to proceed under the above terms of reference.

Health Board Executive Lead

Assistant Director, Mental Health & Learning Disabilities, NHSWP&I



Date: -----

Date: 25.11.202

DRAFT

2.2

10 Mins

2.2 - Risk Register

*Liz Carroll (Hywel
Dda UHB - Service
Director MH&LD
Clinical Care Group)*

Attachments

[MHLC Operational Risks - March 2026 FINAL.pdf](#)

[Appendix 1 -MHLC - Operational Risk - Feb 26.pdf](#)



Operational Risk Report

Mental Health Legislation Committee – 3rd March 2026

This report provides the Mental Health Legislation Committee (MHLC) with the current status of operational risks within its remit.

The Committee is asked to seek assurance from the risk leads that risks are being managed effectively.

Operational Risks

1

Risk Management - Overview



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

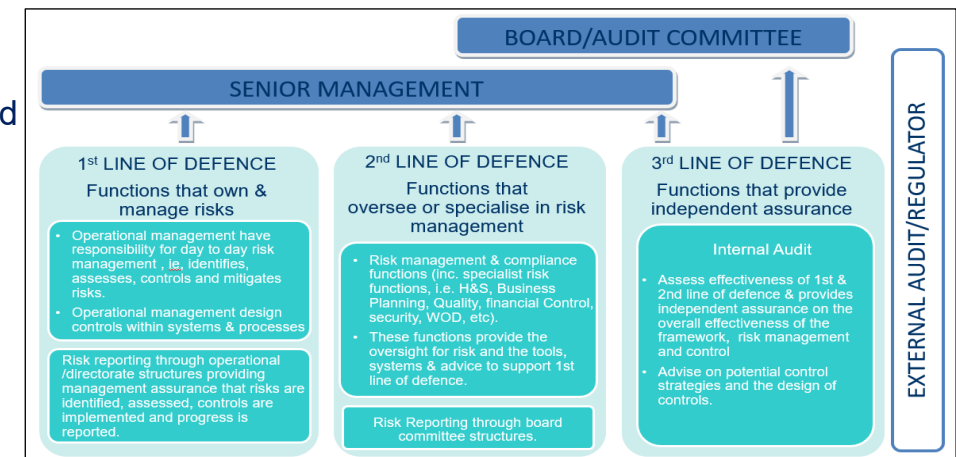
The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

All risks identified within the Datix Risk Module must be aligned to a formal Board Committee, Sub-Committee or Group who are responsible for the monitoring and scrutiny of risks which relate to their remit.

The Sub-Committee and Group structure is responsible for the monitoring and scrutiny of operational risks within their remit. They are responsible for:

- Scrutinising operational risks within their remit either through receiving the risk registers or through Service Reports
- Gaining assurance that risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented.
- Challenging pace of delivery of risk actions.
- Identifying through discussions, new and emerging risks and ensure these are assessed by those with the relevant responsibility.
- Providing assurance to its parent committee that risks are being managed effectively and report risks which have exceeded tolerance through its Sub-Committee/Group update report.
- Using risk registers to inform meeting agendas.



It is therefore essential that the membership of these sub-committees includes the appropriate representation and that they are in attendance to provide assurance and respond to queries.

Operational Risks assigned to MHLC



GIG
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NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

1 operational risk on Datix have been aligned to the Mental Health Legislation Committee (MHLC) which is within review date and have been identified as reportable to MHLC based on the following criteria:

- MHLC has been selected by the risk lead as the 'Local Management Group' on Datix;
- The current risk score is either equal to or exceeds the target risk score;
- Risks have been identified at operational level on Datix; and
- Risks have not been escalated to the Corporate Risk Register.

Total Number of Open Risks meeting criteria for reporting	1
New risks since last report to MHLC	0
Risks closed since last report to MHLC	1
Increase in risk score since last reported to MHLC ↑	0
Decrease in risk score since last reported to MHLC ↓	0
No change in risk score since last reported to MHLC →	1
EXTREME (RED) Risks (based on 'Current Risk Score')	0
HIGH (AMBER) Risks (based on 'Current Risk Score')	0
MODERATE (YELLOW) Risks (based on 'Current Risk Score')	1

The following slide summarises the operational risks aligned to MHLC. The Risk Register attached at Appendix 1, provides full detail of the reportable risk, including control measures in place and the risk action plan to further manage and mitigate the risk.

Risks closed since last report



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Rationale	Date Risk Closed
1857 - Risk of delayed admissions under the Mental Health Act due to patient flow and bed capacity	Mental Health and Learning Disabilities	Chief Operating Officer	As of 25 November 2025, the risk has been fully mitigated with controls in place and working, but may be re-opened and reviewed in the future should the risk re-occur as there is the potential that demand could outweigh capacity and delays could be possible for patients awaiting beds, at any time.	26/11/2025

Risks with no change in Current Risk Score



Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1781 – Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion count	Mental Health and Learning Disabilities	Chief Operating Officer	6 →	4	31/12/26	10/02/26

Rationale for Current Risk Score

Likelihood score given is 3 as it is always possible that an individual in Ceredigion will need to be detained on a Section 136. The current impact score given is 2 as minor intervention is sometimes required (i.e. moving an individual to a different county) with an increased length of time in care /delay in assessment being undertaken.

The risk of having no facility in Ceredigion is outweighed by the fact that the facility was unfit for purpose and a much higher risk in itself. Ongoing engagement within the Clinical Care group and wider stakeholders.

Rationale for Target Risk Score (TRS)

A paper is being drafted by the Assistant Director of Nursing which is to be presented to Public Board. The completion of this action will enable the target risk score to be achieved.

The Committee is requested to:

- **RECEIVE ASSURANCE** that identified controls are in place and working effectively; and
- **RECEIVE ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise; This in turn will enable the Mental Health Legislation Committee to provide the necessary assurances that the Health Board is managing these risks effectively.



DIOGEL | CYNALIADWY | HYGURCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Date expected to achieve target risk score	Detailed Risk Decision	Review date
1781	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHL: AMH Community services	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Davies, Amanda	28-Nov-23	<p>There is a risk of individuals (potential patients) in Ceredigion not being provided with a Community Section 136 facility in their county (i.e. allowing them be taken to a place of safety if police are concerned that the individual may have a mental disorder and for an assessment to be undertaken).</p> <p>This is caused by the temporary closure of the existing room at the community mental health centre in Aberystwyth due to environmental issues and staff capacity which were highlighted in a recent internal review of Hywel Dda Section 136 provisions by Estates/Health & Safety.</p> <p>This will lead to an impact/affect on being able to provide a place of safety within a timely manner which results in a delay to patient care and additional duress to individuals who may already be experiencing distress. Patients have to travel further as any Section 136 patients have to be redirected to the nearest hospital place of safety which is currently Bryngofal Ward in Llanelli.</p> <p>Risk location, Ceredigion.</p>	<p>Bryngofal ward is used as the nearest place of safety as an alternative. Clear consultation process in place between Dyfed Powys Police and designated manager in HB over 24 hour basis</p> <p>Out of Hours SOP in place</p> <p>Working groups regularly discuss Section 136: Legislation Scrutiny Group, Legislation Committee, Crisis Concordat Meeting (locally and national) and Police Joint Working groups in all 3 counties.</p>	Safety - Patient, Staff or Public	2	3	6	<p>Likelihood score given is 3 as it is always possible that an individual in Ceredigion will need to be detained on a Section 136. The current Impact score given is 2 as minor intervention is sometimes required (i.e. moving an individual to a different county) with an increased length of time in care/delay in assessment being undertaken.</p> <p>The risk of having no facility in Ceredigion is outweighed by the fact that the facility was unfit for purpose and a much higher risk in itself.</p> <p>Risk reviewed-ongoing engagement within the Clinical Care group and wider stakeholders.</p>	Engage with stakeholders and complete review which will generate further actions	Temple-Purcell, Rebecca	04/02/2025 10/08/2026	We are awaiting a paper required for the Public Board. At present, we are unable to progress this item any further until the paper has been received and reviewed.	Quality, Safety and Experience Committee	2	2	4	A paper is being drafted by the Assistant Director of Nursing which is to be presented to Public Board. The completion of this action will enable the target risk score to be achieved.	31-Dec-26	Treat	10-Feb-26

2.3

10 Mins

2.3 - Mental Health Legislation Scrutiny Group
Update

*Sarah Roberts
(Hywel Dda UHB -
Mental Health
Legislation Manager)*

Attachments

[MHLSG SBAR for MHLC Mar 26 \(1\).pdf](#)



**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Scrutiny Group Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Sarah Roberts, Mental Health Legislation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Mental Health Legislation Scrutiny Group (MHLSG) is a Group of the Mental Health Legislation Committee (MHLC).

The purpose of this paper is to present the MHLC an update from the MHLSG meeting held on 12 February 2026.

Cefndir / Background

The following papers are submitted as standing items on the MHLSG agenda in line with the principal duty of the scrutiny group as described within the Terms of Reference alongside any other relevant reports.

- Mental Health Act Use which includes a Specialist Child & Adolescent Mental Health Service (SCAMHS) report on admissions to the designated bed on Morlais Ward
- Mental Health Measure performance report
- Three County Local Authority Mental Health Act Data reports
- Quality Assurance and Practice Development – Care and Treatment Plan Audit

Papers are issued to members of the MHLSG seven days in advance of the meeting and members are expected to read all papers to allow for scrutiny and discussion in respect of information provided.

Asesiad / Assessment

The February 2026 meeting had good representation from all agencies, reports were shared ahead of the meeting to facilitate both discussion and scrutiny in respect of mental health legislation.

Additional actions agreed:

- Further discussion at Medical Staff Committee to understand the current use of short-term Community Treatment Orders as opposed to Section 17 leave.
- Section 15 rectifiable errors – to be discussed at the next Ward Managers Forum

S136 Review - Multi- Agency Options Appraisal Review update

The options appraisal has concluded, a proposal now required to be submitted to the Board seeking approval to undertake a wider programme of engagement with communities. This work is currently on hold due to local housing development actively taking place in close proximity to Cwm Seren. Executive colleagues are in ongoing discussions with partner agencies regarding this matter. Once clarification is provided by Executive colleagues, the work will be progressed.

Risk Register Update

There are two service risks on the Mental Health and Learning Disabilities (MH&LD) Clinical Care Group Risk Register relating to legislation.

- Temporary closure of the Community Place of Safety at Gorwelion, Aberystwyth.

This remains unchanged whilst the S136 Multi Agency Option's Appraisal progresses to a conclusion.

- Medical and nursing staff deficits in Gorwelion Community Mental Health Centre remain on the risk register.

This situation remains unchanged with no Approved Clinicians working within the Community Mental Health Team. A service change whereby routine GP referrals are advised to contact the Single Point of Contact Team 111#2 continues to be in place.

Mental Health (MH) Measure Report

The MH Measure Report which provides activity and performance data in respect of Wales Measure was shared prior to the MHLSG meeting. The report presented was very positive with the majority of data compliant with targets. This report was scrutinised and debated and the Mental Health Measure report on the Committee agenda will cover the salient points arising from this.

Independent Mental Health Advocacy (IMHA) Report

Referrals remained high to the IMHA service during the quarter. All key criteria were met where IMHAs met their targets of responding to referrals within 5 days. There was a decrease in Section 2 referrals. The IMHA service responded to issues that included access to services, hospital discharge, legal rights and accessing Section 17 leave. Feedback from patients in relation to the Mental Health Review Tribunal and their decision to return to Microsoft Teams only hearings was noted.

Mental Health Act Report

The Mental Health Act Report containing activity and performance data was shared prior to the MHLSG meeting. This report was scrutinised and debated and the Mental Health Act Report on the agenda will cover the salient points arising from this.

An increase was noted in the use of Community Treatment Orders for the quarter and information was provided to the group that a number seem to be used for short periods of time.

It was agreed that this would require further discussion at the next Medical Staff Committee meeting to understand the reasoning for this.

Section 4 emergency admissions were high which was attributed to the lack of Section 12 doctors.

An increased number of MHRT discharges and more challenges of detention criteria by MHRT panels was also discussed.

Section 136

There was a decrease in Section 136 attending A&E departments during Quarter 3, it was significantly lower than the previous quarter and attendance was for medical need as opposed to place of safety unavailability. It was noted that during the first part of February 2026 there had been a spike in Section 136s again and patients going to general hospitals which will be highlighted in the Quarter 4 report at the next meeting.

Local Authority Reports

Pembrokeshire:

Mental Health Act data was provided, it showed a slight increase in the number of assessments. Use of Section 136 increased due to one person repeatedly being placed on 136, no actions required.

Carmarthenshire:

There was a slight decrease in number of assessments during the quarter, compared to last year. One Adult Mental Health Practitioner (AMHP) is trialling hybrid working within the AMHP hub working 3 days from 11:00 – 20:30 which is working well. Most assessments are undertaken out of hours. The AMHPs reported that the assessment room within Glangwili Hospital A&E is not suitable when patients are being brought in by police. The rooms used are often repurposed spaces and not provide a safe or suitable environment.

Ceredigion:

Prior to the meeting, a report was distributed in which members reviewed full details of mental health act activity in Ceredigion.

Reduction in Section 2 and 3 and an increase in Section 4 due to Doctor unavailability. Concerns raised by AMHPs regarding the availability of Section 12 Doctors, with increased workload and limited staff capacity.

Miscellaneous

The Mental Health Act update, Mental Health Review Tribunal for Wales Membership Bill and the Section 117 aftercare desktop review are addressed in a separate paper submitted to this Committee.

Argymhelliad / Recommendation

The Committee is asked to **RECEIVE** the Mental Health Legislation Scrutiny Group Update.

Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.4.1 Report formally, regularly and on a timely basis to the Board on the Scrutiny Groups activity. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Scrutiny Group.
Rhestr Termiau: Glossary of Terms:	MHLSG – Mental Health Legislation Scrutiny Group MHLOG – Mental health Legislation Operational Group CWCDG – Clinical Written Control Document Group MH/LD – Mental Health / Learning Disabilities WCDG – Written Control Document Group WMF – Ward Managers Forum CRHT – Crisis Resolution Home Treatment QAPD – Quality Assurance Practice Development AMH – Adult Mental Health IMHA – Independent Mental Health Advocate SSWA – Social Services and Wellbeing Act MHA – Mental Health Act MHM – Mental Health Measure

	<p>DOL – Deprivation of Liberty HIW – Healthcare Inspectorate Wales CIW – Care Inspectorate Wales CHC – Community Health Council CTP – care and Treatment Plan CMHT – Community Mental Team CTLD – Community team Learning Disability OAMH – Older Adult Mental Health</p>
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:</p>	<p>MHLSG Mental Health Act Legislation Manager</p>

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.</p>
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>SBAR template in use for all relevant papers and reports.</p>
Gweithlu: Workforce:	<p>SBAR template in use for all relevant papers and reports.</p>
Risg: Risk:	<p>Risk of non-compliance with the 1983 Act and with the Welsh Government's Mental Health Act 1983 Code of Practice for Wales; the Mental Health (Wales) Measure 2010 Code of Practice; and with the Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance.</p> <p>Safety of patients</p> <p>Assurance – use of statutory mechanisms</p>
Cyfreithiol: Legal:	<p>Not Applicable.</p>

Enw Da: Reputational:	Not Applicable.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	Not Applicable.

2.4

10 Mins

2.4 - Hospital Power of Discharge Sub
Committee Update Report

*Ruth Bourke (Hywel
Dda UHB - Mental
Health Act
Administration Lead)*

Attachments

[Hospital Discharge Sub Committee \(3\).pdf](#)



**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	The Power of Discharge Sub Committee Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Ruth Bourke, Mental Health Act Administration Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of the report is to provide The Mental Health Legislation Committee with an update on the work undertaken by the Power of Discharge Sub Committee during its meeting on the 2 February 2026

Cefndir / Background

This report is presented to the Mental Health and Legislation Committee (MHLC) to provide assurance regarding the work undertaken by the Power of Discharge Sub Committee during the reporting quarter. Its purpose is to demonstrate that the Mental Health Act 1983 (the Act), as amended, is being applied appropriately, and that the broader operation of the Act within the Health Board's area is functioning as intended.

Hospital Managers have a statutory responsibility to ensure that patients are detained strictly in accordance with the provisions of the Act, and that their care and treatment fully comply with its requirements. They must also ensure that patients are properly informed of their statutory rights and are supported in exercising those rights. In fulfilling these duties, Hospital Managers must additionally ensure that all decisions relating to a patient's case are consistent with other relevant legislation, including the Mental Capacity Act 2005, the Human Rights Act 1998, and the Data Protection Act 1998.

Asesiad / Assessment

Members noted an increase in face-to-face hearings as well as applications for discharge from both patients and nearest relatives during this period.

Due to staffing levels in the Mental Health Act Department concerns were raised at the potential of hearings not being clerked and the additional responsibilities for panel members, it was acknowledged that Clerks play a vital role in ensuring that the correct procedure is

followed during hearings, the situation will be monitored and any concerns are to be raised with the Mental Health Act Team.

There have recently been new members appointed to attend Hospital Managers hearings, which will increase the number of Welsh speaking members.

There has recently been an inspection by Healthcare Inspectorate Wales (HIW), no formal report had been received at the time of the meeting however feedback received was positive.

Representation from the Independent Mental Health Advocacy (IMHA) services attended the meeting and confirmed that the service is in the process of recruiting new staff and they should be in post around February 2026, this has been due to a high workload in Pembrokeshire. It was also highlighted that there has been an increase in applications for discharge.

Argymhelliad / Recommendation

- The Committee is requested to note the update report

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 The UHB's responsibilities as Hospital Managers are being discharged effectively and lawfully;
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	The Mental Health Legislation Committee provides an assurance to the Board of the organisation's compliance with primary legislation in Wales including the Mental Health Act (1983), with the 2007 amendments, and the Mental Health (Wales) Measure 2010
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Outlined in report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	The Mental Health Legislation Scrutiny Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-compliance with the Mental Health Act could result in legal proceedings being brought against the Health Board who is the detaining authority
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a patient representative on the Mental Health Legislation Committee
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> . Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: Legal:	As outlined above
Enw Da: Reputational:	Mental Health Act media focus
Gyfrinachedd: Privacy:	As above

**Cydraddoldeb:
Equality:**

Not Applicable

2.5

10 Mins

2.5 - The Mental Health (Wales) Measure 2010
Performance Report

*Amanda Davies
(Hywel Dda UHB -
Head of Service,
Adult Mental Health)*

Attachments

[Mental Health \(Wales\) Measure 2010 Performance Report.pdf](#)

**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health (Wales) Measure 2010 Performance Report between October 2025 – December 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Amanda Davies, Head of Adult Mental Health Community

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present to the Mental Health Legislation Committee the Mental Health Performance Report in relation to the Mental Health (Wales) Measure 2010 between October 2025 – December 2025.

The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities clinical care group where related to mental health.

Cefndir / Background

The purpose of this Group is to allow senior managers and clinicians from Hywel Dda University Health Board, its partner agencies, and other stakeholders to scrutinise the University Health Board's (UHB) performance, to highlight areas of good practice, and any areas of concern that must be brought to the attention of the group. This paper summarises performance, and any actions that have been implemented, to ensure improvements in the identified areas.

Asesiad / Assessment

Part 1 – Local Primary Mental Health Support Services

Part 1 (a) – Target 1 – Compliance remains above the required target; There has been an increase in referrals across Carmarthenshire and Ceredigion teams along with a more complex patient profile which is increasing the time required to complete part 1(a) assessments.

Part 1 (b) – Target 2 – Compliance remains above the required target. Increase in referral numbers are limiting the number of available treatment sessions, with a prediction that compliance will decrease over the forthcoming months in key areas yet remain hopeful that the service will continue to achieve above the 80% compliance rates.

PART 1	Detail		Oct	Nov	Dec
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	97.8%	97.9%	92.1%
		CAMHS	89.7%	93.0%	98.6%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	100%	94.5%	96.4%
		CAMHS	81.8%	95.2%	98.1%

Part 2 – Care and Treatment Planning (CTP)

PART 2	Detail		Oct	Nov	Dec
Measure	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	Adult	93.2%	93.3%	92.7%
		OAMHS	96.5%	96.4%	94.5%
		LD	96.3%	98.7%	92.3%
		CAMHS	97.1%	91.9%	91.0%

Adult Mental Health

Although Adult service are compliant, North Ceredigion are still non-compliant currently but continue to make positive improvements to meet the target

Older Adult Mental Health Services (OAMH)

Overall OAMH Service's CTP completion has remained consistently above target during this quarter. There have been some challenges due to staff ill-health absences within Pembrokeshire CMHT and South Carmarthenshire CMHT with maternity leave absences, however overall, across the four teams, performance has been maintained.

Learning Disabilities (LD)

Compliant through this quarter

Specialist Children's Mental Health Services (S-CAMHS)

Compliant through this quarter

New to secondary Mental Health services under CTP	Oct	Nov	Dec
Adult	9	16	114
Older	28	32	19
CAMHS	2	2	1
LD	3	6	4

Discharged from secondary Mental Health services	Oct	Nov	Dec
Adult	27	18	4
Older	20	14	23
CAMHS	6	0	8
LD	6	7	5

Adult Mental Health

Over recent months, administrative challenges within one of the teams resulted in incomplete and inconsistent data entry, which affected the accuracy of activity reporting. In December, the support administrator undertook a comprehensive data quality review, ensuring that all individuals newly entering CTP were appropriately recorded. This correction activity has produced an artificial increase in the number of service users reported as new to secondary mental health services for that period.

As the data cleansing work continues, we anticipate a corresponding rise in reported discharges during January. This reflects the retrospective removal of cases that had been clinically discharged but not previously updated on the system. These actions form part of a broader effort to restore data integrity, and we expect reporting to stabilise once all historical inconsistencies have been addressed.

S-CAMHS

Compliant throughout quarter

Older Adult Mental Health Services OAMH

Across Q3, OAMH Services saw steady demand with a total of 79 new CTP cases and 57 discharges, resulting in a net caseload increase of 22. Activity was relatively stable in October and November, with new referrals rising slightly before dropping in December. Discharge activity followed the opposite pattern - lower in October and November, then increasing sharply in December.

This produced caseload growth early in the quarter, followed by a modest reduction in December, but not enough to offset the earlier rises. There was an overall sustained inflow, with December's higher discharge rate helping to rebalance pathway flow. Maintaining consistent discharge planning throughout the quarter helped the mid-quarter build-up and stabilised Acute Pathway flow as winter pressures advance, especially as some CMHTs had absences of Care Coordination capacity.

Part 3 – Self Referral to Secondary Care for Former Service Users

Adult Mental Health & Older Adult Mental Health Services OAMH

PART 3	Detail		Oct	Nov	Dec
Measure 1	Individuals are re-assessed in a timely manner; and a copy of a report to that individual is provided no later than 10 working days. (Total number of requests for re-assessment received) Target 100%	Adult	100%	100%	100%
		OAMHS	100%	100%	100%

	Oct	Nov	Dec
Average wait times in days for adult mental health	41	43	44

Detail	Oct	Nov	Dec
Amount of People who <u>have</u> self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health).	6	8	6
Amount of People who <u>could have</u> self-referred under Part 3 of the Mental Health Measure but were referred by a GP (in Adult Mental Health).	1	2	1

Part 4 – Independent Mental Health Advocacy – Local Targets only

Adult inpatient

IMHA Performance target consistently met throughout the quarter.

Older Adult inpatient

IMHA Performance target consistently met throughout the quarter.

S-CAMHS inpatient

IMHA Performance target consistently met throughout the quarter.

Detail		Oct	Nov	Dec
100% of hospitals to have arrangements in place to ensure advocacy is available to all qualifying patients – Percentage of qualifying compulsory / voluntary patients have been offered advocacy services in the	Adult	100%	100%	100%
	OAMHS	100%	100%	100%
	CAMHS	100%	100%	100%

**mental health services
(Target 100%)**

Detailed IMHA Report

Mental Health Ward	OCT	NOV	DEC
Bryngofal - Carms	21	41	36
Bryngolau - Carms	7	14	13
Low Secure Unit (LSU) - Carms	10	8	8
Psychiatric Intensive Care Unit (PICU) - Carms	18	17	14
Morlais - Carms	14	14	10
Rainbow Suite/CAMHS - Carms	0	0	0
St Caradog - Pembs	15	23	26
St Non - Pembs	18	24	18
Enlli - Ceredigion	11	10	13
Total Carmarthenshire	70	94	81
Total Pembrokeshire	33	47	44
Total Ceredigion	11	10	13
Total MH Units	114	151	138

General Hospital	OCT	NOV	DEC
Prince Philip - Carms	3	3	1
Glangwili - Carms	3	2	3
Llandovery - Carms	0	0	0
Amman Valley - Carms	0	0	0
Withybush - Pembrokeshire	9	7	9
South Pembrokeshire	2	4	4
Bronglais - Ceredigion	4	4	2
Tregaron - Ceredigion	0	0	0
Total Carmarthenshire	6	5	4
Total Pembrokeshire	11	11	13
Total Ceredigion	4	4	2
Total General Hospital	21	20	19

Community:	OCT	NOV	DEC
Carmarthenshire	1	2	2
Pembrokeshire	0	3	3
Ceredigion	0	1	1
Community Total:	1	6	6

During the meeting, concerns were raised regarding patient feedback about the recent shift with Mental Health Review Tribunals being conducted via Microsoft Teams, with face-to-face hearings now reserved only for exceptional circumstances. Feedback relayed through the Independent Mental Health Advocacy Service (IMHA) service indicates that some patients view this change as a backward step in their care, reporting significant difficulties engaging effectively in an online format. These concerns are being escalated through the All-Wales IMHA Peer Group to ensure that the patient voice is fully represented and that the impact of this change is understood at a national level.

72 Hour Follow up following inpatient discharge

Figures are of the people discharged from adult acute mental health wards.

Detail	Oct	Nov	Dec
Number of people offered a post discharge within 72 Hours	23	34	29
Number of people received a post discharge follow up within 72 hours	23	31	27

November: Three patients were from out of area and local teams were forwarded the information

December: Two were transferred to physical health wards

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report
Gweithlu: Workforce:	Contained within the report
Risg: Risk:	Contained within the report
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not Applicable

Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

3 - Policies/ Procedures for Approval

3.1

10 Mins

3.1 - Policy 395: Section 136 Procedure

*Sarah Roberts
(Hywel Dda UHB -
Mental Health
Legislation Manager)*

Attachments

[SBAR MHLC S136 procedure Feb 26.pdf](#)

[Mental 395 - Sec 136 procedure FINAL Health Act 1983 Mentally Disordered Pe~.pdf](#)

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	03 March 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	395 – Section 136 Joint Procedure
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Sarah Roberts, Mental Health Legislation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

An extension is being sought to the current Section 136 Procedure past it's three yearly review date of 24 March 2025 due to outstanding actions relating to the provision of a Section 136 place of safety and the review of the Mental Health Act which gained Royal Ascent in December 2025 we are requesting a further extension of 6 months..

Cefndir / Background

Policy 190 – *Written Control Documentation* has been followed in the review of the Policies. The document aligns with all relevant legislation and regulations, and it remains fully implemented across the Health Board.

The Section 136 procedure was scheduled for its three-year review by 24 March 2025. An initial six-month extension was approved, extending the review date to 24 September 2025. Following discussions with the Clinical Care Group Senior Management Team, a further six-month extension is now being requested.

Asesiad / Assessment

There have been no changes in legislation since the policy was last updated, and the appendices and Section 136 forms are still in use by Dyfed Powys Police.

There is also an ongoing review being undertaken of the Hywel Dda Places of Safety and following an options appraisal this work is still ongoing with a view to launching an engagement programme.

Argymhelliad / Recommendation

- The Committee are asked to approve a six-month extension of the 395 S136 Joint Procedure.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Approve organisational policies, procedures, guidelines and codes of practice (policies within the scope of the Committee)
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not applicable
Amcanion Cynllunio Planning Objectives	Not applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Written Control Documents Group.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the policy
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Mental Health and Learning Disabilities Written Control Documents Group 10 th February- Approved.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian:	Not applicable

Financial / Service:	
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg: Risk:	<p>HDdUHB must have an up to date and accurate written policies to avoid risk</p> <p>Risk of non-compliance with the 1983 Act and with the Welsh Government's Mental Health Act 1983 Code of Practice for Wales; the Mental Health (Wales) Measure 2010 Code of Practice; and with the Good Governance Page 6 of 6 Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance. Safety of patients Assurance – use of statutory mechanisms</p>
Cyfreithiol: Legal:	Mental Health Act 1983 Mental Health (Wales) Measure 2010
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

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Section 136 – Mental Health Act, 1983 Mentally Disordered Persons found in Public Places Inter-Agency Procedure



Procedure Number:	395	Supersedes:		Classification	Clinical	
Version No:	Date of EqIA:	Approved by:		Date Approved:	Date made active:	Review Date:
4	30.07.21	Clinical Written Control Documentation Group		24.03.2022	25.03.2022	24.03.2025

Brief Summary of Document:	Procedure for the use of Section 136 – mentally disordered persons found in public places. Outlines the process for police officers to bring a person to a place of safety. Identifies appropriate places of safety across Carmarthenshire, Ceredigion and Pembrokeshire. Includes practical information for police officers and staff. Section 136 monitoring form is also included.
Scope	The procedure covers all areas of the HDUHB where Section 136 patients can be assessed. It applies to police officers involved in implementing a Section 136 and all nursing staff, doctors and social workers involved with the person when they arrive at a place of safety.

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To be read in conjunction with:

- [363 - Hospital Managers Scheme of Delegation Policy](#)
- [625 - Community Treatment Order Policy](#)
- [008 - Consent to Examination or Treatment Policy](#)
- [811 - Mental Capacity Act Practice Guideline](#)
- [743 - Section 135 - Warrant to Search for and Remove Patients Inter-Agency Procedure](#)
- [731 - Section 17 - Leave of Absence Policy](#)
- [741 - Section 132 - Information to Patients' Rights Procedure](#)
- [868 - All Wales Safeguarding Procedures](#)

Owning committee/group

Mental Health Legislation Committee – Judith Hardisty, Vice Chair

Reviews and updates

Version no:	Summary of Amendments:	Date Approved:
1	New policy	29.10.2014
2	Updated procedure to reflect the amendments to Section 136 following the implementation of the Policy and Crime Act 2017	13.09.2018
3	Revised Appendix C inserted	14.02.2019
4.	Full 3-yearly review	24.03.2022

Glossary of terms

Term	Definition
AMHP	Approved Mental Health Professional – a professional with training in the use of the Mental Health Act, approved by a local authority to carry out a number of functions under the Act
RC	Responsible Clinician – the approved clinician with overall responsibility for the patient's care
COP	Mental Health Act 1983, Code of Practice for Wales, Revised 2016' which provides statutory guidance to health professionals on how they should proceed when undertaking functions and duties under the Mental Health Act in Wales
PACE	Police and Criminal Evidence Act (1984) is an Act of Parliament, which instituted a legislative framework for the powers of police officers in England and Wales to combat crime, and provided codes of practice for the exercise of those powers
SEC 12 DOCTOR	A medically qualified doctor who has been recognised under Section 12 (2) of the UK's Mental Health Act (1983) (amended in 1995, 2007), who has specific expertise in mental disorders and has received training in application of the Act
RMP	A registered medical practitioner (Doctor) approved by the General Medical Council
DGH	NHS District General Hospital which provides secondary care facilities

Keywords

Section 136, Mental Health Act, Place of Safety

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1. Introduction

The Health Board has a duty to ensure that all relevant functions of the Mental Health Act (MHA), 1983 (the Act) are applied and monitored. All staff caring for individuals should be familiar with the requirements of the Act and related documents. They must pay due regard to the MHA Code of Practice and apply the Code's guiding principles when carrying out their work.

This procedure has been jointly prepared and agreed between health, social services, third-sector agencies, and ambulance and police services across the counties of Ceredigion, Carmarthenshire and Pembrokeshire.

2. Aim

This procedure provides guidance on Section 136 (Sec 136) of the Act which provides police officers with the power to remove persons who appear to be suffering from a mental disorder and to be in immediate need of care or control, from any place other than a dwelling, to a place of safety in order that they may receive a mental health assessment and any necessary arrangements made for their ongoing care.

- All agencies that are party to this procedure are aware of their roles and responsibilities;
- Persons detained under Section 136 MHA 1983 are treated with dignity, respect, without discrimination and are assessed as quickly as practicable;
- Persons with mental health issues detained for criminal offences, are processed with due regard to the law.
- All agencies focus on providing the best possible support for the detained person to enable a quick recovery and return to their place in the community.

3. Objectives

A person experiencing a mental health crisis should receive the best possible care at the earliest possible point. The legal changes introduced by the Policing and Crime Act 2017 were intended to improve immediate service responses to people who need urgent help with their mental health in cases where police officers are the first to respond.

The aim will be achieved through the following:

- To ensure that Section 136 of the Act is implemented lawfully
- To secure the competent and speedy assessment within 24 hours by a registered medical practitioner (RMP), preferably Section 12 approved, and an approved mental health professional (AMHP);
- To ensure that the person is assessed in the most appropriate setting.

4. Scope

This procedure relates to all statutory agencies who fulfil a role in the undertakings and requirements of Sec 136 of the MHA and who operate within the boundaries of Hywel Dda University Health Board.

5. Section 136 – Legal Framework

Under Sec 136(1) of the MHA, a police officer has the power to remove a person who appears to be suffering from a mental disorder and to be in immediate need of care and control.

- a) To a place of safety within the meaning of Sec 136, or
- b) if the person is already at a place of safety within the meaning of that section, keep the person at that place or remove the person to another place of safety.

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A person removed to, or kept at a place of safety under this section may be detained there for a period not exceeding 24 hours for the purpose of enabling them to be examined by an RMP and to be interviewed by an AMHP and of making any arrangements for their treatment or care.

6. Where Sec 136 can be used

Sec 136 may be exercised where the mentally disordered person is at any place other than a "private building" or its associated buildings or grounds which are defined as -

- any house, flat or room where that person, or any other person, is living, or
- any yard, garden, garage or outhouse that is used in connection with the house, flat or room, other than one that is also used in connection with one or more other houses flats or rooms.

Sec 136(1B) enables an officer to enter any place in which Sec 136(1) applies if necessary by force, to remove a person if there has been a breach of the peace.

It is unlawful to coax or invite a person outside their property in order to implement Sec 136 powers. Please refer to Sec 135 Policy if the person is in private premises and a warrant is required.

The Mental Capacity Act (MCA 2005) may also be appropriate in these circumstances and should be considered. Section 5 and 6 of the MCA do not confer an authority to remove persons to hospital or other places of safety for the purposes set out in Sections 135 and 136 of the MHA, but if a person is believed to lack mental capacity and has physical injuries or is intoxicated (including a toxic overdose) which is believed to require immediate treatment it may be appropriate for the MCA to be used to convey the person to A&E for medical treatment. The MCA may be used by any caring service provider and are not exclusive to the Police. If the MCA is used, removal to a place of safety is not an option "R (Sessay) v South London and Maudsley NHS Foundation Trust (2011) EWHC 2617 (QB)". Police should only perform this over other agencies if the person is unmanageably violent.

7. Consultation with a health professional prior to the use of Sec 136

Before deciding that detention under Sec 136 may be necessary, unless the person is in immediate danger, the police officer must, where practicable, contact and seek advice from a mental health professional before using the powers to remove a person to, or keep them at, a place of safety. The agreed procedure for consultation is that the officer will contact:

- a registered mental health nurse; (preferred option).

Although the Policing and Crime Act says consultation can be with a Doctor, AMHP, Paramedic or Occupational Therapist the agreement with the Dyfed Powys Police local protocol is that it must be a mental health nurse.

The police mental health team based at Headquarters are available to advise, support and signpost but officers cannot be consultees, it must be a mental health professional.

The purpose of the consultation is for the officer, who is considering using their powers under Sec 136, to obtain timely and relevant mental health information and advice. The officer will be informed whether or not the person is known to mental health services, whether the person has a mental health issue based on the information provided and whether or not the use of Sec 136 is appropriate. The advice given will support the officer in deciding a course of action that is in the

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best interests of the person concerned. Advice is to be sought from the Mental Health Service Duty Manager or Out-of-Hours Clinical Coordinator (see Appendix A for contact information).

At the consultation health staff should advise the officer whether a Sec 136 should be implemented and the most suitable place to take the person for their assessment. Health staff should ensure that the advice given is recorded on the Care Partner system, and if the person is not registered on the system they must generate a new mental health number.

The officer retains ultimate responsibility for the decision to use their Sec 136 powers, having considered the advice given to them as part of any consultation. The officer should ensure that any consultation is recorded on the Sec 136 Monitoring Form (Appendix D) and the STORM incident log, including who was consulted and the advice that they gave.

The officer should ensure that any decision not to consult before using Sec 136 powers, and the reason, is also recorded.

Where a person is to be removed to, or kept at a place of safety, the health professional providing the advice must ensure that they contact the Sec 136 place of safety to inform them that a person is en-route with an expected time of arrival. If the place of safety is in use, the officer will be advised by the health professional to wait.

8. Protective searches

Following detention under Sec 136, the officer should conduct a search of the person if the officer has reasonable grounds to believe that the person may be a danger to themselves or others and is concealing something on them which could be used to physically injure themselves or others. This power does not authorise an officer to require a person to remove any of their clothing other than outer clothing but does authorise the search of the person's mouth.

An officer searching a person in the exercise of the power to search may seize and retain anything found, if they have reasonable grounds for believing that the person searched might use it to cause physical injury to themselves or to others.

9. Accident and Emergency Department (A&E) for medical assessment and / or treatment

If it is established by the officer or the Sec 136 suite staff that urgent medical attention is required, then the person should be conveyed to the local A&E department.

A&E legally falls within the definition of a place of safety, but it should ONLY be used as a temporary place of safety if the patient requires medical treatment that could not be otherwise provided by the mental health place of safety or police custody.

There will be occasions when officers will bring people to A&E if they have agreed to go there voluntarily for an assessment instead of being placed on a Sec 136.

Where officers are involved in the transfer of a person detained under Sec 136 to A&E, the officers will inform the Duty Nurse at A&E that they are in transit with a Sec 136 and the DGH will direct them to the most appropriate place. The Sec 136 detention starts on arrival at A&E.

While awaiting medical assessment and treatment it will not be appropriate for the person to be left unsupervised.

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Officers must complete the Sec 136 form upon arrival at A&E (detailing the time of detention) and where a person is transferred from another health-based place of safety and the original Sec 136 form accompanies them.

Where the decision is taken to admit the person to a general ward, a joint risk assessment and formal handover of responsibility must occur before the police officer can be discharged of responsibility for the custody and care of the individual and the hospital will continue to be the place of safety.

If the individual is admitted to a general hospital ward for observation/treatment, the mental health assessment will take place during the 24-hour period. The general hospital ward staff and police will contact the duty service manager or out-of-hours manager to advise them that the person has been admitted to a ward and that they require an assessment under Sec 136. The AMHP will liaise with the ward staff as to when it is appropriate for that assessment to take place. It may not be possible to undertake an interview in a suitable manner because of the individual's condition or treatment requirements then the doctor may need to consider extending the Sec 136 period for a further 12 hours.

If A&E is not the designated place of safety then when A&E staff consider that the person is 'fit for discharge' then the person must be transferred by police to a place of safety for conclusion of the mental health assessment, where appropriate to do so.

10. Extending the detention period

The RMP who is responsible for the examination of a person detained under Sec 136 may, at any time before the expiry of the period of 24 hours, authorise the detention of the person for a further period of 12 hours (beginning immediately at the end of the period of 24 hours) to a maximum of 36 hours, but only in very limited circumstances.

The authorisation may be given only if the RMP considers that the extension is necessary because the condition (physical or mental) of the person detained is such that it would not be practicable to complete the assessment before the end of the period of 24 hours. This could, for example, be if the person is too mentally distressed, or is particularly intoxicated with alcohol or drugs and cannot co-operate with the assessment process.

There is no provision to extend the 24-hour period for reasons other than the patient's condition i.e. a delay in attendance of the AMHP or RMP is not a valid reason for extending detention.

If the person is detained at a Police Station, and the assessment would be carried out or completed at the Police Station, the RMP may give an authorisation to extend the maximum detention period, but this must be approved by a police officer of the rank of Superintendent or above as it would be unusual for a person to continue to meet the criteria to be held at a Police Station for up to 36 hours.

11. Health based place of safety

A person in mental health crisis should be taken to or kept at a place of safety that best meets their needs. It is preferable to keep patients within their home county for their assessment where they are known by their local team.

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The expectation remains that, with limited exceptions, the person's needs will most appropriately be met by taking them to a 'health-based' place of safety - a dedicated Sec 136 suite where they can be looked after by properly trained and qualified mental health and medical professionals. There will however, be situations in which it is appropriate to use other suitable places, or where other suitable places can supplement the use of health-based places of safety.

It has been agreed locally that adult persons (18 years and above) detained under Sec 136 can (where appropriate) be conveyed directly to the following places:

Hywel Dda Places of Safety	Address
Bryngofal Ward – Designated POS	Cae Bryn, Prince Philip Hospital, Llanelli
Gorwelion – Community POS	Llanbadarn Road, Aberystwyth
Bro Cerwyn – Community POS	Bro Cerwyn, Fishguard Road, Haverfordwest
Morlais Ward (under-18s)	Canolfan Gwenog, Glangwili Hospital, Carmarthen

Please see Appendix C – Alternative Community Place of Safety (APOS) risk assessment and contact telephone numbers at Appendix A

In circumstances where there is no availability of a health-based place of safety, then officers are required to wait until the suite is vacant and staff are able to accept the person. This discussion should take place within the health consultation.

12. Children and young persons

Children of any age may be detained using Sec 136 and any person under 18 may be taken into police protection using Section 46 of the Children Act 1989. Information about the application of MHA powers to children and young people under the age of 18 is provided in Chapter 19 of the MHA Code of Practice for Wales. Police must also be aware of the Social Services and Well-being (Wales) Act, 2014 and ensure that the young person receives the help and support they need.

13. On detention

Following consultation the officer will

- request the attendance of an ambulance (if an ambulance is not available, the officer must record on STORM the outcome of the request and must utilise the most appropriate method of transport to ensure the safe and timely transfer of the person to the place of safety); police vehicles should therefore only be used when it is the most appropriate method of transport (i.e the person is behaving, or has behaved, violently).
- contact the intended place of safety to check availability
- provide to the place of safety an estimated time of arrival for the person and basic information about the case, including whether the individual is intoxicated or under the influence of substances, whether the AMHP could be contacted and whether the individual will not be fit for assessment;
- provide information of any risks identified.

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14. Conveyance

An assessment must be made jointly between the AMHP, officers and ambulance (if in attendance) which will include any risks to the health and safety of the person and any other affected people, to ensure that the person is transported in the manner most appropriate to their situation. This should be the least intimidating to them and most likely to preserve their dignity and that of their family. For those people who require admission to a Hywel Dda bed following the Sec 136 assessment the AMHP must have a conversation with the duty senior nurse to ensure appropriate transport will be made available in a timely manner where it is needed to convey the person to hospital. The specific needs of children should also be considered. If a person from out of area is assessed and requires an admission to another Health Board the AMHP will contact that Health Board to discuss arrangements for appropriate conveyance.

15. Criminal offence / arrest

Where a person is detained by the officer under Sec 136 but has committed a criminal offence, the person should be arrested unless the offence is so minor as to be safely set aside. This might occur where the offending was very low-level, possibly 'victimless', and where the behaviour is most likely to be related to their mental health condition.

For offences that are not minor, it is ultimately up to the discretion of the arresting officer to decide if the person should be removed to police custody or to prioritise detention in a health-based place of safety.

In these circumstances, the arresting officer must inform the person in charge of the place of safety so that arrangements can be made to take the person to police custody when appropriate following discharge of the Sec 136. There must be no assumption by officers, or anyone else, that the individual cannot be prosecuted because of their mental health condition. A thorough criminal investigation of the incident should occur on each occasion.

Sec 136 should not be used following an arrest for a criminal offence; if officers have concerns about a person's mental health who they have arrested, they must inform the custody sergeant who can arrange for a mental health assessment in police custody. Officers must also make the custody sergeant aware of any information they hold indicating that the detainee has recently been in contact with mental health services.

If the person is drunk and there is no evidence of mental disorder, officers can consider dealing with the individual for drunkenness in a public place, being drunk and disorderly or being drunk and incapable or can contact paramedics if there are concerns about the individual's physical health.

16. Use of Restraint

The use of physical restraint or force may be required when removing a person to, or within, a place of safety for the protection of the person or others (such as the public, staff or individuals). If physical restraint is used, it must be necessary and unavoidable in order to prevent harm to the person or others and be must proportionate to the risk of harm if restraint were not used. The least restrictive type of restraint must be used, and the use of handcuffs, leg restraints and taser will be used as a last resort.

Where officers are involved in any prolonged restraint, they must treat the situation as a medical emergency and obtain emergency medical care for the person by summoning an ambulance to take the person to an A&E department. The provision of such emergency medical care must take priority over the provision of mental health care.

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Where staff from a health-based place of safety are also involved in a restraint this should be documented and full procedures followed.

17. Use of a Police Station

Sec 136A(1) states that a Police Station may not be used as a place of safety for a person under the age of 18, in any circumstances. In cases where a child or young person aged under 18 years exhibits violent or volatile behaviour, this behaviour will need to be safely managed in a health based place of safety.

A Police Station may only be used as a place of safety for a person aged 18 and over in the specific circumstances set out in the Mental Health Act 1983 (Places of Safety) Regulations 2017:

- i) the behaviour of the person poses an imminent risk of serious injury or death to themselves or another person.
- ii) because of that risk, no other place of safety in the relevant police area can reasonably be expected to detain them; and
- iii) as far as reasonably practicable, a healthcare professional will be present at the Police Station and available to them.

An officer of at least the rank of Inspector must give authority for the use of a Police Station in such circumstances.

The healthcare professional will be required to check the welfare of the detained person at least every half hour and any appropriate action be taken for their treatment and care. The details of these checks should be recorded.

The Custody Officer will be required to review, at least hourly, whether the circumstances continue to exist, i.e. that their behaviour poses an imminent risk of serious injury or death to themselves or others, and that because of that risk no place of safety other than a Police Station in the relevant police area can reasonably be expected to detain them.

In circumstances where the person is sleeping a review may be extended to once every 3 hours provided that the healthcare professional carrying out the half-hourly checks have not identified any risk that would require them to be woken more frequently. During this time the half-hourly healthcare professional checks should continue, to assess whether the person is genuinely sleeping, whether such a period of sleep may be beneficial, or whether apparent sleep may be masking other physical symptoms such as a fit or unconsciousness for which urgent medical attention will be required.

The Custody Officer will be required to arrange for a person to be taken to another place of safety in the following circumstances;

- i) the requirement that a welfare check be carried out every half-hour or that a healthcare professional be present and available throughout the detention are not met, or
- ii) the criteria for using the Police Station as a place of safety no longer exist

However, there is an exception to the above requirements, in that, if arrangements have already been made for a mental health assessment to take place at the Police Station and postponing the assessment would cause distress to the person then transfer need not take place. This may be in circumstances where the AMHP is already en-route and the assessment is likely to commence and

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where transferring the person to another place of safety would be likely to take longer than waiting for the AMHP to arrive at the Police Station.

18. Police Handover at the Health Based Place of Safety

18.1 The role of the nurse in charge

The officer will deliver the person into the care of the hospital staff providing information as to the reasons why the Sec 136 was implemented. The role of the nurse in charge is as follows:-

- receive notification regarding the imminent Sec 136 arrival and make necessary preparations.
- contact the AMHP.
- meet the person and officers, who will be invited to sit in the waiting area.
- ensure that the police officer completes the Sec 136 monitoring form (Appendix D);
- scrutinise the Sec 136 form to ensure that it has been completed in full by the officer.
- discuss with the officer whether they are required to remain until handover is completed, joint assessment is completed, and staff are allocated to the Sec 136 suite. (officers are to be given regular updates on time requirement).
- if the person is intoxicated, the nurse in charge must undertake appropriate monitoring and make a judgement about the person's suitability for assessment.
- arrange the services of an interpreter if needed and consider those persons with any sensory needs.
- explain to the person their situation, what to expect and their rights under Sec 136 in both verbal and written forms (Appendix E).
- make entry on Care Partner
- officers cannot be released if the person is violent, causing a breach of the peace or making attempts to leave.

If there are any questions or uncertainty as to the appropriate risk level, it may be necessary for the officer to remain to ensure that the most appropriate outcome is achieved. If, after one hour, the handover has not taken place, the matter must be escalated to the Duty Inspector and Duty Senior Nurse/Out of Hours Manager.

Where a hospital is used as a place of safety staff must apply Sec 132 (provision of information to patients detained under the Act) and ensure that all provisions are complied with. This should be documented on Care Partner and a patient's rights proforma completed (Appendix E).

The assessment must be recorded on the Sec 136 Monitoring Form (Appendix D). The RMP and AMHP must provide information on the outcome of the assessment. The completed form is to be submitted along with a person's rights proforma to the MHA administration team at the earliest opportunity for monitoring purposes.

18.2 The role of the AMHP

The Local Authorities will need to provide Health Board senior management with up to date rotas of AMHP cover detailing any short falls.

If the person is felt to have a mental disorder then the relevant local authority where the place of safety is based has a duty to provide an AMHP to assess any person detained under Sec 136 that does not prevent another authority from carrying out an assessment if more appropriate for them to do so, irrespective of where the person currently is. However this would need to be mutually agreed and the responsibility rests with the LA where the individual is currently. The

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AMHP must provide clear information to the person about their rights, taking into account any language, learning or cultural needs. The AMHP shall keep the relevant police officers involved in the case fully informed throughout the assessment period and should also:

- contact the hospital to notify their expected time of arrival as soon as is reasonably practicable; they should endeavour to attend the designated place of safety within 4 hours of the initial request.
- AMHPs should endeavour to attend a place of safety within a timely manner.
- contact the on call doctor to review the person (one doctor required initially).
- contact the detained persons nearest relative, friends or carers.
- find out if a previous psychiatric history exists.
- consider possible alternatives to admission to hospital.
- liaise with the nurse in charge or custody officer regarding progress.
- co-ordinate the MHA assessment where detention under the MHA and admission is required.
- complete an AMHP assessment form and attach it to the completed Sec 136 form.
- make an entry on Care Partner and ensure AMHP assessment form is uploaded where the patient is not detained.

Co-ordinating arrangements for admission to hospital remains the responsibility of the AMHP following consultation with the On Call Manager/Duty Service Manager. Where it has been agreed that the police should resume their duties, they should not become re-involved in supporting any conveyance unless the risk assessment has altered. It will be the responsibility of the health board to identify a bed if an admission is required and provide the means for conveyance. The AMHP should link in with the on call manager/duty service manager to ensure appropriate transport is available.

If the person is released from detention with other suitable arrangements for care in the community, (if appropriate) this will be arranged by the AMHP.

If the individual is NOT detained under the Act, the AMHP in conjunction with other professionals will decide upon the most appropriate alternative available, for example:-

- the individual's family can be requested to provide transport home.
- other transport can be considered to convey the individual home, including St Johns Ambulance.

Each decision must be based on the individual's needs, wishes and circumstances.

18.3 The role of the Registered Medical Practitioner (doctor)

Where a person has been detained under Sec 136, they must be assessed by a doctor, who will be required to:

- assess the person and determine whether the person has a mental disorder and requires admission under the MHA; if it is felt that the person is not mentally disordered, then the person can no longer be detained under the section and should be immediately released from Sec 136 by the doctor (Code of Practice for Wales, paragraph 16.53); if a person has a mental disorder, they MUST also be assessed by an AMHP.
- When the assessing doctor is an NHS doctor they should ensure that where there is to be an application, a medical recommendation is completed and a hospital bed is available. This will be arranged directly with the ward to which the person is being admitted;

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- Those assessing the person must record the outcome of the assessment on the S136 form which will be made available to them by a qualified nurse.
- Make entry on Care Partner (if NHS doctor).

19. Examination/Assessment at Places of Safety

Assessments must not be delayed to make care arrangements. e.g out-of-area beds, CTO re-call arrangements. The person must be seen so that their immediate care needs can also be established.

The clinical grounds to delay an assessment being carried out are:

- the person is too intoxicated with alcohol or drugs to be assessed.
- the person is too physically unwell and has been transferred to A&E for treatment.
- there is insufficient information about the person and it is necessary to delay the assessment until that information can be collated.
- the person needs to be transferred between places of safety.
- the person requires an interpreter including sign language.
- the person has a specific need and the assessing team agree that it is appropriate to delay the assessment until the professional with relevant experience can be present/consulted.

Assessors should ensure that any reasonable adjustments are made for people with an impairment that constitutes a disability under the Equality Act, 2010.

Where individuals have specific needs (e.g. autism, learning disability, hearing impairment) or are under 18, one of the assessing team should have knowledge and experience of working with those specific needs. If this is not possible, the team should be accompanied by, or consult someone with appropriate knowledge and experience as per the Code of Practice.

20. Treatment

Sec 136 does not give authority for treatment. Consent must be sought for any treatment, and it must be medically necessary for treatment to be given. If the individual lacks the capacity to consent, treatment could be considered under the Mental Capacity Act, and common law may be an option in an emergency. Treatment of under-17s who are not competent to decide about treatment could be given via parental consent. The reasons for treatment and the legal basis need to be documented on the Sec 136 Monitoring Form (Appendix D).

21. Transfer Between Places of Safety

Individuals may be transferred before their assessment has begun, after it has started or following its completion, while waiting for appropriate arrangements for care and treatment to be put in place. There is no restriction on the number of times that a person can be transferred. Unless it is unavoidable, a person should not be moved from one place of safety to another until it has been confirmed that the new place of safety is willing and able to accept them.

Except in an emergency, the agreement of an AMHP, a RMP or another healthcare professional competent to assess whether the transfer would put the person's health or safety (or that of other people) at risk should be obtained before the person is transferred from one place of safety to another. It is for those professionals to decide whether they first need to examine the person.

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Where officers are involved in the transfer, the authority of an Inspector or above will be sought prior to the transfer taking place unless there is a need to respond to unmanageable high-risk behaviour, or the person needs to go to A&E because they require urgent medical attention.

22. Retaking a person who absconds escapes – Section 138 (MHA)

Sec 138 deals with powers to retake a person subject to Sec 136 who escapes from the custody of the police officers.

- Escape during removal to a place of safety

Where a person escapes in the course of being removed to a place of safety under Sec 136, they may not be retaken under this provision after a period of 24 hours has expired from the time of that escape.

- Escape from a place of safety

Where a person escapes after arrival at a place of safety, they may not be retaken under this provision after the maximum time that they could have been detained in that place. In most cases that will be a total period of 24 hours, but account also needs to be taken of any extension to that period (up to a maximum of 12 hours), where this has already been authorised by the medical practitioner, at the point of any escape.

23. Monitoring the use of section 136

The Mental Health Legislation Committee (MHLC) will monitor the use of Sec 136 via the MH Scrutiny Group and will look for ways to further improve partnership working. Any non-compliance should be returned to the MH Scrutiny group for onward reporting to the MHLC. The Local Criminal Justice Board and the Sec 136 County meetings and electronic dashboards also serve as groups responsible for examining the processes in place for multi-agency tasks and will investigate the difficulties which may arise from working within the legal framework of the MHA and share good practice issues. The Sec 136 County meetings provide a forum for the discussion of incidents highlighting concerns. Use of force is captured by the Health Board, audited and reported routinely. Returns on the use of Sec 136 are sent quarterly to Welsh Government, which also monitors its use across Wales.

24. Responsibilities

24.1 The Chief Executive of the Health Board, and Chief Constable

Are responsible for ensuring that responsibility for management of the legal and appropriate admission and care of persons is delegated to appropriate staff and that this procedure is implemented across Carmarthenshire, Ceredigion and Pembrokeshire.

24.2 Director of Mental Health & Learning Disabilities and Lead Officers for three local authorities

These are the Executive Directors who have responsibility for the effective delivery of MHA and related legislation and policies, ensuring that there are appropriate quality assurance mechanisms in place in relation to the guidance in this procedure.

24.3 Service Managers for three local authorities and Hywel Dda & Custody Inspectors

These have responsibility for ensuring that teams implement MHA legislation and guidance in observing the MHA Code of Practice. They are also responsible for ensuring that systems are in place for monitoring implementation within their area of responsibility, ensuring that all regulatory authority inspector reports are action planned and acted upon.

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24.4 Team Leaders/Ward Managers/Custody Sergeants

These are responsible for ensuring that all staff are conversant with the MHA Code of Practice, this policy and related policies. They must be aware of and ensure implementation of the processes and actions that are required to be taken in relation to persons in their service area. They must ensure that all employees in posts in the Health Boards clinical services are aware of their responsibilities in relation to the Act and attend appropriate training commensurate with their role.

24.5 Medical staff/Section 12(2) approved doctors/approved clinicians

Hold a key role in the assessment processes that are required to be taken in relation to detention of persons under Sec 136. They are responsible for ensuring that their registration for the role they carry out is up-to-date.

24.6 Registered healthcare professionals

These are accountable for their own practice and must be aware of legal and professional responsibilities relating to their competence, observe legislation and guidance as detailed above and work within the Code of Practice of their professional body.

24.7 Health Board employees working in roles to provide healthcare in direct clinical contact with persons

These are responsible for carrying out procedures in line with the standards detailed in the Health Board's policies and maintaining their individual competence in the practice of the Act and attending training as required by their roles.

24.8 Approved mental health professionals

These hold a key role in the assessment processes that are required to be taken in relation to detention of persons under Sec 136. They are accountable for their own practice and must be aware of legal and professional responsibilities relating to their competence, observe legislation and guidance as detailed above and work within the Code of Practice of their professional body. Although AMHP's act as independent practitioners they are nevertheless "Approved" by one Local Authority but subject to agreement can "act on behalf of" other local authorities.

24.9 Dyfed-Powys Police officers

Dyfed-Powys Police will monitor each Sec 136 detention to ensure that officers adhere to the legislation relating to consulting a health practitioner (where practicable) prior to detaining a person under Sec 136. They will also ensure that procedures are carried out in line with the Act and act upon any instances where they are not. Their officers will receive briefings on current Sec 136 policy and procedures and also undertake regular joint training.

25. References

Mental Health Act 1983 and all relevant amendments
Mental Health Act Code of Practice for Wales 2016
Mental Capacity Act 2005: Code of Practice (2007)
Mental Capacity Act: Deprivation of Liberty Safeguards Code of Practice (2008)
Mental Health Act, 1983 (Place of Safety) Regulations 2017
Memorandum of Understanding – The police use of restraint in MH&LD settings
Police and Criminal Evidence Act 1984 (as amended)
Police and Criminal Evidence Act 1984: Code of Practice (C) (2014)
Mental Health in Emergency Departments - The College of Emergency Medicine (2013)
Royal College of Emergency Medicine – MCA in Emergency Medicine Practice (2017)
Mental Health Measure 2010

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Human Rights Act 1998

Data Protection Act 2018

Equality Act 2010

Policing and Crime Act 2017

Department of Health Guidance for the implementation of changes to police powers and places of safety provisions in the MHA 1983 – October 2017

Mental Health Crisis Care Concordat Royal College of Psychiatrists report, Standards on the use of Section 136 of the Mental Health Act 1983 (CR149 2008)

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26. APPENDIX A – Flowchart - Handover at a Hospital Place of Safety

SECTION 136 FLOW CHART FOR POLICE OFFICERS

Police Officer considers utilising Section 136 Powers

Prior to exercising this power you **MUST** consult (where practicable a health professional and record this consultation, including the name of the person you liaise with and the time
ALL CONSULTATIONS MUST BE UNDERTAKEN IN A PROFESSIONAL MANNER

- All of the above requests for a police officer to stay with the person should be considered following a robust assessment
- Persons under the influence of alcohol/drugs – although persons may be intoxicated, that is not sufficient grounds on its own to indicate that a health-based place of safety is not appropriate
- There is no legal definition of “intoxicated”. Police officers are expert witnessed in presenting evidence of drunkenness and should apply the same process in this situation. Intoxication is not a reason for a person to be detained to Police Custody. This is also outlined in the Section 136 Inter Agency Procedure

At consultation MH Practitioner will offer advice to the officer on:

- Whether the person is known
- Any specific care plan in place or known risks that the officer should be made aware of (if known)
- Any alternative to a S136 eg. A review by the clinical team

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Following discussion – MH practitioner will:

- Document discussion held with police officer on Care Partner system
- If the officer decides to detain the individual on a S136 the **S136 Risk Assessment Document** must be followed in order to agree the appropriate place of safety to use

Officer detains person under Section 136

Person conveyed to place of safety (by ambulance where possible)

Officer contact Approved Mental Health Professional (AMHP) as soon as possible ensuring they are informed if the person is intoxicated

Upon arrival at Place of Safety the officer completes Section 136 documentation and provides a handover to the nurse that will consist of events leading up to S136, information known by the police including historic and current risk factors

Officer can leave Place of Safety if none of the below apply OR when all agencies are in agreement

- There is a breach of the peace occurring
- There is a high risk of violence and the person poses a danger to themselves or others
- The person is trying to abscond

Monitoring Form for the Use of Section 135 and Section 136 of the Mental Health Act 1983

27. APPENDIX B - Section 136 Form for Completion at Place of Safety

Engaging with someone in Mental Health Crisis

1. Approach the person in a calm manner and using open body language.
2. Try not to cross your arms/legs and use open-ended questions which will encourage the person to give a free-formed answer rather than a “yes” or “no” response. Actively listen to the person and respond in a kind and compassionate manner.
3. Attempt to ascertain the person’s details such as name and address and date of birth if possible.
4. What has brought them to the attention of the Police? How are they feeling? What are the risks? How do they feel they could be best supported?
5. Establish whether the person could be under the influence of illicit substances and how this may affect their presentation.
6. Find out what support networks are in place, such as a carer or a support package.
7. Do they have a Care Co-ordinator in the Community Mental Health Centre (CMHC)? If they do, then contact their local Community Mental Health Centre (CMHC) Monday – Friday 09:00 -17:00hrs.
8. If they do not have a Care Coordinator then you can ask to talk to the Duty Senior Nurse on 01554 781080, who will advise further.
9. Outside working hours - officers should liaise with the out of hours Managers via Glangwili Hospital switch board on 01267 235151

Guidance for officers when they are considering detaining a person in mental health crisis on a Sec 136 and when they attend Hywel Dda 136 facilities

- Officers should explore whether the person in crisis is willing to engage with an assessment by a Mental Health practitioner. If in agreement, this should be discussed as part of the consultation. This may be arranged to be undertaken in a local Community Mental Health Centre or the local A&E Department.
- The officer considering placing a person on a sec 136 **must, where practicable, consult with a Mental Health Practitioner**. Consultation is about exploring the best options for the person in crisis, **not about locating an open sec 136 suite**.
- Consultation will identify the best place and practitioner to assess the person. **This can mean a reduced waiting time for assessment and will ensure best outcomes, support, and treatment for the person. The use of a sec 136 should be avoided where possible and the least restrictive means used.**
- Outside of working hours - the officer can liaise with the out of hours Managers for consultation and information, to do this they would need to telephone Glangwili switchboard and ask to be put through to the Out-of-Hours Clinical Coordinator.

Taking a Section 136 patient to a place of safety

At present, the Hospital Sec 136 suite is located at Bryngofal, Prince Philip Hospital. There is capacity for one person detained on Sec 136. Bryngofal is a busy Acute Psychiatric Inpatient Unit comprising of up to 16 acutely unwell inpatients. Officers may need to wait a short time to ensure that a comprehensive verbal handover is given and that the Sec 136 monitoring form is completed. **It is key that the Sec 136 monitoring form is completed to the required standard so that no vital information is missed. The document will be checked by the nurses then sent to the Mental Health Act administration team for scrutiny.**

Nursing staff can provide officers with support and guidance on how to complete the Sec 136 document to ensure that it is completed correctly.

- There are also two health-based community Alternative community Places of Safety, one in Pembrokeshire (Bro Cerwyn) and one in Ceredigion (Gorwelion). Patients do not need to be detained on Sec 136 to be taken to these areas, however consultation should always occur prior to attending these areas with an individual. Each of these suites has capacity for one person at a time. There is also a sec 136 suite at Morlais Ward, Glangwili which is specifically for under-18s.
- If the person on the Sec 136 is aggressive or presenting with challenging behaviours, then there would be a need for nursing staff and officers to support each other to manage the person safely. This should be reviewed jointly in accordance with the person's presentation so that the officers can leave when it is safe to do so.

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If there are concerns around whether a detained person is medically fit or requiring medical treatment, officers will need to take the person to the local A&E or Minor Injuries Unit to ensure that they receive the appropriate medical treatment.

List of useful numbers

Pembrokeshire CMHT	01437 773157
Pembrokeshire CRHT	01437 772854 / 07775581008
Carmarthen CMHT	01267 236017
Carmarthen CRHT	01267 674083
Llanelli CMHT	01554 772768
Llanelli CRHT	01554 745771 / 07887895178
Ceredigion CMHT	01970 615448
Ceredigion CRHT	01970 628964
Swn Y Gwynt CMHT	01269 595473
Hafan Hedd CMHT	0300 3036136
Bryngofal Ward	01554 745752
Morlais Ward	01267 674061
Cwm Seren PICU	01267 83240/41
St Caradog Ward	01437 772850

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28. Appendix C - Sec 136 Risk Assessment Document to determine requirement for; Alternative Place of Safety or Health Place of Safety HPOS

Risk Factors to consider during a Sec 136 consultation

The Health, Local Authority and Police should agree a plan to manage the individual detained ahead of the interview process.

Current or recent indicators of Low Risk.	Current or recent indicators of Medium Risk	Current or recent indicators of High Risk.
<p>Demeanour</p> <p>Not presenting with any concerns in regard to behaviour</p>	<p>Demeanour</p> <p>Behavioural concerns reported but would not prevent an interview with AMHP and doctor with a police presence</p>	<p>Demeanour</p> <p>Currently presenting with unmanageable behaviours</p>
<p>Physical or Sexual Violence</p> <p>No current evidence of any violence No historical evidence</p>	<p>Physical or Sexual Violence</p> <p>Current or historical acts of violence <i>Consider police arrest</i></p>	<p>Physical or Sexual Violence</p> <p>Current violence requiring police management <i>Consider police arrest.</i></p>
<p>Substance Misuse</p> <p>No or low evidence of misuse currently</p>	<p>Substance Misuse</p> <p>Some evidence of use but an interview with an AMHP and doctor can be undertaken within an hour</p>	<p>Substance Misuse</p> <p>Heavily Intoxicated or withdrawal from substances <i>Consider need for physical assessment. Assessment cannot be undertaken</i></p>
<p>Absconding Risk</p> <p>No risk currently</p>	<p>Absconding Risk</p> <p>Medium risk of absconding</p>	<p>Absconding Risk</p> <p>Evidence of current or historical risk of absconding without a police presence</p>
<p>Police will not usually be required to remain with the patient, assessment should be undertaken within an hour</p>	<p>If the AMHP and medic can attend in a timely manner and the police remain the assessment can be undertaken at the APOS Otherwise transfer to HPOS</p>	<p>If the AMHP and medic can attend in a timely manner and the police remain the assessment can be undertaken at the APOS Otherwise transfer to HPOS</p>

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Other factors to consider

Is police arrest required post assessment if discharged off Sec 136? If so, police should remain so that, if the person is not detained, the police can progress the arrest.

If an HPOS is indicated

A discussion with Bryngofal staff **must** happen prior to utilising the hospital's Sec 136 place of safety. Out of hours, this would need to be discussed with the out-of-hours clinical coordinator and, in office hours, the ward manager.

Should the individual's presentation change whilst in the alternative place of safety and risks escalate the Police should support the management of the patient in the APOS rather than immediate transfer to the hospital place of safety.

October 2021

HYWEL DDA UNIVERSITY HEALTH BOARD

29. Appendix D - Section 136 Mental Health Act 1983 Monitoring Form



Section 136 Mental Health Act 1983 Monitoring Form

Police Reference Number (STORM):.....

Health Board Reference:.....

GREEN SECTIONS TO BE COMPLETED BY HEALTH BOARD PERSONEL ONLY



HYWEL DDA UNIVERSITY HEALTH BOARD

1. Personal Details

Name:			
Date of Birth:			
Gender:	Male	Female	Other (Please Specify)
Ethnicity:	Self-defined:		If not self-defined, list from 2011 census to be referred to (see end of form)
Preferred Language:			See end of form for full list of languages
Is a Translator required?	Yes/No		

2. Details of Police Encounter

Date of officer encounter	Date:				
Time of officer encounter (24hr clock)					
Location Details					
Officer encounter with patient	<input type="checkbox"/> Response to call <input type="checkbox"/> Referral <input type="checkbox"/> During contact in public place				
Police officer concern for person's Mental Health	<input type="checkbox"/> Actual harm to self <input type="checkbox"/> Actual harm to others <input type="checkbox"/> Risk of harm to self <input type="checkbox"/> Risk of harm to others <input type="checkbox"/> Behaviour difficult to explain				
Is the person suffering from the effect of alcohol or drugs?	Alcohol	Drugs	Both	No	Not Known

Any Additional Information Surrounding Occurrence/Detention:

HYWEL DDA UNIVERSITY HEALTH BOARD

3. Consultation Process and Action Taken

Police Officer consultation (Policing and Crime Act) with health professional	<input type="checkbox"/> Registered mental health nurse <input type="checkbox"/> Approved Mental Health Professional (AMHP)		
Name of person consulted with			
Date and time of consultation	Date:	Time:	
If consultation not practicable state reasons why			
Is the person already known to mental health services?	Yes	No	Not Known
Outcome of consultation	<input type="checkbox"/> S.136 powers exercised <input type="checkbox"/> S.136 powers exercised against consultation advice <input type="checkbox"/> Voluntary mental health assessment <input type="checkbox"/> Voluntary referral to mental health services <input type="checkbox"/> Mental Capacity Act <input type="checkbox"/> Other (please specify)		
Detaining Police Officer details (name, collar number and station)			
Date S.136 powers exercised			
Time S.136 powers exercised (24hr clock)			
Has the person been detained under S136 before?	Yes	No	Not Known

HYWEL DDA UNIVERSITY HEALTH BOARD

4. Restraint

Was physical restraint used during the initial encounter?	Yes/No	If yes, provide details
Was physical restraint used during transport?	Yes/No	If yes, provide details
Was physical restraint used at the place of safety?	Yes/No	If yes, provide details
Use of force form completed?	Yes/No	

5. Place of Safety (PoS)

Was the person initially taken to A&E for illness or injury?	Yes/No	
	Details:	
	If yes, time of arrival (24hr clock)	
	If yes, time of departure (24hr clock)	
Location of 1st place of safety	<input type="checkbox"/> Agreed Health Based <input type="checkbox"/> PoS Police Station <input type="checkbox"/> A&E Department <input type="checkbox"/> Other (please specify)	Name of location Was the person searched prior to entering the PoS? Yes/No
Arrival at agreed 1st Place of Safety	Date:	Time:
Conveyance method (if not already there and kept at place of safety)	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Other Health Vehicle <input type="checkbox"/> None (if already at PoS) <input type="checkbox"/> Other (please specify)	*If police vehicle used, please state reason why <input type="checkbox"/> Ambulance not available with 30 minutes <input type="checkbox"/> Ambulance not requested <input type="checkbox"/> Police or police/ambulance risk assessment <input type="checkbox"/> Ambulance crew refused to attend <input type="checkbox"/> Ambulance re-tasked to higher priority call <input type="checkbox"/> Not known
Date officer released from PoS		

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Did officer stay with patient at PoS	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, length of time officer stayed:
Location of agreed 2nd place of safety	<input type="checkbox"/> Agreed Health Based <input type="checkbox"/> PoS Police Station <input type="checkbox"/> A&E Department <input type="checkbox"/> Other (please specify)	Name of location
Reason for transfer		
Arrival at agreed 2nd Place of Safety	Date:	Time:
Conveyance method to 2nd place of safety	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Other Health Vehicle <input type="checkbox"/> None (if already at PoS) <input type="checkbox"/> Other (please specify)	*If police vehicle used, please state reason why <input type="checkbox"/> Ambulance not available with 30 minutes <input type="checkbox"/> Ambulance not requested <input type="checkbox"/> Police or police/ambulance risk assessment <input type="checkbox"/> Ambulance crew refused to attend <input type="checkbox"/> Ambulance re-tasked to higher priority call <input type="checkbox"/> Not known
Location of agreed 3rd place of safety	<input type="checkbox"/> Agreed Health Based PoS <input type="checkbox"/> Police Station <input type="checkbox"/> A&E Department <input type="checkbox"/> Other (please specify)	Name of location
Arrival at 3rd agreed place of safety	Date:	Time:
Reason for transfer		
Conveyance method to 3rd place of safety	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Other Health Vehicle <input type="checkbox"/> None (if already at PoS) <input type="checkbox"/> Other (please specify)	*If police vehicle used, please state reason why <input type="checkbox"/> Ambulance not available with 30 minutes <input type="checkbox"/> Ambulance not requested <input type="checkbox"/> Police or police/ambulance risk assessment <input type="checkbox"/> Ambulance crew refused to attend

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		<input type="checkbox"/> Ambulance re-tasked to higher priority call <input type="checkbox"/> Not known
Reason officer required to remain with detained person	<input type="checkbox"/> Risk assessment (aggression, risk of absconding) <input type="checkbox"/> Breach of the Peace) <input type="checkbox"/> Place of safety not forewarned of arrival <input type="checkbox"/> Availability of health staff <input type="checkbox"/> Delay in locating a hospital bed (if required) <input type="checkbox"/> Other <input type="checkbox"/> No delay	Comments:
If police custody used as a place of safety for a person aged 18 or above, brief outline of reasons	Joint risk assessment of imminent risk of serious harm or death to self and/or others	Details of authorising officer (must be rank of Inspector or above)

Time the person explain rights when kept at or on arrival at the place of safety	Time:	Information provided by:
Time Local Authority/ informed of S136detention	Name of AMHP:	Local Authority Area:
	Date:	Time:
Name of 1st Assessing Doctor	Name:	S12 (2) Approved - Yes/No
Name of 2nd Assessing Doctor (if required)	Name:	S12 (2) Approved - Yes/No
Date and time assessment started	Date:	Time:
Date and time assessment concluded	Date:	Time:
Extension of 12 hour period required agreed	Name of Responsible Medical Practitioner:	
	Date:	Time:
	Reason for extension:	Intoxication
		Physical Health

HYWEL DDA UNIVERSITY HEALTH BOARD

	Reason if declined:	
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6. Outcome of Assessment

<input type="checkbox"/> Informal admission to hospital <input type="checkbox"/> Ambulance not requested Admitted to hospital under Section 2 of the MHA <input type="checkbox"/> Admitted to hospital under Section 3 of the MHA <input type="checkbox"/> Discharged from S.136 with community/outpatient support plan <input type="checkbox"/> Discharged from S.136 - no follow-up care and support needed <input type="checkbox"/> Any Other, please specify
--

Detention under S.136 ended	Date:	Time:
-----------------------------	-------	-------

Received at Mental Health Act Department by:

Details:	Date:
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<p>Ethnicity</p> <p>Welsh English Scottish Northern Irish British Irish Gypsy or Irish Traveller Any other White background - please specify </p> <p>White and Black Caribbean White and Black African White and Asian Any other Mixed/Multiple ethnic background - please specify </p> <p>Indian Pakistani Bangladeshi Chinese Any other Asian background - please specify </p> <p>African Caribbean Any other Black/African/Caribbean background - please specify </p> <p>Arab</p>

HYWEL DDA UNIVERSITY HEALTH BOARD

Any other ethnic group - please specify

.....

Unknown

Preferred Language

Welsh	Kurdish
English	Lingala
Akan (Ashanti)	Luganda
Albanian	Makaton (Sign Language)
Amharic	Malayalam
Arabic	Mandarin
Bengali & Sylehti	Norwegian
British Signing Language	Pashto (Pushtoo)
Cantonese	Patois
Cantonese & Vietnamese	Polish
Creole	Portuguese
Dutch	Punjabi
Ethiopian	Russian
Farsi (Persian)	Serbian/Croatian
Finnish	Sinhala
Flemish	Somali
French	Spanish
French Creole	Swahili
Gaelic	Swedish
German	Sylheti
Greek	Tagalog (Filipino)
Gujarati	Tamil
Hakka	Thai
Hausa	Tigrinya
Hebrew	Turkish
Hindi	Urdu
Igbo (Ibo)	Vietnamese
Italian	Yoruba
Japanese	Other – please specify in 'Comments' (indicator 17)
Korean	Unknown

HYWEL DDA UNIVERSITY HEALTH BOARD

20. Appendix E – Form – Patients’ Rights Proforma



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Mental Health Act, 1983 - Section 132 Information to Patients subject to Section 135/6

Patients Name:	
Section 135 / Section 136 (Delete as appropriate)	Place of Safety:
<p>Do you want us to correspond with you in Welsh or English? Please put a cross in the appropriate box to confirm your language of choice.</p> <p>Welsh <input type="checkbox"/> <input type="checkbox"/> ish other <input style="width: 150px;" type="text"/></p>	
<p>I can confirm that I have fully explained to the patient the reasons for their detention under Section 135/6 and given them a copy of the leaflet.</p> <p>I have informed the patient how long the detention will last for and of their right to make a complaint and how to do so. The role of Healthcare Inspectorate Wales has also been explained fully.</p>	
<p>Please tick one of the following boxes:-</p> <p>The patient has understood the information read and I have given them a copy of the information leaflet to retain.</p> <p>The patient is currently refusing to have their rights read and I will make further attempts to read them their rights</p> <p>The patient has no capacity currently and I will make further attempts to read them their rights</p> <p>I believe the patient likely lacks the capacity to properly understand the information.</p> <p>Other reasons (please state)</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
Name of staff member reading rights - Print Name:	
Patients Signature:	Date:

Please scan/email this form to Admin.MentalHealthAct.HDD@wales.nhs.uk

4

4 - For Information

4.1

2 Mins

4.1 - Annual Work Plan 2026/27

| For information

Attachments

[006. Annual Work Plan 2026-2027.pdf](#)

HYWEL DDA HEALTH BOARD – MENTAL HEALTH LEGISLATION COMMITTEE 2026/2027

The following table sets out the Mental Health Legislation Committee's Business for 2025/26, including standing agenda items (denoted by*).

Agenda Item /Issue	Lead	Responsible Officer	June 2026	Sept 2026	Dec 2026	March 2027
GOVERNANCE						
Apologies*	Chair	All	✓	✓	✓	✓
Declaration of Interests*	Chair	All	✓	✓	✓	✓
Minutes of previous meeting *	Chair	Committee Secretary	✓	✓	✓	✓
Table of Actions *	Chair	Committee Secretary	✓	✓	✓	✓
Review of ToR's/Membership	Lead Director	Lead Officer	✓			
Review of ToR's/ Membership of MHLSG	Lead Director	Deputy Lead Officer			✓	
Review of ToR's/ Membership of Power Discharge Sub-committee	Lead Director	MHA Administration Lead	✓			
Annual Work Plan*	Lead Director	Lead Officer			✓	
MHLC Annual Report detailing work undertaken throughout year	Lead Director	Lead Officer	✓ (final)			
Committee Self-Assessment	Lead Director	Lead Officer	✓			
MHLC Self-Assessment Action Plan	Lead Director	Lead Officer				✓

Presentation Good Practice/Patient Story*	Lead Director	Lead Officer		✓		✓
PERFORMANCE						
Receive HIW MHA Inspection, Delivery Unit or external scrutiny body reports, management responses & approve associated action plans where the actions relate to MH legislation only (for monitoring by MHL Scrutiny Group)	Lead Officer	Heads of Services	✓ (when received)	✓ (when received)	✓ (when received)	✓ (when received)
ASSURANCE						
Receive reports on identified matters of risk relating to the compliance with MH legislation for assurance that risks are being appropriately mitigated	Lead Officer	Heads of Services	✓ (when identified)	✓ (when identified)	✓ (when identified)	✓ (when identified)
Assurance on implementation of HIW, DU & other external scrutiny bodies Action Plans	Lead Director	Lead Officer	✓	✓	✓	✓
Review the MH& LD risk register bi-annually	Lead Director	Lead Officer	✓	✓	✓	✓
Receive update report from MHL Scrutiny Group	Lead Director	Lead Officer	✓	✓	✓	✓
Consider issues of concern arising from the Sub-Committee and group structure	Lead Director	Lead Officer	✓	✓	✓	✓
Assurance on compliance with MH Legislation	Lead Director	Lead Officer	✓	✓	✓	✓
Assurance on development & implementation of policies & procedures	Lead Director	Lead Officer	✓	✓	✓	✓
Assurance on Out of Area Placements	Lead Director	Lead Officer	✓	✓	✓	✓
Receive Hospital Manager's Power of Discharge Committee Update Report & Minutes from previous meeting. This report should ensure compliance with the Code of Practice*	MHA Admin Lead	MHA Admin Lead	✓	✓	✓	✓
FOR INFORMATION						
Receive and review HIW MHA Annual Report	Lead Officer	Lead Officer			✓	
Mental Health Law Briefings * (when applicable)	MH Legislation Lead	MH Legislation Lead	✓ (when applicable)	✓ (when applicable)	✓ (when applicable)	✓ (when applicable)
New legislation/Measure/Policy Implementation Guidance (when applicable)	MH Legislation Lead	MH Legislation Lead	✓	✓	✓	✓
Schedule of Meetings for forthcoming year	Lead Officer	Committee Secretary				✓
ADMINISTRATION						

Agenda Setting Meeting with Chair, Lead Exec & Lead Officer (at least 6 weeks prior to meeting)	Lead Officer	Committee Secretary	✓	✓	✓	✓
Quality check agenda & papers before dissemination & upload to Web	Lead Exec	Lead Officer	✓	✓	✓	✓
Disseminate agenda & papers seven days prior to meeting	Lead Officer	Committee Secretary	✓	✓	✓	✓
Minutes and action log to be circulated within 14 days of the meeting to members for accuracy check & final version forwarded Chair & Lead Exec within the following 7 days to sign off as 'Unapproved' minutes (to be presented & formally 'approved' at next meeting)	Lead Officer	Committee Secretary	✓	✓	✓	✓
Prepare Update Report to Board (must be signed off by Chair & Lead Exec prior to submission)	Lead Officer	Committee Secretary	✓	✓	✓	✓
Prepare Forward Schedule of Meeting Dates for next financial year & forward dates to Head of Corporate Governance	Lead Officer	Committee Secretary			✓	
Prepare Forward Annual Work Plan for next financial year	Lead Officer	Committee Secretary			✓	
POLICIES			EXPIRY DATE			
The provision and access to the IMHA service policy	MH Legislation Lead	MHA Admin Lead	Expiry Date: 15 th June 2026			
Section 5(4) Nurses holding power policy	MH Legislation Lead	MHA Admin Lead	Expiry date: 15 th June 2026			
Section 5(2) Dr holding power policy	MH Legislation Lead	MHA Admin Lead	Expiry date: 18 th December 2026			
Community treatment order policy	MH Legislation Lead	MHA Admin Lead	Expiry date: 18 th December 2026			
Hospital manager scheme of delegation	MH Legislation Lead	MHA Admin Lead	Expiry date: 26 th March 2027			
Section 17 leave of absence Policy	MH Legislation Lead	MHA Admin Lead	Expiry date: 7 th June 2027			

Information to Patients right procedure	MH Legislation Lead	MHA Admin Lead	Expiry date: 2 nd December 2027			
Section 135 warrant to search for and remove patients interagency procedure	MH Legislation Lead	MHA Admin Lead	Expiry date: 2 nd December 2027			
Section 136 – Mentally disordered persons found in public places inter agency policy	MH Legislation Lead	MHA Admin Lead	Expiry date: 24 th March 2026			

Chair – Chantal Patel	Deputy Lead Officer- Kay Isaacs
Vice Chair- Iwan Thomas	MHA Administration Lead – Ruth Bourke
Lead Exec – Andrew Carruthers	MH Legislation Lead – Sarah Roberts
Lead Officer – Liz Carroll	Committee Secretary – Manon Horscroft

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5 - Date and Time of Next Meeting

4th of June 2026 at 10:30am via MS Teams

| For information