



GIG
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **01/12/2025**
Time **10:30 - 11:55**
Location **MS Teams**

Mental Health Legislation Committee meeting

HDD_Mental Health Legislation Committee

NHS Wales

Agenda - 1 December 2025

1 Governance

1.1 Welcome and Apologies

2 min

Chantal Patel (Hywel Dda UHB - Independent Board Member)

1.2 Declaration of Interests

2 min

All

1.3 Minutes of the meeting held on 2 September 2025

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member)

1.4 Table of Actions from the meeting held on 2 September 2025

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member)

1.5 Mental Health Legislation Scrutiny Terms of Reference

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member), Kay Isaacs (Hywel Dda UHB - Assistant Service Director- MHLD Clinical Care Group)

1.6 Mental Health Legislation Committee Annual Workplan 2026-2027

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member)

2 Assurance and Risk

2.1 Power of Discharge Sub-committee

10 min

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

2.2 Mental Health Legislation Scrutiny Group

5 min

Kay Isaacs (Hywel Dda UHB - Assistant Service Director- MHL D Clinical Care Group)

2.3 Mental Health Act Report

5 min

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

2.4 Mental Health (Wales) Measure 2010 Report

5 min

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

2.5 Risk Register

5 min

Rebecca Temple-Purcell (Hywel Dda UHB - Assistant Director of Nursing, Patient Safety, Quality and Experience)

3 Policies

4 For Information

4.1 Annual Work Plan 2025-2026

Chantal Patel (Hywel Dda UHB - Independent Board Member)

4.2 Schedule of Meetings 2025-2026

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member)

4.3 Schedule of Meetings 2026-2027

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member)

5 Any Other Business

5 min

All

6 Matters for Escalation to Board

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member)

7

Date and Time of Next Meeting

5 min

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1 - Governance

1.1

2 Mins

1.1 - Welcome and Apologies

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

The meeting will begin with a warm welcome to all attendees. Apologies for absence will be noted, ensuring an accurate record of participation.

| For information

1.2

2 Mins

1.2 - Declaration of Interests

All

Committee members are requested to declare any personal or professional interests that may influence or conflict with the matters being discussed. This ensures transparency and upholds the integrity of the committee's decisions.

| For information

1.3

5 Mins

1.3 - Minutes of the meeting held on 2
September 2025

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

The committee will review the minutes from the last meeting to ensure accuracy and completeness.

| For approval

Attachments

[003. Minutes of the meeting held on 2 September 2025.docx](#)

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

Date and Time of Meeting:	10:30-12:00pm, Tuesday 2 September 2025
Venue:	Ystwyth Board Room and Via MS Teams

Present:	Ms Chantal Patel, Chair of MHLC Mr Andrew Carruthers, Chief Operating Officer Ms Ann Murphy, Independent Member
In Attendance:	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 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 Davies, Carmarthenshire Local Authority Supt Chris Neve, Dyfed-Powys Police Secretariat: Ms Manon Horscroft, PA to Assistant Director of Nursing, Patient Safety, Quality and Experience MH&LD

MHLC (25) 18	Introductions and Apologies for Absence	Action
	<p>Ms Chantal Patel introduced herself to the Committee as the new Chair and welcomed all attendees to the meeting. Members were informed that the meeting was not quorate however, certain actions are required to be completed following the meeting to enable document approval.</p> <p>All documents scheduled for approval during the Committee meeting will be progressed as Chair's actions and will be circulated to Ms Eleanor Marks for official approval following the meeting.</p> <p>The following apologies for absence were received:</p> <ul style="list-style-type: none"> • Eleanor Marks, Vice Chair of HDUHB • Iwan Thomas, Independent Member • Liz Carroll, Service Director MH&LD Clinical Care Group • Dr Warren Lloyd, Associate Medical Director/Consultant Psychiatrist CAMHS • Angie Darlington, West Wales Action for Mental Health • Corinne Everett-Guy, Carmarthenshire Local Authority • Sarah Roberts, Mental Health Legislation Manager • Simon Thomas, Ceredigion Local Authority • Neil Mason, Head of Service Older Adult Mental Health 	MH

MHLC (25) 19	Declarations of Interests No declarations of interest were made.	
MHLC (25) 20	Minutes of the meeting held on 5 June 2025 The minutes of the meeting held on 5 June 2025 were APPROVED as a Chair's action due to the meeting not being quorate. They will be circulated to members following the meeting to ensure an accurate reflection of the previous discussion.	
	The Chair NOTED and APPROVED the minutes from the previous MHLC meeting held on the 5 June 2025 as a chairs action and will be formally approved through email due to quoracy.	
MHLC (25) 21	Table of Actions from the meeting held on 5 June 2025 There were no outstanding actions to review from the previous meeting.	
	The Committee RECEIVED and NOTED the MHLC Table of Actions.	
MHLC (25) 22	Power of Discharge Sub-committee 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. 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. Ms Patel queried regarding the accuracy and completeness of the minutes from the previous meeting, specifically in relation to a point raised by John Williams concerning capacity assessments. Ms Bourke noted that while the issue had been discussed, it did not appear to be a clearly recorded action arising from it. The discussion clarified that the intended action may have been for Hospital Managers to consider, during review meetings, whether any previous capacity assessments had been undertaken for the individuals being reviewed.	

	<p>It was further explained that medical capacity assessments are distinct from Mental Health Act detentions and must be considered on a case by case basis.</p>	
	<p>The Committee RECEIVED and NOTED the Power of Discharge Sub-committee.</p>	
<p>MHLC (25) 23</p>	<p>Mental Health Legislation Scrutiny Group</p>	
	<p>Ms Kay Isaacs noted a correction on the report regarding the authorship of the paper. It was clarified that the paper had been authored by Mrs Sarah Roberts, Vice Chair of the group and not Ms Kay Isaacs.</p> <p>A minor inconsistency was highlighted on page 39 of the report, where a sentence referenced both an increase and a 30% reduction in assessments during the same quarter. It was agreed that this appeared to be a typographical error, and clarification would be sought to rectify the contradiction.</p> <p>Ms Isaacs raised that during the meeting key item discussed was the options appraisal work relating to places of safety under Section 136 of the Mental Health Act. An update on this work had recently been presented to the Quality Committee, with the expectation that it would progress to Board in December.</p> <p>The group also maintains a standing item on Right Care, Right Person, and an update was provided by Supt Chris Neve. Supt Neve confirmed that phases 3 and 4 of the programme had gone live on 17th August, albeit as a soft launch due to ongoing challenges around transport and available facilities across the Health Board. The current approach involves requesting ambulance transport for all Section 135 and 136 cases, with data being reviewed monthly to monitor the number of requests, ambulance attendance, and patient conveyance. This data will be shared with WAST (Welsh Ambulance Services Trust) and discussed in future meetings. Supt Neve confirmed that this process applies equally to children and young people, with the overarching aim of avoiding the use of police vehicles for mental health patient transport wherever possible. A Power BI dashboard is being used to monitor and report on this data, which will also be shared with the Scrutiny Group and the Partnership Board.</p> <p>Further to this, an update was provided on the risk register, which remains unchanged since the previous meeting. The key risk continues to be the temporary closure of the Place of Safety in Aberystwyth. Ongoing bed pressures were highlighted as a significant operational challenge, particularly in relation to delayed admissions under Section 136. In some cases, individuals assessed in the community with two medical recommendations cannot be formally detained due to the unavailability of inpatient beds. These cases are prioritised through twice-daily bed</p>	

	<p>conference meetings, which monitor current occupancy, discharges, and pending admissions. During delays, individuals remain in the community under the oversight of the Community Crisis Team, who work closely with the person and their family to provide interim support. While not always possible, efforts are made to maintain individuals within their local area.</p> <p>As part of the contingency planning, it was noted that the use of private beds may be considered in exceptional circumstances. However, this is a last resort due to concerns around Quality, Safety, and financial implications, as it often involves placing individuals outside their local area and incurs significant cost pressures. Additional contingencies include the temporary use of the Section 136 suite as an admission space and the use of a ring-fenced under 18s bed when necessary. These decisions are made on a risk assessed, case-by-case basis, balancing clinical need and system capacity. It was acknowledged that, in some instances, patients may be admitted to one unit and later transferred to another, which can be disruptive to their care experience. Every effort is made to minimise such moves and maintain continuity of care.</p> <p>In response to a query about the resilience of the Community Crisis Team, assurance was provided that the service has built-in flexibility within its staffing model. Budgets include headroom to accommodate annual leave and study leave, ensuring that core service delivery is maintained without disruption, even when individual staff members are absent.</p> <p>Ms Isaacs also noted that, as part of the standing agenda, a report is routinely provided by Ms Amanda Davies in respect of the Mental Health Measure, alongside a report on the Mental Health Act, both of which are summarised within the current agenda. In addition, the group receives a Local Authority report, with consistently strong attendance and engagement from local authority colleagues, particularly from Carmarthenshire. These reports are scrutinised collectively, and the data is reviewed in collaboration with partners.</p>	
	<p>The Committee RECEIVED and NOTED the Mental Health Legislation Scrutiny Group.</p>	
<p>MHLC (25) 24</p>	<p>Mental Health Act Report</p>	
	<p>Ms Bourke provided an update on Mental Health Act Report covering the period April to June 2025. It was noted that the report provides a comprehensive overview of the use of the Mental Health Act across the Health Board.</p> <p>Due to the public nature of the committee, specific figures below five cannot be disclosed in the report to maintain confidentiality, which may explain the absence of some detailed breakdowns. Key</p>	

highlights from the reporting period included a notable increase in the use of Section 4, which has since returned to typical levels, and a record low use of Section 5(2) holding powers. The report also highlighted ongoing tensions within general hospital settings, where Section 5(2) powers are often applied, and continued challenges with Section 136 detentions, particularly where individuals are taken to A&E departments rather than designated Places of Safety.

Concerns were raised regarding delays in receiving data related to Section 136 detentions, as well as instances where assessments were not completed within the legal timeframe, and patients were not always informed of their rights. These issues remain a significant area of concern and are being actively monitored. The committee was also reminded of the increase in applications to Hospital Managers, which had been discussed earlier in the meeting. The report was presented for scrutiny and assurance, with the committee acknowledging the complexity of the data and the operational pressures influencing the use of the Mental Health Act across the Health Board.

During the discussion of the Mental Health Act Report, a question was raised regarding the number of Section 2 detentions where individuals are placed in out-of-area beds, commissioned and financed by the Health Board. It was noted that this specific data is not currently included in the report, although it was acknowledged that such placements do occur, particularly when there are no available beds within the Health Board area. In these cases, the Health Board is responsible for funding the placement, which is often sourced from private providers and financed through the mental health commissioning budget. This practice, while necessary in high-risk situations, is not considered acceptable from either a quality and safety perspective—due to the impact on continuity of care and distance from family and familiar services—or from a financial standpoint, given the significant cost implications.

It was confirmed that local authorities are involved in the application process for detentions and may hold relevant data, particularly where medical recommendations are in place but detentions are delayed due to lack of bed availability. As a result, one of the actions from the Scrutiny Committee is to work with local authorities to begin collecting and incorporating this data into future reports. The committee discussed the importance of understanding how many individuals are being placed out of area, the duration of such placements, and the associated costs, as well as the impact on patient experience. It was agreed that while this may not be routinely monitored through the scrutiny group, the information could be shared for assurance purposes.

	<p>The group also discussed the clinical judgement involved in determining whether a patient assessed as detainable under Section 2 or Section 3 can be safely supported in the community while awaiting a bed, or whether the risk level necessitates immediate admission, potentially to a private facility. In cases requiring specialist treatment not available locally—such as for eating disorders or medium secure care—placements are commissioned through the Joint Commissioning Group. The committee acknowledged the complexity of these decisions and the need for ongoing oversight to ensure both patient safety and responsible resource use.</p> <p>Further discussion focused on the increase in Section 4 detentions, particularly in Ceredigion, which prompted a query from Ms Kate Burton. As a former Approved Mental Health Professional (AMHP), Ms Burton expressed concern about the rise and asked whether this was a short-term issue or indicative of a longer-term problem with Section 12 doctor availability. It was confirmed that the increase in Section 4 usage was likely linked to medical staffing challenges, particularly in Ceredigion, where it has been difficult to secure Section 12 doctors, especially out of hours. While this is a national issue, it is exacerbated in rural areas due to geographical constraints. It was noted that Carmarthenshire and Pembrokeshire often draw from the same limited pool of Section 12 doctors. The committee acknowledged that this has led to a greater reliance on Section 4 detentions, which are intended for emergency use when a second doctor is not immediately available.</p> <p>The group was informed that the national mental health workforce plan includes actions to address Section 12 availability, including the use of digital tools to better map and allocate doctors. However, the impact of these measures has not yet been fully realised. The issue is being escalated through various channels, including Mental Health Act administration, workforce planning submissions, and quality governance structures.</p> <p>The committee noted the report for assurance and recognised the need for continued monitoring and system-wide collaboration to address the challenges highlighted.</p>	
	<p>The Committee RECEIVED and NOTED the Mental Health Act Report.</p>	
<p>MHLC (25) 25</p>	<p>Mental Health (Wales) Measure 2010 Report</p>	
	<p>The committee received the quarterly report on the Mental Health (Wales) Measure, which provided data across all four parts of the Measure, along with additional contextual information not required by legislation but included to support broader understanding. It was noted that Part 1, which relates to primary mental health support services, showed a particularly positive outcome this quarter, with</p>	

all areas achieving full compliance against targets—marking one of the first quarters where all indicators were reported as green.

For Part 2, which covers Care and Treatment Planning, performance remained strong across the board. A minor dip was noted in Learning Disabilities (LD) services, with a 0.3% drop in compliance, but this was discussed and understood within the context of local operational challenges. It was highlighted that Ceredigion had previously been underperforming in this area, but recent data showed a significant improvement from 40% to 70% compliance, reflecting a positive trajectory. This improvement was attributed to the efforts of the local team, despite ongoing challenges such as vacancies, sickness absence, and medical cover pressures.

The report also included data on referrals and discharges, showing fluctuations in the number of patients entering and leaving services. While some months showed more discharges than admissions, this was considered a normal variation that typically balances out over the quarter. The number of patients being referred from 111 Option 2 to secondary mental health services had increased slightly, which was viewed positively as it indicated effective use of the single point of access and timely handover to Community Mental Health Teams (CMHTs).

Under Part 3, which relates to the timeliness of correspondence following assessments, it was reported that one case in adult services missed the 10-working-day target due to staff leave. However, all other services met the target. The report also included non-mandated data on waiting times for assessments, and it was confirmed that advocacy services maintained 100% compliance throughout the quarter.

Looking ahead, it was noted that CAMHS data will be included in future reports, as this has not previously been captured. Additionally, the committee was updated on the follow-up process after inpatient discharge, which, while not part of the Measure, is being monitored due to its importance in patient safety. All patients discharged from inpatient services are offered a follow-up assessment by either the Crisis Team or CMHT, recognising the post-discharge period as a high-risk time. Although one patient was missed in April during the early stages of data collection, the service is now achieving 100% compliance. This work aligns with the National Patient Safety Programme on safe discharge standards, and the committee was assured that the Health Board is already implementing the forthcoming standards ahead of formal publication.

The committee welcomed the report and acknowledged the progress made, particularly in areas previously underperforming.

	<p>The proactive inclusion of additional data and alignment with national safety initiatives was commended as a sign of strong governance and commitment to continuous improvement.</p> <p>During the discussion Ms Patel queried Part 2 Care and Treatment Planning, specifically around how compliance is measured. It was noted that while the reported data reflects whether a Care and Treatment Plan (CTP) is in place, there was concern that this may not fully capture the quality or effectiveness of the plans. It was highlighted that, although CTPs are often well-structured when reviewed by Hospital Managers, there is limited visibility of how these plans are being reviewed and updated over time, which may result in gaps in care.</p> <p>In response, it was confirmed that while the compliance data reflects the presence of a CTP, there is also a separate audit process in place to assess the quality of the plans. Team Managers routinely review CTPs as part of case supervision, and a formal audit is conducted by the Quality Assurance and Professional Development Team. This audit process has recently been reviewed and expanded to include not only the CTPs but also associated documentation such as comprehensive assessments, risk assessments, and general clinical record-keeping. The revised audit framework is currently being piloted, and it is anticipated that a full audit report will be presented at the November Mental Health Legislation Scrutiny meeting. This will then be included within the Scrutiny report for December to provide further assurance on the quality and consistency of care planning across services.</p>	KI
	<p>The Committee RECEIVED and NOTED the Mental Health (Wales) Measure 2010 Report.</p>	
MHLC (25) 26	Risk Register	
	<p>The committee reviewed the Risk Register, noting that the content had already been covered in the earlier Scrutiny Group report. It was confirmed that there had been no significant changes since the last meeting, and no new risks had been added. The ongoing risk associated with the temporary closure of the community-based Place of Safety in North Ceredigion was highlighted, particularly in relation to Section 136 provision, which continues to be monitored as part of the broader strategic review.</p> <p>The committee acknowledged that this risk remains active while the proposal progresses through the appropriate governance channels.</p> <p>A specific query was raised regarding the current risk score for the risk associated with patient care in the North Ceredigion area due to workforce capacity, which had last been reviewed on 23rd July. It was noted that while the situation remains fragile, a recent</p>	

	<p>resignation had been managed effectively, and temporary arrangements are in place to maintain service continuity. However, it was acknowledged that these arrangements may need to continue longer than originally anticipated. A process is underway to evaluate the impact and develop recommendations for a future service model.</p> <p>Despite the workforce challenges, the committee was assured that performance in Care and Treatment Planning is showing signs of improvement, and no serious incidents have been reported that would indicate a deterioration in quality. While there has been an increase in admissions, this is understood to be part of the broader system pressures. The ability to sustain the workforce during this period was viewed positively, and the recent appointment of new leadership in the area is beginning to have a stabilising effect.</p> <p>Encouragingly, the area is now generating interest from external candidates, including applications from other health boards and a forthcoming interview with an experienced doctor. The committee also noted the positive impact of internal development, with staff progressing through local training pathways. The team in North Ceredigion was commended for their resilience and cohesion, supported by two newly appointed managers who are contributing positively to team dynamics.</p> <p>The committee discussed whether the planned actions are likely to be implemented within the stated timeframes and whether they will effectively reduce the risk or mitigate its impact. Based on the information presented, the committee agreed that appropriate controls and mitigating actions are in place and that progress is being made. Assurance was provided that the situation is being actively managed and monitored.</p>	
	<p>The Committee RECEIVED and ASSURED the Risk Register update.</p>	
<p>MHLC (25) 27</p>	<p>Mental Health Bill update</p>	
	<p>The committee received an update by Ms Bourke on the reform of the Mental Health Act, delivered by by Thelma Massa, an independent organisation currently involved in the implementation of digital platforms for Section papers in England. While these platforms are not yet in place in Wales, Thelma Massa is actively engaging with stakeholders to introduce similar systems in the future. The event focused on the proposed Mental Health Bill, which remains under consideration in Parliament and has not yet entered the second stage of scrutiny. As such, the final content of the legislation is still subject to change.</p> <p>Key anticipated changes include the introduction of stricter detention criteria, particularly for Section 2 and Section 3, which may result in fewer admissions under the Act. Additionally, the</p>	

	<p>duration of detention periods is expected to be reduced for example, Section 3 detentions may shift from the current six month period to a revised structure of three months, three months, and six months, with increased requirements for Hospital Manager assurance at each renewal stage. These changes are likely to have significant operational implications, including increased administrative responsibilities and oversight requirements.</p> <p>It was noted that the current system already faces challenges in meeting existing legislative requirements, and there is concern that services across Wales may not be fully prepared for the scale of reform proposed. In recognition of these pressures, Parliament is expected to implement the new legislation in phased stages over a 10 year period, although the specific timeline and components of each phase remain unclear.</p> <p>A question was raised regarding the cost and resource implications of the reform, particularly whether funding would be allocated across the UK or specifically within Wales. While details remain uncertain, it was acknowledged that the financial impact is likely to be substantial. The update was provided for information and assurance, and the committee agreed to continue monitoring developments closely as further details emerge.</p>	
<p>The Committee RECEIVED and NOTED Mental Health Bill Update.</p>		

MHLC (25) 28	Policies for Approval	
	<p>11. Extension request for Section 136 Policy Section 136 Joint Procedure policy is due for its 3 yearly review by 24 March 2025 and following discussion within Mental Health Services a request was made to Committee that the policy is given a 6 month extension which the Written Control Document Group agreed to on the 28th January. The Mental Health Legislation Committee agreed on the extension of the Section 136 Joint Procedure under Chairs action.</p> <p>12. Section 117 Policy The committee also received an update on the Section 117 Policy, which has undergone a comprehensive review over the past six to eight months. A dedicated working group was established to revise the policy, resulting in a version that is significantly more user-friendly and accessible. The revised policy has been scrutinised locally and reviewed by the Written Control Document Group, with positive feedback received. The committee was informed that the policy is now ready for formal approval. The Mental Health Legislation Committee approved the Section 117 Policy under Chair's action.</p>	

	<p>Ms Jane Hitchings raised a concern from a local authority perspective, noting that the revised policy is not currently a joint policy signed off by the three local authorities. Ms Hitchings highlighted historical challenges in achieving consensus, particularly around funding arrangements, and emphasised that Section 117 should be viewed as more than a financial framework. Ms Hitchings stressed the importance of aligning the policy more closely with Care and Treatment Planning, suggesting that the two should be integrated to ensure a more joined-up approach to patient care.</p> <p>In response, it was acknowledged that while the current version of the policy outlines the principles of Section 117, further work is needed to ensure consistent operationalisation across local authority areas. The committee agreed that the implementation framework, including flowcharts and practical guidance, should be developed collaboratively to address variations in practice and secure broader buy-in. It was confirmed that local authority representatives are part of the working subgroup, and that future iterations of the policy should aim to reflect a more integrated system-wide approach.</p>	
	The Committee RECEIVED and NOTED that there were no policies for renewal.	

MHLC (25) 29	Schedule of Meetings 2025-2026	
	For information only.	
MHLC (25) 30	Annual Work Plan 2025-2026	
	For information only.	
MHLC (25) 31	Schedule of Meetings 2026-2027	
	For information only.	

MHLC (25) 32	Any Other Business	
	No updates for the meeting.	

MHLC (25) 33	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>	

Assure:

- 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, 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.
- The Committee received an update from the **Mental Health Legislation Scrutiny Group**, which met on 14 August 2025. The meeting was held in a hybrid format, with good representation from local partners, including voluntary sector representatives and regular attendance from police colleagues.
- The Committee received the **Mental Health Act Report**, which provides assurance that the Mental Health and Learning Disabilities Clinical Care Group is correctly carrying out its delegated responsibilities under the Mental Health Act 1983, and that the Act is being properly applied across the Local Health Board area.
- The Committee received the **Mental Health Measure 2010 Report**. The report provided assurance on compliance with the four parts of the Measure and highlighted areas of performance and concern.
- The Committee received an update on the **Mental Health Bill**, currently progressing through Parliament. Key changes include revised detention criteria, new safeguards for individuals with learning disabilities or autism, and the introduction of a Nominated Person role. Advance Choice Documents and statutory Care and Treatment Plans will be prioritised, with greater demands on community services. Implementation is expected from 2027 over a 10-year phased rollout, with significant financial and workforce implications.
- The Committee received two policy updates during the meeting. A six-month extension request for the **Section 136 Policy** was presented for approval. As the meeting was not quorate, the extension was approved as a Chair's action and will be formally ratified by the Committee via email circulation. The **Section 117 Aftercare Procedure Policy**, due for its three-year renewal, had progressed through the Health Board's approval stages and required final endorsement by the Mental Health Legislation Committee. Due to the lack of quoracy, this policy was also approved as a Chair's action and will be formally ratified by the Committee via email circulation.

	<p>Review of Risks: The Mental Health Legislation Committee reviewed the five 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. The following risks were discussed during the meeting. No changes have been made to the status of these risks at this time:</p> <ul style="list-style-type: none"> • 2090 – Risk to continuity of patient care in the Ceredigion area due to workforce Capacity • 1857 – Risk of significant delay in admission for individuals with medical recommendations for admission under the Mental Health Act. • 1781 – Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion County, meaning that patients may have to be cared for in the Acute setting. 	
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MHLC (25) 34	Date, Time and Venue of Next Meeting	
	The next meeting of the Mental Health Legislation Committee will be held on Monday 1 st December 2025. 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 2 September 2025 *Chantal Patel (Hywel Dda UHB - Independent Board Member)*

The committee will review and assess progress on previously assigned actions.

| For discussion

Attachments

004. Table of Actions from the meeting held on 2 September 2025.docx

TABLE OF ACTIONS FROM
MENTAL HEALTH LEGISLATION COMMITTEE
HELD ON 2 September 2025

2 September 2025				
MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
MHLC (25) 18	<p>Introductions and Apologies for Absence: Members were informed that the meeting was not quorate however, certain actions are required to be completed following the meeting to enable document approval.</p> <p>All documents scheduled for approval during the Committee meeting will be progressed as Chair's actions and will be circulated to Ms Eleanor Marks for official approval following the meeting.</p>	MH	September 2025	<p>Complete- the following documents were shared with Ms Eleanor Marks following the meeting for approval.</p> <ul style="list-style-type: none"> Minutes of the meeting held on 5 June 2025 Extension request for Section 136 policy Section 117 Policy review <p>Ms Marks approved all documents 16 September 2025.</p>
MHLC (25) 25	<p>Mental Health (Wales) Measure 2010 Report: A query was raised regarding the quality assurance of Care and Treatment Plans. It was confirmed that a revised audit process is being piloted, now including CTPs, comprehensive assessments, risk documentation, and record-keeping. A full audit report is expected at the November</p>	KI	November 2025	



	<p>Mental Health Legislation Scrutiny meeting, to be included in the December Scrutiny Report for Committee.</p>			
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1.5

5 Mins

1.5 - Mental Health Legislation Scrutiny Terms of Reference

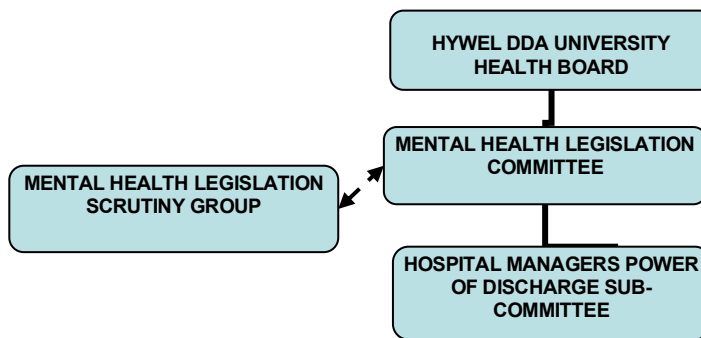
Chantal Patel (Hywel Dda UHB - Independent Board Member), Kay Isaacs (Hywel Dda UHB - Assistant Service Director- MHL Clinical Care Group)

The committee will review and approve the proposed terms of reference for the Mental Health Legislation Scrutiny Group.

| For approval

Attachments

[005. TOR MHL SG 14.11.25.doc](#)



TERMS OF REFERENCE

MENTAL HEALTH LEGISLATION SCRUTINY GROUP

Version	Issued to:	Date	Comments
V1	Mental Health Legislation Scrutiny Group	14.07.2014	
	Mental Health Act Monitoring Committee	11.08.2014	
V2	Mental Health Legislation Monitoring Committee	04.12.2014	
V3	Mental Health Legislation Committee	12.09.2017	
V4	Mental Health Legislation Committee	07.12.2017	
V5	Mental Health Legislation Committee	17.09.2019	
V6	Mental Health Legislation Committee	01.09.2020	
V7	Mental Health Legislation Committee	09.11.2023	
V8	Mental Health Legislation Committee	02.12.2024	
V9	Mental Health Legislation Committee	01.12.2025	

MENTAL HEALTH LEGISLATION SCRUTINY GROUP

1. Constitution

- 1.1 The Mental Health Legislation Scrutiny Group was established to report to the Mental Health Legislation Committee and was constituted from 14th July 2014.

2. Membership

- 2.1 The membership of the group shall comprise:

Title
Assistant Service Director, MH&LD Clinical Care Group (Chair)
Head of Service Adult
Head of Service Older Adult
Head of Service Inpatient
Head of Service-Learning Disabilities
Head of Service S-CAMHS
Medical Representative
GP Cluster Representative
Mental Health Legislation Manager (Vice-Chair)
Mental Health Act Administration Lead
Service Managers – Carmarthenshire County Council/ Pembrokeshire County Council / and Corporate Manager Ceredigion County Council
Police & Ambulance Services – to be included for circulation of papers and co-opted into the group as and when required
2 x Nominated Service Users: patient representative and carer representative
Professional Lead Occupational Therapy
Nominated representative from Advocacy Network
Liaison Representative

- 2.2 The membership of the group will be reviewed on an annual basis.

3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than a third of the total Membership (five) and must include as a minimum the Chair or Vice Chair of the group.
- 3.2 Any officer of the University Health Board or from a partner organisation may, where appropriate, be invited to attend.
- 3.3 The group may also co-opt additional independent 'external' experts from outside the organisation to provide specialist knowledge.
- 3.4 Should any Member be unavailable to attend, they may nominate a deputy to attend in their place.

- 3.5 The group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Principal Duties

- 4.1 The purpose of the Mental Health Legislation Scrutiny Group is to report to the Mental Health Legislation Committee that those functions of the Mental Health Act 1983 and the Mental Health (Wales) Measure 2010 which are delegated to officers and staff are being carried out correctly and are operating properly allowing for inadequacies to also be reported. This principle will also be followed by representative scrutiny group members to related committees in the partner Local Authorities.
- 4.2 In particular:
- 4.2.1 Assure that the Health Board's statutory duties as defined by the Mental Health Act 1983, as amended, are exercised reasonably, fairly and lawfully.
 - 4.2.2 Assure that the provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully.
 - 4.2.3 Assure compliance with the Mental Health Act 1983 *Code of Practice for Wales*, & Mental health (Wales) Measure 2010 Code of Practice
 - 4.2.4 Full implementation of any recommendations / actions outlined in Health Inspectorate Wales, NHS Executive and other external scrutiny bodies reports of visits to Mental Health and Learning Disability Services in the Health Board with regards to legislation.
 - 4.2.5 Local Authority representatives will provide quarterly activity reports on mental health activity including any difficulties or challenges faced by the local authorities at arranging assessments.
 - 4.2.6 Advise the Mental Health Legislation Committee of any areas of concern with suggested remedial action for any concerns raised.

5. Operational Responsibilities

- 5.1 The Mental Health Legislation Scrutiny Group will provide assurance to the Mental Health Legislation Committee on the: -
- 5.1.1 Operation of the Mental Health Act 1983 (the 1983 Act), as amended.
 - 5.1.2 Operation of the Mental Health (Wales) Measure 2010 (the Measure).
 - 5.1.3 Wider operation of Mental Health Legislation and especially the broader partnership inputs from the Local Authorities and Dyfed Powys Police.
- 5.2 Monitor and report on the implementation of agreed action plans arising from Healthcare Inspectorate Wales visits in relation to issues pertaining to the Mental Health Act or Measure, the NHS Executive and other external scrutiny bodies.

- 5.3 Monitor and report on the Mental Health & Learning Disability Clinical Care Group Risk Register in relation to issues pertaining to the MHA or Measure. Respective Local Authority Risk Registers will be reported upon in a similar timeline through respective Local Authority structures.
- 5.4 Monitor and report on the four phases of Right Care Right Person – to be led by Dyfed Powys Police.
- 5.5 Monitor and report on any developments in relation to the government Review of the Mental Health Act.
- 5.6 Monitor and report upon matters of risk relating to compliance with Mental Health Legislation and request assurance that those risks are being properly managed from Quality Safety Experience Sub Committee.
- 5.7 Monitor and report that arrangements for the delegated authority of approval for Approved Clinician's and S12 Doctors in Wales are compliant with the Directions and Guidance from the Welsh Government.
- 5.8 Monitor and report on the training requirements of those health and social care staff who exercise the functions of the Mental Health Act and Mental Health Measure.
- 5.9 Ensure that relevant legislation, particularly the Mental Capacity Act 2005, the Human Rights Act 1998, the Equality Act 2010, and the Data Protection Act 1998, are linked into the Scrutiny Group.

6. Standing items

- 6.1 Standing Items:
 - 6.1.1 Declarations of Interest
 - 6.1.2 Scrutiny Group and MHLC Table of Actions
 - 6.1.3 Mental Health & Learning Disabilities Clinical Care Group Risk Registers in relation to issues pertaining to the MHA or Measure
 - 6.1.4 Quarterly report detailing the operation of relevant Mental Health Legislation including the Mental Health (Wales) Measure 2010
 - 6.1.5 Quarterly report on Right Care Right Person during its implementation

7. Agenda and Papers

- 7.1 The agenda will be based around the identified risks, matters arising from previous meetings, MHLC Table of Actions, issues emerging throughout the year and requests from group members. Following approval, the agenda and timetable for receipt of papers will be circulated to all group members.
- 7.2 All papers should have relevant sign off and state who that is before being submitted to the group Secretary.

- 7.3 The agenda and papers for meetings will be distributed seven calendar days in advance of the meeting.

8. Frequency of Meetings

- 8.1 The group will meet quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the group in discussion with the group lead.
- 8.2 The Chair of the group, in discussion with the group Secretary shall determine the time and the place of meetings of the group and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 The group will be accountable to the Mental Health Legislation Committee and respective committees in each Local Authority within the Hywel Dda area for its performance in exercising the functions set out in these terms of reference.
- 9.2 The group is authorised by the Mental Health Legislation Committee to consider or have investigated any activity within its terms of reference. In doing so, the group shall have the right to inspect any documentation of the University Health Board relevant to the group's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- 9.2.1 Employee (and all employees are directed to co-operate with any reasonable request made by the group);
 - 9.2.2 Other Committee, Sub-Committee or group established by the Board to assist in the delivery of its functions by supplying information for scrutiny functions – safety, therapeutic delivery, effective care and efficient delivery

10. Reporting

- 10.1 The group, through its Chair and members, shall work closely with the Mental Health Legislation Committee to provide advice and assurance to the Board.
- 10.2 The group may establish groups or task and finish groups to carry out on its behalf specific aspects of groups business. The group will receive written update reports following each meeting which details the business undertaken on its behalf.
- 10.3 The -hair shall:
- 10.3.1 Report on the work conducted quarterly to the Mental Health Legislation Committee on the Sub-Groups activities. This includes written updates on activity, Bring to the Mental Health Legislation Committee's specific attention any significant matter under consideration by the group.

11. Secretarial Support

11.1 The group Secretary shall be determined by the group Chair. The administrative arrangements and support for the sub-group shall be sourced from within the Mental Health and Learning Disability Clinical Care Group.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on an annual basis by the group

1.6

5 Mins

**1.6 - Mental Health Legislation Committee
Annual Workplan 2026-2027**

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

The committee will review and discuss the proposed Mental Health Legislation Committee Annual Workplan for 2026-2027.

| For approval

Attachments

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

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

2 - Assurance and Risk

2.1

10 Mins

2.1 - Power of Discharge Sub-committee

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

Verbal update due to meeting timings.

| For assurance

2.2

5 Mins

2.2 - Mental Health Legislation Scrutiny Group

*Kay Isaacs (Hywel
Dda UHB - Assistant
Service Director-
MHLD Clinical Care
Group)*

| For assurance

Attachments

[008. Mental Health Legislation Scrutiny Group.docx](#)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 November 2025
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:	Kay Isaacs, Chair of Mental Health Legislation Scrutiny Group

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

The purpose of this paper is to present the Mental Health Legislation Committee an update from the Mental Health Legislation Scrutiny Group (MHLSG) meeting held on 13th of November 2025.

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 sent out 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.

The November meeting had good representation from agencies, reports were shared ahead of the meeting to facilitate discussion and scrutiny.

Concern raised in relation to the practice of discharging individuals off S2 of the Measure whilst still subject to S177 Aftercare was raised as a matter of interest.

Action – To review relevant patient cases in Pembrokeshire in the first instance and report back to SG.

S136 Review - Multi- Agency Options Appraisal Review update

The option appraisal process concluded with option 3 identified as the consensus for the location for a centralised place of safety for S136 assessments. This location is situated at the back of the Psychiatric Intensive Care and Low Secure Unit in Hafan Derwen, St David's Park, Carmarthen. Although the option appraisal process has concluded, there has been slight delay due to aligning governance processes, so an update will be provided at a future Board meeting.

Risk Register

There remain three legislation service risks on the MH&LD Clinical Care Group Risk Register.

- 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.

- Delayed admission to hospital following a Mental Health Act Assessment (MHAA) when medical recommendations for detention have been provided.

This risk was originally identified by LA colleagues due to non-availability of beds following a Mental Health Act Assessment when formal detention was required. Anecdotal activity suggests an improved position.

Plan - for LA to provide data in their reports so that the respective service holding this risk can review accordingly.

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

Temporary service change introduced in March 2025 had a positive impact on Measure performance data and a paper has been submitted to November Public Board to seek approval for the service change to become permanent. In addition, there is an additional request that if this change is approved, for GP routine referrals to be sent to the Single Point of Contact Service, 111#2, it is then extended to Carmarthenshire and Pembrokeshire subject to engagement with stakeholders.

MH Measure Report

The Measure report which provides activity and performance data was shared prior to the meeting. This report was discussed and scrutinised and the Mental Health Measure report on the Committee agenda will cover the salient points arising from this.

Introduction of revised audit tool and cycle for Comprehensive Assessment Tool, Care and Treatment Plan, Wales Approved Risk Network and Record Keeping

The clinical lead coordinating the new audit tool and cycle for Comprehensive Assessment Tool (CAT), Care and Treatment Plan (CTP), Wales Approved Risk Network (WARRN) and Record Keeping attended the meeting and provided an overview and summary in respect of findings of the first audit cycle. The Comprehensive Assessment Tool has been audited in Community Mental Health Teams both Adult and Older Adult. The audit cycle is now completed and initial learning gained from overarching data indicates that the overall quality of the record keeping exceeded minimum expected standards.

Areas for improvement were noted in the following sections contained in CAT, Physical Health, Carers, Substance Use and Risk management plans when WARRN not required. A data summary will be provided to each Team Lead in to improve on the areas identified.

The next audit to be undertaken is WARRN and the results will be shared in the March 2026 MHLG and included in the Committee report.

Mental Health Act Report

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

Local Authority Reports

Pembrokeshire:

Mental Health Act data provided reported an increase in use of the MHA, particularly out of hours, and the shortage of an AMHP workforce continues.

Carmarthenshire:

Report received but apologies, as no Carmarthenshire LA representation at the meeting. Issue of access to St John's ambulance raised in the report. The meeting was informed that there has been a change in St John's provision and there is now, no routine localised cover overnight but instead access to the service is centralised in Cardiff.

Ceredigion:

Increase use of Emergency Departments to undertake assessment for individuals under S136 LA to monitor and confirm how many had a physical requirement to attend ED in the first instance.

Terms of Reference

The ToR and group membership was reviewed and approved in the November meeting and is on the agenda for Committee approval.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau) 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

	<p>MHM – Mental Health Measure 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>Partïon / 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:	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.
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>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:	Not Applicable.

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

2.3

5 Mins

2.3 - Mental Health Act Report

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

| For assurance

Attachments

009. 01. MHLC report December.docx

009. 02. MHA report QTR 2.docx



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 December 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Scrutiny – Mental Health Act Data Performance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
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)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of the paper is to present to the Mental Health Legislation Committee the quarterly Mental Health Performance Report in relation to statutory mental health legislation in Wales including The Mental Health Act (1983), as amended.

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

Cefndir / Background

This Report provides assurance in respect of the work that has been undertaken by Mental Health and Learning Disabilities (MHLDD) Services during the quarter, that those functions of the Mental Health Act 1983 (the Act) which have delegated to officers and staff, are being carried out correctly; and that the wider operation of the 1983 Act in relation to the Local Health Board's area is operating properly.

The hospital managers must ensure that patients are detained only as the Act allows, that their treatment and care is fully compliant, and that patients are fully informed of, and are supported in exercising, their statutory rights. Hospital managers must also ensure that a patient's case is managed in line with other legislation which may have an impact, including the Human Rights Act 1998 and the Data Protection Act 1998.

The Terms of Reference of the Committee require the submission of a quarterly report to the Board to summarise the work of the Committee and identify how it has fulfilled the duties required of it. Regulations permit the Hywel Dda University Health Board to delegate functions to committees or sub-committees whose members need not be members of the Board. However, the Board retains the ultimate responsibility for the hospital managers' duties.

This report is prepared following the quarterly meeting of the Mental Health Legislation Scrutiny Group. 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 Committee's attention.

A copy of the full report received to inform the MH Legislation Scrutiny Group is ATTACHED

Asesiad / Assessment

The MH Scrutiny Group received a report detailing various activities and trends relating to the Mental Health Act during the period July to September 2025. Particular attention was made to the following areas:-

- Acknowledgement of the significantly busy period resulting in an above average use of most areas of the Act. This would include Section 2, 135, 136 and Part III of the Act. Some consent to treatment provisions (Part IV of the Act), applications to the Mental Health Review Tribunal, Hospital Managers and applications for discharge by the nearest relative were also above average.
- In addition to the high number of detention orders to the health board it was further recognised and reported across the three counties there had been further experiences of Mental Health Act assessments which had not concluded due to expiring prior to a hospital bed becoming available. During this period use of out of area and private beds had to be accessed to facilitate some of these detentions. These numbers are not provided within the MHA Performance Report, as they do not come under the scope of Hywel Dda Hospital Management.
- Use of Section 136 has increased quite sharply since July 2025. There were 30 x Section 136's during April to June. During July to September there were 65 (with a record of a further 13 which had been deterred). It was reported that this trend remains currently.
- During the period of July to September 71% of all Section 136s were taken to an A&E setting. This causes a number of operational challenges and not least, patients are less likely to be informed of their statutory rights as a result. Due to the ongoing concerns raised a commitment was made by the Mental Health Management team to ensure that the health based mental health Section 136 suite would be made available as a priority from October.
-

Argymhelliad / Recommendation

Members are asked to note the content of the report for ASSURANCE on governance systems and processes of the Mental Health Act.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	The purpose of the Mental Health Legislation Committee is to assure the Bord on the following: 2.1 Those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the UHB's area is operating properly.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality	Not Applicable Choose an item.

Quality and Engagement Act (sharepoint.com)	Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable 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	10. Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agenda, papers and minutes of the Mental Health Legislation Scrutiny Group
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Mental Health Legislation Scrutiny Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	
Gweithlu: Workforce:	-

Risg: Risk:	<p>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>; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i>; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i>.</p> <p>Safety of patients</p> <p>Assurance – use of statutory mechanisms</p>
Cyfreithiol: Legal:	<p>Above</p>
Enw Da: Reputational:	
Gyfrinachedd: Privacy:	<p>MHA performance report available on request.</p>
Cydraddoldeb: Equality:	



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

**1st July 2025 – 30th September 2025
(Quarter 2)**

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1.0 Introduction

The Mental Health Legislation Scrutiny Group's principal purpose is to ensure that the Mental Health Act 1983 and Mental Health (Wales) Measure 2010 are being carried out and operating properly within the health board and to report to the Mental Health Legislation Committee allowing for inadequacies and extraordinary activity to also be reported.

This report provides information relating to the use of the Mental Health Act 1983 (the Act) within the health board during Quarter 2, 2025/26.

To protect identity and comply with Information Governance any figures below five will not be disclosed upon submission to the Mental Health Legislation Committee.

A more detailed breakdown of the Act is as follows:

Mental Health Act, 1983 - Data Collection and Exception Reporting

2.0 Summary

Quarter 2, 2025/26 use of the Mental Health Act (MHA) has seen increased activity particularly in relation to Sections 2, 135, 136 and Part III detentions. Activity around Hospital Managers hearings, Mental Health Review Tribunals and some Consent to Treatment provisions were also higher than normal.

Use of Section 136's has increased significantly during this quarter with such high numbers not seen since 2021. A small number of individuals had several repeat Section 136's in close proximity. Due to the Section 136 suite not being in use over recent months the majority of cases (71%) were escorted to Emergency Departments. This caused a number of difficulties both operationally as well as in the data collection exercise. The provision of information to patients was also much reduced (43%) compared to when taken to a dedicated Section 136 suite (95%). A commitment to make the Section 136 suite available was made by the Mental Health Management team on 07th October 2025.

The use of the MHA within the general ward settings continues to gradually increase. During this quarter 9% of Section 2's were initially detained to a general hospital ward setting.

Activity relating to the Mental Health Review Tribunal and Hospital Managers has also been higher than average. Whilst demonstrating patients are ultimately aware of their statutory rights in relation to challenging their detention it does place additional demands on the service in providing reports, coordinating and attendance at hearings.

The MHA team has continued to provide training across the health board and with key stakeholders and training has been provided to new Hospital Managers, police, doctors and nursing staff during this quarter.

Use of the different sections in the table below are shown in comparison to average numbers based over the previous 3 years.

Section of MHA	Average use per Qtr	Qtr 4 activity	Notes
2	72	80 ↑	Higher than average use of this section.
3	38	41 ↑	Similar to the previous quarter a period a slightly higher than average use of Section 3.
4	3	Under 5	Use of Section 4 is quite infrequent and tends to fluctuate between 0 - 5 occasions per quarter. A low use of this section this quarter period.
5(4)	1	0	Use of this section is relatively rare however will fluctuate in use between zero to as many as 6
5(2)	19	14 ↓	Lower than average use of this section of the Act.
17A (CTO)	6	6	This is consistent with the quarterly average use of CTO's.
135	3	5 ↑	Use of this section of the Act has seen a marked increase over the past couple of years.
136	44	65 ↑	A sudden increase in the use of this section during this quarter period..
Part III	2	5 ↑	Numbers of Part III patients are generally quite low however during this period there has been an increase in numbers of planned admissions.

3.0 Findings and Information

3.1 Part II, MHA

3.1.1. Section 2 - Admission for Assessment

The use of Section 2 provides for someone to be detained in hospital for assessment and treatment of their mental disorder.

- Section 2 has been used on 80 occasions which is higher than the quarterly average based against the previous 12 quarters (July 2022 – June 2025) which is 72.
- Comparatively the last quarter period saw the lowest use within a quarter period in over 10 years.
- Its use within older adult services is proportionate to the average, that being 23 per quarter, during this period was used on 26 occasions.
- 68 of the 80 patients were admitted to hospital directly from the community. i.e. they were not already in hospital when they were detained, community settings can be a patient's home, care home or general hospital and can also include transfers from other hospitals outside of Hywel Dda UHB.
- There were 7 Section 2 detentions to general hospital ward settings. This equates to 9%.
- There were no uses of Section 2 to the CAMHS or Learning Disabilities service within Hywel Dda HB during this period.
- The times the detention orders were "received on behalf of the hospital managers" (not necessarily when the assessment was conducted) is as follows:
 - Monday to Friday 9am to 5pm: 24/80

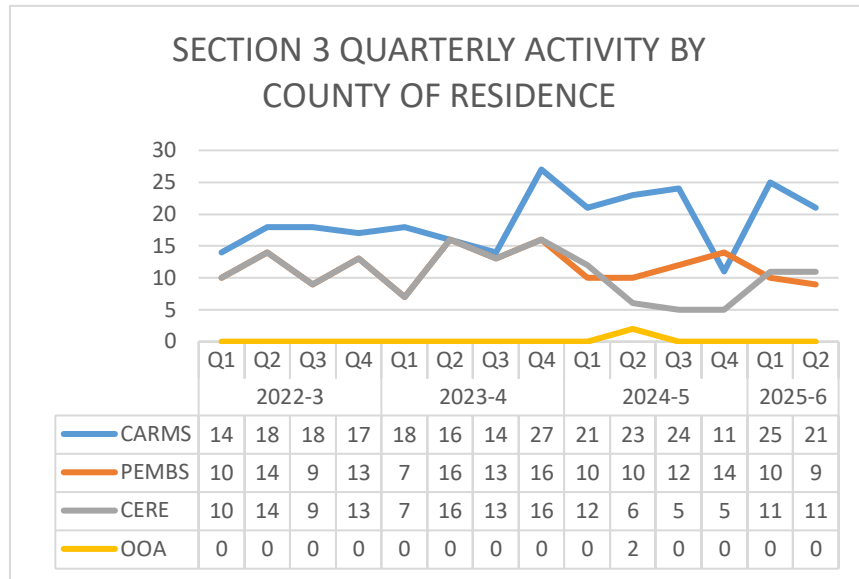
- Friday 05.01pm to Monday 08.59am: 22/80
- Weekday out of hours (5.01pm to 08.59am): 34/80
- 96% were of white British ethnicity which is relatively consistent with previous quarters other ethnicities were white European.

3.1.2. Section 3 - Admission for Treatment

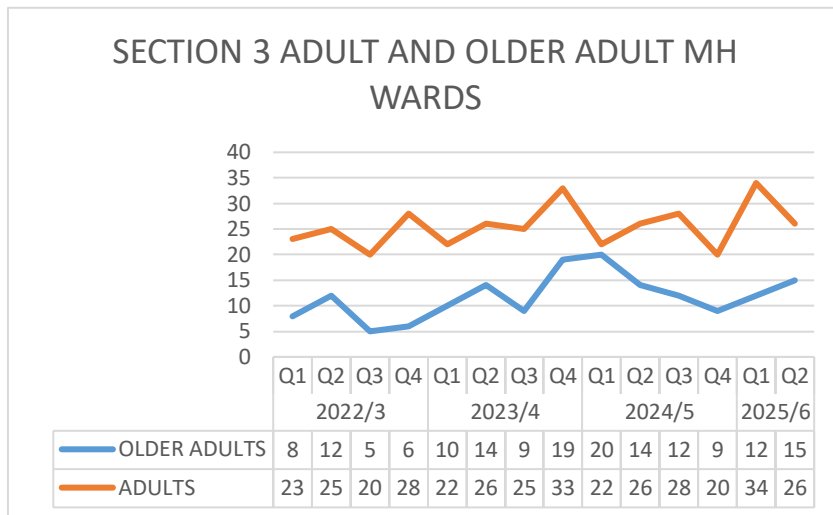
The use of Section 3 provides for someone to be detained in hospital for treatment of their mental disorder.

- Use of Section 3 occurred on 41 occasions which is an average use per quarter period (based across last 3 years) which is 38. A chart to show a breakdown of Section 3 use in the different services and counties can be found below.
- There were 9 direct admissions under this section, this would include transfers from other hospitals. The rest were changes in legal status e.g. from informal status. section 5(2) or section 2. 23 Section 3s were implemented following a Section 2 detention order.
- Of the 41 overall section 3s 26 were detained to adult inpatient wards and 15 to older adult wards.
- 45 Section 3s were discharged during this quarter with the following outcomes - 15 regraded to informal status (which could include DoLS authority), 23 were discharged from hospital. The remainder were transferred out to another hospital or placed in the community subject to a Community Treatment Orders.
- 100% were of white British ethnicity.

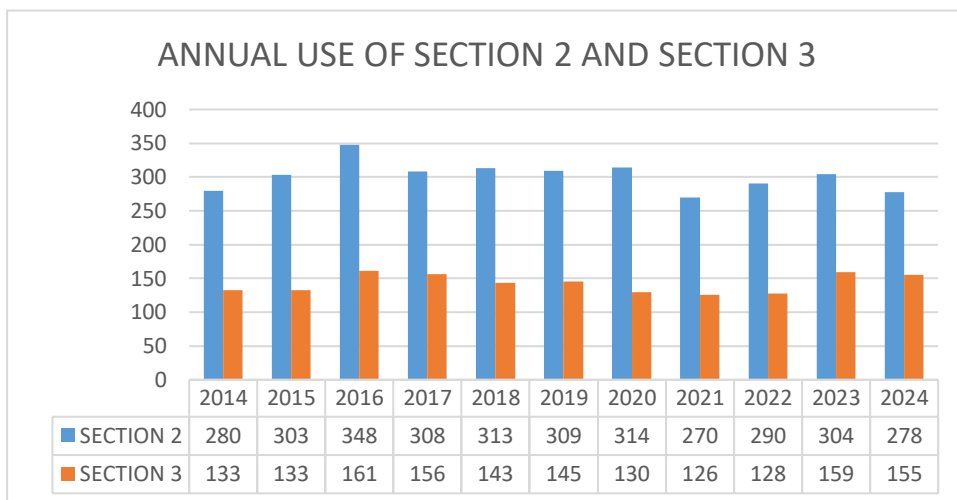
SECTION 3 QUARTERLY ACTIVITY BY COUNTY OVER 3 YEARS



SECTION 3 QUARTERLY ACTIVITY - OLDER AND ADULT INPATIENT BEDS (MH)



TOTAL USE OF SECTION 2 AND SECTION 3 OVER THE LAST 10 YEARS



3.1.3. Section 4 – Admission for Emergency

The use of Section 4 can be made on the basis of a single medical recommendation supported by the AMHP application and is used when the admission to hospital is urgent and would be unsafe to wait for a second medical recommendation for admission under section 2.

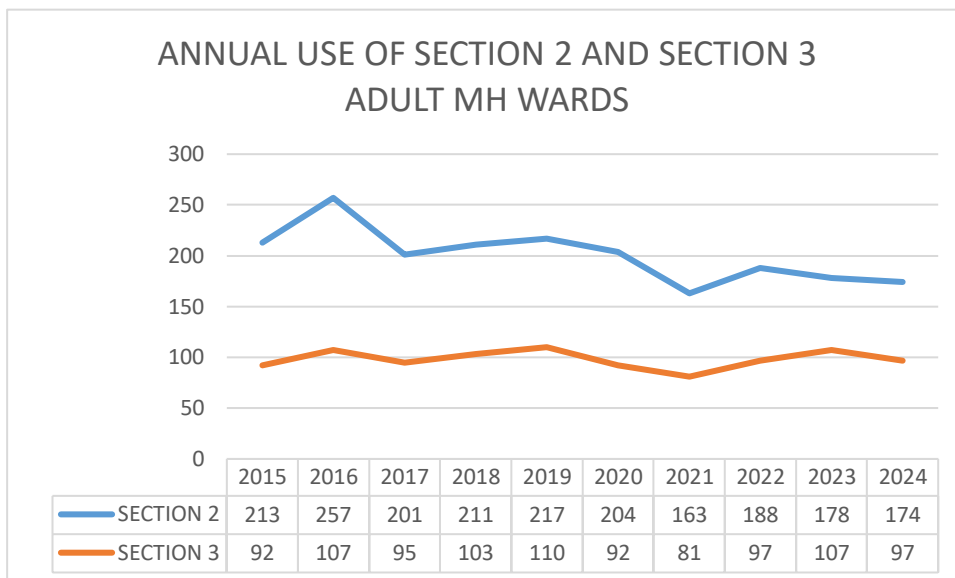
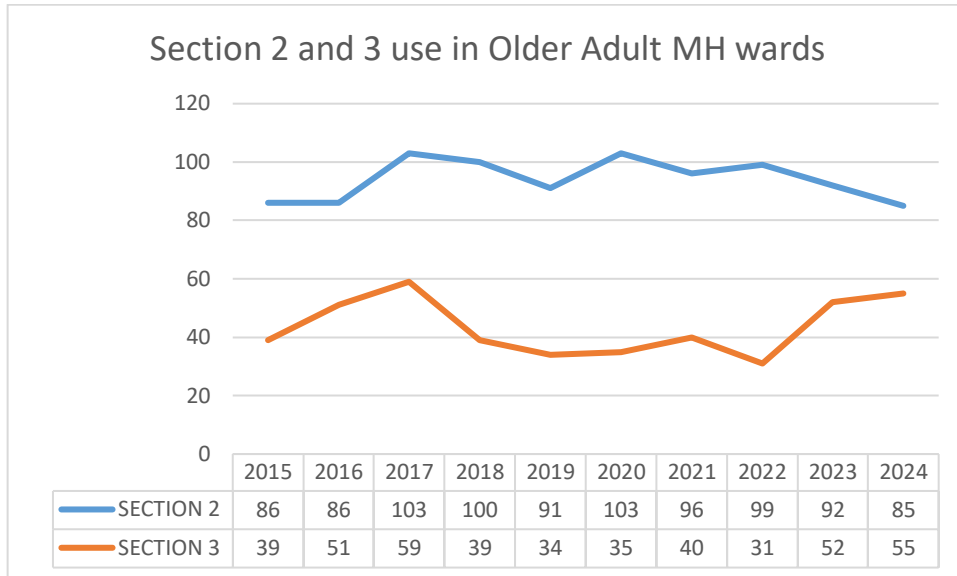
- On average it is used on three occasions per quarter. During this quarter it was used on less than 5 occasions under this section of the Act. This is significant decrease on the previous period.
- 100% were completed by a doctor that was not Section 12 approved.
- 100% were from the Pembrokeshire local authority and the emergency powers were used as a result of concerns about patient safety to self.
- 100% were regraded to Section 2 within 72 hours.
- Ethnicity – 100% white British, Gender - 0% male/ 100% female.

3.1.4. Section 5 – Holding Powers

Section 5(2) – used by Doctors in both mental health and general hospital settings to detain an in-patient for up to 72 hours to allow for a mental health act assessment to take place. Section 5(4) is used by mental health and learning disability nurses in mental health in-patient settings for up to 6 hours to allow for a further assessment to take place

- Use of the nurses holding power is rare and has not been used during this quarter.
- The doctors holding power was used on 14 occasions. This is considerably lower than the average use.
- Of the 14 Section 5(2)s 5 were used in adult MH acute wards.
- No under 18s were detained under Section 5(2) during this period.
- Section 5(2) may be used within general hospital wards. During this quarter it was used lawfully and appropriately on 5 occasions (36% of total Section 5(2) use). The outcomes of these holding powers were that all 40% were detained under a longer term section of the MHA. The remainder were regraded to voluntary or discharged.
- 36% of assessments were carried out within 24 hours.
- 57% were further detained under Section 2 or 3 (lower than previous quarter at 75%)
- Statistics:
 - 100% white British, 36% male, 64% female

3.1.5. Trends and Service Specific Information relating to Part II, MHA (Sections 2, 3, 4 and 5)

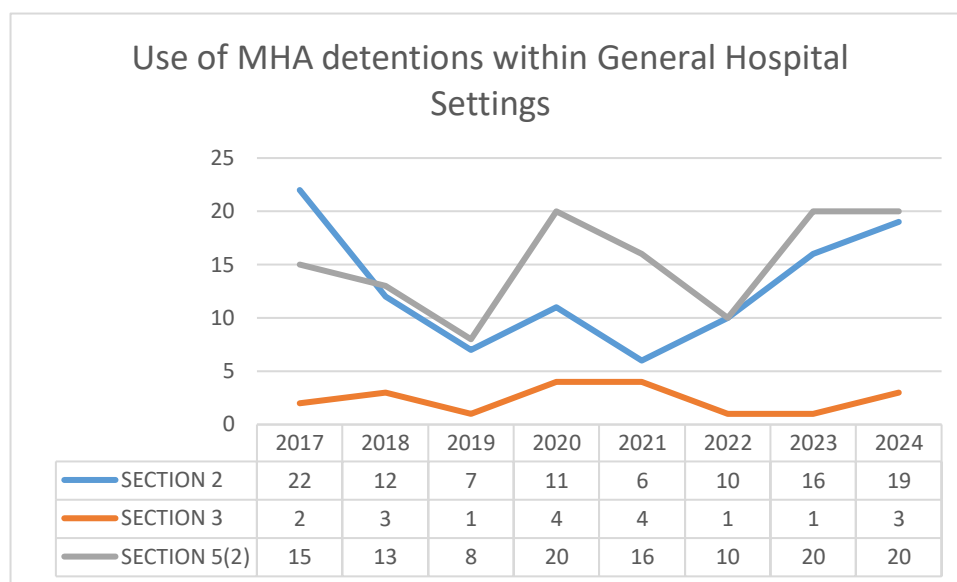


The table below demonstrates the % of which service both section 2 and section 3 were utilised. For example, it can be seen that in 2024 Quarter 1 56% of all section 2's were adult services with 10% of its use in the general hospital setting.

% of Overall Activity	2024/2025				2025/2026	
	QTR 1	QTR 2	QTR 3	QTR 4	QTR 1	QTR 2
SECTION 2	%	%	%	%	%	%
Adult	56	57	60	58	58	59
Older Adult	31	39	24	30	27	32
General DGH	10	1	7	8	13	9
CAMHS	3	3	7	3	2	0
Learning Disabilities	0	2	2	1	0	0
SECTION 3						

Adult	51	63	68	67	74	63
Older Adult	47	35	29	30	26	37
General DGH	2	2	0	3	0	0
CAMHS	0	0	3	0	0	0
Learning Disabilities	0	0	0	0	0	0

Use of the Act within the General Hospital settings over the last 8 years



No of Detentions to the General Hospital Wards (by Quarter)					
	July–Sept 24	Oct – Dec 24	Jan- March 25	Apr – June 25	July- Sept 25
Section 2	(1-5)	(1-5)	6	7	7
Section 3	(1-5)	0	(1-5)	0	0
Section 5(2)	(1-5)	(1-5)	7	5	5

Legal Status of Patients:

The table below is a snapshot the legal status's broken down as a % in each ward as of 30th September 2025

Ward	MHA includes home leave pts	DoLS	Informal	Home leave
Bryngofal	86%	0%	14%	14%
Bryngolau	47%	47% - authorised DoLS (33% standard, 13% urgent)	6%	0%
St Caradog	80%	0% - authorised DoLS	20%	7%
St Nons	64%	21% - authorised DoLS (standard)	15%	7%
Morlais	83%	0%	17%	17%
Enlli	38%	24% - authorised DoLS	38%	0%

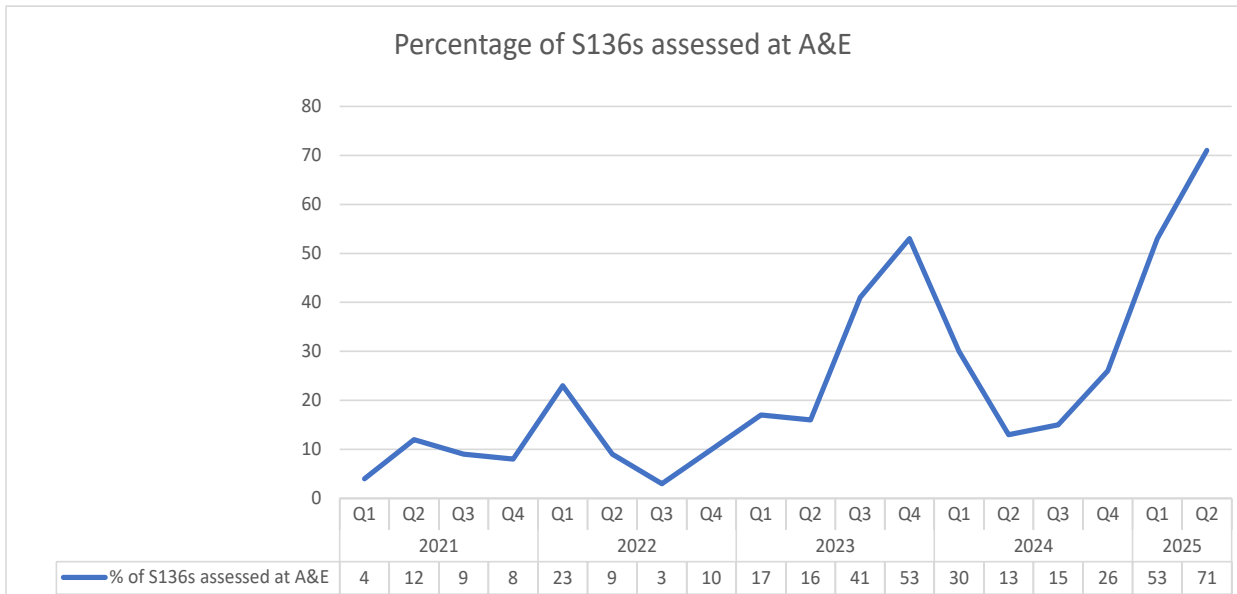
Low Secure	100%	0%	0%	13%
PICU	86%	0%	14%	0%

3.2. Use of Police Powers Sections 135 & Section 136

3.2.1. Section 136 – Removal of Mentally Disordered Persons to a place of Safety

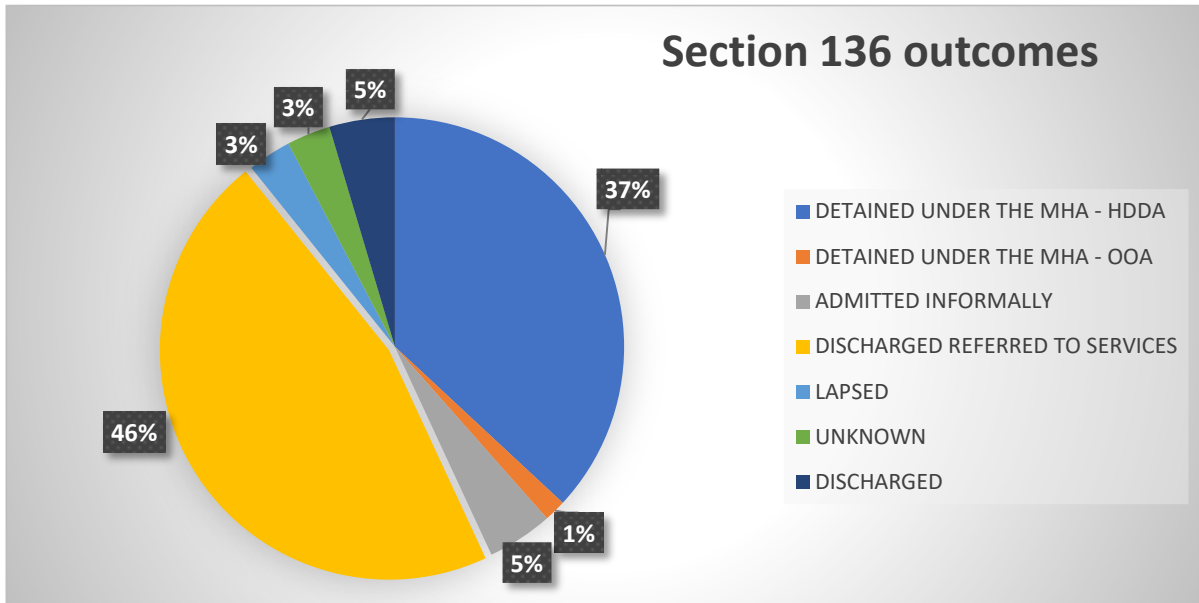
The powers of section 136 provide authority for a police officer who finds a person who appears to be suffering from mental disorder, in a place to which the public has access, to remove him to a place of safety if the person:

- This quarter has seen an increase in the use of Section 136 with numbers not observed since 2021. There were a total of 65 reported Section 136's.
- 56 different individuals were placed on S136. A small number of individuals having undergone multiple detentions in close proximity e.g. within a 24 or 48 hour period. Of these individuals, it was found that 22% had been allocated a care co-ordinator and 33% had a care and treatment plan detailing a strategy for managing crisis.
- The places of safety used for the MH assessment were as follows:-
 - 15 to Bryngofal
 - Under 5 to Morlais
 - 46 to A&E
 - Withybush Hospital – 17
 - Glangwili Hospital – 23
 - Bronglais Hospital - 6
- Of the 46 taken to an A&E department of assessment a further 4 cases were taken to A&E as a first place of safety before being transferred to a second place of safety.
- Of the 46 occasions A&E was used as a place of safety 17 were due to clinical need. The Section 136 suite / health based place of safety was not available for a large proportion of this period which is why A&E settings were used on an exceptionally high number of occasions. A commitment to make the Section 136 suite available was made by the Mental Health Management team on 07th October 2025.
- Custody was not used as a place of safety.
- Difficulties continue with obtaining accurate data. It is often challenging to obtain copies of the monitoring forms once assessments have been completed. Inaccuracies and disputes over the start times, dates, consultations and outcomes of the assessment are regularly reported.
- The table below shows the % of overall S136s that were assessed in A&E settings as opposed to a health-based place of safety.

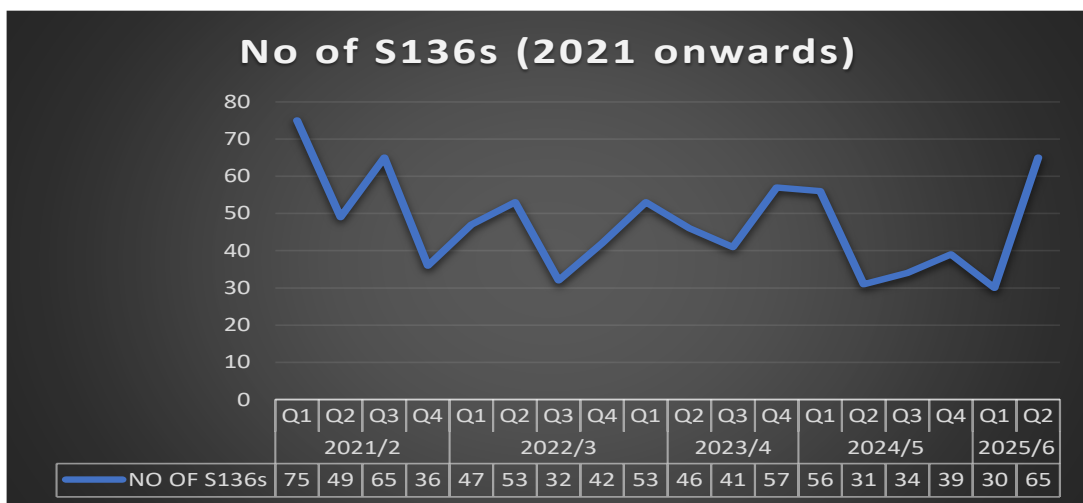


- Morlais Ward is a place of safety for the purpose of assessing under 18's subject to S136. It was not used as a place of safety during this quarter.
- There were less than 5 under 18s detained on Section 136 with handcuffs used in 25% of cases during the detention period.
- In total it is recorded within the monitoring forms that some form of restraint was used on 35 occasions (54%) which is lower than usual, for example, the last quarter it was 73% and the previous quarters was 64%.
- The duty to inform patients of their statutory rights was evidenced in 38 out of 65 cases overall which is 58% of all cases. Where A&E was used for S136 assessment this dropped to 43% of all cases whereas in allocated suites (Bryngofal and Morlais) it was 95%.
- Prior to exercising a Section 136 detention the officer should consult a health professional. This occurred in 47 out of the 65 detentions (72%). Of the 18 where no consultation occurred it is reported that 7 were as a result of an emergency and 1 because the officer could not make contact with services. Of the remainder the data was missing/not provided. The data shows that 80% of consultations were made with an AMHP however this was found to be inaccurate and in all cases it was a nurse with who officers had consulted.
- There is a report under the Out of Hours service that has a record of diverted S136s. There are at least 13 references to Section 136 being avoided as a result of the consultation process.
- 55 of the 65 resided within Hywel Dda catchment area.

Outcomes of the assessments as follows:



- It is unusual for Section 136 to lapse without an outcome. However, during this period a number of Section 136s lapsed after 24 hours. Reasons reported were due to the person not having been medically optimised for an assessment of their mental health and in another case the person was not assessed but no details were provided.
- Where the outcome of the assessment did not result in detention under the MHA – 21 of 40 utilised 2 doctors for the assessment.
- 57/65 assessments took over 4 hours and 1 Section 136 was extended.
- Ethnicity statistics –
 - 98% White British
 - 58% Female 42% Male



3.2.2. Section 135 – Warrant to search and remove person

Section 135 empowers a magistrate to authorise a police constable to remove a person lawfully from private premises to a place of safety.

Section 135 is split into two categories as follows:

- Section 135(1) warrant applied for by an AMHP (the local authority) if reasonable cause to suspect that a person is suffering from a mental disorder.
- Section 135(2) warrant by any constable or other person authorised (*will generally be health professional*) to remove someone already liable to be detained and remove them to a place they are meant to be.

- Both Section 135(1) and 135(2) were used during this period resulting in its use on 5 occasions in total.
- It is not known exactly how many warrants are applied for but get refused by court or alternatively granted but then not executed under this section.
- Executed Section 135's were split across all three local authorities local authorities.
- 100% of assessments resulted in further detention under the Act.

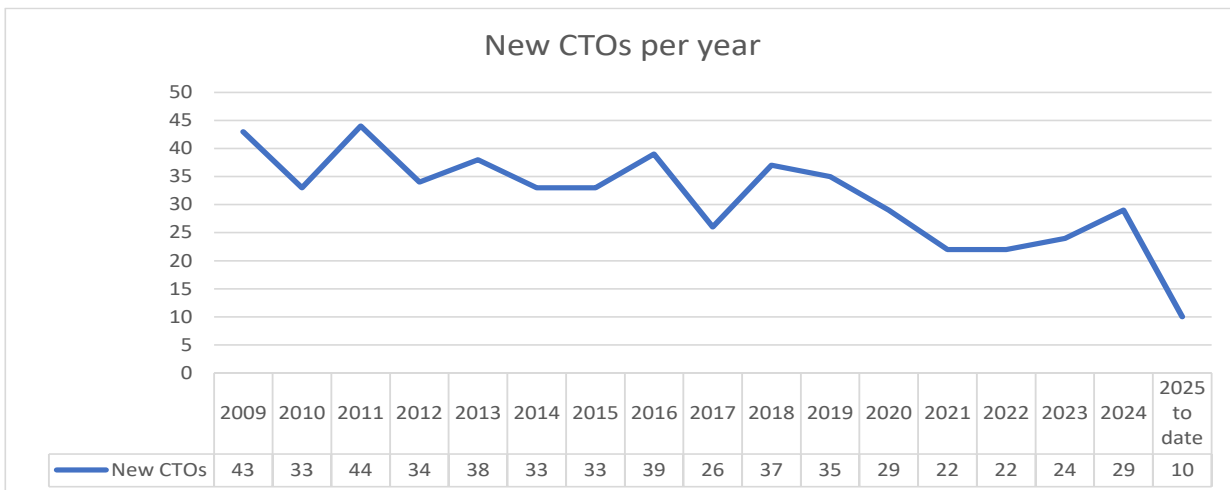
3.3. Section 17A - G, Community Treatment Orders

3.3.1. Community Treatment Order Activity

There were 26 Community Treatment Orders in place as at 30th September 2025.

County	Number of CTO's	Ethnicity
Carmarthenshire	10	White British – 100%
Ceredigion	Under 5	White British – 100%
Pembrokeshire	12	White British – 92% Other ethnicities – 8%

- There were 6 new CTO's for the quarter.
- Less than 5 recalls during this quarter.
- Less than 5 were discharged by the Responsible Clinicians



3.4 Part III

3.4.1. Patients Concerned in Criminal Proceedings or Under Sentence

Part III of the MHA deals with the circumstances in which patients may be admitted to or detained in hospital on the order of a court or by transfers from prisons.

- Use of this area of the Act is minimal within the Health Board. During this quarter it was used on 5 occasions.
- Unrestricted patients can be made subject to Community Treatment Orders however no new CTO for Part III patients were made.
- No restricted patients were discharged by the MHRTfW during this period.
- There was an unrestricted patient discharge.
- As of the 30th September 2025 the total number of Part III patients are split into the following – 71% restricted; 24% unrestricted; 5% CTOs.

3.5 Errors

3.5.1. Section 15 - Rectifiable Errors

Section 15, MHA allows corrections to be carried out within the statutory time limits (14 days).

- 91 statutory documents were medically scrutinised
- At least 48 rectifiable errors were discovered on medical recommendations, applications for admission and receiving of detention papers. Amendments can be made within 14 days under Section 15 of the Act and this process is carried out by the MHA administration team liaising with the professionals involved.
- Common errors made by doctors on medical recommendations included middle names missing, spelling errors with names and addresses, incorrect dates, not deleting whether they are Section 12 approved or not providing sufficient reasons where indicated.
- Common errors, by AMHPs, on applications included missing middle names, deletions not undertaken or completing unrequired information, incorrect nearest relative names and address and not completing reasons why doctors used did not have a previous acquaintance with the patient.
- Common errors by nurses upon receiving detention papers have included missing details regarding the section number, middle name, time and date of section. Also completing they are receiving a second medical recommendation in relation to a Section 4 when this is not the case.
- A short powerpoint training presentation on scrutiny of section papers has been uploaded onto the MHA administration sharepoint page in order for professionals to access.

3.5.2. Section 15 - Non-Rectifiable Errors

Where the error is so severe that the error cannot be rectified under Section 15 the appropriate action is taken.

- There were no un-rectifiable errors made during this current quarter.

3.5.3. Other errors

Section 15 relates only to detentions under Section 2, 3 and 4 of the MHA. Errors under this heading of the report relate to other areas of the MHA including Section 5, Community Treatment Orders and Consent. Appropriate action is taken with relevant teams.

- HO12s are completed by a doctor for the purposes of Section 5(2).
 - A small number of Section 5(2)s submitted are not received by an officer authorised to do so.
 - A small number have been submitted with insufficient reasoning for the detention and/or no reference to any mental disorder.
- Consent – authority to treat under the Act may only be completed by a SOAD or Approved Clinician.
 - A small number of certificates were submitted by a person not authorised to do so.

3.6. Code of Practice for Wales

An annual report on the use of restrictive practice policies should be received and considered by the health board. This should include aggregated data. (CoP pg262)

3.6.1. Locked Door Activity (Chapter 26 CoP for Wales)

The Code of Practice provides guidance around the use of locked doors and recommends that a policy should be developed at an organisational level but may be adapted for specific locations. The policy should be considered as part of ward/unit management system.

The Health Board operates a locked door policy across all services however expects staff to ensure patients are aware of their rights, reasons for the locked door and options for access and exit are made clear to both patients and visitors.

Adherence to the “Locked Door and Associated Safeguards for Mental Health and Learning Disability Wards Policy” (321) is provided via the Mental Health’s Ward Management Forum.

3.6.2. Exclusion of Visitors (Chapter 11, COP for Wales)

The Code of Practice states that Hospital Managers should regularly monitor the exclusion from the hospital of visitors to detained patients. “Any decision to exclude a visitor should be fully documented and available for independent scrutiny by HIW”. Ward managers within the mental health services report any instances of exclusion of visitors to the MHA office. During this reporting period there were no reports of visitors excluded.

3.6.3. Withholding of postal packets (Sec 134 MHA)

Patients should have access to any correspondence they receive and send and their privacy respected. However, Section 134, MHA provides authority and withholding of a detained patient’s outgoing and incoming mail. The procedure to be adopted is included in The Mental Health (Hospital, Guardianship, Community Treatment and Consent to

Treatment) (Wales) Regulations 2008 where it provides occurrences should be reported upon.

There has not been any post withheld during this reporting period.

3.6.4. Information to Detained Patients and Nearest Relatives

The MHA team monitor and contact wards and departments to help ensure all patients detained under the MHA are provided with information relating to the rights of detention.

Most patients are provided with rights during the first 72 hours of detention however there are occasions whereby this is not possible, for example due to a temporary loss of capacity to retain the information or that the risks are deemed too high to staff to do this safely.

3.7. Part IV / IVA Act (Sections 57 – 64) Consent to Treatment and SOAD (Second Opinion Appointed Doctor) requests to Healthcare Inspectorate Wales.

3.7.1. Certification for Treatment – Capacity and Consenting Status

During this quarter there have been 18 new treatment authorisation documents completed for consenting to treatment instances: -

14 x C02 – to certify person has capacity and consents to treatment (detained patients)

3 x C08 – as above (CTOs)

Under 5 x CO4 – as above for the treatment of ECT

This compares with 11 new certificates issued during the last quarter and 27 the quarter before.

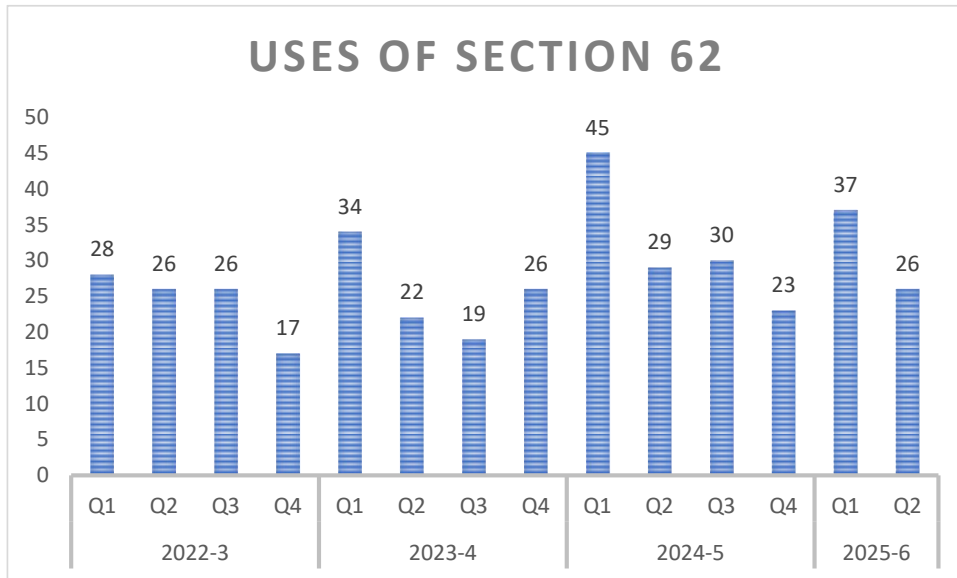
3.7.2. Certification for Treatment – Non capacious or non-consenting status

When a detained patient requires authority for treatment to proceed but does not have the capacity to consent or refuses to consent then a Second Opinion Appointed Doctor must certify the treatment. SOADS are allocated through HIW.

- 16 SOAD requests were made (34 last quarter period) and the following certificates were completed:
 - 13 CO3s (detained patients)
 - 5 CO7s (CTOs)
 - Less than 5 CO6s (ECT)
 - Under 5 certificates pending carried forward to current quarter period
- Average waiting time for a SOAD (medication for inpatients) was 10 days (previous quarter was 9).
- Of the 19 certificates issued by a SOAD 8 patients were seen in person with the remaining 11 reviews conducted remotely before issuing the relevant certificate to authorise treatment. HIW advised that this ratio is likely to remain.
- There were less than 5 authority certificates for Electro-convulsive therapy (ECT). The average wait for a SOAD to certify treatment for ECT was 4 days (decrease from 11 days last quarter).
- Longest waiting time for a certificate was 22 days. The delays on these occasions were as a result of the SOAD being unable to make contact with the Responsible Clinician. HIW have their own key performance indicators, however they are set

from the point they allocate a doctor to the issuing of the certificate as opposed from when the SOAD request is made to the certificate being issued.

- Section 62 and 64 (emergency) treatment allows for lawful and short-term administration of treatment in the absence of a SOAD certificate. Use of this emergency treatment during this quarter was higher than average as can be seen from the line chart below showing its use over per quarter over the past 3 years. It was used on 37 occasions.



- Reasons for its use is as follows:
 - For purposes of authorising ECT occasions - no SOAD requests had been made at the point of these treatments.
 - On 10 occasions to authorise medication because three month rule (or one month for CTO's) had expired or the previous certificate had an expiry date and the SOAD had not yet authorised treatment.
 - On 7 occasions there was a change of medication or Responsible Clinician.
 - On the other occasions it was due to change in legal status (CTO revoked) or the patient had changed their consent status.

Use of emergency Section 62 treatment could be reduced with more prompt SOAD requests or certificate being provided by the SOADs. There were 7 occasions during the last quarter when SOADs were requested by Responsible Clinicians within 3 days of the three month rule expiring.

3.7.3. Section 61, Review of Treatment

When a section is renewed under Section 15 or a Community Treatment Order is extended the Responsible Clinician is required to review the treatment and progress for patients that have been subject to a SOAD certificate during the previous period of detention. A report is sent to Healthcare Inspectorate Wales on each case (HIW1).

There were 14 records made during this quarter under Section 61 which is slightly more than the previous quarter.

3.8. Sections 23, 24, 20/20A and 65-79 MHA – Discharge from Detention

3.8.1. Applications for Discharge to Hospital Managers

There has been a further increase again this quarter with 15 applications for discharge made to the hospital managers . This is the highest number of applications in a quarter period since Qtr 1, 2019 and more in keeping with the numbers seen pre-covid years. Of the 15 applications 7 hearings were conducted.

All applicants appealing their detention are given the choice to request whether they want a face to face or remote type hearing. Of the 15 applications made 11 requested a face to face hearing.

3.8.2. Application for Discharge by Nearest Relative

There were under 5 applications for discharge made by a nearest relative during this quarter.

3.8.3. Hospital Managers Hearings

In total (all hearing types) the Hospital Managers held 27 reviews during this quarter and a further 6 were cancelled within 24 hours of its schedule due to either patient withdrawing an application or the detention order ending. Of the 26 cases patients were present in 17 reviews and of those 15 had an IMHA and/or had a solicitor present. The others advocated themselves independently. Of the 9 where patients did not attend some had an IMHA, solicitor or relative present at the review.

No applications were made for a Welsh hearing. Translation services were not required.

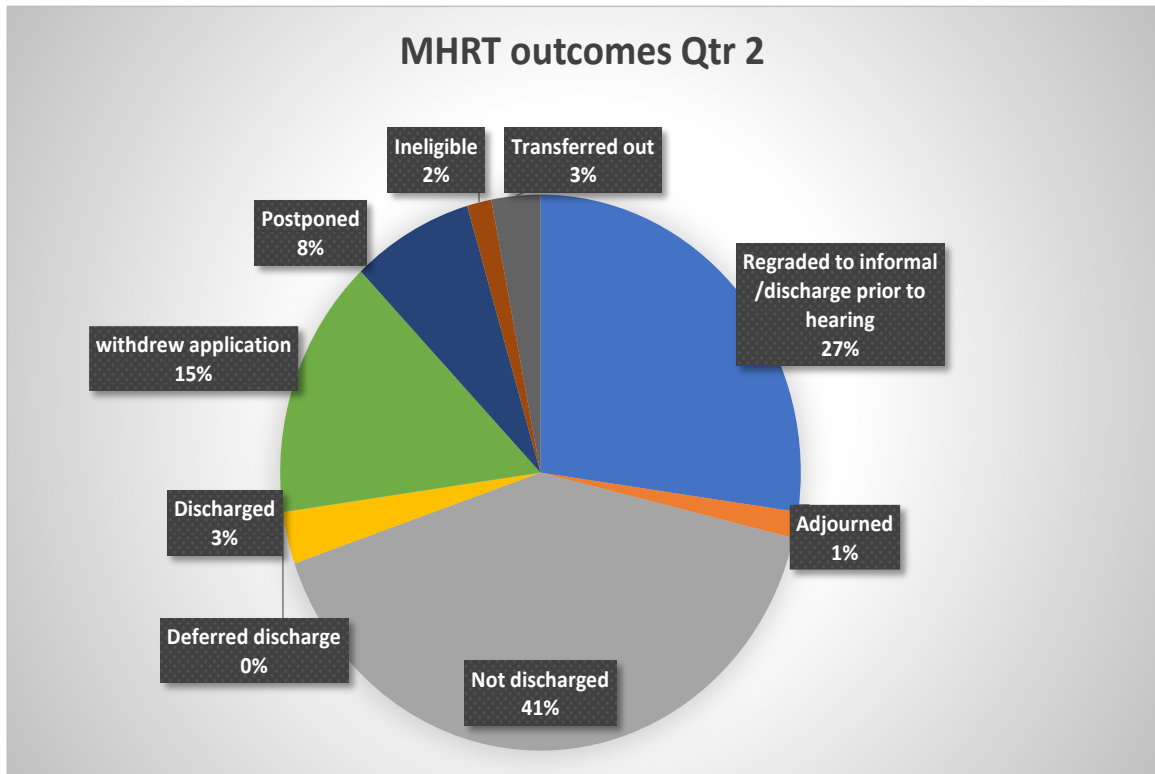
3.8.4. Applications, Referrals and Outcomes at the Mental Health Review Tribunal

There has been 71 applications/referrals to the Mental Health Review Tribunal (MHRTfW) during this quarter with 30 hearings conducted. The MHRTfW office offer the option of face to face or remote reviews based upon patient choice. Of the 30 hearings 17 occurred in person, 12 via MS Teams and 1 via telephone.

There has been under 5 discharges ordered by the MHRT during this quarter period.

No applications were made for a Welsh hearing. No use of translation services were required.

The outcomes of the arranged tribunals during this quarter can be seen below:



3.8.5. Comparative Information relating to Hospital Managers and Tribunals processes

In order to determine whether activity deviates from the norm current quarterly activity can be found in the table below compared against average activity based over the previous 3 years.

Activity	Average per Qtr 2018/19	Average per Qtr	Qtr 2 activity	Notes
Applications to the Hospital Managers	14	6	15	This is the first quarter where applications have returned to numbers above 10.
Renewals / Extension reviews	-	16	17	Every renewal of section / extension of CTO must have a hospital manager review.
Applications by nearest relative	Less than 5	Less than 5	Less than 5	Figures are generally low
Applications/referrals to MHRTfW	44	50	71	Increased number of applications to the Tribunal this quarter period
MHRT hearings held	-	25	30	Increased number of hearings held.

3.9. Miscellaneous

3.9.1. Policies

Policies referred to within the Code of Practice are “Owned by” the Mental Health Written Control Documents Group and are “Approved by” the Mental Health Legislation Committee (MHLC).

During this quarter policies were reviewed as followed:

(395) Section 136 MHA Mentally Disordered Persons found in public places – *extension of review period granted for 12 months to allow for legislation changes to 24.03.2026*

(688) Section 117 Aftercare Procedure Mental Health Act 1983 – *approved by Mental Health Legislation Committee 02.09.2025.*

3.9.2. Training

The Mental Health Act Team continues to provide training to services and partner Agencies on the use and processes in performing the functions of the Act. During Quarter 1- the following sessions have been provided either face to face or via MS Teams

Date	Group	Topic
12.08.25	New doctors induction	MHA overview
04.09.25	Dyfed Powys Police trainees	Section 135/6
09.25	Hospital Managers induction	MHA overview – particularly Section 23 of the Act
08.09.25	PICU Nursing team	MHA general update on processes

Ward management teams often report difficulties in ability to release staff for training purposes therefore pre-recorded powerpoint training presentations are being prepared and uploaded to the MHA Administration Sharepoint page – readily and easily accessible to all staff across Hywel Dda sites. Topics so far include *Section 136* and *Section 5(2)* and recently added “*Receipt and Scrutiny of Statutory Papers*”. Further presentations to be developed and should be available in due course.

3.9.3. Operational

Lasting Power of Attorneys

The MHA department are required to notify the MHRTfW about any Powers of Attorneys/Deputies. This is in addition to any other responsibilities to Attorneys and Deputies as outlined in Code of Practice (Chapter 7). No details of LPA’s have been provided for detained patients during this quarter to the MHA administration team.

CAMHS ASSESSMENTS

There has been a number of areas where the MHA has been utilised within this service during the last quarter - Section 136, Section 2 and Section 4 detentions have all been used. Where a CAMHS assessment is undertaken a specialist doctor in this field should make themselves available.

DATIX REPORTING

All incidents relating to breaches within the MHA are reported upon internally via the DATIX system by the MHA Administrator and reporting it to MHA Administration Lead.

3.9.4. Section 117 Aftercare

A centralised Section 117 register to serve both Health Board and the Local Authority is currently under review.

During this quarter there were 13 new S117 applicable persons were detained to the health board under the Act. The total figure may be slightly more than that if persons within the area have been detained outside of the health board.

In addition to the above there were a further 9 persons detained under a qualifying section of the Act but who were already on the Section 117 register.

During this quarter we have been notified of 26 who have been removed from the centralised register either through a formal discharge or when deceased.

The centralised register is under development within the MHA department currently. At the present time it shows that there are 1218 persons eligible for Section 117 aftercare within the health board.

4.0. Description of Sections

Longer Term Sections (medication can be given)

Section 2 Admission for assessment – up to 28 days

Mental Health Act assessment undertaken by 2 registered medical practitioners, where practicable by one who knows the patient. One must be Section 12(2) approved. An Approved Mental Health Professional (AMHP) must also assess, preferably at the same time as at least one registered medical practitioner.

Criteria needs to be met -

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

2 x medical recommendations (HO4), 1 x application from AMHP (HO2)

Section 3 Admission of treatment – up to 6 months, renewable for 6 months, 12 monthly thereafter

Mental health act assessment undertaken by 2 registered medical practitioners, where practicable by one who knows the patient. One must be Section 12(2) approved. An Approved Mental Health Professional (AMHP) must also assess, preferably at the same time as at least one registered medical practitioner.

Criteria needs to be met -

- a) is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment in hospital; and*
- b) it is necessary for the health and safety of the patient or for the protection of other persons that he should receive such treatment and it cannot be provided unless he is detained under this section; and*
- c) appropriate medical treatment is available for him.*

2 x medical recommendations (HO8), 1 x application from AMHP (HO6)

Short Term Sections (medication cannot be given)

Section 4 Admission for emergency – up to 72 hours

mental health act assessment undertaken by a registered medical practitioner, where practicable by one who knows the patient
An Approved Mental Health Professional (AMHP) must also assess the patient – ideally at the same time

Criteria needs to be met -

“it is of urgent necessity for the patient to be admitted and detained under section 2” and that compliance with the provisions relating to application under that section “would involve undesirable delay”

1 x medical recommendation, (HO11) 1 x application from AMHP (HO10)

Section 5(2) Approved Clinician Holding Power – up to 72 hours

mental health act assessment undertaken by a registered medical practitioner.
Criteria is - *that an application for compulsory detention “ought to be made”.*

1 x Form HO12

Section 5(4) Nurses Holding Power – up to 6 hours

Criteria is: if it appears to a nurse of the ‘prescribed class’ firstly that “...*the patient is suffering from mental disorder to such a degree that it is necessary for his health and safety or for the protection of others for him to be immediately restrained from leaving the hospital*”. Secondly the nurse must believe that “...*it is not practicable to secure the immediate attendance of a practitioner or clinician for the purposes of furnishing a report under subsection (2)...*” In other words, the doctor or approved clinician (or their deputy) cannot attend in time to provide a report under section 5(2).

1 x Form HO13

Community Treatment Order and related sections (medication can be given)

Section 17A Community Treatment Orders – up to 6 months, renewable for 6 months (17A+) 12 monthly thereafter (17A ++)

Criteria is:
the patient is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment;
it is necessary for his health and safety or for the protection of other persons that he should receive such treatment;
subject to his being liable to be recalled ... such treatment can be provided without his continuing to be detained in a hospital;
it is necessary that the responsible clinician should be able to exercise the power under section 17E (1) below to recall the patient to hospital;
appropriate medical treatment is available for him

Form CP1

Section 17E Recall of a CTO. Duration is up to 72 hours, which starts once the patient has been admitted to the hospital.

Criteria is: *a change of mental state or increase in risk.*

Form CP5

Section 17F Revocation of a CTO patient who has been recalled to hospital – the section is the re-introduction of the Section 3 or Section 37 (depending on what section they were on previous to the CTO) - up to 6 months, renewable for 6 months, 12 monthly thereafter

Criteria needs to meet the same as Section 3 -

a) is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment in hospital; and

- b) it is necessary for the health and safety of the patient or for the protection of other persons that he should receive such treatment and it cannot be provided unless he is detained under this section; and*
- c) Appropriate medical treatment is available for him*

Revocation requires the written agreement of an AMHP. Form CP7

Places of Safety Sections (medication cannot be given)

Section 135 Warrant to search and remove

Section 135(1) – warrant to enter and remove

Section 135(1) empowers a magistrate to authorize a police constable to remove a person lawfully from private premises to a place of safety.

A warrant may be issued if, on having information on oath from an approved mental health professional (AMHP), it appears to the magistrate that there is reasonable cause to suspect that a person believed to be suffering from mental disorder is:

Criteria is:

has been, or is being, ill-treated, neglected or kept otherwise than under proper control, in any place within the jurisdiction of the justice, or being unable to care for himself, is living alone in any such place

Section 135(2) – warrant to enter and take or retake

Section 135(2) concerns the taking into custody of patients who are unlawfully absent.

A magistrate can issue a warrant to take or retake the patient if it appears, on information on oath by any constable or any “*other person authorised by or under this Act... to take...or retake a patient who is liable under this Act*”, that:

There is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the justice; and

That admission to the premises has been refused or that a refusal of such admission is apprehended

Section 136 Place of Safety – up to 24 hours

The powers of section 136 provide authority for a police officer who finds a person who appears to be suffering from mental disorder, in a place to which the public has access, to remove him to a place of safety if the person:

Criteria is:

Appears to be suffering from mental disorder and to be in immediate need for care or control, the constable may, if he thinks necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety...

Part 3 - Sections in relation to Patients concerned with criminal proceedings or under sentence

Section 35 Remand to hospital for report on accused’s mental condition – for up to 28 days but can be extended to a maximum of 12 weeks (medication cannot be given)

An approved clinician (at the hospital) is required to provide a report to the court. The court must be satisfied (on the written or oral evidence of any doctor) that:

- (a) *...there is reason to suspect that the accused person is suffering from mental disorder; and*
- (b) *...it would be impracticable for a report on his mental condition to be made if he were remanded on bail*

Section 36 Remand of accused person to hospital – up to 28 days but duration will be set by the Court – maximum of 12 weeks (medication can be given)

The Section 36 is to allow a Crown Court to remand an accused person to hospital for the purposes of treatment. The court must be satisfied (on the written or oral evidence of two doctors, one of whom must be section 12(2) approved) that the patient:

- (a) *...is suffering from mental disorder of a nature or degree which makes it appropriate for him to be detained in a hospital for medical treatment; and*
- (b) *appropriate medical treatment is available for him*

Section 37 Hospital Order or Guardianship Order - up to 6 months, renewable for 6 months, 12 monthly thereafter (medication can be given)

Section 37 enables a Crown Court or a magistrates' court to order a person to be detained in hospital for treatment (or make a person subject to guardianship) when otherwise they may have imposed a prison sentence. The "hospital order" or a "guardianship order" is given as an alternative to imprisonment, a fine, or probation if appropriate.

The court must be satisfied (on the written or oral evidence of two doctors, one of whom must be section 12(2) approved) that the patient:

is suffering from mental disorder and that either –

- (i) *the mental disorder from which the offender is suffering is of a nature or degree which makes it appropriate for him to be detained in a hospital for medical treatment and appropriate medical treatment is available for him; or*
- (ii) *in the case of an offender who has attained the age of 16 years, the mental disorder is of a nature or degree which warrants his reception into guardianship...;and*

...the court is of the opinion, having regard to all the circumstances including the nature of the offence and the character and antecedents of the offender, and to all other available methods of dealing with him, that the most suitable method of disposing of the case is by means of an order under [section 37]

Section 37/41 Hospital Order with Restrictions – made with no time limit (medication can be given)

A Crown Court may, if necessary for the protection of public from serious harm, place restrictions onto a hospital order at the time of making the order under section 37.

The restrictions, Section 41, sets out that the Court must have regard to "...the nature of the offence, the antecedents of the offender and the risk of his committing further offences if set at large..." and if it is necessary "for the protection of the public from serious harm..." the Court can order that the patient is subject to the special restrictions of the section.

An order made under section 41 is known as “a restriction order”, and is commonly referred to as “section 37/41” or a “hospital order with restrictions”.

In addition to the requirements for making an order under section 37, the Court must receive oral evidence from at least one of the registered medical practitioners who gave evidence under section 37.

Section 38 Interim Hospital Order – up to 12 weeks, but duration set by the Court – maximum 12 months (*medication can be given*)

To allow a court to send a person who has been convicted but not yet sentenced to hospital, to assess the person’s response to medical treatment. The court must be satisfied (on the written or oral evidence of two doctors, one of whom must be section 12(2) approved) that the patient:

- (a) *...is suffering from mental disorder; and*
- (b) *that there is reason to suppose that the mental disorder from which the offender is suffering is such that it may be appropriate for a hospital order to made in his case,*

the court may, before making a hospital order or dealing with him in some other way, make an order (...referred to as “an interim hospital order”) authorising his admission to ... hospital...

**Section 47 } Transfer of sentenced prisoners (including with restrictions) -
Section 47/49} (*medication can be given*)**

Allows the Secretary of State for Justice to order the transfer to hospital of a sentenced prisoner following conviction. The Secretary of State must be satisfied (from the reports of two doctors, one of whom must be section 12(2) approved) that the patient:

- (a) *... is suffering from mental disorder; and*
- (b) *that the mental disorder from which that person is suffering is of a nature or degree which makes it appropriate for him to be detained in a hospital for medical treatment; and*
- (c) *that appropriate medical treatment is available for him*

The Secretary of State must have “...regard to the public interest and all the circumstances...”

A direction made under section 47 is known as a ‘transfer direction’. A transfer direction may be accompanied by the special restrictions of section 41, by virtue of section 49. Such a direction is known as a “restriction direction” and is commonly referred to as ‘section 47/49’ or a ‘transfer and restriction direction’

Duration - the transfer direction (including a restricted section 47) ends at the earliest date of release (EDR). At this time the patient, unless discharged by the responsible clinician, will be treated as though a hospital order had been made (and is referred to as a ‘notional section 37’).

**Section 48 }Transfer of other prisoners (including with restrictions) for urgent
Section 48/49 }treatment**

Allows the Secretary of State for Justice to order the transfer to hospital of a prisoner who is not sentenced but in urgent need of treatment. The Secretary of State must be satisfied (from the reports of two doctors, one of whom must be section 12(2) approved) that the patient:

... is suffering from mental disorder of a nature or degree which makes it appropriate for him to be detained in a hospital for medical treatment; and he is in urgent need of such treatment; and appropriate medical treatment is available for him

The section only applies to:

- persons detained in a prison, not being a person serving a sentence of imprisonment or persons falling within the following groups
- persons remanded in custody by a magistrates' court;
- civil prisoners, that is to say, persons committed by a court to prison for a limited term, who are not persons falling to be dealt with under section 47;
- persons detained under the Immigration Act 1971 or under section 62 of the Nationality, Immigration and Asylum Act 2002 (detention by Secretary of State).

It is known as a 'transfer direction'. A transfer direction may be accompanied by the special restrictions of section 41, by virtue of section 49. Such a direction is known as a "restriction direction" and is commonly referred to as 'section 48/49' or a 'transfer and restriction direction'. A restriction direction must be given in respect of

- persons detained in a prison, not being a person serving a sentence of imprisonment
- persons remanded in custody by a magistrates' court;

Duration - the period of detention is variable and can continue to the time of sentence; the Secretary of State can also issue a warrant to return the person to prison at any time before the Court disposes of the case.

2.4

5 Mins

2.4 - Mental Health (Wales) Measure 2010
Report

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

| For assurance

Attachments

[010. Mental Health \(Wales\) Measure 2010 Report.docx](#)



MENTAL HEALTH SCRUTINY GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 th November 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Scrutiny Group July 2025 – Sept 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
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)

For information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present to the Mental Health Scrutiny Group the Mental Health Performance Report in relation to July 2025 – Sept 2025:

- The Mental Health (Wales) Measure 2010.

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.

The Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure 2010 is being reported to the Group on a quarterly basis in order to provide assurance that activity is closely monitored, and that practice is compliant with the requirements of The Code of Practice. This is primary legislation that was passed by the Welsh Government in 2010 and became operational during 2012. The intention of the legislation is to ensure that people are able to access appropriate mental health support services, receive care that is co-ordinated by a named person, enables direct access back to services following discharge and that the entitlement to independent mental health advocacy is increased.

To achieve this the Measure is divided into four Parts:

Part 1 - The expansion of mental health services within primary care settings

Part 2 - The introduction of the statutory Care and Treatment Planning for individuals receiving secondary mental health services

Part 3 - Enabling former users of secondary mental health services who have been discharged to refer themselves back for assessment without having to first go to their GP

Part 4 - Expanding the Independent Mental Health Advocacy (IMHA) to informal patients.

Part 1 – Local Primary Mental Health Support Services

Adult-Part 1 (a)

Compliance remains above the required target (average of 97.1% for last quarter), however we are projecting a reduced compliance over the next 2 months with an increase in referrals across the 3 counties along with a more complex patient profile which is increasing assessment time or requirement for follow up assessment appointments.

Adult -Part 1 (b)

Compliance remains above the required target (average of 96.5% for the last quarter). Increased referral numbers are limiting the number of available treatment sessions which potentially will impact on compliance over the next 2 months. Estates access continues to be challenging across the three counties. Staff endeavour to ensure compliance with the measure by utilising supportive intervention options from third sector, SilverCloud digital options and our Primary Care Liaison Service which is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS, along with a focus on group interventions across all psychological therapy services.

CAMHS-Part 1 (a)

Remains complaint throughout the quarter

CAMHS Part 1 (b)

Pembrokeshire and Ceredigion are compliant however, there has been a drop in compliance due to staffing issues within the Carmarthenshire area, due to long term sickness and maternity leave .These issue are now resolving ,and are already compliant for the month of October

PART 1	Detail		Jul	Aug	Sept
Target 1a	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	98.4%	94.5%	98.4%
		CAMHS	94.3%	90.4%	95.2%

Target 1b	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	98.0%	96.2%	95.4%
		CAMHS	90.9%	96.1%	77.8%

Part 2 – Care and Treatment Planning

PART 2	Detail		Jul	Aug	Sept
Measure	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	Adult	95.0%	94.9%	93.1%
		OAMHS	97.5%	93.2%	97.6%
		LD	92.9%	95.2%	89.2%
		CAMHS	98.7%	98.7%	96.1%

S-CAMHS

Remain compliant

Older Adult Mental Health Services OAMH

Remain compliant

Learning Disabilities

Slightly under complaint due to issues within Local authority in the Carmarthenshire area

Adult Mental Health

Adult Mental Health services remain compliant overall, with the majority of Community Mental Health Teams (CMHTs) consistently exceeding the 90% compliance target. However, North Ceredigion continues to face challenges in meeting the target due to ongoing staffing deficits. Despite the North Ceredigion issues, the strong performance across other CMHTs ensures that the overall compliance for Adult Mental Health is maintained.

Local authority in Pembrokeshire raised an issue regarding the difference between services in regards to patients subject to 117 aftercare, and the differences on how teams manage these patients. Some teams are managing them under CTP, whilst others are opening annually for a 117 review. This appeared to be more prevalent in Pembrokeshire. Agreement made that this would be reviewed and also an action to revisit the Operational responsibilities from the 117 Policy. Discussion held regarding the lack of Welsh Government guidance regarding patients who may reside in outside Wales.

New to secondary Mental Health services under CTP	Jul	Aug	Sept
Adult	6	27	6
Older	49	28	23

CAMHS	6	5	7
LD	5	3	4

Discharged from secondary Mental Health services	Jul	Aug	Sept
Adult	55	5	26
Older	24	31	49
CAMHS	6	8	7
LD	7	4	4

S-CAMHS

Numbers remain low but consistent

Older Adult Mental Health Services OAMH

OAMH Acute Pathway CTP flow remains relatively consistent and stable for this quarter.

Adult Mental Health

Some variables with Adult Mental health however no rational evident

Part 3

Self-Referral to Secondary Care for Former Service Users

Adult Mental Health & Older Adult Mental Health Services OAMH

PART 3	Detail		July	Aug	Sept
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	75%	100%	83.3%
		OAMHS	100%	100%	100%

Adult Mental health has not met the target for Part two, this is due to the letters exceeding the 10 days in both July and September. More robust process is now in place, supported by Team leaders and Business Manager. Discussions held about ensuring processes are in place to prevent any future breaches .

	Jul	Aug	Sept
Average wait times in days for adult mental health	42	39	33

Detail	Jul	Aug	Sept
Amount of People who <u>have</u> self-referred under Part 3 of the Mental	8	4	13

Health Measure (in Adult Mental Health).			
Amount of People who could have self-referred under Part 3 of the Mental Health Measure but were referred by a GP (in Adult Mental Health).	7	4	2

Part 4 – Independent Mental Health Advocacy – Local Targets only

Adult inpatient

Older Adult inpatient

Overall OAMH have maintained the target standard. What is showing for August has since been corrected. The key-note absence showed for two OAMH wards (Bryngolau and Enlli). This concerns one patient who experienced at least 10 inter-ward transfers of care between mental health and medical wards due to multiple health challenges (NB. IMHA not offered when admitted to a general medical ward). Assurance is in place to confirm that the individual was consistently offered an IMHA at least on 6 occasions when admitted and readmitted to a MH ward. Through the entirety of this admission, he retained the same advocate as evidenced throughout his medical record's [digital]. Such complex movement led to data entry errors.

A-CAMHS inpatient

Detail		Jul	Aug	Sept
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 mental health services (Target 100%)	Adult	100%	100%	100%
	OAMHS	100%	100%	100%
	CAMHS	No admissions	No admissions	No admissions

Detailed IMHA Report. – No report received.

Mental Health Ward	JULY		AUG		SEPT	
Bryngofal - Carms	33		29		29	
Bryngolau - Carms	9		11		12	
LSU - Carms	10		9		11	
PICU - Carms	17		17		15	
Morlais - Carms	9		14		11	
Rainbow Suite/CAMHS - Carms	0		0		0	
St Caradog - Pembs	23		10		11	
St Non - Pembs	26		14		20	
Enlli - Ceredigion	12		11		11	
Total Carmarthenshire	78		80		78	

Total Pembrokeshire	49		24		31	
Total Ceredigion	12		11		11	
Total MH Units	139		115		120	
General Hospital	JULY		AUG		SEPT	
Prince Phillip - Carms	5		4		4	
Glangwili - Carms	6		7		3	
Llandovery - Carms	0		0		0	
Amman Valley - Carms	0		0		0	
Withybush - Pembs	6		3		10	
South Pembs - Pembs	1		0		2	
Bronglais - Ceredigion	10		7		6	
Tregaron - Ceredigion	0		0		0	
Total Carmarthenshire	11		11		7	
Total Pembrokeshire	7		3		12	
Total Ceredigion	10		7		6	
Total General Hospital	28		21		25	
Community:	JULY		AUG		SEPT	
Carmarthenshire	0		0		1	
Pembrokeshire	3		2		0	
Ceredigion	0		0		0	
Community Total:	3		2		1	

Referrals from the 111 option 2 (SPOC) Service

	Jul	Aug	Sept
Over All Monthly Total Calls Answered	1508	1442	1370
Over all Referred to CMHT Sub to Part 3 of the Mental Health (Wales) Measure 2010	11	5	14
Over All Monthly Total Calls referred to CMHT	0	0	0
Over All Monthly Total Calls advised to self-refer to CMHT	0	1	0

72 Hour Follow up following inpatient discharge.

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

Detail	Jul	Aug	Sept
Number of people offered a post discharge within 72 Hours	15	21	17
Number of people received a post discharge follow up within 72 hours	15	20	17

In August the one patient who did not receive a 72 hour follow up declined the arranged follow up

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	<ol style="list-style-type: none"> 1. Improve population health through prevention and early intervention 2. Support people to live active, happy and healthy lives 3. Improve efficiency and quality of services through collaboration with people, communities and partners

MHSG

Gwybodaeth Ychwanegol: Further Information:	
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners?
	Collaboration – The Mental Health Legislation Committee comprises external agencies, carer representatives and local authorities
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population?

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Committee and scrutiny group
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Mental Health Legislation Scrutiny Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
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> ; the <i>Mental Health (Wales) Measure 2010 Code of Practice</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:	
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

2.5

5 Mins

2.5 - Risk Register

*Rebecca Temple-
Purcell (Hywel Dda
UHB - Assistant
Director of Nursing,
Patient Safety,
Quality and
Experience)*

| For assurance

Attachments

[011. 01. MHLC Operational Risks - December 2025 Final.pptx](#)

[011. 02. Appendix 1 - MHLC Risk Register - Nov 25.pdf](#)



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Operational Risk Report

Mental Health Legislation Committee – 1st December 2025

Situation



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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.

Risk Management - Overview



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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.

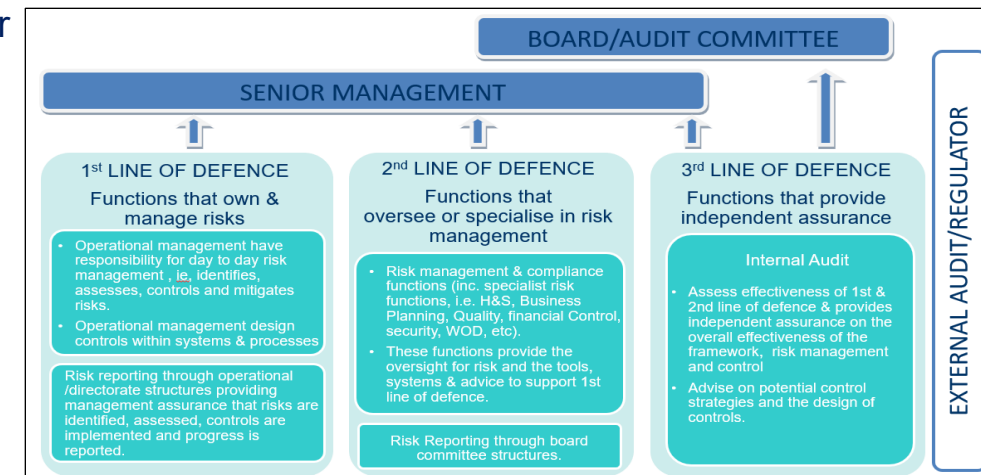
Operational risks must be managed within Functions, under the ownership and leadership of individual executive directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, there are formal monitoring and scrutiny processes in place within the Health Board with the aim of providing assurance to the Board that it is managing its risks effectively.

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.

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



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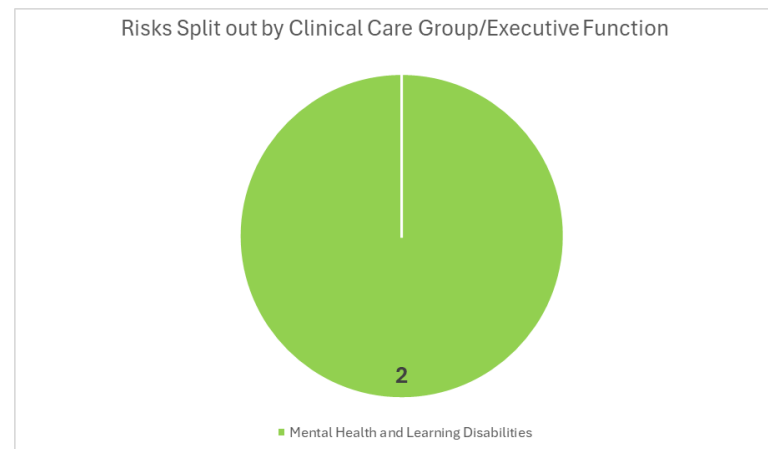
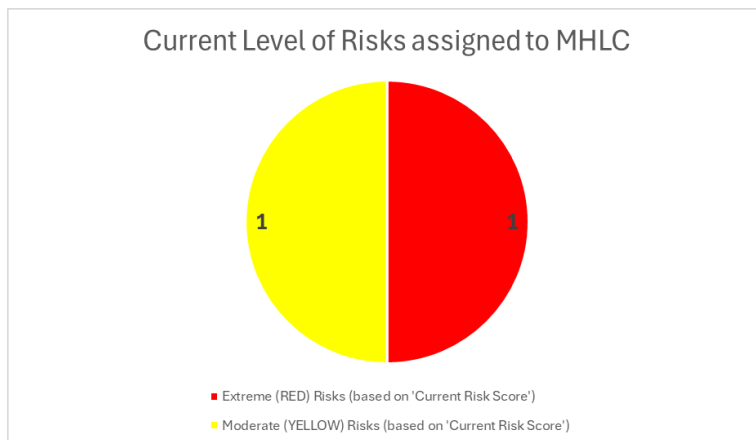
2 operational risks on Datix have been aligned to the Mental Health Legislation Committee (MHLC) which are within review date and have been identified as reportable to MHLC based on the following criteria:

- 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	2
New risks since last report to MHLC	0
Risks no longer reportable to MHLC	1
Increase in risk score since last reported to MHLC ↑	1
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')	1
HIGH (AMBER) Risks (based on 'Current Risk Score')	0

Detail in relation to target risk scores became mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to MHLC.

The following slide summarises the operational risks aligned to MHLC. The Risk Register attached at Appendix 1, provides full detail of the 2 reportable risks, including control measures in place and the risk action plan to further manage and mitigate the risk.



Risks no longer reportable to MHLC



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Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Reason for closure / no longer reportable to Committee
2090 - Risk to patient care in the Ceredigion area due to workforce capacity	Mental Health and Learning Disabilities	Chief Operating Officer	20	6	03/08/2026	Risk has been re-aligned to Quality, Safety and Experience Committee.

Increase in risk score since previous report



Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of Last Risk Review
1857 – Risk of significant delay in admission for individuals with medical recommendations for admission under the Mental Health Act.	Mental Health and Learning Disabilities	Chief Operating Officer	9	16	9	31/03/26	12/11/25

Rationale for Current Risk Score

Demand outweighs capacity at present with delays possible for patients awaiting beds.

Rationale for Target Risk Score

The target risk score is high. Bed demand at times outweighs capacity despite control measures, no option of further surge beds. No bed availability outside of the Health Board and potentially a delay or lack of a commissioned bed outside of Wales. All of this is outside the MHLD CCG control.

No Change in Risk Score since previous report



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Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Current Risk Score*	Target Risk Score (TRS)	Expected Date to achieve TRS	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	TBC	27/06/25

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. As of June 2025; ongoing work continuing around 136 facility across the health board. Community Place of safety remains closed in Ceredigion.

Rationale for Target Risk Score (TRS)

To be updated at next risk review.



The Committee is requested to:

- **SEEK ASSURANCE** from risk leads that all relevant controls and mitigating actions are in place; and
- **DISCUSS** whether the planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises.

This in turn will enable the Mental Health Legislation Committee to provide the necessary assurances that the Health Board is managing these risks effectively.



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SAFE | SUSTAINABLE | ACCESSIBLE | KIND



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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	Detailed Risk Decision	Review date	
1857	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHL: AMH Inpatient Services	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Bassett-Gravelle, Ms Lisa	04-Jun-24	<p>There is a risk of for adults and young people who are assessed to require admission to a mental health bed for adults and young people who are detained in S136 and require a place of safety</p> <p>This is caused by -Demand is out weighing capacity and flow of adult mental health beds, S136 suites and the designated young persons bed in continuously being utilised as surge to meet the demand. -no availability of a bed in a neighbouring health board or a time delay in locating and transferring to a commissioned bed outside of Wales.</p> <p>This will lead to an impact/affect on an absence or delay in inpatient bed for assessment, treatment and risk management and will result in an inability to deliver safe effective care to the individual concerned and further impact the wellbeing or resilience of family, friends or carers</p> <p>Emergency departments are being utilised as S136 place of safety, adding to already high demand, acuity and pressures within the departments</p> <p>Patient experience is impacted, Emergency departments waiting rooms not suitable for individuals in high level of distress,</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.</p>	<p>Clinical demand and capacity position is managed dynamically at the twice daily week and once daily weekend bed conference in order to attempt to create capacity</p> <p>Crisis Team will monitor and support the individual and family even when home treatment not possible to be delivered.</p> <p>AMHP to be involved in a handover and development of a care plan with the CRT or CMHT.</p> <p>Process to obtain a bed outside of the health board will be instigated</p> <p>St John's ambulance will be prioritised</p>	Safety - Patient, Staff or Public	4	4	16	Demand outweighs capacity as present with delays possible for patients awaiting beds.	<p>Incidences will be monitored via Legislation group on a bi monthly basis over the next 6 months and risk score reviewed accordingly</p> <p>Oversight of Out-of-Area Beds - CMHT Clinical Oversight:</p> <p>need for daily clinical oversight of patients in private beds</p> <p>CMHTs to be actively involved and report into daily patient flow meetings regarding repatriation and / or discharge plans for OoA patients</p> <p>Out-of-Area Escalation request should be accompanied by clear care plans, and plans for pro-active oversight</p> <p>Communication to MHL CCG Managers, medical staff and Clinical Coordinators that Admissions into Adult and CAMHs 136 suites to be a never event. This will reduce impacts on the wider system and partner agencies</p> <p>Agreed action from Urgent patient flow meeting on 7th October 2025 Ward Round Scheduling</p> <p>Ward MDTs requesting a more structured approach to enable the wards teams to plan & coordination across teams to better manage the patient flow demands</p>	<p>Bassett-Gravelle, Ms Lisa</p> <p>Bassett-Gravelle, Ms Lisa</p> <p>Bassett-Gravelle, Ms Lisa</p> <p>Bassett-Gravelle, Ms Lisa</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>3-4/2/2025 14/01/2026</p>	<p>Local authorities have agreed to include incidences in their reports to Legislation group</p> <p>Agenda for MHL CCG Patient flow meeting to include updates on patients in private beds, also consideration for repatriation</p> <p>Care and treatment plan and plan for oversight by local team to be fed into patient flow deep dives</p> <p>Memo circulated to all MHL CCG Managers, medical staff and Clinical Coordinators</p> <p>Progress to be reported in follow up meeting in November 2025</p>	Mental Health Legislation Committee	3	3	9	The target risk score is high, Bed demand at times outweighs capacity despite control measures, no option of further surge beds. No bed availability outside of the Health Board and potentially a delay or lack of a commissioned bed outside of Wales. All of this is outside the MHL CCG control			12-Nov-25

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	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 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>1. Bryngofal ward is used as the nearest place of safety as an alternative.</p> <p>2. Clear consultation process in place between Dyfed Powys Police and designated manager in HB over 24 hour basis</p> <p>3. Out of Hours SOP in place</p> <p>4. 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>Review is ongoing. Currently with a working group. 11/4/25 No current change 27/6/25 Ongoing work continuing around 136 facility across the health board Community Place of safety remains closed in Ceredigion</p>	Engage with stakeholders and complete review which will generate further actions	Temple-Purcell, Rebecca	01/02/2025-01/09/2024-31/03/2025	Multi agency Stakeholder Group formed and options for future S136 provision review completed. Equality Impact and Quality Impact assessment underway for proposed option. Timescales delayed by Right Care Right Person implementation, additional steps required to take recommendation through Health Board approval processes and identification of how capital and staffing costs are to be met. Revised date for completion 31/03/25.	Quality, Safety and Experience Committee	2	2	4	Assurance & Risk Officer has entered today's date whilst undertaking housekeeping on this risk. Risk lead to input 'Rationale for the target risk score' and 'Expected date to achieve Target Risk Score' at next review.	Treat	27-Jun-25

3

3 - Policies

No policies for renewal

4

4 - For Information

4.1

4.1 - Annual Work Plan 2025-2026

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

| For information

Attachments

[012. Annual Work Plan 2025-2026.docx](#)

HYWEL DDA HEALTH BOARD – MENTAL HEALTH LEGISLATION COMMITTEE 2025/2026

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 2025	Sept 2025	Dec 2025	March 2026
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: 6 th October 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 2028			

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

4.2

5 Mins

4.2 - Schedule of Meetings 2025-2026


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

| For information

Attachments

[013. Schedule of Meetings 2025-2026.pdf](#)

Schedule of Meetings for Board, Committee and Advisory Groups 2025/26 v2

MEETING	2025	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	2026	JANUARY	FEBRUARY	MARCH
PUBLIC BOARD Chair: Neil Wooding Lead Executive: Philip Kloer			THURSDAY 29 MAY 9.30am - 4.00pm	THURSDAY 26 JUNE 2.00pm - 3.00pm (Sign-off Annual Report and Accounts)	THURSDAY 31 JULY 9.30am - 4.00pm		THURSDAY 25 SEPTEMBER 9.30am - 3.00pm		THURSDAY 27 NOVEMBER 9.30am - 4.00pm			THURSDAY 29 JANUARY 9.30am - 4.00pm		THURSDAY 26 MARCH 9.30am - 4.00pm
AUDIT & RISK ASSURANCE COMMITTEE (ARAC) Chair: Rhodri Evans Lead Executive: Joanne Wilson		TUESDAY 15 APRIL 9.30am - 1.30pm	THURSDAY 8 MAY 9.30am - 12.30pm (Review of Draft Accounts)	TUESDAY 24 JUNE 9.30am - 1.30pm (Incl Review of Final Annual Report and Accounts)		TUESDAY 12 AUGUST 9.30am - 1.30pm		TUESDAY 14 OCTOBER 9.30am - 1.30pm		TUESDAY 9 DECEMBER 9.30am - 1.30pm			TUESDAY 10 FEBRUARY 9.30am - 1.30pm	
REMUNERATION & TERMS OF SERVICE COMMITTEE (RTSC) Chair: Neil Wooding Lead Executive: Lisa Gostling			THURSDAY 15 MAY 9.30am - 11.30am			THURSDAY 7 AUGUST 9.30am - 11.30am			THURSDAY 6 NOVEMBER 9.30am - 11.30am				THURSDAY 5 FEBRUARY 9.30am - 11.30am	
DIGITAL, DATA AND INNOVATION COMMITTEE (DDIC) Chair: Maynard Davies Lead Executive: Huw Thomas		TUESDAY 22 APRIL 9.30am - 12.30pm			TUESDAY 22 JULY 1.00pm - 4.00pm			TUESDAY 7 OCTOBER 9.30am - 12.30pm				THURSDAY 15 JANUARY 9.30am - 12.30pm		
FINANCE AND PERFORMANCE COMMITTEE (FPC) Chair: Michael Imperato Lead Executive: Huw Thomas		TUESDAY 29 APRIL 9.30am - 12.30pm		THURSDAY 26 JUNE 9.30am - 12.30pm		TUESDAY 26 AUGUST 9.30am - 12.30pm		TUESDAY 21 OCTOBER 9.30am - 12.30pm		TUESDAY 16 DECEMBER 9.30am - 12.30pm			TUESDAY 24 FEBRUARY 9.30am - 12.30pm	
CHARITABLE FUNDS COMMITTEE (CFC) Chair: Delyth Raynsford/ NEW IM Lead Executive: Sharon Daniel				TUESDAY 17 JUNE 9.30am - 12.30pm			TUESDAY 16 SEPTEMBER 9.30am - 12.30pm			MONDAY 8 DECEMBER 9.30am - 12.30pm				TUESDAY 17 MARCH 9.30am - 12.30pm
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE (PODCC) Chair: Eleanor Marks Lead Executive: Lisa Gostling			TUESDAY 27 MAY 9.30am - 12.30pm			TUESDAY 19 AUGUST 9.30am - 12.30pm			TUESDAY 4 NOVEMBER 9.30am - 12.30pm				TUESDAY 17 FEBRUARY 9.30am - 12.30pm	
HEALTH & SAFETY COMMITTEE (HSC) Chair: Ann Murphy Lead Executive: James Severs			TUESDAY 6 MAY 9.30am - 11.30am		THURSDAY 3 JULY 9.30am - 11.30am		TUESDAY 9 SEPTEMBER 9.30am - 11.30am		TUESDAY 11 NOVEMBER 9.30am - 11.30am			TUESDAY 13 JANUARY 9.30am - 11.30am		TUESDAY 10 MARCH 9.30am - 11.30am
BOARD SEMINAR Chair: Neil Wooding Lead Executive: Philip Kloer		THURSDAY 17 APRIL 9.30am - 1.00pm		THURSDAY 19 JUNE 9.30am - 1.00pm		THURSDAY 21 AUGUST 9.30am - 1.00pm		THURSDAY 23 OCTOBER 9.30am - 1.00pm		THURSDAY 11 DECEMBER 9.30am - 1.00pm			THURSDAY 19 FEBRUARY 9.30am - 1.00pm	
STRATEGY AND PLANNING COMMITTEE (SPC) Chair: Winston Weir Lead Executive: Lee Davies		THURSDAY 24 APRIL 9.30am - 12.30pm			TUESDAY 1 JULY 9.30am - 12.30pm	THURSDAY 28 AUGUST 9.30am - 12.30pm		THURSDAY 30 OCTOBER 9.30am - 12.30pm		THURSDAY 18 DECEMBER 9.30am - 12.30pm			THURSDAY 26 FEBRUARY 9.30am - 12.30pm	
STAKEHOLDER REFERENCE GROUP (SRG) Chair: Jeremy Hockridge Lead Executive: Alwena Hughes-Moakes			THURSDAY 1 MAY 9.30am - 12.00pm		TUESDAY 8 JULY 9.30am - 12.00pm				THURSDAY 6 NOVEMBER 1.30pm - 4.00pm			THURSDAY 8 JANUARY 9.30am - 12.00pm		
QUALITY, SAFETY & EXPERIENCE COMMITTEE (QSEC) Chair: Anna Lewis Lead Executive: Sharon Daniel		TUESDAY 8 APRIL 9.30am - 12.30pm		TUESDAY 10 JUNE 9.30am - 12.30pm		THURSDAY 14 AUGUST 9.30am - 12.30pm		THURSDAY 9 OCTOBER 9.30am - 12.30pm		THURSDAY 4 DECEMBER 9.30am - 12.30pm			THURSDAY 12 FEBRUARY 9.30am - 12.30pm	
QUALITY & SAFETY EXPERIENCE SUB COMMITTEE (QSESC) Chair: James Severs			TUESDAY 13 MAY 9.30am - 12.00pm		TUESDAY 15 JULY 9.30am - 12.00pm		THURSDAY 11 SEPTEMBER 9.30am - 12.00pm		THURSDAY 13 NOVEMBER 9.30am - 12.00pm			THURSDAY 15 JANUARY 9.30am - 12.00pm		THURSDAY 12 MARCH 9.30am - 12.00pm
ANNUAL GENERAL MEETING (AGM) Lead Executives: Alwena Hughes-							THURSDAY 25 SEPTEMBER 3.30pm - 5.15pm							
MENTAL HEALTH LEGISLATION COMMITTEE (MHLC) Chair: Chantal Patel Lead Executive: Andrew Carruthers				THURSDAY 5 JUNE 10.30am - 12.00pm			TUESDAY 2 SEPTEMBER 10.30am - 12.00pm			MONDAY 1 DECEMBER 10.30am - 12.00pm				TUESDAY 3 MARCH 10.30am - 12.00pm
STAFF PARTNERSHIP FORUM (SPF) Chairs: Lisa Gostling/ Anthony Dean			TUESDAY 20 MAY 10.00am - 12.30pm		TUESDAY 15 JULY 10.00am - 12.30pm		TUESDAY 16 SEPTEMBER 10.00am - 12.30pm		TUESDAY 18 NOVEMBER 10.00am - 12.30pm			TUESDAY 20 JANUARY 10.00am - 12.30pm		
HEALTHCARE PROFESSIONALS FORUM (HPF) Acting Chair/Lead Executive: James Severs		FRIDAY 25 APRIL 9.30am - 11.30am		FRIDAY 6 JUNE 9.30am - 11.30am		FRIDAY 15 AUGUST 9.30am - 11.30am		FRIDAY 3 OCTOBER 9.30am - 11.30am		FRIDAY 5 DECEMBER 9.30am - 11.30am			FRIDAY 6 FEBRUARY 9.30am - 11.30am	
ETHICS PANEL Chair: Chantal Patel Lead Executive: Mark Henwood		FRIDAY 11 APRIL 12.00pm - 1.00pm	TUESDAY 6 MAY 11.00am - 12.00pm	MONDAY 2 JUNE 1.00pm - 2.00pm	TUESDAY 1 JULY 9.00am - 10.00am	THURSDAY 7 AUGUST 2.00pm - 3.00pm	TUESDAY 9 SEPTEMBER 9.00am - 10.00am	TUESDAY 7 OCTOBER 9.00am - 10.00am	TUESDAY 4 NOVEMBER 9.00am - 10.00am	THURSDAY 4 DECEMBER 2.00pm - 3.00pm				
Click here to contact Corporate Governance Team CorporateGovernance.HDD@wales.nhs.uk		School Holidays					Bwrdd Iechyd Prifysgol Hywel Dda University Health Board			3 meetings in a week				

4.3

5 Mins

4.3 - Schedule of Meetings 2026-2027


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

| For information

Attachments

014. Schedule of Meetings for Board, Committee and Advisory Groups 2026-27 ~.pdf

Schedule of Meetings for Board, Committee and Advisory Groups 2026-27 v1

	2026	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	2027	JANUARY	FEBRUARY	MARCH
PUBLIC BOARD Chair: Neil Wooding Lead Executive: Philip Kloer			THURSDAY 28 MAY 9.30am - 4.00pm	THURSDAY 25 JUNE 2.00pm - 3.00pm (Sign-off Annual Report and Accounts)	THURSDAY 30 JULY 9.30am - 4.00pm		THURSDAY 24 SEPTEMBER 9.30am - 3.00pm		THURSDAY 26 NOVEMBER 9.30am - 4.00pm			THURSDAY 28 JANUARY 9.30am - 4.00pm		THURSDAY 25 MARCH 9.30am - 4.00pm
AUDIT & RISK ASSURANCE COMMITTEE (ARAC) Chair: Rhodri Evans Lead Executive: Joanne Wilson		TUESDAY 14 APRIL 9.30am - 1.30pm	THURSDAY 7 MAY 9.30am - 12.30pm (Review of Draft Accounts)	TUESDAY 23 JUNE 9.30am - 1.30pm (Incl Review of Final Annual Report and Accounts)		THURSDAY 13 AUGUST 9.30am - 1.30pm		THURSDAY 15 OCTOBER 9.30am - 1.30pm		THURSDAY 10 DECEMBER 9.30am - 1.30pm			THURSDAY 11 FEBRUARY 9.30am - 1.30pm	
REMUNERATION & TERMS OF SERVICE COMMITTEE (RTSC) Chair: Neil Wooding Lead Executive: Lisa Gostling			THURSDAY 14 MAY 2.00pm - 4.00pm			THURSDAY 6 AUGUST 9.30am - 11.30am			THURSDAY 5 NOVEMBER 9.30am - 11.30am				THURSDAY 4 FEBRUARY 9.30am - 11.30am	
DIGITAL, DATA AND INNOVATION COMMITTEE (DDIC) Chair: Maynard Davies Lead Executive: Huw Thomas		TUESDAY 21 APRIL 9.30am - 12.30pm			TUESDAY 21 JULY 9.30am - 12.30pm			TUESDAY 20 OCTOBER 9.30am - 12.30pm				THURSDAY 21 JANUARY 9.30am - 12.30pm		
FINANCE AND PERFORMANCE COMMITTEE (FPC) Chair: Michael Imperato Lead Executive: Huw Thomas		THURSDAY 30 APRIL 9.30am - 12.30pm		TUESDAY 30 JUNE 9.30am - 12.30pm		THURSDAY 27 AUGUST 9.30am - 12.30pm		TUESDAY 27 OCTOBER 9.30am - 12.30pm		TUESDAY 15 DECEMBER 9.30am - 12.30pm			TUESDAY 23 FEBRUARY 9.30am - 12.30pm	
CHARITABLE FUNDS COMMITTEE (CFC) Chair: Iwan Thomas Lead Executive: Sharon Daniel				TUESDAY 9 JUNE 9.30am - 12.30pm			TUESDAY 8 SEPTEMBER 9.30am - 12.30pm			THURSDAY 8 DECEMBER 9.30am - 12.30pm				THURSDAY 11 MARCH 9.30am - 12.30pm
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE (PODCC) Chair: Eleanor Marks Lead Executive: Lisa Gostling			THURSDAY 21 MAY 9.30am - 12.30pm			TUESDAY 18 AUGUST 9.30am - 12.30pm			TUESDAY 17 NOVEMBER 9.30am - 12.30pm				TUESDAY 16 FEBRUARY 9.30am - 12.30pm	
HEALTH & SAFETY COMMITTEE (HSC) Chair: Ann Murphy Lead Executive: James Severs			TUESDAY 5 MAY 9.30am - 11.30am		TUESDAY 7 JULY 9.30am - 11.30am		THURSDAY 10 SEPTEMBER 9.30am - 11.30am		TUESDAY 3 NOVEMBER 9.30am - 11.30am			TUESDAY 12 JANUARY 9.30am - 11.30am		TUESDAY 9 MARCH 9.30am - 11.30am
BOARD SEMINAR Chair: Neil Wooding Lead Executive: Philip Kloer		THURSDAY 23 APRIL 9.30am - 4.30pm		THURSDAY 18 JUNE 9.30am - 1.00pm		THURSDAY 20 AUGUST 9.30am - 1.00pm		THURSDAY 22 OCTOBER 9.30am - 1.00pm		THURSDAY 17 DECEMBER 9.30am - 1.00pm			THURSDAY 16 FEBRUARY 9.30am - 4.30pm	
BOARD DEVELOPMENT					THURSDAY 9 JULY 9.30am - 4.00pm			THURSDAY 29 OCTOBER 9.30am - 4.00pm						THURSDAY 4 MARCH 9.30am - 4.00pm
IM DEVELOPMENT									THURSDAY 19 NOVEMBER 9.30am - 4.00pm					THURSDAY 18 MARCH 9.30am - 4.00pm
EXECUTIVE TIME-OUT SESSIONS					THURSDAY 2 & FRIDAY 3 JULY				THURSDAY 12 & FRIDAY 13 NOVEMBER				THURSDAY 25 & FRIDAY 26 FEBRUARY	
STRATEGY AND PLANNING COMMITTEE (SPC) Chair: Winston Weir Lead Executive: Lee Davies		TUESDAY 28 APRIL 9.30am - 12.30pm		TUESDAY 2 JUNE 9.30am - 12.30pm		TUESDAY 4 AUGUST 9.30am - 12.30pm		TUESDAY 6 OCTOBER 9.30am - 12.30pm		TUESDAY 1 DECEMBER 9.30am - 12.30pm			TUESDAY 2 FEBRUARY 9.30am - 12.30pm	
STAKEHOLDER REFERENCE GROUP (SRG) Chair: Jeremy Hockridge Lead Executive: Alwena Hughes-Moakes			TUESDAY 19 MAY 2.00pm - 5.00pm			TUESDAY 25 AUGUST 2.00pm - 5.00pm			TUESDAY 24 NOVEMBER 2.00pm - 5.00pm				THURSDAY 4 FEBRUARY 1.30pm - 4.00pm	
QUALITY, SAFETY & EXPERIENCE COMMITTEE (QSEC) Chair: Anna Lewis Lead Executive: Sharon Daniel		THURSDAY 9 APRIL 9.30am - 12.30pm		THURSDAY 11 JUNE 9.30am - 12.30pm		TUESDAY 11 AUGUST 9.30am - 12.30pm		THURSDAY 8 OCTOBER 9.30am - 12.30pm		THURSDAY 3 DECEMBER 9.30am - 12.30pm			TUESDAY 9 FEBRUARY 9.30am - 12.30pm	
QUALITY & SAFETY EXPERIENCE SUB COMMITTEE (QSESC) Chair: James Severs			THURSDAY 14 MAY 9.30am - 12.00pm		THURSDAY 16 JULY 9.30am - 12.00pm		THURSDAY 17 SEPTEMBER 9.30am - 12.00pm		THURSDAY 19 NOVEMBER 9.30am - 12.00pm			THURSDAY 14 JANUARY 9.30am - 12.00pm		THURSDAY 18 MARCH 9.30am - 12.00pm
ANNUAL GENERAL MEETING (AGM) Lead Executives: Alwena Hughes-Moakes/ Joanne Wilson							THURSDAY 24 SEPTEMBER 3.30pm - 5.15pm							
MENTAL HEALTH LEGISLATION COMMITTEE (MHLIC) Chair: Chantal Patel Lead Executive: Andrew Cairnuthers				THURSDAY 4 JUNE 10.30am - 12.00pm			TUESDAY 1 SEPTEMBER 10.30am - 12.00pm			MONDAY 7 DECEMBER 10.30am - 12.00pm				TUESDAY 2 MARCH 10.30am - 12.00pm
STAFF PARTNERSHIP FORUM (SPF) Chairs: Lisa Gostling/ Anthony Dean			TUESDAY 12 MAY 10.00am - 12.30pm		TUESDAY 14 JULY 10.00am - 12.30pm		TUESDAY 15 SEPTEMBER 10.00am - 12.30pm		TUESDAY 10 NOVEMBER 10.00am - 12.30pm			TUESDAY 19 JANUARY 10.00am - 12.30pm		TUESDAY 16 MARCH 10.00am - 12.30pm
REGIONAL JOINT COMMITTEE (RJC) Joint Chairs: Neil Wooding/ Abigail Harris		THURSDAY 16 APRIL 9.30am - 12.30pm			TBC			TBC				TBC		
Other meetings dates decided by supporting teams														
HEALTHCARE PROFESSIONALS FORUM (HPF) Acting Chair/Lead Executive: James Severs														
ETHICS PANEL Chair: Chantal Patel Lead Executive: Mark Henwood														
Click here to contact Corporate Governance Team CorporateGovernance.HDD@wales.nhs.uk		School Holidays		2 meetings on same day			Bwrdd Iechyd Prifysgol Hyswyl Dda University Health Board			3 meetings in a week				

5

5 Mins

5 - Any Other Business

All

No updates for the meeting.

6

5 Mins

6 - Matters for Escalation to Board

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

| For discussion

7 - Date and Time of Next Meeting

Tuesday 3rd March 2026 at 10:30am via MS Teams and Ystwyth Board Room

| For information