Date	**9/1/2026**
Time	**10:30 AM - 12:00 PM**
Location	**Microsoft Teams Meeting**

Mental Health Legislation Committee

HDD_Mental Health Legislation Committee

NHS Wales

Agenda - 1 September 2026

1 GOVERNANCE

1.1 Welcome and Apologies

5 min
Chantal Patel (Hywel Dda UHB - Independent Board Member)

1.2 Declaration of Interests

2 min
Chantal Patel (Hywel Dda UHB - Independent Board Member)

1.3 Minutes of the meeting held 4 June 2026

5 min
Chantal Patel (Hywel Dda UHB - Independent Board Member)

1.4 Table of Actions from the meeting held on 4 June 2026

5 min
Chantal Patel (Hywel Dda UHB - Independent Board Member)

1.5 Review of Mental Health Act Governance Arrangements

Chantal Patel (Hywel Dda UHB - Independent Board Member), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

1.6 Thematic Report on Patient Experience

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

2 ASSURANCE AND RISK

2.1 Mental Health Act Data Performance Report

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

2.2 Risk Register

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

2.3 **Mental Health Legislation Scrutiny Group Update**

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

2.4 **Hospital Power of Discharge Sub Committee Update Report**

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

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

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

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3 Policies / Procedures for Approval

3.1 **Section 136 Place of Safety Joint Procedure**

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

3.2 **Policy Number 625 – Community Treatment Order**

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

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4 For Information

4.1 **Mental Health Review Tribunal for Wales**

4.2 **Annual MHLC Work Plan 2026/27**

2 min

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5 Date and Time of Next Meeting

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9/1/2026 10:30 AM - 12:00 PM

1

10:30 AM,

1 - GOVERNANCE

1.1 **5 Mins**

1.1 - Welcome and Apologies

Chantal Patel (Hywel Dda UHB - Independent Board Member)

- Greetings
- Note meeting apologies

1.2 **2 Mins**

1.2 - Declaration of Interests

Chantal Patel (Hywel Dda UHB - Independent Board Member)

For information

1.3 **5 Mins**

1.3 - Minutes of the meeting held 4 June 2026

Chantal Patel (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

Unapproved MHLC minutes 04.06. 2026.pdf

Draft Minutes Mental Health Legislation Committee (MHLC)

Date of Meeting: **10:30 AM, Thursday 04 June 2026**
Venue: **Microsoft Teams Meeting**

Present:
Chantal Patel (Chair of the Committee and Independent Board Member)
Iwan Thomas (Vice Chair of the Committee and Independent Board Member)
Ann Murphy (Independent Board Member)
Eleanor Marks (Hywel Dda University Health Board Vice Chair)

In Attendance:
Alastair Wakely (Hywel Dda UHB - Head of CAMHS and Specialist Services)
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)
Amanda Davies (Hywel Dda UHB - Head of Service, Adult Mental Health)
Angie Darlington (Director, West Wales Action for Mental Health (WWAMH))
Lisa Bassett - Gravelle (Hywel Dda UHB - Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service)
Liz Carroll (Hywel Dda UHB - Service Director MH&LD Clinical Care Group)
Neil Mason (Hywel Dda UHB - Head of Service: Older Adult MH)
Rebecca Temple-Purcell (Hywel Dda UHB - Assistant Director of Nursing, Patient Safety, Quality and Experience)
Sarah Roberts (Hywel Dda UHB - Mental Health Legislation Manager)
Grace Elms (Hywel Dda UHB – Advanced Nurse Practitioner)
Warren Lloyd (Hywel Dda UHB – Associate Medical Director)
Corinne Everett-Guy (Senior Manager for Social Work Teams, Carmarthenshire County Council)
Jane Hitchings (Pembrokeshire County Council)
Superintendent Chris Neve, Dyfed-Powys Police)
Katie Lewis (Hywel Dda UHB - Committee Services Officer)
Annere Martin (Hywel Dda UHB - Committee Services Officer)

Minutes Ref.	Item	Action
MHLC (26) 13	**Welcome and Apologies** Mrs Chantal Patel welcomed Committee Members and attendees to the meeting. There were no apologies for absence.	
MHLC (26) 14	**Declaration of Interests** No declarations of interest were made.	
MHLC (26) 15	**Minutes of the meeting held 3 March 2026** Mrs Chantal Patel invited comments on the minutes of the meeting held on 3 March 2026. Mrs Rebecca Temple-Purcell highlighted an inconsistency in the attendance record, noting that	**KL**

Mr Neil Mason appeared to have been listed as having sent apologies while the annual report later suggested he had attended. Mr Mason stated he would check the position, and during the meeting chat later confirmed that he had in fact been on leave and that Ms Lydia Hayward had deputised.

Subject to that attendance clarification, no further amendments were raised and the Committee accepted the minutes as an accurate record.

Decision: The minutes of the previous meeting held on 3 March 2026 were approved as an accurate record, subject to correction of the attendance entry relating to Mr Mason and Ms Hayward.

MHLC (26) 16 **Table of Actions from the meeting held on 3 March 2026**

Mrs Patel reported that five actions from previous meetings had been completed and invited any further comments. No additional matters were raised against the action tracker, and the table was, therefore, noted without further amendment or escalation.

MHLC (26) 17 **Good Practice/ Patient Story**

Mrs Temple-Purcell provided a verbal update regarding the approach to include the patient voice through patient stories into Committee business and meeting reports.

She explained that discussions with Ms Natasha Fox, Chief Officer at Advocacy West Wales, had identified an established route for capturing the patient voice. This is facilitated through an independent mental health charity that is commissioned to attend mental health wards across the three counties, where it gathers patient views, listens to concerns and provides advocacy support. The feedback in routinely reported to the Clinical Commissioning Group's Ward Manager Forum.

Mrs Temple-Purcell proposed using this established process as the starting point for a more thematic approach. Advocacy West Wales would first present a broader thematic report of patient experiences to the Mental Health Legislation Scrutiny Group (MHLSG) to examine recurring challenges, identify organisational or systemic actions, which will in turn provide a more structured report to this Committee.

In response to a request from Mrs Patel on the timeline for receiving the first report, Mrs Temple-Purcell advised that the advocacy report will be scheduled for the next MHLSG ahead of the subsequent committee meeting, enabling a report to be presented in September. Ms Eleanor Marks confirmed that she was content with this proposal, and no objections were raised. **RTP**

Decision: The Committee NOTED the verbal update relating to Good Practice/ Patient Story and that a structured thematic report on the patient voice be presented to the next Committee meeting.

MHLC (26) 18 **Mental Health Legislation Committee Annual Review Report 2025/26**

Mrs Patel introduced the Mental Health Legislation Committee Annual Review Report 2025/26 for approval and sought Members confirmation that they were content with its accuracy and content. No substantive amendments were proposed during the discussion.

At the end of the meeting, Ms Amanda Davies returned briefly to this item to note that her name had been omitted from the attendance list in the annual report, despite her attendance at meetings. Ms Katie Lewis confirmed that this would be checked and amended. **KL**

Decision: The Committee APPROVED the Mental Health Legislation Committee Annual Review Report 2025/26 for submission to Public Board.

MHLC (26) 19 **Review of Terms of Reference**

Ms Patel opened up discussion on the annual review of the Committee's terms of reference (TOR) and operating arrangements.

Members raised significant concerns regarding the implications of the proposed reduction in membership. In response to a query from Ms Ann Murphy regarding the rational for removing Local Authority nominated representatives, Mrs Temple-Purcell acknowledged that the proposals were being presented without the fuller discussion originally intended at the Mental Health Legislation Scrutiny Group (MHLSG), due to a change in meeting date impacting attendance.

She explained that a benchmark exercise has been undertaken against Mental Health Legislation Committee (MHLC) arrangements across Wales, which evidenced a significant variation in format and structure, notably duplication in the attendance of MHLC and MHLSG. It was therefore proposed to review and revise the membership to reduce duplication between the Board Committee and the MHLSG, strengthen the Committee's strategic Health Board's focus and utilise the scrutiny group for more detailed multi-agency partnership work.

Ms Corinne Everett-Guy sought clarification whether the proposal would result in MHLC meetings being solely attended by Health Board members, and representation from Approved Mental Health Professionals would be maintained. Ms Angie Darlington indicated her charity had been involved in the work of the MHLC since its inception and stressed the value of voluntary sector, lived experience and carer perspectives, believed that a shift to Health Board-only membership could impact the charity's ability to influence and change things at scrutiny level. Ms Eleanor Marks, Mr Andrew Carruthers and Mr Iwan Thomas each reinforced the

value of local authority and third-sector input and welcomed further transparent and inclusive discussion on the matter.

Mrs Patel concluded that the draft TORs could not be approved in its current form and suggested that the existing TOR be extended to the next committee meeting while further work was undertaken to discuss the membership. Mr Carruthers proposed a workshop-style discussion, separate from the formal decision-making setting, to explore the rationale and impact of the revised TORs. Mrs Temple-Purcell suggested that the workshop be supported by a short paper summarising the outcome of the benchmarking exercise. **AC/RTP**

Decision: The Committee AGREED to EXTEND its existing Terms of Reference to the next meeting while further discussions and a workshop on revised proposals be arranged.

MHLC (26) 20 **Committee Self Assessment 2025/26**

Mr Carruthers introduced the Committee's self-assessment for 2025/26. He noted a 33 per cent response rate, equating to five of the 15 Committee Members. The overall conclusion was positive: the Committee was described as functioning effectively, providing strong assurance on statutory compliance, maintaining oversight of Mental Health Act activity and hospital managers' functions, and was recognised as being a data-driven, well-led Committee, providing robust assurance within its legislative remit. However, Mr Carruthers advised there were some opportunities for development focusing on enhancing patient-centred insight, illustrating with the example of the earlier patient story agenda item, as well as strengthening governance visibility and improving data accessibility so that assurance to Board is more comprehensive.

Members supported the three specific improvement actions outlined in the report, all with a deadline of 30 September 2026.

Mrs Temple-Purcell added that one tangible step would be to share feedback from Healthcare Inspectorate Wales (HIW) more formally into the Committee, given the independent regulator's legislative review role in mental health practice.

Decision: The Committee CONSIDERED the findings of the self assessment and AGREED the proposed areas for improvement and actions.

MHLC (26) 21 **Mental Health Act Report**

Ms Sarah Roberts presented the Mental Health Act Activity report for Quarter 4 from 1 January to 31 March that had already been considered by MHLSG in May 2026. Referring to the usage of Community Treatment Orders that had been reported as 'very high' for Quarter 3, Ms Roberts stated activity had decreased considerably and had only been applied on one occasion during this quarter. With regard to Section 2 Admission for Assessment,

activity remained high and fluctuating, with 79 detentions under the Act, and admissions to general hospitals had risen to 11.

Ms Roberts reported 49 uses of Section 136 that allows police to detain an individual under the Act during the quarter, continuing an upward trend over the last six months. She also highlighted concerns in relation data quality in the completion of Community Treatment Orders (CTO) forms, including issues with incomplete entries, unclear timing and inconsistent recording. However, she noted that improvements are emerging as a result of discussions held by officers prior to implementation. Use of Accident and Emergency departments as places of safety remain frequent, although some improvement was noted, alongside better compliance with Section 131 requirements to inform detained patients of their rights.

On hearings and appeals, Ms Roberts reported a significant reduction in applications for discharge by hospital managers and Independent Mental Health Advocates were also observing this trend. However, Mental Health Review Tribunal activity was moving in the opposite direction, with 39 applications resulting in 23 hearings, the majority of those being held remotely.

Ongoing concerns about the Mental Health Review Tribunal for Wales shifting to remote hearings by default were noted, although the Tribunal had assured the Health Board that this remained a pilot and would be reviewed again in six months.

Following a request by MHLSG, an analysis of detention rates by gender would be included in future reports to determine any specific trends under the Act.

In response to a query from Ms Murphy, Ms Roberts clarified that the report’s older adult category refers to people aged over 70.

Mrs Patel enquired whether data concerning Section 136 detentions, where people were either discharged and signposted to other agencies or detained under another part of the Act, was being collected. Ms Roberts confirmed that those outcomes were recorded, including discharge with no mental disorder, discharge back to the care of a Community Mental Health Team, signposted to other services, detention under a further section of the Act such as Section 2, and discharge with no follow-up. She added that these outcomes are also reported quarterly to Welsh Government. In response to a further query from Mrs Patel as to whether the rise in Section 136 detentions could be attributed to a lack of relevant community support services, Ms Roberts explained that use of detention powers under the Act is determined by the judgement of individual police officers in public-place scenarios, typically following discussion with mental health services. As such activity remains inherently difficult to predict.

The Committee concluded that no issues of exception were identified during the quarter requiring escalation and received

assurance that governance systems and processes under the Act remain robust.

Decision: The Committee RECEIVED ASSURANCE on governance and processes of the Mental Health Act.

MHLC (26) 22 **Operational Risk Register**

Members considered a report on the status of two operational risks that fall within the remit of the Committee.

On the use of out-of-area beds, Ms Carroll assured the Committee that operational services monitor each placement closely and seek repatriation as quickly as possible. Mrs Lisa Bassett-Gravelle added that the position is reviewed twice-daily across the service, supported by multi-agency bed conferences that consider clinical demand, capacity and pathway of care delays. She also confirmed that close liaison is maintained with independent sector providers to support timely repatriation.

Ms Murphy sought clarification on the risk scoring for the second operational risk reference 1781, Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion County. She observed that the report showed a likelihood score of three and a current impact score of two, which produced a current risk score of six and a target score of four and the narrative did not appear consistent. Ms Carroll advised a report on future provision is scheduled for Board on 30 July 2026 and agreed to request that the senior team review the risk scoring. **LC**

Ms Marks advised that the Committee could take assurance that mitigating actions are underway, noting that the risk would be subject to further consideration by Public Board, which was supported by Mrs Patel.

Decision: The Committee RECEIVED ASSURANCE that:

- identified controls are in place and working effectively
- all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

MHLC (26) 23 **Mental Health Legislation Scrutiny Group Update**

Mrs Temple-Purcell reported on the meeting of the Mental Health Legislation Scrutiny Group (MHLSG) of 15 May 2026, her first as Chair following the retirement of Ms Kay Isaacs. Mrs Temple-Purcell stated that the meeting had been quorate, however following a date change, attendance was limited, particularly from Local Authority, police and lived experience representatives. She stressed that those agencies would normally be represented and that maintaining fixed meeting dates would be important going forward.

Mrs Temple-Purcell observed that several matters discussed at MHLSG had already been covered elsewhere on the Committee's agenda, including the Mental Health (Wales) Measure Performance report. She advised that the MHLSG reviewed the areas of exception contained within that report. Furthermore, she highlighted planned improvements to future reporting, including additional breakdowns by age and potentially by ethnicity and other demographics. She also suggested that there may be value in introducing more consistency in the way information is shared across partner agencies so that oversight becomes clearer, and there may be scope for the police to contribute written reports as their own data collection develops. **RTP/ CN**

A further update concerned national work commissioned by the NHS Wales Performance and Improvement Team and undertaken by the Thalamos company to review opportunities for streamlining and digitalising Mental Health Act administration processes. Ms Temple-Purcell stated the seven Local Health Boards in Wales had been visited and workshops had been held on current processes. The key draft recommendation was national adoption of the mandated digital signature and forms to support a more consistent digital process. She confirmed that key messages from the final report would be shared with the Committee once available.

Superintendent Chris Neve indicated a statistical data set, particularly relating to Section 136 and other metrics covering wider mental health demand and how that demand is being managed by the Force, would be presented to the next meeting of the Local Mental Health Partnership Board**.**

Ms Marks welcomed the report's forward look and said she was particularly keen to see what the additional data would show at a future Committee meeting.

Decision: The Committee:

- NOTED the key issues highlighted within the Mental Health Legislation Scrutiny Group Update, including ongoing workforce and system capacity risks, variability in performance and the need to strengthen multi-disciplinary engagement.
- RECEIVED ASSURANCE from the continued development of reporting arrangements, including improved Local Authority data submissions and enhanced qualitative insight, and the further analytical work to strengthen assurance and oversight.

MHLC (26) 24 **Hospital Power of Discharge Sub Committee Update Report and Terms of Reference for approval**

Mr Iwan Thomas presented the Hospital Power of Discharge Sub Committee update from the meeting held in April 2026. The meeting had been quorate and no matters required escalation to the Committee.

Mr Thomas noted that the three-month trial of the withdrawal of face-to-face hearings had been extended for a further six months, and that a letter was being prepared with others across Wales to raise concerns about the lack of consultation with the wider mental health services. He then referred members to the Sub Committee's Work Plan and Terms of Reference being presented for approval.

Decision: That the Committee:

- APPROVED the Terms of Reference for the Hospital Power of Discharge Sub Committee.
- NOTED the items the Sub Committee was advising them of.
- RECEIVED ASSURANCE from the items that the Sub Committee was providing assurance on.

MHLC (26) 25 **The Mental Health (Wales) Measure 2010 Performance Report**

The Committee considered the Mental Health Performance Report for the Mental Health (Wales) Measure 2010 between January and March 2026.

Ms Amanda Davies explained that explanatory context had been included where performance had dipped. For Part 1, Local Primary Mental Health Support Services, she referenced a drop in January against target A and target B, which was attributed to sickness and capacity pressures within teams. Part 2, Care and Treatment Planning, was otherwise compliant. Ms Davies clarified that the reported commissioning rate of at 81 per cent was due to an administrative error, with the correct figure being 100 per cent. She further advised that adult services were overall compliant, although one area in Ceredigion remained non-compliant, offset by stronger performance elsewhere. She also noted that achieving full compliance across the remaining elements represented a notable improvement, not seen in recent quarters.

Ms Davies confirmed that both Part 3, Self Referral to Secondary Care for Former Service Users and Part 4, Independent Mental Health Advocacy, were at 100 per cent compliant for the period. She also updated the Committee on inclusion of 72-hour follow-up following patient discharge data. A previous discussion identified a data quality issue whereby transfers between wards were recorded as discharges; work was under way to exclude these records from dataset. She further highlighted the need for assurance regarding patients discharged to district general hospitals, as these episodes can still be captured in the data. This can result in follow-up activity appearing to fall outside the 72-hour standard, despite follow-up being undertaken appropriately.

Mrs Patel sought assurance on how the Committee assesses not only completion rates for Care and Treatment Plans, but also their quality, referencing concerns raised through Hospital Managers' Hearings. In response, Ms Davies advised that the Quality Assurance Practice Development Team supports the audit process and that team managers undertake quality data on these plans. Ms Davies added that assurance on the quality data is

monitored by the Mental Health Quality, Safety and Experience Clinical Care Group.

Decision: The Committee RECEIVED ASSURANCE from the Mental Health Performance Report in relation to the Mental Health (Wales) Measure 2010 between January 2026 – March 2026.

MHLC (26) 26 **Section 5(4) Nurse Holding Policy**

Ms Roberts presented the Section 5(4) Nurse Holding Power Policy that was due for its three-yearly review. The policy had been widely circulated and there had been no changes in legislation since it was last reviewed. Furthermore, the policy had already been endorsed by the Written Control Documents Group and accompanied by an updated Equality Impact Assessment before coming to Committee for final approval.

Decision: The Committee APPROVED the Section 5(4) Nurse Holding Power Policy, with no changes, for a further period of three years, unless earlier review is required due to legislative changes.

MHLC (26) 27 **Independent Mental Health Advocacy Policy**

Ms Roberts presented the Provision and Access to Independent Mental Health Advocacy Policy that was due for its three-yearly review. The policy had been widely circulated and there had been no changes in legislation since it was last reviewed. Furthermore, the policy had already been endorsed by the Written Control Documents Group and accompanied by an updated Equality Impact Assessment before coming to Committee for final approval.

Decision: The Committee APPROVED the Provision and Access to Independent Mental Health Advocacy Policy, with no changes, for a further period of three years, unless earlier review is required due to legislative changes.

MHLC (26) 28 **Annual Work Plan 2026/27**

The Committee annual work plan was presented and will be updated to include the previously agreed additional items.

MHLC (26) 29 **Date and Time of Next Meeting**

The next meeting is scheduled for 1 September 2026 at 10.30 am.

1.4 **5 Mins**

1.4 - Table of Actions from the meeting held on 4 June 2026

Chantal Patel (Hywel Dda UHB - Independent Board Member)

Attachments

MHLC Table of Actions 04.06.2026.pdf

MENTAL HEALTH LEGISLATION COMMITTEE (MHLC)/ PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
04/06/2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AC-Andrew Carruthers; AD-Abbi Davies; KL-Katie Lewis; LC-Liz Carroll; RTP-Rebecca Temple Purcell

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
04/06/2026	MHLC (26) 15	Minutes of previous meeting • A correction was requested by Mrs Temple-Purcell referring to apologies noted from Mr Neil Mason, for whom Ms Lydia Hayward was deputising.		04/06/2026	Complete Mr Mason confirmed later during the meeting chat that the minutes accurately reflected the meeting attendance.
04/06/2026	MHLC (26) 17	Patient Story • To update the Committee at the next meeting on the learning taken from stories of patient experiences through mental health services collected by Advocacy West Wales and thematic analysis reported to the Ward Managers Forum and to the Mental Health Scrutiny Group (MHLSG).	RTP	26/06/2026	Complete Included within the MHLSG 3A's report
04/06/2026	MHLC (26) 18	Annual Review Report • Ms Amanda Davies noted she had been omitted from the Members annual table of attendance.	AD, RTP	26/06/2026	Complete Following the meeting confirmation was received that as Ms Amanda Davies is not a formal member of the Committee.
04/06/2026	MHLC (26) 19	Review of Terms of Reference • The Committee agreed to extend its existing Terms of Reference (TOR) to the next meeting to reflect consideration of its revised TOR in the meantime to a special meeting of the MHLSG and a workshop with stakeholders that will be arranged in the coming weeks that will report its findings/recommendations back to Committee on 1 September 2026.	AC, RTP	26/06/2026	Complete Workshop took place on 05.08.26, where proposed changes were discussed. A report is being presented to MHLC 01.09.26 to discuss the next steps.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
04/06/2026	MHLC (26) 22	Operational Risk Register • Report to be submitted to Public Board for consideration on 30 July on operational risk reference 1781 and the future provision of Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion County.	LC	01/07/2026	Complete Complete
04/06/2026	MHLC (26) 24	Mental Health Legislation Scrutiny Group (MHLSG) • Superintendent Chris Neve of Dyfed-Powys Police, stated a full dataset, particularly relating to Community Section 136, would come before the next Partnership Board meeting.	KL	26/06/2026	Complete This will be incorporated into Committee's Annual Work Plan for 2026/27.
04/06/2026	MHLC (26) 29	Annual Work Plan 2026/27 • Include Patient Story going forward.	KL	26/06/2026	Complete

1.5

1.5 - Review of Mental Health Act Governance Arrangements

Chantal Patel (Hywel Dda UHB - Independent Board Member), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

For discussion

Attachments

SBAR Outcome of Review of MHA governance arrangements through MHLC MHLSG A~.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

MENTAL HEALTH SCRUTINY GROUP/MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 September 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Review of Mental Health Act Governance Arrangements: Mental Health Legislation Committee and Mental Health Legislation Scrutiny Group
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Caruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Becky Temple Purcell, Assistant Director of Nursing, Patient Safety, Quality and Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Mental Health Legislation Committee (MHLC) is a statutory assurance committee of the Board responsible for providing assurance regarding compliance with:

- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Mental Health Act Code of Practice for Wales
- Hospital Managers' Functions

The Committee also receives assurance regarding:

- Mental Health Legislation risks
- Health Inspectorate Wales (HIW) inspections and associated action plans
- Mental Health Legislation Scrutiny Group (MHLSG) activity
- Power of Discharge Sub-Committee activity
- Relevant Mental Health Legislation policies and procedures

The Committee is supported by the Mental Health Legislation Scrutiny Group (MHLSG), which operates as the principal multi-agency operational scrutiny forum for Mental Health Legislation activity.

As part of the annual review of the MHLC Terms of Reference, a broader review of governance arrangements, membership and reporting structures has been undertaken. This paper summarises the review process, stakeholder engagement activity and recommendations emerging from discussion through MHLC, a dedicated stakeholder workshop and the Mental Health Legislation Scrutiny Group.

Cefndir / Background

The review commenced following the transfer of administrative support for MHLC to the Corporate Governance Team and formed part of the Committee's routine review of its Terms of Reference.

Work undertaken has included:
- Review of the current Terms of Reference for MHLC and MHLSG.
- Benchmarking of Mental Health Legislation governance arrangements across Welsh Health Boards.
- Discussion through MHLC.
- A stakeholder workshop involving MHLC members and partners.
- Further detailed consideration through MHLSG following a request from MHLC for the Scrutiny Group to undertake additional work and provide recommendations back to Committee.

Throughout the review process, stakeholders have consistently recognised the distinct yet interdependent roles performed by MHLC and MHLSG. Reflection has therefore centred on how the existing arrangements can be further strengthened through greater clarity of purpose, improved reporting arrangements, and enhanced partnership engagement, while continuing to support effective governance, scrutiny and assurance in relation to Mental Health Legislation.

The review has focused on:
- Clarifying roles and responsibilities.
- Strengthening governance arrangements.
- Improving reporting and assurance processes.
- Reducing unnecessary duplication.
- Strengthening partnership engagement.
- Enhancing transparency and oversight.

The review has focused on:

- Clarifying the distinct roles and responsibilities of MHLC and MHLSG.
- Reviewing membership and representation arrangements to ensure the right people and organisations are contributing at the most appropriate level of the governance framework.
- Considering opportunities to reduce unnecessary duplication.
- Strengthening governance and accountability arrangements.
- Improving reporting and assurance processes.
- Strengthening partnership working and multi-agency collaboration.
- Enhancing transparency, oversight and the effectiveness of organisational assurance arrangements.

Asesiad / Assessment

Distinct Roles and Functions

The review confirmed strong support for the current governance structure.
MHLC operates as the Board's statutory assurance committee and provides strategic oversight, assurance, governance and accountability on behalf of the Health Board.

MHLSG provides detailed multi-agency operational scrutiny and oversight of:
- Mental Health Act compliance
- Mental Health (Wales) Measure performance
- Operational risks

- Improvement activity
- Multi-agency working
- Patient experience
- Partnership responsibilities relating to Mental Health Legislation.

Stakeholders consistently described these functions as complementary rather than duplicative.

Membership, Attendance and Duplication

The review identified overlap between MHLC and MHLSG membership and attendance arrangements. However, discussions concluded that not all duplication is avoidable or undesirable.

The review also identified that some individuals included within the membership had not routinely attended meetings, although continued to be included when determining the quorum requirement. This created a risk that the membership and quoracy arrangements did not accurately reflect active participation. It was agreed that future membership and quorum requirements should be based on those roles from which regular attendance and active contribution are expected.
Partner organisations, particularly Local Authorities and advocacy services, highlighted that specialist expertise often resides within a small number of individuals who perform both operational and strategic roles. As a result, attendance at both MHLSG and MHLC is frequently necessary and appropriate. Stakeholders expressed no concerns regarding this type of duplication and were clear that they wished to remain actively involved in both forums.

The review did identify a significant opportunity to reduce duplication associated with Health Board operational and managerial attendance.

MHLSG was consistently identified as the appropriate forum for detailed scrutiny, challenge, performance review and operational discussion. Once detailed scrutiny has taken place through MHLSG, MHLC should receive proportionate assurance on the actions being taken to address identified areas of concern, including the effectiveness of mitigating controls, responsible leads, delivery timescales and progress against agreed action plans.
Operational matters should only be escalated to MHLC where they present a material risk to legislative compliance or where the assurance provided is insufficient.

There was broad support for:
- Maintaining detailed scrutiny within MHLSG.
- Streamlining reporting into MHLC so that it focuses on assurance regarding mitigating actions, progress against agreed action plans, delivery timescales and the management of material risks..
- Reducing routine attendance by operational Health Board leads at MHLC where detailed scrutiny has already occurred through MHLSG.
- Using attendance by exception where additional expertise or clarification is required.
- Reviewing membership and quoracy requirements to ensure they reflect active and expected participation.

This approach would reduce duplication, make more effective use of resources and strengthen the distinction between scrutiny and assurance functions.

Partnership Representation

The review reaffirmed the importance of partnership representation within Mental Health Legislation governance.

Local Authority representatives emphasised their shared statutory responsibilities under:
- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Section 117 Aftercare responsibilities.

Stakeholders were unanimous that partnership involvement should remain a defining feature of governance arrangements.

Representatives from advocacy services contributed to the review process and emphasised the importance of maintaining visibility of service-user, carer and lived-experience perspectives within both scrutiny and assurance arrangements. Whilst representatives from West Wales Action for Mental Health (WWAMH) were not present during all stages of the review, views previously expressed continued to be considered throughout discussions. Particular emphasis was placed on the importance of ensuring independent voices remain visible within governance structures, providing challenge, insight and assurance in relation to patient experience, patient rights and service quality. Stakeholders recognised the valuable contribution of advocacy services in supporting transparency, strengthening governance arrangements and ensuring that the perspectives of people accessing services continue to inform both operational scrutiny and strategic assurance.

Clinical Executive Membership

The review identified that Clinical Executive input could strengthen MHLC's oversight of matters relating to clinical quality, patient safety, patient experience, workforce capability and organisational risk. Stakeholders therefore supported further exploration of the most appropriate mechanism for securing Clinical Executive input, taking account of the respective responsibilities for determining Committee membership..

Mental Health Legislation governance concerns significant statutory responsibilities exercised by the Health Board. Committee business routinely relates to:
- Deprivation of liberty
- Detention and treatment under Mental Health Legislation
- Clinical quality
- Patient safety
- Patient experience
- Workforce capability
- Clinical governance
- Organisational risk.

The addition of a Clinical Executive member would:
- Provide visible professional leadership.
- Strengthen accountability for matters directly affecting patient rights and liberty.
- Strengthen links between Mental Health Legislation assurance and wider clinical governance arrangements.
- Support executive oversight of quality, safety and patient experience matters.
- Improve escalation of significant clinical and governance concerns.

Given the nature of the Committee's business, the Scrutiny Group considered that further exploration of appropriate Clinical Executive involvement would be a valuable enhancement

to the governance arrangements. Any proposed change to formal Committee membership would be progressed through the appropriate governance and approval processes.

Reporting, Transparency and Dashboard Development

The review identified opportunities to strengthen reporting arrangements through the further development of existing organisational dashboards and reporting frameworks to incorporate Mental Health Legislation-specific information and assurance measures.

This approach would support the bringing together of information from multiple sources within an accessible framework, improving visibility of performance, compliance, risk, patient experience and improvement activity relevant to Mental Health Legislation. In this context, transparency relates to enhancing the accessibility and collective understanding of information, enabling it to be reviewed from a range of operational, professional, governance and partner perspectives.

Stakeholders considered that strengthening existing dashboard arrangements could support more effective and efficient working by providing a common evidence base for scrutiny and assurance, reducing duplication in reporting activity, supporting trend analysis and helping to identify areas requiring further investigation or improvement. It could also strengthen oversight of patient experience by bringing together themes emerging from advocacy services, local authority reports and operational teams, whilst enabling triangulation with incident, complaint and other quality information already captured through existing organisational dashboards and reporting mechanisms.

The group further recognised the potential for this approach to strengthen legislative assurance by supporting oversight of compliance, statutory timescales, workforce capability, quality indicators, patient experience and organisational risks within a more integrated reporting framework. This would support a more holistic understanding of Mental Health Legislation activity across organisational boundaries and provide a stronger evidence base to inform scrutiny, governance, improvement activity and Board assurance.

Future assurance reporting should also provide clearer evidence of the outcomes and impact arising from improvement activity. Where possible, reports should explain what has changed as a result of the actions taken and the difference made for patients, staff and the wider population. This would enable Independent Members to assess whether actions have been completed, the extent to which they have delivered the intended improvement and strengthened compliance, quality and patient experience.

Stakeholders acknowledged that achieving this would require significant further work, including agreement of meaningful measures, enhancement of existing reporting arrangements, alignment of data sources and identification of appropriate resource to support implementation and ongoing maintenance. The development of such an approach would require commitment from both operational and corporate teams, alongside specialist expertise in quality, governance, performance and data analytics.

Whilst recognising these challenges, the group considered that the potential benefits for governance effectiveness, operational efficiency, patient experience and legislative assurance are substantial. Stakeholders therefore felt that this work should be recognised as a strategic priority and that consideration should be given to how the necessary resource and expertise can be secured to support its development and implementation.

Police and WAST Contributions

The review highlighted the importance of information and intelligence from Police and Welsh Ambulance Services NHS Trust (WAST).

Although representatives from these organisations were not present during the final stages of governance discussions, members consistently emphasised the value of understanding:

- Section 136 activity
- Right Care Right Person implementation
- Conveyance arrangements
- Transport delays
- Crisis pathways
- Emergency response activity
- Operational pressures affecting legislative compliance.

The review highlighted opportunities to further strengthen partnership working with Police and WAST through the development of routine reporting and information-sharing arrangements. Stakeholders were keen to explore how operational insight, activity data and emerging themes from both organisations could contribute more consistently to scrutiny processes, supporting collective learning, improved oversight and a richer understanding of Mental Health Legislation activity across the wider system.

Members were keen to further develop reporting arrangements to ensure this important information contributes to a more complete understanding of Mental Health Legislation compliance and system pressures.

Primary Care Representation

The review noted that, whilst Primary Care representation has historically been included within governance arrangements and Terms of Reference, this has not been consistently achieved in practice. The group considered that Primary Care has an important contribution to make to Mental Health Legislation scrutiny and assurance activity.

Given that much mental health care is delivered and coordinated within community settings, General Practitioners are often among the first professionals to identify deteriorating mental health, contribute to referrals and assessments, and provide ongoing care and support following discharge. As such, they offer a unique perspective on the impact and effectiveness of Mental Health Act processes across the wider system.

The group considered that active GP involvement in the Mental Health Legislation Scrutiny Group in particular would:

- Strengthen scrutiny of patient pathways and transitions between services.
- Improve understanding of continuity of care before, during and following Mental Health Act interventions.
- Provide valuable insight into the interface between Primary Care, community services and specialist mental health services.
- Contribute Primary Care perspectives to discussions relating to Mental Health Legislation implementation and the Mental Health (Wales) Measure.
- Support a more whole-system understanding of the experiences of individuals subject to Mental Health Act processes.

The Mental Health and Learning Disability Clinical Care Group has continued to engage with Primary Care and GP colleagues with a view to securing representation and remains committed to pursuing this as part of future governance arrangements.

Wider Health Board Representation

The review also identified opportunities to improve representation from wider Health Board services. Whilst representation from broader services has historically appeared within governance arrangements and Terms of Reference, it has not consistently translated into active involvement.

The Scrutiny Group considered there would be significant value in securing representation from a wider Health Board service area through the inclusion of a single representative with appropriate knowledge and experience of Mental Health Legislation in acute and unscheduled care environments. Such a role could provide insight into the application of Mental Health Legislation within Emergency Departments, acute healthcare services and general hospital wards, helping to strengthen organisational learning, improve understanding of patient pathways and ensure governance arrangements reflect the full range of settings in which Mental Health Legislation is utilised.

The review has confirmed that the existing governance framework remains appropriate and valued by stakeholders. Opportunities have been identified to strengthen assurance by clarifying the respective roles of MHLSG and MHLC, ensuring reporting focuses on mitigating actions, progress, outcomes and impact, and refining membership and representation arrangements to support effective scrutiny and Board assurance. Subject to Committee support, these principles will be reflected in revised Terms of Reference and future governance arrangements.

Argymhelliad / Recommendation

The Committee is asked to:

- **Note** the outcome of the review of Mental Health Legislation governance arrangements and the stakeholder engagement undertaken through MHLC, the governance workshop and MHLSG.
- **Support** further exploration of the points raised at the workshop, in order to strengthen governance, assurance, reporting and membership arrangements, with any proposed changes to formal committee membership or terms of reference being progressed through the appropriate governance processes.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
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 3. Effective 4. Efficient 5. Equitable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply 1. Leadership 5. Whole systems persepctive

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable 6. Sustainable use of resources 2. Working together to be the best we can be
Amcanion Cynllunio Planning Objectives	Not applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Benchmarking work undertaken to review mental health legislation governance arrangements across Wales.
Rhestr Termau: Glossary of Terms:	HIW – Health Inspectorate Wales MHLC – Mental Health Legislation Committee MHLSG – Mental Health Legislation Scrutiny Group WWAMH – West Wales Action for Mental Health
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Prior discussion at Mental Health Legislation Committee MHLC Governance workshop session. Mental Health Legislation Scrutiny Group 13th August 2026

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	May improve efficiency by reducing duplication of reporting, scrutiny and administrative activity.
Ansawdd / Gofal Claf: Quality / Patient Care:	Supports effective oversight of mental health legislation and continued incorporation of patient and carer perspectives.
Gweithlu: Workforce:	May reduce duplication for staff whilst supporting fulfilment of statutory responsibilities under mental health legislation.
Risg: Risk:	Supports effective assurance, oversight of compliance and management of risks associated with mental health legislation.
Cyfreithiol: Legal:	Supports governance and assurance relating to compliance with the Mental Health Act 1983 and Mental Health (Wales) Measure 2010.

Enw Da: **Reputational:**	Effective governance arrangements support stakeholder confidence in the Health Board's statutory oversight responsibilities.
Gyfrinachedd: **Privacy:**	No direct impact on privacy or information governance arrangements identified.
Cydraddoldeb: **Equality:**	Proposed arrangements will continue to support inclusive engagement and consideration of equality impacts.

1.6

10 Mins

1.6 - Thematic Report on Patient Experience

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

For information

Attachments

SBAR Thematic Report on Patient Experience 01.09.2026.pdf

IMHA Relevant Issues Q1 April to June 2026

This report covers the first quarter of the year.

Team Information and Training:

This quarter we were able to implement the team changes that we discussed in a previous meeting.

There have been no changes in the Independent Mental Health Advocacy (IMHA) team during this time. We have had some sickness and annual leave during this quarter, but we have responded to and actioned all referrals received. With absence overlapping the quarter end some data is not yet on the database and reported. Everyone seeking advocacy support within a Managers' Hearing has received that support.

Team members continue to engage in a wide variety of training relevant to their roles and the All Wales IMHA Peer Support Group for advocates working in IMHA services across Wales. More recently, there has been training and briefing around the UK Supreme Court decision in relation to Deprivation of Liberty Safeguard (DoLS) guidance and we have developed our Equalities, Diversity and Inclusion Statement and Action Plan, and are currently undertaking the Social Care Wales Anti-Racist Wales five module training programme.

Natasha continues to engage in Hywel Dda University Health Board's Enabling Quality Improvement in Practice (EQIiP) programme led by Grace Elms, Advanced Nurse Practitioner / Independent Prescriber. We have also submitted our Quality Performance Mark re-accreditation and achieved the Cyber Essentials Plus annual accreditation.

We hold monthly Team meetings and Peer Supervision for advocates and advocates have monthly individual supervision around their role and casework.

Ongoing Service – Issues Raised:

All people referred to the service have been able to access advocacy within the time limits set by the contract during this quarter. All people requesting advocacy for Managers' Hearings have been able to access support. Within general ward settings we have met all needs to attend and or report into Best Interest processes on behalf of people lacking capacity around care and discharge needs.

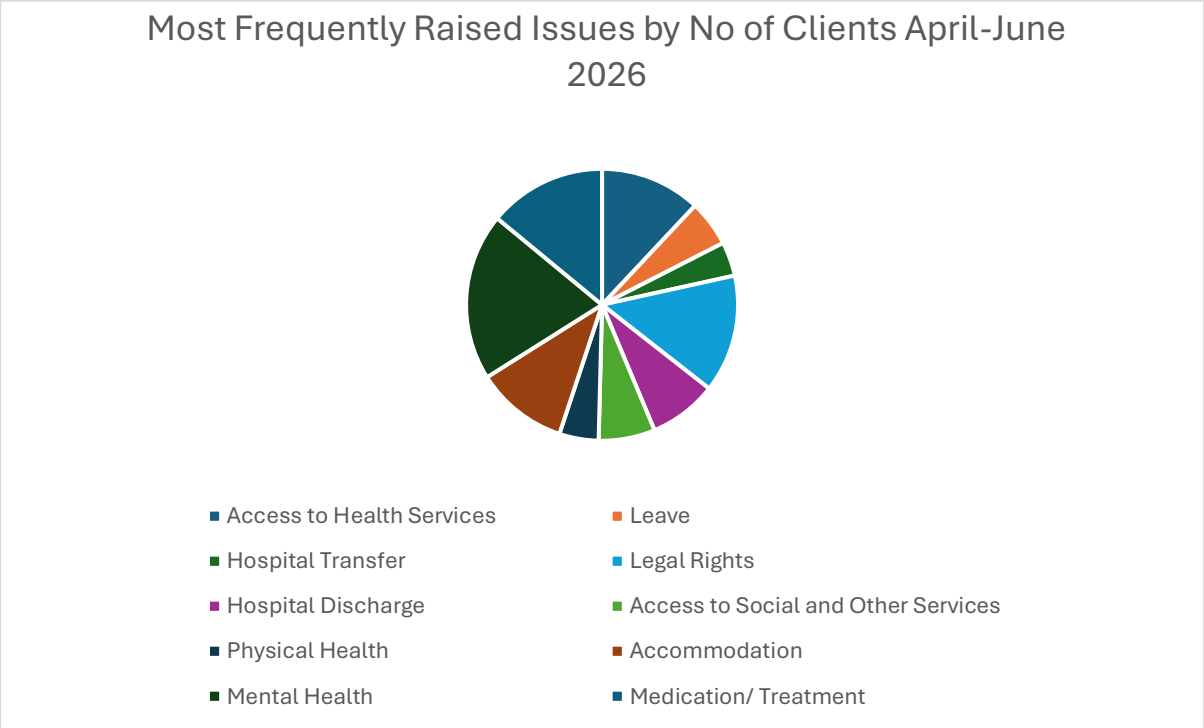
The chart below shows a monthly breakdown of new referrals into the service and existing clients where there is ongoing support in each period. This has held up remarkably well given the staffing situation, which has now resolved:

IMHA Relevant Issues Q1 April to June 2026

We know it will be disappointing for patients to see the Mental Health Review Tribunal for Wales (MHRTfW) reverting to online hearings while waiting for an emergency bill to be passed to allow not. We know that for many this will impede access to a hearing and participation in those. We have agreed within the All Wales IMHA Peer Group to monitor this and to provide evidence to the Tribunal about the impact of this on patients in due course and also inviting them to involve IMHA in the consultation process they say will follow the pilot.

The report contains some of the key themes about the care and treatment/period of time on the ward expressed by people seeking advocacy. Overall health service teams are positive in supporting people to access advocacy, and responding to concerns raised on behalf of people by advocates.

The chart below shows the main themes raised by people accessing the service during this period and is consistent entirely with the remit of the service:



Main concerns during this period expressed by clients of the service and reflected in discussion with advocates in peer and individual supervision:

IMHA Relevant Issues Q1 April to June 2026

Referrals Generally: Most wards are referring appropriately into the service using the new referral form. There are always a number of self or advocate-initiated referrals so we can ultimately be confident that in so far as patients on mental health units is concerned, they are all having the opportunity to access advocacy. Sending in referrals is also important when the usual advocate is on annual leave or off sick so that cover can be provided.

The addition of a place on the form to identify the difference between someone on the ward informally or on DoLS is helpful, particularly as we need to monitor any changes coming as a result of the UK Supreme Court decision around DoLS. From time-to-time stray obsolete referral forms are used and we would ask that you ensure your teams are using the new referral form.

Reminder: For those with capacity to consent to a referral to IMHA, only those who do consent should be referred into the service. People can be followed up on wards where advocacy needs arise, or via interaction on the ward with the IMHA. It is always helpful to know of transferred patients to promote a smooth handover of advocacy for the person and to support the IMHA to provide a prompt response.

1. **Children and Adolescent Mental Health Services (CAMHS) patients –** children and young people have the same rights to information about and access to IMHA advocacy as any other person. We do not get direct referrals from CAMHS whether for young people on the Rainbow Suite or for the Morlais Children and Young People (CYP) bed. If referred, this is always by a member of the Morlais nursing team. We have done awareness raising with CAMHS leads, but this hasn't led to any direct referrals. If further awareness training is required, this can be arranged for any team.

2. **General wards** – We still get late referrals to support people with key decision-making meetings such as Best Interest Meetings, although there has been some improvement on this. In this time advocacy has consistently been able to support the person's views and wishes to ensure the person is kept at the centre of decision making. On general ward settings we tend to be asked to advocate in the more complex situations where family situations and conflicts risk the person not being at the centre of decision making about their care needs on discharge from hospital. People in this situation, lacking capacity around the key decisions under consideration, are particularly vulnerable. Sometimes no valid and applicable legal safeguards are around them such as DoLS. We have had a steady number of referrals on general wards in Carmarthenshire, these usually being generated by involvement of the MH Liaison Nurses – thank you! Referrals in Pembrokeshire wards tend to be made by Joint Discharge Team Social Workers or Ward

Managers/Sisters and in Ceredigion at Bronglais Hospital by nursing staff/Ward Managers/Sisters. We do also get a small number of referrals for patients detained on General Ward and these are usually highlighted appropriately to us by the Mental Health Act (MHA) Administration Department team.

3. **Meetings Generally:** there continue to be difficulties with meetings being arranged at short notice, often delayed or times changed with little notice on some wards (mainly the acute adult settings). This can lead to difficulty in clients securing advocacy involvement or having time to prepare for their meetings. Meeting arrangements on older adult wards, Psychiatric Intensive Care Unit (PICU) and Low Secure Unit (LSU) are more regular giving time for preparation and planning for both patients and advocates.

   Where difficulties remain, clients tell us that this uncertainty can negatively affect them. Limited time to prepare or involve advocacy can reduce their confidence in participating meaningfully in meetings and decisions about their care. Advocates are working with ward clerks and ward managers to address this, and we recognise that coordination with locality-based consultants adds complexity.

   A number of Bryngofal patients have expressed finding it difficult not seeing their Responsible Clinician (RC) in person when they are out of locality and struggling with Teams meetings where either internet connection or accessibility are issues during meeting times. As a theme patients' difficulty with remote meetings is ongoing.

4. **Out of County:** Several people have had to remain in hospitals outside their home county because of bed shortages, and issues relating to hospital transfer have been raised more frequently in recent months. This particularly affects people from Ceredigion, as there is no ward in their own county.

   Being placed further from home can affect access to support, the delivery of personal items from friends and family, and opportunities for home leave. Similar concerns arise where there is no suitable placement or interim placement available locally, meaning clients are placed out of county and away from their support networks.

   This can be especially difficult for older couples, particularly where the spouse or partner who is not in hospital, or is not moving into care, has no or limited access to transport. We recognise that this has been a consistent theme in our reports for many years, but it remains important for the service to continue raising the issue.

IMHA Relevant Issues Q1 April to June 2026

5. **Staffing levels:** Patients and staff tell us that staffing levels are very low in many areas and patients feel this impacts their ability to access staff, support, the gym and leave.

   This continues to have an impact on those who have escorted leave, with clients reporting not being able to utilise their allocated leave, not being able to have home visits and other meaningful activity leave not being granted which they in turn consider can delay their progress.

   The issue of leave for smokers, particularly early in admission, continues to be raised. This especially impacts detained people without unescorted leave approved. However, we understand that the experience is varied.

6. **Delays in placements:** It has been highlighted that there have been significant delays in people leaving hospital, due to a lack of placements and care packages being available. This affects older adults and adults alike. Where delays in discharge lead to temporary placements, we will, where the need is clear, attempt to offer ongoing advocacy for the person until a settled placement is achieved. This does put additional demand on the service.

7. **Impact of Waiting Lists in Our Community Service:** We have observed a number of instances where people seeking access to our community service and on waiting lists for that service, have been admitted to the ward while on the waiting list. The waiting list exists owing to demand on the service and capacity issues. It is not entirely clear whether delayed advocacy is impacting access to services in the community and leading to admission or whether admission would have occurred in any event. However, anecdotally people do tell us that they feel our interventions in the community both prevent serious deterioration and admission. We are seeking to address this with additional triaging of people on the waiting list to be able to identify people in urgent need more closely. We will be feeding this information into our Community Service reviews also. People's advocacy needs are usually at their highest at the time they are referred in/seek our support and for our roles to have the greatest impact in supporting people, prompt access to the service is critical to fulfil the preventative element of our roles. The same applies when people leave the ward and seek community advocacy and we try to prioritise these referrals where people have clear ongoing advocacy needs. This is becoming increasingly difficult as demand and complexity within the community service increases.

8. **Use of DoLS:** There have been occasions where people lacking capacity to consent to an admission have been found to be on the ward informally without any legal

framework/safeguards and in those circumstances, we would highlight that for it to be addressed for the benefit of the patient and those caring for them. This is more of an issue on general ward. There remain delays in the standard DOLS assessments both on general wards and mental health units, and many patients fall way out of the required time frames. This means people are all too often illegally deprived of their liberty for extended periods. The DoLS Code of Practice is very clear on the fact that this leaves a person illegally deprived of their liberty. These concerns have been raised consistently. However, from July onwards the position regarding DoLS has been thrown into doubt following the UK Supreme Court decision and while guidance is awaited around this.

Awareness Raising re Advocacy:

If any of your teams would benefit from additional awareness around IMHA advocacy, please do let us know and sessions can be arranged with the advocates who habitually visit Health Board wards.

We have created some new guides in the form of infomercials for both clients and professionals and these are hosted on our You Tube channel and those can be accessed via the links below.

For clients:

A Guide to Independent Advocacy at AWW: https://youtu.be/XTfv5EkJzZo

A Guide to Independent Advocacy at AWW – Cymraeg: https://youtu.be/VjlPOvxZFVY

For you and your teams:

A Referrer's Guide to IMHA – 2026: https://youtu.be/xP7KQ5OfRIY

A Referrer's Guide to IMHA – 2026 – Cymraeg: https://youtu.be/xQH2Sp-tdVU

If you identify that a patient wants or may need advocacy at discharge from the acute settings, please do discuss with us about ongoing advocacy for the person as we have a range of community services available. In light of the above we do try to prioritise access to our community mental health advocacy service for people recently discharged from the hospital setting.

If you are unable to attend the meetings at which this report is discussed but would like to address any questions to the service the following options are available:

IMHA Relevant Issues Q1 April to June 2026

Direct questions via the minutes/meeting co-ordinator and the service will respond as soon as possible.

Contact Nia Williams or Natasha Fox directly on nia@advocacywestwales.org.uk or natasha@advocacywestwales.org.uk.

Natasha Fox, IMHA and Chief Officer, and Nia Williams, IMHA and Professional Lead, Advocacy West Wales-Eirolaeth Gorllewin Cymru, 31 July 2026.

2

2 - ASSURANCE AND RISK

2.1

15 Mins

2.1 - Mental Health Act Data Performance Report

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

For discussion

Attachments

SBAR MH Data Performance Report Q1 01.09.2026.pdf

MH Data Performance Report Q1 01.09.2026.pdf

Pwyllgor Deddfwriaeth Iechyd Meddwl/ Mental Health Legislation Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**01 SEPTEMBER 2026**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health Legislation Committee – Mental Health Act Data Performance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ruth Bourke, Mental Health Act Administration Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

The paper also includes assurance of other work undertaken 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 (MHLD) Services during the quarter, that those functions of the Mental Health Act 1983 (the Act) which have delegated to officers and staff, are being undertaken appropriately; 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 2018.

The MHLC Terms of Reference require the submission of a quarterly report to the Board to summarise the work 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 (MHLSG). 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 (with any numbers of less than 5 omitted for confidentiality purposes).

Asesiad / Assessment

The MHLSG received a report detailing various activities trends relating to the Mental Health Act during the period 1st April 2026 to 30 June 2026. Particular attention was made to the following areas:-

- Challenges and concerns around the reduced staffing within the Health Board's MHA administration team following the resignations by several numbers within the team.
- Members noted the reduced level of data provided within the MHA Performance Report as a result of the above.
- A high percentage of all Section 136 detentions continue to be conveyed and assessed within A&E departments. This continues to place a burden regarding the quality of data being provided and processes such as ensuring patients are informed of statutory rights.
- Further discussion around use of Section 136s ensued and challenges arising from outcomes requiring an informal admission out of hours and how these admissions can proactively be gatekept in the same format of in hour admissions.
- Members acknowledged the one un-rectifiable error during this period due to an unsigned medical recommendation, however welcomed that such errors are rare.
- Discussions were held around forthcoming Tribunal changes to scheduling hearings whereby Responsible Clinicians are being requested to "hold dates" in advance. Acknowledgement of the negative impact this has caused in other areas where already implemented.

Argymhelliad / Recommendation

The Committee is asked to receive assurance on governance systems and processes of the Mental Health Act.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	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, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	
Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Agenda, papers and minutes of the Mental Health Legislation Scrutiny Group
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Mental Health Legislation Scrutiny Group

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

Financial / Service:	
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Tegwch Iechyd: **Health Equity:**	
Risg: **Risk:**	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*. Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: **Legal:**	Above
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	MHA performance report available on request.
Cydraddoldeb: **Equality:**	Not Applicable

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Report on the

on the use of

The Mental Health Act, 1983

1 April 2026 – 30 June 2026

(Quarter 1)

Contents

1.0 Introduction

The Mental Health Legislation Scrutiny Group''s (MHLSG) principle 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 (MHLC) 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 1, 2026/27.

To protect identity and comply with Information Governance any figures below five will not be disclosed when provided to a Board Committee.

A more detailed breakdown of the Act is as follows:

Mental Health Act, 1983 - Data Collection and Exception Reporting

2.0 Summary

This report presents Mental Health Act (MHA) activity within Hywel Dda University Health Board for Quarter 1 2026/27 (1 April – 30 June 2026).

Overall, MHA activity during the quarter remained largely consistent with expected levels and historical trends. Most statutory powers were used within normal variation, with no significant areas of concern identified. Activity demonstrates the continuing demand for assessment, treatment, and place of safety services across the Health Board.

Key detention activity under Part II of the Act remained stable although Section 3 admissions for treatment increased to 44, exceeding the quarterly average of 40. The increase in Section 3 use was primarily seen within adult inpatient services.

Documentation scrutiny continues to identify a high volume of rectifiable administrative errors. Seventy-one rectifiable errors were identified across 124 detention documents, meaning over half of detention episodes required amendment. One non-rectifiable error was identified. Whilst statutory safeguards ensured legal compliance was maintained, reducing documentation errors remains an important area for improvement.

No significant concerns were identified regarding compliance with the Mental Health Act Code of Practice for Wales. Monitoring arrangements remain in place for restrictive practices, patient rights, consent to treatment, and access to advocacy services.

The Mental Health Act Team continued to support services through statutory administration, scrutiny processes, tribunal management and training. However, staffing pressures within the department have resulted in a reduced level of service.

Overall, Quarter 1 demonstrates stable and effective operation of the Mental Health Act across Hywel Dda University Health Board, with activity largely consistent with established trends. Areas requiring ongoing scrutiny include Section 136 activity, the use of A&E as a place of safety, documentation quality, and implementation planning associated with future changes arising from the Mental Health Act reforms.

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	71	68 ↓	
3	40	44 ↑	Higher use than average use of this section.
4	3	Less than 5 ↓	Use of Section 4 is quite infrequent and tends to fluctuate between 0 - 5 occasions per quarter.
5(4)	1	Less than 5 ↑	Use of this section is relatively rare however will fluctuate in use between zero to as many as 6
5(2)	19	18	
17A (CTO)	6	5 ↓	
135	4	6 ↑	
136	45	38 ↓	
Part III	2	Less than 5	Average number of Part III patients during the quarter.

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.

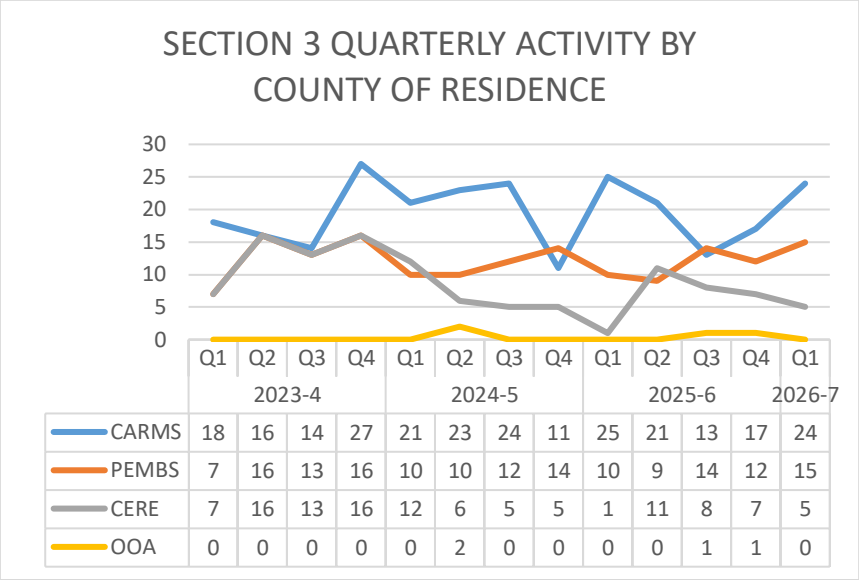
- Section 2 has been used on 68 occasions which is relatively average.

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.

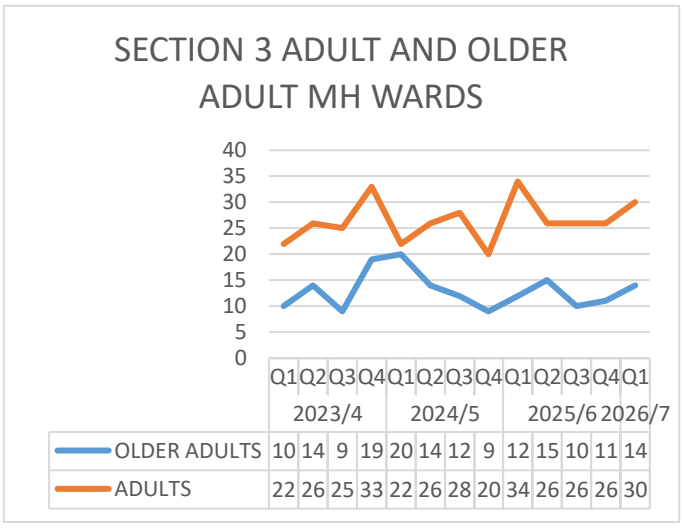
- Use of Section 3 occurred on 44 occasions which is slightly higher than the quarterly average. A chart to show a breakdown of Section 3 use in the different services and counties can be found below.

SECTION 3 QUARTERLY ACTIVITY BY COUNTY OVER 3 YEARS



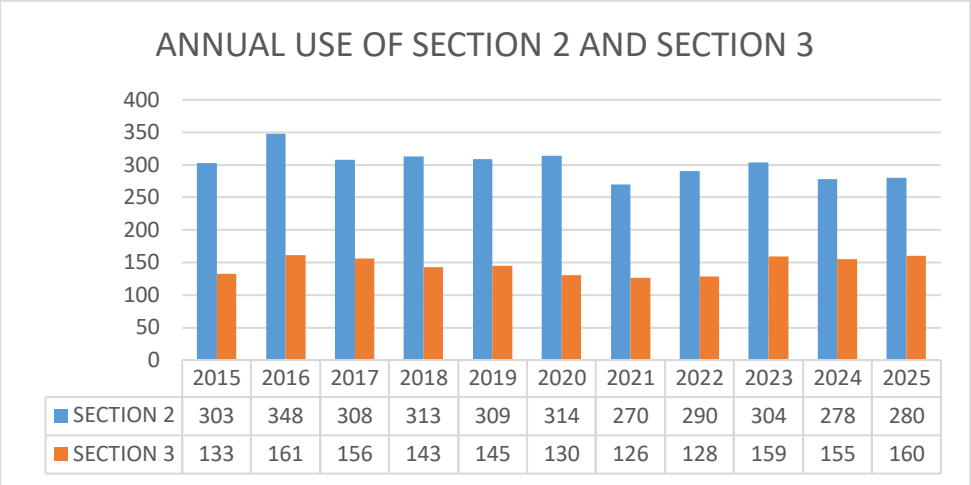
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	2023-4				2024-5				2025-6				2026-7
CARMS	18	16	14	27	21	23	24	11	25	21	13	17	24
PEMBS	7	16	13	16	10	10	12	14	10	9	14	12	15
CERE	7	16	13	16	12	6	5	5	1	11	8	7	5
OOA	0	0	0	0	0	2	0	0	0	0	1	1	0

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



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	2023/4				2024/5				2025/6				2026/7
OLDER ADULTS	10	14	9	19	20	14	12	9	12	15	10	11	14
ADULTS	22	26	25	33	22	26	28	20	34	26	26	26	30

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



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
SECTION 2	303	348	308	313	309	314	270	290	304	278	280
SECTION 3	133	161	156	143	145	130	126	128	159	155	160

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.

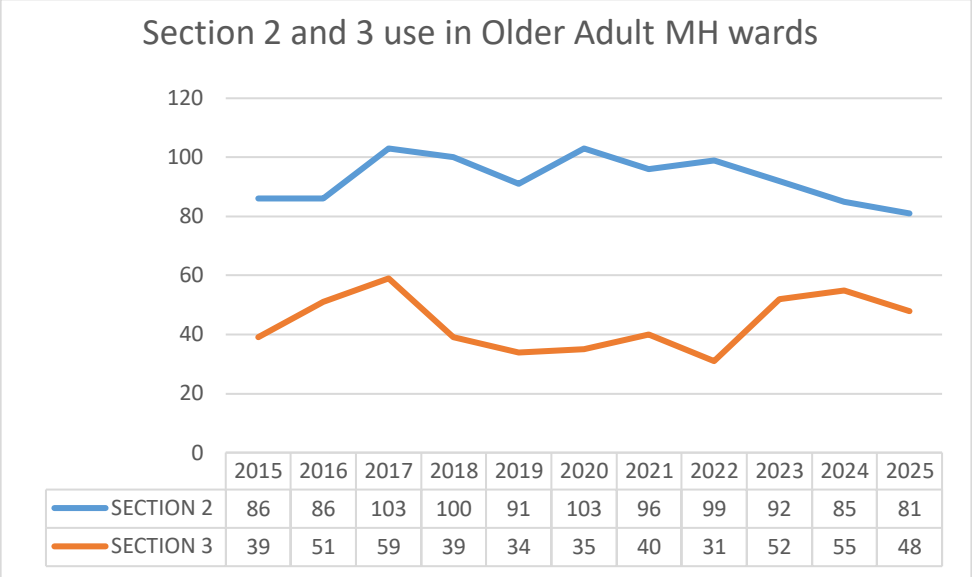
- On average it is used on three occasions per quarter. During this quarter it was used on less than 5 occasions.
- 100% were completed by a S12 approved doctor.

3.1.4. Section 5 – Holding Powers

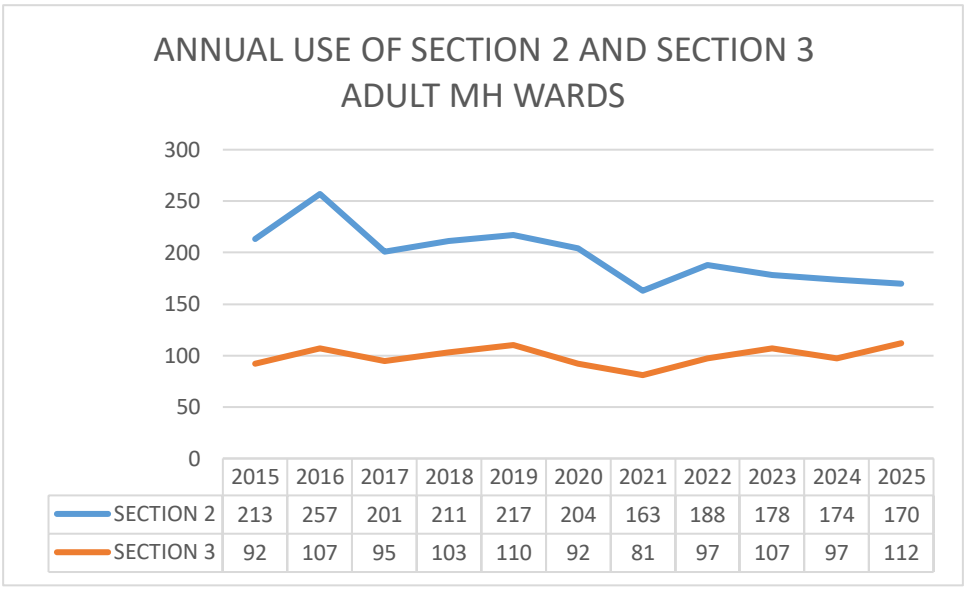
Section 5(2) – used by Doctors in both mental health and general hospital settings to detain an in-patient for up to 72 hours to allow for a mental health act assessment to take place. Section 5(4) is used by mental health and learning disability nurses in mental health in-patient settings for up to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

- Use of the nurses holding power is rare. It has been utilised less than 5 during this quarter.
- The doctors holding power was used on 18 occasions.
- Of the 18 Section 5(2)s used 7 were used in adult MH acute wards and 7 in the district general hospitals. Comparative outcomes of these two groups were 100% were further detained in the MH settings compared to 86% further detained in the general hospital settings.

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

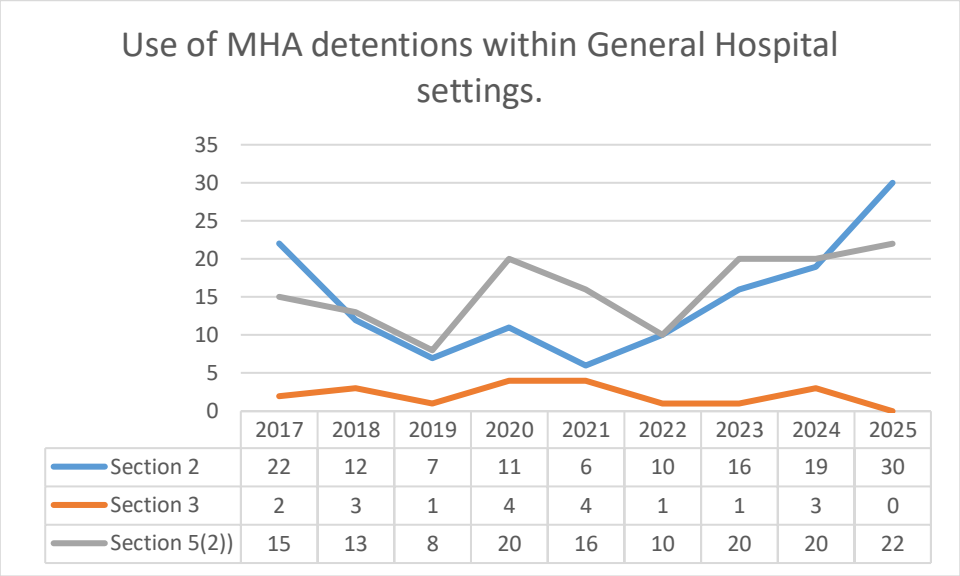


	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
SECTION 2	86	86	103	100	91	103	96	99	92	85	81
SECTION 3	39	51	59	39	34	35	40	31	52	55	48



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
SECTION 2	213	257	201	211	217	204	163	188	178	174	170
SECTION 3	92	107	95	103	110	92	81	97	107	97	112

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



	2017	2018	2019	2020	2021	2022	2023	2024	2025
Section 2	22	12	7	11	6	10	16	19	30
Section 3	2	3	1	4	4	1	1	3	0
Section 5(2))	15	13	8	20	16	10	20	20	22

No of Detentions to the General Hospital Wards (by Quarter)					
	Apr- June 25	July – Sep 25	Oct – Dec 25	Jan – Mar 26	April-June 26
Section 2	7	7	(1-5)	11	5
Section 3	0	0	0	0	0
Section 5(2)	5	5	(1-5)	9	7

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:

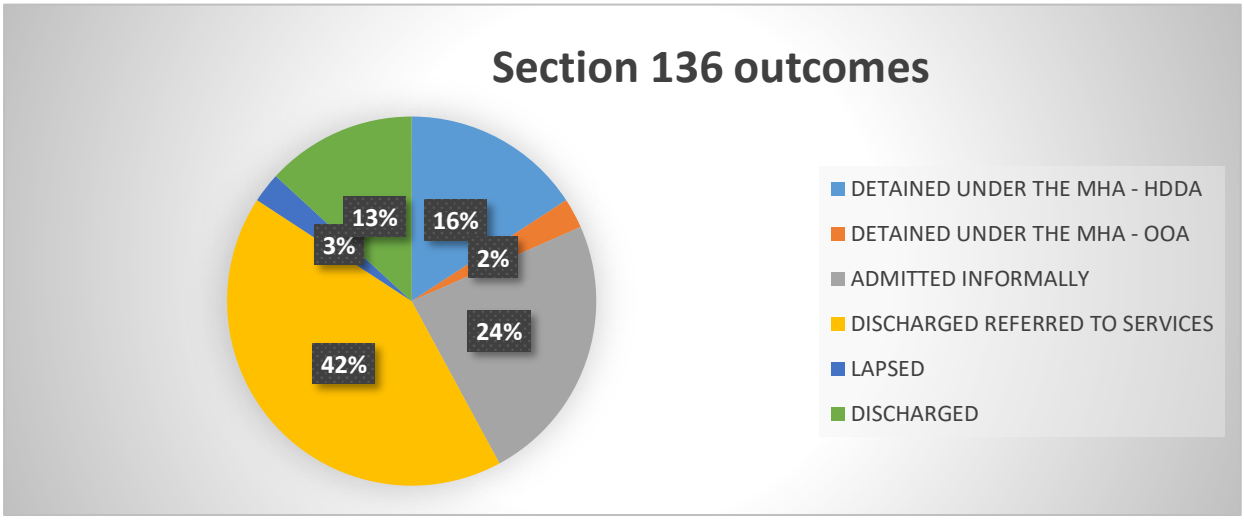
Difficulties continue in obtaining accurate data relating to the use of Section 136. Monitoring forms are often poorly completed with much of the required information missing. When persons are taken to A&E it is often difficult to locate monitoring forms and on a couple of occasions monitoring forms (in line with local policy) were not provided. Therefore some of the data provided is uncertain and some data has been lifted from other sources such as patient records, WPAS data systems and from contacting professionals directly.

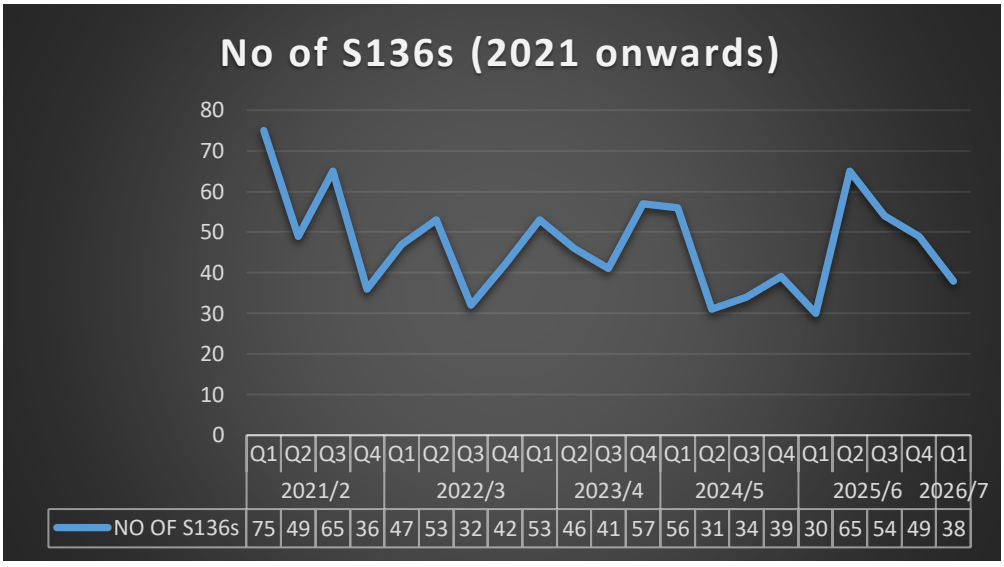
- On average it is used 45 times per quarter. During this quarter it was used on 38 occasions. For the same period last year it was used on 30 occasions.
- A number of individuals having undergone multiple S136 detentions during the same quarter period.

- The places of safety used for the MH assessment were as follows:-
  - Bryngofal (28)
  - Morlais (less than 5)
  - 13 to A&E (8)
    - Withybush Hospital
    - Glangwili Hospital
    - Bronglais Hospital

- Morlais Ward is a place of safety for the purpose of assessing under 18's subject to S136. It has not been used as a place of safety for anyone over the age 18 during this period.
- Restraint is recorded on monitoring forms and are used in the majority of cases.
- The duty to inform patients of their statutory rights was evidenced in 76%.
- Consultation is recorded as having occurred in 68%

Outcomes of the assessments as follows:





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.

- 6 x Section 135(1) was used during this period.
- 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.
- Both Pembrokeshire and Carmarthenshire local authority applied Section 135 warrants during this period.
- 100% of assessments resulted in further detention under the Act.

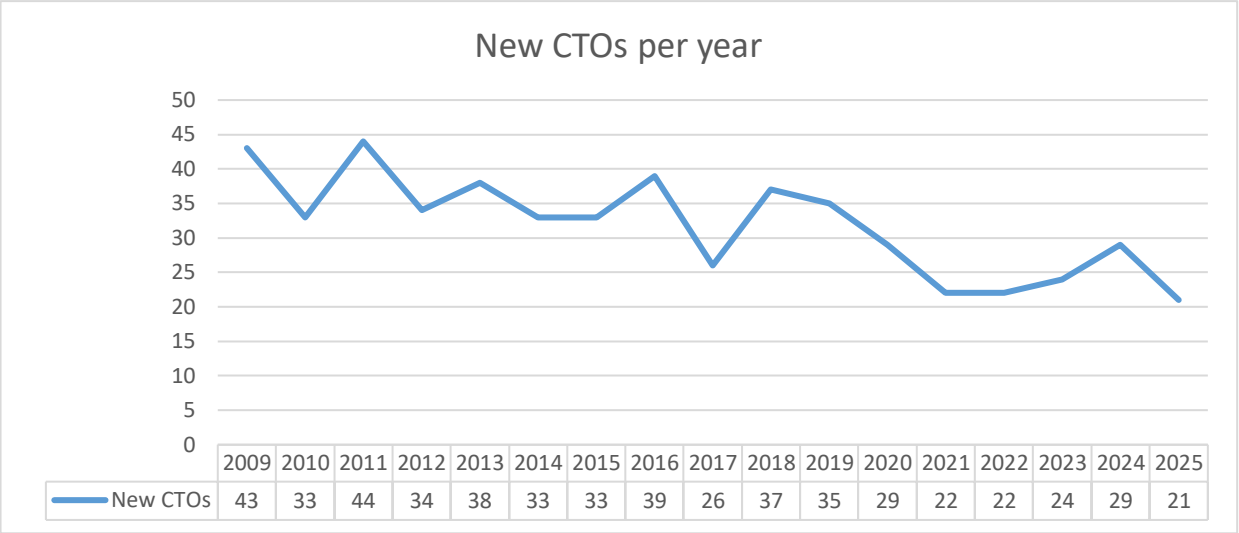
3.3. Section 17A - G, Community Treatment Orders

3.3.1. Community Treatment Order Activity

There were 28 Community Treatment Orders in place as at 30th June 2026.

County	Number of CTO's	Ethnicity
Carmarthenshire	11	White British – 100%
Ceredigion	6	White British – 100%
Pembrokeshire	11	White British – 91% Other ethnicities – 9%

- 5 new CTO for the quarter.
- There was less than 5 recall during this quarter.
- Less than 5 CTO's 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 has been used on less than 5 occasions.

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).

- 124 statutory documents were medically scrutinised
- 71 rectifiable errors were made on detention papers.
- Common errors on both the medical recommendations and applications included middle names missing, failing to delete whether the nearest relative had been informed of the detention, spelling errors, omitting specific information (e.g. reasons neither doctors had acquaintance with patient) and overuse of abbreviations. Scrutiny of errors are undertaken by senior MHA Administrators and an Approved Clinician at Consultant level.
  Amendments can be made within 14 days under Section 15, MHA. All rectifiable errors consume resources within the department arranging for the amendments to be undertaken. Over half the of all detentions received had at least one error to be amended.

3.5.2. Section 15 - Non-Rectifiable Errors

Where the type of error cannot be rectified under Section 15 the appropriate action is taken.

- There was one un-rectifiable errors made during this current quarter as a result of a medical recommendation not being signed and dated.

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). During this period five errors were received on forms and of these some detentions were not appropriately applied. The highest number of errors under this section of the Act come from the general hospital wards.
- TC1s are completed when a detained patient transfers between one set of hospital managers to another. During this quarter TC1s were completed in our general wards where not necessary as the patient was remaining within the same hospital managers.
- HO15s are forms to be completed when Section 20, MHA is undertaken, that being, Section 3 or 37 is renewed for a further period. During this quarter a HO15 was submitted and rejected by the MHA administration team as it was completed by a doctor that did not have authority to do so (non approved clinician).
- Errors relating to certificates proving authority to treat under the MHA have also occurred during this quarter. Healthcare Inspectorate Wales (HIW) highlighted one error and another has been highlighted and actioned by the MHA administration team.

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.

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.

3.6.4. Information to Detained Patients and Nearest Relatives

The MHA 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.

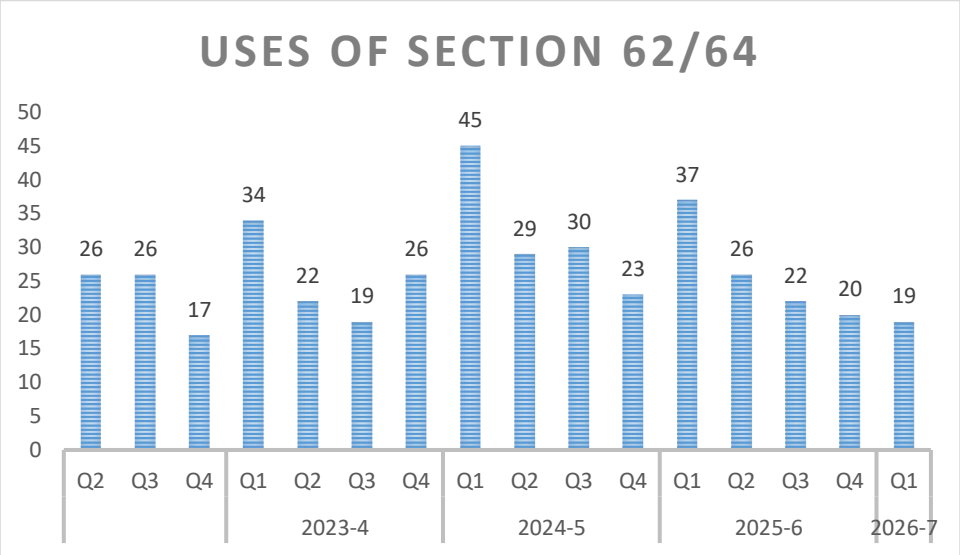
3.7.1. Certification for Treatment – Capacity and Consenting Status

During this quarter there have been 11 new treatment authorisation documents

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.

- 20 SOAD requests were made (18 last quarter period; 23 in Qtr 3) and the following certificates were completed:
  - 13 CO3s (detained patients)
  - Less than 5 CO7s (CTOs)
  - CO6s (ECT)
- Average waiting time for a SOAD (medication for inpatients) was 11 days (decrease from 13 days last quarter).



3.7.3. Section 61, Review of Treatment

When a section is renewed under Section 15 or a CTO 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 HIW on each case (HIW1).

There were 14 records made during this quarter under Section 61 which is slightly higher than the previous quarter when there 10 undertaken.

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

3.8.1. Applications for Discharge to Hospital Managers

The number of applications for discharge to the Hospital Managers remains Less than 5, the same as the previous quarter. This is a significant drop compared to the three previous quarters which ranged from 5 to 15 per quarter. During the same quarter in 2018, 14 applications were made. Less than 5 applications for discharge were reviewed by the Hospital Managers and less than 5 discharge ordered. The other did not go ahead because a Section 2 MHRT hearing was scheduled within 7 days.

All applicants appealing their detention are given the choice to request whether they want a face to face or remote type hearing.

3.8.2. Renewals/ Extensions of Sections

The hospital managers heard 16 renewals this quarter which is slightly higher than the previous quarters of 13 and 12. The Code of Practice states renewal hearings should be held before the section expiry date. There were less than five occasions where this target could not be met due to the Responsible Clinician being unavailable.

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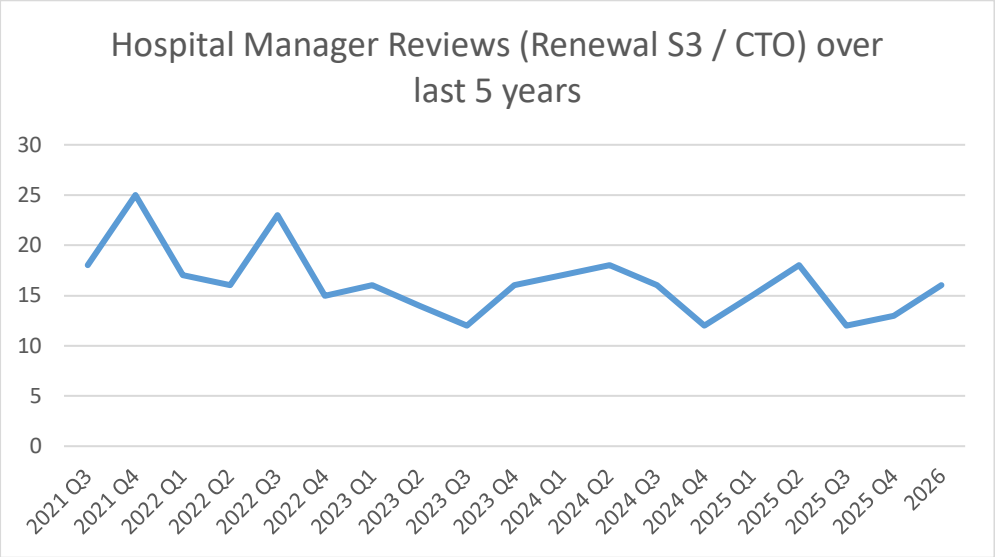

3.8.3. Application for Discharge by Nearest Relative

There were no applications for discharge made by the nearest relative during this quarter.

3.8.4. Hospital Managers Hearings

During the quarter, Hospital Managers conducted 18 reviews. Members noted that attendance by patients and supporting representatives varied across hearings, with some reviews attended by patients and others represented by advocates, legal representatives or family members.

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

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

There have been 39 applications/referrals to the Mental Health Review Tribunal (MHRTfW) during this quarter with 17 hearings conducted. During this period the MHRTfW office advised that all hearings would be conducted via Teams unless significant reasoning was provided not to do so. As a result, of 17 hearings less than five occurred in person and 14 remotely.

There were less than five discharges ordered by the MHRT during this quarter period.

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

3.8.6. 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 and compared against average activity based over the previous 3 years.

Activity	Average per Qtr 2018/19	Average per Qtr Now	Qtr 4 activity	Notes
Applications to the Hospital Managers	14	5	Less than 5	Applications to hospital managers generally remain significantly lower than pre-covid years.
Renewals / Extension reviews		15	16	Every renewal of section / extension of CTO must have a hospital manager review.
Applications by nearest relative	Less than 5	Less than 5	0	Figures are generally low
Applications/referrals to MHRTfW	44	49	39	Lower with average
MHRT hearings held		23	17	Lower with average

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:
(596) Section 5(2) Nurses Holding Power – *under review*
*(*625) Community Treatment Orders – *under review*

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 some training sessions have been provided however due to staffing shortages within the department have been scaled back temporarily.

A pre-recorded training presentation on Section 136 and Section 5(2) and receiving and completion of detention forms are available on the MHA Administration SharePoint page - readily and easily accessible to all staff across the Hywel Dda sites. Further presentations to be developed.

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
The MHA has been utilised within this service during the last quarter for Section 136 detentions. 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 22 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 19 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 14 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 1240 persons eligible for Section 117 aftercare within the

2.2 **10 Mins**

2.2 - Risk Register

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

There will be no risk report as no risks aligned to MHLC.

2.3 **10 Mins**

2.3 - Mental Health Legislation Scrutiny Group Update

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

Attachments

3As MHLSG Update Report 01.09.26.pdf

ADRODDIAD DIWEDDARU'R PWYLLGOR/

COMMITTEE UPDATE REPORT

Mental Health Legislation Scrutiny Group

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 13 August 2026

Quoracy/ Cworwm: Quorate

Report by/ Adroddiad gan: Rebecca Temple-Purcell, Chair of the Mental Health Legislation Scrutiny Group (MHLSG)

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The MHLSGwish to **alert** members of the
Mental Health Legislation Committee (MHLC) that:

Mental Health Legislation Governance Review
The Group completed detailed consideration of governance arrangements between MHLSG and MHLC and has developed recommendations regarding future governance arrangements, membership, reporting and assurance processes for formal consideration and response by MHLC.

Changes to Mental Health Review Tribunal Scheduling
The Group expressed ongoing concern regarding recent changes to Mental Health Review Tribunal scheduling arrangements, including increased use of remote hearings and shorter notice periods. Members noted the potential impact on patient experience, access to advocacy, continuity of professional involvement and the ability of tribunals to benefit from contributions from those most familiar with an individual's care and treatment.

The Group noted that concerns are continuing to be raised through advocacy and professional networks and would welcome the continued support of the Health Board Vice Chair in escalating these matters through relevant national forums to ensure the impact on patient experience, hearing quality and professional participation remains visible within ongoing discussions and future developments.

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

The Mental Health Legislation Scrutiny Group wish to **advise** members of the Mental Health Legislation Committee that:

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*
[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.

Section 12 Medical Capacity and Access
The Group discussed ongoing challenges relating to the availability of Section 12 approved doctors and the potential impact on the timeliness of Mental Health Act assessments. The Group agreed that continued oversight is required and that consideration should be given to whether existing governance and risk management arrangements appropriately reflect the nature and potential impact of this issue.

Mental Health Act Administration Team Capacity
The Group received an update regarding temporary workforce pressures within the Mental Health Act administration team arising from staff turnover coinciding with planned leave. Successful recruitment has taken place and workforce plans are in place to support induction and onboarding of new staff. Workload has been reviewed and activities are being prioritised to ensure compliance with Mental Health Legislation and statutory responsibilities continue to be maintained during the transition period.

Section 136 Activity and Use of Places of Safety
Members reviewed current Section 136 activity and noted planned multi-disciplinary discussions with A&E colleagues, intended to support a shared understanding of pathways, activity levels and operational challenges. The Group recognised that perceptions regarding activity may be influenced by occasions where individuals voluntarily attend Emergency Departments with police support rather than being subject to Section 136 powers. Members also noted the relevance of wider national transformation work, relating to development of an Open Access Mental Health Support model, which aims to support earlier intervention, provide a choice of access to support, hopefully leading to reduced reliance on Emergency Departments and Mental Health Act interventions over time. MHLC is asked to note the relevance of this wider programme of work to future business and assurance activity.

Out-of-Area Section 136 Detentions
The Group discussed opportunities to improve understanding of individuals known to local services who are detained under Section 136 outside the Hywel Dda area and agreed to explore approaches to strengthen information gathering and reporting arrangements.

Conveyance, Transport and Bed Availability
Local Authority reports highlighted ongoing challenges relating to conveyance, transport arrangements and bed availability. Members agreed that these themes require continued scrutiny to support a better understanding of frequency, impact and opportunities for mitigation, with further discussions planned at the next meeting.

The MHLC is advised that a programme of work aimed at improving patient flow, reducing delays and minimising the use of out-of-area placements is underway and has been informed by learning from a recent Vanguard programme. The MHLC is also asked to note the relevance of wider national transformation work and the development of an Adult Mental Health Clinical Plan, both of which are expected to support improving challenges associated with patient flow and continuity of care, currently being experienced across Mental Health Services in Wales.

Patient Experience Themes
The Advocacy report identified recurring themes relating to access to Responsible Clinicians (RCs), escorted leave, therapeutic activity and the impact of workforce pressures on patient experience. Members agreed that these themes warrant continued scrutiny to better understand contributory factors, monitor emerging trends and identify opportunities for improvement. Additional time has been allocated within the next meeting agenda to support further exploration of these issues.

The MHLC is advised that individual concerns raised through advocacy services are routinely escalated and addressed with ward teams as they arise. In addition, thematic feedback is regularly reviewed through the Ward Managers Forum, providing opportunities for organisational learning, service improvement and local action planning.

In considering the themes raised, it is relevant to note that a programme of workforce stabilisation has been undertaken across inpatient services, including investment in inpatient establishments during the previous financial year. This has contributed to a reduction in reliance on temporary staffing and is supporting greater continuity of care to improve patient experience, although some workforce challenges remain within specific areas.

The MHLC is also advised that a number of measures are being implemented to strengthen continuity of senior clinical input. This includes the introduction of Advanced Practitioner roles within inpatient services, with two of the three localities already benefiting from these posts and plans in place to extend the model across the remaining locality during the coming months.

The Group noted that current bed pressures continue to influence inpatient pathways. To ensure timely access to care, individuals may on occasions be admitted to the first available mental health bed rather than a ward within their home locality. Whilst repatriation is pursued at the earliest available opportunity, this can result in RCs managing patients across multiple sites and counties, which may impact the frequency of face-to-face contact. This remains an area of operational focus alongside wider work to improve patient flow and reduce out-of-area placements as referenced earlier.

Assure[3] (to note)/ Sicrhau (i nodi)

The Mental Health Legislation Scrutiny Group wish to assure members of the Mental Health Legislation Committee that:

Proposal for Future Delivery of the Section 136 Suite
The Group received an update regarding the proposal for the future delivery of the adult Section 136 Suite. Board approval has been obtained to proceed to the engagement phase and engagement plans have been developed to support an eight-week public engagement period commencing on 1 September 2026.

The engagement process will seek views from stakeholders, service users, carers, partners and the wider public regarding the proposed future model and location of

[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

the adult Section 136 facility. Following completion of the engagement period, feedback will be analysed and used to inform refinement of the proposal. A further report, including recommendations informed by engagement findings, is expected to return to the Health Board for consideration in January 2027.

The Group was assured that progress against agreed milestones will continue to be monitored through established governance arrangements and that any future recommendations will reflect engagement feedback alongside operational considerations relating to safety, quality, sustainability and patient experience.

Community Treatment Order (CTO) Monitoring
Members reviewed information relating to Community Treatment Orders (CTOs) and noted stable performance, with only minor variation in activity levels over recent quarters and no significant trends requiring escalation.

Local Authority Workforce Position
Members received updates regarding workforce capacity within Local Authority services. Ceredigion reported a significantly improved position, with all substantive posts filled and additional workforce capacity due to commence shortly. This is expected to strengthen resilience and support ongoing performance. Discussion across the Group indicated generally stable Local Authority arrangements, with no significant workforce concerns escalated through partner reports.

Policy Oversight
The Group reviewed the revised CTO Policy and supported its progression to MHLC.

Review of Risks/ Adolygiad o Risgiau

The Group reviewed risks relevant to Mental Health Legislation and noted:

- Improvement in RC cover and medical staffing arrangements within some service areas, resulting in reduced risk exposure. Specifically risk 1365 relating to deficits in medical workforce across adult inpatient wards had been reviewed and closed on 12 August 2026 as control measures were now considered sustainable, associated actions were completed and the target risk score was achieved. The Group welcomed the improved position in relation to RC cover and medical workforce resilience across Adult Mental Health inpatient services.

- Ongoing work to strengthen oversight of bed flow pressures and associated impacts on Mental Health Legislation activity, with consideration being given to the escalation of risk 1857 to Clinical Care Group level to ensure broader oversight and more systemic mitigation considerations.

- Continued challenges relating to Section 12 medical availability, particularly where delays may impact assessment timescales. Existing controls remain in place and further consideration will be given to whether current risk descriptions adequately reflect this issue.

- Temporary workforce pressures within the Mental Health Act Administration Team, with recruitment completed and transitional mitigations established to maintain legislative compliance and service continuity.

- Local Authority concerns relating to conveyance arrangements, transport delays and bed availability, linked to risk 1867, which will continue to be monitored through existing governance arrangements and future scrutiny activity.

- An action for further review of access to Care Partner systems for some Approved Mental Health Professional providers in Ceredigion.

- The Group was assured that appropriate mitigating actions are in place and agreed a number of areas for continued monitoring and future scrutiny.

Sharing of learning/ Rhannu dysgu

The governance review highlighted opportunities to further strengthen Mental Health Legislation governance through clearer differentiation between scrutiny and assurance functions, refinement of membership arrangements and development of more streamlined reporting mechanisms.

Local Authority reports identified recurring themes relating to conveyance, transport delays and bed availability, reinforcing the importance of continued partnership working and scrutiny of system-wide barriers impacting Mental Health Act processes.

Advocacy feedback reinforced the importance of patient experience themes and demonstrated the value of independent voices in identifying concerns, informing thematic learning and influencing improvement activity.

Discussions identified opportunities to strengthen the use of organisational data and intelligence through future development of enhanced reporting and dashboard arrangements to support scrutiny, assurance, patient experience oversight and legislative compliance.

Recommendation/ Argymhelliad

The MHLC is asked to:

- Respond to the items that they are being alerted to
- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on.

Date of next meeting/ Dyddiad y cyfarfod nesaf: 12 November 2026

2.4

10 Mins

2.4 - Hospital Power of Discharge Sub Committee Update Report

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

Attachments

3As Hospital Power of Discharge Sub Committee Update Report 01.09.2026.pdf

HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE

MENTAL HEALTH LEGISLATION COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 5 August 2026

Quoracy/ Cworwm: Quorate **Report by/ Adroddiad gan**: Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The **Hospital Managers Power of Discharge Sub-Committee** have no matters they wish to alert members of the **Mental Health Legislation Committee** (MHLC).

Advise[2] **(to note)/ Sicrhau (i nodi)**

The Hospital Managers Power of Discharge Sub-Committee wish to **advise** members of the Mental Health Legislation Committee that:

- During discussion of learning and governance Members raised suggestions on how to improve the documentation used in appeals hearings.

- Members requested further data and information relating to Hospital Managers and Mental Health Review Tribunal activity including further analysis of trends. Members also sought further analysis on patient demographics and lengths of stay in order to provide greater insight in demand and service need.

Assure[3] **(to note)/ Sicrhau (i nodi)**

The Power of Discharge Sub-Committee wish to **assure** members of the Mental Health Legislation Committee that:

- Members were reminded of the forthcoming All Wales Hospital Managers Conference scheduled for 9 December 2026, and attendance was encouraged.

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*

[2] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

- The Committee also received an update regarding revised mileage reimbursement rates for Hospital Managers. Members were assured that the new rates are expected to be implemented from 1 September 2026.

- Members received a training session from representatives of Advocacy West Wales. The session highlighted the advocate's role in supporting patients to exercise their rights under the Mental Health Act, explored advocacy involvement within hearings. The Sub-Committee welcomed the training and agreed that the presentation and supporting materials would be circulated to Hospital Managers to support future induction and development activities.

Review of Risks/ Adolygiad o Risgiau

Not Applicable

Sharing of learning/ Rhannu dysgu

Not Applicable

Recommendation/ Argymhelliad

The Mental Health Legislation Committee is asked to:

- Note the items the Sub-Committee is advising them of
- Receive assurance from the items that the Sub-Committee is providing assurance on.

Date of next meeting/ Dyddiad y cyfarfod nesaf: 24 November 2026

2.5 **10 Mins**

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

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

Attachments

SBAR Mental Health (Wales) Measure 2010 Performance Report Apr-Jun 2026 01.09.2026.pdf

Pwyllgor Deddfwriaeth Iechyd Meddwl/ Mental Health Legislation Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 SEPTEMBER 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health (Wales) Measure 2010 Performance Report between April 2026 – June 2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ms Amanda Davies, Head of Adult Mental Health Community

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/ For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present to the Mental Health Legislation Committee (MHLC) the Mental Health Performance Report in relation to April 2026 – June 2026:

- The Mental Health (Wales) Measure 2010.

The paper also includes assurance of other work undertaken by the Mental Health and Learning Disabilities Clinical Care Group related to mental health.

Cefndir / Background

The purpose of this Committee 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 Committee. 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 Committee 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.

Asesiad / Assessment

Part 1 – Local Primary Mental Health Support Services
Adult Part 1(a)

Compliance has increased again in line with expectation; however, demand remains high across all teams. We continue to see a more complex patient profile which is increasing assessment time or requirement for follow up assessment appointments which has potential impacts on the % compliance. Following the challenges of the last two months teams have returned to maximising their treatment slots. All vacant posts have been recruited with sickness reducing; however, Carmarthenshire remains fragile due to both long term and short-term sickness. All teams are utilising the Primary Care Liaison Service (PCLS) at point of referral supporting reducing pressure on Local Primary Mental Health Support Services (LPMHSS) at this point of the patient journey.

Adult Part 1(b)

Compliance remains high above the required level which reflects the team's hard work. Treatment slots have returned to normal levels following the challenges over the last two months. Estates access continues to be challenging across the three counties. Staff are utilising supportive intervention options from third sector, SilverCloud digital options and our PCLS is operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS, a focus on group interventions remains, however as a service we will be reviewing the current treatment menu to ensure effectiveness in treatment options. New staff are now in place and undertaking their induction.

PART 1	Detail		April	May	June
Target A	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	98.1%	96.7%	95.3%
		CAMHS	71.9%	96.5%	83.9%
Target B	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	93.4%	94.8%	95.8%
		CAMHS	74.2%	86.7%	76.1%

CAMHS Part 1(a)
Primary Mental Health (PMH) services throughout our three locality areas have been affected by long term sickness by staff members during the earlier part of the year, affecting availability

of staff to be able to schedule assessment appointments. Pembrokeshire experienced a change in team leadership, following secondment the team lead to Pembrokeshire Local Authority (LA). This resulted in a period of reduced staffing while a replacement was recruited, and subsequently while the vacant post was back filled, impacting the number of staff available to undertake assessments. Ceredigion has experienced a reduction in staffing capacity following the recent departure of a team member, with the post currently vacant. In Carmarthenshire, staffing capacity has also been impacted by a change in role, with a staff member now undertaking a shared role across PMH and as a Cognitive Analytical Therapist (CAT). These workforce changes have reduced the number of staff available to undertake assessments.

Assessment availability was further impacted by the Easter holiday and later by the Spring Bank Holiday when families have been unavailable to contact through taking leave themselves. Referral volumes often increase as school holidays commence, as schools seek to progress referrals before the end of term and close cases that have previously been supported within the school environment. This seasonal pattern can result in a surge in referrals immediately prior to school closures. The Easter period this year being quite late where two weeks of potential assessments became more challenging to schedule as families were planning breaks for themselves. Further issues in scheduling assessment have occurred as young people have been reluctant to commit to booking assessment due to the GCSE examination timetables.

CAMHS Part 1(b)
Initial intervention activity in June increased to 57.8%, compared to the previous month, reflecting a rise in assessment activity recorded in May 2026. However, performance fell below target due to combined increased demand before the summer period (exam season), workforce capacity pressures, and appointment delays resulting from family availability and opt-in processes. The service is working to strengthen weekly monitoring of capacity and demand, coordinate assessment and intervention resources across localities, and improve the timeliness of follow-up contacts and intervention starts.

Part 2 – Care and Treatment Planning

PART 2	Detail		April	May	June
Measure	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	Adult	95.1%	94.8%	95.2%
		OAMHS	100%	99.6%	99.6%
		LD	97.1%	98.6%	94.1%
		CAMHS	93.2%	93.1%	97.1%
		Commissioning	100%	100%	100%

Adult Mental Health
Adult Services are fully compliant overall; although North Ceredigion remains below the required standard at present. Notwithstanding this position, the service continues to demonstrate positive progress toward achieving the required standard. Improvement has been incremental, with overall compliance recorded at 84%. The meeting also considered the actions being undertaken by the Senior Nurse in Ceredigion to support the team in achieving further improvements and progressing towards full compliance.

Older Adult Mental Health Services (OAMH)
Overall OAMH Service's Care and Treatment Plan (CTP) completion has remained consistently above target during this quarter. Challenges due to staff absences within South Carmarthenshire Community Mental Health Team (CMHT) remain, however overall, across the four teams, performance has been maintained.

Learning Disabilities
Compliant through this quarter

S-CAMHS
Compliant through this quarter

Commissioning
All patients have a valid CTP in place; compliance is therefore 100%.

New to secondary Mental Health services under CTP	April	May	June
Adult	27	37	22
Older	29	22	19
CAMHS	<5	<5	<5
LD	<5	<5	<5

Discharged from secondary Mental Health services	April	May	June
Adult	32	23	21
Older	36	32	37
CAMHS	<5	<5	<5
LD	<5	<5	<5

Data remains balanced within this quarter

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

Adult Mental Health & Older Adult Mental Health Services OAMH

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

Part 4 – Independent Mental Health Advocacy – Local Targets only

Adult inpatient
IMHA Performance target consistently met throughout the quarter.

Older Adult inpatient
IMHA Performance target has been consistently met throughout the quarter.

S-CAMHS inpatient
IMHA Performance target consistently met throughout the quarter.

Detail		April	May	June
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	100%	100%	100%

Detailed IMHA Report

Mental Health Ward	April	May	June
Bryngofal - Carms	36	32	26
Bryngolau - Carms	9	6	<5
LSU - Carms	8	6	<5
PICU - Carms	11	12	11
Morlais - Carms	11	17	18
Rainbow Suite/CAMHS - Carms	0	0	0
St Caradog - Pembs	17	15	10
St Non - Pembs	18	15	18
Enlli - Ceredigion	14	13	16
Total Carmarthenshire	**75**	**73**	**64**
Total Pembrokeshire	**35**	**30**	**28**
Total Ceredigion	**14**	**13**	**16**
Total MH Units	**124**	**116**	**108**

General Hospital	April	May	June
Prince Phillip - Carms	<5	<5	0
Glangwili - Carms	<5	<5	<5
Llandovery - Carms	0	0	0
Amman Valley - Carms	0	0	0
Withybush - Pembs	6	<5	<5
South Pembs - Pembs	<5	<5	<5
Bronglais - Ceredigion	<5	<5	<5
Tregaron - Ceredigion	0	0	0
Total Carmarthenshire	**<5**	**6**	**<5**
Total Pembrokeshire	**7**	**6**	**<5**
Total Ceredigion	**<5**	**<5**	**<5**

Total General Hospital	**11**	**16**	**11**

Community:	**April**	**May**	**June**
Carmarthenshire	<5	<5	<5
Pembrokeshire	<5	0	<5
Ceredigion	0	0	0
Community Total:	**<5**	**<5**	**<5**

72 Hour Follow up following inpatient discharge

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

Detail	**April**	**May**	**June**
Percentage of people **offered** a post discharge within 72 Hours (Target 100%)	100%	100%	100%
Percentage of people **received** a post discharge follow up within 72 hours (Target 80%)	100%	77%	83%

Performance during May and June 2026 was affected by a number of factors outside the service's direct control, including individuals declining follow-up, transfers to other services or organisations, and other circumstances that prevented follow-up activity. Questions were raised regarding the inclusion of cases where follow-up was not possible within the reported data, as excluding such cases may provide a more accurate reflection of service performance.

Argymhelliad / Recommendation

For the Committee to take assurance from the Mental Health Performance Report in relation to the Mental Health (Wales) Measure 2010 between April 2026 – June 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.2 The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality:	6. All Apply

Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	4. Collaborations with partners will be strengthened and developed to make the most of the building blocks of health and wellbeing, with the goal of enabling individuals and communities to build resilience and improve health equity
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Mental Health Scrutiny Legislation Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	N/A
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Contained within the report
Gweithlu: **Workforce:**	Contained within the report
Tegwch Iechyd: **Health Equity:**	Contained within the report
Risg: **Risk:**	Contained within the report
Cyfreithiol: **Legal:**	Contained within the report
Enw Da: **Reputational:**	Contained within the report
Gyfrinachedd: **Privacy:**	Contained within the report
Cydraddoldeb: **Equality:**	Contained within the report

3

3 - Policies / Procedures for Approval

3.1

3.1 - Section 136 Place of Safety Joint Procedure

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

For approval

Attachments

SBAR S136 Place of Safety Joint Procedure 01.09.2026.pdf

Pwyllgor Deddfwriaeth Iechyd Meddwl/ Mental Health Legislation Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**01 SEPTEMBER 2026**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	395 – Section 136 Place of Safety Joint Procedure
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sarah Roberts, Mental Health Legislation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A further six-month extension to the Section 136 Joint Agency Procedure is sought beyond its three-year review date of 24 March 2025. This will allow time for the completion of the public consultation on a centralised place of safety, Dyfed Powys Police's transition to electronic forms, and consideration of the Mental Health Act 2025 review.

The Committee is asked to support a six-month extension.

Cefndir / Background

Policy 190 – Written Control Documentation has been adhered to in the review of the document and it is in line with legislation/regulations and can be implemented within the Health Board.

The Section 136 Procedure was due for its three-yearly review by 24 March 2025. We were initially granted a six-month extension until 24 September 2025. Following discussion within Mental Health Services we requested a further six-month extension. Due to outstanding actions relating to the provision of a Section 136 place of safety and the review of the Mental Health Act which gained Royal Ascent in December 2025 we requested a further extension of six months.

Asesiad / Assessment

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

It was agreed by the Chair of Mental Health Written Control Documents Group that a further extension should be sought from MHLC for this Joint Procedure.

Due to the current public consultation relating to the place of safety and Dyfed Powys Police plans to implement electronic forms we are requesting a further extension of six months.
Argymhelliad / Recommendation The Mental Health Legislation Committee is asked to approve a six-month extension of 395 – Section 136 Place of Safety Joint Procedure.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.10 Policies and procedures are developed and approved in line with the organisation's Written Control Document Policy, through the Mental Health Legislation Scrutiny Group.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable

Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Written Control Documents Group.
Rhestr Termau: Glossary of Terms:	Contained within the body of the policy
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Written Control Documents 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:	SBAR template in use for all relevant papers and reports.
Tegwch Iechyd: Health Equity:	
Risg: Risk:	HDdUHB must have an up to date and accurate written policies to avoid risk Risk of non-compliance with the 1983 Act and with the Welsh Government's Mental Health Act 1983 Code of Practice for Wales; the Mental Health (Wales) Measure 2010 Code of Practice; and with the Good Governance Page 6 of 6 Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance. Safety of patients Assurance – use of statutory mechanisms.
Cyfreithiol: Legal:	Mental Health Act 1983 Mental Health (Wales) Measure 2010

Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

3.2

3.2 - Policy Number 625 – Community Treatment Order

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

For approval

Attachments

SBAR Policy No 625 Community Treatment Order 01.09.2026.pdf

Policy No 625 Community Treatment Order 01.09.2026.pdf

EqIA Policy No 625 Community Treatment Order 01.09.2026.pdf

Pwyllgor Deddfwriaeth Iechyd Meddwl/ Mental Health Legislation Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**01 SEPTEMBER 2026**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Policy 625 – Community Treatment Order
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sarah Roberts, Mental Health Legislation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Community Treatment Order Policy (625) is presented to the Mental Health Legislation Committee (MHLC) for approval as part of its three-year review.

Cefndir / Background

Policy 190 – Written Control Documentation has been adhered to in the review of Policies. The document is in line with legislation/regulations and is currently implemented within the Health Board.

It is imperative that Hywel Dda University Health Board has up to date and accurate written control documentation in order to comply with relevant legislation/regulations and minimise any associated risk.

Asesiad / Assessment

There have been no legislative changes since the policy was last updated in 2023. The policy underwent a two-week global consultation, during which the Clinical Effectiveness Team recommended adding NICE references. These will be incorporated following approval by the MHLC.

The Policy was approved at the Mental Health Written Control Document Group meeting on 28 July 2026.

Argymhelliad / Recommendation

The Committee is requested to approve Policy 625 – Community Treatment Order.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	Approve organisational policies, procedures, guidelines and codes of practice (policies within the scope of the Committee)
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: **Further Information:**	

Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Written Control Documents Group
Rhestr Termau: Glossary of Terms:	Contained within the body of the policy
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Written Control Documents Group

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

Cydraddoldeb: Equality:	Not applicable

Community Treatment Order Policy
Mental Health Act, 1983

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Summary of document:

Provides guidance on the purposes of a Community Treatment Order (CTO) including the process for assessment the suitability of the use of a CTO and on the duties of the practitioners and agencies involved in the management of patients subject to a CTO.

Scope:
This policy is applicable to employees within all mental health inpatient settings, community settings and general hospital settings where patients including children and young people are subject to CTO

To be read in conjunction with:
741-Patients Rights Procedure – (opens in new tab)
731-S17-Leave of Absence Policy – (opens in new tab)
743 -Section135- Warrant To Search For and Remove Patients Interagency Procedure – (opens in new tab)
596-Doctors Holding Power Policy – (opens in new tab)
214 - IMHA Policy – (opens in new tab)
688 - Section 117 After-Care Procedure – (opens in new tab)
363-HospitalManagersSchemeofDelegationPolicy-v2.pdf – (opens in new tab)

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Glossary of terms

Term	Definition
AC	Approved Clinician – A mental health professional approved by Welsh Ministers to act as an Approved Clinician for the purposes of the Act. In practise, Health Boards take these decisions on behalf of Welsh Ministers.
AMHP	Approved Mental Health Professional - A professional with training in the use of the Act, approved by a local authority to carry out a number of functions under the Act.
AWOL	Absent without leave - when CTO patients and conditionally discharged restricted patients don't return to hospital when recalled
CTO	Community Treatment Order – Written authorisation on a prescribed form for the discharge of a patient from detention in a hospital onto supervised community treatment
HIW	Healthcare Inspectorate Wales – The independent body which is responsible for monitoring the operation of the Act in Wales.
IMHA	Independent Mental Health Advocate – An advocate independent of the team involved in patient care available to offer support to patients.
MDT	Multi-Disciplinary Team
MHRTfW	Mental Health Review Tribunal for Wales – A judicial body that has the power to discharge patients from detention, community treatment orders, guardianship and conditional discharge
The Act	The Mental Health Act, 1983
Part 4A treatment	The Part of the Act which deals with the medical treatment for mental disorder of CTO patients when they have not been recalled to hospital.
RC	Responsible Clinician - The approved clinician with overall responsibility for the patient's case.

SOAD	Second Opinion Approved Doctor – An independent doctor appointed by Healthcare Inspectorate Wales who gives a second opinion on whether certain types of medical treatment for mental disorder should be given without the patient's consent.
Section 5	The powers in Section 5 allow hospital inpatients to be detained temporarily so that a decision can be made about whether an application for detention should be made.
Section 25	Restrictions on discharge by nearest relatives
Section 62	Urgent treatment given to detained patients
Section 20A	Community treatment period
Section 23	Discharge of patients
Section 58 treatment	A form of medical treatment for mental disorder to which the special rules in section 58 of the Act apply, which means medication for Mental disorder for detained patients after an initial three-month period.
Section 117	Aftercare - Services provided following discharge from hospital; especially the duty of health and social services to provide after-care under section 117 of the Act following the discharge of a patient from detention for treatment under the Act. The duty applies to CTO patients and conditionally discharged patients, as well as those who have been absolutely discharged.
Care Partner	Mental Health computer system for recording information

Contents

INTRODUCTION

This policy sets out to describe the process of using Community Treatment Orders (CTO). It also gives guidance on the duties of the practitioners involved in the management of CTO patients.

The purpose of a CTO is to enable eligible patients to be treated safely in the community rather than under detention in hospital and to provide a way to help prevent relapse and any possible harm to the patient and others. A CTO is intended to help the patient to maintain stable mental health outside hospital and promote their recovery. CTOs provide a positive alternative to treatment in hospital and an opportunity to minimise the disruption in their lives and reduce the risk of social exclusion.

CTOs also allow conditions to be applied to patients and gives the Responsible Clinician (RC) the power to recall the patient to hospital for treatment if it becomes necessary.

POLICY STATEMENT

This policy has been developed to guide staff on the implementation and management of Community Treatment Orders (CTOs) in accordance with the Mental Health Act 1983 (the Act and in line with the Mental Health Code of Practice for Wales 2016 ("the Code of Practice").

CTOs are intended to allow suitable patients to be safely treated in the community rather than under detention in hospital, and to provide a way to help prevent relapse and harm to the patient or to others. It is one of a range of options for mental health treatment in the community and is implemented through the making of a CTO.

SCOPE

This policy is applicable to employees within all mental health inpatient settings, community settings and general hospital settings where patients including children and young people are subject to CTOs.

AIM

The aim of this document is to:

- Ensure staff are aware of their individual and collective responsibilities when considering and assessing individuals for CTOs.
- Provide clear guidance to staff in relation to their legal responsibilities under the Act.
- Ensure the correct completion of statutory forms

Objectives

The aim of this document will be achieved by the following objectives:

- The purpose of a CTO
- The process for assessing the suitability for the use of a CTO
- The duties of the practitioners and agencies involved in the management of patients subject to a CTO

WHO IS ELIGIBLE FOR CTO

Patients who are currently detained under section 3 of the Mental Health Act (MHA) or an unrestricted Part 3 patient (section 37, section 45A, section 47 or section 48). Those detained for assessment on section 2 are not eligible. CTOs can only be used for patients whose treatment needs have already been assessed in hospital under one of the above-mentioned detention orders and if they meet the eligibility criteria.

ELIGIBILITY CRITERIA

The patient's treatment needs have already been fully assessed under section 3 or as an unrestricted Part 3 patient and the patient is still liable to be detained. An individual patient can be discharged onto CTO if they satisfy the eligibility criteria, which are that:

- The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment;
- It is necessary for the patient's health or safety or for the protection of other persons that they should receive such treatment;
- Subject to the patient being liable to be recalled as mentioned below, such treatment can be provided without the patient 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) of the Act to recall the patient to hospital; and
- Appropriate medical treatment is available for the patient.

RISK ASSESSMENT

Whilst determining whether the criteria to recall the patient is met, the RC shall consider, having regard to the patient's history of mental disorder and any other relevant factors, what risks there would be of a deterioration of the patient's condition if they were not detained in a hospital. The following must be assessed:

- Failure to follow a treatment plan;
- Patient's insight and attitude to treatment;
- The risk of patient's condition deteriorating after discharge;
- The risk of harm arising from the patient's disorder is sufficiently serious to justify the power of recall;
- The co-operation of the patient in consenting to the proposed treatment.

ASSESSMENT FOR CTO

The RC and the Approved Mental Health Professional (AMHP) will need to consider whether the objectives of CTO could safely and effectively be achieved in a less restrictive way. Documenting why treatment in the community while under Care and Treatment planning or voluntary treatment are insufficient and why reception into Guardianship is also inappropriate.

The RC must be satisfied that appropriate treatment is, or would be, available for the CTO patient in the community. The key factor is whether the patient can safely be treated for mental disorder in the community with the RC's power to recall the patient to hospital for treatment if necessary. The RC would also assess the risk there would be of the patient's condition deteriorating after discharge, e.g. as a result of refusing or neglecting to receive treatment. A patient's refusal of treatment or previous non-compliance

is not, by itself, sufficient reason for a CTO unless the statutory criteria are satisfied and there is a significant risk associated with relapse.

The RC must document the patient's capacity relating to treatment decisions, their insight into their mental illness and treatment, their understanding of their CTO conditions, and the consequences of recall.

CONSULTATION

When the RC considers that a patient may be suitable for CTO, then the first step would be to consult with those involved in the care of the patient **including** the care coordinator and, where applicable, a different RC may take over the responsibility for the patient in the community.

The patient does not have to consent formally to CTO. However, in practice patients need to be involved in decisions about the treatment to be provided in the community and how and where it is to be given and be prepared to co-operate with the proposed treatment.

The RC must be fully aware of the diverse needs of the patient when considering a CTO and must take them in to account at all times. They must ensure the patient fully understands what is happening to them in a language and format which they are able to understand, this will include sensory and cognitive abilities and physical impairment. Where necessary, an interpreter should be obtained.

WHO TO CONSULT / NOTIFY

- The care coordinator;
- The nearest relative/carers (unless the patient objects or it is not reasonably practical)
- The multi-disciplinary team involved in the care of the patient;
- The patient, who may be supported by the Independent Mental Health Advocate (IMHA);
- A different RC (if applicable) who will take over responsibility for the CTO patient.
- The Mental Health Act Administration Team – preferably giving them at least 5 days' notice of the commencement date of the CTO
- Anyone with authority to act on behalf of the patient under the MCA 2005, such as an attorney or a deputy.
- The GP; it is important for the GP to be aware that the patient is to go onto CTO. A patient without a GP should be encouraged and helped to register with a practice; and
- Other relevant professionals

THE ROLE OF THE APPROVED MENTAL HEALTH PROFESSIONAL (AMHP)

The AMHP must reach an independent professional view. They should ensure that they consider the patient's wider social circumstances including any cultural issues. They should also consider any support networks the patient may have, the potential impact on the patient's family, employment and educational circumstances. If they are satisfied with the conditions set out within the CTO they must state in writing that they agree on Form CP1.

If the AMHP does not agree that a CTO should be made or does not agree to the conditions, the CTO cannot proceed. It would not be appropriate for the RC to approach another AMHP in the absence of changes to the plan. Where such disagreement occurs, an alternative plan should be developed by the relevant professionals. The AMHP should make a written entry to that effect in the patient's health record.

CARE AND TREATMENT PLANNING MEETING

CTO patients are entitled to aftercare services under section 117 of the Act. The care and treatment plan will reflect the needs to be met by the services from the Health Board and the Local Social Services Authority (LSSA). The care and treatment plan (CTP) which is updated by the care co-ordinator must reflect the move from inpatient to community and the conditions that are being included within the CTO. Good care planning will be essential to the success of CTO. This would include an appropriate package of treatment and support services and the identification of a care coordinator. There would be a record of the patient having an attorney if applicable and also of any advance decisions.

CONDITIONS

A CTO will specify the conditions to which the patient is to be subject whilst on a CTO. All CTOs must include the two ''mandatory conditions'':

- That the patient must avail themselves for examination when an extension of the CTO is being considered; and
- Where necessary to allow a second opinion approved doctor (SOAD) to provide a Part 4A certificate authorising the patient's treatment in the community.

The MHA Code of Practice for Wales suggests that the RC with the agreement of the AMHP may also set other conditions that are necessary or appropriate to ensure one or more of the following purposes:

- Ensuring that the patient receives medical treatment and/or;
- Preventing risk of harm to the patient's health or safety and/or;
- The protection of other persons.

With the exception of the two mandatory conditions, other conditions are in themselves not enforceable. No CTO condition shall amount to a deprivation of liberty and the wording of conditions around care planning needs to be clearly recorded. The reasons for any conditions should be explained to the patient and others and be recorded in the patient's health record. Any conditions can be varied by the RC by completing a form CP2.

Where applicable the RC should take account of any representation from a victim or their family, where the provisions of the Domestic Violence, Crime and Victims Act 2004 apply.

COMPLETING A COMMUNITY TREATMENT ORDER

The RC is responsible for initiating the process. The patient is entitled to ask the (IMHA) to support them at this point. Staff should assist the patient in contacting the IMHA if requested. The decision to go ahead is a joint one by the RC and the AMHP (who may be a member of the multidisciplinary team). The RC and AMHP must complete a Form CP1 and the RC will include the commencement date of the CTO. **Please note CTO start dates cannot be backdated.**

The MHA administrator will ensure that a copy of the Form CP1 is scanned onto the electronic record and the original kept in the patient's legal file;

GIVING INFORMATION TO THE PATIENT

Following the decision to make the CTO, the RC should inform the patient and others consulted of:

- The decision;
- The conditions to be applied to the CTO; and
- The services which will be available for the patient in the community.

Unless the patient objects, the nearest relative should be informed where practicable of the conditions to be applied and of their right to apply for the discharge of the patient from CTO.

GIVING INFORMATION ABOUT THE IMHA TO CTO PATIENTS

CTO patients are qualifying patients for the purpose of accessing the services of the Independent Mental Health Advocate (IMHA). The care coordinator will give CTO patients information both orally and in writing as soon as practicable after the patient goes onto CTO about the availability of the IMHA service.

The MHA administrator will send such information to the nearest relative, unless the patient requests otherwise (or does not have a nearest relative).

CHANGE OF RESPONSIBLE CLINICIAN

The inpatient RC must liaise with the community RC to take over responsibility for the patient. As part of the CTP review, on the inpatient unit, the community RC and care co-ordinator who will take over the responsibility for the CTO patient must attend reviews.

REVIEW OF PATIENTS IN THE COMMUNITY

As good practice the RC should review the CTO and its conditions at each CTP review. Reviewing its effectiveness and the ongoing criteria for detention being met. Review any risks and whether the CTO is the least restrictive option.

Under CTP the care co-ordinator should frequently review and monitor concordance with conditions and raise any concerns in the event of non-concordance.

MEDICAL TREATMENT FOR MENTAL DISORDER IN THE COMMUNITY (Part 4A)

Part 4A of the Act sets out different rules for treatment for patients on CTOs (who have not been recalled to hospital by their RC). This includes patients on CTOs who are in hospital without having been recalled (eg if they have been admitted to hospital voluntarily).

The rules for part 4A patients differ depending on whether they have the capacity to consent to or refuse the treatment in question.

Part 4A patients, who have the capacity to consent to or refuse treatment, may not be given that treatment unless they consent. There are no exceptions to this rule, even in emergencies. The effect is that treatment can be given without their consent only if they are recalled to hospital.

For part 4A patients, aged 18 and over, who lack the capacity to consent to or refuse treatment, it may be given if someone who has lasting power of attorney (an attorney) or a Court of Protection appointed deputy consents on their behalf. Similarly, it may be given in the case of those aged 16 and over if a deputy consents to the treatment on their behalf.

Part 4A patients who lack capacity to consent to or refuse a treatment may also be given it, without anyone's consent by or under the direction of the AC in charge of the treatment, unless:

- in the case of a patient aged 18 or over, the treatment would be contrary to a valid and applicable advance decision made by the patient
- in the case of a patient aged 18 or over, the treatment would be against the decision of someone with the authority under the MCA 2005 to refuse it on the patient's behalf (an attorney, a deputy or the Court of Protection), or
- in the case of a patient aged 16 or over, the treatment would be against the decision of a deputy who has authority to refuse it on the patient's behalf, or force needs to be used to administer the treatment, and the patient objects to the treatment.

The Act also requires a Second Opinion Appointed Doctor (SOAD) or the AC in charge of their treatment to certify this on a Part 4A certificate. CTO patients with capacity to consent cannot be treated in the community against their wishes. A CTO patient will be recalled to hospital when treatment for the patient's mental disorder is clinically necessary, and the patient is not consenting. There are no exceptions to this rule, even in emergencies.

SOAD CERTIFICATE ARRANGMENTS

As part of the above 'mandatory conditions' the RC will either complete a CO8 Consent to Treatment Certificate if the patient has capacity and has consented to their treatment. If the patient does not have capacity and does not consent, then a SOAD is required to provide a CO7 Certificate of Treatment. This is arranged via the MHA Administration Team who will provide Healthcare Inspectorate Wales with the RC's fully completed SOAD Request Form.

SOADs can carry out this function remotely and HIW or the SOAD will contact the care coordinator and/or MHA administrator to confirm a date and time when they will undertake this. The SOAD will speak to the two Statutory Consultees and the Responsible Clinician. When a CO7 Certificate is issued it will be sent directly to the MHA Administration Team. They will upload a copy of the certificate onto the electronic patient record and ensure copies are sent to the care co-ordinator and the patients GP.

In circumstances whereby the care coordinator would be on leave they will make the necessary arrangements for another registered staff member who has been professionally concerned with the patient's medical treatment to take their place as the lead professional. If the SOAD does attend in person, the patient's health record should be made available to the SOAD on the day of the visit.

APPLICATION FOR DISCHARGE FROM CTO

CTO patients are entitled to request the hospital managers to consider their discharge from CTO. Additionally, their nearest relative can apply for their discharge from CTO giving 72 hours' notice, unless the RC issues a barring certificate. They are also entitled to apply to the MHRT during each period of detention or renewal of detention. The hospital managers shall refer them, should they not have applied to a Tribunal, to a MHRT after six months and three years.

The unbroken period of detention together with the period of CTO, whether they have been recalled or not, and when the CTO is revoked counts as a continuous period for both referrals to the MHRT and treatment under Part 4 of the Act. Such a period will only be broken should the patient be received onto guardianship or when they are discharged by the MHRT or under section 23 of the Act.

The effect of discharge is to end the CTO and liability to detention. The patient can no longer be recalled to hospital or required to stay in hospital.

ADMISSION TO HOSPITAL OF CTO PATIENTS ON A VOLUNTARY BASIS

CTO patients may agree to be admitted to hospital on a voluntary basis. On such occasions the CTO patient would not have been recalled to hospital by their RC. CTO patients who are in hospital on a voluntary basis can be recalled if there is a need to.

The MHA administrator will send a reminder to the RC to undertake a review to determine if the patient still satisfies all the criteria for CTO, whilst the patient remains on the ward.

PROCEDURE FOR RECALL OF CTO PATIENTS TO HOSPITAL

The power to recall includes circumstances when the community patient is already in hospital at the time the power of recall is exercised. The RC may recall a community patient if s/he is of the opinion that:

- The patient requires medical treatment for their mental disorder in hospital; and
- There would be a risk of harm to the health or safety of the patient or to other persons if the patient was not recalled to hospital for that purpose.

Failure to comply with the conditions of attending for medical examination as required will result in the RC recalling a community patient. The notice in writing to recall the community patient to a named hospital shall be sufficient authority for the managers of that hospital to detain the patient in hospital.

All patients on CTO have a hospital which is responsible for oversight of their case while they are in the community. The Act referred to this hospital as the "responsible hospital''. There is no special procedure to follow if the CTO patient is re-assigned to another hospital which is under the same managers.

The RC may recall a patient to a hospital other than the responsible hospital. The RC has responsibility for coordinating the recall process, unless agreed with someone else. The power of recall will be carried out by notice in writing to the patient. The RC will complete Form CP5 to recall a community patient ensuring a scanned copy is sent to the MHA administrator.

It will not usually be appropriate to post a notice of recall to the CTO patient. It is important that, whenever possible, the notice should be handed to the patient personally. When the need for recall is urgent, it will be important that there is certainty as to the timing of the delivery of the notice. When such a notice of recall is handed to the patient, it is effective immediately. This may not be possible if the patient's whereabouts are unknown, or if the patient is unavailable or simply refuses to accept the notice.

A recall notice may be served by delivery to the patient's usual or last known address. Delivery of the recall notice relating to CTO is secured by delivery in person or by pre-paid post (1st Class only).

SERVING THE NOTICE – WHEN NOT HANDED TO CTO PATIENT

- If it is urgent, the notice should be delivered **by hand** to the patient's usual or last known address. The notice is then **deemed to be served** (even though it may not actually be received by the patient) on the **day after it is delivered**. That is, the day beginning immediately after midnight following delivery.
- First class post can be used. The notice is deemed to be served on the second working day after posting. Sufficient time must be allowed, as detailed above, for the patient to receive the notice before any action is taken to ensure compliance.

Once the notice of recall is duly served the patient can be treated as absent without leave if that is necessary and taken and conveyed to hospital. Should the police be informed, the care coordinator would inform the police that the CTO patient has been duly recalled and is now absent without leave.

There may be cases whereby the patient's whereabouts are known but access to the patient cannot be obtained. In such cases, it may be necessary to consider whether a warrant issued under section 135 (2) is needed.

COMMUNITY PATIENTS WHO ARE ABSENT WITHOUT LEAVE

Patients on CTO are considered to be absent without leave (AWOL) if:

- They fail to return to hospital when they are recalled; or
- They abscond from hospital following recall.

A patient, who is AWOL, may be taken into custody by an AMHP, an officer on the staff of the responsible hospital, a constable or anyone authorised in writing by the RC or the hospital managers, and returned to the hospital to which they were recalled.

That may only be done before:

- The time at which the CTO is due to expire (assuming it were not to be extended); or
- The end of the six months beginning with the first day of the absence without leave, if that is later.

If patients are taken into custody, or come to the hospital voluntarily, before the end of the period during which they could be taken into custody, the 72 hours for which they can be detained effectively starts again on their arrival at the hospital, even if they had already been detained for part of that period before they went AWOL.

If a patient is taken into custody, or comes to the hospital voluntarily, within 28 days, an examination and the report under section 20A may be furnished to the managers to extend the CTO.

If patients are taken into custody, or come to the hospital voluntarily, after being absent for more than 28 days, their CTO expires at the end of the week starting on the day of their arrival at the hospital unless the relevant practitioner furnishes a report to the managers within that time to extend the CTO using Form CP 4. The CTO may also be revoked under section 21B(4)(a).

POWERS IN RESPECT OF RECALLED PATIENTS

The community patient may be recalled to a hospital other than the responsible hospital.

- The recalled patient may be transferred to another hospital.
- Subject to meeting the necessary conditions and written agreement of an AMHP, the RC may by order in writing revoke the CTO.
- The RC may at any time release the patient but not after the CTO has been revoked.
- If the CTO has not been revoked or the recalled patient released at the end of 72 hours, the patient shall be released from hospital. However, a released patient remains subject to the CTO. The ‘‘holding powers’’ of section 5 may not be used to keep the patient in hospital after the end of the 72-hour period.

The period of 72 hours begins at the time the detention in hospital begins by virtue of the notice of recall.

The MHA makes it clear that a patient subject to CTO is not to be held on either section 5(2) or section 5(4) of the Act.

POWER OF RECALL TO A HOSPITAL OTHER THAN THE RESPONSIBLE HOSPITAL

The hospital managers (or a person authorised by them) from the hospital from which the patient is to transferred must use Form TC6 to authorise the transfer to the managers of the hospital to which the patient is being transferred.

A copy of the completed Form CP5 to recall the patient will be provided to the managers of the hospital to which the patient is recalled as soon as possible after it is served to the patient. This will provide sufficient authority for the managers of the named hospital to detain the patient. The legislation allows a recalled patient to be transferred to another hospital provided it is done within the 72-hour period.

A transfer between hospitals while a patient is recalled does not change the responsible hospital.

TRANSFER OF A RECALLED PATIENT

A CTO patient who has been recalled may be transferred to another hospital managed by the same hospital managers. This can only be done within the same 72-hour period. The nurse in charge of the receiving unit must know the time at which the 72 hours started and must ensure that the Form CP5 is duly completed and returned to the MHA Administrator.

TRANSFER OF A RECALLED CTO PATIENT TO A HOSPITAL UNDER DIFFERENT MANAGERS

A recalled CTO patient may also be transferred to another hospital under different managers. In such cases the transfer must be affected within the 72-hour period. The Ward Manager / On-call Manager or the MHA Administrator, on behalf of the hospital managers, must complete Part 1 of Form TC5. Part 2 of the form must be completed by someone authorised by the managers of the receiving hospital.

When Part 2 is completed, a scanned copy of the completed Form TC5 must be obtained and sent to the MHA Administrator.

Prior to the release, the care coordinator and anyone else involved must be informed of the CTO patient’s release.

MEDICAL TREATMENT FOR MENTAL DISORDER – RECALLED PATIENTS

CTO patients who have been recalled to hospital are subject to the same rules on medical treatment (with certain exceptions) as other detained patients and are subject to Part 4 of the Act but there is no new 3-month rule period.

Part 4 applies to such patients instead, but with three differences.

1. Treatment which would otherwise require a certificate under section 58 or 58A can be given without such a certificate if it is expressly approved instead by the patient's Part 4A certificate (if the patient has one). It is expressly approved if the SOAD states in the certificate that the treatment in question may be given to a patient who has been recalled. The certificate may contain conditions. The conditions may, for example, be different for the patient who is not recalled. However, the Part 4A certificate cannot authorise section 58A treatment for ECT.

2. Medication which would otherwise require a certificate under section 58 can be given without such a certificate if the certificate requirement in Part 4A would not yet apply because less than one month has passed since the making of the patient's CTO. A certificate is not required for the administration of most medications to a patient who has been a CTO patient for less than a month.

3. Treatment that was already being given on the basis of a Part 4A certificate before the patient was recalled to hospital may be continued temporarily, even though it is not authorised for administration on recall on the Part 4A certificate, if the person in charge of the treatment in question considers that withdrawing the treatment would cause serious suffering to the patient. However, this exception only applies pending a new certificate being obtained.

These exceptions also apply to CTO patients where their CTOs have been revoked except that, for section 58 type treatments, continuance with medication will continue pending compliance with section 58 requirements.

Part 4A treatment applies to CTO patients who are in hospital, voluntarily or without having been recalled.

HIW may at any time notify the AC in charge of the treatment in question that a Part 4A certificate will cease to apply from a certain date.

REVOKING A COMMUNITY TREATMENT ORDER

A CTO may only be revoked while the patient is detained in a hospital as a result of being recalled. The RC may by order revoke the CTO if:

- In their opinion the patient again needs to be admitted to hospital for medical treatment under the Act; and
- The AMHP agrees in writing with the RC and that it is appropriate to revoke the CTO.

The RCs must complete a Form CP7 to revoke a CTO and the AMHP will complete Part 2 of the Form. The original Form CP7 will be sent by post to the MHA administrator.

The MHA administrator must refer the patient's case to the MHRT as soon as practicable after the revocation of the CTO.

If the AMHP does not agree that the CTO should be revoked, then the patient cannot be detained in hospital after the end of the maximum recall period of 72 hours. The patient will remain on CTO. The AMHP's decision and full reasons should be recorded in the patient's health record.

DUTY TO INFORM NEAREST RELATIVE

The MHA Administrator on behalf of the hospital managers will inform the nearest relative that a detained patient is to be discharged from hospital, unless that patient or the relative has asked that such information should not be given. This duty applies equally where patients are to be discharged from hospital by means of a CTO.

EXTENSION OF COMMUNITY TREATMENT PERIOD

Within two months before the expiry date of the CTO, the RC must examine the patient IN PERSON (this cannot be undertaken remotely) Derbyshire Healthcare NHS Foundation Trust v Secretary of State for Health and Social Care (– opens in a new tab) and, if it appears to them that the conditions are satisfied and that the AMHP has agreed in writing, the RC must complete a Form CP3. Before providing the report the RC must consult one or more other persons who have been professionally involved with the patient's medical treatment.

The report, would extend the CTO for the prescribed period. Unless the hospital managers discharge the patient under section 23, the care coordinator as delegated by the hospital managers would inform the community patient of the renewal.

DISCHARGE OF A COMMUNITY PATIENT FROM A CTO

A community patient ought to be discharged from a CTO if the patient no longer meets the grounds for CTO. Such a patient can be discharged from CTO in the following ways:

- Discharge by the RC at any time;
- By the hospital managers under section 23 of the Act;
- For Part 2 patients following application by their Nearest Relative (NR) giving 72 hours' notice;
- By the MHRT;
- Following the patient's reception under guardianship.

TRAINING

The Health Board will provide ongoing training for staff who are involved with the care and treatment of patients subject to Community Treatment Orders. Details of training available can be found by contacting the MHA Administrator.

MONITORING

Day to day monitoring of all aspects of MHA documentation are carried out by the MHA Administration team. Areas of non-compliance are addressed immediately with the patient's multi-disciplinary team. If the issues are to do with treatment, they can be escalated to the Medical Director and Service Manager. If the issues are to do with care co-ordination they are raised with the Team Lead. If there is a need to escalate further these issues can be discussed at MH Legislation Scrutiny Group, Medical Staff Committee and ultimately Mental Health Legislation Committee.

Responsibilities

Chief Executive

The Chief Executive Officer has overarching responsibility for ensuring that Hywel Dda University Health Board is compliant with the law in relation to the MHA.

Executive Lead

The Deputy Chief Executive is the Executive Lead for Mental Health and Learning Disabilities. He has overarching responsibility for ensuring compliance with the contents of this policy.

Community Team Managers/Service Managers

It is the responsibility of all clinical managers to:

- Ensure that this policy is brought to the attention of all their staff, and that they understand and adhere to the guidance/procedure contained within.
- Ensure that all staff involved in the care and treatment of CTO patients have received adequate training and are competent to carry out these guidelines.

Mental Health Staff

Community mental health team staff will follow the guidance within the policy ensuring that patients subject to CTO's are supported and that their CTOs are reviewed regularly

REFERENCES

All staff will work within the Mental Health Act 1983 and in accordance with the Mental Health Act Code of Practice for Wales 2016, Mental Capacity Act 2005, and Human Rights Act 1998.

- Mental Health Act 1983 – http://www.legislation.gov.uk/ukpga/1983/20/contents (opens in a new tab)
- Mental Capacity Act 2005 - http://www.legislation.gov.uk/ukpga/2005/9/contents (opens in a new tab)
- Mental Health Review Tribunal for Wales- http://mentalhealthreviewtribunal.gov.wales/mhrtw-about/?lang=en (opens in a new tab)
- Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents (opens in a new tab)
- Domestic Violence, Crime and Victims Act 2004 http://www.legislation.gov.uk/ukpga/2004/28/contents (opens in a new tab)
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 http://www.legislation.gov.uk/wsi/2008/2439/contents/made (opens in a new tab)
- Derbyshire Healthcare NHS Foundation Trust v Secretary of State for Health and Social Care
- Overview | Transition between inpatient mental health settings and community or care home settings | Guidance | NICE
- CP forms: Community treatment order (CTO) forms, for use under the Mental Health Act | GOV.WALES

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Andrew Carruthers - Executive Director of Operations
Service Area	Mental Health and Learning Disabilities Service

Title of Procedure, Project, Proposal, Policy being screened:	625- Community Treatment Order Policy

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of this policy is to advise staff of local process in relation to Community Treatment Orders. It provides guidance on the duties of practitioners involved in the management of CTO patients.

The purpose of a CTO is to enable eligible patients to be treated safely in the community rather than under detention in hospital and to provide a way to help prevent relapse and any possible harm to the patient and others. A CTO is intended to help the patient to maintain stable mental health outside hospital, promote recovery in the least restrictive way.

CTOs allow conditions to be applied to patients and gives the Responsible Clinician (RC) the power to recall the patient to hospital for treatment if it becomes necessary. For suitable patients, CTOs will provide a positive alternative to treatment in hospital and an opportunity to minimise the disruption in their lives and reduce the risk of social exclusion.

The aim of this document is to :

- Ensure staff are aware of their individual and collective responsibilities when considering and assessing individuals for CTOs.
- Provide clear guidance to staff in relation to their legal responsibilities under the Act.
- Ensure that statutory requirements under the Act are met.

This will be achieved by the following objectives:

- The purpose of a CTO
- The process for assessing the suitability for the use of a CTO.
- The duties of the practitioners and agencies involved in the management of patients subject to a CTO.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

This policy aligns with legislative requirements. All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. It will be the responsibility of each person enacting this policy to ensure that it is implemented fairly and equitably, with dignity and respect. There will be no recommended changes to the policy document or process at this current time. Due to the Mental Health Act 2025 receiving Royal Assent in December 2025 changes are anticipated to a number of areas (including Section 5(2)) to be phased in over the next few years and at such time a full Equality Impact Assessment will be undertaken.

References
All staff will work within the Mental Health Act 1983 and in accordance with the Mental Health Act Code of Practice for Wales 2016, Mental Capacity Act 2005, and Human Rights Act 1998.

- Mental Health Act 1983 – http://www.legislation.gov.uk/ukpga/1983/20/contents
- Mental Capacity Act 2005 - http://www.legislation.gov.uk/ukpga/2005/9/contents
- Mental Health Review Tribunal for Wales- http://mentalhealthreviewtribunal.gov.wales/mhrtw-about/?lang=en
- Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents
- Domestic Violence, Crime and Victims Act 2004 http://www.legislation.gov.uk/ukpga/2004/28/contents
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 http://www.legislation.gov.uk/wsi/2008/2439/contents/made
- Derbyshire Healthcare NHS Foundation Trust v Secretary of State for Health and Social Care

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.

Gender Reassignment
Is it likely to affect those who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment.
- Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.

Marriage / Civil Partnership
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.

Pregnancy and Maternity
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term ‘religion’ includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified:
No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.

Sex

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Sarah Roberts
	Title	Mental Health Legislation Manager
	Contact details	Sarah.roberts@wales.nhs.uk
	Date	25/6/2026
Screening Approved at BPPAG:	Chair	Liz Carroll, Service Director MH&LD CCG
	Date	04/08/26
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

4

4 - For Information

4.1

4.1 - Mental Health Review Tribunal for Wales

For information

Attachments

SBAR Mental Health Review Tribunal for Wales (Membership) Act 2026 01.09.20~.pdf

Mental Health Review Tribunal for Wales (Membership) Act 2026 - explanatory 01.09.2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 September 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Review Tribunal for Wales Membership Act 2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Ruth Bourke, Mental Health Act Administration Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Mental Health Review Tribunal for Wales Membership Bill

The Welsh Government published the Mental Health Review Tribunal for Wales (MHRTfW) Membership Bill on 5th January 2026. The Bill was introduced at the Senedd on 13th January.

Cefndir / Background

Mental Health Review Tribunal for Wales (Membership) Act 2026

The Bill was submitted to correct a technical issue concerning the qualification of medical members of the MHRTfW. Legislation introduced by Westminster Government in 2008 did not cover Wales, only England, in defining medical members of the Tribunal as not requiring a current licence to practice.

Asesiad / Assessment

The Act makes amendments to the qualifying criterion for medical membership of the MHRTfW; and makes connected retrospective provision about the validity of previous appointment to and membership of the Tribunal.

It provides that medical members of that Tribunal must be registered medical practitioners defined as being a fully registered person with the meaning of the Medical Act 1983, but do not need to hold a licence to practice under that Act.

Argymhelliad / Recommendation

This update is for information only.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Provide regular updates on review of Mental Health Act 1983
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	Not applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	Not applicable

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

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

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

Llywodraeth Cymru
Welsh Government

MENTAL HEALTH REVIEW TRIBUNAL FOR WALES (MEMBERSHIP) ACT 2026

Explanatory Memorandum
incorporating the
Regulatory Impact Assessment and
Explanatory Notes

February 2026

Contents page

PART 1 – EXPLANATORY MEMORANDUM

1. Description

1.1. The Mental Health Review Tribunal for Wales (Membership) Act 2026 (“the Act”) makes amendments to the qualifying criterion for medical membership of the Mental Health Review Tribunal for Wales; and makes connected retrospective provision about the validity of previous appointments to and membership of the tribunal.

1.2. It provides that medical members of that tribunal must be registered medical practitioners defined as being a fully registered person within the meaning of the Medical Act 1983, but do not need to hold a licence to practise under that Act.

1.3. The Act also places a duty on the Welsh Ministers to carry out a review of the training arrangements which are maintained by the President of Welsh Tribunals under section 60(5)(a) of the Wales Act 2017 for medical members of the Mental Health Review Tribunal for Wales who do not hold licences to practise under the Medical Act 1983.

1.4. A further duty is placed on Welsh Ministers to publish a report of the review no later than 12 months after the day on which the Act comes into force.

2. Legislative Competence

Senedd Cymru ("the Senedd") has the legislative competence to make the provisions in the Mental Health Review Tribunal for Wales (Membership) Act (“the Act”) pursuant to Part 4 of the Government of Wales Act 2006 ("GoWA 2006") as amended by the Wales Act 2017.

3. Purpose and intended effect of the legislation

3.1. A technical issue was identified regarding one aspect of the criteria for appointment as medical members of the Mental Health Review Tribunal for Wales.

3.2. The purpose of the Act is:

(a) to give effect to the policy intention that the qualifying criterion for medical members is they must be registered within the meaning of the Medical Act 1983 but are not required to hold a licence to practise under that Act, and

(b) to retrospectively validate any appointments of medical members who at the time of appointment did not meet the requirement to hold a licence to practise and to maintain the validity of those whose licence has lapsed during the term of their appointment as a medical member.

3.3. The Mental Health Act 1983 (as amended by the Mental Health Act 2007) established a Mental Health Review Tribunal for Wales. That tribunal's remit is to deal with applications and references by and in respect of patients under that Act. Schedule 2 of the Mental Health Act 1983 (as amended) makes provision about the constitution of the tribunal including the type of members and the appointment requirements for those members. Amongst the types of members that must be appointed are medical members. The requirements for medical members are that they are "registered medical practitioners" appointed by the Lord Chancellor.

3.4. The expression "registered medical practitioner" is not defined in the Mental Health Act 1983. It is defined in Schedule 1 to the Interpretation Act 1978 as meaning "a fully registered person within the meaning of the Medical Act 1983 who holds a licence to practise under that Act". Section 5 of the Interpretation Act 1978 requires that definition to be applied in the Mental Health Act 1983 unless a contrary intention appears.

3.5. The position for the equivalent chamber of the First Tier tribunal in England is defined as a person "registered within the meaning of the Medical Act 1983 whether or not they hold a licence to practice under that Act".

3.6. It is the policy intention that the criteria for appointment of medical members for the Mental Health Review Tribunal for Wales should be defined as not requiring a licence to practise. It is therefore necessary to amend Schedule 2 to the Mental Health Act 1983 to reflect this policy.

3.7. The Mental Health Review Tribunal for Wales (Membership) Act 2026 also contains provision which retrospectively validates the appointment of those medical members who did not hold a licence to practise either at the time of their appointment or who subsequently allowed their licence to lapse during the term of their appointment as a medical member. This means that those

appointments will be treated as though they were valid from the date of their appointment, without interruption.

3.8. The Mental Health Review Tribunal for Wales (Membership) Act 2026 aims to ensure that adequate training arrangements are in place for medical members who do not hold a licence to practise. This is designed to ensure their professional knowledge is kept sufficiently up to date.

3.9. Section 60(5)(a) of the Wales Act 2017 provides that the President of Welsh Tribunals is responsible for the maintenance of appropriate arrangements for, among other matters, the training of members of the Welsh tribunals within the resources made available by the Welsh Ministers. The Mental Health Review Tribunal for Wales (Membership) Act 2026 places a duty on the Welsh Ministers to carry out a review of the training arrangements which are maintained by the President of Welsh Tribunals under section 60(5)(a) of the Wales Act 2017 for medical members of the Mental Health Review Tribunal for Wales who do not hold licences to practise under the Medical Act 1983.

3.10. The Mental Health Review Tribunal for Wales (Membership) Act 2026 then places a further duty on Welsh Ministers to publish a report of the review no later than 12 months after the day on which it comes into force.

4. Consultation

4.1. There was no formal consultation on the policy objectives or on the draft Bill. The Mental Health Review Tribunal for Wales (Membership) Bill was published on the day it was submitted to the Llywydd for determination and later introduced to the Senedd through emergency procedures to address the technical issue identified as quickly as possible. The Welsh Government's primary concern was to introduce legislation at pace to ensure that the Mental Health Review Tribunal for Wales could continue to function and meet its statutory duties.

4.2. In producing the Bill, the Welsh Government worked closely with key stakeholders including the President of Welsh Tribunals and the President of the Mental Health Review Tribunal for Wales.

4.3. The absence of plausible alternative approaches to securing the continued effective operation of the tribunal, the limited effect of the Bill and the urgency of addressing the issue all contributed to the decision not to undertake fuller consultation before bringing forward legislation.

5. Power to make subordinate legislation

The Mental Health Review Tribunal for Wales (Membership) Act 2026 contains no powers to make subordinate legislation or to issue determinations.

PART 2 – REGULATORY IMPACT ASSESSMENT

6. Regulatory Impact Assessment (RIA) summary

6.1. The Mental Health Review Tribunal for Wales (Membership) Act 2026 places a duty on Welsh Ministers to:

- carry out a review of the training arrangements which are maintained by the President of Welsh Tribunals under section 60(5)(a) of Section 60(5)(a) of the Wales Act 2017 for medical members of the Mental Health Review Tribunal for Wales who do not hold licences to practise under the Medical Act 1983; and,
- publish a report of the review no later than 12 months after the day on which the Bill comes into force.

6.2. These provisions will result in one-off administrative costs for the Welsh Government. The table below shows how these costs have been estimated. below.

Costs of Review of Training Provision to Medical Members of MHRTW without a Licence to Practise and Production of Report		
1x SEO working 3 days to gather information	£80,795.49 x 3 / 365	£664.00
1x SEO working 2 days to write up the review and report/arrange for publishing	£80,795 x 2 / 365	£443.00
1x G7 working 1 day to check and clear review and report	£104,794.85 x 1 / 365	£287.00
1x SCS working 0.5 days to clear report	£137,281.82 x 0.5 / 365	£376.00
1 x SEO translator working 1 day on report, website text etc	£80,795.49 x 1 / 365	£221.00
		£1,991.00

6.3. There were no specific provisions in the Act which charge expenditure on the Welsh Consolidated Fund.

Table A

The following table presents a summary of the costs and benefits for the Act as a whole. The table has been designed to present the information required under Standing Order 26.6 (viii) and (ix).

Mental Health Review Tribunal for Wales (Membership) Act		
Preferred option: Alternatives have been considered, but the Welsh Government's preferred course of action was to introduce legislation to the Senedd through emergency procedures to amend the qualifying criteria for medical membership of the Mental Health Review Tribunal for Wales ("the MHRTW"); and make connected retrospective provision about the validity of previous appointments to and membership of the tribunal. The only costs arising from this Act are the one-off administrative costs resulting from the duty for Welsh Ministers to conduct a review of training arrangements for medical members of the MHRTW who do not hold a licence to practise and the subsequent publication of a report on this review.		
Stage: Introduction	**Appraisal period:** 2025/26 onward	**Price base year:** 2025/26 onward
Total Cost **Total: £ 1,991** **Present value: £1,940**	**Total Benefits** **Total: £ Nil** **Present value: £ Nil**	**Net Present Value (NPV): £-1,940**

Administrative cost

Costs: The effect of the Act is to set qualification requirements for medical members that enable individuals who are registered medical practitioners within the meaning of the Medical Act 1983, but who do not hold a licence to practise under that Act to sit as medical members of the Mental Health Review Tribunal for Wales.

The Act introduced a duty for Welsh Ministers to conduct a review of training arrangements for medical members of the MHRTW who do not hold a licence to practise and subsequently to publish a report on this review within a year of the Act coming into force. This has financial implications for Welsh Government in terms of administrative costs between January 2026 and January 2027.

Transitional: £ 1,991	**Recurrent: £Nil**	**Total: £1,991**	**PV: £1,940**

Cost-savings: There is potentially an administrative saving associated with this Act. If the amendments the Act makes are not made, of the 41 current medical members of the Mental Health Review Tribunal for Wales, many of the most active will be unable to sit at hearings, potentially resulting in the tribunal not being able to meet its statutory requirements. Additional recruitment exercises for medical members who have a licence to practice would need to be held in order to seek to replace those who are no longer able to sit. It is not possible to estimate these costs at this stage.

Transitional: £Nil	**Recurrent: £Nil**	**Total: £Nil**	**PV: £Nil**

Net administrative cost: £1,991

Compliance costs

The effect of the Act is to set qualification requirements for medical members enabling individuals who are registered medical practitioners within the meaning of the Medical Act 1983, but who do not hold a licence to practise under that Act to sit as medical members of the Mental Health Review Tribunal for Wales.

The Act places a duty on Welsh Ministers to conduct a review of training arrangements for medical members of the MHRTW who do not hold a licence to practise and subsequently to publish a report on this review within a year of the Act coming into force. Compliance with these duties represents a cost in terms of the time of the Welsh Government officials who will conduct the review and produce the report.

Transitional: £ Nil	**Recurrent: £ Nil**	**Total: £ Nil**	**PV: £ Nil**

Other costs

Other than those resulting from the duties placed on Welsh Ministers, as described above, there are no costs resulting from this Act.

Transitional: £ Nil	**Recurrent: £ Nil**	**Total: £ Nil**	**PV: £ Nil**

Unquantified costs and disbenefits

As already set out above, there is potentially an unquantifiable cost associated with not introducing the Act. This would potentially mean that, of the 41 current medical members of the Mental Health Review Tribunal for Wales, many of the most active will be unable to sit at hearings, potentially resulting in the tribunal not being able to meet its statutory requirements.

Benefits

The benefit of the proposed course of action is all existing medical members of the tribunal will be able to sit in tribunal hearings, helping to ensure that the tribunal meets its statutory duties.

Total: £ Nil	**PV: £ Nil**

Key evidence, assumptions and uncertainties

As set out above, the effect of the Act will be to set qualification requirements for medical members that enable individuals who are registered medical practitioners within the meaning of the Medical Act 1983, but who do not hold a licence to practise under that Act to sit as medical members of the Mental Health Review Tribunal for Wales. It is essentially cost neutral.

7. Options

7.1. The Welsh Government has worked with the President of Welsh Tribunals and the President of the Mental Health Review Tribunal for Wales ("the MHRTW") to explore all possible mitigations or alternatives to emergency legislation. This has included considering:

- whether any of the individual members without licences are able to secure one quickly through their own action;
- whether the General Medical Council could take some action to quickly (potentially only temporarily) restore licences as a block to all those who previously had one;
- what can be done to cross deploy members of the English equivalent tribunal; and
- the recruitment of new medical members.

7.2. For medical members to obtain licences to practice, either through their own action or via action taken by the General Medical Council is not a practical solution as there is an ongoing Continuing Professional Development (CPD) requirement which most medical members will not currently meet (many are retired from regular practice).

7.3. Medical members sitting in the English equivalent Chamber of the First Tier Tribunal do not have to have a licence to practise. The Welsh Government understands that the tribunal does not hold information on how many of its medical members hold a licence and, as it currently also has issues with medical member availability to cover the cases it has listed, there is a risk that cross deployment could disrupt its operation.

7.4. While there is an ongoing recruitment process for new medical members of the MHRTW, this has no prospect of delivering the numbers of new members needed quickly enough to meet the current shortfall of medical members.

7.5. Finally, the Welsh Government has also considered whether UK legislation could be used to address the current situation. In principle action could be taken through UK primary legislation should a suitable Bill be available, or through UK secondary legislation. However, either route would necessarily take many months.

7.6. The Welsh Government therefore decided to introduce an emergency Bill into the Senedd to ensure that medical members of the MHRTW who do not hold a licence to practise can return to sit on the tribunal as quickly as possible.

8. Costs and benefits

8.1. This legislation which was introduced to the Senedd through emergency processes, represents a swift solution to address a technical issue which, if not addressed, as set out in previous chapters of this explanatory memorandum, could impact on the ability of the Mental Health Review Tribunal for Wales ("the MHRTW") to meet its statutory obligations.

8.2. The Act places a duty on Welsh Ministers to conduct a review of training arrangements made by the President of Welsh Tribunals for medical members of the MHRTW who do not hold a licence to practise and subsequently to publish a report on this review within a year of the Act coming into force. These duties represent a cost in terms of the time of the Welsh Government officials who will conduct the review and produce the report.

8.3. The amendments made at stage 3 aim to ensure that adequate training arrangements are in place for medical members of the MHRTW who do not hold a licence to practise.

9. Impact Assessments

9.1. The objective of the Bill at introduction was to set qualification requirements for medical members, enabling individuals who are registered medical practitioners within the meaning of the Medical Act 1983, but who do not hold a licence to practise under that Act to sit as medical members of the Mental Health Review Tribunal for Wales ("the MHRTW").

9.2. Following amendment at stage 3, the Mental Health Review Tribunal for Wales (Membership) Act ("the Act") now places a duty on Welsh Ministers to conduct a review of training arrangements made by the President of Welsh Tribunals for medical members of the MHRTW who do not hold a licence to practise and subsequently to publish a report on this review within a year of the Act coming into force.

9.3. We have considered the potential impact of the Act and set out our findings below. Apart from the cost implications resulting from Welsh Government officials producing and publishing this report (which are set out in the regulatory impact assessment included within this integrated impact assessment), we do not consider that changes to our initial findings are necessary.

9.4. It is important to recognise that the Act l was designed to prevent a situation whereby the MHRTW ceases to be able to meet its obligations. Significantly, we have not been able to identify any negative impact which might result from the Act.

Health

9.5. The aim of the Act is to avoid the adverse impact of the MHRTW not being able to meet its statutory duties, helping to ensure the tribunal continues to function. It should therefore be considered to have a beneficial impact on users of the tribunal and their families. This is also in line with the "Healthier Wales" Well Being Goal as set out in the Well-Being of Future generations (Wales) Act 2015 which aspires to a society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.

Impact on equalities

9.6. The Act will help ensure that the MHRTW continues to meet its statutory duties. This will clearly have a beneficial impact on users of the tribunal and their families who are frequently amongst the most vulnerable members of society.

Impact on children's rights

9.7. Similarly, where children and young people or their families are users of the MHRTW, helping to ensure that the MHRTW continues to be able to meet its statutory duties is potentially of significant benefit to them.

Impact on the Welsh language

9.8. We have considered the potential impact of the Act on the Welsh Language and have concluded that it will be negligible.

Rural Proofing

9.9. The Act includes no provisions which might impact differently or disproportionately on individuals who live, work, socialise and do business in rural areas.

Impact on the environment, climate change and biodiversity

9.10. We have considered the potential impact of the Act on the environment, climate change and biodiversity and have concluded that it will be negligible.

Impact on the socio-economic duty

9.11. The overall aim of the socio-economic duty is to deliver better outcomes for those who experience socio-economic disadvantage. As is the case with other groups, the Act will potentially impact positively and help deliver better outcomes for those who experience socio-economic disadvantage where they or a member of their family are additionally users of the MHRTW.

Impact on the justice system

9.12. Standing order 26.6(xii) requires that Welsh Government set out the potential impact (if any) on the justice system in England and Wales of the provisions of a Bill in a justice impact assessment. The MHRTW is part of the devolved justice system and therefore, a justice impact assessment is not required.

Data Protection/Privacy impact

9.13. The Act makes no provision for the collection, storage, protection, sharing or management of personal data and has no implications for the use or changes to the use of personal data.

10. Post implementation review

10.1. The Welsh Tribunals Unit will monitor the impact of the Act on the availability of individuals to serve as medical members of the Mental Health Review Tribunal for Wales. This will commence as soon as the provisions come into force.

11. Affordability Statement

11.1. The Act will result in a cost to Welsh Government in terms of the time of officials who need to produce and publish the report in accordance with the new duties placed on the Welsh Ministers. This is a one-off cost which can be accommodated within the budget allocations for 2025/26 and 2026/27. There are no affordability concerns.

Annex 1

Explanatory Notes

MENTAL HEALTH REVIEW TRIBUNAL FOR WALES (MEMBERSHIP) ACT 2026

EXPLANATORY NOTES

INTRODUCTION

1. These Explanatory Notes are for the Mental Health Review Tribunal for Wales (Membership) Act 2026 ("the Act"), which was introduced into Senedd Cymru on 13 January 2026. They have been prepared by the First Minister's Group of the Welsh Government to assist the reader of the Act. The Explanatory Notes should be read in conjunction with the Act but are not part of it.

SUMMARY AND POLICY BACKGROUND

2. The Act addresses a technical issue which has been identified with regard to the appointment criterion for medical members of the Mental Health Review Tribunal for Wales.

3. The medical members of this tribunal are required by paragraph 1 of Schedule 2 to the Mental Health Act 1983 to be "registered medical practitioners". This expression is not defined in the Mental Health Act 1983. However, it is defined in Schedule 1 to the Interpretation Act 1978 as meaning "a fully registered person within the meaning of the Medical Act 1983 who holds a licence to practise under that Act". Section 5 of the Interpretation Act 1978 requires that definition to be applied in the Mental Health Act 1983 unless a contrary intention appears.

4. The policy intention is that medical members should be required to be registered within the meaning of the Medical Act 1983 but with no requirement to hold a licence to practise under that Act.

5. The Welsh Government therefore introduced the Mental Health Review Tribunal for Wales (Membership) Bill to the Senedd to enable persons who are fully registered within the meaning of the Medical Act 1983 to be appointed as medical members of the Mental Health Review Tribunal for Wales, whether or not those persons hold licences to practise.

6. The Act also provides that where persons were appointed in the past as medical members but did not hold a licence to practice or allowed their licence to lapse, those appointments and those persons' membership of the tribunal are valid.

7. Section 60(5)(a) of the Wales Act 2017 provides that the President of Welsh Tribunals is responsible for the maintenance of appropriate arrangements for, among other matters, the training of members of the Welsh tribunals within the resources made available by the Welsh Ministers. The Mental Health Review Tribunal for Wales (Membership) Act 2026 places a duty on the Welsh Ministers to carry out a review of the training arrangements which are maintained by the President of Welsh Tribunals under section 60(5)(a) of the Wales Act 2017 for medical members of the Mental Health Review Tribunal for Wales who do not hold licences to practise under the Medical Act 1983.

8. The Act then places a further duty on Welsh Ministers to publish a report of the review no later than 12 months after the day on which it comes into force (the Act came into force on 22 January 2026).

9. The policy intention is to ensure that adequate training arrangements are in place so that even though these medical members do not have a licence to practise, their professional knowledge is kept sufficiently up to date.

10. The effect of the Act will be to change the qualification requirements for medical members to enable individuals who are fully registered persons within the meaning of the Medical Act 1983 but who do not hold a current licence to practise under that Act to sit as medical members of the Mental Health Review Tribunal for Wales. By placing a duty on the Welsh Ministers to review the training arranged by the President of Welsh Tribunals for medical members without a licence to practise and to publish a report on that review, it aims to ensure that the provision is adequate to keep the professional knowledge of non-practising medical members up to date.

GENERAL OVERVIEW OF THE ACT

11. The Act comprises four short sections.

COMMENTARY ON SECTIONS

Section 1 - Membership of the Mental Health Review Tribunal for Wales

12. Section 1 amends Schedule 2 to the Mental Health Act 1983, which makes provision about the Mental Health Review Tribunal for Wales.

13. Paragraph 1(b) of Schedule 2 to the Mental Health Act 1983 provides that the Mental Health Review Tribunal for Wales must include members, referred to as "medical members", who are registered medical practitioners.

14. Section 1(3) of the Act inserts a definition of the term "registered medical practitioner" into paragraph 1 of Schedule 2 to the Mental Health Act 1983. The term is defined as meaning a fully registered person within the meaning of the Medical Act 1983 (regardless of whether that person holds a licence to practise under that Act).

15. Section 1(3) of the Act further amends paragraph 1 of Schedule 2 to the Mental Health Act 1983 to provide that if, before the coming into force of this new definition of "registered medical practitioner", a person who was appointed as a medical member did not hold a licence to practise under the Medical Act 1983 (whether at the time of appointment or at any other time since), the validity of the person's appointment to

the Mental Health Review Tribunal for Wales and their membership of that tribunal during that period is not affected.

Section 2 – Training for non-practising medical members

16. Section 2(1) of the Act places a duty on the Welsh Ministers to carry out a review of the training arrangements which are maintained by the President of Welsh Tribunals under section 60(5)(a) of the Wales Act 2017 for medical members of the Mental Health Review Tribunal for Wales, who do not hold licences to practise under the Medical Act 1983. Section 60(5)(a) of Wales Act 2017 makes the President of Welsh Tribunals responsible for maintaining appropriate arrangements, within the resources made available by the Welsh Ministers, for a number of matters including the training of members of the Welsh tribunals.

17. Section 2(2) of the Act places a duty on the Welsh Ministers to publish a report of the review they have carried out under section 2(1) of the Act no later than 12 months after the day on which the Act comes into force.

Section 3 - Coming into force

18. Section 3 provides that the provisions set out in the Act come into force on the day after the day on which it receives Royal Assent. Royal Assent was received on 21 January 2026.

Section 4 - Short title

19. Section 4 sets out the short title of the Act, by which it may be known and referred. Either the Welsh or the English language title of the Act may be used, including as a citation in other enactments.

RECORD OF PROCEEDINGS IN SENEDD CYMRU

20. The following table sets out the dates for each stage of the Act's passage through the Senedd. The Record of Proceedings and further information on the passage of this Act can be found on the Senedd website at: https://business.senedd.wales/mgIssueHistoryHome.aspx?IId=46988

Stage	**Date**
Introduced	13 January 2026
Stage 1 - Debate	13 January 2026
Stage 2 - Scrutiny Committee – consideration of amendments	14 January 2026
Stage 3 - Plenary - consideration of amendments	14 January 2026
Stage 4 - Approved by the Senedd	14 January 2026
Royal Assent	21 January 2026

Annex 2

Index of Standing Order requirements

Table

Standing order		Section	pages/ paragraphs
26.6(i)	Statement the provisions of the Act would be within the legislative competence of the Senedd	Member's declaration which was included in the explanatory memorandum which accompanied the Bill as introduced.	
26.6(ii)	Set out the policy objectives of the Act	Chapter 3 - Purpose and intended effect of the legislation	4
26.6(iii)	Set out whether alternative ways of achieving the policy objectives were considered and, if so, why the approach taken in the Act was adopted	Part 2 – Regulatory Impact Assessment and Options	8 and 12
26.6(iv)	Set out the consultation, if any, which was undertaken on: (a) the policy objectives of the Act and the ways of meeting them; (b) the detail of the Act, and (c) a draft Bill, either in full or in part (and if in part, which parts)	Chapter 4 – Consultation	6

Standing order		Section	pages/ paragraphs
26.6(v)	Set out a summary of the outcome of that consultation, including how and why any draft Bill has been amended	Chapter 4 – Consultation	6
26.6(vi)	If the bill, or part of the Bill, was not previously published as a draft, state the reasons for that decision	Chapter 4 – Consultation	6
26.6(vii)	Summarise objectively what each of the provisions of the Act is intended to do (to the extent that it requires explanation or comment) and give other information necessary to explain the effect of the Act	Annex 1 – Explanatory Notes	17
26.6(viii)	Set out the best estimates of: (a) the gross administrative, compliance and other costs to which the provisions of the Act would give rise; (b) the administrative savings arising from the Act; (c) net administrative costs of the Act's provisions; (d) the timescales over which such costs and savings would be expected to arise; and (e) on whom the costs would fall	Part 2 – Regulatory Impact Assessment	8

Standing order		Section	pages/ paragraphs
26.6(ix)	Any environmental and social benefits and dis-benefits arising from the Act that cannot be quantified financially	Part 2 – Regulatory Impact Assessment	8
26.6(x)	Where the Act contains any provision conferring power to make subordinate legislation, set out, in relation to each such provision: (a) the person upon whom, or the body upon which, the power is conferred and the form in which the power is to be exercised; (b) why it is considered appropriate to delegate the power; and (c) the Senedd procedure (if any) to which the subordinate legislation made or to be made in the exercise of the power is to be subject, and why it was considered appropriate to make it subject to that procedure (and not to make it subject to any other procedure);	Chapter 5 - Power to make subordinate legislation	7
26.6(xi)	Where the Act contains any provision charging expenditure on the Welsh Consolidated Fund, incorporate a report of the Auditor General setting out his or her views on whether the charge is appropriate	The requirement of Standing Order 26.6(xi) does not apply to this Act	

Standing order		Section	pages/ paragraphs
26.6(xii)	Set out the potential impact (if any) on the justice system in England and Wales of the provisions of the Act (a "justice impact assessment"), in accordance with section 110A of the Government of Wales Act 2006.	Part 2 – Impact Assessments	14 and 15
26.6B	Where provisions of the Act are derived from existing primary legislation, whether for the purposes of amendment or consolidation, the Explanatory Memorandum must be accompanied by a table of derivations that explain clearly how the Act relates to the existing legal framework.	The requirement in Standing Order 26.6B for a Table of Derivations is not applicable to this Act as the Act is a standalone piece of legislation and does not derive from existing primary legislation for the purposes of amendment or consolidation.	
26.6C	Where the Act proposes to significantly amend existing primary legislation, the Explanatory Memorandum must be accompanied by a schedule setting out the wording of existing legislation amended by the Act and setting out clearly how that wording is amended by the Act	Annex 3 – Schedule of Amendments	24

Annex 3

Schedule of amendments

The Mental Health Review Tribunal for Wales (Membership) Act 2026

AMENDMENTS TO BE MADE BY THE
MENTAL HEALTH REVIEW TRIBUNAL FOR WALES (MEMBERSHIP) ACT 2026

This document is intended to show how paragraph 1 of Schedule 2 to the Mental Health Act 1983 as it applied in relation to Wales on 5 January 2026 would look as amended by the Mental Health Review Tribunal for Wales (Membership) Act 2026.

Material to be added by the Mental Health Review Tribunal for Wales (Membership) Act is underlined, e.g. added material looks like this. A reference to the relevant amending provision of the Act is provided in the right-hand column on each page.

The full text of paragraph 1 of Schedule 2 to the Mental Health Act 1983 is included to aid understanding of the proposed amendments.

Warning

This text has been prepared by officials of the First Minister's Group of the Welsh Government. Although efforts have been taken to ensure that it is accurate, it should not be relied on as a definitive text of the Act.

It has been produced solely to help people understand the effect of the Mental Health Review Tribunal for Wales (Membership) Act. It is not intended for use in any other context.

Please note: this document has been prepared solely to assist people in understanding the Mental Health Review Tribunal for Wales (Membership) Act. It should not be relied on for any other purpose.

Schedule 2 to the Mental Health Act 1983

Amending section of the Mental Health Review Tribunal for Wales (Membership) Actl

Paragraph 1

(1) The Mental Health Review Tribunal for Wales shall consist of — Section 1

(a) a number of persons (referred to in this Schedule as "the legal members") appointed by the Lord Chancellor and having such legal experience as the Lord Chancellor considers suitable;

(b) a number of persons (referred to in this Schedule as "the medical members") being registered medical practitioners appointed by the Lord Chancellor; and

(c) a number of persons appointed by the Lord Chancellor and having such experience in administration, such knowledge of social services or such other qualifications or experience as the Lord Chancellor considers suitable.

(2) In sub-paragraph (1)(b), "registered medical practitioner" means a fully registered person within the meaning of the Medical Act 1983 (whether or not that person holds a licence to practise under that Act).

(3) If, before the coming into force of sub-paragraph (2), a person appointed as a medical member under this paragraph did not hold a licence to practise under the Medical Act 1983 (whether at the time of appointment or at any other time), that fact does not affect the validity of—

(a) the person's appointment to the Mental Health Review Tribunal for Wales, or

(b) the person's membership of that tribunal during that period.

4.2 **2 Mins**

4.2 - Annual MHLC Work Plan 2026/27

For information

Attachments

MHLC Work Plan 2026 27.pdf

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

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

Agenda Item /Issue	Lead	Responsible Officer	June 2026	Sept 2026	Dec 2026	March 2027
GOVERNANCE						
Apologies*	**Chair**	**All**	✓	✓	✓	✓
Declaration of Interests*	**Chair**	**All**	✓	✓	✓	✓
Minutes of previous meeting *	**Chair**	**CSO**	✓	✓	✓	✓
Table of Actions *	**Chair**	**CSO**	✓	✓	✓	✓
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 2025/26	**Lead Director**	**Lead Officer**	✓ (final)			
Annual Committee Self-Assessment	**Lead Director**	**Lead Officer**	✓			
MHLC Self-Assessment (6-month review)	**Lead Director**	**Lead Officer**			✓	

Presentation Good Practice/Patient Story*	**Lead Director**	**Lead Officer**	✓			
Thematic Report on Patient Feedback				✓	✓	✓
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 (Mental Health Act)	**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**	**CSO**				✓
Mental Health Review Tribunal For Wales Explanatory Memorandum	**Lead Officer**			✓		
ADMINISTRATION						
Agenda Setting Meeting with Chair, Lead Exec & Lead Officer (at least 6 weeks prior to meeting)	**Lead Officer**	**CSO**	✓	✓	✓	✓
Quality check agenda & papers before dissemination & upload to Web	**Lead Exec**	**Lead Officer**	✓	✓	✓	✓
Disseminate agenda & papers seven days prior to meeting	**Lead Officer**	**CSO**	✓	✓	✓	✓
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**	**CSO**	✓	✓	✓	✓
Prepare Update Report to Board (must be signed off by Chair & Lead Exec prior to submission)	**Lead Officer**	**CSO**	✓	✓	✓	✓
Prepare Forward Schedule of Meeting Dates for next financial year & forward dates to Head of Corporate Governance	**Lead Officer**	**CSO**			✓	
Prepare Forward Annual Work Plan for next financial year	**Lead Officer**	**CSO**			✓	
POLICIES			**EXPIRY DATE**			
The provision and access to the IMHA service policy (Next expiry 15 June 2029)	**MH Legislation Lead**	**MHA Admin Lead**	✓			
Section 5(4) Nurses holding power policy (Next expiry 15 June 2029)	**MH Legislation Lead**	**MHA Admin Lead**	✓			
Section 5(2) Dr holding power policy	**MH Legislation Lead**	**MHA Admin Lead**	Expiry date: 18th December 2026		✓	
Community treatment order policy	**MH Legislation Lead**	**MHA Admin Lead**	Expiry date: 18th December 2026	✓		

Hospital manager scheme of delegation	**MH Legislation Lead**	**MHA Admin Lead**	Expiry date: 26th March 2027			
Section 17 leave of absence Policy	**MH Legislation Lead**	**MHA Admin Lead**	Expiry date: 7th June 2027			
Information to Patients right procedure	**MH Legislation Lead**	**MHA Admin Lead**	Expiry date: 2nd December 2027			
Section 135 warrant to search for and remove patients interagency procedure	**MH Legislation Lead**	**MHA Admin Lead**	Expiry date: 2nd December 2027			
Section 136 – Mentally disordered persons found in public places inter agency policy	**MH Legislation Lead**	**MHA Admin Lead**	Expiry date: 24th March 2026	✓		✓.

Chair – Chantal Patel	Deputy Lead Officer – Rebecca Temple-Purcell
Vice Chair- Iwan Thomas	MHA Administration Lead – Ruth Bourke
Lead Exec – Andrew Carruthers	MH Legislation Lead – Sarah Roberts
Lead Officer – Liz Carroll	Committee Secretary – Annere Martin

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5 - Date and Time of Next Meeting

7th December 2026 at 10:30am.

For information