



GIG
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date **02/09/2025**
Time **10:30 - 11:55**
Location **Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account);
or MS Teams**

Mental Health Legislation Committee meeting

HDD_Mental Health Legislation Committee
NHS Wales

Agenda - 2 September 2025

1 Governance

1.1 Welcome and Apologies

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member), Patel T.M.C.

1.2 Minutes of the meeting held on 5 June 2025

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member), Patel T.M.C.

1.3 Table of Actions from the meeting held on 5 June 2025

5 min

Chantal Patel (Hywel Dda UHB - Independent Board Member), Patel T.M.C.

2 Assurance and Risk

2.1 Power of Discharge Sub-committee

5 min

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

2.2 Mental Health Legislation Scrutiny Group

5 min

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

2.3 Mental Health Act Report

5 min

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

2.4 Mental Health (Wales) Measure 2010 Report

5 min

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

2.5 Risk Register

5 min

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

2.6 Mental Health Bill update

5 min

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

3 Policies

3.1 Extension request for Section 136

5 min

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

3.2 Section 117 Policy

5 min

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

4 For Information

4.1 Schedule of Meetings 2025-2026

2 min

Chantal Patel (Hywel Dda UHB - Independent Board Member), Patel T.M.C.

4.2 Annual Work Plan 2025-2026

2 min

Chantal Patel (Hywel Dda UHB - Independent Board Member), Patel T.M.C.

4.3 Schedule of Meetings 2026-2027

2 min

Chantal Patel (Hywel Dda UHB - Independent Board Member), Patel T.M.C.

5 Any Other Business

5 min

All

6 Matters for Escalation to Board

10 min

Chantal Patel (Hywel Dda UHB - Independent Board Member), Patel T.M.C.

7

Date and Time of Next Meeting

2 min

Chantal Patel (Hywel Dda UHB - Independent Board Member), Patel T.M.C.

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1 - Governance

1.1

5 Mins

1.1 - Welcome and Apologies

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member), Patel
T.M.C.*

| For information

1.2

5 Mins

1.2 - Minutes of the meeting held on 5 June 2025

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member), Patel
T.M.C.*

To review and approve Minutes of the meeting held on 5 June 2025.

| For approval

Attachments

[003. Minutes of the meeting held on 5 June 2025.docx](#)

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

Date and Time of Meeting:	10:30-12:00pm, Tuesday 5 June 2025
Venue:	Ystwyth Board Room and Via MS Teams

Present:	Mr Iwan Thomas, Independent Member and Vice Chair of MHLC Mrs Eleanor Marks, Vice Chair of Hywel Dda University Health Board Ms Ann Murphy, Independent Member
In Attendance:	Ms Liz Carroll, Service Director MH&LD Clinical Care Group Dr Warren Lloyd, Associate Medical Director/Consultant Psychiatrist CAMHS Ms Kay Isaacs, Assistant Director of MH&LD Ms Ruth Bourke, Mental Health Act Administration Lead Ms Jane Hitchings, Pembrokeshire Local Authority Ms Angie Darlington, West Wales Action for Mental Health Mr Neil Mason, Head of Service for Older Adult Mental Health Service Ms Amanda Davies, Head of Service for Adult Mental Health Service Ms Clare James, Head of Corporate Governance Mr Richard Jones, Consultant Nurse and Responsible Clinician MHL D Ms Corinne Everett-Guy, Carmarthenshire Local Authority Mr Thomas Jones, Audit Wales Mr Simon Thomas, Ceredigion Local Authority Secretariat: Ms Manon Horscroft, PA to Assistant Director of Nursing, Patient Safety, Quality and Experience MH&LD

MHLC (25) 01	Introductions and Apologies for Absence	Action
	<p>Mr Iwan Thomas introduced himself to committee and welcomed all attendees to the meeting.</p> <p>The following apologies for absence were received:</p> <ul style="list-style-type: none"> • Supt Chris Neve, Dyfed-Powys Police • Andrew Carruthers, Chief Operating Officer • Chantal Patel, Independent Member and Chair of Mental Health Legislation Committee • Becky Temple-Purcell, Assistant Director of Nursing, Patient Safety, Quality and Experience • Angela Lodwick, Assistant Service Director of MHL D Clinical Care Group • Lisa Bassett-Gravelle, Head of Adult Mental Health Inpatient Wards and Learning Disabilities • Sarah Roberts, Mental Health Legislation Manager 	

MHLC (25) 02	<p>Declarations of Interests</p> <p>No declarations of interest were made.</p>	
MHLC (25) 03	<p>Minutes of the meeting held on 11 March 2025</p> <p>The minutes of the meeting held on 11 March 2025 were APPROVED as an accurate reflection of the previous meeting.</p> <p>Mr Thomas requested an update from Ms Jane Hitchings following the concerns that were raised during the previous meeting on Pembrokeshire staffing issues. Ms Hitchings noted that there is no update to date, the service is supported by herself and the team manager. The service currently has job advertisements out where they have increased the salary to draw more applicants in. Ms Hitchings confirmed to Committee that the service is maintaining the statutory functions under the Mental Health Act.</p>	
	<p>The Committee NOTED and APPROVED the minutes from the previous MHLC meeting held on the 11 March 2025.</p>	
MHLC (25) 04	<p>Table of Actions from the meeting held on 11 March 2025</p> <p>There were no new and outstanding actions to review from the previous meeting.</p>	
	<p>The Committee RECEIVED and NOTED the MHLC Table of Actions.</p>	
MHLC (25) 05	<p>MHLC Annual Report 2024-2025</p> <p>The Committee reviewed and approved the Mental Health Legislation Committee Annual Report 2024-2025. Highlights included the absence of issues escalated to the public board, resolution of breaches under the Mental Health Measure 2010, and the rectification of hospital managers' pay issues. The committee acknowledged the difficulty in capturing patient stories due to the nature of the service and committed to exploring new methods.</p> <p>It was noted to Committee that the Annual Report was awaiting Chairs comments and reflections where Mrs Eleanor Marks apologised to Committee for the delay.</p> <p>Mrs Marks thanked Committee and the team who have created the report. The report covers the amount of work that the committee have discussed throughout the year.</p> <p>The Committee RECEIVED and AGREED the MHLC Annual Report 2024-2025</p>	
MHLC (25) 06	<p>Annual Review of MHLC Terms of Reference</p>	
	<p>The Committee received an update regarding the Terms of Reference, which outline the purpose, scope, membership and</p>	

operational arrangements of the Mental Health Legislation Committee. These Terms of Reference were last reviewed in June 2024 and subsequently approved by the Board on 25 July 2024.

For clarity, it was noted that the Board approved further amendments at its meeting on 28 January 2025. This included confirmation that the Committee shall comprise four Independent Members, reflecting a reduction in independent membership. Additionally, job titles were updated to reflect current roles. It was also confirmed that the Director of Corporate Governance would be removed from the 'In Attendance' section, although attendance at meetings would continue via a nominated deputy to provide governance support as required.

For those who had reviewed the report, it was further highlighted that specific changes had been applied to the Terms of Reference at points 3.2, 4.1, and 4.3, ensuring alignment with current governance arrangements and operational practices.

Ms Ann Murphy, Independent Board Member representing the Trade Unions, raised concerns regarding committee attendance and representation. She noted that, according to the Terms of Reference, two-thirds of the membership should be present for the meeting to be quorate. However, she observed that only three Independent Members were in attendance out of a total of twelve members present, raising questions about the engagement and awareness of other listed members. Mrs Murphy suggested that a review be undertaken to confirm whether all listed members are still active and aware of their responsibilities. She also highlighted that the Chief Operating Officer had submitted apologies for two consecutive meetings, equating to a six-month absence, and queried whether a deputy at executive level should be attending in their place, given the legislative nature of the committee. The Chair acknowledged these concerns and agreed to follow up on the matter directly.

IT

Committee also queried whether a primary care GP lead had ever attended the committee. It was confirmed that a GP representative had previously participated but the position had not been filled recently. The committee agreed that this gap in representation should be reviewed and addressed. It was also noted that advocacy input is currently provided through the Scrutiny Group, and the committee acknowledged the importance of ensuring appropriate representation across all relevant sectors.

Miss Manon Horscroft will update membership titles within the in-attendance section to reflect the new Clinical Care Group structure.

MH

The Committee **RECEIVED** and **APPROVED** the Annual Review of MHLC Terms of Reference.

MHLC (25) 07	Power of Discharge Sub-committee Annual Report 2024-2025	
	<p>The Committee received the annual report of the Power of Discharge Sub-Committee, outlining the work undertaken during the 2024–2025. The report included a summary of the Sub-Committee’s constitution, core membership, and meeting schedule. Meetings were held on 2 April, 6 August, and 9 December 2024, with two conducted virtually and one held in person.</p> <p>The report highlighted the Sub-Committee’s focus on the responsibilities of hospital managers, particularly in relation to compliance with the Mental Health Act 1983. During the reporting period, 20 applications for discharge were submitted to hospital managers, resulting in eight hearings, with one hearing pending at the time of reporting. All detentions were upheld by hospital managers. A total of 63 detentions were renewed by responsible clinicians, and two applications for discharge were made by nearest relatives. No patients were discharged from their detention orders by hospital managers.</p> <p>It was noted that there were no requests from patients for Welsh language hearings during the reporting period. The Committee agreed that this would continue to be monitored.</p> <p>The Committee was asked to consider the report and recommend its approval. Members found the report clear and informative. A discussion followed regarding recruitment of hospital managers. It was noted that while a successful recruitment campaign had taken place in the previous year, several members had since stepped down. The Committee agreed that further efforts should be made to promote the role and encourage applications, including through social media and internal communications.</p>	
	The Committee RECEIVED and APPROVED the Power of Discharge Sub-committee Annual Report 2024-2025.	
MHLC (25) 08	Annual Review of Power of Discharge Sub-committee Terms of Reference	
	<p>The Committee received the annual review of the Terms of Reference for the Power of Discharge Sub-Committee.</p> <p>The Terms of Reference outline the Sub-Committee’s constitution, including its primary duties as set out in sections 2.1 to 2.3, which detail its operational responsibilities and delegated authority. Section 4 outlines the membership structure, confirming that the Sub-Committee shall be chaired by an Independent Member, with all Independent Members eligible to attend.</p> <p>Section 7 confirms that the Sub-Committee will meet three times per year, with a minimum of ten working days’ notice provided for each meeting. Meetings may be held in person or in a hybrid format. Section 8 outlines the accountability and reporting</p>	

	<p>arrangements, with section 8.1 stating that the Power of Discharge Sub-Committee is directly accountable to the Mental Health Legislation Committee for the performance of its functions. The reporting structure is clearly defined to ensure appropriate escalation and oversight.</p> <p>The Chair expressed thanks to those involved in the review. No objections were raised, and the Committee approved the updated Terms of Reference.</p>	
	<p>The Committee RECEIVED and APPROVED the Annual Review of Power of Discharge Sub-committee Terms of Reference.</p>	
<p>MHLC (25) 09</p>	<p>MHLC Self-assessment Outcome</p>	
	<p>The Committee received the self-assessment report for the 2024–2025 period, which forms part of a refreshed approach to evaluating committee effectiveness, introduced in 2023. The process aligns with the organisation’s broader governance framework and includes feedback from digital self-assessment forms, previous reports to the Board, Independent Member reflective sessions, and audit or regulatory feedback.</p> <p>Six responses were received to the digital self-assessment, providing valuable comments and suggestions for improvement. The assessment reviewed the Committee’s performance over the past 12 months, identified areas for continuity, and proposed changes for the year ahead. Suggested areas of focus for 2025–2026 were outlined on pages two and three of the report.</p> <p>Key themes discussed included the impact of staffing shortages and sickness on compliance with statutory duties, and the need for cross-referencing with other committees such as Quality and People & Development where appropriate. The Committee also discussed the importance of oversight for out-of-county placements, particularly in relation to legislative compliance and patient rights. It was agreed that this topic would be more appropriately explored through the Scrutiny Group.</p> <p>Concerns were raised regarding the implications of recent Supreme Court rulings on aftercare arrangements for patients placed out of area. The Committee acknowledged the need to monitor these developments and their potential financial and operational impacts.</p> <p>Ms Angie Darlington emphasised the importance of ensuring that patients placed out of area continue to have their legislative rights upheld, particularly given their increased vulnerability. It was agreed that further scrutiny of this issue would be undertaken.</p> <p>Ms Kay Isaacs, Chair of the Scrutiny Group, proposed that the topic be added to the agenda of the next Scrutiny Group meeting,</p>	

	<p>with Matthew Richards invited to attend and present relevant data. This proposal was supported by the Committee.</p> <p>Members of the committee approved the outcomes and actions from the MHLC Self-assessment.</p>	KI
	<p>The Committee RECEIVED and AGREED the MHLC Self-assessment Outcome.</p>	

MHLC (25) 05	Power of Discharge Sub-committee	
	<p>The Committee received the quarterly update from the Power of Discharge Sub-Committee, reflecting the minutes of the meeting held on 2 April 2025. The Chair confirmed that the Terms of Reference for the Sub-Committee had already been reviewed and approved under Agenda Item 1.8, and that the remainder of the report was presented for information.</p> <p>Ms Ruth Bourke provided a brief overview of the meeting. She reported that hospital managers had received an in-person training session on information governance, which was well received and considered highly beneficial. The Sub-Committee also discussed matters relating to Section 23 of the Mental Health Act, which concerns the discharge of patients from detention by hospital managers, responsible clinicians, or the Mental Health Review Tribunal. Relevant data and figures were reviewed as part of this discussion.</p> <p>The Committee acknowledged the value of the training provided to hospital managers, particularly in supporting their decision-making processes during emotionally complex hearings. No further questions or comments were raised.</p>	
	<p>The Committee RECEIVED and NOTED the Power of Discharge Sub-committee.</p>	
MHLC (25) 06	Mental Health Legislation Scrutiny Group	
	<p>The Committee received an update from the Mental Health Legislation Scrutiny Group, which met on 1 May 2025. Ms Isaacs provided a summary of key items discussed. The meeting was held in a hybrid format, with good representation from local partners, including voluntary sector representatives and regular attendance from police colleagues.</p> <p>The agenda reflected a wide range of legislative and operational matters. A key item was the ongoing review of Section 136 places of safety. An option appraisal had been completed, and a quality impact assessment was undertaken with broad stakeholder engagement. The final paper is scheduled for submission to the Board in either July or September 2025 for consideration of future arrangements.</p>	

	<p>The Group also received updates on the “Right Care, Right Person” initiative, with police representatives providing insight into the implementation of phases three and four. The risk register was reviewed, with three key risks remaining under active monitoring.</p> <p>Discussion also focused on the impact of staffing pressures on compliance with the Mental Health Measure. The Group noted that recovery planning is underway to address areas of concern, particularly in relation to care and treatment plan compliance. Touchpoint meetings have been established with affected teams, and local authority colleagues have been invited to contribute feedback. Additionally, the matter will be raised at the Ceredigion Mental Health Forum to ensure broader engagement.</p> <p>Dr Warren Lloyd provided further assurance regarding the fragility of Section 12 doctor availability and the operational risks this presents. He confirmed that the issue has been escalated to the NHS Executive and will be raised at the upcoming Welsh Government Quality Meeting. The Committee was informed that two agency locums are currently supporting the service, but they are not on-site full-time and are not approved clinicians, which continues to place pressure on the system.</p> <p>The Committee also discussed the importance of staff wellbeing and noted that feedback from staff working under these pressures will be gathered to inform future planning.</p> <p>Mr Simon Thomas acknowledged the ongoing collaboration between health and social care colleagues in addressing the challenges associated with Mental Health Act assessments and Section 12 doctor availability. He confirmed that these issues are regularly reflected on the risk register and welcomed continued joint working.</p> <p>The Committee noted the update and expressed appreciation for the detailed work of the Scrutiny Group.</p> <p>The Committee RECEIVED and NOTED the Mental Health Legislation Scrutiny Group.</p>	
MHLC (25) 07	Mental Health Act Report	
	<p>The Committee received the Mental Health Act Report for assurance. The report, which is also reviewed by the Mental Health Legislation Scrutiny Group, provides an overview of the use of the Mental Health Act across the Health Board. Ms Bourke confirmed that the report presented was consistent with that discussed at the operational level and that any issues raised had been incorporated into the scrutiny report.</p> <p>Operational context was provided to explain fluctuations in the use of Section 136. It was noted that pressures on bed availability sometimes necessitate the use of designated Section 136 suites as</p>	

	<p>admission beds, making them temporarily unavailable for their intended purpose. In such cases, patients may be redirected to emergency departments. Additionally, when patients present with physical health needs, it is clinically appropriate for them to be assessed in A&E prior to psychiatric evaluation. These operational realities are managed through daily multi-agency bed conferences, which help prioritise admissions and ensure patient safety.</p> <p>The Committee also discussed the issue of Mental Health Review Tribunal applications being withdrawn. Ruth Bourke explained that patients are entitled to one tribunal application per detention period. Withdrawals typically occur following legal advice, often when the likelihood of a successful outcome is low or when a care plan is already in place. The reasons for withdrawal are not routinely shared with the Health Board, as they are confidential between the patient and their legal representative.</p> <p>Ms Liz Carroll queried the format of tribunal hearings. It was noted that, while most hearings are now conducted via Microsoft Teams, patients retain the right to request an in-person hearing. The Committee agreed that face-to-face hearings are preferable where possible, and it was suggested that outcomes be monitored to assess any impact of the virtual format on patient experience and decision-making.</p> <p>The Committee noted the report and thanked Ms Bourke and the team for their continued work in managing the administration of the Mental Health Act.</p>	
	<p>The Committee RECEIVED and NOTED the Mental Health Act Report.</p>	
<p>MHLC (25) 08</p>	<p>Mental Health (Wales) Measure 2010 Report</p>	
	<p>The Committee received the Mental Health Measure 2010 Report. The report provided assurance on compliance with the four parts of the Measure and highlighted areas of performance and concern.</p> <p>Ms Amanda Davies confirmed that the Health Board is now required to report 72-hour follow-up data for patients discharged from other mental health boards to Welsh Government. This data will be included in future reports, and work is ongoing to develop standards and ensure consistent implementation. It was noted that this process is already being undertaken, and the inclusion of figures will provide additional assurance to the Committee.</p> <p>Ms Isaacs added that the Scrutiny Group had previously agreed to explore follow-up arrangements for patients on extended Section 17 leave, not just those formally discharged. A flowchart is being developed to guide staff, and the same 72-hour follow-up standard will apply to these patients. This work is being progressed through the Scrutiny Group.</p>	

	<p>Ms Carroll noted that this follow-up requirement is not only a statutory obligation but also a Welsh Government performance indicator. She also commented on the reported 89.3% compliance rate, which was marked as red in the report. Ms Carroll suggested that while the figure was marginally below the threshold, it still represented strong performance and should be viewed in context.</p> <p>Ms Murphy raised concerns regarding the fragility of Learning Disability services in Carmarthenshire and Pembrokeshire, citing staff sickness and vacancies. She noted that these issues have impacted compliance and suggested that the Committee maintain oversight of this area.</p> <p>Ms Corinne Everett-Guy responded that staffing levels in Carmarthenshire had improved significantly, with the team nearing full capacity. Additional funding had been secured to recruit further staff, and improvements in performance were anticipated in the coming months.</p> <p>The Committee noted the report and welcomed the ongoing efforts to strengthen compliance and service delivery.</p>	
	<p>The Committee RECEIVED and NOTED the Mental Health (Wales) Measure 2010 Report.</p>	
<p>MHLC (25) 09</p>	<p>Risk Register</p>	
	<p>The Committee received the updated Risk Register, which included four active risks as of 21 May 2025. Ms Carroll provided a brief overview, noting that the key points had already been covered in earlier discussions throughout the meeting, particularly in relation to Section 136 place of safety arrangements and workforce pressures.</p> <p>It was acknowledged that the Committee had engaged in robust discussion around the identified risks, and that the register accurately reflected current operational challenges. Members agreed that regular review and monitoring of these risks is essential to ensure appropriate mitigation and escalation where necessary.</p> <p>No further comments or additions were raised. The Committee noted the Risk Register and thanked Ms Carroll and the team for their continued diligence in maintaining oversight of these matters.</p>	
	<p>The Committee RECEIVED and ASSURED the Risk Register update.</p>	
<p>MHLC (25) 10</p>	<p>Section 12(2) Doctors – Pay Review</p>	
	<p>The Committee received a report on the current rates for Section 12 approved doctors, both internal and external, who undertake</p>	

Mental Health Act assessments on behalf of the Health Board. The Chair noted that this item had been referenced earlier in the meeting and was now presented for formal discussion.

Dr Lloyd provided an overview of the paper, highlighting that the current rates paid by health boards across Wales vary significantly, ranging from £173 to £250 per assessment, with mileage reimbursement also inconsistent ranging from no reimbursement to 58 pence per mile. The British Medical Association (BMA) advisory rates were included in the report for reference.

It was noted that the current rates within Hywel Dda University Health Board have not been reviewed since 2005. A national review is underway, but the outcome may take considerable time due to the need for negotiation with the BMA. In the interim, the Committee was asked to consider increasing the local rate to £250 per assessment, plus mileage, to bring the Health Board in line with the average across Wales and to remain competitive in attracting Section 12 doctors.

Dr Lloyd also introduced a new pro forma for external doctors to complete following assessments. This documentation will be required before payment is authorised and will support improved record-keeping and assurance. The completed forms will be uploaded to the Care Partner system.

The Committee discussed the implications of the proposed rate increase, including the potential impact of BMA guidance on future national rates, which may exceed the proposed £250. It was acknowledged that some Section 12 doctors have declined work within the Health Board due to more favourable rates offered elsewhere.

The Committee supported the proposal in principle and agreed that the matter should be escalated to the Director of Finance for further consideration. It was also suggested that the issue be raised at Board level, given the operational risks associated with the current shortage of Section 12 doctors.

Mr Thomas will escalate the proposed Section 12 doctor rate increase to the Director of Finance and Public Board for review and recommendation.

The Committee **RECEIVED** and **NOTED** Section 12(2) Doctors – Pay Review.

The Committee will **ALERT** Public Board and to the Director of Finance for review and recommendation.

IT

MHLC (25) 10	Policies for Approval	
	No policies for renewal.	
	The Committee RECEIVED and NOTED that there were no policies for renewal.	

MHLC (25) 13	Schedule of Meetings 2025-2026	
	For information only.	
MHLC (25) 14	Annual Work Plan 2025-2026	
	For information only.	

MHLC (25) 15	Any Other Business	
	No updates for the meeting.	

MHLC (25) 16	Matters for Escalation to Board	
	<p>Alert:</p> <ul style="list-style-type: none"> The Committee received a report from Dr Warren Loyd in respect to Section 12(2) Doctors – Pay Review. The Committee reviewed a report from Dr. Warren Loyd regarding the pay rates for Section 12(2) approved doctors conducting Mental Health Act assessments. Current rates across Welsh health boards vary widely (£173–£250 per assessment), with inconsistent mileage reimbursement. Hywel Dda University Health Board’s rates have not been updated since 2005. A national review is ongoing but may take time. To remain competitive, the Committee supported a proposal to increase the local rate to £250 plus mileage. The matter will be escalated to the Director of Finance and the Public Board due to associated operational risks. <p>Advise:</p> <ul style="list-style-type: none"> Mental Health Legislation Committee had nothing to advise the Public Board. <p>Assure:</p> <ul style="list-style-type: none"> The Mental Health Legislation Committee reviewed and approved the Mental Health Legislation Committee Annual Report 2024-2025. Highlights included the absence of issues escalated to the public board, resolution of breaches under the Mental Health Measure 2010, and the rectification of hospital managers’ pay issues. The committee acknowledged the difficulty in capturing patient stories due to the nature of the service and committed to exploring new methods. 	

- The Committee received the **Annual Report of the Power of Discharge Sub-Committee**, outlining the work undertaken during the 2024–2025 reporting period. The report included a summary of the Sub-Committee’s constitution, core membership, and meeting schedule. Meetings were held on 2 April, 6 August, and 9 December 2024, with two conducted virtually and one held in person.
- The Committee reviewed the **Mental Health Act Report**, confirming its alignment with operational discussions and incorporating relevant issues. Operational challenges, such as bed shortages, affect the use of Section 136 suites.
- The Committee received the **self-assessment report for the 2024–2025** period, which forms part of a refreshed approach to evaluating committee effectiveness, introduced in 2023. Members of the committee approved the outcomes and actions from the MHLC Self-assessment.
- The Committee received the quarterly update from the **Power of Discharge Sub-Committee**, reflecting the minutes of the meeting held on 2 April 2025. The hospital managers had received an in-person training session on information governance, which was well received and considered highly beneficial. The Sub-Committee also discussed matters relating to Section 23 of the Mental Health Act, which concerns the discharge of patients from detention by hospital managers. Relevant data and figures were reviewed as part of this discussion.
- The Committee received an update from the **Mental Health Legislation Scrutiny Group**, which met on 1 May 2025. The meeting was held in a hybrid format, with good representation from local partners, including voluntary sector representatives and regular attendance from police colleagues.
- The Committee received the **Mental Health Measure 2010 Report**. The report provided assurance on compliance with the four parts of the Measure and highlighted areas of performance and concern.

Review of Risks:

- **1813** - Risk to patient care at Gorwelion Crisis Resolution and Home Treatment Team (CRHT) due to workforce capacity. Risk has remained at an extreme level since November 2024. There is a limited medical workforce with no identified dedicated Consultant cover, and this was escalated to Executive level in January 2025. Unable to progress one practitioner appointment into the team due to issues with current workload. Continuing to work with HR and recruitment. Overnight cover is continuing to be offered

	<p>for bank but there is intermittent cover with this which is further impacted by gaps in Medical On-Call cover which is supported remotely from Carmarthen Medical On-Call when no cover is in situ on site As of April 2025, an appointed member of staff has withdrawn from the recruitment process. Post now to be re-advertised on TRAC.</p> <ul style="list-style-type: none"> • 1612 - Risk to patient care at North Ceredigion Community mental health centre due to workforce capacity. Risk has remained at an extreme level since November 2024 when Consultant vacated his post and an attempt to recruit via Locum was unsuccessful. Increased levels of sickness and vacancies within the Community Mental Health Team which was escalated to Executive level in January 2025. • 1857 - Risk of significant delay in admission for individuals with medical recommendations for admission under the Mental Health Act. Demand outweighs capacity at present with delays possible for patients awaiting beds. • 1781 - Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion count. Likelihood score given is 3 as it is always possible that an individual in Ceredigion will need to be detained under Section 136. The current impact score given is 2 as minor intervention is sometimes required (i.e. moving an individual to a different county) with an increased length of time in care/delay in assessment being undertaken. The risk of having no facility in Ceredigion is outweighed by the fact that the facility was unfit for purpose and is a much higher risk. A review is continuing with a working group. As of April 2025, there has been no change. 	
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MHLC (25) 17	Date, Time and Venue of Next Meeting	
	The next meeting of the Mental Health Legislation Committee will be held on Thursday 2 September. This may be in person and via MS Teams from 10:30am- 12:00pm. The venue for the in-person meeting will be notified nearer to the date of the meeting.	

1.3

5 Mins

1.3 - Table of Actions from the meeting held on 5 June 2025 *Chantal Patel (Hywel Dda UHB - Independent Board Member), Patel T.M.C.*

All actions from previous meetings have been completed and closed.

| For discussion

Attachments

[004. Table of Actions from the meeting held on 5 June 2025.docx](#)

TABLE OF ACTIONS FROM
MENTAL HEALTH LEGISLATION COMMITTEE
HELD ON 5 June 2025

5 June 2025				
MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
MHLC (25) 06	<p>Annual Review of MHLC Terms of Reference</p> <p>01. Ms Ann Murphy highlighted that the Chief Operating Officer had submitted apologies for two consecutive meetings, equating to a six-month absence, and queried whether a deputy at executive level should be attending in their place, given the legislative nature of the committee. The Chair acknowledged these concerns and agreed to follow up on the matter directly.</p>	IT	01/08/2025	<p>Complete- Following discussions on the matter, the Chief Operating Officer confirmed that deputies may attend the meetings. However, it was noted that the MHLDC CCG Service Director will be present and is able to represent the Chief Operating Officer in their absence.</p>



	02. Miss Manon Horscroft will update membership titles within the in-attendance section to reflect the new Clinical Care Group structure.	MH	07/06/2025	Complete- all changes were approved, and membership titles were updated to reflect the MHLD Clinical Care Group structure.
MHLC (25) 09	MHLC Self-assessment Outcome Ms Kay Isaac, Chair of the Scrutiny Group, proposed that the topic be added to the agenda of the next Scrutiny Group meeting, with Matt Richards invited to attend and present relevant data. This proposal was supported by the Committee.	KI	01/08/2025	Complete- This item has been included on the agenda for the next Mental Health Legislation Scrutiny Group due to be held Thursday 14 August. A further update will be provided ahead of the meeting.
MHLC (25) 10	Section 12(2) Doctors – Pay Review Mr Thomas will escalate the proposed Section 12 doctor rate increase to the Director of Finance and Public Board for review and recommendation.	IT	01/08/2025	Complete- The Section 12(2) Doctors – Pay Review is being presented at the IQFPDG for further discussion and approval, in line with correct governance procedures.

2 - Assurance and Risk

2.1

5 Mins

2.1 - Power of Discharge Sub-committee

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

| For assurance

Attachments

005. Power of Discharge Sub-committee.docx

005.02. Power od Discharge Sub committee minutes.docx

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	The Power of Discharge Sub Committee Minutes
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operation
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 Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Mental Health Legislation Committee to be assured that the work undertaken by the Power of Discharge Sub Committee during the quarter are carried out correctly.

Cefndir / Background

This Report provides in respect of the work that has been undertaken by the Power of Discharge Sub-Committee during the quarter, that those functions of the Mental Health Act 1983 (the Act), as amended are being carried out correctly; and that the wider operation of the 1983 Act in relation to the Local Health Board's area is operating properly.

The hospital managers must ensure that patients are detained only as the Act allows, that their treatment and care fully comply with it, and that the patients are fully informed of, and are supported in exercising, their statutory rights. Hospital managers must also ensure that a patient's case is dealt with in line with other legislation which may have an impact, including the Mental Capacity Act 2005, the Human Rights Act 1998 and the Data Protection Act 1998.

Asesiad / Assessment

A copy of the Hospital Managers Power of Discharge Sub Committee minutes dated 07th August 2025 has been submitted as appendix 1.

Argymhelliad / Recommendation

All other information is for information only

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	Outlined in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	The Mental Health Legislation Scrutiny Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-compliance with the Mental Health Act could result in legal proceedings being brought against the Health Board who is the detaining authority

Ansawdd / Gofal Claf: Quality / Patient Care:	There is a patient representative on the Mental Health Legislation Committee
Gweithlu: Workforce:	N/A
Risg: Risk:	Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i> and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i> . Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: Legal:	As outlined above
Enw Da: Reputational:	Mental Health Act media focus
Gyfrinachedd: Privacy:	As above
Cydraddoldeb: Equality:	N/A

COFNODION Y CYFARFOD
PWYLLGOR HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE
DRAFT MINUTES OF THE
HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE MEETING

Date and Time of Meeting:	Thursday 7 th August 2025 @ 1.30pm
Venue:	MS Teams

Present:	<p>Mr Iwan Thomas, Independent Member (Chair to POD Sub-Committee)</p> <p>Mrs Eleanor Marks, Hywel Dda Vice Chair</p> <p>Mr Maynard Davies, Independent Member</p> <p>Prof Chantal Patel, Independent Member</p> <p>Mr John Williams, Member Appeal Panel</p> <p>Mrs Julie James, Member Appeals Panel</p> <p>Mrs Lyn Maliphant, Member Appeals Panel</p> <p>Mrs Sue Richards, Member Appeals Panel</p> <p>Mr Peter Thomas, Member Appeals Panel</p> <p>Mr Robert Lewis, Member Appeals Panel</p> <p>Mrs Sarah Burgess, Member Appeals Panel</p> <p>Mrs Delyth Raynsford, Member Appeals Panel</p>
In Attendance:	<p>Mrs Ruth Bourke, Mental Health Act Administration Lead</p> <p>Louise Howells, Mental Health Act Administrator</p> <p>Mrs Natalie Williams, Mental Health Act Administrator</p> <p>Mrs Helena Christopher, Mental Health Act Administrator</p>

Governance:		
Agenda Item	Item	Action
HMPODSC (25) 1.1	Introductions and Apologies for Absence.	
	<p>Apologies for Absence were received from:</p> <p>Mrs Carol Williams, Member Appeal Panel</p> <p>Mr Owen Burt, Member Appeals Panel</p> <p>Mr Ian Rees, Member Appeals Panel</p> <p>Mrs Jane Jannotti, Member Appeals Panel</p> <p>Mrs Sarah Roberts, Mental Health Legislation Manager</p> <p>Natasha Fox, Independent Mental Health Advocate, Advocacy West Wales</p>	
	Chair welcomed members.	

Declarations of Interests	
HMPODSC (25) 1.2	No declarations declared.

HMPODSC (25) 1.3	Minutes of Meeting Held on 2nd April 2025	
	Delyth Raynsford noted that her attendance in the last meeting had not been recorded	
HMPODSC (25) 1.4	Table of Actions	
	Action 1.7 to be taken forward	
	Discussions took place regarding the requirement to regularly update surface pro devices and how panel members are to be reimbursed for this. The Chair agreed to escalate this matter with the Director of Finance.	IT
	Julie James raised the issue with hearings which are cancelled and queried if panel members are able to claim expenses for time taken to read papers prior to the hearing.	IT
	Delyth Raynsford queried how other Health Boards deal with such issues but acknowledged that as a more rural health board this matter may not be so applicable in other areas.	RB
	Action 6.0 to be taken forward to next meeting	LH
HMPODSC (25) 1.5	Hospital Managers POD Committee Annual Report detailing work undertaken throughout the year	
	A summary was provided to members of the PODSC Annual Report which included that patients are offered hearings face to face or via MS teams, and in both the English and Welsh language. Louise confirmed that the majority opt for face to face hearings and this was not necessary attributed to the patient demographics.	
	Julie James asked if the number of Lay Members could be added to the report.	
	Maynard Davies asked for the full Committee name to be included within the report.	LH
HMPODSC (25) 1.6	Discussion of Learning and Governance from panel hearings	
	Discussion about matters arising from hearings during the last quarter:-	
	John Williams noted that there appeared to be a lack of capacity assessments undertaken within the reports and within information provided to panel members ahead of hearings.	
	Peter Thomas commented on the number of renewals in comparison to applications.	
	It was acknowledged that during 2024/25 there had been no discharges ordered by the PODSC panel members but members supported that all reviews had been appropriately managed and the criteria had been	

	correctly applied. no patients have been discharged by the hospital managers in the last 12 months however it was felt that overall, this due to the patients still meeting the criteria and all detentions under the Act	
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	Receive Hospital Managers Appraisals	
HMPODSC (25) 1.7	<p>Ruth Bourke advised members that appraisals are undertaken as part of the lay members contract every 3 years. During April 2025, 11 members had appraisals as a result a number of individuals felt ready to commence chairing panel hearings.</p> <p>Discussions during the appraisals process highlighted the majority of members felt face to face hearings were more beneficial. Provided a better hearing, Ruth Bourke advised members that although there are more face-to-face hearings, devices need to be maintained and updated regularly at health board sites for the purposes of receiving information.</p> <p>Ruth thanked members who had commended the work of the administrators within the Mental Health Act Administration team. when arranging panels</p>	

Received for Assurance – Operation of Section 23 Mental Health Act 1983		
	Operation of S23 Mental Health Act 1983 Report on the use of the Mental Health Act 1983 – 1st April 2025 – 30 th June 2025	
HMPODSC (25) 2.1	<p>Ruth Bourke presented the report on the use of Section 23 during Quarter 1 (April to June 2025).</p> <p>It was noted that there has been an increased trend in the numbers of applications to hospital managers in the last quarter which has continued within the current period.</p> <p>Ruth advised members that the stance has now been taken by the health board that Independent Board Members (IMs) will no longer be expected to attend panel hearings. IMs will receive training on the Act as part of the induction process and be expected to attend one review each year minimum (but can do more should they wish to do so).</p> <p>Members reported insufficient discharge planning evidenced within several reviews and wished this to be escalated further. For example, social circumstance issues that were found to be delaying patient discharges. Ruth advised members that the requirement to hold a pre-discharge planning meeting is referred to within the Code of Practice and should take place ahead of any Hospital Managers or Mental Health Review Tribunal review.</p>	IT

	IMHA report (1st April 2025 – 30th June 2025)	
HMPODSC (25) 3.1	<p>Natasha Fox was unable to attend therefore the PODSC Chair summarised the report that had been submitted. Natasha asked for any queries relating to the report to be submitted directly.</p> <p>Discussions took place in relation the title “Hospital Managers” and Julie James advised members to introduce themselves at hearings as “I am a lay member, not employed of the Health Board” in order to demonstrate impartiality and independence.</p> <p>Delyth Raynsford suggested that IMHA’s could refer to panel members as Lay Members when discussing the appeal process with patients.</p>	

For Information		
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	Minutes Mental Health Legislation Committee 11th March 2025 & 05th June 2025	
HMPODSC (25) 4.1	<p>Provided for information.</p> <p>Julie James noted an error within the report on page 2 where Lay Members are referred to as Lead Members. To be provided to MHLC Secretariat for information.</p>	LH

	Any Other Business	
HMPODSC (25) 5.0	No Other business	

	PART II TRAINING	
HMPODSC (25) 6.0	<p>Training</p> <p>Further training requirements Pharmacy Department will deliver a training session at the next meeting.</p> <p>Sue Richards asked for some refresher training on detention criteria specifically “nature and degree”.</p>	LH

	Date and Time of Next Meeting	
HMPODSC (25) 7.0	2nd December 2025 at 10.30am via Teams	

2.2

5 Mins

2.2 - Mental Health Legislation Scrutiny Group

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

| For assurance

Attachments

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Scrutiny Group Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Kay Isaacs, Chair, Mental Health Legislation Scrutiny Group

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

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

The purpose of this paper is to present the Mental Health Legislation Committee an update from the Mental Health Legislation Scrutiny Group (MHLSG) meeting held on 14th August 2025.

Cefndir / Background

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

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

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

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

Additional actions agreed to be included in future reports:

- The three Local Authorities to include quarterly figures on how many times they are applying for warrants that are not being used and also the number of medical recommendations that are expiring in the community due to unavailability of mental health beds.

- MH Measure Part 4 compliance figures for children and young people in CAMHS to be included within the MH Measure paper.

S136 Review - Multi- Agency Options Appraisal Review update

The options appraisal has now concluded, with option 3 identified as the one to progress. Which is a single site adjacent to the Psychiatric Intensive Care Unit and the Low Secure Unit at Hafan Derwen St David's Park, Carmarthen.

A paper has been completed and the Quality and Safety Committee endorsed that due process had been followed in respect of the appraisal process that was undertaken. The paper will be submitted to Public Board once approval has been received from the Executive Team

Right Care Right Person

An update from Dyfed Powys Police was provided to the group.

As previously agreed at MHLC, Right Care Right Person (RCRP) is now a standing MHLSG agenda item. To summarise, Right Care, Right Person Phases 3 and 4 are going live on 18th August. Work continues on a national level with discussions between Welsh Government and national team at NHS Exec in relation to transportation and S136 going to A&E. Dyfed Powys Police will be more thoroughly recording the requests for ambulances as they haven't always been requested by officers. Going forward this will be more heavily monitored. When DPP implement digital forms, this will enable them to pull their own data and scrutinise it.

Risk Register

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

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

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

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

This issue was recorded on the risk register due to non-availability of a bed post MHA which is required to identify the name of the hospital to apply the section and this will remain on the register for further monitoring.

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

This situation remains unchanged in respect of the negative impact for compliance of part two of Mental Health (Wales) Measure despite some improvement in the medical and staffing position. The temporary service change that was introduced to help ease this situation remains in place and a stakeholder monitoring group has been convened to examine all relevant data and

information so that the temporary service change whereby routine GP referrals are advised to contact the Single Point of Contact Team 111#2 can be reviewed within the agreed 6-month period.

MH Measure Report

The Measure report which provides activity and performance data in respect of Wales Measure was shared prior to the MHLSG meeting. The report presented was very positive with the majority of data compliant with targets. Extra information was provided on people discharged from secondary services and those who had contacted 111#2. This report was scrutinised and debated and the Mental Health Measure report on the agenda will share this.

Mental Health Act Report

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

Section 4 emergency admissions were high which was attributed to the lack of Section 12 doctors. The use of general hospitals for detentions remains high and Section 136 was lower for the quarter.

Section 136

Continued use of S136 attendances at ED was noted. The reason for attendance at ED was due to the S136 place of safety being occupied on a few occasions. This data continues to be monitored at SG as the Mental Health Clinical Care Group (MHCCG) explores options to assess individuals away from ED when there is no physical requirement for attendance there. In addition, data continues to be collected in relation to when the Place of Safety is occupied, and ED is used as an alternative.

Local Authority Reports

Pembrokeshire:

Mental Health Act data provided, nothing remarkable to add and work has dropped by half during the quarter, no actions required.

Carmarthenshire:

There was a slight increase in number of assessments during the quarter, compared to last year there has been a reduction in assessments by 30%. AMHP staffing has improved, and Sec 12 doctor availability is still an issue. Conveyance has caused some issues for later in the evening as St Johns does not work after 10pm.

Ceredigion:

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

Issues relating to MHA assessment have halved during the quarter. Sec 12 doctor issues have also decreased which is encouraging. Bed availability remains an problem to enable patients to be admitted.

Miscellaneous

Review of Mental Health Act – an update paper was provided to the group which highlighted areas where most amendments to the MHA are likely. The Bill remains in Parliament and could still be subject to change. Further updates will be provided to the group in due course.

(688) Section 117 Policy – as part of a 3 yearly review via the mental health Written Control Documents Group the policy was provided to the group for information prior to it being presented to MHLC for final approval in September.

Argymhelliad / Recommendation

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

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

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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Scrutiny Group.
Rhestr Termiau: Glossary of Terms:	MHLSG – Mental Health Legislation Scrutiny Group MHLOG – Mental health Legislation Operational Group CWCDG – Clinical Written Control Document Group MH/LD – Mental Health / Learning Disabilities WCDG – Written Control Document Group WMF – Ward Managers Forum CRHT – Crisis Resolution Home Treatment QAPD – Quality Assurance Practice Development AMH – Adult Mental Health IMHA – Independent Mental Health Advocate SSWA – Social Services and Wellbeing Act MHA – Mental Health Act MHM – Mental Health Measure DOL – Deprivation of Liberty HIW – Healthcare Inspectorate Wales CIW – Care Inspectorate Wales CHC – Community Health Council CTP – care and Treatment Plan CMHT – Community Mental Team CTLD – Community team Learning Disability OAMH – Older Adult Mental Health
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	MHLSG Mental Health Act Legislation Manager

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.

Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg: Risk:	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:	Not Applicable.
Enw Da: Reputational:	Not Applicable.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	Not Applicable.

2.3

5 Mins

2.3 - Mental Health Act Report

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

| For assurance

Attachments

007. 01. Mental Health Act Report.docx

007. 02. Appendix 1 MHA report QTR 1.docx

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Scrutiny – Mental Health Act Data Performance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ruth Bourke, Mental Health Act Administration Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

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

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

Cefndir / Background

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

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

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

This report is prepared following the quarterly meeting of the Mental Health Legislation Scrutiny Group. The purpose of this Group is to allow senior managers and clinicians from Hywel Dda University Health Board, its partner agencies and other stakeholders to scrutinise the University Health Board's (UHB) performance, to highlight areas of good practice, and any areas of concern that must be brought to the Committee's attention.

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

Asesiad / Assessment

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

- Use of Section 4 (*Emergency Admissions for Assessment*) was the highest use on record for a quarter period. Consideration given to whether this is a result of doctor shortages within some areas.
- Use of Section 5(2)'s (*Doctors Holding Powers*) was the lowest number on record. Consideration given whether this is due to the majority of admissions to hospital will already be a result of a detention order. Voluntary patients are more likely to be able to receive care and treatment in a community setting.
- Almost half of all Section 5(2)s occurred within general hospital ward settings.
- Section 136's (*Removal of mentally disordered person by a police officer*) – continue to be removed to A&E settings. This may be due to S136 health based place of safety being unavailable or that there is a clinical requirement. Concerns highlighted as a result includes - police requiring to remain longer with persons as opposed to if they had been removed to a health based place of safety and these persons remaining in police transport awaiting assessments. Increased numbers in these circumstances of failures to be informed of their rights and provision of the data for monitoring purposes.
- During this period there has been a small increase in the number of applications to the Hospital Managers for discharge. A recent recruitment drive has resulted in 3-4 further appointments of Lay Members of the Hospital Managers Power of Discharge sub-committee.
- Difficulties encountered as a result of Welsh Regulations that require Approved Clinicians (AC's) and Approved Mental Health Professionals (AMHP's) to be authorised to act within Wales only. References on papers to doctors that are not AC's and forms completed by AMHPs not approved to act within Wales (but are so in England) have required further scrutiny and investigation by officers. Some of this work is now resolved.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

The purpose of the Mental Health Legislation Committee is to assure the Bord on the following:
2.1 Those functions of the Mental Health Act 1983, as amended, which have been delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the UHB's area is operating properly.

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

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

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

Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	

Gweithlu: Workforce:	-
Risg: Risk:	<p>Risk of non-compliance with the 1983 Act and with the Welsh Government's <i>Mental Health Act 1983 Code of Practice for Wales</i>; the <i>Mental Health (Wales) Measure 2010 Code of Practice</i>; and with the <i>Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance</i>.</p> <p>Safety of patients</p> <p>Assurance – use of statutory mechanisms</p>
Cyfreithiol: Legal:	Above
Enw Da: Reputational:	
Gyfrinachedd: Privacy:	MHA performance report available on request.
Cydraddoldeb: Equality:	



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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

**1st April 2025 – 30th June 2025
(Quarter 1)**

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1.0 Introduction

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

This report provides information relating to the use of the Mental Health Act 1983 (the Act) within the health board during Quarter 1, 2025/26.

To protect identity and comply with Information Governance any figures below five will not be disclosed.

A more detailed breakdown of the Act is as follows:

Mental Health Act, 1983 - Data Collection and Exception Reporting

2.0 Summary

Quarter 1, 2025/26 use of the Mental Health Act (MHA) has seen a number of both highest and lowest recorded uses of sections. of the Act.

There has been a marked increase in the use of both Section 4 (emergency admission for assessment) and Section 135 (warrant to enter property to remove a person to place of safety) once again during this quarter. This is most likely attributed to the reported lack of doctors within the Ceredigion area and the reported lack of bed availability in order for patients to be admitted.

Use of Section 136's has continued to remain lower than numbers seen over the past few years. Police continue to consult prior to applying its use in most cases and the proportion of detentions resulting in further detention of the MHA demonstrate that overall use of this section of the Act is adequate and appropriately applied.

However, A&E continues to be used as a place of safety for Section 136 detentions, either as the first place of safety or for the place of safety where the assessment is conducted. In this last quarter 53% of S136s were assessed in an A&E department. Whilst there may be an identified clinical need for removing the person to A&E there are operational challenges that arise. This includes monitoring forms not being located and detained persons not being informed of their statutory rights. There is evidence of 17/30 being informed of their rights when detained under Section 136 during this period.

The use of the MHA within the general ward settings continues to gradually increase. During this quarter 13% of Section 2's were initially detained to a general hospital ward setting. There has also been a number of issues relating to the use of Section 5(2) holding powers where the holding powers have lapsed without arrangements in place for an assessment or incorrect documentation has been completed when applying this area of the Act.

The MHA management team have continued to provide training across the health board and with key stakeholders.

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	52 ↓	Lower than average use of this section.
3	38	46 ↑	Slightly higher average use of this section with a majority arising from section 2 cases progressing onto section 3.
4	3	8 ↑	Use of Section 4 is quite infrequent and tends to fluctuate between 0 - 5 occasions per quarter. Highest use of Section 4 recorded
5(4)	1	0	Use of this section is relatively rare however will fluctuate in use between zero to as many as 6
5(2)	19	12 ↓	Lowest use of this section recorded
17A (CTO)	6	Under 5 ↓	A low use of this section this quarter with the use of Community Treatment Orders steadily decreasing since their introduction in 2007.
135	3	6 ↑	Use of this section of the Act has seen a marked increase over recent months.
136	43	30 ↓	Use of this section remains much lower than average in previous years.
Part III	2	Under 5	Average number of Part II 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 52 occasions which is significantly lower than the quarterly average based against the previous 12 quarters (April 2022 – March 2025). which is 71. It is the lowest use within a quarter period in over 10 years.
- Its use within older adult services has dropped quite significantly. The average use is 23 per quarter however during this period was only used on 16 occasions.
- 28 of the 52 patients were admitted to hospital directly from the community. i.e. they were not already in hospital when they were detained, community settings can be a patient's home, care home or general hospital and can also include transfers from other hospitals outside of Hywel Dda UHB.

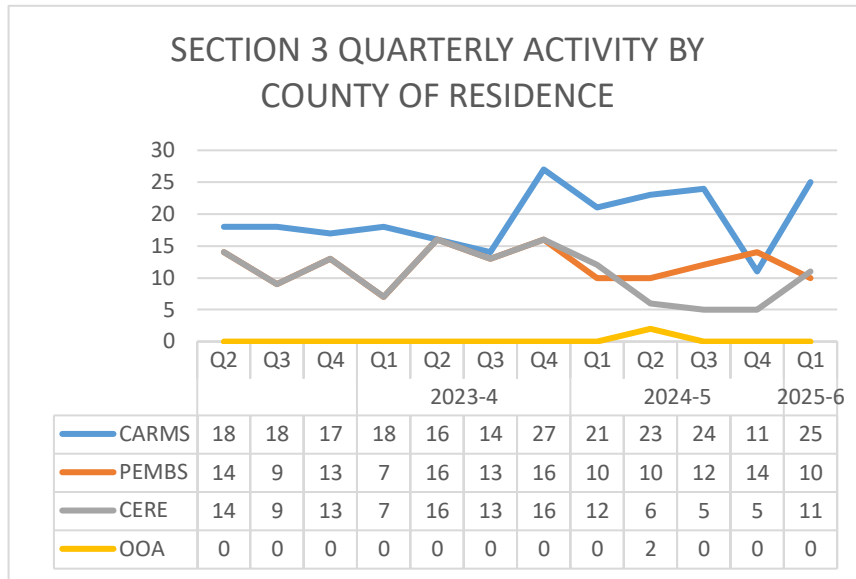
- There were 7 Section 2 detentions to the general hospital ward settings. This equates to 13% of all Section 2's which is much higher than usual.
- There were less than 5 uses of Section 2 to the CAMHS service and none to Learning Disabilities service.
- The times the detention orders were "received on behalf of the hospital managers" (not necessarily when the assessment was conducted) is as follows:
 - Monday to Friday 9am to 5pm: 22/52
 - Friday 05.01pm to Monday 08.59am: 14/52
 - Weekday out of hours (5.01pm to 08.59am): 16/52
- 92% were of white British ethnicity which is relatively consistent with previous quarters other ethnicities included White European, Black African and Asian Chinese.

3.1.2. Section 3 - Admission for Treatment

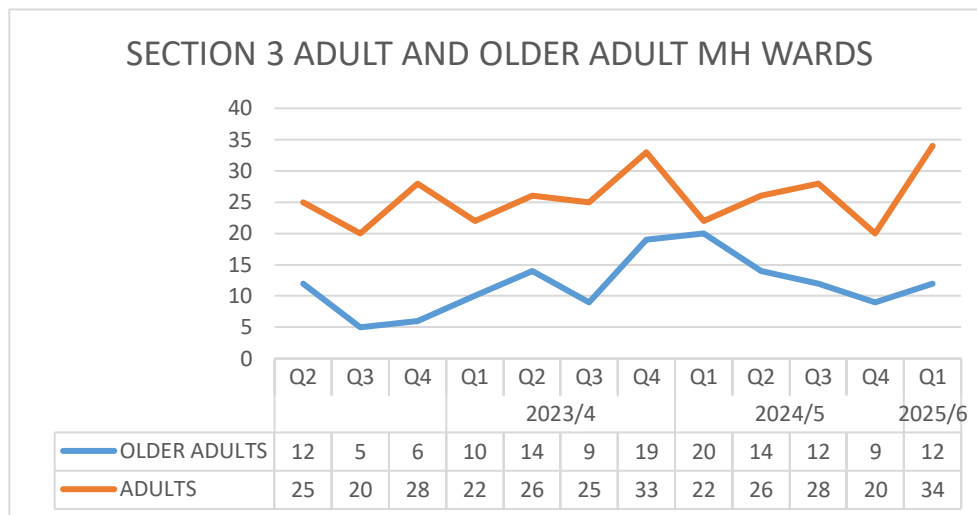
The use of Section 3 provides for someone to be detained in hospital for treatment of their mental disorder.

- Use of Section 3 occurred on 46 occasions which is higher than the quarterly average (based across last 3 years) which is 38. A chart to show a breakdown of Section 3 use in the different services and counties can be found below.
- There were 7 direct admissions under this section, this would include transfers from other hospitals. The rest were changes in legal status e.g. from informal status. section 5(2) or section 2. 30 Section 3s were implemented following a Section 2 detention order.
- Of the 46 overall section 3s 34 were detained to adult inpatient wards and 12 to older adult wards.
- 43 Section 3s were discharged during this quarter with the following outcomes - 13 regraded to informal status (which could include DoLS authority), 26 were discharged from hospital. The remainder were transferred out to another hospital or placed in the community subject to a Community Treatment Orders.
- 93% were of white British ethnicity.

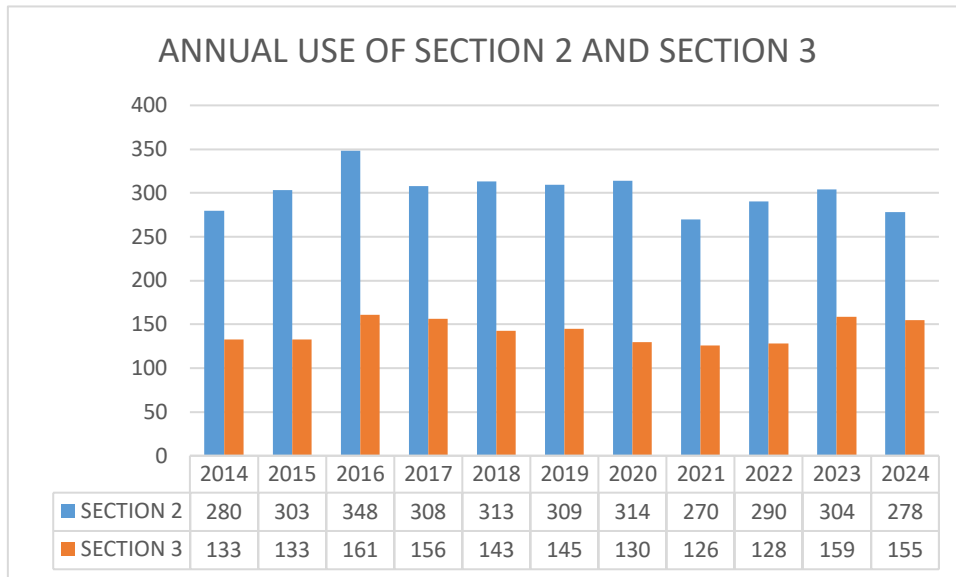
SECTION 3 QUARTERLY ACTIVITY BY COUNTY OVER 3 YEARS



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



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



3.1.3. Section 4 – Admission for Emergency

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

- On average it is used on three occasions per quarter. During this quarter there were eight detentions under this section of the Act. This is the highest use ever recorded within the Health Board.
- 63% were completed by a S12 approved doctor.
- 5 of the emergency admissions were from Ceredigion whereby the AMHPs recorded difficulties in securing Section 12 doctors or a doctor that was available to carry out an admission of urgent necessity.
- Half of the admissions under Section 4 were regraded to Section 2 the remainder were either regraded to informal status or discharged.
- Ethnicity – 100% white British, Gender - 50% male/ 50% female.

3.1.4. Section 5 – Holding Powers

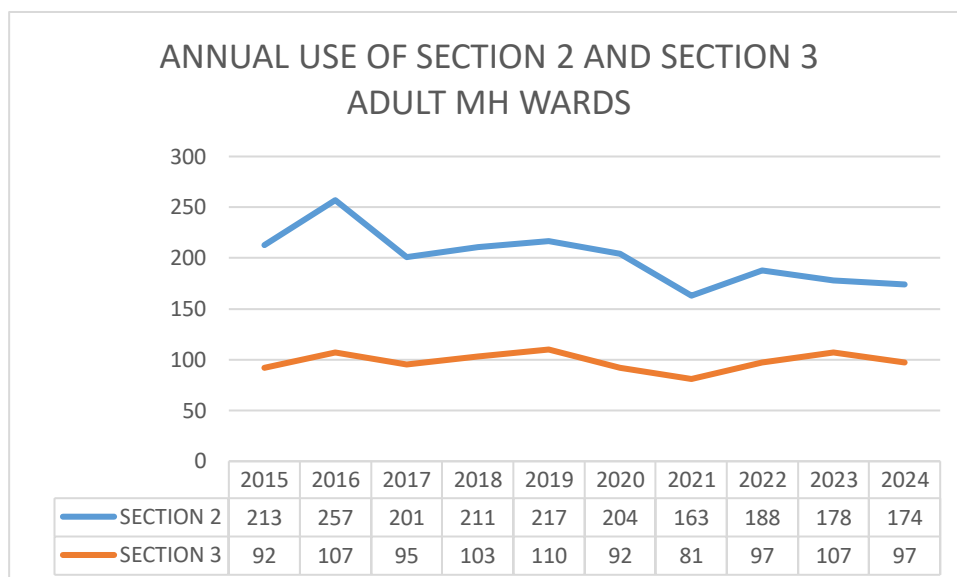
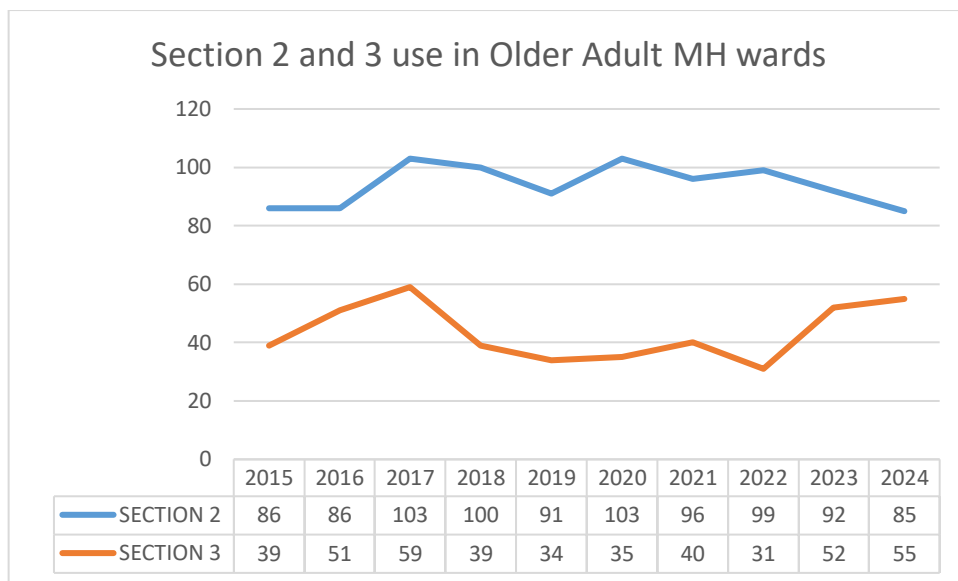
Section 5(2) – used by Doctors in both mental health and general hospital settings to detain an in-patient for up to 72 hours to allow for a mental health act assessment to take place. Section 5(4) is used by mental health and learning disability nurses in mental health in-patient settings for up to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

- Use of the nurses holding power is rare and has not been used during this quarter.
- The doctors holding power was used on 12 occasions during this quarter which is its lowest use ever recorded.
- Of the 12 Section 5(2)s 5 were used in adult MH acute wards.
- No under 18s were detained under Section 5(2) during this period.
- Section 5(2) may be used within general hospital wards. During this quarter it was used lawfully and appropriately on 5 occasions (42% of total Section 5(2) use). The

outcomes of these holding powers were that all 40% were detained under a longer term section of the MHA. The remainder were regraded to voluntary or lapsed with no MHA assessment being conducted within the required period.

- Please refer to 3.5.3 below relating inappropriate use of Section 5(2).
- 25% of assessments were carried out within 24 hours.
- 75% were further detained under Section 2 or 3 (higher than previous quarter at 62%)
- Statistics:
 - 100% white British, 17% male, 83% female

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



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

% of Overall Activity	2024/2025				2025/2026
	QTR 1	QTR 4	QTR 3	QTR 4	QTR 1
SECTION 2	%	%	%	%	%
Adult	56	57	60	58	58
Older Adult	31	39	24	30	27
General DGH	10	1	7	8	13
CAMHS	3	3	7	3	2
Learning Disabilities	0	2	2	1	0
SECTION 3					
Adult	51	63	68	67	74
Older Adult	47	35	29	30	26
General DGH	2	2	0	3	0
CAMHS	0	0	3	0	0
Learning Disabilities	0	0	0	0	0

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

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

Legal Status of Patients:

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

Ward	MHA includes home leave pts	DoLS	Informal	Home leave
Bryngofal	89%	0%	11%	11%
Bryngolau	47%	27% - authorised DoLS 13% - Informal with a DoLS request – awaiting assessment	13%	0%
St Caradog	69%	0% - authorised DoLS	31%	13%
St Nons	20%	40% - authorised DoLS	40%	0%
Morlais	100%	0%	0%	10%
Enlli	18%	27% - authorised DoLS 10% - Informal with a DoLS request – awaiting assessment	45%	0%
Low Secure	100%	0%	0%	7%
PICU	100%	0%	0%	0%

3.2. Use of Police Powers Sections 135 & Section 136

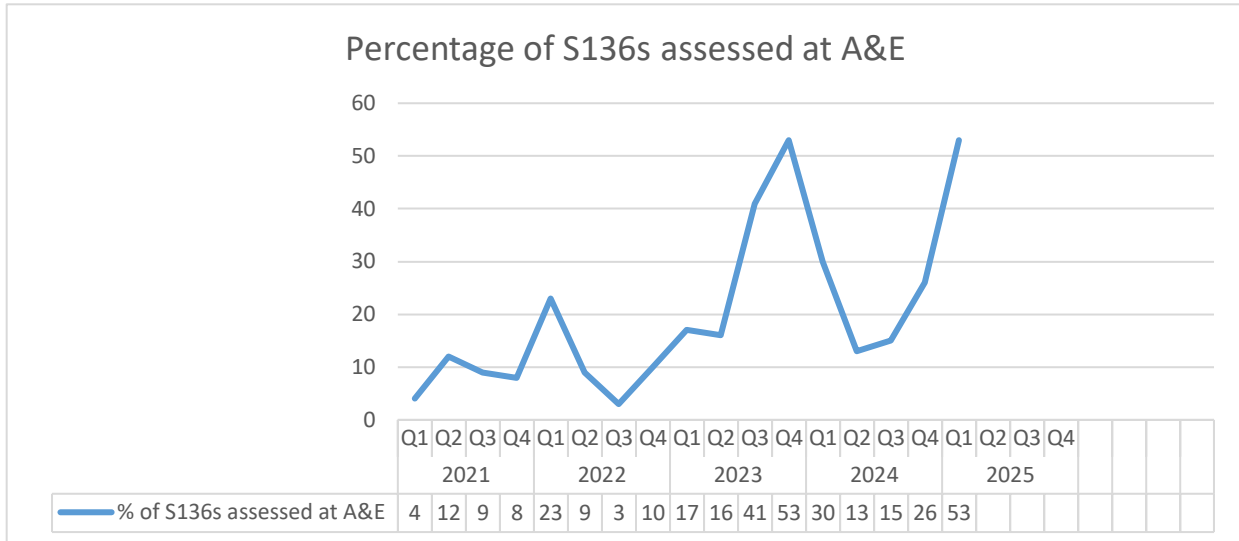
3.2.1. Section 136 – Removal of Mentally Disordered Persons to a place of Safety

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

- Use of Section 136 continues to remain lower than the quarterly average and numbers seen in previous years. During this quarter it has been used on 30 occasions. This is the lowest number per quarter in over a decade.
- 27 different individuals were placed on S136. There were less than 5 individuals having undergone multiple S136 detentions during the same quarter period.
- 53% of all Section 136's were assessed in an A&E department. In addition, a further 10 cases were taken to A&E as a first place of safety before being transferred to a second place of safety. (See graph below for % of S136s assessed at A&E per quarter).
- Of the 26 total occasions A&E was used as a place of safety 13 was due to a clinical need. An additional report has been submitted directly to the Chair of the Scrutiny Group on those not taken to A&E as an identified clinical need for further investigation. However it appears that in the majority of cases that the Section 136 designated suite was not available to officers or that the person had been in A&E with a voluntary agreement to attend however changed their mind at which time the police officers applied a S136. It has been agreed the Scrutiny Group Chair will continue to routinely monitor use of A&Es as a place of safety.
- 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 any monitoring form. In addition, the MHA Administration Team are often contacted over disputes

relating to the start times of Section 136s, difficulties in obtaining assessments and transport issues for patients.

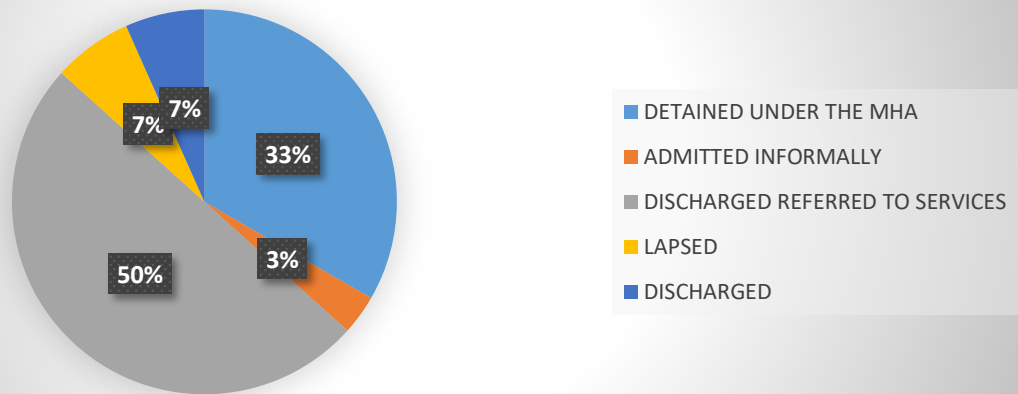
- The table below shows the % of overall S136s that were assessed in an A&E setting as opposed to a health-based place of safety.



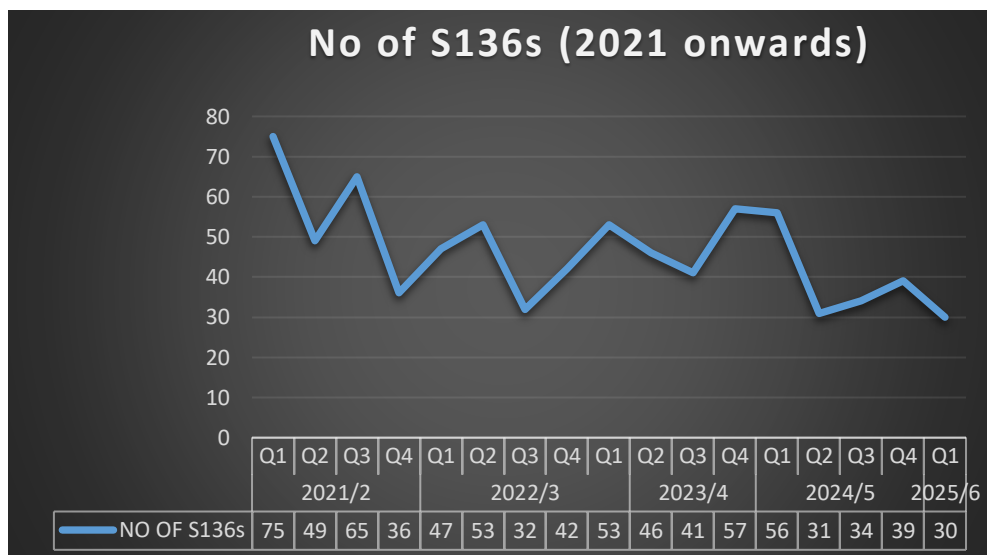
- Morlais Ward is a place of safety for the purpose of assessing under 18’s subject to S136. It was not used as a place of safety for an over 18s during this quarter.
- Custody has not been used as a place of safety for assessment during this quarter and can only be used for adults in exceptional cases. However, it is regularly reported that persons detained under S136 are being “held” in police vans outside A&E settings once the S136 period has already commenced.
- There were less than 5 under 18s detained on Section 136 with handcuffs used in 33% of cases during the detention period.
- In total it is recorded within the monitoring forms that some form of restraint was used on 22 occasions (73%) which is higher than usual, for example, the last quarter it was 64% and the two previous quarters were around 45%.
- The duty to inform patients of their statutory rights was evidenced in 17 out of 30 cases overall which is 57% of all cases. Where A&E was used for S136 assessment this dropped to 31% of all cases.
- Consultation is recorded as having occurred in 21 out of the 30 occasions (70%) which is slightly lower than last quarter at 82% however it is reported that where consultation did not occur 6 out of 9 cases this was a result of an emergency situation. All consultations during this period were with a nurse.
- There is a report under the Out of Hours service that has a record of diverted S136s. There are LESS THAN 5 cases listed during the period of Quarter 1. Records suggest that instead the majority were taken to A&E on a voluntary basis.
- 28 of the 30 resided within Hywel Dda catchment area.

Outcomes of the assessments as follows:

Section 136 outcomes



- It is rare for Section 136 to lapse without an outcome. However during this period a number of Section 136s lapsed after 24 hours. This was attributed to there being no beds available to admit the patient to. There were instances whereby Section 136 lapsed at 24 hours, the medical recommendations for section 2 had been completed however the applications for admission could not be made as no bed was identified. Therefore, there was no legal framework in place for the detention to continue.
- Where the outcome of the assessment did not result in detention under the MHA – 7 of 17 utilised 2 doctors for the assessment.
- 28/30 assessments took over 4 hour and 2 assessments were extended.
- Ethnicity statistics –
 - 93% White British
 - 77% Female 23% Male



3.2.2. Section 135 – Warrant to search and remove person

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

Section 135 is split into two categories as follows:

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

- Both Section 135(1) and 135(2) were used during this period resulting in its use on 6 occasions in total.
- It is not known exactly how many warrants are applied for but get refused by court or alternatively granted but then not executed under this section.
- All executed Section 135's were from Carmarthenshire or Ceredigion local authorities.
- 100% of assessments resulted in further detention under the Act.

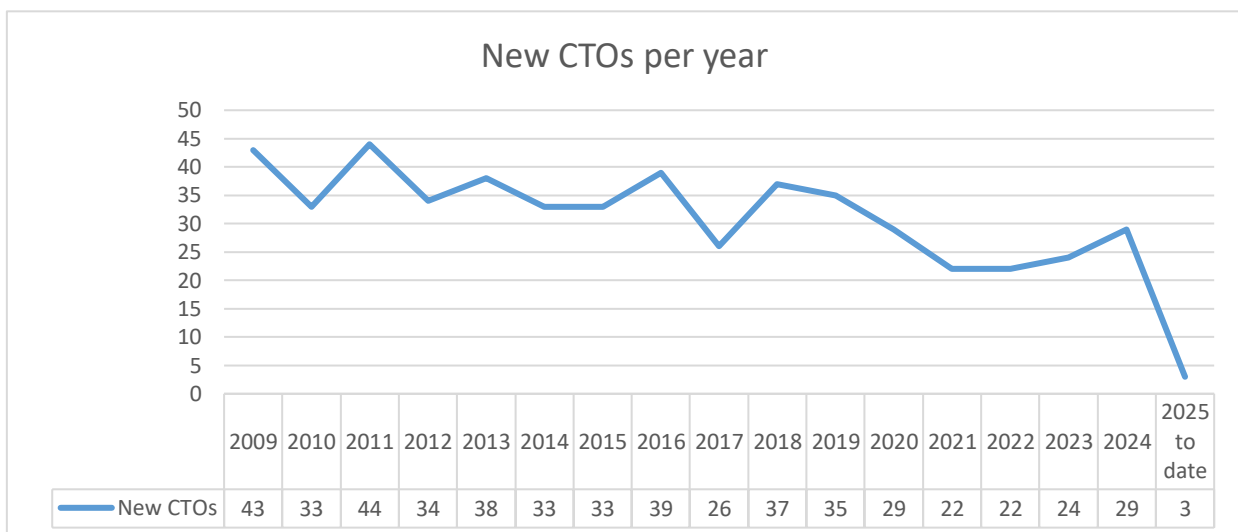
3.3. Section 17A - G, Community Treatment Orders

3.3.1. Community Treatment Order Activity

There were 27 Community Treatment Orders in place as at 30th June 2025.

County	Number of CTO's	Ethnicity
Carmarthenshire	11	White British – 100%
Ceredigion	Under 5	White British – 100%
Pembrokeshire	12	White British – 83% Other ethnicities – 17%

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



3.4 Part III

3.4.1. Patients Concerned in Criminal Proceedings or Under Sentence

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

- Use of this area of the Act is minimal within the Health Board. During this quarter it was used on less than 5 occasions.
- Unrestricted patients can be made subject to Community Treatment Orders however no new CTO for Part III patients were made.
- No restricted patients were discharged by the MHRTfW during this period.
- There were no unrestricted patient discharges.
- As of the 30th June 2025 the total number of Part III patients are split into the following – 64% restricted; 29% unrestricted; 7% CTOs.

3.5 Errors

3.5.1. Section 15 - Rectifiable Errors

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

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

3.5.2. Section 15 - Non-Rectifiable Errors

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

- There were less than five un-rectifiable errors made during this current quarter.
- This has included and assessment with two medical recommendations for a differing section of the Act and an instance whereby the application had not been signed or dated.
- Carmarthenshire Local Authority notified the Health Board of a breach in a number of applications made. This matter is currently being investigated and affects a number of detained patients over several years.

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).
 - There has been 6 inappropriate or invalid Section 5(2)s which have all derived from general hospital wards.

These have included insufficient reasoning for the detention, completing forms that do not comply with the Welsh Regulations and not completing the hospital to which the patient is to be detained. In addition on a number of occasions papers to detain via Section 5(2) were completed and filed in patient records without notifying mental health services or the local authorities within or near the end of the 72 hour detaining period.
- Consent – authority to treat under the Act may only be completed by a SOAD or Approved Clinician.
 - Forms have been received during this period by doctors that are not approved clinicians, equally requests for SOADs to HIW have named the Responsible Clinicians as doctors who are not an Approved Clinician. As a result a number of treatment certificates have had to be reissued.

3.6. Code of Practice for Wales

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

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

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

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

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

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

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

3.6.3. Withholding of postal packets (Sec 134 MHA)

Patients should have access to any correspondence they receive and send and their privacy respected. However, Section 134, MHA provides authority and withholding of a detained patient’s outgoing and incoming mail. The procedure to be adopted is included in The Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 where it provides occurrences should be reported upon.

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

3.6.4. Information to Detained Patients and Nearest Relatives

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

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

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

3.7.1. Certification for Treatment – Capacity and Consenting Status

During this quarter there have been 11 new treatment authorisation documents completed for consenting to treatment instances: -

7 x C02 – to certify person has capacity and consents to treatment (detained patients)
Less than 5 x C08 – as above (CTOs)

Less than 5 CO4 – as above for the treatment of ECT

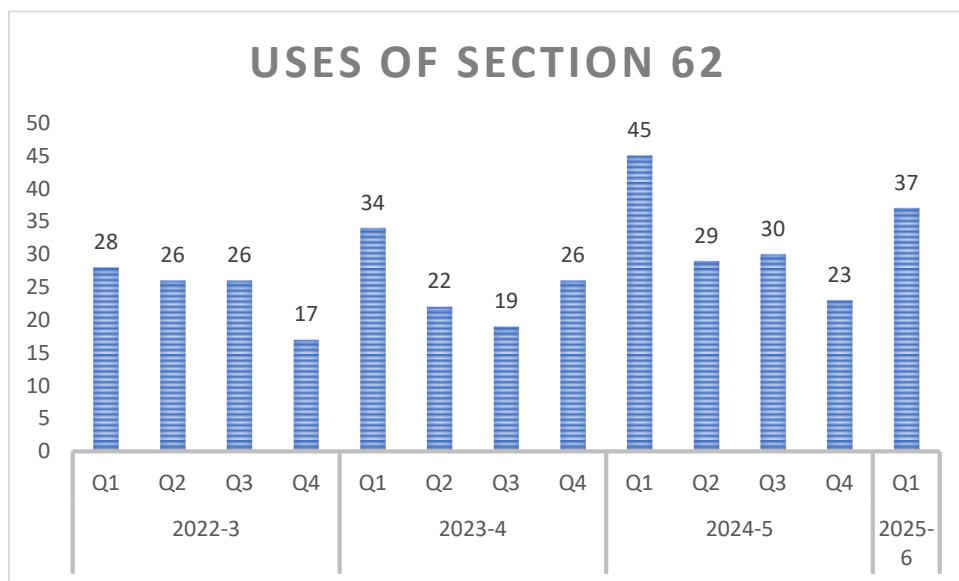
This compares with 27 new certificates issued during the last quarter and 17 the quarter before.

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

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

- 34 SOAD requests were made (27 last quarter period) and the following certificates were completed:
 - 24 CO3s (detained patients)
 - 7 CO7s (CTOs)
 - Less than 5 CO6s (ECT)

- Less than 5 certificates pending carried forward to current quarter period
- Average waiting time for a SOAD (medication for inpatients) was 9 days (same as quarter 4).
- Of the 34 certificates issued by a SOAD 12 patients were seen in person with the remaining 22 reviews conducted remotely before issuing the relevant certificate to authorise treatment. HIW advised that this ratio is likely to remain.
- There were LESS THAN 5 authority certificates for Electro-convulsive therapy (ECT). The average wait for a SOAD to certify treatment for ECT was 11 days (increase from 8 days last quarter).
- Longest waiting time for a certificate was 25 days. HIW have their own key performance indicators, however they are set from the point they allocate a doctor to the issuing of the certificate as opposed from when the SOAD request is made to the certificate being issued. They have reported that the SOAD was unable to make contact with a consultee and then a delay occurred with the SOAD forwarding the certificate to HIW.
- Section 62 and 64 (emergency) treatment allows for lawful and short-term administration of treatment in the absence of a SOAD certificate. Use of this emergency treatment during this quarter was higher than average as can be seen from the line chart below showing its use over per quarter over the past 3 years. It was used on 37 occasions.



- Reasons for its use is as follows:
 - On 10 occasions to authorise ECT. On 5 occasions S62 ECT was given whereby a SOAD had not yet been requested. In the other 5 cases a SOAD had been requested but had not yet authorised treatment.
 - On 16 occasions to authorise medication because three month rule had expired or the previous certificate had an expiry date and the SOAD had not yet authorised treatment.
 - On 6 occasions there was a change of medication or Responsible Clinician.
 - On the other occasions it was due to change in legal status (CTO revoked) or the patient had changed their consent status.

Use of emergency Section 62 treatment could be reduced with more prompt SOAD requests or certificate being provided by the SOADs. There were 2 occasions during

the last quarter when SOADs were requested by Responsible Clinicians within 3 days of the three month rule expiring. This is an improvement on the previous quarter.

3.7.3. Section 61, Review of Treatment

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

There were 11 records made during this quarter under Section 61 which is consistent with the previous quarter.

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

3.8.1. Applications for Discharge to Hospital Managers

There has been a slight increase of late in the number of applications made to the hospital managers with 5 applications for discharge made during Quarter 1. However this remains much lower than applications made pre-covid years, for example, the same period in 2018 14 applications to the hospital managers were made. Of the 5 applications less than 5 did not take place due to having a MHRT arranged within a 7 day period and less than 5 withdrew therefore less than 5 hearings were arranged.

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 15 renewals compared to 12 in the previous quarter. This is slightly lower than the same quarter last year when 17 renewals were considered for the same period. There is a slight reducing trend in the number of section renewals being reviewed by the hospital managers as seen in the line chart below. The Code of Practice states renewal hearings should be held before the section expiry date. All renewal hearings met this target.

The Responsible Clinician is required to personally examine a patient who is renewed under Section 20 (Section 3) and Section 20a (Community Treatment Orders). There have been instances whereby the nominated Responsible Clinician are reporting difficulties in carrying out this process. This is further referenced in the medical risk register for the service.

3.8.3. Application for Discharge by Nearest Relative

There were 0 applications for discharge made by a nearest relative during this quarter.

3.8.4. Hospital Managers Hearings

In total (all hearing types) the Hospital Managers held 15 reviews during this quarter. Of the 15 cases patients were present in 9 reviews and of those less than 5 had the support of a solicitor present, 5 had the support of an IMHA and less than 5 advocated themselves independently. Of the 6 where patients did not attend less than 5 had either an IMHA, solicitor or relative present at the review.

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

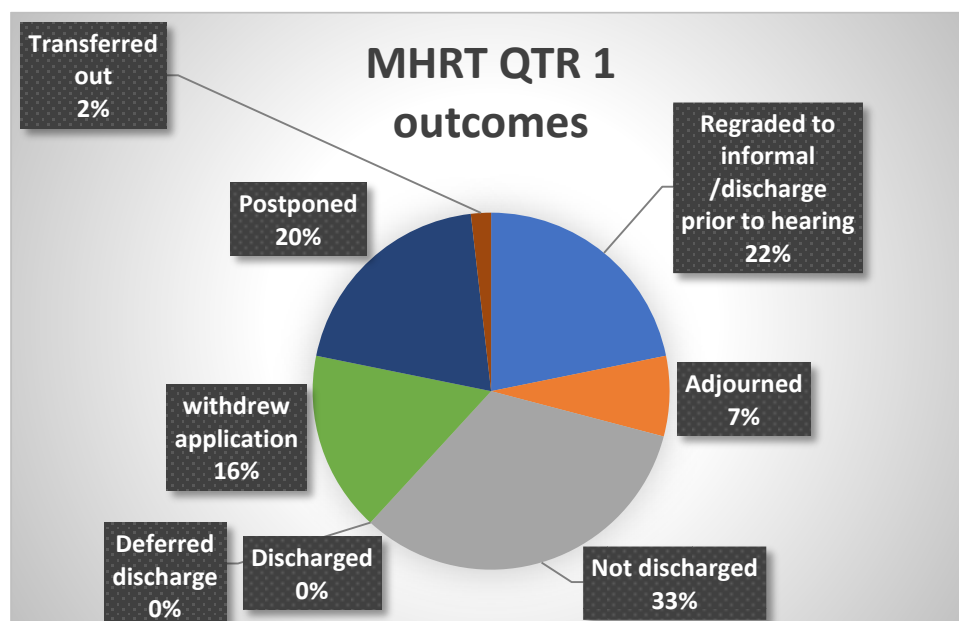
3.8.5. Applications, Referrals and Outcomes at the Mental Health Review Tribunal

There have been 49 applications/referrals to the Mental Health Review Tribunal (MHRTfW) during this quarter with 22 hearings conducted. The MHRTfW office offer the option of face to face or remote reviews based upon patient choice. Of the 22 hearings 13 occurred in person, 8 via MS Teams and less than 5 via telephone.

The tribunal did not order any discharges during this period.

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

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



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

Activity	Average per Qtr 2018/19	Average per Qtr	Qtr 1 activity	Notes
Applications to the Hospital Managers	14	5	5	Applications to hospital managers generally remain lower than pre-covid years.
Renewals / Extension reviews	-	16	15	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	48	49	Slightly increased number of applications to the Tribunal this quarter period
MHRT hearings held	-	24	22	Consistent with the average number of hearings held.

3.9. Miscellaneous

3.9.1. Policies

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

During this quarter policies were reviewed as followed:

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

(688) Section 117 Aftercare Procedure Mental Health Act 1983 – *review commenced – due by 26.10.2025*

3.9.2. Training

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

Date	Group	Topic
21.05.25	Preceptorship nurses – Pembs	MHA overview
21.06.25	Preceptorship nurses – Llanelli	
28.06.25	Preceptorship nurses – Carmarthen	
18.06.25	Dyfed Powys Police trainees	Section 135/6
27.06.25	Pharmacist	MHA overview – particularly Part IV of the Act (Consent to Treatment)

Ward management teams often report difficulties in ability to release staff for training purposes therefore pre-recorded powerpoint training presentations are being prepared and uploaded to the MHA Administration Sharepoint page – readily and easily accessible to all staff across Hywel Dda sites. Topics so far include *Section 136* and *Section 5(2)* and

recently added "*Receipt and Scrutiny of Statutory Papers*". Further presentations to be developed and should be available in due course.

3.9.3. Operational Lasting Power of Attorneys

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

CAMHS ASSESSMENTS

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

DATIX REPORTING

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

3.9.4. Section 117 Aftercare

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

During this quarter there were 21 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 23 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 18 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 1229 persons eligible for Section 117 aftercare within the health board.

2.4

5 Mins

2.4 - Mental Health (Wales) Measure 2010
Report

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

| For assurance

Attachments

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



MENTAL HEALTH SCRUTINY GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 th August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Scrutiny Group April 2025 – June 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Amanda Davies, Head of Adult Mental Health Community

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

For information

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

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

- The Mental Health (Wales) Measure 2010.

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

Cefndir / Background

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

The Mental Health (Wales) Measure 2010

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

To achieve this the Measure is divided into four Parts:

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

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

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

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

Part 1 – Local Primary Mental Health Support Services

PART 1	Detail		April	May	June
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	95.4%	95%	98.3%
		CAMHS	98.1%	97.8%	90.4%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	98.4%	95%	97.4%
		CAMHS	92.0%	84.8%	80.0%

Due to the limited time-period to achieve the target, if patients cannot make initial assessment date, the follow up appointment can occasionally fall outside the allocated time frame.

Groups are now underway and are supporting compliance along with increased support through digital options. Estates access continues to be challenging across the three counties. Primary Care Liaison Service operating across the three counties with positive outcomes of reducing potential referrals to LPMHSS.

Part 1 All compliant during reporting period

Part 2 – Care and Treatment Planning

PART 2	Detail		April	May	June
		Adult	91.5%	92.4%	92.1%

Measure	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	OAMHS	96.7%	96.6%	98%
		LD	92%	89.7%	91.9%
		CAMHS	93.3%	93.4%	94.9%

S-CAMHS

Older Adult Mental Health Services OAMH

On target Part 2 compliance position maintained across this quarter.

Learning Disabilities

Compliance in May dropped due to issues in Pembrokeshire and Llanelli teams having to delay reviews. A social worker was unable to attend a planned review in Pembrokeshire, which has since been rearranged. In Llanelli, the social worker had difficulty meeting with the client due to their volunteering hours, but this has now gone ahead.

Adult Mental Health

Adult Mental Health maintains over 90% compliance. This will be continuing to be monitored to maintain compliance.

North Ceredigion CMHT continues to be not compliant with Part 2 but compliance is improving slowly and monitored by the service and the team supported.

New to secondary Mental Health services under CTP	April	May	June
Adult	7	29	8
Older	33	37	26
CAMHS	8	6	9
LD	5	3	3

Discharged from secondary Mental Health services	April	May	June
Adult	49	15	42
Older	28	20	32
CAMHS	6	5	6
LD	5	3	4

S-CAMHS

Older Adult Mental Health Services OAMH

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

Adult Mental Health

Part 3 – Referrals from the 111 option 2 (SPOC) Service

	April	May	June
Over All Monthly Total Calls Answered	1411	1527	1529

Over all Referred to CMHT Sub to Measure	11	4	7
Over All Monthly Total Calls referred to CMHT	62	62	64
Over All Monthly Total Calls advised to self-refer to CMHT	0	0	0

**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%	83.3%
		OAMHS	100%	100%	100%

Adult services missed one patient letter being sent out within the 10-day timeframe; however, this letter was sent out after the 10 days. Assurance measures have been put in place with the Team leader.

OAMH Part 3 target compliance position maintained across this quarter.

	April	May	June
Average wait times in days for adult mental health	38	34	25

Detail	April	May	June
Amount of People who <u>have</u> self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health).	1	3	7
Amount of People who <u>could have</u> self-referred under Part 3 of the Mental Health Measure but were referred by a GP (in Adult Mental Health).	7	6	5

Part 4 – Independent Mental Health Advocacy – Local Targets only

Adult inpatient wards

Older Adult inpatient

Target Part 4 compliance position maintained across this 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%

Discussion held that CAMHS Part 4 data will be included in the next Quarters report

Detailed IMHA Report.

Mental Health Ward	APR		MAY		JUN	
Bryngofal - Carm's	34		22		23	
Bryngolau - Carm's	17		17		16	
LSU - Carm's	11		9		9	
PICU - Carm's	10		10		13	
Morlais - Carm's	16		11		11	
Rainbow Suite/CAMHS - Carm's	0		0		0	
St Caradog - Pembs	23		24		23	
St Non - Pembs	22		18		20	
Enlli - Ceredigion	8		9		12	
Total Carmarthenshire	88		69		72	
Total Pembrokeshire	45		42		43	
Total Ceredigion	8		9		12	

Total MH Units

General Hospital	APR		MAY		JUN	
Prince Phillip - Carm's	0		3		5	
Glangwili - Carm's	2		1		2	
Llandovery - Carm's	0		0		0	
Amman Valley - Carm's	0		0		0	
Withybush - Pembs	12		10		6	
South Pembs - Pembs	4		1		2	
Bronglais - Ceredigion	8		7		5	
Tregaron - Ceredigion	0		0		0	
Total Carmarthenshire	2		4		7	
Total Pembrokeshire	16		11		8	
Total Ceredigion	8		7		5	
Total General Hospital	26		22		20	

Community:	APR	MAY	JUN
Carmarthenshire	1	0	1
Pembrokeshire	2	1	2
Ceredigion	1	0	0
Community Total:	4	1	3

72 Hour Follow up following inpatient discharge.

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

Detail	April	May	June
Number of people offered a post discharge within 72 Hours (Target 100%)	95%	100%	100%
Number of people received a post discharge follow up within 72 hours (Target 80%)	95%	100%	100%

In April one person was not offered a follow up post discharge within 72 hours due to a miscommunication between teams., but this was addressed, and the review was undertaken. This has now been addressed and improvements for May and June are evident. Senior Nurses are also monitoring the quality of the 72 hour follow up, with the inclusion of the Comprehensive Assessment tool being undertaken at the point of discharge to review and evidence the ongoing care needs of the patient.

Agreed that the next quarter report will also include the number of patients being discharged and having a 72 hour follow up .

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

	3. Improve efficiency and quality of services through collaboration with people, communities and partners
--	---

MHSG

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

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

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

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

2.5

5 Mins

2.5 - Risk Register

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

| For assurance

Attachments

MHLC Operational Risks - August 2025 FINAL.pdf



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Assurance on Governance Arrangements

Situation



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

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

Risk Management - Overview



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

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

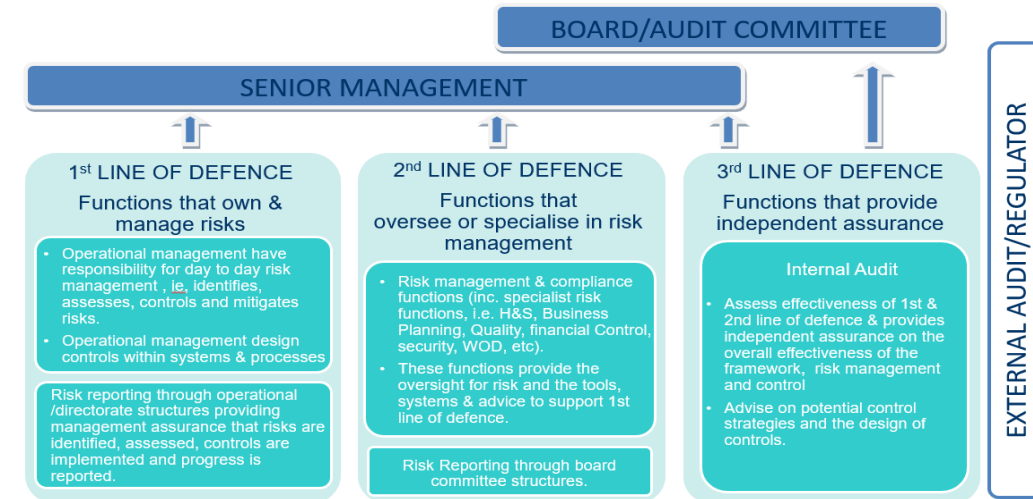
The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

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

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively and report areas of significant concern (e.g., where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation’s readiness to bear the risk after risk treatment, in order to achieve its objectives. Risk leads are required to provide a rationale for the target risk score (TRS), and an expected date when the target risk score (TRS) will be achieved. These are mandatory fields on Datix as of 1 July 2025, and therefore where risks do not currently have this detail, risk leads will be asked to provide by the next report to MHLC.



Operational Risks assigned to MHLC

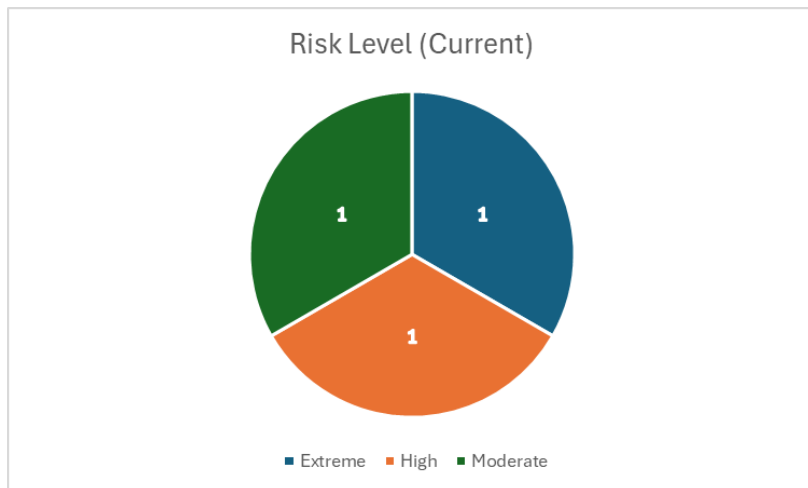


3 operational risks on Datix have been aligned to the Mental Health Legislation Committee (MHLC) which are all within review date and have been identified as reportable to MHLC based on the following criteria:

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

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

The following slide summarises the operational risks aligned to MHLC. The Risk Register attached at Appendix 1, provides full detail of the 3 reportable risks, including control measures in place and the risk action plan to further manage and mitigate the risk.



Operational Risks Reportable to MHLC



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Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Current Risk Score*	Target Risk Score (TRS)	Expected Date to achieve TRS	Date of last risk review
2090 – Risk to patient care in the Ceredigion area due to workforce capacity	Mental Health and Learning Disabilities	Chief Operating Officer	20 (NEW)	6	03/08/2026	23/07/2025
1857 – Risk of significant delay in admission for individuals with medical recommendations for admission under the Mental Health Act.	Mental Health and Learning Disabilities	Chief Operating Officer	9 →	9	13/08/2025	13/08/2025
1781 – Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion court	Mental Health and Learning Disabilities	Chief Operating Officer	6 →	4	TBC	27/06/2025

*any movement in the current risk score since the risk was previously reported to Committee is denoted by the arrow alongside the risk score.

Risk Themes and Operational Arrangements



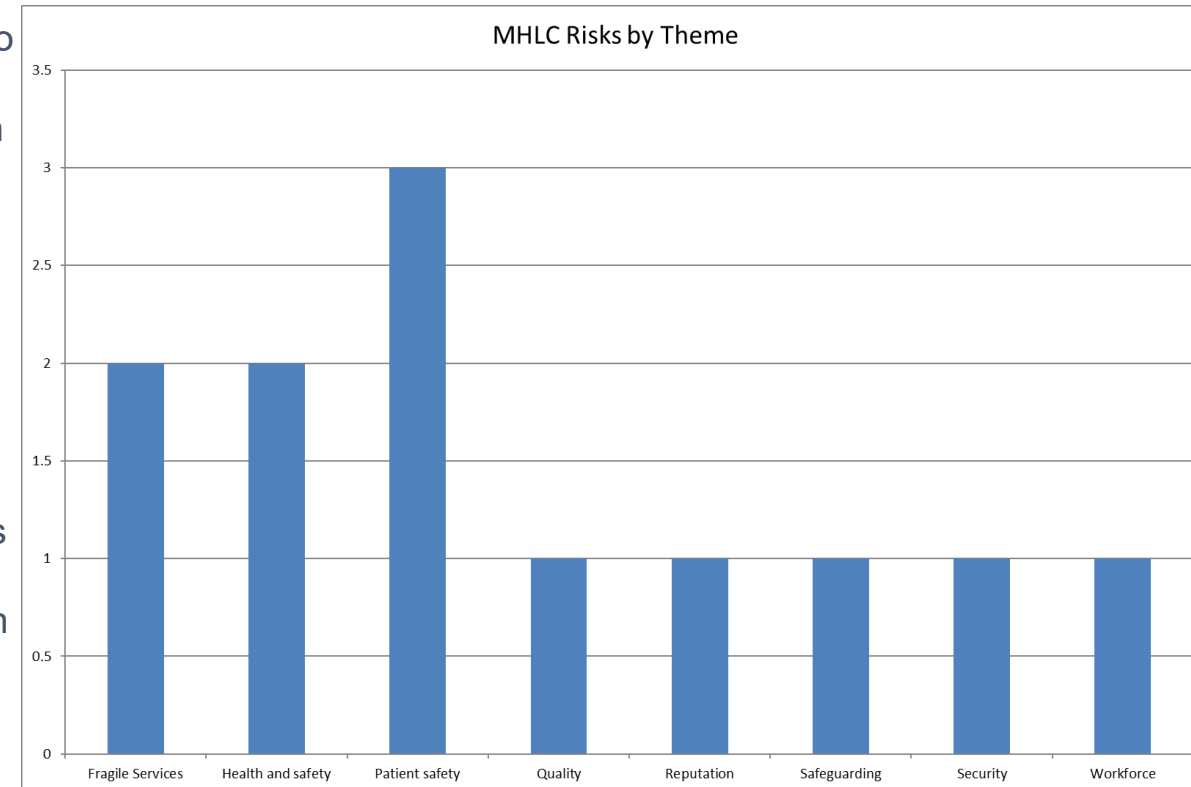
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Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provide assurance that a holistic approach to risk management is undertaken and enable the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

Each theme has assigned owners based on subject matter expertise, who receive notifications when risks are added to the risk register, and are also provided with their thematic risk register on a bi-monthly basis. Upon receipt, themed risk owners are required to review the risk register to ensure that risks have been correctly allocated, a review of the risk, controls and planned actions from an expert perspective, and to provide oversight and guidance to the relevant risk lead of any further controls or actions which need to be undertaken to manage the risk to an acceptable level.

The following risk themes have been identified from the risks currently reportable to MHLC: Fragile Services, Health and Safety, Patient Safety, Quality, Reputation, Safeguarding, Security, Workforce.





The Committee is requested to:

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

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



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



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Hywel Dda
University Health Board

2.6

5 Mins

2.6 - Mental Health Bill update

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

| For assurance

Attachments

010. 01. Mental Health Bill update SBAR.docx

010. 02. Mental Health Bill 2024 – overview and takeaways.pptx



MENTAL HEALTH SCRUTINY GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review of the Mental Health Act Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Sarah Roberts, Mental Health Legislation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

Cefndir / Background

Thalamos, a UK company who build digital tools to support professionals delivering care under the MHA and who provide the digital MHA forms to NHS England hosted a recent event at Digital Health Care Wales (DHCW) in Cardiff. A brief update was provided on the review of the MHA which was delivered by Dr Oliver Lewis KC from Doughty Street Chambers.

Asesiad / Assessment

Some of the areas highlighted as part of the review were:

Detention Criteria

The revision of the detention criteria, risk of serious harm either to themselves or others and treatment must be of therapeutic benefit. Length of initial Sec 3 will also be shortened to 3 months as will the first renewal period.

Subject to Parliamentary approval it will no longer be possible to detain a person with a learning disability or autistic person under Part II Section 3 unless they have a co-occurring mental disorder which requires hospital treatment. This won't be able to be implemented until services are available in the community to support LD and autistic patients.

Nominated Person – This will apply to patients aged 16+ whereby they can nominate in advance who their nominated person is and must do this in writing. The AMHP can appoint if the person lacks capacity at the point of detention. As part of new powers to be introduced the Nominated Person must be consulted about care plans, transfers between hospitals, renewals and extensions and can object to CTOs.

CTPs will be elevated to be a statutory requirement in England as they already are in Wales

Duty to Consult

Before discharging the RC must consult with a person who has been professionally concerned with the patient, other than an RC and the RC must consult a community clinician before commencing a CTO.

Advance Choice Documents

These should be written when a patient has capacity, and the RC must have regard to them. Health Boards will have to make information available, make arrangements for people at risk of detention and support them. Digitised ACD documents are currently being explored.

The Bill will place greater demands on community services as the shift in responsibility will be to prevent admission and the additional completion of advance choice documents.

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

The cost of resources is expected to be:

1.9 billion for NHS

396 million for local authority implementation

287 million for Courts and Tribunal service

2.5 billion for housing and care related to reforms for LD and autism

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 Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.

Amcanion Cynllunio Planning Objectives	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 Termiau: Glossary of Terms:	Contained within the body of the policy
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd 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.

X@DrOliverLewis

www.doughtystreet.co.uk

Mental Health Bill 2024 – overview and takeaways

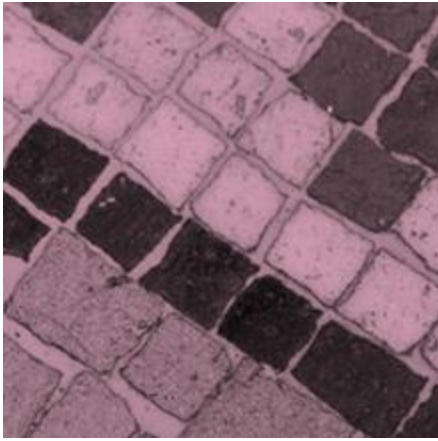
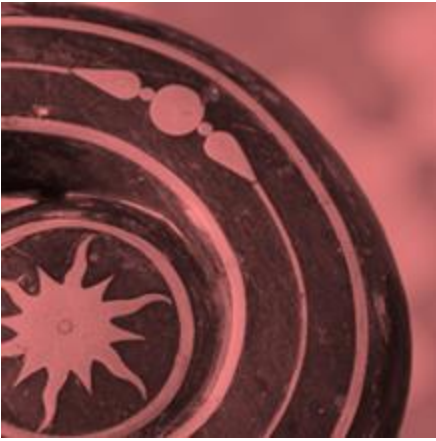


Oliver Lewis

Background

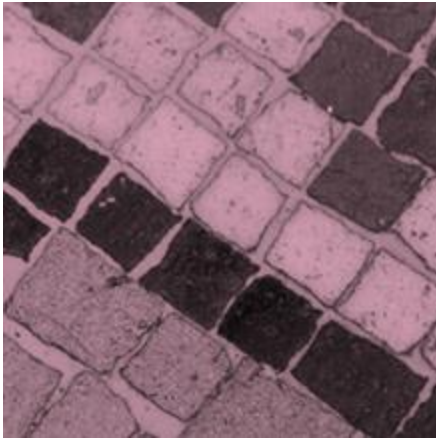
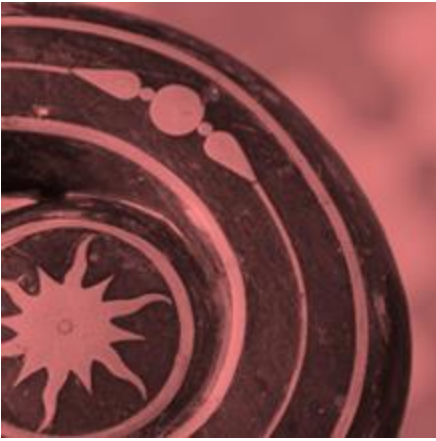
- 1959 and 1983 MH Acts
- 1992 Christopher Clunis kills Jonathan Zito
- 1998 Purpose of MH services is “to protect the public (safe, sound and supportive)” / “non-compliance is not an option”
- 1999 Richardson report, and govt Green Paper
- 2007 MHA amendments incl: LD + abnormally aggressive or seriously irresponsible conduct / CTOs / DoLS
- May 2017 PM Theresa May establishes Wessely committee, reported in Feb 2019
- Nov 2024 MH Bill is introduced in the Lords





Highlights

1. Detention periods
2. Section 3
 - a. Definitions
 - b. LD and autism
3. Nominated person
4. Care and treatment plan
5. Duty to consult
6. Advance choice document



(1) Detention periods

Section 2

- Duration remains 28 days
- Patient may apply to MHT <21 days from day of detention (up from <14 days)

Section 3

- Duration initial 3 months (down from 6 months), then 3 months (down from 6 months), then 6 months (down from 12 months), then every 12 months (same)
- Patient may apply to MHT in each period

(2) Section 3

CURRENT

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

(b).....

(c) it is necessary for the health or safety of the patient or for the protection of other persons that he should receive such treatment and it cannot be provided unless he is detained under this section; and

(d) appropriate medical treatment is available for him.

BILL

(a) the patient is suffering from **psychiatric disorder** of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital;

(b) serious harm may be caused to the health or safety of the patient or of another person unless the patient receives medical treatment;

(c) it is necessary, given the nature, degree and likelihood of the harm, for the patient to receive medical treatment;

(d) the necessary treatment cannot be provided unless the patient is detained under this Act; and

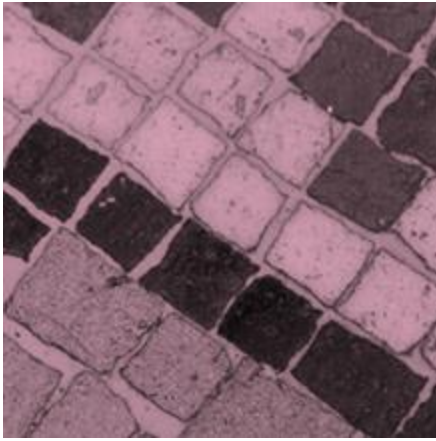
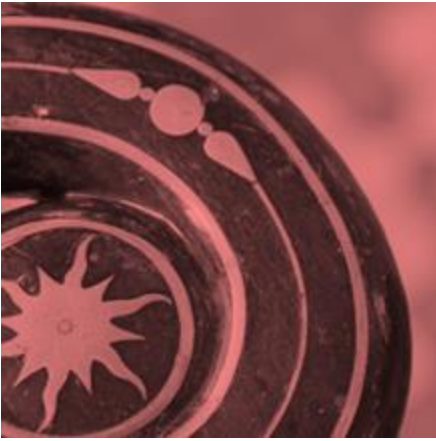
(e) appropriate medical treatment is available for the patient.

LD and autism removed from s3

“autism” means a lifelong developmental disorder of the mind that affects how people perceive, communicate and interact with others

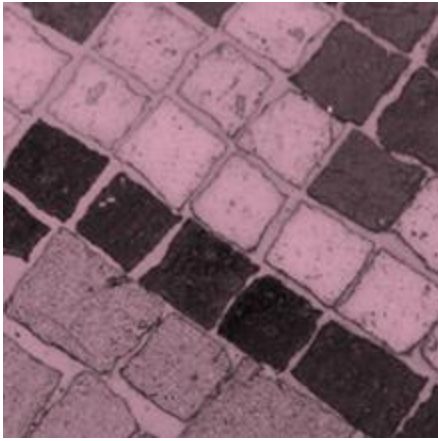
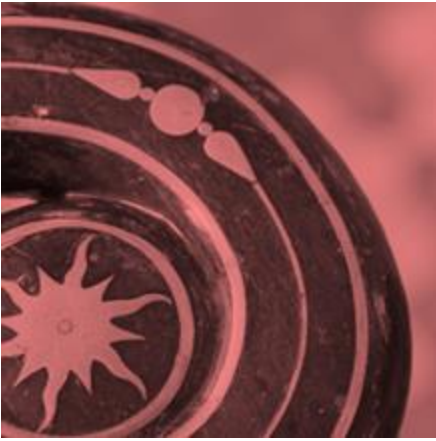
“learning disability” means a state of arrested or incomplete development of the mind which includes significant impairment of intelligence

“**psychiatric disorder**” means mental disorder other than autism or learning disability



(3) Nominated person

- Nearest relative function abolished
- Age 16+: NP must be 16+. Under 16: NP must be 18+
- Patient can nominate NP in advance in writing
- If patient will be detained and lacks capacity, AMHP can appoint a NP
- New powers: NP must be consulted about statutory care and treatment plans, renewals and extensions of detention, transfer to another hospital, and power to object to a CTO

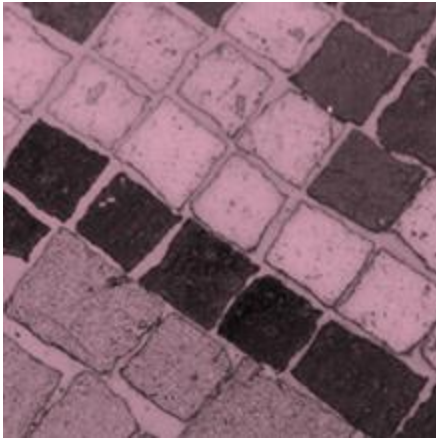
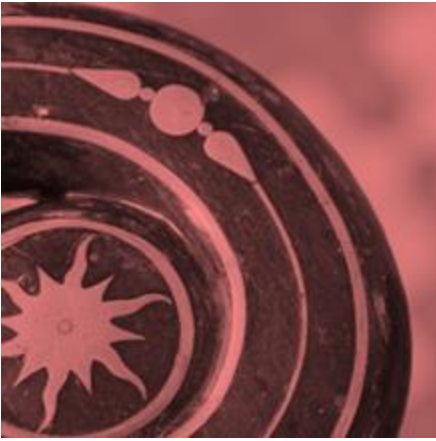


(4) Care and treatment plan

- Compulsory for each detained patient
- Consultation with patient and NP required
- Hospital managers must monitor compliance

(5) Duty to consult

- Before discharging from section, RC must consult with person who has been professionally concerned, who belongs to a profession other than the RC (e.g. social worker)
- Before putting a patient on a CTO, RC must consult with community clinician

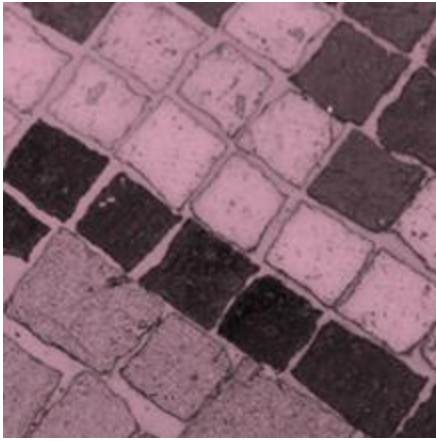
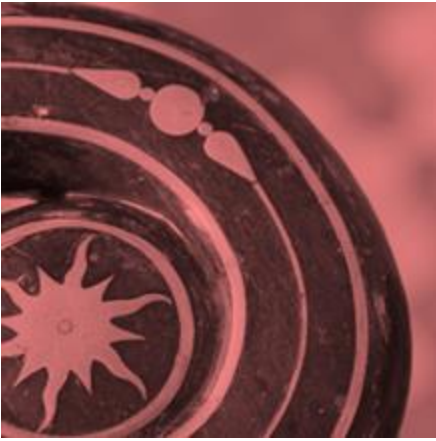


(6) Advance choice document

- ACD written when patient has capacity
- Expressing decisions, wishes or feelings about any relevant matter about (a) future admission for treatment for mental disorder when (b) patient lacks capacity in relation to that matter
- Clinician has duty to “have regard to” ACD
- Duties on Welsh HBs to
 - make info available
 - make arrangements for people at risk of MHA detention to be informed of their right to make an ACD and
 - if they'd like, be supported to make one



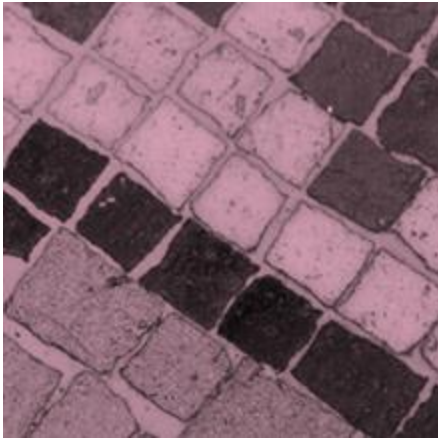
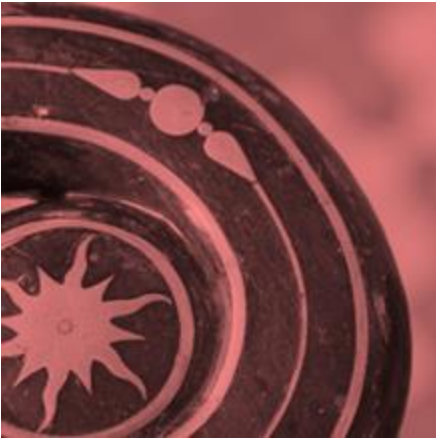
Time and resources for implementation



Up to 10 years, staggered rollout from 2027

Estimated ongoing costs for resourcing the reforms and upfront training costs of existing staff :

- £1.9 billion for the NHS
- £396 million for local authorities
- £287 million for HM Courts and Tribunal Service and the Legal Aid agency (due to more frequent Tribunal referrals),
- £2.5 billion for housing and care related to reforms for individuals with learning disabilities and autism



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Takeaways

1. Emphasis on autonomy, greater demands on community services to provide timely, appropriate support
2. Significant hospital and community workforce, infrastructure and system flow implications
3. Map roles within the service that will be most affected and begin building capability early
4. Manage staff and patient expectations with clear internal and external comms

3 - Policies

3.1

5 Mins

3.1 - Extension request for Section 136

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

| For approval

Attachments

011. Extension request for Section 136 Policy.docx



MENTAL HEALTH WRITTEN CONTROL DOCUMENTS GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	395 – Section 136 Joint Procedure
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	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

We are requesting a second extension to the current Section 136 Policy past it's three yearly review date of 24 March 2025.

Cefndir / Background

Policy 190 – Written Control Documentation has been adhered to in the review of the Policies and that the documents are in line with legislation/regulations and can be implemented within the Health Board.

The Section 136 policy was due for its 3 yearly review by 24 March 2025. We were initially granted a 6 month extension until 24 September 2025. Following discussion within Mental Health Services we are requesting that the policy is given a further 6 month extension.

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. The request is because the implementation of Right Care Right Person phase 4 development work will impact the policy.

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

Argymhelliad / Recommendation

- The Mental Health Written Control Document Group is requested to grant an extension of the policy by a further 6 months.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational policies, procedures, guidelines and codes of practice (policies within the scope of the Committee)
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The content of this policy is developed utilising expert advice, with reference to legislation and guidance documentation.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the policy
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	MH Scrutiny Group Written Control Documents Group Medical Staff Committee Ward Managers Forum Community Mental Health Team Forum Global email consultation WWAMH Reading Group Senior Nurse Management Team

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.

3.2

5 Mins

3.2 - Section 117 Policy

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

| For approval

Attachments

012. 01. Section 117 Policy for Approval SBAR.docx

012. 02. 688 - Section 117 After-Care Procedure.v3 12 May 25 1.docx



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 September 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	688 – Section 117 Policy for Approval
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 Mental Health Legislation Committee is asked to approve the following Policy:

688 – Section 117 Policy

This report provides assurance that Policy 190 – Written Control Documentation has been adhered to in the review of the Policies and that the documents are in line with legislation/regulations and can be implemented within the Health Board.

Cefndir / Background

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

The Section 117 Policy has been updated as part of a 3 yearly review under the Written Control Document Group. It has been widely circulated for comment. There have been no legislative changes during the past 3 years which have affected the document, and I do not foresee any until implementation of the updated Mental Health Act which is currently in Parliament. An Equality Impact Assessment has also been updated.

A task and finish group met to look at the policy and meetings were held separately with older adult MH teams to discuss in further detail. The document was also tabled at Medical Staff Committee, Ward Managers Forum, Community Mental Health Team Meeting and sent separately for comment to WWAMH reading group, Mental Capacity Act Team and IMHA Service before it was circulated for 2 weeks global consultation via the Intranet.

The policy was approved by the Mental Health Written Control Document Group in August 2025.

Argymhelliad / Recommendation

- The Mental Health Legislation Committee is requested to approve the policy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational policies, procedures, guidelines and codes of practice (policies within the scope of the Committee)
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
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Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The content of this policy is developed utilising expert advice, with reference to legislation and guidance documentation.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the policy
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl:	MH Scrutiny Group Written Control Documents Group Medical Staff Committee Ward Managers Forum Community Mental Health Team Forum

Parties / Committees consulted prior to Mental Health Legislation Committee:	Global email consultation WWAMH Reading Group Senior Nurse Management Team
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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
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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.

Section 117 Aftercare Procedure

Mental Health Act, 1983

Procedure information

Procedure number: 688

Classification:
Clinical

Supersedes:
Previous Version

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:
N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards:
N/A

Version number:
3.0

Date of Equality Impact Assessment:
27/02/2025

Approval information

Approved by: Mental Health Legislation Committee

Date of approval:
Click or tap to enter a date.

Date made active:

Review date:
26/10/2025

Summary of document:

Section 117 of the Mental Health Act requires Local Health Boards and Local Authorities, in co-operation with other relevant non-statutory agencies, to provide, or arrange for the provision of, aftercare to persons detained in hospital for treatment under certain sections of the Mental Health Act who cease to be detained and leave hospital.

Scope:

It applies to people of all ages, including children who have been detained under relevant sections of the Mental Health Act.

To be read in conjunction with:

[625 - Community Treatment Order Policy](#) (opens in new tab)

[731 - Leave of Absence Policy](#) (opens in new tab)

[214 - Access to Independent Mental Health Advocacy Policy](#)

[141 - Mental Capacity Advocacy Service Policy](#)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Mental Health Written Control Document Group
03/10/2022

Executive Director job title:

Chief Operating Officer

Reviews and updates:

1.0 – New Procedure

2.0 – Review

3.0 - Review

Keywords

Section 117, Aftercare, Mental Health Act

Glossary of terms

Term	Definition
Care and Treatment planning (CTP)	A statutory plan prepared for the purpose of achieving the outcomes which the provision of mental health services for a relevant mental health patient are designed to achieve.
Care Coordinator	Care Coordinators are the principal source of information for the relevant patient and are responsible for seeking their active involvement and engagement in the care planning process.

Section 117 coordinator	CMHT Manager and manager from LA within CMHT/CTLD, with the exception of CAMHS
Community Mental Health Services	Community mental health services support individuals with mental health problems who are living in the community. Teams include a range of professionals drawn from the local National Health Service (NHS) and Local Social Services Authorities.
Community Treatment Orders (CTOs)	The legal authority for the discharge of a patient from detention in hospital, subject to the possibility of recall to hospital for further medical treatment if necessary.
Community Mental Health Team (CMHT)	A team of mental health professionals who support people with mental health problems living in the community.
Community Team Learning Disabilities (CTLD)	A team of mental health professionals who support people with learning disabilities living in the community.
Continuing Health Care (CHC)	A package of care arranged and funded solely by the NHS where it has been assessed that the individual's primary need is a health need. When an individual has been assessed as having a primary health need, and is therefore eligible for CHC, the NHS has responsibility for funding the full pack of health and social care.
Direct Payments	A direct payment is a monetary amount paid directly to the service user or their representative to pay for their own care or support
Independent Mental Capacity Advocates	Under the Mental Capacity Act (MCA), in certain circumstances NHS bodies or Local Authorities (as appropriate) are required to instruct Independent Mental Capacity Advocates (IMCA's) to represent people who have no family or friends who it would be appropriate to consult.
Independent Mental Health Advocates (IMHA)	An advocate independent of the team involved in patient care available to offer support to patients. The IMHA is not the same as an ordinary advocate or an Independent Mental Capacity Advocate (IMCA).
LAC	Local Authority Circular alerts convey important information for local authorities
Local Authorities Social Services (LASS)	At a local level, the country is divided into a series of local authorities or councils. These authorities are responsible for providing local services to the community such as education, adult and children social care, regeneration, support for carers, leisure, housing and environmental services.

Mental Health Act 1983 (MHA)	An Act of Parliament which governs the assessment, treatment and rights of people with a mental health disorder.
Mental Capacity Act (2005)	An Act of Parliament that governs assessments of capacity to make a decision at a particular time and decision-making on behalf of people who lack capacity, both where they lose capacity to make a particular decision at some point in their lives.
Mental Health (Wales) Measure 2010	The Mental Health (Wales) Measure 2010 is a unique piece of legislation designed to provide a legal framework to improve mental health services in Wales
Multidisciplinary team (MDT)	A multidisciplinary team (MDT) is a group of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation in cases.
NHS Funded Nursing Care	The money paid by the NHS for the nursing care component of a person's care package is known as the NHS Funded Nursing Care.
Primary Care	Primary Care is the care provided by people you normally see when you first have a health problem. For example, a doctor or dentist, an optician for an eye test, a pharmacist. NHS Walk-in Centres, and the phone line service NHS Direct, are also part of primary care.
Responsible clinician (RC)	A patient's Responsible Clinician is defined as the Approved Clinician with overall responsibility for the patient's case. All patients subject to detention or Community Treatment Order have a Responsible Clinician.
Social Services & Wellbeing (Wales) Act 2014	Act of Welsh Government providing the statutory framework for health and social care in Wales.
Section 17 Leave of Absence	Formal permission for a patient who is detained in hospital to be absent from the hospital for a period of time.
Section 117 Aftercare Responsibilities	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.
Service user /Client/ Patient	A person receiving any health or social care services, from going to the family doctor, the pharmacist, to accessing social services such as home care or direct payments.

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Introduction

Section 117 of the Mental Health Act (MHA)1983, requires Health Boards and Local Authorities, in co-operation with voluntary agencies, to provide or arrange for the provision of after-care to patients detained in hospital for treatment who then cease to be detained or leave hospital on extended leave. Health and Social Care professionals should work together to facilitate discharge.

The Health Service Circular 2000/003 and Local Authority Circular 2000(3) states that:

Aftercare provision under S117 MHA does not have to continue indefinitely. It is for the responsible health and social services authorities to decide in each case when aftercare provided under S117 should end, taking account of the patient's needs at the time. It is for the authority responsible for providing particular services to take the lead in deciding when those services are no longer required. The patient, their carers, and other agencies should always be consulted'

Procedure statement

Hywel Dda University Health Board (UHB) is committed to arranging and providing appropriate aftercare services to eligible people according to need.

The Mental Health Act Code of Practice for Wales stipulates that “*aftercare services*” mean services which have the purpose of meeting a need arising from, or related to the patient’s mental disorder, and which reduce the risk of a deterioration of the patient’s mental condition (and accordingly, reduce the risk of the patient requiring admission to hospital again for treatment for mental disorder).

It is the intention of this procedure to provide a clear process by which care planning in the context of S117 should be undertaken to deliver these objectives, to ensure that S117 status is reviewed in a timely manner and that all decisions in respect of this are clearly documented.

Patients and their carers/representatives, where appropriate, should be included throughout this process. Patients will be eligible for the help and assistance of Independent Mental Health Advocates (IMHAs) or Independent Mental Capacity Advocates (IMCAs) while they are detained on relevant sections. However, people on S117 funding not under Section may still benefit from support from a community mental health advocate.

Scope

This procedure applies to the agreed working arrangements of Hywel Dda UHB with a duty to assess, plan and deliver aftercare services under S117 and to all persons entitled to receive it.

S117 is applicable to people who meet the criteria for S117 aftercare and those that provide services to them. Although the duty to provide aftercare begins when the person leaves hospital, the planning of aftercare should commence whilst the person is in hospital aiming to reduce the risk of deterioration of the persons mental health and ultimately reduce the risk of readmission to hospital.

Section 117 applies to anyone who has been detained under one of the following sections of the MHA:

- Section 3 - compulsory admission to hospital for treatment
- Section 37- detention in psychiatric hospital under a court order
- Section 37/41 – detention in psychiatric hospital under a court order with restrictions

- Section 45A - detention in hospital under a court order
- Section 47- transfer to hospital from prison
- Section 47/49 – transfer to hospital from prison with restrictions
- Section 48 - transfer of a remand prisoner
- Section 17A - Community Treatment Orders

S117 can apply when a patient is granted section 17 leave but only where the nature of that leave signifies the likely conclusion of the patient's period of acute inpatient care. (see R (CXF) v Central Bedfordshire Council [2017] EWHC 2311)

Aim

This document aims to give staff an understanding of their responsibilities with respect to planning, providing, reviewing and ending aftercare services. It also gives guidance on the duties of practitioners involved in the management of those people eligible to receive such aftercare.

Objectives

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

- To describe the following with regards to S117 aftercare:
 - The purpose of S117 aftercare
 - The process for eligibility for S117 aftercare
 - The duties of the practitioners and agencies involved in the management of people eligible to receive S117 aftercare

Planning of Section 117 aftercare

The UHB and the Local Authority (LA), in consultation with the patient, their family or carer, Care Coordinator and other members of the Multi-Disciplinary Team (MDT), identifies appropriate aftercare services for the person in good time for their eventual discharge from hospital, or release from prison.

The S117 aftercare plan should normally be considered at an MDT care and treatment planning (CTP) meeting; this meeting will also identify the Care Coordinator (if not already identified). The MHA Code of Practice for Wales contains detailed guidance about the people who should be involved in this process and the points to be considered.

A CTP is the framework for care coordination and resource allocation within mental health and should be an effective and transparent process of care coordination and care delivery that encompasses all the relevant responsibilities of the UHB and LA. It must be based on a full assessment of the person's needs, which specifies S117 aftercare arrangements and must be in place before:-

- Discharge from hospital
- A period of S17 leave - except for short periods of leave, when "a less comprehensive review may suffice, but the arrangements for the persons care should still be properly recorded". Any period of leave which includes an overnight stay necessitates a full aftercare plan.
- A Mental Health Review Tribunal or Hospital Managers Hearing. The Hospital Managers must ensure that the UHB and the LA are aware of the hearing so that they are able to consider aftercare

arrangements in all cases; however, this is particularly important when discharge is a strong possibility and appropriate aftercare is a key factor in the decision.

Section 117 register

The UHB maintains a record of people entitled to S117 aftercare. The S117 Administrator within the Mental Health Act Administration Team, alongside CMHT and LA Administrations and the Commissioning Team will ensure that this information is accurate and kept up to date. The information is shared regularly with the three Local Authorities. The register will be reviewed by relevant staff within the MH & LD Clinical Care Group.

Section 117 reviews

The Care Coordinator will arrange an initial review of the CTP within an appropriate timescale (to be determined on a case-by-case basis according to need). CTPs for persons receiving S117 should be reviewed as often as required but once every twelve months as a statutory minimum, within the CTP process and clearly tagged as a S117 review and not just a CTP review.

All CTPs should specify which services are to be provided under S117 and must clearly identify the interventions that are related to S117 entitlement and those that are not. On Care Partner staff should set an alert on the front page under personal details to reflect the persons S117 status.

Persons who are subject to S117 and receiving community services should be offered a community mental health advocate to support them at reviews by their Care Coordinator.

Each review must include an explicit decision on whether the person continues to be eligible for S117 and what services are required to support them, and this must be recorded within the persons records and within their CTP. Representation from both Health and LA must attend the meetings, those experienced staff should understand what the implications are for making S117 decisions.

It is important to distinguish within CTP and S117 documentation those items of care and support that relate to mental health needs and are provided free of charge, and those items that relate to community care needs unrelated to the relevant mental disorder, which may be subject to a financial assessment by the LA. It is therefore important that the Care Coordinator in the aftercare planning arrangements is fully aware of the legal position and any funding commitments that may result.

Ordinary residence

Section 117(3) defines ordinary residence as the place where a person lived "lawfully, voluntarily, and for settled purposes". This means they were living there as part of their regular life, not just temporarily.

In this section "the clinical commissioning group or Local Health Board" means the Local Health Board and "the Local Social Services Authority" means the local social services authority –

- a. *if, immediately before being detained, the person concerned was ordinarily resident in England, for the area in England in which they were ordinarily resident; or*
- b. *if, immediately before being detained, the person concerned was ordinarily resident in Wales, for the area in Wales in which they were ordinarily resident; or*

- c. *in any other case, for the area in which the person concerned is resident or to which they are sent on discharge by the hospital in which they were detained.*

Identifying the responsible LA and LHB should be established as soon as the requirement to provide s117 aftercare services is established.

The LA responsible for aftercare is the one within the area where the person was ordinarily resident before being detained.

Health determines ordinary residence by person's address. These are historical arrangements that are in place and this system will remain.

Where two or more LA's are in dispute over a person's ordinary residence in respect of their responsibilities under s117 then s195 SSWBA 2014 and the Care and Support (Disputes about Ordinary Residence) (Wales) Regulations 2015 provide that the question (if not resolved beforehand having taken legal advice at the earliest opportunity) is to be determined by the Welsh Ministers. The SSWBA 2014 Part 11 Code of Practice provides that : -

- That it is 'critical that the person does not go without the care they need' during the dispute process;
- That one of the authorities involved in the dispute must provisionally accept responsibility for the person at the centre of the dispute and be providing services.
- Where LA's cannot agree which authority should accept provisional responsibility for the provision of services , the LA in which the person is living or is physically present must accept responsibility until the dispute is resolved.

Moving out of area and re-detention under the MHA

If a person subject to 117 is placed out of county, then the UHB and LA who placed that person out of county will continue to be responsible for their 117 needs. However, if when placed out of county the person is re-sectioned under a Section 3 or other qualifying section then responsibility for 117, when the person leaves hospital following the re-section, falls on the LA and UHB where the person now resides.

The Supreme Court's judgement in R (On the Application of Worcestershire County Council v Secretary of State for Health and Social Care [2021] EWCA Civ 1957 confirmed that if a patient is ordinarily resident in Local Authority 'A' immediately before detention under the MHA and after discharge from hospital moves to Local Authority 'B', then Local Authority 'A' will remain responsible for the provision of after-care services under S117.

That statutory duty remains even if the patient, whilst living in area 'B', is subsequently re-detained under a qualifying MHA section. Local Authority 'A' retains that responsibility unless and until there is a joint review and determination that the patient is no longer in need of after-care services and the S117 entitlement is formally ended.

If the S117 entitlement is ended and the patient, having become ordinarily resident after discharge in Local Authority 'B' is subsequently detained in hospital for treatment again, the Local Authority in whose area the person was ordinarily resident immediately before that subsequent admission will be responsible

for the patient's after-care when they are discharged from hospital ie: that would be Local Authority 'B' if the patient had continued to remain ordinarily resident there up to the time of their admission.

It should be noted that the rules for determining the responsible LA applies to children and young people as well as adults.

The Worcestershire judgement did not affect the NHS responsibilities for determining detention and aftercare.

Discharge from S117 aftercare

Aftercare provision under S117 does not have to continue indefinitely. It is for the UHB and LA to decide in each case when aftercare provided under S117 should end, taking account of the persons needs at the time following an assessment. It is for the authority responsible for providing particular services to take the lead in deciding when those services are no longer required. The person, their carers, and other agencies should always be consulted.

Aftercare services under S117 should not be withdrawn solely on the grounds that:

- The person has been discharged from the care of specialist mental health services back to the care of their GP;
- An arbitrary period has passed since the care was first provided;
- The person is deprived of their liberty under the Mental Capacity Act 2005;
- The person may return to hospital informally or under Section 2;
- Or the person is no longer on a community treatment order or S17 leave
- The person is now settled in the community or a care home, unless the agencies agree there is no longer a need for continued CTP aftercare services

Individuals are not legally obliged to accept aftercare services offered but any decisions they make to decline services they should be fully informed of any discussions or decisions made relating to the reviews. A person's unwillingness to accept services does not mean they have no need for them; neither does it relieve the statutory agencies of their responsibility to offer aftercare.

If the person disengages with mental health services but remains subject to S117, attempts should be made to invite the person to a review meeting. If the person does not attend this, a review meeting between the UHB and LA representatives must be held to facilitate a clinical decision whether the entitlement to aftercare should continue. This review should evidence the efforts that have been taken to ascertain the person's current mental state along with any identified needs, also whether the opinions of their family/carer and GP have been sought where appropriate. In the absence of any information being available, the decision to close to S117 should be based on clinical decision making and analysis of risk.

When considering discharging a person from S117 both authorities are required to jointly review the aftercare plan, even if the aftercare services are provided by a single authority. In practice, this is likely to be a decision made by the person's MDT. There must be a joint formal statement of the agreement to discontinue aftercare services, made by representatives of the UHB and LA.

The decision to end S117 can only happen with the agreement of both the UHB and the LA. Any such decision must be recorded in writing in line with this policy on the Proforma at [Appendix 1](#).- opens in a new tab.

The decision to end S117 must only be taken at an MDT meeting and must include people able to represent the UHB and the LA and make a recommendation on their behalf, this may be as a minimum:

- RC/Consultant Psychiatrist for health
- Registered Social Worker or Approved Mental Health Practitioner for LA

Wherever possible the person should be fully involved in the decision-making process and their involvement recorded.

The rationale behind the decision to discharge from S117 must be fully justified and preceded by a proper reassessment of the person's needs. The decision must be clearly recorded in the patient's records giving reasons as well as details of who was involved in the decision making and signed by UHB and LA representatives.

The following people must be notified in writing (usually by the Care Coordinator), Service user, Carer/s, RC, GP, S117 administrator, nearest relative (with their consent) and IMHA.

If S117 aftercare ends, it cannot be reinstated if the person becomes in need of further mental health services. The person can only receive further S117 services if they are readmitted to hospital under a qualifying Section.

Where both the UHB and LA are satisfied upon re-assessment of the persons current needs that aftercare is no longer necessary, and can be appropriately discharged, there is scope thereafter for the UHB and/or LA to look to other community care provisions which are more relevant. This is provided the authorities are satisfied that such other services are available to the person; that they are appropriate having regard to the Social Services and Well-being (Wales) Act 2014 and Parts 3 and 4 of the Code of Practice.

In the event that a decision cannot be reached by the MDT then the recommendation shall be made by both the LA Lead and an appropriate lead clinician from mental health services. In cases where a decision cannot be reached then S117 should continue.

Charging for aftercare services

Aftercare services provided under S117 must be provided free of charge. The regular sharing of the register and notification processes should reduce the likelihood of charges being made against S117 aftercare provision.

It is important to recognise that an individual may have care and/or health needs that fall outside the scope of S117. For example, this may relate to physical disability or illness that has no direct bearing on the person's mental health. It can therefore be the case that an individual may be S117 eligible, as well as having additional care and support needs (that generally fall outside S117) that will be met under the Social Services and Wellbeing (Wales) Act 2014 (SSWBA), or NHS continuing health care subject to eligibility criteria being met.

The provision of aftercare services under S117 should not be confused with providing essentials such as food, clothing and heating. These remain the responsibility of the individual except in the very special cases where accommodation heating is provided as part of a residential placement and are an inseparable part of the aftercare plan.

If the aftercare to be provided includes housing-related support that would normally be funded by Housing Support grants, this will be paid by the LA.

Accommodation under S117

A person's CTP may involve the provision of accommodation where this meets the primary purpose of S117 i.e. this usually means provision of supported accommodation. Where accommodation is provided as aftercare it must not be charged for and therefore this must be made clear in the CTP/annual review. Accommodation under S117 must not be indirectly charged for by way of welfare benefits.

Where the cost of the preferred accommodation is more than the expected cost, the person or a third party must agree to pay (top up) the additional cost.

Direct payments

Direct payments involve the LA making regular financial payments to the person (or their representative) so that they can choose how to use the money to meet the needs that the LA has agreed to meet. Anyone who requests a Direct Payment must be provided with a Direct Payment so long as they have the capacity to request it; and where there is a nominated person agrees to receive the payment and is capable of managing it, and it is believed that it will meet the person's personal outcomes.

Where a LA is under a duty to provide aftercare services for a person under S117 and the person is eligible to receive such payments under Section 50, 51 and 52 of the SSWBA, then it may make direct payments to discharge its duty.

The LAs duty to offer direct payments to anyone receiving services under S117 is subject to the exception of persons detailed in the schedule to Regulation 14(1) The Care and Support (Direct Payments) (Wales) Regulations 2015, where the LA may provide direct payments subject to certain conditions.

Continuing NHS Healthcare and its relationship with S117

Responsibility for the provision of Section 117 is shared between LAs and LHBs, although this does not necessarily mean there should be a 50/50 split in all cases. Where a patient is eligible for services under Section 117 these should be provided under Section 117 and not under CHC.

It is not appropriate to assess eligibility for CHC if all the services in question are to be provided as after-care under Section 117. However, an individual in receipt of after-care services under Section 117 may also have additional needs which are not related to their mental disorder. For example, an individual may be receiving services under Section 117 and develop separate physical needs, for example following a stroke, which may then mean they are eligible for CHC or Funded Nursing Care. In such cases, the general approach set out in this Framework of considering the totality of need in assessing eligibility for CHC still applies. The individual may as a result, have the services required to meet their total care needs funded by the NHS, but this does not necessarily remove the shared duty under Section 117. The Section 117 shared duty remains unless a joint assessment and agreement by both the LA and the LHB determines that those arrangements are no longer needed.

Where an individual in receipt of Section 117 services develops physical care needs resulting in a rapidly deteriorating condition which may be entering a terminal phase (or a catastrophic health event which clearly requires CHC), consideration should be given to the Fast Track process.

Transfer to and from other areas

Responsibility for providing S117 services may be formally transferred if the authorities agree. Formal transfer should be recorded through exchange of correspondence stating that agreement has been reached between the respective authorities for formally transferring responsibility, the date and time the transfer is effective and a statement that the person would be informed by the accepting team. The contact names from UHB and LA where patient is coming from must be recorded within the person's records and details forwarded to the S117 administrator.

If a person moves out of the area, their entitlement to S117 continues. It is the responsibility of the Care Coordinator to ensure that appropriate transfer arrangements are made, and that the receiving authority is aware of the service user's entitlement to care and services under S117. There is an obligation on the Care Coordinator/health LA to review the service provision annually. (Guidance contained in HSC2000/03: LAC (2000)3 reminds authorities that a person who was resident in that area because of detention under the Act).

If a person is placed in a residential resource outside the area which is responsible for providing aftercare, that responsibility continues, although arrangements for some aspects of the CTP to be provided in the new area (for example, psychiatric follow-up) may be negotiated, particularly if the placement is a significant distance from the responsible authority. That person should register with a GP in their new area of residence.

Resolving disagreements

Where two or more LA's are in dispute over a person's ordinary residence in respect of their responsibilities under S117 then s195 SSWBA 2014 and the Care and Support (Disputes about Ordinary Residence etc) (Wales) Regulations 2015 provide that the question (if not resolved beforehand having taken legal advice at the earliest opportunity) is to be determined by the Welsh Ministers. The SSWBA 2014 Part 11 Code of Practice provides that: -

- That it is 'critical that the person does not go without the care they need' during the dispute process;
- That one of the authorities involved in the dispute must provisionally accept responsibility for the person at the centre of the dispute and be providing services.
- Where LA's cannot agree which authority should accept provisional responsibility for the provision of services, the LA in which the person is living or is physically present must accept responsibility until the dispute is resolved.

Disputes over a person's ordinary residence between a LA in Wales and a LA in England will be determined according to arrangements between the Welsh Ministers and the Secretary of State for Health.

Responsibilities

Chief Executive

The Chief Executive has overarching responsibility for ensuring that the UHB is compliant with the law in relation to the MHA.

Executive Lead for UHB

The Executive Director of Operations for the UHB has overarching responsibility for ensuring compliance with the contents of this Procedure.

Community Team Managers/Service Managers Health in collaboration with Care Coordinators are responsible for:

- Ensuring that this procedure is brought to the attention of all their staff, and that they understand and adhere to the guidance contained therein.
- Ensure that all staff involved in the care and treatment of people who meet the criteria for S117 aftercare are competent to carry out these functions.
- Monitoring the S117 aftercare arrangements for service through caseload/ management/S117 Register/CTP.
- They must ensure that all aspects of this procedure are adhered to including training and appraisal and should report any problems or concerns to the appropriate mental health service manager.

Monitoring of Section 117 aftercare arrangements

Care co-ordinators are responsible for the ongoing reviews of those subject to S117 and those patients who are in commissioned placements are reviewed by the MH Commissioning Team on a regular basis.

References

- Mental Health Act 1983 – www.legislation.gov.uk/ukpa/1983/20/contents (opens in new tab)
- Code of Practice to the Mental Health Act 1983, 2016 [Mental Health Act 1983: Code of practice](#)
- Mental Health Wales Measure (2010) [Mental Health \(Wales\) Measure 2010](#)
- Mental Capacity Act, 2005 [Mental Capacity Act 2005](#)
- Social Services and Wellbeing (Wales Act), 2014 [Social Services and Well-being \(Wales\) Act 2014](#)
- Mental Health Review Tribunal for Wales – www.justice.gov.uk/tribunals/mental-health
- Human Rights Act 1998 – www.legislation.gov.uk/ukpga/1998/42/contents (opens in new tab)
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment)(Wales) Regulations 2008 [MH Regulations 2008](#)
- NHS (Wales) Act 2006 [National Health Service \(Wales\) Act 2006](#)
- The Partnership Arrangements (Wales) Regulations 2015 [The Partnership Arrangements \(Wales\) Regulations 2015](#)
- The Health Service Circular 2000/003 and LSSA Circular 2000(3)
- NAFWC 09/2002 <http://wales.gov.uk/pubs/circulars/2002/english/NAFWC09-02Guidance-e.pdf?lang=en>. (opens in new tab)
- Continuing NHS Healthcare. The National Framework for Implementation in Wales (Apr 22) [Continuing NHS Health Care](#)
- NICE Guideline NG197 - Shared Decision Making (17 June 2021) [Shared Decision Making NICE](#)
- <https://supremecourt.uk/cases/uksc-2022-0022>
- [R \(CXF\) v Central Bedfordshire Council \(2017\) EWHC 2311 \(Admin\)](#)
- [Shah v London Borough of Barnet \[1983\] 1 All ER 226](#)

Appendix 1 – Discharge Proforma



Discharge from Section 117 Aftercare

Persons Name		Patient Identifier	
Home Address		Date of Birth	

The following people have been consulted regarding the ongoing need for the above named to receive aftercare under Section 117 of the Mental Health Act 1983.

Following consultation, it has been determined that with effect from _____ (date), this person shall cease to be subject to section 117 aftercare because:

Signed: _____ *Representative of Hywel Dda UHB*

Print name: _____ Designation: _____ Date: _____

Signed: _____ *Representative of: Carms LA / Cered LA / Pembs LA*

Print name: _____ Designation: _____ Date: _____

Signed: _____ Service User Date: _____

This decision has been reviewed and accepted by the following:

Signed: _____ *Team Manager – Hywel Dda UHB Representative*

Print name: _____ Designation: _____ Date: _____

Signed: _____ *Team Manager - Representative of: Carms LA / Cered LA / Pembs LA*

Print name: _____ Designation: _____ Date: _____

On completion, please forward a copy to: Sec 117 Administrator by Email -: S117MHA-HDD@wales.nhs.uk

4

4 - For Information

4.1

2 Mins

4.1 - Schedule of Meetings 2025-2026


*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member), Patel
T.M.C.*

| For information

Attachments

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

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

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

4.2

2 Mins

4.2 - Annual Work Plan 2025-2026

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member), Patel
T.M.C.*

| For information

Attachments

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

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

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

Agenda Item /Issue	Lead	Responsible Officer	June 2025	Sept 2025	Dec 2025	March 2026
GOVERNANCE						
Apologies*	Chair	All	✓	✓	✓	✓
Declaration of Interests*	Chair	All	✓	✓	✓	✓
Minutes of previous meeting *	Chair	Committee Secretary	✓	✓	✓	✓
Table of Actions *	Chair	Committee Secretary	✓	✓	✓	✓
Review of ToR's/Membership	Lead Director	Lead Officer	✓			
Review of ToR's/ Membership of MHLSG	Lead Director	Deputy Lead Officer			✓	
Review of ToR's/ Membership of Power Discharge Sub-committee	Lead Director	MHA Administration Lead	✓			
Annual Work Plan*	Lead Director	Lead Officer			✓	
MHLC Annual Report detailing work undertaken throughout year	Lead Director	Lead Officer	✓ (final)			
Committee Self-Assessment	Lead Director	Lead Officer	✓			
MHLC Self-Assessment Action Plan	Lead Director	Lead Officer				✓

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

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

Information to Patients right procedure	MH Legislation Lead	MHA Admin Lead	Expiry date: 2 nd December 2027			
Section 135 warrant to search for and remove patients interagency procedure	MH Legislation Lead	MHA Admin Lead	Expiry date: 2 nd December 2027			
Section 136 – Mentally disordered persons found in public places inter agency policy	MH Legislation Lead	MHA Admin Lead	Expiry date: 24 th March 2025			

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

4.3

2 Mins

4.3 - Schedule of Meetings 2026-2027


*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member), Patel
T.M.C.*

| For information

Attachments

[015. Schedule of Meetings for Board, Committee and Advisory Groups 2026-27 ~.pdf](#)

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

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

5

5 Mins

5 - Any Other Business

All

No updates for the meeting.

| For discussion

6

10 Mins

6 - Matters for Escalation to Board

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member), Patel
T.M.C.*

| For assurance

7

2 Mins

7 - Date and Time of Next Meeting

*Chantal Patel (Hywel
Dda UHB -
Independent Board
Member), Patel
T.M.C.*

Monday 1st December at 10:30am via MS Teams and Ystwyth Board Room

| For information