

HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE / IS-BAENLYSIEUO CYFARWYDDWYR YN YRYWYD MEDDYGAETHOL MEWNOL

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 15 April 2026

Quoracy/ Cworwm: Quorate

Report by/ Adroddiad gan: Iwan Thomas, Chair

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

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

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

- The Hospital Managers Power of Discharge Sub-Committee had no items of which to alert the Mental Health Legislation Committee.

Advise² (to monitor)/ **Cynghori** (i fonitro)

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

- Surface Pro Devices are provided to the lay hospital managers for receiving confidential information for patient reviews and to enable hearings to take place remotely. There is a requirement to update all devices a minimum of monthly which must take place at a hospital site. Payment is currently made to cover travel expenses but no arrangements are in place for covering the time spent which can amount to several hours. Furthermore, the devices were first distributed in 2020 with no clear plan for upgrading the device at such time they are no longer fit for purpose. The matter has been escalated internally to obtain clarity on what expenses may be claimed for attendance at sites for the purpose of updating devices and future planning around the upgrades of devices.
- Members discussed the issue of Hospital Managers hearings not being fully clerked due to Mental Health Act Administration team capacity constraints, noting risks in relation to hearing coordination and communication. It was acknowledged that contact could be made remotely via MS Teams and the situation would be further monitored.
- Members raised concerns about the Mental Health Tribunal (MHRT) decision to withdraw face-to-face MHRT hearings at the MHRT office. It was confirmed that this arrangement, initially a three-month trial, has been extended for a

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

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

further six months. Independent Mental Health Advocacy (IMHA) services confirmed that following discussion at the All-Wales Peer Group, a joint letter is being submitted to the President of the MHRT to raise concerns, noting the lack of consultation with IMHA services.

- Data provided showed the number of Hospital Managers' Hearings and MHRT applications have reduced significantly compared with pre-COVID years. It was suggested that this was likely attributed to shorter inpatient admissions. A suggestion for additional information was requested particularly around the impact of hospital managers hearings and the members' roles. Although this data is not currently captured, options to provide narrative information and compare practice with other Welsh Health Boards will be explored.

Assure³ (to note)/ Sicrhau (i nodi)

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

- Although the removal of item 3.1.5 (Highlight any impact of service changes) from the Work Plan was agreed in April 2025, this was not reflected in the Terms of Reference at that time. The Terms of Reference have now been updated accordingly.

Review of Risks/ Adolygiad o Risgiau

- Not Applicable

Sharing of learning/ Rhannu dysgu

- Not Applicable

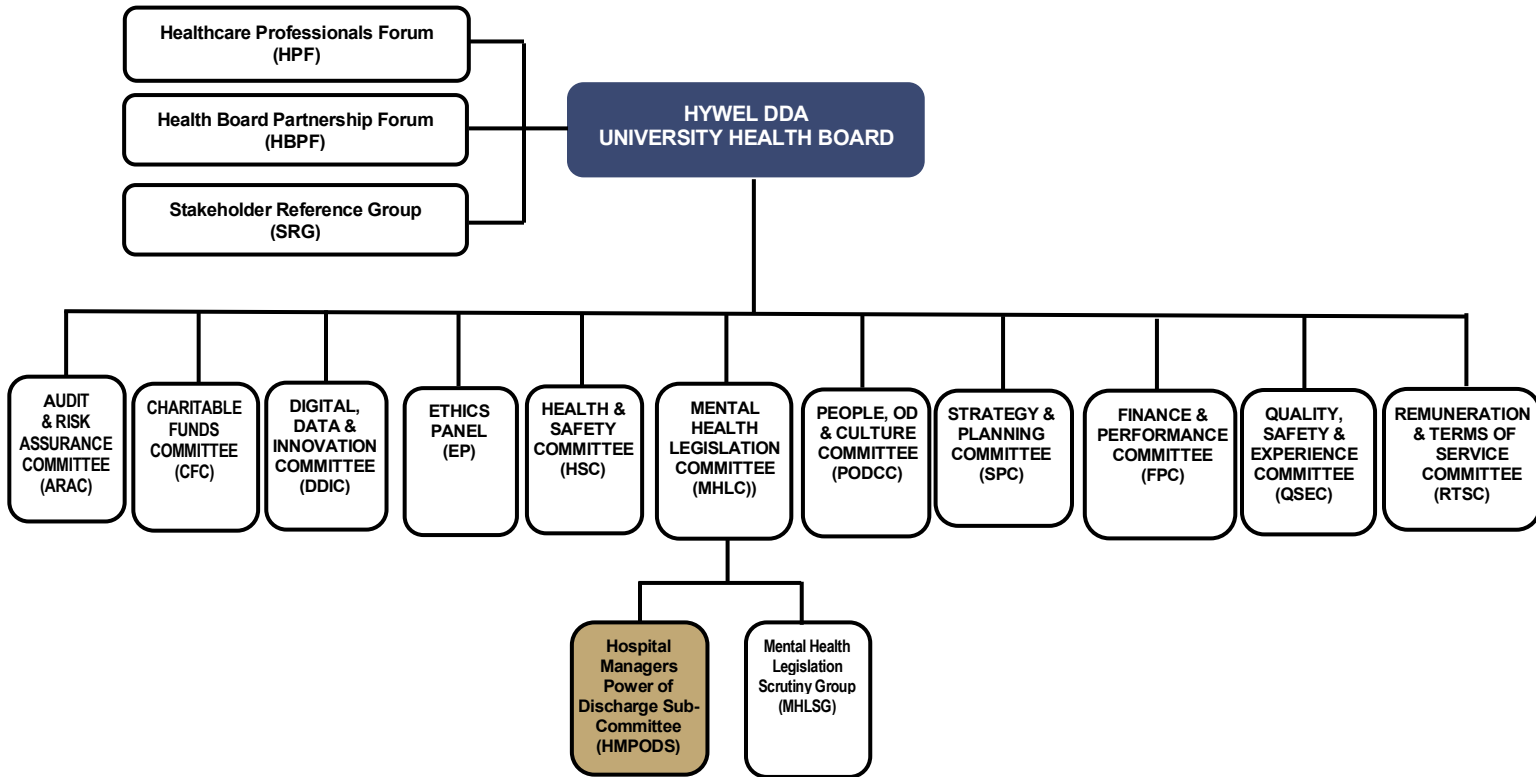
Recommendation/ Argymhelliad

The Mental Health Legislation Committee is asked to:

- **Approve** the Terms of Reference (Appendix 1)
- **Note** the items the Sub Committee is advising them of
- **Take assurance** from the items that the Sub Committee is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 5 August 2026

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



TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V2	Mental Health Act Power of Discharge Committee Board	08.03.2012 29.03.2012	
V3	Mental Health Act Power of Discharge Committee Mental Health Legislation Monitoring Committee	13.09.2014 27.09.2014	
V4	Mental Health Legislation Monitoring Committee	04.12.2014	
V5	Hospital Managers Power of Discharge Sub-Committee Mental Health Legislation Assurance Committee	13.08.2015 10.09.2015	
V6	Hospital Managers Power of Discharge Sub-Committee	11.04.2016	
V7	Hospital Managers Power of Discharge Sub-Committee	12.04.2017	Reviewed May 18
V8	Hospital Managers Power of Discharge Sub-Committee	09.04.2018	Approved via Chair's Action
V8	Mental Health Legislation Monitoring Committee	17.09.2019	Approved MHLAC
V8	Hospital Managers Power of Discharge Sub-	07.04.2020	Reviewed

	Committee		April 20
V9	Hospital Managers Power of Discharge Sub – Committee	06.04.21	Reviewed
V9	Mental Health Legislation Committee	03.06.21	Approved
V10	Hospital Managers Power of Discharge Sub– Committee	05.04.22	Reviewed
V10	Mental Health Legislation Committee	16.06.22	Approved
V11	Hospital Managers Power of Discharge Sub– Committee	04.04.23	Reviewed
V12	Mental Health Legislation Committee	15.06.23	Approved
V13	Hospital Managers Power of Discharge Sub– Committee	09.04.24	reviewed via Chair’s Action
V13	Mental Health Legislation Committee	07.06.24	Approved
V14	Hospital Managers Power of Discharge Sub– Committee	02.04.25	Reviewed
V15	Mental Health Legislation Committee	05.06.25	Approved
V16	Hospital Managers Power of Discharge Sub– Committee	15.04.26	Approved
V16	Mental Health Legislation Committee	04.06.2026	For Approval

HOSPITAL MANAGERS POWER OF DISCHARGE SUB-COMMITTEE

1. Constitution

- 1.1 The Mental Health Legislation Assurance Committee (now re-named Mental Health Legislation Committee), established as a Committee of Hywel Dda University Local Health Board on 27 September 2012, has established a Hospital Managers Power of Discharge Sub-Committee to carry out specific aspects of the Mental Health Legislation Committee’s business on its behalf.

2. Principal Duties

- 2.1 The purpose of the Hospital Managers Power of Discharge Sub-Committee is to review and monitor how the operation of the delegated functions under Section 23 of the Mental Health Act 1983 (the 1983 Act) and the Code of Practice are being exercised; and to provide assurance to the Mental Health Legislation Committee (and ultimately to the Board) that the processes employed by the Sub-Committee, tasked with considering whether the power of discharge should be used, are fair, reasonable and exercised lawfully.

- 2.2 A panel of three or more Members drawn from the Hospital Managers Power of Discharge Sub-Committee will hear individual cases where patients or their nearest relative have applied for discharge. The Members also sit on Renewal Hearings – they are collectively known as Hospital Managers Reviews.
- 2.3 Issues of quality and safety will be reported through the Health Board’s appropriate governance arrangements.

3. Operational Responsibilities

- 3.1 The Sub-Committee will, in respect of its provision of assurance to the Mental Health Legislation Committee:
 - 3.1.1. Review and monitor how the operation of the delegated functions under Section 23 of the 1983 Act and the Code of Practice are being exercised;
 - 3.1.2. Discuss the work of individual Panels;
 - 3.1.3. Discuss the training requirements of Review Panel Members and produce a Training Plan for approval by the Mental Health Legislation Committee;
 - 3.1.4. Discuss any impact of legislative changes on the role of Hospital Managers; and
 - 3.1.5. Provide any learning opportunities.

4. Membership

4.1 The membership of the Sub-Committee shall comprise:

Title
Independent Member (Chair)
All Independent Members
All Appointed Lay Members

4.2 Attendees of the Sub-Committee shall comprise:

Title
Mental Health Act Manager (Lead Officer)
Mental Health Legislation Manager
Mental Health Act Administrator
Independent Mental Health Advocate

4.3 An Independent Members who are not an employee of the University Health Board (UHB) shall undertake the role of Chair of the Sub-Committee.

- 4.4 The membership of the Sub-Committee will be reviewed on an annual basis. The Independent Members retain their membership of the Hospital Managers Power of Discharge Sub-Committee at the discretion of the Board for as long as they remain Independent Members of the Board.
- 4.5 The appointed lay membership must be reviewed three years and receive an appraisal. Appraisals will be used to also develop ongoing training needs of the members.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than eight and must include as a minimum two Independent Members and two Lay Members. In the absence of the Chair, another Independent Member will chair the meeting.
- 5.2 Additional members may be co-opted to contribute to specialised areas of discussion.
- 5.3 Any senior manager of the UHB or partner organisation may, where appropriate, be invited to attend.
- 5.4 Should any officer of the Mental Health Act Administration team be unavailable to attend, they may nominate a fully briefed deputy to attend in their place, subject to the agreement of the Chair.
- 5.5 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice-Chair, and the Lead Officer at least six weeks before the meeting date.
- 6.2 The agenda will be based around the Sub-Committee's Work Plan, identified risks, matters arising from previous meetings, issued emerging throughout the year, and requests from Sub-Committee Members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee Members.
- 6.3 All papers should have relevant sign off before being submitted to the Sub-Committee Secretary.

- 6.4 The agenda and papers for meetings will be distributed a minimum of **seven** calendar days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to the Members within **fourteen** calendar days to check the accuracy.
- 6.6 Members must forward amendments to the Sub-Committee Secretary within the next **seven** days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.
- 6.7 Every meeting shall include the following as a standing agenda item:-
- Discussion of Learning and Governance from panel hearings.
 - A training plan will form the agenda the needs of which are derived from the appraisals process.

7. Frequency of Meetings

- 7.1 The Sub-Committee will meet 3 times per year and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Sub-Committee at any time providing at least ten working days notice is given.
- 7.2 Meetings may take place in person or virtually, physical meetings will take place at dates agreed by the Committee, with the option of joining virtually
- 7.3 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary shall determine the time and the place of meetings and procedures of such meetings.
- 7.4 The Sub-Committee will operate with a “Part 2” function to focus on training issues.

8. Accountability, Responsibility and Authority

- 8.1 The Hospital Managers Power of Discharge Sub-Committee is directly accountable to the Mental Health Legislation Committee, for its performance in exercising the functions set out in these terms of reference.
- 8.2 Due to the sensitivity of the patient information received, Sub-Committee Members will at all times be aware of the importance of confidentiality, and ensure that they comply with the University Health Board’s policies within this area of work.

- 8.3 The Sub-Committee shall embed the University Health Board's values, vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Sub-Committee.

9. Reporting

- 9.1 The Sub-Committee, through its Chair and Members, shall work closely with the Mental Health Legislation Committee's other Sub-Committees (where established), to provide advice and assurance through the:
 - 9.1.1 Joint planning and co-ordination of Board and Committee business; and
 - 9.1.2 Sharing of information
- 9.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 9.3 The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The Sub-Committee will receive written update reports following each meeting which details the business undertaken on its behalf.
- 9.4 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:
 - 9.4.1 Report formally, regularly and on a timely basis to the Mental Health Legislation Committee on the Sub-Committee's activities. This includes the submission of a Sub-Committee update report, as well as the presentation of an Annual Report within 6 weeks of the end of the financial year.
 - 9.4.2 Bring to the Mental Health Legislation Committee's specific attention any significant matter under consideration by the Sub-Committee.

10. Secretarial Support

- 10.1 The Sub-Committee Secretary shall be determined by the Sub-Committee Lead.

11. Review Date

- 11.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Mental Health Legislation Committee.