



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Date **04/06/2026**  
Time **10:30 - 12:00**  
Location **Microsoft Teams Meeting**

# Mental Health Legislation Committee

HDD\_Mental Health Legislation Committee

NHS Wales

# Agenda - 4 June 2026

---

## 1 Governance

---

### 1.1 Welcome and Apologies

5 min

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

---

### 1.2 Declaration of Interests

2 min

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

---

### 1.3 Minutes of the meeting held 3 March 2026

5 min

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

---

### 1.4 Table of Actions from the meeting held on 3 March 2026

5 min

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

---

### 1.5 Good Practice/ Patient Story- Verbal

10 min

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

---

### 1.6 Mental Health Legislation Committee Annual Review Report 2025/26

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

---

### 1.7 Review of Terms of Reference

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

---

### 1.8 Committee Self Assessment 2025/26

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

---

## **2 Assurance and Risk**

---

### **2.1 Mental Health Act Report**

15 min

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

---

### **2.2 Risk Register**

10 min

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

---

### **2.3 Mental Health Legislation Scrutiny Group Update**

10 min

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

---

### **2.4 Hospital Power of Discharge Sub Committee Update Report and Terms of Reference for approval**

10 min

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

---

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

10 min

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

---

## **3 Policies/ Procedures for Approval**

---

### **3.1 Section 54 Nurse Holding Policy**

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

---

### **3.2 Independent Mental Health Advocacy Policy**

---

## **4 For Information**

---

### **4.1 Annual Work Plan 2026/27**

2 min

---

## **5 Date and Time of Next Meeting**



# Table of contents

04/06/2026 10:30 - 12:00

---

1 - Governance	8
<hr/>	
1.1 - Welcome and Apologies	9
<hr/>	
1.2 - Declaration of Interests	10
<hr/>	
1.3 - Minutes of the meeting held 3 March 2026	11
<hr/>	
<b>Attachments</b>	
2026-03-03 - Mental Health Legislation Committee- Virtual Only - Minutes(1)	12
1.4 - Table of Actions from the meeting held on 3 March 2026	17
<hr/>	
<b>Attachments</b>	
MHLC Actions	18
1.5 - Good Practice/ Patient Story- Verbal	20
<hr/>	
1.6 - Mental Health Legislation Committee Annual Review Report 2025/26	21
<hr/>	
<b>Attachments</b>	
MHLC Committee Annual Review Report 2025-26	22
1.7 - Review of Terms of Reference	34
<hr/>	
<b>Attachments</b>	
MHLC ToRs SBAR June 26	35
MHLC Terms of Reference Amended Apr 26v.17	38

1.8 - Committee Self Assessment 2025/26	47
<hr/>	
<b>Attachments</b>	
Mental Health Legislation Committee Self Assessment Report May 2026	48
2 - Assurance and Risk	53
<hr/>	
2.1 - Mental Health Act Report	54
<hr/>	
<b>Attachments</b>	
MHLC report June 26	55
Appendix 1 MHA report QTR 4	59
2.2 - Risk Register	87
<hr/>	
<b>Attachments</b>	
MHLC Operational Risks - June 2026 v4	88
Appendix 1 MHLC Risk Register - Apr 26	96
2.3 - Mental Health Legislation Scrutiny Group Update	98
<hr/>	
<b>Attachments</b>	
Mental Health Act Scrutiny Group Report for MHLC 04 June 2026	99
2.4 - Hospital Power of Discharge Sub Committee Update Report and Terms of Reference for approval	104
<hr/>	
<b>Attachments</b>	
Hospital Power of Discharge Sub Committee Report 040626	105
Appendix 1 ToR draft April 26	107
2.5 - The Mental Health (Wales) Measure 2010 Performance Report	113
<hr/>	
<b>Attachments</b>	
Mental Health (Wales) Measure 2010 Performance Report Jan-Mar 26	114
3 - Policies/ Procedures for Approval	122

---

3.1 - Section 54 Nurse Holding Policy	123
---------------------------------------	-----

---

<b>Attachments</b>	
3.2 SBAR Sec 54 policy June 26	124
3.2 626 section 5-4Policy v3	127
3.2 EqIA Screening -626 - S 5(4) NURSES HOLDING POWER POLICY	138

---

3.2 - Independent Mental Health Advocacy Policy	143
---	-----

---

<b>Attachments</b>	
MHLC SBAR IMHA policy June 26	144
214 - IMHA policy v4	147
214 EqIA IMHA Apr 26	160

---

4 - For Information	165
---------------------	-----

---

4.1 - Annual Work Plan 2026/27	166
--------------------------------	-----

---

<b>Attachments</b>	
MHLC Work Plan 2026 27	167

---

5 - Date and Time of Next Meeting	171
-----------------------------------	-----

---

1 - Governance

1.1

5 Mins

---

1.1 - Welcome and Apologies

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

- Greetings
- Note meeting apologies

| For information

1.2

2 Mins

---

1.2 - Declaration of Interests

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

| For information

1.3

5 Mins

---

1.3 - Minutes of the meeting held 3 March 2026 *Chantal Patel (Hywel  
Dda UHB -  
Independent Board  
Member)*

| For approval

**Attachments**

[2026-03-03 - Mental Health Legislation Committee- Virtual Only - Minutes\(1\).pdf](#)

## Draft Minutes Mental Health Legislation Committee (MHLC)

Date of Meeting: **10:30, Tuesday 03 March 2026**

Venue: **Microsoft Teams Meeting**

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

In Attendance: Amanda Davies (Head of Service, Adult Mental Health)  
Angie Darlington (Director, West Wales Action for Mental Health (WWAMH))  
Kate Burton (Carmarthenshire County Council)  
Jane Hitchings (Pembrokeshire County Council)  
Lisa Bassett - Gravelle (Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service)  
Rebecca Temple-Purcell (Assistant Director of Nursing, Patient Safety, Quality and Experience)  
Sarah Roberts (Mental Health Legislation Manager)  
Warren Lloyd (Consultant Psychiatrist)  
Gareth Cottrell (Deputy Chief Operating Officer)  
Lydia Hayward (Service Manager Older Adult Community Mental Health)  
Katie Lewis (Committee Services Officer)

Minutes Ref.	Item	Action
	<b>Governance</b>	
MHLC (26) 01	<b>Welcome and Apologies</b> Apologies were received from:  Alastair Wakely, (Head of Specialist Child and Adolescent Mental Health Services (SCAMHS)) Andrew Carruthers, (Chief Operating Officer (Gareth Cottrell is deputising)) Chris Neve, (Dyfed Powys Police) Liz Carroll, (Director of Mental Health and Learning Disabilities) Neil Mason, (Head of Older Adult Mental Health (Lydia Hayward is deputising))	
MHLC (26) 02	<b>Declaration of Interests</b> No declarations of interest were made by the Committee  <b>Minutes of the meeting held 1 December 2025</b> Mrs Chantal Patel inquired if there were any corrections to the minutes from the meeting held on 1 December 2025. Ms Ann Murphy confirmed that the minutes were accurate, and the	

members agreed, approving the minutes as an accurate record of the previous meeting.

**Decision:** The minutes of the previous meeting held on 1 December were approved as an accurate record.

MHLC (26) 03 **Table of Actions from the meeting held on 1 December 2025**

Mrs Patel reviewed the table of actions from the previous meeting, noting that both actions were completed.

MHLC (26) 04 **Good Practice/ Patient Story**

Providing apologies that there was no patient story to share during this meeting, Mrs Rebecca Temple Purcell suggested revisiting the approach to patient stories, emphasising their importance. Mrs Temple-Purcell proposed two options: reviewing a patient's journey using a structured framework as a multi-disciplinary group and sharing insights with the Committee or gathering specific feedback on experiences related to Mental Health Legislation for future meetings.

Members discussed the sensitive nature of mental health stories and the importance of confidentiality. Ms Murphy, Ms Eleanor Marks, Mr Iwan Thomas, Ms Angie Darlington, Ms Kate Burton provided their perspectives, agreeing on the need for anonymised stories and structured feedback. Ms Darlington commented that there is a strong willingness among individuals to share their experiences and highlighted the importance of demonstrating improvements in practice and ensuring learning is captured from events. Mrs Temple- Purcell proposed taking the discussion forward through the Mental Health Legislation Scrutiny Group for a detailed practical approach and an update to be provided at the next meeting on 4 June 2026.

RTP

The Committee supported this proposal on developing a detailed plan on how to incorporate patient experience and feedback into the MHLC forward work plan.

**Decision:** The Committee NOTED the verbal update relating to including patient stories in future MHLC meetings.

MHLC (26) 05 **Mental Health Act Report**

Ms Sarah Roberts presented the Mental Health Act update report and highlighted that Performance Report for Quarter 3 had been omitted from the papers and would be circulated following the meeting. She highlighted minor changes to regulations affecting Part 3 of the Act (Patients Under Deprivation of Liberty Conditions) which did not impact upon current patients. Ms Roberts also discussed a Bill in the Senedd regarding doctors on tribunal panels without a current licence to practice, expecting it to be passed soon. Ms Roberts reported that a desktop review of Section 117 arrangements across Wales, with the outcome report

KL

expected in due course and Ms Roberts confirmed that sessions would be held to ensure awareness of any changes among Mental Health managers.

**Decision:** The Committee NOTED the content of the Mental Health Act Report.

MHLC (26) 06

### **Operational Risk Register**

Mrs Temple-Purcell presented the Operational Risk Register, providing updates on the two risks aligned to MHLC. Risk 1857, related to delayed admissions under the Mental Health Act due to patient flow and capacity challenges, had been closed following management actions that resolved the situation. However, this risk may re-emerge depending on patient flow fluctuations.

Risk 1781, concerns the inability to provide a community-based place of safety for individuals detained under Section 136 in Ceredigion County, following the temporary closure of the Gorwelion community place of safety. This risk is expected to be resolved by the end of the calendar year with the new approach to section 136 provision however progress on relocating the facility to Cwm Seren, St David's Park in Carmarthen has been hindered by planning issues associated with a neighbouring housing development. Members emphasised the urgency of resolving this matter, and the Executive Team is taking steps to address this as a priority. Mr Gareth Cottrell agreed to liaise with Mrs Temple-Purcell outside the meeting to progress this at pace.

GC

The Committee agreed to advise the Board to monitor the developments and ensure the issue remains a priority amidst other pressing matters.

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

MHLC (26) 07

### **Mental Health Legislation Scrutiny Group Update**

Ms Roberts provided an update from the Mental Health Scrutiny Group meeting held on 12 February 2026. Key points included the review of Section 136 community treatment orders (CTOs), Section 15 rectifiable errors, Section 4 admissions, and the use of Accident and Emergency Department for patients with mental health needs. The Independent Mental Health Advocacy Services (IMHA) lead and local authorities provided reports.

There was an unusual increase in CTOs for the quarter which was considered an anomaly. Five CTO's were discharged and three lasted less than 6 months. In these cases, the Responsible

Clinician had the option to maintain Section 117 aftercare arrangements for a longer period. All patients were offered advocacy services.

**Decision:** The Committee RECEIVED the Mental Health Scrutiny Group update

MHLC (26) 08

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

Mrs Roberts presented the Hospital Power of Discharge Sub Committee update report which was Chaired by Mr Iwan Thomas. Discussion took place regarding Section 23 reviews and feedback during the meeting on the value of clerking hospital managers' hearings. The recent recruitment drive for panel members has been successful, with new members starting as observers. Training sessions were planned throughout the year based on managers' needs.

Mr Iwan Thomas echoed the positive outcomes of the recruitment process, highlighting the inclusion of Welsh speakers to support patients preferring to converse in Welsh.

**Decision:** The Committee NOTED the Hospital Power of Discharge Sub Committee update report.

MHLC (26) 09

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

Ms Amanda Davies provided a report on the Mental Health Act compliance for the quarter. She highlighted feedback from advocates and service users concerning tribunals only taking place through Microsoft Teams unless exceptional circumstances, which has been escalated through the All-Wales Peer Group.

Ms Davies assured the Committee that all teams were compliant for the quarter and included information on the 72-hour follow-up offered to patients, noting that some patients decline this follow-up or are transferred into general beds.

Ms Marks commended the report, noting improved compliance rates and questioned whether services were more stretched or whether there was a fall in demand. Ms Davies clarified that demand had not decreased, however processes had been strengthened, with staffing challenges impacting compliance in certain areas. Ms Temple-Purcell added that positive recruitment in Ceredigion had reduced vacancies, despite ongoing challenges in medical positions. Ms Marks expressed thanked to Ms Davies and the teams for maintaining progress despite gaps. Ms Davies agreed to relay the appreciation to all teams involved, including inpatient teams, older adults, and Child and Adolescent Mental Health Services.

**Decision:** The Committee NOTED the Mental Health (Wales) Measure 2010 Performance Report report.

MHLC (26) 10

### **Policy 395: Section 136 Procedure**

Ms Roberts requested a six-month extension to the review of the Section 136 procedure, explaining that while the procedure remains fit for purpose additional time is required due to ongoing work with the Section 136 review and the implementation of Right Care, Right Person partnership framework. Ms Roberts noted that the named places of safety within the document are outdated, as the current places of safety have changed.

Ms Temple-Purcell supported the extension, stating it would be more efficient to review the procedure once the Section 136 work is concluded. Ms Darlington raised a concern about the Policy listing places of safety that are no longer in use, suggesting a note or amendment to reflect current practices which the Committee agreed. **SR**

The Committee agreed to extend the review for another six months, recognising the need for an updated policy once the Section 136 work is finalised.

**Decision:** The Committee APPROVED a six-month extension of the 395 S136 Joint Procedure.

MHLC (26) 11 **Annual Work Plan 2026/27**

MHLC (26) 12 **Date and Time of Next Meeting**

The next meeting is scheduled for the 4 June 2026 at 10:30am.

1.4

5 Mins

---

1.4 - Table of Actions from the meeting held on 3 March 2026 *Chantal Patel (Hywel Dda UHB - Independent Board Member)*

**Attachments**

[MHLC Actions.pdf](#)



**MENTAL HEALTH LEGISLATION COMMITTEE (MHLC)/ PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL  
03/03/2026**

**TABLE OF ACTIONS/TABL GWEITHREDOEDD**

Key: GC-Gareth Cottrell; KI-Kay Isaacs; MHo-Manon Horscroft; RTP-Rebecca Temple Purcell; SR-Sarah Roberts

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
01/12/2025	MHLC (25) 42	Mental Health Legislation Scrutiny Group • The group reviewed local authority reports and noted an increase in the use of Section 136, with individuals being taken to Bronglais Emergency Department. An action was agreed to investigate whether there was a clinical need for these ED attendances.	KI	31/03/2026	Complete A report was shared with Scrutiny Group providing a break down of reasons for admissions.
03/03/2026	MHLC (26) 04	Patient Story • Take a discussion to Mental Health Scrutiny Group on practical approach for patient stories for the Committee and feedback during June meeting.	RTP	04/06/2026	Complete A verbal update will be provided under item 1.5
03/03/2026	MHLC (26) 06	Operational Risk Register • To raise issues with housing development causing delays in relocating S136 Place of Safety with Executive Team to resolve issues as a matter of urgency.	GC	04/06/2026	Complete Discussions are ongoing with Local Authority and contractor. The update paper to Board that was due on March 26 deferred on this basis
03/03/2026	MHLC (26) 10	Policy 395 Section 136 procedure • To amend the list of places of safety on the existing Policy 395 to reflect current arrangements	SR	04/06/2026	Complete

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
02/09/2025	MHLC 25 (18)	<p>The meeting was not quorate and there were certain actions needing to be completed following the meeting to enable document approval.</p> <ul style="list-style-type: none"> <li>• All documents scheduled for approval during the Committee meeting will be progressed as Chair's actions and will be circulated to Ms Eleanor Marks for official approval following the meeting.</li> </ul>	MHo	30/09/2025	<p>Complete</p> <p>The following documents were shared with Ms Eleanor Marks following the meeting for approval. Minutes of the 5/6/25 meeting, extension request for Section 136 policy, Section 117 Policy Review. Approved on 16/9/25</p>

1.5

10 Mins

---

1.5 - Good Practice/ Patient Story- Verbal

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

## 1.6

---

### 1.6 - Mental Health Legislation Committee Annual Review Report 2025/26

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

| For approval

#### **Attachments**

MHLC Committee Annual Review Report 2025-26.pdf

# MENTAL HEALTH LEGISLATION COMMITTEE

ANNUAL REVIEW REPORT

2025/2026

## 1. Introduction and Chair's Summary

In line with Standing Orders the Mental Health Legislation Committee (MHLC) must submit an Annual Report to the Board through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, specifying how the Committee has met its Terms of Reference (TORs) during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework.

### Chair's Reflections

Over the course of 2025/26, the Committee has continued to provide scrutiny, assurance and oversight in relation to the Health Board's statutory responsibilities under the Mental Health Act and Mental Health (Wales) Measure 2010 within an increasingly pressured operational environment.

The Committee has received assurance on work undertaken to strengthen communication processes between Mental Health Services and Primary Care following Section 136 interventions. Whilst improvements have been introduced, members recognised the importance of continued monitoring to ensure consistency of implementation and to support safe, timely and effective information sharing across organisational boundaries.

The relocation of the Section 136 facility represented an important development in improving privacy, dignity and safety for children and young people requiring assessment. Members noted the slow progress made whilst acknowledging that wider work relating to Place of Safety provision across the Health Board footprint remains ongoing and continues to require careful system-wide consideration, particularly within the context of rurality, operational pressures and patient experience.

Throughout the year, the Committee maintained a strong focus on service fragility and the impact this may have on statutory compliance, timeliness and quality of care. Recruitment and retention challenges across key professional groups, including medical staff, approved mental health professionals, nurses and social workers, continue to present material risks to service resilience in some localities. The Committee sought assurance regarding mitigation plans and escalation processes, whilst recognising that these challenges are not unique to Hywel Dda and reflect broader system-wide pressures across Wales. Nevertheless, the Committee remains mindful that system pressures can create risks not only to

operational delivery but also to equity of access, patient experience and compliance with legislative duties.

The implementation of Right Care, Right Person has represented a significant cultural and operational shift across partner agencies. The Committee has received regular updates regarding implementation and partnership working arrangements with Dyfed-Powys Police and wider stakeholders. Members recognised both the opportunities and complexities associated with the model and agreed that continued scrutiny will be required as the longer-term operational and patient impacts become clearer.

The Committee also reflected on the importance of maintaining visibility of the patient voice within mental health legislation governance arrangements. Discussions during the year highlighted the value of capturing patient stories and lived experiences to complement performance and compliance reporting, particularly given the unique and often vulnerable circumstances surrounding detention, assessment and crisis care pathways but noted the sensitive nature of sharing these stories.

Whilst the Committee did not escalate any formal alerts to Board during the reporting period, several areas required ongoing monitoring and scrutiny, particularly in relation to Section 136 operational pressures, Place of Safety arrangements, data compliance under the Mental Health (Wales) Measure, and workforce sustainability within local authority social work provision.

The Committee would wish to acknowledge the continued commitment of staff and partner organisations working within Mental Health and Learning Disability Services during a period of operational pressure and organisational change. The Committee remains committed to providing constructive challenge and assurance to support safe, lawful and person-centred care across the Health Board.

## **2. Terms of Reference and Workplan**

The TOR for the MHLC is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 5 June 2025 and approved by Board on 31 July 2025.

[Link to Terms of Reference](#)

The MHLC has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The MHLC workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[Link to workplan](#)

### 3. Sub-Committee

The Power of Discharge Sub-Committee, reports into the MHLC with its own terms of reference and workplan for the year.

The Sub-Committee's TOR were last reviewed and approved by the Committee on 5 June 2025.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which is scheduled to be presented to the Committee on 4 June 2026 reporting on activity throughout the year.

### 4. Table of attendance

Membership		Date 05/06/2025	Date 02/09/2025	Date 01/12/2025	Date 03/03/2026
Chantal Patel	Independent Member	x	✓	✓	✓
Iwan Thomas	Independent Member	✓	x	✓	✓
Ann Murphy	Independent Member	✓	✓	✓	✓
Eleanor Marks	Independent Member	✓	x	x	✓
<b>In Attendance</b>		<b>05/06/2025</b>	<b>02/09/2025</b>	<b>01/12/2025</b>	<b>03/03/2026</b>
Andrew Carruthers	Chief Operating Officer	x	✓	x	✓
Liz Carroll	Director of Mental Health & Learning Disabilities	✓	x	✓	x
Dr Warren Lloyd	Associate Medical Director for Mental Health Services	✓	x	✓	✓
Rebecca Temple-Purcell	Assistant Director of Nursing, Patient Safety, Quality and Experience (MHLD Clinical Care Group)	x	✓	✓	✓
Kay Isaacs	Assistant Director of Nursing, Mental Health & Disabilities/ Chair of Mental Health Legislation Scrutiny Group	✓	✓	✓	x
Neil Mason	Head of Older Adult Mental Health Services	✓	x	✓	✓
Lisa Bassett-Gravelle	Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service	x	x	✓	✓
Alastair Wakely	Head of SCAMHS and Psychological Therapies	x	x	x	x

Sarah Roberts	Mental Health Legislation Manager	x	x	✓	✓
Ruth Bourke	Mental Health Act Administration Lead	✓	✓	✓	x
Supt Chris Neve	Nominated representative from Dyfed/Powys Police	x	x	x	x
	Nominated representative from Welsh Ambulance Services NHS Trust	✓	✓	✓	✓
	Nominated representative from Carmarthenshire County Council	✓	x	x	x
	Nominated representative from Ceredigion County Council	✓	✓	✓	✓
	Nominated representative from Pembrokeshire County Council	x	x	✓	✓
	Nominated representative from West Wales Action for Mental Health (WWAMH)	✓	x	✓	✓
	2 x Nominated Service Users: patient representative and carer representative	x	x	x	x
	Nominated representative from Primary Care: GP Lead	x	x	x	x
	Nominated representative from Llais (not counted for quoracy purposes)	x	x	x	x
	Nominated representative from Advocacy Network	x	x	x	x
	Nominated representative from A&E Department or General Hospital representative	x	x	x	x
Quorate	Yes /No	Yes	No	No	Yes

A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and the Independent Member with oversight of Mental Health, together with a third of the In Attendance Members.

To mitigate the risk of meetings being inquorate, member availability will be confirmed when meeting dates are set and calendar invitations will be issued well in advance, with named deputies identified where permitted by the Terms of Reference. A quoracy check will be completed prior to each meeting, with early escalation to the Chair/Vice Chair to agree targeted actions (e.g., arranging

attendance of required members, enabling hybrid attendance, or rescheduling where appropriate) to improve meeting quoracy given 2 of the 4 meetings held in 2025/26 were not quorate.

## **5. Committee Activities – alert, advise and assure.**

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

**Alert** – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve and were alerting the Board as engagement action or intervention was required.*

The MHLC had no items of which to **alert** the Board during the year.

**Advise** – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

In February 2026, the Committee was advised that progress in relocating the Section 136 Place of Safety facility to Cwm Seren Inpatient Ward, Carmarthen, had been delayed due to external planning issues. Although assurance was received on the actions in place, Members highlighted the need for close monitoring, with the Executive Team addressing the matter as a priority.

**Assure** – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

**Mental Health Legislation Committee Annual Report 2024–2025** - In June 2025, the Mental Health Legislation Committee received and approved the Mental Health Legislation Committee Annual Report 2024–2025. The Committee took positive assurance from the report, noting that no matters required escalation to the Public Board, breaches under the Mental Health (Wales) Measure 2010 had been resolved, and issues relating to hospital managers' pay had been rectified.

The Committee acknowledged the inherent challenges associated with capturing patient experience within mental health legislation services and recognised the need to further strengthen qualitative feedback. Members agreed that further work would be undertaken to explore more effective approaches to capturing patient stories and to ensure that learning is derived to inform service improvement.

**Annual Report of the Power of Discharge Sub-Committee** - In June 2025, the Mental Health Legislation Committee received the Annual Report of the Power of Discharge Sub-Committee, outlining the work undertaken during the 2024–2025 reporting period. The Committee took assurance from the report, which included details of the Sub-Committee's constitution, core membership and operating arrangements, including its programme of meetings. During the year, the Sub-Committee met on 2 April, 6 August and 9 December 2024, comprising two virtual meetings and one held in person.

**Mental Health Act Report** - In June 2025, the Mental Health Legislation Committee reviewed the Mental Health Act Report and took assurance that the Health Board's responsibilities under the Mental Health Act 1983 were being appropriately discharged, with the Act applied in line with statutory requirements across the Health Board area. The Committee noted that the report aligned with ongoing operational discussions and reflected key service pressures, including challenges relating to bed availability and the consequent impact on the use of Section 136 suites.

The Committee further noted that these operational pressures were recognised and were being managed through established governance and operational processes. Members were advised of recent updates relevant to the application of the Act and noted that, at the time of reporting, no adverse impact on patients or ward-based practice had been identified.

**Mental Health Legislation Committee Self-Assessment** - In June 2025, the Mental Health Legislation Committee received the Committee's Self-Assessment Report for the 2024–2025 period, forming part of the refreshed approach to evaluating committee effectiveness introduced in 2023. Members considered the findings of the self-assessment and took assurance from the review process, which assessed performance against the Committee's Terms of Reference and overall effectiveness.

The Committee approved the agreed outcomes and associated actions arising from the self-assessment, recognising these as an important mechanism to support continuous improvement. Members noted that progress against the agreed actions would be monitored through the Committee's routine governance arrangements.

**Power of Discharge Sub-Committee** - Throughout 2025, the Mental Health Legislation Committee received regular updates from the Power of Discharge Sub-Committee and took assurance regarding the discharge of its statutory responsibilities. In June 2025, Members were advised that Hospital Managers had participated in an in-person information governance training session, which had been positively received and supported strengthened understanding of information governance requirements within the discharge process. The Sub-Committee also considered matters relating to Section 23 of the Mental Health Act, supported by relevant data and performance information to inform its oversight of discharge decisions.

The Committee received further updates summarising discussions from the Sub-Committee meeting held on 7 August 2025. These updates highlighted emerging issues, including matters relating to capacity assessments, an increase in applications to Hospital Managers, and the absence of patient discharges from detention during the preceding year. The Committee also considered the Sub-Committee's Annual Report, reviewed arrangements for lay member appraisals, and discussed the effectiveness of discharge planning arrangements. Members identified

areas where further training and development would support Hospital Managers in the ongoing discharge of their statutory functions.

**Mental Health Legislation Scrutiny Group** – During 2025–26, the Mental Health Legislation Committee received updates from the Mental Health Legislation Scrutiny Group relating to its meetings held on 1 May 2025, 14 August 2025 and 1 November 2025. In June 2025, the Committee received an update from the meeting held on 1 May 2025, noting that the meeting was conducted in a hybrid format and benefitted from good representation from partner organisations, including the voluntary sector and police colleagues.

In September 2025, the Committee received a further update from the meeting held on 14 August 2025, which similarly confirmed a hybrid format and continued engagement from key partners, including voluntary sector representatives and police colleagues.

**Mental Health Bill** - In September 2025, the Mental Health Legislation Committee received an update on the Mental Health Bill, currently progressing through Parliament. Members noted that the Bill proposes a number of significant reforms, including revised detention criteria, the introduction of additional safeguards for individuals with learning disabilities and autistic people, and the establishment of a Nominated Person role to enhance patient autonomy.

The Committee further noted the increased emphasis on Advance Choice Documents and strengthened statutory care and treatment planning arrangements. Members were advised that implementation is expected to commence from 2027 through a phased rollout over a period of up to ten years. The Committee noted that the proposed changes are likely to have significant financial, workforce and service delivery implications, particularly for community-based services.

**Mental Health (Wales) Measure 2010 Report** - In December 2025, the Mental Health Legislation Committee received the Mental Health (Wales) Measure 2010 Report and noted that it confirmed compliance with all four parts of the Measure, alongside key performance trends. A further update was presented in March 2026, which demonstrated continued compliance across all areas for the period October to December 2025.

The Committee noted that, whilst compliance remained strong overall, there were ongoing challenges in Ceredigion associated with medical staffing. Members were advised that overall demand had not reduced and that improvements in compliance had been supported through tighter processes, strengthened oversight and more robust performance management arrangements.

**Mental Health Tribunal Panels** - In March 2026, the Mental Health Legislation Committee was informed of a Bill progressing through the Senedd concerning the eligibility of doctors serving on Mental Health Tribunal Panels, where previous

arrangements had permitted participation without a current licence to practise. Members were advised that this issue had not adversely affected the conduct or outcomes of patient hearings.

The Committee also considered concerns relating to Mental Health Review Tribunals being routinely conducted via Microsoft Teams, with face-to-face hearings now largely limited to exceptional circumstances. Members noted feedback received via the Independent Mental Health Advocacy Service, which indicated that some patients find it more difficult to engage in a virtual hearing environment and may perceive this as having a negative impact on their care experience. It was noted that these concerns are being escalated through the All-Wales IMHA Peer Group to ensure that the patient voice is represented, and the wider impact is understood at a national level.

Separately, the Committee noted updates received via the Hospital Managers Power of Discharge Sub-Committee in March 2026, which highlighted ongoing recruitment activity, including the appointment of additional panel members with Welsh language skills, and the continuation of training and development arrangements to support members in undertaking their statutory roles.

### **Items Approved by the Committee During the Year**

In September 2025, the Mental Health Legislation Committee received two policy updates. A request for a six-month extension to the Section 136 Joint Procedure was presented for approval. As the meeting was not quorate, the extension was approved via Chair's Action and subsequently ratified by the Committee through email circulation.

At the same meeting, the Section 117 Aftercare Procedure Policy, which was due for its three-year review and had progressed through the Health Board's approval processes, required final endorsement by the Committee. Due to the lack of quoracy, this policy was also approved via Chair's Action and subsequently ratified through email circulation.

### **Risk Review**

- **1813 - Risk to patient care at Gorwelion Crisis Resolution and Home Treatment Team (CRHT) due to workforce** - In June 2025, the Mental Health Legislation Committee considered Risk 1813, relating to the risk to patient care within the Gorwelion Crisis Resolution and Home Treatment Team (CRHT) arising from workforce capacity constraints. The Committee noted that the risk had remained at an extreme level since November 2024, reflecting ongoing pressures within the medical workforce, including the absence of dedicated Consultant cover, which had been escalated to Executive level in January 2025.

The Committee noted that it had not been possible to progress a practitioner appointment within the team due to the significant operational pressures arising from current workload demands and workforce constraints. This was

compounded by the limited medical workforce and absence of dedicated Consultant cover, which placed additional strain on existing staff capacity and reduced the ability to support onboarding or service development activity. In addition, Members were advised that recruitment had been further impacted by instability within the process, including the withdrawal of an appointed candidate from the recruitment pathway in April 2025, necessitating re-advertisement of the post. This prolonged vacancy, alongside ongoing service delivery pressures, constrained the team's ability to progress the appointment at pace.

The Committee was advised that mitigating actions included continued engagement with Human Resources and ongoing recruitment activity.

The Committee further noted that overnight cover continued to be supported through bank arrangements; however, this remained intermittent and was further impacted by gaps in Medical On-Call provision. Where on-site cover was not available, support was provided remotely via the Carmarthen Medical On-Call rota.

- **1612 - Risk to patient care at North Ceredigion Community mental health centre due to workforce capacity.**

In June 2025, the Mental Health Legislation Committee considered Risk 1612, relating to the risk to patient care at the North Ceredigion Community Mental Health Centre arising from workforce capacity constraints. The Committee noted that the risk had remained at an extreme level since November 2024 following the departure of the Consultant from post, with attempts to secure locum cover proving unsuccessful.

- **1781 - Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136**

In June 2025, the Mental Health Legislation Committee reviewed Risk 1781, relating to the inability to provide a Community Place of Safety (CPOS) for individuals detained under Section 136 in Ceredigion. The Committee noted that, whilst the absence of a local facility presented a risk, this was outweighed by the assessment that the previous facility was unfit for purpose and posed a greater risk to patient safety. The Committee further noted that the CPOS in Ceredigion would remain closed, with a review continuing through an established working group.

In March 2026, the Committee received a further update confirming that the risk remained under active review, with a target resolution date reported as year-end.

The following risks were discussed at the December 2025 meeting:

- **Risk 2090** – Risk to continuity of patient care in the Ceredigion area due to workforce capacity: The Committee noted that this risk had been closed.
- **Risk 1857** – Risk of delayed admissions due to patient flow and capacity constraints: The Committee noted that this risk had been closed following the

implementation of mitigating actions; however, it was acknowledged that the risk may re-emerge should patient flow pressures fluctuate.

## **6. Committee Effectiveness - Feedback from self-assessment process**

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the MHLC.

- For the MHLC this involved the completion of a short digital form which requested feedback on the following areas:
  - Governance and administration
  - Committee's inputs
  - Conduct of Committee meetings
  - Interface with other Committees, including the Board
  - Committee's impact
  - Individual role on Committee

The process was undertaken during the year and reported to the Committee in June 2025.

The results from the self assessment process were fed into an action plan, combining information and Auditor/Regulator feedback.

### **What we want to continue to do next year**

- Good governance and administration of the Committee
- Receive good support from EDs/Deputies re attendance, timeliness of papers
- Chair effectively and have open, transparent and productive debate with constructive challenge from Independent Members
- Good interface with other committees and Board and provide clear and concise information to Board on the committee's activities.
- Provide assurance to the Board on compliance with mental health legislation and that its application is fair and lawful.
- Monitor and manage risks related to compliance with mental health legislation

### **What we want to change going forward**

- Continue to improve the quality of reports and presentations to ensure they provide an overview as opposed to including too much operational detail.
- Reduce the length of policy papers by ensuring reports focus on salient points to provide assurance to the Committee
- Improve meeting flow during hybrid meetings by asking individuals to introduce themselves before speaking so that attendees joining remotely know who is speaking.
- Ensure feedback from Board and the Committee Update Reports is reported to the next meeting.

- Alert the Board earlier to concerns in relation to compliance with mental health legislation.
- Provide support for new Independent Members who join the Committee.

## **7. Conclusion**

The Committee is satisfied that it continues to operate effectively and in line with its Terms of Reference. Issues have been escalated to Board as appropriate, and the Committee uses feedback from the self-assessment process to evolve and continually improve.

# 1.7

---

## 1.7 - Review of Terms of Reference

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

| For approval

### **Attachments**

[MHLC ToRs SBAR June 26.pdf](#)

[MHLC Terms of Reference Amended Apr 26v.17.pdf](#)

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Legislation Committee Terms of Reference
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

**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 purpose of this paper is to ensure that the Mental Health Legislation Committee has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

**Cefndir / Background**

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

The Committee last reviewed its terms of reference and operating arrangements in June 2025, and these were subsequently approved by the Board, on 31 July 2025.

**Asesiad / Assessment**

The Mental Health Legislation Committee Terms of Reference and operating arrangements (Appendix 1) have been reviewed since Board approval on 31 July 2025, and two changes and amendments to terms have been made. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
4.2	Changes to In Attendance membership	The In Attendance membership has been reviewed following several inquorate meetings. As part of this review, the proposed membership changes were

		benchmarked against arrangements in other Health Boards across Wales to ensure an appropriate balance of membership.
11.1	Change to secretarial support	To reflect the transfer of secretarial support from the Mental Health Directorate to Corporate Services.

### Argymhelliad / Recommendation

The Committee is asked to approve the Mental Health Legislation Committee's Terms of Reference (version 17) for onward ratification by the Board on 30 July 2026.

### **Amcanion: (rhaid cwblhau)**

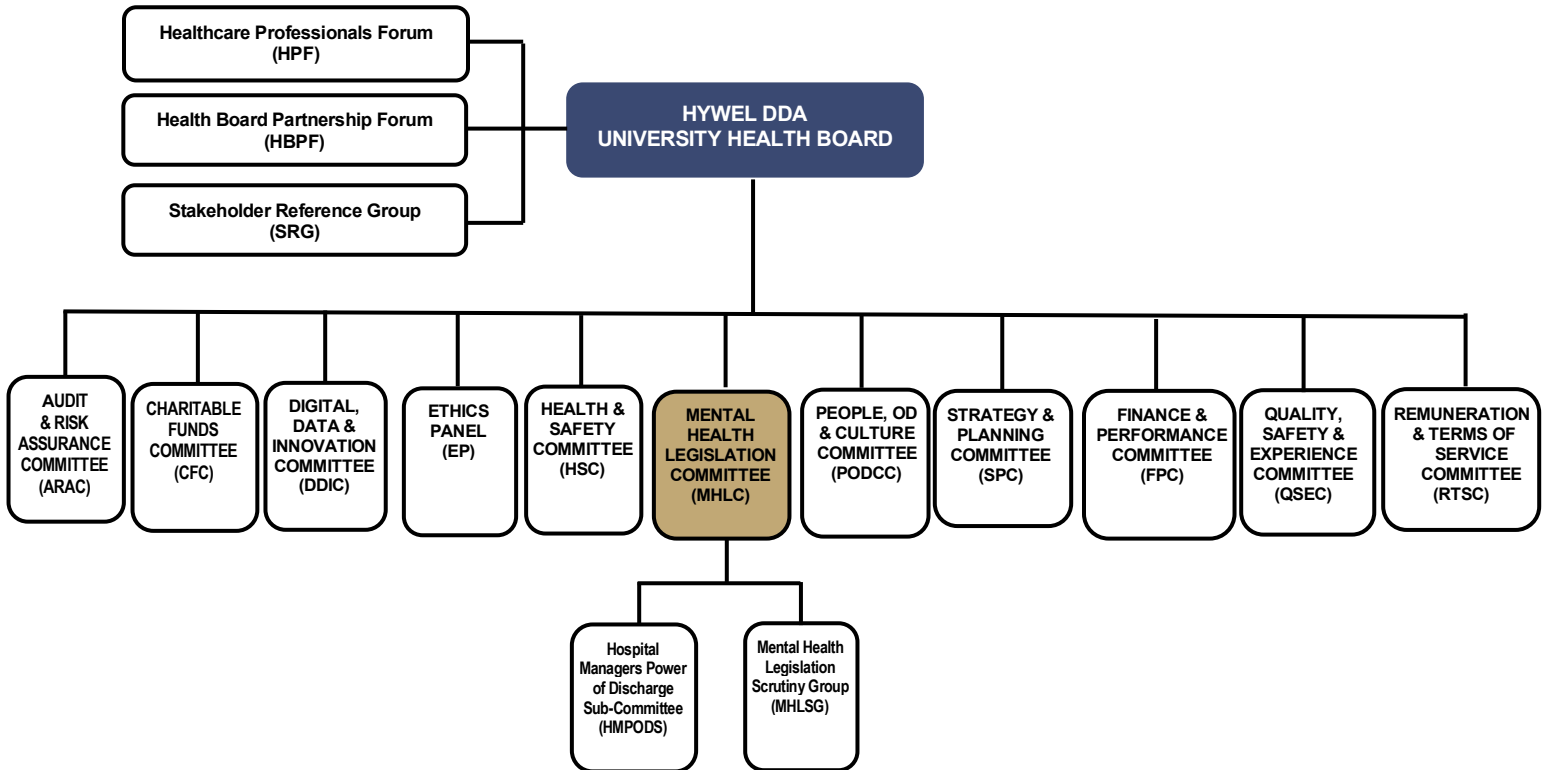
#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### **Gwybodaeth Ychwanegol:**

<b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Director of Corporate Governance/Board Secretary Chief Operating Officer Director of Mental Health & LD

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable



**TERMS OF REFERENCE**

**MENTAL HEALTH LEGISLATION COMMITTEE**

Version	Issued To	Date	Comments
V0.1	Hywel Dda Health Board	27.09.2012	Approved
V0.2	Mental Health Act Monitoring Committee	27.11.2012	Membership amended
	Hywel Dda University Health Board	22.06.2014	In Standing Orders
V0.3	Mental Health Legislation Assurance Committee	10.09.2014	Approved
	Hywel Dda University Health Board	26.11.2015	Approved
V0.4	Mental Health Legislation Assurance Committee	10.03.2016	Approved

V0.5	Mental Health Legislation Assurance Committee	07.12. 2017	Amendments
V0.6	Mental Health Legislation Assurance Committee	08.03.2018	Amendments
V0.7	Mental Health Legislation Assurance Committee	17.09.2019	Amendments
V0.8	Mental Health Legislation Assurance Committee	01.09.2020	Amendments
V.09	Mental Health Legislation Assurance Committee	02.03.2021	Approved
	Hywel Dda University Health Board	25.03.2021	Approved
V.10	Hywel Dda University Health Board	29.07.2021	Approved
V.11	Mental Health Legislation Assurance Committee	03.10.2022	Approved
V.11	Hywel Dda University Health Board	24.11.2022	Approved
V.12	Mental Health Legislation Committee	15.06.2023	Approved
V.12	Hywel Dda University Health Board	27.07.2023	Approved
V.13	Mental Health Legislation Committee	07.06.2024	Approved
V.13	Hywel Dda University Health Board	25.07.2024	Approved
V.14	Hywel Dda University Health Board	30.01.2025	Approved (alongside the new governance arrangements)
V.15	Mental Health Legislation Committee	05.06.2025	Approved
V.16	Hywel Dda University Health Board	31.07.2025	Approved
V.17	Mental Health Legislation Committee	04.06.2026	For approval

## MENTAL HEALTH LEGISLATION COMMITTEE

### 1. Constitution

- 1.1 The Mental Health Legislation Committee (the Committee) has been established as a Committee of Hywel Dda University Health Board (HDdUHB) and constituted from 1 June 2015 to assure the Board that 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.

## **2. Purpose**

The purpose of the Mental Health Legislation Committee is to assure the Board 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;
- 2.2 The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;
- 2.3 The UHB's responsibilities as Hospital Managers are being discharged effectively and lawfully;
- 2.4 The UHB is compliant with Mental Health Act, 1983 Code of Practice for Wales;
- 2.5 The Committee will also advise the Board of any areas of concern in relation to compliance with mental health legislation and agree issues to be escalated to the Board with recommendations for action.

## **3. Key Responsibilities**

In respect of its provision of advice to the Board, the Mental Health Legislation Committee shall:

- 3.1 Review reports from Healthcare Inspectorate Wales visits, the Delivery Unit and other external scrutiny bodies and approve the action plans for monitoring through its sub-committee structure;
- 3.2 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Operational Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board;
- 3.3 Receive Mental Health Legislation Scrutiny Group Update Report from previous meeting;
- 3.4 Consider issues arising from its Sub-Committee and Group structure;

- 3.5 Receive Hospital Manager's Power of Discharge Committee Update Report & Minutes from previous meeting. This report should ensure compliance with the Code of Practice.

In respect of its provision of assurance to the Board, the Mental Health Legislation Committee will seek assurances that:

- 3.6 The operation of mental health legislation is exercised fairly and lawfully and that specific issues related to compliance are managed through its Sub-Committee and Group structure;
- 3.7 The wider operation of the 1983 Act (the Board's delegated functions as Hospital Managers) are being exercised reasonably, fairly and lawfully and that specific issues related to compliance are managed through its Sub-Committee and Group structure;
- 3.8 Identified matters of risk relating to compliance with mental health legislation are being appropriately mitigated;
- 3.9 Arrangements for the delegated authority of approval for Approved Clinicians and Section 12 Doctors in Wales are compliant with the Directions and Guidance from Welsh Government, and are monitored through the Mental Health Legislation Scrutiny Group;
- 3.10 Policies and procedures are developed and approved in line with the organisation's Written Control Document Policy, through the Mental Health Legislation Scrutiny Group;
- 3.11 The training requirements of those staff who exercise the functions of mental health legislation have the requisite skills and competencies to discharge the Board's responsibilities, through the Mental Health Legislation Scrutiny Group;
- 3.12 Ensure that relevant legislation, in particular, the Human Rights Act 1998, the Equality Act 2010, and the Data Protection Act 1998, are adhered to;
- 3.13 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Mental Health Legislation Committee and oversee delivery.

**4. Membership**

- 4.1 Formal membership of the Committee shall comprise of the following:

<b>Member</b>
Independent Member (Chair)
Independent Member (Vice Chair)

2 X Independent Members (one of is the Health Board Vice Chair who has responsibility for overseeing the performance of mental health services)

4.2 The following should attend Committee meetings:

<b>In Attendance</b>
Chief Operating Officer (Lead Director)
Service Director of Mental Health & Learning Disabilities Services (Lead Officer)
Associate Medical Director for Mental Health Services
<b>Deputy Executive Director of Nursing</b>
<b>Chair of Power of Discharge Sub-Committee</b>
<b>Head of Nursing, MHLD Clinical Care Group</b>
<b>Chair of Mental Health Legislation Scrutiny Group</b>
<b>Mental Health Legislation Manager</b>
Assistant Director of Nursing, Patient Safety, Quality and Experience (MHLD Clinical Care Group)
<del>Assistant Service Director of Nursing Mental Health &amp; Learning Disabilities</del>
<del>Head of Older Adult Mental Health Services</del>
<del>Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service</del>
<del>Head of SCAMHS and Psychological Therapies</del>
<del>Mental Health Act Administration Lead</del>
<del>Nominated representative from Dyfed/Powys Police</del>
<del>Nominated representative from Welsh Ambulance Services NHS Trust</del>
<del>Nominated representative from Carmarthenshire County Council</del>
<del>Nominated representative from Ceredigion County Council</del>
<del>Nominated representative from Pembrokeshire County Council</del>
<del>Nominated representative from West Wales Action for Mental Health (WWAMH)</del>
<del>2 x Nominated Service Users: patient representative and carer representative</del>
<del>Nominated representative from Primary Care: GP Lead</del>
<del>Nominated representative from Llais (not counted for quoracy purposes)</del>
<del>Nominated representative from Advocacy Network</del>
<del>Nominated representative from A&amp;E Department or General Hospital representative</del>

4.3 The Vice-Chair of the University Health Board (UHB) is a member of the Committee given their specific responsibility for overseeing the Board's performance in relation to mental health services.

4.4 Terms and conditions of appointment (including any remuneration and reimbursement) in respect of independent external members and service users will be determined by the Board.

4.5 Membership of the Committee will be reviewed on an annual basis.

## **5. Quorum and Attendance**

- 5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and the Independent Member with responsibility for Mental Health, together with a third of the In Attendance Members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Mental Health Legislation Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the Mental Health Legislation Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The 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 Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice-Chair and Lead Director/Lead Officer at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests

from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

- 6.3 All papers must be approved by the Lead Officer.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and action log will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

## 7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## 8. Frequency of Meetings

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

## 9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

## 10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub-committees and groups, to provide advice and assurance to the Board through the:
  - 10.1.1 joint planning and co-ordination of Board and Committee business;
  - 10.1.2 sharing of information.
- 10.2 In doing so, the 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.
- 10.3 The Committee may establish Sub-Committees or Groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each Sub-Committee or Group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:
  - 10.3.1 Hospital Managers Power of Discharge Sub-Committee
  - 10.3.2 Mental Health Legislation Scrutiny Group
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
  - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update paper, as well as the presentation of an annual report within six weeks of the end of the financial year.
  - 10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
  - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

## 11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by **the Director of Corporate Governance/Board Secretary**. ~~Lead Director (Director of Operations) and will be supported by the Lead Officer (Service Director of Mental Health and Learning Disabilities).~~

## 12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

1.8

---

1.8 - Committee Self Assessment 2025/26

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

**Attachments**

[Mental Health Legislation Committee Self Assessment Report May 2026.pdf](#)

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Legislation Committee Self Assessment Report 2025-26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Director of Corporate Governance/Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Clare James, Head of Corporate Governance

**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 purpose of the report is to present the outcome of the Mental Health Legislation Committee (MHLC) Self-Assessment for 2025/26.

**Cefndir / Background**

In line with Section 10.2.1 of the Standing Orders, the Board is required to ensure a process of regular and rigorous self-assessment of its Committees. Each Committee is also required to submit an annual report outlining its activity and effectiveness.

To avoid unnecessary survey burden and to support proportionate assessment, a short digital questionnaire was circulated to members. This was supported by ongoing reflective discussions and qualitative feedback from members throughout the year.

The assessment focused on core aspects of the Committee's statutory responsibilities and governance effectiveness, including:

- Statutory Compliance and Assurance
- Oversight of Mental Health Act (MHA) Activity and Use
- Protection of Patient Rights and Safeguards
- Governance, Risk and Learning
- Effectiveness of Hospital Managers' Functions

**Asesiad / Assessment**

Members were asked to score their level of agreement with five key statements using a scale of 1–5 (1 = strongly disagree, 5 = strongly agree), with the opportunity to provide supporting qualitative commentary.

A total of 5 responses were received out of 15. This equates to a 33% response rate.

## Average Ratings

Area and Statement	Average Rating
<b>Statutory Compliance and Assurance</b>	<b>4.8</b>
<i>The Committee receives assurance that statutory requirements of the Mental Health Act are met and that areas of non-compliance are identified and addressed.</i>	
<b>Oversight of MHA Activity and Use</b>	<b>4.6</b>
<i>The Committee effectively scrutinises data and activity relating to the use and application of the Mental Health Act</i>	
<b>Protection of Patient Rights and Safeguards</b>	<b>4.2</b>
<i>The Committee receives assurance that patient rights, advocacy, and safeguards are upheld.</i>	
<b>Governance, Risk and Learning</b>	<b>4.0</b>
<i>The Committee provides effective oversight of risks, learning, and external/internal reviews relating to MHA.</i>	
<b>Effectiveness of Hospital Managers' Functions</b>	<b>4.6</b>
<i>The Committee receives assurance on the effectiveness of Hospital Managers' processes, training, and decision-making.</i>	

## Themes Identified

### What has gone well

- Strong statutory assurance: Robust oversight of compliance with the Mental Health Act, with clear reporting and escalation of issues.
- High-quality reporting and data: Members receive comprehensive, detailed reports supporting effective scrutiny and assurance.
- Effective oversight of MHA activity: Regular and structured review of detention data and application of legislation.
- Well-established Hospital Managers' function: Strong governance arrangements, effective training, and regular appraisal processes.
- Constructive committee culture: Positive engagement, supportive challenge, and strong leadership contribution to discussions.
- Learning and service improvement: Evidence of good practice being shared and scaled (e.g. service improvements following identified issues).

### What we want to strengthen going forward

- Patient voice and experience: Limited direct insight into patient perspectives, experiences, and outcomes.

- Governance and learning visibility: Opportunities to strengthen real-time insight into external/internal reviews, complaints, and learning.
- Data accessibility and usability: Reliance on manual data processes and lack of dashboard functionality.
- Depth of assurance in some areas: Some domains (e.g. governance and patient safeguards) require more comprehensive information to support higher assurance.
- Committee focus balance: Strong legal and data focus, with scope to broaden into more qualitative aspects such as patient experience.

### Suggestions from respondents

- Introduce patient stories or lived experience to strengthen assurance around patient rights and advocacy.
- Improve data presentation and develop dashboards to provide more timely and accessible information.
- Increase visibility of complaints and patient feedback to enhance assurance on safeguards.
- Enhance reporting on internal and external reviews, including outcomes and learning.
- Strengthen linkage between scrutiny groups and Committee assurance to ensure clarity of oversight.
- Encourage broader participation in Hospital Managers' roles, particularly from Independent Members – recognising this had already been discussed with the Chair of the Health Board.

### Overall Conclusion

The self-assessment demonstrates that the Mental Health Legislation Committee is functioning effectively, with strong assurance across statutory compliance, oversight of MHA activity, and Hospital Managers' functions.

The Committee is recognised as data-driven, well-led, and providing robust assurance within its legislative remit.

Opportunities for development focus on enhancing patient-centred insight, strengthening governance visibility, and improving data accessibility, which will further support the Committee in delivering comprehensive and balanced assurance to the Board.

Area for Improvement	By who	By when
Explore the opportunity to include patient voice (e.g. patient stories or feedback reports) into Committee business/meeting reports	Lead Exec	30/9/26
Explore enhancing reporting on complaints and patient experience relating to MHA	Lead Exec	30/9/26
Strengthen reporting on internal/external reviews and learning outcomes	Lead Exec	30/9/26

## Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the findings of the Self-Assessment
- **AGREE** the proposed areas for improvement and actions

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not 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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable Choose an item. Choose an item. Choose an item.

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	MHLC Terms of Reference MHLC Self Assessment digital form results
Rhestr Termâu: Glossary of Terms:	Included within the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Director of Corporate Governance/Board Secretary
---	--

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No direct impacts
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No direct impacts
<b>Gweithlu:</b> <b>Workforce:</b>	No direct impacts
<b>Risg:</b> <b>Risk:</b>	No direct impacts
<b>Cyfreithiol:</b> <b>Legal:</b>	No direct impacts
<b>Enw Da:</b> <b>Reputational:</b>	No direct impacts
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No direct impacts
<b>Cydraddoldeb:</b> <b>Equality:</b>	No direct impacts

## 2 - Assurance and Risk

2.1

15 Mins

---

## 2.1 - Mental Health Act Report

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

| For discussion

### **Attachments**

[MHLC report June 26.pdf](#)

[Appendix 1 MHA report QTR 4.pdf](#)

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Legislation Scrutiny – Mental Health Act Data Performance Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ms 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 last quarter of 2025/26, 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 as appendix 1 (with any numbers of less than 5 omitted for confidentiality purposes).

### Asesiad / Assessment

The MH Scrutiny Group received a report detailing various activities and trends relating to the Mental Health Act during the period 1<sup>st</sup> January 2026 to 31 March 2026. Attention was made to the following areas:-

- Acknowledgement that fluctuating activity in the various sections is normal, for instance the high use of Community Treatment Orders last quarter has been followed by very minimal use this quarter. Trend lines of the various sections of the Act are included within the full report and can be seen as relatively consistent.
- It was recognised that use of the Mental Health Act within the general hospital wards has increased over recent years, in particular, Section 5(2) and Section 2.
- Section 136 use has increased in activity once again. Reporting on S136 activity is challenging due to monitoring forms being completed inadequately. This can compromise the reliability and accuracy of the data recorded from them.
- Some discussion was held regarding activities of the Hospital Managers and Mental Health Review Tribunals (MHRT). Concerns continue to be noted regarding the default position held by the MHRT to hold all hearings remotely by Teams, even when patients found this difficult or wished for a hearing in person. The MHRT have advised face to face hearings would only be conducted in exceptional circumstances. Some operational issues from this process included nearest relatives and parties with lack of technology access / expertise gaining access to hearings.
- Some discussions were held around statistics in relation to ethnicity and sex ratio's. Future reporting will therefore provide a trend line relating to breakdowns of male / female detentions.

### Argymhelliad / Recommendation

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

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

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:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd:	Not Applicable

Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agenda, papers and minutes of the Mental Health Legislation Scrutiny Group
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
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

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

<b>Cyfreithiol: Legal:</b>	Above
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	MHA performance report available on request.
<b>Cydraddoldeb: Equality:</b>	Not applicable



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

**1 January 2026 – 31 March 2026  
(Quarter 4)**

## Contents

	Page
<b>1.0 Introduction</b>	<b>4</b>
<b>2.0 Summary</b>	<b>4</b>
<b>3.0 Findings and Information</b>	<b>5</b>
<b>3.1. Part II, Mental Health Act</b>	
<b>3.1.1. Section 2 – Admission for Assessment</b>	<b>5</b>
<b>3.1.2. Section 3 – Admission for Treatment</b>	<b>6</b>
<b>3.1.3. Section 4 – Admission for Emergency</b>	<b>7</b>
<b>3.1.4. Section 5 – Holding Powers</b>	<b>8</b>
<b>3.1.5. Trends and Service Specific Information relating to Part II, MHA</b>	<b>8</b>
<b>3.2. Use of Police Powers</b>	<b>11</b>
<b>3.2.1. Section 136 – Removal of Mentally Disordered Persons to a place of safety</b>	
<b>3.2.2. Section 135 – Warrant to Search and Remove Person</b>	<b>13</b>
<b>3.3. Community Treatment Order Activity</b>	<b>14</b>
<b>3.3.1 Section 17A – G – New Orders, Recalls and Revocations</b>	
<b>3.4. Part III, Mental Health Act</b>	<b>15</b>
<b>3.4.1 Patients Concerned in Criminal Proceedings or Under Sentence</b>	
<b>3.5. Errors</b>	<b>15</b>
<b>3.5.1. Section 15, Rectifiable errors</b>	<b>15</b>
<b>3.5.2. Section 15, Non-rectifiable errors</b>	
<b>3.5.3. Other Errors</b>	
<b>3.6. Code of Practice (MHA for Wales)</b>	<b>16</b>
<b>3.6.1. Locked Door Activity</b>	
<b>3.6.2. Exclusion of Visitors</b>	
<b>3.6.3. Withholding Postal Packets</b>	
<b>3.6.4. Information to Detained Patients and Nearest Relatives</b>	
<b>3.7. Part IV/IVA Act (Sections 57-64) Consent to Treatment and SOAD (Second Opinion Appointed Doctor) requests to Healthcare Inspectorate Wales</b>	<b>16</b>
<b>3.7.1. Certification for Treatment – Capacity and Consent</b>	<b>16</b>
<b>3.7.2. Certification for Treatment – Non capacious or non-consenting status</b>	
<b>3.7.3 Section 61, Review of Treatment</b>	<b>18</b>
<b>3.8. Sections 23, 24, 20, 20A and 65-79 – Discharge from Detention</b>	<b>18</b>
<b>3.8.1. Applications for Discharge to Hospital Managers</b>	

3.8.2.	Renewals and Extensions to Sections	
3.8.3.	Applications for Discharge by Nearest Relatives	
3.8.4.	Hospital Managers Hearings	
3.8.5.	Applications, Referrals and Outcomes at Mental Health Review Tribunal	
3.8.6.	Comparative Information relating to Hospital Managers and Tribunals	
3.9.	Miscellaneous	20
3.9.1.	Policies	
3.9.2.	Training	
3.9.3.	Operational issues	21
3.9.4.	Section 117	
4.0.	Description of Sections	23

## 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 4, 2025/26.

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

A more detailed breakdown of the Act is as follows:

### Mental Health Act, 1983 - Data Collection and Exception Reporting

## 2.0 Summary

Quarter 4, 2025/6 saw relatively average activity in relation to the Mental Health Act (MHA). Exceptions to this were Section 2 use which was higher than average. During the last quarter there was an unusually high number of Community Treatment Orders and some suggestion to analyse reasons behind that. This quarter however numbers were incredibly low for this area of the Act demonstrating that fluctuations in activity is a normal occurrence.

Trends in MHA activity could be considered for Section 136 which has been increasing over approximately the last nine months.

The Mental Health Bill received Royal Assent during late 2025 making it law however as it is to be implemented in stages over several years, it does not affect any of the data during this reporting period.

Additional statistical data on activity of the Mental Health Act can be sourced from the Welsh Government website "*Mental Health Statistics: interactive dashboard*". This can be found at [Mental health statistics: interactive dashboard | GOV.WALES](#) and provides a range of mental health statistics from across Wales.

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	79 ↑	Higher use than average use of this section.
3	39	37 ↓	An average use of this section.
4	3	Less than 5	Use of Section 4 is quite infrequent and tends to fluctuate between 0 - 5 occasions per quarter.

5(4)	1	0	Use of this section is relatively rare however will fluctuate in use between zero to as many as 6
5(2)	19	22 ↑	Used slightly more than average during this quarter.
17A (CTO)	6	Less than 5 ↓	A low use this quarter which follows a much higher use during the last quarter period.
135	4	Less than 5 ↓	Use of this section of the Act is infrequent and has been exercised twice.
136	46	49 ↑	Use of this section has slightly risen over the past six months however this number is lower than last quarter.
Part III	2	Less than 5	Average number of Part III patients during the quarter.

### 3.0 Findings and Information

#### 3.1 Part II, MHA

##### 3.1.1. Section 2 - Admission for Assessment

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

- Section 2 has been used on 79 occasions which is higher than the quarterly average based against the previous 12 quarters (January 23 – December 25) which is 71. Rates of detentions fluctuate each quarter. During the last quarter it was used on 68 occasions and the quarter prior to this was 80.
- Its was used on 21 occasions within older adult services which is the same as 2025, Q 3.
- Admissions under this section under CAMHS services was less than five and to general hospital wards was 11.
- 96% were of white British ethnicity which is relatively consistent with previous quarters other ethnicities included Asian/British Asian or White European.
- The graph below shows the usage across the three counties:

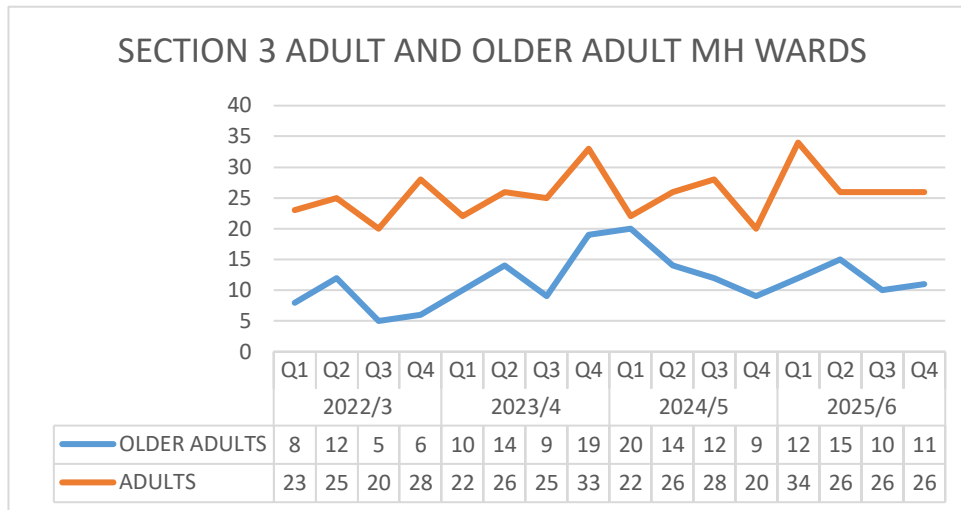
### **3.1.2. Section 3 - Admission for Treatment**

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

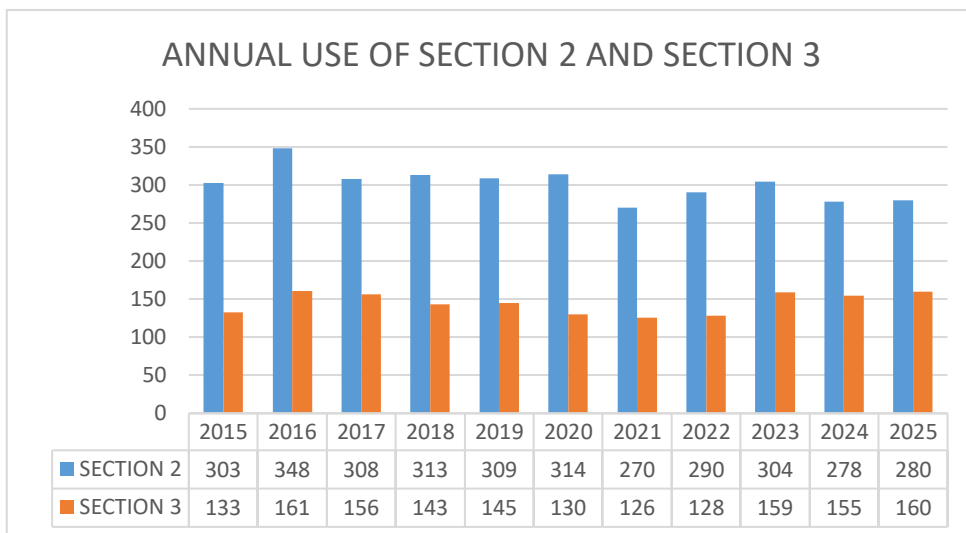
- Use of Section 3 occurred on 37 occasions which is consistent with the previous quarter (36) A chart to show a breakdown of Section 3 use in the different services and counties can be found below.
- Of the 37 overall section 3s 26 were detained to adult inpatient wards and 11 to older adult wards.
- 32 Section 3s were discharged during this quarter with the following outcomes – 11 regraded to informal status (which could include DoLS authority), 17 were discharged from hospital, less than 5 transfer out to another hospital and less than 5 regraded to a restriction order and less than 5 placed in the community subject to a Community Treatment Order.
- 97% were of white British ethnicity.

#### **SECTION 3 QUARTERLY ACTIVITY BY COUNTY OVER 3 YEARS**

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



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



### 3.1.3. Section 4 – Admission for Emergency

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

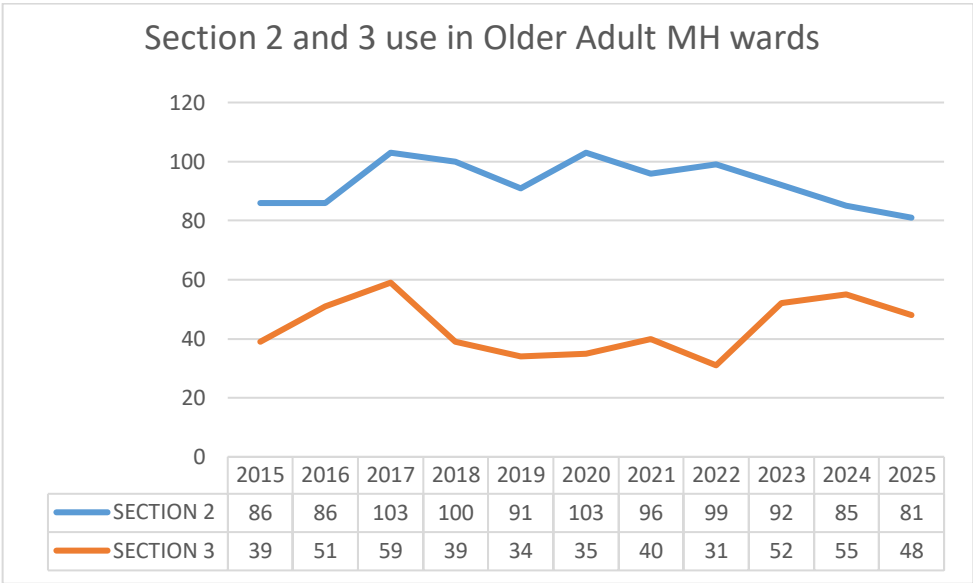
- On average it is used on three occasions per quarter. During this quarter it was used on less than five occasions.
- 66% were completed by a S12 approved doctor.
- Carmarthenshire and Ceredigion local authorities utilised Section 4.
- Ethnicity – 100% white British, Gender - 100% female.

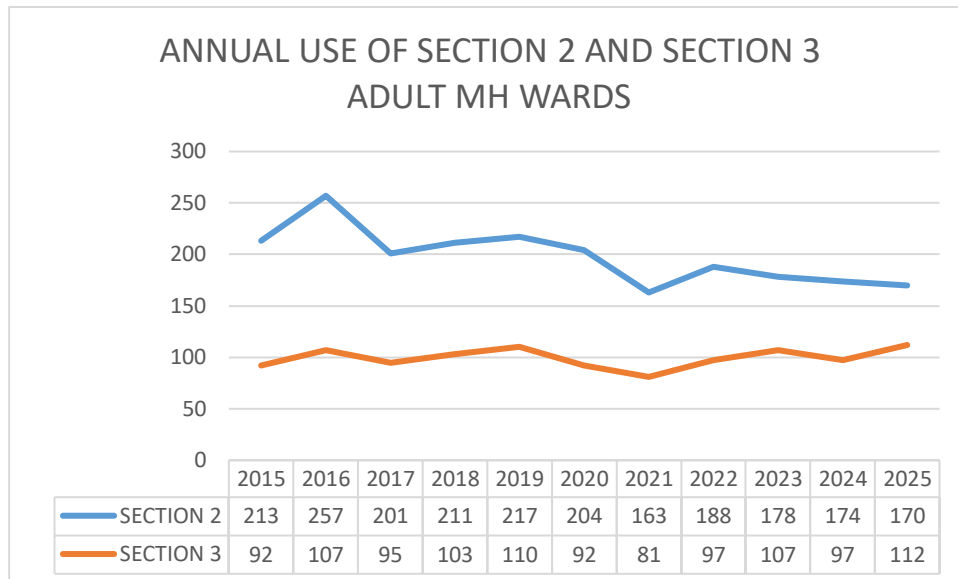
### 3.1.4. Section 5 – Holding Powers

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

- Use of the nurses holding power is rare. It has not been utilised during this quarter.
- The doctors holding power was used on 22 occasions. Use of this area of the Act fluctuates. During Q 1 it was used on 12 occasions which was its lowest use for at least a minimum of five years. Following that it was used on 22 occasions in Q 2 and then 13 in Q 3.
- Of the 13 Section 5(2)s used five were used in adult MH acute wards.
- There were no detentions under Section 5(2) during this period for under 18s.
- During this quarter it was used lawfully and appropriately on nine occasions within general hospital wards. The outcomes of these holding powers were that 44% were detained under a longer term section of the MHA. The remainder were regraded to voluntary status or discharged.
- 68% of assessments were carried out within 48 hours.
- 64% were further detained under Section 2 or 3.
- Statistics:
  - 95% white British, 64% male, 36% female

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

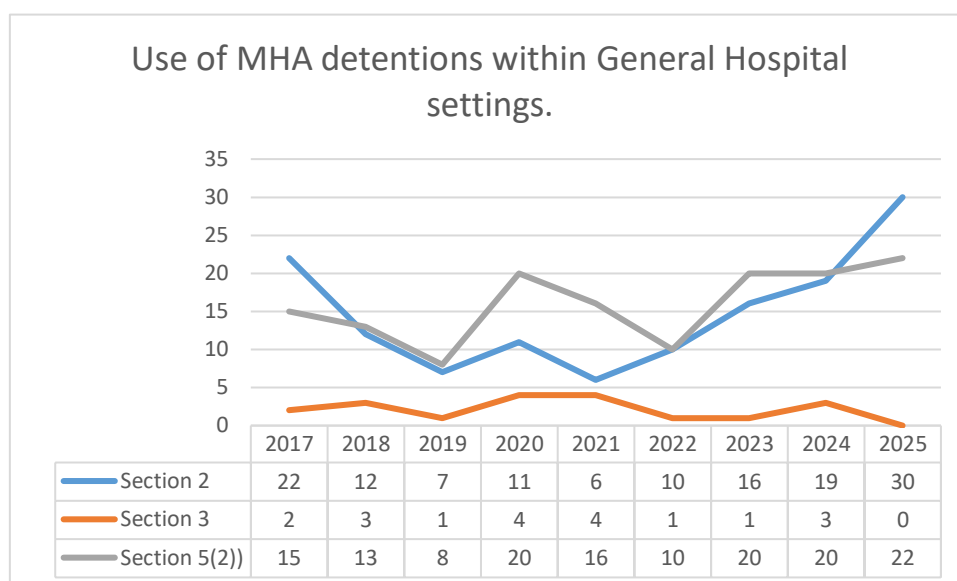




The table below demonstrates the % of which service both section 2 and section 3 were utilised. For example, it can be seen that in 2024 Quarter 3 60% of all section 2's were adult services and only 7% of its use in the general hospital setting.

% of Overall Activity	2024/2025		2025/2026			
	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3	QTR 4
<b>SECTION 2</b>	%	%	%	%	%	%
Adult	60	58	63	59	62	59
Older Adult	24	30	27	32	31	27
General DGH	7	8	8	9	6	11
CAMHS	7	3	2	0	1	3
Learning Disabilities	2	1	0	0	0	0
<b>SECTION 3</b>						
Adult	68	67	74	63	72	70
Older Adult	29	30	26	37	28	30
General DGH	0	3	0	0	0	0
CAMHS	3	0	0	0	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)					
	Jan- March 25	Apr- June 25	July – Sep 25	Oct – Dec 25	Jan – Mar 26
Section 2	6	7	7	(1-5)	11
Section 3	(1-5)	0	0	0	0
Section 5(2)	7	5	5	(1-5)	9

### Legal Status of Patients:

The table below is a snapshot the legal status's broken down as a % in each ward as of 31<sup>st</sup> March 2026

Ward	MHA includes home leave pts	DoLS	Informal	Home leave
Bryngofal	67%	0 %	33%	6%
Bryngolau	67%	20% - DoLS referral sent awaiting assessment (all referred DoLS)	13%	0%
St Caradog	76%	0%	24%	24%
St Nons	69%	8% - authorised DoLS 8% - DoLS referral sent awaiting assessment	15%	8%
Morlais	90%	0%	10%	10%
Enlli	14%	43% - authorised DoLS 29% - Informal with a DoLS request – awaiting assessment	14%	0%
Low Secure	100%	0%	0%	0%

PICU	100%	0%	0%	12.5%
------	------	----	----	-------

### 3.2. Use of Police Powers Sections 135 & Section 136

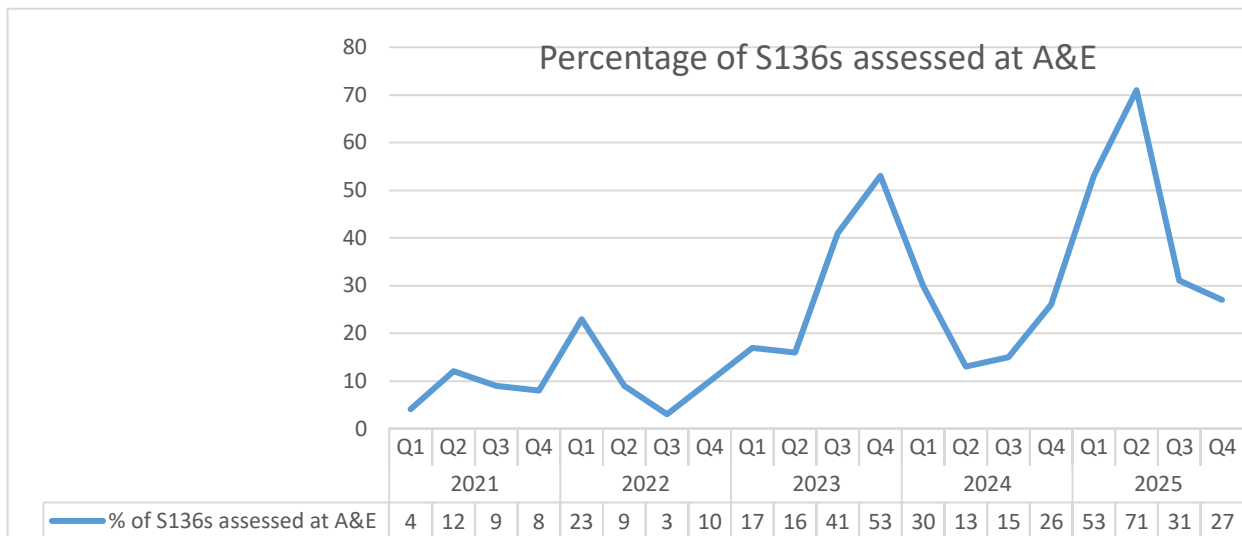
#### 3.2.1. Section 136 – Removal of Mentally Disordered Persons to a place of Safety

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

Difficulties continue in obtaining accurate data relating to the use of Section 136. Monitoring forms are often poorly completed with much of the required information missing. When persons are taken to A&E it is often difficult to locate monitoring forms. Many forms refer to time spent with the person on a voluntary basis within the Section 136 detention period and omit the time of arrival to the place of safety. In addition, the MHA Administration Team are often contacted over queries relating to the start times of Section 136s, difficulties in obtaining assessments and transport for patients. Therefore much of the data provided is uncertain.

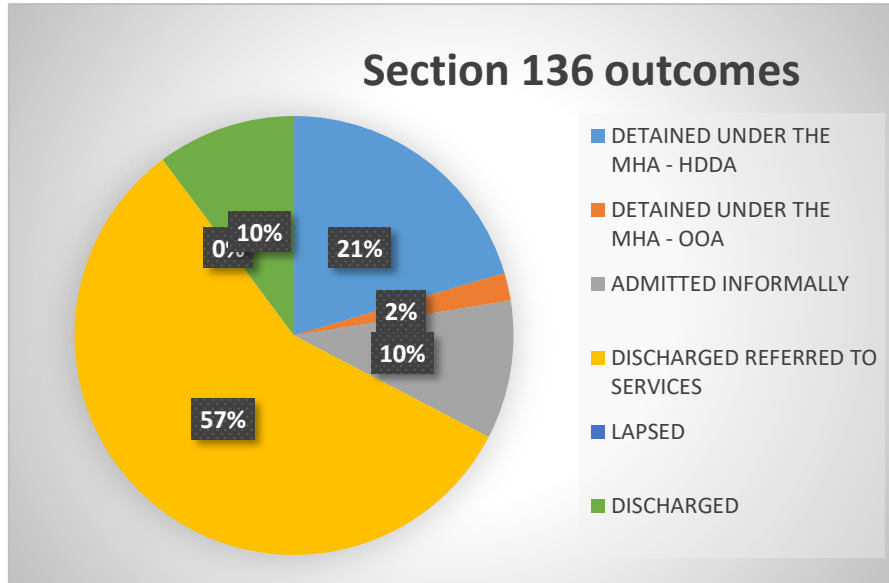
- There has been a gradual increase in the use of Section 136, particularly when compared to the early part of 2025. On average it is used 46 times per quarter. During this quarter it was used on 49 occasions. For the same period last year it was used on 39 occasions.
- 40 different individuals were placed on S136 during this quarter. There were less than 5 individuals having undergone multiple S136 detentions during the same quarter period.
- The places of safety used for the MH assessment were as follows:-
  - 35 to Bryngofal
  - Less than five to Morlais
  - Less than five to PICU
  - 13 to A&E
    - Withybush Hospital – Less than five
    - Glangwili Hospital – Five
    - Bronglais Hospital – Less than five
- Using A&E departments as places of safety under Section 136 remains. In addition to the 13 cases listed above it was also used a further 12 times as the first place of safety before the persons were transferred to a MH health place of safety (see graph below for % of S136s assessed at A&E).
- Of the 25 occasions A&E was used as a place of safety nine was due to a clinical need. Where no clinical need was identified monitoring forms submitted occasionally show why A&E was used. In some case it appears that the persons had already been in A&E voluntarily but left prior to having been assessed therefore officers applied the Section 136, there were also occasions the Section 136 suite was already occupied or issues with staffing at the designated place of safety. Officer also used A&E as a place of safety when consultation did not occur. It has been agreed the Scrutiny Group Chair will continue to monitor use of A&Es as a place of safety routinely.

- There has been no report received to indicate the designated mental health place of safety for admissions being closed for any period during this reporting quarter.
- 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.

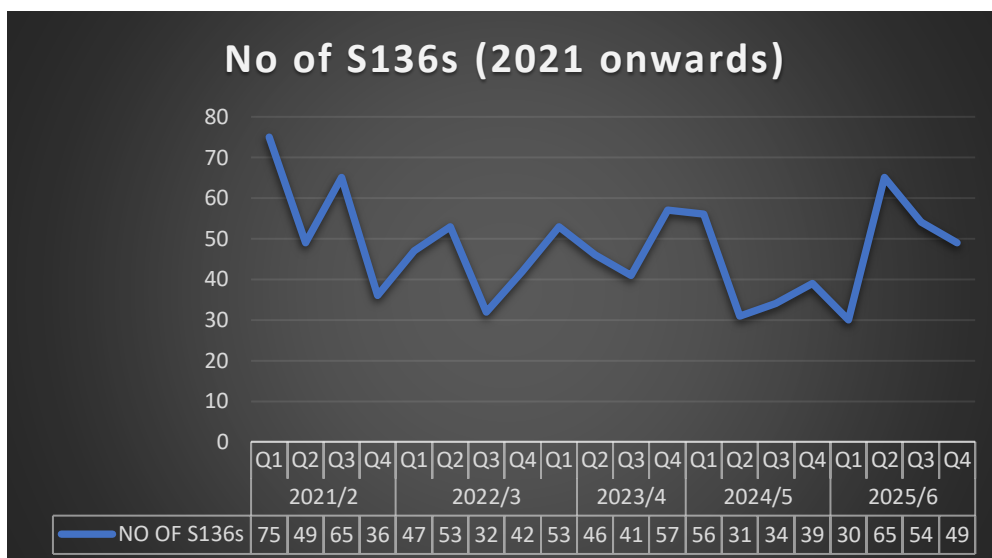


- Morlais Ward is a place of safety for the purpose of assessing under 18's subject to S136. It has not been used as a place of safety during this quarter.
- Custody has been used as a place of safety on less than five occasions during this quarter. Custody can only be used for adults in exceptional cases.
- There were no under 18s detained on Section 136 during this quarter.
- Restraint is recorded on monitoring forms and are used in the majority of cases.
- The duty to inform patients of their statutory rights was evidenced in 43 out of 49 cases overall. Where the person was assessed in the A&E settings patients were informed of their rights on all occasions which is a positive increase and very much down to the input of MH Liaison Services.
- Consultation is recorded as having occurred in 35 out of the 49 occasions. Monitoring forms received show that consultations take place between the police officer and the AMHP's in the majority of instances however it is believed this is inaccurately recorded and it is with the established point of contact as per joint policy.
- The Out of Hours service record contacts by police which include details of any potential Section 136's that have been diverted. These records suggest that instead the majority were taken to A&E on informal basis.
- 46 of the 49 resided within Hywel Dda catchment area.

Outcomes of the assessments as follows:



- Where the outcome of the assessment did not result in detention under the MHA – 30 of 38 utilised two doctors for the assessment.
- 44 out of 49 assessments took over 4 hours.
- There were a number of Section 136s extended passed 24 hours during this period and further periods of Section 136 detentions lasting longer than 24 hours but without an extension having been applied.
- Ethnicity statistics –
  - 98% White British (the remainder wishing not to disclose)
  - 69% Female 31% 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.

- Less than five Section 135(1) was used during this period.
- It is not known exactly how many warrants are applied for but get refused by court or alternatively granted but then not executed under this section.
- Both Ceredigion and Carmarthenshire local authority applied Section 135 warrants during this period.
- 100% of assessments resulted in further detention under the Act.

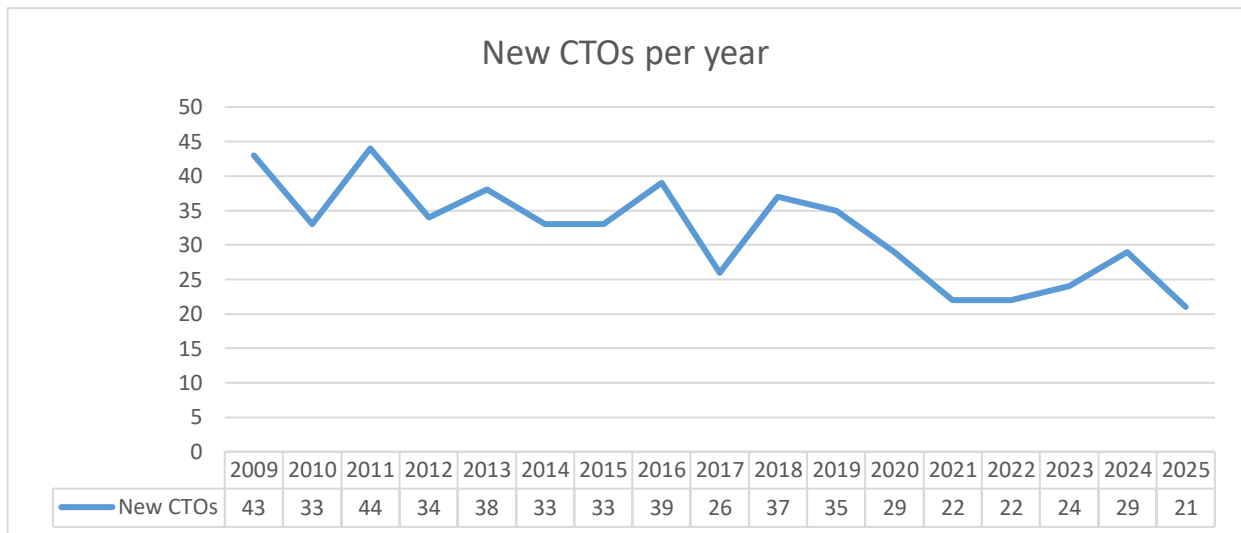
### 3.3. Section 17A - G, Community Treatment Orders

#### 3.3.1. Community Treatment Order Activity

There were 26 Community Treatment Orders in place as at 31<sup>st</sup> March 2026.

County	Number of CTO's	Ethnicity
Carmarthenshire	10	White British – 100%
Ceredigion	5	White British – 100%
Pembrokeshire	11	White British – 91% Other ethnicities – 9%

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



### 3.4 Part III

#### 3.4.1. Patients Concerned in Criminal Proceedings or Under Sentence

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

- Use of this area of the Act is minimal within the Health Board. During this quarter it has been used on less than five occasions.
- Unrestricted patients can be made subject to Community Treatment Orders however no new CTOs for Part III patients were made during this quarter.
- Less than five restricted patients were discharged by the MHRTfW during this period.
- There were no unrestricted patient discharges.
- As of the 31 March 2026 the total number of Part III patients are split into the following 54% restricted; 31% unrestricted; 15% 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).

- 120 statutory documents were medically scrutinised
- 38 rectifiable errors were made on detention papers. This included 16 errors made by nurses receiving papers on behalf of the Hospital Managers for example missing middle names, recording the admission as a direct admission inaccurately or not omitting required information.
- Common errors on both the medical recommendations and applications included middle names missing, failing to delete whether the nearest relative had been informed of the detention, spelling errors, omitting specific information (e.g. reasons neither doctors had acquaintance with patient) and overuse of abbreviations. Amendments can be made within 14 days under Section 15, MHA and this process is carried out by the MHA administration team liaising with the professionals involved.

#### **3.5.2. Section 15 - Non-Rectifiable Errors**

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

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

#### **3.5.3. Other errors**

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

- HO12s are completed by a doctor for the purposes of Section 5(2). During this period seven errors were received on forms and of these some detentions were not appropriately applied. The highest number of errors under this section of the Act come from the general hospital wards.
- These errors included a number of unsigned detention papers, use of patient labels on forms as opposed to handwriting, forms not received / signed and dated, use of

initials where full names are required and insufficient reasoning for applying the holding power.

### **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 reported instances.

#### **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. During this reporting period there were no reported instances.

#### **3.6.4. Information to Detained Patients and Nearest Relatives**

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

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

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

#### **3.7.1. Certification for Treatment – Capacity and Consenting Status**

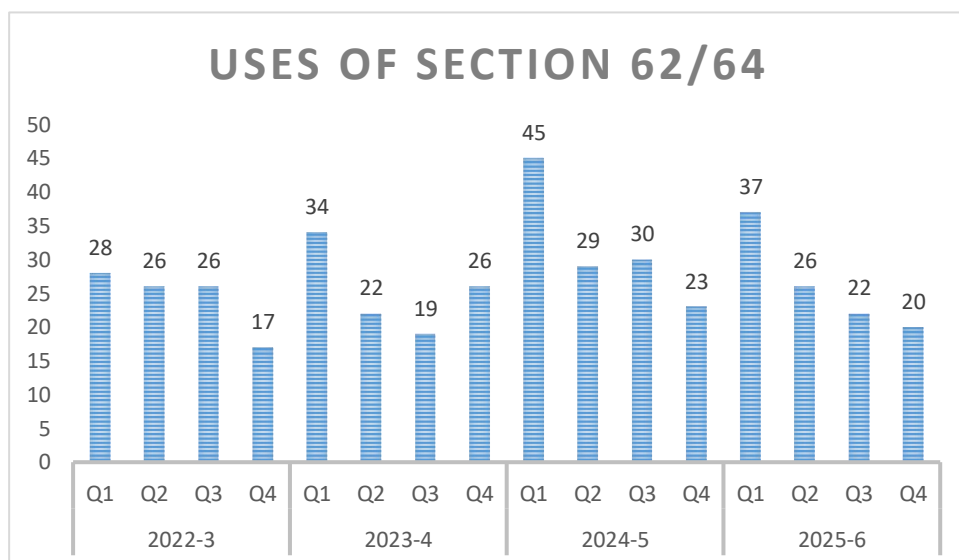
During this quarter there have been 11 new treatment authorisation documents completed for consenting to treatment instances: -

9 x C02 – to certify person has capacity and consents to treatment (detained patients)  
 Less than 5 x C08 – as above (CTOs)  
 This compares with 22 new certificates issued during the last quarter.

**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.

- 18 SOAD requests were made (23 last quarter period; 19 in Qtr 2) and the following certificates were completed:
  - 16 CO3s (detained patients)
  - 0 CO7s (CTOs)
  - Less than 5 CO6s (ECT)
- Average waiting time for a SOAD (medication for inpatients) was 13 days (increase from 11 days last quarter).
- Of the 20 certificates issued by a SOAD four patients were seen in person with the remaining 16 reviews conducted remotely by a SOAD before issuing the relevant certificate to authorise treatment. HIW advised that this ratio is likely to remain.
- There were less than five authority certificates for Electro-convulsive therapy (ECT) during this quarter. The average wait for a SOAD to certify treatment for ECT was 10 days (increase from three days last quarter).
- Longest waiting time for a certificate was 28 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. On this occasion have reported that the SOAD was unable to make contact with consultees. SOADs have been requested to make contact with the MHA department should this issue arise to avoid such delays.
- 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 lower than average as can be seen from the line chart below showing its use over per quarter over the past three years. It was used on 20 occasions.



- Reasons for its use is as follows:
    - On six occasions to authorise medication because three month rule had expired and the SOAD had not yet authorised treatment.
    - On the other occasions it was due to change in legal status (CTO revoked), change in capacity or consent status or medication.
    - It was used on seven occasions to authorise ECT. On some occasions Section 62 ECT was given whereby a SOAD had not yet been requested.
- Use of emergency Section 62 treatment could be reduced with more prompt SOAD requests or certificate being provided by the SOADs. There were occasions during the last quarter when SOADs were requested by Responsible Clinicians within three days of the three month rule expiring.

### **3.7.3. Section 61, Review of Treatment**

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

There were 10 records made during this quarter under Section 61 which is slightly lower than the previous quarter when there 12 undertaken.

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

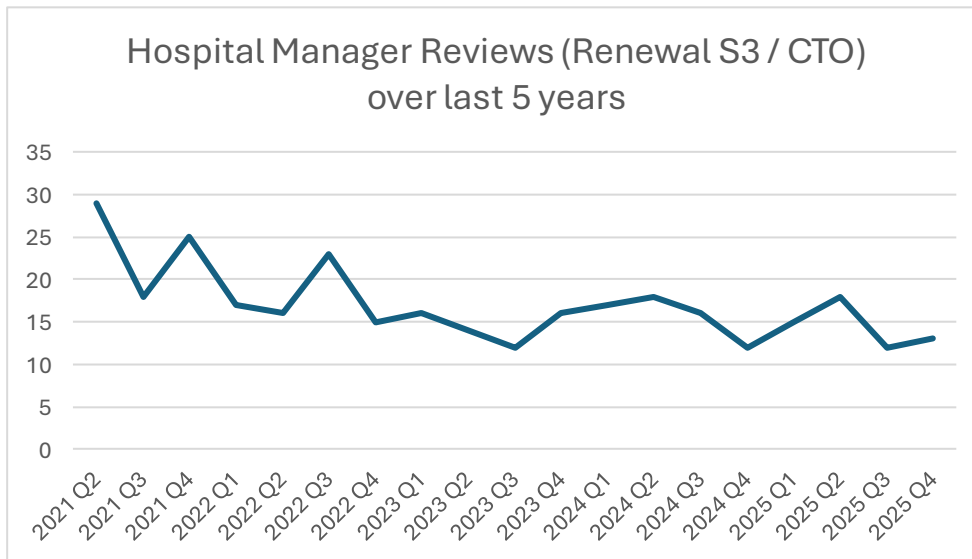
### **3.8.1. Applications for Discharge to Hospital Managers**

The number of applications for discharge to the Hospital Managers has once again fallen to three. This is a significant drop compared to the last three quarters which ranged from five to 15 per quarter. During the same quarter in 2018 16 applications were made. Of the application for discharge reviewed by the Hospital Managers and no discharge ordered. Others- withdrew their application and/or was made informal prior to the hearing taking place.

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 13 renewals this quarter which is consistent with both the previous quarter, of 12, and the same period last year of 12. There is a slight reducing trend in the number of renewal of sections 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. There was one occasion where this target could not be met due to the Responsible Clinician leaving the service therefore requiring a new clinician to become acquainted with the case.



**3.8.3. Application for Discharge by Nearest Relative**

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

**3.8.4. Hospital Managers Hearings**

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

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

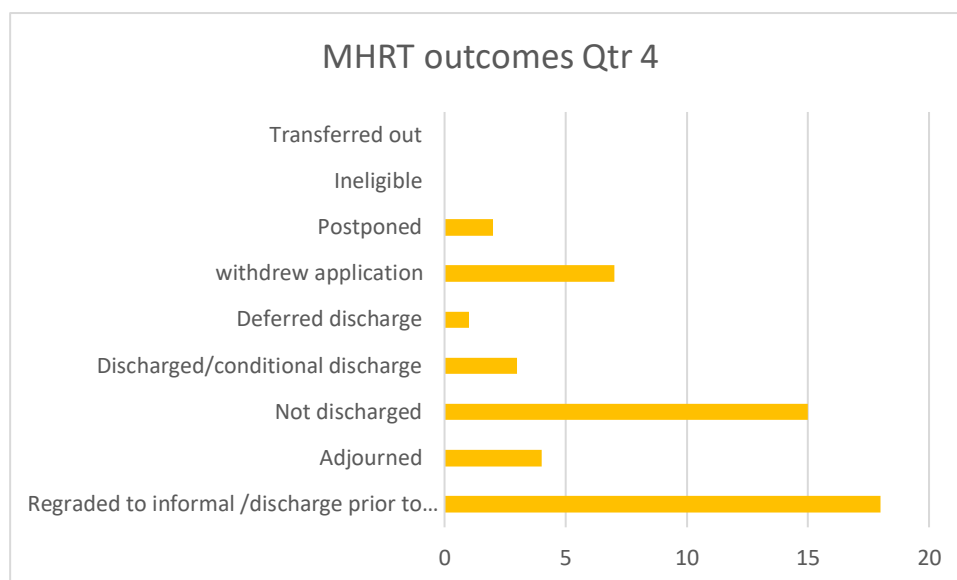
**3.8.5. Applications, Referrals and Outcomes at the Mental Health Review Tribunal**

There have been 39 applications/referrals to the Mental Health Review Tribunal (MHRTfW) during this quarter with 23 hearings conducted. During this period the MHRTfW office advised that all hearings would be conducted via Teams unless significant reasoning was provided not to do so. As a result, of 23 hearings less than five occurred in person and the rest remotely.

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

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

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 three years.

Activity	Average per Qtr 2018/19	Average per Qtr Now	Qtr 4 activity	Notes
Applications to the Hospital Managers	14	5	Less than 5	Applications to hospital managers generally remain significantly lower than pre-covid years.
Renewals / Extension reviews		16	13	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	39	Lower with average
MHRT hearings held		24	23	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:

(626) Section 5(4) Nurses Holding Power – *review complete and submitted to Committee for approval.*

(214) Independent Mental Health Advocacy (IMHA) Policy – *currently being reviewed*

(596) Section 5(2) Doctors Holding Power Policy – *notification received from Policy Coordinator to commence review.*

(625) Community Treatment Order Policy – *notification received from Policy Coordinator to commence review.*

### 3.9.2. Training

The Mental Health Act Team continues to provide training to services and partner Agencies on the use and processes in performing the functions of the Act. During Quarter 4 the following sessions have been provided either face to face or via MS Teams

Date	Group	Topic
19.01.26	Induction session to Hospital Managers	MHA Act and scheme of delegation requirements for nursing staff
17.02.26	Bryngofal qualified nurses	Consent to Treatment provisions
05.02.26	Induction session to new doctors	MHA Act relevant to role

In addition a pre-recorded training presentation on Section 136 and Section 5(2) and receiving and completion of detention forms are available on the MHA Administration SharePoint page - readily and easily accessible to all staff across the Hywel Dda sites. Further presentations to be developed 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 2 detentions have 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 20 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 17 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 27 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 1245 persons eligible for Section 117 aftercare within the health board.

## 4.0. Description of Sections

### Longer Term Sections (medication can be given)

#### **Section 2 Admission for assessment – up to 28 days**

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

Criteria needs to be met -

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

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

#### **Section 3 Admission of treatment – up to six months, renewable for six months, 12 monthly thereafter**

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

Criteria needs to be met -

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

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

### Short Term Sections (medication cannot be given)

#### **Section 4 Admission for emergency – up to 72 hours**

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

Criteria needs to be met -

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

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

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

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

1 x Form HO12

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

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

1 x Form HO13

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

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

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

Form CP1

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

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

Form CP5

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

Criteria needs to meet the same as Section 3 -

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

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

Revocation requires the written agreement of an AMHP. Form CP7

**Places of Safety Sections (medication cannot be given)**

**Section 135 Warrant to search and remove**

**Section 135(1) – warrant to enter and remove**

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

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

Criteria is:

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

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

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

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

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

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

**Section 136 Place of Safety – up to 24 hours**

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

Criteria is:

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

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

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

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

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

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

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

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

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

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

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

*is suffering from mental disorder and that either –*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The section only applies to:

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

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

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

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

2.2

10 Mins

---

2.2 - Risk Register

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

**Attachments**

[MHLC Operational Risks - June 2026 v4.pptx](#)

[Appendix 1 MHLC Risk Register - Apr 26.pdf](#)



# Operational Risk Report

Mental Health Legislation Committee – 4<sup>th</sup> June 2026

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

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

Operational Risks

2

# Risk Management - Overview



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

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

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

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

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

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 (eg 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.



# Operational Risks assigned to MHLC



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

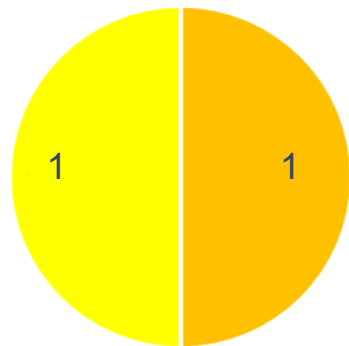
2 operational risks on Datix have been aligned to the Mental Health Legislation Committee (MHLC) which are all within review date. They have been identified as reportable to MHLC based on the following criteria:

- MHLC has been selected by the risk lead as the 'Local Management Group' on Datix;
- Risks have been identified at operational level on Datix risk module;
- The current risk score is either equal to or exceeds the target risk score.

The following slides summarise the reportable operational risks aligned to MHLC. The Risk Register attached at **Appendix 1**, provides full detail of reportable risks.

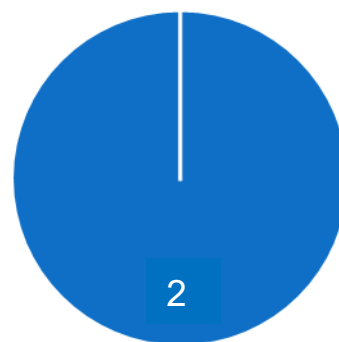
Total Number of Open Risks meeting criteria for reporting	2
New risks since last report to MHLC	1
Risks closed since last report to MHLC	0
Increase in risk score since last reported to MHLC ↑	0
Decrease in risk score since last reported to MHLC ↓	0
No change in risk score since last reported to MHLC →	1
EXTREME (RED) Risks (based on 'Current Risk Score')	0
HIGH (AMBER) Risks (based on 'Current Risk Score')	1
MODERATE (YELLOW) Risks (based on 'Current Risk Score')	1

Risk Level



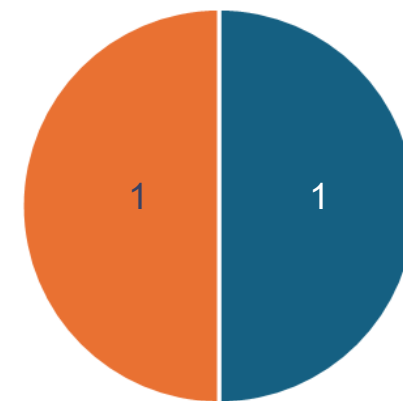
■ High Risks ■ Moderate

Risks by Clinical Care Group/Executive Function



■ Mental Health & Learning

Expected Date to Achieve Target Risk Score



■ Oct-26 ■ Dec-26

# New Risks Added since last report to MHLC



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1857 - Risk of delayed admissions under the Mental Health Act due to patient flow and bed capacity	Mental Health and Learning Disabilities	Chief Operating Officer	<b>12</b> <b>NEW*</b>	<b>6</b>	14/10/2026	01/05/2026

## Rationale for Current Risk Score

Bed demand outweighs capacity despite control measures (evidenced by private bed usage and the Local Authorities data re delays and issues; reported to MH Legislation Scrutiny Group which feeds into the MHLC), no option of further surge beds.  
No bed availability outside of the Health Board and potentially a delay or lack of a commissioned bed outside of Wales. All of this is outside the MHL D CCG's control.

## Rationale for Target Risk Score (TRS)

The target risk score will be attained on completion of the planned risk action i.e., through the creation and operation of two crisis beds within the existing mental health inpatient service infrastructure.

*\*Risk 1857 was closed in November 2025 but re-opened on 30<sup>th</sup> March 2026.*

# Risks with no change in Current Risk Score



Risk Reference & Title	Overseeing Clinical Care Group / Executive Function	Lead Director	Current Risk Score	Target Risk Score	Expected Date to Achieve Target Risk Score	Date of last risk review
1781 – Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion count	Mental Health and Learning Disabilities	Chief Operating Officer	6 →	4	31/12/2026	10/02/2026

## Rationale for Current Risk Score

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

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

## Rationale for Target Risk Score (TRS)

A paper is being drafted by the Assistant Director of Nursing which, once completed, is to be presented to Public Board (November 2026). The completion of this action will enable the target risk score to be achieved.





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



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1857	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHL: AMH Inpatient Services	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Bassett-Gravelle, Ms Lisa	04-Jun-24	<p>There is a risk of for adults and young people who are assessed to require admission to a mental health bed</p> <p>This is caused by demand is out weighing capacity and flow of adult mental health beds. No availability of a bed in a neighbouring health board or a time delay in locating and transferring to a commissioned bed outside of Wales.</p> <p>This will lead to an impact/affect on an absence or delay in inpatient bed for assessment, treatment and risk management and will result in an inability to deliver safe effective care to the individual concerned and further impact the wellbeing or resilience of family, friends or carers.</p> <p>Emergency departments are being utilised as place of safety, whilst waiting for a bed.</p> <p>Patient experience is impacted, Emergency departments waiting rooms not suitable for individuals in high level of distress.</p> <p>Significant overspend of inpatient budget.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Worthybush General Hospital.</p>	<p>Clinical demand and capacity position is managed dynamically at the twice daily week and once daily weekend bed conference in order to attempt to create capacity</p> <p>Crisis Team will monitor and support the individual and family even when home treatment not possible to be delivered.</p> <p>AMHP is involved in handover and development of a care plan with the CRT or CMHT.</p> <p>Process to obtain a bed outside of the health board would be instigated</p> <p>St John's ambulance would be prioritised</p>	Safety - Patient, Staff or Public	3	4	12	<p>Bed demand outweighs capacity despite control measures (evidenced by private bed usage and the Local Authorities data re delays and issues; reported to MH Legislation Scrutiny Group which feeds into the MHLC), no option of further surge beds. No bed availability outside of the Health Board and potentially a delay or lack of a commissioned bed outside of Wales. All of this is outside the MHL CCG's control.</p>	<p>Incidences will be monitored via Legislation group on a bi monthly basis over the next 6 months and risk score reviewed accordingly</p> <p>Oversight of Out-of-Area Beds - CMHT Clinical Oversight:</p> <p>need for daily clinical oversight of patients in private beds</p> <p>CMHTs to be actively involved and report into daily patient flow meetings regarding repatriation and / or discharge plans for OoA patients</p> <p>Out-of-Area Escalation request should be accompanied by clear care plans, and plans for pro-active oversight</p> <p>Communication to MHL CCG Managers, medical staff and Clinical Coordinators that Admissions into Adult and CAMHs 136 suites to be a never event. This will reduce impacts on the wider system and partner agencies</p> <p>Agreed action from Urgent patient flow meeting on 7th October 2025 Ward Round Scheduling</p> <p>Ward MDTs requesting a more structured approach to enable the wards teams to plan &amp; coordination across teams to better manage the patient flow demands</p>	<p>Bassett-Gravelle, Ms Lisa</p> <p>Bassett-Gravelle, Ms Lisa</p> <p>Bassett-Gravelle, Ms Lisa</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Local authorities have agreed to include incidences in their reports to Legislation group</p> <p>Agenda for MHL CCG Patient flow meeting to include updates on patients in private beds, also consideration for repatriation</p> <p>Care and treatment plan and plan for oversight by local team to be fed into patient flow deep dives</p> <p>Memo circulated to all MHL CCG Managers, medical staff and Clinical Coordinators</p> <p>Progress to be reported in follow up meeting in November 2025</p>	Mental Health Legislation Committee	3	3	6	The target risk score will be attained on completion of the planned risk action i.e., through the creation and operation of two crisis beds within the existing mental health inpatient service infrastructure.		30-Mar-26

Risk Ref	Clinical Care Group / Executive Function	Clinical Service Group / Executive Function Service	Clinical Service Sub-Group / Executive Function Service	Executive Director	Clinical Care Group Director / Executive Function Lead	Clinical Service Group Lead / Executive Function Service Lead	Clinical Service Sub-Group Lead / Executive Function Service Lead	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Impact	Current Risk Score	Rationale for Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score (tolerable score)	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1781	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHL: AMH Community services	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Davies, Amanda	28-Nov-23	<p>There is a risk of individuals (potential patients) in Ceredigion not being provided with a Community Section 136 facility in their county (i.e. allowing them to be taken to a place of safety if police are concerned that the individual may have a mental disorder and for an assessment to be undertaken).</p> <p>This is caused by the temporary closure of the existing room at the community mental health centre in Aberystwyth due to environmental issues and staff capacity which were highlighted in a recent internal review of Hywel Dda Section 136 provisions by Estates/Health &amp; Safety.</p> <p>This will lead to an impact/affect on being able to provide a place of safety within a timely manner which results in a delay to patient care and additional duress to individuals who may already be experiencing distress. Patients have to travel further as any Section 136 patients have to be redirected to the nearest hospital place of safety which is currently Bryngofal Ward in Llanelli.</p> <p>Risk location, Ceredigion.</p>	<p>Bryngofal ward is used as the nearest place of safety as an alternative. Clear consultation process in place between Dyfed Powys Police and designated manager in HB over 24 hour basis</p> <p>Out of Hours SOP in place</p> <p>Working groups regularly discuss Section 136: Legislation Scrutiny Group, Legislation Committee, Crisis Concordat Meeting (locally and national) and Police Joint Working groups in all 3 counties.</p>	Safety - Patient, Staff or Public	2	3	6	<p>Likelihood score given is 3 as it is always possible that an individual in Ceredigion will need to be detained on a Section 136. The current Impact score given is 2 as minor intervention is sometimes required (i.e. moving an individual to a different county) with an increased length of time in care/delay in assessment being undertaken.</p> <p>The risk of having no facility in Ceredigion is outweighed by the fact that the facility was unfit for purpose and a much higher risk in itself.</p> <p>Risk reviewed-ongoing engagement within the Clinical Care group and wider stakeholders.</p>	<p>Engage with stakeholders and complete review which will generate further actions</p>	Temple-Purcell, Rebecca	04/02/2025 10/08/2026	<p>We are awaiting a paper required for the Public Board. At present, we are unable to progress this item any further until the paper has been received and reviewed.</p>	Quality, Safety and Experience Committee	2	2	4	<p>A paper is being drafted by the Assistant Director of Nursing which when completed is to be presented to Public Board (November 2026). The completion of this action will enable the target risk score to be achieved.</p>	Treat	10-Feb-26
															Reduction in private OOA bed use through creation and operation of two crisis beds within existing mental health inpatient service infrastructure by 1 (Bryngofal) and 1 (St Caradog)	Bassett-Gravelle, Ms Lisa	16/12/2026	<p>Establish project team including clinical leads, operational leads, psychology, MDT, estates, and service user representatives. Initial action group meeting in April 2026</p>								

2.3

10 Mins

---

2.3 - Mental Health Legislation Scrutiny Group Update

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

**Attachments**

[Mental Health Act Scrutiny Group Report for MHLC 04 June 2026.pdf](#)

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health Legislation Scrutiny Group Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Becky Temple-Purcell, Chair of the Mental Health Legislation Scrutiny Group

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report provides the Mental Health Legislation Committee (MHLC) with a summary and update from the Mental Health Legislation Scrutiny Group (MHL SG) meeting held on 15 May 2026, outlining key areas of performance, risk, governance and development across mental health legislation systems.

**Cefndir / Background**

The Mental Health Legislation Scrutiny Group operates as a formal sub-group of the MHLC, with responsibility for providing assurance regarding compliance with the Mental Health Act (1983) and the Mental Health (Wales) Measure (2010). The group routinely considers performance, quality, and governance information including Mental Health Measure data, Mental Health Act activity, risk register oversight, Local Authority reporting and policy updates. At the May meeting, attendance was limited, including the absence of Local Authority representation, and while quoracy was uncertain the group agreed to proceed. A key theme arising from discussion was the need to strengthen the qualitative aspects of reporting, particularly in relation to patient experience and outcomes, which are currently underrepresented within existing data.

**Asesiad / Assessment**

**Governance**

In relation to governance arrangements, the group reviewed prior meeting records and agreed amendments to ensure accuracy before recirculation. Primary Care representation has not been established at Scrutiny Group meetings to date. Whilst Local Authority, Police and Lived Experience Representatives are typically in attendance, they were unable to attend this meeting, which impacted the breadth of multi-agency scrutiny and assurance.

**Patient Experience**

To address gaps in qualitative insight, it was agreed that advocacy-led thematic reporting will be introduced on a quarterly basis to better capture patient experience and narrative alongside existing quantitative data.

## **Review of Risks**

The review of the risk register confirmed that key risks remain largely unchanged. Workforce pressures in Ceredigion continue to present a risk despite some improvement in staffing levels, and the position requires ongoing monitoring. The risk relating to Gorwelion Community Based Place of Safety remains dependent on progression of the Section 136 proposal, due to be presented to Board in June 2026. Bed availability has re-emerged as a concern, reflected in further recent use of private out-of-area beds as a mitigation. Members highlighted the need for more detailed risk reports to be provided to the group in order to support effective scrutiny and strengthen oversight.

## **Mental Health (Wales) Measure 2010**

Performance information for the Mental Health Measure identified variability across services during the reporting period. Adult Mental Health performance in Part 1A of the Measure experienced a temporary decline in January 2026 which was attributed to sustained demand, increasing clinical complexity of cases and workforce pressures, although improvement, meeting expected levels of compliance, has been noted in subsequent months. Child and Adolescent Mental Health Services (CAMHS) performance demonstrated a more significant dip in Part 1B of the Measure, linked to workforce capacity and annual leave patterns, with early indications suggesting recovery following improved planning. Compliance with Care and Treatment Planning requirements is broadly above expected levels, although some variation remains at a local level. Challenges were reported in relation to 72-hour follow-up, particularly where patients are transferred between services or placed out of area. Strategic discussion also highlighted the potential implications of Open Access models on performance expectations and delivery.

## **Mental Health Act 1983**

Fluctuations in activity across different sections of the Mental Health Act were noted as a normal pattern, with recent variation including a reduction in Community Treatment Orders following higher use in the previous quarter; overall trend data remains relatively stable. There has, however, been a sustained increase in the use of the Act within general hospital settings, particularly in relation to Sections 5(2) and 2. Section 136 activity has also increased, although the completeness of data is impacted by inconsistent completion of monitoring forms. Discussion also considered the operation of Hospital Managers and Mental Health Review Tribunals, with ongoing concerns regarding the default use of remote hearings, which can present challenges for some patients and participants including Next of Kin, particularly where access to technology is limited. In addition, it was agreed that future reporting will include trend analysis of detention rates by sex, with broader consideration given to demographic data, including ethnicity to better understand patterns and support effective oversight.

Concerns were raised regarding the completeness and consistency of Local Authority data submissions, limiting the group's ability to fully scrutinise system performance. To address this,

work is proposed to develop a more standardised reporting template to support improved consistency and transparency across partner organisations.

### Policy Review

The outcome of policy review work was shared in relation to the Independent Mental Health Advocacy (IMHA) and Section 5.4 policies which remain up to date with no amendments required and will progress for approval at Mental Health Legislation Committee.

### National Developments

An update was received on the Thalamos programme of work being undertaken on behalf of the national NHS Performance and Improvement team to explore opportunities for streamlining and digitalising Mental Health Act administration processes. A principal recommendation arising from this work is the national adoption of mandated digital signatures and forms to enable more consistent and efficient processes.

### Recommendation

The Committee is asked to:

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

### 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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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
Partion / 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)**

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	SBAR template in use for all relevant papers and reports.
<b>Gweithlu: Workforce:</b>	SBAR template in use for all relevant papers and reports.
<b>Risg: Risk:</b>	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
<b>Cyfreithiol: Legal:</b>	Not Applicable.
<b>Enw Da: Reputational:</b>	Not Applicable.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable.
<b>Cydraddoldeb: Equality:</b>	Not Applicable.

2.4

10 Mins

---

2.4 - Hospital Power of Discharge Sub  
Committee Update Report and Terms of  
Reference for approval

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

| For approval

**Attachments**

[Hospital Power of Discharge Sub Committee Report 040626.pdf](#)

[Appendix 1 ToR draft April 26.pdf](#)

## 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:

**Alert<sup>1</sup>** (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.

**Advise<sup>2</sup>** (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

---

<sup>1</sup> 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.

<sup>2</sup> 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.

### **Assure<sup>3</sup> (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**

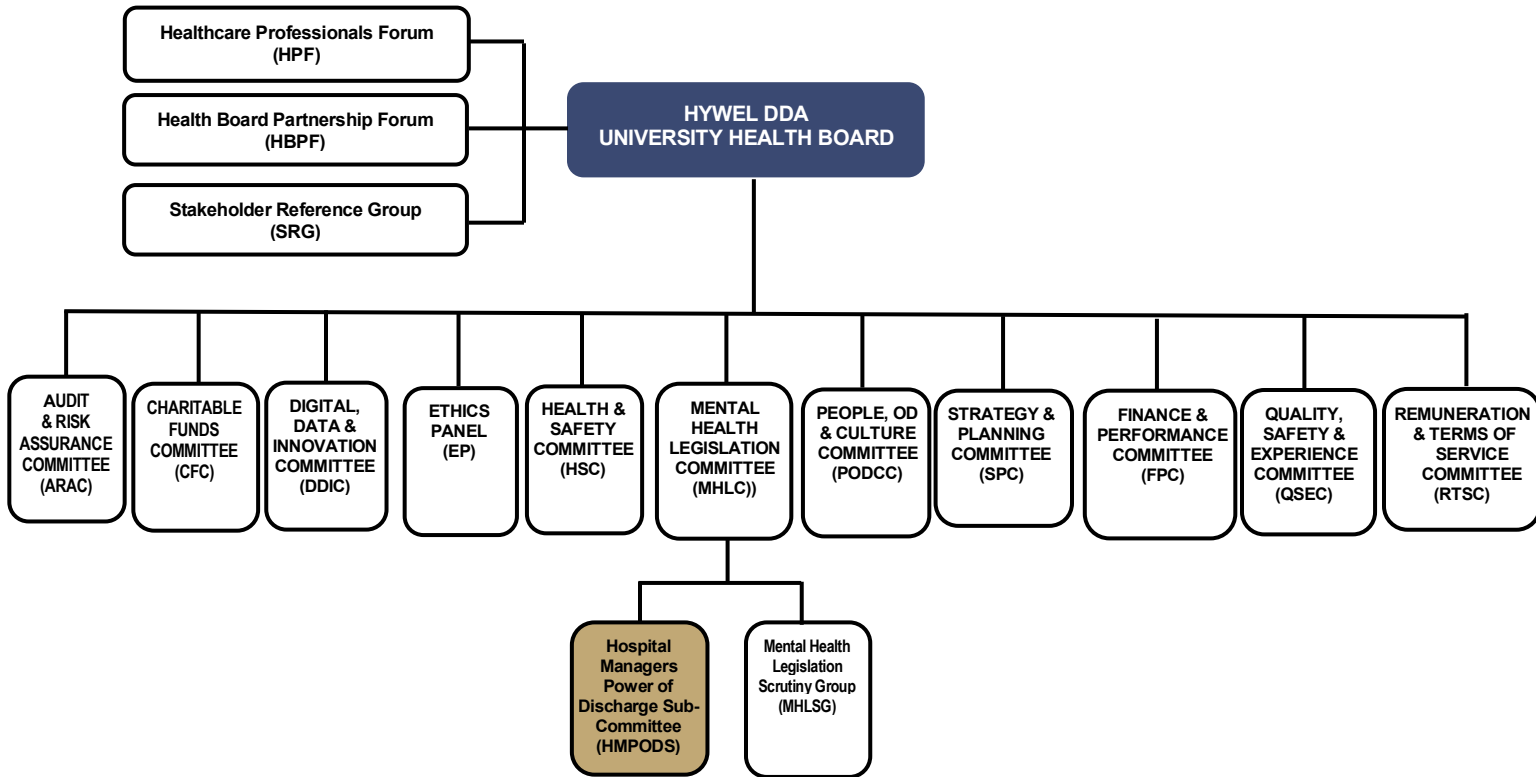
The Mental Health Legislation Committee is asked to:

- **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

---

<sup>3</sup> 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:

<b>Title</b>
Independent Member (Chair)
All Independent Members
All Appointed Lay Members

4.2 Attendees of the Sub-Committee shall comprise:

<b>Title</b>
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.

2.5

10 Mins

---

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

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

**Attachments**

[Mental Health \(Wales\) Measure 2010 Performance Report Jan-Mar 26.pdf](#)

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Mental Health (Wales) Measure 2010 Performance Report between January 2026 – March 2026
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ms Amanda Davies, Head of Adult Mental Health Community

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to present to the Mental Health Legislation Committee the Mental Health Performance Report in relation to the Mental Health (Wales) Measure 2010 between January 2026 – March 2026.

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

**The Mental Health (Wales) Measure 2010**

The Mental Health (Wales) Measure 2010 is being reported to the Committee on a quarterly basis 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 can access appropriate mental health support services, receive care that is co-ordinated by a named person, enables direct access back to services following discharge and that the entitlement to independent mental health advocacy is increased.

**To achieve this the Measure is divided into four Parts:**

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

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

Part 3 - Enabling former users of secondary mental health services who have been discharged to refer themselves back for assessment without having to first go to their GP  
 Part 4 - Expanding the Independent Mental Health Advocacy (IMHA) to informal patients.

**Asesiad / Assessment**

**Part 1 – Local Primary Mental Health Support Services**

**Adult Part 1(a)**

During December 2025, we observed an increase in demand alongside workforce pressures, including sickness absence, vacancies, and planned Christmas annual leave. These factors contributed to a temporary reduction in compliance. Following the winter period, compliance has improved in line with expectations; however, demand remains consistently high across all teams. We continue to see an increasingly complex patient profile, which is extending assessment times and, in some cases, requiring follow-up assessment appointments. This has the potential to impact overall compliance percentages. Following the challenges experienced over the last two months, teams have refocused on maximising available treatment slots. All vacant posts have now been recruited to, and sickness levels are reducing; however, Carmarthenshire services remain fragile due to a combination of long-term and short-term sickness absence. All teams are actively utilising the Primary Care Liaison Service (PCLS) at the point of referral, which is helping to reduce pressure on Local Primary Mental Health Support Services (LPMHSS) at the initial stage of the patient pathway.

**Adult Part 1(b)**

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

<b>PART 1</b>	<b>Detail</b>		<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
<b>Target a</b>	<b>80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral</b>	<b>Adult</b>	75.2%	88.9%	92.6%
		<b>CAMHS</b>	93.1%	88.4%	87.7%
<b>Target b</b>	<b>80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS</b>	<b>Adult</b>	93.4%	98.6%	99.3%
		<b>CAMHS</b>	90.7%	83.3%	69.2%

It was noted and discussed that the introduction of the open access and one-at-a-time approach may affect future reporting against Part 1 of the Measure. The demonstration projects may also influence reported data. A meeting will be arranged to begin local discussions and agree a broad approach to future reporting and data collation, and the matter will also be escalated to national leads for inclusion in future discussions.

### **Child and Adolescent Mental Health Services (AMHS) Part 1 b**

Accumulation of leave in March 2026 led to lower capacity due to poor planning on the part of the service, leading to diminished capacity. This followed a period of increased maternity leave and existing staff holding off taking leave. This has been addressed with the team.

### **Part 2 – Care and Treatment Planning (CTP)**

<b>PART 2</b>	<b>Detail</b>		<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
<b>Measure 1</b>	<b>90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP</b>	<b>Adult</b>	93.8%	96%	95.9%
		<b>OAMHS</b>	96%	96.2%	99.3%
		<b>LD</b>	95.7%	97.1%	97.4%
		<b>CAMHS</b>	91.2%	92.2%	94.5%
		<b>Commissioning</b>	100%	100%	81%

### **Adult Mental Health**

Adult Services are fully compliant; however, North Ceredigion is currently not compliant. Notwithstanding this position, the service continues to demonstrate positive progress toward achieving the required standard. Improvement has been incremental, with overall compliance recorded at 77% in March. Discussed during the meeting regarding the action being undertaken by the Senior Nurse in Ceredigion to ensure that the improvement is increased by the Team.

### **Older Adult Mental Health Services (OAMH)**

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

### **Learning Disabilities**

Compliant through this quarter.

### **Specialist Child and Adolescent Mental Health Services (S-CAMHS)**

Compliant through this quarter.

### **Commissioning**

The reported compliance rate is low at 81%; however, this appears to be due to an administrative reporting error. All patients have a valid CTP in place, and actual compliance is therefore 100%.

<b>New to secondary Mental Health services under CTP</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
<b>Adult</b>	32	19	28
<b>Older</b>	30	40	31
<b>CAMHS</b>	8	less than 5	12
<b>LD</b>	less than 5	less than 5	less than 5

Discharged from secondary Mental Health services	Jan	Feb	Mar
Adult	20	22	31
Older	29	26	32
CAMHS	7	8	less than 5
Learning Disabilities	less than 5	less than 5	less than 5

Data remains balanced within this quarter.

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

#### **Adult Mental Health & Older Adult Mental Health Services OAMH**

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

### **Part 4 – Independent Mental Health Advocacy – Local Targets only**

#### **Adult inpatient**

IMHA Performance target consistently met throughout the quarter.

#### **Older Adult inpatient**

IMHA Performance target consistently met throughout the quarter.

#### **S-CAMHS inpatient**

IMHA Performance target consistently met throughout the quarter.

Detail		Jan	Feb	Mar
100% of hospitals to have arrangements in place to ensure advocacy is available to all qualifying patients – Percentage of qualifying compulsory / voluntary patients have been offered advocacy services in the mental health services (Target 100%)	Adult	100%	100%	100%
	OAMHS	100%	100%	100%
	CAMHS	100%	100%	100%

#### **Detailed IMHA Report**

Mental Health Ward	JAN	FEB	MAR
Bryngofal - Carms	42	45	38

Bryngolau - Carm's	9	6	8
Low Secure Unit (LSU) - Carm's	9	7	7
Psychiatric Intensive Care Unit (PICU) - Carm's	14	16	14
Morlais - Carm's	8	11	11
Rainbow Suite/CAMHS - Carm's	0	0	0
St Caradog - Pembs	26	23	24
St Non - Pembs	14	12	16
Enlli - Ceredigion	12	13	19
<b>Total Carmarthenshire</b>	<b>82</b>	<b>85</b>	<b>78</b>
<b>Total Pembrokeshire</b>	<b>40</b>	<b>35</b>	<b>40</b>
<b>Total Ceredigion</b>	<b>12</b>	<b>13</b>	<b>19</b>
<b>Total MH Units</b>	<b>134</b>	<b>133</b>	<b>137</b>

<b>General Hospital</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>
Prince Phillip - Carm's	1	0	1
Glangwili - Carm's	5	less than 5	less than 5
Llandoverly - Carm's	0	0	0
Amman Valley - Carm's	0	0	0
Withybush - Pembs	7	6	7
South Pembs - Pembs	0	less than 5	less than 5
Bronglais - Ceredigion	3	0	less than 5
Tregaron - Ceredigion	0	0	0
<b>Total Carmarthenshire</b>	<b>6</b>	less than 5	less than 5
<b>Total Pembrokeshire</b>	<b>7</b>	<b>10</b>	<b>9</b>
<b>Total Ceredigion</b>	less than 5	<b>0</b>	less than 5
<b>Total General Hospital</b>	<b>16</b>	<b>14</b>	<b>15</b>

<b>Community:</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>
Carmarthenshire	0	less than 5	less than 5
Pembrokeshire	3	less than 5	less than 5
Ceredigion	0	0	less than 5
<b>Community Total:</b>	less than 5	less than 5	less than 5

During the meeting, concerns were raised regarding patient feedback about the recent shift to Mental Health Review Tribunals being conducted via Microsoft Teams, with face-to-face hearings now reserved only for exceptional circumstances.

Feedback relayed through the IMHA service indicates that some patients view this change as a backward step in their care, reporting significant difficulties engaging effectively in an online format. These concerns are being escalated through the All-Wales IMHA Peer Group to ensure that the patient voice is fully represented and that the impact of this change is understood at a national level.

### **72 Hour Follow up following inpatient discharge**

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

<b>Detail</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>
---------------	------------	------------	------------

Number of people <b>offered</b> a post discharge within 72 Hours	23	30	25
Number of people <b>received</b> a post discharge follow up within 72 hours	20	23	21

The need for assurance was discussed to ensure that follow-up arrangements for individuals discharged out of area and to District General Hospitals are clearly understood and that appropriate follow-up care is provided.

### Argymhelliad / Recommendation

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

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 The provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully;
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

**Gwybodaeth Ychwanegol:  
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Mental Health Scrutiny Group

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

**Cydraddoldeb:  
Equality:**

Not Applicable

### 3 - Policies/ Procedures for Approval

## 3.1

---

### 3.1 - Section 54 Nurse Holding Policy

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

| For approval

#### **Attachments**

[3.2 SBAR Sec 54 policy June 26.pdf](#)

[3.2 626 section 5-4Policy v3.pdf](#)

[3.2 EqIA Screening -626 - S 5\(4\) NURSES HOLDING POWER POLICY.pdf](#)



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	626 - Section 5(4) Nurses Holding Power Policy
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 document procedure 626 - "Section 5(4) Nurses Holding Power Policy" is currently approaching its three yearly review. This policy supports nurses of classified status in the process of detaining inpatients for a period of up to 6 hours that require a Mental Health Act assessment to be undertaken.

The MH Written Control Documents Group is the OWNING group.  
The MH Legislation Committee is the APPROVING group.

**Cefndir / Background**

There have been no changes in legislation to the use of Section 5(4) and the policy and its references have been adapted within the Health Board for a number of years without any significant reported issues.

In December 2025 the Mental Health Act 2025 received royal assent and its implementation is to be enacted within stages over the forthcoming years. If and when changes are introduced to this area of the Act a full review of Policy 626 and supporting documents will be undertaken.

**Asesiad / Assessment**

The Code of Practice, Wales recommends a Section 5(4) Policy and states the organisation must monitor frequency and reasons for its use

**Argymhelliad / Recommendation**

The Committee is asked to APPROVE the Policy, with no changes, for a further period of 3 years, unless earlier review is required due to legislative changes.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	MHA Legislation and MHA Code of Practice for Wales, 2016
Rhestr Termiau: Glossary of Terms:	Within policy document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	MH Scrutiny Group, MH Written Control Documents Group, Senior MH Nurses, Ward Managers

**Effaith: (rhaid cwblhau)**

<b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts
<b>Gweithlu: Workforce:</b>	No direct impacts
<b>Risg: Risk:</b>	No direct impacts
<b>Cyfreithiol: Legal:</b>	No direct impacts
<b>Enw Da: Reputational:</b>	No direct impacts
<b>Gyfrinachedd: Privacy:</b>	No direct impacts
<b>Cydraddoldeb: Equality:</b>	No direct impacts

# Section 5(4)

## Nurses Holding Power Policy

### Mental Health Act, 1983

#### Policy information

626

Classification:  
Clinical

Supersedes:  
*Previous Versions*

Local Safety Standard for Invasive Policy (LOCSSIP) reference:  
*Not applicable*

National Safety Standards for Invasive Policy (NatSSIPs) standards:  
*Not applicable*

Version number:  
3

Date of Equality Impact Assessment:  
30/03/2023

#### Approval information

Approved by:  
**Mental Health Legislation Committee**

Date of approval:  
**15/06/2023**

Date made active:  
**28/06/2023**

Review date:  
**03/08/2026**

Summary of document:

Section 5(4) allows a registered mental health or learning disability nurse to detain an inpatient for a maximum period of up to 6 hours in order for their assessment under the Mental Health Act. The policy provides information on how and who can implement it.

Scope:

Any mental health and learning disability inpatient setting where any person including children are receiving treatment for their mental disorder.

To be read in conjunction with:

[363 - Hospital Managers' Scheme of Delegation Policy \(sharepoint.com\)](#) – opens in a new tab

[596 - Doctors Holding Power Policy \(sharepoint.com\)](#) – opens in a new tab

[741 - Information to Patients Rights Procedure \(sharepoint.com\)](#) – opens in a new tab

Patient information:

[Mental Health and Learning Disabilities - Leaflet 5 - Section 5\(4\).pdf - All Documents \(sharepoint.com\)](#)  
– opens in new tab

[Mental Health and Learning Disabilities - Taflen Wybodaeth y Claf 5 adran 5\(4\).pdf - All Documents \(sharepoint.com\)](#) – opens in new tab

Owning group:

*Mental Health Legislation Committee*

*04/06/2026*

Executive Director job title:

*Chief Operating Officer*

Reviews and updates:

*1.0 – New Policy*

*2.0 – Review*

*3.0 - Review*

Keywords

Section 5(4), Nurses Holding Power, Mental Health Act, 1983

Glossary of terms

Term	Definition
AC	Approved Clinician – A mental health professional approved by the Welsh Ministers to act as an approved clinician for the purposes of the Act. In practice, Health Boards take these decisions on behalf of the Welsh Ministers
CTO	Community Treatment Order – Written authorisation on a prescribed form for the discharge of a patient from detention in a hospital onto supervised community treatment.
Form HO13	Statutory Welsh form to be completed by qualified nurse when implementing section 5(4)
RC	Responsible Clinician - The approved clinician with overall responsibility for the patient's case

IMHA	Independent Mental Health Advocate – An advocate independent of the team involved in patient care available to offer support to patients.
AMHP	Approved Mental Health Professional – A professional with training in the use of the Act, approved by a local authority to carry out a number of functions under the Act.
Mental Capacity Act (2005)	An Act of Parliament that governs decision-making on behalf of people who lack capacity, both where they lose capacity at some point in their lives and where the incapacitating condition has been present since birth.
MHRTfW	Mental Health Review Tribunal for Wales – A judicial body that has the power to discharge patients from detention, community treatment orders, guardianship and conditional discharge
Part 4, Mental Health Act	The Part of the Act which deals mainly with the medical treatment for mental disorder of detained patients (including conditionally discharged and community treatment order patients who have been recalled to hospital). It sets out when they can and cannot be treated for the mental disorder without their consent.
Section 2	Compulsory admission of a patient to hospital for assessment and for detention up to 28 days
Section 3	Compulsory admission to hospital for treatment and detention for up to six months
Section 17 leave	Formal permission for a patient who is detained in hospital to be absent from the hospital for a period of time; patients remain under the powers of the Act when they are on leave and can be recalled to hospital if necessary, in the interests of their health or safety or for the protection of others.
Section 133	The duty of hospital managers to inform nearest relatives of a patient's discharge.

## Contents

POLICY INFORMATION .....	1
APPROVAL INFORMATION .....	1
INTRODUCTION .....	5
SCOPE.....	5
AIM .....	5
OBJECTIVES .....	5
MAIN BODY (FREE TYPING ADD TITLES ETC).....	5
DUTIES AND RESPONSIBILITIES OF NURSES OF THE PRESCRIBED CLASS.....	5
ASSESSMENT PRIOR TO IMPLEMENTATION.....	6
DOCTOR/APPROVED CLINICIAN RESPONSIBILITIES .....	7
SECTION 17 LEAVE .....	7
COMMUNITY TREATMENT ORDER PATIENTS.....	7
SECTION 18 ABSENT WITHOUT LEAVE (AWOL).....	7
INAPPROPRIATE USE OF SECTION 5(4).....	7
ENDING OF SECTION 5(4).....	8
MEDICAL TREATMENT OF PATIENTS .....	8
TRANSFER TO OTHER HOSPITALS.....	8
APPEALS.....	8
MONITORING .....	8
TRAINING .....	9
ROLES AND RESPONSIBILITIES .....	9
CHIEF EXECUTIVE .....	9
EXECUTIVE LEAD.....	9
QUALIFIED MENTAL HEALTH AND LEARNING DISABILITY NURSES .....	9
REFERENCES .....	9
ATTACHMENT - NURSES MONITORING FORM .....	11

## Introduction

Under section 5(4) nurses of the prescribed class may detain a hospital inpatient who is already receiving treatment for the mental disorder for up to six hours. The decision to invoke the power is the personal decision of the nurse, who cannot be instructed to exercise the power by anyone else. This power may only be used where the nurse considers:

- The patient is suffering from mental disorder to such a degree that it is necessary for the patient to be immediately prevented from leaving the hospital, either for the patient's health or safety or the protection of other people.
- The patient is not an informal patient who is also subject to a Community Treatment Order.
- It is not practicable to secure the attendance of a Doctor or Approved Clinician who can submit a report under section 5(2).

## Scope

The Health Board has in place appropriate governance arrangements to monitor and review the exercise of functions under the Act on its behalf. The Mental Health Legislation Committee is specifically for this purpose.

This policy relates to any mental health and learning disability inpatient setting where any person including children is receiving treatment for their mental disorder.

## Aim

The aims of this policy are to:

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

## Objectives

Qualified Mental Health and Learning Disability Nurses should have due regard to the NMC Code of Practice, the Mental Health Act Code of Practice for Wales and specifically to its guiding principles when they are considering the use of nurses holding powers. This would ensure that considerations are given as to whether the objectives can be met in a less restrictive way.

## Main body

### **DUTIES AND RESPONSIBILITIES OF NURSES OF THE PRESCRIBED CLASS**

A nurse of the prescribed class is defined in the Mental Health (Nurses) (Wales) Order 2008 as a nurse registered in sub-part 1 or 2 of the nurses part of the Register of the Nursing and Midwifery Council, with a recordable qualification in mental health or learning disability nursing as follows:

A nurse registered in **Sub-part 1** of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing  
**Sub-part 2** of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing

**Sub-part 1** of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

**Sub-part 2** of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

## **ASSESSMENT PRIOR TO IMPLEMENTATION**

Before using the power, nurses should make as full as assessment as possible in the circumstances, but sometimes it may be necessary to invoke the power on the basis of only a brief assessment e.g. when events occur very quickly and the patient is determined to leave, the result of which could potentially have serious consequences if the patient was successful in leaving.

When making a full assessment they should assess:

- The likely arrival of the Doctor or Approved Clinician
- The likely intention of the patient to leave, as it may be possible to persuade the patient to wait until a doctor or approved clinician arrives
- The harm that might occur to the patient or others if the patient were to leave the hospital before the doctor or approved clinician arrives. In this regard, the nurse should consider all aspect of the patient's communication and behaviour, including:
  - The patient's expressed intentions
  - The likelihood of the patient harming themselves or others, or behaving violently
  - Any evidence of disordered thinking
  - Any changes to their usual behaviour and any history of unpredictability or impulsiveness
  - Dates of special significance for the patient
  - Any recent disturbances on the ward
  - Any relevant involvement of other patients
  - Any formal risk assessments, which have been undertaken
  - Any other relevant information

The use of the holding power permits the patient's detention for up to six hours or until a doctor or approved clinician with the power to use section 5(2) arrives at the place the person is being detained, whichever is the earlier. Detention under section 5(4) cannot be renewed although this does not prevent it from being used on more than one occasion if necessary.

The patient is detained from the moment the nurse makes the necessary record. The reasons for invoking the power and the time this was done should be entered on Care Partner, the patients' electronic record. A Form HO13 is completed by the nurse along with a local incident report form (Appendix A). These documents must then be emailed and posted to the Mental Health Act Administration Team.

A nurse using section 5(4) should use the least restricting intervention to prevent the patient leaving hospital.

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

The nurse should ensure that the patient is made aware of their rights under the Act and this is documented in the patients' notes. Information and leaflets are available to download from the Hywel Dda intranet. <http://howis.wales.nhs.uk/sitesplus/862/page/73945>

Hospital managers should ensure suitably qualified, experienced and competent nurses are available to all wards where there is a possibility of section 5(4) being invoked.

### **DOCTOR/APPROVED CLINICIAN RESPONSIBILITIES**

The use of section 5(4) is an emergency measure, and the Doctor or Approved Clinician with the power to use section 5(2) in respect of the patient should treat it as such and arrive as soon as possible. The doctor or approved clinician should not wait the maximum time of six hours before attending.

The power to detain lapses once the Doctor or Approved Clinician arrives to assess the patient. The time at which the patient ceased to be detained under section 5(4) should be recorded on care partner, the patient's electronic record, together with the reasons and outcome.

### **SECTION 17 LEAVE**

A patient detained on section 5 (4) cannot receive section 17 leave. They are not detained by virtue of either an application under section 2 or section 3 and therefore do not have a Responsible Clinician to grant such leave.

### **COMMUNITY TREATMENT ORDER PATIENTS**

Section 5(4) is not applicable to a patient subject to a Community Treatment Order (CTO). Patients can be recalled even during periods when they are in-patients. Therefore, where it is considered necessary, the recall procedure must be used to detain the patient and within the 72 hours allowed a decision must be made whether to revoke the CTO.

Section 5(4) cannot be used to keep a patient in hospital after the end of the 72-hour recall period if the CTO has not been revoked.

### **SECTION 18 ABSENT WITHOUT LEAVE (AWOL)**

A patient detained under section 5(4) who leaves the hospital is AWOL and can be retaken (into care) but only within the six-hour period.

### **INAPPROPRIATE USE OF SECTION 5(4)**

Section 5(4) cannot be used in the following circumstances:

- For an outpatient attending an accident and emergency department or any other out-patient facility.
- For a patient who is already liable to be detained under section 2, section 3 or section 4, or who is subject to a CTO.
- Is not to be used as a holding power simply for the purpose of persuading the patient to stay.

Patients should not be informally admitted with the sole intention of then using the holding power.

## **ENDING OF SECTION 5(4)**

Section 5(4) holding powers last for a maximum of six hours and cannot be renewed.

Detention under section 5(4) will end if: -

- The result of the assessment is a decision not to make an application under section 2 or section 3.
- An application under section 2 or section 3 is made.
- The patient is discharged for clinical reasons before an assessment can be undertaken.

The patient should be informed once they are no longer held under section 5(4) and advised of the reasons why. If this is because section 2 or section 3 was not applied, the patient should be informed they are free to leave hospital.

## **MEDICAL TREATMENT OF PATIENTS**

Patients subject to section 5(4) are not subject to consent to treatment provisions contained in Part 4 of the MHA. If the patient is mentally capable of making a decision about treatment, the common law enables them to refuse to be treated for either a physical or mental disorder. However, if the patient is assessed as being mentally incapable of making a decision about treatment, the treatment can be provided under the Mental Capacity Act 2005 if it is deemed to be in their best interests.

## **TRANSFER TO OTHER HOSPITALS**

Patients detained under section 5(4) cannot be transferred to another hospital under section 19, because they are not detained by virtue of an application made under Part 2 of the Act. This includes transfer between hospitals managed by the same hospital managers.

A patient who is subject to section 5(4) of the Act but needs to go to another hospital urgently for treatment, security or other exceptional reasons, can only be taken there if they consent to the transfer. If the patient lacks capacity to consent to the transfer, any transfer must be carried out in accordance with the MCA.

If, following transfer, the patient tries to leave the receiving hospital, a new situation will have arisen. In this circumstance, the receiving hospital may need to use section 5(4) to provide authority to detain the patient in that hospital.

In all cases, if the conditions are met, an emergency application for detention under section 4 of the Act could be made by the sending hospital. The patient could then be transferred to the receiving hospital under section 19. Alternatively, an emergency application under section 4 could be submitted to the managers of the receiving hospital.

## **APPEALS**

A patient detained under section 5(4) cannot make an application to the Mental Health Review Tribunal for Wales or appeal to the hospital managers.

## **MONITORING**

Day to day monitoring of all aspects of Mental Health Act documentation are carried out by the Mental Health Act administration team. Areas of non-compliance are addressed immediately with the patient's

multi-disciplinary team. If the issues are to do with treatment they can be escalated to the Service Manager. If there is a need to escalate further these Issues can be discussed at Mental Health Scrutiny Group and ultimately to Mental Health Legislation Committee.

Hospital managers should monitor the use of section 5(4), including:

- How quickly patients are assessed for detention and discharged from the holding power
- The proportion of cases in which applications for detention are, in fact, made following use of section 5(4).
- Ensure the patients are made aware of their rights under section 132 of the Mental Health Act.

## **TRAINING**

The health board will provide ongoing training for staff who have a delegated duty under the scheme of delegation. Details of training courses available can be found by contacting the Mental Health Act administration team.

## **Roles and Responsibilities**

### **Chief Executive**

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

### **Executive Lead**

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

### **Qualified mental health and learning disability nurses**

All qualified nursing staff caring for patients on mental health inpatient wards should be familiar with the procedures detailed in the document and other related policies and that all relevant documents are received by the Mental Health Act administration team including the local incident report form.

### **Mental Health Act Administration Team**

The Mental Health Act Administration team are responsible for monitoring the use of Section 5(4).

- The Mental Health Act administrator will carry out the scrutiny of documents and ensure that forms comply with guidance and the persons completing the forms are authorised to do so.
- The Mental Health Act administrator will ensure that correspondence is sent to the nearest relative, if the patients' written permission has been obtained.
- The Mental Health Act administrator will ensure that the original detention papers are filed in the patients' statutory file within the Mental Health Act Administration team.

## **References**

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

Mental Health Act 1983 - [www.legislation.gov.uk/ukpga/1983/20/contents](http://www.legislation.gov.uk/ukpga/1983/20/contents)

Mental Capacity Act 2005 - [www.legislation.gov.uk/ukpga/2005/9/schedule/7](http://www.legislation.gov.uk/ukpga/2005/9/schedule/7)

Mental Health Review Tribunal for Wales - [www.justice.gov.uk/tribunals/mental-health](http://www.justice.gov.uk/tribunals/mental-health)  
Human Rights Act 1998 - [www.legislation.gov.uk/ukpga/1998/42/contents](http://www.legislation.gov.uk/ukpga/1998/42/contents)  
<http://www.legislation.gov.uk/wsi/2008/2441/article/2/made>

NMC Code of Practice 2015 [www.nmc.org.uk/standards/code/](http://www.nmc.org.uk/standards/code/)

**Appendix A**

**SECTION 5(4) RECORD**

Full name and address of Nurse (of prescribed class) | \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

used Section 5(4) (Nurses Holding Power) to detain

Patients full name \_\_\_\_\_

Ward name \_\_\_\_\_

Currently an Informal In-patient on \_\_\_\_\_ (Ward)

in \_\_\_\_\_ Hospital/Unit

Reasons for using Section 5(4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date & time Section 5(4) implemented: \_\_\_\_\_

Date & time Section 5(4) expires: \_\_\_\_\_

RC/AC/Nominated Deputy contacted at: Time \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**N.B. THIS FORM SHOULD BE COMPLETED AND ATTACHED TO SEC. 5(4) PAPERS AND SENT TO THE MENTAL HEALTH ACT ADMINISTRATION TEAM**

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

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

### Purpose of an EqIA Screening Template

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

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

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

### On completion of the Screening Template:

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

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Mr Andrew Carruthers - Executive Director of Operations
<b>Service Area</b>	Mental Health and Learning Disabilities Service

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	626 - SECTION 5(4) NURSES HOLDING POWER POLICY
--	--

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

The aim of this policy is to ensure qualified mental health and learning disability nurses are aware of their individual and collective responsibilities when considering implementing holding powers.

Provide clear guidance to staff in relation to their legal responsibilities under the Mental Health Act 1983 as amended by the MHA 2007.

Ensure that statutory requirements under the Mental Health Act 1983 are met.

Practitioners should have due regard to the Mental Health Act Code of Practice generally and specifically to the Guiding Principles when they are considering the use of nurses holding powers. This would ensure that considerations are given as to whether the objectives can be met in a less restrictive way.

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

This policy aligns with legislative requirements. All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. It will be the responsibility of each person enacting this policy to ensure that it is implemented fairly and equitably, with dignity and respect. There will be no recommended changes to the policy document or process at this current time. Due to the Mental Health Act 2025 receiving Royal Assent in December 2025 changes are anticipated to a number of areas (including Section 5(4)) to be phased in over the next few years and at such time a full Equality Impact Assessment will be undertaken.

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

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

<b>Age</b>				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
No specific impact identified. The policy applies equally to all staff and does not present barriers unique to any protected group.				
<b>Disability</b>				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: No specific impact identified. The policy applies equally to all staff and does not present barriers unique to any protected group.				
<b>Gender Reassignment</b>				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: No specific impact identified. The policy applies equally to all staff and does not present barriers unique to any protected group.				
<b>Marriage / Civil Partnership</b>				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: No specific impact identified. The policy applies equally to all staff and does not present barriers unique to any protected group.				
<b>Pregnancy and Maternity</b>				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: No specific impact identified. The policy applies equally to all staff and does not present barriers unique to any protected group.				
<b>Race / Ethnicity</b>				
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				

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

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: <a href="#">more-equal-wales-socio-economic-duty</a>			
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>
Justification of impact identified: No specific impact identified. The policy applies equally to all staff and does not present barriers unique to any protected group.			<input checked="" type="checkbox"/>
<b>Welsh Language</b> Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>
Justification of impact identified: No specific impact identified. The policy applies equally to all staff and does not present barriers unique to any protected group.			<input checked="" type="checkbox"/>

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

Screening Completed by:	Name	Sarah Roberts
	Title	Mental Health Legislation Manager
	Contact details	<a href="mailto:Sarah.roberts@wales.nhs.uk">Sarah.roberts@wales.nhs.uk</a>
	Date	27.02.2026
Screening Approved at BPPAG:	Chair	<i>E. Carroll</i> Liz Carroll
	Date	10/02/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	<a href="mailto:Alan.winter@wales.nhs.uk">Alan.winter@wales.nhs.uk</a>
	Date	17/3/2026
Diversity and Inclusion Team additional Comments:		

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

## 3.2

---

### 3.2 - Independent Mental Health Advocacy Policy

| For approval

#### **Attachments**

[MHLC SBAR IMHA policy June 26.pdf](#)

[214 - IMHA policy v4.pdf](#)

[214 EqIA IMHA Apr 26.pdf](#)

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	214 – The Provision and Access to Independent Mental Health Advocacy Policy
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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**

Policy 214 – The Provision and Access to Independent Mental Health Advocacy (IMHA) Policy is due for its three-yearly review. The IMHA service is a statutory requirement under the Mental Health Measure Wales the service and is provided to patients detained, or liable to be detained, under particular sections of the Mental Health Act 1983 (MHA).

This service provides an additional safeguard for qualifying patients. IMHA's specifically provide specialist advocacy within the framework of mental health legislation.

The MH Written Control Documents Group is the owning group, and the MH Legislation Committee is the approving group.

**Cefndir / Background**

In December 2025 the Mental Health Act 2025 received royal assent and its implementation is to be enacted within stages over the forthcoming years. If and when changes are introduced to this area of the Act a full review of Policy 214 and supporting documents will be undertaken.

**Aseiad / Assessment**

There have been no changes in legislation to the use of IMHA service and the policy and its references have been adopted within the Health Board for a number of years without any significant reported issues.

The Code of Practice, Wales recommends an IMHA Policy and states the organisation must monitor frequency and reasons for its use

**Argymhelliad / Recommendation**

The Committee is asked to APPROVE the provision and access to IMHA Policy, with no changes, for a further period of 3 years, unless earlier review is required due to legislative changes.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	MHA Legislation and MHA Code of Practice for Wales, 2016
Rhestr Termiau: Glossary of Terms:	Within policy document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	MH Scrutiny Group, MH Written Control Documents Group, Senior MH Nurses, Ward Managers, IMHA Service Provider

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No direct impact
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No direct impact
<b>Gweithlu:</b> <b>Workforce:</b>	No direct impact
<b>Risg:</b> <b>Risk:</b>	No direct impact
<b>Cyfreithiol:</b> <b>Legal:</b>	No direct impact
<b>Enw Da:</b> <b>Reputational:</b>	No direct impact
<b>Gyfrinachedd:</b> <b>Privacy:</b>	No direct impact
<b>Cydraddoldeb:</b> <b>Equality:</b>	No direct impact

# The Provision and Access to the Independent Mental Health Advocacy (IMHA) Service Policy

## Policy information

**Policy number:** 214

**Classification:**

Clinical

**Supersedes:**

*Previous versions*

**Local Safety Standard for Invasive Policy's (LOCSSIP) reference:**

*Not applicable*

**National Safety Standards for Invasive Policys (NatSSIPs) standards:**

*Not applicable*

**Version number:**

4.0

**Date of Equality Impact Assessment:**

*29/04/2026*

## Approval information

**Approved by:**

*Mental Health Legislation Committee*

**Date of approval:**

*15/06/2023*

**Date made active:**

*28/06/2023*

**Review date:**

*15/06/2026*

**Summary of document:**

An Independent Mental Health Advocacy (IMHA) Service is provided to patients detained (and/or liable to be detained) on particular sections of the Mental Health Act 1983 (MHA). This service provides an additional safeguard for qualifying patients. IMHA's specifically provide specialist advocacy within the framework of mental health legislation.

The scope of the IMHA scheme is extended in Wales, by Part 4 of the Mental Health (Wales) Measure 2010. Patients also detained under certain short term sections (MHA) and also to non-detained in patients receiving assessment or treatment for mental health problems in hospitals in Wales.

**Scope:**

Hywel Dda University Health Board has a statutory duty to inform a qualifying patient of their rights to IMHA services and how to access it.

All staff are aware of the qualifying patient's rights to IMHA, the right to be supported by the IMHA service and its role and how to access it.

All relevant staff record an IMHA's involvement in a case and any information they provide to help decision-making.

All relevant people will be informed when an IMHA is working to support a qualifying patient.

Staff have a duty to inform the IMHA about any changes to patients that support representation they may provide and staff have a duty to inform other professionals that an IMHA has been instructed and is working with the service user.

**To be read in conjunction with:**

[363 - Hospital Managers' Scheme of Delegation Policy \(sharepoint.com\)](#) – opens in new tab

[741 - Information to Patients Rights Procedure \(sharepoint.com\)](#) – opens in new tab

**Patient information:**

[AWW Leaflet.docx \(sharepoint.com\)](#)

**Owning group:**

*Mental Health Legislation Committee*

*04/06/2026*

**Executive Director job title:**

*Chief Operating Officer*

**Reviews and updates:**

*V1 Policy*

*V2 Review*

*V3 Review*

*V4 Review*

**Keywords**

IMHA, Advocate, Mental Health, Learning Disabilities, Measure  
s

## Glossary of terms

Term	Definition
IMHA	Independent Mental Health Advocate – An advocate independent of the team involved in patient care available to offer support to patients.
Mental Health Act	The Mental Health Act 1983 is an Act of the Parliament of the United Kingdom which applies to people in England and Wales. It covers the reception, care and treatment of mentally disordered persons and other related matters.
Mental Capacity Act (2005)	An Act of Parliament that governs decision-making on behalf of people who lack capacity, both where they lose capacity at some point in their lives and where the incapacitating condition has been present since birth.
Section 130A Independent Mental Health Advocate (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.

## Contents

POLICY INFORMATION .....	1
APPROVAL INFORMATION .....	1
INTRODUCTION .....	6
SCOPE.....	6
AIM .....	6
OBJECTIVES .....	6
PROCEDURE.....	7
QUALIFYING/REFERRAL RULES .....	7
DUTY TO ARRANGE INDEPENDENT MENTAL HEALTH ADVOCATE [IMHA] SERVICES.....	7
IMHA SERVICE .....	8
CONFIDENTIALITY, RISK AND DISCLOSURE .....	8
REQUESTS TO .....	9
INSTRUCTED ADVOCACY .....	9
NON-INSTRUCTED ADVOCACY .....	9
ACCESSING THE IMHA SERVICE .....	9
ENDING IMHA'S INVOLVEMENT .....	10
DUTY TO GIVE INFORMATION ABOUT IMHA.....	10
INFORMATION FOR NEAREST RELATIVE .....	10
CORRESPONDENCE BETWEEN PATIENTS AND THEIR IMHA .....	11
NOTIFYING IMHAS ABOUT MEETINGS CONCERNING PATIENTS .....	11
THE ROLE OF THE IMHA .....	11
PRODUCTION AND INSPECTION OF RELEVANT RECORDS – PATIENTS WITH CAPACITY .....	12
PRODUCTION AND INSPECTION OF RELEVANT RECORDS – PATIENTS WHO LACK CAPACITY .....	12
ROLES AND RESPONSIBILITIES .....	13
REFERENCES .....	14

## 1. Introduction

An Independent Mental Health Advocacy (IMHA) Service is provided to patients detained (and/or liable to be detained) on particular sections of the Mental Health Act 1983 (MHA). This service provides an additional safeguard for qualifying patients. IMHA's specifically provide specialist advocacy within the framework of mental health legislation.

The scope of the IMHA scheme is extended in Wales, by Part 4 of the Mental Health (Wales) Measure 2010. Patients also detained under certain short term sections (MHA) and also to non-detained in patients receiving assessment or treatment for mental health problems in all hospital settings in Wales and is not confined to only Mental Health settings.

Evidence shows that advocacy can lead to an improved experience of mental health services for individuals. IMHAs also provide support in decision making, challenging discrimination and promoting access to complimentary ways of healing. The patient's voice will be heard and the patient can make informed choices. Therefore their rights will be safeguarded. There will be less risk that the patients' wishes and preferences will be over looked. In respect of patients lacking capacity to instruct an advocate or to make key care decisions advocacy services keep the user at the centre of decision making functions.

## 2. Scope

This policy applies to inpatients and community patients who are detained under relevant section of the Mental Health Act (excluding section 135/6). This policy applies to all healthcare staff as well as Independent Mental Health Advocates (IMHA) who are in contact with and/or care for a patient as defined above.

## 3. Aim

The aim of this document is to:

- Ensure that eligible patients under relevant sections of the MHA are supported by the IMHA service. This ensures the potential for advocacy to secure basic rights, create choice, improve the identification and understanding of mental health and learning disability needs and promote self-advocacy. .

## 4. Objectives

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

- Ensuring all staff are aware of which patients are eligible to access the IMHA service and the right to be supported by them.
- Ensure staff understand their responsibilities to enable the IMHA to fulfil their role and function.
- Ensuring all relevant staff record an IMHA's involvement in their electronic record and any information they provide to help decision-making. The record would show how a decision-maker has considered the IMHA's information as part of their decision or the reason for disagreeing with that information.
- Ensuring all relevant people will be informed when an IMHA is working to support a qualifying patient.

## 5. PROCEDURE

### 5.1. Qualifying/referral rules

A patient qualifies for access to the IMHA service if they are:

- A qualifying detained patient including those who are on Section 17 leave of absence from hospital and those on short term sections such as section 4 and section 5
- Conditionally discharged patients
- Subject to guardianship, or
- Patients subject to Community Treatment Orders
- Qualifying informal patients in a mental health and/or learning disabilities hospital unit.
- A patient with a learning disability has to have a learning disability of a type or degree which is viewed as a mental disorder under the MHA.
- Qualifying informal patients in district general hospitals undergoing assessment and/or for treatment for mental disorder including assessment of capacity.
- A patient is also a qualifying patient if they are not a detained patient but they are being considered for a treatment to which section 57 applies, or
- A patient is also a qualifying patient if they are informal and under 18 years; when the patient is being considered for electro-convulsive treatment or any treatment to which section 58A applies.

The above patient would remain as a qualifying patient until either of those treatment proposals are withdrawn or the treatment is completed or discontinued.

A patient is **not** a qualifying patient if they:

- Are held under holding powers of section 135/136

### 5.2. Duty to arrange independent mental health advocate [IMHA] services

Hywel Dda UHB, on behalf of the Welsh Ministers, has made arrangements for IMHAs to be available to help qualifying patients. Only independent advocates working for the contracted IMHA provider service may work or act as an IMHA.

All involved in the care of a patient have a duty to protect patients' confidentiality and this would include the IMHA service providers. IMHAs will be expected to carry an approved identity badge with a photograph of the holder to prove their identity whilst they are discharging their duties as an IMHA.

## 6. IMHA Service

IMHAs provide a safeguard for qualifying patients in the context of advocacy services available to patients. It does not replace any other advocacy services that are available to patients. They will operate in conjunction with those advocacy services. However, to meet the needs of certain patients who are subject to the MHA and informal inpatients and to those patients for whom certain particular treatments

are being proposed – the MHA creates a specialist advocacy service using advocates who are trained to work within the framework of mental health legislation.

The IMHA is required to act independently of any person who is professionally concerned with the patient's medical treatment and be able to act independently of any person who requests that IMHA to visit or interview a patient.

The involvement of an IMHA does not affect a patient's legal rights (or the rights of the nearest relative) with regard to seeking advice from a solicitor, nor does it affect any entitlement to legal aid and access to other advocacy providers including Independent Mental Capacity Advocates (IMCAs).

The IMHA service will meet the needs of qualifying patients in accordance with equality legislation.

## 7. Confidentiality, Risk and Disclosure

Anything that the patient tells an IMHA will remain confidential unless:

- The IMHA is instructed by the patient to divulge information; or
- Where there is good evidence of potential significant self-harm, risk to others or illegality.

IMHA will not attempt to find out any information that could be regarded as confidential about a patient, unless:

- They have been asked to do so by the patient; and
- The patient has the requisite capacity and has so requested
- In case of patients lacking capacity to instruct an IMHA they may request information in the patient's best interests

Staff will not divulge any confidential information regarding a patient to an IMHA unless:

- Asked to do so directly by the patient with capacity.
- Where an IMHA is acting in the best interests for patients lacking capacity

Staff will inform the IMHA if it is known that there is a potential risk to the advocate from a particular patient.

If staff divulge any information about a patient to an advocate then the advocate is obliged to disclose it to the patient. Hence, if there is any information that staff believe is inappropriate to be disclosed the team need to discuss with the IMHA the reasons for non-disclosure **prior** to making the disclosure.

Where patients do not have capacity the IMHA needs to inform staff whether they are working in an instructed or non-instructed way (as this may change).

## 8. Requests to:

### 8.1 Visit a Qualifying Patient

An IMHA shall comply with any reasonable request made to the IMHA by any of the following for them to visit and interview the patient. They are:

- The patient or the person identified as the patient's nearest relative
- Professionals involved in the care and treatment of the patient

Patients are free to decline advocacy when offered.

## 8.2 Meet with Professionals

- The IMHA is entitled to speak with anyone professionally concerned with the patient's medical treatment and care for their mental disorder.

## 9. Instructed Advocacy

Whenever possible, an IMHA will take instruction from the patient that they will be supporting. An advocate may help an individual to obtain information, explore options and carry out action but, throughout this process, the advocate will be directed by the individual and only act on their behalf. The role of the IMHA is to make sure the wishes of the individual are expressed and heard and that the patient has the best opportunity to engage.

## 10. Non-Instructed Advocacy

There will be occasions when a person lacks the capacity to instruct an IMHA. Non-instructed advocacy is a way of ensuring parity between people who can instruct advocates and those who cannot. Advocates have developed a range of approaches to providing this non-instructed support which may involve over time learning to communicate with such patients. There should be active consideration of the need to instruct an IMHA for patients lacking capacity to make key care decisions so that individual needs and wishes are placed at the centre of all decision making.

## 11. Accessing the IMHA Service

Staff and or qualifying patients can access the IMHAs in accordance with the following instructions:

Complete and send an **electronic copy of the IMHA referral form**. Or contact the IMHA Service by phone – Carmarthen 01267 223197 and Haverfordwest 01437 762935. Their website address is [www.advocacywestwales.org.uk](http://www.advocacywestwales.org.uk). A copy of the IMHA referral form can also be downloaded from that web address.

## 12. Ending IMHA's involvement

The purpose of the IMHA service is to provide support in relation to **specific issues**. Hence, the IMHA will continue to be involved as long as all the specific issues persist and the patient continues to work with the IMHA. Once the issues have been addressed, the IMHA will close the case.

As long as the patient continues to be a qualifying patient, they would be able to request help from the IMHA service to address any other issue/s.

### 13. Duty to give information about IMHA

The MHA places a duty on the 'responsible person' to take such steps as are practicable to ensure that the qualifying patient understands:-

- That help is available to them from an IMHA, and
- How they can obtain that help.
- The patient must be informed about choices of which advocate is available to them

The managers of the hospital in which the patient is liable to be detained have delegated the responsibility to staff to ensure that the above is carried out. The above must be done verbally as soon as practicable after admission and an entry must be made in the patient records. A written copy of the information will also be given to the patient.

- Responsible person for informing qualifying inpatients is delegated to staff based on In-patient units including general hospitals.
- Responsible person for informing patients subject to Community Treatment Orders is delegated to care coordinators.
- Responsible person for informing conditionally discharged patients is delegated to care coordinators
- Responsible persons for informing informal patients being considered for Section 57 or Section 58A treatment is the approved clinician / responsible clinician / key worker or care coordinator
- The responsible person/s for patients subject to guardianship is the local social services authority.

### 14. Information for Nearest Relative

The Mental Health Act administration team has a system to send a copy of the written information regarding the IMHA service to nearest relatives unless the patient requests otherwise, in line with Hywel Dda UHB Procedures 363 - Hospital Managers Scheme of Delegation 741 - Information to Patients – Patients' Rights .

### 15. Correspondence between patients and their IMHA

Hospital Managers cannot withhold correspondence between patients and their IMHAs.

### 16. Notifying IMHAs about meetings concerning patients

In arranging meetings for eligible patients such as ward rounds, care and treatment planning reviews consideration should be given for facilitating IMHAs attendance with or for the patient by proper consultation or notice where practicable.

## 16. The role of the IMHA

The role of the IMHA centres on the provision of effective assistance to qualifying patients ensuring that they understand the legal procedures of the MHA and the rights and safeguards to which they are entitled. It may include assistance in obtaining information about and understanding any of the following:

- Any conditions or restrictions to which the patient is subject to
- The medical treatment the patient is receiving, or which is being proposed or discussed, and the reasons for this
- The legal authority for the provision of such medical treatments and the safeguards
- care, treatment and discharge planning
- Supporting patients by attending meetings at their request on their behalf, but subject to the consent of the mental health professional who is convening the meeting
- Supporting the patient to apply to and obtaining legal representation to the Mental Health Review Tribunal for Wales or hospital managers' hearings, and in attending these if so requested. Following these, supporting the patient in understanding the outcomes.
- Providing information and signposting patients about other services which are available to them.
- IMHAs may assist patients with the complaints process.

The help shall also include help in obtaining information about and understanding any entitlement of rights and representation in exercising those rights.

The IMHA will additionally:

- Ensure that the patient's voice is heard by supporting them to engage with the multi-disciplinary team
- Support patients to access information, and to understand the options available to them
- May attend care planning and other meetings at which the patient is involved.
- May attend meetings at which the patient does not attend on request by the patient or when working non instructed
- Support patients in exploring options, making better informed decisions and in engaging with the development of their care plans
- Support the patient to counteract any actual or potential discrimination

## 17. Production and inspection of relevant records – Patients with capacity

As part of providing help to the patient, an IMHA may require the production of, and inspect, relevant records, relating to the detention or treatment in any hospital or held by a local social services authority, or any records in relation to any after care services provided for the patient under sec 117 aftercare.

However, an IMHA is not entitled to the production of or to inspect records **unless:**

- the patient has capacity to consent and the patient does consent

The above reference to capacity is to be read in accordance with the MCA.

## 18. Production and inspection of relevant records – Patients who lack capacity

There will be instances when the patient concerned lacks the necessary capacity to consent to the IMHA inspecting the records that relates to their detention and treatment. In such cases the IMHA may have access to records relating to their detention or treatment only when:

- the production and inspection of records would not conflict with a decision made by a donee or deputy or the Court of Protection
- the person who is holding the records thinks it is appropriate and the records in question are relevant to the support to be provided by the IMHA.

The IMHA should be asked to declare why they are seeking access to the records and the nature of the information being requested and it must be in the determined best interests of the patient.

The above reference to capacity is to be read in accordance with the MCA.

The competence of children with respect to the MCA is to be similarly taken into consideration for access to notes and records where the child does not have the competence to make such a decision.

## 19. Monitoring

Mental Health Advocacy contract review monitoring is undertaken quarterly by the MH&LD Service Transformation team and that entails a detailed look at finances, quality of service, patient experience and case studies, performance figures and any issues that arise. Discussion also takes place around any improvements required and qualifications of advocates.

## 20. Roles and Responsibilities

### **Chief Executive**

Is responsible for ensuring that responsibility for management of the legal and appropriate admission and care of patients is delegated to an appropriate executive lead and assuring this procedure is implemented within the Health Board.

### **Mental Health & Learning Disability Lead Executive**

Is overall responsible for the effective delivery of MHA and related legislation and policies, ensuring that there are appropriate quality assurance mechanisms in place in relation to this policy.

### **Director of Nursing Mental Health & learning Disabilities**

Co-ordinates the contract monitoring for the IMHA service and has responsibility for ensuring Service Managers and appropriate staff implement MHA legislation and guidance.

### **Service Managers**

Are responsible for ensuring that teams implement MHA legislation and guidance observing the MHA Code of Practice. They are also responsible for ensuring systems are in place and monitoring of

implementation within their area of responsibility, ensuring that all regulatory authority inspector reports are action planned and acted upon, this is done via the Mental Health Legislation Scrutiny Group

### **Mental Health Legislation Committee**

The purpose of the Mental Health Legislation Committee is to assure the board on the following:

- Those functions of the Mental Health Act, 1983 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 are operating correctly.
- The provisions of the MH Wales Measure (2010) are implemented and exercised reasonably, fairly and lawfully
- The UHB is compliant with the Mental Health Act, 1983, Code of Practice for Wales
- Provides quarterly assurance to the Board via a written report.

### **Monthly Ward Managers Forum**

- Receives and scrutinises quarterly updates from the advocacy service. It provides feedback from the advocates who have been working with patients. i.e. number of referrals, type of referrals, outcomes etc. This is for information only, there are no Welsh Government targets on the delivery of the IMHA service.
- Ensures documents remain fit for purpose and responds to any issues which transpire through the governance process.
- Reviews audit work and agrees action plans in relation to the MH Measure

### **MHA Administration Team**

Whilst there are no specific training requirements in relation to this and the MHA administration and the IMHA service provide training in relation to IMHAs as part of existing MHA training programme across the UHB. They also ensure referrals are made to the IMHA service where necessary.

### **Health Care Professionals**

Are responsible for ensuring that reasonable effort is made to ascertain whether or not a patient is offered the services of an IMHA and referring them to the service where necessary.

### **Support and Administrative Staff working within clinical areas**

- Must be aware of this policy and its content;
- Direct any patient who has a query about their legal rights to a health care professional unless they are competent to address the issues raised.

### **IMHA Service provider**

Is responsible for helping qualifying patients (those detained under the Act, conditionally discharged, subject to guardianship or a CTO) understand the legal provision to which they are subject under the Act and the rights and safeguards to which they are entitled. This could include assistance in obtaining information about any of the following:

- The provisions of the legislation under which they qualify for an IMHA;
- Their rights under the Act and how those rights can be exercised.

They are also responsible for providing training where necessary to staff across the UHB.

## 21. References

Further information can be obtained from the following sources:

- 1) The Mental Health Wales Measure (2010) and Explanatory Memorandum
- 2) The Mental Health (Independent Mental Health Advocates) (Wales) Regulations 2011 and Explanatory Memorandum
- 3) Mental Health Act Code of Practice for Wales 2016
- 4) Welsh Government Guidance for Commissioners and Providers – Delivering the IMHA Service in Wales Dec 2011
- 5) Advocacy Code of Practice 2018 – NDTi and Advocacy Standards – [www.qualityadvocacy.org.uk](http://www.qualityadvocacy.org.uk).
- 6) Welsh Government (2003) National Standards for the Provision of Children’s Advocacy
- 7) Welsh Government (2005) a Study of Advocacy Service for Children and Young People in Wales Advocacy Service.

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

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

### Purpose of an EqIA Screening Template

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

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

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

### On completion of the Screening Template:

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

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Mr Andrew Carruthers - Executive Director of Operations
<b>Service Area</b>	Mental Health and Learning Disabilities Service

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	214 - IMHA
--	------------

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

The policy aims to provide guidance to Health Board staff on the roles, functions and access to independent mental health advocacy, thereby enabling staff to inform eligible service users of their right to IMHA and to facilitate their access to it. This is covered by part 4 of the Mental Health Wales Measure 2010. The Board has a statutory duty to provide enhanced IMHA services to patients within mental health services. This policy aims to improve the patient experience for mental health service users and to empower patients.

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

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

Further information can be obtained from the following sources:

- 1) The Mental Health Wales Measure (2010) and Explanatory Memorandum
- 2) The Mental Health (Independent Mental Health Advocates) (Wales) Regulations 2011 and Explanatory Memorandum
- 3) Mental Health Act Code of Practice for Wales 2016
- 4) Welsh Government Guidance for Commissioners and Providers – Delivering the IMHA Service in Wales Dec 2011
- 5) Advocacy Code of Practice 2018 – NDTi and Advocacy Standards – [www.qualityadvocacy.org.uk](http://www.qualityadvocacy.org.uk).
- 6) Welsh Government (2003) National Standards for the Provision of Children’s Advocacy

7) Welsh Government (2005) a Study of Advocacy Service for Children and Young People in Wales Advocacy Service.

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

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

<b>Age</b>					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
<b>Disability</b>					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
<b>Gender Reassignment</b>					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>					
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
<b>Marriage / Civil Partnership</b>					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
<b>Pregnancy and Maternity</b>					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
<b>Race / Ethnicity</b> Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
<b>Religion or Belief</b> Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
<b>Sex</b> Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
<b>Sexual Orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: No specific impact identified. The policy applies equally and does not present barriers unique to any protected group.					
<b>Armed Forces Community</b> Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'  For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>					
Positive Impact		Negative Impact		No Impact	✓

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

**Socio Economic Duty**

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

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

**Welsh Language**

Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

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

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

Screening Completed by:	Name	Sarah Roberts
	Title	Mental Health Legislation Manager
	Contact details	<a href="mailto:Sarah.roberts@wales.nhs.uk">Sarah.roberts@wales.nhs.uk</a>
	Date	27/4/2026
Screening Approved at BPPAG:	Chair	Liz Carroll
	Date	27/05/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	<a href="mailto:Alan.winter@wales.nhs.uk">Alan.winter@wales.nhs.uk</a>
	Date	28/4/2026
Diversity and Inclusion Team additional Comments:		

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

4

---

## 4 - For Information

4.1

2 Mins

---

## 4.1 - Annual Work Plan 2026/27

| For information

### **Attachments**

[MHLC Work Plan 2026 27.pdf](#)

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

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

Agenda Item /Issue	Lead	Responsible Officer	June 2026	Sept 2026	Dec 2026	March 2027
<b>GOVERNANCE</b>						
Apologies*	Chair	All	✓	✓	✓	✓
Declaration of Interests*	Chair	All	✓	✓	✓	✓
Minutes of previous meeting *	Chair	CSO	✓	✓	✓	✓
Table of Actions *	Chair	CSO	✓	✓	✓	✓
Review of ToR's/Membership	Lead Director	Lead Officer	✓			
Review of ToR's/ Membership of MHLSG	Lead Director	Deputy Lead Officer			✓	
Review of ToR's/ Membership of Power Discharge Sub-Committee	Lead Director	MHA Administration Lead	✓			
Annual Work Plan*	Lead Director	Lead Officer			✓	
MHLC Annual Report 2025/26	Lead Director	Lead Officer	✓ (final)			
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		✓		✓
<b>PERFORMANCE</b>						
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)
<b>ASSURANCE</b>						
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	✓	✓	✓	✓
<b>FOR INFORMATION</b>						
Receive and review HIW MHA Annual Report	Lead Officer	Lead Officer			✓	
Mental Health Law Briefings * (when applicable)	MH Legislation Lead	MH Legislation Lead	✓ (when applicable)	✓ (when applicable)	✓ (when applicable)	✓ (when applicable)
New legislation/Measure/Policy Implementation Guidance (when applicable)	MH Legislation Lead	MH Legislation Lead	✓	✓	✓	✓
Schedule of Meetings for forthcoming year	Lead Officer	CSO				✓
<b>ADMINISTRATION</b>						

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

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

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

5

---

## 5 - Date and Time of Next Meeting

1st September 2026 at 10:30am via MS Teams

| For information