Date	**05/06/2025**
Time	**10:30 - 12:00**
Location	**Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account); MS Teams**

Mental Health Legislation Committee meeting [In-person]

HDD_Mental Health Legislation Committee

NHS Wales

Agenda - 5 June 2025

1 Governance

1.1 Welcome and Apologies

1 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.2 Declaration of Interests

1 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.3 Minutes of the meeting held on 11 March 2025

3 min
All

1.4 Table of Actions from the meeting held on 11 March 2025

2 min
All

1.5 MHLC Annual Report 2024-2025

5 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.6 Annual Review of MHLC Terms of Reference

5 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.7 Power of Discharge Sub-committee Annual Report 2024-2025

5 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.8 Annual Review of Power of Discharge Sub-committee Terms of Reference

5 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

1.9	**MHLC Self-assessment Outcome** 5 min *Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)*	
2	**Assurance and Risk**	
2.1	**Power of Discharge Sub-committee** 8 min *Ruth Bourke (Hywel Dda UHB - Mental Health Act Administration Lead)*	
2.2	**Mental Health Legislation Scrutiny Group** 8 min *Kay Isaacs (Hywel Dda UHB - Assistant Service Director- MHLD Clinical Care Group)*	
2.3	**Mental Health Act Report** 8 min *Ruth Bourke (Hywel Dda UHB - Mental Health Act Administration Lead)*	
2.4	**Mental Health (Wales) Measure 2010 Report** 8 min *Amanda Davies (Hywel Dda UHB - Head of Service, Adult Mental Health)*	
2.5	**Risk Register** 6 min *Liz Carroll (Hywel Dda UHB - Service Director MH&LD Clinical Care Group)*	
2.6	**Section 12(2) Doctors – Pay Review** 6 min *Warren Lloyd (Hywel Dda UHB - Consultant Psychiatrist)*	
3	**Policies**	
4	**For Information**	
4.1	**Schedule of Meetings 2025-2026**	

2 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

4.2 **Annual Work Plan 2025-2026**

2 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

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5 **Any Other Business**

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6 **Matters for Escalation to Board**

5 min
Iwan Thomas (Hywel Dda UHB - Independent Board Member), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Liz Carroll (Hywel Dda UHB - Service Director MH&LD Clinical Care Group)

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7 **Date and Time of Next Meeting**

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05/06/2025 10:30 - 12:00

1

10:30,

1 - Governance

1.1 **1 Mins**

1.1 - Welcome and Apologies

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

For information

1.2 **1 Mins**

1.2 - Declaration of Interests

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

For information

1.3 **3 Mins**

1.3 - Minutes of the meeting held on 11 March 2025

All

To agree and review the Minutes from 11th March 2025

For approval

Attachments

003. Minutes of the meeting held on 11 March 2025 v2.docx

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

Date and Time of Meeting:	10:30-12:00pm, Tuesday 11 March 2025
Venue:	Ystwyth Board Room and Via MS Teams

Present:	Mrs Eleanor Marks, Vice Chair of Hywel Dda University Health Board Mr Iwan Thomas, Independent Member Ms Ann Murphy, Independent Member
In Attendance:	Mrs Becky Temple-Purcell, Assistant Director of Nursing MH&LD Dr Warren Lloyd, Associate Medical Director/Consultant Psychiatrist CAMHS Ms Kay Isaacs, Assistant Director of MH&LD Mrs Sarah Roberts, Mental Health Legislation Manager Ms Ruth Bourke, Mental Health Act Administration Lead Ms Jane Hitchings, Pembrokeshire Local Authority Ms Corinne Everett-Guy, Carmarthenshire Local Authority Ms Angie Darlington, West Wales Action for Mental Health Mr Neil Mason, Head of Service for Older Adult Mental Health Service Ms Amanda Davies, Head of Service for Adult Mental Health Service Mr Richard Jones, Consultant Nurse and Responsible Clinician MHLD Secretariat: Ms Manon Horscroft, PA to Assistant Director of Nursing MH&LD

MHLC (25) 01	Introductions and Apologies for Absence	Action
	Mrs Eleanor Marks introduced herself to committee and welcomed all attendees to the meeting. The following apologies for absence were received: • Mr Andrew Carruthers, Chief Operating Officer • Mrs Lisa Bassett-Gravelle, Head of Adult Mental Health Inpatient Wards and Learning Disabilities • Ms Liz Carroll, Director of MHLD • Mr Neil Wooding, Chair of Hywel Dda University Health Board • Ms Angela Lodwick, Assistant Director of MHLD • Mr Simon Thomas, Ceredigion Local Authority	

MHLC (25) 02	Declarations of Interests	
	No declarations of interest were made.	

MHLC (25) 03	Minutes of the meeting held on 2 December 2024	
	The minutes of the meeting held on **2 December 2024** were **APPROVED** as an accurate reflection of the previous meeting.	

	The Committee **NOTED** and **APPROVED** the minutes from the previous MHLC meeting held on the **2 December 2024.**	

MHLC (25) 04	**Table of Actions from the meeting held on 2 December 2024**	
	The Table of Actions was reviewed, all actions were marked as completed and will be removed from the Table of Actions.	
	The Committee **NOTED** and **AGREED** the MHLC Table of Actions.	

MHLC (25) 05	**Power of Discharge Sub-committee**	
	The Power of Discharge Sub-committee met in December 2024. The Sub-committee is a group made up from Independent Board Members and Lead members that discuss issues relating to hearings that have taken place regarding detained patients either having a renewal of section or have applied for discharge from section. Ms Ruth Bourke confirmed that the Sub-committee look at general activity also in relation to Section 23 of the Act which is in respect to discharge from detention. Through the December meeting members received training relating to the Mental Health Act and received a presentation on Community Treatment Order that was delivered by Richard Griffith. At the next meeting members will receive a presentation on Information Governance as part of the role undertaking reviews involves highly confidential information in comparison to their usual duties. The Chair, Mrs Eleanor Marks shared that the meeting was very informative and interesting to attend.	
	The Committee **RECEIVED** and **NOTED** the Power of Discharge Sub-committee.	
MHLC (25) 06	**Mental Health Act Report**	
	The Mental Health Act Report highlighted the usage of the act during quarter three. The use of Section three continues to be lower than average use compared to other quarters. Mrs Roberts noted that A&E continues to be used as a place of safety. Within the report Mrs Roberts noted that figures on 117 usages has been included.	
	The Committee **RECEIVED** and **NOTED** the Mental Health Act Report.	
MHLC (25) 07	**Mental Health Legislation Scrutiny Group**	

The Mental Health Legislation Scrutiny Group met on 13 February 2025 where good representation was present throughout. During the meeting Ms Kay Isaacs noted that the group highlighted on their frequently asked questions regarding Section 136. The group have now made good progress on this additional information leaflet for individuals within the three counties. Ms Isaacs noted that the information leaflet will be presented to the Written Control Documentation Group for ratification.

In respect to the Section 136 review a meeting occurred in February to work on the Equality Impact Assessment and the Quality Impact Assessment with a paper being submitted to Public Board in May.

A new risk has been included on the Mental Health Legislation Scrutiny group risk register in respect to Gorwelion CMHT in Aberystwyth as there is a significant medical and nursing deficits within the team that is impacting on how the service are delivering care to the Community. The Directorate have decided to temporary change to the referral process for routine referrals from GP rather them going to the Community Mental Health Team and wait up to 28 days for an assessment the proposal is people are advised to contact the Single Point of Contact team 111 press 2. Ms Isaacs stated that this change has gone through various processes.

Ms Isaacs highlighted the report received from Pembrokeshire Local Authority during the meeting regarding concerns around staffing deficits around Social Workers. This is significantly impacting their ability to care coordinate individuals under the Mental Health (Wales) Measure which will also affect Part Two compliance within the measure. The issue has been raised within the Directorate where a meeting has been scheduled to address some of the concerns raised.

Ms Jane Hitchings raised that this has been an extremely difficult position for the service. The team have been continuing to maintain their statutory functions under the Mental Health Act however, the team have been trying to recruit into vacant posts within the teams over the 12 months. Ms Hitchings noted that during the previous four-five weeks there has only been three members of staff in work. The Team have now made the difficult decision to care coordinate any cases due to not having the resources available.

Ms Hitchings raised to Committee that the team will continue to support Health Colleagues with any social work tasks that are required but the team need to prioritise maintaining their functions under the Mental Health Act and Social Supervision for Ministry of Justice Cases and Court of Protection work. The team are re advertising posts with an increased supplement for AMHP's.

During the Mental Health Legislation Scrutiny Group meeting Carmarthenshire Local Authority noted an increase of assessment in relation to Young People and Children. In respect to Ceredigion the issues raised were the increase of Section four of the Mental Health Act and whether this has been undertaken because of the absence of Doctors. If a patient requires an urgent Section four the patient will need one doctor but will need to meet the urgency.

Ms Isaacs welcomed the work undertaken by the Quality Assurance and Practice Development team on the review, update and improve the Care and Treatment Audits. This Audit will now have a wider audit cycle to include the comprehensive assessment tool, the Risk Assessment Documentation and also a section that will look at the Quality and Standards of the written documentation.

In respect to the AMHP's situation in Pembrokeshire Mrs Sarah Roberts queried Ms Hitchings whether they have included this on their risk register and if it could be incorporated on to the Mental Health Legislation Scrutiny Group. Ms Hitchings noted that the team have included these concerns on their corporate risk register which is being maintained on their statutory functions under the Mental Health Act.

Mrs Marks raised concerns regarding the ongoing situation in Ceredigion. Mrs Marks queried the feelings with staff regarding the room being used urgently when they shouldn't be. Ms Isaacs confirmed that the issue is not in respect to urgent referrals but routine referrals as they send Secondary Care Team to do the assessments in person. The service felt due to the situation they are in the routine referrals should be directed to the 111 + 2 service. Mrs Temple-Purcell noted that from patterns of referrals the high proportion of routine referrals end up being a single contact and usually need signposting to try and solve the issue with the individual.

Mrs Marks queried whether the 111 + 2 service are coping with the volume of calls where Ms Davies reassured Committee that the service is being closely monitored daily on the number of calls received. Performance measures are being met when calls are received. Concerns were shown during the discussion by Mrs Marks on Staff Wellbeing where staff have been struggling but Ms Davies noted that the service have a very robust CRHT cover but the CMHT's are very limited. Staff are being well support where there is a new Senior Nurse in post who checks in on staff every week. The Adult Mental Health service have also put in an extra caveat for GPs in Ceredigion.

Ms Angie Darlington has been working very closely with the Directorate in respect to the ongoing issues in Ceredigion.

	Concerns have been raised in respect to North Ceredigion in respect to the situation and impact of the changes. Ms Ann Murphy raised queries in respect to the Risk Register as it has specifically identified North Ceredigion but it's an issue for the whole Health Board. Ms Isaacs and Ms Davies stated that if the risks are linked directly to legislation they will be included within the register. Ms Davies also noted that given the situation in Pembrokeshire this will be included on the risk register from Adult Mental Health Service. Dr Warren Lloyd queried how the Pembrokeshire issue will be presented to board within the Ceredigion SBAR that the Directorate have prepared. It was agreed during Committee for the issue regarding Social Workers in Pembrokeshire to be raised at Public Board separately to Ceredigion. As Chair of the Committee Mrs Marks will advise the Public Board regarding the issue on Social Workers in Pembrokeshire. Mrs Temple-Purcell stated that an SBAR regarding the situation for Ceredigion is being prepared by the Directorate for March.	
	The Committee **RECEIVED** and **NOTED** the Scrutiny Group Update Report.	
MHLC (25) 08	**Mental Health (Wales) Measure 2010 Report**	
	The Mental Health (Wales) Measure 2010 report part one and part two has been positive where all compliance is being met. However, Ms Amanda Davies noted that the compliance is down to the teams performing very well in Adult Mental Health Service and exceed the 90% as Ceredigion is running at a 57% compliance which is well below the required target. There will also be an impact on Pembrokeshire score due to the 40 patients that will not be seen. Part two data are monitored on a weekly basis where Ms Davies stated that the compliance is currently at 89%. Some teams are currently working very hard on maintaining compliance but two areas in the quarter reported are managing to meet 90% but are beginning to breach the 90%. Part three of the measure has slightly dipped in compliance but back on the trajectory to reach 100% compliance. 111 option two figures are included within the report where there was a slight dip in calls during December 2024, but the service is averaging around 300 calls per week. Ms Davies is happy to include data on the redirection in Ceredigion. Waiting times are currently fine however Ms Davies noted that there will be a slight dip on the 27 days especially in Ceredigion and Pembrokeshire.	

	Part four of the measure is at 100% compliance in all areas. Ms Davies thanked the Chair for checking in on the staff wellbeing. It was also noted that Adult Mental Health service holds a lot of data around 111 option 2 service that are reviewed on a weekly basis where it can be brought to the Committee meeting if requested. Mr Neil Mason made observation on the dynamic behind the relation of the discussion that there will be a higher rate of true positive face to face assessments and clinical prioritisation. The people who otherwise risked triaged and waited longer to be seen might have deteriorated in that time. Ms Isaacs noted that the data around 111 option 2 data come under part three of the measure as patients can self-refer. Ms Davies highlighted that the data is shared throughout the three Local Authorities and with West Wales Action for Mental Health. Mr Mason raised that the data could help to transform Mental Health areas. Mrs Temple-Purcell confirmed that the data has been included within the annual plan priority to do more work to help support in other areas.	
	The Committee **RECEIVED** and **NOTED** the Mental Health (Wales) Measure 2010 Report.	
MHLC (25) 09	**Operational Risk Register**	
	The Committee received the Operational Risk Register during the meeting where risks were highlighted and updated throughout the meeting.	
	The Committee **RECEIVED** and **ASSURED** the Risk Register update.	

MHLC (25) 10	**Policies for Approval:** **- Section 136 Joint Procedure**	
	Section 136 Joint Procedure policy is due for its 3 yearly reviews by 24 March 2025 and following discussion within Mental Health Services a request was made to Committee that the policy is given a 6-month extension which the Written Control Document Group agreed to on the 28th of January. The Mental Health Legislation Committee agreed and approved the extension of the Section 136 Joint Procedure.	
	The Committee **RECEIVED** and **APPROVED** the 6-month extension of Section 136 Joint Procedure.	

MHLC (25) 11	**HIW Mental Health Annual Report 2023-2024**	
	The HIW Mental Health Annual Report 2023-2024 was shared to Committee by Mrs Temple-Purcell. The document is an annual review on the HIW reviews and Mental Health Act monitoring	

	across Wales. HIW has a wide remit, and a part of the remit is the inspection work. Within the report HIW carried out 26 site inspections where two of the sites were at St Non's and St Caradog's in Pembrokeshire where the feedback is fed throughout the report. The report also highlights themes from the Audit and Assurance processes that are linked to care planning and review of risks as this is one of the themes that's prominent. Mrs Temple-Purcell noted that the report also highlights restrictive practice and from an assurance perspective this is something that is done routinely within MHLD. Under the Mental Health Act monitoring Mrs Temple-Purcell states that within the section feedback from the ward inspection from St Non's and St Caradog's can be seen within the report. Mrs Temple-Purcell highlighted hat the national work around Patient Safety aligns closely with the feedback and themes from HIW.	
MHLC (25) 12	**Mental Health Act Review**	
	As part of the Mental Health Legislation Scrutiny Group Terms of Reference, the decision was taken to advice the Committee on any changes through Parliament with the review of the Mental Health Act. A short paper was submitted by Mrs Roberts, the review has been a part of the King's speech in November and has now received two readings in Parliament. There have been some suggested reviews but are subject to change within the report, but no timeline has been given to when the Mental Health Act will be progressed. Mrs Roberts will continue to keep the Committee informed on the progress.	
MHLC (25) 13	**Schedule of Meetings 2024-2025**	
	For information only.	
MHLC (25) 14	**Annual Work Plan 2024-2025**	
	For information only.	

MHLC (25) 15	**Any Other Business**	
	Mrs Marks stated to Committee that from April 2025 she will no longer be the Chair of Committee but will still attend as a member. Chantal Patel has been appointed as the new Chair of Mental Health Legislation Committee.	

MHLC (25) 16	Matters for Escalation to Board	
	Alert: • There were no items to alert members of the Public Board on this occasion. **Advise:** • During the Mental Health Legislation Committee, a concern was raised regarding a Pembrokeshire Local Authority risk due to recruitment & retention issue with Social Work Staff. Committee raised concerns and would like to advise Public Board that this is impacting on health and performance under the Mental Health (Wales) Measure 2010. **Assure:** • The Mental Health Act Report focused on quarter 3 data. No specific trends were seen during this quarter. It was highlighted at Committee that there was lower usage of Section 3, with A&E continuing to be used as a Place of Safety. • The Mental Health Legislation Scrutiny Group met on 13 February 2025, there were no outstanding actions from SG or committee and the group were able to finalise discussions in respect of the 'S136 Frequently Asked Questions' leaflet to progress this to the next phase, the Written Controlled Document Group for ratification. The Mental Health Legislation Scrutiny Group focused discussions on the Section 136 Review Multi Agency Meeting that was scheduled for late February to complete a Quality Impact Assessment document and then complete a final paper for board in May 2025. • The Mental Health (Wales) Measure 2010 report was presented to Committee. Part 1 and 2 of the Measure are achieving the trajectory. Adult Mental health will be continuing to monitor the outcomes of part 3 assessments to improve compliance. This is now being closely monitored via the Business Manager and the Team Leaders. • Section 136 Joint Procedure policy is due for its 3 yearly reviews by 24 March 2025 and following discussion within Mental Health Services a request was made to Committee that the policy is given a 6-month extension which the Written Control Document Group agreed to on the 28th of January. The Mental Health Legislation Committee agreed on the extension of the Section 136 Joint Procedure. **Review of Risks:** • The corporate risk 1857 'Risk of significant delay in admission for individuals with medical recommendations for admission under the Mental Health Act' was raised at the Committee meeting. The risk score has not changed, as demand outweighs capacity at present, with delays possible for patients awaiting beds.	

	• The Committee highlighted risk 1752, 'Risk to Young People's privacy, dignity and Health and Safety due to the 136 suite on Morlais being unsuitable', Risk closed on 8 January 2025 as the 136 suite has been relocated to an area of the ward that provides privacy and dignity and ensuite facilities. • The Committee noted that there were no changes to the status of the 1781 'Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion County' Corporate Risk. • The Committee noted that risk 1612 '' Risk to patient care at North Ceredigion Community mental health centre due to workforce capacity'' and risk 1813 '' Risk to patient care at Gorwelion Crisis Resolution and Home Treatment Team (CRHT) due to workforce capacity'' has increased since November 2024 when Consultant vacated his post. Further increase in risk as attempts to recruit a Locum has been unsuccessful. Limited medical workforce. An SBAR is due to be submitted to Public Board from the MHLD Directorate regarding both risks.	

MHLC (25) 17	**Date, Time and Venue of Next Meeting**	
	The next meeting of the Mental Health Legislation Committee will be held on Thursday 5 June. This may be in person and via MS Teams from 10:30am- 12:00pm. The venue for the in-person meeting will be notified nearer to the date of the meeting.	

1.4 **2 Mins**

1.4 - Table of Actions from the meeting held on 11 March 2025

All

No outstanding and new actions from the meeting held 11 March 2025

For assurance

Attachments

004. Table of Actions from the meeting held on 11 March 2025.docx

TABLE OF ACTIONS FROM MENTAL HEALTH LEGISLATION COMMITTEE HELD ON 11 March 2025

11 March 2024				
MINUTE REFERENCE	**ACTION**	**LEAD**	**TIMESCALE**	**PROGRESS**
	No outstanding or new actions.			

1.5 **5 Mins**

1.5 - MHLC Annual Report 2024-2025

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

To agree and review the Mental Health Legislation Committee Annual Report 2024-2025 ahead of final presentation to Public Board in July.

Please note that report is awaiting chairs comments and will be re issued following the meeting.

For approval

Attachments

005. Mental Health Legislation Committee Annual Review 24-25.docx

MENTAL HEALTH LEGISLATION COMMITTEE

ANNUAL REVIEW REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Mental Health Legislation Committee must submit an Annual Report to the Board through the Chair within 6 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, setting out how the Committee has met its Terms of Reference 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: and

Chairs Reflections

Committee Chair is asked to provide a couple of paragraphs with their thoughts on the Committee's performance, any key highlights, etc over the year.

2. Terms of Reference and Workplan

The Terms of Reference for the Mental Health Legislation Committee is reviewed on an annual basis or following any significant changes. The Terms of References were last reviewed on 7 June 2024.

Mental Health Legislation Terms of Reference June 2024

The Mental Health Legislation Committee has a work plan to enable forward planning for the forthcoming year. The work plan 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 Mental Health Legislation Committee work plan 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.

Mental Health Legislation Committee Work plan 2024-2025

3. Sub-Committee

The Power of Discharge Sub-Committee reports into the Mental Health Legislation Committee with its own terms of reference and work plan for the year.

The Power of Discharge Sub-Committee Sub-Committee's TOR were last reviewed on 7 June 2024.

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 5 June 2025 reporting on activity throughout the year.

4. Table of attendance

Membership	Date 07/06/24	Date 03/09/24	Date 02/12/24	Date 11/03/25
Eleanor Marks Independent Member with responsibility for Mental Health (Health Board Vice-Chair) (Chair)		✓		✓
Iwan Thomas Independent Member (Third Sector) and (Vice Chair)	✓	✓	✓	✓
Ann Murphy Independent Members (Trade Union)	✓	✓	✓	✓
Winston Weir Independent Members (Finance)	✓			

In Attendance	Date 07/06/24	Date 03/09/24	Date 02/12/24	Date 11/03/25
Andrew Carruthers Director of Operations (Lead Director)	✓			
Liz Carroll Director of Mental Health & Learning Disabilities Services (Lead Officer)	✓	✓	✓	
Dr Warren Lloyd Associate Medical Director for Mental Health Services	✓	✓	✓	✓
Angela Lodwick Assistant Director of Nursing Mental Health & Learning Disabilities	✓	✓	✓	✓
Amanda Davies Head of Adult Mental Health Service			✓	✓
Neil Mason Head of Older Adult Mental Health Services		✓	✓	✓
Lisa Bassett-Gravelle Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service				
Sarah Roberts Mental Health Legislation Manager	✓		✓	✓
Ruth Bourke Mental Health Act Administration Lead	✓	✓	✓	✓
Kay Isaacs Chair of Mental Health Legislation Scrutiny Group		✓	✓	✓
Nominated representative from Dyfed/Powys Police				
Nominated representative from Welsh Ambulance Services NHS Trust				
Nominated representative from Carmarthenshire County Council	✓	✓	✓	✓
Nominated representative from Ceredigion County Council	✓	✓	✓	✓
Nominated representative from Pembrokeshire County Council	✓	✓	✓	✓
Nominated representative from West Wales Action for Mental Health (WWAMH)	✓	✓	✓	✓
2 x Nominated Service Users: patient representative and carer representative				
Nominated representative from Primary Care: GP Lead				
Nominated representative from Llais (not counted for quoracy purposes)				
Nominated representative from Advocacy Network				
Meeting quorate?	**Yes**	**Yes**	**Yes**	**Yes**

Include the quoracy requirements setting out Membership and In Attendance requirements for the Committee are within the Terms of Reference.

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 one other Independent Member, together with a third of the In Attendance Members.

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.

(Include highlights of work undertaken as headings. Include any decisions made by the Committee. Any feedback from patients or staff)

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 Mental Health Legislation Committee** did not alert Public Board of any matters during 2024-2025.

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

- **Mental Health (Wales) Measure 2010 Report** – Under a number of the agenda items discussed in at the June 2024 Committee meeting, the main highlights raised under the Mental Health (Wales) Measure 2010 Report was in respect to the Multi-agency Section 136 Workshop that is being facilitated by Dyfed-Police Colleagues on 18 June 2024 in Llanelli. The workshop is facilitated due to the number of operational issues that the Police wish to discuss. During the September 2024 meeting, the Committee was advised that Older Adult Mental Health Service had some breaches under part three and part four of the measure. The numbers were small; however, were impacting on the statistics within the report. The reasons for the breaches were reviewed and related to an omission by the service and delays in entering data. The Committee was also made aware of breaches under the Continuous Performance Test (CPT) Learning Disabilities Service, but the numbers are minimal.
- **Power of Discharge Sub-Committee-** advised Committee in June 2024 that discussions occurred at the previous meeting from Senior Members of the Sub-Committee, which was in respect to Hospital Managers, had not received a pay increase since 2019. Work is being undertaken in respect of the Hospital Managers pay increase, with the Chair of the Sub-Committee is also working closely with the Director of Finance on this.
- **Capturing Good Practice/Patient Stories** – An open discussion occurred at the Mental Health Legislation Committee in September 2024 on capturing Good Practice/Patient Stories. The unique role of the Committee was recognised in respect of the ability to capture patients' experiences and stories.

- During the March 2025 **Mental Health Legislation Committee**, a concern was raised regarding a Pembrokeshire Local Authority risk due to recruitment and retention issues with Social Work Staff. The Committee raised concerns and would like to advise the Board that this is impacting on health and performance under the Mental Health (Wales) Measure 2010.

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 Act report –** At the June 2024 Committee the report highlighted the high usage of Section 3 not only for adult, but also for older adult across the three counties. During this quarter, there was a continued increase of Section 136 cases, where patients were taken to A&E settings, which did present some operational issues. Within this quarter, patients are being brought to the Mental Health Place of Safety. The Mental Health Legislation Scrutiny group are looking into the usage of Place of Safety, to the General Hospital Settings. During the September 2024 Committee the report was focused on Quarter 1 data. Following the previous Mental Health Legislation Committee, an action from the Self Assessment outcome was to split the Mental Health Act Report into Adult and Specialist Child and Adolescent Mental Health (S-CAMHS). However, due to the figures for S-CAMHS being under five, the report will not be split to protect patient confidentially. During the December 2024 Committee the report focused on quarter 2 data. No specific trends were seen during this quarter. It was highlighted at Committee that there was lower usage of Section 136, with higher usage of Section 3 and Doctors Holding Power. During the March 2025 Committee, focused on quarter 3 data. No specific trends were seen during this quarter. It was highlighted at Committee that there was lower usage of Section 3, with Accident and Emergency continuing to be used as a Place of Safety.
- **Mental Health Legislation Scrutiny Group-** during the groups meeting in August 2024, Committee advised Board in September the main discussions being around the two Risks raised at Committee. The new risk 1857, was identified at the Mental Health Legislation Scrutiny meeting due to a delay in bed availability. Communication challenges with Primary Care colleagues in relation to Section 136 were highlighted, together with improvements made following input from GP colleagues to the meeting. During the December 2024 Committee Mental Health Legislation Scrutiny Group met on 11 November 2024, with the main discussions around the review of the Group's Terms of Reference. Membership of the Group was reviewed, with this now to include a GP Cluster representative. Within the Terms of Reference, Right Care Right Person has now been included as a standard agenda item, to be led by Dyfed-Powys Police. The Mental Health Legislation Scrutiny Group focused discussions on the two legislation service risks on the Mental Health and Learning Disabilities Risk Register. Firstly ''The temporary closure of the

Community Place of Safety at Gorwelion, Aberystwyth''. This remains unchanged whilst the S136 Multi Agency. Committee were assured at the March 2025 meeting that the Group was able to finalise discussions in respect of the 'S136 Frequently Asked Questions' leaflet to progress this to the next phase, the Written Controlled Document Group for ratification. The Group focused discussions on the Section 136 Review Multi Agency Meeting that was scheduled for late February to complete a Quality Impact Assessment document and then complete a final paper for the Executive Team and Board meetings in May 2025.

- **Power of Discharge Sub-committee**- met on 6 August 2024, focusing on the Hospital Managers work carried out during Quarter 1. The meeting focused on specific issues relating to panel hearings and training relating to the Mental Health Act.
- **Mental Health Legislation Committee Self-Assessment 6-month review-** was discussed at the December 2024 Committee. Actions that raised within the Self Assessment were discussed. The Mental Health Legislation Committee took assurance from the progress being made against the actions undertaken to improve the effectiveness of the Committee.
- **Mental Health (Wales) Measure 2010 report**- was presented at the March 2025 Committee. Part 1 and 2 of the Measure are achieving the trajectory. Adult Mental Health will be continuing to monitor the outcomes of part 3 assessments to improve compliance. This is now being closely monitored via the Business Manager and the Team Leaders.

Items approved by the Committee during the year:

- **Section 17 Leave Policy**- was due for its three yearly review in June 2024. It was confirmed that there have been no changes in legislation within the last three years. The policy has been widely shared and been out on global for two weeks for consultations. The Committee approved the review of the Section 17 Leave Policy.
- **The Power of Discharge Sub Committee Terms of Reference** was approved at the June 2024 Mental Health Legislation Committee.
- **The Mental Health Legislation Committee Terms of Reference** had been undertaken, with multiple queries raised at the meeting and actions approved from the Vice Chair and Committee. All changes to the Terms of Reference have been noted and these are appended was approved by the Board in July 2024.
- The **Mental Health Legislation Committee Annual Report 2023-2024** was presented and discussed at Committee. The Annual Report outlines how the Mental Health Legislation Committee has complied with the duties set through its Terms of Reference and identifies key actions to address developments The Annual Report was approved by the Committee and Public Board in July 2024.

- The **Mental Health Legislation Scrutiny Group Terms of Reference** were approved at the December 2024 Mental Health Legislation Committee.
- **Section 135 warrant to search for and remove patients' interagency procedure** and **Information to Patients right procedure policies** were due for their three year renewal at the December 2024 Committee. Both policies had gone through the Health Board formal processes and were approved by the Committee.
- **Section 136 Joint Procedure policy** is due for its 3 yearly review by 24 March 2025 and, following discussion within Mental Health Services, a request was made to the Committee that the policy is given a 6-month extension which the Written Control Document Group agreed to on 28 January 2025. The Mental Health Legislation Committee agreed the extension of the Section 136 Joint Procedure.

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 Mental Health Legislation Committee.

- For the Mental Health Legislation Committee 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 results from which were fed into an action plan, combining information and Auditor/Regulator feedback.

The process was undertaken during the year and reported to the Committee on 7 June 2024

Mental Health Legislation Committee (MHLC) Self Assessment Outcome Report 2023/24

The Committee will receive an update on progress at the mid-year point.

7. Conclusion

The Committee is satisfied that it continues to operate effectively and in line with the 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.

SDODC / SRC – mention that this is the last annual review report for this Committee as there will be changes taking effect from April 2025 to the governance arrangements.

PODCC – include a sentence to advise of change of frequency to meetings.

1.6 **5 Mins**

1.6 - Annual Review of MHLC Terms of Reference

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

To agree and review the Mental Health Legislation Committee Terms of Reference ahead of final presentation to Public Board in July.

For approval

Attachments

006. 01. MHLC ToRs SBAR June 25 final.docx

006. 02. MHLC Terms of Reference V15.Board.Approved30.01.25.doc

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	05 June 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health Legislation Committee Terms of Reference
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	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 2024, and these were subsequently approved by the Board, on 25 July 2024. The Board also approved the following changes on 28 January 2025 as part of the revised governance arrangements from 1 April 2025.

- 4 x Independent Members per Committee (except Quality, Safety and Experience
- Committee which will have 5).
- Where Independent Membership has reduced to 4, the quoracy will be amended to 'A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- Updated job titles, e.g., from Director to Executive Director, Director of Operations to Chief Operating Officer, where appropriate.
- The Director of Corporate Governance will be removed from the In Attendance section however will attend committees (or nominate a deputy) to provide governance advice and support.

- Other cosmetic amendments required to standardise Board Committee level terms of reference.

Asesiad / Assessment

The Mental Health Legislation Committee Terms of Reference and operating arrangements (**Appendix 1**) have been reviewed and updated to include any relevant amendments agreed at Board on 30 January 2025. The table below also details further changes that have been made. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
3.2	Key Responsibilities – section amended *(amendment to standardise Committee TORs agreed at Board in January 2025)*	New standard wording for risks for Committee ToRs added, as follows: "*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 subcommittees, 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".*
4.1	Membership - section amended	Following the changes to the membership of Committees as at 1 April 2025, the requirement for the Mental Health and Learning Disabilities Committee (MHLC) Chair to also serve as the Health Board Vice Chair has been removed. The revised requirement stipulates that "*one of the Independent Members must hold the position of Health Board Vice Chair, with designated responsibility for overseeing the performance of mental health services".*
4.3	Membership – section amended	Wording amended to reflect the changes in section 4.1. "The Vice-Chair of the University Health Board (UHB) ~~shall undertake the role of Chair of the Mental Health Legislation Committee~~ *is a member of the Committee* given their specific responsibility for overseeing the Board's performance in relation to mental health services."
5.1	Quorum and attendance – section amended	Wording added as follows to reflect the changes in section 4.1 "*and the Independent Member with responsibility for Mental Health".*

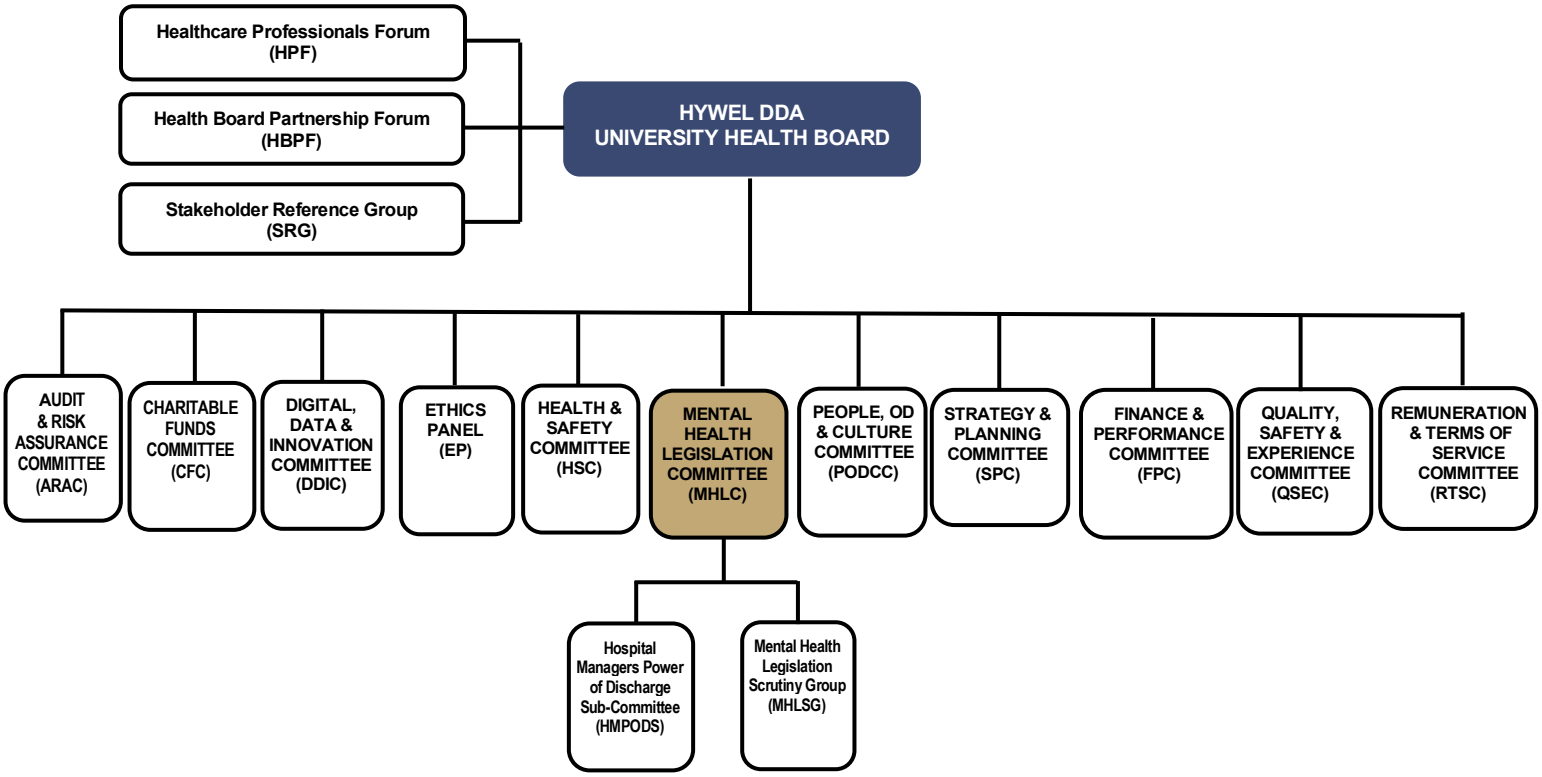
Argymhelliad / Recommendation The Committee are asked to approve the Mental Health Legislation Committee's Terms of Reference (version 15) for onward ratification by the Board on 31 July 2025.

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

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl:	Director of Corporate Governance/Board Secretary Chief Operating Officer Director of Mental Health & LD

Parties / Committees consulted prior to Mental Health Legislation Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	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	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 1st 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 ~~Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by Mental Health Legislation Scrutiny Group;~~ 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 Digital, Data and Innovation Committee and oversee delivery.

4. Membership

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

Member
Independent Member ~~with responsibility for Mental Health (Health Board Vice-Chair)~~ (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:

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

4.3 The Vice-Chair of the University Health Board (UHB) ~~shall undertake the role of Chair of the Mental Health Legislation Committee~~ 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 Lead Director (Director of Operations) and will be supported by the Lead Officer (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.

1.7 **5 Mins**

1.7 - Power of Discharge Sub-committee Annual Report 2024-2025

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

To agree and review the Power of Discharge Sub-committee Annual Report 2024-2025.

For approval

Attachments

007. Power of Discharge Sub-committee Annual Report 2024-2025.doc

IS PWYLLGOR HOSPITAL MANAGERS POWER OF DISCHARGE
HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 August 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Hospital Managers Sub Committee Annual Report 2023/2024
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Iwan Thomas, Independent Member

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present the Hospital Managers Power of Discharge Sub Committee Annual Report 2024/2025.

The Hospital Managers Power of Discharge Annual Report provides assurance in respect of the work that has been undertaken by the Sub Committee during 2024/2025, and that the terms of reference as set by the Committee are being appropriately discharged.

Cefndir / Background

Hywel Dda University Health Board's Standing Orders and the Terms of Reference for the Hospital Managers Power of Discharge Sub Committee require the submission of an Annual Report to the Committee to summarise the work of the Sub Committee and to identify how it has fulfilled the duties required of it.

The purpose of the Hospital Managers Power of Discharge Sub Committee as expressed in its Terms of Reference is:

This includes:

- 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;
- Discuss the work of individual panels;
- Discuss the training requirements of Review Panel Members and produce a training plan for approval by the Mental Health Legislation Assurance Committee;
- Discuss any impact of legislative changes on the role of Hospital Managers;
- Highlight any impact of service changes; and
- Provide learning opportunities

Asesiad / Assessment

The Board (including Independent Members) are Hospital Managers for the purpose of the Mental Health Act 1983 (the 1983 Act).

Whilst the Board retains overall responsibility and accountability for ensuring the quality and safety of health-care for its patients, service users, staff and the wider public, it has delegated authority to the Sub-Committee to undertake functions as set out within the Terms of Reference of the Sub-Committee.

The purpose of the Sub-Committee is to assure the Hywel Dda University Health Board that those functions of the 1983 Act, which they have delegated to officers and staff are being carried out correctly; and that the wider operation of the 1983 Act in relation to the ULHB's are is operating properly.

Constitution

There is a core membership of the Sub Committee which is comprised of:

- Independent Member (Chair)
- All Independent Members
- All appointed Lay Members

The following In Attendance Members have also been identified to serve on the Sub Committee:

- Mental Health Act Administration Lead
- Mental Health Act Administrators
- Independent Mental Health Advocate

The sub-committee may also request the attendance of any other officers of the Health Board as required.

Meetings

During 2024/25, three Sub Committee meetings were held throughout the year as follows:

- 2nd April 2024
- 6th August 2024
- 9th December 2024

2 meetings were held virtually, 1 meeting was held face to face.

Terms of Reference requires a minimum of two Independent Board members and two lay members and no less than eight to be in attendance.

Areas of Responsibility

The Committee agreed to the establishment of the Hospital Managers Power of Discharge Sub-Committee (the Sub-Committee), made up of Independent Members and Lay Members. Section 23 of the 1983 Act (The Power of Discharge) was delegated to the Sub-Committee. Officers can attend but are not members.

A panel of three or more members drawn from the Sub-Committee hear individual cases where patients or their nearest relative have applied for discharge. The panels also sit on renewal hearings – these are collectively known as Hospital Managers reviews.

The Hospital Managers have a range of responsibilities, including:

- Ensuring that patient's care and treatment complies with the 1983 Act;
- Authority to detain patients admitted under the 1983 Act; and
- Power to discharge certain patients (S23 of the 1983 Act) – which can only be exercised by three or more members of a Committee formed for that purpose.

The Sub-Committee meetings are held three times per year and are training focussed to ensure members are kept up to date with current legislative and of changes within the Health Board. During the year the members received training on the following areas:

- Part 3 patients provided by Richard Griffith.
- IT skills provided by Ruth Bourke HDUHB Mental Health Act Administration Lead
- Community Treatment Orders provided by Richard Griffith.

Hospital Managers Reviews

During 2024/25 there were **20** applications for discharge to the Hospital Managers, which resulted in **8 hearings held (one is pending).** The hospital managers decided to uphold all detentions

During 2024/25 there were a total of **63** detentions renewed by the Responsible Clinicians. **No** patients were discharged from their detention orders by the Hospital Managers.

A total of **2** applications for discharge were made by nearest relatives. The Hospital Managers did not review any cases as no barring certificates to the discharges were ordered by the Responsible Clinician.

During this period patients were offered a choice whether to hold hearings in person or remotely.

Welsh Hearings
During this period there were no requests from patients to conduct any review in the Welsh language.

Other Areas of Responsibility

During 2024/25 the sub-committee also received, considered and approved actions associated from the following from the following:

- The Sub-Committee also received updates and minutes from the Mental Health Legislation Assurance Committee.
- The Sub-Committee received updates on:
    - Legal updates in relation the MHA Act 1983
    - Independent Mental Health Advocates issues relevant to the sub-committee
    - Service changes within Mental Health and Learning Disability organisational structures.

Argymhelliad / Recommendation

The Sub-Committee is requested to consider the Annual Report 2024/25 and to recommend the approval of the Annual Report at its next meeting.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference:	9.1 The Sub-Committee Chair, supported by the

Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Sub-Committee Secretary, shall: 9.1.1 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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Choose an item. Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Sub Committee meetings 2024/2025
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to Hospital Managers Power of Discharge Sub Committee:	N/A

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Non compliance with the Mental Health Act could result in legal proceedings being brought against the Health Board who is the detaining authority.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Safety of patients Working within legislation to detain and treat patients under the MHA 1983.
Gweithlu: **Workforce:**	To ensure staff are working within legislation and the use of statutory mechanisms in order to detain and treat patients under the MHA 1983.
Risg: **Risk:**	Risk of non compliance with the 1983 Act and with the Welsh Government's Mental Health Act 1983 Code of Practice for Wales and with the Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance.
Cyfreithiol: **Legal:**	As outlined above to ensure compliance within the Act of the Local Health Board to ensure it is not associated with litigation or damages occurred through non-compliance.
Enw Da: **Reputational:**	As outlined above
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	NA

1.8 **5 Mins**

1.8 - Annual Review of Power of Discharge Sub-committee Terms of Reference

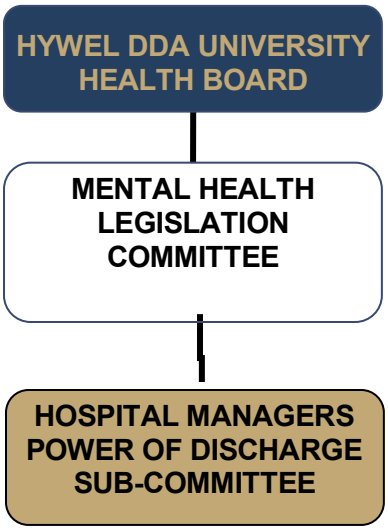
Iwan Thomas (Hywel Dda UHB - Independent Board Member)

To agree and review the Power of Discharge Sub-committee Terms of Reference.

For approval

Attachments

008. Power of Discharge Sub-committee Terms of Reference.doc



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

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. Principle 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;

3.1.5. Highlight any impact of service changes; and

3.1.6. Provide any learning opportunities.

4. Membership

4.1 The membership of the Sub-Committee shall comprise:

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

4.2 Attendees of the Sub-Committee shall comprise:

Title
Mental Health Act Manager (Lead Officer)
Mental Health 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, ensuing 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.

1.9 **5 Mins**

1.9 - MHLC Self-assessment Outcome

Charlotte Wilmshurst (Hywel Dda Health Board - Assistant Director of Assurance and Risk), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

To review and discuss the MHLC Self-assessment Outcome.

For discussion

Attachments

009. 01. MHLC Self Assessment SBAR May 2025.docx

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	05 June 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health Legislation Committee (MHLC) Self-Assessment Outcome Report 2024/25
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Chantal Patel, MHLC Chair Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	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)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide outcome of the Mental Health Legislation Committee (MHLC) Self-Assessment 2024/25 process to the Committee.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also submit an annual report to the Board through the Chair within 6 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.

A refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability. For MHLC, this involved:

- 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 feedback from this form was considered alongside other information, such as:

- Matters alerted to the Board
- IM Reflective sessions
- Auditor/Regulator feedback

The MHLC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better. With only 6 responses received (30%), it has been challenging to effectively analyse the committee's performance.

Asesiad / Assessment

The Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better.

Look back at Committee's effectiveness over previous 12 months…

The below analysis was based on responses from the digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates:

What we want to continue to do next year

- Good governance and administration of 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 IMs
- 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

- Reports need to identify items that may need to be escalated (alert/advise) to Board
- 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 saliant 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.

Suggested areas of focus for 2025/26

- Right Care, Right Person (RCRP) as it progresses to the third and fourth stage

- Continued challenges around places of safety for section 136
- Access to beds when admission is required
- Review of the Mental Health Act which will be reported via Mental Health Scrutiny Group
- Risk Register
- Shortage of doctors and nurses which impact Mental Health services, performance, sickness levels, beds.
- Oversight of out of county/country placements and ensure legislation and review is being met.
- Ensure unpaid carers and families' rights are being met in terms of legislation
- Ensure legal rights in terms of access to mental health care and treatment including inpatient access and provision.

The following actions will be taken forward by the Director of Corporate Governance/Board Secretary:

Action	**By whom**	**By when**
Consider including the suggested areas of focus for 2025/6 on the Committee Workplan	Director of Mental Health and Learning Disabilities	Sept 25
Ensure Board is alerted earlier to concerns in relation to compliance with mental health legislation	Director of Mental Health and Learning Disabilities	Sept 25
Continue to improve the quality of reports and presentations by ensuring they provide a clear, high level overview focussed on key assurance points while reducing unnecessary operational detail and shortening policy papers to highlight key information.	Director of Mental Health and Learning Disabilities	Sept 25
Ensure that new Independent Members to the Committee meet with the MHLC Chair and Service Director of Mental Health and Learning Disabilities to improve their understanding of their role on the Committee.	Director of Corporate Governance/Board Secretary	Immediate

Argymhelliad / Recommendation

The Committee is asked to consider the outputs from the Committee Self-Assessment process, and to agree the actions to be taken to improve its effectiveness.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The 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:	Not applicable

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	MHLC Terms of Reference MHLC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment, and Internal Audit
Rhestr Termau: Glossary of Terms:	Included within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	MHLC Chair Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	An effective MHLC should seek out areas of system weakness and facilitate an organisational culture that drives strategic development and operational performance.

Gweithlu: **Workforce:**	Not applicable
Risg: **Risk:**	An effective MHLC should drive improvement through scrutiny and challenge on the effective and efficient management of risks relating to strategic development and operational performance.
Cyfreithiol: **Legal:**	Not applicable
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

2

2 - Assurance and Risk

2.1 **8 Mins**

2.1 - Power of Discharge Sub-committee

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

For assurance

Attachments

010. 01. The Power of Discharge Sub Committee.docx

010. 02. PODSC Minutes 020425.doc

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	05 June 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	The Power of Discharge Sub Committee Minutes
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operation
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ruth Bourke, Mental Health Act Administration Lead

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

Cefndir / Background

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

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

Asesiad / Assessment

Appendix 1 is a copy of the Hospital Managers Power of Discharge Sub Committee minutes dated 02nd April 2025.

Argymhelliad / Recommendation

The MHLC is requested to approve the Terms of Reference made to the PODSC under agenda item 8.

All other information is for information only

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

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

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

Ariannol / Gwerth am Arian: **Financial / Service:**	Non-compliance with the Mental Health Act could result in legal proceedings being brought against the Health Board who is the detaining authority
Ansawdd / Gofal Claf: **Quality / Patient Care:**	There is a patient representative on the Mental Health Legislation Committee
Gweithlu: **Workforce:**	N/A
Risg: **Risk:**	Risk of non-compliance with the 1983 Act and with the Welsh Government's *Mental Health Act 1983 Code of Practice for Wales* and with the *Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance*. Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: **Legal:**	As outlined above
Enw Da: **Reputational:**	Mental Health Act media focus
Gyfrinachedd: **Privacy:**	As above
Cydraddoldeb: **Equality:**	N/A

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

Date and Time of Meeting:	Wednesday 2nd April 2025 @ 10.30am
Venue:	Tudor House Meeting Room, Hafan Derwen, St David's Park, Jobs Well Road, Carmarthen.

Present:	Prof Chantal Patel, Independent Member (Chair to POD Sub-Committee) Mr Stephen Smedley, Member Appeals Panel Mr John Williams, Member Appeal Panel Mrs Julie James, Member Appeals Panel Mrs Sue Richards, Member Appeals Panel Mr Peter Thomas, Member Appeals Panel Mr Robert Lewis, Member Appeals Panel Mrs Sarah Burgess, Member Appeals Panel Mr Owen Burt, Member Appeals Panel Mr Ian Rees, Member Appeals Panel Mrs Jane Jannotti, Member Appeals Panel Mr Phil Layton, Member Appeals Panel Mrs Alice Clarke, Member Appeals Panel Mrs Delyth Rainsford, Independent Member
In Attendance:	Mrs Sarah Roberts, Mental Health Legislation Manager Mrs Ruth Bourke, Mental Health Act Administration Lead Mrs Natalie Williams, Mental Health Act Administrator Mrs Helena Christopher, Mental Health Act Administrator Natasha Fox, Independent Mental Health Advocate, Advocacy West Wales Alison Evans, Information Governance Manager

Governance:		
Agenda Item	**Item**	**Action**
HMPODSC (25) 1.1	Introductions and Apologies for Absence.	
	Apologies for Absence were received from: Mr Rhodri Evans, Independent Member Maynard Davies, Independent Member Mr Iwan Thomas, Independent Member (Chair to PODSC) Mrs Eleanor Marks, Hywel Dda Vice Chair Mrs Carol Williams, Member Appeal Panel Louise Howells, Mental Health Act Administrator	
	Chair welcomed members.	
HMPODSC	**Declarations of Interests**	

(25) 1.2	No declarations declared.	

Hospital Managers Power of Discharge Sub-Committee
Part 1
Sub Committee Business and Information

HMPODSC (25) 1.3	**Minutes of Meeting Held on 9th December 2024** Members in attendance confirmed the minutes as an accurate record of the meeting	

HMPODSC (25) 1.4	**Table of Actions** Table of Actions from last meeting held now all completed	

HMPODSC (25) 1.5	**Review of Terms of Reference / Membership** Members in attendance reviewed the Terms of Reference and made no changes to content. Sarah noted the review of the Mental Health Act and suggested inserting as new standing item.	Secretariat

HMPODSC (25) 1.6	**Annual Work Plan** Members in attendance confirmed the work plan to be an accurate and reflective record of the needs of the sub-committee.	

HMPODSC (25) 1.7	**Discussion of Learning and Governance from panel hearings** Discussion about matters arising from hearings during the last quarter:- Ruth informed members that there has continued to be incidents of reviews whereby panel members have failed to turn up or they turn to up late. This places additional burdens on health professionals as well as it being traumatic for the detained patients. If members can ensure all arrangements for reviews are recorded appropriately in their diaries and that members arrive approximately 20 minutes before a review commences for any pre hearing discussions to take place. Chantal suggested a way of reminding the panel members and Ruth confirmed we already send reminders but asked if there was anything further the administrators could do to inform them. There were no further comments. There has been a large increase in time being spent on and at IT departments. Ruth asked if clarity on remuneration costs for such matters could be obtained. One member stated that they had been in IT department for over 2 hours on one occasion and confirmed they were unsure how to claim for their time and expenses. Chantal	C Patel

	agreed to take on this task. Owen requested clarification for expenses also when hearings are cancelled at short notice. Once clarity on expenses for IT issues are resolved a list of finalised claim expenses will be sent to all members. Chantal encouraged panel members to share any issues they have faced with recent hearings Phil commented he is still experiencing IT issues when attending remote hearings. Members were reminded to contact IT with any issues as the MHA administration team would not always be best placed to assist. It was acknowledged that no patients have been discharged by the hospital managers in the last 12 months however it was felt that overall this due to the patients still meeting the criteria and all detentions under the Act. Sarah Roberts supported this by informing members that the pressure on beds in the health board remain and as a result admitted patients are the very unwell. Once again it was acknowledged that application numbers remain low and that the majority of hearings attended are renewals of Section 3 or Community Treatment Orders. Yet applications to the Tribunal are much higher in proportion and reasons where explored as to why patients are not putting in applications to the hospital managers. Sarah Roberts stated she would raise this at the next Ward Managers Forum to seek professional views. Sue Richards commented that some detained patients are lacking accommodation to be discharged which potentially could be a factor. Ian Rees however felt that it had more to do with the lack of confidence by patients that any hospital managers hearing would result in a discharge. During his time previously as a patient advocate he would receive this feedback often from patients. John Williams stated that he would encourage patients to discuss their opinions on the managers hearings as he feels as a patient they would potentially prefer a slightly less formal structure of hearing or if not maybe this is something that should change. Sue Richards acknowledged that in the previous IMHA report it had been recorded that the managers hearings “were nice” and that hospital managers asked more relevant questions. Natasha Fox joined the meeting later but was asked to comment on this discussion and stated that there has been improvement however tribunals are still felt to be the more robust process and that managers hearings were used as a trial run prior to their tribunals.	R Bourke S Roberts

	Receive Hospital Managers Appraisals	
HMPODSC (25) 1.8	Ruth Bourke advised members that herself and Sarah Roberts were due to start three year appraisals for members who haven't had an appraisal during that period. Panel members will be contacted soon with self assessment questionnaires and then be invited to attend to discuss any matters arising. A report on the findings will be brought back to the next meeting	R Bourke

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Received for Assurance – Operation of Section 23 Mental Health Act 1983		
HMPODSC (25) 2.1	Operation of S23 Mental Health Act 1983 Report on the use of the Mental Health Act 1983 – 1st October 2024 – 31st December 2024	
	Ruth Bourke presented the report on the use of Section 3 during Quarter 3 (October to December 2024). There was very little in terms of any unusual data within it. As already mentioned the numbers of applications to hospital managers continue to remain low with just 4 during this quarter compared to 14 during the same quarter period in 2018. John Williams queried if there is any national benchmarking data on managers applications to which members were informed there is not. It was acknowledged that only 4 of the 7 Independent Members (IMs) have completed the number of observations in order to sit confidently as a panel member in reviews. Despite this these IMs are invited to attend every review in order to try to complete these observations. Chantal agreed to obtain a formal Board stance on whether IMs should be involved at reviews or whether any members can be exempt.	C Patel

	Finally the sub-committee members recognised the many years of long service of Mrs Angela Brown who has recently retired from the role of an independent lay member. Mrs Brown chaired many reviews and had a wealth of experience in the role and will be missed as an active member of this group.	

	IMHA report (1st October 2024 – 31st December 2024)	
HMPODSC (25) 3.1	Natasha Fox provided members with a general update. She informed members that one of the IMHAs, Sarah Thomas, has an injury currently resulting in Natasha processing referrals which has had the positive effect of allowing her to audit. Natasha advised all services are up and running however she did make reference to lack of funding to the service and the difficulty they will be facing in the near future. She states currently however all needs are being met. Natasha informed there will be training available in the near future for update on the mental health act reform and how it will impact the service. She brought to attention a case study where a relative was given advice which allowed them to advocate for themselves which resulted in their relative being discharged from hospital and return home.	

For Information		
	Minutes Mental Health Legislation Committee 2nd December 2024	
HMPODSC (25) 4.1	Provided for information.	

	Any Other Business	
HMPODSC (25) 5.0	No Other business	

	PART II TRAINING	
HMPODSC (25) 6.0	<u>Training</u> A training presentation on Information Governance was provided by Alison Evans. <u>Further training requirements</u> A session on forthcoming legislation was requested and	

	focusing on Community Treatment Orders. More training on bespoke IT issues. Any other training needs as identified via the forthcoming appraisal process.	LH

	Date and time of next meeting	
HMPODSC (25) 7.0	7th August 2025 via Teams	

2.2 **8 Mins**

2.2 - Mental Health Legislation Scrutiny Group

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

For assurance

Attachments

011. Mental Health Legislation Scrutiny Group.docx

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	01 May 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health Legislation Scrutiny Group Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Kay Isaacs, Chair, Mental Health Legislation Scrutiny Group

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

The purpose of this paper is to present the Mental Health Legislation Committee an update from the Mental Health Legislation Scrutiny Group (MHLSG) meeting held on 1st May 2025.

Cefndir / Background

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

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

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

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

There were no outstanding actions from Scrutiny Group (SG) or legislation committee.

S136 Review - Multi- Agency Options Appraisal Review Update

Following a joint review by the then, MHLD Directorate and the Health, Safety and Security Team, there was a recommendation to consider a centralised place of safety for S136 detentions. A multi-agency stakeholder group was assembled to undertake this task which comprised of health representatives from the Clinical Care Group for Mental Health, Mental Health Act Administration Team, Dyfed Powys Police, local authorities, Carmarthenshire, Pembrokeshire, Ceredigion, West Wales Action for Mental Health (WWAMH) and Llais. The most recent meeting was in February and the Quality Impact Assessment document was completed. There is now a draft paper in progress in relation to the outcome that will be presented to board in July 2025.

Right Care Right Person

As agreed at committee, Right Care Right Person (RCRP) is now a standing MHLSG agenda item. To summarise, Right Care, Right Person is being implemented by police forces across England and Wales to enable them to undertake management of the highest risk of mental healthcare work enabling them to focus on maintaining community law and order. A national toolkit has been developed by the National Police Chiefs' Council (NPCC) and the College of Policing to support police forces in implementing Right Care Right Person, which will see vulnerable people receiving the specialist health support they need. Dyfed Powys Police updated that there have been three workshops for police to attend in relation to the RCRP approach. Dyfed Powys Police are now entering phase 3/4 to create a system within the control room where requests for ambulance transportation can be officially logged. There are two types of requests for transportation, mental health and physical health, previously, the only method to record the MH requests were on the S136 and S135 monitoring forms, or on the STORM system. However, there is no set criteria for this data to be logged in a certain way on our systems and it's not consistent which this new process will now correct.

Risk Register

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

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

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

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

This issue was recorded on the risk register due to non-availability of a bed post MHA which is required to identify the name of the hospital to apply the section. There were no incidences highlighted for quarter 4 but this will remain on the register for further monitoring.

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

This situation remains unchanged in respect of the negative impact for compliance of part two of Mental Health (Wales) Measure despite some improvement in the medical and staffing

position. The temporary service change that was introduced to help ease this situation remains in place and a stakeholder monitoring group has been convened to examine all relevant data and information so that the temporary service change whereby routine GP referrals are advised to contact the Single Point of Contact Team 111#2 can be reviewed within the agreed 6-month period.

Measure Report

The Measure report which provides activity and performance data in respect of Wales Measure was shared prior to the MHLSG meeting. This report was scrutinised and debated and the Mental Health Measure report on the agenda will share this.

Mental Health Act Report

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

In respect to the MHA report the following issues were noted and discussed by the group with an agreed action that the data should also be presented at the Medical Staffing Committee for further discussion.

Section 136

An increase in S136 attendances at ED was noted, but as the number was under five it cannot be reported due to the potential to identify individuals. The reason for attendance at ED was due to the S136 place of safety being occupied on a few occasions. This data will continue to be monitored at SG as the Mental Health Clinical Care Group (MHCCG) explores options to assess individuals away from ED when there is no physical requirement for attendance there. In addition, SG agreed for data to be collected in relation to when the Place of Safety is occupied, and ED is used as an alternative.

Second Opinion Appointed Doctor (SOAD)

The mental health act data highlighted an issue whereby the SOAD has undertaken the required clinical discussion with a member of clinical staff who was not the Responsible Clinician. Clinical staff must name the RC on the documentation used to request a SOAD and then it is the SOAD's **responsibility** to consult with the correct person

S17 leave

There had been occasions when a patient has been allowed to leave the ward but the S17 leave documentation has not been completed. RCs can authorise leave remotely but this needs to be confirmed by email. Following discussion, a process has been introduced on all wards to ensure compliance with this and a follow up visit by community services for patients who have extended S17 beyond 72 hours is also being explored.

Local Authority Reports

Pembrokeshire:
Mental Health Act data provided, but apologies received in respect of attendance due to acute social work staffing deficits and the requirement for senior staff to cover. Data unremarkable for this quarter, no actions required.

Carmarthenshire:
Reduced number of assessments under the Act compared to the previous quarter, no obvious reason for this, staffing situation is improved following a recruitment phase. Due to scarce resource of doctors to undertake MHA assessments the group was reminded that for S136 assessment only one medical assessor is required.

Ceredigion:
Prior to the meeting, a report was distributed in which members review full details of mental health act activity in Ceredigion. No significant changes noted from last quarter albeit, a slight increase. Need to monitor any use of ED use for a S136 to determine if this was inappropriate due to no physical health requirement.

Quality Assurance and Practice Development -Care and Treatment Plan Audit

The senior nurse for Ceredigion, previously senior nurse in the Quality Assurance Practice Development Team, provided an update on the progress of the Task and Finish group that has undertaken a review of the Care and Treatment Plan audit. Following review, the audit has been expanded to include the Comprehensive Assessment Document, Risk documentation and Record Keeping standards. Audit documents have been developed and following pilots in community teams first audit results are expected to be available for August's SG meeting.

Miscellaneous

Mental Health Act review, no further update from Welsh Government.

Review is underway in respect to payments for medical staff undertaking MHAs on behalf of the health board. This review is the first time since 2005, and a financial uplift is anticipated. The review and recommendations will be presented at a future legislation committee meeting and then to board by the medical director.

Argymhelliad / Recommendation

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

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Scrutiny Group.
Rhestr Termau: Glossary of Terms:	MHLSG – Mental Health Legislation Scrutiny Group MHLOG – Mental health Legislation Operational Group CWCDG – Clinical Written Control Document Group MH/LD – Mental Health / Learning Disabilities WCDG – Written Control Document Group WMF – Ward Managers Forum CRHT – Crisis Resolution Home Treatment QAPD – Quality Assurance Practice Development AMH – Adult Mental Health IMHA – Independent Mental Health Advocate SSWA – Social Services and Wellbeing Act MHA – Mental Health Act

	MHM – Mental Health Measure DOL – Deprivation of Liberty HIW – Healthcare Inspectorate Wales CIW – Care Inspectorate Wales CHC – Community Health Council CTP – care and Treatment Plan CMHT – Community Mental Team CTLD – Community team Learning Disability OAMH – Older Adult Mental Health
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	MHLSG Mental Health Act Legislation Manager

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg: Risk:	Risk of non-compliance with the 1983 Act and with the Welsh Government's Mental Health Act 1983 Code of Practice for Wales; the Mental Health (Wales) Measure 2010 Code of Practice; and with the Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance. Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: Legal:	Not Applicable.

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

2.3 **8 Mins**

2.3 - Mental Health Act Report

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

Review and discuss quarter 4 data.

For assurance

Attachments

012. 01. Mental Health Act Report.docx

012. 02. MHA report QTR 4.docx

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	05 June 2025
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health Legislation Scrutiny – Mental Health Act Data Performance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ruth Bourke, Mental Health Act Administration Lead

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

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 (MHLD) Services during the quarter, that those functions of the Mental Health Act 1983 (the Act) which have delegated to officers and staff, are being 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.

Appendix 1 is a copy of the full report received to inform the MH Legislation Scrutiny Group is embedded below.

Asesiad / Assessment

The MH Scrutiny group received the above embedded report and paid particular attention to the following:

- Overall the activity and detentions under the Mental Health Act during this quarter period was relatively unremarkable other than a recent increase in the use of Section 4 (emergency admission) and Section 135 (warrant to enter property to remove a person to a place of safety). This is particularly relevant to the Ceredigion area, a likely result of the reduced doctors availability within this area.
- Discussion took place regarding timescales relating to use of Section 4 and requirement to admit a patient to a bed within 24 hours of the Mental Health Act assessment which has been challenging at an operational level.
- Use of Section 136's have continued to generally remain lower than previous years. Police continue to consult prior to applying in most cases and the proportion of outcomes require further detention or an admission to hospital demonstrating, most likely, use of this Section of the Act is adequate and appropriately applied.
- Discussion took place relating to the number of Section 136s transferred to A&E as a place of safety for assessment. On occasions it is due to a clinical need of the person but it was generally accepted that other reasons include the Section 136 suite at Prince Philip Hospital being occupied/unavailable or that the police are transporting a person on a voluntary basis to A&E before a change occurs and the legal power is then exercised at an A&E setting therefore this becoming the "place of safety".
- Despite numbers for Section 136s being low a small percentage during this period lapsed due to unavailability of a bed or doctor within the statutory time period.
- Operational challenges as a result of low numbers of Section 12 and Approved Clinicians were highlighted to the group.

Argymhelliad / Recommendation

For discussion

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	1. Improve population health through prevention and early intervention 2. Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Mental Health Legislation Scrutiny Group
Rhestr Termau: Glossary of Terms:	Included 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:	MH Legislation Scrutiny Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	Not applicable

Risg: **Risk:**	Risk of non-compliance with the 1983 Act and with the Welsh Government's *Mental Health Act 1983 Code of Practice for Wales*; the *Mental Health (Wales) Measure 2010 Code of Practice;* and with the *Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance*. Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: **Legal:**	As above
Enw Da: **Reputational:**	Not applicble
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Report on the

on the use of

The Mental Health Act, 1983

1st January 2025 – 31st March 2025

(Quarter 4)

Contents

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, 2024/25.

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

A more detailed breakdown of the Act is as follows:

Mental Health Act, 1983 - Data Collection and Exception Reporting

2.0 Summary

Quarter 4, 2024/25 use of the Mental Health Act (MHA) has been unremarkable with the number of uses of different sections being almost identical to the previous quarter.

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

Section 135 warrants have been applied for following a mental health act assessment taking place. However, as no bed is available for the patient to be admitted the applicant (AMHP) then has to apply for a warrant in order to gain further access into the persons property in order to remove them. Section 135 warrants currently cost £80 per application.

A further consequence of the lack of Approved Clinicians (AC) within Ceredigion is with regards to the Section 20 & Section 20A (renewal of Section 3 / CTO). Due to the Devon Judgement 2021 there is a requirement that the Responsible Clinician must physically see and personally examine patients. Remote assessments are not permitted.

Since December 2020 amendments were made to the English Regulations which allowed for statutory forms to be signed and sent electronically. The Welsh Regulations have not been amended so all statutory forms in Wales still require a "wet signature". A number of statutory forms are being submitted by Approved Clinicians which are currently not being accepted on behalf of the Hospital Managers.

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

However, A&E continues to be used as a place of safety for Section 136 detentions, either as the first place of safety or for the place of safety where the assessment is conducted. In this last quarter 18/39 S136s were presented to A&E at some point during their detention. Whilst there may be an identified clinical need for removing the person to A&E there are operational challenges that arise. This includes monitoring forms not being located and detained persons not being informed of their statutory rights. It is sometimes unclear when the Section 136 commenced when presented at A&E. Unlike those transferred to identified the Section 136 place of safety patients who present at A&E regularly spend a large proportion of their detention period in the custody of police officers. On occasion officers challenge why they are expected to remain with patients when under the Section 136 joint working policy they are able to leave "when it is safe to do so".

The local authorities report difficulties in obtaining Section 12 doctors for assessments and identifying beds when an admission is required. A number of Section 136s (24 hour detaining period) lapsed before beds/transport could be arranged and leaving the person without any legal framework. Operational issues are discussed via Section 136 county forums however there has been an increase during this quarter of the issues highlighted.

The MHA management team have continued to provide training in the health board and with key stakeholders. Work has commenced to review the Section 117 aftercare policy and the Section 136 policy review has been delayed for twelve months in order for the legislation changes to be introduced.

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 activiy	Notes
2	71	73 ↑	Slightly higher than average use of this section.
3	36	30 ↓	Slightly lower than the average use of this section and the lowest use per quarter since 2022.
4	3	6 ↑	Use of Section 4 is quite infrequent and tends to fluctuate between 0 - 5 occasions per quarter. Highest use of Section 4 previously recorded.
5(4)	1	Under 5	Use of this section of the Act is relatively rare however will fluctuate in use between zero to as many as 6
5(2)	19	13 ↓	A low use of this section. Lowest use per quarter for over 5 years.
17A (CTO)	6	9 ↑	A high use of this section this quarter period with the use of Community Treatment Orders increasing once more.
135	3	Under 5	Use of this section of the Act is relatively rare and has been used an average number of occasions.
136	43	39 ↓	Use of this section remains much lower than average in previous years.
Part III	2	Under 5	Average number of Part II patients during the quarter.

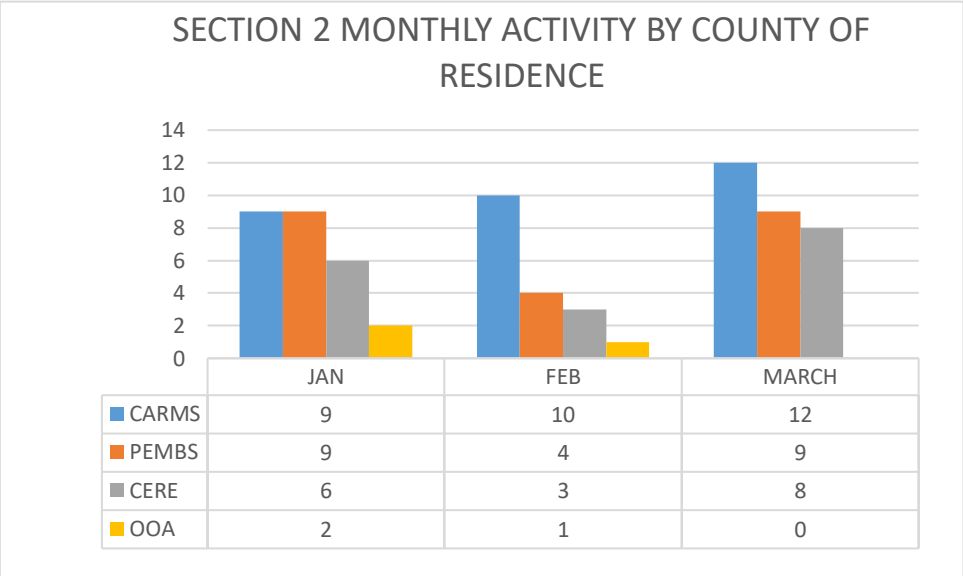
3.0 Findings and Information

3.1 Part II, MHA

3.1.1. Section 2 - Admission for Assessment

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

- Section 2 has been used on 73 occasions which is slightly above the quarterly average based against the previous 12 quarters (January 2022 – December 2024) which is 71. It is in keeping with the last quarter period when it was used on 67 occasions.
- It was noted within the last report that use within older adult services had dropped quite significantly to just 16. During this period, it has increased back up to 22 which is much more in keeping with the average use of 24 per quarter.
- 58 of the 73 patients were admitted to hospital directly from the community. i.e. they were not already in hospital when they were detained, community settings can be a patient's home, care home or general hospital and can also include transfers from other hospitals outside of Hywel Dda UHB.
- There were 6 Section 2 detentions to the general hospital ward settings.
- There were less than 5 uses of Section 2 in both the CAMHS service and the Learning Disabilities service.
- The times the detention orders were "received on behalf of the hospital managers" (not necessarily when the assessment was conducted) is as follows:
    - Monday to Friday 9am to 5pm: 30/73
    - Friday 05.01pm to Monday 08.59am: 16/73
    - Weekday out of hours (5.01pm to 08.59am): 27/73
- 93% were of white British ethnicity which is relatively consistent with previous quarters other ethnicities included white European and mixed race.
- The graph below shows the usage across the three counties:



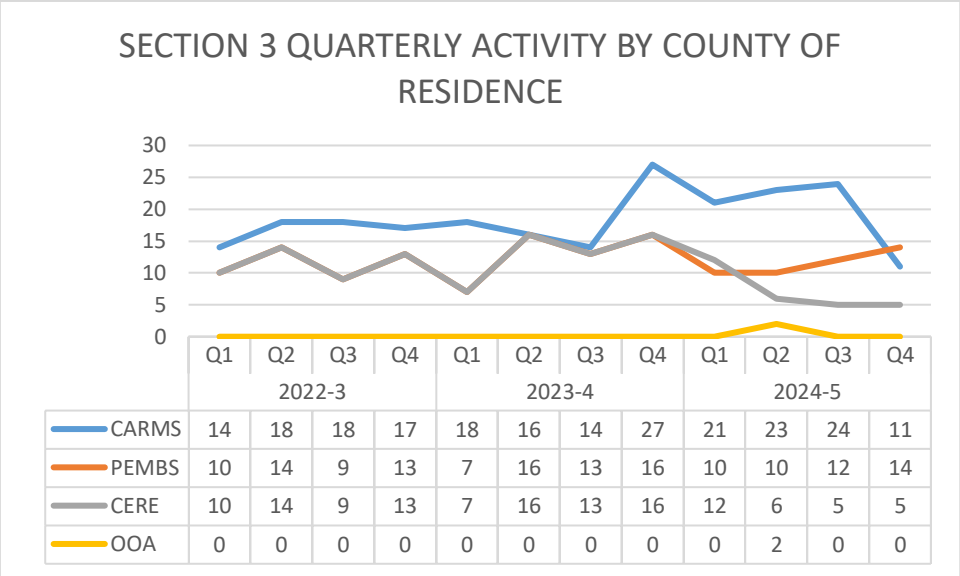
	JAN	FEB	MARCH
CARMS	9	10	12
PEMBS	9	4	9
CERE	6	3	8
OOA	2	1	0

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.

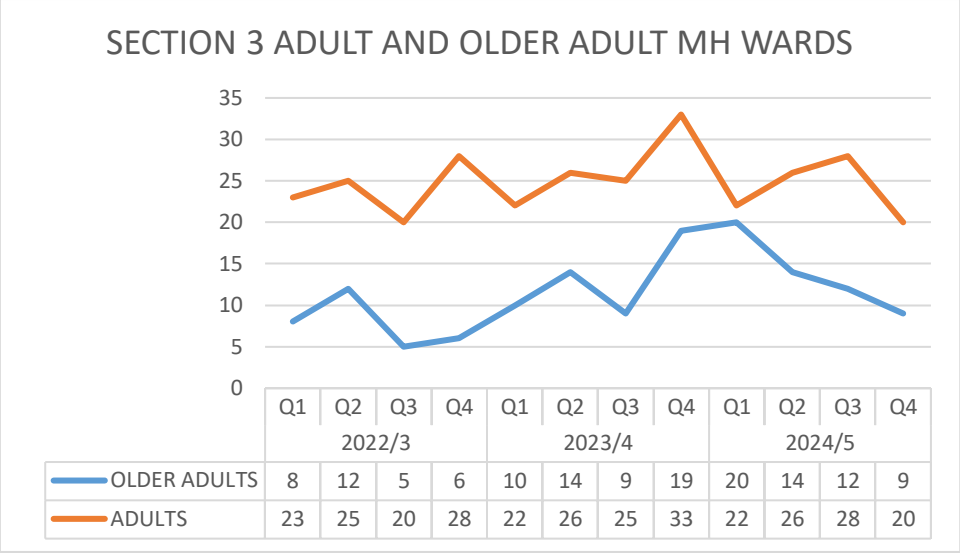
- Use of Section 3 occurred on 30 occasions which is lower than the quarterly average (based across last 3 years) which is 36. It is the lowest quarterly use of this section since 2022. A chart to show a breakdown of Section 3 use in the different services and counties can be found below.
- Of the 30 instances 26 were changes in a legal status e.g. from informal or section 2. There were less than 5 direct admissions under this section, this would include transfers from other hospitals.
- Of the 30 overall section 3s 20 were detained to adult inpatient wards and 9 to older adult wards, the remaining to other areas within Hywel Dda hospital settings.
- 39 Section 3s were discharged during this quarter with the following outcomes - 17 regraded to informal status (which could include DoLS authority), 11 were discharged from hospital, 2 transfer out to another hospital and 9 placed in the community subject to a Community Treatment Orders.
- 93% were of white British ethnicity.

SECTION 3 QUARTERLY ACTIVITY BY COUNTY OVER 3 YEARS



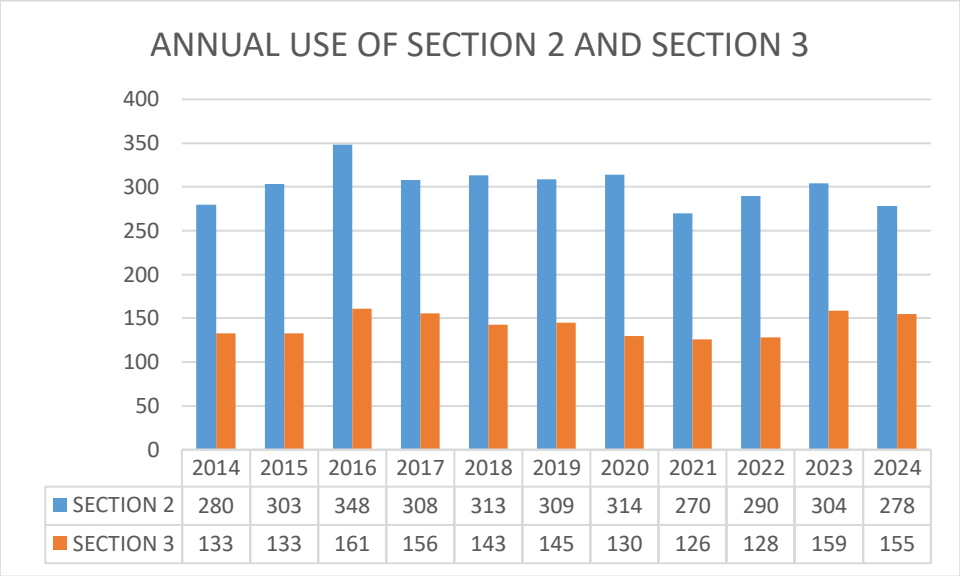
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2022-3				2023-4				2024-5			
CARMS	14	18	18	17	18	16	14	27	21	23	24	11
PEMBS	10	14	9	13	7	16	13	16	10	10	12	14
CERE	10	14	9	13	7	16	13	16	12	6	5	5
OOA	0	0	0	0	0	0	0	0	0	2	0	0

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



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2022/3				2023/4				2024/5			
OLDER ADULTS	8	12	5	6	10	14	9	19	20	14	12	9
ADULTS	23	25	20	28	22	26	25	33	22	26	28	20

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



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
SECTION 2	280	303	348	308	313	309	314	270	290	304	278
SECTION 3	133	133	161	156	143	145	130	126	128	159	155

3.1.3. Section 4 – Admission for Emergency

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

- On average it is used on three occasions per quarter. During this quarter there were six detentions under this section of the Act.
- When using Section 4 the person must be admitted within 24 hours of the assessment being conducted. There was a further instance when the admission was

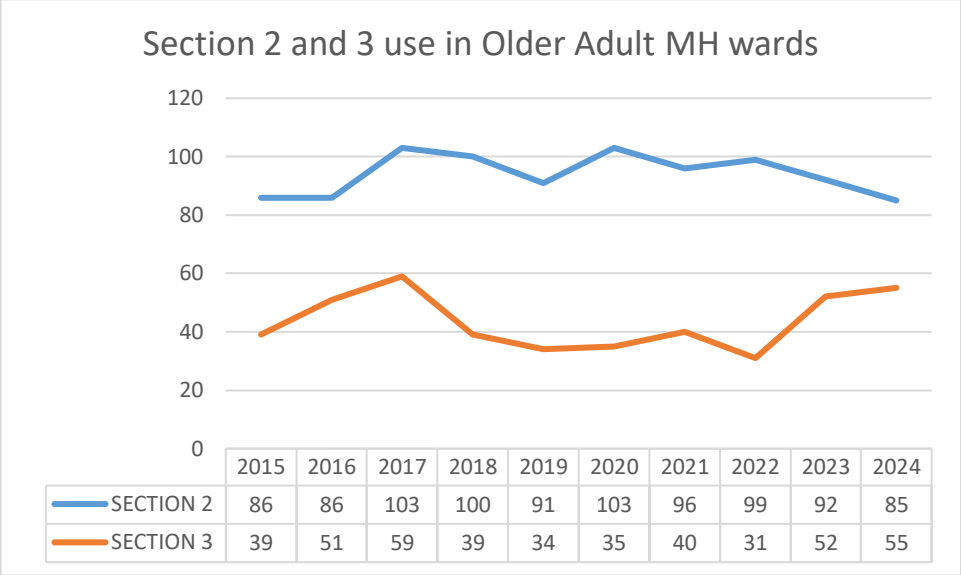
over 24 hours therefore the nurse could not receive the detention papers on behalf of the Hospital Managers.
- 33% were completed by a S12 approved doctor.
- The majority of the emergency admissions were from Ceredigion whereby the AMHPs recorded difficulties in securing Section 12 doctors or a doctor that was willing to drive to Ceredigion to carry out a planned assessment. Reports by the AMHPs in this area also recorded difficulties in obtaining transport in one case transport could not be obtained for 10 + hours.
- 50% Section 4s were converted to section 2 within 24 hours of admission to hospital.
- Ethnicity – 100% white British, Gender - 100% female.

3.1.4. Section 5 – Holding Powers

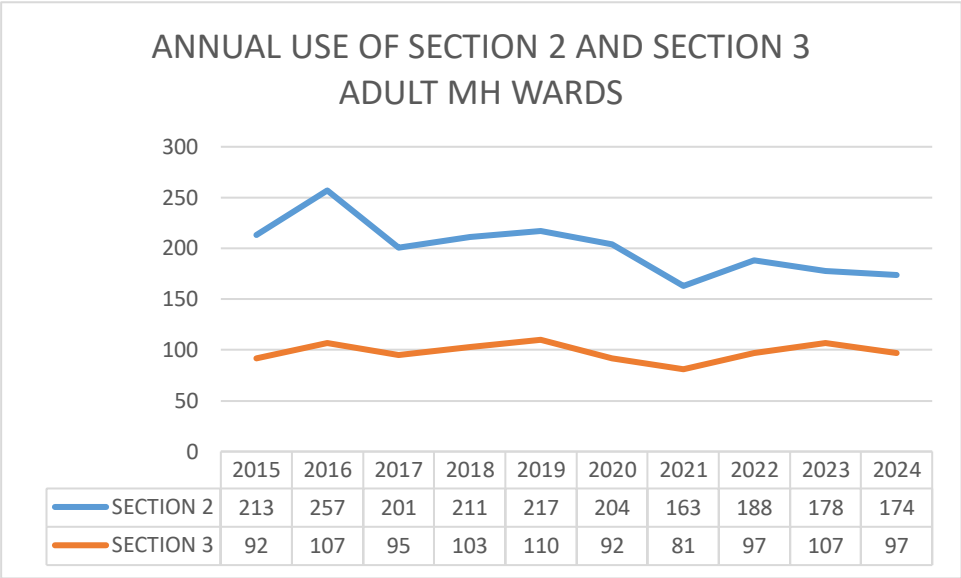
Section 5(2) – used by Doctors in both mental health and general hospital settings to detain an in-patient for up to 72 hours to allow for a mental health act assessment to take place. Section 5(4) is used by mental health and learning disability nurses in mental health in-patient settings for up to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

- Use of the nurses holding power is rare and has been used on less than five occasions during this quarter.
- The doctors holding power was used on 13 occasions during this quarter which is its lowest use for at least a minimum of 5 years.
- Of the 13 Section 5(2)s used less than 5 were used in adult MH acute wards. I
- There has been no detentions under Section 5(2) during this period for under 18s.
- A holding power under Section 5(2) may be used within general hospital wards. During this quarter it was used lawfully and appropriately 7 occasions (more than 50% of total Section 5(2) use). The outcomes of these holding powers were that all 57% were detained under a longer term section of the MHA. The remainder were regraded to voluntary or lapsed with no MHA assessment being conducted within the required period.
- 77% of assessments were carried out within 48 hours.
- 62% were further detained under Section 2 or 3 (lower than previous quarter at 67%)
- Statistics:
    - 100% white British, 31% male, 69% female

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



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



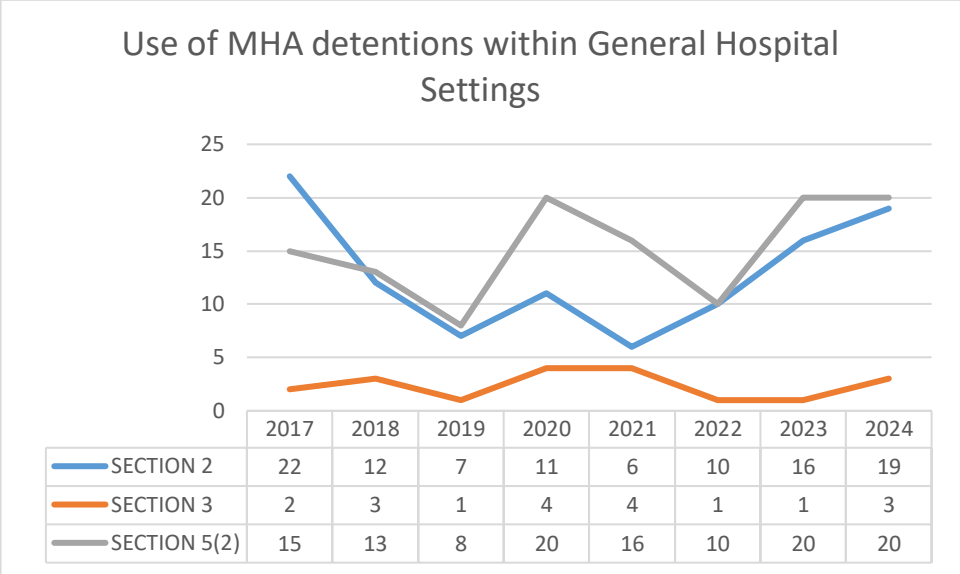
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
SECTION 2	213	257	201	211	217	204	163	188	178	174
SECTION 3	92	107	95	103	110	92	81	97	107	97

The table below demonstrates the % of which service both section 2 and section 3 were utilised. For example, it can be seen that in 2023 Quarter 4 57% of all section 2's were adult services with only 1% of its use in the general hospital setting.

% of Overall Activity	2023/2024	2024/2025			
	QTR 4	**QTR 1**	**QTR 2**	**QTR 3**	**QTR 4**
SECTION 2	**%**	**%**	**%**	**%**	**%**
Adult	57	56	58	60	58
Older Adult	39	31	37	24	30
General DGH	1	10	0	7	8
CAMHS	3	3	3	7	3
Learning Disabilities	0	0	2	2	1

SECTION 3					
Adult	62	51	63	68	67
Older Adult	36	47	35	29	30
General DGH	2	2	2	0	3
CAMHS	0	0	0	3	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-Mar 24	Apr-June 24	July–Sept 24	Oct – Dec 24	Jan- March 25
Section 2	(1-5)	7	(1-5)	(1-5)	6
Section 3	(1-5)	(1-5)	(1-5)	0	(1-5)
Section 5(2)	(1-5)	7	(1-5)	(1-5)	7

Legal Status of Patients:

The table below is a snapshot the legal status's broken down as a % in each ward as of 31st March 2025

Ward	MHA includes home leave pts	DoLS	Informal	Home leave
Bryngofal	79%	6 % - Informal with a DOLS request awaiting assessment	21%	11%
Bryngolau	36%	21% - authorised DoLS 21% - Informal with a DoLS request – awaiting assessment	22%	0%

St Caradog	67%	0% - authorised DoLS	33%	13%
St Nons	57%	21% - authorised DoLS 7% - Informal with a DoLS request – awaiting assesment	15%	0%
Morlais	100%	0%	0%	29%
Enlli	27%	27% - authorised DoLS 18% - Informal with a DoLS request – awaiting assessment	27%	0%
Low Secure	100%	0%	0%	7%
PICU	100%	0%	0%	0%

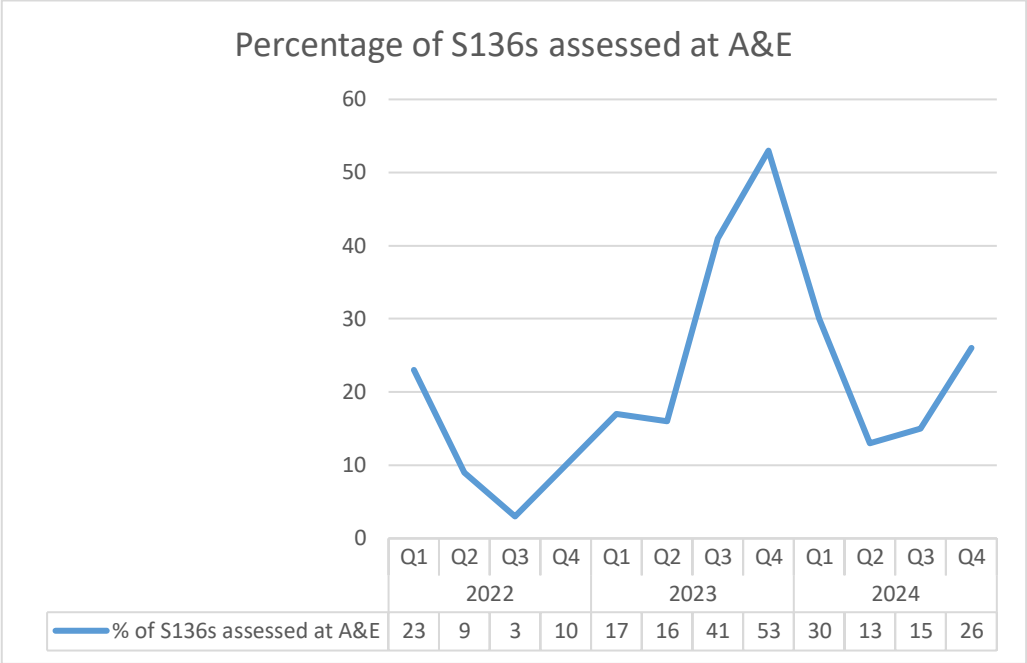
3.2. Use of Police Powers Sections 135 & Section 136

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

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

- Use of Section 136 remains lower than the quarterly average having been used on 39 occasions however consistent with the previous quarter when used on 34. Use of S136 overall now is much lower than it was about three years ago.
- 35 different individuals were placed on S136 during this quarter. There was 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:-
  - 28 to Bryngofal
  - 1 to Morlais
  - 10 to A&E
    - Withybush Hospital – 7
    - Glangwili Hospital – 1
    - Bronglais Hospital - 2
- The use of A&E departments as places of safety where the assessment took place had reduced significantly however during this quarter period has increased once more. In addition to the 10 cases listed above it was also used a further 8 times as the 1st 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 18 occasions A&E was used as a place of safety 12 was due to a clinical need. Where A&E was used where no clinical need had been identified monitoring forms submitted only occasionally show why A&E was identified. In some case it appears that the persons had been in A&E with a voluntary agreement however change their mind at which time the police officers apply the S136. 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 of the designated mental health place of safety for admissions being closed for any period during this reporting quarter.

- Difficulties continue in obtaining accurate data relating to the use of Section 135. Monitoring forms are often poorly completed with much of the required information missing. When persons are taken to A&E it is often difficult to locate any monitoring form. In addition, the MHA Administration Team are often contacted over disputes relating to the start times of Section 136s, difficulties in obtaining assessments and transport for patients.
- The table below shows the % of overall S136s that were assessed in an A&E setting as opposed to a health-based place of safety.

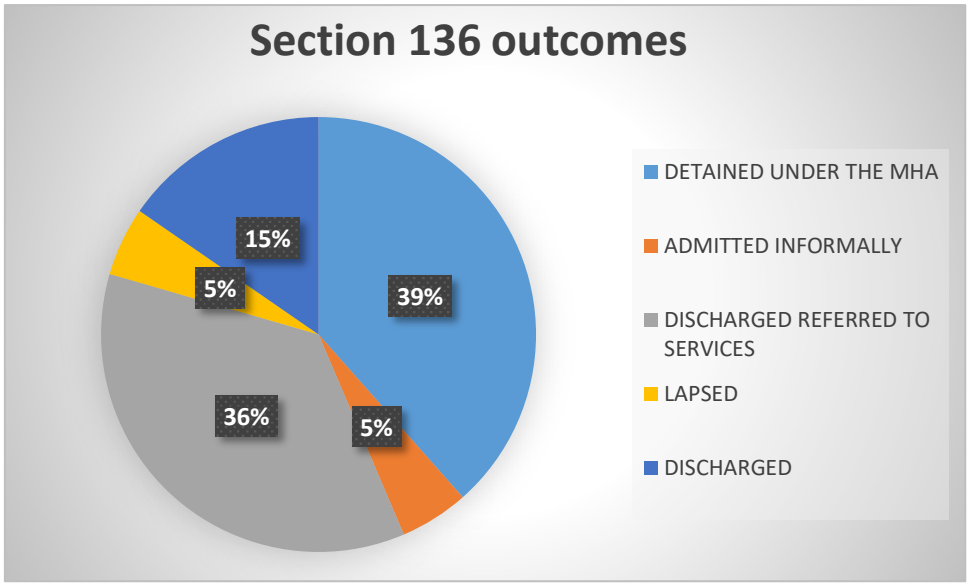


	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2022				2023				2024			
% of S136s assessed at A&E	23	9	3	10	17	16	41	53	30	13	15	26

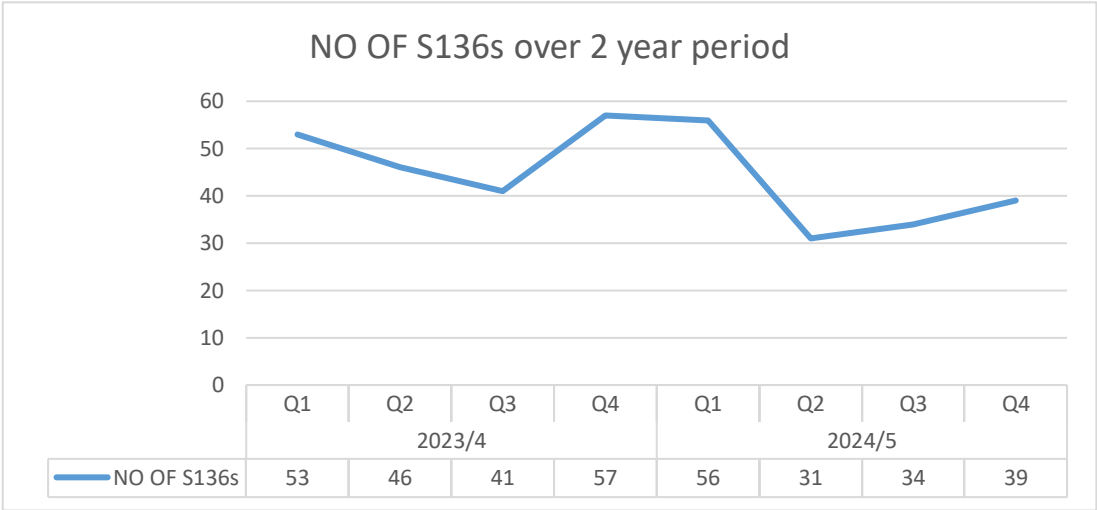
- Morlais Ward is a place of safety for the purpose of assessing under 18's subject to S136. It has not been used as a place of safety for an over 18s during this quarter.
- Custody has not been used as a place of safety for assessment during this quarter. Custody can only be used for adults in exceptional cases. However, it is regularly reported that persons detained under S136 are being "held" in police vans outside A&E settings once the S136 period has already commenced.
- There were less than 5 under 18s detained on Section 136 during this quarter with handcuffs used during the detention period.
- In total it is recorded within the monitoring forms that some form of restraint was used on 25 occasions (64%) which is higher than usual, for example, the last two quarter periods have been around 45%.
- The duty to inform patients of their statutory rights was evidenced in 32 out of 39 cases overall. Within the A&E settings on 11 out of the 18 occasions
- The location of where S136 was applied was recorded as the following:
  - 29 x public place
  - 1 x outside persons residence
  - 6 x general hospital
  - 3 x police station
- Consultation is recorded as having occurred in 32 out of the 39 occasions (82%) which is consistent than the previous quarter. All consultations during this period were with a nurse.

- There is a report under the Out of Hours service that has a record of diverted S136s. There are 3 cases listed during the period of Quarter 4. Records suggest that instead the majority were taken to A&E on informal basis.
- 35 of the 39 resided within Hywel Dda catchment area.

Outcomes of the assessments as follows:



- It is incredibly rare for Section 136 to lapse without an outcome. However during this period a number of Section 136s lapsed after 24 hours. This was attributed to there being no beds available to admit the patient to. There was instances whereby Section 136 lapsed at 24 hours, the medical recommendations for section 2 had been completed however the applications for admission could not be made as no bed was identified. Therefore, there was no legal framework in place for the detention to continue.
- Where the outcome of the assessment did not result in detention under the MHA – 19 of 22 utilised 2 doctors for the assessment.
- All assessments took over 4 hour but no assessments was extended.
- Ethnicity statistics –
  - 100% White British
  - 56% Female 44% 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.

- Only Section 135(1) was used during this period.
- Despite this there has been an increase in warrants being applied for but do not then require execution. This appears to be a result of a MHA assessment being conducted but the person is unable to be admitted immediately as bed or transport are not available. When the applicant (AMHP) returns to the patient it is anticipated that the patient will no longer give access to property. In such circumstances a Section 135(2) warrant will be required. The cost of Section 135 warrants are currently £80.
- 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.
- Ceredigion local authority applied Section 135 warrants during this period.
- 100% of assessments resulted in further detention under the Act.

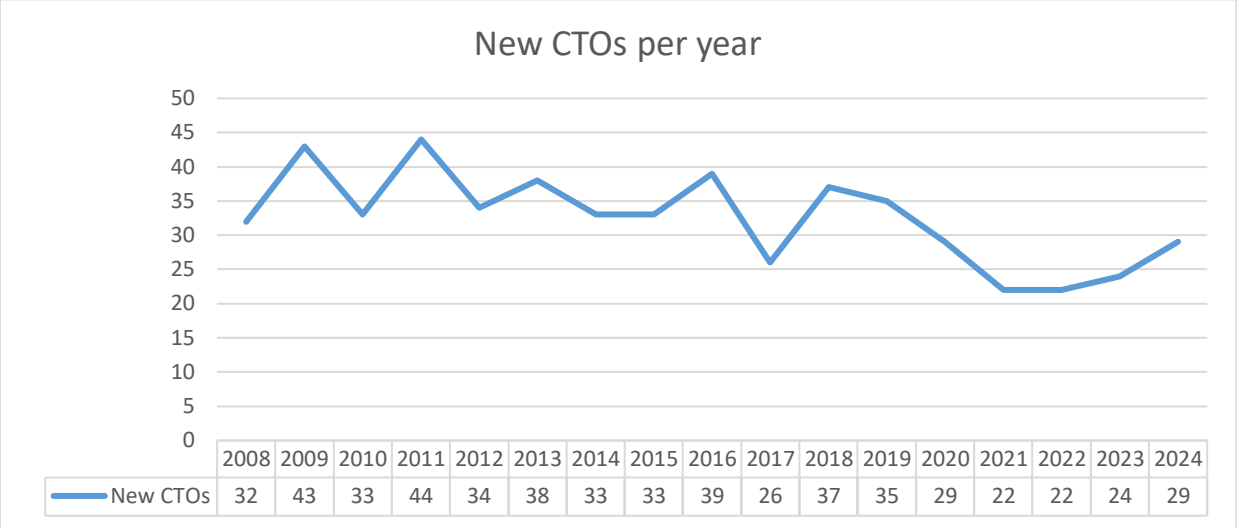
3.3. Section 17A - G, Community Treatment Orders

3.3.1. Community Treatment Order Activity

There were 27 Community Treatment Orders in place as at 31st March 2025.

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

- 9 new CTO's for the quarter.
- There were less than 5 recalls during this quarter.
- 8 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 not been used to admit a patient.
- Unrestricted patients can be made subject to Community Treatment Orders however 0 new CTO for Part III patients were made during this quarter.
- 0 restricted patients were discharged by the MHRTfW during this period.
- There were no unrestricted patient discharges.
- As of the 31st March 2024 the total number of Part III patients are split into the following – 64% restricted; 29% unrestricted; 7% CTOs.

3.5 Errors

3.5.1. Section 15 - Rectifiable Errors

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

- 108 statutory documents were medically scrutinised
- Rectifiable errors were made on medical recommendations, applications for admission and receiving of detention papers. Amendments can be made within 14 days under Section 15, MHA and this process is carried out by the MHA administration team liaising with the professionals involved.
- Common errors included not deleting areas of papers where prompted; names and/or addresses missing, spelling mistakes and ineligible handwriting.
- With the increase in use of Section 4 there have found to be a higher than normal number of errors on HO11 forms (medical recommendation) whereby the medical recommendation does not provide an estimated level of time for a 2nd medical

recommendation to become available or does not state the risk that the delay in admitting would cause where prompted on the statutory form.
- A short training presentation on scrutiny of section papers is due to be uploaded onto the MHA administration sharepoint page in order for professionals to access.

3.5.2. Section 15 - Non-Rectifiable Errors

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

- There were less than five un-rectifiable errors made during this current quarter.
- There was one instance whereby a nurse in charge refused to accept Section 4 papers on behalf of the Hospital Managers as it would have amounted to an unlawful detention.

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).
    - HO12s – common errors made including insufficient / missing information and /or incorrect patient information.
    - There was a Section 5(2) holding power whereby the form was placed in the patient records and during the period of detention no arrangements was made for a MH assessment. Whilst not an error in the paperwork it is an error in process with the detaining ward being notified by MH services that the detention had not been lawful which had not been the case.
    - There have been errors relating to HO15s & CP3s during this quarter period because either digital signatures are being provided, or no personal examination of the patient has been conducted.

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 (less than 5) of exclusion of visitors to the MHA office. During this reporting period there were less than 5 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.

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

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 27 new treatment authorisation documents completed for consenting to treatment instances: -
17 x C02 – to certify person has capacity and consents to treatment (detained patients)
8 x C08 – as above (CTOs)
2 x CO4 – as above for the treatment of ECT
This compares with 17 new certificates issued during the last quarter and only 12 the quarter before.

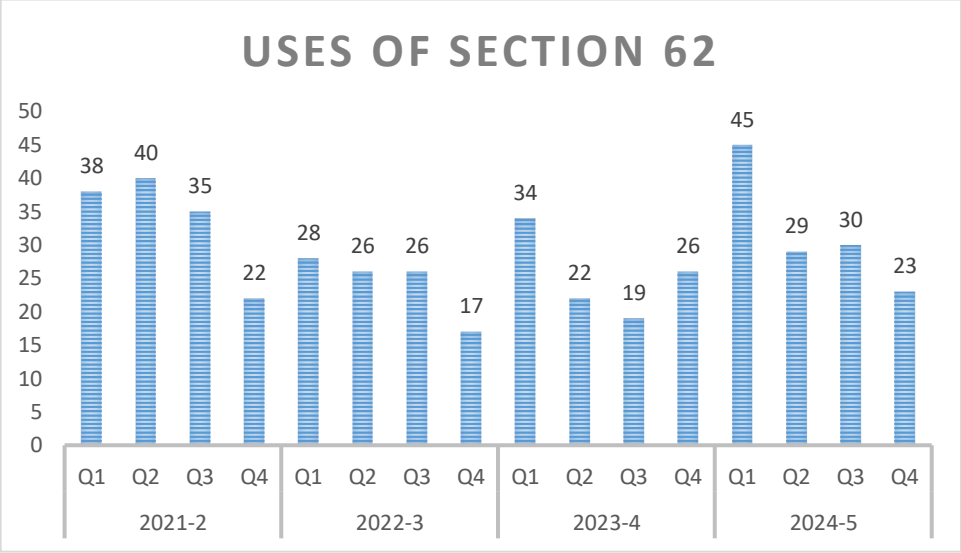
3.7.2. Certification for Treatment – Non capacious or non-consenting status

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

- 27 SOAD requests were made (35 last quarter period; 24 in Qtr 2, 31 in Qtr 1) and the following certificates were completed:
  - 15 CO3s (detained patients)
  - 2 CO7s (CTOs)

- 5 CO6s (ECT)
- 5 certificates pending carried forward to current quarter period

- Average waiting time for a SOAD (medication for inpatients) was 9 days (decrease from 13 days last quarter).
- Of the 22 certificates issued by a SOAD 10 patients were seen in person with the remaining 12 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 5 authority certificates for Electro-convulsive therapy (ECT) during this quarter. The average wait for a SOAD to certify treatment for ECT was 8 days (increase from 4 days last quarter).
- Longest waiting time for a certificate was 22 days. HIW have their own key performance indicators, however they are set from the point they allocate a doctor to the issuing of the certificate as opposed from when the SOAD request is made to the certificate being issued. They have reported that the SOAD was unable to make contact with the Responsible Clinician.
- 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 3 years. It was used on 23 occasions.



- Reasons for its use is as follows:
  - On 10 occasions to authorise ECT. On 4 occasions S62 ECT was given whereby a SOAD had not yet been requested. In the other 6 cases a SOAD had been requested but had not yet authorised treatment.
  - On 8 occasions to authorise medication because three month rule had expired or the previous certificate had an expiry date and the SOAD had not yet authorised treatment.
  - On 3 occasions there was a change of medication or Responsible Clinician.
  - On the other occasions it was due to change in legal status (CTO revoked).

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

days of the three month rule expiring. This is an improvement on the previous quarter.

3.7.3. Section 61, Review of Treatment

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

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

There have been 5 applications for discharge made to the hospital managers during this quarter compared to 2 in the same quarter last year. Despite having returned to face-to-face reviews applications remain low however may be starting to slowly increase once more. During the same quarter in 2018 16 applications were made. Of the 5 applications 2 withdrew therefore 3 hearings were conducted.

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

3.8.2. Renewals/ Extensions of Sections

The hospital managers heard 12 renewals compared to 16 in the previous quarter. This is slightly lower than the same quarter last year when 16 renewals were considered for the same period. The Code of Practice states renewal hearings should be held before the section expiry date. 1 renewal did not meet this target due to the Responsible Clinician requiring urgent special leave around the renewal period.

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

3.8.3. Application for Discharge by Nearest Relative

There were less than five applications for discharge made by a nearest relative during this quarter. All applications were barred by the Responsible Clinician. The nearest relatives involved did not wish to proceed with a hospital manager review and sought its withdrawal or the patients involved were discharge before the hospital managers review was conducted.

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 10 reviews and of those ten 1 had the support of a solicitor present, 6 had the support of an IMHA, 1 had a relative and IMHA and 3 advocated themselves independently. Of the 5 where patients did not attend 2 had either an IMHA, solicitor or relative present at the review.

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

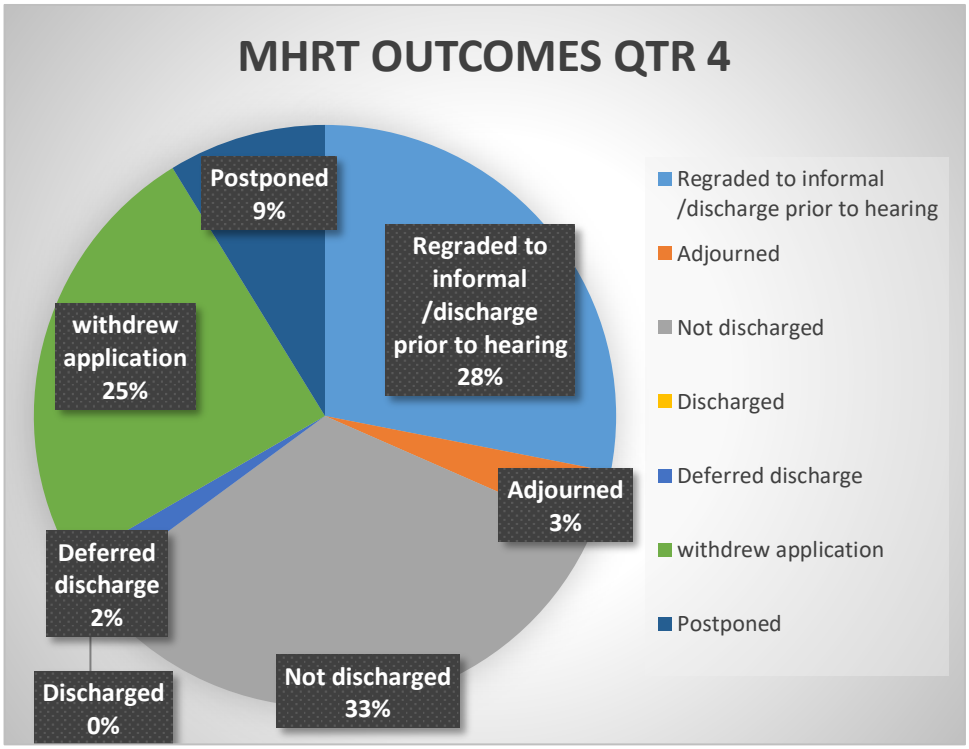
3.8.5. Applications, Referrals and Outcomes at the Mental Health Review Tribunal

There have been 54 applications/referrals to the Mental Health Review Tribunal (MHRTfW) during this quarter with 22 hearings conducted. The MHRTfW office offer the option of face to face or remote reviews based upon patient choice. Of the 22 hearings 19 occurred in person and 3 via MS Teams.

The tribunal ordered the discharge of less than five detained patients during this 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 3 years.

Activity	Average per Qtr 2018/19	Average per Qtr	Qtr 4 activity	Notes
Applications to the Hospital Managers	14	5	5	Applications to hospital managers generally remain lower than pre-covid years.
Renewals / Extension reviews		17	12	Every renewal of section / extension of CTO must have a hospital manager review.
Applications by nearest relative	Less than 5	Less than 5	Less than 5	Figures are generally low
Applications/referrals to MHRTfW	44	48	54	Slightly increased number of applications to the Tribunal this quarter period
MHRT hearings held		24	22	Consistent with the average number of hearings held.

3.9. Miscellaneous

3.9.1. Policies

Policies referred to within the Code of Practice are "*Owned by*" the Mental Health Written Control Documents Group and are "*Approved by*" the Mental Health Legislation Committee (MHLC).
During this quarter policies were reviewed as followed:
(395) Section 136 MHA Mentally Disordered Persons found in public places – *extension of review period granted for 12 months to allow for legislation changes.*
(688) Section 117 Aftercare Procedure Mental Health Act 1983 – *review commenced – due by 26.10.2025*

3.9.2. Training

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

Date	Group	Topic
01.10.24	Bryngofal Ward	CTO recall/CTO training inpatient services
09.10.24	Low Secure Unit	Section 136
15.10.24	Preceptorship Nurses - Carmarthen	MHA Act and scheme of delegation requirements for nursing staff
29.10.24	Preceptorship Nurses - Pembrokeshire	MHA Act and scheme of delegation requirements for nursing staff
03.12.24	Bryngofal Ward	Section 136
09.10.24	Low Secure Unit	Section 136 processes and guidance

07.11.24	PICU and Low Secure Unit	MHRT and Hospital Managers processes
18.11.24	Commissioning Administration Team	MHA Overview
21.11.24	Wellfield Resource Centre Administration Team	MHA Overview and administrative roles
03.12.24	Bryngofal Ward	Section 136 processes and guidance

In addition a pre-recorded training presentation on both Section 136 and Section 5(2), MHA (particularly suitable for general hospital sites) has been uploaded to 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 136, Section 2 and Section 3 detentions have all been used. Where a CAMHS assessment is undertaken a specialist doctor in this field should make themselves available.

DATIX REPORTING

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

3.9.4. Section 117 Aftercare

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

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

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

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

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

4.0. Description of Sections

<u>Longer Term Sections</u> (medication can be given)

Section 2 Admission for assessment – up to 28 days

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

Criteria needs to be met -

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

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

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

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

Criteria needs to be met -

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

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

<u>Short Term Sections</u> (medication cannot be given)

Section 4 Admission for emergency – up to 72 hours

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

Criteria needs to be met -
"it is of urgent necessity for the patient to be admitted and detained under section 2" and that compliance with the provisions relating to application under that section *"would involve undesirable delay"*
1 x medical recommendation, (HO11) 1 x application from AMHP (HO10)

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

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

1 x Form HO12

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

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

1 x Form HO13

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

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

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

Form CP1

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

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

Form CP5

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

Criteria needs to meet the same as Section 3 -

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

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

Revocation requires the written agreement of an AMHP. Form CP7

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

Section 135 Warrant to search and remove

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

A warrant may be issued if, on having information on oath from an approved mental health professional (AMHP), it appears to the magistrate that there is reasonable cause to suspect that a person believed to be suffering from mental disorder is:
Criteria is:
has been, or is being, ill-treated, neglected or kept otherwise than under proper control, in any place within the jurisdiction of the justice, or
being unable to care for himself, is living alone in any such place

Section 135(2) – warrant to enter and take or retake
Section 135(2) concerns the taking into custody of patients who are unlawfully absent.

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

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

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

Section 136 Place of Safety – up to 24 hours

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

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

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

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

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

(a) …there is reason to suspect that the accused person is suffering from mental disorder; and

(b) …it would be impracticable for a report on his mental condition to be made if he were remanded on bail

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

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

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

(b) appropriate medical treatment is available for him

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

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

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

is suffering from mental disorder and that either –

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

(ii) in the case of an offender who has attained the age of 16 years, the mental disorder is of a nature or degree which warrants his reception into guardianship…;and

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

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

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

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

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

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

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

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

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

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

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

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

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

The Secretary of State must have *"…regard to the public interest and all the circumstances…"*

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

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

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

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

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

The section only applies to:

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

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

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

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

5.0. GLOSSARY OF TERMS

Term	Description	Explanation/Link
MHA	Mental Health Act 1983	http://www.legislation.gov.uk/ukpga/1983/20/contents
Sections		Parts of the Mental Health Act 1983 which allow particular types of detention.
PICU	Psychiatric Intensive Care Unit	Severely ill patients who pose a risk in the short term.
CAMHS	Child and Adolescent Mental Health Services	Core age up to 18 years.
Part 2 of the Act	Part 2 of the Mental Health Act 1983	Deals with detention, guardianship, and supervised community treatment for civil (i.e. non-offender) patients.
Part 3 of the Act	Part 3 of the Mental Health Act 1983	Deals with mentally disordered offenders and defendants in criminal proceedings.
HIW	Healthcare Inspectorate Wales	Independent body which is responsible for monitoring the operation of the Act.
Secondary Care		Psychiatric inpatient or community mental health team input for adults.
SOAD	Second Opinion Appointed Doctor	Independent doctor employed by HIW who approves particular forms of medical treatment for a patient.
CTO	Community Treatment Order	Patients can be discharged from detention in hospital under the Act but remain subject to the Act in the community.
Formal admission		Patients admitted to hospital who are detained.
Exception Reporting		Section 5(2) over 60 hours; Hospital Managers' Hearings heard after one month.
MHRT	Mental Health Review Tribunal	A judicial body that has the power to discharge patients from detention,

		supervised community treatment, guardianship and conditional discharge.
Hospital Managers		**Independent individuals who carry out functions on behalf of the Board.**
Recall		**Where it is necessary for a CTO patient to be recalled into hospital.**
Revocation		**Patients for whom a CTO has been rescinded following recall.**
Application		**Request from a patient for the MHRT to consider discharge from section.**
Referral		**Hospital managers request the MHRT to consider a patients detention.**
AMHP	**Approved Mental Health Professional**	**Professional with training in the use of the Act, Approved by a local social services authority to carry out a number of functions under the Act.**

2.4 **8 Mins**

2.4 - Mental Health (Wales) Measure 2010 Report

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

Review and discuss quarter 4 data.

For assurance

Attachments

013. Mental Health (Wales) Measure 2010 Report.docx

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

MENTAL HEALTH SCRUTINY GROUP

DYDDIAD Y CYFARFOD: DATE OF MEETING:	8th May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Scrutiny Group January 2025 – March 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Amanda Davies, Head of Adult Mental Health Community

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

For information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

- The Mental Health (Wales) Measure 2010.

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

Cefndir / Background

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

The Mental Health (Wales) Measure 2010

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

To achieve this the Measure is divided into four Parts:

Part 1 - The expansion of mental health services within primary care settings
Part 2 - The introduction of the statutory Care and Treatment Planning for individuals receiving secondary mental health services

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

Part 1 – Local Primary Mental Health Support Services

Commencement of groups across the three counties will support Part 1 (b) and offer more choice for the population. We are utilising digital options as a first up intervention where appropriate through SilverCloud to support choice and reduce the pressure on already inadequate accommodation to deliver both groups and 1:1 work.

PART 1	Detail		Jan	Feb	Mar
Target 1	80% of assessments by the LPMHSS undertaken within 28 days from date of receipt of referral	Adult	96.2%	98.7%	96.2%
		CAMHS	80.3%	95.5%	98.4%
Target 2	80% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	Adult	92.5%	96.3%	96.7%
		CAMHS	90.6%	97.7%	90.4%

Part 1 Targets-exception information and recovery plan for CAMHS

Part 2 – Care and Treatment Planning

PART 2	Detail		Jan	Feb	Mar
Measure 1	90% of LHB residents who are in receipt of secondary mental health services to have a valid CTP	Adult	93.1%	91.9%	92.7%
		OAMHS	97.4%	92.7%	96.3%
		LD	90.9%	93.5%	92.3%
		CAMHS	93.2%	89.3%	91.8%

S-CAMHS
The February position showed short term deterioration with a drop of just short of 4%. Numbers on CTP in CAMHS are around 90 from one month to the next, with breach numbers being low in numbers. Team leads have been contacted to ensure plans are in place to improve.

Older Adult Mental Health Services OAMH

Older Adult Mental Health Services have maintained a consistent position above the 90% performance target, each month, across the full quarter.

Learning Disabilities

Staff sickness and vacancies in Carmarthenshire local authority has affected compliance in Carmarthen and Llanelli. CTP's lead by health in all areas are within compliance. The Learning Disabilities Service Manger meets with the local authority leads on a regular basis and will monitor CTPs that are coming up for review.

Adult Mental Health

Adult Mental Health maintains over 90% compliance. This will be continuing to be monitored to maintain compliance.
It was discussed about the impact of Ceredigion staffing pressures on the figures for Part 2, Compliance has been maintained, despite North Ceredigion being 47% compliant due to other CMHT areas exceeding the 90% compliance.

New to secondary Mental Health services under CTP	Jan	Feb	Mar
Adult	18	14	27
Older	14	31	21
CAMHS	9	4	4
LD	2	2	2

Discharged from secondary Mental Health services	Jan	Feb	Mar
Adult	30	27	16
Older	25	12	27
CAMHS	9	3	6
LD	7	2	1

S-CAMHS

January saw a higher than usual number of referrals in a number of CAMHS secondary teams. with referral numbers reducing going into February.

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

	Jan	Feb	Mar

Over All Monthly Total Calls Answered	1240	1218	1749
Over all Referred to CMHT Sub to Measure	9	7	7
Over All Monthly Total Calls referred to CMHT	36	50	78
Over All Monthly Total Calls advised to self-refer to CMHT	0	0	0

Noted that call had increased in March, with no identified rational for this. Also, patients handed over to the CMHT had also increased by 56% from February to March. Noted as positive that people are accessing the service and obtaining a direct route the services

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**	88.9%	100%	93.8%
		OAMHS	100%	100%	100%

Adult Mental health missed part 3 of the measure for one patient in January, however the letter had been completed but exceeded the 10 days. This will continue to be closely monitored by team leaders and Senior Nurses.

	Jan	Feb	Mar
Average wait times in days for adult mental health	30	31	35

Detail	Jan	Feb	Mar
Amount of People who have self-referred under Part 3 of the Mental Health Measure (in Adult Mental Health).	12	14	15
Amount of People who could have self-referred under Part 3 of the Mental Health Measure but were referred by a GP (in Adult Mental Health).	3	5	8

Part 4 – Independent Mental Health Advocacy – Local Targets only

Adult inpatient wards

In August there was an issue with the recording of IMHA being offered on St Caradog due to ward administrator being on leave. This issue has now been addressed and cover arrangements for the recording of this will be arranged moving forward

Older Adult inpatient

In January 2025 the target count reported on three technical errors. Two patients transferred from Enlli ward for medical deterioration were latterly transferred back. Whilst IMHA had previously been offered, certain staffs were not aware they needed to re-register this action on on return. One keynote entry on Bryngolau ward was missed in the requisite timeframe due to data entry timing error as access to admin was not available out of hours. All three patients had been offered an IMHA referral upon admission as per standard. The data was accordingly corrected after the effect but not in time to correct the figures for this report. During February and March, the reporting position was recovered.

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%

Detailed IMHA Report.

Mental Health Ward	JAN		FEB		MAR	
Bryngofal - Carms	28		30		34	
Bryngolau - Carms	12		14		21	
LSU - Carms	10		10		10	
PICU - Carms	14		14		10	
Morlais - Carms	13		17		16	
Rainbow Suite - Carms	0		0		0	
St Caradog - Pembs	18		13		12	
St Non - Pembs	22		20		20	
Enlli - Ceredigion	9		7		6	
Total Carmarthenshire	**77**		**85**		**91**	
Total Pembrokeshire	**40**		**33**		**32**	
Total Ceredigion	**9**		**7**		**6**	
Total MH Units	**126**		**125**		**129**	

General Hospital	JAN		FEB		MAR	
Prince Phillip - Carms	1		1		2	
Glangwili - Carms	3		2		3	
Llandovery - Carms	0		0		0	
Amman Valley - Carms	0		0		0	
Withybush - Pembs	9		6		7	
South Pembs - Pembs	1		1		3	

Bronglais - Ceredigion	10		12		10	
Tregaron - Ceredigion	0		0		0	
Total Carmarthenshire	**4**		**3**		**5**	
Total Pembrokeshire	**10**		**7**		**10**	
Total Ceredigion	**10**		**12**		**10**	
Total General Hospital	**24**		**22**		**25**	

Community:	**JAN**		**FEB**		**MAR**	
Carmarthenshire	3		3		2	
Pembrokeshire	1		1		2	
Ceredigion	0		0		0	
Community Total:	**4**		**4**		**4**	

Addition data discussed

Adult Mental Health are now monitoring and recording data to capture the follow up visit, within 72 hours of discharge from adult inpatients services. It was agreed that this data will be added to the report for the next Quarter.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	1. Improve population health through prevention and early intervention 2. Support people to live active, happy and healthy lives 3. Improve efficiency and quality of services through collaboration with people, communities and partners

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

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.

Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Risk of non-compliance with the 1983 Act and with the Welsh Government's *Mental Health Act 1983 Code of Practice for Wales*; the *Mental Health (Wales) Measure 2010 Code of Practice;* and with the *Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance*. Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: **Legal:**	
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

2.5 **6 Mins**

2.5 - Risk Register

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

Review Operational Risks.

For assurance

Attachments

014. 01. Mental Health Legislation Committee Risk Register June 2025.docx

014. 02. Appendix 2 - MHLC Risk Register May-25.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risk Register
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Liz Carroll, Director of Mental Health and Learning Disabilities

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

ADRODDIAD SCAA
SBAR REPORT

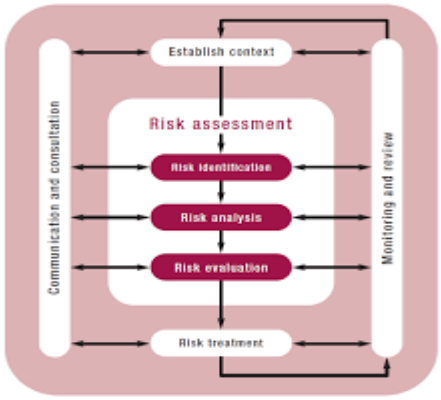
Sefyllfa / Situation

The Mental Health Legislation Committee (MHLC) is responsible for providing assurance to the Board that risks aligned to the Committee are being identified, assessed and managed effectively.

The Committee is asked to seek assurance from Lead Officers/representatives of the Mental Health and Learning Disabilities (MHLD) Directorate that the operational risks identified in the attached reports are being managed effectively.

Cefndir / Background

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.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Clinical Care Groups and Executive Functions (collectively referred to as Functions) under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their Risk Registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks.

In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (the Health Board) to provide assurance to the Board that risks are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	**Extreme**	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	**High**	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	**Moderate**	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	**Low**	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the Risk Registers or through Service Reports.
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented.
- Challenging pace of delivery of actions to mitigate risk.
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility.
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report.
- Using Risk Registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Clinical Care Groups, and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the MHLC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see Risk Appetite Statement), and any other risks, as appropriate.

A revised approach to risk tolerance was agreed by the Board at its meeting in March 2025 to reflect the organisation's readiness to bear the risk after risk treatment, to achieve its objectives. The previous approach as agreed in September 2018 which set the tolerance levels for risk aligned to risk impact domains.

The revised approach utilises the target risk score (TRS) of risks to demonstrate the lowest level of risk exposure that the Health Board is willing to tolerate, following the completion of all planned actions aligned to each risk. The TRS represents the ultimate level of risk achievable given the available means and resource. Once the TRS is achieved, if the risk continues to exist, it should then be tolerated / accepted unless further actions are identified or made possible (e.g., additional resources). If achieving the TRS is deemed unacceptable (i.e., the TRS is too high), further discussion or escalation is required. The TRS should be quantified, and where possible aligned to performance targets (including quality metrics), with a set timescale for achieving the reduction of the Current Risk Score to the TRS.

Risks will be 'treated' until a discussion to 'tolerate' a risk is triggered – this would be when the Executive Risk Owner for operational risks does not support the TRS. The Board will be asked to accept any risks where the Health Board is unable to treat within its available means.

The process for risk reporting and monitoring within the Health Board is outlined at Appendix 1.

Asesiad / Assessment

The MHLC's Terms of Reference state that it will:

- Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by Mental Health Legislation Scrutiny Group;
- Identify matters of risk relating to compliance with mental health legislation are being appropriately mitigated.

There are currently 4 risks presented in the attached Risk Register as of 21st May 2025 which have been extracted from Datix, based on the following criteria:

- The Mental Health Legislation Committee has been selected by the Risk Lead as the 'Local management group' on Datix;
- The current risks core exceeds the target risk score;
- Risks have been identified at operational level on Datix; and
- Risks have not been escalated to the Corporate Risk Register.

All risks have been scored against the *Safety – Patient, Staff or Public* domain.

Please refer to Appendix 2 for the full details of the risks assigned to the MHLC.

Changes since the previous report presented to MHLC at its meeting on 11th March 2025:

Total Number of Risks	4	
New risks	0	
Risks that are no longer included in the report	0	
Increase in risk score ↑	0	
No change in risk score →	4	*Note 1*
Reduction in risk score ↓	0	
Extreme (red) risks (based on 'Current Risk Score')	2	
High (Amber) risks (based on 'Current Risk Score')	1	
Moderate (Yellow) risks (based on 'Current Risk Score')	1	

Note 1 – No Change in Risk Score

Since the previous report, there has been no change in the score of the following risks:

Risk Reference & Title	Date risk identified	Lead Director	Current Risk Score	Rationale for Current Risk Score	Target Risk Score
1813 - Risk to patient care at Gorwelion Crisis Resolution and Home Treatment Team (CRHT) due to workforce capacity	10/01/25	Chief Operating Officer	**5x4=20** (Reviewed 11/04/25)	Risk has remained at an extreme level since November 2024 when Consultant vacated his post and an attempt to recruit via Locum was unsuccessful. There is a limited medical workforce with no identified dedicated Consultant cover, and this was escalated to Executive level in January 2025. Unable to progress one practitioner appointment into the team due to issues with current workload. Continuing to work with HR and recruitment. Overnight cover is continuing to be offered for bank but there is intermittent cover with this which is further impacted by gaps in Medical On-Call cover which is supported remotely from Carmarthen Medical On-Call when no cover is in situ on site As of April 2025, an appointed member of staff has withdrawn from the recruitment process. Post now to be re-advertised on TRAC.	**2x3=6**

1612 - Risk to patient care at North Ceredigion Community mental health centre due to workforce capacity	10/01/25	Chief Operating Officer	**5x4=20** (Reviewed 11/04/25)	Risk has remained at an extreme level since November 2024 when Consultant vacated his post and an attempt to recruit via Locum was unsuccessful. There is a limited medical workforce with no identified dedicated Consultant cover. Increased levels of sickness and vacancies within the Community Mental Health Team which was escalated to Executive level in January 2025.	**2x3=6**
1857 - Risk of significant delay in admission for individuals with medical recommend-ations for admission under the Mental Health Act.	04/06/24	Chief Operating Officer	**3x3=9** (Reviewed 14/05/25)	Demand outweighs capacity at present with delays possible for patients awaiting beds.	**3x3=9**
1781 - Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136 in Ceredigion count	28/11/23	Chief Operating Officer	**2x3=6** (Reviewed 11/04/25)	Likelihood score given is 3 as it is always possible that an individual in Ceredigion will need to be detained under Section 136. The current impact score given is 2 as minor intervention is sometimes required (i.e. moving an individual to a different county) with an increased length of time in care/delay in assessment being undertaken. The risk of having no facility in Ceredigion is outweighed by the fact that the facility was unfit for purpose and is a much higher risk in itself. A review is continuing with a working group. As of April 2025, there has been no change.	**2x2=4**

The heatmap below has been obtained from the Risk Performance dashboard. The information reflects the risk information extracted from Datix on 1st May 2025:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					
MAJOR 4					1813 (→) 1612 (→)
MODERATE 3			1857 (→)		
MINOR 2			1781 (→)		
NEGLIGIBLE 1					

The table below details when the four operational risks assigned to MHLC were last updated on Datix. Risks are required to be updated along the following timescales, dependant on their risk level:

- Extreme Risks – Monthly
- High Risks – Bi-monthly
- Moderate Risks – Six-monthly
- Low Risks – Annually

	Risks updated in last month	Risks updated within last 1-2 months	Risks updated within last 2-6 months	Risks updated within last 6-12 months
Extreme	1612, 1813			
High	1857			
Moderate		1781		
Low				

Argymhelliad / Recommendation

The Mental Health Legislation Committee is asked to:

- **REVIEW** and **SCRUTINISE** the risks included within this report to **SEEK ASSURANCE** that all relevant controls and mitigating actions are in place; and
- **DISCUSS** whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise

This in turn will enable the Committee to provide the necessary **ASSURANCE** to the Board that these risks are being managed effectively.

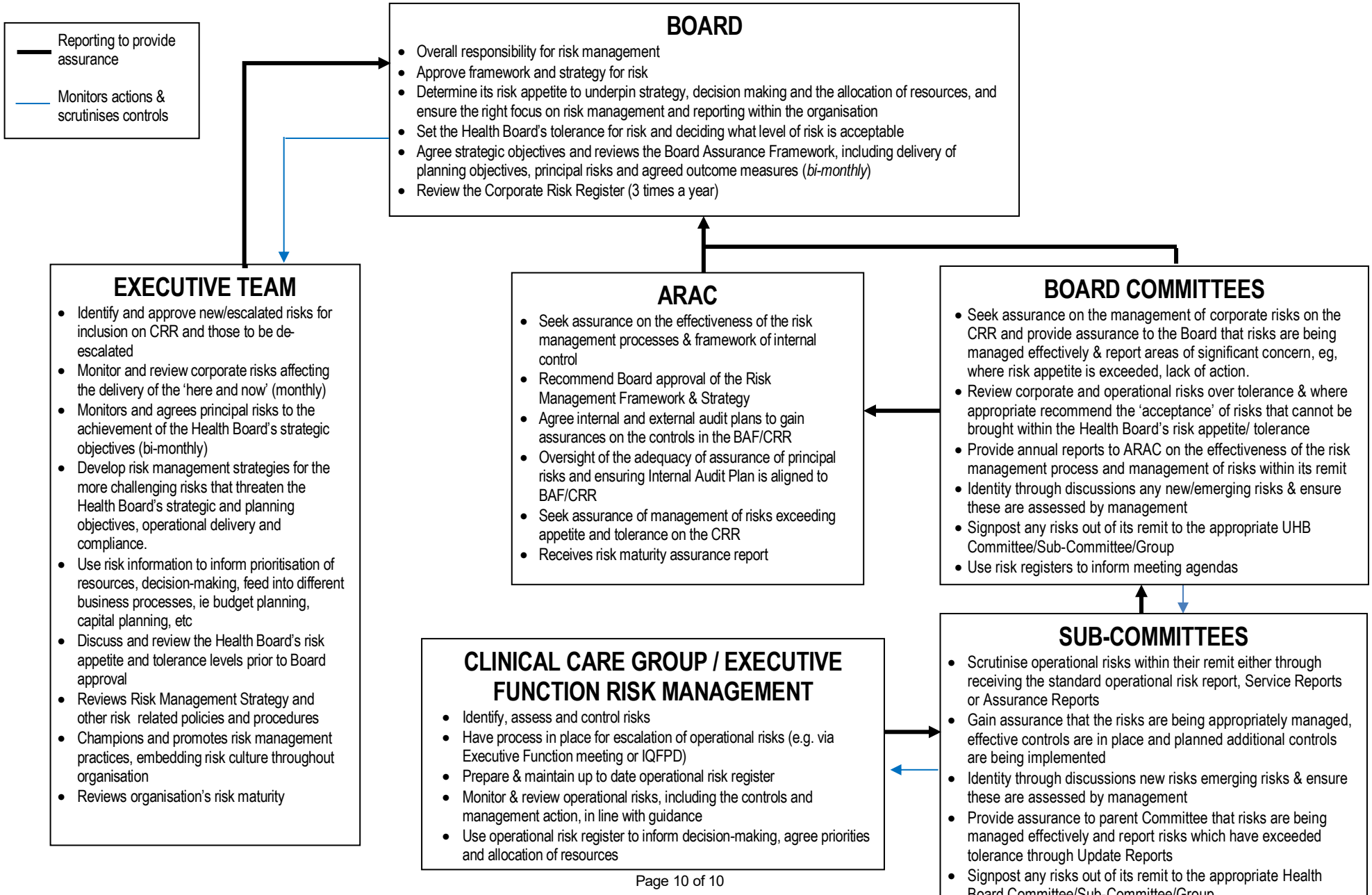
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2 Review the Mental Health & Learning Disabilities Risk Register bi-annually to ensure that risks relating to compliance with mental health legislation are being appropriately managed by Mental Health Legislation Scrutiny Group; 3.8 Identified matters of risk relating to compliance with mental health legislation are being appropriately mitigated;
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/ owners
Rhestr Termau: Glossary of Terms:	Risk Appetite - *the amount of risk that an organisation is willing to pursue or retain*' (ISO Guide 73, 2009) Risk Tolerance - *the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives* (ISO Guide 73, 2009)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report, however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report, however proactive risk management, including learning from incidents and events, contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.

Gyfrinachedd: **Privacy:**	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Cydraddoldeb: **Equality:**	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Appendix 1 – Committee Reporting Structure



Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1612	Effective	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD: AMH Community services	Caruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Davies, Amanda	10-Jan-25	There is a risk of of patient harm. Reduced capacity to undertake assessment of new patients and Care and Treatment Planning (CTP) of existing patients. This is caused by insufficient mental health practitioner and mental health nurse capacity and also no consultant medical cover within Gorwelion Community Mental Health Centre (CMHT). Inability to recruit to substantive posts. This is due to the rurality of the area and limited medical cover and no dedicated consultant cover. 25/2/25 -two practitioners are currently on long term sick -who have care coordination responsibility which is further impacting capacity within the team . This will lead to an impact/affect on timely assessment of patients (within 28 days). Accessibility to community mental health and Care and Treatment planning. Waiting list breaches (more than 28 days). Patient/carer experience and complaint rates. Numbers of near-miss and/or serious untoward incidents. General	1. Working with the 111 opt 2 service to lessen calls to service. 2. Joint working being promoted between Community Mental Health Team and Crisis Resolution Home Treatment staff by team leads. 3. Bank shifts have been offered to support the CMHT	Safety - Patient, Staff or Public	8	5	4	20	Risk has increased since November 2024 when consultant vacated his post. Further increase in risk as attempt to recruitment via locum has been unsuccessful. Limited medical workforce. No identified dedicated consultant cover. Increase in sickness and vacancies within the Community mental health team. Escalated to executive level regarding locum consultant medical cover 10th January 2025. Risk score increased to 20	Team lead to start assessing new referrals to reduce waiting times and bring compliance to within the 28-day target	Davies, Amanda	**Completed**	Team lead currently assessing when possible.	Quality, Safety and Experience Sub Committee	3	2	6		Treat	11-Apr-25
																		Team lead to advertise vacancies and a recruitment drive for Band 6 Nurses or Mental Health Practitioners.	Davies, Amanda	**Completed**	Staff Position has improved.							

Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
										workforce confidence and morale. Remaining medical workforce burden of workload. Safe and effective business continuity and patient flow. Recruitment and retention of medical workforce and trainees. CTP compliance under Part 2 of the Welsh Measure is currently at 58% where the target is 90%, which could lead to targeted intervention of the NHS executive which could cause reputational damage to the Service and Health Board. Non compliance of Part 2 could result in patient harm and vulnerable to litigation (07/01/2025). Risk location, Gorwelion (MHLD).							Team lead to promote Grow your own (GYO) to existing band 3/4 staff to see if we can upskill into substantive band 6 posts.	Davies, Amanda	**Completed**	One staff member has been accepted onto the grow your own scheme. No others qualify. Agreed to close Grow your own to existing band 3/4 staff to see if we can upskill into substantive band 6 posts. 2 staff members interested 26/04/23 - One band 3 has an Interview with Swansea University for Grow your own. 06/06/2023 - 2 band 3 / 4 staff have been successful in gaining acceptance onto the Grow your own, nursing development programme. Discussion on staffing deficit to be discussed with Team Leader.							

Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
																		Senior Nurse to promote more joint work with Crisis team to ensure that urgent assessments are undertaken.	Davies, Amanda	Completed	Agreed with team leads that Crisis Team will take on urgent assessments to ensure that they are undertaken within a timely manner. 26/04/23 - Crisis Team supporting with urgent assessments, plan for ongoing support from newly appointed Mental health practitioner to support community mental team on initial assessments on a temp basis. 06/06/23 - Crisis Team continue to carry out urgent assessments. Crisis Team member continues to assist in supporting assessment process, which is continually reviewed regarding need, levels of assessments 01/11/23 - Crisis Team to support community mental health team with assessments and duty							
																		Senior Nurse to review 7 day working and generic assessment waiting list	Davies, Amanda	Completed	Andrew Littlejohns to review 7 day working and assessments undertaken on the weekend. 26/04/23 - Current levels of staffing do not support 7 days working, request to reduce weekend working from a trust cost perspective also.							

Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
																		Educational work with General Practitioners needed. Senior Nurse and Team Lead to coordinate possible General Practitioner Link working	Davies, Amanda	~~30/09/2025~~ 31/03/2025	Currently on hold. Team lead has been recruited. Once staff member has commenced this will re-start (currently going through checks). GPs are being told to inform patients about 111 option 2							
																		Service will look at employing Annexe 21 Band 6 staff or newly qualified nurse from March 2024. Recruitment drive needed.	Davies, Amanda	~~31/07/2025~~ 31/03/2025	Ongoing recruitment need, where there remains outstanding of 2 WTE, this is due to staff changing posts and that of resignations. ongoing process of recruitment process (checks) for B7 Team lead ongoing							
																		Undergoing recruitment drive.	Davies, Amanda	~~30/06/2025~~ 30/05/2025	New Action							
																		Escalate issues with limited medical cover to executive level (document attached)	Davies, Amanda	**Completed**	Completed							
																		Bank shifts to be offered to staff to cover the deficit	Davies, Amanda	06/10/2025	New action							
																		Expedite senior nurse and team lead for team.	Davies, Amanda	**Completed**	Senior nurse has now started in post							

Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1813	Effective, Efficient, Safe	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD: AMH Community services	Caruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Davies, Amanda	10-Jan-25	There is a risk of to delivery of patient care and crisis treatment planning within Gorwelion Crisis Resolution and Home Treatment Team and an increase in requested admissions. This is caused by insufficient capacity and also no consultant medical cover within Gorwelion Crisis Resolution and Home Treatment Team. The recruitment and retention of staff in north Ceredigion is challenging currently but without the Medical Leadership in place within the team. This will lead to an impact/affect on This will lead to an impact/effect on timely assessment of patients, accessibility to community crisis care management, reputational damage to the Service and Health Board, patient/carer experience and complaint rates, numbers of near-miss and/or serious untoward incidents, general workforce confidence and morale, remaining medical workforce burden of workload, safe and effective business continuity and patient flow and recruitment and retention of medical workforce and trainees. Reduced capacity to undertake assessment of new patients and to potentially take on any new patients for crisis care and home treatment. Increase in workload for out of hours medical staff (doctors and consultants). The retention of staff may become a worsening position due to lack of medical	1. Utilising bank staff to cover the overnight shift which ensures that day staff can maintain home treatment for community patients. 2. Closure of the Community Place Of Safety (CPOS) suite temporarily following the 136 review (staffing and environmental issues).	Safety - Patient, Staff or Public	8	5	4	20	Risk has increased since November 2024 when consultant vacated his post. Further increase in risk as attempt to recruitment via locum has been unsuccessful. Limited medical workforce. No identified dedicated consultant cover. Escalated to executive level regarding locum consultant medical cover 10th January 2025. Risk score increased to 20 Reviewed on 26/2/25- situation remains unchanged .Unable to progress one practitioner appointment into the team due to issues with current workload .Continuing to work with HR and recruitment . Overnight cover in continuing to be offered for bank .Intermittent cover with this .Further impacted by gaps in on call medical cover - support remotely from Carmarthen medical on call when no cover is in situ on site Reviewed on 11/4/25 - situation remains unchanged in regards to staffing /vacancies . One appointed member of staff has withdrawn from the	Band 6 Jobs to be sent to panel via Vacancy justification	Davies, Amanda	**Completed**	Completed 18/04/2024	Quality, Safety and Experience Committee	2	3	6		Treat	11-Apr-25
																		Documents being drafted for an Occupational Change Process (OCP) to align all Crisis Resolution and Home Treatment Team working patterns. Once complete the OCP should help with working patterns and overnight cover.	Davies, Amanda	**Completed**	OCP agreed and due to commence 1/9/24, current levels of staff remain low, due to planned commencement of staff member in sept, plus current Safeguarding concern regarding appointed member of staff. Amendments to night shift cover have been instigated meaning, staff allocation is being managed focussing on day and evening shifts.							
																		Andrew Littlejohns (senior nurse) overseeing rota to ensure effective staffing. Overtime is currently being offered in order to cover night shift	Davies, Amanda	**Completed**	New team leader commenced 08/04/2024							
																		Recruitment needed as there are vacancies	Davies, Amanda	~~30/06/2025~~ 26/03/2025	Currently on going. Jobs advertised. Team leader started as of 24/02/2025. However this has created another CPN Vacancy.							

Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
										leadership causing time delays for patients to receive mental Health treatment and reduced medical input into crisis management plans and risk formulation thus creating a risk of patient harm and vulnerable to litigation. Risk location, Gorwelion (MHLD).						recruitment.Post now to be re-advertised on TRACS	Escalate issues with limited medical cover to executive level (document attached)	Davies, Amanda	**Completed**	Completed								

Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1857	Person Centred	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD: AMH Inpatient Services	Carruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Bassett-Gravelle, Ms Lisa	04-Jun-24	There is a risk of for individuals who are mentally unwell or who are assessed to possess a risk to themselves or others remaining in the community when it has been recommended by two medical professionals and an Approved Mental Health Professional that they require admission for further assessment, treatment or management of risk. This is caused by lack of available beds in the health board and being unable to safely deliver intensive home treatment as a least restrictive alternative. This is can also be caused by lack of transportation to transfer an individual from the community to hospital and 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. This will lead to an impact/affect on an absence or delay in further 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 Risk location, .	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 Crisis Team will monitor and support the individual and family even when home treatment not possible to be delivered. AMHP to be involved in a handover and development of a care plan with the CRT or CMHT. Process to obtain a bed outside of the health board will be instigated St John's ambulance will be prioritised	Safety - Patient, Staff or Public		3	3	9	Demand outweighs capacity as present with delays possible for patients awaiting beds.	Incidences will be monitored via Legislation group on a bi monthly basis over the next 6 months and risk score reviewed accordingly	Bassett-Gravelle, Ms Lisa	~~28/02/2025~~ ~~12/03/2025~~ ~~14/05/2025~~ 16/07/2025	Local authorities have agreed to include incidences in their reports to Legislation group	Mental Health Legislation Committee	3	3	9			14-May-25

Risk Ref	Domains of Quality	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	Risk Tolerance Score	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	Rationale for Target Risk Score	Detailed Risk Decision	Review date
1781	Equitable, Safe, Timely	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD: AMH Community services	Caruthers, Andrew	Carroll, Mrs Liz	Carroll, Mrs Liz	Davies, Amanda	28-Nov-23	There is a risk of of individuals (potential patients) in Ceredigion not being provided with a Community Section 136 facility in their county (i.e. allowing them be taken to a place of safety if police are concerned that the individual may have a mental disorder and for an assessment to be undertaken). This is caused by the temporary closure of the existing room at the community mental health centre in Aberystwyth due to environmental issues and staff capacity which were highlighted in a recent internal review of Hywel Dda Section 136 provisions by Estates/Health & Safety. 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. Risk location, Ceredigion.	1. Bryngofal ward is used as the nearest place of safety as an alternative. 2. Clear consultation process in place between Dyfed Powys Police and designated manager in HB over 24 hour basis 3. Out of Hours SOP in place 4. Working groups regularly discuss Section 136: Legislation Scrutiny Group, Legislation Committee, Crisis Concordat Meeting (locally and national) and Police Joint Working groups in all 3 counties.	Safety - Patient, Staff or Public	6	2	3	6	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. Review is ongoing. Currently with a working group. 11/4/24 No current change	Engage with stakeholders and complete review which will generate further actions	Temple-Purcell, Rebecca	~~01/02/2025~~ ~~01/09/2024~~ 31/03/2025	Multi agency Stakeholder Group formed and options for future S136 provision review completed.Â Equality Impact and Quality Impact assessment underway for proposed option.Â Timescales delayed by Right Care Right Person implementation, additional steps required to take recommendation through Health Board approval processes and identification of how capital and staffing costs are to be met.Â Revised date for completion 31/03/25.	Quality, Safety and Experience Sub Committee	2	2	4		Treat	11-Apr-25

2.6 **6 Mins**

2.6 - Section 12(2) Doctors – Pay Review

Warren Lloyd (Hywel Dda UHB - Consultant Psychiatrist)

For assurance

Attachments

015. Section 12(2) Doctors – Pay Review.docx

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Section 12(2) Doctors – Pay Review
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Warren Lloyd, Medical Director

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 a request to review the payments made by the Health Board to Section 12(2) Doctors for undertaking assessments under the Mental Health Act, 1983.

Cefndir / Background

The Mental Health Act 1983 (MHA) provides for Mental Health Act assessments to be carried out on individuals to establish whether they may be detained under the Act for assessment, care and treatment.

The assessment of patients and the making of formal recommendations for detention under the MHA is a key skill required of senior psychiatrists and assessments require the attendance of two Doctors and one of them must be section 12(2) approved.

A Section 12 approved doctor is a medically qualified doctor who has been recognised under Section 12(2) of the Act. They have specific expertise in mental disorders and have received additional training in the application of the Act. They are usually psychiatrists, although some are general practitioners (GPs) who have a special interest in psychiatry.

The NHS Act 2006 (Section 236) clearly states that under certain terms, the Secretary of State must pay a fee to a medical practitioner who undertakes a medical examination of any person with a view to applying to admit them to hospital for assessment, or for treatment under Part 2 of the Act. This includes the work undertaken including the examination, the report and any expenses reasonably incurred in doing the work.

The Health Board maintains a list of Section 12(2) approved doctors who may be called upon when an assessment is required. It has been reported by the Local Authorities that they struggle to obtain Section 12 Doctors to undertake assessments and as a Health Board there have been delays in undertaking assessments in the community and within District General Hospitals. AMHPs are now regularly forced to consider the use of Section 4 (Emergency admission to hospital with one medical recommendation). The Health Board relies heavily on

a small number of external Section 12(2) doctors to undertake assessments in an already fragile medical workforce.

Assessment

Assessment rates vary from Health Board to Health Board, with the range from £173.37 - £250 per assessment and we understand that Powys THB has negotiated a local rate at £373.37 per assessment.

There is also a range with regards to mileage rates between all the Health Boards, from no mileage payment to 0.58 pence per mile.

Prior to 2005 rates were nationally agreed by Welsh Government, after this time it was left for each Health Board to negotiate their rates. The pay circular at that time was £173.37 and we have not reviewed our rates in line with the cost of living and inflation.

The British Medical Association (BMA) advisory rates for MHA assessments are attached for information.

BMA Rates of pay Fees for mental health assessments

The recommended fees are set out in the table below.

Time	Fee
Weekday: 7am - 7pm	£240
Weekday: 7pm - 11pm	£315
Weekend: 7am - 11pm	£315
Overnight: 11pm - 7am	£405

There is currently some national discussion to get consistency with rates across Wales and while we wait for a national steer, we suggest that as an interim step we uplift the fee to £250 per assessment.

We are also introducing a proforma for external doctors to complete as part of the assessment. This must be completed and submitted before payment is made, this will be uploaded to the patient's electronic record to ensure thorough assessments are recorded.

MHA Recording template Apr 25.docx

Fees are paid on receipt of a claim form which Doctors submit on completion of the assessment.

Following the Devon Ruling in January 2021, all assessments for both new detentions and renewals must be carried out in person by psychiatrists and cannot be undertaken virtually.

Argymhelliad / Recommendation

The Committee is requested consider the request for a review of the current fee.

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

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	British Medical Association documentation
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl:	MHLSG

Parties / Committees consulted prior to Mental Health Legislation Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Non-compliance with Mental Health Legislation could result in legal proceedings being brought against the University Health Board.
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.
Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg: Risk:	Risk of non-compliance with the 1983 Act and with the Welsh Government's Mental Health Act 1983 Code of Practice for Wales; the Mental Health (Wales) Measure 2010 Code of Practice; and with the Good Governance Practice Guide – Effective Board Committees (Supplementary Guidance) Guidance. Safety of patients Assurance – use of statutory mechanisms
Cyfreithiol: Legal:	Not Applicable.
Enw Da: Reputational:	Not Applicable.
Gyfrinachedd: Privacy:	Not Applicable.
Cydraddoldeb: Equality:	Not Applicable.

3

3 - Policies

No policies for renewal.

4

4 - For Information

4.1

2 Mins

4.1 - Schedule of Meetings 2025-2026

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

For information only.

For information

Attachments

016. Schedule of Meetings 2025-2026.pdf

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

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

4.2

2 Mins

4.2 - Annual Work Plan 2025-2026

Iwan Thomas (Hywel Dda UHB - Independent Board Member)

For information only.

For information

Attachments

017. Annual Work Plan 2025-2026.docx

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

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

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

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

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

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

Chair – Eleanor Marks	MHA Administration Lead – Ruth Bourke
Lead Exec – Andrew Carruthers	MH Legislation Lead – Sarah Roberts
Lead Officer – Liz Carroll	Committee Secretary – Manon Horscroft
Deputy Lead Officer- Kay Isaacs	

5

5 - Any Other Business

No updates for the meeting.

6

5 Mins

6 - Matters for Escalation to Board

Iwan Thomas (Hywel Dda UHB - Independent Board Member), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Liz Carroll (Hywel Dda UHB - Service Director MH&LD Clinical Care Group)

For discussion

7

7 - Date and Time of Next Meeting

Tuesday 2nd September at 10:30am via MS Teams and Ystwyth Board Room.