

## **Bundle BCU Mental Health Legislation Committee 13 November 2025**

- 1 PRELIMINARY MATTERS
  - 1.1 MH25.52 Welcome introduction and apologies for absence  
*Gareth Williams, Chair*
  - 1.2 MH25.53 Declarations of Interest Relating to the Agenda  
*Gareth Williams, Chair*
  - 1.3 MH25.54 Unconfirmed Minutes of the Mental Health Legislation Committee – 7 August 2025  
*Gareth Williams, Chair*  
MH25.54 Unconfirmed Minutes from MHL Committee 07.08.25 PUBLIC V4
  - 1.4 MH25.55 Matters Arising & Table of Actions  
*Gareth Williams, Chair*  
MH25.55 Summary Action Log - Updated 06.11.25
- 2 FOR ASSURANCE
  - 2.1 MH25.56 Mental Health Act Assurance Report - Paper Update  
*Matthew Joyce, Deputy Director for Legal Services*  
MH25.56a Cover Paper for MHA Assurance Report  
MH25.56b MHA Assurance Report
  - 2.2 MH25.57 Mental Capacity Assurance Report - Paper Update  
*Michelle Denwood, Director of Safeguarding and Public Protection*  
MH25.57 MHLC DoLS and MCA Update Report Q2 2025-26 V2.00
  - 2.3 MH25.58 HIW Assurance Report  
*Matthew Joyce, Deputy Director for Legal Services*  
MH25.58 MHLC - HIW Assurance Report - October 25
  - 2.4 MH25.59 Associate Hospital Managers Update Report - Paper Update  
*Matthew Joyce, Deputy Director for Legal Services*  
MH25.59 AHM Update Report
  - 2.5 MH25.60 Report from the Power of Discharge  
*Matthew Joyce, Deputy Director for Legal Services*  
*Item withdrawn.*
- 3 GOVERNANCE & ASSURANCE
  - 3.1 MH25.61 Committee Governance - Paper Update  
*Pam Wenger, Director of Corporate Governance*  
MH25.61a Corporate Governance Report  
MH25.61b Workplan for MHL Committee
- 4 CLOSING BUSINESS
  - 4.1 MH25.62 Agree Items for referral to Board / other Committees  
*Gareth Williams, Chair*
  - 4.2 MH25.63 Agree items for Chairs Assurance Report  
*Gareth Williams, Chair*
  - 4.3 MH25.64 Review of Meeting Effectiveness  
*Gareth Williams, Chair*
  - 4.4 MH25.65 Date of the Next Meeting - 5th February 2026  
*Gareth Williams, Chair*

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Unconfirmed Minutes of the Mental Health Legislation Committee**  
**held in Public on 7<sup>th</sup> August 2025 – 9:30-12:30**  
**in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Gareth Williams (GW)	Health Board Vice Chair (Chair of Mental Health Legislation Committee)
Rhian Watcyn Jones (RWJ)	Independent Member (IM) (via teams)
<b>In Attendance</b>	
Michelle Denwood (MD)	Director of Safeguarding and Public Protection
Jenny Gilmore (JG)	Associate Hospital Manager
Dr Peter Gore Rees (PGR)	Consultant Child & Adolescent Psychiatrist
Matthew Joyes (MJ)	Deputy Director for Legal Services
Wendy Lappin (WL)	Mental Health Act Legislation Manager
Chris Lynes (CL)	Deputy Executive Director of Nursing
Teresa Owen (TO)	Executive Director of AHP and Health Science
Alberto Salmoiraghi (AS)	Medical Director, Mental Health & Learning Disabilities (MHL) (via teams)
Chris Walker (CW)	Head of Safeguarding Adults
Dione Way (DW)	Management Trainee – HEIW (observing)
Pam Wenger (PW)	Director of Corporate Governance (via teams)
Phil Williams (PhW)	Associate Hospital Manager
<b>Committee Support</b>	
Harriet Abbott	Minute Taker

<b>Agenda Item</b>
<b>PRELIMINARY MATTERS</b>
<b>MH25.36 - Welcome and Apologies</b>
Apologies were received from the following: Dyfed Edwards, Ffion Johnstone, Greg Chick, Dr Prashant Bhat, Dyfed Jones and Ian Wilkie.
Dr Peter Gore Rees attended on behalf of Dr Prashant Bhat.
<b>MH25.37 Declarations of Interest</b>
No declarations of interest were received.
<b>MH25.38 Unconfirmed Minutes of the Meeting held 08.05.2025</b>
It was resolved that the Committee:
<ul style="list-style-type: none"> <li>- <b>AGREED</b> that the minutes of the meeting held on 8<sup>th</sup> May 2025 were a true and accurate record.</li> </ul>



## MH25.39 Matters Arising & Action Log

The Committee reviewed the action log and noted the following actions:

**MH25/07.01** – there was discussion regarding the language and phrasing of parts of the easy read information as well as the apparent similarity between appeals heard by the Associate Hospital Managers and those heard by the Mental Health Tribunal.

It was clarified that the leaflets were commissioned previously by Welsh Government (WG), and were created for detained patients with a learning disability, and were distributed for use by all health boards in Wales. It was also clarified that the phrasing within the resources is in line with the Mental Health Act. It was noted by some attendees that some of the information on the Joint Commissioning Committee (JCC) website appears out of date. The group agreed for this to be raised with WG. The group suggested writing to the WG and JCC suggesting a need to update the resources and offering to provide input from the Committee to this work.

*Alberto Salmoiraghi joined the meeting.*

**MH25.27.2** – An update was requested on this item. This was in regards to the previously requested review on crisis arrangements to address the issue of Section 136 patients being directed to Emergency Departments (ED). It was noted that the process of determining who has responsibility for individuals brought to ED under a Section 136 detention has been clarified but that this would not in all cases eliminate the need for police to wait with them until admitted. There has also been further work on the crisis work model, but further streamlining is required, which has been raised with the board. The group agreed to review this action again in February's meeting.

**MH25.23.2** – TO and CW confirmed this funding has now been received. Agreed action to be closed.

The Committee noted the following actions should be added:

### Action:

- **MH25/07.01** - TO and WL to write to WG regarding easy read material on website.
- **MH25/07.01** – MJ will circulate a briefing on the different type of hearings and the right to discharge and agreed to have as agenda item on the next meeting

## FOR ASSURANCE

### MH25.40 - Mental Health Act Assurance Report

The Deputy Director of Legal Services presented the report as read. Several aspects of the report were highlighted including staffing across the teams and recruitment within the Mental Health Act Teams and CAMHS.



It was noted that audit and reporting work would restart, due to previously being paused in absence of the Senior Mental Health Act (MHA) Manager. It was also stated that the Senior MHA Manager is working with informatics to move the reporting system onto Power BI. Further updates on this work will be given at future meetings.

*Phil Williams and Jenny Gilmore joined the meeting.*

There was further discussion regarding the length of some stays, as referenced in the report and it was agreed that future reports will include further detail on lengthy detentions, including whether and when renewals had taken place and whether the individuals had had access to independent advocates or legal representation at any hearings. It was emphasised that in some cases it could be very difficult to find an appropriate placement or package of care for those with long-term, deep-rooted mental illness. It was agreed that an informal workshop to help Members understand the sorts of issues that could lead to a prolonged detention as an inpatient should be scheduled. AS, PW and MJ will take this forward outside of the meeting.

#### **MH25.40.1 Action : informal workshop regarding MHA Sections to be arranged.**

Correction to be made within report under appendix 1, 'Hospital Managers' to be amended to 'Associate Hospital Managers' for clarity.

It was confirmed that it was proving difficult to reduce further the use of out of area beds. It was noted in regards to multiple factors that are causing pressures within the service, such as medical vacancies and building work, taking place specifically in the West Area. Whilst this is necessary, the unit must run at reduced capacity whilst this is undertaken. It was noted that the Clinical Area Director is aware of these risks.

Members raised concerns about the high number of Section 135/136 patients who were discharged after assessment, although the number of those who were assessed as not having any mental illness was significantly lower. It was agreed for information to be added to future reports regarding figures for those 'discharged with follow up', those 'discharged then referred' and those with no need of any further action from services.

#### **MH25.40.2 Action: Information regarding figures of 135/136 patients discharged to be added to report going forward**

Members also noted that the MH Tribunal had discharged two patients during the quarter and that this was unusual. It was confirmed that there were no obvious commonalities between the two cases, and the Committee agreed simply to keep this under review.

#### **MH25.41 - Mental Capacity Assurance Report**

Members received the report and noted the following:

- There was no movement on implementing the new Mental Capacity Act (MCA) legislation from UK Government at this time.
- The health board is currently involved in the national group regarding DoLS (Discharge of Liberty Safeguards) Paperwork. A national questionnaire is being



finalised which will be used to gain feedback. This evaluation evidence should be available within the next 6 months.

- there had continued to be a significant improvement in the quality of the paperwork completed on wards. Any concerns re 'repeat offenders' are escalated to safeguarding.
- All Wales mandatory training for MCA Level 1 & 2 is now available on ESR and compliance is above the 85% target
- Consultation is ongoing within the national group regarding the development of a MCA Level 3 training course
- the backlog was 54, significantly lower than 12 months ago.
- The continued to be an increase in the number of DoLS applications per month, currently standing at around 200. This is a recognised national challenge.
- Internal audit evidence has been provided to executive audit committee as previously requested.
- Positive feedback has been received from wards and staff in relation to having Best Interest Advisor (BIA) staff physically present on site, however it was noted that there has been some push back from staff regarding returning back to the office.. This is identified on the risk register.
- WG has now allocated funding for MCA staff recurrently though WG had suggested there would still be a bidding process for these monies, which raised some concerns in regards to delays with service delivery and process. These concerns have been raised with WG and with Public Health Wales through the NHS executive.
- A paper had been presented to the Executive Committee on resolving procurement issues around the IMCA (Independent Mental Capacity Advocate) service but had not been finally agreed.

The committee **RECEIVED** the report.

#### **MH25.42 – HIW Assurance Report**

In introducing the report, MJ reminded the Committee that it focussed only on issues relating to the MH Act, as HIW have a statutory duty to monitor compliance. He noted that there had been several inspections in Quarter 1 and all actions were complete with the exception of two actions relating to the NWAS (North Wales Adolescent Service).

The Committee noted:

- an accuracy point relating to the use of photographs (page 6 of report). This has been reviewed and is a formatting error. Phrasing will be updated.
- That no further inspections touching on MH Act compliance had been carried out.

In response to a question, MJ advised required actions from inspections are put into the AMAT database, along with supporting evidence of completion. This then has to be signed off by a service member and a member of the corporate quality assurance team in order to be closed. Closed actions could be revisited by HIW during a future inspection. HIW often routinely request follow up 6 months post inspection, with the Quality Assurance team responsible for providing evidence in response to this.

That committee **RECEIVED** the report.

### **MH25.43 – Associate Hospital Managers Update Report**

Members received the report and the Associate Hospital Managers highlighted to the Committee that:

- There had been fewer hearings in Quarter 2 (April-June) of 2025, than Quarter 1 (January – March).
- The majority of hearings arranged were held, with the exception of three in June.
- While no discharges had been made, there were concerns in respect of one patient and the AHMs requested a subsequent review after 6 weeks. This had now been held and the AHMs still had concerns which have been escalated within the service.
- Almost all hearings are being held within the 42-day standard: delays which did occur were usually due to reduced staffing levels.
- AHMs had no general concerns with the quality of paperwork provided, but had noticed an issue which had invalidated two Section renewals. They felt it was disappointing that so few patients chose to attend renewal hearings or raise concerns about Section extensions, even when they were known to complain frequently about their detention.
- Details on training compliance will be detailed within the next report.
- In terms of recruitment, one new AHM has been recruited and is awaiting a start date. Delays with the recruitment system and processes were a concern but a meeting was scheduled with Workforce and Organisational Development (WOD) colleagues to escalate the issues.

The Committee members thanked the Associate Hospital Managers for their on-going work and support. They asked to be kept informed if any further action was needed to resolve the recruitment issues.

**MH25.43.1 Action: Committee to be advised of any further action required regarding recruitment issues following meeting with WOD.**



The committee **RECEIVED** the report.

#### **MH25.44 Report from the Power of Discharge Group**

The Deputy Director of Legal Services updates on the included report.

It was resolved that the Committee

- **RECEIVED** the report

#### **MH25.45 – CAMHS – Consultant On Call**

PGR attended and updated on behalf of Dr Prashant Brat. He advised that there was a serious issue with regard the Child Psychiatrist Out of Hours Rota which the Committee should be aware of, even though it was being addressed as an operational issue through the management structure. Due to recruitment issues and pressures, and the heavy reliance on locums, there is difficulty in always meeting the legal requirement (under the MHA) to have a named approved clinician available out of hours, to take responsibility for the legality of any detention of a child or young person.

While legally this role could be fulfilled by an Adult Psychiatrist and a small number of other clinicians who are MHA approved, it was undesirable for it not to be undertaken by a Child Psychiatrist.

Member suggested that the possibility of sharing a rota with another health board (potentially Hywel Dda) should be considered, given it was understood the role could be undertaken remotely.

Item to be scheduled for next meeting for update on progress.

#### **Action MH25.45.1: follow up item on next agenda for update on progress**

The group thanked PGR and colleagues for their ongoing work and support.

### **GOVERNANCE AND ASSURANCE**

#### **MH25.46 – Committee Governance Report**

PW updated on included documents. It was advised that this work is being completed with all committees.

- Cycle of business (draft)
- Key messages for Annual Report (of this committee)
- MHLC Self-Assessment

The committee reviewed and discussed the documents.

Some amendments were required to the self-assessment document for clarity. It was also agreed to review questions within the self-assessment to ensure all are relevant for those



attending and/or responding for future questionnaires. Feedback will be reviewed to allow development and improvement for the next self-assessment.

**Action MH25.26.1: Final draft of Annual Report and Self-Assessment report to be circulated by the corporate governance team.**

## **CLOSING BUSINESS**

### **MH25.47 – Agree Items for referral to Board / other Committees**

Agreed to refer issue regarding through committee referral process. PW to action this.

### **MH25.48 – Agree items for Chairs Assurance Report**

- The number of out of area placements of patients detained under MHA has again increased, though still below highs seen last autumn. This raises assurances concerns.
- Continued improvements in regards to training uptake in respect of the Mental Capacity Act and DoLS.
- Staff within the MHA Legislation Management Team has increased to an acceptable level.
- The Associate Hospital Managers continue to play a crucial role in ensuring MHA compliance.
- Discussion was held over the average length of detentions under the MHA, whilst noting that some detentions could be of considerable length due to case complexities. It was agreed to hold a workshop session to understand more about the circumstances in which lengthy sections are necessary.
- The committee considered the current “easy read” materials made available to patients outlining their rights and will offer to contribute to redrafting them.
- Risk relating to staffing difficulties in regards to the CAMHS out of hours clinical rota was highlighted.
- The committee is concerned about the risk to the Independent Mental Capacity At (IMCA) Advisory service as a result of procurement challenges, and would encourage resolution as soon as possible.

### **MH25.49 – Review of Meeting Effectiveness**

The group agreed that the committee runs well and inclusively.

### **MH25.50 – Date of Next Meeting**

The next meeting will be held on 13 November 2025

**Mental Health Legislation Committee Action Log - PUBLIC**  
**Updated 06.11.2025**

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
	MH25.22.2	8/5/2025	<b>Mental Health Act Assurance Report</b> Arrange for an update on children's services to be added to agenda for a future meeting (alternatives to access)	Prash Bhat/Louise Bell	November 2025	<b>Reman Open</b> <b>16.10.25</b> – Matthew Joyes to check with CAMHS for update. Agreed to include paragraph in next assurance report for Nov 25 meeting. To be added to AAA report and transferred to Executive Committee at next meeting.
	MH25.23.3	8/5/2025	<b>Mental Capacity Assurance Report</b> Feedback from the roll out of the paperless DoLS pilot scheme to be brought back to the next Committee meeting for review	Chris Walker	February 2026	<b>Reman Open</b> Information included in agenda item MH25.41 - Mental Capacity Assurance Report, but likely to be 6 months before sufficient data for robust evaluation is available: bring back to Committee in February 2026.
	MH25.24.1	8/5/2025	<b>HIW Assurance Report</b> Section 17 leave to reviewed at future date and reported back to Committee	Teresa Owen	February 2026	<b>Reman Open</b> <b>16.10.25</b> - To be covered in workshop session
	MH25.39.1	7/8/2025	<b>Matters Arising &amp; Action Log</b> Circulate a briefing on hearings and right to discharge (compare and contrast Mental Health	Matthew Joyes	February 2026	<b>Reman Open</b> <b>16.10.25</b> - To be covered in



			Tribunal and Associate Hospital Managers) and agenda an item on this for the next meeting			workshop session.
<b>MH25.40.1</b>	7/8/2025		<b>Mental Health Assurance Report</b> Informal workshop regarding MHA Sections to be arranged	Alberto Salmoiraghi, Pam Wenger, Matthew Joyes	February 2026	<b>Reman Open</b>  <b>16.10.25</b> - To be covered in workshop session
<b>MH25.07.1</b>			<b>MH25.21 Matters Arising &amp; Action Log</b>  A copy of the national standard of accessible / easy read information to come back to a future meeting as a pack for review. A request was made that this would be made available bilingually.	Teresa Owen	July 2025	<b>Action proposed for closure</b> Information available below  <a href="https://jcc.nhs.wales/our-structure/mhldvg/mha/easy-read/">https://jcc.nhs.wales/our-structure/mhldvg/mha/easy-read/</a>  <b>16.10.25</b> - Easy read currently only in English. TO reviewing and will raise with WG colleagues
<b>MH25.22.1</b>	8/5/2025		<b>Mental Health Act Assurance Report</b> Future reporting on Section 3 to provide detail around length of stay.	Matt Joyes	August 2025	<b>Action proposed for closure</b>  <b>16.10.25</b> - Completed – data is included in the report.
<b>MH25.23.2</b>	8/5/2025		<b>Mental Capacity Assurance Report</b> The Executive Director of AHP and Health Science, and the Executive Director of Nursing and Midwifery, to write to WG to escalate this matter of confirmation of funding.	Angela Wood/Teresa Owen	November 2025	<b>Action proposed for closure</b>  TO has raised this with colleagues and will follow up. While funding has been received for the current year and WG has said that funding will be recurrent, it has also been suggested that there will still need to be an application process,



						requires follow up.
	<b>MH25.27.1</b>	8/5/2025	<b>Update from North Wales Police</b> Share a copy of the letter from the local authorities with members for information.		August 2025	<b>Action proposed for closure</b>  Letter circulated
<b>8</b>	<b>MH25/07.01</b>	7/8/2025	<b>Matters Arising &amp; Action Log</b> Regarding easy read information previously discussed, write to WG advising of updates required to easy read information on website	Teresa Owen, Wendy Lappin	November 2025	<b>Action proposed for closure</b>  <b>16.10.25</b> - TO to write to Welsh Government regarding required bilingual easy read information.
	<b>MH25.40.2</b>	7/8/2025	<b>Mental Health Assurance Report</b> Further detail regarding outcomes for 135/136 patients discharged to be provided to report going forward	Wendy Lappin	November 2025	<b>Action proposed for closure</b> <b>16.10.25</b> - To be included in next report on agenda
	<b>MH25.43.1</b>	7/8/2025	<b>Associate Hospital Managers Update Report</b> Committee to be advised of any further action required regarding recruitment issues following meeting with WOD.	Wendy Lappin	November 2025	<b>Action proposed for closure</b> <b>16.10.25</b> – MJ advised previous issue now resolved. Two new AHMs have been successfully onboarded.
	<b>MH25.45.1</b>	7/8/2025	<b>CAMHS – Consultant On Call</b> Follow up item to return to the next agenda for an update on progress	Gareth Williams	November 2025	<b>Action proposed for closure</b>  Verbal update requested for November meeting.
	<b>MH25.46.1</b>	7/8/2024	<b>Committee Governance Report</b> Final version of the three reports to be circulated out of Committee	Pam Wenger	November 2025	<b>Action proposed for closure</b>  <b>16.10.25</b> - Item went to Board in Sept 25
<b>Closed Actions (as agreed at meeting on 7 August 2025)</b>						
<b>Action No.</b>	<b>Minute Ref.</b>	<b>Date</b>	<b>Agreed Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Status</b>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

1	MH25.27.2	8/5/2025	<b>Update from North Wales Police</b> Work is ongoing on reviewing crisis arrangements which should help to address the issue of Section 136 patients being directed to ED. This would be highlighted on the Chair's Assurance Report to the Board.		August 2025	AAA report highlighted this. Confirmed in meeting item to be closed.
---	-----------	----------	--	--	-------------	--



<b>Teitl adroddiad:</b> <i>Report title:</i>	Mental Health Act (MHA) Assurance Report		
<b>Adrodd i:</b> <i>Report to:</i>	Mental Health Legislation Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	13 November 2025		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Mental Health Act Assurance Report provides an update in relation to Mental Health Act (MHA) activity across the Health Board during July to September 2025.</p> <p>The Health Board has a duty to monitor and report the number of persons placed under a section of the Mental Health Act. This is completed on a monthly, quarterly and annual basis. This report includes comparison figures for the previous month and quarter to highlight the activity and use of the Mental Health Act sections.</p> <p>Activity is recorded in table and chart format, detailing outcomes and timeframes of the section use for adults and young persons. Forensic data is also included, as is information regarding transfers in and out for specialist services and repatriation.</p> <p>Lapsed sections are reported as 'exceptions' throughout the report, and invalid detentions recorded as 'fundamentally defective'. Any lapses or fundamentally defective sections are Datix reported and investigated.</p> <p>A monthly report is submitted to the Directors of the Governance Directorate and Mental Health and Learning Disability Services to ensure that the MHA is monitored with the exceptions highlighted including any mitigation and learning that has occurred.</p> <p>Appendices are included to support the report.</p>		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the report.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Teresa Owen, Executive Director of Allied Health Professionals and Health Science Pam Wenger, Director of Corporate Governance		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Wendy Lappin, Senior Legal Services Manager (Mental Health Act) Matthew Joyes, Deputy Director for Legal Services		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input checked="" type="checkbox"/>

<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <b>Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <b>Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <b>No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<p>N/A</p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	<p>Objective 4 - Improving quality, outcomes and experience Objective 5 - Establishing an effective environment for learning</p>			
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	<p>This report is generated quarterly. The Mental Health Act sections are monitored, to ensure they are legal and the Health Board is operating in compliance with the Mental Health Act 1983 (amended 2007), and the Code of Practice for Wales 2016.</p> <p>The Mental Health Act detentions fall into categories of being either legal or illegal (invalid) which may result in challenges from legal representatives on behalf of their clients. All detentions are checked for validity, and any invalid detentions are reported through Datix, investigated and escalated as appropriate. These are reported as exceptions within the report.</p>			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	<p>The use of the Mental Health Act sections apply to all persons and all policies in relation to the use of the Mental Health Act have been equality impact assessed.</p>			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	<p>N/A</p>			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	<p>Because of significant capacity pressures in the MHA Team, some data in this report cannot be produced for this quarter.</p>			

<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	N/A
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	N/A
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	<p>This report has been reviewed by Matthew Joyes, Deputy Director for Legal Services.</p> <p>A monthly report is produced and the data submitted monthly to the directors of the Governance Directorate and Mental Health &amp; Learning Disability Services.</p> <p>Reports are also shared with the Power of Discharge Group which is held in advance of the MHLC.</p>
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> <i>(or links to the Corporate Risk Register)</i>	N/A
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b> <b>Reason for submission of report to confidential board (where relevant)</b>	N/A
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b>  N/A	
<b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b>  MHA Assurance Report	



## **CONTENTS:**

<b>Contents</b>	<b>2</b>	<b>Errors</b>	<b>13</b>
<b>Foreword</b>	<b>3</b>	<b>Section 136 (Adult)</b>	<b>14 - 15</b>
<b>Executive Summary &amp; Advisory Reports Definitions</b>	<b>4 - 6</b>	<b>Section 136 (Under 18s)</b>	<b>16 - 17</b>
<b>Section 5(4)</b>	<b>7</b>	<b>Forensic</b>	<b>18</b>
<b>Section 5(2)</b>	<b>8</b>	<b>Transfers</b>	<b>19</b>
<b>Section 4</b>	<b>9</b>	<b>MHRT /Hospital Managers Information</b>	<b>20</b>
<b>Section 2</b>	<b>10</b>		
<b>Section 3</b>	<b>11</b>		
<b>Section 17</b>	<b>12</b>		

The Mental Health Act 1983 (MHA) provides for the assessment and treatment of people with a mental disorder and sets out the rights that they have. Under this law, a person can be admitted, detained and treated in hospital for a mental disorder without their consent. The MHA also provides more limited community-based powers, community treatment orders and guardianship.

In 2007 the Act was amended to ensure that service users are receiving the treatment they need and to provide professionals with a clearer framework.

The MHA Code of Practice is issued under section 118 of the Mental Health Act 1983 by the Welsh Ministers and after being laid before the Senedd. The Code provides the principles and guidance on how the MHA should be applied in practice. The Code is Statutory Guidance and persons are required to have regard to the Code in carrying out their functions under the MHA.

Connections between the Mental Health Act 1983 and other legislation, in particular the Mental Health (Wales) Measure 2010, are detailed in the Code.

The “Hospital Managers” (i.e. the Health Board) retain the ultimate responsibility for the execution of all duties or acts carried out by staff in relation to the MHA including ensuring that the grounds for detaining service users are valid and legal.

## Executive Summary:

During the previous quarter, the Mental Health Act (MHA) Team has continued to experience staff shortages with a vacant post and two staff members off sick for the majority of the quarter. It is evident there is still a lack of resilience in the team in that there is no deputy manager position to provide both management cover and cross-office cover.

The reports are under review and will in the future be produced through PowerBI which will establish an up to date view, the audit reports will be produced on a yearly basis.

Exceptions are reported throughout the report as below:

There was a Section 5(4) which was allowed to run its course and expire at the six hour point due to the patient being asleep, the medic made the decision following consultation with the ward and what was in the best interest for the patient. The patient was assessed in the morning and was not placed on a further detention.

There was a Section 5(2) which lapsed (Datix ref 144631) as no doctor attended the ward to review the patient within the timeframe, on assessment no further detention was required. There was no learning or mitigation identified from the Datix review.

There were three Section 2s which lapsed. (Datix ref 147204) The Section 2 lapsed as the detention was not reviewed prior to the expiry date by the RC. The MHA office and ward were under the impression the RC was going to attend on the day of the expiry. The RC was aware and had a plan to discharge the patient but was unable to review prior to the expiry. The patient remained informally within the unit for two days prior to leaving the unit. Learning/Mitigation – No conclusion as yet awaiting management review.

(Datix ref 149495) The Section 2 lapsed as the doctor could not attend the ward due to other commitments. The patient remained informally. Learning/Mitigation – Units to be contacted at the end of the day if expected paperwork has not arrived, all other safeguards and actions had been undertaken.

(Datix ref 151160) The Section 2 lapsed as the detention was not reviewed prior to the expiry date by the RC. It is noted that the patient was out with OT's when the RC attended the ward. The patient has been assessed and is now on a Section 3 detention. Learning/Mitigation – There was no learning or mitigation identified from the Datix review.

There was one Section 3 which was found to be fundamentally defective following the solicitor identifying that the Nearest Relative identified resided outside of the UK, Channel Islands or the Isle of Man. The AMHP therefore made an error in law by misinterpreting s26. This led to the detention being invalidated as it was not able to be rectified. The patient was informed and remained informally. (Datix Ref 153610). Learning/Mitigation - Staff and the AMHP service have been informed.

**Section 5(4) Nurses Holding Power (up to 6 hours):** Criteria: "...the patient is suffering from mental disorder to such a degree that it is necessary for their health and safety or for the protection of others for them 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). The nurses who can use this power are those registered in either Sub-Part 1 or 2 of the register maintained under article 5 of the Nursing and Midwifery Order 2001 whose registration includes an entry indicating that the nurse's field of practice is either mental health nursing or learning disabilities nursing.

**Section 5(2) Doctors Holding Power (up to 72 hours):** Criteria is: that an application for compulsory detention "ought to be made". Patient must be in-patient, can be used in general hospital.

**Section 4: Admission for emergency (up to 72 hours):** Criteria: "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"

**Section 2: Admission for assessment (up to 28 days):** 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;
- 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

**Section 3: Admission for treatment (up to 6 months, renewable for 6 months, 12 monthly thereafter):** Criteria

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

**Section 17A:** Supervised Community Treatment, also referred to as a CTO – its duration is up to 6 months, renewable for 6 months and 12 months thereafter.

**Section 17E:** Recall – the recall can last for up to 72 hrs. The clinical team must decide to release from Recall, Revoke or Discharge

**Section 17F:** Revocation. Once a patient has been revoked, essentially the Section 3 comes back into force - which can last up to 6 months, renewable for 6 months, then 12 monthly thereafter.

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

**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 any place other than a private dwelling or the private garden or buildings associated with that place, to remove or keep a person at, a place of safety under section 136(1) or to take a person to a place of safety under section 136(3)

**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.

**Section 36:** Remand of accused person to hospital – up to 28 days but duration will be set by the Court – maximum of 12 weeks.

**Section 37:** Hospital Order or Guardianship Order - up to 6 months, renewable for 6 months, 12 monthly thereafter

**Section 37/41:** Hospital Order with Restrictions – made with no time limit

**Section 38:** Interim Hospital Order – up to 12 weeks, but duration set by the Court – maximum 12 months

**Section 47/49:** Transfer of sentenced prisoners (including with restrictions)

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

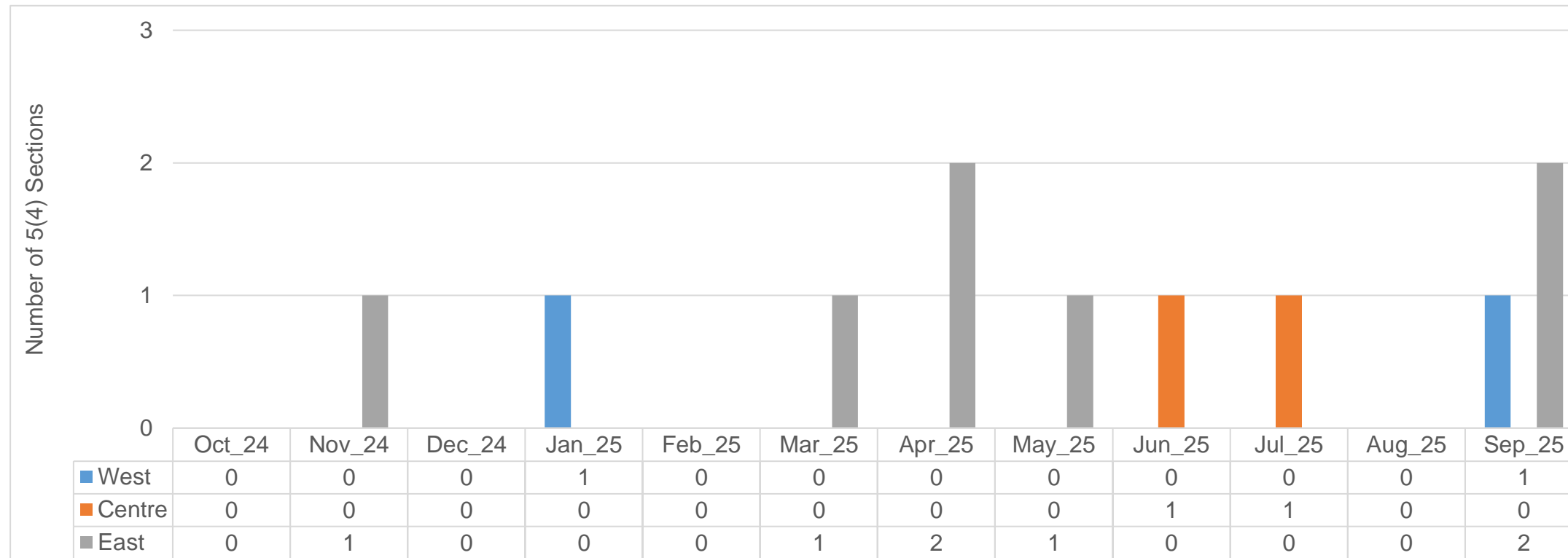
**Section 62:** Emergency Treatment of a detained patient regardless of section status

**Rectifiable Errors:** concerned with errors resulting from inaccurate recording, errors which can be rectified under Section 15 of the Act

**Fundamentally Defective Errors:** concerned with errors which cannot be rectified under section 15

**Lapses of section:** refers to sections that have come to the end of their time period. It is not good practice for sections to lapse and reasons are investigated.

Section 5(4) - BCUHB	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 5(4) during Quarter	Quarter 5(4) Sections
<b>Section 5:</b> Application in respect of patients already in hospital	3	0	↑	4	4	→	3	1 East 2 Centre 2 West	2 1 1



A Section 5(4) will be used if a qualified nurse of the prescribed class (mental health or learning disability trained) feels that it is necessary to detain a patient to await the arrival of a doctor for assessment. The 5(4) will be used if there are no doctors immediately available and the nurse feels this is in the best interest of the patient.

There was one exception to report in the period under review.

**LAPSES**

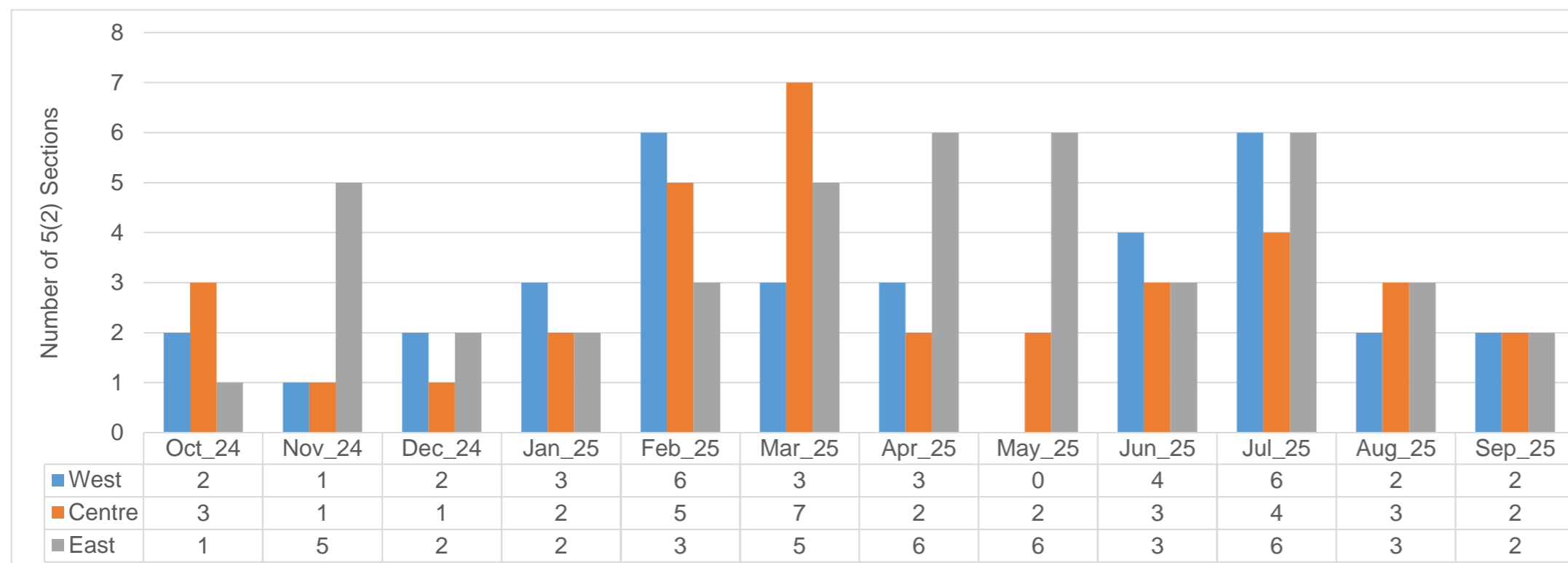
The 5(4) detention lapsed as the medics made the decision to leave the patient to sleep and assess in the morning. Following assessment no further detention was required.

WEST		
The data above does	Duration (hh:mm)	Outcome
Sep_25	05:10	Informal

CENTRE		
Month	Duration (hh:mm)	Outcome
Jul_25	06:00	Lapsed

EAST		
Month	Duration (hh:mm)	Outcome
Sep_25	02:00	Section 5(2)
Sep_25	00:35	Section 5(2)

Section 5(2) - BCUHB	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 5(2) during Quarter	Quarter 5(4) Sections
<b>Section 5:</b> Application in respect of patients already in hospital	6	8	↓	30	29	↑	28	1 East 2 West 3 Centre	11 10 9

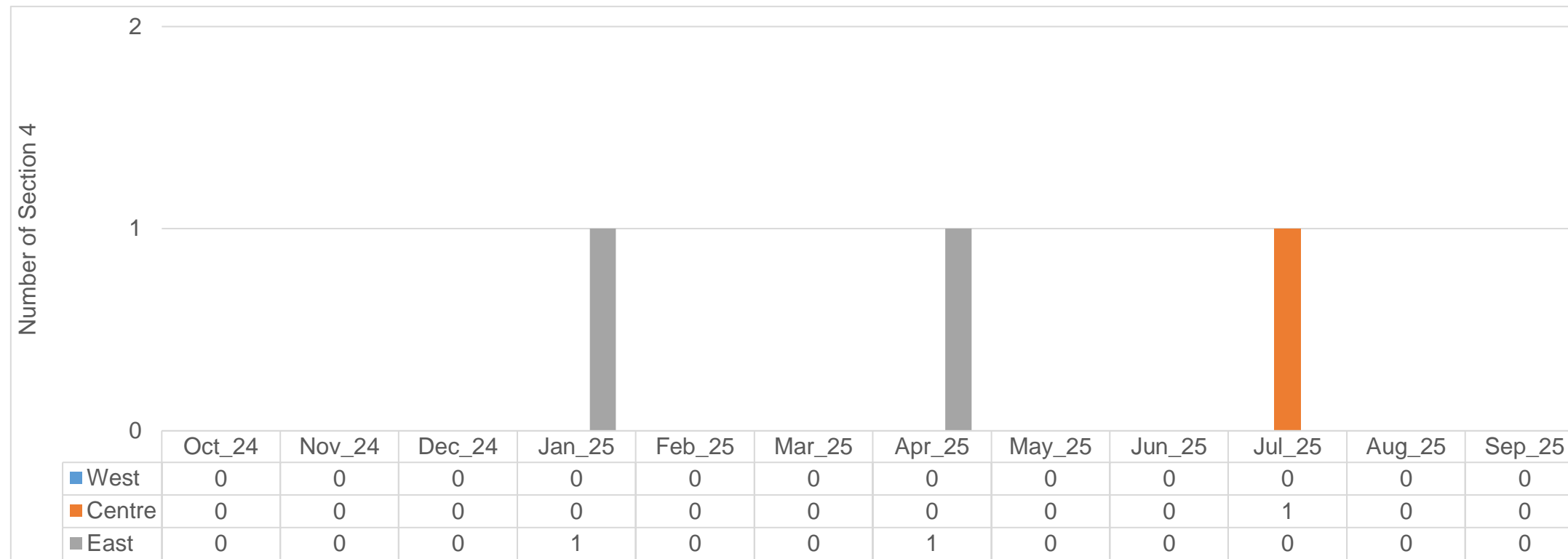


Section 5(2) Outcomes			
	Jul 2025	Aug 2025	Sep 2025
Section 2:	4	4	1
Section 3:	5	0	2
Informal:	4	4	4
Lapsed:	1	0	0
Invalid:	0	0	0
Discharged:	0	0	0
Other:	0	0	0

A Section 5(2) on occasions will be enacted within the acute hospital wards. All detentions this period were within the Psychiatric units.

There was one exception to report in the period under review. The Section 5(2) lapsed as no doctor attended the ward to review the patient within the timeframe, once assessment no further detention was required.

Section 4 - BCUHB	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 4 during Quarter	Quarter Section 4
<b>Section 4: Admission for assessment: Cases of emergency</b>	0	0	➔	1	1	➔	1	1 Centre	1
								2 East	0
								2 West	0



The use of section 4 is a relatively rare event and figures remain low.

Section 4 will be used in emergency situations where it is not possible to secure two doctors for a section 2 immediately and it is felt necessary for a persons protection to detain under a section of the Mental Health Act.

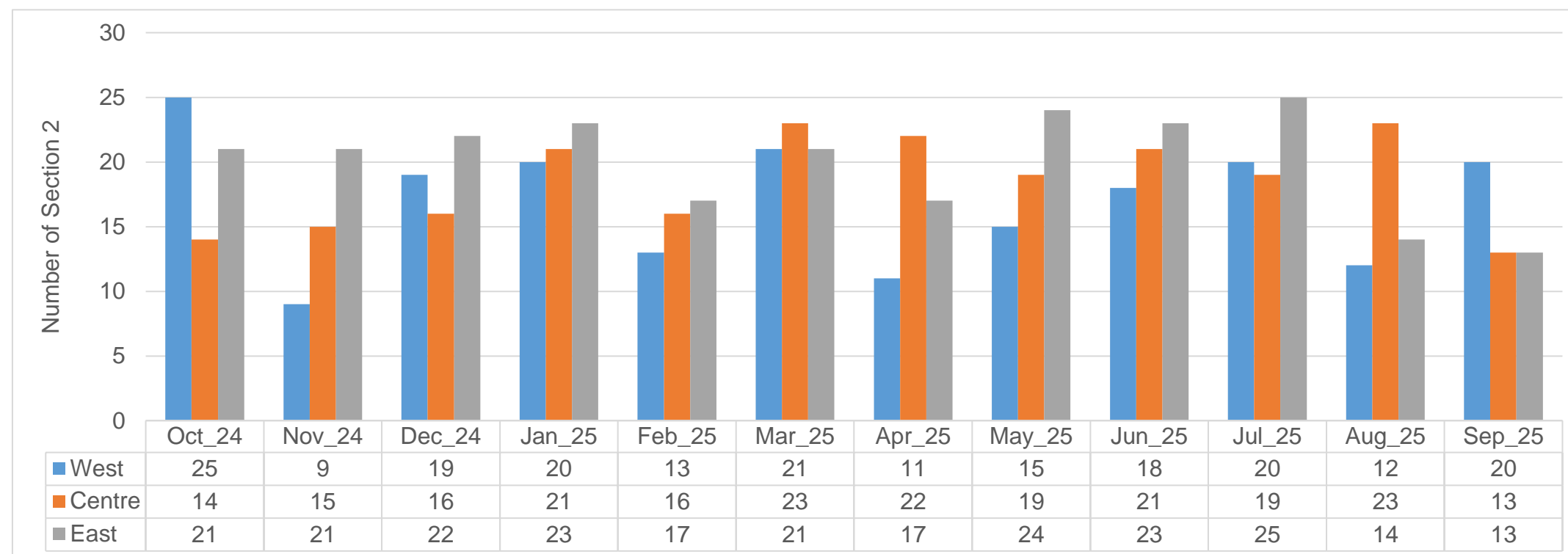
There are no exceptions to report.

WEST		
Month	Duration (hh:mm)	Outcome

CENTRE		
Month	Duration (hh:mm)	Outcome
Jul_25	22:11	Section 3

EAST		
Month	Duration (hh:mm)	Outcome

Section 2 - BCUHB	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 2 during Quarter	Quarter Section 2
Section 2: Admission for assessment	46	49	↓	159	170	↓	167	1 Centre	55
								2 West	52
								2 East	52



Section 2 Outcomes			
	Jul 2025	Aug 2025	Sep 2025
Section 3:	13	19	12
Informal:	25	9	17
Lapsed:	1	2	0
Pending:	0	0	0
Discharged:	7	4	9
Transferred:	21	19	13
Invalid and Other:	0	0	0

\* data is as at position and is subject to change

A section 2 will be enacted following holding powers 5(4) or 5(2) or via a regrade from a section 4 or an informal admission. Section 2 is also used as a direct admission detention.

There were four young people placed on a section 2 this quarter, two following S136 detentions, one direct admission and one transfer from another unit.

EXCEPTIONS:

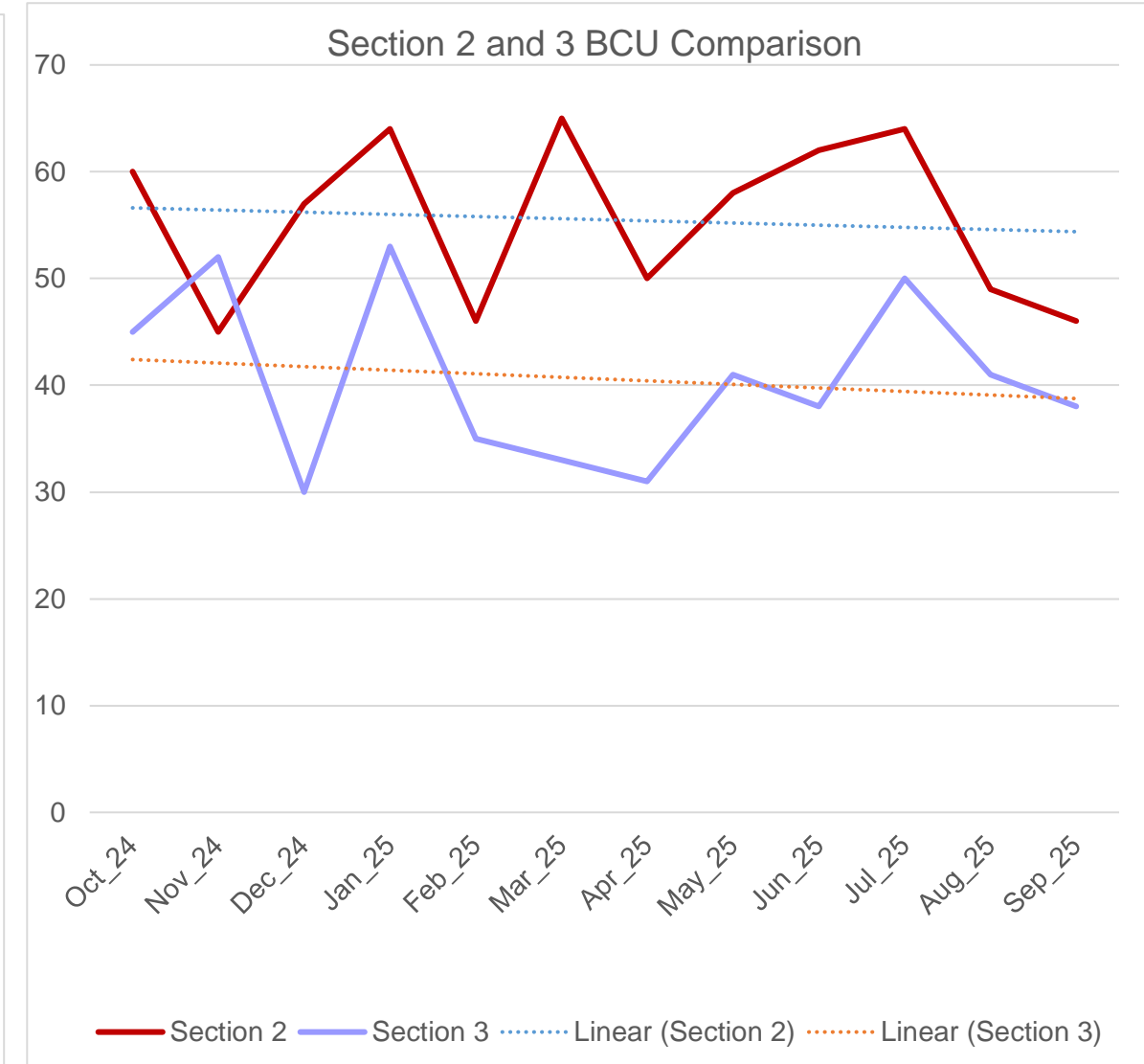
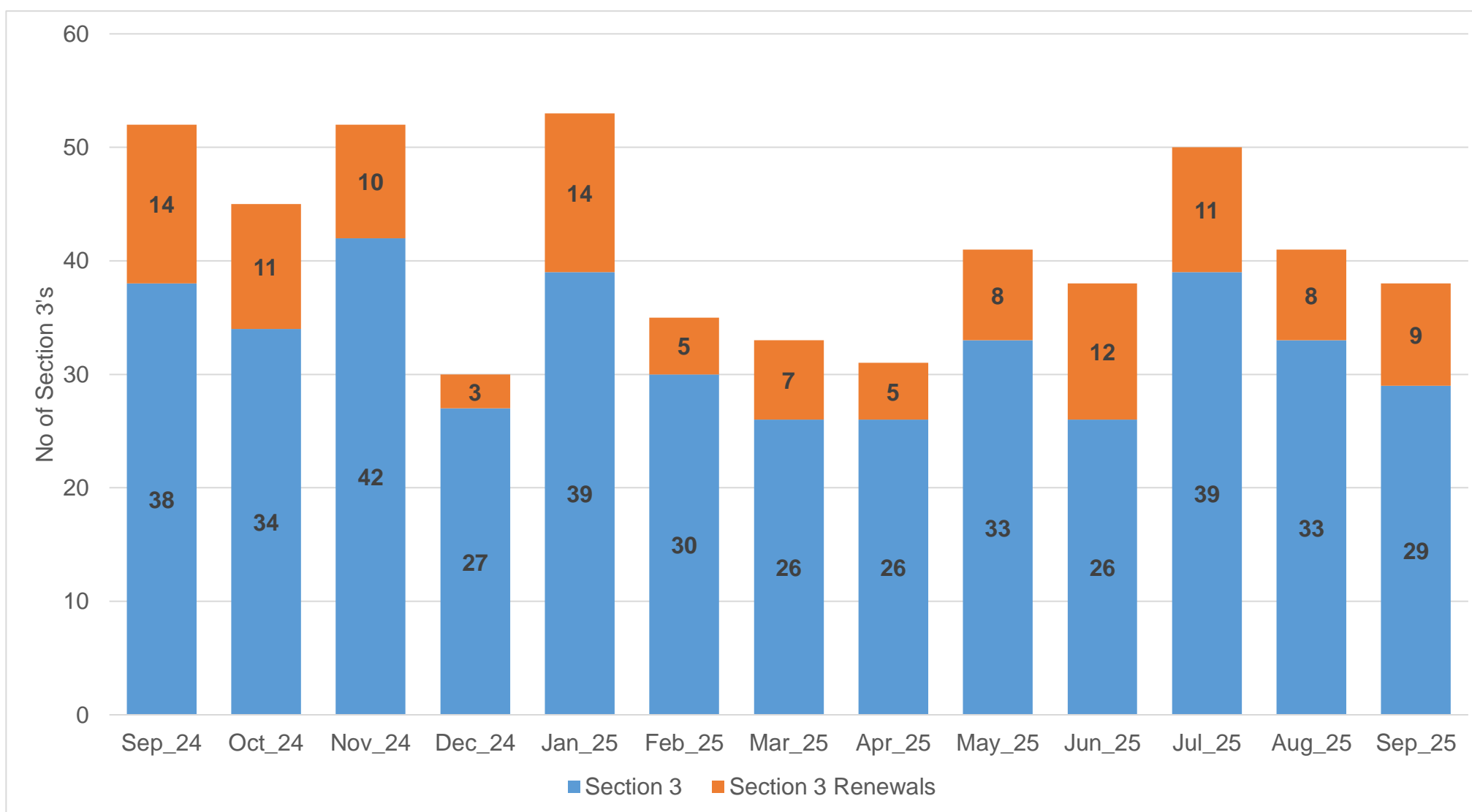
There are three exceptions noted this period.

**East:** A detention was not reviewed prior to the expiry date by the RC. The RC was aware and had a plan to discharge the patient but was unable to review prior to the expiry. The patient remained informally within the unit for two days prior to leaving the unit.

A detention was not reviewed prior to the expiry date by the RC. It is noted that the patient was out with OT's when the RC attended the ward. The patient was assessed and detained on a Section.

**West:** The detention lapsed as the doctor could not attend the ward due to other commitments. The patient remained informally.

Section 3 - BCUHB	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 3 during Quarter	Quarter Section 3
Section 3 (Including Renewals): Admission for treatment	38	41	↓	129	110	↑	122	1 East 1 West 3 Centre	46 46 37

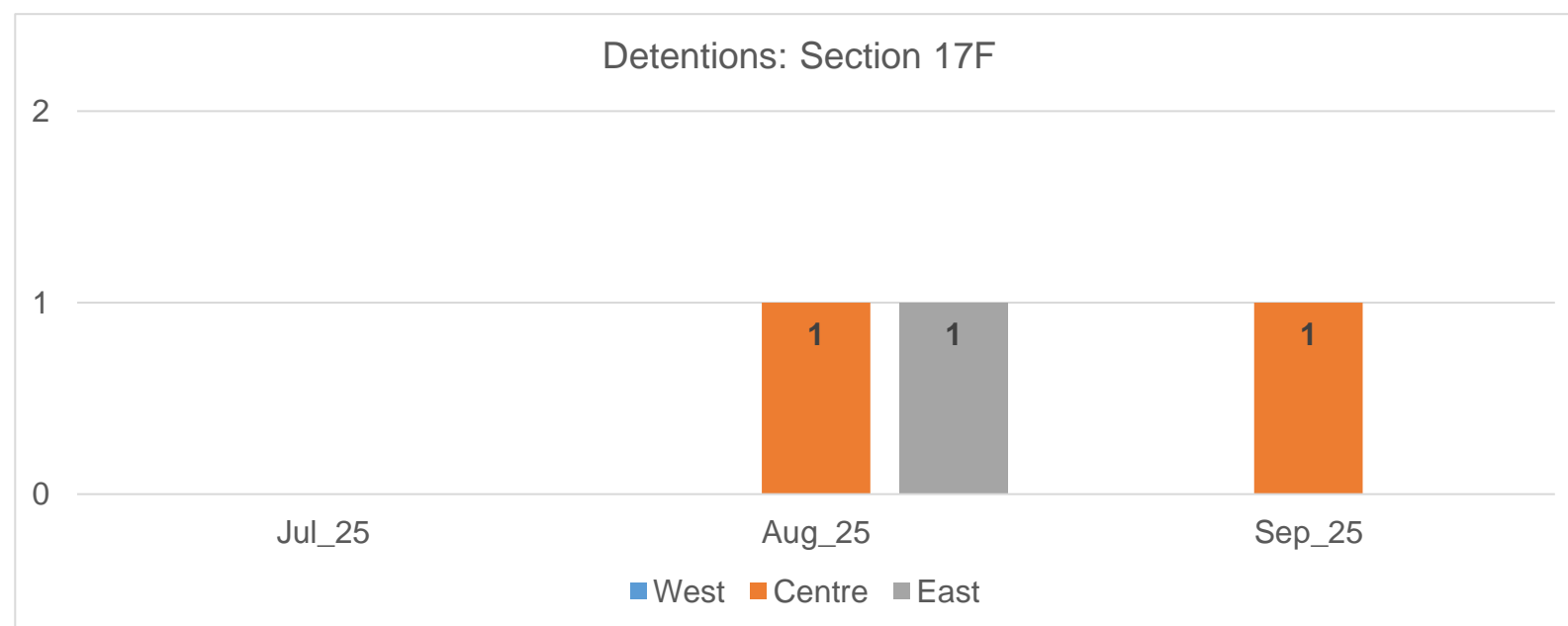


\* data is an as at position and is subject to change

These numbers also include any renewal sections undertaken within the month. As with the data for section 2 it is hard to interpret these figures in isolation and previous months figures are prone to change due to admissions into the Health Board. There was one exception to report this review period. A Section 3 was found to be invalid due to the Nearest Relative being identified who lived outside of the UK, this rendered the application invalid. The use of Section 3 continues on a downward trend this period. There were two young people detained on a Section 3 this period, one as a direct admission and one regraded from a Section 2.

For those that were discharged from their section 3 in this quarter the lengths of stay have been calculated for the average days, longest and shortest day durations. July = Average 87 days, shortest 16 days and longest 500 days. August = Average 94 days, shortest 10 days and longest 394 days. September = Average 126 days, shortest 13 days and longest 373 days. For the three longest detentions all had reviews by Associate Hospital Managers on the renewal of the detention (total seven) and six Mental Health Review Tribunals were held.

Section 17 A-F - BCUHB	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of Section 17 during Quarter	Quarter Section 17	
Section 17A (Including Renewals)-17F: Community Treatment Orders	4	11	↓	27	26	↑	19	1	Centre	11
								2	East	10
								3	West	6



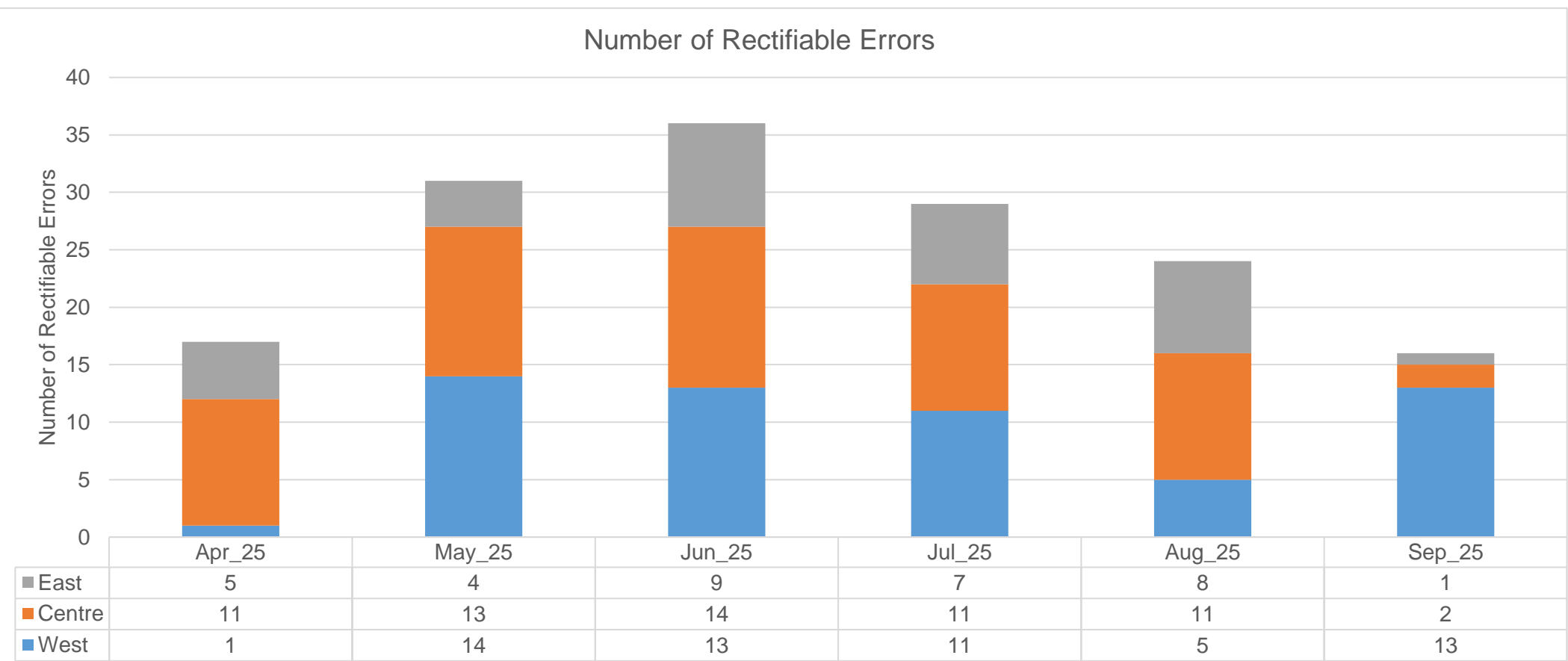
This quarterly data 17A shows the numbers of patients who are being placed on a CTO for the first time, as well as any renewals within the month. 17E data shows those who have been recalled to hospital from their CTO and 17F data shows those who have had their CTO revoked and become subject to a Section 3.

There are no exceptions to report this quarter.

The number of patients on a CTO at the end of September are:  
 West = 12  
 Central = 8  
 East = 10

West and East have seen an increase and Central a decrease compared to the previous quarter.

Fundamental and Rectifiable Errors	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of Errors during Quarter	Quarter Errors
Fundamental and Rectifiable Errors in line with Health Boards in Wales	16	24	↓	76	80	↓	107	1 West	29
								2 Centre	24
								3 East	16



**Rectifiable Errors**

Rectifiable errors were previously reported on a quarterly basis and benchmarked with the other health boards throughout Wales. Due to capacity to produce this report Cardiff and Vale have discontinued the report. The last report received covered April - June 2023. Discussions are underway with a proposal that the NHS Wales Executive may facilitate this report going forward.

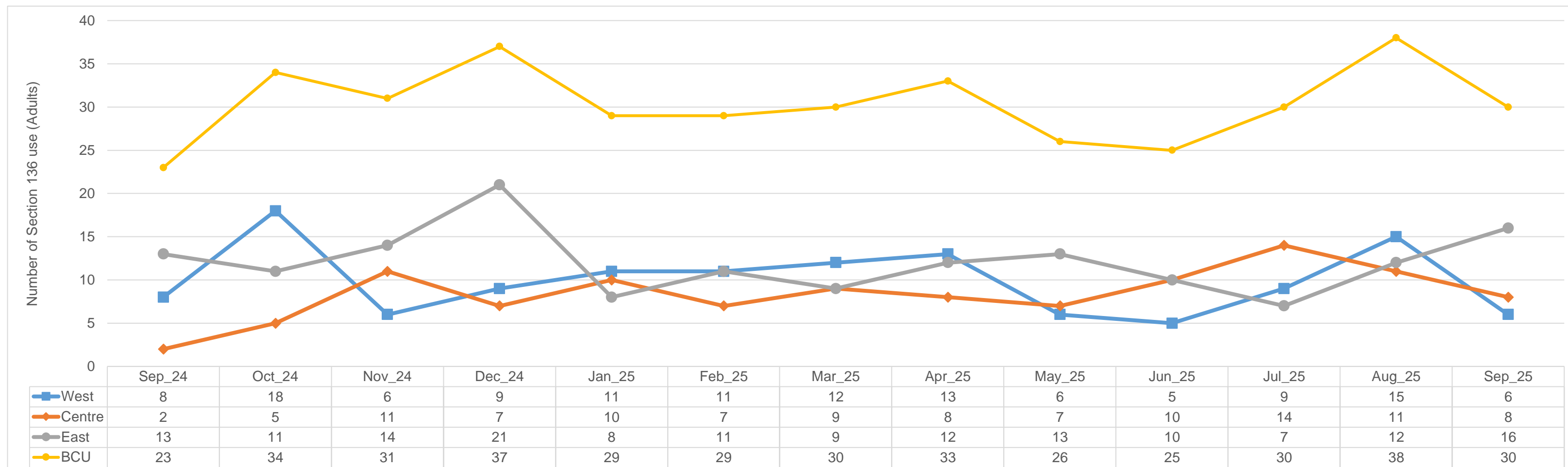
Errors will be calculated due to missing data within documents such as middle names missing parts of an address or an obvious slip of the pen such as dating 2023 rather than 2024.

It is important to note that rectifiable errors can be amended under Section 15 of the Mental Health Act and do not render the detention invalid.

The number of errors has seen a decrease this quarter.

One detention was found to be fundamentally defective rendering the detention invalid in September. The patient and the nearest relative were informed on discovery.

Section 135 - 136	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 during Quarter	Quarter S.136 detentions
Section 135 and 136: Patient transfers to a place of safety (Adults)	30	38	↓	98	84	↑	93	1 East 2 Centre 3 West	35 33 30



The data above does not include S135 or under 18's.

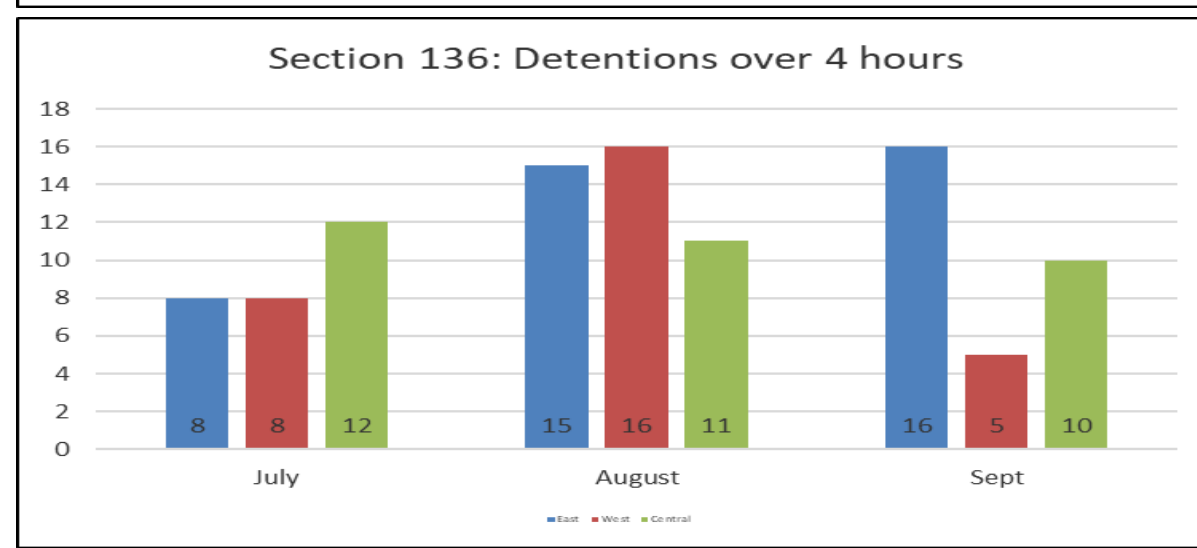
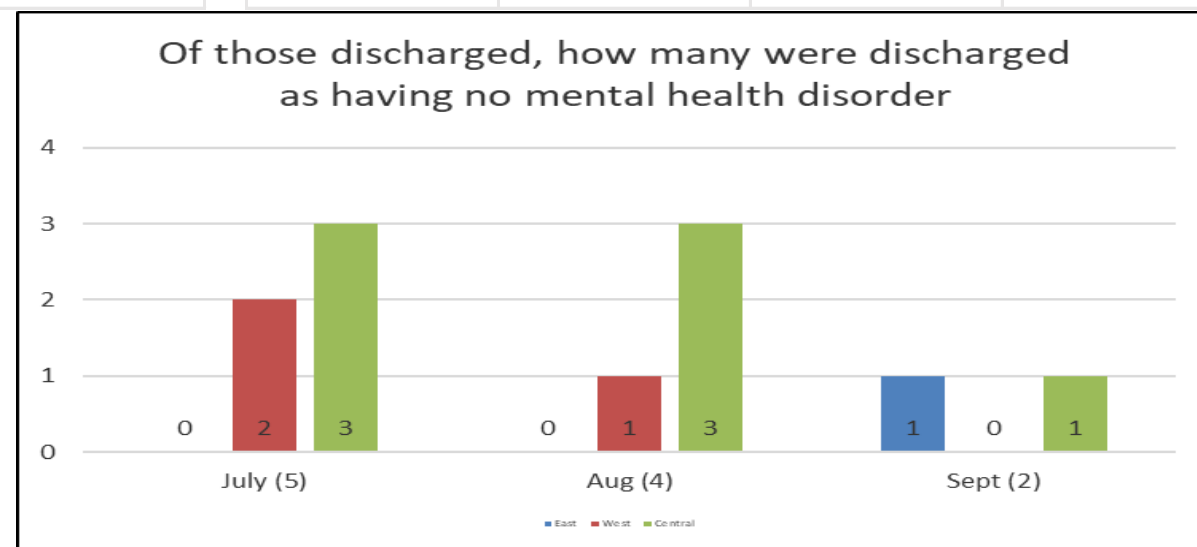
During the period there has been one detention which originated within the police custody suite resulting in a S2 admission.

Five x S135 detentions occurred four resulting in S2 admissions and one in a CTO recall.

Section 136	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 during Quarter	Quarter S.136 detentions
Section 136: Patient transfers to a place of safety (Adults)	30	38	↓	98	84	↑	93	1 East 2 Centre 3 West	35 33 30

Section 136 Outcomes			
	Jul 2025	Aug 2025	Sep 2025
Discharged:	20 60.61%	26 60.46%	19 59.38%
Informal Admission:	4 12.12%	8 18.60%	3 9.37%
Section 2:	8 24.24%	9 20.94%	10 31.25%
Section 3:	1 3.03%	0 0.00%	0 0.00%
Other:	0 0.00%	0 0.00%	0 0.00%

Section 136 - Known to Service			
	Jul 2025	Aug 2025	Sep 2025
Yes	21	25	26
Yes (percentage)	63.64%	58.14%	81.00%



Whilst the Health Board notes detentions that may last over four hours in some instances this may be unavoidable due to the requirement for medical needs to be met prior to an assessment, or in some circumstances risks may be greater if discharge occurs out of hours.

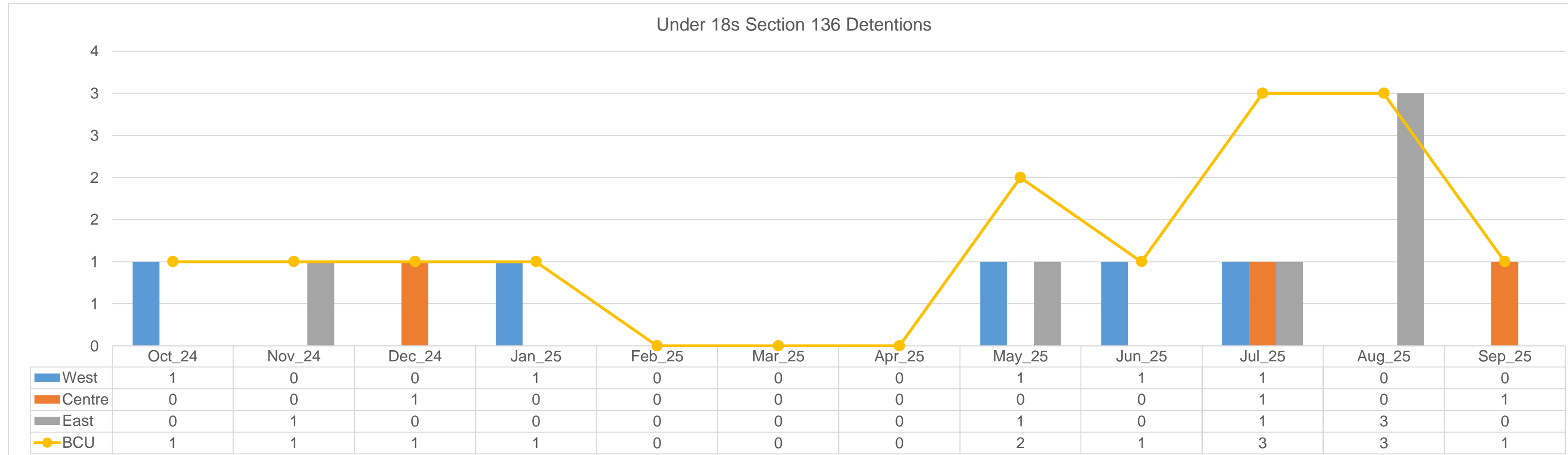
The data shows figures from outcomes recorded and whether a patient is known to service. A large proportion of 136's are discharged those with no mental disorder has historically been around 20%.

**For this quarter from the total detentions for the months the figures are:**  
**July 15%**  
**August 9%**  
**September 6%**

The Criminal Justice Liaison Service actively assists the police by providing advice and information to signpost people in crisis to other avenues rather than the police using the S136 power if this is an appropriate option.

**Of the total number of patients discharged:**  
**July**  
 30% were discharged with follow up from services  
 45% discharged and referred to services  
 25% discharged no mental disorder  
**August**  
 58% were discharged with follow up from services  
 27% discharged and referred to services  
 15% discharged no mental disorder  
**September**  
 53% were discharged with follow up from services  
 37% discharged and referred to services  
 10% discharged no mental disorder

Section 135 - 136 (Under 18)	September 2025	August 2025	Monthly Change	Latest Quarter	Previous Quarter	Quarter Change	Quarter Average (last 4 quarters)	Area Rank by numbers of S.136 (<18) during Quarter	Quarter <18 S.136 use
Section 135 and 136: Patient transfers to a place of safety (<18)	1	3	↓	7	3	↑	4	1 East 2 Centre 3 West	4 2 1



The tables below shows the ages of young persons assessed and the outcomes for the year period April 25 - March 26.

Under 18 Assessments	
AGE	Number of Assessments
11 and 12	
13	
14	1
15	
16	1
17	8

Outcome of Assessments	
Outcome	Number
Returned Home	4
Returned to Care Facility	3
Admission to childrens ward	1
Admission to Adult ward / S136 suite	
Admission NWAS / CAMHS	1
Admission OOA	
Other (Friends, Hotel, B&B)	1

5

Month of Admission	Place of Assessment	Outcome	Assessing Clinician	Total Hours	Age
July	Wrexham Maelor	Discharged	CAMHS	16:01	17
July	Ablett	Discharged	CAMHS	20:31	17
July	Ysbyty Gwynedd	Admission	CAMHS	15:41	16
August	Glan Clwyd / Wrexham Maelor	Discharged	CAMHS	13:59	17
August	Heddfan	Discharged	CAMHS	08:10	17
August	Heddfan	Discharged	Adult	16:30	17
September	Ablett	Admission	CAMHS	16:00	17

The Assistant Area Directors of the CAMHS service are notified straight away of a young person, 15 and under who is detained under a S136. Within hours the MHA office notify, out of hours the responsibility lies with the duty staff.

Average PoS hours: 15:16 hrs which is an increase on the previous quarter of 12:27hrs

**Under 18's admitted to Adult Psychiatric Wards**

There were no under 18's admitted to the adult unit this period.

The table below shows the county that the young persons originated from and where they were assessed for the period April 25 - March 26

**County Originated from and where assessed:**

	East	Central	West
Wrexham	2	1	1
Flintshire	2	2	
Denbighshire			
Conwy			
Gwynedd			
Ynys Môn			1
Out of Area/NFA			1

Section	Unable to provide data - Forensic sections prior to May 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025
Section 35:		0	0	0	0	0
Section 37:		2	1	1	1	1
Section 37/41:		8	9	9	8	8
Section 38:		0	0	0	0	0
Section 47:		3	3	4	4	4
Section 47/49:		5	5	5	5	5
Section 48:		0	0	0	0	0
Section 48/49:		0	0	0	0	0
Section 3:		1	1	1	1	2
Section 45A		0	0	0	0	0
Total:		19	19	20	19	20

Ty Llywelyn Medium Secure Unit is a 25 bedded all male facility. The nature of the forensic sections does not always generate rapid activity.

There are times when section 3 patients will be detained within the unit.

There are no exceptions to report.

**Total Transfers for the Quarter**

	Jul 2025	Aug 2025	Sep 2025
<b>Internal Transfers</b>	23	11	11
<b>External Transfers (Total)</b>	17	13	11
<b>External Transfers (In)</b>	12	7	9
<b>External Transfers (Out)</b>	5	6	2

**Internal Transfers**

This data only includes detained patient transfers between BCU facilities, including the transfer of rehab patients which will be part of their patient pathway. A transfer due to step down/up needs will include transfer to PICU or rehab wards, adult to older persons, MSU to rehab.

**External Transfers**

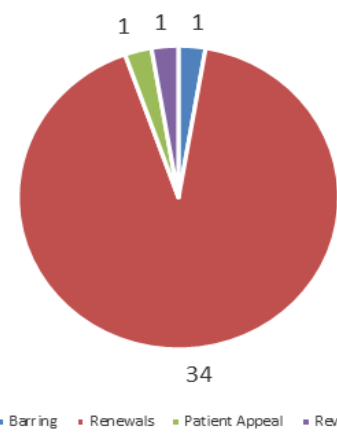
This data only includes detained patient transfers both in and out of BCU facilities. The majority will be facilities in England may include complex cases requiring specialist service or may require an out of area bed if the Health Board cannot facilitate admission at the time. Those repatriated are returning to their home area or transferring in for specialised care.

**Patients detained in Independent Hospitals (in Wales and outside of Wales)**

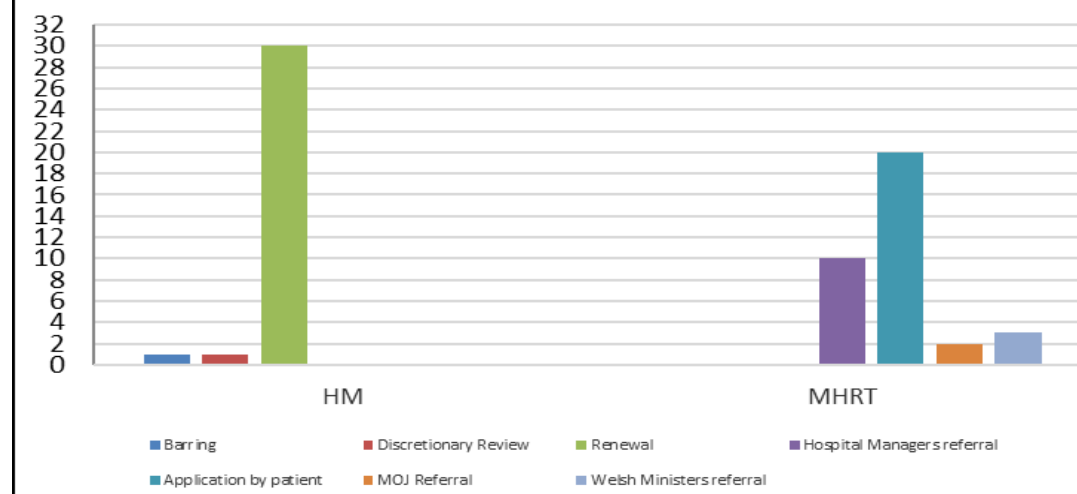
There are a number of persons who will be detained in independent hospitals that are offering services required. These people are monitored by the Continuing Healthcare Service and Team to ensure that they are in the correct placement for their needs.

Unable to provide data - Transfers detailed data

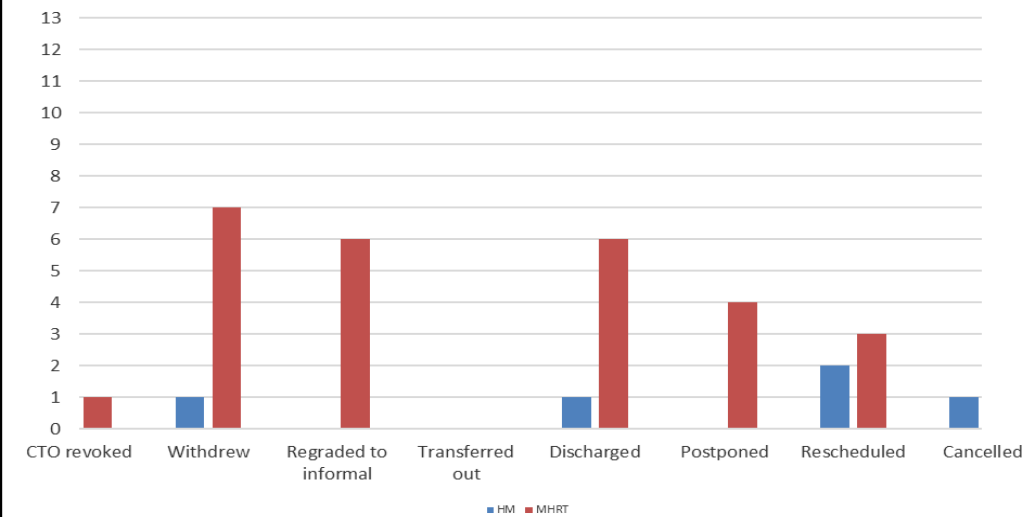
Hospital Managers Panel Hearings scheduled July - September 2025 (n37)



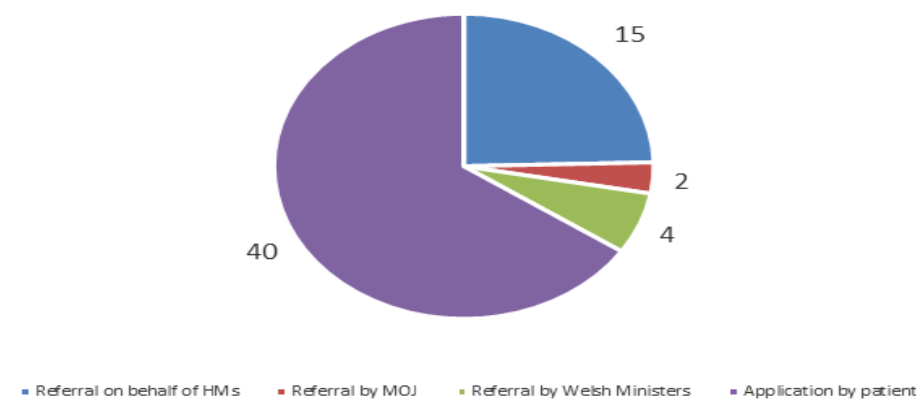
67 Hearings Held July - September 2025 by type



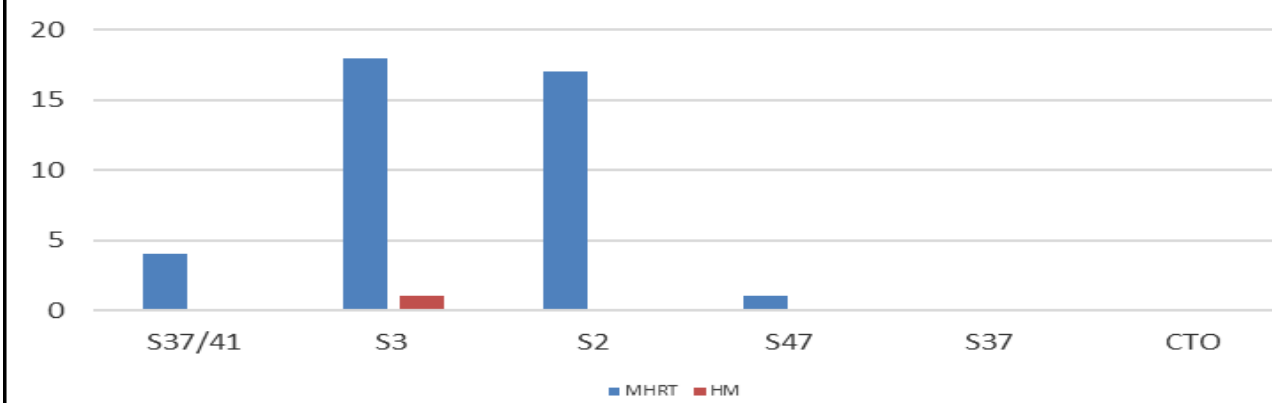
31 Hearings not held July - September 2025



Mental Health Review Tribunals scheduled July - September 2025 (n61)



Type of patient appeals received July - September 2025  
40 MHRT and 1 Hospital Managers



The above charts show the number of Associate Hospital Managers Hearings and Mental Health Review Tribunals scheduled to take place for the quarter July - September.

There were 98 hearing scheduled this period which included 41 applications from patients. 67 hearings took place of which 20 were patient applications.

The MHRT discharged one patient this quarter from a S2, all other hearings held resulted in the patients remaining detained.

<b>Teitl adroddiad:</b> <i>Report title:</i>	Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) Q2 2025-26 Update			
<b>Adrodd i:</b> <i>Report to:</i>	Mental Health Legislation Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 13 November 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This report provides the Quarter 2 update on the provision of DoLS and MCA activity within the Health Board.			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Board is asked to:</p> <p>Accept the DoLS and MCA Report and the identified activity for the period of Q2 2025-26</p> <p>Receive the DoLS and MCA Audit update and recorded progress.</p>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Michelle Denwood, Director of Safeguarding and Public Protection Hayley Lloyd, DoLS and MCA Regional Team Manager Mat Phillips, Safeguarding Adults/Adults with Dementia Lead Chris Walker, Head of Safeguarding Adults, DoLS and MCA			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	N/A			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Mental Capacity Act (MCA 2005)			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	The Risk relating to DoLS/MCA is identified within the report.
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	No financial implications
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	No workforce implications
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This quarterly report is submitted directly to the Committee.</p> <p>Deprivation of Liberty Safeguards is held within the portfolio of the Executive Director of Nursing and Midwifery and this update has been reviewed by Angela Wood, Executive Director of Nursing and Midwifery.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	N/A (see Risk below)
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	N/A
<p><b>Camau Nesaf:</b> Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i></p>	
<p><b>Rhestr o Atodiadau:</b> <i>List of Appendices:</i></p>	
<b>Cyflwyniad / Cefndir</b>	

## Introduction / Background

The activity recorded within the report provides oversight and organisational assurance in relation to the Health Board's statutory duty under the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA 2005) for the period of Q2 2025-26. The activity includes key actions to ensure that DoLS and the MCA as part of the wider Safeguarding and Public Protection agenda remains paramount to service delivery across the Health Board.

DoLS reports throughout the Organisation in accordance with the Safeguarding Reporting Framework. This Framework reinforces Organisational engagement, reporting and escalation by the Safeguarding Governance and Performance Group, and key Forums and Committees. The functions of the Safeguarding and Public Protection DoLS Team include the legal responsibility of Supervisory Body, which must provide scrutiny and independence.

## Corff yr adroddiad Body of report

### Legislation Update

The implementation of the Mental Capacity (Amendment) Act 2019 and the Liberty Protection Safeguards (LPS) remains on hold by UK Government. However, the UK Government has recently announced plans to launch a consultation on LPS in the first half of 2026 and will be led by the Department of Health and Social Care (DHSC) and Ministry of Justice. The purpose of the LPS consultation is to gather views from families, carers, social workers, nurses, psychologists and occupational therapists and marks a significant step towards replacing the current DoLS system, which has been long criticised for being overly bureaucratic and unable to cope with the current demand of DoLS Applications.

Further to the above, we have been advised that the Attorney General for Northern Ireland has brought a case to the UK Supreme Court seeking to revisit the Cheshire West test for deprivation of liberty. The case concerns whether a person who lacks capacity can give valid consent to their confinement through the expression of their wishes and feelings. This is seen as one of the most important cases for people who lack capacity for over a decade. The case could redefine what it means to be free. The question before the Court is as follows: Can a person who lacks capacity be treated as having 'consented' to their confinement through their wishes and feelings? In essence, can liberty be lost by good intentions? Following the hearing the Justices have retired to deliberate, however a judgment may take months. If the Court upholds the Cheshire West test nothing much changes. If it sides with Northern Ireland and decides 'consent by conduct' is enough, hundreds of BCUHB patients could fall out of protection overnight. On top of this immediate risk to patients (as they would no longer be safeguarded by law) there are also far-reaching risks attached that include the training of assessors and funding shortfalls. The Safeguarding DoLS/MCA Team will follow the case and await the outcome, reporting any decisions through agreed governance channels.

A comprehensive review can be read here: <https://www.bbc.co.uk/news/articles/cz0xml0vrxro>

Although discussions around LPS have recently resumed, there has been no significant progress and implementation is not anticipated in the near future. Welsh Government (WG) additional recurring funding remains available and efforts continue to work towards strengthening the current DoLS system, and implementing elements of the LPS where possible. Promoting MCA awareness and delivering MCA training whilst addressing the DoLS backlog (legal term for applications awaiting authorisation) remains our focus as per WG directive.

### MCA/DoLS National Workforce Group

The MCA/DoLS National Workforce Group continues to meet enabling stakeholders to jointly consider issues of local concern that may have a wider or national relevance and provide a forum for joint working on national projects. The task of the group is to implement aspects of the LPS in order to improve the DoLS system making a more streamline approach.

### Current Health Board Position (Q2)

In collaboration with other Health Boards, the National Workforce Group continues to hold quarterly meetings. The work remains focused on addressing the following points:

1. DoLS paperwork – Develop National DoLS Forms to update and simplify the forms. Only incorporating the necessary information to ensure continued working within the Law.
2. MCA Training – Explore and develop National Training Standards and training packages.
3. DoLS Process – Explore areas for improvement and the implementation of a potential new DoLS work stream.

Update on each action.

- **Action 1 DoLS paperwork:** The Health Board continues to lead the Paperwork Subgroup and has developed a new DoLS Form 1 (DoLS Application Form). This updated form has undergone internal review and received approval by the National MCA/DoLS Group. The pilot commenced on the 1<sup>st</sup> April 2025. The pilot has been well received, with strong engagement from all hospital wards involved and the feedback so far has been positive. A questionnaire has been developed and is currently under review by the wider network group. Once the questionnaires are approved, they will be circulated to the Managing Authority (wards), IMCA Service and the DoLS Team (Supervisory Body).

Running parallel with the Training Group, a new sub-group is being established to develop a revised National MCA Form. The Health Board will actively participate in this subgroup.

- **Action 2 MCA Training:** MCA Training remains a key priority for the Health Board, with further improvements in training compliance achieved during Q2 2025-26. New national training programmes have been developed to enhance awareness and understanding of the MCA. The updated All Wales Mandatory Level 1 and Level 2 MCA training modules are now live on ESR. These programmes are designed to equip staff with the knowledge and confidence to support patient's effectively and uphold their rights under the legislation. Work is also ongoing to align staff roles and responsibilities with the appropriate training levels, ensuring consistency with the Intercollegiate Guidance on the MCA.
- **Action 3 DoLS Process:** This action focuses on identifying areas for improvement and exploring opportunities to implement new DoLS workstreams. Key areas under review include relevant policies and community DoLS processes to ensure alignment with current legislation. A particular focus is on the review and update of the All Wales Advanced and Future Care Plan (AFCP) policies. The aim is to promote a unified "One Wales" approach to Future Care Planning – emphasising shared decision-making and meaningful involvement. The framework is designed to empower individuals to make informed choices about their care, ensuring their preferences are clearly recorded and accessible to all relevant parties. The document has been revised to enhance clarity and make it easier to follow, with particular focus on the Emergency Departments. It was also agreed that the capacity assessment form will remain separate, as it is used for all decision-making processes. This approach promotes consistency and helps avoid confusion.

Alignment with national initiatives in Wales supports improved healthcare access, integration and person-centred care. The Health Board will also engage in collaborative work through participation in the Digital Health Hand Care Wales (DHCW) National Framework for Care Planning and the hospital/inpatient Treatment Escalation Plan (TEP).

A significant area of progress relates to the reduction of the DoLS backlog. We continue to focus on this area and the improvements made has only been possible through targeted intervention and financial support from Welsh Government (WG).

### **Performance and Activity**

The annual trend for DoLS applications continues to be an upward trajectory within the Health Board. This is in line with the National picture. During Q2 2025-26 a total of 667 DoLS applications were submitted, this is a 21.7% increase in comparison to last year's figures.

The increase places significant pressure on the service, but also continues to demonstrate improved learning and compliance with the statutory legislation.

Currently, there is an average delay of five weeks between receipt of a DoLS application and the completion of the standard authorisation process, referred to as the backlog. This can fluctuate and the position is not unique to the Health Board, as similar or more severe delays are being experienced by other Health Boards and Local Authorities.

WG acknowledges the increasing demand placed on the Health Board and has continued to provide financial support. This funding has enabled additional capacity through engagement of Best Interest Assessors (BIAs) and Section 12 (2) Doctors, who continue to undertake assessments during evenings and weekends. As a result, this supports the reduction of delays relating to authorisation.

As previously reported the internal Audit of the MCA/DoLS Team was completed in April 2024-25, which included a thorough review of processes for managing DoLS activities within the Health Board. This review covered procedures, staff training and the monitoring and escalation of cases. The overall outcome indicated Assurance and Limited Assurance and as reported in previous papers significant progress has been made. All actions have been achieved and we continue to focus and monitor each key action moving forward.

### **Welsh Government (WG) Monies**

WG confirmed that all additional funding will be made permanent in line with a bidding process and we wait an agreement regarding how the funding is shared with Health Boards and LA's. To meet the expectations of the funding we will continue to offer developmental opportunities for trained staff within the team to support the strategic and operational management of DoLS and the MCA. There are ongoing conversations with WG regarding the issue of funds. Health Boards and LAs are still required to 'bid' for funds which impacts on the Health Boards ability to recruit into permanent posts.

Although a bidding process is followed, confirmation of funding from WG was again not received until after the start of the financial year. This delay creates uncertainty, preventing the Health Board from progressing with planned activities, such as the appointment of additional staff and carrying out additional DoLS assessments and has a negative impact upon procurement and commissioning arrangements relating to Independent Mental Capacity Advocacy (IMCA).

WG have advised that work is underway to ensure this permanent, recurring funding is automatically allocated to Health Board budgets at the start of each financial year. We are yet to receive confirmation. Once this is implemented, these funds will be ringfenced to support the DoLS and MCA agenda and help mitigate associated risks.

Although we are unable to recruit into permanent posts, the additional funding from WG has enabled us to continue offering secondment opportunities. Such as the MCA training lead, additional administration and a data analyst. These roles are designed to strengthen the existing DoLS/MCA system and expand capacity in response to increasing demand. WG continue to monitor these initiatives to evaluate the performance and progress, supporting the effective implementation of the legislation and enhancing the quality of patient care.

### **Independent Mental Capacity Advocacy (IMCA)**

The Health Board hold geographical responsibility for the provision of an IMCA service across North Wales.

Meaning that the IMCA service enables the Health Board (HB) and Local Authorities (LA) to meet the statutory requirement of the offer of advocacy services to service users across North Wales. The provision of IMCA and paid Relevant Person Representative (RPR) services is a statutory obligation introduced under the Mental Capacity Act 2005 (MCA) to ensure individuals are provided with a legal independent safeguard.

Welsh Government (WG) continues to provide the Health Board with additional funds for the provision and strengthening of IMCA and Relevant Person Representative (RPR) services in North Wales. This is permanent funding secured by the Health Board via a WG bidding process and is awarded by WG with strict spending guidelines. Quarterly contract review meetings for the provision of North Wales IMCA service are held.

As previously reported a significant challenge has also been in relation to the payment and procurement process for the Independent Mental Capacity Advocacy (IMCA) Service, with payments for this service being delayed by BCUHB. Escalation is in place, unfortunately this situation remains unchanged.

Table 1 below presents the number of referrals made.

**Table 1**

YEAR	IMCA REFERRALS
1 <sup>st</sup> April 2022- 31 <sup>st</sup> March 2023	551
1 <sup>st</sup> April 2023- 31 <sup>st</sup> March 2024	573
1 <sup>st</sup> April 2024- 31 <sup>st</sup> March 2025	656

It is important to note that IMCA figures represent the number of referrals and not the total number of interactions made per case. Each referral will result in several visits, telephone calls, emails, professional visits/contact, joining professional meetings and time taken to write the necessary reports.

Referrals will primarily relate to decisions concerning serious medical treatment and changes in accommodation. However, referrals may also be made to support cases involving adult safeguarding or specific decisions around care planning.

The data highlights a clear upward trend in referral over the last three years, which can be attributed to the increased visibility on the hospital wards and proactive awareness-raising efforts by both the IMCA service and BIAs.

The steady increase is funded through WG monies, without this the IMCA service would be unable to provide this level of support resulting in delayed allocations and potentially the inability to provide a service which in turn would result in the Health Board's non-compliance with the legislation. Before we received WG funding there were 2.5 IMCA's to support individuals across North Wales. This has now increased to a minimum of 12.5 (qualified) IMCA's.

The directive to strengthen the IMCA and RPR Service has been issued by WG in preparation for the proposed new UK Government legislation known as the Liberty Protection Safeguards (LPS). While there has been no further progress on the implementation of LPS, the focus remains on increasing the capacity of the IMCA Service. Funding for IMCA and RPR may be separated, enabling each agency to independently finance its own RPR provision. However, the commissioning of IMCA services will remain the responsibility of the Health Board.

Highlighted in previous papers, the service specification was developed on an ‘All Wales’, basis to ensure content and consistency. NHS Wales Shared Services Partnership (NWSSP) Procurement Service advertised the initial tenders as individual ‘Lots’ (Lot 1a and Lot 1b) for each Health Board and the separate contracts are between each individual Health Board and the appointed provider. Lot 1a provides the core IMCA service and Lot 1b was tendered in parallel to Lot 1a to cover the additional funding elements.

**Strategic Implications Assessment and Analysis**

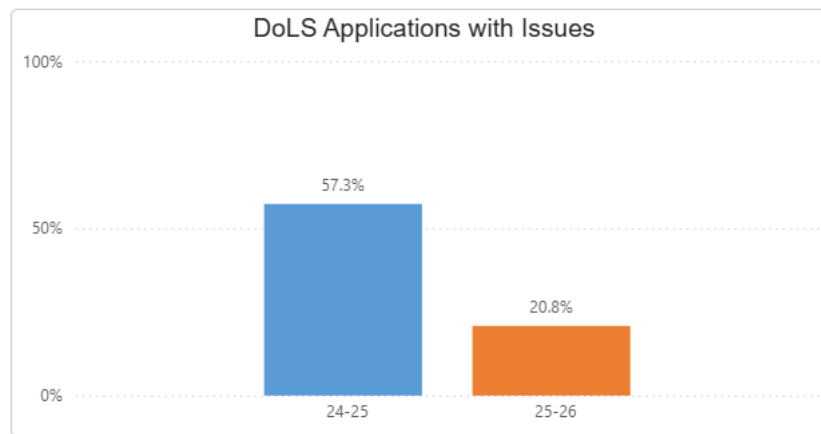
MCA and DoLS activities and objectives are aligned to the agreed strategic objectives identified within the Safeguarding and Public Protection Governance and Reporting activity to support performance and obtain assurance against compliance with legislation and statutory guidance.

**DoLS Documentation Audit**

The independent audit undertaken by the Health Board Audit Team in Q2 2025-26 included 667 DoLS applications. The submitted DoLS paperwork, on a whole, is of high quality but continues to demonstrate minor errors. However, these errors are identified by the Supervisory Body (DoLS Team) on the immediate receipt of the application and are returned to the Managing Authority to be amended. The paperwork is then returned by the Managing Authority within the legislative framework timescale and does not result in a delay in the authorisation of the DoLS. This also supports immediate operational reflection and learning to improve quality.

Table 2 below illustrates the percentage of applications during Q2 in both 2024-25 and 2025-26. The table demonstrates a significant improvement in the quality of the paperwork.

**Table 2:**



During Q2 2024–25 an average 57.3% of applications that were recorded to have had errors within the paperwork (represented by a blue bar). In Q2 2025–26 on average there were only 20.8% of applications that recorded errors (represented by an orange bar). This highlights a significant improvement made by frontline staff and is credited to the DoLS/MCA Team and all Health Board services who submit DoLS applications.

**Analysis**

Of the 139 applications that recorded issues during Q2, it is essential to note that all of them were rectified within the legislatively approved timeframe. Most of the issues from the applications continue to be minor with minimal amendments required. During Q2 2025-26, an average of 20.8% of the applications received were noted to have issues with them. This remains a significant overall improvement in comparison with the same period last year.

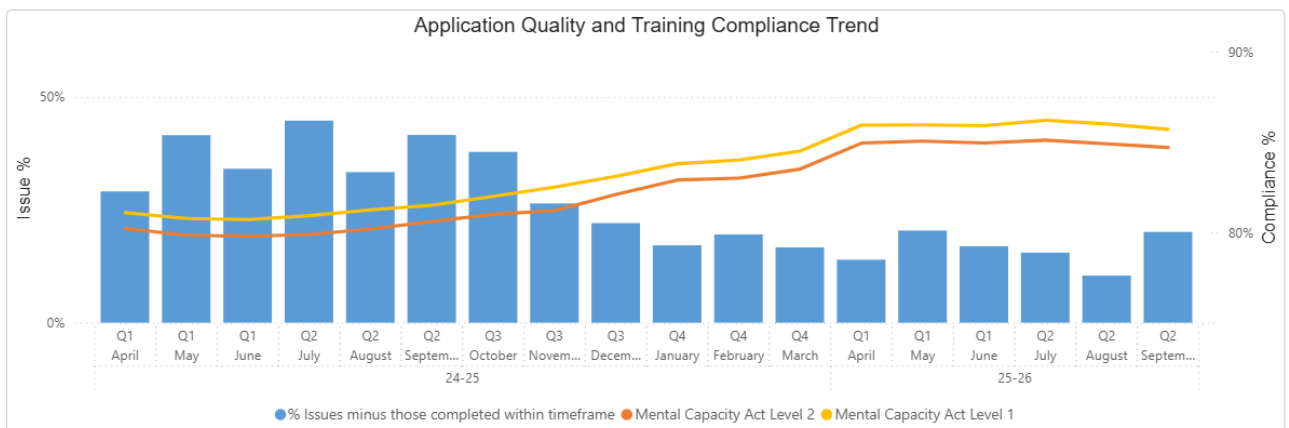
The submitted applications continue to identify four (4) main themes:

- No inclusion of the Mental Capacity Assessment Form. The findings from the audit reported that the Managing Authority (Hospital Ward) had completed the Form but had not included it as part of the initial set of paperwork.
- Mental Capacity Assessments were completed incorrectly. Similar to the omission of Mental Capacity Assessments the forms suffered from minor inaccuracies such as a lack of address or date of birth. These are resolved immediately by the Managing Authority.
- The DoLS application documentation was not completed correctly. It was reported that it was not signed or was not dated correctly. Issues were resolved quickly and we plan to include enhanced monitoring of timescales.
- Missing details regarding communication and medical information. When the application is submitted the Managing Authority it must provide current medical information.

It is important to note, whilst the errors are minor and do not have a negative impact on the patient’s journey, improving is necessary to ensure good governance, compliance with legislation and to mitigate potential challenges in the Court of Protection (CoP). Every application is quality assured and audited upon receipt by the MCA/DoLS Team, with feedback on the quality if the paperwork provided within 24 hours. In addition, the Best Interest Assessors and MCA training lead follow up issues by visiting the wards and providing advice and support to the ward staff to improve understanding and confidence.

Table 3 below shows the trend between the quality of the DoLS applications and MCA Level 1 and Level 2 training compliance. There continues to be a clear improvement in compliance with Level 1 and Level 2 MCA training and a significant reduction to the errors in DoLS paperwork.

**Table 3: 2024-25**



**Training**

The MCA Training Lead continues to provide additional MCA training, tailored specifically to the needs of each ward. The Level 3 MCA and DoLS training package continues to be available on a monthly basis. An additional bespoke training package is available to wards with high referral rates and the MCA lead will visit each ward to deliver at ward rounds, team meetings and training events. All qualified staff members Band 5 and above, are encouraged to undertake the Level 3 training. An MCA level 1 booklet is used for non-clinical staff to aid compliance. The updated All Wales Mandatory Level 1 and Level 2 MCA training modules are now live on ESR, and the Health Board can now commence the work to develop a work booklet for MCA Level 2 to aid staff to meet the mandatory training compliance.

The Health Board have recorded an improvement in MCA training compliance (see Table 4 and Table 5 below) in 2024-25.

**Table 4:**

Compliance by Health Economy September 2025

Grouped Org L4	Staff	MCA Level 1	MCA Level 2	Average	Modules below 85%
Corporate Services	11849	80.7%	77.9%	79.3%	2
Health Community Centre (HCCX)	5401	87.9%	88.5%	88.2%	
Health Community East (HCEX)	5501	90.0%	89.1%	89.5%	
Health Community West (HCWX)	4422	88.4%	88.5%	88.5%	
Integrated Clinical Delivery - Primary Care (ICDP)	537	87.7%	89.1%	88.4%	
Integrated Clinical Delivery - Regional Care (ICDR)	1631	84.1%	85.5%	84.8%	1
Mental Health & LDS (MX00)	2250	91.0%	91.2%	91.1%	
Midwifery and Womens Services (WXXX)	844	86.8%	86.0%	86.4%	
<b>Total</b>	<b>32435</b>	<b>85.7%</b>	<b>84.7%</b>	<b>85.2%</b>	<b>1</b>

**Table 5**

Competency	Q2 2024-25	Q2 2025-26	Trend
Mental Capacity Act Level 1	81.5%	85.7%	↑
Mental Capacity Act Level 2	80.5%	84.7%	↑

Q2 2025-26 has seen an overall increase in MCA training compliance in the last 12 months. Almost all individual Divisions and Services have a compliance rate above the organisational target of 85%.

**Analysis**

Training compliance and understanding of DoLS and MCA are key targets. The approach ensures that all areas or departments with reduced compliance receive extra training and support. The MCA training lead is visible across the Managing Authorities (hospital wards) offering support and advice and attending relevant meetings to encourage employees to complete their training. A revised virtual training program is also available and remains in place to promote training. MCA training is included within the mandatory Adult Level 2 Safeguarding module to utilise all available opportunities. The Best Interest Assessors are now present onsite at each District General Hospital to provide support and encourage attendance supporting MCA training compliance.

**Court of Protection (CoP)**

The Team respond to and support front line colleagues when cases have been referred to the Court of Protection (CoP) for the following reasons:

- **Section 21A Challenge:** Patients have a right in law to challenge the detention if the patient feels it is unlawful. (Article 5(4) ECHR).
- **Section 16 MCA (2005):** Relating to welfare decisions.

The number and complexity of cases engaged in the Court of Protection arena can fluctuate. Legal challenge has resulted in intensive Court of Protection activity and as a result external legal services are commissioned in some cases to support the Court process.

The court expects the Health Board to take appropriate steps to escalate the case and legal advice must be sought promptly. There are now new arrangements in place for accessing Legal Services. All requests for external legal advice and support must be sent to the BCU Legal Services Department. Requests should no longer be sent directly to NHS Wales Shared Services Legal and Risk (L&R) or other external legal providers.

Useful links for staff:

[BCU Legal Services - Home \(sharepoint.com\)](#)

[Legal Advice and Support Request Form \(office.com\)](#)

### **Court of Protection – Deprivation of Liberty (CoP DoL)**

The Standard Operating Procedure (SOP) for 16-17 year olds within the CoP DoL process to reflect the legislative policy and to ensure good practice is now approved and available on BetsiNet. This includes the application of the MCA for 16-17 year olds. Implementation and application will be monitored. The 2024-2025 Safeguarding and Public Protection Annual Report will include the work achieved during this period. We continue to drive the strategic agenda to safeguard service users and on completion of the review of the risk register the draft strategic objectives for 2025-2026 will be agreed and monitored in line with the Safeguarding Reporting Framework.

### **Goblygiadau Cyllidebol / Ariannol *Budgetary / Financial Implications***

There are no financial implications for this report.

### **Rheoli Risg Risk Management**

Risk CRR 24-03. There is a risk that the increased level of Deprivation of Liberty Safeguards activity may result in the unlawful detention of patients. Following review at the Health Board Risk Management Group and the Formal Executive Group in Q1 the current risk score is recorded as 12 however, the Chief Executive Officer has requested that the risk associated to DoLS and the MCA are reported into the Executive Group.

Following the new Risk Management Training the Safeguarding, DoLS and MCA Team were commended for their management of the risk. A comprehensive review of the risks and actions to support mitigation associated with DoLS and the MCA has taken place in Q4. As a result, the team are in the process of updating/amending DoLS/MCA related risks and will present them at the Office of the Nurse Director's Risk Management meeting for approval.

### **Legal and Compliance**

- The Deprivation of Liberty Safeguards Code of Practice supplements the main Mental Capacity Act 2005 Code of Practice.
- The Supreme Court Judgment, P v Cheshire West Council [2014] and P & Q v Surrey County Council [2014] UKSC 19.

### **Goblygiadau Cydraddoldeb ac Amrywiaeth *Equality and Diversity Implications***

N/A



<b>Teitl adroddiad:</b> <i>Report title:</i>	Healthcare Inspectorate Wales (HIW) Assurance Report			
<b>Adrodd i:</b> <i>Report to:</i>	Mental Health Legislation Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	13 November 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>HIW is the independent inspectorate and regulator of all health care in Wales. HIW conduct announced and unannounced visits to services offered by Betsi Cadwaladr University Health Board, considering how the services are meeting the Quality Health and Care Standards 2023 and the Mental Health Act.</p> <p>This report provides assurance that following inspections, recommendations/actions in relation to the Mental Health Act.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Erika Dennis, Quality Lead Manager Clare Jones, Quality Assurance Manager			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <input checked="" type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <input type="checkbox"/> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <input type="checkbox"/> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	<p>Objective 4 - Improving quality, outcomes and experience</p> <p>Objective 5 - Establishing an effective environment for learning</p>			

<p><b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b></p>	<p>The Health Board's Wellbeing objectives, sustainable development principles and the Strategy are all considered when inspections are conducted by HIW. The focus is around the quality of patient experience, the delivery of safe and, the effective care and, the quality of management and leadership.</p> <p>The Health Board has a legal obligation under the Mental Health Act to keep people safe and ensure that they are being detained and cared for with least restrictive options being at the forefront of professional's practices. There are obligations under the Mental Health Measure to ensure that all persons have a care and treatment plan that is appropriate.</p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b></p>	<p>This is a retrospective report, and therefore no EQIA required. All policies which link in with HIW actions will be Equality Impact Assessed.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b></p>	<p>Naddo N</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>	<p>N/A</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b></p>	<p>Issues highlighted by HIW may have financial implications. However the aspects covered by this document (namely the Mental Health Act) require no financial consideration at present.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b>Workforce implications as a result of implementing the recommendations</b></p>	<p>N/A</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b>Feedback, response, and follow up summary following consultation</b></p>	<p>This report has been reviewed by Matthew Joyes, Deputy Director for Legal Services</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>N/A</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>N/A</p>

**Camau Nesaf:**  
**Gweithredu argymhellion**  
**Next Steps:**  
***Implementation of recommendations***

N/A

**Rhestr o Atodiadau:**  
**List of Appendices:**

**New inspections, publications and updates relating to the Mental Health Act**

**Healthcare Inspectorate Wales (HIW)**

*Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales who inspect NHS services and regulate independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. HIW also monitor the use of the Mental Health Act and review the mental health services to ensure that vulnerable people receive good quality of care in mental health services.*

*The Health Boards Quality Assurance and Regulation Team track and monitor HIW Improvement / Action Plans via the Health Boards Audit Management and Tracking System (AMaT), as with other quality regulatory activity.*

*Reporting on progress with service improvement actions is based on the most up to date position on the AMaT system. This may not always fully reflect the progress of the service.*

**Inspections**

**There are currently no ongoing improvement plans with Mental Health Act recommendations or actions.**

<b>Teitl adroddiad:</b> <i>Report title:</i>	Mental Health Act (MHA) Associate Hospital Manager Report			
<b>Adrodd i:</b> <i>Report to:</i>	Mental Health Legislation Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	13 November 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>People who are subject to detention or Community Treatment Orders under the Mental Health Act can ask for their case to be reviewed by the Hospital Managers for possible discharge. Some renewals of a detention also trigger a review. The term Hospital Managers is used in the Mental Health Act to describe the organisation (i.e. the Health Board). This review and discharge power cannot be exercised by any employee of the organisation and so the Health Board has a number of people it can call upon to act on its behalf; these people are called Associate Hospital Managers (AHMs). Associate Hospital Managers are volunteers who are formally appointed by the Health Board and act independently on its behalf. They are not paid but receive allowances for the sessions they attend. They are not an employee of the organisation and are not allowed to have any financial interest in it.</p> <p>AHMs sit as part of a three-member panel appointed specially to look at whether people should be discharged from detention under the Mental Health Act.</p> <p>In this important role, AHMs ensure that patients' rights are fully explored and upheld. This requires the consideration of reports from the clinicians involved in a patient's care, and the views of the patient if given, before determining whether the criteria for detention are met.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Teresa Owen, Executive Director of Allied Health Professionals and Health Science Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Wendy Lappin, Senior Legal Services Manager (Mental Health Act) Matthew Joyes, Deputy Director for Legal Services			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input checked="" type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>High level of confidence/evidence in delivery of existing mechanisms/objectives</small>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>General confidence / evidence in delivery of existing mechanisms / objectives</small>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>Some confidence / evidence in delivery of existing mechanisms / objectives</small>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <small>No confidence / evidence in delivery</small>

<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>	
N/A	
<p><b>Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i></b></p>	<p>Objective 4 - Improving quality, outcomes and experience Objective 5 - Establishing an effective environment for learning</p>
<p><b>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></b></p>	<p>This report is generated quarterly. The Mental Health Act requires that the Health Board must ensure that there are Associate Hospital Managers available to conduct panels for the patients on their request or at the time of a renewal. These Managers cannot be employees of the Health Board to ensure that an independent view is taken when reviewing the detention. Conflicts of interest require consideration and can include any work undertaken for associated agencies which may have contact with patients or influence on the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b></p>	<p>The use of the Mental Health Act sections apply to all persons and all policies in relation to the use of the Mental Health Act have been equality impact assessed.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	N/A
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>The number of Associate Hospital Managers must be kept at a reasonable levels to ensure the availability of persons for this activity. The Health Board has addressed this by having an open direct hire advert to ensure that the cohort is kept at an adequate level. An advert has recently been shared on social media platforms, within the local university and with Welsh Language colleagues to promote the role.</p> <p>Hearings for patients should be conducted as close to the renewal date as possible. If a patient requests a hearing this should be given priority. Risks associated with not conducting a hearing as close as possible to the relevant date, would be:</p> <ul style="list-style-type: none"> <li>• Transfers impacting on hearings with the potential for a hearing to be missed or rearranged.</li> </ul>

	<ul style="list-style-type: none"> <li>The Associate Hospital Managers Discharge Panel may not agree with the professionals and feel that patient should be discharged any delay in the hearing may result in the patient being detained for longer than necessary.</li> </ul>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b>	N/A
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b>Workforce implications as a result of implementing the recommendations</b>	N/A
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b>Feedback, response, and follow up summary following consultation</b>	<p>This report has been reviewed by Matthew Joyes, Deputy Director for Legal Services.</p> <p>Reports are also shared with the Power of Discharge Group which is held in advance of the MHLC.</p>
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> <i>(or links to the Corporate Risk Register)</i>	N/A
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	N/A
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b>  N/A	
<b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b>  AHM Update Report	

## Associate Hospital Managers (AHM) Update Report July - September 2025

### Quarterly Activity

#### 1 Hearings

At the time of writing (07.10.2025) hearings are held remotely via Microsoft Teams and face to face.

32 hearings were held during the months July – September 2025.

10 held face to face and 22 via Teams. The hearings consisted of 22 section 3 renewals, eight CTO renewals, one discretionary review and one barring hearing.

There have been no discharges to date for this period.

A breakdown of the hearing activity is below:

#### July

- **21 hearings arranged (20 held); Six held face to face and 14 via Microsoft Teams.** 18 hearings were in relation to renewals, one discretionary review and one barring hearing.

The Discretionary review was requested in June due to concerns raised by managers in relation to the delay in processing funding applications. Following the review, the managers agreed the patient should remain detained but were still concerned regarding delays. The patient was discharged shortly afterwards on a CTO.

**One hearing was cancelled** – the patient was discharged by the RC.

#### **Outcomes of hearings held**

- All detentions were upheld.

#### August

- **Eight hearings arranged (six held); Three held face to face and three held via Microsoft Teams.**

All hearings were in relation to renewals.

Following a hearing a discretionary review was requested due to the delay in the funding application being made by Health Board staff. The review hearing is due to take place the end of October.

**Two hearings were cancelled** – One the patient withdrew their appeal and one patient was discharged by the RC.

**One hearing was postponed** – One panel member did not attend for the hearing.

#### **Outcomes of hearings held**

- All detentions were upheld

## September

- ***Eight hearings arranged (six held); One held face to face and five via Microsoft Teams.***

All hearings were in relation to renewals.

Following a hearing a discretionary review was requested due to the home identified increasing their fees delaying the process of discharge due to further funding requests required to be made. The review hearing is due to take place the beginning of October.

***One hearing was cancelled and rearranged*** – The chair of the panel was double booked and not all of the paperwork had been distributed to the attendees of the hearing.

***One hearing was cancelled*** – it was discovered the patient was not detained due to a mistake made in identification of the nearest relative on application this therefore rendered the detention invalid. The error was highlighted by the patient's solicitor when preparing for the hearing.

### **Outcomes of hearings held**

- All detentions were upheld

### **Patient's choice of venue (Teams or Face to Face)**

Patients with capacity are asked regarding the venue of their hearing, this is now a routine procedure.

### **Hearing Quality Standard**

Following a renewal, there is no timeframe specified within the Mental Health Act of when a hearing is to be held, only the confirmation that one 'must' be held. Good practice suggests this should be undertaken as close to a renewal date as possible. The quality standard is set at 6 weeks following the renewal date. An analysis of the hearings held this quarter is detailed below.

The RC can renew a detention two months prior to the section expiry date. In some instances when the paperwork has been returned in advance the hearing will be held prior to the renewal date.

In instances where the patient appeals their detention, the hearing should be held as close as possible to the appeal date. For those that appeal against their section 2 the quality standard is set at a week the same as a Mental Health Review Tribunal.

Currently 90.6% of hearings were held within the set quality standard.

<b>Renewal Date</b>	<b>Hearing Date</b>	<b>Quality Standard (6 weeks = 42 days)</b>
26/05/2025	23/07/2025	42
04/06/2025	01/07/2025	27
05/06/2025	28/07/2025	53 *1
05/06/2025	14/07/2025	39
09/06/2025	03/07/2025	24

09/06/2025	09/07/2025	30
09/06/2025	02/07/2025	23
10/06/2025	29/07/2025	49 *2
11/06/2025	11/07/2025	30
12/06/2025	08/07/2025	14
13/06/2025	09/07/2025	26
14/06/2025	10/07/2025	26
27/06/2025	01/07/2025	4
27/06/2025	22/07/2025	25
02/07/2025	24/07/2025	22
03/07/2025	31/07/2025	28
05/07/2025	18/07/2025	13
09/07/2025	08/08/2025	30
11/07/2025	08/08/2025	28
14/07/2025	29/07/2025	15
15/07/2025	06/08/2025	22
16/07/2025	30/09/2025	76 *3
17/07/2025	29/07/2025	12
24/07/2025	18/08/2025	25
24/07/2025	04/09/2025	42
11/08/2025	18/09/2025	38
12/08/2025	11/09/2025	30
18/08/2025	29/09/2025	42
20/08/2025	25/09/2025	36
21/08/2025	15/08/2025	Held prior
24/08/2025	27/08/2025	3
<b>Barring Hearing</b>		
27/06/2025	11/07/2025	14
<b>Appeal by Patient Date</b>	<b>Hearing Date and section</b>	<b>Quality Standard (7 days for a section 2)</b>
None held		

\*1 - the discretionary review was requested to be held in 2 months' time.

\*2 - the delay was due to not enough initial responses received to hold the hearing.

\*3 - the delay was due to the hearing initially being scheduled for earlier in the month but the documents had not been sent to all and the chair had been double booked.

Of the hearings held 11 patients were supported by an advocate, three represented by a solicitor and three had their nearest relative or family member attend.

## 2 Scrutiny

Scrutiny has been undertaken for 2025, this is conducted on a monthly basis within the three psychiatric units, Heddfan, Ablett and Hergest. Issues raised via scrutiny are also reported within the AHMs newsletter.

Bryn Y Neuadd, Ty Llywelyn, NWAS, Tan Y Castell, Coed Celyn, Cefni, and Bryn Hesketh are audited on a quarterly basis by the Administrators as part of a wider audit reported to the Mental Health Legislation Committee.

### 3 Training

AHMs are expected to undertake the following training sessions via the Health Boards Electronic Staff Record System. Each manager's training compliance is discussed in 1:1 meeting held with the Mental Health Act Manager.

Compliance figures are reported below, at the time of writing the report six Associate Hospital Managers are 100% compliant with the training.

An additional training compliance has been added in October which the managers will be required to complete – NHS Wales Anti-racism.

<b>Training</b>		<b>Training</b>	
Environmental Waste and Energy	88%	Violence and Aggression	94%
Equality Diversity and Human Rights	94%	Welsh Language Awareness	94%
Fire Safety	72%	Dementia Awareness	100%
Health, Safety and Welfare	88%	Fraud Awareness	94%
Infection Prevention and Control	94%	Violence against women, domestic abuse	88%
Information Governance	62.5%	Mental Capacity Act	88%
Safeguarding Adults	94%	Paul Ridd LD training	88%
Safeguarding Children	100%	Mental Health Act	100%

### 4 Recruitment

The Associate Hospital Manager cohort at the time of writing this report consists of: 16 persons, 15 are actively involved with hearings, one member is currently taking a break due to family commitments. The active cohort consists of five male and 10 female members, of which three are Welsh speakers.

Of the active members, there are five chairpersons, (two male and three female), of which one is a Welsh speaker.

Two new members will attend their inductions in October and begin shadowing. The MHA Manager has worked with the Workforce Department to understand the unique roles and the recruitment processes needed.

### 5 Forums and Meetings

The Associate Hospital Managers Forum meeting is held on a quarterly basis. This is linked in with training to allow the Associate Hospital Managers to get together and discuss any relevant information and receive updates about changes within the Health Board that is relevant to their role.

The last meeting was held on the 23<sup>rd</sup> of September with the next meeting scheduled for the 9<sup>th</sup> of December 2025.

A training day for the Associate Hospital Managers has been organised for the 1<sup>st</sup> of December to be held in Bryn Y Neuadd Hospital. Facilitators have been secured for the day the agenda will be distributed shortly.



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>CORPORATE GOVERNANCE REPORT</b>			
<b>Adrodd i:</b> <i>Report to:</i>	Mental Health Legislation Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 13 November 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The objective of this report is to provide the Committee with an update on a range of key Corporate Governance matters as well as providing assurance.			
<b>Argymhellion:</b> <i>Recommendations:</i>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the summary of business considered in private session to be reported in public</li> <li>• <b>NOTE</b> the forward workplan</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger – Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Authors:</i>	Philippa Peake-Jones – Head of Corporate Governance			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>

	<i>mechanisms / objectives</i>	<i>mechanisms / objectives</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>		
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.</p>	
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.</p> <p>It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.</p>	
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>This is not applicable for this report.</p>	
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>This is not applicable for this report.</p>	
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>		
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste</p>	

<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>BAF24-01 Building an Effective and Accountable Organisation</p> <p>CRR-16 – Leadership/Special Measures</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>To continue to improve and report on Corporate Governance</li> </ul>	
<p><b>List of Appendices:</b></p> <p><b>Appendix 1: Mental Health Legislation Committee forward workplan</b></p>	

## **CORPORATE GOVERNANCE REPORT**

### **1. INTRODUCTION**

The purpose of this report is to provide the Committee with an update on key corporate governance matters.

### **2. SUMMARY OF BUSINESS CONSIDERED IN PRIVATE**

Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.

The below item was considered in private at the meeting held on 7 August 2025:

- Detentions under Mental Health Act Section 3

### **3. COMMITTEE FORWARD WORK PLAN**

The Forward Work Plan sets out the Committee's priorities and scheduled business outside of the normal Cycle of Business, helping ensure a structured, timely, and transparent approach to decision-making and oversight. It collates suggested referral items from other Committees and the Board.

### **4. RECOMMENDATIONS**

Members are asked to:

- **NOTE** the matters considered in Private at the 7 August 2025 meeting.
- **NOTE** The Committee forward workplan.

### Mental Health Legislation Committee – Non-Routine Committee Business Workplan

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
16.10.2025	MHLC Agenda Setting 16.10.25	Gareth Williams	<b>MH25.27.1 Update from North Wales Police</b>	Update in future meeting regarding "Right Person, Right Place"		Teresa Owen	February 2026	Open
07.08.2025	Mental Health Legislation Committee	Gareth Williams	<b>MH25.45.1 CAMHS – Consultant On Call.</b> Update to be given at next committee meeting.	Follow up update	Dr Prash Brat		November 2025	Open

#### Closed

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status