

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Mental Health Legislation Committee
held in Public on 7th August 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

| Committee Members Present | |
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| Name | Title |
| Gareth Williams (GW) | Health Board Vice Chair (Chair of Mental Health Legislation Committee) |
| Rhian Watcyn Jones (RWJ) | Independent Member (IM) (via teams) |
| In Attendance | |
| 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 |
| Committee Support | |
| Harriet Abbott | Minute Taker |

| Agenda Item |
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| PRELIMINARY MATTERS |
| MH25.36 - Welcome and Apologies |
| 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. |
| MH25.37 Declarations of Interest |
| No declarations of interest were received. |
| MH25.38 Unconfirmed Minutes of the Meeting held 08.05.2025 |
| It was resolved that the Committee: |
| <ul style="list-style-type: none"> - AGREED that the minutes of the meeting held on 8th May 2025 were a true and accurate record. |

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 (Audit Management Accountability and Tracking) 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 to 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 s 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 is inclusively.

MH25.50 – Date of Next Meeting

The next meeting will be held on 13 November 2025