

Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Mental Health Legislation Committee
held in Public on 13 November 2025
held in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Gareth Williams	Chair
Rhian Watcyn Jones	Independent Member
Dyfed Jones	Independent Member
In Attendance	
Prashant Bhat	Consultant Psychiatrist
Jenny Gilmore	Associate Hospital Manager
Matthew Joyes	Deputy Director of Legal Services
Anita Pierce	Deputy Medical Director MHL D
Teresa Owen	Executive Director of Allied Health Professionals & Health Sciences
Chris Walker	Head of Safeguarding - Adults
Phil Williams	Associate Hospital Manager
Angela Wood	Executive Director of Nursing & Midwifery (via teams)
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

PRELIMINARY MATTERS
<p>MH25.52 Welcome and Apologies</p> <p>Apologies were received for Tehmeena Ajmal, Clara Day, Michelle Denwood, Wendy Lappin, Alberto Salmoiraghi and Pam Wenger.</p> <p>Anita Pierce attended on behalf of Alberto Salmoiraghi.</p>
<p>MH25.53 Declarations of Interest</p> <p>No declarations of interest were received.</p>
<p>MH25.54 Unconfirmed Minutes of the Meeting held on 7 August 2025</p> <p>The Committee:</p> <ul style="list-style-type: none"> Clarified regarding the escalation process referenced in the Associate Hospital Managers report MH25.45, and confirmed that escalation is made to the management division if required. <p>It was agreed that the minutes of the meeting held on 7 August 2025 were a true and accurate record.</p>

MH25.55 Matters Arising & Action Log

Members received the action log and noted progress against the following actions:

- Action MH25.07.1: The issue has been raised with Welsh Government; however Welsh version is not yet available on the website. This action will be followed up.
- Action MH25.39.1: This item will be discussed at a future workshop session. Workshop session to be scheduled as a standalone meeting.
- Action MH25.22.2: Risk and mitigations are being actively managed operationally. Recommendations as part of long-term planning are being explored, through staff development and potential of overseas recruitment. The option of remote cover was discussed, and it was clarified that a consultant on call must be a responsible clinician, and within the Health Board locality. The Chair advised this issue will be raised through the Vice Chairs Network for awareness.

It was resolved that the Committee:

- **AGREED** to close the actions that were proposed for closure.

[Teresa Owen joined the meeting].

FOR ASSURANCE

MH25.56 Mental Health Act Assurance Report

The Committee received the report and the Deputy Director of Legal Services highlighted that:

- Work is ongoing with the performance team to update the report shared with the Committee. This report will be created using Power BI (Business Intelligence) software. The updated report is expected from March 2026.
- Increased sickness and vacancy rates are impacting the team currently.
- The new Mental Health bill cleared the House of Commons in October, and is now back with the House of Lords. Approval is expected by the end of this financial year at the latest, but a long implementation period is expected once approved.

In discussing the item, the Committee:

- Clarified the definition and role of a Responsible Clinician (RC) as referenced in the Mental Health Act (MHA). The RC is the clinician with lead responsibility for the care of a patient, enabling each patient to have a named clinician. Only an approved clinician (as per requirement of the MHA) can be an RC, and a patient can only have one RC by law. In the scenario of planned or unexpected absence, a delegation process is followed to ensure appropriate care continues to be provided.
- Clarified a number of definitions within the report, and it was suggested that a glossary of terms would be useful for future reports for clarity.
- Were advised by the Deputy Medical Director MHL D, that digitalised assessments regarding Sect.135/136's are being explored, as well as potential open access models between health and North Wales Police.

[Angela Wood left the meeting].

- Noted the data in the report regarding Sect.135/136 around the length of stay. It was agreed to monitor to identify any potential trends going forward. It was agreed this would be highlighted operationally to ensure awareness.
- Confirmed that the majority of Out of Areas placements are commissioned using the C-CAPS framework. This ensures a quality check, and ensures that the patient has links back to their home area as well as with the home clinical team.
- Noted that the number of care transfers into the area exceeds the number of transfers of care out of area which means that the number of out of area placements has fallen somewhat.

The following actions were agreed:

- **Action 25.56.1:** review data on sect 135/136 at next meeting.
- **Action 25.56.2:** Assurance regarding quality checks for Out of Area Placements to be received at the next Committee meeting.

It was resolved that the Committee:

- **NOTED** the report.

MH25.57 Mental Capacity Assurance Report

The report was presented by the Head of Safeguarding for Adults, on behalf of the Director of Safeguarding and Public Protection. The following was highlighted:

- There continues to be an issue with the requirement for bidding for ring fenced, recurrent funding relating to the Best Interest Assessors (BIA). This process is subsequently causing delayed receipt of recurrent funds. It was advised this issue is impacting specifically on recruitment to permanent posts.

In discussing the item, the Committee:

- Noted the issue highlighted regarding bidding for recurrent funds, and agreed for this to be highlighted at the next Board meeting.
- Clarified that within referrals to the Independent Mental Capacity Advocates (IMCA) service, one referral could involve a considerable number of visits/meetings, which is important to note when reviewing the data.
- Were advised that the All-Wales Deprivation of Liberty Safeguards (DoLS) paperwork and pilot is currently being reviewed by the National Group led by Public Health Wales. An update is expected to be given at the next Committee meeting.

The following actions were agreed:

- **Action MH25.57.1:** Update on the All-Wales DoLS paperwork to be received at the next Committee meeting.

It was resolved that the Committee:

- Received **ASSURANCE** on the report.

MH25.58 HIW Assurance Report

The Committee received the report, and were advised that no new inspections or open actions were outstanding.

It was resolved that the Committee:

- **NOTED** the report.

MH25.59 Associate Hospital Managers Update Report

The Committee received the report, and the Deputy Director of Legal Services highlighted:

- 32 hearings have been held during the last report period.
- Overall, performance against Key Performance Indicators (KPIs) is good, but some instances of late receipt of documentation has been noted.
- The End of Year Audit report will come to the next Committee meeting.
- Previous recruitment difficulties experienced have been resolved with recent recruitment of two additional members.

In discussing the item, the Committee:

- Noted issues experienced with completion of care and treatment plans, and agreed this would be fed back to the Quality, Safety & Experience Committee.
- Clarified that the majority of hearings related to (uncontested) renewal of Sections, and clarified the definition of discretionary and barring reviews, and the role of both.
- Asked about the reason for hearings being unable to go ahead. It was clarified that this is often due to delayed receipt of reports and that Associate Hospital Managers (AHMs) tried to strike a balance between pragmatism (not insisting on formal deadlines being met) and the need to ensure the panel had time to familiarise themselves with the case. The Chair asked for thanks to be conveyed to the AHMs.
- Noted the importance of ensuring Welsh speakers being recruited.
- Noted that an annual audit report is produced by the Mental Health Act Legislation Manager, which is submitted to the Committee, and how this can be used for highlighting any further issues that may arise.

It was resolved that the Committee:

- **NOTED** the report.

MH25.60 Report from the Power of Discharge

Item Withdrawn.

No report was available as the last Power of Discharge meeting did not go ahead.

GOVERNANCE & ASSURANCE

MH25.61 Committee Governance

The Committee received the report.

In discussing the item, the Committee:

- Agreed for an update on the All-Wales DoLS paperwork is to be added to the forward workplan, as advised in item MH25.57.
- Were advised that the workshop discussed at the last meeting will be scheduled for the coming months as a Teams meeting.

It was resolved that the Committee:

- **NOTED** the report.

CLOSING BUSINESS

MH25.62 Agree Items for Referral to Board / Other Committees

It was agreed that the following should be referred to the Quality, Safety & Experience Committee:

- An update in relation to compliance with the Mental Health Measure in terms of the timely appointment of Care Coordinators and the provision of Care and Treatment Plans has already been referred to QSE which is due to receive a report on this. Evidence from the regular AHM scrutiny of MHA paperwork should be received as part of this item.

MH25.63 Agree Items for Chairs Assurance Report

The MHL Committee wish to Alert members of the Board that:

- The Welsh Government (WG) continues to assert that even though ring-fenced funding for Best Interest Assessors under the Deprivation of Liberty Standards (DoLS) legislation, a bidding process will still need to be followed. This makes little sense and in the Committee's view, even if the WG refuses to change its mind, the Health Board should treat this funding as recurrent in order to recruit permanent staff and to establish longer-term contracts for Independent Mental Capacity Advocacy.
- There is an operational issue which is leading to unacceptable delays in reimbursing third sector providers for services: this needs to be resolved.

The MHL Committee wish to Assure members of the Board that:

- Assurance was received in relation to the DoLS and MCA Report and the identified activity for the period of Q2 2025-26: the Committee noted that training compliance has increased and error rates in terms of DoLS paperwork have decreased.
- Assurance was received in relation to compliance with the Mental Health Act (MHA) and the activities of the Associate Hospital Managers (AHMs), to whom the Health Board owes a debt of gratitude.
- The Committee received additional data on the length of stay of in-patients and on the outcomes in respect of individuals detained by the police under Section 135/136 of the MHA and will continue to monitor this data, in particular with regard to the often lengthy time young people are detained in the Section 135/136 suites.

The MHL Committee wish to Advise members of the Board that:

- The Committee held a detailed discussion with regard to the length of time (in some instances well over a year) some patients are detained under the MHA and remain in our in-patient wards. While the Committee took assurance from the Executive and the AHMs that this was in full compliance with the MHA, it was noted that this reflected the scale of the challenges faced by some patients, the lack of alternative and more appropriate places of safety (for example, care homes with capacity to support Elderly Mentally Infirm patients) and the importance of ensuring there was full involvement of a Multi-Disciplinary Team in caring for patients. The Board should be aware that when the Mental Health Bill currently before Parliament is enacted and brought into force, clinicians will be required strictly to ensure that therapeutic benefit can be derived from a period of detention and this may not currently always be the case: this may lead to increased risk in the community.
- The Committee was advised that the UK Government has recently announced plans to launch a consultation in the first half of 2026 on bringing into force the Liberty Protection Safeguards (LPS) in order to gather views from families, carers and relevant professionals 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.
- The Committee was informed that there was relatively frequently an issue about the timeliness of paperwork being prepared for AHM Panels. The Committee recognised that there was a difficult balancing act between protecting the patient's interests and ensuring AHMs had enough time to assimilate the background information, and reiterated that the AHM Panel should always itself decide if the papers had been provided too late to allow a proper hearing.

MH25.64 Review of Meeting Effectiveness

It was agreed that:

- The meeting ran well and items were given due time and discussion.

MH25.65 Date of next meeting

The next meeting will take place on 5 February 2026.

Resolution to Exclude the Press and Public

'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960'