Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the Mental Health Legislation Committee
held in Public on 14 May 2026
held in the Boardroom, Carlton Court, St Asaph and via Microsoft Teams

Committee Members Present	
Name	**Title**
Gareth Williams	Chair
Prashant Bhat	Consultant Psychiatrist
Michelle Denwood	Director Of Safeguarding and Public Protection
Jenny Gilmore	Associate Hospital Manager
Dyfed Jones	Independent Member
Matthew Joyes	Deputy Director of Legal Services
Wendy Lappin	Mental Health Act Legislation Manager
Teresa Owen	Executive Director of Allied Health Professionals & Health Sciences
Alberto Salmoiraghi	Consultant Psychiatrist
Rhian WatcynJones	Independent Member (via teams)
Philip Williams	Associate Hospital Manager
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Harriet Abbott	Minute Taker

PRELIMINARY MATTERS

MH26.20 Welcome and Apologies

Apologies were received from Clara Day, Dyfed Edwards, Debbie Eyitayo, Ffion Johnstone, and Angela Wood.

MH26.21 Declarations of Interest

No declarations of interest were received.

MH26.22 Unconfirmed Minutes of the Meeting held on 5 February 2026

It was agreed that the minutes of the meeting held on **5 February 2026** were a true and accurate record.

MH26.23 Matters Arising & Action Log

The Committee reviewed the action log and noted the forthcoming development session. It was agreed that this will be scheduled within the next three months, with a date to be circulated to relevant members at the earliest opportunity.

It was resolved that the Committee:

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

ROUTINE REPORTING FOR ASSURANCE

MH26.24 Mental Health Act (MHA) Assurance Report

The item was presented jointly by the Deputy Director of Legal Services and Mental Health Act Legislation Manager. The following points were highlighted:

- The Mental Health Act continues to be managed effectively across the organisation, with no fundamental issues requiring escalation at this time.
- Since the previous meeting, monies have been identified for a permanent link role with CAMHS which will provide support back to the service, creating a more stable position within the Mental Health Act team. Sickness absences and phased return has impacted on team capacity over the last quarter.
- The new Mental Health Act is now law, with phased implementation over the coming years.
- An increase in rectifiable errors has been noted, specifically in March. This is believed to relate to increased capacity within the new roles, allowing more capacity to scrutinise.
- An increase in Section 136s is also noted, with a high percentage discharged. A Task & Finish group between BCUHB and North Wales Police is underway to address several areas, including Section 136, with ways of working under review and to understand reason for increasing rates with relevant actions in place.

In discussing the item, the Committee:

- Reviewed the data presented within the report and noted the importance of effectively sharing information with partners, including North Wales Police and Local Authorities. It was advised that working relationships with Local Authorities varies across the region and a task and finish group has been established with partners invited to attend. A brief update on the Task and Finish group is to be included as an appendix with the Mental Health Act Assurance Report at the next Committee meeting, and to include information such as powers under the new act and work being done to reduce numbers.
- Noted a low use of Section 136s for under 18-year-olds over the past 12 months.
- Noted the differing levels of response from Local Authorities and felt this was useful to explore to see what could be done to improve engagement. It was considered that often there is no single point of access, and how this approach often aids working relationships and provides improved governance, similarly to the approach used with North Wales Police.
- Noted areas within the new act that may cause challenge and referenced the need of ensuring the least restrictive intervention is used.
- Safeguarding aspects of enquiries are taking place to identify learning opportunities.

The following action was agreed:

- **Action MH26.24.1**: A brief update on the Task & Finish group is to be included as an appendix with the Mental Health Act assurance report at the next committee meeting.

It was resolved that the Committee:

- **NOTED** the report.

MH26.25 Mental Capacity Assurance (MCA) Report

The item was presented by the Director of Safeguarding and Public Protection. The following points were highlighted:

- Work is moving forward with the commissioning of the Independent Mental Capacity Advocate (IMCA) Service, with the aim of a nationally procured service.
- Regarding staffing requirements and training, this is now aligned with ESR and skill sets to ensure KPIs are identified. Positive data has been seen in regard to the MCA training compliance. It was noted that Welsh Government monies have been vital for this work, and whilst these are permanent funds, the Health Board is required to submit evidence on how this is spent for evaluation.
- A new national pilot form has been implemented, with the Health Board linking in with the national team. Results will be disseminated once received.
- Whilst there is no current timescale for implementation of an electronic record, the Health Board are linked in with the national team to identify core domains for inclusion.

In discussing the item, the Committee:

- Noted the awaited judgement from the Supreme Court, and the anticipated changes to the framework.
- Queried the reporting process regarding the Independent Mental Health Advocacy (IMHA) group and the reporting process. Further discussion to be held outside of the meeting to understand if a specific update is required as a standing item at Committee to ensure appropriate governance.

The following actions were agreed:

- **Action MH26.25.1**: Further discussion to be held to understand if a specific update from the Independent Mental Health Advocacy group is required as a standing item at Committee

It was resolved that the Committee:

- **NOTED** the report.

MH26.26 Healthcare Inspectorate Wales (HIW)

The Deputy Director of Legal Services presented the item, highlighting the following points:

- There were no inspections during this period, however, there has been an HIW visit to a community team recently which will feature in the next report. Following the visit some actions were produced around how the organisation monitors how patients receive their rights. Short term actions are in place, with the long-term focus on implementation of a new electronic system.

It was resolved that the Committee:

- **NOTED** the report.

MH26.27 Associate Hospital Managers Update Report

The item was presented by the Deputy Director of Legal Services. The following points were highlighted:

- Performance, whilst under target, has increased significantly. Prior to Christmas 2025 this was 47% and is now 67%. This is a self-set target for good practice.

In discussing the item, the Committee:

- Noted several cases where hearings were stood down due to unavailability of panel members and discussed the potential reasons for this. Assurance was given advising sufficient notice of hearings to ensure availability and any required workload adjustment. There has also been reallocation to the wider legal services team to prevent similar issues, due to increased capacity.
- Noted the inclusion of reasons for hearings not being held following previous action from Committee and requested that future reports also include the length of the delay.
- Noted the annual audit information incorporated within the report and were advised that the annual formal audit report will be available in January 2027.
- Noted issues regarding delayed receipt of paperwork, and how this can impact of hearings and avoidable delay.
- Were advised of ongoing work to support patients subject to Community Treatment Orders (CTOs) to attend hearings and ensure their attendance preference is recorded. Staff are working with patient care coordinators to ensure there is opportunity for patient contribution. This was an area requiring improvement previously highlighted by HIW.

The following actions were agreed:

- **Action MH26.27.1**: future reports include the length of the delay for postponed hearings or those not held.

It was resolved that the Committee

- **NOTED** the report.

MH26.28 Report from the Power of Discharge Group

The item was presented by the Deputy Director of Legal Services. The following points were highlighted:

- The Power of Discharge Group continues to meet quarterly.
- Ongoing training on paperwork is progressing well, with positive collaboration.
- A new Associate Hospital Manager (AHM) has joined the group recently.
- Areas of concern include:
    i) Hearing format: patient preference on hearing format is now sought. There is often preference for in person from AHMs as this can allow better patient engagement.
    ii) Delays in packages of care: packages of care continue to cause extended hospital stays, creating challenges. Delays often relate to financial constraints, placement availability and homelessness.

In discussing the item, the Committee:

- Highlighted the need to ensure reference within the Terms of Reference (ToR)

regarding the Medical Director of Mental Health & Learning Disabilities or Clinical Lead can nominate a lead to attend.
- Raised concern over delays caused by packages of care, and were advised this is recorded as a risk, and is a national issue. The importance of considering discharge criteria was highlighted to ensure legal and appropriate detainment. The Committee requested this issue is referred to the Quality, Safety and Experience (QSE) Committee to gain assurance.
- Noted the reduction in Out of Area (OOA) placements.
- Raised a query regarding AHM access to section 117 plans, and it was agreed for this to be explored operationally outside of the meeting.

The following actions were agreed:
- **Action MH26.28.1**: update of delays to packages of care regarding MHLD to be received at QSE Committee.

It was resolved that the Committee
- **NOTED** the report.
- **APPROVED** the POD Terms of Reference
- **APPROVED** the AHM appointment

FOR INFORMATION

MH26.29 Corporate Governance Report

It was resolved that the Committee:
- **NOTED** the report.

CLOSING BUSINESS

MH26.30 Agree Items for Referral to Board / Other Committees

The Committee wishes to alert members of the Board that:
- There is low and stable use of Section 136 powers in under-18s, and noted improving performance trends in Associate Hospital Manager hearings following recovery from earlier capacity issues.
- Pressures associated with delayed discharge pathways and packages of care create potential risk to the appropriate and proportionate application of Mental Health Act powers across the system.
- Continuing operational pressure related to Section 136 activity, including a high proportion of discharges with no mental disorder identified, was noted as a system concern.
- Ongoing inter-agency dependencies, including variable local authority engagement, continue to contribute to delays outside the direct control of the Committee.

The Committee wishes to assure members of the Board that:
- Mental Health Act governance, monitoring and statutory reporting arrangements remain robust and compliant with legislative requirements.
- Inspection findings, audit outcomes and issues identified through Associate Hospital Manager scrutiny are subject to active oversight and tracked action.

- Work is ongoing to stabilise Mental Health Act workforce capacity and strengthen resilience within legal and administrative support functions.

The Committee wishes to advise members of the Board that:

- Had an interesting discussion of informal admissions from section 2 detentions and whether this was a positive or negative indicator.
- Future assurance should continue to triangulate Mental Health Act activity with quality, safety and patient experience intelligence.

The Committee agreed that the emerging risk relating to delayed packages of care impacting the appropriate application of Mental Health Act powers should be escalated to the Quality, Safety & Experience Committee for system-level oversight.

MH26.31 Review of Meeting Effectiveness

The Committee:

- Welcomed the openness and transparency reflected through the meeting, with a focus on comprehensive data and valuable discussion.
- Emphasised the importance of ensuring feedback on items from Board or other committee meetings on relevant items.

MH26.32 Date of next meeting

6 August 2026

MH26.33 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'