

Bundle BCU Mental Health Legislation Committee 5 February 2026

- 1 PRELIMINARY MATTERS
 - 1.1 09:30 - MH26.1 Welcome & Apologies
Chair
 - 1.2 09:31 - MH26.2 Declarations of Interest
Chair
 - 1.3 09:32 - MH26.3 Minutes of the Previous Meeting - 13 November 2025
Chair
MH26.3 Unconfirmed Minutes PUBLIC MHL Committee 13.11.25 V.01 approved gsw
 - 1.4 09:37 - MH26.4 Action Log
Chair
MH26.4 Summary Action Log PUBLIC
- 2 ROUTINE REPORTING FOR ASSURANCE
 - 2.1 09:42 - MH26.5 Mental Health Act Assurance Report
Matthew Joyes, Deputy Director of Legal Services
MH26.5a - MHA Assurance Report - Cover Sheet - Feb 2026
MH26.5b MHA Assurance Report - Report - Feb 2026
MH26.5c MHA Assurance Report - 136 Data - Feb 2026
MH26.5d MHA Assurance Report - CAMHS 136 Data - Feb 2026
MH26.5e - MHA Assurance Report - OOA Placements
 - 2.2 09:52 - MH26.6 Mental Capacity Assurance Report
Michelle Denwood, Director Of Safeguarding & Public Protection
MH26.6 MCA Update Report Q3 2025-26 - Uploaded
 - 2.3 10:02 - MH26.7 Healthcare Inspector Wales (HIW) Assurance Report
Matthew Joyes, Deputy Director of Legal Services
MH26.7 - HIW Assurance Report - Feb 2026
 - 2.4 10:12 - MH26.8 Associate Hospital Managers Update Report
Matthew Joyes, Deputy Director of Legal Services
MH26.8 AHM Update Report - Feb 2026
 - 2.5 10:22 - MH26.9 Report from the Power of Discharge Group
Matthew Joyes, Deputy Director of Legal Services
MH26.9 POD Chairs Report
 - 2.6 10:32 - MH26.10 Update - Right Care, Right Person
Teresa Owen, Executive Director of Allied Health Professionals
MH26.10 Update - Right Care, Right Person
- 3 FOR INFORMATION
 - 3.1 10:42 - MH26.11 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
MH26.11.1 Corporate Governance Report
MH26.11.2 Forward Workplan for MHL Committee
- 4 CLOSING BUSINESS
 - 4.1 10:52 - MH26.12 Agree Items for Referral to Board/Other Committees
Chair
 - 4.2 10:54 - MH26.13 Review of Meeting Effectiveness
Chair
 - 4.3 10:56 - MH26.14 Date of the Next Meeting - 14 May 2026
Chair

4.4 10:57 - MH26.15 Resolution to Exclude the Public and the Press
Chair

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed 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>
<p>MH25.55 Matters Arising & Action Log</p>

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'

Mental Health Legislation Committee Action Log - PUBLIC
Updated 29.01.26

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	MH25.22.2	8/5/2025	Mental Health Act Assurance Report 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	Reman Open 16.10.25 – 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. 13.10.25 – Advised in meeting, risks & mitigations actively managed operationally. Issue to be raised via the Vice Chairs Network by the Chair.
2	MH25.24.1	8/5/2025	HIW Assurance Report Section 17 leave to reviewed at future date and reported back to Committee	Teresa Owen	February 2026	Reman Open 16.10.25 - To be covered in workshop session
3	MH25.39.1	7/8/2025	Matters Arising & Action Log Circulate a briefing on hearings and right to discharge (compare and contrast Mental Health Tribunal and Associate Hospital Managers) and agenda an item on this for the next meeting	Matthew Joyes	February 2026	Reman Open 16.10.25 - To be covered in workshop session. 13.11.25 – To be discussed a



						future workshop session.
4	MH25.40.1	7/8/2025	Mental Health Assurance Report Informal workshop regarding MHA Sections to be arranged	Alberto Salmoiraghi, Pam Wenger, Matthew Joyes	February 2026	Reman Open 16.10.25 - To be covered in workshop session
Actions Proposed for Closure						
1	MH25.07.1		MH25.21 Matters Arising & Action Log 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	Action proposed for closure Information available below https://jcc.nhs.wales/our-structure/mhldvg/mha/easy-read/ 16.10.25 - Easy read currently only in English. TO reviewing and will raise with WG colleagues 13.11.25 – Welsh translation outstanding on website. PPJ to chase.
2	MH25.56.1	13.11.25	Mental Health Act Assurance Report Review data on section 135/136s at next meeting.	All	February 2026	Action proposed for closure 05.01.26 – on Feb 26 agenda.
3	MH25.56.2	13.11.25	Mental Health Act Assurance Report Assurance regarding quality checks for Out of Area Placements to be received at the next Committee meeting.	Alberto Salmoiraghi	February 2026	Action proposed for closure 05.01.26 – covered on Feb 26 agenda.
4	MH25.57.1	13.11.25	Mental Capacity Assurance Report	Michelle Denwood	February 2026	Action proposed for closure



			Update on the All-Wales DoLS paperwork to be received at the next Committee meeting.			05.01.26 – covered on Feb 26 agenda.
5	MH25.23.3	8/5/2025	Mental Capacity Assurance Report 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	Action proposed for closure 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. 05.01.26 – added to Feb 26 agenda

Closed Actions (as agreed at meeting on 13 November 2025)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	MH25.22.1	8/5/2025	Mental Health Act Assurance Report Future reporting on Section 3 to provide detail around length of stay.	Matt Joyes	August 2025	Action proposed for closure 16.10.25 - Completed – data is included in the report.
2	MH25.23.2	8/5/2025	Mental Capacity Assurance Report 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	Action proposed for closure 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.
3	MH25.27.1	8/5/2025	Update from North Wales Police Share a copy of the letter from the local authorities with members for information.		August 2025	Action proposed for closure Letter circulated
4	MH25/07.01	7/8/2025	Matters Arising & Action Log 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	Action proposed for closure 16.10.25 - TO to write to Welsh Government regarding required bilingual easy read information.
5	MH25.40.2	7/8/2025	Mental Health Assurance Report Further detail regarding outcomes for 135/136 patients discharged to be provided to report going forward	Wendy Lappin	November 2025	Action proposed for closure 16.10.25 - To be included in next report on agenda
6	MH25.43.1	7/8/2025	Associate Hospital Managers Update Report Committee to be advised of any further action required regarding recruitment issues following meeting with WOD.	Wendy Lappin	November 2025	Action proposed for closure 16.10.25 – MJ advised previous issue now resolved. Two new AHMs have been successfully onboarded.
7	MH25.45.1	7/8/2025	CAMHS – Consultant On Call Follow up item to return to the next agenda for an update on progress	Gareth Williams	November 2025	Action proposed for closure Verbal update requested for November meeting.
8	MH25.46.1	7/8/2024	Committee Governance Report Final version of the three reports to be circulated out of Committee	Pam Wenger	November 2025	Action proposed for closure 16.10.25 - Item went to Board in Sept 25



Mental Health Legislation Committee

ADRODDIAD SICRWYDD DEDDF IECHYD MEDDWL (MHA) MENTAL HEALTH ACT (MHA) ASSURANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	05 February 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Wendy Lappin Mental Health Act Legislation Manager Matthew Joyes Deputy Director for Legal Services
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Teresa Owen, Executive Director of Allied Health Professionals and Health Science Pam Wenger, Director of Corporate Governance
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This assurance report provides an overview of the operation and governance of the Mental Health Act (MHA) across the Health Board for the quarter ending **December 2025**, highlighting activity levels, compliance, identified exceptions, and associated risks.

During the reporting period, the Mental Health Act Team continued to experience significant staffing pressures, including one vacant post and two staff members absent due to sickness. The absence of a deputy manager post has reduced managerial resilience and required prioritisation of statutory patient-related administration over governance functions, including routine data reporting, audits and staff training. These workforce risks have been escalated to executive level and are recorded on the organisational risk register, with recognition that the current service model is unsustainable without additional resource.

Overall, the majority of MHA detentions and powers were applied lawfully and appropriately, with no widespread or systemic failures identified. However, a small number of detention

lapses and exceptions were recorded during the quarter, reflecting the impact of staffing pressures and communication failures.

Key exceptions included:

- **One Section 2 lapse**, where the Responsible Clinician was on leave and there was no documented handover to the covering clinician. The patient was subsequently discharged and not redetained.
- **One Section 3 lapse**, identified after the renewal date had been missed. The patient was promptly reassessed and lawfully redetained, and all relevant parties were informed. A Datix investigation confirmed contributing factors related to MHA team staffing capacity.
- **One Section 17A (CTO) lapse**, where renewal was attempted on the final day and the AMHP was unable to complete statutory duties in time. The CTO expired and the patient was not subject to further detention at the time of reporting.
- **Five Section 136 breaches** of the 36-hour time limit. Three cases involved individuals deemed unfit for assessment despite the use of a 12-hour extension. Two individuals were subsequently detained under further sections of the Act.

The Health Board continues to see high levels of activity under Sections 2 and 3, consistent with previous quarters. Use of emergency holding powers (Sections 5(2), 5(4) and Section 4) remained proportionate and appropriate, with no exceptions identified. The number of patients subject to Community Treatment Orders showed modest variation across areas, with an increase in Central, a decrease in West and stability in East.

Rectifiable errors decreased during the quarter. No fundamental errors invalidating detentions were identified. However, the suspension of the all-Wales benchmarking report limits external comparison at present.

Section 136 activity remained high but stable. From the individuals discharged there are a significant proportion who receive follow-up or onward referral. Detentions involving children and young people remained low, with no under-18s admitted to adult psychiatric wards during the reporting period.

Forensic activity and detained patient transfers were managed appropriately, with no exceptions reported. Mental Health Review Tribunal and Hospital Managers' hearing activity continued as expected, with a small number of discharges during the quarter.

In summary, the report provides reasonable assurance that the Mental Health Act is being applied lawfully and appropriately across the Health Board. However, ongoing workforce shortages within the MHA Team present a material risk to governance resilience, timeliness of

renewals, and compliance oversight. Addressing these staffing and structural issues remains critical to sustaining assurance and reducing the risk of future lapses.






**Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Power of Discharge Group	27/01/2026	Noted

**Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms**

CTO	Community Treatment Order
RC	Responsible Clinician
POS	Place of Safety
SOAD	Second Opinion Appointed Doctor
MHA	Mental Health Act
MHRT	Mental Health Review Tribunal



ASESIAD / ASSESSMENT	
Cyswilt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     1. building an effective organisation
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: 4. Improving quality outcomes and experience.
Yr Egwyddorion Dylunio Design Principles	People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	The MHA department continues to experience significant capacity pressures within the team, with Royal Assent being gained for the Mental Health Act 2025 this will increase workloads and demands on the team going forward.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	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.
Asesiad o'r Effaith Economaidd-gymdeithasol	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	

<p><i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not applicable</p>
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Galluogwyr Ansawdd Enablers of Quality All Apply</p>	<p>Meysydd Ansawdd Domains of Quality All Apply</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>Not Applicable</p>	

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p>	
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	

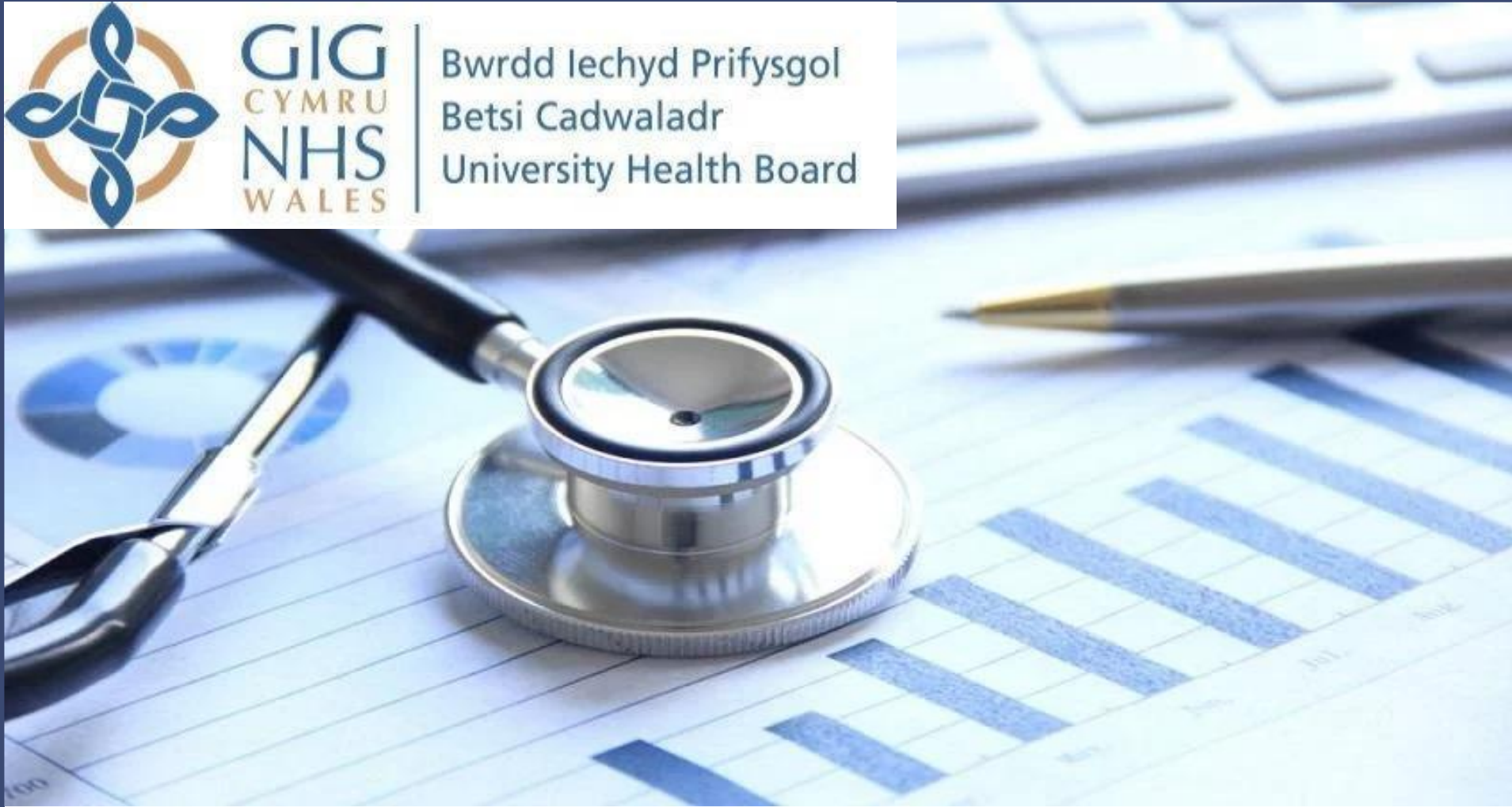


Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	



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Betsi Cadwaladr
University Health Board



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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.

The Mental Health Act 2025 received Royal Assent in December 2025 and will be implemented over a number of years through incremental changes.

The next steps for the implementation of the Mental Health Act 2025 include:-

Development of Detailed Guidance - the government is working on detailed guidance for the new Act before it comes into force.

Strengthening Patient Rights - The Act aims to strengthen patients rights, including the right to appeal against detention and access to second opinions.

Patient Representation - Patients will have the right to choose a 'nominated person' to represent their interests and participate in key decisions.

Enhanced Access to Tribunals - Enhanced access to Mental Health Tribunals with automatic referrals made earlier and at more frequent intervals.

Strengthening Community Mental Health Services - Embedding the Human Rights Act legal duties within community mental health services.

These steps are part of a broader effort to ensure that the new Mental Health Act 2025 is effectively implemented and that it serves the needs of patients and the community.

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. 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, this had led to prioritisation of patient related admin for the MHA Manager and a reduction in managerial duties to include monthly data reporting and training of staff for the Health Board.

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 2 which lapsed. The RC was on leave, no communication had been passed onto the covering RC in regards to a plan, the patient has since been discharged from hospital and has not been made subject to another detention to date. This incident was not datixed at the time.

There was a Section 3 which lapsed. (Datix Ref 156895) The renewal date was missed by the MHA office, ward staff and Consultant. Once discovered the patient was reassessed and redetained under the MHA. All appropriate personnel were informed ie: Staff, Consultant, Nearest Relatives, Patient. Contributing factors identified from the Datix review were there are critical staffing issues in the MHA Team which have been escalated to executives and committees and included on the risk register, it is noted that the service model is unsustainable.

There was a Section 17A (CTO) which lapsed. The RC did not attempt to do the renewal till the last day, the AMHP did not have enough time to prepare for the renewal and speak to the Nearest Relative, the detention therefore expired, the patient has not been made subject to any further detentions at the time of writing.

There are five exceptions to report for S136 detentions which lapsed at the 36 hour timescale, three were due to the detainees being unfit for assessment despite having a 12 hour extension. Two persons have had further detentions under the MHA under S136 leading to informal admission and formal admission.

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

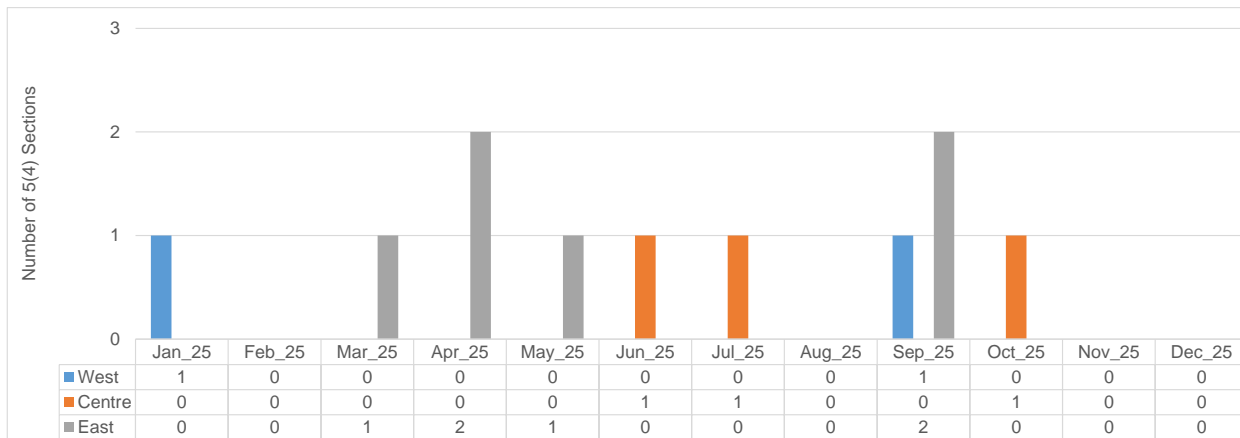
Section 62: Emergency Treatment of a detained patient regardless of section status

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	December 2025	November 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
Section 5: Application in respect of patients already in hospital	0	0	➔	1	4	↓	3	1 Centre	1
								2 East	0
								2 West	0



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 are no exceptions to report in the period under review.

LAPSES

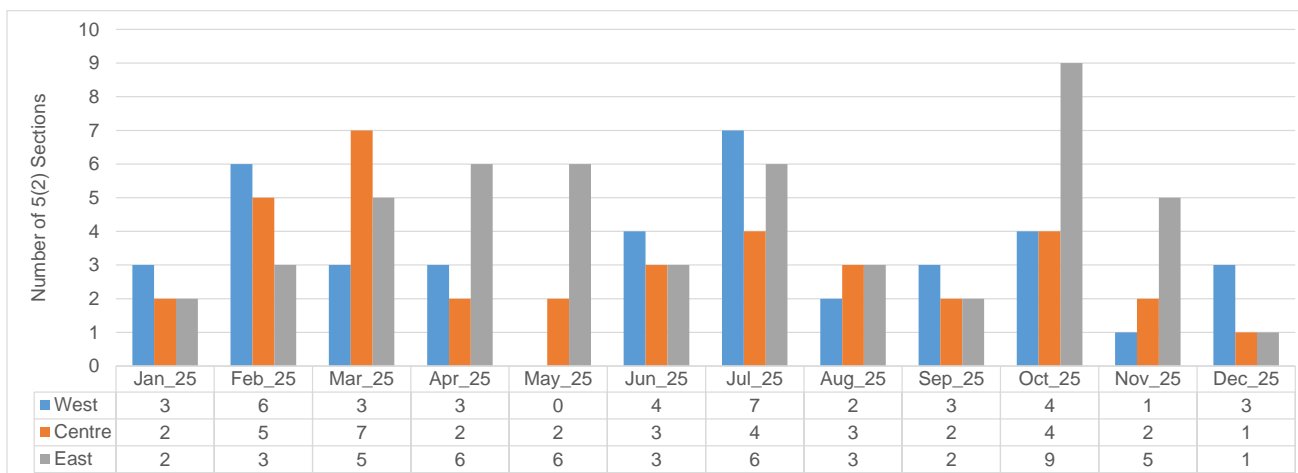
None to note.

WEST		
The data above does	Duration (hh:mm)	Outcome

CENTRE		
Month	Duration (hh:mm)	Outcome
Oct_25	00:48	Section 5(2)

EAST		
Month	Duration (hh:mm)	Outcome

Section 5(2) - BCUHB	December 2025	November 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
Section 5: Application in respect of patients already in hospital	5	8	↓	30	32	↓	32	1 East 2 West 3 Centre	15 8 7

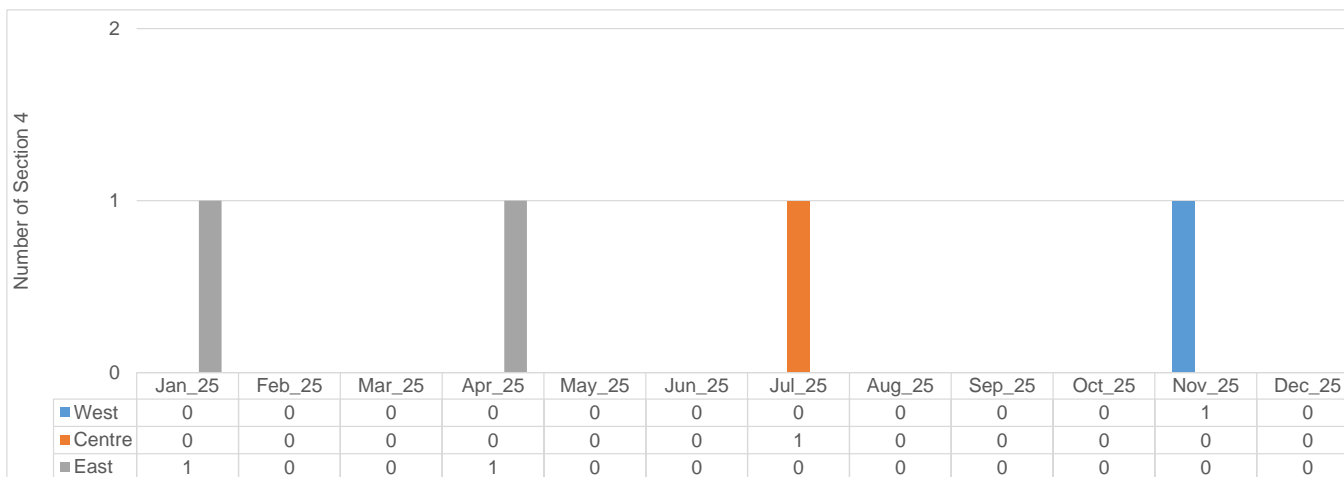


Section 5(2) Outcomes			
	Oct 2025	Nov 2025	Dec 2025
Section 2:	4	2	1
Section 3:	2	2	1
Informal:	9	3	2
Lapsed:	0	0	0
Invalid:	0	0	0
Discharged:	1	1	1
Other:	0	0	0

A Section 5(2) on occasions will be enacted within the acute hospital wards for this period there were three. In each circumstance the detention was an appropriate use of the Mental Health Act.

There are no exceptions to report in the period under review.

Section 4 - BCUHB	December 2025	November 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
Section 4: Admission for assessment: Cases of emergency	0	1	↓	1	1	→	1	1 West	1
								2 Centre	0
								2 East	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.

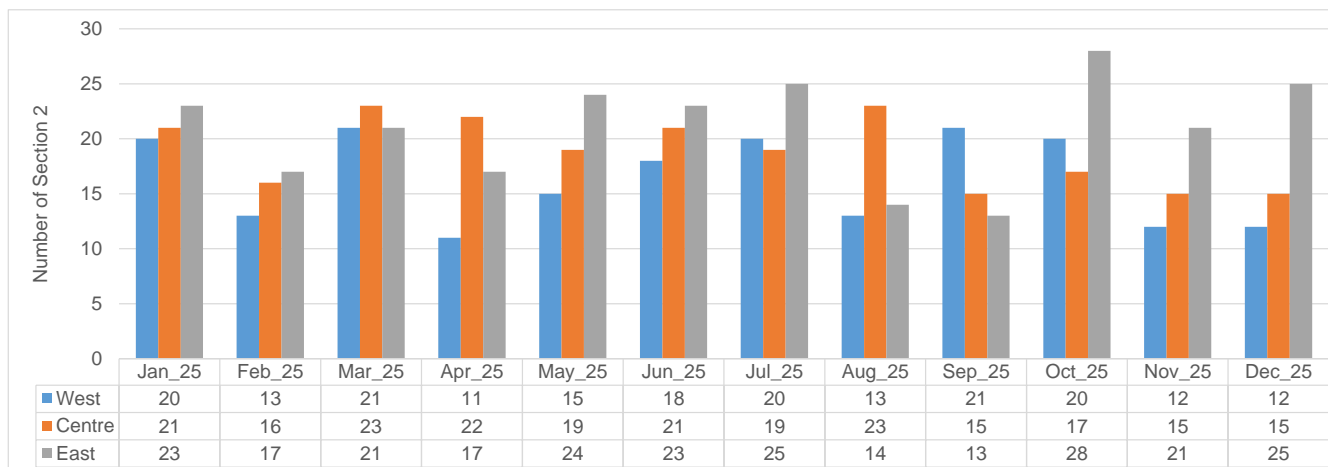
There are no exceptions to report.

WEST		
Month	Duration (hh:mm)	Outcome
Nov_25	01:20	Section 2

CENTRE		
Month	Duration (hh:mm)	Outcome

EAST		
Month	Duration (hh:mm)	Outcome

Section 2 - BCUHB	December 2025	November 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	52	48	↑	165	163	↑	168	1 East	74
								2 Centre	47
								3 West	44



* 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, one following S5(2) detention, two direct admissions and one regrade from informal.

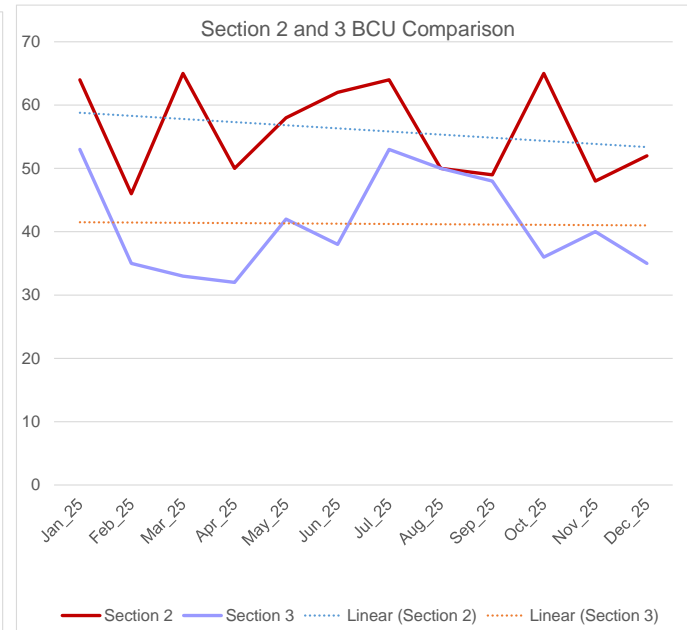
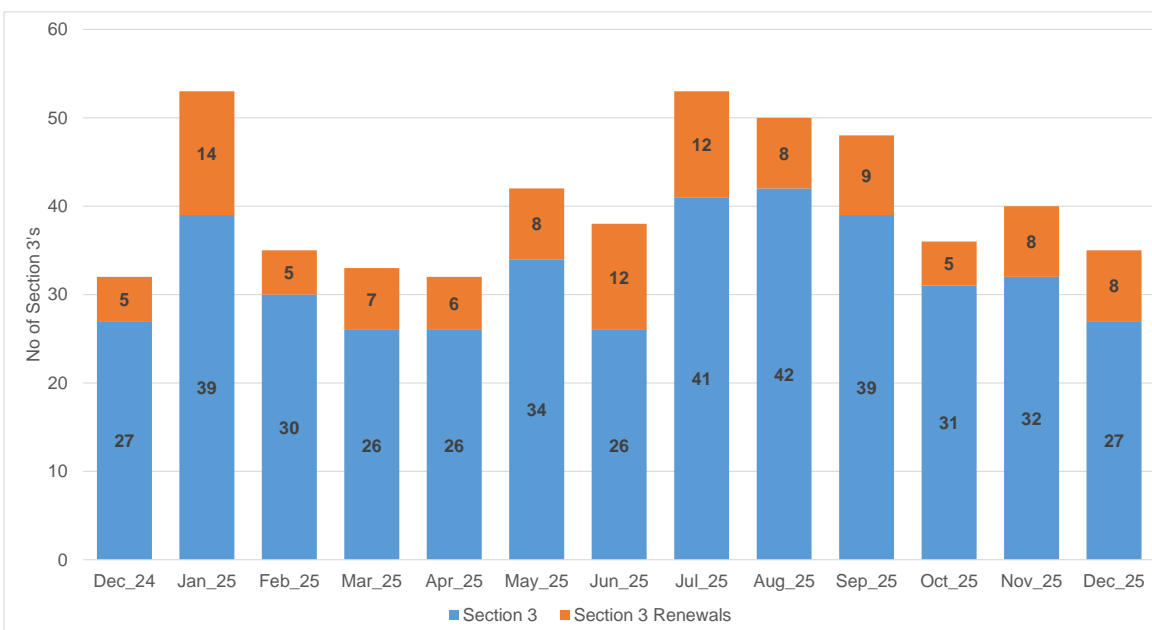
EXCEPTIONS:

There is one exception noted this period.

EAST: The S2 expired when the RC was on leave, no communication was passed on to covering RC in regards to a plan. The patient has not been redetained and has since been discharged from hospital.

Section 2 Outcomes			
	Oct 2025	Nov 2025	Dec 2025
Section 3:	12	11	15
Informal:	12	12	12
Lapsed:	0	0	1
Pending:	0	0	0
Discharged:	16	9	9
Transferred:	20	14	13
Invalid and Other:	0	0	0

Section 3 - BCUHB	December 2025	November 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	35	40	↓	111	151	↓	124	1 Centre	44
								2 East	38
								3 West	29

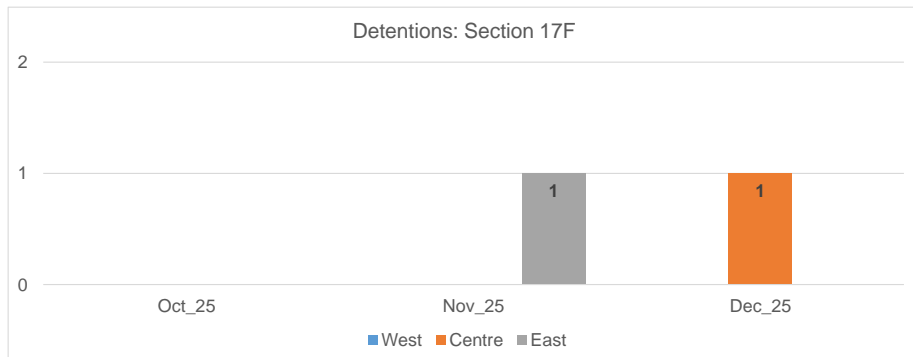
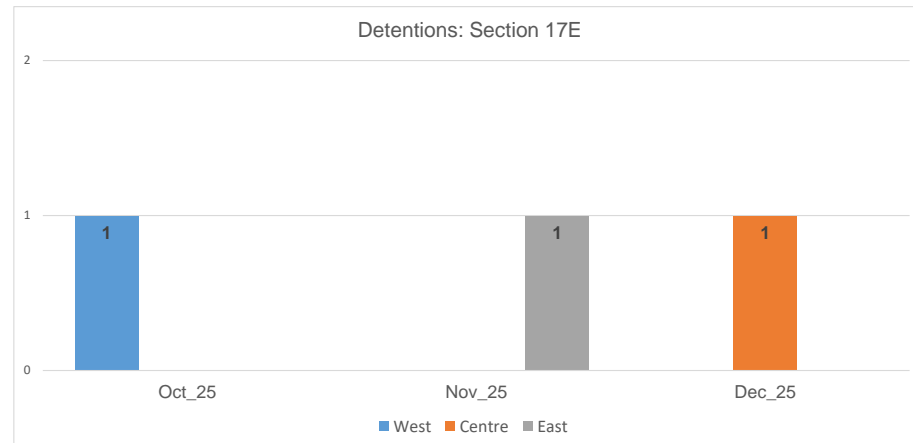


* data is as at position and is subject to change

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.

CENTRAL: A section 3 expired, noticed only 6 days following. Critical staffing issues within the MHA office contributed to the detention expiry being missed. The patient was re-detained and appropriate persons informed.

Section 17 A-F - BCUHB	December 2025	November 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	9	6	↑	27	28	↓	23	1 West	11
								2 Centre	10
								3 East	6



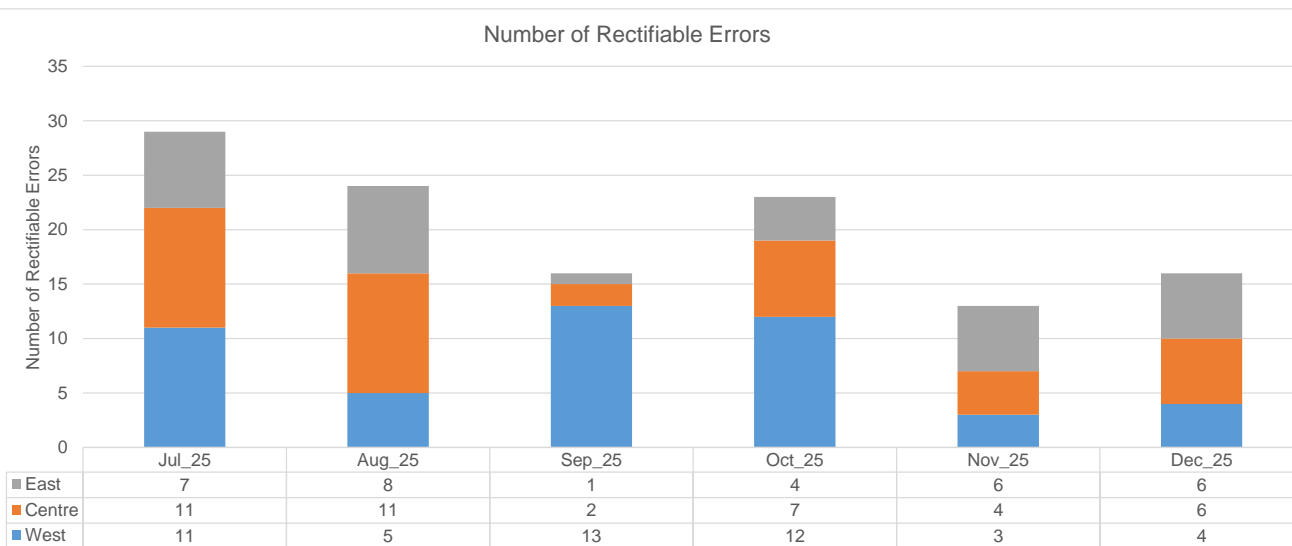
This quarterly data 17A shows the numbers of patients who are being placed on a CTO for the first time, as well as any renewals within the month. 17E data shows those who have been recalled to hospital from their CTO and 17F data shows those who have had their CTO revoked and become subject to a Section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

There is one exception to report this period: WEST: the CTO lapsed as the RC did not attempt to do the renewal till the last day, the AMHP did not have enough time to prepare and speak to the Nearest Relative, the detention therefore expired.

The number of patients on a CTO at the end of December are:
 West = 11
 Central = 14
 East = 10

Central has seen an increase, West a decrease and East has remained the same compared to the previous quarter.

Fundamental and Rectifiable Errors	December 2025	November 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	13	↑	76	80	↓	107	1 East	16
								1 West	19
								3 Centre	17



Rectifiable Errors

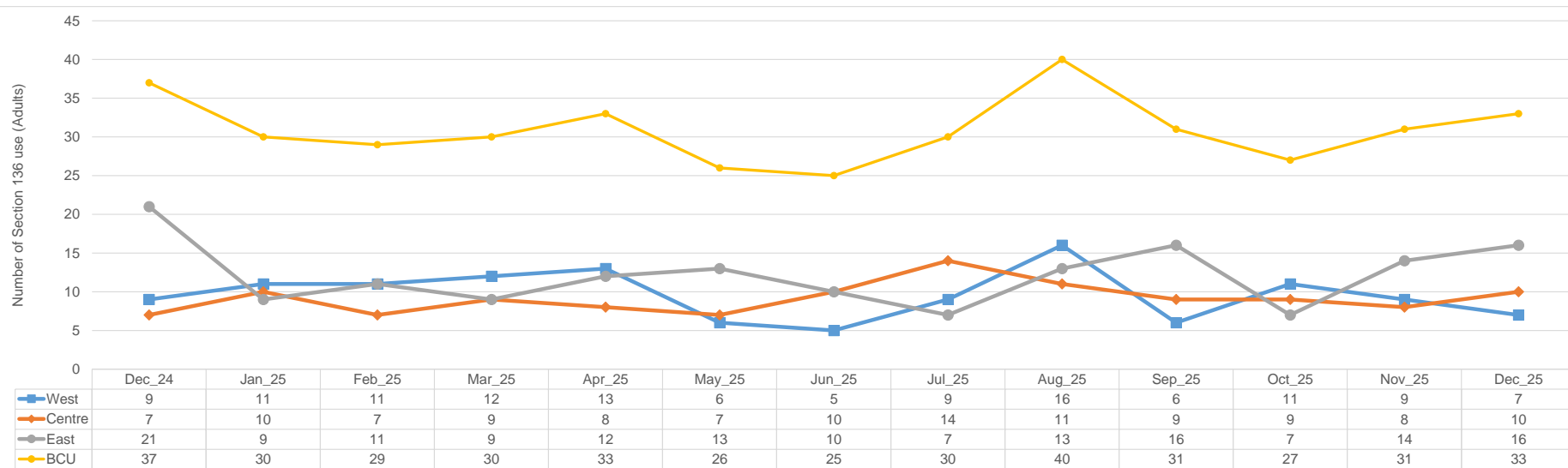
Rectifiable errors were previously reported on a quarterly basis and benchmarked with the other health boards throughout Wales. Due to capacity to produce this report Cardiff and Vale have discontinued the report. The last report received covered April - June 2023. Discussions are underway with a proposal 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 2024 rather than 2025.

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 as was the position the previous quarter.

Section 135 - 136	December 2025	November 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)	33	31	↑	91	101	↓	91	1 East 2 West 3 Centre	37 27 27



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

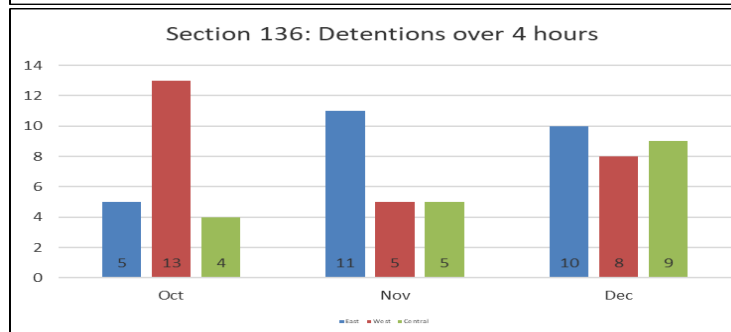
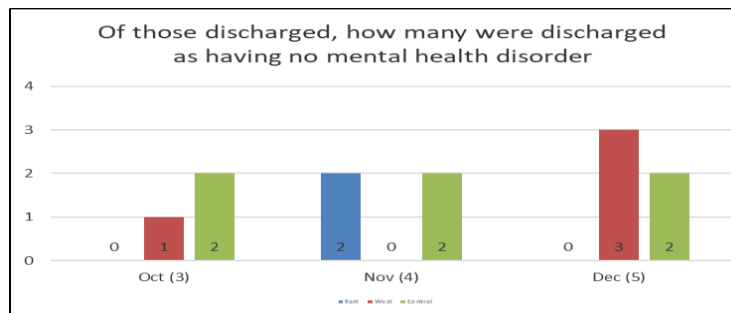
A monthly S136 report is produced for the Mental Health Division and CAMHS, this report has been stood down for several months due to pressures within the MHA team. The December reports are included as an appendix to this report.

There are five exceptions to report for S136 detentions which lapsed at the 36 hour timescale, three were due to the detainees being unfit for assessment despite having a 12 hour extension. Two persons have had further detentions under the MHA.

Section 136	December 2025	November 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)	33	31	↑	91	101	↓	91	1 East	37
								2 West	27
								3 Centre	27

Section 136 Outcomes				
	Oct 2025	Nov 2025	Dec 2025	
Discharged:	14 49.00%	16 52.00%	15 44.00%	
Informal Admission:	1 3.00%	1 3.00%	7 21.00%	
Section 2:	10 34.00%	10 33.00%	11 32.00%	
Section 3:	2 7.00%	2 6.00%	0 0.00%	
Other:	2 7.00%	2 6.00%	1 3.00%	

Section 136 - Known to Service				
	Oct 2025	Nov 2025	Dec 2025	
Yes	19	16	24	
Yes (percentage)	65.51%	51.61%	70.58%	



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:
October 10%
November 13%
December 15%

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.

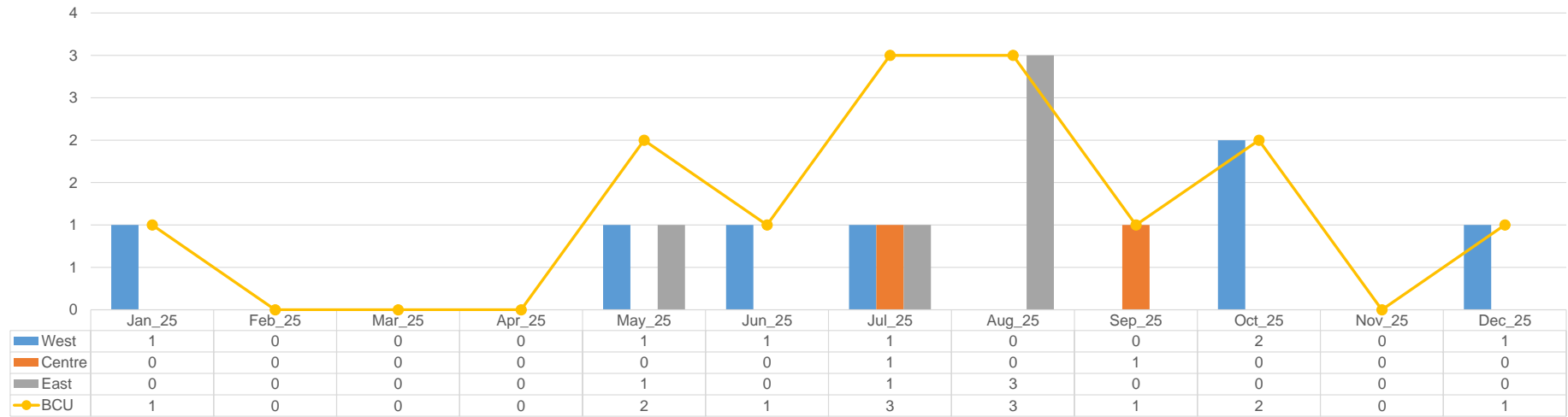
Of the total number of patients discharged:
October
 57% were discharged with follow up from services
 21.5% discharged and referred to services
 21.5% discharged no mental disorder

November
 56% were discharged with follow up from services
 19% discharged and referred to services
 25% discharged no mental disorder

December
 40% were discharged with follow up from services
 27% discharged and referred to services
 33% discharged no mental disorder

Section 135 - 136 (Under 18)	December 2025	November 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	0	↑	3	7	↓	4	1 West	3
								2 East	0
								3 Centre	0

Under 18s Section 136 Detentions



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	1
14	2
15	
16	2
17	8

Outcome of Assessments	
Outcome	Number
Returned Home	7
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

Month of Admission	Place of Assessment	Outcome	Assessing Clinician	Total Hours	Age
October	Ysbyty Gwynedd	Discharged	CAMHS	21:50	14
October	Hergest	Discharged	CAMHS	10:05	16
December	Hergest	Discharged	CAMHS	16:43	13

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: 16:12 hrs which is an increase on the previous quarter of 15:16hrs

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			1
Conwy			
Gwynedd			1
Ynys Môn			1
Out of Area/NFA			2

Section	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025
Section 35:	0	0	0	0	0	0	0	0
Section 37:	2	1	1	1	1	1	0	0
Section 37/41:	8	9	9	8	8	8	8	8
Section 38:	0	0	0	0	0	0	0	1
Section 47:	3	3	4	4	4	4	4	3
Section 47/49:	5	5	5	5	5	5	5	5
Section 48:	0	0	0	0	0	0	0	0
Section 48/49:	0	0	0	0	0	0	1	1
Section 3:	1	1	1	1	2	2	2	2
Section 45A	0	0	0	0	0	0	0	0
Total:	19	19	20	19	20	20	20	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

	Oct 2025	Nov 2025	Dec 2025
Internal Transfers	21	18	15
External Transfers (Total)	13	8	13
External Transfers (In)	7	6	6
External Transfers (Out)	6	2	7

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

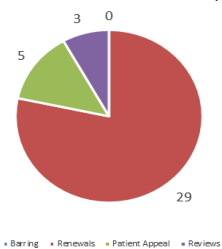
This data only includes detained patient transfers both in and out of BCU facilities. The majority will be facilities in England may include complex cases requiring specialist service or may require an out of area bed if the Health Board cannot facilitate admission at the time. Those repatriated are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

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

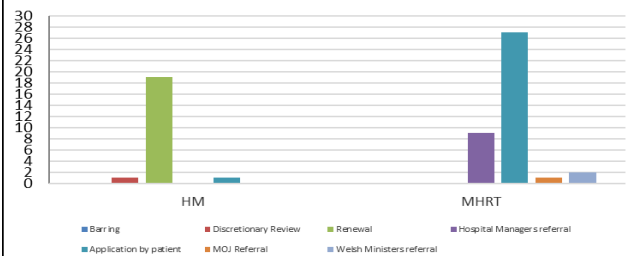
There are a number of persons who will be detained in independent hospitals that are offering services required. These people are monitored by the Continuing Healthcare Service and Team to ensure that they are in the correct placement for their needs.

Unable to provide data - Transfers detailed data

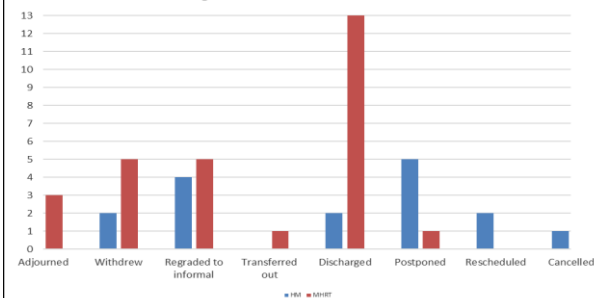
Hospital Managers Panel Hearings scheduled October - December 2025 (n37)



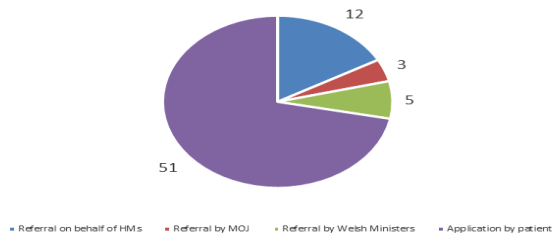
60 Hearings Held October - December 2025 by type



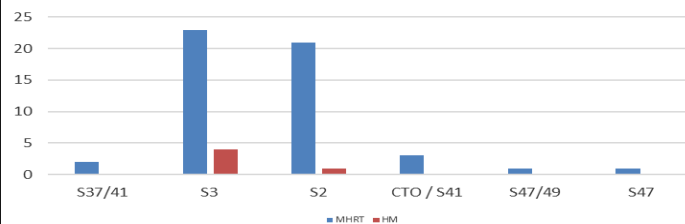
48 Hearings not held October - December 2025



Mental Health Review Tribunals scheduled October - December 2025 (n71)



Type of patient appeals received October - December 2025
51 MHRT and 5 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 October - December.

There were 108 hearing scheduled this period which included 56 applications from patients. 60 hearings took place of which 28 were patient applications.

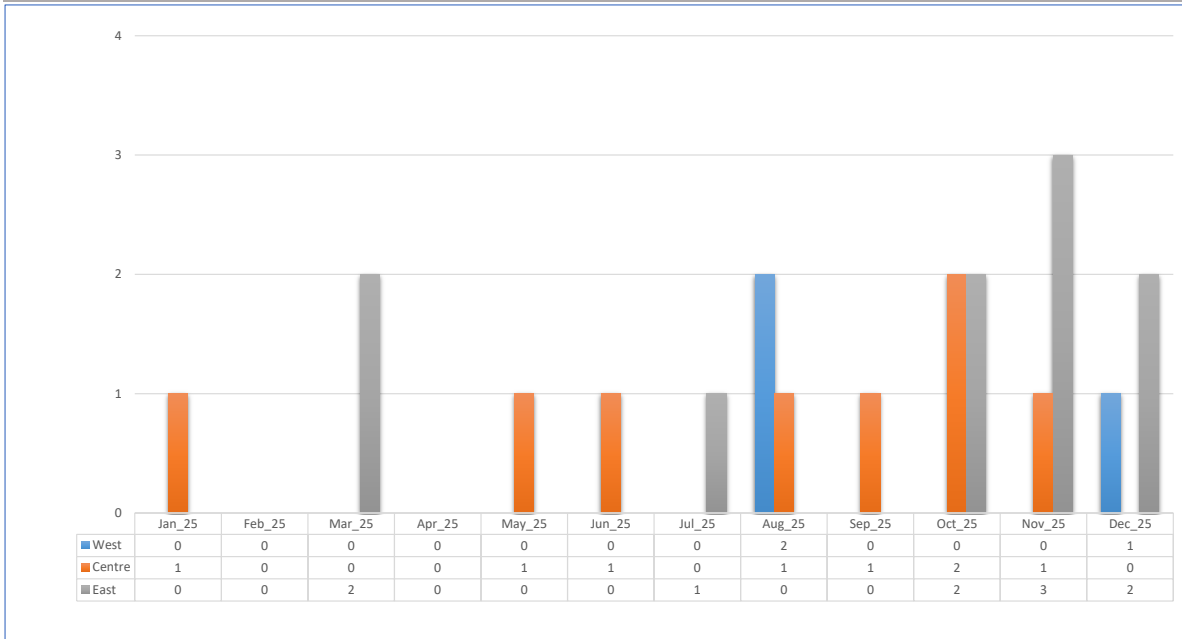
The MHRT discharged two patients this quarter from a S3 and S37/41, all other hearings held resulted in the patients remaining detained.

S.136/135 use in BCUHB
KPI Report for: December 2025

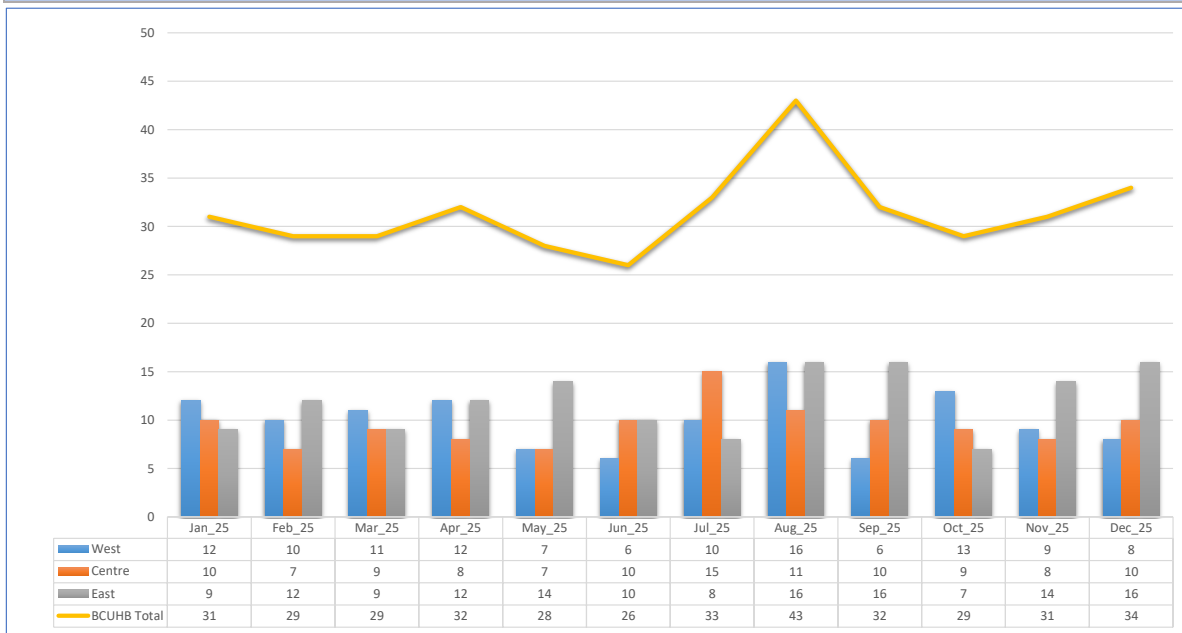
Data Source:	BCUHB MHA Database
Report Created on:	15/01/2026
Report Created by:	Performance Directorate

Section A: 12 Month Data and Trends

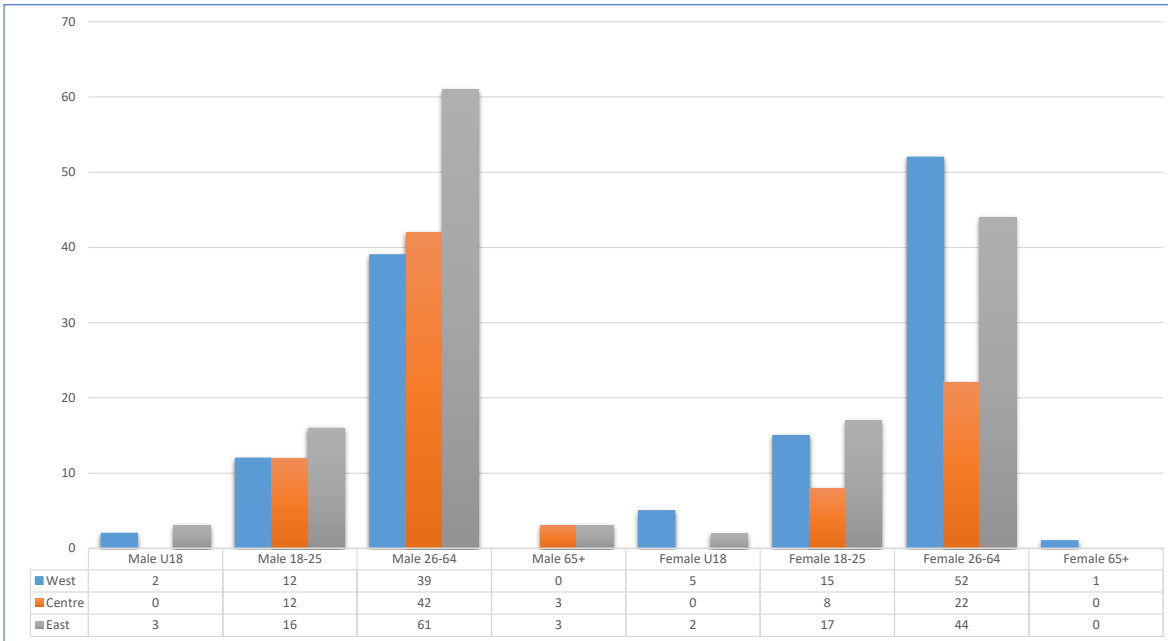
1.1: Section 135 twelve month trend up to and including Dec_25



2.1: Section 136 twelve month trend up to and including Dec_25



3.1: 12 month combined S.135 and S.136 split by Gender and Age bands for all areas



4: 1st Place of Safety 12 month trend up to and including Dec_25

Area Split - 1st Place of Safety by category

1st Place of Safety	Dec_25			12 Month Total		
	West	Centre	East	West	Centre	East
A&E	4	8	7	71	75	74
Ward	0	0	0	0	0	1
PICU	0	0	0	0	0	0
136 Suite	4	2	9	54	31	65
Hospital	0	0	0	0	0	0
Independent Hospital	0	0	0	0	0	0
Care Home for mentally disordered persons	0	0	0	0	0	0
Police Station (Custody)	0	0	0	2	6	2
Residential accommodation provided by Social Services Authority	0	0	0	0	0	0
Any other place	0	0	0	0	0	0

4.2: 12 month trend A&E and 136 Suite as 1st Place of Safety split by Area

1st Place of Safety: A&E Split	Jan_25	Feb_25	Mar_25	Apr_25	May_25	Jun_25	Jul_25	Aug_25	Sep_25	Oct_25	Nov_25	Dec_25
West	8	7	7	4	3	4	9	11	1	8	3	4
Centre	5	4	6	2	4	10	11	7	7	6	5	8
East	6	6	3	6	3	5	5	12	12	3	6	7

1st Place of Safety: 136 Suite Split	Jan_25	Feb_25	Mar_25	Apr_25	May_25	Jun_25	Jul_25	Aug_25	Sep_25	Oct_25	Nov_25	Dec_25
West	4	4	5	9	4	2	1	5	5	5	6	4
Centre	2	3	2	5	3	0	4	4	2	2	2	2
East	3	5	6	6	11	5	2	4	4	3	7	9

5: County in which person was actually detained under s.136

5.1: Area split 3 month table up to and including Dec_25 and latest 12 month total

West	Oct_25	Nov_25	Dec_25	12 Month Total	Centre	Oct_25	Nov_25	Dec_25	12 Month Total	East	Oct_25	Nov_25	Dec_25	12 Month Total	Incident rate by county (12 mth total)	
	Ynys Mon	4	0	1		23	Ynys Mon	0	0		0	3	Ynys Mon	0		0
Gwynedd	6	3	4	64	Gwynedd	1	0	0	6	Gwynedd	0	1	0	9	Gwynedd	6.39
Flintshire	0	2	0	3	Flintshire	0	1	0	8	Flintshire	3	4	5	47	Flintshire	3.74
Wrexham	0	1	1	10	Wrexham	1	0	1	9	Wrexham	3	7	9	56	Wrexham	5.39
Conwy	1	2	0	12	Conwy	3	1	4	34	Conwy	0	0	1	10	Conwy	4.79
Denbighshire	2	1	1	8	Denbighshire	4	5	5	52	Denbighshire	0	2	1	11	Denbighshire	7.43
Powys	0	0	0	0	Powys	0	0	0	0	Powys	0	0	0	0	Powys	#N/A
OOA	0	0	0	2	OOA	0	0	0	0	OOA	0	0	0	1	OOA	#N/A
Incident Rate per 10,000 population	0.67	0.46	0.36	6.29	Incident Rate per 10,000 population	0.42	0.33	0.47	5.27	Incident Rate per 10,000 population	0.20	0.48	0.54	4.62	BCUHB	5.28

*Please note: The area data records the area that someone is detained in not the area that the person is resident in, this highlights those that are detained within a certain area and which area accepted as a S136.

The table below shows the area that someone originates from, where they were detained and which S136 suite they were taken to. Out of the 34 detentions five people were not seen within the closest S136 suite.

Three noted to be due to no capacity within the closest suite and two had no reason recorded.

Local Authority Originates	Detained in	S136 Suite assessed at
Conwy	Denbighshire	Hergest
Wrexham	Wrexham	Hergest
Wrexham	Wrexham	Ablett
Flintshire	Denbighshire	Heddfan
Ynys Mon	Conwy	Heddfan

The Criminal Justice Liaison Service have been actively involved in the police control rooms with qualified nursing staff on hand to assist the police with advice prior to the use of S136. Instances where the use of S136 does not occur due to the person being diverted to another form of help following consultation either with the Duty Nurse or the Criminal Justice Liaison Service are monitored along with consultations which have led to a S136.

Within the month of December the Mental Health Act Office has received notification that there have been a total of eight consultations with CJS four of these instances where the Criminal Justice Liaison Nurses have assisted in preventing use of S136 and signposting to a different support network. There were four consultations with service which lead to use of S136 detention one of these going to England rather than Wales.

On instances where the police did not consult or it was not recorded.

These resulted in the outcomes as below:

Discharged no mental disorder x 5

Discharged referred to services x 2

Discharged with follow up x 5

Informal admissions x 5

S2 admission x 7

S3 admission x 0

Detention Lapsed x 0

A total of nine detentions were consulted on this month.

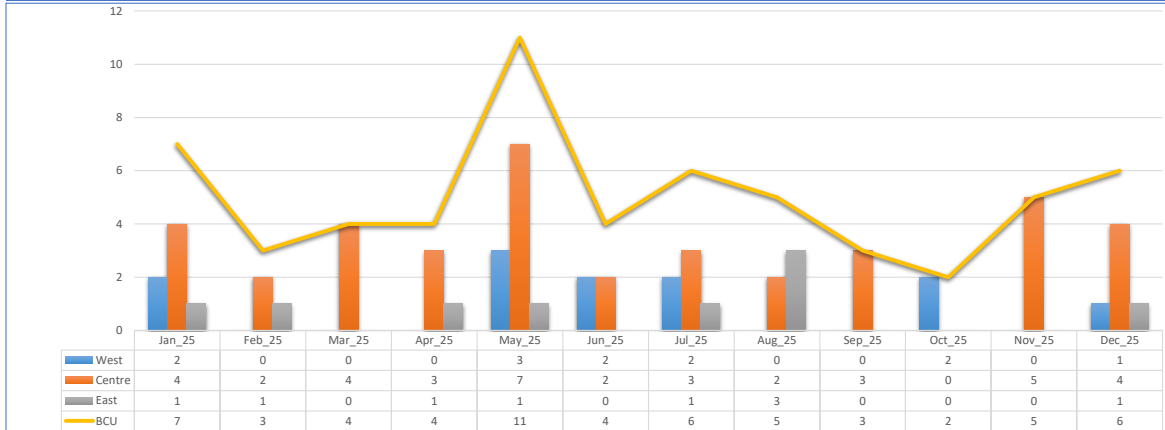
The S136 reports are currently under review therefore some data may not be available.

Under 18's detentions in North Wales
KPI Report for: December 2025

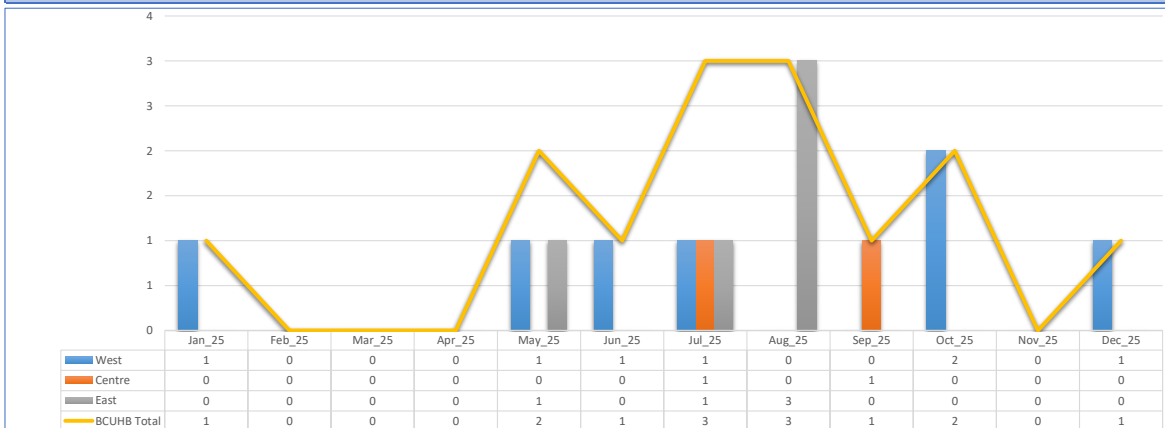
Data Source: BCUHB MHA Database
Report Created on: 16/01/2026
Report Created by: Performance Directorate

Section A: 12 Month Data and Trends

1.1: All Detentions for U18's twelve month trend up to and including Dec_25



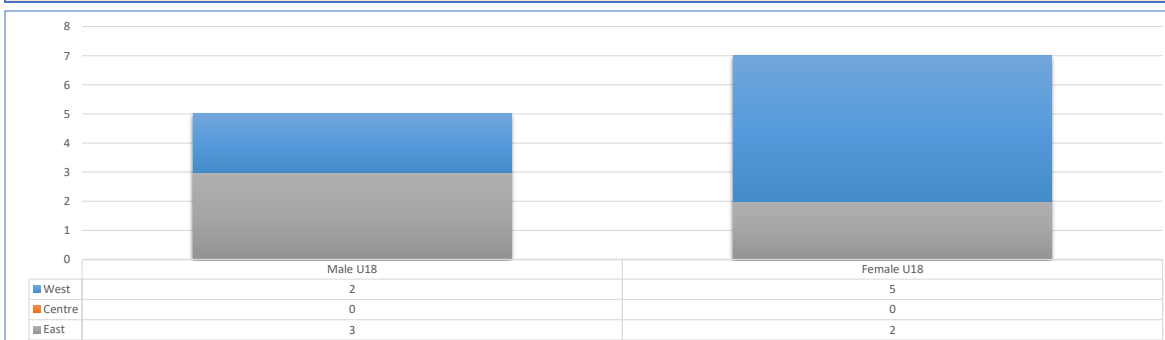
2.1: Section 136 twelve month trend up to and including Dec_25



2.2: Section 136 Outcomes twelve month trend up to and including Dec_25

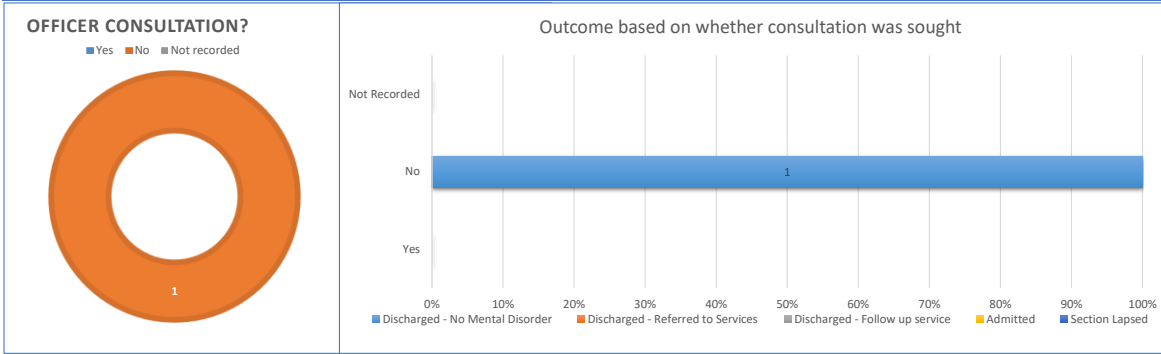
Outcome of 136 detention	Jan_25	Feb_25	Mar_25	Apr_25	May_25	Jun_25	Jul_25	Aug_25	Sep_25	Oct_25	Nov_25	Dec_25
Discharged - No Mental Disorder	0	0	0	0	0	0	0	0	0	0	0	1
Discharged - Referred to Services	1	0	0	0	1	1	2	0	0	0	0	0
Discharged - Follow up service	0	0	0	0	0	0	0	3	0	2	0	0
Admitted	0	0	0	0	1	0	1	0	1	0	0	0
Section Lapsed	0	0	0	0	0	0	0	0	0	0	0	0

3.1: 12 month combined S.135 and S.136 split by Area and Gender

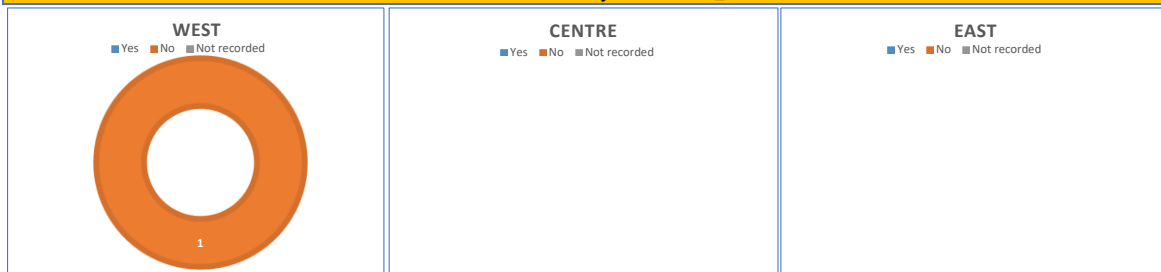


Section B: Data for Dec_25

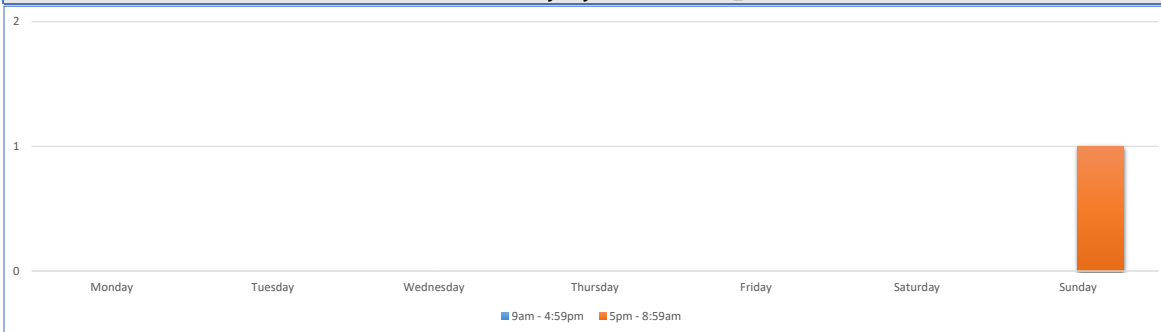
7.1: Consultations and Outcomes for Dec_25



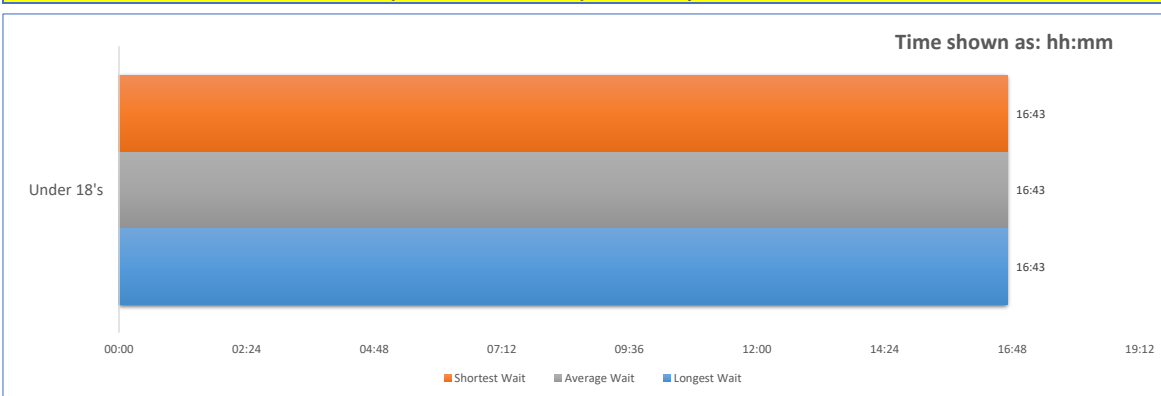
7.2: Consultations by Area for Dec_25



8.1: S.136 use by Day and Time for Dec_25

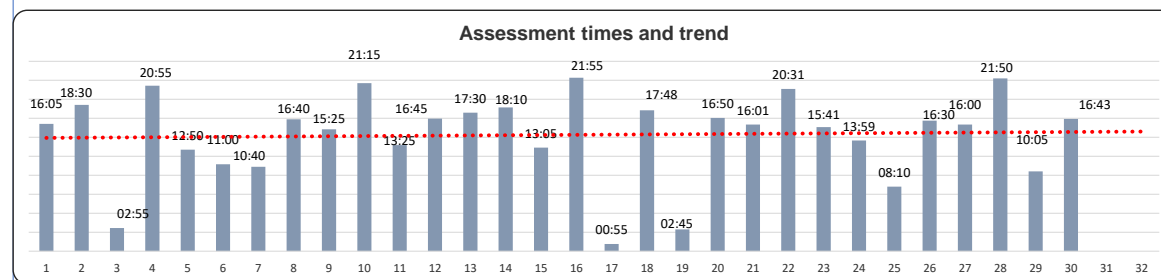


9.1: Time spent in S136 Suite / 1st place of safety until Outcome Dec_25



10.1: Narrative for Dec_25

There was one S136 detention for the month of December. There were five other detentions recorded under the Act for young people. One young person was detained under a S2 and then transferred NWAS this counts for two records. Three young people had their detentions regraded from a S2 to a S3 within the month. The graph below details the last 30 detentions and trendline. Detention 26 the assessment was undertaken by an Adult Consult ant.



The below information details the S136 detentions in December
 The time the S136's were applied by the police and the transfer time to being accepted into a place of safety when the clock then commences.

Reference	S136 applied	S136 Accepted /clock started	Duration
30 -16:43	21:36	22:50	OOH/within hours

The below information shows where the young person was detained, whether consultation took place and the outcome.

Area detained	Consultation	Outcome
Wrexham	Yes	S2 Admission

Mental Health Legislation Committee

MENTAL HEALTH LEGISLATION COMMITTEE ASSURANCE PROCESS FOR OUT OF AREA PATIENTS

Dyddiad y Cyfarfod Date of Meeting	05 February 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	William Haydn Williams Head of Operations and Service Delivery SCS
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Teresa Owen Cyfarwyddwr Gweithredol Gweithwyr Proffesiynol Perthynol i Iechyd a Gwyddor Iechyd Executive Director of Allied Health Professionals and Health Science

Pwrpas yr Adroddiad Report Purpose	For Noting
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Crynodeb Gweithredol Executive Summary
This paper provides formal assurances to the Committee in relation to the monitoring arrangements for all out-of-area Adult Mental Health and Learning Disabilities placements.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Not applicable for this report		

Acronymau / Rhestr Termau



Acronyms / Glossary of Terms	
JCC	NHS Wales Joint Commissioning Committee
CCAPS	Commissioning Care Assurance Performance System
CRT	Community Rehabilitation Services
CLDT	Community Learning Disabilities Services
RCAP	Right Care and Assurance Programme Team
OPMH	Older Peoples Mental Health
AMH	Adult Mental Health
HTT	Home Treatment Teams
ACM	Acute Care Meetings
ICOP	Integrated Concerns Operational Panel
QSDG	Quality, Safety and Delivery Group



1. Y SEFYLLFA SITUATION

- 1.1 This paper provides an overview of the Health Board's approach to commissioning and monitoring out-of-area placements for individuals with Adult or Older People's Mental Health needs, as well as those requiring specialist placements for complex Learning Disabilities

2. Y CEFNDIR BACKGROUND

2.1 BCUHB commissions a range of out-of-area placements to meet the needs of individuals whose care requirements cannot be met within local services. These placements are typically in non-NHS settings and frequently within the Independent Sector. In some cases, individuals can be placed at a significant distance from their home area.

Categories of Commissioning

The Mental Health & Learning Disabilities Division have two main pathways for commissioning Out of area Placements. The pathways include:

- **Acute AMH/OPMH Out-of-Area Beds**
 - Commissioned when demand exceeds in-house Adult Mental Health (AMH) and Older People's Mental Health (OPMH) acute care capacity.
 - Used to manage surge in MH&LD demand by using the independent sector.
 - At any given time, BCUHB commissions an average of **25 acute beds**.
 - Placements range from local provision in North Wales to as far north as the Scottish borders and as far south as Essex.
- **Secure Care Beds**
 - Commissioned for individuals requiring longer-term mental health rehabilitation within specialist secure settings.
 - Includes Low Secure, Locked Rehabilitation, and Open Rehabilitation Units.
 - Services are spread nationally, with the main concentration of services in the North West of England.
 - On average BCUHB have **75 beds** commissioned within its secure care pathway.
 - Secure care packages are often medium to longer term placements, with the average length of stay ranging from 18 months to three years.

Key Issues

- **Patient Safety and Quality:** Out-of-area placements require robust oversight to ensure safety, quality of care, and progress toward recovery.
- **Distance Challenges:** Significant geographical separation from North Wales complicates continuity of care and timely discharge planning.
- **Monitoring and Repatriation:** Effective systems and processes are essential to monitor these placements and facilitate appropriate pathways back into local services wherever possible.

3. **MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION**

3.1 **Out-of-Area Placements – Governance and Oversight**

All acute care out-of-area placements are arranged through the Home Treatment Teams (HTT) in East, Central, and West. These placements are commissioned via the **All-Wales National Commissioning Framework**, overseen by the **NHS Wales Joint Commissioning Committee (JCC)**.

Supporting this framework is the **Commissioning Care Assurance Performance System (CCAPS)**, which provides real-time data on each placement, including incident reporting, safeguarding alerts, quality assurance audits, and outcomes. The system automatically issues email notifications to local commissioners and care coordinators when an incident is reported for their patient whether related to Mental or Physical Health. Safeguarding alerts are similarly sent to the identified care coordinator or, within the acute pathway, the HTT.

Quality assurance within the framework operates via a 3Q System and is monitored by the JCC and reported live on the **CCAPS system**. The 3Q is based on:

- **Monthly self-audits** against agreed quality and safety indicators
- **Annual quality monitoring audits** conducted by the JCC Quality Assurance Team

This structure ensures robust governance, transparency, and compliance with national standards.

Local Governance and Oversight of Acute Out-of-Area Placements

Home Treatment Teams (HTT) in West, Central, and East monitor all patients placed in out-of-area beds. Clinical Teams will maintain contact with their respective patients both in person and remotely. BCUHB Care coordinators attend Multi-Disciplinary and Care and Treatment Meetings. Each case is also discussed at daily **Acute Care**

Meetings (ACM), where concerns and/or issues requiring are addressed. Any risks and issues are then escalated through to **daily safety huddles**.

Incidents are monitored locally through **Integrated Concerns Operational Panel (ICOP)** and reported as part of the area's **ICOP** Process, which feeds into **Divisional ICOP** and subsequently into the **Divisional Quality, Safety and Delivery Group (QSDG)**. This reporting structure ensures alignment with the corporate QSDG and Governance arrangements for oversight and assurance.

Daily case management of acute out-of-area placements remains the responsibility of the respective HTT and the Local Clinical Team. The HTT acts as the key link between the placement and the local team, ensuring continuity of care and facilitating early repatriation where possible.

Local Governance and Oversight – All Wales National Commissioning Framework

All secure care placements are commissioned through the **All-Wales National Commissioning Framework**, supported by the **CCAPS System** for live data monitoring. Placements are procured via the **Right Care and Assurance Programme Team (RCAP)**, a regional service within the Continuing NHS Healthcare structure of the MH&LD Division.

The RECAP Team comprises five senior nurses who provide case management for all secure care placements. They work closely with the **NHS Wales Joint Commissioning Committee (JCC)**, **Community Rehabilitation Teams (CRT)** for mental health placements, and **Community Learning Disability Teams (CLDT)** for specialist learning disability placements.

Scheduled reviews of each patient placement are undertaken at **three months, six months, and annually**. These reviews are led by the RCAP Case Manager and will involve the Care Coordinator, the provider MDT, the patient, and, where appropriate, the patient's family or an independent advocate.

These reviews ensure:

- The individual is receiving the appropriate level of care and treatment.
- Progress is being made against agreed outcomes.
- Enhanced care needs are assessed and delivered safely and sustainably.
- Identify any area of concern or poor clinical practice
- Ensure action is taken where providers fail to meet required standards.
- Support plans for patient repatriation

Reviews are conducted generally in person, where the RCAP Case Manager and Care Coordinator will engage directly with the patient to gather their views, concerns, and reflections on their experience. The review will also incorporate a formal MDT discussion, during which the patient will be included in the feedback and review process, should they wish to participate.

Care coordination is provided by CRT for Mental Health placements and CLDT for Learning Disability placements. Care coordinators ensure compliance with the Mental Health Measure, maintain close oversight, and report all incidents through local, divisional, and corporate governance routes.

Committee Assurance

- **Clear Escalation Pathways:** Daily ACM Reviews and safety huddles for acute care; scheduled reviews for secure care ensure timely escalation of concerns.
- **Robust Incident Monitoring:** ICOP and CCAPS Systems provide real-time data and structured reporting through divisional and corporate governance.
- **Continuity and Compliance:** HTTs and care coordinators maintain continuity of care and compliance with statutory requirements, including Mental Health Act obligations.
- **Quality Oversight:** RCAP and JCC conduct quality audits and assurance checks, ensuring providers meet agreed standards.
- **Integrated Governance:** Both pathways feed into divisional and corporate QSDG structures, providing transparency and assurance at Board level.

4. RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO KEY RISKS / MATTERS FOR ESCALATION

A. Quality, Safety and Patient Experience Risks

There is a risk to the quality, safety, and overall patient experience when individuals receive care outside the core Mental Health & Learning Disability Services of BCUHB. Variability in standards and reduced direct oversight may impact the consistency and continuity of care delivered.

B. Delegation of Care to Independent Sector Providers

Delegating the care and treatment of vulnerable patients to independent sector providers presents a risk if robust clinical governance and oversight arrangements are not fully in place. Ensuring that external providers deliver care in line with BCUHB standards, policies, and expected clinical outcomes is essential to safeguarding patient wellbeing.



C. Geographical Distance from Home and Community

When patients are placed in services located significant distances from their home communities and family networks, there is a risk of social isolation, reduced family involvement in care planning, and potential impacts on recovery, wellbeing, and discharge planning.

D. Compliance with Commissioning and Procurement Requirements






There is a risk of non-compliance with statutory commissioning and procurement regulations if governance processes are not sufficiently robust. Adherence to regulatory frameworks is essential to ensure lawful, transparent, and value-for-money decision-making when securing external care provision.

5. ARGYMHELLION RECOMMENDATIONS

The Committee is asked to take assurance from the contents of this paper and note the ongoing actions to address the identified risks.

The Committee is asked to note the contents of this paper and the continued monitoring through established governance mechanisms.



ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>4. Improving quality, outcomes and experience</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Yr Egwyddorion Dylunio Design Principles	<p>Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <ul style="list-style-type: none"> ➤ People first. ➤ Wise spending.
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR) Quality, safety and patient experience risk aligned to their care being provided outside of BCUHB. BCUHB delegating care and treatment of vulnerable patients within the independent sector. Patients receiving their care significant distances from their home communities and families. Ensuring BCUHB vicarious liability is up held.</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	

<p><i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Galluogwyr Ansawdd Enablers of Quality Choose an item.</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Meysydd Ansawdd Domains of Quality Choose an item.</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Healthier Wales</p>	

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: Choose an item.</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	



Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	Yes (Include further detail below)	
	Mental Health Act 1986	
Enw Da Reputational	Yes (Include further detail below)	
	Patients being places outside of their home area. Does not align with care closer to home.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	Cost associated with Out of Area placements	

Teitl adroddiad: <i>Report title:</i>	Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) Q3 2025-26 Update			
Adrodd i: <i>Report to:</i>	Mental Health Legislation Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 05 February 2026			
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Quarter 3 update on the provision of DoLS and MCA activity within the Health Board.			
Argymhellion: <i>Recommendations:</i>	The Board is asked to: Accept the DoLS and MCA Report and the identified activity for the period of Q3 2025-26			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery			
Awdur yr Adroddiad: <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			
Pwrpas yr adroddiad: <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"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <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>	Derbyniol <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>	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 mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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:				
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:				
Cyswllt ag Amcan/Amcanion Strategol:	N/A			
Link to Strategic Objective(s):	N/A			
Goblygiadau rheoleiddio a lleol:	Mental Capacity Act (MCA 2005)			
Regulatory and legal implications:	Mental Capacity Act (MCA 2005)			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	N/A			

<p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</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>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	No financial implications
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	No workforce implications
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</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>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	N/A (see Risk below)
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	N/A
<p>Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i></p>	
<p>Rhestr o Atodiadau: <i>List of Appendices:</i></p> <p>N/A</p>	
<p>Cyflwyniad / Cefndir Introduction / Background</p>	

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 Q3 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.

As previously reported the Attorney General for Northern Ireland 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?

The case has been heard by the UK Supreme Court and is currently awaiting judgment. If the Court upholds the Cheshire West 'acid test', existing legal protections and processes will remain unchanged. However, if the Court accepts Northern Ireland's position that "consent through wishes and feelings" (sometimes described as "consent by conduct") can amount to valid consent for those lacking capacity, a significant number of individuals currently considered deprived of their liberty could immediately fall outside Article 5 safeguards. Given the volume of patients affected, this could remove legal protections for many BCUHB patients overnight and create substantial operational risks including impacts on assessor training requirements and existing funding shortfalls. The Safeguarding DoLS/MCA Team will continue to monitor the case closely and report the outcome through agreed governance channels.

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

Although discussions about LPS have recently resumed, there has been no substantial progress, and implementation is not expected in the foreseeable future. The recurring additional funding from Welsh Government (WG) remains in place, and work continues to strengthen the current DoLS system while incorporating elements of LPS where feasible. In line with WG directives, our priorities remain promoting MCA awareness, delivering MCA training, and addressing the DoLS backlog (the legal term for applications awaiting authorisation).

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 (Q3)

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.

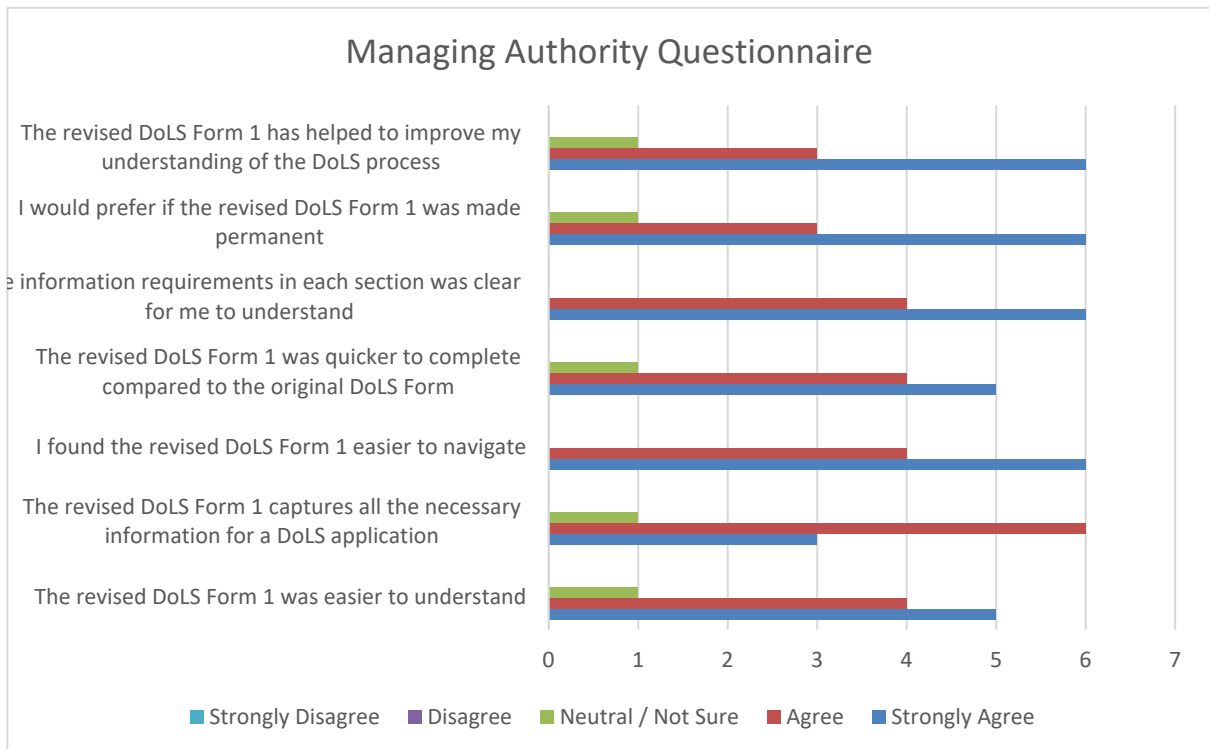
A pilot of the revised DoLS Form 1 was undertaken during Q1 and Q2 of 2025–26. Following the pilot, three Microsoft Forms questionnaires were developed to capture feedback from those involved in the process. Separate questionnaires were created for the Independent Mental Capacity Advocacy (IMCA) Service, the DoLS Team, and the Managing Authorities (wards), enabling each group to provide tailored feedback on their experience of using the draft form. Staff were asked to review a series of statements and select the response that best reflected their experience, using the scale: Strongly Agree, Agree, Neutral / Not Sure, Disagree, or Strongly Disagree.

To date, no responses have been received from the IMCA Service. Given the importance of their involvement, we have contacted the service to encourage and support completion of the questionnaire. The questionnaire will remain open until the end of the financial year to maximise the opportunity for feedback. The IMCA Service has provided assurance that they will review the DoLS Form 1 and the questionnaire and submit their feedback, supporting continued advocacy for vulnerable individuals.

A small number of responses were received from the wards. We have followed up with the relevant areas to identify how best to support more engagement. Despite the limited number of responses, the feedback received to date has been overwhelmingly positive. Respondents reported that the revised form is clearer, easier to navigate, and quicker to complete than the original version. Most participants agreed that the form captures all necessary information and enhances their understanding of the DoLS process. The majority also indicated a preference for adopting the revised Form 1 permanently, reflecting strong support for its continued use beyond the pilot.

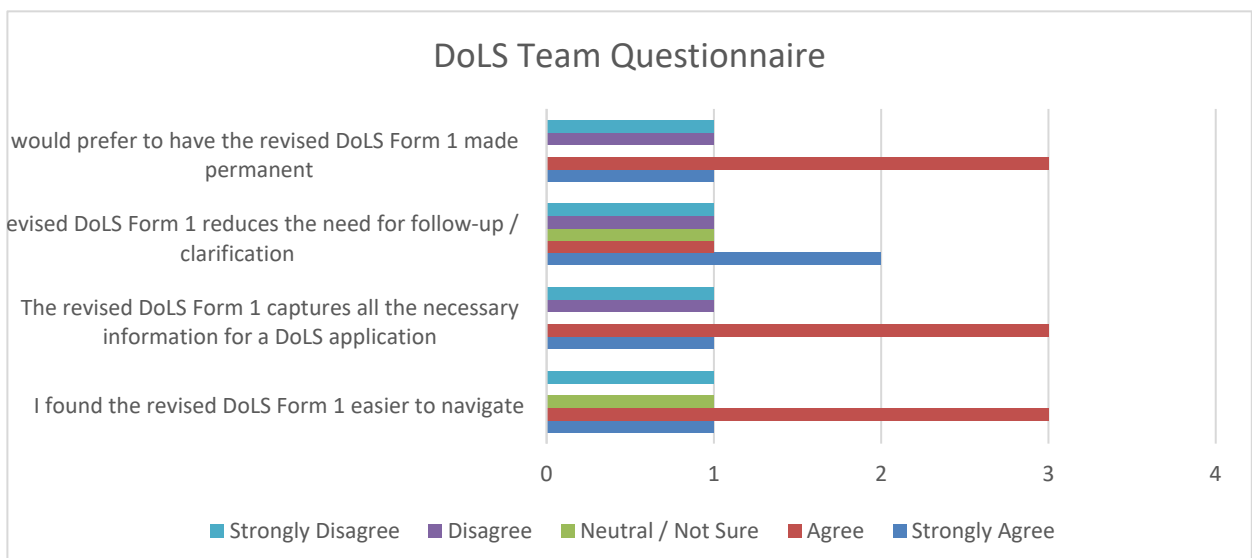
We have summarised the feedback received to date in Figure 1 below. For most of the statements, staff either agreed (orange line) or strongly agreed (blue line).

Figure 1: Managing Authority Questionnaire



The DoLS Team were also asked to review a series of statements and select the response that best reflected their experience, using the same scale: Strongly Agree, Agree, Neutral / Not Sure, Disagree, or Strongly Disagree. Overall, their feedback on the revised DoLS Form 1 was positive. Two-thirds of respondents agreed that the form was easier to navigate, captured the required information, reduced the need for follow-up, and should be adopted permanently. However, a small but consistent minority expressed concerns, with one or two respondents disagreeing across all statements.

Figure 2: DoLS Team questionnaire



Moving forward, once additional responses have been received and the IMCA Service has engaged with the process, we will collate all feedback and provide a full report. In the interim, the responses gathered to date will be shared with the national group for comment. The subgroup will then review all feedback, consider suggestions, and make any necessary amendments to the revised DoLS Form 1. A full update is planned for Q4 2025–26.

- **Action 2 MCA Training:** MCA Training remains a key priority for the Health Board, with further improvements in training compliance achieved during Q3 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 continues to align staff roles and responsibilities with the appropriate training levels, ensuring consistency with the Intercollegiate Guidance on the MCA.

We are also updating our MCA Level 1 and Level 2 workbooks to align with the new training programmes, ensuring all staff have access to, and can comply with, the mandatory training requirements.

The training subgroup continues to run in parallel with the main training group, where work is underway to develop the revised National MCA Form. The Health Board continues to contribute actively to this subgroup.

- **Action 3 DoLS Process:** This action focuses on identifying areas for improvement and exploring opportunities to implement new DoLS workstreams. The key areas continued to be 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, this piece of work is ongoing with the aim 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.

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 key area of ongoing progress relates to the reduction of the DoLS backlog. We continue to prioritise this work, and the progress made to date has only been achievable through targeted intervention and the financial support received from Welsh Government (WG).

Performance and Activity

The Health Board continues to experience an upward trend in DoLS applications, which aligns with the wider national position. A total of 753 applications were received in Q3 2025–26, marking a significant 31.2% increase on last year’s figures. This increase contributes to service pressure but also indicates improved staff awareness, learning, and adherence to statutory duties under the MCA and DoLS framework.

Although DoLS application numbers have increased considerably, the average delay between receipt of an application and completion of the standard authorisation remains at approximately five to six weeks. This backlog varies over time and is consistent with the wider position across Wales, where other Health Boards and Local Authorities are also experiencing comparable or greater delays.

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

As previously outlined, WG has confirmed that the additional funding will be made permanent, though this remains subject to a formal bidding process. We continue to await clarification on how the funding will be divided between Health Boards and Local Authorities. In line with the expectations of the funding, we will maintain our commitment to offering developmental opportunities for trained staff to support both the strategic and operational management of DoLS and the MCA. Conversations with WG about the allocation of funding are ongoing. The continued requirement for Health Boards and Local Authorities to 'bid' for funds is creating uncertainty and limiting the Health Board's ability to recruit into permanent roles.

Despite the use of a bidding process, WG funding confirmation was once again issued after the financial year had already commenced. This delay results in significant uncertainty, limiting the Health Board's ability to move forward with planned developments such as recruiting additional staff and increasing DoLS assessment capacity. It also adversely impacts procurement and commissioning processes relating to the IMCA service.

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 the funding arrangements do not permit recruitment into permanent posts, the additional WG funding has enabled the continuation of several important secondment roles, including the MCA Training Lead, extra administrative support, and a data analyst. These roles provide essential capacity and strengthen the wider DoLS/MCA system in response to ongoing increases in demand. WG continues to monitor and review these initiatives to evaluate the performance and progress, ensuring effective delivery of statutory duties and to support improvements in 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.

The Health Board is currently engaging with a new tender process, which is expected to remove current barriers and reduce associated risks. Despite this, the period between 1 April 2026 and 31 December 2026 continues to present operational challenges. Escalation remains active, and collaborative work with national and local procurement colleagues is ongoing.

Table 1 below presents the number of referrals made.

Table 1

YEAR	IMCA REFERRALS
1 April 2022- 31 March 2023	551
1 April 2023- 31 March 2024	573
1 April 2024- 31 March 2025	656

The data shows a clear upward trend in referrals over the past three years, which is likely due to increased visibility on hospital wards and proactive awareness-raising by both the IMCA Service and BIAs. The IMCA Service has provided the Health Board with referral statistics to date and reports that between 1 April 2025 and 31 October 2025, 422 referrals were received. Full year-end data will be included in the next report.

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.

As previously highlighted, IMCA figures reflect the number of referrals received and not the total volume of activity undertaken for each case. Each referral typically generates multiple actions, including visits, telephone calls, emails, professional contact, attendance at multidisciplinary meetings, and the time required to produce the necessary reports.

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 from Welsh Government to strengthen the IMCA and RPR Service remains in place, issued in preparation for the proposed UK Government legislation known as the Liberty Protection Safeguards (LPS). Although there has been no further progress on LPS implementation, the focus continues to be on increasing capacity within the IMCA Service. Funding streams for IMCA and RPR may be separated, allowing each agency to independently finance its own RPR provision. However, commissioning responsibility for IMCA services will continue to sit with 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

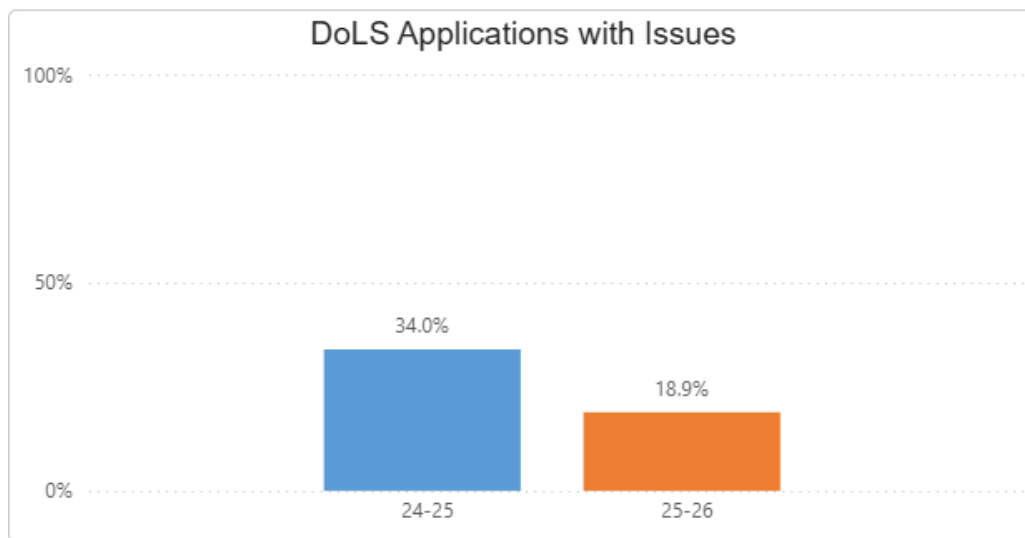
MCA and DoLS activities and objectives are aligned to the agreed strategic objectives identified within the Safeguarding and Public Protection Governance and Reporting activity to support performance and obtain assurance against compliance with legislation and statutory guidance.

DoLS Documentation Audit

The independent audit undertaken by the Health Board Audit Team in Q3 2025-26 reviewed 753 DoLS applications. Overall, the submitted DoLS documentation was of a high standard, although minor errors continued to be identified. Our established process ensures these issues are detected immediately by the Supervisory Body (DoLS Team) upon receipt of the application. Any paperwork requiring correction is returned promptly to the Managing Authority for amendment. The revised documentation is then resubmitted within the required legislative timescales and does not result in any delay to the authorisation process. This approach also supports timely operational reflection and promotes continuous quality improvement.

Table 2 below illustrates the percentage of applications during Q3 in both 2024-25 and 2025-26. The table demonstrates a significant improvement in the quality of the paperwork.

Table 2:



During Q3 2024–25, an average of 34.0% of applications contained errors within the submitted paperwork (represented by the blue bar). In Q3 2025–26, this reduced to an average of 18.9% (represented by the orange bar). This demonstrates a notable improvement in the quality of applications submitted by frontline staff and reflects the ongoing efforts of the DoLS/MCA Team and all Health Board services involved in completing DoLS applications.

Analysis

During Q3, 142 applications were identified as having issues; however, all were corrected within the required legislative timescales. The vast majority of these issues were minor and required only minimal amendment. Overall, 18.9% of applications submitted in Q3 2025–26 contained errors, representing a significant improvement compared with the same period last year and a continued improvement on the previous quarter.

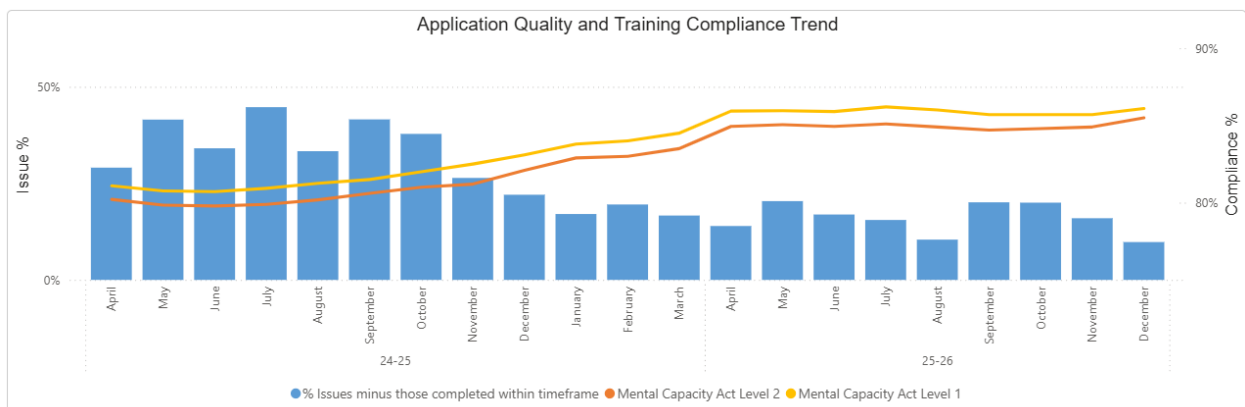
The submitted applications continue to identify four (4) main themes:

- 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.

Although the errors identified are minor and do not impact the patient’s journey, continued improvement is essential to ensure strong governance, legislative compliance, and to mitigate potential challenges in the Court of Protection (CoP). A robust quality-assurance process is in place, with every application audited on receipt by the MCA/DoLS Team and feedback provided within 24 hours. In addition, Best Interest Assessors and our MCA Training Lead provide follow-up support by visiting wards, offering advice, and building staff 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 deliver additional Mental Capacity Act training tailored to the specific needs of each ward. The Level 3 MCA and DoLS training package remains available monthly, with a bespoke training offer for wards with higher referral volumes. This includes ward-based delivery through ward rounds, team meetings, and training sessions. All qualified staff at Band 5 and above are encouraged to complete Level 3 training.

The updated All Wales Mandatory Level 1 and Level 2 MCA e-learning modules are now live on ESR, enabling the Health Board to progress the development of updated versions of the MCA Level 1 and Level 2 workbooks to further support non clinical staff in meeting mandatory training requirements.

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

Table 4:

Compliance by Health Economy December 2025

Grouped Org L4	Staff	MCA Level 1	MCA Level 2	Average	Modules below 85%
Corporate Services	12008	82.4%	80.4%	81.4%	2
Health Community Centre (HCCX)	5424	87.3%	88.3%	87.8%	
Health Community East (HCEX)	5551	89.8%	88.9%	89.3%	
Health Community West (HCWX)	4472	87.9%	88.6%	88.2%	
Integrated Clinical Delivery - Primary Care (ICDP)	266	89.5%	88.6%	89.0%	
Integrated Clinical Delivery - Regional Care (ICDR)	1674	84.8%	86.3%	85.5%	1
Mental Health & LDS (MX00)	2296	91.4%	91.2%	91.3%	
Midwifery and Womens Services (WXXX)	844	85.0%	84.4%	84.7%	1
Total	32535	86.1%	85.5%	85.8%	

Table 5

Competency	Q3 2024-25	Q3 2025-26	Trend
Mental Capacity Act Level 1	83.1%	86.1%	↑
Mental Capacity Act Level 2	82.1%	85.5%	↑

Q3 2025-26 has seen an overall increase in MCA training compliance in the last 12 months, with the overall compliance rate now above the organisational target of 85% in both level 1 and level 2.

Analysis

Training compliance and understanding of DoLS and the MCA remain key priorities. Targeted support is provided to areas with lower compliance, ensuring they receive additional training and guidance. The MCA Training Lead is highly visible across Managing Authorities, attending ward meetings, completing walkabouts to strengthen visibility and offering direct advice to encourage staff engagement with training. A revised virtual training programme also remains available to support accessibility and uptake.

MCA training is further reinforced through inclusion in the mandatory Adult Safeguarding Level 2 module, ensuring all opportunities to embed learning are utilised. In addition, Best Interest Assessors are now present onsite at each District General Hospital, providing real-time support and promoting attendance to strengthen 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.

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

Mental Health Legislation Committee

HIW Assurance Report - October - December 2025

Dyddiad y Cyfarfod Date of Meeting	05 February 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Erika Dennis, Quality Lead Manager Clare Jones, Quality Assurance Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Angela Wood, Executive Director of Nursing and Midwifery

Pwrpas yr Adroddiad Report Purpose	For Noting
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Crynodeb Gweithredol Executive Summary

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.

This report provides assurance that following inspections, recommendations/actions in relation to the Mental Health Act.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Power of Discharge Group	27/01/2026	Noted.

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
HIW	Healthcare Inspectorate Wales

HIW Assurance Report

October - December 2025

Y SEFYLLFA **SITUATION**

This report provides assurance that following inspections, recommendations/actions in relation to the Mental Health Act.

Y CEFNDIR **BACKGROUND**

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.

MATERION PENODOL I'W HYSTYRIED **SPECIFIC MATTERS FOR CONSIDERATION**






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

RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

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

ARGYMHELLION
RECOMMENDATIONS

The Committee is asked to note the contents of this report.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>1. building an effective organisation</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>4. Improving quality outcomes and experience.</p>
Yr Egwyddorion Dylunio Design Principles	<p>People First</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>Not applicable</p>
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	<p>Not Applicable</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not applicable</p>
Asesiad o'r Effaith Economaidd-gymdeithasol	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	

<p><i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not applicable</p>
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Galluogwyr Ansawdd Enablers of Quality All Apply</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	<p>Meysydd Ansawdd Domains of Quality All Apply</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>Not Applicable</p>	

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>No - Not Applicable</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</i></p>	<p>Do/Yes: <input type="checkbox"/></p> <p>Canlyniad/Outcome:</p> <p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>



Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	Yes (Include further detail below)	
	There is no direct impact on resources as a result of the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Mental Health Legislation Committee

Associate Hospital Managers (AHM) Update Report October - December 2025

Dyddiad y Cyfarfod Date of Meeting	05 February 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Wendy Lappin Mental Health Act Legislation Manager Matthew Joyes Deputy Director for Legal Services
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Teresa Owen, Executive Director of Allied Health Professionals and Health Science Pam Wenger, Director of Corporate Governance
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary

The purpose of this paper is to provide an update on Associate Hospital Managers (AHM) activity for the period October to December 2025, including Mental Health Act hearings, statutory scrutiny of detention paperwork, training compliance, recruitment and governance arrangements. The report is intended to support assurance to the Committee regarding the effectiveness, compliance and capacity of the AHM function.

During the reporting period, 21 hearings were held, predominantly relating to section renewals, including Community Treatment Order renewals. Hearings were delivered through a combination of face-to-face and Microsoft Teams formats, with patient choice of venue now routinely offered where capacity allows. All hearings that proceeded resulted in detentions being upheld and no discharges were directed by panels.

Performance against the locally agreed hearing quality standard of six weeks following renewal declined, with 47.6% of hearings held within standard. Statutory scrutiny demonstrates variable assurance across inpatient units, with Ablett



showing sustained improvement, Hergest demonstrating generally compliant admission-stage practice with targeted risks, and Heddfan presenting persistent weaknesses in statutory safeguards.

Training compliance within the Associate Hospital Manager cohort remains strong overall, with compliance actively monitored and supported through forums and training events.

The reduction in hearings achieved within the agreed quality standard presents a performance and assurance risk if delays continue. While no statutory timescale applies, prolonged delays may impact patient confidence and regulatory assurance. Scrutiny findings highlight differential levels of statutory risk across units, with ongoing legal and regulatory exposure at Heddfan due to repeated non-compliance with core safeguards.

Staffing pressures within the Mental Health Act service and Responsible Clinician availability remain ongoing operational risks. Inconsistent medication-chart audit coverage during 2025 also presents a risk in relation to sustained compliance with previous inspection findings.

Targeted unit-specific actions are in place following scrutiny findings. Ablett continues under routine monitoring, while Hergest is subject to focused improvements around renewal, and filing practices. Heddfan remains under heightened oversight with a structured improvement approach needed to address systemic issues.

Work is underway to improve hearing scheduling and stabilise staffing capacity.

Medication-chart audits across inpatient sites are scheduled to recommence in 2026.

Training compliance continues to be monitored through individual oversight and governance arrangements.

The Committee is asked to note the contents of this report and to acknowledge the continued commitment of Associate Hospital Managers and Mental Health Act staff in maintaining statutory functions during a period of operational pressure, while continuing to drive improvement and assurance.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Power of Discharge Group	27/01/2026	Noted.



Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
AHM	Associate Hospital Manager
CTO	Community Treatment Order
RC	Responsible Clinician
MHA	Mental Health Act

Associate Hospital Managers (AHM) Update Report October - December 2025

Y SEFYLLFA SITUATION

This paper provides an update on the operation of the Associate Hospital Managers (AHM) function for the period October to December 2025. It includes Mental Health Act hearings activity, statutory scrutiny of detention paperwork, training compliance, recruitment and governance arrangements. The paper supports assurance to the Mental Health Legislation Committee regarding the effectiveness, capacity and statutory compliance of the AHM role.

Y CEFNDIR BACKGROUND

Associate Hospital Managers have a statutory role under the Mental Health Act, including conducting managers' hearings and scrutiny of statutory documentation. Hearings continue to be held using a blended approach of Microsoft Teams and face-to-face formats, with patient choice of venue routinely sought where the patient has capacity.

During 2025, staffing pressures within the Mental Health Act service have impacted the ability to maintain all routine activity, including hearing timeliness and the frequency of some audit processes. Despite this, statutory hearings and scrutiny activity have continued throughout the reporting period.

MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

Hearings Activity

Between October and December 2025, 21 hearings were held, primarily in relation to section renewals, including Community Treatment Order renewals, with a small number of discretionary reviews and patient appeals. All hearings that proceeded resulted in detentions being upheld, with no discharges directed by panels. A number of hearings did not proceed due to patients being regraded to informal

status, discharged, withdrawing appeals, or hearings being postponed due to report availability, Responsible Clinician capacity or operational constraints.

Of the 21 hearings held eight patients were supported by an advocate, none represented by a solicitor and three had their nearest relative or family member attend. From the record of decision it is noted four patients attended for their hearings. There is a theme that patients subject to a CTO do not appear to attend or have any representation.

Performance against the locally agreed hearing quality standard of six weeks following renewal declined during this period, with 47.6% of hearings held within standard. Contributing factors included reduced staffing capacity, challenges scheduling CTO hearings, Responsible Clinician availability and delays where hearings were deferred pending Mental Health Tribunal outcomes.

Scrutiny

Overall Assurance Position

Ablett: Moderate → Improving. Sustained improvement with periods of full compliance.

Hergest: Moderate. Generally compliant admissions with targeted renewal/CTO risks.

Heddfan: Limited. Persistent systemic weaknesses in statutory safeguards.

Summary of Positive and Negative Themes

Across all three units, Associate Hospital Managers scrutiny has been undertaken regularly and in accordance with policy, using the correct statutory templates for both admission and renewal processes. This provides a consistent governance framework and increasing transparency, with issues being explicitly identified as they arise.

Medication-chart audits have also been routinely completed alongside scrutiny, reflecting an ongoing response to prior HIW concerns regarding visibility of legal status.

Ablett demonstrates the strongest and most stable assurance position. Over the course of 2025, multiple scrutiny sessions recorded no issues of concern, indicating that earlier weaknesses have been addressed and that compliant practice has been embedded. There is clear improvement in evidencing Explanation of Rights, IMHA referral consideration, Care and Treatment Plan completion and filing integrity.

Hergest presents a mixed but generally positive picture. Admission-stage compliance is usually good, with June 2025 scrutiny explicitly describing all files as being in excellent order. However, vulnerabilities emerge particularly around

renewals including missing original Section 3 paperwork and reliance on historic documentation.

Heddfan continues to represent the greatest level of concern. Scrutiny evidence shows persistent failures to evidence Explanation of Rights for the current detention, frequent absence of IMHA referral evidence, and poor record integrity. These issues recur across multiple months, indicating systemic weakness rather than isolated lapses.

Unit-Specific Recommendations

Ablett: Maintain and embed improvement through routine scrutiny, light-touch assurance and use as a benchmark unit.

Hergest: Introduce targeted hard-stop controls to strengthen filing timeliness, and ensure Explanation of Rights and Care and Treatment Plans are current for each episode.

Heddfan: Implement urgent systemic intervention with a formal recovery plan, enhanced oversight, mandatory statutory checks and sustained monitoring.

Training and Workforce

Training compliance within the Associate Hospital Manager cohort remains strong overall, with compliance monitored through individual meetings. Recruitment and retention remain stable, supported by quarterly forums and training events.

Compliance figures are reported below, at the time of writing the report 10 Associate Hospital Managers are 100% compliant with the training.

Training		Training	
Environmental Waste and Energy	81%	Violence and Aggression	87%
Equality Diversity and Human Rights	81%	Welsh Language Awareness	94%
Fire Safety	81%	Dementia Awareness	94%
Health, Safety and Welfare	94%	Fraud Awareness	94%
Infection Prevention and Control	94%	Violence against women, domestic abuse	87%
Information Governance	87%	Mental Capacity Act	94%
Safeguarding Adults	100%	Paul Ridd LD training	87%
Safeguarding Children	94%	Mental Health Act	100%
Anti Racism	75%		






RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO KEY RISKS / MATTERS FOR ESCALATION

Hearing timeliness presents an assurance risk should current delays continue, particularly in relation to patient confidence and regulatory scrutiny.

Staffing pressures within the Mental Health Act service and Responsible Clinician availability continue to impact hearing scheduling and audit activity. Inconsistent medication-chart audit coverage during 2025 limits assurance against previously identified inspection concerns.

ARGYMHELLION RECOMMENDATIONS

The Committee is asked to note the contents of this report and the ongoing delivery of the Associate Hospital Managers function during a period of operational pressure.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     1. building an effective organisation
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below: 4. Improving quality outcomes and experience.
Yr Egwyddorion Dylunio Design Principles	People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	The MHA department continues to experience significant capacity pressures within the team, with Royal Assent being gained for the Mental Health Act 2025 this will increase workloads and demands on the team and the Associate Hospital Managers going forward.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
<p>Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i></p> <p>Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i></p>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	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 and Hospital Managers Hearings have been equality impact assessed. There are two specific policies related to Associate Hospital Managers.
<p>Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i></p> <p>Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i></p> <p><u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	Galluogwyr Ansawdd Enablers of Quality All Apply	Meysydd Ansawdd Domains of Quality All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<p><u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll A ydych chi wedi ystyried yr effeithiau ar atal twyll? Counter Fraud Impact Assessment Have you considered the counter fraud impacts	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	Yes (Include further detail below)	
	There is a legal requirement that patients are required to have a renewal hearing undertaken by the Associate Hospital Managers on renewal of a detention. Whilst there is no specified timeframe for this to happen within the renewal period one must occur otherwise the renewal detention will become invalid.	



Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

Mental Health Legislation Committee

Power of Discharge Group Chair's Report - January 2026

Dyddiad y Cyfarfod Date of Meeting	05 February 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Wendy Lappin Mental Health Act Legislation Manager Matthew Joyes Deputy Director for Legal Services
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Teresa Owen Executive Director of Allied Health Professionals and Health Science Pam Wenger Director of Corporate Governance
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

The Power of Discharge Group is held on a quarterly basis to provide a forum for Associate Hospital Managers to discuss matters related to their role, chaired by the Deputy Director for Legal Services.

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Power of Discharge Group	27/01/2026	Noted.



Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
AHM	Associate Hospital Manager
CTO	Community Treatment Order
RC	Responsible Clinician
MHA	Mental Health Act

Power of Discharge Group Chair's Assurance Report

Y SEFYLLFA SITUATION

The Power of Discharge Group is held on a quarterly basis to provide a forum for Associate Hospital Managers to discuss matters related to their role, chaired by the Deputy Director for Legal Services.

Y CEFNDIR BACKGROUND

Section 23 of the Mental Health Act (the Act) gives certain powers and responsibilities to 'Hospital Managers'.

In Wales, NHS hospitals are managed by Local Health Boards. The Local Health Board is therefore for the purposes of the Act defined as the 'Hospital Managers'.

Hospital Managers have the authority to detain patients under the Act. They have responsibility for ensuring the requirements of the Act are followed. In particular, they must ensure patients are detained and treated only as the Act allows and that patients are fully informed of, and are supported in, exercising their statutory rights. Hospital Managers have equivalent responsibilities towards Community Treatment Order (CTO) patients. (CoPW 37.4)

In practice, most of the decisions the Hospital Managers take, are undertaken by individuals (or groups of individuals) on their behalf by means of the formal delegation of specified powers and duties. (CoPW 37.5)

In particular, decision about discharge from detention and CTOs are taken by Hospital Manager Discharge Panels, made up of Associate Hospital Managers who are not employees. They are directly accountable to the Board in the execution of their delegated functions via the Mental Health Legislation Committee. (CoPW 37.6)

The Power of Discharge Group is held on a quarterly basis to provide a forum for Associate Hospital Managers to discuss matters related to their role, chaired by the Deputy Director for Legal Services; reports are produced and presented by the Mental Health Act Manager to the group.

MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

The group acknowledged the pressures faced over the past year due to vacancies and sickness in the MHA Team, with cautious optimism that 2026 will see improved stability.

Key operational updates were provided. A new Mental Health Act Administration Lead post (replacing the old CAMHS MHA Administrator role) is being developed following unsuccessful recruitment to the original CAMHS-funded administrator role, with the intention of strengthening support across hearings, administration, and continuity. IT modernisation of the assurance reporting database remains delayed, and training on HO15 paperwork is planned for March or April. A detailed update was also given on the procurement of the new electronic mental health records system, including tender progress, expected contract approval, and long-term national implementation. Associate Hospital Managers are not expected to directly use the system but should benefit indirectly through improved data and processes.

The Associate Hospital Managers Report and MHA Assurance Report were presented, highlighting hearing activity, recurring postponements due to late reports, and variation in audit results between units. While most Mental Health Act activity was lawful, there were isolated lapses of sections, and high (though decreasing) use of Section 136. Joint work with the police continues in response to operational challenges at places of safety. The group also discussed low attendance by patients at CTO hearings, with further discussion to be taken forward with clinical leadership.

A significant discussion concerned cases where discharge or progression was delayed due to unresolved funding decisions between agencies. Some Associate Hospital Managers reported requesting review hearings to apply pressure for resolution, and concerns were raised about clinicians feeling constrained when financial factors appeared to influence detention length. The group agreed this is not a lawful basis for continued detention and that such cases place both clinicians and panels in a difficult position. The AHMs asked for this issue to be formally escalated to the Mental Health Legislation Committee via this Chair's Report. The MHA Team will monitor instances of this to provide data.

Further operational matters included reinforcing the three-day deadline for receipt of reports before hearings, addressing distribution of information in some hearing notifications, reviewing the group Terms of Reference (including the need to recruit an eighth Associate Hospital Manager for the group), and acknowledging that implementation details for the new Mental Health Act reforms in Wales are awaited.








RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO
KEY RISKS / MATTERS FOR ESCALATION

There are no specific risks.

ARGYMHELLION
RECOMMENDATIONS

The Committee is asked to note this report.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>1. building an effective organisation</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>4. Improving quality outcomes and experience.</p>
Yr Egwyddorion Dylunio Design Principles	<p>People First</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>The MHA department continues to experience significant capacity pressures within the team, with Royal Assent being gained for the Mental Health Act 2025 this will increase workloads and demands on the team and the Associate Hospital Managers going forward.</p>
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	<p>Not Applicable</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS	
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	<p>Do/Yes: <input type="checkbox"/></p>
	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>
<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</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 and Hospital Managers Hearings have been equality impact assessed. There are two specific policies related to Associate Hospital Managers. MHLD 0042</p>



		Associate Hospital Managers Procedure and MHL0 0032 Policy/Procedure for review of a patient's detention or CTO conducted by the Managers Discharge Panel.
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not applicable
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Ansawdd Enablers of Quality All Apply	Meysydd Ansawdd Domains of Quality All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny:	

	If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	Yes (Include further detail below)	
	This report is generated quarterly. The Mental Health Act (MHA) and MHA Code of Practice for Wales (CoPW) 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.	



Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

Mental Health Legislation Committee

UPDATE ON RIGHT CARE, RIGHT PERSON

Dyddiad y Cyfarfod Date of Meeting	05 February 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	MHLD Team
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Teresa Owen - Executive Director of Allied Health Professionals and Health Science
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This paper aims to provide the Mental Health Legislation Committee (MHLC) with an update on Right Care, Right Person (RCRP), and the ten-point plan that is being implemented in order to support delivery of the final phase.

Right Care, Right Person (RCRP) sets out a framework for how police and health services should improve the response to people with mental health needs. It involves the police working with partner agencies to identify the most appropriate agency to provide vulnerable people with the care and support they need. A key focus is on ensuring that services are co-ordinated, delivered in partnership, and that help, advice, support, and information is easily accessible and available as early as possible, and by so doing helping prevent people from reaching crisis point.

RCRP has 4 phases and the Mental Health and Learning Disability (MHLD) Division are pleased to report that through collaborative dialogue and action, RCRP has become business as usual within area mental health teams. There remains one outstanding area of work in relation to phase four aligned to the review of section 135/136. In order to fully implement phase four a Task and Finish Group is being established chaired by the MHLD Medical Director. This will review the current section 136 position, including themes identified from the North

Wales section 135 / 136 monitoring group and triangulate the identified areas requiring further refinement.

A North Wales ten-point plan has been devised for implementation as follows:

- 1) Devise process in the event that all 136 suites are occupied
- 2) Agree the voluntary attender process and implement
- 3) Improve police paperwork around Section 136 and mental health related events
- 4) Ensure Duty Nurses plan and arrange Section 136 Mental Health Act (MHA) assessment in timely ways, reducing delays
- 5) Process for Approved Mental Health Practitioner's (AMHPs) and nurses to call for support where violence is predicted
- 6) Devise process for Non 136 events in a dwelling for officers who need to consult with EDT
- 7) Section 12(2) Doctor rotas
- 8) Devise process for BCUHB staff teams identifying beds
- 9) Devise process for Custody and Police and Criminal Evidence (PACE) clocks – flow to be agreed and implemented
- 10) Operational Response Vehicle (ORV) as an additional action plan for awareness raising

The first meeting of the Task and Finish Group is due to be held on 10th February 2026. Terms of Reference, including reporting lines, will be agreed at the first meeting. The Medical Director will report the outcome to DSLT.

Further updates to MHLC can be provided.

**Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp)
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
<p>Update from previous MHLC meeting held -</p> <p>Luke Hughes, North Wales Police, attended the meeting to provide an update on the Right Care, Right Person cross agency project being undertaken and noted the four phases.</p>	<p>8th May 2025</p>	<p>Actions noted –</p> <ul style="list-style-type: none"> • To share a copy of the letter from the local authorities aligned to Section 136 patients with MHLC members for information. • Establish a multi-agency Task and Finish Group to address the issues of availability of beds assessment space for Section



<p>Noted the development of a Section 136 app by North Wales Police, in conjunction with the Criminal Justice System, to monitor weekly use of the powers and Section 136 data was shared.</p> <p>Discussions would be held around what actions could be taken in the short term to free up police time, and avoid the need for Section 136 patients presenting to ED, noting this work will be supported by the Crisis Group.</p>		<p>136 patients to avoid admission to ED.</p> <ul style="list-style-type: none"> Issues raised in the meeting held 8/5/25 be referred to the Executive Committee, and the Quality, Safety and Experience Committee.
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Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
RCRP	Right Care Right Person
MHLD	Mental Health and Learning Disability
MHA	Mental Health Act
ORV	Operational Response Vehicle
AMHPs	Approved Mental Health Practitioners
EDT	Emergency Duty Team
ED	Emergency Department
PACE	Police and Criminal Evidence Act
DSLTT	Divisional Senior Leadership Team

Gofal Cywir, Person Cywir- Diweddariad

Update on Right Care, Right Person

1. Y SEFYLLFA SITUATION

1.1 Right Care, Right Person (RCRP) aims to ensure vulnerable people get the right support from the right emergency services. It applies to calls for service about:

- concern for the welfare of a person
- people who have walked out of a healthcare setting
- people who are absent without leave (AWOL) from mental health services
- medical incidents

Police forces in England and Wales are now in the process of rolling this out and whilst they will still respond where it is appropriate for them to be involved, police will only be involved for as long as is necessary, and in conjunction with health and/or social care services.

Right Care, Right Person has four phases of delivery as follows, with dates of implementation noted:

- Phase 1: “Concern for welfare” was implemented on January 15th 2024.
- Phase 2: “Absences and walk out of health care settings” was implemented on October 7th 2024.
- Phase 3: Transportation: Implemented and ongoing.
- Phase 4: “Section 136 and voluntary mental health patients” - currently ongoing

1.2 The Mental Health and Learning Disability (MHL) Division are pleased to report that through collaborative dialogue and action, RCRP has become business as usual within area mental health teams, across North Wales.

1.3 The one piece of work that still requires implementation is in relation to phase four, which requires the review of section 135/136.

1.4 The Regional Crisis Care Concordat was the lead meeting during 2024 / 2025 to progress the work relating to Right Care, Right Person (RCRP) which included phase four RCRP; section 136 and voluntary mental health patients. As a result of structural changes, the National and subsequently local Concordat meetings were stood down whilst the direction of travel through the strategic programme for mental health was established.

1.5 The suggestion from previous Concordat meetings was to establish a task and finish group to lead on this piece of work, reviewing the current section 136 position including the themes identified from the section 135 / 136 monitoring group and to triangulate the work.

1.6 Mental Health and Learning Disability (MHL) Divisional Senior Leadership Team are in support of revisiting this work to include the governance and structure of meetings. This will include the establishment of the Task and Finish Group which Dr Alberto Salmoiraghi, MHL Medical Director, has agreed to chair. This will pick up the multi-agency work and review the draft action plan that was previously outlined and ensure the operational focus that is required.

1.7 The review will include the following:

- Review of the section 135 / 136 protocol (underway).
- Review of existing provision.
- Greater understanding of the section 12(2) Doctor provision / rota.
- Increased understanding of the Approved Mental Health Practitioner’s (AMHP’s) provision / rota.
- Review of existing practices i.e., Duty Nurse coordination of the 136 process
- Agree a process when the appropriate 136 suite is occupied in an attempt to manage assessments locally.
- Agree a process to support the Police and Psychiatric Liaison when people are detained in the Emergency Department.



- Multi agency training.
- Review of the terms of reference for the existing section 135 / 136 monitoring group and agree robust governance and reporting arrangements.
- Working with service users to receive feedback and to inform future practice.
- Data collection to review and inform future practice.
- Benchmark with other services and review National guidance.

1.8 In terms of a cohesive plan, the following ten-point plan has been agreed illustrating the deliverables for the group to work towards:

- 1) Devise process in the event that all 136 suites are occupied.
- 2) Agree the voluntary attender process and implement fully.
- 3) Improve police paperwork around Section 136 and mental health related events.
- 4) Ensure Duty Nurses plan and arrange Section 136 Mental Health Act (MHA) assessment in timely ways, reducing delays.
- 5) Process for Approved Mental Health Practitioner's (AMHPs) and nurses to call for support where violence is predicted.
- 6) Devise process for Non 136 events in a dwelling for officers who need to consult with Emergency Duty Team (EDT).
- 7) Section 12(2) Doctor rotas.
- 8) Devise process for BCUHB staff teams identifying beds.
- 9) Devise process for Custody and Police and Criminal Evidence (PACE) clocks – flow to be agreed and implemented.
- 10) ORV as an additional action plan for awareness raising.

The first meeting is due to be held on 10th February 2026. Further updates can be provided.

2 Y CEFNDIR BACKGROUND

2.1 Right Care, Right Person (RCRP) sets out a framework for how police and health services should improve the response to people with mental health needs. It involves the police working with partner agencies to identify the most appropriate agency to provide vulnerable people with the care and support they need. A key focus is on ensuring that services are co-ordinated, delivered in partnership, and that help, advice, support, and information is easily accessible and available as early as possible, and by so doing helping prevent people from reaching crisis point.

2.2 Key points of the RCRP framework include:

- Timely Access to Support: Ensuring people in mental health crisis receive compassionate and appropriate support quickly.
- Appropriate Agency Response: Police involvement is limited to situations where there is an immediate risk to life, or a crime is involved.



- Partnerships: Strong collaboration between police forces, health, and local authorities to implement the approach effectively.

Chief Inspector Luke Hughes has briefed MHLC on RCRP at the meeting held on the 8th May 2025.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

Please consider -

- a. RCRP has become business as usual within area mental health teams. The only outstanding area of work remains in relation to phase four - review of Section 135/136 practices.
- b. Intentions to form a Task and Finish Group to lead a ten-point action plan to implement phase four of RCRP and improve Section 136/135 processes.






4 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO KEY RISKS / MATTERS FOR ESCALATION

Not applicable.

5 ARGYMHELLION RECOMMENDATIONS

The Mental Health Legislation Committee is asked to:

- 5.1 Receive the updated paper for information and note the contents of the paper.
- 5.2 Note the progress made with regard RCRP implementation to date.
- 5.3 Note the next steps with regard phase four implementation and the approach outlined for delivery.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     4. Improving quality, outcomes and experience
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not applicable.</i>
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not Applicable</i>
Ansawdd <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> Quality	Galluogwyr Ansawdd Enablers of Quality Whole-systems Perspective	Meysydd Ansawdd Domains of Quality

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not Applicable</i>
Asesiad o Effaith ar Ddiogelu Data A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? Data Protection Impact Assessment Have you undertaken a Data Protection Impact Assessment Screening?	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not Applicable</i>
	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>

Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not Applicable</i>
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw Da Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Mental Health Legislation Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	06 February 2025
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Philippa Peake-Jones – Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Pam Wenger, Director of Corporate Governance.

Pwrpas yr Adroddiad Report Purpose	For Noting
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Crynodeb Gweithredol Executive Summary
Members are asked to: <ul style="list-style-type: none"> • NOTE the summary of business considered in private session to be reported in public • NOTE the forward workplan

Ymgysylltu (mewnol/allanol) yr ymgwymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Not applicable for this report		

Acronymau / Rhestr Termiau Acronyms / Glossary of Terms



CORPORATE GOVERNANCE REPORT

1. Y SEFYLLFA SITUATION

1 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.

2 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.

3 Y CEFNDIR BACKGROUND

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

4 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

4.1 Summary of Business Considered in Private

4.1.1 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.

4.1.2 The below item was considered in private at the meeting held on 13 November 2025:

- Update on Contract with IMCA

4.2 Committee Forward Work Plan

4.2.1 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.

5 RISGIAU ALLWEDDOL / MATERION I'W HUWCHGYFEIRIO KEY RISKS / MATTERS FOR ESCALATION






5.1 There are no matters for escalation.



6 **ARGYMHELLION
RECOMMENDATIONS**

6.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee/Meeting/Group is asked to:

- **NOTE** the matters considered in Private at the 13 November 2025 meeting.
- **NOTE** The Committee forward workplan.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>1. building an effective organisation</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Yr Egwyddorion Dylunio Design Principles	<p>Simplify, Standardise, and Adopt Best Practices Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures</p>
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	<p>Not Applicable</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not necessary for this report.</p>
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not necessary for this report</p>



<i>Have you undertaken a Socio-Economic Impact Assessment</i>		
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i>	Galluogwyr Ansawdd Enablers of Quality All Apply	Meysydd Ansawdd Domains of Quality All Apply
<u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
Asesiad o Effaith ar Ddiogelu Data	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	

<p><i>A ydych chi wedi cynnal prawf Sgrinio o'r Aseiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not necessary for this report</p>
<p>Aseiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	<p>Not necessary for this report</p>
<p>Cyfreithiol Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw Da Reputational</p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p>Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

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

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	MH25.27.1 Update from North Wales Police	Update in future meeting regarding "Right Person, Right Place"	Teresa Owen	Teresa Owen	February 2026	Open 29.01.26 – update requested for February meeting.
13.11.2025	MHLC	Gareth Williams	DOLS Paperwork analysis	Follow up on the All Wales DOLS Paperwork analysis	Chris Walker	Angela Wood	February 2026	Open 29.01.26 – update requested for February meeting.

Closed

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
07.08.2025	Mental Health Legislation Committee	Gareth Williams	MH25.45.1 CAMHS – Consultant On Call. Update to be given at next committee meeting.	Follow up update	Dr Prash Brat		November 2025	Open