

Bundle BCU Mental Health Legislation Committee 14 May 2026

- 1 PRELIMINARY MATTERS
 - 1.1 10:00 - MH26.20 Welcome & Apologies
Gareth Williams, Chair
 - 1.2 10:01 - MH26.21 Declarations of Interest
Gareth Williams, Chair
 - 1.3 10:02 - MH26.22 Minutes of the Previous Meeting - 5 February 2026
Gareth Williams, Chair
 - 1.3 Unconfirmed MHLC 5.2.26 Public Minutes
 - 1.4 10:07 - MH26.23 Action Log
Gareth Williams, Chair
 - 1.4 Summary Action Log Public
- 2 ROUTINE REPORTING FOR ASSURANCE
 - 2.1 10:12 - MH26.24 Mental Health Act Assurance Report
Matthew Joyes, Deputy Director of Legal Services
 - 2.1.1 MHA Assurance Report
 - 2.1.2 MHA Assurance Report Appendix 1
 - 2.2 10:22 - MH26.25 Mental Capacity Assurance Report
Michelle Denwood, Director of Safeguarding & Public Protection
 - 2.2 MHLC DoLS and MCA Update Report
 - 2.3 10:32 - MH26.26 Healthcare Inspector Wales (HIW) Assurance Report
Matthew Joyes, Deputy Director of Legal Services
 - 2.3 HIW Assurance Report
 - 2.4 10:42 - MH26.27 Associate Hospital Managers Update Report
Matthew Joyes, Deputy Director of Legal Services
 - 2.4 AHM Update Report
 - 2.5 10:52 - MH26.28 Report from the Power of Discharge Group
Matthew Joyes, Deputy Director of Legal Services
 - 2.5.1 POD Chairs Report
 - 2.5.2 POD Chairs Report Appendix 1
- 3 FOR INFORMATION
 - 3.1 11:02 - MH26.29 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
 - 3.1.1 Corporate Governance Report
 - 3.1.2 Forward Workplan
- 4 11:07 - CLOSING BUSINESS
 - 4.1 MH26.30 Agree Items for Referral to Board / Other Committees
Gareth Williams, Chair

- 4.2 MH26.31 Review of Meeting Effectiveness
Gareth Williams, Chair
- 4.3 MH26.32 Date of the Next Meeting - 6 August 2026
Gareth Williams, Chair
- 4.4 MH26.33 Resolution to exclude the Press and Public
'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960'

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Mental Health Legislation Committee
held in Public on 5 February 2026
held via Teams

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

PRELIMINARY MATTERS
<p>MH26.1 Welcome and Apologies</p> <p>Apologies were received for Dyfed Edwards, Ffion Johnstone, Greg Chick, Pam Wenger, Tehmeena Ajmal, Clara Day, Gareth Williams, Phil Williams.</p>
<p>MH26.2 Declarations of Interest</p> <ul style="list-style-type: none"> Jenny Gilmore declared a potential interest regarding item MH26.5 as Co-Chair of the Advocacy Service.
<p>MH26.3 Unconfirmed Minutes of the Meeting held on 13 November 2025</p> <p>It was agreed that the minutes of the meeting held on 13 November 2025 were a true and accurate record.</p>
<p>MH26.4 Matters Arising & Action Log</p> <p>Members received the action log and noted progress against the actions.</p> <p>Questions were asked about the timing of the workshop referenced in the action log against multiple actions.</p> <p>The session will be held on the Chair's return, at the latest following the next Committee in</p>

May.

- **Action MH25.07.1:** it is noted that the website information is still not available bilingually, and is non-compliant with the Welsh Language Standards. The Executive Director of Allied Health Professionals & Health Sciences will follow up again with Welsh Government, as well as contact the Lead Officer for Mental Health Strategy for assistance. It was suggested that a Chair's letter may be helpful for resolution, with potential input from the Chairman.
- **Action MH25.45.1:** It was clarified that when the item on Consultant on Call issues came to Committee previously, there was brief discussion and it was deemed an operational issue, with steps in place to manage and mitigate risk. It was agreed for this action to be closed.

It was resolved that the Committee:

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

ROUTINE REPORTING FOR ASSURANCE

MH26.5 Mental Health Act (MHA) Assurance Report

The Deputy Director of Legal Services and the Mental Health Act Legislation Manager jointly presented the item. Key points included:

- There are ongoing challenges within the Mental Health Act team due to sickness and structural constraints, with difficulty in backfilling roles across the three areas.
- The Electronic Health Record (EHR) is expected to support improved flexibility across services once implemented.
- There were no fundamental MHA errors within this reporting period, with the number of rectifiable errors decreasing also.
- Section 136 activity remains high but stable; with continued improvement shown.
- Informal admissions saw a notable increase; reason is currently unclear. This is to be monitored.
- Police liaison and use of consultation pathways require ongoing development. A task & finish group has been established to address issues including a single consultation number.

In discussing the item, the Committee:

- Noted some inconsistencies in data presentation (months reverse, with others chronological). The performance team will be consulted to ensure consistent formatting in future reports.
- Noted gaps in the team due to shortages due to sickness and the funding shortfall for one of the posts. Cover for staffing shortages is difficult due to the detailed knowledge of the Act that is required, and it is hoped that introduction of the EHR will allow a more flexible approach. It was noted that it is referenced in the paper that the current service model is not sustainable.
- Was advised that some provisions for the new Mental Health Act are due to come into play in February 2026, however current timescale of the wider provisions of the Act are unknown. There has been no indication received from Welsh or UK

Government, although overall implementation will be over a 10-year period. A revision of the Code of Practice will be needed. A further update or progression is not expected ahead of the Senedd Election in May 2026.

- Was advised of recruitment issues experienced, with financial constraints on the lack of substantive funding on one post that sat within the budget of the Chief Operating Officer. The matter has been raised with the Director of Corporate Governance and the model for the future delivery will need to be progressed.
- Emphasised the importance of appropriate resourcing in this area, in regards to future developments and implementation of Foundations for the Future as well as the new MH Act. The new act will have a greater role for MH advocates, with required changes expected to impact on both clinical and operational services.

[Angela Wood left the meeting].

- Reviewed the data presented regarding admissions, and noted the recent increase. The reason for the increase is not yet known, but this will be monitored to review any pattern. There has been significant work regarding admissions, and decreasing use of section 136s. In Children and Young People's Services, informal admission rate is usually higher than the rate of patients detained, due to parental and patient consent that is gained. It was emphasised that the Mental health Act is always considered to ensure safeguards. Whilst the number of 136s appears high, when compared with previous years, there has been a significant reduction over recent years, which has been sustained. The important factor is to ensure appropriateness of the 136 section.
- Reviewed the data regarding 136s, and was advised that weekly meetings are held with Police colleagues to review cases, and ensure appropriate action is taken. It was agreed for this to be monitored. The Committee referenced a previous pilot of a practitioner role, who worked with the Police, going out to assess if application of a sect.136 was appropriate. It was agreed for this to be followed up to identify if this remains a possible solution if re-established.
- Was advised that data regarding 136s was included following request at the previous meeting for assurance. It was agreed for data on the 136 to be removed until the new performance report is established to ensure information is relevant for the Committee.
- Requested that future reports would include a reference to the number of patients the data refers to in order to ensure clarity.
- Queried the number of hearings that did not go ahead. It was advised that this could be due to withdrawal of an application or discharge due to patient improvement over the time required for the tribunal to convene.
- Agreed to review data for the number of hearings and first place of safety rates in 12 months to identify potential trends.
- Noted the paper included regarding Out of Area placements following request for assurance at the previous meeting.

The following actions were agreed:

- **Action MH26.5.1:** Data inconsistencies to be reviewed and amended for implementation in the new performance report.
- **Action MH26.5.2:** Include reference to resourcing and MHA in AAA report for the

Board in March.

- **Action MH26.5.3:** request follow up on previous Mental Health Practitioner pilot in East Area.
- **Action MH26.5.4:** Number of hearings and first place of safety rates to be reviewed in 12 months to identify potential trends.

It was resolved that the Committee:

- **NOTED** the reports.

MH26.6 Mental Capacity Assurance Report

The item was presented by the Director of Safeguarding & Public Protection, and highlighted the following:

- 31.2% increased in DoLS applications seen compared with last year.
- Quality audits show reduced number of documentation errors. All reapplications have been corrected within the required timeframe as per statutory guidance and legislation.
- Feedback regarding the form 1 pilot from IMCA service has been limited. Follow up is underway to encourage feedback.
- Welsh Government funding remains essential, however the requirement to rebid for recurrent funding annually continues to be ineffective, causing potential delay to service provision through the IMCA service. It was agreed that the risk register would be updated to reflect the risk relating to the IMCA service.
- Following a recent HIW inspection, there remains one recommendation outstanding, regarding information to service users on advocacy. A pathway is being explored to incorporate and remind staff to ensure documentation is available.

In discussing the item, the Committee:

- Requested follow up with the Committee Chair regarding any outcome of his discussing at the Vice Chairs' Network for improvement in response rates.
- Noted improvements in the accuracy of DoLS documentation.

The following actions were agreed:

- **Action MH26.6.1:** follow up with the Committee Chair regarding any outcome of his discussing at the Vice Chairs' Network for improvement in response rates.
- **Action MH26.6.2:** The risk register to be updated to reflect the risk relating to the IMCA service

It was resolved that the Committee:

- **NOTED** the report.

MH26.7 Healthcare Inspectorate Wales

It was resolved that the Committee:

- **NOTED** the report.

MH26.8 Associate Hospital Managers Update Report



The Mental Health Act Legislation Manager presented the report and advised that themes from the Annual Report were summarised within the paper.

In discussing the item, the Committee:

- Noted over half of the scheduled hearings were not held within the 6-week quality standard. It was advised that reasons for this include patient withdrawal, discharge before tribunal could take place, and capacity of tribunals to convene.
- Requested that narrative explaining reasons for hearings not held to be added to future reports for clarity.
- Reviewed recommendations received relating to Heddfan, and agreed for an update to be shared through future reports when known.
- Clarified for assurance that any scrutiny undertaken in units is highlighted to Ward Managers and Head of Operations. Scrutiny of the Ablett Unit and Hergest took place at the start of February, with no concerns raised. A visit to Heddfan will take place later in the week.

The following action was agreed:

- **Action MH26.8.1:** Narrative explaining reason for hearings not held to be included in future reports.

It was resolved that the Committee

- **NOTED** the report.

MH26.9 Report from the Power of Discharge Group

The Deputy Director of Legal Services presented the following key points:

- Previously funding issues have been resolved.
- Delays in receipt of funding which can impact on placement decisions remains an issue.

[Dyfed Jones left the meeting].

In discussing the item, the Committee:

- Agreed for data regarding any experienced delays to be gathered for monitoring, with an update provided at the next meeting.

The following actions were agreed:

- **Action MH26.9.1:** data regarding any experienced delays to be gathered for monitoring, with an update provided at the next meeting.

It was resolved that the Committee

- **NOTED** the report.

MH26.10 Update – Right Care, Right Person

The Executive Director of Allied Health Professionals & Health Sciences presented the report. The key points included:

- Implementation in North Wales has been successful, with strong collaborative

partnership between BCUHB and North Wales Police.

- A Task & Finish Group has been established for phase 4, with work progressing well.

It was resolved that the Committee:

- **NOTED** the report.

FOR INFORMATION

MH26.11 Corporate Governance Report

The item was presented by the Head of Corporate Governance. It was confirmed that action 45.1 on the log is to be closed.

It was resolved that the Committee:

- **NOTED** the report.

CLOSING BUSINESS

MH26.12 Agree Items for Referral to Board / Other Committees

- No items for escalation.

MH26.13 Review of Meeting Effectiveness

It was agreed that:

- The meeting ran well, and reflective discussion was held on a number of items with assured received when required.
- Progression is noted in regards to compliance in regards to DoLS and MCA.
- The Chair's Report will note the work of the committee, with confidence that the appropriate areas are focused upon.

MH26.14 Date of next meeting

14 May 2026

MH26.15 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 06.05.26

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	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 August 2026	Reman Open 16.10.25 - To be covered in workshop session 06.05.26 – timescale updated to allow time for workshop to be arrange with all required attendees
2	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 August 2026	Reman Open 16.10.25 - To be covered in workshop session. 13.11.25 – To be discussed a future workshop session. 06.05.26 – timescale updated to allow time for workshop to be arrange with all required attendees
3	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 August 2026	Remain Open 16.10.25 - To be covered in workshop session.



						06.05.26 – timescale updated to allow time for workshop to be arrange with all required attendees
4	MH26.5.4	5/2/2026	Mental Health Act Assurance Report Number of hearings and first place of safety rates to be reviewed in 12 months to identify potential trends.	Chair	February 2027	Remain Open Included on forward workplan.
Actions Proposed for Closure						
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	Proposed for closure 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. 02.04.26 – agreed to close. Agreed in October meeting to be taken through OLT, prior to EC.
2	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	Teresa Owen	July 2025	Proposed for closure Information available below https://jcc.nhs.wales/our-



			bilingually.			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. 05.02.26 – information noted as outstanding on website. TO to follow up.
3	MH26.5.2	5/2/2026	Mental Health Act Assurance Report Include reference to resourcing and MHA in AAA report for the Board in March.	Philippa Peake-Jones	February 2026	Action Proposed for Closure Referenced in AAA report for Board.
4	MH26.5.1	5/2/2026	Mental Health Act Assurance Report Data inconsistencies to be reviewed and amended for implementation in the new performance report.	Matt Joyes / Wendy Lappin	May 2026	Proposed for closure 31.03.26 – to be included in future reports
5	MH26.5.3	5/2/2026	Mental Health Act Assurance Report Request follow up on previous Mental Health Practitioner pilot in East Area.	Teresa Owen	May 2026	Proposed for closure 31.03.26 – on agenda
6	MH26.8.1	5/2/2026	Associate Hospital Managers Update Report Narrative explaining reason for hearings not held to be included in future reports.	Matt Joyes / Wendy Lappin	May 2026	Proposed for closure 31.03.26 – to be included in future reports
7	MH26.9.1	5/2/2026	Report from the Power of Discharge Group Data regarding any experienced delays to be gathered for monitoring, with an update	Matt Joyes / Wendy Lappin	May 2026	Proposed for closure 31.03.26 – on agenda



			provided at the next meeting			
8	MH26.6.1	5/2/2026	Mental Capacity Assurance Report Follow up with the Vice Chair regarding outcome of previous agreement of discussing at the Vice Chairs Network for improvement in response rates.	Chair	May 2026	Proposed for closure 02.04.26 - Raised at vice chair network meeting
9	MH26.6.1	5/2/2026	Mental Capacity Assurance Report The risk register to be updated to reflect the risk relating to the IMCA service	Chris Walker	February 2026	Proposed for closure 02.04.26 – risk resolved.

Closed Actions (as agreed at meeting on 5 February 2026)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	MH25.56.1	13.11.25	Mental Health Act Assurance Report Review data on section 135/136s at next meeting.	All	February 2026	Closed 05.01.26 – on Feb 26 agenda.
2	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	Closed 05.01.26 – covered on Feb 26 agenda.
3	MH25.57.1	13.11.25	Mental Capacity Assurance Report Update on the All-Wales DoLS paperwork to be received at the next Committee meeting.	Michelle Denwood	February 2026	Closed 05.01.26 – covered on Feb 26 agenda.
4	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	Closed Information included in agenda item MH25.41 - Mental Capacity Assurance Report, but likely to be



						<p>6 months before sufficient data for robust evaluation is available: bring back to Committee in February 2026.</p> <p>05.01.26 – added to Feb 26 agenda</p>
5	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	<p>Action proposed for closure</p> <p>Verbal update requested for November meeting.</p> <p>05.02.26 – confirmed action closed in February meeting as mitigations in place and risk is managed operationally.</p>

Mental Health Legislation Committee

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

Dyddiad y Cyfarfod Date of Meeting	14 May 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 **March 2026**, highlighting activity levels, compliance, identified exceptions, and associated risks.

The MHA Team continued to operate with a vacancy, expected to be resolved in the next quarter, whilst the majority of the workforce returned on phased return during the quarter, at the time of writing the report all staff are now back to working full time.

Capacity constraints have been mitigated by effective prioritisation and governance oversight.

Overall, there is good evidence of statutory compliance, with robust oversight, appropriate use of detention powers, and prompt remedial action taken where



exceptions occurred. Importantly, no fundamentally defective detentions were identified during this period.

However, a small number of detention lapses and exceptions were recorded during the quarter, reflecting the impact of staffing pressures and communication failures which continued during this quarter.

Key exceptions included:

- **A Section 5(2) lapsed** - the patient was physically unwell, the detention ended prior to the assessment being undertaken following which a Section 2 detention was made.
- **A Section 3 lapsed** - (Datix Ref 173323) 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 Relative, Patient. Recommendations from the Datix were to ensure that all detained patients documentation is reviewed in ward rounds and for covering Consultants to be made aware of any expiries.
- **A Section 17A (CTO) lapsed** - the renewal date was missed by the MHA office, community staff and Consultant. There had been discussions regarding the removal of the CTO and following which the person has not been made subject to any further detentions.
- **A Section 47 lapsed** - the RC had been requested to complete the renewal paperwork, this was not done till the day after the expiry which did not allow for this to be accepted. The patient was therefore detained under a Section 3 due to a Section 47 being unable to be made by medics and an AMHP.
- **A S136 lapsed at the 24 hour timescale** - the detention came to an end as a bed was being sourced to allow the patient to be accepted on a Section 2, once a bed was identified the patient then became subject to that detention.

The Health Board has seen a decrease in trend 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. The number of patients subject to Community Treatment Orders showed modest variation across areas, with an increase in East and decreases in West and Central.

Rectifiable errors increased during the quarter. No fundamental errors invalidating detentions were identified. The increase reflects improved scrutiny following the return of MHA Office capacity rather than deterioration in practice. National benchmarking data remains unavailable, limiting comparative analysis.

Section 136 activity remained high. From the individuals discharged there are a significant proportion who receive follow-up or onward referral with March returning a high number of those discharged with no mental disorder. 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 one exception. Mental Health Review Tribunal and Hospital Managers' hearing activity continued as expected, there were no discharges this quarter. The MHRT recommended discharge for one patient this needs further involvement of other agencies.

The Committee can take reasonable assurance that Mental Health Act responsibilities are being discharged appropriately and lawfully. While isolated lapses occurred, they were promptly identified, investigated and rectified, with no unlawful detention identified.

The key risks are recognised, monitored and subject to active mitigation. Continued focus on renewals, workforce resilience and system flow will further strengthen compliance and assurance in future quarters.






**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	21/04/2026	Noted

**Acronymau / Rhestr Termau
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 <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i>	Do/Yes: <input type="checkbox"/>
	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome: Os naddo, dylech gynnwys y rheswm: Not applicable

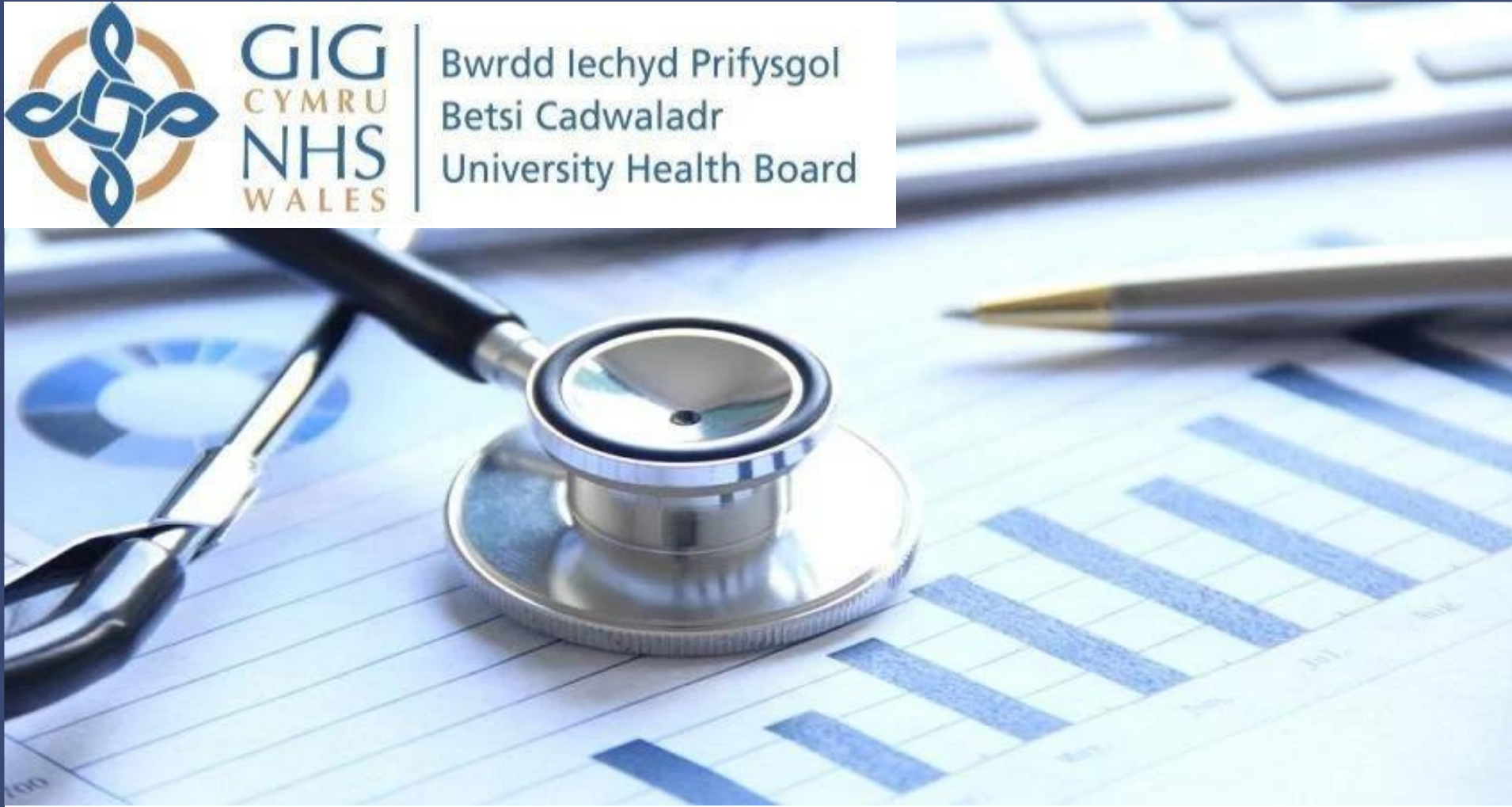
<p>Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>If no, please include rationale:</p>	
<p><u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i></p> <p><u>Quality</u> <i>Have you undertaken a Quality 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</u> <u>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>	
<p>Asesiad o Effaith ar Ddiogelu Data</p>	<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 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>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>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Cyfreithiol Legal</p>	<p>Yes (Include further detail below)</p> <p>The Mental Health Act is the statutory framework governing the compulsory assessment, detention and treatment of people with a mental disorder where care cannot be provided safely on a voluntary basis. It authorises some of the most intrusive powers available to the state, directly engaging fundamental rights such as liberty, private life and bodily integrity, and is therefore underpinned by strict legal criteria and procedural safeguards. Breaches of the Act may render a detention or treatment unlawful, expose the Health Board to legal challenge (including tribunal appeals, judicial review and human rights claims), and lead to financial, regulatory and reputational consequences.</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>	



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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 continues to carry a vacancy which is expected to be filled within the upcoming quarter. Mental Health Act training for Health Board staff is set to resume in April 2026 with a programme developed for the coming year.

The reports are under review and will in the future be produced through PowerBI which will establish an up to date view. The Associate Hospital Managers scrutiny and the Administrators scrutiny audit reports will be produced on a yearly basis and presented at first meeting within each year.

Exceptions are reported throughout the report as below:

There was a Section 5(2) which lapsed. The patient was physically unwell, the detention ended prior to the assessment being undertaken following which a Section 2 detention was made.

There was a Section 3 which lapsed. (Datix Ref 173323) 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 Relative, Patient. Recommendations from the datix were to ensure that all detained patients documentation is reviewed in ward rounds and for covering Consultants to be made aware of any expiries.

There was a Section 17A (CTO) which lapsed. The renewal date was missed by the MHA office, community staff and Consultant. There had been discussions regarding the removal of the CTO and following which the person has not been made subject to any further detentions.

There was a Section 47 which lapsed. The RC had been requested to complete the renewal paperwork, this was not done till the day after the expiry which did not allow for this to be accepted. The patient was therefore detained under a Section 3 due to a Section 47 being unable to be made by medics and an AMHP.

There is one exception to report for S136 detentions which lapsed at the 24 hour timescale, the detention came to an end as a bed was being sourced to allow the patient to be accepted on a Section 2, once a bed was identified the patient then became subject to that detention.

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

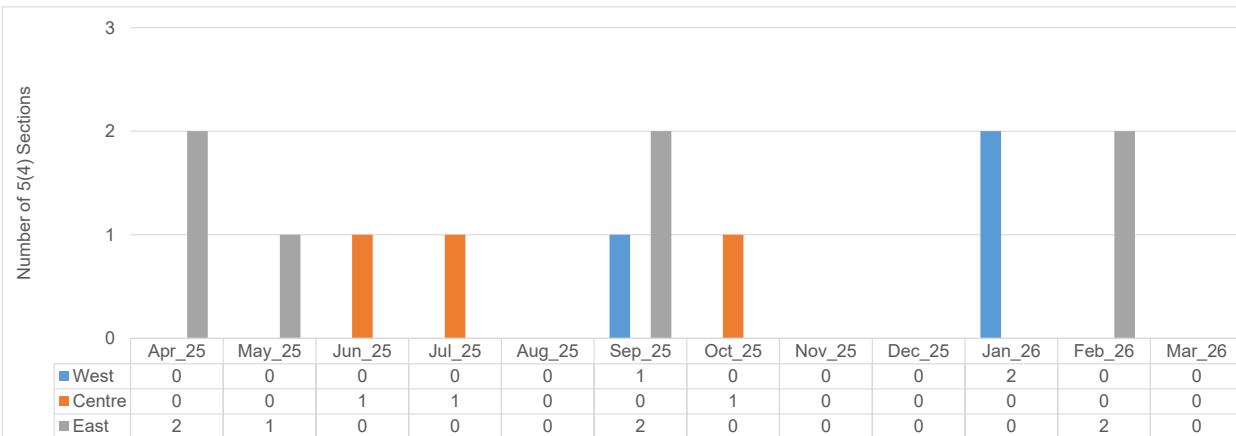
Section 62: Emergency Treatment of a detained patient regardless of section status

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	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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	2	0	➔	1	4	⬆️	3	1 East	2
								1 West	2
								3 Centre	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

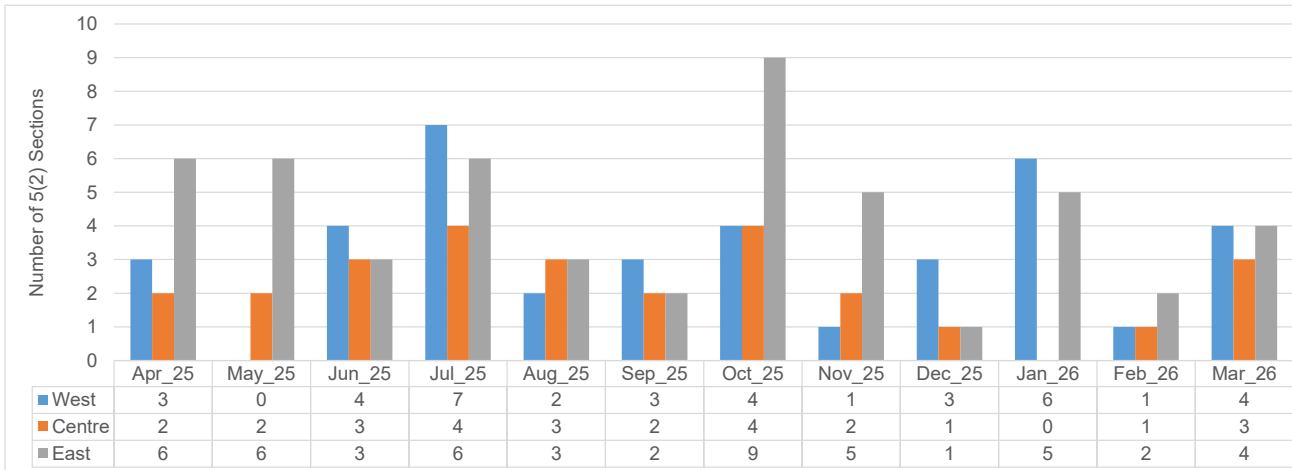
None to note.		
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WEST		
The data above does	Duration (hh:mm)	Outcome
Jan_26	00:48	Section 5(2)
Jan_26	01:30	Section 5(2)

CENTRE		
Month	Duration (hh:mm)	Outcome

EAST		
Month	Duration (hh:mm)	Outcome
Feb_26	00:54	Section 5(2)
Feb_26	05:48	Section 5(2)

Section 5(2) - BCUHB	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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	4	11	↑	30	26	↓	29	1 East 1 West 3 Centre	11 11 4

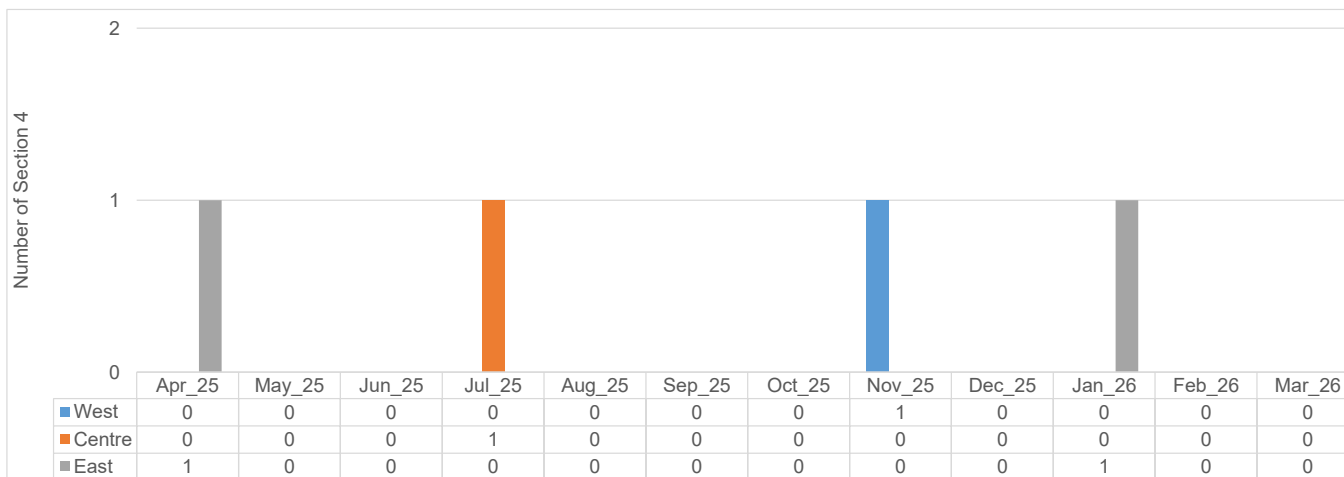


Section 5(2) Outcomes			
	Jan 2026	Feb 2026	Mar 2026
Section 2:	2	1	1
Section 3:	2	1	4
Informal:	3	1	4
Lapsed:	0	0	1
Invalid:	0	0	0
Discharged:	3	1	2
Other:	0	0	0

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

One section 5(2) lapsed as the patient was physically unwell and an assessment was delayed in completion by three hours. The patient was made subject to a further detention.

Section 4 - BCUHB	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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	0	➔	1	1	➔	1	1 East	1
								2 Centre	0
								2 West	0



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

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

There are no exceptions to report.

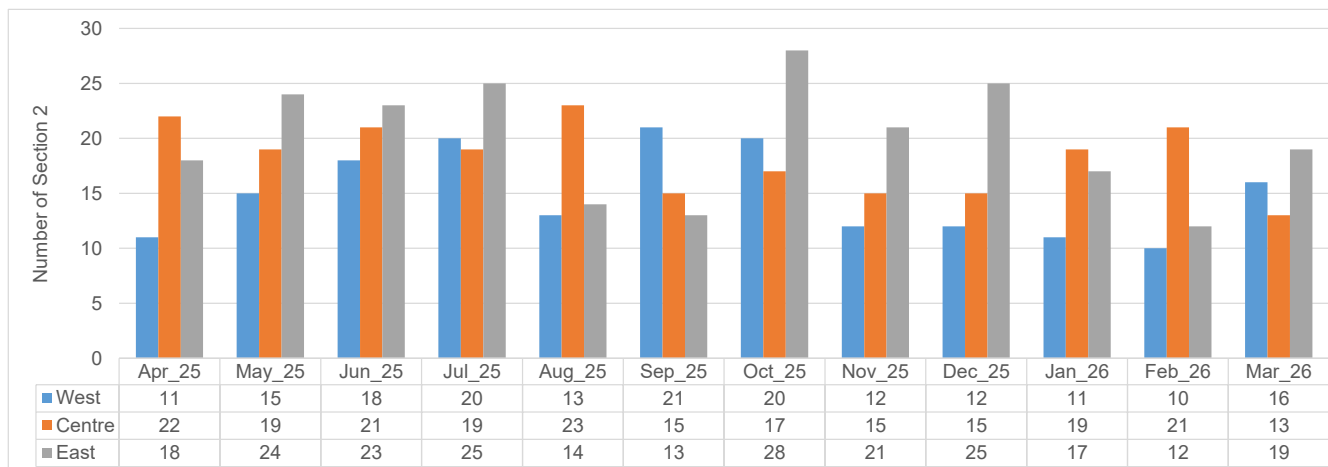
The Section 4 used in this reporting period was immediately converted to a Section 2 on admission to hospital.

WEST		
Month	Duration (hh:mm)	Outcome

CENTRE		
Month	Duration (hh:mm)	Outcome

EAST		
Month	Duration (hh:mm)	Outcome
Jan_26	00:05	Section 2

Section 2 - BCUHB	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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	43	48	↑	165	138	↓	159	1 Centre	53
								2 East	48
								3 West	37



* data is as at position and is subject to change

Section 2 Outcomes			
	Jan 2026	Feb 2026	Mar 2026
Section 3:	13	4	11
Informal:	19	20	15
Lapsed:	0	0	0
Pending:	0	0	0
Discharged:	7	8	13
Transferred:	10	10	9
Invalid and Other:	0	0	0

0

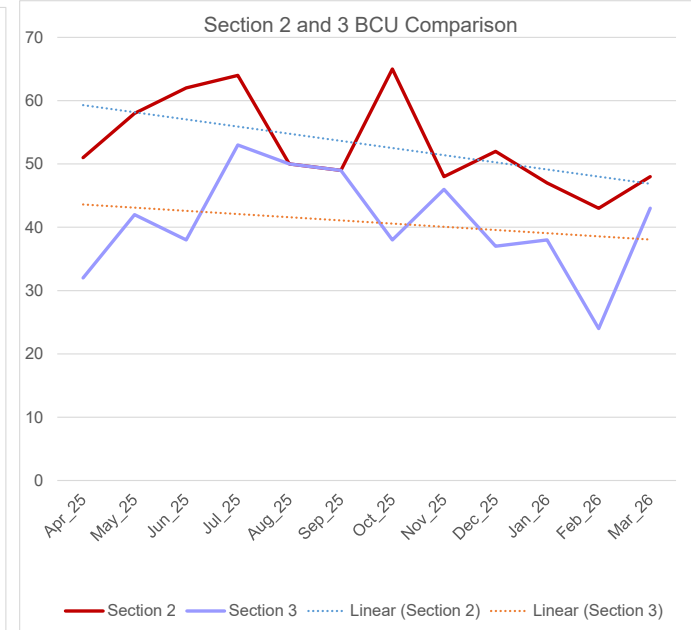
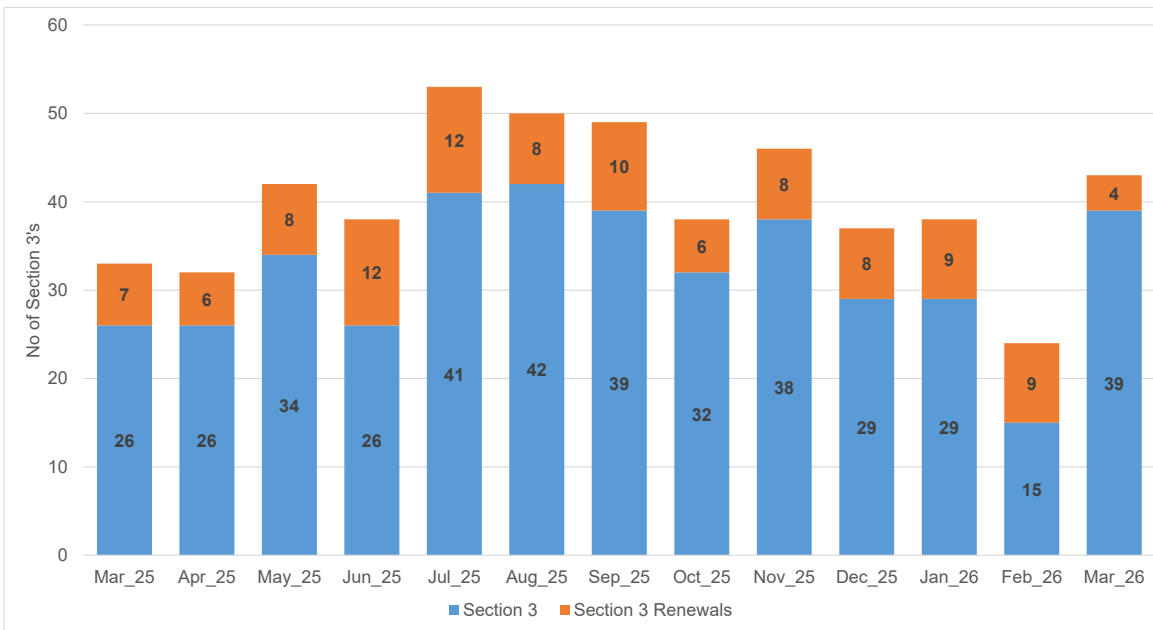
A section 2 will be enacted following holding powers 5(4) or 5(2) or via a regrade from a section 4 or an informal admission. Section 2 is also used as a direct admission detention.

There were two young people placed on a section 2 this quarter, both direct admissions to an age appropriate bed.

EXCEPTIONS:

There are no exceptions noted this period.

Section 3 - BCUHB	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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	24	43	↑	121	105	↓	123	1 East	39
								2 West	36
								3 Centre	30



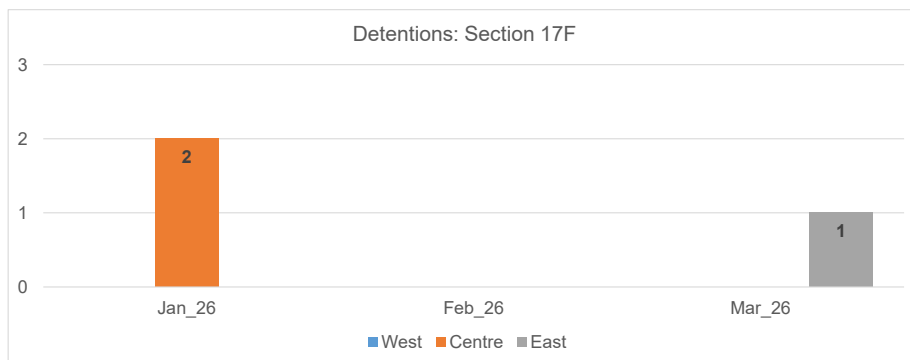
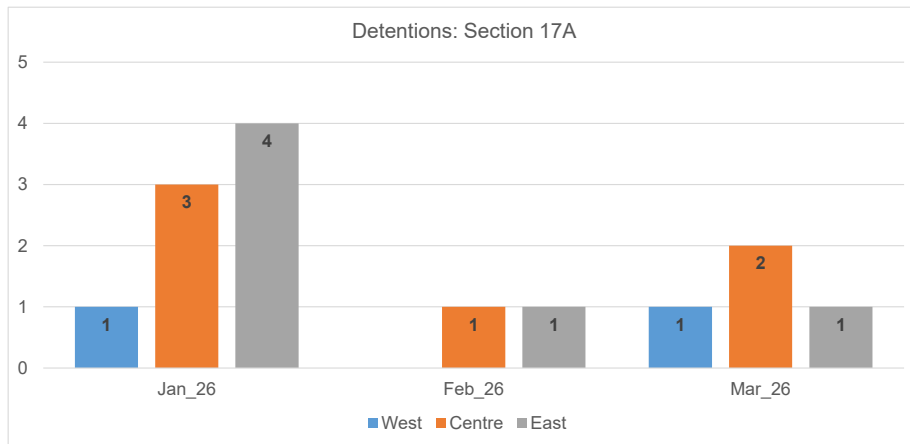
* data is as at position and is subject to change

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.

WEST: A Section 3 expired due to the RC not completing the renewal paperwork on time, the deadline was collectively missed by several professions. The patient was assessed and made subject to a new Section 3.

Both Section 2 and Section 3 numbers continue on a downward trend.

Section 17 A-F - BCUHB	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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	2	6	↑	27	20	↓	25	1	Centre
								2	East
								3	West



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: EAST: the CTO lapsed as the date was missed by several professions. The patient has not been made subject to any further detentions.

The number of patients on a CTO at the end of March are:

- West = 8
- Central = 11
- East = 11

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

Fundamental and Rectifiable Errors	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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	21	58	↑	52	99	↑	76	1 Centre	51
								2 West	28
								3 East	20



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.

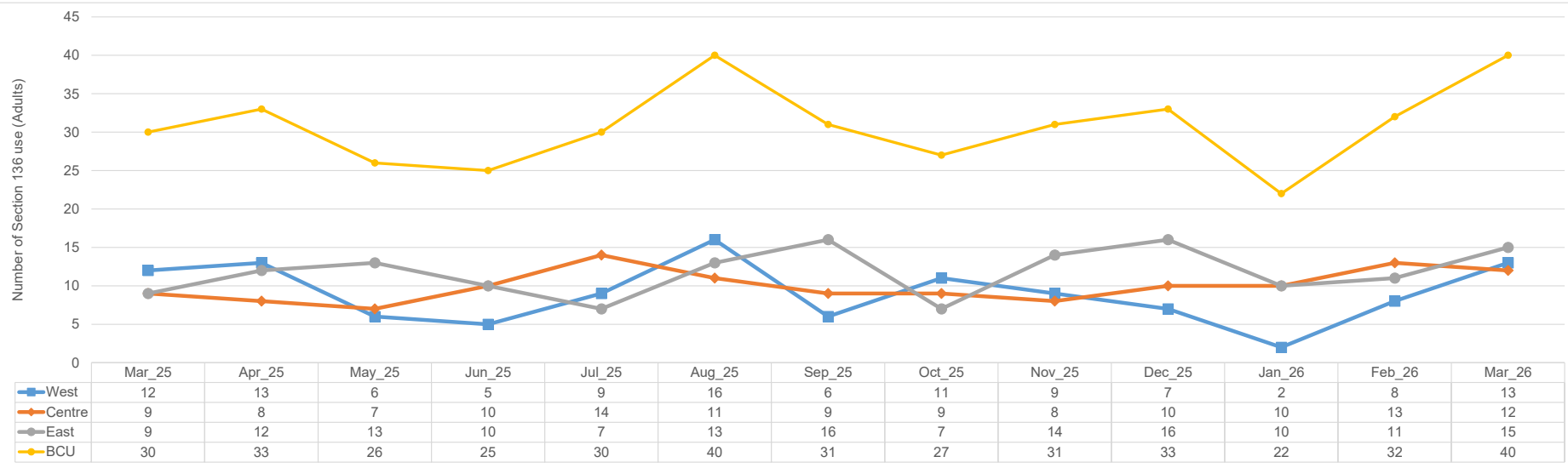
It is important to note that rectifiable errors can be amended under Section 15 of the Mental Health Act and do not render the detention invalid.

The number of errors has seen an increase this quarter.

Due to no benchmarking report being produced it is hard to quantify these figures and justify reasons without extensive scrutiny of all the detention paperwork. The number of errors does provide assurance to the Health Board that with the return of the Mental Health Act office staff errors are being picked up, recorded and rectified.

It is worthy to note that all these errors are able to be rectified, do not render the detention invalid as no fundamental defect errors were identified this quarter.

Section 135 - 136	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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)	32	40	↑	91	94	↑	93	1 East	36
								2 Centre	35
								3 West	23



C

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

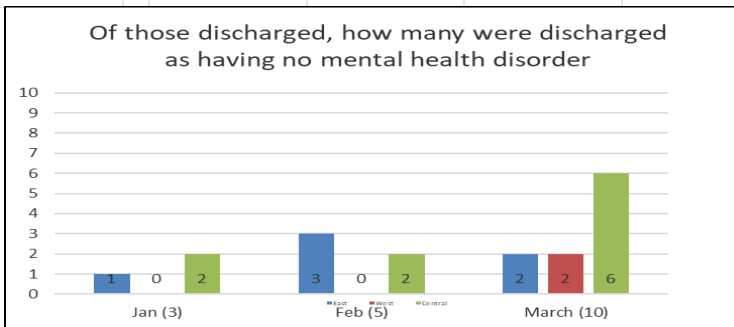
Monthly S136 reports are produced for the Mental Health Division and CAMHS.

There is one exception to report for S136 detentions which lapsed at the 24 hour timescale. The S136 ended prior to the bed being sourced. The patient was detained under the Mental Health Act and accepted into an appropriate bed once this was identified.

Section 136	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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)	32	40	↑	91	94	↑	93	1 East 2 Centre 3 West	36 35 23

Section 136 Outcomes			
	Jan 2026	Feb 2026	Mar 2026
Discharged:	11 44.00%	15 47.00%	25 60.00%
Informal Admission:	2 8.00%	7 22.00%	2 5.00%
Section 2:	11 44.00%	9 28.00%	12 28.00%
Section 3:	1 4.00%	1 3.00%	2 5.00%
Other:	0 0.00%	0 0.00%	1 2.00%

Section 136 - Known to Service			
	Jan 2026	Feb 2026	Mar 2026
Yes	22	18	29
Yes (percentage)	88.00%	56.00%	69.00%



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

The data shows figures from outcomes recorded and whether a patient is known to service.

For this quarter from the total detentions for the months the figures are:
January 12%
February 16%
March 24%

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 for the last quarter 41 persons have not been made subject to a S136 due to this service.

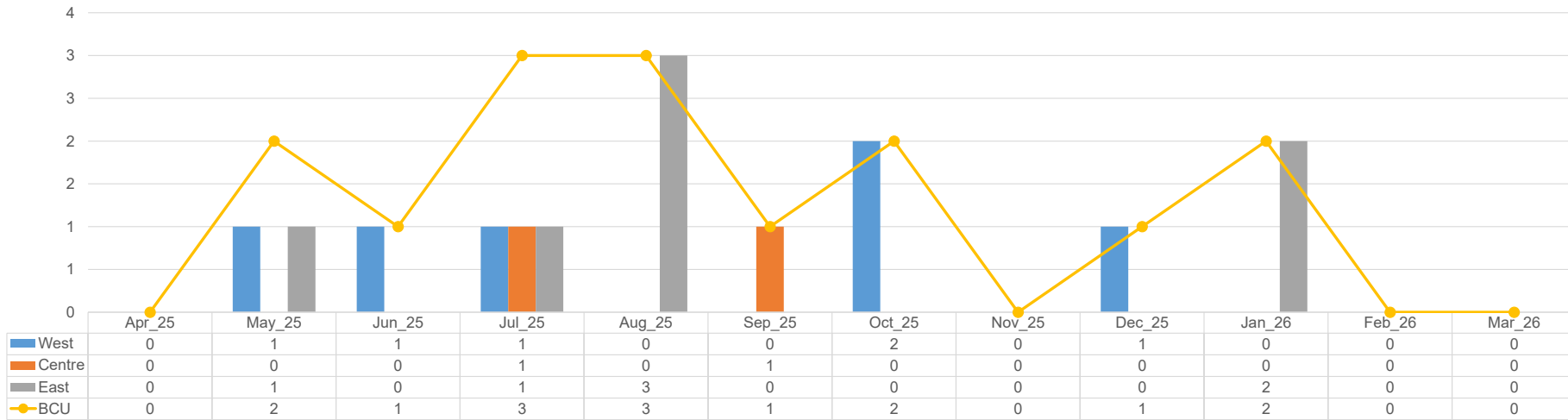
Of the total number of patients discharged:
January (11)
 64% were discharged with follow up from services
 9% discharged and referred to services
 27% discharged no mental disorder

February (15)
 40% were discharged with follow up from services
 27% discharged and referred to services
 33% discharged no mental disorder

March (25)
 40% were discharged with follow up from services
 20% discharged and referred to services
 40% discharged no mental disorder

Section 135 - 136 (Under 18)	February 2026	March 2026	Monthly Change	Previous Quarter	Latest 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)	0	0	➔	3	2	⬇️	4	1 East 2 Centre 2 West	2 0 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	2
14	2
15	
16	3
17	8

Outcome of Assessments	
Outcome	Number
Returned Home	7
Returned to Care Facility	5
Admission to childrens ward	1
Admission to Adult ward / S136 suite	
Admission NWAS / CAMHS	1
Admission OOA	
Other (Friends, Hotel, B&B)	1

5

Section	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	
Section 35:	0	0	0	0	0	0	0	0	0	0	0	
Section 37:	2	1	1	1	1	1	0	0	0	0	0	
Section 37/41:	8	9	9	8	8	8	8	8	8	8	8	
Section 38:	0	0	0	0	0	0	0	1	1	1	1	
Section 47:	3	3	4	4	4	4	4	3	2	1	1	
Section 47/49:	5	5	5	5	5	5	5	5	5	5	5	
Section 48:	0	0	0	0	0	0	0	0	0	0	0	
Section 48/49:	0	0	0	0	0	0	1	1	1	1	1	
Section 3:	1	1	1	1	2	2	2	2	3	3	3	
Section 45A	0	0	0	0	0	0	0	0	0	0	0	
Total:	19	19	20	19	20	20	20	20	20	19	19	0

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 is one exception to report: Section 47 renewal paperwork was completed after the expiry date of the detention which did not allow for this to be accepted. The patient was therefore assessed and placed on a Section 3 of the Mental Health Act and remained within the unit.

Total Transfers for the Quarter

	Jan 2026	Feb 2026	Mar 2026
Internal Transfers	11	11	11
External Transfers (Total)	12	11	7
External Transfers (In)	7	7	6
External Transfers (Out)	5	4	1

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.

Transfers In

January 2026

West = two patients
Central = five patients

There were 11 transfers in between areas in January.

February 2026

West = two patients
Central = two patient
East = three patients

There were 11 transfers in between areas in February.

March 2026

West = four patients
Central = one patient
East = one patient

There were 11 transfers in between areas in March.

Total internal transfers in was 33.
Central = 17, East = 7 and West = 9

Transfers Out

January 2026

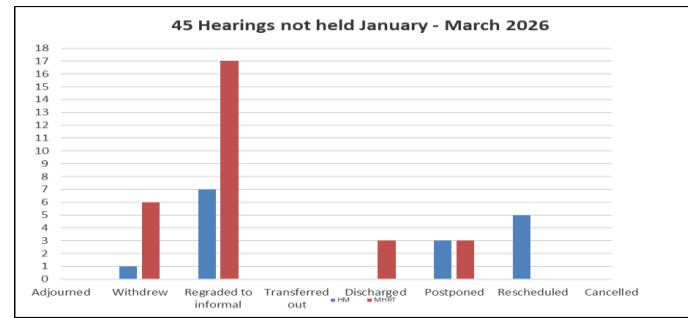
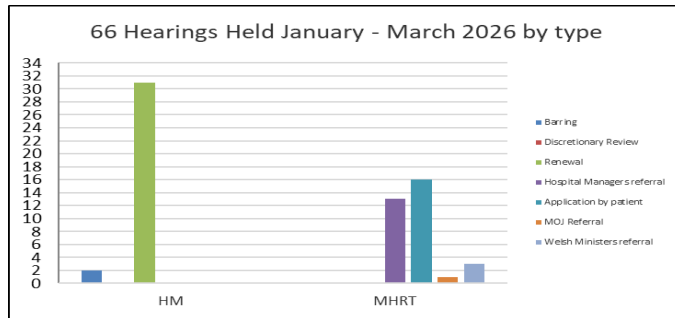
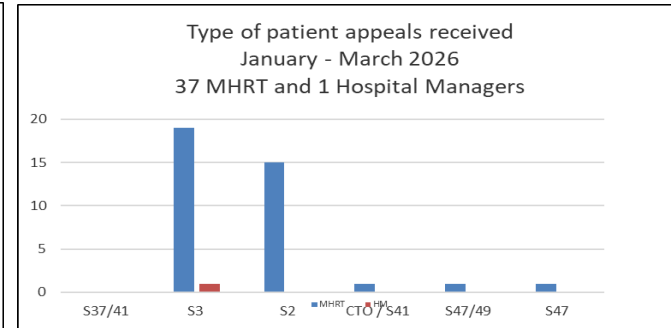
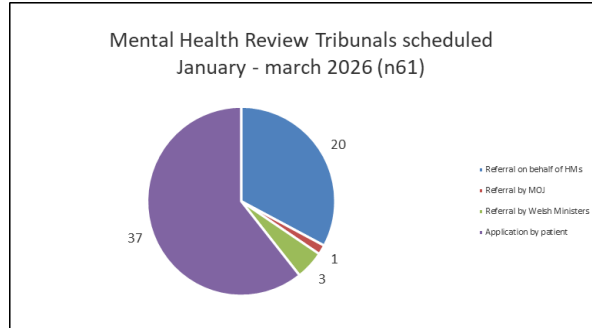
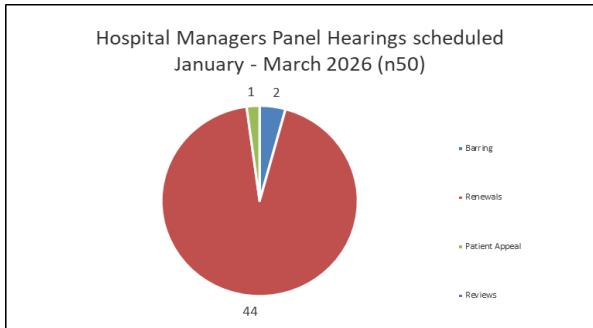
Central = five patients

February 2026

Central = four patients

March 2026

East = one patient



The above charts show the number of Associate Hospital Managers Hearings and Mental Health Review Tribunals scheduled to take place for the quarter January - March 2026. There were 111 hearing scheduled this period which included 38 applications from patients. 66 hearings took place of which 16 were patient applications. All hearings held resulted in the patients remaining detained. The MHRT recommended discharge for a patient detained under S47/49.



Choose an item.

**Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA)
Q4 2025-26 Update**

Dyddiad y Cyfarfod Date of Meeting	14 May 2026
Statws Cyhoeddi Publication Status	Open/ Public Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	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
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**

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 Q4 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 while managing increasing demand and associated risks.

DoLS activity continues to increase significantly across the Health Board, with applications remaining on a clear upward trajectory. Despite the sustained increase in demand, the quality of the DoLS paperwork has continued to improve, with fewer corrections required.

MCA training compliance has also improved. Both the Level 1 and Level 2 training have exceeded the organisational target of 85%. Engagement on the wards has improved and staff demonstrate increased confidence and knowledge in relation to MCA and DoLS requirements. Overall, increasing activity has not adversely impacted quality and this continues to show improvement.



Additional Welsh Government funding continues to be utilised to support the backlog reduction. While rising DoLS applications numbers remains challenging, the additional assessments undertaken during evenings and weekends has helped to mitigate pressures. The Team continues to work closely with the national MCA/DoLS network to raise issues of concern, share learning and contribute to improvements within the current DoLS system. We continue to await further clarity on the implementation of Liberty Protection Safeguards (LPS), which remains on hold.

Risk CRR 24-03: There remains an established corporate risk associated with DoLS. It is recognised, that the risk of increased DoLS activity may result in unlawful deprivation of liberty if authorisations are delayed. Following a review at the Health Board Risk Management Group and the Formal Executive Group, the risk is currently scored at 12. Risks relating to DoLS and MCA continue to be reported to the Executive Group for oversight. No further actions are proposed at this time beyond those already in place. There are no financial implications for this report.

The committee is asked to note the contents of this report and acknowledge the continued commitment of the DoLS/MCA Team to meeting its statutory duties. While recognising ongoing operational pressures that are recognised nationally. The Team continue to focus on 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
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Not applicable for this report

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

DoLS	Deprivation of Liberty Safeguards
IMCA	Independent Mental Capacity Advocacy
CoP	Court of Protection
MCA	Mental Capacity Act
LPS	Liberty Protection Safeguards
RPR	Relevant Persons Representative



Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) Q4 2025-26 Update

1. Y SEFYLLFA SITUATION

- 1.1 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 Q4 2025-26. The paper highlights key areas of progress and challenge across DoLS activity, NHS Wales MCA/DoLS Network engagement, MCA training compliance and developments relating to the IMCA Service and retendering process.
- 1.2 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.

2 Y CEFNDIR BACKGROUND

- 2.1 The MCA and associated DoLS place statutory duties on the Health Board to ensure that individuals who lack capacity are supported to make decisions and that any deprivation of liberty is lawfully authorised, necessary, proportionate and in the individual's best interests.
- 2.2 BCUHB DoLS/MCA Team provides strategic oversight, operational coordination, and professional advice in relation to the compliance with legislative requirements, national guidance, and best practice. This includes the management of the DoLS applications, oversight of authorised processes ensuring the promotion of person-centred approach to decision making and ensuring individuals human rights are upheld.
- 2.3 Regular reporting of DoLS and MCA activity supports assurance to the organisation by identifying pressures and risks and provide confidence that legal requirements are being met. This reporting also supports ongoing improvement and wider planning, including preparation for future changes to legislation and the transition to Liberty Protection Safeguards (LPS).

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

3.1 Legislation update

The implementation of the Mental Capacity (Amendment) Act 2019 and the Liberty Protection Safeguards (LPS) remain on hold by UK Government.

Although UK Government confirmed it will proceed with LPS with a formal consultation in the first half of 2026, there is no commencement date.

- 3.2 As previously reported the Attorney General for Northern Ireland asked the UK supreme Court to review the legal definition of deprivation of liberty. Specifically, whether a person who lacks capacity can, through their wishes and feelings, be regarded as consenting so that Article 5 ECHR is not engaged. The case was heard in October 2025. We are still awaiting the judgement and there is no legal change to the position in Wales currently. DoLS continues to operate based on the current *Cheshire West* test. A comprehensive review can be read here: <https://www.bbc.co.uk/news/articles/cz0xml0vrxo>
- 3.3 Legal duties remain under the MCA, DoLS and the Human Rights Act (Article 5 ECHR). There is no relaxation of standards, thresholds, or timescales despite the acknowledged national backlog pressures. Clear MCA reasoning and evidence of least restrictive practice is expected.
- 3.4 **NHS Wales MCA/DoLS Network:**
- 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. In collaboration with other Health Boards, the group continues to hold quarterly meetings focusing on addressing issues around the DoLS process, MCA training and DoLS paperwork.
- 3.5 DoLS Processes: The group continues to focus on improving DoLS delivery through new workstreams, policy review, and alignment with current legislation. Key priorities include updating the All Wales Advanced and Future Care Plan (AFCP) policies to support a consistent “One Wales” approach to person-centred, shared decision-making and meaningful involvement. 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).
- 3.6 MCA Training: Training activity has largely been embedded. Staffing levels are clearly defined and the new eLearning package has been available for some time. Staffing requirements will be presented to the group during the face-to-face meeting in Q1 2026-27. The current focus has shifted slightly to supporting the development of an All-Wales proforma for recording capacity assessments. The group will also engage with the All-Wales group developing a record of agreed best-interest decisions for future care planning and an associated electronic recording system in certain settings. Input has also been provided into the All-Wales inpatient hospital Treatment Escalation Plan, ensuring that capacity, best-interest decision-making, and advocacy considerations are clearly considered and evidenced.

3.7 **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 has been approved by the National MCA/DoLS Group. A pilot of the revised form [Appendix 1 at the end of this Report] was undertaken during Q1 and Q2 of 2025–26. Three Microsoft Forms questionnaires were developed to capture structured feedback from key stakeholders: the Independent Mental Capacity Advocacy (IMCA) Service, the DoLS Team, and Managing Authorities (hospital wards). This approach enabled each group to provide tailored feedback on their experience of using the draft form, based on a series of statements rated on a five-point scale from Strongly Agree to Strongly Disagree. Overall, the feedback was positive and has been collated and summarised in Appendix 1 of this report. Subject to a small number of amendments to further improve the form, the recommendation will be to commence use of the revised DoLS Form 1. The proposed next step is to review the feedback collectively at a face-to-face meeting in Q1 2026–27 to agree and finalise the required amendments and implementation.

3.8 **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 715 applications were received in Q4 2025–26, marking a significant 21.4% increase on last year's figures (589). This increase contributes to service pressure but also indicates improved staff awareness, learning, and adherence to statutory duties under the MCA and DoLS framework.

3.9 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. Other Health Boards and Local Authorities are also experiencing comparable or greater delays.

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

3.11 **Welsh Government (WG) Monies:**

As previously outlined, WG has confirmed that the additional funding they provide annually has been made permanent. The money is split into two pots. Pot 1 for DoLS and MCA work, and Pot 2 for strengthening IMCA services and providing RPR services. Pot 1 funding is provided automatically into the Health Board budget each year (as of 2026-27) and is ringfenced for DoLS and MCA activity with a report due back to WG at the end of each financial year to demonstrate progress made. Pot 2 funding, although permanent, remains subject to a formal annual bidding process.

- 3.12 Despite the use of a bidding process, full WG funding confirmation for IMCA and RPR services has been agreed for 2026-27. This is following consultation and agreement from all 6 Local Authorities in relation to how the funding is spent.
- 3.13 WG have advised that work is underway to ensure this annual, permanent IMCA and RPR funding will eventually (no timescale given) be automatically allocated to Health Board budgets, with the bidding process removed. Once this is implemented, the funds will be ringfenced to support the IMCA and RPR agenda and help mitigate associated risks.
- 3.14 WG funding continues to enable us to reduce the DoLS Backlog, recruit into 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. The Health Board are currently reviewing these posts with a view to make some permanent changes to strengthen the DoLS/MCA Team. 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.
- 3.15 **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.
- 3.16 Welsh Government continues to provide the Health Board with additional funds for the provision and strengthening of the IMCA and Relevant Persons Representative (RPR) services in North Wales. This permanent funding secured by the Health Board via a WG bidding process and is awarded by WG with strict spending guidelines. Contract review meetings for the provision of North Wales IMCA service are held twice per year.
- 3.17 The Health Board is currently engaging with a new tender process, which is expected to reduce associated risks. The Executive Team have approved (on the 14th of April 2026) to extend the current IMCA contract between the period 1 April 2026 and 31 December 2026. The Executive Team also approved, in principle, the Health Boards engagement in a new national IMCA tender process. This has since been approved at Performance, Finance, and Information Governance Committee (on the 28th of April, with an agreed Chairs Action prior to agreement by the Board. Escalation remains active, and collaborative work with national and local procurement colleagues is ongoing. The new IMCA contract will be expected to commence on the 1st January 2027.
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3.18 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
1 April 2025- 31 March 2026	722

3.19 IMCA figures reflect the number of referrals received and does not reflect the total level of activity undertaken. Each referral generates multiple actions, including, visits, phone calls, professional contact and report writing. Activity may also involve input with solicitors for any cases requiring decisions needed to be made by the Court of Protection (CoP). Data shows a clear increase in referrals over the past four years. This is likely linked to improved visibility on hospital wards and proactive awareness raising by the IMCA Service and the Best Interest Assessors (BIA's).

3.20 The increased level of provision is reliant on Welsh Government funding. Without the additional funding the IMCA Service would be unable to maintain current capacity. This potentially could result in delays in allocations and potential non-compliance with legislation. Prior to this funding, there were 2.5 IMCAs supporting individuals across North Wales. This has now increased to a minimum of 12.5 qualified IMCAs. Welsh Government direction to strengthen IMCA and paid RPR services remains in place in preparation for the proposed Liberty Protection Safeguards (LPS) and despite delays to implementation, the focus continues to be on building IMCA capacity. While future funding for IMCA and paid RPR services may be separated, commissioning responsibility for IMCA services will remain with the Health Board.

The service specification was developed on an All-Wales basis to ensure consistency. NHS Wales Shared Services Partnership (NWSSP) Procurement tendered the service as separate lots for each Health Board, with individual contracts held between each Health Board and the appointed provider. Lot 1a delivers the core IMCA service, while Lot 1b covers the additional funded elements. This arrangement will continue going forward.

3.21 **Strategic Implications Assessment and Analysis**

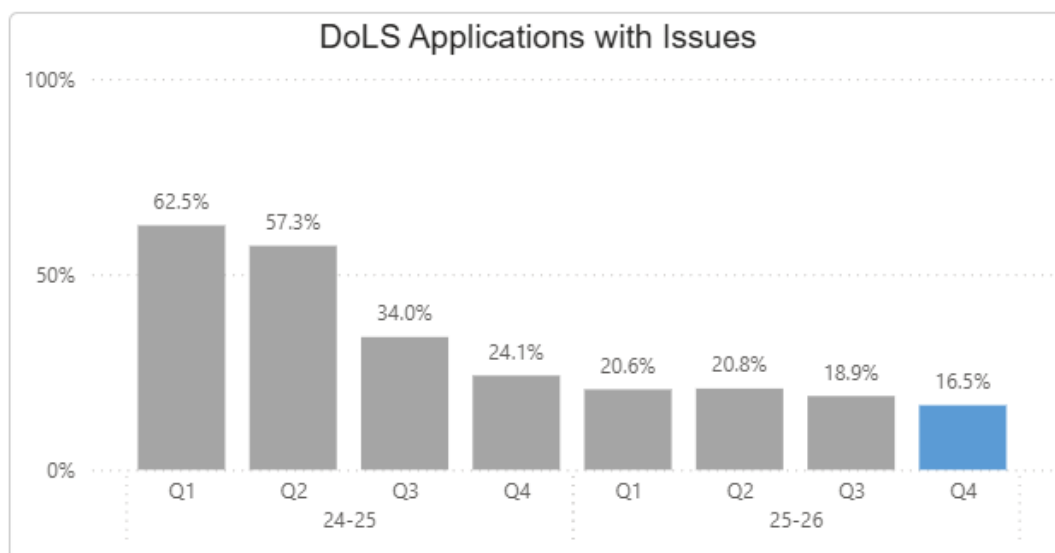
MCA and DoLS activities and objectives are aligned to the agreed strategic objectives identified within the Safeguarding and Public Protection Governance and Reporting activity to support performance and obtain assurance against compliance with legislation and statutory guidance.

3.22 DoLS Documentation Audit:

The independent audit undertaken by the Health Board Audit Team in Q4 2025-26 reviewed 715 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.

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

Table 2:



During Q4 2024–25, an average of 24.1% of applications contained errors within the submitted paperwork. In Q4 2025–26, this reduced to 16.5% (represented by the blue 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.

3.24 Analysis:

During Q4, 118 applications were identified as having issues. However, **all applications** were corrected within the required legislative timescales. Most of these issues were minor and required only minimal amendment.

Overall, 16.5% of applications submitted in Q4 2025–26 contained errors, representing an improvement compared with the same period last year and a continued improvement on the previous quarter.

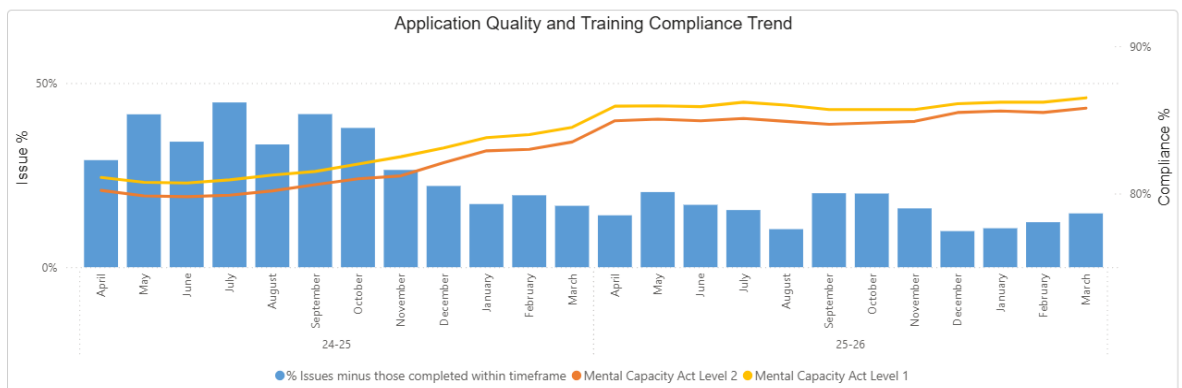
The submitted applications continue to identify four (4) main themes:

- 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. Like 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.

3.25 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: 2024-26:



3.26 Training

The MCA Training Lead has delivered additional Mental Capacity Act training tailored to the specific needs of each ward. The Level 3 MCA/DoLS training package remains available monthly, with a bespoke training offer for wards with higher application 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 2025-26.

3.27 Table 4:

Compliance by Health Economy March 2026

Grouped Org L4	Staff	MCA Level 1	MCA Level 2	Average	Modules below 85%
Corporate Services	12190	83.3%	81.4%	82.4%	2
Health Community Centre (HCCX)	5438	87.6%	88.7%	88.1%	
Health Community East (HCEX)	5560	89.6%	88.4%	89.0%	
Health Community West (HCWX)	4520	88.3%	88.5%	88.4%	
Integrated Clinical Delivery - Primary Care (ICDP)	262	91.6%	91.0%	91.3%	
Integrated Clinical Delivery - Regional Care (ICDR)	1696	84.6%	84.9%	84.7%	2
Mental Health & LDS (MX00)	2303	91.5%	91.6%	91.6%	
Midwifery and Womens Services (WXXX)	858	82.6%	82.3%	82.4%	2
Total	32827	86.5%	85.8%	86.1%	

3.28 Table 5:

Competency	Q4 2024-25	Q4 2025-26	Trend
Mental Capacity Act Level 1	84.5%	86.5%	↑
Mental Capacity Act Level 2	83.5%	85.8%	↑

Q4 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 MCA level 1 and level 2.



3.29 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. Best Interest Assessors remain onsite at each District General Hospital, providing support, promoting attendance to the MCA training availability.

3.30 **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.

3.31 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.

3.32 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.

3.33 There are currently five open cases regarding a Section 21A Challenge (DoLS Challenge). The DoLS/MCA Team maintain contact with the hospital wards to provide support and advice throughout the process where possible.

Useful links for staff:

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

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

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

No update, activity continues to adhere to legislation, policy, and process






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

- 4.1 Identified risk in relation to the commissioning of IMCA services. Please note, approval has been given by the Executive Committee (14th April) to proceed with internal governance and agreement with the National Procurement of IMCA services from January 2027. The paper was heard at the Performance, Finance, and Information Governance Committee (28th April) with the further agreement to proceed with the commission process. A Chairs Action will be completed prior to full Board approval as a delay would result in the Health Board having to complete their own, separate tendering process.
- 4.2 Continuous risk of individuals being deprived of their liberty unlawfully, this is highlighted within the risk register.

5 ARGYMHELLION RECOMMENDATIONS

The Mental Health Legislation Committee is asked to:

- 5.1 Receive the updated paper for information and note the contents.
- 5.2 Note the continued progress made with regards to the DoLS Applications. Including the reduction to the backlog and improvement to the quality of the paper work.
- 5.3 Note the improvement to the MCA Training compliance.
- 5.4 Note the next steps in relation to the DoLS paperwork.
- 5.5 Note the next steps in relation to future IMCA procurement activity from January 2027.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     4. Improving quality, outcomes and experience
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
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	Risk CRR 24-03: There remains an established corporate risk associated with DoLS. It is recognised, that the risk of increased DoLS activity may result in unlawful deprivation of liberty if authorisations are delayed. Following a review at the Health Board Risk Management Group and the Formal Executive Group, the risk is currently scored at 12. Risks relating to DoLS and MCA continue to be reported to the Executive Group for oversight. No further actions are proposed at this time beyond those already in place. There are no financial implications for this report.
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: Not necessary for this report
Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Do/Yes: <input type="checkbox"/>
	Naddo/No: <input checked="" type="checkbox"/>

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>	Canlyniad/Outcome:	Not necessary for this report
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<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 Whole-systems Perspective	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</u> <u>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	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	Not necessary for this report
	Os naddo, dylech gynnwys y rheswm:	

Have you considered the Armed Forces Covenant Due Regard Duty?	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:	Not necessary for this report
	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:	Not necessary for this report
	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.	

Appendix 1

Report Details	
Report title	Deprivation of Liberty Safeguards (DoLS) Form 1 Pilot Questionnaires Feedback
Report to what meeting	
Date of meeting	
Agenda reference number	
Presented by	
Contributing authors	Helene Wardell – Information Analyst Hayley Lloyd - MCA/DoLS Regional Manager
Approved by	

1. Situation – a concise statement of the purpose of this report

A six-month pilot of the new draft DoLS Form 1 was conducted during Q1 and Q2 of the 2025–26. Feedback was subsequently collected from the Managing Authority (ward staff), the Independent Mental Capacity Advocacy (IMCA) service and the Deprivation of Liberty Safeguards (DoLS) Team to evaluate the usability, effectiveness, and impact of the form. This report summarises the collated responses received to inform consideration of the future use and development of the revised draft DoLS Form 1.

2. Background – contextual and background information relevant to the situation/purpose of the report

The DoLS process requires Managing Authorities (Wards) to submit timely and legally compliant applications to the Supervisory Body (DoLS Team). Issues had been identified regarding the consistency and quality of information provided within DoLS Form 1 submissions. This may impact assessment timescales, compliance with legislative requirements and the overall effectiveness of the DoLS process.

To address these concerns, a revised draft DoLS Form 1 was developed collaboratively through the NHS Wales MCA / DoLS Network and implemented as a six-month pilot during Q1 and Q2 of the 2025–26 financial year. The pilot aimed to establish whether the revised Form 1 enhanced clarity, comprehensiveness, and ease of use for staff completing and processing DoLS applications.

The pilot was implemented across selected wards within the East area of Betsi Cadwaladr University Health Board (BCIHB). The wards participating in the pilot were:

Wrexham Maelor Hospital

- Prince of Wales Ward
- AMU Assessment Ward
- Morris Ward
- Mason Ward

Mold Community Hospital

- Clwyd Ward
- Delyn Ward

Heddfan Psychiatric Unit

- Gwanwyn Ward
- Hydref Ward

Following completion of the pilot, three structured feedback questionnaires were developed using Microsoft Forms to obtain perspectives from staff involved in the process. Separate questionnaires were issued to the IMCA, the DoLS Team and Managing Authorities (hospital wards) to enable feedback reflecting experience of using or receiving the revised draft DoLS Form 1 during the pilot period.

The responses provide qualitative and quantitative analysis into the strengths, challenges and overall impact of the revised Form 1. This information will be used to inform recommendations within this report.

3. Assessment – analysis and considerations of the options and risks

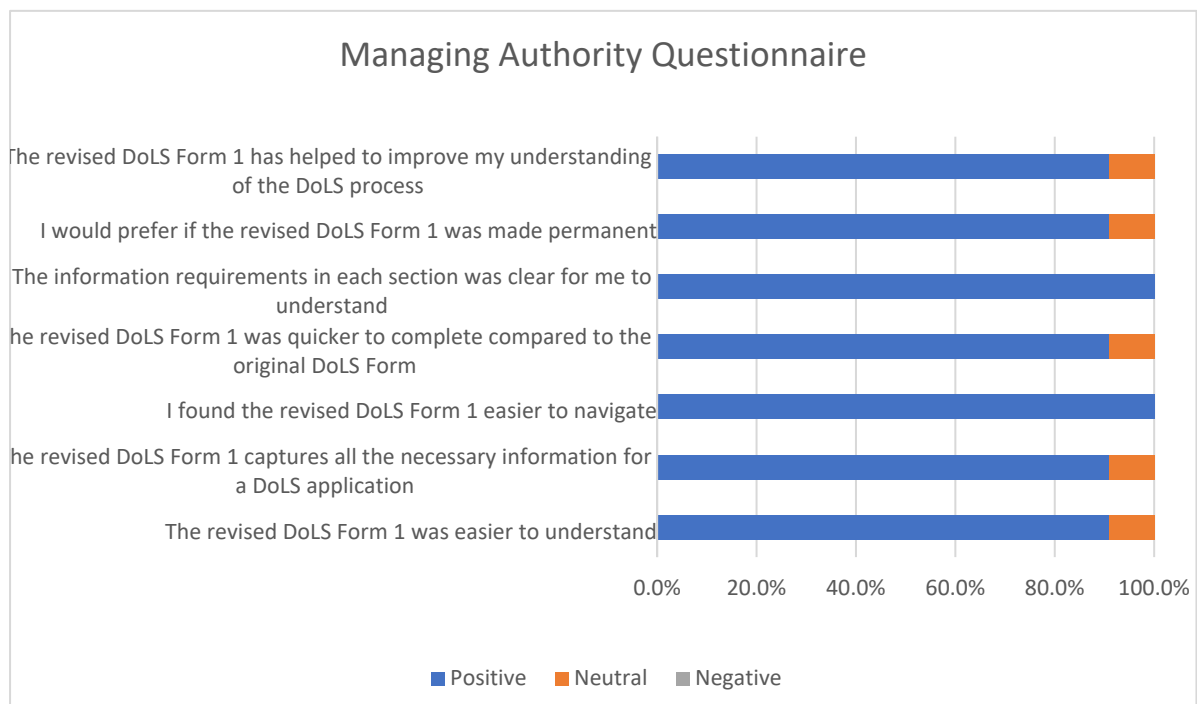
1. Managing Authority (hospital wards)

Staff were asked to review the following statements in the questionnaire and select the response that best reflected their experience, using the scale: Strongly Agree, Agree, Neutral / Not Sure, Disagree, or Strongly Disagree.

- *The revised DoLS Form 1 captures all the necessary information for a DoLS application*
- *I found the revised DoLS Form 1 easier to navigate*
- *The revised DoLS Form 1 was quicker to complete compared to the original DoLS Form*
- *The information requirements in each section were clear for me to understand*
- *I would prefer if the revised DoLS Form 1 was made permanent*
- *The revised DoLS Form 1 has helped to improve my understanding of the DoLS process*

Figure 1 below illustrates the responses to the statements.

Figure.1: Managing Authority (hospital wards) Questionnaire



- 90.9% agreed the revised DoLS Form 1 was easier to understand. 9.1% were neutral

- 90.9% of respondents agreed the revised DoLS Form 1 captures all the necessary information for a DoLS application. 9.1% were neutral
- 100% found the revised DoLS Form 1 easier to navigate
- 90.9% agreed the revised DoLS Form 1 was quicker to complete compared to the original DoLS Form. 9.1% were neutral
- 100% agreed the information requirements in each section were clear for me to understand
- 90.9% would prefer if the revised DoLS Form 1 was made permanent. 9.1% were neutral
- 90.9% agreed the revised DoLS Form 1 has helped to improve my understanding of the DoLS process. 9.1% were neutral

Overall feedback from Managing Authorities demonstrates consistently high levels of agreement with all aspects of the revised DoLS Form 1, indicating that the changes made have been well received. Importantly, no negative responses were recorded for any question and the majority indicated a preference for the revised Form 1 to be adopted permanently. The responses demonstrated a strong support for continuing its use beyond the pilot. It was noted that the form adequately captured all required information, with no changes identified by staff. The data shows high overall confidence among respondents when completing the revised DoLS Form 1.

Suggestions made to improve the revised DoLS Form 1 are as follows:

- I cannot think of anything that might be added. It was easier to complete than previous forms
- Add section for RC to be entered as we often forget to add RC and we get emails asking who it is
- I much prefer the revised DoLS form. I feel it covers a lot more, but is not as complicated as the original document. I also received feedback from other staff who stated they felt more confident when completing the revised form
- Nothing to specify. It is clear and concise
- You are brilliant

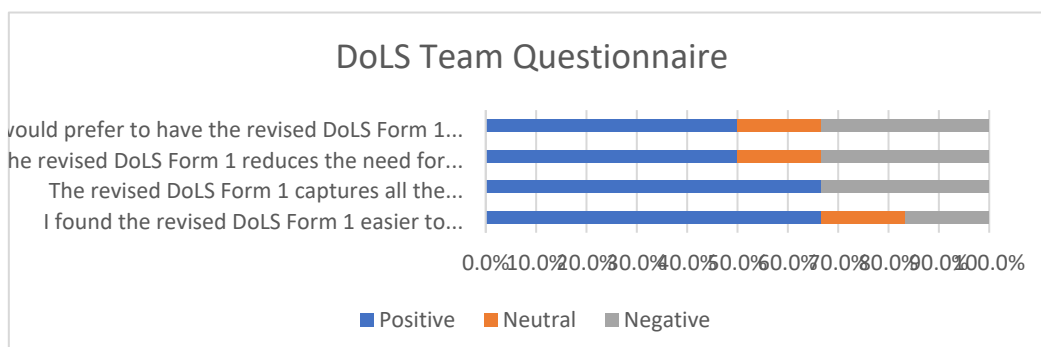
2. DoLS Team

Staff were asked to review the following statements in the questionnaire and select the response that best reflected their experience, using the scale: Strongly Agree, Agree, Neutral / Not Sure, Disagree, or Strongly Disagree.

- *I found the revised DoLS Form 1 easier to navigate*
- *The revised DoLS Form 1 captures all the necessary information for a DoLS application*
- *The revised DoLS Form 1 reduces the need for follow-up / clarification*
- *I would prefer to have the revised DoLS Form 1 made permanent*

Figure 2 below illustrates the responses to the statements.

Figure.2: DoLS Team Questionnaire



- 66.7% of respondents agreed the form was easier to navigate. 16.7% were neutral and 16.7% disagreed
- 66.7% of respondents agreed the revised form captures all the necessary information for a DoLS application. 33.3% disagreed
- 50.0% of the respondents felt the revised form reduces follow-ups. 16.7% were neutral and 33.3% disagreed with this statement
- 50.0% of the respondents would prefer the revised form to be made permanent. 16.7% were neutral and 33.3% disagreed with this statement

The findings indicate mixed views regarding the effectiveness of the revised form amongst the DoLS Team. While a majority of respondents agreed with statements relating to navigation and completeness of information, this agreement is notably lower than that seen in other participant feedback and a minority expressed disagreement across multiple areas.

Suggestions made to improve the revised DoLS Form 1 are as follows:

- Electronic Form.
- I'd like to see the capacity assessment as part of the documentation just like it is in the new Form 4 Treatment in Best Interests - that way we wouldn't get a Form 1 without a capacity assessment and the error rate would diminish substantially
- I'm not sure that the forms need to be improved, but staff need to be made aware that it is not just a tick box exercise, and they still need to provide relevant information in the free text areas of the form
- Maybe a box to for staff to add any general information

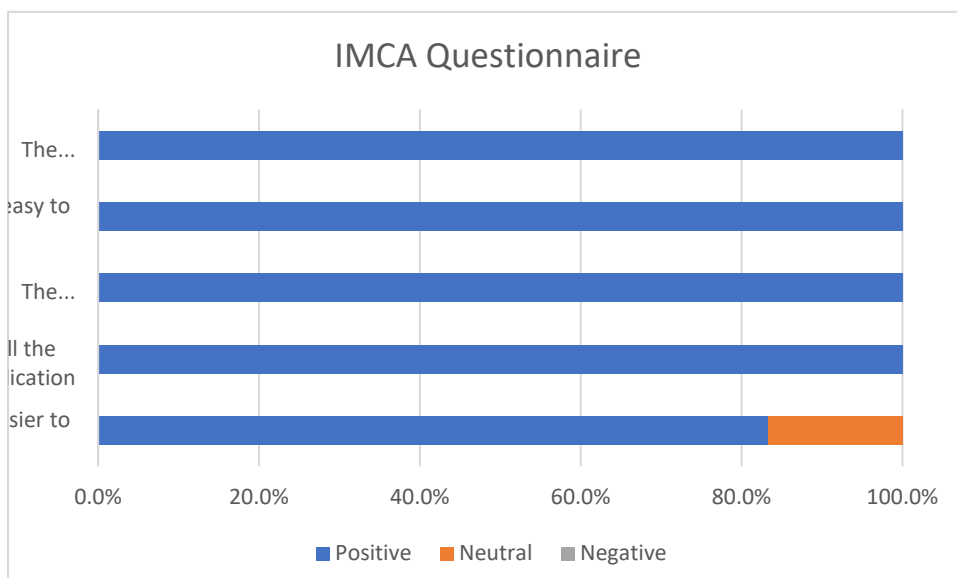
3. Independent Mental Capacity Advocacy (IMCA)

Staff were asked to review the following statements in the questionnaire and select the response that best reflected their experience, using the scale: Strongly Agree, Agree, Neutral / Not Sure, Disagree, or Strongly Disagree.

- *I found the revised DoLS Form 1 easier to understand*
 - *The revised DoLS Form 1 captures all the necessary information for a DoLS application*
 - *The revised DoLS Form 1 captures information relevant to my role as a Relevant Persons Representative/Advocate*
 - *The revised DoLS Form 1 is clear and easy to interpret*
 - *The revised DoLS Form 1 helps to reduce the need for follow-up/clarification*
- Figure 1 below illustrates the responses to the statements.

Figure 3 below illustrates the responses to the statements.

Figure.3: IMCA Questionnaire



- 83.3% of respondents agreed the form was easier to understand.16.7% were neutral.
- 100% respondents agreed the form captures all the necessary information
- 100% agreed the revised form captures information relevant to my role as a Relevant Persons Representative/Advocate
- 100% agreed the revised form is clear and easy to interpret
- 100% agreed the revised form helps to reduce the need for follow-up/clarification

The findings show very positive feedback, with unanimous agreement in key areas including clarity, relevance, completeness and reduction in follow-up activity. A small proportion of respondents indicated neutrality around ease of understanding. There were no negative responses recorded.

Suggestions made to improve the revised DoLS Form 1 are as follows:

- I feel that the restrictions section could be simplified. I feel that any restrictions 'out of the ordinary' such as access to phone, or behavioural support plans could be covered under 'other'. We struggle to get a complete form using the current format, so I feel that the tick boxes are just going to be ignored. I feel that 'physical risk' is the most important. We and other professionals can gather extra information from the client file. The form needs to be simple if it requires completing properly
- To Include a section with the capacity assessment, stating if the impairment of the brain or mind has been defined
- Page 3, covert medication, maybe add that they need to add details below?
- It may be useful to ask if an accommodation decision is needed & referral to IMCA, whilst this is not strictly relevant to the DoLS Authorisation, it is frequently linked in that if they lack capacity for DoLS. They may well lack for discharge and accommodation decisions. It may remind staff to consider IMCA referral earlier in the process, rather than once patient is medically fit for discharge and then delay the process

Key themes across all Participant groups

Feedback from Managing Authorities, the DoLS Team and IMCA services demonstrates consistent and strong support for the revised DoLS Form 1. All participant groups reported the form to be clearer, easier to navigate and easier to interpret. There were no significant concerns raised regarding usability.

Feedback also highlighted increased confidence in completing the form and a better understanding of the DoLS process. This suggests the revised format supports both accurate completion and procedural awareness.

The IMCA feedback was unanimously positive, particularly in relation to relevance, clarity and a reduction in follow-up or clarification requests. The DoLS Team reported overall improvements in the quality of information received. However, some concerns were raised regarding the inconsistent use of free-text fields. Feedback indicated they were occasionally treated as a tick-box exercise rather than an opportunity to provide meaningful relevant information.

All groups expressed a clear preference for the revised form to be adopted permanently.

Suggested improvements focused on minor elements, such as incorporating capacity assessment information, simplifying the restrictions section and providing clearer guidance for staff. Indicating there is no need for major restructuring and the revised DoLS Form 1 is considered fit for purpose with minimal refinements.

4. Recommendations – what action/recommendation is required

- Approve the revised DoLS Form 1 for permanent adoption across BCUHB
- Progress development of an electronic version of the form
- Further explore the possibility of incorporating a capacity assessment section to reduce incomplete submissions
- Review the restrictions section to simplify wording and reduce duplication
- Provide staff guidance or brief training to reinforce the importance of completing free-text fields meaningfully
- Undertake a 6-month and 12-month post-implementation audit to assess impact on error rates and processing time
- Annual audit to be undertaken
- Share feedback with the NHS Wales MCA/DoLS Network



Mental Health Legislation Committee

HIW Assurance Report (MHA Actions): January - March 2026

Dyddiad y Cyfarfod Date of Meeting	14 May 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Matthew Joyes Deputy Director for Legal Services Clare Jones Quality Assurance Manager
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**

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.

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	21/04/2026	Noted.

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

HIW	Healthcare Inspectorate Wales
MHA	Mental Health Act
AMaT	Audit Management and Tracking System

HIW Assurance Report (MHA Actions): January - March 2026

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.






Of note, a joint HIW-CIW assurance check of Conwy community mental health services was carried out; the report has not yet been published and the action plan will therefore be included in the next report.

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>
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>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</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	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
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>	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>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	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) 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.	
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 January - March 2026

Dyddiad y Cyfarfod Date of Meeting	14 May 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 January to March 2026, 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, 33 hearings were held, predominantly relating to section renewals, including Community Treatment Order renewals. Two Barring hearings were held within the quarter. 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 has shown an improvement this quarter with 66.7% of hearings held within standard.

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

The Committee is asked to note the contents of this report and to acknowledge the continued commitment of Associate Hospital Managers.

**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	21/04/2026	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 January – March 2026

Y SEFYLLFA SITUATION

This paper provides an update on the operation of the Associate Hospital Managers (AHM) function for the period January to March 2026. 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.



Scrutiny of the clinical notes by the Associate Hospital Managers began again in 2026, an audit report will be produced at the end of the year.

MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

Hearings Activity

Between January and March 2026, 33 hearings were held, primarily in relation to section renewals, including Community Treatment Order renewals, two Barring hearings were held within the quarter. All hearings that proceeded resulted in detentions being upheld, with no discharges directed by panels.

A number of hearings did not proceed reasons are detailed within the table below.

Month and total arranged	Number of hearings		Reasons not held
	Held	Not Held	
January 13	6	7	Four patients regraded to informal status. Two hearings postponed - one not enough panel members and one patient not prepared. One hearing rescheduled RC sickness.
February 25	19	6	One patient withdrew. Two patients regraded to informal status. One hearing postponed – not enough panel members. Two hearings rescheduled – No IMHA and no Solicitor attended.
March 11	8	3	One patient regraded to informal status. Two hearings rescheduled – One RC took Annual Leave and one patient was discharged on a CTO.

Of the 33 hearings held ten patients were supported by an advocate, six represented by a solicitor and one had their nearest relative or family member attend. From the record of decision it is noted 15 patients attended for their hearings.

There is a theme that patients subject to a CTO do not appear to attend or have any representation with only two patients and two IMHA attending out of 11 CTO hearings. Work is ongoing to ensure that the patients wishes are made aware to the AHMs.

Performance against the locally agreed hearing quality standard of six weeks following renewal improved during this period, with 66.7% of hearings held within standard.

Scrutiny

Scrutiny sessions have been reinstated since February, this involves the Associate Hospital Managers viewing the clinical notes and using a specific audit tool to report on. A scrutiny audit report will be produced at the end of 2026.

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 six Associate Hospital Managers are 100% compliant with the training.






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

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

There are no current key risks or matters for escalation.

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>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>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.</p>
Asesiad o'r Effaith Economaidd-gymdeithasol	<p>Do/Yes: <input type="checkbox"/></p> <p>Canlyniad/Outcome:</p>
	<p>Naddo/No: <input checked="" type="checkbox"/></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>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>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</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>	



Have you considered the Armed Forces Covenant Due Regard Duty?		
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 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 – April 2026

Dyddiad y Cyfarfod Date of Meeting	14 May 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 / Approval

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	21/04/2026	Noted.

Acronymau / Rhestr Termiau 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

Key operational updates were provided. A new Mental Health Act Administration Lead post (replacing the old CAMHS MHA Administrator role) is hoped to be advertised shortly, with the intention of strengthening support across hearings, administration, and continuity.

Training on HO15 paperwork will be undertaken when the new appointment has been made.

The Associate Hospital Managers Report and MHA Assurance Report were presented, highlighting hearing activity, noting February had been a high month for Managers Hearings. While most Mental Health Act activity was lawful, there were isolated lapses of sections, and high use of Section 136 within March.

The group also discussed appropriate ways of ensuring the MHA Manager is aware of issues on the decision forms and ensuring there are enough members for panels to reduce rescheduling.

The Associate Hospital Managers raised again their concerns in cases where discharge or progression was delayed due to unresolved funding decisions between agencies there are still concerns in relation to clinicians feeling constrained when financial factors appeared to influence detention length; due to the lack of MHLD representation this could not be discussed further. The AHMs asked for this issue to be formally escalated to the Mental Health Legislation Committee via this Chair's Report.

The Associate Hospital Managers raised the format of hearings and views that although the patient's choice for a Teams or a face to face hearing how some felt in person was better for those patients that were contesting their detention. It was agreed work is required to ensure the patients are provided with the correct information and are making an informed choice. This will be discussed at the Forum meeting due to be held in June with consideration of how to capture the patients voice and feedback and a request to be made to the Advocacy service for support.

Further operational matters included the acknowledgement of a 'booklet' created to support the Associate Hospital Managers within their role, access is via a Teams Channel Group.

The terms of reference were reviewed with amendments suggested to be approved at the next Committee meeting.

Three persons expressed their interest to join the POD group due to a vacancy, the decision was made via a ballot and a member selected to join.






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

Funding and delayed discharges for patients.

ARGYMHELLION
RECOMMENDATIONS

The Committee is asked to:

- **NOTE** this report;
- **APPROVE** the appointment of Alwena Tomos to the POD Group;
- **APPROVE** the updated Terms of Reference.

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.

**Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements**

**POWER OF DISCHARGE GROUP
TERMS OF REFERENCE AND OPERATING ARRANGEMENTS**

1. INTRODUCTION

- 1.1 The Mental Health Act Code of Practice for Wales sets out legal duties and expectations which Health Boards in Wales meet by establishing governance groups or committees.
- 1.2 The Mental Health Legislation Committee shall establish a Group to be known as the Power of Discharge Group. The detailed terms of reference and operating arrangements in respect of this Group are set out below.

2. PURPOSE

- 2.1 The purpose of the Power of Discharge Group (hereafter, the Group) is to advise and assure the Committee that the processes associated with the discharge of patients from compulsory powers that are used by the Group are being performed correctly and in accordance with legal requirements.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Group, in respect of its provision of advice and assurance is authorised by the Committee to:-
- Comment specifically upon the processes employed by the Hospital Manager Panels in relation to the discharge of patients from compulsory powers, and whether these processes are fair, reasonable and compliant with the Mental Health Act and are in line with other related legislation, including, the Mental Capacity Act 2005, the Human Rights Act 1998 and the General Data Protection Regulations 2018 and that the appropriate systems are in place to ensure the effective scrutiny of associated discharge documentation.
 - Undertake the functions of Section 23 of the Mental Health Act 1983, in relation to hearing cases of detained powers ensuring that three or more members of Associate Hospital Managers form a Panel and only a minimum of three members in agreement may exercise the power of discharge. The Panel will be drawn from the pool of members formally designated as Associate Hospital Managers as reported to the Group.
 - Investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Group); and
 - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- obtain legal or other independent professional advice and to secure the attendance of **persons** with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 3.2 The Group will, as part of its process of hearing cases, be made aware of operational issues affecting the patient's care and treatment, including discharge arrangements. These are not matters for which the Group shall have responsibility. Even so, Group members are not precluded from raising such matters with those holding operational responsibility. In addition, such issues can be raised on an anonymised basis or through the Board itself.

4. MEMBERSHIP

4.1 Members

- Chair: **Deputy Director for Legal Services**
- Vice Chair: **In the absence of the Chair, the meeting shall be chaired by an officer member of the Group (being an employee of the Health Board) designated in advance by the Chair**
- Director of Mental Health & Learning Disability
- **Medical Director of Mental Health & Learning Disability**
- **Eight (8)** appointed Associate Hospital Managers (as nominated and agreed by the Group, appointed for a period of four years with appointment not to exceed a maximum of eight years in total)
- Mental Health Act Manager

4.2 Attendees

Other Directors will attend as required by the Group Chair, as well any others from within or outside the organisation who the Group considers should attend, taking into account the matters under consideration at each meeting **(this will include representatives of Child and Adolescent Mental Health Services when required)**.

4.3 Member Appointments

- 4.3.1 The membership of the Group shall be determined by the **Committee**, based on the recommendation of the **Group** Chair - taking account of the balance of skills and expertise necessary to deliver the Group's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Group.

4.4 Secretariat

4.4.1 Mental Health Act **Manager or delegated Administrator**.

4.5 Support to Group Members

4.5.1 The Mental Health Act Manager, on behalf of the Group Chair, shall:

- Arrange the provision of advice and support to Group members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Group members.

5. GROUP MEETINGS

5.1 Quorum

At least six Associate Hospital Managers must be present to ensure the quorum of the Group and the Chair or Vice-Chair.

The number of Health Board staff cannot outnumber the Associate Hospital Managers.

The Health Board staff must include a senior member of the Mental Health & Learning Disability Division.

If the meeting is not quorate no decisions will be able to be made but the meeting shall not be stood down.

5.2 Frequency of Meetings

Meetings shall routinely be held on a quarterly basis **considering the requirement to report into the Mental Health Legislation Committee.**

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Committee has delegated authority to the Group for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

6.2 The Group is directly accountable to the Mental Health **Legislation** Committee for its performance in exercising the functions set out in these Terms of Reference.

6.3 The Group, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board through the:

6.3.1 joint planning and co-ordination of Board and Committee business; and
6.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 6.4 In terms of the Board's assurance on the Mental Health Act requirements, the remit of the Group is limited to the exercise of powers under Section 23 of the Mental Health Act 1983, rather than the wider operation, which would be the remit of the Mental Health **Legislation** Committee.
- 6.5 The Group shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Group Chair shall:

7.1.1 report formally, regularly and on a timely basis to the Board on the Group's activities, via the Chair's assurance report;

7.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs' of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Group, except in the following areas:

- Quorum
- Owing to the nature of the business of the Group, meetings will not be held in public.

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Group and any changes recommended to the Board, with reference to the Mental Health **Legislation** Committee for approval.

Approval: Power of Discharge Group XX
Mental Health **Legislation** Committee: X/XX/XX



Mental Health Legislation Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod Date of Meeting	14 May 2026
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 from the previous meeting.• NOTE the Committee 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 Termau 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 There were no private items for consideration at the last Committee meeting on 5 February 2026.

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 Summary of Business considered in Private from the previous 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 Asesiad 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>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></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

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
05.02.26	MHLC Meeting	Rhian WatcynJones	Mental Health Act Assurance Report	Number of hearings and first place of safety rates to be reviewed in 12 months to identify potential trends.	Matt Joyes/Wendy Lappin	Teresa Owen	February 2027	Not yet due

Closed

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
13.11.2025	MHLC	Gareth Williams	DOLS Paperwork analysis	Follow up on the All Wales DOLS Paperwork analysis	Chris Walker	Angela Wood	February 2026	Closed 29.01.26 – update requested for February meeting. 05.02.26 – update received at February meeting
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	Closed 29.01.26 – update requested for February meeting. 05.02.26 – update received at February meeting