Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

MENTAL HEALTH SCRUTINY GROUP/MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	01 September 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Review of Mental Health Act Governance Arrangements: Mental Health Legislation Committee and Mental Health Legislation Scrutiny Group
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Caruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Becky Temple Purcell, Assistant Director of Nursing, Patient Safety, Quality and Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Mental Health Legislation Committee (MHLC) is a statutory assurance committee of the Board responsible for providing assurance regarding compliance with:

- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Mental Health Act Code of Practice for Wales
- Hospital Managers' Functions

The Committee also receives assurance regarding:

- Mental Health Legislation risks
- Health Inspectorate Wales (HIW) inspections and associated action plans
- Mental Health Legislation Scrutiny Group (MHLSG) activity
- Power of Discharge Sub-Committee activity
- Relevant Mental Health Legislation policies and procedures

The Committee is supported by the Mental Health Legislation Scrutiny Group (MHLSG), which operates as the principal multi-agency operational scrutiny forum for Mental Health Legislation activity.

As part of the annual review of the MHLC Terms of Reference, a broader review of governance arrangements, membership and reporting structures has been undertaken. This paper summarises the review process, stakeholder engagement activity and recommendations emerging from discussion through MHLC, a dedicated stakeholder workshop and the Mental Health Legislation Scrutiny Group.

Cefndir / Background

The review commenced following the transfer of administrative support for MHLC to the Corporate Governance Team and formed part of the Committee's routine review of its Terms of Reference.

Work undertaken has included:
- Review of the current Terms of Reference for MHLC and MHLSG.
- Benchmarking of Mental Health Legislation governance arrangements across Welsh Health Boards.
- Discussion through MHLC.
- A stakeholder workshop involving MHLC members and partners.
- Further detailed consideration through MHLSG following a request from MHLC for the Scrutiny Group to undertake additional work and provide recommendations back to Committee.

Throughout the review process, stakeholders have consistently recognised the distinct yet interdependent roles performed by MHLC and MHLSG. Reflection has therefore centred on how the existing arrangements can be further strengthened through greater clarity of purpose, improved reporting arrangements, and enhanced partnership engagement, while continuing to support effective governance, scrutiny and assurance in relation to Mental Health Legislation.

The review has focused on:
- Clarifying roles and responsibilities.
- Strengthening governance arrangements.
- Improving reporting and assurance processes.
- Reducing unnecessary duplication.
- Strengthening partnership engagement.
- Enhancing transparency and oversight.

The review has focused on:

- Clarifying the distinct roles and responsibilities of MHLC and MHLSG.
- Reviewing membership and representation arrangements to ensure the right people and organisations are contributing at the most appropriate level of the governance framework.
- Considering opportunities to reduce unnecessary duplication.
- Strengthening governance and accountability arrangements.
- Improving reporting and assurance processes.
- Strengthening partnership working and multi-agency collaboration.
- Enhancing transparency, oversight and the effectiveness of organisational assurance arrangements.

Asesiad / Assessment

Distinct Roles and Functions

The review confirmed strong support for the current governance structure.
MHLC operates as the Board's statutory assurance committee and provides strategic oversight, assurance, governance and accountability on behalf of the Health Board.

MHLSG provides detailed multi-agency operational scrutiny and oversight of:
- Mental Health Act compliance
- Mental Health (Wales) Measure performance
- Operational risks

- Improvement activity
- Multi-agency working
- Patient experience
- Partnership responsibilities relating to Mental Health Legislation.

Stakeholders consistently described these functions as complementary rather than duplicative.

Membership, Attendance and Duplication

The review identified overlap between MHLC and MHLSG membership and attendance arrangements. However, discussions concluded that not all duplication is avoidable or undesirable.

The review also identified that some individuals included within the membership had not routinely attended meetings, although continued to be included when determining the quorum requirement. This created a risk that the membership and quoracy arrangements did not accurately reflect active participation. It was agreed that future membership and quorum requirements should be based on those roles from which regular attendance and active contribution are expected.
Partner organisations, particularly Local Authorities and advocacy services, highlighted that specialist expertise often resides within a small number of individuals who perform both operational and strategic roles. As a result, attendance at both MHLSG and MHLC is frequently necessary and appropriate. Stakeholders expressed no concerns regarding this type of duplication and were clear that they wished to remain actively involved in both forums.

The review did identify a significant opportunity to reduce duplication associated with Health Board operational and managerial attendance.

MHLSG was consistently identified as the appropriate forum for detailed scrutiny, challenge, performance review and operational discussion. Once detailed scrutiny has taken place through MHLSG, MHLC should receive proportionate assurance on the actions being taken to address identified areas of concern, including the effectiveness of mitigating controls, responsible leads, delivery timescales and progress against agreed action plans.
Operational matters should only be escalated to MHLC where they present a material risk to legislative compliance or where the assurance provided is insufficient.

There was broad support for:
- Maintaining detailed scrutiny within MHLSG.
- Streamlining reporting into MHLC so that it focuses on assurance regarding mitigating actions, progress against agreed action plans, delivery timescales and the management of material risks..
- Reducing routine attendance by operational Health Board leads at MHLC where detailed scrutiny has already occurred through MHLSG.
- Using attendance by exception where additional expertise or clarification is required.
- Reviewing membership and quoracy requirements to ensure they reflect active and expected participation.

This approach would reduce duplication, make more effective use of resources and strengthen the distinction between scrutiny and assurance functions.

Partnership Representation

The review reaffirmed the importance of partnership representation within Mental Health Legislation governance.

Local Authority representatives emphasised their shared statutory responsibilities under:
- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Section 117 Aftercare responsibilities.

Stakeholders were unanimous that partnership involvement should remain a defining feature of governance arrangements.

Representatives from advocacy services contributed to the review process and emphasised the importance of maintaining visibility of service-user, carer and lived-experience perspectives within both scrutiny and assurance arrangements. Whilst representatives from West Wales Action for Mental Health (WWAMH) were not present during all stages of the review, views previously expressed continued to be considered throughout discussions. Particular emphasis was placed on the importance of ensuring independent voices remain visible within governance structures, providing challenge, insight and assurance in relation to patient experience, patient rights and service quality. Stakeholders recognised the valuable contribution of advocacy services in supporting transparency, strengthening governance arrangements and ensuring that the perspectives of people accessing services continue to inform both operational scrutiny and strategic assurance.

Clinical Executive Membership

The review identified that Clinical Executive input could strengthen MHLC's oversight of matters relating to clinical quality, patient safety, patient experience, workforce capability and organisational risk. Stakeholders therefore supported further exploration of the most appropriate mechanism for securing Clinical Executive input, taking account of the respective responsibilities for determining Committee membership..

Mental Health Legislation governance concerns significant statutory responsibilities exercised by the Health Board. Committee business routinely relates to:
- Deprivation of liberty
- Detention and treatment under Mental Health Legislation
- Clinical quality
- Patient safety
- Patient experience
- Workforce capability
- Clinical governance
- Organisational risk.

The addition of a Clinical Executive member would:
- Provide visible professional leadership.
- Strengthen accountability for matters directly affecting patient rights and liberty.
- Strengthen links between Mental Health Legislation assurance and wider clinical governance arrangements.
- Support executive oversight of quality, safety and patient experience matters.
- Improve escalation of significant clinical and governance concerns.

Given the nature of the Committee's business, the Scrutiny Group considered that further exploration of appropriate Clinical Executive involvement would be a valuable enhancement

to the governance arrangements. Any proposed change to formal Committee membership would be progressed through the appropriate governance and approval processes.

Reporting, Transparency and Dashboard Development

The review identified opportunities to strengthen reporting arrangements through the further development of existing organisational dashboards and reporting frameworks to incorporate Mental Health Legislation-specific information and assurance measures.

This approach would support the bringing together of information from multiple sources within an accessible framework, improving visibility of performance, compliance, risk, patient experience and improvement activity relevant to Mental Health Legislation. In this context, transparency relates to enhancing the accessibility and collective understanding of information, enabling it to be reviewed from a range of operational, professional, governance and partner perspectives.

Stakeholders considered that strengthening existing dashboard arrangements could support more effective and efficient working by providing a common evidence base for scrutiny and assurance, reducing duplication in reporting activity, supporting trend analysis and helping to identify areas requiring further investigation or improvement. It could also strengthen oversight of patient experience by bringing together themes emerging from advocacy services, local authority reports and operational teams, whilst enabling triangulation with incident, complaint and other quality information already captured through existing organisational dashboards and reporting mechanisms.

The group further recognised the potential for this approach to strengthen legislative assurance by supporting oversight of compliance, statutory timescales, workforce capability, quality indicators, patient experience and organisational risks within a more integrated reporting framework. This would support a more holistic understanding of Mental Health Legislation activity across organisational boundaries and provide a stronger evidence base to inform scrutiny, governance, improvement activity and Board assurance.

Future assurance reporting should also provide clearer evidence of the outcomes and impact arising from improvement activity. Where possible, reports should explain what has changed as a result of the actions taken and the difference made for patients, staff and the wider population. This would enable Independent Members to assess whether actions have been completed, the extent to which they have delivered the intended improvement and strengthened compliance, quality and patient experience.

Stakeholders acknowledged that achieving this would require significant further work, including agreement of meaningful measures, enhancement of existing reporting arrangements, alignment of data sources and identification of appropriate resource to support implementation and ongoing maintenance. The development of such an approach would require commitment from both operational and corporate teams, alongside specialist expertise in quality, governance, performance and data analytics.

Whilst recognising these challenges, the group considered that the potential benefits for governance effectiveness, operational efficiency, patient experience and legislative assurance are substantial. Stakeholders therefore felt that this work should be recognised as a strategic priority and that consideration should be given to how the necessary resource and expertise can be secured to support its development and implementation.

Police and WAST Contributions

The review highlighted the importance of information and intelligence from Police and Welsh Ambulance Services NHS Trust (WAST).

Although representatives from these organisations were not present during the final stages of governance discussions, members consistently emphasised the value of understanding:

- Section 136 activity
- Right Care Right Person implementation
- Conveyance arrangements
- Transport delays
- Crisis pathways
- Emergency response activity
- Operational pressures affecting legislative compliance.

The review highlighted opportunities to further strengthen partnership working with Police and WAST through the development of routine reporting and information-sharing arrangements. Stakeholders were keen to explore how operational insight, activity data and emerging themes from both organisations could contribute more consistently to scrutiny processes, supporting collective learning, improved oversight and a richer understanding of Mental Health Legislation activity across the wider system.

Members were keen to further develop reporting arrangements to ensure this important information contributes to a more complete understanding of Mental Health Legislation compliance and system pressures.

Primary Care Representation

The review noted that, whilst Primary Care representation has historically been included within governance arrangements and Terms of Reference, this has not been consistently achieved in practice. The group considered that Primary Care has an important contribution to make to Mental Health Legislation scrutiny and assurance activity.

Given that much mental health care is delivered and coordinated within community settings, General Practitioners are often among the first professionals to identify deteriorating mental health, contribute to referrals and assessments, and provide ongoing care and support following discharge. As such, they offer a unique perspective on the impact and effectiveness of Mental Health Act processes across the wider system.

The group considered that active GP involvement in the Mental Health Legislation Scrutiny Group in particular would:

- Strengthen scrutiny of patient pathways and transitions between services.
- Improve understanding of continuity of care before, during and following Mental Health Act interventions.
- Provide valuable insight into the interface between Primary Care, community services and specialist mental health services.
- Contribute Primary Care perspectives to discussions relating to Mental Health Legislation implementation and the Mental Health (Wales) Measure.
- Support a more whole-system understanding of the experiences of individuals subject to Mental Health Act processes.

The Mental Health and Learning Disability Clinical Care Group has continued to engage with Primary Care and GP colleagues with a view to securing representation and remains committed to pursuing this as part of future governance arrangements.

Wider Health Board Representation

The review also identified opportunities to improve representation from wider Health Board services. Whilst representation from broader services has historically appeared within governance arrangements and Terms of Reference, it has not consistently translated into active involvement.

The Scrutiny Group considered there would be significant value in securing representation from a wider Health Board service area through the inclusion of a single representative with appropriate knowledge and experience of Mental Health Legislation in acute and unscheduled care environments. Such a role could provide insight into the application of Mental Health Legislation within Emergency Departments, acute healthcare services and general hospital wards, helping to strengthen organisational learning, improve understanding of patient pathways and ensure governance arrangements reflect the full range of settings in which Mental Health Legislation is utilised.

The review has confirmed that the existing governance framework remains appropriate and valued by stakeholders. Opportunities have been identified to strengthen assurance by clarifying the respective roles of MHLSG and MHLC, ensuring reporting focuses on mitigating actions, progress, outcomes and impact, and refining membership and representation arrangements to support effective scrutiny and Board assurance. Subject to Committee support, these principles will be reflected in revised Terms of Reference and future governance arrangements.

Argymhelliad / Recommendation

The Committee is asked to:

- **Note** the outcome of the review of Mental Health Legislation governance arrangements and the stakeholder engagement undertaken through MHLC, the governance workshop and MHLSG.
- **Support** further exploration of the points raised at the workshop, in order to strengthen governance, assurance, reporting and membership arrangements, with any proposed changes to formal committee membership or terms of reference being progressed through the appropriate governance processes.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply 3. Effective 4. Efficient 5. Equitable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply 1. Leadership 5. Whole systems persepctive

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable 6. Sustainable use of resources 2. Working together to be the best we can be
Amcanion Cynllunio Planning Objectives	Not applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Benchmarking work undertaken to review mental health legislation governance arrangements across Wales.
Rhestr Termau: Glossary of Terms:	HIW – Health Inspectorate Wales MHLC – Mental Health Legislation Committee MHLSG – Mental Health Legislation Scrutiny Group WWAMH – West Wales Action for Mental Health
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth lechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Prior discussion at Mental Health Legislation Committee MHLC Governance workshop session. Mental Health Legislation Scrutiny Group 13th August 2026

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	May improve efficiency by reducing duplication of reporting, scrutiny and administrative activity.
Ansawdd / Gofal Claf: Quality / Patient Care:	Supports effective oversight of mental health legislation and continued incorporation of patient and carer perspectives.
Gweithlu: Workforce:	May reduce duplication for staff whilst supporting fulfilment of statutory responsibilities under mental health legislation.
Risg: Risk:	Supports effective assurance, oversight of compliance and management of risks associated with mental health legislation.
Cyfreithiol: Legal:	Supports governance and assurance relating to compliance with the Mental Health Act 1983 and Mental Health (Wales) Measure 2010.

Enw Da: **Reputational:**	Effective governance arrangements support stakeholder confidence in the Health Board's statutory oversight responsibilities.
Gyfrinachedd: **Privacy:**	No direct impact on privacy or information governance arrangements identified.
Cydraddoldeb: **Equality:**	Proposed arrangements will continue to support inclusive engagement and consideration of equality impacts.