ADRODDIAD DIWEDDARU'R PWYLLGOR/

COMMITTEE UPDATE REPORT

Mental Health Legislation Scrutiny Group

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 13 August 2026

Quoracy/ Cworwm: Quorate

Report by/ Adroddiad gan: Rebecca Temple-Purcell, Chair of the Mental Health Legislation Scrutiny Group (MHLSG)

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The MHLSGwish to **alert** members of the
Mental Health Legislation Committee (MHLC) that:

Mental Health Legislation Governance Review
The Group completed detailed consideration of governance arrangements between MHLSG and MHLC and has developed recommendations regarding future governance arrangements, membership, reporting and assurance processes for formal consideration and response by MHLC.

Changes to Mental Health Review Tribunal Scheduling
The Group expressed ongoing concern regarding recent changes to Mental Health Review Tribunal scheduling arrangements, including increased use of remote hearings and shorter notice periods. Members noted the potential impact on patient experience, access to advocacy, continuity of professional involvement and the ability of tribunals to benefit from contributions from those most familiar with an individual's care and treatment.

The Group noted that concerns are continuing to be raised through advocacy and professional networks and would welcome the continued support of the Health Board Vice Chair in escalating these matters through relevant national forums to ensure the impact on patient experience, hearing quality and professional participation remains visible within ongoing discussions and future developments.

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

The Mental Health Legislation Scrutiny Group wish to **advise** members of the Mental Health Legislation Committee that:

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*
[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.

Section 12 Medical Capacity and Access
The Group discussed ongoing challenges relating to the availability of Section 12 approved doctors and the potential impact on the timeliness of Mental Health Act assessments. The Group agreed that continued oversight is required and that consideration should be given to whether existing governance and risk management arrangements appropriately reflect the nature and potential impact of this issue.

Mental Health Act Administration Team Capacity
The Group received an update regarding temporary workforce pressures within the Mental Health Act administration team arising from staff turnover coinciding with planned leave. Successful recruitment has taken place and workforce plans are in place to support induction and onboarding of new staff. Workload has been reviewed and activities are being prioritised to ensure compliance with Mental Health Legislation and statutory responsibilities continue to be maintained during the transition period.

Section 136 Activity and Use of Places of Safety
Members reviewed current Section 136 activity and noted planned multi-disciplinary discussions with A&E colleagues, intended to support a shared understanding of pathways, activity levels and operational challenges. The Group recognised that perceptions regarding activity may be influenced by occasions where individuals voluntarily attend Emergency Departments with police support rather than being subject to Section 136 powers. Members also noted the relevance of wider national transformation work, relating to development of an Open Access Mental Health Support model, which aims to support earlier intervention, provide a choice of access to support, hopefully leading to reduced reliance on Emergency Departments and Mental Health Act interventions over time. MHLC is asked to note the relevance of this wider programme of work to future business and assurance activity.

Out-of-Area Section 136 Detentions
The Group discussed opportunities to improve understanding of individuals known to local services who are detained under Section 136 outside the Hywel Dda area and agreed to explore approaches to strengthen information gathering and reporting arrangements.

Conveyance, Transport and Bed Availability
Local Authority reports highlighted ongoing challenges relating to conveyance, transport arrangements and bed availability. Members agreed that these themes require continued scrutiny to support a better understanding of frequency, impact and opportunities for mitigation, with further discussions planned at the next meeting.

The MHLC is advised that a programme of work aimed at improving patient flow, reducing delays and minimising the use of out-of-area placements is underway and has been informed by learning from a recent Vanguard programme. The MHLC is also asked to note the relevance of wider national transformation work and the development of an Adult Mental Health Clinical Plan, both of which are expected to support improving challenges associated with patient flow and continuity of care, currently being experienced across Mental Health Services in Wales.

Patient Experience Themes
The Advocacy report identified recurring themes relating to access to Responsible Clinicians (RCs), escorted leave, therapeutic activity and the impact of workforce pressures on patient experience. Members agreed that these themes warrant continued scrutiny to better understand contributory factors, monitor emerging trends and identify opportunities for improvement. Additional time has been allocated within the next meeting agenda to support further exploration of these issues.

The MHLC is advised that individual concerns raised through advocacy services are routinely escalated and addressed with ward teams as they arise. In addition, thematic feedback is regularly reviewed through the Ward Managers Forum, providing opportunities for organisational learning, service improvement and local action planning.

In considering the themes raised, it is relevant to note that a programme of workforce stabilisation has been undertaken across inpatient services, including investment in inpatient establishments during the previous financial year. This has contributed to a reduction in reliance on temporary staffing and is supporting greater continuity of care to improve patient experience, although some workforce challenges remain within specific areas.

The MHLC is also advised that a number of measures are being implemented to strengthen continuity of senior clinical input. This includes the introduction of Advanced Practitioner roles within inpatient services, with two of the three localities already benefiting from these posts and plans in place to extend the model across the remaining locality during the coming months.

The Group noted that current bed pressures continue to influence inpatient pathways. To ensure timely access to care, individuals may on occasions be admitted to the first available mental health bed rather than a ward within their home locality. Whilst repatriation is pursued at the earliest available opportunity, this can result in RCs managing patients across multiple sites and counties, which may impact the frequency of face-to-face contact. This remains an area of operational focus alongside wider work to improve patient flow and reduce out-of-area placements as referenced earlier.

Assure[3] (to note)/ Sicrhau (i nodi)

The Mental Health Legislation Scrutiny Group wish to assure members of the Mental Health Legislation Committee that:

Proposal for Future Delivery of the Section 136 Suite
The Group received an update regarding the proposal for the future delivery of the adult Section 136 Suite. Board approval has been obtained to proceed to the engagement phase and engagement plans have been developed to support an eight-week public engagement period commencing on 1 September 2026.

The engagement process will seek views from stakeholders, service users, carers, partners and the wider public regarding the proposed future model and location of

[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

the adult Section 136 facility. Following completion of the engagement period, feedback will be analysed and used to inform refinement of the proposal. A further report, including recommendations informed by engagement findings, is expected to return to the Health Board for consideration in January 2027.

The Group was assured that progress against agreed milestones will continue to be monitored through established governance arrangements and that any future recommendations will reflect engagement feedback alongside operational considerations relating to safety, quality, sustainability and patient experience.

Community Treatment Order (CTO) Monitoring
Members reviewed information relating to Community Treatment Orders (CTOs) and noted stable performance, with only minor variation in activity levels over recent quarters and no significant trends requiring escalation.

Local Authority Workforce Position
Members received updates regarding workforce capacity within Local Authority services. Ceredigion reported a significantly improved position, with all substantive posts filled and additional workforce capacity due to commence shortly. This is expected to strengthen resilience and support ongoing performance. Discussion across the Group indicated generally stable Local Authority arrangements, with no significant workforce concerns escalated through partner reports.

Policy Oversight
The Group reviewed the revised CTO Policy and supported its progression to MHLC.

Review of Risks/ Adolygiad o Risgiau

The Group reviewed risks relevant to Mental Health Legislation and noted:

- Improvement in RC cover and medical staffing arrangements within some service areas, resulting in reduced risk exposure. Specifically risk 1365 relating to deficits in medical workforce across adult inpatient wards had been reviewed and closed on 12 August 2026 as control measures were now considered sustainable, associated actions were completed and the target risk score was achieved. The Group welcomed the improved position in relation to RC cover and medical workforce resilience across Adult Mental Health inpatient services.

- Ongoing work to strengthen oversight of bed flow pressures and associated impacts on Mental Health Legislation activity, with consideration being given to the escalation of risk 1857 to Clinical Care Group level to ensure broader oversight and more systemic mitigation considerations.

- Continued challenges relating to Section 12 medical availability, particularly where delays may impact assessment timescales. Existing controls remain in place and further consideration will be given to whether current risk descriptions adequately reflect this issue.

- Temporary workforce pressures within the Mental Health Act Administration Team, with recruitment completed and transitional mitigations established to maintain legislative compliance and service continuity.

- Local Authority concerns relating to conveyance arrangements, transport delays and bed availability, linked to risk 1867, which will continue to be monitored through existing governance arrangements and future scrutiny activity.

- An action for further review of access to Care Partner systems for some Approved Mental Health Professional providers in Ceredigion.

- The Group was assured that appropriate mitigating actions are in place and agreed a number of areas for continued monitoring and future scrutiny.

Sharing of learning/ Rhannu dysgu

The governance review highlighted opportunities to further strengthen Mental Health Legislation governance through clearer differentiation between scrutiny and assurance functions, refinement of membership arrangements and development of more streamlined reporting mechanisms.

Local Authority reports identified recurring themes relating to conveyance, transport delays and bed availability, reinforcing the importance of continued partnership working and scrutiny of system-wide barriers impacting Mental Health Act processes.

Advocacy feedback reinforced the importance of patient experience themes and demonstrated the value of independent voices in identifying concerns, informing thematic learning and influencing improvement activity.

Discussions identified opportunities to strengthen the use of organisational data and intelligence through future development of enhanced reporting and dashboard arrangements to support scrutiny, assurance, patient experience oversight and legislative compliance.

Recommendation/ Argymhelliad

The MHLC is asked to:

- Respond to the items that they are being alerted to
- Note the items the Committee is advising them of
- Be assured on the items that the Committee is providing assurance on.

Date of next meeting/ Dyddiad y cyfarfod nesaf: 12 November 2026