

# MENTAL HEALTH LEGISLATION COMMITTEE

ANNUAL REVIEW REPORT

2025/2026

## 1. Introduction and Chair's Summary

In line with Standing Orders the Mental Health Legislation Committee (MHLC) must submit an Annual Report to the Board through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, specifying how the Committee has met its Terms of Reference (TORs) during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework.

### Chair's Reflections

Over the course of 2025/26, the Committee has continued to provide scrutiny, assurance and oversight in relation to the Health Board's statutory responsibilities under the Mental Health Act and Mental Health (Wales) Measure 2010 within an increasingly pressured operational environment.

The Committee has received assurance on work undertaken to strengthen communication processes between Mental Health Services and Primary Care following Section 136 interventions. Whilst improvements have been introduced, members recognised the importance of continued monitoring to ensure consistency of implementation and to support safe, timely and effective information sharing across organisational boundaries.

The relocation of the Section 136 facility represented an important development in improving privacy, dignity and safety for children and young people requiring assessment. Members noted the slow progress made whilst acknowledging that wider work relating to Place of Safety provision across the Health Board footprint remains ongoing and continues to require careful system-wide consideration, particularly within the context of rurality, operational pressures and patient experience.

Throughout the year, the Committee maintained a strong focus on service fragility and the impact this may have on statutory compliance, timeliness and quality of care. Recruitment and retention challenges across key professional groups, including medical staff, approved mental health professionals, nurses and social workers, continue to present material risks to service resilience in some localities. The Committee sought assurance regarding mitigation plans and escalation processes, whilst recognising that these challenges are not unique to Hywel Dda and reflect broader system-wide pressures across Wales. Nevertheless, the Committee remains mindful that system pressures can create risks not only to

operational delivery but also to equity of access, patient experience and compliance with legislative duties.

The implementation of Right Care, Right Person has represented a significant cultural and operational shift across partner agencies. The Committee has received regular updates regarding implementation and partnership working arrangements with Dyfed-Powys Police and wider stakeholders. Members recognised both the opportunities and complexities associated with the model and agreed that continued scrutiny will be required as the longer-term operational and patient impacts become clearer.

The Committee also reflected on the importance of maintaining visibility of the patient voice within mental health legislation governance arrangements. Discussions during the year highlighted the value of capturing patient stories and lived experiences to complement performance and compliance reporting, particularly given the unique and often vulnerable circumstances surrounding detention, assessment and crisis care pathways but noted the sensitive nature of sharing these stories.

Whilst the Committee did not escalate any formal alerts to Board during the reporting period, several areas required ongoing monitoring and scrutiny, particularly in relation to Section 136 operational pressures, Place of Safety arrangements, data compliance under the Mental Health (Wales) Measure, and workforce sustainability within local authority social work provision.

The Committee would wish to acknowledge the continued commitment of staff and partner organisations working within Mental Health and Learning Disability Services during a period of operational pressure and organisational change. The Committee remains committed to providing constructive challenge and assurance to support safe, lawful and person-centred care across the Health Board.

## **2. Terms of Reference and Workplan**

The TOR for the MHLC is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 5 June 2025 and approved by Board on 31 July 2025.

[Link to Terms of Reference](#)

The MHLC has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The MHLC workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[Link to workplan](#)

### 3. Sub-Committee

The Power of Discharge Sub-Committee, reports into the MHLC with its own terms of reference and workplan for the year.

The Sub-Committee's TOR were last reviewed and approved by the Committee on 5 June 2025.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which is scheduled to be presented to the Committee on 4 June 2026 reporting on activity throughout the year.

### 4. Table of attendance

Membership		Date 05/06/2025	Date 02/09/2025	Date 01/12/2025	Date 03/03/2026
Chantal Patel	Independent Member	x	✓	✓	✓
Iwan Thomas	Independent Member	✓	x	✓	✓
Ann Murphy	Independent Member	✓	✓	✓	✓
Eleanor Marks	Independent Member	✓	x	x	✓
<b>In Attendance</b>		<b>05/06/2025</b>	<b>02/09/2025</b>	<b>01/12/2025</b>	<b>03/03/2026</b>
Andrew Carruthers	Chief Operating Officer	x	✓	x	✓
Liz Carroll	Director of Mental Health & Learning Disabilities	✓	x	✓	x
Dr Warren Lloyd	Associate Medical Director for Mental Health Services	✓	x	✓	✓
Rebecca Temple-Purcell	Assistant Director of Nursing, Patient Safety, Quality and Experience (MHLD Clinical Care Group)	x	✓	✓	✓
Kay Isaacs	Assistant Director of Nursing, Mental Health & Disabilities/ Chair of Mental Health Legislation Scrutiny Group	✓	✓	✓	x
Neil Mason	Head of Older Adult Mental Health Services	✓	x	✓	✓
Lisa Bassett-Gravelle	Head of Adult Mental Health Inpatient Wards and Learning Disabilities Service	x	x	✓	✓
Alastair Wakely	Head of SCAMHS and Psychological Therapies	x	x	x	x

Sarah Roberts	Mental Health Legislation Manager	x	x	✓	✓
Ruth Bourke	Mental Health Act Administration Lead	✓	✓	✓	x
Supt Chris Neve	Nominated representative from Dyfed/Powys Police	x	x	x	x
	Nominated representative from Welsh Ambulance Services NHS Trust	✓	✓	✓	✓
	Nominated representative from Carmarthenshire County Council	✓	x	x	x
	Nominated representative from Ceredigion County Council	✓	✓	✓	✓
	Nominated representative from Pembrokeshire County Council	x	x	✓	✓
	Nominated representative from West Wales Action for Mental Health (WWAMH)	✓	x	✓	✓
	2 x Nominated Service Users: patient representative and carer representative	x	x	x	x
	Nominated representative from Primary Care: GP Lead	x	x	x	x
	Nominated representative from Llais (not counted for quoracy purposes)	x	x	x	x
	Nominated representative from Advocacy Network	x	x	x	x
	Nominated representative from A&E Department or General Hospital representative	x	x	x	x
Quorate	Yes /No	Yes	No	No	Yes

A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and the Independent Member with oversight of Mental Health, together with a third of the In Attendance Members.

To mitigate the risk of meetings being inquorate, member availability will be confirmed when meeting dates are set and calendar invitations will be issued well in advance, with named deputies identified where permitted by the Terms of Reference. A quoracy check will be completed prior to each meeting, with early escalation to the Chair/Vice Chair to agree targeted actions (e.g., arranging

attendance of required members, enabling hybrid attendance, or rescheduling where appropriate) to improve meeting quoracy given 2 of the 4 meetings held in 2025/26 were not quorate.

## **5. Committee Activities – alert, advise and assure.**

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

**Alert** – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve and were alerting the Board as engagement action or intervention was required.*

The MHLC had no items of which to **alert** the Board during the year.

**Advise** – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

In February 2026, the Committee was advised that progress in relocating the Section 136 Place of Safety facility to Cwm Seren Inpatient Ward, Carmarthen, had been delayed due to external planning issues. Although assurance was received on the actions in place, Members highlighted the need for close monitoring, with the Executive Team addressing the matter as a priority.

**Assure** – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

**Mental Health Legislation Committee Annual Report 2024–2025** - In June 2025, the Mental Health Legislation Committee received and approved the Mental Health Legislation Committee Annual Report 2024–2025. The Committee took positive assurance from the report, noting that no matters required escalation to the Public Board, breaches under the Mental Health (Wales) Measure 2010 had been resolved, and issues relating to hospital managers' pay had been rectified.

The Committee acknowledged the inherent challenges associated with capturing patient experience within mental health legislation services and recognised the need to further strengthen qualitative feedback. Members agreed that further work would be undertaken to explore more effective approaches to capturing patient stories and to ensure that learning is derived to inform service improvement.

**Annual Report of the Power of Discharge Sub-Committee** - In June 2025, the Mental Health Legislation Committee received the Annual Report of the Power of Discharge Sub-Committee, outlining the work undertaken during the 2024–2025 reporting period. The Committee took assurance from the report, which included details of the Sub-Committee's constitution, core membership and operating arrangements, including its programme of meetings. During the year, the Sub-Committee met on 2 April, 6 August and 9 December 2024, comprising two virtual meetings and one held in person.

**Mental Health Act Report** - In June 2025, the Mental Health Legislation Committee reviewed the Mental Health Act Report and took assurance that the Health Board's responsibilities under the Mental Health Act 1983 were being appropriately discharged, with the Act applied in line with statutory requirements across the Health Board area. The Committee noted that the report aligned with ongoing operational discussions and reflected key service pressures, including challenges relating to bed availability and the consequent impact on the use of Section 136 suites.

The Committee further noted that these operational pressures were recognised and were being managed through established governance and operational processes. Members were advised of recent updates relevant to the application of the Act and noted that, at the time of reporting, no adverse impact on patients or ward-based practice had been identified.

**Mental Health Legislation Committee Self-Assessment** - In June 2025, the Mental Health Legislation Committee received the Committee's Self-Assessment Report for the 2024–2025 period, forming part of the refreshed approach to evaluating committee effectiveness introduced in 2023. Members considered the findings of the self-assessment and took assurance from the review process, which assessed performance against the Committee's Terms of Reference and overall effectiveness.

The Committee approved the agreed outcomes and associated actions arising from the self-assessment, recognising these as an important mechanism to support continuous improvement. Members noted that progress against the agreed actions would be monitored through the Committee's routine governance arrangements.

**Power of Discharge Sub-Committee** - Throughout 2025, the Mental Health Legislation Committee received regular updates from the Power of Discharge Sub-Committee and took assurance regarding the discharge of its statutory responsibilities. In June 2025, Members were advised that Hospital Managers had participated in an in-person information governance training session, which had been positively received and supported strengthened understanding of information governance requirements within the discharge process. The Sub-Committee also considered matters relating to Section 23 of the Mental Health Act, supported by relevant data and performance information to inform its oversight of discharge decisions.

The Committee received further updates summarising discussions from the Sub Committee meeting held on 7 August 2025. These updates highlighted emerging issues, including matters relating to capacity assessments, an increase in applications to Hospital Managers, and the absence of patient discharges from detention during the preceding year. The Committee also considered the Sub Committee's Annual Report, reviewed arrangements for lay member appraisals, and discussed the effectiveness of discharge planning arrangements. Members identified

areas where further training and development would support Hospital Managers in the ongoing discharge of their statutory functions.

**Mental Health Legislation Scrutiny Group** – During 2025–26, the Mental Health Legislation Committee received updates from the Mental Health Legislation Scrutiny Group relating to its meetings held on 1 May 2025, 14 August 2025 and 1 November 2025. In June 2025, the Committee received an update from the meeting held on 1 May 2025, noting that the meeting was conducted in a hybrid format and benefitted from good representation from partner organisations, including the voluntary sector and police colleagues.

In September 2025, the Committee received a further update from the meeting held on 14 August 2025, which similarly confirmed a hybrid format and continued engagement from key partners, including voluntary sector representatives and police colleagues.

**Mental Health Bill** - In September 2025, the Mental Health Legislation Committee received an update on the Mental Health Bill, currently progressing through Parliament. Members noted that the Bill proposes a number of significant reforms, including revised detention criteria, the introduction of additional safeguards for individuals with learning disabilities and autistic people, and the establishment of a Nominated Person role to enhance patient autonomy.

The Committee further noted the increased emphasis on Advance Choice Documents and strengthened statutory care and treatment planning arrangements. Members were advised that implementation is expected to commence from 2027 through a phased rollout over a period of up to ten years. The Committee noted that the proposed changes are likely to have significant financial, workforce and service delivery implications, particularly for community-based services.

**Mental Health (Wales) Measure 2010 Report** - In December 2025, the Mental Health Legislation Committee received the Mental Health (Wales) Measure 2010 Report and noted that it confirmed compliance with all four parts of the Measure, alongside key performance trends. A further update was presented in March 2026, which demonstrated continued compliance across all areas for the period October to December 2025.

The Committee noted that, whilst compliance remained strong overall, there were ongoing challenges in Ceredigion associated with medical staffing. Members were advised that overall demand had not reduced and that improvements in compliance had been supported through tighter processes, strengthened oversight and more robust performance management arrangements.

**Mental Health Tribunal Panels** - In March 2026, the Mental Health Legislation Committee was informed of a Bill progressing through the Senedd concerning the eligibility of doctors serving on Mental Health Tribunal Panels, where previous

arrangements had permitted participation without a current licence to practise. Members were advised that this issue had not adversely affected the conduct or outcomes of patient hearings.

The Committee also considered concerns relating to Mental Health Review Tribunals being routinely conducted via Microsoft Teams, with face-to-face hearings now largely limited to exceptional circumstances. Members noted feedback received via the Independent Mental Health Advocacy Service, which indicated that some patients find it more difficult to engage in a virtual hearing environment and may perceive this as having a negative impact on their care experience. It was noted that these concerns are being escalated through the All-Wales IMHA Peer Group to ensure that the patient voice is represented, and the wider impact is understood at a national level.

Separately, the Committee noted updates received via the Hospital Managers Power of Discharge Sub-Committee in March 2026, which highlighted ongoing recruitment activity, including the appointment of additional panel members with Welsh language skills, and the continuation of training and development arrangements to support members in undertaking their statutory roles.

### **Items Approved by the Committee During the Year**

In September 2025, the Mental Health Legislation Committee received two policy updates. A request for a six-month extension to the Section 136 Joint Procedure was presented for approval. As the meeting was not quorate, the extension was approved via Chair's Action and subsequently ratified by the Committee through email circulation.

At the same meeting, the Section 117 Aftercare Procedure Policy, which was due for its three-year review and had progressed through the Health Board's approval processes, required final endorsement by the Committee. Due to the lack of quoracy, this policy was also approved via Chair's Action and subsequently ratified through email circulation.

### **Risk Review**

- **1813 - Risk to patient care at Gorwelion Crisis Resolution and Home Treatment Team (CRHT) due to workforce** - In June 2025, the Mental Health Legislation Committee considered Risk 1813, relating to the risk to patient care within the Gorwelion Crisis Resolution and Home Treatment Team (CRHT) arising from workforce capacity constraints. The Committee noted that the risk had remained at an extreme level since November 2024, reflecting ongoing pressures within the medical workforce, including the absence of dedicated Consultant cover, which had been escalated to Executive level in January 2025.

The Committee noted that it had not been possible to progress a practitioner appointment within the team due to the significant operational pressures arising from current workload demands and workforce constraints. This was

compounded by the limited medical workforce and absence of dedicated Consultant cover, which placed additional strain on existing staff capacity and reduced the ability to support onboarding or service development activity. In addition, Members were advised that recruitment had been further impacted by instability within the process, including the withdrawal of an appointed candidate from the recruitment pathway in April 2025, necessitating re-advertisement of the post. This prolonged vacancy, alongside ongoing service delivery pressures, constrained the team's ability to progress the appointment at pace.

The Committee was advised that mitigating actions included continued engagement with Human Resources and ongoing recruitment activity.

The Committee further noted that overnight cover continued to be supported through bank arrangements; however, this remained intermittent and was further impacted by gaps in Medical On-Call provision. Where on-site cover was not available, support was provided remotely via the Carmarthen Medical On-Call rota.

- **1612 - Risk to patient care at North Ceredigion Community mental health centre due to workforce capacity.**

In June 2025, the Mental Health Legislation Committee considered Risk 1612, relating to the risk to patient care at the North Ceredigion Community Mental Health Centre arising from workforce capacity constraints. The Committee noted that the risk had remained at an extreme level since November 2024 following the departure of the Consultant from post, with attempts to secure locum cover proving unsuccessful.

- **1781 - Risk of being unable to provide a Community Place of Safety (CPOS) to individuals detained under Section 136**

In June 2025, the Mental Health Legislation Committee reviewed Risk 1781, relating to the inability to provide a Community Place of Safety (CPOS) for individuals detained under Section 136 in Ceredigion. The Committee noted that, whilst the absence of a local facility presented a risk, this was outweighed by the assessment that the previous facility was unfit for purpose and posed a greater risk to patient safety. The Committee further noted that the CPOS in Ceredigion would remain closed, with a review continuing through an established working group.

In March 2026, the Committee received a further update confirming that the risk remained under active review, with a target resolution date reported as year-end.

The following risks were discussed at the December 2025 meeting:

- **Risk 2090** – Risk to continuity of patient care in the Ceredigion area due to workforce capacity: The Committee noted that this risk had been closed.
- **Risk 1857** – Risk of delayed admissions due to patient flow and capacity constraints: The Committee noted that this risk had been closed following the

implementation of mitigating actions; however, it was acknowledged that the risk may re-emerge should patient flow pressures fluctuate.

## **6. Committee Effectiveness - Feedback from self-assessment process**

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the MHLC.

- For the MHLC this involved the completion of a short digital form which requested feedback on the following areas:
  - Governance and administration
  - Committee's inputs
  - Conduct of Committee meetings
  - Interface with other Committees, including the Board
  - Committee's impact
  - Individual role on Committee

The process was undertaken during the year and reported to the Committee in June 2025.

The results from the self assessment process were fed into an action plan, combining information and Auditor/Regulator feedback.

### **What we want to continue to do next year**

- Good governance and administration of the Committee
- Receive good support from EDs/Deputies re attendance, timeliness of papers
- Chair effectively and have open, transparent and productive debate with constructive challenge from Independent Members
- Good interface with other committees and Board and provide clear and concise information to Board on the committee's activities.
- Provide assurance to the Board on compliance with mental health legislation and that its application is fair and lawful.
- Monitor and manage risks related to compliance with mental health legislation

### **What we want to change going forward**

- Continue to improve the quality of reports and presentations to ensure they provide an overview as opposed to including too much operational detail.
- Reduce the length of policy papers by ensuring reports focus on salient points to provide assurance to the Committee
- Improve meeting flow during hybrid meetings by asking individuals to introduce themselves before speaking so that attendees joining remotely know who is speaking.
- Ensure feedback from Board and the Committee Update Reports is reported to the next meeting.

- Alert the Board earlier to concerns in relation to compliance with mental health legislation.
- Provide support for new Independent Members who join the Committee.

## **7. Conclusion**

The Committee is satisfied that it continues to operate effectively and in line with its Terms of Reference. Issues have been escalated to Board as appropriate, and the Committee uses feedback from the self-assessment process to evolve and continually improve.