



**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Legislation Committee Self Assessment Report 2025-26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Clare James, Head of Corporate Governance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of the report is to present the outcome of the Mental Health Legislation Committee (MHLC) Self-Assessment for 2025/26.

Cefndir / Background

In line with Section 10.2.1 of the Standing Orders, the Board is required to ensure a process of regular and rigorous self-assessment of its Committees. Each Committee is also required to submit an annual report outlining its activity and effectiveness.

To avoid unnecessary survey burden and to support proportionate assessment, a short digital questionnaire was circulated to members. This was supported by ongoing reflective discussions and qualitative feedback from members throughout the year.

The assessment focused on core aspects of the Committee's statutory responsibilities and governance effectiveness, including:

- Statutory Compliance and Assurance
- Oversight of Mental Health Act (MHA) Activity and Use
- Protection of Patient Rights and Safeguards
- Governance, Risk and Learning
- Effectiveness of Hospital Managers' Functions

Asesiad / Assessment

Members were asked to score their level of agreement with five key statements using a scale of 1–5 (1 = strongly disagree, 5 = strongly agree), with the opportunity to provide supporting qualitative commentary.

A total of 5 responses were received out of 15. This equates to a 33% response rate.

Average Ratings

Area and Statement	Average Rating
Statutory Compliance and Assurance	4.8
<i>The Committee receives assurance that statutory requirements of the Mental Health Act are met and that areas of non-compliance are identified and addressed.</i>	
Oversight of MHA Activity and Use	4.6
<i>The Committee effectively scrutinises data and activity relating to the use and application of the Mental Health Act</i>	
Protection of Patient Rights and Safeguards	4.2
<i>The Committee receives assurance that patient rights, advocacy, and safeguards are upheld.</i>	
Governance, Risk and Learning	4.0
<i>The Committee provides effective oversight of risks, learning, and external/internal reviews relating to MHA.</i>	
Effectiveness of Hospital Managers' Functions	4.6
<i>The Committee receives assurance on the effectiveness of Hospital Managers' processes, training, and decision-making.</i>	

Themes Identified

What has gone well

- Strong statutory assurance: Robust oversight of compliance with the Mental Health Act, with clear reporting and escalation of issues.
- High-quality reporting and data: Members receive comprehensive, detailed reports supporting effective scrutiny and assurance.
- Effective oversight of MHA activity: Regular and structured review of detention data and application of legislation.
- Well-established Hospital Managers' function: Strong governance arrangements, effective training, and regular appraisal processes.
- Constructive committee culture: Positive engagement, supportive challenge, and strong leadership contribution to discussions.
- Learning and service improvement: Evidence of good practice being shared and scaled (e.g. service improvements following identified issues).

What we want to strengthen going forward

- Patient voice and experience: Limited direct insight into patient perspectives, experiences, and outcomes.

- Governance and learning visibility: Opportunities to strengthen real-time insight into external/internal reviews, complaints, and learning.
- Data accessibility and usability: Reliance on manual data processes and lack of dashboard functionality.
- Depth of assurance in some areas: Some domains (e.g. governance and patient safeguards) require more comprehensive information to support higher assurance.
- Committee focus balance: Strong legal and data focus, with scope to broaden into more qualitative aspects such as patient experience.

Suggestions from respondents

- Introduce patient stories or lived experience to strengthen assurance around patient rights and advocacy.
- Improve data presentation and develop dashboards to provide more timely and accessible information.
- Increase visibility of complaints and patient feedback to enhance assurance on safeguards.
- Enhance reporting on internal and external reviews, including outcomes and learning.
- Strengthen linkage between scrutiny groups and Committee assurance to ensure clarity of oversight.
- Encourage broader participation in Hospital Managers' roles, particularly from Independent Members – recognising this had already been discussed with the Chair of the Health Board.

Overall Conclusion

The self-assessment demonstrates that the Mental Health Legislation Committee is functioning effectively, with strong assurance across statutory compliance, oversight of MHA activity, and Hospital Managers' functions.

The Committee is recognised as data-driven, well-led, and providing robust assurance within its legislative remit.

Opportunities for development focus on enhancing patient-centred insight, strengthening governance visibility, and improving data accessibility, which will further support the Committee in delivering comprehensive and balanced assurance to the Board.

Area for Improvement	By who	By when
Explore the opportunity to include patient voice (e.g. patient stories or feedback reports) into Committee business/meeting reports	Lead Exec	30/9/26
Explore enhancing reporting on complaints and patient experience relating to MHA	Lead Exec	30/9/26
Strengthen reporting on internal/external reviews and learning outcomes	Lead Exec	30/9/26

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the findings of the Self-Assessment
- **AGREE** the proposed areas for improvement and actions

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.
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)	Not Applicable Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	MHLC Terms of Reference MHLC Self Assessment digital form results
Rhestr Termiau: Glossary of Terms:	Included within the report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Director of Corporate Governance/Board Secretary
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts
Gweithlu: Workforce:	No direct impacts
Risg: Risk:	No direct impacts
Cyfreithiol: Legal:	No direct impacts
Enw Da: Reputational:	No direct impacts
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	No direct impacts