

Agenda – Health and Social Care Committee

Meeting Venue:

Hybrid – Committee Room 5, Ty Hywel
and video conference via Zoom

Meeting date: 25 June 2025

Meeting time: 09.30

For further information contact:

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Committee Clerk

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Private pre-meeting

(09.00–09.30)

Public meeting

(09.30–11.00)

1 Motion to appoint a temporary Chair in accordance with Standing Order 17.22 until the end of the summer term

(09.30)

2 Introductions, apologies, substitutions, and declarations of interest

(09.30)

3 Llais Cymru – General scrutiny session

(09.30– 11.00)

(Pages 1 – 49)

Alyson Thomas – Chief Executive, Llais

Professor Medwin Hughes – Chair, Llais

Ben Eaton – Strategic Director of Organisational Strategy & Engagement, Llais

Joanne Bolton – Strategic Director of Operations & Corporate Services, Llais

Research brief

Paper 1: Written submission, Llais Cymru

4 Paper(s) to note

(11.00)



4.1 Letter from Chair of Petitions Committee to the Minister for Mental Health and Wellbeing re Petition P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd

(Pages 50 – 51)

4.2 Letter from Chair of Petitions Committee to Chief Executive of Betsi Cadwaladr University Health Board re Petition P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd

(Pages 52 – 53)

4.3 Letter from Chair Legislation, Justice and Constitution Committee to Cabinet Secretary for Health and Social Care in relation to Legislative Consent Memorandum on the Terminally Ill Adults (End of Life) Bill

(Page 54)

4.4 Welsh Government's response to Committee's report on Legislative Consent Memorandum for the Mental Health Bill

(Pages 55 – 71)

4.5 Letter from National Midwifery Council (NMC): Overview of the findings of the Professional Standard's Authority's performance review of the NMC

(Pages 72 – 75)

5 Motion under Standing Order 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of the meeting

(11.00)

Break

(11.00-11.15)

Private meeting

(11.15- 12.20)

6 Llais Cymru: consideration of scrutiny session

(11.15-11.30)

- 7 Improving access to support for unpaid carers: consideration of scope and approach**
(11.30–11.45) (Pages 76 – 82)
Paper 2 – Improving access to support for unpaid carers
- 8 Legislative Consent Memorandum (No.3) for the Mental Health Bill – consideration of draft report**
(11.45–12.00) (Pages 83 – 86)
Paper 3 – Report on the Supplementary Legislative Consent Memorandum (Memorandum No.3) for the Mental Health Bill
- 9 Minimum unit pricing for alcohol in Wales – consideration of draft report**
(12.00–12.20) (Pages 87 – 106)
Paper 4 – Draft report: Minimum unit pricing for alcohol in Wales

Agenda Item 3

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Llais Written Submission to the Health and Social Care Committee

June 2025

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Llais is the independent statutory body established in April 2023 by the Welsh Government to strengthen the public voice in health and social care.

This submission outlines how we have laid strong foundations in our early development and are building momentum in our engagement, influence and impact. It highlights where we have focused and will be focusing in the future.

The submission is structured around five key themes, each aligned with our statutory functions and values: volunteers, we have made significant strides in building a robust framework that supports our mission.

1. Establishing a trusted, people-centred organisation

– how we have structured Llais as a national body with independence and integrity, including how we work with others across the health and social care system.

2. Amplifying the voices of people and their communities across health and social care

– our work to listen to, engage with and represent all people and communities living in Wales.

3. Delivering independent complaints advocacy

– our complaints advocacy function and how this complements the other parts of our work.

4. Turning insight into influence and impact

– how we are developing insight functions and systems that drive impact, including data, evidence and introduction of our customer relationship management (CRM) system.

5. Looking Ahead: maturity, collaboration and impact

– our priorities and what's next.

1. Establishing a trusted, people-centred organisation

Llais is the Citizens Voice Body for Health and Social Care in Wales, established in April 2023 under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, to ***represent the interests of the public in respect of health and social services.***

We replaced the former Community Health Councils (CHCs) and continue to build on their proud legacy, drawing on their deep-rooted connection with communities and commitment to people's voice in healthcare.

Our remit now includes social care, requiring new approaches, but that ethos of standing alongside people and challenging constructively remains central to our organisation.

As an independent statutory body, we ensure the voices of people and communities are heard, without fear or favour, and help shape services across Wales. Our independence is both a safeguard and a strength. It reinforces our credibility, fosters trust, and enables us to challenge constructively and represent people with integrity.

We have a legal duty to seek people's views on health and social care services, represent those views to NHS bodies, local authorities and others, and support individuals in making complaints when things go wrong. These responsibilities ensure real experiences shape how services are planned, delivered, and improved.

Llais is accountable to Welsh Ministers through a common governance framework designed to support and enable our independence. This includes the [Framework Document](#) and our annual [Remit Letter](#), which set out expectations for our role, performance, and relationship with the Welsh Government.

Our Sponsoring Minister is the Cabinet Secretary for Social Justice, Trefnydd and Chief Whip, to whom our Chair is directly accountable for the performance of the Board.

Our Chief Executive Officer, Alyson Thomas, is the Accounting Officer for

1. Establishing a trusted, people-centred organisation

Llais and is responsible for the organisation's leadership, day-to-day operations, and financial stewardship.

We are governed by a Board comprising a non-executive chair and non-executive deputy chair, and 6 additional non-executive members. All these roles are appointed via the Public Appointments processes in Wales. Our Chief Executive is the only executive member of the Board.

The Board is also joined by a non-voting, associate member, who brings a staff perspective to the Board. Together, they provide strategic direction, assurance and oversight. Further details including the supporting structures of the organisation are available in our Organisational Relationship Map.

The current members of the Llais Board are:

| | |
|-------------------------|-------------------------------|
| Professor Medwin Hughes | Chair |
| Grace Quantock | Deputy Chair |
| Alyson Thomas | Chief Executive |
| Bamidele Adenipekun | Non executive member |
| Jack Evershed | Non executive member |
| Karen Lewis | Non executive member |
| Dr Rajan Madhok | Non executive member |
| Jason Smith | Non executive member |
| Vacancy | Non executive member |
| Mwoyo Makuto | Associate Member (non-voting) |



1. Building a trusted, people-centred organisation through listening and partnership



Building a trusted, people-centred organisation through listening and partnership

Since launching in April 2023, Llais has worked to build a trusted national organisation rooted in the views and experiences of people across Wales. In our first 100 days, we listened to communities, staff, and partners to understand what people want from us.

People told us they want:

- A strong, independent voice that champions their experiences and views
- More opportunities to shape their services, especially when things change
- An organisation that is visible, accessible, and inclusive of all communities
- Help to navigate systems and provide support when things go wrong.
- Evidence that their voice makes a difference.

These messages shaped everything we've built: our vision, mission, strategic priorities, and ways of working. They also informed our [2024–2027 Strategic Plan](#), [Annual Business Plans](#), [behaviours framework](#), and ways of working.

Our Mission is to listen and make people's voices count in health and social care.

1. Building a trusted, people-centred organisation through listening and partnership

Our 5 strategic priorities (2024–2027)



We play a unique role: we are not a regulator, but an independent voice for people, working in partnership with health and social care services to drive change.

We've already worked with over a 1,000 organisations and community groups and built strong partnerships with Healthcare Inspectorate Wales, Care Inspectorate Wales, the NHS Executive, Local Authorities, the Public Services Ombudsman for Wales, Social Care Wales, the Commissioners' offices and many others. These partnerships support shared learning and joint approaches to improving care.

Our work alongside a wide range of third sector organisations, both nationally and locally, helps to make sure our work is informed by, and connected to, communities who experience the greatest barriers to being heard.

1. Building a trusted, people-centred organisation through listening and partnership



Internal culture and workforce development

The staff from the former Community Health Council movement transferred to Llais from the NHS under TUPE-style arrangements, helping to bring continuity of local knowledge, relationships, and experience across all regions of Wales.

Moving to a single independent organisation with a broader remit has meant big changes, including:

- Building new corporate arrangements from scratch (e.g. finance, HR, IT)
- Developing our own organisational values and behavioural standards, supporting a common culture.
- Developing consistent ways of working across Wales.
- Expanding our focus to include social care.

1. Building a trusted, people-centred organisation through listening and partnership

We've made progress but have also faced challenges, such as:

- Creating, evaluating and recruiting to new, unique roles
- Equipping our people, through learning and development to deliver on our wider remit as a stand alone public body
- Long-term sickness and stretched teams
- The need for new digital systems and infrastructure
- Operating in a challenging financial landscape, alongside the rest of the public and third sectors in Wales.

Our teams are based in 10 locations across Wales, with strong links into regional and local networks. Llais has 107 funded staff posts (with 17 currently vacant) and 164 active volunteers. We continue to adapt as we learn more about where we can have the biggest impact.

Board structure and public accountability

Our diverse Board provides strategic direction, challenge, and accountability. Board meetings are held publicly across the 7 regions of Wales. This helps to make our governance and decision-making visible and rooted in local communities.

We publish all meeting details, papers, and links in advance, and actively encourage members of the public to attend and submit questions. In addition to making our Board papers bilingual, we are exploring using artificial intelligence to make our meetings and materials more accessible and inclusive, so that more people can engage with and understand our work.

1. Building a trusted, people-centred organisation through listening and partnership

We're strengthening our Board through:

- Ongoing recruitment
- A placement through the Aspiring Board Members Programme to improve diversity, as part of our commitment to the Antiracist Wales Action Plan
- Adding expertise in areas like digital and finance.

We've added independent members to our Audit and Risk Assurance Committee (ARAC) with expertise in digital, cyber, and finance to fill the experience gaps of our current members.

While some executive and non-executive member vacancies have taken time to fill, this remains a key focus, and we anticipate a fully constituted Board shortly.

Governance and financial assurance

We are committed to using Welsh public money effectively, transparently, and responsibly to maximise our impact.

Our governance framework has been developed in line with *Managing Welsh Public Money*, supported by a published Framework Document, Standing Orders, Scheme of Delegation, and other key governance and control documents.



1. Building a trusted, people-centred organisation through listening and partnership



Our governance model includes:

- Our Board
- An active Audit and Risk Assurance Committee, and a Workforce, Remuneration and Terms of Service Committee, chaired by non-executive members of the Board
- Clear frameworks, structures and decision-making processes for financial control, risk management, performance monitoring, and compliance
- A published schedule of Board papers and documents.

We have procured an internal audit service from NHS Wales Shared Services Partnership. During 2023–2025 the internal audits programme gave us a reasonable assurance assessment. A recent audit on budgetary control and financial management received a substantial assurance assessment.

Audit Wales independently audited our 2023/2024 Annual Report and Accounts. The Auditor General for Wales issued an unqualified opinion and had nothing to report under the ongoing going concern sections.

This provides strong assurance of our governance and financial controls.

For Llais, governance is not just compliance; it enables impact, trust, and value for the people of Wales.

2. Amplifying the voices of people and their communities across health and social care

National Voice and strategic impact

Since we were established, over **70,000** people have engaged with us through events, surveys, and community based outreach activities. We don't just listen – **we act on what we hear**.

We have a statutory right introduced by *the* Act to make **representations** when services are not meeting people's needs. NHS and local authorities must consider these and tell us what action they've taken.

Since our establishment, we have made over 800 representations across a range of issues, including access to NHS dental services, maternity care, and hospital discharge. We prioritise representations that reflect widespread concern or where action is urgently needed to improve people's experiences.

In 2025, we'll introduce **new standards** to improve how we make and follow up on representations. We know it's not enough to raise issues – people want to see what's changed.

In the future, we believe there is scope to work more closely with NHS Performance and Improvement to track and follow up responses to representations, helping to ensure that people's voices continue to shape better services, not just in principle, but in practice.

Hearing from people while they use services

We have also followed the [Code of Practice on Access to Premises](#) to visit settings where health and social services are provided to hear from people receiving those services. Since April 2023, we have done this **261 times** (213 health, 26 social care, 22 both health and social care).

2. Amplifying the voices of people and their communities across health and social care

We want to increase the number of social care settings we visit. However, several additional aspects must be considered when visiting some care settings to ensure that everyone has a chance to have their voice heard safely. This requires the development of our staff and volunteers, and our ways of working. We are working with partners such as Age Cymru, Care Inspectorate Wales, and Social Care Wales on this area of development.



2. Amplifying the voices of people and their communities across health and social care.

What we're hearing from people

Across our engagement work, the most common concerns we hear from people include:

- **Access to primary care:** hard to get appointments, poor communication
- **Mental health and neurodevelopmental care:** delays and gaps
- **Emergency care:** long waits, overcrowding, ambulance delays
- **Waiting times for treatment:** especially for orthopaedics, gynaecology, hearing, and eye care
- **Maternity services:** inconsistent experiences and postnatal support
- **Hospital discharge:** rushed processes, poor support for carers
- **Transport:** major barriers to accessing services in rural areas
- **System coordination:** people feel passed around with little joined-up care.

Emerging themes

Concerns are growing around gender identity care, neurodivergent-friendly services, dental access, and involving carers more meaningfully.

People have also told us what works well:

- Dedicated staff
- Clear communication
- Joined-up care in some areas
- Community-based support and new mobile services

When people have told us that things are working well, we have driven change by sharing the things that work for people with other services.

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2. Amplifying the voices of people and their communities across health and social care.



Local and regional engagement

Our engagement model is built from the ground up. We follow the [National Principles for Public Engagement in Wales](#) to guide our engagement, and we connect with people locally, regionally, and nationally through:

- **Llais Locals:** in-depth engagement in local communities
- **Regional Public Fora:** bringing people and partners together to talk about challenges and ideas in health and social care
- **Regional Partnership Boards:** Our regional teams participate in all 7 Regional Partnership Boards across Wales, bringing people's lived experience directly into integrated planning for health and social care
- **Thematic projects** in each region, including on cancer care, school nursing, dementia, and carers' experiences.

Our National Insights and Engagement Team supported the local team to speak to over 500 people about their experiences of maternity and neonatal services provided by Swansea Bay University Health Board. The stories we heard revealed both compassionate care and areas of deep concern. We shared these insights in a [major report](#), contributing to the ongoing Independent Review and influencing local and national action.

Our report, discussed by the Cabinet Secretary for Health and Social Care in the Senedd, shows how lived experience can and must shape safer, more compassionate care.

2. Amplifying the voices of people and their communities across health and social care.

National-level engagement and campaigns

On an All-Wales basis, we have driven our *National Conversation* at events such as the **Royal Welsh Show**, **National Eisteddfod**, **Pride Cymru**, and **Minority Ethnic Communities Fair**.

Examples of national work include:

Our all-Wales project on [Getting urgent and emergency healthcare](#) was sparked by concerns from local communities and partners about corridor care and system pressures. We heard from more than 700 people through visits, an online survey, and focus groups.

We teamed up with the Bevan Commission and the Institute for Health Improvement to launch the "Silly Rules" campaign. This asked staff and the public which rules or processes get in the way of better care. We heard from over 780 people as part of the Silly Rules campaign. The findings will be published in Summer 2025.



2. Amplifying the voices of people and their communities across health and social care.

Supporting public voice in service change

When health or social care services want to make changes to their services, it's important that the people and communities that may be affected are involved from the start.

Unlike under the former Community Health Councils model, Llais is not required to get actively involved in every proposed change to health and social care services. Under the current requirements, duty to engage and involve people lies directly on NHS bodies and local authorities.

We've been involved in hundreds of service changes since April 2023. We get actively involved where people's voices need to be heard.

Where appropriate, we make representations based on what we hear and support people to raise their own concerns. This supports our strategic priority to push for services that meet everyone's needs.

Examples:

Emergency Medical Retrieval and Transfer Service review: We worked closely with those leading the service change to extend the arrangements for engaging with people so more people could have their say at key stages. We also challenged aspects of public engagement and the clarity of information being shared because meaningful involvement can't happen without clear and open communication.

Laugharne GP service: We worked alongside the community to ensure their voices were heard and considered as part of the decision-making process.

This short video captures that journey from the perspectives of those directly affected, showing how meaningful involvement can shape the future of services: [Laugharne Surgery](#)

2. Amplifying the voices of people and their communities across health and social care.

Influencing policy

We have shared what we hear with policy makers and others when they're seeking views on plans or proposals for health and social care in Wales.

We've responded to **38 national consultations** and submitted evidence to inquiries on key issues like:

- GP services
- Cross-border care
- Hospital discharge
- Neurodivergent code of practice
- Emergency and dental care
- Data justice and the use of personal data.

We also publish **position statements** rooted in public experience.

Dentistry: [Dental care crisis in Wales: Llais calls for urgent action to ensure fair access for all](#)

New NHS Wales targets: [New NHS Wales targets are welcome; most importantly change must be felt by people and communities quickly](#)

These help ensure that people's voices contribute to national conversations and influence decisions that affect them.



2. Amplifying the voices of people and their communities across health and social care.

Reaching underrepresented voices

As part of our commitment to equity and inclusion, we've worked with a wide range of organisations, including local authorities, community groups, statutory bodies, and equality organisations, to reach people whose voices are often underrepresented in health and social care conversations.

- Minority ethnic communities
- Deaf communities
- Young people
- Carers
- Gypsy, Roma and Traveller communities.

We use **community-led videos**, events, and partnerships to ensure voices are heard in ways that are respectful, accessible, and culturally appropriate.

We've also taken part in national and local events including the Creating an Anti-Racist Wales Summit, the Minority Ethnic Communities Health Fair, and regional 'Chai and Chat' conversations, helping us to hear from people directly in settings that feel accessible and welcoming.

We collaborated with partners working with black communities about their mental health to understand people's experiences and amplify their voices. See this [short video](#).

We also co-produced a [second video with young people](#), focused on mental health services.

2. Amplifying the voices of people and their communities across health and social care.

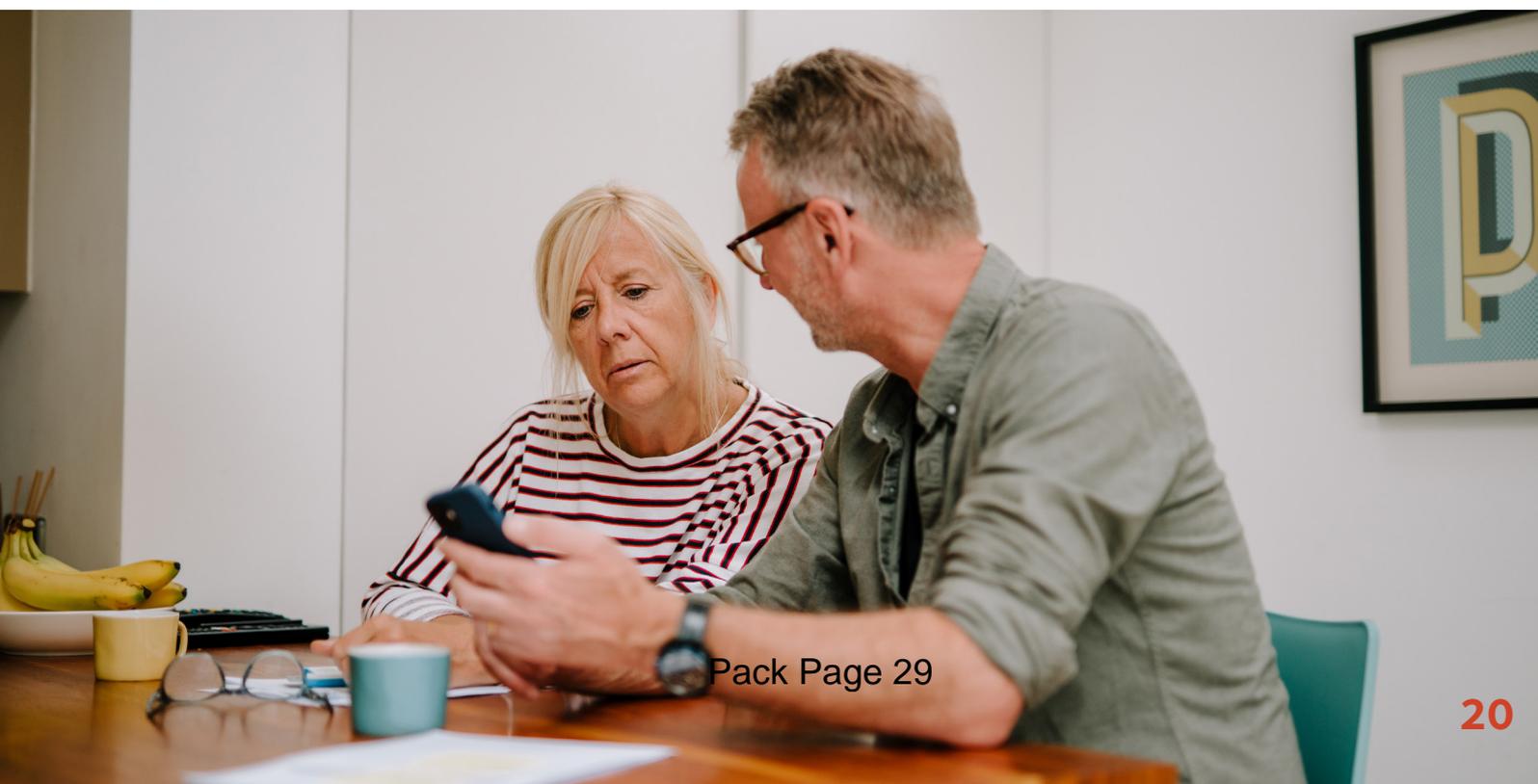
Understanding who we hear from

We're improving how we record and understand equality, diversity and inclusion data – working with Healthcare Inspectorate Wales and Care Inspectorate Wales, and updating our Customer Relationship Management (CRM) system to spot gaps so we can better target our outreach activities.

In 2025/2026, we're prioritising the integration of diversity fields into our CRM system, helping us track who we're engaging with, where gaps remain, and what action is needed to ensure everyone's voice is heard and understood.

Digital inclusion

In support of our strategic priority to help people and services to use technology in ways that work for them we have focused on digital Inclusion by joining the Digital Inclusion Alliance Wales, signing the digital inclusion charter, partnering with Digital Health and Care Wales on a Patient and Public Experience group to share people's views on the NHS Wales App design and development, and supported Welsh Government discussions around possible MedTech, AI, and Minimum Digital Living Standards in the future.



2. Amplifying the voices of people and their communities across health and social care.

Volunteering with Llais

Our volunteer network plays a vital role in helping us reach more people and build trusted local connections across our communities.

We launched a new [Volunteering Strategy](#) in 2024. Since April 2023:

- **315** volunteers have supported our work
- **8,750+ hours** of volunteer time has been given
- New and flexible opportunities have been introduced to suit people's time and skills.

These videos featuring our volunteers offer a glimpse into what it's like to be part of Llais and the difference they help make: [What it's like to Volunteer with Llais](#)



2. Amplifying the voices of people and their communities across health and social care.

Awareness and visibility

Llais has a statutory duty to promote awareness of our functions and ensure people across Wales know how to access our services. This duty is also placed on NHS bodies and Local Authorities, recognising the shared responsibility to make sure people understand their rights and how their voices can influence health and social care services. We're raising awareness through:

- Posters, leaflets, and outreach
- Social media and media coverage (186 media story mentions in 2024–2025)
- Partnerships and paid campaigns (e.g., bus ads, radio)
- A growing digital presence (website visits, e-newsletters).

This mix of channels has helped us build recognition of Llais as the citizens voice body in Wales, while making it easier for people to share their experiences, take part in projects, and seek help through our complaints advocacy service.

We're reviewing our approach to make sure we reach **younger, rural, and digitally excluded people**.



2. Amplifying the voices of people and their communities across health and social care.

Our commitment to Welsh Language

We have taken steps to ensure we are compliant with our statutory duties relating to the Welsh Language Standards, and we are actively supporting the Welsh Government's ambition for a bilingual nation through Cymraeg 2050 and the More Than Just Words framework.

- We completed an internal self-assessment against the Welsh Language Standards and developed an action plan to improve how we meet and exceed our duties.
- We offer bilingual services across our channels and support Welsh language use in our teams. Over 40% of our staff can speak and understand spoken Welsh, and we're encouraging more staff to learn.
- We have reviewed our recruitment approach and are taking steps to strengthen our Welsh language presence and culture.
- We established an internal Welsh Language Working Group, made up of staff and volunteers who speak or are learning Welsh. The group shares ideas on how we can actively promote the Welsh language in our day-to-day work, foster a bilingual culture across Llais, and build confidence among colleagues to use more Welsh in their roles.



2. Amplifying the voices of people and their communities across health and social care.

People's Stories

We're sharing more real-life stories to bring people's experiences to life and highlight what needs to change. This will grow in the year ahead.

Over the past year, we have begun to share more of these powerful insights, including [Frank and Anne's story](#) about navigating dementia services, or [Ally John's story](#) about getting help for her son's mental health. We want to build on this approach, creating more opportunities for people to share their experiences in ways that are accessible, meaningful, and impactful. This will be a growing part of our engagement, advocacy, and influencing work in the year ahead.



3. Delivering independent complaints advocacy

Our Approach

Helping people raise concerns when care goes wrong is a key part of our role.

Our complaints advocacy service:

- Explain how NHS and social care complaints processes work
- Help and support people to voice their concerns through writing letters, completing forms, and attending meetings
- Offers flexible support that fits individual needs
- Work in a confidential, trauma-informed, and person-centred way.



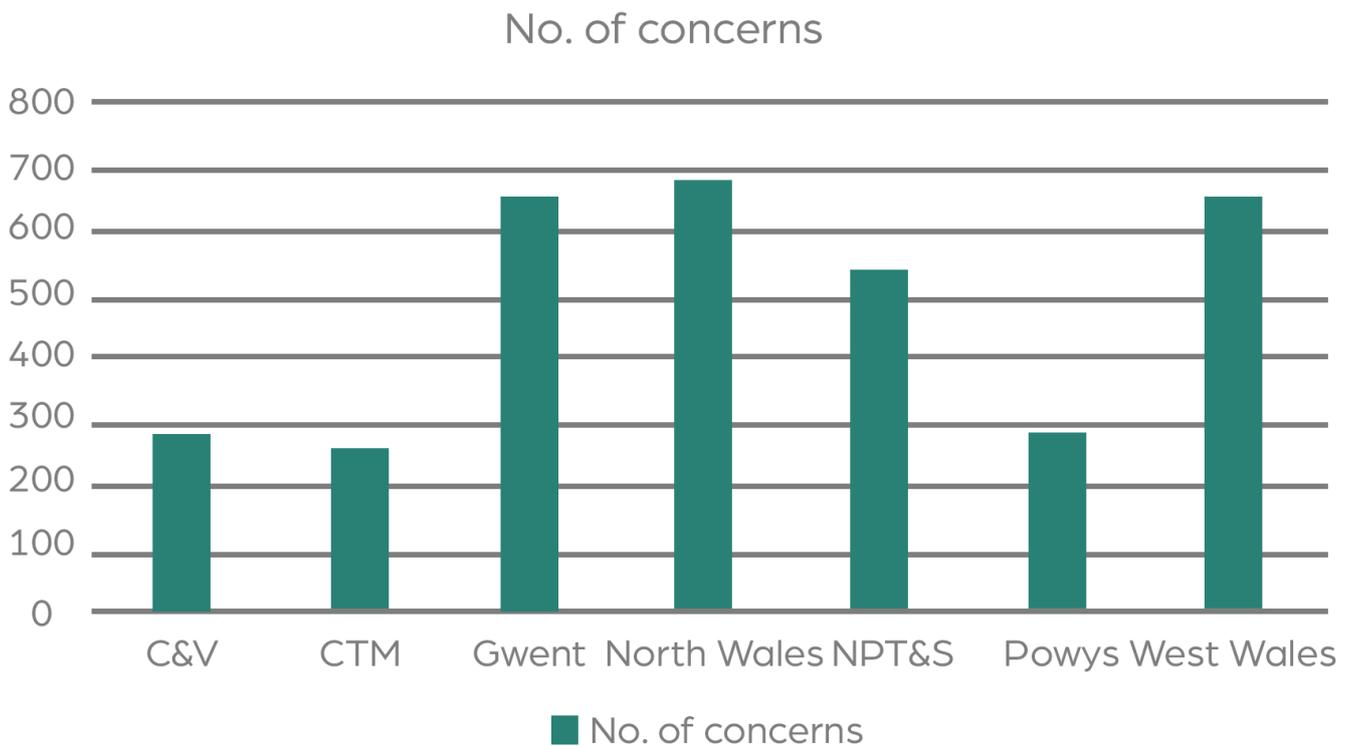
3. Delivering independent complaints advocacy

Demand and Regional Variation

Since April 2023, we've handled:

- 6,343 enquiries and complaints
 - 2,973 individual enquiries
 - 3,370 complaints advocacy cases (2,550 health | 820 social care).

Demand for our complaints advocacy service is highest in our Gwent, North Wales, and West Wales regions. While some of this reflects the size of the population in these regions, we're exploring this further to see whether this also reflects awareness, service issues, or both.



The concerns people raise

The concerns people raise often reflect deep-rooted challenges across both health and social care systems.

3. Delivering independent complaints advocacy

In **healthcare**, common issues include:

- Long waits for access to GP appointments and specialist referrals
- Missed or delayed diagnoses, sometimes with serious consequences
- Unsafe hospital discharge planning
- Breakdowns in communication, between services and with individuals
- Distressing maternity and emergency care experiences
- Lack of clear complaints guidance
- Emotional toll on individuals and families.

In **social care**, concerns include:

- Inadequate support in care homes, especially at end-of-life
- Confusing or uncoordinated services
- Discrimination and lack of trust, including claims of being misrepresented or coerced by services
- Long waits for children's mental health support
- Gaps in help for adults with mental health needs
- Emotional distress caused by trying to secure safe, compassionate, and consistent care.

Rising Complexity and Our Response

We are supporting more **complex, multi-agency cases**, including people with additional communication needs.

To support this work and respond to the rising complexity:

- We created a **Head of Complaints Advocacy** role to lead service improvements. This work programme is designed to ensure our team has the right knowledge, tools, and support to meet the rising complexity of the issues we're seeing, while also delivering a high-quality, compassionate service for the people we support.
- We launched a **specialist cancer complaints advocate**, in partnership with **Tenovus**, to support people with cancer to raise their concerns.

3. Delivering independent complaints advocacy

Broadening access to our service

We are developing a clearer understanding of where our referrals for complaints advocacy services come from. We promote our service through:

- Community settings (libraries, health events, support groups)
- Referrals from engagement events
- Accessible materials in plain language
- Statutory and community partners.

There are **limits to who we can support**, due to statutory rules. For example:

- We can support NHS complaints from children and young people – but **not those under social care**
- We can support people **self-funding care in regulated social services** – but **not people self-funding private healthcare**.

These boundaries can be confusing for the public and staff. We're raising this with Welsh Government and partners to support clearer access and responsibility across the system for addressing concerns.

Using Advocacy Insights to Improve Services

Our complaints advocacy work often reveals wider issues in the system. We are working to link individual advocacy cases to broader service improvement and policy change.

3. Delivering independent complaints advocacy

Examples:

- A complaint in Powys about gender service access led to services being delivered locally via GPs
- A complaint about a GP-related medical emergency led to staff training and a review of local protocols.

These examples show how personal advocacy can drive systemic improvement, and why we are committed to deepening the connections between our complaints advocacy work, our insights, and our influence.



4. Turning insight into influence

Building strong systems behind powerful stories

From the beginning, we knew that **people's stories alone aren't enough** – we also need the right systems and evidence to back them up.

We're continuing to develop the right tools, processes, and learning to:

- Listen well
- Record what we hear
- Analyse it clearly
- Use it to influence decisions across health and social care.

We've introduced a **national Customer Relationship Management (CRM)** system to track and analyse all our engagement, advocacy, and representation work. It helps us see:

- What people across Wales are telling us
- Where the biggest concerns are
- How we're responding.

Although the system is still in development, we're:

- **Training staff** and building shared standards
- Running **data quality checks** and **"super user" groups**
- Supporting teams to use it well and confidently.

Building this system takes time, specialist expertise, and ongoing staff input. We're balancing this carefully with the need to continue our **frontline activity**.

We're also ensuring that the CRM system is:

- Safe and secure
- Built around **clear data governance**
- Fully compliant with privacy and permissions standards.

4. Turning insight into influence

Using insight to influence services

We are increasingly combining quantitative and qualitative insight to tell a fuller story. This includes:

- Thematic analysis of recurring concerns (e.g. GP access, maternity care)
- Complaints advocacy insights feeding into wider representations
- Case studies and video stories to highlight lived experience
- Regional differences reflected in both local and national engagement.

We're also working with NHS Wales **Performance and Improvement** to:

Better understand what data the public wants to see (e.g. wait times, outcomes).

Explore **joint data-sharing** through the People Experience Framework.

We're now looking to mirror this work in **social care**, where data systems are less developed. We've started early conversations with Social Care Wales, Care Inspectorate Wales, and others to improve how people's experiences are captured and used.



4. Turning insight into influence

Growing our insight function

Our next steps include:

Improving how we **categorise/group and describe issues** in the CRM system.

Enabling **trend analysis** and linking engagement, complaints advocacy, and action.

Creating **tailored reports** for NHS, local authorities, and government.

Exploring more routine, public sharing of insight so people can see how their voice is making a difference.

By combining real life experiences, expressed in people's own words with wider data and embedding responsible data handling throughout our work, we want to further strengthen the power of people's voices in informing and influencing the design, development and continuous improvement of health and social care services for everyone in Wales.



5. Looking ahead: maturity, collaboration and impact

Our focus for the future

As Llais moves forward, our goal is to **strengthen how we support people's voices to be heard**, especially those who are often under-represented. We want to:

- Make public involvement more meaningful and inclusive
- Develop smarter systems and stronger evidence
- Build deeper partnerships across health and social care
- Invest in our people, tools, and leadership.

National engagement projects – voice into influence

We're focusing on 2 major All-Wales engagement projects this year. They represent a step-change in how we listen to and work with people across Wales:

1. Rights, Expectations and Responsibilities

A national conversation on what people should expect from health and care services. It explores:

- People's rights
- Their expectations
- Shared responsibilities between the public and services.

This will result in a practical framework for improving how services communicate, listen, and act.

2. Getting care and support through Integrated Community Care Hubs

We'll be hearing from people using local joined-up services to understand:

- Access and availability
- Digital options
- How smoothly care is coordinated.

We want these insights to help shape future planning and service improvement.

5. Looking ahead: maturity, collaboration and impact

Later in 2025, we'll also host our first Voices for Change summit, a national event to:

- Share lived experiences
- Present our project findings
- Bring people and decision-makers together to influence service design and delivery improvement.

Strengthening community power and local voice

At the same time, we are focusing on building stronger communities through the way we engage with people and support their active involvement in their health and social care services. We're building long-term relationships with groups such as:

- Carers' forums
- GP patient groups
- Mental health service users.

We're embedding **equity and anti-racism** into all national engagement and ensuring our volunteers help gather local feedback in meaningful ways.

We are also improving how we track **diversity data** to help us make sure we are hearing from everyone.

Expanding our role in digital and data

People want **clear data** on how their services are performing.

That's why we are:

- Investing in our **CRM system** and analytics
- Combining complaints, advocacy, and survey feedback to give a fuller picture
- Working with NHS Performance & Improvement to share useful data in ways people understand and can use.

5. Looking ahead: maturity, collaboration and impact

We want to better understand what people want to know, how they want to see it, and how best to provide it at national and local levels.

Growing our reach in social care

We want to deepen our focus on supporting people to have a stronger voice in social care. While our role spans both sectors, our legacy and systems are more established in health, so we are now sustainably and purposefully expanding our understanding and reach in social care. This year:

- Each region will hold **listening events in 2025–2026**
- We'll host **regional Health and Social Care Summits**
- Nationally, we're partnering with organisations like Social Care Wales and ADSS Cymru to increase our visibility and influence.



5. Looking ahead: maturity, collaboration and impact

Strengthening accountability and service improvement

Following the introduction of the duties of quality and candour for the NHS in Wales, we will be focusing on using what we hear from people to understand whether and how these duties are making a real, meaningful difference in people's experience of NHS care.

This is part of our commitment to working with NHS and social care organisations to support their learning, shine a light on gaps, and use our independent voice to call for improvement.

We are the host organisation for the **Maternity and Neonatal Voice Partnership (MNVP) Cymru**, which supports a network of local voices helping shape maternity care across Wales. This is a **new model** for Llais, and we will use what we learn from this to think about whether there is scope to extend this to other areas in the future.

We are working to make our feedback loops stronger, so people can see how their voice made a difference, whether locally or nationally. We want people to see what happens when they speak up. That's why we're introducing more:

- Digital stories
- Interactive summaries
- Community updates, tailored to local areas.

We want to do more to routinely share our insights and work together with partners like the **Older People's Commissioner** and **Children's Commissioner** to help amplify people's voices and influence wider policy to make the biggest difference by using our collective resources to best effect.

5. Looking ahead: maturity, collaboration and impact

Measuring our impact

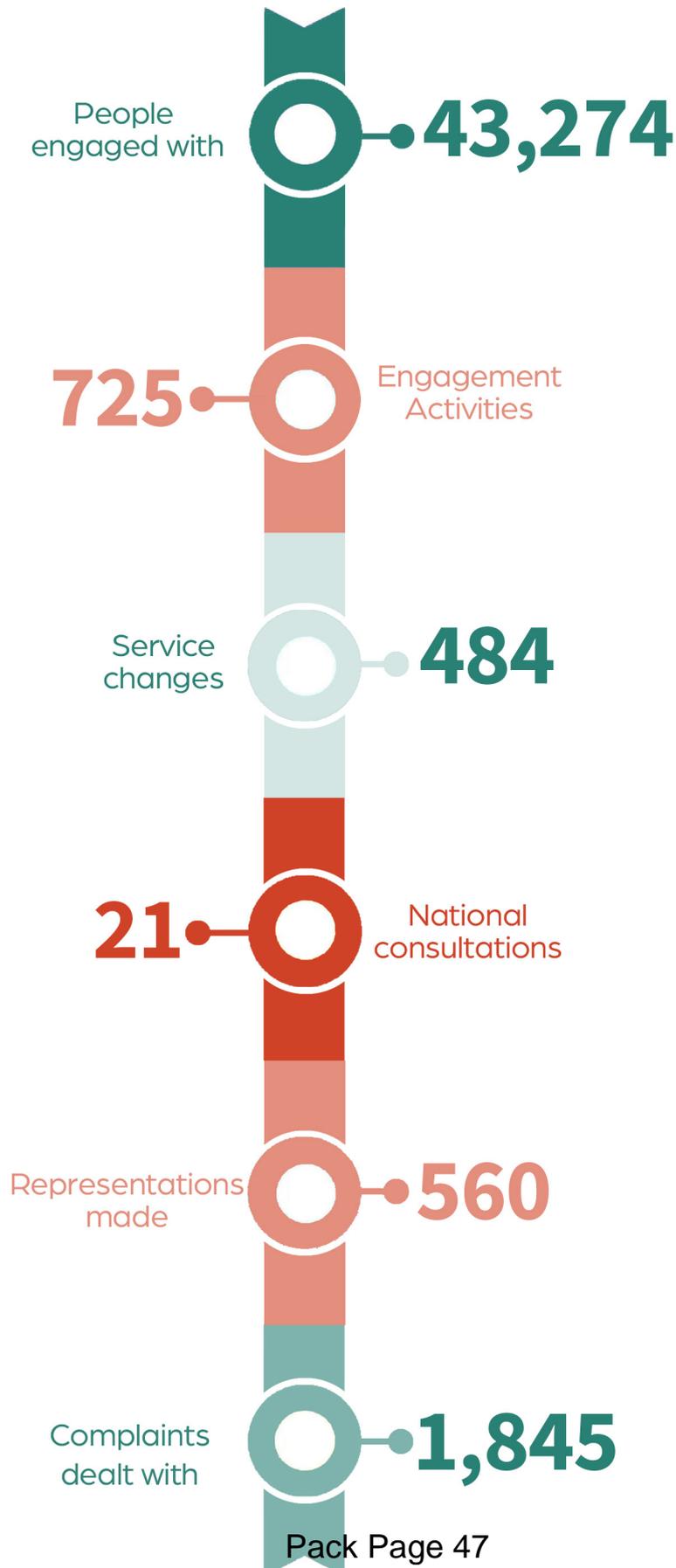
We are developing better ways to track:

- **Reach:** How many people we engage
- **Influence:** Where we are shaping decisions
- **Outcomes:** What changes as a result.

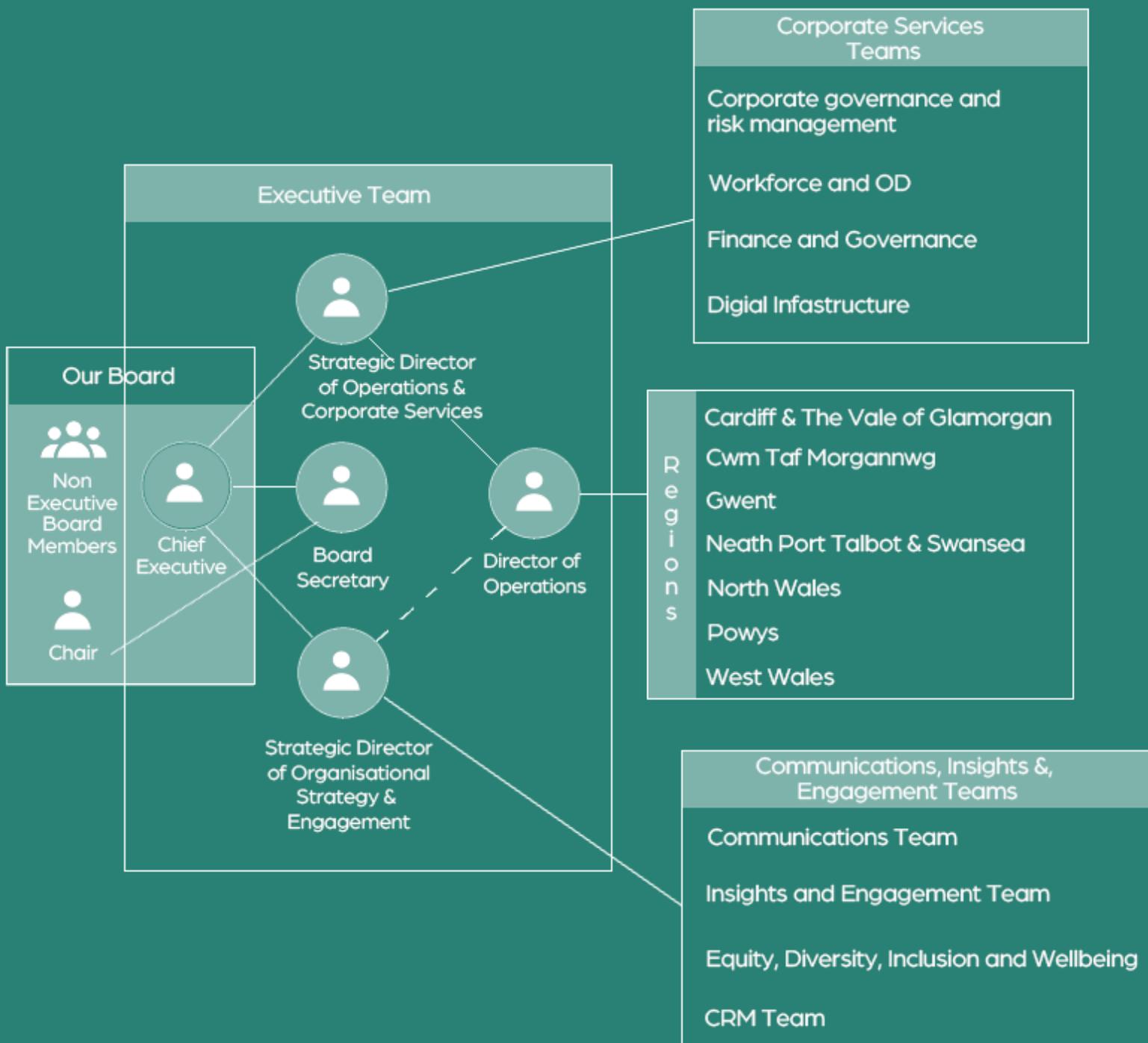
We will use both quantitative indicators (e.g., engagement levels, response rates) and qualitative methods (e.g., case studies, co-produced evaluation) to assess how well we are meeting our purpose.



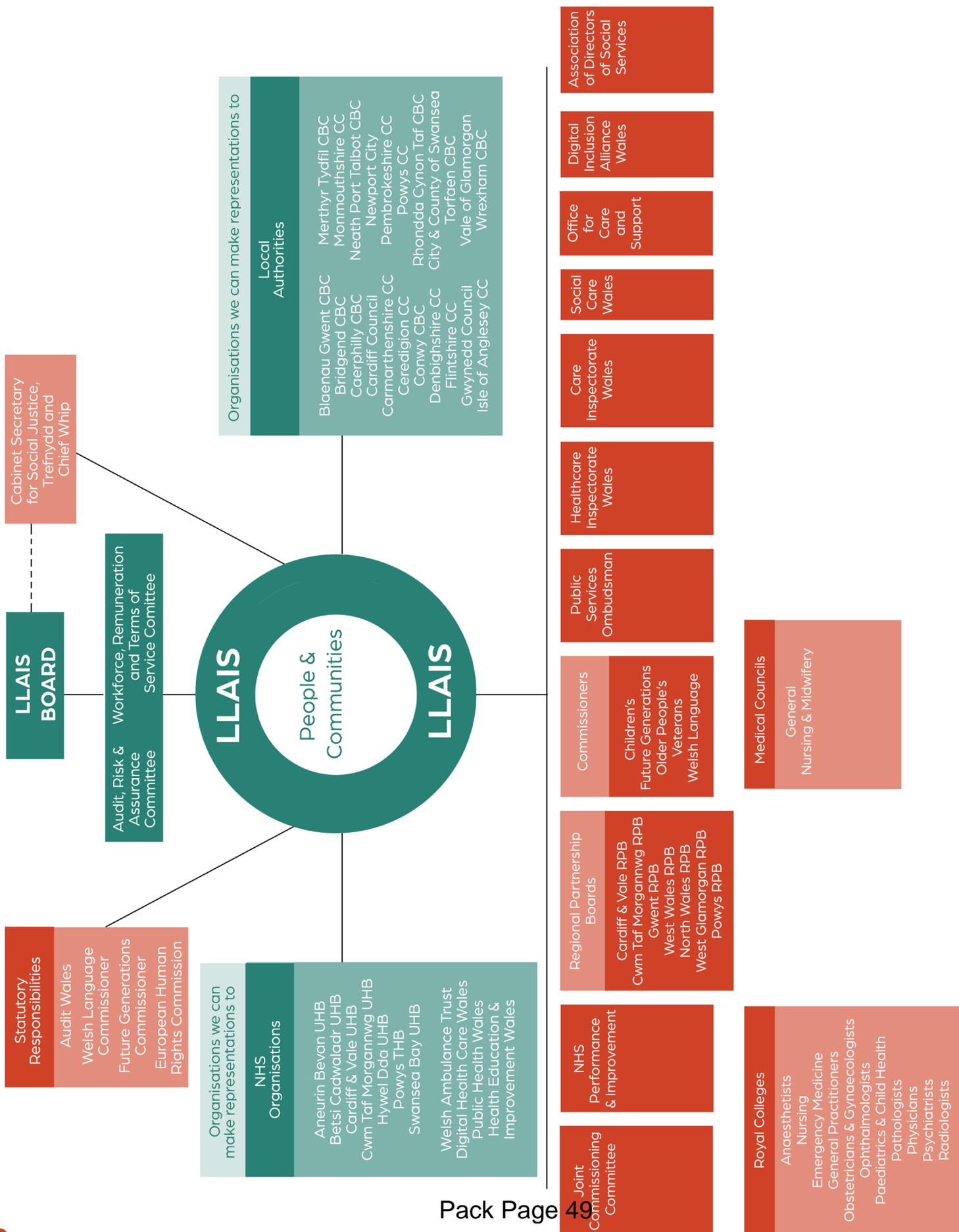
Appendix 1: Our year in numbers:



Appendix 2: Llais governance



Appendix 3: LLAIs relationship map



Agenda Item 4.1

Y Pwyllgor Deisebau

Petitions Committee

Sarah Murphy MS
Minister for Minister for Mental Health and Wellbeing
Welsh Government
Tŷ Hywel
Cardiff Bay

CC: Peter Fox MS, Chair, Health and Social Care Committee

21 May 2025

Dear Minister,

Petition P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd

The Petitions Committee met on 12 May and considered the above petition, submitted by Delyth.

Members agreed that I would forward the petitioners' latest comments and questions to you and to Betsi Cadwaladr University Health Board for consideration, and to copy in the Health and Social Care Committee which has the scrutiny remit in this policy area.

The Committee agreed to await your response before deciding whether to then close the petition.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: [P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd](#)

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales.

Yours sincerely



Carolyn Thomas MS
Chair

Senedd Cymru

Bae Caerdydd, Caerdydd, CF99 1SN

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Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 4.2

Y Pwyllgor Deisebau

Petitions Committee

Carol Shillabeer,
Chief Executive
Betsi Cadwaladr University Health Board

CC: Peter Fox MS, Chair, Health and Social Care Committee

21 May 2025

Dear Carol,

Petition P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd

The Petitions Committee met on 12 May and considered the above petition, submitted by Delyth.

Members agreed that I would forward the petitioners' latest comments and questions to both you and the Minister for Mental Health and Wellbeing for consideration, and to copy in the Health and Social Care Committee which has the scrutiny remit in this policy area.

The Committee agreed to await your response before deciding whether to then close the petition.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: [P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd](#)

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales.

Yours sincerely



Carolyn Thomas MS
Chair

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Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 4.3

**Cyflwynwr Dechreuethk
Cyfiawnder a'r Cyfansoddiad**

—

Legislation, Justice and Constitution Committee

Senedd Cymru

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—

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Jeremy Miles MS

Cabinet Secretary for Health and Social Care

19 May 2025

Dear Jeremy

Legislative Consent Memorandum: Terminally Ill Adults (End of Life) Bill

The Committee considered the above legislative consent memorandum at its meeting on 12 May 2025.

In the Memorandum, you state that the consent of Senedd Cymru is required in respect of clauses 37, 39, 45, 47, 50 and 54.

We recognise that the Bill amends the criminal and civil law to provide that anyone assisting another person to end their own life will not incur either criminal or civil liability, and those provisions relate to reserved matters.

However, the Bill also creates a regulatory framework within which assistance can lawfully be provided to another to end their own life, and that framework would be delivered largely in an NHS setting. This being the case, we would be grateful if you explain why consent is not required for clauses 1 to 28, 31 to 36, 38, 40 to 44, 46, 48, 49 and 51 to 53.

The Committee would be grateful to receive a response by Wednesday 4 June 2025.

I am copying this letter to Peter Fox MS, Chair of the Health and Social Care Committee.

Yours sincerely,



Mike Hedges

Chair



**Senedd Cymru
Welsh Parliament**

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The Welsh Government's Legislative Consent Memorandum for the Mental Health Bill

Response to the Health and Social
Care Committee Report (April 2025)

06/06/2025

In April 2025, the Health and Social Care Committee submitted its report on the Welsh Government's Legislative Consent Memorandum on the Mental Health Bill. The report includes one conclusion and 16 recommendations. This is the Welsh Government's response to those recommendations.

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1. Introduction

The Mental Health Bill ("the Bill") was introduced in the House of Lords on 6 November 2024.

The UK Government's stated policy objectives are to modernise mental health legislation to give patients greater choice, autonomy, enhanced rights and support; and ensure everyone is treated with dignity and respect throughout treatment. The Bill also includes measures to improve the care and support of people with a learning disability and autistic people, reducing reliance on hospital-based care.

It contains a number of amendments to the Mental Health Act 1983 (the Act). The measures in this Bill are generally intended to strengthen the voice of patients subject to the Act. They add statutory weight to patients' rights to be involved in planning for their care, and to inform choices regarding the treatment they receive. The reforms will increase the scrutiny of detention to ensure it is only used when, and as long, as necessary. The Bill also seeks to limit the use of the 1983 Act to detain people with a learning disability and autistic people.

The Act provides the legal framework for the detention and compulsory treatment of individuals with mental disorders who may pose a risk to themselves or others. The primary focus of recent reforms to the Act has been Parts 2 and 3, which address civil patients (patients who are liable to be detained in hospital and who are not subject to the Act as a consequence of any involvement with the criminal justice system) and offenders with mental disorders, respectively. Over two thirds of those detained under the Act are civil patients (under Part 2).

The last major amendment to the Act took place in 2007, introducing Community Treatment Orders (CTOs), Independent Mental Health Advocates (IMHAs), and modified detention criteria. Part 3 governs the treatment of offenders with relevant mental disorders, divided into restricted and unrestricted patients. Restricted patients, who pose a public safety risk, are under stricter controls by the Secretary of State for Justice, whereas unrestricted patients are treated similarly to civil patients, with fewer restrictions.

The latest reforms, which are being put forward in the Mental Health Bill introduced into Parliament in 2024, are based on the findings of the 2018 Independent Review of the Mental Health Act, led by Professor Sir Simon Wessely. The review highlighted significant problems with the Act's application and culture, and it made 154 recommendations. The Westminster government accepted most of these recommendations and, following consultations and pre-legislative

scrutiny, a draft Bill was introduced in 2022 and revised and introduced in 2024 to incorporate changes on the basis of the feedback received.

Given that the Mental Health Act covers both **reserved and devolved areas**, there are well established partnership arrangements in Wales which support the safe operation of the Act, particularly where there is an interface between the justice system and the health system in Wales. The new Mental Health Act, once it comes into force, will build on those established arrangements to ensure that its implementation is carried out smoothly and effectively.

In Wales, the Mental Health (Wales) Measure 2010 ("the Measure") is a unique piece of legislation designed to provide a legal framework to improve mental health services. Implementation of the services required by the Measure began, on a phased basis, in January 2012 and includes improved access to mental health services within primary care; care and treatment plans and care coordinators for everyone receiving secondary mental health services; self-referral back into mental health services for adults discharged from secondary mental health services; and extending the availability of independent mental health advocacy. The Measure aimed to improve access to support in primary care but also to strengthen the rights of people accessing mental health services, but who are not subject to the Mental Health Act.

The Measure is primarily aimed at supporting earlier intervention and preventing escalation to more specialised services or detention under the Mental Health Act.

The Mental Health Act is primary legislation in England and Wales that governs the assessment, treatment and rights of individuals for people with a mental health disorder. The Act includes both reserved and devolved areas, and the interface between both – for instance between the criminal justice system and health services – means that a UK Bill is the appropriate mechanism to deliver these policy changes.

Given the mix of reserved and devolved areas in the Mental Health Act and in this proposed Bill, legislating on a Wales-only basis would not achieve the same policy intent across the justice and health systems as this UK Bill does. Where the Bill makes provisions that have regard to devolved matters, the consent of the Senedd has been sought.

Our Mental Health (Wales) Measure is Wales-only legislation and aims to set out how services need to work together to provide mental health support in the community. The Mental Health Act is largely about compulsory powers and admission to, or discharge from, hospital.

2. Responses to the sixteen recommendations

Recommendation 1

The Committee recommends that

The Minister should write to us routinely to update us on developments with the Mental Health Bill, including but not limited to updates about any relevant amendments which may be the subject of future consent memoranda.

Response: **Accept**

The Welsh Government will provide updates on these matters to the Committee as part of general Ministerial scrutiny arrangements.

Financial Implications – None

Recommendation 2

The Committee recommends that

The Minister should review the current draft of the Mental Health Strategy prior to its publication to ensure it adequately aligns with the provisions of the UK Mental Health Bill, thereby ensuring a more comprehensive and sustainable approach to mental health reform in Wales. This review should also address the concerns raised by stakeholders, including those related to workforce pressures and gaps in services.

Response: **Accept**

The UK Mental Health Bill is directly aligned with the policy direction that is set out in the new Mental Health and Wellbeing Strategy for Wales. In particular, there is a focus across both programmes of work on person-centred and needs led mental health care. The strategy also sets out plans to transform services to intervene earlier, with more support in the community with the aim of preventing issues from escalating to more specialist services, including the need for in-patient care.

There is also clear alignment with the focus on reducing mental health inequalities, which is a key aim in the UK Bill and our Mental Health and Wellbeing Strategy.

The new Mental Health and Wellbeing Strategy is also underpinned by our Strategic Mental Health Workforce Plan and the Strategic Programme for Mental Health with the aim of supporting the sustainable transformation of mental health services in Wales. However, the Committee should note that the Mental Health and Wellbeing Strategy is a broad, cross-Government Strategy with a focus on tackling the wider determinants of mental health. This Bill is much narrower and aims to improve support for those individuals who need emergency admission and treatment under the mental health Act.

So, whilst the mental health service elements of the Strategy are aligned with the Bill, the Strategy is much broader in its approach to improve mental health and wellbeing in Wales.

Financial Implications

The Strategy has been developed in the context of no additional funding and aims to redirect current spend as opposed to providing new funding.

Recommendation 3

The Committee recommends that

Given the complexity of mental health legislation and the potential overlap between the provisions of the Mental Health Bill and the Mental Health (Wales) Measure, there is a need to ensure alignment between the two. The Minister must provide a clear, practical legal framework for implementing the Bill in Wales, considering the distinct legislative context in Wales compared to England.

Response: **Reject**

There are very clear differences between the Mental Health Act and the Mental Health (Wales) Measure and services have been operating within both sets of legislation in Wales for over 10 years. The Mental Health Act applies where individuals need to be detained for assessment and/or treatment for mental health disorder without their agreement. The Mental Health Act sets out the rights and safeguards for individuals when they have been detained and is primarily about compulsory powers and admission to, or discharge from, hospital.

Our Mental Health (Wales) Measure sets out how services need to work together to provide mental health care for people in contact with primary and secondary mental health services, with a focus on individual needs.

If an individual is detained under the Mental Health Act in Wales, then they are subject to the rights and safeguards contained with the Act. The implementation of the Measure extended a number of rights to individuals not subject to the Act but who are receiving secondary mental health services in Wales. These rights include a care co-ordinator, a care and treatment plan and independent mental health advocacy. Because these rights already apply in Wales through the Mental Health (Wales) Measure, the provisions in the Mental Health Bill which relate to care and treatment planning and independent advocacy will not extend to Wales.

Given the differences between the Mental Health Act and the Mental Health (Wales) Measure, at this stage a legal framework is not required to support implementation. However, we will be developing an implementation plan which we will share with the Committee when it is available.

Financial Implications –N/A

Recommendation 4

The Committee recommends that

The Minister should write to us with details of the Code of Practice being prepared to accompany the implementation of the Bill, including:

- the matters to be included within it;
- how it is being developed;
- how stakeholders are being involved in this process;
- whether a draft will be subject to consultation;
- a timetable of when the Code of Practice will be available for scrutiny

Response: **Accept**

Our intention is to revise the current Code of Practice to reflect the changes in the Bill and we will write to the Committee when we have agreed timescales for this. This will of course be subject to consultation; and we will engage with people with lived experience, professional groups, the third sector and key stakeholders.

Financial Implications – N/A

Recommendation 5

The Committee recommends that

In response to this report, the Minister should set out:

- why Advance Choice Documents (ACDs) are not included as part of the Welsh legal framework and why the implementation of ACDs is left to the UK Bill;
- whether the Minister has given consideration to strengthening Care and Treatment Plans under the Mental Health (Wales) Measure by incorporating ACDs into these plans, ensuring that individuals in Wales have the right to make advance decisions about their care, and the clarity and coherence that would be given within the Welsh context.

Response: **Accept**

Individuals can already provide advanced choice decisions if they wish, but the Mental Health Bill will place duties on the NHS to inform people who are at risk of being detained, or who have recently been detained, about the importance of setting out their views and choices should they be detained. So the provisions in this context relate directly to the Mental Health Act which covers England and Wales.

Care and Treatment Plans in Wales already include views on medical treatments but as part of a more holistic approach with a focus on recovery and outcomes. So Advanced Choice Documents and Care and Treatment Plans have different purposes but there are links between them. We will be working with service users and key stakeholders to support their implementation in Wales.

Financial Implications – N/A

Recommendation 6

The Committee recommends that

The Minister should write to us, at the appropriate time, setting out:

- how she intends to monitor the implementation of the provisions relating to Advance Choice Documents, including how she will ensure that the relevant data is available for this purpose and how the Bill enables such monitoring, and
- the findings of the work currently in progress to assess the links between Advance Choice Documents and Care and Treatment Plans

Response: **Accept**

We will be working with key stakeholders to support the implementation of the Bill in Wales and I will write to the Committee when we have more detail on the plans for implementation and the monitoring arrangements.

Financial Implications we will update the Committee when detailed implementation plans have been developed. Cost impacts of the Bill in Wales are included in the published [cost impact assessment](#). Officials are working with officials in UK Government on plans for implementation, but the timescales for implementation potentially include a number of budget cycles and Senedd terms.

The UK Government implementation plan includes that provisions will only be commenced when it is safe to do so following investment, recruitment and training. Officials will be working closely with UK Government to ensure the phased implementation reflects readiness in Wales.

Whilst planning is on the basis of consequential funding, there is related work already underway in Wales, for instance strengthening and extending support for people with Learning Disabilities and Autism. A detailed analysis of current planned work and investment which supports provisions in the Bill will be undertaken as part of the implementation planning

Recommendation 7

The Committee recommends that

In response to this report, the Minister should outline explicitly how the Mental Health Bill provisions, particularly those related to ACDs and mental health detention, will be integrated with the existing Mental Health (Wales) Measure. This framework should clearly define the rights and duties under both pieces of legislation to ensure that reforms are cohesive and fit within the Welsh context.

Response: **Reject**

Part 1 of the Mental Health Measure has a key focus on improving access to mental health services in primary care and providing a legal framework for how the NHS and Local Authorities need to work together to provide mental health support. So, it is focused on those with more mild to moderate mental health issues, and on earlier intervention to prevent deterioration.

Parts 2 and 3 of the Measure strengthened the legal framework in Wales to provide additional support and safeguards for people in contact with secondary mental health services. Therefore, and as covered in the LCM, provision which relates to

Care and Treatment Planning and to extending Mental Health Advocacy will not apply in Wales because we already have provisions in these areas in the Mental Health Wales Measure.

Therefore, the main link between the UK Mental Health Bill and the Mental Health Wales Measure will be between Advance Choice Documents and Care and Treatment Plans. We will be working with service users, clinicians and stakeholders in Wales to support the implementation of ACDs alongside CTPs but as I have already set out, they have different purposes.

Advanced choice documents should be written by the service user to set out wishes, feelings and beliefs. These views can then be considered by mental health professionals should the individual need to be detained for treatment under the Mental Health Act and lacks capacity or is too unwell to express this at the time. ACDs relate directly to wishes and feelings in relation to treatment if an individual needs to be detained under the Mental Health Act, which is why we support their inclusion as part of the Mental Health Bill.

Care and treatment plans in Wales are broader, covering eight areas of life including finance, accommodation and social care needs. These are written with the individual's care co-ordinator and focus on the outcomes individuals want to achieve, to progress towards recovery. So, whilst we expect there to be some cross-over with the treatment elements of Care and Treatment Plans and Advanced Choice Documents, they are quite different; and we will be working with service users and key stakeholders to ensure the guidance to support their implementation is clear. We will also set this out clearly in the Code of Practice.

Overall, our aim is to increase the patient's voice and control in relation to their treatment and care arrangements. Advance Choice Documents will strengthen existing provisions in Wales by placing a duty on services to ensure that people at risk of detention set out their wishes and views in relation to any future treatment.

Financial Implications –please see response to question 6

Recommendation 8

The Committee recommends that

In her response to this report, the Minister should set out:

- how she intends to monitor the implementation of the provisions relating to the Nominated Person in order to ensure the role is accessible whilst also protected from undue influence, including for underrepresented groups;

- what provisions she intends to include in the Code of Practice about the Nominated Person role

Response: **Accept**

We will be working with key stakeholders to support the implementation of the Bill in Wales and I will write to the Committee when we have more detail on the plans for implementation and the monitoring arrangements, and when we are in a position to consult on the Code of Practice.

Financial Implications – please see response to question 6.

Recommendation 9

The Committee recommends that

In response to this report, the Minister should provide us with an update on the progress of the development of an electronic mental health record, including:

- Key milestones;
- An assessment of progress to date;
- A likely completion date for the project and the timelines for any subsequent wider roll-out.

Response: **Accept**

The Connecting Care ambition aims to create a shared care record for people in Wales, which will support NHS Wales and Local Authorities to deliver safer, more efficient and more cohesive care as part of an Integrated Community Care System by aligning with existing single platforms.

Both Betsi Cadwaladr University Health Board and Cwm Taf Morgannwg University Health Boards' business cases for developing Mental Health Electronic Health Records have been approved due to their escalation status. Funding has been provided to CTMUHB and BCUHB from 2024/25 to 28/29. Both Health Boards are currently in the procurement process.

DHCW have submitted a business case for a 10-year proposal for connecting care which includes mental health with some Health Boards in support. Others have either developed local business cases for Mental Health or renewed existing contracts. All Health Boards have indicated that they are working towards a digital solution for Mental Health Records.

Longer term, wider digitisation of records is aligned to plans on Connected Care and Electronic Healthcare Record (EHR) and enabling data to be shared across care settings. Welsh Government is currently developing proposals to engage a third-party to develop an Outline Business Case for an Electronic Health Record for NHS Wales. It is anticipated by autumn 2025 that an independent external third-party will be commissioned to develop the Outline business case, incorporating further engagement from the NHS Network, including but not limited to clinical and operational input, identifying additional capability requirements, detailing cost benefits, risk identification as well as mitigation strategies. It will also outline technology options for data sharing across care settings and borders and develop an investment appraisal. The business case will be presented to Ministers by Q2 2026.

Financial Implications - Some of the existing work is covered through Programme and NHS budgets, however the outline business case will set out longer term financial impacts.

Recommendation 10

The Committee recommends that

In her response to this report, the Minister should set out what consideration she has given to proposing amendments to the Bill to address the racial disparities in mental health detention.

Response: **Accept**

The reforms are based on the findings of the 2018 Independent Review of the Mental Health Act, led by Professor Sir Simon Wessely, which looked specifically at reducing the inequalities in the application of the Act but also reducing detentions overall. This was an independent review and the proposed reforms which have been informed by the review have been welcomed by stakeholders in Wales. Advanced Choice Documents in particular will be an important mechanism for supporting people from minority ethnic backgrounds to express views and wishes in relation to their care.

My view is that we need to strengthen the data and information we have about the use of the Mental Health Act in Wales to monitor the impact of the changes, as opposed to further amendments to the Bill. For instance, we will soon be strengthening published data on mental health admission in Wales to include ethnicity. This focus on strengthening data also aligns with priorities in the Anti-racist Wales Action Plan (ArWAP) on improving the availability and granularity of ethnicity data and evidence. We already publish data by ethnicity for Section 135 and 136 detentions in Wales [Section 135 and 136 Detentions by local health board, ethnicity and quarter](#)

Of course, the Bill only impacts the relatively small number of people in Wales that need to be detained for mental health treatment. We are taking a much broader approach through our new Mental Health and Wellbeing Strategy which was published on 30 April 2025. Tackling mental health inequalities is at the heart of the new Strategy and is specifically highlighted in the ArWAP. The updated ArWAP (published in November 2024) highlights our commitment to implementing the Strategic Programme for Mental Health and Strategic Clinical Networks to improve the quality of mental health services in Wales.

Financial Implications –please see response to question 6

Recommendation 11

The Committee recommends that

In her response to this report, the Minister should set out details of the arrangements she intends to put in place to:

- monitor the implementation of Community Treatment Orders (CTOs) to ensure that decisions about CTOs are made collaboratively by both hospital-based clinicians and community professionals, including Independent Mental Health Advocacy services;
- ensure that the appropriateness of existing Orders is routinely reviewed,
- ensure that the new process for CTOs does not delay treatment; and
- ensure that community clinicians are adequately resourced to undertake this work

Response: **Accept**

We already have arrangements to monitor and provide oversight for the correct and appropriate use of the Mental Health Act in Wales. This includes Mental Health Act Administrators and Mental Health Legislation Committees in health boards, the monitoring role of Health Inspectorate Wales and the Mental Health Review Tribunal. We will be working with these key stakeholders and others to support the implementation of the Bill and to ensure we have appropriate monitoring arrangement in place.

Financial Implications –please see response to question 6.

Recommendation 12

The Committee recommends that

In her response to this report, the Minister should set out:

- how she will support the full implementation of the expansion of health-based places of safety, particularly in rural areas, to ensure that individuals in mental health crises are not detained in police stations, prisons or other unsuitable settings, and
- how she will ensure adequate resources are available for these services.

Response: Accept

All health boards already provide health-based places of safety for people detained under Sections 135 and 136 of the Mental Health Act. Health boards work collaboratively with police forces in Wales to ensure officers are aware of the location of the place of safety.

The Code of Practice in Wales already states that a police station should not be used as a place of safety except in exceptional circumstances and must not be used as the automatic second choice if there is no local health-based place of safety immediately available. If a child is taken to a place of safety in a police station this constitutes an NHS “serious and untoward incident” and is reported by the local health boards as such.

Welsh Government publishes data on the use of Section 135 and 136 of the Mental Health Act on stats Wales. Latest data show that for the quarter ending December 2024, there were 581 detentions and only 4 of these detentions include a police station. (Section 135 and 136 Detentions by local health board, first place of safety, conveyance method to first place of safety and quarter)

The Strategic Programme for Mental Health in the NHS Executive is already working with partners including the police, local authorities and the third sector to improve the Acute and Crisis Mental Health Care pathway and all health boards are testing various models of providing alternatives to hospital admission for young people in crisis. The overall aim of this work is to prevent escalation and the need for detention/admission in the future.

In conclusion, our existing policy position is that police stations should only be used as a very last resort.

Financial Implications – Significant costs are not anticipated because the current policy position is that police stations should only be used as a last resort.

Recommendation 13

The Committee recommends that

In response to this report, the Minister should write to us setting out in detail the arrangements the Welsh Government intends to put in place to strengthen the safeguards for children and young people to ensure they receive the same level of protection as adults, particularly in terms of the Nominated Person provisions and how they interact with parental responsibility and decision-making for those under 16.

Response: Accept

The changes will apply to adults and children and aim to strengthen the existing safeguards. In relation to Nominated Person, young people aged 16 and above will have the same right as adults. For someone under 16, they will have the right to choose a nominated person if they are Gillick Competent. If they don't have the necessary competence, there will be a process for a Nominated Person to be appointed for them and this will be set out in the revised Code of Practice

Financial Implications – please see the response to question 6.

Recommendation 14

The Committee recommends that

In response to this report, the Minister should set out how she intends to ensure that children and young people admitted informally to mental health settings

have clear Care and Treatment Plans to support their autonomy and ensure their voices are heard. This should include an explanation of any consideration given to requesting such provision be included on the face of the Bill.

Response: **Accept**

In Wales, all young people receiving secondary mental health services already have the right to a care and treatment plan (CTP). The LCM sets out that we did not want the provisions within the UK Bill which relate to Care and Treatment Plans to apply to Wales because this right already exists in law through our Mental Health Measure. Data on compliance with CTPs is published on StatsWales: [Care and treatment plan \(CTP\) compliance, by LHB, service, age and month](#)

Latest published data show that for under 18s, at an all-Wales level, 96.7 % of patients in receipt of secondary mental health services have a valid Care and Treatment Plan.

Financial Implications – N/A because people in contact with secondary mental health services in Wales already have the right to a Care and Treatment Plan.

Recommendation 15

The Committee recommends that

The Minister should write to us, as soon as she is able, with an update on the evaluation of the 'alternative to admission pilots' operating in all local health boards.

Response: **Accept**

The alternative to admission pilots have been extended to operate through 2025/26 to ensure there is enough data for the evaluation, which will take place this year. We will inform the Committee when timings for the final report are agreed.

Financial Implications – Already funded through existing Programme Budgets

Recommendation 16

The Committee recommends that

In her response to this report, the Minister should set out the specific measures that will be taken to ensure adequate capacity within the mental health workforce to meet the increased demands arising from the Bill. This should include details of the necessary training that will be provided, as well as plans to build capacity

Response: **Accept**

We will be working closely with the UK Government to ensure that provisions in the Bill are only commenced as soon as it is safe to do so; and implementation will be phased over several years.

Officials are in early conversations with Health Education and Improvement Wales to baseline the current workforce and to develop trajectories for workforce development and training. The main impact in the earlier stages will be in the Mental Health Review Tribunal for Wales and I have already agreed additional funding for the Tribunal to begin the necessary training and recruitment.

The Committee should note that the timeline for implementation covers a number of Senedd Terms and budget cycles; so whilst we are committed to implementing these reforms, we are limited in the level of detail we can currently provide about future spend and timelines.

Financial Implications – I have committed to providing further information on implementation cost in my response to question 6. Costs for the implementation of the Strategic Mental Health Workforce Plan are covered from within existing budgets.

Peter Fox MS
Chair
Health and Social Care Committee
Welsh Parliament

By email: SeneddHealth@senedd.wales

12 June 2025

Dear Peter

Professional Standards Authority (PSA) Performance Review of the Nursing and Midwifery Council (NMC)

We are writing to you ahead of the publication of the PSA's Performance Review to provide an overview of the circumstances surrounding the report's finding, which relate to a snapshot in time and the radical turnaround programme we have embarked on.

The PSA's findings

The PSA's annual review of the NMC's performance is for the period July 2023 – December 2024 and reflects a dark period in the history of the NMC, having already been summed up in the Independent Culture Review.

As a result of the poor performance during this historical phase, we have, as expected, not met seven of the PSA's Standards of Good Regulation, including again failing Standard 15 in relation to Fitness to Practise. We take this very seriously and we are progressing at pace with improvements – ensuring that we focus on, and deliver against, our core purpose of protecting the public, promoting confidence in the professions and maintaining standards.

Transforming the NMC

We are now well underway with our turnaround plan, which has already been acknowledged by key stakeholders as having made a real difference. Our turnaround plans include a comprehensive Fitness to Practise plan underpinned by major investment, and a three-year Culture Transformation Plan. Alongside this, there have

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been significant changes in NMC leadership, which will help us drive forward our improvements. Paul took up post on 20 January and Ron started on 1 April.

Among the other new talent recruited, we have appointed Ravi Chand CBE as our new People and Culture Director. Ravi is currently Director for the Civil Service (People and Places directorate) in the Cabinet Office and has previously worked as Chief People Officer at the Foreign Office and HR Director at HMRC.

Fitness to Practise

Since the period covered by the PSA report, we have steadily been turning around the Fitness to Practise process, with the figures showing consistent improvement.

This includes rolling out additional roles in the Professional Regulation directorate and investing £3.4m on bringing in PwC to help us spot improvements that can be made to the process. This will be followed by more partnership working with third-party providers during the current financial year, with the aim of driving further improvement.

In July 2023, at the start of the period covered by the PSA report, the monthly rolling timeliness average figure for completing cases end-to-end within 15 months was 60.8%, against a target of completing 80% of cases end-to-end within 15 months. This figure has now climbed to 69.8%, demonstrating real progress towards our target.

In the last few months, we have seen record numbers of decisions at screening, with 809 screening decisions made in May alone.

Since the period covered by the report, we have delivered an average of 624 screening decisions (closures or progressions) over the twelve months to May 2025 – compared to an average of 457 for the same period to May 2024.

We have also introduced updated screening guidance to help us focus on the right cases by taking a risk-based approach, empowering our teams to make prompt decisions to close cases which do not require regulatory action.

In addition, we have also established a safeguarding hub, so that all new referrals are triaged to provide appropriate support at the outset. Our failure to deal with safeguarding concerns was a key concern highlighted by many during the period covered by the PSA review.

Alongside resolving cases more quickly, we are committed to improving the way members of the public interact with us. We will be working with Professor Louise Wallace, from the Open University, who is a registered clinical and health psychologist to help us review and improve our public-facing information, following a review she did of the materials of all the health professional regulators.

Professional Practice

We are also driving change in other areas of our regulatory remit, including strengthening our approach to education quality assurance.

Since the period under review in the PSA report, we have published a plan to:

- Update the Code and revalidation process by Autumn 2027;
- Review practice learning by Autumn 2026; and,
- Produce standards for advanced practice by March 2028.

Culture Transformation

We are currently rolling out a range of activities under our Culture Transformation Plan, which was published on 19 March, eight and a half weeks after Paul took up post, following the listening events Paul held with 770 staff in his first five weeks, across all of our sites.

Under the plan:

- We have signed up to the UNISON Anti-Racism Charter;
- We are taking radical steps to reduce our ethnicity pay gap, such as ensuring ethnically diverse shortlists where there are Black, Asian and ethnic minority candidates who meet the minimum requirement;
- We are regearing our flagship mentoring programme to ensure that 80% of participants are Black, Asian and ethnic minority;
- We are delivering coaching to all managers on embedding EDI, values-based decision making, ensuring psychological safety and enjoying work;
- We are delivering coaching to senior managers on strong and effective leadership;
- We have consulted with staff on bringing people back to the office two days a week from late September; and,
- We have consulted with staff on a new set of values.

Finally, next week we will publish ambitious new EDI targets as part of a broader set of headline EDI strategic objectives.

The targets we will publish next week are to:

- Eliminate disparities of treatment based on ethnicity and gender in the NMC's fitness to practise processes by 2030;
- Eliminate the disproportionate pattern of FtP complaints received from employers in relation to ethnicity by 2030;

- Eliminate disproportionate outcomes in nursing and midwifery education and training by 2035;
- Eliminate disparities in the representation of Black, Asian and ethnic minority NMC colleagues in the upper two pay quartiles, starting now; and,
- Eliminate ethnicity, gender and other pay gaps by 2030.

This will ensure we achieve equity for nursing and midwifery professionals and for our colleagues, these objectives have been informed by research we have commissioned from the University of Greenwich looking into disparities in our Fitness to Practise process. The research will be published on 25 June, and as mentioned yesterday, will highlight bias, based on ethnicity and gender, in some parts of our Fitness to Practise process.

Omambala investigations

Finally, in early August we expect to publish the findings of Ijeoma Omambala KC's independent investigations looking at our handling of a small number of FtP cases and our handling of whistleblowing concerns. We will use these findings to build on the improvement plans we have in place.

We hope the above reassures you that radical change is already well underway, and we are already taking robust action to address the issues raised in the PSA report, which as we have said, represents a period of time long passed. We look forward to continuing to work closely with you on these matters.

Yours sincerely



Ron Barclay-Smith
Chair of Council



Paul Rees MBE
Interim Chief Executive and Registrar

Agenda Item 7

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Agenda Item 8

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Agenda Item 9

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